



**FRESENIUS
MEDICAL CARE**

RECEIVED

MAY 08 2015

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

May 4, 2015

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

Re: Final Cost Report. Section 1130.770
Project: #12-069, RCG Pekin
Permit Holder: Dialysis Centers of America - Illinois, Inc. and Fresenius
Medical Care Holdings, Inc.
Permit Amount: \$2,698,570

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Pekin, #12-069, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

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

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli



February 11, 2015

Final Cost Report, Section 1130.770 Fresenius Medical Care Pekin

Project: #12-069, RCG Pekin

Permit Holder: Dialysis Centers of America - Illinois, Inc. and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$2,698,570

This report summarizes the development and final costs of the above-mentioned project which is for the relocation of the 9-station RCG Pekin dialysis facility from 600 S 13th Street, Pekin to 3521 Veterans Drive, also in Pekin. There have been no changes to the scope and size of this project. The Permit amount is \$2,698,570. Final realized costs were \$2,593,032.

The project was obligated through the execution of the lease for premises on October 30, 2012. The facility relocated into the new premises on February 10, 2014 and was complete on May 4, 2015 upon receipt of the CMS Certification letter. The facility's effective CMS Certification date is February 3, 2015 and its new name is Fresenius Medical Care Pekin.

Project Costs and Sources of Funds

| Project Costs | Allowance/CON | Realized |
|-------------------------------|----------------------|------------------|
| Modernization | 966,000 | 966,000 |
| Contingencies | 95,970 | 20,708 |
| Architectural/Engineering | 106,000 | 76,440 |
| Movable & Other Equipment | 296,000 | 295,284 |
| FMV of Leased Space/Equipment | 1,234,600 | 1,234,600 |
| Total Project Costs | 2,698,570 | 2,593,032 |
| Funding | Allowance/CON | Realized |
| Cash & Securities | 1,463,970 | 1,358,432 |
| Lease FMV | 1,234,600 | 1,234,600 |
| Total funds | 2,698,570 | 2,593,032 |

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

Application and Certificate for Payment (AIA G702)

Final G-702 is attached.

M. MERCIK
FMS PM
MAR 23 15
RECS - North
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APPLICATION AND CERTIFICATE FOR PAYMENT
 PROJECT: Pekin Dialysis Center
 4316-RL-NC-80-12
 INVOICE # _____ PAGE 1 of _____
 APPLICATION NO: 4 - Final
 PERIOD TO: 3/13/15
 DISTRIBUTION TO:
 OWNER
 ARCHITECT
 CONTRACTOR

ARCHITECTS PROJECT NO: 4316-2
 CONTRACT DATE: 11/1/13
 ARCHITECTS PROJECT NO: 4316-2
 CONTRACT DATE: 11/1/13

APPLICATION IS MADE FOR PAYMENT, AS SHOWN BELOW, IN CONNECTION WITH THE CONTRACT. CONTINUATION SHEET, AIA DOCUMENT G703, IS ATTACHED.

| | |
|--|------------|
| 1 ORIGINAL CONTRACT SUM | 934,456.00 |
| 2 NET CHANGE BY CHANGE ORDERS | 41,361.90 |
| 3 CONTRACT SUM TO DATE (LINE 1 + 2) | 975,817.90 |
| 4 TOTAL COMPLETED AND STORED TO DATE (COLUMN G ON G703) | 975,817.90 |
| 5 RETAINAGE | |
| a. % OF COMPLETED WORK (COLUMN D+E ON G703) | .00 |
| b. % OF STORED MATERIAL (COLUMN F ON G703) | |
| TOTAL RETAINAGE (LINE 5a + 5b OR (COLUMN I OF G703)) | .00 |
| 6 TOTAL EARNED LESS RETAINAGE (LINE 4 LESS LINE 5 TOTAL) | 975,817.90 |
| 7 LESS PREVIOUS CERTIFICATES FOR PAYMENT (LINE 6 FROM PRIOR CERTIFICATE) | 817,902.41 |
| 8 CURRENT PAYMENT DUE | 157,915.49 |
| 9 BALANCE TO FINISH, PLUS RETAINAGE | .00 |

NET CHANGE BY CHANGE ORDERS

| Number | Approved This Month | ADDITIONS | DEDUCTIONS |
|---------------|-----------------------|--------------------|--------------------|
| 1-8 | Date Approved 6/27/14 | \$54,696.77 | \$13,334.87 |
| 9 | 12/5/14 | | |
| TOTALS | | \$54,696.77 | \$13,334.87 |
| | | \$41,361.90 | |

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT TO THE BEST OF CONTRACTOR'S KNOWLEDGE, INFORMATION AND BELIEF THE WORK COVERED BY THIS APPLICATION FOR PAYMENT HAS BEEN COMPLETED IN ACCORDANCE WITH THE CONTRACT DOCUMENTS, THAT ALL AMOUNTS HAVE BEEN PAID BY THE CONTRACTOR FOR WORK WHICH PREVIOUS CERTIFICATES FOR PAYMENT WERE ISSUED AND PAYMENTS RECEIVED FROM THE OWNER, AND THAT THE CURRENT PAYMENT SHOWN HEREIN IS NOW DUE.

CONTRACTOR: *[Signature]*
 TITLE: Project Executive/Director of Operations
 DATE: 3/16/15

STATE OF: Illinois COUNTY OF: Peoria
 SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th DAY OF March 2015
 NOTARY PUBLIC: Kimberly D. Erlandson
 MY COMMISSION EXPIRES: 5-7-16
OFFICIAL SEAL
 KIMBERLY D. ERLANDSON
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 5/7/16

ARCHITECT'S CERTIFICATE FOR PAYMENT
 IN ACCORDANCE WITH THE CONTRACT DOCUMENTS, BASED ON ON-SITE OBSERVATIONS AND THE DATA COMPRISING THE ABOVE APPLICATION, THE ARCHITECT CERTIFIES TO THE OWNER THAT TO THE BEST OF THE ARCHITECT'S KNOWLEDGE, INFORMATION AND BELIEF THE WORK HAS PROGRESSED AS INDICATED, THE QUALITY OF THE WORK IS IN ACCORDANCE WITH THE CONTRACT DOCUMENTS, AND THE CONTRACTOR IS ENTITLED TO PAYMENT OF THE AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ _____
 (ATTACH EXPLANATION IF AMOUNT CERTIFIED DIFFERS FROM AMOUNT APPLIED FOR.)

ARCHITECT: _____
 BY: _____ DATE: _____

THIS CERTIFICATION IS NOT NEGOTIABLE. THE AMOUNT CERTIFIED IS PAYABLE ONLY TO THE CONTRACTOR NAMED HEREIN. ISSUANCE, PAYMENT AND ACCEPTANCE OF PAYMENT ARE WITHOUT PREJUDICE TO ANY RIGHTS OF THE OWNER OR CONTRACTOR UNDER THIS PROJECT.



APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER): Presenius Medical Care PROJECT: Pekin, IL
 FROM (CONTR.): Cohen Architectural VIA (ARCHITECT):
 CONTRACT FOR: Millwork & Installation

AIA DOCUMENT G702

APPLICATION NO: 2
 PERIOD TO: 1/31/2014
 CONTRACTOR'S PROJECT NO:
 CONTRACT DATE:

Distribution to:
 OWNER: ARCHITECT
 CONTRACTOR

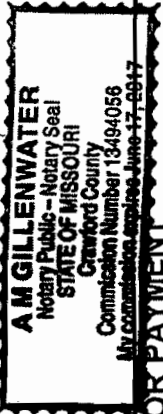
CONTRACTOR'S APPLICATION FOR PAYMENT

| CHANGE ORDER SUMMARY | | ADDITIONS | DEDUCTIONS |
|--|---------------|-----------|------------|
| Change Orders approved in previous months by Owner | | | |
| Approved this month | TOTAL | | |
| Number | Date Approved | | |
| | | 0 | 0 |
| Net change by Change Orders | | 0 | 0 |

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
 By: 

Date: 1/16/2014



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 108,897.00
2. Net change by Change Orders \$ -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 108,897.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 108,897.00
5. RETAINAGE:
 - a. 0 % of Completed Work \$ -
 - (Columns D + E on G703)
 - b. 100 % of Stored Material (Column F on G703)
- Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ -
6. TOTAL EARNED LESS RETAINAGE \$ 108,897.00
- (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE \$ 98,007.30
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 10,889.70

State of Missouri County of Crawford
 Subscribed and sworn to before me this 16 day of Jan 2014
 Notary Public: *A.M. GilLENwater*
 My Commission expires: June 17, 2017

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for.)
 ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

Certification Of Cost Report
Fresenius Medical Care Pekin
Project #12-069

Dialysis Centers of America - Illinois, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Pekin, Project #12-069, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: 

Mark Fawcett

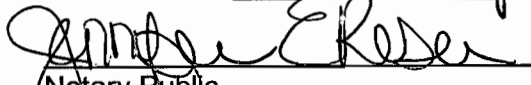
ITS: Vice President and Treasurer

BY: 


Bryan Mello

ITS: Assistant Treasurer

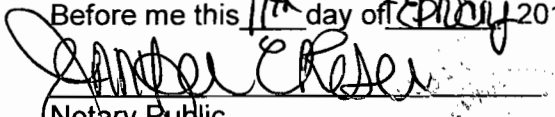
Subscribed and Sworn to
Before me this 11th day of February 2015


Notary Public


My commission expires: _____

 **JENNIFER E. ROSA**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

Subscribed and Sworn to
Before me this 11th day of February 2015




Notary Public

My commission expires: _____

 **JENNIFER E. ROSA**
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

Certification Of Cost Report
Fresenius Medical Care Pekin
Project #12-069

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Pekin, Project #12-069, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:  BY: 
ITS: Mark Pawlett ITS: Bryan Mello
Vice President and Treasurer Assistant Treasurer

Subscribed and Sworn to
Before me this 17th day of February 2015

Subscribed and Sworn to
Before me this 17th day of February 2015


Notary Public
My commission expires: _____



JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016


Notary Public
My commission expires: _____



JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016