DIALYSIS CARE CENTER, LLC
15801 S. Bell Road
Homer Glen, IL 60491
PH: 708-645-1000
FAX: 931-484-4701

December 16, 2019

VIA Federal Express

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

Re: Notice of Project Completion and Final Realized Cost Report - Dialysis Care Center Hazel Crest, Hazel Crest project #17-071

Dear Mr. Constantino:

I am writing on behalf of Dialysis Care Center and Dialysis Care Center Hazel Crest (the permit holder) to submit the notice of project completion and final realized project cost report for project No 17-071.

1. **CMS Approval**

Centers for Medicare and Medicaid Services surveyed Dialysis Care Center Hazel Crest on November 8, 2019.
Please find attached CMS approval letter, dated December 10, 2019, with our CCN number assigned, 142865.

2. **Current Patient Census and Capacity**

As of December 10, 2019, we have 7 active patients at the clinic.

3. **Sources of Funds**

The project was funded with $1,450,522.03 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 the costs reported in the table below will be reported on Medicare/ Medicaid Cost Reports.

Dialysis Care Center Elgin
Final Realized Project Costs

PROJECT COSTS	APPROVED	EXPENDED
Modernization Contracts	$ 487,500.00	$ 448,980.00
Contingencies	$	$
Architectural and Engineering fees	$ 45,000.00	$ 43,576.08
Moveable or other equipment	$ 420,000.00	$ 433,475.95
Fair market value of lease and equipment	$ 426,335.00	$ 426,335.00
Estimated Total Project Cost	**$ 1,422,710.00**	**$ 1,352,367.03**

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 11th day of December, 2019

Julie Williamson
Signature of Notary

JULIE WILLIAMSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 8, 2022

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CMS-Chicago, Survey & Operations Group
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519

CMS Certification Number (CCN): 142865
National Provider Identifier (NPI): 1376199190
Via Facsimile: (708) 824-7950

December 10, 2019

Administrator
Dialysis Care Center Hazel Crest LLC
18325 Pulaski Road Unit A-B
Hazel Crest, IL 60429

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) 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 November 8, 2019.

Your unit has been approved as a renal dialysis facility. This approval is for a total of twelve (12) 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 CCN shown above. Please provide the CCN when contacting this office, when contacting the State agency (SA), 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.

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 via email at lindsey.hoffman@cms.hhs.gov.

Sincerely,

Maria Vergel de Dios
Principal Program Representative
Chicago Acute & Continuing Care Branch

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