

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Concerto Dialysis LLC		
Street Address: 14255 S. Cicero Avenue		
City and Zip Code: Crestwood 60445		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Legislators

State Senator Name: Patrick J. Joyce (40th)
State Representative Name: Emil Jones, III (14th)

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Dialysis Care Center Holdings, LLC
Street Address: 15801 S. Bell Rd.
City and Zip Code: Homer Glen, IL 60491
Name of Registered Agent: Salman Azam, Esq.
Registered Agent Street Address: 333 N. Michigan Ave., Suite 1815
Registered Agent City and Zip Code: Chicago, IL 60601
Name of Chief Executive Officer: Morufu O. Alausa, M.D.
CEO Street Address: 15801 S. Bell Rd.
CEO City and Zip Code: Homer Glen, IL 60491
CEO Telephone Number: 708-645-1000

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
Other	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
<p>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15801 S. Bell Rd, Homer Glen, IL 60491
Telephone Number: (630) 965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number: (708) 645-1001

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APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

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State Senator Name: Patrick J. Joyce (40th)
State Representative Name: Emil Jones, III (14th)

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Dialysis Care Center Vollmer, LLC
Street Address: 15801 S. Bell Rd.
City and Zip Code: Homer Glen, IL 60491
Name of Registered Agent: Salman Azam, Esq.
Registered Agent Street Address: 333 N. Michigan Ave., Suite 1815
Registered Agent City and Zip Code: Chicago, IL 60601
Name of Chief Executive Officer: Morufu O. Alausa, M.D.
CEO Street Address: 15801 S. Bell Rd.
CEO City and Zip Code: Homer Glen, IL 60491
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Type of Ownership of Applicants

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Name: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15801 S. Bell Rd, Homer Glen, IL 60491
Telephone Number: (630) 965-9007
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County: Cook	Health Service Area: 7	Health Planning Area: 7

Legislators

State Senator Name: Patrick J. Joyce (40th)
State Representative Name: Emil Jones, III (14th)

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Concerto Dialysis LLC
Street Address: 4600 W. Touhy Avenue, Suite 100
City and Zip Code: Lincolnwood, Illinois 60712
Name of Registered Agent: Shimon Meystel
Registered Agent Street Address: 4600 W. Touhy Avenue, Suite 100
Registered Agent City and Zip Code: Lincolnwood, IL 60712
Name of Chief Executive Officer: Shimon Meystel
CEO Street Address: 4600 W. Touhy Avenue, Suite 100
CEO City and Zip Code: Lincolnwood, Illinois 60712
CEO Telephone Number: (847)443-1228

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
Other	
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<p>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kyle Stone
Title: Executive Vice President & General Counsel
Company Name: Concerto Dialysis LLC
Address: 4600 W. Touhy Avenue, Suite 100, Lincolnwood, Illinois 60712
Telephone Number: (847) 443-1228
E-mail Address: kstone@concertoRS.com
Fax Number: (847) 443-1328

Additional Contact [Person who is also authorized to discuss the Application]

Name: Juan Morado Jr. and Mark J. Silberman
Title: Partner, CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: (312) 212-4967 and (312) 212-4952
E-mail Address: JMorado@Beneschlaw.com and MSilberman@Beneschlaw.com
Fax Number: (312) 767-9192

Post Exemption Contact

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

Name: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center Vollmer, LLC
Address: 15801 S. Bell Rd, Homer Glen, IL 60491
Telephone Number: (630) 965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number: (708) 645-1001

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: NSRFT Crestwood, LLC
Address of Site Owner: 14255 S. Cicero Avenue, Crestwood, Illinois 60445
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

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

Exact Legal Name: Concerto Dialysis LLC			
Address: 14255 S. Cicero Avenue, Crestwood, Illinois 60445			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Dialysis Care Center of Vollmer, LLC	
Address: 14255 S. Cicero Avenue, Crestwood, Illinois 60445	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
<ul style="list-style-type: none"> ○ 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 <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each 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 <u>ATTACHMENT 4</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

The applicants, Dialysis Care Center Holdings, LLC and Dialysis Care Center Vollmer, LLC ("DCC") proposes to acquire Concerto Dialysis LLC ("Concerto") located at 14255 S. Cicero Avenue, Crestwood, Illinois 60445.

Concerto is an Illinois based limited liability company, and owner of an End-Stage Renal Dialysis ("ESRD") facility that provides in-Center hemodialysis for patients diagnosed with End Stage Renal Disease. The facility currently has 9 existing stations that are certified by the Center for Medicare and Medicaid Services ("CMS"). The space has also been utilized for hemodialysis home training and support services (for which Concerto is certified and intends to remain certified for this modality following approval of this application), providing a comprehensive spectrum of available care for the DCC patient population.

The facility will continue to exist and serve patients after the completion of this transaction. The change of ownership of this facility was contemplated by the applicants following feedback from the Illinois Health Facilities and Services Review Board in their denial of DCC's application to establish an ESRD facility in Chicago Heights, also located within HSA 7. DCC will continue to operate the stations at the existing location with plans to re-locate the stations to an updated facility in the coming months. This will improve quality access to care for this community while not contributing to additional stations in the HSA.

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: \$ N/A
 Fair Market Value: \$ N/A

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

- HFSRB Project #19-044, Dialysis Care Center Rockford- The project may not be completed by the time the change of ownership contemplated by the application is completed. The project is expected to be completed in February 2021.
- HFSRB Project #18-019, Dialysis Care Center Evergreen Park- The project will be completed by the time the change of ownership contemplated by the application is completed.

Anticipated exemption completion date (refer to Part 1130.570): April 30, 2021

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry **Not Applicable**
☐ APORS **Not Applicable**
☒ 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 being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Dialysis Care Center Holdings, 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Morufu O. Alausa MD

PRINTED NAME

Chief Executive Officer and President

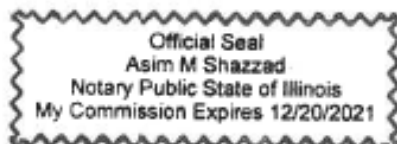
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal



SIGNATURE

Mohammad S. Shafi, MD

PRINTED NAME

Vice-President

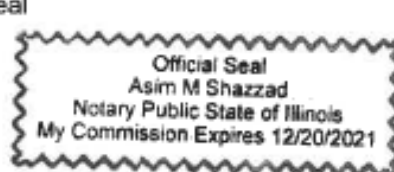
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*Insert the EXACT legal name of the applicant

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- 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 is filed on the behalf of Dialysis Care Center Vollmer, 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Morufu O. Alausa MD

PRINTED NAME

Chief Executive Officer and President

PRINTED TITLE

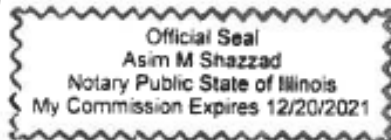
Notarization:

Subscribed and sworn to before me
this 30 day of September



Signature of Notary

Seal



SIGNATURE

Mohammad S. Shafi, MD

PRINTED NAME

Vice-President

PRINTED TITLE

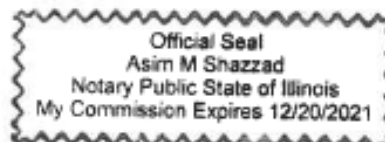
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Signature of Notary

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- 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 is filed on the behalf of Concerto Dialysis 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Shimon Meystel

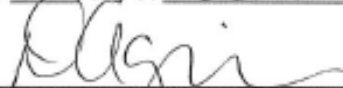
PRINTED NAME

Manager

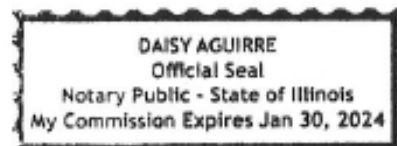
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of October


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SIGNATURE

Eitan Schechter

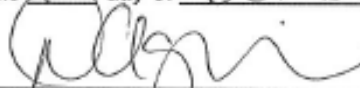
PRINTED NAME

Manager

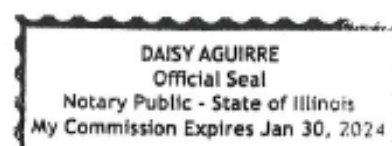
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of October


Signature of Notary

Seal



SECTION II. BACKGROUND

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 that the information was 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☒ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

SECTION IV CHARITY CARE INFORMATION

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 7.

Concerto Dialysis LLC Charity Care

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$903,167	\$779,370	\$822,044
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

APPEND DOCUMENTATION AS ATTACHMENT 7, 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 included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		17 - 20
2	Site Ownership		21 - 23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		24 - 25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		26 - 28
5	Background of the Applicant		29 - 44
6	Change of Ownership		45 - 62
7	Charity Care Information		63

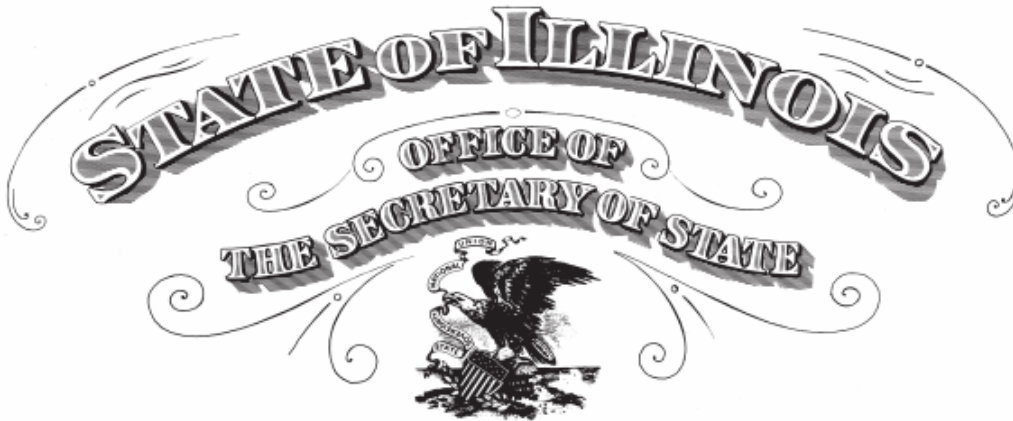
ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

1. The Certificate of Good Standing for Dialysis Care Center Vollmer, LLC.
2. The Certificate of Good Standing for Dialysis Care Center Holdings, LLC.
3. The Certificate of Good Standing for Concerto Dialysis LLC.

ATTACHMENT 1

File Number 0929916-5



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

DIALYSIS CARE CENTER VOLLMER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2020, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2028901774 verifiable until 08/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of SEPTEMBER A.D. 2020 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number

0578210-4



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

DIALYSIS CARE CENTER HOLDINGS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2016, 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.



Authentication #: 2017702048 verifiable until 06/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

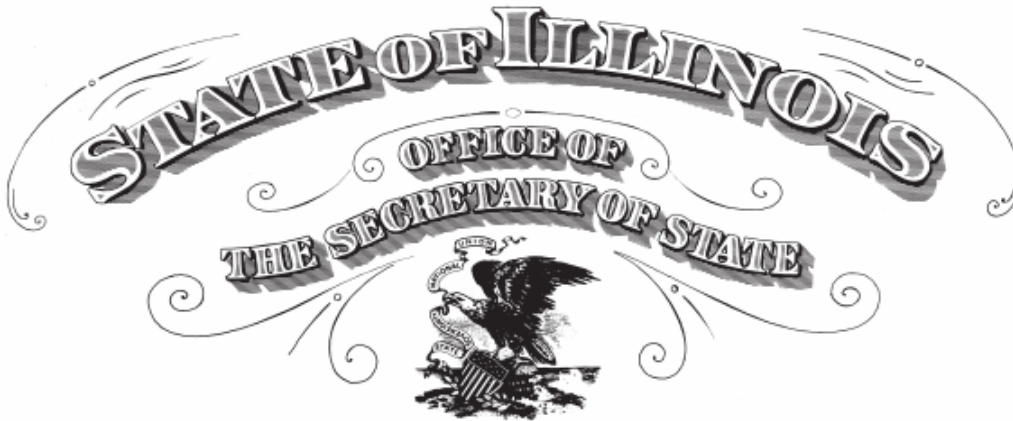
***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of JUNE A.D. 2020 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 0457001-4



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

CONCERTO DIALYSIS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 09, 2013, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2023402644 verifiable until 08/21/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of AUGUST A.D. 2020 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 2
SITE OWNERSHIP

The site is currently owned by NSRFT Crestwood LLC and the facility owner, Concerto Dialysis LLC leases space to operate the facility. Concerto Dialysis LLC and the applicant Dialysis Care Center Vollmer, LLC have entered into a Letter of Intent ("LOI"). The LOI calls for Concerto Dialysis LLC to assign its lease to Dialysis Care Center Vollmer, LLC. Attached as evidenced is an executed copy of the LOI.

ATTACHMENT 2

October 1, 2020

Asim Shazzad
Chief Operating Officer
15801 South Bell Road
Homer Glen, IL 60491

**Re: Letter of Intent to Lease
14255 South Cicero Avenue, Crestwood, Illinois 60445**

Dear Asim,

This letter of intent ("LOI") with an effective date of October 1, 2020 is between Concerto Dialysis LLC ("Concerto") and Dialysis Care Center Vollmer, LLC ("DCC"). This LOI does not constitute a contract between the parties and is not intended to be binding on either party.

Sub-Lessee:	Dialysis Care Center Vollmer, LLC ("DCC")
Lessor:	Concerto Dialysis LLC ("Concerto")
Premises:	14255 South Cicero Avenue, Crestwood, Illinois 60445
Square Footage Required:	1,650 square feet
Use:	End Stage Renal Dialysis Facility
Lease Term:	Remainder of underlying Lease term
Lease Commencement:	1st day of the month following approval of the COE transferring ownership of the facility.
Early Occupancy:	DCC acknowledges that as a sub-lessee it is subject to all terms and conditions contained the underlying lease between the landlord, Symphony of Crestwood LLC

ATTACHMENT 2


and Concerto. DCC will have the right to occupy the space after approval of Certificate of Exemption application by Illinois Health Facilities and Services Review Board.

Lease Rate: \$25.45 per square foot


This LOI does not constitute a contract between the parties and is not intended to be binding on either party. This LOI is intended solely as an expression of terms upon which the parties will endeavor to negotiate a formal and binding lease agreement which meets with the approval of both parties respective counsel. In no event shall either party incur any liability whatsoever of its failure to execute a formal and binding lease agreement or for any other reason.

IN WITNESS WHEREOF, this Agreement has been executed by **Concerto Dialysis LLC** and **Dialysis Care Center Vollmer, LLC** on the date first above written.

Concerto Dialysis LLC

By: 
Printed Name: Shimon Meystel
Title: Chief Executive Officer

Dialysis Care Center Vollmer, LLC

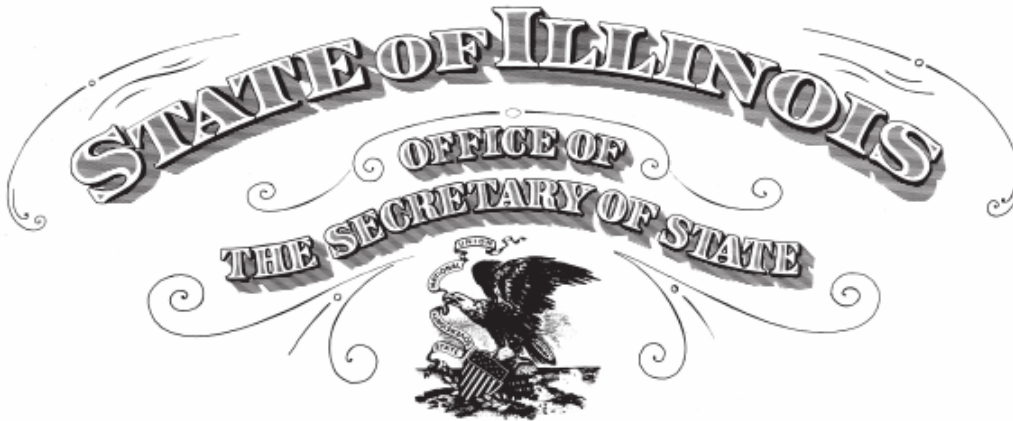
By: 
Printed Name: Asim Sharad
Title: COO

ATTACHMENT 3
OPERATING ENTITY/LICENSEE

Following the change of ownership the operating entity will be Dialysis Care Center Vollmer, LLC. End Stage Renal Disease facilities are not licensed by the Illinois Department of Public Health. Attached as evidence of the entity's good standing is a Certificate of Good Standing issued by the Illinois Secretary of State.

ATTACHMENT 3

File Number 0929916-5



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

DIALYSIS CARE CENTER VOLLMER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2020, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2028901774 verifiable until 08/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of SEPTEMBER A.D. 2020 .***

Jesse White

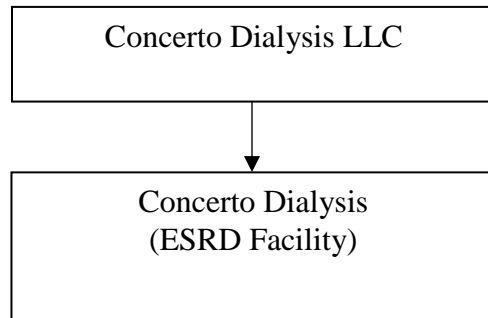
SECRETARY OF STATE

ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

The facility is owned by Concerto Dialysis LLC, a limited liability company organized in Illinois. As a result of the proposed transaction, the assets of the facility will be acquired by Dialysis Care Center Vollmer, LLC, a wholly owned subsidiary of Dialysis Care Center Holdings, LLC. Current and proposed organizational charts are included with this Attachment. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational charts.

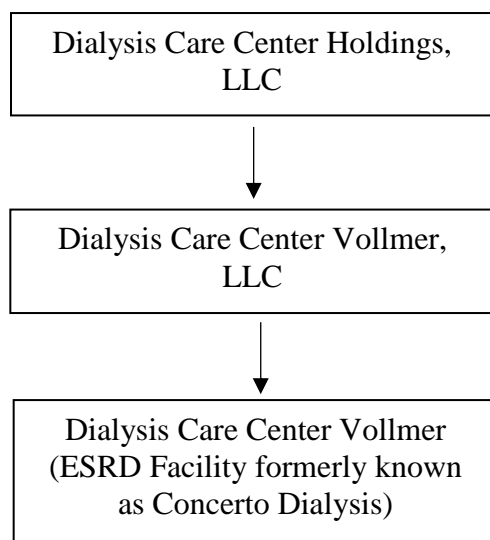
ATTACHMENT 4

Pre-Transaction Organizational Chart



ATTACHMENT 4

Post-Transaction Organizational Chart



ATTACHMENT 5
BACKGROUND OF THE APPLICANTS

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Included with this Attachment is the applicants' verification that Concerto Dialysis LLC and Dialysis Care Center Vollmer, LLC have no ownership interest in any other healthcare facilities in Illinois. A list of Illinois health care facilities owned by Dialysis Care Center Holdings, LLC is included as part of this Attachment.

- 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.**

Other than the facilities listed in the attachment for paragraph 1 above, no health care facilities are currently owned or operated in Illinois by any of the applicant entities identified in the organizational charts included in Attachment 4.

- 3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Included with this Attachment is the applicants' verification of no adverse action during the three years prior to the filing of the application.

- 4. 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.**

Included with this attachment is the applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

- 5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion.**

Dialysis Care Center Holdings, LLC filed application #20-027 on June 26, 2020 and #20-036 on August 4, 2020. In those applications, Dialysis Care Center Holdings, LLC provided documentation to fulfill the information requirements for this section.



Shimon Meystel
Chief Executive Officer
847-233-1202 DIRECT
847-443-1328 FAX
smeystel@concertors.com

October 1, 2020

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

Dear Ms. Avery:

As representative of Concerto Dialysis LLC, I, Shimon Meystel, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I verify that, Concerto Dialysis LLC, owns no other healthcare facilities and has had no adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Shimon Meystel", is written over the typed name.

Shimon Meystel

cc: Kyle Stone
Executive VP & General Counsel
Concerto Renal Services



ATTACHMENT 5

October 1, 2020

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

Dear Ms. Avery:

As representative of Dialysis Care Center Holdings, LLC, and Dialysis Care Center Vollmer, LLC, I, Morufu O. Alausa, MD, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I verify that, Dialysis Care Center Vollmer, LLC, owns no other healthcare facilities and has had no adverse action in the past three (3) years.

I further verify that, Dialysis Care Center Holdings, LLC, owns multiple other healthcare facilities, including:

Dialysis Care Center Beverly
Dialysis Care Center Rockford
Dialysis Care Center of Oak Lawn
Dialysis Care Center of Olympia Fields
Dialysis Care Center Hazel Crest
Dialysis Care Center Evergreen Park
Dialysis Care Center Elgin
Dialysis Care Center McHenry

None of the facilities listed above have had an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Morufu O. Alausa, MD
Chief Executive Officer and President
Dialysis Care Center Holdings, LLC
Dialysis Care Center Vollmer, LLC

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CMS-Chicago, Survey & Operations Group
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



December 10, 2019

Administrator
Dialysis Care Center Hazel Crest LLC
18325 Pulaski Road Unit A-B
Hazel Crest, IL 60429

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) has accepted your request for approval as a supplier of renal services in the Medicare program (Title XVIII of the Social Security Act). Your effective date of coverage is November 8, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of twelve (12) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CCN shown above. Please provide the CCN when contacting this office, when contacting the State agency (SA), or any time it is requested.

Your Medicare Administrator Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your MAC will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We have certified your facility and assigned your CCN. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

ATTACHMENT 5

Page 2
Dialysis Care Center Hazel Crest

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office via email at lindsey.hoffman@cms.hhs.gov.

Sincerely,



Maria Vergel de Dios
Principal Program Representative
Chicago Acute & Continuing Care Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



September 20, 2019

Administrator
Dialysis Care Center Elgin LLC
995 North Randall Road
Elgin, IL 60123

Via Facsimile: (224) 230-4370

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program (Title XVIII of the Social Security Act). Your effective date of coverage is August 30, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of fourteen (14) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrator Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your MAC will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We have certified your facility and assigned your CCN. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

ATTACHMENT 5

Page 2
Administrator

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198.

Sincerely,



Maria Vergel De Dios
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



April 12, 2019

Administrator
Dialysis Care Center McHenry LLC
612 S IL Route 31
McHenry, IL 60050

Via Facsimile: (779) 704-6611

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program (Title XVIII of the Social Security Act). Your effective date of coverage is April 3, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of fourteen (14) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrator Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your MAC will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We have certified your facility and assigned your CCN. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

ATTACHMENT 5

Page 2
Administrator

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198.

Sincerely,



Maria Vergel de Dios
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



March 18, 2019

Administrator
Dialysis Care Center Beverly LLC
10801 S Western Avenue Suite 100
Chicago, IL 60643
Via Facsimile: 708-741-1609

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program (Title XVIII of the Social Security Act). Your effective date of coverage is March 1, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of fourteen (14) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrator Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your MAC will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We have certified your facility and assigned your CCN. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

ATTACHMENT 5

Page 2
Administrator

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198.

Sincerely,



Maria Vergel De Dios
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



February 14, 2018

Administrator
Dialysis Care Center Olympia Fields
3322 Vollmer Road, Suite 300
Olympia Fields, IL 60461

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is January 19, 2018.

Your unit has been approved as a renal dialysis facility. This approval is for a total of twelve (12) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrative Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

The Medicare Administrative Contractor (MAC) will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your CCN is contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your CCN will be voided.

ATTACHMENT 5

Administrator
Page 2

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198 or via email at Lindsey.hoffman@cms.hhs.gov.

Sincerely,



Maria Vergel De Dios
Principal Program Representative
Non-Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



January 24, 2018

Administrator
Dialysis Care Center Oak Lawn
9115 S Cicero Avenue, Suite 300
Oak Lawn, IL 60453

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is January 8, 2018.

Your unit has been approved as a renal dialysis facility. This approval is for a total of eleven (11) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrative Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

The Medicare Administrative Contractor (MAC) will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your CCN is contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your CCN will be voided.

ATTACHMENT 5

Dialysis Care Center Oak Lawn
Page 2

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198 or via email at Lindsey.hoffman@cms.hhs.gov.

Sincerely,



Maria Vergel de Dios
Principal Program Representative
Non-Long Term Care Certification
& Enforcement Branch

cc: Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

ATTACHMENT 5

Dialysis Care Center Holdings, LLC affiliated Illinois health care facilities are:

Dialysis Care Center Beverly
10801 S. Western Ave., Ste 100
Chicago, IL 60643

Dialysis Care Center Rockford
6940 Villagreen View
Rockford, IL 61107

Dialysis Care Center of Oak Lawn
9115 S. Cicero Ave., Ste 300
Oak Lawn, IL 60453

Dialysis Care Center of Olympia Fields
3322 Vollmer Rd., Ste A
Olympia Fields, IL 60461

Dialysis Care Center of Hazel Crest
18325 Pulaski Road
Hazel Crest, IL 60429

Dialysis Care Center of Evergreen Park
9834 South Kedzie Avenue
Evergreen Park, IL 60805

Dialysis Care Center of Elgin
995 North Randall Road
Elgin, IL 60124

Dialysis Care Center of McHenry
McHenry 612 State Route 31, Ste A
McHenry, IL 60050

ATTACHMENT 6
CHANGE OF OWNERSHIP

Section 1130.520(b)(1)(A) - Names of the parties

- a. Concerto Dialysis LLC
- b. Dialysis Care Center Holdings, LLC
- c. Dialysis Care Center Vollmer, LLC

ATTACHMENT 6

Section 1130.520(b)(1)(B) - Background of the parties

We have included the applicants' certification of no adverse action within three years preceding the filing of the application. In addition, each of the applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

Dialysis Care Center Holdings, LLC ("DCC") is a physician owned and operated entity that operates multiple ESRD facilities in the State of Illinois. Drs. Morufu O. Alausa and Sameer M. Shafi equally own the applicant entities. Dr. Alausa is a board certified Nephrologist and published author of multiple paper covering a diverse range of the medical practice. He is widely recognized for his work and has been published in the New England Journal of Medicine. In 2007, he was named one of America's best physicians. Dr. Shafi previously served as Chief Resident at the prestigious Mount Sinai School of Medicine and was key driver behind the launch of the nation's first Staff Enhanced Home Hemodialysis program. He is well known in his field as an expert in treating patients with chronic kidney disease.

Since obtaining approval for its first ESRD facility, DCC has grown its patient base considerably and has been able to obtain regulatory approval for 10 ESRD facilities throughout Northern Illinois. This commitment to its growing patient population has provided patients in the region with much needed options for them to obtain dialysis care for their chronic kidney conditions. As an independent operator, DCC is able to work closely with its patients and recognize the unique needs of the community its facilities serve. This has allowed DCC to invest significant time and capital in expanding their operations to areas of the region where there are limited options and an unmet need for additional dialysis stations.

ESRD patients need options beyond the behemoth providers of dialysis care. So, too, do physicians seeking to focus more on their patients and on the advancement and refinement of ESRD care. One such example is DCC's commitment to educating its patients on the option of home dialysis care. Part of the reason this project is such a perfect opportunity is that the current facility is already designed and utilized for home dialysis training and the patient population currently served fits perfectly into the DCC approach to ESRD care.

Recently, the applicant brought forth an application to establish a facility in the city of Chicago Heights, located in HSA 7. That application was considered by the Health Facilities and Services Review Board ("HFSRB") but, ultimately, was not approved by the Board. Importantly, the applicant's closely listened to the feedback it received from the Board members. Armed with the new insight and guidance from the Board regarding the limited value to adding to the number of ESRD stations in the community, the applicant began evaluating how it could best to meet the growing needs of its patients while respecting and working within the Board' rules and the established planning process. The answer became evident - ***better utilization of an existing facility without adding new stations.***

ATTACHMENT 6

DCC has previously collaborated with Concerto Renal Services (a sister organization with no ownership interest in Concerto Dialysis LLC) an industry leader in nursing home dialysis. The two organizations evaluated and considered several options as a result of the denial of the Chicago Heights application. From these explorations came the current project, which has another component that will be addressed in another application to this Board. DCC entered into an agreement with Concerto Dialysis LLC to acquire its ESRD facility, subject of course to HFSRB approval. Doing so will help to alleviate the access challenges currently facing its patient population and will result in the better utilization of an existing underutilized facility.

At the same time, while that addresses the short-term issues, longer term considerations must also be made. DCC has been evaluating whether the cost involved in modernizing the existing facility or relocating the facility and utilizing the space already controlled by DCC which it intended for the use as a dialysis facility would be preferable, would better serve its patient population, would be more cost-efficient, and would better increase access to care. As of the filing of this application, while evaluations continue, it is the intention of the applicant to submit another application to this Board to ultimately allow for the orderly re-location of the facility, subject of course to HFSRB approval, to a modernized facility already under its control. That project, combined with this change of ownership, will accomplish all of HFSRB's goals and address all of the identified concerns: DCC will have increased access to existing stations in which to provide care today, it will have a modernized facility in the Chicago Heights area for tomorrow, it will have done so in a way continuing to prioritize the ability to promote home dialysis care, and it will have accomplished this while addressing the HFSRB members' concerns of avoiding an unnecessary increase to the inventory of dialysis stations within the HSA. We believe this to be a win-win situation but, in the interest of complete transparency, we wanted to outline herein the complete goals of DCC in undertaking this change of ownership so that, should the Board members have any questions, all such issues could be vetted now, thereby avoiding the potential waste of valuable healthcare resources.

The facility was originally approved for 7 stations, however, IDPH approved an increase in dialysis maintenance stations from 7 to 9 stations on July 17, 2014 (approval letter attached). Concerto Dialysis LLC has operated the facility since 2014. These 9 stations are certified by CMS and the facility itself was surveyed as recently as September 3, 2019 by IDPH, who determined the facility to be in compliance with federal requirements (letter attached).

DCC hopes its acquisition of the Concerto Dialysis facility illustrates to the Board its ongoing commitment to its patient population, its having heard the concerns identified by those Board members who were not comfortable approving its last project, and its willingness to work within the bounds of the CON program to increase access to necessary healthcare services. DCC intends to bring this type of continued dedication and, more importantly its successful track record of providing care, to this community and this vulnerable patient population.

ATTACHMENT 6



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

July 17, 2014

Provider No: 14-2655

Martha Rocha-Veloz, Administrator
 Concerto Dialysis (fka Crestwood Dialysis)
 14255 S. Cicero Ave.
 Crestwood, Illinois 60445

Dear Ms. Rocha-Veloz:

Effective July 14, 2014, your request to increase your dialysis maintenance stations from 7 to 9 stations is approved. Your facility is approved for the following:

Following is a list of the types of services for which you are approved.

Transplantation

X Dialysis

Total Maintenance Stations	9
----------------------------	---

Staff Assisted

- | | |
|-----------------|---|
| 1. Hemodialysis | X |
| 2. Peritoneal | X |

Self Dialysis

- | | |
|------------------------|---|
| 1. Hemodialysis | - |
| 2. Peritoneal Dialysis | - |

Patient Dialysis Training

- | | |
|---|---|
| 1. Hemodialysis | X |
| 2. Continuous Ambulatory Peritoneal Dialysis (CAPD) | X |
| 3. Continuous Cycling Peritoneal Dialysis (CCPD) | X |

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ATTACHMENT 6



122 S. Michigan Ave., Suite 2009 • Chicago, Illinois 60603-6152 • www.dph.illinois.gov

09/05/2019

Shimon Meystel
Administrator
Concerto Dialysis
14255 South Cicero Avenue
Crestwood, IL 60418

Dear Ms. Meystel:

On 07/26/19 a recertification survey was conducted at Concerto Dialysis LLC (CCN #142655) by staff of the Illinois Department of Public Health to determine compliance with federal requirements for participation in the Medicare program. Deficiencies were identified and Plan of Correction (PoC) was received.

After review of the (PoC) for those deficiencies, department staff conducted a revisit survey on 09/03/19. At the time of that revisit survey it was determined all deficiencies were corrected and you are determined to be in compliance with federal requirements.

If you have any questions concerning this notice, please contact my staff at the address above or telephone (312) 793-2222. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Annette Hodge, RN BSN
Field Operations Section Chief
Division of Health Care Facilities and Programs

ATTACHMENT 6**Section 1130.520(b)(1)(C) - Structure of the transaction**

The applicants, DCC Care Center Holdings, LLC ("DCC") and DCC Care Center Vollmer, LLC proposes to acquire the assets of Concerto Dialysis LLC located at 14255 S. Cicero Avenue, Crestwood, Illinois 60445 through an asset purchase agreement. DCC will utilize cash to complete this transaction.

The facility will continue to exist and serve patients thereafter. DCC will continue to conduct business at the same location for a period of time with the intention to seek approval from the Board for re-location of the facility to a modernized facility within the HSA. The ultimate goal being to provide quality access to care for this community.

ATTACHMENT 6**Section 1130.520(b)(1)(D) - Entity to be Licensed After Transaction**

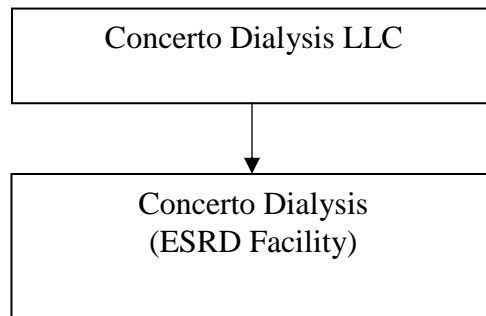
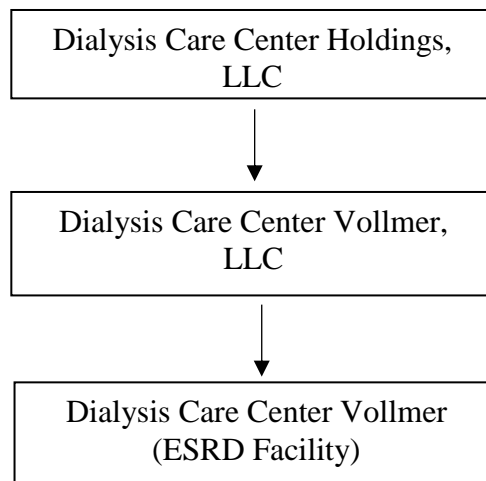
"Name of the person who will be licensed or certified entity after the transaction"

Effective August 19, 2019 the Illinois Department of Public Health ("IDPH") no longer issues state licenses to End Stage Renal Dialysis ("ESRD") facilities. IDPH does act the state survey agency on behalf of the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services ("CMS"). Upon a successful survey of an ESRD by IDPH the facility and its stations are certified as being in compliance with federal CMS requirements, but are not licensed by IDPH. The stations associated with the facility are certified by CMS and once the change of ownership is complete, DCC intends on enrolling the 9 stations under its name.

ATTACHMENT 6**Section 1130.520(b)(1)(E) - List of ownership**

“List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant’s organizational structure with a listing of controlling or subsidiary persons.”

Organizational charts showing the current interest structure of the applicant facility and the post-change ownership interest are shown below.

Pre-Transaction Organizational Chart**Post-Transaction Organizational Chart**

ATTACHMENT 6

Section 1130.520(b)(1)(F) - Fair Market Value of the Transaction

“Fair market value of assets to be transferred.”

The purchase price of \$730,000 and is based on an arm’s length transaction and represents the fair market value of the assets being transferred.

ATTACHMENT 6

Section 1130.520(b)(1)(G) - Purchase Price

“The purchase price or other forms of consideration to be provided for those assets.”

The purchase price for Concerto Dialysis LLC assets is \$730,000, and will be a cash transaction. No other forms of consideration are to be provided for the assets.

ATTACHMENT 6

Section 1130.520(b)(2) - Outstanding Permits

“Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section”

In accordance with 77 Ill. Admin. Code 1130.520, the applicants, by their signatures to the Certification pages of this application, affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Admin. Code 1130.520.

ATTACHMENT 6

Section 1130.520(b)(3) - Hospital Charity Care

“If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction”

Please see the attached letter.



ATTACHMENT 6

October 1, 2020

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

Dear Ms. Avery:

As representative of Dialysis Care Center Vollmer, LLC, I, Morufu O. Alausa, affirm that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction for a two-year period following the change of ownership transaction.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

A handwritten signature in black ink, appearing to read "Morufu O. Alausa", is written over a horizontal line.

Morufu O. Alausa
Chief Executive Officer and President
Dialysis Care Center Holdings, LLC
Dialysis Care Center Vollmer, LLC

ATTACHMENT 6**Section 1130.520(b)(4) - Anticipated Benefits for the Community and Facility**

“A statement as to the anticipated benefits of the proposed changes in ownership to the community”

Dialysis Care Center Vollmer, LLC sees the opportunity for operational improvements that will enable their existing patient to benefit from its ownership of the 9 stations. The facility is currently utilized with a very limited patient base because the operator specializes on providing in-home dialysis services to long-term care facility residents. This change of ownership is consistent with the HFSRB’s mission to better utilize existing stations/facilities that are underutilized. This change of ownership will provide immediate relief for DCC patients who are in need of a facility that can offer shifts suitable to their work schedules.

ATTACHMENT 6

Section 1130.520(b)(5) - Anticipated Cost Savings for the Community and Facility

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

There will not be any cost savings achieved for the community as a result of this change of ownership.

ATTACHMENT 6

Section 1130.520(b)(6) - Quality Improvement Plan

“A description of the facility’s quality improvement program mechanism that will be utilized to assure quality control”

The applicant facility’s quality improvement program mechanism will not change as a result of the proposed transaction.

ATTACHMENT 6

Section 1130.520(b)(7) - Facility Governing Body

“A description of the selection process that the acquiring entity will use to select the facility’s governing body”

A governing board for the facility will be chosen by the new owners, Dialysis Care Center Vollmer, LLC.

ATTACHMENT 6**Section 1130.520(b)(9)- Summary of Proposed Changes Within 24 Months**

“A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.”

The applicants are undertaking this project with the intent of operating the stations at the current location for a brief period of time. Taking to heart the feedback received from Board members that additional stations should not be added to the HSA, the applicants stepped back and evaluated how could they meet the needs of the community but still conform to the expectations of the HFSRB and its members. As outlined above, the applicants intend on filing a Certificate of Need application to re-locate the 9 stations within the HSA to the Chicago Heights property that the applicant already controls. This will allow the applicants to fully utilize the stations with their existing patient base within the has without increasing the overall inventory of stations in the HSA. It will also allow for the development of a modernized facility with the least overall expense (as compared to a full renovation of the existing facility) along with continuing the commitment to increasing access to home dialysis training and services.

The applicants are undertaking this change of ownership with these specific anticipated changes to the scope of services or levels of care currently provided at the facility that would occur within 24-months related to the proposed transaction. Obviously, this is all contingent upon HFSRB approval and the applicant wants to be completely transparent in its thought process of how to create a win-win for the community, the patients, the physicians, and the Board. In all circumstances moving forward, the applicant will continue to assess and evaluate the needs of the community throughout operation of the facility (which will commence immediately upon approval of this COE) and would reserve the right to pursue any changes that would best serve the needs of the community.

ATTACHMENT 7

CHARITY CARE INFORMATION

The amount of charity care for the last three years provided by each of the Dialysis Care Center Holdings, LLC ESRD facilities are included in the tables below. The charity care for the last three years for Concerto Dialysis LLC is also included below. The applicants maintain a strong commitment to serving the under and uninsured population in the community without regard to their ability to pay for those services.

Concerto Dialysis LLC

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$903,167	\$779,370	\$822,044
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

Dialysis Care Center Oak Lawn, LLC

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	N/A	N/A	\$1,993,406
Amount of Charity Care (charges)	N/A	N/A	0
Cost of Charity Care	N/A	N/A	0

Dialysis Care Center Olympia Fields, LLC

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	N/A	N/A	\$2,082,461
Amount of Charity Care (charges)	N/A	N/A	0
Cost of Charity Care	N/A	N/A	0

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	17 - 20
2	Site Ownership	21 - 23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24 - 25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26 - 28
5	Background of the Applicant	29 - 44
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