

Original

13-008

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

FEB 20 2013

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: <i>Chicago Dialysis Center</i>			
Street Address: <i>1806 - 1810 W. Hubbard Street</i>			
City and Zip Code: <i>Chicago, 60622</i>			
County: <i>Cook</i>	Health Service Area	<i>6</i>	Health Planning Area:

Applicant Identification

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

Exact Legal Name: <i>WSKC Dialysis Services, Inc., d/b/a Chicago Dialysis Center</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</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 |

- 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.

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: *Ron Kuerbitz*CEO Address: *920 Winter Street, Waltham, MA 02451*Telephone Number: *800-662-1237***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: *Lori Wright*Title: *Senior CON Specialist*Company Name: *Fresenius Medical Care*Address: *One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154*Telephone Number: *708-498-9121*E-mail Address: *lori.wright@fmc-na.com*Fax Number: *708-498-9334***Additional Contact**

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

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

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>McDermott, Will & Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>c.ranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Net3, LLC</i>
Address of Site Owner: <i>2803 W. Butterfield Road, Suite 310, Oak Brook, IL 60523</i>
Street Address or Legal Description of Site: <i>1806 -1810 W. Hubbard Street, Chicago, IL</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>WSKC Dialysis Services, Inc., d/b/a Chicago Dialysis Center</i>		
Address: <i>920 Winter Street, Waltham, MA 02451</i>		
☐ 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. 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

[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.

WSKC Dialysis Services, Inc. proposes to discontinue its Chicago Dialysis Center 21-station ESRD facility located at 820 W. Jackson Boulevard, Chicago, IL. In conjunction with this discontinuation we will establish a replacement 21-station hemodialysis facility. This establishment to be located at 1806 -1810 W. Hubbard Street, Chicago, IL. The interior of the leased space will be built out by the applicant.

Both locations are in HSA 6. According to the February 2013 station inventory there is a need for an additional 51 stations in this HSA.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide 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	1,738,000	N/A	1,738,000
Contingencies	165,000	N/A	165,000
Architectural/Engineering Fees	190,300	N/A	190,300
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	398,600	N/A	398,600
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	6,695,700 343,775	7,039,475	N/A
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	9,531,375	N/A	9,531,375
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	2,491,900	N/A	2,491,900
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	7,039,475	N/A	7,039,475
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	9,531,375	N/A	9,531,375

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>196,542</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>December 31, 2014</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.

Cost Space Requirements

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

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

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

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole 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 WSKC Dialysis Services, 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
Mark Fawcett
Vice President & Treasurer
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me

this day of 2012


SIGNATURE
Bryan Mello
Assistant Treasurer
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me

this 7 day of Sept 2012

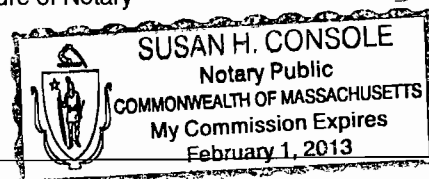
Signature of Notary

Seal

*Insert EXACT legal name of the applicant

Signature of Notary

Seal

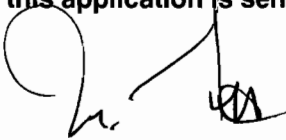


CERTIFICATION

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
Mark Fawcett
Vice President & Asst. Treasurer

PRINTED NAME

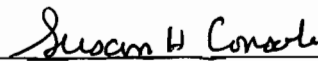
PRINTED TITLE

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


SIGNATURE **Bryan Mello**
Assistant Treasurer
PRINTED NAME

PRINTED TITLE

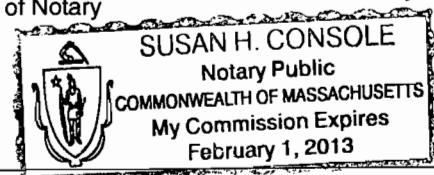
Notarization:
Subscribed and sworn to before me
this 7 day of Sept 2012


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

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

Category of Service	# Existing Stations	# Proposed Stations
 In-Center Hemodialysis	21	21

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service	N/A	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	N/A		X
1110.1430(d)(2) - Documentation	N/A		X
1110.1430(d)(3) - Documentation Related to Cited Problems	N/A		X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>2,491,900</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>7,035,475</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.
<u>9,531,375</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

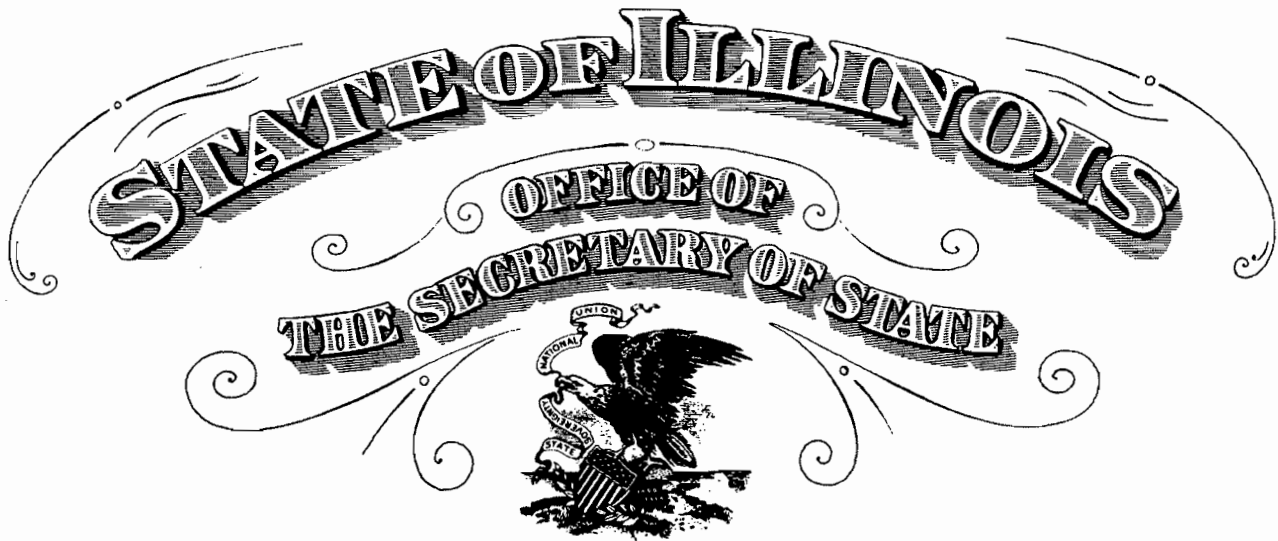
A table in the following format must be provided for all facilities as part of Attachment 44.

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	23
2	Site Ownership	24-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-33
6	Historic Preservation Act Requirements	34
7	Project and Sources of Funds Itemization	35-36
8	Obligation Document if required	37
9	Cost Space Requirements	38
10	Discontinuation	39-58
11	Background of the Applicant	59-64
12	Purpose of the Project	65
13	Alternatives to the Project	66-68
14	Size of the Project	69
15	Project Service Utilization	70
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
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20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
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26	In-Center Hemodialysis	71-106
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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	107-111
40	Financial Waiver	112-113
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42	Economic Feasibility	114-118
43	Safety Net Impact Statement	119-120
44	Charity Care Information	121-128
	Appendix 1 – MapQuest Travel Times	129-181
	Appendix 2 – Physician Referral Letter	182-189



To all to whom these Presents Shall Come, Greeting:

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

WSKC DIALYSIS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1304402066

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of FEBRUARY A.D. 2013 .

Jesse White

SECRETARY OF STATE

Co-Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant/Co-Applicant

☐ 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.

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Net3 (CKC), LLC</i>
Address of Site Owner: <i>2803 W. Butterfield Road, Suite 310, Oak Brook. IL 60523</i>
Street Address or Legal Description of Site: <i>1810 W. Hubbard Street, Chicago, IL 60622</i>

APPEND DOCUMENTATION AS ATTACHMENT-2 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

February 12, 2013

Fresenius Medical Care

Attn: Mr. Bill Popken

(781) 699-9994

Via email: William.Popken@fmc-na.com

RE: 1806-1810 W Hubbard, Chicago IL

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (CKC), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **WSKC Dialysis Services, Inc.** ("Tenant").

Premises: 11,000 square foot building to be constructed and located at 1806-1810 W Hubbard, Chicago, IL

(Exhibit B). Parcel #

17-07-23-0010-0000

17-07-23-0011-0000

Landlord: Net3 (CKC), LLC

Tenant: WSKC Dialysis Services, Inc.

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

Use: Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

Primary Term: 15 years

Option Term(s): Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.

Base Rent over initial Term: Annual Rent: Starts at \$28.42/sq. ft. and increase in year 5 and 10 by 10%.

Taxes, Insurance & CAM: Tenant will pay

Utilities: Tenant will be responsible to pay for all of their own utilities.

Tenant's Share: 100%

Condition of Premises Upon Delivery: Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in **(Exhibit A)**. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

Rent Commencement Date: Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) one ninety (90) days after the Delivery Date.

Delivery Date: The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.

Construction Drawings For Landlord's Work: Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

Tenant's Work: Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.

Security Deposit: None, subject to Landlord's review of current Tenant financial statements.

Landlord Maintenance:

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage:

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality:

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

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 June 2013. 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 June 2013, 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.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liabilities under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Net3 (Oak Forest), LLC

By: Net 3 Real Estate, L.L.C., its Agent

By: _____

David E. Cunningham, Manager

AGREED TO AND ACCEPTED BY:

WSKC Dialysis Services, Inc.

By: _____

Its: _____

Date: _____

Operating Identity/Licensee

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

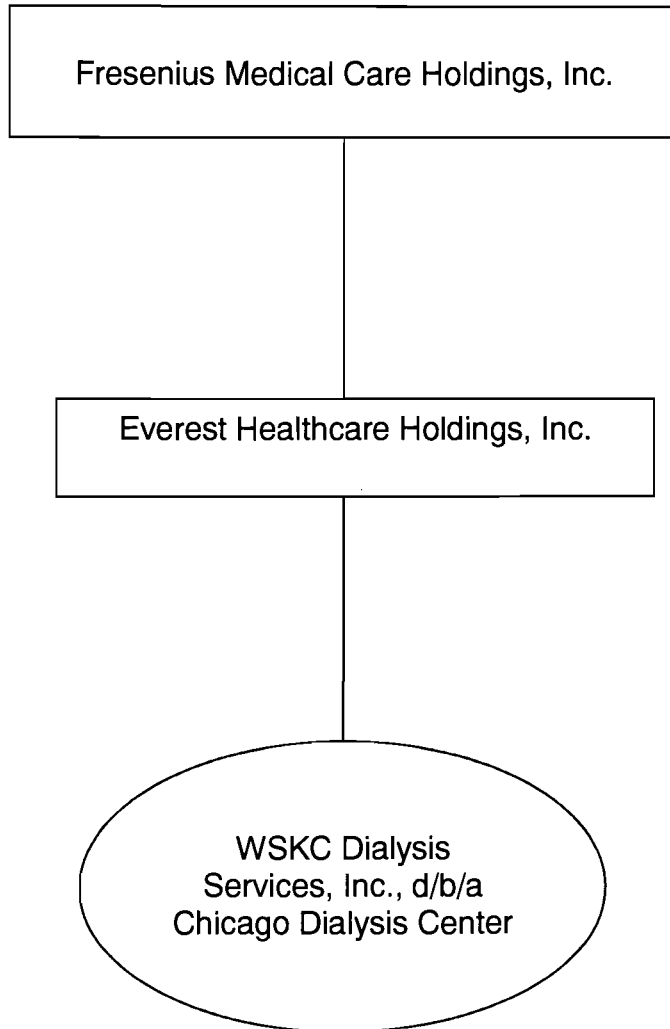
Exact Legal Name: *WSKC Dialysis Services, Inc., d/b/a Chicago Dialysis Center*

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

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| ☐ | 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

Certificate of Good Standing at Attachment – 1.



Flood Plain Requirements

The proposed site for the establishment (relocation) of Fresenius Medical Care Chicago Dialysis Center complies with the requirements of Illinois Executive Order #2005-5. The site, 1806-1810 W. Hubbard Street, Chicago, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.



Illinois Historic Preservation Agency

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

Cook County
Chicago
1810 West Hubbard Street
IHFSRB
New construction, Chicago Dialysis Center - Fresenius Medical Care

PLEASE REFER TO: IHPA LOG #008020413

February 7, 2013

Jean Gibellin
Fresenius Medical Care
1 Westbrook Corporate Center, Suite 1000
Westchester, IL 60154

Dear Ms. Gibellin:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization Contracts

	87,100
Temp Facilities, Controls, Cleaning, Waste Management	4,300
Concrete	22,000
Masonry	26,400
Metal Fabrications	13,000
Carpentry	153,000
Thermal, Moisture & Fire Protection	31,000
Doors, Frames, Hardware, Glass & Glazing	119,000
Walls, Ceilings, Floors, Painting	281,000
Specialities	21,700
Casework, FI Mats & Window Treatments	10,500
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	556,000
Wiring, Fire Alarm System, Lighting	335,000
Miscellaneous Construction Costs	78,000
Total	1,738,000

Contingencies

Contingencies	\$165,000
---------------	------------------

Architectural/Engineering

Architecture/Engineering Fees	\$190,300
-------------------------------	------------------

Cost Itemization
ATTACHMENT - 7

Movable or Other Equipment

Dialysis Chairs	\$32,000
Misc. Clinical Equipment	20,000
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	40,000
Water Treatment	140,000
TVs & Accessories	65,000
Telephones	18,000
Generator	30,000
Facility Automation	18,000
Other miscellaneous	5,600
Total	\$398,600

Fair Market Value Leased Space & Equipment

FMV Leased Space	\$6,695,700
FMV Leased Dialysis Machines	331,775
FMV Leased Computers, Fax, Copier	12,000
Total	\$7,039,475

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	9,531,375		11,000		11,000		
Total Clinical	9,531,375		11,000		11,000		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	9,531,375		11,000		11,000		
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

1110.130 – DISCONTINUATION

General Information Requirements

WSKC Dialysis Services, Inc. proposes to discontinue its 21-station Chicago Dialysis Clinic, which first opened in 1977 and has been located at 820 W. Jackson Boulevard, Chicago, IL for the past 15 years. As of the 4th quarter 2012 data, the facility was operating at 59% utilization with 74 patients, 43% of whom are Medicaid recipients. In conjunction with this discontinuation, we will establish a 21-station replacement ESRD facility at 1806-1810 W. Hubbard Street. Both facilities are in HSA 6. All patients are expected to transfer to the new facility and therefore all medical records will be transferred to the new site as well.

The discontinuation is expected to occur simultaneously with the opening of the new facility by April 2014. There will be no break in service to the patients involved. The evacuated building at 820 W. Jackson Boulevard is leased space so it will be released back to the landlord.

Reasons for Discontinuation

The current leased space for the Chicago Dialysis Center is located in a high rent area of the Greek Town neighborhood. This area has become a dining and nightlife district making it difficult for patients to access with very limited parking. The building is also difficult to access with the patient entrance located around the side of the building away from the street access. The layout of the facility itself creates an inconvenience for patients by requiring them to walk a long distance from the lobby to the treatment floor. Due to the changing neighborhood many patients no longer live directly near the current site. Relocating the current clinic to the new site will allow the patients easier access to dialysis treatment without the barriers and challenges of parking, and the congestion of being in an entertainment area. The new location will better meet CMS regulations for patient care space also.

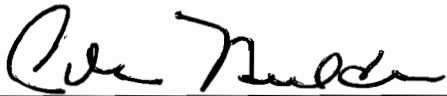
Impact On Access

It is determined that the "relocation" of the Chicago Dialysis Center facility to a site 2 miles away will not have an adverse impact upon access to care for residents or impact on any area ESRD providers. It will have a positive effect on the patient's physical access to the building. A written request for an impact statement was sent to all non-Fresenius facilities within a 45 minutes travel time. There was no response.

IMPACT ON ACCESS STATEMENT PER PART 1110.130

The proposed discontinuation of the Chicago Dialysis Center 21-station end stage renal disease (ESRD) facility will not have an adverse effect upon access to care for the residents of the healthcare market area in which it is situated. Along with this discontinuation, a replacement 21-station ESRD facility will be established at 1806-1810 W. Hubbard Street in Chicago. The Chicago Dialysis Center facility is essentially being relocated 2 miles away. All patients are expected to transfer to the replacement facility. There will be no break in service to patients.

There will be no adverse impact to any facilities within a 45-minute travel time. A written request for an impact statement was sent to each and no response was received. Attached is a copy of the letter sent to the clinics and the returned certified mail card.



Signature

Coleen Muldoon

Printed Name

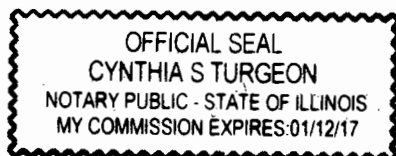
Regional Vice President

Title

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 14th DAY
OF FEBRUARY, 2013.


NOTARY PUBLIC

Seal



Impact Statement
ATTACHMENT - 10

Clinics Within 45 Minutes that were Notified of the Discontinuation and Establishment of the Chicago Dialysis Center Facility

Facility	Address	City	State	ZIP
ARA South Barrington	33 W Higgins Rd	Barrington	IL	60010
DaVita Cobblestone Dialysis	836 Dundee St	Elgin	IL	60120
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	IL	60193
DaVita Arlington Hts	17 W Golf Rd	Arlington Hts	IL	60005
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	IL	60089
DaVita Palos Park	13155 S La Grange Rd	Orland Park	IL	60462
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	IL	60443
DaVita Stony Creek	9115 S Cicero Ave	Oak Lawn	IL	60453
DaVita West Lawn	7000 S Pulaski Rd	Chicago	IL	60629
DaVita Hazel Crest	3470 183rd St	Hazel Crest	IL	60429
DaVita Chicago Hts	177 E Joe Orr Rd	Chicago Hts	IL	60411
DaVita Markham	3053 W 159th St	Harvey	IL	60426
DaVita South Holland	16136 S Park Ave	S Holland	IL	60473
DaVita Mt. Greenwood	3401 W 111th St	Chicago	IL	60655
DaVita Beverly Dialysis	8109 S Western Ave	Chicago	IL	60620
DaVita Emerald	710 W 43rd St	Chicago	IL	60609
DaVita Stony Island	8725 S Stony Island Ave	Chicago	IL	60617
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	IL	60619
DaVita Woodlawn	5060 S State Street	Chicago	IL	60609
DaVita Lake Park	1531 E. Hyde Park Blvd	Chicago	IL	60615
DaVita Montclare	7009 W Belmont Ave	Chicago	IL	60634
DaVita Big Oaks	5623 W Touhy Ave	Niles	IL	60714
DaVita Little Village	2335 W Cermak Rd	Chicago	IL	60608
DaVita Loop	1101 S Canal St	Chicago	IL	60607
DaVita Logan Square	2659 N. Milwaukee Ave	Chicago	IL	60647
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	IL	60657
DaVita Evanston	1715 Central St	Evanston	IL	60201
DaVita Lake County	565 Lakeview Pkwy	Vernon Hills	IL	60061
Fox Valley Dialysis	1300 Waterford Dr	Aurora	IL	60504
Direct Dialysis	14255 Cicero Ave	Crestwood	IL	60445
Newco Scottsdale	4651 W 79th Pl, #100	Chicago	IL	60652
Community Dialysis Harvey	16657 Halsted St	Harvey	IL	60426
Loyola Hospital Dialysis	1201 W Roosevelt Rd	Maywood	IL	60153
Maple Avenue Dialysis	610 S Maple Ave, #4100	Oak Park	IL	60304
Resurrection Hosp Dialysis	7435 W Talcott Ave	Chicago	IL	60631
Satellite Glenview	2601 Compass Road	Glenview	IL	60025
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	IL	60712
Mt Sinai Hospital Dialysis	2700 W 15th St	Chicago	IL	60608
U of I Hospital Dialysis	1859 W Taylor St	Chicago	IL	60612
Cook County Hospital Dialysis	1901 W Harrison St	Chicago	IL	60612
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	IL	60624
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	IL	60612
Circle Medical Mgt Dialysis	1426 W Washington Blvd	Chicago	IL	60607
Nephron Dialysis	5140 N California Ave	Chicago	IL	60625
Evanston NW Hlthcr Dialysis	2650 Ridge Ave	Evanston	IL	60201
Highland Park Hosp Dialysis	718 Glenview Ave	Highland Pk	IL	60035
USR Bolingbrook Dialysis*	396 Remington Blvd	Bolingbrook	IL	60440
USR Oak Brook Dialysis*	1213 Butterfield Road	Downers Grv	IL	60515
USR Streamwood Dialysis*	149 Irving Park Road	Streamwood	IL	60107
USR Villa Park*	200 E North Avenue	Villa Park	IL	60181

* These units were not open at time letter was sent. Notification mailed to Corporate.



Fresenius Medical Care

August 28, 2012

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care – North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue our 21-station Chicago Kidney Center dialysis facility located at 820 W. Jackson Blvd in Chicago. In conjunction with this discontinuation we will be establishing a replacement 21-station dialysis facility in Chicago.

The estimated date that this discontinuation/establishment will occur is December 31, 2014. Over the past two years the Chicago Kidney Center dialysis facility has provided 22,077 dialysis treatments to 162 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Chicago facility and subsequent opening of the new facility in Chicago. All current patients are expected to transfer to the new location. We do not expect that there will be any adverse impact to care for patients in this market area, nor do we expect there to be any burden of care placed on other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from your facility in the form of an impact statement in regards to our proposed project within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 708-498-9140.

Sincerely,

Jean Gibellin
CON Specialist

Fresenius Medical Services ♦ North Division

One Westbrook Corporate Center, Suite 1000 Westchester, IL 60091-1602
Discontinuation Request for Impact Letter

ATTACHMENT – 10

42

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Mt Sinai Hospital Dialysis
2700 W 15th St
Chicago, IL, 60608

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Satellite Glenview
2601 Compass Road
Glenview, IL, 60025

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *8/24/11*

D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7012 1010 0002 8454 9897

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9828

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9774

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9774

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Rush Hospital Dialysis
1653 W Congress Pkwy
Chicago, IL, 60612

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *8-30-12*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Evanston
1715 Central St
Evanston, IL, 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *8/30/12*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7012 1010 0002 8454 9927

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9774

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9774

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. 7012 1010 0002 8454 9774

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Garfield Kidney Center
3250 W Franklin Blvd
Chicago, IL, 60624

2. Art (7a) 7012 1010 0002 8454 9842

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Joe Parkin*
- B. Received by (Printed Name) *Joe Parkin*
- C. Date of Delivery *8/31/12*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Logan Square Dialysis
2659 N. Milwaukee Ave
Chicago, IL, 60647

2. Art (7a) 7012 1010 0002 8454 9750

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Nagum*
- B. Received by (Printed Name) *Nagum*
- C. Date of Delivery *8/31/12*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Highland Park Hospital Dialysis
718 Glenview Ave
Highland Park, IL, 60035

2. Art (7a) 7012 1010 0002 8454 9941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Joe Parkin*
- B. Received by (Printed Name) *Joe Parkin*
- C. Date of Delivery *8/31/12*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Center For Renal Replacement
7301 N Lincoln Ave
Lincolnwood, IL, 60712

2. Art (7a) 7012 1010 0002 8454 9835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Kesela Liankora*
- B. Received by (Printed Name) *M, A, Liankora*
- C. Date of Delivery *8/31/12*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

☒ Print your name and address on the reverse so that we can return the card to you.

☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Stony Creek
9115 S Cicero Ave
Oak Lawn, IL, 60453

7011 0470 0001 4561 2724

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

☒ Print your name and address on the reverse so that we can return the card to you.

☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Markham
3053 W 159th St
Harvey, IL, 60426

7011 0470 0001 4561 2779

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Facility Manager*

B. Received by (Printed Name) *C. H. H. H.*

C. Date of Delivery *2/30*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2724

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Val Cop*

B. Received by (Printed Name) *Val Cop*

C. Date of Delivery *2-3-12*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2779

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

☒ Print your name and address on the reverse so that we can return the card to you.

☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Chicago Heights
177 E Joe Orr Rd
Chicago Heights, IL, 60411

7011 0470 0001 4561 2762

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

☒ Print your name and address on the reverse so that we can return the card to you.

☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Big Oaks
5623 W Touhy Ave
Niles, IL, 60714

7011 0470 0002 8454 9729

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x D. Clay*

B. Received by (Printed Name) *D. Clay*

C. Date of Delivery *2/31/12*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2762

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x D. Clay*

B. Received by (Printed Name) *D. Clay*

C. Date of Delivery *2-3-12*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2762

PS Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Lake Park Dialysis
1531 E. Hyde Park Blvd
Chicago, IL, 60615

AUG 3 2002

60615

COMPLETE THIS SECTION ON DELIVERY

A. Signature *DaVita* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *DaVita* ☐ Date of Delivery *8-3-02*

C. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita West Lawn
7000 S Pulaski Rd
Chicago, IL, 60629

COMPLETE THIS SECTION ON DELIVERY

A. Signature *DaVita* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *DaVita* ☐ Date of Delivery *8-3-02*

C. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. 7012 1010 0002 8454 9705

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7011 0470 0001 4561 2748

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-15

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Emerald
710 W 43rd St
Chicago, IL, 60609

COMPLETE THIS SECTION ON DELIVERY

A. Signature *DaVita* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *DaVita* ☐ Date of Delivery *8-3-02*

C. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Stony Island
8725 S Stony Island Ave
Chicago, IL, 60617

COMPLETE THIS SECTION ON DELIVERY

A. Signature *DaVita* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *DaVita* ☐ Date of Delivery *8-3-02*

C. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. 7012 1010 0002 8454 9668

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

7012 1010 0002 8454 9675

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Facility Manager
DaVita Woodlawn
5060 S State Street
Chicago, IL 60609

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 8-30-12
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7012 1010 0002 8454 9799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Facility Manager
DaVita Arlington Heights
17 W Golf Rd
Arlington Heights, IL 60005

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 8-30-12
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2694

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Facility Manager
Direct Dialysis
14255 Cicero Ave
Crestwood, IL 60445

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 8-30-12
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7012 1010 0002 8454 9798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Facility Manager
DaVita Buffalo Grove
1291 W Dundee Rd
Buffalo Grove, IL 60089

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery 8-30-11
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2700

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Community Dialysis Harvey
16657 Halsted St
Harvey, IL, 60426

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
Facility Manager

C. Date of Delivery
8/30/12

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A. 7012 1010 0002 8454 9651
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita South Holland
16136 S Park Ave
South Holland, IL, 60473

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
Facility Manager

C. Date of Delivery
8/30/12

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A. 7012 1010 0002 8454 9637
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Beverly Dialysis
81096 Western Ave
Chicago, IL, 60620

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
Facility Manager

C. Date of Delivery
8/30/12

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A. 7012 1010 0002 8454 9651
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Olympia Fields
4557 Lincoln Hwy
Matteson, IL, 60443

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
Facility Manager

C. Date of Delivery
8/30/12

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. A. 7012 1010 0002 8454 9637
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Continuation of PS Form 3811, February 2004

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ATTACHMENT - 10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Grand Crossings
7319 S Cottage Grove Ave.
Chicago, IL 60619

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) 13 Books C. Date of Delivery 8-25-12
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Nephron Dialysis
5140 N California Ave
Chicago, IL 60625

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Angela South C. Date of Delivery 8-25-12
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7012 1010 0002 8454 9682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Domestic Return Receipt

102595-02-M-1540

49

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
ARA South Barrington
33 W Higgins Rd
Barrington, IL 60010

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) CAH C. Date of Delivery 8-25-12
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7011 0470 0001 4561 2670

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Resurrection Hosp Dialysis
7435 W Talcott Ave
Chicago, IL, 60631

2. 7012 1010 0002 8454 9880

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Loyola Hosp Dialysis
1201 W Roosevelt Rd
Maywood, IL, 60153

2. 7012 1010 0002 8454 9866

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

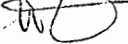
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  ☒ Agent ☐ Addressee C. Date of Delivery 8.29.12
1. Article Addressed to: Facility Manager DaVita Little Village 2335 W Cermak Rd Chicago, IL 60608	B. Received by (Printed Name) NA. FAVUENSIS (PAP) D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Art	3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
(Tr)	4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 1. Print your name and address on the reverse so that we can return the card to you. 2. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to: Facility Manager DaVita Schaumburg 1156 S Roselle Rd Schaumburg, IL 60193		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. 7011 0470 0001 4561 2687		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1546

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Facility Manager Evanston NW Hlthcr Dialysis 2650 Ridge Ave Evanston, IL, 60201	COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> A. Signature X </td> <td style="width: 50%; padding: 5px;"> ☒ Agent ☐ Addressee </td> </tr> <tr> <td style="padding: 5px;"> B. Received by (Printed Name) W. K. K. K. </td> <td style="padding: 5px;"> C. Date of Delivery </td> </tr> </table> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	A. Signature X	☒ Agent ☐ Addressee	B. Received by (Printed Name) W. K. K. K.	C. Date of Delivery		
A. Signature X	☒ Agent ☐ Addressee						
B. Received by (Printed Name) W. K. K. K.	C. Date of Delivery						
3. Service Type <table style="width: 100%;"> <tr> <td>☒ Certified Mail</td> <td>☐ Express Mail</td> </tr> <tr> <td>☐ Registered</td> <td>☐ Return Receipt for Merchandise</td> </tr> <tr> <td>☐ Insured Mail</td> <td>☐ C.O.D.</td> </tr> </table>		☒ Certified Mail	☐ Express Mail	☐ Registered	☐ Return Receipt for Merchandise	☐ Insured Mail	☐ C.O.D.
☒ Certified Mail	☐ Express Mail						
☐ Registered	☐ Return Receipt for Merchandise						
☐ Insured Mail	☐ C.O.D.						
4. Restricted Delivery? (Extra Fee) ☐ Yes							

2. A 7012 1010 0002 8454 9934

0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Mt. Greenwood
3401 W 111th St
Chicago, IL, 60655

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/30/12

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 1010 0002 8454 9644

9/7

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Montclare
7009 W Belmont Ave
Chicago, IL, 60634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-30-12

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 1010 0002 8454 9712

9/7

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
U of I Hospital Dialysis
1859 W Taylor St
Chicago, IL, 60612

2. A 7012 1010 0002 8454 9903

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dulia* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-30-72

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Cook County Hospital Dialysis
1901 W Harrison St
Chicago, IL, 60612

7012 1010 0002 8454 9910

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. J. [Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steve Pirri
President/ Chief Operating Officer
US Renal Care Dialysis
2400 Dallas Pkwy #350
Plano, TX 75093

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. 7012 1010 0002 8454 9965

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Maple Avenue Dialysis
610 S Maple Ave
Oak Park, IL 60304

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article (7012 1010 0002 8454 9873)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
DaVita Hazel Crest
3470 183rd St
Hazel Crest, IL 60429

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. 7011 0470 0001 4561 2755 54

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Request for Impact Letter
ATTACHMENT - 10

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>Samuella Watkins</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Samuella Watkins</i> C. Date of Delivery <i>8-30-12</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Facility Manager DaVita Loop 1101 S Canal St Chicago, IL 60607		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. <i>7012 1010 0002 8454 9743</i>		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <i>M. Daning</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>M. Daning</i> C. Date of Delivery <i>8/30/12</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: Facility Manager Circle Medical Management 1426 W. Washington Blvd Chicago, IL 60607		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article <i>7012 1010 0002 8454 9958</i>		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FACILITY MANAGER
DAVITA LAKE COUNTY DIALYSIS
918 S. MILWAUKEE AVE
LIBERTYVILLE, IL 60048

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Manssa Inzamy

C. Date of Delivery

9-11-12

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 1010 0002 8454 9972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FACILITY MANAGER
NEWCO SCOTTSDALE DIALYSIS
4651 N. 79TH PL, UNIT #100
CHICAGO, IL 60652

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Joan Kruse

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/12/12

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. / 7012 1010 0002 8454 9989

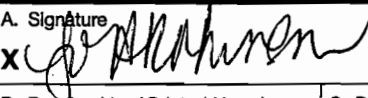
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ <i>Chung King</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Rodriguez</i> <i>12-29-12</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: <i>FACILITY MANAGER DA VITA Cobblestone 836 Dundee St ELGIN, IL 60120</i>	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7012 1010 0002 8454 9996	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature ☒ <i>V. Lopez</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>V. Lopez</i> <i>12-31</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: <i>FACILITY MANAGER FOX VALLEY DIALYSIS 1300 Waterford Dr. Aurora, IL 60504</i>	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
7012 1010 0002 8455 0008	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X  ☐ Agent ☐ Addressee	
1. Article Addressed to: STEPHEN PICCI PRESIDENT & COO U.S. RENAL CARE PLANO, TX 75093		B. Received by (Printed Name)	C. Date of Delivery 12/31/12
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

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. Our quality outcomes of our dialysis facilities in Illinois exceed the U.S. mean in almost every measurement category.

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.

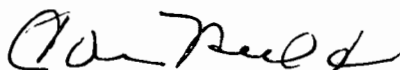
December 04, 2012

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 is responsible for the Fresenius Medical Care Chicago Dialysis Center facility. It is Fresenius Medical Care's policy to accept all patients regardless of their ability to pay for services and this policy will remain in effect at the Chicago Dialysis Center 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.

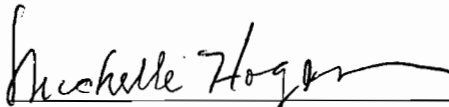
Sincerely,



Coleen Muldoon
Regional Vice President

Notarization:

Subscribed and sworn to before me
this 6th day of December, 2012


Signature of Notary

Seal



Charity Care Certification
ATTACHMENT - 11

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	14-2637	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	
Centre-West Springfield	14-2546	1112 Centre West Dr.	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	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%
Galesburg	14-8628	695 N. Kellogg	Galesburg	61401	
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	14-2739	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%
Logan Square		2734 N. Milwaukee Avenue	Chicago	60647	N/A
Lombard	14-2722	1940 Springier 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	
Normal		1531 E. College Ave	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	10.8%
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	
Regency Park	14-2558	124 Regency Dr.	O'Fallon	62269	
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%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southside	14-2508	3134 W. 76th St.	Chicago	60652	24.0%
Southwestern Illinois	14-2535	5-9 Professional Drive	Alton	62002	
Spoon River	14-2565	210 W. Walnut St	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

WSKC Dialysis Services, 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 WSKC Dialysis Services, 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 & Treasurer~~

By: [Signature]
ITS: **Bryan Mello**
Assistant Treasurer

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

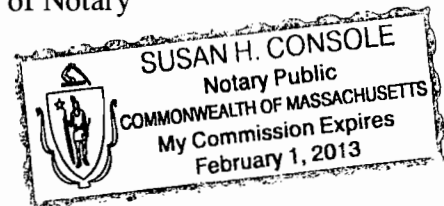
Notarization:
Subscribed and sworn to before me
this 7 day of Sept , 2012

[Signature]
Signature of Notary

Signature of Notary

Seal

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

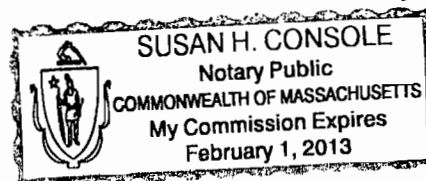
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to maintain access to dialysis services in the Chicago market area of the Near West Side. By relocating the current Chicago Dialysis Center facility 2 miles away to a more medically suited neighborhood closer to where the patients live, it will provide better access. The facility is operating at 59% utilization with 74 patients according to the 4th quarter data reported to the IHFSRB. Forty-three percent of the facility patients are Medicaid recipients.
2. The current and the proposed sites are both in Chicago and are located in HSA 6. This ESRD facility primarily serves patients from many areas of Chicago and also serves many of Chicago's homeless.
3. The Chicago Dialysis Center is currently located in the downtown/Loop neighborhood of Greek Town. During its time there, the area has grown into a dining and nightlife destination which has made the clinic's location very inaccessible for the dialysis patients. They are either unable to find street parking, or must use the pay lot across the street in order to park. The layout of the clinic prevents easy access to the treatment room because it is not connected to the lobby, resulting in the patients walking longer distances. This is inconvenient and creates an additional hardship for the patient who may be feeling ill or tired after treatment. All areas of the clinic are in need of repair, painting or require equipment replacement. In addition, the clinic is located in an extremely high rent district, paying three times more than other facilities in the area. For these reasons, Fresenius Medical Care does not feel it is reasonable to sink funds into the building when a more modern and appropriately designed facility would better serve the patient population.
4. Clinic utilization data is obtained from the IHFSRB for the 4th Quarter 2012. Pre-ESRD patients for the market area were obtained from Dr. Dunea and Nephrology Associates of Northern Illinois (NANI).
5. Relocating the 21 station Chicago Dialysis Center facility to 1806-1810 W. Hubbard Street, Chicago will offer patients a modern and efficiently planned facility located in an area which will allow easier access to treatment and parking, along with meeting CMS guidelines. There will be no interruption in service to the current patients of Chicago Dialysis Center since the relocation of the facility will occur on a Sunday when there is no patient treatment scheduled.
6. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would continue to have similar quality outcomes after the relocation. Currently the Chicago Dialysis Center patients have the quality values below:
 - 96% 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.

The only option that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. This alternative would not address the problem of the physical state of the building, which requires extensive repair, or its location, which has become a dining and nightlife area. This has made the Chicago Dialysis Center nearly inaccessible for parking and patient access. There is no monetary cost associated with this alternative.

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

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

C. Relocating the facility and reducing by 5 stations

Relocating the facility and reducing stations from 21 to 16 is not a good option for our patients. The reduction of stations would limit the patient's shift choice by forcing about one third of the patients to be rescheduled to the last shift of the day which ends at approximately 8:00 p.m. Altering the patient's treatment schedule in this way would have a negative impact on their quality of life as it would interfere with their lifestyle and would create transportation problems for many of the patients. Forty-three percent of the patients at Chicago Dialysis Center are receiving Medicaid, many of whom rely on family, friends or public transportation to get to dialysis. Also, there is a need for stations in Chicago. We also anticipate clinic growth, after the clinic relocates to a more modern setting with better access. Dr. Dunea's letter attests to future referrals to bring the clinic to 80% at 21 stations within 2 years. The cost of this alternative would be approximately \$9,400,000.

D. Closing the current facility and utilizing area providers.

We considered the alternative of closing the clinic. This alternative was rejected for the following reasons. The clinic does not make money and has not for some time. As a result of its size, Fresenius operates a number of clinics in Illinois that only break even or lose money, and it supports the operations of these clinics through its more profitable clinic operations. The Chicago Dialysis Clinic is a unique clinic in that almost half of its patients are Medicaid recipients. Some of the patients are "problem" patients, meaning they are non-compliant with treatments or diabetic care, combative with staff and/or generally create problems for the clinic. These types of patients are not uncommon, in that end stage renal disease is a very difficult disease to live with on a day to day basis. The underlying medical problems along with the burden of treatment create obvious difficulties for the patients. Many clinics choose to refuse treatment to patients that are combative or create quality of care issues due to lack of compliance (and we are not picking on non-Fresenius clinics - we include some of our own in this). This particular clinic is one that for whatever reason has been a haven for these patients. The clinic staff has welcomed these patients and is able to work with them, and has been proud of being able to do so. Under these circumstances we do not believe closing the clinic is the best option. It is more difficult for Medicaid patients to obtain placement. Also, we do not want these patients to have to scatter to a number of clinics - some where they will not be able to see their current treating physician, and to lose staff relationships with current clinic staff. We also would have to terminate current clinic staff. There is no monetary cost to this alternative.

The best alternative is to keep access to dialysis services available by relocating the facility to the proposed area. This alternative was selected because it will address the extensive problems of poor building and parking conditions. It will provide a more modern accessible facility in a neighborhood closer to where a majority of the patients live and it eliminate the current difficulties of being located in the dining and nightlife district. While this is the most costly alternative, the expense is to Fresenius Medical Care only, while the patients will benefit from improved access and a more modern facility to receive treatment. The cost of this project is \$9,531,375.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	\$0	Continued lack of parking, extensive repair issues, and congestion due to the entertainment district it is located in.	Patient clinical quality would remain above standards.	No effect on patients Continued excessive lease expense and repair costs
Pursue a Joint Venture	\$9,531,375 \$5,718,825 \$3,812,550	Same as current proposed project (Fresenius Medical Care 60%) (JV Partner 40%)	Patient clinical quality would remain above standards	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations. If this were a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Relocate Chicago Dialysis and reduce by 5 Stations to bring near 80% capacity on 3 shifts/day	\$9,400,000	Patients who have to switch to a different schedule time may face transportation issues and schedule conflicts with work/family time.	Patient clinical quality would remain above standards, but patients may miss their treatments due to schedule conflicts or transportation issues	Insignificant savings to total project when compared to disruption and difficulty caused to the patient who is placed on 3 rd shift.
Close the clinic and utilize area providers.	\$0	Unique patient population may not find acceptance at other clinics. Patients would be scattered and loose continuity of care.	Quality may decline due to missed treatments caused by shift change, transportation problems or limited clinic choices.	No effect.
Relocate the Chicago Dialysis Facility	\$9,531,375	Improved access with ample off-street parking on site. Neighborhood better suited for a medical facility and will be closer to where patients live	Patient clinical quality would remain above standards More modern facility in a better location will increase patient satisfaction by greatly improving access	The new site will not require extensive repair costs. The leased space will be less costly because the clinic will no longer be located in a high rent area.

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. Chicago Dialysis Center has had above standard quality outcomes.

- 96% 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	(21 Stations) 11,000	360-520 DGSF	3 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 11,000 DGSF amounts to 524 DGSF per station and is just 3 DGSF over the State limit per station.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	59%		80%	No
YEAR 1	IN-CENTER HEMODIALYSIS		68%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		81%	80%	Yes

There are 74 current patients of the Chicago Dialysis Center facility that are expected to transfer to the new location. NANI has identified 57 pre-ESRD patients that are expected to be referred to the facility in the next 2 years. Taking this into account patient attrition loss of current dialysis patients. The facility is expected to reach and maintain utilization standards.

It is also expected that due to the more easily accessible new location, that patient referrals to Chicago Dialysis Center will increase beyond those historically recorded.

A. Planning Area Need - Formula Need Calculation:

The current Chicago Dialysis Center is a 21-station in-center hemodialysis facility located in Chicago in HSA 6. The proposed relocation site is also located in HSA 6. According to the February 2013 inventory there is a need for 51 additional ESRD stations in this HSA, however, this is essentially a relocation of the 21-station facility and there will be no change to the inventory as a result.

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 Cook County in HSA 6, more specifically just west of the Chicago Loop market area. 100% of the current ESRD patients and 100% of the pre-ESRD patients identified for this project reside in HSA 6.

Pre-ESRD Patients Who Will Be Referred To Chicago Dialysis Center		
HSA	#Patients	% of Patients
6	57	100%

Current Chicago Dialysis Center Patients Who Will Transfer to the Relocated Chicago Dialysis Center Facility		
HSA	#Patients	% of Patients
6	73	100%

January 30, 2013

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

Dear Ms. Avery:

My name is George Dunea, M.D. and I am a nephrologist practicing in Chicago with Nephrology Associates of Northern Illinois (NANI) and have been the sole Medical Director of the Chicago Dialysis Center located in Greek Town for the past 35 years. I am writing to support the relocation of the facility. During my time as Medical Director here, I have seen the neighborhood around the clinic change into a very congested nightlife area with little or no parking causing hardships for the patients dialyzing here. A majority of my patients are disadvantaged and this location is no longer an optimal place for them to come for treatment. The new clinic's location is better suited for medical services and will allow for better access and ample convenient parking.

Since 1977 our center has provided dialysis to patients referred from many different hospitals, including a great number from Cook County Hospital. These patients elected to come here in order to maintain the continuity of their care, in that they were seen by the doctors also practicing at Cook County rather than being referred to doctors who had never seen them before and were unfamiliar with their history (which frequently is quite complicated considering the severity of their illness). This arrangement has allowed a seamless transfer of patients to the unit and likewise their return to the hospital for investigations, emergency admissions, and renewal of their medications.

In recent years the number of patients treated at this unit has declined because of the changing demographics of the Greek Town area. Parking has become very difficult, and is also expensive, creating a hardship to the patients who drive to the unit. In addition, the building is no longer suitable for dialysis and maintenance is poor and not commensurate with the high rent charged in this location. Not only would a move benefit the patients currently being treated here, but new referrals are expected to increase after relocation to a more consumer friendly area.

I have provided required patient information on the following pages to meet the CON application criteria for this relocation. I attest to the best of my knowledge that the patient referrals on the following pages were not used to support any pending or current CON application or permit.

I respectfully ask the Board to approve the relocation of the Chicago Dialysis Center 21-station clinic to a more modern treatment facility in order to keep access available to this patient population. Thank you for your consideration.

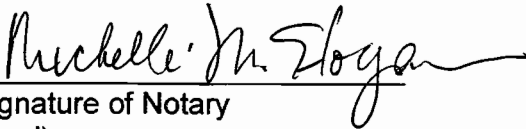
Sincerely,



George Dunea MD, FACP, FRCP (Lond & Edin), FASN.
Medical Director, Chicago Dialysis Center
Professor of Medicine, University of Illinois at Chicago
President and CEO, Hektoen Institute of Medicine
Founding Chairman Emeritus, Division of Nephrology, Cook County Hospital

Notarization:

Subscribed and sworn to before me
this 6th day of Feb., 2013



Signature of Notary
(Seal)



**CURRENT HEMODIALYSIS PATIENTS AT CHICAGO DIALYSIS CENTER THAT ARE
EXPECTED TO TRANSFER AFTER RELOCATION**

Zip Code	Count
60155	1
60402	1
60430	1
60605	1
60607	4
60608	6
60609	1
60610	3
60612	9
60613	1
60615	2
60616	1
60617	2
60619	2
60620	2
60621	1
60622	1
60623	6
60624	3
60625	1
60629	1
60632	1
60637	1
60639	1
60640	1
60644	5
60649	5
60651	1
60651	4
60653	2
60655	1
60659	1
Total	73

**PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE
CHICAGO DIALYSIS CENTER FACILITY THE 1ST TWO YEARS AFTER
RELOCATION**

Zip Code	Pre-ESRD
60608	5
60612	5
60621	33
60623	4
60624	10
Total	57

It is expected that approximately 30% of the above patients will no longer require dialysis services by the time the facility is relocated due to death, transplant, or moving out of the area. Therefore, approximately 40 of the above patients will actually begin dialysis services at the Chicago Dialysis Center facility.

NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS

Zip	Pre-ESRD
Code	Patients
60606	1
60607	1
60607	1
60612	1
60617	1
60619	1
60622	1
60625	1
60647	1
60649	1
60652	1
60653	1
Total	12

PATIENTS OF NANI AS OF DECEMBER 31, 2009

Chicago Dialysis Center	
Zip Code	Total
60302	1
60304	1
60504	1
60524	1
60601	1
60605	1
60607	2
60608	5
60609	3
60610	5
60612	10
60615	1
60616	2
60617	2
60620	6
60621	2
60622	3
60623	11
60624	4
60628	2
60629	3
60632	2
60636	1
60637	3
60639	2
60640	2
60642	1
60643	1
60644	6
60649	3
60651	4
60653	2
60804	2
Total	96

PATIENTS OF NANI AS OF DECEMBER 31, 2010

Chicago Dialysis Center	
Zip Code	Total
60304	1
60505	1
60607	1
60608	5
60609	2
60610	5
60612	10
60615	1
60616	2
60617	1
60619	2
60620	4
60621	1
60622	3
60623	13
60624	3
60628	1
60629	1
60632	1
60636	1
60637	1
60639	2
60640	1
60643	1
60644	4
60649	2
60651	4
60653	2
60804	3
Total	79

PATIENTS OF NANI AS OF DECEMBER 31, 2011

Chicago Dialysis Center	
Zip Code	Totals
60304	1
60505	1
60606	1
60607	4
60608	6
60609	2
60610	5
60612	8
60615	1
60616	1
60617	2
60619	1
60620	3
60622	1
60623	12
60624	6
60628	1
60629	1
60632	1
60636	1
60637	1
60640	1
60644	5
60647	1
60649	2
60651	3
60653	2
60655	1
60804	2
Total	77

PATIENTS OF NANI AS OF SEPTEMBER 30, 2012

Chicago Dialysis Center	
Zip Code	Totals
60304	1
60505	1
60607	3
60608	6
60609	2
60610	5
60612	7
60615	1
60616	1
60617	3
60619	2
60620	2
60621	1
60622	1
60623	8
60624	5
60628	1
60629	1
60632	1
60636	1
60637	1
60640	1
60644	5
60649	3
60651	4
60652	1
60653	2
60655	1
60804	1
Total	72

Service Accessibility – Service Restrictions

- The discontinuation of the current 21-station Chicago Dialysis Center facility, along with the establishment of the 21-station Chicago Dialysis Center facility will not add any additional stations to the State ESRD Inventory for HSA 6. This is simply a relocation of the current facility. Therefore, there will not be an impact on access relative to the availability of stations in the area.
- There is no absence of dialysis services in HSA 6, however the State Board's inventory shows a need for an additional 51 stations. Existing problems encountered by the patients of the Chicago Dialysis Center are related to poor physical access to the current building and the deteriorating condition of the building itself.

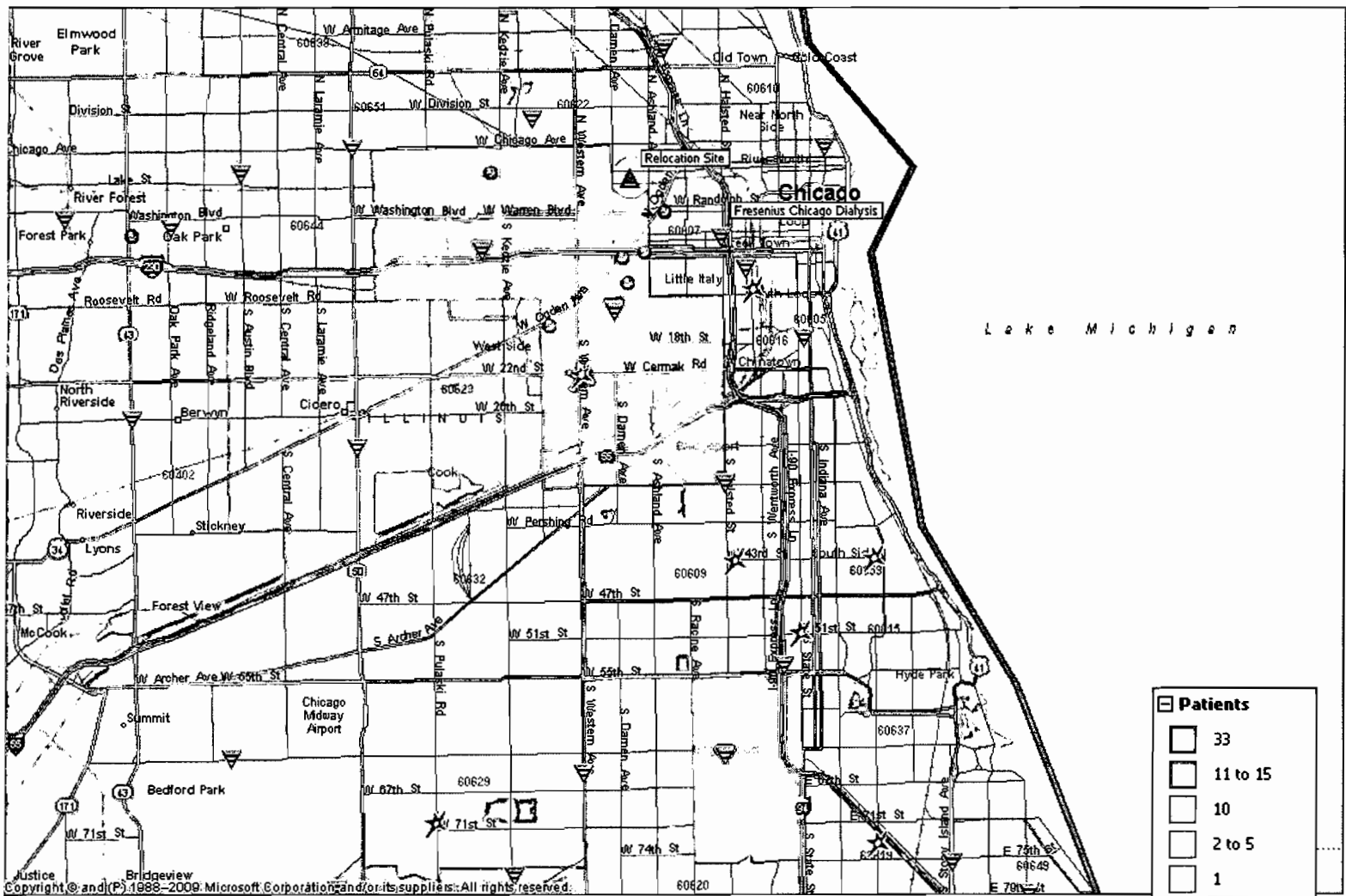
The clinic is located in a popular nightlife area in Greek Town in Chicago. What was once an ideal location for the clinic has grown into a busy entertainment district causing the rent to escalate beyond what is reasonable. Area businesses cause traffic congestion and frequently take the most readily available parking, which is on the street. There is some additional pay parking; however it is inconveniently located across the street from the clinic. The main entrance is not easily accessible. Patients have to walk around the side of the building to gain access and then walk an additional long distance to the clinic lobby. The physical plant is in need of extensive repairs which are very costly. This combined with the high rent and inaccessibility does not make it reasonable to remain here.

- Forty-three percent of the patients at the Chicago Dialysis Center are Medicaid recipients, higher than any other Fresenius clinic in Illinois. The facility also serves many of Chicago's homeless. Patients who come here from Cook County Hospital are fortunate to be followed by the physician who cared for them at the Hospital. This continuity of care is important for this disadvantaged patient population. These factors make it imperative that the clinic be allowed to relocate to a more modern and easily accessible site. These patients deserve all the amenities that a modern facility can offer to make their dialysis treatment more comfortable.
- The proposed site at 1806-1810 W. Hubbard Street is better suited to allow these patients the opportunity to dialyze in a newer and nicer environment, with the ease of access to a single story building with on-site parking.

Facilities Within 30 Minutes Travel Time of Fresenius Medical Care - Chicago Dialysis Center

Facility	Address	City	Zip Code	MapQuest		Adjusted Time x1.25	Stns	Dec-12	
				Miles	Time			Pts	Util
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	1.25	4	5	27	114	70.37%
Cook Co. Dialysis	1901 W Harrison St	Chicago	60612	1.23	4	5	9	34	62.96%
Rush Dialysis	1653 W Congress Pkwy	Chicago	60612	1.48	4	5	5	9	33.00%
University of IL Dialysis	1859 W Taylor St	Chicago	60612	1.63	5	6.25	26	131	83.97%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	1.8	6	7.5	31	99	53.23%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	2.18	6	7.5	32	175	91.15%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	2.81	6	7.5	30	129	71.67%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	2.18	6	7.5	16	108	81.82%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	2.35	7	8.75	21	74	58.73%
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	2.47	7	8.75	16	90	93.75%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	2.47	7	8.75	16	94	97.92%
Fresenius West Willow	1444 W Willow St	Chicago	60622	2.55	7	8.75	12	19	26.39%
DaVita Loop	1101 S Canal St	Chicago	60607	3.42	8	10	28	97	57.74%
Fresenius Polk	557 W Polk St	Chicago	60607	3.26	8	10	24	87	60.42%
Fresenius West Suburban	518 N Austin Blvd	Oak Park	60302	6.18	10	12.5	46	241	87.32%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	3.27	10	12.5	44	196	74.24%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	3.75	10	12.5	16	64	66.67%
DaVita Logan Square	2816 N Kimball	Chicago	60618	3.57	11	13.75	28	112	66.67%
Fresenius Logan Square	2734 N. Milwaukee Ave	Chicago	60647	3.66	11	13.75	12	0	0.00%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	4.81	12	15	24	111	77.08%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	4.02	12	15	22	105	79.55%
Maple Ave Kidney Center	610 S Maple Ave	Oak Park	60304	7.97	13	16.25	18	72	66.67%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	4.46	13	16.25	16	71	73.96%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	6.85	14	17.5	27	160	98.77%
Fresenius Oak Park	733 Madison St	Oak Park	60302	8.85	15	18.75	12	41	56.94%
DaVita Emerald	710 W 43rd St	Chicago	60609	7.69	15	18.75	24	121	84.03%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	60153	10.34	16	20	30	135	75.00%
Fresenius River Forest	103 Forest Ave	River Forest	60305	9.21	16	20	20	74	61.67%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	8.87	16	20	22	108	81.82%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.37	16	20	32	188	97.92%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	8.68	16	20	28	128	76.19%
DaVita Lake Park	4290 S Cottage Grove	Chicago	60653	8.64	16	20	32	103	53.65%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	5.8	16	20	16	0	0.00%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	9.89	17	21.25	26	162	103.85%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	6.02	17	21.25	14	64	76.19%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	7.57	17	21.25	17	72	70.59%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	10.41	18	22.5	16	93	96.88%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	11.07	19	23.75	18	63	58.33%
Nephron Dialysis	5140 N California Ave	Chicago	60625	6.63	19	23.75	12	75	104.17%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	12.07	20	25	24	122	84.72%
Resurrection Dialysis	7435 W Talcott Ave	Chicago	60631	11.99	20	25	14	54	64.29%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	7.1	20	25	12	64	88.89%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	12.09	20	25	16	73	76.04%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	12.62	20	25	12	22	30.56%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	13.11	21	26.25	16	6	6.25%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.99	22	27.5	24	132	91.67%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	12.51	22	27.5	12	67	93.06%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	8.16	23	28.75	16	88	91.67%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	15.19	24	30	36	1	83.00%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	14.17	24	30	28	163	97.02%
DaVita Montecclare	7009 W Belmont Ave	Chicago	60634	8.11	24	30	16	91	94.79%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	13.47	24	30	24	110	76.39%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	14.73	24	30	16	75	78.13%

Demographics of the Current ESRD Patients Transferring to Chicago Dialysis Center



Pre-ESRD and Current Patients Identified for the relocated Chicago Dialysis Center

Zip Code	Pre-ESRD
60608	5
60612	5
60621	33
60623	4
60624	10
Total	57

Zip Code	Transfer Patients	Zip Code	Transfer Patients
60155	1	60622	1
60402	1	60623	6
60430	1	60624	3
60605	1	60625	1
60607	4	60629	1
60608	6	60632	1
60609	1	60637	1
60610	3	60639	1
60612	9	60640	1
60613	1	60644	5
60615	2	60649	5
60616	1	60651	5
60617	2	60653	2
60619	2	60655	1
60620	2	60659	1
60621	1	Total	73*

*Physician referral letter
Reflects 73 patients as
of January 30, 2013. 4th
quarter data shows 74.

Unnecessary Duplication/Maldistribution

ZIP Code	Population	Stations	Facility
60018	30,099		
60068	37,475		
60076	33,415		
60104	19,038		
60126	46,371	24	Fresenius Elmhurst
60130	14,167		
60131	18,097		
60141	224		
60153	24,106	30	Loyola Dialysis
60154	16,773		
60155	7,927		
60160	25,432	42	Fresenius Melrose Park, Fresenius North Ave
60162	8,111		
60163	5,209		
60164	22,048		
60171	10,246		
60176	11,795		
60301	2,539		
60302	32,108	58	Fresenius West Suburban, Fresenius Oak Park
60304	17,231	18	Maple Ave Kidney Center
60305	11,172	20	Fresenius River Forest
60402	63,448	26	Fresenius Berwyn
60501	11,626		
60513	19,047		
60523	9,890		
60525	31,168		
60526	13,576		
60534	10,649		
60546	15,668		
60601	11,110		
60602	1,204		
60603	493		
60604	570		
60605	24,668		
60606	2,308		
60607	23,897	100	Fresenius Chicago, Fresenius Polk, DaVita Loop, Circle Medical Management
60608	82,739	63	Fresenius Chicago Westside, Mt. Sinai Dialysis, DaVita Little Village
60609	64,906	105	Fresenius Bridgeport, DaVita Emerald, Fresenius Garfield, DaVita Woodlawn
60610	37,726		
60611	28,718	44	Fresenius Northwestern
60612	33,472	40	Cook Co. Dialysis, Rush Dialysis, University of IL Dialysis
60613	48,281	14	Fresenius Lakeview
60614	66,617		
60615	40,603		
60616	48,433	24	Fresenius Prairie
60617	84,155	36	Fresenius South Chicago
60618	92,084	44	Fresenius Northcenter, DaVita Logan Square
60619	63,825	40	Fresenius Greenwood, DaVita Grand Crossings
60620	72,216	16	Fresenius Chatham
60621	35,912	16	Fresenius Ross-Englewood
60622	52,548	44	Fresenius West Metro, Fresenius West Willow
60623	92,108		
60624	38,105	46	Fresenius Congress Parkway, Garfield Kidney Center
60625	78,651	12	Nephron Dialysis
60626	50,139		
60630	54,093	28	Fresenius North Kilpatrick
60631	28,641	14	Resurrection Dialysis
60632	91,326		
60634	74,298	16	DaVita Montclare
60636	40,916	16	Fresenius Marquette Park
60637	49,503		
60639	90,407		
60640	65,790	12	Fresenius Uptown
60641	71,663	17	Fresenius West Belmont
60642	18,480		
60644	48,648		
60646	27,177		
60647	87,291	12	Fresenius Logan Square
60649	46,650	24	Fresenius Jackson Park
60651	64,267	16	Fresenius Austin
60653	29,908	32	DaVita Lake Park
60654	14,875		
60656	27,613	16	Fresenius Norridge
60657	65,996	22	DaVita Lincoln Park
60659	38,104		
60660	42,752		
60661	7,792		
60706	23,134		
60707	42,920		
60712	12,590	16	Center For Renal Replacement
60714	29,931	12	DaVita Big Oaks
60804	84,573	16	Fresenius Cicero
Total	3,023,481	1,131	1/2,673

1. (A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of the Chicago Dialysis Center is 1 station per 2,673 residents according to the 2010 census (based on 3,095,580 residents and 1,181 stations). The State ratio is 1 station per 3,238 residents (based on the US Census 2010 of 12,830,632 Illinois residents and the February 2013 Board station inventory of 3,963).

Although the area ratio is below the State average, there is a need for 51 stations in HSA 6. Also, in comparison, Chicago has a higher population density and a higher prevalence of ESRD than the State population as a whole, which supports the need for keeping this clinic in operation at a new location.

For 2010 there were 2,695,598 residents in Chicago and 5,679 ESRD patients (according to the Renal Network). This amounts to 1 out of every 475 residents having kidney failure. The State 2010 population was 12,830,632 and there were 16,169 ESRD patients or a ratio of 1 out of every 794 with kidney failure.

Unnecessary Duplication/Maldistribution

C. In Center Hemodialysis Centers Within 30 minutes of Chicago Dialysis Center

Facility	Address	City	Zip Code	MapQuest		Adjusted Time x1.25	Stns	Dec-12	
				Miles	Time			Pts	Util
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	1.25	4	5	27	114	70.37%
Cook Co. Dialysis	1901 W Harrison St	Chicago	60612	1.23	4	5	9	34	62.96%
Rush Dialysis	1653 W Congress Pkwy	Chicago	60612	1.48	4	5	5	9	33.00%
University of IL Dialysis	1859 W Taylor St	Chicago	60612	1.63	5	6.25	26	131	83.97%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	1.8	6	7.5	31	99	53.23%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	2.18	6	7.5	32	175	91.15%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	2.81	6	7.5	30	129	71.67%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	2.18	6	7.5	16	108	81.82%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	2.35	7	8.75	21	74	58.73%
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	2.47	7	8.75	16	90	93.75%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	2.47	7	8.75	16	94	97.92%
Fresenius West Willow	1444 W Willow St	Chicago	60622	2.55	7	8.75	12	19	26.39%
DaVita Loop	1101 S Canal St	Chicago	60607	3.42	8	10	28	97	57.74%
Fresenius Polk	557 W Polk St	Chicago	60607	3.26	8	10	24	87	60.42%
Fresenius West Suburban	518 N Austin Blvd	Oak Park	60302	6.18	10	12.5	46	241	87.32%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	3.27	10	12.5	44	196	74.24%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	3.75	10	12.5	16	64	66.67%
DaVita Logan Square	2816 N Kimball	Chicago	60618	3.57	11	13.75	28	112	66.67%
Fresenius Logan Square	2734 N. Milwaukee Ave	Chicago	60647	3.66	11	13.75	12	0	0.00%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	4.81	12	15	24	111	77.08%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	4.02	12	15	22	105	79.55%
Maple Ave Kidney Center	610 S Maple Ave	Oak Park	60304	7.97	13	16.25	18	72	66.67%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	4.46	13	16.25	16	71	73.96%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	6.85	14	17.5	27	160	98.77%
Fresenius Oak Park	733 Madison St	Oak Park	60302	8.85	15	18.75	12	41	56.94%
DaVita Emerald	710 W 43rd St	Chicago	60609	7.69	15	18.75	24	121	84.03%
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	60153	10.34	16	20	30	135	75.00%
Fresenius River Forest	103 Forest Ave	River Forest	60305	9.21	16	20	20	74	61.67%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	8.87	16	20	22	108	81.82%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.37	16	20	32	188	97.92%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	8.68	16	20	28	128	76.19%
DaVita Lake Park	4290 S Cottage Grove	Chicago	60653	8.64	16	20	32	103	53.65%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	5.8	16	20	16	0	0.00%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	9.89	17	21.25	26	162	103.85%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	6.02	17	21.25	14	64	76.19%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	7.57	17	21.25	17	72	70.59%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	10.41	18	22.5	16	93	96.88%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	11.07	19	23.75	18	63	58.33%
Nephron Dialysis	5140 N California Ave	Chicago	60625	6.63	19	23.75	12	75	104.17%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	12.07	20	25	24	122	84.72%
Resurrection Dialysis	7435 W Talcott Ave	Chicago	60631	11.99	20	25	14	54	64.29%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	7.1	20	25	12	64	88.89%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	12.09	20	25	16	73	76.04%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	12.62	20	25	12	22	30.56%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	13.11	21	26.25	16	6	6.25%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.99	22	27.5	24	132	91.67%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	12.51	22	27.5	12	67	93.06%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	8.16	23	28.75	16	88	91.67%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	15.19	24	30	36	1	83.00%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	14.17	24	30	28	163	97.02%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	8.11	24	30	16	91	94.79%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	13.47	24	30	24	110	76.39%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	14.73	24	30	16	75	78.13%

2. The ratio of stations to population within 30 minutes does not exceed the State average, however, the density of population and ESRD prevalence for the City of Chicago is higher than when compared to the State as a whole demonstrating need. The relocation will move the clinic closer to where the patients live and will not impact the determined need of 51 stations according to the State Inventory for HSA 6.
- 3A. The Chicago Dialysis Center will not have an adverse effect on any other area ESRD provider. Patients identified for this facility are current patients at the facility who will transfer and the new referrals are current pre-ESRD patients of NANI. No patients will be transferred from any other facility.
- B. Not applicable – applicant is not a hospital.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Dunea has been the Medical Director for the Chicago Dialysis Center for the past 35 years and will continue to be the Medical Director after the relocation. Attached is his curriculum vitae.

B. All Other Personnel

Upon the discontinuation of the current Chicago Dialysis Center and the establishment of the new Fresenius Chicago Dialysis Center facility, all staff will transfer to the new location and resume their current positions. There will be no break in employment or work schedules as the facility will relocate on a Sunday when there are no patient treatments scheduled. This will include the following staff:

- Clinic Manager who is a Registered Nurse
- 3 Full-time Registered Nurses
- 6 Full-time Patient Care Technicians
- 1 Part-time Registered Dietician
- 1 Part-time Social Worker
- 1 Full-time LPN
- 1 Secretary
- 1 Part-time Equipment Tech

Additional staff will be hired as needed according to patient census.

- 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: GEORGE DUNEA, M.B., F.R.C.P. (London & Edin) FACP

Current Address: Division of Nephrology-Hypertension
Cook County Hospital, 1835 West Harrison Street,
Chicago, Illinois 60612

Residence 222 East Chestnut Street, Chicago, Illinois 60611

CURRENT POSITIONS

- Director, Division of Nephrology-Hypertension, Cook County Hospital (since 1969).
- Professor of Medicine, University of Illinois, College of Medicine (since 1986).
- Executive Director and President, Hektoen Institute for Medical Research (since 1991).
- Visiting Professor of Medicine, University of Health Sciences (since 1967)
- Visiting Professor of Medicine, Rush Medical College of Medicine (since 1977)
- Attending Physician, Cook County Hospital (since 1966).
- Consultant Nephrologist, Bethany, Loretto and West Suburban Hospitals.
- Medical Director, Chicago Kidney Center

QUALIFICATIONS

YEAR

Bachelor of Medicine and Surgery, Sydney, Australia	1958
Fellow, Royal College of Physicians, Edinburgh	1977 (member since 1961)
Fellow, Royal College of Physicians, London	1978 (member since 1963)
American Board of Internal Medicine	1973 38528
American Board of Nephrology	1974
Fellow, American College of Physicians	1974 (ACP-030812)

PREVIOUS POSITIONS

- Chief, Chicago Medical School Service, Cook County Hospital, October 1966-1969.
- Assistant & Associate Professor of Medicine, University of Health Sciences - Chicago Medical School, 1966-1973.
- Professor of Medicine, University of Health Sciences - Chicago Medical School, 1973-1987.
- Lecturer in Medicine, Abraham Lincoln School of Medicine (University of Illinois), 1966-1986.
- Attending Physician, Henrotin Hospital, 1978-1986, Augustana 1986-1989, Cabrini (1985-1995)
- Director of Hemodialysis, Mount Sinai Hospital Medical Center, April 1968 to July 1971.
- Acting Director, Department of Medicine, Cook County Hospital, November 1971 - June 1972.
- Senior Attending Physician (1972-88) and member of Board of Trustees, Mary Thompson Hospital.

EDUCATION

Randwick Boys' High School, Sydney, Australia
University of Sydney Medical School, 1957-1961.
Internship at the Royal North Shore Hospital, Sydney, Australia, 1958.
Residencies at Paramatta District Hospital, NSW, Australia (1959); Oldchurch Hospital, Romford, Essex; and Orpington Hospital, Kent, England (1960).
Clinical Attachments at National Heart Hospital, National Hospital for Nervous Diseases at Queen Square, Whittington Hospital; and Hammersmith Hospital (1961).
Registrar at the Metropolitan Hospital; St. Mary's Hospital; Royal Free, Central Middlesex, and Liverpool Group of Hospitals, England (1961-1963).

Nephrology Fellowships:

Department of Artificial Organs, Cleveland Clinic, Cleveland, Ohio (Drs. W.J. Kolff and S. Nakamoto), January 1964 - February 1965.
Renal and Nutrition Unit, Presbyterian St. Luke's and University of Illinois Hospitals, Chicago, IL (Dr. R.M. Kark) February 1965 - October 1966.

MEMBERSHIPS IN SOCIETIES

Royal College of Physicians (London and Edinburgh) - fellow; Royal Society of Medicine (London); American College of Physicians; Amer. Soc. Adv. Sci. [elected fellow 1995]; Society of Sigma XI; American Society for Artificial Organs, International Society for Artificial Organs; American Society of Nephrology; International Society of Nephrology., British Medical Association; Society of Medical History of Chicago; American Federation for Clinical Research., American Medical Association, Illinois Medical Association; Chicago Medical Society., EASE (European Soc of Science Editors)

EDITORIAL ACTIVITIES.

Regular correspondent for British Medical Journal, as author of 266 columns entitled "Letter from . . . Chicago" or "Soundings" since 1975.

Coordinating Editor for North America of International Journal of Artificial Organs, published by Wichtig Editore, Milano, 12 issue per year, 1978-present

Editor (with JAL Arruda) of Kidney, A current survey of world literature (Springer International), 1991-present.

Editorial Board - ASAIO Transactions. in cca 1993

Occasional reviewer for J. Amer. Med. Association, AnnIntMed; Arch Int Med., Nephron, Amer J Kidney Diseases.

Co-editor: The Oxford Illustrated Medical Companion 3rded, with contributing articles on Hypertension, Noise, Television Violence, Grand Rounds, Degrees and Titles, and Executions.

COMMITTEE MEMBERSIPS

Illinois Dietetic and Nutrition Services Board of the Depart. of Professional Regulation - since 10.1.98

Committee on Drugs and Therapeutics, Illinois Medical Society (since 2001)

Cook County Hospital Chairman, Drug and formulary Committee, 1991-present;

Chairman Utilisation Review and Medical Records Committee, 1970-72; Member, Scientific Committee, 1982-1993; Member, Drug and Formulary Committee, 1975-1992

University Club of Chicago: Literature and Arts Committee - since 1998.

Chicago Medical School: Member, Student Admissions Committee, 1967-1969

University of Illinois: Member, Promotions Committee for Department of Medicine. cca 1990.

Illinois Regional Medical Program, Hypertension Committee, 1972-1975

Chicago Heart Association: Hypertension Committee, cca 1975

Illinois Kidney Foundation: Member Medical Advisory Board, cca 1967-9 and 1985-1992.

State of Illinois Public Health Depart: Member of Medical Advisory Dialysis Committee, 1972-82

Mary Thompson Hospital: Chairman, Drug and Formulary Committee, cca 1984-1988

Bethany Hospital: Chairman, Drug and Formulary Committee, cca 1990-1992

BOARD OF TRUSTEES :

Hektoen Institute for Medical Research. (1991-present)

Everest Healthcare Corporation (formerly WSKC Dialysis Services (1984-2000)

Cathedral Shelter Episcopal Charities (1979-1985)

Mary Thompson Hospital (1983-1988)

LECTURES, GRAND ROUNDS

4-10 per year at various hospitals and institutions.

GRANT SUPPORT:

Support for investigations on studies on Minoxidil [Upjohn], Sotalol [Mead], Timolol [Merck], Vasotec [Merck], Procordia [Pfizer] Norvasc [Pfizer]

Grant from State of Illinois to computerize hypertension clinic (1973-6)

Investigator for Cook County Hospital in African American Kidney Disease Study AASK since 1994

Principal Investigator for UIC and WSKC in NIH study on adequacy of dialysis.

Coinvestigator on grants National Kidney Foundation of Illinois [LDL receptors; Role of ACE inhibitors in preventing progression of renal disease, Role of relaxin in preventing progression of renal disease.

Coinvestigator in Juvenile diabetes foundation-grant on "Paracrine interactions in diabetic nephropathy" (2000-2001)

HONORS, DISTINCTIONS

Prize in Obstetrics and 3 credits on graduation from medical school at the University of Sydney.

Who's Who in America.

Who's Who in the Midwest

Elected in December 1995 to fellowship of the American Association for the Advancement of Science "For long-standing efforts in clinical medicine and medical research, especially in the field of nephrology and renal failure, for contributions to medical (non-science) literature, and for editorial work"

INTERESTS

Literature, especially 18-19th century English

History, especially ancient and medieval, but also modern

Writing, style, editing.

Member University Club of Chicago, Carlton Club

SCIENTIFIC PUBLICATIONS

1. **Dunea G**, Hazard JB and Kolff WJ: Vascular changes in renal homografts. JAMA 1964; 190:199.
2. **Dunea G**, Nakamoto S, Straffon RA, Figueroa JE, Versaci AA, Shibagaki M, and Kolff WJ: Renal homotransplantation in 24 patients. Brit Med J 1965; 1:7.
3. **Dunea G** and Kolff WJ: Clinical experience with the Yatzidis charcoal artificial kidney. Trans Amer Soc Artif Intern Organs 1965; 11:178.
4. **Dunea G**, Nakamoto S, Straffon RA and Kolff WJ: Kidney Transplantation - 1964. Arch Intern Med 1965; 116:234.
5. Nakamoto S, **Dunea G**, Kolff WJ and McCormack LJ: Treatment of oliguric glomerulonephritis with dialysis and steroids. Ann Intern Med 1969; 63:359.
6. **Dunea G** and Kolff WJ: Renal homotransplantation: A discussion of uncertainties. Ohio State Med J 1965; 61:979-81.
7. Schwartz FD and **Dunea G**: Progression of retroperitoneal fibrosis despite cessation of treatment with methysergide. Lancet 1966; 1:955-957.
8. **Dunea G**, Nakamoto S, and Kolff WJ: Current status of cadaver kidney transplantation. Urol Digest 1966, p. 26-29.
9. Schwartz FD, **Dunea G** and Kark RM: Methysergide and retroperitoneal fibrosis. Amer Heart J 1966; 72:834.
10. **Dunea G**, Muehrcke RC, Nakamoto S and Schwartz FD: Thrombotic thrombocytopenic purpura with acute anuric renal failure. Amer J Med 1966; 41:1000.
11. Kallmeyer J, **Dunea G** and Schwartz FD: Hypophosphatemic osteomalacia with hyperglycinuria. Ann Intern Med 1967; 66:136.
12. Schwartz FD, Kallmeyer J, **Dunea G** and Kark RM: Prevention of infection during peritoneal dialysis. JAMA 1967; 199:79.
13. Riff DP, Wilson DM, **Dunea G**, Schwartz FD and Kark RM: Renocortical necrosis. Partial recovery after 49 days of oliguria. Arch Inter Med 1967; 119:518.
14. **Dunea G**: The impact of renal transplantation on modern medicine. Chicago Med School Quart 1967; 26:203.
15. Grisson J, Sy B, Duffy J and **Dunea G**: Dangerous consequence from use of phenytoin in arterial flutter. Brit Med J 1967; 2:34.
16. Schwartz FD, and **Dunea G**: Acute renal failure. Medical Times 1967; 95:1287.
17. Hamby WM, Janowski GJ, Pouget JM, **Dunea G**, and Gantt CL: Intravenous use of diazoxide in the treatment of severe hypertension. Circulation 1968; 37:169.
18. **Dunea G** and Freedman P: Proteinuria. JAMA 1968; 203:171.
19. **Dunea G** and Freedman P: The non-protein nitrogen level of blood in renal disease. JAMA 1968; 203:1125.
20. **Dunea G** and Freedman P: The serum creatinine. JAMA 1968; 204:163.
21. **Dunea G** and Freedman P: The phenolsulfonphthalein excretion test. JAMA 1968; 204:628.
22. **Dunea G** and Freedman P: Renal clearance studies. JAMA 1968; 204:170.
23. Sy BG, **Dunea G**, Steigmann F and Dubin A: The effect of glucose infusion on ammonia metabolism in liver failure. Amer J Med Sci 1968; 256:91.
24. **Dunea G**, Owens FJ, and MacKenzie AH: Polymyalgia rheumatica and renal amyloidosis. Cleveland Clin Quart 1968; 35:193.
25. Versaci AA, Soriano RV and **Dunea G**: Washing machine dialysis with a new twin coil kidney. Ill Med J 1968; 134:693.
26. Versaci AA, Soriano RV, Mao RL and **Dunea G**: Serum enzymes in chronic hemodialysis. Chicago Med School Quart 1968; 27:222.
27. Bergman L, Ellison MR and **Dunea G**: Acute renal failure following drip-infusion pyelography. New Engl J Med 1968; 279:1277.
28. Allen N, Nomanbhoy Y, Green D, and **Dunea G**: Typhoid fever with consumption coagulopathy. JAMA 1969; 208:689.
29. **Dunea G**, Kark RM, Lannigan R, D'Allesio D and Meuhrcke RC: Brucella nephritis. Ann Int Med 1969; 70:783.
30. Bergman LA, Basha NM, Gara AH, Ellison MR, Smith EC, and **Dunea G**: The EX-01 dialyzer cartridge. Experience with 800 dialyses. Trans Amer Soc Artif Intern Organs 1969; 15:65.
31. **Dunea G**: A new pumpless coil-type dialyzer. Discussion in Trans Amer Soc Artif Intern Organs 1969; 15:85.
32. Balkoura MH, Bhorade MS, Kahn SM and **Dunea G**: Successful pregnancy in women with severe uremia. Ill Med J 1970; 137:80.
33. Paik HP, Alavi I, **Dunea G**, and Wiener L: Thalassemia and gouty arthritis. JAMA 1970; 213:296.
34. Smith EC and **Dunea G**: Practical management of dialysis. Amer Trans Pract 1970; 213:296.
35. **Dunea G**: Management of chronic renal failure. Chicago Med 1970; 73:775.

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40. Heller RH, Alavi I, and **Dunea G**: Multiple nodular lipomatosis and cirrhosis of the liver. Amer J Digest Dis 1971; 16(NS):333.
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51. Zeineh RA, Mbawa EH, Pillay VKG, **Dunea G**: Immunocore electrophoresis of urinary albumin. J Lab Clin Med 1973; 79:648.
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57. Zeineh RA, Fiorella BJ, Nijm EP, and **Dunea G**: Single hollow fiber microconcentrator for small volumes. Analy Chem 1974; 46:477.
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62. Mamdani BH, Mehta PK, Mahurkar SD, Sassoon H and **Dunea G**: High dose bolus urography in renal failure. JAMA 1975; 234:1054.
63. Berkson KK, Mamdani GH, Collins PA, Young WD and **Dunea G**: Management of hypertension in the inner city. Clin Med 1975; 82:24.
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69. **Dunea G**, Mahurkar SD, Mamdani BH, Smith EC: Role of aluminum in dialysis dementia. Arch Int Med 1978; 88:502.

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72. Siemsen AW, **Dunea G**, Mamdani BH, Guruprakash G: Charcoal hemoperfusion for chronic renal failure. *Nephron* 1978; 22:386.
73. Mahurkar SD, Smith EC, Mamdani BH, **Dunea G**: Dialysis dementia - The Chicago experience. *J of Dialysis* 1979; 2:447.
74. Bakir AA and **Dunea G**: Current trends in the treatment of uremia: A view from the United States. *Brit Med J* 1979; 1:914.
75. Mamdani BH, Shaykh MM, Evenson MA, **Dunea G** Chromatographic studies in uremic plasma. *Int J Artif Organs* 1979; 2:187.
76. **Dunea G**: Digoxin ups and downs. (Editorial) *JAMA* 1979; 242:2106.
77. **Dunea G**: Minoxidil (Editorial). *Int J Artif Organs* 1980, 3:4-6.
78. Mamdani BH and **Dunea G**: *Glomerulonephritis in Medicine* (Oxford). Feb 1980.
79. **Dunea G**: Maintenance dialysis after 20 years. *JAMA* 1980; 244:67.
80. Mamdani BH, **Dunea G**, Siemson AW: Long term hemoperfusion with coated activated charcoal. *Clin Toxicol* 1980; 17(4):543-6.
81. Wise WJ, Mamdani BH, Bakir AA, **Dunea G**: Fibrinous pericarditis in hepatorenal failure. *Lancet* 1980; 2:1336.
82. Wise WJ, Bakir AA, **Dunea G**: Recovery from acute renal failure after eleven months of hemodialysis. *Arch Int Med* 1982; 142:1568-9.
83. Shaykh M, Dubin A, **Dunea G**, Mamdani GH, Ahmed S: Separation, isolation, and amino acid composition of uremic peptides. *Clin Phys & Biochem* 1984; 2:1-13.
84. **Dunea G**: Editorial: ASAIO 1984. *Int J Artif Organs* 1974; 7:169-70.
85. Bazilinski N, Shaykh M, **Dunea G**, Mamdani B, Patel A, Czapek E, and Ahmed S: Inhibition of platelet function by uremic middle molecules. *Nephron* 1985; 40:423-8.
86. Bakir AA, Lopez-Majano V, Hryhorczuk CO, Rhee HJ, and **Dunea G**: An appraisal of lupus nephritis by renal imaging with Gallium 67. *Amer J Med* 1985; 79:175-182.
87. Shaykh M, Bazilinski N, McCaul D, Musiala T, Ahmed S, Dubin A, and **Dunea G**: Fluorescence in uremic and normal serum. *Clin Chem* 1985; 31:1988-92.
88. Bakir AA, Bazilinski N, **Dunea G**: Transient and sustained recovery from renal shutdown in accelerated hypertension. *Amer J Med* 1986; 80:172-6.
89. Bakir AA, Berman E, Hryhorczuk D, and **Dunea G**: Acute and fatal hyperaluminemic encephalopathy in undialyzed and recently dialyzed uremic patients. *Trans Amer Soc Artif Int Organs* 1986; 32:171-6.
90. Bakir AA, Hathiwalla SC, Ainis H, Hryhorczuk D, Rhee LH, **Dunea G**: The prognosis of the nephrotic syndrome in sickle glomerulopathy. *Amer J Nephrology* 1987; 7:110-5.
91. Dubin A, Williams RH, Shaykh M, Musiala T, Ahmed S, Bazilinski N, and **Dunea G**: Biochemical elucidation and HPLC fractionation of fluorescent peptides in patients with chronic renal failure. In "Uremic Toxins", Edited by S. Ringoir, Ghent 1986, p. 205-213.
92. Bazilinski N, Shaykh M, Ahmed S, Musiala T, Williams A, Poulos A, Dubin A, and **Dunea G**: Amino acid composition of uremic middle and low molecular weight retention products. In "Uremic Toxins", Edited by S. Ringoir, Ghent 1986, Pleunum Press 1987, New York, p. 197-204.
93. **Dunea G**: Choarcoal hemoperfusion: Reminiscences and prejudices. *Trans Amer Soc Art Organs* 1988; 34:6-9.
94. Bazilinski N, **Dunea G**, Ing TS: Treatment of metabolic alkalosis in renal failure. In *J Artif Organs* 1987; 10:284-6.
95. **Dunea G**: The Blue Journal: The first ten years. *Internl J Artif Organs* 1988; 10:27.
96. Bakir AA, Lopez-Majano V, Levy PS, Rhee HL, **Dunea G**: Gallium 67 scintigraphy in Glomerular Disease. *Amer J Kidney Diseases* 1988; 12:481-6.
97. Bakir AA, Hryhorczuk DO, Ahmed S, Hessel SM, Levy PS, Spengler R, **Dunea G**: Hyperaluminemia in renal failure: The influence of age and citrate intake. *Clinical Nephrology* 1989; 31:40-44.
98. Bakir AA, Rhee HL, Ainis H, **Dunea G**: Nephrotic syndrome, hematuria, hypocomplementemic in a case of mesangial lupus nephritis evolving later to a membrane lesion. *Amer J Med* 1989, 86:609-12.
99. Bakir AA, **Dunea G**: Accelerated and malignant hypertension: experience from a large American inner city hospital. *Int J Artif Organs* 1989, 12:675-6.
100. Bakir AA, Bazilinski NG, Rhee HL, Ainis H, **Dunea G**: Focal segmental glomerulosclerosis. *Archives of Internal Med* 1989, 149:1802-4.
101. Kutom A, Bazilinski N, Magana L, **Dunea G**: Bromate Intoxication: Hairdresser's Anuria. *Amer J Kidn Diseases* 1990, 15:84-85.

102. Williams RH, Shaykh M, Ahmed S, Musiala T, Bazilinski N, **Dunea G**, Dubin A: Purification and biochemical characterization of xanthopterin for patients with chronic renal failure I. Isolation, purification and preliminary characterization. Clin Biochem 1991; 24:399-406.
103. Williams RH, Shaykh M, Ahmed S, Musiala T, Bazilinski N, **Dunea G**, Dubin A: Purification and biochemical characterization of xanthopterin for patients with chronic renal failure II. Biochemical elucidation and structural analysis. Clin Biochem 1991; 24:407-415.
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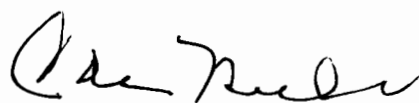
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Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1111.1430, and with regards to Chicago Dialysis Center, I certify the following:

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



Signature

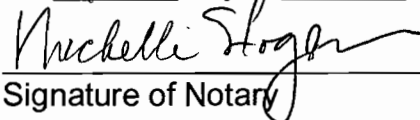
Coleen Muldoon

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 6th day of December, 2012



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

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

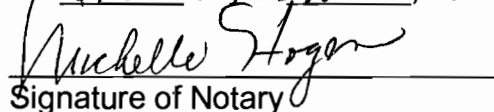
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its new facilities.
- These support services will be available at Fresenius Medical Care Chicago Dialysis Center during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 -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



Signature

Coleen Muldoon / Regional Vice President
Name/Title

Subscribed and sworn to before me
this 6th day of December, 2012


Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Chicago Dialysis Center is located in the Chicago-Joliet-Naperville, 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. Chicago Dialysis Center will have 21 dialysis stations thereby meeting this requirement.

**West Suburban Hospital Medical Center**

Erie at Austin Oak Park, Illinois 60302 Telephone (708) 353-6200

July 17, 1992

Mr. Craig Moore
Executive Vice President
West Suburban Kidney Center, S.C.
101 North Scoville Avenue
Oak Park, Illinois 60302

Dear Mr. Moore:

West Suburban Hospital Medical Center will be a backup hospital for the renal patients dialyzing at Chicago Dialysis Center.

Patients with End-Stage Renal Disease from your facility who require emergency treatment or hospitalization as medically determined by the attending physician will be accepted and cared for by West Suburban Hospital Medical Center whenever possible, as determined by the Hospital. The Hospital will treat these patients the same as all other patients with respect to medical care, personal effects, and financial obligations.

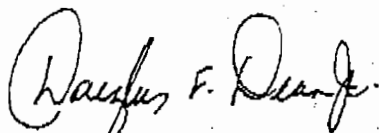
Any pertinent medical information necessary for the continuity of care should be provided by the Dialysis Center within one working day of the patients admission.

In addition, West Suburban Hospital Medical Center will provide for the ready acceptance of End-Stage Renal Disease patients by the Renal Dialysis Center in emergency situations and will provide for the timely acceptance and admission of transferred patients when medically determined appropriate by the attending or treating physician.

Mr. Craig Moore
Executive Vice President
July 17, 1992
Page 2

This agreement will be effective until one of us notifies the other of a change. Such notice shall be made in writing thirty (30) days prior to termination of this agreement.

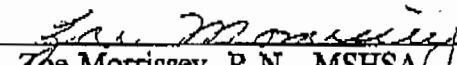
Sincerely,



Douglas Dean
President
West Suburban Hospital Medical Center

DD:jsc
/renal

Accepted this 16 day of July, 1992.



Zoe Morrissey, R.N., MSHSA
Director of Professional Services

AFFILIATION AGREEMENT

This AGREEMENT made as of this 1st day of November, 2007, between University of Illinois Medical Center (hereinafter referred to as "Hospital") and WSKC Dialysis Services, Inc. d/b/a Chicago Dialysis Center (hereinafter referred to as "Company").

THE BOARD OF TRUSTEES of
THE

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

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

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

4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:
 - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
 - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
 - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
 - d. Blood Bank services to be performed by the Hospital.
6. Company shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.
8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the facilities.

9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.
- In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
12. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.
13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this

Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

University of Illinois Medical Center
1740 West Taylor St.
Chicago, IL 60612
Attn: Administrator

To Company:

Chicago Dialysis Center
820 W. Jackson Blvd.
Chicago, IL 60607
Attn: Administrator

With a copy to:

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

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.
18. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where Company is located, without respect to its conflicts of law rules.

19. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.
20. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

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

Hospital: THE BOARD OF TRUSTEES Company:
OF THE UNIVERSITY OF ILLINOIS ON

BEHALF OF University of Illinois Medical Center

WSKC Dialysis Services, Inc. d/b/a Chicago Dialysis Center

By: Walter K. Knorr 1/6/08

By: Allyn Watkins

Name: WALTER K. KNORR

Name: Allyn Watkins

Title: COMPTROLLER

Title: Area Manager

ATTEST: Michelle M. Thompson

MICHELE M. THOMPSON,

SECRETARY

RELOCATION OF FACILITIES

- 1) The existing Chicago Dialysis Center was operating at 59% utilization serving 74 patients at the 4th quarter of 2012. While it does not meet target utilization, relocating this facility is needed to keep access available to this disadvantaged patient population (nearly half of the patients currently utilizing this facility are Medicaid recipients and many are homeless). It is also expected that when the facility is relocated to a more accessible building, closer to where the patients live that more patients will chose this facility to dialyze at.
- 2) Chicago Dialysis Center opened 35 years ago and is currently located in a busy nightlife district in Greek Town. While this location was originally ideal, the neighborhood's change over the years has caused a decline in utilization and has created access issues for patients. There is limited street parking which is generally taken by clientele of nearby restaurants and additional pay parking is located across the street from the clinic making it hard for patients who have difficulty walking to access the entrance.

While the physical condition of the premises has been gradually declining the rent has been escalating to a point where it is now three times higher than other similar properties in the area. Given the current lease rate, lack of parking and traffic congestion, it is not feasible to invest additional funds into this space when patients would be better served at a more convenient location that has accessible onsite parking.

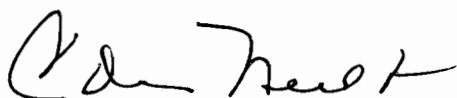
The relocation site on the near West Side is also centrally located to where a majority of the patients reside offering better access whether by car or public transportation.

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Chicago Dialysis Center in the first two years of operation, the facility will achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - 96% of patients had a URR $\geq$ 65%
 - 96% of patients had a Kt/V $\geq$ 1.2

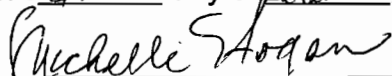
The same is expected for Chicago Dialysis Center.



Signature

Coleen Muldoon / Regional Vice President
Name/Title

Subscribed and sworn to before me
this 6th day of December, 2012



Signature of Notary



February 12, 2013

Fresenius Medical Care

Attn: Mr. Bill Popken

(781) 699-9994

Via email: William.Popken@fmc-na.com

RE: 1806-1810 W Hubbard, Chicago IL

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (CKC), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **WSKC Dialysis Services, Inc.** ("Tenant").

Premises: 11,000 square foot building to be constructed and located at 1806-1810 W Hubbard, Chicago, IL

(Exhibit B). Parcel #

17-07-23-0010-0000

17-07-23-0011-0000

Landlord: Net3 (CKC), LLC

Tenant: WSKC Dialysis Services, Inc.

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

Use: Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

Primary Term: 15 years
Option Term(s): Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.

Base Rent over initial Term: Annual Rent: Starts at \$28.42/sq. ft. and increase in year 5 and 10 by 10%.
Taxes, Insurance & CAM: Tenant will pay

Utilities: Tenant will be responsible to pay for all of their own utilities.

Tenant's Share: 100%

Condition of Premises Upon Delivery: Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in **(Exhibit A)**. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

Rent Commencement Date: Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) one ninety (90) days after the Delivery Date.

Delivery Date: The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.

Construction Drawings For Landlord's Work: Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

Tenant's Work: Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.

Security Deposit: None, subject to Landlord's review of current Tenant financial statements.

Landlord Maintenance:

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage:

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality:

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

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 June 2013. 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 June 2013, 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.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liabilities under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Net3 (Oak Forest), LLC

By: Net 3 Real Estate, L.L.C., its Agent

By: _____

David E. Cunningham, Manager

AGREED TO AND ACCEPTED BY:

WSKC Dialysis Services, Inc.

By: _____

Its: _____

Date: _____

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, 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	Total Cost (G + H)
	Cost/Square Foot Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		158.00			11,000			\$1,738,000	\$1,738,000
Contingency		15.00			11,000			\$165,000	\$165,000
TOTALS		173.00			11,000			\$1,903,000	\$1,903,000
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2016

Salaries	\$1,204,025
Benefits	301,006
Supplies	<u>255,528</u>
Total	\$1,760,559

Annual Treatments 15,725

Cost Per Treatment \$111.96

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

Year 2016

Depreciation/Amortization	\$230,051
Interest	<u>0</u>
CAPITAL COSTS	\$230,051

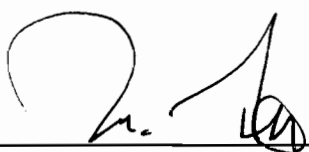
Treatments: 15,725

Capital Cost per treatment \$14.63

Criterion 1120.310(a) Reasonableness of Financing Arrangements

WSKC Dialysis Services, Inc.

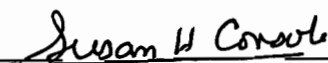
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

By: 
Title: Mark Fawcett
Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

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

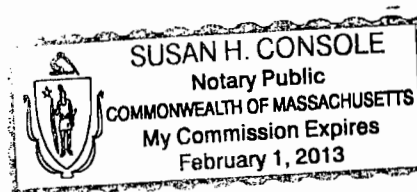
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012


Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

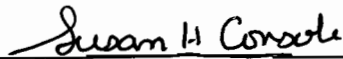
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

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

By: 
Title: Bryan Mello
Assistant Treasurer

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

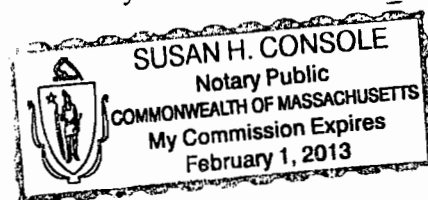
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012


Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

WSKC Dialysis Services, 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 & Treasurer

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

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

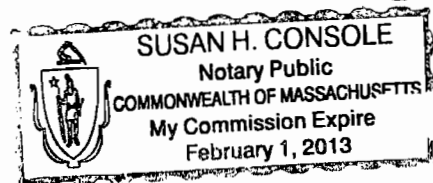
Notarization:
Subscribed and sworn to before me
this 7 day of Sept, 2012

[Signature]
Signature of Notary

Signature of Notary

Seal

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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: 

ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: 

ITS: Bryan Mello
Assistant Treasurer

Notarization:

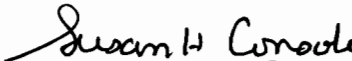
Subscribed and sworn to before me
this 1 day of Sept, 2012

Notarization:

Subscribed and sworn to before me
this 1 day of Sept, 2012

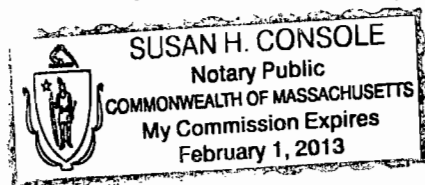
Signature of Notary

Seal



Signature of Notary

Seal



Safety Net Impact Statement

The establishment of the Chicago Dialysis Center dialysis facility will not have any impact on safety net services in the Chicago 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 is 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 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)

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Charity Care Information
ATTACHMENT - 44

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.



Trip to:

1426 W Washington Blvd

Chicago, IL 60607-1821

1.25 miles / 4 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.5 Mi

0.5 Mi Total



3. Turn **left** onto **W Warren Blvd.** [Map](#)

0.5 Mi

1.1 Mi Total



4. Turn **slight left** onto **W Washington Blvd / W Washington St.** [Map](#)

0.2 Mi

1.2 Mi Total



5. **1426 W WASHINGTON BLVD** is on the **left.** [Map](#)



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate: 1.25 miles - about 4 minutes

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Trip to:

1901 W Harrison St

Chicago, IL 60612-3714

1.23 miles / 4 minutes

Notes

TO COOK COUNTY HOSPITAL DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.1 Mi

1.1 Mi Total



3. Turn **left** onto **W Harrison St.** [Map](#)

0.1 Mi

1.2 Mi Total



4. **1901 W HARRISON ST** is on the **right.** [Map](#)



1901 W Harrison St, Chicago, IL 60612-3714

Total Travel Estimate: **1.23 miles - about 4 minutes**

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Trip to:

1653 W Congress Pkwy

Chicago, IL 60612-3833

1.48 miles / 4 minutes

Notes

TO RUSH HOSPITAL DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.0 Mi

1.0 Mi Total



3. Turn **left** onto **W Congress Pky.** [Map](#)

0.4 Mi

1.5 Mi Total



4. **1653 W CONGRESS PKWY.** [Map](#)



1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate: **1.48 miles - about 4 minutes**

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Trip to:

1859 W Taylor St

Chicago, IL 60612-4319

1.63 miles / 5 minutes

Notes

TO U OF I HOSPITAL DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|---|--|--|
| ● | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
| ↩ | 2. Take the 1st left onto N Damen Ave. Map | 1.4 Mi
<i>1.4 Mi Total</i> |
| ↩ | 3. Turn left onto W Taylor St. Map | 0.2 Mi
<i>1.6 Mi Total</i> |
| ■ | 4. 1859 W TAYLOR ST is on the right. Map | |

B 1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate: **1.63 miles - about 5 minutes**

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Trip to:

1340 S Damen Ave

Chicago, IL 60608-1169

1.80 miles / 6 minutes

Notes

TO FRESENIUS MEDICAL CARE WESTSIDE



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.8 Mi



3. **1340 S DAMEN AVE** is on the **right.** [Map](#)



1340 S Damen Ave, Chicago, IL 60608-1169

Total Travel Estimate: 1.80 miles - about 6 minutes

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Trip to:

1044 N Mozart St

Chicago, IL 60622-2789

2.18 miles / 6 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST METRO



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **left** onto **W Division St.** [Map](#)

1.1 Mi

2.0 Mi Total



4. Turn **left** onto **N Mozart St.** [Map](#)

0.2 Mi

2.2 Mi Total



5. **1044 N MOZART ST** is on the **right.** [Map](#)



1044 N Mozart St, Chicago, IL 60622-2789

Total Travel Estimate: 2.18 miles - about 6 minutes

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Trip to:

3410 W Van Buren St

Chicago, IL 60624-3358

2.81 miles / 6 minutes

Notes

TO FRESENIUS MEDICAL CARE CONGRESS
PARKWAY



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**.
[Map](#)

1.6 Mi

2.5 Mi Total



5. Take **EXIT 26B** toward **Homan Ave.** [Map](#)

0.2 Mi

2.7 Mi Total



6. Stay **straight** to go onto **W Congress Pky.** [Map](#)

0.03 Mi

2.7 Mi Total



7. Take the 1st **right** onto **S Homan Ave.** [Map](#)

0.06 Mi

2.8 Mi Total



8. Take the 1st **left** onto **W Van Buren St.** [Map](#)

0.02 Mi

2.8 Mi Total



9. **3410 W VAN BUREN ST** is on the **right**. [Map](#)



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

Total Travel Estimate: 2.81 miles - about 6 minutes

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Trip to:

3250 W Franklin Blvd

Chicago, IL 60624-1509

2.18 miles / 6 minutes

Notes

TO GARFIELD KIDNEY CENTER DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.08 Mi

0.1 Mi Total



3. Take the 2nd **left** onto **W Grand Ave.** [Map](#)

1.3 Mi

1.4 Mi Total



4. Turn **slight left** onto **W Chicago Ave.** [Map](#)

0.3 Mi

1.7 Mi Total



5. Turn **left** onto **N Kedzie Ave.** [Map](#)

0.4 Mi

2.1 Mi Total



6. Turn **right** onto **W Franklin Blvd.** [Map](#)

0.1 Mi

2.2 Mi Total



7. **3250 W FRANKLIN BLVD** is on the **right.** [Map](#)



3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate: **2.18 miles - about 6 minutes**

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Trip to:

820 W Jackson Blvd

Chicago, IL 60607-3026

2.35 miles / 7 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO
DIALYSIS CENTER



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.8 Mi

0.9 Mi Total



3. Turn **left** onto **W Jackson Blvd.** [Map](#)

1.5 Mi

2.4 Mi Total



4. **820 W JACKSON BLVD** is on the **left.** [Map](#)



820 W Jackson Blvd, Chicago, IL 60607-3026

Total Travel Estimate: **2.35 miles - about 7 minutes**

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Trip to:

2700 W 15th St

Chicago, IL 60608-1610

2.47 miles / 7 minutes

Notes

TO MT SINAI DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



3. Turn **slight right** onto **W Ogden Ave.** [Map](#)

1.2 Mi

2.4 Mi Total



4. Turn **left** onto **S Washtenaw Ave.** [Map](#)

0.08 Mi

2.4 Mi Total



5. Take the 2nd **left** onto **W 15th St.** [Map](#)

0.04 Mi

2.5 Mi Total



6. **2700 W 15TH ST** is on the **left.** [Map](#)



2700 W 15th St, Chicago, IL 60608-1610

Total Travel Estimate: **2.47 miles - about 7 minutes**

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Trip to:

2700 W 15th St

Chicago, IL 60608-1610

2.47 miles / 7 minutes

Notes

TO DAVITA LITTLE VILLAGE DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



3. Turn **slight right** onto **W Ogden Ave.** [Map](#)

1.2 Mi

2.4 Mi Total



4. Turn **left** onto **S Washtenaw Ave.** [Map](#)

0.08 Mi

2.4 Mi Total



5. Take the 2nd **left** onto **W 15th St.** [Map](#)

0.04 Mi

2.5 Mi Total



6. **2700 W 15TH ST** is on the **left.** [Map](#)



2700 W 15th St, Chicago, IL 60608-1610

Total Travel Estimate: **2.47 miles - about 7 minutes**

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Trip to:

1444 W Willow St

Chicago, IL 60642-1524

2.55 miles / 7 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST WILLOW

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|---|--|--|
| ● | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
| ➡ | 2. Take the 1st right onto N Damen Ave. Map | 1.4 Mi
<i>1.5 Mi Total</i> |
| ➡ | 3. Turn right onto W North Ave / IL-64. Map | 0.8 Mi
<i>2.2 Mi Total</i> |
| ⬅ | 4. Turn left onto N Elston Ave. Map | 0.2 Mi
<i>2.5 Mi Total</i> |
| ➡ | 5. Take the 3rd right onto W Willow St. Map | 0.06 Mi
<i>2.6 Mi Total</i> |
| ■ | 6. 1444 W WILLOW ST is on the left. Map | |

B 1444 W Willow St, Chicago, IL 60642-1524

Total Travel Estimate: **2.55 miles - about 7 minutes**

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Trip to:

1101 S Canal St

Chicago, IL 60607-4901

3.42 miles / 8 minutes

Notes

DAVITA LOOP DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.0 Mi

1.0 Mi Total



3. Turn **left** onto **W Congress Pky.** [Map](#)

0.02 Mi

1.1 Mi Total



4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)

1.8 Mi

2.8 Mi Total



5. Take the exit toward **Canal St.** [Map](#)

0.2 Mi

3.0 Mi Total



6. Turn **left** onto **W Harrison St.** [Map](#)

0.01 Mi

3.0 Mi Total



7. Take the 1st **right** onto **S Canal St.** [Map](#)

0.4 Mi

3.4 Mi Total



8. **1101 S CANAL ST** is on the **left.** [Map](#)



1101 S Canal St, Chicago, IL 60607-4901

Total Travel Estimate: **3.42 miles - about 8 minutes**

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Trip to:

557 W Polk St

Chicago, IL 60607-4388

3.26 miles / 8 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.0 Mi

1.0 Mi Total



3. Turn **left** onto **W Congress Pky.** [Map](#)

0.02 Mi

1.1 Mi Total



4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)

1.8 Mi

2.8 Mi Total



5. Take the exit toward **Canal St.** [Map](#)

0.2 Mi

3.0 Mi Total



6. Turn **right** onto **W Harrison St.** [Map](#)

0.06 Mi

3.1 Mi Total



7. Take the 1st **left** onto **S Clinton St.** [Map](#)

0.2 Mi

3.2 Mi Total



8. Take the 3rd **right** onto **W Polk St.** [Map](#)

0.04 Mi

3.3 Mi Total



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate: **3.26 miles - about 8 minutes**

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Trip to:

[500-599] S Austin Blvd

Oak Park, IL 60304

6.18 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST SUBURBAN

(MAPQUEST IDENTIFIED RANGE 500-599 FOR THE ACTUAL ADDRESS OF 518 N AUSTIN BLVD, OAK PARK, IL)



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. [Map](#)

4.8 Mi

5.8 Mi Total



5. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left**. [Map](#)

0.3 Mi

6.0 Mi Total



6. Turn **right** onto **S Austin Blvd.** [Map](#)

0.1 Mi

6.2 Mi Total



7. **[500-599] S AUSTIN BLVD.** [Map](#)



[500-599] S Austin Blvd, Oak Park, IL 60304

Total Travel Estimate: **6.18 miles - about 10 minutes**

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Trip to:

710 N Fairbanks Ct

Chicago, IL 60611-3013

3.27 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTHWESTERN



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.08 Mi

0.1 Mi Total



3. Take the 2nd **right** onto **W Grand Ave.** [Map](#)

2.1 Mi

2.2 Mi Total



4. Turn **left** onto **N Orleans St.** [Map](#)

0.06 Mi

2.2 Mi Total



5. Take the 1st **right** onto **W Ohio St.** [Map](#)

0.9 Mi

3.1 Mi Total



6. Turn **left** onto **N Fairbanks Ct.** [Map](#)

0.2 Mi

3.3 Mi Total



7. **710 N FAIRBANKS CT** is on the **left.** [Map](#)



710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate: **3.27 miles - about 10 minutes**

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144



Trip to:

4800 W Chicago Ave

Chicago, IL 60651-3223

3.75 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE AUSTIN



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.08 Mi

0.1 Mi Total



3. Take the 2nd **left** onto **W Grand Ave.** [Map](#)

1.3 Mi

1.4 Mi Total



4. Turn **slight left** onto **W Chicago Ave.** [Map](#)

2.4 Mi

3.8 Mi Total



5. **4800 W CHICAGO AVE** is on the **right.** [Map](#)



4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate: 3.75 miles - about 10 minutes

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Trip to:

2659 N Milwaukee Ave

Chicago, IL 60647-1643

3.57 miles / 11 minutes

Notes

TO DAVITA LOGAN SQUARE DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

1.4 Mi

1.5 Mi Total



3. Turn **slight left** onto **N Milwaukee Ave.** [Map](#)

2.1 Mi

3.6 Mi Total



4. **2659 N MILWAUKEE AVE** is on the **right.** [Map](#)



2659 N Milwaukee Ave, Chicago, IL 60647-1643

Total Travel Estimate: 3.57 miles - about 11 minutes

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Trip to:

2734 N Milwaukee Ave

Chicago, IL 60647-1362

3.66 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

1.4 Mi

1.5 Mi Total



3. Turn **slight left** onto **N Milwaukee Ave.** [Map](#)

2.2 Mi

3.7 Mi Total



4. **2734 N MILWAUKEE AVE** is on the **left.** [Map](#)



2734 N Milwaukee Ave, Chicago, IL 60647-1362

Total Travel Estimate: 3.66 miles - about 11 minutes

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Trip to:

1717 S Wabash Ave

Chicago, IL 60616-1219

4.81 miles / 12 minutes

Notes

TO FRESENIUS MEDICAL CARE PRAIRIE

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 2.0 Mi
<i>3.1 Mi Total</i> |
|  | 5. I-290 E / IL-110 E / Eisenhower Expy E becomes W Congress Pky. Map | 0.5 Mi
<i>3.6 Mi Total</i> |
|  | 6. Turn right onto S State St. Map | 1.1 Mi
<i>4.6 Mi Total</i> |
|  | 7. Turn left onto E 16th St. Map | 0.09 Mi
<i>4.7 Mi Total</i> |
|  | 8. Take the 1st right onto S Wabash Ave. Map | 0.09 Mi
<i>4.8 Mi Total</i> |
|  | 9. 1717 S WABASH AVE is on the left. Map | |

B 1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate: **4.81 miles - about 12 minutes**

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Trip to:

3157 N Lincoln Ave

Chicago, IL 60657-3111

4.02 miles / 12 minutes

Notes

TO DAVITA LINCOLN PARK DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

1.4 Mi

1.5 Mi Total



3. Turn **right** onto **W North Ave / IL-64.** [Map](#)

0.5 Mi

2.0 Mi Total



4. Turn **left** onto **N Ashland Ave.** [Map](#)

2.0 Mi

4.0 Mi Total



5. Turn **sharp right** onto **N Lincoln Ave.** [Map](#)

0.04 Mi

4.0 Mi Total



6. **3157 N LINCOLN AVE** is on the **left.** [Map](#)



3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Travel Estimate: **4.02 miles - about 12 minutes**

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Trip to:

610 S Maple Ave

Oak Park, IL 60304-1091

7.97 miles / 13 minutes

Notes

MAPLE AVENUE KIDNEY CENTER DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**.

[Map](#)

6.4 Mi

7.4 Mi Total



5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. [Map](#)

0.3 Mi

7.6 Mi Total



6. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** [Map](#)

0.3 Mi

7.9 Mi Total



7. Turn **right** onto **Monroe St.** [Map](#)

0.05 Mi

8.0 Mi Total



8. Turn **right** onto **S Maple Ave.** [Map](#)

0.01 Mi

8.0 Mi Total



9. **610 S MAPLE AVE** is on the **left**. [Map](#)



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

Total Travel Estimate: 7.97 miles - about 13 minutes

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Trip to:

2620 W Addison St

Chicago, IL 60618-5905

4.46 miles / 13 minutes

Notes

TO FRESNIUS MEDICAL CARE NORTHCENTER



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

2.9 Mi

3.0 Mi Total



3. Turn **left** onto **N Clybourn Ave.** [Map](#)

0.7 Mi

3.7 Mi Total



4. Turn **slight right** onto **N Western Ave.** [Map](#)

0.5 Mi

4.2 Mi Total



5. Turn **left** onto **W Addison St.** [Map](#)

0.3 Mi

4.5 Mi Total



6. **2620 W ADDISON ST.** [Map](#)



2620 W Addison St, Chicago, IL 60618-5905

Total Travel Estimate: **4.46 miles - about 13 minutes**

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Trip to:

825 W 35th St

Chicago, IL 60609-1511

6.85 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE BRIDGEPORT

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 3.4 Mi
<i>5.8 Mi Total</i> |
|  | 6. Take EXIT 55A toward 35th St. Map | 0.2 Mi
<i>6.0 Mi Total</i> |
|  | 7. Turn slight left onto S Wentworth Ave. Map | 0.08 Mi
<i>6.0 Mi Total</i> |
|  | 8. Turn right onto W 35th St. Map | 0.8 Mi
<i>6.8 Mi Total</i> |
|  | 9. 825 W 35TH ST is on the left. Map | |

B 825 W 35th St, Chicago, IL 60609-1511

Total Travel Estimate: **6.85 miles - about 14 minutes**

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Trip to:

733 Madison St

Oak Park, IL 60302-4419

8.85 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK PARK

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|----------------------|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi |
| | | <i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 0.9 Mi |
| | | <i>1.0 Mi Total</i> |
|  | 3. Turn right onto W Van Buren St. Map | 0.01 Mi |
| | | <i>1.0 Mi Total</i> |
|  | 4. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via the ramp on the left . Map | 6.4 Mi |
|  | 5. Take the IL-43 / Harlem Ave exit, EXIT 21B , on the left . Map | 0.3 Mi |
| | | <i>7.6 Mi Total</i> |
|  | 6. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. Map | 0.5 Mi |
| | | <i>8.1 Mi Total</i> |
|  | 7. Turn right onto Washington Blvd. Map | 0.5 Mi |
| | | <i>8.7 Mi Total</i> |
|  | 8. Turn right onto S Oak Park Ave. Map | 0.1 Mi |
| | | <i>8.8 Mi Total</i> |
|  | 9. Take the 1st left onto Madison St. Map | 0.05 Mi |
| | | <i>8.9 Mi Total</i> |
|  | 10. 733 MADISON ST is on the right . Map | |

B 733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate: **8.85 miles - about 15 minutes**

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Trip to:
710 W 43rd St
Chicago, IL 60609-3435
7.69 miles / 15 minutes

Notes

TO DAVITA EMERALD DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 4.4 Mi
<i>6.9 Mi Total</i> |
|  | 6. Take EXIT 56A toward 43rd St. Map | 0.2 Mi
<i>7.0 Mi Total</i> |
|  | 7. Turn slight left onto S Wentworth Ave. Map | 0.03 Mi
<i>7.0 Mi Total</i> |
|  | 8. Take the 1st right onto W 43rd St. Map | 0.6 Mi
<i>7.7 Mi Total</i> |
|  | 9. 710 W 43RD ST is on the right. Map | |

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

Total Travel Estimate: **7.69 miles - about 15 minutes**

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Trip to:

1201 W Roosevelt Rd

Maywood, IL 60153-4046

10.34 miles / 16 minutes

Notes

TO LOYOLA DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 0.9 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn right onto W Van Buren St. Map | 0.01 Mi
<i>1.0 Mi Total</i> |
|   | 4. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via the ramp on the left. Map | 8.0 Mi
<i>8.9 Mi Total</i> |
|  | 5. Take the IL-171 / 1st Ave exit, EXIT 20. Map | 0.1 Mi
<i>9.1 Mi Total</i> |
|  | 6. Stay straight to go onto Harrison St. Map | 0.07 Mi
<i>9.1 Mi Total</i> |
|   | 7. Take the 1st left onto IL-171 / S 1st Ave. Map | 0.5 Mi
<i>9.6 Mi Total</i> |
|  | 8. Turn right onto W Roosevelt Rd. Map | 0.7 Mi
<i>10.3 Mi Total</i> |
|  | 9. 1201 W ROOSEVELT RD is on the right. Map | |

B 1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate: **10.34 miles - about 16 minutes**

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Trip to:

103 Forest Ave

River Forest, IL 60305-2003

9.21 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE RIVER FOREST



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. [Map](#)

6.4 Mi

7.4 Mi Total



5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. [Map](#)

0.3 Mi

7.6 Mi Total



6. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** [Map](#)

0.7 Mi

8.3 Mi Total



7. Turn **left** onto **Randolph St.** [Map](#)

0.5 Mi

8.8 Mi Total



8. **Randolph St** becomes **Washington Blvd.** [Map](#)

0.3 Mi

9.1 Mi Total



9. Turn **left** onto **Forest Ave.** [Map](#)

0.10 Mi

9.2 Mi Total



10. **103 FOREST AVE** is on the **left**. [Map](#)



103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate: **9.21 miles - about 16 minutes**

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Trip to:

5401 S Wentworth Ave

Chicago, IL 60609-6300

8.87 miles / 16 minutes

Notes

TO FRESNIUS MEDICAL CARE GARFIELD

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / I-90 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 2.2 Mi
<i>7.1 Mi Total</i> |
|  | 7. Take the I-90-LOCAL / I-94-LOCAL exit. Map | 0.3 Mi
<i>7.5 Mi Total</i> |
|   | 8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E. Map | 0.8 Mi
<i>8.3 Mi Total</i> |
|  | 9. Take EXIT 57 toward Garfield Blvd. Map | 0.2 Mi
<i>8.5 Mi Total</i> |
|  | 10. Stay straight to go onto S Wells St. Map | 0.09 Mi
<i>8.6 Mi Total</i> |
|  | 11. Take the 1st left onto W Garfield Blvd / W 55th St. Map | 0.07 Mi
<i>8.7 Mi Total</i> |
|  | 12. Take the 1st left onto S Wentworth Ave. Map | 0.2 Mi
<i>8.9 Mi Total</i> |
|  | 13. 5401 S WENTWORTH AVE is on the right. Map | |

B 5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate: **8.87 miles - about 16 minutes**

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Trip to:

5060 S State St

Chicago, IL 60609-5328

8.37 miles / 16 minutes

Notes

TO DAVITA WOODLAWN DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

1.0 Mi

1.0 Mi Total



3. Turn **left** onto **W Congress Pky.** [Map](#)

0.02 Mi

1.1 Mi Total



4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)

1.4 Mi

2.4 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Indiana.** [Map](#)

4.9 Mi

7.3 Mi Total



6. Take **EXIT 56B** toward **47th St.** [Map](#)

0.2 Mi

7.5 Mi Total



7. Turn **slight left** onto **S Wentworth Ave.** [Map](#)

0.06 Mi

7.6 Mi Total



8. Take the 1st **left** onto **W 47th St.** [Map](#)

0.3 Mi

7.9 Mi Total



9. Turn **right** onto **S State St.** [Map](#)

0.5 Mi

8.4 Mi Total



10. **5060 S STATE ST** is on the **right.** [Map](#)



5060 S State St, Chicago, IL 60609-5328

Total Travel Estimate: 8.37 miles - about 16 minutes

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Trip to:

4800 N Kilpatrick Ave

Chicago, IL 60630-1725

8.68 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH
KILPATRICK



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Division St.** [Map](#)

0.9 Mi

1.8 Mi Total



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left.** [Map](#)

5.5 Mi

7.3 Mi Total



5. Take the **Kostner Ave** exit, **EXIT 43D.** [Map](#)

0.2 Mi

7.5 Mi Total



6. Turn **right** onto **N Kostner Ave.** [Map](#)

0.5 Mi

8.0 Mi Total



7. Turn **right** onto **W Leland Ave.** [Map](#)

0.06 Mi

8.1 Mi Total



8. Turn **sharp left** onto **N Elston Ave.** [Map](#)

0.4 Mi

8.5 Mi Total



9. Turn **left** onto **N Kilpatrick Ave.** [Map](#)

0.2 Mi

8.7 Mi Total



10. **4800 N KILPATRICK AVE** is on the **right.** [Map](#)



4800 N Kilpatrick Ave, Chicago, IL 60630-1725

Total Travel Estimate: **8.68 miles - about 16 minutes**

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Trip to:

4290 S Cottage Grove Ave

Chicago, IL 60653-2908

8.64 miles / 16 minutes

Notes

TO DAVITA LAKE PARK DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 1.4 Mi
<i>3.8 Mi Total</i> |
|   | 6. Merge onto I-55 N / Stevenson Expy N via EXIT 53 toward Lake Shore Dr. Map | 2.2 Mi
<i>6.0 Mi Total</i> |
|   | 7. Merge onto S Lake Shore Dr / US-41 S. Map | 1.7 Mi
<i>7.7 Mi Total</i> |
|  | 8. Take the Oakwood Blvd ramp. Map | 0.2 Mi
<i>7.9 Mi Total</i> |
|  | 9. Turn right onto E Oakwood Blvd. Map | 0.2 Mi
<i>8.1 Mi Total</i> |
|  | 10. Turn left to stay on E Oakwood Blvd. Map | 0.2 Mi
<i>8.2 Mi Total</i> |
|  | 11. Turn left onto S Cottage Grove Ave. Map | 0.4 Mi
<i>8.6 Mi Total</i> |
|  | 12. 4290 S COTTAGE GROVE AVE is on the right. Map | |

B 4290 S Cottage Grove Ave, Chicago, IL 60653-2908

Total Travel Estimate: **8.64 miles - about 16 minutes**

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Trip to:
3000 S Cicero Ave
Cicero, IL 60804-3638
5.80 miles / 16 minutes

Notes

FRESENIUS MEDICAL CARE CICERO

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.2 Mi
<i>1.2 Mi Total</i> |
|  | 3. Turn slight right onto W Ogden Ave. Map | 4.2 Mi
<i>5.4 Mi Total</i> |
|  | 4. Turn left to take the IL-50 N / IL-50 S ramp. Map | 0.1 Mi
<i>5.5 Mi Total</i> |
|   | 5. Turn right onto S Cicero Ave / IL-50. Map | 0.3 Mi
<i>5.8 Mi Total</i> |
|  | 6. 3000 S CICERO AVE is on the right. Map | |

B 3000 S Cicero Ave, Cicero, IL 60804-3638

Total Travel Estimate: **5.80 miles - about 16 minutes**

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Trip to:

2601 Harlem Ave

Berwyn, IL 60402-2100

9.89 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE BERWYN



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**.
[Map](#)

6.4 Mi

7.4 Mi Total



5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. [Map](#)

0.3 Mi

7.6 Mi Total



6. Turn **left** onto **IL-43 / Harlem Ave / S Harlem Ave.** Continue to follow **IL-43 / Harlem Ave.** [Map](#)

2.2 Mi

9.8 Mi Total



7. Make a **U-turn** onto **Harlem Ave / IL-43.** [Map](#)

0.09 Mi

9.9 Mi Total



8. **2601 HARLEM AVE** is on the **right**. [Map](#)



2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate: **9.89 miles - about 17 minutes**

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Trip to:

4008 N Broadway St

Chicago, IL 60613-2111

6.02 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE LAKEVIEW



1950 W Hubbard St, Chicago, IL 60622-6237

●	1. Start out going west on W Hubbard St toward N Damen Ave. Map	0.02 Mi <i>0.02 Mi Total</i>
➤	2. Take the 1st right onto N Damen Ave. Map	0.08 Mi <i>0.1 Mi Total</i>
➤	3. Take the 2nd right onto W Grand Ave. Map	1.5 Mi <i>1.6 Mi Total</i>
↶	4. Turn left onto N Halsted St. Map	1.4 Mi <i>3.0 Mi Total</i>
↑	5. N Halsted St becomes N Halsted Sts. Map	0.05 Mi <i>3.1 Mi Total</i>
↑	6. N Halsted Sts becomes N Halsted St. Map	2.7 Mi <i>5.8 Mi Total</i>
↑	7. N Halsted St becomes N Broadway St. Map	0.3 Mi <i>6.0 Mi Total</i>
■	8. 4008 N BROADWAY ST is on the left. Map	



4008 N Broadway St, Chicago, IL 60613-2111

Total Travel Estimate: **6.02 miles - about 17 minutes**

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Trip to:
4935 W Belmont Ave
Chicago, IL 60641-4332
7.57 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST BELMONT

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st right onto N Damen Ave. Map | 0.9 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn right onto W Division St. Map | 0.9 Mi
<i>1.8 Mi Total</i> |
|   | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W via the ramp on the left. Map | 3.3 Mi
<i>5.1 Mi Total</i> |
|  | 5. Take the Belmont Ave exit, EXIT 45C. Map | 0.2 Mi
<i>5.4 Mi Total</i> |
|  | 6. Turn slight left onto W Belmont Ave. Map | 2.2 Mi
<i>7.6 Mi Total</i> |
|  | 7. 4935 W BELMONT AVE is on the left. Map | |

B 4935 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate: **7.57 miles - about 17 minutes**

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Trip to:

6333 S Green St

Chicago, IL 60621-1943

10.41 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-
ENGLEWOOD

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / I-90 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 3.9 Mi
<i>8.9 Mi Total</i> |
|   | 7. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. Map | 0.5 Mi
<i>9.4 Mi Total</i> |
|   | 8. Take EXIT 58B toward 63rd St. Map | 0.2 Mi
<i>9.6 Mi Total</i> |
|  | 9. Turn slight left onto S Yale Ave. Map | 0.05 Mi
<i>9.6 Mi Total</i> |
|  | 10. Take the 2nd right onto W 63rd St. Map | 0.7 Mi
<i>10.3 Mi Total</i> |
|  | 11. Turn left onto S Green St. Map | 0.06 Mi
<i>10.4 Mi Total</i> |
|  | 12. 6333 S GREEN ST is on the left. Map | |

B 6333 S Green St, Chicago, IL 60621-1943

Total Travel Estimate: **10.41 miles - about 18 minutes**

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Trip to:

1111 Superior St

Melrose Park, IL 60160-4138

11.07 miles / 19 minutes

Notes

TO FRESENIUS MELROSE PARK

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 0.9 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn right onto W Van Buren St. Map | 0.01 Mi
<i>1.0 Mi Total</i> |
|   | 4. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via the ramp on the left . Map | 8.0 Mi
<i>8.9 Mi Total</i> |
|  | 5. Take the IL-171 / 1st Ave exit, EXIT 20. Map | 0.1 Mi
<i>9.1 Mi Total</i> |
|  | 6. Stay straight to go onto Harrison St. Map | 0.07 Mi
<i>9.1 Mi Total</i> |
|   | 7. Take the 1st right onto S 1st Ave / IL-171. Map | 1.2 Mi
<i>10.3 Mi Total</i> |
|  | 8. Turn left onto Lake St. Map | 0.7 Mi
<i>11.0 Mi Total</i> |
|  | 9. Turn right onto N 11th Ave. Map | 0.08 Mi
<i>11.1 Mi Total</i> |
|  | 10. Take the 1st left onto Superior St. Map | 0.01 Mi
<i>11.1 Mi Total</i> |
|  | 11. 1111 SUPERIOR ST is on the left. Map | |

B 1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate: **11.07 miles - about 19 minutes**

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Trip to:

5140 N California Ave

Chicago, IL 60625-3645

6.63 miles / 19 minutes

Notes

TO NEPHRON DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

2.9 Mi

3.0 Mi Total



3. Turn **left** onto **N Clybourn Ave.** [Map](#)

0.7 Mi

3.7 Mi Total



4. Turn **slight right** onto **N Western Ave.** [Map](#)

2.0 Mi

5.7 Mi Total



5. Turn **left** onto **W Lawrence Ave.** [Map](#)

0.5 Mi

6.2 Mi Total



6. Turn **right** onto **N California Ave.** [Map](#)

0.4 Mi

6.6 Mi Total



7. **5140 N CALIFORNIA AVE** is on the **left.** [Map](#)



5140 N California Ave, Chicago, IL 60625-3645

Total Travel Estimate: 6.63 miles - about 19 minutes

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Trip to:

719 W North Ave

Melrose Park, IL 60160-1612

12.07 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH AVE



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**.
[Map](#)

8.0 Mi



5. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#)

0.1 Mi



6. Stay **straight** to go onto **Harrison St.** [Map](#)

0.07 Mi



7. Take the 1st **right** onto **S 1st Ave / IL-171.** [Map](#)

2.5 Mi



8. Turn **left** onto **W North Ave / IL-64 W.** [Map](#)

0.4 Mi



9. **719 W NORTH AVE** is on the **right.** [Map](#)



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

Total Travel Estimate: 12.07 miles - about 20 minutes

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Trip to:

7435 W Talcott Ave

Chicago, IL 60631-3707

11.99 miles / 20 minutes

Notes

TO RESURRECTION HOSPITAL DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

-  1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#) **0.02 Mi**
0.02 Mi Total
-  2. Take the 1st **right** onto **N Damen Ave.** [Map](#) **0.9 Mi**
1.0 Mi Total
-  3. Turn **right** onto **W Division St.** [Map](#) **0.9 Mi**
1.8 Mi Total
-   4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left.** [Map](#) **6.0 Mi**
7.8 Mi Total
-   5. Keep **left** to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.** [Map](#) **3.2 Mi**
11.0 Mi Total
-  6. Take **EXIT 81B** toward **Sayre Ave.** [Map](#) **0.2 Mi**
11.2 Mi Total
-  7. Stay **straight** to go onto **W Talcott Ave.** [Map](#) **0.8 Mi**
12.0 Mi Total
-  8. **7435 W TALCOTT AVE** is on the **left.** [Map](#)

B 7435 W Talcott Ave, Chicago, IL 60631-3707

Total Travel Estimate: 11.99 miles - about 20 minutes

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Trip to:

4720 N Marine Dr

Chicago, IL 60640-5120

7.10 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE UPTOWN

A **1950 W Hubbard St, Chicago, IL 60622-6237**

- | | | |
|--|--|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st right onto N Damen Ave. Map | 1.4 Mi
<i>1.5 Mi Total</i> |
|   | 3. Turn right onto W North Ave / IL-64. Map | 0.5 Mi
<i>2.0 Mi Total</i> |
|  | 4. Turn left onto N Ashland Ave. Map | 4.0 Mi
<i>6.0 Mi Total</i> |
|  | 5. Turn right onto W Lawrence Ave. Map | 1.0 Mi
<i>7.0 Mi Total</i> |
|  | 6. Turn right onto N Marine Dr. Map | 0.08 Mi
<i>7.1 Mi Total</i> |
|  | 7. 4720 N MARINE DR is on the right. Map | |

B **4720 N Marine Dr, Chicago, IL 60640-5120**

Total Travel Estimate: 7.10 miles - about 20 minutes

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Trip to:

7301 N Lincoln Ave

Lincolnwood, IL 60712-1709

12.09 miles / 20 minutes

Notes

TO CENTER FOR RENAL REPLACEMENT DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Division St.** [Map](#)

0.9 Mi

1.8 Mi Total



4. Merge onto **I-94 W** via the ramp on the **left.** [Map](#)

9.3 Mi

11.1 Mi Total



5. Take **EXIT 39B** toward **East Touhy Ave.** [Map](#)

0.2 Mi

11.3 Mi Total



6. Keep **left** at the fork to go on **N Cicero Ave / IL-50.** [Map](#)

0.1 Mi

11.5 Mi Total



7. Turn **right** onto **W Touhy Ave.** [Map](#)

0.4 Mi

11.9 Mi Total



8. Turn **sharp left** onto **N Lincoln Ave / US-41.** [Map](#)

0.2 Mi

12.1 Mi Total



9. **7301 N LINCOLN AVE** is on the **right.** [Map](#)



7301 N Lincoln Ave, Lincolnwood, IL 60712-1709

Total Travel Estimate: **12.09 miles - about 20 minutes**

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Trip to:

5623 W Touhy Ave

Niles, IL 60714-4019

12.62 miles / 20 minutes

Notes

TO DAVITA BIG OAKS DIALYSIS



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Division St.** [Map](#)

0.9 Mi

1.8 Mi Total



4. Merge onto **I-94 W** via the ramp on the **left.** [Map](#)

9.6 Mi

11.5 Mi Total



5. Take the **West Touhy Ave** exit, **EXIT 39A.** [Map](#)

0.2 Mi

11.7 Mi Total



6. Turn **slight right** onto **W Touhy Ave.** [Map](#)

0.9 Mi

12.6 Mi Total



7. **5623 W TOUHY AVE** is on the **left.** [Map](#)



5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate: **12.62 miles - about 20 minutes**

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Trip to:
8643 S Holland Rd
Chicago, IL 60620
13.11 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE CHATHAM

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 5.5 Mi
<i>10.4 Mi Total</i> |
|   | 7. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. Map | 2.0 Mi
<i>12.4 Mi Total</i> |
|  | 8. Take EXIT 61B toward 87th St. Map | 0.2 Mi
<i>12.6 Mi Total</i> |
|  | 9. Stay straight to go onto S Lafayette Ave. Map | 0.1 Mi
<i>12.7 Mi Total</i> |
|  | 10. Take the 1st right onto W 87th St. Map | 0.4 Mi
<i>13.1 Mi Total</i> |
|  | 11. Turn sharp left onto S Holland Rd. Map | 0.03 Mi
<i>13.1 Mi Total</i> |
|  | 12. 8643 S HOLLAND RD is on the left. Map | |

B 8643 S Holland Rd, Chicago, IL 60620

Total Travel Estimate: **13.11 miles - about 21 minutes**

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Trip to:

133 E Brush Hill Rd

Elmhurst, IL 60126-5658

14.99 miles / 22 minutes

Notes

FRESENIUS MEDICAL CARE ELMHURST



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **left** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Van Buren St.** [Map](#)

0.01 Mi

1.0 Mi Total



4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**.
[Map](#)

11.9 Mi

12.8 Mi Total



5. Keep **left** to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). [Map](#)

0.5 Mi

13.3 Mi Total



6. Merge onto **IL-38 W / Roosevelt Rd.** [Map](#)

1.1 Mi

14.4 Mi Total



7. Take the **North York Road** exit. [Map](#)

0.3 Mi

14.7 Mi Total



8. Turn **slight left** onto **E Brush Hill Rd.** [Map](#)

0.3 Mi

15.0 Mi Total



133 E Brush Hill Rd, Elmhurst, IL 60126-5658

Total Travel Estimate: **14.99 miles - about 22 minutes**

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Trip to:

7319 S Cottage Grove Ave

Chicago, IL 60619-1909

12.51 miles / 22 minutes

Notes

TO DAVITA GRAND CROSSINGS DIALYSIS

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 5.5 Mi
<i>10.4 Mi Total</i> |
|   | 7. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. Map | 0.3 Mi
<i>10.8 Mi Total</i> |
|  | 8. Take EXIT 60A toward 75th St. Map | 0.2 Mi
<i>10.9 Mi Total</i> |
|  | 9. Keep right at the fork in the ramp. Map | 0.1 Mi
<i>11.1 Mi Total</i> |
|  | 10. Turn slight left onto S Lafayette Ave. Map | 0.1 Mi
<i>11.2 Mi Total</i> |
|  | 11. Take the 1st left onto W 75th St. Map | 1.1 Mi
<i>12.3 Mi Total</i> |
|  | 12. Turn left onto S Cottage Grove Ave. Map | 0.2 Mi
<i>12.5 Mi Total</i> |
|  | 13. 7319 S COTTAGE GROVE AVE is on the right. Map | |

B 7319 S Cottage Grove Ave, Chicago, IL 60619-1909

Total Travel Estimate: **12.51 miles - about 22 minutes**

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Trip to:

6535 S Western Ave

Chicago, IL 60636-2410

8.16 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE MARQUETTE
PARK

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|---|--|--|
| ● | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
| ↩ | 2. Take the 1st left onto N Damen Ave. Map | 1.2 Mi
<i>1.2 Mi Total</i> |
| ↗ | 3. Turn slight right onto W Ogden Ave. Map | 0.7 Mi
<i>1.9 Mi Total</i> |
| ↖ | 4. Turn slight left onto S Western Ave. Map | 6.2 Mi
<i>8.2 Mi Total</i> |
| ■ | 5. 6535 S WESTERN AVE is on the left. Map | |

B 6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate: **8.16 miles - about 23 minutes**

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Trip to:

9212 S South Chicago Ave

Chicago, IL 60617-4512

15.19 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / I-90 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 3.9 Mi
<i>8.9 Mi Total</i> |
|   | 7. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. Map | 0.9 Mi
<i>9.7 Mi Total</i> |
|   | 8. Keep left to take I-90 E / Chicago Skwy E via EXIT 59A toward Indiana Toll Rd (Portions toll). Map | 5.0 Mi
<i>14.7 Mi Total</i> |
|  | 9. Take the Anthony Avenue exit toward 92nd Street. Map | 0.2 Mi
<i>14.9 Mi Total</i> |
|  | 10. Turn slight left onto S Anthony Ave. Map | 0.07 Mi
<i>15.0 Mi Total</i> |
|  | 11. Turn slight left onto E 92nd St. Map | 0.2 Mi
<i>15.2 Mi Total</i> |
|  | 12. Turn slight right onto S South Chicago Ave. Map | 0.02 Mi
<i>15.2 Mi Total</i> |
|  | 13. 9212 S SOUTH CHICAGO AVE is on the right. Map | |

B 9212 S South Chicago Ave, Chicago, IL 60617-4512

Total Travel Estimate: **15.19 miles - about 24 minutes**

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177



Trip to:

1111 E 87th St

Chicago, IL 60619-7038

14.17 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE GREENWOOD

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 5.5 Mi
<i>10.4 Mi Total</i> |
|   | 7. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. Map | 2.0 Mi
<i>12.4 Mi Total</i> |
|  | 8. Take EXIT 61B toward 87th St. Map | 0.2 Mi
<i>12.6 Mi Total</i> |
|  | 9. Stay straight to go onto S Lafayette Ave. Map | 0.1 Mi
<i>12.7 Mi Total</i> |
|  | 10. Take the 1st left onto W 87th St. Map | 1.5 Mi
<i>14.2 Mi Total</i> |
|  | 11. 1111 E 87TH ST is on the right. Map | |

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

Total Travel Estimate: **14.17 miles - about 24 minutes**

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178



Trip to:

7009 W Belmont Ave

Chicago, IL 60634-4533

8.11 miles / 24 minutes

Notes

TO DAVITA MONTCLARE



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.08 Mi

0.1 Mi Total



3. Take the 2nd **left** onto **W Grand Ave.** [Map](#)

1.9 Mi

2.0 Mi Total



4. Turn **left** to stay on **W Grand Ave.** [Map](#)

0.03 Mi

2.1 Mi Total



5. Turn **right** to stay on **W Grand Ave.** [Map](#)

4.1 Mi

6.2 Mi Total



6. Turn **right** onto **N Narragansett Ave.** [Map](#)

1.1 Mi

7.3 Mi Total



7. Turn **left** onto **W Belmont Ave.** [Map](#)

0.8 Mi

8.1 Mi Total



8. **7009 W BELMONT AVE** is on the **left.** [Map](#)



7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate: 8.11 miles - about 24 minutes

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179



Trip to:

7531 S Stony Island Ave

Chicago, IL 60649-3954

13.47 miles / 24 minutes

Notes

TO FRESINIUS MEDICAL CARE JACKSON PARK

A 1950 W Hubbard St, Chicago, IL 60622-6237

- | | | |
|--|---|--|
|  | 1. Start out going west on W Hubbard St toward N Damen Ave. Map | 0.02 Mi
<i>0.02 Mi Total</i> |
|  | 2. Take the 1st left onto N Damen Ave. Map | 1.0 Mi
<i>1.0 Mi Total</i> |
|  | 3. Turn left onto W Congress Pky. Map | 0.02 Mi
<i>1.1 Mi Total</i> |
|   | 4. Merge onto I-290 E / IL-110 E / Eisenhower Expy E via the ramp on the left. Map | 1.4 Mi
<i>2.4 Mi Total</i> |
|   | 5. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Indiana. Map | 2.5 Mi
<i>5.0 Mi Total</i> |
|  | 6. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. Map | 5.5 Mi
<i>10.4 Mi Total</i> |
|   | 7. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. Map | 0.3 Mi
<i>10.8 Mi Total</i> |
|  | 8. Take EXIT 60A toward 75th St. Map | 0.2 Mi
<i>10.9 Mi Total</i> |
|  | 9. Keep right at the fork in the ramp. Map | 0.1 Mi
<i>11.1 Mi Total</i> |
|  | 10. Turn slight left onto S Lafayette Ave. Map | 0.1 Mi
<i>11.2 Mi Total</i> |
|  | 11. Take the 1st left onto W 75th St. Map | 2.1 Mi
<i>13.3 Mi Total</i> |
|  | 12. Turn right onto S Stony Island Ave. Map | 0.08 Mi
<i>13.4 Mi Total</i> |
|  | 13. Make a U-turn onto S Stony Island Ave. Map | 0.1 Mi
<i>13.5 Mi Total</i> |
|  | 14. 7531 S STONY ISLAND AVE is on the right. Map | |

B 7531 S Stony Island Ave, Chicago, IL 60649-3954

Total Travel Estimate: **13.47 miles - about 24 minutes**

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180



Trip to:

4701 N Cumberland Ave

Norridge, IL 60706-2905

14.73 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE NORRIDGE



1950 W Hubbard St, Chicago, IL 60622-6237



1. Start out going **west** on **W Hubbard St** toward **N Damen Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Damen Ave.** [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Division St.** [Map](#)

0.9 Mi

1.8 Mi Total



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W** via the ramp on the **left.** [Map](#)

6.0 Mi

7.8 Mi Total



5. Keep **left** to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.** [Map](#)

5.3 Mi

13.1 Mi Total



6. Take the **IL-171 S / Cumberland Ave** exit, **EXIT 79A.** [Map](#)

0.2 Mi

13.4 Mi Total



7. Turn **slight right** onto **IL-171 S / N Cumberland Ave.** [Map](#)

1.4 Mi

14.7 Mi Total



8. Make a **U-turn** at **W Leland Ave** onto **N Cumberland Ave / IL-171 N.** [Map](#)

0.01 Mi

14.7 Mi Total



9. **4701 N CUMBERLAND AVE** is on the **right.** [Map](#)



4701 N Cumberland Ave, Norridge, IL 60706-2905

Total Travel Estimate: 14.73 miles - about 24 minutes

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January 30, 2013

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

Dear Ms. Avery:

My name is George Dunea, M.D. and I am a nephrologist practicing in Chicago with Nephrology Associates of Northern Illinois (NANI) and have been the sole Medical Director of the Chicago Dialysis Center located in Greek Town for the past 35 years. I am writing to support the relocation of the facility. During my time as Medical Director here, I have seen the neighborhood around the clinic change into a very congested nightlife area with little or no parking causing hardships for the patients dialyzing here. A majority of my patients are disadvantaged and this location is no longer an optimal place for them to come for treatment. The new clinic's location is better suited for medical services and will allow for better access and ample convenient parking.

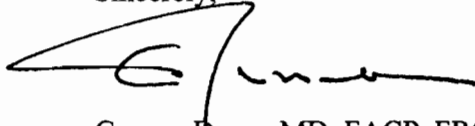
Since 1977 our center has provided dialysis to patients referred from many different hospitals, including a great number from Cook County Hospital. These patients elected to come here in order to maintain the continuity of their care, in that they were seen by the doctors also practicing at Cook County rather than being referred to doctors who had never seen them before and were unfamiliar with their history (which frequently is quite complicated considering the severity of their illness). This arrangement has allowed a seamless transfer of patients to the unit and likewise their return to the hospital for investigations, emergency admissions, and renewal of their medications.

In recent years the number of patients treated at this unit has declined because of the changing demographics of the Greek Town area. Parking has become very difficult, and is also expensive, creating a hardship to the patients who drive to the unit. In addition, the building is no longer suitable for dialysis and maintenance is poor and not commensurate with the high rent charged in this location. Not only would a move benefit the patients currently being treated here, but new referrals are expected to increase after relocation to a more consumer friendly area.

I have provided required patient information on the following pages to meet the CON application criteria for this relocation. I attest to the best of my knowledge that the patient referrals on the following pages were not used to support any pending or current CON application or permit.

I respectfully ask the Board to approve the relocation of the Chicago Dialysis Center 21-station clinic to a more modern treatment facility in order to keep access available to this patient population. Thank you for your consideration.

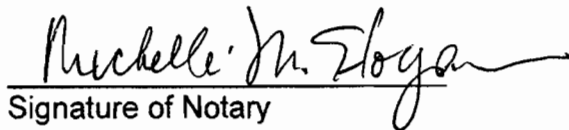
Sincerely,



George Dunea MD, FACP, FRCP (Lond & Edin), FASN.
Medical Director, Chicago Dialysis Center
Professor of Medicine, University of Illinois at Chicago
President and CEO, Hektoen Institute of Medicine
Founding Chairman Emeritus, Division of Nephrology, Cook County Hospital

Notarization:

Subscribed and sworn to before me
this 6th day of Feb., 2013



Signature of Notary
(Seal)



**CURRENT HEMODIALYSIS PATIENTS AT CHICAGO DIALYSIS CENTER THAT ARE
EXPECTED TO TRANSFER AFTER RELOCATION**

Zip Code	Count
60155	1
60402	1
60430	1
60605	1
60607	4
60608	6
60609	1
60610	3
60612	9
60613	1
60615	2
60616	1
60617	2
60619	2
60620	2
60621	1
60622	1
60623	6
60624	3
60625	1
60629	1
60632	1
60637	1
60639	1
60640	1
60644	5
60649	5
60651	1
60651	4
60653	2
60655	1
60659	1
Total	73

**PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE
CHICAGO DIALYSIS CENTER FACILITY THE 1ST TWO YEARS AFTER
RELOCATION**

Zip Code	Pre-ESRD
60608	5
60612	5
60621	33
60623	4
60624	10
Total	57

It is expected that approximately 30% of the above patients will no longer require dialysis services by the time the facility is relocated due to death, transplant, or moving out of the area. Therefore, approximately 40 of the above patients will actually begin dialysis services at the Chicago Dialysis Center facility.

NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS

Zip	Pre-ESRD
Code	Patients
60606	1
60607	1
60607	1
60612	1
60617	1
60619	1
60622	1
60625	1
60647	1
60649	1
60652	1
60653	1
Total	12

PATIENTS OF NANI AS OF DECEMBER 31, 2009

Chicago Dialysis Center	
Zip Code	Total
60302	1
60304	1
60504	1
60524	1
60601	1
60605	1
60607	2
60608	5
60609	3
60610	5
60612	10
60615	1
60616	2
60617	2
60620	6
60621	2
60622	3
60623	11
60624	4
60628	2
60629	3
60632	2
60636	1
60637	3
60639	2
60640	2
60642	1
60643	1
60644	6
60649	3
60651	4
60653	2
60804	2
Total	96

PATIENTS OF NANI AS OF DECEMBER 31, 2010

Chicago Dialysis Center	
Zip Code	Total
60304	1
60505	1
60607	1
60608	5
60609	2
60610	5
60612	10
60615	1
60616	2
60617	1
60619	2
60620	4
60621	1
60622	3
60623	13
60624	3
60628	1
60629	1
60632	1
60636	1
60637	1
60639	2
60640	1
60643	1
60644	4
60649	2
60651	4
60653	2
60804	3
Total	79

PATIENTS OF NANI AS OF DECEMBER 31, 2011

Chicago Dialysis Center	
Zip Code	Totals
60304	1
60505	1
60606	1
60607	4
60608	6
60609	2
60610	5
60612	8
60615	1
60616	1
60617	2
60619	1
60620	3
60622	1
60623	12
60624	6
60628	1
60629	1
60632	1
60636	1
60637	1
60640	1
60644	5
60647	1
60649	2
60651	3
60653	2
60655	1
60804	2
Total	77

188

PATIENTS OF NANI AS OF SEPTEMBER 30, 2012

Chicago Dialysis Center	
Zip Code	Totals
60304	1
60505	1
60607	3
60608	6
60609	2
60610	5
60612	7
60615	1
60616	1
60617	3
60619	2
60620	2
60621	1
60622	1
60623	8
60624	5
60628	1
60629	1
60632	1
60636	1
60637	1
60640	1
60644	5
60649	3
60651	4
60652	1
60653	2
60655	1
60804	1
Total	72