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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

February 3, 2012

**FEDERAL EXPRESS  
ELECTRONIC MAIL**

Ms. Courtney R. Avery  
 Administrator  
 Illinois Health Facilities and Services Review  
 Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

**Re: Final Realized Cost Report - Mattoon Dialysis (Proj. No. 11-003)**

Dear Ms. Avery:

On behalf of DaVita Inc. and DVA Renal Healthcare, Inc. d/b/a Mattoon Dialysis (collectively, the "Permit Holders"), I am writing to submit the final realized project cost report for Project No. 11-003. On March 22, 2011, the Illinois Health Facilities and Services Review Board approved the Permit Holders' application for a certificate of need ("CON") permit for relocation of a 16-station in-center hemodialysis facility (the "Project"). The permit provided for a project completion date of December 31, 2011. On October 12, 2011, the Permit Holders submitted a notice of project completion to the State Board.

For your review, the Permit Holders submit the following information as its final realized cost report for the relocation of the in-center hemodialysis facility:

**1. Project Costs and Sources of Funds**

<b>Project Costs - Mattoon Dialysis</b>			
	<b>Approved</b>	<b>Actual</b>	<b>Variance</b>
Modernization Contracts	\$794,000	\$764,228	\$29,772
Contingencies	\$79,400	\$86,000	<\$6,600>
Architectural /Engineering Fees	\$62,000	\$64,948	<\$2,948>
Consulting and Other Fees	\$55,000	\$9,475	\$45,525
Movable or Other Equipment (not in construction contracts)	\$308,074	\$313,472	<\$5,398>
Fair Market Value of Leased Space or Equipment	\$809,224	\$809,224	\$0
<b>ESTIMATED TOTAL PROJECT COST</b>	<b>\$2,107,698</b>	<b>\$2,047,347</b>	<b>\$60,351</b>
Cash and Securities	\$2,107,698	\$2,047,347	\$60,351
<b>TOTAL FUNDS</b>	<b>\$2,107,698</b>	<b>\$2,047,347</b>	<b>\$60,351</b>

**2. Medicare and Medicaid Cost Reports and Certification of Compliance**

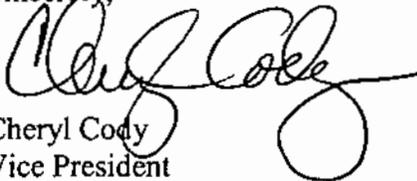
All of the costs reported on the table above have been or will be reported on the Project's Medicare and Medicaid cost reports. Pursuant to 77 Ill. Admin. Code §1130.770, I hereby certify that no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify the Permit Holders have complied with all of the terms of the permit to date and all information submitted in this cost report for the Replacement Facility is true and correct and meets the requirements of 77 Ill. Admin. Code §1130.770.

**3. Final Application and Certification for Payment**

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

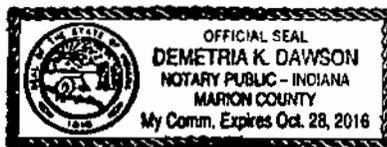
If you have any questions or need any additional information related to the Project, please feel free to contact me.

Sincerely,



Cheryl Cody  
Vice President  
DaVita Inc.

SUBSCRIBED AND SWORN  
to before me this 17 day of  
February, 2012



My commission expires: Oct 28, 2016

Attachment

cc: Marcia Sorrill  
Michael Constantino

PAY AP 4

RET + FINAL LIEU WAIVER

REQUEST FOR PAYMENT

From: AKRA Builders, Inc.  
P.O. Box 1225  
Effingham, IL 62401

To: DVA Renal Healthcare, Inc.  
601 Hawaii Street  
El Segundo, CA 90245

Invoice: 1119904  
Draw: 1119900004  
Invoice date: 9/30/2011  
Period ending date: 9/30/2011

Contract For:

Request for payment:

Original contract amount	\$795,532.00	
Approved changes	\$54,696.00	
Revised contract amount		\$850,228.00
Contract completed to date		\$850,228.00
Add-ons to date	\$0.00	
Taxes to date	\$0.00	
Less retainage	\$0.00	
Total completed less retainage		\$850,228.00
Less previous requests	\$761,113.80	
Current request for payment		\$89,114.20
Current billing		\$4,546.00
Current additional charges	\$0.00	
Current tax	\$0.00	
Less current retainage	-\$84,568.20	
Current amount due		\$89,114.20
Remaining contract to bill	\$0.00	

Project: 11199  
DaVita Mattoon Interior Renovt

Contract date: 6/1/2011

Architect:

Scope:

R-03319-0  
02.01  
Dfm  
10-10-11

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Changes approved in previous months by Owner	50,150.00	
Total approved this Month	4,546.00	
<b>TOTALS</b>	<b>54,696.00</b>	
<b>NET CHANGES by Change Order</b>	<b>54,696.00</b>	

DB  
\$89,114.20

I hereby certify that the work performed and the materials supplied to date, as shown on the above represent the actual value of the accomplishment under the terms of the Contract (and all authorized changes thereof) between the undersigned and the DVA Renal Healthcare, Inc. relating to the above referenced project. I also certify that the contractor has paid all amounts previously billed and paid by the owner.

CONTRACTOR: AKRA Builders, Inc.

State Of IL

County Of Effingham

By: Paul Frank

Subscribed and sworn to before me this 5th day of October, 2011

Date: 10/5/2011

Notary Public

My commission expires:

Janice M. Althoff

