

Original

12-094

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

NOV 19 2012

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Prairie Meadows</i>			
Street Address: <i>900 Technology Drive</i>			
City and Zip Code: <i>Libertyville 60048</i>			
County:	<i>Lake</i>	Health Service Area	<i>8</i>
		Health Planning Area:	

Applicant

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

Exact Legal Name: <i>Fresenius Medical Care Prairie Meadows, LLC d/b/a Fresenius Medical Care Prairie Meadows</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

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ 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>Brian Brandenburg</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>557 W. Polk Street, Chicago, IL 60607</i>
Telephone Number: <i>312-583-9072</i>
E-mail Address: <i>brian.brandenburg@fmc-na.com</i>
Fax Number: <i>312-583-9081</i>

Post Permit Contact

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

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

Additional Contact

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

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

Co-Applicant

[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 Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other

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

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

Primary Contact

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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
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Name: <i>Brian Brandenburg</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>557 W. Polk Street, Chicago, IL 60607</i>
Telephone Number: <i>312-583-9072</i>
E-mail Address: <i>brian.brandenburg@fmc-na.com</i>
Fax Number: <i>312-583-9081</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>900 Technology 1.0, LLC</i>
Address of Site Owner: <i>47 W. Polk St., Suite 100-148, Chicago, IL 60605</i>
Street Address or Legal Description of Site: <i>900 Technology Way, Libertyville, IL 60048</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 Prairie Meadows, LLC d/b/a Fresenius Medical Care Prairie Meadows</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ 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.	
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 Prairie Meadows, LLC, proposes to establish a 12 station in-center hemodialysis facility at 900 Technology Drive, Libertyville, 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.

Libertyville is in HSA 8. As of the November 2012 station inventory there is an excess of 16 stations in HSA 8.

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		1,178,550	N/A	1,178,550
Contingencies		1,178,55	N/A	1,178,55
Architectural/Engineering Fees		128,000	N/A	128,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		296,000	N/A	296,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,400,438 199,525	1,599,963	N/A	1,599,963
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
TOTAL USES OF FUNDS		3,320,368		3,320,368
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities		1,720,405	N/A	1,720,405
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		1,599,963	N/A	1,599,963
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
TOTAL SOURCES OF FUNDS		3,320,368	N/A	3,320,368
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 ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ <u>53,650</u>

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): <u>02/28/2015</u>
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.
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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:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- 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 Prairie Meadows, 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

Mark Fawcett
PRINTED NAME
Vice President & Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this day of 2012

SIGNATURE

Bryan Mello
PRINTED NAME
Assistant Treasurer

PRINTED TITLE

Notarization:

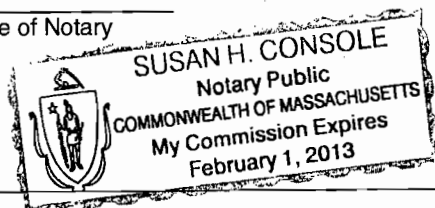
Subscribed and sworn to before me
this 7 day of Sept 2012

Signature of Notary

Seal

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager 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 Mark Fawcett
Vice President & Asst. Treasurer

PRINTED TITLE

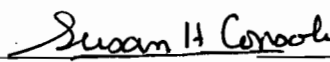
Notarization:
Subscribed and sworn to before me
this 7 day of Sept 2012


SIGNATURE

PRINTED NAME Bryan Mello
Assistant Treasurer

PRINTED TITLE

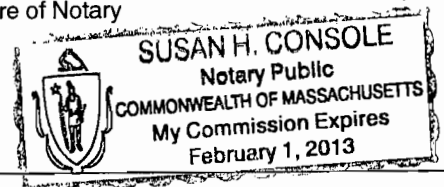
Notarization:
Subscribed and sworn to before me
this 7 day of Sept 2012


Signature of Notary

Seal

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

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

Category of Service	# Existing Stations	# Proposed Stations
 In-Center Hemodialysis	0	12

- 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.

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>1,720,405</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	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.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>1,599,963</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	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;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Tenant Improvement Allowance – See Attachment 39 – LOI for Lease of premises)
<u>3,320,368</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
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	22-23
2	Site Ownership	24-28
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	31
6	Historic Preservation Act Requirements	32
7	Project and Sources of Funds Itemization	33-34
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9	Cost Space Requirements	36
10	Discontinuation	
11	Background of the Applicant	37-44
12	Purpose of the Project	45
13	Alternatives to the Project	46-48
14	Size of the Project	49
15	Project Service Utilization	50
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	51-79
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	80-83
40	Financial Waiver	84-85
41	Financial Viability	
42	Economic Feasibility	86-91
43	Safety Net Impact Statement	92-93
44	Charity Care Information	94-101
Appendix- 1	Ind. Travel Study & MapQuest Travel Times	102-116
Appendix- 2	Physician Referral Letter	117-124



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 PRAIRIE MEADOWS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 04, 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 TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of AUGUST A.D. 2012 .*

Jesse White

Authentication #: 1224002400

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

SECRETARY OF STATE

Certificate of Good Standing
Attachment - 1

Co - Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*Address: *920 Winter Street, Waltham, MA 02451*Name of Registered Agent: *CT Systems*Name of Chief Executive Officer: *Mats Wahlstrom*CEO Address: *920 Winter Street, Waltham, MA 02541*Telephone Number: *781-669-9000***APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****Type of Ownership**

- | | | |
|--|--|--------------------------------|
| ☐ Non-profit Corporation | ☐ Partnership | |
| ☒ For-profit Corporation | ☐ Governmental | |
| ☐ Limited Liability Company | ☐ Sole Proprietorship | ☐ 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.

Site Ownership

Exact Legal Name of Site Owner: <i>900 Technology 1.0, LLC</i>
Address of Site Owner: <i>47 W. Polk St., Suite 100-148, Chicago, IL 60605</i>
Street Address or Legal Description of Site: <i>900 Technology Way, Libertyville, IL 60048</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 <u>ATTACHMENT-2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



October 17, 2011

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
455 N. Cityfront Plaza Drive
NBC Tower, Suite 2800
Chicago, IL 60611

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

RE: **Fresenius Medical Care**
Letter Of Intent

Dear Loren,

900 Technology 1.0 LLC is pleased to provide the following Letter Of Intent to lease.

OWNERSHIP:

900 Technology 1.0 LLC
47 WEST POLK STREET
SUITE 100-148
CHICAGO, IL 60605-2085

LOCATION:

900 Technology Drive
Libertyville, IL

INITIAL SPACE
REQUIREMENTS:

7,275 sq. ft. The eastern half of the first floor.

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. Tenant shall abide by the
hours of operation according to condominium
documentation.

PRIMARY TERM:

Twelve (12) years.

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:

90 days after Possession.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the
lease.

RENTAL RATE:

Seventeen Dollars (\$17.00) Net

ESCALATION:

Fifty cents (\$.50) per year beginning in the second lease
year.

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.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Tenant shall be responsible for all associated Tax & Operating Expenses.

TENANT IMPROVEMENTS:

Tenant shall take the space in "as-is" condition. FMC shall not be required to remove their tenant improvements at the end of the term.

**DEMISED PREMISES
SHELL:**

Tenant shall take the space in "as-is" condition.

FIRE SUPPRESSION:

Landlord shall provide a sprinkler system as part of base building.

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

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

PARKING:

Tenant shall have use of parking according to condominium documents.

**CORPORATE
IDENTIFICATION:**

FMC will have complete signage rights in accordance with local code.

**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:**

Landlord represents building is properly zoned for use as a dialysis clinic.

NON DISTURBANCE:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Landlord represents the building and premises are free 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.

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.

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 does not expect to receive a CON permit prior to December 31, 2012. 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 31, 2012, 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,

900 Technology 1.0 LLC

AGREED AND ACCEPTED this ____ day of _____, 2011

By: _____

Title: _____

AGREED AND ACCEPTED this ____ day of _____, 2011

By: _____

Title: _____

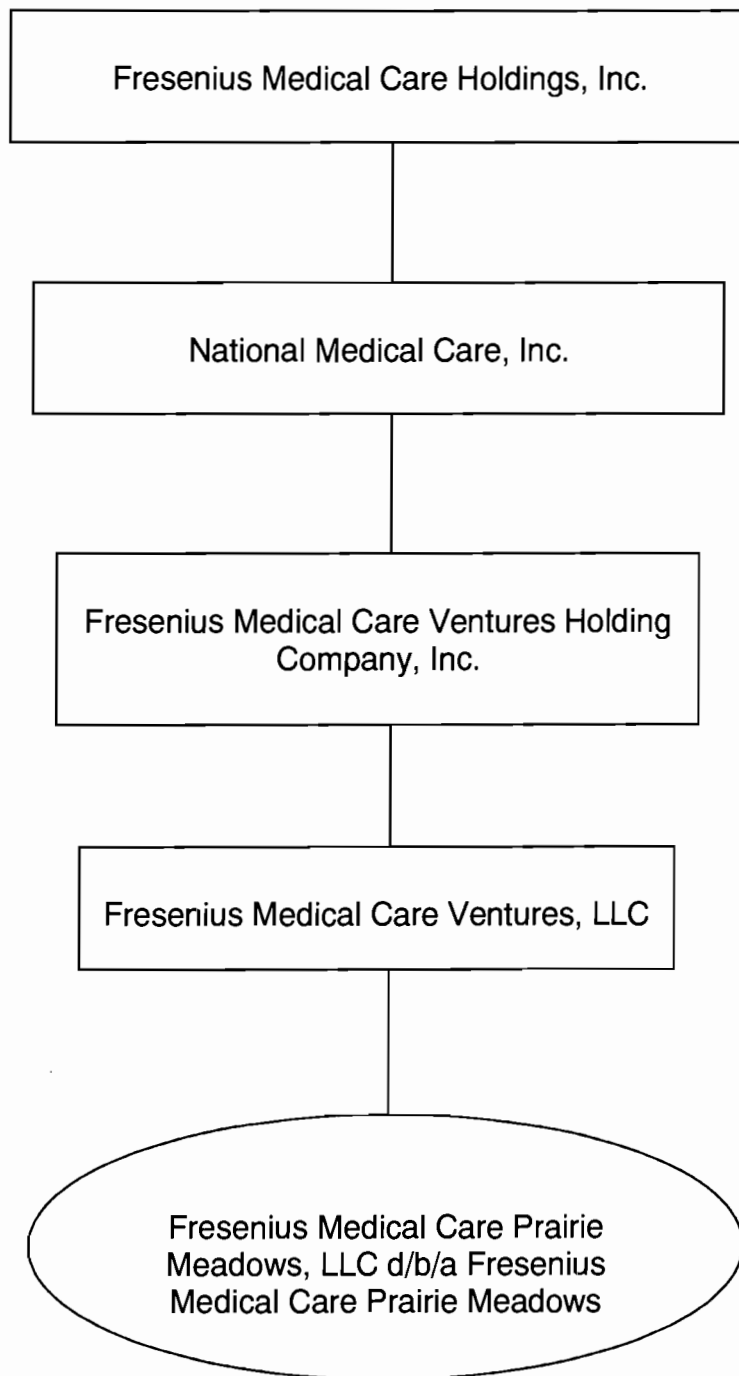
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Prairie Meadows, LLC d/b/a Fresenius Medical Care Prairie Meadows</i>			
Address: <i>920 Winter Street, Waltham, MA 02451</i>			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			

Certificate of Good Standing at Attachment – 1.



The project is not new construction and is a build out of the interior of existing leased space, therefore this criterion is not applicable.



Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Lake County
Libertyville

CON - Establish a 12-Station Dialysis Facility
900 Technology Drive
IHPA Log #001092811

September 28, 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	59,000
Temp Facilities, Controls, Cleaning, Waste Management	3,000
Concrete	15,100
Masonry	18,000
Metal Fabrications	8,800
Carpentry	103,600
Thermal, Moisture & Fire Protection	21,000
Doors, Frames, Hardware, Glass & Glazing	80,700
Walls, Ceilings, Floors, Painting	190,300
Specialities	14,700
Casework, FI Mats & Window Treatments	7,100
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	377,050
Wiring, Fire Alarm System, Lighting	227,200
Miscellaneous Construction Costs	53,000
Total	1,178,550

Contingencies

Contingencies	\$117,855
---------------	------------------

Architectural/Engineering

Architecture/Engineering Fees	\$128,000
-------------------------------	------------------

Movable or Other Equipment

Dialysis Chairs	\$18,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	21,000
Office Equipment & Other	30,000
Furniture	
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	17,000
Other miscellaneous	3,000
Total	\$296,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (7,275 GSF)	\$1,400,438
FMV Leased Dialysis Machines	187,525
FMV Leased Computers, Copier, Fax	12,000
Total	\$1,599,963

Cost Itemization

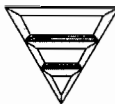
ATTACHMENT - 7

Project obligation will occur after permit issuance.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	3,320,368	7,275			7,275		
Total Clinical	3,320,368	7,275			7,275		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	3,320,368	7,275			7,275		
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							



Fresenius Medical Care

October 26, 2012

Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am the Regional Vice President at Fresenius Medical Care who will be responsible for the Fresenius Medical Care Prairie Meadows dialysis facility. It is Fresenius Medical Care's policy to accept all patients regardless of their ability to pay for services and this policy will be in effect at the Prairie Meadows facility. Also, Fresenius Medical Care's Medical Staff Bylaws, which pertain to all staff including Medical Directors and referring physicians, state that all physicians must agree to treat every patient regardless of their ability to pay.

Sincerely,

Brian Brandenburg
Regional Vice President

Notarization:

Subscribed and sworn to before me
this 26 day of October, 2012

Signature of Notary

Seal



Charity Care Certification
ATTACHMENT - 11

Fresenius Medical Services ♦ North Division

One Westbrook Corporate Center, Suite 1000 Westchester, IL 60154 708-562-0371

Fresenius Medical Care

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to quality standards that are higher than required by regulatory bodies, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. One advantage of our size is our ability to respond to natural disasters as noted in the articles on the following pages.

Quality Measures – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

Some of the initiatives that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

U.S. EDITION

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Fresenius Medical Care Responds to Hurricane Sandy in the Mid-Atlantic Region

Nation's Leading Dialysis Provider Assures Continued Patient Care for Affected Areas

WALTHAM, Mass.--(BUSINESS WIRE)--November 06, 2012--

Although more than 100 Fresenius Medical Care North America (FMCNA) clinics in the mid-Atlantic region were affected by Hurricane Sandy last week, all but one have now resumed operations.

FMCNA, the nation's leading network of dialysis facilities, is pleased to report that all of its patients and employees are now accounted for and safe, even though many were personally affected by the storm, which caused power outages, widespread flooding and significant property damage.

Patients needing emergency help or information about specific dialysis clinics should call FMCNA's toll-free Patient Emergency Hotline: 1-800-626-1297.

The Fresenius Medical Care Disaster Response Team -- assisted by divisional, technical and regional employees, local governments and community organizations such as the Kidney Community Emergency Response (KCER) Coalition -- worked overtime to prepare for and respond to the storm. FMCNA and its partners continue to meet daily to coordinate a variety of critical activities, such as:

- Providing extra treatments to patients at clinics affected by the storm;
- Arranging treatments for patients served by closed clinics, including patients from other dialysis companies;
- Delivering generators, bottled water and warm meals to facilities and employees in need;
- Providing gasoline for employees' cars and personal generators across New Jersey and New York;
- Supplying motor homes equipped with personal supplies and generators to employees who lost homes or whose homes are not safe to occupy.

"We have taken extraordinary steps to ensure uninterrupted dialysis treatments for patients," said Bill Numbers, FMCNA Vice President of Operations Support and Incident Commander for Disaster Response and Planning. "Fortunately, our advance preparation for situations like this gave us a head start in planning how to respond quickly and effectively."

FMCNA's disaster response plan has been tested and validated many times in recent years, from Hurricanes Ike, Isaac and Katrina to tornados, floods and severe thunderstorms. When such events occur, FMCNA coordinates efforts across all levels of the company, ensuring the ability of staff to provide patients with dialysis treatments, equipment and supplies, medicines and lab services.

As a result, FMCNA was able to continue serving patients both during and after the storm, in some cases by arranging for them to receive treatment at alternative locations. The Fresenius Medical Care Harlem clinic in New York City, for instance, opened at 5 a.m. on Sunday before the storm to dialyze patients from southern Manhattan, whose usual clinics were closed by emergency officials. The Harlem clinic was able to offer uninterrupted patient care, in part, by providing hotel rooms and cab fare for employees.

"When we heard Sandy was going to hit Manhattan, everyone at Fresenius including, our regional vice president, area managers, medical directors, nephrologists, nurses, patient care technicians, support staff, technical group and educators - came together to ensure our patients were cared for," said Erlyn Tanzo, R.N., clinical manager at Fresenius Medical Care Harlem. "I'm so proud to work a company that truly cares about its patients and staff."

In New Jersey, FMCNA took the unusual step of bringing in a gasoline tanker to alleviate fuel shortages that were hindering its employees from driving to work. "This helps lift a major worry for our team," said Ananda Williams-Gray, R.N., area manager for Fresenius Medical Care. "We've been able to provide treatment for all our patients in the area without interruption, despite massive power outages and gas shortages. Our team doesn't have to wait two hours at a gas station; they can depend on Fresenius Medical Care for essentials, such as gas and power."

While storms and other natural disasters can be inconvenient and even life-threatening for entire communities, they pose an especially serious health threat to dialysis patients whose treatments are delayed by electrical power outages or inability to access their normal treatment locations. Patients with end-stage renal disease (ESRD) typically need dialysis treatment every two days to clean waste products from their blood, remove extra fluids and control their bodies' chemistry after their kidneys have failed.

For more information on FMCNA's natural disaster response efforts and important tips to help patients prepare for any emergency, visit FMCNA's Emergency Preparedness website.

About Fresenius Medical Care

Fresenius Medical Care (NYSE: FMS) is the world's leading company devoted to patient-centered renal therapy. Through more than 3,119 clinics in North America, Europe, Latin America, Asia-Pacific and Africa, we provide kidney dialysis treatments to approximately 253,000 patients worldwide. We are also the world's leading maker of dialysis products, such as dialysis machines, dialyzers and related disposable products. Chronic kidney failure is a condition that affects more than 2.1 million individuals worldwide. For more information about the company's more than 2,100 U.S. dialysis facilities, visit www.ultracare-dialysis.com (in English and Spanish). For more information about Fresenius Medical Care, visit www.fmc-ag.com or www.fmcna.com.

CONTACT: Media contact:
Loomis Group

Fresenius Medical Care Preparing for Hurricane Sandy Across the Northeast

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By:

Posted on: 10/29/2012

PAHIT

WALTHAM, Mass. —In anticipation of Hurricane Sandy, Fresenius Medical Care North America (FMCNA) has activated its Emergency Response Team to begin implementing plans to ensure continued patient care across the U.S. Northeast and Mid-Atlantic regions, which may be affected by the storm.

The Fresenius Medical Care Disaster Response Team, assisted by divisional, technical and regional employees, works closely with local governments and community organizations such as the Kidney Community Emergency Response (KCER) Coalition to prepare for and respond quickly to a variety of disasters. FMCNA and its partners are ready to deliver generators, fuel, bottled water and meals to facilities and employees affected by this storm. FMCNA staff is also providing extra treatment shifts for patients at clinics anticipated to be affected by Hurricane Sandy, including clinics that may be required to close by state officials.

Patients seeking help with emergency plans or more information about arranging alternate dialysis clinics should call FMCNA's toll-free Patient Emergency Hotline: 1-800-626-1297.

FMCNA recommends that dialysis patients have the following plans in place:

- **Keep emergency phone numbers handy.** When bad weather threatens, contact your local dialysis facility and follow their instructions
- **Have a disaster plan.** Talk to your doctor, dialysis care team and family about what you should do if a disaster strikes. Keep track of local weather forecasts
- **Gather emergency supplies.** Have a first-aid kit on hand, along with a flashlight (with extra batteries), blankets, battery-powered radio, cell phone, non-electric can opener and any necessary medications
- **Make sure you have a ride.** If you are an in-center patient, arrange for backup transportation to the clinic with a friend, neighbor or family member
- **Plan for power outages.** If you are a home dialysis patient and you lose power, follow the directions given to you by the home training staff for continuing dialysis in an emergency.
- **Adjust your insulin.** If you are diabetic, ask your doctor how to adjust your insulin dosage if severe flooding is forecast for your area.

While storms and other natural disasters can be inconvenient and even life-threatening for entire communities, they pose an especially serious health threat to dialysis patients whose treatments are delayed by electrical power outages or inability to access their normal treatment locations. Patients with end-stage renal disease (ESRD) typically need dialysis treatment every two days to clean waste products from their blood, remove extra fluids and control their bodies' chemistry after their kidneys have failed.

Most FMCNA dialysis clinics are equipped with emergency backup electrical generators to ensure that critical patient care continues in the event of a power outage. If necessary, dialysis treatments also can be provided at alternate facilities for patients—including those from other dialysis companies—whose regular clinics are temporarily unavailable.

"Advance preparation helps us to ensure uninterrupted dialysis treatments for our patients," said Bill Numbers, FMCNA vice president of Operations Support and Incident Commander for Disaster Response and Planning. "FMCNA's resources and national partnerships give us the ability to coordinate the delivery of resources from across the country to any locale within hours of a disaster."

FMCNA's disaster response plan has been tested and validated many times in recent years, from Hurricanes Ike, Isaac and Katrina to tornados, floods and severe thunderstorms. When such events occur, FMCNA coordinates efforts across all levels of the company, ensuring the ability of staff to provide patients with dialysis treatments, equipment and supplies, medicines and lab services.

For more information on FMCNA's natural disaster response efforts and important tips to help patients prepare for any emergency, visit FMCNA's Emergency Preparedness website.

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

Clinic	Provider #	Address	City	Zip	Fac >10% Medicaid Treatments*
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	10.0%
Aurora	14-2515	455 Mercy Lane	Aurora	60506	10.0%
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	12.0%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	15.0%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	11.6%
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440	10.5%
Breese		160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	27.7%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	12.6%
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham		333 W. 87th Street	Chicago	60620	N/A
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607	42.9%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	42.7%
Cicero		3030 S. Cicero	Chicago	60804	N/A
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	29.9%
Crestwood	14-2538	4861 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	N/A
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	15.4%
DuQuoin	14-2595	100-200 E. Grantway Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	27.3%
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007	10.4%
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	12.3%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	12.9%
Fairview Heights		821 Lincoln Highway	Fairview Heights	62208	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	21.1%
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139	18.4%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11.1%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	20.5%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	25.3%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	15.6%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	33.1%
Joliet		721 E. Jackson Street	Joliet	60432	N/A
Kewanee	14-2578	230 W. South Street	Kewanee	61443	12.5%
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	10.0%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	20.7%
Lincolnland		1112 Centre West Drive	Springfield	62704	
Logan Square		2734 N. Milwaukee Avenue	Chicago	60647	N/A
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	18.9%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	20.9%
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	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook		2451 S Washington	Naperville	60565	N/A
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	10.8%

Facility List

ATTACHMENT - 11

North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	25.0%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	25.0%
Northfield		480 Central Avenue	Northfield	60093	N/A
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	10.0%
Oak Forest		5340A West 159th Street	Oak Forest	60452	N/A
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	10.7%
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462	
Oswego	14-2677	1051 Station Drive	Oswego	60543	
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350	
Palatine	14-2723	691 E. Dundee Road	Palatine	60074	
Pekin	14-2571	600 S. 13th Street	Pekin	61554	
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605	
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615	
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19.3%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	10.9%
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19.8%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	11.3%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	25.4%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	19.4%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11.1%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	17.9%
South Deering		10559 S. Torrence Ave.	Chicago	60617	N/A
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	17.6%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	24.0%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southwestern Illinois	14-2535	5-9 Professional Drive	Alton	62002	
Spoon River	14-2565	340 S. Avenue B	Canton	61520	
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362	
Steger	14-2725	219 E. 34th Street	Steger	60475	
Streator	14-2695	2356 N. Bloomington Street	Streator	61364	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	28.4%
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085	
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510	
West Belmont	14-2523	4943 W. Belmont	Chicago	60641	37.5%
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185	14.3%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	26.2%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	17.7%
West Willow	14-2730	1444 W. Willow	Chicago	60620	12.5%
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	

*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Certification & Authorization

Fresenius Medical Care Prairie Meadows, 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 Prairie Meadows, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

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

By: [Signature]

ITS: Mark Fawcett
Vice President & Treasurer

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

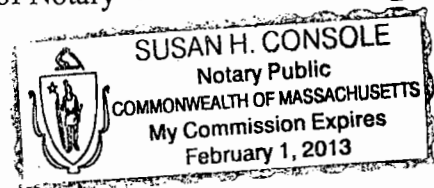
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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 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 Planning Board; and

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

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

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

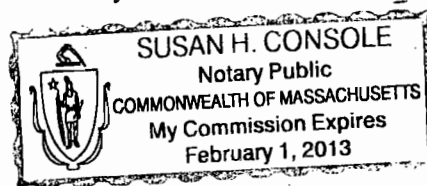
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

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Signature of Notary

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Criterion 1110.230 – Purpose of Project

1. Facilities immediately surrounding the Prairie Meadows facility are operating at high utilization rates creating access issues as some are at capacity. Dr. Trob has seen the number of pre-ESRD patients in his practice from the Grayslake/Libertyville area triple in the past three years; from 95 patients in 2009 to 376 in 2012. In fact, since this project was submitted to the Board just one year ago, Dr. Trob's pre-ESRD patient population increased from 215 to 379. He has added a partner, Dr. Jawad Munir to meet this growing demand. Additional access is being planned now in order to have access available when these patients require dialysis in the two years after the facility becomes operational.
2. The market area that the Fresenius Medical Care Prairie Meadows will serve is the Grayslake/Libertyville area of Lake County in HSA 8.
3. The 30-minute area contains clinics with varying rates of utilization from one clinic that has recently opened, Fresenius Mundelein, already at 19%, to those that are at capacity. This proposed facility has two years to reach 80% utilization with patients identified from a separate practice than that of Dr. Trob's whose practice will refer to Prairie Meadows. Besides Mundelein, the clinics with available capacity are among those that are furthest away from Libertyville and do not serve the patients identified for the Prairie Meadows facility. Those remaining clinics that are within 20 minutes travel distance from Libertyville and serve this area are operating at an average utilization rate of 88%. Given this demand, additional access is needed in Libertyville.
4. Demographic data contained in the application was taken from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Clinic utilization was received from the IHFSRB. ESRD zip code census was received from The Renal Network.
5. The goal of Fresenius Medical Care is to keep dialysis access to Libertyville patients (considering also that one provider, DaVita Lake County, was approved to move 7 miles away to Vernon Hills) as we continue to monitor the ongoing high utilization in this area of Lake County and to provide responsible healthcare planning for the area. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.
6. Fresenius Medical Care facilities meet the Board's criteria on quality. It is expected that this facility would have and maintain the same quality outcomes as the Lake Bluff facility of which Dr. Trob is the Medical Director as listed below:
 - 94% of patients had a URR $\geq$ 65%
 - 96% of patients had a Kt/V $\geq$ 1.2

Alternatives

1) All Alternatives

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

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. This was the alternative of doing nothing. Considering the high utilization of the closest clinics to the Libertyville market and the growth that Dr. Trob and Dr. Munir have seen in patients who live in in the Grayslake/Libertyville (triple since 2009), planning for additional access now is warranted since it takes approximately 2 years to get a facility fully operational. 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.

C. 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. However, this project is structured so that if physicians desire to invest in the clinic they would be able to do so. The partnership would most likely be 60/40 and total project costs would be divided this way.

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. Trob's pre-ESRD patients to underutilized facilities in the area as they require dialysis treatment is currently in progress, bringing area clinics to high utilization levels. Doing this indefinitely into the future was not considered a reasonable alternative since the Gurnee facility is now at 100% and the Lake Bluff facility is also almost near capacity. Patients will have to go to clinics further away from Libertyville and endure travel hardships and lose continuity of care. 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. There is only one nearby clinic that has real capacity, Fresenius Mundelein that recently opened, however it is has enough patients identified from a separate physician practice to bring that facility to 80% utilization by the time the Prairie Meadows facility begins operation. This facility is already at 19% utilization. There is no monetary cost to sending patients to area facilities.

D. The alternative that keeps the patient's well being at the forefront while planning for the observed growth of kidney disease is to establish a facility close to where the patients live to make access to treatment attainable and not an obstacle. The cost of this project is \$3,320,368.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Dr. Trob's patient base in the Grayslake/Libertyville area has tripled since 2009. Some area clinics are already operating at high utilizations or capacity, therefore remaining clinics can be expected to have increased utilization by the time the Prairie Meadows facility is in operation and Dr. Trob's patients begin dialysis.	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	\$3,320,368 \$1,992,221 \$1,328,147	Same as current proposed project, however cost would be divided among Joint Venture members. Cost to Fresenius Cost to JV Partner	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 to become 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 Medicare transportation services do not operate after 4pm and do not cross county or township lines. 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 Prairie Meadows	\$3,320,368	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 Prairie Meadows facility is expected to have similar quality measures as the Fresenius Lake Bluff facility of which Dr. Trob is the Medical Director as listed below:

- 94% of patients had a URR $\geq$ 65%
- 96% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,275 (12 Stations)	360-520 DGSF	86 DGSF	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 7,275 DGSF amounts to 606 DGSF per station and is over the State Standard. The additional space is needed for the home training department and office space.

A suitable site for exactly the allowable square footage was not found and Fresenius Medical Care prefers to have extra space available to expand its facilities when future need arises. Having the extra space to expand at the forefront is more cost effective than having to build a new facility or relocate one. The majority of our facilities are expanded at some point.

Also, when choosing a site, there are many variables involved such as accessibility, ample parking, patient drop off area, availability of ground floor space and workable interior space suitable for a dialysis center. It is often difficult to meet all this criteria and still stay within State Board standards for allowable square footage.

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	71%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS	N/A New Facility	211%	80%	Yes

Dr. Trob's practice has 376 pre-ESRD patients who live in the immediate area around Libertyville*. Of those he expects 181 to be likely to begin dialysis in the first two years after the Prairie Meadows facility is in operation.

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 and another 12% yearly loss of dialysis patients. While the utilization is high, it can be expected that a number of the identified patients might choose home dialysis or to dialyze at another area facility. Dr. Trob still has ample pre-ESRD patients to bring the facility to 80% utilization by the end of the second year of operation.

*When this project was submitted for CON approval in 2011, Dr. Trob's practice had only 211 pre-ESRD patients. Also, his prior year referrals went up 25% from the 2011 submission to this current project.

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

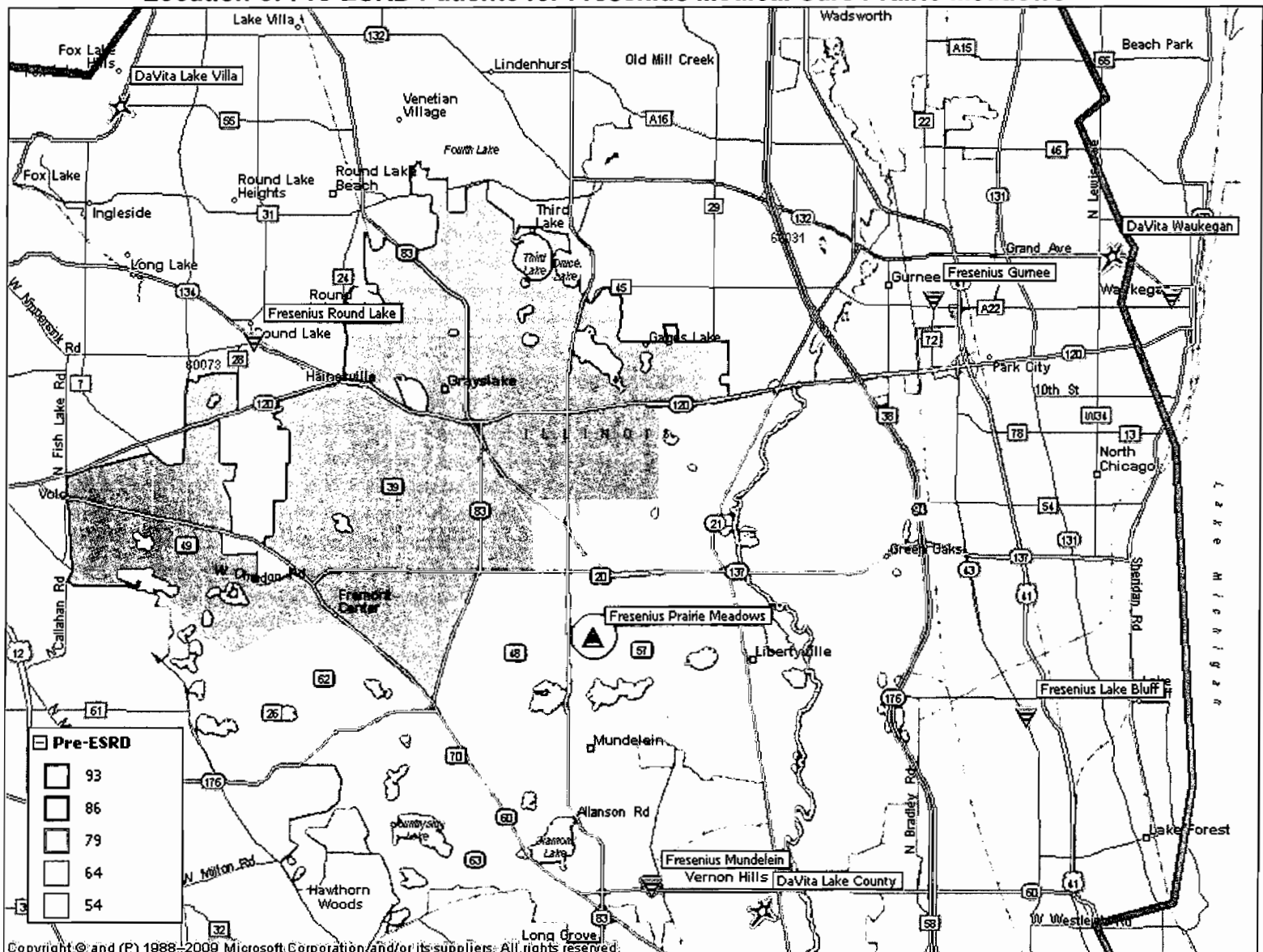
The proposed Fresenius Medical Care Prairie Meadows dialysis facility is located in Libertyville in HSA 8. HSA 8 is comprised of Lake, McHenry and Kane counties. According to the November 2012 Inventory there is an excess of 16 ESRD stations.

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 Grayslake/Libertyville area of Lake County in HSA 8. HSA 8 consists of Lake County, McHenry County and Kane County.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Prairie Meadows
Lake	8	181 Patients = 100%

Location of Pre-ESRD Patients for Fresenius Medical Care Prairie Meadows





JOSHUA R. TROB, M.D.

JAWAD MUNIR, M.D.

1272 American Way

Libertyville, IL 60048

Telephone (847) 549-7222

Fax (847) 549-7260

November 7, 2012

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 in northeast Lake County and am the Medical Director of the Fresenius Medical Care Lake Bluff dialysis center. Due to the significant growth of ESRD I have seen in Lake County and in my practice generally (due to an aging population and the increasing incidence of kidney disease, particularly in minority populations), I approached Fresenius Medical Care to establish the Prairie Meadows facility to provide treatment options for my patients.

In reviewing patient trends in my practice I have found that my pre-ESRD patients who live in the Libertyville and Grayslake areas have tripled in the past three years, from 95 to 379. The majority of these patients will be requiring dialysis services in the next 1-3 years. This growth has led me to take on a partner to accommodate the increase.

I admit the majority of my patients to Fresenius Lake Bluff and DaVita Lake County in Vernon Hills. I also refer to Fresenius Round Lake and Gurnee. All of these facilities have operated at high utilization for years making it difficult at times to find a spot for my patients at a time of day when they have available transportation. I also refer patients to facilities further away (Fresenius Antioch and DaVita Lake Villa) for those patients who live in those areas. The recently opened Mundelein facility will have availability to serve some of my patients, however not all of them live close enough to go there.

I was treating 54 hemodialysis patients at the end of 2009, 55 patients at the end of 2010 71 patients at the end of 2011, and 78 patients at the end the 3rd Quarter 2012 as reported to The Renal Network (I began my own practice in 2010 therefore 2010 data does not include many patients I saw at my previous practice). Over the past twelve months I have referred 44 new patients for hemodialysis treatment. I currently have 376 pre-ESRD patients in stages 3 & 4 of kidney failure in my practice who live in the Libertyville area

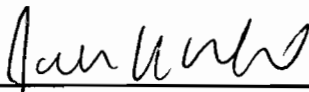
that I expect to begin dialysis within the first two years after the Prairie Meadows facility is operating. (When I wrote my letter of support for the 1st submission of this project last year, I had only 211 pre-ESRD patients in this area). Of the pre-ESRD patients I expect approximately 181 to potentially be referred to the Fresenius Prairie Meadows facility within 24 months of its completion. These numbers do not reflect those patients I treat on home dialysis.

I recently began a new home therapies program at the Lake Bluff facility that is awaiting certification. I currently have 2 patients that receive home hemodialysis treatment through the Fresenius Deerfield facility. I continue to be a strong proponent of home therapies in my practice.

I respectfully ask the Board to approve Fresenius Medical Care Prairie Meadows to alleviate high utilization at area clinics and to keep access to dialysis treatment available to the quickly growing ESRD population in this area. 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 pending or approved CON application.

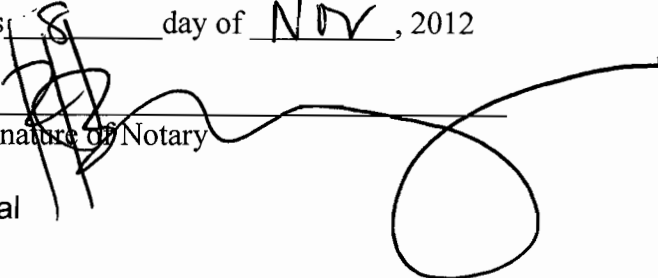
Sincerely,



Joshua Trob, M.D.

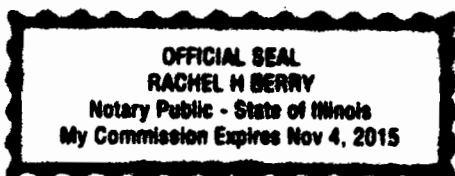
Notarization:

Subscribed and sworn to before me
this 8 day of Nov, 2012



Signature of Notary

Seal



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

Zip Code	Year One Stage 4	Year Two Stage 3*
60030	20	73
60031	12	42
60048	18	61
60060	18	68
60073	15	49
Total	83	293
*Approximately 40% of these patients will start dialysis in year three		

Accounting for patient attrition and those patients in stage 3 of kidney failure that will begin dialysis in year two; I expect approximately 181 of my practice patients to be ready to begin dialysis at the Prairie Meadows facility in the first two years of operation. Patients in stage 4 are in a more serious and imminent stage of kidney failure than those in stage 3. It is difficult to determine with certainty when a patient in stage 3 will begin dialysis because each patient's progression is affected by many underlying conditions.

NEW REFERRALS OF DR. TROB FOR THE PAST TWELVE MONTHS
OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2012

Zip Code	Fresenius Medical Care				DaVita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
46394	1					1
60002				2		2
60020	1					1
60030			3		3	6
60031	3					3
60044	1					1
60045	1					1
60048					2	2
60060					2	2
60061	1				2	3
60064	1					1
60069					1	1
60073	1		5			6
60084					1	1
60085	5	1				6
60087					2	2
60090					1	1
60096	1					1
60099	1			1		2
60192					1	1
Total	17	1	8	3	15	44

PATIENTS OF DR. TROB AT YEAR END 2009

Zip Code	Fresenius Medical Care				DaVita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
60002				1		1
60015	1					1
60022	1					1
60030	1					1
60030			2			2
60030					1	1
60031	2					2
60031		2				2
60044	1					1
60045	1					1
60048	2					2
60048					4	4
60049	1					1
60060			1			1
60060					3	3
60061	1					1
60061					2	2
60064	6					6
60073			6			6
60073					2	2
60085	5					5
60087	3					3
60088	1					1
60099	1					1
60099					1	1
60099				1		1
60624	1					1
Total	28	2	9	2	13	54

PATIENTS OF DR. TROB AT YEAR END 2010

Zip Code	Fresenius Medical Care				Davita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
60002				2		2
60020					1	1
60024					1	1
60030			2			2
60030					1	1
60030			1			1
60031	1					1
60031		1				1
60044	1					1
60045	1					1
60045						0
60046			2			2
60048	3					3
60048					1	1
60049	1					1
60060			1			1
60060					2	2
60061	1					1
60061					1	1
60064	6					6
60064					1	1
60069					1	1
60073			1			1
60073					1	1
60073			7			7
60083	2					2
60084					1	1
60085	5					5
60087	3					3
60099			1			1
60179			1			1
60201	1					1
Total	25	1	16	2	11	55

I began a new practice in 2010, therefore all of the patients I was treating are not represented here.

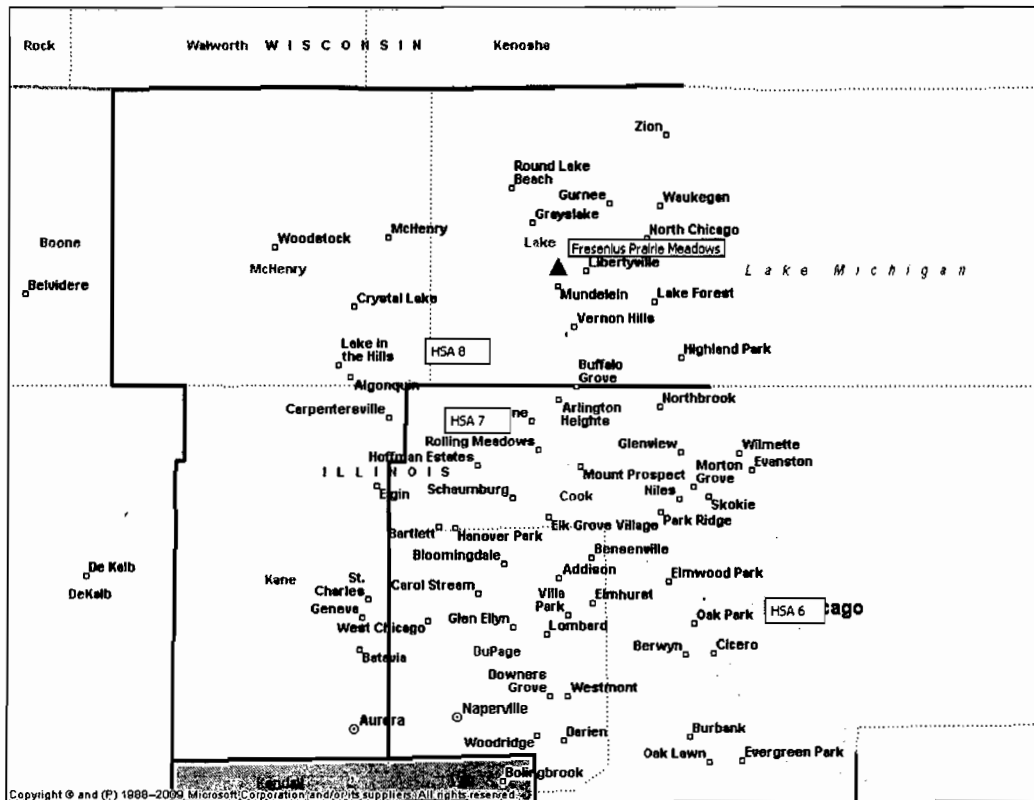
PATIENTS OF DR. TROB'S PRACTICE AT YEAR END 2011

Zip Code	Fresenius Medical Care				DaVita		Total
	Lake Bluff	Gurnee	Round Lake	Antioch	Lake County	Lake Villa	
60002				3			3
60030			1		2		3
60031	3	1	1				5
60041						1	1
60044	1						1
60045	2						2
60046			3				3
60048	1				1		2
60060	1				2		3
60061	2				3		5
60064	6						6
60069					1		1
60073	1		12		1		14
60083	2						2
60084					2		2
60085	5				1		6
60087	3		1		2		6
60095	1						1
60099	2		1				3
60624					1		1
60652	1						1
Total	31	1	19	3	16	1	71

PATIENTS OF DR. TROB'S PRACTICE AS OF 3RD QUARTER 2012

Zip Code	Fresenius Medical Care				DaVita	Total
	Lake Bluff	Gurnee	Round Lake	Antioch	Lake County	
60002				4		4
60030			3		3	6
60031	2	1	1			4
60044	2					2
60045	2					2
60046			3			3
60048	1				4	5
60060	1				2	3
60061	2				3	5
60064	6					6
60073			11		1	12
60083	2					2
60084					3	3
60085	8				1	9
60087	3	1			1	5
60095	1					1
60096	1					1
60099	3		1	1		5
Total	34	2	19	5	18	78

Service Accessibility – Service Restrictions



Fresenius Medical Care Prairie Meadows is situated in central Lake County in HSA 8, which consists of Lake, McHenry and Kendall Counties. As of the November 2012 station inventory there is an excess of 16 stations in this HSA.

HSA 8 POPULATION & ESRD GROWTH

The overall population in Illinois over the past decade has grown 3% according to the U.S. Census Bureau, however during the same time the

population in HSA 8 has grown 17%, contributing to the increase in the ESRD population.

Illinois Population Figures

Illinois Population Growth		
2000	2010	% Growth
12,419,293	12,830,632	3%

HSA 8 Population Growth

H S A 8 Population Growth			
County	2000	2010	% Growth
Kane	404,119	515,269	28%
Lake	644,356	703,462	9%
McHenry	260,077	308,760	19%
Total	1,308,552	1,527,491	17%

HSA 8 Aged Growth

H S A 8 Population Age 65 and over			
County	2000	2010	% Growth
Kane	33,981	49,690	46%
Lake	54,989	139,987	155%
McHenry	20,913	31,320	50%
Total	109,883	220,997	101%

Included in the high population growth of HSA 8 over the past decade is a dramatic increase of the population over age 65, especially in Lake County. There has also been a 60% growth of the Hispanic population (as seen below). This population is at double risk of diabetes or hypertension leading to kidney failure.

HSA 8 Hispanic Population Growth

H S A 8 Hispanic Population Growth			
County	2000	2010	% Growth
Kane	95,924	158,390	65%
Lake	92,716	139,987	51%
McHenry	19,602	35,249	80%
Total	208,242	333,626	60%

H S A 8 Hispanic % of Population		
2000	2010	% Change
24%	31%	30%
14%	20%	38%
8%	11%	51%
16%	22%	37%

HSA 8 ESRD Population Figures

H S A 8	Network ESRD Patients					Annual Growth			
County	2007	2008	2009	2010	2011	08 vs 07	09 vs 08	10 vs 09	11 vs 10
Lake	604	617	638	676	713	2%	3%	6%	5%
McHenry	144	166	181	193	192	15%	9%	7%	-1%
Kane	433	479	513	483	512	11%	7%	-6%	6%
Totals	1,181	1,262	1,332	1,352	1,417	7%	6%	2%	5%

The ESRD growth in the area correlates to the increase that Dr. Trob's practice has seen. ESRD growth in Illinois has been approximately 3% average yearly according to the Renal Network. Lake County, in 2011 experienced a 5% ESRD growth. HSA 8, which is comprised of Lake, McHenry and Kane Counties, also experienced 5% ESRD growth in 2011, exceeding the State and National Averages.

On a national level, the annual increase of ESRD patients has between 1.9% and 2.4% between 2003 & 2009 according to the 2011 United States Renal Data System (USRDS) Annual Data Report.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS MEDICAL CARE PRAIRIE MEADOWS

Name	Address	City	Zip Code	MapQuest	Adjusted Time	Independent Travel Study	Stations	Sep-12 Utilization
				Miles Time				
Fresenius Mundelein	1400 Townline Road	Mundelein	60060	5.22 12	13.8	13.7	12	19.00%
Fresenius Round Lake	401 Nippersink Ave	Round Lake	60073	7.37 14	16.1	16.3	16	76.04%
DaVita Lake County	565 Lakeview Parkway	Vernon Hills	60061	7.49 14	16.1	18	16	83.33%
Fresenius Lake Bluff	101 Waukegan Rd	Lake Bluff	60044	9.57 16	18.4	18	16	92.71%
Fresenius Gurnee	101 N Greenleaf Ave	Gurnee	60031	9.47 15	17.25	19	14	100.00%
DaVita Waukegan	1616 Grand Ave	Waukegan	60085	12.66 22	25.3	23.7	22	71.21%
DaVita Lake Villa	37809 SR-59	Lake Villa	60046	13.2 24	27.6	26.3	12	38.89%

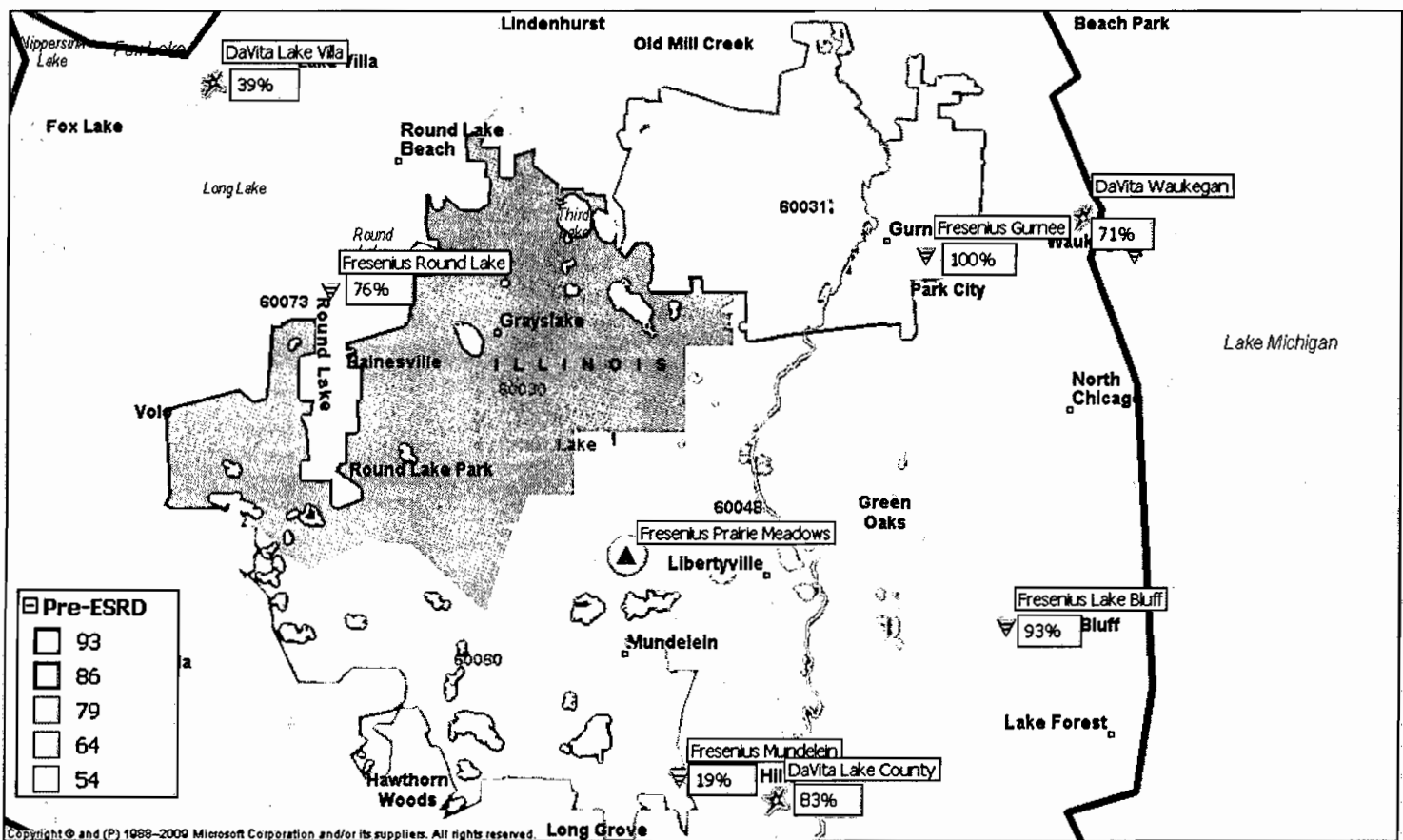
Facilities below were found to be over 30 Minutes according to Board rule adjusting travel times and/or an by a independent travel study conducted Professional Traffic Operations Engineer per Board rule 1100.510e

Fresenius Waukegan Harbor	110 N West Street	Waukegan	60085	12.9 23	26.45	30.2	21
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	60089	11.84 23	26.45	30.8	16
Fresenius Palatine	691 E Dundee Rd	Palatine	60074	12.53 25	28.75	32.7	12
Fresenius McHenry	4312 W Elm St	McHenry	60050	16.25 27	31.05	33.2	14
ARA McHenry	4209 Shamrock Lane	McHenry	60050	17.52 27	31.05	36.7	12

See Independent Travel Study at end of this attachment.

The Libertyville/Grayslake area is not an underserved area, however area Fresenius clinics are treating a significant number of Medicaid patients. The Lake Bluff facility of which Dr. Trob is the Medical Director is 10% Medicaid, Round Lake 11% and Gurnee 25%. It is expected that the Prairie Meadows facility will also treat a similar number of Medicaid recipients.

Demographics of Pre ESRD Patients & Facilities Within 30 Minutes of Fresenius Medical Care Prairie Meadows



When we submitted this application one year ago, we saw clinic utilizations on the rise along with Dr. Trob's pre-ESRD patient population. We applied for permit to address the foreseen need. We are now applying again a year later and the future is upon us. There is now a clinic at 100% utilization (Gurnee) and another not far behind (Lake Bluff). Remaining facilities within 20 minutes with the exception of Mundelein are at 76% (Round Lake) and 83% (Lake Villa). The Mundelein facility became fully operational in April 2012 and after 6 months was at 19% utilization, ahead of schedule for reaching 80% utilization by April 2014.

Facilities over 20 minutes from Libertyville simply do not serve Libertyville patients. One is DaVita Waukegan, which is not far from target utilization and is over 30 minutes away from where many of the patients reside. The other, DaVita Lake Villa, at 39%, is close to 30 minutes away and is over 30 minutes away for many patients living south of Libertyville. This facility has hovered in the 40% range for years because of its location. Lake Villa is situated near the shores of Fox Lake, which is part of the 7,000 acre Chain O' Lakes. This is a waterway system in northeast Illinois composed of 15 lakes connected by the Fox River. The area is more sparsely populated with fewer roadways connecting towns due to the lake coverage. If these two facilities were reasonable options for Libertyville area patients, then they would be referred there now and area utilization would not be climbing.

Dr. Trob has observed his pre-ESRD patient population from the Grayslake/Libertyville area triple since 2009 mainly due to an aging population. It takes approximately 18 months to get a CON approved facility fully operational because a project cannot be considered complete until it receives CMS certification, although the construction might be done. By that time, Dr. Trob's pre-ESRD patients from this area will be requiring dialysis. If the applicant were to wait yet another year from now to propose this project when area facilities are at 80%, patients would loose access due to the length of time it takes to get a facility fully operational. It is prudent planning to propose this facility now.

MEMORANDUM

To: Ms. Lori Wright
Fresenius Medical Center

From: Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering

Date: September 7, 2012

Re: Travel Time Surveys
Proposed Fresenius Medical Facility
900 Technology Way
Libertyville, Illinois



This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 900 Technology Way in Libertyville, Illinois. The purpose of the study was to determine the average one-way travel times between existing/planned dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from 14 facilities.

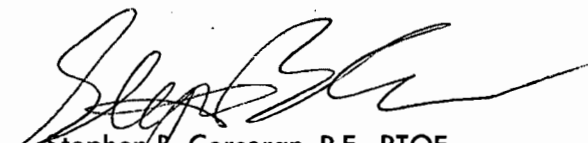
The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.

The average and individual one-way travel times for each facility are summarized in **Table 1** (attached) run.

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois.
License No. 062.046487, and Expiration Date: November 30, 2013.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2014.


Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering





900 Technology Way, Libertyville, Illinois

Table 1
FMC Libertyville Travel Runs

			One-Way Travel Times (minutes)						One-Way Travel Times (minutes)		
			Time	End	Average				Time	End	Average
Direction	Date	Day	Start			Direction	Date	Day	Start		
1 - DaVita Lake County (365 Lakeview Parkway; Vernon Hills, Illinois)											
To DaVita Lake County	9/4/2012	Tuesday	1:01 PM	1:17 PM	16	To DaVita Buffalo Grove	1/18/2012	Wednesday	1:09 PM	1:35 PM	24
To FMC Libertyville	9/4/2012	Tuesday	1:19 PM	1:35 PM	16	To DaVita Buffalo Grove	1/18/2012	Wednesday	10:24 AM	10:51 AM	27
To DaVita Lake County	9/4/2012	Tuesday	1:38 PM	1:55 PM	17	To FMC Libertyville	1/18/2012	Wednesday	5:26 PM	5:57 PM	31
To FMC Libertyville	9/4/2012	Tuesday	1:57 PM	2:15 PM	18	To DaVita Buffalo Grove	1/23/2012	Monday	5:40 PM	6:21 PM	41
To DaVita Lake County	9/5/2012	Wednesday	3:33 PM	3:53 PM	20	To DaVita Buffalo Grove	1/23/2012	Monday	1:40 PM	2:11 PM	31
To FMC Libertyville	9/5/2012	Wednesday	3:55 PM	4:16 PM	21	To FMC Libertyville	1/23/2012	Monday	2:13 PM	2:44 PM	31
2 - Fresenius Mundelein (1400 Townline Road; Mundelein, Illinois)											
To FMC Mundelein	1/18/2012	Wednesday	11:39 AM	11:52 AM	13	8 - FMC Waukegan Harbor (110 N. West Street; Waukegan Harbor, Illinois)					
To FMC Libertyville	1/18/2012	Wednesday	11:58 AM	12:10 PM	12	To FMC Waukegan Harbor	1/18/2012	Wednesday	Noon	12:27 PM	27
To FMC Mundelein	1/18/2012	Wednesday	1:19 PM	1:32 PM	13	To FMC Libertyville	1/18/2012	Wednesday	11:33 AM	11:59 AM	26
To FMC Libertyville	1/18/2012	Wednesday	1:33 PM	1:46 PM	13	To FMC Waukegan Harbor	1/18/2012	Wednesday	2:27 PM	2:58 PM	31
To FMC Mundelein	1/18/2012	Wednesday	5:00 PM	5:14 PM	14	To FMC Libertyville	1/23/2012	Monday	12:28 PM	12:59 PM	31
To FMC Libertyville	1/18/2012	Wednesday	5:15 PM	5:32 PM	17	To FMC Waukegan Harbor	1/23/2012	Monday	4:00 PM	4:33 PM	33
3 - Fresenius Round Lake (401 N. Nippersink Avenue; Round Lake, Illinois)											
To FMC Round Lake	1/18/2012	Wednesday	10:24 AM	10:39 AM	15	9 - DaVita Lake Villa (37809 SR 39; Lake Villa, Illinois)					
To FMC Libertyville	1/18/2012	Wednesday	10:39 AM	10:55 AM	16	To DaVita Lake Villa	1/18/2012	Wednesday	12:06 PM	12:31 PM	25
To FMC Round Lake	1/18/2012	Wednesday	2:38 PM	2:53 PM	15	To FMC Libertyville	1/18/2012	Wednesday	12:32 PM	12:55 PM	23
To FMC Libertyville	1/18/2012	Wednesday	2:54 PM	3:10 PM	16	To DaVita Lake Villa	1/18/2012	Wednesday	1:47 PM	2:12 PM	26
To FMC Round Lake	1/19/2012	Thursday	4:07 PM	4:28 PM	21	To FMC Libertyville	1/18/2012	Wednesday	2:12 PM	2:37 PM	25
To FMC Libertyville	1/19/2012	Thursday	4:28 PM	4:43 PM	15	To DaVita Lake Villa	1/19/2012	Thursday	4:43 PM	5:16 PM	33
4 - Fresenius Gurnee (101 N. Greenleaf Avenue; Gurnee, Illinois)											
To FMC Gurnee	1/18/2012	Wednesday	10:54 AM	11:09 AM	17	10 - Fresenius Palatine (691 E. Dundee Road; Palatine, Illinois)					
To FMC Libertyville	1/18/2012	Wednesday	12:53 PM	1:09 PM	16	To FMC Palatine	1/19/2012	Thursday	12:55 PM	1:24 PM	29
To FMC Gurnee	1/23/2012	Monday	1:01 PM	1:18 PM	17	To FMC Libertyville	1/19/2012	Thursday	1:26 PM	1:58 PM	32
To FMC Libertyville	1/23/2012	Monday	1:20 PM	1:37 PM	17	To FMC Palatine	1/19/2012	Thursday	2:01 PM	2:30 PM	29
To FMC Gurnee	1/18/2012	Wednesday	4:23 PM	4:39 PM	17	To FMC Libertyville	1/19/2012	Thursday	2:34 PM	3:06 PM	32
To FMC Libertyville	1/18/2012	Wednesday	4:56 PM	5:26 PM	30	To FMC Palatine	1/19/2012	Thursday	5:03 PM	5:38 PM	35
5 - Fresenius Lake Bluff (101 Waukegan Road; Lake Bluff, Illinois)											
To FMC Lake Bluff	1/18/2012	Wednesday	12:11 PM	12:28 PM	17	11 - Fresenius McHenry (4312 W. Elm Street; McHenry, Illinois)					
To FMC Libertyville	1/18/2012	Wednesday	12:37 PM	1:03 PM	26	To FMC McHenry	9/4/2012	Tuesday	2:17 PM	2:49 PM	32
To FMC Lake Bluff	1/18/2012	Wednesday	1:49 PM	2:07 PM	18	To FMC Libertyville	9/4/2012	Tuesday	2:50 PM	3:23 PM	33
To FMC Libertyville	1/18/2012	Wednesday	2:08 PM	2:24 PM	16	To FMC McHenry	9/5/2012	Wednesday	12:41 PM	1:13 PM	32
To FMC Lake Bluff	1/18/2012	Wednesday	5:40 PM	5:59 PM	19	To FMC Libertyville	9/5/2012	Wednesday	1:14 PM	1:49 PM	35
To FMC Libertyville	1/18/2012	Wednesday	6:01 PM	6:23 PM	22	To FMC McHenry	9/4/2012	Tuesday	5:22 PM	5:57 PM	35
6 - DaVita Waukegan (1616 Grand Avenue; Waukegan, Illinois)											
To DaVita Waukegan	1/18/2012	Wednesday	10:56 AM	11:18 AM	22	12 - ARA McHenry (4209 W. Shamrock Lane; McHenry, Illinois)					
To FMC Libertyville	1/18/2012	Wednesday	11:18 AM	11:39 AM	21	To ARA McHenry	9/5/2012	Wednesday	11:30 AM	12:05 PM	35
To DaVita Waukegan	1/18/2012	Wednesday	12:56 PM	1:20 PM	24	To FMC Libertyville	9/5/2012	Wednesday	12:07 PM	12:40 PM	33
To FMC Libertyville	1/18/2012	Wednesday	1:21 PM	1:42 PM	21	To ARA McHenry	9/5/2012	Wednesday	1:51 PM	2:32 PM	41
To DaVita Waukegan	1/18/2012	Wednesday	3:30 PM	3:58 PM	28	To FMC Libertyville	9/5/2012	Wednesday	2:35 PM	3:07 PM	32
To FMC Libertyville	1/18/2012	Wednesday	3:58 PM	4:24 PM	26	To ARA McHenry	9/4/2012	Tuesday	4:00 PM	4:45 PM	45
						To FMC Libertyville	9/4/2012	Tuesday	4:46 PM	5:20 PM	34

65

Unnecessary Duplication/Maldistribution

Zip Code	Population	Stations	Facilities
60002	24,299		
60010	44,095		
60013	26,872		
60020	9,825		
60030	36,056		
60031	37,947	14	Fresenius Gurnee
60041	9,250		
60042	8,547		
60044	9,792	18	Fresenius Lake Bluff
60045	20,925		
60046	35,111	12	DaVita Lake Villa
60047	41,669		
60048	29,095		
60051	25,192		
60060	37,189	12	Fresenius Mundelein
60061	25,748	16	DaVita Lake County
60064	15,407		
60069	8,384		
60073	60,002	16	Fresenius Round Lake
60083	9,838		
60084	16,771		
60085	71,714	22	DaVita Waukegan
60087	26,978		
60088	15,761		
60089	41,533		
Totals	688,000	110	1/6,255

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Medical Care Prairie Meadows is 1 station per 6,255 residents according to the 2010 census. The State ratio is 1 station to 3,265.

This ratio is two times below the State ratio which is a strong indicator of need within the 30 minute radius even if there exists an excess of stations in the HSA as a whole.

Total population within a 30 minutes* of Fresenius Prairie Meadows is 688,000 according to the 2010 Census.

According to the November 2012 Station Inventory (3,930 stations) and the 2010 U.S. Census Bureau population of Illinois (12,830,632), the State ratio of stations to population is 1/3,265.

*Travel time is MapQuest x 1.15 and those clinics under 30 minutes further had an independent travel study per Board rules.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Prairie Meadows will not create a maldistribution of services in regard to there being excess availability. Based on the ratio of stations to population which is two times lower than the State ratio overall exhibits need in of itself. Also, all of the patients identified to be referred to the Prairie Meadows facility are new pre-ESRD patients. Dr. Trob's practice has tripled since 2009 from Libertyville/Grayslake area. This increase has prompted him to take on a partner, Dr. Munir. The Prairie Meadows facility will be needed to accommodate this increase in patients.

Name	Address	City	Zip Code	MapQuest		Adjusted Time	Independent Travel Study	Stations	Sep-12 Utilization
				Miles	Time				
Fresenius Mundelein	1400 Townline Road	Mundelein	60060	5.22	12	13.8	13.7	12	19.00%
Fresenius Round Lake	401 Nippersink Ave	Round Lake	60073	7.37	14	16.1	16.3	16	76.04%
DaVita Lake County	565 Lakeview Parkway	Vernon Hills	60061	7.49	14	16.1	18	16	83.33%
Fresenius Lake Bluff	101 Waukegan Rd	Lake Bluff	60044	9.57	16	18.4	18	16	92.71%
Fresenius Gurnee	101 N Greenleaf Ave	Gurnee	60031	9.47	15	17.25	19	14	100.00%
DaVita Waukegan	1616 Grand Ave	Waukegan	60085	12.66	22	25.3	23.7	22	71.21%
DaVita Lake Villa	37809 SR-59	Lake Villa	60046	13.2	24	27.6	26.3	12	38.89%
Facilities below were found to be over 30 Minutes according to Board rule adjusting travel times and/or an by a independent travel study conducted Professional Traffic Operations Engineer per Board rule 1100.510e									
Fresenius Waukegan Harbor	110 N West Street	Waukegan	60085	12.9	23	26.45	30.2	21	
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	60089	11.84	23	26.45	30.8	16	
Fresenius Palatine	691 E Dundee Rd	Palatine	60074	12.53	25	28.75	32.7	12	
Fresenius McHenry	4312 W Elm St	McHenry	60050	16.25	27	31.05	33.2	14	
ARA McHenry	4209 Shamrock Lane	McHenry	60050	17.52	27	31.05	36.7	12	

3. Fresenius Medical Care Prairie Meadows will not have an adverse effect on any other area ESRD provider because no patients will be transferred and all nearby facilities are operating near or above the State target of 80% except for Fresenius Mundelein, which is on track to reach target utilization by the end of its second year of operation in 2014.

The establishment will have a positive effect on the highly utilized Gurnee and Lake Bluff facilities that Dr. Trob and his partner currently admit to. Future ESRD patients in the Libertyville area will be able to dialyze near their home rather than traveling long distances for services.

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. Trob is currently the Medical Director for Fresenius Medical Care Lake Bluff. Attached is his curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

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

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

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

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

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

CURRICULUM VITAE

Joshua R. Trob, M.D.

HOME ADDRESS:

**EDUCATION AND
TRAINING:**

**Fellowship
Nephrology
University of Chicago
Section of Nephrology
Chicago, IL
7/99 – 6/01**

**Residency
Internal Medicine
Barnes-Jewish Hospital
Washington University School of Medicine
St. Louis, MO
7/96 – 6/98**

**Internship
Internal Medicine
Barnes Hospital
Washington University School of Medicine
St. Louis, MO
7/95 – 6/96**

**Doctor of Medicine
Harvard Medical School
Boston, MA
9/91 – 6/95**

**A.B. Honors, Chemistry and Physics
Harvard College
Cambridge, MA
9/88 – 6/91**

**University of Michigan
Ann Arbor, MI
9/87 – 5/88**

**PROFESSIONAL
EXPERIENCE:**

**Nephrology Specialists, S.C.
Libertyville, IL
7/10 – present**

**North Shore Nephrology, LTD
Libertyville, IL
2/10 – 6/10**

**Donald R. Steinmuller, M.D., S.C.
Vernon Hills, IL
9/03 – 1/10**

Nephrology Associates of Northern Illinois
Elk Grove Village, IL
7/01 – 9/03

House Physician/Moonlighter
NorthShore University HealthSystem/Highland Park Hospital
3/00 – 6/01

Attending Physician
Barnes-Jewish Hospital
7/98 – 6/99

HOSPITAL MEMBERSHIPS: **NorthShore University Health System**
Evanston, IL 60201
2/10 – present (currently on leave of absence)

Advocate Condell Medical Center
Libertyville, Illinois
11/03 – present

Northwestern Lake Forest Hospital
Lake Forest, Illinois
12/03 – present

St. Alexius Medical Center
Hoffman Estates, Illinois
8/01 – 12/04

Alexian Brothers Medical Center
Elk Grove Village, Illinois
9/01 – 4/04

NorthShore University HealthSystem
Highland Park, Illinois
3/00 – 7/01
(contract physician for moonlighting purposes)

Barnes-Jewish Hospital
St. Louis, Missouri
7/98 – 6/99

LICENSURE: State of Illinois Medical License, 1999

CERTIFICATION: United States Medical Licensing Examination, 1996
Diplomate, American Board of Internal Medicine, 1998
Internal Medicine Recertification 2008
Nephrology Board Certification, 2002

HONORS AND AWARDS: Phi Beta Kappa, Harvard College
Graduated Magna cum Laude, Harvard College
Dean's List, Harvard College
James B. Angell Scholar, University of Michigan

RESEARCH: Clinical study of renal effects of fenoldopam in patients with systemic inflammatory response syndrome

Hospital Privileges cont...

St. Alexius Medical Center 8/01 → 12/04 Medicine
1555 Barrington Road
Hoffman Estates, IL 60169

Alexian Brothers Medical Center 9/01 → 7/04 Medicine
800 Biesterfield Road
Elk Grove Village, IL 60007

NorthShore Univ. Healthsystem 3/00 → 7/01 Medicine
(contract physician for moonlighting purposes)
2650 Ridge Avenue
Evanston IL

Barnes - Jewish Hospital 7/98 - 6/99
1 Barnes - Jewish Hospital Plaza
Saint Louis, MO 63110

Criterion 1110.1430 (e)(5) Medical Staff

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

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



Signature

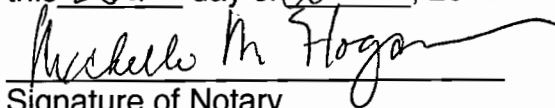
Brian Brandenburg

Printed Name

Regional Vice President

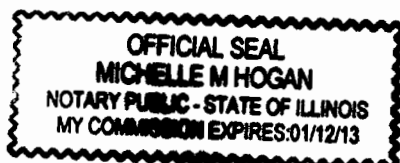
Title

Subscribed and sworn to before me
this 26th day of October, 2012



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

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

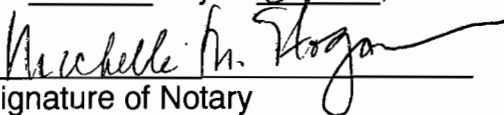
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its new facilities.
- These support services are will be available at Fresenius Medical Care Prairie Meadows during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical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



Signature

Brian Brandenburg/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of October, 2012


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Prairie Meadows 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 Prairie Meadows will have twelve dialysis stations thereby meeting this requirement.

**TRANSFER AGREEMENT
BETWEEN
ADVOCATE CONDELL MEDICAL CENTER
AND
FRESENIUS MEDICAL CARE PRAIRIE MEADOWS**

THIS AGREEMENT is entered into this 15 day of October, 2011, between ADVOCATE CONDELL MEDICAL CENTER, an Illinois not-for-profit corporation, hereinafter referred to as "ACMC", and FRESENIUS MEDICAL CARE PRAIRIE MEADOWS, LLC d/b/a Fresenius Medical Care Prairie Meadows, hereinafter referred to as "FRESENIUS".

WHEREAS, ACMC is licensed under Illinois law as an acute care hospital and provides inpatient care, routine and emergency dialysis and emergency medical care;

WHEREAS, FRESENIUS is certified to operate as a renal dialysis facility under the the Medicare End Stage Renal Disease ("ESRD") Program and, if required, as a properly licensed medical facility under state laws and regulations;

WHEREAS, ACMC and FRESENIUS desire to cooperate in the transfer of patients between ACMC and FRESENIUS, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from FRESENIUS to ACMC, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 This Agreement shall be effective from the date it is entered into, and shall remain in full force and effect for an initial term of one (1) year. **Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).**

II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 FRESENIUS agrees:

a. That FRESINIUS shall refer and transfer patients to ACMC for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for FRESINIUS, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact ACMC's Emergency Department Nursing Coordinator prior to transport, to verify the transport and acceptance of the emergency patient by ACMC. The decision to accept the transfer of the emergency patient shall be made by ACMC's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of ACMC's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. FRESINIUS agrees that ACMC shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at ACMC. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by ACMC to the Emergency Physician and/or Accepting Physician;

c. That FRESINIUS shall be responsible for affecting the transfer of all patients referred to ACMC under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer; and

f. To maintain and provide proof to ACMC of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 ACMC agrees:

a. To accept and admit in a timely manner, subject to bed availability, FRESINIUS patients referred for medical treatment, as more fully described in Section 3.1;

b. To accept patients from FRESINIUS in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at FRESINIUS;

c. That ACMC will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;

d. That ACMC shall provide FRESINIUS patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and

e. To maintain and provide proof to FRESINIUS of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars

(\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, FRESENIUS shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to ACMC, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of ACMC and FRESENIUS shall remain the property of each respective institution.

4.2 Personal Effects. FRESENIUS shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to ACMC. ACMC shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at ACMC.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, demand, judgment and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

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

4.5 Publicity and Advertising. Neither the name of ACMC nor FRESENIUS shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services.

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

4.8 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.10 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of ACMC and FRESENIUS with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on ACMC shall be served at or mailed to: Advocate Condell Medical Center, 801 S. Milwaukee Avenue, Libertyville, Illinois 60048, Attention: President, with a copy to Senior Vice President and General Counsel, 2025 Windsor Drive, Oak Brook, Illinois 60523 unless otherwise instructed. Notices to be served on FRESENIUS shall be mailed to Fresenius Medical Care Prairie Meadows, 900 Technology Way, Libertyville, Illinois, with a copy to Legal Department, Fresenius Medical care Prairie Meadows, LLC c/o Fresenius Medical Care North America, 920 Winter Street, Waltham, Massachusetts, 02451.

IN WITNESS WHEREOF, this Agreement has been executed by ACMC and FRESENIUS on the date first above written.

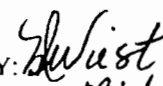
ADVOCATE CONDELL MEDICAL CENTER

BY: 

NAME: Ann Errichetti, M.D.

TITLE: President, Advocate Condell
Medical Center

FRESENIUS MEDICAL CARE PRAIRIE MEADOWS, LLC

BY: 

NAME: Michelle Wiest

TITLE: Group Vice President

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care Prairie Meadows in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Lake Bluff, of which Dr. Trob is the Medical Director, has had adequacy outcomes for 2011 of:
 - o 94% of patients had a URR $\geq$ 65%
 - o 97% of patients had a Kt/V $\geq$ 1.2

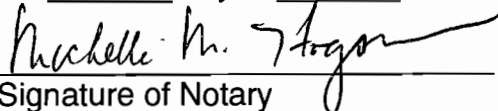
and same is expected for Fresenius Medical Care Prairie Meadows.



Signature

Brian Brandenburg/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of October, 2012



Signature of Notary

Seal





October 17, 2011

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
455 N. Cityfront Plaza Drive
NBC Tower, Suite 2800
Chicago, IL 60611

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

RE: **Fresenius Medical Care**
Letter Of Intent

Dear Loren,

900 Technology 1.0 LLC is pleased to provide the following Letter Of Intent to lease.

OWNERSHIP:

900 Technology 1.0 LLC
47 WEST POLK STREET
SUITE 100-148
CHICAGO, IL 60605-2085

LOCATION:

900 Technology Drive
Libertyville, IL

INITIAL SPACE
REQUIREMENTS:

7,275 sq. ft. The eastern half of the first floor.

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. Tenant shall abide by the hours of operation according to condominium documentation.

PRIMARY TERM:

Twelve (12) years.

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:

90 days after Possession.

OPTION TO RENEW:

FMC desires three (3) five (5) year options to renew the lease.

RENTAL RATE:

Seventeen Dollars (\$17.00) Net

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.

ESCALATION:

Fifty cents (\$.50) per year beginning in the second lease year.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Tenant shall be responsible for all associated Tax & Operating Expenses.

TENANT IMPROVEMENTS:

Tenant shall take the space in "as-is" condition. FMC shall not be required to remove their tenant improvements at the end of the term.

**DEMISED PREMISES
SHELL:**

Tenant shall take the space in "as-is" condition.

FIRE SUPPRESSION:

Landlord shall provide a sprinkler system as part of base building.

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

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

PARKING:

Tenant shall have use of parking according to condominium documents.

**CORPORATE
IDENTIFICATION:**

FMC will have complete signage rights in accordance with local code.

**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:**

Landlord represents building is properly zoned for use as a dialysis clinic.

NON DISTURBANCE:

FMC will require a non-disturbance agreement.

ENVIRONMENTAL:

Landlord represents the building and premises are free of hazardous materials.

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.

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 does not expect to receive a CON permit prior to December 31, 2012. 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 31, 2012, 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.

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.

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,

900 Technology 1.0 LLC

AGREED AND ACCEPTED this ____ day of _____, 2011

By: _____

Title: _____

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.

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.

2011 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #12-056, Fresenius Medical Care RAI Lincoln Highway – Fairview Heights and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE								
Department (list below)	A	B	C	D	E	F	G	H
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)
ESRD		\$162.00			7,275			1,178,550
Contingency		16.20			7,275			1,178,55
TOTALS		178.20			7,275			1,296,405
* Include the percentage (%) of space for circulation								

Criterion 1120.310 (d) – Projected Operating Costs

Year 2017

Salaries	\$290,974
Benefits	72,744
Supplies	53,379
Total	\$417,097

Annual Treatments 8,986

Cost Per Treatment \$46.42

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

Year 2017

Depreciation/Amortization	\$151,974
Interest	0
CAPITAL COSTS	\$151,974

Treatments: 8,986

Capital Cost per treatment \$16.91

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Prairie Meadows, 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: Mark Fawcett
Vice President & Treasurer

By: [Signature]
Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

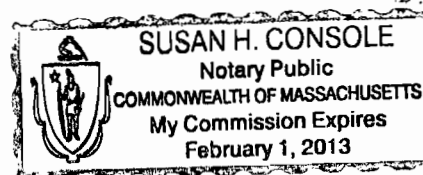
[Signature]
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

[Signature]
Signature of Notary

Seal

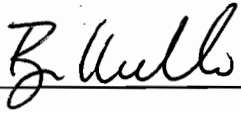


Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

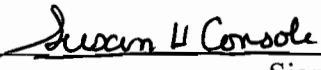
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By: 
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Vice President & Asst. Treasurer

By: 
Title: Bryan Meli
Assistant Treasurer

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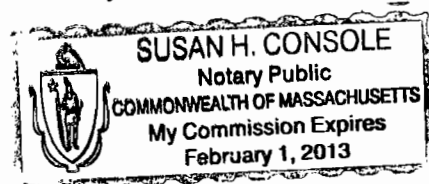
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012


Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Prairie Meadows, LLC

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

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

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

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

By: [Signature]
ITS: Bryan M.
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

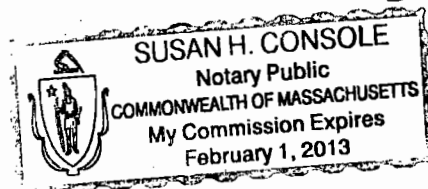
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: [Signature]

ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: [Signature]

ITS: Bryan Mellor
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

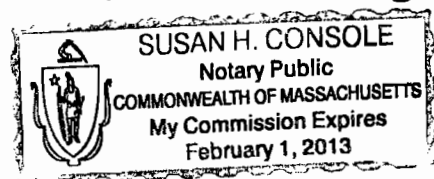
Notarization:
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[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



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		\$162.00			7,275			1,178,550	1,178,550
Contingency		16.20			7,275			1,178,55	1,178,55
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* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2017

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Benefits	72,744
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Total	\$417,097

Annual Treatments 8,986

Cost Per Treatment \$46.42

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

Year 2017

Depreciation/Amortization	\$151,974
Interest	<u>0</u>
CAPITAL COSTS	\$151,974

Treatments: 8,986

Capital Cost per treatment \$16.91

Safety Net Impact Statement

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

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

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

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

Safety Net Information Fresenius Medical Care Facilities in Illinois			
NET REVENUE	\$364,295,636	\$397,467,778	\$353,355,908
CHARITY CARE			
	2009	2010	2011
Charity Care (# of self-pay patients)	260	146	93
Charity (self-pay) Cost	\$3,642,751	\$1,307,966	632,154
% of Charity Care to Net Rev.	1.00%	.33%	0.2%
MEDICAID			
	2009	2010	2011
Medicaid (# of patients)	1,783	1,828	1,865
Medicaid (revenue)	\$40,401,403	\$44,001,539	\$42,367,328
% of Medicaid to Net Revenue	11.9%	11.07%	12%

2011 data accounts for in-center hemodialysis patients only. 2009 & 2010 included some home dialysis patients and we were unable to remove them from the above numbers. Going forward data on in-center patients only will be submitted

Uncompensated care #'s listed in the previous chart have gone down substantially over the past three years. This is due to an aggressive effort on our clinics part to obtain coverage for every patient. All ESRD patients can qualify for some type of coverage as is explained in Attachment 44.

While it may appear that the uncompensated numbers went down at a much higher rate than the rate the Medicaid numbers rose, one has to look at the percentage of the total number of patients/treatments for accurate comparison because the volume of Medicaid patients is significantly higher than that of uncompensated patients. For example in 2011 vs 2010 the percentage of the total for Medicaid was 12% and 11.7% respectively. In the same comparison for uncompensated care there was .2% vs .33% of the total. The Medicaid numbers increased .5% and the uncompensated care numbers decreased .1% as they relate to the total.

(See attachment 44 for Uncompensated and Medicaid Care by facility)

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition. They do provide uncompensated care. 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. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. 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.

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

It is noted in the above charts on the following pages, 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.

Uncompensated Care By Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2009	2010	2011	2009	2010	2011
Fresenius Alsip	0	0	0	0	0	0
Fresenius Antioch	102	0	0	27,356	0	0
Fresenius Aurora	83	87	13	18,102	20,475	3,008
Fresenius Austin Community	140	0	0	38,748	0	0
Fresenius Berwyn	715	228	102	159,825	50,216	21,728
Fresenius Blue Island	174	80	0	47,787	22,092	0
Fresenius Bolingbrook	48	21	0	12,190	4,945	0
Fresenius Bridgeport	528	45	150	116,096	9,767	35,073
Fresenius Burbank	721	49	40	174,834	11,589	9,742
Fresenius Carbondale	79	42	0	21,053	11,058	0
Fresenius Chicago	328	45	1	87,584	13,006	294
Fresenius Chicago Westside	146	0	43	47,296	0	12,683
Fresenius Congress Parkway	176	14	0	45,015	3,555	0
Fresenius Crestwood	67	320	69	16,604	81,301	17,203
Fresenius Decatur	0	0	0	0	0	0
Fresenius Deerfield	0	0	0	0	0	0
Fresenius Downers Grove	20	233	0	4,604	55,040	0
Fresenius Du Page West	76	34	0	17,683	8,106	0
Fresenius Du Quoin	37	10	0	10,153	2,664	0
Fresenius East Peoria	52	0	0	11,791	0	0
Fresenius Elgin	0	0	0	0	0	0
Fresenius Elk Grove	127	53	51	28,162	11,934	12,501
Fresenius Evanston	194	215	90	48,763	55,760	22,969
Fresenius Evergreen Park	510	197	12	135,802	51,112	3,113
Fresenius Garfield	177	54	171	45,571	13,562	38,597
Fresenius Glendale Heights	159	15	9	34,921	3,565	2,023
Fresenius Glenview	87	46	169	19,416	9,809	37,965
Fresenius Greenwood	251	179	26	60,119	42,049	6,103
Fresenius Gurnee	122	35	25	28,363	7,609	5,350
Fresenius Hazel Crest	34	22	83	8,927	5,874	20,550
Fresenius Hoffman Estates	33	17	19	7,219	3,783	4,173
Fresenius Jackson Park	528	3	0	121,478	637	0
Fresenius Kewanee	0	72	0	0	20,269	0
Fresenius Lake Bluff	65	5	21	16,903	1,052	4,824
Fresenius Lakeview	27	13	11	7,284	3,026	2,712
Fresenius Lombard	0	0	0	0	0	0
Fresenius Macomb	0	0	0	0	0	0
Fresenius Marquette Park	362	0	0	90,374	0	0
Fresenius McHenry	186	5	1	53,929	1,240	265
Fresenius McLean County	67	19	23	16,821	4,012	5,111
Fresenius Melrose Park	19	0	2	5,048	0	479
Fresenius Merrionette Park	105	41	46	27,067	9,535	10,728
Fresenius Midway	0	0	0	0	0	0
Fresenius Mokena	44	3	0	15,784	976	0
Fresenius Morris	42	104	0	11,078	27,519	0
Fresenius Naperville	301	100	0	62,828	21,795	0
Fresenius Naperville North	183	0	18	45,371	0	3,887

Continued...

Continued Uncompensated Care by Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2009	2010	2011	2009	2010	2011
Fresenius Niles	152	26	10	36,586	5,912	2,274
Fresenius Norridge	6	3	0	1,433	718	0
Fresenius North Avenue	94	74	0	23,140	17,785	0
Fresenius North Kilpatrick	0	64	0	0	14,161	0
Fresenius Northcenter	121	78	0	33,725	19,191	0
Fresenius Northwestern	226	77	160	54,801	20,482	43,652
Fresenius Oak Park	126	6	0	29,782	1,370	0
Fresenius Orland Park	121	0	12	29,308	0	3,072
Fresenius Oswego	12	1	0	3,294	277	0
Fresenius Ottawa	8	2	3	2,377	443	844
Fresenius Palatine	0	0	0	0	0	0
Fresenius Pekin	0	20	100	0	4,582	22,951
Fresenius Peoria Downtown	46	45	24	10,787	10,650	5,674
Fresenius Peoria North	54	13	0	12,693	3,116	0
Fresenius Plainfield	0	8	7	0	4,776	1,803
Fresenius Polk	231	104	102	57,903	25,023	25,642
Fresenius Pontiac	19	0	0	4,664	0	0
Fresenius Prairie	114	54	215	29,278	13,918	50,109
Fresenius Randolph County	4	32	0	1,200	8,794	0
Fresenius Rockford	74	24	0	23,729	6,932	0
Fresenius Rodgers Park	328	224	48	85,308	55,507	11,633
Fresenius Rolling Meadows	0	204	215	0	50,445	52,184
Fresenius Roseland	164	99	9	60,432	29,927	2,593
Fresenius Ross Dialysis Englewood	184	8	12	51,398	2,031	3,151
Fresenius Round Lake	182	1	54	42,228	231	12,274
Fresenius Saline County	21	11	0	5,679	2,892	0
Fresenius Sandwich	18	3	0	8,054	966	0
Fresenius Skokie	18	10	25	4,418	2,606	6,609
Fresenius South Chicago	747	278	135	196,277	67,614	31,622
Fresenius South Holland	127	104	0	29,620	24,321	0
Fresenius South Shore	110	8	0	29,182	1,943	0
Fresenius South Suburban	566	241	41	139,684	57,649	9,809
Fresenius Southside	483	137	27	120,241	32,823	6,263
Fresenius Southwestern Illinois	0	0	0	0	0	0
Fresenius Spoon River	38	35	0	8,910	8,633	0
Fresenius Spring Valley	1	31	9	221	6,446	1,952
Fresenius Streator	0	0	34	0	0	11,545
Fresenius Uptown	134	110	2	43,063	32,398	533
Fresenius Villa Park	369	27	0	91,054	6,488	0
Fresenius West Belmont	191	70	76	51,405	17,653	18,057
Fresenius West Chicago	44	0	0	23,875	0	0
Fresenius West Metro	880	237	143	178,477	47,199	29,431
Fresenius West Suburban	273	146	37	60,862	32,995	8,190
Fresenius Westchester	0	0	0	0	0	0
Fresenius Williamson County	0	28	0	0	7,360	0
Fresenius Willowbrook	45	0	0	10,771	0	0
Totals	13,448	5,037	2,695	3,343,810	1,235,189	642,947

Medicaid Treatments/Costs By Facility

Facility	Medicaid Treatments			Medicaid Costs		
	2009	2010	2011	2009	2010	2011
Alsip	624	749	732	188,014	212,319	202,715
Antioch	148	937	763	39,693	228,932	187,329
Aurora	1,230	1,521	1,464	267,289	356,763	338,760
Austin Community	1,574	2,111	2,405	435,633	514,900	631,509
Berwyn	3,618	4,102	3,792	808,338	903,204	807,772
Blue Island	1,901	1,937	2,043	521,183	537,714	525,668
Bolingbrook	1,246	1,628	1,721	316,437	382,502	403,285
Bridgeport	4,570	5,610	6,674	1,004,278	1,223,924	1,560,507
Burbank	2,142	2,046	2,274	519,411	488,784	553,829
Carbondale	1,214	1,650	885	323,528	434,440	208,033
Chicago	5,466	5,279	4,898	1,459,549	1,525,782	1,439,559
Chicago Westside	3,509	3,807	4,690	1,136,730	1,095,994	1,383,369
Congress Parkway	3,685	4,197	4,713	942,506	1,065,797	1,136,642
Crestwood	1,166	1,072	1,090	288,958	272,784	271,757
Decatur	1	136	221	234	35,461	57,763
Deerfield	0	100	156	0	43,140	50,046
Downers Grove	1,010	995	1,166	232,543	234,923	271,484
Du Page West	2,086	2,725	2,097	484,530	645,664	501,321
Du Quoin	318	203	99	87,259	54,088	24,270
East Peoria	607	1,083	548	137,256	245,724	128,413
Elgin	0	0	90	0	0	73,782
Elk Grove	1,414	1,996	2,207	313,551	453,597	541,081
Evanston	1,513	1,535	1,592	380,303	397,971	406,302
Evergreen Park	2,284	3,231	2,730	608,498	836,493	708,304
Garfield	2,684	3,299	3,238	691,027	828,310	730,863
Glendale Heights	2,085	2,332	2,290	457,922	554,123	514,638
Glenview	984	992	1,055	219,602	213,744	236,999
Greenwood	3,349	3,712	3,894	802,189	872,008	914,042
Gurnee	1,859	2,143	2,688	432,191	472,662	575,243
Hazel Crest	979	657	585	257,041	179,494	144,844
Hoffman Estates	1,726	2,513	3,112	377,555	559,184	683,470
Jackson Park	5,444	5,972	5,101	1,252,508	1,521,259	1,210,846
Kewanee	182	146	220	50,299	41,100	61,426
Lake Bluff	1,541	1,354	1,402	400,725	316,621	322,029
Lakeview	1,398	1,516	1,811	377,127	352,907	446,470
Lombard	0	0	44	0	0	21,595
Macomb	212	116	145	55,286	29,952	40,553
Marquette Park	2,339	2,473	2,126	583,937	678,627	541,896
McHenry	457	546	406	132,590	150,364	107,459
McLean County	1,225	1,044	711	307,556	220,456	157,995
Melrose Park	1,015	1,390	1,573	269,659	346,195	376,797
Merrionette Park	1,001	749	526	258,043	176,214	122,674
Midway	0	28	304	0	35,664	105,702
Mokena	0	125	295	0	40,676	82,346
Morris	119	200	324	31,388	52,788	78,235
Naperville	512	544	536	106,931	119,021	118,367
Naperville North	494	654	719	122,478	149,538	155,271

Continued...

Continued Medicaid Treatments/Costs By Facility

Facility	Medicaid Treatments			Medicaid Costs		
	2009	2010	2011	2009	2010	2011
Niles	1,675	1,914	2,129	403,072	443,720	484,136
Norridge	858	1,037	1,079	204,977	248,143	254,192
North Avenue	1,818	1,854	1,472	447,539	445,567	320,511
North Kilpatrick	2,323	2,504	3,856	507,261	553,942	820,684
Northcenter	1,603	1,981	2,015	446,783	490,534	479,942
Northwestern	3,103	2,954	3,322	752,429	789,266	906,323
Oak Park	1,972	2,142	1,836	466,108	488,856	428,507
Orland Park	734	774	606	177,784	205,942	155,116
Oswego	454	482	239	124,620	133,606	63,061
Ottawa	141	70	118	41,889	20,685	33,187
Palatine	0	0	15	0	0	12,802
Pekin	24	136	168	5,392	31,957	38,557
Peoria Downtown	1,238	1,283	856	290,322	306,923	202,385
Peoria North	374	265	229	87,495	63,487	54,170
Plainfield	0	390	695	0	124,618	178,985
Polk	3,151	3,509	3,042	791,176	845,905	764,725
Pontiac	185	284	261	45,411	67,468	61,369
Prairie	1,067	1,108	1,994	274,030	288,116	464,734
Randolph County	190	251	157	57,007	68,980	41,764
Rockford	540	747	0	174,124	215,743	0
Rodgers Park	1,433	1,756	2,268	372,702	435,136	549,669
Rolling Meadows	1,543	2,100	1,629	358,921	519,165	395,386
Roseland	641	1,506	1,702	236,200	455,105	490,393
Ross Dialysis Englewood	814	1,936	2,153	227,382	491,305	565,256
Round Lake	1,909	2,661	2,007	442,931	615,524	456,196
Saline County	676	441	189	182,823	121,425	54,160
Sandwich	60	145	212	32,813	46,687	65,769
Skokie	850	1,096	443	208,691	285,530	117,111
South Chicago	3,995	5,002	5,628	1,049,703	1,216,563	1,318,286
South Holland	1,304	1,603	1,366	304,132	374,873	344,529
South Shore	2,143	1,900	1,858	568,522	492,073	480,279
South Suburban	1,392	1,804	1,917	343,534	431,533	458,639
Southside	5,249	6,248	5,999	1,306,722	1,502,272	1,391,565
Southwestern Illinois	296	428	425	73,467	111,204	113,186
Spoon River	11	30	26	2,579	7,400	6,120
Spring Valley	39	267	356	8,607	56,430	77,209
Streator	7	34	30	2,692	11,273	10,187
Uptown	701	1,037	1,427	225,278	306,675	380,027
Villa Park	922	1,037	988	227,334	249,280	218,544
West Belmont	2,495	3,388	3,950	671,493	860,433	938,469
West Chicago	8	429	579	4,341	146,150	176,609
West Metro	6,331	7,147	5,727	1,283,292	1,422,379	1,178,679
West Suburban	5,951	5,841	5,234	1,326,700	1,324,430	1,158,568
Westchester	669	429	246	167,778	112,477	65,140
Williamson County	363	435	420	88,017	116,421	103,203
Willowbrook	474	1,065	1,087	113,458	250,894	254,937
Totals	134,666	156,600	156,121	32,811,313	37,899,912	37,298,532

(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.

MEMORANDUM

To: Ms. Lori Wright
Fresenius Medical Center

From: Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering

Date: September 7, 2012

Re: Travel Time Surveys
Proposed Fresenius Medical Facility
900 Technology Way
Libertyville, Illinois



This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 900 Technology Way in Libertyville, Illinois. The purpose of the study was to determine the average one-way travel times between existing/planned dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from 14 facilities.

The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.

The average and individual one-way travel times for each facility are summarized in **Table 1** (attached) run.

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois. License No. 062.046487, and Expiration Date: November 30, 2013.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2014.


Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering



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900 Technology Way, Libertyville, Illinois

Table 1
FMC Libertyville Travel Runs

Direction	Date	Day	Time			One-Way Travel Times (minutes)			Direction	Date	Day	Time			One-Way Travel Times (minutes)		
			Start	End	Run	Start	End	Run				Start	End	Run	Start	End	Run
1 - DeVita Lake County																	
(545 Lakeside Parkway; Vernon Hills, Illinois)																	
To DeVita Lake County	9/4/2012	Tuesday	1:01 PM	1:17 PM	16				To DeVita Buffalo Grove	1/18/2012	Wednesday	1:09 PM	1:35 PM	24			
To FMC Libertyville	9/4/2012	Tuesday	1:19 PM	1:35 PM	16				To FMC Libertyville	1/18/2012	Wednesday	10:24 AM	10:51 AM	27			
To DeVita Lake County	9/4/2012	Tuesday	1:38 PM	1:55 PM	17				To DeVita Buffalo Grove	1/18/2012	Wednesday	5:26 PM	5:57 PM	31			
To FMC Libertyville	9/4/2012	Tuesday	1:57 PM	2:15 PM	18				To FMC Libertyville	1/23/2012	Monday	5:40 PM	6:21 PM	41			
To DeVita Lake County	9/5/2012	Wednesday	3:33 PM	3:53 PM	20				To DeVita Buffalo Grove	1/23/2012	Monday	1:40 PM	2:11 PM	31			
To FMC Libertyville	9/5/2012	Wednesday	3:55 PM	4:16 PM	21	18.0			To FMC Libertyville	1/23/2012	Monday	2:13 PM	2:44 PM	31	30.8		
2 - Fresenius Mundelein																	
(1400 Townline Road; Mundelein, Illinois)																	
To FMC Mundelein	1/18/2012	Wednesday	11:39 AM	11:52 AM	13				To FMC Waukegan Harbor	1/18/2012	Wednesday	Noon	12:27 PM	27			
To FMC Libertyville	1/18/2012	Wednesday	11:58 AM	12:10 PM	12				To FMC Libertyville	1/18/2012	Wednesday	11:33 AM	11:59 AM	26			
To FMC Mundelein	1/18/2012	Wednesday	1:19 PM	1:32 PM	13				To FMC Waukegan Harbor	1/18/2012	Wednesday	2:27 PM	2:58 PM	31			
To FMC Libertyville	1/18/2012	Wednesday	1:33 PM	1:46 PM	13				To FMC Libertyville	1/23/2012	Monday	12:28 PM	12:59 PM	31			
To FMC Mundelein	1/18/2012	Wednesday	5:00 PM	5:14 PM	14				To FMC Waukegan Harbor	1/23/2012	Monday	4:00 PM	4:33 PM	33			
To FMC Libertyville	1/18/2012	Wednesday	5:15 PM	5:32 PM	17	13.7			To FMC Libertyville	1/23/2012	Monday	4:34 PM	5:07 PM	33	30.2		
3 - Fresenius Round Lake																	
(401 N. Nippersink Avenue; Round Lake, Illinois)																	
To FMC Round Lake	1/18/2012	Wednesday	10:24 AM	10:39 AM	15				To DeVita Lake Villa	1/18/2012	Wednesday	12:06 PM	12:31 PM	25			
To FMC Libertyville	1/18/2012	Wednesday	10:39 AM	10:55 AM	16				To DeVita Lake Villa	1/18/2012	Wednesday	12:32 PM	12:55 PM	23			
To FMC Round Lake	1/18/2012	Wednesday	2:38 PM	2:53 PM	15				To DeVita Lake Villa	1/18/2012	Wednesday	1:47 PM	2:12 PM	26			
To FMC Libertyville	1/18/2012	Wednesday	2:54 PM	3:10 PM	16				To FMC Libertyville	1/18/2012	Wednesday	2:12 PM	2:37 PM	25			
To FMC Round Lake	1/19/2012	Thursday	4:07 PM	4:28 PM	21				To DeVita Lake Villa	1/19/2012	Thursday	4:43 PM	5:16 PM	33			
To FMC Libertyville	1/19/2012	Thursday	4:28 PM	4:43 PM	15	16.3			To FMC Libertyville	1/19/2012	Thursday	3:41 PM	4:07 PM	26	26.3		
4 - Fresenius Gurnee																	
(101 N. Greenleaf Avenue; Gurnee, Illinois)																	
To FMC Gurnee	1/18/2012	Wednesday	10:54 AM	11:09 AM	17				To FMC Palatine	1/19/2012	Thursday	12:55 PM	1:24 PM	29			
To FMC Libertyville	1/18/2012	Wednesday	12:53 PM	1:09 PM	16				To FMC Libertyville	1/19/2012	Thursday	1:26 PM	1:58 PM	32			
To FMC Gurnee	1/23/2012	Monday	1:01 PM	1:18 PM	17				To FMC Palatine	1/19/2012	Thursday	2:01 PM	2:30 PM	29			
To FMC Libertyville	1/23/2012	Monday	1:20 PM	1:37 PM	17				To FMC Libertyville	1/19/2012	Thursday	2:34 PM	3:06 PM	32			
To FMC Gurnee	1/18/2012	Wednesday	4:23 PM	4:39 PM	17				To FMC Palatine	1/19/2012	Thursday	5:03 PM	5:38 PM	35			
To FMC Libertyville	1/18/2012	Wednesday	4:56 PM	5:26 PM	30	19.0			To FMC Libertyville	1/19/2012	Thursday	5:40 PM	6:19 PM	39	32.7		
5 - Fresenius Lake Bluff																	
(101 Waukegan Road; Lake Bluff, Illinois)																	
To FMC Lake Bluff	1/18/2012	Wednesday	12:11 PM	12:28 PM	17				To FMC McHenry	9/4/2012	Tuesday	2:17 PM	2:49 PM	32			
To FMC Libertyville	1/18/2012	Wednesday	12:37 PM	12:53 PM	16				To FMC Libertyville	9/4/2012	Tuesday	2:50 PM	3:23 PM	33			
To FMC Lake Bluff	1/18/2012	Wednesday	1:49 PM	2:07 PM	18				To FMC McHenry	9/5/2012	Wednesday	12:41 PM	1:13 PM	32			
To FMC Libertyville	1/18/2012	Wednesday	2:08 PM	2:24 PM	16				To FMC Libertyville	9/5/2012	Wednesday	1:14 PM	1:49 PM	35			
To FMC Lake Bluff	1/18/2012	Wednesday	5:40 PM	5:59 PM	19				To FMC McHenry	9/4/2012	Tuesday	5:22 PM	5:57 PM	35			
To FMC Libertyville	1/18/2012	Wednesday	6:01 PM	6:23 PM	22	18.0			To FMC Libertyville	9/4/2012	Tuesday	5:57 PM	6:29 PM	32	33.2		
6 - DeVita Waukegan																	
(1616 Grand Avenue; Waukegan, Illinois)																	
To DeVita Waukegan	1/18/2012	Wednesday	10:56 AM	11:18 AM	22				To FMC McHenry	9/5/2012	Wednesday	11:30 AM	12:05 PM	35			
To FMC Libertyville	1/18/2012	Wednesday	11:18 AM	11:39 AM	21				To FMC Libertyville	9/5/2012	Wednesday	12:07 PM	12:40 PM	33			
To DeVita Waukegan	1/18/2012	Wednesday	12:56 PM	1:20 PM	24				To FMC McHenry	9/5/2012	Wednesday	1:51 PM	2:32 PM	41			
To FMC Libertyville	1/18/2012	Wednesday	1:21 PM	1:42 PM	21				To FMC Libertyville	9/5/2012	Wednesday	2:35 PM	3:07 PM	32			
To DeVita Waukegan	1/18/2012	Wednesday	3:30 PM	3:58 PM	28				To FMC McHenry	9/4/2012	Tuesday	4:00 PM	4:45 PM	45			
To FMC Libertyville	1/18/2012	Wednesday	3:58 PM	4:24 PM	26	23.7			To FMC Libertyville	9/4/2012	Tuesday	4:46 PM	5:20 PM	34	36.7		



Trip to 565 Lakeview Pky
Vernon Hills, IL 60061-1857
7.49 miles - about 14 minutes

Notes

TO DAVITA LAKE COUNTY



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.2 mi



2. Turn **left** onto **USG Dr.**

go 0.3 mi



3. Turn **right** onto **N US-45 / US-45 N / N Lake St.**

go 0.2 mi



4. Turn **right** onto **W Winchester Rd.**

go 1.1 mi



5. Turn **right** onto **N Butterfield Rd.**

go 4.0 mi



6. Turn **left** onto **W Townline Rd / IL-60.**

go 1.1 mi



7. Turn **right** onto **N Fairway Dr.**

go 0.3 mi



8. Turn **left** onto **Lakeview Pky.**

go 0.3 mi



9. **565 LAKEVIEW PKY** is on the **left**.

go 0.0 mi



565 Lakeview Pky, Vernon Hills, IL 60061-1857

Total Travel Estimate : 7.49 miles - about 14 minutes

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Trip to 1400 Townline Rd
Mundelein, IL 60060-4433
5.28 miles - about 12 minutes

Notes

TO FRESENIUS MEDICAL CARE MUNDELEIN



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.2 mi



2. Turn **left** onto **USG Dr.**

go 0.4 mi



3. Turn **left** onto **Lake St / US-45 S / N US-45**. Continue to follow **Lake St / US-45 S**.

go 4.0 mi



4. Turn **left** onto **Townline Rd / IL-60**.

go 0.7 mi



5. **1400 TOWNLINE RD** is on the **left**.

go 0.0 mi



1400 Townline Rd, Mundelein, IL 60060-4433

Total Travel Estimate : 5.28 miles - about 12 minutes

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Trip to 401 W Nippersink Rd
Round Lake, IL 60073-3280
7.37 miles - about 14 minutes

Notes

TO FRESENIUS MEDICAL CARE ROUND LAKE



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.** Continue to follow **US-45 N.**

go 1.2 mi



4. Take the **IL-137** ramp.

go 0.2 mi



5. Turn **right** onto **IL-137 / Buckley Rd.**

go 1.9 mi



6. **IL-137 / Buckley Rd** becomes **IL-83 / Barron Blvd.**

go 0.3 mi



7. Turn **left** onto **IL-120 / E Belvidere Rd.**

go 2.0 mi



8. Stay **straight** to go onto **IL-134 W / Main St.**

go 1.2 mi



9. **401 W NIPPERSINK RD.**

go 0.0 mi



401 W Nippersink Rd, Round Lake, IL 60073-3280

Total Travel Estimate : 7.37 miles - about 14 minutes

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Trip to 101 Waukegan Rd
Lake Bluff, IL 60044-3012
9.57 miles - about 16 minutes

Notes

TO FRESENIUS MEDICAL CARE LAKE BLUFF



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.**

go 0.6 mi



4. Turn **right** onto **W Peterson Rd.**

go 2.3 mi



5. **W Peterson Rd** becomes **Buckley Rd / IL-137 E.**

go 3.6 mi



6. Turn **right** onto **Waukegan Rd / IL-43 S.**

go 2.5 mi



7. **101 WAUKEGAN RD** is on the **left.**

go 0.0 mi



101 Waukegan Rd, Lake Bluff, IL 60044-3012

Total Travel Estimate : 9.57 miles - about 16 minutes

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Trip to 101 N Greenleaf St

Gurnee, IL 60031

9.47 miles - about 15 minutes

Notes

TO FRESENIUS MEDICAL CARE GURNEE



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.**

go 0.6 mi



4. Turn **right** onto **W Peterson Rd.**

go 2.3 mi



5. Turn **left** onto **IL-21 / N Milwaukee Ave.**

go 4.4 mi



6. Turn **right** onto **Washington St.**

go 1.5 mi



7. Turn **left** onto **Greenleaf St.**

go 0.0 mi



8. **101 N GREENLEAF ST** is on the **right**.

go 0.0 mi



101 N Greenleaf St, Gurnee, IL 60031

Total Travel Estimate : 9.47 miles - about 15 minutes

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Trip to 1616 Grand Ave

Waukegan, IL 60085-3600

12.66 miles - about 22 minutes

Notes

TO DAVITA WAUKEGAN



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.** Continue to follow **US-45 N.**

go 2.8 mi



4. Turn **right** onto **Belvidere Rd / IL-120 E.** Continue to follow **IL-120 E.**

go 7.7 mi



5. Turn **left** onto **Lewis Ave.**

go 1.3 mi



6. Turn **right** onto **Grand Ave.**

go 0.2 mi



7. **1616 GRAND AVE** is on the **left.**

go 0.0 mi



1616 Grand Ave, Waukegan, IL 60085-3600

Total Travel Estimate : 12.66 miles - about 22 minutes

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Trip to 37809 N II Route 59

Lake Villa, IL 60046-7332

13.20 miles - about 24 minutes

Notes

TO DAVITA LAKE VILLA



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.** Continue to follow **US-45 N.**

go 1.2 mi



4. Take the **IL-137** ramp.

go 0.2 mi



5. Turn **right** onto **IL-137 / Buckley Rd.**

go 1.9 mi



6. **IL-137 / Buckley Rd** becomes **IL-83.**

go 5.1 mi



7. Turn **left** onto **Monaville Rd.**

go 3.4 mi



8. Turn **right** onto **IL-59 / Grand Ave.**

go 0.8 mi



9. **37809 N IL ROUTE 59.**

go 0.0 mi



37809 N II Route 59, Lake Villa, IL 60046-7332

Total Travel Estimate : 13.20 miles - about 24 minutes

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Trip to 110 N West St

Waukegan, IL 60085-4330

12.90 miles - about 23 minutes

Notes

TO FRESENIUS MEDICAL CARE WAUKEGAN
HARBOR



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.** Continue to follow **US-45 N.**

go 2.8 mi



4. Turn **right** onto **Belvidere Rd / IL-120 E.** Continue to follow **IL-120 E.**

go 7.7 mi



5. Turn **left** onto **Lewis Ave.**

go 0.6 mi



6. Turn **right** onto **Washington St.**

go 1.0 mi



7. Turn **left** onto **N West St.**

go 0.1 mi



8. **110 N WEST ST** is on the **left.**

go 0.0 mi



110 N West St, Waukegan, IL 60085-4330

Total Travel Estimate : 12.90 miles - about 23 minutes

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Trip to 1291 W Dundee Rd

Buffalo Grove, IL 60089-4009

11.84 miles - about 23 minutes

Notes

TO DAVITA BUFFALO GROVE



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.2 mi



2. Turn **left** onto **USG Dr.**

go 0.4 mi



3. Turn **left** onto **Lake St / US-45 S / N US-45**. Continue to follow **Lake St / US-45 S**.

go 4.3 mi



4. Stay **straight** to go onto **IL-83 S**.

go 4.5 mi



5. Turn **slight right** onto **N Arlington Heights Rd**.

go 2.4 mi



6. Turn **right** onto **W Dundee Rd / IL-68**.

go 0.0 mi



7. **1291 W DUNDEE RD** is on the **left**.

go 0.0 mi



1291 W Dundee Rd, Buffalo Grove, IL 60089-4009

Total Travel Estimate : 11.84 miles - about 23 minutes

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Trip to 691 E Dundee Rd
Palatine, IL 60074-2817
13.53 miles - about 25 minutes

Notes

TO FRESINIUS MEDICAL CARE PALATINE



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.** go 0.2 mi



2. Turn **left** onto **USG Dr.** go 0.4 mi



3. Turn **left** onto **Lake St / US-45 S / N US-45**. Continue to follow **Lake St / US-45 S**. go 4.3 mi



4. Stay **straight** to go onto **IL-83 S**. go 4.2 mi



5. Turn **slight right** onto **IL-53**. go 3.5 mi



6. Stay **straight** to go onto **N Hicks Rd**. go 0.7 mi



7. Turn **left** onto **E Dundee Rd / IL-68**. go 0.4 mi



8. **691 E DUNDEE RD** is on the **right**. go 0.0 mi



691 E Dundee Rd, Palatine, IL 60074-2817

Total Travel Estimate : 13.53 miles - about 25 minutes

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Trip to 4312 W Elm St

Mchenry, IL 60050-4003

16.25 miles - about 27 minutes

Notes

TO FRESENIUS MEDICAL CARE MCHENRY



900 Technology Way, Libertyville, IL 60048-5364



1. Start out going **north** on **Technology Way** toward **USG Dr.**

go 0.3 mi



2. Turn **left** onto **W Winchester Rd.**

go 0.4 mi



3. Turn **right** onto **US-45 N / N Lake St.**

go 0.6 mi



4. Turn **left** onto **W Peterson Rd.**

go 3.7 mi



5. Turn **right** onto **IL-60.**

go 4.3 mi



6. Turn **left** onto **IL-120 / Belvidere Rd.** Continue to follow **IL-120.**

go 7.0 mi



7. **4312 W ELM ST** is on the **right.**

go 0.0 mi



4312 W Elm St, Mchenry, IL 60050-4003

Total Travel Estimate : 16.25 miles - about 27 minutes

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Trip to 4209 W Shamrock Ln

Mchenry, IL 60050-8700

17.52 miles - about 27 minutes

Notes

TO ARA MCHENRY



900 Technology Way, Libertyville, IL 60048-5364

- | | | |
|---|--|-----------|
|  | 1. Start out going north on Technology Way toward USG Dr. | go 0.3 mi |
|  | 2. Turn left onto W Winchester Rd. | go 0.4 mi |
|   | 3. Turn right onto US-45 N / N Lake St. | go 0.6 mi |
|  | 4. Turn left onto W Peterson Rd. | go 3.7 mi |
|   | 5. Turn right onto IL-60. | go 4.3 mi |
|   | 6. Turn left onto IL-120 / Belvidere Rd. Continue to follow IL-120. | go 4.7 mi |
|  | 7. Turn left onto Chapel Hill Rd / CR-V40. | go 0.7 mi |
|  | 8. Chapel Hill Rd / CR-V40 becomes N River Rd / CR-V45. | go 0.9 mi |
|  | 9. Turn right onto Charles J Miller Rd. | go 1.4 mi |
|   | 10. Turn left onto IL-31 / S Front St. | go 0.5 mi |
|  | 11. Turn right onto W Shamrock Ln. | go 0.1 mi |
|  | 12. 4209 W SHAMROCK LN is on the left. | go 0.0 mi |



4209 W Shamrock Ln, Mchenry, IL 60050-8700

Total Travel Estimate : 17.52 miles - about 27 minutes

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Fax (847) 549-7260

November 7, 2012

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 in northeast Lake County and am the Medical Director of the Fresenius Medical Care Lake Bluff dialysis center. Due to the significant growth of ESRD I have seen in Lake County and in my practice generally (due to an aging population and the increasing incidence of kidney disease, particularly in minority populations), I approached Fresenius Medical Care to establish the Prairie Meadows facility to provide treatment options for my patients.

In reviewing patient trends in my practice I have found that my pre-ESRD patients who live in the Libertyville and Grayslake areas have tripled in the past three years, from 95 to 379. The majority of these patients will be requiring dialysis services in the next 1-3 years. This growth has led me to take on a partner to accommodate the increase.

I admit the majority of my patients to Fresenius Lake Bluff and DaVita Lake County in Vernon Hills. I also refer to Fresenius Round Lake and Gurnee. All of these facilities have operated at high utilization for years making it difficult at times to find a spot for my patients at a time of day when they have available transportation. I also refer patients to facilities further away (Fresenius Antioch and DaVita Lake Villa) for those patients who live in those areas. The recently opened Mundelein facility will have availability to serve some of my patients, however not all of them live close enough to go there.

I was treating 54 hemodialysis patients at the end of 2009, 55 patients at the end of 2010 71 patients at the end of 2011, and 78 patients at the end the 3rd Quarter 2012 as reported to The Renal Network (I began my own practice in 2010 therefore 2010 data does not include many patients I saw at my previous practice). Over the past twelve months I have referred 44 new patients for hemodialysis treatment. I currently have 376 pre-ESRD patients in stages 3 & 4 of kidney failure in my practice who live in the Libertyville area

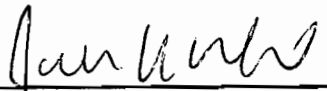
that I expect to begin dialysis within the first two years after the Prairie Meadows facility is operating. (When I wrote my letter of support for the 1st submission of this project last year, I had only 211 pre-ESRD patients in this area). Of the pre-ESRD patients I expect approximately 181 to potentially be referred to the Fresenius Prairie Meadows facility within 24 months of its completion. These numbers do not reflect those patients I treat on home dialysis.

I recently began a new home therapies program at the Lake Bluff facility that is awaiting certification. I currently have 2 patients that receive home hemodialysis treatment through the Fresenius Deerfield facility. I continue to be a strong proponent of home therapies in my practice.

I respectfully ask the Board to approve Fresenius Medical Care Prairie Meadows to alleviate high utilization at area clinics and to keep access to dialysis treatment available to the quickly growing ESRD population in this area. 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 pending or approved CON application.

Sincerely,

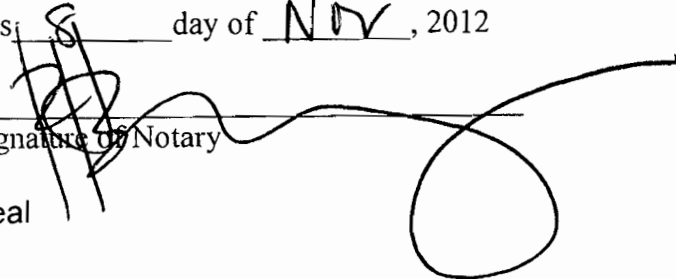


Joshua Trob, M.D.

Notarization:

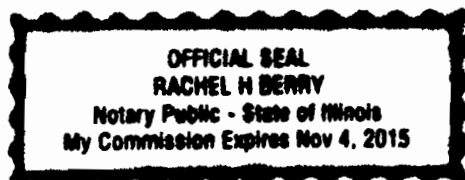
Subscribed and sworn to before me

this 8 day of Nov, 2012



Signature of Notary

Seal



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

Zip Code	Year One Stage 4	Year Two Stage 3*
60030	20	73
60031	12	42
60048	18	61
60060	18	68
60073	15	49
Total	83	293
*Approximately 40% of these patients will start dialysis in year three		

Accounting for patient attrition and those patients in stage 3 of kidney failure that will begin dialysis in year two; I expect approximately 181 of my practice patients to be ready to begin dialysis at the Prairie Meadows facility in the first two years of operation. Patients in stage 4 are in a more serious and imminent stage of kidney failure than those in stage 3. It is difficult to determine with certainty when a patient in stage 3 will begin dialysis because each patient's progression is affected by many underlying conditions.

NEW REFERRALS OF DR. TROB FOR THE PAST TWELVE MONTHS
OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2012

Zip Code	Fresenius Medical Care				DaVita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
46394	1					1
60002				2		2
60020	1					1
60030			3		3	6
60031	3					3
60044	1					1
60045	1					1
60048					2	2
60060					2	2
60061	1				2	3
60064	1					1
60069					1	1
60073	1		5			6
60084					1	1
60085	5	1				6
60087					2	2
60090					1	1
60096	1					1
60099	1			1		2
60192					1	1
Total	17	1	8	3	15	44

PATIENTS OF DR. TROB AT YEAR END 2009

Zip Code	Fresenius Medical Care				DaVita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
60002				1		1
60015	1					1
60022	1					1
60030	1					1
60030			2			2
60030					1	1
60031	2					2
60031		2				2
60044	1					1
60045	1					1
60048	2					2
60048					4	4
60049	1					1
60060			1			1
60060					3	3
60061	1					1
60061					2	2
60064	6					6
60073			6			6
60073					2	2
60085	5					5
60087	3					3
60088	1					1
60099	1					1
60099					1	1
60099				1		1
60624	1					1
Total	28	2	9	2	13	54

PATIENTS OF DR. TROB AT YEAR END 2010

Zip Code	Fresenius Medical Care				Davita Lake County	Total
	Lake Bluff	Gurnee	Round Lake	Antioch		
60002				2		2
60020					1	1
60024					1	1
60030			2			2
60030					1	1
60030			1			1
60031	1					1
60031		1				1
60044	1					1
60045	1					1
60045						0
60046			2			2
60048	3					3
60048					1	1
60049	1					1
60060			1			1
60060					2	2
60061	1					1
60061					1	1
60064	6					6
60064					1	1
60069					1	1
60073			1			1
60073					1	1
60073			7			7
60083	2					2
60084					1	1
60085	5					5
60087	3					3
60099			1			1
60179			1			1
60201	1					1
Total	25	1	16	2	11	55

I began a new practice in 2010, therefore all of the patients I was treating are not represented here.

PATIENTS OF DR. TROB'S PRACTICE AT YEAR END 2011

Zip Code	Fresenius Medical Care				DaVita		Total
	Lake Bluff	Gurnee	Round Lake	Antioch	Lake County	Lake Villa	
60002				3			3
60030			1		2		3
60031	3	1	1				5
60041						1	1
60044	1						1
60045	2						2
60046			3				3
60048	1				1		2
60060	1				2		3
60061	2				3		5
60064	6						6
60069					1		1
60073	1		12		1		14
60083	2						2
60084					2		2
60085	5				1		6
60087	3		1		2		6
60095	1						1
60099	2		1				3
60624					1		1
60652	1						1
Total	31	1	19	3	16	1	71

PATIENTS OF DR. TROB'S PRACTICE AS OF 3RD QUARTER 2012

Zip Code	Fresenius Medical Care				DaVita	Total
	Lake Bluff	Gurnee	Round Lake	Antioch	Lake County	
60002				4		4
60030			3		3	6
60031	2	1	1			4
60044	2					2
60045	2					2
60046			3			3
60048	1				4	5
60060	1				2	3
60061	2				3	5
60064	6					6
60073			11		1	12
60083	2					2
60084					3	3
60085	8				1	9
60087	3	1			1	5
60095	1					1
60096	1					1
60099	3		1	1		5
Total	34	2	19	5	18	78