



Discovery Division
 300 First Executive Avenue, Ste. B
 St. Peters, MO 63376
 Tel: 636-92-9069 ~~922-9069~~
 Fax: 636-922-7262
 www.davita.com

August 13, 2013

FEDERAL EXPRESS

Ms. Alexis Kendrick
 Compliance and Legislative Affairs Manager
 Illinois Health Facilities and Services Review
 Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

RECEIVED

AUG 14 2013

**HEALTH FACILITIES &
 SERVICES REVIEW BOARD**

**Re: Notice of Project Completion and Final Realized Cost Report
 Shiloh Dialysis (Proj. No. 11-097)**

Dear Ms. Kendrick:

On behalf of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (collectively, the "Permit Holders"), I am writing to notify the Illinois Health Facilities and Services Review Board (the "State Board") of the completion of Shiloh Dialysis (Proj. No. 11-097) (the "Project") and to submit the final realized project cost report for the Project. On January 10, 2012, the State Board approved the Permit Holders' application to establish a 12-station end stage renal disease facility located at 1095 North Green Mount Road, Shiloh, Illinois. The Facility was notified in writing by the Centers for Medicare and Medicaid Services on July 11, 2013 that it received Medicare certification.

For your review, the Permit Holders submit the following information as its final realized cost report for the establishment of Shiloh Dialysis:

1. Final Realized Project Costs

Shiloh Dialysis Final Realized Project Costs		
	Approved	Expended
Modernization Contracts	\$968,000	\$711,500
Contingencies	\$96,800	\$0
Architectural /Engineering Fees	\$75,000	\$65,681
Consulting and Other Fees	\$40,000	\$0
Movable or Other Equipment (not in construction contracts)	\$479,206	\$459,867
Fair Market Value of Leased Space or Equipment	\$892,304	\$892,304
ESTIMATED TOTAL PROJECT COST	\$2,551,310	\$2,129,352



2. Medicare and Medicaid Cost Reports and Certification of Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, the Permit Holders 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 facility is true and correct.

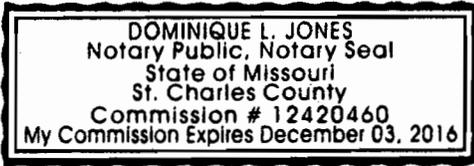
3. Final Application and Certification for Payment

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 Tim Tincknell at 773-549-9412 or Timothy.Tincknell@davita.com.

Sincerely,

Paul Elliott
Division Vice President
DaVita HealthCare Partners Inc.



Subscribed and sworn to me
This 13th day of August, 2013

Notary Public

Attachment

cc: Michael Constantino
Yoni Danieli
Timothy Tincknell

APPLICATION AND CERTIFICATION FOR PAYMENT

CONSTRUCTION MANAGER

TO (OWNER):

DaVita - David Geary

PROJECT: Shiloh Chronic

PAGE ONE OF PAGES

FROM (CONTRACTOR):

Seakay Construction SE Corp
940 Dogwood Drive
Delray Beach, FL 33483

VIA ARCHITECT:

Pulse Design Group
8207 Melrose Dr. Suite 145
Lenexa, Kansas 66214

APPLICATION #: Five (retalange) 10/31/12
PERIOD TO: 10/31/12
PROJECT NOS: Owner
 Const. Mgr
 Architect
 Contractor

CONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, A/A Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM----- \$ 711,500.00
 - 2. Net Change by Change Orders----- \$ 711,500.00
 - 3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ 711,500.00
 - 4. TOTAL COMPLETED & STORED TO DATE-\$ 711,500.00
(Column G on G703)
 - 5. RETAINAGE:
 - a. % of Completed Work \$ _____
(Columns D+E on G703)
 - b. % of Stored Material \$ _____
(Column F on G703)
- Total Retainage (Line 5a + 5b or Total in Column 1 of G703----- \$ 711,500.00
(Line 4 less Line 5 Total)
- 6. TOTAL EARNED LESS RETAINAGE----- \$ 711,500.00
 - 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 640,350.00
(Line 6 from prior Certificate)
 - 8. CURRENT PAYMENT DUE----- \$ 71,150.00
 - 9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6) \$ _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.

CONTRACTOR: _____ Date: 10/30/12

By: _____
State of: _____
County of: _____
Subscribed and sworn to before me this _____ day of _____

Notary Public: _____
My Commission expires: _____
CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ----- \$ 71,150.00
(Attach explanation if amount certified differs from the amount applied for; initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: By: _____ Date: 12/12/2012
This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

Continuation Sheet

Shiloh - Chronic
Schedule of Values

Application No.: Five (retainage)
Application Date: 30-Oct-12
Period To: 31-Oct-12
Architect's Project No.:

B Description of Work	C Scheduled Value	D Work From Previous Application (D + E)	E Completed This Period	F Materials Presently Stored (Not in D & E)	G Total Completed and Stored (D + E + F)	G % (G/C)	H Balance to Finish (C - G)	I Retainage (if variable Rate)
General Conditions	\$ 29,000	\$ 29,000	\$ -	\$ -	\$ 29,000	100%	\$ -	\$ 0
Fire Sprinkler	\$ 29,000	\$ 29,000	\$ -	\$ -	\$ 29,000	100%	\$ -	\$ 0
Concrete/Masonry	\$ 34,000	\$ 34,000	\$ -	\$ -	\$ 34,000	100%	\$ -	\$ 0
Partitions/Ceilings	\$ 64,000	\$ 64,000	\$ -	\$ -	\$ 64,000	100%	\$ -	\$ 0
Millwork	\$ 76,000	\$ 76,000	\$ -	\$ -	\$ 76,000	100%	\$ -	\$ 0
Glass/Glazing	\$ 23,000	\$ 23,000	\$ -	\$ -	\$ 23,000	100%	\$ -	\$ 0
Electrical	\$ 65,000	\$ 65,000	\$ -	\$ -	\$ 65,000	100%	\$ -	\$ 0
Plumbing	\$ 135,000	\$ 135,000	\$ -	\$ -	\$ 135,000	100%	\$ -	\$ 0
HVAC	\$ 80,000	\$ 80,000	\$ -	\$ -	\$ 80,000	100%	\$ -	\$ 0
Specialties	\$ 36,500	\$ 36,500	\$ -	\$ -	\$ 36,500	100%	\$ -	\$ 0
Doors & Hardware	\$ 28,000	\$ 28,000	\$ -	\$ -	\$ 28,000	100%	\$ -	\$ 0
Flooring	\$ 36,000	\$ 36,000	\$ -	\$ -	\$ 36,000	100%	\$ -	\$ 0
Painting	\$ 12,000	\$ 12,000	\$ -	\$ -	\$ 12,000	100%	\$ -	\$ 0
Profit & Overhead	\$ 64,000	\$ 64,000	\$ -	\$ -	\$ 64,000	100%	\$ -	\$ 0
Change Order	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ 0
Total	\$ 711,500.00	\$ 711,500.00	\$ -	\$ -	\$ 711,500	100%	\$ -	\$ 0