

Original

14-047

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SEP 15 2014

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Humboldt Park</i>		
Street Address: <i>3500 W. Grand Avenue</i>		
City and Zip Code: <i>Chicago 60651</i>		
County: <i>Cook</i>	Health Service Area: <i>6</i>	Health Planning Area:

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Humboldt Park</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Co-Applicant Identification**

Provide for each co-applicant [refer to Part 1130.220]

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Co-Applicant**

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing**.
- o 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.

**APPEND DOCUMENTATION AS ATTACHMENT-1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact**

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

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name: <i>Teri Gurchiek</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6806</i>
E-mail Address: <i>teri.gurchiek@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

**Post Permit Contact**

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

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

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will &amp; Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>cranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Mosaic Real Estate Investments</i>
Address of Site Owner: <i>555 Skokie Blvd. Ste. 204, Northbrook, IL 60062</i>
Street Address or Legal Description of Site: <i>3500 W. Grand Ave., Chicago, IL 60651</i>
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Humboldt Park</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o 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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each co-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 ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT -5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. 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. Include the rationale regarding the project's classification as substantive or non-substantive.

*Fresenius Medical Care of Illinois, LLC, proposes to establish a 34-station in-center hemodialysis facility located at 3500 W. Grand Avenue, Chicago in the Humboldt Park neighborhood, to provide access to a medically underserved area. **Humboldt Park is a Federally Designated Medically Underserved Area/Population (MUA/P)** as are the surrounding neighborhoods. The facility will be in leased space with the interior to be built out by the applicant.*

*Contingent on the approval and certification of the Humboldt Park facility, the applicant intends to discontinue 20 stations at its current 32-station West Metro facility located on the campus of Norwegian-American Hospital also in the Humboldt Park neighborhood. This facility is operating at 94% and is in severely cramped space for its current station count. The intention is to maintain a 12-station West Metro hospital location for patient convenience and to create a more efficient clinic, while keeping access for current patients and creating access for future patients at the Humboldt Park location.*

*Fresenius Medical Care Humboldt Park will be in HSA 6.*

*According to the August 2014 Board inventory there is a calculated need for an additional 93 stations in this HSA. This project will reduce the current need to 79.*

*This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.*

**"Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility)."**<sup>1</sup>

1) <http://muafind.hrsa.gov/>  
Find Shortage Areas: MUA/P by State and County. (n.d.). Retrieved August 22, 2014.

### Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	3,220,000	N/A	3,220,000
Contingencies	320,000	N/A	320,000
Architectural/Engineering Fees	283,200	N/A	283,200
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	646,000	N/A	646,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	5,670,000 566,550	6,236,550	N/A 6,236,550
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>	<b>10,705,750</b>	<b>N/A</b>	<b>10,705,750</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	4,469,200	N/A	4,469,200
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	6,236,550	N/A	6,236,550
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>	<b>10,705,750</b>	<b>N/A</b>	<b>10,705,750</b>

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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 \$ <u>509,032</u> .		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
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>December 31, 2016</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.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" 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
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	10,705,750	20,000			20,000		
Total Clinical	10,705,750	20,000			20,000		
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>	<b>\$10,705,750</b>	<b>20,000</b>			<b>20,000</b>		

**APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Fresenius Medical Care of Illinois, 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

PRINTED NAME **Mark Fawcett**  
**Vice President & Treasurer**

PRINTED TITLE

SIGNATURE

PRINTED NAME **Bryan Mello**  
**Assistant Treasurer**

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_ 2014

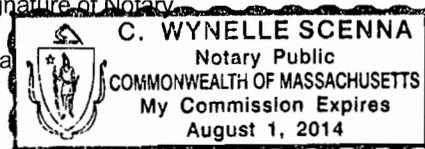
Notarization:  
Subscribed and sworn to before me  
this 6 day of June 2014

Signature of Notary

Signature of Notary

Seal

Seal



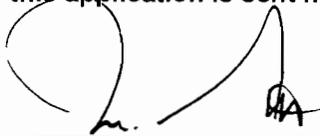
\*Insert EXACT legal name of the applicant

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

PRINTED NAME **Mark Fawcett**  
**Vice President & Treasurer**

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_ 2014

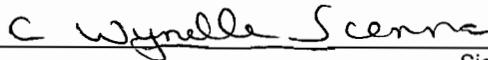


SIGNATURE

**Bryan Mello**  
PRINTED NAME **Assistant Treasurer**

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 6 day of June 2014

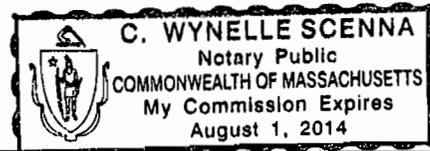


Signature of Notary

Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### 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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit, 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 the information has been 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
  - 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

**APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

**APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA**

***This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:***

**G. Criterion 1110.1430 - In-Center Hemodialysis**

- Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
- Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations (20 relocated)	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0 currently	34

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Expand</b>	<b>Modernize</b>
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

**APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST**

- Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

<u>4,469,200</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
<u>N/A</u>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>6,236,550</u>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
<u>N/A</u>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>N/A</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<b><u>\$10,705,750</u></b>	<b>TOTAL FUNDS AVAILABLE</b>

APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	<b>APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.</b>			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		161.00			20,000			3,220,000	3,220,000
Contingency		16.00			20,000			320,000	320,000
<b>TOTALS</b>		<b>\$177.00</b>			<b>20,000</b>			<b>\$3,540,000</b>	<b>\$3,540,000</b>

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 40.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$362,977,407	\$387,393,758	\$398,570,288
	2011	2012	2013
Charity * (# of self-pay patients)	93	203	642
Charity (cost in dollars)	\$642,947	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534
Ratio Medicaid to Net Patient Revenue	12%	12.99%	7.87%

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

CHARITY CARE			
	2011	2012	2013
<b>Net Patient Revenue</b>	<b>\$362,977,407</b>	<b>\$387,393,758</b>	<b>\$398,570,288</b>
Amount of Charity Care (charges)	\$642,947	\$1,566,380	\$5,346,976
Cost of Charity Care	\$642,947	\$1,566,380	\$5,346,976
	0.18%	.40%	1.34%

APPEND DOCUMENTATION AS **ATTACHMENT-41**, 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 attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-33
6	Historic Preservation Act Requirements	34
7	Project and Sources of Funds Itemization	35
8	Obligation Document if required	36
9	Cost Space Requirements	37
10	Discontinuation	
11	Background of the Applicant	38-59
12	Purpose of the Project	60-62
13	Alternatives to the Project	63-65
14	Size of the Project	66
15	Project Service Utilization	67
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	68-101
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	102-106
37	Financial Waiver	107-108
38	Financial Viability	
39	Economic Feasibility	109-113
40	Safety Net Impact Statement	114-115
41	Charity Care Information	116-118
	Appendix 1 – MapQuest Travel Times	119-179
	Appendix 2 – Physician Referral Letter	180-184

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Humboldt Park*</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Applicant**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |                                |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

\*Certificate of Good Standing for Fresenius Medical Care of Illinois, LLC on following page.

**Co - Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

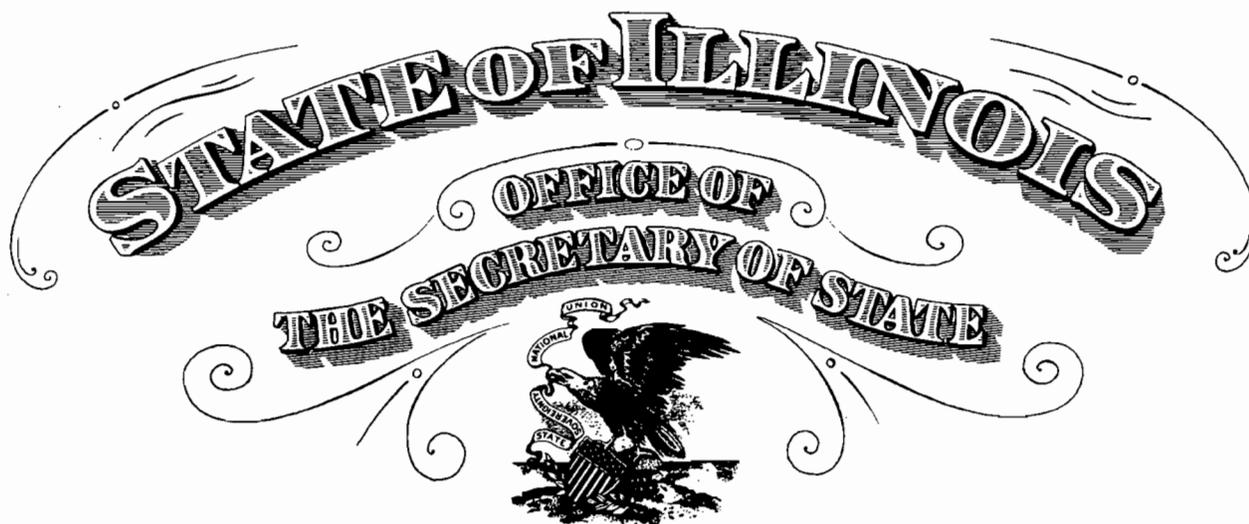
Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Type of Ownership - Co-Applicant**

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation            | <input type="checkbox"/> Partnership         |                                |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental        |                                |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o 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.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

FRESENIUS MEDICAL CARE OF ILLINOIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 26, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1401601582

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

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of JANUARY A.D. 2014 .***

*Jesse White*

SECRETARY OF STATE

Certificate of Good Standing  
ATTACHMENT 1

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Mosaic Real Estate Investments*

Address of Site Owner: *555 Skokie Blvd. Ste. 204, Northbrook, IL 60062*

Street Address or Legal Description of Site: *3500 W. Grand Ave., Chicago, IL 60651*

**Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**

**APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



Cushman & Wakefield of  
 Illinois, Inc.  
 455 N. Cityfront Plaza Drive  
 Suite 2800  
 Chicago, IL 60611-5555  
 (312) 470-1800 Tel  
 (312) 470-3800 Fax  
 www.cushwake.com

June 6, 2014

Sherwood Blitstein  
 Mosaic Properties and Development  
 555 Skokie Blvd. Ste. 204  
 Northbrook IL, 60062

RE: **Fresenius Medical Care, LLC.**  
**Letter of Intent – 3500 W. Grand Avenue, Chicago, IL**

Dear Sherwood,

Fresenius Medical Care is pleased to provide the following Letter of Intent to lease space.

**LANDLORD:** Mosaic Real Estate Investments, or its assignee  
 555 Skokie Blvd. Ste. 204  
 Northbrook IL, 60062

**TENANT:** FRESENIUS MEDICAL CARE of Illinois.

**LOCATION:** 3500 W. Grand Avenue  
 Chicago, IL

**INITIAL SPACE REQUIREMENTS:** Approximately 20,000 contiguous rentable square feet.

**PRIMARY TERM:** An initial lease term of fifteen (15) years commencing on the Rent Commencement Date. For purposes of establishing an actual occupancy date, both parties will execute a Commencement Date Certificate after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

**DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE for completion of the Tenant Improvements after the Landlord Work, as described herein, is complete. The date all Landlord's Work is substantially complete and delivered to, and accepted by, Tenant shall be the Possession Date.

**OPTIONS TO RENEW:** Three (3), five (5) year options to renew the Lease. Option rental rates shall increase at 3.0% per year. FRESENIUS MEDICAL CARE shall provide three hundred sixty (360) days' prior written notification of its desire to exercise the option.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**RENTAL RATE:** \$27.00 Net per rentable square foot.

**RENT COMMENCEMENT:** 120 days after the Possession Date

**ESCALATIONS:** 10% escalation in years 6 & 11.

**LANDLORD WORK:** Landlord to construct Premises as a “cool dark shell”. Such building shall include structure, roof, all utilities stubbed to location specified by Tenant and all site work, including demolition of the current structure, paving, site lighting, and water detention as required by the City of Chicago. In order to provide a parking surface in like-new condition near the time of store opening, the final course of paving will be done by Landlord post Possession, at such time as Tenant directs with reasonable notice - prior to store opening. Collectively, all such work shall be “Landlord’s Work”. Additionally, Landlord shall give Tenant a cash payment of \$50,000 for HVAC purchase and installation, at the time of acceptance of Possession. All finishes and further improvements to the Premises will be performed by Tenant, collectively, “Tenant’s Work”.

**USE:** FRESINIUS MEDICAL CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESINIUS MEDICAL CARE may operate on the Premises, at FRESINIUS MEDICAL CARE’s option, on seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements and covenants of record.

**CONTRACTOR FOR TENANT IMPROVEMENTS:** Landlord will hire a contractor and/or subcontractors of its choosing for construction of Landlord’s Work. FRESINIUS MEDICAL CARE shall be responsible for the implementation and management of all Tenant Work.

**DELIVERIES:** FRESINIUS MEDICAL CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

**EMERGENCY GENERATOR:** FRESINIUS MEDICAL CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**PARKING:**

Landlord will provide designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

**BUILDING CODES:**

FRESENIUS MEDICAL CARE requires that Landlord Work meet all local, and State building code requirements, including all provisions of ADA.

**CORPORATE IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES AND REAL ESTATE TAXES:**

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associated with its premises. The lease shall be a double net lease, with Landlord responsible for roof and structure, as described in the below Maintenance section. Landlord will manage the building as part of common area expenses, and include a customary management fee. Tenant will pay Real Estate Taxes directly to the municipal authority.

**ASSIGNMENT/ SUBLETTING:**

FRESENIUS MEDICAL CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided Guarantor remains liable. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

**MAINTENANCE:**

Landlord shall, without expense to Tenant, maintain and make all necessary repairs and replacements to all portions of the structure of the Premises, and replace the roof when needed.

With respect to all other maintenance, repairs and replacements, Landlord shall perform such at Tenant's expense, as part of Tenant's common area maintenance charges. All such work to be performed to good and accepted business practices throughout the term, including: 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

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

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.

**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 FRESINIUS MEDICAL CARE's dialysis clinic

**FLOOD PLAIN:**

Landlord confirms that the property and Premises is not in a Flood Plain.

**FINANCING:**

Landlord, or its Lender, will provide a subordination, non-disturbance and attornment agreement. Tenant will supply Landlord with an estoppel certificate, reasonably satisfactory to Landlord's Lender within 14 days from written request.

**ENVIRONMENTAL:**

An acceptable Phase One Environmental Study will be required.

**DRAFT LEASE:**

FRESINIUS MEDICAL CARE requires the use of its Standard Form Lease.

Tenant agrees to reimburse Landlord in the event any or all such payments are made to seller, and Tenant is not successful in obtaining its CON within 240 days from Lease execution, at which time the Lease shall be null and void.

**LEASE EXECUTION:**

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

**LEASE SECURITY:**

Fresenius Medical Holdings Corp shall fully guarantee the lease.

**CONFIDENTIAL:**

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

**NON-BINDING NATURE:**

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

Sincerely,

Cushman & Wakefield of Illinois  
Phone: 312-470-1800  
Fax: 312-470-3800

**AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2014**

By \_\_\_\_\_

Title: \_\_\_\_\_

**AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2014**

By: \_\_\_\_\_

Title: \_\_\_\_\_

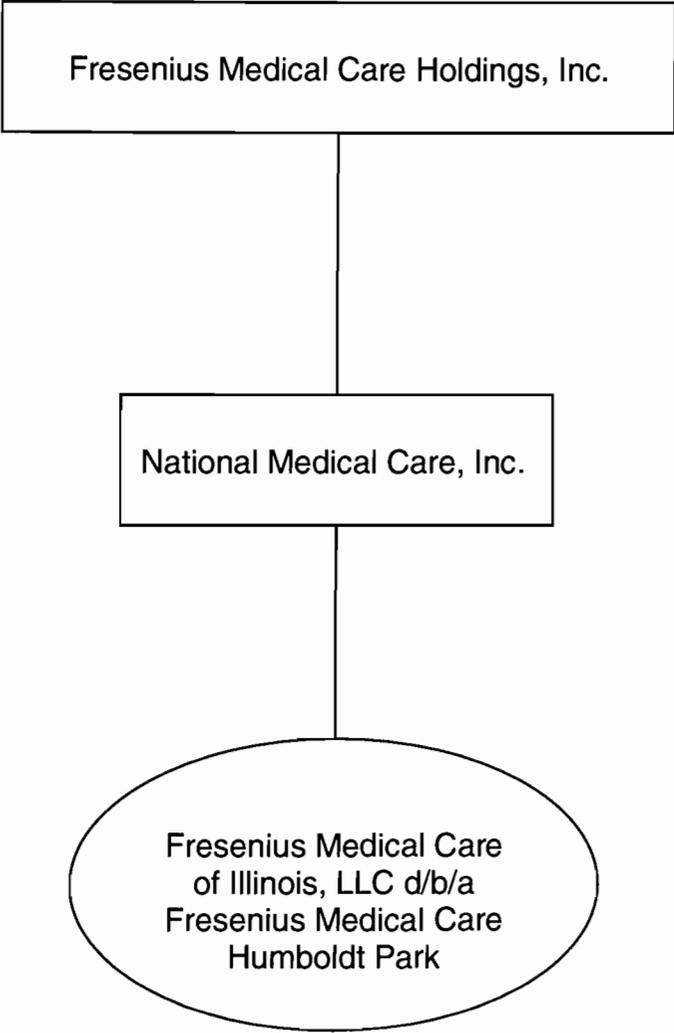
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

## Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care of Illinois, LLC d/b/a Fresenius Medical Care Humboldt Park*</i>				
Address: <i>920 Winter Street, Waltham, MA 02451</i>				
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ 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.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>				

**\*Certificate of Good Standing at Attachment – 1.**



## **Flood Plain Requirements**

The proposed site for the establishment of Fresenius Medical Care Humboldt Park complies with the requirements of Illinois Executive Order #2005-5. The site, 3500 W. Grand Avenue, Chicago, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.





**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

[www.illinoishistory.gov](http://www.illinoishistory.gov)

Cook County

Chicago

CON - Lease to Establish a 36-Station Dialysis Facility

3500 W. Grand Ave.

IHPA Log #018052714

June 11, 2014

Lori Wright

Fresenius Medical Care

3500 Lacey Road

Downers Grove, IL 60515

Dear Ms. Wright:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Deputy State Historic

Preservation Officer

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For TTY communication, dial 888-440-9009. It is not a voice or fax line.

Historical Determination  
ATTACHMENT 6

**SUMMARY OF PROJECT COSTS**

<b>Modernization</b>	
General Conditions	161,000
Temp Facilities, Controls, Cleaning, Waste Management	8,000
Concrete	41,200
Masonry	49,000
Metal Fabrications	24,100
Carpentry	283,000
Thermal, Moisture & Fire Protection	57,300
Doors, Frames, Hardware, Glass & Glazing	220,600
Walls, Ceilings, Floors, Painting	520,000
Specialities	40,300
Casework, FI Mats & Window Treatments	19,300
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	1,030,400
Wiring, Fire Alarm System, Lighting	620,800
Miscellaneous Construction Costs	145,000
<b>Total</b>	<b>\$3,220,000</b>
<b>Contingencies</b>	
	<b>\$320,000</b>
<b>Architecture/Engineering Fees</b>	
	<b>\$283,200</b>
<b>Moveable or Other Equipment</b>	
Dialysis Chairs	73,000
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	56,000
Water Treatment	210,000
TVs & Accessories	85,000
Telephones	27,000
Generator	110,000
Facility Automation	30,000
Other miscellaneous	25,000
	<b>\$646,000</b>
<b>Fair Market Value of Leased Space and Equipment</b>	
FMV Leased Space (20,000 GSF)	5,670,000
FMV Leased Dialysis Machines	544,350
FMV Leased Office Equipment	22,200
	<b>\$6,236,550</b>
<b>Grand Total</b>	<b>\$10,705,750</b>

Itemized Costs  
ATTACHMENT - 7

## **Project Status and Completion Schedules**

- Anticipated completion date is December 31, 2016.
- Project obligation will occur after permit issuance.
- **List of Current CON Permits**

<b>Project Number</b>	<b>Name</b>	<b>Project Type</b>	<b>Completion Date</b>
#10-063	Fresenius Lakeview	Expansion	04/15/2015
#12-046	Fresenius Spoon River	Relocation/Expansion	12/31/2014
#12-029	Fresenius SW Illinois	Relocation	08/01/2014
#12-067	Fresenius Normal	Establishment	10/31/2014
#12-069	Fresenius Pekin	Relocation/Expansion	10/31/2014
#12-091	Fresenius Carbondale	Relocation	12/31/2014
#12-095	Fresenius Waterloo	Establishment	02/28/2015
#12-098	Fresenius Monmouth	Establishment	02/28/2015
#E-010-13	Fresenius Naperville North	Expansion	04/30/2015
#13-008	Fresenius Chicago Kidney Center	Relocation	12/31/2014
#13-053	Fresenius Evanston	Expansion	11/15/2015
#14-010	Fresenius Highland Park	Establishment	11/30/2015
#14-012	Fresenius Gurnee	Relocation/Expansion	12/31/2015
#14-019	Fresenius Summit	Establishment	12/31/2015

**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	10,705,750	20,000			20,000		
Total Clinical	10,705,750	20,000			20,000		
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>	<b>\$10,705,750</b>	<b>20,000</b>			<b>20,000</b>		

**APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## **Fresenius Medical Care**

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

**Quality Measures** – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

**INITIATIVES** that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

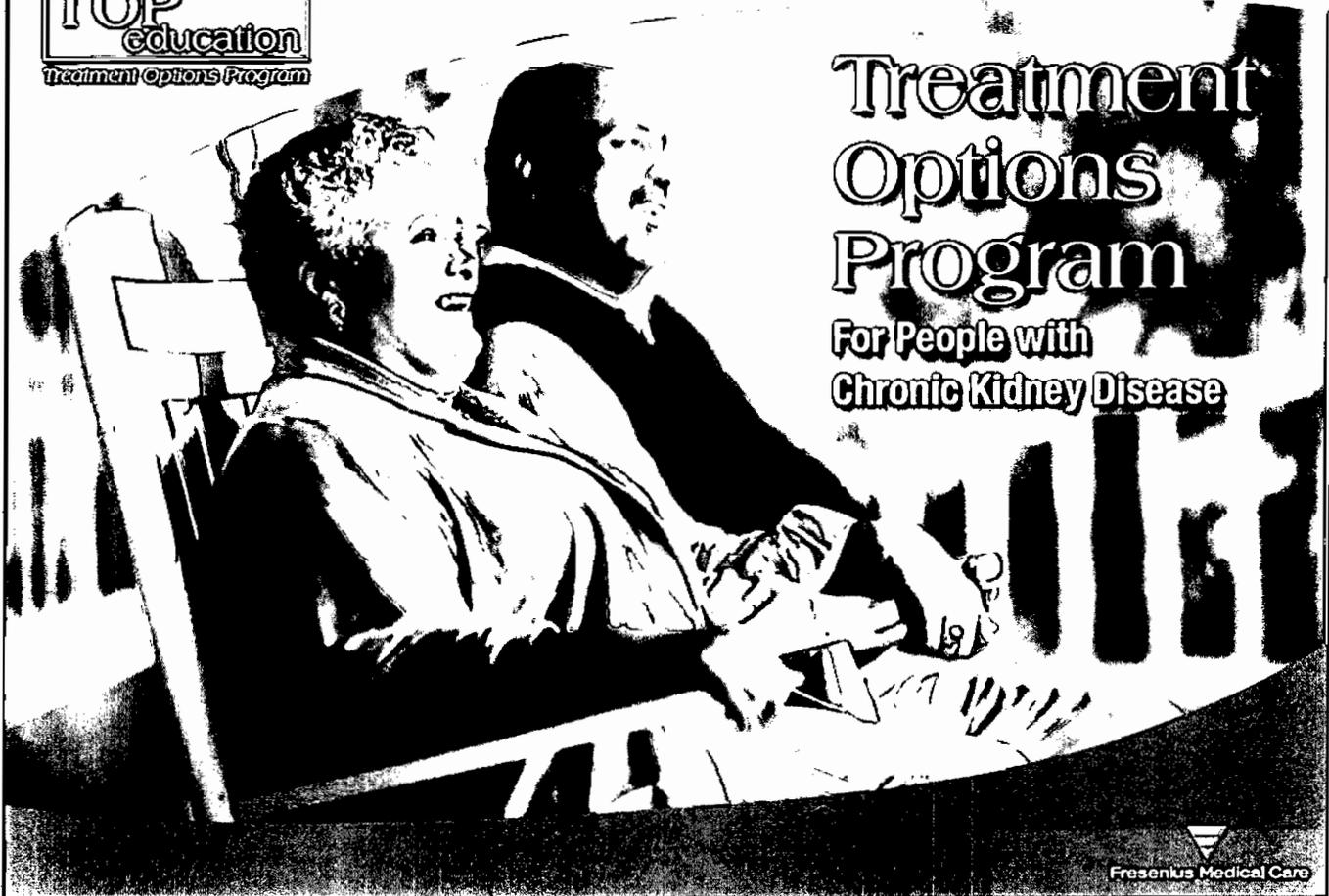
**TOPs Program** (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

**Right Start Program** – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

**Catheter Reduction Program** – This is a key 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) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

**Diabetes Care Partnership** - Fresenius Medical Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

**Locally**, in Illinois, Fresenius Medical Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Medical Care employees in Chicago alone raised almost \$15,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Medical Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.



# Treatment Options Program

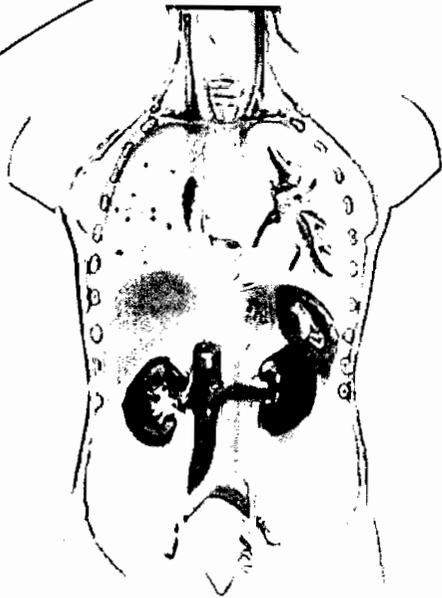
For People with  
Chronic Kidney Disease

## Welcome to the Treatment Options Program

*Over the next hour you will learn:*

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by your physician with Chronic Kidney Disease (CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure" and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle

## Your Kidneys and What They Do



- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
  - Filter your blood to remove waste and excess fluid;
  - Control the making of red blood cells;
  - Help control blood pressure;
  - Help control the amounts of calcium, potassium, and phosphorus in the body.

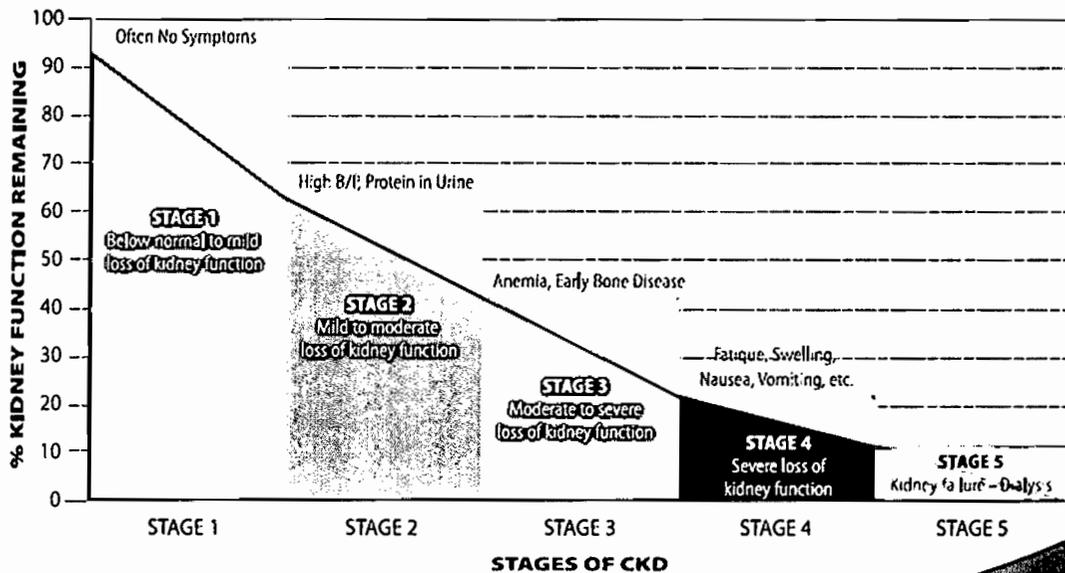
## What is Chronic Kidney Disease (CKD)?

CKD is a progressive disease that advances from Stage I through Stage V.

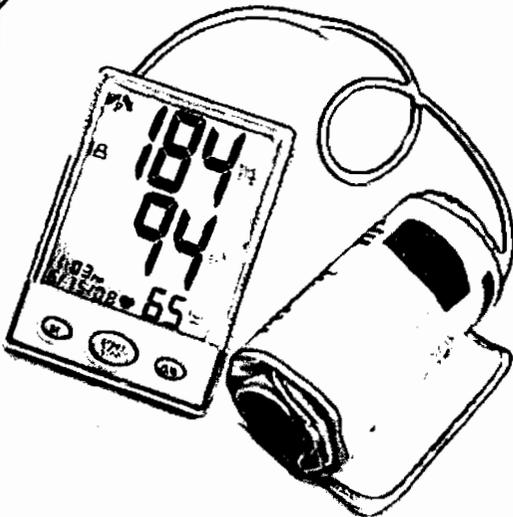
**Stage V CKD or End-Stage Renal Disease (ESRD)** is commonly referred to as “kidney failure.”

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.

## The progression of CKD



## Common Causes of Chronic Kidney Disease (CKD):



- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown



## What Happens to Your Body with Chronic Kidney Disease?

- Build up of fluid (water) and waste products in your blood
  - Causes swelling and generally not feeling well
- Chemical imbalances
  - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
  - Control your blood pressure
  - Build red blood cells
  - Keep your bones strong



## Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness

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## If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease\*.
- A recent study reported over 358,000 people in the US were on dialysis.
  - Roughly 16,000 (or 5%) of these people received a kidney transplant\*\*\*
  - The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation\*\*

\* NHANES (1999-2004)

\*\* USRDS (2006 data report)

\*\*\* 2007 OPTN/SRTR Annual Report 1997-2006.  
HHS/HRSA/HSB/DOT



## People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.



## If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
  - You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
  - Managing your disease well helps determine the quality of your life.
- You have the right not to accept treatment for your kidney failure (ESRD).

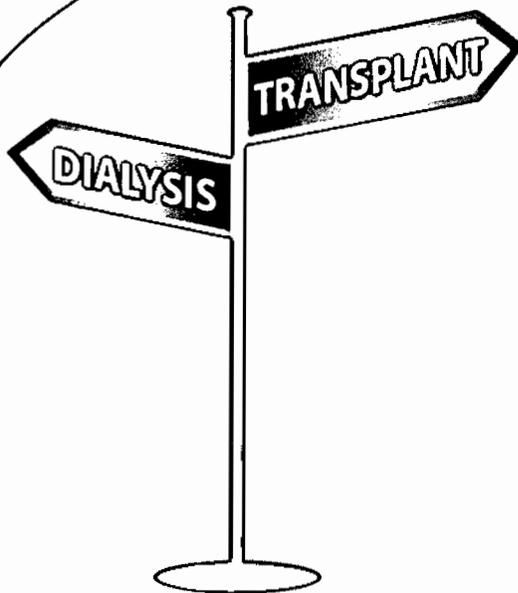


## Managing Your CKD

### Diet & Medication

- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
  - Control blood pressure
  - Make red blood cells
  - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

## Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the “Gold Standard”
- Kidney Dialysis  
Two types of treatments to remove excess fluid and waste from your blood
  - Peritoneal Dialysis (PD)
  - Hemodialysis (HD)



## The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the “Gold Standard” because it is the treatment that comes closest to “normal” kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.





## A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.



## Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
  - Living donor:
    - Relatives (usually the closest match)
    - Non-relative (spouse, friend)
  - Non-Living donor:
    - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two



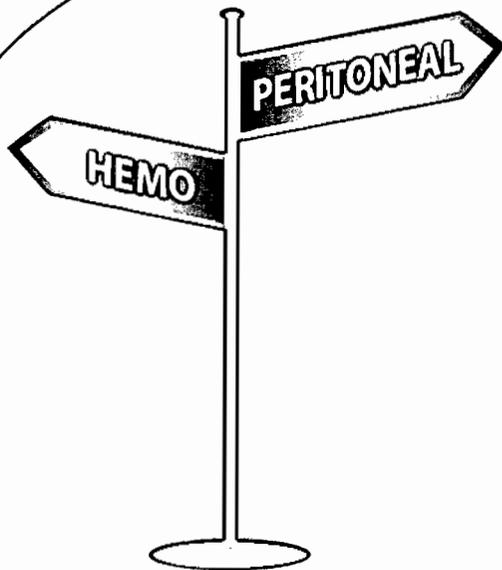
## Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
  - Diet
  - Activity
- Watch for signs of potential problems.

## Kidney Transplant Option

- Closest treatment to "normal" kidney function
  - Fewer dietary and fluid restrictions
  - Allows you to maintain your normal schedule & activities
- 
- Risks associated with surgery and kidney rejection
  - Daily medications may have side effects and can be costly
  - Must take medications and follow up with physician for life of the kidney
  - May be placed on a waiting list for an extended period of time

## The Dialysis Options



- There are two types of dialysis:
  - Peritoneal dialysis
  - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.

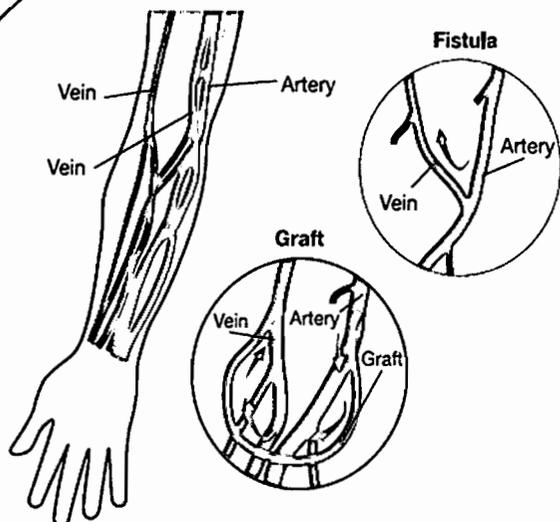
## Hemodialysis



- Blood is cleaned by an “artificial kidney” or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time

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## Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A **fistula**, the 1st choice, is a surgical connection of your artery and your vein.
- A **graft**, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A **catheter** is a temporary tubing inserted through the skin and sutured into place.

## In-Center Hemodialysis Option



- Treatments are done by trained dialysis nurses and technicians.
- You are on a fixed schedule for your treatments, and changes may be difficult.
- You must travel to/from the dialysis center.
- Treatments are usually done 3 times each week.
- No equipment or supplies needed at home.
- Opportunity for regular social interaction with other dialysis patients.
- Treatments usually last 3.5-4.0 hours each.



## In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
  - Allows you to work, go to school, or participate in other activities during the day
  - Provides more treatment over a longer period of time
  - Useful when needing to remove large amounts of fluid
  - Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area

## In-Center Hemodialysis Considerations

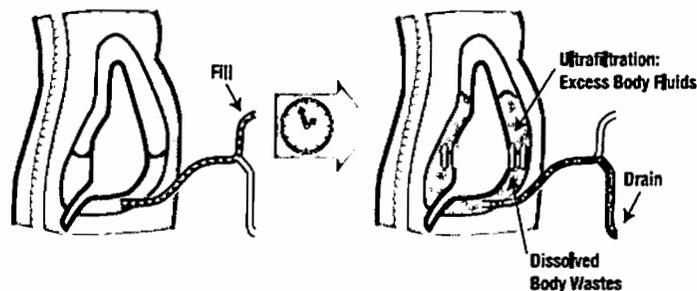
- Therapy performed by trained clinicians
  - No equipment or supplies needed at home
  - Opportunity for more frequent social interaction with other dialysis patients
- 
- Patient must travel to the clinic usually 3 times per week
  - Patients are on a fixed schedule to receive their therapy

## Home Hemodialysis Option



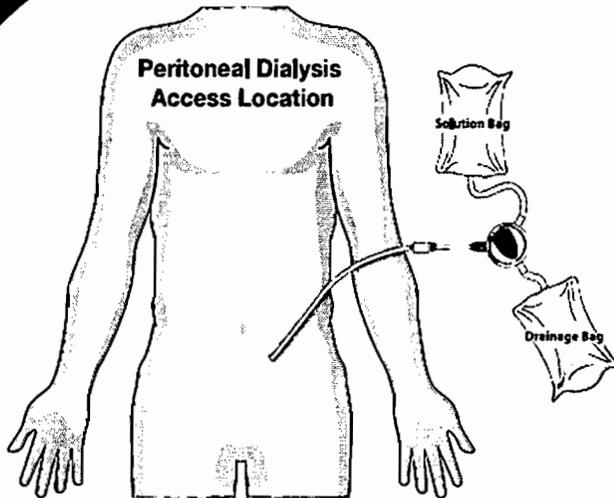
- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center

## Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

## Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used



## Two types of PD



### 1. Continuous Ambulatory Peritoneal Dialysis (CAPD)

- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange



## Two types of PD

### 2. Continuous Cycling Peritoneal Dialysis (CCPD)

- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime



## Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
  - More flexible dialysis treatment schedule
  - Allows independence and a more normal (working) lifestyle
  - Gentle treatment more like "normal" kidney function
  - A bloodless form of treatment with no needles required
- 
- Treatment needs to be performed every day
  - Risk of infection
  - External catheter
  - Need storage space in home for supplies
  - Larger people may need to do more exchanges



## Dialysis Options Comparison

Advantages	IN-CENTER		HOME		Advantages	IN-CENTER		HOME	
	HD	NHD	HD	PD		HD	NHD	HD	PD
Treatment Time Flexibility			✓	✓	Perform treatments during nightly sleep		✓	✓	✓
Treatment Location Flexibility			✓	✓	Improved availability during work hours		✓	✓	✓
Treatment Duration Flexibility				✓	Bloodless access				✓
Reduced Clinic Visit Time			✓	✓	More Independent Lifestyle			✓	✓
Reduced Clinic Travel Time			✓	✓	Greater treatment supervision	✓	✓		
Reduced Clinic Travel Costs			✓	✓	No supply delivery & storage needs	✓	✓		
No treatment partner needed	✓	✓		✓	No routine needle sticks				✓
Greater Privacy			✓	✓	Greater Travel options				✓
Greater Social Interaction with Other Dialysis Patients	✓				No additional electrical/plumbing	✓	✓		✓

*Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.*

## People Like You

**Shad Ireland's** kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.



Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

**Mickey Sledge** developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

**Lori Hartwell**, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.

**Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois**

<b>Clinic</b>	<b>Provider #</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Fac &gt; 10% Medicaid Treatments</b>
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	17%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	17%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	
Bolingbrook	14-2605	329 Remington	Bolingbrook	60440	
Breese	14-2637	160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	26%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	15%
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	333 W. 87th Street	Chicago	60620	
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622	35%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	38%
Cicero	14-2754	3000 S. Cicero	Chicago	60804	28%
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	23%
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deerfield	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	18%
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	18%
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	11%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	16%
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139	13%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	19%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	21%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	14%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	26%
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	11%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	13%
Logan Square	14-2766	2721 N. Spalding	Chicago	60647	
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	14%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	21%
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803	
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960	15%
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	11%
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448	
Monmouth(Maple City)		1225 N. Main Street	Monmouth	61462	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook	14-2765	2451 S Washington	Naperville	60565	
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Normal		1531 E. College Avenue	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	13%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	18%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	27%
Northfield	14-2771	480 Central Avenue	Northfield	60093	11%
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	
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	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19%
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	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	12%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	27%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	22%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	15%
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	10%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	19%
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	
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	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	24%
Waterloo		513-535 Hamacher Street	Waterloo	62298	
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	35%
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185	11%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	25%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	13%
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	

\*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Certification & Authorization

Fresenius Medical Care of Illinois, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care of Illinois, 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order 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: [Signature]  
ITS: Mark Fawcett  
Vice President & Treasurer

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

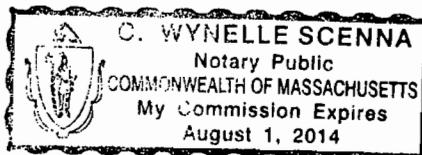
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning 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 Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order 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: [Signature]

ITS: Mark Fawcett  
Vice President & Treasurer

By: [Signature]

ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

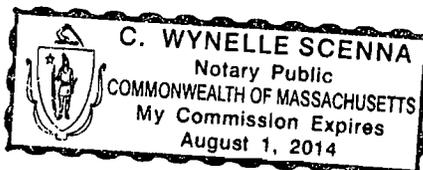
Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

[Signature]  
Signature of Notary

[Signature]  
Signature of Notary

Seal

Seal

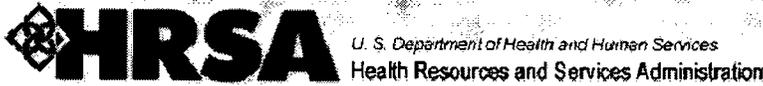


### **Criterion 1110.230 – Purpose of Project**

1. This project will provide continued life-sustaining dialysis services to residents living on the west side of Chicago in and around the Humboldt Park neighborhood that is part of a **large Federally Designated Medically Underserved Area/Population (MUA/P)**. It will also address the determined need for 93 stations in HSA 6. The current 32-station Fresenius clinic located in Humboldt Park (West Metro) at Norwegian/American Hospital is operating at 94% utilization in a severely cramped space more suitable for 12 stations. The intention is to reduce that facility down to 12 stations and “relocate” 20 stations (plus add an additional 14 new stations) to establish a “sister” facility in the same neighborhood. Current Fresenius West Metro patients will be served at both the existing and the new facility while creating additional access in this underserved area.
2. Humboldt Park is a neighborhood on the west side of Chicago in HSA 6 between the Bucktown and Austin neighborhoods. Not only is it in a MUA/P it is surrounded by areas that are also MUA/Ps.
3. Fresenius West Metro, located on the campus of Norwegian/American Hospital in Humboldt Park, is operating near capacity with 180 patients and often cannot accept any new admissions. Making matters even worse is the physical size and condition of this facility. Its 32 stations are squeezed in only 7,750 gsf, far below Board standards. The facility is also in dire need of updating, which has not been feasible in the currently cramped space. Additional access is needed to serve this immediate area and is not available at the current facility.
4. Station inventory data was obtained from the IHFSRB quarterly utilization report. All population/demographic data was obtained from the U.S. Census Bureau and patient data was obtained from Dr. Vilbar and Dr. Cabrera’s office. Area MUA/MUP data was obtained from the Health Resources and Services Administration.
5. Reducing the station count at the current West Metro facility from 32 to 12 will allow the facility to operate more efficiently and within Board standards as it relates to gsf. It will also allow up to 72 patients to continue convenient treatment at the hospital campus. “Relocating” the remaining 20 stations to another site will allow continued access for the 180 current patients and adding 14 additional stations will provide access for pre-ESRD patients identified by Dr. Vilbar. Residents of this underserved area will have ongoing access to dialysis services which reduces missed treatments and thus health complications and healthcare costs.

6. The goal of Fresenius Medical Care is to provide dialysis accessibility to a large patient population residing in the center of a large area designated as a MUA. It will also address the need for stations in HSA 6. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would have similar quality outcomes as the West Metro facility as listed below.

- 95% of patients had a URR  $\geq$  65%
- 96% of patients had a Kt/V  $\geq$  1.2



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### Find Shortage Areas: HPSA & MUA/P by Address

**Reported location:** 3500 W Grand Ave, Chicago, IL, 60651  
 (---- **Input location:** 3500 W. Grand Avenue, Chicago, Illinois 60651)

<b>In a Primary Care Health Professional Shortage Area: Yes</b>	
Primary Care HPSA Name:	Humboldt Park
Primary Care HPSA ID:	1179991727
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	17
Primary Care HPSA Designation Date:	1979/05/30
Primary Care HPSA Designation Last Update Date:	2012/04/17
<b>In a Mental Health Professional Shortage Area: Yes</b>	
Mental Health HPSA Name:	Chicago Central
Mental Health HPSA ID:	7179991758
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	18
Mental Health HPSA Designation Date:	2003/07/11
Mental Health HPSA Designation Last Update Date:	2013/11/25
<b>In a Dental Care Health Professional Shortage Area: Yes</b>	
Dental Health HPSA Name:	Low Income - Near North (Chicago)
Dental Health HPSA ID:	6179991746
Dental Health HPSA Status:	Designated
Dental Health HPSA Score:	14
Dental Health HPSA Designation Date:	2000/09/06
Dental Health HPSA Designation Last Update Date:	2012/05/17
<b>In a Medically Underserved Area/Population: Yes</b> [Additional result analysis]	
MUA/P Service Area Name:	Communities Asian-American Population
MUA/P ID:	00801
State Name:	Illinois
County Name:	Cook
County Subdivision Name:	Chicago
Census Tract Number:	231100 [Additional result analysis]
ZIP Code:	60651
Post Office Name:	Chicago
Congressional District Name:	Illinois District 04 [Additional result analysis]
Congressional District Representative Name:	Luis Gutierrez

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## Alternatives

### 1) All Alternatives

#### A. Proposing a project of greater or lesser scope and cost.

The only alternative that would entail a lesser scope and cost than the project proposed in this application would be to do nothing and maintain the status quo. This is not feasible because Humboldt Park's 32-station West Metro clinic is operating near capacity and cannot expand. In fact, the current space is extremely small for 32 stations and also includes a large home therapies program of nearly 50 patients. Space in the current site needs to be freed-up in order to run the facility more efficiently. While this option has no monetary cost, the cost is to the patients in this **Medically Underserved Area/Population** who currently have no access to dialysis services in their healthcare market.

#### B. Pursuing a joint venture or similar arrangement with one or more providers of entities to meet all or a portion of the project's intended purposes' developing alternative settings to meet all or a portion of the project's intended purposes.

The typical Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs. Physicians involved do not wish to enter into a joint venture, however the cost would be the same as the current project, but split amongst joint venture partners.

#### C. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project

Besides the Fresenius West Metro facility in Humboldt Park at 94% utilization the next closest facility is operating above capacity, DaVita Garfield Park at 105%. Dr. Vilbar and his partner currently admit patients to DaVita Logan Square which is operating just under 80%. Remaining clinics nearby with capacity either do not operate three shift per day due to safety reasons (Fresenius Austin), are new and in the 2-year ramp up stage with identified patients (Fresenius Logan Square) or are in the process of relocating and will also be in the 2-year ramp up stage (Fresenius Chicago Dialysis). However, utilizing these facilities for a disadvantaged patient living in the Humboldt Park neighborhood is not feasible given travel difficulties in a city the size of Chicago.

Even when MapQuest travel times are adjusted per Board rules they do not reflect the reality of traveling from one place to another within the City. They do not accurately reflect traffic congestion (especially during rush hours). Also, the MapQuest travel time anticipates travel is done solely in a car but many city residents utilize public transportation. This is particularly true in neighborhoods like Humboldt Park where people do not own cars, or use them regularly if they do.

Add to this the number of dialysis clinics that are in the City making it impossible for nephrologists to travel to all of them within 30 minutes so patients would have to switch physicians if travelling outside of their healthcare market. It is costly, and detrimental to quality of care, for a chronically ill patient to have to change nephrologists at the onset of something as life changing as dialysis. The alternative of referring patients to other facilities further away is not a viable option for this area. There is no monetary cost to this alternative.

- Another alternative would be to relocate only 20 stations from the West Metro facility to free-up the space there and make that clinic more efficient however, given West Metro's 180 hemodialysis patients would still be receiving treatment in the same number of stations, this would not address the near capacity conditions. There would then be two facilities operating at capacity. Additional access is needed in Humboldt Park where historic utilization has been high. The cost to this alternative would be approximately \$6,800,000.
- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the underserved Humboldt Park area is to relocate 20 stations from the cramped 32-station Fresenius West Metro facility and add an additional 14 stations to establish the 34-station Fresenius Humboldt Park facility. This will provide continued access to life saving dialysis services for the current 600-plus ESRD patients living in this area and future access for identified pre-ESRD patients. The cost of this project is \$10,705,750.

## 2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	There is essentially no access to dialysis services in Humboldt Park due to the near capacity conditions at Fresenius West Metro.	If patients miss treatments due to lack of access, individual patient quality values will likely decline.	Increased transportation costs as patients who must travel to other areas for treatment.
Joint Venture	\$10,705,750	No effect on access.	No effect on quality.	Less cost to Fresenius, however Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance.
Utilize Area Providers	\$0	Closest clinics are operating at capacity and those with capacity are either in the 2 year ramp up phase or are not viable options for this disadvantaged population due to transportation issues in the City of Chicago.	Some patients may have to switch physicians and loss of continuity of care could lead to lower patient outcomes. Also, there would likely be more missed treatments leading to lower quality markers.	No financial cost to Fresenius Medical Care  Health care cost may rise as patient's quality declines. Cost of patient's transportation would increase with higher travel times.
Relocate 20 stations from Fresenius West Metro to establish a 20-station Humboldt Park facility.	\$6,800,000	This alternative would NOT address the excess capacity in the Humboldt Park area. Unavailable access to dialysis would remain.	Patient clinical quality would remain above standards. However, there may be missed treatments if access is not provided resulting in lower quality.	Cost is lower, however does not address the needs of the patients residing in Humboldt Park.
Establish the 34-station Fresenius Medical Care Humboldt Park by requesting 14 stations from the State inventory and relocating 20 from Fresenius West Metro.	\$10,705,750	Access to dialysis services will be maintained in this underserved market area of Chicago.	Patient clinical quality would remain above standards.  Patient satisfaction and quality of life would improve with easier access to treatment.	The cost is to Fresenius Medical Care only, who is willing to invest in this underserved market.

### 3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Patients at Fresenius Medical Care West Metro, where Dr. Vilbar is the Medical Director, have achieved average adequacy outcomes of:

- 95% of patients had a URR  $\geq$  65%
- 96% of patients had a Kt/V  $\geq$  1.2

and same is expected for Fresenius Medical Care Humboldt Park.

**Criterion 1110.234, Size of Project**

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD 450-650 BGSF Per Station</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD IN-CENTER HEMODIALYSIS	20,000 (34 Stations)	15,300 – 22,100 BGSF	None	Yes

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 15,300 – 22,100 BGSF. The proposed 20,000 DGSF falls within this range therefore meeting the State standard.

**Criterion 1110.234, Project Services Utilization**

<b>UTILIZATION</b>					
	<b>DEPT/SERVICE</b>	<b>HISTORICAL UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
<b>YEAR 1</b>	IN-CENTER HEMODIALYSIS	N/A New Facility	80%	80%	No

The facility is expected to open with approximately 122 patients who will be transferred from the Fresenius West Metro facility along with the 20 “transferred” stations, leaving behind 58 patients at a smaller 12-station facility to maintain 80% utilization. Dr. Vilbar has identified 187 pre-ESRD patients who live in the immediate area of the proposed Humboldt Park facility and it is expected that after accounting for patient attrition approximately 132 will likely be referred to the facility in the first two years of operation. Dr. Vilbar is expected to refer at least 37 additional patients to the clinic in the first year of operation, reaching the State target utilization of 80% in year one.

Dr. Vilbar is also strong proponent of home therapies for ESRD patients and the current West Metro facility serves almost 50 home dialysis patients who will also move to the new Humboldt Park location for services. It is unclear how many of the above listed pre-ESRD patients will be referred for home dialysis once treatment begins.

**Planning Area Need – Formula Need Calculation:**

The proposed Fresenius Medical Care Humboldt Park dialysis facility is located in Chicago in HSA 6. HSA 6 is comprised of the city of Chicago. According to the August 2014 Inventory there is a need for an additional 93 stations in this HSA.

**Planning Area Need – Service To Planning Area Residents:**

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Cook County in HSA 6, more specifically the neighborhood of Humboldt Park, which is part of a **large Federally Designated Medically Underserved Area**. 100% of the pre-ESRD and transfer patients identified for the Humboldt Park facility reside in HSA 6.

<b>County</b>	<b>HSA</b>	<b>Pre-ESRD Patients who will be referred to Fresenius Medical Care Humboldt Park</b>
Chicago/Cook Co	6	132 – 100%

<b>County</b>	<b>HSA</b>	<b>ESRD Patients who transfer from Fresenius West Metro to Fresenius Medical Care Humboldt Park</b>
Chicago/Cook Co	6	122 – 100%



**REMEGIO M. VILBAR, M.D., S.C.**

**DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
DIPLOMATE, AMERICAN BOARD OF NEPHROLOGY  
PRACTICE LIMITED TO INTERNAL MEDICINE & NEPHROLOGY**

WEST METRO DIALYSIS CENTER  
MEDICAL DIRECTOR  
1044 N MOZART AVE.  
3<sup>RD</sup> FLOOR  
CHICAGO, IL 60622  
(773) 772-9400 OFFICE  
(773) 772-3935 FAX

ST. ELIZABETH PROFESSIONAL BUILDING  
1431 NORTH WESTERN AVENUE  
SUITE 202  
CHICAGO, IL 60622  
(773) 489-6605 OFFICE  
(312) 633-5863 FAX

September 3, 2014

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery:

My name is Remegio Vilbar, M.D. and I am a nephrologist practicing on the west side of Chicago in the Humboldt Park neighborhood. I am the Medical Director of the Fresenius West Metro 32-station dialysis facility which is located in Norwegian American Hospital. This facility is at capacity and is unable at times to accept new patients. The space here is also terribly small, severely outdated and in need of modernization. To remedy these problems, I am in full support of Fresenius Medical Care's proposal to relocate 20 of the 32 stations to a proposed site also in Humboldt Park. In order to accommodate the current patients and pre-ESRD patients in my practice, an additional 14 stations is necessary. I am excited at the prospect of having access for all my patients right in Humboldt Park as well as keeping a location at the Hospital with the ability to give it a much needed renovation. Most of my patients reside, and receive healthcare in this medically underserved area and it is important to maintain access for them here as well.

My partner, Ernest Cabrera M.D., and I were treating 112 hemodialysis patients at the end of 2011, 124 patients at the end of 2012 and 139 patients at the end of 2013. As of June 30, 2014, we were treating 142 hemodialysis patients. We also have a large home dialysis program with nearly 50 patients who receive dialysis treatment at home. Over the past twelve months we have referred 37 new patients for hemodialysis treatment. We have 187 pre-ESRD patients in our practice who live in the areas surrounding Humboldt Park that are in stage 3 and 4 of kidney failure. After accounting for patient attrition, we expect approximately 132 to be referred to Fresenius Humboldt Park within 24 months of the completion of the facility. It is unclear at this time how many may choose home dialysis because we strongly support this therapy for those who qualify. Upon the opening of the facility we will transfer the majority of our patients dialyzing at Fresenius West Metro to the Humboldt Park facility. Going forward we will refer and follow patients at both facilities.

I respectfully ask the Board to approve Fresenius Medical Care Humboldt Park to address the healthcare needs of this underserved community. Thank you for your consideration.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

  
Remegio Villar, M.D.

Notarization:

Subscribed and sworn to before me  
this 10<sup>th</sup> day of Sept, 2014



Signature of Notary

Seal



**PATIENTS EXPECTED TO  
TRANSFER TO  
FRESENIUS MEDICAL CARE HUMBOLDT PARK**

<b>Transfer Patients</b>	
<b>Zip Code</b>	<b>Patients</b>
60473	1
60607	0
60608	0
60612	1
60613	1
60614	2
60616	1
60617	2
60618	4
60619	0
60621	1
60622	18
60623	1
60624	15
60625	1
60629	1
60630	1
60632	2
60634	1
60637	0
60639	16
60641	1
60642	1
60644	4
60647	20
60651	25
60652	0
60659	1
60804	1
<b>Total</b>	<b>122</b>

**PRE - ESRD PATIENTS EXPECTED TO BE  
REFERRED TO FRESENIUS MEDICAL CARE  
HUMBOLDT PARK IN THE 1<sup>ST</sup> 2 YEARS  
AFTER PROJECT COMPLETION**

<b>Zip Code</b>	<b>Patients</b>
60622	32
60639	39
60647	32
60651	29
<b>Total</b>	<b>132</b>

**NEW REFERRALS OF DR. VILBAR  
JUNE 1, 2013 THROUGH MAY 31, 2014**

<b>Zip Code</b>	<b>Patients</b>
60192	1
60612	1
60614	1
60618	1
60622	4
60624	5
60629	1
60632	1
60639	4
60643	1
60644	1
60646	1
60647	7
60651	7
60804	1
<b>Total</b>	<b>37</b>

**PATIENTS OF DR. VILBAR FOR PAST THREE YEARS AND MOST RECENT QUARTER**

Zip Code	Fresenius Medical Care West Metro				DaVita
	Dec-11 Patients	Dec-12 Patients	Dec-13 Patients	Jun-14 Patients	Logan Sq Jun-14
60473	1	1	2	2	
60607	1	1	0	0	
60608	1	2	2	0	
60612	3	2	2	1	
60613	1	2	1	1	
60614	1	1	2	2	
60616	0	0	1	1	
60617	1	2	2	2	
60618	5	7	9	6	3
60619	1	1	0	0	
60621	0	0	1	1	
60622	17	14	16	18	1
60623	1	1	2	1	
60624	15	11	14	15	
60625	2	2	1	1	1
60629	1	1	1	1	
60630	2	2	2	1	
60632	1	1	2	2	
60634	1	1	2	1	
60637	1	1	1	0	
60639	11	17	16	16	1
60641	1	2	1	1	1
60642	0	0	0	1	
60644	4	4	6	5	
60647	17	21	20	20	2
60651	21	26	31	32	
60652	1	0	0	0	
60659	0	0	1	1	
60804	1	1	1	1	
<b>Total</b>	<b>112</b>	<b>124</b>	<b>139</b>	<b>133</b>	<b>9</b>

<b>Total June 2014</b>	<b>142</b>
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**CURRENT PATIENTS AT FRESENIUS WEST METRO**

<b>Zip Code</b>	<b>Patients</b>
60473	1
60612	5
60614	2
60616	1
60617	2
60618	6
60621	1
60622	32
60623	3
60624	13
60625	1
60629	1
60630	1
60632	2
60634	1
60639	27
60640	1
60641	1
60642	4
60643	1
60644	4
60647	24
60651	41
60659	1
60680	2
60707	1
60804	1
<b>Total</b>	<b>180</b>

## Service Accessibility – Service Restrictions

The proposed Fresenius Medical Care Humboldt Park 34-station ESRD facility is needed to maintain access to dialysis services within a Federally Designated Medically Underserved Area/Population (MUA/P), alleviate cramped conditions at the Fresenius West Metro facility and to address the need for an additional 93 stations in HSA 6.

While there are many dialysis providers in HSA 6, access limitations exist as they pertain to existing facilities, area population and patient payor status.

### Existing Facilities

Facility	Address	City	Zip Code	MapQuest		Adj Time x 1.25	Stations	30-Jun-14 Util
				Miles	Time			
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624	1.14	3	3.75	16	105.21%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	1.24	3	3.75	32	93.75%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	1.88	5	6.25	30	76.67%
Fresenius Austin <sup>1</sup>	4800 W Chicago Ave	Chicago	60651	2.13	5	6.25	16	65.63%
Fresenius Chicago Dialysis <sup>2</sup>	1810 W Hubbard Street	Chicago	60607	2.48	7	8.75	21	49.21%
<b>Fresenius Logan Square<sup>3</sup></b>	<b>2721 N Spaulding Ave</b>	<b>Chicago</b>	<b>60647</b>	<b>2.58</b>	<b>7</b>	<b>8.75</b>	<b>12</b>	<b>26.39%</b>
DaVita Logan Squire	2816 N Kimball	Chicago	60618	2.45	7	8.75	28	76.19%

The chart above shows the closest facilities that would seem to be reasonable clinic options for residents in Humboldt Park. These facilities are all under three miles away (which is a considerable distance when travelling in the City of Chicago especially via public transportation) from the proposed Humboldt Park facility. The two closest facilities are operating near or at capacity and the overall average utilization is 70%, however special circumstances exist at three area clinics.

1. Fresenius Austin operates only two patient shifts per day due to patient/staff safety concerns. Based on just these two daily shifts the clinic is operating at 82%.
2. Fresenius Chicago Dialysis is in the process of relocating and is being supported by a separate physician group. Although under three miles away, it is not easily accessible to this patient population due to their disadvantaged economic status.
3. Fresenius Logan Square has only been fully operational for 7 months and is also being supported by a separate physician group with identified patients to bring it to 80% utilization within its first two years.

Remaining clinics, Congress Parkway and DaVita Logan Square are just under 80% utilization.

Dr. Vilbar and Cabrera primarily see patients at Norweigan-American Hospital, where the Fresenius West Metro facility is located. Most of these patients reside in the immediate Humboldt Park area. It is the intent of these physicians and Fresenius Medical Care to maintain access to dialysis in the community where these patients live.

### Area Population/Payor Status

The Humboldt Park market and surrounding areas are Federally Designated Medically Underserved Areas/Populations. Specifically, Humboldt Park has a median income of only \$30,963 with 33% of the population living below the poverty level. 43% of the residents have public insurance coverage and 23% have no insurance coverage at all. (Medically Underserved Populations include groups of persons who face economic, cultural or linguistic barriers to health care in the District and reside in a specific geographic area.) Humboldt Park is 64% African American, 34% Hispanic and includes a growing Asian-American population.

## Facilities Within 30 Minutes Travel Time of Humboldt Park by MapQuest

Facility	Address	City	Zip Code	MapQuest		Adj Time x 1.25	Stations	30-Jun-14 Util
				Miles	Time			
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624	1.14	3	3.75	16	105.21%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	1.24	3	3.75	32	93.75%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	1.88	5	6.25	30	76.67%
Fresenius Austin <sup>1</sup>	4800 W Chicago Ave	Chicago	60651	2.13	5	6.25	16	65.63%
Fresenius Chicago Dialysis <sup>2</sup>	1810 W Hubbard Street	Chicago	60607	2.48	7	8.75	21	49.21%
<b>Fresenius Logan Square</b>	<b>2721 N Spaulding Ave</b>	<b>Chicago</b>	<b>60647</b>	<b>2.58</b>	<b>7</b>	<b>8.75</b>	<b>12</b>	<b>26.39%</b>
DaVita Logan Squire	2816 N Kimball	Chicago	60618	2.45	7	8.75	28	76.19%
Stroger Hospital Dialysis	1901 W Harrison St	Chicago	60612	4.08	8	10	9	48.15%
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	60612	4.21	8	10	5	33.00%
U of IL Dialysis	1859 W Taylor St	Chicago	60612	4.36	9	11.25	26	80%*
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	4.53	9	11.25	31	48.92%
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	3.7	10	12.5	16	89.58%
<b>DaVita West Side</b>	<b>1600 W 13th Street</b>	<b>Chicago</b>	<b>60608</b>	<b>4.97</b>	<b>10</b>	<b>12.5</b>	<b>12</b>	<b>0.00%</b>
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	3.4	10	12.5	27	65.43%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	3.91	10	12.5	46	86.96%
Fresenius Polk	557 W Polk St	Chicago	60607	6.01	10	12.5	24	56.25%
Fresenius West Willow	1444 W Willow St	Chicago	60622	3.72	11	13.75	12	43.06%
DaVita Loop	1101 S Canal St	Chicago	60607	6.22	11	13.75	28	52.38%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	4.31	11	13.75	16	80.21%
<b>SAH Dialysis</b>	<b>3059 W 26th Street</b>	<b>Chicago</b>	<b>60623</b>	<b>4.36</b>	<b>11</b>	<b>13.75</b>	<b>15</b>	<b>0.00%</b>
<b>DaVita Lawndale</b>	<b>3934 W 24th Street</b>	<b>Chicago</b>	<b>60623</b>	<b>4.48</b>	<b>12</b>	<b>15</b>	<b>16</b>	<b>22.92%</b>
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	4.89	12	15	16	90.63%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	4.22	12	15	17	84.31%
Maple Ave. Kidney Center	610 S Maple Ave	Oak Park	60304	7.09	12	15	18	69.44%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	5.07	13	16.25	44	59.85%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	7.53	14	17.5	24	75.00%
Fresenius Oak Park	733 Madison St	Oak Park	60302	5.74	15	18.75	12	91.67%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	8.53	15	18.75	27	90.12%
<b>NMFF Dialysis</b>	<b>259 E Erie Street</b>	<b>Chicago</b>	<b>60611</b>	<b>5.71</b>	<b>15</b>	<b>18.75</b>	<b>36</b>	<b>0.00%</b>
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	60153	9.49	15	18.75	30	68.33%
Fresenius River Forest	103 Forest Ave	River Forest	60305	8.16	15	18.75	20	75.83%
DaVita Emerald	710 W 43rd St	Chicago	60609	10.4	16	20	24	82.64%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	5.84	16	20	16	90.63%
Nephron Dialysis	5140 N California Ave	Chicago	60625	6.22	16	20	12	97.22%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	5.22	16	20	22	69.44%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	11.56	17	21.25	22	82.58%
DaVita Woodlawn	5060 S State Street	Chicago	60609	11.08	17	21.25	32	67.71%
<b>Fresenius Cicero</b>	<b>3000 S Cicero Ave</b>	<b>Cicero</b>	<b>60804</b>	<b>6.08</b>	<b>17</b>	<b>21.25</b>	<b>16</b>	<b>36.46%</b>
Center for Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	9.49	17	21.25	16	65.63%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	9.32	17	21.25	28	93.45%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	11.35	18	22.5	32	116.00%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	10.16	18	22.5	12	75.00%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	5.7	18	22.5	28	83.93%
Resurrection Dialysis	7435 W Talcott Ave	Chicago	60631	9.33	18	22.5	14	59.52%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	10.21	18	22.5	18	62.96%
Fresenius North Avenue	911 W North Avenue	Melrose Park	60160	7.31	19	23.75	24	76.39%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.21	20	25	28	62.49%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	13.5	20	25	16	98.96%
<b>Fresenius Lakeview</b>	<b>4008 N Broadway St</b>	<b>Chicago</b>	<b>60613</b>	<b>7.19</b>	<b>20</b>	<b>25</b>	<b>14</b>	<b>69.05%</b>
Fresenius Skokie	9801 Woods Dr	Skokie	60077	13.06	21	26.25	14	78.57%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	15.81	21	26.25	16	69.79%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	14.3	21	26.25	20	85.83%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	15.23	22	27.5	12	86.11%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	8.84	22	27.5	12	95.83%
<b>Nocturnal Dialysis Spa</b>	<b>1634 S. Ardmore</b>	<b>Villa Park</b>	<b>60181</b>	<b>16.34</b>	<b>22</b>	<b>27.5</b>	<b>12</b>	<b>0.00%</b>
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60706	12.22	22	27.5	16	72.92%
Fresenius Northfield	480 Central Avenue	Northfield	60093	16.43	23	28.75	12	6.94%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	17.89	23	28.75	36	81.02%
Fresenius South Shore	2420 E 79th St	Chicago	60649	16.49	24	30	16	83.33%
<b>Fresenius Evanston</b>	<b>2953 Central St</b>	<b>Evanston</b>	<b>60201</b>	<b>14.92</b>	<b>24</b>	<b>30</b>	<b>18</b>	<b>56.48%</b>
Fresenius Greenwood	1111 E 87th St	Chicago	60619	16.92	24	30	28	80.95%

**NOTE: Bolded clinics have been in operation under two years or have added stations that are not yet operational.**

1 - Fresenius Austin only operates two patient shifts per day due to patient/staff safety concerns.

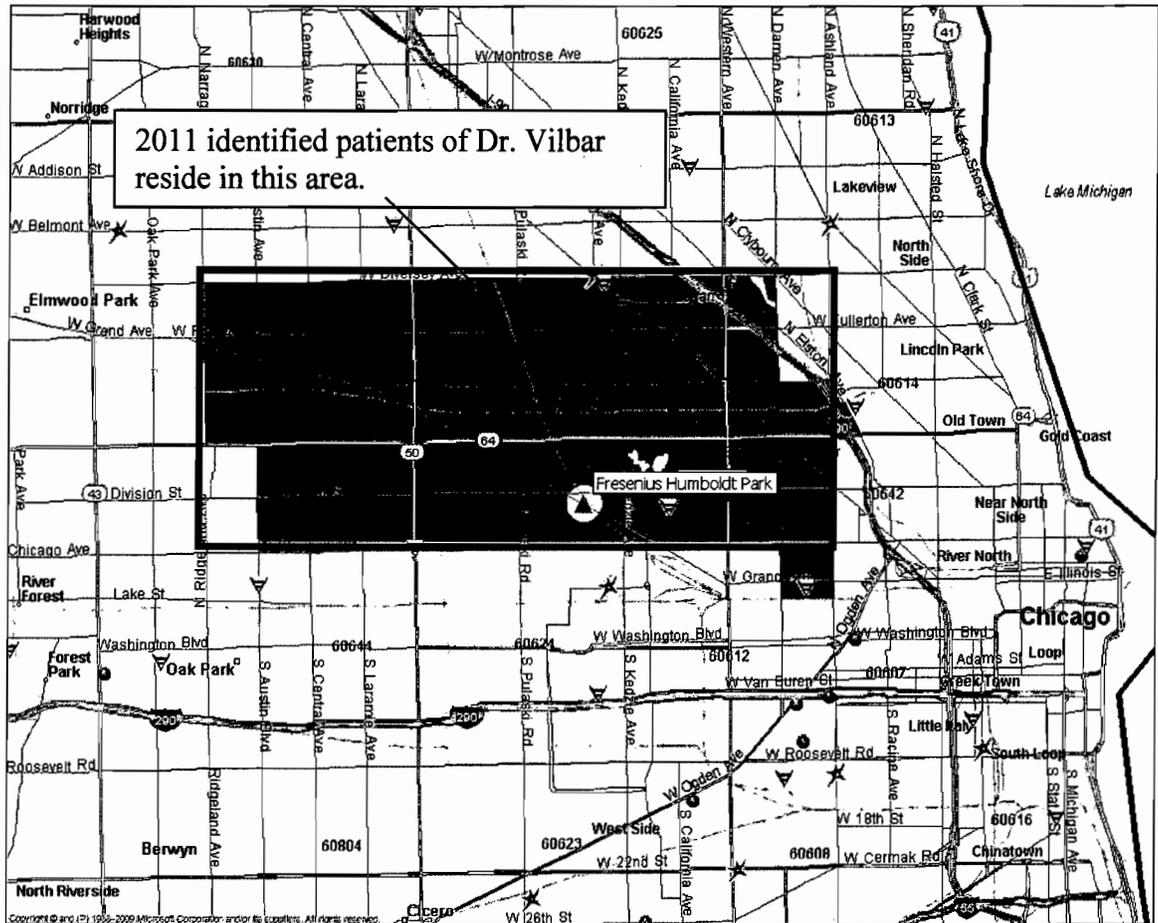
2 - Fresenius Chicago Dialysis is in the process of relocating per #13-008.

\*Last known utilization – current unavailable

## Demographics of the 132 Pre-ESRD and Transfer Patients Identified for Fresenius Humboldt Park

83% of the patients identified for this facility live in the immediate area of Humboldt Park. There are over 200 combined current ESRD patients of Dr. Vilbar and identified pre-ESRD patients living in the shaded area in the box on the map below. It makes sense and is in the patient's best interest to maintain access to dialysis services for these patients in this area.

All Patients	
Zip Code	Patients
60473	1
60607	0
60608	0
60612	1
60613	1
60614	2
60616	1
60617	2
60618	4
60619	0
60621	1
60622	50
60623	1
60624	15
60625	1
60629	1
60630	1
60632	2
60634	1
60637	0
60639	55
60641	1
60642	1
60644	4
60647	52
60651	54
60652	0
60659	1
60804	1
<b>Total</b>	<b>254</b>





DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/dpsf.pdf>.

Geography: ZCTA5 60651

Subject	Number	Percent
<b>SEX AND AGE</b>		
Total population	64,267	100.0
Under 5 years	5,322	8.3
5 to 9 years	4,856	7.6
10 to 14 years	5,173	8.0
15 to 19 years	5,699	8.9
20 to 24 years	5,185	8.1
25 to 29 years	4,864	7.6
30 to 34 years	4,587	7.1
35 to 39 years	4,186	6.5
40 to 44 years	3,786	5.9
45 to 49 years	3,988	6.2
50 to 54 years	4,100	6.4
55 to 59 years	3,732	5.8
60 to 64 years	3,204	5.0
65 to 69 years	2,140	3.3
70 to 74 years	1,493	2.3
75 to 79 years	978	1.5
80 to 84 years	574	0.9
85 years and over	400	0.6
Median age (years)	31.0	(X)
16 years and over	47,788	74.4
18 years and over	45,452	70.7
21 years and over	42,105	65.5
62 years and over	7,366	11.5
65 years and over	5,585	8.7
Male population	30,345	47.2
Under 5 years	2,656	4.1
5 to 9 years	2,473	3.8
10 to 14 years	2,633	4.1
15 to 19 years	2,803	4.4
20 to 24 years	2,564	4.0
25 to 29 years	2,280	3.5
30 to 34 years	2,125	3.3
35 to 39 years	2,029	3.2
40 to 44 years	1,747	2.7
45 to 49 years	1,844	2.9
50 to 54 years	1,867	2.9
55 to 59 years	1,643	2.6
60 to 64 years	1,400	2.2
65 to 69 years	939	1.5
70 to 74 years	601	0.9

Subject	Number	Percent
75 to 79 years	389	0.6
80 to 84 years	228	0.4
85 years and over	124	0.2
Median age (years)	29.5	( X )
16 years and over	22,028	34.3
18 years and over	20,863	32.5
21 years and over	19,214	29.9
62 years and over	3,075	4.8
65 years and over	2,281	3.5
Female population	33,922	52.8
Under 5 years	2,666	4.1
5 to 9 years	2,383	3.7
10 to 14 years	2,540	4.0
15 to 19 years	2,896	4.5
20 to 24 years	2,621	4.1
25 to 29 years	2,584	4.0
30 to 34 years	2,462	3.8
35 to 39 years	2,157	3.4
40 to 44 years	2,039	3.2
45 to 49 years	2,144	3.3
50 to 54 years	2,233	3.5
55 to 59 years	2,089	3.3
60 to 64 years	1,804	2.8
65 to 69 years	1,201	1.9
70 to 74 years	892	1.4
75 to 79 years	589	0.9
80 to 84 years	346	0.5
85 years and over	276	0.4
Median age (years)	32.5	( X )
16 years and over	25,760	40.1
18 years and over	24,589	38.3
21 years and over	22,891	35.6
62 years and over	4,291	6.7
65 years and over	3,304	5.1
<b>RACE</b>		
Total population	64,267	100.0
One Race	62,628	97.4
White	9,823	15.3
Black or African American	40,931	63.7
American Indian and Alaska Native	384	0.6
Asian	261	0.4
Asian Indian	31	0.0
Chinese	27	0.0
Filipino	166	0.3
Japanese	4	0.0
Korean	15	0.0
Vietnamese	6	0.0
Other Asian [1]	12	0.0
Native Hawaiian and Other Pacific Islander	52	0.1
Native Hawaiian	6	0.0
Guamanian or Chamorro	42	0.1
Samoan	0	0.0
Other Pacific Islander [2]	4	0.0
Some Other Race	11,177	17.4

Subject	Number	Percent
Two or More Races	1,639	2.6
White; American Indian and Alaska Native [3]	48	0.1
White; Asian [3]	28	0.0
White; Black or African American [3]	303	0.5
White; Some Other Race [3]	576	0.9
Race alone or in combination with one or more other races: [4]		
White	10,901	17.0
Black or African American	41,756	65.0
American Indian and Alaska Native	718	1.1
Asian	367	0.6
Native Hawaiian and Other Pacific Islander	139	0.2
Some Other Race	12,165	18.9
HISPANIC OR LATINO		
Total population	64,267	100.0
Hispanic or Latino (of any race)	21,756	33.9
Mexican	11,621	18.1
Puerto Rican	7,773	12.1
Cuban	187	0.3
Other Hispanic or Latino [5]	2,175	3.4
Not Hispanic or Latino	42,511	66.1
HISPANIC OR LATINO AND RACE		
Total population	64,267	100.0
Hispanic or Latino	21,756	33.9
White alone	8,054	12.5
Black or African American alone	958	1.5
American Indian and Alaska Native alone	304	0.5
Asian alone	57	0.1
Native Hawaiian and Other Pacific Islander alone	31	0.0
Some Other Race alone	11,119	17.3
Two or More Races	1,233	1.9
Not Hispanic or Latino	42,511	66.1
White alone	1,769	2.8
Black or African American alone	39,973	62.2
American Indian and Alaska Native alone	80	0.1
Asian alone	204	0.3
Native Hawaiian and Other Pacific Islander alone	21	0.0
Some Other Race alone	58	0.1
Two or More Races	406	0.6
RELATIONSHIP		
Total population	64,267	100.0
In households	64,067	99.7
Householder	19,703	30.7
Spouse [6]	5,869	9.1
Child	22,321	34.7
Own child under 18 years	12,942	20.1
Other relatives	12,174	18.9
Under 18 years	5,489	8.5
65 years and over	854	1.3
Nonrelatives	4,000	6.2
Under 18 years	314	0.5
65 years and over	177	0.3
Unmarried partner	1,763	2.7
In group quarters	200	0.3
Institutionalized population	14	0.0
Male	6	0.0

Subject	Number	Percent
Female	8	0.0
Noninstitutionalized population	186	0.3
Male	74	0.1
Female	112	0.2
HOUSEHOLDS BY TYPE		
Total households	19,703	100.0
Family households (families) [7]	14,547	73.8
With own children under 18 years	6,562	33.3
Husband-wife family	5,869	29.8
With own children under 18 years	2,550	12.9
Male householder, no wife present	1,764	9.0
With own children under 18 years	666	3.4
Female householder, no husband present	6,914	35.1
With own children under 18 years	3,346	17.0
Nonfamily households [7]	5,156	26.2
Householder living alone	4,140	21.0
Male	1,928	9.8
65 years and over	415	2.1
Female	2,212	11.2
65 years and over	725	3.7
Households with individuals under 18 years	8,943	45.4
Households with individuals 65 years and over	4,528	23.0
Average household size	3.25	(X)
Average family size [7]	3.77	(X)
HOUSING OCCUPANCY		
Total housing units	23,199	100.0
Occupied housing units	19,703	84.9
Vacant housing units	3,496	15.1
For rent	1,639	7.1
Rented, not occupied	50	0.2
For sale only	348	1.5
Sold, not occupied	77	0.3
For seasonal, recreational, or occasional use	39	0.2
All other vacants	1,343	5.8
Homeowner vacancy rate (percent) [8]	4.1	(X)
Rental vacancy rate (percent) [9]	12.3	(X)
HOUSING TENURE		
Occupied housing units	19,703	100.0
Owner-occupied housing units	8,055	40.9
Population in owner-occupied housing units	27,893	(X)
Average household size of owner-occupied units	3.46	(X)
Renter-occupied housing units	11,648	59.1
Population in renter-occupied housing units	36,174	(X)
Average household size of renter-occupied units	3.11	(X)

X Not applicable.

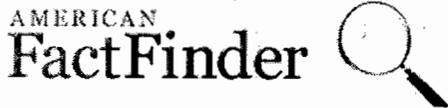
[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South



DP03

SELECTED ECONOMIC CHARACTERISTICS

2008-2012 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60651			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>EMPLOYMENT STATUS</b>				
Population 16 years and over	47,672	+/-1,564	47,672	(X)
In labor force	26,927	+/-1,278	56.5%	+/-2.1
Civilian labor force	26,927	+/-1,278	56.5%	+/-2.1
Employed	21,373	+/-1,140	44.8%	+/-1.9
Unemployed	5,554	+/-562	11.7%	+/-1.1
Armed Forces	0	+/-27	0.0%	+/-0.1
Not in labor force	20,745	+/-1,255	43.5%	+/-2.1
Civilian labor force	26,927	+/-1,278	26,927	(X)
Percent Unemployed	(X)	(X)	20.6%	+/-1.9
<b>Females 16 years and over</b>				
Population 16 years and over	26,476	+/-1,108	26,476	(X)
In labor force	14,914	+/-850	56.3%	+/-2.5
Civilian labor force	14,914	+/-850	56.3%	+/-2.5
Employed	12,023	+/-735	45.4%	+/-2.3
Own children under 6 years	5,823	+/-773	5,823	(X)
All parents in family in labor force	3,868	+/-577	66.4%	+/-6.5
Own children 6 to 17 years	10,822	+/-969	10,822	(X)
All parents in family in labor force	7,558	+/-726	69.8%	+/-5.0
<b>COMMUTING TO WORK</b>				
Workers 16 years and over	20,813	+/-1,133	20,813	(X)
Car, truck, or van -- drove alone	11,967	+/-845	57.5%	+/-2.9
Car, truck, or van -- carpooled	1,738	+/-444	8.4%	+/-2.0
Public transportation (excluding taxicab)	5,244	+/-580	25.2%	+/-2.4
Walked	525	+/-179	2.5%	+/-0.9
Other means	820	+/-273	3.9%	+/-1.3
Worked at home	519	+/-141	2.5%	+/-0.7
Mean travel time to work (minutes)	35.7	+/-1.2	(X)	(X)
<b>OCCUPATION</b>				
Civilian employed population 16 years and over	21,373	+/-1,140	21,373	(X)

Subject	ZCTA5 60651			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Management, business, science, and arts occupations	3,914	+/-472	18.3%	+/-2.0
Service occupations	5,466	+/-590	25.6%	+/-2.4
Sales and office occupations	6,214	+/-639	29.1%	+/-2.5
Natural resources, construction, and maintenance occupations	1,082	+/-259	5.1%	+/-1.2
Production, transportation, and material moving occupations	4,697	+/-564	22.0%	+/-2.1
<b>INDUSTRY</b>				
Civilian employed population 16 years and over	21,373	+/-1,140	21,373	(X)
Agriculture, forestry, fishing and hunting, and mining	20	+/-25	0.1%	+/-0.1
Construction	898	+/-249	4.2%	+/-1.2
Manufacturing	2,987	+/-451	14.0%	+/-1.9
Wholesale trade	560	+/-184	2.6%	+/-0.8
Retail trade	2,591	+/-405	12.1%	+/-1.8
Transportation and warehousing, and utilities	1,694	+/-348	7.9%	+/-1.4
Information	390	+/-150	1.8%	+/-0.7
Finance and insurance, and real estate and rental and leasing	1,295	+/-289	6.1%	+/-1.3
Professional, scientific, and management, and administrative and waste management services	1,889	+/-355	8.8%	+/-1.6
Educational services, and health care and social assistance	4,993	+/-490	23.4%	+/-2.0
Arts, entertainment, and recreation, and accommodation and food services	1,987	+/-344	9.3%	+/-1.5
Other services, except public administration	1,012	+/-237	4.7%	+/-1.1
Public administration	1,057	+/-212	4.9%	+/-1.0
<b>CLASS OF WORKER</b>				
Civilian employed population 16 years and over	21,373	+/-1,140	21,373	(X)
Private wage and salary workers	17,360	+/-1,088	81.2%	+/-2.0
Government workers	3,226	+/-379	15.1%	+/-1.7
Self-employed in own not incorporated business workers	745	+/-187	3.5%	+/-0.9
Unpaid family workers	42	+/-55	0.2%	+/-0.3
<b>INCOME AND BENEFITS (IN 2012 INFLATION-ADJUSTED DOLLARS)</b>				
Total households	19,452	+/-477	19,452	(X)
Less than \$10,000	3,335	+/-410	17.1%	+/-2.0
\$10,000 to \$14,999	1,265	+/-216	6.5%	+/-1.1
\$15,000 to \$24,999	3,240	+/-381	16.7%	+/-1.9
\$25,000 to \$34,999	2,737	+/-369	14.1%	+/-1.9
\$35,000 to \$49,999	2,807	+/-370	14.4%	+/-1.9
\$50,000 to \$74,999	3,170	+/-333	16.3%	+/-1.6
\$75,000 to \$99,999	1,421	+/-212	7.3%	+/-1.1
\$100,000 to \$149,999	978	+/-219	5.0%	+/-1.1
\$150,000 to \$199,999	325	+/-102	1.7%	+/-0.5
\$200,000 or more	174	+/-74	0.9%	+/-0.4
Median household income (dollars)	30,963	+/-1,795	(X)	(X)
Mean household income (dollars)	43,501	+/-2,749	(X)	(X)
<b>With earnings</b>				
With earnings	14,104	+/-575	72.5%	+/-2.2
Mean earnings (dollars)	47,521	+/-3,268	(X)	(X)
<b>With Social Security</b>				
With Social Security	4,683	+/-351	24.1%	+/-1.7
Mean Social Security income (dollars)	13,944	+/-779	(X)	(X)
<b>With retirement income</b>				
With retirement income	2,088	+/-257	10.7%	+/-1.3
Mean retirement income (dollars)	18,441	+/-3,239	(X)	(X)
<b>With Supplemental Security Income</b>				
With Supplemental Security Income	2,843	+/-391	14.6%	+/-2.0
Mean Supplemental Security Income (dollars)	9,430	+/-718	(X)	(X)
With cash public assistance income	1,085	+/-239	5.6%	+/-1.2

Subject	ZCTA5 60651			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean cash public assistance income (dollars)	3,472	+/-811	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	6,530	+/-505	33.6%	+/-2.3
<b>Families</b>				
Families	14,119	+/-595	14,119	(X)
Less than \$10,000	2,308	+/-314	16.3%	+/-2.1
\$10,000 to \$14,999	873	+/-193	6.2%	+/-1.4
\$15,000 to \$24,999	2,250	+/-326	15.9%	+/-2.2
\$25,000 to \$34,999	2,024	+/-313	14.3%	+/-2.1
\$35,000 to \$49,999	1,993	+/-308	14.1%	+/-2.1
\$50,000 to \$74,999	2,385	+/-272	16.9%	+/-1.7
\$75,000 to \$99,999	1,081	+/-207	7.7%	+/-1.4
\$100,000 to \$149,999	815	+/-190	5.8%	+/-1.3
\$150,000 to \$199,999	270	+/-93	1.9%	+/-0.7
\$200,000 or more	120	+/-65	0.8%	+/-0.5
Median family income (dollars)	31,992	+/-2,726	(X)	(X)
Mean family income (dollars)	44,770	+/-2,998	(X)	(X)
Per capita income (dollars)	14,249	+/-977	(X)	(X)
<b>Nonfamily households</b>				
Nonfamily households	5,333	+/-546	5,333	(X)
Median nonfamily income (dollars)	23,185	+/-2,636	(X)	(X)
Mean nonfamily income (dollars)	34,069	+/-5,056	(X)	(X)
<b>Median earnings for workers (dollars)</b>				
Median earnings for workers (dollars)	23,498	+/-1,499	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	33,230	+/-2,977	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	29,691	+/-1,726	(X)	(X)
<b>HEALTH INSURANCE COVERAGE</b>				
Civilian noninstitutionalized population	63,639	+/-2,426	63,639	(X)
With health insurance coverage	48,763	+/-2,425	76.6%	+/-1.6
With private health insurance	22,407	+/-1,607	35.2%	+/-2.3
With public coverage	29,514	+/-2,167	46.4%	+/-2.4
No health insurance coverage	14,876	+/-994	23.4%	+/-1.6
Civilian noninstitutionalized population under 18 years	18,553	+/-1,510	18,553	(X)
No health insurance coverage	1,458	+/-367	7.9%	+/-2.1
Civilian noninstitutionalized population 18 to 64 years	39,390	+/-1,343	39,390	(X)
In labor force:	25,717	+/-1,250	25,717	(X)
Employed:	20,617	+/-1,113	20,617	(X)
With health insurance coverage	15,231	+/-1,018	73.9%	+/-2.6
With private health insurance	12,698	+/-987	61.6%	+/-3.0
With public coverage	3,015	+/-451	14.6%	+/-2.1
No health insurance coverage	5,386	+/-586	26.1%	+/-2.6
Unemployed:	5,100	+/-538	5,100	(X)
With health insurance coverage	2,188	+/-372	42.9%	+/-5.2
With private health insurance	969	+/-238	19.0%	+/-4.2
With public coverage	1,442	+/-303	28.3%	+/-4.7
No health insurance coverage	2,912	+/-385	57.1%	+/-5.2
Not in labor force:	13,673	+/-1,033	13,673	(X)
With health insurance coverage	8,694	+/-838	63.6%	+/-3.4
With private health insurance	2,385	+/-348	17.4%	+/-2.5
With public coverage	6,651	+/-771	48.6%	+/-3.7
No health insurance coverage	4,979	+/-570	36.4%	+/-3.4

Subject	ZCTA5 60651			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL</b>				
All families	(X)	(X)	30.3%	+/-2.4
With related children under 18 years	(X)	(X)	37.4%	+/-3.8
With related children under 5 years only	(X)	(X)	30.3%	+/-8.8
Married couple families	(X)	(X)	14.0%	+/-3.0
With related children under 18 years	(X)	(X)	15.1%	+/-5.0
With related children under 5 years only	(X)	(X)	6.5%	+/-8.4
Families with female householder, no husband present	(X)	(X)	42.8%	+/-3.9
With related children under 18 years	(X)	(X)	50.3%	+/-4.8
With related children under 5 years only	(X)	(X)	39.3%	+/-13.1
All people	(X)	(X)	33.3%	+/-2.7
Under 18 years	(X)	(X)	47.8%	+/-4.5
Related children under 18 years	(X)	(X)	47.5%	+/-4.5
Related children under 5 years	(X)	(X)	48.4%	+/-6.5
Related children 5 to 17 years	(X)	(X)	47.1%	+/-4.8
18 years and over	(X)	(X)	27.4%	+/-2.4
18 to 64 years	(X)	(X)	28.0%	+/-2.7
65 years and over	(X)	(X)	23.2%	+/-3.5
People in families	(X)	(X)	32.2%	+/-3.0
Unrelated individuals 15 years and over	(X)	(X)	39.7%	+/-4.8

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

There were changes in the edit between 2009 and 2010 regarding Supplemental Security Income (SSI) and Social Security. The changes in the edit loosened restrictions on disability requirements for receipt of SSI resulting in an increase in the total number of SSI recipients in the American Community Survey. The changes also loosened restrictions on possible reported monthly amounts in Social Security income resulting in higher Social Security aggregate amounts. These results more closely match administrative counts compiled by the Social Security Administration.

Workers include members of the Armed Forces and civilians who were at work last week.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2007. The Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2, "NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies," issued by the Office of Management and Budget.

While the 2008-2012 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Explanation of Symbols:

1. An "\*" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An "-" following a median estimate means the median falls in the lowest interval of an open-ended distribution.

## Unnecessary Duplication/Maldistribution

### Zip Codes Within 30 Minutes

ZIP Code	Population	ZIP Code	Population
60018	30,099	60607	23,897
60025	39,105	60608	82,739
60053	23,260	60609	64,906
60068	37,475	60610	37,726
60076	33,415	60611	28,718
60077	26,825	60612	33,472
60091	27,020	60613	48,281
60093	19,570	60614	66,617
60104	19,038	60615	40,603
60126	46,371	60616	48,433
60130	14,137	60617	84,155
60131	18,097	60618	92,084
60141	224	60619	63,825
60153	24,106	60620	72,216
60154	16,773	60621	35,912
60155	7,927	60622	52,548
60160	25,432	60623	92,108
60162	8,111	60624	38,105
60163	5,209	60625	78,651
60164	22,048	60630	54,093
60165	4,946	60631	28,641
60171	10,246	60632	91,326
60176	11,795	60634	74,298
60181	28,836	60636	40,916
60201	43,125	60637	49,503
60202	31,361	60638	55,026
60203	4,523	60639	90,407
60301	2,539	60640	65,790
60302	32,108	60641	71,663
60304	17,231	60642	18,480
60305	11,172	60644	48,648
60402	63,448	60645	45,274
60513	19,047	60646	27,177
60521	17,597	60647	87,291
60523	9,890	60651	64,267
60525	31,168	60653	29,908
60526	13,576	60656	27,613
60534	10,649	60657	65,996
60546	15,668	60659	38,104
60558	12,960	60661	7,792
60601	11,110	60706	23,134
60602	1,204	60707	42,920
60603	493	60712	12,590
60604	570	60714	29,931
60605	24,668	60804	84,573
60606	2,308	<b>Total</b>	<b>3,236,837</b>

1) The establishment of the Humboldt Park facility will not result in unnecessary duplication. The only other facility currently in Humboldt Park, Fresenius West Metro, is operating near capacity, 20 of the 34 stations for the Humboldt Park facility will be relocated from Fresenius West Metro and there is a need in HSA 6 (Chicago) for an additional 93 stations. The applicant is only asking for an additional 14 stations. Fresenius Humboldt Park will alleviate extreme overcrowding in the physical space at the current West Metro facility, provide continued access to dialysis services in this underserved area and will open up additional treatment times/schedules in Humboldt Park. (See list of facilities within 30 minutes on following page).

2) Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Humboldt Park is one station per every 2,553 residents. The State ratio is 1 station per 3,100 residents. Even though the Humboldt Park area's ratio is higher than the State ratio maldistribution will not occur due to the dense population and higher incidence of kidney disease in Chicago. One out of every 560 Chicago residents requires dialysis therapy. For the State of Illinois, one of every 795 residents requires dialysis. The need for an additional 93 stations in HSA 6 also confirms this.

Due to the combined above factors, the high minority population in the Humboldt Park area, overcrowding at the current Fresenius West Metro facility and the pre-ESRD patients identified that are more than sufficient to bring the facility beyond the 80% State utilization target, maldistribution will not occur.

3) There will be approximately 122 ESRD patients transfer to the Humboldt Park facility as the 20 of the 34 total stations are relocated from the West Metro facility. Facility utilization will therefore be 62% within weeks of opening. The West Metro facility will remain at 80% with 12 stations. All new patients being referred to the new facility are pre-ESRD patients of Dr. Vilbar and Dr. Cabrera. This arrangement will alleviate the overcrowded West Metro facility, bring the new Humboldt Park facility to target utilization on time while maintaining access to dialysis treatment and opening up additional treatment times at both facilities. No patients have been identified to transfer from any other area facilities therefore utilization will not be lowered at any other facility. The physicians will continue to refer to other area facilities according to the patient's place of residence and choice.

## Facilities Within 30 Minutes Travel Time of Fresenius Medical Care Humboldt Park

Facility	Address	City	Zip Code	MapQuest		Adj Time x 1.25	Stations	30-Jun-14 Util
				Miles	Time			
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624	1.14	3	3.75	16	105.21%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	1.24	3	3.75	32	93.75%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	1.88	5	6.25	30	76.67%
Fresenius Austin <sup>1</sup>	4800 W Chicago Ave	Chicago	60651	2.13	5	6.25	16	65.63%
Fresenius Chicago Dialysis <sup>2</sup>	1810 W Hubbard Street	Chicago	60607	2.48	7	8.75	21	49.21%
<b>Fresenius Logan Square</b>	<b>2721 N Spaulding Ave</b>	<b>Chicago</b>	<b>60647</b>	<b>2.58</b>	<b>7</b>	<b>8.75</b>	<b>12</b>	<b>26.39%</b>
DaVita Logan Squre	2816 N Kimball	Chicago	60618	2.45	7	8.75	28	76.19%
Stroger Hospital Dialysis	1901 W Harrison St	Chicago	60612	4.08	8	10	9	48.15%
Rush Hospital Dialysis	1653 W Congress Pkwy	Chicago	60612	4.21	8	10	5	33.00%
U of IL Dialysis	1859 W Taylor St	Chicago	60612	4.36	9	11.25	26	80%*
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	4.53	9	11.25	31	48.92%
Mt Sinai Dialysis	2700 W 15th St	Chicago	60608	3.7	10	12.5	16	89.58%
<b>DaVita West Side</b>	<b>1600 W 13th Street</b>	<b>Chicago</b>	<b>60608</b>	<b>4.97</b>	<b>10</b>	<b>12.5</b>	<b>12</b>	<b>0.00%</b>
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	3.4	10	12.5	27	65.43%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	3.91	10	12.5	46	86.96%
Fresenius Polk	557 W Polk St	Chicago	60607	6.01	10	12.5	24	56.25%
Fresenius West Willow	1444 W Willow St	Chicago	60622	3.72	11	13.75	12	43.06%
DaVita Loop	1101 S Canal St	Chicago	60607	6.22	11	13.75	28	52.38%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	4.31	11	13.75	16	80.21%
<b>SAH Dialysis</b>	<b>3059 W 26th Street</b>	<b>Chicago</b>	<b>60623</b>	<b>4.36</b>	<b>11</b>	<b>13.75</b>	<b>15</b>	<b>0.00%</b>
<b>DaVita Lawndale</b>	<b>3934 W 24th Street</b>	<b>Chicago</b>	<b>60623</b>	<b>4.48</b>	<b>12</b>	<b>15</b>	<b>16</b>	<b>22.92%</b>
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	4.89	12	15	16	90.63%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	4.22	12	15	17	84.31%
Maple Ave. Kidney Center	610 S Maple Ave	Oak Park	60304	7.09	12	15	18	69.44%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	5.07	13	16.25	44	59.85%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	7.53	14	17.5	24	75.00%
Fresenius Oak Park	733 Madison St	Oak Park	60302	5.74	15	18.75	12	91.67%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	8.53	15	18.75	27	90.12%
<b>NMFF Dialysis</b>	<b>259 E Erie Street</b>	<b>Chicago</b>	<b>60611</b>	<b>5.71</b>	<b>15</b>	<b>18.75</b>	<b>36</b>	<b>0.00%</b>
Loyola Dialysis	1201 W Roosevelt Rd	Maywood	60153	9.49	15	18.75	30	68.33%
Fresenius River Forest	103 Forest Ave	River Forest	60305	8.16	15	18.75	20	75.83%
DaVita Emerald	710 W 43rd St	Chicago	60609	10.4	16	20	24	82.64%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	5.84	16	20	16	90.63%
Nephron Dialysis	5140 N California Ave	Chicago	60625	6.22	16	20	12	97.22%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	5.22	16	20	22	69.44%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	11.56	17	21.25	22	82.58%
DaVita Woodlawn	5060 S State Street	Chicago	60609	11.08	17	21.25	32	67.71%
<b>Fresenius Cicero</b>	<b>3000 S Cicero Ave</b>	<b>Cicero</b>	<b>60804</b>	<b>6.08</b>	<b>17</b>	<b>21.25</b>	<b>16</b>	<b>36.46%</b>
Center for Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	9.49	17	21.25	16	65.63%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	9.32	17	21.25	28	93.45%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	11.35	18	22.5	32	116.00%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	10.16	18	22.5	12	75.00%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	5.7	18	22.5	28	83.93%
Resurrection Dialysis	7435 W Talcott Ave	Chicago	60631	9.33	18	22.5	14	59.52%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	10.21	18	22.5	18	62.96%
Fresenius North Avenue	911 W North Avenue	Melrose Park	60160	7.31	19	23.75	24	76.39%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.21	20	25	28	62.49%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	13.5	20	25	16	98.96%
<b>Fresenius Lakeview</b>	<b>4008 N Broadway St</b>	<b>Chicago</b>	<b>60613</b>	<b>7.19</b>	<b>20</b>	<b>25</b>	<b>14</b>	<b>69.05%</b>
Fresenius Skokie	9801 Woods Dr	Skokie	60077	13.06	21	26.25	14	78.57%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	15.81	21	26.25	16	69.79%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	14.3	21	26.25	20	85.83%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	15.23	22	27.5	12	86.11%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	8.84	22	27.5	12	95.83%
<b>Nocturnal Dialysis Spa</b>	<b>1634 S. Ardmore</b>	<b>Villa Park</b>	<b>60181</b>	<b>16.34</b>	<b>22</b>	<b>27.5</b>	<b>12</b>	<b>0.00%</b>
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60706	12.22	22	27.5	16	72.92%
Fresenius Northfield	480 Central Avenue	Northfield	60093	16.43	23	28.75	12	6.94%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	17.89	23	28.75	36	81.02%
Fresenius South Shore	2420 E 79th St	Chicago	60649	16.49	24	30	16	83.33%
<b>Fresenius Evanston</b>	<b>2953 Central St</b>	<b>Evanston</b>	<b>60201</b>	<b>14.92</b>	<b>24</b>	<b>30</b>	<b>18</b>	<b>56.48%</b>
Fresenius Greenwood	1111 E 87th St	Chicago	60619	16.92	24	30	28	80.95%

**NOTE: Bolded clinics have been in operation under two years or have added stations that are not yet operational.**

1 - Fresenius Austin only operates two patient shifts per day due to patient/staff safety concerns.

2 - Fresenius Chicago Dialysis is in the process of relocating per #13-008.

\*Last known utilization – current unavailable.

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Unnecessary Duplication/Maldistribution  
**ATTACHMENT – 26c 1-3**

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Vilbar is currently the Medical Director for Fresenius Medical Care West Metro and will also be the Medical Director for the proposed Fresenius Humboldt Park facility. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company. Clinic staff who desire to transfer from the West Metro facility to the new Humboldt Park facility along with transferring patients will be given that option. Additional staff will then be hired until each facility is fully staffed commensurate with each clinic's patient census.

The Humboldt Park and West Metro facility will employ approximately:

<b><u>Humboldt Park Facility</u></b>		<b><u>West Metro Facility</u></b>	
1	Clinic Manager	1	Clinic Manager
12	Registered Nurses	3	Registered Nurses
20	Patient Care Technicians	7	Patient Care Technicians
2	Registered Dietitians	1	Registered Dietitians
2	Licensed Social Workers	1	Licensed Social Workers
2	Equipment Technicians	1	Equipment Technicians
2	Secretaries	1	Secretary

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

**CURRICULUM VITAE  
OF  
REMEGIO M. VILBAR, M.D.**

**ADDRESSES: Residence:**

**Offices:** Darien Medical Clinic  
Brookhaven Plaza  
7516 S. Cass Avenue, Suite 15  
Darien, Illinois 60561  
Tel. No.: 630-968-1616  
Fax No.: 630-968-0320

St. Elizabeth Professional Building  
1431 N. Western Avenue, Suite 202  
Chicago, Illinois 60622  
Tel. No.: 773-489-6605  
Fax No.: 312-633-5863

**DATE OF BIRTH:** November 25, 1945  
**PLACE OF BIRTH:** Lunang, Hilongos, Leyte, Philippines  
**MARITAL STATUS:** Married  
Wife: Rosabella Fiel  
Children: Ronald  
Rachel

**CITIZENSHIP:** U.S.A.

**EDUCATION:** Pre-medicine: Southwestern University, Cebu City, Philippines  
Bachelor of the Arts, 1964  
Medicine: Southwestern University, Cebu City, Philippines  
Doctor of Medicine, 1969

**MEDICAL LICENSURE:** (a) Philippines - 1969  
(b) Illinois - 1974  
(c) Florida - 1978 (by reciprocity)  
ECFMG #: 120-660-6

**INTERNSHIP:** Rotating - O: St. Mary of Nazareth Hospital Center - 1972  
2233 W. Division Street, Chicago, Illinois 60622

**RESIDENCY TRAINING:** (a) Internal Medicine - Jan. 1, 1973 to Sep. 30, 1975  
Hines VA Medical Center, Maywood, Illinois  
  
(b) Nephrology Fellowship - Oct. 1, 1975 to Sep. 30, 1977  
Hines VA Medical Center, Maywood, Illinois

**BOARD CERTIFICATION:** (a) Internal Medicine - 1977  
(b) Nephrology - 1978

**HOSPITAL AFFILIATIONS:** Oct. 1977 - June 30, 1979 - Attending Physician  
Renal Section  
Hines VA Medical Center  
  
July 1979 - present Private practice in Internal  
Medicine and Nephrology  
consulting privileges at the  
following hospitals:

- (a) St. Mary of Nazareth Hospital Center  
2233 W. Division Street  
Chicago, Illinois 60622
- (b) St. Elizabeth Hospital  
1431 N. Western Avenue  
Chicago, Illinois 60622
- (c) Norwegian American Hospital  
1044 N. Francisco Avenue  
Chicago, Illinois 60521
- (d) Hinsdale Hospital  
120 N. Oak Street  
Hinsdale, Illinois 60521

**PROFESSIONAL SOCIETY MEMBERSHIP:**

- (a) American Society of Nephrology
- (b) International Society of Nephrology
- (c) American Medical Association
- (d) Chicago Medical Society
- (e) Illinois State Medical Society
- (f) Philippine Medical Association
- (g) Association of Philippine Physicians of America
- (h) Southwestern University Medical Alumni Association of the Midwest
- (i) Southwestern University Medical Alumni Association of America

**OTHER AFFILIATIONS:**

- (a) Medical Director, West Metro Dialysis Center , NAH Professional Building, Chicago, Illinois (1988 - present)
- (b) Medical Director, Acute Dialysis Unit, St. Elizabeth Hospital, Chicago, Illinois (1990 - present)
- (c) Medical Director, Acute Dialysis Unit, Norwegian Hospital, Chicago, Illinois (1997 - present)
- (d) President, Southwestern University Medical Alumni Association of the Midwest-USA (1998 - present)
- (e) Vice-President, SWUMAAM-USA, (1992 - 1997)
- (f) Member, Board of Governors, Philippine Medical Association of Chicago (1998 - present)
- (g) Member, Board of Governors, Southwestern University Medical Alumni Association of America (1997 - present)
- (h) Vice-Chairman, Department of Medicine, Norwegian American Hospital, Chicago, Illinois (1998 - present)

**PUBLICATIONS:**

- (a) Vilbar R.M., Ing T.S., et al. Treatment of Metabolic Alkalosis with Peritoneal Dialysis, Artificial Organs. 1978; 2 (4): 421
- (b) Ing T.S., Vilbar R.M., et al. Predialytic Isolated Ultrafiltration, Dialysis and Transplantation. 1978; 7: 557
- (c) Chen W.T., Ing T.S., Vilbar R.M., et al. Removal of Fluid by Isoosmolar Dialytic Ultrafiltration, Abstract of Eighth Annual Clinical Dialysis and Transplantation Forum, 1978; NKF p21
- (d) Vilbar R.M., Daugindas J.T., et al. Treatment of Dialysis Elbow, Journal of Dialysis. 1979; 3 (4): 327-330
- (e) Shin K.D., Ing T.S., Vilbar R.M., et al. Isolated Ultrafiltration in the Treatment of Dialysis Ascites, Journal of Dialysis. 1979; 3: 120-123
- (f) Kheirbek A.O., Ing T.S., Vilbar R.M., et al. Treatment of Metabolic Alkalosis with Hemofiltration in Patients with Renal Insufficiency, Nephron; 4: 91-92
- (g) Popli S., Ing T.S., Vilbar R.M., et al. Treatment of Uremic Pericardial Effusion by Local Steroid Instillation via Subxiphoid Pericardiotomy, Nephron. 1980; 4: 83-89

**Criterion 1110.1430 (e)(5) Medical Staff**

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Humboldt Park, I certify the following:

Fresenius Medical Care Humboldt Park will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Grayslake facility, just as they currently are able to at all Fresenius Medical Care facilities.

*Teri Gurchiek*  
Signature

Teri Gurchiek  
Printed Name

Regional Vice President  
Title

Subscribed and sworn to before me  
this 21st day of May, 2014

*Michelle M. Hogan*  
Signature of Notary



Criterion 1110.1430 (f) – Support Services

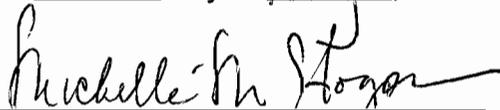
I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care Humboldt Park during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Norwegian-American Hospital, Chicago:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

  
\_\_\_\_\_  
Signature

Teri Gurchiek/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 21<sup>st</sup> day of MAY, 2014

  
\_\_\_\_\_  
Signature of Notary



**Criterion 1110.1430 (g) – Minimum Number of Stations**

Fresenius Medical Care Humboldt is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Humboldt Park will have 34 dialysis stations thereby meeting this requirement.

## AFFILIATION AGREEMENT

This AFFILIATION AGREEMENT (the "Agreement") is made as of this 24<sup>th</sup> day of February, 2014 ("Effective Date"), between Norwegian American Hospital (hereinafter referred to as "Hospital") and WSKC Dialysis Services, Inc. d/b/a Fresenius Medical Care West Metro Dialysis (hereinafter referred to as "Company"), an affiliate of Fresenius Medical Care Holdings, Inc. d/b/a Fresenius Medical Care North America.

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. Part 494.180(g), and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

NOW THEREFORE, in consideration of the mutual promises and covenants contained in this Agreement, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Hospital and Company agree as follows:

1. The Hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, the Hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Emergency Room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Company, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability or national origin.
2. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.

3. Company shall keep medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, Company shall provide complete copies of all medical records of a patient treated by Company who is, at the time of the request, an inpatient at the Hospital.
4. The Hospital shall accept any patient of Company referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the Company attending physician has arranged for inpatient hospital physician coverage,
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company either at the Hospital or at an affiliated hospital:
  - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
  - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
  - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
  - d. Blood Bank services to be performed by the Hospital.
6. Company shall have no responsibility for any inpatient care rendered by the Hospital. Once a patient has been referred by Company to the Hospital, Hospital agrees to indemnify Company against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice. Company shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company.

8. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the facilities.
9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. Part 494.140(a). This individual must be a physician properly licensed in the profession by the state in which such facility is located. In accordance with 42 C.F.R. Part 494.140(b)-(f), Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
10. Hospital and Company hereby mutually represent that no licensed professional supplied has been debarred, suspended or excluded from participation in any state or federal healthcare program including, but not limited to, Medicare and Medicaid. In the event that a supplied licensed professional becomes debarred, suspended or excluded from participation in any state or federal healthcare program including, but not limited to, Medicare and Medicaid, the affected party shall immediately notify the other party, and such violating licensed professional will be replaced within a reasonable timeframe.
11. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, said patient may be referred to Company for outpatient treatment at a facility operated by Company which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
12. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
13. Company and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and Company's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of

each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Company and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

14. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.
15. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
16. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

Norwegian American Hospital  
1044 North Mozart St.  
Chicago, IL 60622  
Attn: Administrator

To Company:

Fresenius Medical Care West Metro Dialysis  
1044 North Mozart St., Ste. 3  
Chicago, Illinois 60622  
Attn: Director of Operations

With a copy to:

WSKC Dialysis Services, Inc.  
c/o Fresenius Medical Care North America  
920 Winter Street  
Waltham, MA 02451-1457  
Attn: Corporate Legal Department

17. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
18. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.
19. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of law rules.
20. The term of this Agreement is for one (1) year, beginning on the Effective Date. The Parties may automatically renew this Agreement for successive one year periods only if mutually agreed to by the parties in writing sixty (60) days prior to the expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party. This Agreement shall automatically terminate in the event that Company has become insolvent, filed a Petition in Bankruptcy, or abandoned its duties at Hospital.
21. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

**[Signature page attached hereto]**



Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Humboldt Park, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Humboldt Park in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients at the West Metro facility, also in Humboldt Park, achieved adequacy outcomes of:
  - o 95% of patients had a URR  $\geq$  65%
  - o 96% of patients had a Kt/V  $\geq$  1.2

and the same is expected for Fresenius Medical Care Humboldt Park.

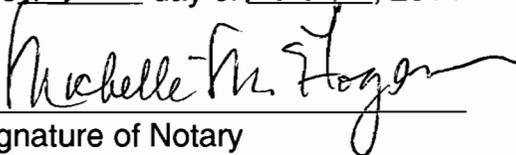


Signature

Teri Gurchiek/Regional Vice President

Name/Title

Subscribed and sworn to before me  
this 21st day of May, 2014



Signature of Notary





Cushman & Wakefield of Illinois, Inc.  
455 N. Cityfront Plaza Drive  
Suite 2800  
Chicago, IL 60611-5555  
(312) 470-1800 Tel  
(312) 470-3800 Fax  
www.cushwake.com

June 6, 2014

Sherwood Blitstein  
Mosaic Properties and Development  
555 Skokie Blvd. Ste. 204  
Northbrook IL, 60062

RE: **Fresenius Medical Care, LLC.**  
**Letter of Intent – 3500 W. Grand Avenue, Chicago, IL**

Dear Sherwood,

Fresenius Medical Care is pleased to provide the following Letter of Intent to lease space.

**LANDLORD:** Mosaic Real Estate Investments, or its assignee  
555 Skokie Blvd. Ste. 204  
Northbrook IL, 60062

**TENANT:** FRESENIUS MEDICAL CARE of Illinois.

**LOCATION:** 3500 W. Grand Avenue  
Chicago, IL

**INITIAL SPACE REQUIREMENTS:** Approximately 20,000 contiguous rentable square feet.

**PRIMARY TERM:** An initial lease term of fifteen (15) years commencing on the Rent Commencement Date. For purposes of establishing an actual occupancy date, both parties will execute a Commencement Date Certificate after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

**DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE for completion of the Tenant Improvements after the Landlord Work, as described herein, is complete. The date all Landlord's Work is substantially complete and delivered to, and accepted by, Tenant shall be the Possession Date.

**OPTIONS TO RENEW:** Three (3), five (5) year options to renew the Lease. Option rental rates shall increase at 3.0% per year. FRESENIUS MEDICAL CARE shall provide three hundred sixty (360) days' prior written notification of its desire to exercise the option.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**RENTAL RATE:** \$27.00 Net per rentable square foot.

**RENT COMMENCEMENT:** 120 days after the Possession Date

**ESCALATIONS:** 10% escalation in years 6 & 11.

**LANDLORD WORK:** Landlord to construct Premises as a “cool dark shell”. Such building shall include structure, roof, all utilities stubbed to location specified by Tenant and all site work, including demolition of the current structure, paving, site lighting, and water detention as required by the City of Chicago. In order to provide a parking surface in like-new condition near the time of store opening, the final course of paving will be done by Landlord post Possession, at such time as Tenant directs with reasonable notice - prior to store opening. Collectively, all such work shall be “Landlord’s Work”. Additionally, Landlord shall give Tenant a cash payment of \$50,000 for HVAC purchase and installation, at the time of acceptance of Possession. All finishes and further improvements to the Premises will be performed by Tenant, collectively, “Tenant’s Work”.

**USE:** FRESENIUS MEDICAL CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS MEDICAL CARE may operate on the Premises, at FRESENIUS MEDICAL CARE’s option, on seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements and covenants of record.

**CONTRACTOR FOR TENANT IMPROVEMENTS:** Landlord will hire a contractor and/or subcontractors of its choosing for construction of Landlord’s Work. FRESENIUS MEDICAL CARE shall be responsible for the implementation and management of all Tenant Work.

**DELIVERIES:** FRESENIUS MEDICAL CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

**EMERGENCY GENERATOR:** FRESENIUS MEDICAL CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

**PARKING:**

Landlord will provide designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

**BUILDING CODES:**

FRESENIUS MEDICAL CARE requires that Landlord Work meet all local, and State building code requirements, including all provisions of ADA.

**CORPORATE IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES AND REAL ESTATE TAXES:**

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associated with its premises. The lease shall be a double net lease, with Landlord responsible for roof and structure, as described in the below Maintenance section. Landlord will manage the building as part of common area expenses, and include a customary management fee. Tenant will pay Real Estate Taxes directly to the municipal authority.

**ASSIGNMENT/ SUBLETTING:**

FRESENIUS MEDICAL CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided Guarantor remains liable. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

**MAINTENANCE:**

Landlord shall, without expense to Tenant, maintain and make all necessary repairs and replacements to all portions of the structure of the Premises, and replace the roof when needed.

With respect to all other maintenance, repairs and replacements, Landlord shall perform such at Tenant's expense, as part of Tenant's common area maintenance charges. All such work to be performed to good and accepted business practices throughout the term, including: 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

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

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.

**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 FRESINIUS MEDICAL CARE's dialysis clinic

**FLOOD PLAIN:**

Landlord confirms that the property and Premises is not in a Flood Plain.

**FINANCING:**

Landlord, or its Lender, will provide a subordination, non-disturbance and attornment agreement. Tenant will supply Landlord with an estoppel certificate, reasonably satisfactory to Landlord's Lender within 14 days from written request.

**ENVIRONMENTAL:**

An acceptable Phase One Environmental Study will be required.

**DRAFT LEASE:**

FRESINIUS MEDICAL CARE requires the use of its Standard Form Lease.

Tenant agrees to reimburse Landlord in the event any or all such payments are made to seller, and Tenant is not successful in obtaining its CON within 240 days from Lease execution, at which time the Lease shall be null and void.

**LEASE EXECUTION:**

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

**LEASE SECURITY:**

Fresenius Medical Holdings Corp shall fully guarantee the lease.

**CONFIDENTIAL:**

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

**NON-BINDING NATURE:**

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

Sincerely,

Cushman & Wakefield of Illinois  
Phone: 312-470-1800  
Fax: 312-470-3800

**AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2014**

By \_\_\_\_\_

Title: \_\_\_\_\_

**AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2014**

By: \_\_\_\_\_

Title: \_\_\_\_\_

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

## **Criterion 1120.310 Financial Viability**

### Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2012 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #13-040, Fresenius Medical Care Lemont.

2013 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #14-029, Fresenius Medical Care Grayslake and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

**Criterion 1120.310 (c) Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		161.00			20,000			3,220,000	3,220,000
Contingency		16.00			20,000			320,000	320,000
<b>TOTALS</b>		<b>\$177.00</b>			<b>20,000</b>			<b>\$3,540,000</b>	<b>\$3,540,000</b>

\* Include the percentage (%) of space for circulation

**Criterion 1120.310 (d) – Projected Operating Costs**

**Year 2017**

Estimated Personnel Expense:	\$2,477,856
Estimated Medical Supplies:	\$728,820
Estimated Other Supplies (Exc. Dep/Amort):	\$2,945,454
	<u>\$6,152,130</u>
Estimated Annual Treatments:	28,944
Cost Per Treatment:	\$212.55

**Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs**

**Year 2017**

Depreciation/Amortization:	\$358,486
Interest	<u>\$0</u>
Capital Costs:	\$358,486
Treatments:	28,944
Capital Cost per Treatment	\$12.39

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care of Illinois, LLC

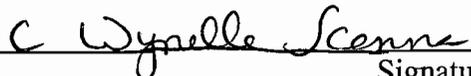
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By:   
Title: Mark Fawcett  
Vice President & Treasurer

By:   
Title: Bryan Mello  
Assistant Treasurer

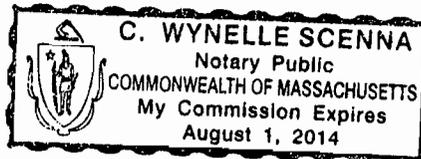
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

Signature of Notary  Signature of Notary

Seal

Seal



**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Holdings, Inc.

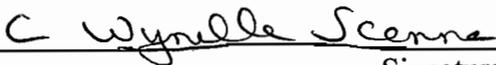
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By:   
Title: Mark Fawcett  
Vice President & Treasurer

By:   
Title: Bryan Mello  
Assistant Treasurer

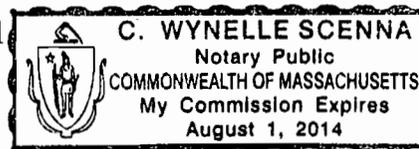
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

Signature of Notary  Signature of Notary

Seal

Seal



111

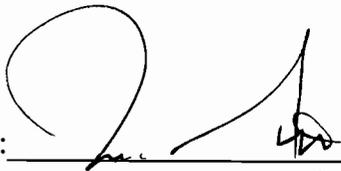
**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care of Illinois, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

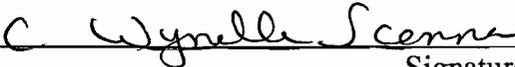
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By:   
ITS: Mark Fawcett  
Vice President & Treasurer

By:   
ITS: Bryan Mello  
Assistant Treasurer

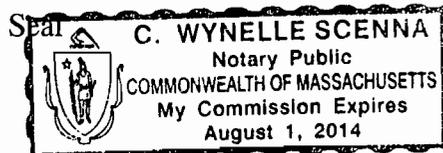
Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

  
Signature of Notary

Signature of Notary

Seal



**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 

ITS: Mark Fawcett  
Vice President & Treasurer

By:  Bryan Mello

ITS: Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014

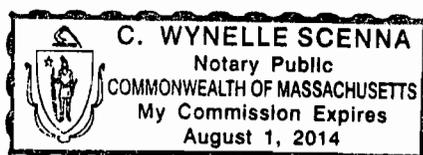
  
Signature of Notary

Seal

Notarization:  
Subscribed and sworn to before me  
this 6 day of June, 2014

Signature of Notary

Seal



## Safety Net Impact Statement

The establishment of the Fresenius Medical Care Humboldt Park dialysis facility will not have any impact on safety net services in the Humboldt Park area of Chicago. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Net Revenue</b>	<b>\$362,977,407</b>	<b>\$387,393,758</b>	<b>\$398,570,288</b>
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Charity * (# of self-pay patients)</b>	<b>93</b>	<b>203</b>	<b>642</b>
<b>Charity (cost in dollars)</b>	<b>\$642,947</b>	<b>\$1,536,372</b>	<b>\$5,346,976</b>
<b>Ratio Charity Care Cost to Net Patient Revenue</b>	<b>0.18%</b>	<b>.40%</b>	<b>1.34%</b>
<b>MEDICAID</b>			
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Medicaid (# of patients)</b>	<b>1,865</b>	<b>1,705</b>	<b>1,660</b>
<b>Medicaid (revenue)</b>	<b>\$42,367,328</b>	<b>\$36,254,633</b>	<b>\$31,373,534</b>
<b>Ratio Medicaid to Net Patient Revenue</b>	<b>12%</b>	<b>9.36%</b>	<b>7.87%</b>

Note:

A new billing procedure was put into place in late 2012 to reduce the amount of voids and rebilling. Previously patients with Medicaid pending were considered only under Medicaid and after the procedure change, Medicaid pending patients are considered under self-pay. This has resulted in the increase in "charity" (self-pay) patients and costs.

Medicaid number of patients appears to be going down, however this is due to the reassignment of the "charity" (self-pay) patients associated with the billing change.

## Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

### **Uncompensated Care For All Fresenius Facilities in Illinois**

<b>CHARITY CARE</b>			
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Net Patient Revenue</b>	<b>\$362,977,407</b>	<b>\$387,393,758</b>	<b>\$398,570,288</b>
<b>Amount of Charity Care (charges)</b>	<b>\$642,947</b>	<b>\$1,566,380</b>	<b>\$5,346,976</b>
<b>Cost of Charity Care</b>	<b>\$642,947</b>	<b>\$1,566,380</b>	<b>\$5,346,976</b>
<b>Ratio Charity Care Cost to Net Patient Revenue</b>	<b>0.18%</b>	<b>.40%</b>	<b>1.34%</b>

## **Fresenius Medical Care North America - Community Care**

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

### **American Kidney Fund**

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a “last resort” program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient’s insurance needs, not just coverage for dialysis services.

### **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.

In order 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 in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) 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 in excess of \$75,000 (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. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both 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 of their healthcare needs, including transportation to their appointments.

### **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.

### **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).

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 don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't 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. Patients must have Part B coverage for dialysis services.

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 can't 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 can not afford a commercial insurance policy.

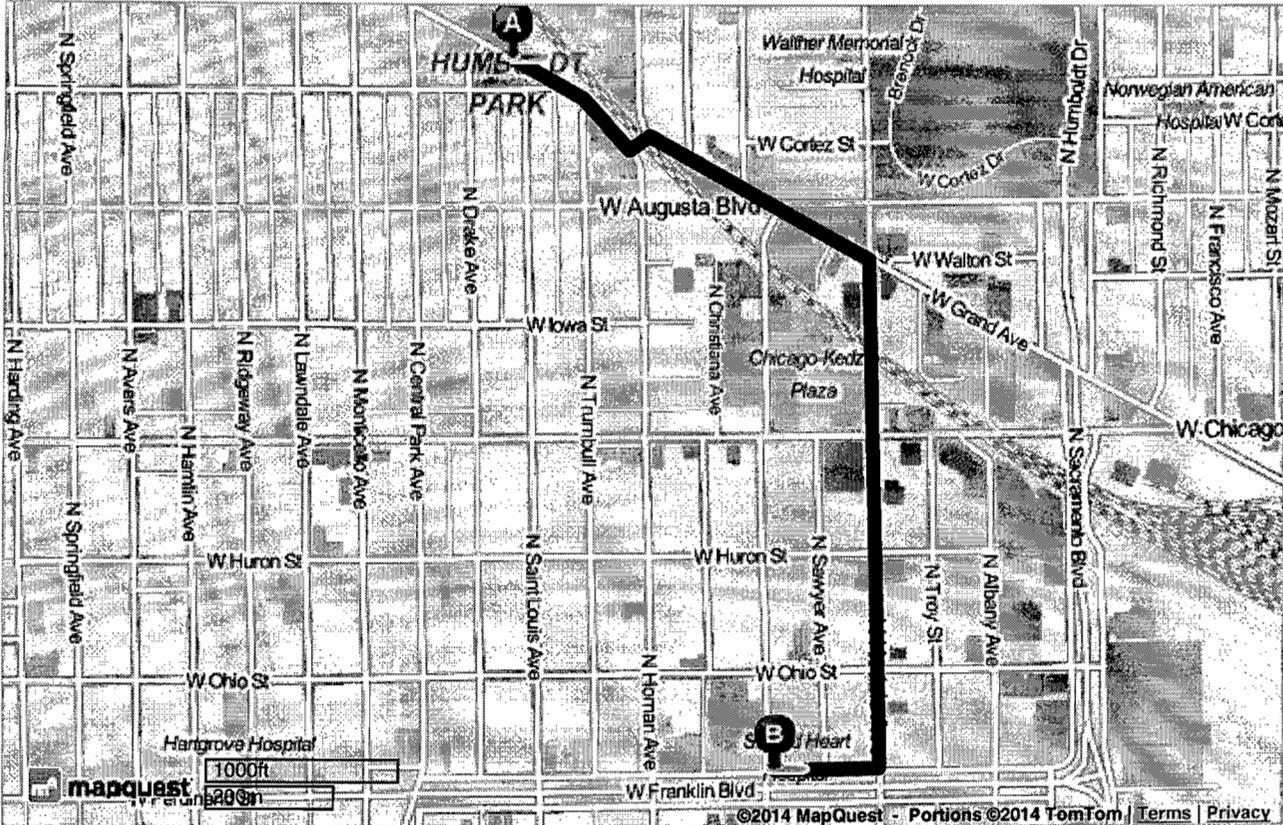
In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.



Trip to:  
**3250 W Franklin Blvd**  
Chicago, IL 60624-1509  
1.14 miles / 3 minutes

Notes

TO DAVITA GARFIELD  
3 MINUTES IN EARLY AFTERNOON TRAFFIC



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Trip to:  
**4800 W Chicago Ave**  
Chicago, IL 60651-3223  
2.13 miles / 5 minutes

Notes

TO FRESINIUS MEDICAL CARE AUSTIN  
6 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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Trip to:  
**3410 W Van Buren St**  
Chicago, IL 60624-3358  
1.88 miles / 5 minutes

Notes

TO FRESENIUS CONGRESS PARKWAY  
5 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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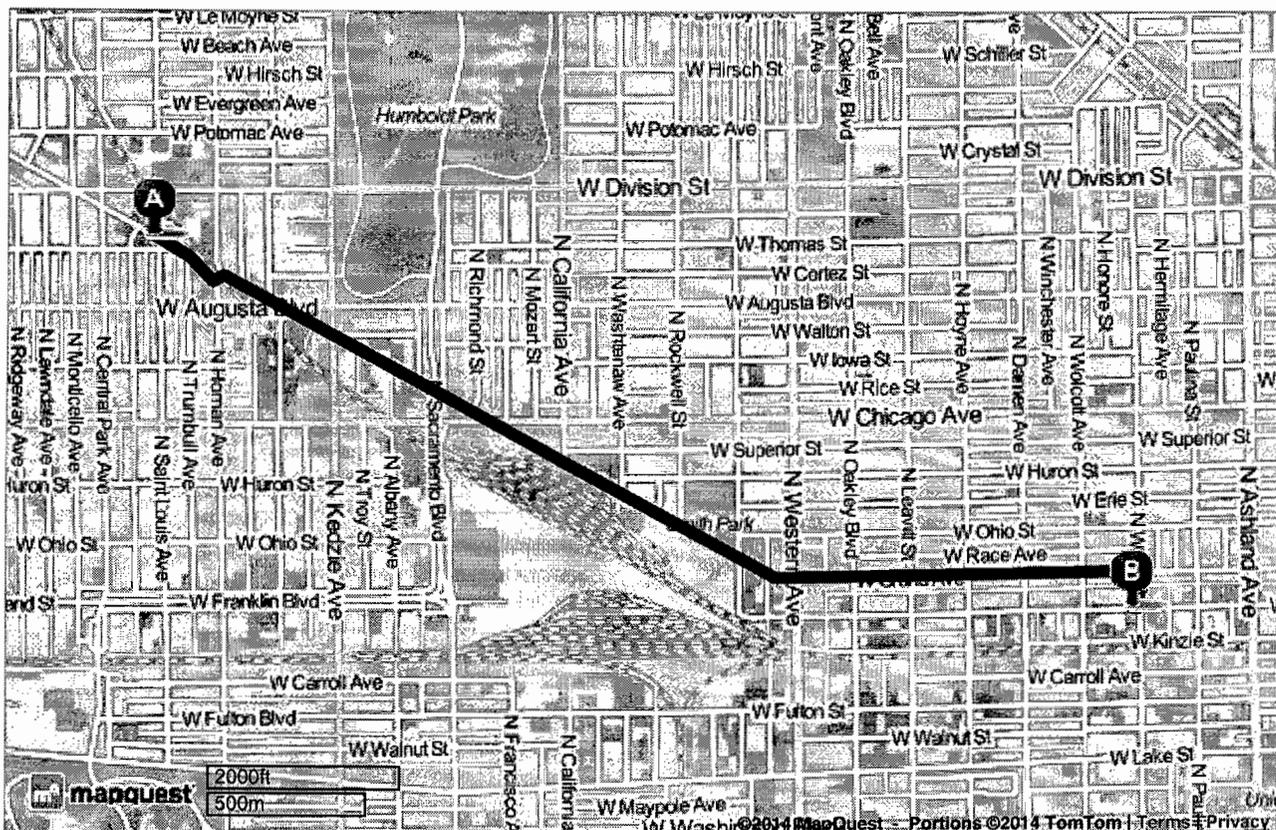
122



Trip to:  
**1810 W Hubbard St**  
Chicago, IL 60622-6235  
2.48 miles / 7 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO DIALYSIS  
7 MINUTES IN EARLY AFTERNOON TRAFFIC



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Trip to:  
**2721 N Spaulding Ave**  
Chicago, IL 60647-1338  
2.58 miles / 7 minutes

Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE

7 MINUTES IN EARLY AFTERNOON TRAFFIC



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Trip to:  
**2816 N Kimball Ave**  
Chicago, IL 60618-7524  
2.45 miles / 7 minutes

Notes

TO DAVITA LOGAN SQUARE  
7 MINUTES IN EARLY AFTERNOON TRAFFIC



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Trip to:  
**1901 W Harrison St**  
Chicago, IL 60612-3714  
4.08 miles / 8 minutes

Notes

TO STROGER/COOK CO. HOSPITAL  
DIALYSIS

8 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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Trip to:  
**1653 W Congress Pkwy**  
Chicago, IL 60612  
4.21 miles / 8 minutes

Notes

TO RUSH HOSPITAL DIALYSIS  
8 MINUTES IN EARLY AFTERNOON TRAFFIC



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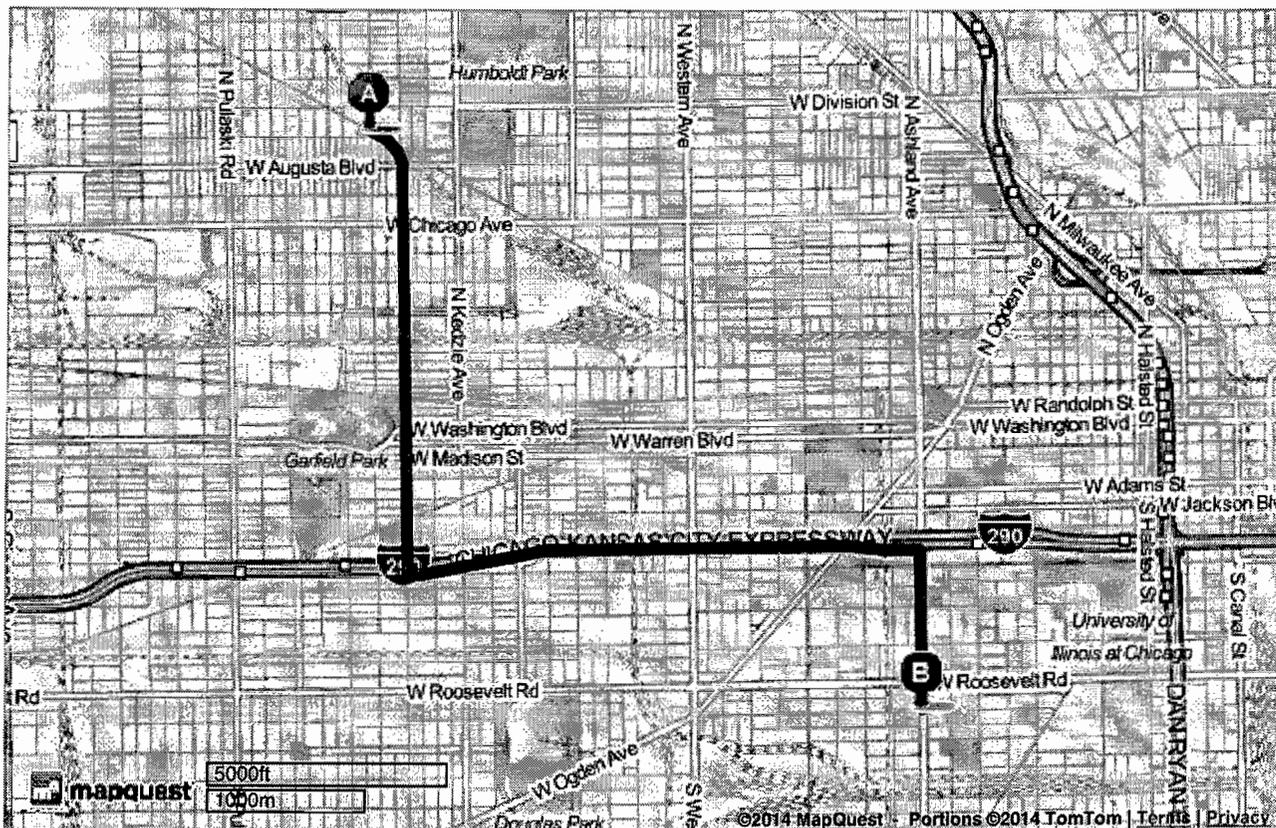
127



Trip to:  
**1600 W 13th St**  
Chicago, IL 60608-1328  
4.97 miles / 10 minutes

Notes

TO DAVITA WEST SIDE  
11 MINUTES IN EARLY AFTERNOON TRAFFIC



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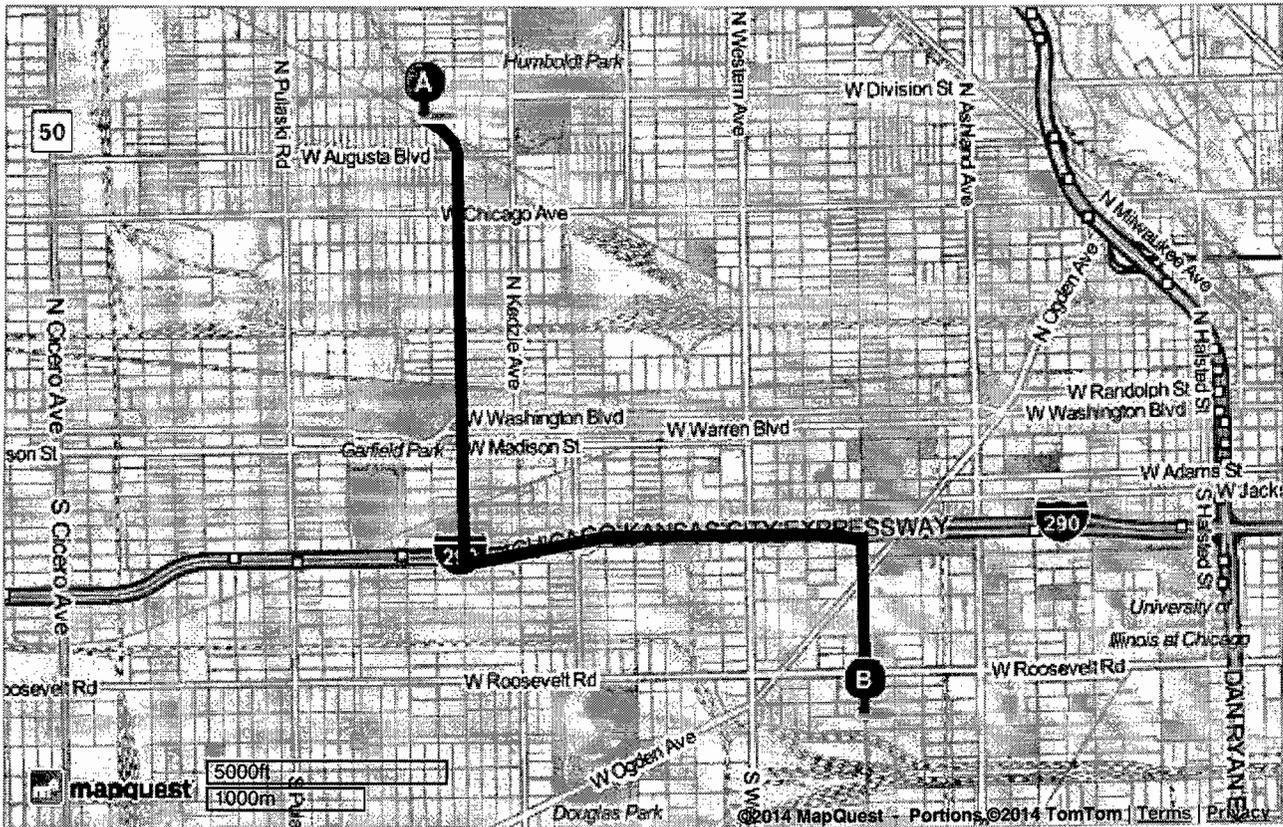
128



Trip to:  
**1340 S Damen Ave**  
Chicago, IL 60608-1190  
4.53 miles / 9 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO WESTSIDE



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129



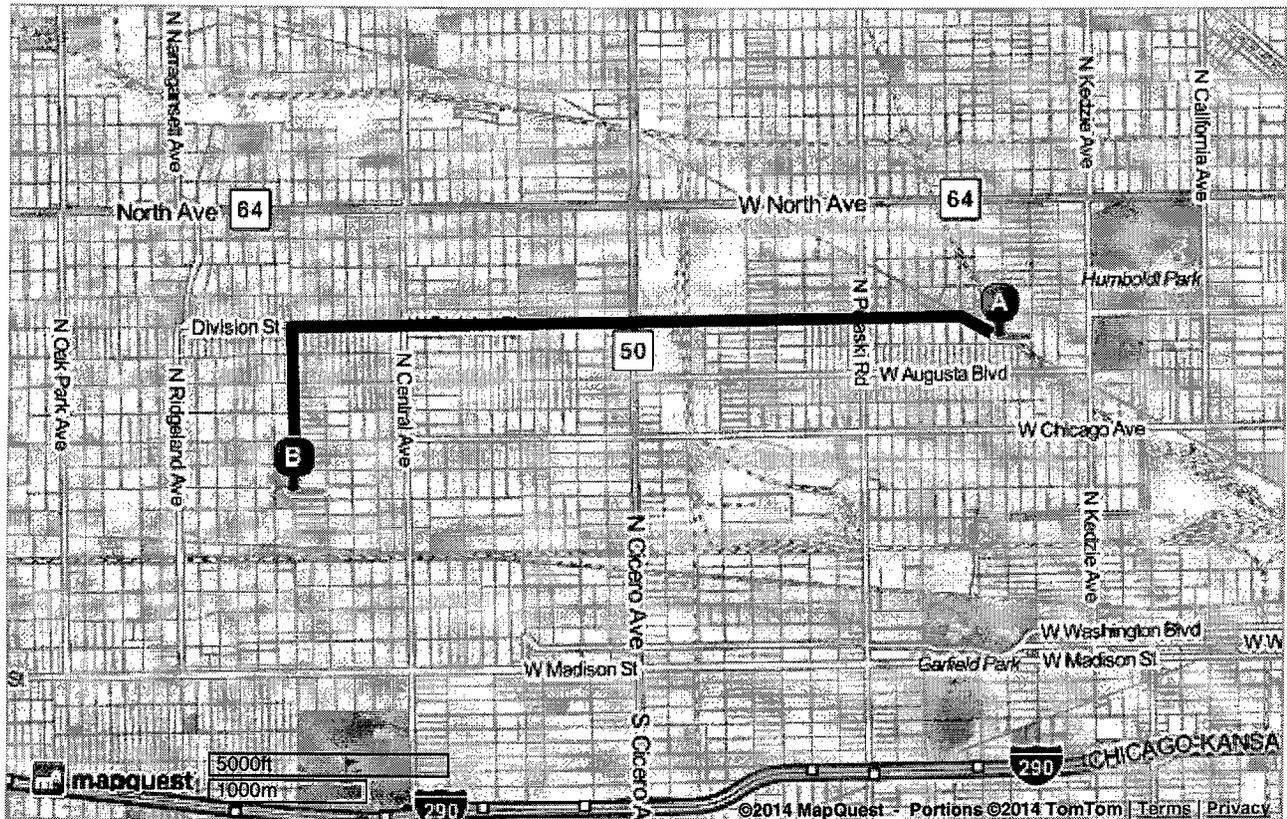


Trip to:  
**518 N Austin Blvd**  
Oak Park, IL 60302  
3.91 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST  
SUBURBAN

12 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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Trip to:  
**2700 W 15th St**  
Chicago, IL 60608-1610  
3.70 miles / 10 minutes

Notes

TO MT. SINAI DIALYSIS  
11 MINUTES IN EARLY AFTERNOON TRAFFIC



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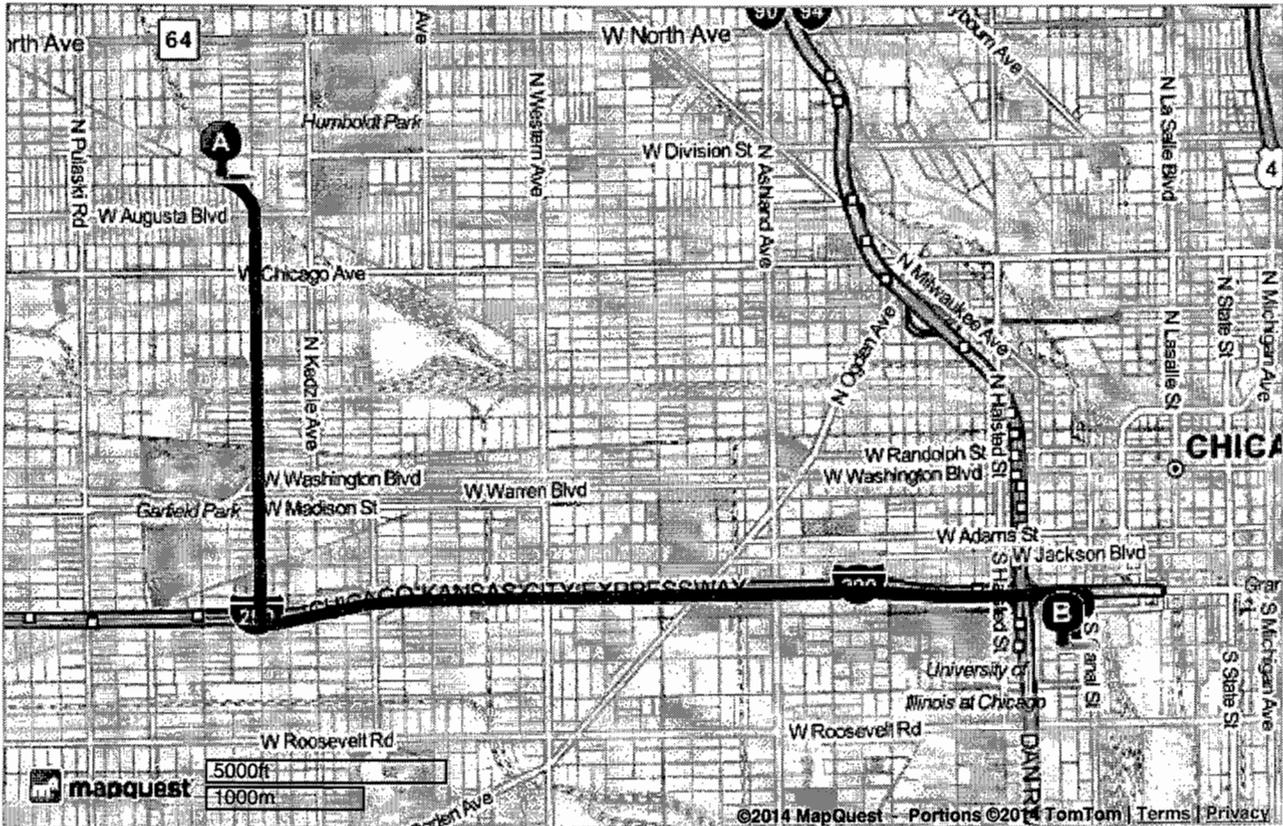
132



Trip to:  
**557 W Polk St**  
Chicago, IL 60607-4314  
6.01 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK  
12 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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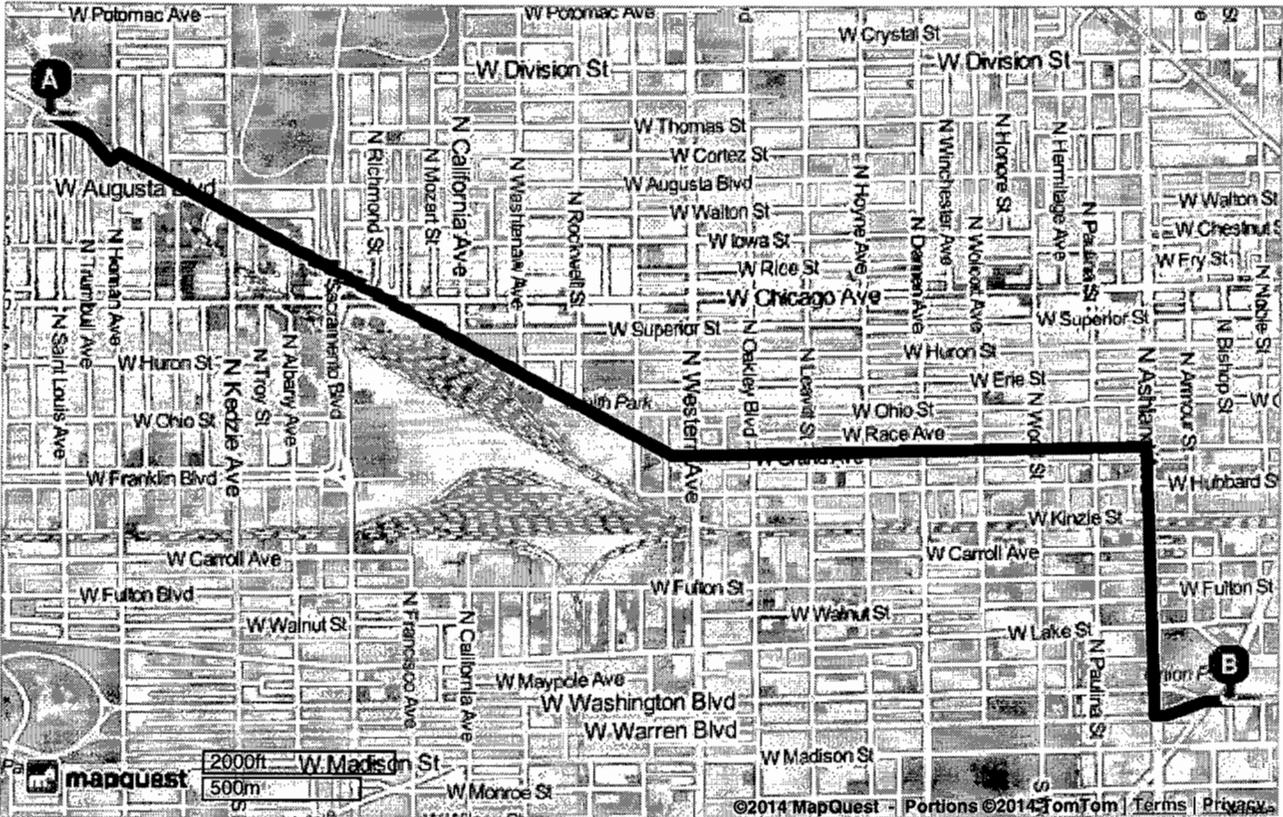
133



Trip to:  
**1426 W Washington Blvd**  
Chicago, IL 60607-1821  
3.40 miles / 10 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT  
11 MINUTES IN EARLY AFTERNOON TRAFFIC



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134



Trip to:  
**3059 W 26th St**  
Chicago, IL 60623-4131  
4.36 miles / 11 minutes

Notes

TO SAH DIALYSIS  
15 MINUTES IN EARLY AFTERNOON TRAFFIC



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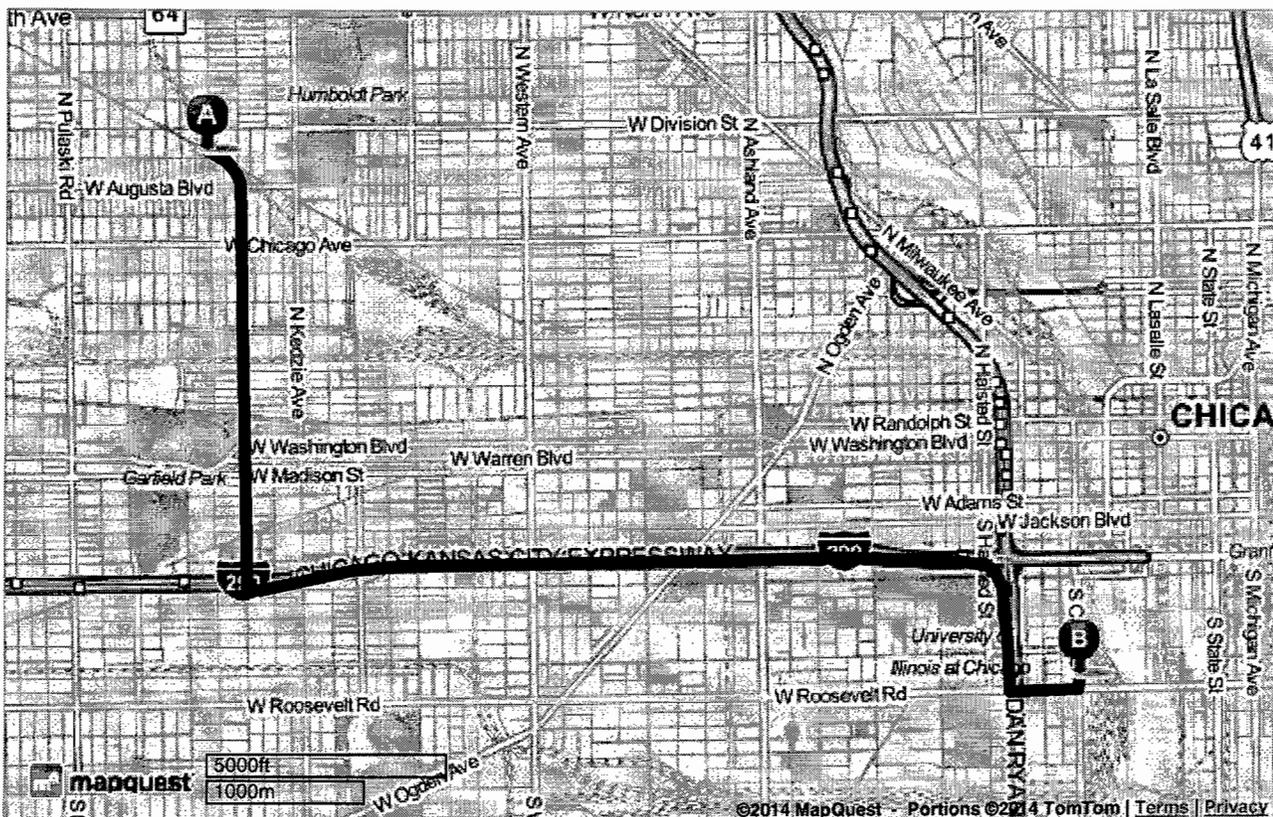
135



Trip to:  
**1101 S Canal St**  
Chicago, IL 60607-4906  
6.22 miles / 11 minutes

Notes

TO DAVITA LOOP  
13 MINUTES IN EARLY AFTERNOON TRAFFIC



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136





Trip to:  
**2620 W Addison St**  
Chicago, IL 60618-5905  
4.31 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE  
NORTHCENTER

14 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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Trip to:  
**610 S Maple Ave**  
Oak Park, IL 60304-1024  
7.09 miles / 12 minutes

Notes

TO MAPLE AVENUE KIDNEY CENTER  
22 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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139



Trip to:  
**3934 W 24th St**  
Chicago, IL 60623-3073  
4.48 miles / 12 minutes

Notes

TO DAVITA LAWDALE  
14 MINUTES IN EARLY AFTERNOON TRAFFIC



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140

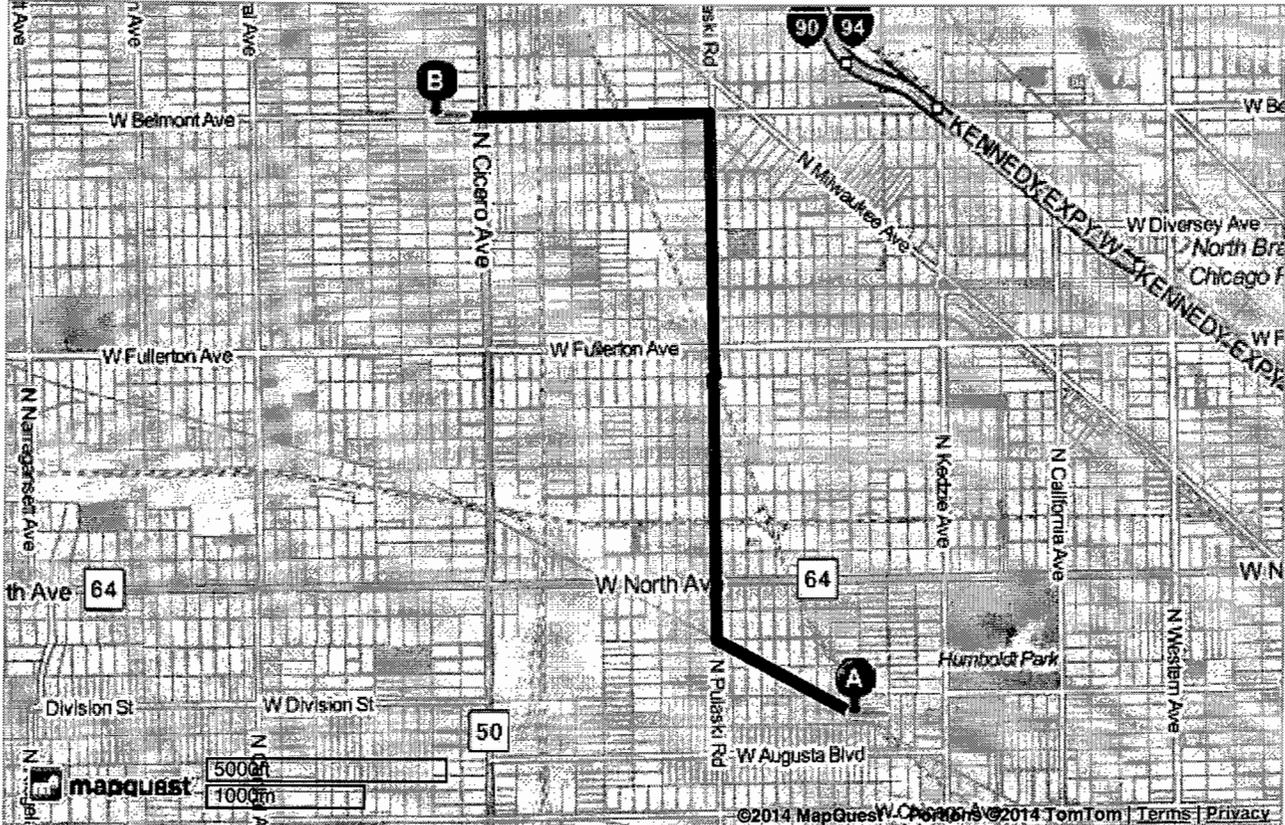


Trip to:  
**4935 W Belmont Ave**  
Chicago, IL 60641-4332  
4.22 miles / 12 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST  
BELMONT

18 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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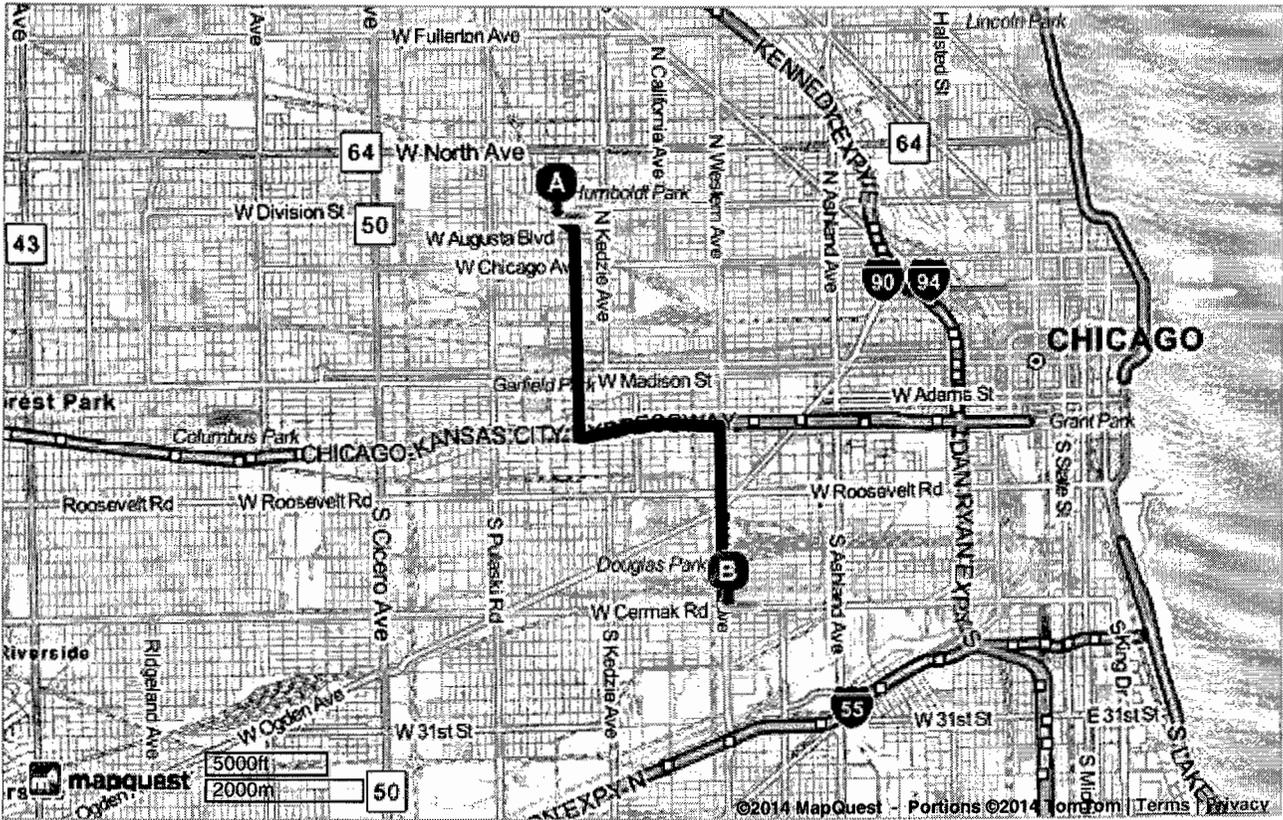
141



Trip to:  
**2335 W Cermak Rd**  
Chicago, IL 60608-3811  
4.89 miles / 12 minutes

Notes

TO DAVITA LITTLE VILLAGE  
14 MINUTES IN EARLY AFTERNOON TRAFFIC



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142



Trip to:  
**710 N Fairbanks Ct**  
Chicago, IL 60611-3013  
5.07 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE  
NORTHWESTERN  
  
26 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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143



Trip to:  
**1717 S Wabash Ave**  
Chicago, IL 60616-1217  
7.53 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE PRAIRIE  
17 MINUTES IN EARLY AFTERNOON TRAFFIC



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144



Trip to:  
**825 W 35th St**  
Chicago, IL 60609-1511  
8.53 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE  
BRIDGEPORT

18 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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145



Trip to:  
**1201 W Roosevelt Rd**  
Maywood, IL 60153-4046  
9.49 miles / 15 minutes

Notes

TO LOYOLA DIALYSIS  
25 MINUTES IN EARLY AFTERNOON TRAFFIC



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146



Trip to:  
**103 Forest Ave**  
River Forest, IL 60305-2003  
8.16 miles / 15 minutes

Notes

TO FRESNIUS MEDICAL CARE RIVER FOREST

25 MINUTES IN EARLY AFTERNOON TRAFFIC



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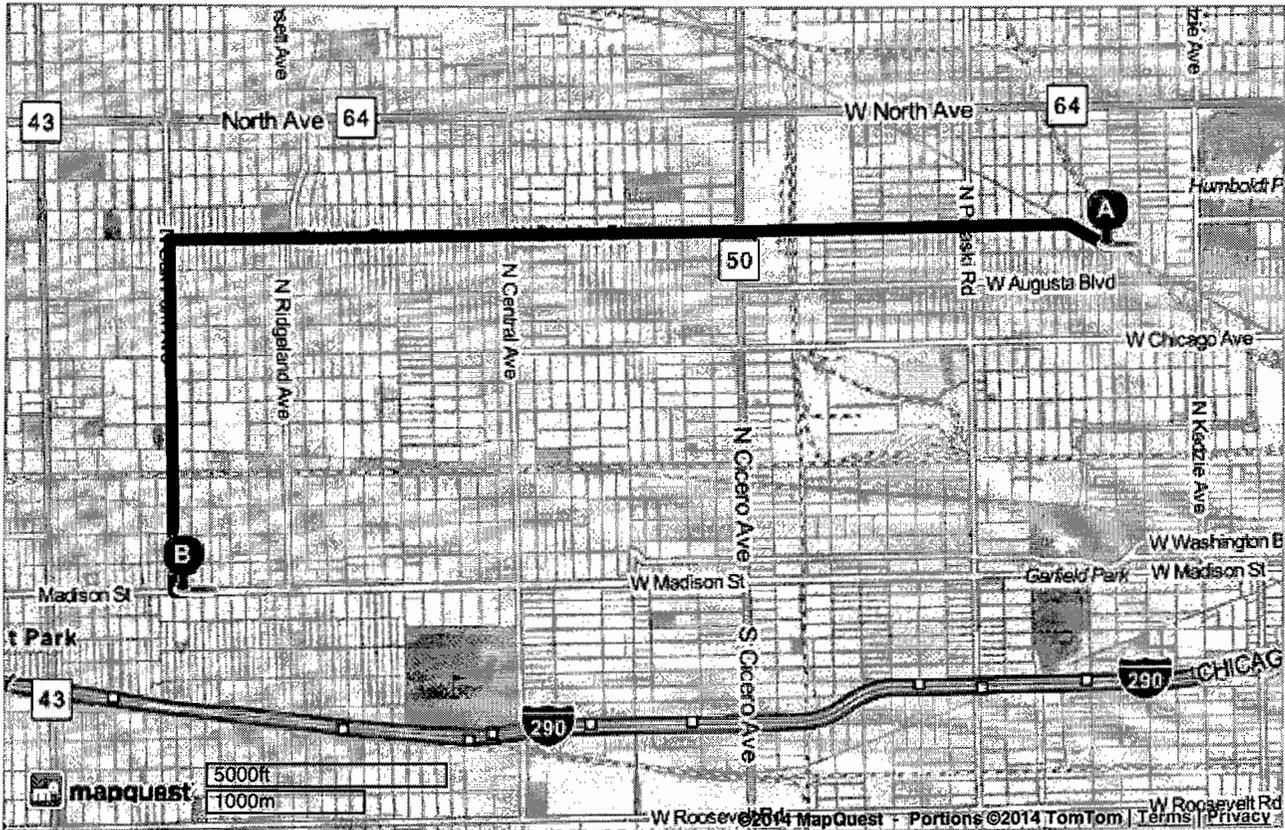
147



Trip to:  
**733 Madison St**  
Oak Park, IL 60302-4419  
5.74 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK PARK  
17 MINUTES IN EARLY AFTERNOON TRAFFIC



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148



Trip to:  
**259 E Erie St**  
Chicago, IL 60611-2930  
5.71 miles / 15 minutes

Notes

TO NMFF DIALYSIS  
19 MINUTES IN EARLY AFTERNOON TRAFFIC



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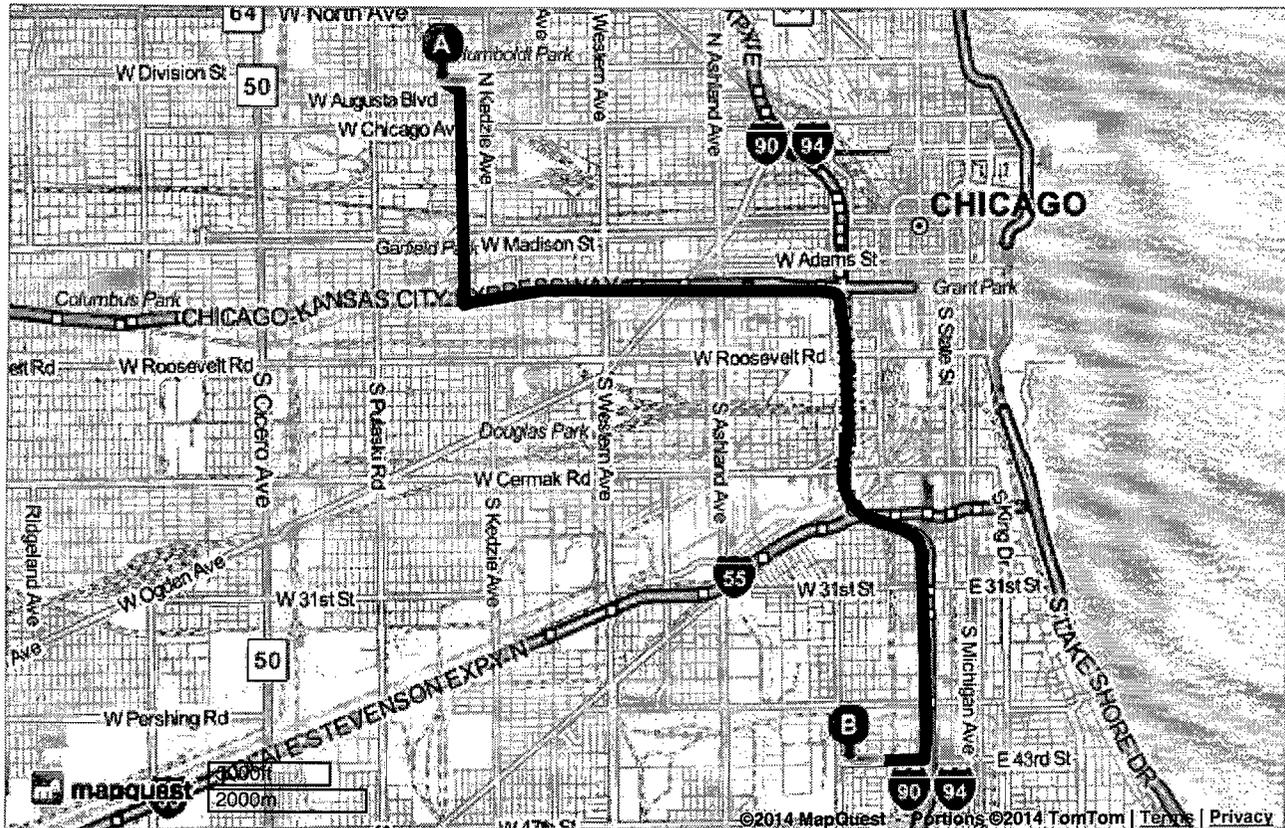
149



Trip to:  
**710 W 43rd St**  
Chicago, IL 60609-3435  
10.40 miles / 16 minutes

Notes

TO DAVITA EMERALD  
17 MINUTES IN EARLY AFTERNOON TRAFFIC



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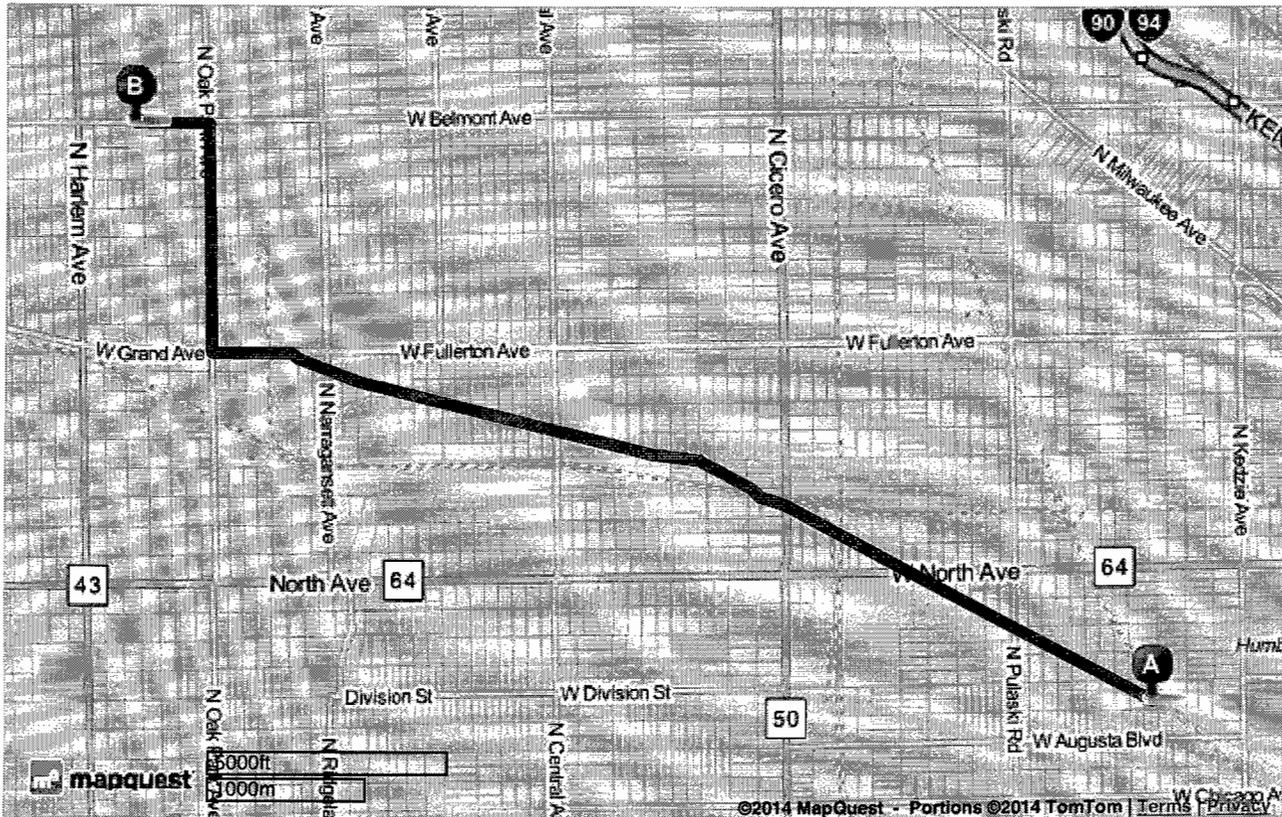
150



Trip to:  
**7009 W Belmont Ave**  
Chicago, IL 60634-4533  
5.84 miles / 16 minutes

Notes

TO DAVITA MONTCLARE  
17 MINUTES IN EARLY AFTERNOON TRAFFIC



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151



Trip to:

**5140 N California Ave**

Chicago, IL 60625-2577

6.22 miles / 16 minutes

Notes

TO NEPHRON DIALYSIS

20 MINUTES IN EARLY AFTERNOON TRAFFIC



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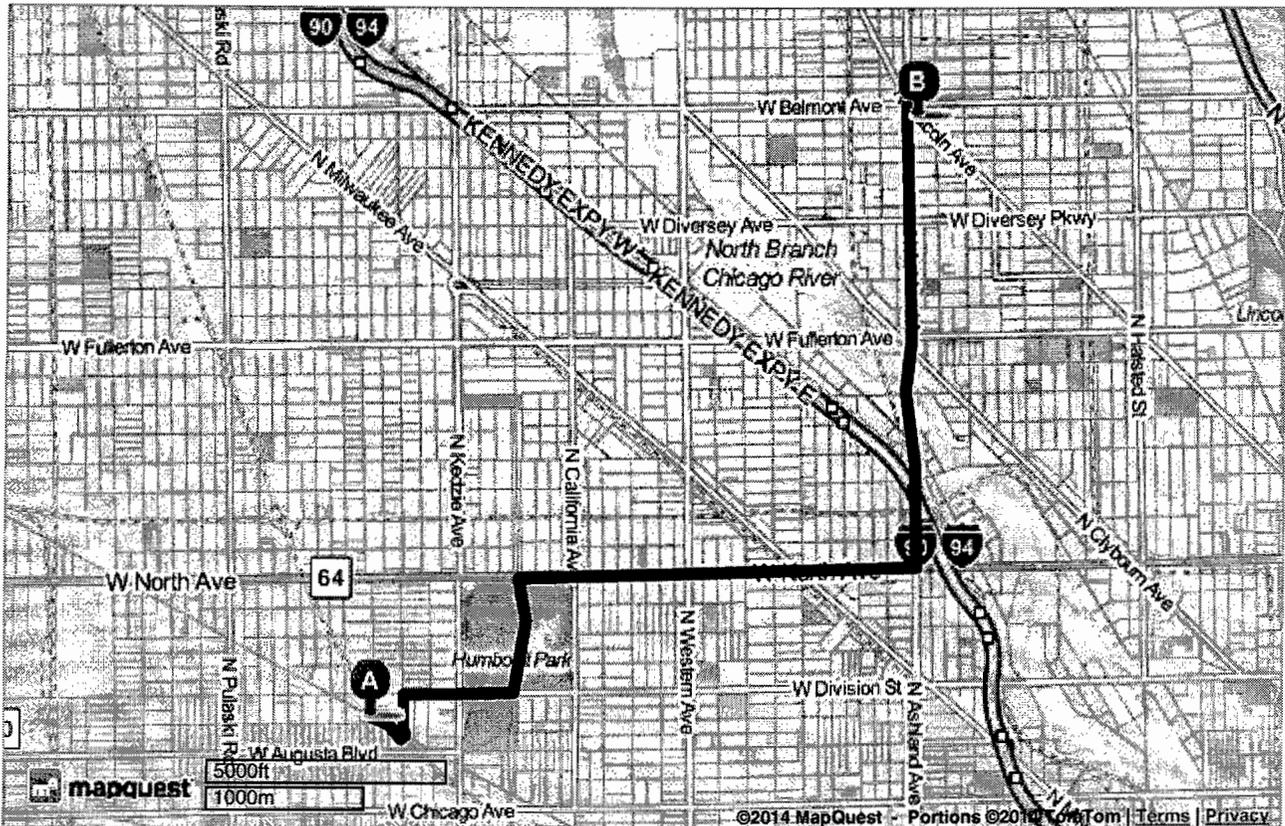
152



Trip to:  
**3157 N Lincoln Ave**  
Chicago, IL 60657-3111  
5.22 miles / 16 minutes

Notes

TO DAVITA LINCOLN PARK  
21 MINUTES IN EARLY AFTERNOON TRAFFIC



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153



Trip to:  
**5401 S Wentworth Ave**  
Chicago, IL 60609-6300  
11.56 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE GARFIELD  
17 MINUTES IN EARLY AFTERNOON TRAFFIC



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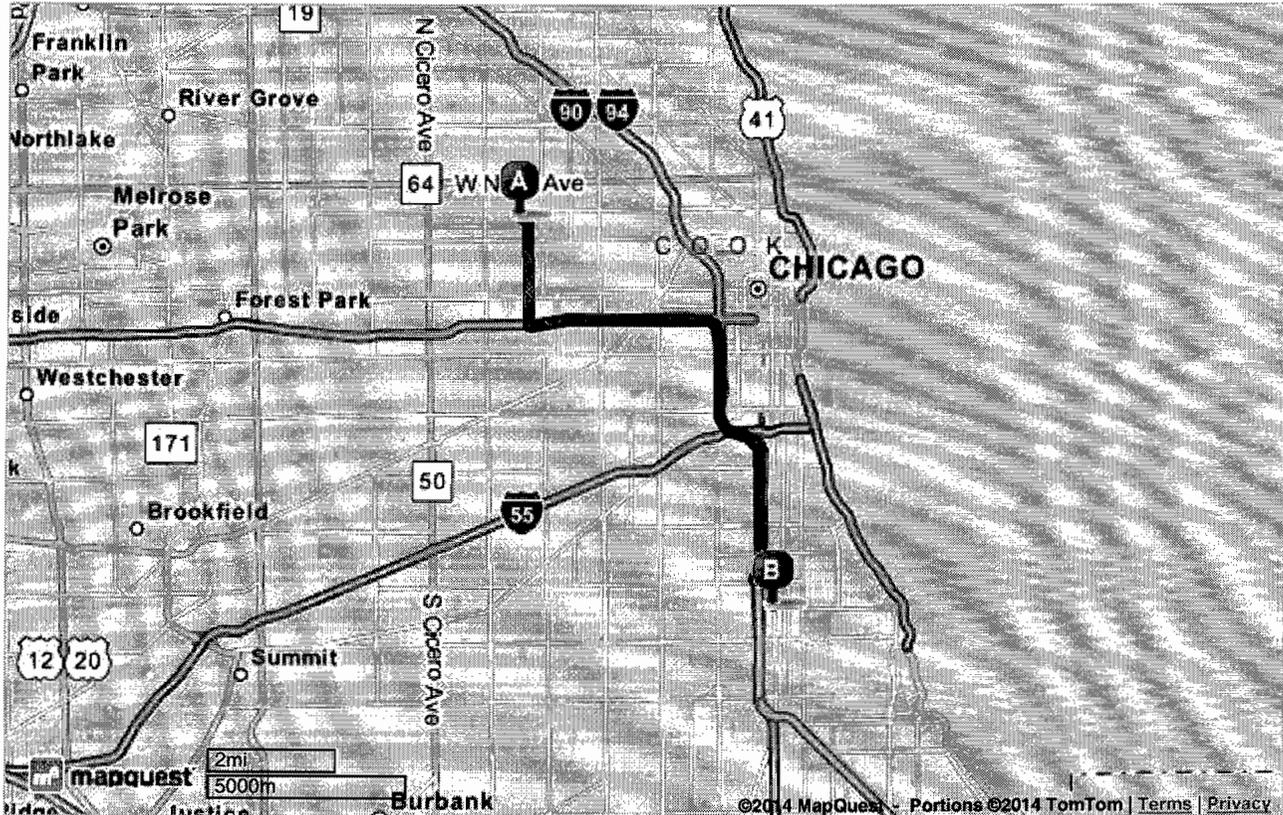
154



Trip to:  
**5060 S State St**  
Chicago, IL 60609-5328  
11.08 miles / 17 minutes

Notes

TO DAVITA WOODLAWN  
18 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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155

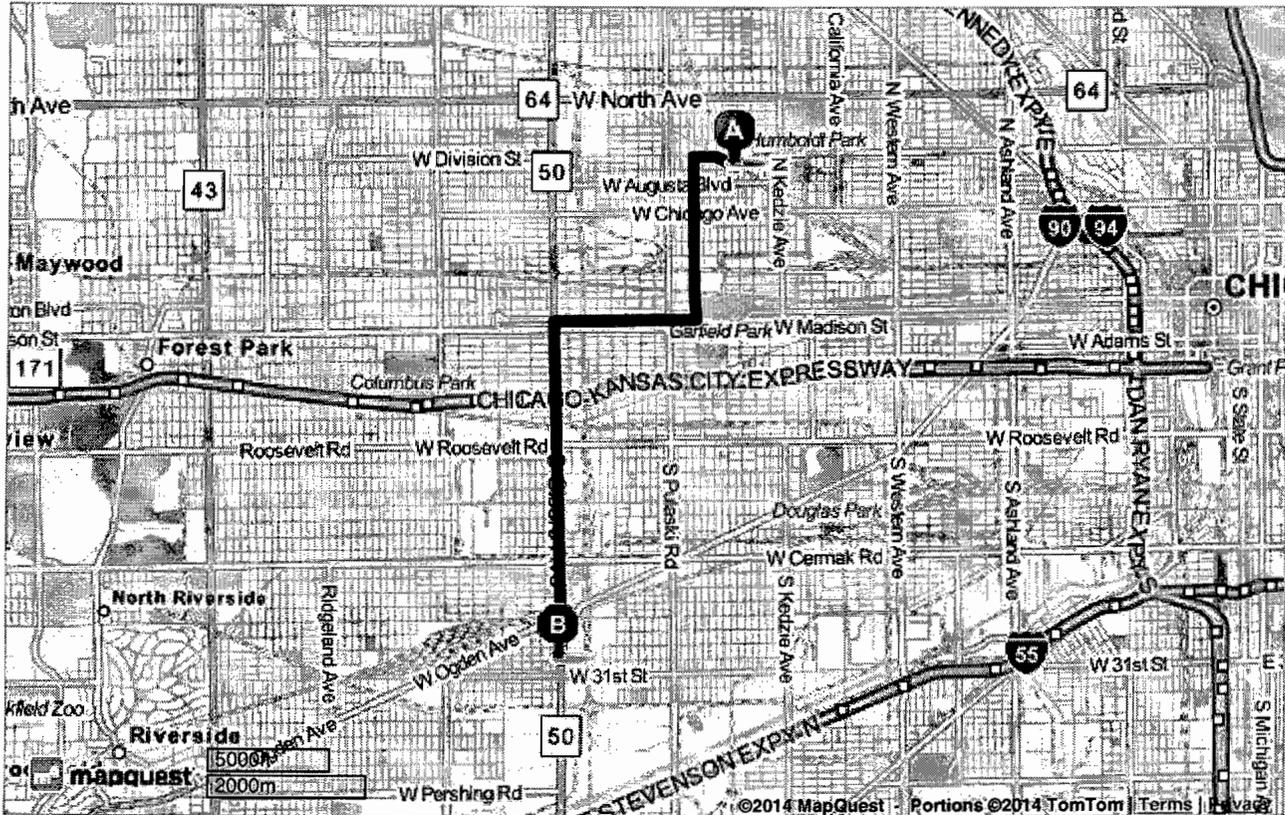




Trip to:  
**3000 S Cicero Ave**  
Cicero, IL 60804-3638  
6.08 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE CICERO  
19 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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157



Trip to:  
**7301 N Lincoln Ave**  
Lincolnwood, IL 60712-1704  
9.49 miles / 17 minutes

Notes

TO THE CENTER FOR RENAL REPLACEMENT

23 MINUTES IN EARLY AFTERNOON TRAFFIC



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158



Trip to:  
**4290 S Cottage Grove Ave**  
Chicago, IL 60653-2908  
11.35 miles / 18 minutes

Notes

TO DAVITA KENWOOD  
20 MINUTES IN EARLY AFTERNOON TRAFFIC



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159



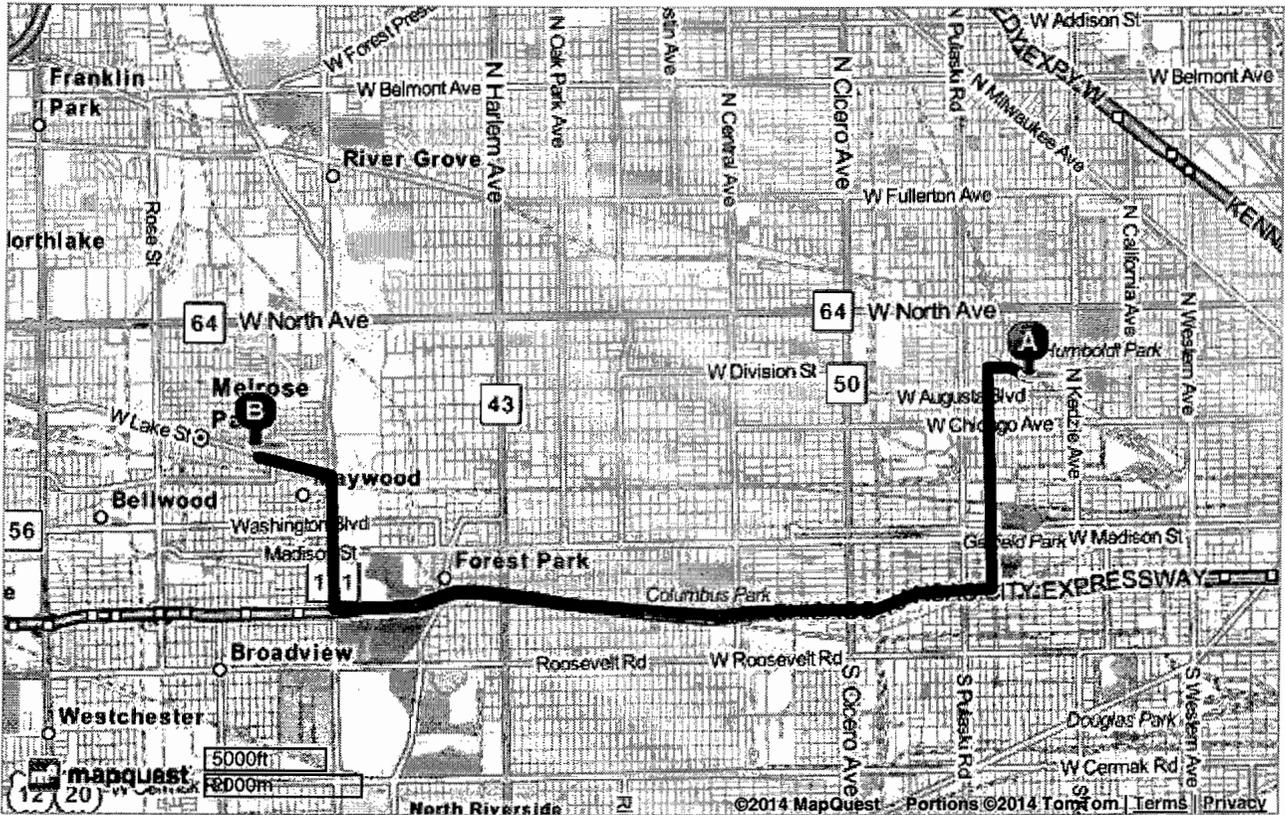
Trip to:

**Fresenius Medical Care**  
**1111 Superior St**  
Melrose Park, IL 60160  
(866) 434-2597  
10.21 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE MELROSE PARK

32 MINUTES IN EARLY AFTERNOON TRAFFIC



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160



Trip to:  
**7435 W Talcott Ave**  
Chicago, IL 60631-3707  
9.33 miles / 18 minutes

Notes

TO RESURRECTION DIALYSIS  
24 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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161



Trip to:  
**4800 N Kilpatrick Ave**  
Chicago, IL 60630-1725  
5.70 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH  
KILPATRICK

23 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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162



Trip to:  
**5623 W Touhy Ave**  
Niles, IL 60714-4019  
10.16 miles / 18 minutes

Notes

TO DAVITA BIG OAKS  
22 MINUTES IN EARLY AFTERNOON TRAFFIC



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163



Trip to:  
**911 W North Ave**  
Melrose Park, IL 60160-1516  
7.31 miles / 19 minutes

Notes

TO FRESNIUS MEDICAL CARE NORTH AVENUE

22 MINUTES IN EARLY AFTERNOON TRAFFIC



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164



Trip to:  
**133 E Brush Hill Rd**  
Elmhurst, IL 60126-5605  
14.21 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE ELMHURST  
30 MINUTES IN EARLY AFTERNOON TRAFFIC



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165



Trip to:  
**6390 S Peoria St** (nearest mapping address)  
Chicago, IL 60621-1926  
13.50 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-ENGLEWOOD

30 MINUTES IN EARLY AFTERNOON TRAFFIC



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166



Trip to:  
**4008 N Broadway Ave**  
Chicago, IL 60613-2111  
7.19 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE LAKEVIEW  
30 MINUTES IN EARLY AFTERNOON TRAFFIC



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167



Trip to:

**Fresenius Medical Care**  
**2400 Wolf Rd**

Westchester, IL 60154

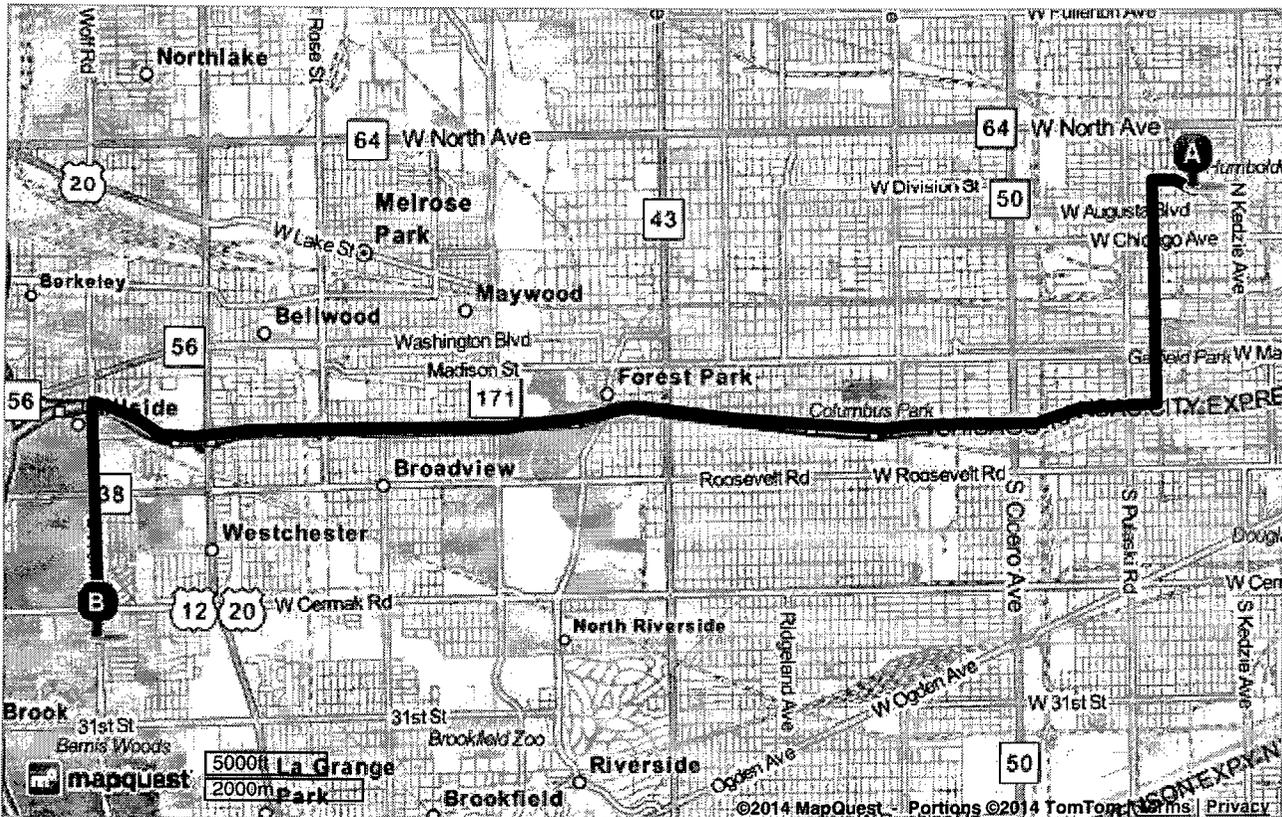
(866) 434-2597

13.98 miles / 21 minutes

Notes

TO FRESNIUS MEDICAL CARE  
WESTCHESTER

31 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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168



Trip to:  
**8643 S Holland Rd**  
Chicago, IL 60620  
15.81 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE CHATHAM  
28 MINUTES IN EARLY AFTERNOON TRAFFIC



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169



Trip to:  
**9801 Woods Dr**  
Skokie, IL 60077-1074  
13.06 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE SKOKIE  
26 MINUTES IN EARLY AFTERNOON TRAFFIC



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170



Trip to:

**1634 S Ardmore Ave**

Villa Park, IL 60181-3407

16.34 miles / 22 minutes

Notes

TO NOCTURNAL SPA DIALYSIS

31 MINUTES IN EARLY AFTERNOON TRAFFIC



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171



Trip to:  
**7319 S Cottage Grove Ave**  
Chicago, IL 60619-1909  
15.23 miles / 22 minutes

Notes

TO DAVITA GRAND CROSSINGS  
25 MINUTES IN EARLY AFTERNOON TRAFFIC



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172



Trip to:  
**4701 N Cumberland Ave**  
Chicago, IL 60706-4238  
12.22 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE NORRIDGE  
31 MINUTES IN EARLY AFTERNOON TRAFFIC



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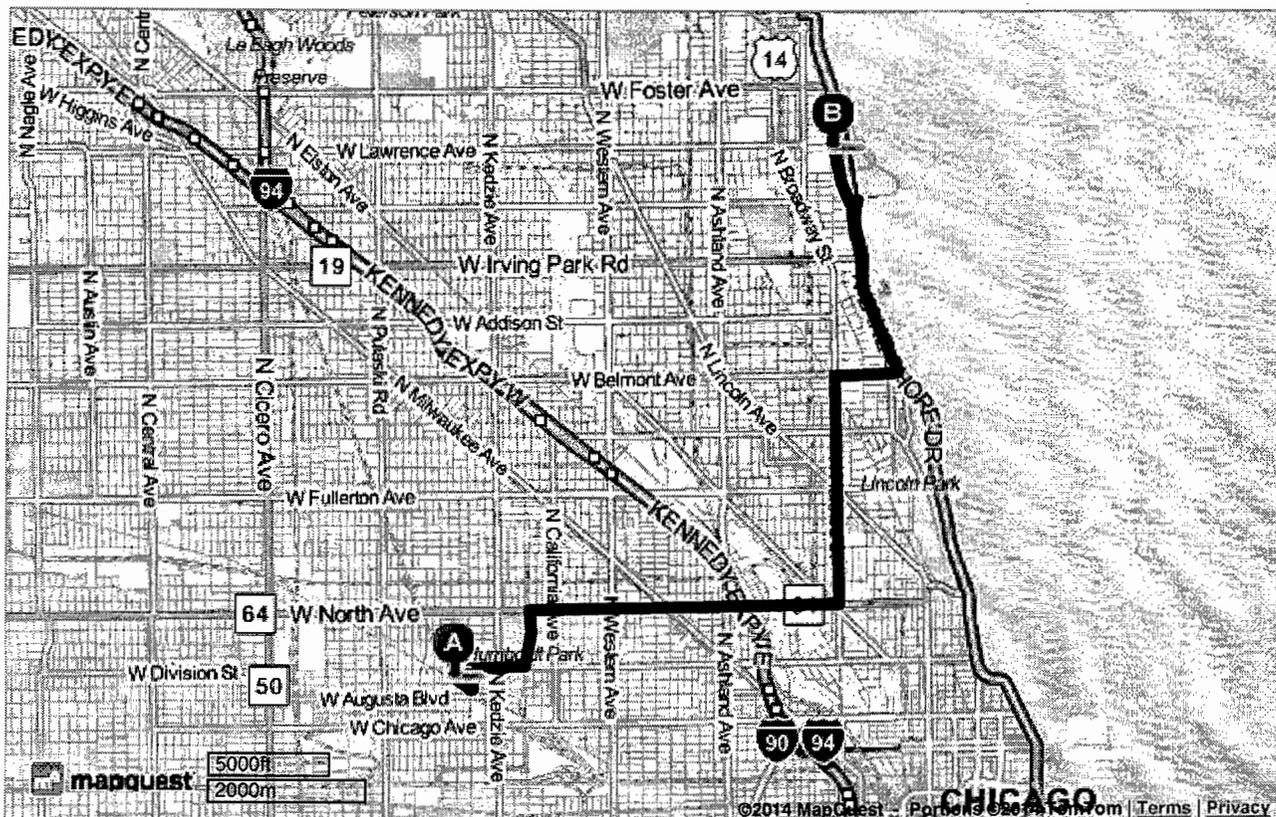
173



Trip to:  
**4720 N Marine Dr**  
Chicago, IL 60640-5120  
8.84 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE UPTOWN  
29 MINUTES IN EARLY AFTERNOON TRAFFIC



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174



Trip to:

**Neomedica Inc**  
**9200 S South Chicago Ave**

Chicago, IL 60617

(773) 734-7433

17.89 miles / 23 minutes

Notes

TO FRESNIUS MEDICAL CARE SOUTH CHICAGO

33 MINUTES IN EARLY AFTERNOON TRAFFIC



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175



Trip to:  
**480 Central Ave**  
Northfield, IL 60093-3016  
16.43 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE  
NORTHFIELD

29 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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176



Trip to:  
**1111 E 87th St**  
Chicago, IL 60619-7011  
16.92 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE  
GREENWOOD  
  
36 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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177



Trip to:  
**2420 E 79th St**  
Chicago, IL 60649-5112  
16.49 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH SHORE

27 MINUTES IN EARLY AFTERNOON TRAFFIC



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178



Trip to:  
**2953 Central St**  
Evanston, IL 60201-1245  
14.92 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE EVANSTON  
30 MINUTES IN EARLY AFTERNOON  
TRAFFIC



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179



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**DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
DIPLOMATE, AMERICAN BOARD OF NEPHROLOGY  
PRACTICE LIMITED TO INTERNAL MEDICINE & NEPHROLOGY**

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MEDICAL DIRECTOR  
1044 N MOZART AVE.  
3<sup>RD</sup> FLOOR  
CHICAGO, IL 60622  
(773) 772-9400 OFFICE  
(773) 772-3935 FAX

ST. ELIZABETH PROFESSIONAL BUILDING  
1431 NORTH WESTERN AVENUE  
SUITE 202  
CHICAGO, IL 60622  
(773) 489-6605 OFFICE  
(312) 633-5863 FAX

September 3, 2014

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery:

My name is Remegio Vilbar, M.D. and I am a nephrologist practicing on the west side of Chicago in the Humboldt Park neighborhood. I am the Medical Director of the Fresenius West Metro 32-station dialysis facility which is located in Norwegian American Hospital. This facility is at capacity and is unable at times to accept new patients. The space here is also terribly small, severely outdated and in need of modernization. To remedy these problems, I am in full support of Fresenius Medical Care's proposal to relocate 20 of the 32 stations to a proposed site also in Humboldt Park. In order to accommodate the current patients and pre-ESRD patients in my practice, an additional 14 stations is necessary. I am excited at the prospect of having access for all my patients right in Humboldt Park as well as keeping a location at the Hospital with the ability to give it a much needed renovation. Most of my patients reside, and receive healthcare in this medically underserved area and it is important to maintain access for them here as well.

My partner, Ernest Cabrera M.D., and I were treating 112 hemodialysis patients at the end of 2011, 124 patients at the end of 2012 and 139 patients at the end of 2013. As of June 30, 2014, we were treating 142 hemodialysis patients. We also have a large home dialysis program with nearly 50 patients who receive dialysis treatment at home. Over the past twelve months we have referred 37 new patients for hemodialysis treatment. We have 187 pre-ESRD patients in our practice who live in the areas surrounding Humboldt Park that are in stage 3 and 4 of kidney failure. After accounting for patient attrition, we expect approximately 132 to be referred to Fresenius Humboldt Park within 24 months of the completion of the facility. It is unclear at this time how many may choose home dialysis because we strongly support this therapy for those who qualify. Upon the opening of the facility we will transfer the majority of our patients dialyzing at Fresenius West Metro to the Humboldt Park facility. Going forward we will refer and follow patients at both facilities.

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Physician Referrals  
APPENDIX - 2

I respectfully ask the Board to approve Fresenius Medical Care Humboldt Park to address the healthcare needs of this underserved community. Thank you for your consideration.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

  
Remegio Villar, M.D.

Notarization:

Subscribed and sworn to before me  
this 10<sup>th</sup> day of Sept, 2014



Signature of Notary

Seal



**PATIENTS EXPECTED TO  
TRANSFER TO  
FRESENIUS MEDICAL CARE HUMBOLDT PARK**

<b>Transfer Patients</b>	
<b>Zip Code</b>	<b>Patients</b>
60473	1
60607	0
60608	0
60612	1
60613	1
60614	2
60616	1
60617	2
60618	4
60619	0
60621	1
60622	18
60623	1
60624	15
60625	1
60629	1
60630	1
60632	2
60634	1
60637	0
60639	16
60641	1
60642	1
60644	4
60647	20
60651	25
60652	0
60659	1
60804	1
<b>Total</b>	<b>122</b>

**PRE - ESRD PATIENTS EXPECTED TO BE  
REFERRED TO FRESENIUS MEDICAL CARE  
HUMBOLDT PARK IN THE 1<sup>ST</sup> 2 YEARS  
AFTER PROJECT COMPLETION**

<b>Zip Code</b>	<b>Patients</b>
60622	32
60639	39
60647	32
60651	29
<b>Total</b>	<b>132</b>

**NEW REFERRALS OF DR. VILBAR  
JUNE 1, 2013 THROUGH MAY 31, 2014**

<b>Zip Code</b>	<b>Patients</b>
60192	1
60612	1
60614	1
60618	1
60622	4
60624	5
60629	1
60632	1
60639	4
60643	1
60644	1
60646	1
60647	7
60651	7
60804	1
<b>Total</b>	<b>37</b>

**PATIENTS OF DR. VILBAR FOR PAST THREE YEARS AND MOST RECENT QUARTER**

Zip Code	Fresenius Medical Care West Metro				DaVita
	Dec-11 Patients	Dec-12 Patients	Dec-13 Patients	Jun-14 Patients	Logan Sq Jun-14
60473	1	1	2	2	
60607	1	1	0	0	
60608	1	2	2	0	
60612	3	2	2	1	
60613	1	2	1	1	
60614	1	1	2	2	
60616	0	0	1	1	
60617	1	2	2	2	
60618	5	7	9	6	3
60619	1	1	0	0	
60621	0	0	1	1	
60622	17	14	16	18	1
60623	1	1	2	1	
60624	15	11	14	15	
60625	2	2	1	1	1
60629	1	1	1	1	
60630	2	2	2	1	
60632	1	1	2	2	
60634	1	1	2	1	
60637	1	1	1	0	
60639	11	17	16	16	1
60641	1	2	1	1	1
60642	0	0	0	1	
60644	4	4	6	5	
60647	17	21	20	20	2
60651	21	26	31	32	
60652	1	0	0	0	
60659	0	0	1	1	
60804	1	1	1	1	
<b>Total</b>	<b>112</b>	<b>124</b>	<b>139</b>	<b>133</b>	<b>9</b>

<b>Total June 2014</b>	<b>142</b>
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**CURRENT PATIENTS AT FRESENIUS WEST METRO**

<b>Zip Code</b>	<b>Patients</b>
60473	1
60612	5
60614	2
60616	1
60617	2
60618	6
60621	1
60622	32
60623	3
60624	13
60625	1
60629	1
60630	1
60632	2
60634	1
60639	27
60640	1
60641	1
60642	4
60643	1
60644	4
60647	24
60651	41
60659	1
60680	2
60707	1
60804	1
<b>Total</b>	<b>180</b>

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