

Fresenius Kidney Care 3500 Lacey Road, Downers Grove, IL 60515 T 630-960-6807 F 630-960-6812 Email: lori.wright@fmc-na.com

April 22, 2020

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

Re: Final Cost Report Section 1130.770 Project #19-028, Fresenius Medical Care Metropolis Permit Holder: Metropolis Dialysis Services, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for the addition of 2 stations to the 8-station Fresenius Medical Care Metropolis ESRD facility along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright Senior CON Specialist





April 16, 2020

Final Cost Report, Section 1130.770

Final Cost Report Section 1130.770 Project #19-028, Fresenius Medical Care Metropolis Permit Holder: Metropolis Dialysis Services, LLC, and Fresenius Medical Care Holdings, Inc.

Status of the Project

This project is for the addition of 2 stations to the 8-station Metropolis ESRD facility located at 20 Hospital Drive, Metropolis.

The project was obligated on November 28, 2019 with the installation of the stations. The project was complete upon receipt of the Medicare certification letter on February 18, 2020 with an effective date of February 12, 2020.

Application and Certificate for Payment (AIA G702)

There was no modernization costs, therefore there are no certificates to submit.

Project Costs and Sources of Funds

Line Item	Allowance /CON	Realized Costs
Modernization	12,000	0
Movable & Other Equipment	11,000	39,114
FMV of Leased Equipment	30,000	0
Total Project Costs Allowed	\$53,000	
Realized Total Project Costs	TOTAL	\$39,114*

*Dialysis machines were purchased instead of leased. The only modernization was minor plumbing. The plumber lost the work order/ticket and therefore is not invoicing for the work.

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.



Certification Of Cost Report Metropolis Dialysis Services, LLC Project #19-028

Metropolis Dialysis Services, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Metropolis, Project #19-028, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: Robut Civil BY: ______ ITS: Regional Vice President ITS: _____ Subscribed and Sworn to before me Subscribed and Sworn to before me this____day of_____, 2020 this____day of_____, 2020 Notary Public Notary Public My commission expires: My commission expires: Seal Seal



Certification Of Cost Report Metropolis Dialysis Services, LLC Project #19-028

Metropolis Dialysis Services, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Metropolis, Project #19-028, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:	BY: Heally Jakes
ITS:	ITS: Director of Operations
Subscribed and Sworn to before me thisday of, 2020	Subscribed and Sworn to before me thisday of, 2020
Notary Public	Notary Public
My commission expires:	My commission expires:
Seal	Seal



<u>Certification Of Cost Report</u> <u>Fresenius Medical Care Holdings, Inc.</u> <u>Project #19-028</u>

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Metropolis, Project #19-028, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

leello BY:

ITS: Assistant Treassurer

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ITS: Assistant Secretary

Subscribed and Sworn to before me this <u>16th</u> day of <u>April</u>, 2020

Subscribed and Sworn to before me this <u>16th</u> day of <u>April</u>, 2020

Notary Public

My commission expires: 10/14/22

Notary Public

My commission expires:

