

Original

11-096

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

OCT 12 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Cicero</i>
Street Address: <i>3000-3076 S. Cicero Avenue</i>
City and Zip Code: <i>Cicero 60804</i>
County: <i>Cook</i> Health Service Area <i>7</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 Cicero, LLC d/b/a Fresenius Medical Care Cicero</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

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

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

Primary Contact

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

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

Additional Contact

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

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

Post Permit Contact

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

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

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>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@hkllaw.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>Patel Realty</i>
Address of Site Owner: <i>3730 W. Devon, Lincolnwood, IL 60712</i>
Street Address or Legal Description of Site: <i>3000-3070 S. Cicero Ave., Cicero</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 Cicero, LLC d/b/a Fresenius Medical Care Cicero</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- Substantive
 Non-substantive

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

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

2. Narrative Description

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

Fresenius Medical Care Cicero, LLC, proposes to establish a 16 station in-center hemodialysis facility at 3000 - 3070 S. Cicero, Cicero, IL. The facility will be in leased space in a multi-tenant building. The interior of the leased space will be built out by the applicant.

Fresenius Medical Care Cicero will be in HSA 7. The facility will be located in a Federally Designated Medically Underserved Area/Population (MUA/MUP).

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds				
USE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		1,044,000	N/A	1,044,000
Contingencies		104,400	N/A	104,400
Architectural/Engineering Fees		112,500	N/A	112,500
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		362,000	N/A	362,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,180,000 234,225	2,414,225	N/A	2,414,225
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		4,037,125		4,037,125
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities		1,622,900	N/A	1,622,900
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		2,414,225	N/A	2,414,225
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		4,037,125	N/A	4,037,125
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 75,554.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary

Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2013

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

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

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

Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry

APORS

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

All reports regarding outstanding permits

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

Cost Space Requirements

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

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

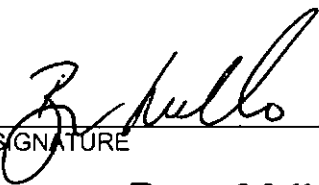
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Cicero, 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

Bryan Mello
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

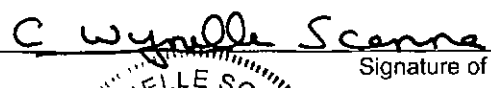

SIGNATURE

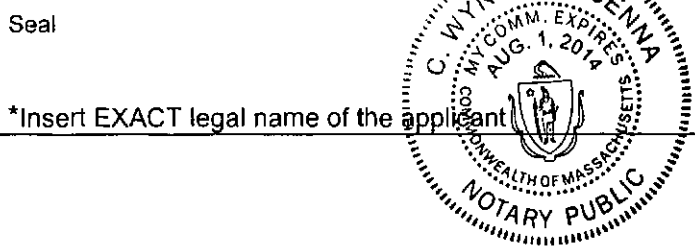
Mark Fawcett
Vice President & Treasurer
PRINTED NAME

PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 3 day of Oct 2011


Signature of Notary




*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
 PRINTED NAME **Bryan Mello**
Assistant Treasurer
 PRINTED TITLE


 SIGNATURE
 Mark Fawcett
 Vice President & Asst. Treasurer
 PRINTED NAME
 PRINTED TITLE

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

Notarization:
Subscribed and sworn to before me
this 3 day of Oct 2011

Signature of Notary C. Wynelle Scenna Signature of Notary

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	16

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<p><u>1,044,000</u></p>	<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;
<p><u>N/A</u></p>	<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>
<p><u>N/A</u></p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p><u>2,414,225</u></p>	<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.
<p><u>N/A</u></p>	<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>
<p><u>N/A</u></p>	<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>
<p><u>4,037,125</u></p>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>TOTAL FUNDS AVAILABLE</p>	

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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 Medicaidpatients. 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	30a
7	Project and Sources of Funds Itemization	31-32
8	Obligation Document if required	33
9	Cost Space Requirements	34
10	Discontinuation	
11	Background of the Applicant	35-68
12	Purpose of the Project	69
13	Alternatives to the Project	70-72
14	Size of the Project	73
15	Project Service Utilization	74
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	75-103
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	104-116
40	Financial Waiver	117-119
41	Financial Viability	
42	Economic Feasibility	120-124
43	Safety Net Impact Statement	
44	Charity Care Information	125-132
	Appendix 1 – MapQuest Travel Times	133-185
	Appendix 2 – Referral Letters	186-193



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 CICERO, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON SEPTEMBER 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 TRANACT 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 29TH day of SEPTEMBER A.D. 2011 .



Jesse White

Authentication #: 1127201622

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>Rice Powell</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant/Co-Applicant

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

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

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



Cushman & Wakefield of
Illinois, Inc.
455 N. Cityfront Plaza Drive
Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

August 24, 2011
Mr. Jim Schutter
Mr. Kevin McNamara
Newmark Knight Frank

RE: Fresenius Medical Care
Plaza De Cicero

Jim / Kevin,

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 Cicero 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.fmca.com.

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

OWNERSHIP:

PLAZA INN CICERO, LLC.

LOCATION:

**3030 S Cicero Avenue, Cicero, IL 60804, Space # 17 –
20 totaling approximately 8,000 square feet of retail
space per the attached site plan.**

**INITIAL SPACE
REQUIREMENTS:**

PIN # 16-28-434-031-0000.

Approximately 8,000 SF of contiguous rentable square feet.

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:

Ten (10) years.

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.

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:

\$25.00 psf triple net

ESCALATION:

\$.50 psf beginning in the second lease year.

CONCESSIONS:

Landlord will grant tenant rent abatement in the amount of Ninety (90) days after clinic has opened for business or until May 31st 2012, whichever is sooner.,

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Tenant shall pay its proportionate share of taxes, insurance and common area maintenance (CAM) for the property which is estimated to be \$3.90 per square foot.

DEMISED PREMISES

SHELL:

Landlord shall deliver 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 not responsible for replacement of HVAC system.
3. The presence of gas service; the presence of local City sewer 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.

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

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.

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 loren.guzik@cushwake.com

PARKING:

FMC's standard parking ratio is 1 parking stall / 250 sq.ft. Please indicate the parking ratio of the strip center.

**CORPORATE
IDENTIFICATION:**

Tenant, at Tenant's sole cost and expense, shall have the right to place signage at the entrance to Tenant's suite. Tenant shall provide sign package for Landlord's review and approval.

**ASSIGNMENT/
SUBLETTING:**

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

**ZONING AND
RESTRICTIVE COVENANTS:**

Tenants use is acceptable with no restrictive covenants.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Please confirm that there is no asbestos present in the building and that there are no contaminants or 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.

EXCLUSIVE TERRITORY:

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

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 Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC

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.

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 and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by December 1, 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

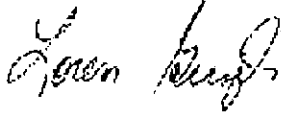
BROKERAGE FEE:

Per separate 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.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



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

CC: Mr. Bill Popken

AGREED AND ACCEPTED this ____ day of _____, 2011

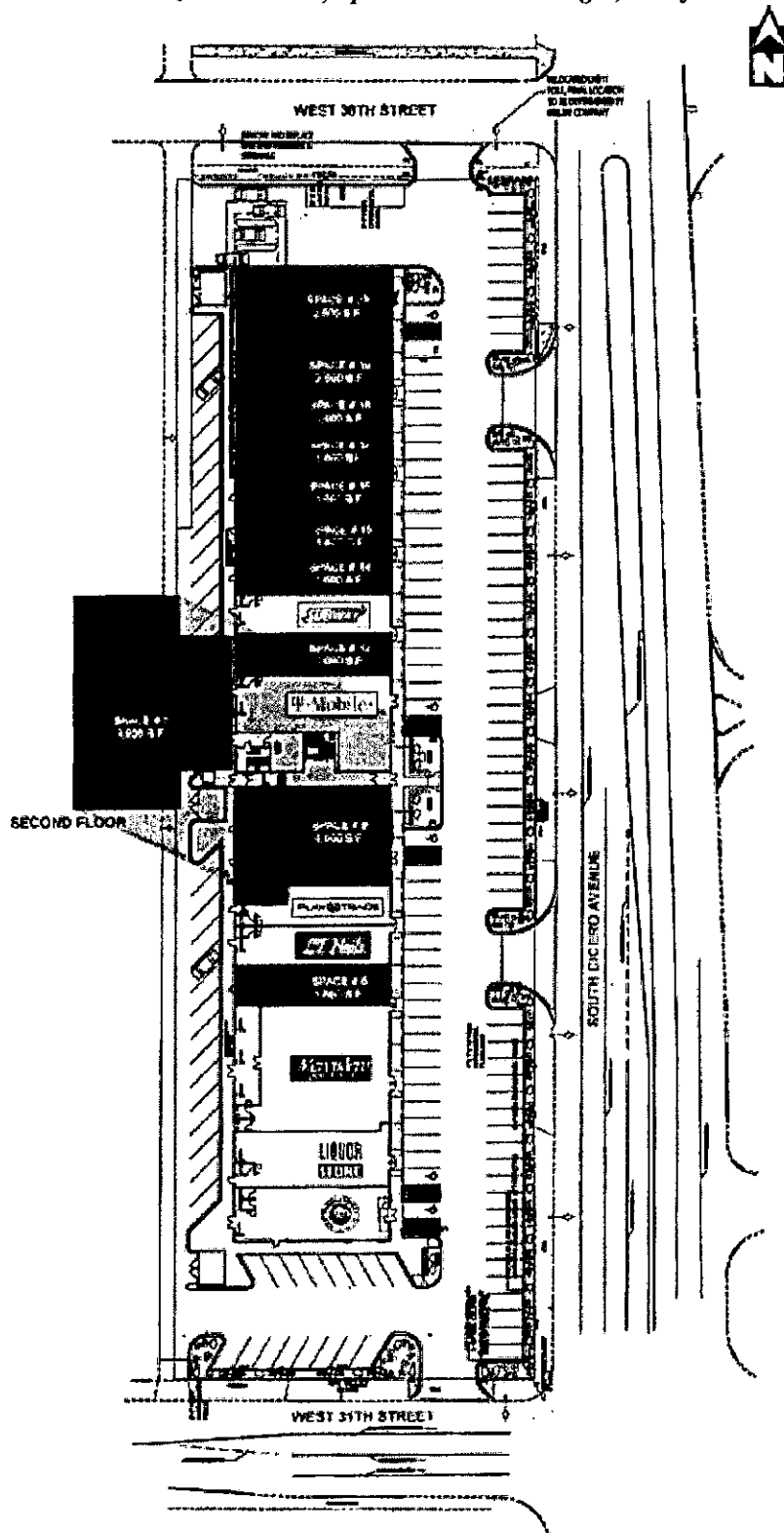
By: _____

Title: _____

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.

Site Plan

Plaza De Cicero, Space 17 - 20 totaling 8,000 sf.



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 Cicero, LLC d/b/a Fresenius Medical Care Cicero*

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.

Fresenius Medical Care Holdings, Inc.



National Medical Care, Inc.



Fresenius Medical Care of
Illinois, LLC.



Fresenius Medical Care
Cicero, LLC d/b/a
Fresenius Medical Care
Cicero



Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Cook County
Cicero

CON - Establish a 12-Station Dialysis Facility
3030 S. Cicero Ave.
IHPA Log #004090211

September 15, 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

General Conditions	52,000
Temp Facilities, Controls, Cleaning, Waste Management	2,500
Concrete	13,000
Masonry	15,500
Metal Fabrications	8,000
Carpentry	91,000
Thermal, Moisture & Fire Protection	18,000
Doors, Frames, Hardware, Glass & Glazing	75,000
Walls, Ceilings, Floors, Painting	168,000
Specialities	13,000
Casework, FI Mats & Window Treatments	6,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	334,000
Wiring, Fire Alarm System, Lighting	201,000
Miscellaneous Construction Costs	47,000
Total	1,044,000

Contingencies

Contingencies **\$104,400**

Architectural/Engineering

Architecture/Engineering Fees **\$112,500**

Movable or Other Equipment

Dialysis Chairs	24,000
Misc. Clinical Equipment	18,500
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	37,000
Water Treatment	120,000
TVs & Accessories	60,000
Telephones	15,000
Generator	30,000
Facility Automation	23,000
Other miscellaneous	4,500
Total	362,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (8,000 GSF)	\$2,180,000
FMV Leased Dialysis Machines	228,225
FMV Leased Computers	6,000
Total	\$2,414,225

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	4,037,125		8,000		8,000		
Total Clinical	4,037,125		8,000		8,000		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	4,037,125		8,000		8,000		
<p>APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>							

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	Bolingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign (managed)	14-2588	1405 W. Park Street	Champaign	61801
Chatham		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
Lockport		Thornton Avenue	Lockport	60441
Lombard		1940 Springer Drive	Lombard	60148
Lutheran General	14-2559	8565 West Dempster	Niles	60714
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	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

Certification & Authorization

Fresenius Medical Care Cicero, 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 Cicero, 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: *Bryan Mello*
ITS: **Bryan Mello**
Assistant Treasurer

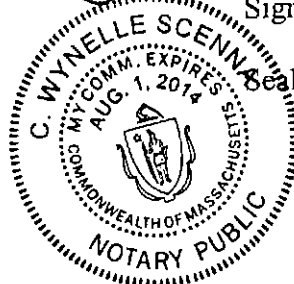
By: *Mark Fawcett*
ITS: **Mark Fawcett**
Vice President & Treasurer

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

Notarization:
Subscribed and sworn to before me
this 3 day of Oct, 2011

Signature of Notary *C. Wynelle Scenna* Signature of Notary

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: **Bryan Mello**
Assistant Treasurer

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

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

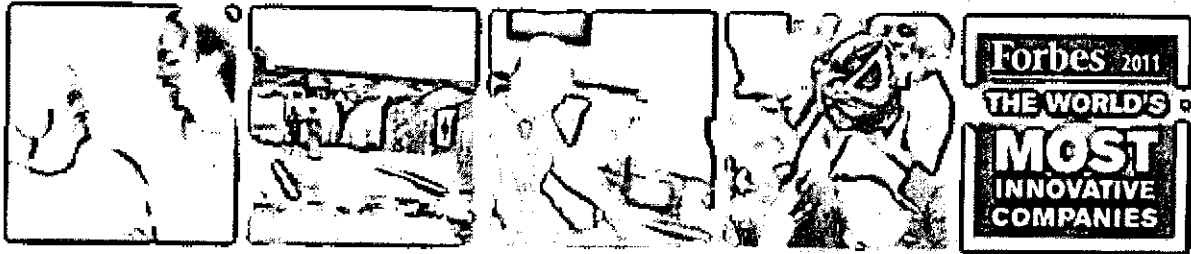
Notarization:
Subscribed and sworn to before me
this 3 day of Oct, 2011

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal



Seal



CORPORATE Responsibility & COMMUNITY Commitment



Fresenius Medical Care

Company's Environmental Policy

A commitment to safety.

A commitment to quality.

A commitment to environmental protection.

A commitment to ethical behavior.

A commitment to social responsibility.

A commitment to innovation.

A commitment to diversity.

A commitment to customer satisfaction.

A commitment to employee well-being.

A commitment to community development.

A commitment to transparency.

A commitment to continuous improvement.

A commitment to global citizenship.

Our Commitment, Commitment

A commitment to safety, quality, and environmental protection.

A commitment to ethical behavior.

A commitment to innovation.

A commitment to diversity.

A commitment to customer satisfaction.

A commitment to employee well-being.

A commitment to community development.

A commitment to transparency.

A commitment to continuous improvement.

A commitment to global citizenship.

A commitment to safety, quality, and environmental protection.

CREATING A FUTURE WORTH LIVING

For people. Worldwide. Every day. More than three decades of experience in dialysis, innovative research, the global leader in dialysis services and products—that is Fresenius Medical Care.

Patients with kidney disease can now look ahead with much more confidence thanks to our innovative technologies and treatment concepts. We give them a future, one that offers them the best possible quality of life.

As a vertically integrated company, we cover the entire dialysis value chain. We use the increasing demand for modern dialysis methods to our advantage and work consistently to enhance the Company's growth. Our focus is on consistently implementing strategies that enable us to uphold and expand our technological leadership.

We take the highest medical standards as our benchmark. This is our commitment to our patients, our partners in the healthcare system and our investors, who trust in the reliable performance and the future of Fresenius Medical Care.



FRESENIUS MEDICAL CARE NORTH AMERICA

A PRIMER FOR YOUR KIDNEYS

KIDNEY DISEASE & DIALYSIS

Kidneys play an important role in your body. They rid the body of wastes and fluid by filtering them out of your blood. They make hormones that help produce red blood cells, control blood pressure and activate Vitamin D to keep our bones healthy.



FRESENIUS MEDICAL CARE NORTH AMERICA

WHAT HAPPENS WHEN KIDNEYS FAIL?

When kidneys stop working, fluid and wastes build up in the body and make you feel sick. It also becomes harder for your body to make red blood cells, control your blood pressure, and keep your bones healthy.

There are two kinds of kidney failure, acute and chronic. Acute kidney failure may be reversed when the source of the problem is found and treated. People with acute kidney failure may go on dialysis for a short time until their kidneys heal. Chronic Kidney Disease (CKD; also called Chronic Kidney Failure) is a progressive disease. There are five stages of CKD. Some patients with CKD may be watched by their doctors for years before they reach End Stage Renal Disease (ESRD), when dialysis or a transplant is needed to help replace lost kidney function. Other patients will get to this stage in just months or weeks.

WHAT ARE THE SIGNS OF KIDNEY DISEASE?

Knowing what to look for may help you and your doctor find out if you have kidney disease early. Finding out early is important because often, with lifestyle changes and medications you may be able to slow down the disease and stay healthy longer.

Some signs of kidney disease are:

- Changes in urination—Urine that is foamy or bubbly, red or pink (contains blood), more or less than your usual amount, or getting up at night to urinate
- Swelling of face and/or feet
- Feeling more tired than usual
- Nausea/vomiting
- Headache, feeling dizzy, having trouble thinking clearly
- Severe itching
- Shortness of breath
- Loss of appetite
- High blood pressure

If you think you have any of these symptoms, talk to your doctor.

HOW IS KIDNEY DISEASE DIAGNOSED?

If your doctor thinks that you may have CKD, he or she might do some or all of these tests to measure how well your kidneys work:

- Test for protein in your urine
- Blood pressure, to see if it's high
- Blood test to measure your creatinine

The doctor will use your creatinine level along with other information to calculate your GFR (glomerular filtration rate). The GFR helps your doctor determine how well your kidneys are cleaning your blood and diagnose CKD.

WHAT CAUSES KIDNEY DISEASE?

The two most common causes of kidney disease are diabetes and high blood pressure. Other causes include:

- Glomerulonephritis (kidney inflammation)
- Arteriosclerosis (hardening of the arteries)
- Blockage of the urinary system; kidney stones or malformation at birth
- Toxins
- Polycystic kidney disease
- Infection
- Trauma (injury)

HOW CAN KIDNEY DISEASE BE PREVENTED?

If you have diabetes or high blood pressure, be sure to see your doctor regularly. Keeping your blood sugar and blood pressure under control may help to prevent kidney disease. Also, keep your doctor and healthcare team informed of any changes in your health and follow all medication and diet changes given to you by your doctor. Diagnosing and treating kidney disease early is important to slowing down the disease progression. Finally, take an active role in your healthcare. Educate yourself about kidney disease and its treatments so you know what to look for.

WHAT IS DIALYSIS?

Dialysis is a mechanical filtering process that cleans waste products out of your blood, removes extra fluid and controls your body chemistry if your kidneys fail. There are two main kinds of dialysis: hemodialysis and peritoneal dialysis.

HEMODIALYSIS

Hemodialysis removes extra fluid and wastes from your body by constantly moving your blood through a filter. The filter, known as a dialyzer or artificial kidney, is used with a dialysis machine. Your blood is removed from your body in small amounts, run through the filter, and then returned. Hemodialysis can be done at home or in a dialysis treatment center. It can be done during the day, or at night while you are sleeping, leaving your days free for other activities. As with any treatment, there are pros and cons to hemodialysis of any type. Thinking about these can help you decide if some type of hemodialysis is right for you.



Hemodialysis can be done during the day, or at night while you are sleeping, leaving your days free for other activities.

PERITONEAL DIALYSIS

Peritoneal dialysis (PD) also filters the blood. But, instead of using an artificial kidney, the thin membrane that lines your abdominal cavity, also known as the peritoneum, is used.

During peritoneal dialysis, you fill your abdomen with dialysate. Because the peritoneum is rich in tiny blood vessels, it continually provides a supply of blood to be cleaned. The extra fluid and wastes in the blood move into the dialysate, which you drain and replace.

There are two main types of peritoneal dialysis: Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCDP). Both are done at home and both have pros and cons.





FRESENIUS MEDICAL CARE NORTH AMERICA

FRESENIUS MEDICAL CARE: A CORPORATE SNAPSHOT

Fresenius Medical Care is the world's largest integrated provider of products and services for individuals undergoing dialysis because of chronic kidney failure, a condition that affects more than two million individuals worldwide.

Fresenius Medical Care is also the world's leading provider of dialysis products such as hemodialysis machines, dialyzers and related disposable products. Fresenius Medical Care is listed on the Frankfurt Stock Exchange (FME, FME3) and the New York Stock Exchange (FMS, FMS/P).

214,648
PATIENTS WORLDWIDE

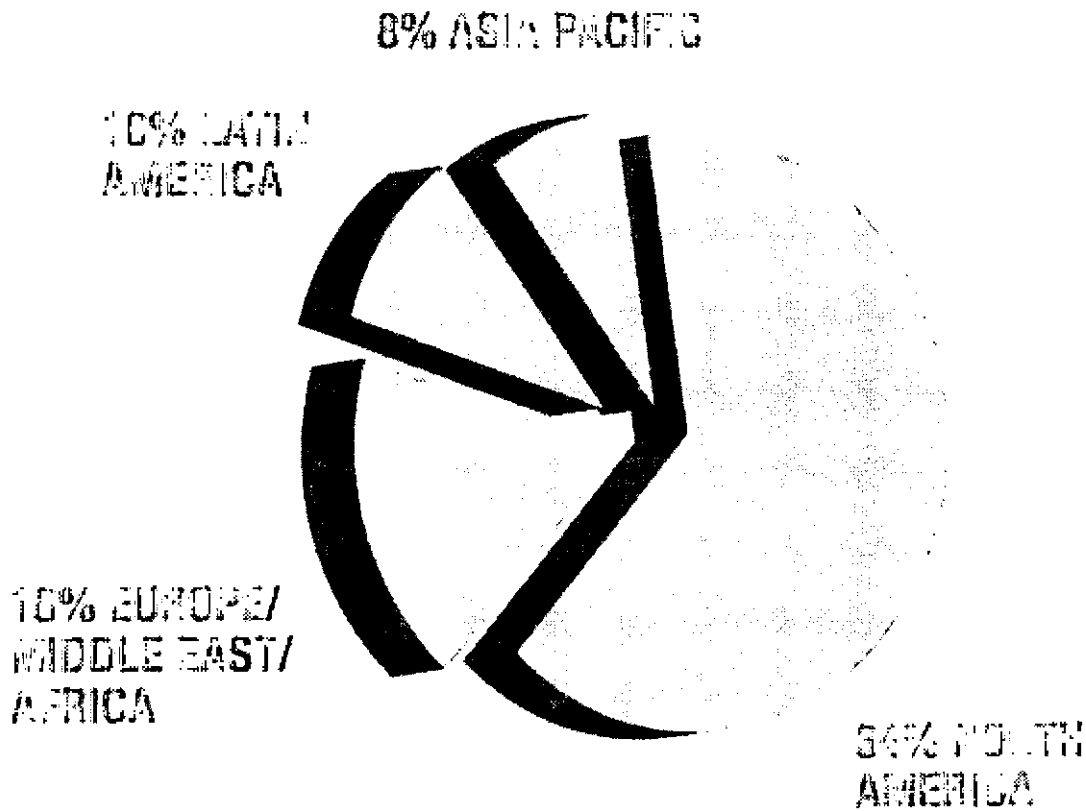
2,757
CLINICS WORLDWIDE

73,452
EMPLOYEES OUR WORLD

OVER 40
PRODUCTION SITES WORLDWIDE

ABOUT 31.7 MILLION
ANALYSIS TREATMENTS FOR KIDNEY

214,648 PATIENTS WORLDWIDE:



2,757

CLINICS WORLDWIDE:

	2010	2009	Change
North America	1,823	1,751	2%
Europe/Middle East/Africa	389	436	15%
Latin America	193	191	1%
Asia-Pacific	242	141	69%
Total	2,757	2,583	8%

2.029 M

DIALYSIS SERVICES WORLDWIDE (2010)

Fresenius Medical Care	North America	137,689
Fresenius Medical Care	Europe	38,061
Fresenius Medical Care	Asia-Pacific	16,427
Fresenius Medical Care	Latin America	22,471

ADVANCING RENAL THERAPY: DIALYSIS SERVICES & PRODUCTS SINCE 1968

Fresenius Medical Care is the global leader in renal health care, but we don't rest on our laurels. Our mission is to create innovative products and deliver optimal services and care that set the standard in kidney dialysis. Ours is the largest network of dialysis clinics across the United States and worldwide. We're committed to providing patients and their

families with the highest quality of care and the best support services.

As the leading manufacturing of dialysis products for use in hemodialysis and peritoneal dialysis, such as machines, cyclers, dialyzers, solutions and related products, including pharmaceuticals... we drive advancements and more options in patient care for medical profes-

sionals. We maintain one of America's largest troves of data and research related to renal care; and our vast clinical responsibility demands that we stay the forefront of emerging treatments and services.



QUALITY OF CARE & PATIENT SAFETY

1968:

National Medical Care opens first out-of-hospital dialysis facility in Melrose House, Melrose, Massachusetts.

1970:

National Medical Care operates first out-of-hospital dialysis facility central delivery system at The Kidney Center in Brookline, Massachusetts.

1996:

Fresenius Medical Care AG of Germany acquires National Medical Care, creating Fresenius Medical Care North America (FMCNA). The vertically integrated company becomes the nation's largest network of dialysis centers and the leading manufacturer of dialysis products. Ben Lipps is named chief executive officer and president.

1996:

In partnership with leading nephrologists, FMCNA establishes Renaissance Health Care Inc., a specialty managed care company. Unique knowledge of end stage renal disease clinical practice and medical management allows for cost containment while improving the quality of care for patients.

1997:

FMCNA introduces the Code of Ethics and Business Conduct, and initiates mandatory business practices and compliance training company-wide. The training focuses on company values, commitment to compliance, and the Employee Action Line, patient privacy and security.

1997:

FMCNA is the first large dialysis provider to develop and formally employ Continuous Quality Improvement in its care of patients.

1998:

FMCNA establishes a new peritoneal dialysis (PD) services initiative, focusing on widening the use and availability of this treatment under Dr. Jose Diaz-Buxo, M.D., a nationally recognized leader in PD.

1999:

FMCNA is the first provider to use information from its clinical database to identify and resolve a critical patient care safety issue—detecting frequent disconnects of Central Venous Catheters to blood lines.

2003:

FMCNA launched its Advanced Renal Education Program, developed to assist nephrologists and professional dialysis staff in improving clinical outcomes and standards of practice.

2003:

Fresenius Medical Services announces the successful implementation of UltraCare[®], its unique program that combines tools, policies and resources to provide

UltraCare[®]

differentiated care to all FMCNA patients. UltraCare represents an organizational culture committed to delivering excellent care to patients through innovative methods, the latest technology and a focus on customer service.

2004:

No reuse of dialyzers is fully implemented at all FMCNA clinics, avoiding formaldehyde exposure to patients and the possibility of using an incorrect dialyzer.

2004:

Fresenius Medical Care introduces success@home[®], a comprehensive peritoneal dialysis educational support program for clinicians and patients.



2010:

Fresenius Medical Care Renal Pharmaceuticals is established to provide a range of drugs for treating patients with chronic and acute renal failure. Venofer® is used to treat 'iron-poor' blood in kidney disease patients. PhosLo® is a phosphate binder that helps prevent phosphate in the stomach and intestines from being absorbed into the body.

2011:

FMCNA's Patient Safety Organization gains official certification by the secretary of the U.S. Department of Health and Human Services for collecting, analyzing and preventing patient safety problems. The recognition is a first in the dialysis industry.

RESEARCH & INNOVATION

1966:

The first hollow-fiber dialyzers create decisive advances in the quality of treatment. The present chairman of the Management Board of Fresenius Medical Care, Dr. Ben Lipps, was an active contributor to these advances.

1984:

National Medical Care establishes the first dialysis patient database for collection, study, and analysis of patient data.

1999:

FMCNA introduces the On-Line Clearance Monitor, a device that allows staff to more closely monitor adequacy of therapy and immediately make adjustments.

1997:

In a joint venture with Beth Israel Medical Center in New York, FMCNA establishes the Renal Research Institute, formed to combine the latest dialysis technology and research to advance end stage renal disease medical care, making it the first collaboration among a group of dialysis centers providing large scale patient samples. The partnership combines optimal treatment for patients with outcome and technology research.

2000:

The Laboratory Services Division introduces automation of laboratory systems at the clinic level with Visual LabWorks, a remote order entry system for laboratory test ordering.

2000:

FMCNA introduces the 2008K hemodialysis machine. The overwhelming market acceptance resulted in all machines manufactured being sold before year-end.

2000:

FMCNA establishes Spectra Renal Research, providing clinical trial services for pharmaceutical, CRO, medical device and biotechnology industries.

2000:

FMCNA introduces Premier Plus™ Double Bag for CAPD patients. The incorporated Safe-Lock Connectivity and Snap disconnect features result in fewer connections for the patient and a commensurate lower risk of infection.

2000:

FMCNA introduces a compliance tracking system to its automated peritoneal dialysis (APD) system, the Freedom™ Cyclor PD+. The IQcard™ system allows the cyclor to record patient treatment information on a small credit-card sized card.

2001:

FMCNA introduces the Optiflux® dialyzer family with superior small and large molecular weight solute clearances for improved clearance rates and outstanding biocompatibility.



The 2008K

2001:

Fresenius Medical Care and Xitron Technologies Inc., develop a non-invasive process to reliably determine the dry weight of dialysis patients, helping to considerably improve the quality and expectation of life for people with end stage renal disease.



Optiflux Dialyzers

2004:

Fresenius Medical Care introduces stay•safe®, a new generation in peritoneal dialysis (PD) connectology that helps ensure patient safety by automatically closing the PD system.

2004:

Fresenius Medical Care North America announces the completion of a comprehensive, multi-year dialysis products agreement with Dialysis Clinics, Inc. (DCI).

2005:

Fresenius Medical Care acquires Renal Care Group, Inc., further solidifying the company's position as the world's leader in dialysis services and products.

2008:

Fresenius Medical Care launches its Liberty Cyclor home dialysis technology for automated peritoneal dialysis combining advanced pumping technology with ease of use for patients.

2010:

Fresenius Medical Care introduces the 2008T dialysis machine. It combines the company's most advanced hemodialysis delivery system with Clinical Data Exchange (CDX) to provide caregivers, for the first time, chairside access to both dialysis treatment and medical information system data. This improves the treatment session by giving caregivers the ability to facilitate real-time adjustments to therapy and care plans.

2011:

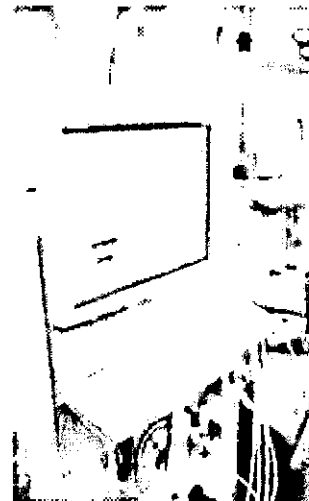
The company's first New Drug Application is approved by the FDA, Phoslyra, an orally available formulation of

Phoslo. It broadens options for physicians and dialysis patients to reduce phosphate levels in late stage kidney disease.

2011:

Fresenius Medical Care is certified as the first Patient Safety Organization (PSO) in the dialysis industry by the Secretary U.S.

Department of Health and Human Services with the objective of furthering the mission of continuously improving patient safety and health care quality. The purpose of a PSO is to establish a framework by which



The 2008T

doctors and other health care providers may voluntarily report information to PSOs, on a privileged and confidential basis, to collect and analyze patient safety events.

2011:

The U.S. Food and Drug Administration clears the 2008K@Home dialysis for marketing to home dialysis patients.



The 2008K@home

ADVANCING RENAL THERAPY: INTEGRATED CARE

Results from a project Fresenius Medical Care undertook with the Centers for Medicaid and Medicare Services (CMS) called the End Stage Renal Disease (ESRD) Disease Management Demonstration Project were presented by the independent evaluation contractor, Arbor Research Collaborative for Health, in a series of scientific abstracts and a comprehensive evaluation report. The ESRD DM Demonstration Project is a five-year demonstration project (2006 to 2010) conducted by CMS which the impact of expanded integrated care approaches applied to the Medicare ESRD patient population.

Our main objective in the ESRD DM Demonstration Project was to create a model of care that was patient-centered, one that could improve comprehensive patient quality outcomes of improved survival and reduced hospitalization. Fresenius Medical Care's focus in the ESRD DM Demonstration Project was much broader than improvement of dialysis outcomes, although that result was accomplished in this project as well.



The Fresenius Health Partners program provided a whole-person care approach utilizing an integrated care "health home" concept that actively expanded the management of the various co-morbidities such as congestive heart failure, cardiac disease, nutritional status, infection risks, vascular access and psychosocial needs that impact kidney patients. The program achieved this expanded patient care by adding personal nurse care managers to work with patients and their providers on these non-dialysis focus areas and by deploying a unique home telehealth monitoring device technology (KidneyTel[®]) and care plan pathways platform, which provided interactive daily contact with patients to collect symptomatic and biometric data, and provide support, education and coordination to patients and their providers. A sample of the results obtained:

- A significantly lower percentage of patients in the FMC program were hospitalized for the first time by one year and two years.
- A significantly lower percentage of patients in the FMC program were hospitalized for cardiovascular disease for the first time by one year and two years.
- A significantly larger percentage of patients in the FMC program survived to the one year and two year time points.
- FMC program experienced estimated savings relative to FFS Medicare based on differences in service utilization throughout all three years of the Demonstration evaluation, with the magnitude of the savings appearing to increase over time.
- FMC Oral Nutritional Supplement program was associated with significantly reduced mortality at one year.
- Significantly higher percentage of patients in the FMC program were wait-listed for transplant.
- FMC achieved greater than 95% of the targeted dialysis Clinical Practice Measures for the Demonstration Project.
- High satisfaction was observed among patients who remained in the FMC program.

PATIENT SURVIVAL & HOSPITALIZATION

The Fresenius Health Partners Program Achieved Improvement in Patient Mortality and Hospitalization Outcomes for the 2006 to 2008 Evaluation Period:

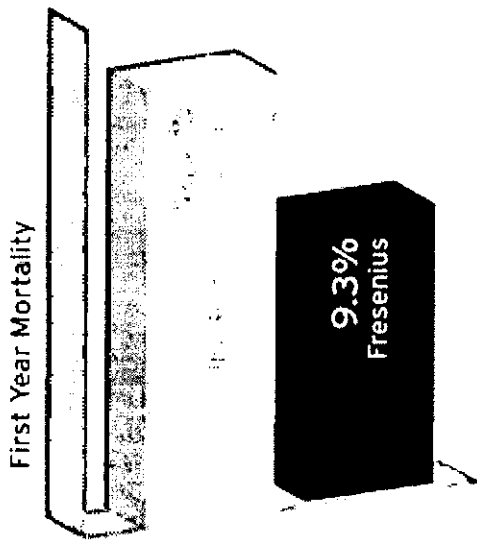
- One Year Mortality (36% reduction)
- Two Year Mortality (24% reduction)
- "All Cause" First Hospitalizations (reduced by 13% for One Year) and (reduced by 20% for Two Year)
- Cardiovascular Disease" First Hospitalizations (reduced by 14% for One Year) and (reduced by 21% for Two Year)

REDUCING COSTS

The Fresenius Health Partners Program Achieved Improvement (reductions) in Costs and Utilization of Services in the Third year of the Demonstration Project (2008) in the

Following Measures (range of improvement varied by analysis method):

- Hospital Admissions (8% to 12%)
- Hospital Readmissions (11% to 19%)
- Physician Visits (19% to 27%)
- SNF Stays (43% to 49%)
- ER Visits (3% to 4%)
- Cost of Care (5% to 6%)



Source: "Hospitalization, Survival and Transplant-Related Outcomes in CMS ESRD Disease Management Demonstration." Jeffrey Pearson, et al, Arbor Research Collaborative for Health, 2010. Full independent report at www.kidneytel.com.

ADVANCING RENAL THERAPY: TREATMENT OPTIONS PROGRAM (TOPS)

Renal care at Fresenius Medical Care starts well before dialysis with our pre-dialysis educational classes Treatment Options Program-TOPs.

Options include in-center dialysis, transplant, home dialysis, patient travel services and non-treatment

TOPs, in its five years since launch...

- Educated 57,000 chronic kidney patients at no charge to them. Family members welcome to participate
- Offered nationwide in a variety of settings including dialysis facilities, libraries, hospitals, community centers
- Peer-reviewed paper published on TOPs participants in June 2011
- Showed a 40-50% lower risk of death during first 90 days of dialysis
- TOPs associated with more home dialysis choices
- TOPs associated with more fistula/graft choices



ADVANCING RENAL THERAPY: CLINICAL STUDIES

The Clinical Studies Dept. at Fresenius Medical Care facilitates and monitors clinical research in our dialysis facilities.

- Completed more than 50 Phase 3 multi-site sponsored trials
- Completed more than 11 Phase 2 multi-site trials
- In its 11-years of operation, the group now includes 18 clinical research coordinators working with physicians across the U.S.
- Categories of clinical data available for study include general demographics and renal demographics, dialysis prescriptions, dialysis parameters, lab and medication prescriptions and results

■ Database of 600,000 renal patients available for study including:

- 116,000+ active patients
- 500 million lab results
- 130+ million hemodialysis treatments
- 450+ million medication administrations



ADVANCING RENAL THERAPY: RENAL RESEARCH INSTITUTE

Formed in early 1997 as a joint venture between Fresenius Medical Care and Beth Israel Medical Center, Renal Research Institute is a financial and scientific commitment to better kidney care. It is a collaboration with Beth Israel Medical Center and Fresenius Medical Care to produce measurable results in patient outcomes, building on clinical nephrology and evaluating and applying new technology to enhance the quality of patient care. The institute collaborates among a select group of dialysis facilities with strong ties to academic research institutions. This synergy among designated academic research universities, industry, and dialysis clinics is the first of its kind in the field of kidney disease.

Key contributions to the body of renal care literature by RRI

The Frequent Hemodialysis Network Trials (2010-2011)

These are landmark studies—1 published in *NEJM*—on the effects of increasing dialysis frequency from conventional thrice weekly to either 6-times, weekly short in-center dialysis or nocturnal dialysis. RRI played a pivotal role in the design and execution of these trials and is actively involved in the analysis and interpretation of the study results.

Calcium kinetic studies; contribution to the dialysate calcium debate (2006-2010)

RRI has conducted seminal calcium kinetic studies which significantly shaped the discussion about calcium balance and dialysate calcium concentration. RRI has further critically commented on recent guidelines to raise awareness in the nephrology community of the importance of calcium mass balance quantification. Additional publications with pivotal calcium kinetic data are underway.

Calcium kinetic studies; contribution to the dialysate calcium debate (2006-2010)

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Events before death (2009-ongoing)

RRI is pioneering a novel methodological approach to look at risk predictors of death in dialysis patients: a look backwards in time, starting from the date of death to provide a powerful way of characterizing common patterns in the evolution of key clinical and laboratory parameters prior to death. The ultimate goal of this project is to develop an alarm system to draw clinicians' attention to high-risk patients that deserve special attention. RRI is leading an unprecedented worldwide collaboration to this end, spanning six continents and more than 30 countries. The results of this ongoing project will have a major impact on the field of dialysis.

OUR COMMUNITY COMMITMENT: **A STEWARD OF THE ENVIRONMENT AND A SAFE WORKPLACE**

- We recently revised a carbon tank backwashing system allowing us to sterilize water in dialysis clinics but save 300 million gallons of water.
- To reduce electrical consumption, heat exchangers are now used to transfer reverse osmosis-concentrate heat into the hot-water heaters allowing a typical 16-patient-station dialysis clinic to recover about 75% of wasted heat across our 1,850 U.S. clinics
- Since 1999, the company's been recognized by CNA for its national leadership and outstanding employee safety, health and risk management track record in earning its National Safety Award



OUR COMMUNITY COMMITMENT: **VOLUNTEERISM**

We volunteer because that is who we are; we are the fabric of our communities.

The South Greensboro, North Carolina Fresenius Medical Care Education Department provided area secondary institutions Page High School and Weaver Academy Allied Health Students with the opportunity to participate in a hemodialysis clinical experience. The students were shown an overview of hemodialysis, an opportunity to participate in an observation on a treatment floor of the dialysis process, interactions with health care professionals and an opportunity to view our Fresenius Treatment Options DVD. The students and instructors

voiced positive feedback in learning about patient care and medicine as a career choice, renal dialysis as a treatment modality and as an important medical option for patients with kidney failure.

Amy French, BSN, CNN presented a talk entitled "The Career Path of a Nephrology Nurse" to a group of high school students at the Prosser School of Technology in New Albany, INDIANA. Part of a career decision class which was made up of students wishing to pursue a career in the medical field, it was opportunity to introduce students, just beginning their career paths, to the exciting and rewarding world of nephrology nursing.



Fresenius Medical Care employees from the Greater Anderson, South Carolina area participated in the Habitat for Humanity. Pictured from left are Estella Hill, Home Therapy Nurse; Molly Costa, Home Therapy Program Manager; Cassandra Pinkston, Home Therapy Nurse; Maggie Frazier, Home Therapy Nurse and Pam Pyeatt, Home Therapy Nurse. Not pictured are Patsy Gaston and Elaine Fields.



Fresenius Medical Care facilities in the Houston area rallied staff members together to collect more than 1,000 cans of food for the Houston Food Bank. From left are Faith McBride, Assistant to Regional Vice President Mark Delahunty, Jesse Moya, Technical Supervisor, Houston Acute Program, and Anne Blue, Patient Services Specialist, Houston Region.

FRESENIUS MEDICAL CARE NORTH AMERICA



Staff from two clinics in the Vancouver, WA area participated in an NKF Kidney Walk in Portland, OR. The "Fort Vancouver Kidney Crusaders" created tee-shirts and spent a very enjoyable day walking for a good cause. From left, (front row) employee family member Charles Frayer, PCT Melissa Vega, employee family members Ayden Vega and Dakota Roller, patient Suzanne Lam, Lisa Schaefer R.N., Jeannie Roberts R.N. and Lewis the dog; (back row) PCT Scott Ryan, employee family members Kiana, Kole, and Lori Ryan, RCIT/PCT Darci Roller, employee family member Anna Roller, PCT Sherrie Neff, Erica Wheatley R.N., Joan Blatt R.N., employee family member Dave Leon, patient family member Joe Bertrand, Jill Walker R.N., PCT Michelle Boston and PCT Jenni Frayer.

During a medical mission to earthquake ravaged Haiti, North Alabama Region's Ann Pridgen RN CDN volunteered among a team of medical professionals seeing hundreds of desperate people. Among the many things she participated in: The team set-up a medical mobile clinic on a Saturday that was advertised by loud-speaker in the streets, and saw 138 patients in just 4 hours. We assisted with English lessons in the church one evening, and over 200 attended. Haitians are very anxious to learn English, as they are required to speak English to get a job. One young boy asked me to sit with him and write every word that I had said. Ann drew pictures and repeated the English words, since she could not translate the English into Creole.



Ann Pridgen RN CDN volunteering in Haiti

Ana Perryman, BSN, an Educational Coordinator for Fresenius Medical Care North Florida organized a community educational program in recognition of World Kidney Day. The location was her local farmer's market where individuals older than 45 years old participated in glucose and blood pressure screenings, as well as, a short health questionnaire identifying possible risks for kidney failure. She presented findings to the local chapter of the American Nephrology Nurses Association chapter members and new hires Fresenius Medical Care orientation.

- Our 400 nurse educators are certified to train professional clinical staff across Fresenius Medical Care to meet quality goals, ensure compliance with regulatory standards and the latest advances in patient care.
- Nurse educator personnel are volunteers and national leaders in kidney care and education benefitting the entire renal community.



Shad Ireland (middle), Fresenius Medical Care spokesperson, patient and Ironman triathlete, joined fellow Fresenius Medical Care staff members Joan MacWilliam and Heather Curry at the Alabama Kidney Foundation Walk.

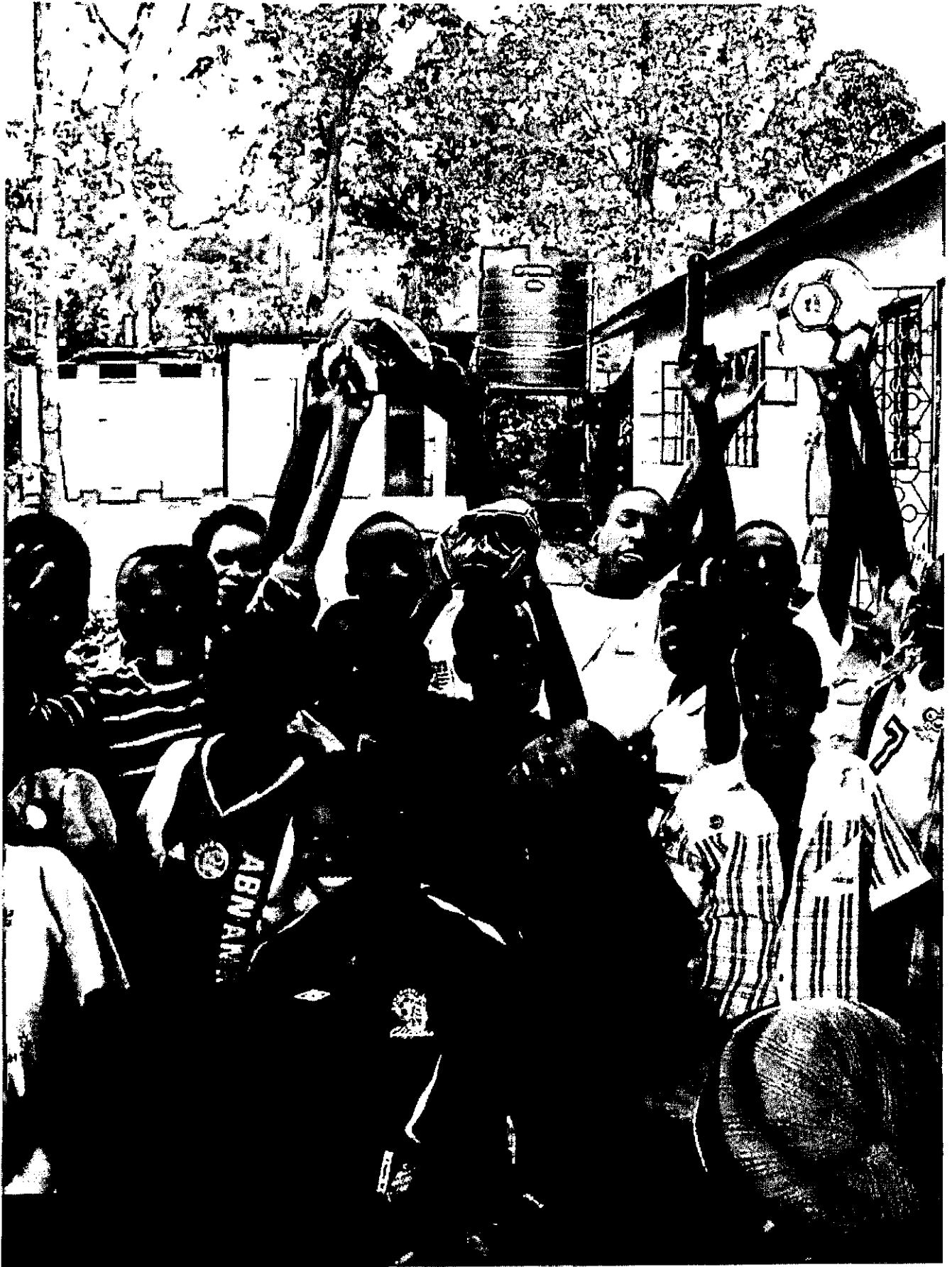
OUR COMMUNITY COMMITMENT: **GLOBAL OUTREACH**

Renal Research Institute, and the Sustainable Kidney Care Foundation with Fresenius Medical Care, Germany were among the co-sponsors of a 2011 conference in Moshi, Tanzania where medical professionals examined the burden of kidney disease with particular focus on treating children and women of childbearing age in developing countries of sub-Saharan Africa, goals consistent with the United Nations Millennium Development Goals 2015 project. Participants included medical professionals from Tanzania, Malawi, Uganda, Kenya, Democratic Republic of Congo with global nephrology opinion leaders. They covered acute kidney injury, peritoneal dialysis, renal

replacement therapy, chronic kidney disease management, and managing specific kidney diseases.

Formed in early 1997 as a joint venture between Fresenius Medical Care and Beth Israel Medical Center, Renal Research Institute is an administratively distinct institution. The institute is a collaborative effort among a selected group of dialysis facilities with strong ties to academic research institutions. This synergy among designated academic research universities, industry, and dialysis clinics is the first of its kind in the field of kidney disease.





FRESENIUS MEDICAL CARE NORTH AMERICA

65

OUR COMMUNITY COMMITMENT: EMERGENCY & DISASTER PREPAREDNESS

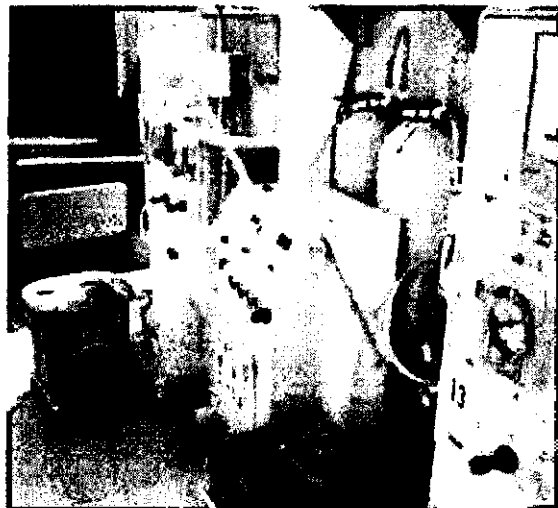
Our award-winning disaster/emergency preparedness teams ensure the continuity of our life-saving dialysis operations during major disaster/emergencies

- Winner International Association of Emergency Managers Business Preparedness Award in 2010
- Kidney Community Emergency Response Coalition leader
- Boosting disaster/emergency preparedness awareness and training for all our patients
- Disaster preparedness training for all employees
- Availability of a dedicated fully staffed 24-hr disaster hot-line that will locate the nearest open facility for any dialysis patient nationwide impacted during a disaster



HOW PREPARED ARE WE?

- Performed more than 1,000 treatments on non-FMCNA pts. following Hurricane Katrina
- Airlifted 50,000 lbs of urgently needed dialysis supplies to support disaster relief in the immediate aftermath of the Haiti earthquake
- Own and operate 4 large mobile generator trucks to respond to power disruptions during emergencies
- Distributed over 600 personal generators to staff across the country during various storms and emergencies
- By bringing our clinics on-line immediately after a disaster we reduce surge of dialysis patients to nearby hospitals, reducing the strain on the healthcare system



OUR COMMUNITY COMMITMENT: CONTRIBUTIONS

NATIONAL KIDNEY FOUNDATION

- Support at over \$250,000 in ongoing partnerships across the U.S. for public health education and research
- Recently co-produced a 6-minute film "Dialysis Saves Lives"—a social network viral sensation in the renal community. The aim was to help patients understand what's involved and demonstrate that dialysis can be both life-saving and life-enhancing. "Dialysis Saves Lives," focuses on four patients, ages 9-70, who share their experiences on camera. Viewers can follow the patients' initial fear at being diagnosed, treatment routines and ultimate realization that they can still lead normal, productive lives.
<http://youtu.be/NHS0oyHR4vI>

RENAL SUPPORT NETWORK

- Support at \$150,000 to advance their missions help patients develop their personal coping skills, special talents, and employability by educating and empowering them (and their family members) to take control of the course and management of the disease—to live a joyful life in spite of disease
- employees and patients who need immediate accommodation following major disasters

FMCNA NAMED AMONG THE WORLD'S MOST INNOVATIVE COMPANIES

Fresenius Medical Care is proud to have been named among the World's Most Innovative Companies in the August 8, 2011 cover story edition of Forbes. Of 100 companies, Fresenius Medical Care ranked 51. The list is based on an 8-year study by Harvard Business School Professor Clayton M. Christensen, along with colleagues Professors Jeff Dyer of Brigham Young University and Hal B. Gegeresen of INSEAD. They identified company cultures of the most innovative companies in the world where there was constant:

- Questioning, allowing innovators to challenge the status quo and consider new possibilities;
- Observing helping innovators detect small details—in the activities of customers, suppliers and other companies—that suggest new ways of doing things;

- Networking permitting innovators to gain radically different perspectives from individuals with diverse backgrounds;

- Experimenting prompting innovators to relentlessly try out new experiences, take things apart and test new ideas;

- Associational thinking—drawing connections among questions, problems or ideas from unrelated fields—triggered by questioning, observing, networking and experimenting and is the catalyst for creative ideas.



CORPORATE
Responsibility
&
COMMUNITY
Commitment



Fresenius Medical Care

The World Leader in Renal Therapy

**Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451
781-699-9000
www.fmcna.com**

Criterion 1110.230 – Purpose of Project

This project is being accomplished to serve a growing minority population residing in a Federally Designate Medically Underserved Area/Population on the Cicero/far west side of Chicago market area of Cook County, HSA 7. Since this facility will be located near the edge of Chicago it will serve Chicago, HSA 6, and HSA 7. It will also reduce the high utilization at the Fresenius Berwyn facility.

The town of Cicero is 87% Hispanic. This population is twice as likely to develop diabetes and/or high blood pressure, which are the main two causes of kidney failure. For this reason clinics nearby are experiencing ongoing high utilization rates. This population is also at an economic disadvantage. 1/3 of the patients (approximately 51) of Dr. Lohmann's practice who dialyze at Fresenius Berwyn live in Cicero. Almost half of these patients are undocumented. 18% of all patients at the facility receive Medicaid (all undocumented patients qualify for Medicaid) and the percentage for the Cicero location is expected to be even higher due to its location.

The high utilization at Fresenius Berwyn and West Suburban, where Dr. Lohmann and his partners refer patients, evidence that another facility is needed to accommodate pre-ESRD patients from the area expected to begin dialysis in 2-3 years. It takes approximately 18 – 24 months from CON approval to full facility operation so planning out 2-3 years is imperative.

The approval of a dialysis facility in Cicero, will free up stations at area facilities for those patients who reside closest to other facilities and will provide access close to home for a patient population that relies heavily on public transportation to get to and from treatment. Currently 17% of the patients at the Fresenius Berwyn facility travel by public transportation. Having a shorter travel distance will not only save these patients transportation expenses but give them easier access.

The goal of Fresenius Medical Care is to keep dialysis access available to this growing patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Fresenius Berwyn facility of which Dr. Lohmann is the medical director has exceptional quality outcomes and the same is expected of the Cicero facility as listed below:

- o 99% of patients had a URR \geq 65%
- o 99% of patients had a Kt/V \geq 1.2

(Demographic data contained in the application was taken from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Clinic utilization and ESRD zip code census was received from The Renal Network.)

Alternatives

1) All Alternatives

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

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. This was the alternative of doing nothing. The Berwyn facility is operating at 98% utilization and along with the increase of the Hispanic population in the Berwyn/Cicero area, the incidence of ESRD is on the rise. Dr. Lohmann's practice has 107 pre-ESRD patients who live in Berwyn and another 72 who live in Cicero. There is simply not enough room for all these patients to be referred to the Berwyn facility now or in the future. Additional stations are needed to serve these patients in their hometown so they have adequate transportation to and from treatment. There is no monetary cost associated with doing nothing.

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

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

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

The option of sending Dr. Lohmann's pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment was not considered a reasonable alternative. Given the high number of pre-ESRD patients who live in the immediate area, access is needed that is more convenient for the patient rather than increasing travel times/costs by sending these patients miles away to other facilities. Many of the patients who live on the far west side of Chicago choose to dialyze in the closest suburb such as Berwyn or Oak Park. Fresenius Medical Care does not force patients to go to any particular facility. There is no cost associated with this alternative.

D. The alternative that keeps the patient's well being at the forefront is to establish a facility where the patients live to make access to treatment attainable, not an obstacle. The cost of this project is \$4,037,125.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Access in Berwyn/Cicero is nearly non-existent due to the high utilization at Berwyn (98% and high number of pre-ESRD patients who live in these two towns (179)).	While patient quality would remain the same at the Fresenius clinics, the patient's quality of life would diminish with increased travel times and expenses.	The only financial implication would be to the patient with increased travel costs.
Pursue Joint Venture	\$4,037,125	Same as current proposed project, however cost would be divided among Joint Venture members.	Patient clinical quality would remain above standards at the Fresenius clinics.	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If this were a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	\$0	Loss of access to treatment schedule times would result in transportation problems as medicar transportation services do not operate after 4pm. Would create ripple effect of raising utilization of area providers to or above capacity.	Loss of continuity of care which would lead to lower patient outcomes. Unavailability to choose treatment schedule shift could cause transportation problems which leads to missed treatments and lower individual patient quality.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Cicero	\$4,037,125	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	This is an expense to Fresenius Medical Care only and is a minimal cost compared with other CON projects.

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. The Fresenius Berwyn facility of which Dr. Lohmann is the medical director has exceptional quality outcomes and the same is expected of the Cicero facility as listed below:

- 99% of patients had a URR \geq 65%
- 99% 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	8,000 (16 Stations)	360-520 DGSF	N/A	Yes

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 8,000 DGSF amounts to 500 DGSF per station and falls within the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A New Facility	N/A	80%	N/A
YEAR 1	IN-CENTER HEMODIALYSIS	N/A New Facility	94%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS	N/A New Facility	122%	80%	Yes

Dr. Lohmann's practice has 230 pre-ESRD patients in stages 3 & 4 of kidney failure who live in the immediate area around Cicero.

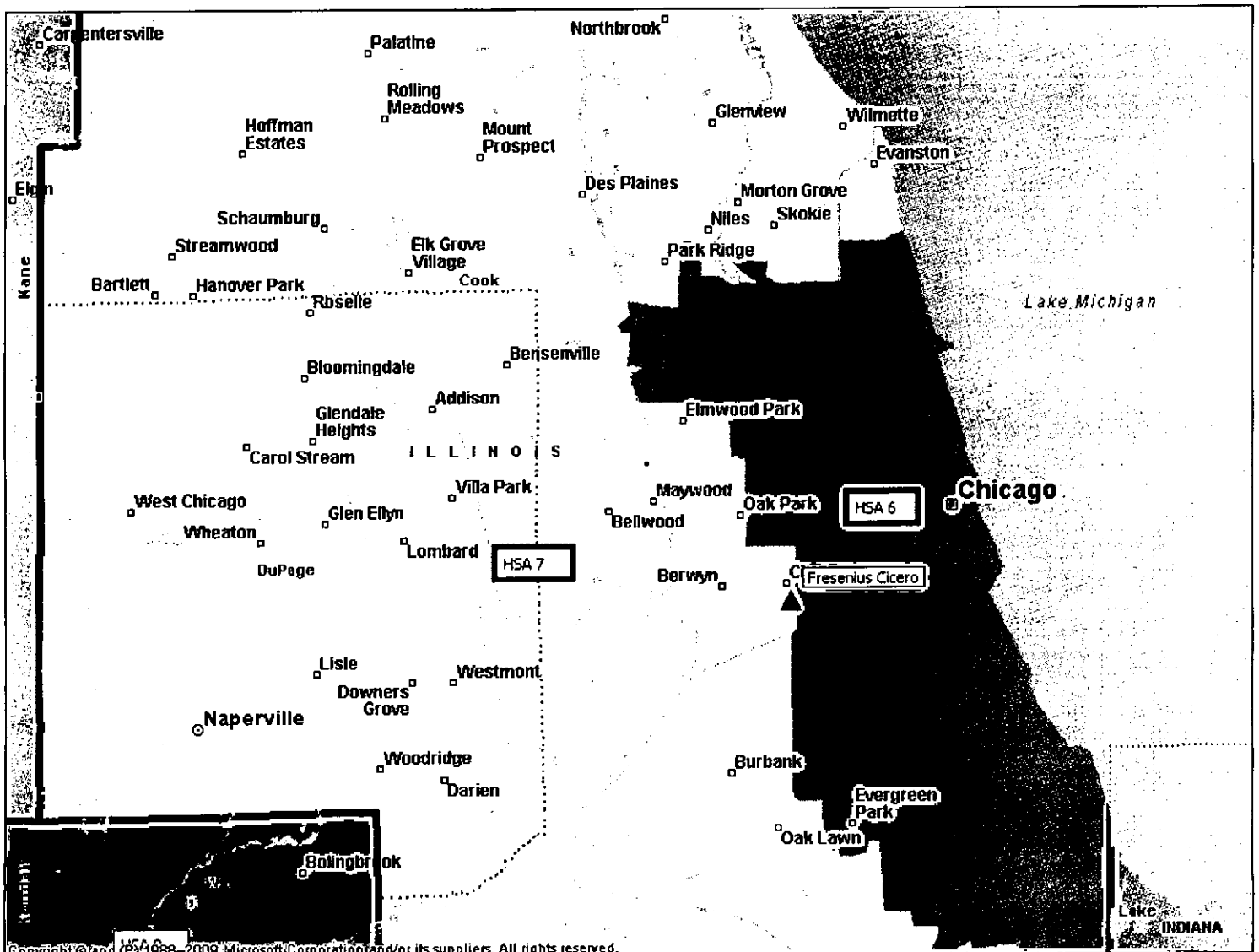
The above numbers account for an approximate 30% loss of pre-ESRD patients prior to dialysis commencement due to death, transplant, recovery of function or moving out of area.

While the second year utilization is above capacity, it is expected that there may be a "swapping" of patients as some of the patients from Berwyn identified for this project may go to the Berwyn facility as stations become available due to those patients transferring to Cicero.

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care Cicero dialysis facility is located in Cicero in HSA 7 on the border of the City of Chicago, HSA 6. According to the September 2011 station inventory there is a need for 5 stations in HSA 7 and a need for 52 more stations in HSA 6, both of which will be served by the Cicero facility. New need determinations will be made public in October likely supporting the increased need that Fresenius Medical Care sees in HSA 7.

Fresenius Medical Cicero in relation to HSA 7 and HSA 6

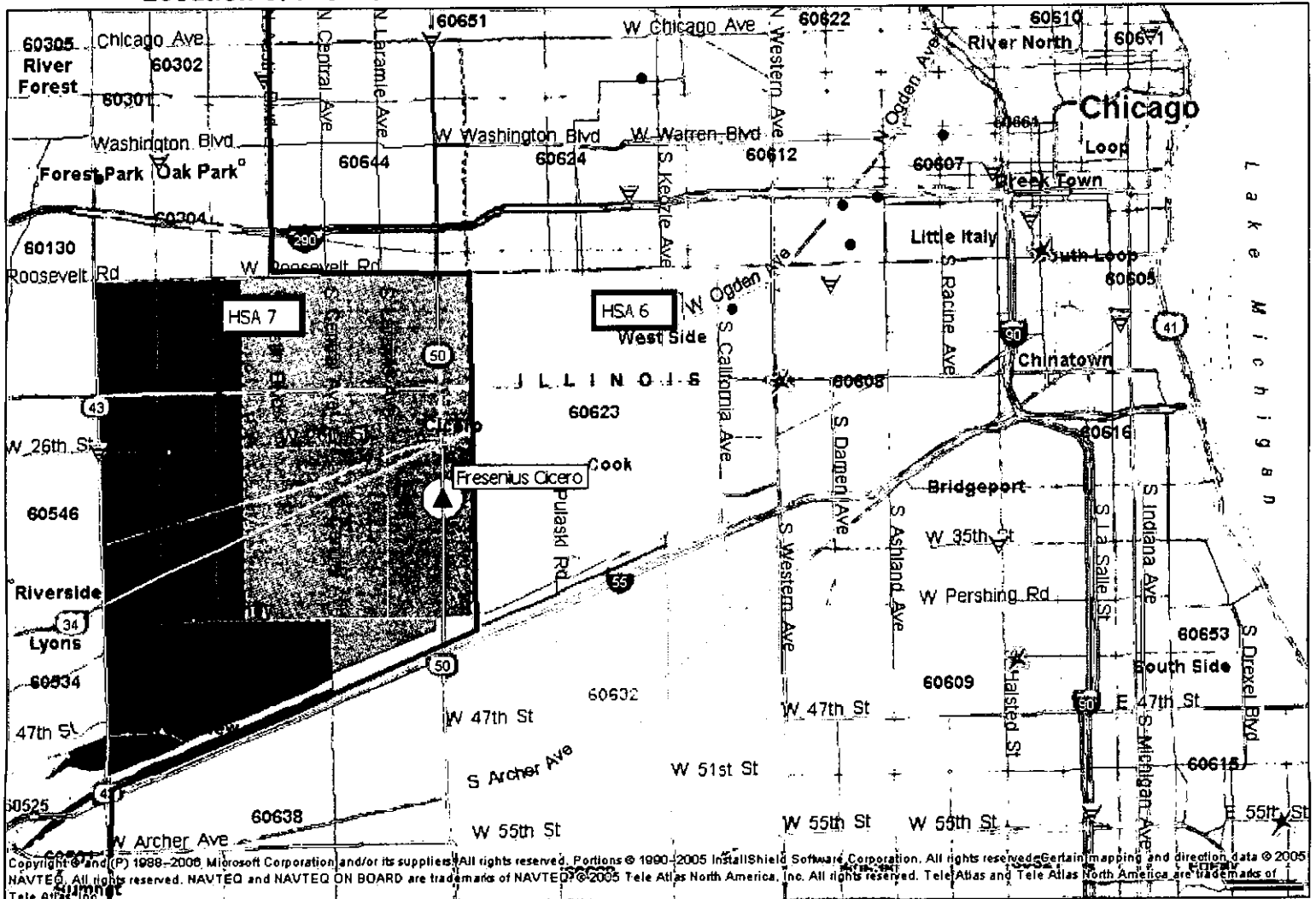


2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of the far west side of Chicago in HSA 6 and the near west suburbs of HSA 7 corner of HSA 7 in a Federally Designated Medically Underserved/Populated area. 100% of the pre-ESRD patients reside in HSA 7.

County/City	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Cicero	Patients Who Will Transfer From Fresenius Berwyn
Cook/City of Chicago	6	23 patients = 22%	0
Cook/Cicero & Berwyn	7	80 patients = 78%	20 patients = 100%

Location of Pre-ESRD Patients for Fresenius Medical Care Cicero





6827 W. Stanley Avenue
Berwyn, IL 60402
Phone 708.749.4617
Fax 708.749.0094
www.kidneyphysicians.com

Laurens A. Lohmann M.D.
Matthew R. Andersen, M.D.

October 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 on the west side of Chicago and the near west suburbs of Cicero, Berwyn and Oak Park. I also serve as Medical Director of the Fresenius Berwyn dialysis facility. The nearby Berwyn and West Suburban facilities have been operating at high utilization levels for many years. My partners and I have seen a dramatic increase in the Hispanic population in Cicero and the surrounding area which is reflected in the increase of patients presenting with chronic kidney disease.

My partners and I were treating 145 hemodialysis patients at the end of 2008, 152 patients at the end of 2009 and 151 patients at the end of 2010, as reported to The Renal Network at these facilities – Fresenius Berwyn, West Suburban, Midway and Westchester. As of the most recent quarter, we were treating 174 hemodialysis patients at these facilities. Over the past twelve months we have referred 70 new patients for hemodialysis treatment. There are 230 pre-ESRD patients in my practice who live in the immediate Cicero area that are in stage 3 and 4 of kidney failure. Of those I expect approximately 103 to be referred to Fresenius Cicero within 24 months of the completion of the facility. We also have approximately 20 patients currently dialyzing at Fresenius Berwyn who live in Cicero that I expect to transfer to Fresenius Cicero. (The above numbers do not include the many home dialysis patients that we also treat.)

The pre-ESRD numbers reflect a patient attrition rate of 30% due to those patients who will no longer require dialysis services due to death, recovery of kidney function, transplant or moving out of the area. The Berwyn facility has experienced a high transplant rate, with 10 transplants so far this year. This combined with the mortality rate at the Berwyn facility would relate to approximately 15% of dialysis patients yearly no longer requiring dialysis services.

I respectfully ask the Board to approve Fresenius Medical Care Cicero to address the healthcare needs of this Hispanic community. Thank you for your consideration.

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

Sincerely,

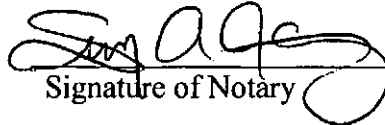


Laurens Lohmann, M.D.



Notarization:

Subscribed and sworn to before me
this 7th day of October, 2011


Signature of Notary

Seal

**PATIENTS EXPECTED TO TRANSFER TO
FRESENIUS MEDICAL CARE CICERO
FROM FRESENIUS BERWYN**

Town	Zip Code	Patients
Cicero	60804	20

**PRE - ESRD PATIENTS DR. LOHMANN'S PRACTICE EXPECTS TO REFER
TO FRESENIUS MEDICAL CARE CICERO IN THE 1ST 2 YEARS
AFTER PROJECT COMPLETION**

Pre-ESRD Patients

City	Zip Code	Stage 4 Year One	Stage 3 Year Two	Total
Berwyn	60402	30	18	48
Cicero	60804	20	12	32
Chicago Westside	60623	4	2	6
Chicago Garfield Park	60624	2	1	3
Chicago Gage Park	60632	7	4	11
Chicago Austin	60644	1	2	3
Total		64	39	103

**NEW REFERRALS OF DR. LOHMANN AND HIS PARTNERS FOR THE PAST
TWELVE MONTHS SEPTEMBER 1, 2010 THROUGH AUGUST 31, 2011**

Zip Code	Fresenius Medical Care						Total
	Berwyn			Midway	West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Andersen	Dr. Wise	
60133	1						1
60154						1	1
60302			1		1		2
60402	8	2	1				11
60434			1				1
60455	1						1
60458							0
60459		1					1
60501	1		1				2
60534			1			1	2
60546			1				1
60612					1		1
60623	1	1	1		2		5
60629	2		1	1			4
60638	1	1	1	2			5
60639					3		3
60644					6		6
60645					4		4
60652				1			1
60655						1	1
60804	6	7	4				17
Total	21	12	13	4	17	3	70

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2008

Zip Code	Fresenius Medical Care				Total
	Berwyn			Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Wise	
60133	1				1
60153	1	1			2
60154				1	1
60155				1	1
60160				1	1
60303	1				1
60304		1			1
60402	17	10	10		37
60406		1			1
60415		1			1
60455			1		1
60501		2			2
60513		1			1
60534		4			4
60546	1	4	1		6
60549		1			1
60607		1			1
60608		1			1
60609				1	1
60623	2	2	2		6
60624			1		1
60629	1	1	1		3
60632	2	3	2		7
60638	5	3	1		9
60639		2			2
60644	1				1
60684	1				1
60707			1		1
60804	18	25	6		49
Total	51	64	26	4	145

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2009

Zip Code	Fresenius Medical Care					Total
	Berwyn			West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Wise	
60006	1					1
60133	1					1
60153	1	1				2
60154					3	3
60155		1				1
60303	1					1
60304		1				1
60402	17	11	6			34
60406		1				1
60415		1				1
60455			2			2
60501		2				2
60513		1				1
60534		4			1	5
60546	1	4	1			6
60549		1				1
60607		1				1
60608		1	1			2
60609					1	1
60623	2	2	1			5
60624			1			1
60629	1	1	1			3
60632	3	3	2			8
60638	5	3	2			10
60639		1				1
60644	1			1		2
60684	1					1
60707			1		1	2
60804	19	25	8			52
Total	54	65	26	1	6	152

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2010

Zip Code	Fresenius Medical Care						Total
	Berwyn			Midway	West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Andersen	Dr. Wise	
60006	1						1
60153	1	1					2
60154	1					2	3
60155		1					1
60162		1					1
60304		1					1
60402	15	10	8				33
60406		1					1
60415		1					1
60455			2				2
60501		2	1				3
60525	1						1
60534		1				1	2
60546	1	4	1				6
60549		2					2
60303	1						1
60606			1				1
60607		1					1
60608		1	1				2
60623	2	2	3				7
60624			1				1
60629	1	2	1				4
60632	3	2	2				7
60638	4	3	5	3			15
60639		1					1
60644	1				1		2
60684	1						1
60707			1			1	2
60804	15	23	8				46
Total	48	60	35	3	1	4	151

PATIENTS OF DR. LOHMANN AND PARTNERS AS OF JUNE 30, 2011

Zip Code	Fresenius Medical Care							Total
	Berwyn			Midway		West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Lohmann	Dr. Andersen	Dr. Wise	
60006	1							1
60133	1							1
60153	1	1						2
60154	1						2	3
60155		1						1
60162		1						1
60303	1							1
60304		1						1
60402	16	10	8					34
60406		1						1
60415		1						1
60455			2					2
60501		2	1					3
60513		1						1
60525	1							1
60534		4					1	5
60546	1	4	1					6
60549		2						2
60606			1					1
60607		1						1
60608		1	1		1			3
60623	2	2	3					7
60624			1					1
60629	2	2	1	3				8
60632	3	3	2	2				10
60638	5	3	5	4				17
60639		1						1
60644	1					4		5
60651						1		1
60684	1							1
60707			1				1	2
60804	16	23	10					49
Total	53	65	37	9	1	5	4	174

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS CICERO

Name	Address	City	ZIP Code	MapQuest		Adjusted Time	Stations	Jun.11	
				Time	Miles			Patients	Utilization
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	9	3.66	10.35	16	73	76.04%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	10	3.62	11.5	16	93	96.88%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	11	4.03	12.65	16	62	64.58%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	11	4.04	12.65	26	153	98.08%
Maple Avenue Kidney Center	610 S Maple Ave	Oak Park	60304	11	5.68	12.65	18	66	61.11%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	12	4.34	13.8	30	112	62.22%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	12	4.70	13.8	31	75	40.32%
U of I Hospital Dialysis	1859 W Taylor St	Chicago	60612	12	4.77	13.8	26	136	87.18%
John Stroger Hospital Dialysis	1901 W Harrison St	Chicago	60612	12	4.86	13.8	9	87	161.11%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	12	5.21	13.8	46	234	84.78%
Fresenius Midway	6201 W 63rd St	Chicago	60638	12	5.49	13.8	12	31	43.06%
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	60612	13	5.20	14.95	5	6	20.00%
Fresenius Burbank	4811 W. 77th Street	Burbank	60459	13	5.86	14.95	26	121	91.67%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	13	7.09	14.95	27	144	88.89%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	14	5.18	16.1	16	98	102.08%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	14	6.02	16.1	12	12	16.67%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	14	6.38	16.1	35	156	74.29%
Fresenius Oak Park	733 Madison St	Oak Park	60302	14	6.75	16.1	32	133	69.27%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	14	8.81	16.1	24	101	70.14%
DaVita Loop	1101 S Canal St	Chicago	60607	14	8.86	16.1	28	74	44.05%
Fresenius Polk	557 W Polk St	Chicago	60607	14	9.00	16.1	24	100	69.44%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	15	5.70	17.25	27	123	75.93%
Fresenius River Forest	103 Forest Ave	River Forest	60305	15	7.11	17.25	0*	0	0.00%
Loyola Hospital Dialysis	1201 W Roosevelt Rd	Maywood	60153	15	8.24	17.25	30	130	72.22%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	15	9.88	17.25	21	82	66.08%
DaVita Emerald	710 W 43rd St	Chicago	60609	16	10.19	18.4	24	126	87.50%
DaVita Stony Creek	9115 S Cicero Ave	Oak Lawn	60453	17	7.65	19.55	12	69	95.83%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	17	11.37	19.55	22	110	83.33%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	18	6.27	20.7	30	175	97.22%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	18	7.35	20.7	16	80	83.33%
Fresenius South Side	3134 W 76th St	Chicago	60652	18	7.76	20.7	39	197	84.19%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	18	8.97	20.7	18	66	61.11%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	19	9.97	21.85	22	123	93.18%
Fresenius West Willow	1444 W Willow St	Chicago	60622	19	12.29	21.85	12	0	0.00%
DaVita Lake Park	1531 E Hyde Park Blvd	Chicago	60615	19	12.37	21.85	20	123	102.50%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	19	12.90	21.85	16	94	97.92%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	20	7.21	23	13	61	78.21%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	20	12.12	23	44	207	78.41%
DaVita Woodlawn	1164 E 55th St	Chicago	60615	20	12.92	23	20	134	111.67%
DaVita Beverly Dialysis	8109 S Western Ave	Chicago	60620	21	9.40	24.15	12	69	95.83%
Fresenius Willowbrook	6300 Kingery Hwy	Willowbrook	60527	21	15.59	24.15	16	83	86.46%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	22	12.72	25.3	20	94	78.33%
Fresenius Chatham	8710 S. Holland Road	Chicago	60620	22	15.65	25.3	16	0	0.00%
DaVita Logan Square	2659 N Milwaukee Ave	Chicago	60647	23	7.97	26.45	20	116	96.67%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	23	14.07	26.45	22	104	78.79%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	23	14.56	26.45	12	0	0.00%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	24	10.21	27.6	16	86	89.58%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	24	15.41	27.6	16	74	77.08%
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	24	17.49	27.6	12	0	0.00%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	25	11.52	28.75	30	151	83.89%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	25	15.97	28.75	24	124	86.11%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	25	16.66	28.75	28	165	98.21%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	26	11.56	29.9	16	64	66.67%
TOTALS							1,121	5,097	74.00%

*The 20 stations for Fresenius River Forest were not included in the average utilization of the area. They are included in the station count for Fresenius Oak Park. 20 stations will be moved from the Oak Park facility to the River Forest facility upon its completion.

As can be seen in the above chart the average utilization of the facilities within 30 minutes is high at 74% considering this includes 4 facilities (54 stations) not even in operation yet. Though facilities are not all above 80%, it would be quite unlikely that a facility ever proposed in or near Chicago would meet this criteria, yet the station need determination still suggests a need. HSA 6 has a need for 52 additional stations and HSA 7 a need for five, however it is expected that this need will increase when the October inventory is released.

The pre-ESRD patients identified to be referred to the Cicero facility reside in the immediate area of the facility within approximately a three mile radius. All of the patients who will transfer from the Fresenius Berwyn facility live in Cicero which is included in the MUP. It is likely that once the Cicero facility is operational that there could be a "swapping" of patients between the Berwyn and Cicero facilities. Some of those patients identified to go to Cicero from Berwyn will now have access at the Berwyn facility and it is likely that more than the original 20 transfer patients identified will desire to transfer.

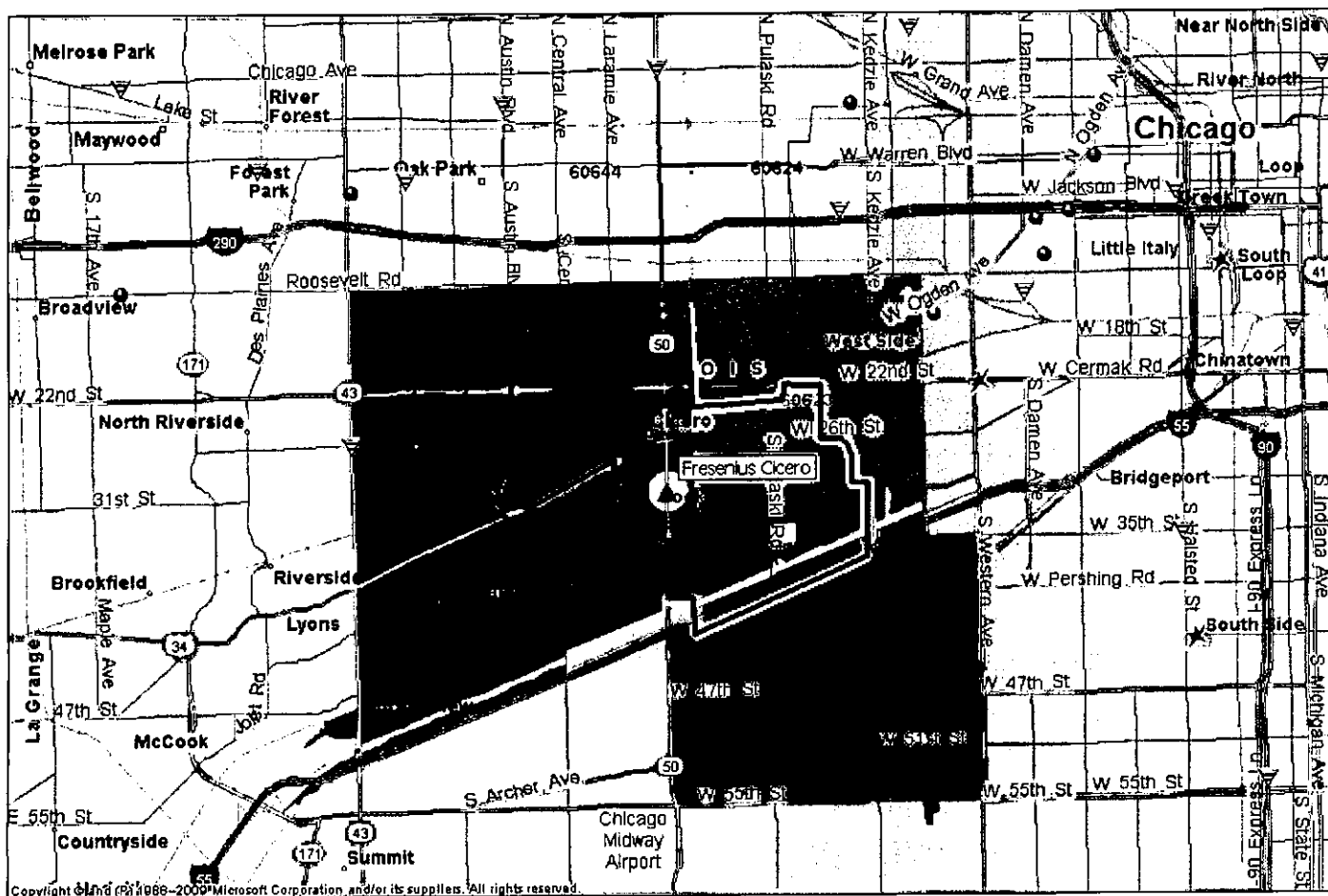
Pre-ESRD Patients

City	Zip Code	Stage 4 Year One	Stage 3 Year Two	Total
Berwyn	60402	30	18	48
Cicero	60804	20	12	32
Chicago Westside	60623	4	2	6
Chicago Garfield Park	60624	2	1	3
Chicago Gage Park	60632	7	4	11
Chicago Austin	60644	1	2	3
	Total	64	39	103

Transfer Patients

City	Zip Code	Total
Cicero	60804	20

DEMOGRAPHICS OF PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE CICERO



Supporting the designation of MUA/MUP of the area are facts from the 2010 U.S. Census.

Demographic Characteristics

Town	Data Set	2000 Census	2000 % Of Total	2010 Census	2010 % of Total	Growth
Berwyn	Total Population	54,016		56,657		+5%
	Hispanic Population	20,543	38%	33,676	59%	+64%
Cicero	Total Population	85,616		83,891		-2%
	Hispanic Population	66,299	77%	72,609	87%	+10%

Economic Characteristics

Town	Data Set	2000 Census	2000 % Of Total	2010 Census	2010 % of Total	Difference
Berwyn	Persons below poverty level	4,223	8%	5,657	10%	+34%
Cicero	Persons below poverty level	13,187	16%	15,411	18%	+17%

The establishment of Fresenius Medical Care Cicero will not only alleviate high utilization at the Berwyn facility, it will provide much needed access to a disadvantaged population living in Cicero and address the needs of this MUA/MUP as noted above.

Unnecessary Duplication/Maldistribution

ZIP Code	Population	Stations	Facility
60104	19,039		
60105	46,371		
60106	19,167		
60107	18,087		
60108	324		
60109	34,105	30	Loyola Dialysis
60114	15,779	30	Fresenius Westchester
60115	7,827		
60119	25,432	40	Fresenius North Avenue, Fresenius Melrose Park
60122	6,111		
60123	5,008		
60124	22,098		
60125	4,246		
60127	18,245		
60128	28,605		
60131	2,558		
60132	26,189	78	Fresenius West Sub, Fresenius Oak Park
60134	17,231	18	North Avenue Kidney Center
60135	11,172		Fresenius Blue Forest
60137	63,445	26	Fresenius Brown
60145	14,129		
60149	23,919		
60153	26,865	13	DeWitt Stony Creek
60155	15,445		
60156	4,348		
60157	14,049		
60158	14,435		
60159	29,522	26	Fresenius Babcock
60162	28,729	12	DeWitt Palms Park
60163	14,571		
60164	9,230		
60165	17,485		
60169	5,246		
60172	11,063		
60171	11,535		
60173	18,047		
60174	9,008		
60176	28,084		
60177	20,098		
60178	17,227		
60179	9,230		
60182	31,189		
60183	12,576		
60187	27,485	16	Fresenius Whitebrook
60184	10,549		
60185	15,689		
60189	12,960		
60192	24,662		
60191	29,115		
60192	17,110		
60193	1,374		
60193	424		
60194	570		
60195	24,689		
60196	2,108		
60197	29,687	100	DeWitt Loop, Fresenius Park, Fresenius Chicago, Circle Medical
60198	20,729	63	Nt. St. St. DeWitt Little Village, Fresenius Chicago Westside
60199	64,205	73	Fresenius Bridgeport, DeWitt Emerald, Fresenius Garfield
60200	26,735		
60201	26,718	43	Fresenius Northwheat
60202	23,452	40	University of Illinois, Stroger Hospital, Rush Hospital
60204	22,617		
60205	40,503	40	DeWitt Lake Park, DeWitt Woodlawn
60206	48,429	24	Fresenius Prairie
60209	20,084	18	Fresenius Northwheat
60210	63,825	40	Fresenius Greenwood, DeWitt Grant Crossings
60210	72,216	28	Fresenius Chatham, DeWitt Berens
60211	25,972	16	Fresenius Rose Employment
60212	23,549	43	Fresenius West Minto, Fresenius West Willow
60213	20,183		
60214	28,185	46	Fresenius Cicero Parkway, Garfield Fisher Center
60215	113,216	13	DeWitt West Lawn
60216	51,335		
60216	74,299	16	DeWitt Montclair
60216	40,216	16	Fresenius Marquette Park
60217	48,903		
60218	26,085	12	Fresenius Midway
60219	20,407		
60221	71,663	13	Fresenius West Belmont
60222	18,480		
60223	48,952		
60224	48,849		
60227	27,291	20	DeWitt Logan Square
60228	46,220	24	Fresenius Jackson Park
60229	64,357	16	Fresenius South
60232	40,229	74	Fresenius Southside, OSI Scottsdale
60233	29,309		
60234	14,225		
60237	66,595	22	DeWitt Lincoln Park
60238	7,750		
60239	42,500		
60240	20,385	16	Fresenius North
60244	64,579		
60245	18,662	30	Fresenius Eisenhower Park
Totals	3,109,880	1,121	102,777

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Cicero is 1 station per 2,777 residents according to the 2010 census (based on 3,079,190 residents and 1,121 stations). The State ratio is 1 station per 3,508 residents (based on US Census 2010 of 12,830,632 Illinois residents and September 2011 Board stations inventory of 3,657).

While this ratio may indicate duplication of services per the Board's rules the demographic makeup of the area, MUA/MUP designation and high utilization at area clinics warrants a need for stations.

According to the 2010 census, Cicero's overall population growth declined by 2%, however the Hispanic population increased by 10% (from 77% in 2000 to 87% in 2010). Neighboring Berwyn's population grew by 5%, however the Hispanic population there grew dramatically by 64% (from 38% in 2000 to 59% in 2010). These two communities have a combined Hispanic population of 106,285. This population has a higher disposition to acquiring diabetes and high blood pressure, which are the two main causes of kidney failure.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Cicero will not create a maldistribution of services in regard to there being excess availability. There is currently a need for only 5 stations in HSA 7 pending release of the revised inventory in October, however HSA 6 (Chicago) has a need for 52 more stations. Cicero sits on the border of these two HSAs and will serve both. Therefore, this need should be taken into consideration. Many Chicago residents receive services in HSA 7. While the MapQuest travel times show there are 53 facilities within 30 minutes, this is unrealistic. Were an independent travel study performed, many of these facilities would fall outside of thirty minutes due to the fact that MapQuest determinations are based on the "shortest time" and most include expressway travel.
3. Fresenius Medical Care Cicero will not have an adverse effect on any other area ESRD provider, but will have a positive effect on the Berwyn facility. This facility has been operating at high utilization levels for years, currently at 98%, and transferring 20 patients from that facility to the Cicero facility will allow that facility to be able to accommodate more patients who reside in Berwyn access to treatment. The remainder of the expected referrals are new pre-ESRD patients who would have otherwise been referred to the Berwyn or the West Suburban facility in Oak Park.
4. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Lohmann is currently the Medical Director for Fresenius Medical Care Berwyn. 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 other RN to be the charge nurse and one Patient Care Technician (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 along with patient census to the following:

- 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.

**LAURENS A. LOHMANN, M.D.
6827 WEST STANLEY AVENUE
BERWYN, ILLINOIS 60402**

708-749-4617

APRIL 2, 2004

CURRICULUM VITAE

DATE & PLACE OF BIRTH: July 2, 1949, St. Louis, Missouri

UNDERGRADUATE EDUCATION: Valparaiso University, Valparaiso, Indiana, 1967 to 1971, BA

MEDICAL EDUCATION: Loyola University, Stritch School of Medicine, Maywood, Illinois 1971 to 1974, M.D.

RESIDENCY: Hines VA Hospital, Internal Medicine, January 1974 to December 1977

FELLOWSHIP: Rush Presbyterian-St. Lukes's Medical Center, Nephrology, 1979 to 1981

PRIVATE PRACTICE: Internal Medicine, MacNeal Memorial Hospital, Berwyn, Illinois January 1978 to June 1979

Nephrology and Internal Medicine
MacNeal Hospital – July 1981 to present

Nephrology and Internal Medicine
Oak Park Hospital – December 1985 to Present

Community Memorial Hospital of LaGrange

Drug Dependency Treatment Center
Hines VA Hospital, Hines, Illinois
January 1978 to June 1979

FACULTY POSITION:

**Co-Director of Internal Medicine
Residency Outpatient Clinic – MacNeal
Hospital – January 1978 to June 1979**

**Clinical Instructor University of Illinois
Nephrology – 1982 – 1983 – 1984**

**Instructor, Internal Medicine Residency
Program MacNeal Hospital
July 1981 to June 1991**

BOARD CERTIFICATION:

**Internal Medicine
September 1978 – 65193
Nephrology – November 1982 – 65193**

STATE LICENSURE:

State of Illinois – 36054149

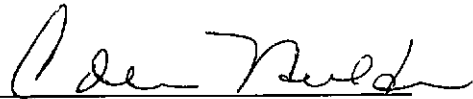
MEMBERSHIP:

American Society of Nephrology

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 Cicero I certify the following:

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

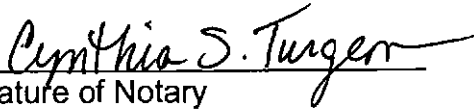


Signature

Coleen Muldoon
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 28th day of SEPTEMBER, 2011


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Cicero 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 Cicero will have sixteen dialysis stations thereby meeting this requirement.

AGREEMENT

THIS AGREEMENT (the "Agreement") is made and entered as of the 1 day of June, 2007 (the "Effective Date") by and between Fresenius Medical Care (Dialysis Facility), and West Suburban Medical Center ("Hospital").

WHEREAS, Dialysis Facility operates or intends to operate an outpatient renal dialysis facility (the "Facility") to provide services, equipment and supplies for the treatment of patients suffering end-stage renal disease ("ESRD");

WHEREAS, the Facility's patients require access to inpatient hospital services including but not limited to transplantation services and Dialysis Facility does not provide such services;

WHEREAS, the Hospital is an acute care general hospital which provides the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD patients, either directly or by arrangement, including medical evaluation, inpatient acute care, transplantation services and related services;

WHEREAS, Dialysis Facility and the Hospital wish to enter into an agreement for the benefit of ESRD patients of the Facility;

WHEREAS, pertinent federal and/or state regulatory requirements mandate that renal dialysis facilities have an arrangement relating to back-up services and transplantation services with a hospital such as the Hospital; and

WHEREAS, Dialysis Facility and the Hospital wish to enter into this Agreement to reflect the relationship between the parties in satisfaction of the regulatory requirements.

NOW, THEREFORE, in consideration of the foregoing recitals and of the mutual covenants and agreements herein set forth, the parties hereto agree as follows:

1. **Inpatient Hospital Services.** The Hospital agrees to provide, in accordance with the terms of this Agreement, access to hospital services to Dialysis Facility patients in need of emergency services or hospitalization including but not limited to inpatient dialysis services. In the event that patients of Dialysis Facility require hospitalization, whether or not the patient's illness is associated with ESRD, such patients may be transferred to the Hospital for treatment in accordance with the Hospital's admissions policies and procedures and, in the event of admission to the Hospital, shall be discharged from the Dialysis Facility. The Dialysis Facility agrees to notify the Hospital as far in advance as possible of an impending transfer of a patient. The Dialysis Facility, in accordance with its patient consent policies, will provide to the Hospital medical and administrative records and information necessary

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SMCNA OAK PARK 708-396-0817

or useful for the care and treatment of the patient, including, but not limited to, current medical findings, diagnosis, rehabilitation potential, a brief summary of the course of treatment followed to date, nursing and dietary information, pertinent administration and social information, and the patient's long-term program and patient care plan.

2. **Patient Billing.** The institution in which a patient is a resident or in which he/she is receiving services at the time when charges are incurred for the provisions of any medical services to the patient shall have the sole responsibility for the billing and collection of such charges. Neither Dialysis Facility nor the Hospital shall assume any responsibility for the collection or payment of accounts receivable of the other.
3. **Non-Discrimination.** It is the policy of both Dialysis Facility and the Hospital to admit and treat all patients equally without regard to race, color, national origin, ancestry, age, sex, religious creed, disability, handicap or other legally protected status. Requirements for admission, assignments within the Facility and the Hospital, eligibility for and the manner of providing services, and the availability of the Facility and the Hospital to all patients shall be applied or made equally to all patients without distinction or regard for race, color, national origin, ancestry, age, sex, religious creed, disability, handicap or other legally protected status.
4. **Transportation.** The patient shall be solely responsible for transport of the patient to and from the Hospital. Each party acknowledges that neither party is responsible for patient care any time a patient is being transported to or from the Facility or the Hospital. The cost of the transportation shall be borne by the patient.
5. **Patient Interests.** Any and all decisions made by Dialysis Facility and the Hospital will be based upon the best interest of the patient, applicable federal and state laws, and the policies of that institution.
6. **Administration.** Administration of this Agreement shall be conducted by and between the responsible administrative officers and medical staff representatives designated by Dialysis Facility and the Hospital
7. **Non-Exclusivity.** Nothing in this Agreement shall be construed to require or encourage patient referrals between the parties. All recommendations, authorizations, and transfers regarding patient referrals and admissions shall be made solely by patient's attending physician in the exercise of his/her medical judgment and in consultation with his/her patient.
8. **Term.** The initial term of this Agreement shall commence on the Effective Date and continue for a term of three (3) years. At the end of the initial term, this Agreement shall automatically renew and extend thereafter for successive

one (1) year periods. This Agreement shall terminate if notice of termination is given by one party to the other party with at least sixty (60) days prior written notice.

9. Miscellaneous.

- a. This Agreement shall be binding upon and inure to the benefit of the successors, assigns, and legal representatives of the respective parties hereto.
- b. The validity, interpretation and performance of this Agreement shall be governed by and construed in all respects in accordance with the laws of the State of in which the Hospital and the Dialysis Facility are located.
- c. This Agreement may not be amended or modified without the written consent of the parties hereto.
- d. Failure to insist upon strict compliance with any of the terms, covenants, or conditions of this Agreement at any one time shall not be deemed a waiver of such term, covenant, or condition at any other time nor shall any waiver or relinquishment of any right or power herein at any time be deemed a waiver or relinquishment of the same or any other right or power at any other time.
- e. All notices, requests, demands, and other communications provided for hereunder shall be in writing and shall be deemed to be duly given if: (i) delivered in person; (ii) given by facsimile or other instantaneous electronic transmission device; (iii) sent by commercially recognized overnight delivery service, charges paid by the sender, or (iv) deposited in the United States mail, first class, registered or certified, return receipt requested, with proper postage prepaid, addressed as follows:

If to the Hospital:

Resurrection Health Care
West Suburban Medical Center
3 Erie Court
Oak Park, IL 60302
Attn: Deborah Davisson, VP Patient Care Services

If to Dialysis Facility:

Fresenius Medical Care-North America
One Westbrook Corporate Center
Westchester, IL 60154
Attn: Ligaya DeGuzman

Notices given pursuant to this Section shall be deemed received and effective upon receipt by the addressee thereof.

- f. This Agreement may be executed in two counterparts, both of which shall be considered one and the same agreement and shall become effective when two counterparts have been signed by each of the parties and delivered to the other parties, it being understood that all parties need not sign the same counterpart.

Each party represents that it is in compliance with the applicable federal and state regulatory and regulatory requirements for renal dialysis facilities and renal transplantation centers as may be applicable to each party.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed and delivered on their behalf as of the day and year first above written.

Fresenius Medical Care-North America
West Suburban Dialysis Center
Oak Park Dialysis Center
Austin Community Kidney Center
(Name of Dialysis Facility)

Ligaya DeGuzman
By: Ligaya de guzman
Title: Area Manager

Resurrection Health Care
West Suburban Medical Center
(Name of Hospital)

DEBORAH S DAVISSON
By: Deborah Davisson
Title: Vice President, Patient Care Services

FIRST AMENDMENT TO AGREEMENT

This First Amendment to Agreement ("First Amendment") is entered into by and between Dupage Dialysis, Ltd. d/b/a FMC Dialysis Services of Westchester; WSKC Dialysis Services, Inc. d/b/a Oak Park Dialysis Center and d/b/a Austin Community Kidney Center; Fresenius Medical Care River Forest, LLC d/b/a Fresenius Medical Care River Forest, and Fresenius Medical Care Cicero, LLC d/b/a Fresenius Medical Care Cicero (collectively, "Dialysis Facility") and West Suburban Medical Center ("Hospital").

RECITALS:

WHEREAS, Hospital and Dialysis Facility entered into an Agreement effective June 1, 2007 (the "Agreement"); and

WHEREAS, Company plans to establish an outpatient renal dialysis facility located in Cicero, Illinois (the "Cicero Dialysis Facility"); and

WHEREAS, Hospital and Dialysis Facility wish to amend the Agreement by the following terms and conditions;

NOW, THEREFORE, in consideration of the promises and of the mutual covenants herein, the Parties agree that the Agreement shall be and is hereby amended and modified as follows:

1. DEFINED TERMS. Each reference to Dialysis Facility shall be deemed to include FMC Dialysis Services of Westchester, Oak Park Dialysis Center, Austin Community Kidney Center, Fresenius Medical Care River Forest, and Fresenius Medical Care Cicero. The parties agree that terms used herein without further definition shall have the same meanings ascribed to them as in the Agreement.

2. INTRODUCTORY PARAGRAPH. The introductory paragraph of the Agreement is hereby deleted in its entirety and replaced with the following:

"THIS AGREEMENT ("Agreement") is by and between Dupage Dialysis, Ltd. d/b/a FMC Dialysis Services of Westchester; WSKC Dialysis Services, Inc. d/b/a Oak Park Dialysis Center and d/b/a Austin Community Kidney Center; and Fresenius Medical Care River Forest, LLC d/b/a Fresenius Medical Care River Forest ("Dialysis Facility"), and West Suburban Medical Center ("Hospital")."

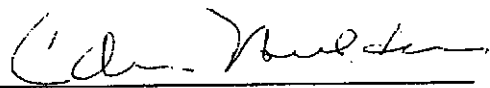
3. EFFECTIVE DATE. This First Amendment shall be effective as of the later of the dates indicated by the parties below.

4. COUNTERPARTS. This First Amendment may be executed in counterparts that when taken together shall constitute one and the same agreement. The parties agree that this First Amendment may be executed by the parties by exchanging signed copies via

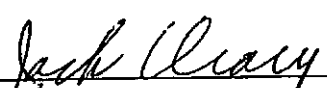
facsimile (such facsimile which may also be forwarded by email). Such exchange of facsimile signed copies shall be binding on both parties and shall constitute admissible evidence of the existence and binding effect of this First Amendment.

IN WITNESS WHEREOF, the Parties hereto execute this First Amendment as of the Effective Date first indicated above.

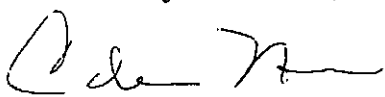
DuPage Dialysis, Ltd.


By: Coleen Muldoon
Title: Regional Vice President
Date: 9-14-11

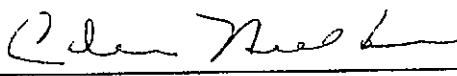
West Suburban Medical Center


By: Jack Cleary
Title: Chief Executive Officer
Date: 9/7/2011

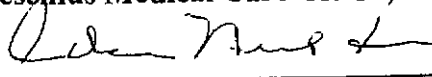
WSKC Dialysis Services, Inc.


By: Coleen Muldoon
Title: Regional Vice President
Date: 9-14-11

Fresenius Medical Care River Forest, LLC


By: Coleen Muldoon
Title: Regional Vice President
Date: 9-14-11

Fresenius Medical Care Cicero, LLC

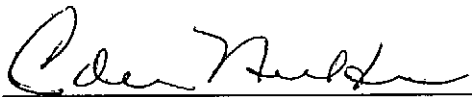

By: Coleen Muldoon
Title: Regional Vice President
Date: 9-14-11

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care Cicero 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 Cicero.



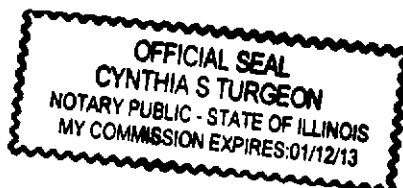
Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 28th day of SEPTEMBER 2011

Cynthia S. Turgeon
Signature of Notary

Seal



ATTACHMENT – 26j



Cushman & Wakefield of
Illinois, Inc.
455 N. Cityfront Plaza Drive
Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

August 24, 2011
Mr. Jim Schutter
Mr. Kevin McNamara
Newmark Knight Frank

RE: Fresenius Medical Care
Plaza De Cicero

Jim / Kevin,

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 Cicero 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:

PLAZA INN CICERO, LLC.

LOCATION:

3030 S Cicero Avenue, Cicero, IL 60804, Space # 17 – 20 totaling approximately 8,000 square feet of retail space per the attached site plan.

PIN # 16-28-434-031-0000.

INITIAL SPACE REQUIREMENTS:

Approximately 8,000 SF of contiguous rentable square feet.

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:

Ten (10) years.

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.

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: \$25.00 psf triple net

ESCALATION: \$.50 psf beginning in the second lease year.

CONCESSIONS: Landlord will grant tenant rent abatement in the amount of Ninety (90) days after clinic has opened for business or until May 31st 2012, whichever is sooner.,

COMMON AREA EXPENSES AND REAL ESTATE TAXES: Tenant shall pay its proportionate share of taxes, insurance and common area maintenance (CAM) for the property which is estimated to be \$3.90 per square foot.

DEMISED PREMISES SHELL: Landlord shall deliver 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 not responsible for replacement of HVAC system.
3. The presence of gas service; the presence of local City sewer 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.

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

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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 loren.guzik@cushwake.com

PARKING:

FMC's standard parking ratio is 1 parking stall / 250 sq.ft. Please indicate the parking ratio of the strip center.

**CORPORATE
IDENTIFICATION:**

Tenant, at Tenant's sole cost and expense, shall have the right to place signage at the entrance to Tenant's suite. Tenant shall provide sign package for Landlord's review and approval.

**ASSIGNMENT/
SUBLETTING:**

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

**ZONING AND
RESTRICTIVE COVENANTS:**

Tenants use is acceptable with no restrictive covenants.

FINANCING:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Please confirm that there is no asbestos present in the building and that there are no contaminants or 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.

EXCLUSIVE TERRITORY:

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

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 Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC

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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 and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by December 1, 2011, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

SECURITY:

Fresenius Medical Care Holding will fully guarantee the lease.

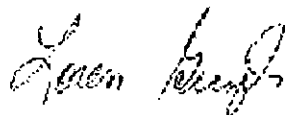
BROKERAGE FEE:

Per separate 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.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



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

CC: Mr. Bill Popken

AGREED AND ACCEPTED this ____ day of _____, 2011

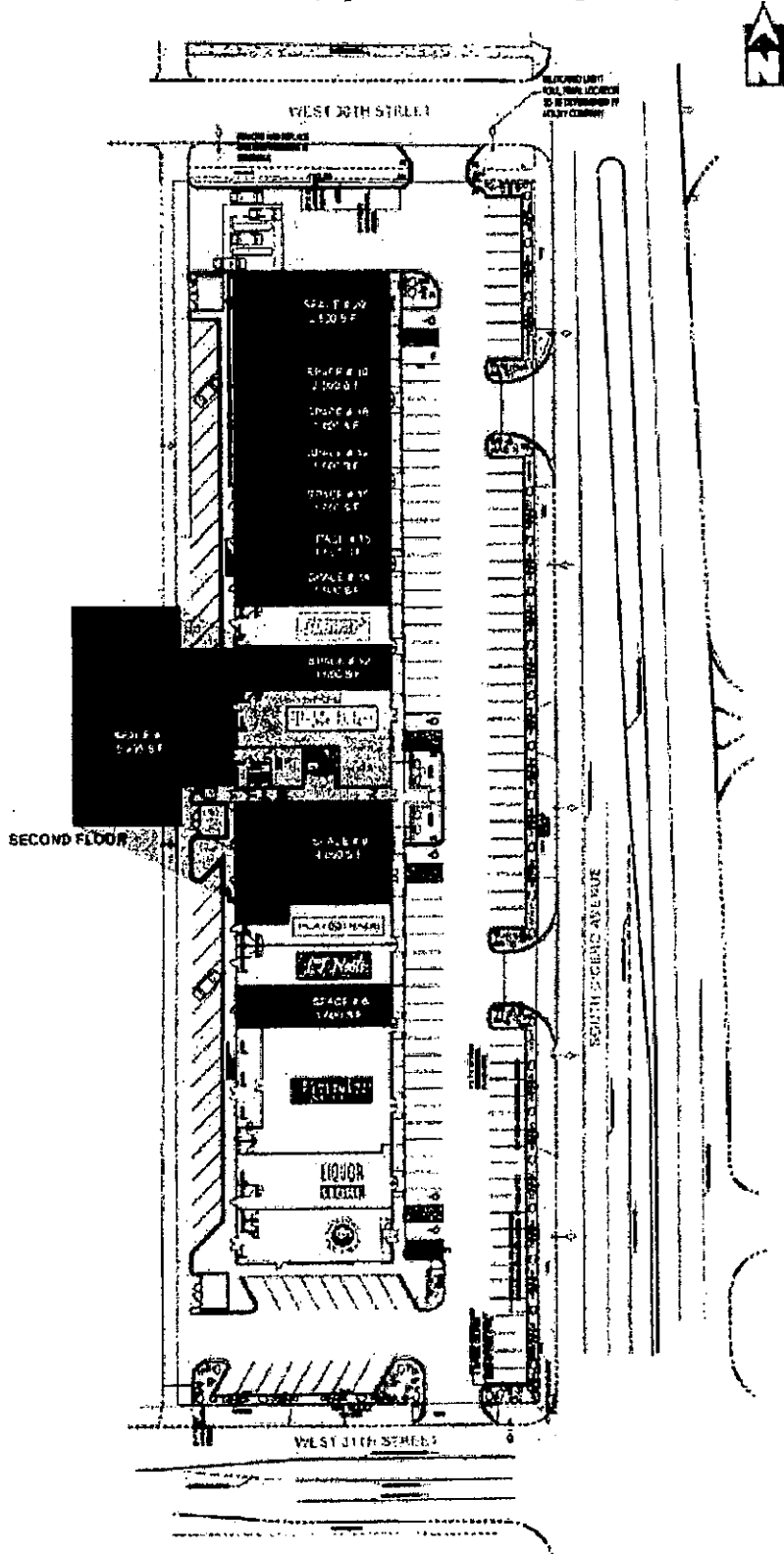
By: _____

Title: _____

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.

Site Plan

Plaza De Cicero, Space 17 - 20 totaling 8,000 sf.



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.

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, 1x08FPBLK OptiPlex, Precision and Latitude (320-768Z)		
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 (313-8414)		
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 (467-3564)		
Feature:	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6608)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, Initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
	Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport		

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

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

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

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

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

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

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

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

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

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

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, 2009 ("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: \$ 3,673,373.64

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 03/30/2016, 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	\$51,954.37

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.

015 Exhibit 12.doc

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

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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 Certificates, Riders, Exhibits and Addenda thereto.

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

10. STIPULATED LOSS VALUES:

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
1	101.47	37	60.22
2	100.61	38	58.94
3	99.65	39	57.66
4	98.66	40	56.37
5	97.65	41	55.08
6	96.63	42	53.78
7	95.48	43	52.47
8	94.41	44	51.16
9	93.33	45	49.84
10	92.25	46	48.51
11	91.15	47	47.18
12	90.05	48	45.84
13	88.95	49	44.50
14	87.83	50	43.15
15	86.71	51	41.79
16	85.58	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	80.87	56	34.92
21	79.81	57	33.63
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	61	27.89
26	73.86	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

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

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

Dated: 3/30/09

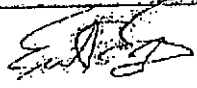
LESSOR:

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 Fawcett

Name: MARK FAWCETT

Title: TREASURER

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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.



Fresenius Medical Care

To: Illinois CON

August 31, 2011

Fresenius Medical Care Holdings, Inc (the Company or FMCH) summary of discussion points with Illinois CON for the meeting in early August, 2011. We discussed several points related to the rating and credit quality of the Company as follows:

1. Most ratings of the Company are higher than the ratings for our Senior Notes. Our Senior Secured ratings are investment grade and our Accounts Receivable Commercial Paper Facility is structured to a AA rating. See ratings summary below:

	Standard & Poor's	Moody's	Fitch
Corporate Credit Rating	BB	Ba1	BB+
Outlook	Positive	stable	stable
Secured Debt	BBB-	Baa3	BBB
Unsecured Debt	BB	Ba2	BB+

2. The market's evaluation of the Company's bonds is far more positive than the rating agencies assessment would indicate. The Company's yields trade in line with BBB investment grade rated companies and much lower than the index for BB rated companies. That chart was on Page 7 of our presentation.
3. Moody's has published its standards for investment grade ratings. Of the six criteria, the Company meets or exceeds four of the criteria.
4. The company has substantial liquidity (over a billion \$'s) to meet all of its obligations in Illinois and elsewhere.

Additionally, in the discussion following our presentation, the topic of the company's size was brought up as a negative. We did not have the opportunity to address that issue during the meeting, so we will address it here. During the credit crisis, many of the physician practices we do business with had difficulty raising money. The banking market was closed to many, if not most, physician practices and businesses. Due to our size and the strength of our credit, the banking and capital markets were still open to us. We assisted many of our partners with liquidity when they unable to access it. Furthermore, Illinois is better served by having a strong and committed partner who is willing to continue to invest capital, reduce health care costs, add jobs and grow in the state.

Mark Fawcett
 Vice President, Treasurer
 Fresenius Medical Care NA

Fresenius Medical Care North America

Corporate Headquarters: 920 Winter St Waltham, MA 02451 (781) 699-2668

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			8,000			\$1,044,000	\$1,044,000
Contingency		13.05			8,000			104,400	104,400
TOTALS		143.55			8,000			1,148,400	1,148,400

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries	\$546,394
Benefits	136,599
Supplies	<u>101,088</u>
Total	\$784,081

Annual Treatments 12,012

Cost Per Treatment \$65.00

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

Year 2014

Depreciation/Amortization	\$88,323
Interest	<u>0</u>
CAPITAL COSTS	\$88,323

Treatments: 12,012

Capital Cost per treatment \$7.35

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Cicero, 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: Bryan Mello
Assistant Treasurer

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

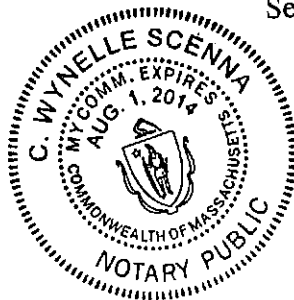
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 3 day of Oct, 2011

Signature of Notary C Wynelle Scenna 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: *Bryan Mello*
Title: **Bryan Mello**
Assistant Treasurer

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

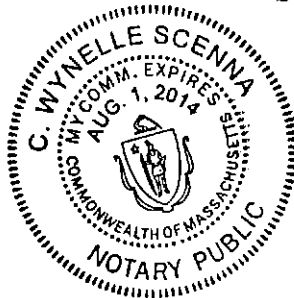
Notarization:
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this _____ day of _____, 2011

Notarization:
Subscribed and sworn to before me
this 3 day of Oct, 2011

Signature of Notary *C Wynelle Scenna* Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Cicero, LLC

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

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

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

By: *Bryan Mello*
ITS: **Bryan Mello**
Assistant Treasurer

By: *Mark Fawcett*
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 3 day of Oct, 2011

Signature of Notary *C. Wynelle Scenna* 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: *Bryan Mello*
ITS: **Bryan Mello**
Assistant Treasurer

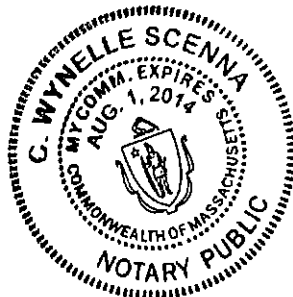
By: *Mark Fawcett*
ITS: **Mark Fawcett**
Vice President & Asst. Treasurer

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

Notarization:
Subscribed and sworn to before me
this 3 day of Oct, 2011

Signature of Notary *C. Wynelle Scenna* Signature of Notary

Seal



Seal

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits.

The applicants do provide access to care at all of its clinics regardless of payer source or whether a patient is likely to receive treatments for which the applicants are not compensated. Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

The applicants accept all patients regardless of payer source. If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Uncompensated Care By Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Alsip	33	0	0	9,960	0	0
Fresenius Antioch	73	102	0	21,689	28,682	0
Fresenius Aurora	314	83	87	67,864	18,818	21,087
Fresenius Austin Community	26	140	0	8,284	40,504	0
Fresenius Berwyn	713	715	228	199,885	163,817	52,363
Fresenius Blue Island	77	174	80	21,901	49,341	22,611
Fresenius Bolingbrook	143	48	21	31,451	12,317	5,081
Fresenius Bridgeport	395	528	45	99,428	118,493	10,991
Fresenius Burbank	248	721	49	63,286	185,201	12,597
Fresenius Carbondale	10	79	42	2,500	20,723	11,262
Fresenius Chicago	243	328	45	66,732	89,972	14,202
Fresenius Chicago Westside	162	146	0	77,512	46,548	0
Fresenius Congress Parkway	237	176	14	63,900	46,511	3,760
Fresenius Crestwood	219	67	320	59,373	17,034	84,179
Fresenius Decatur	0	0	0	0	0	0
Fresenius Deerfield	N/A	N/A	0	N/A	N/A	0
Fresenius Downers Grove	137	20	233	31,380	4,878	56,124
Fresenius Du Page West	196	76	34	43,409	18,336	9,290
Fresenius Du Quoin	0	37	10	0	10,433	2,756
Fresenius East Peoria	217	52	0	55,285	12,238	0
Fresenius Elk Grove	343	127	53	75,105	29,711	12,642
Fresenius Evanston	214	194	215	58,821	49,319	63,059
Fresenius Evergreen Park	93	510	197	23,541	140,975	52,782
Fresenius Garfield	311	177	54	97,761	45,903	14,915
Fresenius Glendale Heights	365	159	15	81,125	35,089	3,681
Fresenius Glenview	83	87	46	18,692	19,974	10,095
Fresenius Greenwood	190	251	179	46,374	62,205	42,481
Fresenius Gurnee	285	122	35	67,702	29,403	8,329
Fresenius Hazel Crest	199	34	22	53,440	9,226	6,303
Fresenius Hoffman Estates	87	33	17	19,789	7,418	4,037
Fresenius Jackson Park	454	528	3	115,160	125,578	681
Fresenius Kewanee	0	0	72	0	0	20,619
Fresenius Lake Bluff	212	65	5	54,948	17,317	1,112
Fresenius Lakeview	207	27	13	61,074	7,377	3,217
Fresenius Macomb	0	0	0	0	0	0
Fresenius Marquette Park	148	362	0	39,118	100,681	0
Fresenius McHenry	89	186	5	26,941	57,292	1,332
Fresenius McLean County	115	67	19	31,715	17,291	4,152
Fresenius Melrose Park	0	19	0	0	5,156	0
Fresenius Merrionette Park	0	105	41	0	28,882	9,936
Fresenius Midway	N/A	N/A	0	N/A	N/A	0
Fresenius Mokena	1	44	3	544	16,250	1,012
Fresenius Morris	0	42	104	0	11,267	29,076
Fresenius Naperville	199	301	100	41,182	67,077	22,565
Fresenius Naperville North	57	183	0	18,437	48,627	0
Fresenius Niles	213	152	26	55,817	37,442	6,096

Continued...

Continued Uncompensated Care by Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Norridge	13	6	3	3,002	1,506	747
Fresenius North Avenue	0	94	74	0	23,669	18,189
Fresenius North Kilpatrick	48	0	64	11,290	0	14,200
Fresenius Northcenter	118	121	78	30,407	34,727	22,117
Fresenius Northwestern	334	226	77	89,528	58,416	21,695
Fresenius Oak Park	165	126	6	40,346	32,752	1,487
Fresenius Orland Park	188	121	0	43,222	30,148	0
Fresenius Oswego	89	12	1	25,307	3,389	305
Fresenius Ottawa	117	8	2	32,866	2,357	454
Fresenius Pekin	0	0	20	0	0	4,721
Fresenius Peoria Downtown	57	46	45	13,799	10,980	11,301
Fresenius Peoria North	115	54	13	27,782	13,179	3,245
Fresenius Plainfield	N/A	N/A	8	N/A	N/A	6,165
Fresenius Polk	212	231	104	51,467	60,738	26,376
Fresenius Pontiac	40	19	0	9,732	4,801	0
Fresenius Prairie	83	114	54	25,383	32,357	15,634
Fresenius Randolph County	0	4	32	0	1,219	8,913
Fresenius Rockford	70	74	24	18,003	24,267	6,946
Fresenius Rodgers Park	143	328	224	44,464	85,647	60,351
Fresenius Rolling Meadows	228	0	204	55,625	0	53,516
Fresenius Roseland	132	164	99	108,043	61,632	31,345
Fresenius Ross Dialysis Englewood	150	184	8	55,077	56,239	2,132
Fresenius Round Lake	225	182	1	57,640	44,165	255
Fresenius Saline County	13	21	11	3,645	5,583	2,952
Fresenius Sandwich	N/A	18	3	N/A	8,161	985
Fresenius Skokie	0	18	10	0	4,508	2,698
Fresenius South Chicago	424	747	278	115,038	205,498	70,577
Fresenius South Holland	90	127	104	22,191	31,917	26,731
Fresenius South Shore	75	110	8	20,591	30,066	2,086
Fresenius South Suburban	329	566	241	92,140	148,380	64,049
Fresenius Southside	734	483	137	209,871	129,554	34,459
Fresenius Southwestern Illinois	1	0	0	242	0	0
Fresenius Spoon River	66	38	35	14,971	9,033	8,835
Fresenius Spring Valley	1	1	31	236	233	6,422
Fresenius Streator	0	0	0	0	0	0
Fresenius Uptown	50	134	110	35,291	44,148	33,311
Fresenius Villa Park	128	369	27	35,003	95,048	7,258
Fresenius West Belmont	105	191	70	26,984	51,980	18,896
Fresenius West Chicago	0	44	0	0	24,152	0
Fresenius West Metro	241	880	237	54,133	187,505	49,677
Fresenius West Suburban	144	273	146	34,283	65,129	34,504
Fresenius Westchester	207	0	0	56,641	0	0
Fresenius Williamson County	8	0	28	1,812	0	7,468
Fresenius Willowbrook	98	45	0	23,477	10,815	0
Totals	14,557	15,457	7,047	3,402,665	3,489,213	1,307,433

Medicaid Treatments/Costs By Facility

Facility Name	IL Medicaid Txts			IL Medicaid Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Alsip	726	624	749	219,121	188,700	218,389
Fresenius Antioch	38	148	937	11,398	41,617	257,229
Fresenius Aurora	954	1,230	1,521	206,456	277,862	367,439
Fresenius Austin Community	1,050	1,574	2,111	334,543	455,377	548,468
Fresenius Berwyn	3,466	3,618	4,102	971,639	828,527	941,816
Fresenius Blue Island	1,816	1,901	1,937	516,518	538,138	550,355
Fresenius Bolingbrook	1,481	1,246	1,628	325,729	319,725	393,058
Fresenius Bridgeport	3,928	4,570	5,610	988,745	1,025,015	1,377,275
Fresenius Burbank	2,314	2,142	2,046	590,498	550,210	531,285
Fresenius Carbondale	1,119	1,214	1,650	279,802	318,454	442,445
Fresenius Chicago Dialysis Center	5,862	5,466	5,279	1,609,814	1,499,358	1,666,001
Fresenius Chicago Westside	2,396	3,509	3,807	1,146,416	1,118,745	1,169,530
Fresenius Congress Parkway	3,663	3,685	4,197	987,611	973,822	1,127,227
Fresenius Crestwood	1,045	1,166	1,072	283,308	296,443	282,439
Fresenius Decatur	33	1	136	8,220	226	36,359
Fresenius Deerfield	0	0	100	0	0	67,104
Fresenius Downers Grove	771	1,010	995	176,600	246,416	239,552
Fresenius DuQuoin	302	318	203	78,555	89,666	55,954
Fresenius DuPage West	1,529	2,086	2,725	338,547	502,413	739,997
Fresenius East Peoria	672	607	1,083	171,254	142,462	258,654
Fresenius Elk Grove	950	1,414	1,996	208,018	330,794	480,506
Fresenius Evanston	1,025	1,513	1,535	281,738	384,635	450,064
Fresenius Evergreen Park	3,484	2,284	3,231	881,879	631,675	863,821
Fresenius Macomb	12	212	116	4,123	57,485	36,414
Fresenius Garfield	2,365	2,684	3,299	743,422	696,063	910,918
Fresenius Glendale Heights	1,896	2,085	2,332	421,403	460,132	572,130
Fresenius Glenview	1,091	984	992	245,700	225,914	219,975
Fresenius Morris	30	119	200	8,814	31,923	55,776
Fresenius Greenwood	3,055	3,349	3,712	746,786	830,023	880,965
Fresenius Gurnee	1,614	1,859	2,143	383,406	448,037	517,361
Fresenius Hazel Crest	878	979	657	235,780	265,643	192,621
Fresenius Hoffman Estates	1,406	1,726	2,513	319,804	387,981	596,772
Fresenius Jackson Park	5,402	5,444	5,972	1,370,257	1,294,789	1,626,081
Fresenius Kewanee	81	182	146	27,752	51,043	41,812
Fresenius Lake Bluff	1,002	1,541	1,354	259,707	410,556	334,530
Fresenius Lakeview	1,144	1,398	1,516	337,530	381,943	375,228
Fresenius Marquette Park	2,447	2,339	2,473	646,774	650,535	722,642
Fresenius McLean County	1,147	1,225	1,044	316,325	316,139	228,138
Fresenius McHenry	57	457	546	17,254	140,859	161,482
Fresenius Melrose Park	884	1,015	1,390	243,039	275,447	360,787
Fresenius Merrionette Park	407	1,001	749	114,511	275,340	183,623
Fresenius Midway	0	0	28	0	0	35,987
Fresenius Mokena	0	0	125	0	0	42,159
Fresenius Naperville	318	512	544	65,867	114,163	123,223
Fresenius Naperville North	236	494	654	76,334	131,265	159,418
Fresenius Niles	1,637	1,675	1,914	427,287	412,508	457,523

Continued...

Continued Medicaid Treatments/Costs By Facility

Facility Name	IL Medicaid Txts			IL Medicaid Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Norridge	391	858	1,037	90,276	215,349	257,928
Fresenius North Avenue	1,663	1,818	1,854	399,039	457,777	455,682
Fresenius North Kilpatrick	1,969	2,323	2,504	463,144	537,567	555,449
Fresenius Northcenter	1,236	1,603	1,981	318,505	460,061	565,347
Fresenius Northwestern	3,102	3,103	2,954	830,405	802,076	835,999
Fresenius Oak Park	2,395	1,972	2,142	586,131	512,596	530,585
Fresenius Orland Park	553	734	774	127,136	182,882	213,816
Fresenius Oswego	390	454	482	110,896	128,215	147,203
Fresenius Ottawa	187	141	70	52,529	41,542	21,192
Fresenius Pekin	83	24	136	19,043	5,483	32,924
Fresenius Peoria Downtown	1,297	1,238	1,283	313,988	295,509	325,686
Fresenius Peoria North	511	374	265	123,449	90,842	66,112
Fresenius Plainfield	0	0	390	0	0	128,173
Fresenius Polk	3,502	3,151	3,509	850,172	829,908	891,647
Fresenius Pontiac	157	185	284	38,199	46,749	69,911
Fresenius Prairie	1,513	1,067	1,108	462,703	302,851	323,637
Fresenius Randolph County	188	190	251	59,360	57,884	69,909
Fresenius Rockford	255	540	747	65,584	178,073	216,191
Fresenius Rogers Park	1,705	1,433	1,756	530,142	374,183	473,109
Fresenius Rolling Meadows	1,032	1,543	2,100	251,777	368,801	550,765
Fresenius Roseland	114	641	1,506	93,309	240,891	476,665
Fresenius Ross Dialysis-Englewood	715	814	1,936	262,534	248,798	515,780
Fresenius Roundlake	1,690	1,909	2,661	432,943	463,250	679,000
Fresenius Saline County	485	676	441	136,002	179,725	123,927
Fresenius Sandwich	0	60	145	0	33,384	47,603
Fresenius Skokie	648	850	1,096	178,781	212,937	295,651
Fresenius South Chicago	3,511	3,995	5,002	952,588	1,099,016	1,269,883
Fresenius South Holland	1,318	1,304	1,603	324,973	327,718	412,017
Fresenius South Shore	2,548	2,143	1,900	699,533	585,749	528,209
Fresenius South Suburban	1,317	1,392	1,804	368,844	364,920	479,436
Fresenius Southside	5,108	5,249	6,248	1,460,523	1,407,923	1,577,162
Fresenius Southwestern Illinois	160	296	428	38,702	75,763	115,684
Fresenius Spoon River	0	11	30	0	2,615	7,573
Fresenius Spring Valley	0	39	267	0	9,087	56,218
Fresenius Streator	0	7	34	0	2,757	11,288
Fresenius Uptown	0	701	1,037	0	230,951	315,316
Fresenius Villa Park	970	922	1,037	265,255	237,306	278,881
Fresenius West Belmont	2,240	2,495	3,388	575,654	679,000	921,006
Fresenius West Chicago	0	8	429	0	4,391	151,682
Fresenius West Metro	6,169	6,331	7,147	1,383,891	1,348,204	1,497,052
Fresenius West Suburban	6,355	5,951	5,841	1,512,980	1,419,713	1,385,026
Fresenius Westchester	504	669	429	137,909	171,821	118,436
Fresenius Williamson County	442	363	435	100,123	89,706	118,125
Fresenius Willowbrook	459	474	1,065	109,960	113,915	256,960
Totals	122,615	132,658	154,591	32,355,267	34,055,958	40,270,371

It is noted in the above charts, that the number of patients receiving uncompensated care has declined. This is not because of any policy or admissions changes at Fresenius Medical Care. We still accept any patient regardless of ability to pay. The reduction is due to an aggressive approach within our facilities to obtain insurance coverage for all patients, thus the rise in Medicaid treatments/costs. Nearly all dialysis patients in Illinois will qualify for some type of coverage. Our Financial Coordinators work with patients to assist in finding the right coverage for each patient's particular situation. This coverage applies not only to dialysis services, but all health care services this chronically ill patient population may receive. Therefore, while assisting the patient to obtain coverage benefits the patient and Fresenius, it also assists other health care providers. Mainly though, it relieves patients of the stress of not having coverage or affordable coverage for health care. (see following page for patient coverage options)

Fresenius Medical Care North America Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible. However, even if for whatever reason insurance (governmental or otherwise) is not available FMCNA does not deny admission for treatment due to lack of insurance coverage.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. FMCNA's North Division currently has 2986 patients with primary insurance coverage and 7469 patients with secondary insurance coverage for a total of 10,455 patients receiving AKF assistance. For the state of Illinois we have 632 primary and 1503 secondary patients receiving AKF assistance. The benefit of working with the AKF is the insurance coverage which AKF facilities applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services. In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

FMCNA North Division currently has 718 active Indigent Waivers. 21 cover primary balances which means the patient has no insurance coverage, and 697 cover patient balances where there is no supplemental insurance.

Illinois currently has 5 active Indigent Waivers that cover the supplemental balances after the primary insurance pays. There isn't a high volume of Indigent Waivers issued in Illinois because patients are entitled to Medicaid coverage in Illinois.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.



MAPQUEST.

Notes

Fresenius Medical Services South Side

Trip to 3134 W 76th St
 Chicago, IL 60652-1968
 7.76 miles - about 18 minutes

3030 S Cicero Ave, Cicero, IL 60804-3638

- | | | |
|--|--|-----------|
| | 1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. | go 4.6 mi |
| | 2. Turn left onto W Marquette Rd / W 67th St. | go 2.0 mi |
| | 3. Turn right onto S Kedzie Ave. | go 1.1 mi |
| | 4. Turn left onto W 76th St. | go 0.0 mi |
| | 5. 3134 W 76TH ST is on the left. | go 0.0 mi |

3134 W 76th St, Chicago, IL 60652-1968
 Total Travel Estimate : 7.76 miles - about 18 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Melrose Park

Trip to 1111 Superior St

Melrose Park, IL 60160-4138

8.97 miles - about 18 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flournoy St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 4.4 mi



4. Take the IL-171 / 1st Ave exit, EXIT 20.

go 0.1 mi



5. Stay straight to go onto Harrison St.

go 0.0 mi



6. Turn right onto S 1st Ave / IL-171.

go 1.2 mi



7. Turn left onto Lake St.

go 0.7 mi



8. Turn right onto N 11th Ave.

go 0.0 mi



9. Turn left onto Superior St.

go 0.0 mi



10. 1111 SUPERIOR ST is on the left.

go 0.0 mi



1111 Superior St, Melrose Park, IL 60160-4138



MAPQUEST.

Notes

Fresenius Medical Services North Avenue

Trip to 719 W North Ave

Melrose Park, IL 60160-1612

9.97 miles - about 19 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flournoy St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 4.4 mi



4. Take the IL-171 / 1st Ave exit, EXIT 20.

go 0.1 mi



5. Stay straight to go onto Harrison St.

go 0.0 mi



6. Turn right onto S 1st Ave / IL-171.

go 2.5 mi



7. Turn left onto W North Ave / IL-64 W.

go 0.4 mi



8. 719 W NORTH AVE.

go 0.0 mi



719 W North Ave, Melrose Park, IL 60160-1612

Total Travel Estimate : 9.97 miles - about 19 minutes

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Notes

Fresenius Medical Services West Willow

Trip to:
 1444 W Willow St
 Chicago, IL 60642-1524
12.29 miles
19 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
	3. Merge onto I-90 W / I-94 W via EXIT 292A toward Wisconsin.	Go 5.5 Mi
	4. Take the IL-64 / North Ave exit, EXIT 48B.	Go 0.2 Mi
	5. Turn right onto IL-64 / W North Ave. <i>If you reach I-90 W you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	6. Take the 2nd left onto N Elston Ave. <i>N Elston Ave is just past N Noble St North & Elston AMOCO is on the left If you reach N Ada St you've gone a little too far</i>	Go 0.2 Mi
	7. Take the 3rd right onto W Willow St. <i>W Willow St is just past W Wabansia Ave If you reach W Cortland St you've gone about 0.2 miles too far</i>	Go 0.06 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>	12.3 mi

Total Travel Estimate: 12.29 miles - about 19 minutes

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MAPQUEST.

Notes
DaVita Lake Park

Trip to 1531 E Hyde Park Blvd
Chicago, IL 60615-3039
12.37 miles - about 19 minutes

A 3030 S Cicero Ave, Cicero, IL 60804-3638

- | | | |
|---|--|-----------|
|  | 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. | go 1.4 mi |
|   | 2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | go 7.0 mi |
|   | 3. Merge onto S Lake Shore Dr / US-41 S. | go 3.4 mi |
|  | 4. Take the ramp toward Hyde Park Blvd. | go 0.2 mi |
|  | 5. Turn left onto S Shore Dr / S Chicago Beach Dr. | go 0.1 mi |
|  | 6. Turn right onto E Hyde Park Blvd / E 51st St. | go 0.2 mi |
|  | 7. 1531 E HYDE PARK BLVD is on the left. | go 0.0 mi |

B 1531 E Hyde Park Blvd, Chicago, IL 60615-3039
Total Travel Estimate : 12.37 miles - about 19 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Ross-Englewood











Trip to 6333 S Green St

Chicago, IL 60621-1943

12.90 miles - about 19 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638

- | | | |
|---|--|-----------|
|  | 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. | go 1.4 mi |
|  | 2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | go 5.3 mi |
|  | 3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana. | go 0.8 mi |
|  | 4. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. | go 3.9 mi |
|  | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. | go 0.5 mi |
|  | 6. Take EXIT 58B toward 63rd St. | go 0.2 mi |
|  | 7. Turn slight left onto S Yale Ave. | go 0.0 mi |
|  | 8. Turn right onto W 63rd St. | go 0.7 mi |
|  | 9. Turn left onto S Green St. | go 0.0 mi |
|  | 10. 6333 S GREEN ST is on the left. | go 0.0 mi |



6333 S Green St, Chicago, IL 60621-1943



MAPQUEST.

Trip to 4935 W Belmont Ave

Chicago, IL 60641-4332

7.21 miles - about 20 minutes

Notes

Fresenius Medical Services West Belmont 



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 7.0 mi



2. Turn left onto W Belmont Ave.

go 0.2 mi



3. 4935 W BELMONT AVE is on the left.

go 0.0 mi



4935 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 7.21 miles - about 20 minutes

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Notes

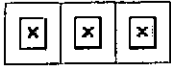
Fresenius Medical Services Northwestern

Trip to:
 710 N Fairbanks Ct
 Chicago, IL 60611-3013
 12.12 miles
 20 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
 	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
 	3. Merge onto I-90 W / I-94 W via EXIT 292A toward Wisconsin.	Go 4.0 Mi
	4. Take EXIT 50B toward East Ohio St.	Go 0.8 Mi
	5. Stay straight to go onto W Ohio St.	Go 0.9 Mi
	6. Turn left onto N Fairbanks Ct. <i>N Fairbanks Ct is 0.1 miles past N St Clair St Doubletree Hotel is on the corner If you reach N McClurg Ct you've gone about 0.1 miles too far</i>	Go 0.2 Mi
	7. 710 N FAIRBANKS CT is on the left. <i>Your destination is just past E Huron St If you reach E Superior St you've gone a little too far</i>	12.1 mi

Total Travel Estimate: 12.12 miles - about 20 minutes

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MAPQUEST.

Notes

DaVita Woodlawn

Trip to 1164 E 55th St

Chicago, IL 60615-5115

12.92 miles - about 20 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.

go 1.4 mi



2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left.

go 7.0 mi



3. Merge onto S Lake Shore Dr / US-41 S.

go 2.9 mi



4. Take the 47th St ramp.

go 0.2 mi



5. Turn right onto E 47th St.

go 0.4 mi



6. Turn left onto S Woodlawn Ave.

go 1.0 mi



7. Turn right onto E 55th St.

go 0.0 mi



8. 1164 E 55TH ST is on the right.

go 0.0 mi



1164 E 55th St, Chicago, IL 60615-5115

Total Travel Estimate : 12.92 miles - about 20 minutes

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MAPQUEST.

Notes

DaVita Beverly Dialysis



Trip to 8109 S Western Ave

Chicago, IL 60620-5939

9.40 miles - about 21 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on **S Cicero Ave / IL-50 S** toward **W 31st St**. Continue to follow **IL-50 S**.

go 6.1 mi



2. Turn **left** onto **W 79th St**.

go 3.0 mi



3. Turn **right** onto **S Western Ave**.

go 0.3 mi



4. **8109 S WESTERN AVE** is on the left.

go 0.0 mi



8109 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate : 9.40 miles - about 21 minutes

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Notes

Fresenius Medical Services Willowbrook

Trip to:
6300 Kingery Hwy
Willowbrook, IL 60527-2248
15.59 miles
21 minutes

		Miles Per Section
	3030 S Cicero Ave Cicero, IL 60804-3638	
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.3 Mi
	2. Merge onto I-55 S. <i>If you reach IL-50 N you've gone a little too far</i>	Go 11.8 Mi
	3. Merge onto IL-83 N via EXIT 274.	Go 2.4 Mi
	4. Turn left onto 63rd St. <i>63rd St is 0.2 miles past Ridgemoor Dr W Quiznos is on the corner</i>	Go 0.01 Mi
	5. 6300 KINGERY HWY. <i>If you reach Americana Dr you've gone about 0.1 miles too far</i>	
	6300 Kingery Hwy Willowbrook, IL 60527-2248	15.6 mi

Total Travel Estimate: 15.59 miles - about 21 minutes

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Notes

Fresenius Medical Services Westchester

Trip to:
2400 Wolf Rd
Westchester, IL 60154-5625
12.72 miles
22 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 2.4 Mi
	2. Turn left onto W Flourney St. <i>W Flourney St is just past W Lexington St</i> <i>If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i>	Go 0.04 Mi
	3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.	Go 7.6 Mi
	4. Take EXIT 16 toward Wolf Rd.	Go 0.2 Mi
	5. Stay straight to go onto Frontage Rd.	Go 0.08 Mi
	6. Take the 1st left to stay on Frontage Rd. <i>If you reach N Jackson Blvd you've gone about 0.2 miles too far</i>	Go 0.06 Mi
	7. Turn left onto S Frontage Rd.	Go 0.2 Mi
	8. Turn right onto Harrison St. <i>300 Grill is on the corner</i>	Go 0.4 Mi
	9. Take the 1st left onto S Wolf Rd. <i>Hillside School is on the corner</i> <i>If you reach N Elm St you've gone about 0.1 miles too far</i>	Go 1.8 Mi
	10. 2400 WOLF RD is on the right. <i>Your destination is 0.1 miles past Westbrook Corporate Ctr</i> <i>If you reach Summerdale St you've gone a little too far</i>	12.7 mi
	2400 Wolf Rd Westchester, IL 60154-5625	12.7 mi



Notes

Fresenius Medical Services Chatham

Trip to:
8710 S Holland Rd
Chicago, IL 60620
15.65 miles
22 minutes

		Miles Per Section
	3030 S Cicero Ave Cicero, IL 60804-3638	
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 5.3 Mi
	3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana.	Go 0.8 Mi
	4. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 5.5 Mi
	5. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E.	Go 2.0 Mi
	6. Take EXIT 61B toward 87th St.	Go 0.2 Mi
	7. Stay straight to go onto S Lafayette Ave.	Go 0.1 Mi
	8. Take the 1st right onto W 87th St. <i>If you reach W 91st St you've gone about 0.5 miles too far</i>	Go 0.4 Mi
	9. Turn sharp left onto S Holland Rd. <i>If you reach S Eggleston Ave you've gone about 0.1 miles too far</i>	Go 0.07 Mi
	10. 8710 S HOLLAND RD is on the right. <i>Your destination is just past S Princeton Ave If you reach W 88th St you've gone a little too far</i>	
	8710 S Holland Rd Chicago, IL 60620	15.6 mi

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Notes

DaVita Logan Square

Trip to:
2659 N Milwaukee Ave
Chicago, IL 60647-1643
7.97 miles
23 minutes



3030 S Cicero Ave
Cicero, IL 60804-3638

**Miles Per
Section**



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St. Go 0.4 Mi



2. Turn left to take the Ogden Ave ramp toward 26th St. Go 0.1 Mi
If you reach W 25th St you've gone about 0.1 miles too far



3. Turn right onto W Ogden Ave. Go 2.3 Mi



4. Turn left onto S Kedzie Ave. Go 4.9 Mi
*S Kedzie Ave is just past S Sawyer Ave
Church of the Lord Jesus is on the corner
If you reach S Albany Ave you've gone about 0.1 miles too far*



5. Turn slight right onto W Logan Blvd. Go 0.06 Mi
W Logan Blvd is just past N Linden Pl



6. Turn left onto N Milwaukee Ave. Go 0.2 Mi
*Dunlays on the Square is on the right
If you reach N Albany Ave you've gone a little too far*



7. **2659 N MILWAUKEE AVE** is on the right.
*Your destination is just past N Kedzie Ave
If you reach N Sawyer Ave you've gone a little too far*

8.0 mi












Total Travel Estimate: 7.97 miles - about 23 minutes

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Notes
DaVita Lincoln Park

Trip to:
3157 N Lincoln Ave
Chicago, IL 60657-3111
14.07 miles
23 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
 	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
 	3. Merge onto I-90 W / I-94 W via EXIT 292A toward Wisconsin.	Go 6.1 Mi
	4. Take the Armitage Ave exit, EXIT 48A.	Go 0.2 Mi
	5. Turn sharp right onto W Armitage Ave. <i>If you reach I-90 W you've gone about 0.1 miles too far</i>	Go 0.09 Mi
	6. Take the 2nd left onto N Ashland Ave. <i>N Ashland Ave is just past N Holly Ave If you are on W Armitage Ave and reach N Elston Ave you've gone a little too far</i>	Go 1.5 Mi
	7. Turn sharp right onto N Lincoln Ave. <i>N Lincoln Ave is 0.1 miles past W Barry Ave Beckett's Public House is on the corner If you reach W Melrose St you've gone a little too far</i>	Go 0.04 Mi
	8. 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>	14.1 mi

Total Travel Estimate: 14.07 miles - about 23 minutes

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Notes
DaVita Grand Crossing

Trip to:
7319 S Cottage Grove Ave
Chicago, IL 60619-1909
14.56 miles
23 minutes

		Miles Per Section
	3030 S Cicero Ave Cicero, IL 60804-3638	
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 MI
	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left . <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 5.3 Mi
	3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana .	Go 0.8 MI
	4. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 3.9 Mi
	5. Take the I-90 E exit toward Skyway / Indiana Toll Rd.	Go 0.3 MI
	6. Merge onto I-94 E / Dan Ryan Expy E .	Go 0.9 MI
	7. Take EXIT 59C toward 71st St.	Go 0.3 MI
	8. Keep right at the fork in the ramp.	Go 0.2 MI
	9. Turn slight left onto S Lafayette Ave.	Go 0.08 MI
	10. Take the 1st left onto W 71st St. <i>Holy Child Head Start is on the corner</i> <i>If you reach W 72nd St you've gone about 0.1 miles too far</i>	Go 1.1 MI
	11. Turn right onto S Cottage Grove Ave. <i>S Cottage Grove Ave is 0.1 miles past S Langley Ave</i> <i>If you reach S Drexel Ave you've gone about 0.1 miles too far</i>	Go 0.3 MI
	12. 7319 S COTTAGE GROVE AVE is on the left. <i>Your destination is just past E 73rd St</i> <i>If you reach E 74th St you've gone about 0.1 miles too far</i>	
	7319 S Cottage Grove Ave Chicago, IL 60619-1909	14.6 mi



MAPQUEST.

Notes

DaVita Montclare

Trip to 7009 W Belmont Ave

Chicago, IL 60634-4533

10.21 miles - about 24 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 2.8 mi



4. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.

go 0.3 mi



5. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. Continue to follow IL-43 / Harlem Ave.

go 4.4 mi



6. Turn right onto W Belmont Ave.

go 0.3 mi



7. 7009 W BELMONT AVE is on the right.

go 0.0 mi



7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate : 10.21 miles - about 24 minutes

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Notes

Fresenius Medical Services Northcenter

Trip to:
 2620 W Addison St
 Chicago, IL 60618-5905
 15.41 miles
 24 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
 	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
 	3. Merge onto I-90 W / I-94 W via EXIT 292A toward Wisconsin.	Go 7.6 Mi
	4. Take the Diversey Ave exit, EXIT 46B.	Go 0.3 Mi
	5. Turn slight left onto W Diversey Ave.	Go 0.2 Mi
	6. Turn right onto N California Ave. <i>Popeye's Chicken & Biscuits is on the corner</i> <i>If you reach N Mozart St you've gone a little too far</i>	Go 1.0 Mi
	7. Turn right onto W Addison St. <i>W Addison St is 0.2 miles past W Roscoe St</i> <i>If you reach W Waveland Ave you've gone about 0.1 miles too far</i>	Go 0.2 Mi
	8. 2620 W ADDISON ST is on the left. <i>Your destination is just past N Talman Ave</i> <i>If you reach N Campbell Ave you've gone about 0.1 miles too far</i>	
	2620 W Addison St Chicago, IL 60618-5905	15.4 mi

Total Travel Estimate: 15.41 miles - about 24 minutes

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Notes

DaVita Palos Park

Trip to:

13155 S la Grange Rd

Orland Park, IL 60462-1162

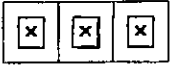
17.49 miles

24 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section	Miles Driven
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.3 Mi	1.3 mi
	2. Merge onto I-55 S / Stevenson Expy S. <i>If you reach IL-50 N you've gone a little too far</i>	Go 7.3 Mi	8.6 mi
	3. Take the US-12 / US-20 / US-45 exit, EXIT 279A-B, toward La Grange Rd.	Go 0.2 Mi	8.9 mi
	4. Merge onto US-45 S via the ramp on the left.	Go 8.6 Mi	17.5 mi
	5. 13155 S LA GRANGE RD is on the left. <i>Your destination is just past W 131st St</i> <i>If you reach Southmoor Dr you've gone about 0.1 miles too far</i>		17.5 mi
	13155 S la Grange Rd Orland Park, IL 60462-1162	17.5 mi	17.5 mi

Total Travel Estimate: 17.49 miles - about 24 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Evergreen Park



Trip to 9730 S Western Ave

Evergreen Park, IL 60805-2814
11.52 miles - about 25 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. Continue to follow IL-50 S.

go 6.1 mi



2. Turn left onto W 79th St.

go 3.0 mi



3. Turn right onto S Western Ave.

go 2.4 mi



4. 9730 S WESTERN AVE is on the right.

go 0.0 mi



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

Total Travel Estimate : 11.52 miles - about 25 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Jackson Park











Trip to 7531 S Stony Island Ave

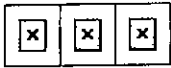
Chicago, IL 60649-3954

15.97 miles - about 25 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638

- | | | |
|---|--|-----------|
|  | 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. | go 1.4 mi |
|  | 2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | go 5.3 mi |
|  | 3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana. | go 0.8 mi |
|  | 4. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. | go 5.5 mi |
|  | 5. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. | go 0.3 mi |
|  | 6. Take EXIT 60A toward 75th St. | go 0.2 mi |
|  | 7. Keep right at the fork in the ramp. | go 0.1 mi |
|  | 8. Turn slight left onto S Lafayette Ave. | go 0.1 mi |
|  | 9. Turn left onto W 75th St. | go 2.1 mi |
|  | 10. Turn right onto S Stony Island Ave. | go 0.0 mi |



MAPQUEST.

Notes

Fresenius Medical Services Greenwood


Trip to 1111 E 87th St


Chicago, IL 60619-7038


16.66 miles - about 25 minutes





3030 S Cicero Ave, Cicero, IL 60804-3638


- 


1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. go 1.4 mi
- 


2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. go 5.3 mi
- 


3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana. go 0.8 mi
- 

4. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. go 5.5 mi
- 

5. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. go 2.0 mi
- 

6. Take EXIT 61B toward 87th St. go 0.2 mi
- 

7. Stay straight to go onto S Lafayette Ave. go 0.1 mi
- 

8. Turn left onto W 87th St. go 1.5 mi
- 

9. 1111 E 87TH ST is on the right. go 0.0 mi



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

Total Travel Estimate : 16.66 miles - about 25 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Alsip

Trip to 12250 S Cicero Ave

Alsip, IL 60803-2946

11.56 miles - about 26 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. Continue to follow IL-50 S.

go 11.6 mi



2. 12250 S CICERO AVE is on the right.

go 0.0 mi



12250 S Cicero Ave, Alsip, IL 60803-2946

Total Travel Estimate : 11.56 miles - about 26 minutes

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Notes
Mt. Sinai Dialysis

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

		Miles Per Section	Miles Driven
	3030 S Cicero Ave Cicero, IL 60804-3638		
	1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 0.4 Mi	0.4 mi
	2. Turn left to take the Ogden Ave ramp toward 26th St. <i>If you reach W 25th St you've gone about 0.1 miles too far</i>	Go 0.1 Mi	0.5 mi
	3. Turn right onto W Ogden Ave.	Go 3.0 Mi	3.5 mi
	4. Turn right onto S Washtenaw Ave. <i>S Washtenaw Ave is just past S Fairfield Ave</i> <i>If you reach S Talman Ave you've gone a little too far</i>	Go 0.08 Mi	3.6 mi
	5. Take the 2nd left onto W 15th St. <i>W 15th St is just past W Ogden Ave</i> <i>If you reach W 15th Pl you've gone a little too far</i>	Go 0.04 Mi	3.7 mi
	6. 2700 W 15TH ST is on the left. <i>If you reach S Talman Ave you've gone a little too far</i>		3.7 mi
	2700 W 15th St Chicago, IL 60608-1610	3.7 mi	3.7 mi

Total Travel Estimate: 3.66 miles - about 9 minutes










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Notes

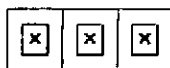
DaVita Little Village

Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
3.82 miles
10 minutes

	Miles Per Section	Miles Driven
 3030 S Cicero Ave Cicero, IL 60804-3638		
 1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 0.4 Mi	0.4 mi
 2. Turn left to take the Ogden Ave ramp toward 26th St. <i>If you reach W 25th St you've gone about 0.1 miles too far</i>	Go 0.1 Mi	0.5 mi
 3. Turn right onto W Ogden Ave.	Go 1.3 Mi	1.8 mi
 4. Turn slight right onto W Cermak Rd / W 22nd St. <i>W Cermak Rd is just past S Pulaski Rd</i>	Go 0.6 Mi	2.5 mi
 5. Stay straight to go onto S Trumbull Ave.	Go 0.02 Mi	2.5 mi
 6. Turn slight left onto W Cermak Rd / W 22nd St. Continue to follow W Cermak Rd.	Go 1.3 Mi	3.8 mi
 7. 2335 W CERMAK RD is on the right. <i>Your destination is just past S Western Ave</i> <i>If you reach S Oakley Ave you've gone a little too far</i>		3.8 mi
 2335 W Cermak Rd Chicago, IL 60608-3811	3.8 mi	3.8 mi

Total Travel Estimate: 3.82 miles - about 10 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Austin

Trip to 4800 W Chicago Ave

Chicago, IL 60651-3223

4.03 miles - about 11 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 4.0 mi



2. Turn left onto W Chicago Ave.

go 0.0 mi



3. 4800 W CHICAGO AVE is on the right.

go 0.0 mi

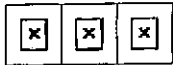


4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 4.03 miles - about 11 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Berwyn

Trip to 2601 Harlem Ave

Berwyn, IL 60402-2100

4.04 miles - about 11 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 0.7 mi



2. Turn left onto W 24th Pl.

go 0.1 mi



3. Turn left onto S 49th Ave.

go 0.1 mi



4. Turn right onto W 26th St.

go 3.0 mi



5. Turn left onto Harlem Ave / IL-43.

go 0.0 mi



6. Make a U-turn onto Harlem Ave / IL-43.

go 0.0 mi



7. 2601 HARLEM AVE is on the right.

go 0.0 mi



2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate : 4.04 miles - about 11 minutes

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MAPQUEST.

Notes

Maple Avenue Kidney Center

Trip to 610 S Maple Ave

Oak Park, IL 60304-1091

5.88 miles - about 11 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 2.8 mi



4. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.

go 0.3 mi



5. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.

go 0.3 mi



6. Turn right onto Monroe St.

go 0.0 mi



7. Turn right onto S Maple Ave.

go 0.0 mi



8. 610 S MAPLE AVE is on the left.

go 0.0 mi



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

Total Travel Estimate : 5.88 miles - about 11 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Congress Parkway



Trip to 3410 W Van Buren St

Chicago, IL 60624-3358

4.34 miles - about 12 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 0.4 mi



2. Turn left to take the Ogden Ave ramp toward 26th St.

go 0.1 mi



3. Turn right onto W Ogden Ave.

go 2.3 mi



4. Turn left onto S Kedzie Ave.

go 1.2 mi



5. Turn left onto W Van Buren St.

go 0.3 mi



6. 3410 W VAN BUREN ST is on the right.

go 0.0 mi



3410 W Van Buren St, Chicago, IL 60624-3358

Total Travel Estimate : 4.34 miles - about 12 minutes

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Notes

Fresenius Medical Services Chicago Westside

Trip to:
1340 S Damen Ave
Chicago, IL 60608-1169
4.70 miles
12 minutes



3030 S Cicero Ave
Cicero, IL 60804-3638

**Miles Per
Section**



1. Start out going north on **S Cicero Ave / IL-50** toward **W 30th St.** Go **0.4 Mi**



2. Turn left to take the **Ogden Ave** ramp toward **26th St.** Go **0.1 Mi**
If you reach W 25th St you've gone about 0.1 miles too far



3. Turn right onto **W Ogden Ave.** Go **3.6 Mi**



4. Turn right onto **W Roosevelt Rd.** Go **0.4 Mi**
If you reach W Taylor St you've gone about 0.2 miles too far



5. Take the 2nd right onto **S Damen Ave.** Go **0.2 Mi**
*S Damen Ave is 0.2 miles past S Hamilton Ave
If you reach S Wood St you've gone about 0.2 miles too far*



6. **1340 S DAMEN AVE** is on the right.
*Your destination is just past W 13th St
If you reach W 14th St you've gone a little too far*



1340 S Damen Ave
Chicago, IL 60608-1169

4.7 mi

Total Travel Estimate: 4.70 miles - about 12 minutes

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Notes
U of I Hospital Dialysis

Trip to:
1859 W Taylor St
Chicago, IL 60612-4319
4.77 miles
12 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 0.4 Mi
	2. Turn left to take the Ogden Ave ramp toward 26th St. <i>If you reach W 25th St you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	3. Turn right onto W Ogden Ave.	Go 3.8 Mi
	4. Turn slight right onto W Taylor St. <i>W Taylor St is 0.2 miles past W Roosevelt Rd Lulu's Hot Dogs is on the corner If you reach W Polk St you've gone about 0.2 miles too far</i>	Go 0.4 Mi
	5. 1859 W TAYLOR ST is on the right. <i>Your destination is just past S Wolcott Ave If you reach S Wood St you've gone a little too far</i>	
	1859 W Taylor St Chicago, IL 60612-4319	4.8 mi

Total Travel Estimate: 4.77 miles - about 12 minutes

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Notes

John Stroger Hospital Dialysis

Trip to:
1901 W Harrison St
Chicago, IL 60612-3714
4.86 miles
12 minutes



3030 S Cicero Ave
Cicero, IL 60804-3638

**Miles Per
Section**



1. Start out going **north** on **S Cicero Ave / IL-50** toward **W 30th St.** Go **0.4 Mi**



2. Turn **left** to take the **Ogden Ave ramp** toward **26th St.** Go **0.1 Mi**
If you reach W 25th St you've gone about 0.1 miles too far



3. Turn **right** onto **W Ogden Ave.** Go **4.3 Mi**



4. Turn **slight right** onto **W Harrison St.** Go **0.04 Mi**
*W Harrison St is just past S Winchester Ave
If you reach S Wolcott Ave you've gone a little too far*



5. **1901 W HARRISON ST** is on the right.
If you reach S Wolcott Ave you've gone a little too far



1901 W Harrison St
Chicago, IL 60612-3714

4.9 mi

Total Travel Estimate: 4.86 miles - about 12 minutes

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MAPQUEST.

Notes

Fresenius Medical Services West Sub

Trip to [448-498] N Austin Blvd

Oak Park, IL 60302

5.21 miles - about 12 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 1.2 mi



4. Take the Austin Blvd exit, EXIT 23A, on the left.

go 0.3 mi



5. Turn right onto S Austin Blvd.

go 1.3 mi



6. [448-498] N AUSTIN BLVD.

go 0.0 mi



[448-498] N Austin Blvd, Oak Park, IL 60302

Total Travel Estimate : 5.21 miles - about 12 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Midway

Trip to 6201 W 63rd St
Chicago, IL 60638-5009
5.49 miles - about 12 minutes

3030 S Cicero Ave, Cicero, IL 60804-3638

- 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. go 1.3 mi
- 2. Merge onto I-55 S / Stevenson Expy S. go 0.8 mi
- 3. Take the Central Ave exit, EXIT 285. go 0.3 mi
- 4. Turn left onto S Central Ave. go 2.3 mi
- 5. Turn right onto W 63rd St. go 0.8 mi
- 6. 6201 W 63RD ST is on the left. go 0.0 mi

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

Total Travel Estimate : 5.49 miles - about 12 minutes

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Notes
Rush Hospital Dialysis

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

- | | | Miles Per Section |
|--|---|-------------------|
| | 3030 S Cicero Ave
Cicero, IL 60804-3638 | |
| | 1. Start out going north on S Cicero Ave / IL-50 toward W 30th St. | Go 0.4 Mi |
| | 2. Turn left to take the Ogden Ave ramp toward 26th St.
<i>If you reach W 25th St you've gone about 0.1 miles too far</i> | Go 0.1 Mi |
| | 3. Turn right onto W Ogden Ave. | Go 4.4 Mi |
| | 4. Turn slight right onto W Congress Pky.
<i>W Congress Pky is just past S Wolcott Ave</i>
<i>If you reach W Van Buren St you've gone about 0.1 miles too far</i> | Go 0.3 Mi |
| | 1653 W CONGRESS PKWY.
<i>Your destination is just past S Paulina St</i>
<i>If you reach S Ashland Ave you've gone a little too far</i> | |
| | 1653 W Congress Pkwy
Chicago, IL 60612-3833 | 5.2 mi |

Total Travel Estimate: 5.20 miles - about 13 minutes

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MAPQUEST.

Notes

Fresenius Medical Services Burbank

Trip to 4811 W 77th St
Burbank, IL 60459-1586
5.86 miles - about 13 minutes

A **3030 S Cicero Ave, Cicero, IL 60804-3638**

-  1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. Continue to follow IL-50 S. go 5.7 mi
-  2. Turn right onto W 76th St / W 77th St. go 0.1 mi
-  3. Turn left. go 0.0 mi
-  4. Turn right onto W 77th St. go 0.0 mi
-  5. 4811 W 77TH ST is on the left. go 0.0 mi

B **4811 W 77th St, Burbank, IL 60459-1586**
Total Travel Estimate : 5.86 miles - about 13 minutes

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Notes

Fresenius Medical Services Bridgeport

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

		Miles Per Section
	3030 S Cicero Ave Cicero, IL 60804-3638	
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 3.3 Mi
	3. Take the Damen Ave exit, EXIT 290, toward Ashland Ave.	Go 0.2 Mi
	4. Turn slight left to take the Damen Ave ramp.	Go 0.2 Mi
	5. Keep right at the fork to go on S Damen Ave.	Go 0.5 Mi
	6. Turn left onto W 35th St. <i>W 35th St is just past W 34th Pl Papa Freddy's Pizza is on the corner If you reach W 36th St you've gone about 0.1 miles too far</i>	Go 1.5 Mi
	7. 825 W 35TH ST is on the right. <i>If you reach S Halsted St you've gone a little too far</i>	
	825 W 35th St Chicago, IL 60609-1511	7.1 mi

Total Travel Estimate: 7.09 miles - about 13 minutes
















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Notes

Fresenius Medical Services Garfield

Trip to:
 5401 S Wentworth Ave
 Chicago, IL 60609-6300
 11.37 miles
 17 minutes

	Miles Per Section
 3030 S Cicero Ave Cicero, IL 60804-3638	
 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
  2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 5.3 Mi
  3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana.	Go 0.8 Mi
 4. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 2.2 Mi
 5. Take the I-90-LOCAL / I-94-LOCAL exit.	Go 0.3 MI
  6. Merge onto I-90 E / I-94 E / Dan Ryan Expy E.	Go 0.8 Mi
 7. Take EXIT 57 toward Garfield Blvd.	Go 0.2 Mi
 8. Stay straight to go onto S Wells St.	Go 0.09 MI
 9. Take the 1st left onto W Garfield Blvd / W 55th St. <i>Savk Mobil is on the corner</i> <i>If you reach W 57th St you've gone about 0.2 miles too far</i>	Go 0.07 Mi
 10. Take the 1st left onto S Wentworth Ave. <i>Chicago City Church AG is on the corner</i> <i>If you reach S Lasalle St you've gone a little too far</i>	Go 0.2 Mi
 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>	11.4 mi

Total Travel Estimate: 11.37 miles - about 17 minutes

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MAPQUEST.

Notes

DaVita West Lawn



Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
6.02 miles - about 14 minutes



A 3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St.

go 4.6 mi



2. Turn left onto W Marquette Rd / W 67th St.

go 1.0 mi



3. Turn right onto S Pulaski Rd.

go 0.4 mi



4. 7000 S PULASKI RD is on the right.

go 0.0 mi

B 7000 S Pulaski Rd, Chicago, IL 60629-5842
Total Travel Estimate : 6.02 miles - about 14 minutes

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MAPQUEST.

Notes

DSI Scottsdale

Trip to 4651 W 79th Pl

Chicago, IL 60652-2021

6.38 miles - about 14 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. Continue to follow IL-50 S.

go 6.1 mi



2. Turn left onto W 79th St.

go 0.2 mi



3. Turn right onto S Kilpatrick Ave.

go 0.0 mi



4. Turn left onto W 79th Pl.

go 0.0 mi



5. 4651 W 79TH PL is on the right.

go 0.0 mi

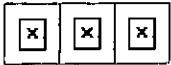


4651 W 79th Pl, Chicago, IL 60652-2021

Total Travel Estimate : 6.38 miles - about 14 minutes

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MAPQUEST

Notes

Fresenius Medical Services Oak Park

Trip to 733 Madison St

Oak Park, IL 60302-4419

6.75 miles - about 14 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 2.8 mi



4. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.

go 0.3 mi



5. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.

go 0.5 mi



6. Turn right onto Washington Blvd.

go 0.5 mi



7. Turn right onto S Oak Park Ave.

go 0.1 mi



8. Turn left onto Madison St.

go 0.0 mi



9. 733 MADISON ST is on the right.

go 0.0 mi



733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate : 6.75 miles - about 14 minutes












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Notes

Fresenius Medical Services Prairie

Trip to:
1717 S Wabash Ave
Chicago, IL 60616-1219
8.81 miles
14 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
 	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 6.0 Mi
	3. Take the Cermak Rd exit, EXIT 293A , toward Chinatown.	Go 0.7 Mi
	4. Turn right onto W Cermak Rd / W 22nd St. <i>If you are on W Cermak Rd and reach S Wentworth Ave you've gone a little too far</i>	Go 0.2 Mi
	5. Turn left onto S State St. <i>S State St is 0.1 miles past S Federal St Jerusalem Finest Inc is on the corner If you are on E Cermak Rd and reach S Wabash Ave you've gone a little too far</i>	Go 0.3 Mi
	6. Take the 3rd right onto E 18th St. <i>E 18th St is just past S Archer Ave If you reach W 17th St you've gone a little too far</i>	Go 0.08 Mi
	7. Take the 1st left onto S Wabash Ave. <i>If you reach S Michigan Ave you've gone a little too far</i>	Go 0.07 Mi
	8. 1717 S WABASH AVE is on the right. <i>If you reach E 16th St you've gone a little too far</i>	
	1717 S Wabash Ave Chicago, IL 60616-1219	8.8 mi













Total Travel Estimate: 8.81 miles - about 14 minutes

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Notes
DaVita Loop

Trip to:
1101 S Canal St
Chicago, IL 60607-4901
8.86 miles
14 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
 	2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
 	3. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via EXIT 292A toward Wisconsin.	Go 2.1 Mi
	4. Take EXIT 52B toward Roosevelt Rd / Taylor St.	Go 0.1 Mi
	5. Stay straight to go onto S Ruble St.	Go 0.09 Mi
	6. Turn right onto W Roosevelt Rd. <i>W Roosevelt Rd is just past W 12th Pl</i> <i>If you reach W Taylor St you've gone about 0.1 miles too far</i>	Go 0.3 Mi
	7. Turn left onto S Canal St. <i>S Canal St is just past S Clinton St</i> <i>Back To Bed is on the left</i> <i>If you reach S Delano Ct E you've gone about 0.3 miles too far</i>	Go 0.08 Mi
	8. 1101 S CANAL ST is on the right. <i>If you reach W Taylor St you've gone a little too far</i>	
	1101 S Canal St Chicago, IL 60607-4901	8.9 mi

Total Travel Estimate: 8.86 miles - about 14 minutes















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Notes

Fresenius Medical Services Polk

Trip to:
 557 W Polk St
 Chicago, IL 60607-4388
 9.00 miles
 14 minutes








	Miles Per Section
 3030 S Cicero Ave Cicero, IL 60804-3638	
 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
  2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
  3. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via EXIT 292A toward Wisconsin.	Go 2.1 Mi
 4. Take EXIT 52B toward Roosevelt Rd / Taylor St.	Go 0.1 Mi
 5. Stay straight to go onto S Ruble St.	Go 0.09 Mi
 6. Take the I-90 W / I-94 W ramp toward Kennedy Expy / Wisconsin.	Go 0.2 Mi
 7. Turn right onto W Taylor St. <i>If you reach I-90 W you've gone about 0.2 miles too far</i>	Go 0.1 Mi
 8. Turn left onto S Jefferson St. <i>S Jefferson St is just past S Desplaines St If you reach S Clinton St you've gone a little too far</i>	Go 0.2 Mi
 9. Take the 3rd right onto W Polk St. <i>W Polk St is just past W Cabrini St If you reach W Lexington St you've gone a little too far</i>	Go 0.04 Mi
 10. 557 W POLK ST is on the right. <i>If you reach S Clinton St you've gone a little too far</i>	
 557 W Polk St Chicago, IL 60607-4388	9.0 mi



Notes

Circle Medical Management

Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
5.70 miles
15 minutes

- | | 3030 S Cicero Ave
Cicero, IL 60804-3638 | Miles Per Section |
|---|--|--------------------------|
|  | | |
|  | 1. Start out going north on S Cicero Ave / IL-50 toward W 30th St. | Go 0.4 Mi |
|  | 2. Turn left to take the Ogden Ave ramp toward 26th St.
<i>If you reach W 25th St you've gone about 0.1 miles too far</i> | Go 0.1 Mi |
|  | 3. Turn right onto W Ogden Ave. | Go 5.1 Mi |
|  | 4. Turn right onto W Washington Blvd / W Washington St.
<i>W Washington Blvd is just past W Warren Blvd</i>
<i>If you reach W Randolph St you've gone about 0.1 miles too far</i> | Go 0.08 Mi |
|  | 5. 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> | |
|  | 1426 W Washington Blvd
Chicago, IL 60607-1821 | 5.7 mi |

Total Travel Estimate: 5.70 miles - about 15 minutes

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MAPQUEST.

Notes

Fresenius Medical Services River Forest

Trip to 103 Forest Ave

River Forest, IL 60305-2003

7.11 miles - about 15 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 2.8 mi



4. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.

go 0.3 mi



5. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.

go 0.7 mi



6. Turn left onto Randolph St.

go 0.5 mi



7. Randolph St becomes Washington Blvd.

go 0.3 mi



8. Turn left onto Forest Ave.

go 0.1 mi



9. 103 FOREST AVE is on the left.

go 0.0 mi



103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate : 7.11 miles - about 15 minutes

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MAPQUEST.

Notes

Loyola Hospital Dialysis

Trip to 1201 W Roosevelt Rd

Maywood, IL 60153-4046

8.24 miles - about 15 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.

go 2.4 mi



2. Turn left onto W Flourney St.

go 0.0 mi



3. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

go 4.4 mi



4. Take the IL-171 / 1st Ave exit, EXIT 20.

go 0.1 mi



5. Stay straight to go onto Harrison St.

go 0.0 mi



6. Turn left onto IL-171 / S 1st Ave.

go 0.5 mi



7. Turn right onto W Roosevelt Rd.

go 0.7 mi



8. 1201 W ROOSEVELT RD is on the right.

go 0.0 mi



1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate : 8.24 miles - about 15 minutes

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Notes

Fresenius Medical Services Chicago Dialysis

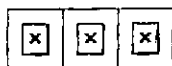
Trip to:
820 W Jackson Blvd
Chicago, IL 60607-3026
9.88 miles
15 minutes

	Miles Per Section
 3030 S Cicero Ave Cicero, IL 60804-3638	
 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St.	Go 1.4 Mi
  2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. <i>If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far</i>	Go 4.8 Mi
  3. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via EXIT 292A toward Wisconsin.	Go 2.2 Mi
 4. Take the I-290 W / Eisenhower Expy exit, EXIT 51H , toward West Suburbs.	Go 0.5 Mi
  5. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs.	Go 0.5 Mi
 6. Take the Morgan St exit, EXIT 29B.	Go 0.1 Mi
 7. Turn right onto S Morgan St.	Go 0.1 Mi
 8. Take the 2nd right onto W Jackson Blvd. <i>W Jackson Blvd is just past W Van Buren St Shell is on the corner If you reach W Adams St you've gone a little too far</i>	Go 0.2 Mi
 9. 820 W JACKSON BLVD is on the left. <i>Your destination is just past S Green St If you reach S Halsted St you've gone a little too far</i>	
 820 W Jackson Blvd Chicago, IL 60607-3026	9.9 mi

Total Travel Estimate: **9.88 miles - about 15 minutes**

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MAPQUEST

Notes

DaVita Emerald








Trip to 710 W 43rd St

Chicago, IL 60609-3435

10.19 miles - about 16 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638

- | | | |
|---|---|-----------|
|  | 1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. | go 1.4 mi |
|  | 2. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | go 5.3 mi |
|  | 3. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana. | go 2.6 mi |
|  | 4. Take EXIT 56A toward 43rd St. | go 0.2 mi |
|  | 5. Turn slight left onto S Wentworth Ave. | go 0.0 mi |
|  | 6. Turn right onto W 43rd St. | go 0.6 mi |
|  | 7. 710 W 43RD ST is on the right. | go 0.0 mi |



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

Total Travel Estimate : 10.19 miles - about 16 minutes

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MAPQUEST.

Notes

DaVita Stony Creek

Trip to 9115 S Cicero Ave

Oak Lawn, IL 60453-1895

7.65 miles - about 17 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St. Continue to follow IL-50 S.

go 7.6 mi



2. 9115 S CICERO AVE is on the left.

go 0.0 mi



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

Total Travel Estimate : 7.65 miles - about 17 minutes

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Notes

Garfield Kidney Center

Trip to:
3250 W Franklin Blvd
Chicago, IL 60624-1509
5.18 miles
14 minutes

		Miles Per Section
	3030 S Cicero Ave Cicero, IL 60804-3638	
	1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 0.4 Mi
	2. Turn left to take the Ogden Ave ramp toward 26th St. <i>If you reach W 25th St you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	3. Turn right onto W Ogden Ave.	Go 2.3 Mi
	4. Turn left onto S Kedzie Ave. <i>S Kedzie Ave is just past S Sawyer Ave Church of the Lord Jesus is on the corner If you reach S Albany Ave you've gone about 0.1 miles too far</i>	Go 2.2 Mi
	5. Turn left onto W Franklin Blvd. <i>Gen Hoe Two Restaurant is on the corner If you reach W Ohio St you've gone about 0.1 miles too far</i>	Go 0.09 Mi
	6. 3250 W FRANKLIN BLVD is on the left. <i>Your destination is just past N Sawyer Ave If you reach N Spaulding Ave you've gone a little too far</i>	
	3250 W Franklin Blvd Chicago, IL 60624-1509	5.2 mi

Total Travel Estimate: 5.18 miles - about 14 minutes

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Notes

Fresenius Medical Services West Metro

Trip to:
 1044 N Mozart St
 Chicago, IL 60622-2789
 6.27 miles
 18 minutes

	3030 S Cicero Ave Cicero, IL 60804-3638	Miles Per Section
	1. Start out going north on S Cicero Ave / IL-50 toward W 30th St.	Go 0.4 Mi
	2. Turn left to take the Ogden Ave ramp toward 26th St. <i>If you reach W 25th St you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	3. Turn right onto W Ogden Ave.	Go 2.5 Mi
	4. Turn left onto S Sacramento Dr. <i>S Sacramento Dr is just past S Albany Ave</i> <i>If you reach S California Ave you've gone about 0.3 miles too far</i>	Go 0.5 Mi
	5. Turn left to stay on S Sacramento Dr. <i>S Sacramento Dr is 0.5 miles past W Ogden Ave</i> <i>If you are on S Farrar Dr and reach S Thompson Dr you've gone a little too far</i>	Go 0.04 Mi
	6. S Sacramento Dr becomes S Sacramento Blvd.	Go 2.3 Mi
	7. Turn right onto W Augusta Blvd. <i>W Augusta Blvd is 0.1 miles past W Grand Ave</i> <i>If you are on N Humboldt Blvd and reach Luis Munoz Marin Dr you've gone a little too far</i>	Go 0.1 Mi
	8. Take the 2nd left onto N Richmond St. <i>N Richmond St is just past N Sacramento Ave</i> <i>If you reach N Francisco Ave you've gone a little too far</i>	Go 0.1 Mi
	9. Turn right onto W Thomas St. <i>W Thomas St is just past W Cortez St</i> <i>If you reach W Division St you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	10. Take the 1st right onto N Mozart St. <i>N Mozart St is just past N Francisco Ave</i> <i>If you reach N California Ave you've gone a little too far</i>	Go 0.03 Mi
	11. 1044 N MOZART ST is on the left. <i>If you reach W Cortez St you've gone a little too far</i>	

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MAPQUEST

Notes

Fresenius Medical Services Marquette Park

Trip to 6535 S Western Ave

Chicago, IL 60636-2410

7.35 miles - about 18 minutes



3030 S Cicero Ave, Cicero, IL 60804-3638



1. Start out going south on S Cicero Ave / IL-50 S toward W 31st St.

go 3.0 mi



2. Turn left onto W 55th St.

go 3.0 mi



3. Turn right onto S Western Ave.

go 1.3 mi



4. 6535 S WESTERN AVE is on the left.

go 0.0 mi



6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate : 7.35 miles - about 18 minutes

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Nephrology Associates of Northern Illinois

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Fax 708.749.0094
www.kidneyphysicians.com

Laurens A. Lohmann M.D.
Matthew R. Andersen, M.D.

October 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 on the west side of Chicago and the near west suburbs of Cicero, Berwyn and Oak Park. I also serve as Medical Director of the Fresenius Berwyn dialysis facility. The nearby Berwyn and West Suburban facilities have been operating at high utilization levels for many years. My partners and I have seen a dramatic increase in the Hispanic population in Cicero and the surrounding area which is reflected in the increase of patients presenting with chronic kidney disease.

My partners and I were treating 145 hemodialysis patients at the end of 2008, 152 patients at the end of 2009 and 151 patients at the end of 2010, as reported to The Renal Network at these facilities – Fresenius Berwyn, West Suburban, Midway and Westchester. As of the most recent quarter, we were treating 174 hemodialysis patients at these facilities. Over the past twelve months we have referred 70 new patients for hemodialysis treatment. There are 230 pre-ESRD patients in my practice who live in the immediate Cicero area that are in stage 3 and 4 of kidney failure. Of those I expect approximately 103 to be referred to Fresenius Cicero within 24 months of the completion of the facility. We also have approximately 20 patients currently dialyzing at Fresenius Berwyn who live in Cicero that I expect to transfer to Fresenius Cicero. (The above numbers do not include the many home dialysis patients that we also treat.)

The pre-ESRD numbers reflect a patient attrition rate of 30% due to those patients who will no longer require dialysis services due to death, recovery of kidney function, transplant or moving out of the area. The Berwyn facility has experienced a high transplant rate, with 10 transplants so far this year. This combined with the mortality rate at the Berwyn facility would relate to approximately 15% of dialysis patients yearly no longer requiring dialysis services.

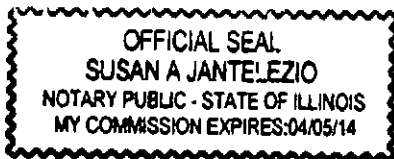
I respectfully ask the Board to approve Fresenius Medical Care Cicero to address the healthcare needs of this Hispanic community. Thank you for your consideration.

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

Sincerely,

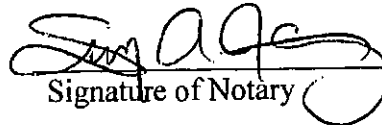


Laurens Lohmann, M.D.



Notarization:

Subscribed and sworn to before me
this 7th day of October, 2011



Signature of Notary

Seal

**PATIENTS EXPECTED TO TRANSFER TO
FRESENIUS MEDICAL CARE CICERO
FROM FRESENIUS BERWYN**

Town	Zip Code	Patients
Cicero	60804	20

**PRE - ESRD PATIENTS DR. LOHMANN'S PRACTICE EXPECTS TO REFER
TO FRESENIUS MEDICAL CARE CICERO IN THE 1ST 2 YEARS
AFTER PROJECT COMPLETION**

Pre-ESRD Patients

City	Zip Code	Stage 4 Year One	Stage 3 Year Two	Total
Berwyn	60402	30	18	48
Cicero	60804	20	12	32
Chicago Westside	60623	4	2	6
Chicago Garfield Park	60624	2	1	3
Chicago Gage Park	60632	7	4	11
Chicago Austin	60644	1	2	3
Total		64	39	103

**NEW REFERRALS OF DR. LOHMANN AND HIS PARTNERS FOR THE PAST
TWELVE MONTHS SEPTEMBER 1, 2010 THROUGH AUGUST 31, 2011**

Zip Code	Fresenius Medical Care						Total
	Berwyn			Midway	West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Andersen	Dr. Wise	
60133	1						1
60154						1	1
60302			1		1		2
60402	8	2	1				11
60434			1				1
60455	1						1
60458							0
60459		1					1
60501	1		1				2
60534			1			1	2
60546			1				1
60612					1		1
60623	1	1	1		2		5
60629	2		1	1			4
60638	1	1	1	2			5
60639					3		3
60644					6		6
60645					4		4
60652				1			1
60655						1	1
60804	6	7	4				17
Total	21	12	13	4	17	3	70

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2008

Zip Code	Fresenius Medical Care				Total
	Berwyn			Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Wise	
60133	1				1
60153	1	1			2
60154				1	1
60155				1	1
60160				1	1
60303	1				1
60304		1			1
60402	17	10	10		37
60406			1		1
60415			1		1
60455			1		1
60501		2			2
60513		1			1
60534		4			4
60546	1	4	1		6
60549		1			1
60607		1			1
60608		1			1
60609				1	1
60623	2	2	2		6
60624			1		1
60629	1	1	1		3
60632	2	3	2		7
60638	5	3	1		9
60639		2			2
60644	1				1
60684	1				1
60707			1		1
60804	18	25	6		49
Total	51	64	26	4	145

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2009

Zip Code	Fresenius Medical Care					Total
	Berwyn			West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Wise	
60006	1					1
60133	1					1
60153	1	1				2
60154					3	3
60155		1				1
60303	1					1
60304		1				1
60402	17	11	6			34
60406		1				1
60415		1				1
60455			2			2
60501		2				2
60513		1				1
60534		4			1	5
60546	1	4	1			6
60549		1				1
60607		1				1
60608		1	1			2
60609					1	1
60623	2	2	1			5
60624			1			1
60629	1	1	1			3
60632	3	3	2			8
60638	5	3	2			10
60639		1				1
60644	1			1		2
60684	1					1
60707			1		1	2
60804	19	25	8			52
Total	54	65	26	1	6	152

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2010

Zip Code	Fresenius Medical Care						Total
	Berwyn			Midway	West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Andersen	Dr. Wise	
60006	1						1
60153	1	1					2
60154	1					2	3
60155		1					1
60162		1					1
60304		1					1
60402	15	10	8				33
60406		1					1
60415		1					1
60455			2				2
60501		2	1				3
60525	1						1
60534		1				1	2
60546	1	4	1				6
60549		2					2
60303	1						1
60606			1				1
60607		1					1
60608		1	1				2
60623	2	2	3				7
60624			1				1
60629	1	2	1				4
60632	3	2	2				7
60638	4	3	5	3			15
60639		1					1
60644	1				1		2
60684	1						1
60707			1			1	2
60804	15	23	8				46
Total	48	60	35	3	1	4	151

PATIENTS OF DR. LOHMANN AND PARTNERS AS OF JUNE 30, 2011

Zip Code	Fresenius Medical Care							Total
	Berwyn			Midway		West Suburban	Westchester	
	Dr. Andersen	Dr. Lohmann	Dr. Wise	Dr. Andersen	Dr. Lohmann	Dr. Andersen	Dr. Wise	
60006	1							1
60133	1							1
60153	1	1						2
60154	1						2	3
60155		1						1
60162		1						1
60303	1							1
60304		1						1
60402	16	10	8					34
60406		1						1
60415		1						1
60455			2					2
60501		2	1					3
60513		1						1
60525	1							1
60534		4					1	5
60546	1	4	1					6
60549		2						2
60606			1					1
60607		1						1
60608		1	1		1			3
60623	2	2	3					7
60624			1					1
60629	2	2	1	3				8
60632	3	3	2	2				10
60638	5	3	5	4				17
60639		1						1
60644	1					4		5
60651						1		1
60684	1							1
60707			1				1	2
60804	16	23	10					49
Total	53	65	37	9	1	5	4	174