

August 13, 2013

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HEALTH FACILITIES & SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Final Realized Cost Report – Logan Square Dialysis (Proj. No. 11-109)

Dear Mr. Constantino:

On behalf of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. d/b/a Logan Square Dialysis (collectively, "DaVita"), I am writing to submit the final realized project cost report for Project No. 11-109. On February 28, 2012, the Illinois Health Facilities and Services Review Board ("State Board") approved DaVita's application for a certificate of need permit to discontinue a 20-station in-center hemodialysis facility located at 2659 North Milwaukee Avenue, Chicago, Illinois 60647 and establish a 28-station in-center hemodialysis facility located at 2838 North Kimball Avenue, Chicago, Illinois 60618 (the "Project"). The permit provided for a project completion date of December 31, 2013. On March 6, 2012, the Project was obligated through execution of a lease for the building that would house the dialysis facility. The facility was notified by the Centers for Medicare and Medicaid Services in a letter dated July 12, 2013 that the relocation and additional 8 stations were approved and certified with an effective date of June 18, 2013.

For your review, DaVita submits the following information as its final realized cost report for the relocation of Logan Square Dialysis:

1. Final Realized Project Costs

Logan Square Dialysis Final Realized Project Cos	ts	
	Approved	Expended
New Construction Contracts	\$1,537,000	\$1,093,096
Contingencies	\$153,700	\$0
Architectural /Engineering Fees	\$85,500	\$77,023
Consulting and Other Fees	\$97,000	\$24,543
Movable or Other Equipment (not in construction		
contracts)	\$748,012	\$802,509
Fair Market Value of Lease Space and Equipment	\$2,160,327	\$2,160,327
ESTIMATED TOTAL PROJECT COST	\$4,781,539	\$4,157,498

2. Medicare and Medicaid Cost Reports and Certification of Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, DaVita certifies that no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify DaVita has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

3. Final Application and Certification for Payment

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact Tim Tincknell at 773-549-9412 or timothy.tincknell@davita.com.

Sincerely,

Penny Davis

Division Vice President

DaVita HealthCare Partners Inc.

SUBSCRIBED AND SWORN to before me this 13 day of

August, 2013

My commission expires:

Attachment

cc: Alexis Kendrick, HFSRB

Kelly Ladd Jim Burke

APPLICATION AND CERTIFICATE	FOR PAYMENT	MENT	AIA DOCUMENT G702 Invoice #: 38887
To Owner: DaVita Inc. Project:		12-5051 Davita Logan Square Dialysis	Application No: 3 Distributi
South Jordan, UT 84095		52	Period: 07/01/2013 - 07/31/2013 Architect Project Number: 12-5051 Contractor
From Contractor: Leopardo Companies, Inc. Via Ar 5200 Prairie Stone Parkway Hoffman Estates, IL 60192	Via Architect: StudioG 223 W. Chicago	StudioGC Architecture + B I M 223 W Jackson Blvd, Suite 1200 Chicago, IL 60606	M Contract Date:
CONTRACTOR'S APPLICATION FOR PAYM Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.	FOR PAYMENT stion with the Contract.	ENT	The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this Application for Payment has been completed in accordance with the Contract documents. That all amounts have been paid by the Contractor for Work for which previous Certificates for Payment where issued and payments received from the Owner, and that current payment shown herein is now due. OFFICIAL SEAL
1. Original Contract Sum	:	1,0	~~~
Net Change By Change Orders		\$ 48,104.00 \$ 1,093,096.00	CONTRACTOR: Leopardo Companies, Inc. MY COMMISS.ON EXP.RES.01/17/
4. Total Completed and Stored To Date		\$ 1,093,096.00	By: 2011 10 Date: 7/5/17
5. Retainage: a 0.00% of Completed Work	0 00		State of: Illinois Subscribed and sworn to before me on 7/3//5 Subscribed and sworn to before me on 7/3//5
b. 0% of Stored Material\$	0.00		Notary Public: パピアハルピア My Commission expires: シバパクルパ 6
(Column F on G703) Total Retainage (Lines 5a + 5b)		\$ 0.00	ARCHITECT'S CERTIFICATE FOR PAYMENT
6. Total Earned Less Retainage		\$ 1,093,096.00	In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information, and belief, the Work has progressed as indicated,
7. Less Previous Certificates For Payment (Line 6 from prior Certificate)	1.	\$ 893,553.38	the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.
8.Current Payment Due	:	\$ 199,542.62	
9.Balance To Finish, Including Retainage (Line 3 Less Line 6)		\$ 0.00	(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)
CHANGE ORDER SUMMARY	Additions	Deductions	ЭНГЕСТ:
Total changes approved in previous month by Owner	0.00	0.00	By: Date:
Total Approved this Month	48,104.00	0.00	This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Own
TOTALS	48,104.00	0.00	or Contractor under this Contract.
Net Changes By Change Order	48,104.00	4.00	By: Date:

Application No. : Period From: :

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07/01/2013 07/31/2013

CONTINUATION SHEET

AIA DOCUMENT G703

Application and Certification for Payment, containing Contractor's signed certification is attached. In tabulation below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

Invoice #:

38887 Contract: 12-5051 Davita Logan Square Dialysis

Item No 13 , Epoxy Flacand 30 တ် 5 12 Floor Prep 21 | Overhead & Profit Caulking / Sealants Painting **Building Permits** Description of Work IIVAC: Carpeting & VCT Arch, Woodwork Millwork General Conditions & Requireme Electrical Alum Entra/Panels/Wind/Stide HM & Wood Loors and Frames Masonry! Stone Work insurance Carpentry/ Drywall / Acoustics Plumbing Fire Protection Window Treatments Specialties Auto Operators **GRAND TOTALS** Scheduled Value 1,093,096.00 174,318.00 130,921.00 127,946.00 138,293.00 233,325.00 108,378.00 31,779.00 16,000.00 20,000.00 3,537.00 12,942.00 14,735.00 13,262.00 13,500.00 18,973.00 2,950.00 9,810.00 9,708.00 4,819.00 7,900.00 0.00 From Previous Application (D+E)0.00 106,345.00 992,837.10 116,000.00 135,000.00 228,000.00 172,950.00 80,692.00 14,343.10 17,600.00 16,000.00 20,000.00 11,000.00 13,500.00 10,000.00 14,735.00 13,000.00 7,900.00 2,950.00 8,003.00 4,819.00 Work Completed This Period In Place 2,033.00 100,258.90 50,229.00 11,946.00 14,179.00 1,705.00 3,537.00 4,629.90 3,293.00 5,325.00 1,368.00 -190.00 1,942.00 262.00 0.00 0.00 0.00 00.0 0.00 0.00 0.00 0.00 Not In D or E) Materials Presently Stored m 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 0.00 0.00 0.00 0.00 Total Completed and Stored To Date (D+E+F)1,093,096.00 130,921.00 233,325.00 174,318.00 108,378.00 138,293.00 127,946.00 20,000.00 G 31,779.00 7,900.00 16,000.00 2,950.00 13,500.00 3,537.00 14,735.00 13,262.00 18,973.00 12,942.00 4,819.00 9,810.00 9,708.00 0.00 (G+C) % 100.00% 100% % Balance To Finish (C-G) I 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 000 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (If Variable Rate) Retainage 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

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