DIALYSIS CARE CENTER OLYMPIA FIELDS LLC

15786 S Bell Road
Homer Glen, IL 60491
Ph: 708.645.1000
Fax: 708.645.1001
www.hdsdialysis.com

June 30, 2016

Via Federal Express
Via E-Mail

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2ND Floor
Springfield, Illinois 62761

Re: Additional information, Dialysis Care Center Olympia Fields (Proj. No. 16-022)

Dear Mike,

Please accept this document in response to your letter for request of additional request dated May 31, 2016.

1. Please provide a copy of the admission and charity care policy for the proposed facility

The policy of Dialysis Care Center is to provide services to all patients regardless of race, color, national origin. Dialysis Care Center will provide services to patients with or without insurance and as well as patients who may require assistance in determining source of payment. Dialysis Care Center will not refuse any patient. Medicaid patients wishing to be served will not be denied services. Through Medicare guidelines, patients who are prequalified for ESRD or for the few that are currently ESRD status and are left uninsured, Dialysis Care Center will be committed to providing continued care.

Dialysis Care Center will be an "open Dialysis unit" meaning through our policy, any nephrologist will be able to refer their patients and apply for privileges to round at the facility, if they desire.

In regards to Charity Care as discussed, on the application. Dialysis Care Center Olympia Fields will be committed to work with any and all patients to try and find any resources and programs for which they may qualify.

Dialysis Care Center will participate in American Kidney Fund (AKF) to assist patients with insurance premiums which will be at no cost to the patient.

Please find enclosed our admission policy as **Attachment 1**

2. Please provide the names of the members and their percentage of ownership of Dialysis Care Center Olympia Fields, LLC, and Dialysis Care Center Holdings LLC.

As listed on the application the two current owners of both entities are listed below. Their ownership structure currently is 50% each in both entities.

1. Morufu Alausa M.D.
2. Sameer Mohammad Shafi M.D.

3. The letter from Chase Bank dated May 17, 2016 refers to Kidney Care Center's accounts. Kidney Care Center will need to be a co-applicant on this application for permit because it appears Kidney Care Center will be providing the cash for this project. This is a Type A Modification and we will need

a. Page one of the application for permit completed for Kidney Care Center
b. Current Certificate of Good Standing
c. Signed certification page

Kidney Care Center will not be a co-applicant on this application for permit. Dialysis Care Center has its own cash funding in a completely separate account which is not affiliated with any other entities. Additionally, a business line can be obtained from JP Morgan Chase if needed as stated on the letter. Please find enclosed a clarification letter from JP Morgan Chase for clarifications of funds. **Attachment 2**

4. We are going to need a schematic of the proposed facility indicating the location of all 11 dialysis stations, patient exam and training area, support area, water treatment, nurse station, lobby, reception area, administrative space, areas for staff i.e. locker room, toilets, and storage

Please find a preliminary sketch of the floor plan. **Attachment 3**

5. We need for the applicants to 1. define the market area to be served, 2. the area's demographics or characteristics, 3. the goal of the project. [Page 82 of the application for permit]

1. The Market area will serve HSA 7 residents, specifically patients in the greater Olympia Fields area and southland of Cook County.
2. Olympia Fields population is over **72% African Americans and Hispanics**. These populations are twice as likely to develop diabetes and or high blood pressure leading to kidney disease. The city demographics and characteristics are attached; data was retrieved from www.factfinder.census.gov. **Attachment 4**
3. The goal of the project is simple it's to address the current need of the state board determined need for additional stations in HSA 7, also to assure the residents of the greater Olympia Fields area and southland of cook county continue to have life sustaining dialysis treatment options.

6. We need for the applicants to compare the project's alternative options as it relates to issues of cost patient access, quality and financial benefits in the both the short and long term. [Page 84 of the Application for Permit]

The only option other than what was proposed in the application, for a lesser scope and cost, would be to do nothing, which was considered. That option, however, does not address the need for 57 additional stations needed in the HSA 7 area. Without planning for future ESRD patients, this will result in area facilities to reach capacity and access will decline where HFSRB identified need. There is no cost to this alternative.

The proposed facility that is identified for Dialysis Care Center Olympia Fields is in a rented space that is in a "Shell" condition, by using this site the costs associated with this project are significantly lower compared to other ESRD projects brought to the board. This cost effective method will ensure the need for the additional stations are met with a reduced cost for the facility.

7. We need revised referral letters for each physician. The letters need to provide the following:

a. The physician's total number of patients [by facility and zip code of residents] who have received care at existing facilities in the area for the most recent 3 years [2013, 2014, 2015]. It must be in this format

Zip Code of Patient	Name of Facility Referred	Number of Patients Referred

b. The number of new patients [by facility and zip code] located in the area that the physician referred for in-center hemo-dialysis for the most recent year.
c. The estimated number of patients [transfers from existing facilities and pre ESRD as well as respective zip code of residence that the physician will refer annually to the proposed facility within a 24-month period after project completion.
d. The referral letter must state that the referrals have not been used to support any other CON project pending or approved.
e. The statement that the information is true and correct to the best of the physicians' belief.
f. We need this information for each physician who is going to refer patients to the proposed facility. The letter needs to signed, dated and notarized.

Please find the attached revised referral letter from our physicians, in the format requested. **Attachment 5**

8. Unnecessary Duplication of Service We need all facilities within 30 minutes identified. This information must be provided in this format:

Name of Facility	Map Quest Time	MapQuest Distance	Number of Stations	Number of Patients	Utilization

Please find enclosed the requested data. **Attachment 6**

9. We need for you to address Mal-distribution of Service 1110.1430 (c) (2)

The establishment of Dialysis Care Center Olympia Fields will not result in an unnecessary duplication of services or service mal-distribution. A mal-distribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the state average; (2) historical utilization for existing facilities and services is below the State Boards utilization standard; or (3) insufficient population to provide the volume of caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing facilities within the geographic service area is more than 80%. Importantly, average utilization of facilities within 20 minutes of the proposed site is about 85%. Sufficient population exists to achieve target utilization.

Dialysis care Center Olympia Fields will also be located in HSA 7 GSA where there is a documented need for additional chairs.

10. It is unclear to us how an eleven [11] station ESRD facility can be established for $992,000. Your project's uses and sources of funds statement does not have a line amount for architectural and engineering costs. We are assuming that an architect that is current with the Illinois Department of Public Health [IDPH] certification standards has not reviewed the proposed location of this facility before submittal of the application for permit. The proposed facility is required to meet current IDPH standards. Please explain why there are no costs for architectural and engineering fees.

As previously discussed throughout the application the space that we are utilizing for this project is in Shell condition. The contractor has included the cost for Architectural and engineering costs, within the buildout budget. We are confident the project can be established with the amount listed on the application if any deviations are made, which we do not expect, they will be on the project completion report and the Final realized cost report that are due to the board. The facility will meet if not exceed IDPH standards. Water treatment room will be done by licensed IDPH professionals, as attached **Attachment 7.**

11. Please provide an explanation of how the fair market value of the space and the fair market value of the dialysis machines were determined.

The Fair market value of the space was calculated using the lease terms and a discount rate of 8% over the term of the lease.

The value of the Dialysis machines is based on expected purchase price of the equipment

12. Please provide the expected payer mix of the proposed facility.

End of year 2 expectations

Payor Mix	# of Patients	Percentage of Revenue
Medicare Revenue	37	64.5%
Medicaid Revenue	13	22.8%
Private Pay Revenue	7	12%
Self-Pay Revenue	0	0%
Charity Care	1	0%

13. One of the purposes of the Act is to assure the applicants have the financial resources to provide a proper standard of health care to the residents of the community. We need for you to complete the Tables below for the proposed project. We also need the assumptions that were used to calculate the projected

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

As stated previously, the initial buildout costs will be met by current cash on hand. There will be no need to finance the project with debt. We expect the facility to achieve 85% utilization by the end of year two. The facility will grow to 35 patients over the course of year one, and grow to 58 patients by the end of year two, and achieve full capacity during year three. The utilization Rate is lower than the year end numbers due to the gradual increase over the course of the year.

Net Revenue is based on the payor mix listed below and operating expenses are based on company averages for comparable areas. The facility runs at a net deficit in year one due to the ramp up from zero patients and achieves profitability in year two. Equipment will be either purchased or funded through operating leases. For asset management, we expect to maintain 30 days of operating cash at the facility level. We also expect to manage accounts receivable within our corporate targets, staying below 60 days receivable outstanding (DRO).

Dialysis Care Center Holdings is a legal entity which has no external debt and will earn a management fee once the clinic is operational. Attached is a pro forma used to calculate the project information. **Attachment 8.**

	TABLE ONE Dialysis Care Center Olympia Fields, LLC Projected [Facility]		
	Year 1	Year 2	Year 3
# of Stations	11	11	11
# of Treatments	3089	7366	8928
# of Patients	35	58	66
Utilization Rate	32.5%	77.5%	100.0%
Net Patient Revenue	$927,834	$2,256,901	$2,970,212
Total Operating Expenses	$980,727	$1,918,096	$2,444,226
Net Profit or (Loss)	($52,892)	$338,806	$525,986

	TABLE TWO Projected Dialysis Care Center Olympia Fields, LLC		
	Year 1	Year 2	Year 3
Current Ratio	2.0	2.0	2.0
Net Margin Percentage	-5.7%	15.0%	17.7%
Percent Debt to Total Capitalization	-	-	-
Projected Debt Service Coverage	-	-	-
Days Cash on Hand	30	30	30
Cushion Ratio	N/A	N/A	N/A

If you have any questions or need any additional information, please feel free to contact me.

Sincerely,

Asim M. Shazzad
Administrator
Dialysis Care Center
shazzad@kidneycares.com
Cell: (630) 965-9007
Direct: (708) 737-7200

DIALYSIS CARE CENTER

Admission Policy

I. Purpose: The purpose of this policy is to define requirements for admission to the Dialysis Care Center (DCC).

II. Performed By: Medical Director, Program Manager, Program Nurse

III. Overview: All patients must receive modality education by their referring physician prior to being admitted tothe facility. The Program staff will further educate the patient on the modality he/she has chosen. The facility Patient Handbook will also include education on the different treatment modalities and instruct the patient on his/her right to change their treatment modality provided they meet the criteria for that modality and they have discussed this with their physician and the members of the interdisciplinary team (IDT).

IV. Supplies:

A. Assignment of Benefits Form
B. Release of Information Form
C. Admission Agreement
D. Consent for Dialysis
E. Patient Handbook

V. Policy:

A. All patients referred to DCC will be treated regardless of race, creed, age, sex, color, disability, or national origin.

B. In order to develop the admission treatment orders and to identify and address any urgent medical needs prior to the completion of the comprehensive patient assessment by the IDT, the Medical Director, nephrologist or physician extender and the Program Registered Nurse will be responsible for an initial assessment before the initiation of the patient's first dialysis treatment in the facility.

C. The initial medical assessment may be completed by review of the patient's medical records or consultation with the referring physician and is not intended to require the medical staff physically see the patient in the facility prior to the first treatment.

D. Orders for treatment must be obtained prior to the initial dialysis treatment. The Registered Nurse will meet with the patient new to dialysis to perform an initial nursing assessment prior to initiation of treatment. The minimum nursing evaluation prior to initiating treatment for a patient new to dialysis will include the following:

Attachment 1

- Neurologic: level of alertness, orientation
- Subjective complaints
- Pain status
- Activity: ambulation status, support needs, falls risk
- Access assessment
- Respiratory: description of respirations and lung sounds
- Cardiovascular: heart rate and rhythm, blood pressure, any edema
- Fluid gains
- lntegumentary: skin color, temperature, and any type/location of wounds

E. All appropriate paperwork must be completed prior to admission and includes receipt of medical and financial record to allow enough time for review by the physician and clinical staff. The following forms must be signed before admission to the facility:

- Assignment of Benefits (AOB)
- Release of Information
- Admission Agreement

F. Hepatitis testing is required prior to admission.

G. Financial approval for the patient's admission will be granted based on the patient's insurance coverage the patient's intent to pursue other assistance programs if indicated. Any individual unable to obtain or ineligible for financial or insurance coverage, or refusing to disclose insurance information will not be granted financial clearance to be admitted to the Program.

H. Copies of insurance coverage are required prior to admission.

I. Prior to initiation of dialysis, a consent form for the specific dialysis treatment modality must be signed by the patient or authorized Caregiver.

VI. Procedure: Please follow the steps in the table below.

1	**Review admission policy with appropriate staff to ensure admission process is understood and followed.**
2	**Obtain and review hepatitis status of patient with the Medical Director, physician or physician extender prior to admission.**
3	**Obtain patient or authorized caregiver signature on all admission documents including but not limited to the AOB, Release of Information and Consent Forms.**
4	**Ascertain that the patient has received financial and medical clearance and has been approved for admission to the Program/facility before accepting the patient for treatment.**

Attachment 1

VII. References:

- Federal Register (April 2008). Centers for Medicare & Medicaid Services (CMS), Conditions for Coverage, 494.150 Medical Director.

VIII. Associate Policies:

- Hemodialysis Consent Policy

Attachment 1

CHASE

Leticia G. Ruffolo
Vice President
Business Relationship Manager
Business Banking

June 20th 2016

To Whom It May Concern:

My name is Leticia Ruffolo I'm a Business Relationship Manger with Chase Bank. I've been with Chase for over 20yr. I'm currently managing Dr. Alausa's accounts. It's been a pleasure to work with Dr. Alausa & his Staff. Dr. has a strong relationship with the bank since 2004, and growing to this date. All of his accounts have always been in good standing.

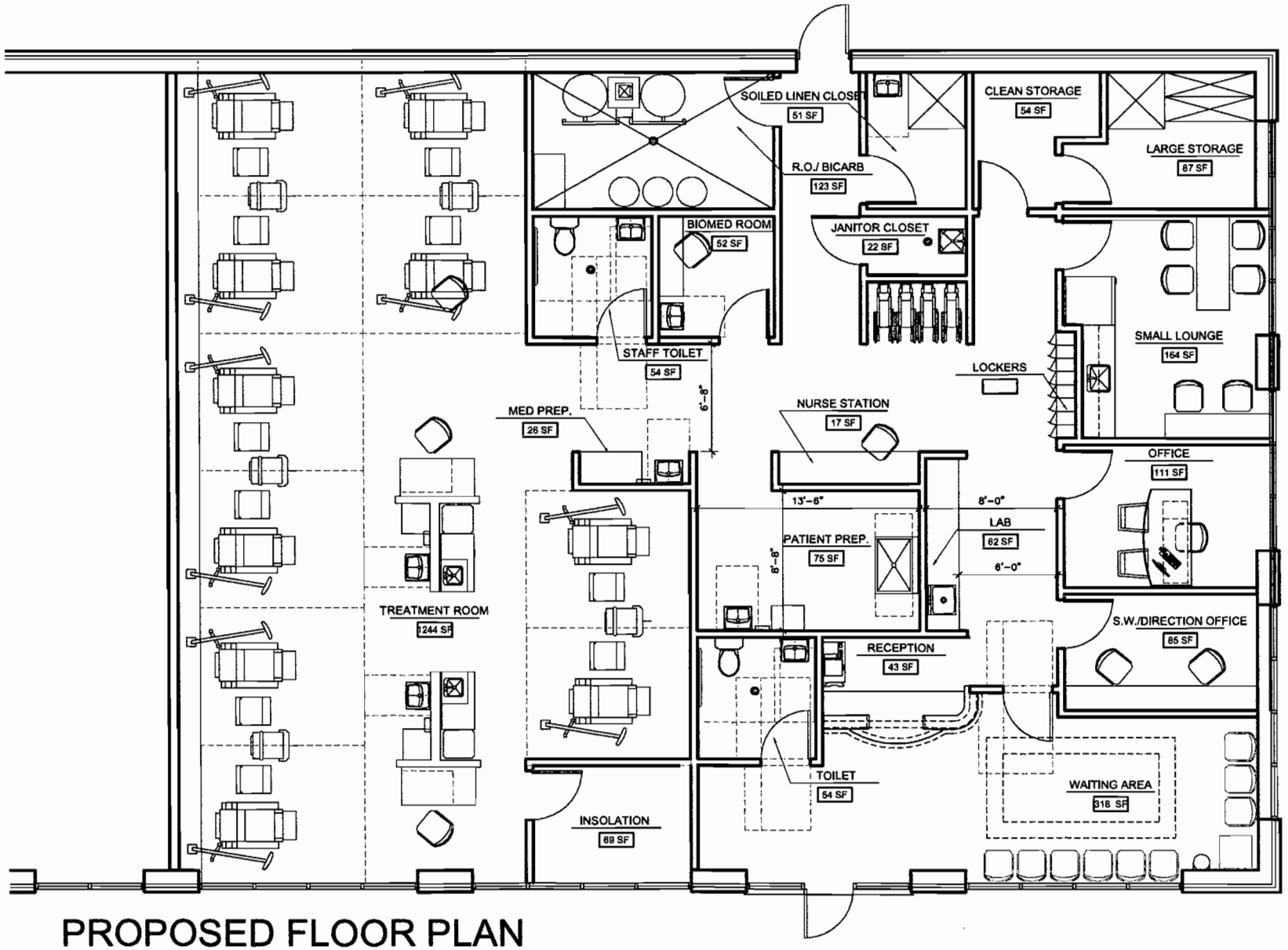
Currently there Dialysis Care Center account ending in 0179 has in excess of $2,000,000.00 in that account.. If additional funds are needed we can provided a Business Line Of Credit upon full credit approval.

If you should have any additional questions, or concerns I can be reached at 708-579-4272.

Sincerely,

Leticia Ruffolo
Vice President

Attachment 2



PROPOSED FLOOR PLAN

SCALE: NTS

AGAMA DESIGNS
architecture
269 Walsh Circle
Yorkville, Illinois 60560
Phone: 630-207-7400
E-mail: aagama@sbcglobal.net

PROJECT: THE PROFESSIONAL OFFICES
OLYMPIA FIELD DOCTOR'S OFFICE
OLYMPIA FIELDS, IL

CLIENT:

JOB NO.: 15-035
DATE: 07-30-15

SHEET TITLE

SHEET NUMBER

Attachment 3

AMERICAN FactFinder

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: Olympia Fields village, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	4,988	100.0
Under 5 years	171	3.4
5 to 9 years	238	4.8
10 to 14 years	330	6.6
15 to 19 years	326	6.5
20 to 24 years	220	4.4
25 to 29 years	164	3.3
30 to 34 years	158	3.2
35 to 39 years	210	4.2
40 to 44 years	279	5.6
45 to 49 years	358	7.2
50 to 54 years	380	7.6
55 to 59 years	414	8.3
60 to 64 years	464	9.3
65 to 69 years	365	7.3
70 to 74 years	242	4.9
75 to 79 years	204	4.1
80 to 84 years	214	4.3
85 years and over	251	5.0
Median age (years)	50.5	(X)
16 years and over	4,176	83.7
18 years and over	4,037	80.9
21 years and over	3,865	77.5
62 years and over	1,556	31.2
65 years and over	1,276	25.6
Male population	2,311	46.3
Under 5 years	80	1.6
5 to 9 years	108	2.2
10 to 14 years	165	3.3
15 to 19 years	163	3.3
20 to 24 years	106	2.1
25 to 29 years	82	1.6
30 to 34 years	81	1.6
35 to 39 years	104	2.1
40 to 44 years	119	2.4
45 to 49 years	166	3.3
50 to 54 years	172	3.4
55 to 59 years	191	3.8
60 to 64 years	205	4.1
65 to 69 years	182	3.6
70 to 74 years	117	2.3

Attachment 4

Subject	Number	Percent
75 to 79 years	92	1.8
80 to 84 years	100	2.0
85 years and over	78	1.6
Median age (years)	49.5	(X)
16 years and over	1,923	38.6
18 years and over	1,849	37.1
21 years and over	1,768	35.4
62 years and over	692	13.9
65 years and over	569	11.4
Female population	2,677	53.7
Under 5 years	91	1.8
5 to 9 years	130	2.6
10 to 14 years	165	3.3
15 to 19 years	163	3.3
20 to 24 years	114	2.3
25 to 29 years	82	1.6
30 to 34 years	77	1.5
35 to 39 years	106	2.1
40 to 44 years	160	3.2
45 to 49 years	192	3.8
50 to 54 years	208	4.2
55 to 59 years	223	4.5
60 to 64 years	259	5.2
65 to 69 years	183	3.7
70 to 74 years	125	2.5
75 to 79 years	112	2.2
80 to 84 years	114	2.3
85 years and over	173	3.5
Median age (years)	51.4	(X)
16 years and over	2,253	45.2
18 years and over	2,188	43.9
21 years and over	2,097	42.0
62 years and over	864	17.3
65 years and over	707	14.2
RACE		
Total population	4,988	100.0
One Race	4,893	98.1
White	1,261	25.3
Black or African American	3,468	69.5
American Indian and Alaska Native	7	0.1
Asian	117	2.3
Asian Indian	43	0.9
Chinese	16	0.3
Filipino	23	0.5
Japanese	5	0.1
Korean	3	0.1
Vietnamese	9	0.2
Other Asian [1]	18	0.4
Native Hawaiian and Other Pacific Islander	0	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	0	0.0
Samoan	0	0.0
Other Pacific Islander [2]	0	0.0
Some Other Race	40	0.8

Attachment 4

Subject	Number	Percent
Two or More Races	95	1.9
White; American Indian and Alaska Native [3]	0	0.0
White; Asian [3]	4	0.1
White; Black or African American [3]	34	0.7
White; Some Other Race [3]	7	0.1
Race alone or in combination with one or more other races: [4]		
White	1,324	26.5
Black or African American	3,551	71.2
American Indian and Alaska Native	26	0.5
Asian	131	2.6
Native Hawaiian and Other Pacific Islander	0	0.0
Some Other Race	72	1.4
HISPANIC OR LATINO		
Total population	4,988	100.0
Hispanic or Latino (of any race)	127	2.5
Mexican	87	1.7
Puerto Rican	25	0.5
Cuban	4	0.1
Other Hispanic or Latino [5]	11	0.2
Not Hispanic or Latino	4,861	97.5
HISPANIC OR LATINO AND RACE		
Total population	4,988	100.0
Hispanic or Latino	127	2.5
White alone	46	0.9
Black or African American alone	32	0.6
American Indian and Alaska Native alone	1	0.0
Asian alone	0	0.0
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	32	0.6
Two or More Races	16	0.3
Not Hispanic or Latino	4,861	97.5
White alone	1,215	24.4
Black or African American alone	3,436	68.9
American Indian and Alaska Native alone	6	0.1
Asian alone	117	2.3
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	8	0.2
Two or More Races	79	1.6
RELATIONSHIP		
Total population	4,988	100.0
In households	4,934	98.9
Householder	1,951	39.1
Spouse [6]	1,098	22.0
Child	1,267	25.4
Own child under 18 years	736	14.8
Other relatives	489	9.8
Under 18 years	199	4.0
65 years and over	104	2.1
Nonrelatives	129	2.6
Under 18 years	14	0.3
65 years and over	15	0.3
Unmarried partner	65	1.3
In group quarters	54	1.1
Institutionalized population	0	0.0
Male	0	0.0

Attachment 4

Subject	Number	Percent
Female	0	0.0
Noninstitutionalized population	54	1.1
Male	53	1.1
Female	1	0.0
HOUSEHOLDS BY TYPE		
Total households	1,951	100.0
Family households (families) [7]	1,374	70.4
With own children under 18 years	415	21.3
Husband-wife family	1,098	56.3
With own children under 18 years	315	16.1
Male householder, no wife present	61	3.1
With own children under 18 years	20	1.0
Female householder, no husband present	215	11.0
With own children under 18 years	80	4.1
Nonfamily households [7]	577	29.6
Householder living alone	525	26.9
Male	175	9.0
65 years and over	100	5.1
Female	350	17.9
65 years and over	266	13.6
Households with individuals under 18 years	520	26.7
Households with individuals 65 years and over	929	47.6
Average household size	2.53	(X)
Average family size [7]	3.08	(X)
HOUSING OCCUPANCY		
Total housing units	2,104	100.0
Occupied housing units	1,951	92.7
Vacant housing units	153	7.3
For rent	3	0.1
Rented, not occupied	0	0.0
For sale only	57	2.7
Sold, not occupied	6	0.3
For seasonal, recreational, or occasional use	12	0.6
All other vacants	75	3.6
Homeowner vacancy rate (percent) [8]	3.3	(X)
Rental vacancy rate (percent) [9]	1.0	(X)
HOUSING TENURE		
Occupied housing units	1,951	100.0
Owner-occupied housing units	1,653	84.7
Population in owner-occupied housing units	4,441	(X)
Average household size of owner-occupied units	2.69	(X)
Renter-occupied housing units	298	15.3
Population in renter-occupied housing units	493	(X)
Average household size of renter-occupied units	1.65	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South

Attachment 4

New Patient Referred By Zip Code and Facility Kidney Care Center -Olympia Fields 2016 Dr. Suresh Samson		
Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60471	Glenshire	2
46403	Glenshire	1
60619	Glenshire	1
60415	Glenshire	1
60419	Glenshire	1
60411	Davita Chicago Heights	1
60426	Glenwood Nursing Home	1
47907	Glenwood Nursing Home	1
60426	Glenwood Nursing Home	2
60409	Glenwood Nursing Home	1
60466	Davita Olympia Fields	2
60651	Davita Olympia Fields	1
60448	Davita Olympia Fields	1
60478	Davita Country Club Hills	1
60428	Davita Country Club Hills	1
60445	Davita Country Club Hills	1
60469	Davita Country Club Hills	1
60430	Davita Hazel Crest	3
60478	Davita Hazel Crest	2
60429	Davita Hazel Crest	1
60616	Symphony of Crestwood	1
60453	Symphony of Crestwood	1
60472	Symphony of Crestwood	2
60478	Symphony of Crestwood	1
60445	Symphony of Crestwood	1
60465	Symphony of Crestwood	2
60469	Symphony of Crestwood	1
TOTAL		**35**

DIALYSIS CARE CENTER OLYMPIA FIELDS LLC

15786 S Bell Road
Homer Glen, IL 60491
Ph: 708.645.1000
Fax: 708.645.1001
www.hdsdialysis.com

July 1, 2016

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

Dear Ms. Avery,

I am a please to support Dialysis Care Center Olympia Fields. The proposed 11 Station Chronic renal dialysis facility, to be located at 3322 Vollmer Rd, Suite 3, Olympia Fields, IL, 60461, will directly benefit my patients.

Dialysis Care Center Olympia Fields facility will improve access to necessary dialysis services in the Olympia Fields community.

Along with my partner, Dr Tauseef Sarguroh, we have experienced extreme growth of both population and of ESRD patients in this area. I have many pre-ESRD patients in my practice that I anticipate in referring to the Dialysis Care Center Olympia Fields. This facility will better serve the growing number of dialysis patients in my practice.

We currently have 130 Chronic Kidney Disease Stage 4 pre-ESRD patients in my practice, since starting July 2013, this does not include any patients that are CKD 3, the list is provided for those patients as well but have not been accounted for in any calculation purposes, of these I expect approximately 30% to expire, regain function, move out of the area or choose home dialysis before dialysis therapy is started. I expect then that approximately 91 of these patients would be referred to Dialysis Care Center Olympia Fields facility for dialysis. My partner and I will continue to refer patients to the other area facilities per the patient's place of residence and choice. We are also strong supporters of home dialysis through our Home Dialysis Services Olympia Fields home therapies program and will continue to refer those patients who are good candidates for Home Dialysis Services.

I respectfully ask you to consider the constant growth of ESRD in Southland Cook County and approve the Dialysis Care Center Olympia Fields facility to maintain access for future dialysis patients.

Attachment 5

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.
Thank you for your consideration.

Sincerely,

Suresh Samson, M.D.

Notarization:
Subscribed and sworn to before me
this 15th day of July, 2016

Signature of Notary

Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

Kidney Care Center - Olympia Fields 2014 Dr. Suresh Samson		
Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60429	Davita Olympia Fields	1
60461	Davita Olympia Fields	1
60430	Davita Olympia Fields	1
60477	Davita Olympia Fields	1
60425	Davita Olympia Fields	1
60471	Davita Chicago Heights	1
60455	Glenshire	1
60471	Glenshire	7
61068	Glenshire	1
60629	Glenshire	1
60526	Glenshire	1
60620	Glenshire	1
46409	Glenshire	S
60637	Glenshire	1
60643	Glenshire	1
60425	Glenwood Nursing Home	1
60469	Davita Country Club Hills	1
60478	Davita Country Club Hills	1
60428	Davita Country Club Hills	1
TOTAL		**21**

Kidney Care Center - Olympia Fields 2015 Dr. Suresh Samson		
Zip Code of Patient	Name of Facility Referred	Number of Patients Referred
60471	Glenshire	3
60479	Glenshire	1
60620	Glenshire	1
60625	Glenshire	1
60637	Glenshire	1
60643	Glenshire	1
60461	Davita Chicago Heights	1
60411	Davita Chicago Heights	2
60484	Davita Chicago Heights	1
60425	Glenwood Nursing Home	4
60426	Davita Olympia Fields	1
60428	Davita Olympia Fields	1
60477	Davita Olympia Fields	1
60425	Davita Olympia Fields	1
60443	Davita Olympia Fields	2
60430	Davita Olympia Fields	1
60466	Davita Country Club Hills	1
60429	Davita Country Club Hills	2
60426	Davita Country Club Hills	1
60429	Davita Hazel Crest	1
60478	Davita Hazel Crest	1
60428	Davita Hazel Crest	1
60462	Davita Hazel Crest	1
60445	Symphony Of Crestwood	1
60605	Symphony Of Crestwood	1
46408	Symphony Of Crestwood	1
46323	Symphony Of Crestwood	1
60426	Symphony Of Crestwood	1
60430	Symphony Of Crestwood	1
60617	Symphony Of Crestwood	1
60616	Symphony Of Crestwood	1
TOTAL		**39**

DIALYSIS CARE CENTER OLYMPIA FIELDS LLC

15786 S Bell Road
Homer Glen, IL 60491
Ph: 708.645.1000
Fax: 708.645.1001
www.hdsdialysis.com

July 1, 2016

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

Re: Dialysis Care Center Oak Lawn

Dear Ms. Avery,

My name is Dr Tauseef Sarguroh and I am a nephrologist practicing in the Olympia Fields area, since July 2015. I am writing to express my strong support for the proposed Dialysis Care Center Olympia Fields dialysis facility.

Over the years I have witnessed extreme growth of both population and of ESRD patients in this area. I have many pre-ESRD patients in my practice that I anticipate in referring to the Dialysis Care Center Olympia Fields. My partner and I along with our patients are hopeful to have this new dialysis facility located in their community.

I have a large number of pre-ESRD patients in the immediate area and expect that clinic to fill up quickly. This clinic is in a highly dense population prone to diseases leading to kidney failure.

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

I urge you to approve this dialysis clinic for the residents in Oak Lawn.

Sincerely,

Tauseef Sarguroh, M.D.

Notarization:
Subscribed and sworn to before me
this 1st day of July, 2016

Signature of Notary

Seal

OFFICIAL SEAL
JESSICA L MACIAS
Notary Public - State of Illinois
My Commission Expires Jul 23, 2017

Physician Referrals
Attachment 5

Utilization of Facilities within 30-Minute Drive Time

Facility Name	Address	City	Zip Code	MapQuest Time	MapQuest Distance	Stations	Patients	Utilization
FMC - Hazel Crest	17524 E Carriage Way	Hazel Crest	60429	6 min	03.21mi	16	81	84.38
FMC S. Suburban	2601 Lincoln Hwy	Olympia Fields	60461	5 min	03.55mi	27	136	83.95
DaVita Chicago Heights Renal Care	177 East Joe Orr Road	Chicago Heights	60411	6 min	03.63mi	16	81	84.38
Country Hills Dialysis	4215 West 167th Street	Country Club Hills	60478	8 min	05.12mi	24	104	72.22
Community Dialysis of Harvey	16657 South Halsted Street	Harvey	60426	12 min	06.61mi	16	67	62.04
DaVita Tinley Park Dialysis	16767 South 80th Avenue	Tinley Park	60477	11 min	07.69mi	12	0	0
Fresenius Medical Care Oak Forest	5340 West 159th Street	Oak Forest	60452	13 min	08.19mi	12	44	61.11
Fresenius Medical Care of Mokena	8910 West 192nd Street	Mokena	60448	13 min	08.32mi	12	49	68.06
DaVita South Holland	16136 S Park Ave	South Holland	60473	15 min	08.57mi	24	121	84.03
FMC - Steger	219 E 34th Street	Steger	60475	14 min	08.60mi	18	71	65.74
Concerto Dialysis	14255 Cicero Avenue	Crestwood	60445	15 min	09.29mi	9	20	37.04
FMC - Crestwood	4861 Cal Sag Road	Crestwood	60445	17 min	10.62mi	24	100	69.44
FMC - Merrionette Park	11650 S. Kedzie Avenue	Merrionette Park	60803	18 min	10.79mi	24	112	77.78
Fresenius Medical Care South Holland	17225 South Paxton Avenue	South Holland	60473	19 min	11.63mi	24	96	66.67
FMC - Alsip	12250 South Cicero	Alsip	60803	18 min	12.04mi	20	76	63.33
Fresenius Medical Care of Roseland	136 West 111th Street	Chicago	60628	21 min	17.55mi	12	67	93.06
DaVita Olympia Fields Dialysis Center	4557 Lincoln Highway	Matteson	60443	4 min	2.44mi	24	102	70.83
DSI Hazel Crest	3470 West 183rd Street	Hazel Crest	60429	4 min	2.72mi	19	101	88.6
DaVita Stony Island Dialysis	8725 S Stony Island Ave	Chicago	60617	27 min	22.77mi	32	158	82.29
FMC - South Deering	10559 S Torrence Ave	Chicago	60617	27 min	22.98mi	20	39	32.5

Ameriwater
3345 Stop Eight Road
Dayton, Ohio 45414 USA
tel: +1 800 535-5585

June 16, 2016

Asim Shazzad
Kidney Care Center
812 Campus Dr.
Joliet, IL 60435

Quote Number: 46397 for Dialysis Center of Olympia Fields
(11 Station Direct Feed System)

Dear Asim:

Enclosed you will find our proposal for a Dialysis Water Treatment System.

AmeriWater is one of the few water treatment companies that offers a FDA 510K certification on all components. All components have been carefully selected and sized to meet your specific requirements.

If you have any questions please do not hesitate to contact me.

We truly appreciate this opportunity to be of service.

Sincerely,

Andy Baker
Regional Manager
AmeriWater

Attachment 7

DIALYSIS CENTER OF OLYMPIA FIELDS
11 STATION WATER TREATMENT SYSTEM
Quote Number 46397 6/16/16

This proposal encompasses the AmeriWater equipment of a **direct feed system** that meets both AAMI and FDA design standards for dialysis. The 510K authorization number issued for this AmeriWater, Inc. Class II Medical Device is K99159.

SCOPE:

This quotation covers the sale of equipment for a pure water system sized to provide 11 stations, 0 maintenance stations, no reuse machines and provide water for bicarbonate mixing.

EQUIPMENT:

Quantity	Product Description
	Blend Valve Assembly:
1	**0054-0021 ¾" x 1", Flow Range 4 - 21 GPM** The all brass thermostatically controlled blend valve mixes hot and cold water to adjust the RO feed water to approximately 77°F (25°C) ±5°F. The blend valve is sized to the feed flow rate, which is twice the product flow. It has an adjustment knob for temperature adjustment and internal check valves on both the hot and cold sides to prevent back flow from one side to the other. The blend valve assembly includes inlet and outlet valves with a cold water bypass for service. Included are a pressure gauge and thermometer on the outlet. FRP unistrut is utilized to mount the assembly to the wall.
	Booster Pump: CME Variable Pressure
1	**0080190 1½ HP, 208-230V, 1PH** The variable pressure booster pump provides flow rates up to 25 GPM @ 50 PSI. Single pump design includes: stainless steel pump, installation plumbing including 3 valve bypass, check valve, outlet pressure gauge, and pressure switch. The control panel requires a 230V, single-phase power source. The controller will transform the 230V single-phase power to the required three-phase power to operate the pump motor.
	Pretreatment Headers:
3	**009592 1¼" Assembly with Bypass** Header assembly includes isolation and bypass valves, outlet PSI gauge, and sample port.
	System Pre-Filter
1	**0021015 1", IN/OUT for 20" x 4½" Cartridges** The system pre-filter protects the pretreatment equipment from particulate matter that may be present in the source water. The pre-filter is sized for the highest required flow rate in the system. The pre-filter housing is all polypropylene construction with inlet and outlet isolation valves and pressure gauges. The design utilizes dual open-end (DOE) cartridges of 1-5 micron nominal filtration (greater than 80% efficiency). A sump drain and wrench are provided.

System Pre-Filter Cartridges:

1 **20-1056** **20" x 4½", 5 µm, Polybond**

Carbon Fleck 7000 SXT Backwashable Filters: ***Requires 9.36 Cubic Feet to Meet 10 Minute EBCT***

2 **009572** **18" x 65", 5½ cu ft**

All non-corrosive design with acid-washed, granular activated carbon with Fleck Series 7000 control head, electronic 7-day timer with programmable backwash time at any time of day. A full flow 1¼" valve. Filter has 12 x 40 mesh with an iodine number greater than 1,000. Filters interface to lockout the RO when in backwash. Pretreatment headers are sold separately.

Automatic Fleck 7000 SXT Water Softener: ***Based on 16 Grains Hardness***
(Subject to change based on actual water hardness)

1 **009559** **14" x 47", 75,000 Grains**

A single tank water softener sized to the maximum possible water usage by the RO based on the water hardness and a 30% safety factor is designed to regenerate every night that the center operates. A full flow 1¼" valve. The water softener is constructed of all non-corrosive components with a programmable electronic 7-day timer Fleck 7000 control, with the time of regeneration and all cycles fully adjustable. Pretreatment headers are sold separately.

RO Pre-Filter:

1 **0021010** **¾", IN/OUT for 20" x 2½" DOE Cartridges**

The RO pre-filter protects the RO membranes from plugging with carbon fines. The pre-filter is sized for twice the rate of the RO product water. The pre-filter housing is all polypropylene construction with inlet and outlet isolation valves and pressure gauges. The design utilizes dual open-end (DOE) cartridges of 1-5 micron nominal filtration (greater than 80% efficiency). A sump drain and wrench are provided.

MRO Pre-Filter Cartridges:

1 **20-1012** **20" x 2½", 1 µm, Polybond**

Reverse Osmosis System:

1 **00MRO402** **4 Membrane, 5,600 GPD, 208V, 3PH**

The MRO3 Series has an ABS cabinet, complete with flow meters for product, reject and recirculation flows. The reject and recirculation flows are adjustable. Pressure gauge for inlet, pump and post membranes are panel mounted. Sample ports on the front of the RO are for feed and product sampling. Cabinet includes locking casters and hinged doors for access to internal components. The entire device conforms to IEC UL standard 61010-1.

The electronic controller operating the MRO3 has a continuous display for product water conductivity, hours of operation, product water temperature and percent rejection. RO alarms include low feed pressure and high conductivity. RO will automatically divert to drain on high conductivity. The controller can be programmable for an automatic flush on a direct or indirect feed system. The controller can accept external device interfaces for pretreatment lockout and storage tank level indicators. Controller is equipped with an output contact for alarm outputs to a separate alarm panel or remote. Disinfection is simple with the onboard disinfection feature that draws the Peracidin into the unit. The tank override feature allows the RO to be turned on even if the storage tank is full so

the required 15 minute RO run time before sampling can be done.

The pump is a stainless steel 1 HP submersible for quiet, dependable operation. Membranes are TFC rated at 1,450 gallons per day, each at 200 PSI and 77°F. The membranes are in non-corrosive housings with easy to remove end caps. The unit is mounted on casters for ease of service.

Product Recovery Kit:

1 **00810211 For Direct Feed, Dual MRO2, Single MRO3, 4, 2X, 3X**

The product recovery kit includes a pressure regulator, a feed water check valve, a product water flow meter, dual product recovery check valves to prevent feed water from flowing into the product loop piping, loop drain valve and sample ports.

MRO Bypass and Header Assembly:

1 **0011RO1 Single MRO Header with RO Bypass Valves, 1"**

Alarm Panel with Remote:

1 **00850251 Good Water, RO Alarm, Storage Tank Low, Conductivity Alarm, Bicarb Low, Remote**

Located in the main water room the multi function alarm panel includes a LED display that notifies you visually and audibly of any RO alarm, storage tank low level, conductivity alarm, and a low level bicarb. The alarm panel includes a disinfection mode to disable the alarms when the distribution loop is being disinfected. The alarm panel can be upgraded in the future by adding a conductivity or resistivity monitor by simply adding a circuit board. Main NEMA 1 enclosure is 6¼" x 8¼". Nurses station remote is operated from the main alarm panel located in the water room. 100 feet of multi-wire, low-voltage cable is provided. Remote enclosure is 4½" x 4½" surface wall mount.

Pre-Distribution Loop Endotoxin Filter Housing:

1 **0021003 ¾" Single, 20"**

An ultra-filter for endotoxin is required on system utilizing a storage tank or deionizer tanks. The filter housing assembly is wall mounted on FRP unistrut with CPVC schedule 80 inlet/outlet isolation valves and inlet/outlet stainless steel pressure gauges. The housings are constructed of opaque virgin polypropylene with 222 type cartridge connectors.

Endotoxin Filter Cartridges:

1 **20-3046 0.2 µm, 2.5" x 20", 222, Pall, 10 GPM**

Single Tank Bicarb Mix and Distribution:

1 **00BCMD55 55 Gallon Mix and Distribution**

The AmeriWater bicarb system utilizes a virgin polyethylene cone bottom tank with sealed lid, sub-micron vent filter to prevent contamination, complete drain fittings and gasketed 12" covered fill hole.

The mix and distribution pump are all stainless steel. The high vortex pump mixing action provides complete mixing in minutes and keeps the bicarbonate powder in solution. Lightly pressurized recirculation distribution loop with adjustable throttle valve gives you complete pressure control to your dialysis machine. The adjustable throttle valve improves disinfection by allowing you to increase the pressure and flow rate through the distribution loop. This also results in faster rinse

Attachment 7

out of the disinfectant.

The distribution loop returns to the bottom of the tank to prevent splashing and CO2 loss. The tank has a manual RO water valve which sprays the entire inside of the tank allowing quick and complete rinsing of the bicarb or disinfectant.

The control system operates on 115V, 60Hz, 20 AMP dedicated GFI circuit and a separate timer for fill and mixing. The bicarb mix timer prevents over-mixing of the solution. Distribution tank has high and low level audible alarms, with distribution pump low level shut off.

NOTE: AmeriWater recommends distribution loop to be installed using ½" OD polyethylene tubing to minimize bacteria growth.

Acid Distribution System:

1 **00AS130 130 Gallon Tank and Pump Assembly**

Flat bottom, polypropylene tanks with connections for fill, pump feed, and loop return. Pumps are magnetic drive, medium-head, poly design. AmeriWater recommends distribution loop to be installed using ½" OD polyethylene tubing to minimize bacteria growth.

Wall Boxes*:

11 **0082-0006 Water, 1 Acid, 1 Bicarb**

White single piece ABS construction with an opening cut out of 14⅝"W x 13⅝"H with a depth of 4¾".

*** Wall boxes do not include dialysis machine fittings!**

Nephros for Wall Box:

11 **0020-0004 Nephros Capsule Install Kit for Each Wall Box**

With its 0.005 micron filter pore size, the Nephros DSU removes a spectrum of bacteria, viral agents and biological toxins down to the required levels of the AAMI standards. Endotoxin and/or bacteria can colonize in the water distribution loop. The Nephros at each wall box is a final safeguard to ensure that the water going to the dialysis machine is ultra-pure. The Nephros provides up to 12 months of performance life in frequent use. This final filter can withstand multiple disinfections with bleach and PAA without degrading the fibers. Install kit comes complete with mounting clips, quick disconnects and tubing.

Clean In Place:

1 **00CIP2 MRO3, MRO4, MROX, MROZ**

An economical way to keep your membranes scale free for improved performance. Includes cleaning drum, hose and fittings for quick connection, and recirculation pump. Use AmeriClean A & B (cleaning agent not included).

Disinfection:

1 **0085-0020 Direct Feed Loop Disinfection Assembly, ½"**

Attachment 7

	CMS Water Treatment Label Kit:	
1	**99-9075**	**Label Kit** Includes color coded directional flow arrows and product identification labels to meet CMS requirements.
	Central System Valve Tags and Labels:	
1	**0099-0001**	**Central System Valve Tags (100) and Labels**

PACKAGING:

	Packaging: Central Systems	
1	**PKG7-13**	**7 to 13 Stations**

Attachment 7

INSTALLATION:

Installation pricing is not included in this proposal. Installation pricing of the complete water treatment system is the responsibility of an AmeriWater authorized dealer and needs to be included in the final pricing to the customer. Customer specific installation requirements (USRC, DaVita, etc.) must be taken into account when providing the installation pricing (contact AmeriWater for details).

Installation of the complete water treatment system listed in this proposal with the following exceptions. The buyer is responsible for:

- Supplying hot and cold water supply
- Loop piping
- Drain plumbing
- Wall box installation
- All electrical wiring and utilities including disconnects

The following are AmeriWater requirements to consider when providing your installation quote.

1. System requires hot and cold water service sized to meet the flow requirements of the system, supplied and installed by others.
2. Back flow preventor if required by local codes, to be sized to meet the flow requirements of the system and installed by a licensed plumber.
3. Required water supply to have a minimum flow capacity of 20 GPM at 30 PSI dynamic pressure.
4. Drains for pretreatment and RO to have a minimum flow capacity of 20 GPM.
5. All electrical outlets, switched outlets, disconnects to be supplied and installed by others.
6. Meet electrical requirements of the equipment per the AmeriWater layout drawing if applicable.
7. Three phase equipment provided by AmeriWater incorporates motor starter protection and is not required by the installer.
8. Control panels supplied by AmeriWater to be located on wall prior to the electrical service installation. Electrical services to these panels to be supplied and installed by others.
9. The alarm panel includes a nurse's station remote alarm and 100 feet of install wire. The remote alarm needs to be located in the clinical area and wires run per local code.
10. 1.0" distribution loop to be supplied and installed by others. Distribution loop design to be approved by AmeriWater prior to installation.
11. Bicarb and acid distribution loops to be ½" OD polyethylene tubing, color coded to conform to AAMI recommendations.
12. Electrical service provided to the variable speed booster pump requires 208V-230V single phase.
13. System designed for temporary DI in the event that the RO requires service.
14. Bicarb distribution concentrate mixing and station wall boxes are supplied and installed by others.
15. Bicarb & Acid concentrate mixing requires unrestricted water connection on the return side of the distribution loop.

PRICING SUMMARY:

Water Treatment System	$59,167.29
Installation	$21,400
Complete Water Treatment System *(includes packaging)*	**$80,567.29**

* **Extra** consumables are not included. See last page for pricing.

Documentation:

- 510K laminated certificate**
- Laminated piping and instrumentation drawing
- Laminated tags
- Laminated component labels
- Maintenance and operation binder

** Please note that the system is not considered a 510(K) cleared device until the following documents have been returned to AmeriWater and filed in the device history record for the system.

- Form 32, Installation Checklist and Validation Documentation
- Form 33, Central System Inservice Record
- An AAMI water analysis on the final product water
- LAL and microbiological testing, which is the responsibility of the customer, results

Upon receipt of these documents a laminated 510K certificate will be mailed to the customer's location.

Terms:

- Price does not include freight from Dayton, Ohio.
- A 25% non-refundable down payment is due with your purchase order.
- Remaining balance is Net 30 after delivery.
- One year warranty on equipment included.
- Ship date is approximately six weeks from receipt of order and tap water AAMI analysis.
- Quote is valid for 90 days.

Attachment 7

CONSUMABLES:

Product Description		List Price Each
MRO Pre-Filter Cartridges (1 is Included with System)		
20-1012	20" x 2½", 1 µm, Polybond	$12.34
20-1056	20" x 4½", 5 µm, Polybond	$36.95
Endotoxin Filter Cartridges:		
20-3046	0.2 µm, 2½" x 20", 222, Pall	$563.00
Peracidin Disinfectant:		
95-0006	2 - 1 Quart Containers	$59.00
95-0007	4 - 1 Quart Containers	$101.00
95-0009	12 - 1 Quart Containers	$272.00
AmeriClean Membrane Cleaners:		
95810140	AmeriClean A, Acidic Cleaner (2) One Gallon Containers	$156.00
95810141	AmeriClean B, Alkaline Cleaner (2) One Gallon Containers	$156.00
PT401 Anti-Scalant Liquid:		
95810125	PT401, Anti-Scalant Liquid (4) One Gallon Containers	$109.00
95810126	PT401, HpH Anti-Scalant Liquid (4) One Gallon Containers	$109.00
95810127	PT401 Super Concentrate, Four (4) Quart Pack (Makes 120 Gallons)	$2,799.00
95810128	PT401 Super Concentrate, Two (2) Quart Pack (Makes 60 Gallons)	$1,400.00
Test Strips:		
97CM20201	0.1 ppm Chlorine/Chloramine Test Strips (6 Bottles of 100 Strips Each)	$166.00
97HP20401	Peracetic Acid Potency Test Strips (6 Bottles of 100 Strips Each)	$127.00
97K100-0111	Ozone Reagent Test Strips (1 Bottle of 50 Strips)	$55.00
97PH20901	pH/Water/Acid, Base/Bicarb/Dialysate, Test Strips (6 Bottles of 100 Strips Each)	$157.00
97PX20501	Residual Peroxide Test Strips (6 Bottles of 100 Strips Each)	$127.00
97RC22101	Residual Chlorine Test Strips (6 Bottles of 100 Strips Each)	$137.00
97WS20301	Water Hardness Test Strips (6 Bottles of 100 Strips Each)	$174.00

Attachment 7

Proforma Dialysis Care Center Olympia Fields

	Profit and Loss Statement		
Year	**1**	**2**	**3**
Hemodialysis Patients	**35**	**58**	**66**
Total Treatments	**3,089**	**7,366**	**9,504**
Net Gross Revenue	$ 927,834	$ 2,256,901	$ 2,970,212
Net Revenue/Treatment	$300.39	$306.39	$312.52
Expenses			
Total Personnel	$ 386,100	$ 773,430	$ 902,880
Total Supplies	3,089	7,366	9,504
Drugs	138,996	331,470	427,680
Rent	60,000	60,000	60,000
All Other	392,542	745,830	1,044,162
Total Expenses	$ 980,727	$ 1,918,096	$ 2,444,226
Net Income	**(52,892)**	**338,806**	**525,986**
Margin %	**-5.7%**	**15.0%**	**17.7%**

Assumptions

Insurance Payor mix	90/10		
Average Medicare/Medicaid rate	$260.00		
Commercial rate	$663.87		
Average Rate	$300.39		
Personnel/tmt	125	105	95
Medical Supplies/tmt	20	20	20
Drugs/tmt	45	45	45
Rent	60,000	60,000	60,000
All other	392,542	745,830	1,044,162
Full Utilization	9,504	9,504	9,504
Projected Utilization	32.5%	77.5%	100.0%

Attachment 8