



Fresenius Medical Care

RECEIVED

OCT 22 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

October 21, 2013

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

Re: Final Cost Report. Section 1130.770
Project: #11-091, Fresenius Medical Care DuQuoin
Permit Holder: Bio-Medical Applications of Illinois, Inc. and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$2,886,702

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care DuQuoin, #11-091, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 708-498-9121.

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli

Fresenius Medical Services ♦ North Division

One Westbrook Corporate Center, Suite 1000 Westchester, IL 60154 708-562-0371

October 16, 2013

Final Cost Report, Section 1130.770 Fresenius Medical Care DuQuoin

Project: #11-091, Fresenius Medical Care DuQuoin

Permit Holder: Bio-Medical Applications of Illinois, Inc. and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$2,886,702

This report summarizes the final costs of the above-mentioned project. The development is located at 825 Sunset Avenue, DuQuoin. The address on the permit for this location was 100-200 E. Grantway Avenue, DuQuoin. The site has not changed, however the address has. At the time the development began there was no road to access the site. It new road was expected to be a continuation of Grantway Avenue, but instead the town named the new road Sunset Avenue. There have been no changes to the scope and size of this project. The Permit amount is \$2,886,702. Final realized costs were \$2,805,653.

Key Milestones Completed:

Date Completed

- | | |
|---------------------------------------------------------|------------|
| • Project Obligation with Lease Execution | 05/17/2012 |
| • 1 st Patient Dialyzed | 03/11/2013 |
| • ESRD Federal Certification Survey | 07/25/2013 |
| • Project Complete with receipt of Certification Letter | 09/30/2013 |

Sources and Uses of Funds

All Project financing to date has been funded from available cash and its equivalents as reported on the company's financial statements. The right to occupy the premises is being secured through a leasing arrangement. This leasing arrangement was utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	880,484	844,872
Contingencies	88,048	0
Architectural/Engineering	94,000	75,647
Consulting and other fees	N/A	N/A
Movable & Other Equipment	320,700	381,664
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	1,503,470	1,503,470
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	2,886,702	
Realized Total Project Costs To Date		2,805,653
Cash & Securities	1,138,232	1,302,183
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	1,503,470	1,503,470
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	N/A	N/A
Total funds	2,886,702	
Total Spent to Date		2,805,653

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

APPLICATION AND CERTIFICATE FOR PAYMENT

Invoice #: 121167-5

To Owner: FRESANIUS MEDICAL CARE
 100 GALLERIA PARKWAY, SUITE 500
 ATLANTA, GA 30339

Project: 12.1167.2 FMC - DUQUOIN, IL TI
 2209-2-RL-S-BO-11 CLINIC
 823 SUNSET AVENUE
 DUQUOIN, IL 62832

Application No.: 5
 Period To: 2/28/2013
 Distribution to:
 Owner
 Architect
 Contractor

From Contractor: Embree Construction Group, Inc.
 4747 Williams Drive
 Georgetown, TX 78633

Via Architect:

Project Nos:

Contract For:

Contract Date:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

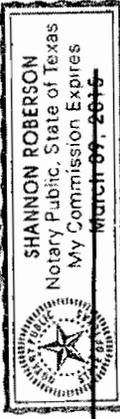
- 1. Original Contract Sum \$837,738.00
- 2. Net Change By Change Order \$7,134.00
- 3. Contract Sum To Date \$844,872.00
- 4. Total Completed and Stored To Date \$844,872.00
- 5. Retainage :
 - a. 0.00% of Completed Work \$0.00
 - b. 0.00% of Stored Material \$0.00
- Total Retainage \$0.00
- 6. Total Earned Less Retainage \$844,872.00
- 7. Less Previous Certificates For Payments \$760,384.80
- 8. Current Payment Due \$84,487.20
- 9. Balance To Finish, Plus Retainage \$0.00

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 herein is now due.

CONTRACTOR: Embree Construction Group, Inc.

By: [Signature] Date: 03/01/2013

State of: TEXAS County of: WILLIAMSON
 Subscribed and sworn to before me this 1st day of MARCH 2013
 Notary Public: SHANNON ROBERSON
 My Commission expires: 03/09/2015



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above 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 \$84,487.20

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	\$7,134.00	\$0.00
Total Approved this Month	\$0.00	\$0.00
TOTALS	\$7,134.00	\$0.00
Changes By Change Order	\$ 7,134.00	

By: [Signature] Date: 3/26/13

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 or Contractor under this Contract.

MAR 28 2013

Certification Of Cost Report
Fresenius Medical Care DuQuoin
Project # 11-091

Bio-Medical Applications of Illinois, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care DuQuoin, Project #11-091, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: *Bryan Mello*
ITS: Bryan Mello
Assistant Treasurer

BY: *Paul J. Colantonio*
ITS: Paul J. Colantonio
Assistant Treasurer

Subscribed and Sworn to
Before me this 7th day of October, 2013

Subscribed and Sworn to
Before me this 7th day of October, 2013

Jennifer E. Rosa
Notary Public
My commission expires JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

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Certification Of Cost Report
Fresenius Medical Care DuQuoin
Project # 11-091

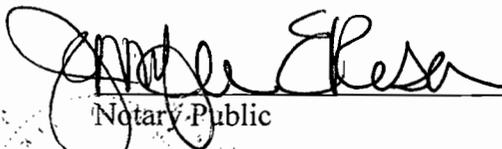
Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care DuQuoin, Project #11-091, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: 
ITS: Bryan Mello
Assistant Treasurer

BY: 
ITS: Mark Fawcett
Vice President & Treasurer

Subscribed and Sworn to
Before me this 17th day of October, 2013

Subscribed and Sworn to
Before me this 17th day of October, 2013


Notary Public


Notary Public

My commission expires: _____
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

My commission expires: _____
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016