

Original

11-059

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

JUL 18 2011

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Logan Square</i>			
Street Address: <i>2734 N. Milwaukee Avenue</i>			
City and Zip Code: <i>Chicago 60647</i>			
County: <i>Cook</i>	Health Service Area: <i>6</i>	Health Planning Area:	

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

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

Additional Contact

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

Name: <i>Richard Stotz</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9165</i>
E-mail Address: <i>Richard.stotz@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

Post Permit Contact

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

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

Additional Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>VPRE Real Holdings, LLC</i>
Address of Site Owner: <i>P.O. Box 8212, Northfield, IL 60093</i>
Street Address or Legal Description of Site: <i>2734 N. Milwaukee Avenue, Suite 4 Chicago, 60647</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Logan Square, LLC d/b/a/ Fresenius Medical Care Logan Square</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

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

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

Fresenius Medical Care Logan Square, LLC is proposing to establish a 12 station in-center hemodialysis facility at 2734 N. Milwaukee Avenue, Chicago in the Logan Square neighborhood. The facility will be in leased space with the interior to be built out by the applicant.

Fresenius Medical Care Logan Square will be in HSA 6. As of the June 2011 station inventory there is a need for 53 additional stations in this HSA.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds				
USE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		913,500	N/A	913,500
Contingencies		91,350	N/A	91,350
Architectural/Engineering Fees		100,000	N/A	100,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		296,000	N/A	296,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,505,000 179,425	1,684,425	N/A	1,684,425
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		3,085,275		3,085,275
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		1,400,850	N/A	1,400,850
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		1,684,425	N/A	1,684,425
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
TOTAL SOURCES OF FUNDS		3,085,275	N/A	3,085,275
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>35,297</u>.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>12/31/2013</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>

Cost Space Requirements

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

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

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Logan Square, LLC *

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

[Signature]
SIGNATURE

[Signature]
SIGNATURE

PRINTED NAME Mark Lieberman
Asst Treasurer

PRINTED NAME Mark Fawcett
Vice President & Treasurer

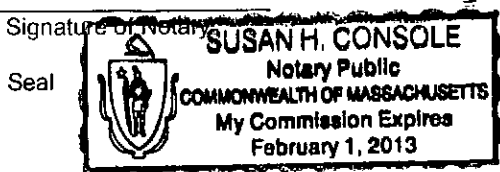
PRINTED TITLE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of June 2011

Notarization:
Subscribed and sworn to before me
this 30 day of June 2011

Signature of Notary Susan H. Console



Seal

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

[Signature]
SIGNATURE

Marc Lieberman
PRINTED NAME
Asst Treasurer

PRINTED TITLE

[Signature]
SIGNATURE

Mark Farnett
PRINTED NAME
Vice President & Asst. Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of June 2011

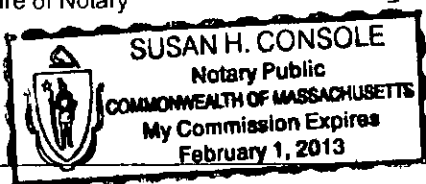
Notarization:
Subscribed and sworn to before me
this 30 day of June 2011

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

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

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>1,400,850</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>1,684,425</u>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Tenant Improvement Allowance, per Letter of Intent for Leased Space)</p>
<u>3,085,275</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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

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

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

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	21-22
2	Site Ownership	23-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	31
7	Project and Sources of Funds Itemization	32-33
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9	Cost Space Requirements	35
10	Discontinuation	
11	Background of the Applicant	36-39
12	Purpose of the Project	40
13	Alternatives to the Project	41-43
14	Size of the Project	44
15	Project Service Utilization	45
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	
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27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	72-83
40	Financial Waiver	84-85
41	Financial Viability	
42	Economic Feasibility	86-90
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44	Charity Care Information	96
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Appendix 2	Physician Referral Letters	141-148



To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE LOGAN SQUARE, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSCACT BUSINESS IN ILLINOIS ON JUNE 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSCACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JUNE A.D. 2011 .



Jesse White

Authentication #: 1118102028

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

SECRETARY OF STATE

Co - Applicant Identification

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

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

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

Type of Ownership

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>VPRE Real Holdings, LLC</i>
Address of Site Owner: <i>P.O. Box 8212, Northfield, IL 60093</i>
Street Address or Legal Description of Site: <i>2734 N. Milwaukee Avenue, Suite 4 Chicago, 60647</i> Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.



Cushman & Wakefield of Illinois, Inc. 466 N. Clybourn Place Office Suite 2800 Chicago, IL 60611-5555 (312) 470-1800 Tel (312) 470-3800 Fax www.cushwake.com

Deleted: 1 April 3, 2011

June 1, 2011

Mr. Dino Geroulis Axis Realty 6645 N. Elmhurst Ave Chicago, IL 60631

RE: Fresenius Medical Care Dialysis Center Fresenius Medical Care Proposal

Dear Dino,

Cushman & Wakefield has been exclusively authorized by Fresenius Medical Care (FMC) to secure proposals and assist them in negotiations regarding the acquisition of leased space in the Logan Square area. Of the properties we will analyze, your site has been identified as one that potentially meets the necessary requirements. At this time, we are requesting that you provide us with a written proposal to lease space in the subject property.

Fresenius Medical Care is the world's leading provider of dialysis products and services. It manages in excess of over 2,500 kidney dialysis clinics and 50 billing centers and regional offices throughout North America. You can visit their website for financial information and highlights at www.fmcna.com.

Please prepare the proposal to correspond to the following terms and conditions:

OWNERSHIP:

VPRE REAL HOLDINGS, LLC P.O. BOX 8212 NORTHFIELD, IL 60093-8212

Please provide the exact name and address of building ownership. We will need this to submit to the Illinois Health Facilities Planning Board for approval on this site.

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LOCATION:

2734 N. Milwaukee Ave Suite 4 Chicago, IL 60647

Please provide the exact suite numbers. We will need this to submit to the Illinois Health Facilities Planning Board for approval and for flood plain certification.

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13-26-414-001-0000

Please include the Tax I.D., or PIN number. We will need this to submit to the Illinois Health Facilities Planning Board for approval and for flood plain certification.

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INITIAL SPACE REQUIREMENTS:

Approximately 7,000 SF of contiguous rentable square feet.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

HOURS OF OPERATION:

Please be advised that FMC may have employees and / or patients on site 24 hours per day 6 days per week. FMC is not open on Sundays.

PRIMARY TERM:

10 years.

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POSSESSION DATE:

FMC will have the right to take possession of the premises upon approval of the Certificate of Need to complete its necessary improvements. FMC will need a minimum of 90 days to build out the premises.

COMMENCEMENT DATE:

For purposes of establishing an actual Commencement Date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the lease that may be tied to a Commencement Date.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates.

BASE RATE:

Please state a rental rate, identify if the rental rate is ~~NET~~ **20.0% NET BRD 15%**

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ESCALATION:

Indicate a proposed escalation if any. **10% every 5 years**

CONCESSIONS:

Please list any concessions the Landlord is willing to provide FMC. **As stated in work letter, vanilla box**

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

State the estimated budget amount for Tax & Operating Expenses. **\$5.50 per sq ft. Please provide historical I&O's.**

TENANT IMPROVEMENTS:

Please provide the amount of Tenant Improvements that will be provided as part of the rental rate. **As stated in work letter, vanilla box**

FMC shall not be required to remove their tenant improvements at the end of the term. **2 BRD SEC**

DEMISED PREMISES SHELL:

Landlord shall delivery a shell condition with the following utilities:

1. Adequate electrical power installed for FMC's operation no less than 800-amp/208-volt, 3-phase.
2. HVAC system for the space in an amount no less than (25) tons; HVAC system shall be no older than 10 years. FMC will be responsible for maintenance of HVAC

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No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals

system. Landlord will provide new 25 ton service. Tenant responsible for distribution.

3. The presence of gas service; the presence of local City water service no less than a 4" line; and the presence of local City water service no less than a 2" line.

FIRE SUPPRESSION:

Landlord shall furnish a sprinkler system prior to delivery of premises to tenant. Sprinklered premises is required for our use. We have to abide by local, state and federal codes.

Tenant Landlord 50/50 COST
BROKER Deleted if required

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

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

**PRELIMINARY
IMPROVEMENT PLAN:**

At this time, please provide one-eighth inch architectural drawings of the proposed demised premises and detailed building specifications. Please email AutoCads to loran.enzik@duchwaite.com

**EXISTING UTILITIES
IDENTIFICATION:**

Please indicate all signage available to FMC, on the building and at the entrance to its space. EMC will be allowed signage at corner of Milwaukee and Spaulding as well as above their storefront as long as within city code. Signage is Tenant's expense.

new signage

**ASSIGNMENT/
SUBLETTING:**

FMC requires the right to assign or sublet all or a portion which shall not be unreasonably withheld or delayed.

**ZONING AND
RESTRICTIVE COVENANTS:**

Please indicate if the current property zoning is any restrictive covenants imposed by the development owner, and/or municipality.

not interfere with BROKER

ENVIRONMENTAL:

Please confirm that there is no asbestos present in the building and that there are no restrictions on

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is intended subject to

environmental hazards in or on the property. Also include a brief narrative of any tenants and their activities as they relate to the generation of hazardous materials.

BAD
SER

EXCLUSIVE TERRITORY:

Landlord ~~agrees not to lease space under its control to another dialysis provider within a five-mile radius of the proposed location.~~

NO

CON CONTINGENCY:

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

...based on the length of the planning board review process, FMC does not expect to receive a CON permit prior to December 1, 2011. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement...

...parties shall not proceed with the execution of a binding real estate lease...

...the parties shall not proceed with the execution of a binding real estate lease...

...or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

BROKERAGE FEE:

Per separate agreement.

all information is not guaranteed, accurate or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principal.

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

You may cancel the remainder of this letter at any time. Thank you for your time.

Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren.guzik@cushywake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this 21 day of JUNE, ~~2009~~ 2011

By: *Keith E. [Signature]*

Title: President

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

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

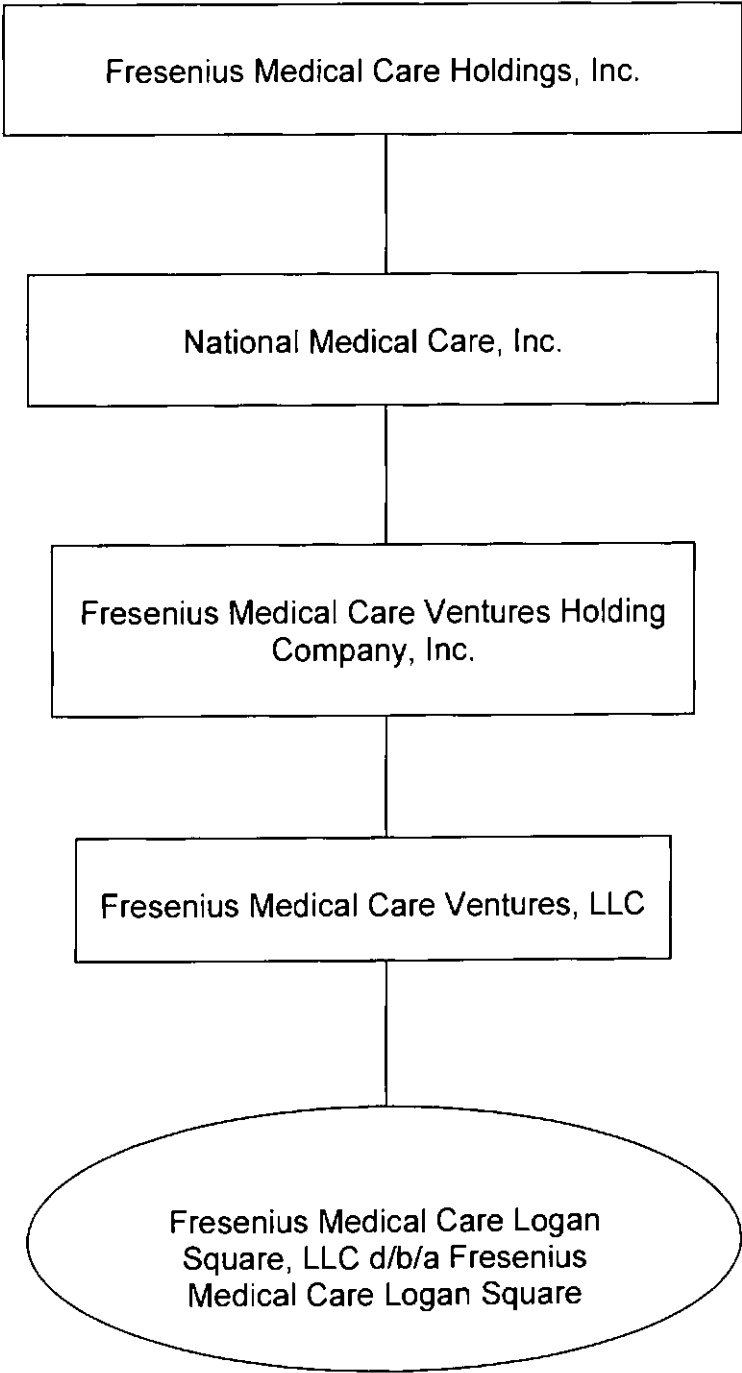
Exact Legal Name: *Fresenius Medical Care Logan Square, LLC d/b/a Fresenius Medical Care Logan Square*

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

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

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

Certificate of Good Standing at Attachment – 1.





**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Cook County
Chicago

CON - Rehabilitation to Establish a Dialysis Clinic
2734 N. Milwaukee Ave.
IHPA Log #015061411

June 29, 2011

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

Dear Ms. Wright:

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	46,000
Temp Facilities, Controls, Cleaning, Waste Management	2,200
Concrete	11,700
Masonry	14,000
Metal Fabrications	6,800
Carpentry	80,300
Thermal, Moisture & Fire Protection	15,000
Doors, Frames, Hardware, Glass & Glazing	62,600
Walls, Ceilings, Floors, Painting	148,000
Specialities	11,400
Casework, FI Mats & Window Treatments	5,500
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	293,000
Wiring, Fire Alarm System, Lighting	176,000
Miscellaneous Construction Costs	41,000
Total	913,500

Contingencies

Contingencies **\$91,350**

Architectural/Engineering

Architecture/Engineering Fees **\$100,000**

Movable or Other Equipment

Dialysis Chairs	\$15,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	21,000
Office Equipment & Other Furniture	30,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	20,000
Other miscellaneous	3,000
Total	\$296,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (7,000 GSF)	\$1,505,000
FMV Leased Dialysis Machines	174,525
FMV Leased Computers	4,900
Total	\$1,684,425

Project obligation will occur after permit issuance.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	3,085,275		7,000				
Total Clinical	3,085,275		7,000				
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	3,085,275		7,000				
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Certification & Authorization

Fresenius Medical Care Logan Square, LLC

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

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

By: [Signature]
ITS: Marc Lieberman
Asst Treasurer

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

~~Notarization:~~
~~Subscribed and sworn to before me~~
~~this _____ day of _____, 2011~~

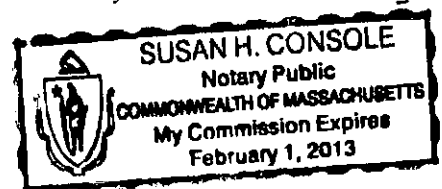
Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: [Signature]

ITS: Marc Lieberman
Asst Treasurer

Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

Seal

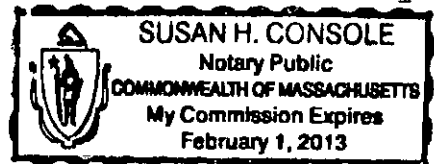
By: [Signature]
Mark Fawcett
Vice President & Asst. Treasurer

ITS: _____

Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

Seal



Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Boilingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign (managed)	14-2588	1405 W. Park Street	Champaign	61801
Chatham		333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861-73 W. Cal Sag Road	Crestwood	60445
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines		1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	#4 West Main Street	DuQuoin	62832
East Belmont	14-2531	1331 W. Belmont	Chicago	60613
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin		2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road	Elk Grove	60007
Evanston	14-2621	2953 Central Street	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet		721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lombard		1940 Springer Drive	Lombard	60148
Lutheran General	14-2559	8565 West Dempster	Niles	60714
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein		1400 Townline Road	Mundelein	60060
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	805 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462

Facility List

ATTACHMENT - 11

Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Court	Ottawa	61350
Palatine		Dundee Road	Palatine	60074
Pekin	14-2571	600 S. 13th Street	Pekin	61554
Peoria Downtown	14-2574	410 R.B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2300 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
River Forest		103 Forest Avenue	River Forest	60305
Rockford	14-2615	1302 E. State Street	Rockford	61104
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
South Side	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	Illinois Rts 3&143, #7 Eastgate Plz.	East Alton	62024
Spoon River	14-2565	210 W. Walnut Street	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger		219 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Villa Park	14-2612	200 E. North Ave.	Villa Park	60181
Waukegan Harbor		101 North West Street	Waukegan	60085
West Batavia		Branson Drive	Batavia	60510
West Belmont	14-2523	4848 W. Belmont	Chicago	60641
West Chicago	14-2702	1855-1863 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., Ste. 5000	Oak Park	60302
West Willow		14404 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, STE 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, STE 408	Willowbrook	60527

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to provide access to life-sustaining dialysis services to a growing End Stage Renal Disease (ESRD) population residing in the Federally Designated Underserved Area in the Logan Square neighborhood on the north side of Chicago in HSA 6. This is a relatively small market area which is densely populated, 575,728 residents in Logan Square and the immediately surrounding zip codes. There is a high concentration of Hispanic and African American's in this area. This population is disproportionately at risk for ESRD due to a higher prevalence of diabetes and hypertension, which are the leading causes of kidney failure.
1. The market area that Fresenius Medical Care Logan Square will serve is the diverse neighborhoods of Logan Square, Bucktown, Avondale, Kelyvn Park, Belmont Gardens and Lincoln Park.
2. This facility is needed to accommodate the pre-ESRD patients that Associates In Nephrology (AIN) has identified from this area who will require dialysis services in the next 1-3 years. Due to high utilizations of area clinics, the increasing Hispanic population and the increase in pre-ESRD patients additional access is needed to keep access to dialysis available in the market where the patients reside.
3. Utilization of area facilities is obtained from the Renal Network for the 1st Quarter 2011. Pre-ESRD patients for the market area were obtained from AIN.
5. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population as we continue to monitor the growth and provide responsible healthcare planning for this area. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.
6. It is expected that this facility would have and maintain the same quality outcomes as the other Fresenius Medical Care facilities in Illinois as listed below.
 - o 92% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

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

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, and it has already been acted upon. The AIN practice has seen continued growth of ESRD and pre-ESRD in the Logan Square and surrounding areas. (The only other facility in Logan Square, DaVita Logan Square, is operating at 98% utilization.) The nearby Fresenius Northcenter and West Belmont facilities have recently expanded by a total of 7 stations to keep up with the rising ESRD populations in this area and are just below 80%. To the east the Fresenius Lakeview facility is in the process of adding 10 new stations to accommodate patients in that market and to the south of Logan Square Fresenius West Metro is at 95% and we are in the process of adding 2 stations to meet patient demand there. The cost of adding the above mentioned stations is approximately \$1,500,000.

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

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

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

The option of sending AIN's pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment is not a reasonable option for the patients who live in this market. Stations have been or are being added where possible to accommodate separate patients than those identified in this application and the only other facility in Logan Square is at 98%.

The only facility in the area that could reasonably accommodate the Logan Square patients is the Fresenius West Willow facility and as mentioned previously, this facility in its CON application identified 69 patients from a separate practice who would be referred to that facility in the first two years of operation to bring that facility to 80%.

D. As discussed further in this application, the most desirable alternative to keep access to dialysis services available to this densely populated, highly utilized area and to plan for future ESRD patient needs in the Logan Square market area is to establish Fresenius Medical Care Logan Square. The cost of this project is \$3,085,275.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Gradual loss of access as facilities fill up with identified pre-ESRD patients of AIN and unidentified pre-ESRD of other area nephrologists.	Patient clinical quality would remain above standards in the Fresenius Medical Care facilities.	No effect on patients other than possible higher transportation costs if there is need to travel out of area for treatment
Pursue Joint Venture	\$1,851,165 \$1,234,110	Cost to Fresenius Medical Care Cost to JV partner	Patient clinical quality would remain above standards	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations and does not require additional funding; however this project is going to be a Joint Venture lowering the cost to Fresenius. Fresenius Medical Care will guaranty the lease and maintain control of the facility and therefore final financial responsibility.
Utilize Area Providers	\$0	AIN currently admits to 9 other facilities in the area. If patients are sent out of market area for treatment it would create transportation problems as this is one of the biggest hurdles for a dialysis patient. Loss of access to treatment schedule times Would create ripple effect of raising utilization of area providers to or above capacity	If patients sent out of market area for treatment the result would be loss of continuity of care which would lead to lower patient outcomes	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Logan Square	\$3,085,275	Continued access to dialysis treatment as patient numbers continue to grow. Improved access to favored treatment schedule times.	Patient clinical quality would remain above standards Patient satisfaction would improve with facilities closer to patient's home resulting in decreased travel times.	This is an expense to Fresenius Medical Care only who is able to support the development of additional dialysis facilities and is capable of meeting all financial obligations.

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

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

- 92% of patients had a URR \geq 65%
- 95% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,000 (12 Stations)	360-520 DGSF	760	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 7,000 DGSF amounts to 583 DGSF per station and is over the State Standard.

A suitable site for exactly the allowable square footage was not found in the Logan Square area. Also, Fresenius Medical Care also prefers to have extra space available to expand its facilities when future need arises. Having the extra space to expand at the forefront is more cost effective than having to build a new facility or relocate one.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A New Facility		80%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS		57%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		>100%	80%	Yes

AIN on the north side of Chicago has a total of 206 pre-ESRD patients in stages 3 & 4 of kidney failure who live in the vicinity of Logan Square.

Due to patient attrition 144 of these patients could be expected to be referred to the Logan Square facility, 41 of these in the first year bringing that facility to 57%.

*The remaining 103 are in stage 3 and would begin in the second year of operation. It is difficult to determine exactly when a patient who is currently in stage 3 will progress to stage 4 due to the fact that it is different for each patient. Some could start in the first year or not until the 3rd year. Regardless AIN has sufficient patients to bring the facility to 80% by the end of the second year of operation.

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care Logan Square dialysis facility is located in HSA 6, which is comprised of the city of Chicago. According to the June, 2011 station inventory there is a need for 53 more stations in this HSA.

Given the determined station need in HSA 6, this project is in conformance with the projected station deficit.

Planning Area Need – Service To Planning Area Residents:

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

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

City/County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Logan Square
Chicago/Cook	6	206 - 100%

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

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

PAUL W. CRAWFORD, M.D., F.A.S.N.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.
NIC I. HRISTEA, M.D., F.A.S.N.
DONALD CRONIN, M.D.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, M.D., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
NASHIB HASHMI, M.D.

July 7, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist practicing with Associates in Nephrology (AIN) on the north side of Chicago. I am the Medical Director of the Fresenius Medical Care Polk dialysis clinic in Chicago. I am writing to support the Fresenius Medical Care Logan Square dialysis facility. The facilities I refer patients to have been operating at high utilizations for many years. Many of them have recently expanded and still are highly utilized.

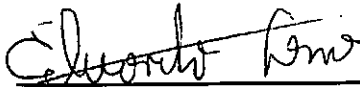
AIN on the north side of Chicago was treating 268 hemodialysis patients at the end of 2008, 281 at the end of 2009 and 309 at the end of 2010, as reported to The Renal Network. As of the most recent quarter, AIN was treating 315 hemodialysis patients. Over the past twelve months we have referred 103 patients for dialysis services to Fresenius Lakeview, Northcenter, North Kilpatrick, Polk, Hazel Crest & Uptown as well as to DaVita Logan Square & Lincoln Park and to Nephron Dialysis Center. We currently have 206 pre-ESRD patients that live in the zip codes immediately surrounding the Logan Square area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years.

I respectfully ask the Board to approve the Fresenius Medical Care Logan Square facility in order to keep access available to the increasing numbers of end stage renal disease patients on the north side of Chicago.

Thank you for your time and consideration of this project.

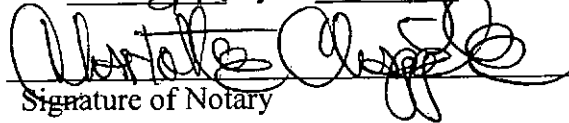
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,


Eduardo Cremer, M.D.

Notarization:

Subscribed and sworn to before me
this 21 day of July, 2011


Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BE REFERRED TO
FRESENIUS MEDICAL CARE LOGAN SQUARE IN
THE FIRST 24 MONTHS OF OPERATION**

Zip Code	CKD Stage		Total
	3	4	
60614	17	2	19
60618	44	21	65
60622	7	2	9
60639	21	8	29
60647	32	13	45
60651	12	5	17
60657	14	8	22
Total	147	59	206

**NEW REFERRALS OF AIN NORTH CHICAGO AREA FOR
THE PAST TWELVE MONTHS**

Zip Code	Fresenius Northcenter		Fresenius Polk		Fresenius Hazel Crest		Fresenius Lakeview		Fresenius North Klipatrick		Nephron Dialysis		Fresenius Uptown		DaVita Logan Square	
	Dr. Cremer	Dr. Leischner	Dr. Cremer	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Cremer	Dr. Muni	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Muni
60016						1										1
60018																1
60428																1
60605			1													1
60607			1													1
60608			3													3
60609			1													1
60610			1													1
60612																1
60614							1									1
60617			1													1
60618	6															10
60619				1												1
60620			1													1
60621			1													1
60622	1															1
60623			1													1
60624																1
60625			1													1
60626	1		1													2
60628																2
60630																9
60632			2	1												4
60633			2	1												4
60640	1															4
60641																5
60642																6
60645	1															5
60646																1
60647	4															7
60651	1		2													4
60657	1															4
60659																4
60660																4
60707	2	16	18	3	1	5	3	3	9	6	13	4	6	1	2	103

Planning Area Need Service Demand Physician Referral Letter

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2008

Zip Code	Center for Renal Replacement Dr. Muni	Fresenius Northcenter		Fresenius Polk		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Uptown		Total
		Dr. Cremer	Dr. Leischner	Dr. Cremer	Dr. Leischner	Dr. Cremer	Dr. Leischner	Dr. Muni	Dr. Vohra	Dr. Cremer	Dr. Muni	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	
60016																		1
60062							1											1
60076	1																	2
60077	1																	2
60130			1															1
60201																		1
60202			1															1
60605																		1
60607																		1
60608																		1
60609																		2
60610																		2
60612			1															4
60613			2				2											4
60614			4				3											7
60615																		1
60616																		2
60617																		1
60618			2				1											3
60619																		1
60620																		2
60622			1															4
60623																		3
60625	1		1				1											36
60626	1		3				1											8
60629			1															5
60630																		21
60631			1															1
60634																		3
60636																		1
60637			1															1
60639																		9
60640			2				2											25
60641																		7
60643																		3
60644																		3
60645																		4
60646			1															4
60647																		8
60649																		3
60651																		2
60652																		1
60653																		1
60656																		2
60657			1															9
60659																		9
60660																		12
60706																		1
60803																		1
60804																		1
Total	4	9	37	51	11	14	4	9	5	2	23	4	12	23	58	2	268	

52

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2009

Zip Code	Center for Renal Replacement		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Millpatrick		Fresenius Northcenter		Fresenius Evanston		Fresenius Uptown		Total		
	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Cremer	Dr. Leischner	Dr. Rao	Dr. Leischner	Dr. Rao	Dr. Leischner		Dr. Rao	
60016																			1		
60062																			2	1	
60076		1																	1	3	
60108																			4	3	
60130																			1	1	
60131		1																	1	1	
60155																			2	2	
60155																			0	0	
60201																			1	1	
60446																			1	1	
60455																			1	1	
60605																			1	1	
60607																			1	1	
60608																			2	2	
60609																			3	3	
60610																			3	3	
60612																			6	6	
60613																			3	3	
60614																			8	8	
60615																			11	11	
60618																			2	2	
60620																			22	22	
60622																			3	3	
60623																			5	5	
60625																			43	43	
60626																			8	8	
60629																			4	4	
60630																			19	19	
60634																			3	3	
60637																			1	1	
60639																			8	8	
60640																			29	29	
60641																			12	12	
60643																			3	3	
60644																			2	2	
60645																			9	9	
60646																			3	3	
60647																			10	10	
60649																			4	4	
60651																			1	1	
60652																			1	1	
60653																			1	1	
60654																			1	1	
60656																			1	1	
60657																			8	8	
60659																			10	10	
60660																			10	10	
60666																			1	1	
60667																			1	1	
60694																			1	1	
60704																			1	1	
Total	3	49	10	14	7	13	5	5	2	25	3	10	14	49	18	10	42	1	3	2	281

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2010

Zip Code	Center for Renal Replacement Dr. Muni	Fresenius Polk		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Northcenter		Fresenius Evanston		Fresenius Rogers Park		Fresenius Uptown		
		Dr. Cremer	Dr. Muni	Dr. Leischner	Dr. Muni	Dr. Rao	Dr. Vohra	Dr. Cremer	Dr. Rao	Dr. Derylo	Dr. Muni	Dr. Derylo	Dr. Muni	Dr. Rao	Dr. Vohra	Dr. Cremer	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	
60076	1	1																				4
60130																						2
60155																						1
60201																						1
60455																						1
60605																						1
60607																						1
60608																						1
60609																						5
60610																						6
60612																						6
60613																						4
60614																						4
60615																						4
60618																						4
60620																						4
60622																						4
60623																						4
60625																						4
60626																						4
60628																						4
60629																						4
60630																						4
60632																						4
60633																						4
60634																						4
60637																						4
60639																						11
60640																						32
60641																						14
60643																						3
60644																						2
60645																						12
60646																						2
60647																						2
60649																						2
60651																						1
60653																						1
60654																						1
60656																						1
60657																						9
60659																						10
60660																						10
60666																						1
60668																						1
60670	4	54	12	12	6	6	10	5	1	1	2	3	32	14	18	51	15	13	44	2	2	309

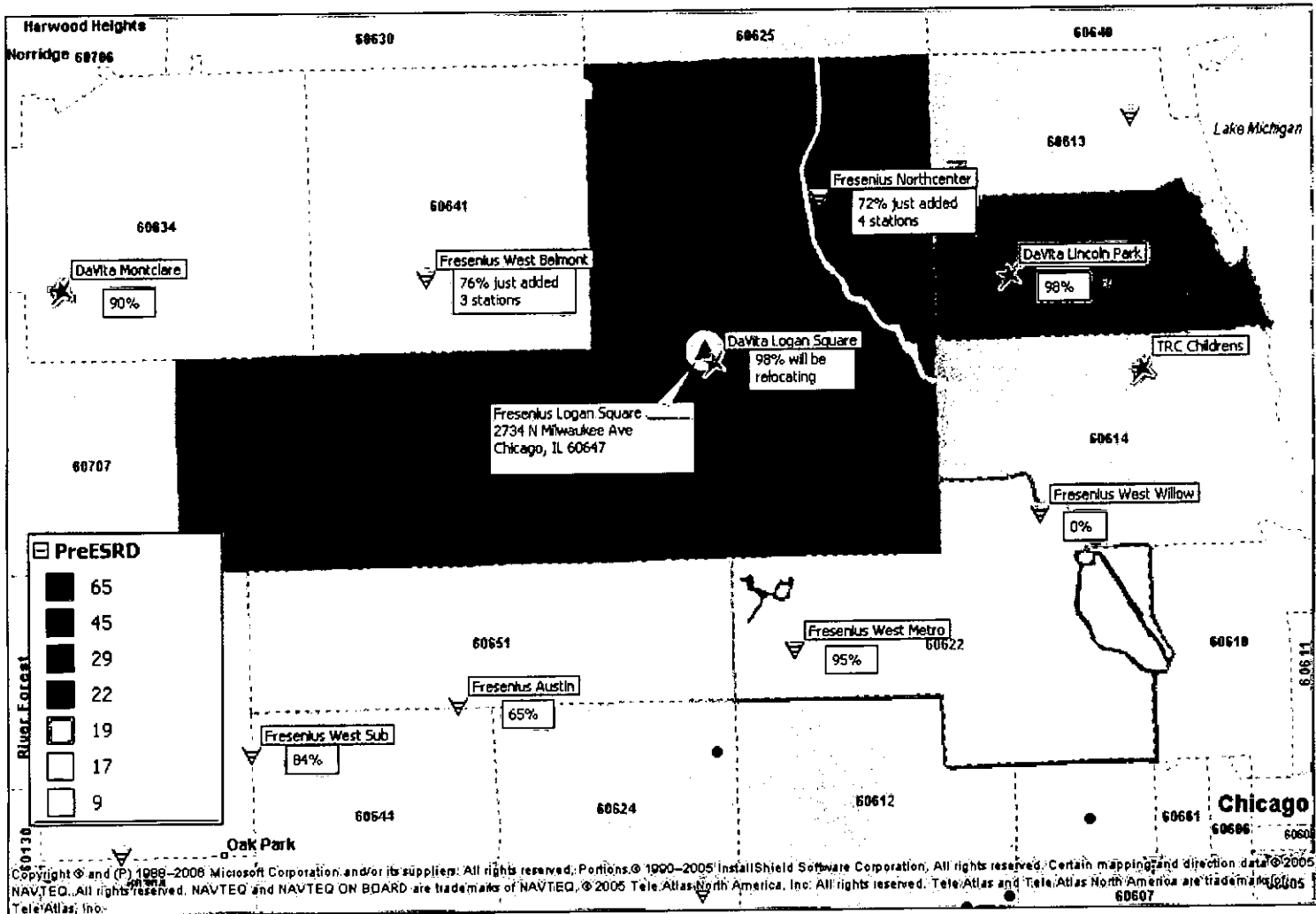
Service Accessibility – Service Restrictions

Fresenius Medical Care Logan Square is located in HSA 6 which consists of the City of Chicago. This facility is being established specifically to serve the Logan Square market area on the north side of Chicago.

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

- Fresenius Medical Care Logan Square is located on the north side of Chicago in the Logan Square neighborhood. The residents of this area, which is 68% Hispanic, experience a higher risk of diabetes and high blood pressure, which are the leading causes of kidney failure. This in itself explains why area facilities have been requiring expansions. Healthcare for the residents of this area cannot be determined by what is available within a 30 minute travel radius. It would be unreasonable to send these patients from the center of the north side of the City out into the suburbs for treatment especially given Chicago area traffic congestion. The actual Logan Square market is much smaller and consists mainly of the communities immediately surrounding Logan Square.
- Logan Square is a Federally Designated Medically underserved population. These residents exhibit economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services.
- The map on the following page shows the relationship of the demographics of the pre-ESRD patients identified for the Logan Square facility and area facilities. The majority of these facilities are operating at target utilization standards near or above the State standard of 80%.

DEMOGRAPHICS OF THE PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE LOGAN SQUARE AND AREA FACILITIES



As can be seen above, those facilities closest to the Logan Square are operating at high utilizations or have just recently added stations to address high utilization.

Fresenius West Willow is not yet in operation, but serves a separate market supported by patients from a separate physician and patient base.

Fresenius Austin does not currently operate the third shift of the day. The clinic would open up this shift if necessary, however for several reasons, including the safety of the neighborhood in the evening, many patients prefer to travel to nearby Oak Park for treatment.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS LOGAN SQUARE

Name	Address	City	Zip Code	MapQuest		Adjusted Time	1st Quarter Network		
				Time	Miles		Stations	Patients	Utilization
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	60647	0	0.07	0	20	117	98%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	6	2.07	7.5	16	69	72%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	7	2.26	8.75	13	59	76%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	8	2.52	10	30	171	95%
Fresenius West Willow	1444 W Willow St	Chicago	60622	8	3.16	10	12	0	0%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	9	2.92	11.25	22	105	80%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	10	3.05	12.5	16	96	100%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	10	3.8	12.5	28	123	73%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	11	5.37	13.75	27	124	77%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	11	5.92	13.75	21	84	67%
Nephron Dialysis	5140 N California Ave	Chicago	60625	12	3.82	15	12	69	96%
Fresenius Polk	557 W Polk St	Chicago	60607	12	6.67	15	24	107	74%
DSI Loop	1101 S Canal St	Chicago	60607	12	6.83	15	28	72	43%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	13	6.57	16.25	44	201	76%
Resurrection Dialysis	7435 W Talcott Ave	Chicago	60631	13	7.12	16.25	14	55	65%
Stroger Hospital Dialysis	1901 W Harrison St	Chicago	60612	13	7.72	16.25	9	89	165%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	14	4.19	17.5	30	111	62%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	14	4.44	17.5	16	62	65%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	14	7.22	17.5	16	70	73%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	14	7.75	17.5	12	11	15%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	15	4.92	18.75	16	86	90%
U of I Hospital Dialysis	1859 W Taylor St	Chicago	60612	15	7.75	18.75	26	130	83%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	15	8.29	18.75	31	70	38%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	16	4.86	20	18	53	49%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	17	8.22	21.25	24	103	72%
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	17	8.96	21.25	16	72	75%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	17	9.84	21.25	16	62	65%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	18	10.22	22.5	27	147	91%
Fresenius Skokie	9801 Woods Dr	Skokie	60077	18	11.29	22.5	14	59	70%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	19	6.00	23.75	12	53	74%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	19	9.36	23.75	16	92	96%
DaVita Emerald	710 W 43rd St	Chicago	60609	19	11.09	23.75	24	126	88%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	20	6.29	25	46	231	84%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	20	12.28	25	22	105	80%
Fresenius Rogers Park	2277 Howard St	Chicago	60645	21	10.19	26.25	20	80	67%
DaVita Lake Park	1531 E Hyde Park Blvd	Chicago	60615	21	13.33	26.25	20	119	99%
Maple Avenue Dialysis	610 S Maple Ave	Oak Park	60304	21	14.46	26.25	18	63	58%
Fresenius Evanston	2953 Central St	Evanston	60201	22	12.68	27.5	20	68	57%
Fresenius Des Plaines	1625 Oakton Place	Des Plaines	60160	23	13.14	28.75	12	0	0%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	23	13.81	28.75	16	90	94%
Fresenius Niles	9371 N Milwaukee Ave	Niles	60714	24	10.99	30	32	128	67%
DaVita Woodlawn	1164 E 55th St	Chicago	60615	24	13.88	30	20	130	108%
Fresenius Oak Park	733 Madison St	Oak Park	60302	24	15.09	30	32	133	69%
Totals							908	3,995	73%

The facilities within 30 minutes are operating at an overall average utilization rate of 73%, which is high considering two facilities (Fresenius Des Plaines and West Willow) are not yet in operation yet their station counts have been figured into the equation.

Unnecessary Duplication/Maldistribution

1(A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Logan Square is 1 station per 3,302 residents according to the 2000 census.

Zip Code	Population	Stations	Facility	12/31/2010 ESRD	Zip Code	Population	Stations	Facility	12/31/2010 ESRD
60007	35,162			27					
60016	58,611			99					
60018	29,950			33					
60025	49,574			32					
60029	354			0					
60053	21,668			30					
60056	56,625			40					
60068	37,732			19					
60076	34,263			46					
60077	25,040	14	Fresenius Skokie	34					
60091	27,386			13					
60093	19,528			9					
60106	22,404			17					
60131	19,342			26					
60160	23,034	12	Fresenius Des Plaines	43					
60171	10,681			10					
60176	11,636			7					
60201	41,977	20	Fresenius Evanston	34					
60202	32,208			34					
60203	4,691			2					
60301	2,158			2					
60302	32,527	58	Fresenius West Sub Fresenius Oak Park	40					
60304	17,839	18	Maple Avenue Dialysis	9					
60601	5,591			11					
60602	70			6					
60603	378			1					
60604	78			10					
60605	12,423			16					
60606	1,682			2					
60607	15,552	100	Circle Medical Management Fresenius Chicago Dialysis Fresenius Polk DSI Loop	26					
60608	92,472	63	Fresenius Chicago Westside Mt. Sinai DaVita Little Village	124					
60609	79,469	73	Fresenius Bridgeport DaVita Emerald Fresenius Garfield	157					
60610	47,513			52					
60611	26,522	44	Fresenius Northwestern	16					
60612	37,990	40	Rush Hospital Stroger Hospital U of I Hospital	85					
60613	50,548	18	Fresenius Lakeview	34					
60614	65,474			32					
60615	45,096	40	DaVita Lake Park DaVita Woodlawn	98					
60616	47,073	24	Fresenius Prairie	88					
60618	98,147	16	Fresenius Northcenter	100					
60621	47,514	16	Fresenius Ross Englewood	187					
60622	76,015	42	Fresenius West Metro Fresenius West Willow	73					
60623	108,144			185					
60624	45,647	52	Garfield Kidney Center Fresenius Congress Parkway	159					
60625	91,351	12	Nephron Dialysis	130					
60626	59,251			76					
60630	54,781	28	Fresenius N. Kilpatrick	54					
60631	28,832	14	Resurrection Dialysis	32					
60632	87,577			116					
60634	74,164	16	DaVita Montecclare	65					
60637	57,090			167					
60639	92,951			149					
60640	74,030	12	Fresenius Uptown	100					
60641	73,824	13	Fresenius West Belmont	76					
60642	N/A			6					
60644	59,059			218					
60645	44,197	20	Fresenius Rogers Park	84					
60646	27,016			26					
60647	98,769	20	DaVita Logan Square	117					
60651	77,583	16	Fresenius Austin	218					
60653	34,502			119					
60654	7			0					
60656	27,129	16	Fresenius Norridge	30					
60657	66,789	22	DaVita Lincoln Park	30					
60659	39,155			45					
60660	47,726			52					
60661	4,382			1					
60706	22,809			26					
60707	42,621			47					
60712	12,371	16	Center for Renal Replacement	14					
60714	31,051	44	DaVita Big Oaks Fresenius Niles	60					
60804	86,133			91					
Total	2,932,938	899	1/3,262	44,760					

Cont'd

Total population within a 30 minutes* of Fresenius Logan Square is 2,932,938 according to the 2000 Census.

According to the June 2011 Station Inventory (3,638 stations) and the 2010 U.S. Census Bureau population of Illinois (12,783,049), the State ratio of stations to population is 1/3,527. 2010 census data by zip codes is not yet available.

*Travel time is MapQuest x 1..25

Unnecessary Duplication/Maldistribution

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

Name	Address	City	Zip Code	MapQuest		Adjusted Time	1st Quarter Network			
				Time	Miles		Stations	Patients	Utilization	
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	60647	0	0.07	0	20	117	98%	
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Fresenius Lakeview	4008 N Broadway St	Chicago	60613	16	4.86	20	18	53	49%	
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Fresenius Des Plaines	1625 Oakton Place	Des Plaines	60160	23	13.14	28.75	12	0	0%	
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DaVita Woodlawn	1164 E 55th St	Chicago	60615	24	13.88	30	20	130	108%	
Fresenius Oak Park	733 Madison St	Oak Park	60302	24	15.09	30	32	133	69%	
				Totals				908	3,995	73%

- Despite the fact that all facilities within thirty minutes travel time are not above the target utilization of 80%, and the ratio of stations to population is below the State ratio, Fresenius Medical Care Logan Square will not create a maldistribution of services for several reasons. The thirty minute area, while exhibiting a similar station to population ratio as the State, has a higher ratio of people experiencing end stage renal disease (ESRD) than the State. In the State of Illinois 1 in every 789 persons is affected by

ESRD and in the Logan Square area 1 in every 695 people have ESRD. This would equate to a higher need for stations in the Logan Square area in HSA 6. Supporting this is a documented need for 53 more ESRD stations in this HSA according to the Board inventory.

Logan Square is a Federally Designated Medically Underserved Population (MUP). This means that the Logan Square population is made up of groups of persons who face economic, cultural or linguistic barriers to health care according to the Federal Government.

The AIN physicians supporting this facility have 206 pre-ESRD patients who live in the Logan Square area. Due to the demographic make-up of Logan Square, 68% Hispanic according to the 2000 census*, kidney disease is more prevalent. Those of Hispanic descent have an increased risk of diabetes and hypertension, which are the main causes of kidney failure. This is evident in the fact that the only facility in the Logan Square neighborhood, DaVita Logan Square is at 98% utilization.

The overall average utilization of the 30 minute travel area is 73%. This is not far below the 80% State standard and this average includes two facilities that are not yet even in operation. They are Fresenius Medical Care West Willow and Fresenius Medical Care Des Plaines. The Des Plaines facility, while considered within 30 minutes is not within a reasonable distance for patients from Logan Square to travel to and the West Willow facility will be supported by Dr. Salem who identified patients from his practice to bring that facility to 80% by the end of the second year of operation. Other facilities nearby Logan Square have expanded to keep up with demand for dialysis access and most are operating near or above the State standard.

Although Fresenius Medical Care respects the State rules regarding the 30 minute travel area, it is not reasonable to evaluate the need for a facility in the city of Chicago on a 30 minute MapQuest adjusted travel time. It would be difficult for these patients to travel out into the suburbs for treatment three times each week as well as to facilities further south in Chicago. A majority of the MapQuest travel times for those facilities considered within 30 minutes are based on highway travel (28 out of 43). Dialysis patients may not generally choose to travel these routes. Although there is no documentation to this effect, it is reasonable that a person who is ill, often elderly with many co-morbid conditions, and often times in a wheelchair would not be willing to travel on busy Chicago highways. Even the healthiest of dialysis patients are often feeling ill prior to treatment and are often weak and exhausted after treatment.

- 3A. Fresenius Medical Care Logan Square will not have an adverse effect on any other area ESRD provider in that all of the 206 patients identified for this facility are new pre-ESRD patients. No patients will be transferred from any other facility. Furthermore, Dr. Cremer along with the other northern Chicago Associates in Nephrology physicians will still refer patients to the other ESRD facilities they currently refer to.
- B. Not applicable – applicant is not a hospital

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Cremer is currently the Medical Director for Fresenius Medical Care Polk in Chicago. Attached is his curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

These positions will go to full time as the clinic census increases.

As well, the patient care staff will increase to the following:

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

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

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

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

Criterion 1110.1430 (e)(5) Medical Staff

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

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

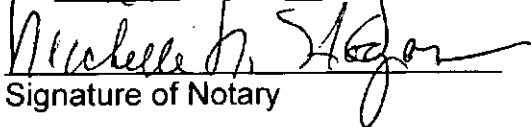


Signature

Richard Stotz
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 11th day of July, 2011



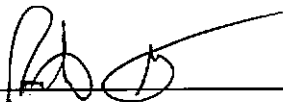
Signature of Notary



Criterion 1110.1430 (f) – Support Services

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

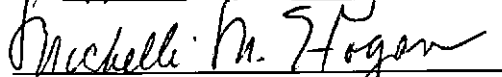
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its new facilities.
- These support services are will be available at Fresenius Medical Care Logan Square during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical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



Signature

Richard Stotz/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of July, 2011



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

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

AFFILIATION AGREEMENT

This **AGREEMENT** made as of this 13th day of July, 2011 ("Effective Date"), between **Advocate Illinois Masonic Medical Center** (hereinafter referred to as "Hospital") and **Fresenius Medical Care Logan Square, LLC d/b/a Fresenius Medical Care Logan Square** (hereinafter referred to as "Company").

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Company's patients. If, in the opinion of a member of Company's medical staff, any patient who requires hospitalization of emergent nature, the hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Emergency Room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient LongTerm Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Company, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.

2. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.

3. Company shall keep medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, Company shall provide complete copies of all medical records of a patient treated by Company who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,

5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:

- a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
- b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
- c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
- d. Blood Bank services to be performed by the Hospital.

6. Company shall have no responsibility for any inpatient care rendered by the hospital.

7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.

8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.

9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.

In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.

10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.

11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.

12. Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either Hospital or Company. The governing body of Hospital and Company shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

13. Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

14. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against

any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

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

16. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.

17. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

Advocate Illinois Masonic Medical Center
836 W. Wellington Avenue
Chicago, IL 60657
Attn: Karen Kittle

With a copy to:

Advocate Health Care
2025 Windsor Drive
Oak Brook, IL 60523
Attn: Gail Hasbrouck

To Company:

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

With a copy to:

Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451-1457
Attn: Corporate Legal Department

18. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

19. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.

20. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois.

21. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

22. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

Hospital:

**ADVOCATE ILLINOIS MASONIC
MEDICAL CENTER**

By: Donna King

Name: Donna King

Title: Vice President Clinical Ops
7-12-2011 *DK*

Company:

**FRESENIUS MEDICAL CARE LOGAN
SQUARE, LLC CENTER d/b/a FRESENIUS
MEDICAL CARE LOGAN SQUARE**

By: _____

Name: _____

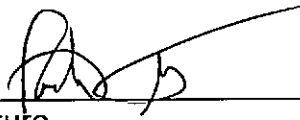
Title: _____

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care Logan Square in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 92% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

and same is expected for Fresenius Medical Care Logan Square.

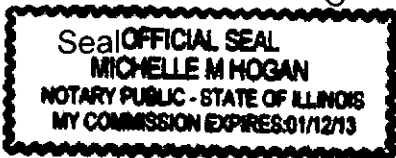


Signature

Richard Stotz/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of July, 2011

Michelle M. Hogan
Signature of Notary



DELL

QUOTATION

QUOTE #: 485293558

Customer #: 84405601

Contract #: 70137

Customer Agreement #: Dell Std Terms

Quote Date: 4/22/09

Date: 4/22/09 12:33:14 PM

Customer Name: FRESENIUS MEDICAL CARE N A

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

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$584.51	GROUP TOTAL: \$584.51
Base Unit:	OptiPlex 760 Small Form Factor Base Standard PSU (224-2219)		
Processor:	OptiPlex 760, Core 2 Duo E7300/2.66GHz, 3M, 1066FSB (311-9514)		
Memory:	2GB, Non-ECC, 800MHz DDR2, 2X1GB OptiPlex (311-7374)		
Keyboard:	Dell USB Keyboard, No Hot Keys English, Black, OptiPlex (330-1987)		
Monitor:	Dell UltraSharp 1708FP BLK w/AdjStn, 17 inch, 1x08FP BLK OptiPlex, Precision and Latitude (320-7682)		
Video Card:	Integrated Video, GMA 4500, Dell OptiPlex 760 and 960 (320-7407)		
Hard Drive:	80GB SATA 3.0Gb/s and 8MB DataBurst Cache, Dell OptiPlex (341-8006)		
Floppy Disk Drive:	No Floppy Drive with Optical Filler Panel, Dell OptiPlex Small Form Factor (341-4609)		
Operating System:	Windows XP PRO SP3 with Windows Vista Business License English, Dell OptiPlex (420-9570)		
Mouse:	Dell USB 2 Button Optical Mouse with Scroll, Black OptiPlex (330-2733)		
NIC:	ASF Basic Hardware Enabled Systems Management (330-2901)		
CD-ROM or DVD-ROM Drive:	24X24 CDRW/DVD Combo, with Cyberlink Power DVD, No Media Media, Dell OptiPlex 960 Small Form Factor (313-7071)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.1, with Media, Dell OptiPlex/Precision (420-9179)		
Sound Card:	Heat Sink, Mainstream, Dell OptiPlex Small Form Factor (311-9520)		
Speakers:	Dell AX510 black Sound Bar for UltraSharp Flat Panel Displays Dell OptiPlex/Precision/ Latitude (313-6414)		
Cable:	OptiPlex 760 Small Form Factor Standard Power Supply (330-1984)		
Documentation Diskette:	Documentation, English, Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord, 125V, 2M, C13, Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings, OptiPlex (467-3664)		
Feature:	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6508)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport			

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

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

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

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

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

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

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

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

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

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

EXHIBIT 1

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

LESSOR: SIEMENS FINANCIAL SERVICES, INC.
(Lessor)

Address: 170 Wood Ave South
Iselin, NJ 08830

LESSEE: NATIONAL MEDICAL CARE, INC.
a Delaware corporation
(Lessee)
Address: 020 Winter Street
Waltham, MA 02451

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

2. The Acquisition Cost of the Equipment is: \$ 3,679,373.64

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

4. TERM OF LEASE: The term for which the Equipment shall be leased shall be for 72 months (the "Initial Lease Term"), commencing on the Lease Term Commencement Date as set forth in the Acceptance Certificate to this Schedule, and expiring 03/30/2018, unless renewed, extended, or sooner terminated in accordance with the terms of the Lease.

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

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

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

6. OTHER PAYMENTS:

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

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

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

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

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

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

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

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

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

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

015 Exhibit 12.doc

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

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

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

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

10. STIPULATED LOSS VALUES:

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
1	101.47	37	60.22
2	100.61	38	58.94
3	99.55	39	57.66
4	98.56	40	56.37
5	97.55	41	55.08
6	96.53	42	53.78
7	95.48	43	52.47
8	94.41	44	51.16
9	93.33	45	49.84
10	92.25	46	48.51
11	91.15	47	47.18
12	90.05	48	45.84
13	88.95	49	44.50
14	87.83	50	43.15
15	86.71	51	41.79
16	85.58	52	40.43
17	84.44	53	39.06
18	83.29	54	37.69
19	82.14	55	36.31

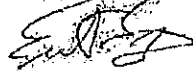
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Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	58	34.02
21	79.81	67	33.53
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	61	27.89
28	73.88	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	65	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	68	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

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

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

Dated: 3/20/09
 LESSOR:
 Siemens Financial Services, Inc.
 By: Carol Walters
 Name: CAROL WALTERS
 Title: VICE PRESIDENT DOCUMENTATION



Ernest Enigo
 Sr. Transaction Coordinator

LESSEE:
 National Medical Care, Inc.
 By: Mark Pawlett
 Name: MARK PAWLETT
 Title: TREASURER

015 Bbb/bb 12.doc



Cushman & Wakefield of Illinois, Inc.
146 N. Clybourn Place, Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3000 Fax
www.cushwake.com

Delivered: 1 April 3, 2011

June 1, 2011

Mr. Dino Geroulis
Axis Realty
6645 N. Olyphant Ave
Chicago, IL 60631

RE: Fresenius Medical Care Dialysis Center
 Fresenius Medical Care Proposal

Dear Dino,

Cushman & Wakefield has been exclusively authorized by Fresenius Medical Care (FMC) to secure proposals and assist them in negotiations regarding the acquisition of leased space in the LaSalle Square area. Of the properties we will analyze, your site has been identified as one that potentially meets the necessary requirements. At this time, we are requesting that you provide us with a written proposal to lease space in the subject property.

Fresenius Medical Care is the world's leading provider of dialysis products and services. It manages in excess of over 2,500 kidney dialysis clinics and 50 billing centers and regional offices throughout North America. You can visit their website for financial information and highlights at www.fmcusa.com.

Please prepare the proposal to correspond to the following terms and conditions:

OWNERSHIP:

VERE REAL HOLDINGS, LLC
P.O. BOX 8212
NORTHFIELD, IL 60093-8212

Please provide the exact name and address of building ownership. We will need this to submit to the Illinois Health Facilities Planning Board for approval on this site.

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LOCATION:

2734 N. Milwaukee Ave Suite 4
Chicago, IL 60647

Please provide the exact suite numbers. We will need this to submit to the Illinois Health Facilities Planning Board for approval and for flood plain certification.

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11-26-414-001-0000

Please include the Tax I.D., or PIN number. We will need this to submit to the Illinois Health Facilities Planning Board for approval and for flood plain certification.

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INITIAL SPACE REQUIREMENTS:

Approximately 7,000 SF of contiguous rentable square feet

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any specific listing conditions imposed by our principals.

HOURS OF OPERATION:

Please be advised that FMC may have employees and / or patients on site 24 hours per day 6 days per week. FMC is not open on Sundays.

PRIMARY TERM:

10 years.

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POSSESSION DATE:

FMC will have the right to take possession of the premises upon approval of the Certificate of Need to complete its necessary improvements. FMC will need a minimum of 90 days to build out the premises.

COMMENCEMENT DATE:

For purposes of establishing an actual Commencement Date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the lease that may be tied to a Commencement Date.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease. Options based upon pre-established rates.

BASE RATE:

Please state a rental rate, identify if the rental rate is ~~STANDARD~~ **20.00 NET** **300** **15%**

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ESCALATION:

Indicate a proposed escalation if any ~~100%~~ **15%** **5 years**

CONCESSIONS:

Please list any concessions the Landlord is willing to provide FMC. As stated in work letter, vanilla box

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

State the estimated budget amount for Tax & Operating Expenses 55.50 per sq. ft. Please provide historical I&O's.

TENANT IMPROVEMENTS:

Please provide the amount of Tenant Improvements that will be provided as part of the rental rate. As stated in work letter, vanilla box

FMC shall not be required to remove their tenant improvements in the end of the term. **2** **300** **15%**

DEMISED PREMISES SHELL:

Landlord shall delivery a shell condition with the following utilities:

- 1. Adequate electrical power installed for FMC's operation no less than 800-amp, 208-volt, 3-phase.
- 2. HVAC system for the space in an amount no less than (25) tons; HVAC system shall be no older than 10 years. FMC will be responsible for maintenance of HVAC.

Deleted: not
Deleted: replacement

The accuracy of representations is expressed or implied. It is made as to the accuracy of the information contained herein, and same is subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions or used by our principals.

system. Landlord will provide new 25 ton service. Tenant responsible for distribution.

3. The presence of gas service; the presence of local City sewer service on less than a 4" line; and the presence of local City water service no less than a 2" line.

FIRE SUPPRESSION:

Landlord shall furnish a sprinkler system prior to delivery of premises to tenant. Sprinklered premises is required for our use. We have to abide by local, state and federal codes.

Tenant Landlord 50/50 COST
1320/562 Deleted if required

SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS:

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

PRELIMINARY DEMOLITION DRAWINGS:

At this time, please provide one-eighth inch architectural drawings of the proposed demised premises and detailed building specifications. Please email AutoCads to leon@uzel.com

SIGNAGE IDENTIFICATION:

Please indicate all signage available to FMC, on the building and in the entrance to its space. FMC will be allowed signage at corner of Milwaukee and Spaulding as well as above their storefront as per applicable city code. Signage is Tenant's expense.

1320/562

ASSIGNMENT/ SUBLETTING:

FMC requires the right to assign or sublet all or a portion

ZONING AND RESTRICTIVE COVENANTS:

Please indicate if the current property zoning is

NOT INTERFERING WITH

owner and/or municipality

1320/562

ENVIRONMENTAL:

Please confirm that there is no asbestos present in the building and that there are no other environmental

WARRANTY OF REPRESENTATION: EXCEPT AS INDICATED OTHERWISE TO THE ACCURACY OF THE INFORMATION CONTAINED HEREIN, AND SAME IS AS FURNISHED WITHOUT WARRANTY OF REPRESENTATION.

environmental hazards in or on the property. Also include a brief narrative of any tenants and their activities as they relate to the generation of hazardous materials.

BRO
S L R

EXCLUSIVE TERRITORY:

Landlord ~~agrees not to lease space under its control to another dialysis provider within a five mile radius of the proposed location.~~

WFO

CON CONTINGENCY:

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

... of the health of the community to review proposed facilities does not expect to receive a CON permit prior to December 1, 2011. In light of the foregoing facts, the parties agree that Landlord shall promptly proceed with due diligence to negotiate any options

of Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

BROKERAGE FEE:

Per separate agreement.

ALL OTHERS ARE UNLESS OTHERWISE SPECIFIED OR OTHERWISE INDICATED BY THE PARTIES AND TO BE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE LEASE AGREEMENT.

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

Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
email: Loren.Guzik@usbank.com

CC: Mr. Bill Popkin

AGREED AND ACCEPTED this 21 day of JUNE, ~~2008~~ 2011

By: [Signature]

Title: President

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and a copy is submitted subject to errors, omissions, change of price, rental or other conditions, without or without notice, and to any special terms or conditions imposed by our principals.

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2010 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #11-022, Fresenius Medical Care Lockport and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		\$130.50			7,000			\$913,500	\$913,500
Contingency		13.05			7,000			91,350	91,350
TOTALS		143.55			7,000			1,004,850	1,004,850

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries	\$459,432
Benefits	114,858
Supplies	<u>107,058</u>
Total	\$681,348

Annual Treatments 8,987

Cost Per Treatment \$75.81

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

Year 2014

Depreciation/Amortization	\$144,721
Interest	<u>0</u>
CAPITAL COSTS	\$144,721

Treatments: 8,987

Capital Cost per treatment \$16.10

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Logan Square, LLC

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

By: *[Signature]*

Title: Marc Lieberman
Asst Treasurer

By: *[Signature]*

Title: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this day of , 2011

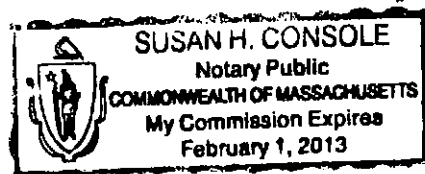
Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal


Seal

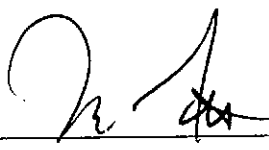


Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: 
ITS: Marc Lieberman
Asst Treasurer

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

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

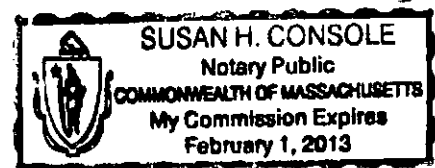
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 30 day of June, 2010

Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Logan Square, LLC

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

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

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

By: [Signature]

ITS: Marc Lieberman
Asst Treasurer

By: [Signature]

Mark Fawcett
ITS Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this day of , 2011

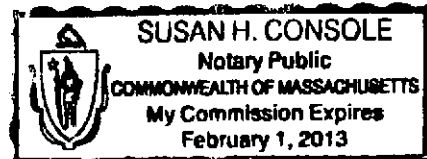
Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: [Signature]
ITS: Marc Lieberman
Asst Treasurer

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

Notarization:
Subscribed and sworn to before me
this 1 day of June, 2011

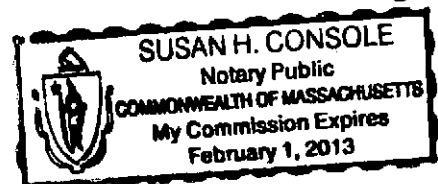
[Signature]
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 30 day of June, 2011

[Signature]
Signature of Notary

Seal



Safety Net Impact Statement

The establishment of the Fresenius Medical Care Logan Square dialysis facility will not have any impact on safety net services in the Logan Square community. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

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

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

SAFETY NET INFORMATION			
CHARITY CARE			
	2008	2009	2010
Charity (# of self-pay patients)	305	260	146
Charity (self-pay) Cost	3,524,880	362,751	1,307,966
MEDICAID			
	2008	2009	2010
Medicaid (Patients)	1,626	1,783	1,828
Medicaid (Revenue)	37,043,006	40,401,403	44,001,539

There is information directly relevant to safety net services.

no other

CHARITY CARE BY FACILITY

CHARITY CARE						
Facility	2008		2009		2010	
	Charity Patients	Charity Cost	Charity Patients	Charity Cost	Charity Patients	Charity Cost
CARBONDALE	2	2,500	2	20,723	0	11,262
NORTHCENTER	1	30,407	2	34,727	3	22,117
BRIDGEPORT	6	99,428	11	118,493	2	10,991
POLK	3	51,467	4	60,738	1	26,376
EVERGREEN PARK	4	23,541	10	140,975	4	52,782
GURNEE	3	67,702	0	29,403	2	8,329
HOFFMAN ESTATES	2	19,789	2	7,418	2	4,037
MELROSE PARK	0	0	1	5,156	0	0
MARQUETTE PARK	3	39,118	3	100,681	0	0
NORRIDGE	0	3,002	2	1,506	1	747
NORTH KILPATRICK	1	11,290	0	0	0	14,200
ROLLING MEADOWS	1	55,625	0	0	5	53,516
SOUTH CHICAGO	3	115,038	8	205,498	4	70,577
SOUTH HOLLAND	4	22,191	4	31,917	1	26,731
SOUTH SHORE	2	20,591	1	30,066	0	2,086
SOUTHWESTERN ILLINOIS	1	242	0	0	0	0
SALINE COUNTY	1	3,645	2	5,583	1	2,952
RANDOLPH COUNTY	0	0	2	1,219	3	8,913
WEST BELMONT	2	26,984	0	51,980	2	18,896
SUB ACUTES-CHICAGO	12	80,452	3	37,748	0	0
DU QUOIN	0	0	1	10,433	0	2,756
WILLIAMSON COUNTY	1	1,812	0	0	1	7,468
HAZEL CREST	3	53,440	1	9,226	1	6,303
ROUNDLAKE	4	57,640	2	44,165	1	255
AURORA	6	67,864	0	18,818	4	21,087
BOLINGBROOK	4	31,451	0	12,317	3	5,081
BLUE ISLAND	2	21,901	4	49,341	3	22,611
DUPAGE WEST	3	43,409	3	18,336	2	9,290
CHICAGO DIALYSIS CENTER	9	66,732	6	89,972	1	14,202
DOWNERS GROVE	3	31,380	1	4,878	2	56,124
ELK GROVE	9	75,105	2	29,711	4	12,642
ELK GROVE HOME	0	0	1	18,394	1	289
GLENVIEW DIALYSIS	4	18,692	1	19,974	1	10,095
GREENWOOD	9	46,374	5	62,205	4	42,481
JACKSON PARK	11	115,160	7	125,578	2	681
WESTCHESTER	3	56,641	0	0	0	0
NAPERVILLE	5	41,182	4	67,077	3	22,565
NORTH AVENUE	0	0	0	23,669	3	18,189
OAK PARK	5	40,346	2	32,752	2	1,487
SOUTHSIDE	9	209,871	8	129,554	3	34,459
WEST METRO	2	54,133	11	187,505	3	49,677
WEST SUBURBAN	4	34,283	5	65,129	3	34,504
ALSIP	2	9,960	0	0	0	0
AUSTIN	3	8,284	3	40,504	0	0
CONGRESS PARKWAY	2	63,900	2	46,511	1	3,760
GLENDALE HEIGHTS	4	81,125	5	35,089	3	3,681
WILLOWBROOK	3	23,477	0	10,815	0	0
BURBANK	3	63,286	5	185,201	2	12,597
OSWEGO	1	25,307	1	3,389	1	305
ANTIOCH	2	21,689	2	28,682	0	0
MCHENRY	3	26,941	4	57,292	1	1,332
LAKE BLUFF	5	54,948	3	17,317	1	1,112

NILES	3	55,817	3	37,442	2	6,096
CHICAGO WESTSIDE	4	77,512	3	46,548	0	0
NAPERVILLE NORTH	2	18,437	1	48,627	0	0
LAKEVIEW	2	61,074	1	7,377	1	3,217
CHICAGO SUB ACUTE SOUTH	6	15,336	4	53,195	0	0
SOUTH SUBURBAN	10	92,140	15	148,380	8	64,049
ROGERS PARK	2	44,464	3	85,647	3	60,351
BERWYN	19	199,885	13	163,817	5	52,363
CRESTWOOD	9	59,373	3	17,034	4	84,179
ORLAND PARK	4	43,222	1	30,148	0	0
GARFIELD	5	97,761	3	45,903	2	14,915
EAST PEORIA	6	55,285	1	12,238	0	0
MC LEAN COUNTY	2	31,715	2	17,291	2	4,152
SPRING VALLEY	1	236	0	233	1	6,422
SPOON RIVER	3	14,971	1	9,033	1	8,835
PRAIRIE	5	25,383	3	32,357	3	15,634
PEKIN	0	0	0	0	2	4,721
PEORIA DOWNTOWN	2	13,799	1	10,980	2	11,301
OTTAWA	4	32,866	1	2,357	1	454
KEWANEE	0	0	0	0	1	20,619
MORRIS	0	0	1	11,267	0	29,076
NORTHWESTERN UNIVERSITY	12	89,528	9	58,416	3	21,695
DECATUR	0	0	0	0	0	0
DECATUR EAST HOME	1	282	5	18,622	0	0
PONTIAC	3	9,732	3	4,801	0	0
VILLA PARK	2	35,003	3	95,048	2	7,258
PEORIA NORTH	4	27,782	3	13,179	0	3,245
ROCKFORD	0	18,003	2	24,267	2	6,946
SKOKIE	0	0	1	4,508	1	2,698
EVANSTON	4	58,821	5	49,319	3	63,059
MC LEAN COUNTY HOME	1	2,144	1	3,971	2	6,544
FMS OTTAWA HOME	1	4,256	1	9,605	0	0
MERRIONETTE PARK HOME	0	1,792	0	0	0	0
MERRIONETTE PARK	0	0	2	28,882	1	9,936
UPTOWN CHICAGO	2	35,291	3	44,148	1	33,311
MIDWAY	0	0	0	0	0	0
WEST CHICAGO IL	0	0	3	24,152	0	0
MOKENA	1	544	1	16,250	1	1,012
ROSELAND	5	108,043	3	61,632	1	31,345
STREATOR	0	0	0	0	0	0
ROSS DIALYSIS – ENGLEWOOD	3	55,077	7	56,239	1	2,132
DUPAGE PD	2	19,961	2	14,011	1	0
HOME DIALYSIS NETWORK	0	0	0	0	0	0
MACOMB	0	0	0	0	0	0
DEERFIELD	0	0	0	0	0	0
SANDWICH JV	0	0	0	8,161	1	985
PLAINFIELD	0	0	0	0	1	494
JOLIET HOME	0	0	0	0	0	1,382
TOTAL	305	3,524,880	260	3,642,751	146	1,307,966

MEDICAID BY FACILITY

MEDICAID						
Facility	2008		2009		2010	
	Medicaid Patients	Medicaid Revenue	Medicaid Patients	Medicaid Revenue	Medicaid Patients	Medicaid Revenue
CARBONDALE	12	283,148	16	415,952	16	522,725
NORTHCENTER	15	405,569	20	558,533	24	594,242
BRIDGEPORT	40	1,180,753	54	1,248,522	56	1,497,867
POLK	32	925,431	23	834,213	30	931,482
EVERGREEN PARK	33	1,375,747	25	809,312	35	900,105
GURNEE	18	478,528	21	500,856	24	539,340
HOFFMAN ESTATES	15	336,993	18	409,503	27	625,205
MELROSE PARK	12	310,393	12	311,744	16	404,480
MARQUETTE PARK	21	648,670	22	588,349	27	693,007
NORRIDGE	5	89,895	12	233,683	11	280,710
NORTH KILPATRICK	22	545,259	29	584,295	35	628,314
ROLLING MEADOWS	13	262,758	17	413,596	21	565,024
SOUTH CHICAGO	47	1,027,670	46	1,236,396	52	1,409,444
SOUTH HOLLAND	18	422,618	15	365,421	15	453,076
SOUTH SHORE	29	794,571	27	658,469	22	499,015
SOUTHWESTERN ILLINOIS	2	52,064	4	89,559	5	151,753
SALINE COUNTY	9	153,579	14	204,043	8	131,145
RANDOLPH COUNTY	2	71,698	3	82,832	2	71,635
WEST BELMONT	22	664,716	26	661,051	28	863,976
SUB ACUTES-CHICAGO	34	572,566	23	271,619	0	0
DU QUOIN	4	118,815	5	121,331	3	58,717
WILLIAMSON COUNTY	7	155,810	8	101,072	5	96,058
HAZEL CREST	13	241,853	10	287,286	10	214,477
ROUNDLAKE	21	475,824	24	493,893	30	664,115
AURORA	15	282,952	13	340,956	23	409,254
BOLINGBROOK	14	369,776	15	302,564	16	391,443
BLUE ISLAND	18	520,857	19	639,785	20	587,079
DUPAGE WEST	14	340,246	17	478,342	23	619,706
CHICAGO DIALYSIS CENTER	54	1,701,836	52	1,611,952	51	1,527,810
DOWNERS GROVE	11	185,345	12	246,657	15	259,648
ELK GROVE	9	246,004	19	391,391	22	557,917
ELK GROVE HOME	3	65,936	4	56,185	6	86,193
GLENVIEW DIALYSIS	11	296,108	11	253,113	10	236,826
GREENWOOD	31	1,020,091	34	1,104,451	42	1,098,034
JACKSON PARK	60	1,763,376	50	1,611,563	60	1,851,859
WESTCHESTER	8	137,417	7	168,327	9	131,141
NAPERVILLE	6	77,624	8	115,372	6	119,920
NORTH AVENUE	21	391,879	21	458,432	22	506,854
OAK PARK	28	841,810	25	664,166	26	564,587
SOUTHSIDE	61	1,634,898	61	1,681,211	76	1,912,184
WEST METRO	63	1,747,068	67	2,010,301	76	1,962,013
WEST SUBURBAN	65	2,090,809	60	1,846,835	72	1,843,959
ALSIP	9	244,090	7	191,197	9	225,197
AUSTIN	13	332,346	19	528,817	27	671,506
CONGRESS PARKWAY	41	1,083,913	46	1,180,866	47	1,367,495
GLENDALE HEIGHTS	21	465,902	22	482,868	24	565,137
WILLOWBROOK	3	94,728	5	101,999	10	233,802
BURBANK	29	664,960	28	569,628	22	577,991
OSWEGO	7	98,019	7	143,557	5	122,456
ANTIOCH	2	10,824	7	43,266	16	287,398

MCHENRY	2	21,351	10	135,724	8	170,711
LAKE BLUFF	11	255,400	25	512,844	16	335,631
NILES	23	381,191	15	378,443	20	502,907
CHICAGO WESTSIDE	33	666,627	39	1,046,926	57	1,118,766
NAPERVILLE NORTH	4	62,580	10	141,891	11	165,756
LAKEVIEW	15	287,692	16	308,998	15	347,176
CHICAGO SUB ACUTE SOUTH	21	196,373	22	180,149	0	0
SOUTH SUBURBAN	25	354,674	33	394,309	26	507,127
ROGERS PARK	37	641,736	28	449,528	20	512,444
BERWYN	53	968,039	69	949,396	50	1,149,178
CRESTWOOD	19	272,090	19	326,320	14	299,259
ORLAND PARK	10	119,775	14	182,338	11	249,556
GARFIELD	42	784,977	48	844,222	38	974,577
EAST PEORIA	21	171,700	19	165,516	14	272,155
MC LEAN COUNTY	22	323,592	23	379,599	13	315,092
SPRING VALLEY	0	0	1	7,835	5	50,230
SPOON RIVER	0	0	1	3,368	1	14,403
PRAIRIE	24	426,557	19	290,328	20	289,441
PEKIN	2	21,427	1	5,605	2	75,355
PEORIA DOWNTOWN	26	436,300	30	478,951	21	476,682
OTTAWA	5	68,546	4	50,152	3	18,974
KEWANEE	3	24,709	3	52,898	1	55,679
MORRIS	2	10,197	2	36,784	3	71,705
NORTHWESTERN UNIVERSITY	56	896,346	59	1,977,014	34	958,461
DECATUR	1	7,642	1	139	2	26,534
DECATUR EAST HOME	1	6,333	0	0	2	25,777
PONTIAC	2	43,448	4	50,662	5	76,620
VILLA PARK	22	270,734	20	283,318	12	266,218
PEORIA NORTH	6	94,974	8	105,519	6	77,577
ROCKFORD	6	71,682	12	181,373	11	196,457
SKOKIE	15	148,400	14	152,005	10	236,890
EVANSTON	14	260,902	23	414,068	12	391,703
MC LEAN COUNTY HOME	0	0	1	8,184	2	6,038
FMS OTTAWA HOME	0	0	2	28,754	1	25,393
MERRIONETTE PARK HOME	4	31,251	3	32,228	1	24,985
MERRIONETTE PARK	10	121,995	18	303,698	12	226,148
UPTOWN CHICAGO	0	0	13	185,174	19	294,031
MIDWAY	0	0	0	0	1	7,882
WEST CHICAGO IL	0	0	1	2,447	14	95,727
MOKENA	0	0	0	0	1	43,121
ROSELAND	6	33,873	8	247,925	20	621,823
STREATOR	0	0	1	1,918	1	7,690
ROSS DIALYSIS - ENGLEWOOD	17	241,686	22	257,522	32	606,518
DUPAGE PD	2	10,958	2	26,658	5	32,570
HOME DIALYSIS NETWORK	0	0	3	48,741	0	0
MACOMB	1	3,507	4	52,762	2	30,803
DEERFIELD	0	0	0	0	3	92,714
SANDWICH JV	0	0	3	13,838	3	36,284
PLAINFIELD	0	0	0	0	9	102,051
JOLIET HOME	0	0	0	0	2	5,400
TOTAL	1,626	37,043,006	1,783	40,401,403	1,828	44,001,539

Charity Care Information

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





Trip to:
 2659 N Milwaukee Ave
 Chicago, IL 60647-1643
 0.07 miles

Notes

DaVita Logan Square



	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going SOUTHEAST on N MILWAUKEE AVE toward N SAWYER AVE.	Go 0.07 Mi	0.07 mi
■	2. 2659 N MILWAUKEE AVE. <i>Your destination is just past N SAWYER AVE</i> <i>If you reach N KEDZIE BLVD you've gone about 0.1 miles too far</i>		0.07 mi
	2659 N Milwaukee Ave Chicago, IL 60647-1643	0.07 mi	0.07 mi

Total Travel Estimate: 0.07 miles - about

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Trip to:
 2620 W Addison St
 Chicago, IL 60618-5905
 2.07 miles
 6 minutes

Notes

Fresenius Medical Care Northcenter

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Turn LEFT onto N CALIFORNIA AVE. <i>N CALIFORNIA AVE is just past N MOZART ST</i>	Go 1.0 Mi	1.9 mi
	4. Turn RIGHT onto W ADDISON ST. <i>W ADDISON ST is 0.2 miles past W ROSCOE ST</i>	Go 0.2 Mi	2.1 mi
	5. 2620 W ADDISON ST. <i>Your destination is just past N TALMAN AVE</i> <i>If you reach N ROCKWELL ST you've gone a little too far</i>		2.1 mi
	2620 W Addison St Chicago, IL 60618-5905	2.1 mi	2.1 mi

Total Travel Estimate: 2.07 miles - about 6 minutes

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Trip to:
 4935 W Belmont Ave
 Chicago, IL 60641-4332
 2.26 miles
 7 minutes

Notes

Fresenius Medical Care West Belmont

A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.9 Mi	0.9 mi
↖	2. Turn SLIGHT LEFT onto W BELMONT AVE. <i>W BELMONT AVE is just past N DAVLIN CT</i>	Go 1.4 Mi	2.3 mi
■	3. 4935 W BELMONT AVE is on the LEFT . <i>Your destination is just past N LAMON AVE</i> <i>If you reach N LAVERGNE AVE you've gone a little too far</i>		2.3 mi
B	4935 W Belmont Ave Chicago, IL 60641-4332	2.3 mi	2.3 mi

Total Travel Estimate: 2.26 miles - about 7 minutes

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Trip to:
 1044 N Mozart St
 Chicago, IL 60622-2789
 2.52 miles
 8 minutes

Notes

Fresenius Medical Care West Metro

	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going SOUTHEAST on N MILWAUKEE AVE toward N SAWYER AVE.	Go 0.5 Mi	0.5 mi
➤	2. Turn RIGHT onto N SACRAMENTO AVE. <i>If you reach N RICHMOND ST you've gone a little too far</i>	Go 0.3 Mi	0.8 mi
↑	3. N SACRAMENTO AVE becomes N HUMBOLDT BLVD.	Go 1.3 Mi	2.1 mi
↶	4. Turn LEFT onto W DIVISION ST. <i>If you reach LUIS MUNOZ MARIN DR you've gone about 0.1 miles too far</i>	Go 0.2 Mi	2.4 mi
➤	5. Turn RIGHT onto N MOZART ST. <i>N MOZART ST is just past N FRANCISCO AVE</i>	Go 0.2 Mi	2.5 mi
■	6. 1044 N MOZART ST is on the RIGHT. <i>Your destination is just past W THOMAS ST If you reach W CORTEZ ST you've gone a little too far</i>		2.5 mi
B	1044 N Mozart St Chicago, IL 60622-2789	2.5 mi	2.5 mi

Total Travel Estimate: 2.52 miles - about 8 minutes

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100



Trip to:
 1444 W Willow St
 Chicago, IL 60642-1524
 3.16 miles
 8 minutes

Notes

Fresenius Medical Care West Willow

	Miles Per Section	Miles Driven
 2734 N Milwaukee Ave Chicago, IL 60647-1362		
 1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
 2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
  3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 1.5 Mi	2.4 mi
 4. Take the ARMITAGE AVE exit, EXIT 48A.	Go 0.2 Mi	2.6 mi
 5. Turn LEFT onto W ARMITAGE AVE. <i>If you are on N HERMITAGE AVE and reach W CORTLAND ST you've gone about 0.1 miles too far</i>	Go 0.2 Mi	2.8 mi
 6. Turn RIGHT onto N ELSTON AVE.	Go 0.3 Mi	3.1 mi
 7. Turn LEFT onto W WILLOW ST. <i>W WILLOW ST is 0.2 miles past W CORTLAND ST</i>	Go 0.06 Mi	3.2 mi
 8. 1444 W WILLOW ST is on the LEFT . <i>If you reach W WABANSIA AVE you've gone about 0.1 miles too far</i>		3.2 mi
 1444 W Willow St Chicago, IL 60642-1524	3.2 mi	3.2 mi

Total Travel Estimate: 3.16 miles - about 8 minutes

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Trip to:
 3157 N Lincoln Ave
 Chicago, IL 60657-3111
 2.92 miles
 9 minutes

Notes



		Miles Per Section	Miles Driven
A	2734 N Milwaukee Ave Chicago, IL 60647-1362		
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
➡	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.3 Mi	0.4 mi
⬅	3. Turn LEFT onto N KEDZIE AVE. <i>N KEDZIE AVE is just past N SAWYER AVE</i>	Go 0.5 Mi	0.9 mi
➡	4. Turn RIGHT onto W BELMONT AVE. <i>W BELMONT AVE is just past N AVONDALE AVE</i>	Go 2.0 Mi	2.9 mi
↗	5. Turn SLIGHT RIGHT onto N LINCOLN AVE. <i>N LINCOLN AVE is 0.1 miles past N PAULINA ST</i>	Go 0.04 Mi	2.9 mi
■	6. 3157 N LINCOLN AVE is on the LEFT . <i>If you reach N GREENVIEW AVE you've gone about 0.1 miles too far</i>		2.9 mi
B	3157 N Lincoln Ave Chicago, IL 60657-3111	2.9 mi	2.9 mi

Total Travel Estimate: 2.92 miles - about 9 minutes

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Trip to:
 3250 W Franklin Blvd
 Chicago, IL 60624-1509
 3.05 miles
 10 minutes

Notes

Garfield Kidney Center



		Miles Per Section	Miles Driven
A	2734 N Milwaukee Ave Chicago, IL 60647-1362		
●	1. Start out going SOUTHEAST on N MILWAUKEE AVE toward N SAWYER AVE.	Go 0.2 Mi	0.2 mi
➡	2. Turn RIGHT onto N KEDZIE BLVD / N KEDZIE AVE. <i>If you are on N MILWAUKEE AVE and reach W LOGAN BLVD you've gone a little too far</i>	Go 0.08 Mi	0.3 mi
↑	3. Stay STRAIGHT to go onto N KEDZIE AVE.	Go 2.6 Mi	2.9 mi
➡	4. Turn RIGHT onto W FRANKLIN BLVD. <i>W FRANKLIN BLVD is 0.1 miles past W OHIO ST</i>	Go 0.1 Mi	3.0 mi
■	5. 3250 W FRANKLIN BLVD. <i>Your destination is just past N SPAULDING AVE If you reach N HOMAN AVE you've gone about 0.1 miles too far</i>		3.0 mi
B	3250 W Franklin Blvd Chicago, IL 60624-1509	3.0 mi	3.0 mi

Total Travel Estimate: 3.05 miles - about 10 minutes

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Trip to:
 4800 N Kilpatrick Ave
 Chicago, IL 60630-1725
3.80 miles
10 minutes

Notes

Fresenius North Kilpatrick



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE .	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE . <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
	3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W via the ramp on the LEFT . <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 1.6 Mi	2.4 mi
	4. Take the KOSTNER AVE exit, EXIT 43D .	Go 0.2 Mi	2.6 mi
	5. Turn RIGHT onto N KOSTNER AVE .	Go 0.5 Mi	3.1 mi
	6. Turn RIGHT onto W LELAND AVE .	Go 0.06 Mi	3.2 mi
	7. Turn SHARP LEFT onto N ELSTON AVE . <i>If you are on N ELSTON AVE and reach N LOWELL AVE you've gone a little too far</i>	Go 0.4 Mi	3.6 mi
	8. Turn LEFT onto N KILPATRICK AVE . <i>If you reach N KOLMAR AVE you've gone a little too far</i>	Go 0.2 Mi	3.8 mi
	9. 4800 N KILPATRICK AVE is on the RIGHT . <i>If you reach W LAWRENCE AVE you've gone a little too far</i>		3.8 mi
	4800 N Kilpatrick Ave Chicago, IL 60630-1725	3.8 mi	3.8 mi

Total Travel Estimate: 3.80 miles - about 10 minutes

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Trip to:
 1426 W Washington Blvd
 Chicago, IL 60607-1821
 5.37 miles
 11 minutes

Notes

Circle Medical Management



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 3.2 Mi	4.2 mi
	4. Take EXIT 50A toward OGDEN AVE.	Go 0.2 Mi	4.4 mi
	5. Turn SLIGHT RIGHT onto N RACINE AVE.	Go 0.1 Mi	4.5 mi
	6. Turn SLIGHT RIGHT onto N OGDEN AVE. <i>N OGDEN AVE is just past W ERIE ST</i>	Go 0.8 Mi	5.3 mi
	7. Turn LEFT onto W WASHINGTON BLVD / W WASHINGTON ST. <i>W WASHINGTON BLVD is 0.1 miles past W RANDOLPH ST</i>	Go 0.08 Mi	5.4 mi
	8. 1426 W WASHINGTON BLVD is on the LEFT. <i>Your destination is just past N BISHOP ST</i> <i>If you reach N LOOMIS ST you've gone a little too far</i>		5.4 mi
	1426 W Washington Blvd Chicago, IL 60607-1821	5.4 mi	5.4 mi

Total Travel Estimate: 5.37 miles - about 11 minutes

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Trip to:
 820 W Jackson Blvd
 Chicago, IL 60607-3026
5.92 miles
11 minutes

Notes

Fresenius Medical Care Chicago Dialysis



A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE .	Go 0.1 Mi	0.1 mi
➡	2. Turn SHARP RIGHT onto W DIVERSEY AVE . <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
↑	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E . <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.6 Mi	5.6 mi
EXIT	4. Take the ADAMS ST / JACKSON BLVD exit, EXIT 51F .	Go 0.05 Mi	5.6 mi
RAMP	5. Take the ADAMS ST ramp.	Go 0.09 Mi	5.7 mi
➡	6. Turn RIGHT onto W ADAMS ST .	Go 0.1 Mi	5.8 mi
↶	7. Take the 2nd LEFT onto S GREEN ST . <i>If you reach S PEORIA ST you've gone a little too far</i>	Go 0.09 Mi	5.9 mi
↶	8. Take the 1st LEFT onto W JACKSON BLVD . <i>If you reach W VAN BUREN ST you've gone a little too far</i>	Go 0.04 Mi	5.9 mi
■	9. 820 W JACKSON BLVD is on the LEFT . <i>If you reach S HALSTED ST you've gone a little too far</i>		5.9 mi
B	820 W Jackson Blvd Chicago, IL 60607-3026	5.9 mi	5.9 mi

Total Travel Estimate: 5.92 miles - about 11 minutes

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106



Trip to:
 5140 N California Ave
 Chicago, IL 60625-3645
 3.82 miles
 12 minutes

Notes

Nephron Dialysis

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.3 Mi	0.4 mi
	3. Turn LEFT onto N KEDZIE AVE. <i>N KEDZIE AVE is just past N SAWYER AVE</i>	Go 2.5 Mi	2.9 mi
	4. Turn RIGHT onto W LAWRENCE AVE. <i>W LAWRENCE AVE is 0.1 miles past W LELAND AVE</i>	Go 0.5 Mi	3.4 mi
	5. Turn LEFT onto N CALIFORNIA AVE. <i>N CALIFORNIA AVE is just past N VIRGINIA AVE</i>	Go 0.4 Mi	3.8 mi
	6. 5140 N CALIFORNIA AVE. <i>Your destination is just past W CARMEN AVE If you reach W FOSTER AVE you've gone a little too far</i>		3.8 mi
	5140 N California Ave Chicago, IL 60625-3645	3.8 mi	3.8 mi

Total Travel Estimate: 3.82 miles - about 12 minutes

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107



Trip to:
 557 W Polk St
 Chicago, IL 60607-4388
6.67 miles
12 minutes

Notes

Fresenius Medical Care Polk



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H-1, toward WEST SUBURBS / CONGRESS PKWY / CHICAGO LOOP.	Go 0.07 Mi	5.8 mi
	5. Merge onto I-290 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY E via EXIT 511 on the LEFT toward CONGRESS PKWY / CHICAGO LOOP.	Go 0.4 Mi	6.2 mi
	6. Take the exit toward CANAL ST.	Go 0.2 Mi	6.4 mi
	7. Turn RIGHT onto W HARRISON ST.	Go 0.06 Mi	6.5 mi
	8. Take the 1st LEFT onto S CLINTON ST. <i>If you reach S JEFFERSON ST you've gone a little too far</i>	Go 0.2 Mi	6.6 mi
	9. Take the 3rd RIGHT onto W POLK ST. <i>If you reach W CABRINI ST you've gone a little too far</i>	Go 0.04 Mi	6.7 mi
	10. 557 W POLK ST is on the LEFT . <i>If you reach S JEFFERSON ST you've gone a little too far</i>		6.7 mi
	557 W Polk St Chicago, IL 60607-4388	6.7 mi	6.7 mi

Total Travel Estimate: 6.67 miles - about 12 minutes

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Trip to:
 1101 S Canal St
 Chicago, IL 60607-4901
6.83 miles
12 minutes

Notes

DSI Loop



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H-I, toward WEST SUBURBS / CONGRESS PKWY / CHICAGO LOOP.	Go 0.07 Mi	5.8 mi
	5. Merge onto I-290 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY E via EXIT 51I on the LEFT toward CONGRESS PKWY / CHICAGO LOOP.	Go 0.4 Mi	6.2 mi
	6. Take the exit toward CANAL ST.	Go 0.2 Mi	6.4 mi
	7. Turn LEFT onto W HARRISON ST.	Go 0.01 Mi	6.4 mi
	8. Take the 1st RIGHT onto S CANAL ST. <i>If you reach S FRANKLIN ST you've gone about 0.2 miles too far</i>	Go 0.4 Mi	6.8 mi
	9. 1101 S CANAL ST is on the LEFT. <i>Your destination is just past W TAYLOR ST</i> <i>If you reach W ROOSEVELT RD you've gone a little too far</i>		6.8 mi
	1101 S Canal St Chicago, IL 60607-4901	6.8 mi	6.8 mi

Total Travel Estimate: 6.83 miles - about 12 minutes

109



Trip to:
 710 N Fairbanks Ct
 Chicago, IL 60611-3013
6.57 miles
13 minutes

Notes

Fresenius Medical Care Northwestern

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 3.5 Mi	4.4 mi
	4. Take EXIT 50B toward EAST OHIO ST.	Go 1.1 Mi	5.5 mi
	5. Stay STRAIGHT to go onto W OHIO ST.	Go 0.9 Mi	6.4 mi
	6. Turn LEFT onto N FAIRBANKS CT. <i>N FAIRBANKS CT is 0.1 miles past N ST CLAIR ST</i>	Go 0.2 Mi	6.6 mi
	7. 710 N FAIRBANKS CT is on the LEFT. <i>Your destination is just past E HURON ST</i> <i>If you reach E SUPERIOR ST you've gone a little too far</i>		6.6 mi
	710 N Fairbanks Ct Chicago, IL 60611-3013	6.6 mi	6.6 mi

Total Travel Estimate: 6.57 miles - about 13 minutes

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110



Trip to:
 7435 W Talcott Ave
 Chicago, IL 60631-3707
7.12 miles
13 minutes

Notes

Resurrection Dialysis



A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
↗	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
↙	3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 2.1 Mi	2.9 mi
43B EXIT	4. Keep LEFT to take I-90 W / KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD.	Go 3.2 Mi	6.1 mi
81B EXIT	5. Take EXIT 81B toward SAYRE AVE.	Go 0.2 Mi	6.3 mi
↑	6. Stay STRAIGHT to go onto W TALCOTT AVE.	Go 0.8 Mi	7.1 mi
■	7. 7435 W TALCOTT AVE is on the LEFT. <i>Your destination is just past N OKETO AVE</i> <i>If you reach N ORIOLE AVE you've gone about 0.2 miles too far</i>		7.1 mi
B	7435 W Talcott Ave Chicago, IL 60631-3707	7.1 mi	7.1 mi

Total Travel Estimate: 7.12 miles - about 13 minutes

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Trip to:
 1653 W Congress Pkwy
 Chicago, IL 60612-3833
 7.21 miles
 13 minutes

Notes

Rush Hospital Dialysis



		Miles Per Section	Miles Driven
A	2734 N Milwaukee Ave Chicago, IL 60647-1362		
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE .	Go 0.1 Mi	0.1 mi
➡	2. Turn SHARP RIGHT onto W DIVERSEY AVE . <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
⬆️	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E . <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
51H EXIT	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS .	Go 1.0 Mi	6.7 mi
28B EXIT	5. Take EXIT 28B toward ASHLAND AVE / PAULINA ST .	Go 0.2 Mi	6.9 mi
↙	6. Turn SLIGHT LEFT onto W VAN BUREN ST .	Go 0.2 Mi	7.1 mi
↶	7. Take the 2nd LEFT onto S PAULINA ST . <i>If you reach W OGDEN AVE you've gone about 0.1 miles too far</i>	Go 0.08 Mi	7.2 mi
↶	8. Turn LEFT onto W CONGRESS PKWY .	Go 0.06 Mi	7.2 mi
■	9. 1653 W CONGRESS PKWY is on the RIGHT . <i>If you reach S ASHLAND AVE you've gone a little too far</i>		7.2 mi
B	1653 W Congress Pkwy Chicago, IL 60612-3833	7.2 mi	7.2 mi

Total Travel Estimate: 7.21 miles - about 13 minutes

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Trip to:
 1901 W Harrison St
 Chicago, IL 60612-3714
 7.72 miles
 13 minutes

Notes

Stroger Hospital Dialysis

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE .	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE . <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E . <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS .	Go 1.6 Mi	7.3 mi
	5. Take EXIT 28A toward DAMEN AVE .	Go 0.1 Mi	7.4 mi
	6. Stay STRAIGHT to go onto W VAN BUREN ST .	Go 0.03 Mi	7.4 mi
	7. Take the 1st LEFT onto S DAMEN AVE . <i>If you reach S SEELEY AVE you've gone a little too far</i>	Go 0.2 Mi	7.6 mi
	8. Take the 2nd LEFT onto W HARRISON ST . <i>If you are on S DAMEN AVE and reach W OGDEN AVE you've gone a little too far</i>	Go 0.1 Mi	7.7 mi
	9. 1901 W HARRISON ST is on the RIGHT . <i>Your destination is just past W OGDEN AVE</i> <i>If you reach S WOLCOTT AVE you've gone a little too far</i>		7.7 mi
	1901 W Harrison St Chicago, IL 60612-3714	7.7 mi	7.7 mi

Total Travel Estimate: 7.72 miles - about 13 minutes

113



Trip to:
 3410 W Van Buren St
 Chicago, IL 60624-3358
4.19 miles
14 minutes

Notes

Fresenius Medical Care Congress Parkway

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going SOUTHEAST on N MILWAUKEE AVE toward N SAWYER AVE.	Go 0.2 Mi	0.2 mi
	2. Turn RIGHT onto N KEDZIE BLVD / N KEDZIE AVE. <i>If you are on N MILWAUKEE AVE and reach W LOGAN BLVD you've gone a little too far</i>	Go 0.08 Mi	0.3 mi
	3. Stay STRAIGHT to go onto N KEDZIE AVE.	Go 3.6 Mi	3.9 mi
	4. Turn RIGHT onto W VAN BUREN ST. <i>If you reach W CONGRESS PKWY you've gone a little too far</i>	Go 0.3 Mi	4.2 mi
	5. 3410 W VAN BUREN ST is on the RIGHT. <i>Your destination is just past S HOMAN AVE</i> <i>If you reach S TRUMBULL AVE you've gone a little too far</i>		4.2 mi
	3410 W Van Buren St Chicago, IL 60624-3358	4.2 mi	4.2 mi

Total Travel Estimate: 4.19 miles - about 14 minutes

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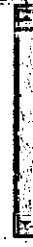
114



Trip to:
 4800 W Chicago Ave
 Chicago, IL 60651-3223
4.44 miles
14 minutes

Notes

Fresenius Medical Care Austin



2734 N Milwaukee Ave
 Chicago, IL 60647-1362

Miles Per Section Miles Driven



1. Start out going **NORTHWEST** on N MILWAUKEE AVE toward N SPAULDING AVE.

Go 0.1 Mi 0.1 mi



2. Turn **SLIGHT LEFT** onto W DIVERSEY AVE.
W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE

Go 1.8 Mi 1.9 mi



3. Turn **LEFT** onto N CICERO AVE / IL-50.
N CICERO AVE is just past N KEATING AVE

Go 2.5 Mi 4.4 mi



4. Turn **RIGHT** onto W CHICAGO AVE.
W CHICAGO AVE is just past W RICE ST

Go 0.02 Mi 4.4 mi



5. 4800 W CHICAGO AVE is on the **RIGHT**.
If you reach N LAMON AVE you've gone about 0.1 miles too far

4.4 mi



4800 W Chicago Ave
 Chicago, IL 60651-3223

4.4 mi 4.4 mi

Total Travel Estimate: 4.44 miles - about 14 minutes

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Trip to:
 7301 N Lincoln Ave
 Lincolnwood, IL 60712-1709
 7.22 miles
 14 minutes

Notes

Center For Renal Replacement



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
	3. Merge onto I-94 W via the ramp on the LEFT . <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 5.4 Mi	6.2 mi
	4. Take EXIT 39B toward EAST TOUHY AVE.	Go 0.3 Mi	6.4 mi
	5. Keep LEFT at the fork to go on N CICERO AVE / IL-50.	Go 0.1 Mi	6.6 mi
	6. Turn RIGHT onto W TOUHY AVE. <i>If you are on IL-50 and reach W JARLATH AVE you've gone a little too far</i>	Go 0.4 Mi	7.0 mi
	7. Turn SHARP LEFT onto N LINCOLN AVE / US-41. <i>N LINCOLN AVE is just past N KILBOURN AVE</i>	Go 0.2 Mi	7.2 mi
	8. 7301 N LINCOLN AVE is on the RIGHT . <i>Your destination is just past W CHASE AVE</i> <i>If you reach W JARVIS AVE you've gone about 0.1 miles too far</i>	7.2 mi	7.2 mi
	7301 N Lincoln Ave Lincolnwood, IL 60712-1709	7.2 mi	7.2 mi

Total Travel Estimate: 7.22 miles - about 14 minutes

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Trip to:
 5623 W Touhy Ave
 Niles, IL 60714-4019
 7.75 miles
 14 minutes

Notes

DaVita Big Oaks

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
 	3. Merge onto I-94 W via the ramp on the LEFT . <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 5.8 Mi	6.6 mi
	4. Take the WEST TOUHY AVE exit, EXIT 39A.	Go 0.2 Mi	6.8 mi
	5. Turn SLIGHT RIGHT onto W TOUHY AVE.	Go 0.9 Mi	7.7 mi
	6. 5623 W TOUHY AVE is on the LEFT . <i>Your destination is just past N CENTRAL AVE</i> <i>If you reach N AUSTIN AVE you've gone about 0.1 miles too far</i>		7.7 mi
	5623 W Touhy Ave Niles, IL 60714-4019	7.7 mi	7.7 mi

Total Travel Estimate: 7.75 miles - about 14 minutes

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Trip to:
 7009 W Belmont Ave
 Chicago, IL 60634-4533
4.92 miles
15 minutes

Notes

DaVita Montclare

	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.9 Mi	0.9 mi
	2. Turn SLIGHT LEFT onto W BELMONT AVE. <i>W BELMONT AVE is just past N DAVLIN CT</i>	Go 4.0 Mi	4.9 mi
	3. 7009 W BELMONT AVE is on the LEFT . <i>Your destination is just past N SAYRE AVE</i> <i>If you reach N NORDICA AVE you've gone a little too far</i>		4.9 mi
	7009 W Belmont Ave Chicago, IL 60634-4533	4.9 mi	4.9 mi

Total Travel Estimate: 4.92 miles - about 15 minutes

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Trip to:
 1859 W Taylor St
 Chicago, IL 60612-4319
 7.75 miles
 15 minutes

Notes

U of I Hospital Dialysis

A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
➤	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
⬆	 3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	 4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 1.0 Mi	6.7 mi
	5. Take EXIT 28B toward ASHLAND AVE / PAULINA ST.	Go 0.2 Mi	6.9 mi
⬅	6. Turn SLIGHT LEFT onto W VAN BUREN ST.	Go 0.06 Mi	6.9 mi
⬅	7. Take the 1st LEFT onto S ASHLAND AVE. <i>If you reach N MARSHFIELD AVE you've gone a little too far</i>	Go 0.5 Mi	7.4 mi
➤	8. Turn RIGHT onto W TAYLOR ST. <i>W TAYLOR ST is 0.1 miles past W POLK ST</i>	Go 0.3 Mi	7.7 mi
■	9. 1859 W TAYLOR ST is on the LEFT. <i>Your destination is just past S WOOD ST If you reach S WOLCOTT AVE you've gone a little too far</i>		7.7 mi
B	1859 W Taylor St Chicago, IL 60612-4319	7.8 mi	7.7 mi

Total Travel Estimate: 7.75 miles - about 15 minutes

119



Trip to:
 1340 S Damen Ave
 Chicago, IL 60608-1169
 8.29 miles
 15 minutes

Notes

Fresenius Medical Care Chicago Westside

A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
➡	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
↑	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
51H EXIT	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 1.6 Mi	7.3 mi
28A EXIT	5. Take EXIT 28A toward DAMEN AVE.	Go 0.1 Mi	7.4 mi
↑	6. Stay STRAIGHT to go onto W VAN BUREN ST.	Go 0.03 Mi	7.4 mi
↩	7. Take the 1st LEFT onto S DAMEN AVE. <i>If you reach S SEELEY AVE you've gone a little too far</i>	Go 0.8 Mi	8.3 mi
■	8. 1340 S DAMEN AVE. <i>Your destination is just past W 13TH ST If you reach W 14TH ST you've gone a little too far</i>	8.3 mi	8.3 mi
B	1340 S Damen Ave Chicago, IL 60608-1169	8.3 mi	8.3 mi

Total Travel Estimate: 8.29 miles - about 15 minutes

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Trip to:
 4008 N Broadway St
 Chicago, IL 60613-2111
 4.86 miles
 16 minutes

Notes

Fresenius Medical Care Lakeview



A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven	
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi	
➡	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 1.3 Mi	1.4 mi	
↶	3. Turn LEFT onto N WESTERN AVE. <i>N WESTERN AVE is just past N ARTESIAN AVE</i>	Go 1.5 Mi	2.9 mi	
➡	19	4. Turn RIGHT onto W IRVING PARK RD / IL-19. <i>W IRVING PARK RD is just past W DAKIN ST</i>	Go 2.0 Mi	4.8 mi
↶	5. Turn LEFT onto N BROADWAY ST. <i>N BROADWAY ST is just past N FREMONT ST</i>	Go 0.01 Mi	4.9 mi	
■	6. 4008 N BROADWAY ST is on the LEFT. <i>If you reach W CUYLER AVE you've gone a little too far</i>		4.9 mi	
B	4008 N Broadway St Chicago, IL 60613-2111	4.9 mi	4.9 mi	

Total Travel Estimate: 4.86 miles - about 16 minutes

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Trip to:
 1717 S Wabash Ave
 Chicago, IL 60616-1219
8.22 miles
17 minutes

Notes

Fresenius Medical Care Prairie



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Take the I-290 W / EISENHOWER EXPY exit, EXIT 51H-I , toward WEST SUBURBS / CONGRESS PKWY / CHICAGO LOOP.	Go 0.07 Mi	5.8 mi
	5. Merge onto I-290 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY E via EXIT 51I on the LEFT toward CONGRESS PKWY / CHICAGO LOOP.	Go 0.7 Mi	6.5 mi
	6. I-290 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY E becomes W CONGRESS PKWY.	Go 0.5 Mi	7.0 mi
	7. Turn RIGHT onto S STATE ST. <i>S STATE ST is just past S PLYMOUTH CT</i>	Go 1.1 Mi	8.0 mi
	8. Turn LEFT onto E 16TH ST. <i>E 16TH ST is 0.1 miles past W 15TH ST</i>	Go 0.09 Mi	8.1 mi
	9. Take the 1st RIGHT onto S WABASH AVE. <i>If you reach S MICHIGAN AVE you've gone a little too far</i>	Go 0.09 Mi	8.2 mi
	10. 1717 S WABASH AVE is on the LEFT. <i>If you reach E 18TH ST you've gone a little too far</i>		8.2 mi
	1717 S Wabash Ave Chicago, IL 60616-1219	8.2 mi	8.2 mi

Total Travel Estimate: 8.22 miles - about 17 minutes

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Trip to:
 2700 W 15th St
 Chicago, IL 60608-1610
 8.96 miles
 17 minutes

Notes

Mt. Sinai Dialysis



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 1.6 MI	7.3 mi
	5. Take EXIT 28A toward DAMEN AVE.	Go 0.1 Mi	7.4 mi
	6. Stay STRAIGHT to go onto W VAN BUREN ST.	Go 0.03 Mi	7.4 mi
	7. Take the 1st LEFT onto S DAMEN AVE. <i>If you reach S SEELEY AVE you've gone a little too far</i>	Go 0.2 MI	7.7 mi
	8. Turn SLIGHT RIGHT onto W OGDEN AVE. <i>W OGDEN AVE is just past W HARRISON ST</i>	Go 1.2 Mi	8.8 mi
	9. Turn LEFT onto S WASHTENAW AVE. <i>S WASHTENAW AVE is just past S TALMAN AVE</i>	Go 0.08 Mi	8.9 mi
	10. Take the 2nd LEFT onto W 15TH ST. <i>If you reach W 15TH PL you've gone a little too far</i>	Go 0.04 Mi	9.0 mi
	11. 2700 W 15TH ST is on the LEFT. <i>If you reach S TALMAN AVE you've gone a little too far</i>		9.0 mi
	2700 W 15th St Chicago, IL 60608-1610	9.0 mi	9.0 mi

Total Travel Estimate: 8.96 miles - about 17 minutes

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Trip to:
 4701 N Cumberland Ave
 Chicago, IL 60656-4239
9.84 miles
17 minutes

Notes

Fresenius Medical Care Norridge



		Miles Per Section	Miles Driven
A	2734 N Milwaukee Ave Chicago, IL 60647-1362		
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
↗	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
↖	3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 2.1 Mi	2.9 mi
EXIT 43B	4. Keep LEFT to take I-90 W / KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD.	Go 5.3 Mi	8.3 mi
EXIT 79A	5. Take the IL-171 S / CUMBERLAND AVE exit, EXIT 79A.	Go 0.2 Mi	8.5 mi
↗	6. Turn SLIGHT RIGHT onto IL-171 S / N CUMBERLAND AVE.	Go 1.4 Mi	9.8 mi
■	7. 4701 N CUMBERLAND AVE. <i>Your destination is just past W LAWRENCE AVE</i> <i>If you reach W LELAND AVE you've gone a little too far</i>		9.8 mi
B	4701 N Cumberland Ave Chicago, IL 60656-4239	9.8 mi	9.8 mi

Total Travel Estimate: 9.84 miles - about 17 minutes

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Trip to:
 825 W 35th St
 Chicago, IL 60609-1511
 10.22 miles
 18 minutes

Notes

Fresenius Medical Care Bridgeport



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE .	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE . <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E . <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 8.3 Mi	9.2 mi
	4. Take EXIT 55A toward 35TH ST .	Go 0.2 Mi	9.4 mi
	5. Turn SLIGHT LEFT onto S WENTWORTH AVE .	Go 0.08 Mi	9.4 mi
	6. Turn RIGHT onto W 35TH ST . <i>If you reach W 36TH ST you've gone about 0.1 miles too far</i>	Go 0.8 Mi	10.2 mi
	7. 825 W 35TH ST . <i>Your destination is just past S HALSTED ST</i> <i>If you reach S LITUANICA AVE you've gone a little too far</i>		10.2 mi
	825 W 35th St Chicago, IL 60609-1511	10.2 mi	10.2 mi

Total Travel Estimate: 10.22 miles - about 18 minutes

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Trip to:
 9801 Woods Dr
 Skokie, IL 60077-1074
 11.29 miles
 18 minutes

Notes

Fresenius Medical Care Skokie



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
	3. Merge onto I-94 W via the ramp on the LEFT . <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 9.7 Mi	10.5 mi
	4. Take the OLD ORCHARD RD exit, EXIT 35.	Go 0.2 Mi	10.7 mi
	5. Turn LEFT onto OLD ORCHARD RD. <i>If you reach I-94 W you've gone about 0.1 miles too far</i>	Go 0.3 Mi	11.0 mi
	6. Turn LEFT onto WOODS DR. <i>WOODS DR is 0.1 miles past LOCKWOOD AVE</i>	Go 0.3 Mi	11.3 mi
	7. 9801 WOODS DR is on the LEFT . <i>If you reach GOLF RD you've gone about 0.2 miles too far</i>		11.3 mi
	9801 Woods Dr Skokie, IL 60077-1074	11.3 mi	11.3 mi

Total Travel Estimate: 11.29 miles - about 18 minutes

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Trip to:
 4720 N Marine Dr
 Chicago, IL 60640-5120
 6.00 miles
 19 minutes

Notes

Fresenius Medical Care Uptown



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 1.3 Mi	1.4 mi
	3. Turn LEFT onto N WESTERN AVE. <i>N WESTERN AVE is just past N ARTESIAN AVE</i>	Go 2.5 Mi	3.9 mi
	4. Turn RIGHT onto W LAWRENCE AVE. <i>W LAWRENCE AVE is 0.1 miles past W LELAND AVE</i>	Go 2.0 Mi	5.9 mi
	5. Turn RIGHT onto N MARINE DR. <i>N MARINE DR is just past N CLARENDON AVE</i>	Go 0.08 Mi	6.0 mi
	6. 4720 N MARINE DR is on the RIGHT . <i>Your destination is just past W LAKESIDE PL If you reach W LELAND AVE you've gone a little too far</i>		6.0 mi
	4720 N Marine Dr Chicago, IL 60640-5120	6.0 mi	6.0 mi

Total Travel Estimate: 6.00 miles - about 19 minutes

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Trip to:
 2335 W Cermak Rd
 Chicago, IL 60608-3811
 9.36 miles
 19 minutes

Notes

DaVita Little Village



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 MI	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 MI	5.7 mi
	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 1.6 MI	7.3 mi
	5. Take EXIT 28A toward DAMEN AVE.	Go 0.1 Mi	7.4 mi
	6. Stay STRAIGHT to go onto W VAN BUREN ST.	Go 0.03 Mi	7.4 mi
	7. Take the 1st LEFT onto S DAMEN AVE. <i>If you reach S SEELEY AVE you've gone a little too far</i>	Go 0.2 Mi	7.7 mi
	8. Turn SLIGHT RIGHT onto W OGDEN AVE. <i>W OGDEN AVE is just past W HARRISON ST</i>	Go 0.7 Mi	8.4 mi
	9. Turn SLIGHT LEFT onto S WESTERN AVE. <i>S WESTERN AVE is just past W OGDEN AVE</i>	Go 0.9 Mi	9.3 mi
	10. Turn LEFT onto W CERMAK RD. <i>W CERMAK RD is just past W 21ST PL</i>	Go 0.04 Mi	9.4 mi
	11. 2335 W CERMAK RD. <i>If you reach S OAKLEY AVE you've gone a little too far</i>		9.4 mi
	2335 W Cermak Rd Chicago, IL 60608-3811	9.4 mi	9.4 mi

Total Travel Estimate: 9.36 miles - about 19 minutes

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MapQuest Travel Times
APPENDIX - 1
 6/21/2011



Trip to:
 710 W 43rd St
 Chicago, IL 60609-3435
 11.09 miles
 19 minutes

Notes

DaVita Emerald



	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
➔	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
➔	3. Merge onto I-90 E / I-94 E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 9.3 Mi	10.3 mi
	4. Take EXIT 56A toward 43RD ST.	Go 0.2 Mi	10.4 mi
↶	5. Turn SLIGHT LEFT onto S WENTWORTH AVE.	Go 0.03 Mi	10.4 mi
➔	6. Take the 1st RIGHT onto W 43RD ST. <i>If you reach W 43RD PL you've gone a little too far</i>	Go 0.6 Mi	11.1 mi
■	7. 710 W 43RD ST is on the RIGHT . <i>Your destination is just past S UNION AVE If you reach S EMERALD AVE you've gone a little too far</i>		11.1 mi
	710 W 43rd St Chicago, IL 60609-3435	11.1 mi	11.1 mi

Total Travel Estimate: 11.09 miles - about 19 minutes

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Trip to:
 [448-498] N Austin Blvd
 Oak Park, IL 60302
 6.29 miles
 20 minutes

Notes

Fresenius Medical Care West Sub



		Miles Per Section	Miles Driven
A	2734 N Milwaukee Ave Chicago, IL 60647-1362		
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
↖	2. Turn SLIGHT LEFT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 3.3 Mi	3.4 mi
↙	3. Turn LEFT onto N AUSTIN AVE. <i>N AUSTIN AVE is just past N MASON AVE</i>	Go 1.4 Mi	4.8 mi
↑	4. N AUSTIN AVE becomes N AUSTIN BLVD.	Go 1.5 Mi	6.3 mi
■	5. [448-498] N AUSTIN BLVD. <i>Your destination is just past W RACE AVE If you reach W MIDWAY PARK you've gone a little too far</i>		6.3 mi
B	[448-498] N Austin Blvd Oak Park, IL 60302	6.3 mi	6.3 mi

Total Travel Estimate: 6.29 miles - about 20 minutes

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Trip to:
 5401 S Wentworth Ave
 Chicago, IL 60609-6300
 12.28 miles
 20 minutes

Notes

Fresenius Medical Care Garfield



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 MI	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 MI	0.9 mi
	3. Merge onto I-90 E / I-94 E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 7.4 MI	8.4 mi
	4. Keep LEFT to take DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E toward GARFIELD BLVD.	Go 2.2 MI	10.5 mi
	5. Take the I-90-LOCAL / I-94-LOCAL exit.	Go 0.3 MI	10.9 mi
	6. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E.	Go 0.8 MI	11.7 mi
	7. Take EXIT 57 toward GARFIELD BLVD.	Go 0.2 MI	11.9 mi
	8. Stay STRAIGHT to go onto S WELLS ST.	Go 0.09 MI	12.0 mi
	9. Take the 1st LEFT onto W GARFIELD BLVD / W 55TH ST. <i>If you reach W 57TH ST you've gone about 0.2 miles too far</i>	Go 0.07 MI	12.1 mi
	10. Take the 1st LEFT onto S WENTWORTH AVE. <i>If you reach S LASALLE ST you've gone a little too far</i>	Go 0.2 MI	12.3 mi
	11. 5401 S WENTWORTH AVE is on the RIGHT. <i>If you reach W 53RD ST you've gone about 0.1 miles too far</i>		12.3 mi
	5401 S Wentworth Ave Chicago, IL 60609-6300	12.3 mi	12.3 mi

Total Travel Estimate: 12.28 miles - about 20 minutes

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Trip to:
 2277 W Howard St
 Chicago, IL 60645-1922
 10.19 miles
 21 minutes

Notes

Fresenius Medical Care Rogers Park



A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
↗	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
↗	3. Merge onto I-94 W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 5.4 Mi	6.2 mi
39B EXIT	4. Take EXIT 39B toward EAST TOUHY AVE.	Go 0.3 Mi	6.4 mi
Y	5. Keep LEFT at the fork to go on IL-50.	Go 0.6 Mi	7.0 mi
↑	6. IL-50 becomes SKOKIE BLVD / US-41.	Go 0.05 Mi	7.1 mi
↘	7. Turn RIGHT onto W HOWARD ST.	Go 3.1 Mi	10.2 mi
■	8. 2277 W HOWARD ST. <i>Your destination is just past N OAKLEY AVE</i> <i>If you reach N BELL AVE you've gone a little too far</i>		10.2 mi
B	2277 W Howard St Chicago, IL 60645-1922	10.2 mi	10.2 mi

Total Travel Estimate: 10.19 miles - about 21 minutes

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Trip to:
 1531 E Hyde Park Blvd
 Chicago, IL 60615-3039
13.33 miles
21 minutes

Notes

DaVita Lake Park



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 MI	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 MI	0.9 mi
	3. Merge onto I-90 E / I-94 E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 6.3 MI	7.2 mi
	4. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR.	Go 2.2 MI	9.4 mi
	5. Merge onto S LAKE SHORE DR / US-41 S.	Go 3.4 MI	12.8 mi
	6. Take the ramp toward HYDE PARK BLVD.	Go 0.2 MI	13.0 mi
	7. Turn LEFT onto S CHICAGO BEACH DR / S SHORE DR. <i>If you are on E 50TH ST and reach S EAST END AVE you've gone a little too far</i>	Go 0.1 MI	13.1 mi
	8. Take the 1st RIGHT onto E HYDE PARK BLVD / E 51ST ST.	Go 0.2 MI	13.3 mi
	9. 1531 E HYDE PARK BLVD is on the LEFT . <i>If you reach S LAKE PARK AVE you've gone a little too far</i>		13.3 mi
	1531 E Hyde Park Blvd Chicago, IL 60615-3039	13.3 mi	13.3 mi

Total Travel Estimate: 13.33 miles - about 21 minutes

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Trip to:
 610 S Maple Ave
 Oak Park, IL 60304-1091
14.46 miles
21 minutes

Notes

Maple Avenue Dialysis

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 8.1 Mi	13.8 mi
	5. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT.	Go 0.3 Mi	14.1 mi
	6. Turn RIGHT onto IL-43 / HARLEM AVE / S HARLEM AVE.	Go 0.3 Mi	14.4 mi
	7. Take the 2nd RIGHT onto MONROE ST. <i>If you reach MADISON ST you've gone about 0.1 miles too far</i>	Go 0.05 Mi	14.4 mi
	8. Turn RIGHT onto S MAPLE AVE.	Go 0.01 Mi	14.5 mi
	9. 610 S MAPLE AVE is on the LEFT. <i>If you reach ADAMS ST you've gone a little too far</i>		14.5 mi
	610 S Maple Ave Oak Park, IL 60304-1091	14.5 mi	14.5 mi

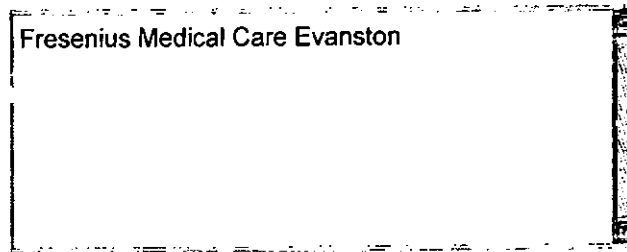
Total Travel Estimate: 14.46 miles - about 21 minutes

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Trip to:
 2953 Central St
 Evanston, IL 60201-1245
 12.68 miles
 22 minutes

Notes



A	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
↗	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
↖	3. Merge onto I-94 W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 9.7 Mi	10.5 mi
EXIT 35	4. Take the OLD ORCHARD RD exit, EXIT 35.	Go 0.1 Mi	10.7 mi
↘	5. Turn RIGHT onto OLD ORCHARD RD. <i>If you reach I-94 W you've gone about 0.1 miles too far</i>	Go 1.2 Mi	11.9 mi
↙	6. Turn SLIGHT LEFT onto GROSS POINT RD. <i>GROSS POINT RD is just past PRINCETON AVE</i>	Go 0.2 Mi	12.1 mi
↗	7. Turn SLIGHT RIGHT onto CENTRAL ST. <i>CENTRAL ST is just past WELLINGTON CT</i>	Go 0.6 Mi	12.7 mi
■	8. 2953 CENTRAL ST is on the LEFT. <i>Your destination is just past CENTRAL PARK AVE If you reach HURD AVE you've gone a little too far</i>		12.7 mi
B	2953 Central St Evanston, IL 60201-1245	12.7 mi	12.7 mi

Total Travel Estimate: 12.68 miles - about 22 minutes

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Trip to:
 1625 Oakton Pl
 Des Plaines, IL 60018-2002
 13.14 miles
 23 minutes

Notes

Fresenius Medical Care DesPlaines



		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
	3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 2.1 Mi	2.9 mi
	4. Keep LEFT to take I-90 W / JANE ADDAMS MEMORIAL TOLLWAY via EXIT 43B toward O'HARE-ROCKFORD (Portions toll).	Go 8.5 Mi	11.4 mi
	5. Take the IL-72 exit toward LEE ST.	Go 0.3 Mi	11.7 mi
	6. Turn RIGHT onto IL-72 / W HIGGINS RD.	Go 0.1 Mi	11.9 mi
	7. Take the 2nd RIGHT onto LEE ST. <i>If you reach IL-72 E you've gone a little too far</i>	Go 1.0 Mi	12.8 mi
	8. Turn LEFT onto MANNHEIM RD / US-12 / US-45.	Go 0.1 Mi	12.9 mi
	9. Turn LEFT onto E OAKTON ST. <i>If you reach E FOREST AVE you've gone about 0.2 miles too far</i>	Go 0.2 Mi	13.1 mi
	10. Take the 1st LEFT onto OAKTON PL. <i>If you reach EXECUTIVE WAY you've gone a little too far</i>	Go 0.03 Mi	13.1 mi
	11. 1625 OAKTON PL is on the LEFT. <i>If you reach the end of OAKTON PL you've gone a little too far</i>		13.1 mi
	1625 Oakton Pl Des Plaines, IL 60018-2002	13.1 mi	13.1 mi

Total Travel Estimate: 13.14 miles - about 23 minutes

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Trip to:
 6333 S Green St
 Chicago, IL 60621-1943
 13.81 miles
 23 minutes

Notes

Fresenius Medical Care Ross-Englewood

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 7.4 Mi	8.4 mi
	4. Keep LEFT to take DAN RYAN EXPRESS LN E / I-90 EXPRESS LN E / I-94 EXPRESS LN E toward GARFIELD BLVD.	Go 3.9 Mi	12.3 mi
	5. Merge onto I-90 E / I-94 E / DAN RYAN EXPY E toward SKYWAY / INDIANA TOLL RD.	Go 0.5 Mi	12.8 mi
	6. Take EXIT 58B toward 63RD ST.	Go 0.2 Mi	13.0 mi
	7. Turn SLIGHT LEFT onto S YALE AVE.	Go 0.05 Mi	13.0 mi
	8. Take the 2nd RIGHT onto W 63RD ST. <i>If you reach S WELLS ST you've gone a little too far</i>	Go 0.7 Mi	13.7 mi
	9. Turn LEFT onto S GREEN ST. <i>S GREEN ST is just past S HALSTED ST</i>	Go 0.06 Mi	13.8 mi
	10. 6333 S GREEN ST is on the LEFT . <i>If you are on S PEORIA DR and reach S HALSTED ST you've gone about 0.4 miles too far</i>		13.8 mi
	6333 S Green St Chicago, IL 60621-1943	13.8 mi	13.8 mi

Total Travel Estimate: 13.81 miles - about 23 minutes

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Trip to:
 9371 N Milwaukee Ave
 Niles, IL 60714-1303
 10.99 miles
 24 minutes

Notes

Fresenius Medical Care Niles

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SLIGHT RIGHT onto N KIMBALL AVE. <i>N KIMBALL AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.7 Mi	0.8 mi
 	3. Merge onto I-90 W / I-94 W / KENNEDY EXPY W via the ramp on the LEFT. <i>If you reach W HENDERSON ST you've gone a little too far</i>	Go 2.1 Mi	2.9 mi
 	4. Keep LEFT to take I-90 W / KENNEDY EXPY W via EXIT 43B toward O'HARE-ROCKFORD.	Go 2.5 Mi	5.4 mi
	5. Take the BRYN MAWR AVE exit, EXIT 82B.	Go 0.1 Mi	5.5 mi
	6. Stay STRAIGHT to go onto N AVONDALE AVE.	Go 0.2 Mi	5.8 mi
	7. Turn RIGHT onto N NAGLE AVE. <i>N NAGLE AVE is just past N MULLIGAN AVE</i>	Go 0.8 Mi	6.6 mi
	8. Turn SLIGHT LEFT onto N MILWAUKEE AVE. <i>N MILWAUKEE AVE is just past W PALATINE AVE</i>	Go 4.4 Mi	11.0 mi
	9. 9371 N MILWAUKEE AVE is on the RIGHT. <i>Your destination is 0.1 miles past N MARYLAND ST If you reach W GOLF RD you've gone about 0.3 miles too far</i>		11.0 mi
	9371 N Milwaukee Ave Niles, IL 60714-1303	11.0 mi	11.0 mi

Total Travel Estimate: 10.99 miles - about 24 minutes

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Trip to:
 1164 E 55th St
 Chicago, IL 60615-5115
13.88 miles
24 minutes

Notes

DaVita Woodlawn



	2734 N Milwaukee Ave Chicago, IL 60647-1362	Miles Per Section	Miles Driven
●	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
➔	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
⬆️	3. Merge onto I-90 E / I-94 E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 6.3 Mi	7.2 mi
EXIT 53	4. Merge onto I-55 N / STEVENSON EXPY N via EXIT 53 toward LAKE SHORE DR.	Go 2.2 Mi	9.4 mi
⬆️	5. Merge onto S LAKE SHORE DR / US-41 S.	Go 2.9 Mi	12.3 mi
RAMP	6. Take the 47TH ST ramp.	Go 0.2 Mi	12.4 mi
➔	7. Turn RIGHT onto E 47TH ST. <i>If you reach US-41 S you've gone about 0.1 miles too far</i>	Go 0.4 Mi	12.8 mi
⬅️	8. Turn LEFT onto S WOODLAWN AVE. <i>S WOODLAWN AVE is 0.2 miles past S LAKE PARK AVE</i>	Go 1.0 Mi	13.8 mi
➔	9. Turn RIGHT onto E 55TH ST. <i>E 55TH ST is 0.1 miles past E 54TH PL</i>	Go 0.06 Mi	13.9 mi
■	10. 1164 E 55TH ST is on the RIGHT . <i>If you reach S UNIVERSITY AVE you've gone a little too far</i>		13.9 mi
●	1164 E 55th St Chicago, IL 60615-5115	13.9 mi	13.9 mi

Total Travel Estimate: 13.88 miles - about 24 minutes

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Notes

Fresenius Medical Care Oak Park



Trip to:
 733 Madison St
 Oak Park, IL 60302-4419
 15.09 miles
 24 minutes

		Miles Per Section	Miles Driven
	2734 N Milwaukee Ave Chicago, IL 60647-1362		
	1. Start out going NORTHWEST on N MILWAUKEE AVE toward N SPAULDING AVE.	Go 0.1 Mi	0.1 mi
	2. Turn SHARP RIGHT onto W DIVERSEY AVE. <i>W DIVERSEY AVE is 0.1 miles past N SPAULDING AVE</i>	Go 0.8 Mi	0.9 mi
	3. Merge onto I-90 E / I-94 E / KENNEDY EXPY E. <i>If you reach N TALMAN AVE you've gone about 0.1 miles too far</i>	Go 4.8 Mi	5.7 mi
	4. Merge onto I-290 W / IL-110 W / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY W via EXIT 51H toward WEST SUBURBS.	Go 8.1 Mi	13.8 mi
	5. Take the IL-43 / HARLEM AVE exit, EXIT 21B, on the LEFT.	Go 0.3 Mi	14.1 mi
	6. Turn RIGHT onto IL-43 / HARLEM AVE / S HARLEM AVE.	Go 0.4 Mi	14.5 mi
	7. Take the 3rd RIGHT onto MADISON ST. <i>If you reach WASHINGTON BLVD you've gone about 0.1 miles too far</i>	Go 0.6 Mi	15.1 mi
	8. 733 MADISON ST is on the RIGHT . <i>Your destination is just past S OAK PARK AVE If you reach S EUCLID AVE you've gone a little too far</i>		15.1 mi
	733 Madison St Oak Park, IL 60302-4419	15.1 mi	15.1 mi

Total Travel Estimate: 15.09 miles - about 24 minutes

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ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

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NIMEET BRAHMBILATT, M.D.
NASHIB HASHMI, M.D.

July 7, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist practicing with Associates in Nephrology (AIN) on the north side of Chicago. I am the Medical Director of the Fresenius Medical Care Polk dialysis clinic in Chicago. I am writing to support the Fresenius Medical Care Logan Square dialysis facility. The facilities I refer patients to have been operating at high utilizations for many years. Many of them have recently expanded and still are highly utilized.


AIN on the north side of Chicago was treating 268 hemodialysis patients at the end of 2008, 281 at the end of 2009 and 309 at the end of 2010, as reported to The Renal Network. As of the most recent quarter, AIN was treating 315 hemodialysis patients. Over the past twelve months we have referred 103 patients for dialysis services to Fresenius Lakeview, Northcenter, North Kilpatrick, Polk, Hazel Crest & Uptown as well as to DaVita Logan Square & Lincoln Park and to Nephron Dialysis Center. We currently have 206 pre-ESRD patients that live in the zip codes immediately surrounding the Logan Square area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis in the next three years.

I respectfully ask the Board to approve the Fresenius Medical Care Logan Square facility in order to keep access available to the increasing numbers of end stage renal disease patients on the north side of Chicago.

Thank you for your time and consideration of this project.

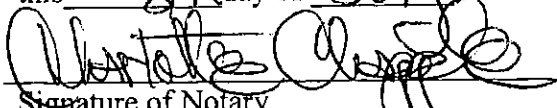
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,


Eduardo Cremer, M.D.

Notarization:

Subscribed and sworn to before me
this 8th day of July, 2011


Signature of Notary

Seal



**PRE-ESRD PATIENTS THAT WILL BE REFERRED TO
FRESENIUS MEDICAL CARE LOGAN SQUARE IN
THE FIRST 24 MONTHS OF OPERATION**

Zip Code	CKD Stage		Total
	3	4	
60614	17	2	19
60618	44	21	65
60622	7	2	9
60639	21	8	29
60647	32	13	45
60651	12	5	17
60657	14	8	22
Total	147	59	206

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**NEW REFERRALS OF AIN NORTH CHICAGO AREA FOR
THE PAST TWELVE MONTHS**

Zip Code	Fresenius Northcenter Dr. Cremer / Dr. Leischner		Fresenius Polk Dr. Cremer / Dr. Rao		Fresenius Hazel Crest Dr. Rao		Fresenius Lakeview Dr. Bluni / Dr. Rao		Fresenius North Kilpatrick Dr. Muni / Dr. Rao		Mephron Dialysis Dr. Muni		Fresenius Uptown Dr. Rao		DaVita Lincoln Park Dr. Cremer / Dr. Rao		DaVita Logan Square Dr. Rao	
	Dr. Cremer	Dr. Rao	Dr. Cremer	Dr. Rao	Dr. Cremer	Dr. Rao	Dr. Bluni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Rao	Dr. Rao
60016																		1
60018																		1
60428																		1
60605																		1
60607																		1
60608																		3
60609																		1
60610																		1
60612																		1
60614																		1
60617																		1
60618																		1
60619																		3
60620																		1
60621																		1
60622																		1
60623																		1
60624																		1
60625																		10
60626																		2
60628																		2
60630																		9
60632																		4
60639																		4
60640																		5
60641																		6
60642																		1
60645																		5
60646																		1
60647																		7
60651																		4
60657																		4
60659																		4
60660																		3
60707																		1
Total	2	16	18	3	1	5	1	3	3	9	6	13	4	8	6	1	2	103

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PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2008

Zip Code	Center for Renal Replacement		Fresenius Northcenter		Fresenius Polk		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Uptown		
	Dr. Muni	Dr. Cremer	Dr. Leischner	Dr. Cremer	Dr. Leischner	Dr. Muni	Dr. Cremer	Dr. Leischner	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Leischner	Total
60016																			1
60062								1											2
60076	1					1													4
60077	1																		1
60130			1			1													2
60201									1										1
60202		1																	1
60605						1													1
60607						1													1
60608						2													2
60609						1													2
60610						2													4
60612			1			3													5
60613		1				2		2											10
60614			4			1		3											11
60615						1													2
60616						1													2
60617						1													1
60618			2			2		1		1									24
60619						1													1
60620			1			1													2
60622			1			1													4
60623						3													3
60625	1		1			2		1		1									36
60626			3			1		1											8
60629	1		1			3													5
60630																			21
60631			1																1
60634																			3
60636						1													1
60637			1																1
60639						2													9
60640		2	7			3		2		1									25
60641								3		3									7
60643																			3
60644						2													3
60645			1			3													4
60646						4													4
60647			1																8
60649						1				1									3
60651						1													2
60652						1													1
60653						1													1
60656		1																	2
60657		1				2													9
60659			1			1		1		1									9
60660			3			1		2		1									12
60706						1													1
60803						1													1
60804						1													1
Total	4	9	37		11	51		14	4	9	5	2	23	4	12	23	58	2	268

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PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2009

Center for Renal Replacement Zip Code	Fresenius Polk		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Northcenter		Fresenius Evanston		Fresenius Uptown		Total	
	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Deyto	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Muni	Dr. Rao	Dr. Cremer	Dr. Leischner	Dr. Rao	Dr. Leischner	Dr. Rao		
60016																			1	
60062				1								2							3	
60076			1								1								4	
60108													1						1	
60130			1																2	
60131																			0	
60155																			1	
60201																			1	
60446																			1	
60455																			1	
60606			1																1	
60607			1																1	
60608			2																2	
60609			3																2	
60610			3																4	
60612			3																6	
60613				3															3	
60614																			8	
60615			1																11	
60618			1																2	
60620			2																2	
60622																			2	
60623			5																5	
60625			3																4	
60626																			4	
60629			2																4	
60630																			4	
60634																			3	
60637																			1	
60639			2																1	
60640			3																8	
60641			1																29	
60643			3																12	
60644			2																3	
60645																			2	
60646																			9	
60647			3																3	
60649																			10	
60651			1																4	
60652			1																1	
60653			1																1	
60654			1																1	
60656																			1	
60657			2																8	
60659																			10	
60660																			10	
60706																			1	
60804			1																1	
Totals			49	10	7	13	5	1	2	25	3	10	14	49	18	10	42	3	2	281

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PATIENTS OF AIN NORTH CHICAGO AREA AS OF THE 1st QUARTER 2011

Zip Code	Center for Renal Replacement Dr. Muni	Fresenius Polk		Fresenius Lakeview		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Northcenter		Fresenius Evanston		Fresenius Rogers Park		Fresenius Uptown		Total	
		Dr. Cramer	Dr. Rao	Dr. Muni	Dr. Leischner	Dr. Rao	Dr. Vohra	Dr. Cramer	Dr. Leischner	Dr. Rao	Dr. Muni	Dr. Muni	Dr. Rao	Dr. Vohra	Dr. Cramer	Dr. Leischner	Dr. Rao	Dr. Leischner	Dr. Rao	Dr. Leischner	Dr. Rao		
60016	1																					1	
60076																							5
60131																							1
60155																							1
60201																							1
60455																							1
60605																							1
60607																							1
60608																							1
60609																							1
60610																							1
60612																							1
60613																							1
60614																							1
60615																							1
60617																							1
60618																							1
60620																							1
60622																							1
60623																							1
60625																							1
60626																							1
60628																							1
60629																							1
60630																							1
60632																							1
60634																							1
60637																							1
60639																							1
60640																							1
60641																							1
60642																							1
60643																							1
60644																							1
60645																							1
60646																							1
60647																							1
60649																							1
60651																							1
60653																							1
60654																							1
60656																							1
60657																							1
60660																							1
60706																							1
60801																							1
Total	4	57	1	13	5	7	7	5	2	1	1	3	28	16	19	55	18	11	42	2	2	3	315

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2010

Zip Code	Center for Renal Replacement		Fresenius Polk		Fresenius Lakewood		DaVita Lincoln Park		DaVita Logan Square		Nephron Dialysis		Fresenius North Kilpatrick		Fresenius Northcenter		Fresenius Evanston		Fresenius Rogers Park		Fresenius Uptown			
	Dr. Muni	Dr. Cremer	Dr. Cremer	Dr. Muni	Dr. Cremer	Dr. Muni	Dr. Rao	Dr. Cremer	Dr. Rao	Dr. Rao	Dr. Muni	Dr. Muni	Dr. Rao	Dr. Rao	Dr. Cremer	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	Dr. Leischner	
60130	1																							
60155																								
60201																								
60455																								
60605																								
60607																								
60608																								
60609																								
60610																								
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60657																								
60659																								
60660																								
60706																								
60804																								
Total	4	54	12	12	6	6	10	5	1	2	3	32	14	18	51	15	13	2	2	2	2	2	309	

Planning Area Need - 48