

Roate, George

From: Lori Wright [Lori.Wright@fmc-na.com]
Sent: Monday, September 26, 2011 11:05 AM
To: Roate, George
Subject: Re: Fresenius Change of Ownership Applications 11-078, 11-079, 11-083, and 11-084
Attachments: Revised Page 6.pdf

George,

Here is a revised page 6 you can insert into all four. I am working on getting the transaction document for these too. Can you tell me where in the application it asks for that? I must have missed it.

(See attached file: Revised Page 6.pdf)

*Thank you,
Lori Wright
Senior CON Specialist*

*Phone: 708-498-9121
Fax: 708-498-9334*

*Fresenius Medical Care
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154*

RECEIVED

SEP 26 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

11-078
11-079
11-083
11-084

▼ "Roate, George" ---09/26/2011 10:55:18 AM---Hi Lori: While doing the completeness reviews, the following applications have project completion da

From: "Roate, George" <George.Roate@Illinois.gov>
To: Lori Wright <Lori.Wright@fmc-na.com>
Date: 09/26/2011 10:55 AM
Subject: Fresenius Change of Ownership Applications 11-078, 11-079, 11-083, and 11-084

Hi Lori:

While doing the completeness reviews, the following applications have project completion dates of May 31, 2011. While this will not hold up the completeness determination, we ask that a revised page be forwarded. It appears that all the other applications have a completion date of May 31, 2013. Your assistance is greatly appreciated.

1. 11-078 FMC Midway
2. 11-079 FMC Niles
3. Fresenius Dialysis Services of Polk
4. Neomedica Rolling Meadows

George Roate
Illinois Department of Public Health
Office of Health Systems Development
525 West Jefferson 2nd Floor
Springfield, Illinois 62761

Phone: (217) 782-3516
Fax: (217) 785-4111

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>May 31, 2013</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

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