

Original

15-046

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 16 2015

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>Fresenius Medical Care Beverly Ridge</i>
Street Address <i>9914-9928 S. Vincennes</i>
City and Zip Code: <i>Chicago 60643</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 Chicagoland, LLC d/b/a Fresenius Medical Care Beverly Ridge</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
- o 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

- Corporations and limited liability companies must provide an **Illinois Certificate of Good Standing**.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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, 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>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 & 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., Suite 204, Northbrook, IL 60062</i>
Street Address or Legal Description of Site: <i>9914 - 9928 S. Vincennes, Chicago, IL 60643</i> <i>PIN 25-08-304-039 - 045.</i>
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.

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Beverly Ridge</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<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
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 or 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 Chicagoland, LLC, proposes to establish a 16-station in-center hemodialysis facility located at 9914-9928 S. Vincennes, Chicago (PIN 25-08-304-039 – 045), which is located in a Federally Designated Medically Underserved Area. The interior of the leased space will be built out by the applicant.

Fresenius Medical Care Beverly Ridge will be in HSA 6. As of the August 2015 station inventory there is a need for an additional 122 stations in HSA 6.

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.

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	1,227,450	341,849	1,569,299
Contingencies	117,600	32,752	150,352
Architectural/Engineering Fees	132,968	37,032	170,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	365,000	62,000	427,000
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	2,778,152 272,850	2,445,822	605,180
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
TOTAL USES OF FUNDS	4,288,840	1,078,813	5,367,653
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,843,018	473,633	2,316,651
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)	2,445,822	605,180	3,051,002
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
TOTAL SOURCES OF FUNDS	4,288,840	1,078,813	5,367,653

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 Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$169,256.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2017

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
 Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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
REVIEWABLE							
In-Center Hemodialysis							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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 Chicagoland, 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.

Teri A. Gurchiek
SIGNATURE

Teri Gurchiek
PRINTED NAME

Regional Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of August 2015

Candace M. Turaski
Signature of Notary

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**
 Senior Vice President & Treasurer

PRINTED TITLE



 SIGNATURE

PRINTED NAME **Bryan Mello**
 Assistant Treasurer

PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this ____ day of ____ 2015

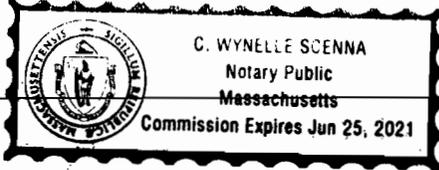
Notarization:
 Subscribed and sworn to before me
 this 15 day of May 2015

Signature of Notary C Wynelle Scenna 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 to 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	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	16

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
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>2,316,651</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		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
		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;
<u>N/A</u>	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.
<u>N/A</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>3,051,002</u>	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:
		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;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		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.;
		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;
		5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	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;
<u>N/A</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$5,367,653</u>	TOTAL FUNDS AVAILABLE	

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	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.			
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 NUMERIC 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).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
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		167.00			7,350			1,227,450	1,227,450
Contingency		16.00			7,350			117,600	117,600
Total Clinical		183.00			7,350			1,345,050	1,345,050
Non Clinical		167.00			2,047			341,849	341,849
Contingency		16.00			2,047			32,752	32,752
Total Non		183.00			2,047			374,601	374,601
TOTALS		\$183.00			9,397			1,719,651	1,719,651

* 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	\$387,393,758 2012	\$398,570,288 2013	\$411,981,839 2014
Charity * (# of self-pay patients)	203	499	251
Charity (cost in dollars)	\$1,536,372	\$5,346,976	\$5,211,664
Ratio Charity Care Cost to Net Patient Revenue	.40%	1.34%	1.27%
MEDICAID			
	2012	2013	2014
Medicaid (# of patients)	1,705	1,660	750
Medicaid (revenue)	\$36,254,633	\$31,373,534	\$22,027,882
Ratio Medicaid to Net Patient Revenue	12.99%	7.87%	5.35%

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

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 41.

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$387,393,758	\$398,570,288	\$411,981,839
Amount of Charity Care (charges)	\$1,566,380	\$5,346,976	\$5,211,664
Cost of Charity Care	\$1,566,380	\$5,346,976	\$5,211,664
	.40%	1.34%	1.27%

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:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	34
6	Historic Preservation Act Requirements	35
7	Project and Sources of Funds Itemization	36
8	Obligation Document if required	37
9	Cost Space Requirements	38
10	Discontinuation	
11	Background of the Applicant	39-60
12	Purpose of the Project	61
13	Alternatives to the Project	62-64
14	Size of the Project	65
15	Project Service Utilization	66
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
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	67-99
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	
	Financial and Economic Feasibility:	
36	Availability of Funds	100-106
37	Financial Waiver	107
38	Financial Viability	
39	Economic Feasibility	108-112
40	Safety Net Impact Statement	113-114
41	Charity Care Information	115-117
	Appendix 1 – MapQuest Travel Times	118-177
	Appendix 2 – Physician Referral Letter	178-184

Applicant Identification

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

Exact Legal Name: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Beverly Ridge*</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 Chicagoland, LLC on following page.*

Co - Applicant Identification

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

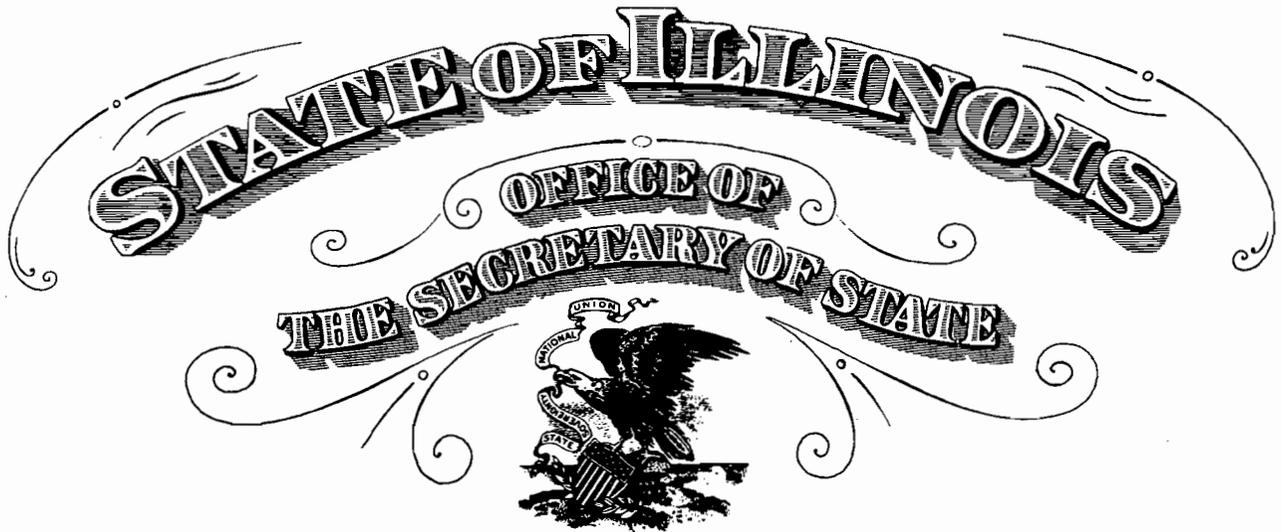
Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</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 CHICAGOLAND, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 24, 2011, 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 #: 1513102386
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 11TH day of MAY A.D. 2015 .

Jesse White

SECRETARY OF STATE

Site Ownership

Exact Legal Name of Site Owner: <i>Mosaic Real Estate Investments</i>
Address of Site Owner: <i>555 Skokie Blvd., Suite 204, Northbrook, IL 60062</i>
Street Address or Legal Description of Site: <i>9914 - 9928 S. Vincennes, Chicago, IL 60643 PIN 25-08-304-039 - 045.</i>
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

August 19, 2015

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

RE: **Fresenius Medical Care, LLC.**
Letter of Intent – 9914 -9928 S Vincennes, 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 Chicagoland, LLC.

LOCATION: 9914 S Vincennes, Chicago, IL

INITIAL SPACE REQUIREMENTS: Approximately 9,397 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: 180 days after the Possession Date

ESCALATIONS: 2% PER YEAR.

LANDLORD WORK: Landlord to construct Premises as a “cool dark shell” according to Exhibit A. 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 \$75,000 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.

**SPACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

Landlord will provide all architectural and mechanical drawings required to construct Landlord's Work, including construction drawings stamped by a licensed architect and submitted for approvals and permits. Tenant, or its architect, shall work with Landlord's architect to properly organize the Premises so as to locate stub-ins for utilities and other such items that may require coordination. All building permits pertaining to the Landlord's Work shall be Landlord's responsibility. All permits for Tenant's Work shall be the responsibility of Tenant. The approximate timing for the above work shall be as follows;

- (a) Landlord will deliver to Tenant for Tenant's approval within 30 days from the full execution of the LOI, a site plan schematic, outlining of the dimensioned proposed Premises on the proposed site plan.
- (b) Landlord's construction drawings shall be complete at the earlier of: a) 60 days from the date that Tenant obtains its CON, or b) 60 days from the date Tenant instructs Landlord to proceed with the drawings, provided Tenant indemnifies Landlord for such costs if the CON is not ultimately obtained and the Lease is terminated, or the lease is terminated for any other reason for which Landlord is not at fault.
- (c) Landlord's Work permits shall be obtained within 120 days of Tenant's obtaining its CON. or b) 120 days from the date Tenant instructs Landlord to proceed with the permits, provided Tenant indemnifies Landlord for such costs if the CON is not ultimately obtained and the Lease is terminated, or the lease is terminated for any other reason for which Landlord is not at fault..
- (d) Landlord will deliver Tenant's Premises, with Landlord Work complete as described above, within 180 days of the issuance of the building permit. Landlord's architect estimates the time to construct should be from 120 days to 180 days, dependent upon weather and the timing of the job.

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.

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.

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 received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes

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.

and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

ZONING AND RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE's dialysis clinic

FLOOD PLAIN:

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

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE is not entering into a capitalized lease arrangement.

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.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

An acceptable Phase One Environmental Study will be required.

DRAFT LEASE:

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

**LEASE CONTINGENCY/
OPTION PAYMENTS:**

The Lease shall be contingent upon Tenant's award of a Certificate of Need (CON). Tenant shall be responsible to promptly take all actions reasonably needed to obtain such CON. Tenant acknowledges that Landlord intends on acquiring the subject property solely for Tenant's use, and as such Landlord shall not close on the acquisition until such time that Tenant obtains its CON.

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.

COMMISSION:

Cushman and Wakefield of IL will be paid a commission by Landlord pursuant to a separate commission agreement.

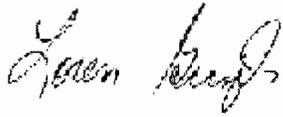
NON-BINDING NATURE:

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 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.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
E-mail: loren.guzik@cushwake.com

AGREED AND ACCEPTED this _____ day of _____, 2015

By _____

Title: _____

AGREED AND ACCEPTED this _____ day of _____, 2015

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: *Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Beverly Ridge**

Address: *920 Winter Street, Waltham, MA 02451*

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <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 |

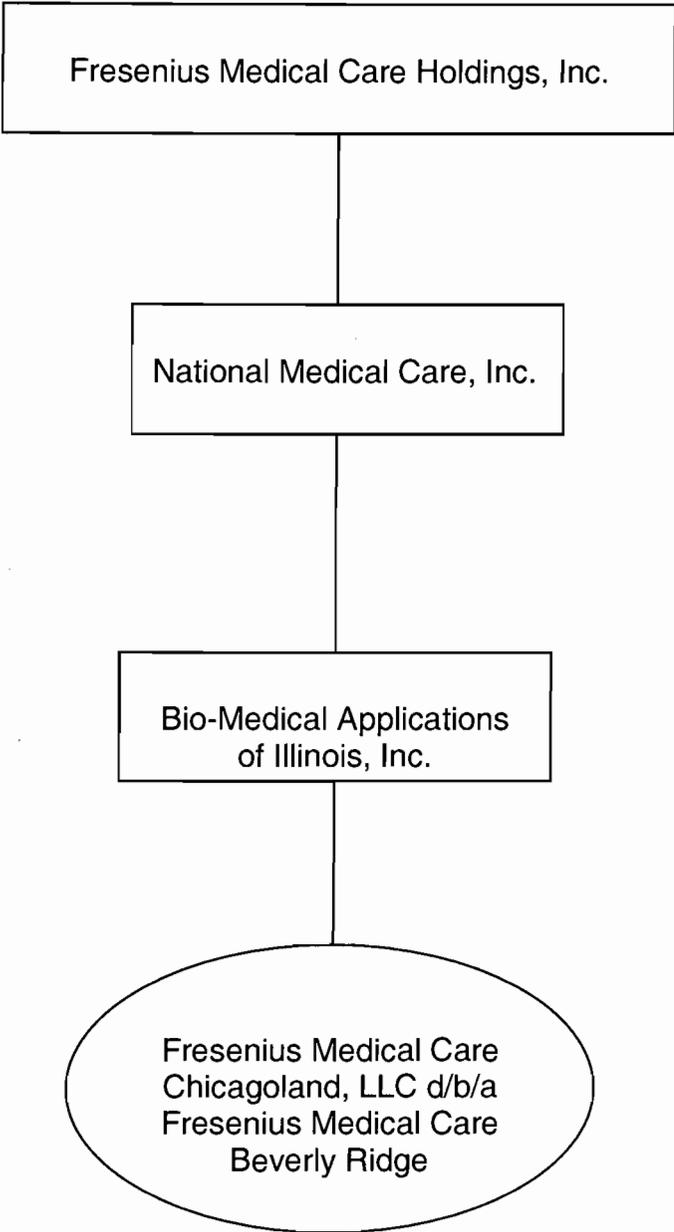
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Ownership

Bio-Medical Applications of Illinois, Inc. has a 60% membership interest in Fresenius Medical Care Chicagoland, LLC.

AIN Ventures, LLC has a 40% membership interest in Fresenius Medical Care Chicagoland, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.



Flood Plain Requirements

The proposed site for the establishment of Fresenius Medical Care Beverly Ridge complies with the requirements of Illinois Executive Order #2005-5. The site, 9914-9928 S. Vincennes, Chicago, is not located in a flood plain as can be seen on the FEMA flood plain map below.





**Illinois Historic
Preservation Agency**

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

FAX (217) 524-7525

www.illinoishistory.gov

Cook County

Chicago

CON - Lease to Establish a 16-Station Dialysis Clinic

9928 S. Vincennes Ave.

IHPA Log #006072315

August 5, 2015

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 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	78,500
Temp Facilities, Controls, Cleaning, Waste Management	3,900
Concrete	20,000
Masonry	24,000
Metal Fabrications	11,700
Carpentry	138,000
Thermal, Moisture & Fire Protection	28,000
Doors, Frames, Hardware, Glass & Glazing	107,400
Walls, Ceilings, Floors, Painting	253,400
Specialities	19,600
Casework, Fl Mats & Window Treatments	9,400
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	502,000
Wiring, Fire Alarm System, Lighting	302,500
Miscellaneous Construction Costs	70,899
Total	1,569,299
Contingencies	
	\$150,352
Architecture/Engineering Fees	
	\$170,000
Moveable or Other Equipment	
Dialysis Chairs	35,000
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	30,000
Water Treatment	180,000
TVs & Accessories	85,000
Telephones	22,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	15,000
Total	427,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (9,397 GSF)	2,778,152
FMV Leased Dialysis Machines	257,850
FMV Leased Office Equipment	15,000
	\$3,051,002
Grand Total	\$5,367,653

Itemized Costs
ATTACHMENT - 7

Project Status and Completion Schedules

- Anticipated completion date is June 30, 2017.
- Project obligation will occur after permit issuance.
- **List of Current CON Permits**

Project Number	Name	Project Type	Completion Date
#12-029	Fresenius Medical Care SW Illinois	Relocation	05/01/2015
#12-095	Fresenius Medical Care Waterloo	Establishment	02/28/2015
#12-098	Fresenius Medical Care Maple City	Establishment	02/28/2015
#14-012	Fresenius Medical Care Gurnee	Relocation/Expansion	12/31/2015
#14-019	Fresenius Medical Care Summit	Establishment	12/31/2015
#13-040	Fresenius Medical Care Lemont	Establishment	09/30/2016
#14-041	Fresenius Medical Care Elgin	Expansion	06/30/2016
#14-026	Fresenius Medical Care New City	Establishment	06/30/2016
#14-047	Fresenius Medical Care Humboldt Park	Establishment	12/31/2016
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016
#15-001	Fresenius Medical Care Steger	Expansion	12/31/2016
#15-022	Fresenius Medical Care Blue Island	Expansion	12/31/2016
#15-024	Fresenius Medical Care Chicago	Change of Ownership	01/31/2016
#15-034	Fresenius Medical Care South Holland	Expansion	12/31/2015
E-006-15	Fresenius Medical Care Gurnee	Change Of Ownership	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
REVIEWABLE							
In-Center Hemodialysis	\$4,288,840		7,350		7,350		
Total Clinical	\$4,288,840		7,350		7,350		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,078,813		2,047		2,047		
Total Non-clinical	\$1,078,813		2,047		2,047		
TOTAL	\$5,367,653		9,397		9,397		

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.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Medical Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include services relating to pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

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 \$22,000 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.

FRESENIUS MEDICAL CARE

TOP
education

Treatment Options Program

Treatment Options Program

For People with
Chronic Kidney Disease

Fresenius Medical Care

FRESENIUS MEDICAL CARE

TOP
education

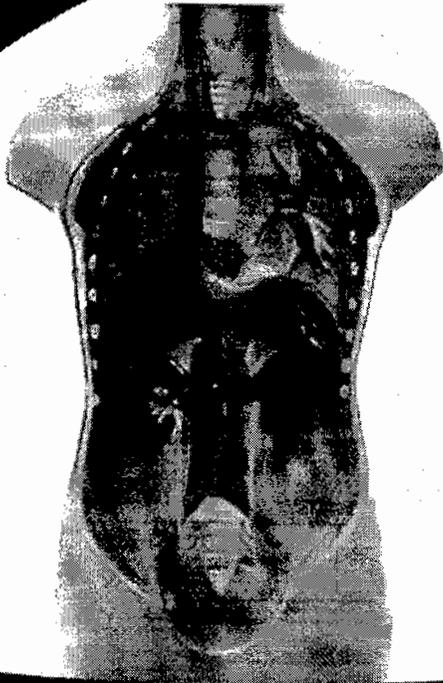
Treatment Options Program

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

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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.



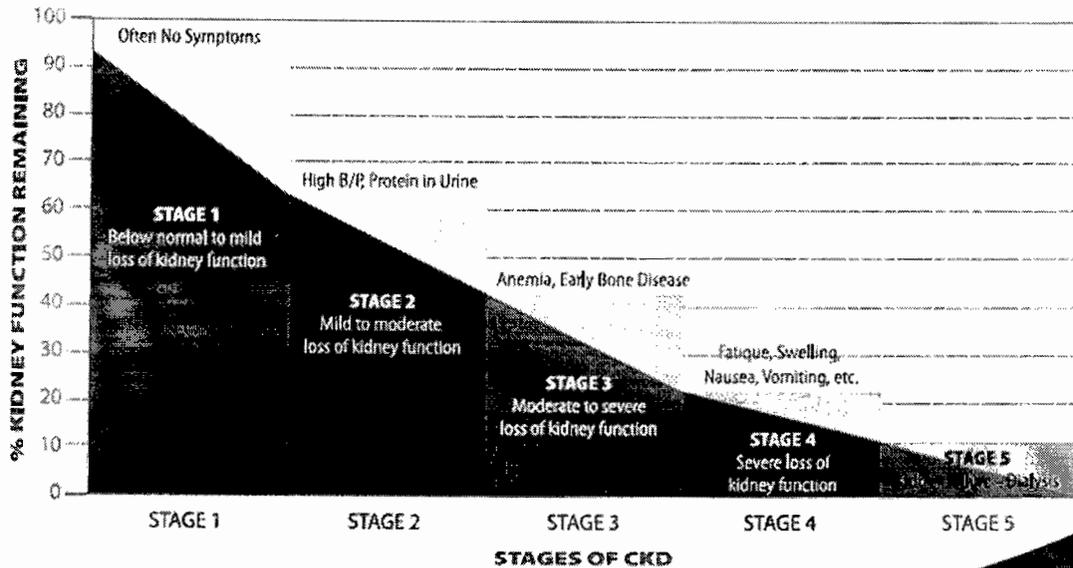
What is Chronic Kidney Disease (CKD)?

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

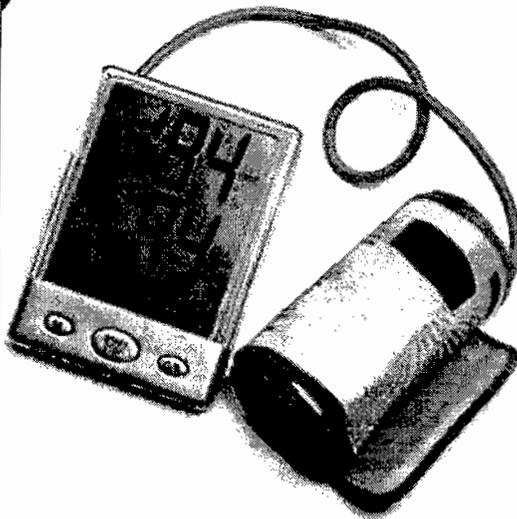
Stage V CKD or End-Stage Renal Disease (ESRD) is commonly referred to as "kidney failure."

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.

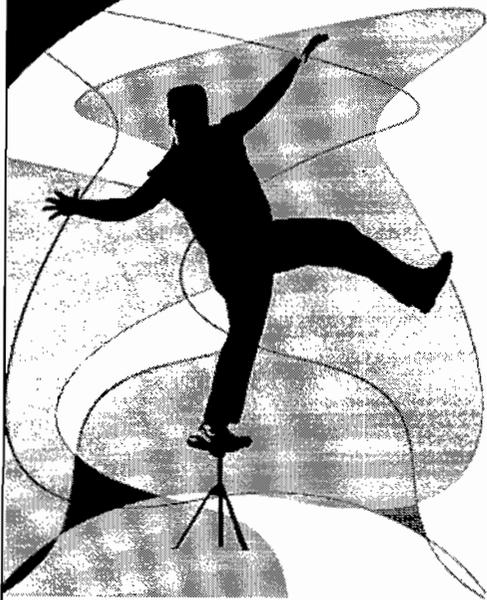
The progression of CKD



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



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 (2005 data report)

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

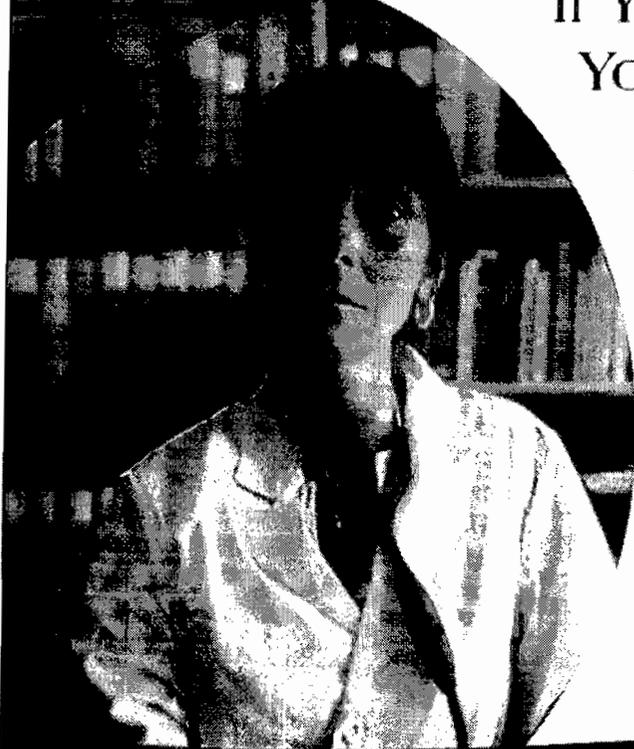
Fresenius Medical Care



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.

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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).

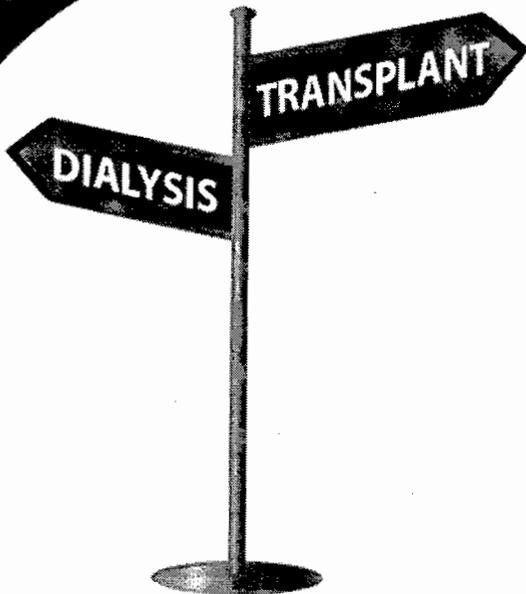


Managing Your CKD

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



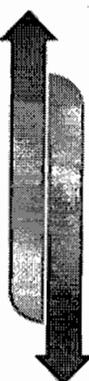


Caring for the Donated Kidney

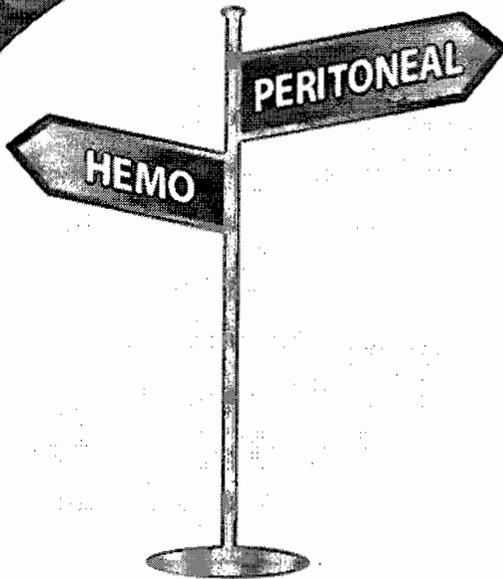
- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
 - Diet
 - Activity
- Watch for signs of potential problems.



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

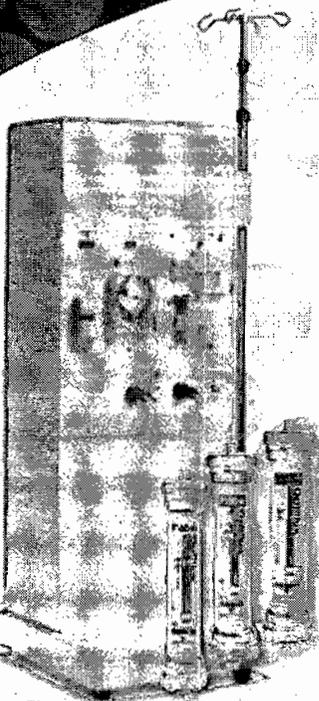
The Dialysis Options



- 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

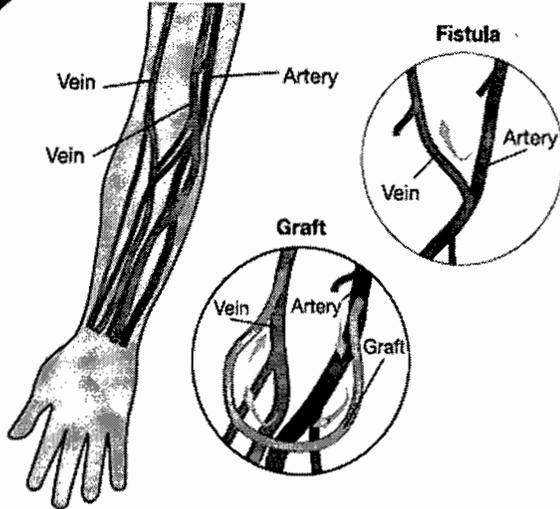


- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount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

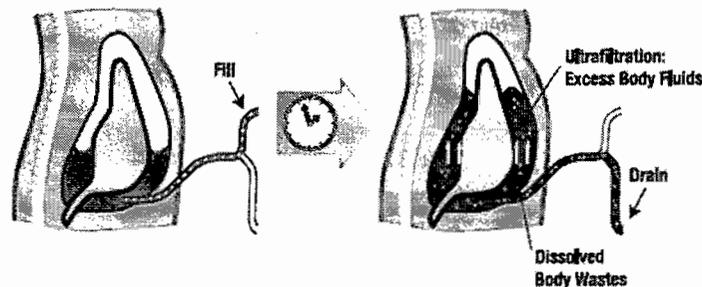
- Therapy performed by trained clinicians
 - No equipment or supplies needed at home
 - Opportunity for more frequent social interaction with other dialysis patients
- 
- Patient must travel to the clinic usually 3 times per week
 - Patients are on a fixed schedule to receive their therapy



Home Hemodialysis Option

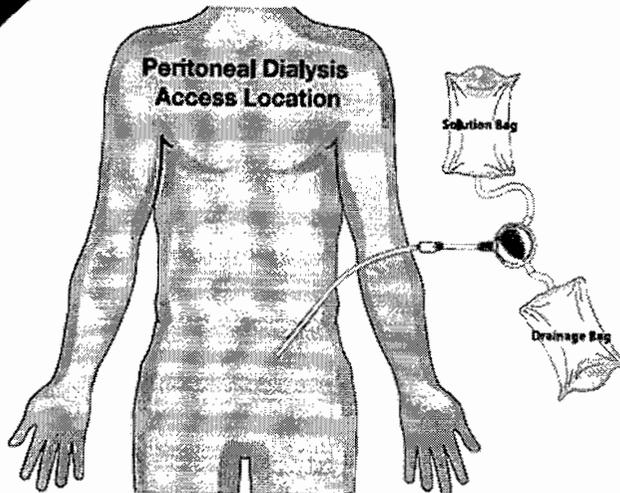
- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- 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)

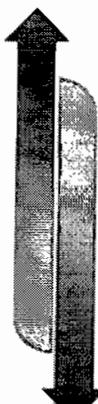
- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange

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.

Certification & Authorization

Fresenius Medical Care Chicagoland, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Chicagoland, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information 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: John A. Jurek

ITS: REGIONAL VICE PRESIDENT

Notarization:

Subscribed and sworn to before me
this 26th day of August 2015

Candace M. Turoski
Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information 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
Senior Vice President & Treasurer

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

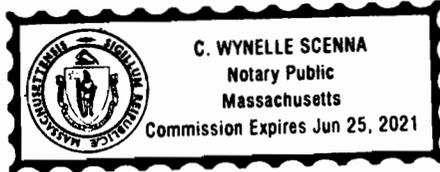
Signature of Notary

C Wynelle Scenna

Signature of Notary

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

Clinic	Provider #	Address	City	Zip
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
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	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
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
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	142782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
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

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
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
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
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	-	624 Voris-Jost Drive	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
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527

Criterion 1110.230 – Purpose of Project

1. The purpose of the Beverly Ridge project is to provide access to life-sustaining dialysis services in a Federally Designated Medically Underserved Area (MUA) on the far southwest side of Chicago and to address the determined need for 122 ESRD stations in HSA 6. The majority of clinics in south/southwest Chicago are full and additional stations are needed to address the lack of access to dialysis in these underserved neighborhoods.
2. The facility will be located in the Washington Heights neighborhood which is between the village of Evergreen Park and Chicago neighborhoods of Beverly, Roseland and Chatham. The area is densely populated with an above average prevalence of ESRD patients, causing high clinic utilization in a MUA.
3. Nearly all of the facilities within a five mile radius of the proposed Beverly Ridge facility are above 80% utilization and some are at capacity. The result is no access in a medically underserved area that experiences a high rate of end stage renal disease (ESRD).
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 Associates in Nephrology. Area MUA/MUP data was obtained from the Health Resources and Services Administration.
5. The proposed 16-station facility will lie in the center of a triangle of over utilized clinics consisting of Fresenius Evergreen Park (92%), Chatham (82%) and Roseland (99%). Associates in Nephrology (AIN), physicians supporting this project are Medical Directors at these three clinics that are treating over three hundred patients. Establishing a facility in this underserved area where access to dialysis is almost unavailable due to the utilization levels at existing area clinics. Convenient access to healthcare services reduces overall healthcare costs as patients are more likely to make and keep health related appointments. Missed dialysis treatments are reduced when patients can access a clinic near their home. Missed dialysis treatments relate to increased hospital visits and worsening of patient's co-morbid conditions and lower quality of life.
6. The goal of Fresenius Medical Care is to provide dialysis accessibility to a large patient population residing in a MUA/MUP and to 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 nearby Evergreen Park, Roseland and Chatham facilities as listed below.
 - 90% of patients had a URR \geq 65%
 - 95% of patients had a Kt/V \geq 1.2

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. (Fresenius Medical Care has already expanded area clinics that have capability). This is not feasible because area clinics are full and have no additional access for new patients and **there are 239 pre-ESRD patients identified from this immediate area**. Action needs to be taken now to maintain access to dialysis treatment to these underserved neighborhoods of south/southwest Chicago. While this option has no monetary cost, the cost is to the patients who have no access 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.

This facility will be a joint venture between Bio-Medical Applications of Illinois, Inc. with 60% ownership and AIN Ventures, LLC with 40%. AIN Ventures, LLC members are part of the Associates in Nephrology (AIN) physician practice in Chicago and the north and south suburbs.

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

Facility	June 2015 Utilization	Expandable?
Fresenius Chatham	82.29%	Cannot Expand
Fresenius Evergreen Park	92.22%	Cannot Expand
Fresenius Roseland	98.61%	Cannot Expand
Fresenius Blue Island	74.40%	Just added 4 stations
Fresenius Greenwood	81.55%	Cannot Expand
DaVita Beverly	94.79%	Just added 2 stations
DaVita Mt. Greenwood	103.13%	Unknown
Fresenius Merrionette Park	72.22%	Just added 6 stations
DaVita Stony Island	72.92%	Unknown
Fresenius Garfield	81.82%	Cannot Expand

There is no reasonable access to dialysis services for the residents of Washington Heights who begin dialysis. The facilities serving this area are mostly full. Some have already expanded to capacity and others are unable to expand. The 239 pre-ESRD patients identified who live in this area will have to travel long distances outside of their healthcare market for services which is not in the best interest of the patients considering this is a medically underserved area with patient populations at risk because of economic barriers.

The alternative of utilizing other providers may seem like a logical one, given the number of facilities that are underutilized beyond the Washington Heights market and within 30 minutes. However, this is a very misleading finding for the City of Chicago, which is one of the largest cities in the United States. MapQuest travel times, even adjusted; simply 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 that someone is travelling only by car and will travel on the highly congested Chicago freeways, which most ill/elderly dialysis patients would not do. However, in the City many individuals utilize public transportation (19% of Washington Heights residents rely on public transportation). This is particularly true in certain neighborhoods where many people do not own cars, let alone use them regularly. This would be true of Washington Heights.

Also, the complexity and number of dialysis clinics operating in the City make it impossible for nephrologists to travel to all of them within 30 minutes. This means that if patients of Dr. Simpson have to go outside of the area for treatment they would likely have to see a new nephrologist. It is costly, and detrimental to quality of care, for a chronically ill patient who has been seeing a physician in some cases for years, to have to make a switch at a critical time – when beginning dialysis. Therefore the alternative of allowing the patients to use other health care facilities is not a truly viable alternative in this instance. There is no monetary cost to this alternative.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the underserved Washington Heights area market is to establish the Fresenius Beverly Ridge facility centrally located between the facilities AIN admits to that are full. The cost of this project is \$5,367,653.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	At most area clinics there is NO access. Those with some access are nearing capacity. Eventually there will be no access to dialysis services in the underserved Washington Heights area.	If patients miss treatments due to lack of access, individual patient quality will likely decline.	Increased transportation costs as patients must travel to other areas for treatment.
Joint Venture	\$5,367,653	This facility will be a joint venture; however the fact that it is a joint venture does not have any effect on patient access, quality or costs. The total project costs will be shared between Bio-Medical Applications of Illinois, Inc. and AIN Ventures, LLC.		
Utilize Area Providers	\$0	Area clinics are full and have no access for additional patients. Patients from this underserved area will have to travel out of market for services causing transportation issues.	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.
Establish Fresenius Medical Care Beverly Ridge (Washington Heights)	\$5,367,653	Access to dialysis services will be maintained in this underserved market area of Chicago with an above average prevalence of ESRD.	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. Fresenius Medical Care Evergreen Park, Chatham and Roseland, where AIN physicians are Medical Director, have achieved average adequacy outcomes of:

- 90% of patients had a URR \geq 65%
- 95% of patients had a Kt/V \geq 1.2

and same is expected for Fresenius Medical Care Beverly Ridge.

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,350 (16 Stations)	7,200 – 10,400 BGSF	None	Yes
Non-clinical	2,047	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 7,200 – 10,400 BGSF. The proposed 7,350 BGSF for the in-center hemodialysis space falls within this range therefore meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	IN-CENTER HEMODIALYSIS	N/A New Facility	68%	80%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS		80%	80%	Yes

Dr. Simpson has identified 239 pre-ESRD patients who live in Washington Heights and nearby neighborhoods on the south/southwest side of Chicago who will likely be referred to the Beverly Ridge facility in the first two years of operation. There will potentially be patients transferred from other area facilities (Evergreen Park, Roseland, & Chatham) resulting in a shifting of patients in the area. It is evident though, that there are more than enough patients to bring the Beverly Ridge facility to the 80% Board target utilization within 2 years.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Medical Care Beverly Ridge ESRD facility is located in HSA 6 which is comprised of the City of Chicago. According to the August 2015 Inventory there is a need for an additional 122 ESRD stations in HSA 6 and Thereby meets the need criterion.

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 Washington Heights on the southwest side of Chicago. 100% of the pre-ESRD patients identified for the Beverly Ridge facility reside in HSA 6.

County	HSA	Pre-ESRD Patients Who Will Be Referred To Fresenius Medical Care Beverly Ridge
Chicago/Cook Co	6	216 – 90%
Suburban Cook Co	7	23 – 10%

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

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CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

September 10, 2015

Ms. Kathy Olson
Chair
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist in practice with Associates in Nephrology (AIN). My partners and I have over 2,000 dialysis patients that we serve in the Chicago-land area. I am also the Medical Director of the Fresenius South Chicago dialysis facility. I am in full support of the proposed 16-station Fresenius Medical Care Beverly Ridge facility. The nearest surrounding facilities that I see patients at (Roseland, Chatham & Evergreen Park) are all full. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure. This is clearly evidenced by the high utilization of dialysis facilities in this area. Additional access is needed for our patients who will need to begin dialysis in the next few years.

In the south Chicago area AIN was treating 545 hemodialysis patients at the end of 2012, 625 patients at the end of 2013, 688 patients at the end of 2014, and 673 as of the most recent quarter. Over the past twelve months AIN referred 282 new patients for hemodialysis services to the

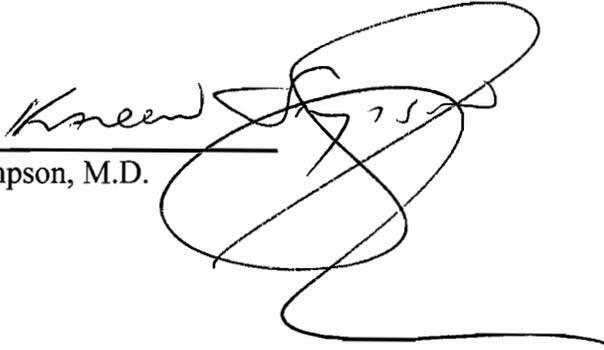
facilities listed on the following pages. Nearly all of these facilities are near or at capacity making it difficult for our new dialysis patients to find access near their home as well as suitable treatment schedule times. AIN currently has 239 pre-ESRD patients that live in the immediate Washington Heights area who will

require dialysis services within 24 months of the completion of Fresenius Beverly Ridge and will likely be referred there (see attached list of patients).

I strongly urge the Board to approve Fresenius Medical Care Beverly Ridge in order to keep access available to dialysis services in this underserved area experiencing a high prevalence of ESRD. Thank you for your consideration.

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

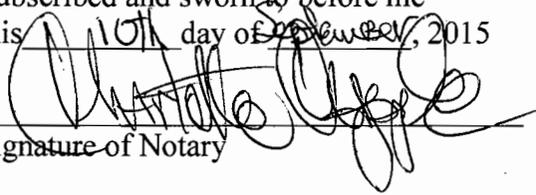
Sincerely,



Kareen Simpson, M.D.

Notarization:

Subscribed and sworn to before me
this 10th day of November, 2015



Signature of Notary

Seal



PRE - ESRD PATIENTS TO BE REFERRED TO BEVERLY RIDGE

Zip Code	Pre-ESRD Patients
60406	5
60619	41
60620	64
60628	60
60643	38
60652	11
60655	2
60803	4
60805	3
60827	11
Total	239

ADMISSIONS OF AIN FOR 8/01/2014 THROUGH 07/31/2015

Zip Code	Fresenius Medical Care Facilities														Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	South Side		Concerto
60085				1												1
60172			1													1
60402															1	1
60406		3														3
60409		1										3				4
60411			1													1
60415				1												1
60419						1										1
60426								1							1	2
60428															2	2
60432				1												1
60443						1										1
60445	1														1	2
60453			2													2
60455															1	1
60457			2													2
60458			1					1								2
60459			3	1												4
60471			1													1
60477				1												1
60482				1												1
60501			1													1
60611			1													1
60615											1	1				2
60617				2	1	3	3		1			26	3			39
60619				2	6		4				2	3	2		2	21
60620			1	9	7		1				3			1		22
60621				1	1		1		1		8		1			13
60622				1												1
60623			1		1											2
60624	1		1			1										3
60628	1	2		4	5	7	4		14			3				40
60629			4					1				1		1		7
60632			2					3			1			2		8
60633						1						1				2
60636					1	2					6	1				10
60637				1	2						3					6
60638			3					5								8
60643			1	11	2										1	15
60644				2												2
60649				1			1					1	8			11
60652			1	2										2		5
60655					1										1	2
60714			1													1
60803	1															1
60804											1					1
60805			1	2												3
60827	2	2	1	1												6
Total	7	8	30	46	30	16	14	10	1	17	28	43	15	6	11	282

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2012

Zip Code	Fresenius Medical Care Facilities													Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	Southside			
60016												1				1
60061			1													1
60406	1	4		2												7
60409				4					1							5
60419				1												1
60423								1								1
60426	2			1											1	4
60428	1														1	2
60429	2										1					3
60430						1										1
60435			1													1
60445				1											4	5
60453			6	4												10
60455			2				1									3
60457	1		1													2
60459			6	1												7
60466															1	1
60471		1														1
60472	2			1												3
60473				1												1
60478	1											1			2	4
60501			1													1
60609			2	2			1			1	3					9
60615				2		1						1				4
60616			1			1					3	1				6
60617			2	6		4			1		59	8			1	81
60619	1		1	1	1	16					6	3				29
60620		1	13	28	2	5			2	2	4	3				60
60621			2	3		3			1	2	1	2				14
60624												1				1
60626				1												1
60627									1							1
60628	1	5	1	26	1	7			14	1	8	10				74
60629	1		18	1					3	1	1	1	1			28
60632			7						1							8
60636	1	1	5	3						2	3		1			16
60637				2		2				1	1	5				11
60638			3													5
60640																1
60643	5	2	2	22		3	1		9		2	1	1			48
60649				3		7				1	8	16				35
60651	1															1
60652			6	2												8
60653			2	3		2			1		1	3				12
60655	1		1	1												3
60803															1	1
60804			1													1
60805				4												4
60827		1	1	6		1			2		2	5				18
Total	21	15	86	132	4	53	10	1	33	11	103	62	3	11	545	

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IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2013

Zip Code	Fresenius Medical Care Facilities												Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore			
46410											1				1
60016												1			1
60061			1												1
60405			1												1
60406	1	5		3											9
60409	1			4							1		1		7
60419				2					1		1		2		6
60423									1						1
60426	2			1											3
60428	1												1		2
60429	1														1
60430						1									1
60435			1												1
60438					1										1
60445													2		2
60453			7	3											10
60455			4				1								5
60457			1												1
60459			7	1								1			9
60466					1								1		2
60472	2			1											3
60473						1									1
60478	1	1										1	2		5
60501			2				1								3
60605								1							1
60609			3	3					1	2					9
60615				2		1									4
60616			1								1	1			3
60617			1	3	5	4		1	1	64	9	1			89
60618					1										1
60619	1		1	3	7	16					11	3			42
60620			7	38	18	2		1	1		2	2			71
60621			4	2	2	3			1	2	2	1			17
60623			1												1
60625					1										1
60626				1											1
60627								1							1
60628	1	11	2	27	10	5		16			9	7			88
60629			17	1	1		1			1	1	1			23
60631										1					1
60632			9				1								10
60636		1	3	3	1					4	3				15
60637					3	3				1	1	5			13
60638			3				3								6
60643	3	6	5	22	2	3		7			1	1			50
60644								1							1
60649				3	3	7					5	23			41
60651	1														1
60652			8	5	1										14
60653			2	2	1	2					2				9
60655	1		1	2											4
60803	1												1		2
60804			1	1											2
60805				4				1							5
60827		3	1	9	1			1			3	4			22
Total	17	27	94	146	59	48	7	2	32	11	110	61	11		625

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2014

Zip Code	Fresenius Medical Care Facilities														Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	Southside			
60061			1														1
60402								1									1
60405			1														1
60406		8		1													9
60409	1	1		2		1										1	6
60417					1												1
60419				2								1					3
60423									1								1
60426	2	1		1					1							1	6
60428	1															1	2
60429	1															1	2
60430								1									1
60435			1														1
60438					1												1
60443						1											1
60445	1															1	2
60453			8	2													10
60455			3					1								1	5
60457			2														2
60458			1														1
60459			12	2				1					1				16
60471					1					1							2
60472	2			1													3
60473				1													1
60477									1								1
60478	1												1			1	3
60501			1					1									2
60609			2	1							1	1					5
60615				1				1					1				3
60616												1					1
60617			1	4	5	6	5			2	1	65	8				97
60619			1	6	10	1	21			1		15	4				59
60620			7	41	21	6	3		1	2		1	3				79
60621			3	2	2		3					2		3		1	16
60623			2														2
60626				1													1
60628	3	11	2	31	11	2	8			19	1	6	7				101
60629			17	2	2			1			1		1				24
60632			6					1									7
60633						1						1					2
60636		1	4	3	3	1					7	3					22
60637					3		2				3	1	5				14
60638			4					5									9
60643	2	5	3	25	3		2			5		1					46
60644				1						1							2
60649				3	3		4					7	28				45
60652			9	6											2		17
60653			2	2	3		1					2					10
60655	1		1	2													4
60680													1				1
60690				1													1
60803	2															1	3
60804			1	1													2
60805			1	7						1							9
60827		4	1	8	1					1		2	3			1	21
Total	17	31	97	160	70	13	51	11	4	33	16	107	66	2	10	10	688

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 2ND QUARTER 2015

Zip Code	Fresenius Medical Care Facilities														Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	South Side		Concerto Dialysis
60061			1													1
60085				1												1
60169													1			1
60402								1								1
60405			1													1
60406		9		1	1											11
60409	1	1		2		1						1			1	7
60415				1												1
60419				2		1						1				4
60423										1						1
60426	2	1		1						1					1	6
60428	1														2	3
60429	1															1
60430							1									1
60432				1												1
60435			1													1
60443						1										1
60445	1														3	4
60453			7	2												9
60455	1		5												1	7
60457			2													2
60458			2													2
60459			10	1				1								12
60471					1					1						2
60472	2			1												3
60473				1												1
60477				1						1						2
60478	1												1		1	3
60501								1								1
60609			1	1						1	1					4
60615				1			1				1	1				4
60616						1										1
60617				3	5	6	7			1	1	59	7			89
60619			1	7	13	1	24			1		13	5			65
60620		1	3	40	22		2		1	1		1	3	1		75
60621			2	3	1		2			1	2		2			13
60623			1													1
60626				1												1
60628	3	12	1	30	12	1	7			22	1	8	4		1	102
60629			11	2	2			2			1					18
60632			4					2								8
60633						1						1				2
60636		1	3	2	4						6	4				20
60637				1	4		1				3	1	4			14
60638			4					3								7
60643	2	5	3	24	3		2			5						44
60644				1						1						2
60649	1			3	4		3					6	26			43
60652			7	7										2		16
60653			2	2	1		1					2				8
60655	1		1	2												4
60680													1			1
60690				1												1
60803	3														1	4
60804			1	1												2
60805			1	6						1				1		9
60827	2	6		10	1							1	4			24
Total	22	36	75	163	74	13	51	10	4	34	15	100	59	6	11	673

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Service Accessibility – Service Restrictions

The proposed Fresenius Medical Care Beverly Ridge’s 16 ESRD stations are necessary to improve access for residents of the south/southwest side of Chicago in the medically underserved Washington Heights neighborhood. As of the August 2015 station inventory there is a need for an additional 122 stations in HSA 6, City of Chicago.

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

Existing Facilities

Facility	Address	City	Zip Code	MapQuest		Adj. Time x 1.25	Stations	Jun-15 Patients	Jun-15 Util
				Miles	Time				
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	2.32	6	7.5	16	79	82.29%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	2.41	6	7.5	30	166	92.22%
Fresenius Roseland	132 W 111th St	Chicago	60628	3	7	8.75	12	71	98.61%
Fresenius Blue Island	12200 Western Ave	Blue Island	60406	3.56	8	10	28	125	74.40%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	4.34	8	10	28	137	81.55%
DaVita Beverly	8109 S Western Ave	Chicago	60620	3.8	9	11.25	16	91	94.79%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	4.07	9	11.25	16	99	103.13%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	4.4	9	11.25	24	104	72.22%

The chart above shows the closest facilities (under 5 miles, which is a considerable distance when travelling in the City of Chicago especially via public transportation) to the proposed Beverly Ridge facility. The average utilization of these clinics is 87% as of June 2015. At this rate, there is no reasonable access in the Washington Heights neighborhood and surrounding neighborhoods.

This area is simply saturated with ESRD patients and additional access is needed here. While there may be access outside of this area, it does not make sense to make the patients who live here travel outside of their market/neighborhoods, just because the clinics near them are full. The goal, with the patient in mind, is to maintain access where needed, not shift it elsewhere or diminish it.

Area Population

The Washington Heights market and surrounding areas are Federally Designated Underserved Areas. Specifically, Washington Heights is an underserved area consisting of low income residents and a Medically Underserved Population (MUP). MUPs include groups of persons who face economic, cultural or linguistic barriers to health care in the District and reside in a specific geographic area.) Washington Heights is 73% African American and includes a growing Asian-American population.

Patient Payor Status

Due to the area’s low income status, patients here are often uninsured or are Medicaid recipients. 10% of the residents of Washington Heights have no health insurance and 36% of residents rely on Public Aid. The Evergreen Park, Roseland and Chatham facility’s average number of Medicaid reimbursed treatments is 9%. These patients are truly the disadvantaged and are in need of additional access to dialysis treatment in their market and Fresenius Medical Care is ready and willing to respond to that need. Fresenius accepts all patients regardless of ability to pay.

Facilities Within 30 Minutes Travel Time of Fresenius Beverly Ridge by MapQuest

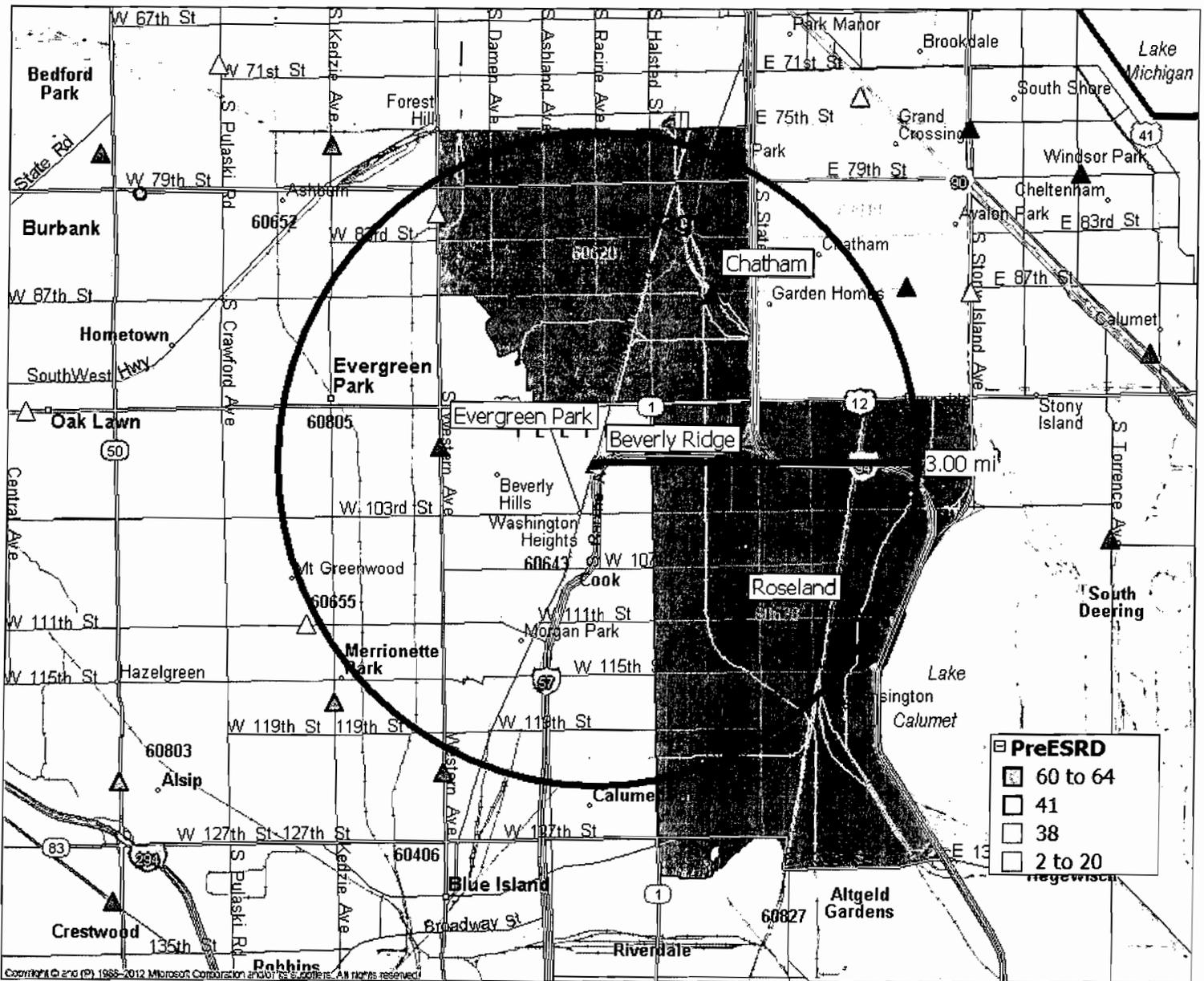
Facility	Address	City	Zip Code	MapQuest		Adj. Time x 1.25	Stations	Jun-15 Patients	Jun-15 Util
				Miles	Time				
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	2.32	6	7.5	16	79	82.29%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	2.41	6	7.5	30	166	92.22%
Fresenius Roseland	132 W 111th St	Chicago	60628	3	7	8.75	12	71	98.61%
Fresenius Blue Island	12200 Western Ave	Blue Island	60406	3.56	8	10	28	125	74.40%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	4.34	8	10	28	137	81.55%
DaVita Beverly	8109 S Western Ave	Chicago	60620	3.8	9	11.25	16	91	94.79%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	4.07	9	11.25	16	99	103.13%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	4.4	9	11.25	24	104	72.22%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	5.24	9	11.25	32	140	72.92%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	7.15	9	11.25	22	108	81.82%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	5.65	10	12.5	12	64	88.89%
Fresenius So Deering	10559 S Torrence Avenue	Chicago	60617	5.76	10	12.5	20	45	37.50%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	6.46	11	13.75	24	104	72.22%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.77	11	13.75	32	126	65.63%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	5.03	12	15	16	84	87.50%
Fresenius So Chicago	9212 S South Chicago Ave	Chicago	60617	6.49	12	15	36	162	75.00%
DaVita Emerald	710 W 43rd St	Chicago	60609	9.28	12	15	24	114	79.17%
Fresenius Southside	3134 W 76th St	Chicago	60652	5.54	13	16.25	39	208	88.89%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	5.75	13	16.25	16	80	83.33%
Davita Stoney Creek	5433 W. 95th St	Oak Lawn	60453	6.11	14	17.5	12	68	94.44%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	6.75	14	17.5	20	83	69.17%
Fresenius So Shore	2420 E 79th St	Chicago	60649	7.33	14	17.5	16	71	73.96%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	9.07	14	17.5	32	129	67.19%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	10.45	14	17.5	27	142	87.65%
DaVita Country Club Hills	4215 W 167th	Country Club Hills	60478	11.06	14	17.5	24	106	73.61%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	11.81	14	17.5	24	110	76.39%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	60452	11.05	15	18.75	12	41	56.94%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.89	16	20	36	144	66.67%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	7.11	16	20	12	66	91.67%
Fresenius Crestwood	4861 West Cal Sag Rd	Crestwood	60445	7.56	16	20	24	97	67.36%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	60445	10.4	16	20	9	38	70.37%
DaVita So Holland	16136 S Park Ave	South Holland	60473	12.85	16	20	20	120	100.00%
DaVita Loop	1101 S Canal St	Chicago	60607	12.88	16	20	28	94	55.95%
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	12.37	17	21.25	16	83	86.46%
Fresenius Polk	557 W Polk St	Chicago	60607	13	17	21.25	24	67	46.53%
Fresenius New City	4622 S Bishop	Chicago	60609	7.22	18	22.5	16	0	0
Fresenius Burbank	4811 W 77th Street	Burbank	60459	7.59	18	22.5	26	182	116.67%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	14.4	18	22.5	16	83	86.46%
DaVita Harvey	16657 Halsted St	Harvey	60426	16.14	18	22.5	18	66	61.11%
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429	13.45	19	23.75	19	92	80.70%
DaVita West Side	1600 W 13th Street	Chicago	60608	13.75	19	23.75	12	0	0
Rush Hospital	1653 W Congress Pkwy	Chicago	60612	14.45	19	23.75	5	10	33.33%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	15.46	19	23.75	42	141	55.95%
SAH Dialysis	3059 W 26th Street	Chicago	60623	15.8	19	23.75	15	25	27.78%
University of IL	1859 W Taylor St	Chicago	60612	14.15	20	25	26	142	91.03%
Fresenius So Holland	17225 Paxton Ave	South Holland	60473	14.73	20	25	19	98	85.96%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	14.8	20	25	27	109	67.28%
Stroger Cook Co	1901 W Harrison St	Chicago	60612	15.14	20	25	9	32	59.26%
DaVita Tinley Park	16767 S 80th Avenue	Tinley Park	60477	16.55	20	25	12	0	0
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443	17.39	20	25	24	86	59.72%
DaVita Chicago Ridge	10511 S Harlem	Worth	60482	9.83	21	26.25	16	0	0
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	14.41	21	26.25	31	90	48.39%
Fresenius West Willow	1444 W Willow St	Chicago	60622	16.27	21	26.25	12	38	52.78%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	16.65	21	26.25	30	98	54.44%
Fresenius Chicago	1806 W Hubbard Street	Chicago	60607	15.58	22	27.5	21	62	49.21%
DaVita Lawndale	3934 W 24th Street	Chicago	60623	17.45	23	28.75	16	55	57.29%
DaVita Chicago Hgts	177 E Joe Orr Rd	Chicago Heights	60411	19.9	23	28.75	16	78	81.25%
Mt Sinai	2700 W 15th St	Chicago	60608	16.3	24	30	16	85	88.54%

Facilities showing "0" utilization rate are not yet operating.

Demographics of 239 Pre-ESRD Patients Identified for Fresenius Beverly Ridge

Zip Code	Pre-ESRD Patients
60406	5
60619	41
60620	64
60628	60
60643	38
60652	11
60655	2
60803	4
60805	3
60827	11
Total	239

The majority of patients identified for the Beverly Ridge facility live within a three mile radius of the chosen site in Washington Heights. This site is an ideal location for additional access to dialysis therapies to alleviate overutilization at the three closest clinics Chatham, Evergreen Park and Roseland.





U. S. Department of Health and Human Services
Health Resources and Services Administration

Powered by the HRSA Data Warehouse

Print Close

Find Shortage Areas: HPSA & MUA/P by Address

Reported location: 9928 S Vincennes Ave, Chicago, Illinois, 60643
(---- Input location: 9928 s vincennes avenue, chicago, illinois 60643)

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	Auburn Gresham/Wash Heights/Chatham
Primary Care HPSA ID:	1179991757
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	16
Primary Care HPSA Designation Date:	1978/09/15
Primary Care HPSA Designation Last Update Date:	2012/09/17
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Auburn Gresham/Washington Heights
Mental Health HPSA ID:	7179991737
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	17
Mental Health HPSA Designation Date:	1995/05/15
Mental Health HPSA Designation Last Update Date:	2012/03/07
In a Dental Care Health Professional Shortage Area: No	
In a Medically Underserved Area/Population: Yes	
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:	730600 [Additional result analysis]
ZIP Code:	60643
Post Office Name:	Chicago
Congressional District Name:	Illinois District 01
Congressional District Representative Name:	Bobby L. Rush

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 8/18/2015) in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to <http://answers.hrsa.gov>.

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES
2009-2013 American Community Survey 5-Year Estimates

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.

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.

Versions of this table are available for the following years:

- 2013
- 2012
- 2011

Subject	ZCTA5 60643			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	51,836	+/-1,587	51,836	(X)
Male	23,621	+/-916	45.6%	+/-0.9
Female	28,215	+/-929	54.4%	+/-0.9
Under 5 years	3,032	+/-354	5.8%	+/-0.6
5 to 9 years	3,310	+/-433	6.4%	+/-0.7
10 to 14 years	3,984	+/-475	7.7%	+/-0.8
15 to 19 years	3,400	+/-397	6.6%	+/-0.7
20 to 24 years	2,976	+/-388	5.7%	+/-0.7
25 to 34 years	4,910	+/-720	9.5%	+/-1.3
35 to 44 years	6,358	+/-568	12.3%	+/-0.9
45 to 54 years	7,947	+/-472	15.3%	+/-0.9
55 to 59 years	3,533	+/-315	6.8%	+/-0.6
60 to 64 years	3,393	+/-331	6.5%	+/-0.7
65 to 74 years	4,241	+/-299	8.2%	+/-0.6
75 to 84 years	3,399	+/-301	6.6%	+/-0.6
85 years and over	1,353	+/-227	2.6%	+/-0.5
Median age (years)	42.1	+/-1.8	(X)	(X)
18 years and over	39,260	+/-1,072	75.7%	+/-1.2
21 years and over	37,409	+/-1,044	72.2%	+/-1.4
62 years and over	10,862	+/-467	21.0%	+/-1.2
65 years and over	8,993	+/-394	17.3%	+/-0.9
18 years and over	39,260	+/-1,072	39,260	(X)
Male	17,498	+/-658	44.6%	+/-1.0
Female	21,762	+/-675	55.4%	+/-1.0
65 years and over	8,993	+/-394	8,993	(X)
Male	3,399	+/-261	37.8%	+/-2.4
Female	5,594	+/-326	62.2%	+/-2.4
RACE				
Total population	51,836	+/-1,587	51,836	(X)
One race	50,892	+/-1,575	98.2%	+/-0.5
Two or more races	944	+/-269	1.8%	+/-0.9

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American Factfinder - Results

One race	50,892	+/-1,575	98.2%	+/-0.5
White	13,003	+/-1,000	25.1%	+/-1.7
Black or African American	37,540	+/-1,371	72.4%	+/-1.7
American Indian and Alaska Native	39	+/-34	0.1%	+/-0.1
Cherokee tribal grouping	0	+/-27	0.0%	+/-0.1
Chippewa tribal grouping	6	+/-10	0.0%	+/-0.1
Navajo tribal grouping	0	+/-27	0.0%	+/-0.1
Sioux tribal grouping	0	+/-27	0.0%	+/-0.1
Asian	117	+/-106	0.2%	+/-0.2
Asian Indian	28	+/-47	0.1%	+/-0.1
Chinese	4	+/-10	0.0%	+/-0.1
Filipino	84	+/-95	0.2%	+/-0.2
Japanese	0	+/-27	0.0%	+/-0.1
Korean	0	+/-27	0.0%	+/-0.1
Vietnamese	0	+/-27	0.0%	+/-0.1
Other Asian	1	+/-4	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	0	+/-27	0.0%	+/-0.1
Native Hawaiian	0	+/-27	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-27	0.0%	+/-0.1
Samoan	0	+/-27	0.0%	+/-0.1
Other Pacific Islander	0	+/-27	0.0%	+/-0.1
Some other race	193	+/-94	0.4%	+/-0.2
Two or more races	944	+/-269	1.8%	+/-0.5
White and Black or African American	501	+/-181	1.0%	+/-0.3
White and American Indian and Alaska Native	75	+/-52	0.1%	+/-0.1
White and Asian	8	+/-12	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	221	+/-121	0.4%	+/-0.2
Race alone or in combination with one or more other races				
Total population	51,836	+/-1,587	51,836	(X)
White	13,685	+/-1,007	26.4%	+/-1.7
Black or African American	38,327	+/-1,412	73.9%	+/-1.7
American Indian and Alaska Native	375	+/-145	0.7%	+/-0.3
Asian	125	+/-106	0.2%	+/-0.2
Native Hawaiian and Other Pacific Islander	0	+/-27	0.0%	+/-0.1
Some other race	300	+/-134	0.6%	+/-0.3
HISPANIC OR LATINO AND RACE				
Total population	51,836	+/-1,587	51,836	(X)
Hispanic or Latino (of any race)	1,380	+/-374	2.7%	+/-0.7
Mexican	816	+/-328	1.6%	+/-0.6
Puerto Rican	281	+/-190	0.5%	+/-0.4
Cuban	28	+/-32	0.1%	+/-0.1
Other Hispanic or Latino	255	+/-172	0.5%	+/-0.3
Not Hispanic or Latino	50,456	+/-1,586	97.3%	+/-0.7
White alone	12,015	+/-1,053	23.2%	+/-1.8
Black or African American alone	37,376	+/-1,380	72.1%	+/-1.7
American Indian and Alaska Native alone	39	+/-34	0.1%	+/-0.1
Asian alone	117	+/-106	0.2%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	0	+/-27	0.0%	+/-0.1
Some other race alone	72	+/-63	0.1%	+/-0.1
Two or more races	837	+/-251	1.6%	+/-0.5
Two races including Some other race	22	+/-22	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	815	+/-246	1.6%	+/-0.5
Total housing units	20,151	+/-287	(X)	(X)

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Explanation of Symbols:

- 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.
- 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.
- An 'L' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
- An 'U' following a median estimate means the median falls in the upper interval of an open-ended distribution.
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- An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
- An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
- An '(X)' means that the estimate is not applicable or not available.

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.

DP03

SELECTED ECONOMIC CHARACTERISTICS
2009-2013 American Community Survey 5-Year Estimates

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.

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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.

		ZCTA5 60643			
Subject		Estimate	Margin of Error	Percent	Percent Margin of Error
1 - 137 of 137	EMPLOYMENT STATUS				
	Population 16 years and over	40,803	+/-1,045	40,803	(X)
	In labor force	24,338	+/-904	59.6%	+/-1.8
	Civilian labor force	24,338	+/-904	59.6%	+/-1.8
	Employed	20,649	+/-806	50.6%	+/-1.8
	Unemployed	3,689	+/-443	9.0%	+/-1.0
	Armed Forces	0	+/-27	0.0%	+/-0.1
	Not in labor force	16,465	+/-884	40.4%	+/-1.8
	Civilian labor force	24,338	+/-904	24,338	(X)
	Percent Unemployed	(X)	(X)	15.2%	+/-1.6
	Females 16 years and over	22,536	+/-679	22,536	(X)
	In labor force	12,725	+/-561	56.5%	+/-1.8
	Civilian labor force	12,725	+/-561	56.5%	+/-1.8
Employed	10,911	+/-515	48.4%	+/-2.0	
Own children under 6 years	3,425	+/-386	3,425	(X)	
All parents in family in labor force	2,401	+/-361	70.1%	+/-6.8	
Own children 6 to 17 years	8,127	+/-769	8,127	(X)	
All parents in family in labor force	6,335	+/-750	78.0%	+/-4.5	
COMMUTING TO WORK					
Workers 16 years and over	20,115	+/-818	20,115	(X)	
Car, truck, or van -- drove alone	13,530	+/-838	67.3%	+/-2.9	
Car, truck, or van -- carpooled	1,262	+/-244	6.3%	+/-1.2	
Public transportation (excluding taxicab)	3,813	+/-418	19.0%	+/-2.0	
Walked	394	+/-126	2.0%	+/-0.6	
Other means	185	+/-70	0.9%	+/-0.3	
Worked at home	931	+/-281	4.6%	+/-1.4	
Mean travel time to work (minutes)	34.8	+/-1.1	(X)	(X)	
OCCUPATION					
Civilian employed population 16 years and over	20,649	+/-806	20,649	(X)	
Management, business, science, and arts occupations	8,517	+/-614	41.2%	+/-2.7	
Service occupations	4,381	+/-556	21.2%	+/-2.4	
Sales and office occupations	4,945	+/-476	23.9%	+/-2.1	
Natural resources, construction, and maintenance occupations	1,244	+/-238	6.0%	+/-1.1	
Production, transportation, and material moving occupations	1,562	+/-238	7.5%	+/-1.1	

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Versions of this table are available for the following years:
 2013
 2012
 2011

INDUSTRY				
Civilian employed population 16 years and over	20,649	+/-806	20,649	(X)
Agriculture, forestry, fishing and hunting, and mining	8	+/-13	0.0%	+/-0.1
Construction	803	+/-215	3.9%	+/-1.0
Manufacturing	725	+/-206	3.5%	+/-1.0
Wholesale trade	354	+/-148	1.7%	+/-0.7
Retail trade	1,456	+/-286	7.1%	+/-1.4
Transportation and warehousing, and utilities	1,383	+/-216	6.7%	+/-1.1
Information	445	+/-140	2.2%	+/-0.7
Finance and insurance, and real estate and rental and leasing	1,704	+/-394	8.3%	+/-1.8
Professional, scientific, and management, and administrative and waste management services	2,137	+/-240	10.3%	+/-1.2
Educational services, and health care and social assistance	6,708	+/-458	32.5%	+/-2.0
Arts, entertainment, and recreation, and accommodation and food services	1,247	+/-260	6.0%	+/-1.2
Other services, except public administration	979	+/-217	4.7%	+/-1.0
Public administration	2,700	+/-390	13.1%	+/-1.8
CLASS OF WORKER				
Civilian employed population 16 years and over	20,649	+/-806	20,649	(X)
Private wage and salary workers	13,044	+/-813	63.2%	+/-2.7
Government workers	6,714	+/-584	32.5%	+/-2.7
Self-employed in own not incorporated business workers	891	+/-194	4.3%	+/-0.9
Unpaid family workers	0	+/-27	0.0%	+/-0.1
INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS)				
Total households	17,894	+/-355	17,894	(X)
Less than \$10,000	1,284	+/-247	7.1%	+/-1.3
\$10,000 to \$14,999	785	+/-166	4.4%	+/-0.9
\$15,000 to \$24,999	1,720	+/-280	9.6%	+/-1.5
\$25,000 to \$34,999	1,593	+/-214	8.9%	+/-1.2
\$35,000 to \$49,999	2,046	+/-276	11.4%	+/-1.5
\$50,000 to \$74,999	3,069	+/-304	17.2%	+/-1.7
\$75,000 to \$99,999	2,531	+/-328	14.1%	+/-1.8
\$100,000 to \$149,999	2,861	+/-343	16.0%	+/-1.9
\$150,000 to \$199,999	1,172	+/-234	6.5%	+/-1.3
\$200,000 or more	853	+/-149	4.8%	+/-0.8
Median household income (dollars)	61,789	+/-2,988	(X)	(X)
Mean household income (dollars)	78,222	+/-3,038	(X)	(X)
With earnings	13,258	+/-387	74.1%	+/-1.7
Mean earnings (dollars)	81,047	+/-3,625	(X)	(X)
With Social Security	6,351	+/-320	35.5%	+/-1.6
Mean Social Security income (dollars)	15,713	+/-613	(X)	(X)
With retirement income	4,945	+/-394	27.6%	+/-2.2
Mean retirement income (dollars)	30,260	+/-2,500	(X)	(X)
With Supplemental Security Income	862	+/-189	4.8%	+/-1.1
Mean Supplemental Security Income (dollars)	9,477	+/-1,075	(X)	(X)
With cash public assistance income	579	+/-157	3.2%	+/-0.9
Mean cash public assistance income (dollars)	3,574	+/-1,015	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,905	+/-314	16.2%	+/-1.7
Families	12,354	+/-425	12,354	(X)
Less than \$10,000	652	+/-174	5.3%	+/-1.4
\$10,000 to \$14,999	425	+/-117	3.4%	+/-0.9
\$15,000 to \$24,999	834	+/-207	6.8%	+/-1.7
\$25,000 to \$34,999	971	+/-165	7.9%	+/-1.3
\$35,000 to \$49,999	1,071	+/-220	8.7%	+/-1.8
\$50,000 to \$74,999	2,157	+/-251	17.5%	+/-2.0
\$75,000 to \$99,999	1,768	+/-282	14.3%	+/-2.2
\$100,000 to \$149,999	2,563	+/-336	20.7%	+/-2.6
\$150,000 to \$199,999	1,103	+/-231	8.9%	+/-1.9
\$200,000 or more	810	+/-149	6.6%	+/-1.2
Median family income (dollars)	76,801	+/-6,131	(X)	(X)
Mean family income (dollars)	91,738	+/-3,804	(X)	(X)
Per capita income (dollars)	28,249	+/-1,108	(X)	(X)
Nonfamily households	5,540	+/-424	5,540	(X)
Median nonfamily income (dollars)	36,943	+/-2,708	(X)	(X)
Mean nonfamily income (dollars)	45,822	+/-3,584	(X)	(X)
Median earnings for workers (dollars)	40,056	+/-2,122	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	57,413	+/-3,869	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	52,088	+/-2,072	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	51,534	+/-1,587	51,534	(X)
With health insurance coverage	46,185	+/-1,521	89.6%	+/-1.2
With private health insurance	34,354	+/-1,329	66.7%	+/-2.1
With public coverage	18,483	+/-1,126	35.9%	+/-1.8
No health insurance coverage	5,349	+/-627	10.4%	+/-1.2
Civilian noninstitutionalized population under 18 years	12,558	+/-884	12,558	(X)
No health insurance coverage	327	+/-139	2.6%	+/-1.1
Civilian noninstitutionalized population 18 to 64 years	30,164	+/-1,063	30,164	(X)
In labor force:	22,798	+/-871	22,798	(X)
Employed:	19,359	+/-778	85.0%	+/-1.4
With health insurance coverage	17,603	+/-715	90.9%	+/-1.4
With private health insurance	16,660	+/-715	94.1%	+/-1.4

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2011-2013 HOUSING UNITS	2010	2011	2012	2013
With public coverage	1,397	+/-291	7.2%	+/-1.5
No health insurance coverage	1,756	+/-283	9.1%	+/-1.4
Unemployed:	3,439	+/-446	3.439	(X)
With health insurance coverage	1,815	+/-293	52.8%	+/-6.5
With private health insurance	1,132	+/-231	32.9%	+/-6.1
With public coverage	826	+/-205	24.0%	+/-5.0
No health insurance coverage	1,624	+/-331	47.2%	+/-6.5
Not in labor force:	7,366	+/-724	7,366	(X)
With health insurance coverage	5,754	+/-636	78.1%	+/-3.8
With private health insurance	3,385	+/-401	46.0%	+/-4.1
With public coverage	2,778	+/-437	37.7%	+/-4.1
No health insurance coverage	1,612	+/-321	21.9%	+/-3.8
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	11.2%	+/-1.8
With related children under 18 years	(X)	(X)	16.0%	+/-3.3
With related children under 5 years only	(X)	(X)	10.6%	+/-7.3
Married couple families	(X)	(X)	4.4%	+/-1.6
With related children under 18 years	(X)	(X)	5.5%	+/-3.0
With related children under 5 years only	(X)	(X)	4.6%	+/-7.2
Families with female householder, no husband present	(X)	(X)	22.0%	+/-4.0
With related children under 18 years	(X)	(X)	29.2%	+/-6.4
With related children under 5 years only	(X)	(X)	8.1%	+/-7.8
All people	(X)	(X)	13.8%	+/-2.2
Under 18 years	(X)	(X)	20.1%	+/-4.9
Related children under 18 years	(X)	(X)	19.9%	+/-4.9
Related children under 5 years	(X)	(X)	19.0%	+/-7.1
Related children 5 to 17 years	(X)	(X)	20.1%	+/-5.0
18 years and over	(X)	(X)	11.9%	+/-1.7
18 to 64 years	(X)	(X)	12.1%	+/-1.9
65 years and over	(X)	(X)	11.0%	+/-2.1
People in families	(X)	(X)	12.8%	+/-2.4
Unrelated individuals 15 years and over	(X)	(X)	20.0%	+/-3.1

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Explanation of Symbols:

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- An "+" following a median estimate means the median falls in the lowest interval of an open-ended distribution.
- An "-" following a median estimate means the median falls in the upper interval of an open-ended distribution.
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- An "*****" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
- An "N" entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
- An "(X)" means that the estimate is not applicable or not available.

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.

Census occupation codes are 4-digit codes and are based on the Standard Occupational Classification (SOC). The Census occupation codes for 2010 and later years are based on the 2010 revision of the SOC. To allow for the creation of 2009-2013 tables, occupation data in the multiyear files (2009-2013) were recoded to 2013 Census occupation codes. We recommend using caution when comparing data coded using 2013 Census occupation codes with data coded using Census occupation codes prior to 2010. For more information on the Census occupation code changes, please visit our website at <http://www.census.gov/people/ia/methodology/>.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2009-2013 and 2011-2013 tables, industry data in the multiyear files (2009-2013 and 2011-2013) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at <http://www.census.gov/people/ia/methodology/>.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 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 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

Ownership, Management and General Information

Name: Fresenius Medical Care - Evergreen Park
 Address: 9730 South Western Avenue
 City: Evergreen Park
 County: Cook
 HSA: 7
 Medicare ID: 14-2545

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: EVERGREEN PLAZA ASSOCIATES IV, LP
 Other Ownership:
 Medical Director Name: Paul Crawford, M.D.
 Provides Incenter Nocturnal Dialysis:

STATION INFORMATION

Authorized Stations as of 12/31/2014: 30
 Certified Stations by CMS: 30
 Peak Authorized Stations Operated: 30
 Authorized Stations Setup and Staffed in Oct 1-7: 30
 Isolation Stations Set up in Oct 1-7: 0
 (subset of authorized stations)
 Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32
 Registered Nurse : 7
 Dialysis Technician : 19
 Dietician : 1
 Social Worker: 1
 LPN : 0
 Other Health : 0
 Other Non-Health: 3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	72	66	78	71	0	68	73

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2014:
 (Beginning patients) 154
 Patients treated as of 12/31/2014:
 (Ending patients) 156
 Total Unduplicated patients
 treated in calendar year: 240

Facility Reported Treatment Information

In-Center Treatments in calendar year: 21,879
 Number of Missed Treatments: 874
 Average Daily Treatments:
 Average Treatment Time (min): 270.0

ADDITIONS to the FACILITY

New Patients: 52
 Transient Patients: 30
 Patients Re-Started: 1
 Post-Transplant Patient: 1
 Total: 84

LOSSES to the FACILITY

Recovered patients: 4
 Transplant Recipients: 3
 Patients transferred out: 44
 Patients voluntarily discontinued: 3
 Patients lost to follow up: 2
 Patients deceased: 26
 Total: 82

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 28,080
 Use Rate (Treatments/Treatment capacity): 78%
 Use Rate (including Missed Treatments): 81%
 Use Rate (Beginning patients treated): 86%
 Use Rate (Year end Patients/Stations*6): 87%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	58.3%	7.5%	33.8%	0.0%	0.4%	100.0%	0.0%
Patient	140	18	81	0	1	240	0
1/1/2013 to 12/31/2013	40.8%	5.6%	53.1%	0.1%	0.4%	100.0%	0.0%
Net Revenue	\$4,569,160	\$630,152	\$5,946,626	\$16,423	\$46,071	\$11,208,431	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
14 yrs	0	0	0
15-44 yr	15	11	26
45-64 yr	58	43	101
65-74 yr	32	25	57
75 < yrs	24	32	56
Total	129	111	240

Patients by Race

Asian Patients:	1
Native American/ Indian:	0
Black/ African American :	226
Hawaiian /Pacific Islande	0
White:	13
Unknown :	0
TOTAL:	240

Patients by Ethnicity

Hispanic Latino Patients:	7
Non-Hispanic Latino Patient	233
Unknown Ethnicity Patients	0
TOTAL:	240

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

Ownership, Management and General Information

Name: Fresenius Medical Care Chatham
 Address: 333 West 87th Street
 City: Chicago
 County: Cook
 HSA: 6
 Medicare ID: 14-2744

Legal Entity Operator: Fresenius Medical Care Chatham, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: 333 W. 87TH STREET, LLC
 Other Ownership:
 Medical Director Name: Sreedevi Chittineni, M.D.
 Provides Incenter Nocturnal Dialysis:

STATION INFORMATION

Authorized Stations as of 12/31/2014: 16
 Certified Stations by CMS: 16
 Peak Authorized Stations Operated: 16
 Authorized Stations Setup and Staffed in Oct 1-7: 16
 Isolation Stations Set up in Oct 1-7: 1
 (subset of authorized stations)
 Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32
 Registered Nurse : 3
 Dialysis Technician : 8
 Dietician : 0
 Social Worker: 0
 LPN : 0
 Other Health : 0
 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	12	15	12	0	15	12
Number of Patients Treated	31	24	36	21	0	32	25

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2014:
 (Beginning patients) 57
 Patients treated as of 12/31/2014:
 (Ending patients) 67
 Total Unduplicated patients
 treated in calendar year: 108

Facility Reported Treatment Information

In-Center Treatments in calendar year: 8,471
 Number of Missed Treatments: 634
 Average Daily Treatments:
 Average Treatment Time (min): 270.0

ADDITIONS to the FACILITY

New Patients: 49
 Transient Patients: 11
 Patients Re-Started: 0
 Post-Transplant Patient: 3
 Total: 63

LOSSES to the FACILITY

Recovered patients: 0
 Transplant Recipients: 3
 Patients transferred out: 42
 Patients voluntarily discontinued: 2
 Patients lost to follow up: 0
 Patients deceased: 6
 Total: 53

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 14,976
 Use Rate (Treatments/Treatment capacity): 57%
 Use Rate (including Missed Treatments): 61%
 Use Rate (Beginning patients treated): 59%
 Use Rate (Year end Patients/Stations*6): 70%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	63.9%	4.6%	27.8%	1.9%	1.9%	100.0%	0.0%
Patient	69	5	30	2	2	108	0
1/1/2013 to 12/31/2013	35.1%	3.8%	51.8%	2.3%	7.0%	100.0%	0.0%
Net Revenue	\$850,505	\$93,027	\$1,253,196	\$55,139	\$169,124	\$2,420,991	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
14 yrs	0	0	0
5-44 yr	12	3	15
5-64 yr	30	16	46
5-74 yr	11	8	19
5 < yrs	13	15	28
Total	66	42	108

Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	108
Hawaiian /Pacific Islande	0
White:	0
Unknown :	0
TOTAL:	108

Patients by Ethnicity

Hispanic Latino Patients:	108
Non-Hispanic Latino Patient	0
Unknown Ethnicity Patients	0
TOTAL:	108

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2014

Ownership, Management and General Information

Name: Fresenius Medical Care of Roseland
 Address: 132 West 111th Street
 City: Chicago
 County: Cook
 HSA: 6
 Medicare ID: 14-2690

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Roseland Medical Center LLC
 Other Ownership:
 Medical Director Name: Nimeet Brahmhatt, MD
 Provides Incenter Nocturnal Dialysis:

STATION INFORMATION

Authorized Stations as of 12/31/2014: 12
 Certified Stations by CMS: 12
 Peak Authorized Stations Operated: 12
 Authorized Stations Setup and Staffed in Oct 1-7: 12
 Isolation Stations Set up in Oct 1-7: 0
 (subset of authorized stations)
 Number of Shifts Operated per day

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week: 32
 Registered Nurse : 4
 Dialysis Technician : 6
 Dietician : 0
 Social Worker: 0
 LPN : 0
 Other Health : 0
 Other Non-Health: 1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	0	17	17
Number of Patients Treated	31	28	30	27	0	31	30

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2014:
 (Beginning patients) 65
 Patients treated as of 12/31/2014:
 (Ending patients) 70
 Total Unduplicated patients
 treated in calendar year: 104

Facility Reported Treatment Information

In-Center Treatments in calendar year: 9,490
 Number of Missed Treatments: 709
 Average Daily Treatments:
 Average Treatment Time (min): 240.0

ADDITIONS to the FACILITY

New Patients: 28
 Transient Patients: 8
 Patients Re-Started: 0
 Post-Transplant Patient: 0
 Total: 36

LOSSES to the FACILITY

Recovered patients: 0
 Transplant Recipients: 2
 Patients transferred out: 23
 Patients voluntarily discontinued: 0
 Patients lost to follow up: 2
 Patients deceased: 7
 Total: 34

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations): 11,232
 Use Rate (Treatments/Treatment capacity): 84%
 Use Rate (including Missed Treatments): 91%
 Use Rate (Beginning patients treated): 90%
 Use Rate (Year end Patients/Stations*6): 97%

Patients and Net Revenue by Payer Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	51.0%	15.4%	30.8%	1.0%	1.9%	100.0%	0.0%
Patient	53	16	32	1	2	104	0
1/1/2013 to 12/31/2013	46.9%	21.0%	30.9%	1.1%	0.0%	100.0%	0.0%
Net Revenue	\$1,458,807	\$653,520	\$960,537	\$35,060	\$0	\$3,107,924	\$0

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
14 yrs	0	0	0
15-44 yr	12	10	22
45-64 yr	30	22	52
65-74 yr	10	5	15
75 < yrs	6	9	15
Total	58	46	104

Patients by Race

Asian Patients:	0
Native American/ Indian:	0
Black/ African American :	104
Hawaiian /Pacific Islander	0
White:	0
Unknown :	0
TOTAL:	104

Patients by Ethnicity

Hispanic Latino Patients:	0
Non-Hispanic Latino Patient	104
Unknown Ethnicity Patients	0
TOTAL:	104

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care.

Source: Data based on 2014 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

Unnecessary Duplication/Maldistribution

Zip Code	Population	ESRD Patients
60406	25,460	77
60409	37,186	133
60411	58,136	172
60415	14,139	39
60419	22,788	81
60422	9,403	15
60425	9,117	34
60426	29,594	129
60428	12,203	59
60429	15,630	53
60430	20,094	26
60438	28,884	61
60443	21,145	52
60445	26,057	41
60452	27,969	35
60453	56,855	76
60455	16,446	29
60456	4,349	11
60457	14,049	13
60458	14,428	24
60459	28,929	35
60463	14,671	12
60465	17,495	18
60469	5,930	5
60472	5,390	31
60473	22,439	76
60476	2,391	4
60477	38,161	42
60478	16,833	56
60482	11,063	10
60601	11,110	7
60602	1,204	1
60603	493	1
60604	570	4
60605	24,668	18
60606	82,739	3
60607	23,897	19
60608	82,739	134
60609	64,906	170
60610	37,726	51
60611	28,718	16
60612	33,472	124
60614	66,617	34
60615	40,603	94
60616	48,433	115
60617	84,155	311
60619	63,825	273
60620	72,216	365
60621	35,912	166
60622	52,548	75
60623	92,108	245
60624	38,105	158
60628	72,202	346
60629	113,916	244
60632	91,326	149
60633	12,927	22
60636	40,916	186
60637	49,503	170
60638	55,026	83
60642	18,480	18
60643	49,952	185
60647	87,291	110
60649	46,650	202
60652	40,959	103
60653	29,908	153
60654	14,875	5
60655	28,550	19
60661	7,792	1
60803	22,285	34
60805	19,852	32
60827	27,946	109
Total	2,444,354	6,004

1) The establishment of Fresenius Beverly Ridge in a Medically Underserved area (Washington Heights) will not result in unnecessary duplication because area facilities are operating at high utilization rates (see list of facilities within 30 minutes on following page), some are at capacity, and there is a determined need for 122 additional stations in HSA 6.

2) Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Beverly Ridge is one station per every 1,982 residents. The State ratio is 1 station per 3,085 residents. Even though the Beverly Ridge area ratio is higher than the State ratio maldistribution will not occur due to the dense population and higher incidence of kidney disease in south/southwest Chicago. One out of every 560 Chicago residents requires dialysis therapy vs 1 out of every 407 in the 30 minute radius. Further evidence of the high rate of ESRD in this area is seen when compared to the State prevalence of 1 out of 795 residents. Further confirmation is the determined need for an additional 122 stations in HSA 6.

Due to the combined above factors, the area's designation as medically underserved, and pre-ESRD patients identified that are more than sufficient to bring the facility beyond the 80% State utilization target, maldistribution will not occur.

3) All patients being referred to the Beverly Ridge facility are pre-ESRD patients of Associates in Nephrology (AIN) on the south/southwest side of Chicago. The AIN physicians treat the majority of patients in the area at the Fresenius Evergreen Park, Roseland, Chatham facilities whose high utilization has created a triangulation of loss of access to an underserved community. There will not be a negative effect on any area facility but rather positive one. The Beverly Ridge facility will open up much needed access to alleviate high area utilization. No patients have been identified to transfer from any other area facilities however it can be expected that there will be some from the immediate area who might transfer from the three closest over utilized facilities mentioned previously.

Facilities Within 30 Minutes Travel Time of Fresenius Medical Care Beverly Ridge

Facility	Address	City	Zip Code	MapQuest		Adj. Time x 1.25	Stations	Jun-15 Patients	Jun-15 Util
				Miles	Time				
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	2.32	6	7.5	16	79	82.29%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	2.41	6	7.5	30	166	92.22%
Fresenius Roseland	132 W 111th St	Chicago	60628	3	7	8.75	12	71	98.61%
Fresenius Blue Island	12200 Western Ave	Blue Island	60406	3.56	8	10	28	125	74.40%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	4.34	8	10	28	137	81.55%
DaVita Beverly	8109 S Western Ave	Chicago	60620	3.8	9	11.25	16	91	94.79%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	4.07	9	11.25	16	99	103.13%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	4.4	9	11.25	24	104	72.22%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	5.24	9	11.25	32	140	72.92%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	7.15	9	11.25	22	108	81.82%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	5.65	10	12.5	12	64	88.89%
Fresenius So Deering	10559 S Torrence Avenue	Chicago	60617	5.76	10	12.5	20	45	37.50%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	6.46	11	13.75	24	104	72.22%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.77	11	13.75	32	126	65.63%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	5.03	12	15	16	84	87.50%
Fresenius So Chicago	9212 S South Chicago Ave	Chicago	60617	6.49	12	15	36	162	75.00%
DaVita Emerald	710 W 43rd St	Chicago	60609	9.28	12	15	24	114	79.17%
Fresenius Southside	3134 W 76th St	Chicago	60652	5.54	13	16.25	39	208	88.89%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	5.75	13	16.25	16	80	83.33%
Davita Stoney Creek	5433 W. 95th St	Oak Lawn	60453	6.11	14	17.5	12	68	94.44%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	6.75	14	17.5	20	83	69.17%
Fresenius So Shore	2420 E 79th St	Chicago	60649	7.33	14	17.5	16	71	73.96%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	9.07	14	17.5	32	129	67.19%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	10.45	14	17.5	27	142	87.65%
DaVita Country Club Hills	4215 W 167th	Country Club Hills	60478	11.06	14	17.5	24	106	73.61%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	11.81	14	17.5	24	110	76.39%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	60452	11.05	15	18.75	12	41	56.94%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.89	16	20	36	144	66.67%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	7.11	16	20	12	66	91.67%
Fresenius Crestwood	4861 West Cal Sag Rd	Crestwood	60445	7.56	16	20	24	97	67.36%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	60445	10.4	16	20	9	38	70.37%
DaVita So Holland	16136 S Park Ave	South Holland	60473	12.85	16	20	20	120	100.00%
DaVita Loop	1101 S Canal St	Chicago	60607	12.88	16	20	28	94	55.95%
Fresenius Hazel Crest	17524 E Carriageway Dr	Hazel Crest	60429	12.37	17	21.25	16	83	86.46%
Fresenius Polk	557 W Polk St	Chicago	60607	13	17	21.25	24	67	46.53%
Fresenius New City	4622 S Bishop	Chicago	60609	7.22	18	22.5	16	0	0
Fresenius Burbank	4811 W 77th Street	Burbank	60459	7.59	18	22.5	26	182	116.67%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	14.4	18	22.5	16	83	86.46%
DaVita Harvey	16657 Halsted St	Harvey	60426	16.14	18	22.5	18	66	61.11%
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429	13.45	19	23.75	19	92	80.70%
DaVita West Side	1600 W 13th Street	Chicago	60608	13.75	19	23.75	12	0	0
Rush Hospital	1653 W Congress Pkwy	Chicago	60612	14.45	19	23.75	5	10	33.33%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	15.46	19	23.75	42	141	55.95%
SAH Dialysis	3059 W 26th Street	Chicago	60623	15.8	19	23.75	15	25	27.78%
University of IL	1859 W Taylor St	Chicago	60612	14.15	20	25	26	142	91.03%
Fresenius So Holland	17225 Paxton Ave	South Holland	60473	14.73	20	25	19	98	85.96%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	14.8	20	25	27	109	67.28%
Stroger Cook Co	1901 W Harrison St	Chicago	60612	15.14	20	25	9	32	59.26%
DaVita Tinley Park	16767 S 80th Avenue	Tinley Park	60477	16.55	20	25	12	0	0
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443	17.39	20	25	24	86	59.72%
DaVita Chicago Ridge	10511 S Harlem	Worth	60482	9.83	21	26.25	16	0	0
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	14.41	21	26.25	31	90	48.39%
Fresenius West Willow	1444 W Willow St	Chicago	60622	16.27	21	26.25	12	38	52.78%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	16.65	21	26.25	30	98	54.44%
Fresenius Chicago	1806 W Hubbard Street	Chicago	60607	15.58	22	27.5	21	62	49.21%
DaVita Lawndale	3934 W 24th Street	Chicago	60623	17.45	23	28.75	16	55	57.29%
DaVita Chicago Hgts	177 E Joe Orr Rd	Chicago Heights	60411	19.9	23	28.75	16	78	81.25%
Mt Sinai	2700 W 15th St	Chicago	60608	16.3	24	30	16	85	88.54%

Facilities showing "0" utilization rate are not yet operating.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Kareen Simpson is currently the Medical Director for Fresenius Medical Care South Chicago and will also be the Medical Director for the proposed Fresenius Beverly Ridge facility. Attached is her 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 and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 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

Kareen R. Simpson, M.D.

PERSONAL INFORMATION

Date of Birth:	February 22, 1969
Place of Birth:	Kingston, Jamaica
Citizenship:	Jamaica
Professional address:	210 South Des Plaines Street Chicago, IL 60661
Phone:	312-654-2720

EDUCATION

08/01/87 - 07/31/92	University of The West Indies Mona Campus BM and BS Medical Degree
08/01/92 - 12/31/93	University of The West Indies Mona Campus Rotating Internship
01/01/94 - 05/30/95	University of Oxford Worcester College Master of Science
07/01/95 - 06/30/98	Washington Hospital Center Washington, D.C. Residency / Internal Medicine
07/01/98 - 06/30/00	Washington Hospital Center Washington, D.C. Fellowship / Nephrology

CERTIFICATIONS

1998 - 2008 2010 - 2020	American Board of Internal Medicine
2000 - 2010 2010 - 2020	American Board of Nephrology
07/27/94	ECFMG
10/93 - 05/96	USMLE 1,2,3

CURRICULUM VITAE

Kareen R. Simpson, M.D. (continued)

MEDICAL LICENSURE

036-105119	State of Illinois Physician & Surgeon
336-065644	State of Illinois Controlled Substance
MD31373	Washington D.C., Medicine and Surgery
CS0011475	Washington D.C., Controlled Substance
4301077351	Michigan Physician (Expired 1/2002)
5315005903	Michigan Controlled Substance License (Expired 1/2002)
BS6819291	DEA

WORK HISTORY

08/01/2004 - Present	Associates in Nephrology, S.C.
03/2009- 4/2012 Treasurer	210 South DesPlaines Street Chicago, Illinois 60661
03/2008-	Fresenius Medical Care South Chicago Dialysis Unit Medical Director
08/01/2001 -- 07/31/2004	Decatur Memorial Hospital 441 West Hay Street Decatur, Illinois 62526
07/01/2000 -- 07/30/2001	District of Columbia General Hospital 1900 Massachusetts Avenue Washington, D.C. 20003

**Studying for Nephrology Board Certification Exam and
Awaiting Documentation required to pursue the Practice of Medicine**

HONORS AND AWARDS

- Jamaican Centenary Scholarship 1987
- D.A.N. & Vera Hoyt Prize for Anatomy 1989
- Pathology and Microbiology Medal 1991
- University Clinical Medal for Medicine 1992
- Medicine/Therapeutics Medal 1992
- Errol Barrow Scholarship for Master Science (Oxford) 1994
- Saul Zuckerman, M.D. Humanitarianism in Medicine Award 1998
- Allenbury Prize in Medicine 1999

CURRICULUM VITAE

Kareen R. Simpson, M.D. (continued)

PROFESSIONAL AND SOCIETY MEMBERSHIPS

- National Kidney Foundation
- American Society of Nephrology
- American College of Physicians
- American Medical Association
- Renal Physicians Association
- Illinois State Medical Society

PUBLICATIONS and PRESENTATIONS

- Abstract presentations at Regional ACP: Washington DC Chapter 5/98
- Leucocytoclastic Vasculitis: An unusual manifestation of Pacemaker Endocarditis
 - Cerebral Arterial and Venous Thrombosis: First Manifestation of Polycythemia Rubra Vera
- Abstract presentations at Regional ACP: Washington DC Chapter 5/97
- Hypoglycemia in Grave's Disease: Factitious Etiology or Hirata's Disease?
 - Recurrent Erythema Multiforme – An Unusual Manifestation of Hodgkin's disease
- Abstract Presentation at American Society of Nephrology 10/00
- Cyclosporin modulation of Angiotensin II Receptors and Transforming Factor Beta in Murine Mesangial cells

RESEARCH

- Cyclosporin modulation of Angiotensin II Receptors and Transforming Factor Beta in Murine Mesangial cells
- Referral Pattern and Intervention in pre-Endstage renal disease: THE REPAIRED STUDY: (Protocol in stage of requesting funding)
- Case Report in progress: Adefovir induced Pantubular Dysfunction

CURRICULUM VITAE

Kareen R. Simpson, M.D. (continued)

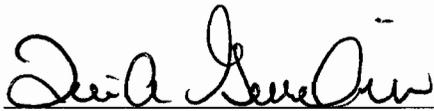
RESEARCH TRIALS

1. Sub-investigator
The Collaborative Study Group: The Effect of Irbesartan on Morbidity and Mortality in Hypertensive Patients with Type II Diabetes and Diabetic Nephropathy. Bristol-Myers Squibb, Inc., 1998-2000
2. Sub-investigator
A Placebo-controlled Safety and Efficacy Study of Pimagedine in Diabetics and End Stage Renal Disease on Hemodialysis. Alteon, Inc., 1998-1999.
3. Sub-investigator
A multi-center, Randomized, Double-Blind, Lisinopril and Placebo-Controlled Trial of the Antihypertensive Efficacy and Safety of Omapatrilat in Black Subjects with Mild to Moderate Hypertension. Bristol-Myers Squibb, Inc., 1998-1999.
4. Sub-investigator
A Double-Blind, Randomized Placebo-Controlled, Multi-center Study to assess the Safety and Efficacy of an Oral Calcimimetic Agent (AMG 073) in Secondary Hyperparathyroidism of End-stage Renal Disease (ESRD). Amgen, 1999-2000.
5. Sub-investigator
An Open-Label, Randomized, Multicenter, Phase III, Comparator Controlled Parallel Group Study to assess the Long Term Safety and Efficacy of Lanthanum Carbonate in Chronic Renal Failure Patients receiving Hemodialysis. Shire Laboratories, 199-2000.
6. Principal Investigator
A Study of Early Kidney Disease and how it affects People's Life. 538-013
7. Principal Investigator
An Open-Label, Randomized, Multi-center, Phase IV, Aranesp Monthly Preference Study-2/Aranesp 20020380, Amgen, 2002-2004

Criterion 1110.1430 (e)(5) Medical Staff

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

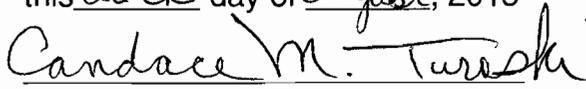
Fresenius Medical Care Beverly Ridge will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Beverly Ridge facility, just as they currently are able to at all Fresenius Medical Care facilities.


Signature

Teri Gurchiek
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 26th day of August, 2015


Signature of Notary

Seal



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 Beverly Ridge 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 Advocate Trinity Hospital, Chicago:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

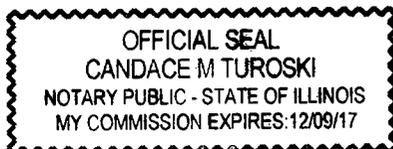
Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of August, 2015



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Beverly Ridge 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 Beverly Ridge will have 16 dialysis stations thereby meeting this requirement.



Advocate Trinity Hospital

2320 East 93rd Street || Chicago, IL 60617 || T 773.967.2000 || advocatehealth.com

August 27, 2015

Lori Wright
Fresenius Medical Care
3500 Lacey Road, Suite 900
Downers Grove, IL 60515

Dear Ms. Wright:

Advocate Trinity Hospital (Hospital), will serve as back-up hospital for emergent treatment, evaluation, possible admission, and dialysis services for those patients dialyzing at Fresenius Medical Care Beverly Ridge.

Patients with end-stage renal disease from your facility who require emergency treatment or hospitalization as medically determined by the attending physician will be accepted and cared for by Advocate Trinity Hospital. Admission is contingent upon bed availability. The Hospital will provide the needed diagnostic or any other physician ordered hospital-based services, which would include rehabilitation, blood bank, psychiatric, and pathological laboratory services.

Advocate Trinity Hospital will continue as back-up hospital for Fresenius Medical Care Beverly Ridge with this agreement, until one of the parties notifies the other in writing of a change. This notice will be made 30 days prior to termination of the agreement.

Sincerely,

James Keller, MD
Vice President, Medical Management

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President Fresenius Medical Care who will oversee the Beverly Ridge facility. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Beverly Ridge, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Beverly Ridge in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 III. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Illinois hemodialysis patients have achieved adequacy outcomes of:
 - o 94% of patients had a URR \geq 65%
 - o 96% of patients had a Kt/V \geq 1.2

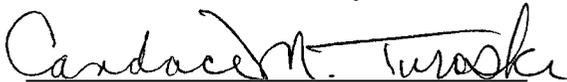
and the same is expected for Fresenius Medical Care Beverly Ridge.



Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of August, 2015



Signature of Notary

Seal





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

August 19, 2015

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

RE: **Fresenius Medical Care, LLC.**
Letter of Intent – 9914 -9928 S Vincennes, 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 is assignee
 555 Skokie Blvd. Ste. 204
 Northbrook IL, 60062

TENANT: FRESENIUS MEDICAL CARE Chicagoland, LLC.

LOCATION: 9914 S Vincennes, Chicago, IL

INITIAL SPACE REQUIREMENTS: Approximately 9,397 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: 180 days after the Possession Date

ESCALATIONS: 2% PER YEAR.

LANDLORD WORK: Landlord to construct Premises as a “cool dark shell” according to Exhibit A. 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 \$75,000 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.

**SPACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

Landlord will provide all architectural and mechanical drawings required to construct Landlord's Work, including construction drawings stamped by a licensed architect and submitted for approvals and permits. Tenant, or its architect, shall work with Landlord's architect to properly organize the Premises so as to locate stub-ins for utilities and other such items that may require coordination. All building permits pertaining to the Landlord's Work shall be Landlord's responsibility. All permits for Tenant's Work shall be the responsibility of Tenant. The approximate timing for the above work shall be as follows;

- (a) Landlord will deliver to Tenant for Tenant's approval within 30 days from the full execution of the LOI, a site plan schematic, outlining of the dimensioned proposed Premises on the proposed site plan.
- (b) Landlord's construction drawings shall be complete at the earlier of: a) 60 days from the date that Tenant obtains its CON, or b) 60 days from the date Tenant instructs Landlord to proceed with the drawings, provided Tenant indemnifies Landlord for such costs if the CON is not ultimately obtained and the Lease is terminated, or the lease is terminated for any other reason for which Landlord is not at fault.
- (c) Landlord's Work permits shall be obtained within 120 days of Tenant's obtaining its CON. or b) 120 days from the date Tenant instructs Landlord to proceed with the permits, provided Tenant indemnifies Landlord for such costs if the CON is not ultimately obtained and the Lease is terminated, or the lease is terminated for any other reason for which Landlord is not at fault..
- (d) Landlord will deliver Tenant's Premises, with Landlord Work complete as described above, within 180 days of the issuance of the building permit. Landlord's architect estimates the time to construct should be from 120 days to 180 days, dependent upon weather and the timing of the job.

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.

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.

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 received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes

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.

and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

ZONING AND RESTRICTIVE COVENANTS:

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE's dialysis clinic

FLOOD PLAIN:

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

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE is not entering into a capitalized lease arrangement.

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.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

An acceptable Phase One Environmental Study will be required.

DRAFT LEASE:

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

**LEASE CONTINGENCY/
OPTION PAYMENTS:**

The Lease shall be contingent upon Tenant's award of a Certificate of Need (CON). Tenant shall be responsible to promptly take all actions reasonably needed to obtain such CON. Tenant acknowledges that Landlord intends on acquiring the subject property solely for Tenant's use, and as such Landlord shall not close on the acquisition until such time that Tenant obtains its CON.

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.

COMMISSION:

Cushman and Wakefield of IL will be paid a commission by Landlord pursuant to a separate commission agreement.

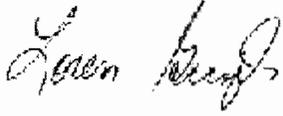
NON-BINDING NATURE:

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 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.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
E-mail: loren.guzik@cushwake.com

AGREED AND ACCEPTED this _____ day of _____, 2015

By _____

Title: _____

AGREED AND ACCEPTED this _____ day of _____, 2015

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.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island and are the same financials that pertain to this application. In order to reduce buld these financials can be referred to if necessary.

Likewise, 2013 Financial Statements were submitted with #14-029 and 2013 Financial Statements were submitted with #13-040.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

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).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
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		167.00			7,350			1,227,450	1,227,450
Contingency		16.00			7,350			117,600	117,600
Total Clinical		183.00			7,350			1,345,050	1,345,050
Non Clinical		167.00			2,047			341,849	341,849
Contingency		16.00			2,047			32,752	32,752
Total Non		183.00			2,047			374,601	374,601
TOTALS		\$183.00			9,397			1,719,651	1,719,651

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2018

Estimated Personnel Expense:	\$1,028,506
Estimated Medical Supplies:	\$213,553
Estimated Other Supplies (Exc. Dep/Amort):	\$895,795
	<u>\$2,137,854</u>
 Estimated Annual Treatments:	 11,059
Cost Per Treatment:	\$193.31

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

Year 2018

Depreciation/Amortization:	\$175,000
Interest	<u>\$0</u>
Capital Costs:	\$175,000
 Treatments:	 11,059
Capital Cost per Treatment	\$15.82

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Chicagoland, 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: *Dei A. Jurek*

Title: REGIONAL VICE PRESIDENT

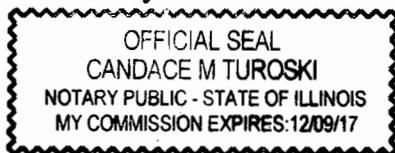
Notarization:

Subscribed and sworn to before me
this 26th day of August 2015

Candace M. Turoski

Signature of Notary

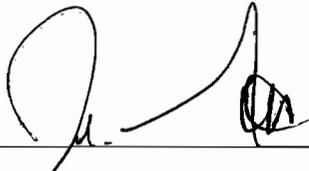
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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

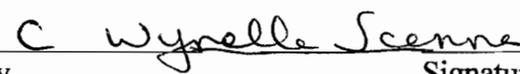
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing 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
Senior Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

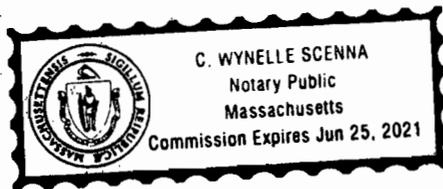
Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015


Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Chicagoland, 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: *Dei A. Kurlow*

ITS: REGIONAL VICE PRESIDENT

Notarization:

Subscribed and sworn to before me
this 26th day of August 2015

Candace M. Turaski
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
Senior Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

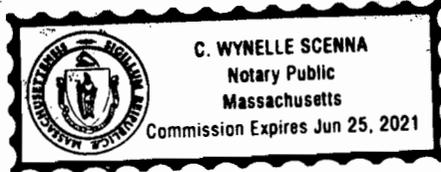
Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

C Wynelle Scenna
Signature of Notary

Signature of Notary

Seal

Seal



Safety Net Impact Statement

The establishment of the Fresenius Medical Care Beverly Ridge dialysis facility will not have any impact on safety net services in the south Chicago area of Cook County. 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.

CHARITY CARE			
Net Revenue	\$387,393,758	\$398,570,288	\$411,981,839
	2012	2013	2014
Charity *			
(# of self-pay patients)	203	499 ¹	251 ²
Charity (cost in dollars)	\$1,536,372	\$5,346,976	\$5,211,664
Ratio Charity Care Cost to Net Patient Revenue	0.40%	1.34%	1.27%
MEDICAID			
	2012	2013	2014
Medicaid (# of patients) ³	1,705	1,660	750
Medicaid (revenue)	36,254,633	31,373,534	22,027,882
Ratio Medicaid to Net Patient Revenue	9.36%	7.87%	5.35%

Note:

- 1) 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.
- 2) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 3) Medicaid number of patients is decreasing due to an effort to assist patients in signing up for health insurance in the Healthcare Marketplace.

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

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$387,393,758	\$398,570,288	\$411,981,839
Amount of Charity Care (charges)	\$1,566,380	\$5,346,976	\$5,211,664
Cost of Charity Care	\$1,566,380	\$5,346,976	\$5,211,664
Ratio Charity Care Cost to Net Patient Revenue	.40%	1.34%	1.27%

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:

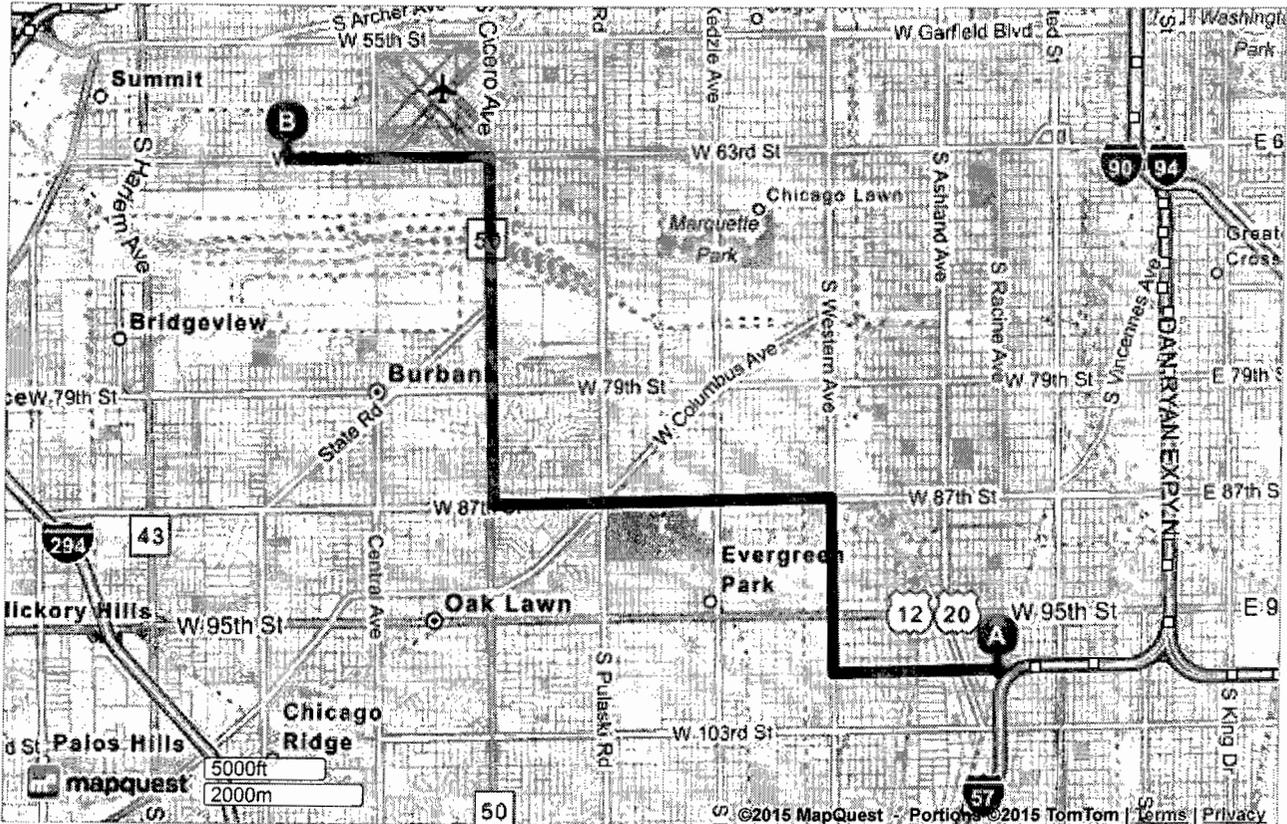
6201 W 63rd St

Chicago, IL 60638-5009

10.85 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE MIDWAY



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Trip to:

2700 W 15th St

Chicago, IL 60608-1610

16.30 miles / 24 minutes

Notes

TO MT. SINAI DIALYSIS



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119



Trip to:

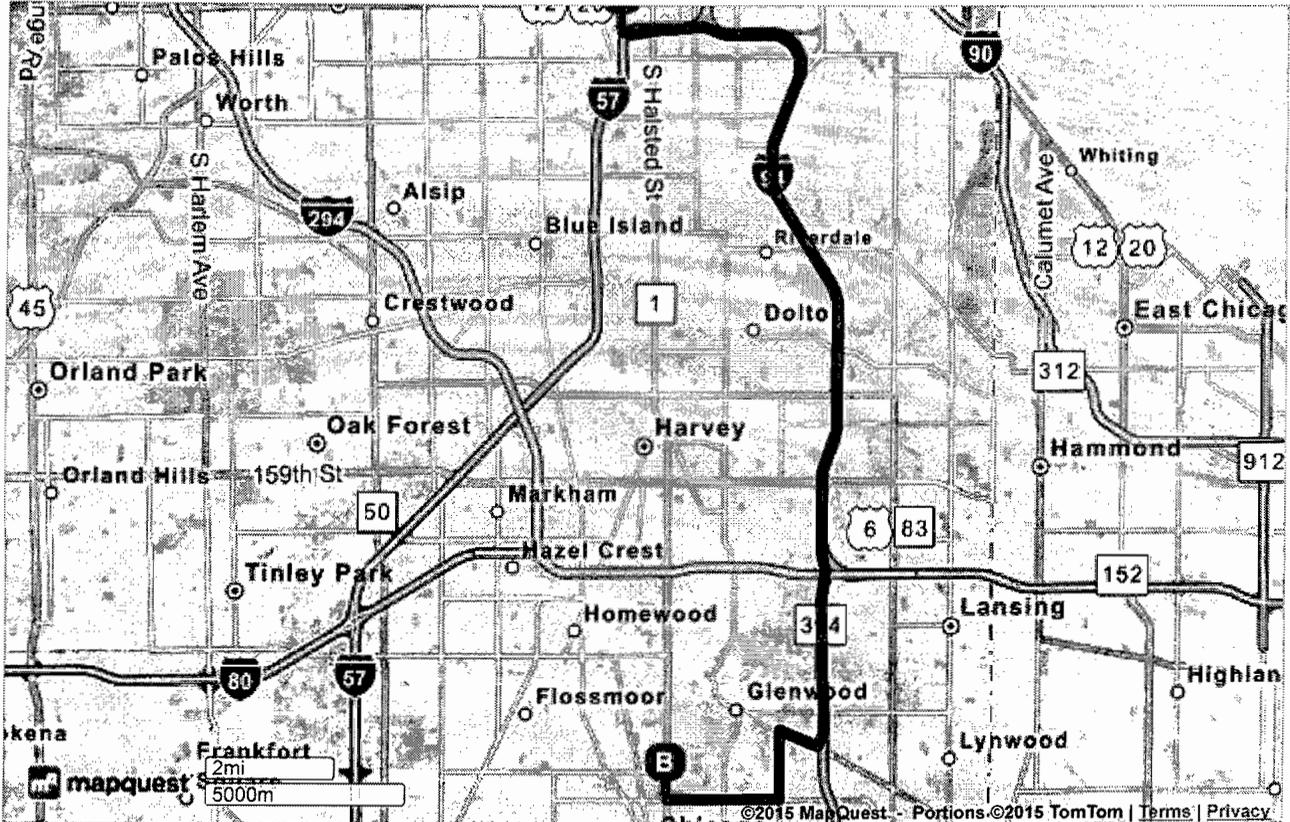
177 E Joe Orr Rd

Chicago Heights, IL 60411

19.90 miles / 23 minutes

Notes

TO DAVITA CHICAGO HEIGHTS



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Notes

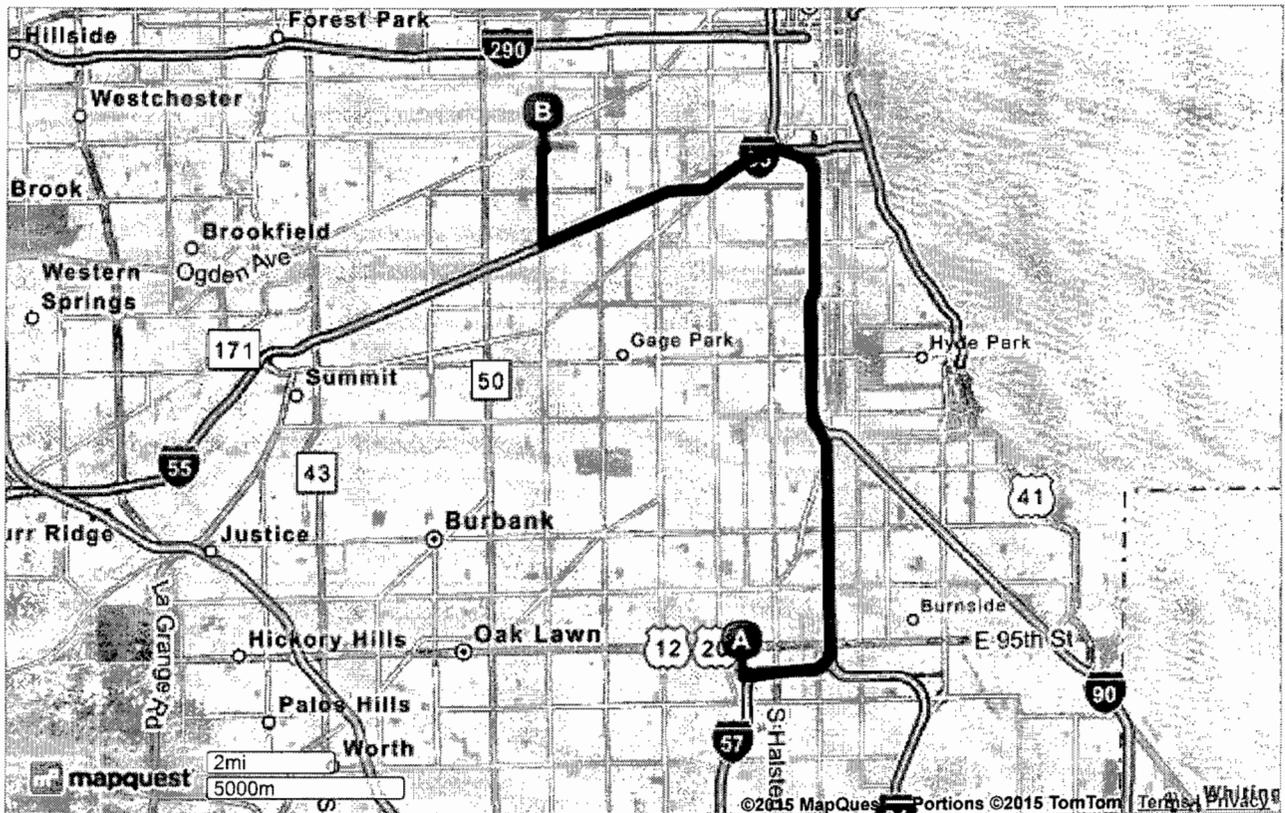
TO DAVITA LAWNSDALE

Trip to:

3934 W 24th St

Chicago, IL 60623-3073

17.45 miles / 23 minutes



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Trip to:

1806 W Hubbard St

Chicago, IL 60622-6235

15.58 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO



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122



Trip to:
3410 W Van Buren St
Chicago, IL 60624-3358
16.65 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE CONGRESS PARKWAY



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Trip to:

1444 W Willow St

Chicago, IL 60642-1524

16.27 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
WILLOW



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Trip to:
1333 N Kingsbury St
Chicago, IL 60642-2623
15.37 miles / 21 minutes

Notes

DAVITA LURIE CHILDREN'S HOSPITAL
DIALYSIS



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Trip to:
1340 S Damen Ave
Chicago, IL 60608-1156
14.41 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO WESTSIDE



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126



Trip to:
[10600 - 10600] S Harlem Ave
Worth, IL 60482-1247
9.83 miles / 21 minutes

Notes

TO DAVITA CHICAGO RIDGE



9928 S Vincennes Ave, Chicago, IL 60643-1303

Download
Free App



1. Start out going north on **S Vincennes Ave** toward **W 99th St**. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn **left** onto **US-20 W / US-12 W / W 95th St**. [Map](#)

7.7 Mi

*US-20 W is just past W 95th Pl
If you reach W 94th St you've gone about 0.1 miles too far*

8.2 Mi Total



3. Merge onto **IL-43 S / S Harlem Ave**. [Map](#)

1.6 Mi

9.8 Mi Total



4. **[10600 - 10600] S HARLEM AVE**. [Map](#)

*Your destination is 0.1 miles past W 105th St
If you are on IL-43 and reach Southwest Hwy you've gone a little too far*



[10600 - 10600] S Harlem Ave, Worth, IL 60482-1247



Trip to:

4557 Lincoln Hwy
Matteson, IL 60443-2318
17.39 miles / 20 minutes

Notes

TO DAVITA OLYMPIA FIELDS



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Trip to:

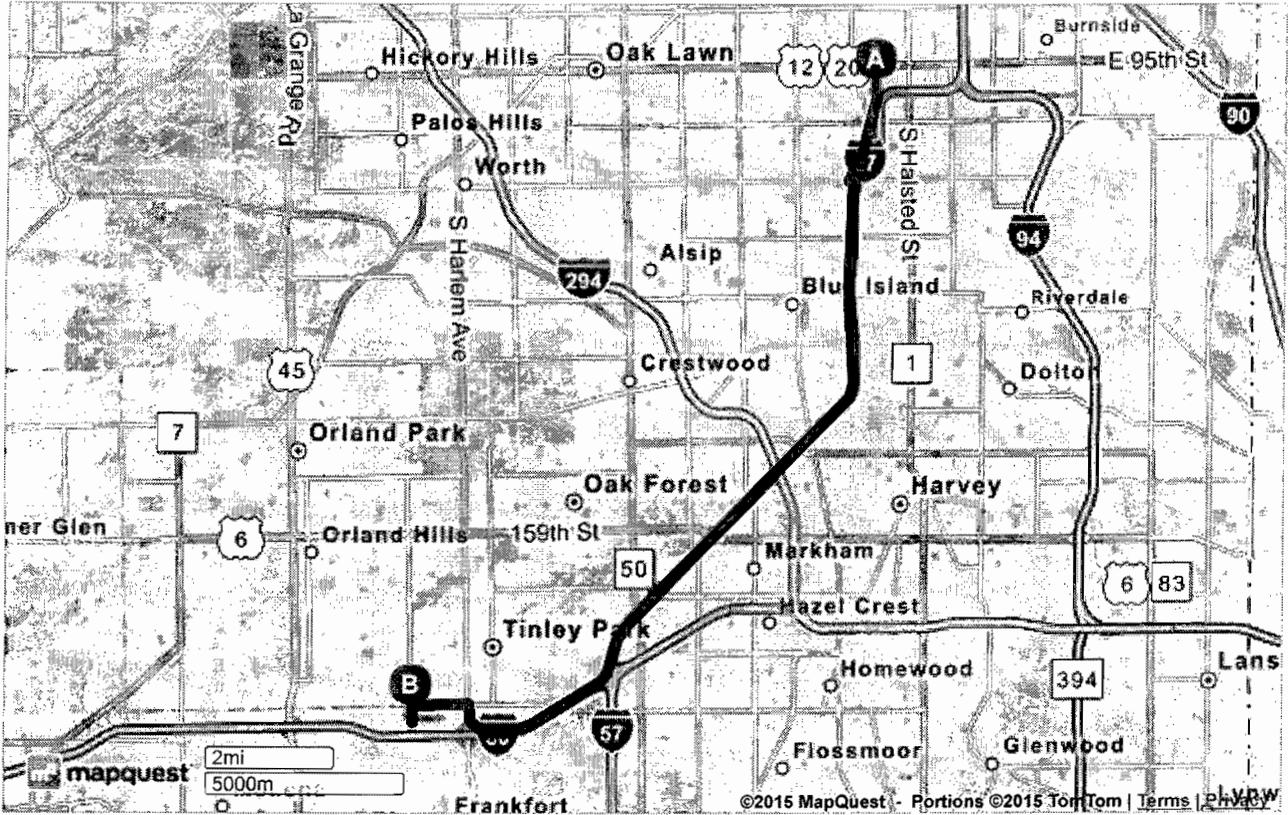
[18491 - 18547] S 80th Ave

Tinley Park, IL 60487

16.55 miles / 20 minutes

Notes

TO DAVITA TINLEY PARK



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Notes

TO STROGER COOK COUNTY DIALYSIS



Trip to:

1901 W Harrison St

Chicago, IL 60612-3701

15.14 miles / 20 minutes



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Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
14.80 miles / 20 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT DIALYSIS



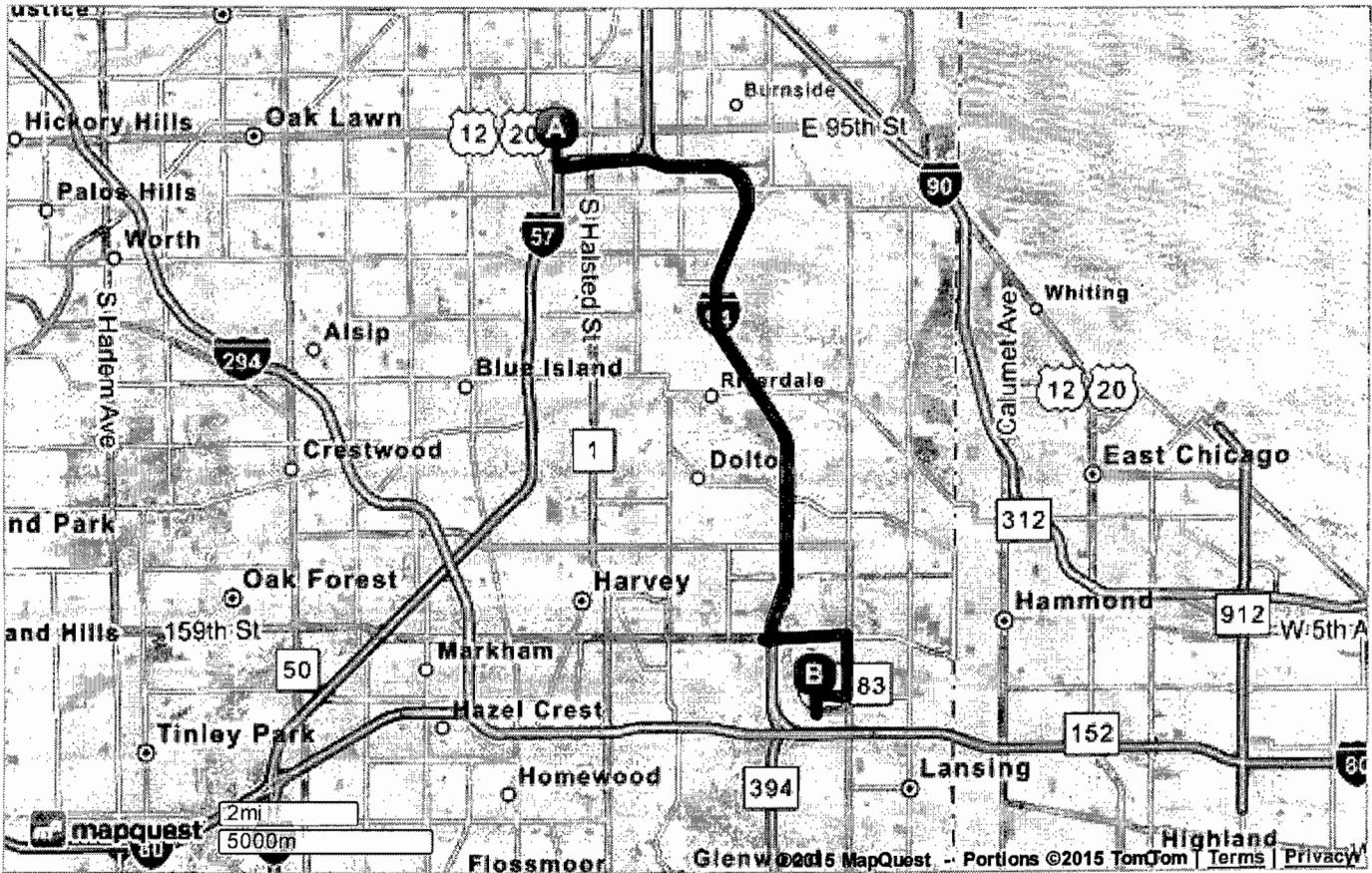
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Trip to:
17225 Paxton Ave
South Holland, IL 60473-3757
14.73 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH HOLLAND



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132



Notes

TO UNIVERSITY OF ILLINOIS DIALYSIS

Trip to:

1859 W Taylor St

Chicago, IL 60612-4319

14.15 miles / 20 minutes



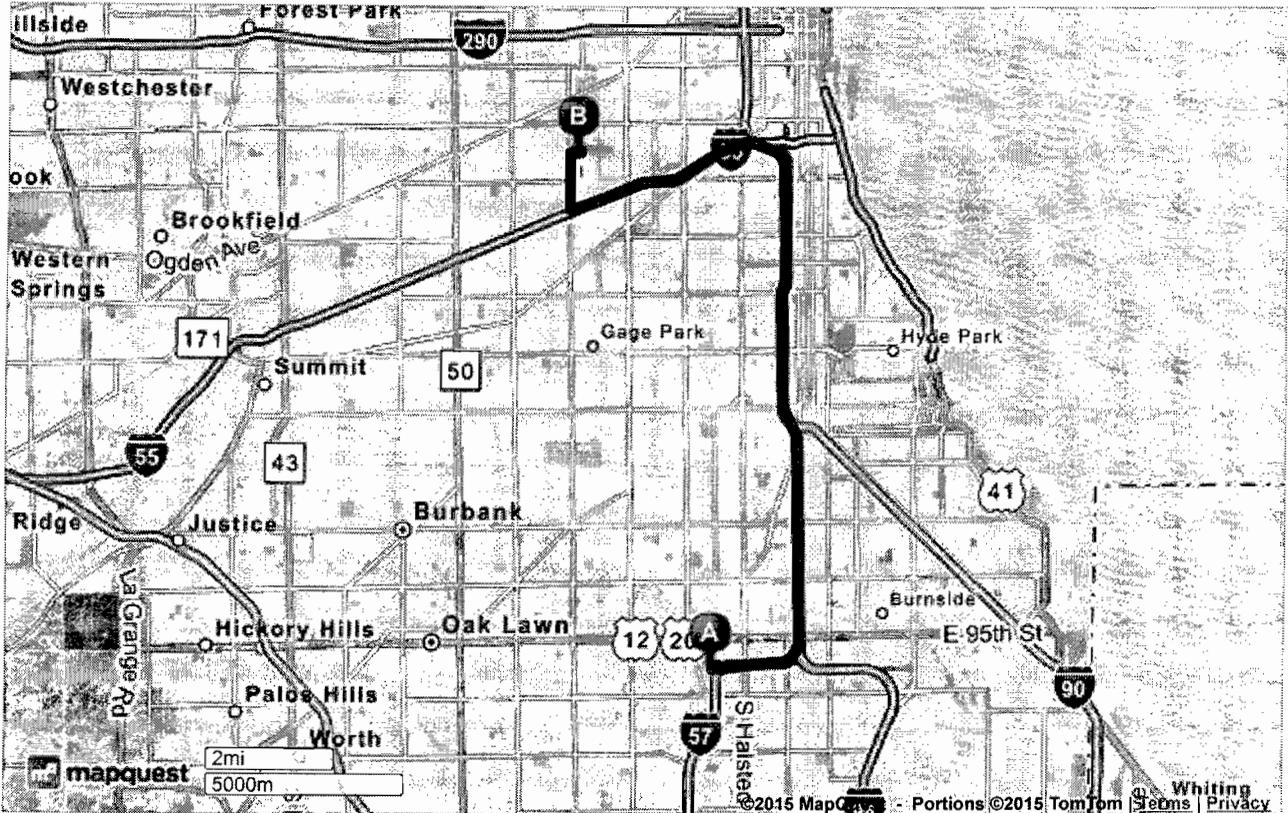
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Trip to:
3059 W 26th St
Chicago, IL 60623-4131
15.80 miles / 19 minutes

Notes

TO ST. ANTHONY HOSPITAL DIALYSIS



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Trip to:

710 N Fairbanks Ct

Chicago, IL 60611-3013

15.46 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE
NORTHWESTERN



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Notes

TO RUSH HOSPITAL DIALYSIS

Trip to:

1653 W Congress Pkwy

Chicago, IL 60612-3833

14.45 miles / 19 minutes



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136



Trip to:
1600 W 13th St
Chicago, IL 60608-1304
13.75 miles / 19 minutes

Notes

TO DAVITA WEST SIDE



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137



Trip to:

3470 183rd St

Hazel Crest, IL 60429-2428

13.45 miles / 19 minutes

Notes

TO DAVITA HAZEL CREST



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Notes

TO DAVITA HARVEY

Trip to:

16657 Halsted St

Harvey, IL 60426-6112

16.14 miles / 18 minutes



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Notes

TO DAVITA LITTLE VILLAGE

Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
14.40 miles / 18 minutes



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Trip to:

4811 W 77th St
Burbank, IL 60459-1586
7.59 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE BURBANK



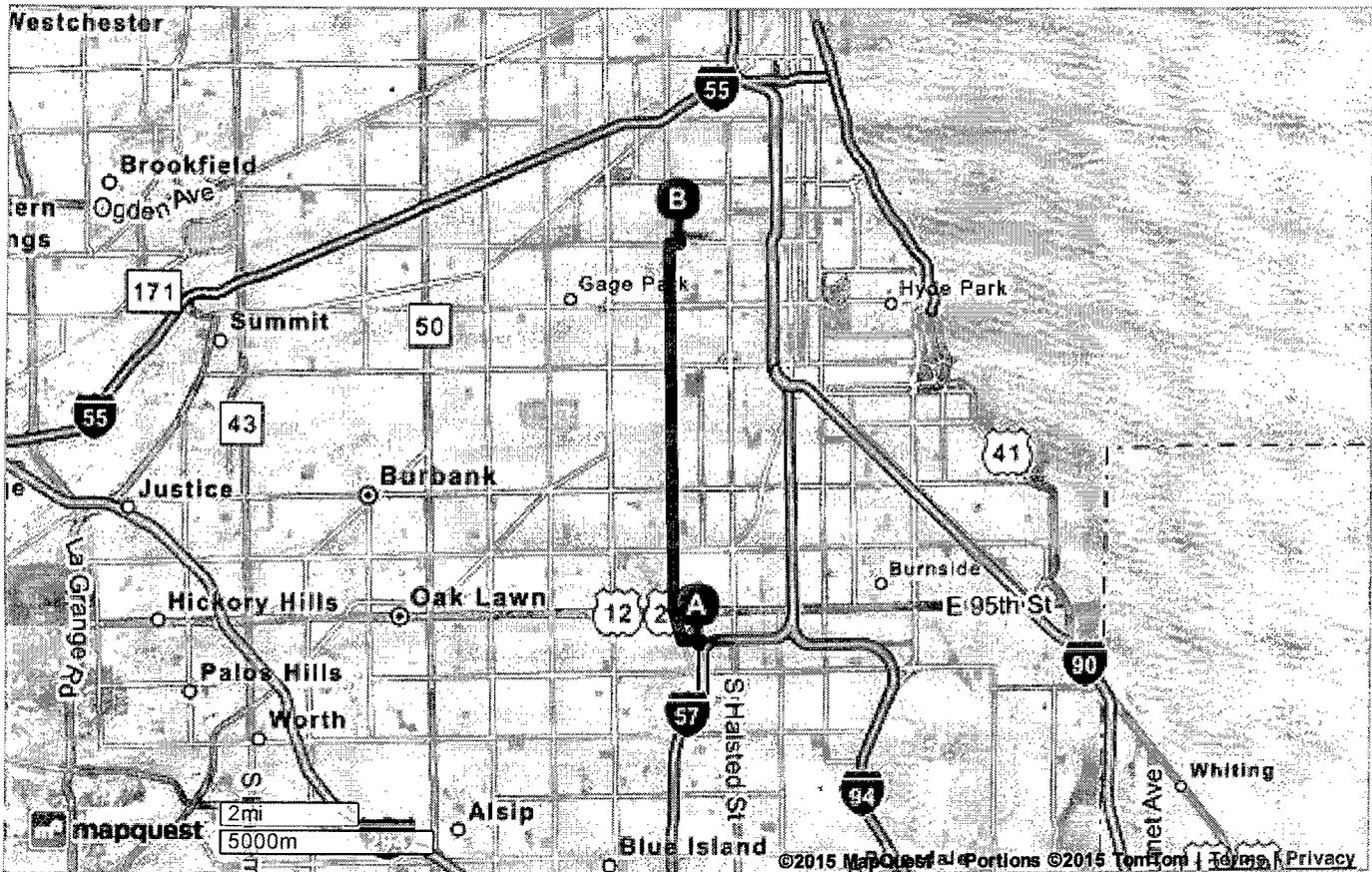
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Trip to:
4622 S Bishop St
Chicago, IL 60609-3240
7.22 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE NEW CITY



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Trip to:

557 W Polk St

Chicago, IL 60607-4314

13.00 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK



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Trip to:

17524 E Carriageway Dr

Hazel Crest, IL 60429-2006

12.37 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE HAZEL CREST



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Notes

TO DAVITA LOOP



Trip to:

1101 S Canal St

Chicago, IL 60607-4906

12.88 miles / 16 minutes



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145



Trip to:

16136 S Park Ave

South Holland, IL 60473-1511

12.85 miles / 16 minutes

Notes

TO DAVITA SOUTH HOLLAND



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Notes

TO CONCERTO DIALYSIS

Trip to:

[14500 - 14520] S Cicero Ave

Crestwood, IL 60445-2538

10.04 miles / 16 minutes



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Trip to:

Fresenius Medical Care
4861 Cal Sag Rd
Crestwood, IL 60445
(708) 385-1400
7.56 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE CRESTWOOD



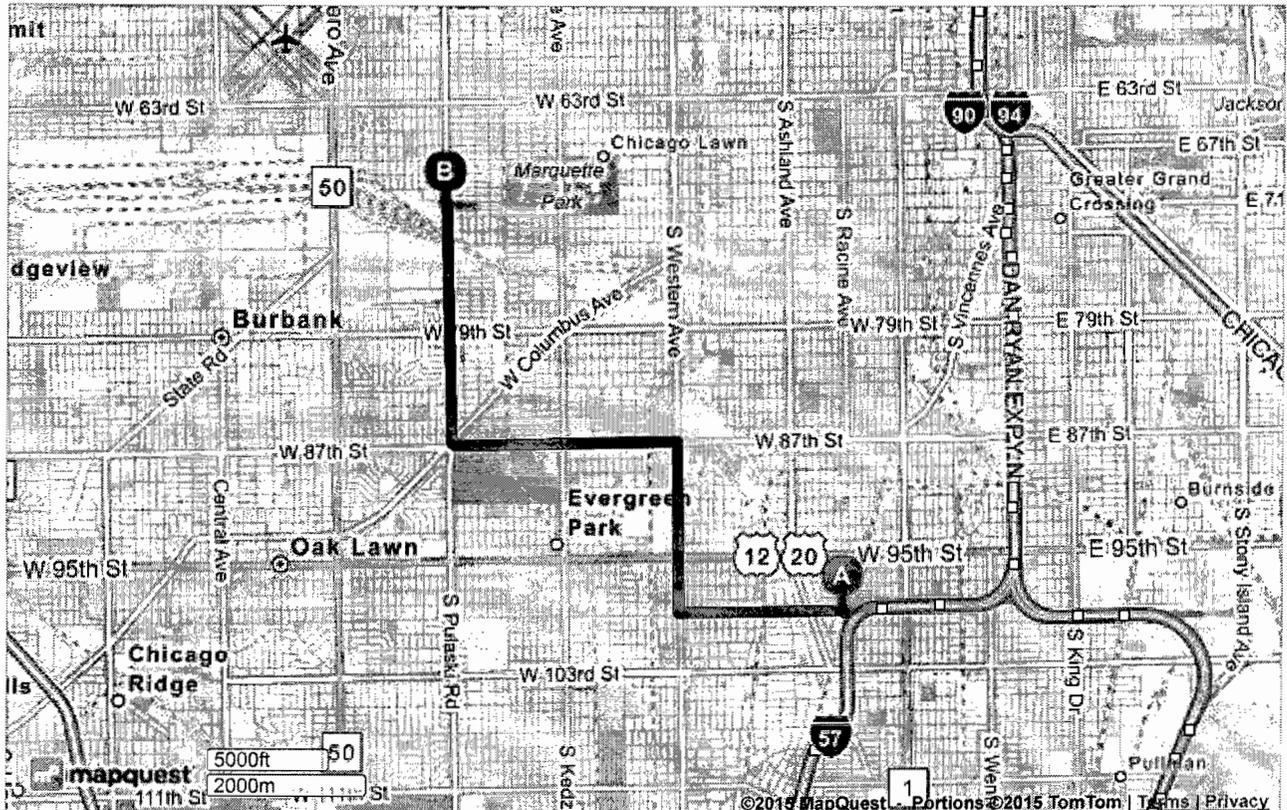
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Trip to:
7000 S Pulaski Rd
Chicago, IL 60629-5824
7.11 miles / 16 minutes

Notes

TO DAVITA WEST LAWN



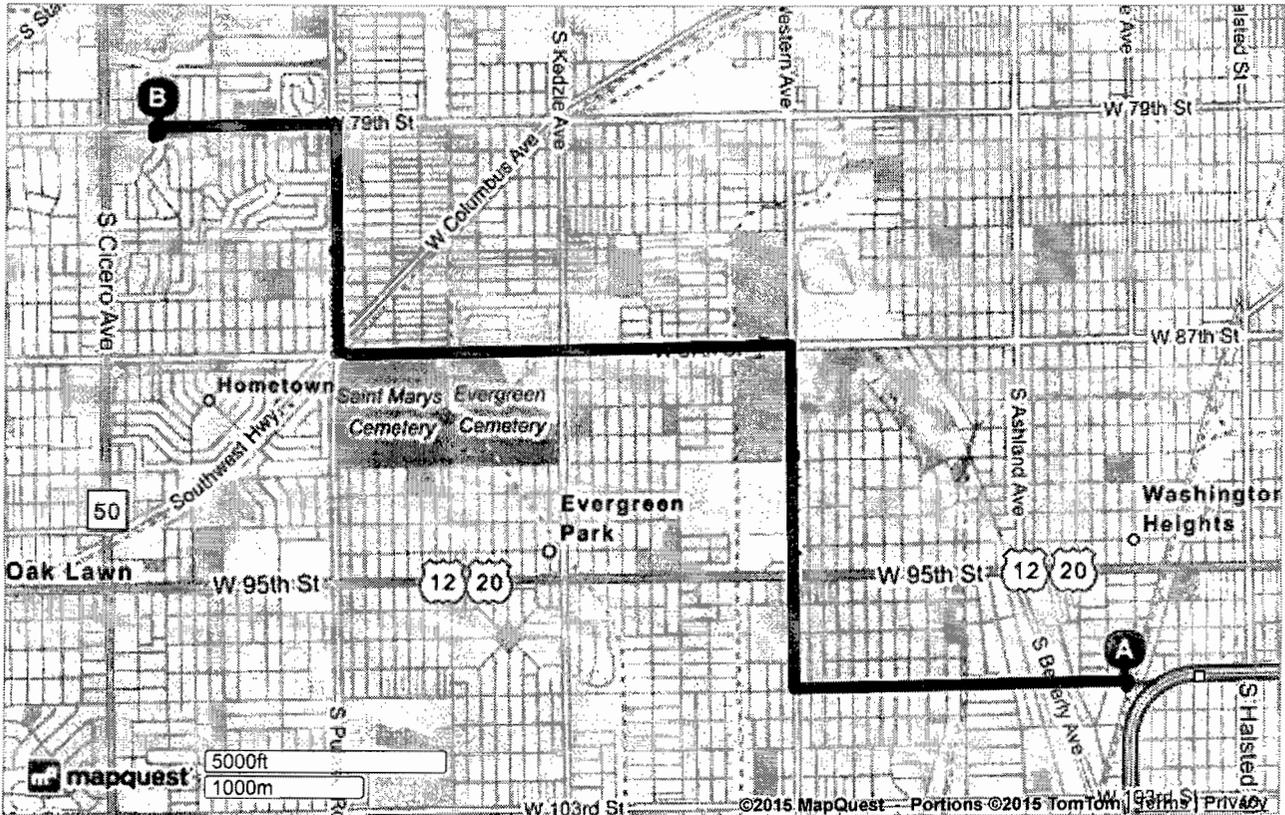
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Trip to:
4651 W 79th Pl
Chicago, IL 60652-2021
6.89 miles / 16 minutes

Notes

TO DSI SCOTTSDALE



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Notes

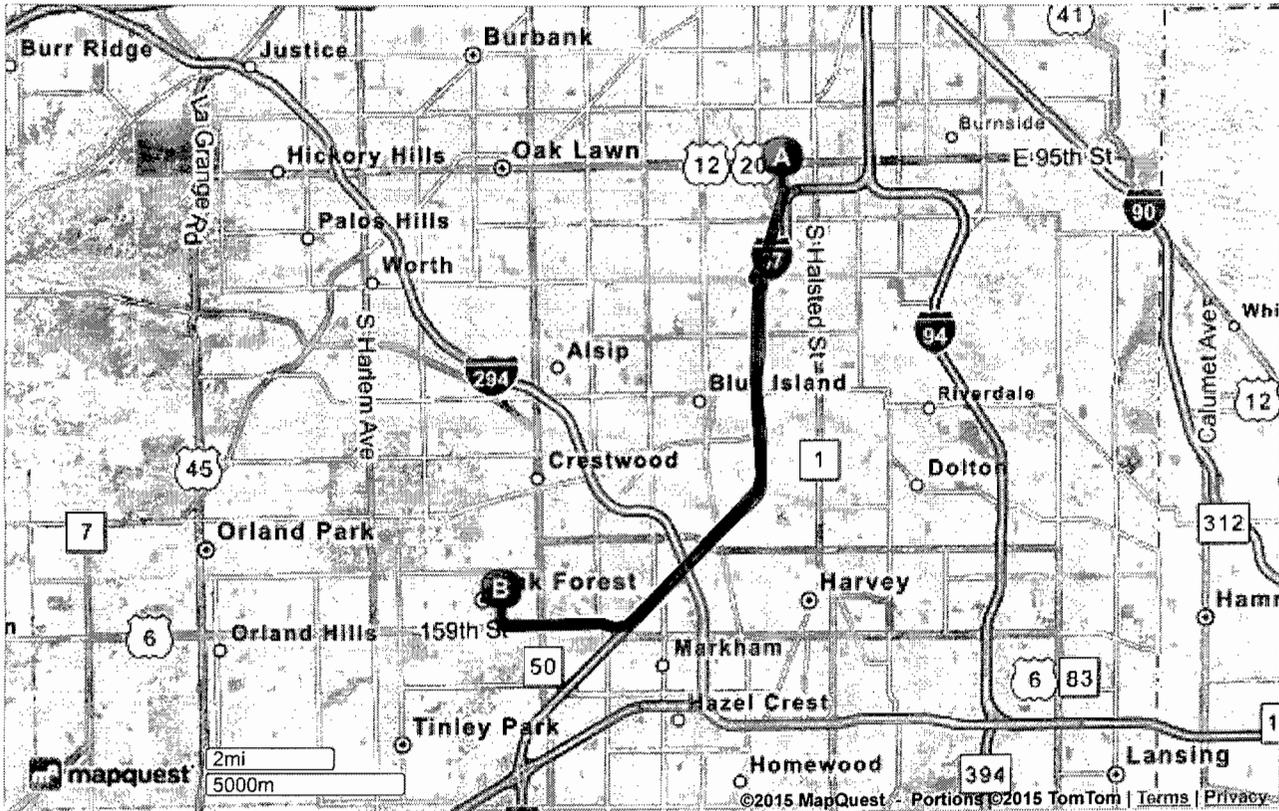
TO FRESenius MEDICAL CARE OAK FOREST

Trip to:

5340 159th St

Oak Forest, IL 60452-4702

11.05 miles / 15 minutes



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

Notes

TO FRESENIUS MEDICAL CARE PRAIRIE



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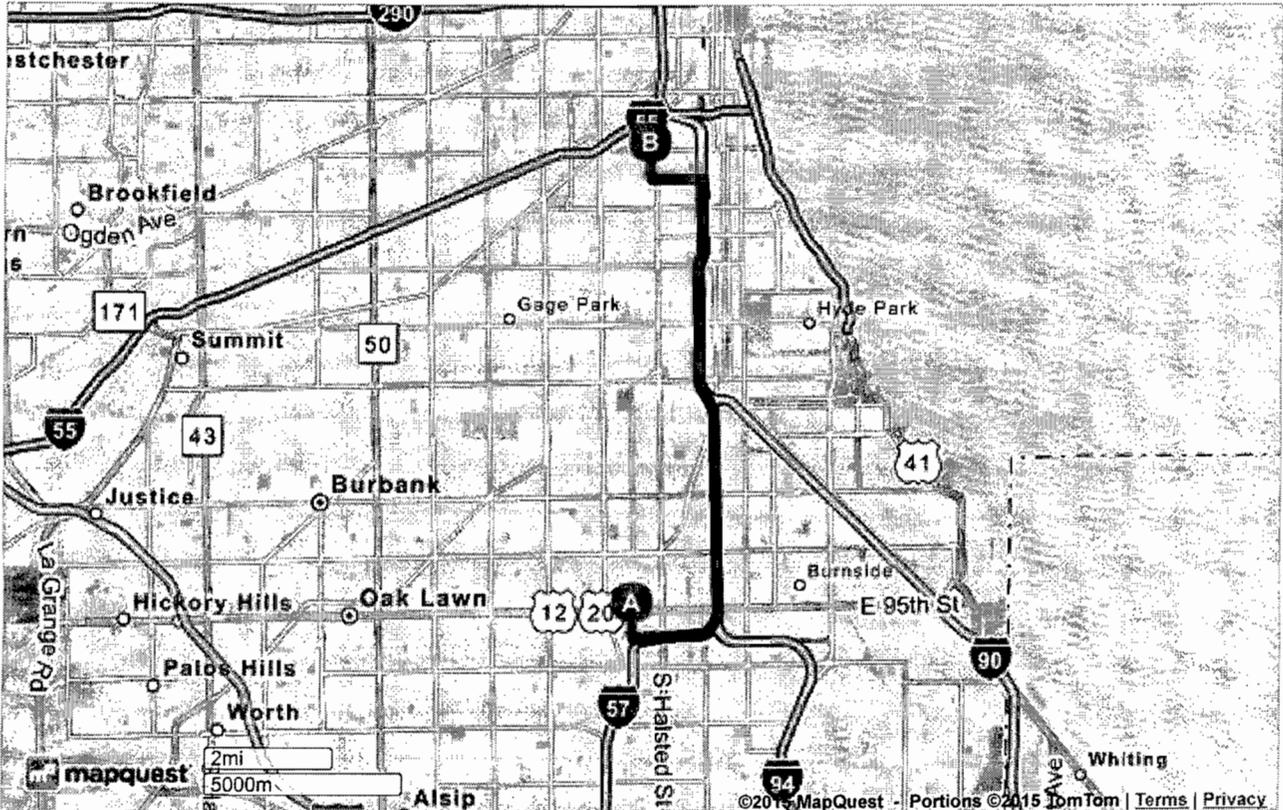
152



Trip to:
825 W 35th St
Chicago, IL 60609-1511
10.45 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE BRIDGEPORT



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Trip to:

4920 S Cottage Grove Ave

Chicago, IL 60615-2616

9.07 miles / 14 minutes

Notes

TO DAVITA KENWOOD



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Trip to:

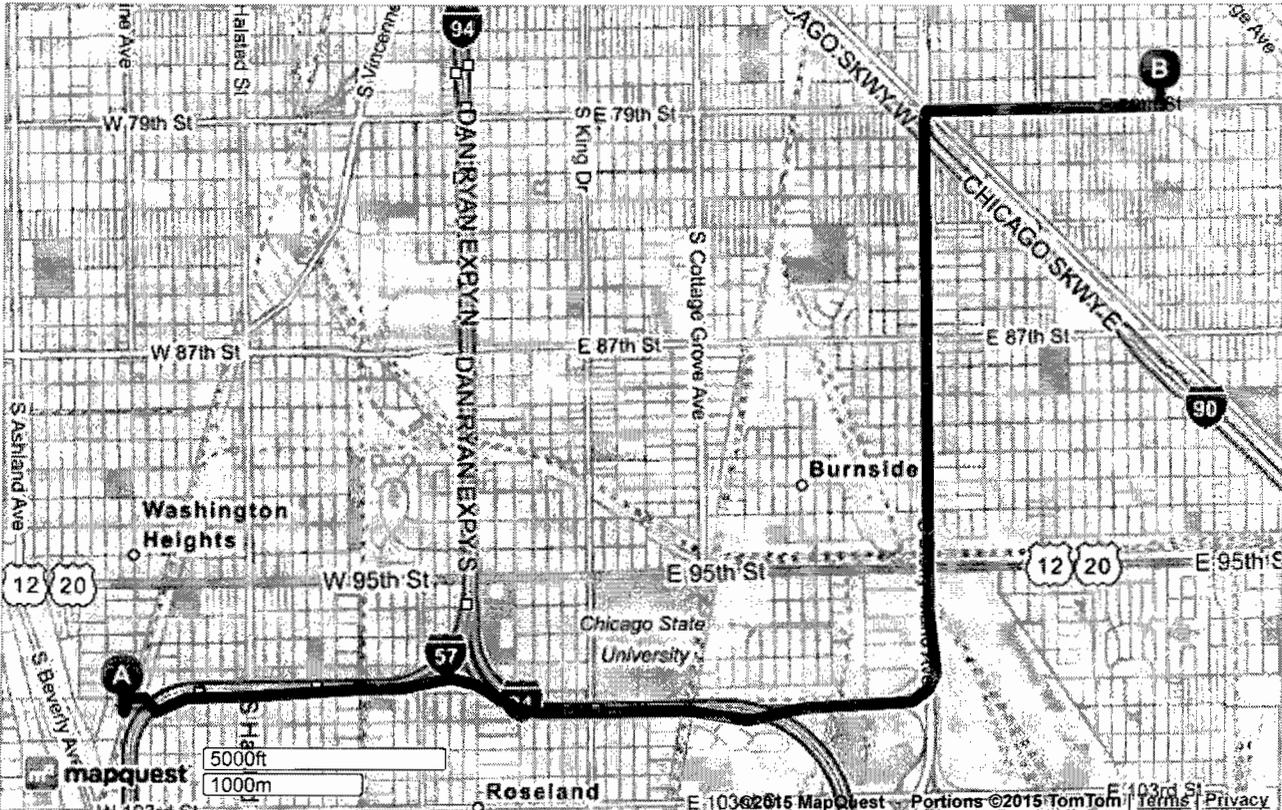
2420 E 79th St

Chicago, IL 60649-5112

7.33 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH SHORE



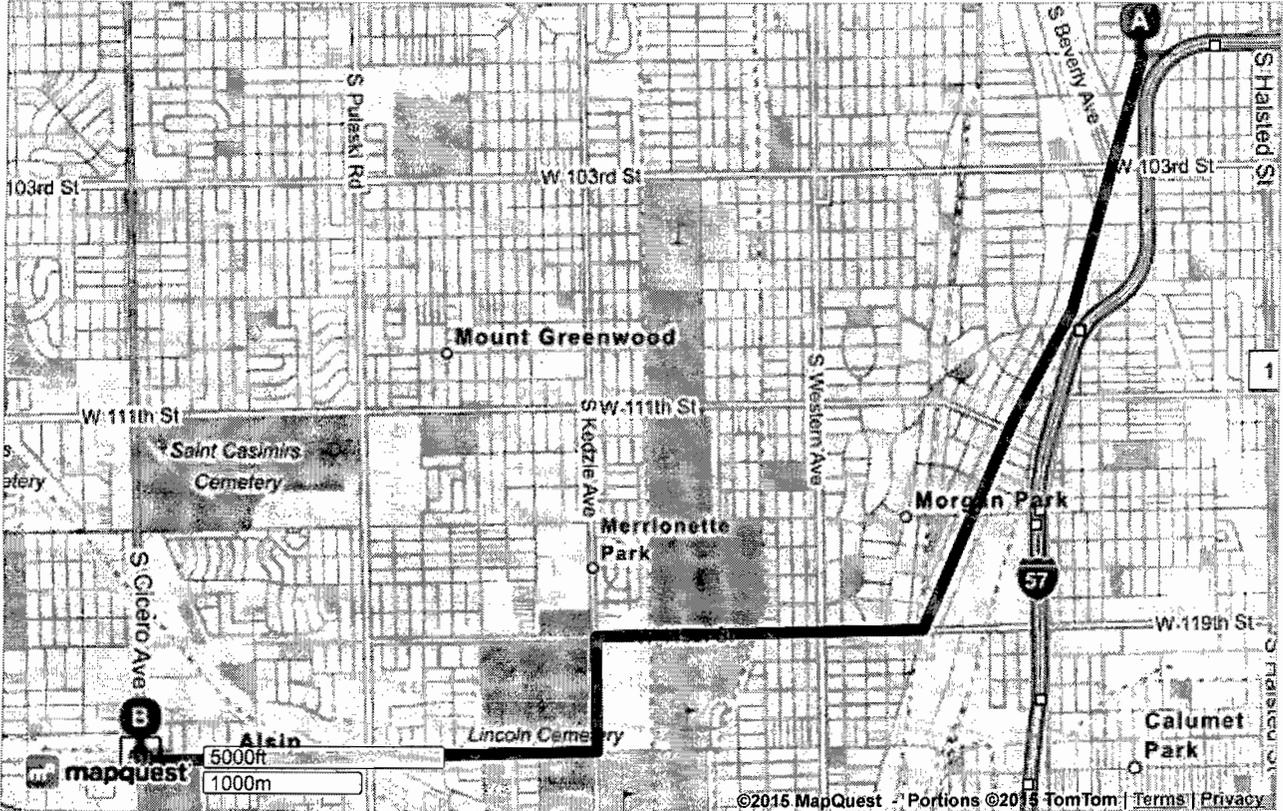
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Trip to:
12250 S Cicero Ave
Alsip, IL 60803-2907
6.75 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE ALSIP



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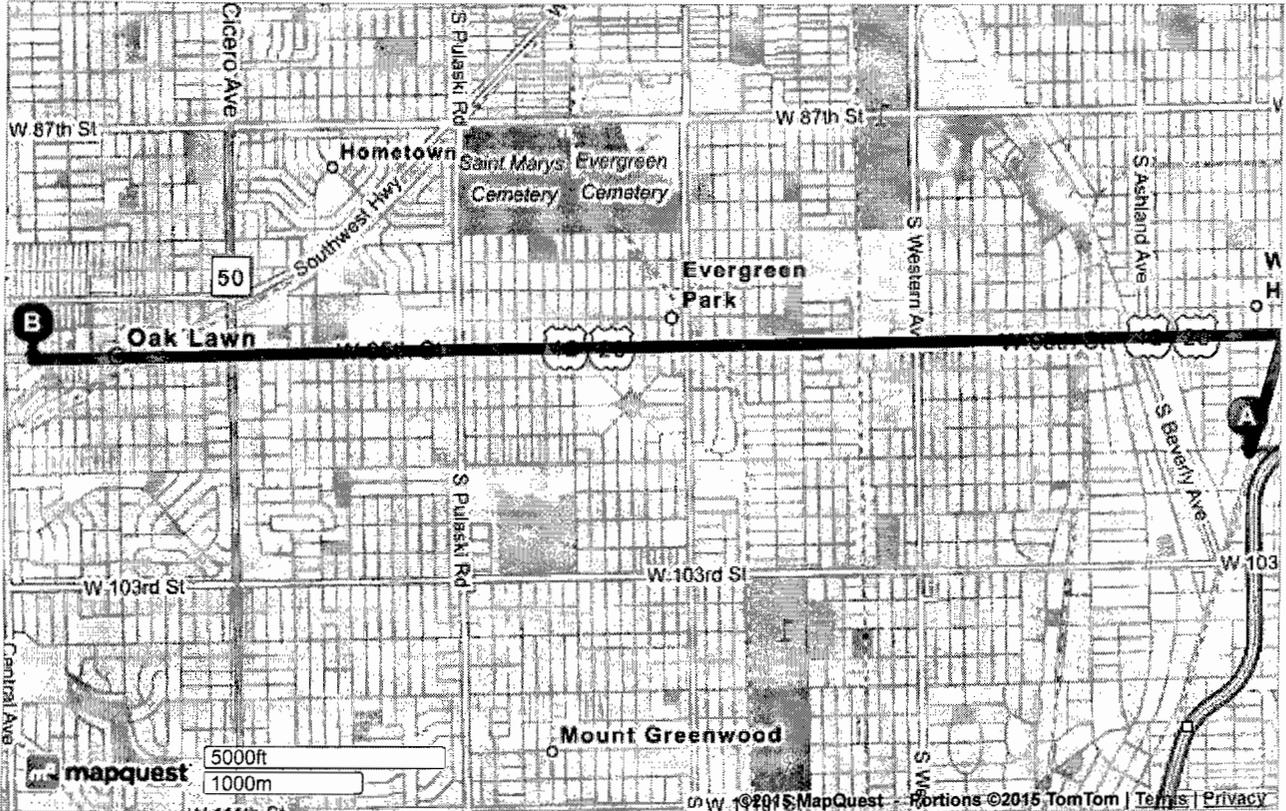


Trip to:

5433 W 95th St
Oak Lawn, IL 60453-2354
6.11 miles / 14 minutes

Notes

TO DAVITA STONEY CREEK



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Notes

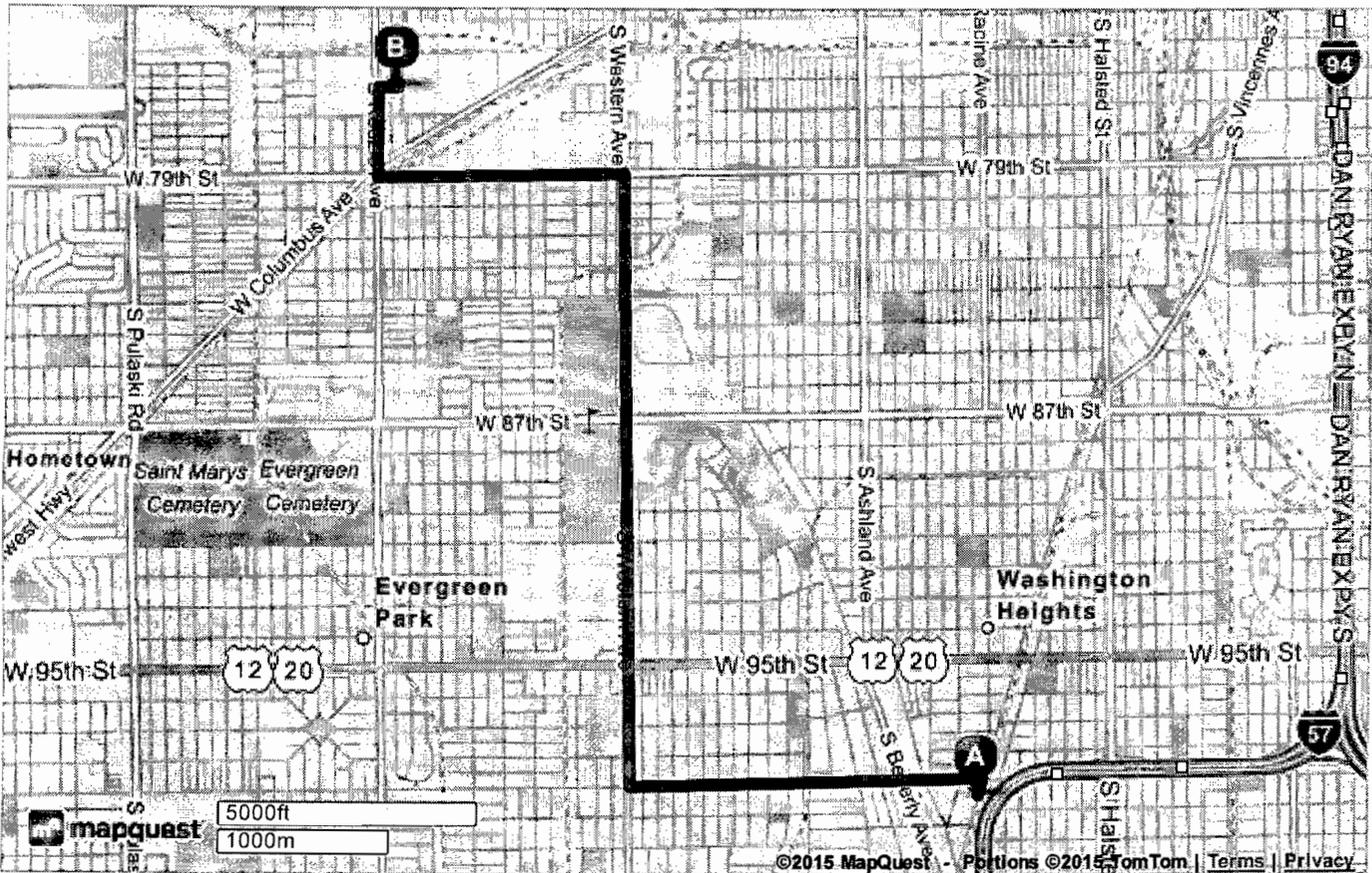
TO FRESENIUS MEDICAL CARE SOUTHSIDE

Trip to:

3134 W 76th St

Chicago, IL 60652-1968

5.54 miles / 13 minutes



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Trip to:
710 W 43rd St
Chicago, IL 60609-3435
9.28 miles / 12 minutes

Notes

TO DAVITA EMERALD



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Trip to:

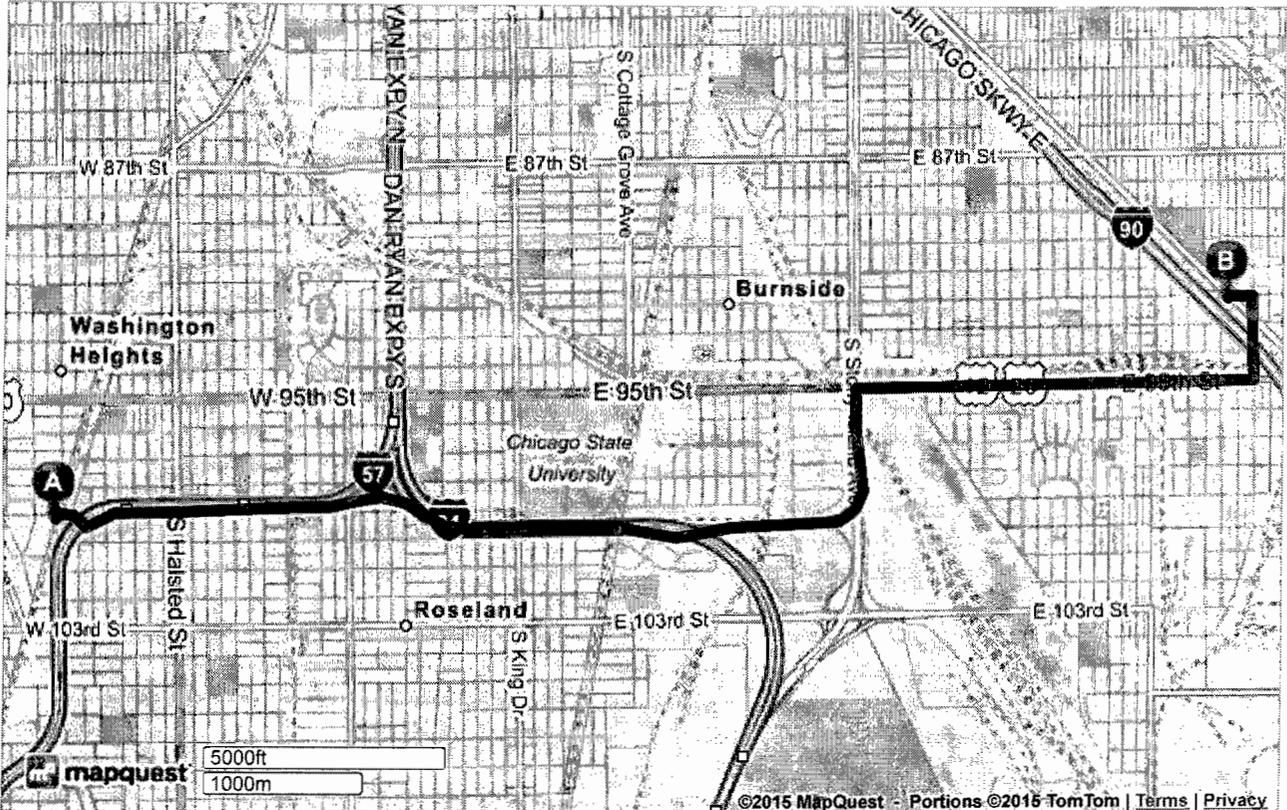
9200 S South Chicago Ave

Chicago, IL 60617-4512

6.49 miles / 12 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO



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Notes

TO FRESNIUS MEDICAL CARE ROSS-ENGLEWOOD

Trip to:

6333 S Green St

Chicago, IL 60621-1921

5.03 miles / 12 minutes



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163



Trip to:
5060 S State St
Chicago, IL 60609-5328
8.77 miles / 11 minutes

Notes

TO DAVITA WOODLAWN



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164



Trip to:

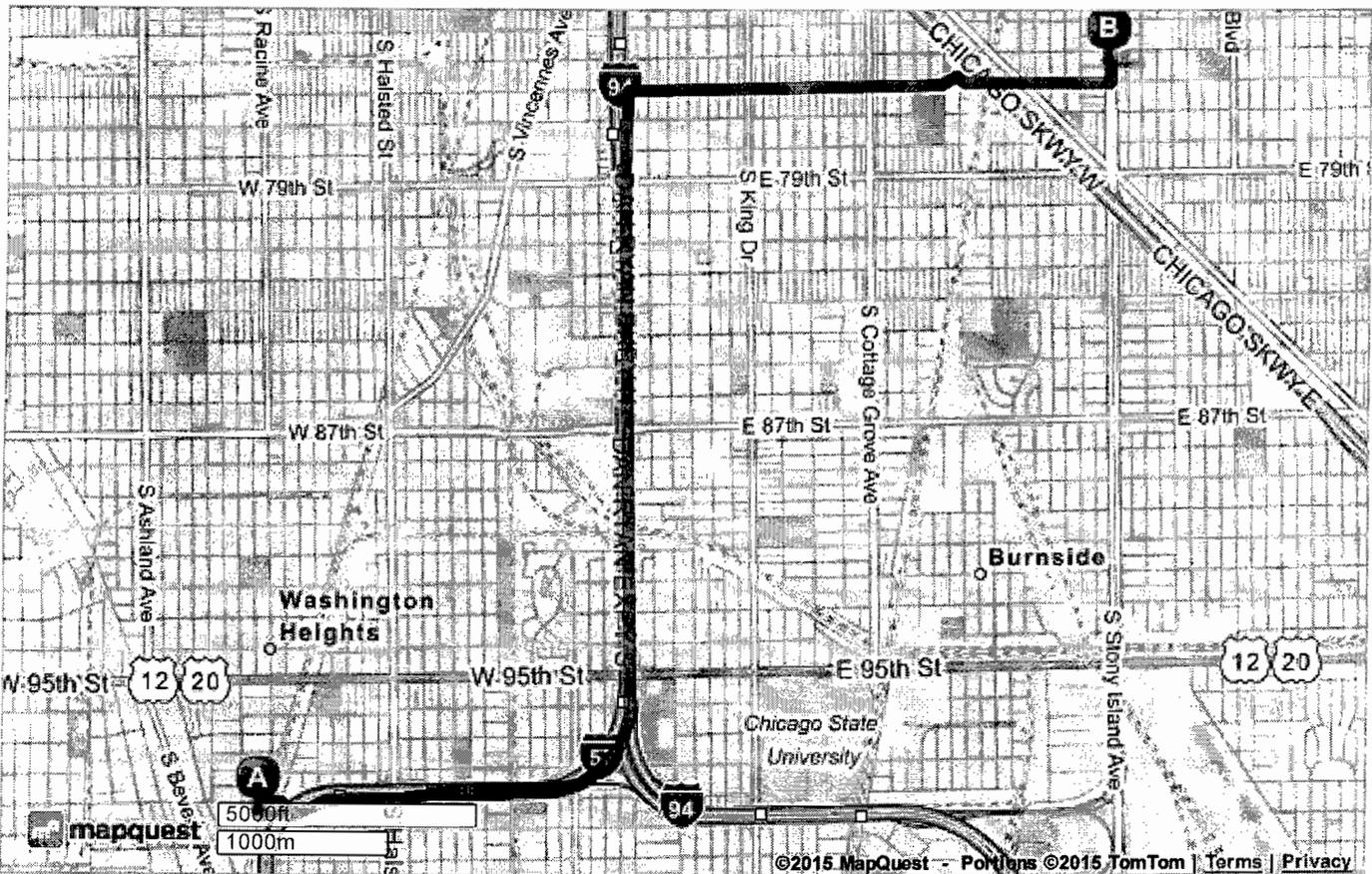
7531 S Stony Island Ave

Chicago, IL 60649-3954

6.46 miles / 11 minutes

Notes

TO FRESENIUS MEDICAL CARE JACKSON PARK



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165



Trip to:

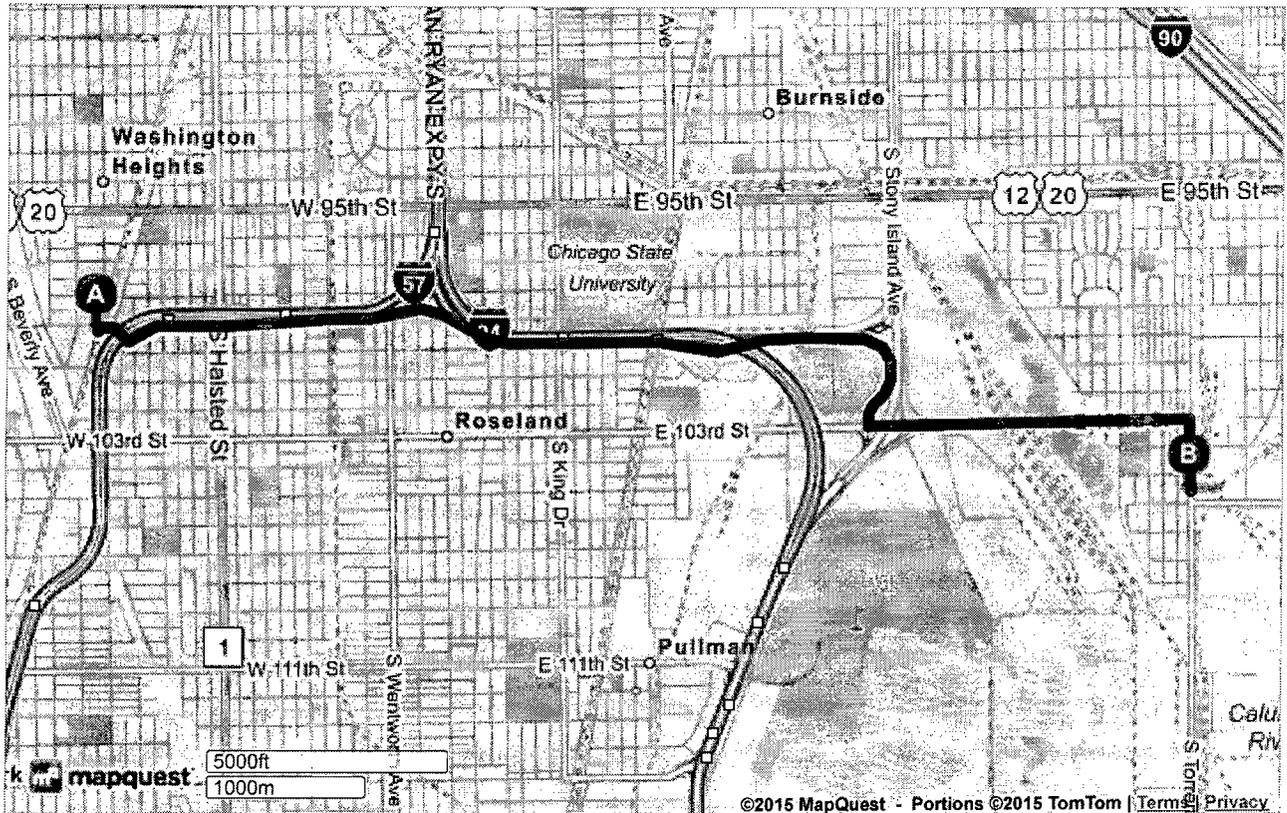
10559 S Torrence Ave

Chicago, IL 60617-6154

5.76 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH DEERING



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Trip to:

7319 S Cottage Grove Ave

Chicago, IL 60619-1909

5.65 miles / 10 minutes

Notes

TO DAVITA GRAND CROSSINGS



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Trip to:

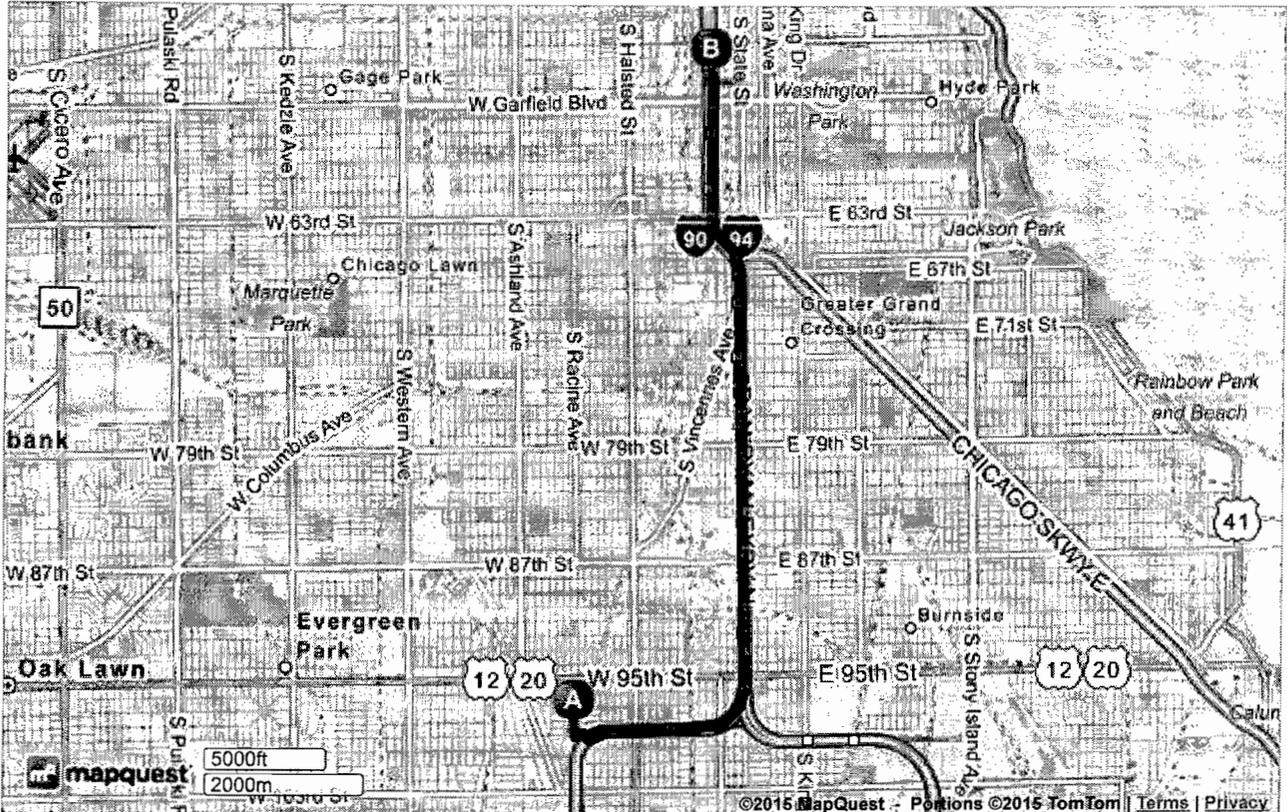
5401 S Wentworth Ave

Chicago, IL 60609-6300

7.15 miles / 9 minutes

Notes

TO FRESENIUS MEDICAL CARE GARFIELD



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Notes

TO DAVITA STONY ISLAND

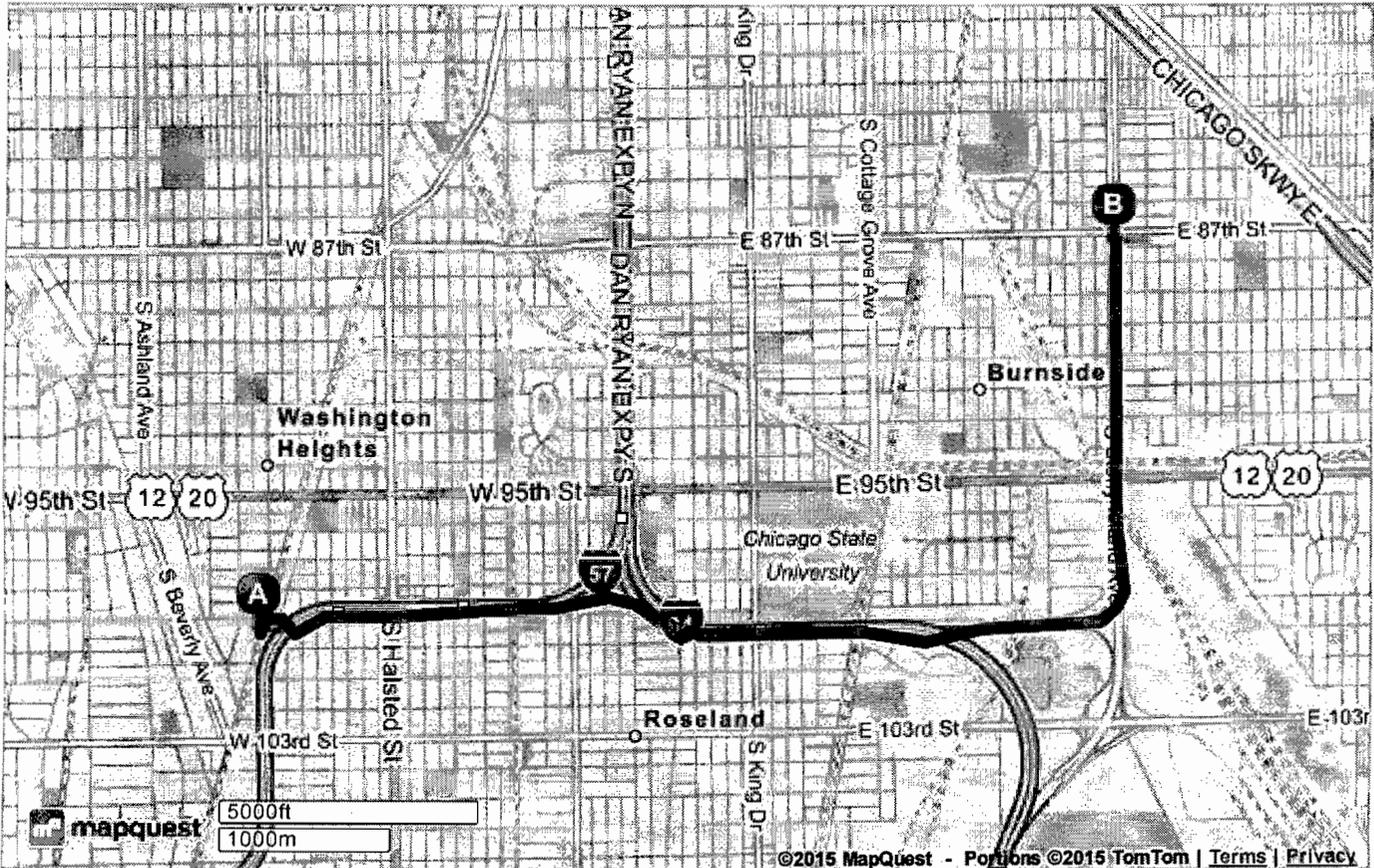
Trip to:

Stoney Island Dialysis
8725 S Stony Island Ave

Chicago, IL 60617

(773) 221-7320

5.24 miles / 9 minutes



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Notes

TO FRESENIUS MEDICAL CARE
MERRIONETTE PARK

Trip to:

11650 S Kedzie Ave

Merrionette Park, IL 60803-4516

4.40 miles / 9 minutes



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Trip to:

3401 W 111th St

Chicago, IL 60655-3329

4.07 miles / 9 minutes

Notes

TO DAVITA MT. GREENWOOD



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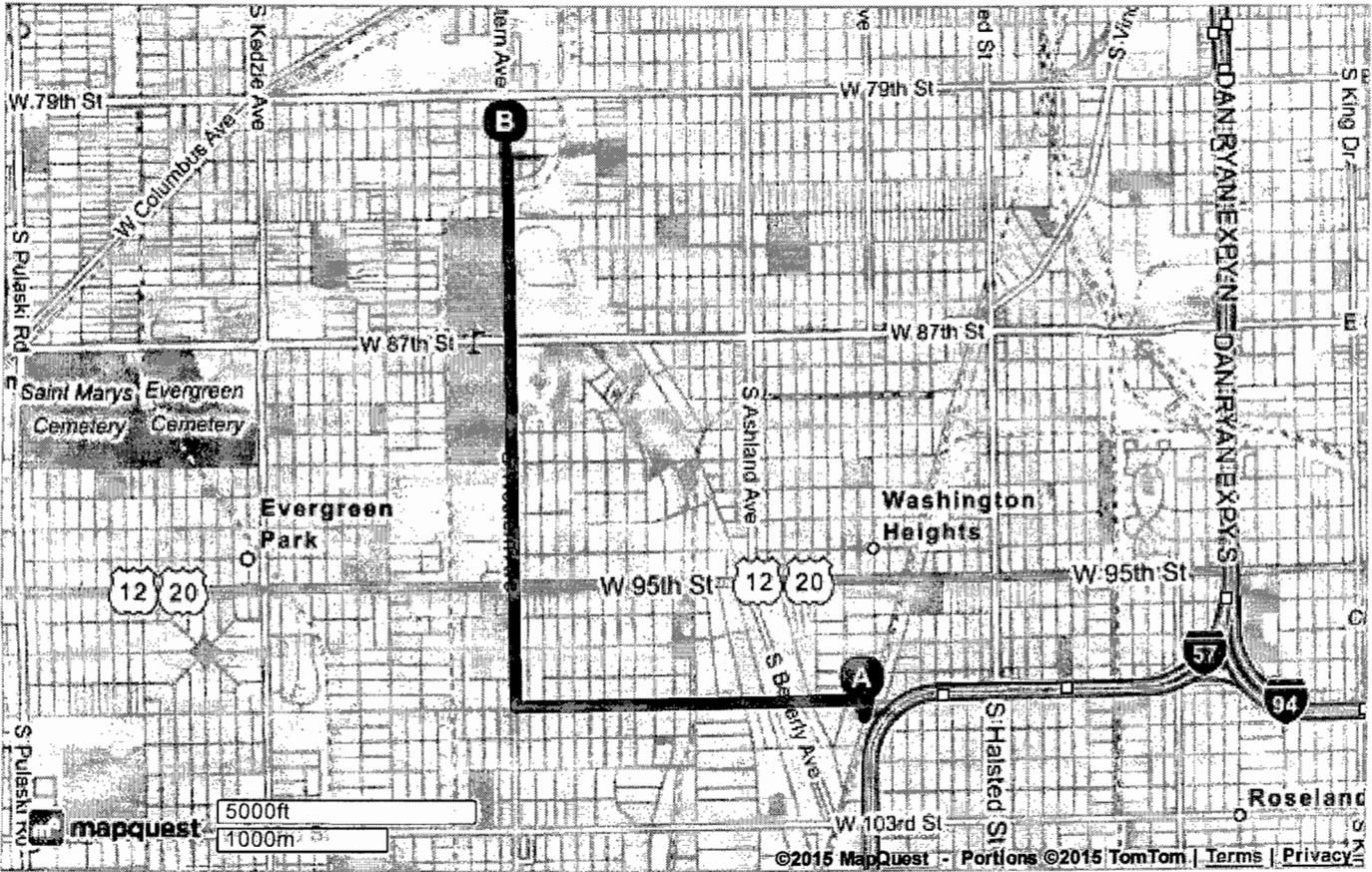
171



Notes

TO DAVITA BEVERLY

Trip to:
8109 S Western Ave
Chicago, IL 60620-5939
3.80 miles / 9 minutes



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Trip to:
1111 E 87th St
Chicago, IL 60619-7011
4.34 miles / 8 minutes

Notes

TO FRESNIUS MEDICAL CARE
GREENWOOD



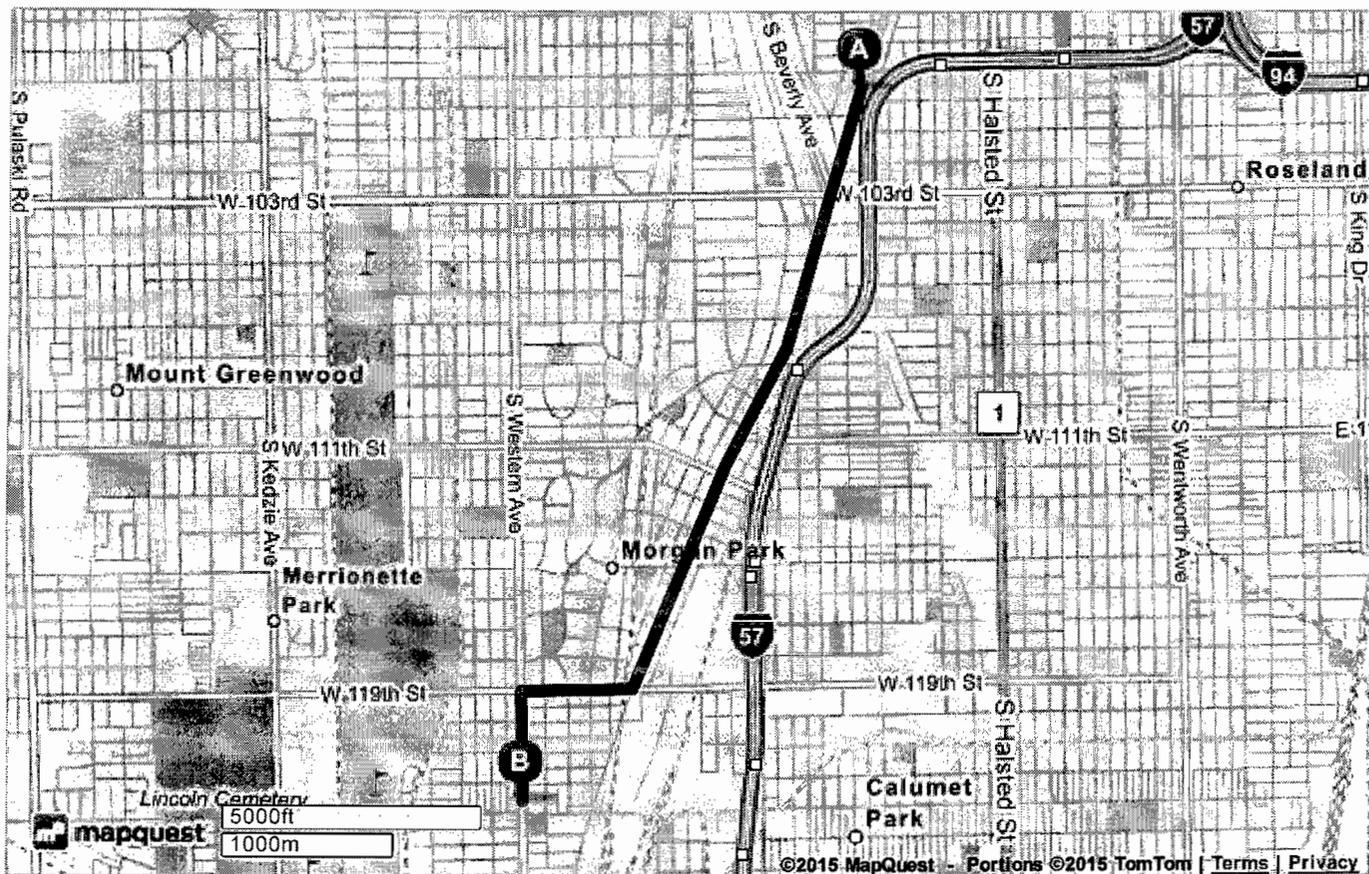
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Trip to:
12200 Western Ave
Blue Island, IL 60406-1330
3.56 miles / 8 minutes

Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND



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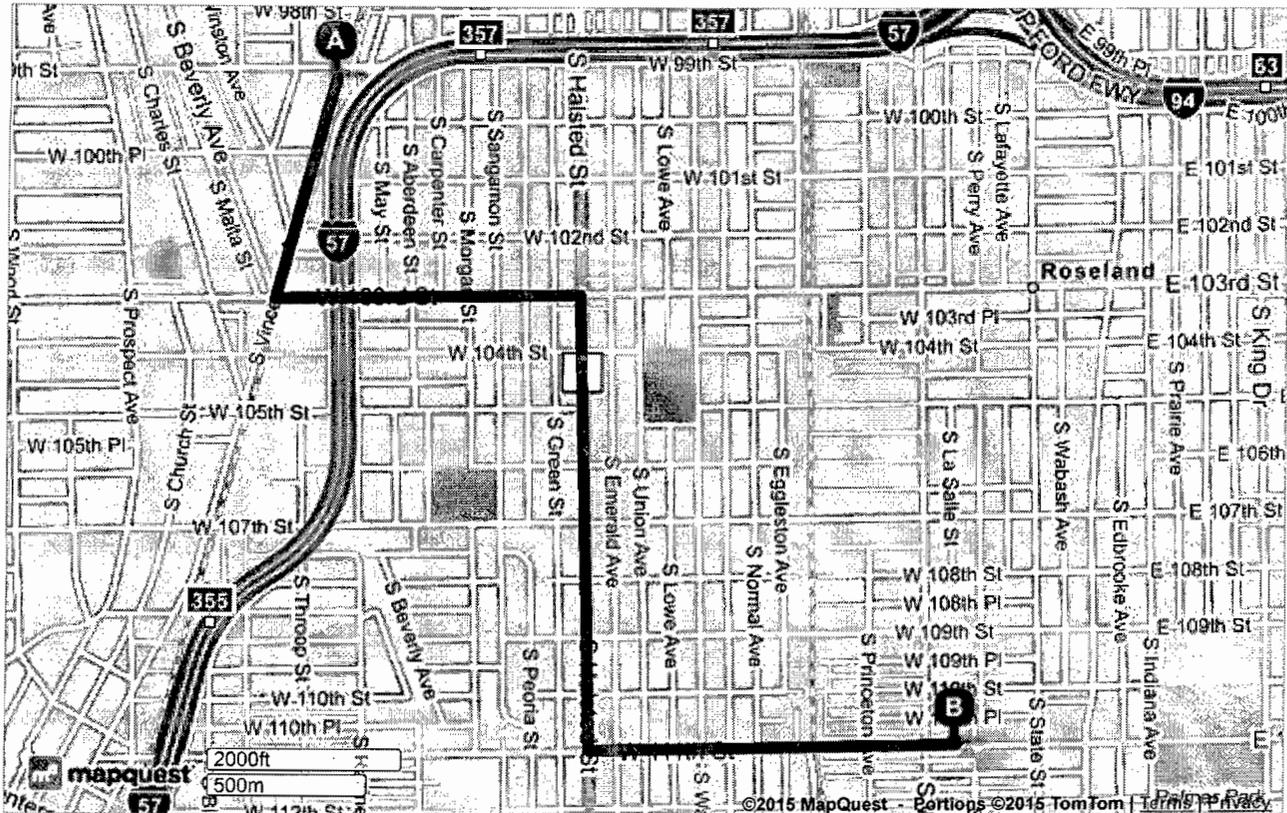
174



Trip to:
132 W 111th St
Chicago, IL 60628-4215
3.00 miles / 7 minutes

Notes

TO FRESNIUS MEDICAL CARE ROSELAND



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Notes

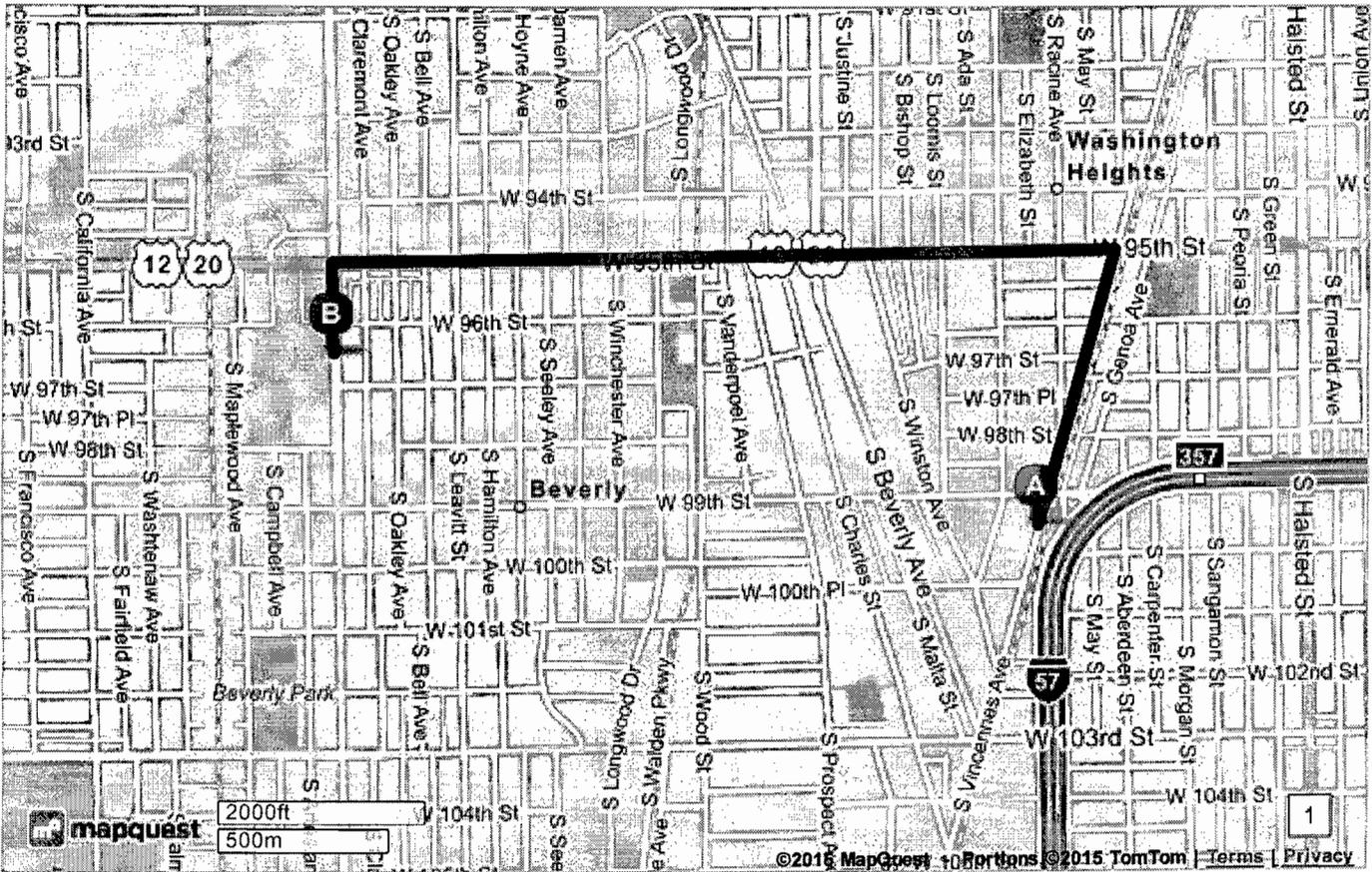
TO FRESENIUS MEDICAL CARE EVERGREEN PARK

Trip to:

9730 S Western Ave

Evergreen Park, IL 60805-2628

2.41 miles / 6 minutes



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Trip to:

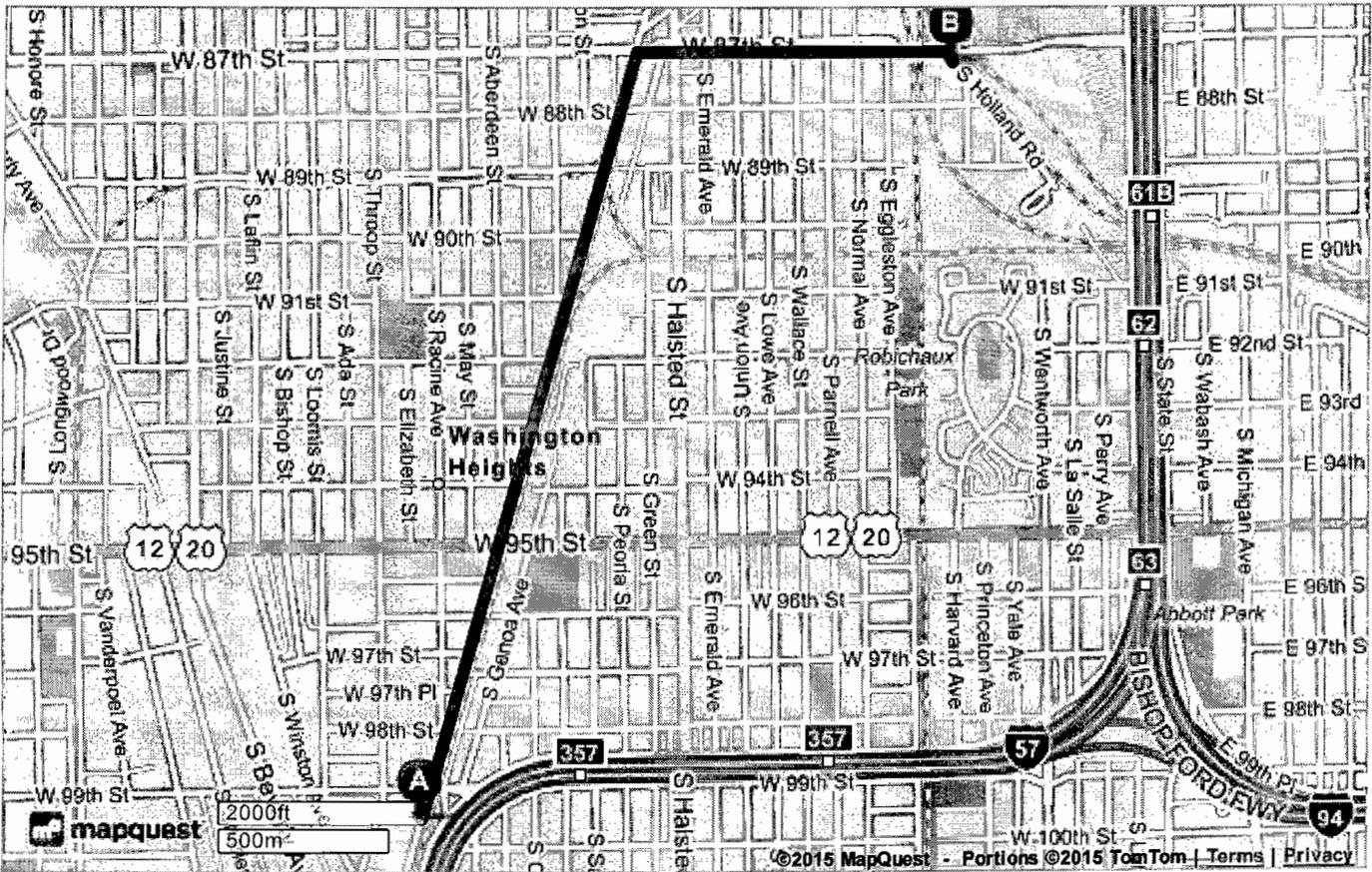
8643 S Holland Rd

Chicago, IL 60620

2.32 miles / 6 minutes

Notes

TO FRESENIUS MEDICAL CARE CHATHAM



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ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
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(312) 654-2720

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ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

September 10, 2015

Ms. Kathy Olson
Chair
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist in practice with Associates in Nephrology (AIN). My partners and I have over 2,000 dialysis patients that we serve in the Chicago-land area. I am also the Medical Director of the Fresenius South Chicago dialysis facility. I am in full support of the proposed 16-station Fresenius Medical Care Beverly Ridge facility. The nearest surrounding facilities that I see patients at (Roseland, Chatham & Evergreen Park) are all full. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure. This is clearly evidenced by the high utilization of dialysis facilities in this area. Additional access is needed for our patients who will need to begin dialysis in the next few years.

In the south Chicago area AIN was treating 545 hemodialysis patients at the end of 2012, 625 patients at the end of 2013, 688 patients at the end of 2014, and 673 as of the most recent quarter. Over the past twelve months AIN referred 282 new patients for hemodialysis services to the

facilities listed on the following pages. Nearly all of these facilities are near or at capacity making it difficult for our new dialysis patients to find access near their home as well as suitable treatment schedule times. AIN currently has 239 pre-ESRD patients that live in the immediate Washington Heights area who will

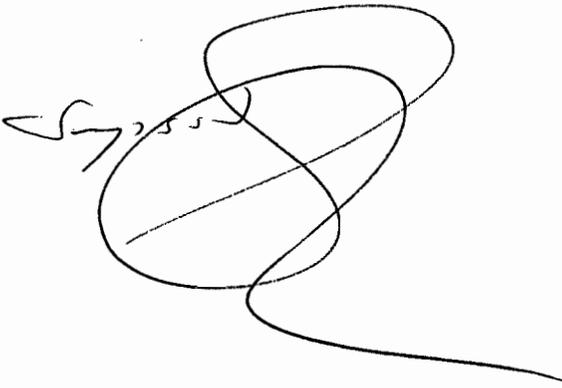
require dialysis services within 24 months of the completion of Fresenius Beverly Ridge and will likely be referred there (see attached list of patients).

I strongly urge the Board to approve Fresenius Medical Care Beverly Ridge in order to keep access available to dialysis services in this underserved area experiencing a high prevalence of ESRD. Thank you for your consideration.

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

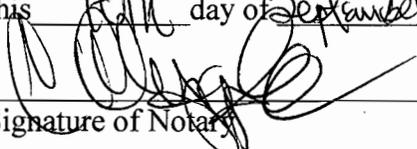
Sincerely,

Karen Simpson, M.D.

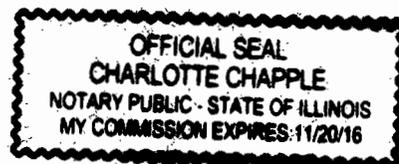
Karen Simpson


Notarization:

Subscribed and sworn to before me
this 14th day of September 2015


Signature of Notary

Seal



PRE - ESRD PATIENTS TO BE REFERRED TO BEVERLY RIDGE

Zip Code	Pre-ESRD Patients
60406	5
60619	41
60620	64
60628	60
60643	38
60652	11
60655	2
60803	4
60805	3
60827	11
Total	239

ADMISSIONS OF AIN FOR 8/01/2014 THROUGH 07/31/2015

Zip Code	Fresenius Medical Care Facilities														Concerto	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	South Side			
60085				1													1
60172			1														1
60402																1	1
60406		3															3
60409		1										3					4
60411			1														1
60415				1													1
60419						1											1
60426								1								1	2
60428																2	2
60432				1													1
60443						1											1
60445	1															1	2
60453			2														2
60455																1	1
60457			2														2
60458			1					1									2
60459			3	1													4
60471			1														1
60477				1													1
60482				1													1
60501			1														1
60611			1														1
60615											1	1					2
60617				2	1	3	3		1			26	3				39
60619				2	6		4				2	3	2		2		21
60620			1	9	7		1				3			1			22
60621				1	1		1		1		8		1				13
60622				1													1
60623			1		1												2
60624	1		1			1											3
60628	1	2		4	5	7	4			14		3					40
60629			4					1				1		1			7
60632			2					3			1			2			8
60633						1						1					2
60636					1	2					6	1					10
60637				1	2						3						6
60638			3					5									8
60643			1	11	2										1		15
60644				2													2
60649				1				1				1	8				11
60652			1	2													5
60655					1										2		2
60714			1														1
60803	1																1
60804											1						1
60805			1	2													3
60827	2	2	1	1													6
Total	7	8	30	46	30	16	14	10	1	17	28	43	15	6	11	282	

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2012

Zip Code	Fresenius Medical Care Facilities													Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	Southside			
60016												1				1
60061			1													1
60406	1	4		2												7
60409				4				1								5
60419				1												1
60423							1									1
60426	2			1										1		4
60428	1													1		2
60429	2									1						3
60430						1										1
60435			1													1
60445				1										4		5
60453			6	4												10
60455			2				1									3
60457	1		1													2
60459			6	1												7
60466														1		1
60471		1														1
60472	2			1												3
60473				1												1
60478	1											1		2		4
60501			1													1
60609			2	2			1			1	3					9
60615				2		1						1				4
60616			1			1					3	1				6
60617			2	6		4			1		59	8		1		81
60619	1		1	1	1	16					6	3				29
60620		1	13	28	2	5			2	2	4	3				60
60621			2	3		3			1	2	1	2				14
60624												1				1
60626				1												1
60627									1							1
60628	1	5	1	26	1	7			14	1	8	10				74
60629	1		18	1			3		1	1	1	1	1			28
60632			7				1									8
60636	1	1	5	3						2	3		1			16
60637				2		2				1	1	5				11
60638			3				2									5
60640							1									1
60643	5	2	2	22		3	1		9		2	1	1			48
60649				3		7				1	8	16				35
60651	1															1
60652			6	2												8
60653			2	3		2			1		1	3				12
60655	1		1	1												3
60803														1		1
60804			1													1
60805				4												4
60827		1	1	6		1			2		2	5				18
Total	21	15	86	132	4	53	10	1	33	11	103	62	3	11	545	

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2013

Zip Code	Fresenius Medical Care Facilities												Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore			
46410													1		1
60016												1		1	1
60061			1												1
60405			1												1
60406	1	5		3											9
60409	1			4								1		1	7
60419				2					1			1		2	6
60423								1							1
60426	2			1											3
60428	1													1	2
60429	1														1
60430								1							1
60435			1												1
60438					1										1
60445														2	2
60453			7	3											10
60455			4					1							5
60457			1												1
60459			7	1									1		9
60466					1									1	2
60472	2			1											3
60473								1							1
60478	1	1											1	2	5
60501			2					1							3
60605									1						1
60609			3	3						1		2			9
60615				2				1					1		4
60616			1									1	1		3
60617			1	3	5	4			1	1	64	9	1		89
60618					1										1
60619	1		1	3	7	16					11	3			42
60620			7	38	18	2		1	1		2	2			71
60621			4	2	2	3			1	2	2	1			17
60623			1												1
60625					1										1
60626				1											1
60627									1						1
60628	1	11	2	27	10	5			16		9	7			88
60629			17	1	1			1			1	1			23
60631										1					1
60632			9					1							10
60636		1	3	3	1					4	3				15
60637					3	3				1	1	5			13
60638			3					3							6
60643	3	6	5	22	2	3			7		1	1			50
60644									1						1
60649				3	3	7					5	23			41
60651	1														1
60652			8	5	1										14
60653			2	2	1	2					2				9
60655	1		1	2											4
60803	1													1	2
60804			1	1											2
60805				4					1						5
60827		3	1	9	1				1		3	4			22
Total	17	27	94	146	59	48	7	2	32	11	110	61	11	625	

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IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2014

Zip Code	Fresenius Medical Care Facilities														Concerto Dialysis	Total	
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	Southside			
60061			1														1
60402							1										1
60405			1														1
60406		8		1													9
60409	1	1		2			1										6
60417					1												1
60419				2								1					3
60423								1									1
60426	2	1		1				1									6
60428	1																2
60429	1																2
60430							1										1
60435			1														1
60438					1												1
60443							1										1
60445	1																2
60453			8	2													10
60455			3					1									5
60457			2														2
60458			1														1
60459			12	2				1					1				16
60471					1						1						2
60472	2			1													3
60473				1													1
60477																	1
60478	1												1				3
60501			1					1									2
60609			2	1							1	1					5
60615				1				1					1				3
60616												1					1
60617			1	4	5	6	5			2	1	65	8				97
60619			1	6	10	1	21			1		15	4				59
60620			7	41	21		3			1	2	1	3				79
60621			3	2	2		3					2		3			16
60623			2														2
60626				1													1
60628	3	11	2	31	11	2	8			19	1	6	7				101
60629			17	2	2			1			1		1				24
60632			6					1									7
60633								1				1					2
60636		1	4	3	3	1					7	3					22
60637					3		2				3	1	5				14
60638			4					5									9
60643	2	5	3	25	3		2			5		1					46
60644				1						1							2
60649				3	3		4					7	28				45
60652			9	6													17
60653			2	2	3		1					2		2			10
60655	1		1	2													4
60680													1				1
60690				1													1
60803	2																3
60804			1	1													2
60805			1	7						1							9
60827		4	1	8	1					1		2	3				21
Total	17	31	97	160	70	13	51	11	4	33	16	107	66	2		10	688

IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 2ND QUARTER 2015

Zip Code	Fresenius Medical Care Facilities														Concerto Dialysis	Total
	Alsip	Blue Island	Burbank	Evergreen Park	Chatham	South Deering	Greenwood	Midway	Mokena	Roseland	Ross Englewood	South Chicago	South Shore	South Side		
60061			1													1
60085				1												1
60169													1			1
60402								1								1
60405			1													1
60406		9		1	1											11
60409	1	1		2		1						1			1	7
60415				1												1
60419				2		1						1				4
60423										1						1
60426	2	1		1						1						6
60428	1															2
60429	1															1
60430								1								1
60432				1												1
60435			1													1
60443						1										1
60445	1														3	4
60453			7	2												9
60455	1		5												1	7
60457			2													2
60458			2													2
60459			10	1				1								12
60471					1					1						2
60472	2			1												3
60473				1												1
60477				1						1						2
60478	1												1		1	3
60501								1								1
60609			1	1							1	1				4
60615				1				1				1	1			4
60616						1										1
60617				3	5	6	7			1	1	59	7			89
60619			1	7	13	1	24			1		13	5			65
60620		1	3	40	22		2			1		1	3	1		75
60621			2	3	1		2				1	2		2		13
60623			1													1
60626				1												1
60628	3	12	1	30	12	1	7			22	1	8	4		1	102
60629			11	2	2					2	1					18
60632			4							2				2		8
60633						1						1				2
60636		1	3	2	4						6	4				20
60637				1	4		1				3	1	4			14
60638			4					3								7
60643	2	5	3	24	3		2			5						44
60644				1						1						2
60649	1			3	4		3					6	26			43
60652			7	7										2		16
60653			2	2	1		1					2				8
60655	1		1	2												4
60680													1			1
60690				1												1
60803	3														1	4
60804			1	1												2
60805			1	6						1				1		9
60827	2	6		10	1							1	4			24
Total	22	36	75	163	74	13	51	10	4	34	15	100	59	6	11	673