



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

December 30, 2016

Asim Shazzad  
Administrator  
Dialysis Care Center  
15786 S Bell Rd  
Homer Glen, IL, 60491

Re: Additional Information Project #16-058

Mr. Shazzad:

We are in the process of reviewing your application for permit and we need additional information in order to complete our review. Please provide the following information for Application for Permit#16-058. Your application was received on December 29, 2016 and was deemed incomplete on December 30, 2016.

1. We are going to need a schematic of the proposed facility indicating the location of all fourteen (14) dialysis stations, patient exam and training area, support area, water treatment, nurse station, lobby, reception area, administrative space, areas for staff i.e. locker room, toilets, and storage.
2. The physician letters provided at pages 66-67 and 78 of the application for permit need to be signed and notarized
3. It is unclear to us how a fourteen [14] station ESRD facility can be established for \$1,122,000. Please provide us with a detailed explanation of how this can be accomplished. Your costs are approximately seventy percent (70%) less than other applications we are seeing.
4. Please provide an explanation of how the fair market value of the space and the fair market value of the dialysis machines were determined.

5. Please provide the expected payor mix of the proposed facility.

Payor Mix	# of Patients	Percentage of Revenue
Medicare Revenue		
Medicaid Revenue		
Private Pay Revenue		
Self Pay Revenue		
Charity Care		

6. We need for you to complete the Tables below for the proposed project. We also need the assumptions that were used to calculate the projected information. 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.

TABLE ONE Dialysis Care Center McHenry LLC Projected [Facility]			
	Year 1	Year 2	Year 3
# of Stations			
# of Treatments			
# of Patients			
Utilization Rate			
Net Patient Revenue			
Total Operating Expenses			
Net Profit or (Loss)			

TABLE TWO Projected Dialysis Care Center McHenry LLC			
	Year 1	Year 2	Year 3
Current Ratio			
Net Margin Percentage			
Percent Debt to Total Capitalization			
Projected Debt Service Coverage			
Days Cash on Hand			
Cushion Ratio			

TABLE THREE Projected Dialysis Care Center Holdings, LLC			
	Year 1	Year 2	Year 3
Current Ratio			
Net Margin Percentage			
Percent Debt to Total Capitalization			
Projected Debt Service Coverage			
Days Cash on Hand			
Cushion Ratio			

Should you have any questions or concerns please contact Mike Constantino or George Roate at [Mike.Constantino@illinois.gov](mailto:Mike.Constantino@illinois.gov) or [George.Roate@illinois.gov](mailto:George.Roate@illinois.gov) or 217.782.3516.

Sincerely,



Mike Constantino  
Project Reviewer