



DIALYSIS CARE CENTER, LLC  
15786 S. Bell Road  
Homer Glen, IL 60491  
PH: 708-645-1000  
FAX: 931-484-4701

March 27, 2019

VIA Federal Express

Michael Constantino  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, Illinois 62761  
Attn: Michael Constantino

**RECEIVED**

**MAR 27 2019**

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

**Re: Notice of Project Completion and Final Realized Cost Report - Dialysis Care Center Beverly project #17-052**

Dear Mr. Constantino:

I am writing on behalf of Dialysis Care Center and Dialysis Care Center Beverly (the permit holder) to submit the notice of project completion and final realized project cost report for project No 17-052.

**1. CMS Approval**

Centers for Medicare and Medicaid Services surveyed Dialysis Care Center Beverly on March 1, 2019. The survey was successful with no deficiencies recorded by the surveyors. Please find attached CMS approval letter, dated March 18, 2019, with our CCN number assigned, 142848.

**2. Current Patient Census and Capacity**

As of March 18, 2019, we have 8 active patients at the clinic.

**3. Sources of Funds**

The project was funded with \$1,609,752.00 in cash and cash equivalents.

**4. Final Realized Project Costs**

The project was completed at the budgeted approved amount. Please find the itemized spreadsheet with completed project costs. All of the costs reported in the table below will be reported on Medicare/ Medicaid Cost Reports.

**Dialysis Care Center Beverly  
Final Realized Project Costs**

PROJECT COSTS	APPROVED	EXPENDED
Architectural and Engineering fees	\$ 45,000.00	\$ 47,500.00
Contingencies	\$ 60,000.00	\$ 0.00
Moveable or other equipment	\$ 450,800.00	\$ 429,600.00
Fair market value of lease and equipment	\$ 1,053,952.00	\$ 1,053,952.00
<b>Estimated Total Project Cost</b>	<b>\$ 1,609,752.00</b>	<b>\$ 1,533,552.00</b>

**5. Medicare and Medicaid Cost Reports and Final Application Certification Compliance**

Pursuant to 77 Ill. Admin Code 1130.770, Dialysis Care Center certifies the final realized costs are the total costs required to complete the Project and no additional or associated costs or capital expenditures related to the project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify Dialysis Care Center has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

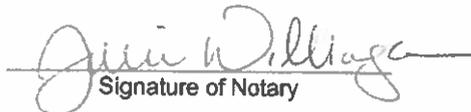
Please do not hesitate to contact me if you have any questions or need any additional information regarding this project.

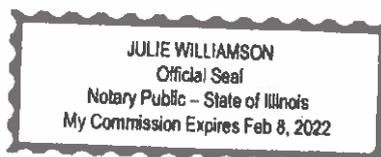
Sincerely,



Asim M. Shazzad  
Chief Operating Officer

Notarization:  
Subscribed and sworn to before me  
this 27<sup>th</sup> day of March, 2019

  
Signature of Notary



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Midwest Division of Survey and Certification  
Chicago Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601-5519



CMS Certification Number (CCN): 142848  
National Provider Identifier (NPI): 1497258693

March 18, 2019

Administrator  
Dialysis Care Center Beverly LLC  
10801 S Western Avenue Suite 100  
Chicago, IL 60643  
Via Facsimile: 708-741-1609

Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program (Title XVIII of the Social Security Act). Your effective date of coverage is March 1, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of fourteen (14) maintenance stations.

Your facility is approved to provide the following services:

-In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrator Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your MAC will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

We have certified your facility and assigned your CCN. However, this does not complete your Medicare enrollment. The MAC will now complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your provider agreement and CCN are contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your agreement and/or CCN will be voided.

Page 2  
Administrator

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198.

Sincerely,



Maria Vergel De Dios  
Principal Program Representative  
Non-Long Term Care Certification & Enforcement Branch

cc: Illinois Department of Public Health  
Illinois Department of Health Care & Family Service  
National Government Services  
Renal Network #10