



**FRESENIUS
KIDNEY CARE**

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

September 29, 2016

RECEIVED

SEP 30 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Re: Final Cost Report. Section 1130.770
Project #15-057, Fresenius Medical Care Spoon River
Permit Holder: Dialysis Centers of America – Illinois, Inc., and Fresenius
Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Spoon River, #15-057, along with a signed notarized cost report certification for the project as required pursuant to 7Il. Adm. 1130.770.

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

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli



September 20, 2016

Final Cost Report, Section 1130.770 Fresenius Medical Care Spoon River

Project #15-057, Fresenius Medical Care Spoon River
Permit Holder: Dialysis Center of America – Illinois, Inc., and Fresenius Medical Care Holdings, Inc.

This report summarizes the development and final costs of the above-mentioned project which is for the addition of 3 stations to a 9-station ESRD facility located at 340 S. Avenue B, Canton. The project was obligated with the installation of the three stations on March 10, 2016. There have been no changes to the scope and size of this project. The stations were operational as of April 28, 2016. The Permit amount is \$124,975. Final realized costs were \$60,366.

Project Costs and Sources of Funds

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

Application and Certificate for Payment (AIA G702)

There were no construction costs, only plumbing. The plumbing invoice is attached.

Project Costs	Allowance/CON	Realized
Modernization	12,000	2,380
Contingencies	N/A	N/A
Architectural/Engineering	N/A	N/A
Movable & Other Equipment	70,000	15,011
FMV of Leased Equipment	42,975	42,975
Total Project Costs	\$124,975	\$60,366
Funding	Allowance/CON	Realized
Cash & Securities	82,000	17,391
Lease FMV	42,975	42,975
Total funds	\$124,975	\$60,366



FRESENIUS KIDNEY CARE

Certification Of Cost Report Fresenius Medical Care Spoon River Project #15-057

Dialysis Centers of America – Illinois, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Spoon River, Project #15-057, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:
ITS: Maria T. C. Notar
 Assistant Treasurer

BY:
ITS: Bryan Mello
 Assistant Treasurer

Subscribed and Sworn to
Before me this 21st day of Sept, 2016

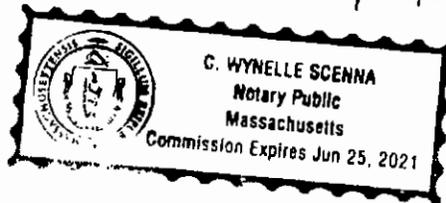
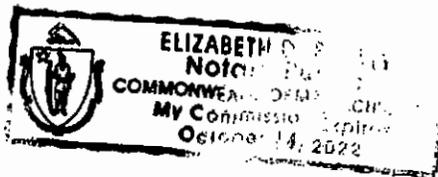
Subscribed and Sworn to
Before me this 20 day of Sept, 2016

Notary Public

Notary Public

My commission expires: 10/14/22

My commission expires: 06/25/2021





**Certification Of Cost Report
Fresenius Medical Care Spoon River
Project #15-057**

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Spoon River, Project #15-057, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

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Assistant Treasurer

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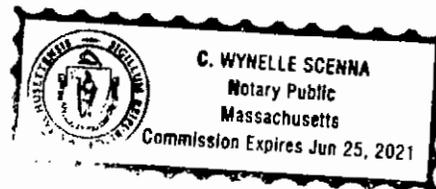
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Notary Public

Notary Public

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My commission expires: 06/25/2021





Invoice No.: 28652
 Date: 4/29/2016
 Agreement No.:
 Job No.: I-6TM00

Invoice

Bill to: Fresenius Medical Care

Service at: Fresenius Medical Care
 340 Ave B
 Canton, IL 61520

PO Number:
 Description: Water box install
 Last Day Work Was Performed: 041016

Customer ID: REN100
 Reference: Work Order 23650

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
	Total Lump Sum	1.00	2,380.00	2,380.00
			Miscellaneous Subtotal	2,380.00

P.O. # 4509244215
 Cost Center # 43130000
 Vendor # 530308
 Date Entered # 5-3-16
 Posting # 5018385225
 Date Rec: 5-6-16
 Signature J. Quigley

Notes:

PLEASE INCLUDE CUSTOMER ID AND INVOICE NUMBER(S) ON CHECK.

NOTE: A 5% HANDLING FEE WILL BE CHARGED IF PAID BY CREDIT CARD.

A FINANCE CHARGE OF 1 1/2 % PER MONTH (18 % PER YEAR) WILL BE CHARGED ON ALL AMOUNTS OVER 30 DAYS PAST DUE .

Subtotal:	2,380.00
Sales Tax:	0.00
Total Due:	2,380.00

TERMS: **DUE UPON RECEIPT**