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: Center for Renal Replacement*				
Street Address: 7301 N. Lincoln Avenue, Suite 205				
City and Zip Code: Lincolnwood 60712				
County:	Cook	Health Service Area:	6	Health Planning Area:

*The facility will do business as Fresenius Kidney Care Lincolnwood after the change of ownership transaction.

Legislators

State Senator Name: Ram Villivalam
State Representative Name: Yeheil M. Kalish

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

Exact Legal Name: Fresenius Medical Care Lincolnwood Dialysis, LLC
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 888-858-6182

Type of Ownership of Applicants

☐	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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS <u>ATTACHMENT 1</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Exact Legal Name: Fresenius Medical Care Holdings, Inc.
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 888-858-6182

Type of Ownership of Applicants

☐ 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Exact Legal Name: Center for Renal Replacement, LLC
Street Address: 7301 N. Lincoln Avenue, Suite 205
City and Zip Code: Lincolnwood, IL 60712
Name of Registered Agent: Theodore L. Simmons
Registered Agent Street Address: 7301 N. Lincoln Avenue, Suite 205
Registered Agent City and Zip Code: Chicago, IL 60601
Name of Chief Executive Officer: Theodore L. Simmons
CEO Street Address: 7301 N. Lincoln Avenue, Suite 205
CEO City and Zip Code: Lincolnwood, IL 60712
CEO Telephone Number: 847-977-7473

Type of Ownership of Co-Applicants

☐ 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

Name: Marybeth Wiekierak
Title: Regional Vice President
Company Name: Fresenius Medical Care North America
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-457-7308
E-mail Address: marybeth.wiekierak@fmc-na.com
Fax Number: 630-960-6928

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

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Klairmont Family, LLC (Imperial Realty Company as Agent)
Address of Site Owner: 4747 W. Peterson Avenue, Chicago, IL 60646
Street Address or Legal Description of the Site: 7301 N. Lincoln Ave., Suite 205, Chicago, IL 60712 **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 <u>ATTACHMENT 2,</u> 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: Center for Renal Replacement, LLC

Address: 7301 N. Lincoln Avenue, Suite 205, Lincolnwood, IL 60712

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

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name:
Fresenius Medical Care Lincolnwood Dialysis, LLC d/b/a Fresenius Kidney Care Lincolnwood

Address: 920 Winter Street, Waltham, MA 02451

☐	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 <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.

Fresenius Medical Care Lincolnwood Dialysis, LLC, an affiliate of Fresenius Medical Care Holdings, Inc, will acquire the assets, rights and properties used or usable in connection with the Center for Renal Replacement, LLC, a 16-station ESRD facility located at 7301 N. Lincoln Ave., Suite 205, Lincolnwood, IL, 60712. The purchase price will be $2,200,000. Fresenius Medical Care Lincolnwood Dialysis, LLC will be a joint venture entity comprised of Bio-Medical Applications of Illinois, Inc (70%), AIN Ventures, LLC (20%) and CKDI, LLC (10%).

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 _X_ 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.

Fresenius Medical Care Lincolnwood Dialysis, LLC does not hold any CON permits, however Fresenius Medical Care Holdings, Inc. is the ultimate parent of the entities which hold the following CON permits:

Project Number	Project Name	Project Type	Completion Date	Comment
#18-039	Fresenius Kidney Care Grayslake	Establish Facility	12/31/2022	Construction begun Spring 2021 with project completion expected before 12/31/2022.
#19-035	Fresenius Kidney Care Jackson Park	Relocation	10/22/2021	This project is expected to be obligated prior to 10/22/2021 and a permit renewal request is expected to be submitted in 9/2021.

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

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 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
Fresenius Medical Care Lincolnwood 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 herewith or will be paid upon request.

SIGNATURE

Bryan Mello
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of July 2024

Signature of Notary

Seal

SIGNATURE

Domenic Gaeta
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
October 14, 2022

*Insert the EXACT legal name of the applicant

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 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 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 appli[illegible] or will be paid upon request.

SIGNATURE

Bryan Mello
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of July 2021

Signature of Notary

Seal

SIGNATURE

Domenic Gaeta
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
October 14, 2022

*Insert the EXACT legal name of the applicant

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 Center for Renal Replacement, 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	SIGNATURE
Theodore L. Simmons	
PRINTED NAME	PRINTED NAME
Member	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7 day of July 2021	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL LINDA ENWIYA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:11/09/22	Seal

*Insert the EXACT legal name of the applicant

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 <u>ATTACHMENT 6,</u> 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.

FRESENIUS KIDNEY CARE

ILLINOIS CHARITY CARE (Self-pay)			
	2018	**2019**	**2020**
Net Patient Revenue	$436,811,409	$444,575,062	$447,807,649
Amount of Charity Care (charges)	$5,295,686	$5,591,838	$4,453,393
Cost of Charity Care	$5,295,686	$5,591,838	$4,453,393

*As a for-profit corporation Fresenius does not provide charity care per the Board's definition. (Please see Attachment 7 for a description of programs available to FMCNA patients to assist with financial need for the provision of dialysis care.) Numbers reported are self-pay balances. Self-pay balances are written off to bad debt. Medicare may reimburse a portion of bad debt as part of cost reporting.

CENTER FOR RENAL REPLACEMENT

CHARITY CARE			
	2018	**2019**	**2020**
Net Patient Revenue	$0	$0	$0
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

*Center for Renal Replacement, LLC did not provide charity care.

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	16-19
2	Site Ownership	20-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29-30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31-32
5	Background of the Applicant	33-41
6	Change of Ownership	42-44
7	Charity Care Information	45-47

Applicant Identity

The applicants are Fresenius Medical Care Lincolnwood Dialysis, LLC and Fresenius Medical Care Holdings, Inc. Fresenius Medical Care Holdings, Inc. does not conduct business in the State of Illinois; it is the parent company of Bio-Medical Applications of Illinois, Inc., the majority owner of Fresenius Medical Care Lincolnwood Dialysis, LLC. Please see attachment 4 for an organization chart outlining the ownership structure.

A Certificate of Good Standing for Fresenius Medical Care Lincolnwood Dialysis, LLC, which will be the operator of the facility after the change of ownership, is included after this page.

Exact Legal Name: Fresenius Medical Care Lincolnwood Dialysis, LLC
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 888-858-6182
☐ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☒ Limited Liability Company ☐ Sole Proprietorship ☐ Other

Exact Legal Name: Fresenius Medical Care Holdings, Inc.
Street Address: 920 Winter Street
City and Zip Code: Waltham, MA 02451
Name of Registered Agent: CT Systems
Registered Agent Street Address: 208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bill Valle
CEO Street Address: 920 Winter Street
CEO City and Zip Code: Waltham, MA 02451
CEO Telephone Number: 888-858-6182
☐ Non-profit Corporation ☐ Partnership ☒ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

File Number 0945997-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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 LINCOLNWOOD DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 10, 2021, 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 26TH *day of* MARCH *A.D.* 2021 .

Authentication #: 2108502184 verifiable until 03/26/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Co-Applicant

Exact Legal Name: Center for Renal Replacement, LLC
Street Address: 7301 N. Lincoln Avenue, Suite 205
City and Zip Code: Lincolnwood, IL 60712
Name of Registered Agent: Theodore L. Simmons
Registered Agent Street Address: 7301 N. Lincoln Avenue, Suite 205
Registered Agent City and Zip Code: Chicago, IL 60601
Name of Chief Executive Officer: Theodore L. Simmons
CEO Street Address: 7301 N. Lincoln Avenue, Suite 205
CEO City and Zip Code: Lincolnwood, IL 60712
CEO Telephone Number: 847-977-7473

A Certificate of Good standing for Center for Renal Replacement, LLC is on the following page.

File Number 0081126-2

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

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

CENTER FOR RENAL REPLACEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 18, 2002, 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.

SEAL OF THE STATE OF ILLINOIS

AUG. 26TH 1818

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND *day of* JUNE *A.D.* 2021 .

Authentication #: 2117303768 verifiable until 06/22/2022

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

Jesse White

SECRETARY OF STATE

Site Ownership after the Project is Complete

Exact Legal Name of Site Owner: The Klairmont Family, LLC (Imperial Realty Company as Agent)
Address of Site Owner: 4747 W. Peterson Avenue, Chicago, IL 60646
Street Address or Legal Description of the Site: 7301 N. Lincoln Ave., Suite 205, Lincolnwood, IL 60712 **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**.

The site owner is not changing, however Fresenius Medical Care Lincolnwood Dialysis, LLC will engage in a new lease agreement with the third-party landlord, The Klairmont Family, LLC (Imperial Realty Company as Agent). A copy of the letter of intent to lease is included on the following page.

FRESENIUS MEDICAL CARE

April 7th, 2021
Tenant Response 4 14 2021
FKC Response 6 14 2021
IRC Response 7-2-21

Julia Klairmont
Director of Operations and Leasing
Imperial Realty Company
4747 West Peterson Ave, Suite 200
Chicago, IL 60646

RE: Bio-Medical Applications of Illinois.

Letter of Intent

Dear Julia,

On behalf of Bio-Medical Applications of Illinois, Inc. a wholly owned subsidiary of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America ("FMCNA") we are pleased to present the following letter of intent to lease space from your company.

LANDLORD:	The Klairmont Family, LLC.
MANAGEMENT:	Imperial Realty Company
TENANT:	Bio-Medical Applications of Illinois, or entity TBD.
PREMISES ADDRESS:	7301 North Lincoln Avenue, Lincolnwood, IL.
SQUARE FOOTAGE:	1. Approximately 6,973 contiguous usable square feet of clinic space. Tenant/LL need to confirm square footage of clinic space. 2. Storage space 3. Loading Dock Please provide floor plan with measurements confirming square footage of clinic floor only.
PRIMARY TERM:	An initial lease term of 10 years.
OPTIONS TO RENEW:	One (1), five (5) year options to renew the Lease. Option rental rates shall be based upon Consumer Price Index (CPI) Tenant must exercise renewal option within 1 full calendar year of expiration date. In option year only, LL

Reservoir Woods, 920 Winter Street, Waltham, MA 02451 ~ (781) 699-9000 ~ Fax (781)-699-9776

may terminate the lease if the building is demolished or substantially renovated

ANNUAL GROSS RENTAL RATE: 1. $16.50 per rentable square foot.
2. Loading Dock - $100 per month.

BASE YEAR: 2021

ESCALATION: 3%% per year beginning in the second lease year.

TENANT ALLOWANCE: Landlord shall install an ADA compliant wheelchair lift to the first floor entrance lobby.

CONCESSIONS: Security Deposit to be returned to original tenant.

USE: Outpatient dialysis clinic.

CONDITION OF PREMISES:

Shell	N/A
Utilities	Please indicate whether utilities are separately metered and if utilities for the premises are included in Gross Rent. LL pays HVAC. Tenant pays electric and water reimbursement
Electrical	N/A
HVAC	Please provide information on age and current condition of HVAC. Confirm
Roof	Please provide age and maintenance history of the roof. Confirm 2 years old +/-
Gas	N/A
Domestic Water	N/A
Sewer	N/A
Fire Suppression	Building and Premises to be fully-serviced by automatic fire suppression system to meet all applicable state and local codes, laws, ordinances and regulations and according to NFPA 101.
Conduit	N/A
Windows	Please provide information on type and age of windows.
Exterior Walls	N/A
Deliveries	Loading Dock. – Landlord to fix loading dock motor and loading to door so both are in proper working order.

Concrete Pad	N/A
Pathways	Provide handicap accessible pathway(s) to building to meet all applicable state and local codes, laws, ordinances and regulations.
Floor Slab	N/A
Vapor Emissions	N/A

HVAC:

Landlord shall provide an annual HVAC maintenance contract and such costs shall be reimbursed by Tenant.

Landlord shall warrant HVAC for the term of the Lease making all repairs and replacements not covered by Landlord's maintenance contract.

In the event that Landlord replaces the HVAC during the term of the Lease, Tenant shall reimburse Landlord – the cost to be annually amortized based upon a 10-year life until the costs are recovered, or the Lease is terminated whichever is earlier.

DELIVERIES:

Tenant requires delivery access to the Premises 24 hours per day, 7 days per week.

PARKING:

Please specify the current parking ratio, and any handicap spaces specifically identified for FKC's use.

BUILDING CODES:

Tenant 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:

Please specify signage availability and responsibilities for cost of installation and installation itself. Fresenius can takeover existing pylon sign where CRR has signage

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Please provide a 3 year history of taxes

ASSIGNMENT/ SUBLETTING:

Landlord shall grant Tenant:

a. The right, without Landlord's approval, to sublet or assign its lease, or any part thereof, to any

successor of Tenant resulting from a merger, consolidation, sale or acquisition.

b. The right to sublet or assign the lease, or any part thereof, with Landlord's prior consent, which consent shall not be unreasonably withheld or delayed, at any time during the term of the lease.

Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed

All options contained in the Lease for renewals will be fully transferable upon a sublease or assignment. Landlord will not be entitled to any right of recapture.

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; 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, telephone and other utility services furnished to the Premises. Please confirm what is included in gross rent.
RIGHT OF FIRST REFUSAL:	Tenant shall have a Right of First Offer on all adjacent space to the Premises during the term of the Lease. Landlord shall submit to Tenant a copy of a bona fide offer from a third-party proposing to lease the adjacent space. Tenant shall have up to thirty (30) days to advise Landlord if it will accept the proposed terms related to the adjacent space. If the terms are accepted by Tenant, the parties will execute an amendment for the additional space within thirty (30) days.
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 excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.
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 Tenant's dialysis clinic
ENVIRONMENTAL AND ADA:	Landlord confirms that there is no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property, including

	Underground Storage Tanks. A Phase One Environmental Study has been conducted and has been made available for Tenant's review. Landlord also confirms that no other tenants or their activities present issues as to the generation of hazardous materials. Landlord has taken any and all other actions that may be necessary to bring the Property into full compliance with all relevant governmental code requirements, including but not limited to compliance with the Americans with Disabilities Act ("ADA").
DRAFT LEASE:	Tenant requires the use of its Standard Form Lease, which is attached. No lease form attached, however we would like to use Landlords lease form
GUARANTOR:	Fresenius Medical Care Holdings, Inc.
SECURITY DEPOSIT:	. TBD
HOLDOVER:	Tenant shall have the right to remain in the Premises for up to three (3) months after lease expiration under the same terms and conditions and at a rental rate not to exceed150% of the base rate then being paid.
SHARED VALUES:	As stated in the Fresenius Medical Care Code of Ethics and Business Conduct, Tenant upholds the values of quality, honesty and integrity, innovation and improvement, respect and dignity, as well as lawful conduct, especially with regard to anti-bribery and anti-corruption. Tenant upholds these values in its own operations, as well as in its relationships with business partners. Tenant's continued success and reputation depends on a common commitment to act accordingly. Together with Tenant, Landlord is committed to uphold these fundamental values by adherence to applicable laws and regulations.
BROKERAGE FEE:	Per separate agreement.
MARKET REMOVAL:	Upon execution of this Letter of Intent, Landlord shall remove the proposed Premises from the open market and Landlord agrees not to enter into discussions with any other tenants related to this space. The parties agree to work diligently to execute a Lease as soon as possible.

DISCLAIMER: This letter is not a legally binding document and is expressly contingent upon final board approval by Tenant and the negotiation and execution of a mutually agreeable lease document.

If you are in agreement with these terms, please execute the document below and return a copy for our records. We look forward to reaching an agreement with your company.

Yours sincerely,

Loren Guzik
Real Estate Transaction Manager
Pike Street Properties
1 S Dearborn Street
Suite 2000
Chicago, IL 60603
773.474.1034
loren@pspcre.com

SIGNATURES ON NEXT PAGE

AGREED TO AND ACCEPTED BY:

<Landlord>
Julia Klairmont
Director of Operations + Leasing

Date 7/8/21

<Tenant>
as agent for tenant.

7 / 8 / 2021
Date

Operating Identity/Licensee after the Project is Complete
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Fresenius Medical Care Lincolnwood Dialysis, LLC d/b/a Fresenius Kidney Care Lincolnwood
Address: 920 Winter Street, Waltham, MA 02451

☐	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.**

The Certificate of Good Standing for Fresenius Medical Care Lincolnwood Dialysis, LLC is on following page.

Ownership

Bio-Medical Applications of Illinois, Inc. will have a 70% membership interest in Fresenius Medical Care Lincolnwood Dialysis, LLC. Its address is 920 Winter Street, Waltham, MA 02451.

AIN Ventures, LLC will have a 20% membership interest in Fresenius Medical Care Lincolnwood Dialysis, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.

CKDI, LLC will have a 10% membership interest in Fresenius Medical Care Lincolnwood Dialysis, LLC. Its address is 5700 N. Latrobe Avenue, Chicago, IL 60202.

File Number 0945997-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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 LINCOLNWOOD DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 10, 2021, 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 26TH *day of* MARCH *A.D.* 2021 .

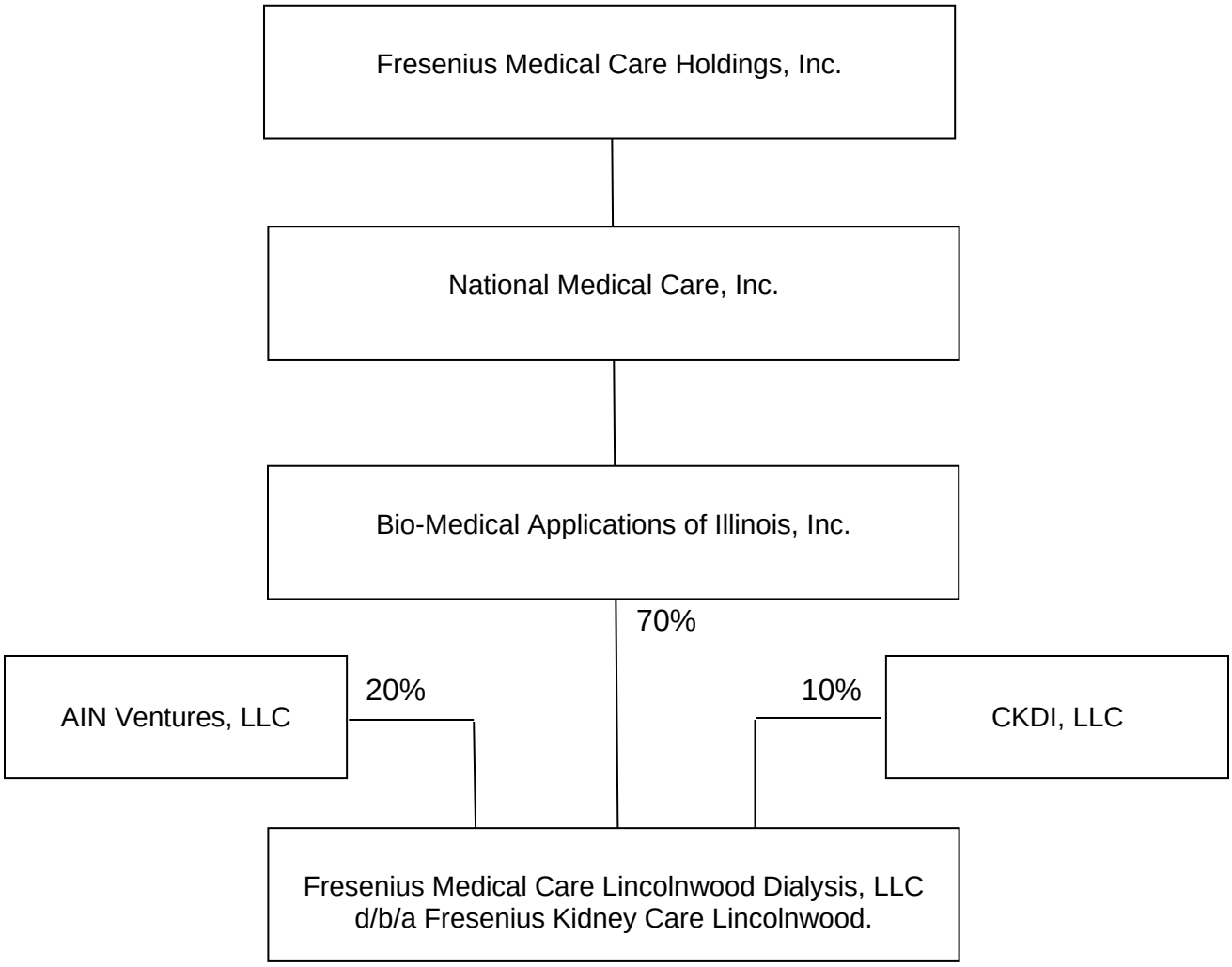
Authentication #: 2108502184 verifiable until 03/26/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Pre-Acquisition Structure

Post-Acquisition Structure



BACKGROUND OF APPLICANT

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

   A list of all in-center hemodialysis facilities in Illinois owned by Fresenius Medical Care Holdings, Inc. is included on the following page.

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.**

   A list of all ESRD facilities of AIN Ventures, LLC, who will be a joint venture member with 20% ownership in Fresenius Medical Care Lincolnwood Dialysis, LLC, is included in Attachment 5.

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.**

   Each applicant, by its representatives' signatures on the Certification pages of this application, certify that no adverse actions have 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 in Illinois, directly or indirectly, within three years preceding 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. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

   Each applicant, by its representatives' signatures on the Certification pages of this application, hereby authorize HFSRB and DPH to access 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.

FRESENIUS KIDNEY CARE

BACKGROUND INFORMATION

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to more than 205,000 people with kidney disease at more than 2,600 facilities nationwide. Fresenius Kidney Care patients have access to FMCNA's integrated network of kidney care services ranging from vascular care to pharmacy and lab services. From evolving home dialysis and programs for improving patient care to providing world-class research and data-driven insights, our vertically integrated network tirelessly seeks new ways to improve the quality of our patients' lives.

Our more than 67,000 employees, physicians, and caregivers across North America are connected through one unifying purpose: the patients who entrust us with their care. We believe treatment goes beyond providing the best care–it is about caring for the whole person. We are committed to enhancing the lives of people living with chronic kidney disease, their care partners, and their families, investing in ways to further advance care and give every patient more control of their treatment.

Bringing our Mission to Life

At Fresenius Kidney Care, we understand that helping people with end stage renal disease (ESRD) live fuller, more active lives is about much more than providing them with the best dialysis care. Using our extensive network of resources, we also provide educational support for people with chronic kidney disease (CKD), including routine classes for people with later stage CKD. Our robust education programs are designed to improve patient outcomes and improve the quality of life for every patient.

- ***KidneyCare:365.*** Our free, expert led KidneyCare:365 class is designed to help empower people to learn more about kidney disease, so they can feel more in charge of their health. Offered online or in-person, the class covers how kidneys work, kidney-friendly eating, resources available for support, and treatment options.

Navigating Dialysis Program. A patient educational program focusing on days 1-90 in the patient journey. During the first three months, patients are introduced

- to the core topics essential to starting dialysis, supported by several touchpoints delivered by members of the care team.

- ***Catheter Reduction Program.*** A 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). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations, and mortality rates.

Value Based Care Model

For more than a decade, FMCNA has been dedicated to optimizing both the quality and efficiency of value-based care.

- ***Interwell Health.*** In 2019, a group of over 650 nephrology practices joined with FMCNA to form Interwell Health, a population health management company focused on supporting the renal patient population across the full continuum of care. Interwell Health aims to advance value based contracting models for renal providers, payors, and patients by driving better clinical outcomes at lower costs.

- ***Fresenius Health Partners.*** Fresenius Health Partners (FHP), the industry leader in coordinated renal care, works with health professionals, physician practices, and payor programs to streamline care for those living with renal disease. Our coordinated support consists of specially trained care team members, 24/7 patient support, and connected health technologies to bring comprehensive care to patients and achieve better health outcomes while reducing the overall cost of care.

- ***CareTeam365.*** CareTeam365 is a dedicated team of nurses and care coordinators, that provides both remote telephonic and in-market face-to-face interactions with patients, families, and caregivers to address the medical, psychosocial, and logistical challenges faced by the CKD/ESRD patients enrolled in our value-based care programs. Working as part of the integrated care team, CareTeam365 helps remove barriers to patient care by providing patients with support around transportation, referrals and appointments, palliative care, and behavioral health. Patients also have 24/7 access to the CareTeam365 to answer their questions and get the help they need.

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	14-2839	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Beverly Ridge	14-2827	9924 S. Vincennes	Chicago	60643
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	8710 S.. Holland Road	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Heights	14-2832	15 E. Independence Drive	Chicago Heights	60411
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	4815 Midlothian Turnpike	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deefield	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	14-2837	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 Biesterfield 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	14-2823	8901 S. Kedzie Avenue	Evergreen Park	60805
Galesburg	14-8628	725 N. Seminary	Galesburg	61401
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
Grayslake	-	1837 Victor Drive	Grayslake	60030
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	50 Tower Court, Suite B	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	14-2821	3520 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	14-2798	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	210 E. Calhoun	Macomb	61455
Madison County	14-2870	1946 Grand Ave.	Granite City	62040
Marquette Park	14-2566	6535 S. Western Avenue	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	6 N. 9th Avenue	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
Mount Prospect	14-2843	1710 W. Golf Road	Mount Prospect	60056

Clinic	Provider #	Address	City	Zip
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4616 S. Bishop Street	Chicago	60609
New Lenox	14-2868	662 Cedar Crossing Drive	New Lenox	60451
Niles	14-2559	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
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
NxStage Oak Brook	14-2779	1600 16th Street	Oak Brook	60513
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
Plainfield North	14-2596	24024 W. Riverwalk Court	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	946 W 63rd 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	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9332 Skokie Blvd.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Elgin	14-2856	770 N. McLean Blvd.	South Elgin	60177
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
Springfield East	14-2853	140 S. Martin Luther King Drive	Springfield	62703
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	14-2802	7320 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
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. Neltnor	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
Woodridge	14-2845	7550 Janes Avenue	Woodridge	60517
Zion	14-2841	1920 N. Sheridan Road	Zion	60099

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.

Fresenius Kidney Care facilities in Illinois with AIN Ventures, LLC, as a minority owner.

Fresenius Kidney Care Facility	Provider #	Address	City	Zip Code	Operator/Certification Holder	AIN Ventures, LLC % Owner
Chatham	14-2744	8710 S. Holland Road	Chicago	60620	Fresenius Medical Care Chatham, LLC	40%
Beverly Ridge	14-2827	9924 S. Vincennes	Chicago	60643	Fresenius Medical Care Chicagoland, LLC	40%
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	Fresenius Medical Care Chicagoland, LLC	40%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	Fresenius Medical Care Chicagoland, LLC	40%
Chicago Heights	14-2832	15 E. Independence Drive	Chicago Heights	60411	Fresenius Medical Care Chicagoland, LLC	40%
Evergreen Park	14-2545	8109 S. Kedzie	Evergreen Park	60805	Fresenius Medical Care Chicagoland, LLC	40%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	Fresenius Medical Care Chicagoland, LLC	40%
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	Fresenius Medical Care Chicagoland, LLC	40%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	Fresenius Medical Care Chicagoland, LLC	40%
Marquette Park	14-2566	6535 S. Western Ave.	Chicago	60636	Fresenius Medical Care Chicagoland, LLC	40%
Melrose Park	14-2554	6 N. 9th Avenue	Melrose Park	60160	Fresenius Medical Care Chicagoland, LLC	40%
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	Fresenius Medical Care Chicagoland, LLC	40%
New City	14-2815	4616 S. Bishop	Chicago	60609	Fresenius Medical Care Chicagoland, LLC	40%
Niles	14-2559	9371 N. Milwaukee Ave	Niles	60714	Fresenius Medical Care Chicagoland, LLC	40%
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	Fresenius Medical Care Chicagoland, LLC	40%
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	Fresenius Medical Care Chicagoland, LLC	40%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	Fresenius Medical Care Chicagoland, LLC	40%
Polk	14-2502	557 W. Polk St.	Chicago	60607	Fresenius Medical Care Chicagoland, LLC	40%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	Fresenius Medical Care Chicagoland, LLC	40%
Roseland	14-2690	132 W. 111th Street	Chicago	60628	Fresenius Medical Care Chicagoland, LLC	40%
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	Fresenius Medical Care Chicagoland, LLC	40%
South Holland	14-2542	17225 S. Paxton	South Holland	60473	Fresenius Medical Care Chicagoland, LLC	40%
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	Fresenius Medical Care Chicagoland, LLC	40%
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018	Fresenius Medical Care Des Plaines, LLC	40%
Grayslake	-	1837 Victor Drive	Grayslake	62761	Fresenius Medical Care Grayslake, LLC	40%
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	Fresenius Medical Care Lake Bluff, LLC	25%
Logan Square	14-2766	2721 N. Spaulding	Chicago	60647	Fresenius Medical Care Logan Square, LLC	40%
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617	Fresenius Medical Care South Deering, LLC	40%
Ross-Englewood	14-2670	946 W. 63rd Street	Chicago	60621	Ross Dialysis-Englewood, LLC	40%

Certification & Authorization

Fresenius Medical Care Lincolnwood Dialysis, 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 Lincolnwoood Dialysis, 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

Regarding 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 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: Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 2nd day of July, 2021

_____
Signature of Notary

Seal

By: _____

ITS: Assistant Secretary

Notarization:
Subscribed and sworn to before me
this ____ day of _____, 2021

_____
Signature of Notary

Seal

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
October 14, 2022

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

Regarding 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 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: Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 2nd day of July, 2021

_____
Signature of Notary

Seal

By:_____

ITS: Assistant Secretary

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2021

_____
Signature of Notary

Seal

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
October 14, 2022

Certification & Authorization

Center for Renal Replacement, 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 Center for Renal Replacement, 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

Regarding 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 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: Member

Notarization:
Subscribed and sworn to before me
this 7 day of July, 2021

_____
Signature of Notary

Seal

OFFICIAL SEAL
LINDA ENWIYA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/22

By: _____

ITS: _____

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2021

_____
Signature of Notary

Seal

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

Criterion 1130.520(b)(1)(A) Names of the parties
The applicants are Fresenius Medical Care Lincolnwood Dialysis, LLC, Fresenius Medical Care Holdings, Inc., and Center for Renal Replacement, LLC. Center for Renal Replacement, LLC currently holds the Medicare certification for the ESRD facility.

Criterion 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.

- Certificate of Good Standing provided at Attachment 1 for Fresenius Medical Care Lincolnwood, LLC and Center for Renal Replacement, LLC. Fresenius Medical Care Holdings, Inc. is a Delaware corporation that does not do business in the State of Illinois.
- Attachment 5 includes:
    - General background information for Fresenius Kidney Care.
    - A listing of all Illinois in-center hemodialysis facilities owned by Fresenius Medical Care Holdings, Inc.
    - A certification that no adverse actions have been taken against the applicants 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 in Illinois, directly or indirectly, within three years preceding the filing of the application.
    - An authorization for HFSRB and DPH to access 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

Criterion 1130.520(b)(1)(C) Structure of the transaction
Fresenius Medical Care Lincolnwood Dialysis, LLC, an affiliate of Fresenius Medical Care Holdings, Inc, will acquire the assets, rights and properties used or usable in connection with the Center for Renal Replacement, LLC, a 16-station ESRD facility located at 7301 N. Lincoln Ave., Suite 205, Lincolnwood, IL, 60712. The purchase price will be $2,200,000. Fresenius Medical Care Lincolnwood Dialysis, LLC will be a joint venture entity comprised of Bio-Medical Applications of Illinois, Inc (70%), AIN Ventures, LLC (20%) and CKDI, LLC (10%).

After the change of ownership, Fresenius Medical Care Lincolnwood Dialysis, LLC, d/b/a Fresenius Kidney Care Lincolnwood will operate the facility located at 7301 N. Lincoln Avenue, Suite 205, Lincolnwood, IL 60712.

Criterion 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction.
Fresenius Medical Care Lincolnwood Dialysis, LLC will be the certification holder after the change of ownership.

Criterion 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.
Attachment 4 contains the pre-merger as well as post-merger organizational structure.

Criterion 1130.520(b)(1)(F) Fair Market Value of assets to be transferred
The Fair Market Value of the assets to be transferred is $2,331,000.

Criterion 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)]
The purchase price to be provided for those assets is $2,200,000.

Criterion 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.
Attachment 8 contains a list of all current open Illinois CON permits for Fresenius Medical Care Holdings, Inc., which is the parent company of Bio-Medical Applications of Illinois, Inc., the majority member of Fresenius Medical Care Lincolnwood Dialysis, LLC, which does not hold any CON permits. The applicants affirm that these projects have been completed or will be completed or altered in accordance with the provision of this Section.

Criterion 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
Not applicable, applicant is not a hospital.

Criterion 1130.520(b)(4) A statement as to the anticipated benefits of the proposed changes in ownership to the community
Fresenius Medical Care is the world's largest provider of dialysis products and services treating over 346,000 patients through its 4,000 dialysis clinics. Its 2,600+ U.S. clinics, treating over 205,000 patients, have the most top-rated dialysis centers in America, as awarded by the Centers for Medicare and Medicaid Services, (CMS). CMS assigns 1-5 stars based on a series of measurements around each facility's clinical performance and patient outcomes. Fresenius Kidney Care's rating represents the highest results in the industry compared to all other major dialysis providers in the country.

The acquisition will also allow for necessary facility renovations and updates while providing area patients with access to Fresenius' expertise and superior quality of care.

Criterion 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 of ownership
The applicants have not quantified any potential cost savings.

Criterion 1130.520(b)6) A description of the facility's quality improvement program mechanism that will be utilized to assure quality control

The facility will adopt Fresenius Kidney Care quality control mechanisms. Our Quality Assessment and Performance Improvement (QAI) Program encompasses all aspects of patient care, including in-center, home hemodialysis, home peritoneal dialysis, and self-care, as well as support services to provide that care. As a leader in the renal care technology, innovation and clinical research, Fresenius Kidney Care's quality outcomes are above standard, and it is expected the quality of Fresenius Kidney Care Lincolnwood will be the same.

Criterion 1130.520(b)(7) A description of the selection process that the acquiring entity will use to select the facility's governing body

The Governing Body will consist of the Director of Operations, the Medical Director, the Clinical Manager, and the Regional Vice President.

Criterion 1130.520(b)(9) A description of 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

No changes are currently anticipated.

Fresenius Medical Care North America - Community Care/Charity Care

Fresenius Medical Care North America is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. The following will document all the programs available to FMCNA patients to assist with any financial need for the provision of dialysis care.

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

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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. This program is not advertised to patients, but is discussed with patients who have indicated a financial hardship and a need for Indigent Waiver consideration and have not qualified for any other available programs

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 more than four (4) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than four (4) 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 more than an amount of thirteen (13) times the Federal Poverty Standard (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 (or excuses a portion of the charges if patient qualifies for sliding scale discount when annual income is between 5 and 13 times the Federal Poverty Guideline). Patients may have dual coverage of AKF assistance (or other insurance coverage) and an Indigent Waiver if their financial status qualifies them for multiple 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 their healthcare needs, including transportation to their appointments. Patients who are not found to qualify may apply for the Indigent Waiver Program.

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.

Patient Accounts are reviewed periodically for consideration of patient liability and to determine if the account meets criteria to be written off as bad debt (uncollected revenue).

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) provided they have met the government work credit requirements.

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 do not have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary does not get premium-free Part A, they may be able to buy it if they (or their spouse) are not 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.

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 cannot 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 cannot 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 they meet AKF eligibility requirements.

Patients who are self-pay are eligible to apply for the Indigent Wavier Program or any other insurance assistance. Self-pay patient accounts are reviewed on a periodic basis for consideration of patient liability and to determine if the account meets the criteria to be written off to bad debt (uncollected revenue).

ILLINOIS CHARITY CARE (Self-pay)			
	2018	**2019**	**2020**
Net Patient Revenue	$436,811,409	$444,575,062	$447,807,649
Amount of Charity Care (charges)	$5,295,686	$5,591,838	$4,453,393
Cost of Charity Care	$5,295,686	$5,591,838	$4,453,393

*As a for-profit corporation Fresenius does not provide charity care per the Board's definition.
Numbers reported are self-pay balances. Self-pay balances are written off to bad debt.
Medicare may reimburse a portion of bad debt as part of cost reporting.

CENTER FOR RENAL REPLACEMENT, LLC CHARITY CARE

CHARITY CARE			
	2018	**2019**	**20120**
Net Patient Revenue	$0	$0	$0
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

*Center for Renal Replacement, LLC did not provide charity care.