

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

17-004

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JAN 30 2017

Facility/Project Identification

Facility Name: <i>Fresenius Kidney Care Mount Prospect</i>	HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address: <i>1710 -1790 W. Golf Road</i>	
City and Zip Code: <i>Mount Prospect 60056</i>	
County: <i>Cook</i> Health Service Area <i>7</i> Health Planning Area:	

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

Exact Legal Name: <i>Fresenius Medical Care Mount Prospect, LLC d/b/a Fresenius Kidney Care Mount Prospect</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Bill Valle</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each - is a general or limited partner.	

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

Co-Applicant Identification

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

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

Type of Ownership of Co-Applicant

☐ Non-profit Corporation	☐ Partnership
☒ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐
☐ Other	
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT-1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Kidney Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Additional Contact

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

Name: <i>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Kidney Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6706</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Post Permit Contact

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

Name: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Kidney Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will & Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>cranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

Site Ownership

Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>MPC Company, LLC</i>
Address of Site Owner: <i>5190 Neil Road, Suite 430, Reno, NV 89502</i>
Street Address or Legal Description of Site: <i>1710-1790 W. Golf Road, Mount Prospect, IL 60056</i>

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

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Mount Prospect, LLC d/b/a Fresenius Kidney Care Mount Prospect</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS **ATTACHMENT-4**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT -5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Fresenius Medical Care Mount Prospect, LLC proposes to establish an 8-station in-center hemodialysis facility, Fresenius Kidney Care Mount Prospect, located at 1710-1790 W. Golf Road, Mt. Prospect. The facility will be in leased space in a strip mall with the interior to be built out by the applicant. The facility is going to be unique in that it will provide dual modalities on the in-center treatment floor with the inclusion of an additional 4 stations dedicated to staff assisted ("Urgent Start") Intermittent Peritoneal Dialysis (IPD). IPD services do not fall under HFSRB review.

Patients typically begin hemodialysis treatment via a central venous catheter (CVA) in their neck with the plan that the patient will have a permanent vascular access (VA) placed in their arm, or that they might choose home therapies; patients with VA's have less complications, lower infection rates and better outcomes than those who retain the initial CVA for access. The IPD model avoids the use of CVA through the use of IPD. An "Urgent Start" patient begins dialysis on IPD and a procedure for a VA is performed (the VA site is typically in the patient's arm) and while this heals the patient continues on IPD. Once the access site heals the patient can switch to in-center hemodialysis or continue with peritoneal dialysis (PD) at home if desired. This method reduces the use of CVAs, which improves patient care and reduces the cost to payers. As well for those patients who remain on PD at home, they generally feel better, have better quality outcomes and reduced healthcare costs (home dialysis is less expensive than in-center hemodialysis).

Dr. Tanna, who is supporting this project, has been utilizing this method successfully on a limited number of patients at the Fresenius Palatine facility, however not all facilities are able to accommodate IPD. Having the IPD stations on the treatment floor with the in-center hemodialysis patients will foster a better understanding of PD for the in-center patients and bring about increased awareness of home dialysis. This facility will lower the use of CVAs and promote home therapies, which will result in lower infection rates, hospitalization rates, mortality rates and increase patient outcomes.

The site is located in HSA 7 where there is a determined need for an additional 23 stations as of the December 2016 station inventory.

This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	531,000	424,800	955,800
Contingencies	52,500	42,000	94,500
Architectural/Engineering Fees	57,400	45,100	102,500
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	200,000	65,000	265,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space 640,181 or Equipment 156,250	501,751	294,680	796,431
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	\$1,342,651	\$871,580	\$2,214,231
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	840,900	576,900	1,417,800
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	501,751	294,680	796,431
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$1,342,651	\$871,580	\$2,214,231
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>131,675</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: ☒ None or not applicable ☐ Preliminary ☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2018</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies ☒ Project obligation will occur after permit issuance.
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable: ☐ Cancer Registry ☐ APORS ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	\$1,342,651		3,000		3,000		
Total Clinical	\$1,342,651		3,000		3,000		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$871,580		2,400		2,400		
Total Non-clinical	\$871,580		2,400		2,400		
TOTAL	\$2,214,231		5,400		5,400		

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Fresenius Medical Care Mount Prospect, LLC *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

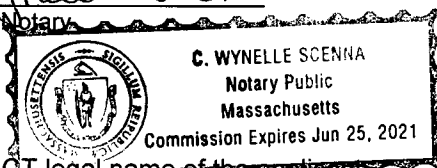
PRINTED NAME Bryan Mello
Assistant Treasurer

PRINTED TITLE

Notarization:
this 14 day of Dec 2016


Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of **Fresenius Medical Care Holdings, Inc.** *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

PRINTED NAME Bryan Mello
Assistant Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14 day of Dec 2016

SIGNATURE

PRINTED NAME Maria T. C. Notar
Assistant Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14 day of Dec 2016

Signature of Notary

Seal

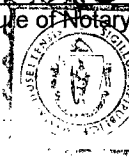


C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

*Insert EXACT legal name of the applicant

Signature of Notary

Seal



C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	8

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>1,417,800</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>796,431</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$2,214,231</u>	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

2. Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility**This section is applicable to all projects subject to Part 1120.****A. Reasonableness of Financing Arrangements**

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		177.00			3,000			531,000	531,000
Contingency		17.50			3,000			52,500	52,500
Total Clinical		\$194.50			3,000			\$583,500	\$583,500
Non Clinical		177.00			2,400			424,800	424,800
Contingency		17.50			2,400			42,000	42,000
Total Non		\$194.50			2,400			\$466,800	\$466,800
TOTALS		\$194.50			5,400			\$1,050,300	\$1,050,300

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *(# of self-pay patients)	499	251	195
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

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

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

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

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

APPEND DOCUMENTATION AS **ATTACHMENT-41**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing		
2	Site Ownership		
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		
5	Flood Plain Requirements		
6	Historic Preservation Act Requirements		
7	Project and Sources of Funds Itemization		
8	Obligation Document if required		
9	Cost Space Requirements		
10	Discontinuation		
11	Background of the Applicant		
12	Purpose of the Project		
13	Alternatives to the Project		
14	Size of the Project		
15	Project Service Utilization		
16	Unfinished or Shell Space		
17	Assurances for Unfinished/Shell Space		
18	Master Design Project		
19	Mergers, Consolidations and Acquisitions		
	Service Specific:		
20	Medical Surgical Pediatrics, Obstetrics, ICU		
21	Comprehensive Physical Rehabilitation		
22	Acute Mental Illness		
23	Neonatal Intensive Care		
24	Open Heart Surgery		
25	Cardiac Catheterization		
26	In-Center Hemodialysis		
27	Non-Hospital Based Ambulatory Surgery		
28	Selected Organ Transplantation		
29	Kidney Transplantation		
30	Subacute Care Hospital Model		
31	Children's Community-Based Health Care Center		
32	Community-Based Residential Rehabilitation Center		
33	Long Term Acute Care Hospital		
34	Clinical Service Areas Other than Categories of Service		
35	Freestanding Emergency Center Medical Services		
	Financial and Economic Feasibility:		
36	Availability of Funds		
37	Financial Waiver		
38	Financial Viability		
39	Economic Feasibility		
40	Safety Net Impact Statement		
41	Charity Care Information		
	Appendix 1 – MapQuest Travel Times		
	Appendix 2 – Service Demand - Physician Referral Letter		

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Mount Prospect, LLC d/b/a Fresenius Kidney Care Mount Prospect*</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Bill Valle</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

***Certificate of Good Standing for Fresenius Medical Care Mount Prospect, LLC on following page.**

Co - Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Bill Valle</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Type of Ownership – Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FRESENIUS MEDICAL CARE MOUNT PROSPECT, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 30, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of DECEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1634902302 verifiable until 12/14/2017

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

Site Ownership

Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>MPC Company, LLC</i>
Address of Site Owner: <i>5190 Neil Road, Suite 430, Reno, NV 89502</i>
Street Address or Legal Description of Site: <i>1710-1790 W. Golf Road, Mount Prospect, IL 60056</i>



Cushman & Wakefield of
Illinois, Inc.
200 S. Wacker Drive
Suite 2800
Chicago, IL 60606
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

December 27, 2016

Mr. Randy Olczyk
President/Principal
Chicagoland Commercial Real Estate
1240 West Northwest Highway
Palatine, IL 60067

RE: 1720-1790 W Golf Rd
Request for Proposal

Dear Randy,

Cushman & Wakefield has been exclusively authorized by FRESENIUS KIDNEY CARE, a wholly owned subsidiary of FRESENIUS KIDNEY CARE Holdings, Inc. d/b/a FRESENIUS KIDNEY CARE North America ("FMCNA") to present the following Request for Proposal to lease space from your company.

LANDLORD: MPC Company, LLC

TENANT: Fresenius Kidney Care or its affiliates.

LOCATION: 1710-1728 W Golf Rd, Mount Prospect, IL.

INITIAL SPACE REQUIREMENTS: (5,400 sqft.)

PRIMARY TERM: An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients (but not to exceed six months from date of lease execution). For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

DELIVERY OF PREMISES: Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.

OPTIONS TO RENEW: Three (3), five (5) year options to renew the Lease. Tenant shall provide six months (6) prior written notification of its desire to exercise the option.

RENTAL RATE: \$11.00 Net

ESCALATION: 3% every other year

LANDLORD BASE BUILDING WORK: Landlord shall deliver the premises with the following base building items in place.

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

1. Premises demo'd to warm dark shell with utilities stubbed in place.
2. 2 inch dedicated water service. Minimum dynamic pressure of 60 psi.
3. 800 amp 3 phase electrical service.
4. 4 inch dedicated sewer volume line out with positive invert.
5. 24 tons of HVAC service with humidity controls.
6. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls.
7. Premises to be sprinklered.

RENT ABATEMENT:

N/A.

USE:

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

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.

DELIVERIES:

FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR:

FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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

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

PARKING:

Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

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

FMC will need at least 45 parking stalls. LL will accommodate this as best as possible.

BUILDING CODES:

FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

**CORPORATE
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code and LL approval.

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

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its proportionate share of the leased premises associated with the building. Can you please state your Operating Expenses and Taxes and give us your 3 year historical budget? In 2016 we billed \$1.93 for CAM and \$4.80 for RE taxes. In 2015 we billed \$1.39 for CAM and \$4.85 for RE taxes. In 2014 we billed \$1.36 for CAM and \$4.75 for RE taxes. Please note the CAM billing is based on the previous year's expenditures. The CAM figure also includes insurance. The RE tax billing is based on the previous year's tax bill which is already one year in arrears in Cook County.

**ASSIGNMENT/
SUBLETTING:**

FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; repairs to roof; removal of snow and ice; landscaping; and provision of

adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone, fire monitoring, and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.

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

ENVIRONMENTAL: Landlord will provide all environmental soil tests in their possession to tenant.

DRAFT LEASE: FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.

LEASE EXECUTION: Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY: Fresenius Medical Holdings Corp shall fully guarantee the lease. Financials will be provided to the Landlord.

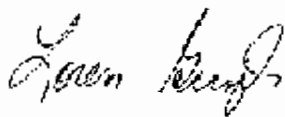
CONFIDENTIAL: The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is May 2017. The lease shall also be contingent upon LL obtaining a waiver from Amita Health allowing FRESENIUS KIDNEY CARE to occupy the shopping center.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this 4 day of January, 2017

By: 

Title: Fresenius Kidney Care Transaction Manager

AGREED AND ACCEPTED this ____ day of _____, 2016

By:

Title:

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

Operating Identity/Licensee

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

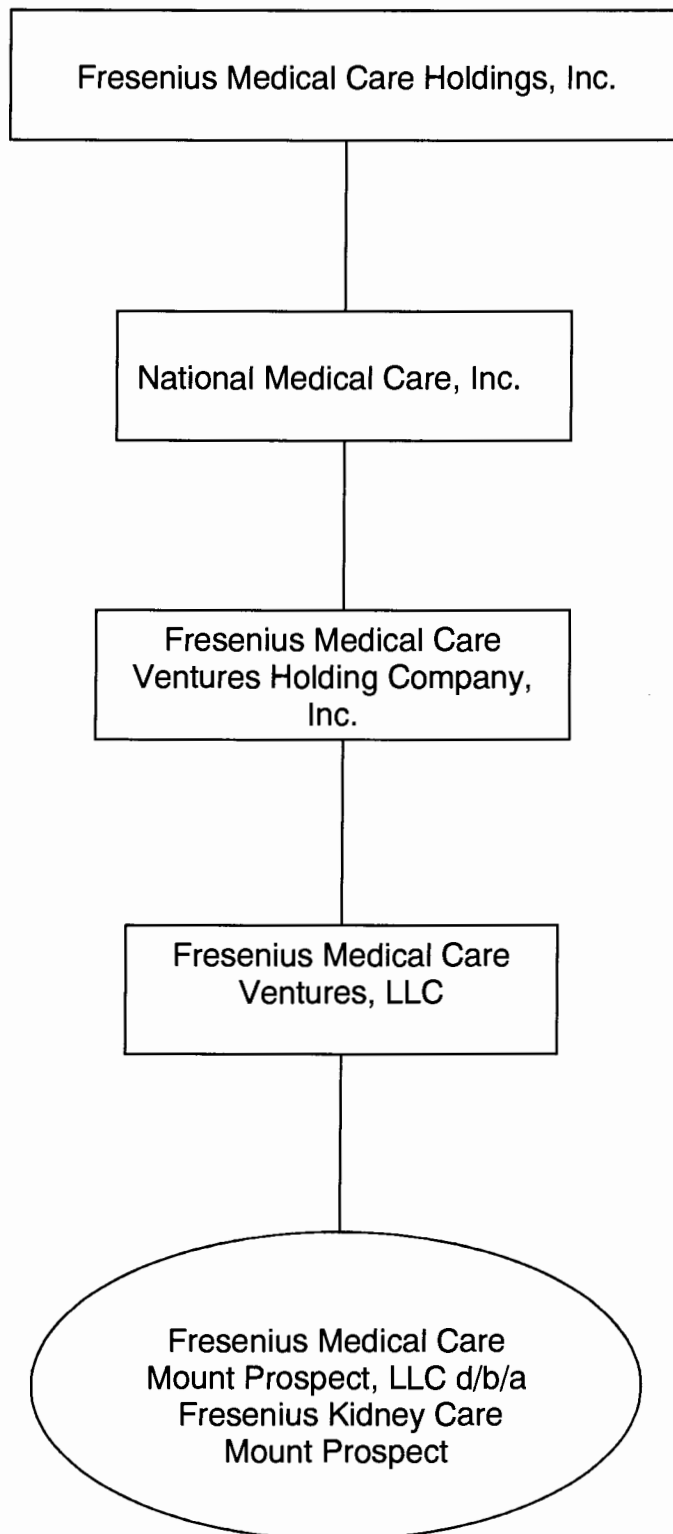
Exact Legal Name: *Fresenius Medical Care Mount Prospect, LLC d/b/a Fresenius Kidney Care Mount Prospect**

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

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

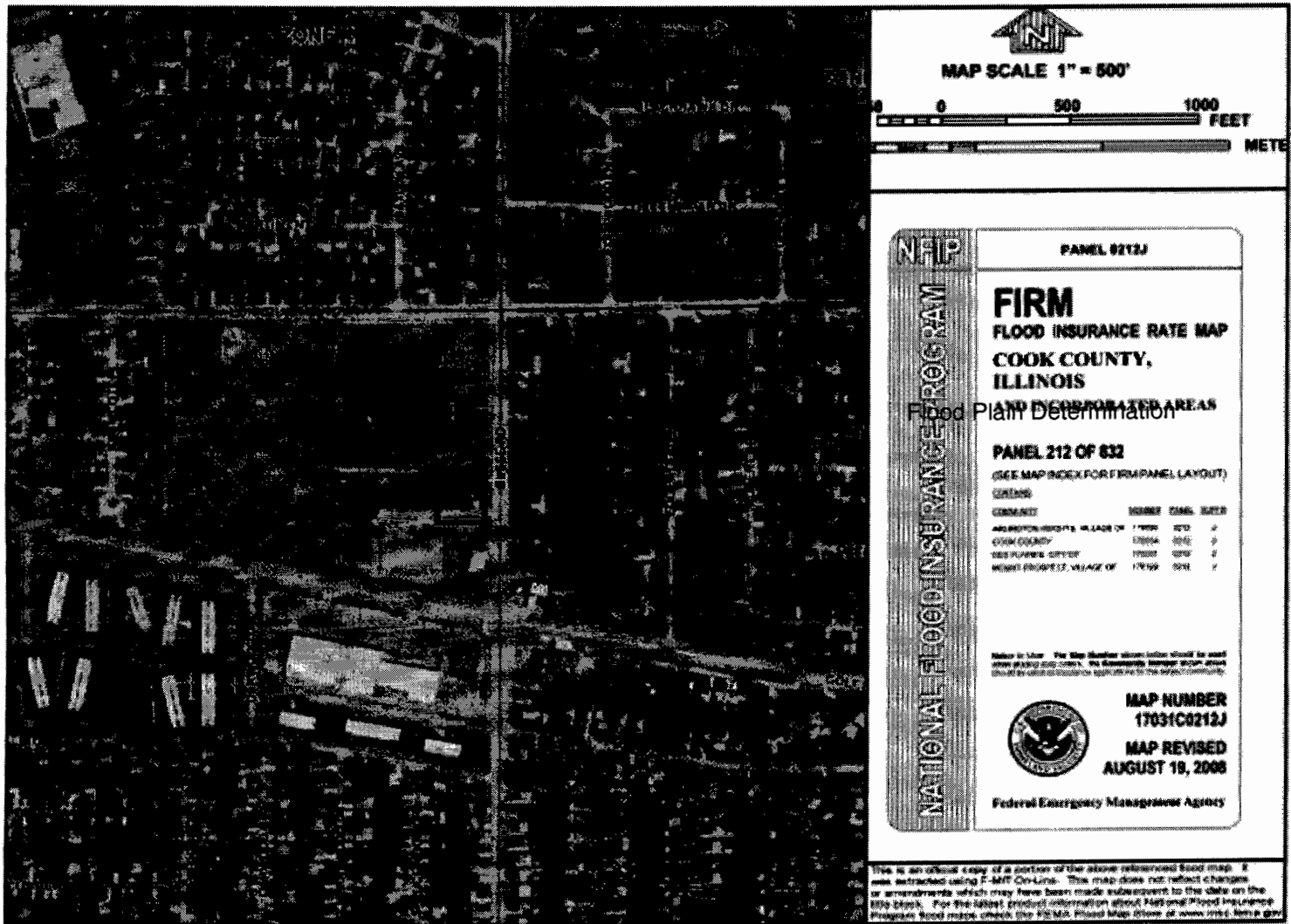
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

***Certificate of Good Standing at Attachment – 1.**



Flood Plain Requirements

The proposed site for the establishment of Fresenius Kidney Care Mount Prospect complies with the requirements of Illinois Executive Order #2005-5. The site, 1710 W. Golf Road, Mount Prospect, is not located in a flood plain.





Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

www.illinoishistory.gov

Cook County

Mt. Prospect

CON - Lease to Establish an 8-Station Dialysis Facility

1710 W. Golf Road

IHPA Log #008121516

January 5, 2017

Lori Wright

Fresenius Kidney Care

3500 Lacey Road

Downers Grove, IL 60515

Dear Ms. Wright:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	45,800
Temp Facilities, Controls, Cleaning, Waste Management	4,700
Concrete	12,200
Masonry	14,500
Metal Fabrications	7,200
Carpentry	84,000
Thermal, Moisture & Fire Protection	17,000
Doors, Frames, Hardware, Glass & Glazing	65,500
Walls, Ceilings, Floors, Painting	154,300
Specialities	11,900
Casework, FI Mats & Window Treatments	5,700
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	305,800
Wiring, Fire Alarm System, Lighting	184,200
Miscellaneous Construction Costs	43,000
Total	\$955,800
Contingencies	\$94,500
Architecture/Engineering Fees	\$102,500
Moveable or Other Equipment	
Dialysis Chairs	20,000
Clinical Furniture & Equipment	25,000
Office Equipment & Other Furniture	25,000
Water Treatment	120,000
TVs & Accessories	20,000
Telephones	15,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	10,000
	\$265,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (5,400 GSF)	640,181
FMV Leased Dialysis Machines	143,250
FMV Leased Office Equipment	13,000
	\$796,431
Grand Total	\$2,214,231

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#14-012	Fresenius Medical Care Gurnee	Relo/Expansion	04/30/2017	Open 3/21/16 awaiting CMS certification letter
#14-026	Fresenius Kidney Care New City	Establishment	09/30/2017	Open 11/02/2016
#14-047	Fresenius Kidney Care Humboldt Park	Establishment	12/31/2016	Opening 02/2017
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016	Open 9/19/2016 awaiting CMS certification letter
#15-028	Fresenius Kidney Care Schaumburg	Establishment	02/28/2017	Obligated/Bidding/Permitting Phase
#15-036	Fresenius Kidney Care Zion	Establishment	06/30/2017	Obligated/Construction Underway
#15-046	Fresenius Kidney Care Beverly Ridge	Establishment	06/30/2017	Obligated/Permitting Phase
#15-050	Fresenius Kidney Care Chicago Heights	Establishment	12/31/2017	Obligated/Construction Underway
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2017	Obligated/Bidding/Permitting Phase
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Lease Negotiations/Space Plans
#16-035	Fresenius Kidney Care Evergreen Park	Relocation	12/31/2017	Obligated/Construction Underway
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/Expansion	12/31/2018	Permitted January 24, 2017

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	\$1,342,651		3,000		3,000		
Total Clinical	\$1,342,651		3,000		3,000		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$871,580		2,400		2,400		
Total Non-clinical	\$871,580		2,400		2,400		
TOTAL	\$2,214,231		5,400		5,400		

Fresenius Kidney Care

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

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

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

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

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

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

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

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

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

Diabetes Care Partnership - Fresenius Kidney Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised \$22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.


**FRESENIUS
MEDICAL CARE**

PATIENTS & FAMILIES HEALTHCARE PROFESSIONALS ABOUT US CAREERS



Follow



Fresenius Kidney Care Tops Government's National Five-Star Quality Ratings

OCTOBER 25, 2016 DARBY

Newly Released Quality Ratings Underscores Fresenius Kidney Care's Clinical Leadership as America's Dialysis Provider of Choice

WALTHAM, Mass. – Oct. 25, 2016 – Fresenius Medical Care North America, the leading provider of kidney care products and services across the continent, announced today that its dialysis services business, Fresenius Kidney Care, achieved the country's largest number of top-rated Five-Star dialysis centers, based on the annual Dialysis Facility Compare Five-Star Quality Rating System issued by the Centers for Medicare and Medicaid Services (CMS).

Based on quality measures gathered within U.S. dialysis centers during the 2015 treatment year, the latest federal government rating shows Fresenius Kidney Care operates the most four- and five-star centers among all major dialysis providers, both in terms of absolute number of clinics and percentage of clinics owned.

"High-quality care is not possible without high-quality people, and I am humbled to work with such a remarkable group of caring individuals who are the life force behind everything we do," said Bill Valle, President of Fresenius Kidney Care. "Each of our employees, physician partners, and medical directors values our patients as family, and we strive to do all we can to help our patients live longer, thriving lives, caring for them the way we would want our own family cared for."

Fresenius Kidney Care's latest Five-Star rating builds on a track record of success. Each year since 2006, the company has helped patients live longer and spend less time in the hospital, improving mortality rates of its dialysis patients and lowering the average time spent in a hospital setting by two-and-a-half days.

Fresenius Medical Care North America is the largest vertically integrated dialysis provider in North America, as well as the largest participant in CMS's Comprehensive End-Stage Renal Disease (ESRD) Care Initiative, the nation's first disease-specific shared savings program, designed to identify, test, and evaluate new ways to improve care for ESRD patients. As a trailblazer in this initiative, Fresenius Medical Care North America operates six ESRD Seamless Care Organizations (ESCOs) across the country—more than any other provider—innovating beyond traditional methods of care delivery with a patient-centric focus that addresses the unique needs of each individual, both in and outside the dialysis center.

"As the leader in kidney care innovation, our mission is to improve the quality of life for every patient, every day, and that means imagining new models of personalized medicine beyond what current policy envisions."

said Dr. Franklin Maddux, Fresenius Medical Care North America's Chief Medical Officer and Executive Vice President of Clinical and Scientific Affairs. "Our Five-Star performance reflects the dedication and clinical excellence of every one of our caregivers, nurses, physician partners, and clinical innovators. We are proud of these results and will strive to continually improve."

About Fresenius Medical Care North America

Fresenius Medical Care North America is the premier health care company focused on providing the highest quality care to people with renal and other chronic conditions. Through its industry-leading network of dialysis centers, outpatient cardiac and vascular labs, and urgent care centers, as well as the continent's largest practice of hospitalist and post-acute providers, Fresenius Medical Care North America provides coordinated health care services at pivotal care points for hundreds of thousands of chronically ill customers. As the world's largest fully vertically integrated renal company, it offers specialty pharmacy and laboratory services, and manufactures and distributes the most comprehensive line of dialysis equipment, disposable products, and renal pharmaceuticals. For more information, visit www.FMCNA.com.

About Fresenius Kidney Care

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to nearly 200,000 people with kidney disease at more than 2,200 dialysis centers nationwide. Fresenius Kidney Care supports people by helping to address both the physical and emotional aspects of kidney disease through personalized care, education, and lifestyle support services so they can lead meaningful and fulfilling lives. Fresenius Kidney Care patients have access to Fresenius Medical Care North America's integrated network of kidney care services, as highlighted above. As a leader in renal care technology, innovation, and clinical research, FMCNA's more than 67,000 employees are dedicated to the mission of delivering superior care that improves the quality of life for people with kidney disease. For more information, visit www.FreseniusKidneyCare.com and like us on Facebook.

Media Contact:

Jon Stone

Jonathan.d.stone@fmc-na.com

Office: 781-699-9704

Cell: 781-392-4680

■ [NEWSROOM HOME, PRESS RELEASES](#) ♦ [CMS, DIALYSIS, FIVE STAR QUALITY RATING, FRESENIUS KIDNEY CARE, FRESENIUS MEDICAL CARE NORTH AMERICA](#)

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Audio: A Personal Story from Hurricane Matthew in North Carolina



End Stage Renal Disease Seamless Care (ESCO) Fact Sheet

1

What is an End Stage Renal Disease Seamless Care Organization, or ESCO?

An ESCO is a partnership between nephrologists and dialysis providers that offers highly coordinated, patient-centered care to assigned Medicare beneficiaries with End Stage Renal Disease (ESRD). By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid inappropriate hospitalizations and help patients move from high-risk to lower-risk on the health care continuum.

ESCOs are designated to provide these services by the Centers for Medicare and Medicaid Services (CMS). To support this model, CMS grants the ESCO special waivers that allow the ESCO to encourage patients to become more actively engaged in their own care. The program follows the Accountable Care Organization (ACO) model and is the nation's first disease-specific shared savings program.

2

Why does Fresenius Medical Care North America (FMCNA) participate in the ESCO program?

Health care is moving toward a value-based system focused on caring for the whole patient, improving efficiencies and reducing costs. FMCNA, operating under the name Fresenius Seamless Care, is making an investment in ESCOs in a very disciplined and thoughtful way because the company believes value-based care is fundamentally important. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance the company places on patients taking an active role in their own care.

3

What makes FMCNA's ESCOs unique?

The cornerstone of the ESCO program for FMCNA is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the Care Navigation Unit can anticipate issues before they arise and help patients respond more quickly when they happen. The Care Navigation Unit has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations.

4

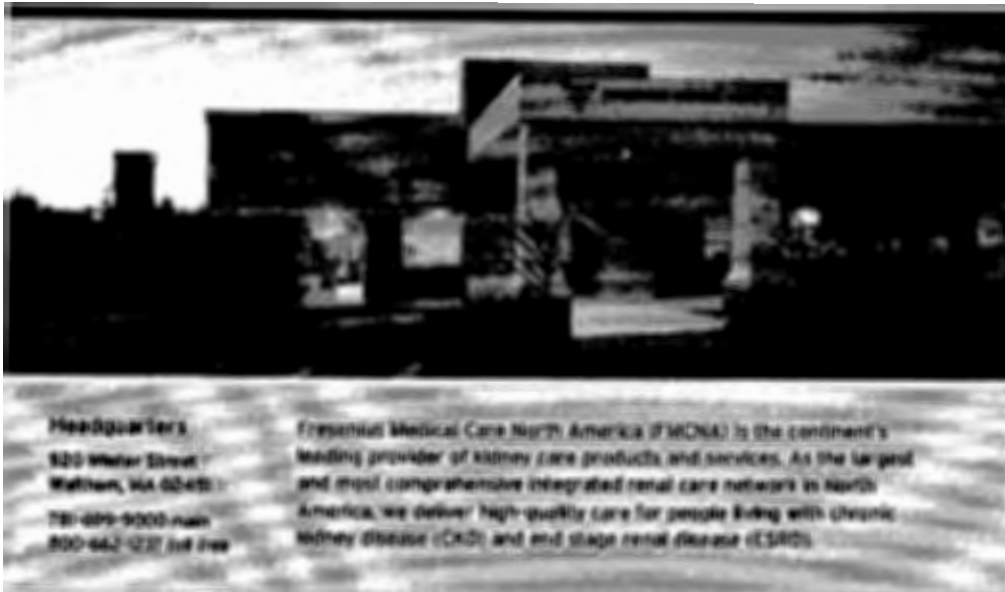
How do patients become part of an ESCO, and what eligibility criteria exists?

CMS will prospectively match eligible beneficiaries to ESCOs through a claims-based process identifying individuals for whom CMS will hold an ESCO clinically and financially accountable. There is not an enrollment process in which beneficiaries sign-up as they would for a managed Medicare plan. Beneficiaries will remain part of the ESCO for the life of the demonstration program, unless they lose eligibility.

Company Fact Sheet



Company Fact Sheet



Headquarters
 520 Weber Street
 Waltham, MA 02450
 781-699-9000 main
 800-642-1237 toll free

Fresenius Medical Care North America (FMCNA) is the continent's leading provider of kidney care products and services. As the largest and most comprehensive integrated renal care network in North America, we deliver high-quality care for people living with chronic kidney disease (CKD) and end stage renal disease (ESRD).

Company Profile

At FMCNA, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for hundreds of thousands of chronically ill people and enhance the lives of those trusted to our care.

Our integrated network includes more than 2,200 dialysis centers nationwide in addition to outpatient vascular labs and urgent care centers; the country's largest practice of hospitalists, intensive and emergency care; a specialty pharmacy and laboratory; and a manufacturing and distribution division offering a comprehensive line of dialysis equipment, disposable products and renal pharmaceuticals. The scope and sophistication of this vertically integrated network provides us with seamless oversight of our patients' entire care continuum.

With an unmatched ability to analyze immense amounts of clinical data from within our own care ecosystem, FMCNA maintains a world-class research network encompassing more than 200 principal investigators across 250 dialysis research sites, with access to more than 183,000 active ESRD patients and 390,000 active CKD patients. The ability to champion data-driven care innovations remains one of the company's key competitive advantages, informing every aspect of patient care and experience, quality improvement programs, coordinated care delivery and care integration.

Together with our 67,000 employees, physicians and trusted business partners, we are driven by our shared commitment to improve the lives of our patients by innovating the next generation of renal care for tomorrow and beyond.

Executive Biographies

Treatment Options Program

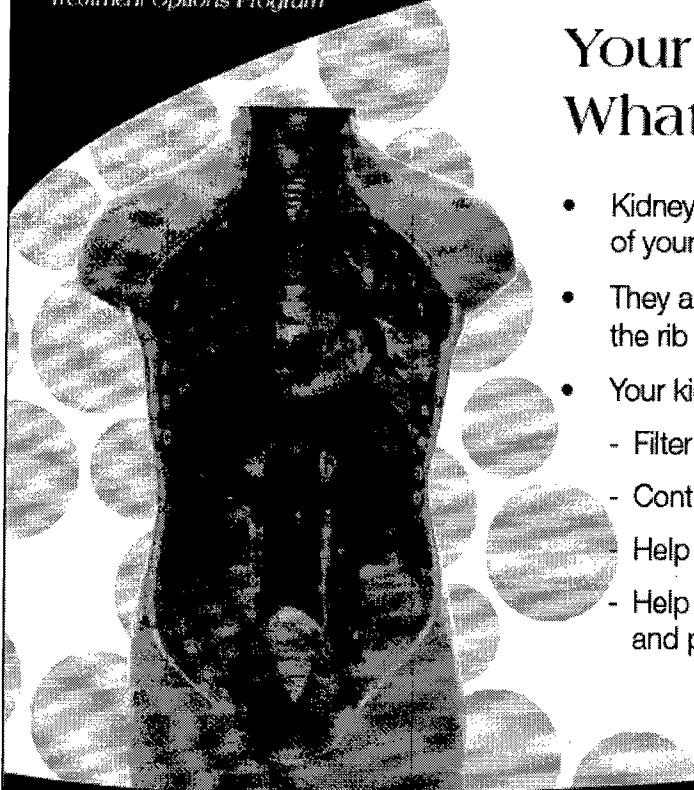
For People with
Chronic Kidney Disease



Welcome to the Treatment Options Program

Over the next hour you will learn:

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by your physician with Chronic Kidney Disease (CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure" and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle

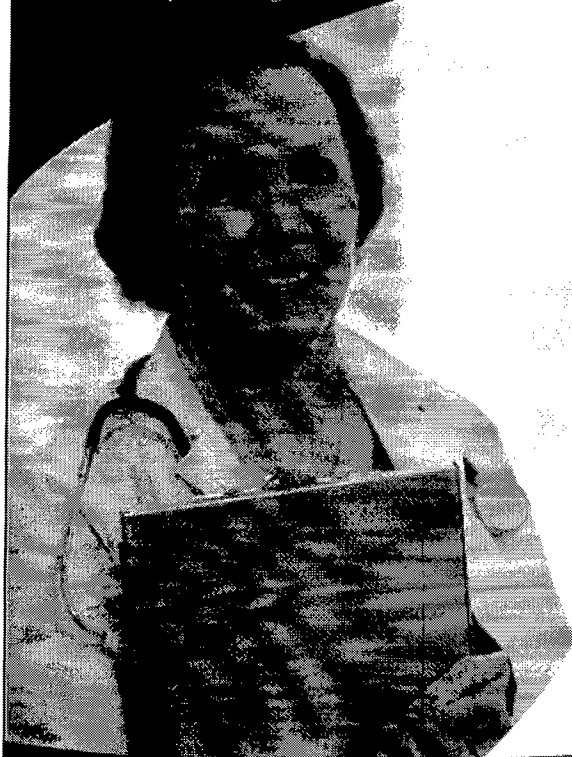


Your Kidneys and What They Do

- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
 - Filter your blood to remove waste and excess fluid;
 - Control the making of red blood cells;
 - Help control blood pressure;
 - Help control the amounts of calcium, potassium, and phosphorus in the body.



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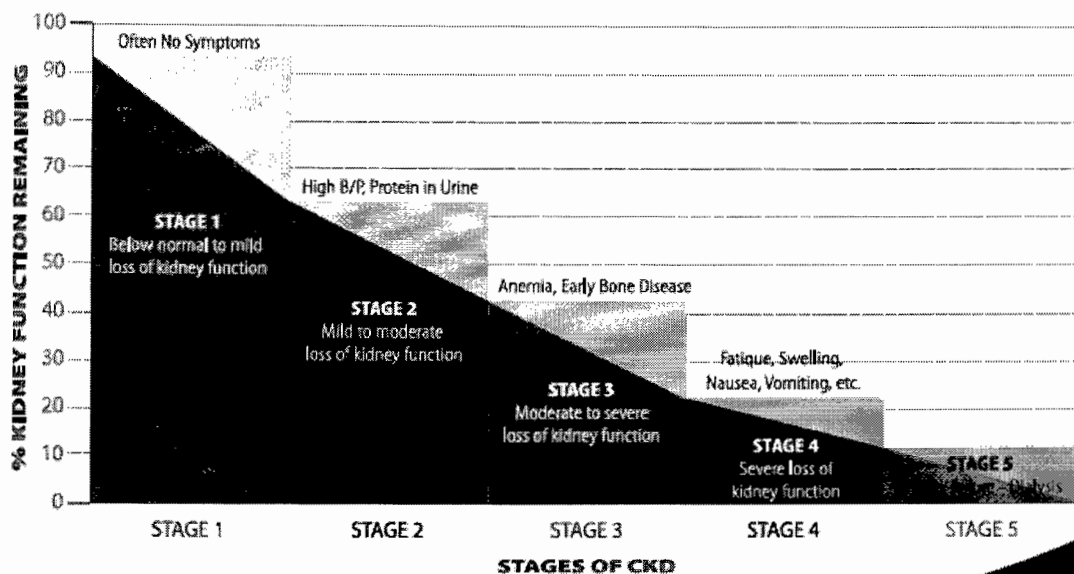
What is Chronic Kidney Disease (CKD)?

CKD is a progressive disease that advances from Stage I through Stage V.

Stage V CKD or End-Stage Renal Disease (ESRD) is commonly referred to as "kidney failure."

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.

The progression of CKD



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Common Causes of Chronic Kidney Disease (CKD):



- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown



What Happens to Your Body with Chronic Kidney Disease?

- Build up of fluid (water) and waste products in your blood
 - Causes swelling and generally not feeling well
- Chemical imbalances
 - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
 - Control your blood pressure
 - Build red blood cells
 - Keep your bones strong



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Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness



If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease*.
- A recent study reported over 358,000 people in the US were on dialysis.
- Roughly 16,000 (or 5%) of these people received a kidney transplant***
- The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation**

* NHANES (1999-2004)

** USRDS (2005 data report)

*** 2007 OPTN/SRTR Annual Report 1997-2006.
HHS/HRSA/HSEB/DOT



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People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.

If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
 - You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
 - Managing your disease well helps determine the quality of your life.
- You have the right not to accept treatment for your kidney failure (ESRD).



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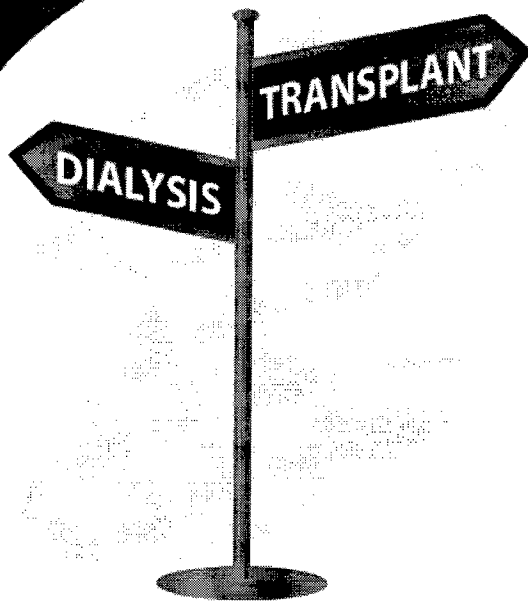
Managing Your CKD

Diet & Medication

- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
 - Control blood pressure
 - Make red blood cells
 - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

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Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the "Gold Standard"
- Kidney Dialysis
Two types of treatments to remove excess fluid and waste from your blood
 - Peritoneal Dialysis (PD)
 - Hemodialysis (HD)



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The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the "Gold Standard" because it is the treatment that comes closest to "normal" kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.



A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.



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Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
 - Living donor:
 - Relatives (usually the closest match)
 - Non-relative (spouse, friend)
 - Non-Living donor:
 - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two





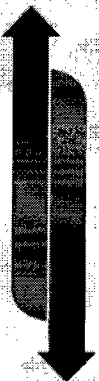
Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
 - Diet
 - Activity
- Watch for signs of potential problems.



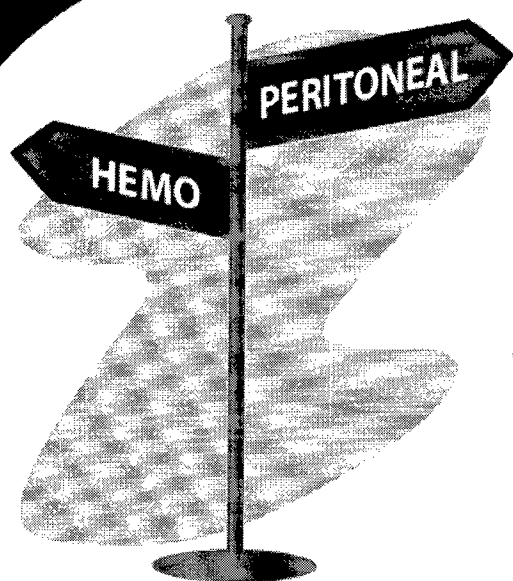
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Kidney Transplant Option

- 
- Closest treatment to "normal" kidney function
 - Fewer dietary and fluid restrictions
 - Allows you to maintain your normal schedule & activities
 - Risks associated with surgery and kidney rejection
 - Daily medications may have side effects and can be costly
 - Must take medications and follow up with physician for life of the kidney
 - May be placed on a waiting list for an extended period of time

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The Dialysis Options

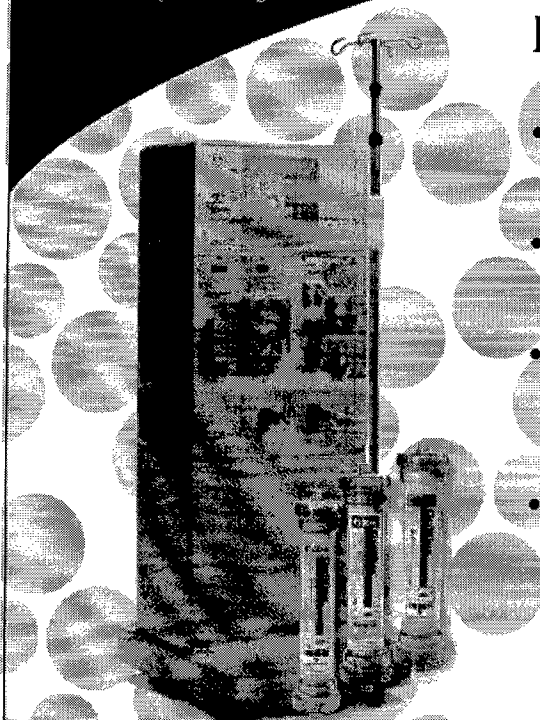


- There are two types of dialysis:
 - Peritoneal dialysis
 - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.



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Hemodialysis



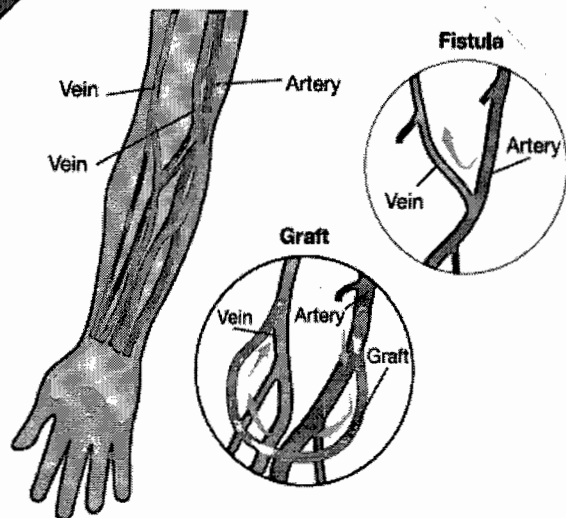
- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time

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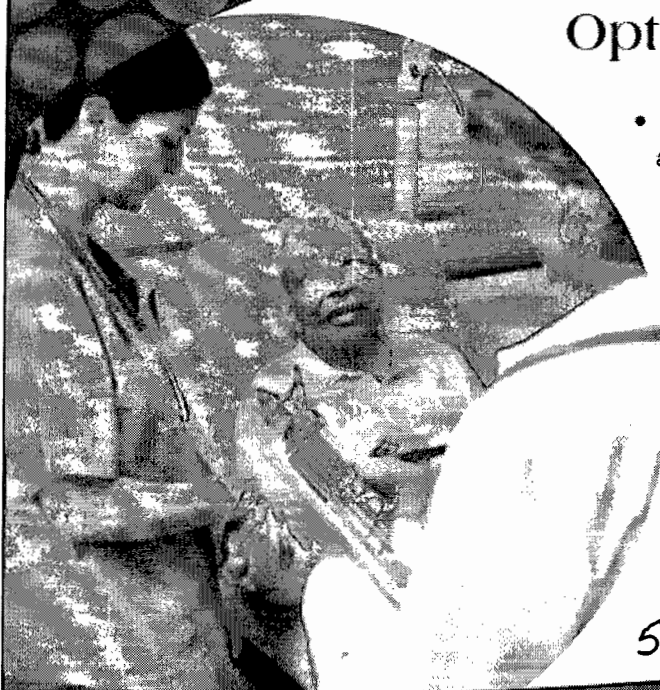
Fresenius Medical Care

Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A **fistula**, the 1st choice, is a surgical connection of your artery and your vein.
- A **graft**, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A **catheter** is a temporary tubing inserted through the skin and sutured into place.

In-Center Hemodialysis Option



- Treatments are done by trained dialysis nurses and technicians.
- You are on a fixed schedule for your treatments, and changes may be difficult.
- You must travel to/from the dialysis center.
- Treatments are usually done 3 times each week.
- No equipment or supplies needed at home.
- Opportunity for regular social interaction with other dialysis patients.
- Treatments usually last 3.5-4.0 hours each.

In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
 - Allows you to work, go to school, or participate in other activities during the day
 - Provides more treatment over a longer period of time
 - Useful when needing to remove large amounts of fluid
 - Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area



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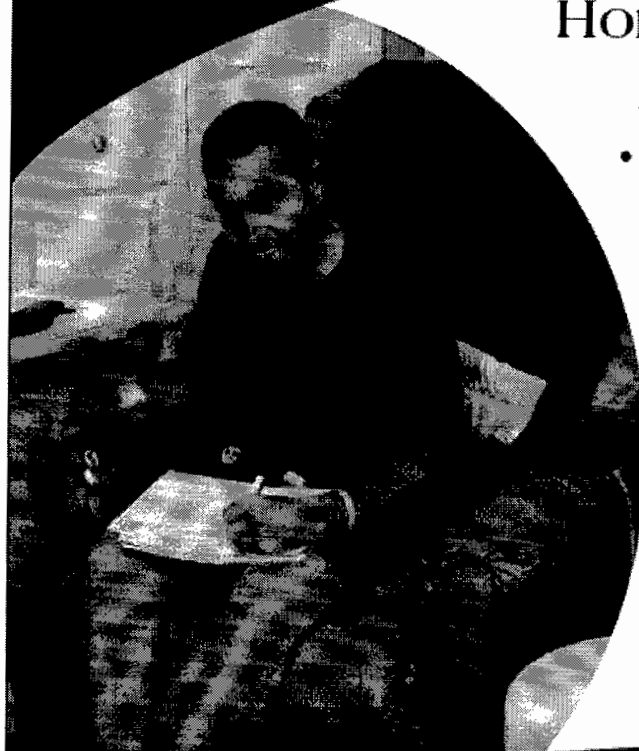
In-Center Hemodialysis Considerations

- Therapy performed by trained clinicians
- No equipment or supplies needed at home
- Opportunity for more frequent social interaction with other dialysis patients
- Patient must travel to the clinic usually 3 times per week
- Patients are on a fixed schedule to receive their therapy



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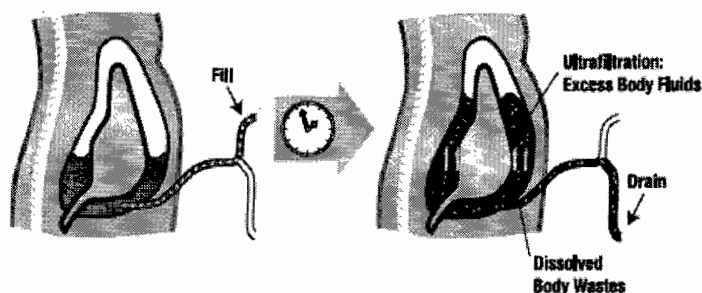
Home Hemodialysis Option

- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center



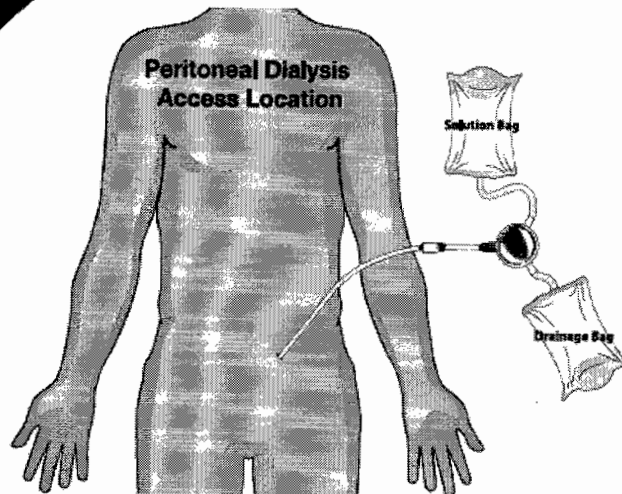
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Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used



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Two types of PD



1. Continuous Ambulatory Peritoneal Dialysis (CAPD)

- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange



Two types of PD

2. Continuous Cycling Peritoneal Dialysis (CCPD)

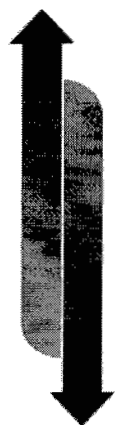
- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime



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Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
- More flexible dialysis treatment schedule
- Allows independence and a more normal (working) lifestyle
- Gentle treatment more like "normal" kidney function
- A bloodless form of treatment with no needles required



- Treatment needs to be performed every day
- Risk of infection
- External catheter
- Need storage space in home for supplies
- Larger people may need to do more exchanges

Dialysis Options Comparison

Advantages	IN-CENTER		HOME	
	HD	NHD	HD	PD
Treatment Time Flexibility			✓	✓
Treatment Location Flexibility			✓	✓
Treatment Duration Flexibility				✓
Reduced Clinic Visit Time			✓	✓
Reduced Clinic Travel Time			✓	✓
Reduced Clinic Travel Costs			✓	✓
No treatment partner needed	✓	✓		✓
Greater Privacy			✓	✓
Greater Social Interaction with Other Dialysis Patients	✓			

Advantages	IN-CENTER		HOME	
	HD	NHD	HD	PD
Perform treatments during nightly sleep		✓	✓	✓
Improved availability during work hours		✓	✓	✓
Bloodless access				✓
More Independent Lifestyle			✓	✓
Greater treatment supervision	✓	✓		
No supply delivery & storage needs	✓	✓		
No routine needle sticks				✓
Greater Travel options				✓
No additional electrical/plumbing	✓	✓		✓

Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.

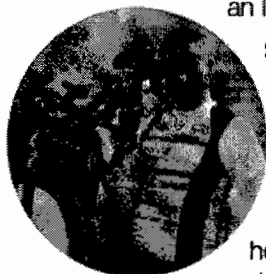


Fresenius Medical Care

People Like You

Shad Ireland's kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.



Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

Mickey Sledge developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

Lori Hartwell, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	-	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care Mount Prospect, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Mount Prospect, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

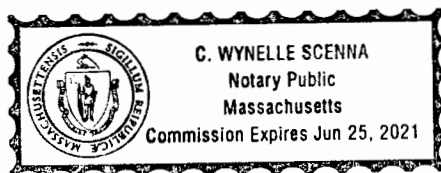
In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this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

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

C Wynelle Scenna
Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

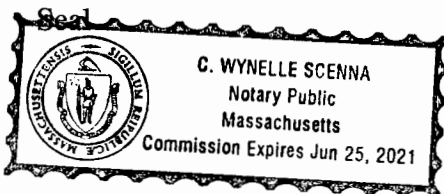
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By: Bryan Mello
ITS: Bryan Mello
Assistant Treasurer

By: Maria T. C. Notar
ITS: Maria T. C. Notar
Assistant Treasurer

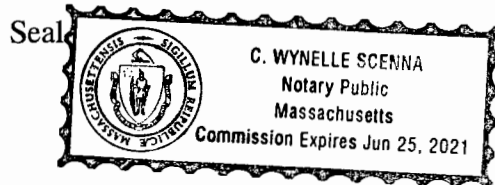
Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

C Wynelle Scenna
Signature of Notary



Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

C Wynelle Scenna
Signature of Notary



Criterion 1110.230 – Purpose of Project

The purpose of this project is to encourage home dialysis (which provides better patient outcomes and lowers healthcare costs (home dialysis is less costly than in-center hemodialysis), provide chronic renal in-center dialysis and to improve patient outcomes for both home and in-center patients. The Fresenius Mount Prospect facility will be unique in that it will provide dual modalities on one treatment floor - Intermittent Peritoneal Dialysis (IPD) alongside an 8 station in-center hemodialysis treatment floor. IPD is a staff assisted peritoneal dialysis (PD) modality and PD is generally considered a home dialysis treatment. This facility will allow patients to begin dialysis on PD and at the same time a permanent vascular access (VA) for chronic hemodialysis will be established and given time to heal. The patient will undergo IPD in-center and receive education on home PD. This process avoids the use of a central venous catheter (CVA) in the patient's neck which increases likelihood of infection, hospitalizations and morbidity. It also introduces the patient to PD, which encourages home dialysis. The ultimate goal is to bring about a greater awareness of home therapies and have the patient choose PD at home, which results in better patient outcomes, rather than the patient continuing with in-center hemodialysis. For those who choose in-center hemodialysis, they will avoid the risks associated with CVA use.

This facility will serve northern Cook County in HSA 7. Specifically the Mount Prospect area.

Dr. Tanna currently utilizes IPD at the Fresenius Palatine facility where he serves as Medical Director, however that facility is limited on the space it has to treat IPD patients and thus limits his ability to provide this service that produces better outcomes for his patients. (See IPD information on following pages).

The establishment of the 8-station Fresenius Kidney Care Mount Prospect facility, including IPD services, will reduce the use of the CVA and promote peritoneal dialysis or home dialysis thereby increasing patient outcomes. For those choosing PD, Fresenius will establish a home therapies clinic in adjacent space. The Mount Prospect facility will also provide continuity of care for those patients who decide not to remain on PD and convert to in-center hemodialysis in the same familiar setting.

The goal of Fresenius Kidney Care is to provide area patients with a program that will encourage home dialysis and decrease the use of the central venous catheter, thereby reducing hospitalizations and increasing patient mortality. Studies have shown that initiating "urgent start" IPD method of dialysis results in better outcomes. Studies also show that patients who utilize PD for their treatment have better outcomes than those on in-center hemodialysis.

Fresenius Palatine, where Dr. Tanna is Medical Director has had exceptional average quality outcomes and the same or better is expected of the proposed Mount Prospect facility as listed below:

- 97% of patients had a URR $\geq$ 65%
- 98% of patients had a Kt/V $\geq$ 1.2

(Demographic data contained in the application was taken from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Clinic utilization from HFSRB and patient data from Nephrology Associates of Northern Illinois.)

Urgent-start peritoneal dialysis reduces infections, boosts survival rates

A protocol for urgent-start peritoneal dialysis results in less blood stream infections and appears to reduce mortality when compared to urgent-start hemodialysis, according to research presented at the National Kidney Foundation's 2015 Spring Clinical Meetings/p>

STAFF — MARCH 30, 2015

📷 <photocredit>iStockphoto</photocredit>



A protocol for urgent-start peritoneal dialysis results in less blood stream infections and appears to reduce mortality when compared to urgent-start hemodialysis, according to research presented at the National Kidney Foundation's 2015 Spring Clinical Meetings in Dallas.

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Purpose – Urgent Start IPD Information

ATTACHMENT 12

Most patients who present with end-stage renal disease in the emergency room are given urgent-start hemodialysis with a central venous catheter. However, researchers at the University of Southern California hypothesized that allowing patients the option of starting with peritoneal dialysis could improve long-range outcomes.

"In general, the overall outcomes for urgent-start PD patients are no different than patients who do traditional, planned PD and hemodialysis in terms of infection rates and outcomes," said lead researcher Arshia Ghaffari, MD, Assistant Clinical Professor of Medicine, USC Division of Nephrology. "We were also surprised that we didn't see the rate of complications we thought we would have in these urgent-start PD patients."

Related articles:

The role for nursing in the increasing use of urgent peritoneal dialysis

PD takes a big jump in 2014, while HHD shows progress

To motivate patients on peritoneal dialysis, first motivate staff

Defining key elements in promoting peritoneal dialysis to patients

The research is based on 161 dialysis patients, of which 46 were urgent-start PD patients. Those who had urgent-start hemodialysis with a central venous catheter had a 43% higher hospitalization rate and had 4.3 times higher rates of adjusted catheter-related bacteremia, compared to urgent-start PD patients. There was also a statistically significant reduction in mortality for those on urgent-start PD compared to urgent-start hemodialysis with a central venous catheter.

"I worked at a county hospital where I regularly saw patients crashing into dialysis without a plan," said Ghaffari.

"Most are put on hemodialysis because there is infrastructure for that modality, but this research shows that urgent-start dialysis patients should be given a choice for their treatment."

Urgent-start PD patients had similar rates of infection and hospitalization when compared to patients who had planned to go on hemodialysis or peritoneal dialysis.

"Many studies indicate better clinical outcomes for those on PD, and many PD patients report feeling better and having more energy for daily tasks," said Kerry Willis, PhD, Chief Scientific Officer, National Kidney Foundation. "This new protocol appears to offer ESRD patients a safer dialysis choice, even in an urgent-start situation. It would be great to see this study replicated in other centers."



National Kidney Foundation®

URGENT-START PERITONEAL DIALYSIS REDUCES INFECTIONS, BOOSTS SURVIVAL RATES

Dallas, TX – A protocol for urgent-start peritoneal dialysis results in less blood stream infections and appears to reduce mortality when compared to urgent-start hemodialysis, according to research presented at the National Kidney Foundation's 2015 Spring Clinical Meetings in Dallas, TX.

Most patients who present with end-stage renal disease in the emergency room are given urgent-start hemodialysis with a central venous catheter. However, researchers at the University of Southern California hypothesized that allowing patients the option of starting with peritoneal dialysis (PD) could improve long-range outcomes.

"In general, the overall outcomes for urgent-start PD patients are no different than patients who start planned PD or planned hemodialysis (HD)" said lead researcher Arshia Ghaffari, DO, Assistant Clinical Professor of Medicine at the Keck School of Medicine of USC Division of Nephrology. "We were also pleased to see we didn't see a higher rate of complications, such as peritonitis, that we thought we might have in these urgent-start PD patients."

The research (https://www.kidney.org/sites/default/files/r-PD%20Fast%20Start%20SCM15_Ghaffari_Urgent_469.pdf) is based on 161 dialysis patients, of which 46 were urgent-start PD patients. Those who had urgent-start hemodialysis with a central venous catheter had a 43% higher hospitalization rate, 4 times higher adjusted rate of catheter-related bacteremia, and 66% higher number of dialysis access procedures compared to urgent-start PD patients. It appeared that the urgent-start PD patient had a lower rate of mortality and technique failure as well.

"I work at a county hospital where I regularly see patients crashing into dialysis without a plan," said Dr. Ghaffari. "Previously, almost all were placed on hemodialysis because there is a better developed infrastructure for that modality, but this research shows that urgent-start dialysis patients should be given a choice for their treatment."

Urgent-start PD patients had similar rates of infection and hospitalization when compared to patients who had planned to go on hemodialysis or peritoneal dialysis.

"Many studies indicate better clinical outcomes for those on PD, and many PD patients report feeling better and having more energy for daily tasks," said Kerry Willis, PhD, Chief Scientific Officer, National Kidney Foundation. "This new protocol appears to offer ESRD patients a safer dialysis choice, even in an urgent-start situation. It would be great to see this study replicated in other centers."

The **National Kidney Foundation** is the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk. For more information, visit www.kidney.org (<http://www.kidney.org/>).

Publication Date

Thursday, March 26, 2015

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Urgent-Start Peritoneal Dialysis: A Viable Option for Kidney Failure

Technique helps avoid hemodialysis catheter complications

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By Leslie Wong, MD; Sheru Kansal, MD; and Dustin Thompson, MD

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Patients with end-stage renal disease (ESRD) who present to the hospital and require urgent initiation of dialysis (defined as the need for dialysis within two weeks of presentation) almost always begin treatment with a central venous hemodialysis catheter.

Use of central venous hemodialysis catheters is strongly associated with bloodstream infection and reduced survival in ESRD. Despite these known risks, there is usually no alternative to a central venous catheter and hemodialysis in this setting.

PD Averts Infection Risk but Normally Requires Wait

Peritoneal dialysis (PD) is a viable but underutilized treatment for patients who require urgent initiation of dialysis. Unlike hemodialysis, PD does not involve use of a central venous catheter and is largely free of risk for bloodstream infection.

PD is performed by inserting a silicone PD catheter into the abdominal cavity, where a sterile dialysis solution is instilled and drained to remove waste products and excess fluid via ultrafiltration across the peritoneal membrane.

Traditionally, a minimum wait period of two weeks after PD catheter insertion is required to allow healing of the catheter exit site to avoid dialysis fluid leakage and infection. The availability of operators skilled or interested in placing PD catheters is limited.

The wait requirement to start dialysis and the lack of support for timely PD catheter insertion at many hospitals have discouraged PD use despite its potential to avoid bloodstream infection.

Urgent-Start PD Is Promising but Faces Barriers

Recently, a modified technique known as urgent-start PD has gained interest in the United States as a means to break the cycle of reliance on central venous hemodialysis catheters to treat ESRD patients who require unplanned dialysis initiation.

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Urgent-start PD involves the timely placement of a PD catheter instead of a hemodialysis catheter, followed by supine, low-volume PD to reduce the risk of dialysis fluid leakage and complications.

This approach has been employed in Europe for many years and has recently been successfully adopted by some U.S. centers. Widespread adoption of urgent-start PD is limited, however, by infrastructure barriers and lack of experience with and knowledge about PD at many institutions.

Led by nephrologists at Cleveland Clinic, a multidisciplinary task force was created that included interventional radiology, surgery and nursing stakeholders interested in reducing the use of central venous hemodialysis catheters for ESRD patients.

Using established best practices in PD catheter placement and dialysis care as guidelines, the task force created a protocol to identify and educate patients and provide them with the option of urgent-start PD instead of default hemodialysis via a central venous catheter.

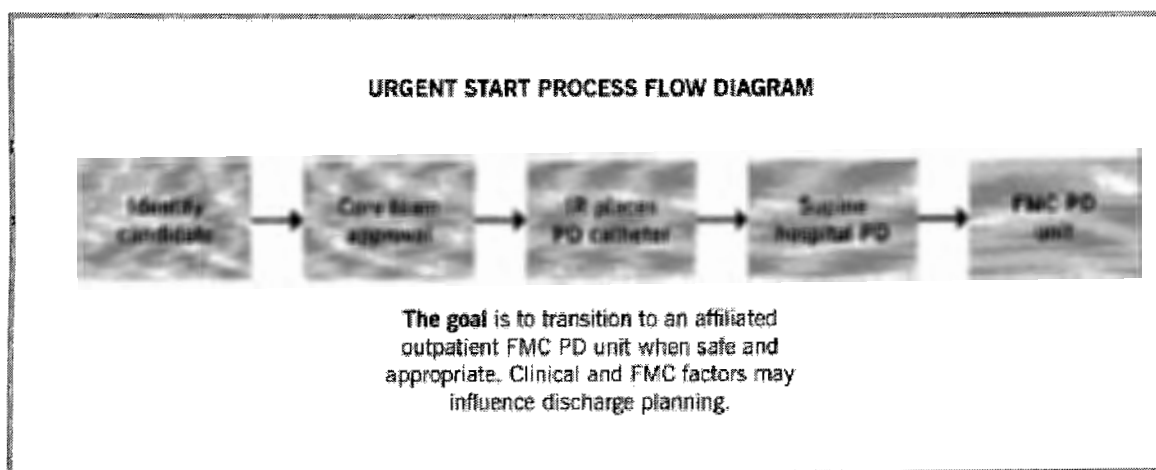


Figure 1. Diagram illustrating Cleveland Clinic's urgent-start PD program process flow.

This protocol includes clear steps that outline the process of referral, patient selection and communication between different caregiver teams. Additionally, the protocol includes explicit roles and responsibilities for interventional radiologists and surgeons involved in PD catheter placement and care. Order sets and a visual urgent-start PD guide were developed to facilitate education and understanding by nursing staff and physicians about the desired process of care.

PD nurses from Fresenius Medical Care (FMC), a national dialysis provider affiliated with Cleveland Clinic, were given hospital vendor privileges to facilitate planning for transitioning patients from the hospital to the outpatient PD setting in a safe and appropriate manner.

A Defined Protocol for Urgent-Start PD Care

Instead of relying on central venous catheters, patients needing urgent dialysis who meet defined selection criteria can now be offered urgent-start PD.

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Candidate patients are identified and referred to a core team of expert physicians and nurses for evaluation. If the patient has no contraindications, the core team approves initiation of the urgent-start PD protocol. Specialists in interventional radiology place the PD catheter, and a standard supine PD prescription and exit site care pathway are implemented. Patients and their families receive additional education and support to help them adjust to dialysis.



Figure 2. Interventional radiologist Dustin Thompson, MD, demonstrates PD catheter placement on a training model.

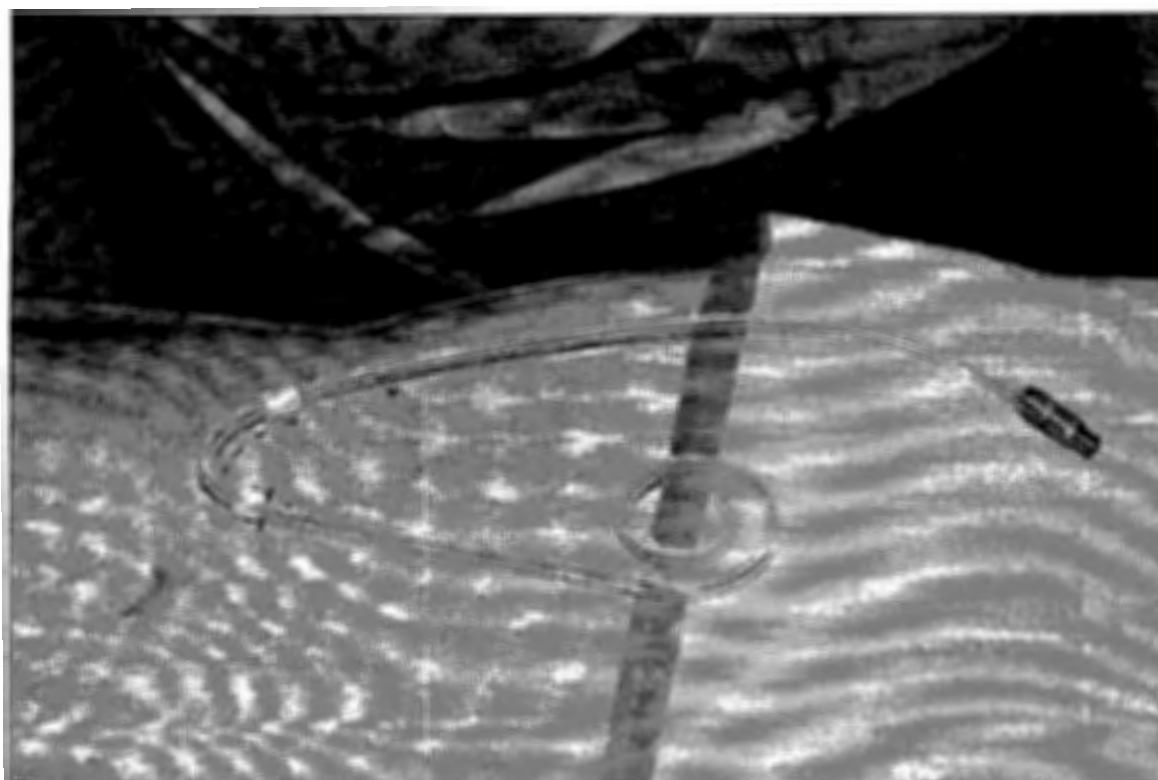


Figure 3. PD catheter prior to insertion into the abdominal cavity. Note the stenciled markings placed by the interventional radiologist to ensure proper catheter and exit site location.

72

If the PD catheter malfunctions, the surgical service is consulted for timely revision. After patients have been stabilized, they are discharged to an affiliated FMC dialysis unit to continue urgent-start PD treatment until the PD catheter site has healed sufficiently for standard home dialysis training.

We recently implemented the Cleveland Clinic urgent-start PD program and created a PD research registry to track patient outcomes. Our experience suggests that through a dedicated multidisciplinary approach, efforts to promote PD in appropriate patients will help reduce use of central venous hemodialysis catheters and their associated complications.

Dr. Wong is a staff member of Cleveland Clinic Glickman Urological & Kidney Institute's Department of Nephrology and Hypertension.

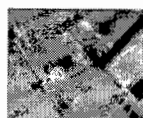
Dr. Kansal is a staff member of the Department of Nephrology and Hypertension. Dr. Thompson is an associate staff member of Cleveland Clinic's Department of Diagnostic Radiology.

Jun. 24, 2015 / Urology & Nephrology / Nephrology

Tags: dialysis, dustin thompson, kidney failure, leslie wong, sheru kansal

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PERITONEAL DIALYSIS: WHAT YOU NEED TO KNOW

Before dialysis was available, total kidney failure meant death. Today, people with kidney failure can live because of treatments such as dialysis and kidney transplant.

What is dialysis?

Dialysis is a way of cleaning your blood when your kidneys can no longer do the job. It gets rid of your body's wastes, extra salt and water, and helps to control your blood pressure.

Are there different types of dialysis?

There are two kinds of dialysis. In hemodialysis, blood is pumped out of your body to an artificial kidney machine, and returned to your body by tubes that connect you to the machine. In peritoneal dialysis, the inside lining of your own belly acts as a natural filter. Wastes are taken out by means of a cleansing fluid called dialysate, which is washed in and out of your belly in cycles.

How does peritoneal dialysis work?

A soft plastic tube (catheter) is placed in your belly by surgery. A sterile cleansing fluid is put into your belly through this catheter. After the filtering process is finished, the fluid leaves your body through the catheter.

There are two kinds of peritoneal dialysis:

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Automated Peritoneal Dialysis (APD)

The basic treatment is the same for each. However, the number of treatments and the way the treatments are done make each method different.

CAPD is "continuous," machine-free and done while you go about your normal activities such as work or school. You do the treatment by placing about two quarts of cleansing fluid into your belly and later draining it. This is done by hooking up a plastic bag of cleansing fluid to the tube in your belly. Raising the plastic bag to shoulder level causes gravity to pull the fluid into your belly. When empty, the plastic bag is removed and thrown away.

When an exchange (putting in and taking out the fluid) is finished, the fluid (which now has wastes removed from your blood) is drained from your belly and thrown away. This process usually is done three, four or five times in a 24-hour period while you are awake during normal activities. Each exchange takes about 30 to 40 minutes. Some patients like to do their exchanges at mealtimes and at bedtime.

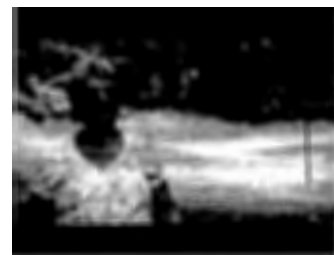
APD differs from CAPD in that a machine (cycler) delivers and then drains the cleansing fluid for you. The treatment usually is done at night while you sleep.

What kind of peritoneal dialysis is best?

The type of peritoneal dialysis that is best for you depends on your personal choice and your medical condition. Your doctor will help you to choose the one that is best for you.

What are the pros and cons about being on peritoneal dialysis?

Some doctors feel that CAPD and APD have several benefits when compared to hemodialysis. With continuous dialysis, you can control extra fluid more easily, and this may reduce stress on the heart and blood vessels. You are able to eat more and use fewer medications. You can do more of your daily activities and it is easier to work or travel.



([https://www.youtube.com/watch?](https://www.youtube.com/watch?v=kBX4bD10MXM)

[v=kBX4bD10MXM](https://www.youtube.com/watch?v=kBX4bD10MXM))

However, there are some people for whom peritoneal dialysis may not be appropriate. The abdomen or belly of some people, particularly those who are morbidly obese or those with multiple prior abdominal surgeries, may make peritoneal dialysis treatments difficult or impossible. Peritonitis (infection of abdomen) is an occasional complication although should be infrequent with appropriate precautions. When making a decision about the type of treatment, you should take into consideration that peritoneal dialysis is usually a daily process, similar to the working of the kidney and may be more gentle with fluid removal from the body. Peritoneal dialysis is an effective form of dialysis, has been proven to be as good as hemodialysis.

Peritoneal dialysis is not for everyone. People must receive training and be able to perform correctly each of the steps of the treatment. A trained helper may also be used.

How are treatments paid for?

All types of dialysis are expensive, but, for most patients, the federal government now pays 80 percent of all dialysis charges, while private insurance or state medical assistance pays the rest.

Alternatives

1) All Alternatives

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

The alternative of doing nothing would limit Dr. Tanna's ability to initiate patient's dialysis treatment utilizing the Urgent Start IPD method of dialysis since the Fresenius Palatine facility has limited space for IPD and is operating at 93% utilization, thereby hampering the possibility of better patient outcomes through IPD. Doing nothing will also hamper Dr. Tanna's desire to increase the number of patients choosing home dialysis and thereby better patient outcomes.

The only project of a lesser cost would be to establish a clinic providing only IPD services which does not fall under Board review. This alternative was not considered because providing dual therapies, (IPD alongside in-center hemodialysis) will allow patients who wish to switch to in-center hemodialysis, once their vascular access in their arm is healed, continuity of care in the same familiar surroundings and staff. Providing IPD alongside in-center hemodialysis will also encourage the patients to consider home dialysis which has better patient outcomes and is less expensive.

B. Pursuing a joint venture or similar arrangement

This facility will likely be a joint venture between Fresenius and physicians at Nephrology Associates of Northern Illinois (NANI). As the largest nephrology practice in Illinois, they currently have 85 physicians and 14 PA/NP practicing in northeast Illinois and northwest Indiana. Fresenius and dedicated NANI physicians have partnered on many facilities in the Chicago area to bring exceptional quality and continuity of care to thousands of dialysis patients.

C. Utilizing other health care resources

NANI physicians currently serve as medical directors and admit patients to many of the facilities considered to be within 30 minutes normal travel time of the Mount Prospect site and will continue to do so as these facilities grow to capacity. Specifically Dr. Tanna is the Medical Director of the Fresenius Palatine facility which is operating at 93% utilization as of December 2016. He also currently treats 25 home dialysis patients. While there may be some access at area clinics, not all clinics or Medical Directors desire or have room for IPD services or are certified for them. Continuity of care will be offered if Dr. Tanna serves as the Medical Director of the facility where he proposes to utilize the dual modality treatment floor. There is no cost to utilizing area providers.

- An ideal site for providing IPD services alongside in-center hemodialysis was determined to be in Mount Prospect where Dr. Tanna sees a large number of chronic kidney disease patients. It is also not far from the Palatine market and could accommodate Mount Prospect in-center hemodialysis patients who might otherwise be referred to the over-utilized Fresenius Palatine facility. A home therapies department will be established in adjacent space which will allow continuity of care for those patients who remain on PD or home therapies. The cost of this project is \$2,214,231.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Do Nothing	\$0	Patient access to IPD services leading to better outcomes will decline. The opportunity to provide increased awareness of home therapies will be denied.	Fresenius patients would maintain the same high quality outcomes however, higher outcomes would likely be seen with IPD services as well as patients choosing home therapies.	There is no financial cost to doing nothing but, cost is to the patients who will not be offered IPD services. Healthcare costs are higher with increased use of CVAs.
Joint Venture	\$2,214,231	This facility will be a joint venture with the NANI physicians. Fresenius maintains majority ownership and control of its joint ventures. The total project costs would be shared between Fresenius Kidney Care and the physicians.		
Utilize Area Providers	\$0	NANI physicians are currently medical directors of and admit to many of the area facilities. However, IPD services are not offered at area facilities.	Quality at the Fresenius clinics would remain the same.	No financial cost to Fresenius Kidney Care Cost would be to patients who will not have access to IPD services combined with in-center hemodialysis services. Healthcare costs are higher with increased use of CVAs.
Establish Fresenius Kidney Care Mount Prospect	\$2,214,231	Access to combined in-center hemodialysis and IPD services will be maintained for years to come increasing patient outcomes and fostering greater awareness of home therapies which also results in better patient outcomes over hemodialysis.	Patient clinic quality would improve with less patients using a CVA for treatment. Further, patient quality would continue to improve as more patients choose home dialysis. Patient satisfaction and quality of life will improve with better outcomes and continuity of care.	The cost is to only to Fresenius Kidney Care and the NANI physicians who proposing this project to reduce CVA use, increase patient outcomes and promote home dialysis which will result in lower healthcare costs.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Also, studies have shown Urgent Start IPD results in better patient outcomes. Patients at Fresenius Palatine, where Dr. Tanna is the Medical Director have achieved average adequacy outcomes of:

- 97% of patients had a URR $\geq$ 65%
- 98% of patients had a Kt/V $\geq$ 1.2

and the same or higher is expected for Fresenius Kidney Care Mount Prospect.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	3,000 (8 Stations)	3,600 – 5,200 BGSF	None	Yes
Non-clinical	2,400	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 3,600 – 5,200 BGSF. The proposed 3,000 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A New Facility		80%	No
YEAR 1	IN-CENTER HEMODIALYSIS		38%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		80%	80%	Yes

Dr. Tanna, the referring physician, and his practice have 149 pre-ESRD patients who live in the vicinity of Mount Prospect who are expected to require dialysis services in the first two years the Mount Prospect facility is open. Due to patient attrition it is expected 104 will require dialysis services during that time. It is unknown at this time which or how many of these patients will choose the Urgent Start IPD services at the Mount Prospect facility or how many will be good candidates to go on to home therapies, however there are ample number of patients to utilize the minimal 8 chronic renal dialysis stations at the proposed facility to bring it to 80% utilization within 2 years operation time.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Kidney Care Mount Prospect dialysis facility is located in Mount Prospect in HSA 7. HSA 7 is comprised of suburban Cook County and DuPage County. According to the December 2016 Inventory there is a need for an additional 23 stations in this HSA.

2. Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis utilizing the Urgent Start IPD method of treatment initiation that results in improved patient outcomes. The facility will serve the Mount Prospect area in northern Cook County, HSA 7.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Kidney Care Woodridge	
DuPage	7	149* Pts.	100%

*Of the total 149 patients identified, it is expected that 104 would actually begin dialysis during the first two years of operation of the Mount Prospect facility.

Manish Tanna, M.D., F.A.S.N., F.A.C.P.**Tina Han, M.D.****Venkata Raju Behara, M.D.****Andrew Peck, M.D.****Evgueni M. Minev, M.D.**

January 23, 2017

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

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) and am the Medical Director of the Fresenius Palatine facility. This facility is nearing capacity and thus does not allow me the ability to promote home dialysis options by initiating Urgent Start IPD.

Urgent Start refers to a dialysis program that allows patients to start dialysis with a permanent vascular access rather than a central venous catheter, which is associated with higher morbidity and mortality. Specifically, patients in the urgent start program start dialysis with a peritoneal dialysis catheter. Patients in the Urgent Start program receive their peritoneal dialysis in the dialysis center for the initial weeks of dialysis initiation. Patients can choose to continue home dialysis with a peritoneal dialysis catheter or switch to in-center hemodialysis when their permanent venous access is mature.

The Urgent Start program allows our practice to reduce our rates of central venous catheter use. This improves the likelihood that patients will avoid hospitalization and remain as healthy as possible.

This is the program that we are currently utilizing successfully at our Fresenius Palatine facility and we need to increase patient access to this program as we are reaching capacity.

I am pleased that our program is generating successful outcomes translating into better healthcare for our patients.

Here are the statistics regarding our practice:

We were treating 197 hemodialysis patients at the end of 2014, 192 patients at the end of 2014, and 192 at the end of 2016 as reported to The Renal Network. Over the past twelve months we have referred 59 new hemodialysis patients for services. I also currently have 32 home dialysis patients I see at the Palatine facility.

We currently have 149 pre-ESRD patients in our practice that live in the zip codes surrounding the Mount Prospect area that will be expected to begin dialysis during the first two years of the operation of the Mount Prospect facility. Due to natural patient attrition I expect 104 could begin dialysis at the Mount Prospect facility during that time. It is unclear at this time which patients will be good candidates for Urgent Start IPD and eventually home dialysis, however it is my intent to encourage eligible patients to choose Urgent Start IPD for their dialysis initiation.

The Urgent Start dialysis program allows us to promote home dialysis therapies and allows us to lower central venous catheters rates. Central venous catheter use is known to increase morbidity and mortality rates in this vulnerable population

Due to the many patient benefits of dialyzing at home and the need to lower central venous catheter use, I urge the Board to approve the Mount Prospect 8 station in-center hemodialysis facility where we will also provide IPD to facilitate the growth of home dialysis through in-center experience and exposure.

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

Sincerely,

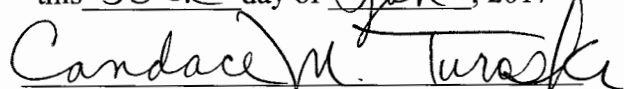


Manish Tanna, M.D.

Notarization:

Subscribed and sworn to before me

this 25th day of Jan, 2017



Signature of Notary

Seal



PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MOUNT PROSPECT

ZIP Code	Patients
60004	25
60005	19
60007	34
60008	6
60016	17
60018	13
60056	21
60070	7
60090	5
60173	2
Total	149

**NEW HEMODIALYSIS REFERRALS OF THE
SUPPORTING PHYSICIANS
FOR THE PAST TWELVE MONTHS**

Fresenius Kidney Care						DaVita			Total
Des Plaines	Niles	Norridge	Palatine	Rolling Meadows	Glenview	Arlington Heights	Buffalo Grove	Evanston	
			1				1		2
						1			1
			1	1					2
			2						2
1	1				4	2			8
3	1								4
			1		1				2
			1						1
			1						1
	1								1
1			2			1			4
			2						2
	1								1
					1				1
			2						2
								1	1
			2						2
			6				1		7
					1				1
			2						2
	1	1							2
			1						1
			1						1
			1						1
	1	1			1	1			4
1	1								2
					1				1
6	7	2	26	1	9	5	2	1	59

Service Demand – Physician Referral Letter

ATTACHMENT – 26b-3

HEMODIALYSIS PATIENTS OF PHYSICIANS AT YEAR END 2014

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			3				1	4	8
60005						1	9	1	11
60007							3		3
60008			1	3			1		5
60010				1					1
60015								1	1
60016	1	5	1		9		3	1	20
60018	3	1	2		2	3	2		13
60025					7		1		8
60026					3				3
60031								1	1
60047			1	1			1	1	4
60053		1			1				2
60056	1		4		3		7	1	16
60062					4			2	6
60067			4	5			1		10
60068		1			3		1		5
60069								1	1
60070			1		4			1	6
60074			10	1				3	14
60076									0
60077									0
60084			1					1	2
60089								1	1
60090		2	5	1	5			11	24
60091									0
60102			1						1
60107				1					1
60124					1				1
60131						1			1
60173								1	1
60176		1							1
60192			1						1
60194							2		2
60201									0
60202									0
60203									0
60402			1						1
60425					1				1
60616		1							1
60618					1				1
60626									0
60631		3							3
60634						1			1
60638									0
60641		1							1
60644							1		1
60646			1						1
60656		1				1			2
60706						2			2
60714		5			3				8
Total	5	22	37	13	47	9	32	21	197

Service Demand - Physician Referral Letter

ATTACHMENT - 26b-3

HEMODIALYSIS PATIENTS OF PHYSICIANS AT YEAR END 2015

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			5	1		1	1	5	13
60005	1		1			1	8	1	12
60007			1				4		5
60008			3	5			1		9
60010			1	1					2
60015								1	1
60016	3	4	1		9		4		21
60018	5	1	1		1	2			10
60025					5		1		6
60026					2				2
60030			1						1
60031								1	1
60047			2	1			1		4
60053					1				1
60056			4		3		7	1	15
60062					3				3
60067			3	2			1		6
60068					1		1		2
60069								1	1
60070					5				5
60074			9	1				2	12
60084			2					1	3
60089			1					4	5
60090		2	7	1	5			11	26
60102			1						1
60107							1		1
60171						1			1
60173								1	1
60176						1			1
60194							1		1
60425					1				1
60618					1				1
60630					1				1
60631		3							3
60634						1			1
60641		2							2
60656	1								1
60706						2			2
60714		4			4				8
Total	10	16	43	12	42	9	31	29	192

PATIENTS OF SUPPORTING PHYSICIANS AS OF YEAR END 2016

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			4				1	7	12
60005	1		1				6		8
60007			1				2		3
60008			3	3			1		7
60010			2	1					3
60015								1	1
60016	5	3	1		8		4		21
60018	7	1	1			3			12
60025					6		1		7
60026					2				2
60030			2						2
60031								1	1
60047			3	1			1		5
60053		1			1				2
60056	1		3		3		6	1	14
60062					1				1
60067			5	2					7
60068		1			1		1		3
60069								1	1
60070			1		4				5
60074			11					3	14
60084			2					1	3
60089			2		1			3	6
60090		1	9		5			11	26
60091					1				1
60102			1						1
60107							1		1
60131						1			1
60169			1						1
60171						1			1
60176	1								1
60194							1		1
60490			1						1
60618					1				1
60630					1				1
60631		3							3
60634						1			1
60641		1							1
60656					1	1			2
60706						2			2
60714	1	4			1				6
Total	16	15	54	7	37	9	25	29	192

Service Accessibility – Service Restrictions

The proposed Fresenius Kidney Care Mount Prospect dialysis facility will be located in Mount Prospect, northern Cook County in HSA 7 where there is a need for 23 ESRD stations according to the December 2016 inventory. Currently, there is severely limited access to Urgent Start IPD services in the Mount Prospect market. Dr. Tanna prefers initiating treatment (for his dialysis patients who qualify) utilizing this method which reduces the use of central venous catheters (CVA), raises awareness of home therapies, and results in better patient outcomes.

As noted previously in this application the proposed facility will be designed to improve patient outcomes and is unique in that it will provide dual modalities on one treatment floor - Intermittent Peritoneal Dialysis (IPD) alongside 8 in-center hemodialysis stations. IPD is a staff assisted peritoneal dialysis (PD) modality and PD is generally considered a home dialysis therapy so does not fall under HFSRB purview. This facility will allow patients to begin dialysis on PD while their permanent vascular access (for in-center hemodialysis) in their arm heals. This method, called Urgent Start IPD, avoids the use of a CVA, inserted in the patient's neck, which increases likelihood of infection, hospitalizations and morbidity. The ultimate goal is to bring about a greater awareness of home therapies and have the patient choose PD at home, which results in better patient outcomes and lower healthcare costs, although many will still choose to continue with in-center hemodialysis services.

Dr. Tanna currently utilizes this method at the Fresenius Palatine facility where he serves as Medical Director, however the Palatine facility is at 93% utilization, is not physically set up to efficiently perform IPD alongside the in-center hemodialysis patients and is therefore very limited on how many patients it can provide these services to. Dr. Tanna would like to offer more patients this method of dialysis treatment initiation. Currently IPD services are extremely limited in the Chicago area as well as the State. Fresenius Palatine is the only facility in the area that the applicant is aware of that offers IPD.

Aside from offering IPD services, the Mount Prospect facility will provide Dr. Tanna's patients additional access to hemodialysis services with the 8 in-center stations. The Fresenius Palatine facility is near capacity restricting access and treatment schedule choices for patients. With the approval of the Mount Prospect 8-station facility, new ESRD patients from Mount Prospect will be able to dialyze at the proposed facility alleviating high utilization at the Palatine facility. This will not only give patients shift choice and reduce travel times, but will allow for Urgent Start IPD treatment initiation resulting in better patient outcomes.

Fresenius Kidney Care also plans to establish a home dialysis training clinic in adjacent space to the Mount Prospect facility to offer continuity of care for those patients who choose home dialysis or PD.

Facilities Within 30-Minutes Travel Time of Fresenius Kidney Care Mount Prospect

(Calculated with MapQuest real travel time and adjusted per Board rules)

Facility	Address	City	ZIP Code	MapQuest		Adjust x 1.15	2016 CMS Star Rating	Dec-16		
				Miles	Time			Stations	Patients	Utilization
DaVita Arlington Hgts	17 W Golf Rd	Arlington Heights	60005	1.2	2	2	5	18	67	62.04%
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	6.3	13	15	5	24	89	61.81%
Fresenius Des Plaines	1625 Oakton Place	Des Plaines	60160	4.8	13	15	3	12	41	56.94%
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	6.1	14	16	4	28	137	81.55%
Fresenius Glenview	4248 Commercial Way	Glenview	60025	6.3	14	16	5	20	72	60.00%
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	11.6	15	17	4	20	110	91.67%
ARA South Barrington	33 W Higgins Rd	South Barrington	60010	12.6	17	20	3	14	52	61.90%
Fresenius Niles	9371 N Milwaukee Ave	Niles	60714	7.1	18	21	4	32	108	56.25%
Resurrection	7435 W Talcott Ave	Chicago	60631	11.1	18	21	2	14	Not	Reported
Fresenius Palatine	691 E Dundee Rd	Palatine	60074	7.9	19	22	4	14	78	92.86%
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	60089	7.4	20	23	5	16	54	56.25%
USRC Villa Park	200 E North Avenue	Villa Park	60181	10.4	20	23	4	13	67	85.90%
Fresenius Norridge	4701 N Cumberland Ave	Norridge	60706	10.3	21	24	5	16	78	81.25%
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	9.1	22	25	5	20	84	70.00%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	14.6	23	26	5	28	139	82.74%
DaVita Cobblestone	836 Dundee St	Elgin	60120	17.6	24	28	4	14	88	104.76%
DaVita Logan Square	2816 N Kimball	Chicago	60618	16.9	24	28	4	28	140	83.33%
Fresenius Elgin	2130 Point Blvd	Elgin	60123	20.9	24	28	4	20	85	70.83%
Fresenius Schaumburg	815 Wise Road	Schaumburg	60193	10.3	24	28	N/A	12	Not	Open Yet
Satellite Glenview	2601 Compass Road	Glenview	60025	10.4	24	28	2	16	Not	Reported
Fresenius Deerfield	405 Lake Cook Rd	Deerfield	60015	14.6	25	29	4	12	23	31.94%
Fresenius Logan Square	2721 N Spaulding Ave	Chicago	60647	17.2	25	29	5	12	52	72.22%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	13.7	26	30	4	16	86	89.58%
DaVita Lincoln Park	2484 N Elston	Chicago	60647	18.7	26	30	3	22	93	70.45%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	17.1	26	30	3	16	63	65.63%
Average Utilization of Clinics in Operation/Reporting Utilization										72.27%

The facilities considered within 30-minutes travel time of Fresenius Mount Prospect are operating at an average utilization rate of 72.27% as of December 2016, excluding those clinics that are not yet in operation and two clinics with unreported data at the writing of this application. While it appears there may be some access to in-center services in the area, the only clinic certified to provide IPD services is Fresenius Palatine. Although the Palatine facility provides this service it is severely limited in the number of patients who can utilize Urgent Start IPD, which places limits on the number of patients who can benefit from the better outcomes it is associated with. Even if a patient begins treatment on Urgent Start IPD and decides to continue treatment with in-center hemodialysis once their vascular access heals, at 93% utilization, the Palatine facility cannot always provide the patient with the in-center treatment schedule that meets their needs. The 8 in-

ZIP Code	Patients
60004	25
60005	19
60007	34
60008	6
60016	17
60018	13
60056	21
60070	7
60090	5
60173	2
Total	149

center stations at the Mount Prospect will allow continuity of care for those patients who begin on IPD and switch to in-center by providing access in the same facility. It will also allow that same continuity of care for those patients who choose home dialysis, with the establishment of a home dialysis training clinic in adjacent space.

Dr. Tanna has identified 149 pre-ESRD patients who could be referred to the Mount Prospect facility for Urgent Start IPD, if qualified, or in-center hemodialysis. Many of those initiating dialysis on Urgent Start IPD are not seen by a nephrologist prior to kidney failure, but present in the emergency in need of dialysis services.

Unnecessary Duplication/Maldistribution

ZIP Code	Population
60004	50,639
60005	29,942
60007	33,952
60008	22,043
60010	44,331
60015	27,356
60016	61,096
60018	29,351
60025	39,525
60026	14,376
60029	469
60047	42,330
60053	23,472
60056	55,803
60061	25,748
60062	40,344
60067	37,889
60068	37,608
60069	8,572
60070	16,147
60074	39,757
60089	41,594
60090	38,014
60101	39,918
60106	20,083
60107	41,320
60108	23,213
60110	39,334
60118	15,681
60120	50,564
60123	48,890
60126	47,403
60131	18,125
60133	38,488
60137	38,103
60139	34,925
60143	10,435
60148	52,510
60157	2,097
60160	25,656
60163	5,217
60164	22,035
60165	1,222
60169	34,164
60171	10,299
60172	24,793
60173	12,361
60176	11,834
60181	28,756
60188	43,198
60191	14,469
60192	16,695
60193	39,839
60194	19,164
60195	4,915
60630	56,653
60631	28,255
60634	74,093
60646	28,203
60656	28,526
60706	23,452
60707	43,005
60714	30,056
Total	1,908,307

1. (A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care Mount Prospect is 1 station per 4,176 residents according to the 2015 U.S. Census Bureau estimates. The State ratio is 1 station per 2,883 residents (based on 2015 census projections and the December 2016 Board station inventory).

Population Within 30-Minutes Travel Time

2. The facility will provide continued access to dialysis services to Dr. Tanna's patients from the Mount Prospect area who would otherwise be referred to the Fresenius Palatine facility, which is operating at 93% utilization. This utilization restricts access and eliminates the patient's choice of treatment schedule time that can accommodate their work/transportation/lifestyle.

The Mount Prospect facility will also provide access to Urgent Start IPD services (IPD does not fall under HFSRB review). As mentioned previously, this method of initiating dialysis results in a decreased use of central venous catheters (CVA) to administer dialysis treatment which results in lower hospitalization rates, increased mortality and improved patient outcomes. It also encourages home dialysis therapies also leading to better patient outcomes and reduced healthcare costs.

Access Restrictions

IPD services are very rare and to the applicant's knowledge there are no other facilities in the Mount Prospect area certified for IPD besides Fresenius Palatine and there are no facilities that offer the unique method that Dr. Tanna is proposing of combining the modalities of in-center hemodialysis and IPD on one treatment floor. This will bring about a greater awareness of PD to the hemodialysis patient and encourage those patients who begin dialysis on Urgent Start IPD to remain on PD and avoid in-center hemodialysis treatment, resulting in better patient outcomes, lower healthcare costs and also reducing the use of the CVA.

Facilities Within 30-Minutes Travel Time of Fresenius Kidney Care Mount Prospect

(Calculated with MapQuest real travel time and adjusted per Board rules)

Facility	Address	City	ZIP Code	MapQuest		Adjust x 1.15	2016 CMS Star Rating	Dec-16		
				Miles	Time			Stations	Patients	Utilization
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Fresenius Glenview	4248 Commercial Way	Glenview	60025	6.3	14	16	5	20	72	60.00%
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	11.6	15	17	4	20	110	91.67%
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Fresenius Northcenter	2620 W Addison St	Chicago	60618	17.1	26	30	3	16	63	65.63%
Average Utilization of Clinics in Operation/Reporting Utilization										72.27%

- 3A. Fresenius Kidney Care Mount Prospect will not have an adverse effect on any other area ESRD provider in that the new patients identified for this facility are pre-ESRD patients of Dr. Tanna's.
- B. Not applicable – applicant is not a hospital; however the utilization will not be lowered at any other ESRD facility due to the establishment of the Mount Prospect facility except that some patients who would have otherwise been referred to the over utilized Fresenius Palatine facility could now be referred to the Mount Prospect facility offering Urgent Start IPD services. This would be a positive impact on the Palatine facility as well as for Dr. Tanna's patients.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Tanna is currently the Medical Director for Fresenius Medical Care Palatine and will also be the Medical Director for the proposed Fresenius Mount Prospect facility. Attached is his curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

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

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

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

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

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

MANISH M. TANNA, M.D., F.A.S.N.

Birthdate: December 1, 1969

Place of Birth: Nottingham, England

Professional Address: Nephrology Associates

601 W. Golf Road Ste. 105

Mt. Prospect, Illinois 60056

(847)439-8780

Email: mtanna@nephdocs.com

EDUCATIONUndergraduate
1987-1991Northwestern University, 1991
Evanston, IllinoisMedical Degree
1991-1995University of Illinois College of Medicine at Chicago, 1995
Chicago, IllinoisResidency
1995-1998Internal Medicine
Rush-Presbyterian-St. Luke's Medical Center
Chicago, IllinoisFellowship
1998-2000Nephrology
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois**CLINICAL EXPERIENCE**

August 2000-present

Partner in Chicago-based nephrology group practice,
Nephrology Associates of Northern Illinois**TEACHING EXPERIENCE**

August 2000-present

Teaching Attending Physician
Department of Medicine, Division of Nephrology
Lutheran General Hospital
Park Ridge, Illinois

October 2001

Medical Grand Rounds

9/21/2009

July 2004 Vice Chairman, Credentials Committee
Holy Family Medical Center

Manish Tanna, M.D.
Page 4

January 2006 Chairman, Department of Medicine
Holy Family Long Term Acute Care Hospital

January 2006 Member, Quality Management Committee
Advocate Lutheran General Hospital

April 2006 Medical Director, 5th floor
Northwest Community Hospital

August 2006 Dialysis Director
Bethany Terrace Nursing Center

PROFESSIONAL MEMBERSHIPS

American Society of Nephrology
American Society of Hypertension
National Kidney Foundation, Medical Advisory Board
American College of Physicians
American Medical Association
Illinois State Medical Society
Chicago Medical Society
India Medical Association
American Association of Physicians of Indian Origin

REFERENCES

Available upon request

December 2003	Award for Teaching Excellence Department of Medicine
Manish Tanna, M.D. Page 3	Advocate Lutheran General Hospital
August 2004	Teacher of the Year Faculty, 2003-2004, Department of Family Practice Advocate Lutheran General Hospital
December 2005	Award for Teaching Excellence Department of Medicine Advocate Lutheran General Hospital
May 2008	Award for Teaching Excellence Department of Medicine Advocate Lutheran General Hospital
September 2009	Fellowship (FASN) American Society of Nephrology

PUBLICATIONS

"Patient Survival among Incident Peritoneal Dialysis and Hemodialysis Patients in an Urban Setting."
American Journal of Kidney Diseases, Vol 36, No 6 (December), 2000: pp 1175-1182

COMMITTEES

June 2001	Relevance Reviewer for Nephrology American Board of Internal Medicine
August 2002	Performance Improvement Committee Department of Medicine, Holy Family Hospital
September 2002	Dialysis Director Forest Villa Nursing Center
December 2002	Vice Chairman, Department of Medicine Holy Family Medical Center
January 2004	Member, Credentials Committee Holy Family Medical Center

Manish Tanna, M.D.
Page 2

	"Improving Outcomes in Chronic Kidney Disease Patients" Lutheran General Hospital
March 2002-present	Clinical Assistant Professor Department of Medicine, Division of Nephrology The Chicago Medical School North Chicago, Illinois
June 2003	Keynote Speaker "You Make the Difference," Educational Program for Kidney Patients National Kidney Foundation of Illinois
January 2008	Family Medicine Grand Rounds "Renal Artery Stenosis" Lutheran General Hospital
March 2009	Faculty/Speaker "Application of Vasopressin Receptor Antagonists in Clinical Practice" 35 th Annual Midwest Conference American Association of Critical-Care Nurses

CERTIFICATIONS

August 1998	Internal Medicine, ABIM
November 2000	Nephrology, ABIM
August 2008	Internal Medicine, Recertified, ABIM
November 2010	Nephrology, Recertified, ABIM

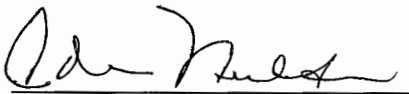
AWARDS

May 2002	Leo Kelly Teaching Award Faculty, 2001-2002, Department of Medicine Advocate Lutheran General Hospital
October 2003	Service Excellence Award for Outstanding Patient Care Holy Family Medical Center, Des Plaines, Illinois

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Mount Prospect facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

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

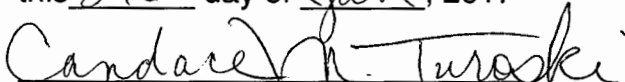


Signature

Coleen Muldoon
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 24th day of Jan, 2017


Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice at Fresenius Kidney Care who will oversee the Fresenius Kidney Care Mount Prospect ESRD facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

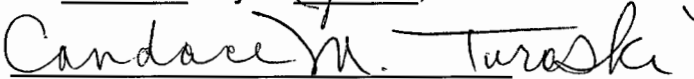
- Fresenius Kidney Care utilizes a patient data tracking system in all of its facilities.
- These support services will be available at Fresenius Kidney Care Mount Prospect during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Northwest Community Hospital, Arlington Heights:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

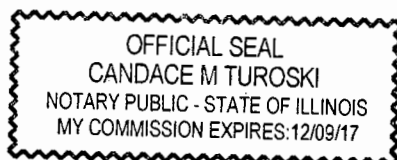
Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 24th day of Jan, 2017



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Kidney Care Mount Prospect is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Kidney Care Mount Prospect will have 8 dialysis stations thereby meeting this requirement.

HOSPITAL TRANSFER AGREEMENT

THIS HOSPITAL TRANSFER AGREEMENT ("Agreement") is made this 25th day of January, 2017 (the "**Effective Date**") by and between **Northwest Community Hospital, Illinois not-for-profit entity, (the "Receiving Hospital"), Fresenius Medical Care Mount Prospect LLC dba Fresenius Kidney Care Mount Prospect ("Transferring Facility").** (Transferring Facility and Receiving Hospital may each be referred to herein as a "**Party**" and collectively as the "**Parties**").

RECITALS

WHEREAS, Transferring Facility provides dialysis service to the community, in a fully licensed, ambulatory center setting at 1710 W. Golf Road, Mount Prospect, IL 60056 and

WHEREAS, patients of Transferring Facility ("**Patients**") may require transfer to a Hospital for acute-inpatient or other emergency health care services; and

WHEREAS, Receiving Hospital owns and operates a licensed and Medicare certified acute care Hospital in reasonable proximity to Transferring Facility, which has a twenty-four (24) hour emergency room and provides emergency health care services; and

WHEREAS, the Parties desire to enter into this Agreement in order to specify the rights and duties of each of the Parties and to specify the procedure for ensuring the timely transfer of patients to Receiving Hospital.

NOW, THEREFORE, to facilitate the timely transfer of patients to Receiving Hospital, the Parties hereto agree as follows:

ARTICLE I

TRANSFER OF PATIENTS

In the event that any Patient (including pediatric patients) needs acute inpatient or emergency care and has either requested to be taken to Receiving Hospital, or is unable to communicate a preference for Hospital services at a different Hospital, and a timely transfer to Receiving Hospital would best serve the immediate medical needs of Patient, a designated staff member of Transferring Facility shall contact the admitting office or emergency department of Receiving Hospital (the "**Emergency Department**") to facilitate admission. Receiving Hospital shall receive Patient in accordance with its capacity and capability and with applicable federal and state laws and regulations, the standards of The Joint Commission ("**TJC**") and any other applicable accrediting bodies, and reasonable policies and procedures of Receiving Hospital's responsibility for patient care shall begin when Patient arrives upon Receiving Hospital's property.

ARTICLE II

RESPONSIBILITIES OF TRANSFERRING FACILITY

Transferring Facility shall be responsible for performing or ensuring the performance of the following:

- (a) Arranging for ambulance service to Receiving Hospital;
- (b) Designating a person who has authority to represent Transferring Facility and coordinate the transfer of Patient to Receiving Hospital;
- (c) Notifying Receiving Hospital's designated representative prior to transfer to alert him or her of the impending arrival of Patient and provide information on Patient to the extent allowed pursuant to Article IV;
- (d) Notifying Receiving Hospital of the estimated time of arrival of the Patient;
- (e) Recognizing and complying with the requirements of any federal and state law and regulations or local ordinances that apply to the care and transfer of individuals to Receiving Hospitals for emergency care.

ARTICLE III

RESPONSIBILITIES OF RECEIVING HOSPITAL

Receiving Hospital shall be responsible for performing or ensuring performance of the following:

- (a) Designating a person who has authority to represent and coordinate the transfer and receipt of Patients into the Emergency Department; and
- (b) Timely admission of Patient to Receiving Hospital when transfer of Patient is medically appropriate as determined by Receiving Hospital attending physician subject to Hospital capacity and patient census issues; and
- (c) Recognizing and complying with the requirements of any federal and state law and regulations or local ordinances that apply to Patients who present at Emergency Departments.

ARTICLE IV

COMMUNICATION AND QUALITY MEASURES

- (a) In order to meet the needs of Patients with respect to timely access to emergency care, Transferring Facility shall provide information on Patients to Receiving

Hospital, to the extent approved in advance or authorized by law and to the extent Transferring Facility has such information available. Such information may include: Patient Name, Social Security Number, Date of Birth, insurance coverage and/or Medicare beneficiary information (if applicable), known allergies or medical conditions, treating physician, contact person in case of emergency and any other relevant information Patient has provided Transferring Facility in advance, to be given in connection with seeking emergency care. Transferring Facility shall maintain the confidentiality of medical/insurance information provided by Patient and received from Patient, in connection with Patient's provision of such information, Patient's authorization to disclose such information to Emergency Department personnel, all in accordance with applicable state and federal rules and regulations governing the confidentiality of patient information.

(b) The Receiving Hospital and the Transferring Hospital will address communication and QI measures related to patient stabilization, treatment prior to and subsequent to transfer and patient outcomes. Among other things, this will include use of feedback forms, transfer logs and quality review.

ARTICLE V

NON EXCLUSIVITY

This Agreement shall in no way give Receiving Hospital an exclusive right of transfer of Patients of Transferring Facility. Transferring Facility may enter into similar agreements with other Receiving Hospitals, and Patients will continue to have complete autonomy with respect to choice of Receiving Hospital service providers, as further described in Article VI.

ARTICLE VI

FREEDOM OF CHOICE

In entering into this Agreement, Transferring Facility in no way is acting to endorse or promote the services of Receiving Hospital. Rather, Transferring Facility intends to coordinate the timely transfer of Patients for emergency care. Patients are in no way restricted in their choice of emergency care providers.

ARTICLE VII

BILLING AND COLLECTIONS

Receiving Hospital shall be responsible for the billing and collection of all charges for professional services rendered at Receiving Hospital. Transferring Facility shall in no way share in the revenue generated by professional services delivered to Patients at Receiving Hospital.

ARTICLE VIII

INDEPENDENT RELATIONSHIP

Section 8.1 In performing services pursuant to this Agreement, Receiving Hospital and all employees, agents or representatives of Receiving Hospital are, at all times, acting and performing as independent contractors and nothing in this Agreement is intended and nothing shall be construed to create an employer/employee, principal/agent, partnership or joint venture relationship. Transferring Facility shall neither have nor exercise any direction or control over the methods, techniques or procedures by which Receiving Hospital or its employees, agents or representatives perform their professional responsibilities and functions. The sole interest of Transferring Facility is to coordinate the timely transfer of Patients to Receiving Hospital for emergency care.

Section 8.2 Receiving Hospital shall be solely responsible for the payment of compensation and benefits to its personnel and for compliance with any and all payments of all taxes, social security, unemployment compensation and worker's compensation.

Section 8.3 Notwithstanding the terms of this Agreement, in no event shall Receiving Hospital or any Receiving Hospital personnel be responsible for the acts or omissions of non-Receiving Hospital personnel.

ARTICLE IX

INSURANCE

Both Parties shall maintain, at no cost to the other Party Facility, professional liability insurance in an amount customary for its business practices. Receiving Hospital shall provide evidence of the coverage required herein to Transferring Facility on an annual basis.

ARTICLE X

INDEMNIFICATION

Each Party shall indemnify, defend and hold harmless the other Party from and against any and all liability, loss, claim, lawsuit, injury, cost, damage or expense whatsoever (including reasonable attorneys' fees and court costs), imposed by a third party and arising out of, incident to or in any manner occasioned by the performance or nonperformance of any duty or responsibility under this Agreement by such indemnifying Party, or any of its employees, agents, contractors or subcontractors.

ARTICLE XI

TERM AND TERMINATION

Section 11.1 Term. The term of this Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "Initial Term") and SHALL RENEW ON AN ANNUAL BASIS ("RENEWAL TERM") ABSENT WRITTEN NOTICE BY EITHER PARTY OF NON-RENEWAL TO THE OTHER PARTY THIRTY (30) CALENDAR DAYS PRIOR TO THE EXPIRATION OF THE INITIAL TERM OR ANY SUBSEQUENT RENEWAL TERM OF THIS AGREEMENT.

Section 11.2 Events of Termination. Notwithstanding the foregoing, this Agreement may be terminated upon the occurrence of any one (1) of the following events:

(a) Either Party may terminate this Agreement at any time upon sixty (60) days' prior written notice to the other Party.

(b) If either Party shall apply for or consent to the appointment of a receiver, trustee or liquidator of itself or of all or a substantial part of its assets, file a voluntary petition in bankruptcy, or admit in writing its inability to pay its debts as they become due, make a general assignment for the benefit of creditors, file a petition or an answer seeking reorganization or arrangement with creditors or take advantage of any insolvency law, or if an order, judgment, or decree shall be entered by a court of competent jurisdiction or an application of a creditor, adjudicating such Party to be bankrupt or insolvent, or approving a petition seeking reorganization of such Party or appointing a receiver, trustee or liquidator of such Party or of all or a substantial part of its assets, and such order, judgment, or decree shall continue in effect and unstayed for a period of thirty (30) consecutive calendar days, then the other Party may terminate this Agreement upon ten (10) business days' prior written notice to such Party.

Section 11.3 Immediate Termination. Notwithstanding anything to the contrary herein, this Agreement will be terminated immediately upon the following events: (a) the suspension or revocation of the license, certificate or other legal credential authorizing Receiving Hospital to provide emergency care services; (b) termination of Receiving Hospital's participation in or exclusion from any federal or state health care program for any reason; (c) the cancellation or termination of Receiving Hospital's professional liability insurance required under this Agreement without replacement coverage having been obtained.

ARTICLE XII

MISCELLANEOUS PROVISIONS

Section 12.1 Entire Agreement. This Agreement constitutes the entire understanding between the Parties with respect to the subject matter hereof. This Agreement supersedes any and all other prior agreements either written or oral, between the Parties with respect to the subject matter hereof.

Section 12.2 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

Section 12.3 Waiver. Any waiver of any terms and conditions hereof must be in writing, and signed by the Parties. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

Section 12.4 Severability. The provisions of this Agreement shall be deemed severable, and, if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

Section 12.5 Headings. All headings herein are inserted only for convenience and ease of reference and are not to be considered in the construction or interpretation of any provision of this Agreement.

Section 12.6 Assignment. This Agreement, being intended to secure the services of Receiving Hospital, shall not be assigned, delegated or subcontracted by Receiving Hospital without prior written consent of Transferring Facility.

Section 12.7 Governing Law. This Agreement shall be construed under the laws of the state of Illinois, without giving affect to choice of law provisions.

Section 12.8 Notices. Any notice herein required or permitted to be given shall be in writing and shall be deemed to be duly given on the date of service if served personally on the other Party, or on the fourth (4th) day after mailing, if mailed to the other Party by certified mail, return receipt requested, postage pre-paid, and addressed to the Parties as follows:

To Transferring Facility:

Fresenius Medical Care Mount Prospect
1710 W. Golf Road
Mount Prospect, IL 60056

To Receiving Hospital:

Northwest Community Hospital
800 W. Central Road
Arlington Heights, IL 60005
Attention: General Counsel

or such other place or places as either Party may designate by written notice to the other.

Section 12.9 Amendment. This Agreement may be amended upon mutual, written agreement of the Parties.

Section 12.10 Regulatory Compliance. The Parties agree that nothing contained in this Agreement shall require Transferring Facility to refer patients to Receiving Hospital for emergency care services or to purchase goods and services. Notwithstanding any unanticipated effect of any provision of this Agreement, neither Party will knowingly and intentionally conduct

its behavior in such a manner as to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs.

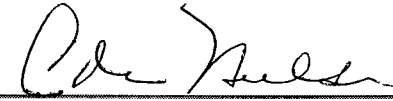
Section 12.11 Access to Books and Records. If applicable, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States, or any of their duly authorized representatives, Receiving Hospital shall make available to the Secretary or to the Comptroller General those contracts, books, documents and records necessary to verify the nature and extent of the costs of providing its services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such service. This Section is included pursuant to and is governed by the requirements of Public Law 96-499 and Regulations promulgated thereunder. The Parties agree that any attorney-client, accountant-client or other legal privileges shall not be deemed waived by virtue of this Agreement.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers hereto setting their hands as of the date first written above.

TRANSFERRING FACILITY

Fresenius Kidney Care
Mount Prospect

By:



Its: Regional Vice President

RECEIVING HOSPITAL

By:

Its:

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Mount Prospect facility. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Kidney Care Mount Prospect, I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care Mount Prospect in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Kidney Care Palatine, where Dr. Tanna serves as Medical Director, hemodialysis patients have achieved adequacy outcomes of:
 - o 97% of patients had a URR $\geq$ 65%
 - o 98% of patients had a Kt/V $\geq$ 1.2

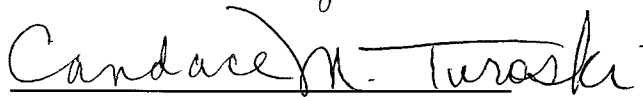
and the same is expected for Fresenius Kidney Care Mount Prospect.



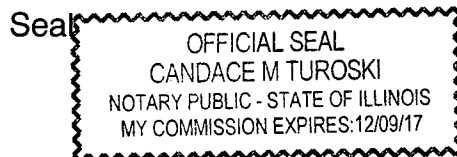
Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 24th day of Jan, 2017



Signature of Notary





Cushman & Wakefield of
Illinois, Inc.
200 S. Wacker Drive
Suite 2800
Chicago, IL 60606
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

December 27, 2016

Mr. Randy Olczyk
President/Principal
Chicagoland Commercial Real Estate
1240 West Northwest Highway
Palatine, IL 60067

RE: 1720-1790 W Golf Rd
Request for Proposal

Dear Randy,

Cushman & Wakefield has been exclusively authorized by FRESENIUS KIDNEY CARE, a wholly owned subsidiary of FRESENIUS KIDNEY CARE Holdings, Inc. d/b/a FRESENIUS KIDNEY CARE North America ("FMCNA") to present the following Request for Proposal to lease space from your company.

LANDLORD: MPC Company, LLC

TENANT: Fresenius Kidney Care or its affiliates.

LOCATION: 1710-1728 W Golf Rd, Mount Prospect, IL.

INITIAL SPACE REQUIREMENTS: (5,400 sqft.)

PRIMARY TERM: An initial lease term of 10 years. The Lease and rent would commence on the date that the facility starts treating patients (but not to exceed six months from date of lease execution). For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

DELIVERY OF PREMISES: Landlord shall deliver the Premises to FRESENIUS KIDNEY CARE for completion of the Tenant Improvements upon substantial completion of the shell.

OPTIONS TO RENEW: Three (3), five (5) year options to renew the Lease. Tenant shall provide six months (6) prior written notification of its desire to exercise the option.

RENTAL RATE: \$11.00 Net

ESCALATION: 3% every other year

LANDLORD BASE BUILDING WORK: Landlord shall deliver the premises with the following base building items in place.

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

1. Premises demo'd to warm dark shell with utilities stubbed in place.
2. 2 inch dedicated water service. Minimum dynamic pressure of 60 psi.
3. 800 amp 3 phase electrical service.
4. 4 inch dedicated sewer volume line out with positive invert.
5. 24 tons of HVAC service with humidity controls.
6. Insulation of R-30 at ceiling / roof, R-18 minimum at exterior walls.
7. Premises to be sprinklered.

RENT ABATEMENT:

N/A.

USE:

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

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FRESENIUS KIDNEY CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements. FRESENIUS KIDNEY CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any. Tenant will need 4 months to complete its interior improvements.

DELIVERIES:

FRESENIUS KIDNEY CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR:

FRESENIUS KIDNEY CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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

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

PARKING:

Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS KIDNEY CARE shall require that 10% of the parking be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

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

FMC will need at least 45 parking stalls. LL will accommodate this as best as possible.

BUILDING CODES:

FRESENIUS KIDNEY CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

**CORPORATE
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code and LL approval.

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

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses, Insurance on its proportionate share of the leased premises associated with the building. Can you please state your Operating Expenses and Taxes and give us your 3 year historical budget? In 2016 we billed \$1.93 for CAM and \$4.80 for RE taxes. In 2015 we billed \$1.39 for CAM and \$4.85 for RE taxes. In 2014 we billed \$1.36 for CAM and \$4.75 for RE taxes. Please note the CAM billing is based on the previous year's expenditures. The CAM figure also includes insurance. The RE tax billing is based on the previous year's tax bill which is already one year in arrears in Cook County.

**ASSIGNMENT/
SUBLETTING:**

FRESENIUS KIDNEY CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; repairs to roof; removal of snow and ice; landscaping; and provision of

adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone, fire monitoring, and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause accepted.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS KIDNEY CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS KIDNEY CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a five (5) mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL: Landlord will provide all environmental soil tests in their possession to tenant.

DRAFT LEASE: FRESENIUS KIDNEY CARE requires the use of its Standard Form Lease.

LEASE EXECUTION: Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY: Fresenius Medical Holdings Corp shall fully guarantee the lease. Financials will be provided to the Landlord.

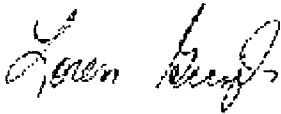
CONFIDENTIAL: The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE: This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

CON Approval: The lease shall be contingent upon Tenant's award of a Certificate of Need by the Illinois Health Facilities Planning Commission. Estimated approval month is May 2017. The lease shall also be contingent upon LL obtaining a waiver from Amita Health allowing FRESENIUS KIDNEY CARE to occupy the shopping center.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this 4 day of January, 2017

By: 

Title: Fresenius Kidney Care Transaction Manager

AGREED AND ACCEPTED this _____ day of _____, 2016

By:

Title:

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

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island. 2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		177.00			3,000			531,000	531,000
Contingency		17.50			3,000			52,500	52,500
Total Clinical		\$194.50			3,000			\$583,500	\$583,500
Non Clinical		177.00			2,400			424,800	424,800
Contingency		17.50			2,400			42,000	42,000
Total Non		\$194.50			2,400			\$466,800	\$466,800
TOTALS		\$194.50			5,400			\$1,050,300	\$1,050,300
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense:	\$565,056
Estimated Medical Supplies:	\$209,280
Estimated Other Supplies (Exc. Dep/Amort):	\$753,408
	<u>\$1,527,744</u>

Estimated Annual Treatments:	5,232
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Cost Per Treatment:	\$292.00
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Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2019

Depreciation/Amortization:	\$199,000
Interest	\$0
Capital Costs:	<u>\$199,000</u>
Treatments:	5,232
Capital Cost per Treatment	\$38.04

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Mount Prospect, LLC

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

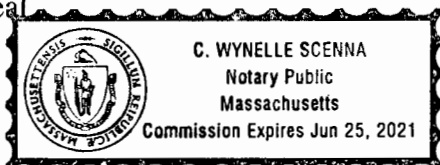
By: Bryan Mello
Title: Assistant Treasurer

Notarization:

Subscribed and sworn to before me
this 14 day of Dec, 2016

C. Wynelle Scenna
Signature of Notary

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

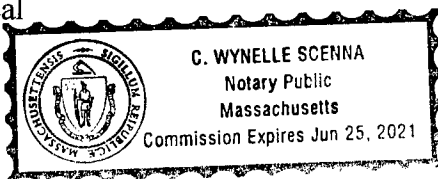
By: Bryan Mello
Title: Assistant Treasurer

By: Maria T. C. Notar
Title: Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

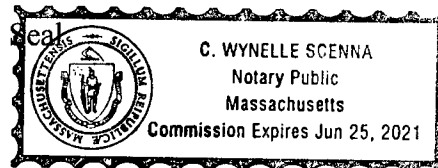
C Wynelle Scenna
Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

C Wynelle Scenna
Signature of Notary



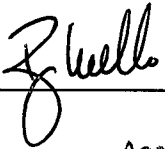
Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Mount Prospect, LLC

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

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

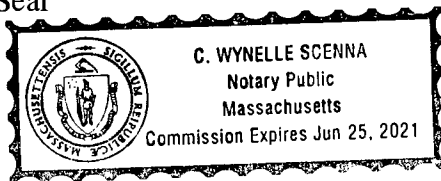
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of Dec, 2016

C Wynelle Scenna
Signature of Notary

Seal



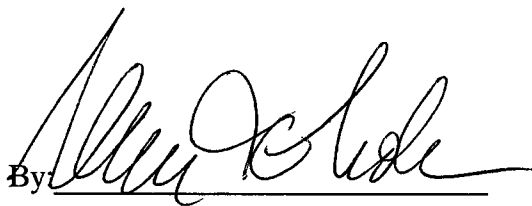
Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

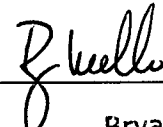
In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

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

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

By: 

ITS: **Maria T. C. Notar**
Assistant Treasurer

By: 

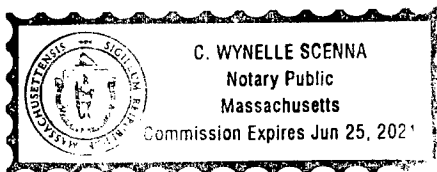
ITS: **Bryan Mello**
Assistant Treasurer

Notarization:

Subscribed and sworn to before me
this 14 day of Dec, 2016

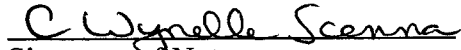

Signature of Notary

Seal

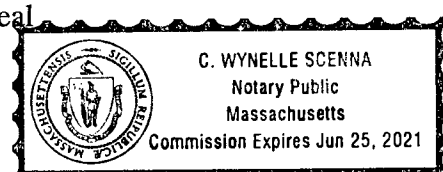


Notarization:

Subscribed and sworn to before me
this 14 day of Dec, 2016


Signature of Notary

Seal



Safety Net Impact Statement

The establishment of the Fresenius Kidney Care Mount Prospect dialysis facility will not have any impact on safety net services in the Mount Prospect area of Cook County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

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

Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network, National Kidney Foundation and American Kidney Fund.

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

CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *			
(# of self-pay patients)	499	251 ¹	195 ²
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396 ³
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

Note:

- 1) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 2) Charity (self-pay) patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 3) Medicaid number of patients is decreasing as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible or are able to purchase insurance on the Healthcare Marketplace with premiums paid for by The American Kidney Fund. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented for ESRD only. Also, the American Kidney Fund funds health insurance premiums for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage on the Healthcare Marketplace funded by AKF. The applicants donate to the AKF to support its initiatives as do most dialysis providers.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively with the patient to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPPA. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers assist patients in purchasing insurance on the Healthcare Marketplace and then connects patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index).

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation

will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

YOUR TRIP TO:

17 W Golf Rd

**2 MIN | 1.2 MI** **Est. Fuel cost: \$0.12**

Trip time based on traffic conditions as of 3:33 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA ARLINGTON HEIGHTS

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.17 miles

1.17 total miles

2. Make a **U-turn** onto W Golf Rd/IL-58.*If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.05 miles

1.22 total miles



3. 17 W Golf Rd, Arlington Heights, IL 60005-3905, 17 W GOLF RD is on the right.

If you reach S Arlington Heights Rd you've gone a little too far.

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

4180 Winnetka Ave

**13 MIN | 6.3 MI** **Est. fuel cost: \$0.66**

Trip time based on traffic conditions as of 3:01 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS ROLLING MEADOWS

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.69 miles 1.69 total miles

2. Turn **slight right** onto W Algonquin Rd/IL-62.
W Algonquin Rd is 0.1 miles past S Fernandez Ave.

If you are on Golf Rd and reach Meijer Dr you've gone about 0.1 miles too far.

Then 1.79 miles 3.48 total miles



3. Merge onto IL-53 N.

Then 1.96 miles 5.44 total miles

4. Take the **Euclid Ave W** exit.

Then 0.29 miles 5.73 total miles



5. Merge onto Euclid Ave.

Then 0.19 miles 5.91 total miles

6. Turn **right** onto Hicks Rd.
If you reach Vermont St you've gone about 0.1 miles too far.

Then 0.34 miles 6.26 total miles

7. Take the 1st **right** onto Winnetka Ave.
Winnetka Ave is 0.1 miles past Lincoln Ave.

If you reach Wilmette Ave you've gone a little too far.

Then 0.05 miles 6.30 total miles

8. 4180 Winnetka Ave, Rolling Meadows, IL 60008-1375, 4180 WINNETKA AVE
is on the left.

If you reach Winnetka Cir you've gone a little too far.

YOUR TRIP TO:

1625 Oakton Pl

**13 MIN | 4.8 MI** **Est. Fuel cost: \$0.47**

Trip time based on traffic conditions as of 3:32 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS DESPLAINES

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd.*IL-83 is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.51 miles

2.56 total miles

5. Turn **left** onto E Oakton St/IL-83. Continue to follow E Oakton St.*E Oakton St is 0.1 miles past W Enterprise Dr.*

Then 2.20 miles

4.76 total miles

6. Turn **right** onto Oakton Pl.*Oakton Pl is just past Executive Way.**If you reach Times Dr you've gone a little too far.*

Then 0.06 miles

4.82 total miles

7. 1625 Oakton Pl, Des Plaines, IL 60018-2002, 1625 OAKTON PL is on the **left**.*If you reach the end of Oakton Pl you've gone a little too far.*

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:



901 Biesterfield Rd

14 MIN | 6.1 MI **Est. fuel cost: \$0.64**

Trip time based on traffic conditions as of 2:54 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS ELK GROVE VILLAGE

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles 1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 3.72 miles 4.81 total miles

3. Turn **right** onto Biesterfield Rd.*Biesterfield Rd is 0.1 miles past Boardwalk St.**If you reach Elk Grove Town Ctr you've gone about 0.1 miles too far.*

Then 1.02 miles 5.83 total miles

4. Make a **U-turn** onto Biesterfield Rd.

Then 0.25 miles 6.08 total miles



5. 901 Biesterfield Rd, Elk Grove Village, IL 60007-3354, 901 BIESTERFIELD RD.

*Your destination is 0.1 miles past Martha St.**If you reach Beisner Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

4248 Commercial Way

**14 MIN | 6.3 MI** **Est. fuel cost: \$0.62**

Trip time based on traffic conditions as of 1:07 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS GLENVIEW

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 3rd exit onto N Wolf Rd.

Then 0.92 miles 3.74 total miles

3. Turn **right** onto E Central Rd.*If you reach Mark Ave you've gone about 0.1 miles too far.*

Then 2.34 miles 6.08 total miles

4. Turn **left** onto Dearlove Rd.*Dearlove Rd is 0.1 miles past Lyman Ave.**If you reach Meadow Ln you've gone a little too far.*

Then 0.26 miles 6.33 total miles

5. Take the 3rd **left** onto Commercial Way.*Commercial Way is just past Dipaolo Ctr.**If you reach Williamsburg Ct you've gone a little too far.*

Then 0.00 miles 6.33 total miles

6. 4248 Commercial Way, Glenview, IL 60025-3573, 4248 COMMERCIAL WAY is on the **right**.*If you reach Commercial Ct you've gone about 0.1 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

3150 W Higgins Rd

**16 MIN | 11.6 MI** **Est. Fuel cost: \$1.15**

Trip time based on traffic conditions as of 3:41 PM on December 14, 2016. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS HOFFMAN ESTATES

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles ----- 1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.56 miles ----- 1.65 total miles

3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward **Rockford**
(Portions toll).

Then 8.07 miles ----- 9.72 total miles

4. Take the **Barrington Rd S/Barrington Rd N** exit.

Then 0.38 miles ----- 10.10 total miles

5. Keep **left** to take the **Barrington Rd S** ramp.

Then 0.53 miles ----- 10.63 total miles



6. Merge onto Barrington Rd.

Then 0.43 miles ----- 11.06 total miles

7. Turn **right** onto W Higgins Rd/IL-72.*W Higgins Rd is 0.1 miles past Hassell Rd.*

Then 0.58 miles ----- 11.64 total miles

8. 3150 W Higgins Rd, Hoffman Estates, IL 60169-2084, 3150 W HIGGINS RD is
on the **right**.*Your destination is just past Greenspoint Pkwy.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:



33 W Higgins Rd

17 MIN | 12.6 MI **Est. fuel cost: \$1.31**

Trip time based on traffic conditions as of 2:52 PM on January 17, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO ARA SOUTH BARRINGTON

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles ----- 1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.56 miles ----- 1.65 total miles

3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward **Rockford**
(Portions toll).

Then 8.13 miles ----- 9.78 total miles

4. Take the **Barrington Rd S/Barrington Rd N** exit.

Then 0.56 miles ----- 10.34 total miles



5. Merge onto Barrington Rd.

Then 0.09 miles ----- 10.43 total miles

6. Make a **U-turn** onto Barrington Rd.*If you are on S Barrington Rd and reach W Central Rd you've gone about 0.1 miles too far.*

Then 0.59 miles ----- 11.03 total miles

7. Turn **right** onto W Higgins Rd/IL-72.*W Higgins Rd is 0.1 miles past Hassell Rd.*

Then 1.45 miles ----- 12.48 total miles

8. Make a **U-turn** at W Mundhank Rd onto W Higgins Rd/IL-72.

Then 0.13 miles ----- 12.60 total miles



9. 33 W Higgins Rd, South Barrington, IL 60010-9103, 33 W HIGGINS RD.

YOUR TRIP TO:

9371 N Milwaukee Ave

**18 MIN | 7.1 MI** **Est. fuel cost: \$0.70**

Trip time based on traffic conditions as of 1:08 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS NILES

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd.

Then 3.74 miles 6.56 total miles

3. Turn **right** onto N Milwaukee Ave/IL-21.

Then 0.43 miles 6.99 total miles

4. Turn **left**.*If you reach N Maryland St you've gone a little too far.*

Then 0.01 miles 7.00 total miles

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

Then 0.10 miles 7.10 total miles



6. 9371 N Milwaukee Ave, Niles, IL 60714-1303, 9371 N MILWAUKEE AVE is on the right.

*If you are on IL-21 and reach IL-58 you've gone about 0.3 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

7435 W Talcott Ave

**18 MIN | 11.1 MI** **Est. fuel cost: \$1.09**

Trip time based on traffic conditions as of 12:48 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO RESURRECTION DIALYSIS

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles

2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 7.16 miles

10.07 total miles

6. Take EXIT 81A toward **IL-43/Harlem Ave.**

Then 0.25 miles

10.32 total miles

7. Stay **straight** to go onto N Octavia Ave.

Then 0.01 miles

10.33 total miles

8. Keep **right** at the fork to continue on N Octavia Ave.

Then 0.04 miles

10.37 total miles

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1



9. N Octavia Ave becomes W Higgins Ave/IL-72.

Then 0.10 miles

10.47 total miles



10. Turn **left** onto N Harlem Ave/IL-43.

If you reach N Neva Ave you've gone a little too far.

Then 0.33 miles

10.80 total miles



11. Turn **left** onto W Talcott Ave.

W Talcott Ave is 0.1 miles past W Seminole St.

If you reach W Thorndale Ave you've gone about 0.1 miles too far.

Then 0.34 miles

11.15 total miles



12. 7435 W Talcott Ave, Chicago, IL 60631-3707, 7435 W TALCOTT AVE is on the **left**.

If you reach N Oriole Ave you've gone about 0.2 miles too far.

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YOUR TRIP TO:

691 E Dundee Rd

**19 MIN | 7.9 MI** **Est. fuel cost: \$0.82**

Trip time based on traffic conditions as of 3:02 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS PALATINE

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.07 miles 1.07 total miles

2. Turn **right** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you are on W Golf Rd and reach S Milbrook Ln you've gone about 0.2 miles too far.*

Then 6.17 miles 7.25 total miles

3. Turn **right** onto IL-68/W Dundee Rd.*IL-68 is just past W Boeger Dr.**If you reach Strathmore Ct you've gone about 0.1 miles too far.*

Then 0.64 miles 7.89 total miles

4. 691 E Dundee Rd, Arlington Heights, IL 60004-1541, 691 E DUNDEE RD is on the **right**.*If you reach N Carriageway Dr you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

1291 W Dundee Rd

**20 MIN | 7.4 MI** **Est. Fuel cost: \$0.72**

Trip time based on traffic conditions as of 3:36 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA BUFFALO GROVE

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.07 miles

1.07 total miles

2. Turn **right** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you are on W Golf Rd and reach S Milbrook Ln you've gone about 0.2 miles too far.*

Then 6.18 miles

7.26 total miles

3. Turn **left** onto W Dundee Rd/IL-68.*If you reach Strathmore Ct you've gone about 0.1 miles too far.*

Then 0.10 miles

7.35 total miles

4. Make a **U-turn** onto W Dundee Rd/IL-68.*If you reach Grove Dr you've gone a little too far.*

Then 0.03 miles

7.38 total miles

5. 1291 W Dundee Rd, Buffalo Grove, IL 60089-4009, 1291 W DUNDEE RD is on the **right**.Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

200 E North Ave

**20 MIN | 10.4 MI** **Est. fuel cost: \$1.09**

Trip time based on traffic conditions as of 3:00 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO USRC VILLA PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 5.43 miles 9.97 total miles

4. Turn **right** onto W North Ave/IL-64.*W North Ave is 0.2 miles past Frontage Rd.*

Then 0.42 miles 10.39 total miles

5. 200 E North Ave, Villa Park, IL 60181-1221, 200 E NORTH AVE is on the **right**.*Your destination is 0.2 miles past N Villa Ave.**If you are on IL-64 and reach S Ellsworth Ave you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

4701 N Cumberland Ave

**21 MIN | 10.3 MI** **Est. fuel cost: \$1.01**

Trip time based on traffic conditions as of 3:06 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS NORRIDGE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 5.65 miles 8.57 total miles

6. Take the **IL-171 S/Cumberland Ave** exit, EXIT 79A.

Then 0.39 miles 8.96 total miles

7. Turn **right** onto IL-171/N Cumberland Ave.

Then 1.21 miles 10.17 total miles

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

1156 S Roselle Rd

**22 MIN | 9.1 MI** **Est. Fuel cost: \$0.90**

Trip time based on traffic conditions as of 3:40 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA SCHAUMBURG



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 4.34 miles

4.34 total miles



2. Turn **left** onto N Meacham Rd.
N Meacham Rd is 0.1 miles past West Dr.

If you reach National Pkwy you've gone about 0.2 miles too far.

Then 1.48 miles

5.82 total miles



3. Turn **right** onto E Schaumburg Rd.
E Schaumburg Rd is 0.1 miles past Shady Ln.

Then 1.78 miles

7.60 total miles



4. Turn **left** onto Roselle Rd.
If you are on W Schaumburg Rd and reach Pleasant Dr you've gone about 0.1 miles too far.

Then 1.48 miles

9.09 total miles



5. 1156 S Roselle Rd, Schaumburg, IL 60193-4072, 1156 S ROSELLE RD is on the **right**.

*Your destination is 0.1 miles past W Hartford Dr.**If you reach W Wise Rd you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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WITHIN 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

4800 N Kilpatrick Ave

**23 MIN | 14.6 MI** **Est. fuel cost: \$1.44**

Trip time based on traffic conditions as of 1:04 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO FRESENIUS NORTH KILPATRICK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles

2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 10.28 miles

13.19 total miles

6. Take the **Lawrence Ave** exit, EXIT 84, toward **4800 N**.

Then 0.18 miles

13.37 total miles

7. Turn **slight left** onto W Lawrence Ave.

Then 0.47 miles

13.83 total miles

8. Turn **left** onto N Cicero Ave/IL-50.*If you reach N Keating Ave you've gone a little too far.*

Then 0.34 miles

14.17 total miles

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9. Turn **sharp right** onto N Elston Ave.

N Elston Ave is just past W Winnemac Ave.

If you reach W Foster Ave you've gone about 0.1 miles too far.



Then 0.29 miles

14.46 total miles



10. Turn **right** onto N Kilpatrick Ave.

N Kilpatrick Ave is just past N Kolmar Ave.

If you reach N Kentucky Ave you've gone a little too far.

Then 0.18 miles

14.64 total miles



11. 4800 N Kilpatrick Ave, Chicago, IL 60630-4028, 4800 N KILPATRICK AVE is on the **right**.

If you reach W Lawrence Ave you've gone a little too far.

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YOUR TRIP TO:

836 Dundee Ave

**24 MIN | 17.6 MI** **Est. Fuel cost: \$1.73**

Trip time based on traffic conditions as of 3:49 PM on December 14, 2016. Current Traffic: Light

LIGHT TRAFFIC - TO DAVITA COBBLESTONE

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles ----- 1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.56 miles ----- 1.65 total miles

3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward **Rockford**
(Portions toll).

Then 14.26 miles ----- 15.91 total miles

4. Take the **IL-25** exit.

Then 0.74 miles ----- 16.64 total miles

5. Keep **left** to take the ramp toward **Elgin/STADIUM**.

Then 0.02 miles ----- 16.67 total miles

6. Turn **left** onto Dundee Ave/IL-25. Continue to follow Dundee Ave.

Then 0.93 miles ----- 17.60 total miles

7. 836 Dundee Ave, Elgin, IL 60120-3068, 836 DUNDEE AVE is on the **right**.*Your destination is just past Slade Ave.**If you reach Chester Ave you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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YOUR TRIP TO:

2816 N Kimball Ave

**24 MIN | 16.9 MI** **Est. fuel cost: \$1.66**

Trip time based on traffic conditions as of 1:25 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO DAVITA LOGAN SQUARE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 13.25 miles 16.17 total miles

6. Take the **Kimball Ave** exit, EXIT 45B, toward **3400 W**.

Then 0.21 miles 16.38 total miles

7. Turn **right** onto N Kimball Ave.

Then 0.50 miles 16.88 total miles

8. 2816 N Kimball Ave, Chicago, IL 60618-7524, 2816 N KIMBALL AVE is on the **right**.*Your destination is just past N Dawson Ave.**If you reach N Woodard St you've gone a little too far.* 143**WITHIN 30-MINUTES MAPQUEST ADJUSTED**

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YOUR TRIP TO:

2130 Point Blvd

**24 MIN | 20.9 MI** **Est. fuel cost: \$1.56**

Trip time based on traffic conditions as of 2:49 PM on January 17, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS MEDICAL CARE ELGIN

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles

1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.56 miles

1.65 total miles

3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward **Rockford**
(Portions toll) (Electronic toll collection only).

Then 18.27 miles

19.92 total miles

4. Take the **Randall Rd** exit, EXIT 52.

Then 0.43 miles

20.35 total miles

5. Merge onto Randall Rd/County Hwy-34 toward **Crystal Lake/Gilberts**.

Then 0.13 miles

20.48 total miles

6. Take the 1st **right** onto Point Blvd.*If you reach Saddle Club Pkwy you've gone about 0.1 miles too far.*

Then 0.46 miles

20.94 total miles

7. 2130 Point Blvd, Elgin, IL 60123-7872, 2130 POINT BLVD is on the **left**.*Your destination is at the end of Point Blvd.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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**8. Turn left.***Just past W Leland Ave.**If you reach W Coral Dr you've gone a little too far.*

----- Then 0.02 miles ----- 10.19 total miles

**9. Take the 2nd left.***Just past N Cumberland Ave.**If you reach W Lawrence Ave you've gone about 0.2 miles too far.*

Then 0.05 miles 10.24 total miles

**10. Turn right.**

----- Then 0.01 miles ----- 10.25 total miles

**11. Take the 1st right.**

----- Then 0.05 miles ----- 10.30 total miles

**12. Turn right.**

----- Then 0.02 miles ----- 10.32 total miles

**13. Turn right onto N Cumberland Ave/IL-171.***If you are on N Cumberland Ave and reach W Coral Dr you've gone a little too far.*

Then 0.03 miles 10.35 total miles

**14. 4701 N Cumberland Ave, Norridge, IL 60706-2905, 4701 N CUMBERLAND AVE is on the right.***If you reach W Leland Ave you've gone a little too far.*

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YOUR TRIP TO:

815 W Wise Rd

**24 MIN | 10.3 MI** **Est. Fuel cost: \$1.01**

Trip time based on traffic conditions as of 3:31 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS SCHAUMBURG



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 4.34 miles 4.34 total miles



2. Turn **left** onto N Meacham Rd.
N Meacham Rd is 0.1 miles past West Dr.

If you reach National Pkwy you've gone about 0.2 miles too far.

Then 1.48 miles 5.82 total miles



3. Turn **right** onto E Schaumburg Rd.
E Schaumburg Rd is 0.1 miles past Shady Ln.

Then 1.78 miles 7.60 total miles



4. Turn **left** onto Roselle Rd.
If you are on W Schaumburg Rd and reach Pleasant Dr you've gone about 0.1 miles too far.

Then 1.52 miles 9.12 total miles



5. Turn **right** onto W Wise Rd.
W Wise Rd is 0.2 miles past W Hartford Dr.

If you reach W Niagara Ave you've gone a little too far.

Then 1.11 miles 10.23 total miles



6. Make a **U-turn** at S Salem Dr onto W Wise Rd.
If you reach Cranbrook Dr you've gone about 0.1 miles too far.

Then 0.11 miles 10.34 total miles



7. 815 W Wise Rd, Schaumburg, IL 60193-3819, 815 W WISE RD is on the **right**.
If you reach Aegean Dr you've gone a little too far.

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YOUR TRIP TO:

2601 Compass Rd

mapquest

24 MIN | 10.4 MI **Est. fuel cost: \$1.02**

Trip time based on traffic conditions as of 1:08 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO SATELLITE GLENVIEW

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 1.16 miles 3.98 total miles

3. Turn **left** onto N River Rd/US-45 N.*If you reach College Dr you've gone about 0.1 miles too far.*

Then 2.33 miles 6.31 total miles

4. Turn **right** onto W Lake Ave.*W Lake Ave is 0.1 miles past E Ivy Ln.**If you are on US-45 N and reach E Pin Oak Dr you've gone about 0.1 miles too far.*

Then 2.19 miles 8.50 total miles

5. Turn **left** onto Pfingsten Rd.*Pfingsten Rd is 0.1 miles past Robin Ln.*

Then 0.07 miles 8.57 total miles

6. Turn **right** onto W Lake Ave.*If you reach Glenbrook South High School you've gone about 0.1 miles too far.*

Then 1.42 miles 9.99 total miles

7. Turn **left** onto Patriot Blvd.*If you are on W Lake Ave and reach Mint Ln you've gone about 0.1 miles too far.*

Then 0.23 miles 10.21 total miles

8. Turn **right** onto Compass Rd.*Compass Rd is just past Goldenrod Ln.*

Then 0.17 miles 10.38 total miles

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YOUR TRIP TO:

405 Lake Cook Rd

**25 MIN | 14.6 MI** **Est. Fuel cost: \$1.43**

Trip time based on traffic conditions as of 3:29 PM on December 14, 2016. Current Traffic: Moderate

MODERATE TRAFFIC - TO FRESENIUS DEERFIELD

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 2.22 miles 5.04 total miles

3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 7.51 miles 12.55 total miles

4. Take the **Lake-Cook Road** exit.

Then 0.35 miles 12.90 total miles

5. Keep **right** to take the ramp toward **Deerfield**.

Then 0.02 miles 12.92 total miles

6. Turn **right** onto Lake Cook Rd.

Then 1.70 miles 14.62 total miles



7. 405 Lake Cook Rd, Deerfield, IL 60015-4918, 405 LAKE COOK RD is on the right.

*Your destination is just past Corporate Ctr.**If you reach S Waukegan Rd you've gone about 0.1 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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YOUR TRIP TO:

2721 N Spaulding Ave

**25 MIN | 17.2 MI** **Est. fuel cost: \$1.69**

Trip time based on traffic conditions as of 1:25 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS LOGAN SQUARE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 13.25 miles 16.17 total miles

6. Take the **Kimball Ave** exit, EXIT 45B, toward **3400 W**.

Then 0.21 miles 16.38 total miles

7. Turn **right** onto N Kimball Ave.

Then 0.59 miles 16.96 total miles

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8. Turn **left** onto W Diversey Ave.

W Diversey Ave is just past N Woodard St.

If you reach W Parker Ave you've gone a little too far.

Then 0.12 miles

17.09 total miles



9. Turn **right** onto N Spaulding Ave.

N Spaulding Ave is just past N Christiana Ave.

If you reach N Sawyer Ave you've gone a little too far.

Then 0.08 miles

17.17 total miles



10. 2721 N Spaulding Ave, Chicago, IL 60647-1338, 2721 N SPAULDING AVE is on the **left**.

If you reach N Milwaukee Ave you've gone a little too far.

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MapQuest Travel Times
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YOUR TRIP TO:

7009 W Belmont Ave

**26 MIN | 13.7 MI** **Est. fuel cost: \$1.35**

Trip time based on traffic conditions as of 12:52 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO DAVITA MONTCLARE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 7.16 miles 10.07 total miles

6. Take EXIT 81A toward **IL-43/Harlem Ave.**

Then 0.25 miles 10.32 total miles

7. Stay **straight** to go onto N Octavia Ave.

Then 0.01 miles 10.33 total miles

8. Keep **right** at the fork to continue on N Octavia Ave.

Then 0.04 miles 10.37 total miles

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9. N Octavia Ave becomes W Higgins Ave/IL-72.

Then 0.10 miles

10.47 total miles



10. Turn **right** onto N Harlem Ave/IL-43.

If you reach N Neva Ave you've gone a little too far.

Then 2.98 miles

13.45 total miles



11. Turn **left** onto W Belmont Ave.

W Belmont Ave is 0.1 miles past W School St.

If you reach W Barry Ave you've gone about 0.1 miles too far.

Then 0.26 miles

13.71 total miles



12. 7009 W Belmont Ave, Chicago, IL 60634-4533, 7009 W BELMONT AVE is on the **right**.

If you reach N Sayre Ave you've gone a little too far.

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YOUR TRIP TO:

2484 N Elston Ave

mapquest

26 MIN | 18.7 MI **Est. fuel cost: \$1.84**

Trip time based on traffic conditions as of 1:26 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO DAVITA LINCOLN PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 15.04 miles 17.95 total miles

6. Take the **Fullerton Ave** exit, EXIT 47A, toward **2400 N**.

Then 0.12 miles 18.07 total miles



7. Merge onto Kennedy Fullerton Rd.

Then 0.15 miles 18.22 total miles

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YOUR TRIP TO:

2620 W Addison St

**26 MIN | 17.1 MI** **Est. fuel cost: \$1.68**

Trip time based on traffic conditions as of 1:26 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO FRESENIUS NORTHCENTER

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 12.68 miles 15.60 total miles

6. Take the **Addison St** exit, EXIT 45A, toward **3600 N**.

Then 0.22 miles 15.81 total miles

7. Turn **left** onto W Addison St.

Then 1.28 miles 17.09 total miles

8. 2620 W Addison St, Chicago, IL 60618-5905, 2620 W ADDISON ST is on the **left**.*Your destination is just past N Talman Ave.**If you reach N Rockwell St you've gone a little too far.*

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YOUR TRIP TO:



565 Lakeview Pkwy, Vernon Hills, IL, 60061-1822

32 MIN | 22.2 MI **Est. fuel cost: \$1.56**

Trip time based on traffic conditions as of 1:29 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO DAVITA LAKE COUNTY

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 2.22 miles 5.04 total miles

3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 8.61 miles 13.65 total miles



4. I-294 N/Tri State Tollway N becomes I-94 W/Tri State Tollway N (Portions toll).

Then 5.30 miles 18.95 total miles

5. Take the **IL-60** exit toward **Town Line Rd**.

Then 0.25 miles 19.20 total miles

6. Keep **left** to take the ramp toward **Vernon Hills/Mundelein**.

Then 0.02 miles 19.22 total miles

7. Turn **left** onto IL-60/W State Route 60.

Then 2.32 miles 21.55 total miles

8. Turn **left** onto N Milwaukee Ave/IL-21.*If you are on E Townline Rd and reach Hawthorne Shopping Ctr you've gone about 0.1 miles too far.*

Then 0.38 miles 21.92 total miles

9. Turn **right** onto Executive Way.*If you are on N Milwaukee Ave and reach Continental Dr you've gone about 0.2 miles too far.*

Then 0.11 miles 22.03 total miles

10. Turn **right** onto Lakeview Pkwy.

Then 0.20 miles

22.22 total miles
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8. Turn **left** onto N Pulaski Rd.

N Pulaski Rd is just past N Keystone Ave.

If you reach N Harding Ave you've gone a little too far.

Then 0.50 miles

15.34 total miles



9. Turn **right** onto W Foster Ave.

W Foster Ave is 0.2 miles past W Argyle St.

Then 1.39 miles

16.73 total miles



10. Turn **right** onto N Francisco Ave.

N Francisco Ave is 0.2 miles past N Albany Ave.

If you reach N California Ave you've gone about 0.1 miles too far.

Then 0.04 miles

16.77 total miles



11. Turn **left**.

If you reach W Winona St you've gone a little too far.

Then 0.02 miles

16.79 total miles



12. Turn **slight right**.

Then 0.01 miles

16.80 total miles



13. 5140 N California Ave, Chicago, IL 60625-2577, 5140 N CALIFORNIA AVE.

If you reach W Winona St you've gone a little too far.

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YOUR TRIP TO:

5140 N California Ave

**32 MIN | 16.8 MI** **Est. fuel cost: \$1.65**

Trip time based on traffic conditions as of 1:27 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO NEPHRON DIALYSIS

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 10.28 miles 13.19 total miles

6. Take the **Lawrence Ave** exit, EXIT 84, toward **4800 N**.

Then 0.18 miles 13.37 total miles

7. Turn **slight left** onto W Lawrence Ave.

Then 1.48 miles 14.85 total miles

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YOUR TRIP TO:



1444 W Willow St, Chicago, IL 60642-1524

27 MIN | 19.6 MI **Est. fuel cost: \$1.93**

Trip time based on traffic conditions as of 1:23 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS WEST WILLOW

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 15.93 miles 18.84 total miles

6. Take the **Armitage Ave** exit, EXIT 48A, toward **2000 N**.

Then 0.17 miles 19.01 total miles

7. Turn **slight left** onto W Armitage Ave.

Then 0.20 miles 19.21 total miles

8. Turn **right** onto N Elston Ave.

Then 0.33 miles 19.55 total miles

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8. Turn **slight right** onto N Ogden Ave.

N Ogden Ave is just past W Erie St.

If you are on N Racine Ave and reach W Ohio St you've gone a little too far.

Then 0.80 miles

21.74 total miles



9. Turn **left** onto W Washington Blvd.

W Washington Blvd is 0.1 miles past W Randolph St.

If you reach W Warren Blvd you've gone a little too far.

Then 0.05 miles

21.79 total miles



10. 1426 W Washington Blvd, Chicago, IL 60607-1821, 1426 W WASHINGTON

BLVD is on the **left**.

Your destination is just past N Bishop St.

If you reach N Loomis St you've gone a little too far.

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YOUR TRIP TO:

1426 W Washington Blvd

**30 MIN | 21.8 MI** **Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 1:19 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO CIRCLE MEDICAL MANAGEMENET

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 17.70 miles 20.61 total miles

6. Take EXIT 50A toward **Ogden Ave/1200 W**.

Then 0.19 miles 20.81 total miles



7. Merge onto N Racine Ave.

Then 0.13 miles 20.94 total miles

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9. Turn **left** onto W Jackson Blvd.

Then 0.27 miles

22.49 total miles



10. Turn **right** onto S Clinton St.

S Clinton St is just past S Jefferson St.

If you reach S Canal St you've gone a little too far.

----- Then 0.41 miles -----

22.90 total miles



11. Turn **right** onto W Polk St.

W Polk St is just past W Lexington St.

If you reach W Cabrini St you've gone a little too far.

----- Then 0.05 miles -----

22.95 total miles



12. 557 W Polk St, Chicago, IL 60607-4314, 557 W POLK ST is on the **left**.

If you reach S Jefferson St you've gone a little too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

557 W Polk St

**32 MIN | 23.0 MI** **Est. fuel cost: \$1.61**

Trip time based on traffic conditions as of 1:18 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS POLK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 19.06 miles 21.98 total miles

6. Take EXIT 51F-G toward **E Jackson Blvd/300 S/W Adams St/200 S.**

Then 0.03 miles 22.01 total miles

7. Keep **straight** to take the ramp toward **E Jackson Blvd/300 S/W Adams St/200 S.**

Then 0.01 miles 22.01 total miles

8. Take the **E Jackson Blvd** exit, EXIT 51G, on the **left** toward **300 S.**

Then 0.21 miles 22.22 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1



8. Turn **left** onto W Roosevelt Rd.

W Roosevelt Rd is 0.1 miles past W Taylor St.

If you reach I-90 E you've gone about 0.2 miles too far.

----- Then 0.30 miles -----

23.27 total miles



9. Turn **left** onto S Canal St.

S Canal St is just past S Clinton St.

Then 0.12 miles

23.39 total miles



10. 1101 S Canal St, Chicago, IL 60607-4906, 1101 S CANAL ST is on the **right**.

If you reach W Taylor St you've gone a little too far.

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YOUR TRIP TO:

1101 S Canal St

**33 MIN | 23.4 MI** **Est. fuel cost: \$1.64**

Trip time based on traffic conditions as of 1:18 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO DAVITA LOOP

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 19.61 miles 22.52 total miles

6. Take the **Taylor St** exit, EXIT 52A, toward **Roosevelt Rd.**

Then 0.27 miles 22.79 total miles

7. Stay **straight** to go onto S Union Ave.

Then 0.18 miles 22.97 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1



8. Turn **slight right** onto N Ogden Ave.

N Ogden Ave is just past W Erie St.

If you are on N Racine Ave and reach W Ohio St you've gone a little too far.

Then 0.16 miles 21.10 total miles



9. Turn **right** onto W Grand Ave.

W Grand Ave is just past W Race Ave.

If you reach W Ferdinand St you've gone a little too far.

Then 0.67 miles 21.77 total miles



10. Turn **left** onto N Wood St.

N Wood St is just past N Hartland Ct.

If you reach N Wolcott Ave you've gone about 0.1 miles too far.

Then 0.08 miles 21.85 total miles



11. Take the 2nd **right** onto W Hubbard St.

W Hubbard St is just past W Ferdinand St.

If you reach W Kinzie St you've gone a little too far.

Then 0.03 miles 21.87 total miles



12. 1810 W Hubbard St, Chicago, IL 60622-6235, 1810 W HUBBARD ST is on the right.

If you reach N Wolcott Ave you've gone a little too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

1810 W Hubbard St

**31 MIN | 21.9 MI** **Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 1:17 PM on January 20, 2017. Current Traffic: Light

LIGHT TRAFFIC - TO FRESENIUS CHICAGO

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 17.70 miles 20.61 total miles

6. Take EXIT 50A toward **Ogden Ave/1200 W**.

Then 0.19 miles 20.81 total miles



7. Merge onto N Racine Ave.

Then 0.13 miles 20.94 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1



8. Turn **right** onto W Division St.

W Division St is just past W Crystal St.

If you reach W Haddon Ave you've gone a little too far.

Then 0.07 miles

19.44 total miles



9. Turn **left** onto N Mozart St.

If you reach N Francisco Ave you've gone a little too far.

Then 0.16 miles

19.59 total miles



10. 1044 N Mozart St, Chicago, IL 60622-2759, 1044 N MOZART ST is on the **right**.

Your destination is just past W Thomas St.

If you reach W Cortez St you've gone a little too far.

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YOUR TRIP TO:

1044 N Mozart St

**32 MIN | 19.6 MI** **Est. fuel cost: \$1.92**

Trip time based on traffic conditions as of 1:16 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO FRESENIUS WEST METRO

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles

2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 14.25 miles

17.17 total miles

6. Take the **California Ave** exit, EXIT 46A, toward **2800 W**.

Then 0.15 miles

17.32 total miles

7. Turn **slight right** onto N California Ave.

Then 2.06 miles

19.37 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

2953 Central St

**35 MIN | 13.1 MI** **Est. fuel cost: \$1.28**

Trip time based on traffic conditions as of 1:14 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS EVANSTON

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd.

Then 8.79 miles 11.61 total miles

3. Turn **left** onto Gross Point Rd.*If you reach Kilbourn Ave you've gone a little too far.*

Then 0.90 miles 12.51 total miles

4. Turn **slight right** onto Central St.*Central St is just past Wellington Ct.**If you are on Gross Point Rd and reach Crawford Ave you've gone a little too far.*

Then 0.58 miles 13.09 total miles

5. 2953 Central St, Evanston, IL 60201-1245, 2953 CENTRAL ST is on the **left**.*Your destination is just past Central Park Ave.**If you reach Hurd Ave you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

Center For Renal Replacement

**30 MIN | 14.2 MI** **Est. fuel cost: \$1.39**

Trip time based on traffic conditions as of 1:13 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO CENTER FOR RENAL REPLACEMENT

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles ----- 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 0.64 miles ----- 3.46 total miles

3. Turn **slight right** onto Rand Rd/US-12 E. Continue to follow Rand Rd.*If you are on E Golf Rd and reach Nazareth Way you've gone about 0.2 miles too far.*

Then 1.77 miles ----- 5.23 total miles

4. Turn **left** onto Miner St/US-14 E. Continue to follow US-14 E.*US-14 E is 0.4 miles past E Ballard Rd.*

Then 3.74 miles ----- 8.96 total miles



5. US-14 E becomes Dempster St/IL-58.

Then 1.68 miles ----- 10.64 total miles

6. Merge onto I-94 E/Edens Expy S toward **Chicago**.

Then 2.47 miles ----- 13.11 total miles

7. Take the **Touhy Ave E** exit, EXIT 39B.

Then 0.25 miles ----- 13.36 total miles



8. Merge onto W Touhy Ave.

Then 0.62 miles ----- 13.98 total miles

9. Turn **sharp left** onto N Lincoln Ave/US-41 N.*N Lincoln Ave is just past N Kilbourn Ave.**If you reach N Kostner Ave you've gone a little too far.*

Then 0.19 miles

14.17 total miles

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MapQuest Travel Times

OVER 30-MINUTES MAPQUEST ADJUSTED**APPENDIX 1**

YOUR TRIP TO:

9801 Woods Dr, Skokie, IL, 60077-1095

**27 MIN | 10.7 MI** **Est. fuel cost: \$1.05**

Trip time based on traffic conditions as of 1:12 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS SKOKIE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles

2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd.

Then 7.62 miles

10.43 total miles

3. Turn **left** onto Woods Dr.*If you reach Lockwood Ave you've gone about 0.2 miles too far.*

Then 0.28 miles

10.71 total miles

4. 9801 Woods Dr, Skokie, IL 60077-1095, 9801 WOODS DR is on the **right**.*If you reach Old Orchard Rd you've gone about 0.2 miles too far.*

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

DAVITA - BIG OAKS DIALYSIS

**28 MIN | 11.4 MI** **Est. fuel cost: \$1.12**

Trip time based on traffic conditions as of 1:11 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA BIG OAKS

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 0.64 miles 3.46 total miles

3. Turn **slight right** onto Rand Rd/US-12 E. Continue to follow Rand Rd.*If you are on E Golf Rd and reach Nazareth Way you've gone about 0.2 miles too far.*

Then 1.77 miles 5.23 total miles



4. Rand Rd becomes N Northwest Hwy.

Then 1.40 miles 6.63 total miles

5. Turn **slight left** onto Oakton St.*Oakton St is just past Vernon Ave.**If you reach Rowe Ave you've gone a little too far.*

Then 1.93 miles 8.56 total miles

6. Turn **right** onto N Milwaukee Ave/IL-21. Continue to follow N Milwaukee Ave.*N Milwaukee Ave is 0.1 miles past Oriole Ave.**If you reach N Osceola Ave you've gone a little too far.*

Then 1.17 miles 9.74 total miles

7. Turn **left** onto W Touhy Ave.*W Touhy Ave is just past N Waukegan Rd.**If you reach N Newark Ave you've gone about 0.1 miles too far.*

Then 1.70 miles 11.43 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

4343 N Elston Ave

**24 MIN | 15.6 MI** **Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 1:22 PM on January 20, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO DAVITA IRVING PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 11.75 miles 14.67 total miles

6. Take the **IL-19/Irving Park Rd/Keeler Ave** exit, EXIT 44A.

Then 0.34 miles 15.01 total miles

7. Turn **slight left** onto IL-19/W Irving Park Rd.*If you reach I-90 E you've gone about 0.2 miles too far.*

Then 0.19 miles 15.20 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1



8. Turn **left** onto N Pulaski Rd.

N Pulaski Rd is just past N Keystone Ave.

If you reach N Harding Ave you've gone a little too far.

----- Then 0.41 miles -----

15.62 total miles



9. Turn **sharp right** onto N Elston Ave.

N Elston Ave is just past W Cullom Ave.

If you reach W Montrose Ave you've gone a little too far.

Then 0.01 miles

15.63 total miles



10. 4343 N Elston Ave, Chicago, IL 60641-2145, 4343 N ELSTON AVE is on the left.

If you reach N Harding Ave you've gone a little too far.

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YOUR TRIP TO:

4935 W Belmont Ave

**31 MIN | 16.0 MI** **Est. fuel cost: \$1.57**

Trip time based on traffic conditions as of 12:52 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESNIUS WEST BELMONT

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles

2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 10.28 miles

13.19 total miles

6. Take the **Lawrence Ave** exit, EXIT 84, toward **4800 N**.

Then 0.18 miles

13.37 total miles

7. Turn **sharp right** onto W Lawrence Ave.*If you reach I-90 E you've gone about 0.1 miles too far.*

Then 0.21 miles

13.58 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1



8. Turn **left** onto N Milwaukee Ave.

N Milwaukee Ave is just past N Lipps Ave.

If you reach N London Ave you've gone a little too far.

Then 1.22 miles 14.79 total miles



9. Turn **slight right** onto N Cicero Ave/IL-50.

N Cicero Ave is 0.1 miles past W Cuyler Ave.

Then 1.01 miles

15.80 total miles



10. Turn **right** onto W Belmont Ave.

W Belmont Ave is just past W Melrose St.

If you reach W Fletcher St you've gone a little too far.

Then 0.19 miles 16.00 total miles



11. 4935 W Belmont Ave, Chicago, IL 60641-4332, 4935 W BELMONT AVE is on the **left**.

Your destination is just past N Lamon Ave.

If you reach N Lavergne Ave you've gone a little too far.

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YOUR TRIP TO:

518 N Austin Blvd

**39 MIN | 18.1 MI** **Est. fuel cost: \$1.78**

Trip time based on traffic conditions as of 12:50 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS WEST SUBURBAN

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles

0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles

2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles

2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 8.82 miles

11.74 total miles

6. Take EXIT 82C toward **Austin Ave/6000 W**.

Then 0.18 miles

11.92 total miles



7. Merge onto N Avondale Ave.

Then 0.13 miles

12.05 total miles



8. N Avondale Ave becomes N Austin Ave.

Then 4.80 miles

16.85 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:



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

33 MIN | 20.7 MI **Est. fuel cost: \$1.45**

Trip time based on traffic conditions as of 12:50 PM on January 20, 2017. Current Traffic: Moderate

TO FRESINIUS OAK PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.48 miles 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 11.50 miles 19.52 total miles

5. Take the **IL-43/Harlem Ave** exit, EXIT 21B, on the **left**.

Then 0.21 miles 19.73 total miles

6. Turn **left** onto Harlem Ave/IL-43.

Then 0.43 miles 20.15 total miles

7. Turn **right** onto Madison St.*Madison St is 0.1 miles past Monroe St.**If you reach Washington Blvd you've gone about 0.1 miles too far.*

Then 0.58 miles 20.73 total miles

8. 733 Madison St, Oak Park, IL 60302-4419, 733 MADISON ST is on the **right**.*Your destination is just past S Oak Park Ave.**If you reach S Euclid Ave you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

103 Forest Ave

mapquest

36 MIN | 17.0 MI **Est. fuel cost: \$1.77**

Trip time based on traffic conditions as of 3:06 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS RIVER FOREST

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E/Jane Addams Memorial Tollway E via the ramp on the **left** (Portions toll).

Then 3.99 miles 6.91 total miles

6. Merge onto I-294 S/Tri State Tollway S toward **Indiana** (Portions toll).

Then 2.36 miles 9.27 total miles



7. Merge onto IL-19 E/Irving Park Rd.

Then 1.81 miles 11.08 total miles

8. Turn **right** onto River Rd.*River Rd is 0.1 miles past Willow St.*

Then 2.85 miles 13.93 total miles

OVER 30-MINUTES MAPQUEST ADJUSTED

13.93 MapQuest Travel Times

APPENDIX 1

- 9. Turn **slight right** onto 1st Ave/IL-171.
1st Ave is 0.5 miles past N 5th Ave.

Then 2.32 miles 16.25 total miles

- ↶ 10. Turn **left** onto Washington Blvd.
Washington Blvd is just past Pine St.

If you reach Warren St you've gone about 0.1 miles too far.

Then 0.66 miles 16.92 total miles

- 11. Turn **right** onto Forest Ave.
Forest Ave is just past Keystone Ave.

If you reach Park Ave you've gone a little too far.

Then 0.09 miles 17.01 total miles

- 📍 12. 103 Forest Ave, River Forest, IL 60305-2003, 103 FOREST AVE is on the
left.

If you reach Vine St you've gone a little too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

911 W North Ave

**30 MIN | 14.7 MI** **Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 3:05 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS NORTH AVENUE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E/Jane Addams Memorial Tollway E via the ramp on the **left** (Portions toll).

Then 3.99 miles 6.91 total miles

6. Merge onto I-294 S/Tri State Tollway S toward **Indiana** (Portions toll).

Then 2.36 miles 9.27 total miles



7. Merge onto IL-19 E/Irving Park Rd.

Then 1.81 miles 11.08 total miles

8. Turn **right** onto River Rd.*River Rd is 0.1 miles past Willow St.*

Then 2.31 miles 13.39 total miles

OVER 30-MINUTES MAPQUEST ADJUSTED**APPENDIX 1**



9. Turn **slight right** onto N 5th Ave.

N 5th Ave is just past Fullerton Ave.

Then 0.90 miles 14.29 total miles



10. Turn **right**.

0.3 miles past Hemingway Dr.

Then 0.13 miles 14.42 total miles



11. Turn **right**.

If you reach N 9th Ave you've gone about 0.1 miles too far.

Then 0.06 miles 14.48 total miles



12. Turn **slight left**.

Then 0.03 miles 14.51 total miles



13. Turn **right**.

Then 0.03 miles 14.54 total miles



14. Take the 1st **left**.

Then 0.13 miles 14.67 total miles



15. 911 W North Ave, Melrose Park, IL 60160-1516, 911 W NORTH AVE.

Your destination is just past N 9th Ave.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

610 S Maple Ave

**35 MIN | 20.1 MI** **Est. fuel cost: \$1.50**

Trip time based on traffic conditions as of 3:04 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO MAPLE AVENUE KIDNEY CENTER

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles ----- 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles ----- 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.48 miles ----- 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 11.50 miles ----- 19.52 total miles

5. Take the **IL-43/Harlem Ave** exit, EXIT 21B, on the **left**.

Then 0.21 miles ----- 19.73 total miles

6. Turn **left** onto Harlem Ave/IL-43.

Then 0.33 miles ----- 20.05 total miles

7. Turn **right** onto Monroe St.*Monroe St is just past Adams St.**If you reach Madison St you've gone about 0.1 miles too far.*

Then 0.04 miles ----- 20.09 total miles

8. Turn **right** onto S Maple Ave.

Then 0.02 miles ----- 20.11 total miles

9. 610 S Maple Ave, Oak Park, IL 60304-1003, 610 S MAPLE AVE is on the **left**.*If you reach Adams St you've gone a little too far.*

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YOUR TRIP TO:

1111 Superior St

**37 MIN | 15.9 MI** **Est. fuel cost: \$1.66**

Trip time based on traffic conditions as of 3:03 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS MELROSE PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.48 miles 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 3.16 miles 11.18 total miles

5. Merge onto US-20 E/IL-64/E North Ave via EXIT 13A toward **US-20 E/Lake St/I-294 N/Milwaukee**.

Then 0.48 miles 11.67 total miles

6. Merge onto W Lake St toward **Milwaukee**.

Then 4.10 miles 15.77 total miles

7. Turn **left** onto N 11th Ave.*N 11th Ave is just past N 12th Ave.**If you reach N 10th Ave you've gone a little too far.*

Then 0.08 miles 15.85 total miles

8. Take the 1st **left** onto Superior St.*If you reach Chicago Ave you've gone a little too far.*

Then 0.02 miles 15.87 total miles

YOUR TRIP TO:

1201 W Roosevelt Rd

mapquest

31 MIN | 17.9 MI **Est. fuel cost: \$1.87**

Trip time based on traffic conditions as of 3:03 PM on January 17, 2017. Current Traffic: Moderate

MODERATE TRAFFIC - TO LOYOLA DIALYSIS

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.48 miles 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 8.93 miles 16.95 total miles

5. Take EXIT 19A toward **17th Ave**.

Then 0.20 miles 17.16 total miles



6. Merge onto Bataan Dr.

Then 0.04 miles 17.19 total miles

7. Take the 1st **right** onto S 17th Ave.*If you reach S 16th Ave you've gone a little too far.*

Then 0.45 miles 17.64 total miles

8. Turn **left** onto W Roosevelt Rd.*W Roosevelt Rd is 0.1 miles past Fillmore St.**If you reach W 13th St you've gone about 0.1 miles too far.*

Then 0.28 miles 17.93 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

VILLA PARK HOME DIALYSIS

mapquest

30 MIN | 14.1 MI **Est. fuel cost: \$1.47**

Trip time based on traffic conditions as of 2:59 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO NOCTURNAL SPA DIALYSIS

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles ----- 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles ----- 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 8.27 miles ----- 12.81 total miles



4. Merge onto Roosevelt Rd/IL-38 W.

Then 1.17 miles ----- 13.98 total miles

5. Turn **left** onto S Ardmore Ave.*S Ardmore Ave is 0.2 miles past S Summit Ave.**If you reach S Michigan Ave you've gone about 0.3 miles too far.*

Then 0.12 miles ----- 14.10 total miles

6. VILLA PARK HOME DIALYSIS, 1634 S ARDMORE AVE is on the **right**.*Your destination is just past Ardmore Ave.**If you reach Param Apartments you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

28160 W Northwest Hwy

**37 MIN | 16.9 MI** **Est. fuel cost: \$1.77**

Trip time based on traffic conditions as of 2:53 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA BARRINGTON CREEK

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.69 miles 1.69 total miles

2. Turn **slight right** onto W Algonquin Rd/IL-62.*W Algonquin Rd is 0.1 miles past S Fernandez Ave.**If you are on Golf Rd and reach Meijer Dr you've gone about 0.1 miles too far.*

Then 4.76 miles 6.45 total miles

3. Turn **right** onto Roselle Rd.*Roselle Rd is 0.2 miles past Harper College Dr.*

Then 3.14 miles 9.60 total miles

4. Turn **right** onto Baldwin Rd.

Then 0.18 miles 9.78 total miles

5. Turn **slight left** onto W Northwest Hwy/US-14 W.

Then 7.16 miles 16.94 total miles

6. 28160 W Northwest Hwy, Lake Barrington, IL 60010-2324, 28160 W NORTHWEST HWY is on the **right**.*Your destination is 0.5 miles past W Cuba Rd.**If you reach N Pepper Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

3825 Highland Ave

**36 MIN | 18.2 MI** **Est. fuel cost: \$1.90**

Trip time based on traffic conditions as of 2:50 PM on January 17, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS MEDICAL CARE DOWNERS GROVE

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles 4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 8.76 miles 13.30 total miles



4. Merge onto IL-56 W/Butterfield Rd.

Then 1.59 miles 14.88 total miles

5. Turn **slight right** onto 22nd St/IL-56.*22nd St is just past Renaissance Blvd.*

Then 0.46 miles 15.35 total miles

6. Turn **left** onto Meyers Rd/County Hwy-25. Continue to follow County Hwy-25.*County Hwy-25 is 0.1 miles past N Tower Rd.**If you are on E Butterfield Rd and reach Fountain Square Dr you've gone about 0.2 miles too far.*

Then 1.93 miles 17.28 total miles

7. Turn **right** onto 39th St.*39th St is 0.1 miles past 38th St.**If you reach 40th St you've gone about 0.1 miles too far.*

Then 0.75 miles 18.03 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

1940 Springer Dr

**33 MIN | 18.9 MI** **Est. Fuel cost: \$1.87**

Trip time based on traffic conditions as of 3:44 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS LOMBARD



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 3.59 miles 3.59 total miles



2. Turn **left** onto W Frontage Rd.
W Frontage Rd is just past McConnor Pkwy.

If you reach East Dr you've gone about 0.1 miles too far.

Then 1.04 miles 4.63 total miles



3. Merge onto I-290 E via the ramp on the **left**.

Then 4.49 miles 9.12 total miles



4. Keep **left** to take I-355 S via EXIT 7 toward Joliet (Portions toll).

Then 3.09 miles 12.21 total miles



5. Keep **right** to take I-355 S/Veterans Memorial Tollway S toward CASH (Portions toll).

Then 4.62 miles 16.83 total miles



6. Take the **IL-38/Roosevelt Rd** exit, EXIT 24.

Then 0.34 miles 17.17 total miles



7. Keep **left** to take the ramp toward Lombard.

Then 0.04 miles 17.21 total miles



8. Turn **left** onto IL-38/Roosevelt Rd.

Then 0.82 miles 18.03 total miles



9. Turn **right** onto S Finley Rd.
S Finley Rd is 0.1 miles past Cheltenham Dr.

Then 0.67 miles 18.70 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1



10. Turn **right** onto Oak Creek Dr.

Oak Creek Dr is 0.1 miles past Pinebrook Dr.

If you reach Foxworth Blvd you've gone about 0.2 miles too far.

Then 0.12 miles

18.82 total miles



11. Turn **left** onto Springer Dr.

Then 0.10 miles

18.92 total miles



12. 1940 Springer Dr, Lombard, IL 60148-6417, 1940 SPRINGER DR is on the **right**.

If you reach Foxworth Blvd you've gone about 0.1 miles too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

2601 Harlem Ave

**53 MIN | 22.3 MI** **Est. Fuel cost: \$1.57**

Trip time based on traffic conditions as of 3:43 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESNIUS BERWYN

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.53 miles 4.60 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.42 miles 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 11.50 miles 19.52 total miles

5. Take the **IL-43/Harlem Ave** exit, EXIT 21B, on the **left**.

Then 0.21 miles 19.73 total miles

6. Turn **right** onto IL-43/Harlem Ave.*If you reach I-290 E you've gone about 0.2 miles too far.*

Then 2.11 miles 21.84 total miles

7. Turn **left** onto 26th St.*26th St is 0.2 miles past W 25th St.**If you reach Berkeley Rd you've gone a little too far.*

Then 0.15 miles 21.99 total miles

8. Take the 1st **right** onto Riverside Dr.*If you reach 26th Pkwy you've gone a little too far.*

Then 0.21 miles 22.20 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times

APPENDIX 1

YOUR TRIP TO:

133 E Brush Hill Rd

**31 MIN | 15.0 MI** **Est. Fuel cost: \$1.49**

Trip time based on traffic conditions as of 3:42 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS ELMHURST

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.53 miles

4.60 total miles



3. S Busse Rd becomes IL-83 S.

Then 8.75 miles

13.35 total miles

4. Merge onto IL-56 E/Butterfield Rd toward **IL-38 E/Roosevelt Rd**.

Then 0.90 miles

14.25 total miles

5. Turn **right** onto Commonwealth Ln.*If you are on W Butterfield Rd and reach S Spring Rd you've gone about 0.2 miles too far.*

Then 0.21 miles

14.46 total miles



6. Commonwealth Ln becomes W Brush Hill Rd.

Then 0.58 miles

15.04 total miles

7. 133 E Brush Hill Rd, Elmhurst, IL 60126-5658, 133 E BRUSH HILL RD is on the **left**.*Your destination is just past S Euclid Ave.**If you reach Fronza Pkwy you've gone about 0.3 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

mapquest

2400 S Wolf Rd

38 MIN | 17.2 MI **Est. Fuel cost: \$1.70**

Trip time based on traffic conditions as of 3:39 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS WESTCHESTER

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.53 miles 4.60 total miles



3. S Busse Rd becomes IL-83 S.

Then 3.42 miles 8.02 total miles

4. Merge onto I-290 E toward **Chicago**.

Then 5.32 miles 13.33 total miles

5. Merge onto I-294 S/Tri State Tollway S via EXIT 15A toward **Indiana** (Portions toll).

Then 2.34 miles 15.67 total miles

6. Take the **22nd St/Cermak Rd** exit.

Then 0.23 miles 15.90 total miles

7. Keep **right** to take the ramp toward **Westchester**.

Then 0.06 miles 15.95 total miles



8. Merge onto W 22nd St.

Then 0.04 miles 15.99 total miles



9. W 22nd St becomes Cermak Rd.

Then 0.93 miles 16.91 total miles

10. Turn **right** onto S Wolf Rd.*If you are on W Cermak Rd and reach Mandel Ave you've gone a little too far.*

Then 0.26 miles 17.17 total miles

OVER 30-MINUTES MAPQUEST ADJUSTED**APPENDIX 1**

YOUR TRIP TO:

4343 N Elston Ave

mapquest

34 MIN | 15.6 MI **Est. Fuel cost: \$1.54**

Trip time based on traffic conditions as of 3:37 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO DAVITA IRVING PARK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles 0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 0.88 miles 0.95 total miles

3. Turn **left** onto W Algonquin Rd/IL-62.*W Algonquin Rd is just past Dempster St.**If you reach W Crystal Ln you've gone about 0.1 miles too far.*

Then 1.10 miles 2.05 total miles

4. Turn **right** onto IL-83/S Elmhurst Rd. Continue to follow S Elmhurst Rd.*S Elmhurst Rd is 0.1 miles past Wall St.**If you reach S Leslie Ln you've gone a little too far.*

Then 0.86 miles 2.92 total miles

5. Merge onto I-90 E via the ramp on the **left** (Portions toll).

Then 11.75 miles 14.67 total miles

6. Take the **IL-19/Irving Park Rd/Keeler Ave** exit, EXIT 44A.

Then 0.34 miles 15.01 total miles

7. Turn **slight left** onto IL-19/W Irving Park Rd.*If you reach I-90 E you've gone about 0.2 miles too far.*

Then 0.19 miles 15.20 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1



8. Turn **left** onto N Pulaski Rd.

N Pulaski Rd is just past N Keystone Ave.

If you reach N Harding Ave you've gone a little too far.

----- Then 0.41 miles ----- 15.62 total miles



9. Turn **sharp right** onto N Elston Ave.

N Elston Ave is just past W Cullom Ave.

If you reach W Montrose Ave you've gone a little too far.

Then 0.01 miles

15.63 total miles



10. 4343 N Elston Ave, Chicago, IL 60641-2145, 4343 N ELSTON AVE is on the
left.

If you reach N Harding Ave you've gone a little too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

480 Central Ave, Northfield, IL, 60093-3016

**30 MIN | 14.3 MI** **Est. Fuel cost: \$1.39**

Trip time based on traffic conditions as of 3:28 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS NORTHFIELD

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 2.82 miles 2.82 total miles



2. Enter next roundabout and take the 2nd exit onto E Golf Rd/IL-58.

Then 2.22 miles 5.04 total miles

3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 3.62 miles 8.66 total miles

4. Take the **Willow Rd** exit.

Then 0.30 miles 8.96 total miles

5. Keep **right** to take the ramp toward **Glenview/Northbrook**.

Then 0.04 miles 9.00 total miles



6. Merge onto Willow Rd.

Then 3.49 miles 12.49 total miles



7. Willow Rd becomes New Willow Rd.

Then 1.40 miles 13.88 total miles



8. New Willow Rd becomes Willow Rd.

Then 0.15 miles 14.03 total miles

9. Turn **left** onto Central Ave.*Central Ave is just past Old Willow Rd.**If you reach Walnut Ave you've gone a little too far.*

Then 0.23 miles 14.26 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

mapquest

2203 Randall Rd, Carpentersville, IL, 60110-3355

28 MIN | 23.1 MI **Est. Fuel cost: \$1.60**

Trip time based on traffic conditions as of 3:22 PM on December 14, 2016. Current Traffic: Light

LIGHT TRAFFIC - TO DAVITA CARPENTERSVILLE

1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr.

Then 1.08 miles ----- 1.08 total miles

2. Turn **left** onto S Arlington Heights Rd.*S Arlington Heights Rd is 0.3 miles past S Goebbert Rd.**If you reach S Milbrook Ln you've gone about 0.1 miles too far.*

Then 0.56 miles ----- 1.65 total miles

3. Merge onto I-90 W/Jane Addams Memorial Tollway W toward **Rockford**
(Portions toll).

Then 18.27 miles ----- 19.92 total miles

4. Take the **Randall Rd** exit.

Then 0.43 miles ----- 20.35 total miles

5. Merge onto Randall Rd/County Hwy-34 toward **Crystal Lake/Gilberts**.

Then 2.73 miles ----- 23.08 total miles

6. 2203 Randall Rd, Carpentersville, IL 60110-3355, 2203 RANDALL RD is on
the **right**.*Your destination is 0.2 miles past Binnie Rd.**If you reach Miller Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

149 E Irving Park Rd

**28 MIN | 13.7 MI** **Est. Fuel cost: \$1.35**

Trip time based on traffic conditions as of 3:45 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO USRC STREAMWOOD



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 11.23 miles 11.23 total miles



2. Turn **left** onto Bartlett Rd.

Then 2.30 miles 13.53 total miles



3. Turn **left** onto E Irving Park Rd/IL-19.
E Irving Park Rd is 0.1 miles past E Briarwood Dr.

If you reach Lasalle Rd you've gone about 0.1 miles too far.

Then 0.20 miles 13.73 total miles



4. 149 E Irving Park Rd, Streamwood, IL 60107-2950, 149 E IRVING PARK RD is on the **right**.

If you reach S Park Ave you've gone about 0.1 miles too far.

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

130 E Army Trail Rd

**30 MIN | 14.3 MI** **Est. Fuel cost: \$1.42**

Trip time based on traffic conditions as of 3:51 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO FRESENIUS GLENDALE HEIGHTS



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 3.59 miles

3.59 total miles



2. Turn **left** onto W Frontage Rd.
W Frontage Rd is just past McConnor Pkwy.

If you reach East Dr you've gone about 0.1 miles too far.

Then 1.04 miles

4.63 total miles



3. Merge onto I-290 E via the ramp on the **left**.

Then 4.49 miles

9.12 total miles



4. Keep **left** to take I-355 S via EXIT 7 toward **Joliet**.

Then 2.54 miles

11.67 total miles



5. Take the **Army Trail Rd** exit.

Then 0.36 miles

12.03 total miles



6. Keep **right** to take the ramp toward **Bloomington/Glendale Hts.**

Then 0.04 miles

12.07 total miles



7. Merge onto W Army Trail Rd.

Then 2.26 miles

14.34 total miles



8. 130 E Army Trail Rd, Glendale Heights, IL 60108, 130 E ARMY TRAIL RD is on the **right**.

*Your destination is 0.2 miles past Bloomington Rd.**If you reach Gladstone Ct you've gone a little too far.*

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:

1201 Butterfield Rd

**34 MIN | 20.0 MI** **Est. Fuel cost: \$1.98**

Trip time based on traffic conditions as of 3:50 PM on December 14, 2016. Current Traffic: Heavy

HEAVY TRAFFIC - TO USRC OAK BROOK



1. Start out going **west** on W Golf Rd/IL-58 toward Oak Wood Dr. Continue to follow W Golf Rd.

Then 3.59 miles 3.59 total miles



2. Turn **left** onto W Frontage Rd.
W Frontage Rd is just past McConnor Pkwy.

If you reach East Dr you've gone about 0.1 miles too far.

Then 1.04 miles 4.63 total miles



3. Merge onto I-290 E via the ramp on the **left**.

Then 4.49 miles 9.12 total miles



4. Keep **left** to take I-355 S via EXIT 7 toward **Joliet** (Portions toll).

Then 3.09 miles 12.21 total miles



5. Keep **right** to take I-355 S/Veterans Memorial Tollway S toward **CASH** (Portions toll).

Then 6.32 miles 18.52 total miles



6. Take the **IL-56/Butterfield Rd** exit, EXIT 20-22.

Then 0.72 miles 19.24 total miles



7. Keep **left** to take the ramp toward **Oak Brook**.

Then 0.03 miles 19.27 total miles



8. Turn **left** onto IL-56/Butterfield Rd.

Then 0.49 miles 19.76 total miles



9. Turn **right** onto Downers Dr.
Downers Dr is 0.2 miles past Finley Rd.

Then 0.04 miles 19.80 total miles

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OVER 30-MINUTES MAPQUEST ADJUSTED

MapQuest Travel Times
APPENDIX 1

YOUR TRIP TO:



1600 16th St, Oak Brook, IL, 60523-1358

26 MIN | 13.7 MI **Est. fuel cost: \$1.35**

Trip time based on traffic conditions as of 1:49 PM on January 20, 2017. Current Traffic: Heavy

HEAVY TRAFFIC - TO NXSTAGE OAK BROOK

1. Start out going **east** on W Golf Rd/IL-58 toward S Busse Rd.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto S Busse Rd.*If you are on W Golf Rd and reach S Edgewood Ave you've gone about 0.1 miles too far.*

Then 4.46 miles

4.54 total miles



3. S Busse Rd becomes IL-83 S.

Then 9.10 miles

13.64 total miles

4. Turn **right** onto 16th St.

Then 0.04 miles

13.68 total miles

5. 1600 16th St, Oak Brook, IL 60523-1358, 1600 16TH ST is on the **right**.Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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OVER 30-MINUTES MAPQUEST ADJUSTEDMapQuest Travel Times
APPENDIX 1

January 23, 2017

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

Dear Ms. Avery:

I am a nephrologist in practice with Nephrology Associates of Northern Illinois (NANI) and am the Medical Director of the Fresenius Palatine facility. This facility is nearing capacity and thus does not allow me the ability to promote home dialysis options by initiating Urgent Start IPD.

Urgent Start refers to a dialysis program that allows patients to start dialysis with a permanent vascular access rather than a central venous catheter, which is associated with higher morbidity and mortality. Specifically, patients in the urgent start program start dialysis with a peritoneal dialysis catheter. Patients in the Urgent Start program receive their peritoneal dialysis in the dialysis center for the initial weeks of dialysis initiation. Patients can choose to continue home dialysis with a peritoneal dialysis catheter or switch to in-center hemodialysis when their permanent venous access is mature.

The Urgent Start program allows our practice to reduce our rates of central venous catheter use. This improves the likelihood that patients will avoid hospitalization and remain as healthy as possible.

This is the program that we are currently utilizing successfully at our Fresenius Palatine facility and we need to increase patient access to this program as we are reaching capacity.

I am pleased that our program is generating successful outcomes translating into better healthcare for our patients.

Here are the statistics regarding our practice:

We were treating 197 hemodialysis patients at the end of 2014, 192 patients at the end of 2014, and 192 at the end of 2016 as reported to The Renal Network. Over the past twelve months we have referred 59 new hemodialysis patients for services. I also currently have 32 home dialysis patients I see at the Palatine facility.

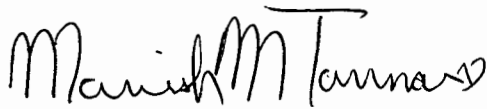
We currently have 149 pre-ESRD patients in our practice that live in the zip codes surrounding the Mount Prospect area that will be expected to begin dialysis during the first two years of the operation of the Mount Prospect facility. Due to natural patient attrition I expect 104 could begin dialysis at the Mount Prospect facility during that time. It is unclear at this time which patients will be good candidates for Urgent Start IPD and eventually home dialysis, however it is my intent to encourage eligible patients to choose Urgent Start IPD for their dialysis initiation.

The Urgent Start dialysis program allows us to promote home dialysis therapies and allows us to lower central venous catheters rates. Central venous catheter use is known to increase morbidity and mortality rates in this vulnerable population

Due to the many patient benefits of dialyzing at home and the need to lower central venous catheter use, I urge the Board to approve the Mount Prospect 8 station in-center hemodialysis facility where we will also provide IPD to facilitate the growth of home dialysis through in-center experience and exposure.

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

Sincerely,

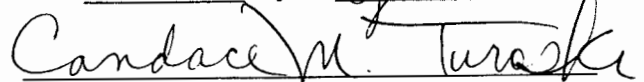


Manish Tanna, M.D.

Notarization:

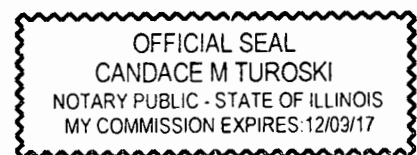
Subscribed and sworn to before me

this 25th day of Jan, 2017



Signature of Notary

Seal



Service Demand – Physician Referral Letter

APPENDIX 2

PRE-ESRD PATIENTS IDENTIFIED FOR FRESENIUS MOUNT PROSPECT

ZIP Code	Patients
60004	25
60005	19
60007	34
60008	6
60016	17
60018	13
60056	21
60070	7
60090	5
60173	2
Total	149

**NEW HEMODIALYSIS REFERRALS OF THE
SUPPORTING PHYSICIANS
FOR THE PAST TWELVE MONTHS**

Fresenius Kidney Care						DaVita			Total
Des Plaines	Niles	Norridge	Palatine	Rolling Meadows	Glenview	Arlington Heights	Buffalo Grove	Evanston	
			1				1		2
						1			1
			1	1					2
			2						2
1	1				4	2			8
3	1								4
			1		1				2
			1						1
			1						1
	1								1
1			2			1			4
			2						2
	1								1
					1				1
			2						2
								1	1
			2						2
			6				1		7
					1				1
			2						2
	1	1							2
			1						1
			1						1
			1						1
	1	1			1	1			4
1	1				1				3
					1				1
6	7	2	26	1	9	5	2	1	59

HEMODIALYSIS PATIENTS OF PHYSICIANS AT YEAR END 2014

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			3				1	4	8
60005						1	9	1	11
60007							3		3
60008			1	3			1		5
60010				1					1
60015								1	1
60016	1	5	1		9		3	1	20
60018	3	1	2		2	3	2		13
60025					7		1		8
60026					3				3
60031								1	1
60047			1	1			1	1	4
60053		1			1				2
60056	1		4		3		7	1	16
60062					4			2	6
60067			4	5			1		10
60068		1			3		1		5
60069								1	1
60070			1		4			1	6
60074			10	1				3	14
60076									0
60077									0
60084			1					1	2
60089								1	1
60090		2	5	1	5			11	24
60091									0
60102			1						1
60107				1					1
60124					1				1
60131						1			1
60173								1	1
60176		1							1
60192			1						1
60194							2		2
60201									0
60202									0
60203									0
60402			1						1
60425					1				1
60616		1							1
60618					1				1
60626									0
60631		3							3
60634						1			1
60638									0
60641		1							1
60644							1		1
60646			1						1
60656		1				1			2
60706						2			2
60714		5			3				8
Total	5	22	37	13	47	9	33	31	197

Service Demand - Physician Referral Letter

APPENDIX 2

HEMODIALYSIS PATIENTS OF PHYSICIANS AT YEAR END 2015

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			5	1		1	1	5	13
60005	1		1			1	8	1	12
60007			1				4		5
60008			3	5			1		9
60010			1	1					2
60015								1	1
60016	3	4	1		9		4		21
60018	5	1	1		1	2			10
60025					5		1		6
60026					2				2
60030			1						1
60031								1	1
60047			2	1			1		4
60053					1				1
60056			4		3		7	1	15
60062					3				3
60067			3	2			1		6
60068					1		1		2
60069								1	1
60070					5				5
60074			9	1				2	12
60084			2					1	3
60089			1					4	5
60090		2	7	1	5			11	26
60102			1						1
60107							1		1
60171						1			1
60173								1	1
60176						1			1
60194							1		1
60425					1				1
60618					1				1
60630					1				1
60631		3							3
60634						1			1
60641		2							2
60656	1								1
60706						2			2
60714		4			4				8
Total	10	16	43	12	42	9	31	29	192

PATIENTS OF SUPPORTING PHYSICIANS AS OF YEAR END 2016

Zip Code	Fresenius Kidney Care						DaVita		Total
	Des Plaines	Niles	Palatine	Rolling Meadows	Glenview	Norridge	Arlington Heights	Buffalo Grove	
60004			4				1	7	12
60005	1		1				6		8
60007			1				2		3
60008			3	3			1		7
60010			2	1					3
60015								1	1
60016	5	3	1		8		4		21
60018	7	1	1			3			12
60025					6		1		7
60026					2				2
60030			2						2
60031								1	1
60047			3	1			1		5
60053		1			1				2
60056	1		3		3		6	1	14
60062					1				1
60067			5	2					7
60068		1			1		1		3
60069								1	1
60070			1		4				5
60074			11					3	14
60084			2					1	3
60089			2		1			3	6
60090		1	9		5			11	26
60091					1				1
60102			1						1
60107							1		1
60131						1			1
60169			1						1
60171						1			1
60176	1								1
60194							1		1
60490			1						1
60618					1				1
60630					1				1
60631		3							3
60634						1			1
60641		1							1
60656					1	1			2
60706						2			2
60714	1	4			1				6
Total	16	15	54	7	37	9	25	29	192