

November 14, 2011

**FEDERAL EXPRESS  
ELECTRONIC MAIL**

Mr. Dale Galassie  
Chair  
Illinois Health Facilities and Services Review  
Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**RECEIVED**

NOV 15 2011

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

**Re: Modification of Lawndale Dialysis (Proj. No. 11-103)**

Dear Mr. Galassie:

I am writing on behalf of DaVita Inc. and Total Renal Care, Inc. to submit the attached supplemental materials to add Cowell Dialysis, LLC as a co-applicant to the Lawndale Dialysis certificate of need application. For your review, we have attached the following:

- Completed Identification, General Information, and Certification pages;
- Certificate of Good Standing for Cowell Dialysis, LLC;
- Revised organizational chart; and
- Adverse action certification and authorization to access documents for Cowell Dialysis, LLC

In addition to the materials to add a co-applicant to the certificate of need application, we have also included a transfer agreement for Lawndale Dialysis.

Mr. Dale Galassie  
November 14, 2011  
Page 2

If you have any questions or need any additional information regarding the modification of Lawndale Dialysis certificate of need application, please feel free to contact me.

Sincerely,



Anne M. Cooper

Attachments

cc: Michael Constantino  
Kara Friedman  
Penny D. Davis  
Kelly Ladd

064628 426511

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Lawndale Dialysis			
Street Address: 3934 West 24 <sup>th</sup> Street			
City and Zip Code: Chicago, IL 60623			
County: Cook	Health Service Area	006	Health Planning Area:

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Cowell Dialysis, LLC	
Address: 1551 Wewatta Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 1551 Wewatta Street, Denver, CO 80202	
Telephone Number: (303) 405-2100	

**Type of Ownership of Applicant/Co-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.**

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 <sup>nd</sup> Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

**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: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 <sup>nd</sup> Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SDO Development LLC
Address of Site Owner: 1149 West 175 <sup>th</sup> Street, Homewood, Illinois 60403
Street Address or Legal Description of Site: 3934 West 24th Street, Chicago, IL 60623
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: Cowell Dialysis, LLC
Address: 1551 Wewatta Street, Denver, CO 80202
<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
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
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.
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**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.

DaVita Inc., Total Renal Care, Inc., and Cowell Dialysis, LLC (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to establish a 16-station dialysis facility located at 3934 West 24th Street, Chicago, Illinois. The proposed dialysis facility will include a total of 6,781 gross square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

**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 Cowell Dialysis, 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.

Kent Thiry  
SIGNATURE

Kent Thiry  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of November, 2011

Linda N. O'Connell  
Signature of Notary

Seal  
LINDA N. O'CONNELL  
NOTARY PUBLIC  
STATE OF COLORADO  
MY COMMISSION EXPIRES 06-08-2015

Luis Borgen  
SIGNATURE

Luis Borgen  
PRINTED NAME

Chief Financial Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of November, 2011

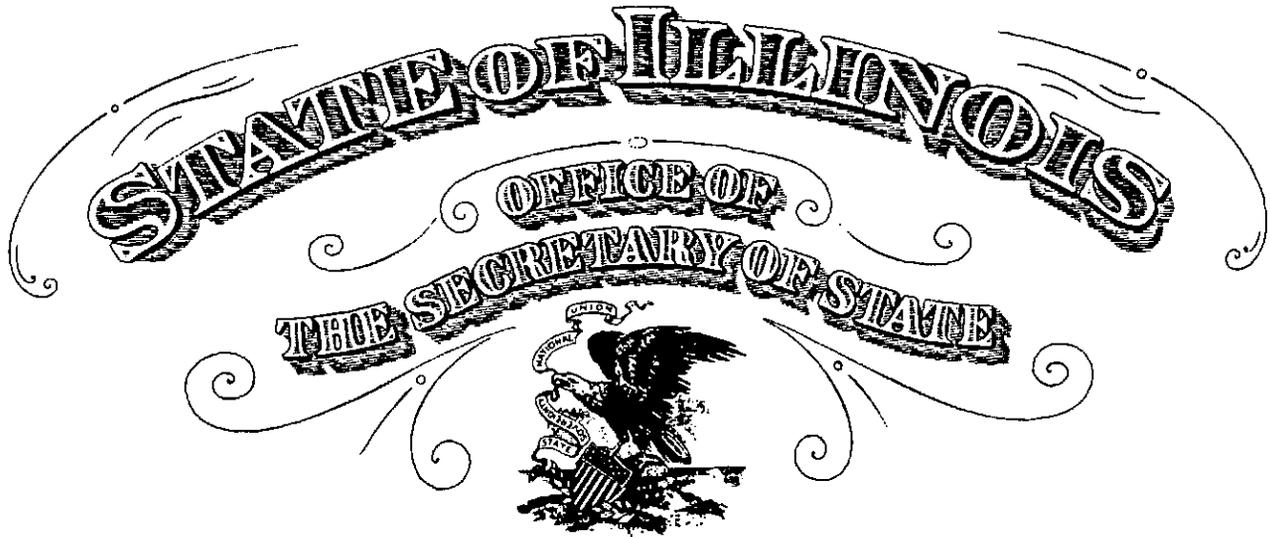
Linda N. O'Connell  
Signature of Notary

Seal  
LINDA N. O'CONNELL  
NOTARY PUBLIC  
STATE OF COLORADO  
MY COMMISSION EXPIRES 06-08-2015

\*Insert EXACT legal name of the applicant

**Section 1, Identification, General Information, and Certification**  
**Applicants**

Cowell Dialysis, LLC will operate Lawndale Dialysis, which shall be used as a trade name. DaVita Inc. is the entity that has final control over the proposed operator. Certificates of Good Standing for DaVita Inc., Total Renal Care, Inc., and Cowell Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment - 1. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware is attached.



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

COWELL DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 15, 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 #: 1130801376

Authenticate at: <http://www.cyberdriveillinois.com>

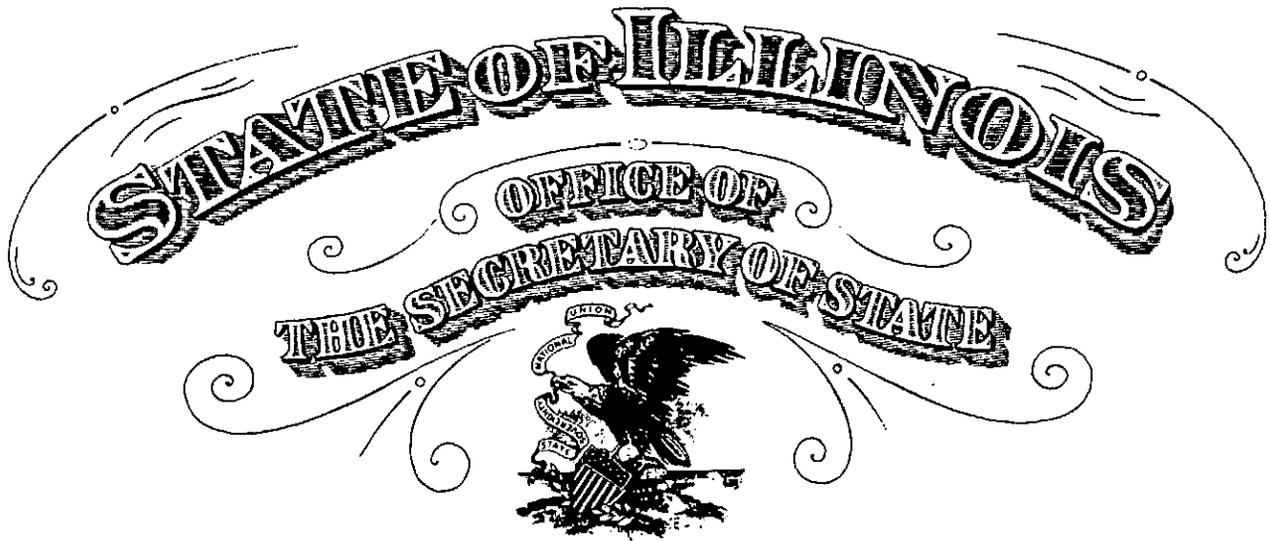
*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of NOVEMBER A.D. 2011*

*Jesse White*

SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Operating Entity/Licensee**

The Illinois Certificate of Good Standing for Cowell Dialysis, LLC. is attached at Attachment - 3.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COWELL DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 15, 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.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of NOVEMBER A.D. 2011 .



Jesse White

Authentication #: 1130801376

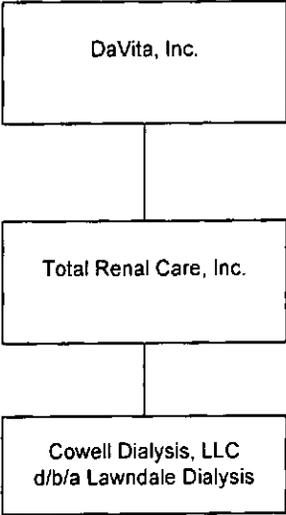
Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for DaVita Inc. and Cowell Dialysis, LLC is attached at Attachment – 4.

Lawndale Dialysis  
Organizational Chart





1551 Wewatta Street  
Denver, CO 80202  
Tel: (303) 405-2100  
www.davita.com

November 8, 2011

Dale Galassie  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that Cowell Dialysis, LLC is a newly created entity and has not previously owned or operated any health care facilities. Accordingly, the adverse action certification required by 77 Ill. Admin. Code § 1110.230(a)(3)(B) does not apply.

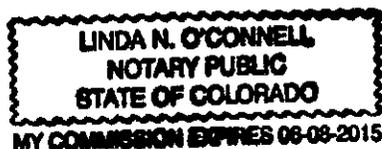
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Kent Thiry  
Chief Executive Officer  
Cowell Dialysis, LLC

Subscribed and sworn to me  
This 8<sup>th</sup> day of November, 2011

Notary Public



## TRANSFER AGREEMENT

This Transfer Agreement ("Agreement") is entered into as of November 14, 2011 ("Effective Date") by and between Northwestern Memorial Hospital, an Illinois corporation ("Receiving Hospital") and Total Renal Care, Inc. Total Renal Care, Inc. is entering into this Agreement for the benefit of itself and its affiliates operating in the City of Chicago (hereinafter "Transferring Provider"). The Receiving Hospital and Transferring Provider may be referred to individually as a "Party" and collectively the "Parties".

### RECITALS

**WHEREAS**, Transferring Provider owns and operates outpatient dialysis facilities for the care and treatment of patients suffering from end-stage renal disease;

**WHEREAS**, from time to time, Transferring Provider treats patients who may require hospitalization and other services provided by Receiving Hospital which such services are not available at Transferring Provider, but are available at Receiving Hospital; and

**WHEREAS**, the Parties desire to establish a transfer arrangement to promote continuity of care and treatment appropriate to the needs of patients with end-stage renal disease.

**NOW, THEREFORE**, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein:

### SECTION 1 PATIENT TRANSFERS

- 1.1 **Acceptance of Patients.** Upon recommendation of any attending physician who treats patients at one or more of the Transferring Provider dialysis units identified on Exhibit A, and pursuant to the provisions of this Agreement, Receiving Hospital agrees to accept the transfer of Transferring Provider patients requiring hospitalization and other services provided by Receiving Hospital (which may include inpatient dialysis from Transferring Provider *provided that* customary admission requirements, applicable State and Federal laws and regulations are met, and Receiving Hospital has the capacity and ability to treat the patient, as determined in its sole discretion. A request for a patient transfer shall be made by Transferring Provider as soon as possible once the need for a transfer has been identified. After receiving a transfer request, Receiving Hospital shall exercise its reasonable best efforts to promptly communicate whether it has the capacity to accept the transfer. Receiving Hospital further agrees to exercise its reasonable best efforts to provide for the prompt admission of transferred patients.
- 1.2 **Appropriate Transfer.** It shall be Transferring Provider's responsibility, at no cost to Receiving Facility, to arrange for appropriate and safe transportation and care of the patient during such transport. To the extent that the Transferring Provider has responsibilities under the Emergency Medical Treatment and Active Labor Act ("EMTALA"), the Transferring Provider shall assure that the transfer is an "appropriate transfer" as defined in EMTALA and related regulations, and is carried out in accordance

with any other applicable laws and regulations. The Transferring Provider shall provide all available information regarding the patient when requesting a transfer, and shall comply with Section 2 below regarding the transmission of the patient's medical record to Receiving Hospital. Direct communication between the patient's attending physician from the Transferring Provider and an attending physician at the Receiving Hospital is required before Receiving Hospital will agree to accept the requested transfer.

- 1.3 **Standard of Performance.** Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as may be required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid.
- 1.4 **Billing and Collections.** Each Party shall be entitled to bill patients and any third parties responsible for paying a patient's bill, for services rendered to patients by such Party and its employees, agents and representatives, and neither Party will have any liability to the other Party for such charges. Each Party shall be solely responsible for all matters pertaining to its billing and collection of such charges, including all forms, documentation, and insurance verification. The Parties shall reasonably cooperate with each other in the preparation and completion of all forms and documentation necessary for billing.

## SECTION 2 MEDICAL RECORDS

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of a transferred patient, or which may be relevant in determining whether such patient can be adequately cared for by the Receiving Hospital. All such information shall be provided by the Transferring Provider in advance, where possible, and in any event, no later than at the time of the transfer. The Transferring Provider shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital, including documentation pertaining to the transfer. Any other patient records shall be sent as soon as practicable after the transfer. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient health information, and comply with all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the privacy and security regulations related to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

## SECTION 3 TERM AND TERMINATION

- 3.1 **Term.** This Agreement shall be effective as of the Effective Date and shall remain in effect until terminated as provided herein.
- 3.2 **Termination.** This Agreement may be terminated as follows:

- (a) **Termination by Mutual Consent.** The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.
- (b) **Termination without Cause.** Either Party may terminate this Agreement, without cause, upon thirty (30) days prior written notice to the other Party.
- (c) **Termination for Cause.** A party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:
  - (i) If such Party determines that the continuation of this Agreement would endanger patient care.
  - (ii) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of fifteen (15) days after receipt of written notice by the other Party specifying the violation and failure by the other Party to cure.
  - (iii) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services.
  - (iv) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Health Facilities Accreditation Program ("HFAP") or Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission") or other applicable accreditation), or other approval necessary to render acute patient care services.

#### SECTION 4 NON-EXCLUSIVE RELATIONSHIP

This Agreement shall be non-exclusive. Either Party shall be free to enter into similar arrangements at any time with other hospitals, or health care entities on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

#### SECTION 5 LICENSURE AND INSURANCE

- 5.1 **Licenses, Permits and Certification.** Each party represents to the other Party that it and all of its employees, agents and representatives possess and shall maintain all required licenses, permits and certifications enabling such Party to provide the services referenced in this Agreement.
- 5.2 **Notification of Claims.** Each Party shall notify the other Party in writing of any action or suit filed, and shall give prompt notice of any claim made, against the Party by any person or entity that may result in litigation related to the subject of this Agreement.



To Transferring Provider: Total Renal Care, Inc, Skyline Region 1  
2659 N. Milwaukee Avenue, 2nd Floor  
Chicago, Illinois 60647  
Attention: Division Vice-President

With a copy to: Total Renal Care, Inc.  
c/o DaVita Inc.  
1551 Wewatta St.  
Denver, CO 80202  
Attention: Fusion Group General Counsel

or to such other address of which the receiving Party has given notice pursuant to this Section. All notices shall be considered given and received on the date actually received if given by personal delivery, or traceable courier service.

- 7.4 **Assignment.** Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.
- 7.5 **Entire Agreement; Amendment.** This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement. Notwithstanding the foregoing, Transferring Provider may amend Exhibit A of this Agreement to add other dialysis facilities located within the City of Chicago by providing written notice to Receiving Hospital of any additions or deletions to Exhibit A it being understood that patients who require transfer who are being treated at dialysis units in near proximity to other hospitals with adequate capacity and capabilities may be the more appropriate options for certain patient transfers particularly when the need for hospitalization services are of an emergent nature.
- 7.6 **Governing Law.** This Agreement shall be governed by and construed according to the laws of the State of Illinois without regard to the conflict of laws provisions thereunder.
- 7.7 **Headings.** The headings of sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.
- 7.8 **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability while acting pursuant to this Agreement.
- 7.9 **Severability.** If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

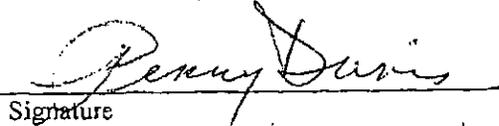
- 7.10 **Successors and Assigns.** This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.
- 7.11 **Waiver.** No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.
- 7.12 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.
- 7.13 **Approval by DaVita Inc. ("DaVita") as to form.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita as to the form hereof.

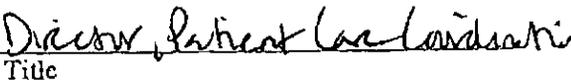
IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, Effective Date.

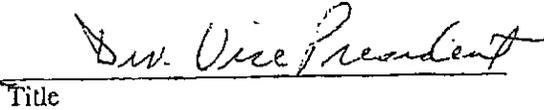
Northwestern Memorial Hospital

Total Renal Care, Inc.

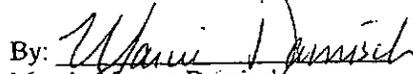
  
Signature

  
Signature

  
Title

  
Title

APPROVED AS TO FORM ONLY:

By:   
Marcie Marcus Damisch  
Its: Group General Counsel

**Exhibit A**  
**Transferring Provider Dialysis Facilities**

Beverly Dialysis  
8109 South Western Ave.  
Chicago, IL 60620

Children's Dialysis  
2611 N. Halsted St.  
Chicago, IL 60614

Emerald Kidney Center  
710 W. 43<sup>rd</sup> St.  
Chicago, IL 60609

Grand Crossing Dialysis  
7319-7325 South Cottage Grove  
Chicago, IL 60619

Lake Park Dialysis  
1531 E. Hyde Park Blvd.  
Chicago, IL 60615

Lawndale Dialysis  
3934 West 24<sup>th</sup> Street  
Chicago, IL 60623

Lincoln Park Dialysis  
3157 N. Lincoln Ave.  
Chicago, IL 60657

Little Village Dialysis  
2335 W. Cermak Rd.  
Chicago, IL 60608

Logan Square Dialysis  
2659 N. Milwaukee Ave., 1<sup>st</sup> Fl.  
Chicago, IL 60647

Loop Renal Center  
1101 South Canal Street  
Chicago, IL 60607

Montclare Dialysis  
7009 Belmont Ave.  
Chicago, IL 60634

Mount Greenwood Dialysis  
3401 W. 111<sup>th</sup> St.  
Chicago, IL 60665

Stony Island Dialysis  
8725 S. Stony Island Ave.  
Chicago, IL 60617

West Lawn Dialysis  
7000 S. Pulaski Rd  
Chicago, IL 60629

Woodlawn Dialysis  
1164 E. 55th St.  
Chicago, IL 60637