

PROJECT HEARING REPORT

Project: 15-003
DaVita Danville Dialysis, Danville
March 25, 2015

On March 25, 2015, Board Staff (Agbodo, and Roate), conducted a public hearing for Project 15-003, Davita Danville Dialysis, Danville. The hearing was held at 1:30p.m., Danville City Council Chambers, located at 17 West Main Street, Danville. Board member in attendance: Philip Bradley

The following summarizes the attendance figures:

Individuals who registered their attendance at the hearing: 44

Support: 10

Oppose: 33

Neutral: 1

Individuals who registered to speak at the hearing: 43

Support: 13

Oppose: 28

Total individuals registered: 87

Number of Letters received:

Support: 2

Oppose: 38

Note of the 38 opposition letters, 31 were identified as form letters



Carle Physician Group

602 West University Avenue, Urbana, IL 61801-2594 Phone: (217) 383-3311

May 18, 2015

Mike Constantino, Supervisor, Project Review Section
Illinois Health Facilities & Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

Mr. Constantino,

I am writing on my patients' behalf and to support DaVita HealthCare Partners, Inc. application for a hemodialysis center located at 22 West Newell Road, Danville, IL. I am a Nephrologist and Kidney Disease Specialist at Carle Physicians Group in Urbana, IL. Many of my patients have end-stage kidney disease. These patients rely on dialysis treatments three times per week in order to stay alive and well. Quite a few of my patients do not have necessary support and home environment to perform dialysis in their homes. Because of insurance and other limitations these patients cannot receive in-center hemodialysis treatments at the current dialysis center located on 910 W. Clay St. Therefore, these patients need to travel to Champaign or Urbana three times per week every week in order to receive lifesaving dialysis treatments. Obviously, the need to travel close to 80 miles three times every week just to receive dialysis can be associated with extreme hardship for my patients and their caregivers. Quite often some of my patients do not have the necessary means for transportation to dialysis and it is not unusual for them occasionally to miss dialysis treatments because of missed bus ride, car troubles, bad weather or similar reasons. There were even occasions when my patients required trips to emergency room or hospital just to receive dialysis since they could not make to their regular dialysis treatment the day earlier.

Having a second hemodialysis center in Danville would greatly improve access to dialysis services for my patients who live in Danville and the surrounding areas as well as other Danville residents who have kidney disease and need or may need dialysis in the future. Therefore, I wholeheartedly support the DaVita HealthCare Partners, Inc. plans to establish new dialysis facility in Danville, IL.

A handwritten signature in cursive script that reads "Erlandas Ulozas".

Erlandas Ulozas, MD
Carle Physicians Group
602 W. University Ave
Urbana, IL 61801



Carle Physician Group

602 West University Avenue, Urbana, IL 61801-2594 Phone: (217) 383-3311

March 18, 2015

RE: Establishment of an End-Stage Renal Dialysis Facility in Danville, IL. Project 15-003, Vermilion County Dialysis, Danville.

To Whom It May Concern:

I write in strong support of the proposed 8-station ESRD facility for hemodialysis in Danville, IL. The basis of my support is to improve the quality of life of ESRD patients living in Danville who require thrice weekly hemodialysis treatments. Many of these patients now commute to Champaign-Urbana for their hemodialysis treatments three times per week. Some patients choose to do this to continue care with their established nephrologists in Champaign-Urbana and others are forced to commute because they have not been accepted in the private hemodialysis unit in Danville. The thrice weekly commute to Champaign-Urbana for hemodialysis treatments significantly increases the burden of kidney failure on patients and families alike by adding commute time and transportation issues to the baseline burden of the need for dialysis. As a nephrologist practicing for nearly 30 years, I recognize that kidney failure creates heavy burdens for patients and families due to the need for dialysis, dietary restrictions, multiple medications, and the complications of dialysis and kidney failure. Having to travel for 45 miles three times per week simply to have dialysis treatments poses additional burdens for patients and families that could be eliminated with the presence of a local dialysis unit. Thus, to improve the lives of dialysis patients and their families who live in Danville and surrounding communities, I strongly support the construction of the proposed ESRD hemodialysis facility in Danville, IL.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean L. Holley".

Jean L. Holley, MD

Clinical Professor of Medicine, University of Illinois, Urbana-Champaign and Carle Physician Group,
Nephrology

Illinois Health Facilities and Services Review Board
Public Statement of James M. Mulvaney
In Opposition to the Proposed DaVita Dialysis Facility
Project 15-003 Vermilion County Dialysis (DaVita)
March 25, 2015

Good Afternoon, Members of the Review Committee

My name is James M. Mulvaney. I reside at 33 Country Club Drive, Danville, Illinois. I am the current Vice Chair of the Presence United Samaritans Medical Center (PUSMC) Board of Directors and in that capacity, I serve as the Chair of the Quality Committee of the hospital.

I am here today to speak in opposition to the request by DaVita to obtain a Certificate of Need to construct and operate a dialysis facility in Danville, Vermilion County, Illinois.

A Certificate of Need should only be awarded to DaVita if it is determined that the community of Danville has a need for additional dialysis facilities. I believe that this Board do all that it can to restrain rising health care costs by preventing unnecessary construction or modification of health care facilities. It is important that through this process that this Board insure that there is the development of a comprehensive health care delivery system that assures the availability of quality facilities, related services, and equipment to the public, while simultaneously addressing the issues of community need and accessibility to health care services and in particular to health care services as they pertain to dialysis treatments for the citizens of the Danville, Illinois area.

For the last 13 years the community of Danville has been well served by Danville Dialysis Services (DDS). DDS provides a comprehensive dialysis delivery system in a high quality facility with a full range of dialysis services using up to date equipment to the citizens of the Danville, Vermilion County, Illinois area. Dr. Sodhi and his highly qualified, trained and licensed staff provide excellent medical services to all of the patients.

Currently, there is significant excess capacity at DDS. This facility, as it is now staffed and equipped, operates at 61.4% of its capacity. There is more than enough capacity to handle patients living in the Danville area who are or will be in need of dialysis services without the need of an additional facility as is proposed by DaVita. If this Certificate of Need were to be awarded it would result in the unnecessary construction of a new facility and would divert the limited health care resources of our State to an unneeded facility.

The data furnished by DDS to the State of Illinois confirms that in addition to the excess capacity that DDS now has that it treats all patients in need of dialysis. This is true whether the patient already has a dialysis fistula that is implanted, or if the patient only has a catheter available for the dialysis treatment.

I can assure this Board that in the event that it is in the best interest of any patient, to assist that patient to obtain the implant of a dialysis fistula, DDS and PUSMC will do so in cooperation with the Vascular Surgeons with privileges at PUSMC. DDS has and will work cooperatively

with PUSMC and other physicians who practice medicine in the Danville, Illinois to insure that the all patients receive the highest level of care.

Additionally, DDS now has services for home dialysis. It treats many Danville area patients in their own home. In those instances where a patient, from time to time, for medical reasons must come to a facility such as proposed by DaVita or as actually now exists at the DDS Facility, the patient can and will be treated at the existing DDS Facility. In fact, DDS has accepted in home dialysis patients who are treated in the State of Indiana in the Indianapolis area hospitals and clinics in cases where the patient lives in proximity to Danville. This demonstrates that DDS has the wiliness to work with other health care providers when it is in the best interest of the patient to do so.

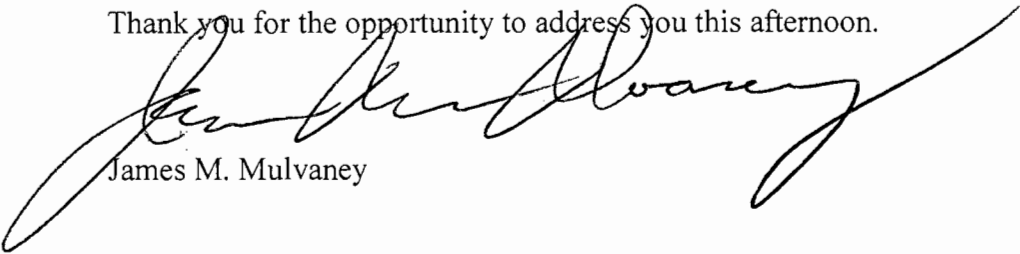
There is no patient that DDS will not treat. It has contracts and arrangements with insurance companies, Medicare and Medicaid. Not only does it provide treatment to patients having coverage for costs under plans such as these, it accepts private pay patients as well. It does so with the knowledge that these patients may not have the resources to fully pay for the cost of service. It is willing to and does treat patients regardless of their ability to pay for the service.

Recently, DDS entered into an arrangement with the United States Department of Veteran Affairs to treat patients from the Illiana Veterans Hospital located in Danville, Illinois. Patients receiving treatment at the Iliana Veterans Hospital now have the choice to receive needed dialysis treatment at DDS. This will enable many of our veterans who reside in the Danville area to receive treatment close to their home.

It is my hope that you will consider what you heard from me and from the statements you have heard today from others, and come to the conclusion that there is not a need for additional dialysis services in the Danville, Illinois area. That you will conclude that the request of DaVita will not improve the quality of dialysis care and in fact will only cause the expenditure of money other resources for a facility that is not needed. Excess capacity is not only a waste of resources; it is actually a harm to the citizens of the State of Illinois for it diverts resources from facilities and projects that are in fact needed throughout the State.

I ask that you vote to deny the application of DaVita for Project 15-003 Vermilion County Dialysis.

Thank you for the opportunity to address you this afternoon.



James M. Mulvaney



Dr. George R. Zundo
General Dentistry for Adults and Children
Fellow, American College of Dentists
907 West Fairchild Street
Danville, Illinois 61832
(217) 431-1440

3/18/2015

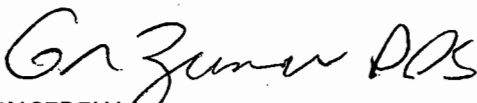
DEAR REVIEW BOARD,

I OPPOSE THE GRANTING OF THE PERMISSION TO BUILD A SECOND DIALYSIS CENTER IN DANVILLE, ILLINOIS FOR THE FOLLOWING REASON:

- DANVILLE DIALYSIS SERVICES AND DR. SODHI HAVE ALWAYS PROVIDED HIGH QUALITY AND ACCESIBLE SERVICES TO MY PATIENTS.
- DANVILLE DIALYSIS SERVICES IS ABLE TO SEE MORE PATIENTS.
- A NEW FACILITY WILL ONLY UNDERMINE THE FINANCIAL STABILITY OF THE EXISTING DIALYSIS WHICH HAS SERVED THIS COMMUNITY VERY WELL.
- UNUSED CAPACITY SHOULD BE USED FIRST.
- I HAVE REFERRED PATIENTS TO DR SODHI/DANVILLE DIALYSIS SERVICES, THOSE PATIENTS HAVE ALWAYS BEEN WELL CARED FOR AND THEIR NEEDS HAVE BEEN SERVED.

GRANTING SUCH AN APPLICATION WOULD UNNECESSARILY DILUTE DIALYSIS SERVICES IN DANVILLE.

IN SUMMARY, THERE IS NO NEED FOR THE PROPOSED FACILITY TO BE BUILT AND THERE IS A VERY REAL CONCERN THAT IF IT IS BUILT, DANVILLE DIALYSIS SERVICES WILL BE FORCED OUT OF BUSINESS.


SINCERELY,

March 20, 2015

Illinois Health facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: Proposed DaVita Dialysis Facility

Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is William Barnes.

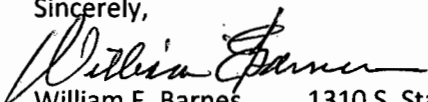
I am a supporter of Danville Dialysis Services (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for the past 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

I have been involved with DDS since before its doors opened as an IT consultant and have witnessed firsthand the dedication of the DDS Staff who have always provided the highest quality care to the patients they serve. I have witnessed the transformation of the dialysis center from a 10 station unit to its present patient capacity which occurred immediately when the local hospital made the decision to close their outpatient dialysis unit. During this planning the commitment was made to provide for the future needs of patients requiring these services for years to come. To the best of my knowledge and belief DDS is not currently at what its full capacity could be. Every stage of the development was accomplished with local dollars and the dialysis center is locally owned and operated.

The proposed DaVita facility would be owned and operated by a Fortune 500 company whose interests are worldwide. I was born and have lived in the Danville area my entire life and have witnessed several other Fortune 500 companies come and leave when their profit margins did not meet corporate expectations. I have witnessed the demise in our local medical community over the years because of duplication of services as well as larger hospitals opening regional clinics and sending these patients to their own facilities instead of the local facility. This has caused increased travel expense to receive the same services as well as causing our community to lose several highly qualified physicians.

The availability of a locally owned and operated dialysis facility which is state-of-the-art is a benefit to our community by keeping local dollars in this community and is a benefit to the patients it serves. Since DDS has adequate room for additional patients and is providing extremely high quality care there is no need for a new facility in town. Should a DaVita facility be put in Danville without the need for these services it may place Danville Dialysis Services in a position of providing diminished services or even the possibility of being out of business altogether. For the reasons mentioned and many others I strongly oppose the application. Please place our community and local business first.

Sincerely,



William E. Barnes

1310 S. State Street, Westville, IL 61883

March 23, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, Il 62761

RE: Proposed DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis

Dear Board Members:

My name is Eva Dunavan:

I, Eva Dunavan, have been a patient of Dr. Sodhi for over thirty years. He has treated all of my family members. We so appreciate his compassion, care and professional expertise.

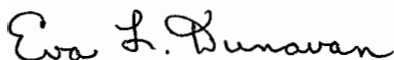
Dr. Sodhi has devoted his entire life and medical career to the Vermilion County area. We are truly blessed to have this man. He personally had the foresight to ascertain the medical needs of the people and build a wonderful dialysis service for the entire Illiana area. He then staffed it with local excellent, competent professionals who genuinely care. Dr. Sodhi goes above and beyond the call of duty to make sure his patients needs are well taken care of. This facility is located in the center of Vermilion County and is easily accessible and convenient to the entire Illiana area.

As an Illinois taxpayer, I appreciate you listening and understanding our concerns. Please help two communities. Please use your power and authority to help DaVita to find a different community then Danville. Please help them find a community where their services are needed. Danville Dialysis Services has and continues to serve the Danville area with expertise and leading medical knowledge in the field.

I am a supporter of Danville Dialysis (DDS) in Danville, Illinois, a locally owned and run dialysis facility that faithfully serves the Illiana area. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our Illiana community.

I urge you to take positive action for the best interest of two Illinois communities. Thank You !

Eva L. Dunavan



33310 N 1090 E Rd
Rossville, Illinois 60963

March 23, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, Il 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Joe Dunavan.

I, Joe Dunavan, became acquainted with Dr. Sodhi approximately 1976. A very close friend of mine was diagnosed with kidney failure. Dr. Sodhi treated him. This treatment gave my friend quality life time with his family and allowed him to see his kids grow up.

I stop and appreciate what Dr. Sodhi has done for myself, family, friends and our whole community. His presence has made and continues making a lasting impact on our lives.

Dr. Sodhi had the foresight to ascertain the needs of the kidney patients and do something about it long before anyone else did. He personally built a tremendous medical facility to serve the dialysis patients in the Illiana community. He has staffed this facility with local competent, caring and compassionate people just like himself. Dr. Sodhi and his staff have my upmost respect for the services they provide. They always treat their patients with care, respect, kindness, and courtesy.

Dr. Sodhi's facility easily meets the needs of this area plus any growth that may occur. Adding another competitive facility serves no purpose for either facility. As an Illinois taxpayer, I urge you to deny the DaVita application. Please help them find a community where they are truly needed. This community is well served with a very qualified professional staff, state of the art building and Dialysis Services.

I am a supporter of Danville Dialysis Services (DDS) in Danville, Illinois.

I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

Joe Dunavan

A handwritten signature in black ink, appearing to read "Joseph E. Dunavan", written in a cursive style.

33310 N 1090 E Rd
Rossville, Illinois 60963

Vermilion County Dialysis
(Proj. No. 15-003)
March 25, 2015 HFSRB Public Hearing

Good afternoon. I would like to address some of the comments made during this public hearing.

- The purpose of the proposed Vermilion County Dialysis is not to drive competition out of the market. This project is a natural progression of DaVita's current home hemodialysis and peritoneal dialysis programs in Danville. As Cindy Emley stated in her presentation, the purpose is to serve the future needs of DaVita's home and PD patients who reside in Danville and to provide a local option for Danville area patients who currently must travel to Champaign 3 days per week for their dialysis. Further, the facility will only be 8 stations, which means it can only treat at most 48 patients. It will not have capacity to accommodate Dr. Sodhi's patients, and there is no expectation that any of Dr. Sodhi's patients will transfer to Vermilion County Dialysis. *DaVita will not leave this community. If approved, DaVita will enter into long-term lease*
- DaVita believes both dialysis facilities can be successful. Vermilion County Dialysis will treat a limited number of end-stage renal disease (or ESRD) patients, and it will not adversely affect Dr. Sodhi or his dialysis facility. The proposed facility will provide an in-center option for DaVita's current home and PD patients, who may require in-center hemodialysis either on a temporary or permanent basis. These are not patients of Dr. Sodhi and would likely travel to Champaign-Urbana for their dialysis to maintain continuity of care with their attending nephrologist. The proposed facility would provide these patients with a local in-center option in the event they

must transition to in-center hemodialysis. Additionally, the proposed facility will serve Danville area patients who currently travel to Champaign-Urbana for their dialysis, as well as Dr. Attia's pre-ESRD patients who will likely initiate dialysis within the next two years. Once again, these individuals are not Dr. Sodhi's patients. They have a long-standing relationship with Dr. Attia and currently or in the future will dialyze in Champaign-Urbana if a local option is not available. *Transferring patients is not an option*

- The concern around transferring in-center dialysis patients to an acute hospital out of town is unfounded. DaVita cannot dictate where patients are transferred. While dialysis facilities are required by Medicare conditions of coverage to have a transfer agreement with a hospital to provide emergency medical care to patients of the dialysis facility, in an emergent situation, the patient will be transferred to the nearest hospital for emergency medical care, in this case, Presence United Samaritans Medical Center. To the extent a dialysis patient suffers an adverse event outside of the dialysis facility setting, the patient will present at the hospital of his or her choice.
- While Dr. Sodhi may have capacity to accommodate additional patients, as we have heard in the testimony today, he does not accept all patients, e.g., VA patients.

Thank you for your time and attention. I respectfully request the Board approve our application for Vermilion County Dialysis to improve access to much needed dialysis services to residents of Danville and the surrounding areas.

Medicare reimburses on a bundled payment

DaVita does not leave areas - S

March 23, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

**Re: Proposed DaVita Dialysis Facility
Project 15-003 Vermilion County Dialysis (DaVita)**

Dear Board Members:

My name is **Stephen Laker**

Prior to my retirement in 2010, I served Vermilion County, Illinois as the Public Health Administrator of the Vermilion County Health Department for over 34 years. Consequently, I am acutely aware of the health care deficits and needs of our local community.

I am a supporter of Danville Dialysis Services in Danville, Illinois, a locally owned and managed dialysis that has served our community very well for over 13 years. I emphatically oppose the application of Vermilion County Dialysis, known as DaVita, which has no apparent direct ties or vested interest in the health of our central Illinois community.

The dedicated staff of Danville Dialysis Services has always done their best to provide high quality kidney care to their patients. The availability of a locally owned and managed dialysis facility benefits not only its patients but also our entire community. We, as a community, know that if any of us need dialysis, Vermilion County has a locally owned and accountable, state of the art dialysis facility ready and able to care for us when we need it.

I understand that Danville Dialysis Services still currently has excess capacity because the local demand for their services is less than 65% of their approved capacity. Also, as I recall, IHFSRB certificate of need (CoN) guidelines generally do not allow the approval of a duplicative health care facility application unless another local facility exceeds 80% of its approved capacity. It is apparent that a new dialysis facility is currently not needed in Danville, Illinois. Also, it is very apparent from my perspective that the approval of a CoN for a DaVita dialysis facility could actually jeopardize the health of our community by putting Danville Dialysis Services out of business or by severely reducing its capacity to provide a full range of dialysis services. I also strongly believe that type of duplicative and unnecessary, profit motivated, competition has unreasonably increased the overall costs of our complete health care system.

I strongly urge you to consider the real need of our community and to deny the Vermilion County Dialysis (DaVita) application.

Sincerely,



Stephen Laker, MS, CPHA

17662 N 1000 E Rd
Oakwood, IL 61858



707 N. Logan Ave.
Danville, IL 61832-4360
(217) 446-6410

March 20, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson St (2nd floor)
Springfield, IL 62761

Dear Review Board:

I respectfully oppose granting of the permission to build a second dialysis center in Danville, IL for the following reasons:

- Our local center, Danville Dialysis Services, has always provided excellent care to all of my dialysis patients, who are well pleased with the compassion and service provided by local personnel.
- The local center is underutilized, making a second center unnecessary and wasteful of valuable patient care resources.
- Dr. Sodhi is the nephrologist who cares for the local dialysis patients at Danville Dialysis Services. He and his team are well acquainted with the Danville population and are highly skilled, competent and reliable.
- Dr. Sodhi is extremely well liked and respected by both patients and colleagues. He is able to appropriately use his local collegial relationships to provide outstanding patient care. For example, when his patients are in need of urologic services, he personally calls me and explains the situation, an extra step that most rarely take but that ensures communication and high quality care.
- Patient access in Danville is easy and unhindered.
- The current center provides personal, local care and eliminates corporate bureaucracy and red tape common to larger centers.
- Danville Dialysis Services is operated and managed with local personnel, thus supporting the local economy. A second center would undermine the financial stability of the current center.

Thank you for your attention to this important matter.

Sincerely,

Sebastian J. Ciancio, M.D.

Date 3/20/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is MATTHEW DEPRATT.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature



Address

1710 WARRINGTON AVE
DANVILLE IL 61832

Date 3/20/2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Gary Watson.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Gary Watson

Address

105 E ENGLISH ST.

Date 3-20-2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is TERRICK L. KILEY.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature 

Address 1419 Woodridge Dr
Danville IL 61832

Date 3/20/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Jason T. Parks.

I am a supporter of Danville Dialysis Services (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Jason T. Parks

Address 1109 - Danville Rd
Danville, IL 61832

Date 3-20-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is William P. Dumas.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

William P. Dumas

Address

1216 Harmon Danville IL 61834

Date 3-22-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is ROH HAMILTON.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Roh Hamilton

Address 1535 OAK ST
DANVILLE, IL

Date 3-24-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Sheryl Zook.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Sheryl Zook

Address

14667 N 1225 E Rd
Carlisle, IL 61817

Date 3-20-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Mark Rivers.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Mark Rivers

Address

322 TILTON

Date 3/23/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is William Blair.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature William R. Blair

Address 3626 Tuttle
Danville, Ill.

Date 3-23-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Gregg Alpers.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.

Sincerely,

Signature

Gregg Alpers

Address

19 Swisher Ave
Danville, IL

Date 3-24-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Sharon Rome.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Sharon Rome

Address

1502 N. Logan Ave
Danville IL 61832

Date 3-24-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermillion County Dialysis (DaVita)

Dear Board Members:

My name is JACK REFFETT.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermillion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Jack S. Reffett

Address

6 W BLUFF ST
DANVILLE IL 61832

Date March 24, 16

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Dennis M. (Mike) Kennedy.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Dennis M. Kennedy

Address

1603 N. Logan Ave
Danville IL 61832

Date 3-24-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Dan Zook.

I am a supporter of *Danville Dialysis Services (DDS)* in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Dan Zook

Address

14667 N 1225 E Rd
Catlin, IL 61817

Date 3/24/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is KEITH R. Hughes.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Keith R. Hughes

Address

17 Highland Shore Dr
Danville IL 61832

March 23, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members,

My name is Father Geoffrey Scanlon, Pastor at The Church of the Holy Trinity, Danville, Illinois.

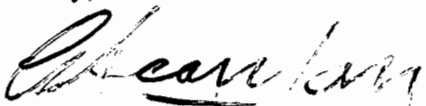
I am a supporter of Danville Dialysis Services (DDS) in Danville, Illinois, a locally owned and operated facility which has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as "DaVita," which has no direct ties or vested interest in our community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. The presence of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community, we know that if any of us were to require the services offered, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us.

I understand that DDS has room for additional patients and that a new facility in town is not currently necessary and in the best interest of the community. Worse, DaVita Dialysis, a corporate healthcare chain, would attempt to take patients away from Danville Dialysis Services without offering the same level of care which patients in Danville currently enjoy.

I urge you to put our community first, and to DENY the DaVita application.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Scanlon", written over a horizontal line.

The Reverend Geoffrey Scanlon
308 North Vermilion Street
Danville, IL 61832

Date 3-19-2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is INDER RAKALLA RPH. ^{owner of POLYCLINIC PHARMACY and MEDICAL EQUIPMENT,}

(I have owned this business for 27 years and am very familiar with Danville area needs. I am a supporter of Danville Dialysis Services (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community. (There are many examples of these large companies coming into small towns - if they don't meet their revenue targets to close shop and leave town. Where would that leave us. The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.

Sincerely,

Signature

INDER RAKALLA RPH.

Address

622 N. Logan Ave, Danville IL 61832
POLYCLINIC PHARMACY and MEDICAL EQUIPMENT, CO
707 N. Logan Ave, Danville IL 61832

Date 3-23-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is EDWARD A. BLANDEN.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature

Edward A. Blenden

Address

1602 E. ENGLISH ST
DANVILLE, IL 61832

Date 3-25-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is PHYLLIS C. BLANDEN.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Phyllis C. Blenden

Address 1602 E. Encinal St.
Danville, IL 61832

Date March 25 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Janet Hetherington.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Janet Hetherington

Address 9 Shady Lane
Danville IL 61832

Date 3-25-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Lois Huffman.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Lois Huffman

Address 3319 Lexington Dr
Danville IL 61832

Date 3/25/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Chickie Barnes.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Chickie Barnes

Address 1310 S. State
Westville, IL 61883

Date 3/25/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Vickie Barnes.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Vickie Barnes

Address 1310 S. State
Westville, IL 61883

Date 3-25-2015

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is JACK LAZZELL.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Jack Lazzell

Address 1529 Kuig St
TILTON IL 61833

Date 3-25-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Richard Huffman.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Richard Huffman

Address 3319 Lexington Dr.
Danville, IL 61832

Date 3-25-15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is Terry Adkins.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature Terry J Adkins

Address 805 S. OAKWOOD ST
OAKWOOD IL 61858

Date 3/25/15

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY
Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is CLIFFORD HEGG.

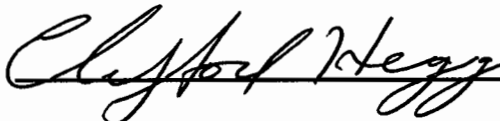
I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

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I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

I urge you to put our community first, and to deny the DaVita application.
Sincerely,

Signature



Address

3622 TUTTLE
DANVILLE, IL

Date _____

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

Dear Review Board:

I oppose the granting of the permission to build a second dialysis center in Danville, Illinois for the following reasons:

- Danville Dialysis Services and Dr. Sodhi have always provided high quality and accessible services to my patients.
- Danville Dialysis Services has capacity to accommodate more patients.
- A new facility will only undermine the financial stability of the existing dialysis facility which has served this community very well.
Unused capacity should be used first.
- Whenever I have referred patients to Dr. Sodhi/Danville Dialysis Services, those patients have been well taken care of and their needs have been served.

Granting such an application would unnecessarily dilute dialysis services in Danville.

In summary, there is no need for the proposed facility to be built and there is a very real concern that if it is built, Danville Dialysis Services will be forced out of business.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Sodhi", written over the word "Sincerely,".

Date _____

Illinois Health Facilities and Services Review Board
525 West Jefferson Street (2nd Floor)
Springfield, IL 62761

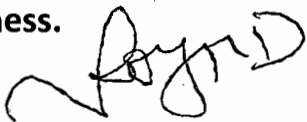
Dear Review Board:

I oppose the granting of the permission to build a second dialysis center in Danville, Illinois for the following reasons:

- Danville Dialysis Services and Dr. Sodhi have always provided high quality and accessible services to my patients.
- Danville Dialysis Services has capacity to accommodate more patients.
- A new facility will only undermine the financial stability of the existing dialysis facility which has served this community very well.
Unused capacity should be used first.
- Whenever I have referred patients to Dr. Sodhi/Danville Dialysis Services, those patients have been well taken care of and their needs have been served.

Granting such an application would unnecessarily dilute dialysis services in Danville.

In summary, there is no need for the proposed facility to be built and there is a very real concern that if it is built, Danville Dialysis Services will be forced out of business.

A handwritten signature in black ink, appearing to be 'Aynd' or similar, written over the word 'business'.

Sincerely,

March 24, 2015

Illinois Health Facilities and Services Review Board

525 West Jefferson Street (2nd Floor)

Springfield, IL 62761

RE: PROPOSED DaVITA DIALYSIS FACILITY

Project 15-003 Vermilion County Dialysis (DaVita)

Dear Board Members:

My name is John C. Alexander, local business owner, lifetime Vermilion County resident, and member of the Board of Directors for Presence United Samaritans Medical Center.

I am a supporter of *Danville Dialysis Services* (DDS) in Danville, Illinois, a locally owned and run dialysis facility that has served our community faithfully for 13 years. I strongly oppose the application by Vermilion County Dialysis, known as DaVita, which has no direct ties or vested interest in our central Illinois community.

The dedicated staff members of Danville Dialysis Services have always done their best to provide high quality kidney care. Availability of a locally owned and managed dialysis facility benefits not only patients, but also the entire community. As a community, we know that if any of us were to need dialysis, Danville has a locally owned, state-of-the-art dialysis facility ready to care for us when we need it.

I understand that DDS has room for additional patients and that a new facility in town is NOT needed. Worse yet, as I see it, a DaVita facility may put Danville Dialysis Services out of business or diminish its ability to provide a full range of dialysis services.

Because of the existing availability of quality care and the unused capacity of Danville Dialysis Services, I urge you to put our community first, and to deny the DaVita application.

Sincerely,

Signature


211 FLETCHER PLACE, DANVILLE, IL. 61832



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) DOROTHY I. GRIEVE

Address 9 W. RAYMOND ST.

City DANVILLE State IL Zip 61832

Signature Dorothy I. Grieve

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

CARL J. ALEXANDER

Address

1505 Myrtle Dr.

City

DANVILLE

State

IL.

Zip

61832

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Eva L. Dunavan

Address 33310 N 1090 E Rd.

City Rossville State IL Zip 60963

Signature Eva L. Dunavan

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

6



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) JOSEPH E. DUNAVAN

Address 33310 N 1090 E RD

City ROSSVILLE State IL Zip 60963

Signature Joseph E Dunavan

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

8



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Address

City

State

Zip

Signature

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Jennifer Ciancio

Address

1713 Lakewood Dr.

City

Danville

State

IL

Zip

61834

Signature

JM Ciancio

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Wendy Swider

Address 108 W - Center St. PO Box 153

City Fairmount State IL Zip 61841

Signature Wendy Swider

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

CARMEN Rocco MD

Address

130 LAKEVIEW DR.

City

DANVILLE

State

IL

Zip

61832

Signature

CARMEN Rocco

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Rachel McDonald

Address

66 East Hegeler

City

Danville

State

IL

Zip

Signature

Rachel McDonald

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Holly Owen

Address

2815 Countryway

City

Danville

State

IL

Zip

61832

Signature

Holly Owen

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

RAJA IRFAN SADIQ, MD

Address

735 N. LOGAN AVE

City

DANVILLE

State

IL

Zip

60132

Signature

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DANVILLE POLYCLINIC

III. POSITION

(please circle appropriate position)

Support

Oppose

IV. Testimony

(please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) BRIT S. SODHI

Address 3608 N. VERMILION ST

City DANVILLE State IL Zip 61832

Signature B. Sodhi

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Rita Casner

Address

101 Hickman St.

City

Westville

State

IL

Zip

61883

Signature

Rita Casner

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Holly Owen

Address

2815 Countryway

City

Danville

State

IL

Zip

61832

Signature

Holly Owen

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

VOID

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Dawn Varroel

Address

2.5 Rue Le Petite

City

Westville

State

IL

Zip

61883

Signature

Dawn Varroel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Dawn Varvel

Address 25 Rue Le Petite

City Westville State IL Zip 61883

Signature Dawn Varvel

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) BIPIN B. BARKAI, M.D.

Address 61 Shorewood Pt.

City Danville State IL Zip 61832

Signature B. Barkai

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

JACK LAZZELL

Address

1529 KINGS

City

TILTON

State

IL

Zip

61833

Signature

Jack Lazzell

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DANVILLE DIALYSIS SERVICE

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) KEVAL PATEL MD

Address 907 N. Logan Ave

City Danville

State IL

Zip 61832

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

217 477 4738

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

36



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) JAMES M. MULVANEY

Address 33 COUNTRY CLUB DR

City DANVILLE State IL Zip 61832

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

PERSECA UNITED SAMARITANS

MEDICAL CENTER

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Ronald Serfoss, D.O.

Address 14 Lincolnshire Ave

City Danville State IL Zip 61832

Signature Ronald Serfoss

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

40



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Appearance Only~~ Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

STEVEN A. CORUETT

Address

1430 MEITZLER ST.

City

TILTON

State

IL.

Zip

61833

Signature

St Coruett

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

03/15

44



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) PHYLLIS BLANDEN

Address 1602 E. ENGLISH ST.

City DANVILLE State IL Zip 61832

Signature Phyllis C. Blenden

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

50



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Jacque Eichler

Address 319 Concord Drive

City Danville State IL Zip 61832

Signature Jacque Eichler

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen in opposition of
the new dialysis project

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

52



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) VENKAT SEKAR

Address 707 NORTH LOGAN

City DANVILLE State IL Zip 61832

Signature V. Sekar

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

54



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

INDER RAKALLA

Address

2804 STRAWBERRY COVE

City

DANVILLE

State

IL

Zip

61832

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

POLYCLINIC PHARMACY INC

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

[Handwritten: Oral & written]

03/15

56



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

WALK ON

I. IDENTIFICATION

Name (Please Print) SHAIKESH R AMIN

Address 1210 Lake Ridge Ct

City Danville State IL Zip 61832

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support DANVILLE DIALYSIS Oppose DAVITA

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

WALK-ON

I. IDENTIFICATION

Name (Please Print)

CARMEN Rocco

Address

130 LAKESIDE DR.

City

DANVILLE

State

IL

Zip

Signature

CA Rocco

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DIRECTOR OF DEPARTMENT

OF ANESTHESIA /

CHIEF MEDICAL OFFICER

PRESENCE UNITED MEDICAL CENTER

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Cindy Emley

Address 4268 Whitechapel CT

City Springfield State IL Zip 62711

Signature Cindy Emley

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Cassie Lasensky-White

Address

446 No. Elm St

City

Danville

State

IL

Zip

61833

Signature

Cassie Lasensky-White

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self/Spouse

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Lorinda Johnson

Address 36008 State Rt 49

City Rankin State ILL Zip 60960

Signature Lorinda M Johnson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

5



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

William Harris

Address

208 W. JOHN ST.

City

Champaign

State

IL

Zip

61820

Signature

William Harris

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) ABDEL-MONEEM ATTIA

Address 1412 WATERFORD PLACE

City CHAMPAIGN State IL Zip 61821

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Joetta L. Hicks

Address 601 Eden Park

City Rensselaer State IL Zip 61866

Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

gwa
11

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Krista Ziegenhagen

Address

3910 Balmoral Dr

City

Champaign

State

IL

Zip

61822

Signature

Krista Ziegenhagen

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DAVITA

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Julia Armbruster

Address 1882 700th Ave

City Lincoln State IL Zip 62656

Signature Julia Armbruster

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written

03/15

19



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Kary J Marshall

Address

331 Willow Glen Way

City

Chatham

State

IL

Zip

62629

Signature

Kary J Marshall

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III.

POSITION (please circle appropriate position)

Support

Oppose

IV.

Testimony (please circle)

Oral

Written

03/15



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Appearance Only Registration~~ Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Michael Murdock

Address 212 Stone St.

City Georgetown State IL Zip 61846

Signature Michael Murdock

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

03/15

46



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Appearance Only Registration~~ Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Kim Murdock

Address

212 Stone St.

City

Georgetown

State

IL

Zip

61846

Signature

Kim Murdock

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

03/15

48



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

WALK ON

I. IDENTIFICATION

Name (Please Print) Anne Cooper

Address 1161 N. Clark Street

City Chicago State IL Zip 60601

Signature Anne M. Cooper

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Polsinelli

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

WALK-ON

I. IDENTIFICATION

Name (Please Print)

Mary Boyd

Address

322 Clark

City

Westville

State

IL

Zip

61883

Signature

Mary Boyd

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) SANDRA AUTIL

Address 302 THOMPSON ST.

City ROSSVILLE State IL Zip 60963

Signature Sandra Autil

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

☒ Support

☐ Oppose

☐ Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Melena Ray

Address

3 Poland Road

City

Danville

State

IL

Zip

61834

Signature

Melena Ray

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Davita Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Sandra Clarkson

Address

2304 Joseph St.

City

Champaign

State

IL

Zip

61822

Signature

Sandra Clarkson

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Da Vita

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Delphinia Glover

Address 137 S CRAWFORD ST

City DANVILLE State IL Zip 61832

Signature Delphinia Glover

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) DANVILLE

DAVITA - VERMILION

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Michelle Bocher

Address

309 Green St.

City

Rossville

State

IL

Zip

60963

Signature

Michelle Bocher

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Anne M. Cooper

Address 1161 N. Clark Street Suite 4200

City Chicago State IL Zip 60641

Signature Anne M. Cooper

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Palsinelli

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Donald E. Robbins, Jr.

Address 13074 Galley Ln.

City Beverly State IL Zip 62812

Signature Donald E. Robbins, Jr.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis.

Danville Healthcare Partners, Inc.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

VERMILION COUNTY
Facility Name: ~~Danville~~ Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

TIM TINKNELL

Address

1333 N KINGSBURY ST STE 305

City

CHICAGO

State

IL

Zip

60642

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) MARILYN SLIFER

Address 1313 MCKINLEY

City DANVILLE State IL Zip 61832

Signature Marilyn R. Slifer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Scott Mooney

Address 1762 MARSHFIELD DR

City Rockford State IL Zip 61107

Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Michael Rome

Address

1502 N. Logan Ave.

City

Danville

State

IL

Zip

61832

Signature

Michael Rome

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) MARIAN E. LUTCHKA RN

Address 305 Smith St.

City Westville State IL Zip 61883

Signature Marian E. Lutchka

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Dianne M. Lutchka

Address 305 Smith St

City Westville State IL Zip 61883

Signature Dianne M. Lutchka

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

EDWARD A. BLANDER

Address

1602 E. ENGLISH ST

City

DANVILLE

State

IL

Zip

61832

Signature

Edward A. Blander

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Address

City

State

Zip

Signature

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Jeanie Hughes

Address

17 Highland Shore DR

City

Danville

State

IL

Zip

61832

Signature

Jeanie E Hughes

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Debbie Cook

Address 14248 N. 688 EAST

City FAIRMOUNT State IL Zip 61841

Signature Debbie Cook

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

JOHN C. ALEXANDER

Address

211 FLETCHER PLACE

City

DANVILLE

State

IL

Zip

61832

Signature

John C. Alexander

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BUSINESS OWNER

FORMER COUNTY BOARD MEMBER

LIFETIME VERMILION COUNTY RESIDENT.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

B. MALHOTRA

Address

707 N Logan Ave

City

Danville

State

IL

Zip

61832

Signature

B. Malhotra

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

PATRICIA GUSTONIS

Address

P.O. Box 124

City

ALVIN

State

IL

Zip

6181

Signature

Patricia A. Gustonis

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) CLIFFORD HEGG

Address 3622 TUTTLE

City DANVILLE State IL Zip 61832

Signature Clifford Hegg

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Tyler Starkey

Address

3622 Tattle

City

Danville

State

Illinois

Zip

61832

Signature

[Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Evangelita Perez

Address

1206 Sherman

City

Danville

State

IL

Zip

61832

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Appearance Only Registration~~ Form

Speak

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Shailesh R. Amin M.D.

Address

1210 Lake Ridge Cr.

City

Danville

State

IL

Zip

61832

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Shalep on hand

III. POSITION (Circle appropriate position)-

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Amber Burris

Address

P.O. Box 1025

City

Catlin

State

Catlin IL

Zip

61817

Signature

Amber Burris

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Nicole Vickery

Address

2660 W Liberty Church Rd

City

Cowington

State

IN

Zip

47932

Signature

Nicole Vickery

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Terry Adkins

Address

905 S OAKWOOD

City

OAKWOOD

State

IL

Zip

61858

Signature

Terry Adkins

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Deb Lary

Address 427 S. State STR

City Westville State IL Zip 61883

Signature Deborah Lary

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) SUKHWANT SODHI

Address 3608 N. VERMILION

City Danville State IL Zip 61832

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Tim Meenart

Address

219 W North #3

City

Danville

State

IL

Zip

61832

Signature

Tim Meenart

II.

REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis Services

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) JANET Hetherington

Address 9 SHADY LANE

City DANVILLE State IL Zip 61832

Signature Janet Hetherington

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DANVILLE Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

B. J. RAO

Address

10 Lakeshore CT

City

DANVILLE

State

ILL

Zip

61832

Signature

B. J. Rao

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

East Central Illinois
radiology

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Rosy Malhotra

Address

66 Shorewood

City

Danville

State

IL

Zip

61832

Signature

Rosy Malhotra

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health-Care)

Danville Dialysis's

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

KRISH TANHELA MD

Address

130 Lakeside Drive

City

Danville

State

IL

Zip

60155

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Self.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Sebastian Cienio, M.D.

Address 707 N. Logan Ave

City Danville State IL Zip 61832

Signature [Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Stephen LAKER

Address

17662 W. 1000 EAST RD

City

Oakwood

State

IL

Zip

61858

Signature

Stephen E. Laker

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Eddie BATES

Address 927 OAK ST

City DANVILLE State ILL. Zip 61832

Signature Eddie Bates, Sr.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Kathy Hullard

Address

17729 Pumpkin Center rd

City

Danville

State

IL

Zip

61834

Signature

Kathy Hullard

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Zundo D.D.S.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Brittany Wilder

Address 119 Arlington Drive

City Danville State IL Zip 61832

Signature Brittany Wilder

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

ALLEN E. COOKE

Address

1233 RUE CONTI ST.

City

DANVILLE

State

IL

Zip

61832

Signature

Allen Cooke

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) George Wolf

Address 217 E. RAYMOND AVE

City Danville State IL Zip 61832

Signature George Wolf

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print)

Amber Hyde

Address

2244 Oakwood Ave

City

Danville

State

IL

Zip

61832

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Danville Dialysis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Scott Hendren

Address 303 S. Water St.

City St. Joseph State IL Zip 61873

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Danville Dialysis, Danville

Project Number: 15-003

I. IDENTIFICATION

Name (Please Print) Bob Arnold

Address 511 E Rosebud

City Danville State _____ Zip _____

Signature [Signature]

II. REPRESENTATION (*This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.*)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (*Circle appropriate position*)

Support

Oppose

Neutral

