ORIGINAL 12-008

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

JAN 25 2012

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Stony Island Dialysis		
Street Address: 8721 S. Stony Island Avenue		
City and Zip Code: Chicago, IL 60617		
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: Total Renal Care, Inc.
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

☐	Non-profit Corporation	☐	Partnership		
☒	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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., 2nd Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd @davita.com
Fax Number: 866-366-1681

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

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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., 2nd 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: S87, LLC as Trustee under Trust No. 108205-
Address of Site Owner: 120 S. LaSalle St., Chicago, IL 60603
Street Address or Legal Description of Site: 8721 S. Stony Island Avenue, Chicago, IL 60617 **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: Total Renal Care, Inc.
Address: 1551 Wewatta Street, Denver, CO 80202
☐ Non-profit Corporation ☐ Partnership ☒ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ 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. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☐ Substantive	☐ Part 1120 Not Applicable
☒ Non-substantive	☐ Category A Project
	☒ Category B Project
	☐ DHS or DVA Project

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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. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to add 9 dialysis stations to its existing 23-station dialysis facility located at 8721 S. Stony Island Avenue, Chicago, IL 60617. The proposed expansion to the existing dialysis facility will include approximately 11,566 gross square feet.

This project has been classified as non-substantive because it involves the expansion of an in-center hemodialysis category of service.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	$483,133		$483,133
Modernization Contracts	$1,386,000		$1,386,000
Contingencies	$186,500		$186,500
Architectural/Engineering Fees	$135,094		$135,094
Consulting and Other Fees	$62,500		$62,500
Movable or Other Equipment (not in construction contracts)	$466,655		$466,655
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$595,624		$595,624
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$3,315,506**		**$3,315,506**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,719,882		$2,719,882
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$595,624		$595,624
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$3,315,506**		**$3,315,506**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $0.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☒ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2013

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☒ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
☐ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry **NOT APPLICABLE**
☐ APORS **NOT APPLICABLE**
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

8

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita Inc.* **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.**

SIGNATURE

Kent Thiry

PRINTED NAME

Chief Executive Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21 day of November, 2011

Signature of Notary

Seal

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

SIGNATURE

Arturo Silva

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–5 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6 _____ _____

Signature of Document Signer No. 1 — Signature of Document Signer No. 2 (if any)

State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 29 (Date) day of NOVEMBER (Month), 20 11 (Year), by

(1) ARTURO SILVA (Name of Signer),

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (✓)

(and

(2) _____ (Name of Signer),

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature _____ (Signature of Notary Public)

EVETTE TUANA JOHNSON
Commission # 1882871
Notary Public - California
Orange County
My Comm. Expires Apr 11, 2014

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

Further Description of Any Attached Document

Title or Type of Document: APPLICATION FOR PERMIT

Document Date: 2) NOV. 11 Number of Pages: 1

Signer(s) Other Than Named Above: KENT THIRY

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The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
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this 21 day of November, 2011

Signature of Notary

Seal

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

SIGNATURE

Arturo Sida
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

See attached

*Insert EXACT legal name of the applicant

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☐ See Statement Below (Lines 1–5 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Documont Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me
on this 29 day of NOVEMBER 20 11
Date Month Year
by
(1) ARTURO SOSA,
Name of Signer
proved to me on the basis of satisfactory evidence
to be the person who appeared before me.) (.)

(and
(2) _____,
Name of Signer
proved to me on the basis of satisfactory evidence
to be the person who appeared before me.)

Signature Evette Johnson
Signature of Notary Public

EVETTE TUANA JOHNSON
Commission # 1882871
Notary Public - California
Orange County
My Comm. Expires Apr 11, 2014

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Document Date: 21 NOV. 11 Number of Pages: 1
Signer(s) Other Than Named Above: KENT THIRY

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Item #5910

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	23	9

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

$2,719,882	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$595,624 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,315,506		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
3. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

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D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care, Inc. is the operator of Stony Island Dialysis. Stony Island Dialysis is a trade name of Total Renal Care, Inc. and is not separately organized. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. 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.

Delaware

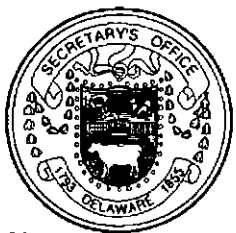
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Jeffrey W. Bullock, Secretary of State

2391269 8300

AUTHENTICATION: 8386715

101133217

DATE: 11-30-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Attachment – 1

File Number 5823-002-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED 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* 18TH *day of* OCTOBER *A.D.* 2010

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Jesse White

SECRETARY OF STATE

Authentication #: 1029100457
Verify at www.cyberdriveillinois.com

Attachment – 1

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Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between S87, LLC, as Trustee under Trust No. 108205-04, and Total Renal Care, Inc. to lease the facility located at 8721 S. Stony Island Avenue, Chicago, Illinois 60617 is attached at Attachment – 2B.

USI REAL ESTATE BROKERAGE SERVICES INC.
A USI COMPANY

2215 YORK RD, SUITE 110
OAK BROOK, IL 60523

TELEPHONE: 630-990-3648
FACSIMILE: 630-990-2300

January 19, 2012

Mr. Paul Esaleris
First Western Properties, Inc.
1205 West Adams Street
Suite 1B
Chicago, IL 60607

RE: REQUEST FOR PROPOSAL
8721 South Stony Island Avenue
Chicago, IL 60617

Dear Paul:

USI Real Estate Brokerage Services Inc., has been exclusively authorized by Total Renal Care, Inc. a subsidiary of DaVita Inc. to secure a proposal from you to expand the existing dialysis facility on Stony Island Avenue in Chicago.

We are requesting that you provide a written proposal to expand and subsequently lease the above referenced property. USI requests that you deliver your proposal no later than January 19, 2012. Please provide your response in red below each section.

LOCATION:	8721 South Stony Island Avenue, Chicago, IL 60617 (the "Premises") *(please provide the legal address of the building, once we apply for a Certificate of Need ("CON") the address cannot change.)*
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	S87, LLC *Please indicate name of Landlord and type of entity (i.e. individual, institutional, REIT etc.).*
SPACE REQUIREMENTS:	Approximately 2,200 square feet addition to be contiguous to the existing dialysis clinic. Final SF and building layout to be mutually agreed to by the parties (see attached proposed plan). Tenant shall have the right to measure the space based on the most recent BOMA standards. The existing lease will terminate upon the first patient treatment in the expansion space. A new lease will incorporate the existing space and the expansion space.
PRIMARY TERM:	*15 years*
BASE RENT:	*$27.50/sf NNN + 2.75% annual increases*

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Attachment – 2

ADDITIONAL EXPENSES:

Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes Insurance and CAM.

Please provide Tenant's pro rata share percentage of operating expenses.

If operating expenses are based on a Base Year, please indicate the Base Year and expense stop.

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent.

Landlord to limit the cumulative operating expense costs to no greater than six percent (6%) increase annually excluding snow removal and plumbing repairs.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND COMMENCEMENT:

Tenant shall take possession of the premises upon the later of completion of Landlord's required work (if any) or mutual lease execution. The rent commencement for the new lease representing the expansion and existing space shall be the earlier of five (5) months from Tenant's possession of the expansion space or until:

a. Construction Improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A Certificate of Occupancy for the Premises has been obtained from the City of Chicago, IL; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by two hundred seventy (270) days from issuance of construction permits from the City of Chicago (subject to force majeure), Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the two hundred seventy (270) day delivery period.

LEASE FORM:

Tenant's standard lease form. The lease for the existing clinic space will be coordinated with the new expansion space.

USE:

The use is for a Dialysis Clinic, related medical, office and distribution of pharmaceuticals. Tenant will require that the Landlord receive approval of the proposed building expansion and renovation from the Alderman before a letter of intent can be finalized. *Please provide a copy of any CCRs or other documents that may impact tenancy.*

BASE BUILDING:

The following items must be delivered by the Landlord to the premises as part of the base building:

- A 2" or larger dedicated water meter and line
- A 4" sewer line to a municipal sewer system
- Minimum 600 to 1,000, 120/208 volt 3 phase, 4 wire electrical service
- Gas service, at a minimum, will be rated to have 6" of water column pressure and supply 800,000-BTU's
- HVAC rooftop Units/Systems and all associated cost with unit

Please refer to the attached Exhibits B and C regarding additional base building improvements and site development requirements

TENANT IMPROVEMENTS:

None

OPTION TO RENEW:

Three (3) five (5) year options to renew the lease. Rent shall be last year of lease term + increases as previously outlined.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

HOLDING OVER:

Tenant shall be obligated to pay 150% for the then current rate.

PARKING:

As is.

CONCESSIONS:

None.

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Please provide a detailed itemization and estimates of all common area operating expense components including real estate taxes and special assessments, insurance, landscape maintenance, exterior lighting, property management, maintenance, utilities, janitorial, security, etc., for which the client will be responsible to pay. If the lease provides for a base year for operating expenses, please indicate what the base year will be for a renewal.

TENANT SIGNAGE:

Tenant has existing signage on building. Tenant may elect to add signage to the exterior of the building. Any additional signage shall be approved by Landlord, whose approval shall not be unreasonably withheld, and shall meet all appropriate City of Chicago signage requirements.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week. *Please indicate building hours for HVAC and utility services*

SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Inc. without the consent of the Landlord, or to unrelated entities with Landlord's reasonable approval.
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Tenant's Premises, the Building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA) and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
ROOF RIGHTS:	If the building does not have cable television service, then Tenant will need the right to place a satellite dish on the roof at no additional fee.
RADIUS RESTRICTION:	Landlord shall not lease space to another dialysis clinic or similar facility at the property or at any of the other properties Landlord controls within five (5) miles of the subject property.
HVAC:	*Please provide general description of HVAC systems (i.e. ground units, tonnage, age)*
DELIVERIES:	*Please indicate manner of deliveries to the Premises (i.e. dock-high door in rear, shared).*
EARLY TERMINATION OPTION:	None
CONTINGENCIES:	Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment or expansion of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to April 17, 2012. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish an expansion to the existing dialysis

center on the Premises by April 17, 2012 neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord agrees that it recognizes USI Real Estate Brokerage Services Inc. as the client's sole representative and a brokerage fee equal to $1.00/RSF per year of lease term (on expanded space and extended term for existing space) shall be paid to USI, per separate commission agreement. Commissions to be paid 50% due within 30 days a fully executed lease and receipt of the CON and 50% within 30 days of lease commencement. The client shall retain the right to offset rent for failure to pay the Real Estate Commission.

PLANS: *Please provide copies of site and construction plans or drawings.*

Please submit your response to this Request for Proposal via e-mail and hard copy no later than January 19, 2011 to:

Emmett Purcell
USI Real Estate Brokerage Services Inc.
2215 York Road, Suite 110
Oak Brook, IL 60523

It should be understood that this Request For Proposal is subject to the terms of Exhibit A attached hereto.

Thank you for your time and cooperation in this matter.

Very truly yours,

Emmett Purcell
Senior Vice President
USI Real Estate Brokerage Services Inc.

AGREED TO AND ACCEPTED THIS _____ DAY OF JANUARY 2012

By: _____

("Landlord")

AGREED TO AND ACCEPTED THIS _____ DAY OF JANUARY 2012

By: _____
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita, Inc.
("Tenant")

[illegible] the Premises by April [illegible] 20[illegible] [illegible] parties shall have any [illegible] [illegible] to the negotiations [illegible] [illegible] intent.

[illegible]

[illegible] Real Estate Brokerage Services [illegible] brokerage fee equal to $[illegible] per year of lease term (on expanded space and extended term for existing space) shall be paid to DSL per separate commission agreement [illegible] 30 days [illegible] 30 days of lease commencement. The client shall retain the right to offset rent for [illegible] Real Estate Commission.

[illegible]

Please provide copies of site and construction plans or drawings.

[illegible]

[illegible] Purcell
[illegible]
22[illegible] Fork Road, Suite [illegible]
Oak Brook, IL [illegible]523

[illegible] Request. [illegible] is subject to the terms of Exhibit [illegible] attached hereto.

[illegible]

Very truly yours,

[illegible] Purcell
[illegible] President
[illegible] Real Estate Brokerage Services Inc.

[illegible] 20th [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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Cc: James Burke
Kelly Ladd
Edgar Levin
Christian Maese

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISONS CONTAINED IN THIS REQUEST FOR A PROPOSAL ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS REQUEST FOR A PROPOSAL, NEITHER TENANT NOR LANDLORD (OR USI) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS REQUEST FOR A PROPOSAL TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS REQUEST FOR A PROPOSAL WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS REQUEST FOR A PROPOSAL IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Total Renal Care, Inc. is attached at Attachment – 3.

File Number 5823-002-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 18TH *day of* OCTOBER *A.D.* 2010 .

Jesse White

SECRETARY OF STATE

Authentication #: 1029100457
Verify at www.cyberdriveillinois.com

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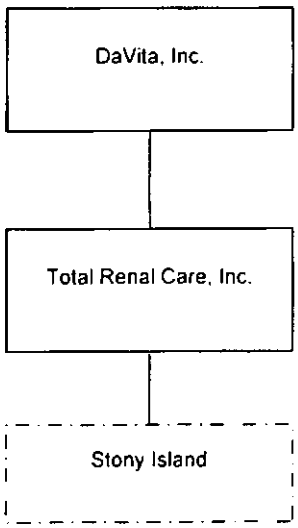
Attachment – 3

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

The organizational chart for Davita Inc. and Total Renal Care, Inc. is attached at Attachment – 4.

Attachment – 4

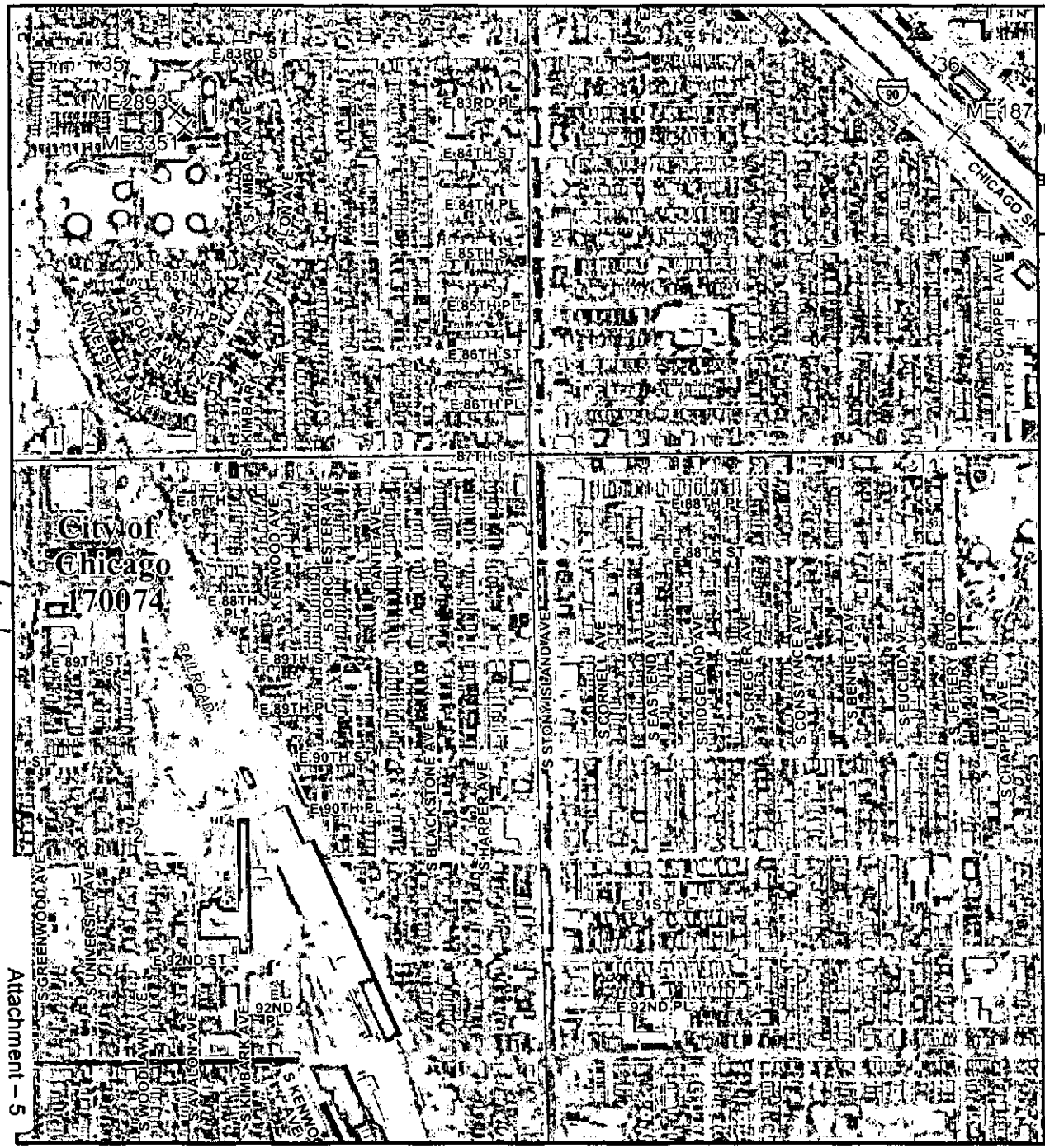
Stony Island Dialysis
Organizational Chart



Attachment - 4

Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 8721 S. Stony Island Avenue, Chicago, IL 60617. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



MAP SCALE 1" = 1000'

0 0 1000 2000 FEET

METE

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0655J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 655 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHICAGO, CITY OF	170074	0655	J

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
17031C0655J

MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Attachment – 5

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Resources Preservation determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.

Attachment – 6

Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Cook County
Chicago
CON - Addition of 9 Dialysis Stations
8725 S. Stony Island Ave.
IHPA Log #007112311

December 6, 2011

Joseph Van Leer
Polsinelli Shughart
161 N. Clark St., Suite 4200
Chicago, IL 60601

Dear Mr. Van Leer:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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Attachment – 6

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts	$483,133		$483,133
Modernization Contracts	$1,386,000		$1,386,000
Contingencies			
Architectural/Engineering Fees	$135,094		$135,094
Consulting and Other Fees	$62,500		$62,500
Moveable and Other Equipment			
Communications	$100,500		$100,500
Water Treatment	$128,360		$128,360
Bio-Medical Equipment	$12,485		$12,485
Clinical Equipment	$137,898		$137,898
Clinical Furniture/Fixtures	$9,154		$9,154
Lounge Furniture/Fixtures	$4,415		$4,415
Storage Furniture/Fixtures	$14,418		$14,418
Business Office Fixtures	$22,925		$22,925
General Furniture/Fixtures	$33,000		$33,000
Signage	$3,500		$3,500
Total Moveable and Other Equipment	$466,655		$466,655
Fair Market Value of Leased Space	$595,624		$595,624
Total Project Costs	**$3,315,506**		**$3,315,506**

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	**$3,315,506**	9,300	2,266	2,266	9,300		
Total Clinical	**$3,315,506**	9,300	2,266	2,266	9,300		
NON CLINICAL							
Total Non-clinical							
TOTAL	**$3,315,506**	9,300	2,266	2,266	9,300		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2010 Community Care report, much of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, is attached at Attachment – 11A. The proposed project involves the expansion of Stony Island Dialysis' existing 23-station facility to 32-stations.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the EMPOWER, IMPACT, CathAway, and transplant assistance programs. Information on the EMPOWER, IMPACT and CathAway programs are attached at Attachment – 11B.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals two troubling trends, which help explain the growing need for dialysis services:

- The prevalence of identified CKD stages 1 to 4 has increased from 10% to 13.1% between 1988 and 2004[1]
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD[2]

Additionally, DaVita's EMPOWER program helps to improve intervention and education for pre-ESRD patients. Approximately 65% of CKD Medicare patients have never been evaluated by a nephrologist.[3] Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality,
- A reduction in the rate of decline in kidney function upon nephrologists referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's EMPOWER program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

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[1] US Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2007.

[2] Int'l Diabetes Found., *One Adult in Ten will have Diabetes by 2030* (Nov. 14, 2011), *available at* http://www.idf.org/media-events/press-releases/2011/diabetes-atlas-5th-edition.

[3] Id.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2010.

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/ financial factors related to post-transplant functioning.

In an effort to reduce the length of hospital inpatient stays and readmissions, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement through its Patient Pathways program. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 280 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. The program has resulted in a 0.5 day reduction in average length of stay for both new admissions and readmissions and an 11% reduction in average acute dialysis treatments per patient. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Furthermore, to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is $509 million in savings to the health care system and the American taxpayer in 2010.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. Furthermore, it saves approximately 8.5 million pounds of medical waste through dialyzer reuse and it also diverts 95% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and is seeking LEED Gold certification for its corporate headquarters.

DaVita consistently raises awareness to community needs and makes cash contributions to organizations aimed at improving access to kidney care. In 2010, DaVita donated more than $2 million to kidney disease- awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees assisted in these initiatives by raising more than $3.4 million through Tour DaVita and DaVita Kidney Awareness Run/Walks.

DaVita does not limit its community engagement to the U.S. alone. It founded Bridge of Life, a 501(c)(3) nonprofit organization that operates on donations to bring care to those for whom it is out of reach. In addition to contributing Dialysis equipment to DaVita Medical Missions, Bridge of Life has accomplished 18 Missions since 2006, with more than 75 participating teammates spending more than 650 days abroad. It provided these desperately needed services in Cameroon, India, Ecuador, Guatemala, and the Philippines, and trained many health care professionals there as well.

Neither the Centers for Medicare and Medicaid Services or the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

1. Health care facilities owned or operated by the Applicants:

   A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11C.

   Dialysis facilities are currently not subject to State Licensure in Illinois.

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11D.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11D.

DaVita.

:: Community Care ::

{ The DaVita Vision for Social Responsibility }

2010

49

Attachment – 11A

Our

To be the Provider, Partner and Employer of choice

Our

Service Excellence ⁂ Integrity ⁂
Team ⁂ Continuous Improvement ⁂
Accountability ⁂ Fulfillment ⁂ Fun

Our

To be the greatest healthcare
community the world has ever seen

DaVita.

bringing quality to life™

The past year has been an especially exciting one for DaVita. We expanded our vision of being the greatest "kidney care company" to being the greatest "healthcare community" the world has ever seen.

In this third edition of Community Care, our annual report on corporate social responsibility, we aim to highlight the ways in which we are striving to achieve that vision in our day-to-day operations at our more than 2,000 caregiving locations, including our 1,600-plus dialysis centers in the U.S.

At the heart of what we do is a profound commitment to behaving as a community first and a company second, and in a healthy community, people thrive. The more than 125,000 patients we serve are part of that community, and we are dedicated to leading innovation to improve the standard of their care, as well as for kidney care patients around the world.

Our 36,500 teammates and physician partners are another vital part of our community, and we continually look for new ways to honor and support them and their families.

As we expand our operations overseas, we feel it is especially important to consider new cultures and the environment as part of our growing community. We must nurture the neighborhoods in which we operate by giving back and behaving responsibly.

We would like to thank all of our patients, teammates, physician partners and other friends for enriching our lives and supporting our efforts to improve the quality of every life we touch.

One for All, and All for One!

Kent J. Thiry
Chairman and CEO of DaVita Inc.
Mayor of the DaVita Village

96% of patients polled would recommend DaVita to a friend or family member who needed dialysis.*

DaVita has achieved **11** consecutive years of improved clinical outcomes.

$3.4 million has been raised for nonprofit The Kidney TRUST™ through Tour DaVita® and DaVita Kidney Awareness Run/Walks™.

$5.7 million has been given to teammates (employees) and their families through DaVita's extensive teammate support programs.

DaVita is the only kidney care company recognized by the **EPA** for its sustainability initiatives.

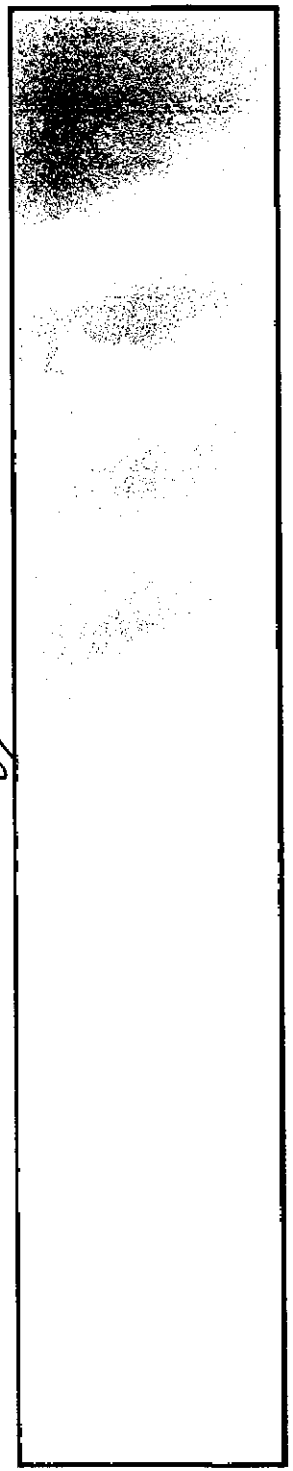
Patients who get their medication through DaVita Rx™ have been correlated with prescription adherence rates almost double those of patients who fill their prescriptions elsewhere, and are correlated with **40%** fewer hospitalizations.**

We estimate that DaVita has generated **$509 million** in healthcare savings through improving care and leading innovation.

* 2009 patient satisfaction survey

** This data is correlated based on a two-year study. National Retailers sample (193), Independents sample (83) and Rx sample (42). Results statistically significant at the p<.01 level.

52



:: Community Care ::

{ The DaVita Vision for Social Responsibility }

DaVita® does dialysis, but is not about dialysis.

DaVita is about life — and improving quality of life for our patients, our teammates and communities around the world. At the core of what we do is a profound commitment to enriching lives through our **Trilogy of Care.**

{ Caring for Our World } 4

:: Operating sustainably ::
:: Raising awareness & giving back ::
:: Generating taxpayer savings ::
:: Bringing dialysis to global communities ::
:: Pioneering governance & compliance standards ::

{ Caring for Each Other } 20

:: Cultivating leaders ::
:: Building a culture of caring ::
:: Encouraging a diverse workforce ::
:: Listening to our teammates ::

{ Caring for Our Patients } 30

:: Leading clinical outcomes & innovation ::
:: Integrating care to treat the whole patient ::
:: Educating & empowering patients ::
:: Appreciating our patients ::

DaVita.

{ About DaVita }

DaVita Inc., a Fortune 500® company, is a leading provider of kidney care in the United States, delivering dialysis services and education to patients with chronic kidney failure and end stage renal disease. As of December 31, 2010, DaVita operated or provided administrative services at 1,612 dialysis facilities, serving approximately 125,000 patients.

In addition to dialysis services, DaVita brings innovation and value to kidney care by helping to prevent or delay kidney failure, increasing access to care and advancing integrated care management.

We aim to be a role model for American healthcare — conserving healthcare dollars by developing models and systems for improvement that may be used in other chronic disease populations.

Beyond our ambition to serve as a catalyst for change in U.S. healthcare, our unabashed goal is to be The Greatest Healthcare Community the World Has Ever Seen. And while "greatest" can indicate the largest, the longest-lasting or the most important, we aspire simply to do the best for those we serve.

This 2010 Community Care report highlights some of the many ways in which DaVita innovates to enrich our patients, our teammates (employees) and our world. By striving endlessly to balance our business goals with our social, educational and environmental ones, we move ever closer to achieving our vision of greatness.

We consider DaVita to be a community first, a company second. As citizens of the "DaVita Village," our teammates have initiated dozens of goodwill programs that support our Mission, reflect our Core Values and strive to improve the quality of life for our patients, each other and people in communities around the world.

{About Chronic Kidney Disease}

A silent epidemic, chronic kidney disease (CKD) affects approximately 31 million people in the United States — one in six adults — yet most are unaware of their condition until it progresses to kidney failure, or end stage renal disease (ESRD). The Centers for Disease Control and Prevention recognize CKD as a major public health problem that reduces the quality and length of life.

End stage renal disease occurs when kidneys are no longer able to perform their many important functions fully and require dialysis to do the following:

- Remove extra water and wastes from the body
- Help control blood pressure
- Keep body chemicals in balance
- Maintain healthy bones
- Help make red blood cells

Kidney failure happens when the kidneys function at or below 10 to 15 percent, no longer well enough to keep someone alive without dialysis or a kidney transplant.

Visit us at DaVita.com

Caring for

World }

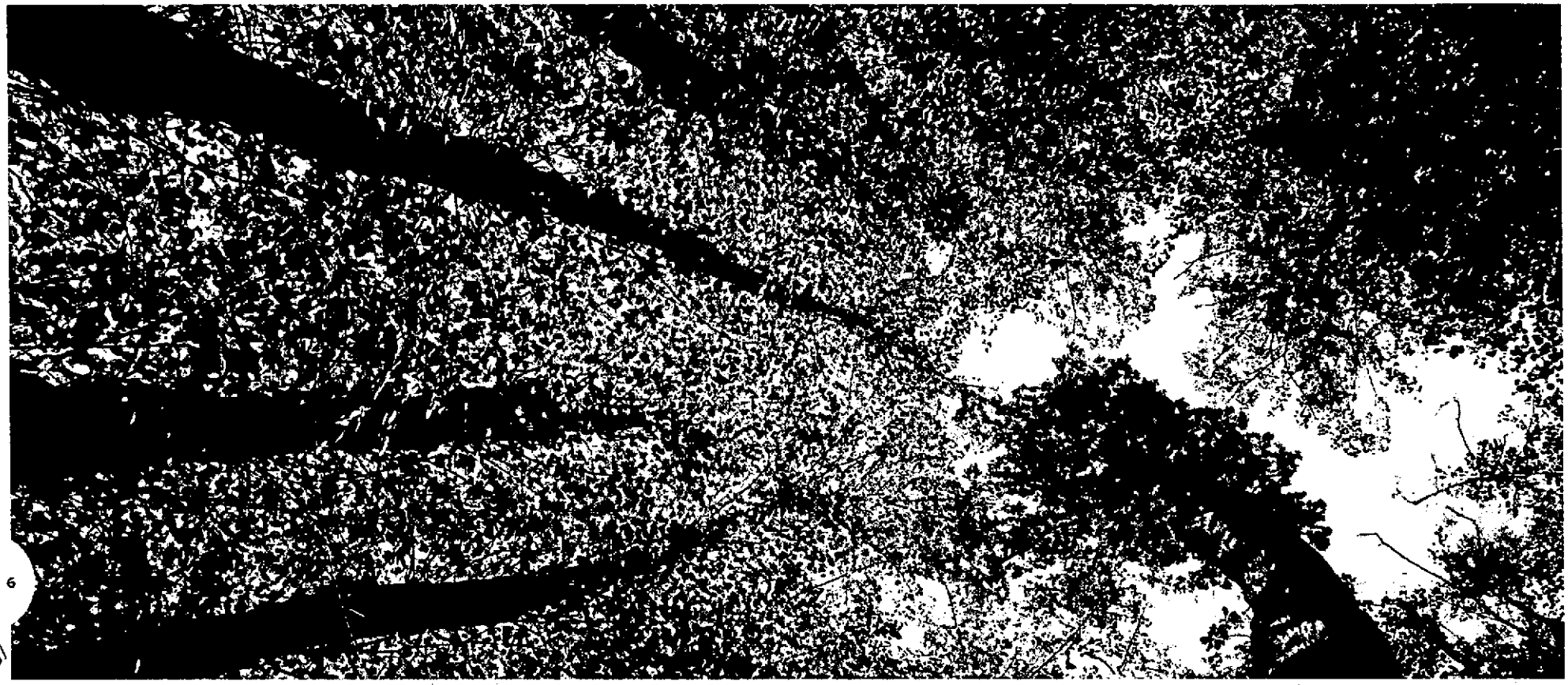
As part of **our commitment** to building a healthy, caring community, DaVita develops, participates in and donates to numerous programs dedicated **to transforming communities** and creating positive, sustainable change for children, families and our environment.

Going green

Giving back

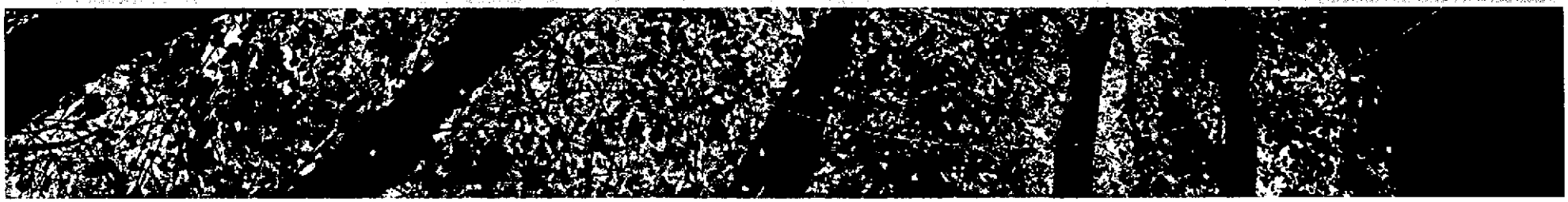
Sharing the gift of life

Just as we care for our patients and are committed to ensuring their well-being, we must care for the environment and commit to its well-being for future generations. **By balancing the two, we give life to both.**



DaVita is the only kidney care company **recognized by the EPA for its sustainability initiatives.**

- We opened the first **LEED-certified** dialysis center in the United States in 2010.
- Approximately **8.5 million pounds of medical waste are saved** through dialyzer reuse.
- **95% of waste** at DaVita corporate headquarters is diverted through composting and recycling programs.



:: Operating sustainably ::

As a healthcare services provider, DaVita faces the challenge of reconciling our commitment to sustainability with our mandate to provide safe, effective care that saves patients' lives.

DaVita Village Green™
EARTH FRIENDLY KIDNEY CARE

While we will never compromise patient care in our quest to be greener, we aggressively pursue innovative solutions in areas where we can reduce our footprint.

In 2010, we formalized our dedication to environmental stewardship in our new Environmental Commitment, which is posted at DaVita.com/communitycare. It sets forth DaVita's goal of being an environmental leader in the healthcare industry by implementing programs to promote conservation, stewardship and sustainability at our more than 2,000 dialysis centers, business offices, labs, pharmacies and other facilities around the U.S.

We have piloted programs around energy and water conservation, renewable energy, environmentally preferable purchasing and green design. We also are members of the **Business Roundtable's Sustainable Growth and Climate RESOLVE initiatives** to help reduce greenhouse gas emissions within our industry.

DaVita offers teammates in the Denver office a complimentary annual pass for public transportation.

Building Green

In 2010, **DaVita opened the first Leadership in Energy and Environmental Design (LEED®)-certified dialysis center in the U.S.**, and we are seeking LEED® Gold certification for our new corporate headquarters in Denver.

We also recently executed our first solar thermal application in Scottsburg, Ind., and the DaVita data center in Tacoma, Wash., has undergone extensive retrofits to increase efficiency in heating and cooling loads while also consolidating servers to reduce energy consumption.

Reusing Supplies

Because dialyzer components are made from 100 percent crude oil, the non-degradable parts comprise more than 60 million pounds of medical waste annually. While patients have a choice to select reusable or single-use dialyzers, if we offered only single-use, our contribution to that sum would be 20 million pounds of waste each year. **By being a leader in offering dialyzer reuse, we save more than 8.5 million pounds of medical waste annually and help reduce our dependence on foreign oil.**

Reducing, Recycling and Composting

- Purchasing dialysis machine cleaning supplies in bulk has **reduced waste by 252,000 gallon jugs and 120,000 pounds of cardboard.**
- Changing our latex glove packaging from 1,000 to 2,000 per case **has saved 350,000 pounds of cardboard.**
- **Our copier paper contains 30 percent post-consumer materials, and our business cards, letterhead and envelopes use 100 percent post-consumer paper.**
- Approximately 400 of the office/janitorial products we purchase **contain recycled content.**
- DaVita purchases sharps containers made of approximately **82 percent recycled plastic, keeping more than 550,000 pounds of plastic out of landfills.**
- For every used remanufactured toner cartridge we return, **a $2 donation is made to The Kidney TRUST. In 2010, this raised more than $9,000.**
- Our interim headquarters currently **diverts 95 percent of waste through composting and recycling programs.** On Earth Day, teammates launched a composting program at our Lakewood, Colo., location.

Reducing Greenhouse Gas Emissions

- **In 2011, for the third year in a row, DaVita will offset 100 percent of the energy used** at all of our corporate business offices by purchasing green power credits that generate a net zero increase in carbon dioxide emissions.
- **Our facilities have reduced overall carbon emissions by eliminating 4,000 medical waste pickups annually.** Based on an average of 15 miles for each pickup, we saved more than 60,000 miles and 7,500 gallons of diesel fuel at 8 miles per gallon.

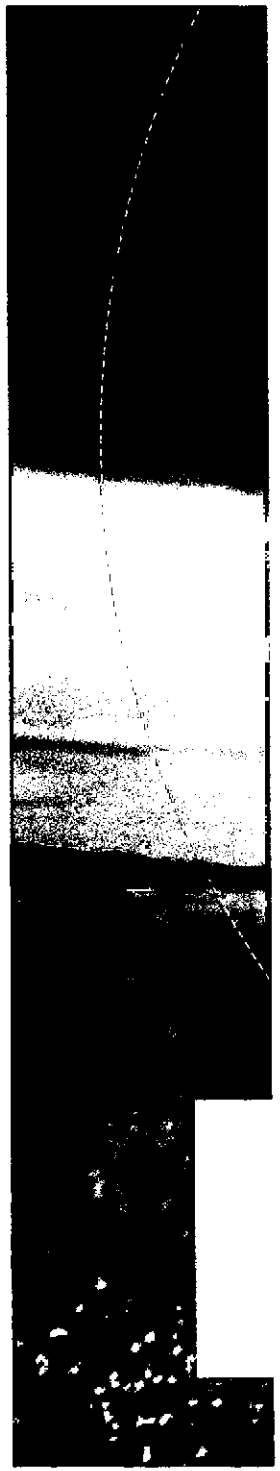
Finding Sustainable Suppliers

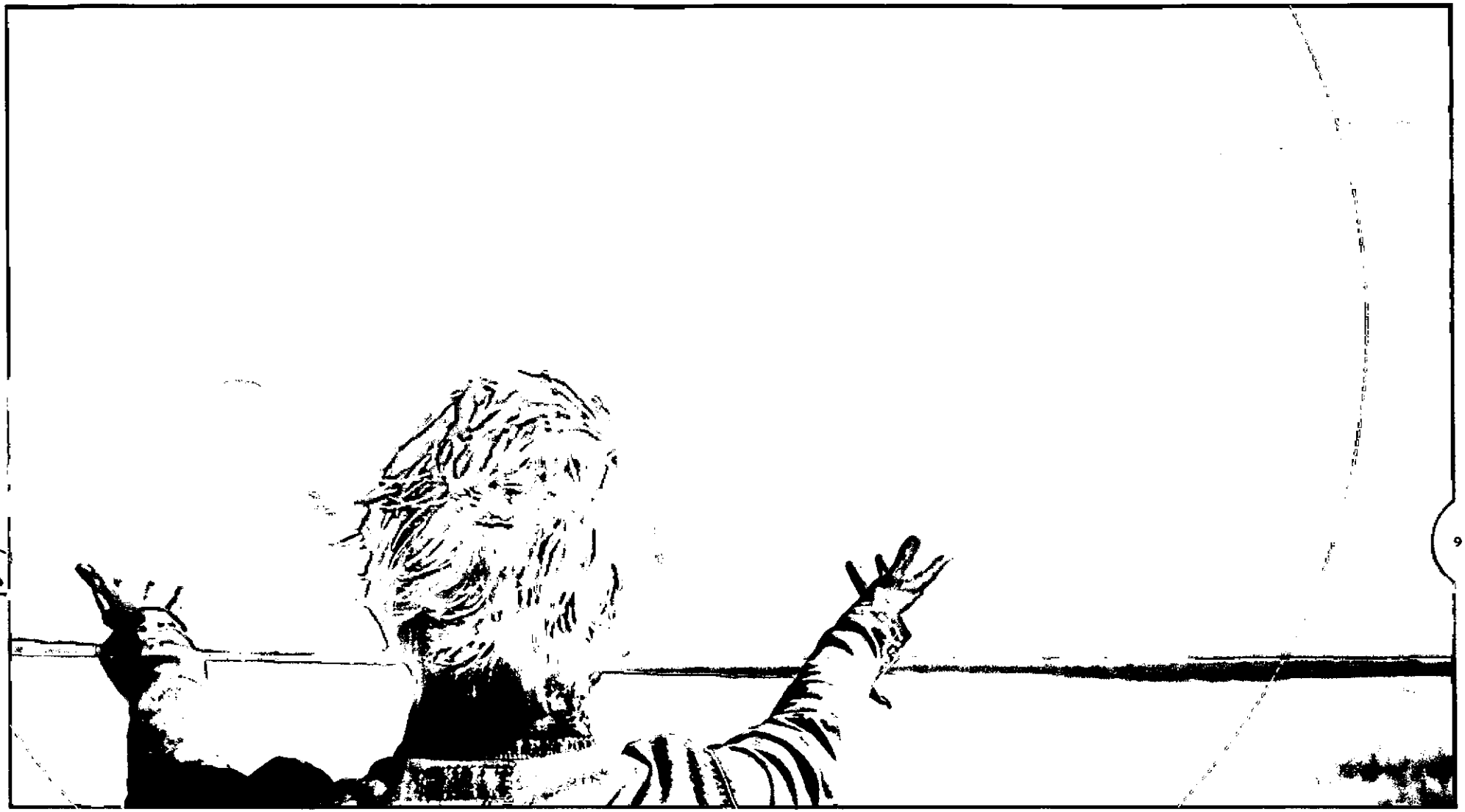
When evaluating potential vendors, we ask if they do the following:

- **Reduce packaging, energy consumption and waste** in manufacturing and distribution processes
- **Promote the use of alternative forms of energy** and reduce their overall carbon footprint
- **Audit their suppliers' social awareness efforts**
- **Ensure safe and legal labor** conditions in their own and their suppliers' manufacturing plants
- **Contribute to the local community** where the products are manufactured

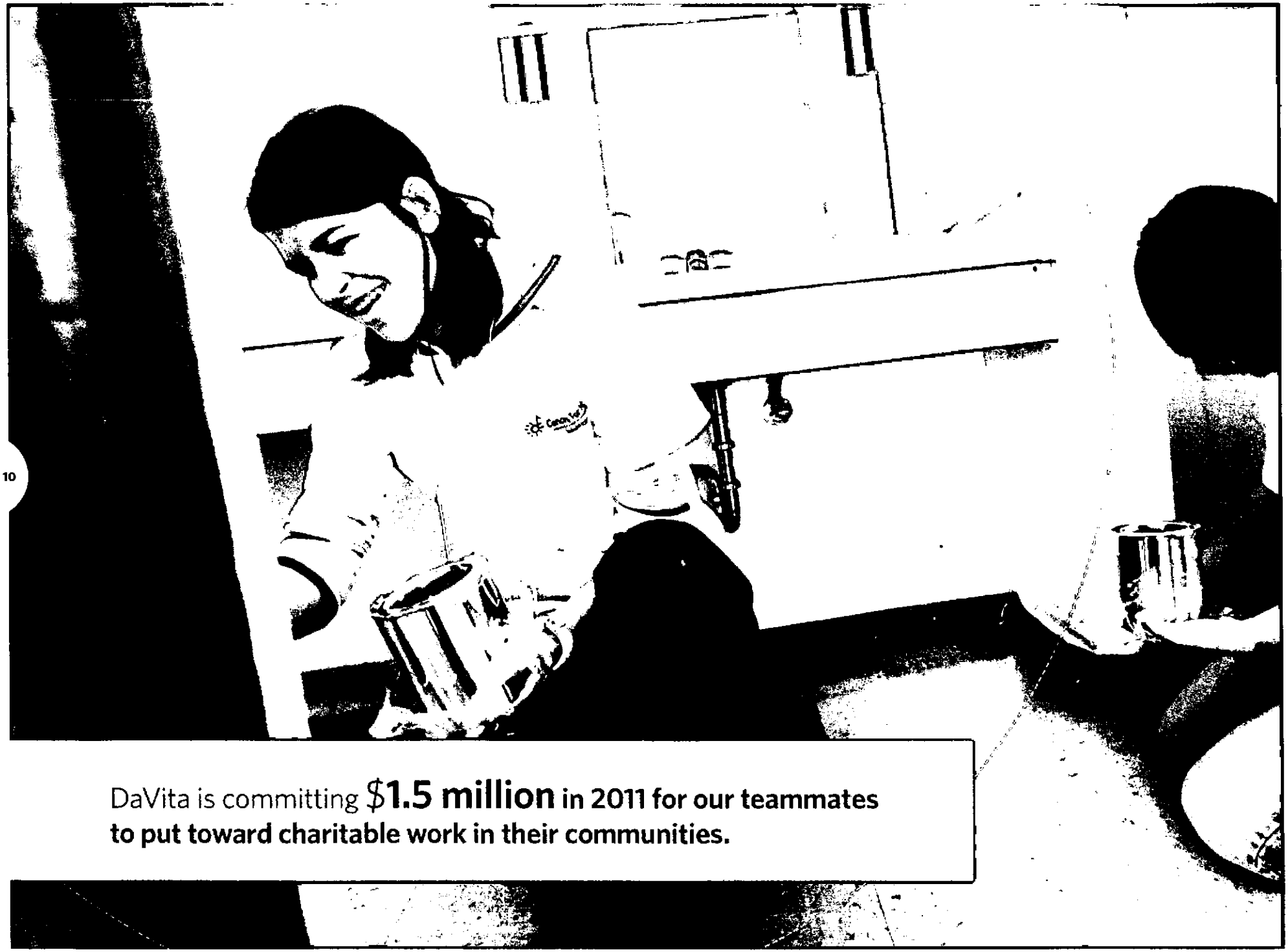
The Ripple Effect

The momentum around Village-wide sustainability efforts has inspired teammates to post on the Eureka! forum (an internal online message board) such ideas as turning off lights for one hour, installing energy-efficient lighting on motion sensors, using water-saving faucets and participating in local park-rehabilitation projects. More than 320 dialysis centers participated in a competition to reduce energy consumption.





DaVita teammates around the country have started recycling and composting programs at their facilities by partnering with local entities, including one in the Phoenix area that **diverts food waste from a landfill through a partnership with a local hog farm.**



DaVita is committing $**1.5 million** in 2011 for our teammates to put toward charitable work in their communities.

:: Raising awareness & giving back ::

Beyond the millions of dollars in unreimbursed patient care that we absorb each year, DaVita contributes to organizations aimed at improving access to kidney care and is deeply involved in community enrichment initiatives based in our home state of Colorado.

Contributions to Raising Kidney Disease Awareness

The majority of people living with kidney disease don't know they have it. DaVita made cash contributions totaling more than $2 million to the following kidney disease-awareness organizations and others in 2010:

- **The Kidney TRUST™**
- **National Kidney Foundation®**
- **American Kidney Fund®**
- **Bridge of Life — DaVita Medical Missions™**
- **Dialysis Patient Citizens**
- **American Society of Nephrology®**
- **National Home Infusion Association**
- **Renal Physicians Association**

Home State Community Engagement

In our first full year in its new headquarters state, DaVita placed a high priority on engagement and impact on civic and charitable organizations. Colorado takes a uniquely collaborative approach to addressing the challenges facing so many local and state governments across the country. In this regard, it has proven to be a unique fit for DaVita and its emphasis on engagement and on creating ripples of citizen leadership.

- Provided financial support to more than two dozen charitable organizations in Denver in 2010, including the Latin American Education Fund, Center for Women's Health Research, Denver Museum of Nature and Science and Junior Achievement
- Served on the boards of nearly 40 Colorado business and charitable organizations, from the Denver Chamber of Commerce to the Public Education & Business Coalition to the Humane Society
- "Adopted" Project Angel Heart, which prepares nutritious meals for people with life-threatening illnesses, and conducted a toy drive for Children's Hospital Colorado, collecting hundreds of toys and gift cards over the holidays
- Actively engaged at the executive level in helping Denver and Colorado address public education, business development and recruitment, budget deficits and structural reform
- Hosted numerous state and federal elected officials for thoughtful debate and civil discourse during "Town Hall" meetings at DaVita's interim headquarters

PROJECT ANGEL HEART

THE HUMANE SOCIETY OF THE UNITED STATES

Women's Health RESEARCH
Finding Answers. Saving Lives

The Kidney TRUST™

Founded by DaVita in 2006, the Kidney TRUST is an independent 501(c)(3) organization that provides public education programs and no-cost, rapid-result kidney screenings in non-medical settings, with the aim of delaying or preventing the progression of CKD to kidney failure. The Kidney TRUST also helps patients retain their insurance coverage by providing financial assistance for co-pays, co-insurance and deductibles.

Kidney Awareness Run/Walk™

In 2010, DaVita held 10 Kidney Awareness Run/Walks across the nation to raise awareness of kidney disease and funds for The Kidney TRUST. **In its first five years, approximately 15,000 participants have raised more than $1 million.**

Tour DaVita®

Tour DaVita is an annual 250-mile bicycle ride to raise awareness and funds to fight kidney disease. More than **1,200 DaVita teammates, physicians, family members and friends have ridden 250,000 miles collectively and raised more than $2.3 million to benefit The Kidney TRUST.**

Village Service Days™

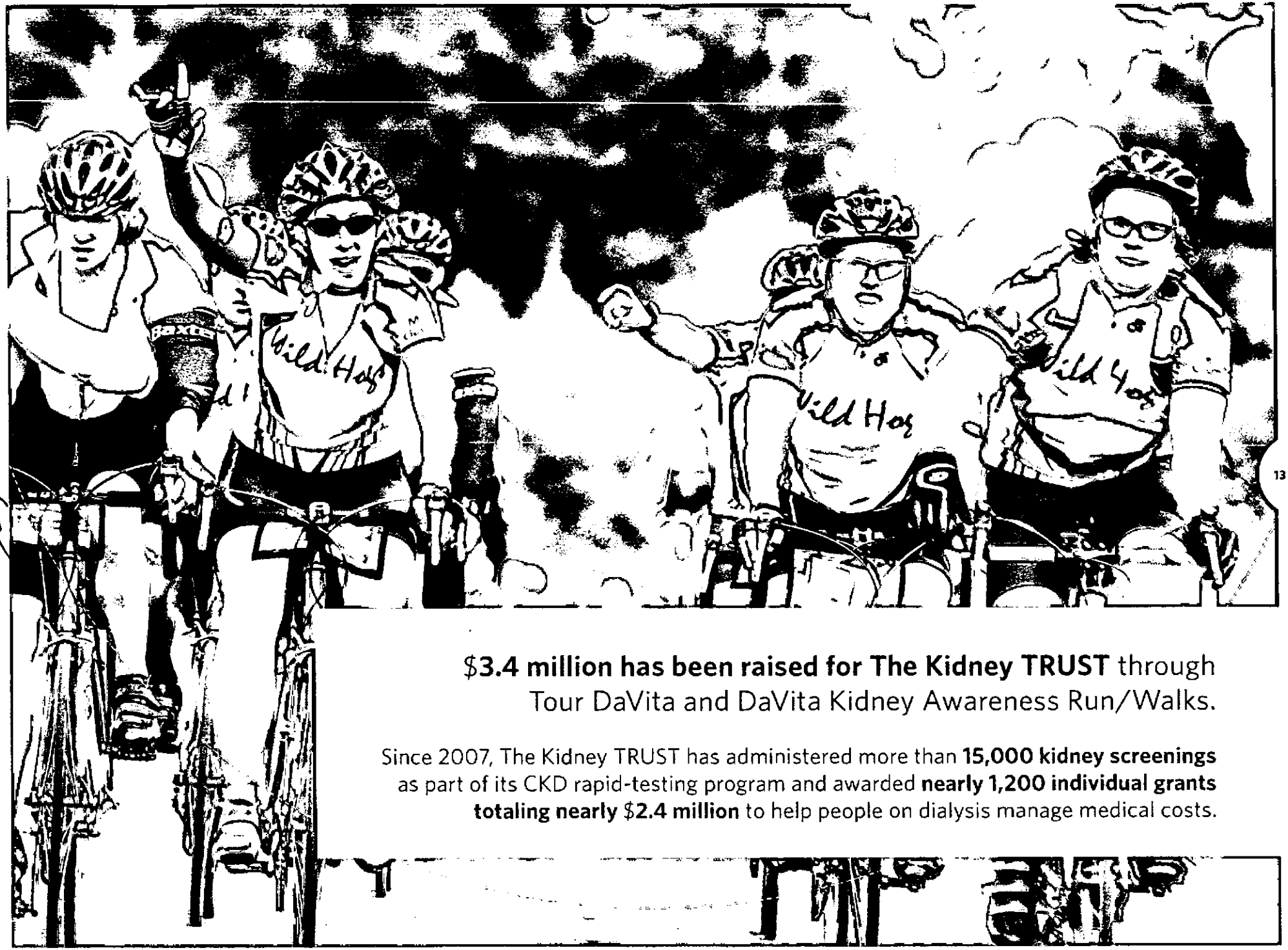
More than 2,400 teammates around the country have launched local community service projects, such as building bicycles for children, remodeling a long-term care facility for AIDS patients and preparing supplies for homeless infants. **Teammates have participated in 128 community service projects totaling 19,000-plus hours.**

KT Community Foundation

Funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, the KTC Foundation provides assistance to DaVita teammates who engage directly in helping to transform the communities where they live. **Fifty-four grants — totaling more than $145,000 — have been awarded since 2006**, including a grant to benefit the Meds & Food for Kids foundation's efforts to improve nutrition among the children of Haiti.

A Show of Hands

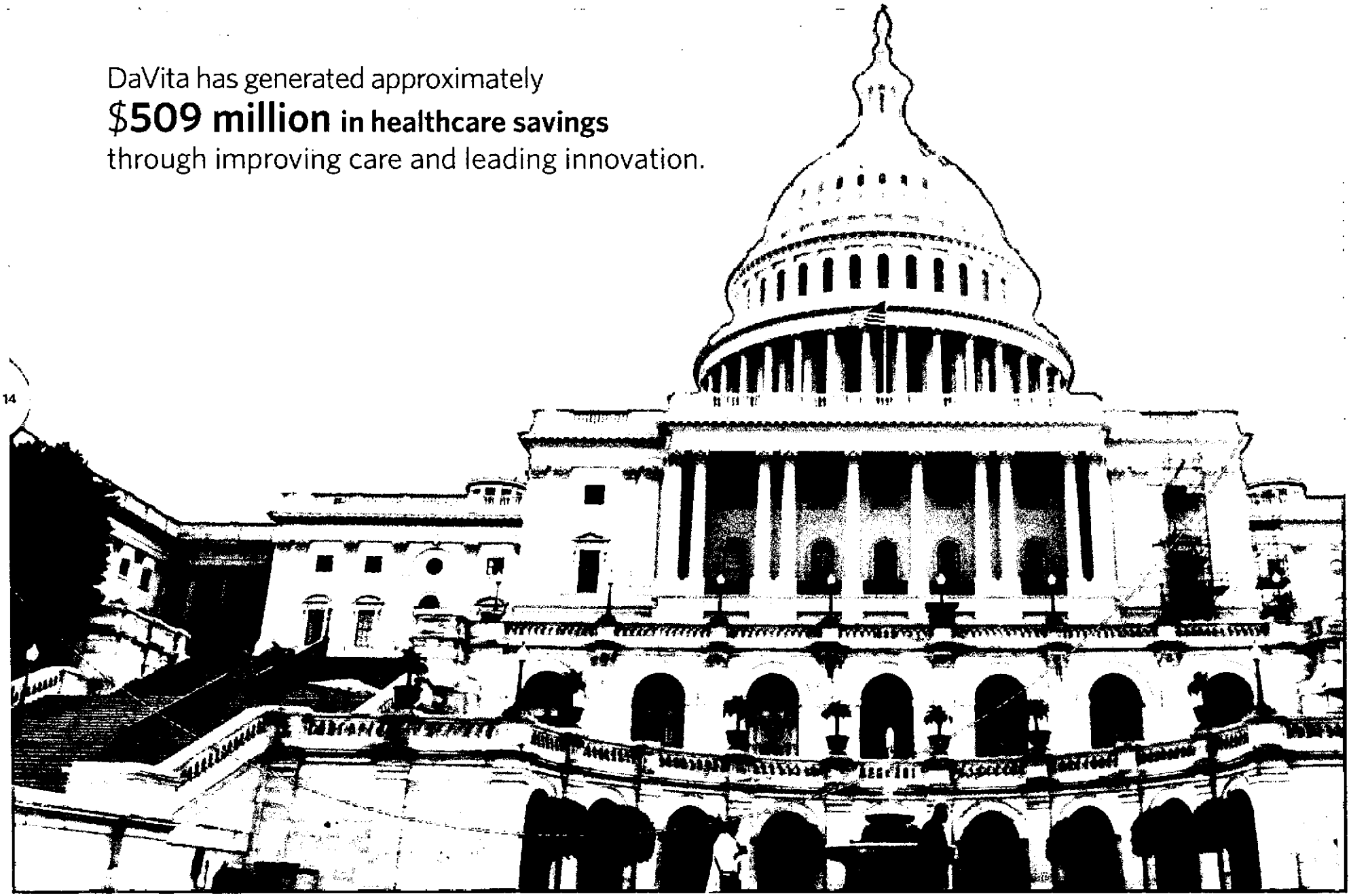
In addition to donating funds and volunteers to support external organizations, DaVita has founded several grassroots programs focused on driving CKD awareness and community enrichment.



$3.4 million has been raised for The Kidney TRUST through Tour DaVita and DaVita Kidney Awareness Run/Walks.

Since 2007, The Kidney TRUST has administered more than **15,000 kidney screenings** as part of its CKD rapid-testing program and awarded **nearly 1,200 individual grants totaling nearly $2.4 million** to help people on dialysis manage medical costs.

DaVita has generated approximately
$509 million in healthcare savings
through improving care and leading innovation.



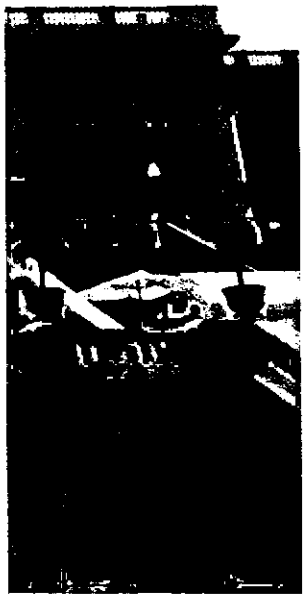
:: Generating taxpayer savings ::

There are more than 380,000 people in the United States being treated for kidney failure*, the majority of whom rely on Medicare. Fueled by the growing number of people with diabetes and high blood pressure, the leading causes of kidney disease, the incidence of costly kidney care treatment is expected to increase.

DaVita takes extraordinary measures to keep costs low and improve access to care for all patients — not just our own. By reducing hospitalizations through our integrated approach to kidney care, we are generating significant savings to the American healthcare system.

DaVita's Taxpayer Cost-Saving Initiatives

- **Investing tens of millions of dollars over several years to experiment with, refine and roll out healthcare cost-savings measures, such as the CathAway™ program to transition patients to a safer form of vascular access**
- **Advancing more cost-effective treatment options to states for use in their Medicaid programs**
- **Treating patients' unique health conditions with related services**
- **Outpatient vascular access centers (Lifeline Vascular Access®)**
- **Pharmacy services within dialysis centers (DaVita Rx℠)**
- **Disease management assistance (VillageHealth®)**
- **Recognition of teammates who pursue innovative ways to reduce costs**



Advocating for Kidney Care Patients

DaVita's commitment to social responsibility is also demonstrated in our pioneering work in the complex arena of U.S. healthcare reform. In 2010, DaVita was a successful advocate for patients with chronic kidney disease.

We met with officials at the Centers for Medicare and Medicaid Services (CMS) and lawmakers in Congress to educate them about ESRD. Providers, patient groups, politically active teammates and many members of Congress engaged with CMS to advocate for changes that would benefit the kidney care community and ensure that access to high-quality care is preserved.

Surplus Value to Society

As the largest independent provider of kidney care, in 2010 DaVita generated approximately $509 million in total healthcare savings through improved care and leading innovation initiatives. Added to the company's $207 million in federal and state taxes, the approximate savings to the healthcare system exceed the company's after-tax profits for 2010 by approximately $310 million.

*2010 United States Renal Data System Annual Data Report (2008 Data)

:: Bringing dialysis to global communities ::

Bridge of Life—DaVita Medical Missions™ is helping improve kidney health and save lives around the world by bringing treatment, education and hope to communities in developing countries.

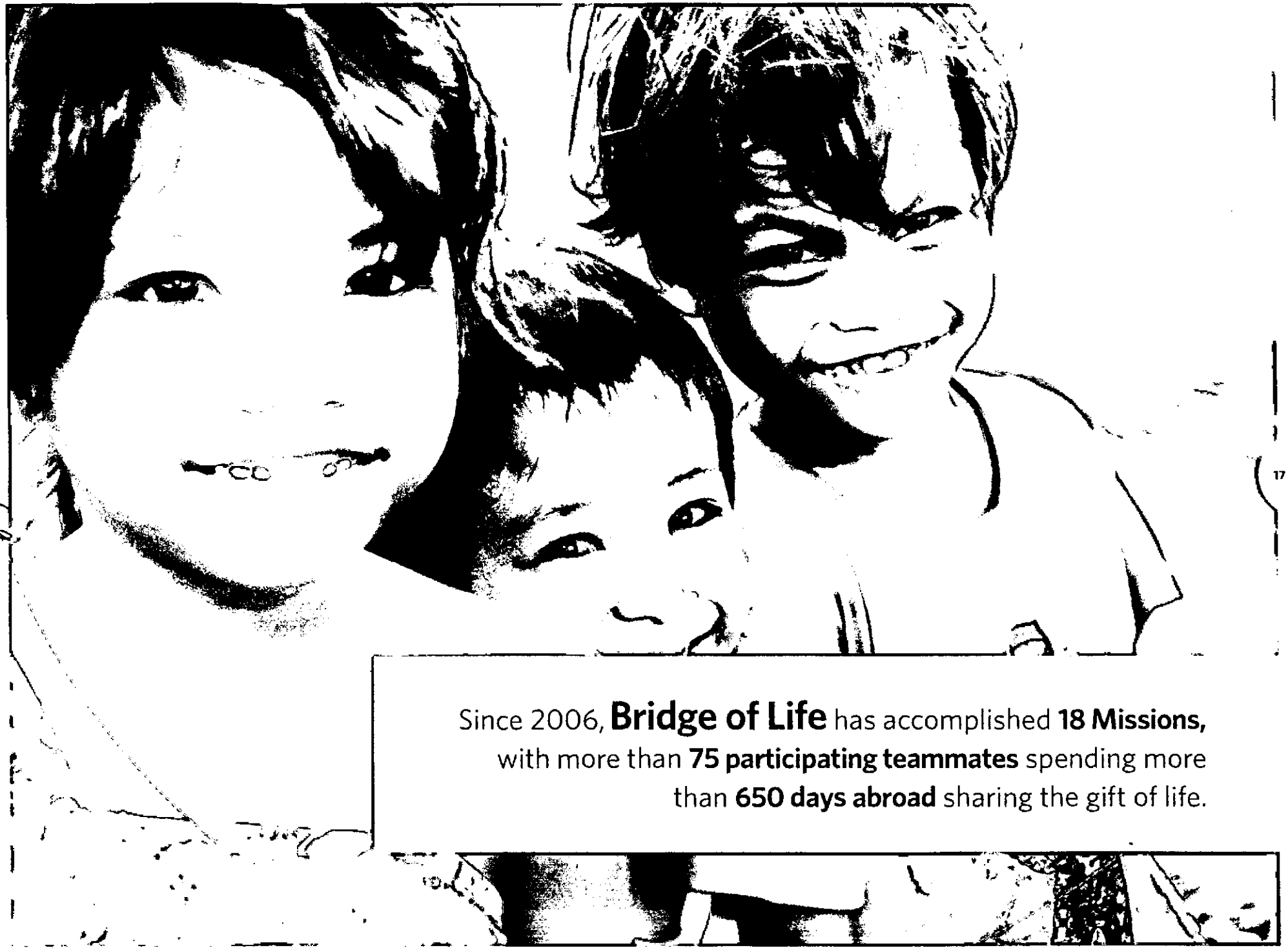
Bridge of Life is a 501(c)(3) nonprofit organization founded by DaVita that operates on donations to bring care to those for whom it is out of reach. In addition to contributing dialysis equipment to the Missions, DaVita participates by encouraging teammates to volunteer to staff Missions and by covering their expenses.

Bridge of Life has provided desperately needed services in Cameroon, India, Ecuador, Guatemala and the Philippines, and has trained more than 45 nurses, technicians, biomeds and doctors, who have in turn touched the lives of hundreds.

■ Current Missions
■ Future Missions

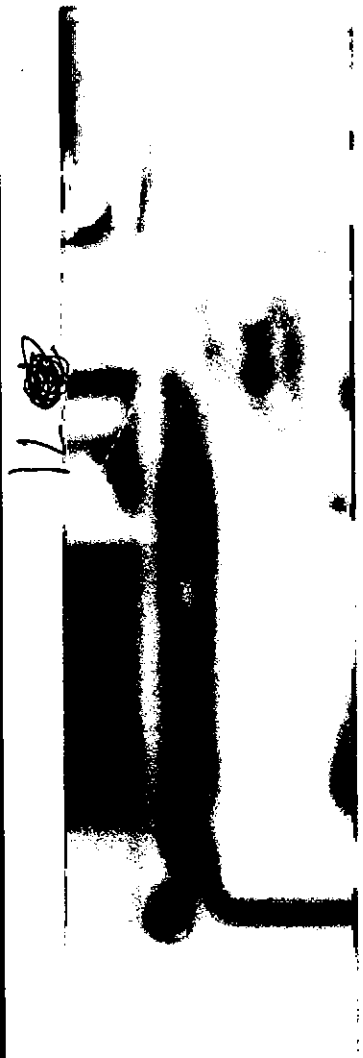
2010 Bridge of Life Highlights

- **Opened a 12-station unit** in Plaridel, Bulacan, Philippines
- **Provided follow-up Mission support** and training in San Carlos, Philippines
- **Provided biomed support in Cameroon**
- **Provided equipment and training** at a pediatric dialysis center in Guatemala
- **Hosted a doctor who will share his experience** learning about the care and treatment of CKD with clinics in Phalodi, India
- **Supported a week of programs** at the Painted Turtle Camp in California for children with chronic illnesses



Since 2006, **Bridge of Life** has accomplished **18 Missions,** with more than **75 participating teammates** spending more than **650 days abroad** sharing the gift of life.

:: Pioneering governance & compliance standards ::



In 2010, the Board of Directors undertook a thorough evaluation of DaVita's corporate governance structure. In response to shareholder feedback and corporate governance trends, our already strong governance policies and practices were enhanced even further.

DaVita is the **only kidney care company** to institute a **Clinical Performance Committee**, at the request of management, to advise the Board and management on policies, issues and procedures relating to quality clinical performance.

Our **Chief Compliance Officer, General Counsel** and internal **Compliance Committee** oversee and monitor DaVita's adherence to the laws and regulations affecting our business and industry. DaVita's Compliance Program requires every teammate to complete annual Compliance training and provides the following resources to ensure adherence to regulatory and ethical practices:

- **Code of Conduct**
- **Compliance Policies and Procedures**
- **Compliance Guidance**
- **Board-Level Oversight**
- **Disclosure Program**
- **Auditing and Monitoring**
- **Compliance Hotline**
- **Code of Ethics**

The majority of DaVita's Board of Directors is composed of directors who are independent of the company and management. All members of the Board are required to be elected annually by a majority of votes cast by our stockholders. DaVita established and holds itself to the standards of board-level committees on Audit, Compensation, Nominating and Governance, Compliance, Public Policy and Clinical Performance. Each committee's charter requires it to conduct an annual self-evaluation of the performance of the committee and each of its members.

{ Caring for

Each Other }

DaVita's teammates refer to the company as
"the DaVita Village."

Creating a sense of community was just the start for DaVita; building a community is an ongoing process. It is our fervent conviction that if we create a thriving, sustainable community for our teammates, they in turn create a special clinical and caring community for patients and their families, and are inspired to help others.

When people feel like they are heard and supported, they are more engaged in their work and their families, and are inspired to give back. This simple concept is the guiding principle behind DaVita's award-winning leadership development programs, open communication channels, scholarships and other financial assistance that we offer teammates in times of need.

DaVita University,

our award-winning leadership, professional and personal development program, has provided more than 1 million hours of training to teammates at all levels.

In 2010, our commitment to development contributed to **551 of our dialysis centers having less than 10% turnover, and 377 of our centers having 0% turnover** — and our overall turnover rate is below the national average.

We have invested approximately **one-third of every dollar of revenue** into teammate development, compensation and benefits.

:: Cultivating leaders ::

DaVita is committed to helping teammates grow both professionally and personally so that they are better equipped to provide quality and compassionate care for our patients and to be actively engaged in their communities.

We do this because we believe that teammates at any level can choose to be leaders. **More than 40,000 teammates have participated in DaVita's award-winning leadership development and clinical training programs over the years.** The multi-tiered classroom and online course offerings focus on a range of skills necessary to become a leader.

- **DaVita University Academy:** This two-day leadership and cultural immersion program — offered free to new hires — empowers teammates to be leaders in their community, family and team.
- **DSS LeaderShip:** This six-month program provides high-potential, non-manager teammates training in basic leadership skills.
- **DaVita Way of Managing (DWOM):** Manager-level teammates attend this four-day self-discovery program that assists in mastering the skills, knowledge and expectations required to be a leader at DaVita.
- **DaVita Way of Team (DWOT):** This intensive, three-day program helps foster teamwork and joint accountability in divisional and regional clinical teams, as well as our corporate teams.
- **DaVita Way of Leading (DWOL):** This three-day workshop for directors, vice presidents and senior vice presidents is an in-depth study of personal credibility, values and vision that uses the Five Practices of Exemplary Leadership.
- **Executive Coaching:** Executives have access to a prestigious circle of leadership consultants throughout their careers at DaVita.
- **Nationwide Meeting:** DaVita's largest leadership development program is an annual three-day gathering of approximately 2,500 national and regional teammates. Development topics range from current company needs to new leadership practices.
- **Redwoods Leadership Development Program:** This MBA-oriented program has been recognized by top business schools around the country. Through MBA scholarships, internships, classroom training and intensive job-shadowing experiences, more than 380 participants have grown from inside the company.
- **Reality 101:** This nationally recognized, mandatory immersion program exposes executives to the intellectual, physical and emotional demands faced by kidney care clinicians, as well as the rigors of the dialysis experience for patients, to inspire a more empathetic — and therefore more effective — approach to leadership.
- **Facility Administrator Survival Training (FAST):** New facility administrators must attend this 12-week modular on-boarding session. Through weekly mentoring from experienced leaders, participants learn clinical and financial operations, as well as how to lead a team at DaVita.
- **Preceptor Program:** This three-day, intensive "train-the-trainer" workshop prepares exemplary clinical teammates to become preceptors for a new-hire mentoring program.

$5.7 million

has been given to teammates and their families through DaVita's extensive teammate support programs.

$1.1 million

in educational scholarships has been invested in hundreds of Village families through the DaVita Children's Foundation and KT Family Foundation.

:: Building a culture of caring ::

Whether to help a teammate's child through school or to be a safety net in times of crisis, DaVita invests in improving the lives of our community.

Beyond the $3,000 available to each teammate for general tuition reimbursement per calendar year, our **Nurse Today and Nurse Tomorrow scholarship programs** provide teammates seeking a career in nursing up to $5,000 per calendar year for tuition, books and other associated fees.

DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of $1,000 to $3,000. The **DaVita Children's Foundation**, funded by DaVita, awards students in college or 12th grade. The **KT Family Foundation**, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, awards students in grades six through 11. **Together, these two programs have invested more than $1 million in hundreds of Village families.**

The DaVita Village Network allows teammates to contribute financial aid to other teammates through payroll deductions during a time of personal crisis, such as a natural disaster, accident or illness. DaVita's intention is to match every local dollar contributed from teammates with a dollar taken from company profits, up to $250,000 each year. To date, **the program has granted $1.75 million to 723 families in need.**

And to support the brave men and women serving our country, DaVita actively recruits veterans to become part of our Village through a variety of media and networking sources specifically targeted at veterans. Additionally, 2,900 teammates have sent more than 1,215 letters and packages to active-duty teammates and their family members on military duty in Iraq and Afghanistan through our **Adopt-a-Troop program.** In 2010, DaVita also contributed $5,000 to the Wounded Warrior Project, which helps wounded troops transition back home after overseas duty.

DAVITA CHILDREN'S FOUNDATION

K.T. FamilyFoundation

DaVita *Village Network*

51% **of hires and** promotions in 2010 at the director level or above were women and/or in an ethnic minority group.

4 of **9** **members of our Board of Directors** are women or in an ethnic minority group.

:: Encouraging a diverse workforce ::

In the "DaVita Village," we celebrate diversity and make teammates, regardless of background and experience, feel welcomed and respected.

A Culture of Inclusion

In our centers, we care for a diverse population of patients who speak more than 100 different languages. **In addition to encouraging diversity in our workforce,** DaVita sponsors and participates in a number of diversity groups and events, including the following:

- Recruiting from the National Black MBA Association, the American Indian College Fund in Denver and the Consortium for Graduate Study in Management
- Partnerships with the Congressional Black Caucus Foundation, the Women's Vision Foundation and the Congressional Hispanic Caucus Institute
- Through our National Minority Bank Investment Initiative, investing $3.2 million in four different community banks, with plans to grow the program
- Sponsorship of nationwide kidney screenings and health seminars focused on the disparate impact of ESRD in African American, Hispanic and American Indian populations

Starting with Ourselves

Caring for each other also means caring for ourselves. Our teammate benefits include domestic partner healthcare benefits, emergency backup child and elder care, and adoption assistance through which DaVita reimburses full-time employees 100 percent of eligible expenses, up to $5,000, for each adopted child.

Our **Village Vitality and Village Care wellness programs** promote healthy living through free health assessments, gym discounts and weight loss, stress management and tobacco-use cessation programs.

:: Listening to our teammates ::

In the spirit of Continuous Improvement, we have many forums for two-way communication between executives and our 36,500 teammates.

Teammates are invited to join **Voice of the Village calls** every eight to 10 weeks to interact directly with our CEO and other senior leaders. Typically, about 2,000 to 4,000 teammates around the country join the calls to hear about the state of the company and to ask questions about any subject they choose.

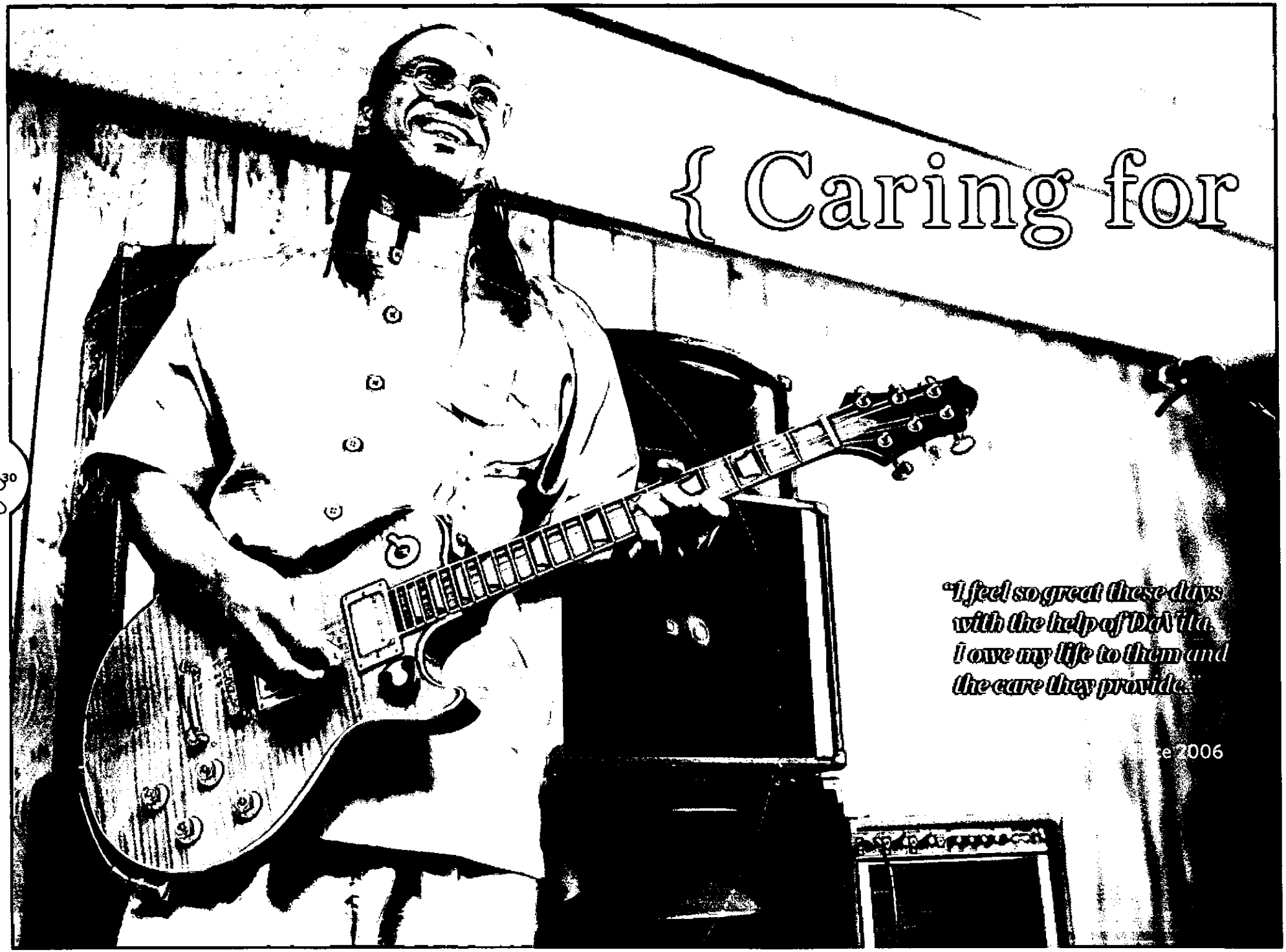
Town Hall Meetings, which are held as often as possible when one of our vice presidents visits a local center or business office, let teammates showcase new programs, recognize individual contributions, share department updates and ask questions about DaVita's business practices.

In 2010 we created **the Eureka! forum**, an online message board for teammates to share feedback and innovative ideas related to improving patient care, resource conservation and awareness-raising initiatives. Ideas that lead to real and sustainable change are rewarded with a spot bonus.

During **People Services Forum calls,** teammates discuss topics related to compensation and benefits with senior leadership once every six weeks.

In addition to soliciting general input and feedback in these venues on an ongoing basis, we involve our teammates in making major decisions as we did in 2000, when more than 1,000 teammates selected the company's name and Core Values. Since then, hundreds of teammates have voted on profit-sharing allocation options and other decisions that would affect the entire Village.

To our knowledge, **we are the only Fortune 500 company whose name, logo and Core Values were determined by its employees.**


{ Caring for
"I feel so great these days
with the help of DaVita,
I owe my life to them and
the care they provide."
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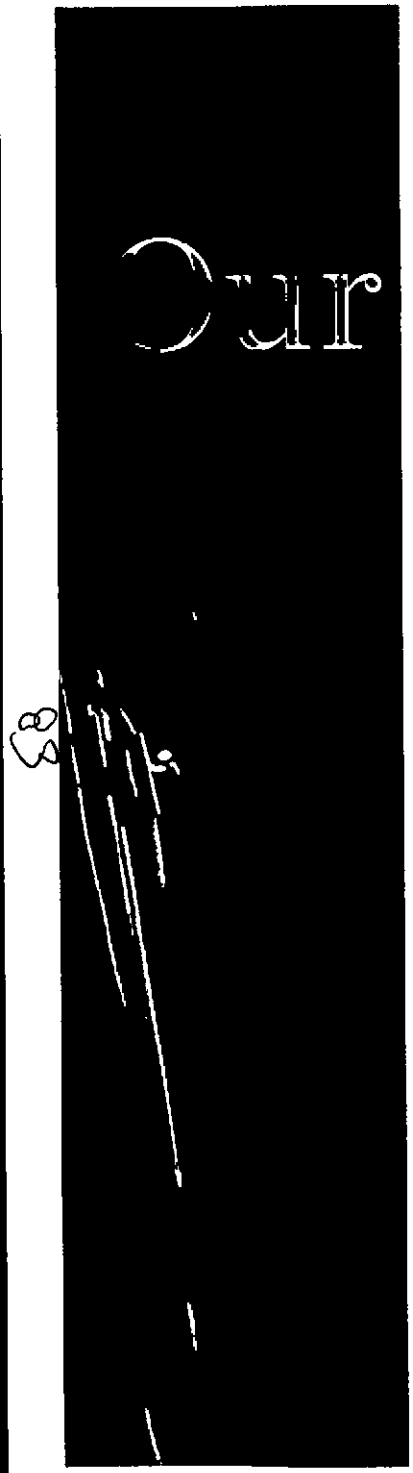


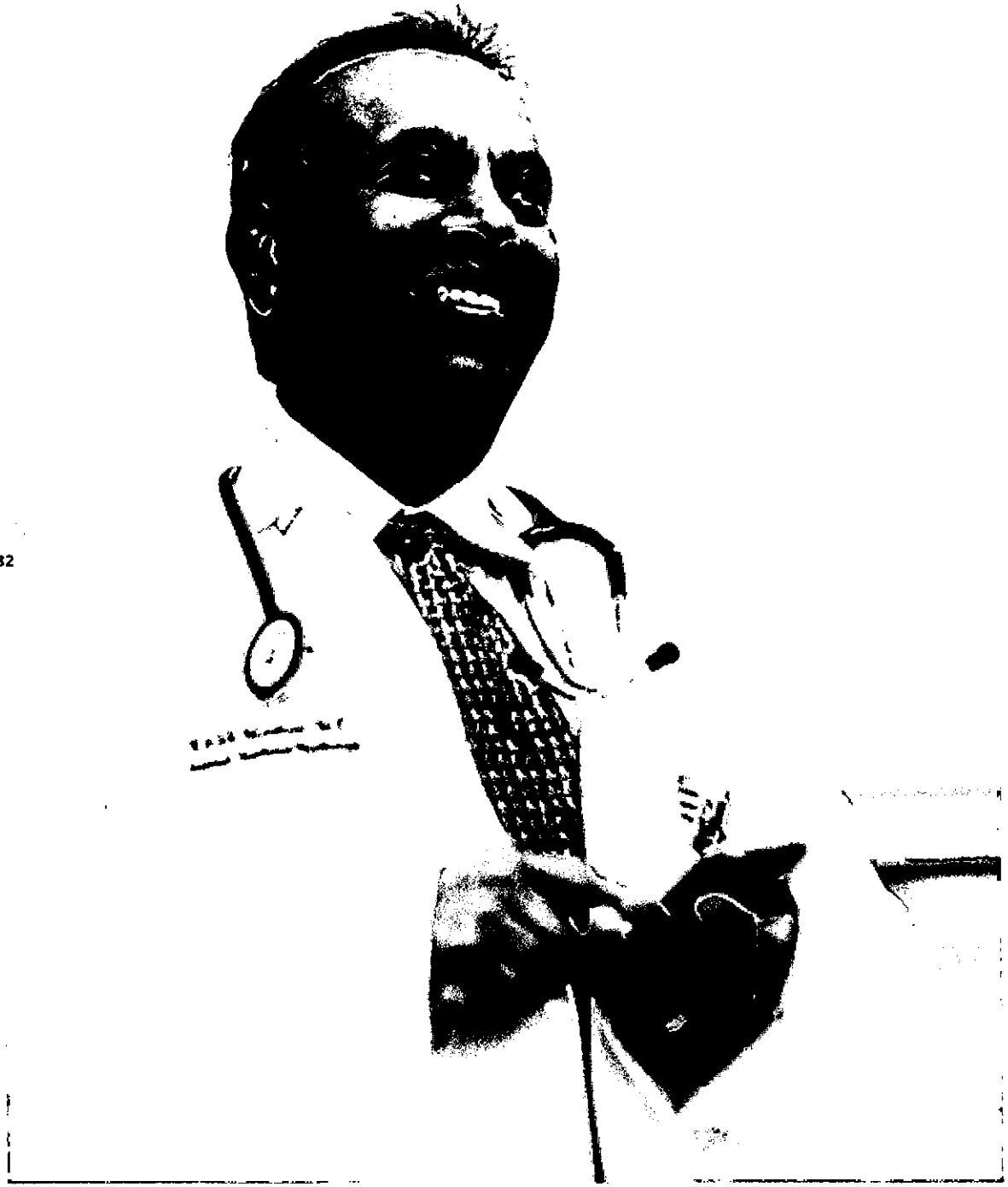
Our Patients }

96% of patients polled would recommend DaVita to a friend or family member who needed dialysis.*

97% of affiliated physicians say that DaVita meets or exceeds their expectations as a clinical partner.*

By achieving consistently superior clinical outcomes, providing award-winning training for our caregivers and treating patients' unique health conditions individually and holistically, we aim to help our patients enjoy longer, healthier, fuller lives.

*2009 patient and physician satisfaction surveys



DaVita's clinical outcomes are the best or among the best in virtually every category — and have improved every year since 2000.

The resulting decrease in mortality rates, hospitalizations and infections has **reduced taxpayer costs by approximately $509 million**, as 89% of our dialysis patients are served through Medicare and other government programs.

:: Leading clinical outcomes & innovation ::

Through continuous innovation, we are helping our patients feel their best and enabling them to live fuller lives. We also hope that we are raising the bar for quality care.

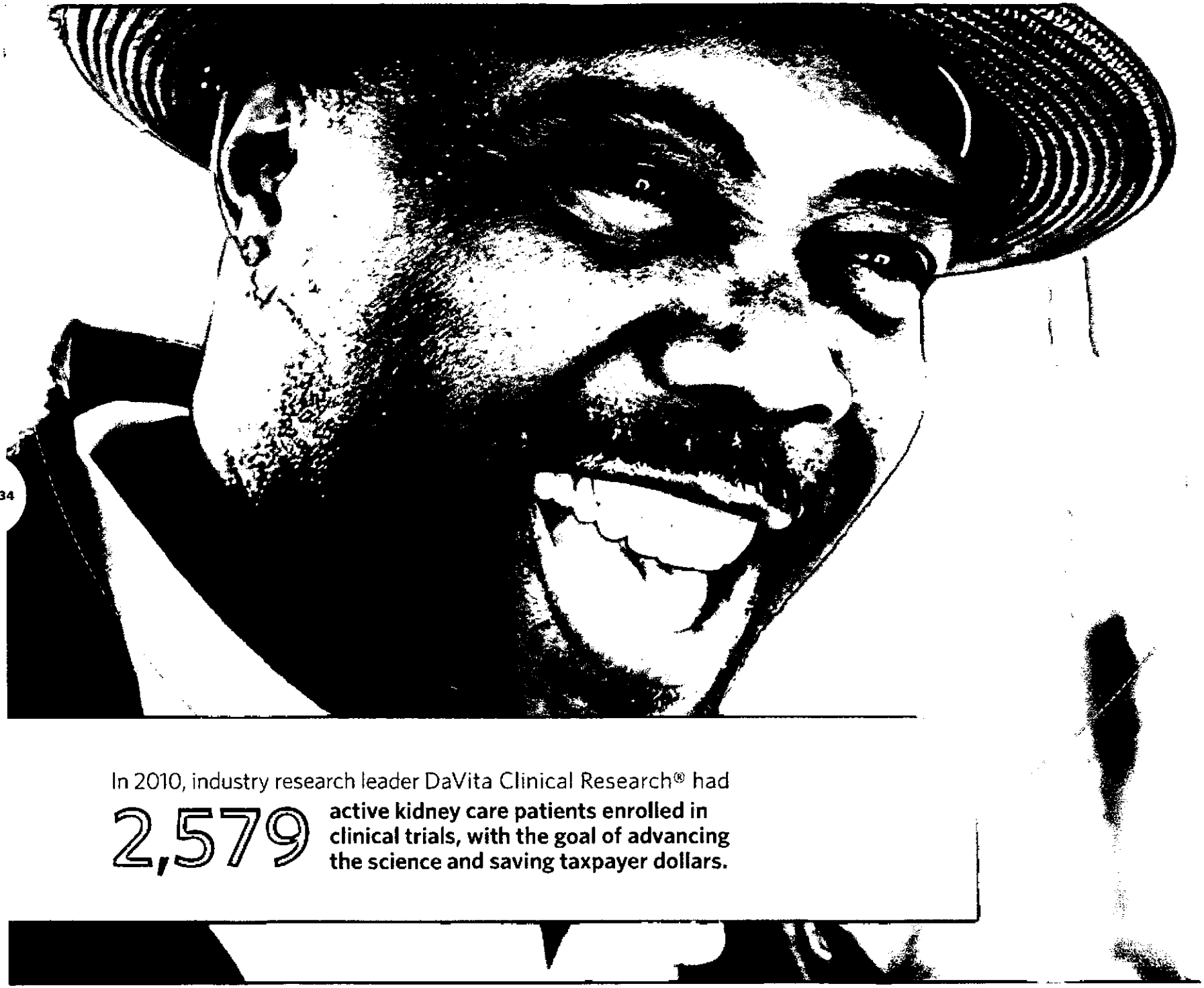
Thanks to the skill, dedication and inspiration of our physician partners and clinical teams, DaVita leads other large dialysis providers in key performance indicators.

- **Dialysis adequacy (Kt/V) has improved by 60%** in the last 11 years. Adequacy measures how well toxins are removed from the patient's blood.
- **Our ability to manage anemia within target range in our patients has improved year over year and currently leads the industry.** We have the industry's lowest percentage of patients with inadequate anemia management.
- **Our rate of fistulas in use leads the industry.** Fistulas are the preferred form of vascular access because they are less prone to infection and deliver the best dialysis treatment.
- **We lowered our central venous catheter (CVC) rate by 27%** over the last three years, achieving our lowest-ever rate in 2010.
- **Our ability to manage mineral and bone disease (calcium and phosphorus) leads the industry.**
- **As a marker of nutrition, albumin is successfully managed to an adequate level of 3.5 mg/dL in 83.7% of DaVita patients.**
- **DaVita's pneumococcal pneumonia and influenza vaccination rates** lead the industry at 90%.

Sources: National 2009 and Trends Elab Report, 2010 United States Renal Data System Annual Data Report (2008 data), Outcomes Plus, Amgen

"Congratulations, these are very, very impressive results. My compliments to the leaders and teammates that accomplished this."

Barry Straube, former Centers for Medicare and Medicaid Services Chief Medical Officer and Director of the Office of Clinical Standards & Quality, regarding DaVita's vaccination results



In 2010, industry research leader DaVita Clinical Research® had

2,579 **active kidney care patients enrolled in clinical trials, with the goal of advancing the science and saving taxpayer dollars.**

DaVita has invested substantial resources in elective clinical initiatives to improve care for our patients and all patients with kidney disease, and to generate taxpayer healthcare savings.

Inspired by findings from our clinical research team, **DaVita's clinical initiatives have improved the quality of thousands of patients' lives by reducing their risk of infection and hospitalization.**

- **The DaVita Quality Index (DQI),** a proprietary benchmarking tool that compares clinical performance among all DaVita facilities, has shown 11 consecutive years of continuous improvement. As DQI scores have improved, mortality and hospitalizations have decreased.
- **Our pioneering CathAway™** program to transition dialysis patients from catheters to fistulas (a much safer and more reliable form of vascular access) achieved the lowest day-90 catheter rates among large dialysis providers in 2010, reducing the risk of hospitalization from infections and blood clots for our patients.
- **Our IMPACT™ care-management program** for the first three months of dialysis, when patients are at highest risk for serious and potentially fatal complications, is improving outcomes and reducing mortality rates during this transition.

DaVita Clinical Research® (DCR®)

DCR is one of the largest kidney research networks in the U.S., and the first and only clinical research program to offer services across the entire drug development lifecycle, from Phase 1 clinical trials to health economics and outcomes studies. DaVita patients benefit from being the first recipients of DCR's clinical advancements.

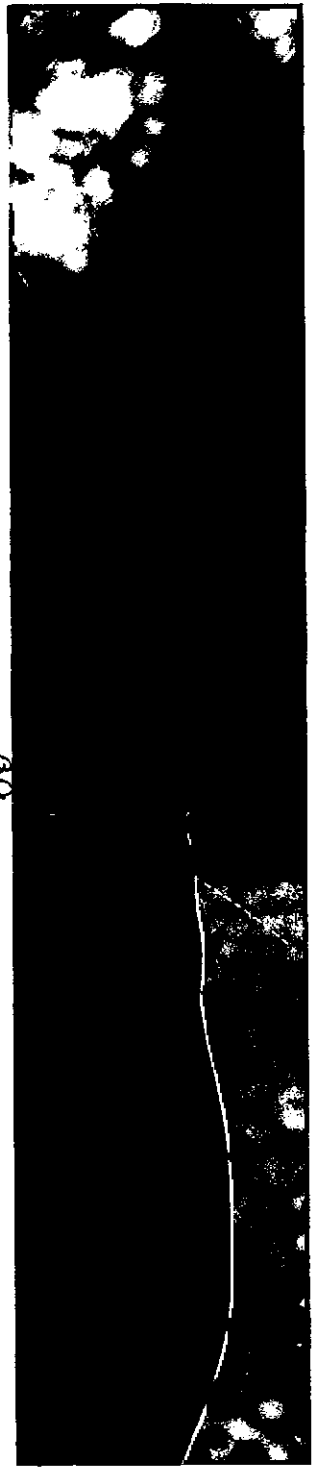
VillageHealth® patients averaged an 8% catheter rate in 2010 (compared to the national benchmark of 18%), which is associated with a **35% drop in catheter-related hospital admissions.**

DaVita Rx℠ patients are correlated with **medication adherence rates greater than 80%,** almost double that of patients who fill their prescriptions elsewhere, and are correlated with **40% fewer hospitalizations*.**

Patients at Lifeline Vascular Access®-managed centers had a **98% overall procedure success** rate in 2010, and 91% of them rated their overall experience as very good or excellent.

*Data is correlated based on a two-year study: National Retailers sample (198), Independents sample (83) and Rx sample (42). Results statistically significant at the p<.01 level.

Paulita, a 31-year-old patient with end stage renal disease, has been dialyzing with DaVita since 2009. With daily 30-minute peritoneal dialysis treatments she can do at home, she has more time for what really matters — her four-year-old daughter. DaVita is a leading provider of home treatment options.



:: Integrating care to treat the whole patient ::

No two kidney care patients are alike, but they all have one thing in common: a desire to feel healthy and enjoy their family life, careers and favorite activities.

Our integrated approach to kidney care involves **a network of services that enhance access to care, quality of care and quality of life.**

DaVita Rx℠

After operating at a loss for its first five years, now approximately 33,000 patients at more than 1,500 centers are getting their critical medications more easily and managing their drug regimens more effectively thanks to DaVita Rx, the first and largest full-service U.S. pharmacy specializing in kidney care. Free delivery to a patient's center or home, flexible payment options, 24-hour access to ESRD pharmacists and assistance with insurance and payment issues make patients' lives easier — and **the resulting reduction in hospitalizations is saving taxpayers thousands of dollars per patient.**

Lifeline Vascular Access®

DaVita affiliate Lifeline Vascular Access is the nation's leading provider dedicated ESRD vascular access management. **Its innovative business model has produced better clinical outcomes and increased patient satisfaction at lower costs than hospitals.**

DaVita VillageHealth®

In 2010, more than 5,400 CKD and ESRD patients relied on VillageHealth to help manage the many and complex aspects of their healthcare. As the nation's largest integrated kidney disease management organization, DaVita VillageHealth has worked through commercial and government programs to achieve these results over the last five years**:

- **20% lower mortality rate**
- **94% of patients vaccinated for influenza**
- **65% reduction in catheter (CVC) use**
- **25% better prescription adherence**
- **8-16% fewer hospitalizations and 11% lower non-dialysis cost for ESRD care**

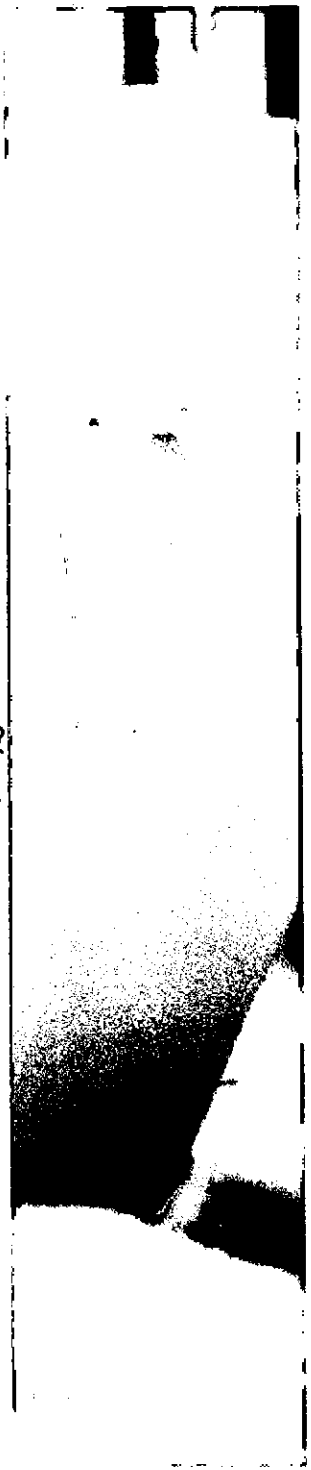
Treatment Options

Providing treatment options that offer choice, comfort and convenience help patients continue to lead the lives they knew before beginning dialysis. DaVita has the largest home peritoneal dialysis and home hemodialysis programs in the U.S.

**Statistics are from the California ESRD Demonstration Program.

With more than **700 kidney-friendly recipes, 300 educational articles, meal-planning tools and travel tips,**

DaVita.com is one of the world's best resources for kidney care patients who want to take charge of their health.



:: Educating & empowering patients ::

When patients are informed, they can improve — or even save — their own lives. DaVita provides some of the most comprehensive kidney disease education tools available, so that they can make healthy choices.

DaVita.com

Recently redesigned to be easier to navigate and even more comprehensive, DaVita.com is an award-winning online repository of interactive health and diet tools for CKD patients and their caregivers, regardless of which provider they choose.

DaVita Diet Helper™

Following a kidney-friendly diet can help patients feel healthier and have fewer complications, and can slow the decline of residual kidney function. **More than 27,800 people have registered for DaVita Diet Helper**, an online kidney-related diet-management tool, since its launch in 2007.

Designed for people with Stage 4 or Stage 5 kidney disease, the tool allows patients, healthcare professionals and care partners to plan meals according to the patient's prescription, check nutritional levels for the day and print a food record for the patient's next dietitian visit.

My DaVita

Launched in 2010, this social networking component of DaVita.com lets registered users connect and engage with other dialysis patients for friendship and support, and to share personal stories about kidney health and save recipes and articles.

YourKidneys.com

This user-friendly website helps patients newly diagnosed with CKD find answers to their questions and discover a community of other early-stage CKD patients. The site's Expert Q&A gives visitors direct access to nurses, dietitians, social workers and physicians.

EMPOWER®

Our EMPOWER educational program brings a series of free, instructor-led classes to CKD patients in neighborhoods across the country. Classes encourage CKD patients to make healthy choices about their kidney care, with the goal of slowing the progression to dialysis — an outcome that is precisely counter to DaVita's bottom line, but wholly reflective of our values.

:: Appreciating our patients ::

When patients come to DaVita centers for life-saving medical treatments, they're cared for like family. Making our patients feel at home while dialyzing at our centers is uniquely DaVita.

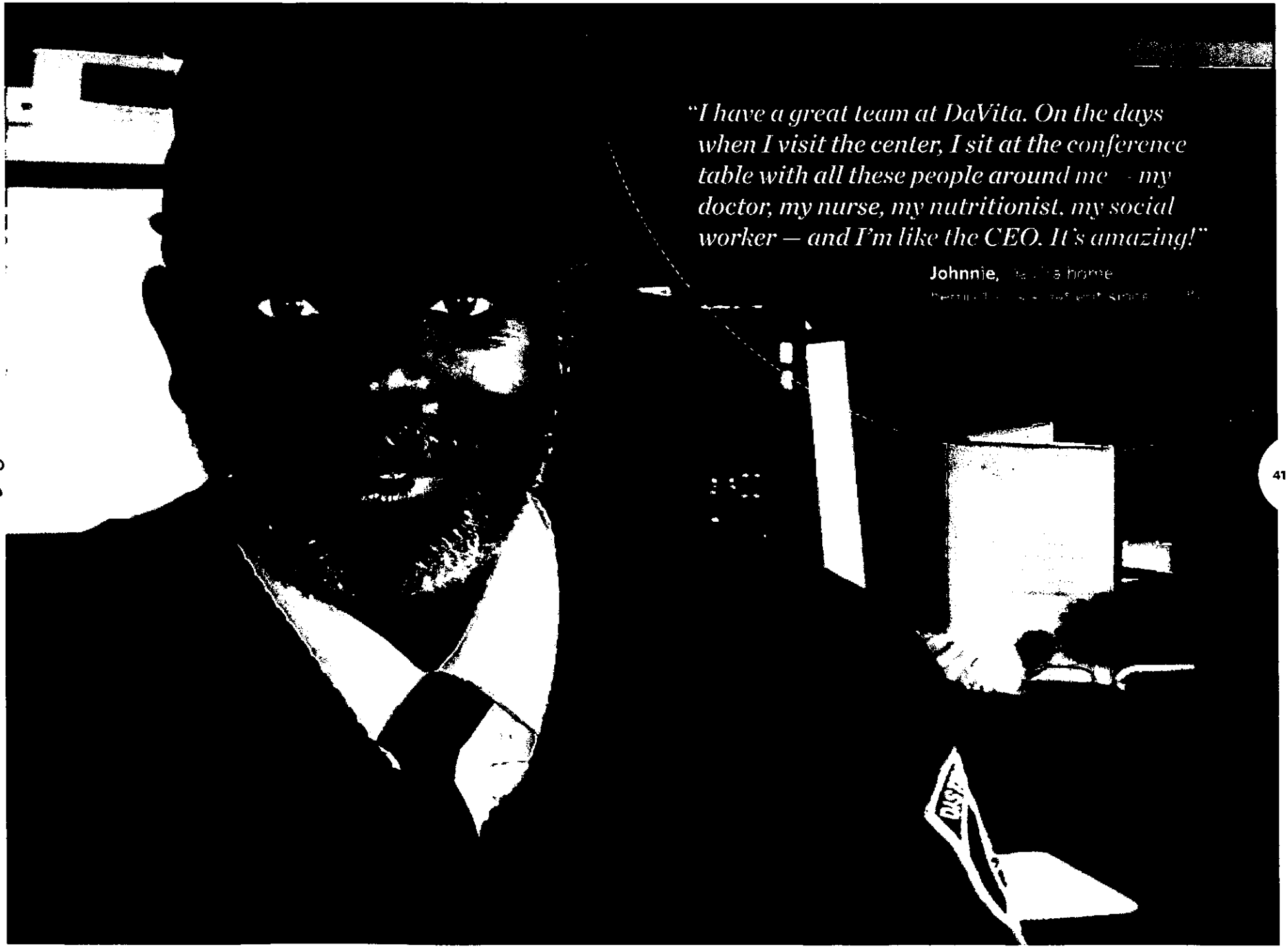
Virtually no chronic patients have more frequent contact with their healthcare providers than those on dialysis. And while it may sound cliché, our patients become like family.

From our highly trained nurses, dietitians and social workers to our insurance specialists, travel planners and Guest Services support specialists, DaVita's teammates aim to form a competent, comforting circle of care around each of the more than 125,000 patients we see.

When entering our dialysis centers, our patients receive a warm welcome from our **volunteers, called DaVita Village Greeters**. Oftentimes, these volunteers are fellow patients or their family members.

As part of the **DaVita Circle of Life program,** physicians and teammates help patients and their families address the many end-of-life issues. Teammates also hold memorial services for lost patients at DaVita's annual meeting and locally throughout the year, and DaVita donates funds to The Kidney TRUST™ in honor of patients who have passed away.

Our annual **Wall of Fame contest** encourages patients and teammates in our 1,389 participating facilities to showcase their pictures and fun facts creatively and prominently on the wall.



"I have a great team at DaVita. On the days when I visit the center, I sit at the conference table with all these people around me – my doctor, my nurse, my nutritionist, my social worker – and I'm like the CEO. It's amazing!"

Johnnie, [illegible] home

{ What's Next }

We are proud of what our teammates and partners have accomplished for each other, our communities and our patients in the past year, but there is much more to do to achieve our vision. We have begun work on several new initiatives to build on our momentum.

{ Caring for Our World }

We are expanding our sustainability initiatives in 2011. In May, more than 2,500 teammates at our annual Nationwide Meeting voted on DaVita's top five environmental goals, which we will be finalizing in the coming months.

We are also entering into national agreements with large solid waste disposal vendors serving approximately 400 DaVita facilities. Through these partnerships, we hope to implement more recycling across the Village.

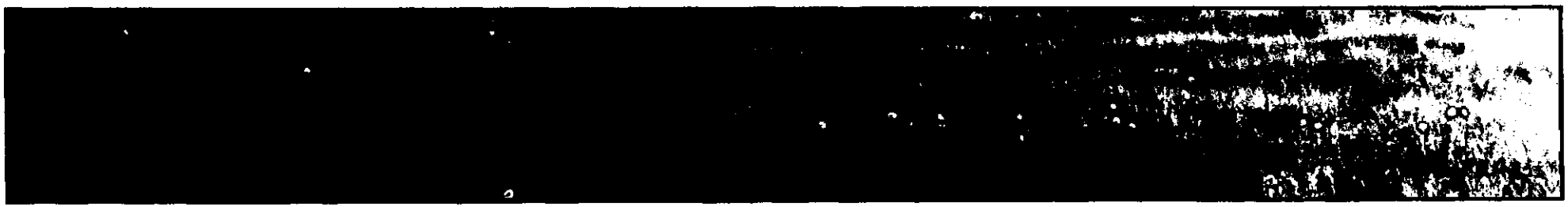
We will replace 8-ounce bottles of hand sanitizer with 12-ounce bottles, reducing the total number of bottles used by 62,000, or 3,900 pounds of plastic.

We are partnering with other vendors to explore new technology that will turn medical waste into reusable plastic. The pilot program started in 2011 at 106 Southern California facilities.

Sharps containers and their contents will be processed through new technology, and the plastic will be cleaned, separated and recycled.

For the first time ever, dialyzers will also run through the new technology in an attempt to mine out the plastic for recycling.

As this report was going to press, we learned that **DaVita was one of only three healthcare facilities to receive the Green Leadership Award**, for implementing innovative programs to reduce our environmental impact.



{ Caring for Each Other }

In our efforts to become a best-in-class military employer, DaVita visited the White House in 2011 to join the Military Spouse Employment Partnership.

We are also implementing a new policy that provides deployed teammate veterans up to five years of differential pay. At the time of deployment, the DaVita Village Network sends $5,000 to the families of active-duty military members, and DaVita provides health benefits for up to 24 months to help ease the transition.

Our military-friendly policies have been recognized among the G.I. Jobs Top 100 Military Friendly Employers, the Military Times EDGE Best for Vets and the CivilianJobs Most Valuable Employers for Military.

{ Caring for Our Patients }

As the state of American healthcare reform evolves in the years to come, we will remain relentlessly focused on quality healthcare delivery and cost-saving programs. We and our physician partners continually work to deliver better clinical outcomes, treatment options, educational tools and value-added services to help improve patients' quality of life. In the year ahead, our clinical leaders intend to focus on several new areas, including healthcare-acquired infections, which are a leading cause of costly hospitalizations for patients with kidney disease.

The Global Reporting Initiative (GRI) is a network-based organization that pioneered the world's most widely used sustainability reporting framework. The reporting framework sets out the principles and performance indicators that organizations can use to measure and report their economic, environmental and social performance. Using the list of page numbers below, you can find examples of how DaVita follows the GRI framework's Sustainability Reporting Guidelines.

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{ About

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YourKidneys.com

DaVita.com/find-a-center

DaVita.com/communitycare

Careers.DaVita.com

DaVitaKidneyRocks.org

YourDaVita.org

To help compensate for the printing of this report, approximately 150 trees were planted in areas of greatest need through the American Forests Global Releaf Fund. This report is printed with low-VOC, vegetable-based ink on FSC-certified recycled stock in the U.S.

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:: Community Care ::

{ The DaVita Vision for Social Responsibility }

2010

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DaVita.com/CommunityCare

{ Help Raise Awareness of Chronic Kidney Disease }

DaVita Kidney Rock :: Aug. 6, 2011 :: Denver, CO :: DaVitaKidneyRock.org

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OCMO

Office of the Chief
Medical Officer (OCMO)
Allen R. Nissenson, MD
Chief Medical Officer
Meredith Matthews, MD
Robert Provenzano, MD
John Robertson, MD
David B. Van Wyck, MD

April 30, 2009

Dear Physicians:

As your partner, DaVita® and OCMO are committed to helping you achieve unprecedented clinical outcomes with your patients. As part of OCMO's Relentless Pursuit of Quality™, DaVita will be launching our top two clinical initiatives; IMPACT and CathAway™, at our annual 2009 Nationwide Meeting. Your facility administrators will be orienting you on both programs upon their return from the meeting in early May.

IMPACT: The goal of IMPACT is to reduce incident patient mortality. IMPACT stands for Incident Management of Patients Actions Centered on Treatment. The program focuses on three components: patient intake, education and management and reporting. IMPACT has been piloting since October 2007 and has demonstrated a reduction in mortality. The study recently presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN. In addition to lower mortality rates, patient outcomes improved - confirming this vulnerable patient population is healthier under DaVita's relentless pursuit of quality care.

CathAway: Higher catheter use is associated with increased infection, morbidity, mortality and hospitalizations [1] [2].The 7-step Cathaway Program supports reducing the number of patients with central venous catheters (CVCs). The program begins with patient education outlining the benefits of fistula placement. The remaining steps support the patient through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. For general information about the CathAway program, see the November 2008 issue of QUEST, DaVita's Nephrology Journal.

Here is how you can support both initiatives in your facilities:

- **Assess incident patients regularly in their first 90 days**: Discuss patients individually and regularly. Use the IMPACT scorecard to prompt these discussions.
- **Adopt "Facility Specific Orders"**: Create new facility specific orders using the form that will be provided to you.
- **Minimize the "catheter-removal" cycle time**: Review each of your catheter patients with your facility teammates and identify obstacles causing delays in catheter removal. Work with the team and patients to develop action plans for catheter removal.
- **Plan fistula and graft placements**: Start AV placement plans early by scheduling vessel mapping and surgery evaluation appointments for Stage 4 CKD patients. Schedule fistula placement surgery for those patients where ESRD is imminent in the next 3-6 months.

Launch Kits:

In May, Launch Kits containing materials and tools to support both initiatives will be arriving at your facilities. IMPACT kits will include a physician introduction to the program, step by step implementation plan and a full set of educational resources. FAs and Vascular Access Leaders will begin training on a new tool to help identify root-causes for catheter removal delays.

Your support of these efforts is crucial. As always, I welcome your feedback, questions and ideas. Together with you, our physician partners, we will drive catheter use to all-time lows and help give our incident patients the quality and length of life they deserve.

Sincerely,

Allen R. Nissenson, MD, FACP
Chief Medical Officer, DaVita

(1) Dialysis Outcomes and Practice Patterns Study (DOPPS): 2 yrs/7 Countries / 10,000 pts.
(2) Pastan et al: Vascular access and increased risk of death among hemodialysis patients.

OCMO

DaVita.

TEAM IMPACT
INCIDENT MANAGEMENT OF PATIENTS ACTIONS CENTERED ON TREATMENT

DaVita®

OCMO
Relentless pursuit of quality

Dear Physician Partners:

IMPACT™ is an initiative focused on reducing incident patient mortality. The program provides a comprehensive onboarding process for incident patients, with program materials centered on four key clinical indicators—access, albumin, anemia, and adequacy.

Medical Directors: How can you support IMPACT in your facilities?

- Customize the new Standard Admission Order template into facility-specific orders. Drive use of the standard order with your attending physicians
- Review your facility IMPACT scorecard at your monthly QIFMM meeting
- Talk about IMPACT regularly with your attending physicians

Attending Physicians: How can you support IMPACT in your facilities?

- Use the IMPACT scorecard to assess incident patients
- Educate teammates about the risk incident patients face and how IMPACT can help

How was IMPACT developed? What are the initial results?
From October 2007 to April 2009, IMPACT was piloted in DaVita® centers. Early results, presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN this April, showed an 8% reduction in annualized mortality. In addition to lower mortality, IMPACT patients showed improvements in fistula placement rates and serum albumin levels. The results are so impressive that we are implementing this program throughout the Village.

Your support of this effort is crucial.
If you have not seen the IMPACT order template and scorecard by the end of June, or if you have additional questions about the program, email impact@davita.com. Together we can give our incident patients the quality and length of life they deserve.

Sincerely.

Dennis Kogod
Cheif Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer

DaVita.

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DaVita.

FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

El Segundo, Calif., (March, 29, 2009) – DaVita Inc., a leading provider of kidney care services for those diagnosed with chronic kidney disease (CKD), today released the findings of a study revealing DaVita's IMPACT™ (Incident Management of Patients, Actions Centered on Treatment) pilot program can significantly reduce mortality rates for new dialysis patients. The study presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN details how the IMPACT patient care model educates and manages dialysis patients within the first 90 days of treatment, when they are most unstable and are at highest risk. In addition to lower mortality rates, patient outcomes improved - confirming the health of this vulnerable patient population is better supported under DaVita's *Relentless Pursuit of Quality*™ care.

The pilot program was implemented with 606 patients completing the IMPACT program over a 12 month period in 44 DaVita centers around the nation. IMPACT focuses on patient education and important clinical outcomes - such as the measurement of adequate dialysis, access placement, anemia, and albumin levels - monitoring the patient's overall health in the first 90 days on dialysis. Data reflects a reduction in annualized mortality rates by eight percent for IMPACT patients compared with non-IMPACT patients in the DaVita network. Given that DaVita has roughly 28,000 new patients starting dialysis every year, this reduction affects a significant number of lives.

In addition, a higher number of IMPACT patients versus non-IMPACT patients had an arteriovenous fistula (AVF) in place. Research show that fistulas - the surgical connection of an artery to a vein - last longer and are associated with lower rates of infection, hospitalization and death compared to all other access choices.

Allen R. Nissenson, MD, Chief Medical Officer at DaVita says, "The IMPACT program is about quality patient care starting in the first 90 days and extending beyond. Improved outcomes in new dialysis patients translates to better long term results and healthier patients overall."

Researchers applaud the IMPACT program's inclusion of all patients starting dialysis, regardless of their cognitive ability or health status. Enrolling all patients at this early stage in their treatment allows them to better understand their disease and care needs while healthcare providers work to improve their outcomes. Through this program, DaVita mandates reporting on this particular population to better track and manage patients through their incident period.

Dennis Kogod, Chief Operating Officer of DaVita says, "We are thrilled by the promising results IMPACT has had on our new dialysis patients. DaVita continues to be the leader in the kidney care community, and we look forward to rolling out this program to all facilities later this year, to improve the health of all new dialysis patients."

DaVita, IMPACT and *Relentless Pursuit of Quality* are trademarks or registered trademarks of DaVita Inc. All other trademarks are the properties of their respective owners.

Poster Presentation
NKF Spring Clinical Meeting
Nashville, TN
March 26-28, 2009

Incident Management of Hemodialysis Patients: Managing the First 90 Days

John Robertson[1], Pooja Goel[1], Grace Chen[1], Ronald Levine[1], Debbie Benner[1], and Amy Burdan[1]
[1]DaVita Inc., El Segundo, CA, USA

IMPACT (Incident Management of Patients, Actions Centered on Treatment) is a program to reduce mortality and morbidity in new patients during the first 3 months of dialysis, when these patients are most vulnerable. IMPACT was designed to standardize the onboarding process of incident patients from their 0 to 90-day period. We report on an observational (non-randomized), un-blinded study of 606 incident patients evaluated over 12 months (Oct77–Oct08) at 44 US DaVita facilities.

The study focused on 4 key predictive indicators associated with lower mortality and morbidity —anemia, albumin, adequacy and access (4As). IMPACT consisted of:

(1) Structured New Patient Intake Process with a standardized admission order, referral fax, and an intake checklist;
(2) 90-day Patient Education Program with an education manual and tracking checklist;
(3) Tools for 90-day Patient Management Pathway including QOL; and
(4) Data Monitoring Reports.

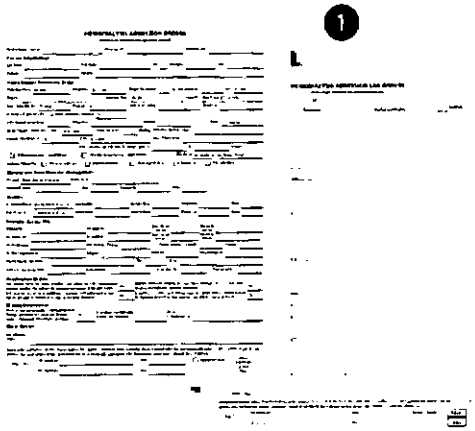
Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 3 15.1 years old (mean3SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p<0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p\leq0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33\leq3xHb\leq36$) vs. 23.4% for controls ($p<0.10$); some IMPACT patients may still have >36-level Hcts. Mean calculated Kt/V was 1.54 for IMPACT patients vs. 1.58 for nonIMPACT patients ($p\leq0.05$).

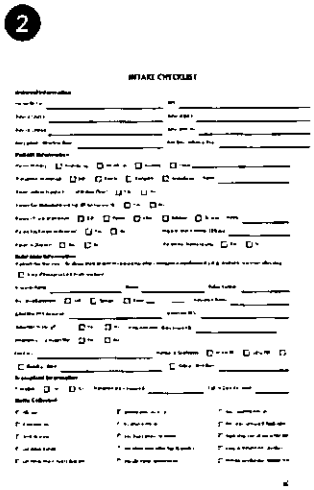
IMPACT is a first step toward a comprehensive approach to reduce mortality of incident patients. We believe this focus may help us to better manage CKD as a continuum of care. Long-term mortality measures will help determine if this process really impacts patients in the intended way, resulting in longer lives and better outcomes.

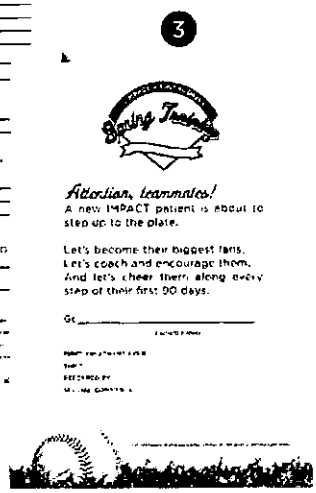
IMPACT Tools

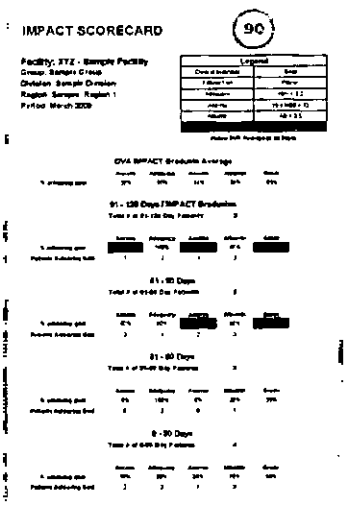
Here's how the IMPACT program will help the team record data, educate patients and monitor their progress in your facilities.

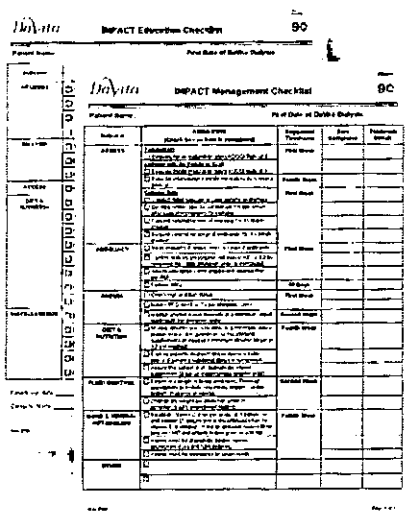
1. Standard Order Template, a two-page form with drop-down menus that can be customized into a center-specific template
2. Intake Checklist to gather registration and clinical data prior to admission
3. Patient Announcement to alert teammates about new incident patients
4. Patient Education Book and Flip Chart to teach patients about dialysis
5. Tracking Checklist for the team to monitor progress over the first 90 days
6. IMPACT Scorecard to track monthly center summary and patient level detail for four clinical indictors: access, albumin, adequacy, anemia

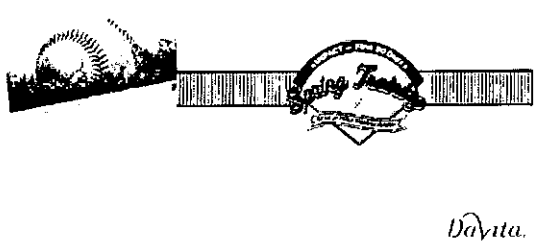












DaVita.

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1627 Cole Blvd, Bldg 18
Lakewood CO 80401
1-888-200-1041

IMPACT

For more information, contact
1-800-400-8331

DaVita.com

Our Mission
To be the Provider,
Partner and Employer
of Choice

Core Values
Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

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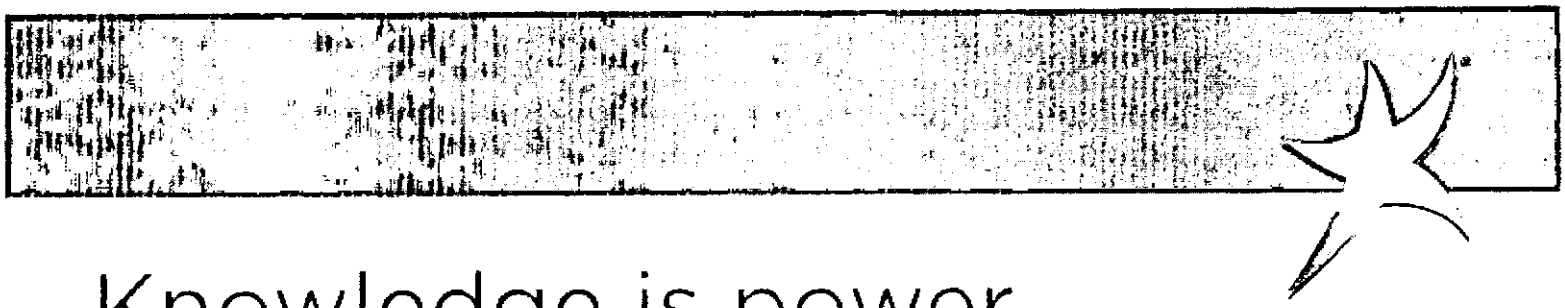

Knowledge is power.

EMPOWER® is an educational program by DaVita®. The program includes a series of free community based classes for patients with chronic kidney disease (CKD). These classes encourage you to take control of your kidney disease and prepare for dialysis by making healthy choices about your kidney care

Taking Control Of Kidney Disease

Learn how to slow the progression of kidney disease.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

Making Healthy Choices

Learn how to prepare for dialysis.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

Treatment Choices

An in-depth look at all of your treatment choices.

- Kidney disease and related conditions
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

To register for a class, call 1-888-MyKidney (695-4363).

EMPOWER®
1-888-MyKidney (695-4363) | DaVita.com/EMPOWER

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DaVita, Inc.							
Illinois Facilities							
Regulatory Name	**Address 1**	**Address 2**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	142599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
DSI Arlington Heights Renal Center	17 West Golf Road		Arlington Heights	COOK	IL	60005-3905	14-2628
DSI Buffalo Grove Renal Center	1291 W. Dundee Road		Buffalo Grove	COOK	IL	60089-4009	14-2650
DSI Evanston Renal Center	1715 Central Street		Evanston	COOK	IL	60201-1507	14-2511
DSI Hazel Crest Renal Center	3470 West 183rd Street		Hazel Crest	COOK	IL	60429-2428	14-2622
DSI Loop Renal Center	1101 South Canal Street		Chicago	COOK	IL	60607-4901	14-2505
DSI Markham Renal Center	3053-3055 West 159th Street		Markham	COOK	IL	60428-4026	14-2575
DSI Schaumburg Renal Center	1156 S Roselle Rd		Schaumburg	COOK	IL	60193-4072	14-2654
DSI Scottsdale Renal Center	4651 West 79th Street	Suite 100	Chicago	COOK	IL	60652-1779	14-2518
DSI South Holland Renal Center	16136 South Park Avenue		South Holland	COOK	IL	60473-1511	14-2544
DSI Waukegan Renal Center	1616 North Grand Avenue	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529

Attachment – 11C

DaVita, Inc.							
Illinois Facilities							
Regulatory Name	**Address 1**	**Address 2**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Lake County Dialysis Services	918 S MILWAUKEE AVE		LIBERTYVILLE	LAKE	IL	60048-3229	14-2552
Lake Park Dialysis	1531 E HYDE PARK BLVD		CHICAGO	COOK	IL	60615-3039	14-2717
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD		IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2659 N MILWAUKEE AVE	1ST FL	CHICAGO	COOK	IL	60647-1643	14-2534
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 Development Drive		Charleston	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita, Inc.							
Illinois Facilities							
Regulatory Name	**Address 1**	**Address 2**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310

DaVita.

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

November 21, 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 no adverse action has been taken against any facility owned or operated by DaVita Inc. or Total Renal Care, Inc. during the three years prior to filing this application.

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
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 21 day of November, 2011

Linda N. O'Connell
Notary Public

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

Attachment – 11D

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Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

1. The Applicants propose to add 9 dialysis stations to the Existing Facility located at 8721 S. Stony Island Avenue, Chicago, IL 60617 to meet the growing need for dialysis services in the City of Chicago. This expansion will allow it to close the fourth shift, at least until demand rises further. There is currently a need for 112 dialysis stations in the Chicago HSA. The Existing Facility is insufficient to meet demand for the physician that rounds at the Existing Facility. For several years, the facility has operated at or above 100% utilization. As of September 30, 2011, it is operating at 103%. There is insufficient space at the Existing Facility to expand the capacity required to meet patient demand. As such, Stony Island Dialysis must construct an expansion to the Existing Facility and add 9 stations. Thus, the facility will continue to serve its current patients and meet rising demand in its geographic service area ("GSA").

   The expansion is needed to serve the growing demand for dialysis services in the Stony Island Dialysis community. Average utilization of the Existing Facility since 2008 is 109%. This requires operation of a fourth shift six days per week, resulting in patients receiving treatment well past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it around midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going during the day. This is particularly troublesome for the patients at Stony Island. Nearly half are disabled and many rely on non-emergency medical transportation, which rarely operate in the evening. This requires patients to rely on public transportation, family or friends, or costly taxi-cab service for transportation to and from treatments. Additionally, a fourth shift increases operating costs by adding additional staffing and utilities costs.

   Furthermore, utilization of existing facilities to accommodate growing need for dialysis is not feasible. As shown in Attachment – 12A, there are currently 42 existing or approved dialysis facilities within 30 minutes normal travel time of Stony Island Dialysis and utilization of existing facilities as reported to The Renal Network (the "Renal Network Utilization Data") for the quarter ending September 30, 2011 is 75%. Thus, the addition of 9 dialysis stations will make treatment times more convenient for patients without negatively impacting utilization at other facilities, as discussed in more detail below.

   Currently, the Existing Facility serves 141 ESRD patients, exceeds existing capacity. Dr. Nicole S. Stankus, the Medical Director for Stony Island Dialysis, is currently treating 178 pre-ESRD patients that reside in and around the City of Chicago. She has identified 43 Stage 4 and 16 Stage 5 CKD patients that would likely be referred to Stony Island Dialysis. See Attachment – 12B. Based upon attrition due to patient death, transplant, or return of function, it is projected that 38 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 179 patients will be referred to Stony Island Dialysis within 12 to 18 months. This represents a 93% utilization rate, which exceeds the State's 80% standard.

   It is essential the Applicants obtain approval to expand the Existing Facility in order to continue providing necessary dialysis services to Stony Island Dialysis' patients. The community surrounding Stony Island Dialysis is largely comprised of low-income, disabled, and vulnerable individuals that require access to care DaVita provides at Stony Island Dialysis. Although there are other facilities in the area, they will not be able to easily accommodate Stony Island patients due to high utilization.

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses a 12 mile radius around the proposed facility. The boundaries of the market area are as follows:

   - North approximately 30 minutes normal travel time to Lincoln Park
   - Northeast approximately 9 minutes normal travel time to Jackson Park
   - East approximately 2 minutes normal travel time to Lake Michigan
   - Southeast approximately 30 minutes normal travel time to Calumet City
   - South approximately 30 minutes normal travel time to South Chicago Heights
   - Southwest approximately 30 minutes normal travel time to Tinley Park
   - West approximately 30 minutes normal travel time to Willow Springs
   - Northwest approximately 30 minutes normal travel time to Oak Park

3. The minimum size of a GSA is 30 minutes; however, most of the patients reside within the immediate vicinity of the Existing and Replacement Facilities. Diabetes and hypertension (high blood pressure) are the two leading causes of CKD and ESRD. See Attachment – 12D. Due to socioeconomic conditions in the community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites. Approximately 95% of patients currently dialyzing at the Existing Facility and at least 70% of Dr. Stankus' pre-ESRD patients are African American. This, coupled with the aging population, utilization is expected to increase.

   The current patient utilization along with the pre-ESRD patients identified by Dr. Stankus confirms this. The Existing Facility serves 141 ESRD patients, exceeding existing capacity and thus requiring operation of a fourth shift to accommodate patient need. Dr. Stankus is also treating 178 pre-ESRD patients that reside in and around the City of Chicago. She has identified 43 Stage 4 and 16 Stage 5 CKD patients. Assuming attrition due to death, transplant, return of function, and relocation, approximately 38 patients of the patients will require dialysis within 12 to 18 months. This represents a utilization of 93% by the second year following project completion. Thus, approximately 179 patients will be referred to Stony Island Dialysis within 12 to 18 months. This will contribute to meeting the need identified in the HFSRB Inventory.

   The proposed facility will be located in Chicago. As shown in the physician referral letter attached at Attachment – 12A, the majority of pre-ESRD patients projected to utilize the proposed facility reside in Stony Island Dialysis' service area.

4. Source Information

   The Renal Network, Utilization Data for the Quarter Ending September 30, 2011.

   U.S. Census Bureau, American FactFinder, Fact Sheet, *available at* http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Nov. 18, 2011).

   U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010 *available at* http://www.usrds.org/2010/view/default.asp (last visited Nov. 18, 2011).

   U.S. Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2007 *available at* http://www.usrds.org/atlas07.aspx (last visited Nov. 18, 2011).

5. As stated, the Existing Facility is currently operating at approximately 103% utilization, which requires the facility to operate a 4th shift with the last patient leaving well after 10 p.m. The proposed project, which includes the addition of 9 stations, will increase needed area dialysis capacity and allow patients to obtain treatment at more optimal times. Additionally, the increase in capacity will enable DaVita to more effectively meet projected increases in demand set forth above.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was $509M in hospitalization savings to the health care system and the American taxpayer in 2010.

Facility	City	State	Zip	Mileage	Time	Adjusted Time	Stations	Patients (9/30/11)	Utilization
Greenwood Dialysis Center	Chicago	Illinois	60619-7038	0.67	1	1.25	28	143	85.12%
Jackson Park Dialysis	Chicago	Illinois	60649-3954	1.51	4	5	24	116	80.56%
Neomedica Dialysis Ctrs - South	Chicago	Illinois	60617-4512	1.99	5	6.25	36	170	78.70%
Neomedica Dialysis Ctrs - South Shore	Chicago	Illinois	60649-5112	2.12	6	7.5	16	83	86.46%
Fresenius Medical Care South Deering	Chicago	Illinois	60617-5337	3.06	7	8.75	20	0	0.00%
Grand Crossing Dialysis	Chicago	Illinois	60619-1909	2.52	7	8.75	12	0	0.00%
Fresenius Medical Care Chatham	Chicago	Illinois	60620-1328	2.97	9	11.25	16	0	0.00%
Fresenius Medical Care of Roseland	Chicago	Illinois	60626-4215	4.79	10	12.5	12	63	87.50%
RCG Garfield	Chicago	Illinois	60609-6300	6.27	12	15	22	102	77.27%
Davita- Woodlawn	Chicago	Illinois	60615-5115	4.66	12	15	32	125	65.10%
Emerald Dialysis	Chicago	Illinois	60615-4513	4.81	13	16.25	24	127	88.19%
DaVita - Lake Park Dialysis	Chicago	Illinois	60615-3039	4.82	13	16.25	20	126	105.00%
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	Illinois	60621-1943	5.34	15	18.75	16	84	87.50%
Beverly Dialysis	Chicago	Illinois	60620-5939	5.81	16	20	12	67	93.06%
Blue Island Dialysis Ctr	Blue Island	Illinois	60406-2411	10.14	17	21.25	24	116	80.56%
RCG-South Holland	South Holland	Illinois	60473-1511	11.3	17	21.25	20	119	99.17%
Neomedica Dialysis Ctrs - Evergreen Park	Evergreen Park	Illinois	60805-2814	6.45	17	21.25	30	137	76.11%
South Side Dialysis Center	Chicago	Illinois	60620-5821	6.29	17	21.25	39	195	83.33%
Mount Greenwood Dialysis	Chicago	Illinois	60655-3329	9.21	18	22.5	16	76	79.17%
RCG-Merrionette Park	Merrionette Park	Illinois	60803-6302	10.02	18	22.5	18	95	87.96%
Neomedica Dialysis Ctrs - Bridgeport	Chicago	Illinois	60609-1511	9.58	18	22.5	27	138	85.19%
RCG MidAmerica - Prairie	Chicago	Illinois	60616-1219	10.92	19	23.75	24	93	64.58%
Neomedica Dialysis Ctrs - Marquette Park	Chicago	Illinois	60629-0000	7.54	20	25	16	79	82.29%
Neomedica Loop East Delaware	Chicago	Illinois	60607-4388	12.11	20	25	24	75	52.08%
Chicago Dialysis Center	Chicago	Illinois	60607-3026	12.99	21	26.25	21	77	61.11%
Stoney Creek Dialysis	Oak Lawn	Illinois	60453-1895	8.6	22	27.5	12	69	95.83%
Dialysis Center of America - Markham	Markham	Illinois	60428-4003	15.29	22	27.5	24	84	58.33%
Community Dialysis of Harvey	Harvey	Illinois	60426-6112	14.91	22	27.5	16	69	71.88%
Neomedica Dialysis Ctrs - Far South Holland	South Holland	Illinois	60473-3757	13.46	22	27.5	17	69	67.65%
Rush Univ. Med. Ctr.	Chicago	Illinois	60612-3833	13.68	22	27.5	5	4	13.33%
West Lawn Dialysis	Chicago	Illinois	60629-5842	9.17	23	28.75	12	12	16.67%
RCG-Scottsdale	Chicago	Illinois	60652-1186	9.14	23	28.75	35	156	74.29%
John H. Stroger Jr. Hospital of Cook County	Chicago	Illinois	60612-3771	14.02	23	28.75	9	89	164.81%
University of Illinois Hospital	Chicago	Illinois	60612-7232	13.14	23	28.75	26	137	87.82%
Circle Medical Management	Chicago	Illinois	60607-1821	13.97	23	28.75	27	122	75.31%
Little Village Dialysis	Chicago	Illinois	60608-3811	13.61	23	28.75	16	92	95.83%
Dialysis Center of America - Loop	Chicago	Illinois	60602-2103	13.73	23	28.75	28	83	49.40%
Dialysis Center of America - Crestwood	Crestwood	Illinois	60445-4415	13.35	24	30	32	118	61.46%
Alsip Dialysis Center	Alsip	Illinois	60803-2946	13.27	24	30	16	60	62.50%
FMC Dialysis Services - Burbank	Burbank	Illinois	60459-1586	9.59	24	30	26	115	73.72%
FMC Dialysis Services of Congress Parkway	Chicago	Illinois	60624-3358	15.77	24	30	30	116	64.44%
us Medical Care of Chicago - West	Chicago	Illinois	60608-1169	13.49	24	30	31	72	38.71%

Attachment – 12A

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF MEDICINE
SECTION OF NEPHROLOGY
5841 SOUTH MARYLAND AVENUE•MC5100
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NICOLE STANKUS, MD, MSc
Associate Professor of Medicine

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December 12, 2011

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

Dear Chairman Galassie:

I am the medical director for Stony Island Dialysis and the primary attending nephrologist rounding on patients at this facility. I am writing in support of DaVita's proposed expansion of Stony Island Dialysis. Specifically, DaVita proposes to add 9 dialysis stations to the existing facility located at 8721 S. Stony Island Avenue, Chicago, Illinois 60617 to meet the growing need for dialysis services in the City of Chicago.

There is insufficient space at the existing facility to expand the capacity required to meet patient demand. Stony Island Dialysis has consistently operated at or above 100% for the past four years. In fact, average utilization from 2008 to 2011 is 109% and the facility is currently operating at 103% utilization. This requires the operation of a fourth shift three days per week, resulting in patients receiving treatment well past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 4:00 a.m. and closing it around 11 p.m. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going at night. Thus, expansion of the existing facility will improve scheduling options for patients.

Additionally, Stony Island Dialysis provides care to a primarily African-American, low-income, disabled, elderly, and vulnerable population. Notably, the incidence of ESRD in the African American community is 3 times greater than in the general population. 71% of my current pre-ESRD patients are African American, and thus are particularly vulnerable to ESRD. The addition of 9 stations to the existing facility will improve access and ensure that these patients receive access to modern, high quality dialysis treatment.

Attachment – 12B

138886.2

Stony Island Dialysis is currently treating 141 ESRD patients, 98% are African Americans. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 178 chronic kidney disease patients that reside in and around Chicago. While I will continue to refer patients to existing facilities in the area, we have identified 59 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home dialysis treatments, I anticipate that I will refer 38 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

It is essential that the Board approves this project. Requiring patients to travel further to dialyze, which they would have to do if the Board does not approve this expansion, will impose a significant burden on their families and friends. Additionally, most of the local facilities do not have excess capacity to treat Stony Island patients and other nephrologists in our practice are not on staff at these facilities. It would also require me to round at numerous facilities in order to continue treating patients that I anticipate will initiate dialysis within 12 to 18 months following project completion. Thus, treatment at another facility is not an option for our patients.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Stony Island Dialysis.

Sincerely,

Nicole S. Stankus, MD, MSc
Nephrologist
5841 S. Maryland Ave.
Chicago, IL 60637

Subscribed and sworn to me
This 13 day of December, 2011

Deborah M. Lewis
Notary Public

"OFFICIAL SEAL"
DEBORAH M. LEWIS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES

ATTACHMENT 1
CURRENT PATIENTS

Initials	Zip Code
AC	60643
AD	60637
AJ	60628
BB	60643
BD	60629
BD	60619
BED	60619
BG	60617
BH	61832
BH	60615
BJ	60649
BJ	60619
BL	60617
BW	60628
CB	60628
CC	60629
CC	60620
CC	60827
CCC	60617
CF	60619
CH	60617
CL	60620
CM	60628
CS	60617
CT	60628
DB	60617
DC	60637
DD	60649
DLR	60643
DM	60617
DP	60620
DP	60652
DR	60619
DR	60628
DS	60617
DS	60619
DW	60619
DW	60637
DY	60616
ED	60617
EGM	60609
EJ	60827
EM	60617
EP	60620
GB	60619

GPH	60609
GR	60619
GW	60619
GW	60619
GW	60428
HB	60628
HC	60406
HG	60628
HN	60637
IAH	60617
IG	60617
IK	60430
JA	60617
JC	60649
JC	60619
JEB	60617
JH	60619
JH	60617
JH	60649
JL	60628
JL	60617
JLH	60649
JM	60628
JM	60619
JO	60619
JP	60617
JS	60637
JT	60619
JWH	60619
KFJ	60649
KH	60620
KH	60649
KK	60619
KT	60619
LA	60617
LB	60649
LE	60636
LGT	60619
LH	60649
LJ	60619
LJ	60619
LL	60649
LL	60615
LP	60617
LS	60619
LT	46312
LW	60620
LW	60619
MB	60621

MB	60619
MB	60620
MC	60649
MH	60617
MJ	60619
MJ	60628
MJG	60620
MM	60628
MSC	60619
MW	60649
MW	60643
NB	60617
NE	60619
NR	60628
OW	60649
PA	60617
PB	60628
PC	60636
PD	60619
PH	60643
PL	60617
RC	60617
RG	60619
RG	60636
RT	60827
SA	60649
SDT	60649
SLS	60637
SM	60636
SMW	60619
TG	60619
TJ	60619
TJH	60617
TMT	60617
TT	60617
TW	60636
TW	60619
VJ	60628
VW	60617
WA	60616
WB	60649
WD	60621
WH	60617
WR	60636
YL	60637
ZB	60637
ZB	60643

ATTACHMENT 2
HISTORICAL PATIENT REFERRALS
STONY ISLAND DIALYSIS

2009	
Initials	**Zip Code**
AB	60620
AP	60805
AS	60620
AW	60649
BG	60617
BJ	60649
BP	60628
CC	60620
CM	60621
CR	60637
DP	60652
DW	60637
GW	60428
HC	
HC	60406
IG	60619
IS	60628
JA	60617
JH	60617
LB	60649
LC	60649
LH	60649
MJ	60643
NR	60628
NW	60619
OA	60619
OB	60617
PH	60643
PN	
TG	60619
TJ	60636
VJ	60628
VL	60425
WD	60621
ZB	60637

2010	
Initials	**Zip Code**
BD	60619
CF	60619
CS	60619

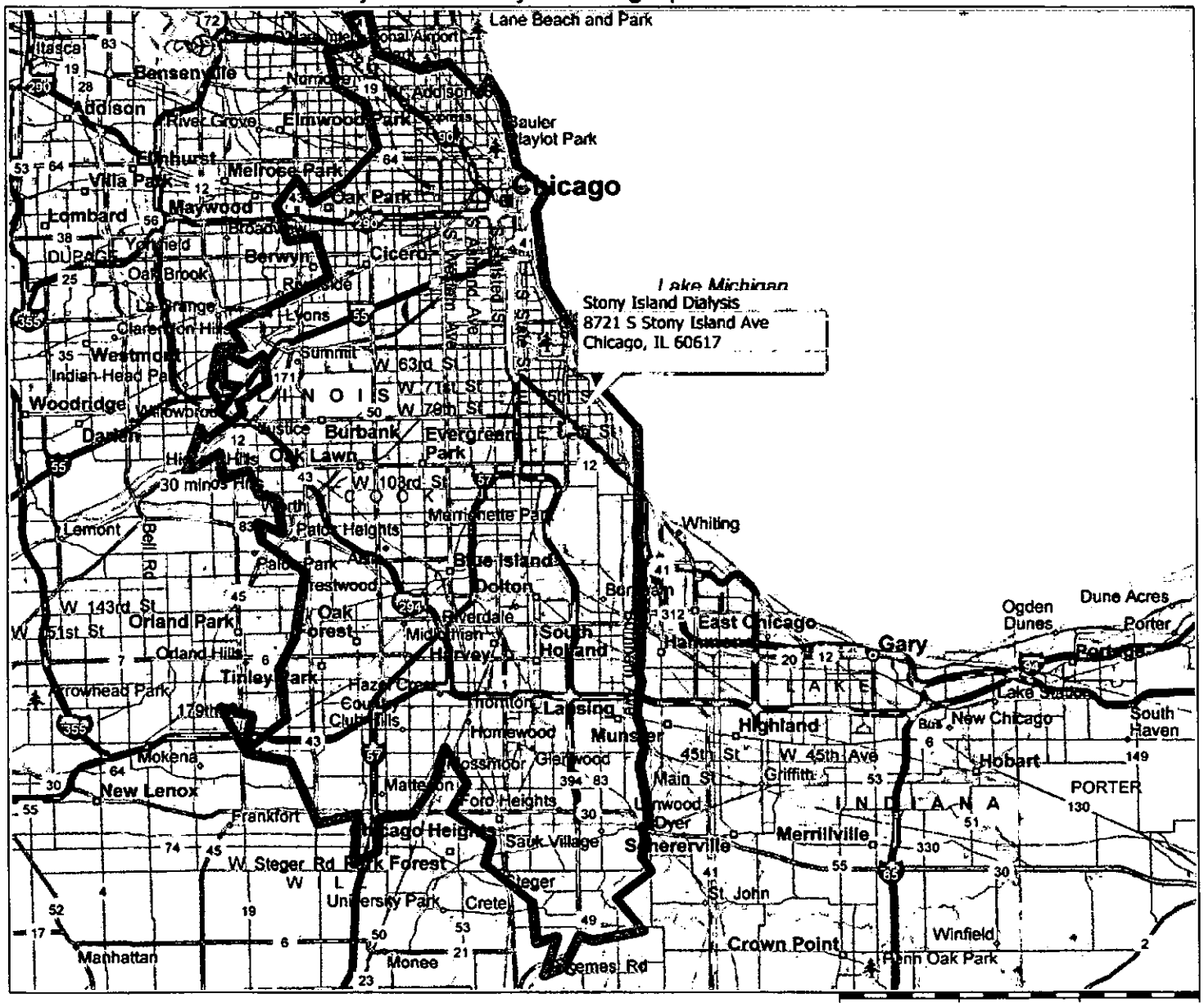
DR	60628
ED	60617
EJ	60827
IK	60430
JA	60649
JH	60619
JS	60637
KT	60619
LE	60636
LJ	60619
LT	46312
MB	60621
PD	60619

2011	
Initials	**Zip Code**
BD	60629
CC	60652
DH	60619
EP	60620
JL	60617
JT	60649
LJ	60619
MS	60629
MS	60653
PC	60636
PL	60617
PL	60617
SA	60649
SH	60619
TW	60619
TW	60636
WH	60617
ZB	60643

ATTACHMENT 3
PRE-ESRD PATIENTS

Zip Code	Total
60643	3
60620	5
60628	3
60619	15
60617	10
60637	8
60615	6
60649	9
Total	**59**

Stony Island Dialysis Geographic Service Area



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NDT
Nephrology Dialysis Transplantation

Editorial Review

The obesity epidemics in ESRD: from wasting to waist?

Carmine Zoccali

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Keywords: CKD; ESRD; malnutrition; metabolic syndrome; obesity

During the last six decades, from the World War II years on, the phenotype of human beings has changed profoundly. The dominant slim, pale and light phenotype of the 1920s has gradually been overthrown by the heavy, large and ponderous phenotype of obese people. Obesity is rampant in the USA (http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/, accessed on 20th July 2008) and, even though to a lesser degree, most European countries share the same epochal evolution [1]. Type 2 diabetes and cardiovascular diseases are the two most important non-communicable disease outcomes of obesity. Abdominal obesity is strongly associated, and at least in part in a causal manner, with hypertension, dyslipidaemia and impaired insulin resistance [2]. Well beyond these complications, neoplasia [3], greater exposure to drugs of various sort, sterility [4], asthma [5], non-alcoholic liver disease [6] and osteoarthritis [7] are all much concerning sequelae of this epidemics. The risk of disease and disability attributable to overweight and obesity starts early, just when the upper limit of the ideal body mass index (BMI) (21–23 kg/m^2) is trespassed and rises linearly at progressively higher BMI levels [8,9]. The burden of disease attributable to excess BMI among adults in the USA is enormous. Obesity at age 40 years reduced life expectancy by ~7 years in women and by ~6 years in men in the Framingham cohort [10]. In Europe, more than 1 million deaths and ~12 million life-years of ill health (disability adjusted life-years—DALYs) were counted in 2000 [9].

Obesity epidemics in the dialysis population

Until now the major focus of nutrition research in dialysis patients has been on low BMI and protein energy wasting [11]. The identification and elucidation of this pervasive condition in the dialysis population has certainly been a major achievement of modern nephrology. However, a thorough refocusing of the problem is needed. In Western countries, overweight and obesity have now gained the ominous role of leading risk factors for chronic kidney disease (CKD) [12]. The pathophysiological underpinnings of obesity-related CKD are still unclear, but solid working hypothesis have been formulated and the issue is being intensively investigated in experimental models and in human studies [13]. From an epidemiologic point of view, the association between BMI and the incidence of ESRD has been convincingly established in population-based studies in Japanese men [14] and in American people [15]. Obesity is one of the most frequent risk factors for progressive CKD in the general population. For this reason, this condition has become highly prevalent in dialysis units (Figure 1). The problem was nicely described by Kramer *et al.*, in synchronic analyses based on the USRDS and on the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention [16]. During a relatively brief period (just 8 years, from 1994 to 2002), the mean BMI increased from 25.7 kg/m^2 among incident patients in 1995 to 27.5 kg/m^2 in 2002 and from 25.7 to 26.7 kg/m^2 in the total US population (Figure 2). Overall in 2002, almost one-third of incident dialysis patients were obese and, worryingly so, the prevalence of patients with stage 2 obesity (BMI > 35 kg/m^2) increased by 63%. As expected, the prevalence of obesity was higher in diabetics than in non-diabetics with a forecasted 2007 prevalence of total obesity in these patients as high as 44.6%. The predicted population average of BMI for 2007 (~28 kg/m^2) clearly indicates that just a small fraction of dialysis patients in the USA have a normal or a low body weight. In a cohort of incident dialysis patients (1997–2004) in Europe (the Netherlands) [17], the average BMI was 25.3 kg/m^2 showing that in the other side of the Atlantic more than half of ESRD patients are overweight or obese. In brief, there is unmistakable evidence that the obese phenotype is at least as frequent in the dialysis population as it is in the general population. Thus, nutritional disorders in ESRD should be interpreted in a context that takes into appropriate account that fat excess rather than fat deficiency is the most common trait in dialysis patients.

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Attachment – 12D

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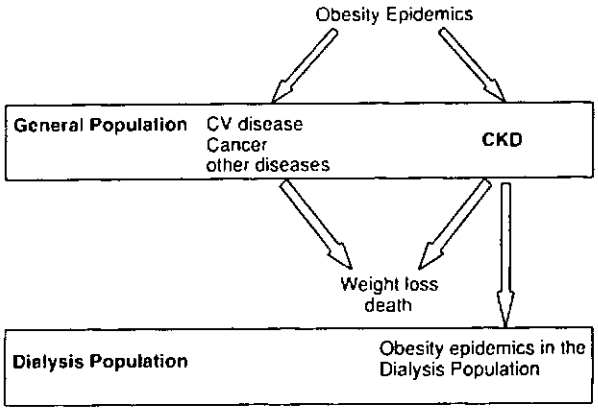

Fig. 1. Simple model whereby the obesity epidemics in the general population generate a parallel obesity epidemics in the dialysis population. Death and weight loss generated by CKD and other obesity-driven diseases represent competing risks that limit the rise in the prevalence of obesity in the dialysis population.

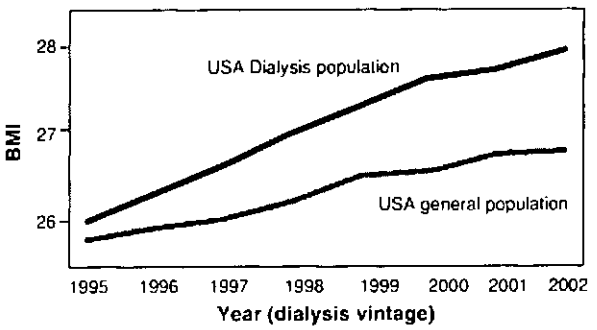

Fig. 2. Temporal trends in BMI (kg/m^2) among incident ESRD patients population by year of dialysis initiation and in the coeval general US population (Behavioral Risk Factor Surveillance System). Redrawn from Kramer HJ *et al.* [16].

Obesity and the reverse epidemiology conundrum in ESRD

The term 'reverse epidemiology' has been widely adopted to describe the apparently paradoxical inverse association between mortality and BMI and other risk factors in ESRD. Studies in renal registries [18], in clinical databases [19] and in large, international studies [20] have coherently shown that BMI is indeed inversely associated with death risk. This phenomenon is not typical of ESRD being common also to other chronic conditions, including cardiovascular disease [21,22]. The term 'reverse epidemiology' has fierce opponents [23]. It was emphasized that rules of epidemiology have not been reversed in dialysis patients, and recent data in a European dialysis cohort documented that the relationship between the BMI and mortality does not deviate from that of the coeval background population [17]. In addition, most studies did not adequately control for potential confounders such as cancer and CHF, and smoking. The main reason of concern with the term 'reverse' is that such a definition may distract from the complexity of the ESRD population and may facilitate confusion between association and causation thus diverting clinical attention and scientific research from truly important issues related to risk factors modification in this population [23]. There is no question that obesity was a trait providing survival advantage to our ancestors at a time when famine and infectious diseases decimated the population and when the average duration of human life was 40 years or less [24]. The same survival advantage may apply to high-risk conditions such as cardiac disease, cancer and ESRD that are all characterized by a short life expectancy and by specific (non-Framingham) risk factors. Any case studying risk factors for survival in the dialysis population in no way imposes deviations from classic epidemiology principles. In this respect, there is absolutely no dissent on the fact that a high BMI *per se* should not be seen as a necessarily protective factor in ESRD. In fact, current guidelines in ESRD recommend a multidimensional assessment of nutritional status [25,26] both for prognosis and treatment while the very champions of the 'reverse epidemiology' concept accurately dissected the BMI–protein balance link when assessing the risk of malnutrition in this population [27].

How to measure the obesity burden in epidemiological studies

Defining obesity and how to measure it is of fundamental importance if we are to develop disease-specific studies in ESRD. However, in broad terms, the very essence of obesity and how it should be measured in population studies is an unsettled problem. This is so in epidemiological research in general and in research specific to ESRD as well. Most of the progress on the understanding of the detrimental effect of fat excess on human health was made in studies based on the BMI. In recent years, this time-honoured metric has been under intense scrutiny and, on the basis of a thorough meta-analysis, eminent epidemiologists came to the conclusion that the BMI is an inadequate metric for the cardiovascular risk of obesity [28]. Authoritative claims have been made that BMI should be abandoned straightaway [29]. Which is the best metric of this condition remains highly controversial. Proper positioning of the indicators of obesity may be obtained by studying the inter-correlation between the various metrics, their relationship with clinical outcomes and by cogent biological knowledge. Detailed analyses of the relationship between BMI, overall fat mass, waist circumference and abdominal visceral fat (as measured by computed tomography) in Caucasian and African American population samples have been made [30]. Collectively, the mean correlation between BMI and fat mass in these populations was very high ($r = 0.94$). Of note, waist circumference correlated very well both with BMI ($r = 0.93$) and overall fat mass ($r = 0.92$). Finally, BMI ($r = 0.72$) as well as the other metrics (fat mass $r = 0.73$; waist circumference $r = 77$) correlated equally well with abdominal visceral adiposity by CT. Since the major factor implicated in the health risks of obesity seems to be the excess adipose tissue and/or some aspects of cell biology, the data on the relationship between BMI and overall fat mass

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would be against the contention that BMI is not a valid surrogate for fat mass, at least in apparently healthy adults in the community. The same reasoning applies to waist circumference. Since most of the variance in obesity-related anthropometrics is captured by BMI, some obesity experts see no reason to replace BMI by waist circumference or other metrics as a measure of obesity [30]. However, it has been argued that this position does not consider that analyses in apparently healthy subjects may not apply to patients with chronic conditions. Furthermore, simple analyses on inter-correlations between indicators of obesity in no way can surrogate the study of the relationship of these measurements with clinical outcomes, which is the ultimate, adjudicative criterion. In this respect, it is well demonstrated that waist circumference and the related metric waist hip ratio (WHR) add prognostic information at any level of BMI. In a large survey based on the III National Health and Examination survey within the three BMI categories of normal weight, overweight and class I obesity, a larger waist circumference coherently identified individuals at an increased health risk [31]. Likewise, the WHR was the strongest body size measure associated with myocardial infarction in the INTERHEART study, a world-wide extended case-control study [32]. Importantly, in this study, BMI lost substantial prognostic value in an analysis adjusting for WHR and other risk factors while the predictive power of WHR became stronger after these statistical adjustments, which is in line with biological evidence indicating that visceral fat is a relevant source of endogenous compounds impinging upon cardiovascular health. Whether metrics of waist circumference hold prognostic value for death and cardiovascular complications in patients with chronic diseases other than myocardial infarction is still unknown [33].

Obesity and protein energy wasting in ESRD: a two-dimensional problem

BMI is the most used anthropometric measure of overall body size in ESRD. The limitations of this metric are well known to nephrologists [11]. BMI does not distinguish between fat mass and lean mass. At similar BMI, percentage of body fat may differ considerably in people who exercise heavily and in sedentary people. Furthermore, in the elderly and non-Caucasian populations, the relationship between BMI and fat depots is different from that in the young and Caucasian populations [34]. Importantly, BMI does not give information on segmental fat distribution (abdominal versus peripheral fat), a phenomenon with metabolic and clinical bearings. Abdominal obesity is largely caused by the accumulation of visceral (or intra-abdominal) fat while peripheral obesity is mainly characterized by subcutaneous fat accumulation. Due to metabolic differences of the two fat depots, the two may differ in their role of predicting metabolic disturbances and clinical events. Although still not adequately emphasized, the notion that nutritional disorders in ESRD cannot be merely classified on the basis of BMI is well recognized. In 2003, Beddhu *et al.* [35] looked at the problem of which body component (increased muscle mass or body fat) confers survival advantage in a large cohort of incident haemodialysis patients with high BMI. Twenty-four-hour urinary creatinine excretion prior entering regular dialysis treatment was used as a measure of muscle mass. Patients with high BMI had lower death risk than those with a normal or low BMI. However, high BMI patients with relatively low muscle mass (urinary creatinine $\leq$0.55 g/day) had higher risk of all-cause (HR, 1.14; $P <$ 0.001) and cardiovascular (HR, 1.19; $P < 0.001$) deaths than patients with the same BMI but low muscle mass. Similarly, in a recent study by Honda in a relatively small cohort of ESRD patients in Sweden [36], protein-energy wasting (as measured by the subjective global assessment of nutrition) was equally prevalent in patients with low, normal and high BMI. In this cohort, BMI *per se* did not predict mortality. However, for each BMI group, protein-energy malnutrition was associated with increased death risk. Overall, these studies show that 'obese sarcopenia', i.e. a high body mass in the face of a low urinary creatinine or protein energy malnutrition, underlies a high death risk in ESRD patients thus indicating that the prognostic value of nutritional status in dialysis patients should be based on the BMI and on metrics of muscle mass and/or protein–energy balance.

Anthropometric measures of visceral fat accumulation such as waist circumference and the WHR are directly associated with all-cause and CV mortalities in the general population. Notwithstanding, ESRD is a chronic condition where nutrition disorders are exceedingly common, and no specific studies of these metrics are available in dialysis patients. Also in light of the rising tide of overweight and obesity in the ESRD population and of the adverse clinical outcomes observed in obese sarcopenia [35,36], the issue of simultaneously testing the prognostic value of metrics of overall body size (like the BMI) and segmental fat accumulation (waist circumference and WHR) in ESRD patients appears to be of major relevance. Very recently, relevant information on the validity of waist circumference as a measure of visceral fat accumulation has been gathered in patients with CKD [37]. In a series of 122 Brazilian patients with stage 3–5 CKD, this metric was strongly associated with visceral fat as measured by abdominal computed tomography and the association of this measurement with cardiovascular risk factors was of the same magnitude of that observed for visceral fat. These findings suggest that waist circumference is a simple and cheap instrument that may be applied for investigating the role of visceral fat on health outcomes in epidemiological studies in patients with renal diseases. In a combined cohort composed by patients enrolled in the Atherosclerosis Risk in Communities (ARIC) and the Cardiovascular Health Study (CHS), a larger waist hip ratio was associated with a 22% risk excess for incident CKD and a 12% risk excess for a combined outcome composed by incident CKD and death [38]. In the same study, BMI appeared protective for the composite outcome but did not predict the risk for CKD. Likewise, in another study in the same cohort [39], a large waist hip ratio was associated with an increased risk of cardiac events while obesity, defined on the basis of BMI >30 kg/m^2, did not predict these events. Overall these analyses indicate that, like in the general population, measures of abdominal fat accumulation maintain a direct association with the

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risk for CKD, cardiovascular events and death. Thus testing the value of these metrics in ESRD appears to be of foremost importance. This may be problematic in patients treated with peritoneal dialysis where other options for risk stratification can be envisaged [40]. Overall, combining estimates of overall body size such as the BMI and of abdominal fat accumulation such as waist circumference may indeed refine the prognostic power of these measurements and produce interesting hypotheses for future clinical trials in ESRD patients. For example, does weight loss confer a health benefit in patients with a high BMI and a high waist circumference? Conversely, does a relatively large waist circumference in the face of a normal or low BMI identify patients at the highest risk of adverse clinical outcomes? Does the relationship between waist circumference and the waist hip ratio with biomarkers of inflammation observed in the general population and in patients with cardiovascular diseases hold true in ESRD and is this relationship modified by the BMI in these patients? In light of the pervasiveness of the obesity epidemics (as defined on the basis of the BMI) in ESRD, studying anthropometric measurements of visceral obesity as related to health outcomes in this population appears to be an absolute research priority.

Conflict of interest statement. None declared.

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chapter TWO

incidence & prevalence

From far, from eve and morning
And yon twelve-winded sky,
The stuff of life to knit me
Blew hither: here am I.

A.E. Housman, A Shropshire Lad

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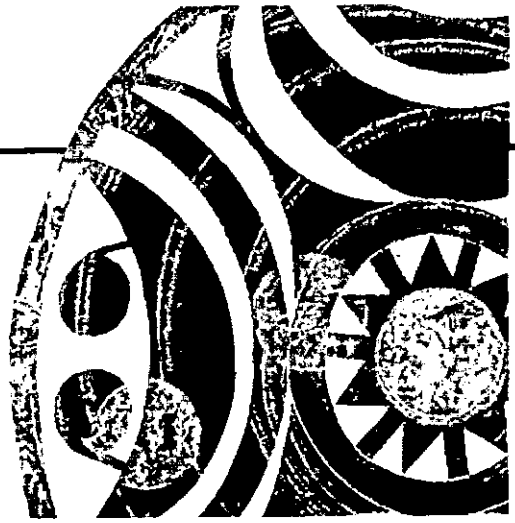

...TH OF THE ESRD PROGRAM IS TYPICALLY ...RACTERIZED BY ASSESSMENT OF TOTAL ... COUNTS AT A SINGLE POINT IN TIME ... PREVALENCE), OF NEW PATIENTS WHO ...CEPTED FOR TREATMENT (INCIDENCE), ... OF PATIENTS RECEIVING TRANSPLANTS.

Disease rates are based on the number of patients per million people in the general population, and adjusted for age, gender, and race.

This year we highlight racial disparities in ESRD incidence, as illustrated on the next page. While rates of ESRD due to glomerulonephritis have declined among both whites and African Americans younger than 40, the same is not true for ESRD due to diabetes and hypertension in those age 20–39. The linear rate of increase in diabetic ESRD among African Americans is particularly noteworthy, in part because of its contrast to the decline seen among whites, for whom the rate has fallen to the level noted 15 years ago. Potential factors involved here include the rising prevalence — to a degree greater than among whites — of diabetes in the African American and other minority populations, itself linked to greater degrees of obesity in the population overall and particularly among minorities.

The size of the incident population, which had grown in 2006, declined in 2007 and again the following year, with rates returning to the flattened level seen since 2001. Although rates of incident ESRD due to diabetes have increased among younger minority patients, they have been stable or falling in older populations and among whites, showing that a detailed assessment of subpopulations is required to determine whether trends are consistent across all groups defined by age, gender, race, ethnicity, and primary cause of ESRD. Overall rates across all age groups have peaked, and have fallen in those age 65 and older. On the basis of absolute numbers, however, patients age 45–64 drive the total number of new ESRD cases. By race, data on incidence generally show the same flattening as the overall ESRD rates, though rates have been falling among Native Americans.

By primary cause, the adjusted rate of new ESRD cases due to diabetes fell 1.5 percent in 2008, to 152.8 per million population. The rate of ESRD due to glomerulonephritis continues to fall, returning to levels seen in the early 1990s. It is not clear if this finding is related to improved blood pressure control and greater use of ACEIS/ARBS/renin inhibitors, or if hypertension and diabetes are now so common that there is some misclassification of primary diagnosis. Additional investigations will be needed to assess the care of these patients, and to determine if detection and treatment continue to improve.

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Data on the median age of incident patients show important trends; the slight decline in the age of white and Asian patients, for instance, may illustrate an increasing number of patients age 45–64 entering ESRD, a reflection of the expanding number of post-war baby boomers reaching their middle years. In 2008, the adjusted incident rate for patients age 45–64 fell to the same level seen in 1998 — 605 per million population. The rate for those age 75 and older declined 0.9 percent between 2007 and 2008.

Racial and ethnic discrepancies persist, with 2008 incident rates in the African American and Native American populations 3.6 and 1.8 times greater, respectively, than the rate among whites, and the rate in the Hispanic population 1.5 times higher than that of non-Hispanics.

Even after adjustments for age and gender, rates of ESRD continue to vary widely across the U.S. This year we update our data on ESRD in the major metropolitan statistical areas (MSAs) of the United States. Among African Americans, for instance, the incidence of ESRD is greatest in the Pittsburgh, Pennsylvania area, while for Hispanics the prevalence of ESRD is highest in the MSA centered around St. Louis, Missouri. These variations may reflect different burdens of CKD, as well as regional differences in the use of detection efforts and treatment interventions in populations at risk for kidney failure. (The 2009 ADR listed Denver as the leading MSA, but this was a typographical error.)

This year we also revisit data on trends in ESRD caused by rare diseases. The incidence of ESRD due to Fabry's disease has changed little in the past decade, while that of IgA/IgM nephropathy and Berger's disease appears to have risen slightly; these rates, however, are very low, at 2–3 cases per million population. There has been no change in the incidence of ESRD due to systemic lupus erythematosus over the last ten years, and rates of ESRD due to secondary glomerulonephritis, polycystic kidney disease, Alport's and other hereditary and familial diseases, multiple myeloma/light chain disease, amyloidosis, and AIDS have also remained quite stable. Rates of ESRD due to post-transplant (non-kidney) complications, in contrast, have tripled. It is not clear if this is due to toxicity from immunosuppressive medications or to kidney disease already present and manifesting itself after the original organ failure. Long-term follow-up studies are needed to assess this rising rate.

Still to be determined is whether these data reflect short- or long-term trends. Even with moderations in disease rates, the aging of the baby boomers will continue to contribute to the growth of the ESRD population. The growth of diabetes in both the general Medicare population and among younger patients is a concern as well.

Adjusted incident rates of ESRD, by age, primary diagnosis, & race

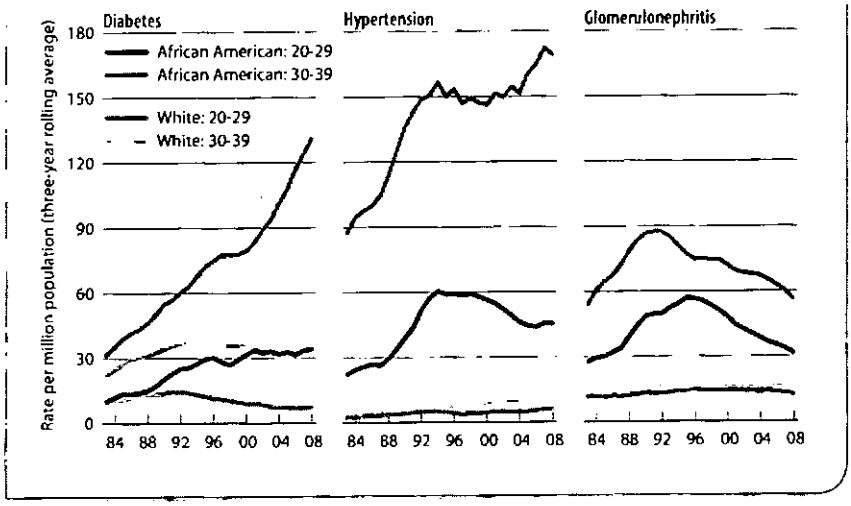

FIGURE 2.1, see page 4 for analytical methods. *Incident ESRD patients. Adj: gender; ref: 2005 ESRD patients.*

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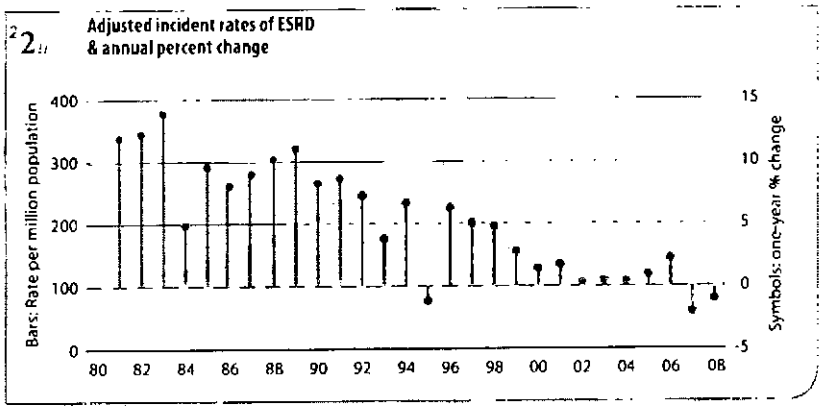
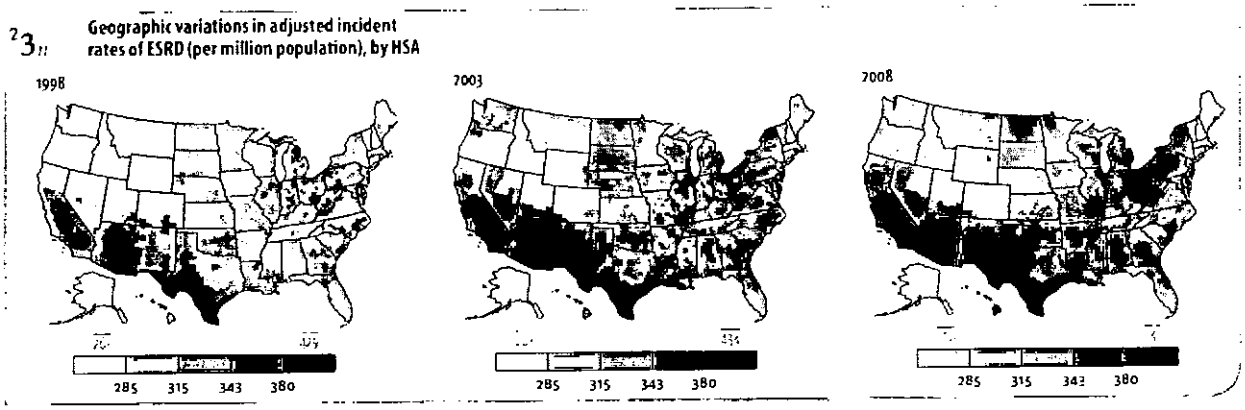
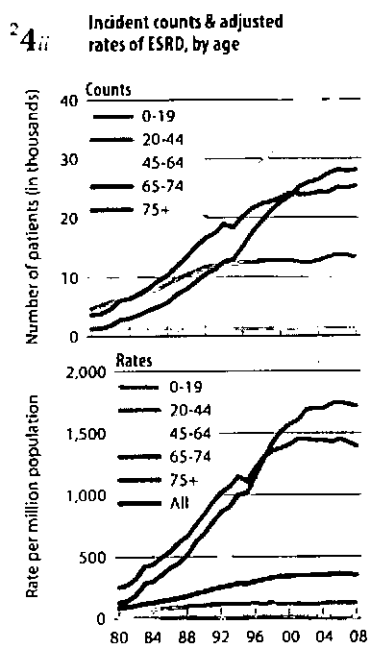
After a 2.1 percent decline in 2007, the adjusted incident rate of end-stage renal disease fell 1.1 percent in 2008, to 350.8 per million population. Prior to the decline in these two years, the rate of new ESRD cases had increased or remained stable each year since 1996.

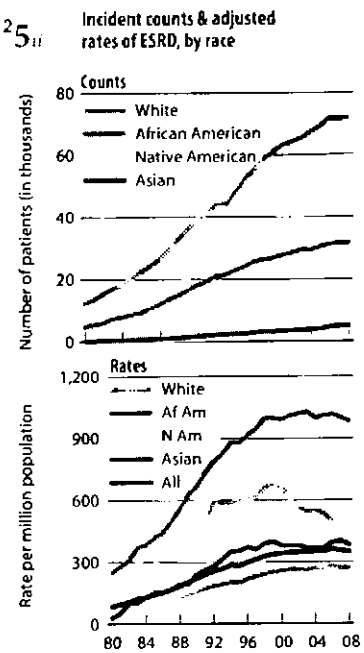
FIGURE 2.2; see page 471 for analytical methods. *Incident ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

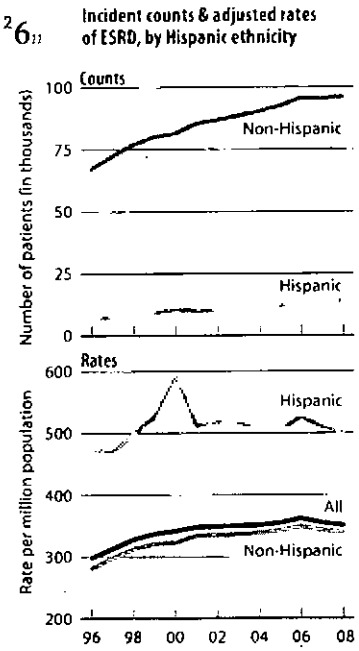

2 2ii Adjusted incident rates of ESRD & annual percent change


2 3ii Geographic variations in adjusted incident rates of ESRD (per million population), by HSA

INCIDENT COUNTS & ADJUSTED RATES

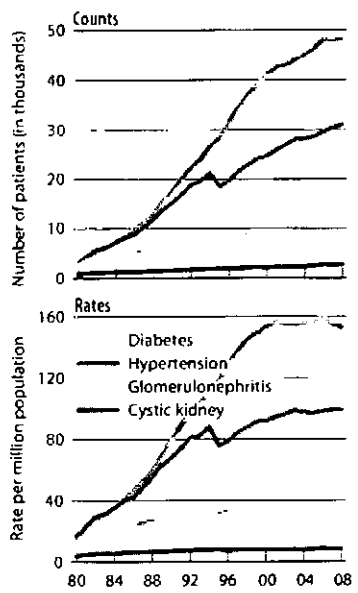

2 4ii Incident counts & adjusted rates of ESRD, by age


2 5ii Incident counts & adjusted rates of ESRD, by race


2 6ii Incident counts & adjusted rates of ESRD, by Hispanic ethnicity

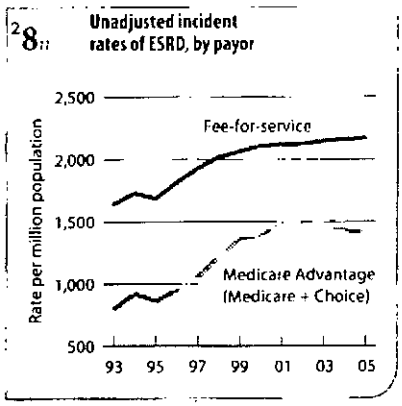
In 2008, the adjusted incident rate of end-stage renal disease was 351 per million population (see Table p.a in the Précis), and geographically averaged 441 in the upper quintile. The highest adjusted rates occur in the Ohio Valley, Texas, California, and the southwestern states. → FIGURE 2.3; see page 471 for analytical methods. *Incident ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

2.7 Incident counts & adjusted rates of ESRD, by primary diagnosis



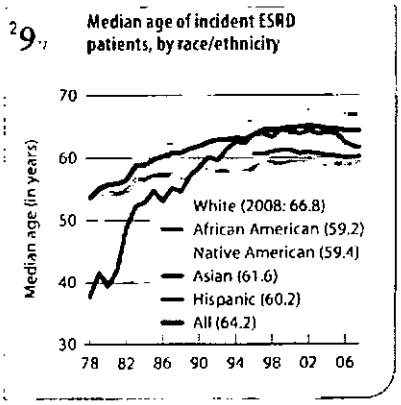
The incident rate among patients with Medicare Advantage (formerly Medicare + Choice) coverage peaked in 2001, and by 2005 had fallen nearly 6 percent, reaching 1,411 per million population — 35 percent lower than the rate of 2,168 found in the fee-for-service population. More recent data are not yet available. → FIGURE 2.8; see page 471 for analytical methods. *Incident ESRD patients; unadjusted.*

2.8 Unadjusted incident rates of ESRD, by payor



The median age of the incident ESRD population has changed little since the late 1990s, from a high of 65 in 2001 to 64.2 in 2008. By race and ethnicity, the median age ranges from 59.2 among African Americans to 66.8 among whites. → FIGURE 2.9; see page 471 for analytical methods. *Incident ESRD patients.*

2.9 Median age of incident ESRD patients, by race/ethnicity



Since 2000, the adjusted incident rate of ESRD has grown 9.4 percent for patients age 75 and older, to 1,718 per million population in 2008, while the rates for those age 0–19 and 20–44 have increased 5.9 and 5.5 percent, respectively, to 15 and 126. In the remaining adult groups, in contrast, rates have declined 0.9–1.0 percent, to 605 for those age 45–64 and 1,393 for those age 65–74.

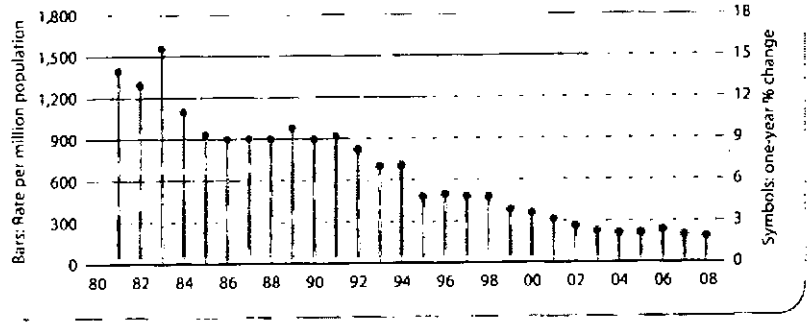
By race, incident rates for African Americans and Native Americans in 2008 reached 983 and 493 per million population, respectively — 3.6 and 1.8 times greater than the rate of 272 found among whites. Since 2000, the rate of new ESRD cases has grown 5 percent among whites, and is essentially unchanged in the African American and Asian populations.

As in 2007, 13 percent of new ESRD patients in 2008 were Hispanic. The incident rate in this population continues to fall — 1.7 percent in 2008, to 501 per million population — yet remains 1.5 times greater than that seen among non-Hispanics.

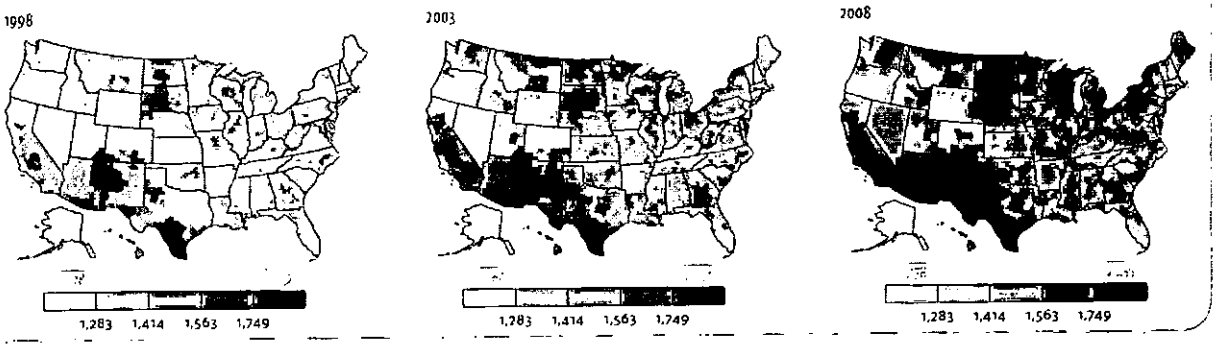
The incident rate of diabetic ESRD fell 1.5 percent between 2007 and 2008, to 153 per million population — a rate nearly unchanged from that of 2000. The rate of ESRD caused by hypertension, in contrast, has grown 8.1 percent since 2000, to 99.1 per million population, while that of ESRD due to glomerulonephritis has fallen 23.4 percent, to 23.7. → FIGURES 2.4–7; see page 471 for analytical methods. *Incident ESRD patients. Adj: gender/race (2.4), age/gender (2.5–6), age/gender/race (2.7); ref: 2005 ESRD patients.*

The adjusted rate of prevalent cases of end-stage renal disease rose 1.9 percent in 2008 — the same growth seen in 2007 — to 1,699 per million population. This rate is nearly 20 percent higher than that seen in 2000. The annual rate of increase has remained between 1.9 and 2.3 percent since 2003. FIGURE 2.10: [illegible] *December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

2.10 Adjusted prevalent rates of ESRD & annual percent change

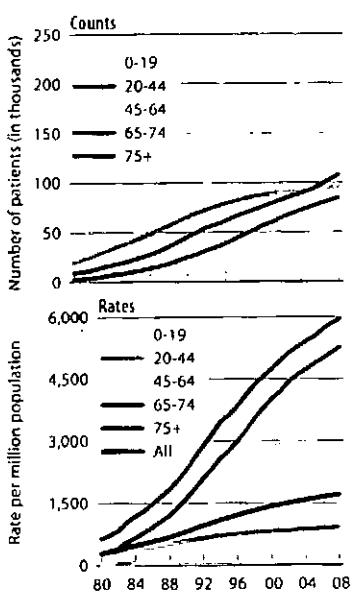


2.11 Geographic variations in adjusted prevalent rates of ESRD (per million population), by HSA

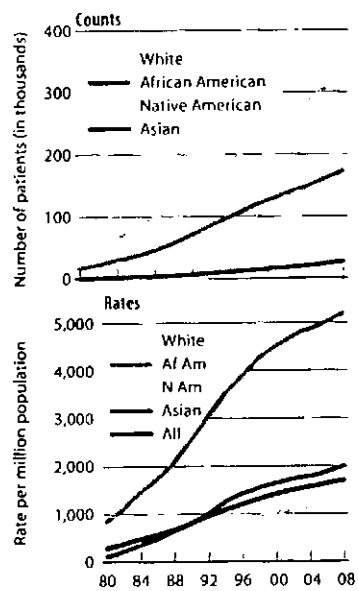


PREVALENT COUNTS & ADJUSTED RATES

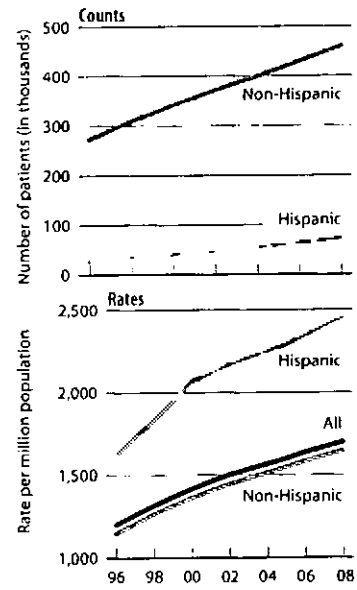
2.12 Prevalent counts & adjusted rates of ESRD, by age



2.13 Prevalent counts & adjusted rates of ESRD, by race



2.14 Prevalent counts & adjusted rates of ESRD, by Hispanic ethnicity



prevalence

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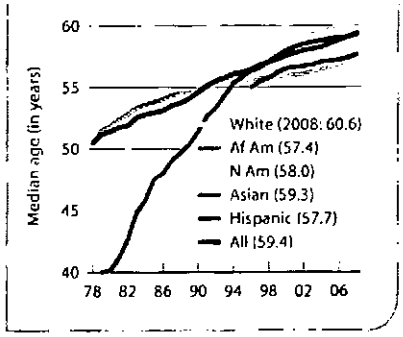
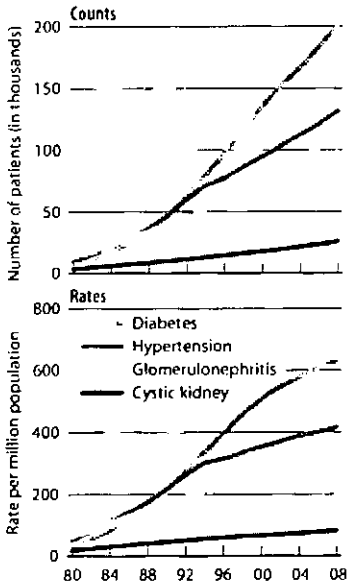
The median age of the prevalent ESRD population has increased 3.2 percent since 2000, reaching 59.4 in 2008. By race and ethnicity, it varies from 57.4 in the African American population to 60.6 among whites. ▫ FIGURE 2.16; see page 471 for analytical methods. *December 31 point prevalent ESRD patients.*

2.16 Median age of prevalent ESRD patients, by race/ethnicity



In 2008, the rate of prevalent ESRD was 1,699 per million population (see Table p.a), and averaged 2,235 in the upper quintile. With the addition of high rates in the Upper Midwest, geographic patterns generally follow those found in the incident population, with rates in the upper quintile occurring through much of the southern and southwestern portions of the country. ▫ FIGURE 2.11; see page 471 for analytical methods. *December 31 point prevalent patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

2.15 Prevalent counts & adjusted rates of ESRD, by primary diagnosis



Across races, incident and prevalent rates of ESRD in the Pittsburgh MSA are consistently among the highest in the U.S. High rates also occur in the St. Louis, Missouri area for African American and Hispanic populations, and in the Los Angeles and Riverside/San Bernadino areas for white populations. ▫ TABLE 2.A; see page 471 for analytical methods. *Incident & December 31 point prevalent ESRD patients, 2008. Adj: age/gender; ref: 2005 ESRD patients.* *Values for cells with ten or fewer patients are suppressed.*

2.a Adj. incident & prevalent rates of ESRD, by metropolitan statistical area (MSA) & race/ethnicity, 2008 (per million population; MSAs ranked by size; top three rates in each column highlighted)

	White		African American		Other race		Hispanic	
	Inc	Prev	Inc	Prev	Inc	Prev	Inc	Prev
New York, NY	288	1,717	2,[illegible]	4,[illegible]	511	1,[illegible]	[illegible]	[illegible]
Los Angeles, CA	354	1,668	[illegible]	8,[illegible]	356	[illegible]4	547	2,598
Chicago, IL	272	[illegible]18	830	4,060	372	1,[illegible]	[illegible]	[illegible]
San Jose-San Francisco-Oakland, CA	[illegible]	[illegible]	[illegible]	4,854	253	[illegible]4	[illegible]	[illegible]
Philadelphia, PA	[illegible]	[illegible]	963	5,220	367	1,[illegible]55	[illegible]	[illegible]
Houston, TX	264	1,153	912	4,461	247	1,146	450	2,094
Miami, FL	268	1,075	819	4,071	339	1,401	305	1,177
Atlanta, GA	176	773	732	3,877	244	1,095	198	877
Washington, DC	169	794	823	4,400	249	1,413	286	1,321
Boston, MA	224	1,084	824	4,306	318	1,686	501	2,035
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	3,645	395	1,565	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1,413	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Seattle, WA	[illegible]	[illegible]	[illegible]	4,342	[illegible]	[illegible]	[illegible]	[illegible]
Minneapolis-St Paul, MN	189	1,073	972	5,720	521	3,307	347	2,371
San Diego, CA	261	1,273	702	4,116	331	1,906	542	2,686
St. Louis, MO	286	1,150	1,186	6,169	334	1,681	*	3,772
Tampa, FL	265	1,086	1,177	5,464	303	1,449	313	1,604
Baltimore, MD	248	1,052	1,075	5,314	297	1,391	272	1,790
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Pittsburgh, PA	399	1,551	1,458	7,449	961	2,572	*	-
[illegible]	[illegible]	[illegible]	96[illegible]	1,037	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	5,875	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Reaching 5,941 in 2008, the adjusted rate of prevalent ESRD for patients age 65–74 has increased 25 percent since 2000, while the rate among those age 75 and older has grown 31 percent, to 5,266. Among those age 20–44 and 45–64, in contrast, growth has been just 11.0 and 17.5 percent, respectively.

By race, rates of prevalent ESRD remain greatest in the African American and Native American populations, at 5,205 and 2,700 per million population in 2008, compared to 1,248 and 1,992 among whites and Asians. The rate of ESRD among Hispanics reached 2,458 in 2008, 1.5 times greater than that of the non-Hispanic population.

Rates of ESRD due to diabetes and hypertension increased 2.0–2.1 percent in both 2007 and 2008, while ESRD due to cystic kidney disease rose 2.6–3.1 percent, and ESRD due to glomerulonephritis remained stable. ▫ FIGURES 2.12–15; see page 471 for analytical methods. *December 31 point prevalent ESRD patients. Adj: gender/race (2.12); age/gender (2.13–14); age/gender/race (2.15); ref: 2005 ESRD patients.*

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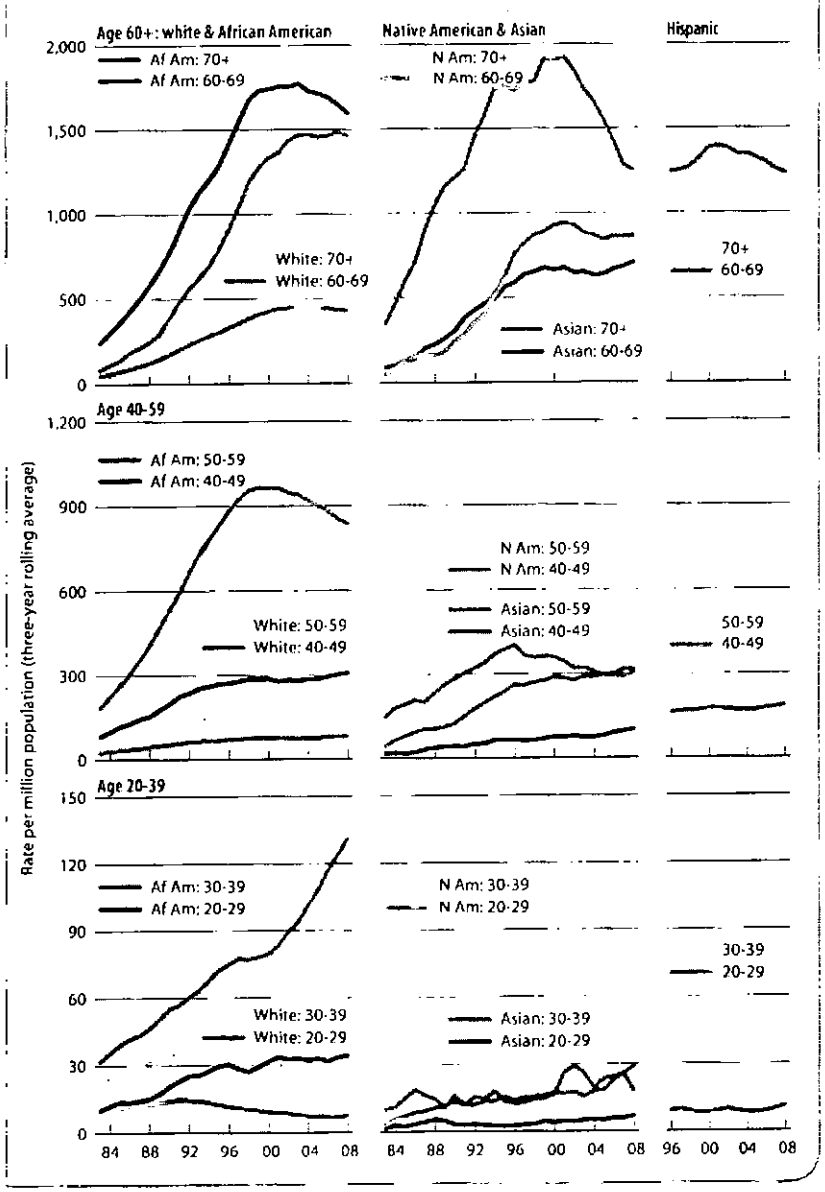
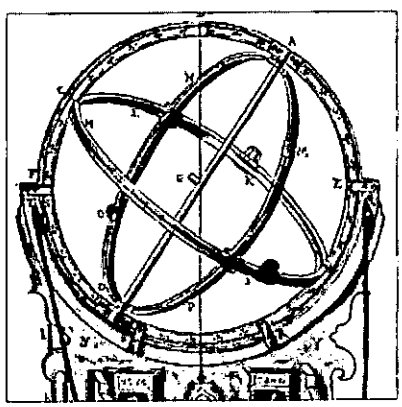
Both the rates of incident ESRD caused by diabetes and their growth over time continue to vary widely by age and race/ethnicity. Among whites age 30–39, for example, the incident rate (adjusted for gender) has fallen 7.0 percent since 2000, to 33.3 per million population. In African Americans of the same age, in contrast, the rate has increased 65 percent, to reach 131. The Native American population has seen a rise for this age group of 35 percent, to 121. And while rates of new ESRD cases among Asians remain comparatively low, among those age 30–39 they have increased 70 percent since 2000.

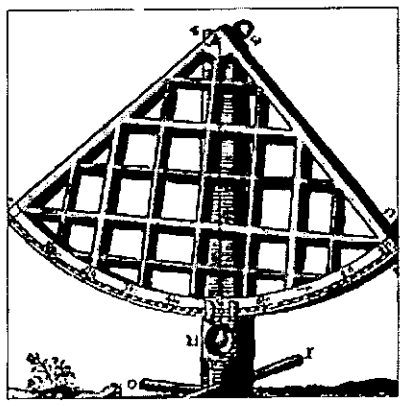
Different patterns are seen among older populations. Among those age 50–59, the rate has fallen more than 13 percent since 2000 for African Americans, and more than 42 percent for Native Americans; among whites and Asians, in contrast, it has increased 2 and 9 percent, respectively.

Compared to rates among whites, the incidence of ESRD remains significantly higher among African Americans: 3.8–3.9 times higher for those age 30–39 and 40–49, 4.0 times higher for those age 50–59, and 4.6 times higher for those age 20–29. ◇ FIGURE 2.17; see page 4[illegible] for [illegible] methods. *Incident ESRD patients; rates are three-year rolling averages. Adj: gender; ref: 2005 ESRD patients.*

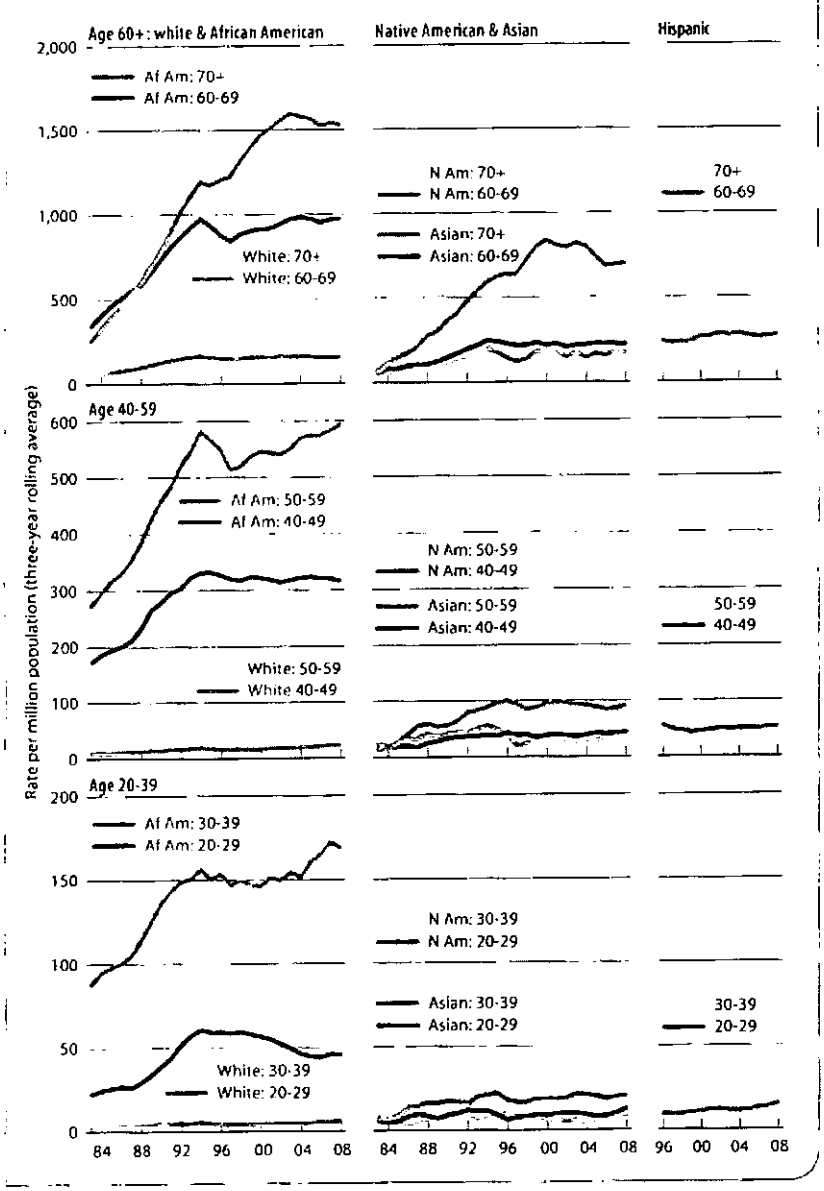
2.17 Adjusted incident rates of ESRD due to diabetes, by age, race, & ethnicity







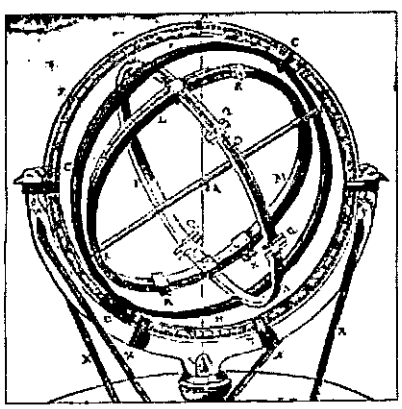
2.18 Adjusted incident rates of ESRD due to hypertension, by age, race, & ethnicity

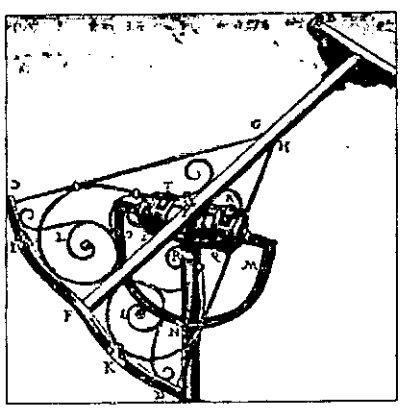


As with diabetic ESRD, there are significant disparities by age, race, and ethnicity in the incidence of ESRD due to hypertension. Among whites age 30–39, for example, the rate per million population rose 51.5 percent between 2000 and 2008, to reach 12.9. The rate for African Americans of the same age rose at a far slower pace of 15.8 percent, but reached nearly 170 per million population — a rate 13.1 times greater than that of their white counterparts.

Similar patterns are visible among older age groups. In contrast, for instance, to a 42 percent rise among white patients age 40–49, the rate among African Americans of the same age fell 1.7 percent between 2000 and 2008, but it reached 316 per million population — 13 times greater, once again, than the rate found among whites.

In the Native American population, rates of ESRD due to diabetes follow patterns by age and time period that are similar to those seen among African American patients. In terms of ESRD caused by hypertension, in contrast, these similarities disappear, with rates among Native Americans considerably lower than those found in the African American population. ▫ FIGURE 2.18. [illegible] for analytical methods. *Incident ESRD patients; rates are three-year rolling averages. Adj: gender; ref: 2005 ESRD patients.*





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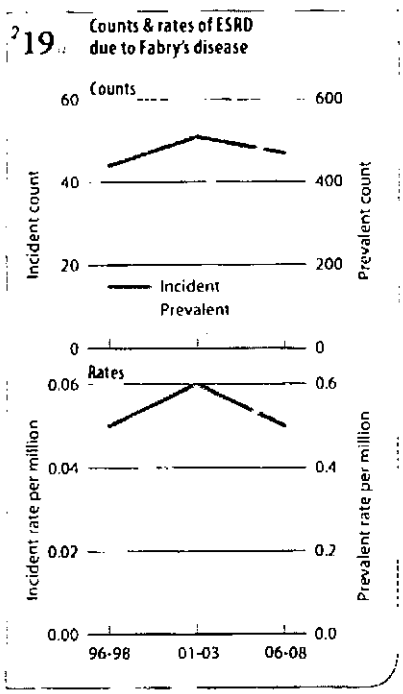

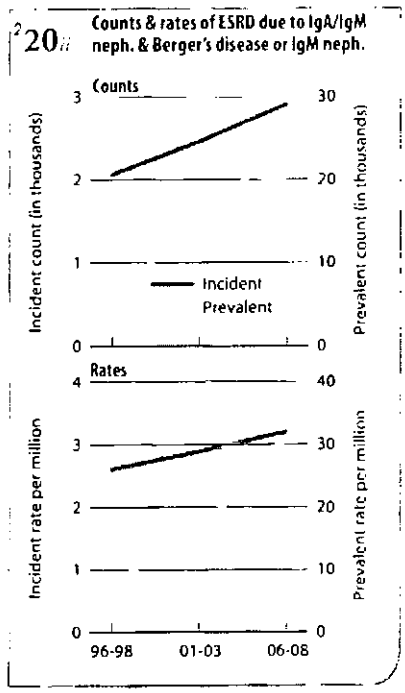

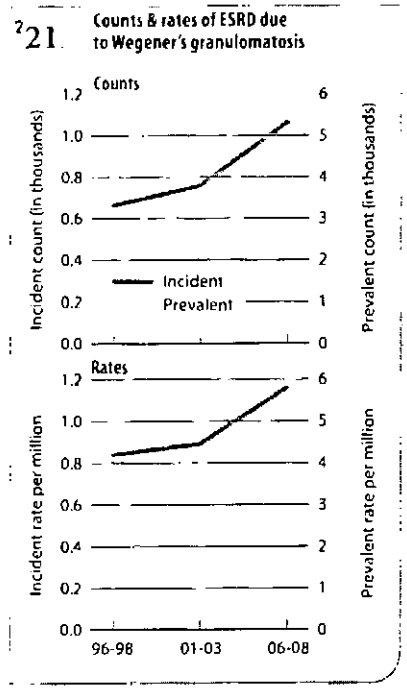

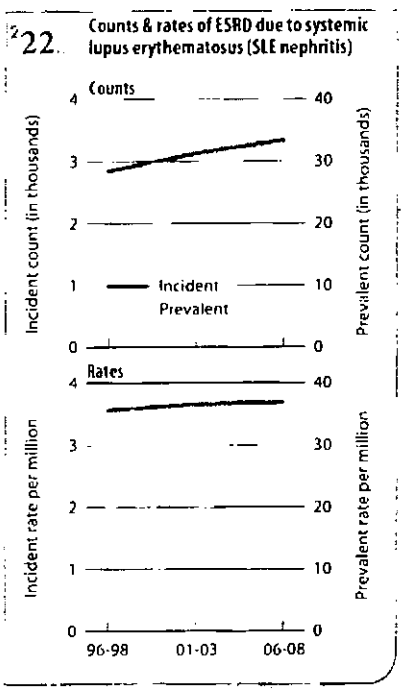

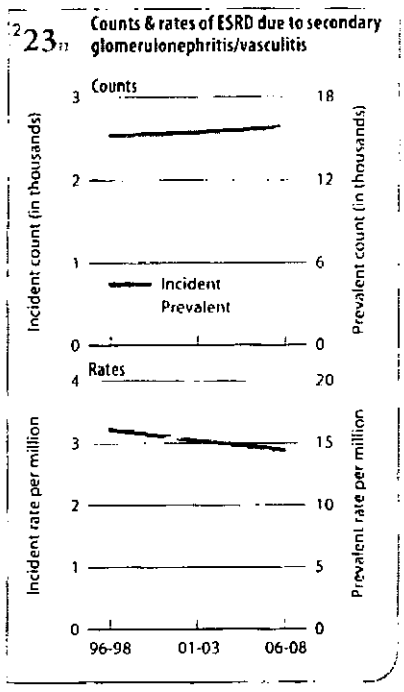

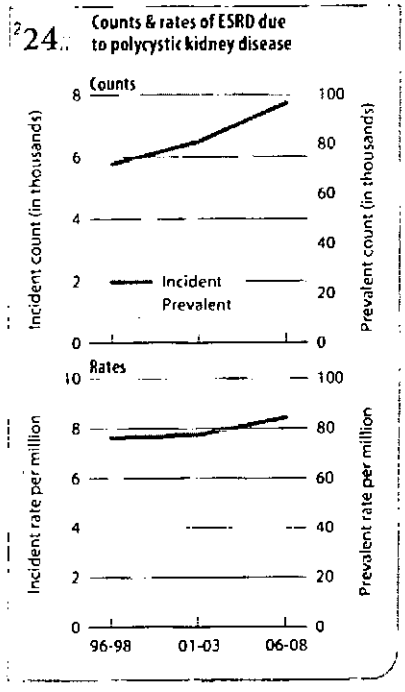

Since 1996–1998, the incidence of ESRD due to IgA/IgM nephropathy has risen modestly, to 3.2 cases per million population in 2006–2008. Prevalence has grown much more robustly, reaching 27.1 per million — more than three times the 1996–1998 rate. The incidence of ESRD due to Wegener's granulomatosis rose to 1.2 per million in 2006–2008, while prevalence reached 5.4, nearly double that noted in 1996–1998. For ESRD due to systemic lupus erythematosus (SLE), incident rates have remained between 3.6 and 3.7 per million since 1996–1998, while prevalence has grown 56 percent to reach 31.1 per million in 2006–2008. The incidence of ESRD due to polycystic kidney disease has shown only a modest increase of 10.8 percent since 1996–1998, while prevalent rates have increased by 28.5 percent. + FIGURES 2.19–24; see page 471 for analytical methods. *Incident & December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

rare diseases

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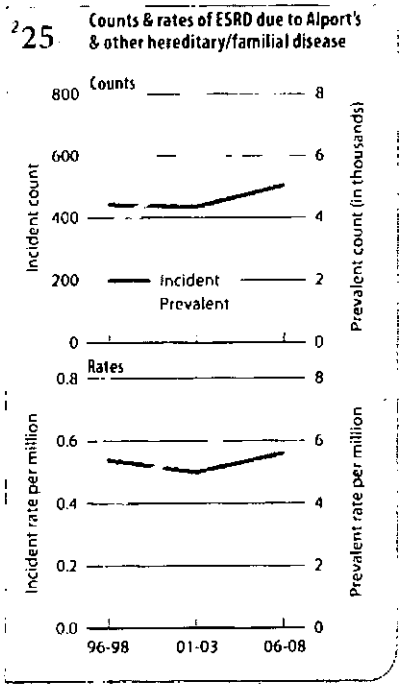
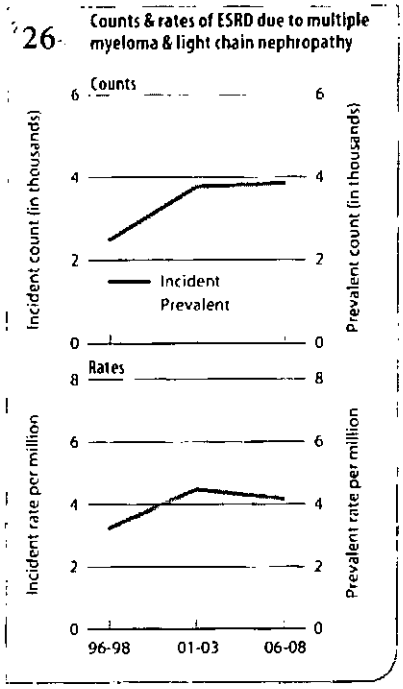
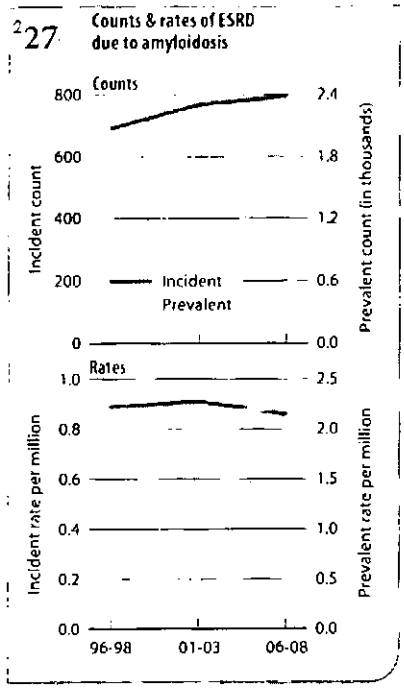
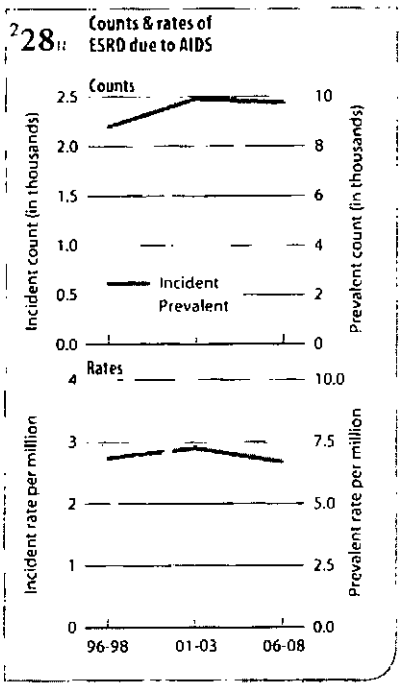
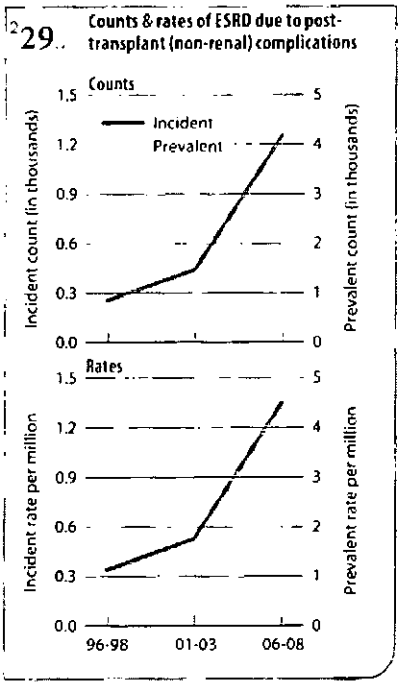






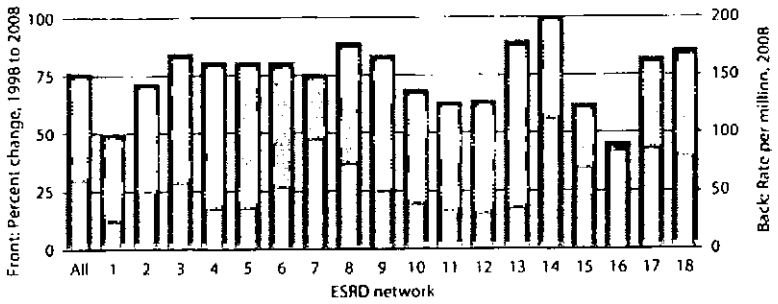




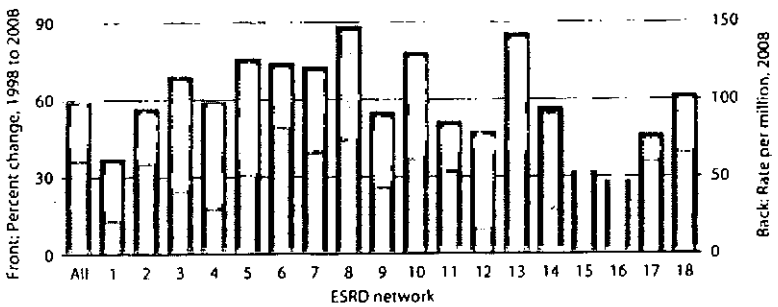
The incidence of ESRD caused by Alport's disease remains between 0.5 and 0.6 per million population; prevalence has grown 63.8 percent to reach 7.5 per million in 2006–2008. Rates of ESRD due to multiple myeloma or light chain nephropathy appear to have peaked, indicated by a slight downward trend in 2006–2008 for incident patients and only a slight increase in prevalence. New cases of ESRD due to amyloidosis have fallen 3.4 percent since 1996–1998, while prevalence has risen only slightly, to 2.4 cases per million population. The incidence of ESRD caused by AIDS has decreased 2.2 percent since 1996–1998, to 2.7, while prevalent rates have more than doubled, indicating that patients with this disease are living longer.

+ FIGURES 2.25–2.29, see page 471 for analytic method: *Incident & December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

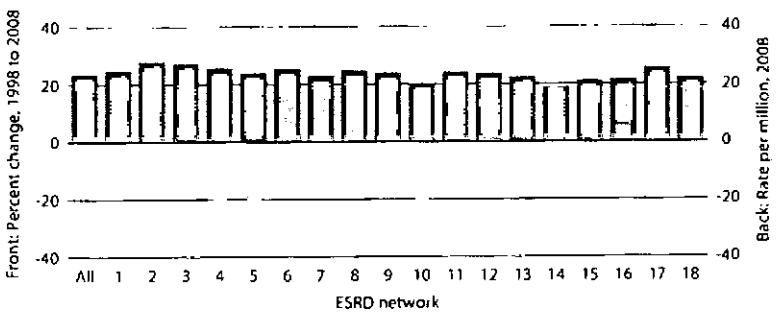
2.30.. Growth in incident rates of ESRD due to diabetes, 1998–2008, by network (adjusted rates)

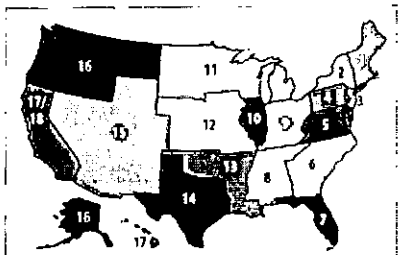


2.31.. Growth in incident rates of ESRD due to hypertension, 1998–2008, by network (adjusted rates)



2.32.. Growth in incident rates of ESRD due to glomerulonephritis, 1998–2008, by network (adjusted rates)

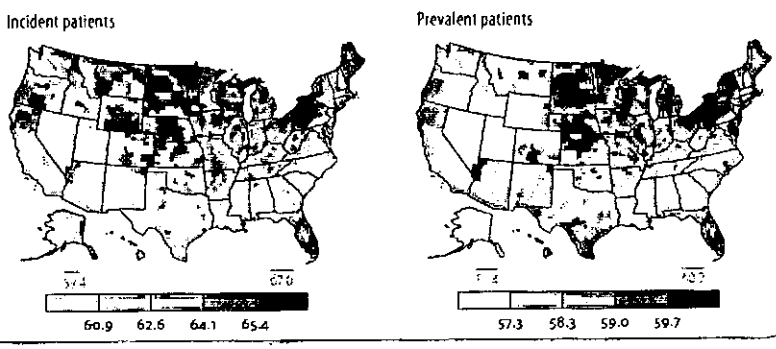




Network 1
Network 2
Network 3
Network 4
Network 5
Network 6
Network 7
Network 8
Network 9
Network 10
Network 11
Network 12
Network 13
Network 14
Network 15
Network 16
Network 17
Network 18

Network 14 had both the highest rate of diabetic ESRD in 2008 and the greatest ten-year growth, at 199 per million population and 55 percent, respectively. The rate of new ESRD cases due to hypertension rose just 9.1 percent in Network 12, but nearly 69 percent in Network 15. Rates of ESRD due to glomerulonephritis, in contrast, have fallen across the country, with the exception of a 5.2 percent growth in Network 16. FIGURES 2.30–32; see page 4[illegible] *Incident ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

2.33.. Geographic variations in mean age of ESRD patients, 2008, by HSA



The mean age of both the incident and prevalent populations is greatest in areas of the Upper Midwest, the Northeast, and portions of Florida. In the lower quintile, the average age is 59.4 for incident patients compared to 56.4 in the prevalent population. Means in the upper quintile are 67.0 and 60.7, respectively. » FIGURE 2.33; see page 471 for [illegible] *Incident & December 31 point prevalent ESRD patients; unadjusted.*

network populations

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2b.. Patient demographics & adjusted rates, by ESRD network: incident dialysis patients, 2008

	Total pts	% of total	Rate per million	Mean age	% DM	% White	% Af Am	% N Am	% Asian	% Hisp.
5										
6	9,739	8.4	379.8	60.1	42.5	42.4	55.6	0.7	1.1	2.0
7	7,008	6.4	366.6	64.1	41.1	66.8	31.0	0.1	1.7	14.9
8	6,017	5.5	420.5	60.4	42.7	49.6	49.3	0.4	0.7	0.6
9	8,544	7.8	373.1	64.0	44.6	74.5	24.6	0.1	0.6	1.3
10	4,755	4.3	357.5	63.2	38.5	62.9	33.1	0.1	3.4	10.4
13										
14										
15										
16	3,044	2.8	216.2	63.0	42.5	82.2	6.9	3.4	7.2	8.0
17	5,262	4.8	322.9	61.8	51.6	58.1	12.7	0.8	27.3	21.5
18	8,597	7.8	357.5	62.2	48.4	73.3	13.5	0.4	12.5	39.9
Unk										
All										

2c.. Patient demographics & adjusted rates, by ESRD network: December 31 point prevalent dialysis patients, 2008

	Total pts	% of total	Rate per million	Mean age	% DM	% White	% Af Am	% N Am	% Asian	% Hisp.
6	36,679	9.6	1,483	58.6	40.9	30.4	67.2	0.6	1.1	2.6
7	21,820	5.7	1,125	61.4	40.3	55.3	41.7	0.2	1.9	15.4
8	21,601	5.7	1,499	59.1	40.3	37.4	61.4	0.5	0.6	0.8
9	27,290	7.1	1,186	61.9	43.3	64.4	34.5	0.1	0.7	2.1
10	16,206	4.2	1,212	61.6	39.9	53.7	42.2	0.2	3.3	12.4
13										
14										
15										
16	10,278	2.7	723	61.2	42.0	77.5	9.3	4.3	8.7	9.9
17	20,137	5.3	1,223	61.3	49.0	50.2	15.9	0.8	31.3	22.7
18	31,506	8.2	1,297	60.7	46.6	69.8	16.1	0.5	12.9	45.8
Unk										
All						55.8				

2d.. Patient demographics & adjusted rates, by ESRD network: December 31 point prevalent transplant patients, 2008

	Total pts	% of total	Rate per million	Mean age	% DM	% White	% Af Am	% N Am	% Asian	% Hisp.
6	9,795	5.9	402.8	50.3	23.1	57.7	38.5	0.8	2.4	2.4
7	8,472	5.1	438.8	52.6	21.5	71.4	23.1	0.5	3.7	17.4
8	7,581	4.6	531.6	50.0	20.9	64.5	33.2	0.3	1.5	1.0
9	11,738	7.1	509.7	51.2	25.5	80.1	16.6	0.2	2.2	1.7
10	7,177	4.3	520.6	50.4	22.9	66.4	25.2	0.5	5.2	14.2
13										
14										
15										
16	6,136	3.7	438.1	51.8	24.7	83.4	5.5	2.7	8.1	6.9
17	8,709	5.3	544.3	51.0	21.2	64.3	8.9	1.0	23.6	20.6
18	11,964	7.2	493.8	49.7	19.8	73.3	10.9	0.6	14.1	38.0
Unk	269	0.2		45.8	0.0	14.1	2.2	3.7	27.5	0.0
All			516.0			72.6				

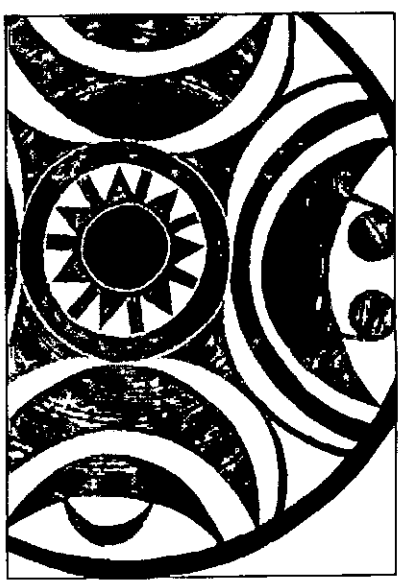
These tables present patient demographics and adjusted disease rates by modality and ESRD network. With an overall rate for incident dialysis patients of 343 per million population in 2008, rates by network range from 216 in Network 16 to 421 in Network 8. The distribution of patients by race continues to vary widely across the country. African Americans, for example, constitute just 6.9 percent of the new ESRD population in Network 16, but 49–56 percent of patients in Networks 6 and 8.

In the 2008 prevalent population, the overall rate for December 31 point prevalent dialysis patients was 1,183 per million population. The percentage of prevalent patients with ESRD caused by diabetes ranges from 39.5 in Network 1 to 52–53 in Networks 14 and 15.

For December 31 point prevalent transplant patients, the adjusted rate is lowest in Network 6, at 403 per million population, and greatest in Network 11, at 777. Racial differences are evident here as well. In Network 6, for example, African Americans account for 67 percent of prevalent dialysis patients. They represent, however, only 39 percent of the prevalent transplant population.

TABLES 2.8–D; see page 471 for analytical

*Incident dialysis patients (2.b); December 31 point prevalent dialysis patients (2.c); December 31 point prevalent transplant patients (2.d). *Values for cells with ten or fewer patients are suppressed. Adj: age/gender/race; ref: 2005 patients.*



In 2008, the adjusted rate of new ESRD cases was 351 per million population. FIGURE 2.2

Since 2000, the adjusted incident rate of ESRD has grown 9.4 percent for patients age 75 and older, to 1,718 per million population in 2008. FIGURE 2.4

The rate of new ESRD cases among African Americans reached 983 per million population in 2008, 3.6 times greater than the rate of 272 found among whites. FIGURE 2.5

The adjusted rate of prevalent ESRD cases rose 1.9 percent in 2008, to 1,699 per million population. FIGURE 2.10

In the population age 65–74, the adjusted rate of prevalent ESRD cases is nearing 6,000 per million population, and has increased 25 percent since 2000. FIGURE 2.12

The Pittsburgh, Pennsylvania area has among the highest incident and prevalent rates in the country. TABLE 2.A

Both the incident rates of ESRD caused by diabetes and their growth over time continue to vary widely by age and race/ethnicity. FIGURE 2.17

The incidence of ESRD caused by AIDS has decreased 2.2 percent since 1996–1998, to 2.7 cases per million population, while prevalent rates have more than doubled. FIGURE 2.28

For December 31 point prevalent transplant patients, the adjusted rate of ESRD is lowest in Network 6, at 403 per million population, and greatest in Network 11, at 777. TABLE 2.D

summary

PREVALENCE

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Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(c), Project Purpose, Background and Alternatives

Alternatives

The Applicants explored several options prior to determining to relocate and expand Stony Island Dialysis. After exploring the options below in detail, the Applicants determined to relocate and expand its capacity in order to meet rising demand. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

This is not a viable option. As stated in Attachment – 12, the Existing Facility is insufficient to meet demand. For several years, the facility has operated at or above 100% utilization and is currently operating at 103%. This requires the operation of a fourth shift. Operating four shifts per day is not feasible for many reasons. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it around midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going during the day. This is particularly troublesome for the patients at Stony Island. Nearly half are disabled and many rely on non-emergency medical transportation, which rarely operate in the evening. This forces patients to use public transportation, family or friends, or costly taxi-cab service for transportation to and from treatments. Additionally, a fourth shift increases operating costs by adding additional staffing and utilities costs. Expansion of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment.

There is no capital cost with this alternative.

Utilize Existing Facilities

Utilization of existing facilities to accommodate growing need for dialysis is not feasible. Utilization of existing facilities within Stony Island Dialysis' service area is 75%. Dr. Stankus is unrelated to either of the primary nephrologists for the four non-operational facilities and Stony Island serves a distinct patient population from these facilities. Moreover, the referring physicians for the four non-operational facilities anticipate they will refer a sufficient number of patients to each facility that all non-operational facilities will be operating at or above the Board's 80% utilization standard by the second year after project completion. Most of the local facilities do not have excess capacity to treat Stony Island patients and other nephrologists in Dr. Stankus' practice are not on staff at these facilities. Notably, Dr. Stankus is currently treating 178 pre-ESRD patients that reside in and around the City of Chicago. She has identified 43 Stage 4 and 16 Stage 5 CKD patients that would likely be referred to Stony Island Dialysis. See Attachment – 13. Requiring these patients to travel further to dialyze, which they would have to do if the Board does not approve this expansion, will impose a significant burden on their families and friends. It would also require Dr. Stankus to round at numerous facilities in ordre to continue treating patients that she anticipates will initiate dialysis within 12 to 18 months following project completion. Therefore, the non-operational facilities are not a viable option for Stony Island Dialysis patients.

It is essential the Applicants obtain approval to expand the Existing Facility in order to continue providing necessary dialysis services to Stony Island Dialysis' patients. The community surrounding Stony Island Dialysis is largely comprised of low-income, disabled, and vulnerable individuals that require access to care DaVita provides at Stony Island Dialysis. Although there are other facilities in the area, they will not be able to easily accommodate Stony Island patients due to high utilization. Thus, this is not an option.

There is no capital cost with this alternative.

Expand Stony Island Dialysis

DaVita determined that the most effective and efficient way to serve its patients and address the need for more stations in HSA 6 is to expand the existing facility. Thus, the Applicants selected this option.

The cost associated with this option is $3,315,506.

Table 1110.230(c)
Alternatives to Proposed Project
Cost Benefit Analysis

Alternative	Community Need	Access	Capital Cost	Status
Do Nothing	Not Met	Decreased	$0	Reject
Utilize Existing Facilities	Not Met	Decreased	$0	Reject
Establish New Facility	Met	Increased	$3,315,506	Accept

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December 12, 2011

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

Dear Chairman Galassie:

I am the medical director for Stony Island Dialysis and the primary attending nephrologist rounding on patients at this facility. I am writing in support of DaVita's proposed expansion of Stony Island Dialysis. Specifically, DaVita proposes to add 9 dialysis stations to the existing facility located at 8721 S. Stony Island Avenue, Chicago, Illinois 60617 to meet the growing need for dialysis services in the City of Chicago.

There is insufficient space at the existing facility to expand the capacity required to meet patient demand. Stony Island Dialysis has consistently operated at or above 100% for the past four years. In fact, average utilization from 2008 to 2011 is 109% and the facility is currently operating at 103% utilization. This requires the operation of a fourth shift three days per week, resulting in patients receiving treatment well past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 4:00 a.m. and closing it around 11 p.m. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going at night. Thus, expansion of the existing facility will improve scheduling options for patients.

Additionally, Stony Island Dialysis provides care to a primarily African-American, low-income, disabled, elderly, and vulnerable population. Notably, the incidence of ESRD in the African American community is 3 times greater than in the general population. 71% of my current pre-ESRD patients are African American, and thus are particularly vulnerable to ESRD. The addition of 9 stations to the existing facility will improve access and ensure that these patients receive access to modern, high quality dialysis treatment.

Attachment – 13A

Stony Island Dialysis is currently treating 141 ESRD patients, 98% are African Americans. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 178 chronic kidney disease patients that reside in and around Chicago. While I will continue to refer patients to existing facilities in the area, we have identified 59 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home dialysis treatments, I anticipate that I will refer 38 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

It is essential that the Board approves this project. Requiring patients to travel further to dialyze, which they would have to do if the Board does not approve this expansion, will impose a significant burden on their families and friends. Additionally, most of the local facilities do not have excess capacity to treat Stony Island patients and other nephrologists in our practice are not on staff at these facilities. It would also require me to round at numerous facilities in order to continue treating patients that I anticipate will initiate dialysis within 12 to 18 months following project completion. Thus, treatment at another facility is not an option for our patients.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Stony Island Dialysis.

Sincerely,

Nicole S. Stankus, MD, MSc
Nephrologist
5841 S. Maryland Ave.
Chicago, IL 60637

Subscribed and sworn to me
This 13 day of December, 2011

Deborah M. Lewis
Notary Public

"OFFICIAL SEAL"
DEBORAH M. LEWIS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES

ATTACHMENT 1
CURRENT PATIENTS

Initials	Zip Code
AC	60643
AD	60637
AJ	60628
BB	60643
BD	60629
BD	60619
BED	60619
BG	60617
BH	61832
BH	60615
BJ	60649
BJ	60619
BL	60617
BW	60628
CB	60628
CC	60629
CC	60620
CC	60827
CCC	60617
CF	60619
CH	60617
CL	60620
CM	60628
CS	60617
CT	60628
DB	60617
DC	60637
DD	60649
DLR	60643
DM	60617
DP	60620
DP	60652
DR	60619
DR	60628
DS	60617
DS	60619
DW	60619
DW	60637
DY	60616
ED	60617
EGM	60609
EJ	60827
EM	60617
EP	60620
GB	60619

GPH	60609
GR	60619
GW	60619
GW	60619
GW	60428
HB	60628
HC	60406
HG	60628
HN	60637
IAH	60617
IG	60617
IK	60430
JA	60617
JC	60649
JC	60619
JEB	60617
JH	60619
JH	60617
JH	60649
JL	60628
JL	60617
JLH	60649
JM	60628
JM	60619
JO	60619
JP	60617
JS	60637
JT	60619
JWH	60619
KFJ	60649
KH	60620
KH	60649
KK	60619
KT	60619
LA	60617
LB	60649
LE	60636
LGT	60619
LH	60649
LJ	60619
LJ	60619
LL	60649
LL	60615
LP	60617
LS	60619
LT	46312
LW	60620
LW	60619
MB	60621

MB	60619
MB	60620
MC	60649
MH	60617
MJ	60619
MJ	60628
MJG	60620
MM	60628
MSC	60619
MW	60649
MW	60643
NB	60617
NE	60619
NR	60628
OW	60649
PA	60617
PB	60628
PC	60636
PD	60619
PH	60643
PL	60617
RC	60617
RG	60619
RG	60636
RT	60827
SA	60649
SDT	60649
SLS	60637
SM	60636
SMW	60619
TG	60619
TJ	60619
TJH	60617
TMT	60617
TT	60617
TW	60636
TW	60619
VJ	60628
VW	60617
WA	60616
WB	60649
WD	60621
WH	60617
WR	60636
YL	60637
ZB	60637
ZB	60643

ATTACHMENT 2
HISTORICAL PATIENT REFERRALS
STONY ISLAND DIALYSIS

2009	
Initials	**Zip Code**
AB	60620
AP	60805
AS	60620
AW	60649
BG	60617
BJ	60649
BP	60628
CC	60620
CM	60621
CR	60637
DP	60652
DW	60637
GW	60428
HC	
HC	60406
IG	60619
IS	60628
JA	60617
JH	60617
LB	60649
LC	60649
LH	60649
MJ	60643
NR	60628
NW	60619
OA	60619
OB	60617
PH	60643
PN	
TG	60619
TJ	60636
VJ	60628
VL	60425
WD	60621
ZB	60637

2010	
Initials	**Zip Code**
BD	60619
CF	60619
CS	60619

DR	60628
ED	60617
EJ	60827
IK	60430
JA	60649
JH	60619
JS	60637
KT	60619
LE	60636
LJ	60619
LT	46312
MB	60621
PD	60619

2011	
Initials	**Zip Code**
BD	60629
CC	60652
DH	60619
EP	60620
JL	60617
JT	60649
LJ	60619
MS	60629
MS	60653
PC	60636
PL	60617
PL	60617
SA	60649
SH	60619
TW	60619
TW	60636
WH	60617
ZB	60643

ATTACHMENT 3
PRE-ESRD PATIENTS

Zip Code	Total
60643	3
60620	5
60628	3
60619	15
60617	10
60637	8
60615	6
60649	9
Total	**59**

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 14,400 to 20,800 gross square feet for 32 dialysis stations. The total gross square footage of the proposed dialysis facility is 11,566 gross square feet. Accordingly, the proposed facility meets the State standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	11,566	14,400 – 20,800	0	Below State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, the proposed facility's annual utilization shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week.

Currently, the Existing Facility serves 141 ESRD patients, exceeding existing capacity and thus requiring operation of a fourth shift to accommodate patient need. Dr. Stankus is also currently treating 178 pre-ESRD patients that reside in and around the City of Chicago. She has identified 43 Stage 4 and 16 Stage 5 CKD patients that would likely be referred to Stony Island Dialysis. See Attachment – 13. Based upon attrition due to patient death, transplant, or return of function, it is projected that 38 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 179 patients will be referred to Stony Island Dialysis within 12 to 18 months. This represents a 93% utilization rate, which exceeds the State's 80% standard.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
2009	ESRD	24,687[4]	N/A	17,222	Yes
2010	ESRD	20,548	N/A	17,222	Yes
2011 (Annualized)	ESRD	20,173	N/A	17,222	Yes
2012	ESRD	N/A	27,924	23,962	Yes
2013	ESRD	N/A	27,924	23,962	Yes

[4] This figure is based on the average census in 2009, as reported to The Renal Network. DaVita acquired this facility in 2010, and is unable to obtain total treatments for 2009.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b), Planning Area Need

1. Planning Area Need

The Applicants propose to expand its existing 23-station dialysis facility located at 8721 S. Stony Island Avenue, Chicago, IL 60617 to 32 stations. The Existing Facility does not have sufficient capacity to meet demand. For several years, the facility operated at or above 100% utilization and is currently operating at 103%. This requires the operation of a late-evening fourth shift, which continues to nearly midnight. Operating four shifts per day is not feasible for many reasons. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it around midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going during the day. This is particularly troublesome for the patients receiving care at Stony Island Dialysis. Nearly half are disabled and many rely on non-emergency medical transportation, which rarely operate in the evening. This forces patients to use public transportation, family or friends, or costly taxi-cab service for transportation to and from treatments.

Additionally, physicians typically press the facility to accommodate their sickest and most frail patients during the earlier and second shifts. Having 32 stations will accommodate 128 patients during the day time shifts. Expansion of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment. Thus, the Applicants are seeking approval for the proposed site, which is necessary to continue providing essential dialysis care to Stony Island Dialysis' patients.

Currently, the Existing Facility serves 141 ESRD patients, exceeding existing capacity and thus requiring operation of a fourth shift to accommodate patient demand. Dr. Stankus is also currently treating 178 pre-ESRD patients that reside in and around the City of Chicago. She has identified 43 Stage 4 and 16 Stage 5 CKD patients that would likely be referred to Stony Island Dialysis. See Attachment – 26A. Based upon attrition due to patient death, transplant, or return of function, it is projected that 38 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 179 patients will be referred to Stony Island Dialysis within 12 to 18 months. This represents a 93% utilization rate, which exceeds the State's 80% standard. See Attachment – 26A. Based upon the latest inventory data, there is a need for 112 dialysis stations in HSA 6, the service area where the proposed facility will be located. The addition of 9 stations at Stony Island Dialysis will alleviate the current high utilization at the Existing Facility as well as the need in HSA 6.

2. Service to Planning Area Residents

The primary purpose is to ensure the residents of south side of Chicago have access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, 140 of 141 current patients live in the service area.

Table 1110.1430(b)(3)(B) Projected Referrals by Physician & Zip Code

Zip Code	Patients
46312	1

60406	1
60428	1
60430	1
60609	2
60615	2
60616	2
60617	29
60619	34
60620	8
60621	2
60628	15
60629	2
60636	6
60637	8
60643	6
60649	16
60652	1
60827	3
61832	1
Total	**141**

3. Service Demand – Expansion of In-Center Hemodialysis Service

Stony Island Dialysis' current utilization is 103%, and the facility has been operating over 100% capacity for over three years. The facility currently treats 141 patients. As shown in the referral letter at Attachment – 26A, Dr. Stankus anticipates that she will refer a total of 38 patients within 12 to 18 months following project completion. This results in 93% utilization by the end of the second year of operation.

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December 12, 2011

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

Dear Chairman Galassie:

I am the medical director for Stony Island Dialysis and the primary attending nephrologist rounding on patients at this facility. I am writing in support of DaVita's proposed expansion of Stony Island Dialysis. Specifically, DaVita proposes to add 9 dialysis stations to the existing facility located at 8721 S. Stony Island Avenue, Chicago, Illinois 60617 to meet the growing need for dialysis services in the City of Chicago.

There is insufficient space at the existing facility to expand the capacity required to meet patient demand. Stony Island Dialysis has consistently operated at or above 100% for the past four years. In fact, average utilization from 2008 to 2011 is 109% and the facility is currently operating at 103% utilization. This requires the operation of a fourth shift three days per week, resulting in patients receiving treatment well past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 4:00 a.m. and closing it around 11 p.m. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going at night. Thus, expansion of the existing facility will improve scheduling options for patients.

Additionally, Stony Island Dialysis provides care to a primarily African-American, low-income, disabled, elderly, and vulnerable population. Notably, the incidence of ESRD in the African American community is 3 times greater than in the general population. 71% of my current pre-ESRD patients are African American, and thus are particularly vulnerable to ESRD. The addition of 9 stations to the existing facility will improve access and ensure that these patients receive access to modern, high quality dialysis treatment.

Attachment – 26A

160

Stony Island Dialysis is currently treating 141 ESRD patients, 98% are African Americans. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 178 chronic kidney disease patients that reside in and around Chicago. While I will continue to refer patients to existing facilities in the area, we have identified 59 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home dialysis treatments, I anticipate that I will refer 38 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

It is essential that the Board approves this project. Requiring patients to travel further to dialyze, which they would have to do if the Board does not approve this expansion, will impose a significant burden on their families and friends. Additionally, most of the local facilities do not have excess capacity to treat Stony Island patients and other nephrologists in our practice are not on staff at these facilities. It would also require me to round at numerous facilities in order to continue treating patients that I anticipate will initiate dialysis within 12 to 18 months following project completion. Thus, treatment at another facility is not an option for our patients.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed expansion of Stony Island Dialysis.

Sincerely,

Nicole S. Stankus, MD, MSc
Nephrologist
5841 S. Maryland Ave.
Chicago, IL 60637

Subscribed and sworn to me
This 13 day of December, 2011

Deborah M. Lewis
Notary Public

"OFFICIAL SEAL"
DEBORAH M. LEWIS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/9/15

ATTACHMENT 1
CURRENT PATIENTS

Initials	Zip Code
AC	60643
AD	60637
AJ	60628
BB	60643
BD	60629
BD	60619
BED	60619
BG	60617
BH	61832
BH	60615
BJ	60649
BJ	60619
BL	60617
BW	60628
CB	60628
CC	60629
CC	60620
CC	60827
CCC	60617
CF	60619
CH	60617
CL	60620
CM	60628
CS	60617
CT	60628
DB	60617
DC	60637
DD	60649
DLR	60643
DM	60617
DP	60620
DP	60652
DR	60619
DR	60628
DS	60617
DS	60619
DW	60619
DW	60637
DY	60616
ED	60617
EGM	60609
EJ	60827
EM	60617
EP	60620
GB	60619

GPH	60609
GR	60619
GW	60619
GW	60619
GW	60428
HB	60628
HC	60406
HG	60628
HN	60637
IAH	60617
IG	60617
IK	60430
JA	60617
JC	60649
JC	60619
JEB	60617
JH	60619
JH	60617
JH	60649
JL	60628
JL	60617
JLH	60649
JM	60628
JM	60619
JO	60619
JP	60617
JS	60637
JT	60619
JWH	60619
KFJ	60649
KH	60620
KH	60649
KK	60619
KT	60619
LA	60617
LB	60649
LE	60636
LGT	60619
LH	60649
LJ	60619
LJ	60619
LL	60649
LL	60615
LP	60617
LS	60619
LT	46312
LW	60620
LW	60619
MB	60621

MB	60619
MB	60620
MC	60649
MH	60617
MJ	60619
MJ	60628
MJG	60620
MM	60628
MSC	60619
MW	60649
MW	60643
NB	60617
NE	60619
NR	60628
OW	60649
PA	60617
PB	60628
PC	60636
PD	60619
PH	60643
PL	60617
RC	60617
RG	60619
RG	60636
RT	60827
SA	60649
SDT	60649
SLS	60637
SM	60636
SMW	60619
TG	60619
TJ	60619
TJH	60617
TMT	60617
TT	60617
TW	60636
TW	60619
VJ	60628
VW	60617
WA	60616
WB	60649
WD	60621
WH	60617
WR	60636
YL	60637
ZB	60637
ZB	60643

ATTACHMENT 2
HISTORICAL PATIENT REFERRALS
STONY ISLAND DIALYSIS

2009	
Initials	**Zip Code**
AB	60620
AP	60805
AS	60620
AW	60649
BG	60617
BJ	60649
BP	60628
CC	60620
CM	60621
CR	60637
DP	60652
DW	60637
GW	60428
HC	
HC	60406
IG	60619
IS	60628
JA	60617
JH	60617
LB	60649
LC	60649
LH	60649
MJ	60643
NR	60628
NW	60619
OA	60619
OB	60617
PH	60643
PN	
TG	60619
TJ	60636
VJ	60628
VL	60425
WD	60621
ZB	60637

2010	
Initials	**Zip Code**
BD	60619
CF	60619
CS	60619

165

DR	60628
ED	60617
EJ	60827
IK	60430
JA	60649
JH	60619
JS	60637
KT	60619
LE	60636
LJ	60619
LT	46312
MB	60621
PD	60619

2011	
Initials	**Zip Code**
BD	60629
CC	60652
DH	60619
EP	60620
JL	60617
JT	60649
LJ	60619
MS	60629
MS	60653
PC	60636
PL	60617
PL	60617
SA	60649
SH	60619
TW	60619
TW	60636
WH	60617
ZB	60643

ATTACHMENT 3
PRE-ESRD PATIENTS

Zip Code	Total
60643	3
60620	5
60628	3
60619	15
60617	10
60637	8
60615	6
60649	9
Total	**59**

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

   a. Medical Director: Nicole S. Stankus, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Stankus's curriculum vitae is attached at Attachment – 26B.

   b. As discussed throughout this application, the Applicants seek authority to expand their existing 23-station dialysis facility to a 32-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to Stony Island Dialysis.

2. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26C.

3. As set forth in the letter from Kent Thiry, Chief Executive Officer of DaVita and Total Renal Care, Inc., attached at Attachment – 26D, Stony Island Dialysis will maintain an open medical staff.

CURRICULUM VITAE

NICOLE S. STANKUS, MD, MS

5841 S. Maryland Avenue
MC 5100
Chicago, Illinois 60637
773-834-5842
fax 773-834-5831
nstankus@medicine.bsd.uchicago.edu

EDUCATION

2003-2005	Master of Science in Clinical Investigation Northwestern University, Chicago, Illinois, MSc
2002-2004	Clinical Research Training Program University of Chicago, Chicago, Illinois – Certificate of Completion
1982-1989	Medical faculty of Vilnius University, Vilnius, Lithuania - MD, Magna cum Laude

LICENSURE

1991 – present	Physician and Surgeon, State of Illinois

BOARD CERTIFICATION

1994	Internal Medicine, American Board of Internal Medicine
1996	Nephrology, American Board of Internal Medicine
2005	Recertified in Internal Medicine
2005	Recertified in Nephrology

TRAINING

1994 to 1996	Nephrology Fellowship University of Illinois, Chicago, Illinois
1991 to 1994	Residency, Internal Medicine Lutheran General Hospital, Park Ridge, Illinois

BOARD AND COMMITTEE MEMBERSHIP (INTERNAL)

2003-present	Department of Medicine Women's Committee
2009-present	University of Chicago Medical Center Chronic Dialysis Governing Body

BOARD AND COMMITTEE MEMBERSHIP (EXTERNAL)

2006-present	Medical Advisory Board, National Kidney Foundation of Illinois
2010-present	Geriatric Nephrology Advisory Group to the ASN

RESEARCH EXPERIENCE/CLINICAL TRIALS

1990-1991	Research Specialist, School of Public Health, University of Illinois at Chicago, Chicago, Illinois
2002-2003	Principal Investigator for the University of Chicago Randomized, Placebo-Controlled, Multicenter Trial Evaluating Alternate –Day Prednisone and Fish Oil Supplements in Children and Young Adults with IgA Nephropathy (NIH subcontract)
2003-2005	Principal Investigator for the University of Chicago Phase I/II Multi-Center Randomized, Double-Blind, Placebo-Controlled Trial to assess the Effect of Treatment of the Recipient Vein of a PTFE Vascular Access Graft with CGT003 on Neointimal Hyperplasia and the Preservation of Graft Function in Patients with Chronic Renal Failure Requiring Hemodialysis (PREVENT V), (Corgentech)
2003-2004	Principal Investigator for the University of Chicago Phase IIIb, Prospective, randomized, Double-Blind, Placebo- Controlled, Multi-Center Study to Examine Efficacy Oral Calcimimetic Agent Cinacalcet in Treatment of Secondary Hyperparathyroidism in Dialysis Patients (TARGET) (Amgen)
2003-2006	Principal Investigator for the University of Chicago Phase IV, Prospective, Randomized, Double-Blind, Active-Controlled, Multi-Center Study to Examine the Efficacy and Safety of Zemplar versus Calcijex in Reducing Serum Intact Parathyroid Hormone Levels In End Stage Kidney Disease Subjects with Moderately Severe Hyperparathyroidism on Hemodialysis (ABBOTT)
2004-2005	Principal Investigator for the University of Chicago Phase III Multicenter, Randomized, Placebo-Controlled, Double-Blinded Study to Evaluate Efficacy of StaphVAX®, a Bivalent Staphylococcus aureus Glycoconjugate Vaccine in Adults on Hemodialysis (NABI)

2005-2006	Principal Investigator for the University of Chicago An International, Non-Invasive Study to Determine the Prevalence of Vascular Calcification in Chronic Kidney Disease Subjects on Hemodialysis (Genzyme)
2005-2006	Principal Investigator for the University of Chicago Phase IV Multicenter, Open Label Multicenter Trial Evaluating the Efficacy of Fosrenol Compared to Existing Therapy in Adults with End Stage Renal Disease Treated for Hyperphosphatemia F.E.A.T.U.R.E. (Shire)
2006-ongoing	Principal Investigator for the University of Chicago Phase IV Multicenter, Long Term, Observational Safety Study in End Stage Renal Disease Subjects Treated with Lanthanum Carbonate (Fosrenol®) (SPD405-404)
2007- 2008	Principal Investigator for the University of Chicago Phase III, Open-Label Study of Tenecteplase for Restoration of Function in Dysfunctional Hemodialysis Catheters: TROPICS 4 (Genentech)
2008	Principal Investigator for the University of Chicago Phase III, Open-Label Study of Tenecteplase for Restoration of Function in Dysfunctional Hemodialysis Catheters: TROPICS 3 (Genentech)
2008 – ongoing	Principal Investigator for the University of Chicago Phase 3, randomized, double-blind, placebo-controlled PRIMO-1 Study: Paricalcitol Capsules benefits in Renal failure Induced cardiac Morbidity in Subjects with Chronic Kidney Disease Stage 3B/4 (ABBOTT)
2008- ongoing	Principal Investigator for the University of Chicago RMTI-SFP-2 Phase II Dose Ranging Study of Dialysate Containing Soluble Ferric Pyrophosphate (SFP) versus Control in Subjects with ESRD Receiving Chronic Hemodialysis (Rockwell Medical Technologies)
2008-ongoing	Investigator Initiated Study "Cognitive and Functional Status and Dialysis Outcomes in Older Hemodialysis Patients." University of Chicago Chronic Hemodialysis Program
2010-ongoing	Principal Investigator for the University of Chicago An open, randomized, controlled, parallel group, Phase III study to investigate the safety and efficacy of magnesium iron hydroxycarbonate and lanthanum carbonate in hemodialysis patients with hyperphosphatemia (INEOS Healthcare)
2010-projected	Principal Investigator for the University of Chicago

REPAIR-IDA Randomized Evaluation of Efficacy and Safety of Ferric carboxymaltose in Patients with iron deficiency Anemia and Impaired Renal function
(Luitpold Pharmaceuticals)

AD HOC REVIEWER

2003	American Journal of Nephrology
2005	Journal of the American Society of Nephrology
2006	Therapeutics and Clinical Risk Management
2006	International Brazilian Journal of Urology
2008	Journal of Postgraduate Medicine
2009	Microvascular Research

EDITORIAL BOARD

2008	Journal of Nephrology and Renal Transplantation

ACADEMIC APPOINTMENTS

2002 to Present	Assistant Professor of Medicine, University of Chicago Chicago, Illinois
2001 to 2006	Associate Program Director, Nephrology Fellowship University of Chicago, Chicago Illinois
2000 to 2002	Instructor of Medicine, University of Chicago Chicago, Illinois
1989 to 1990	Instructor of Medicine, Vilnius University Vilnius, Lithuania

PROFESSIONAL EXPERIENCE

2000 to Present	Medical Director, Hemodialysis Unit, Department of Medicine, Section of Nephrology, University of Chicago, Chicago, Illinois
1996 to 2000	Attending Physician, Department of Medicine, Holy Cross Hospital, Chicago, Illinois

BUSINESS EXPERIENCE

1997 to 1998	Member, Credentialing, Quality, and Utilization Management Committee, University of Chicago Family First Health Care Plan, Chicago, Illinois

2002	Member, Academic Consortium, Renal Network 9/10
2004	Consultant for First Health in development and implementation of screening methods and management pathways of chronic kidney disease

GRANTS

AMGEN 2008 Nephrology Fellowship and Junior Faculty Research program Support Grant on behalf of Dr. J. Ennis, $ 40, 000; 1 year
"Cognitive And Functional Status And Dialysis Outcomes In Older Hemodialysis "

TEACHING AND EDUCATION

2001	CPPT lecture "Progression of CKD", Pritzker Medical School University of Chicago
2001-2002	Renal Biopsy Course for Renal Fellows (with Dr. J. Levine) University of Chicago
2001	Speaker at the Illinois Chapter of the ACP-ASIM Fellowship Day
2001-2002, 2006	CPP Renal Physiology Workshops, Pritzker Medical School
2002	Fellow's lecture "Geriatric Nephrology", Section of Geriatrics University of Chicago
2003 -ongoing	Fellow's lectures, Section of Nephrology University of Chicago
2004-2007	Director, monthly Dialysis CME conference, Section of Nephrology University of Chicago
June 10, 2004	CME Program Director and Organizer, Chicago Nephrology Day, Chicago, IL
October 31, 2004	Session Moderator "Prevention and Correction of Access Problems", ASN Annual meeting, St. Louis, MO
March 29-April 6, 2005	Medical Decision Making Course III Feinberg School of Medicine, Northwestern University Chicago, IL
February 14, 2006	Lecture "Kidney and Bones" Fellows lecture series, Section of Endocrinology University of Chicago
March 27-31, 2006	Medical Decision Making Course III

Feinberg School of Medicine, Northwestern University Chicago, IL

2006-ongoing Clinical Pathophysiology Course
co-Director of the Nephrology Section
University of Chicago Pritzker Medical School

November 9, 2009 Lecture "Secondary Hyperparathyroidism"
Fellows lecture series, Section of Endocrinology
University of Chicago

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American Society of Internal Medicine/American College of Physicians
American Society of Nephrology
International Society of Nephrology
International Society of Hemodialysis
National Kidney Foundation
American Geriatric Society

INVITED GUEST SPEAKER – CME/CEU Programs

2001 Medicine Grand Rounds
"Chronic Renal Disease, Calcium, Phosphorus – Is There Anything New?
Lutheran General Hospital, Park Ridge, IL
April, 2001

Invited CME Presentation
"Managing Hyperphosphatemia And Hyperparthyroidism:
Sacrifices We Don't Have To Make
National Kidney Foundation of Michigan Annual Meeting, Detroit, MI
April, 2001

2002 Renal Grand Rounds
"Calcium-Phosphorus Product: Bones and Heart"
Loyola University and Medical Center,
Maywood, IL
May, 2002

Medicine Grand Rounds
"Phosphorus And Cardiovascular Disease In Dialysis Patients"
University of Chicago, Chicago, IL
December, 2002

2006 Medicine Grand Rounds
"Anemia in CKD: in for a Roller Coaster Ride?"
University of Chicago

January 10, Chicago, IL

Medicine Grand Rounds
"Challenges of Anemia in CKD"
Provident Hospital
February 8, Chicago, IL

CME lecture for Primary Care Physicians, Impact Communications
"ABCs of CKD"
March 7, Chicago, IL

CME lecture for the National Kidney Foundation of Illinois
"Renal Osteodystrophy: Importance of Early Recognition"
March 11, Rockford, IL

CME lectures for France Foundation
"Emerging Science in Secondary HPT and Links to Clinical Outcomes"
August 24, Hartford, CT
September 6, Detroit, MI
October 12, Buffalo, NY

2007

CME Lecture for Educational Learning Seminars
"Examining the Role of Active Vitamin D across the Continuum of CKD"
August 30, Merrillville, IL

CEU lecture
"Cinacalcet and Improved Management of SHPT in Dialysis Patients"
Marquette General Hospital
September 25, Marquette, MI
Louisiana State University
October 10, Baton Rouge, LA

CME presentation for the Illinois Academy of Physician Assistants
"Chronic Kidney Disease: Everyday Practice"
Illinois Academy of Physician Assistants Annual Fall Conference
Midwestern University
October 5, Downer's Grove, IL

CME Lecture for Educational Learning Seminars
"Emerging Trends for the Prevention and Treatment of Secondary Hyperparathyroidism in Early Chronic Kidney Disease"
November 15, Indianapolis, IN
December 6, Detroit, MI

Grand Rounds
"Screening and Management of Chronic Kidney Disease"
Little Company of Mary Hospital
November 7, Chicago, IL

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2008 Medicine Grand Rounds
"Diagnosis and Management of CKD: Stages 3 and 4"
Advocate Illinois Masonic Medical Center
February 6, Chicago, IL

CKD Education Programs: CME Lecture
"Enhancing Outcomes in Stage 5 Chronic Kidney Disease:
Role of Vitamin D Therapy"
St. Louis, MO; *May 8, 2008*

Grand Rounds
"Chronic Kidney Disease and the Primary Healthcare Provider"
University of Illinois at Chicago College of Nursing
October 22, 2008

CKD Education Programs: CME Lecture
"Early Diagnosis and Treatment of Chronic Kidney Disease (CKD)
Stages 3 and 4: Role of the Internist"
Las Vegas, NV
November 20, 2008

2009 OptumHealth Care Solutions
18th Annual National Clinical Conference
"Strategies on Slowing Progression of Chronic kidney Disease"
Chicago, IL
September 16, 2009

National Kidney Foundation of Illinois
10th Annual Multidisciplinary Conference
"Hemodynamics of Dialysis Patient"
Rosemont, IL
September 24, 2009

American Society of Nephrology: In-Depth Nephrology Course
Geriatric Nephrology: An Epidemiologic and Clinical Challenge
"Interaction of Dialysis Teams with Geriatricians"
San Diego, CA
October 28, 2009

PRESENTATIONS AND ABSTRACTS

Does Decline in Mobility and Nutrition Predict Mortality in Older Hemodialysis (HD) Patients?
J. Ennis, N. Stankus
J Am Soc Nephrol 2009
American Society of Nephrology Annual Meeting, October 29, 2009
Poster TH-PO332

176

"Walking Disabilities and Dialysis Outcomes in Older African-American Hemodialysis Patients"
J. Ennis, K. Campbell, W. Dale, N. Stankus
World Congress of Nephrology, Milan, Italy, May 25, 2009
Poster M688

Cognitive Impairment, Functional Status and Dialysis Outcomes in Older African-American Hemodialysis Patients
J. Ennis, N. Stankus, K. Campbell, W. Dale
Presidential Poster Presentation (highest scored)
American Geriatrics Society Annual Meeting, April 30, 2009, Chicago

Naturally Acquired Hepatitis B Immunity in African-American Hemodialysis Patients: Should CDC Guidelines be Revised?
J. Ennis, T. Poma, N. Stankus
American Society of Nephrology Annual Meeting, November 2008, Philadelphia
Poster T-PO777

Long-term Antibody Response to Hepatitis B Vaccination in African-Americans on Hemodialysis
J. Ennis, T. Poma, N. Stankus
American Society of Nephrology Annual Meeting, November 2008, Philadelphia
Poster T-PO779

Vasc-Alert (VA) System Does Not Improve Hemodialysis Vascular Access (HVA) Patency
J. McLaughlin, T. Poma, K.Hebert, N. Stankus
J Am Soc Nephrol 18: 2007, 266A; Poster F-PO748

Intensive education as a quality improvement tool to reduce interdialytic weight gain (IDWG) in chronic hemodialysis (CHD) patients
J. McLaughlin, K. Hebert, T. Poma, N. Stankus
Am J Kidney Dis, 2007;49:A60. Abstract 143 and Poster

An International Study To Determine the Prevalence of Vascular Calcification in Chronic Kidney Disease Subjects on Hemodialysis
M. Kraus, A. Levin, N. Stankus, P. Kalra, J. Menoyo
American Society of Nephrology Annual Meeting, November, 2006 San Diego. Poster Session

Cinacalcet and paricalcitol titration protocol for treatment of secondary hyperparathyroidism
E. Lazar, K. Hebert, T. Poma, N. Stankus.
American Society of Nephrology Annual Meeting, November, 2006 San Diego. Poster Session. J Am Soc Nephrol. 4(45) A 77, 2006

Darbepoetin requirements and anemia outcomes after conversion from ferric gluconate to iron sucrose in hemodialysis patients
N. Stankus, K.Hebert, T. Poma
American Society of Nephrology Annual Meeting, November, 2006 San Diego. Poster Session

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The Prevalence Trial – An International, Non-Invasive Study to Determine the Prevalence of Vascular Calcification in Chronic Kidney Disease Subjects on Hemodialysis
M. Kraus, A. Levin, J. Cotton, J. Hoggard, N. Stankus, C. Oguagha, J. Cangiano, F. Maduell, J. Hervas, P. Kalra, J. Stevens, D. Harrington, J.A. Menoyo.
National Kidney Foundation Meeting, April 2006, Chicago. Poster Session

Short observation period after an outpatient percutaneous kidney biopsy is safe
I. Tang, N. Stankus
American Society of Nephrology Annual Meeting, November, 2005 Philadelphia. Poster Session.
J Am Soc Nephrol October, Vol 16, 484A 2005

BMI but Not Body Weight Predicts Dose of Darbepoetin(DA) in African American (AA) Hemodialysis (HD) Patients
I. Tang, N. Stankus.
American Society of Nephrology Annual Meeting, November, 2005 Philadelphia. Poster Session

Cinacalcet Necessitates Increased Vitamin D Use to Achieve K/DOQI Guidelines
E. Lazar, K. Hebert, T. Poma, N. Stankus.
National Kidney Foundation Meeting, May 2005, Washington, DC. Poster Session

Total Urinary Protein: Dogma Challenged
N. Stankus, S. Sabah, A. Singh, M. Saykh, A. A. Bakir, J. A. L. Arruda, G. Dunea. American Society of Nephrology Annual Meeting , November, 1996, New Orleans.
Poster Session. JASN 7:1343, 1996

PUBLICATIONS

K. Hunter Campbell, G. Sachs, J. Hemmerich, S. Smith, N. Stankus, W. Dale.
Physician Referral Decisions for Older Chronic Kidney Disease Patients: A Pilot Study of Geriatricians, Internists, and Nephrologists J Am Geriatr Soc. 58(2):392, 2010

J. Ennis, N. Stankus. *Acute Hepatitis B Infection in a Chronic Hemodialysis Patient Despite Persistent Natural Immunity.* Am J Kidney Dis 52(5):978-81, 2008

K. Hunter Campbell, W. Dale, N. Stankus, G. A. Sachs. *Older Adults and Chronic Kidney Disease Decision Making by Primary Care Physicians: A Scholarly Review and Research Agenda.* J Gen Intern Med. Mar;23(3):329-36, 2008

E. Lazar, K. Hebert, T. Poma, N. Stankus. *Cinacalcet and Paricalcitol Titration Protocol Improves Long Term Treatment Outcomes in Secondary Hyperparathyroidism.* Am J Nephrol 12;27(3):274-278, 2007

N. Stankus, D. Gillen, M. Hammes, E. Worcester. *African American ESRD patients have a high pre-dialysis prevalence of kidney stones compared to NHANES III.* Urol Res 35(2):83-7, 2007

E. Lazar, N. Stankus. *Cinacalcet- Induced Hungry Bone Syndrome.* Semin Dial 20(1): 83–85, 2007

N. Stankus, E. Worcester, M. Hammes, F. L Coe. *Evidence against a contribution of conventional urine risk factors to de novo ESRD renal stones.* Nephrol Dial Transplant. 21(3):701-6, 2006

N. Stankus, S. Sabah, A. Singh, M. Saykh, A. A. Bakir, J. A. L. Arruda, G. Dunea. *Can Total Urinary Protein Measurements Predict Microalbuminuria.* Am J Nephrol 18:285-290, 1998

N. Stankus, W. Jao, A. Bakir, J. P. Lash. *Mesangial Lupus Nephritis with Associated Nephrotic Syndrome,* J Am Soc Nephrol: 8:1199-1204, 1997

M. P. Honan, N. Stankus. *Overdose: New Rules for an Old Problem.* Patient Care: 176-180, August 15, 1995

BOOK AND CURRICULUM CHAPTERS

2009 N. Stankus. "Hungry Bone Syndrome"
Encyclopedia of Molecular Mechanisms of Disease: Lang, Florian (Ed.)
2009, LXXXVI, 2270 p. 646 illus. In 3 volumes. ISBN: 978-3-540-67136-7. Springer

2009 N. Stankus, K. Campbell. "Interaction Of Dialysis Teams With Geriatricians"
National Geriatric Nephrology Curriculum; ASN Website: www.asn-online.org

PROGRAM DESCRIPTION

Introduction to Program

The Hemodialysis Education and Training Program is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Hemodialysis Education and Training Program is designed to provide the new teammate with the necessary theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates.
A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.

An **experienced teammate** is defined as:

- A newly hired patient care teammate with prior dialysis experience as evidenced by successful completion of a competency exam.
- A rehired patient care teammate who left and can show proof of completing their initial training.

The curriculum of the Hemodialysis Education and Training Program is modeled after the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing and the Board of Nephrology Examiners Nursing and Technology guidelines.

The program incorporates the policies, procedures, and guidelines of DaVita Inc.

The new teammate will be provided with a "StarTracker". The "StarTracker" is a tool that will help guide the training process while tracking progress. The facility administrator and preceptor will review the Star Tracker to plan and organize the training and professional development of the new teammate. The Star Tracker will guide the new teammate through the initial phase of training and then through the remainder of their first year with DaVita, thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "My Learning Plan Workbooks."

Program Description

- The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and (2) 280 hours clinical practicum, unless otherwise specified by individual state regulations.

  The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis

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Origination Date: 1995
Revision Date: October 2008

workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), the administrator, or the preceptor. This training includes introduction to the dialysis machine, components of the hemodialysis system, dialysis delivery system, principles of hemodialysis, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used, introduction to DaVita Policies and Procedures, and introduction to the Amgen Core Curriculum.

The **didactic phase** also includes classroom training with the Clinical Services Specialist, which covers more in-depth theory on structure and functions of the kidneys. This includes homeostasis, renal failure ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis, components of the hemodialysis system, water treatment, dialyzer reprocessing, hemodialysis treatment (which includes machine troubleshooting and patient complications), documentation, complication case studies, heparinization and anticoagulation, vascular access (which includes vascular access workshop), patient assessment (including workshop), fluid management with calculation workshop, nutrition, laboratory, adequacy, pharmacology, patient teaching/adult learning, service excellence (which includes professionalism, ethics and communications).

A final comprehensive examination score of ≥ 80% must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, DaVita Virtual Training Program (which includes 21 hours of computer training classes), One For All orientation training, HIPAA training, LMS mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

Included in the **didactic phase** for nurses is additional classroom training. The didactic phase includes:

- The role of the dialysis nurse in the facility
- Pharmacology for nurses
- Outcomes management
- Patient assessment for the dialysis nurse.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, a registered nurse, or the clinical services specialist (CSS). During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Inventory Checklist* will be completed to the satisfaction of the preceptor and the administrator.

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The clinical hemodialysis workbooks will also be utilized for this training and must be completed to the satisfaction of the preceptor and the administrator.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory LMS Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase of a specific skill set will be successfully completed prior to the new teammate receiving an independent assignment for that specific skill set. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

- The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The *Procedural Skills Inventory Checklist* including verification of review of applicable policies and procedures will be completed by the preceptor, a registered nurse, and/or the clinical services specialist (CSS) and the new teammate upon demonstration of an acceptable skill-level. The new teammate will also utilize the hemodialysis training workbook and progress at their own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

  The *Initial Competency Exam* will be completed; a score of ≥ 80% or higher is required prior to the new teammate receiving an independent patient-care assignment. If the new teammate receives a score of less than 80%, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-06-05, TR1-06-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the, DaVita Prep Class Evaluation (TR1-06-08), the New Teammate Satisfaction Survey on the LMS and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous

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

November 21, 2011

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

Re: Certification of Support Services

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 and pursuant to 77 Ill. Admin. Code § 1110.1430(f) that Stony Island Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita participates in a dialysis data system;
- Stony Island Dialysis will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients will have access to training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training, which will be provided either at Stony Island Dialysis or through a signed, written agreement for these services with another facility.

Sincerely,

Kent Thiry
Chief Executive Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 21 day of November, 2011

Linda N. O'Connell
Notary Public

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

Attachment – 26D

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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 26D is a letter from Kent Thiry, Chief Executive Officer of DaVita and Total Renal Care, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 26E is a letter from Kent Thiry, Chief Executive Officer, of DaVita and Total Renal Care, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

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www.davita.com

November 21, 2011

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

Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

- By the second year after project completion, Stony Island Dialysis will achieve and maintain 80% target utilization as specified in 77 Ill. Admin. Code; and
- Hemodialysis outcome measures will be achieved and maintained as follows:
  - ≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and
  - ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Kent Thiry
Chief Executive Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 21 day of November, 2011

Linda N. O'Connell
Notary Public

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

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Attachment – 26E

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease from S87, LLC, as Trustee under Trust No. 108205-04. A copy of DaVita's most recent 10-K Statement, which includes audited financial statements, evidencing sufficient internal resources to fund the project is attached at Appendix – 2.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's most recent 10-K Statement evidencing sufficient internal resources to fund the project is attached at Appendix – 2.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 42A is a letter from Kent Thiry, Chief Executive Officer, of DaVita and Total Renal Care, Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 42A

DaVita.

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

November 21, 2011

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

Re: Reasonableness of Financing Arrangements

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 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Kent Thiry
Chief Executive Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 21 day of November, 2011

Notary Public

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

Attachment – 42A

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Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

Table 1120.310(c)
COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
ESRD	$213.21	$149.03	2,266		9,300		$483,133	$1,386,000	$1,869,133
Contingency	$16.12	$16.12	2,266		9,300		$36,539	$149,961	$186,500
TOTALS	$229.33	$165.15	2,266		9,300		$519,672	$1,535,961	$2,055,633

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)

	Proposed Project	**State Standard**	**Above/Below State Standard**
New Construction Costs	$483,133	$213.21 per gross square foot x 2,266 gross square feet = $483,133.86	Meets State Standard
Modernization Costs	$1,386,000	$149.35 per gross square foot x 9,300 gross square feet = 1,388,955	Below State Standard
Contingencies	$186,500	10 of Construction Costs = 10% x $1,869,133= $186,913	Below State Standard
Architectural/Engineering Fees	$135,094	6.54 - 9.82% x (Construction Costs + Contingencies) = 6.54 - 9.82% x ($1,869,133+ $186,500) = 6.54 - 9.82% x $2,056,046 = $134,438 - $201,863	Meets State Standard
Consulting and Other Fees	$62,500	No State Standard	No State Standard
Moveable Equipment	$466,655	$39,945 per station $39,945 x 9 = $359,505	Above State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: $6,934,383

Treatments: 27,924

Operating Expense per Treatment: $248.33

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	$264,322
Amortization:	$12,770
Total Capital Costs:	$277,092

Treatments: 27,924

Capital Costs per Treatment: $9.92

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE			
	2008	**2009**	**2010**
Net Patient Revenue	**$138,964,396**	**$149,370,292**	**$161,884,078**
Amount of Charity Care (charges)	$321,510	$597,263	$957,867
Cost of Charity Care	$321,510	$597,263	$957,867

Appendix 1 – Time & Distance Determination: Expansion of Service

Attached as Appendix I is the list of all existing facilities within 30 minutes normal travel time from the Existing Facility as determined by MapQuest.

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Notes

RCG MidAmerica - Prairie

Trip to:
1717 S Wabash Ave
Chicago, IL 60616-1219
10.92 miles
19 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
I-94 W	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 4.9 Mi**	9.2 mi
53C EXIT	6. Take the **I-55 N / Stevenson Expy** exit, **EXIT 53C**, toward **Lake Shore Dr / 22nd St**.	**Go 0.4 Mi**	9.7 mi
EXIT	7. Take the **22nd St** exit on the **left**.	**Go 0.5 Mi**	10.2 mi
	8. Turn **right** onto **W Cermak Rd / W 22nd St**. *If you are on W Cermak Rd and reach S Wentworth Ave you've gone a little too far*	**Go 0.2 Mi**	10.4 mi
	9. Turn **left** onto **S State St**. *S State St is 0.1 miles past S Federal St* *Jerusalem Finest Inc is on the corner* *If you are on E Cermak Rd and reach S Wabash Ave you've gone a little too far*	**Go 0.3 Mi**	10.8 mi
	10. Take the 3rd **right** onto **E 18th St**. *E 18th St is just past S Archer Ave* *If you reach W 17th St you've gone a little too far*	**Go 0.08 Mi**	10.9 mi

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	11. Take the 1st **left** onto **S Wabash Ave**. *If you reach S Michigan Ave you've gone a little too far*	**Go 0.07 Mi**	10.9 mi
	12. **1717 S WABASH AVE** is on the **right**. *If you reach E 16th St you've gone a little too far*		10.9 mi
B	**1717 S Wabash Ave** Chicago, IL 60616-1219	**10.9 mi**	**10.9 mi**

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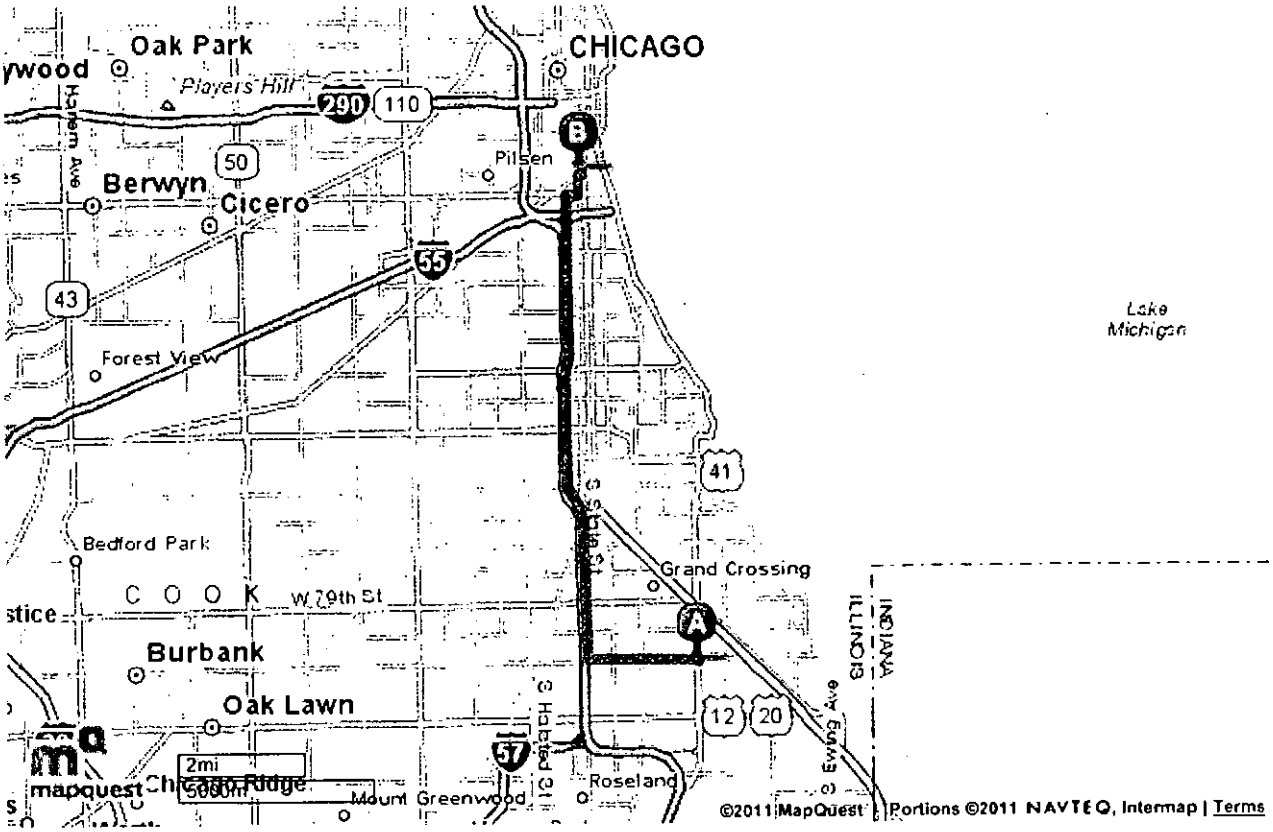
Total Travel Estimate: **10.92 miles - about 19 minutes**



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Notes

Dialysis Center of America - Loop

Trip to:
55 E Washington St
Chicago, IL 60602-2103
13.73 miles
23 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W**.	**Go 2.8 Mi**	12.6 mi
	7. Take **EXIT 51C** toward **East Washington Blvd**.	**Go 0.1 Mi**	12.7 mi
	8. Turn **right** onto **W Washington Blvd**. *Columbus Grill & Carryout is on the right*	**Go 0.3 Mi**	13.0 mi
	9. **W Washington Blvd** becomes **W Washington St**.	**Go 0.7 Mi**	13.7 mi
	10. **55 E WASHINGTON ST** is on the **right**. *Your destination is just past N Wabash Ave* *If you reach N Garland Ct you've gone a little too far*		13.7 mi
	55 E Washington St	**13.7 mi**	**13.7 mi**

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Chicago, IL 60602-2103

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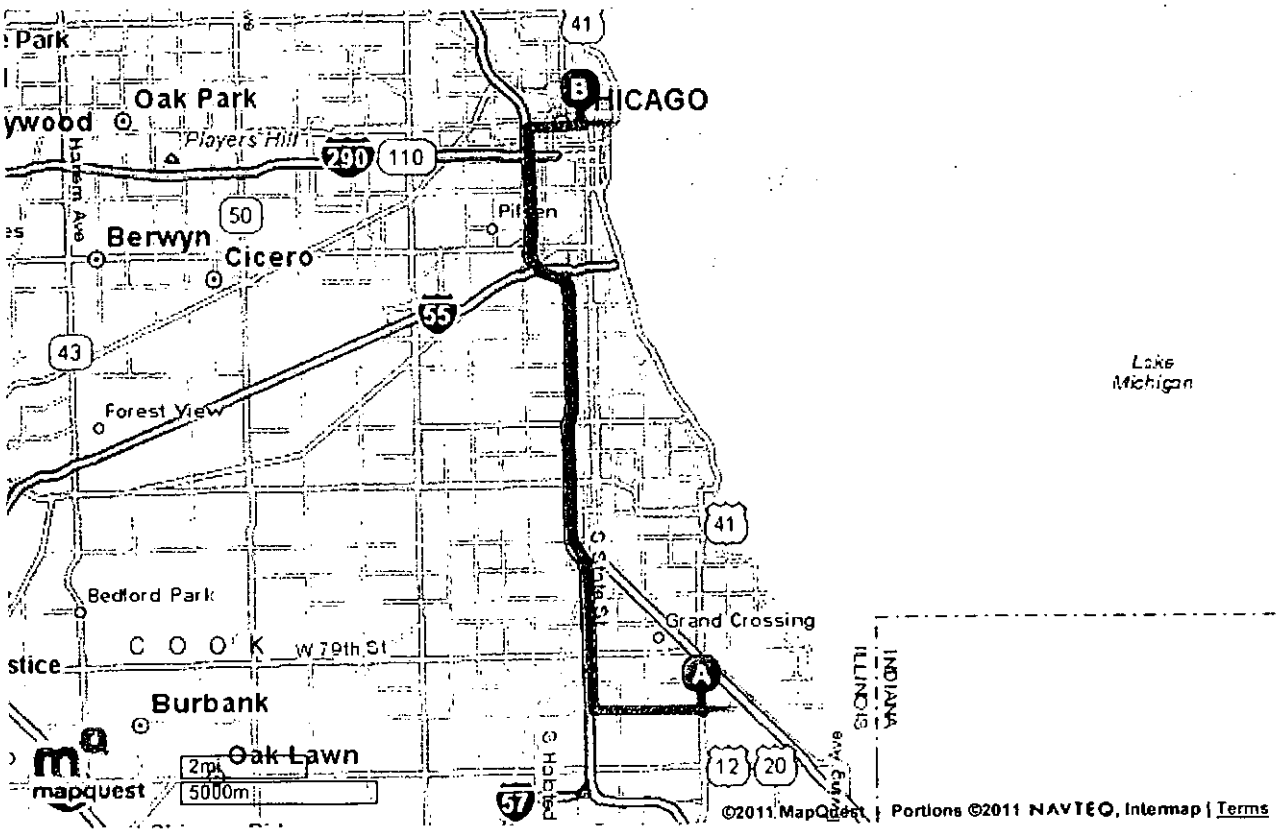
Total Travel Estimate: **13.73 miles - about 23 minutes**



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Notes

Northwestern Memorial Hospital (Part of RCG Waukegan)

Trip to:
710 N Fairbanks Ct
Chicago, IL 60611-3013
12.71 miles
26 minutes

There is a timed restriction on your route

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
S	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.0 Mi**	1.0 mi
	2. Keep **right** at the fork to continue on **S Stony Island Ave**.	**Go 1.4 Mi**	2.5 mi
	3. Turn **slight right** onto **S Cornell Dr**. *S Cornell Dr is 0.1 miles past E 69th St* *J & J Fish & Chicken is on the corner*	**Go 0.3 Mi**	2.7 mi
	4. Turn **right** onto **E Marquette Dr**. *E Marquette Dr is 0.1 miles past E 67th St* *If you reach Hayes Dr you've gone about 0.3 miles too far*	**Go 0.5 Mi**	3.2 mi
NORTH 41	5. Turn **left** onto **S Coast Guard Dr / US-41 N**. Continue to follow **US-41 N**. *If you reach S Commodore Whalen Dr you've gone about 0.1 miles too far*	**Go 9.2 Mi**	12.4 mi
	6. Turn **left** onto **E Chicago Ave**. *Timed turn restriction: Mon-Fri 5:00 AM to 10:00 AM*	**Go 0.2 Mi**	12.6 mi
	7. Turn **left** onto **N Fairbanks Ct**. *N Fairbanks Ct is 0.1 miles past N Lake Shore Dr* *If you reach N Mies van der Rohe Way you've gone a little too far*	**Go 0.1 Mi**	12.7 mi
	8. **710 N FAIRBANKS CT** is on the **right**. *Your destination is just past E Superior St* *If you reach E Huron St you've gone a little too far*		12.7 mi
B	**710 N Fairbanks Ct** Chicago, IL 60611-3013	**12.7 mi**	**12.7 mi**

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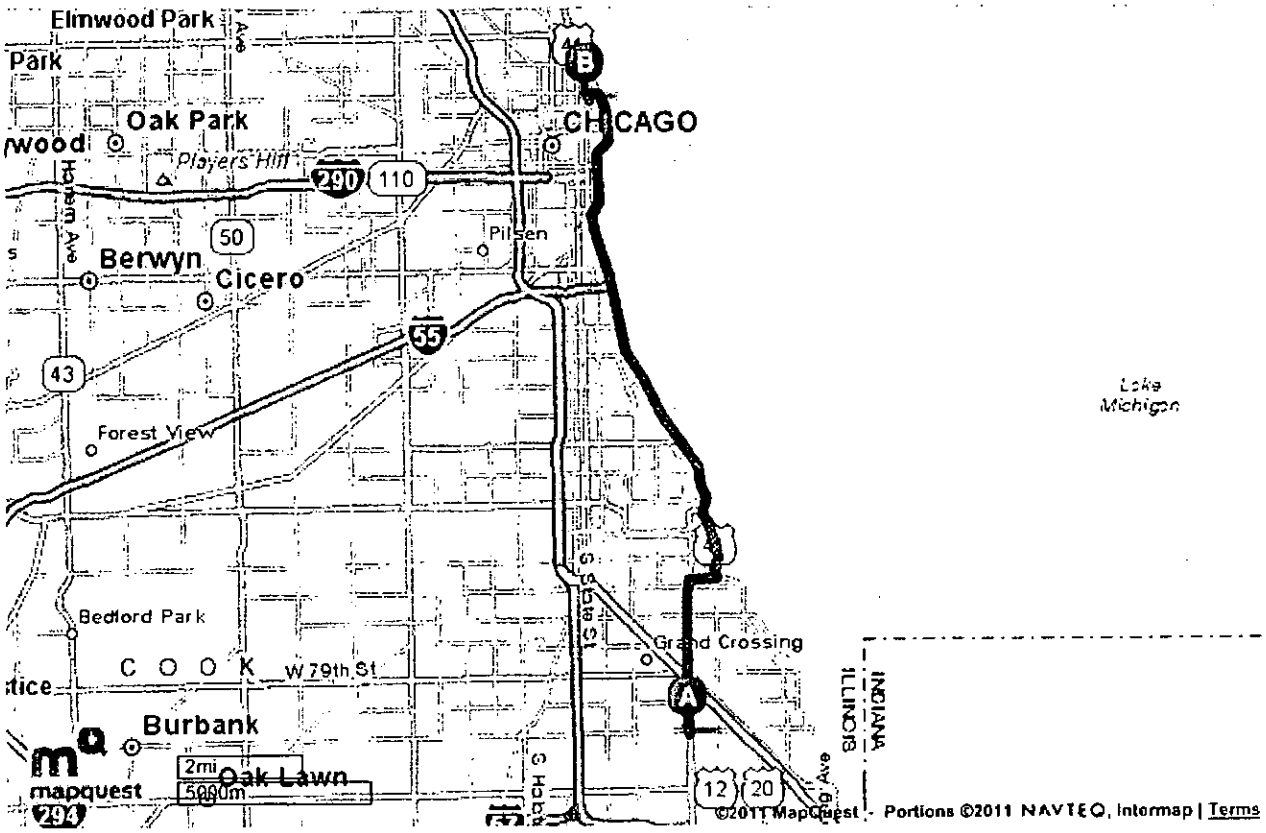
Total Travel Estimate: **12.71 miles - about 26 minutes**



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Notes

Grand Crossing Dialysis

Trip to:
7319 S Cottage Grove Ave
Chicago, IL 60619-1909
2.52 miles
7 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	Go 1.1 Mi	1.1 mi
	2. Turn **slight left** onto **S South Chicago Ave**. *S South Chicago Ave is just past E 79th St* *Maxwell Street Grill is on the corner* *If you reach E 76th Pl you've gone about 0.3 miles too far*	Go 0.7 Mi	1.8 mi
	3. Turn **slight left** onto **E 75th St**. *E 75th St is 0.1 miles past S Kimbark Ave* *If you reach S Woodlawn Ave you've gone a little too far*	Go 0.5 Mi	2.3 mi
	4. Turn **right** onto **S Cottage Grove Ave**. *S Cottage Grove Ave is just past S Maryland Ave* *Papa Philly & Fish is on the corner* *If you reach S Evans Ave you've gone a little too far*	Go 0.2 Mi	2.5 mi
	5. **7319 S COTTAGE GROVE AVE** is on the **right**. *Your destination is 0.1 miles past E 74th St* *If you reach E 73rd St you've gone a little too far*		2.5 mi
B	**7319 S Cottage Grove Ave** Chicago, IL 60619-1909	2.5 mi	2.5 mi

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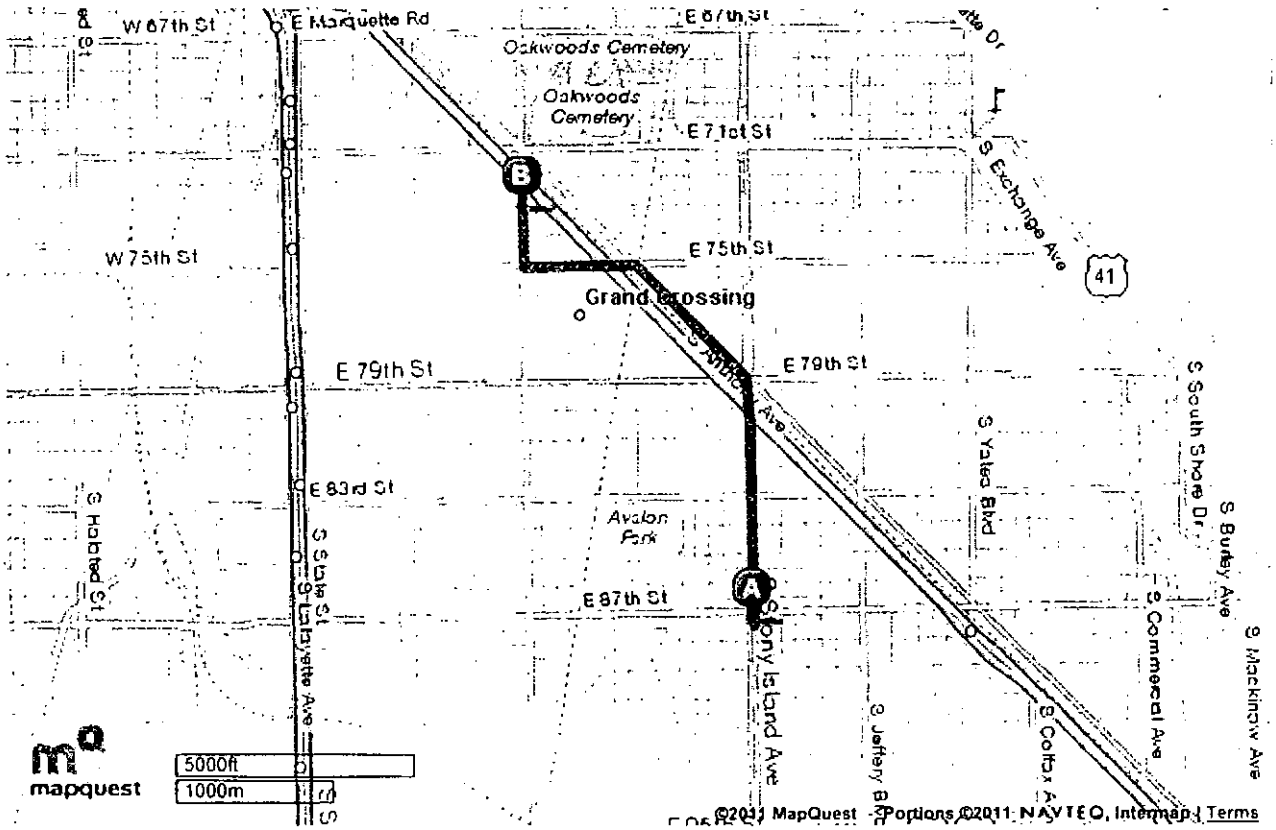
Total Travel Estimate: **2.52 miles - about 7 minutes**



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Notes

Little Village Dialysis

Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
13.61 miles
23 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 0.2 Mi**	10.0 mi
53B EXIT / SOUTH 55	7. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53B** toward **St Louis**.	**Go 1.8 Mi**	11.8 mi
290 EXIT	8. Take the **Damen Ave** exit, **EXIT 290**.	**Go 0.3 Mi**	12.1 mi
	9. Keep **right** at the fork to go on **S Damen Ave**.	**Go 1.0 Mi**	13.1 mi
	10. Turn **left** onto **W Cermak Rd**. *W Cermak Rd is just past W 22nd Pl* *Chase is on the corner* *If you reach W 21st Pl you've gone a little too far*	**Go 0.5 Mi**	13.6 mi
	11. **2335 W CERMAK RD** is on the **left**.		

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■	*Your destination is just past S Oakley Ave* *If you reach S Western Ave you've gone a little too far*		13.6 mi
B	**2335 W Cermak Rd** Chicago, IL 60608-3811	**13.6 mi**	**13.6 mi**

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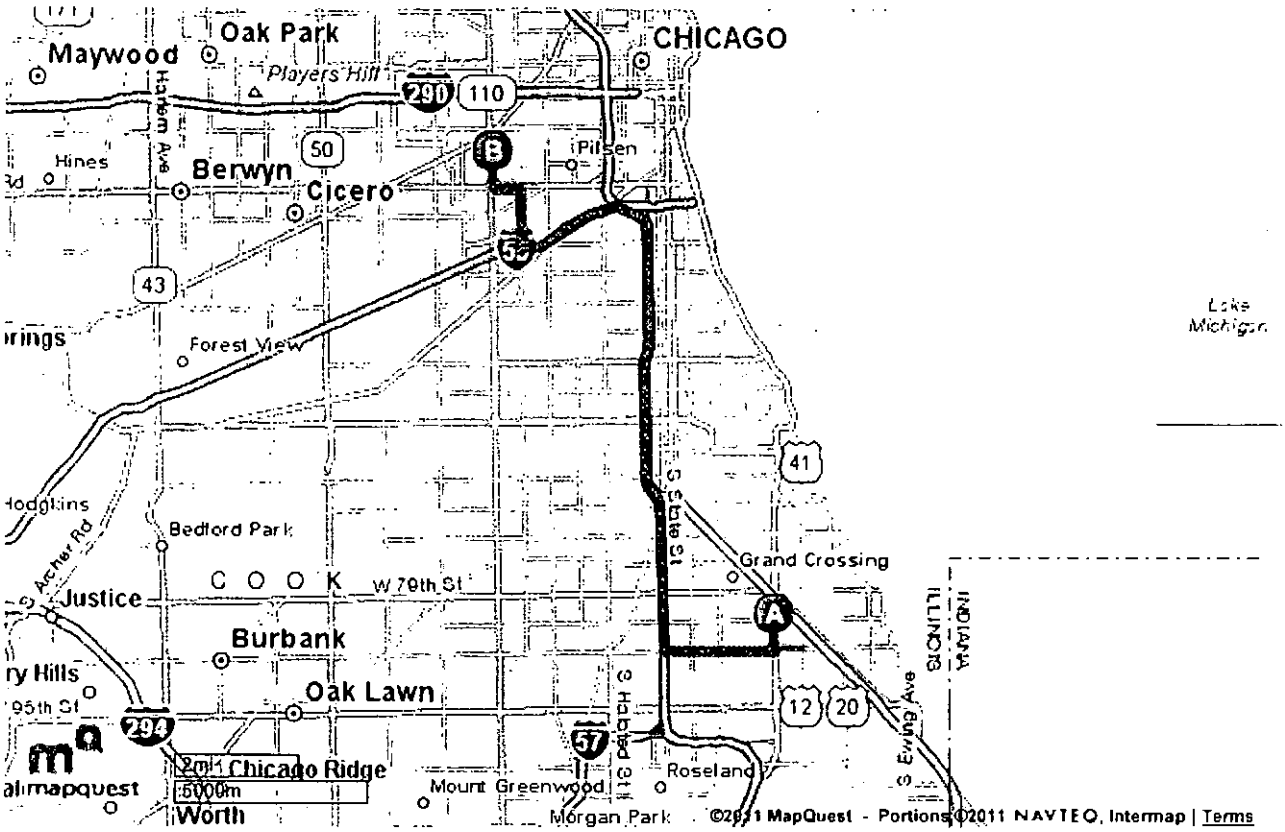
Total Travel Estimate: **13.61 miles - about 23 minutes**



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Notes

Fresenius Medical Care South Deering

Trip to:
10059 S Torrence Ave
Chicago, IL 60617-5337
3.06 miles
7 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.1 Mi**	1.1 mi
20	3. Turn **left** onto **US-20 / US-12 / E 95th St / Ulysses S Grant Memorial Hwy**. *US-20 is 0.1 miles past E 94th St* *Kfc is on the corner*	**Go 1.3 Mi**	2.3 mi
	4. Turn **right** onto **S Colfax Ave**. *S Colfax Ave is 0.2 miles past S Yates Ave* *If you reach S Marquette Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	2.6 mi
	5. Turn **slight right** onto **S Torrence Ave**.	**Go 0.5 Mi**	3.1 mi
	6. **10059 S TORRENCE AVE** is on the **left**. *Your destination is just past E 100th St* *If you reach E 101st St you've gone a little too far*		3.1 mi
	10059 S Torrence Ave Chicago, IL 60617-5337	**3.1 mi**	**3.1 mi**

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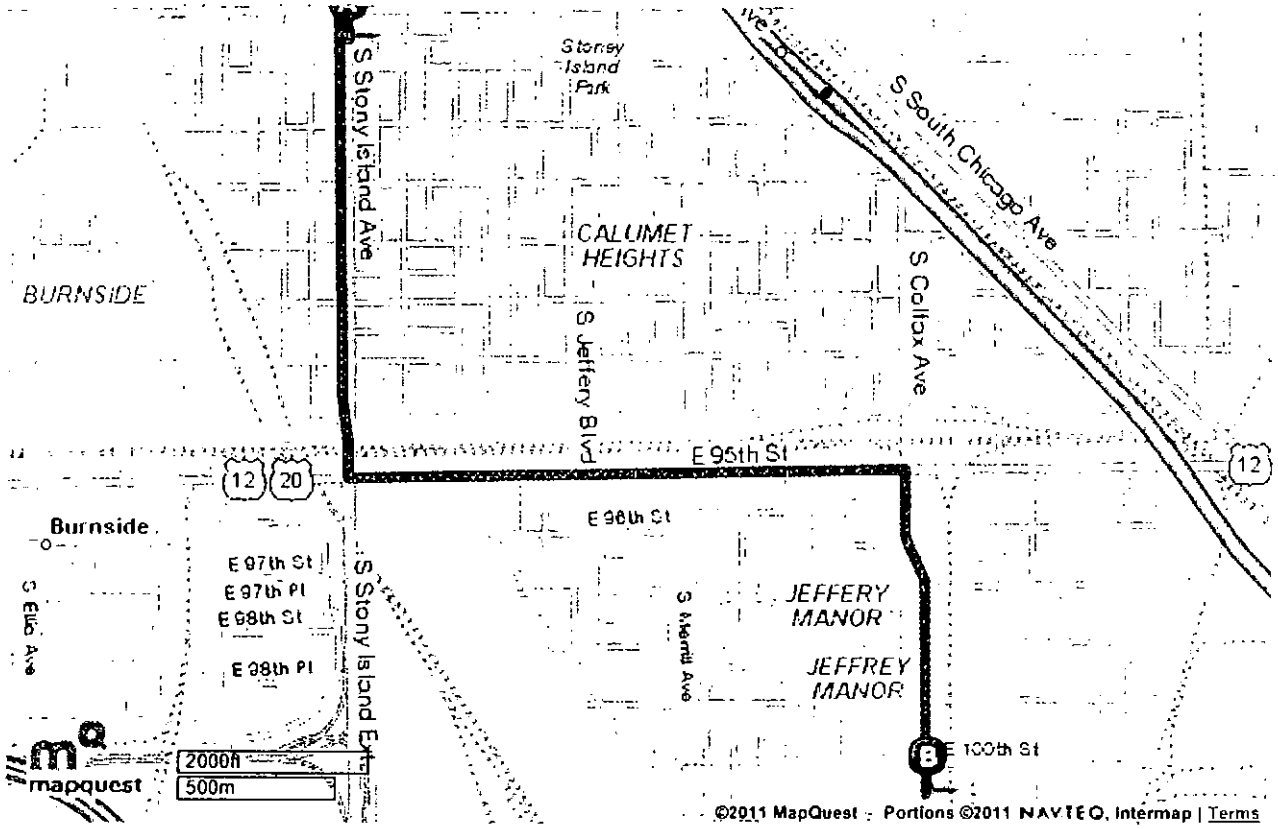
Total Travel Estimate: **3.06 miles - about 7 minutes**



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Trip to:
557 W Polk St
Chicago, IL 60607-4388
12.11 miles
20 minutes

Notes

Neomedica Loop East Delaware

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave.**	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St.** *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St.** *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left.**	**Go 2.2 Mi**	4.3 mi
	5. **Keep left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd.**	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W.**	**Go 1.6 Mi**	11.4 mi
52B EXIT	7. Take **EXIT 52B** toward **Roosevelt Rd / Taylor St.**	**Go 0.1 Mi**	11.5 mi
	8. **Stay straight** to go onto **S Ruble St.**	**Go 0.09 Mi**	11.6 mi
RAMP	9. Take the **I-90 W / I-94 W** ramp toward **Kennedy Expy / Wisconsin.**	**Go 0.2 Mi**	11.8 mi
	10. Turn **right** onto **W Taylor St.** *If you reach I-90 W you've gone about 0.2 miles too far*	**Go 0.1 Mi**	11.9 mi
	11. Turn **left** onto **S Jefferson St.** *S Jefferson St is just past S Desplaines St*		

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	If you reach S Clinton St you've gone a little too far	**Go 0.2 Mi**	12.1 mi
	12. Take the 3rd **right** onto **W Polk St**. *W Polk St is just past W Cabrini St* *If you reach W Lexington St you've gone a little too far*	**Go 0.04 Mi**	12.1 mi
	13. **557 W POLK ST** is on the **right**. *If you reach S Clinton St you've gone a little too far*		12.1 mi
	557 W Polk St Chicago, IL 60607-4388	**12.1 mi**	**12.1 mi**

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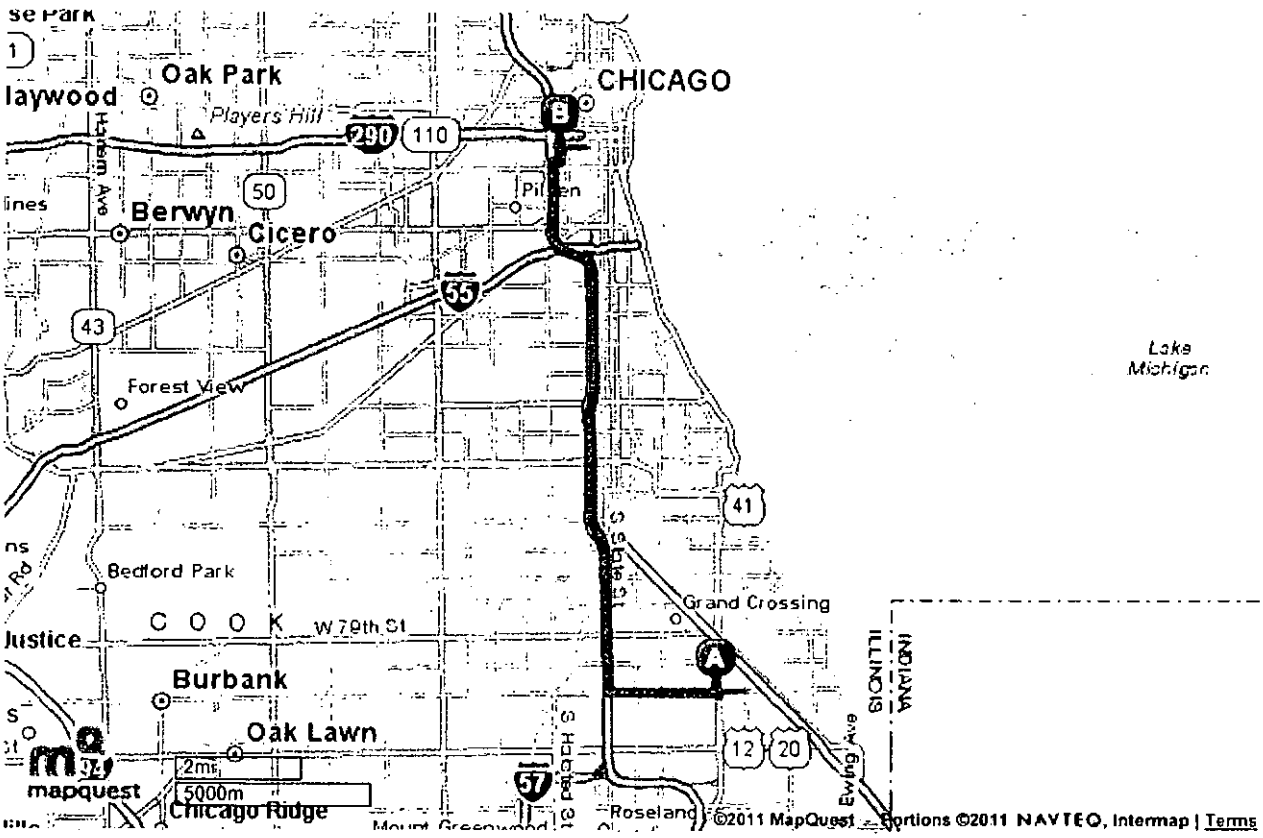
Total Travel Estimate: **12.11 miles - about 20 minutes**



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Notes

Circle Medical Management

Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
13.97 miles
23 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave.**	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St.** *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St.** *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left.**	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd.**	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W.**	**Go 1.8 Mi**	11.5 mi
51H EXIT	7. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H**, toward **West Suburbs.**	**Go 0.5 Mi**	12.0 mi
WEST 290	8. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via the exit on the **left** toward **West Surburbs.**	**Go 1.2 Mi**	13.2 mi
28B EXIT	9. Take **EXIT 28B** toward **Ashland Ave / Paulina St.**	**Go 0.2 Mi**	13.3 mi
	10. Turn **slight left** onto **W Van Buren St.**	**Go 0.06 Mi**	13.4 mi

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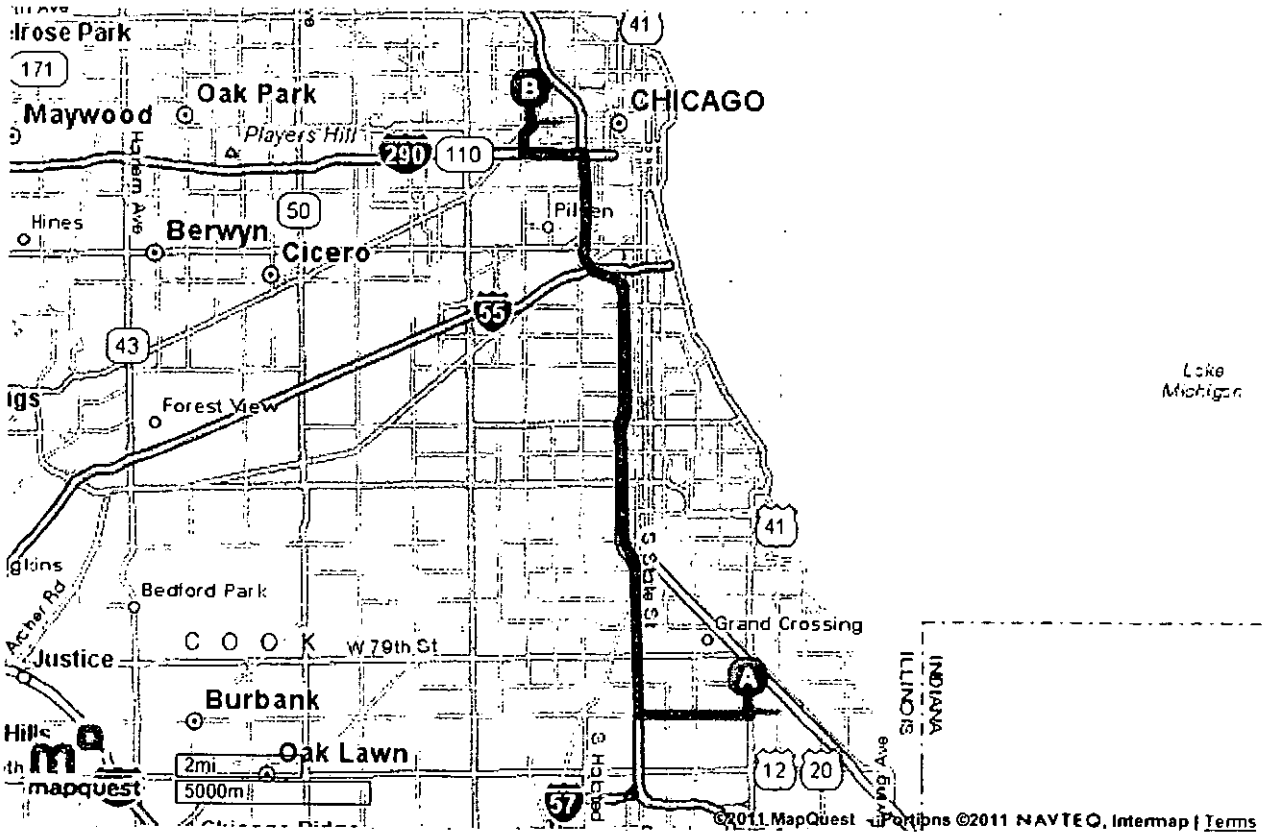
	11. **Take the 1st right onto S Ashland Ave.** *If you reach N Marshfield Ave you've gone a little too far*	**Go 0.3 Mi**	13.7 mi
	12. Turn **slight right** onto **W Ogden Ave.** *W Ogden Ave is just past W Monroe St* *Bombon Cafe is on the left* *If you are on S Ashland Ave and reach W Madison St you've gone a little too far*	**Go 0.2 Mi**	13.9 mi
	13. **Turn right onto W Washington Blvd / W Washington St.** *W Washington Blvd is just past W Warren Blvd* *If you reach W Randolph St you've gone about 0.1 miles too far*	**Go 0.08 Mi**	14.0 mi
	14. **1426 W WASHINGTON BLVD** is on the **left.** *Your destination is just past N Bishop St* *If you reach N Loomis St you've gone a little too far*		14.0 mi
	1426 W Washington Blvd Chicago, IL 60607-1821	**14.0 mi**	**14.0 mi**

216

Total Travel Estimate: **13.97 miles - about 23 minutes**



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Notes

Rush Univ. Medical Ctr

Trip to:
1653 W Congress Pkwy
Chicago, IL 60612-3833
13.68 miles
22 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto E **87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.8 Mi**	11.5 mi
51H EXIT	7. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H**, toward **West Suburbs**.	**Go 0.5 Mi**	12.0 mi
WEST 290	8. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via the exit on the **left** toward **West Surburbs**.	**Go 1.2 Mi**	13.2 mi
28B EXIT	9. Take **EXIT 28B** toward **Ashland Ave / Paulina St**.	**Go 0.2 Mi**	13.3 mi
	10. Turn **slight left** onto **W Van Buren St**.	**Go 0.2 Mi**	13.5 mi
	11. Take the **2nd left** onto **S Paulina St**. *Au Bon Pain is on the corner*		

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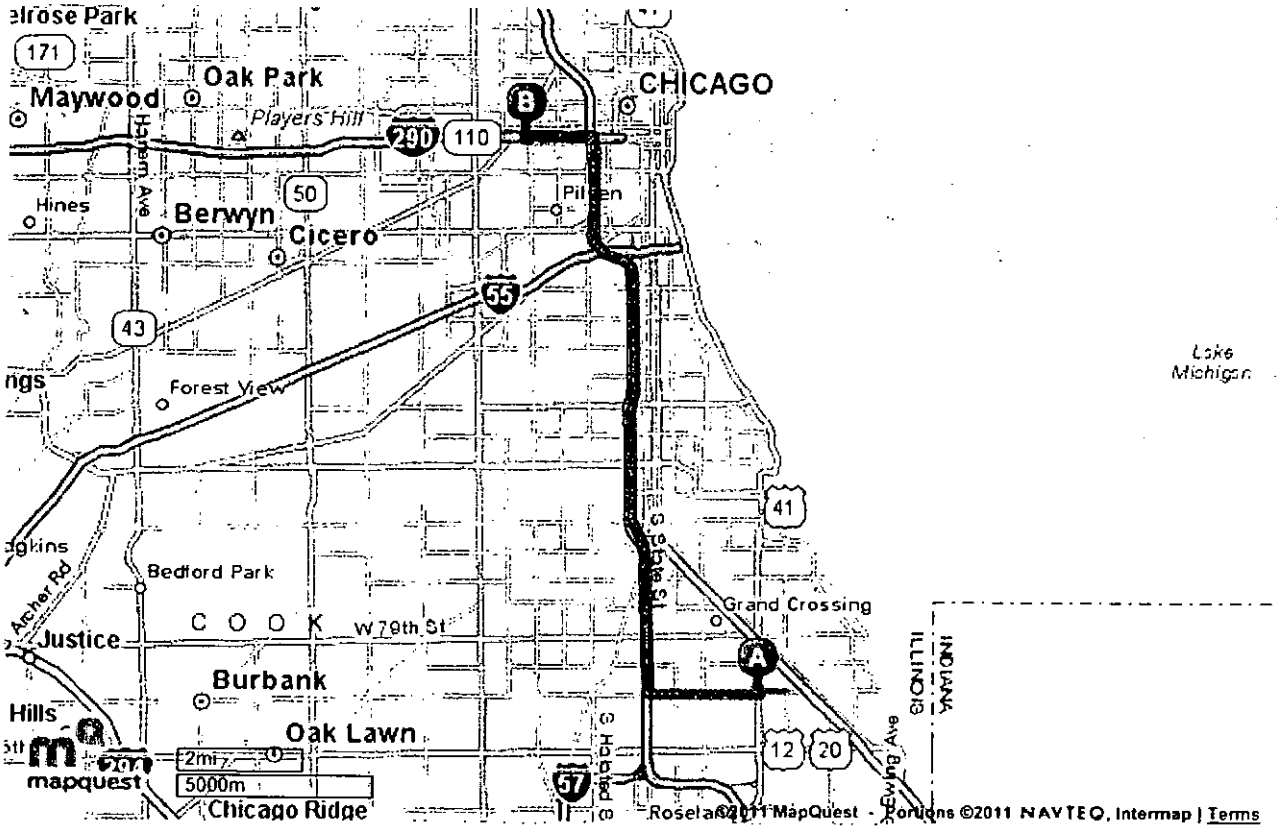
	If you reach W Ogden Ave you've gone about 0.1 miles too far	**Go 0.08 Mi**	13.6 mi
	12. Turn **left** onto **W Congress Pky**.	**Go 0.06 Mi**	13.7 mi
	13. **1653 W CONGRESS PKWY**. *If you reach S Ashland Ave you've gone a little too far*		13.7 mi
B	**1653 W Congress Pkwy** Chicago, IL 60612-3833	**13.7 mi**	**13.7 mi**

219

Total Travel Estimate: **13.68 miles - about 22 minutes**



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Notes

Chicago Dialysis Center

Trip to:
820 W Jackson Blvd
Chicago, IL 60607-3026
12.99 miles
21 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.8 Mi**	11.5 mi
	7. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H**, toward **West Suburbs**.	**Go 0.5 Mi**	12.0 mi
	8. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via the exit on the **left** toward **West Surburbs**.	**Go 0.5 Mi**	12.5 mi
	9. Take the **Morgan St** exit, **EXIT 29B**.	**Go 0.1 Mi**	12.6 mi
	10. Turn **right** onto **S Morgan St**.	**Go 0.1 Mi**	12.8 mi
	11. Take the 2nd **right** onto **W Jackson Blvd**. *W Jackson Blvd is just past W Van Buren St*		

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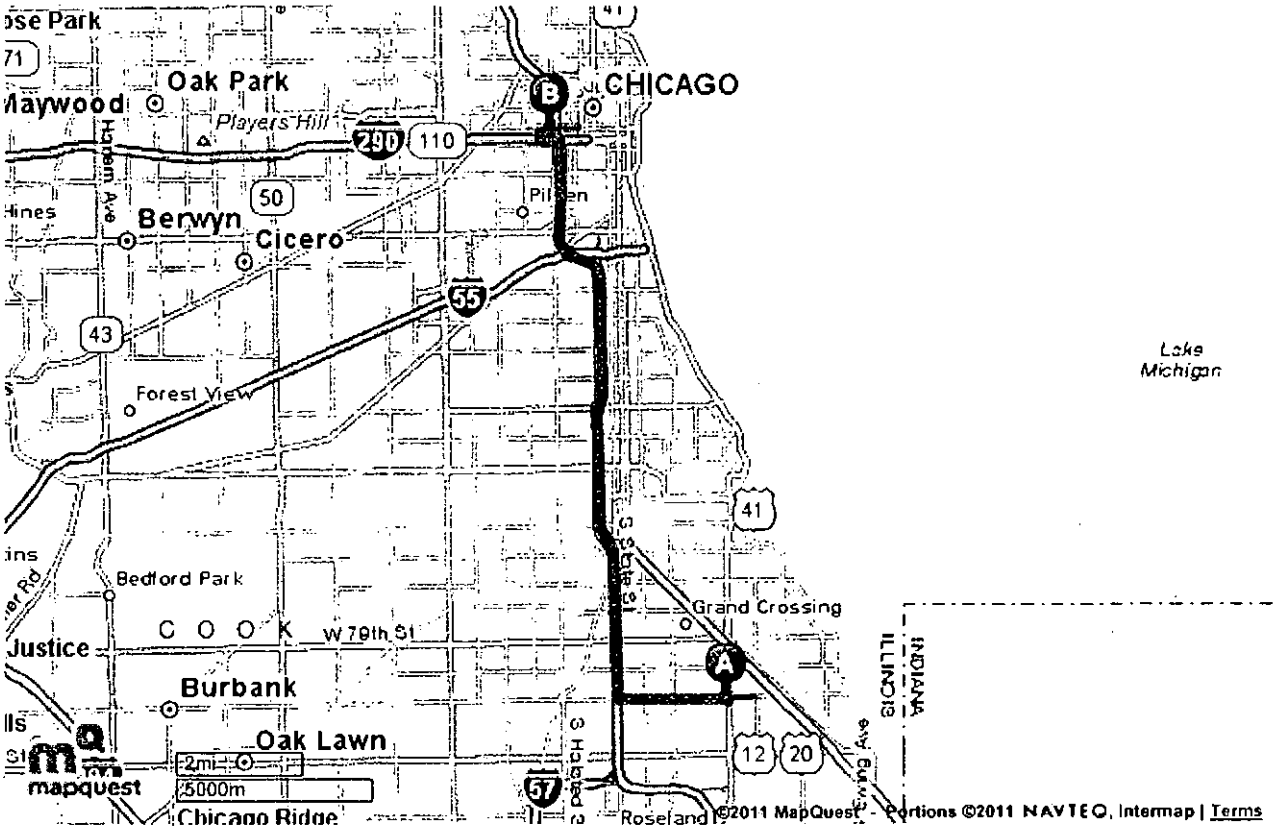
	Shell is on the corner *If you reach W Adams St you've gone a little too far*	**Go 0.2 Mi**	13.0 mi
	12. **820 W JACKSON BLVD** is on the left. *Your destination is just past S Green St* *If you reach S Halsted St you've gone a little too far*		13.0 mi
	820 W Jackson Blvd Chicago, IL 60607-3026	**13.0 mi**	**13.0 mi**

222

Total Travel Estimate: **12.99 miles - about 21 minutes**



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Notes

University of Illinois Hospital

Trip to:
1740 W Taylor St
Chicago, IL 60612-7232
13.14 miles
23 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
I-94 W	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
I-90 W	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.6 Mi**	11.4 mi
52B EXIT	7. Take **EXIT 52B** toward **Roosevelt Rd / Taylor St**.	**Go 0.1 Mi**	11.5 mi
	8. Stay **straight** to go onto **S Ruble St**.	**Go 0.09 Mi**	11.6 mi
	9. Take the **1st left** onto **W Roosevelt Rd**. *W Roosevelt Rd is just past W 12th Pl* *If you reach W Taylor St you've gone about 0.1 miles too far*	**Go 1.3 Mi**	13.0 mi
	10. Turn **right** onto **S Hermitage Ave**. *S Hermitage Ave is just past S Paulina St* *If you reach S Wood St you've gone a little too far*	**Go 0.2 Mi**	13.1 mi

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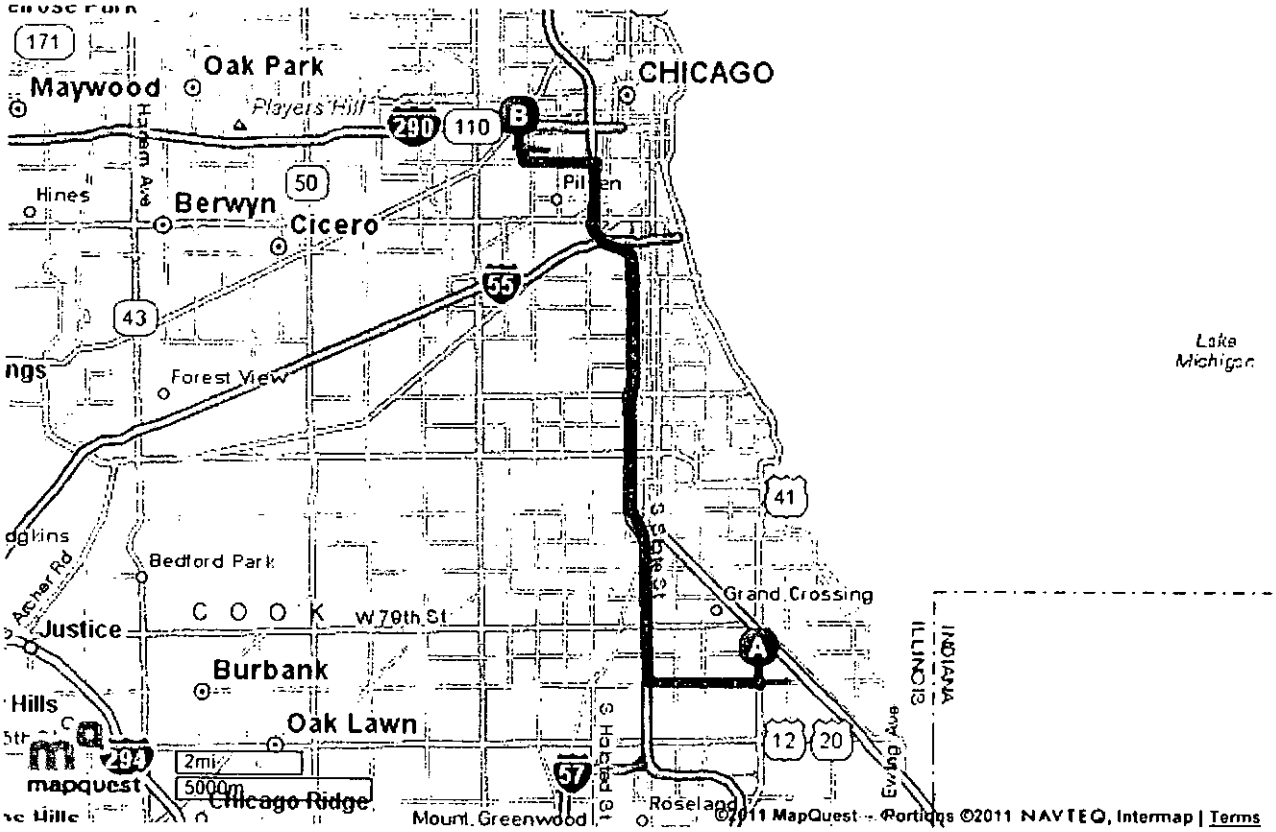
	11. Turn **left** onto **W Taylor St.**	**Go 0.01 Mi**	13.1 mi
	12. **1740 W TAYLOR ST** is on the **right.** *If you reach S Wood St you've gone a little too far*		13.1 mi
	1740 W Taylor St Chicago, IL 60612-7232	**13.1 mi**	**13.1 mi**

225

Total Travel Estimate: **13.14 miles - about 23 minutes**



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Notes

Fresenius Medical Care of Chicago - West

Trip to:
1340 S Damen Ave
Chicago, IL 60608-1169
13.49 miles
24 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.6 Mi**	11.4 mi
52B EXIT	7. Take **EXIT 52B** toward **Roosevelt Rd / Taylor St**.	**Go 0.1 Mi**	11.5 mi
	8. Stay **straight** to go onto **S Ruble St**.	**Go 0.09 Mi**	11.6 mi
	9. Take the **1st left** onto **W Roosevelt Rd**. *W Roosevelt Rd is just past W 12th Pl* *If you reach W Taylor St you've gone about 0.1 miles too far*	**Go 1.7 Mi**	13.3 mi
	10. Turn **left** onto **S Damen Ave**. *S Damen Ave is 0.1 miles past S Wolcott Ave* *If you reach S Hoyne Ave you've gone a little too far*	**Go 0.2 Mi**	13.5 mi
	11. **1340 S DAMEN AVE** is on the **right**.		

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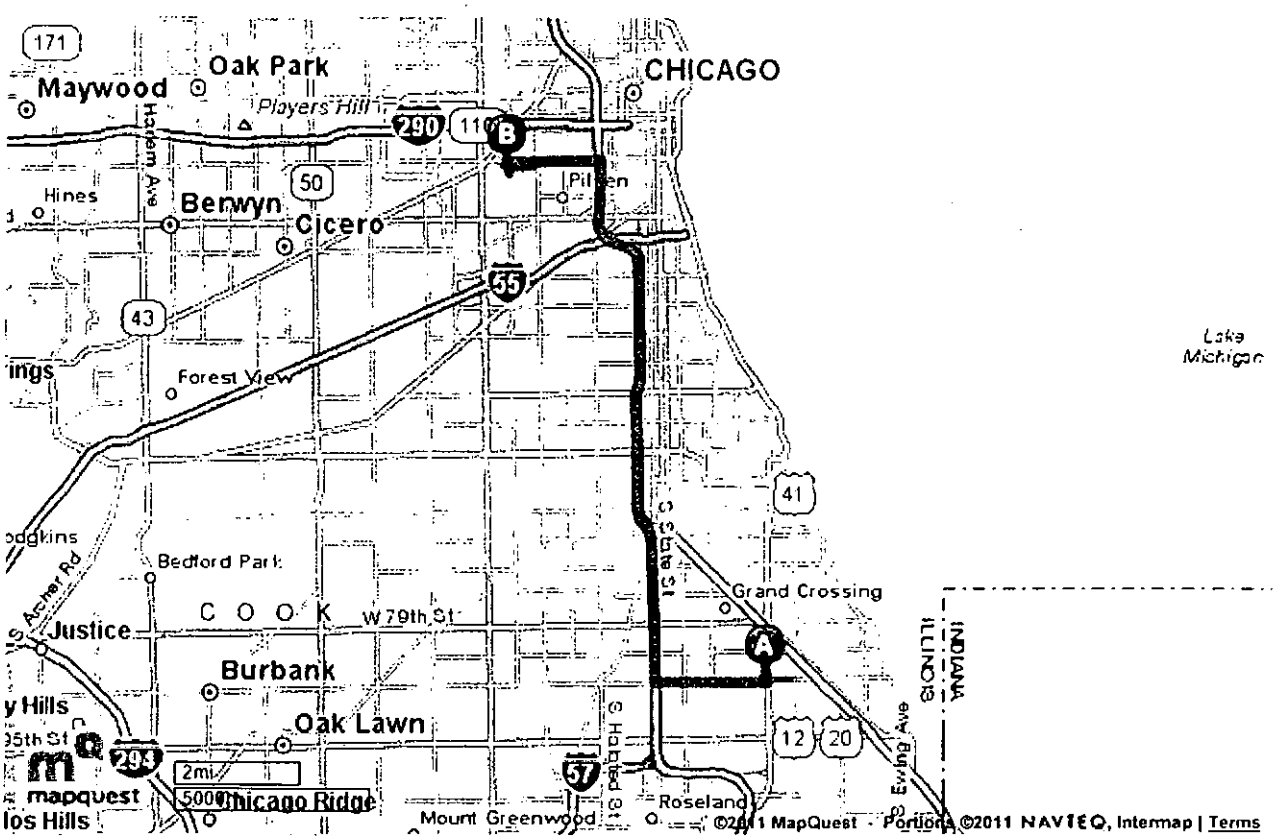
■	*Your destination is just past W 13th St* *If you reach W 14th St you've gone a little too far*		13.5 mi
	1340 S Damen Ave Chicago, IL 60608-1169	**13.5 mi**	**13.5 mi**

228

Total Travel Estimate: **13.49 miles - about 24 minutes**



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Trip to:
1835 W Harrison St
Chicago, IL 60612-3771
14.02 miles
23 minutes

Notes

John H. Stroger Jr. Hospital of Cook County

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.8 Mi**	11.5 mi
51H EXIT	7. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H**, toward **West Suburbs**.	**Go 0.5 Mi**	12.0 mi
WEST 290	8. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via the exit on the left toward **West Surburbs**.	**Go 1.2 Mi**	13.2 mi
28B EXIT	9. Take **EXIT 28B** toward **Ashland Ave / Paulina St**.	**Go 0.2 Mi**	13.3 mi
	10. Turn **slight left** onto **W Van Buren St**.	**Go 0.3 Mi**	13.7 mi
	11. Turn **slight left** onto **W Ogden Ave**. *W Ogden Ave is 0.1 miles past S Paulina St*		

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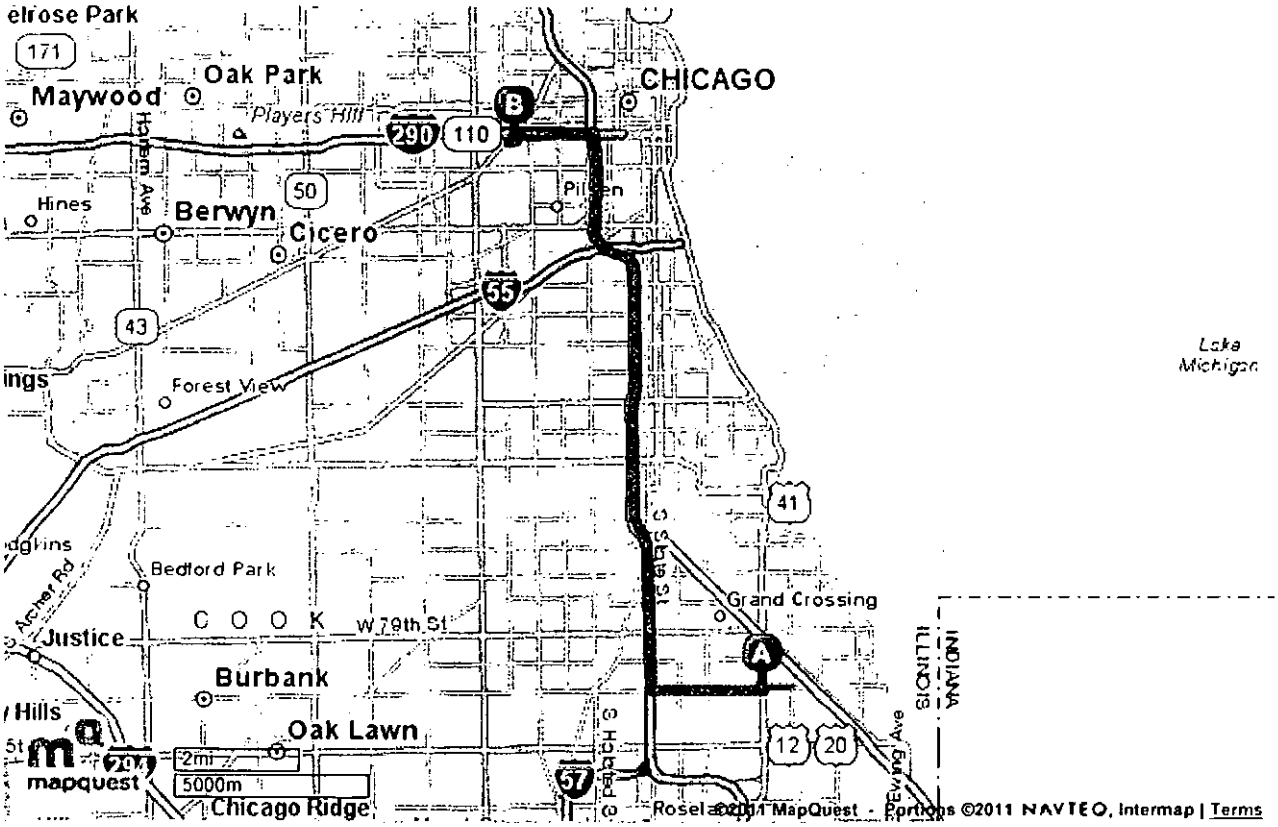
	If you reach S Damen Ave you've gone about 0 2 miles too far	**Go 0.2 Mi**	13.9 mi
	12. Turn **sharp left** onto **W Harrison St**. *W Harrison St is just past S Wolcott Ave* *If you reach S Winchester Ave you've gone a little too far*	**Go 0.1 Mi**	14.0 mi
	13. **1835 W HARRISON ST** is on the **right**. *Your destination is just past S Wolcott Ave* *If you reach S Wood St you've gone a little too far*		14.0 mi
	1835 W Harrison St Chicago, IL 60612-3771	**14.0 mi**	**14.0 mi**

231

Total Travel Estimate: **14.02 miles - about 23 minutes**



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Notes

FMC Dialysis Services of Congress Parkway

Trip to:
3410 W Van Buren St
Chicago, IL 60624-3358
15.77 miles
24 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 5.4 Mi**	9.8 mi
WEST 90	6. **I-94 Express Ln W / Dan Ryan Express Ln W** becomes **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.8 Mi**	11.5 mi
51H EXIT	7. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H**, toward **West Suburbs**.	**Go 0.5 Mi**	12.0 mi
WEST 290	8. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via the exit on the **left** toward **West Surburbs**.	**Go 3.5 Mi**	15.5 mi
26B EXIT	9. Take **EXIT 26B** toward **Homan Ave**.	**Go 0.2 Mi**	15.7 mi
	10. Stay **straight** to go onto **W Congress Pky**.	**Go 0.03 Mi**	15.7 mi
	11. Take the **1st right** onto **S Homan Ave**. *Daycare II is on the corner*		

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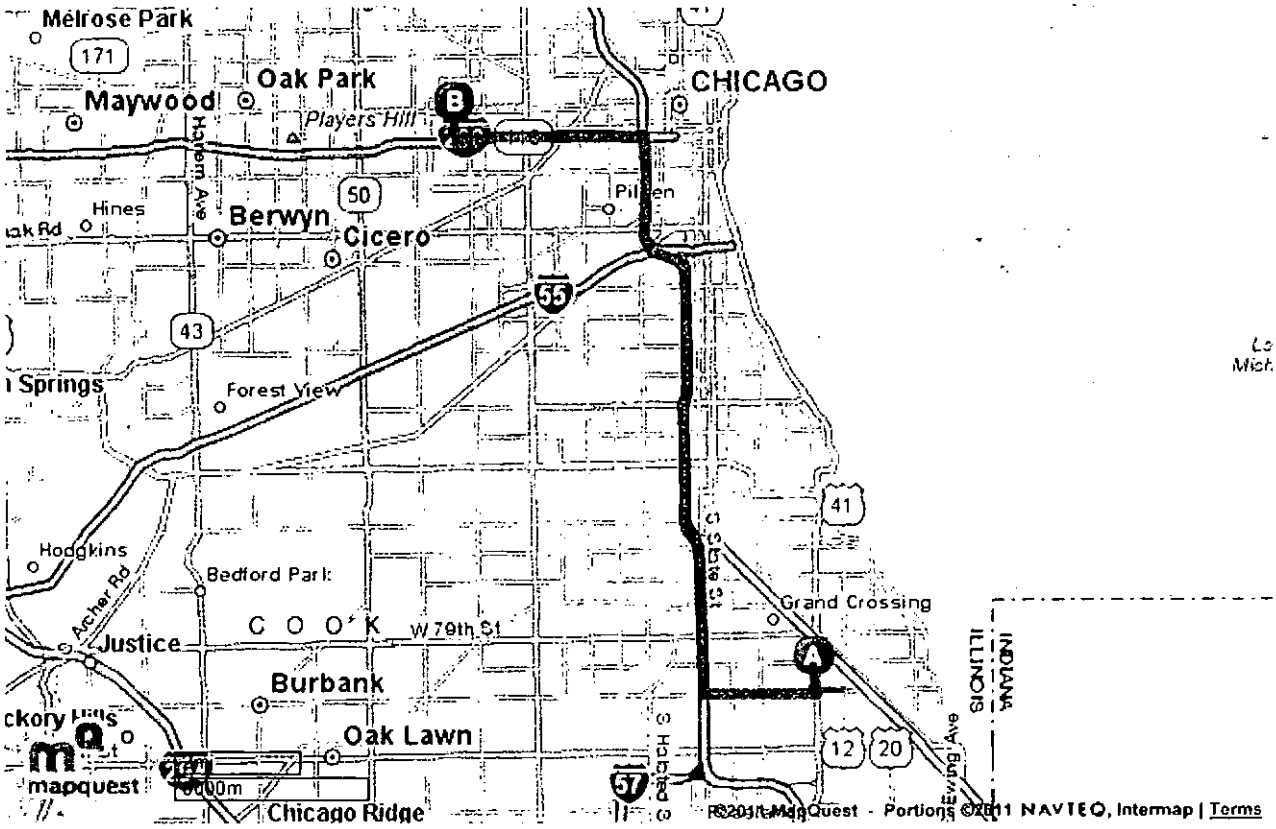
	If you reach S St Louis Ave you've gone about 0.1 miles too far	**Go 0.06 Mi**	15.7 mi
	12. Take the 1st **left** onto **W Van Buren St.** *If you reach W Gladys Ave you've gone a little too far*	**Go 0.02 Mi**	15.8 mi
	13. **3410 W VAN BUREN ST** is on the **right.** *If you reach S Trumbull Ave you've gone a little too far*		15.8 mi
	3410 W Van Buren St Chicago, IL 60624-3358	**15.8 mi**	**15.8 mi**

234

Total Travel Estimate: **15.77 miles - about 24 minutes**



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Notes

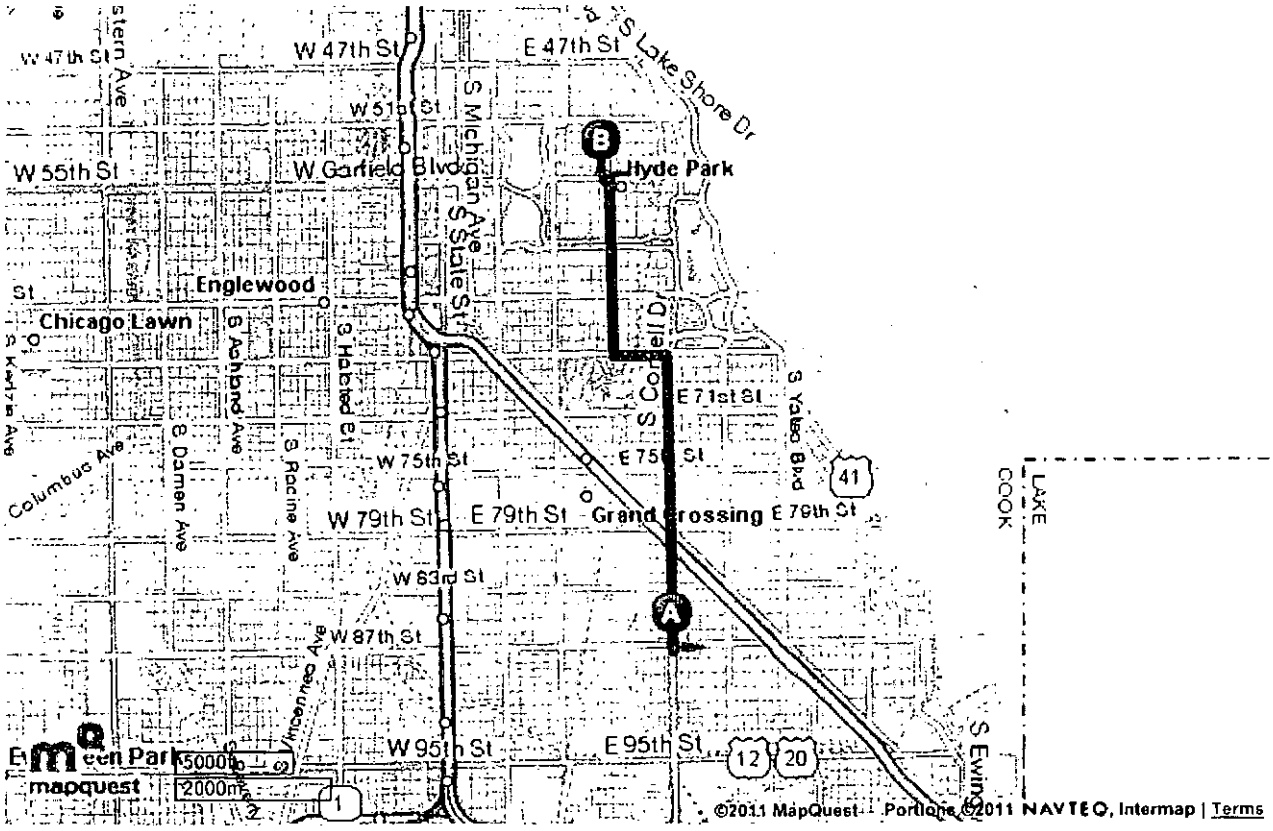
DaVita-Woodlawn

Trip to:
1164 E 55th St
Chicago, IL 60615-5115
4.65 miles
12 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
●	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.0 Mi**	1.0 mi
↱	2. Keep **right** at the fork to continue on **S Stony Island Ave**.	**Go 1.5 Mi**	2.6 mi
↰	3. Turn **left** onto **E 67th St**. *E 67th St is 0.1 miles past E 68th St* *See Thru Chinese Kitchen is on the corner* *If you reach E 66th Pl you've gone a little too far*	**Go 0.5 Mi**	3.1 mi
↱	4. Turn **right** onto **S Woodlawn Ave**. *S Woodlawn Ave is just past S Kimbark Ave* *If you are on E 67th St and reach S Minerva Ave you've gone a little too far*	**Go 1.5 Mi**	4.6 mi
↰	5. Turn **left** onto **E 55th St**. *E 55th St is 0.1 miles past E 56th St* *If you reach E 54th Pl you've gone about 0.1 miles too far*	**Go 0.06 Mi**	4.7 mi
■	6. **1164 E 55TH ST** is on the **right**. *If you reach S University Ave you've gone a little too far*		4.7 mi
B	**1164 E 55th St** Chicago, IL 60615-5115	**4.7 mi**	**4.7 mi**

236

Total Travel Estimate: **4.65 miles - about 12 minutes**



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Notes

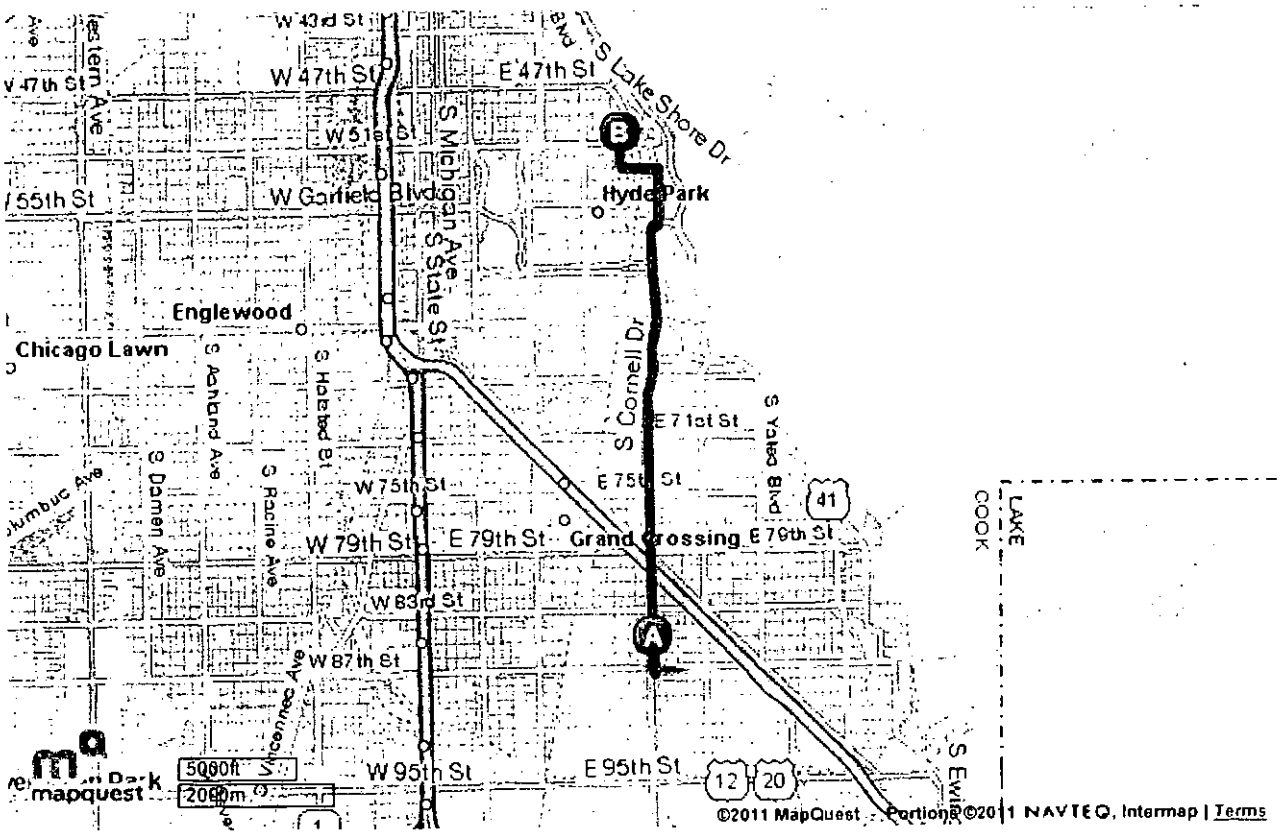
Emerald Dialysis

Trip to:
1437 E 53rd St
Chicago, IL 60615-4513
4.81 miles
13 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St.**	**Go 1.0 Mi**	1.0 mi
	2. Keep **right** at the fork to continue on **S Stony Island Ave.**	**Go 1.4 Mi**	2.5 mi
	3. Turn **slight right** onto **S Cornell Dr.** *S Cornell Dr is 0.1 miles past E 69th St* *J & J Fish & Chicken is on the corner*	**Go 1.0 Mi**	3.5 mi
	4. **S Cornell Dr** becomes **S Cornell Ave.**	**Go 0.4 Mi**	3.9 mi
	5. **S Cornell Ave** becomes **E 57th St.**	**Go 0.1 Mi**	4.0 mi
	6. Turn **left** onto **S Hyde Park Blvd.** *If you reach S Everett Ave you've gone a little too far*	**Go 0.5 Mi**	4.5 mi
	7. Turn **left** onto **E 53rd St.** *E 53rd St is 0.1 miles past E 54th St* *If you reach E Hyde Park Blvd you've gone about 0.2 miles too far*	**Go 0.3 Mi**	4.8 mi
	8. **1437 E 53RD ST** is on the **left.** *Your destination is just past S Harper Ave* *If you reach S Blackstone Ave you've gone a little too far*		4.8 mi
B	**1437 E 53rd St** Chicago, IL 60615-4513	**4.8 mi**	**4.8 mi**

288

Total Travel Estimate: **4.81 miles - about 13 minutes**



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Notes

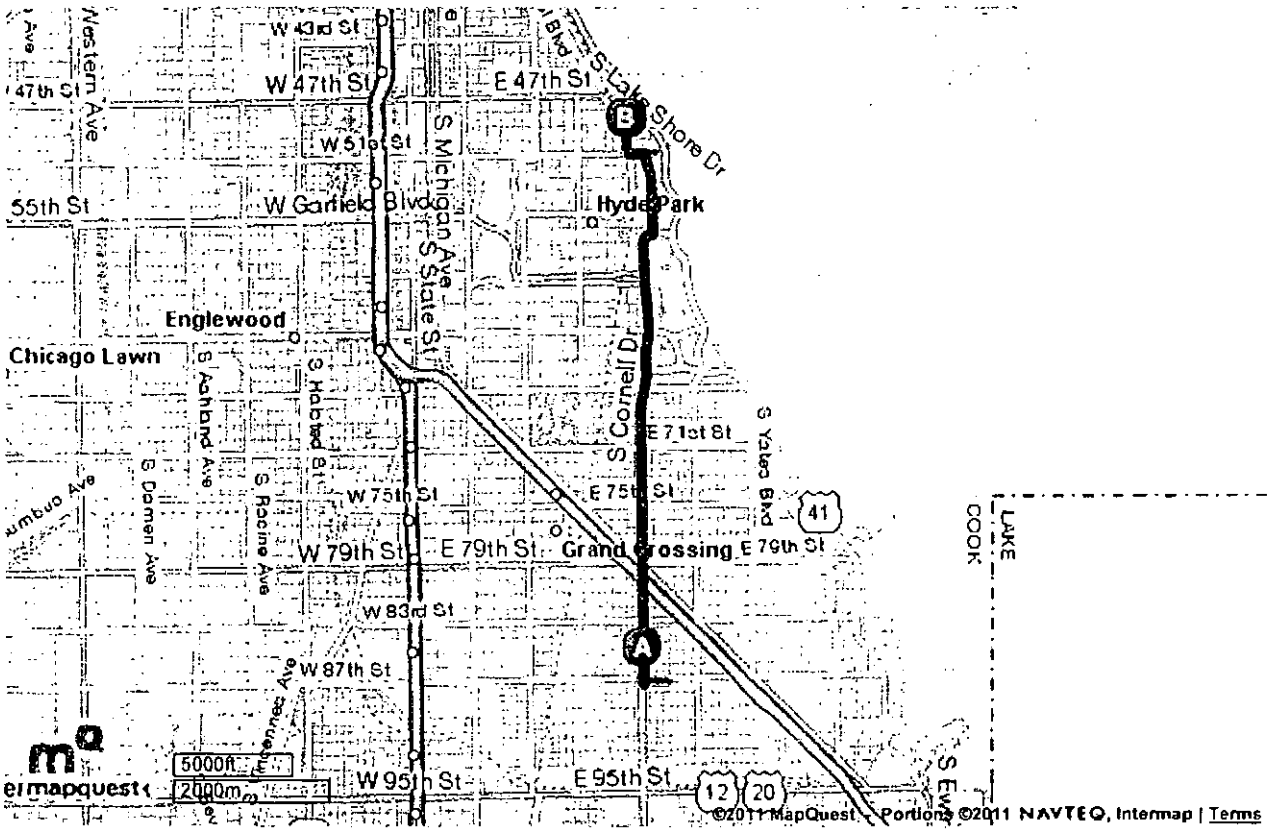
DaVita - Lake Park Dialysis

Trip to:
1531 E Hyde Park Blvd
Chicago, IL 60615-3039
4.82 miles
13 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.0 Mi**	1.0 mi
	2. Keep **right** at the fork to continue on **S Stony Island Ave**.	**Go 1.4 Mi**	2.5 mi
	3. Turn **slight right** onto **S Cornell Dr**. *S Cornell Dr is 0.1 miles past E 69th St* *J & J Fish & Chicken is on the corner*	**Go 1.0 Mi**	3.5 mi
	4. **S Cornell Dr** becomes **S Cornell Ave**.	**Go 0.4 Mi**	3.9 mi
	5. **S Cornell Ave** becomes **E 57th St**.	**Go 0.1 Mi**	4.0 mi
	6. Turn **left** onto **S Hyde Park Blvd**. *If you reach S Everett Ave you've gone a little too far*	**Go 0.7 Mi**	4.7 mi
	7. Keep **left** at the fork to continue on **S Hyde Park Blvd**.	**Go 0.02 Mi**	4.7 mi
	8. Turn **left** onto **E Hyde Park Blvd / E 51st St**.	**Go 0.1 Mi**	4.8 mi
	9. **1531 E HYDE PARK BLVD** is on the **left**. *If you reach S Lake Park Ave you've gone a little too far*		4.8 mi
B	**1531 E Hyde Park Blvd** Chicago, IL 60615-3039	**4.8 mi**	**4.8 mi**

240

Total Travel Estimate: **4.82 miles - about 13 minutes**



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Notes

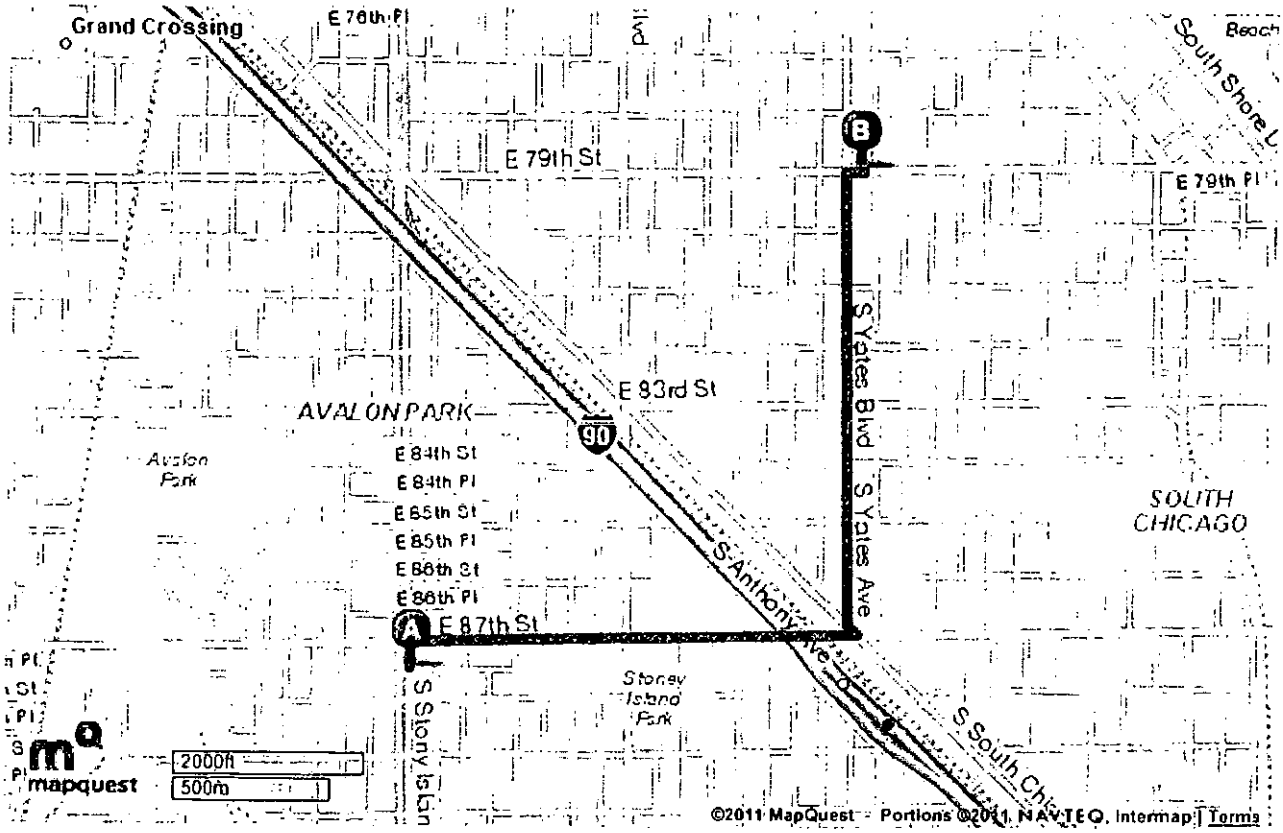
Neomedica Dialysis Ctrs - South Shore

Trip to:
2420 E 79th St
Chicago, IL 60649-5112
2.12 miles
6 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 0.06 Mi**	0.06 mi
	2. Turn **right** onto **E 87th St**. *Walgreens is on the corner* *If you reach E 86th Pl you've gone a little too far*	**Go 1.0 Mi**	1.1 mi
	3. Turn **sharp left** onto **S South Chicago Ave**. *S South Chicago Ave is 0.1 miles past S Anthony Ave* *If you reach S Phillips Ave you've gone a little too far*	**Go 0.03 Mi**	1.1 mi
	4. Turn **slight right** onto **S Yates Ave / S Yates Blvd**. *If you reach S Oglesby Ave you've gone about 0.1 miles too far*	**Go 1.0 Mi**	2.1 mi
	5. Turn **right** onto **E 79th St**. *E 79th St is 0.1 miles past E 80th St* *Subway is on the right* *If you are on S Yates Blvd and reach E 78th St you've gone about 0.1 miles too far*	**Go 0.04 Mi**	2.1 mi
	6. **2420 E 79TH ST** is on the **left**. *If you reach S Phillips Ave you've gone a little too far*		2.1 mi
B	**2420 E 79th St** Chicago, IL 60649-5112	**2.1 mi**	**2.1 mi**

242

Total Travel Estimate: **2.12 miles - about 6 minutes**



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Notes

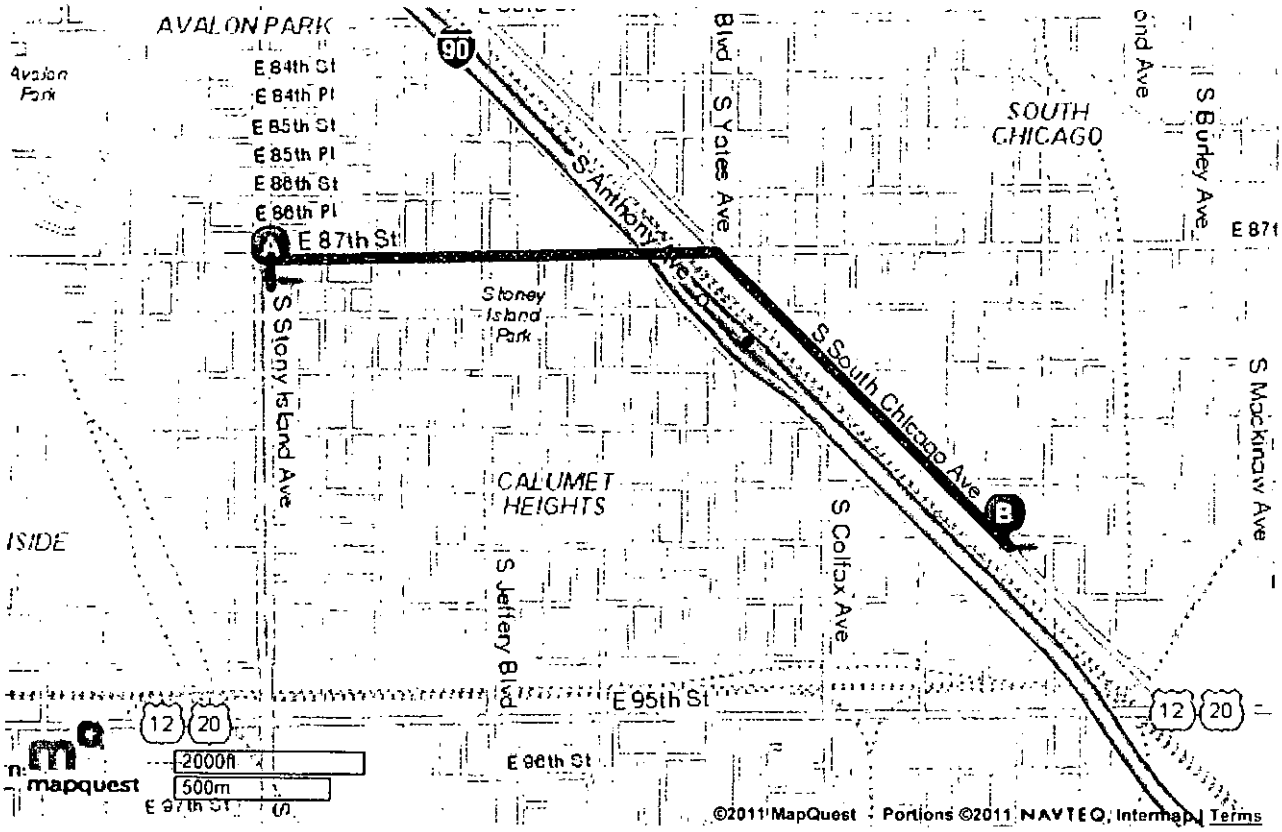
Neomedica Dialysis Ctrs - South

Trip to:
9212 S South Chicago Ave
Chicago, IL 60617-4512
1.99 miles
5 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St.**	**Go 0.06 Mi**	0.06 mi
	2. Turn **right** onto **E 87th St.** *Walgreens is on the corner* *If you reach E 86th Pl you've gone a little too far*	**Go 1.0 Mi**	1.1 mi
	3. Turn **slight right** onto **S South Chicago Ave.** *S South Chicago Ave is 0.1 miles past S Anthony Ave* *If you reach S Phillips Ave you've gone a little too far*	**Go 0.9 Mi**	2.0 mi
	4. **9212 S SOUTH CHICAGO AVE** is on the **right.** *Your destination is just past E 92nd St* *If you reach S Exchange Ave you've gone a little too far*		2.0 mi
B	**9212 S South Chicago Ave** Chicago, IL 60617-4512	**2.0 mi**	**2.0 mi**

2/4

Total Travel Estimate: **1.99 miles - about 5 minutes**



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Trip to:
7531 S Stony Island Ave
Chicago, IL 60649-3954
1.51 miles
4 minutes

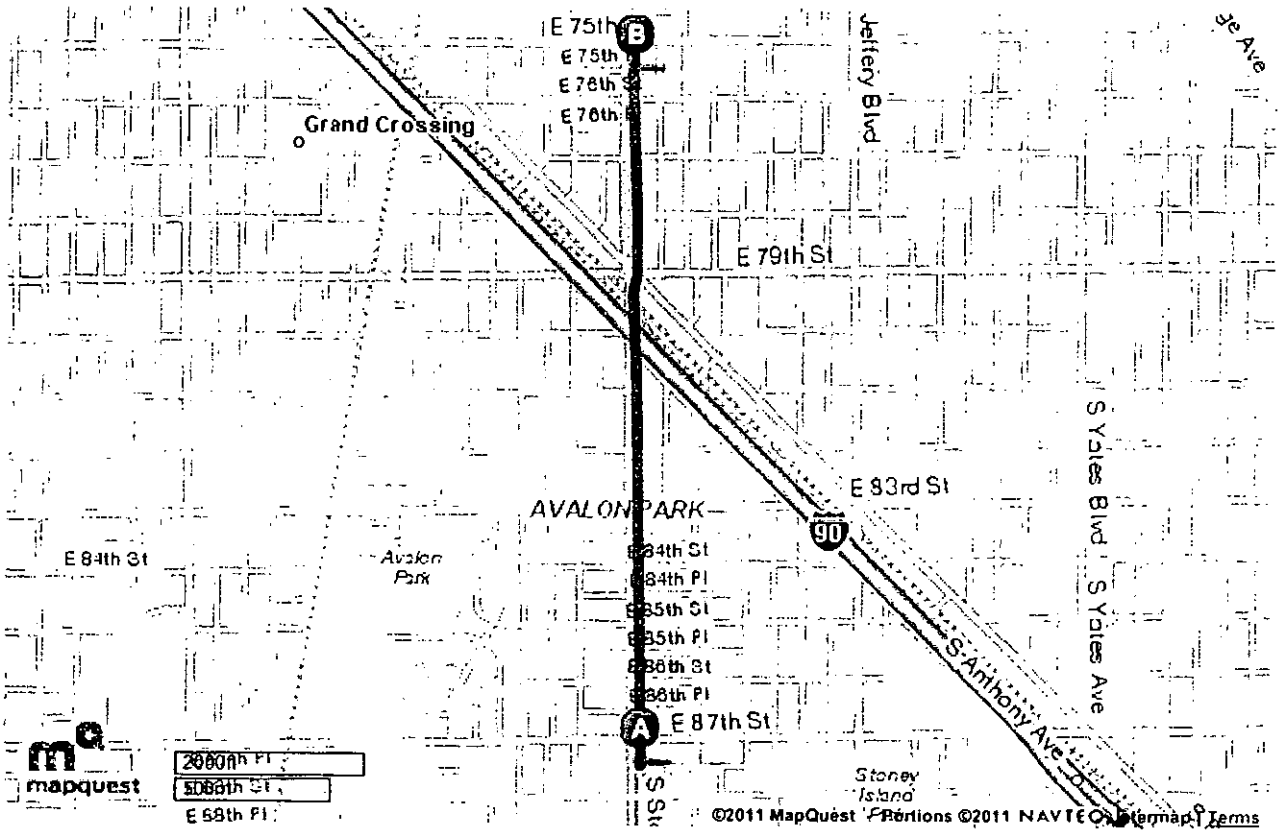
Notes

Jackson Park Dialysis

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.0 Mi**	1.0 mi
	2. Keep **right** at the fork to continue on **S Stony Island Ave**.	**Go 0.5 Mi**	1.5 mi
	3. **7531 S STONY ISLAND AVE** is on the **right**. *Your destination is just past E 76th St* *If you reach E 75th St you've gone a little too far*		1.5 mi
B	**7531 S Stony Island Ave** Chicago, IL 60649-3954	**1.5 mi**	**1.5 mi**

24U

Total Travel Estimate: **1.51 miles - about 4 minutes**



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Notes

RCG-Merrionette Park

Trip to:
11650 S Kedzie Ave
Merrionette Park, IL 60803-6302
10.02 miles
18 minutes

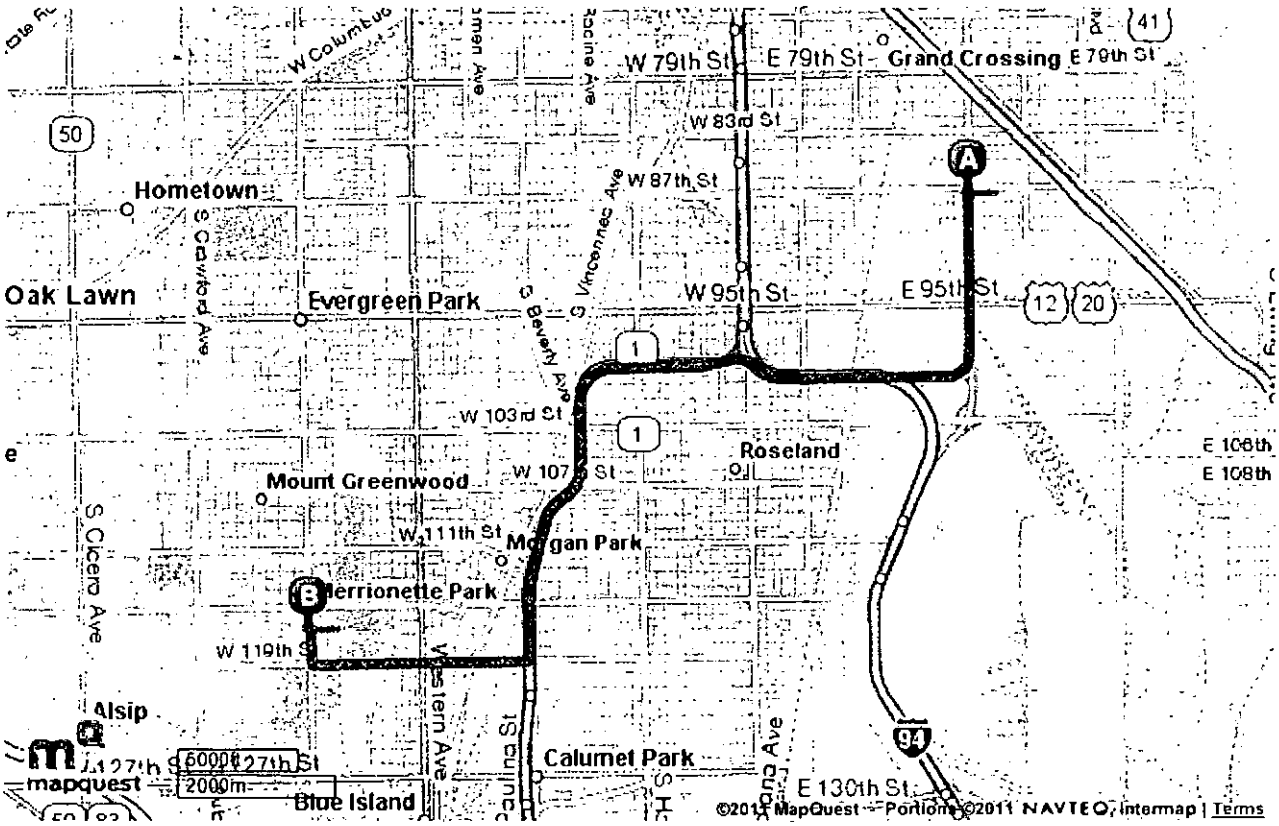
		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a U-turn onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 0.2 Mi**	1.4 mi
WEST 94	4. Merge onto **I-94 W / Bishop Ford Fwy**.	**Go 1.7 Mi**	3.1 mi
63 EXIT SOUTH 57	5. Merge onto **I-57 S** via **EXIT 63** on the **left** toward **Memphis**.	**Go 4.2 Mi**	7.3 mi
354 EXIT	6. Take **EXIT 354** toward **119th St**.	**Go 0.2 Mi**	7.5 mi
	7. Stay **straight** to go onto **S Marshfield Ave**.	**Go 0.2 Mi**	7.8 mi
	8. Take the **1st right** onto **W 119th St**. *If you reach W 120th St you've gone about 0.1 miles too far*	**Go 2.0 Mi**	9.7 mi
	9. Turn **right** onto **S Kedzie Ave**. *S Kedzie Ave is 0.7 miles past Maple Ave* *Oak Hill Cemetery is on the corner* *If you reach S Central Park Ave you've gone about 0.4 miles too far*	**Go 0.3 Mi**	10.0 mi
	10. **11650 S KEDZIE AVE** is on the **left**. *Your destination is 0.1 miles past W Park Lane Dr* *If you reach W 116th Pl you've gone a little too far*		10.0 mi
	11650 S Kedzie Ave	**10.0 mi**	**10.0 mi**

248

Merrionette Park, IL 60803-6302

249

Total Travel Estimate: **10.02 miles - about 18 minutes**



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Notes

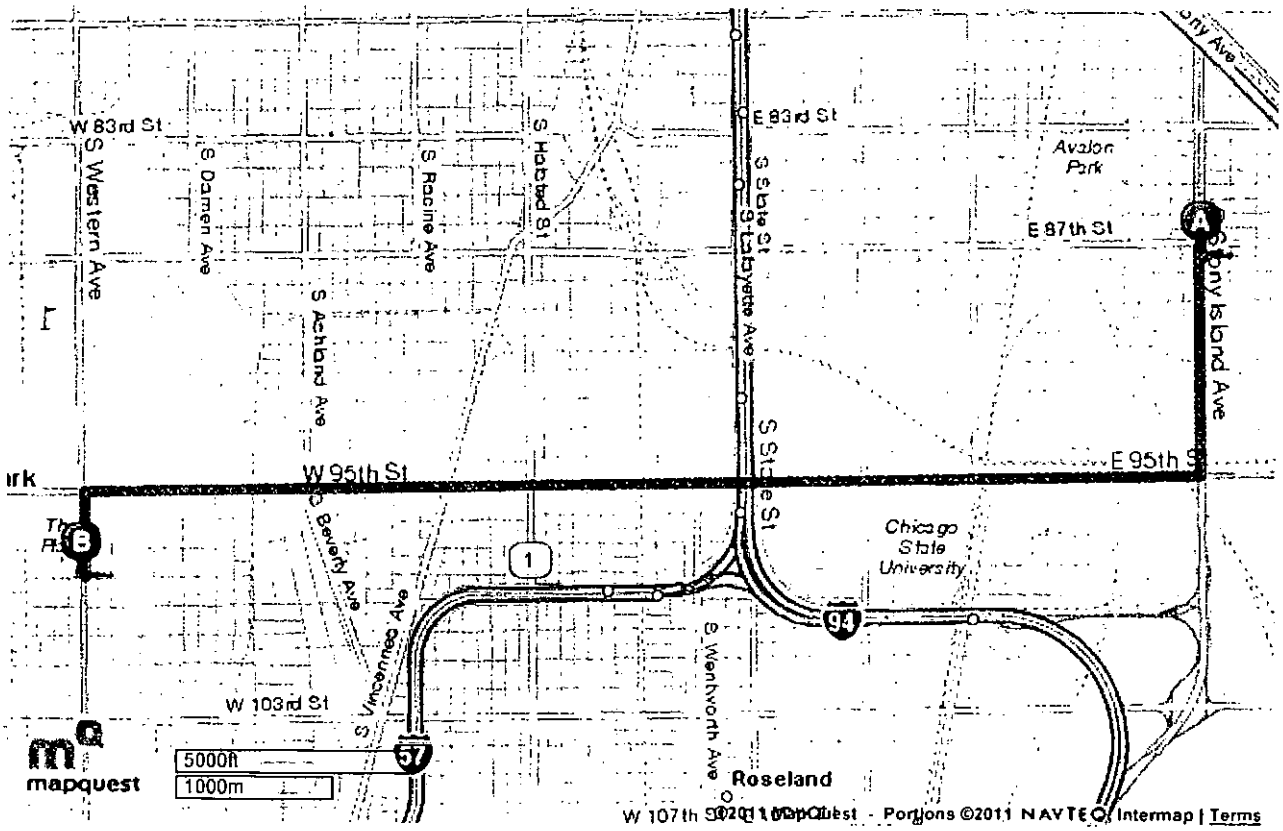
Neomedica Dialysis Ctrs - Evergreen Park

Trip to:
9730 S Western Ave
Evergreen Park, IL 60805-2814
6.45 miles
17 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going north on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.1 Mi**	1.1 mi
WEST 20	3. Turn **right** onto **E 95th St / US-20 W / US-12 W / Ulysses S Grant Memorial Hwy**. *E 95th St is 0.1 miles past E 94th St* *Kfc is on the corner*	**Go 5.0 Mi**	6.1 mi
	4. Turn **left** onto **S Western Ave**. *S Western Ave is just past S Claremont Ave* *Potbelly Sandwich Works is on the left* *If you reach S Campbell Ave you've gone about 0.1 miles too far*	**Go 0.4 Mi**	6.4 mi
	5. **9730 S WESTERN AVE** is on the **right**. *Your destination is 0.1 miles past W 97th St* *If you reach W 99th St you've gone about 0.1 miles too far*		6.4 mi
B	**9730 S Western Ave** Evergreen Park, IL 60805-2814	**6.4 mi**	**6.4 mi**

951

Total Travel Estimate: **6.45 miles - about 17 minutes**



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Notes

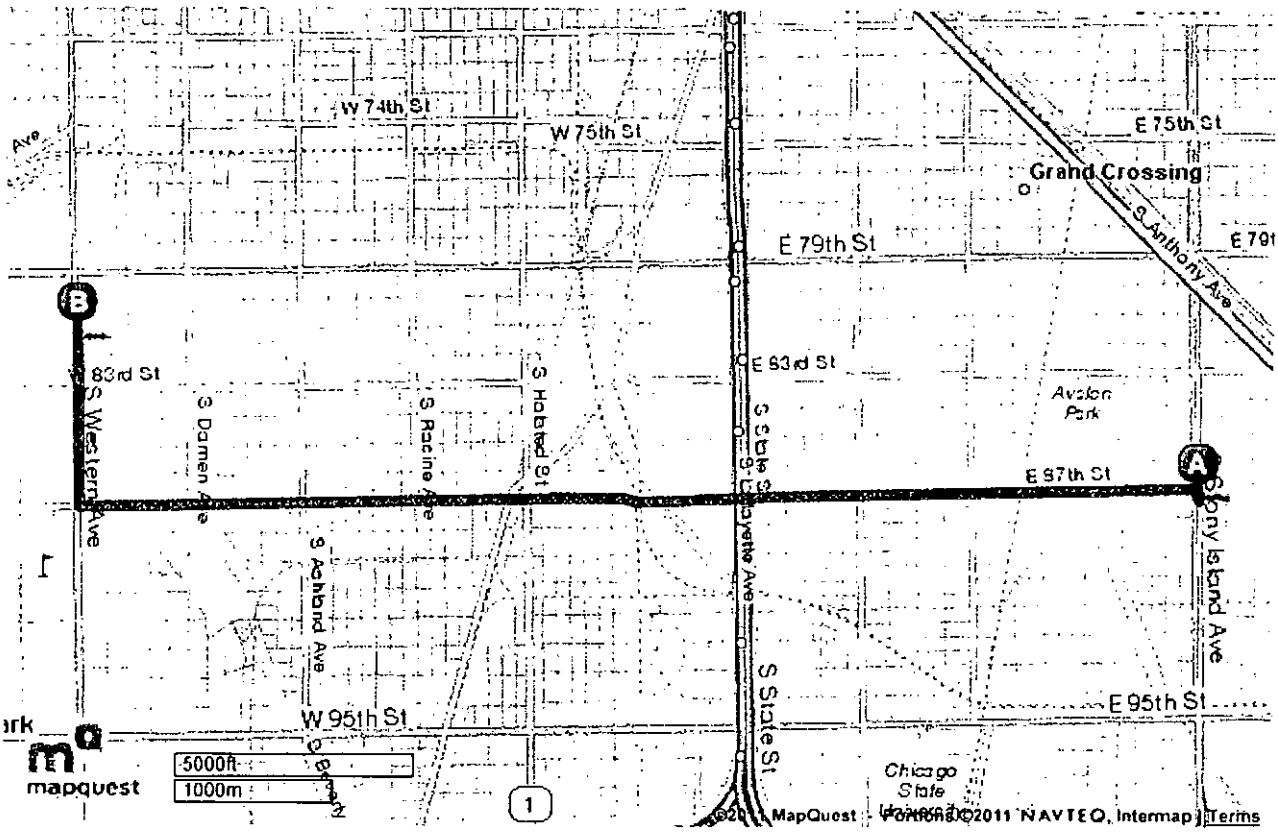
Beverly Dialysis

Trip to:
8111 S Western Ave
Chicago, IL 60620-5939
5.81 miles
16 minutes

A	**8721 S Stony Island Ave** Chicago, IL 60617-2709	**Miles Per Section**	**Miles Driven**
●	1. Start out going north on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
↖	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 5.1 Mi**	5.1 mi
↱	3. Turn **right** onto **S Western Ave**. *S Western Ave is 0.3 miles past S Longwood Dr* *If you reach S Rockwell St you've gone about 0.2 miles too far*	**Go 0.7 Mi**	5.8 mi
■	4. **8111 S WESTERN AVE** is on the **right**. *Your destination is just past W 81st Pl* *If you reach W 81st St you've gone a little too far*		5.8 mi
B	**8111 S Western Ave** Chicago, IL 60620-5939	**5.8 mi**	**5.8 mi**

253

Total Travel Estimate: **5.81 miles - about 16 minutes**



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Notes

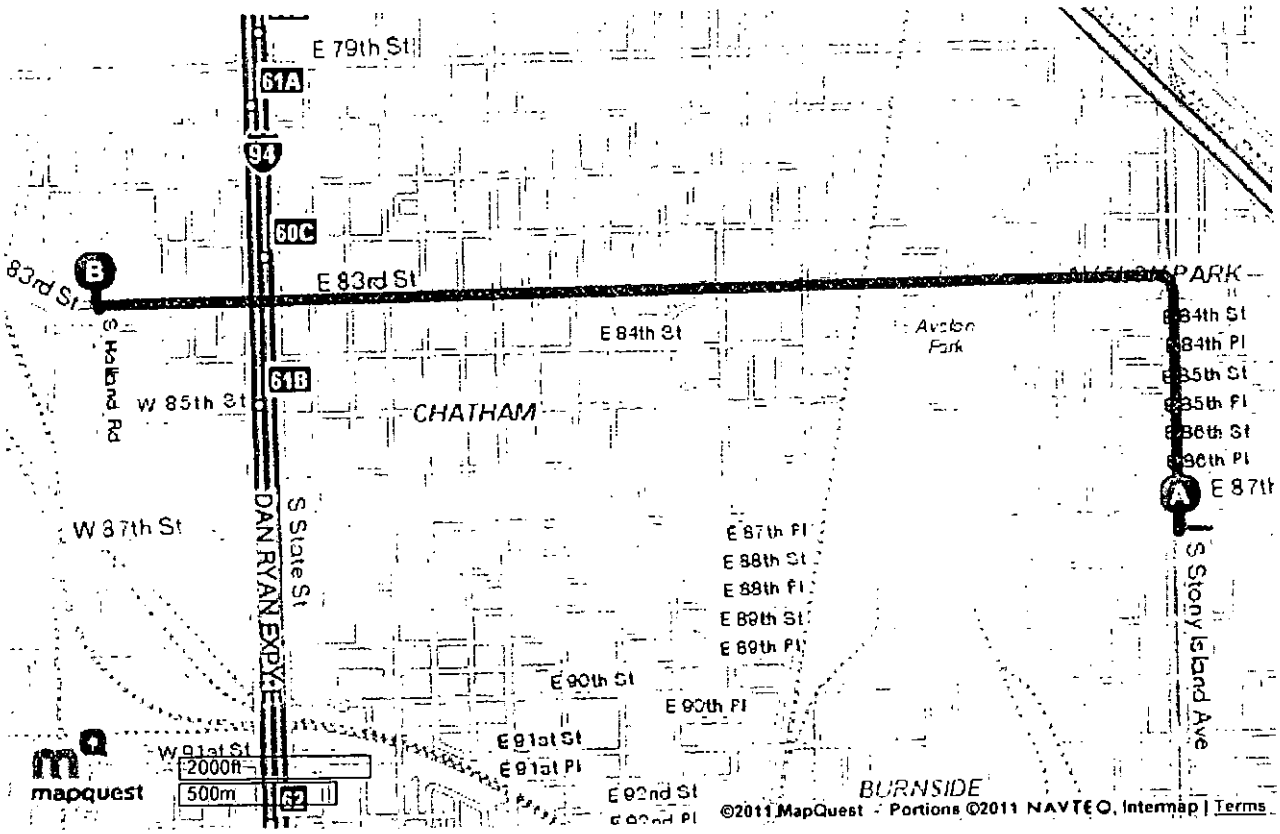
Fresenius Medical Care Chatham

Trip to:
8315-8331 S Holland Rd
Chicago, IL 60620-1328
2.97 miles
9 minutes

A	**8721 S Stony Island Ave** Chicago, IL 60617-2709	**Miles Per Section**	**Miles Driven**
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 0.5 Mi**	0.5 mi
	2. Turn **slight left** onto **E 83rd St**. *E 83rd St is just past E 83rd Pl* *Quiznos is on the right*	**Go 2.4 Mi**	3.0 mi
	3. Turn **left** onto **S Holland Rd**. *S Holland Rd is just past S Princeton Ave* *If you reach S Stewart Ave you've gone about 0.1 miles too far*	**Go 0.01 Mi**	3.0 mi
	4. **8315-8331 S HOLLAND RD**. *If you reach W 85th St you've gone about 0.2 miles too far*		3.0 mi
B	**8315-8331 S Holland Rd** Chicago, IL 60620-1328	**3.0 mi**	**3.0 mi**

255

Total Travel Estimate: **2.97 miles - about 9 minutes**



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Notes

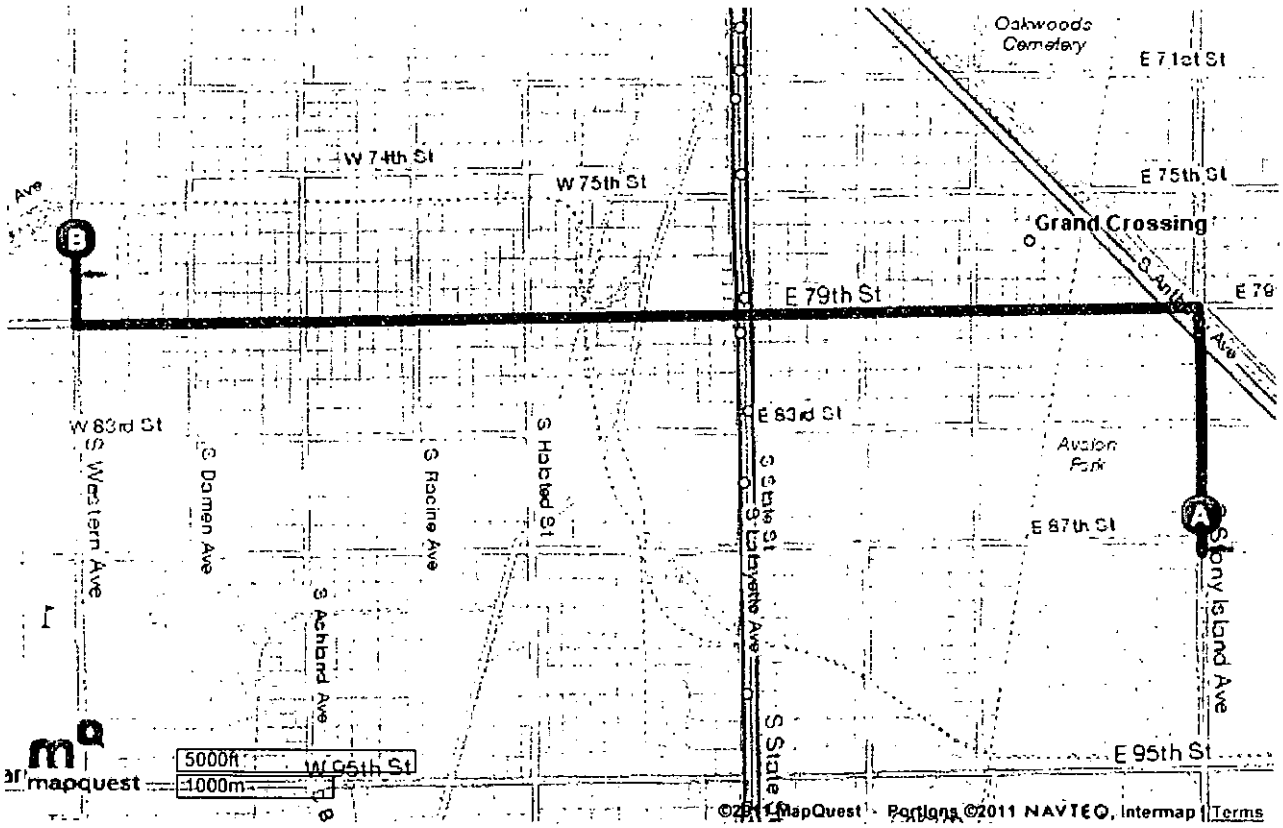
South Side Dialysis Center

Trip to:
7721 S Western Ave
Chicago, IL 60620-5821
6.29 miles
17 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.1 Mi**	1.1 mi
	2. Turn **left** onto **E 79th St**. *E 79th St is 0.1 miles past S Anthony Ave* *Maxwell Street Grill is on the corner* *If you reach S South Chicago Ave you've gone a little too far*	**Go 5.0 Mi**	6.1 mi
	3. Turn **right** onto **S Western Ave**. *S Western Ave is just past S Claremont Ave* *Subway is on the corner* *If you reach S Maplewood Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	6.3 mi
	4. **7721 S WESTERN AVE** is on the **right**. *Your destination is just past W 78th St* *If you reach W 77th St you've gone a little too far*		6.3 mi
B	**7721 S Western Ave** Chicago, IL 60620-5821	**6.3 mi**	**6.3 mi**

257

Total Travel Estimate: **6.29 miles - about 17 minutes**



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Notes

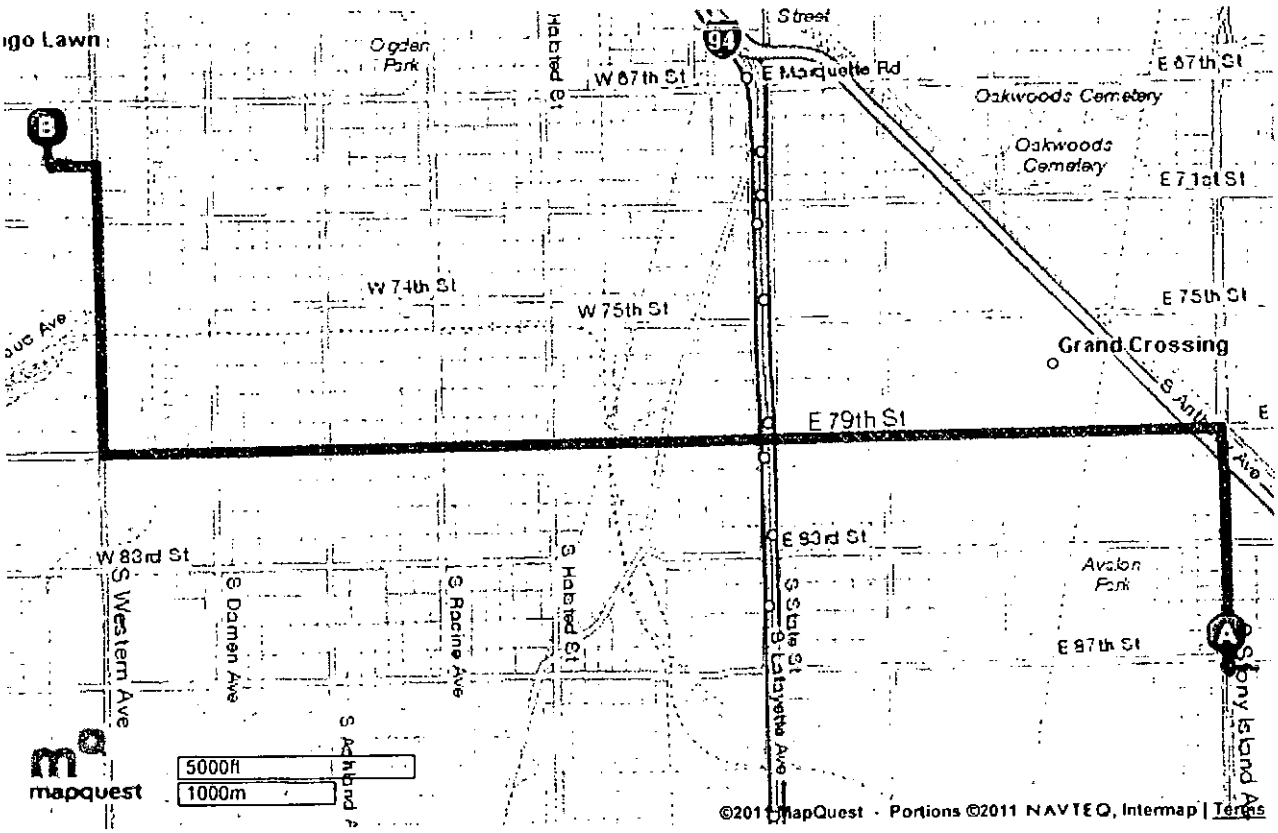
Neomedica Dialysis Clrs - Marquette Park

Trip to:
2534 W 69th St
Chicago, IL 60629
7.54 miles
20 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.1 Mi**	1.1 mi
	2. Turn **left** onto **E 79th St**. *E 79th St is 0.1 miles past S Anthony Ave* *Maxwell Street Grill is on the corner* *If you reach S South Chicago Ave you've gone a little too far*	**Go 5.0 Mi**	6.1 mi
	3. Turn **right** onto **S Western Ave**. *S Western Ave is just past S Claremont Ave* *Subway is on the corner* *If you reach S Maplewood Ave you've gone about 0.1 miles too far*	**Go 1.3 Mi**	7.3 mi
	4. Turn **left** onto **W 69th St / W Lithuanian Plaza Ct**. *W 69th St is 0.1 miles past W 70th St* *Pete Boy's is on the left* *If you reach W 68th St you've gone about 0.1 miles too far*	**Go 0.2 Mi**	7.5 mi
	5. **2534 W 69TH ST** is on the **right**. *Your destination is just past S Maplewood Ave* *If you reach S Rockwell St you've gone a little too far*		7.5 mi
B	**2534 W 69th St** Chicago, IL 60629	**7.5 mi**	**7.5 mi**

259

Total Travel Estimate: **7.54 miles - about 20 minutes**



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Notes

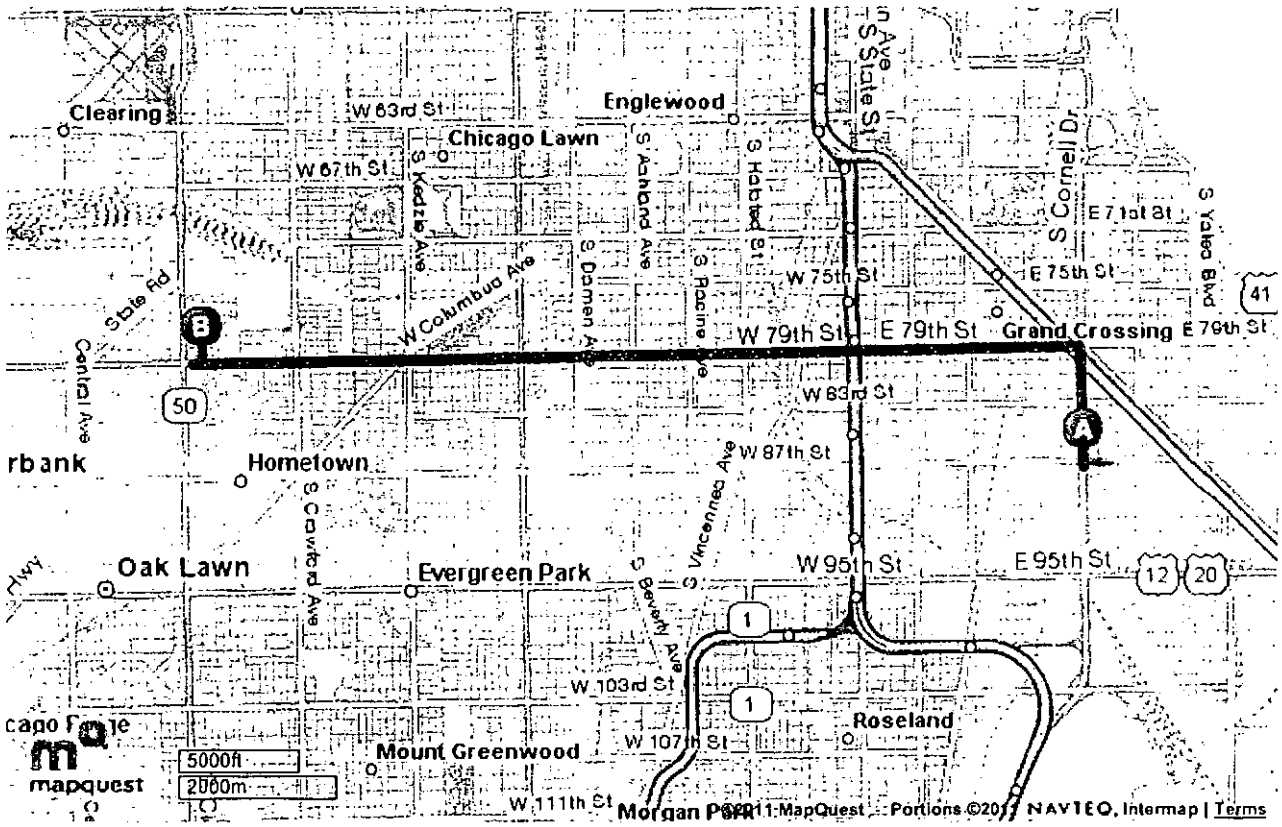
RCG-Scottsdale

Trip to:
4651 W 79th St
Chicago, IL 60652-1186
9.14 miles
23 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.1 Mi**	1.1 mi
	2. Turn **left** onto **E 79th St**. *E 79th St is 0.1 miles past S Anthony Ave* *Maxwell Street Grill is on the corner* *If you reach S South Chicago Ave you've gone a little too far*	**Go 8.0 Mi**	9.0 mi
	3. Make a **U-turn** onto **W 79th St**. *If you reach S Cicero Ave you've gone a little too far*	**Go 0.1 Mi**	9.1 mi
	4. **4651 W 79TH ST** is on the **left**. *Your destination is just past S Kilpatrick Ave* *If you reach S Knox Ave you've gone a little too far*		9.1 mi
B	**4651 W 79th St** Chicago, IL 60652-1186	**9.1 mi**	**9.1 mi**

JCL

Total Travel Estimate: **9.14 miles - about 23 minutes**



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Trip to:
6333 S Green St
Chicago, IL 60621-1943
5.34 miles
15 minutes

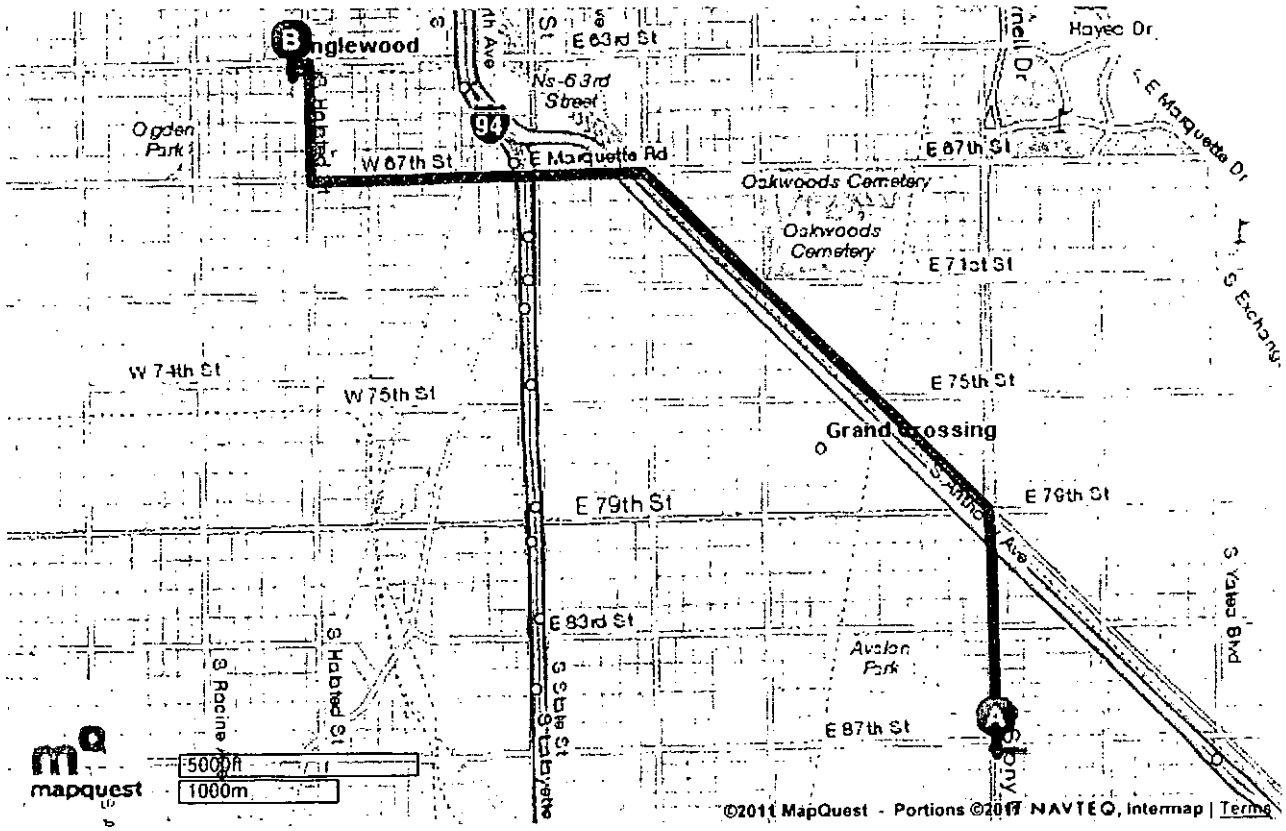
Notes

Midwest Renal Care-Chicago (Fresenius Ross-Englewood)

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.1 Mi**	1.1 mi
	2. Turn **slight left** onto **S South Chicago Ave**. *S South Chicago Ave is just past E 79th St* *Maxwell Street Grill is on the corner* *If you reach E 76th Pl you've gone about 0.3 miles too far*	**Go 2.1 Mi**	3.2 mi
	3. Turn **slight left** onto **E Marquette Rd / E 67th St**. *E Marquette Rd is 0.1 miles past S Eberhart Ave*	**Go 1.5 Mi**	4.7 mi
	4. Turn **right** onto **S Halsted St**. *S Halsted St is just past S Emerald Ave* *Easy Go Mobil is on the right* *If you reach S Green St you've gone a little too far*	**Go 0.5 Mi**	5.2 mi
	5. Take the 3rd **left** onto **W 63rd St**. *W 63rd St is 0.2 miles past W 65th St* *Subway is on the corner* *If you reach W Englewood Ave you've gone a little too far*	**Go 0.06 Mi**	5.3 mi
	6. Take the 1st **left** onto **S Green St**. *US Bank is on the left* *If you reach S Peoria Dr you've gone a little too far*	**Go 0.06 Mi**	5.3 mi
	7. **6333 S GREEN ST** is on the **left**. *If you are on S Peoria Dr and reach S Halsted St you've gone about 0.4 miles too far*		5.3 mi
B	**6333 S Green St** Chicago, IL 60621-1943	**5.3 mi**	**5.3 mi**

163

Total Travel Estimate: **5.34 miles - about 15 minutes**



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Notes

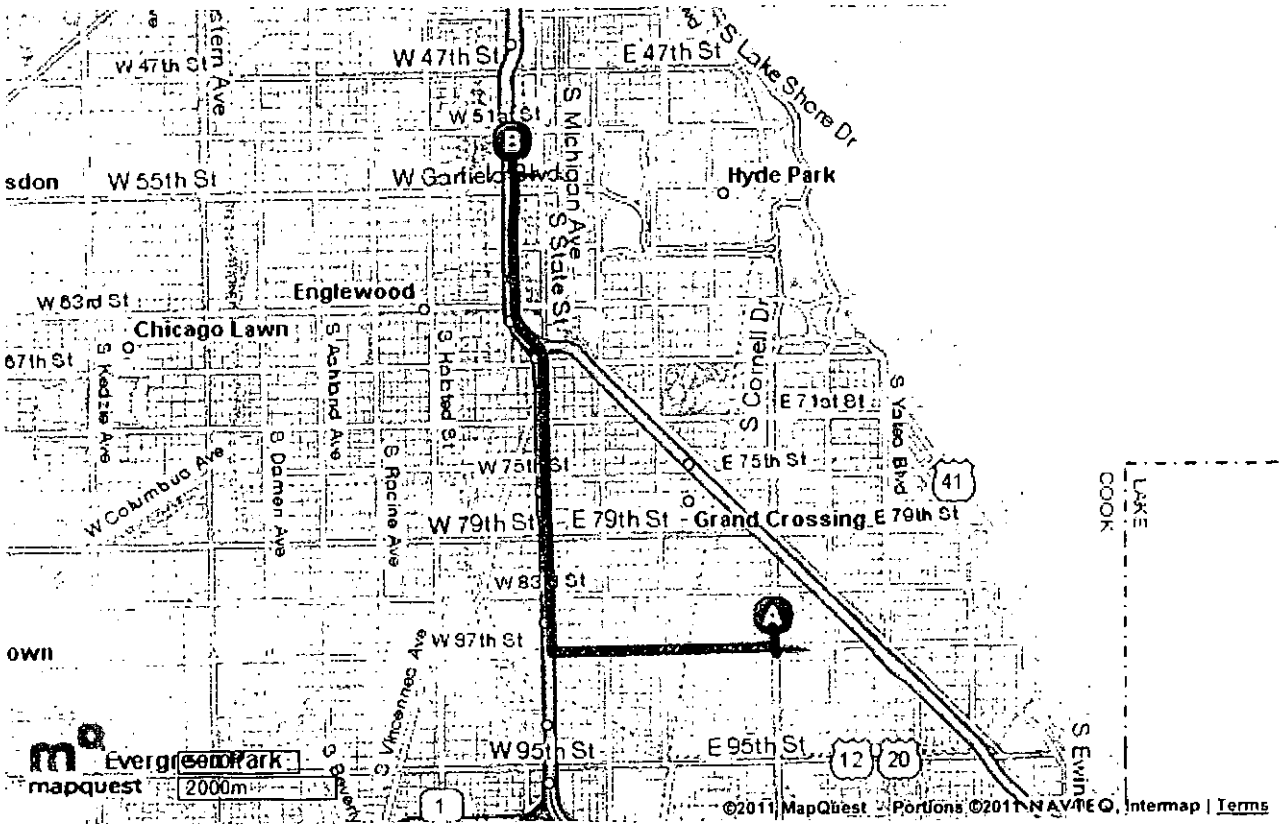
RCG Garfield

Trip to:
5401 S Wentworth Ave
Chicago, IL 60609-6300
6.27 miles
12 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the **left**.	**Go 3.7 Mi**	5.8 mi
	5. Take **EXIT 57** toward **Garfield Blvd**.	**Go 0.3 Mi**	6.1 mi
	6. Stay **straight** to go onto **S Wentworth Ave**.	**Go 0.2 Mi**	6.3 mi
	7. **5401 S WENTWORTH AVE** is on the **right**. *Your destination is just past W Garfield Blvd* *If you reach W 53rd St you've gone about 0.1 miles too far*		6.3 mi
	5401 S Wentworth Ave Chicago, IL 60609-6300	**6.3 mi**	**6.3 mi**

265

Total Travel Estimate: **6.27 miles - about 12 minutes**



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Notes

Neomedica Dialysis Ctrs - Bridgeport

Trip to:
825 W 35th St
Chicago, IL 60609-1511
9.58 miles
18 minutes

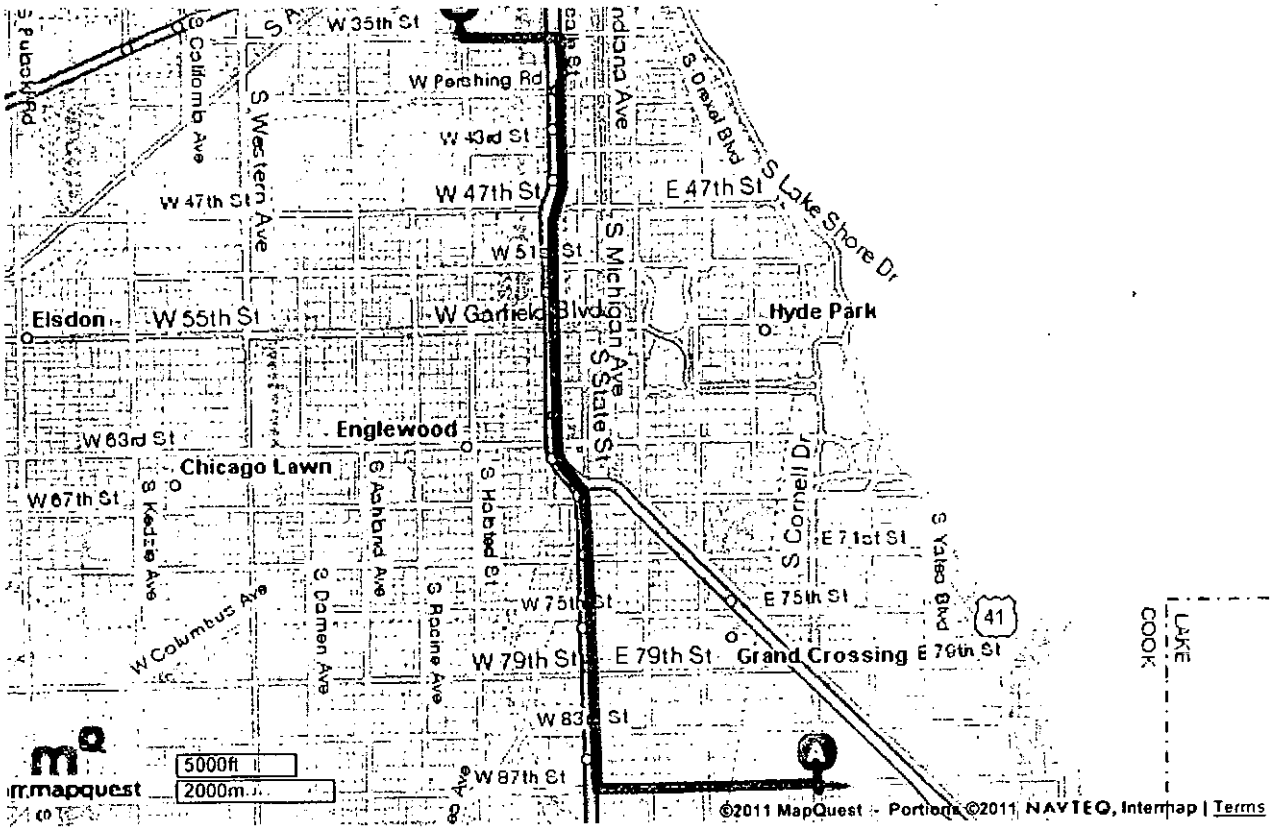
		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 2.0 Mi**	2.1 mi
	3. Turn **right** onto **S State St**. *S State St is just past S Wabash Ave* *Barkat AMOCO is on the corner* *If you are on W 87th St and reach S Lafayette Ave you've gone a little too far*	**Go 0.05 Mi**	2.1 mi
WEST 94	4. Merge onto **I-94 W / Dan Ryan Expy W** via the ramp on the left.	**Go 2.2 Mi**	4.3 mi
	5. Keep **left** to take **I-94 Express Ln W / Dan Ryan Express Ln W** toward **Pershing Rd**.	**Go 2.3 Mi**	6.6 mi
EXIT	6. Take the **I-90-LOCAL / I-94-LOCAL** exit.	**Go 0.5 Mi**	7.1 mi
WEST 90	7. Merge onto **I-90 W / I-94 W / Dan Ryan Expy W**.	**Go 1.1 Mi**	8.2 mi
55A EXIT	8. Take **EXIT 55A** toward **35th St**.	**Go 0.2 Mi**	8.4 mi
	9. Stay **straight** to go onto **S Lasalle St**.	**Go 0.3 Mi**	8.7 mi
	10. Turn **left** onto **W 35th St**. *W 35th St is 0.2 miles past W 37th St* *If you reach W 33rd St you've gone about 0.2 miles too far*	**Go 0.9 Mi**	9.6 mi
	11. **825 W 35TH ST** is on the left.		

267

■	*Your destination is just past S Halsted St* *If you reach S Lituanica Ave you've gone a little too far*		9.6 mi
B	**825 W 35th St** Chicago, IL 60609-1511	**9.6 mi**	**9.6 mi**

268

Total Travel Estimate: **9.58 miles - about 18 minutes**



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Trip to:
136 W 111th St
Chicago, IL 60628-4215
4.79 miles
10 minutes

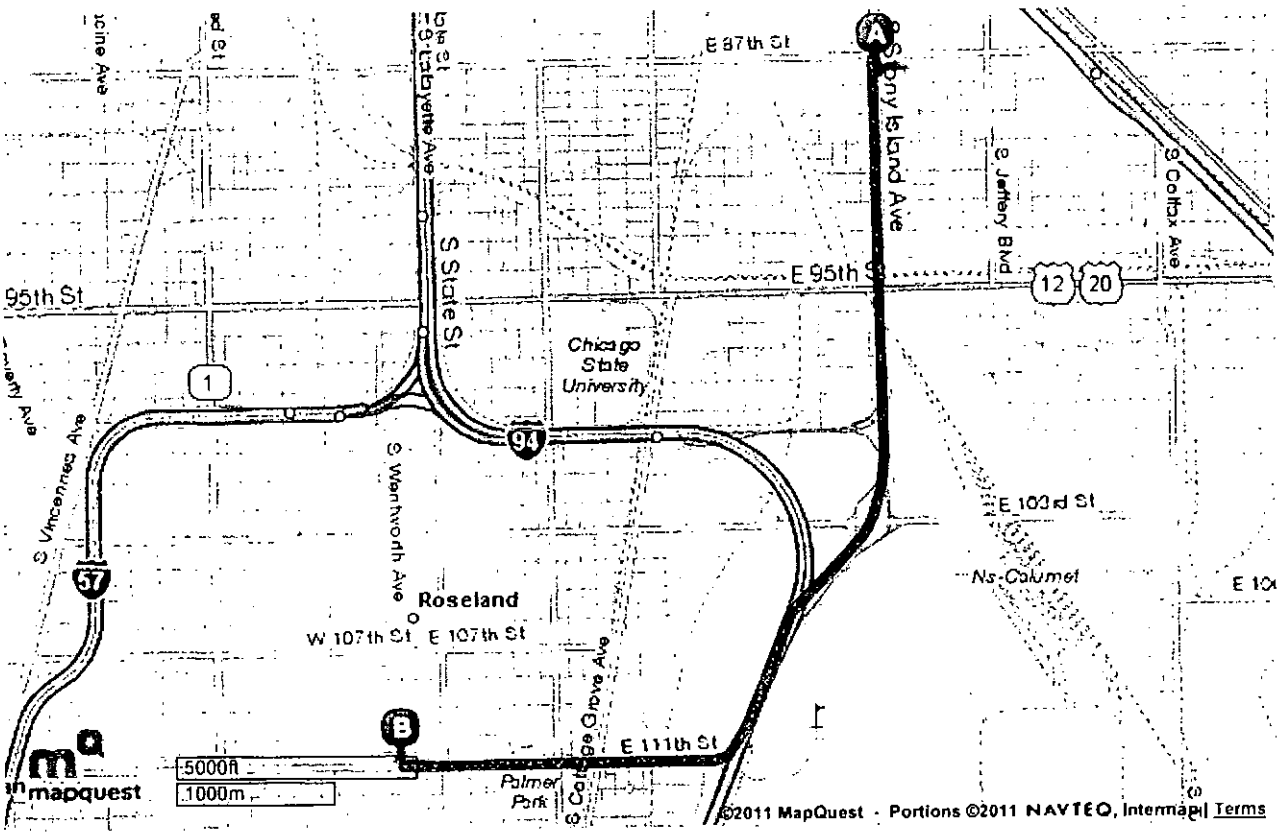
Notes

Fresenius Medical Care of Roseland

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 1.2 Mi**	2.4 mi
EAST 94	4. Merge onto **I-94 E / Bishop Ford Fwy**.	**Go 0.8 Mi**	3.2 mi
66A EXIT	5. Take the **111th St** exit, **EXIT 66A**.	**Go 0.2 Mi**	3.3 mi
	6. Keep **right** at the fork to go on **E 111th St**. *If you reach I-94 E you've gone about 0.1 miles too far*	**Go 1.5 Mi**	4.8 mi
	7. **136 W 111TH ST** is on the **right**. *Your destination is just past S Perry Ave* *If you reach S Wentworth Ave you've gone a little too far*		4.8 mi
	136 W 111th St Chicago, IL 60628-4215	**4.8 mi**	**4.8 mi**

270

Total Travel Estimate: **4.79 miles - about 10 minutes**



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Trip to:
1111 E 87th St Ste 700
Chicago, IL 60619-7038
0.67 miles
1 minute

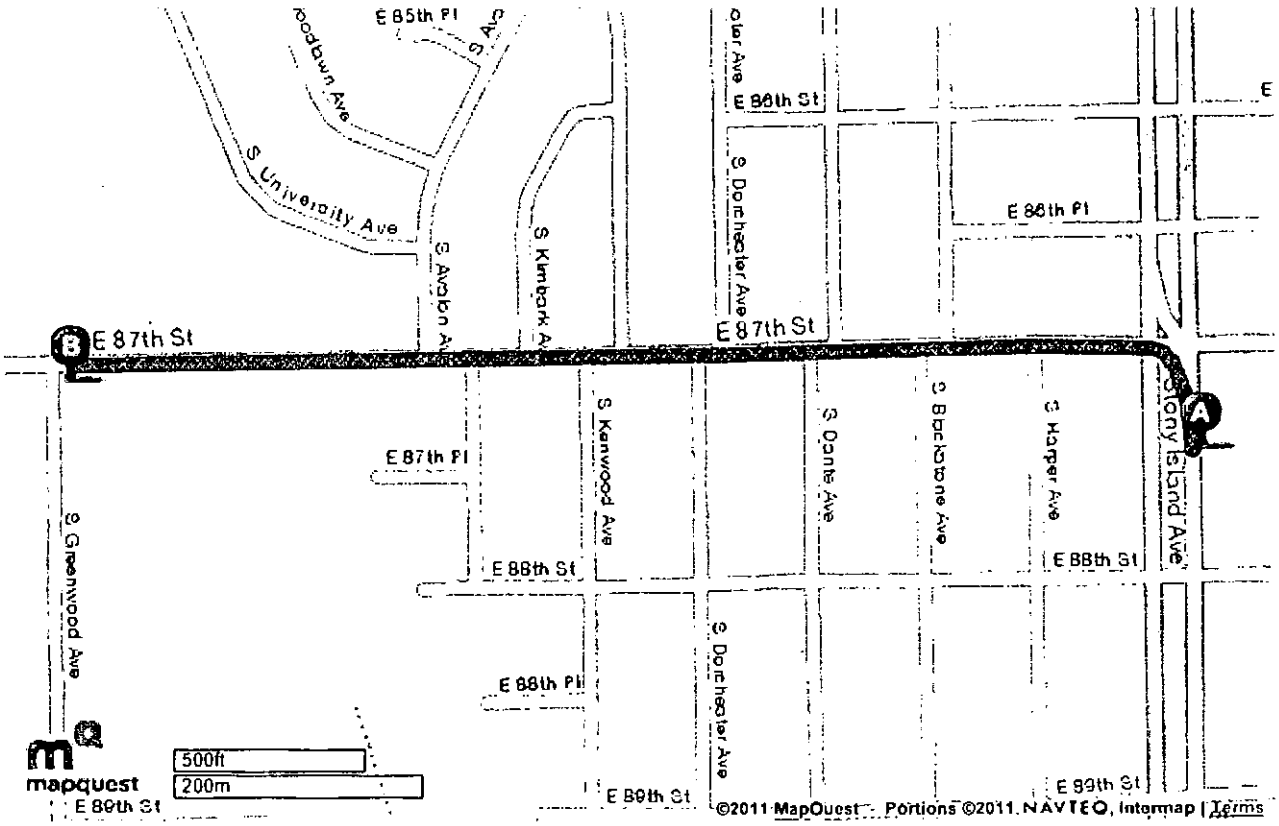
Notes

Greenwood Dialysis Center

A	**8721 S Stony Island Ave** Chicago, IL 60617-2709	**Miles Per Section**	**Miles Driven**
1	1. Start out going **north** on **S Stony Island Ave.**	**Go 0.02 Mi**	0.02 mi
2	2. Turn **slight left** onto **E 87th St.** *Checkers is on the corner*	**Go 0.7 Mi**	0.7 mi
■	3. **1111 E 87TH ST STE 700** is on the **left.** *Your destination is 0.1 miles past S Avalon Ave* *If you reach S Greenwood Ave you've gone a little too far*		0.7 mi
B	**1111 E 87th St Ste 700** Chicago, IL 60619-7038	**0.7 mi**	**0.7 mi**

272

Total Travel Estimate: **0.67 miles - about 1 minute**



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Notes

Blue Island Dialysis Ctr

Trip to:
2310 York St
Blue Island, IL 60406-2411
10.14 miles
17 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 0.2 Mi**	1.4 mi
WEST 94	4. Merge onto **I-94 W / Bishop Ford Fwy**.	**Go 1.7 Mi**	3.1 mi
57 EXIT SOUTH 57	5. Merge onto **I-57 S** via **EXIT 63** on the **left** toward **Memphis**.	**Go 5.4 Mi**	8.5 mi
353 EXIT	6. Take **EXIT 353** toward **127th St / Burr Oak Ave**.	**Go 0.2 Mi**	8.7 mi
	7. **Stay straight** to go onto **S Paulina St**.	**Go 0.08 Mi**	8.8 mi
	8. Take the **1st right** onto **W 127th St / W Burr Oak Ave**. *If you reach Vermont St you've gone about 0.3 miles too far*	**Go 0.9 Mi**	9.7 mi
	9. Turn **left** onto **Western Ave**. *Western Ave is 0.1 miles past Gregory St* *White Castle is on the left* *If you reach Artesian Ave you've gone a little too far*	**Go 0.4 Mi**	10.1 mi
	10. Turn **left** onto **York St**. *York St is just past High St* *Island's Cafe is on the corner* *If you reach New St you've gone a little too far*	**Go 0.09 Mi**	10.1 mi
	11. **2310 YORK ST** is on the **left**.		

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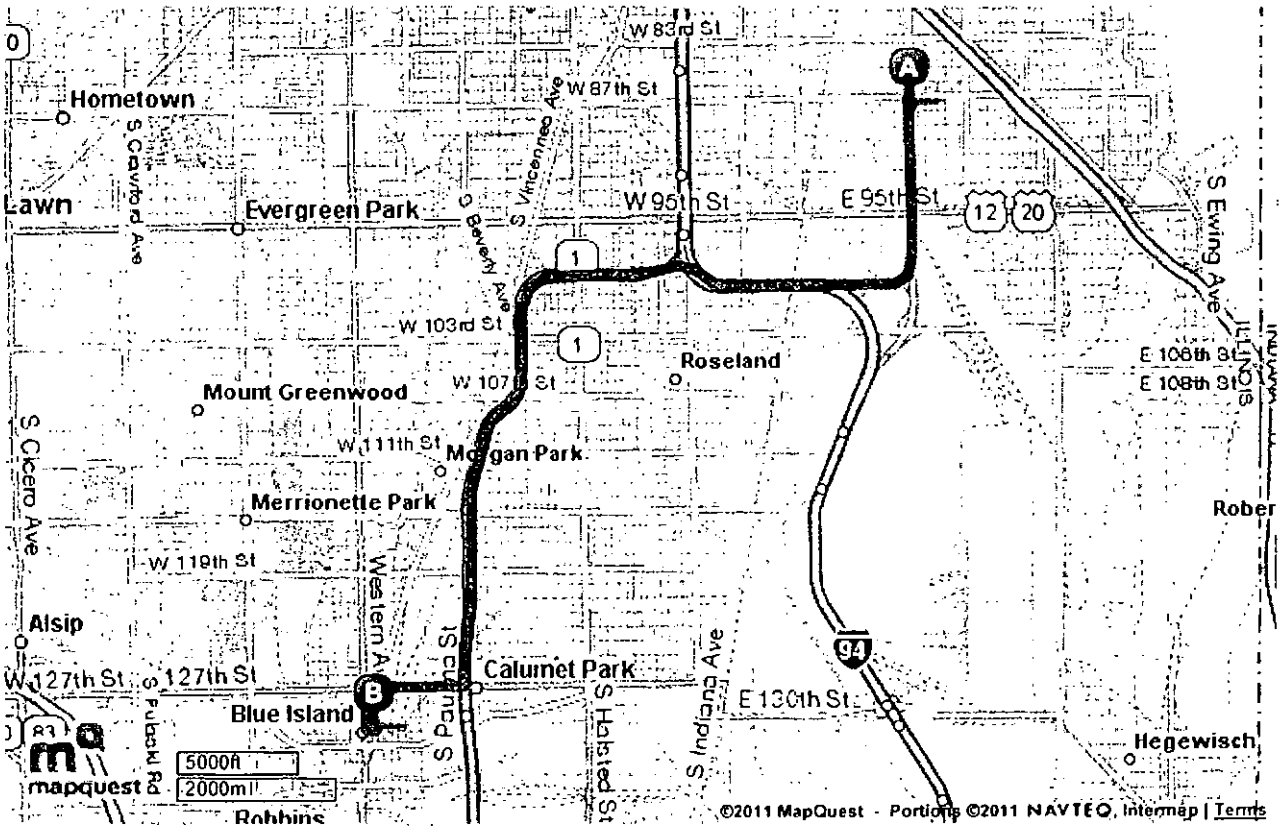
■	*If you reach Gregory St you've gone a little too far*		10.1 mi
8	**2310 York St** Blue Island, IL 60406-2411	**10.1 mi**	**10.1 mi**

275

Total Travel Estimate: **10.14 miles - about 17 minutes**



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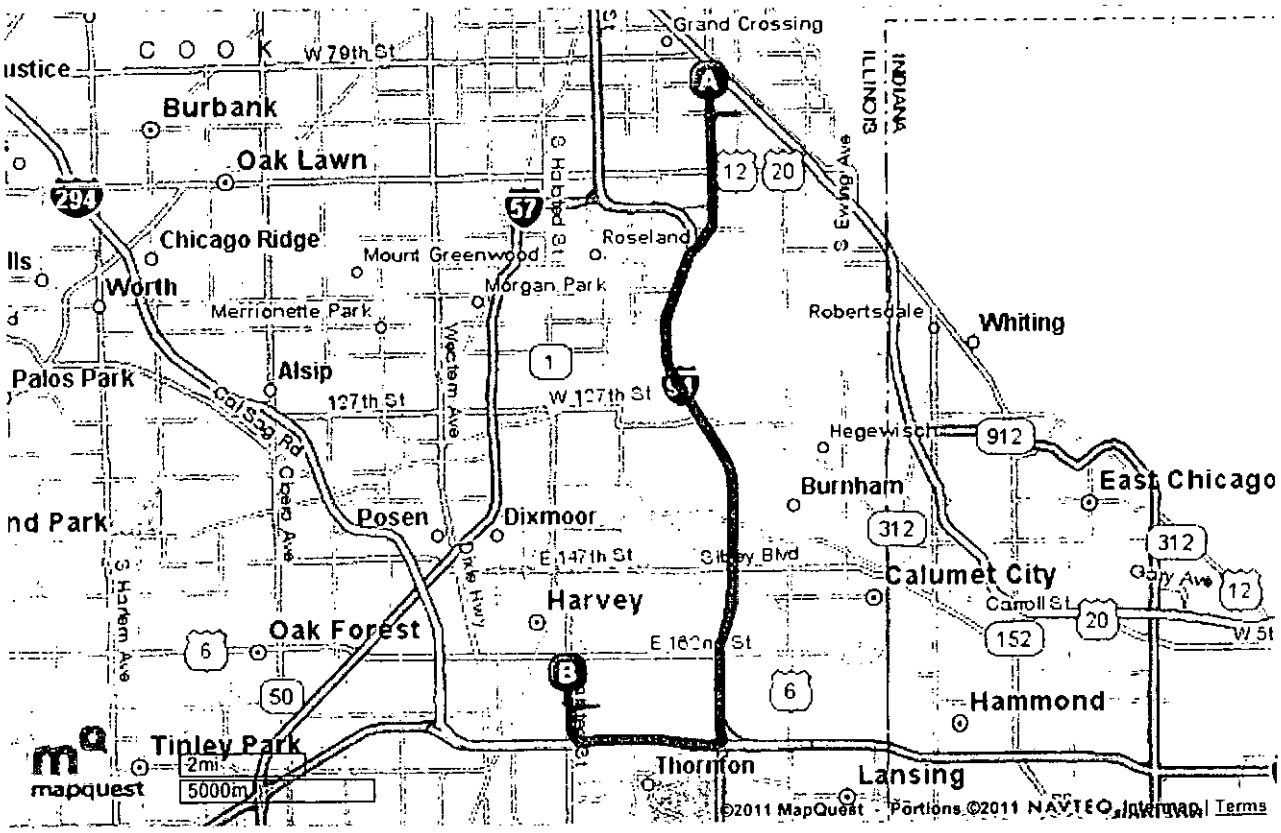
Trip to:
16657 Halsted St
Harvey, IL 60426-6112
14.91 miles
22 minutes

Notes
Community Dialysis of Harvey

		Miles Per Section	Miles Driven
8721 S Stony Island Ave Chicago, IL 60617-2709			
1. Start out going **north** on **S Stony Island Ave**.		**Go 0.02 Mi**	0.02 mi
2. Make a **U-turn** onto **S Stony Island Ave**.		**Go 1.2 Mi**	1.2 mi
3. **S Stony Island Ave** becomes **S Stony Island Ext**.		**Go 1.2 Mi**	2.4 mi
4. Merge onto **I-94 E / Bishop Ford Fwy**.	EAST 94	**Go 8.5 Mi**	10.9 mi
5. Keep **right** to take **Bishop Ford Fwy** via **EXIT 74A / B** toward **Danville / Iowa / Wisconsin**.	74A/B EXIT	**Go 0.5 Mi**	11.4 mi
6. Merge onto **I-80 W / I-294 N** via **EXIT 74B** toward **Iowa / Wisconsin** (Portions toll).	74B EXIT NORTH 294	**Go 2.5 Mi**	13.9 mi
7. Take the **IL-1 N / Halsted St** exit.	EXIT	**Go 0.6 Mi**	14.5 mi
8. Turn **slight right** onto **IL-1 / Halsted St**.	1	**Go 0.4 Mi**	14.9 mi
9. **16657 HALSTED ST** is on the **right**. *Your destination is just past E 167th St* *If you reach E 166th St you've gone a little too far*			14.9 mi
16657 Halsted St Harvey, IL 60426-6112		**14.9 mi**	**14.9 mi**

277

Total Travel Estimate: **14.91 miles - about 22 minutes**



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Trip to:
16136 S Park Ave
South Holland, IL 60473-1511
11.30 miles
17 minutes

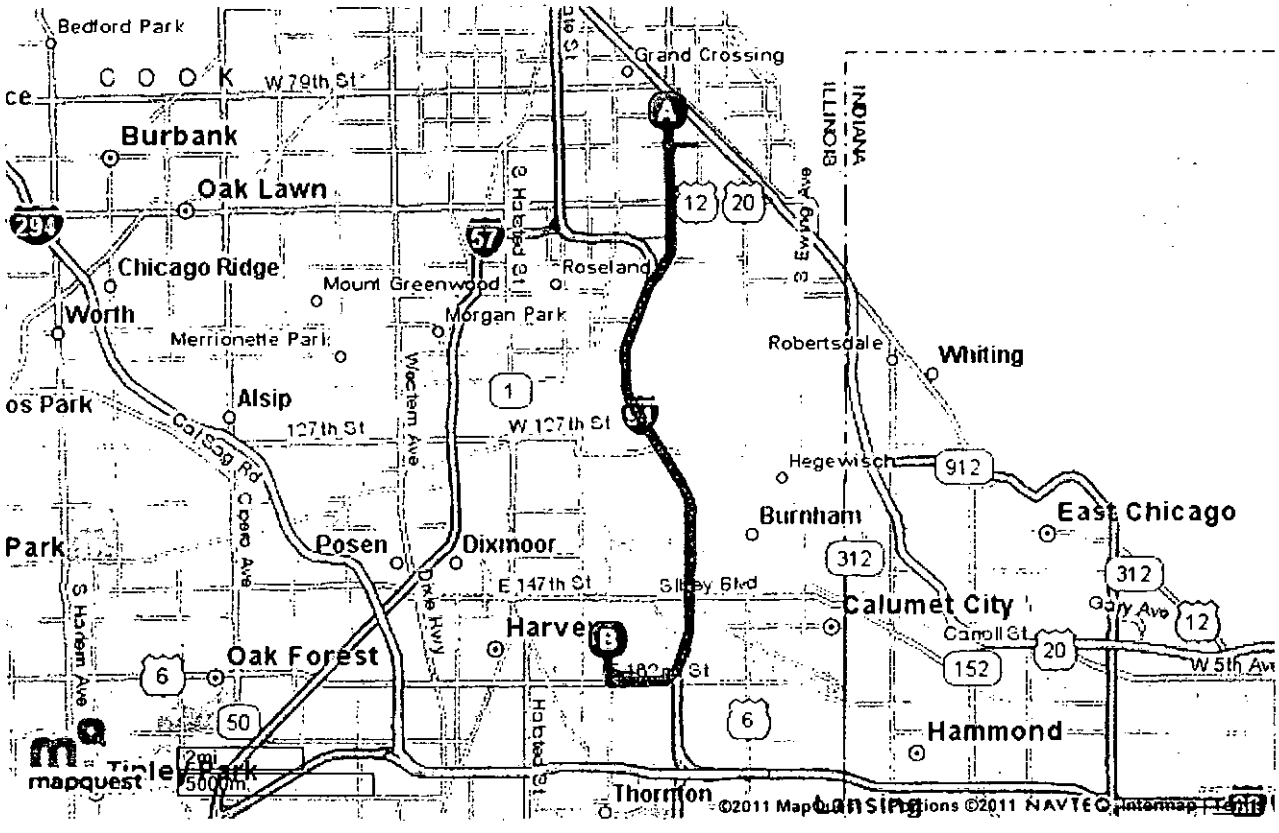
Notes

RCG - South Holland

	Miles Per Section	Miles Driven
8721 S Stony Island Ave Chicago, IL 60617-2709		
1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 1.2 Mi**	2.4 mi
4. Merge onto **I-94 E / Bishop Ford Fwy**.	**Go 7.5 Mi**	9.9 mi
5. Merge onto **US-6 W / E 162nd St** via **EXIT 73A**.	**Go 1.4 Mi**	11.2 mi
6. Turn **right** onto **S Park Ave**. *S Park Ave is 0.1 miles past Claire Ln* *Walgreens is on the corner* *If you reach Louis Ave you've gone a little too far*	**Go 0.08 Mi**	11.3 mi
7. **16136 S PARK AVE** is on the **left**. *Your destination is just past E 161st Pl* *If you reach E 161st St you've gone a little too far*		11.3 mi
16136 S Park Ave South Holland, IL 60473-1511	**11.3 mi**	**11.3 mi**

279

Total Travel Estimate: **11.30 miles - about 17 minutes**



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Notes

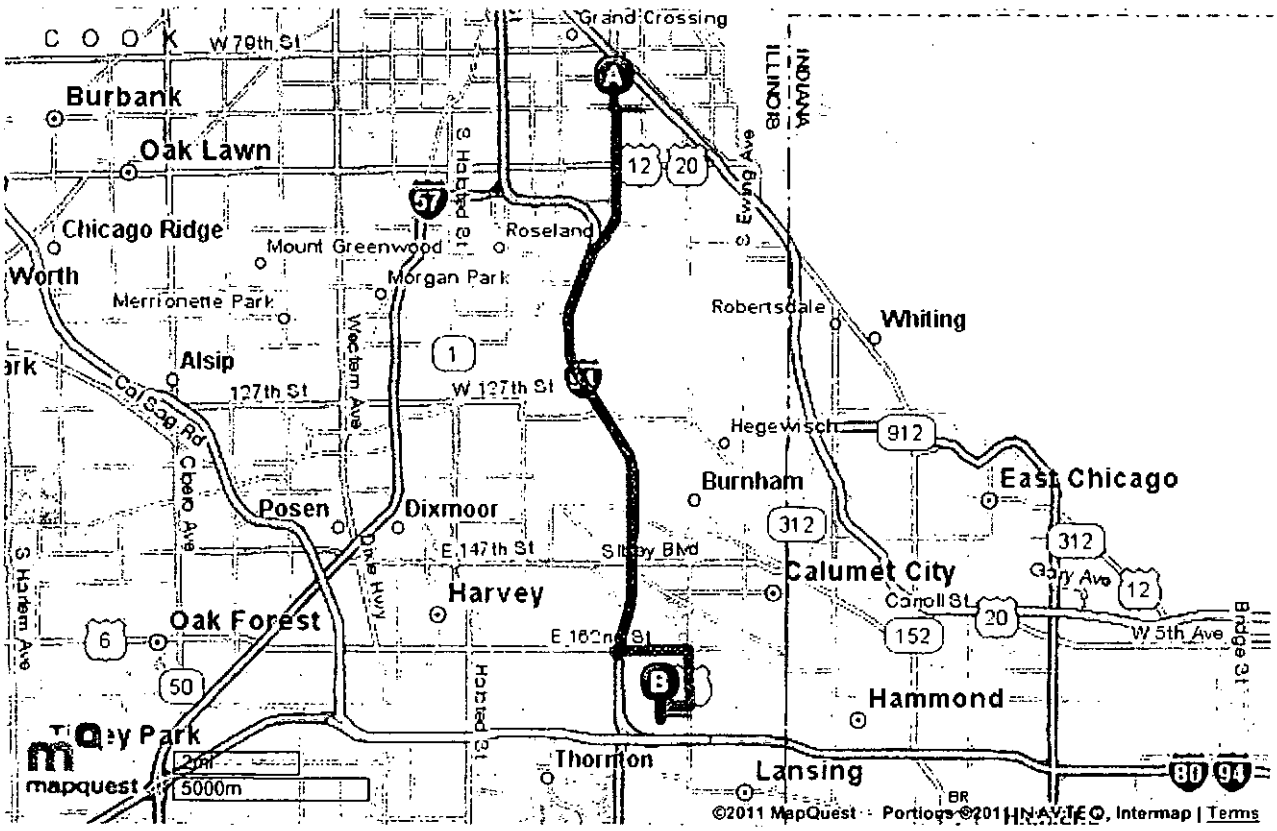
Neomedica Dialysis Ctrs - Far South Holland

Trip to:
17225 Paxton Ave
South Holland, IL 60473-3757
13.46 miles
22 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 1.2 Mi**	2.4 mi
EAST 94	4. Merge onto **I-94 E / Bishop Ford Fwy**.	**Go 7.7 Mi**	10.1 mi
73B EXIT / EAST 6	5. Merge onto **US-6 E / 159th St** via **EXIT 73B**.	**Go 1.6 Mi**	11.7 mi
6	6. Turn **right** onto **Torrence Ave / US-6 / IL-83**. *Torrence Ave is 0.2 miles past Ring Rd* *If you are on River Oaks Dr and reach River Oaks Ctr you've gone about 0.1 miles too far*	**Go 1.0 Mi**	12.7 mi
	7. Turn **right** onto **167th St / E 170th St**. Continue to follow **E 170th St**. *E 170th St is 0.4 miles past Exchange Ave* *Curves is on the corner* *If you reach 172nd St you've gone about 0.2 miles too far*	**Go 0.5 Mi**	13.2 mi
	8. Take the 2nd **left** onto **Paxton Ave**. *Paxton Ave is just past Luella Ave* *If you reach Merrill Ave you've gone a little too far*	**Go 0.2 Mi**	13.5 mi
	9. **17225 PAXTON AVE** is on the **left**. *Your destination is just past E 172nd St* *If you reach 172nd Pl you've gone a little too far*		13.5 mi
	17225 Paxton Ave South Holland, IL 60473-3757	**13.5 mi**	**13.5 mi**

281

Total Travel Estimate: **13.46 miles - about 22 minutes**



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Notes

Mount Greenwood Dialysis

Trip to:
3401 W 111th St
Chicago, IL 60655-3329
9.21 miles
18 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 0.2 Mi**	1.4 mi
I-WEST 94	4. Merge onto **I-94 W / Bishop Ford Fwy**.	**Go 1.7 Mi**	3.1 mi
63 EXIT / I-SOUTH 57	5. Merge onto **I-57 S** via **EXIT 63** on the **left** toward **Memphis**.	**Go 3.4 Mi**	6.5 mi
355 EXIT	6. Take the **111th St** exit, **EXIT 355**.	**Go 0.3 Mi**	6.8 mi
	7. Turn **right** onto **W 111th St**. *If you are on S Marshfield Ave and reach W 112th Pl you've gone about 0.2 miles too far*	**Go 0.1 Mi**	6.9 mi
	8. Turn **left** onto **S Vincennes Ave**. *Church of Jesus Christ of Lds is on the left*	**Go 0.2 Mi**	7.0 mi
	9. Take the 1st **right** onto **W Monterey Ave**. *W Monterey Ave is just past W Pryor Ave* *If you reach W Waseca Pl you've gone a little too far*	**Go 0.3 Mi**	7.4 mi
	10. **W Monterey Ave** becomes **W 111th St**.	**Go 1.8 Mi**	9.2 mi
	11. **3401 W 111TH ST** is on the **left**. *Your destination is just past S Homan Ave*		9.2 mi

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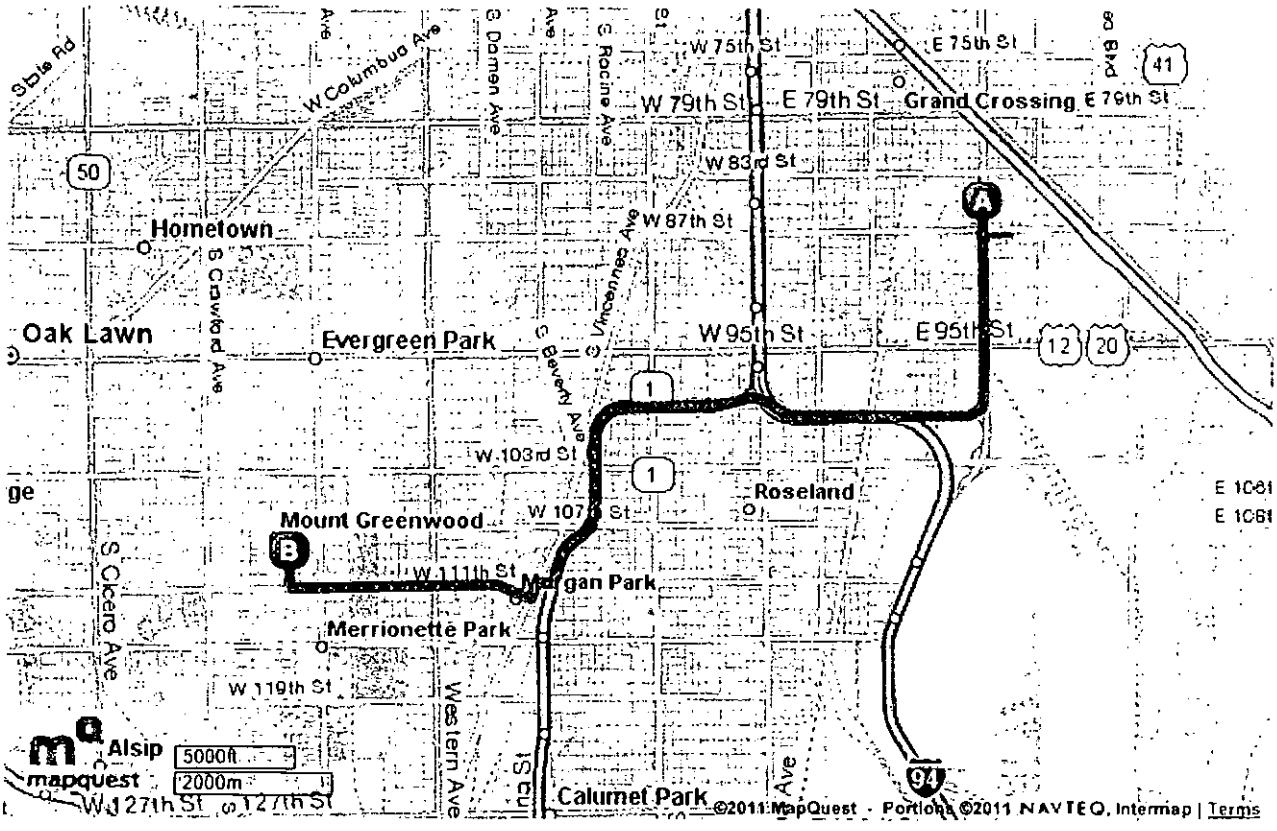
If you reach S Trumbull Ave you've gone a little too far

	3401 W 111th St Chicago, IL 60655-3329	**9.2 mi**	**9.2 mi**

284

Total Travel Estimate: **9.21 miles - about 18 minutes**



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Notes

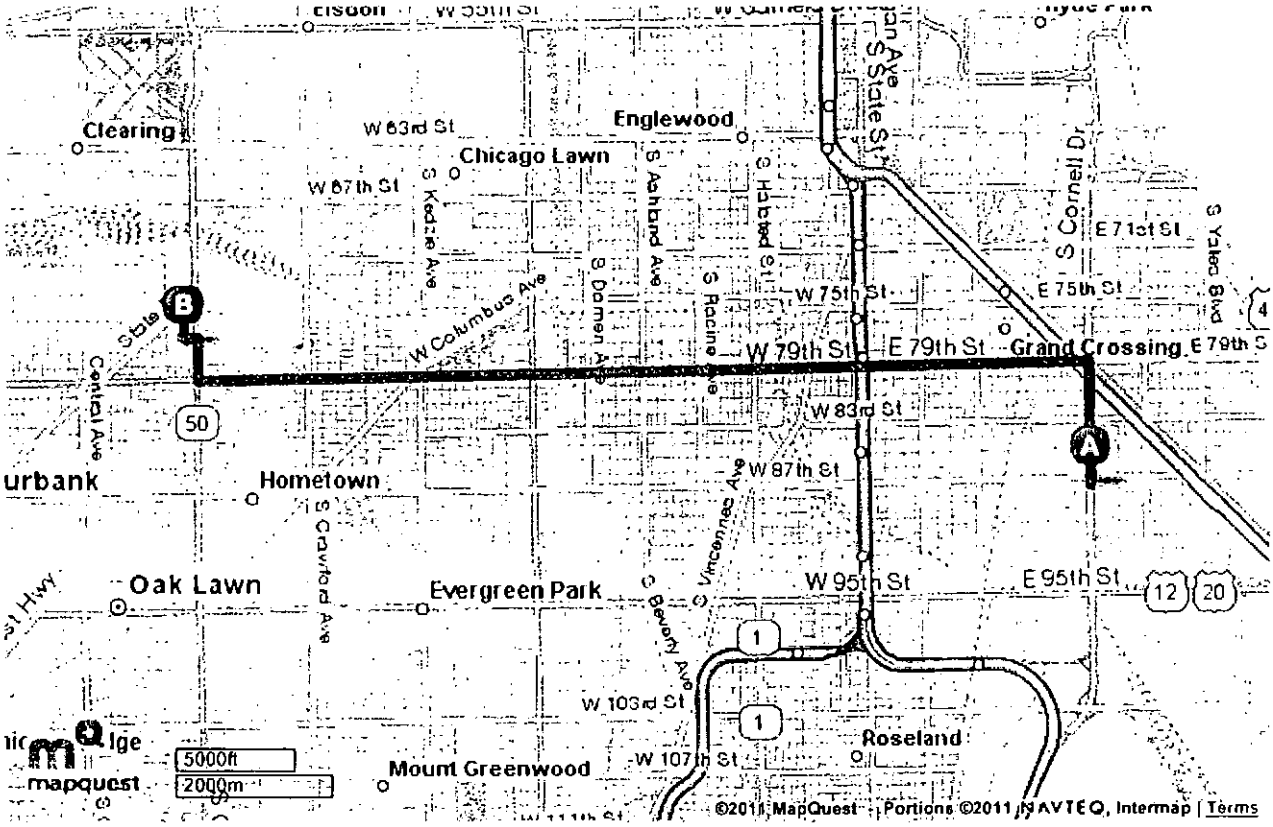
FMC Dialysis Services - Burbank

Trip to:
4811 W 77th St
Burbank, IL 60459-1586
9.59 miles
24 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**.	**Go 1.1 Mi**	1.1 mi
	2. Turn **left** onto **E 79th St**. *E 79th St is 0.1 miles past S Anthony Ave* *Maxwell Street Grill is on the corner* *If you reach S South Chicago Ave you've gone a little too far*	**Go 8.0 Mi**	9.1 mi
50	3. Turn **right** onto **S Cicero Ave / IL-50**. *S Cicero Ave is just past S Keating Ave* *Villas Bakery is on the corner* *If you reach La Crosse Ave you've gone a little too far*	**Go 0.4 Mi**	9.5 mi
	4. Turn **left** onto **W 76th St / W 77th St**. *W 76th St is 0.2 miles past W 78th St* *Olive Garden in Burbank Town Ctr is on the left* *If you reach S State Rd you've gone about 0.3 miles too far*	**Go 0.1 Mi**	9.6 mi
	5. Turn **left**. *Popeye's Chicken & Biscuits in Burbank Town Ctr is on the left*	**Go 0.02 Mi**	9.6 mi
	6. Take the **1st right** onto **W 77th St**. *Popeye's Chicken & Biscuits in Burbank Town Ctr is on the corner*		9.6 mi
	7. **4811 W 77TH ST** is on the **left**. *If you reach the end of W 77th St you've gone a little too far*		9.6 mi
B	**4811 W 77th St** Burbank, IL 60459-1586	**9.6 mi**	**9.6 mi**

286

Total Travel Estimate: **9.59 miles - about 24 minutes**



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Notes

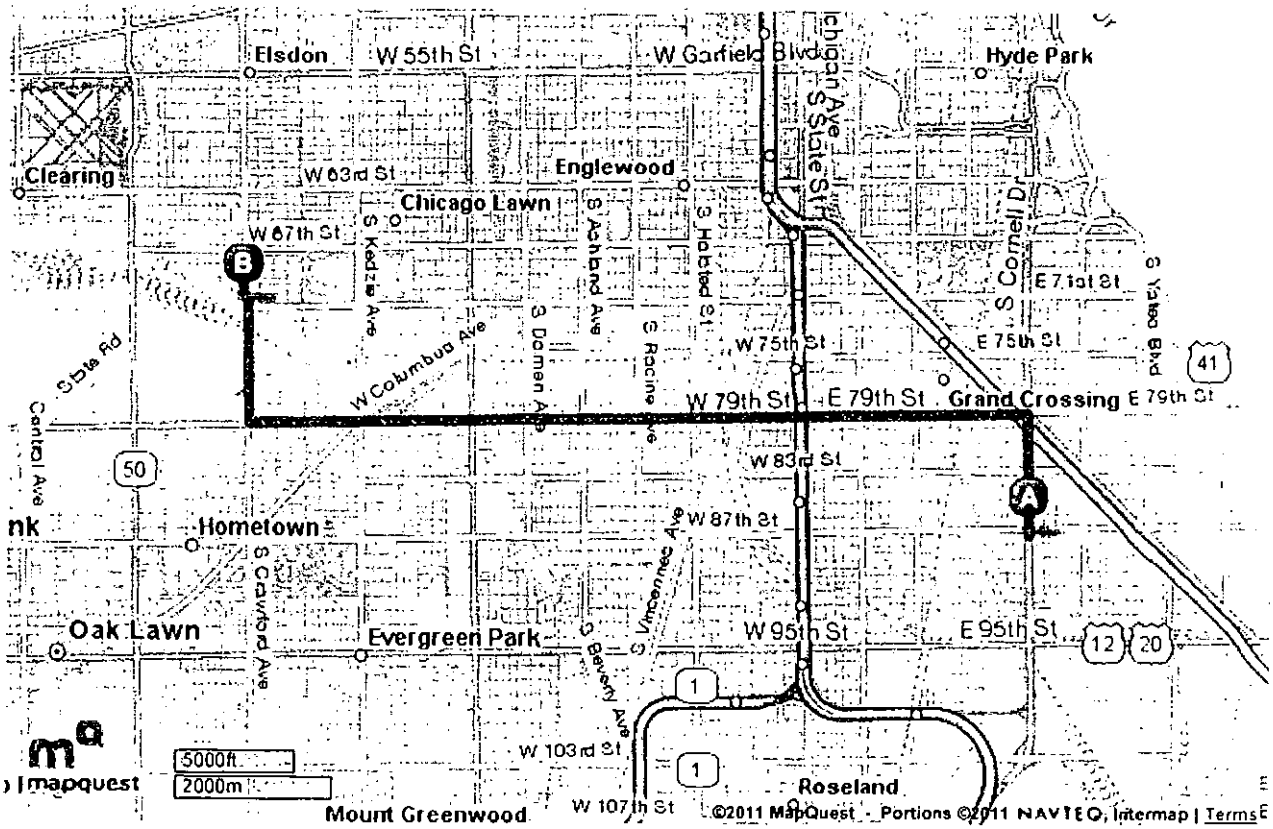
West Lawn Dialysis

Trip to:
7000 S Pulaski Rd
Chicago, IL 60629-5842
9.17 miles
23 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave** toward **E 87th St.**	**Go 1.1 Mi**	1.1 mi
	2. Turn **left** onto **E 79th St.** *E 79th St is 0.1 miles past S Anthony Ave* *Maxwell Street Grill is on the corner* *If you reach S South Chicago Ave you've gone a little too far*	**Go 7.0 Mi**	8.1 mi
	3. Turn **right** onto **S Pulaski Rd.** *S Pulaski Rd is just past S Springfield Ave* *White Castle is on the corner* *If you reach S Karlov Ave you've gone about 0.1 miles too far*	**Go 1.1 Mi**	9.2 mi
■	4. **7000 S PULASKI RD** is on the **left.** *Your destination is just past W 70th Pl* *If you reach W 70th St you've gone a little too far*		9.2 mi
B	**7000 S Pulaski Rd** Chicago, IL 60629-5842	**9.2 mi**	**9.2 mi**

288

Total Travel Estimate: **9.17 miles - about 23 minutes**



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Notes

Alsip Dialysis Center

Trip to:
12250 S Cicero Ave Ste 105
Alsip, IL 60803-2946
13.27 miles
24 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 0.2 Mi**	1.4 mi
	4. Merge onto **I-94 W / Bishop Ford Fwy**.	**Go 1.7 Mi**	3.1 mi
	5. Merge onto **I-57 S** via **EXIT 63** on the **left** toward **Memphis**.	**Go 5.4 Mi**	8.5 mi
	6. Take **EXIT 353** toward **127th St / Burr Oak Ave**.	**Go 0.2 Mi**	8.7 mi
	7. Stay **straight** to go onto **S Paulina St**.	**Go 0.08 Mi**	8.8 mi
	8. Take the 1st **right** onto **W 127th St / W Burr Oak Ave**. Continue to follow **W 127th St**. *If you reach Vermont St you've gone about 0.3 miles too far*	**Go 3.9 Mi**	12.7 mi
	9. Turn **right** onto **IL-50 N / S Cicero Ave**. *IL-50 N is 0.4 miles past S Kostner Ave* *If you reach S Laporte Ave you've gone about 0.2 miles too far*	**Go 0.6 Mi**	13.3 mi
	10. **12250 S CICERO AVE STE 105** is on the **left**. *Your destination is just past W 123rd St* *If you reach W 122nd St you've gone a little too far*		13.3 mi
	12250 S Cicero Ave Ste 105 Alsip, IL 60803-2946	**13.3 mi**	**13.3 mi**

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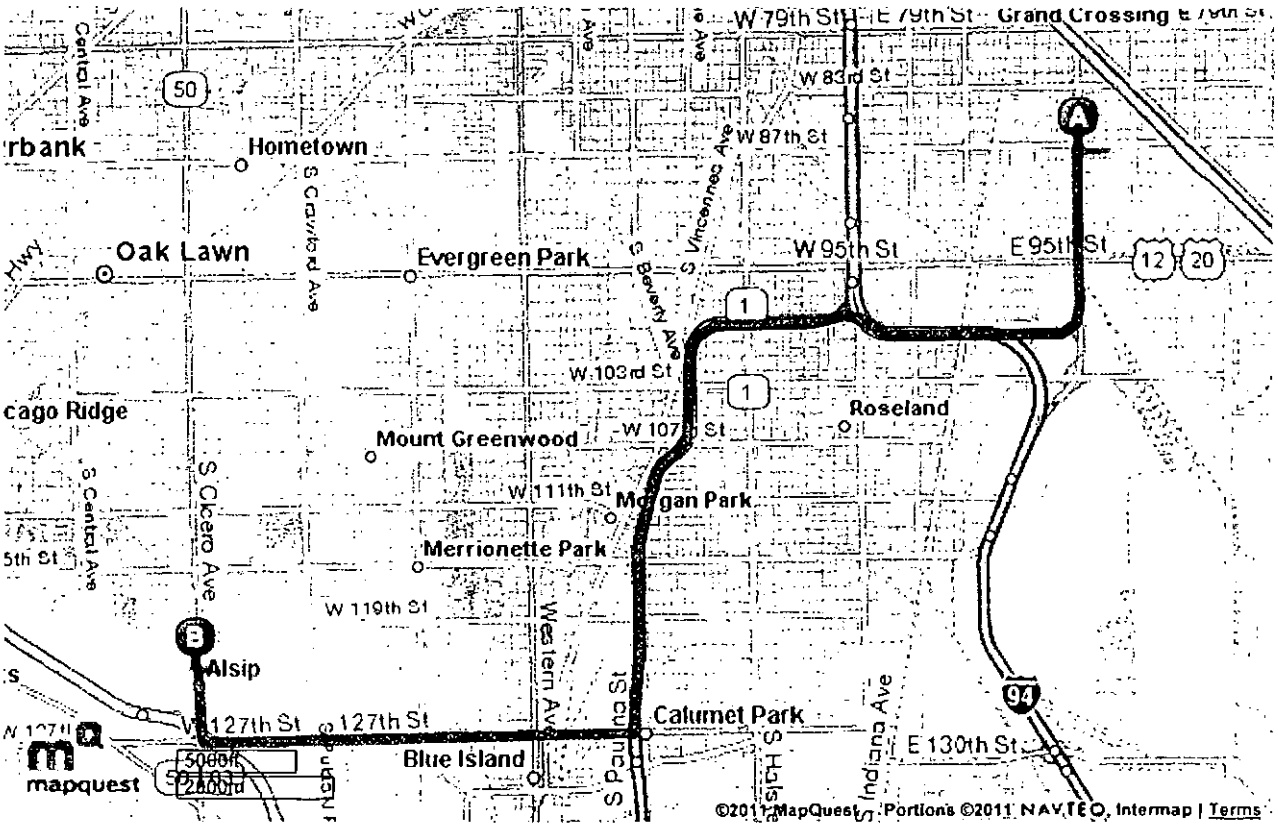
Total Travel Estimate: **13.27 miles - about 24 minutes**



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Notes

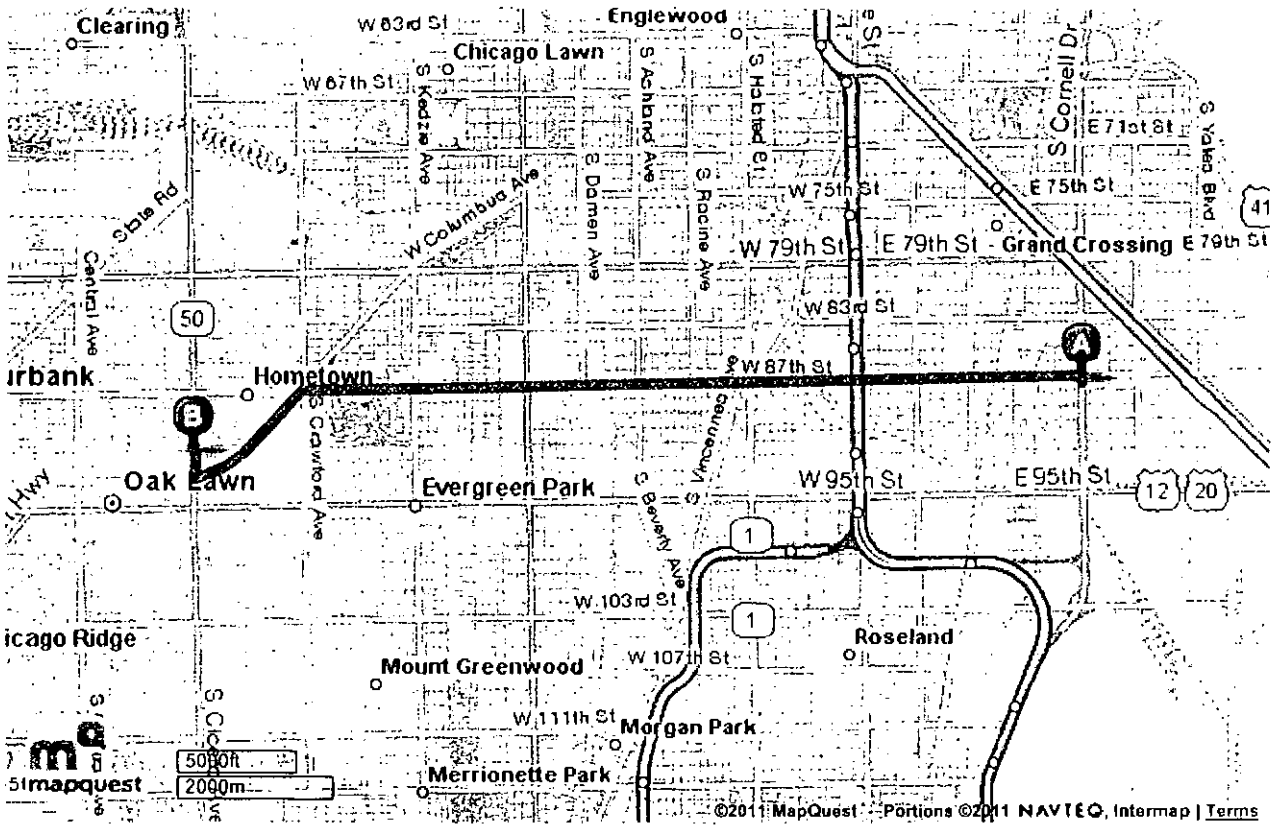
Stoney Creek Dialysis

Trip to:
9115 S Cicero Ave
Oak Lawn, IL 60453-1895
8.60 miles
22 minutes

		Miles Per Section	Miles Driven
A	**8721 S Stony Island Ave** Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Turn **slight left** onto **E 87th St**. *Checkers is on the corner*	**Go 7.1 Mi**	7.1 mi
	3. Turn **slight left** onto **SouthWest Hwy**. *SouthWest Hwy is just past S Pulaski Rd* *Charter One is on the corner* *If you reach S Komensky Ave you've gone a little too far*	**Go 1.2 Mi**	8.4 mi
50	4. Turn **right** onto **S Cicero Ave / IL-50**. *S Cicero Ave is just past S Keating Ave* *Raiza Hospitality Inc is on the corner* *If you reach S 48th Ct you've gone a little too far*	**Go 0.2 Mi**	8.6 mi
	5. **9115 S CICERO AVE** is on the right. *Your destination is just past W 91st Pl* *If you reach W 91st St you've gone a little too far*		8.6 mi
B	**9115 S Cicero Ave** Oak Lawn, IL 60453-1895	**8.6 mi**	**8.6 mi**

292

Total Travel Estimate: **8.60 miles - about 22 minutes**



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Notes

Dialysis Center of America - Crestwood

Trip to:
4861 Cal Sag Rd # 73
Crestwood, IL 60445-4415
13.35 miles
24 minutes

		Miles Per Section	Miles Driven
	8721 S Stony Island Ave Chicago, IL 60617-2709		
	1. Start out going **north** on **S Stony Island Ave**.	**Go 0.02 Mi**	0.02 mi
	2. Make a **U-turn** onto **S Stony Island Ave**.	**Go 1.2 Mi**	1.2 mi
	3. **S Stony Island Ave** becomes **S Stony Island Ext**.	**Go 0.2 Mi**	1.4 mi
WEST 94	4. Merge onto **I-94 W / Bishop Ford Fwy**.	**Go 1.7 Mi**	3.1 mi
63 EXIT, SOUTH 57	5. Merge onto **I-57 S** via **EXIT 63** on the left toward **Memphis**.	**Go 5.4 Mi**	8.5 mi
353 EXIT	6. Take **EXIT 353** toward **127th St / Burr Oak Ave**.	**Go 0.2 Mi**	8.7 mi
	7. Stay **straight** to go onto **S Paulina St**.	**Go 0.08 Mi**	8.8 mi
	8. Take the 1st **right** onto **W 127th St / W Burr Oak Ave**. Continue to follow **W 127th St**. *If you reach Vermont St you've gone about 0.3 miles too far*	**Go 3.9 Mi**	12.7 mi
SOUTH 50	9. Turn **left** onto **IL-50 S / S Cicero Ave / IL-83 S**. *IL-50 S is 0.5 miles past S Kostner Ave* *If you reach S Laporte Ave you've gone about 0.1 miles too far*	**Go 0.6 Mi**	13.3 mi
	10. Turn **slight right** onto **Cal Sag Rd**. *Cal Sag Rd is 0.1 miles past W 131st St* *If you are on Cicero Ave and reach Rivercrest Dr you've gone about 0.2 miles too far*	**Go 0.10 Mi**	13.4 mi
	■		

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	11. **4861 CAL SAG RD # 73** is on the **left**. *If you reach Rivercrest Dr you've gone about 0.2 miles too far*		13.4 mi
	4861 Cal Sag Rd # 73 Crestwood, IL 60445-4415	**13.4 mi**	**13.4 mi**

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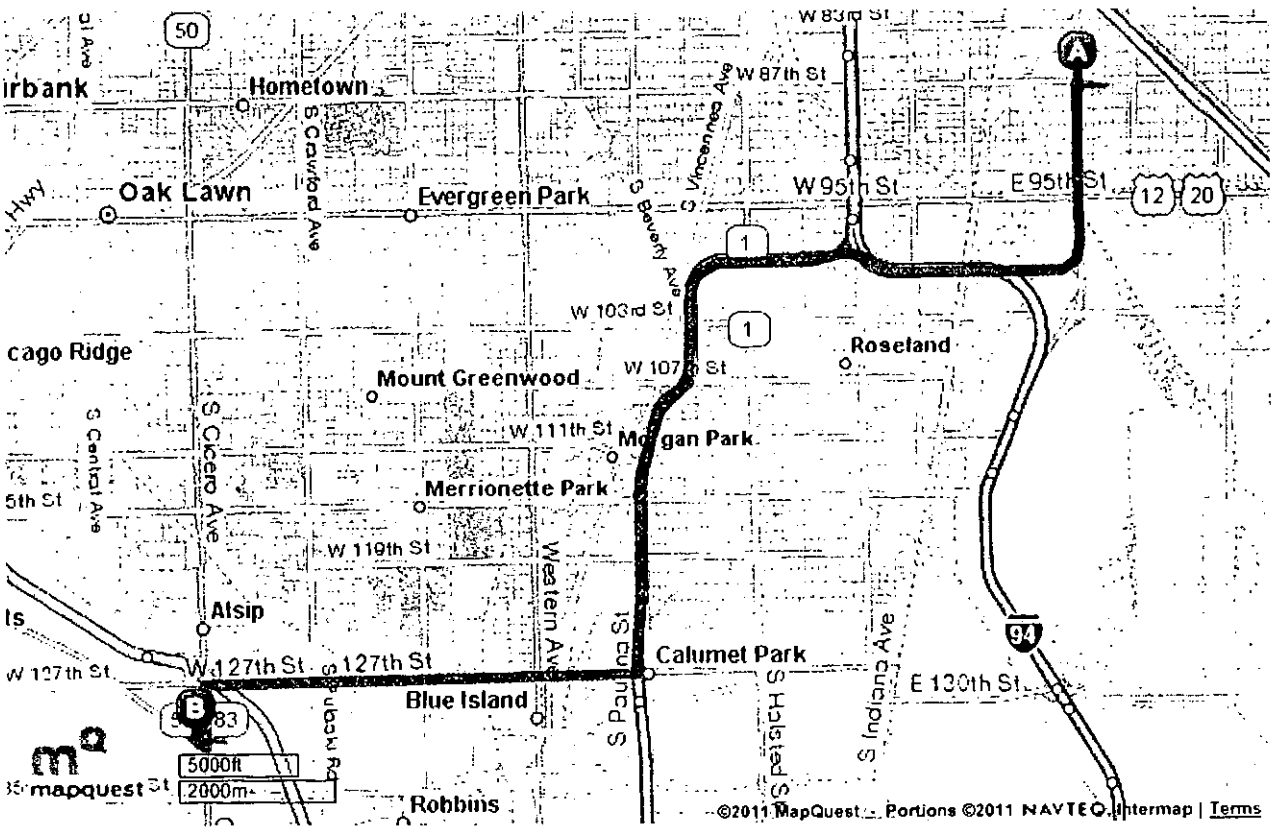
Total Travel Estimate: **13.35 miles - about 24 minutes**



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Appendix 2 – 2010 10-K Annual Report for DaVita Inc.

Attached as Appendix 2 is the 2010 10-K Annual Report filed on Febuary 25, 2011.

DAVITA INC (DVA)

10-K
Annual report pursuant to section 13 and 15(d)
Filed on 02/25/2011
Filed Period 12/31/2010

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

For the Fiscal Year Ended
December 31, 2010

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

Commission File Number: 1-14106

DAVITA INC.

1551 Wewatta Street
Denver, Colorado 80202
Telephone number (303) 405-2100

Delaware	51-0354549
(State of incorporation)	(I.R.S. Employer Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Class of Security:	Registered on:
Common Stock, $0.001 par value	New York Stock Exchange
Common Stock Purchase Rights	New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐
(Do not check if a smaller reporting company)

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2010, the number of shares of the Registrant's common stock outstanding was approximately 102.6 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately $6.4 billion.

As of January 31, 2011, the number of shares of the Registrant's common stock outstanding was approximately 96.0 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately $7.1 billion.

Documents incorporated by reference

Portions of the Registrant's proxy statement for its 2011 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

PART I

Item 1. Business

We were incorporated as a Delaware corporation in 1994. Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports filed or furnished pursuant to section 13(a) or 15(d) of the Exchange Act are made available free of charge through our website, located at http://www.davita.com, as soon as reasonably practicable after the reports are filed with or furnished to the Securities and Exchange Commission, or SEC. The SEC also maintains a website at http://www.sec.gov where these reports and other information about us can be obtained. The contents of our website are not incorporated by reference into this report.

Overview

DaVita is a leading provider of kidney dialysis services in the United States for patients suffering from chronic kidney failure, also known as end stage renal disease, or ESRD. As of December 31, 2010, we operated or provided administrative services to 1,612 outpatient dialysis centers located in 42 states and the District of Columbia, serving approximately 125,000 patients. We also provide acute inpatient dialysis services in approximately 750 hospitals and related laboratory services. Our dialysis and related lab services business accounts for approximately 94% of our consolidated net operating revenues. Our other ancillary services and strategic initiatives currently account for approximately 6% of our consolidated net operating revenues and relate primarily to our core business of providing kidney dialysis services.

The dialysis industry

The loss of kidney function is normally irreversible. Kidney failure is typically caused by Type I and Type II diabetes, high blood pressure, polycystic kidney disease, long-term autoimmune attack on the kidney and prolonged urinary tract obstruction. ESRD is the stage of advanced kidney impairment that requires continued dialysis treatments or a kidney transplant to sustain life. Dialysis is the removal of toxins, fluids and salt from the blood of ESRD patients by artificial means. Patients suffering from ESRD generally require dialysis at least three times a week for the rest of their lives.

According to United States Renal Data System, there were 382,000 ESRD dialysis patients in the United States in 2008 and the underlying ESRD dialysis patient population has grown at an approximate compound rate of 3.8% from 2000 to 2008, the latest period for which such data is available. The growth rate is attributable to the aging of the population, increased incidence rates for diseases that cause kidney failure such as diabetes and hypertension, lower mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD.

Since 1972, the federal government has provided health care coverage for ESRD patients under the Medicare ESRD program regardless of age or financial circumstances. ESRD is the first and only disease state eligible for Medicare coverage both for dialysis and dialysis-related services and for all benefits available under the Medicare program. Under this system, Congress established Medicare rates for dialysis treatments, related supplies, lab tests and medications. Although Medicare reimbursement limits the allowable charge per treatment, it provides industry participants with a relatively predictable and recurring revenue stream for dialysis services provided to patients without commercial insurance. Approximately 89% of our total patients are under government-based programs, with approximately 80% of our patients under Medicare and Medicare-assigned plans.

Prior to January 2011, dialysis providers operating under the Medicare ESRD program received a composite payment rate to cover routine dialysis treatments and certain supplies. There was a separate payment for laboratory testing and pharmaceuticals such as erythropoietin, or EPO, vitamin D analogs and iron supplements

that were not included in the composite payment rate. However, beginning in January 2011, Medicare implemented a new payment system in which all ESRD payments are now made under a single bundled payment rate that provides for an annual inflation adjustment based upon a market basket index, less a productivity improvement factor. The bundled payment rate provides a fixed rate to encompass all goods and services provided during the dialysis treatment, including pharmaceuticals that were historically separately reimbursed to the dialysis providers, such as EPO, vitamin D analogs and iron supplements, irrespective of the level of pharmaceuticals administered or additional services performed. Most lab services that used to be paid directly to laboratories are also included in the new payment bundle.

Treatment options for ESRD

Treatment options for ESRD are dialysis and kidney transplantation.

Dialysis Options

- *Hemodialysis*

Hemodialysis, the most common form of ESRD treatment, is usually performed at a freestanding outpatient dialysis center, a hospital-based outpatient center, or at the patient's home. The hemodialysis machine uses an artificial kidney, called a dialyzer, to remove toxins, fluids and salt from the patient's blood. The dialysis process occurs across a semi-permeable membrane that divides the dialyzer into two distinct chambers. While blood is circulated through one chamber, a pre-mixed fluid is circulated through the other chamber. The toxins, salt and excess fluids from the blood cross the membrane into the fluid, allowing cleansed blood to return into the patient's body. Each hemodialysis treatment that occurs in the outpatient dialysis centers typically lasts approximately three and one-half hours and is usually performed three times per week.

Some ESRD patients who are healthier and more independent may perform home-based hemodialysis in their home or residence through the use of a hemodialysis machine designed for home therapy that is portable, smaller and easier to use. Patients receive training, support and monitoring from registered nurses, in some cases in our outpatient dialysis centers, in connection with treatments. Home-based hemodialysis is typically performed with greater frequency than dialysis treatments performed in outpatient dialysis centers and on varying schedules.

Hospital inpatient hemodialysis services are required for patients with acute kidney failure resulting from trauma, patients in early stages of ESRD, and ESRD patients who require hospitalization for other reasons. Hospital inpatient hemodialysis is generally performed at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

- *Peritoneal dialysis*

Peritoneal dialysis uses the patient's peritoneal or abdominal cavity to eliminate fluid and toxins and is typically performed at home. The most common methods of peritoneal dialysis are continuous ambulatory peritoneal dialysis, or CAPD, and continuous cycling peritoneal dialysis, or CCPD. Because it does not involve going to an outpatient dialysis center three times a week for treatment, peritoneal dialysis is an alternative to hemodialysis for patients who are healthier, more independent and desire more flexibility in their lifestyle. However, peritoneal dialysis is not a suitable method of treatment for many patients, including patients who are unable to perform the necessary procedures and those at greater risk of peritoneal infection.

CAPD introduces dialysis solution into the patient's peritoneal cavity through a surgically placed catheter. Toxins in the blood continuously cross the peritoneal membrane into the dialysis solution. After several hours, the patient drains the used dialysis solution and replaces it with fresh solution. This procedure is usually repeated four times per day.

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CCPD is performed in a manner similar to CAPD, but uses a mechanical device to cycle dialysis solution through the patient's peritoneal cavity while the patient is sleeping or at rest.

- *Kidney transplantation*

Although kidney transplantation, when successful, is generally the most desirable form of therapeutic intervention, the shortage of suitable donors, side effects of immunosuppressive pharmaceuticals given to transplant recipients and dangers associated with transplant surgery for some patient populations limit the use of this treatment option.

Services we provide

Dialysis and Related Lab Services

Outpatient dialysis services

As of December 31, 2010, we operated or provided administrative services to 1,612 outpatient dialysis centers in the United States that are designed specifically for outpatient hemodialysis. In 2010, we added a net total of 82 outpatient dialysis centers primarily as a result of acquisitions and the opening of new centers, net of center closures and divestitures. This represented a total increase of approximately 5% to our overall network of outpatient dialysis centers.

As a condition of our enrollment in Medicare, we contract with a nephrologist or a group of affiliated nephrologists to provide medical director services at each of our centers. In addition, other nephrologists may apply for practice privileges to treat their patients at our centers. Each center has an administrator, typically a registered nurse, who supervises the day-to-day operations of the center and its staff. The staff of each center typically consists of registered nurses, licensed practical or vocational nurses, patient care technicians, a social worker, a registered dietician, biomedical technician support and other administrative and support personnel.

Many of our outpatient dialysis centers offer services for dialysis patients who prefer and are able to perform either home-based hemodialysis in their homes or peritoneal dialysis. Home-based hemodialysis services consist of providing equipment and supplies, training, patient monitoring, on-call support services and follow-up assistance. Registered nurses train patients and their families or other caregivers to perform either home-based hemodialysis or peritoneal dialysis.

Under Medicare regulations, we cannot promote, develop or maintain any kind of contractual relationship with our patients which would directly or indirectly obligate a patient to use or continue to use our dialysis services, or which would give us any preferential rights other than those related to collecting payments for our services. Our total patient turnover averaged approximately 30% per year for the last two years. However, in 2010 the overall number of patients to whom we furnished services increased by approximately 6%, primarily from continued growth within the industry, lower mortality rates and the opening of new centers and acquisitions.

Hospital inpatient hemodialysis services

We provide hospital inpatient hemodialysis services, excluding physician services, to patients in approximately 750 hospitals. We render these services for a contracted per-treatment fee that is individually negotiated with each hospital. When a hospital requests our services, we typically administer the dialysis treatment at the patient's bedside or in a dedicated treatment room in the hospital, as needed. Hospital inpatient hemodialysis services are required for patients as discussed above. In 2010, hospital inpatient hemodialysis services accounted for approximately 4% of our total dialysis treatments.

ESRD laboratory services

We own two separately incorporated, licensed, clinical laboratories specializing in ESRD patient testing. These specialized laboratories provide routine laboratory tests for dialysis and other physician-prescribed laboratory tests for ESRD patients. Our laboratories provide these tests predominantly for our network of ESRD patients throughout the United States. These tests are performed to monitor a patient's ESRD condition, including the adequacy of dialysis, as well as other medical conditions. Our laboratories utilize information systems which provide information to our dialysis centers regarding critical outcome indicators.

Management services

We currently operate or provide management and administrative services to 32 outpatient dialysis centers in which we either own a minority equity investment or are wholly-owned by third parties. These services are provided pursuant to management and administrative services agreements. Management fees are established by contract and are recognized as earned typically based on a percentage of revenues or cash collections generated by the centers.

Ancillary services and strategic initiatives

Ancillary services and strategic initiatives, which currently account for approximately 6% of our total consolidated net operating revenues, consist of the following:

- *Pharmacy services.* DaVita Rx is a pharmacy that provides oral medications to DaVita's patients with ESRD. The main objectives of the pharmacy are to improve clinical outcomes by facilitating increased patient compliance and to provide our patients a convenient way to fill their prescription needs by delivering the prescriptions to the center where they are treated. Revenues are recognized as prescriptions are filled and shipped to patients.
- *Infusion therapy services.* HomeChoice Partners provides personalized infusion therapy services to patients typically in their own homes as a cost-effective alternative to inpatient hospitalization. Intravenous and nutritional support therapies are typically managed by registered and/or board-certified professionals including pharmacists, nurses and dieticians in collaboration with the patient's physician in support of the patient's ongoing health care needs. Revenues are recognized in the period when infusion therapy services are provided.
- *Disease management services.* VillageHealth provides advanced care management services to health plans and government agencies for employees/members diagnosed with Chronic Kidney Disease (CKD) or ESRD. Through a combination of clinical coordination, medical claims analysis and information technology, we endeavor to assist our customers and patients in obtaining superior renal health care and improved clinical outcomes, as well as helping to reduce overall medical costs. Revenues are typically based upon an established contract fee and are recognized as earned over the contract period and can include additional fees for cost savings recognized by certain customers.
- *Vascular access services.* Lifeline provides management and administrative services to physician-owned vascular access clinics that provide surgical and interventional radiology services for dialysis patients. Lifeline also is the majority-owner of one vascular access clinic. Management fees generated from providing management and administrative services are recognized as earned typically based on a percentage of revenues or cash collections generated by the clinics. Revenues associated with the vascular access clinic that is majority-owned are recognized in the period when physician services are provided.
- *ESRD clinical research programs.* DaVita Clinical Research conducts research trials principally with dialysis patients and provides administrative support for research conducted by DaVita-affiliated nephrology practices. Revenues are based upon an established fee per study, as determined by contract with drug companies and other sponsors and are recognized as earned according to the contract terms.

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- *Physician services.* DaVita Nephrology Partners offers practice management and administrative services to physicians who specialize in nephrology under management and administrative services agreements. Practice management and administrative services typically include operations management, IT support, billing and collections, credentialing and coding, and other support functions. Management fees generated from providing practice management and administrative services to physician practices are recognized as earned typically based upon cash collections generated by the practices.

Quality care

We employ 180 clinical service specialists. The primary focus of this group is assuring and facilitating processes that aim to achieve superior clinical outcomes at our centers.

Our physician leadership in the Office of the Chief Medical Officer (OCMO) includes eight senior nephrologists, led by our Chief Medical Officer, with a variety of academic, clinical practice, and clinical research backgrounds. Our Physician Council is an advisory body to senior management, composed of nine physicians with extensive experience in clinical practice in addition to the members of OCMO and five Group Medical Directors.

Sources of revenue—concentrations and risks

Our dialysis and related lab services business revenues represent approximately 94% of our consolidated net operating revenues for the year ended December 31, 2010, with the balance of our revenues from ancillary services and strategic initiatives. Dialysis and related lab services revenues are derived primarily from our core business of providing kidney dialysis services, the administration of pharmaceuticals, related laboratory services and to a lesser extent management fees generated from providing management and administrative services to certain outpatient dialysis centers.

The sources of our dialysis and related lab services revenues are principally from government-based programs, including Medicare and Medicare-assigned plans, Medicaid and Medicaid-assigned plans and commercial insurance plans.

The following table summarizes our dialysis and related lab services revenues by source for the year ended December 31, 2010:

	Revenue percentages
Medicare and Medicare-assigned plans	57%
Medicaid and Medicaid-assigned plans	6%
Other government-based programs	3%
Total government-based programs	66%
Commercial (including hospital inpatient dialysis services)	34%
Total dialysis and related lab services revenues	100%

The following table summarizes our dialysis and related lab services revenues by modality for the year ended December 31, 2010:

	Revenue percentages
Outpatient hemodialysis centers	83%
Peritoneal dialysis and home-based hemodialysis	12%
Hospital inpatient hemodialysis	5%
Total dialysis and related lab services revenues	100%

Medicare revenue

Under the Medicare ESRD program, payment rates for dialysis are established by the U.S. Congress. Prior to January 2011, the Medicare composite rate set by the Centers for Medicare and Medicaid Services, or CMS, paid dialysis providers for services furnished to Medicare beneficiaries in two parts: (1) the composite payment which included a base payment, adjusted for case-mix which linked payments more closely with illness severity and regional geography differences, and a drug add-on payment, which was updated annually to account for changes in drug prices and utilization and (2) separately billable reimbursement for certain drugs. Thus, dialysis providers received a composite payment rate per treatment to cover routine dialysis services, certain pharmaceuticals, routine lab work, and other supplies, as well as a separate payment for pharmaceuticals, which include EPO (a pharmaceutical used to treat anemia, a common complication associated with ESRD), vitamin D analogs and iron supplements that are not included in the composite payment rate. Pharmaceuticals were generally paid at average sale price, or ASP, plus 6% based upon prices set by Medicare. The Medicare payment rates that were paid to us, including payments for separately billable drugs, were not sufficient to cover our average cost of providing a dialysis treatment.

ESRD patients receiving dialysis services become eligible for primary Medicare coverage at various times, depending on their age or disability status, as well as whether they are covered by an employer group health plan. Generally, for a patient not covered by an employer group health plan, Medicare becomes the primary payor either immediately or after a three-month waiting period. For a patient covered by an employer group health plan, Medicare generally becomes the primary payor after 33 months, which includes a three month waiting period, or earlier if the patient's employer group health plan coverage terminates. When Medicare becomes the primary payor, the payment rate we receive for that patient shifts from the commercial insurance plan rate to the Medicare payment rate.

Medicare pays 80% of the amount set by the Medicare system for each covered treatment. The patient is responsible for the remaining 20%. In most cases, a secondary payor, such as Medicare supplemental insurance, a state Medicaid program or a commercial health plan, covers all or part of these balances. Some patients, who do not qualify for Medicaid but otherwise cannot afford secondary insurance, can apply for premium payment assistance from charitable organizations through a program offered by the American Kidney Fund. We and other dialysis providers support the American Kidney Fund and similar programs through voluntary contributions. If a patient does not have secondary insurance coverage, we are generally unsuccessful in our efforts to collect from the patient the 20% portion of the ESRD composite rate that Medicare does not pay. However, we are able to recover some portion of this unpaid patient balance from Medicare through an established cost reporting process by identifying these Medicare bad debts on each center's Medicare cost report.

The Medicare composite payment rates set by Congress for dialysis treatments that were in effect for 2010 were between $151 and $169 per treatment, with an average rate of $161 per treatment. Historically, Medicare payment rates for dialysis services have not been routinely increased to compensate for the impact of inflation, which negatively impacted our margins as patient care costs continued to rise. The Medicare Improvements for Patients and Providers Act for 2008, or MIPPA, provided dialysis providers with an increase in the composite rate of 1% that went into effect on January 1, 2009 and an additional 1% that went into effect on January 1, 2010. This legislation also changed the way Medicare pays for dialysis services beginning in January 2011, as further described below. The new payment system also provides for an annual inflation adjustment based upon a market basket index, less a productivity adjustment, beginning in 2012. Also beginning in 2012, the rule provides for up to a 2% annual payment withhold that can be earned back by facilities that meet certain defined clinical performance standards.

The new payment system reimburses providers based on a single bundled or average payment for each Medicare treatment provided. The new bundled payment amount is designed to cover all dialysis services that were historically included in the composite rate and all separately billable ESRD services such as pharmaceuticals and laboratory tests. This new bundled payment rate is adjusted for certain patient characteristics, a geographic wage

index and certain other factors. The initial 2011 bundled payment rate includes reductions of 2% and 3.1%, respectively, to conform to the provisions of MIPPA and to establish budget neutrality. Further, there is a 5.94% reduction tied to an expanded list of case mix adjustors which can be earned back based upon the presence of these certain patient characteristics and co-morbidities at the time of treatment. There are also other provisions which may impact payment including an outlier pool and a low volume facility adjustment. Historically, services that were separately billable accounted for approximately 30% of our total dialysis and related lab revenues. Now the dialysis providers are at risk for variations in pharmaceutical utilization since reimbursement set at a fixed average reimbursement rate. With regard to the expanded list of case-mix adjustors, these are difficult or, in some cases, have been impossible for our dialysis clinics to document and track, which could result in a reduction in the reimbursement amounts that we would otherwise be entitled to receive.

We are attempting to reduce our operating costs to minimize the overall negative financial impact from the reductions in reimbursement for services we provide to Medicare patients. However, certain operating expenditures, such as labor and supply costs, are subject to inflation, and without a compensating inflation-based increase in the new bundled payment rate system, could significantly impact our operating results.

We participated in two Medicare demonstration programs through a contract with CMS in 2010. One program was an ESRD demonstration program that started in January 2006 and terminated in December 2010. This program was converted into a full service health care plan for ESRD patients in 2011, which is referred to as a Medicare Advantage ESRD Special Needs Plan that works with CMS to provide ESRD patients full service health care. The revenue in 2010 was capitated for all medical services required by enrollees in the program. We are still at risk for all medical costs of the program in excess of the capitation payments. The other program is a CKD/ESRD demonstration program which started in November 2008 and will continue for three years. We are paid a management fee for program enrollees relating to CKD and ESRD disease states. Management fee revenues are subject to retraction if medical cost savings targets are not met.

Medicaid revenue

Medicaid programs are state-administered programs partially funded by the federal government. These programs are intended to provide health coverage for patients whose income and assets fall below state-defined levels and who are otherwise uninsured. These programs also serve as supplemental insurance programs for co-insurance payments due from Medicaid-eligible patients with primary coverage under Medicare. Some Medicaid programs also pay for additional services, including some oral medications that are not covered by Medicare. We are enrolled in the Medicaid programs in the states in which we conduct our business.

Commercial revenues

Before a patient becomes eligible to have Medicare as their primary payor for dialysis services, a patient's commercial insurance plan, if any, is responsible for payment of such dialysis services. Although commercial payment rates vary significantly, average commercial payment rates are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profits. Payment methods from commercial payors include a single lump-sum per treatment, referred to as bundled rates, and in some cases separate payments for treatments and pharmaceuticals, if used as part of the treatment, referred to as fee for service rates. Commercial payment rates are typically the result of negotiations between us and insurers or third-party administrators. Our out-of-network payment rates are on average higher than in-network payment rates. In 2010, we entered into several new commercial contracts with certain commercial payors that will primarily pay us a single bundled payment rate for all dialysis services provided to patients covered by the commercial insurance plan. However, some of the contracts will pay us for certain other services and pharmaceuticals in addition to the bundled payment. These contracts contain annual escalators and effectively eliminate all payments for out-of-network patients. We are continuously in the process of negotiating agreements with our commercial payors and if our negotiations result in overall commercial rate reductions in excess of our commercial rate increases, our revenues and operating results could be negatively impacted. In addition, if there

are sustained or increased job losses in the United States as a result of current economic conditions, or depending upon changes to the healthcare regulatory system, we could experience a decrease in the number of patients covered under commercial plans.

Approximately 34% of our dialysis and related lab services revenues and approximately 11% of our patients were associated with commercial payors for the year ended December 31, 2010. Less than 1% of our dialysis and related lab services revenues are due directly from patients. No single commercial payor accounted for more than 5% of total dialysis and related lab services revenues for the year ended December 31, 2010.

Revenue from EPO and other pharmaceuticals

Approximately 26% of our total dialysis and related lab services revenues for the year ended December 31, 2010 are associated with the administration of physician-prescribed pharmaceuticals that improve clinical outcomes when included with the dialysis treatment. These pharmaceuticals include EPO, vitamin D analogs and iron supplements. However, as described above, the majority of these pharmaceuticals will no longer be separately billable as a result of the new Medicare single bundled payment rate system effective in January 2011 as well as some of our new commercial contracts that implemented a single bundled payment rate

EPO is an erythropoiesis stimulating agent, or ESA, genetically-engineered form of a naturally occurring protein that stimulates the production of red blood cells. EPO is used in connection with all forms of dialysis to treat anemia, a medical complication most ESRD patients experience. The administration of EPO, which was separately billable under the Medicare payment program through 2010, accounted for approximately 18% of our dialysis and related lab services revenues for the year ended December 31, 2010.

Furthermore, EPO is produced by a single manufacturer, Amgen, who can unilaterally increase its price for EPO at any time during the term of our agreement with them. Any interruption of supply or product cost increases could adversely affect our operations. In 2010, we experienced an increase in the cost of EPO of approximately 2%. In December 2010, we entered into a new Dialysis Organization Agreement (the "Agreement") with Amgen USA Inc., a wholly owned subsidiary of Amgen Inc. The Agreement sets forth the terms under which we and certain of our affiliates will purchase EPO. The Agreement, among other things, provides for discount pricing and rebates for EPO. Some of the rebates are subject to various qualification requirements based on a variety of factors including process improvement targets, patient outcome targets and data submission. The term of the Agreement commenced January 1, 2011 and ends June 30, 2011.

There continues to be significant media discussion and government scrutiny regarding anemia management practices in the United States. In late 2006, the U.S. House of Representatives Ways and Means Committee held a hearing on the issue of the utilization of ESAs, which include EPO, and in 2007, the FDA required changes to the labeling of EPO and darbepoetin alfa, or Aranesp® to include a black box warning, the FDA's strongest form of warning label. An FDA advisory panel on ESA use met in October 2010, which meeting was similar to the prior meeting held in 2007 in that there was significant discussion and concern about the safety of ESAs. The panel concluded it would not recommend a change in ESA labeling. However, the FDA is not bound by the panel's recommendation. In addition, in June 2010, CMS opened a National Coverage Analysis (NCA) for ESAs. Further, in January 2011, CMS convened a meeting of the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) to evaluate evidence for the pending NCA. CMS expects to complete its decision memo in March 2011 and issue final guidance in June 2011. The foregoing congressional and agency activities and related actions could result in further restrictions on the utilization and reimbursement for ESAs. Commercial payors have also increasingly examined their administration policies for EPO and, in some cases, have modified those policies. Inclusion of EPO in the Medicare bundled payment rate, as well as in a bundled payment rate for several of our commercial payors, is expected to mitigate the effect of lower utilization of EPO. However, further changes in labeling of EPO and other pharmaceuticals in a manner that alters physician practice patterns or accepted clinical practices, changes in private and governmental payment criteria, including the introduction of EPO administration policies or the conversion to alternate types of administration of EPO or other pharmaceuticals that result in further decreases in utilization or reimbursement for EPO and other pharmaceuticals, could have a material adverse effect on our operating results.

Physician relationships

An ESRD patient generally seeks treatment at an outpatient dialysis center near his or her home where his or her treating nephrologist has practice privileges. Our relationships with local nephrologists and our ability to meet their needs and the needs of their patients are key factors in the success of our dialysis operations. Over 3,900 nephrologists currently refer patients to our outpatient dialysis centers. As is typical in the dialysis industry, one or a few physicians, including the outpatient dialysis center's medical director, usually account for all or a significant portion of an outpatient dialysis center's patient base. If a significant number of physicians, including an outpatient dialysis center's medical directors, were to cease referring patients to our outpatient dialysis centers, our business could be adversely affected.

Participation in the Medicare ESRD program requires that dialysis services at an outpatient dialysis center be under the general supervision of a medical director who is a licensed physician. We have engaged physicians or groups of physicians to serve as medical directors for each of our outpatient dialysis centers. At some outpatient dialysis centers, we also separately contract with one or more physicians to serve as assistant or associate medical directors or to direct specific programs, such as home dialysis training programs. We have contracts with approximately 1,400 individual physicians and physician groups to provide medical director services.

Medical directors enter into written contracts with us that specify their duties and fix their compensation generally for periods of ten years. The compensation of our medical directors is the result of arm's length negotiations and generally depends upon an analysis of various factors such as the physician's duties, responsibilities, professional qualifications and experience, among others.

Our medical director contracts generally include covenants not to compete. Also, when we acquire an outpatient dialysis center from one or more physicians or where one or more physicians own minority interests in our outpatient dialysis centers, these physicians have agreed to refrain from owning interests in other competing outpatient dialysis centers within a defined geographic area for various time periods. These agreements not to compete restrict the physicians from owning or providing medical director services to other outpatient dialysis centers, but do not prohibit the physicians from referring patients to any outpatient dialysis center, including competing centers. Many of these agreements not to compete continue for a period of time beyond expiration of the corresponding medical director agreements, although some expire at the same time as the medical director agreement. Occasionally, we experience competition from a new outpatient dialysis center established by a former medical director following the termination of his or her relationship with us.

Government regulation

Our dialysis operations are subject to extensive federal, state and local governmental regulations. These regulations require us to meet various standards relating to, among other things, government payment programs, dialysis facilities and equipment, management of centers, personnel qualifications, maintenance of proper records and quality assurance programs and patient care.

Because we are subject to a number of governmental regulations, our business could be adversely impacted by:

- Loss or suspension of federal certifications;
- Loss or suspension of licenses under the laws of any state or governmental authority from which we generate substantial revenues;
- Exclusion from government healthcare programs including Medicare and Medicaid;
- Significant reductions or lack of inflation-adjusted increases in payment rates or reduction of coverage for dialysis and ancillary services and related pharmaceuticals;
- Fines, damages and monetary penalties for anti-kickback law violations, Stark Law violations, submission of false claims, civil or criminal liability based on violations of law or other failures to meet regulatory requirements;

- Claims for monetary damages from patients who believe their protected health information has been used or disclosed in violation of federal and state patient privacy laws;
- Mandated changes to our practices or procedures that significantly increase operating expenses; or
- Refunds of payments received from government payors and government health care program beneficiaries because of any failures to meet applicable requirements.

We expect that our industry will continue to be subject to substantial regulation, the scope and effect of which are difficult to predict. Our activities could be reviewed or challenged by regulatory authorities at any time in the future. This regulation and scrutiny could have a material adverse impact on us.

Licensure and Certification

Our dialysis centers are certified by CMS, as is required for the receipt of Medicare payments. In some states, our dialysis centers also are required to secure additional state licenses and permits. Governmental authorities, primarily state departments of health, periodically inspect our centers to determine if we satisfy applicable federal and state standards and requirements, including the conditions of participation in the Medicare ESRD program.

To date, we have not experienced significant difficulty in maintaining our licenses or our Medicare and Medicaid authorizations. However, we have experienced delays in obtaining certifications from CMS.

CMS continues to study the regulations applicable to Medicare certification to provide dialysis services. On April 15, 2008, CMS issued new regulations for Medicare-certified ESRD facilities to provide dialysis services, referred to as Conditions for Coverage. The Conditions for Coverage were effective October 14, 2008, with some provisions having a phased in implementation date of February 1, 2009. The new regulations are patient, quality and outcomes focused. Among other things, they establish performance expectations for facilities and staff, eliminate certain procedural requirements, and promote continuous quality improvement and patient safety measures. We have established an interdisciplinary work group to facilitate implementation of the Conditions of Coverage and have developed comprehensive auditing processes to monitor ongoing compliance. We continue to assess the impact these changes will have on our operating results.

Federal anti-kickback statute

The "anti-kickback" statute contained in the Social Security Act imposes criminal and civil sanctions on persons who receive, make, offer or solicit payments in return for:

- The referral of a Medicare or Medicaid patient for treatment;
- The ordering or purchasing of items or services that are paid for in whole or in part by Medicare, Medicaid or similar federal and state programs; or
- Arranging for or recommending the ordering or purchasing of such items.

Federal criminal penalties for the violation of the anti-kickback statute include imprisonment, fines and exclusion of the provider from future participation in the Medicare and Medicaid programs. Violations of the anti-kickback statute are punishable by imprisonment for up to five years and fines of up to $250,000 or both. Larger fines can be imposed upon corporations under the provisions of the U.S. Sentencing Guidelines and the Alternate Fines Statute. Individuals and entities convicted of violating the anti-kickback statute are subject to mandatory exclusion from participation in Medicare, Medicaid and other federal healthcare programs for a minimum of five years. Civil penalties for violation of this law include up to $50,000 in monetary penalties per violation, repayments of up to three times the total payments between the parties and suspension from future participation in Medicare and Medicaid. Court decisions have also held that the statute is violated whenever one of the purposes of remuneration is to induce referrals.

Physician relationships

An ESRD patient generally seeks treatment at an outpatient dialysis center near his or her home where his or her treating nephrologist has practice privileges. Our relationships with local nephrologists and our ability to meet their needs and the needs of their patients are key factors in the success of our dialysis operations. Over 3,900 nephrologists currently refer patients to our outpatient dialysis centers. As is typical in the dialysis industry, one or a few physicians, including the outpatient dialysis center's medical director, usually account for all or a significant portion of an outpatient dialysis center's patient base. If a significant number of physicians, including an outpatient dialysis center's medical directors, were to cease referring patients to our outpatient dialysis centers, our business could be adversely affected.

Participation in the Medicare ESRD program requires that dialysis services at an outpatient dialysis center be under the general supervision of a medical director who is a licensed physician. We have engaged physicians or groups of physicians to serve as medical directors for each of our outpatient dialysis centers. At some outpatient dialysis centers, we also separately contract with one or more physicians to serve as assistant or associate medical directors or to direct specific programs, such as home dialysis training programs. We have contracts with approximately 1,400 individual physicians and physician groups to provide medical director services.

Medical directors enter into written contracts with us that specify their duties and fix their compensation generally for periods of ten years. The compensation of our medical directors is the result of arm's length negotiations and generally depends upon an analysis of various factors such as the physician's duties, responsibilities, professional qualifications and experience, among others.

Our medical director contracts generally include covenants not to compete. Also, when we acquire an outpatient dialysis center from one or more physicians or where one or more physicians own minority interests in our outpatient dialysis centers, these physicians have agreed to refrain from owning interests in other competing outpatient dialysis centers within a defined geographic area for various time periods. These agreements not to compete restrict the physicians from owning or providing medical director services to other outpatient dialysis centers, but do not prohibit the physicians from referring patients to any outpatient dialysis center, including competing centers. Many of these agreements not to compete continue for a period of time beyond expiration of the corresponding medical director agreements, although some expire at the same time as the medical director agreement. Occasionally, we experience competition from a new outpatient dialysis center established by a former medical director following the termination of his or her relationship with us.

Government regulation

Our dialysis operations are subject to extensive federal, state and local governmental regulations. These regulations require us to meet various standards relating to, among other things, government payment programs, dialysis facilities and equipment, management of centers, personnel qualifications, maintenance of proper records and quality assurance programs and patient care.

Because we are subject to a number of governmental regulations, our business could be adversely impacted by:

- Loss or suspension of federal certifications;
- Loss or suspension of licenses under the laws of any state or governmental authority from which we generate substantial revenues;
- Exclusion from government healthcare programs including Medicare and Medicaid;
- Significant reductions or lack of inflation-adjusted increases in payment rates or reduction of coverage for dialysis and ancillary services and related pharmaceuticals;
- Fines, damages and monetary penalties for anti-kickback law violations, Stark Law violations, submission of false claims, civil or criminal liability based on violations of law or other failures to meet regulatory requirements;

- Claims for monetary damages from patients who believe their protected health information has been used or disclosed in violation of federal and state patient privacy laws;
- Mandated changes to our practices or procedures that significantly increase operating expenses; or
- Refunds of payments received from government payors and government health care program beneficiaries because of any failures to meet applicable requirements.

We expect that our industry will continue to be subject to substantial regulation, the scope and effect of which are difficult to predict. Our activities could be reviewed or challenged by regulatory authorities at any time in the future. This regulation and scrutiny could have a material adverse impact on us.

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Our dialysis centers are certified by CMS, as is required for the receipt of Medicare payments. In some states, our dialysis centers also are required to secure additional state licenses and permits. Governmental authorities, primarily state departments of health, periodically inspect our centers to determine if we satisfy applicable federal and state standards and requirements, including the conditions of participation in the Medicare ESRD program.

To date, we have not experienced significant difficulty in maintaining our licenses or our Medicare and Medicaid authorizations. However, we have experienced delays in obtaining certifications from CMS.

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The Department of Health and Human Services regulations create exceptions or "safe harbors" for some business transactions and arrangements. Transactions and arrangements structured within these safe harbors are deemed to not violate the anti-kickback statute. A business transaction or arrangement must satisfy every element of a safe harbor to be protected by that safe harbor. Transactions and arrangements that do not satisfy all elements of a relevant safe harbor do not necessarily violate the statute, but can be subject to greater scrutiny by enforcement agencies.

Our medical directors refer patients to our centers, and these arrangements, by which we pay them for their medical director services, must be in compliance with the federal anti-kickback statute. Among the available safe harbors is one for personal services furnished for fair market value. However, most of our agreements with our medical directors do not satisfy all seven of the requirements of the personal services safe harbor. We believe that because of the nature of our medical directors' duties, it is impossible to satisfy the anti-kickback safe-harbor requirement that if the services provided under the agreement are on a part-time basis, as they are with our medical directors, the agreement must specify the schedule of intervals of service, their precise length and the exact charge for such intervals. Accordingly, while we believe that our agreements with our medical directors satisfy as many of the elements of this safe harbor as we believe is reasonably possible, our arrangements do not qualify for safe harbor protection. We also note that there is little guidance available as to what constitutes fair market value for medical director services. We believe that our agreements do not violate the federal anti-kickback statute; however, since the arrangements do not satisfy all of the requirements for safe harbor protection, these arrangements could be challenged.

We own a controlling interest in numerous dialysis related joint ventures. These joint ventures represented approximately 18% of our dialysis and related lab services revenues. In addition, we also own minority equity investments in several other dialysis related joint ventures. Our relationships with physicians and other referral sources relating to these joint ventures are required to comply with the anti-kickback statute. Although there is a safe harbor for certain investment interests in "small entities," it is not clear if any of our joint ventures satisfies all of the requirements for protection by this safe harbor. Under current law, physician joint ventures are not prohibited but instead require a case-by-case evaluation under the anti-kickback statute. We have structured our joint ventures to satisfy as many safe harbor requirements as we believe are reasonably possible. We believe that these investments are offered on a fair market value basis and provide returns to the physician investors only in proportion to their actual investment in the venture. We believe that our agreements do not violate the federal anti-kickback statute; however, since the arrangements do not satisfy all of the requirements for safe harbor protection, these arrangements could be challenged.

We lease space for approximately 450 of our centers from entities in which physicians hold ownership interests and we sublease space to referring physicians at approximately 200 of our dialysis centers. These arrangements must be in compliance with the anti-kickback statute. We believe that we meet the elements of the safe harbor for space rentals in all material respects.

Some medical directors and other referring physicians may own our common stock. We believe that these interests materially satisfy the requirements of the safe harbor for investments in large publicly traded companies for the anti-kickback statute.

Because we are purchasing and selling items and services in the operation of our centers that may be paid for, in whole or in part, by Medicare or a state healthcare program and because we acquire certain items and services at a discount, we must structure these arrangements in compliance with the federal anti-kickback statute. Subject to certain requirements and limitations, discounts representing reductions in the amounts we are charged for items or services based on arm's-length transactions can qualify for safe harbor protection if we fully and accurately report the discounts in the applicable Medicare cost reports. While some of the safe harbor criteria are subject to interpretation, we believe that our vendor contracts with discount provisions are in compliance with the anti-kickback statute.

Stark Law

Another federal law, known as the "Stark Law", prohibits a physician who has a financial relationship, or who has an immediate family member who has a financial relationship, with entities providing designated health services, or DHS, from referring Medicare patients to such entities for the furnishing of such services, unless an exception applies. Stark Law DHS include home health services, outpatient prescription drugs, inpatient and outpatient hospital services and clinical laboratory services. The Stark Law also prohibits the DHS entity receiving a prohibited referral from filing a claim or billing for the services arising out of the prohibited referral. The prohibition applies regardless of the reasons for the financial relationship and the referral; unlike the federal anti-kickback statute, intent to induce referrals is not required. Sanctions for violation of the Stark Law include denial of payment for claims for services provided in violation of the prohibition, refunds of amounts collected in violation, a civil penalty of up to $15,000 for each service arising out of the prohibited referral, exclusion from the federal healthcare programs, including Medicare and Medicaid and a civil penalty of up to $100,000 against parties that enter into a scheme to circumvent the Stark Law prohibition. Stark Law violations also can form the basis for False Claims Act liability. The types of financial arrangements between a physician and a DHS entity that trigger the self-referral prohibitions of the Stark Law are broad and include direct and indirect ownership and investment interests and compensation arrangements.

CMS has adopted implementing regulations under the Stark Law, collectively, Stark Regulations. CMS has not yet adopted implementing regulations regarding application of the Stark Law to Medicaid, but has indicated that it anticipates issuing additional regulations regarding the application of the Stark Law to Medicaid referrals.

The definition of DHS under the Stark Law excludes services paid under a composite rate, even if some of the components bundled in the composite rate are DHS. Since most services furnished to Medicare beneficiaries provided in our dialysis centers are reimbursed through a composite rate, the services performed in our facilities generally are not DHS, and the Stark Law referral prohibition does not apply to those services. The definition of DHS also excludes inpatient dialysis performed in hospitals that are not certified to provide ESRD services. Consequently, our arrangements with such hospitals for the provision of dialysis services to hospital inpatients do not trigger the Stark Law referral prohibition.

In addition, although prescription drugs are DHS, there is an exception in the Stark Regulations for EPO and other specifically enumerated dialysis drugs when furnished in or by an ESRD facility, in compliance with the anti-kickback statute and applicable billing requirements. The exception is available only for drugs included on a list of CPT/HCPCS codes published by CMS, and in the case of home dialysis, the exception applies only to EPO, Aranesp® and equivalent drugs dispensed by the facility for use at home. While we believe that most drugs furnished by our dialysis centers are covered by the exception, dialysis centers may administer drugs that are not on the list of CPT/HCPCS codes and therefore do not meet this exception. In order for a physician who has a financial relationship with a dialysis center to order one of these drugs from the center and for the center to obtain Medicare reimbursement, another exception must apply.

We have entered into several types of financial relationships with referring physicians, including compensation arrangements. We believe that the compensation arrangements under our medical director agreements satisfy the personal services compensation arrangement exception to the Stark Law. While we believe that compensation under our medical director agreements, which is the result of arm's length negotiations, results in fair market value payments for medical director services, an enforcement agency could nevertheless challenge the level of compensation that we pay our medical directors. If the arrangement does not meet a Stark Law exception, we could in the future be required to change our practices, face civil penalties, pay substantial fines, return certain payments received from Medicare and beneficiaries or otherwise experience a material adverse effect as a result of a challenge to payments made pursuant to referrals from these physicians under the Stark Law.

Some of our dialysis centers are leased from entities in which referring physicians hold interests and we sublease space to referring physicians at some of our dialysis centers. The Stark Law provides an exception for lease arrangements if specific requirements are met. We believe that our leases and subleases with referring physicians satisfy the requirements for this exception.

Some medical directors and other referring physicians may own our common stock. We believe that these interests satisfy the Stark Law exception for investments in large publicly traded companies.

Some of our referring physicians also own equity interests in entities that operate our dialysis centers. None of the Stark Law exceptions applicable to physician ownership interests in entities to which they make DHS referrals applies to the kinds of ownership arrangements that referring physicians hold in several of our subsidiaries that operate dialysis centers. Accordingly, these dialysis centers cannot bill Medicare for DHS referrals from physician owners. If the dialysis centers bill for DHS referred by physician owners, the dialysis center would be subject to the Stark Law penalties described above.

While we believe that most of our operations do not implicate the Stark Law, and that to the extent that our dialysis centers furnish DHS, they either meet an exception or do not bill for services that do not meet a Stark Law exception, if CMS determined that we have submitted claims in violation of the Stark Law, we would be subject to the penalties described above. In addition, it might be necessary to restructure existing compensation agreements with our medical directors and to repurchase or to request the sale of ownership interests in subsidiaries and partnerships held by referring physicians or, alternatively, to refuse to accept referrals for DHS from these physicians. Any such penalties and restructuring could have a material adverse effect on our operations.

If any of our business transactions or arrangements, including those described above, were found to violate the federal anti-kickback statute of Stark Law, we could face criminal, civil or administrative sanctions, including possible exclusion from participation in Medicare, Medicaid and other state and federal healthcare programs. Any findings that we have violated these laws could have a material adverse impact on our operations.

Fraud and abuse under state law

Many states in which we operate dialysis centers have statutes prohibiting physicians from holding financial interests in various types of medical facilities to which they refer patients. Some of these statutes could be interpreted as prohibiting physicians who hold shares of our publicly traded stock from referring patients to our dialysis centers if the centers use our laboratory subsidiary to perform laboratory services for their patients. Some states also have laws similar to the federal anti-kickback statute that may affect our ability to receive referrals from physicians with whom we have financial relationships, such as our medical directors. Some state anti-kickback statutes also include civil and criminal penalties. Some of these statutes include exemptions applicable to our medical directors and other physician relationships or for financial interests limited to shares of publicly traded stock. Some, however, include no explicit exemption for medical director services or other services for which we contract with and compensate referring physicians or for joint ownership interests of the type held by some of our referring physicians or for financial interests limited to shares of publicly traded stock. If these statutes are interpreted to apply to referring physicians with whom we contract for medical director and similar services, to referring physicians with whom we hold joint ownership interests or to physicians who hold interests in DaVita limited solely to publicly traded stock, we may be required to terminate or restructure some or all of our relationships with or refuse referrals from these referring physicians and could be subject to civil and administrative sanctions, refund requirements and exclusions from government healthcare programs, including Medicare and Medicaid. Such events could negatively affect the decision of referring physicians to refer patients to our centers.

The False Claims Act

The federal False Claims Act, or FCA, is a means of policing false bills or false requests for payment in the healthcare delivery system. In part, the FCA authorizes the imposition of up to three times the government's damages and civil penalties on any person who:

- Knowingly presents or causes to be presented to the federal government, a false or fraudulent claim for payment or approval;

- Knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the federal government;
- Conspires to defraud the federal government by getting a false or fraudulent claim allowed or paid; or
- Knowingly makes, uses or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the federal government.

In addition, recent amendments to the FCA impose severe penalties for the knowing and improper retention of overpayments collected from government payors. These amendments could subject our procedures for identifying and processing overpayments to greater scrutiny. We have made significant investments in additional resources to accelerate the time it takes to identify and process overpayments and we may be required to make additional investments in the future. An acceleration in our ability to identify and process overpayments could result in us refunding overpayments to government or other payors sooner than we have in the past. A significant acceleration of these refunds could have a material adverse affect on our operating cash flows.

The penalties for a violation of the FCA range from $5,500 to $11,000 for each false claim plus three times the amount of damages caused by each such claim. The federal government has used the FCA to prosecute a wide variety of alleged false claims and fraud allegedly perpetrated against Medicare and state healthcare programs, including coding errors, billing for services not rendered, the submission of false cost reports, billing for services at a higher payment rate than appropriate, billing under a comprehensive code as well as under one or more component codes included in the comprehensive code and billing for care that is not considered medically necessary. Although still subject to dispute, several courts have also determined that a violation of the federal anti-kickback statute can form the basis for liability under the FCA, and filing claims or failing to refund amounts collected in violation of the Stark Law can form the basis for liability under the FCA. In addition to the provisions of the FCA, which provide for civil enforcement, the federal government can use several criminal statutes to prosecute persons who are alleged to have submitted false or fraudulent claims for payment to the federal government.

The Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act) (collectively referred to as HIPAA), requires us to provide certain protections to patients and their health information (Protected Health Information, or PHI). HIPAA requires us to afford patients certain rights regarding their PHI, and to limit uses and disclosure of their PHI existing in any media form (electronic and hardcopy). HIPAA also requires us to implement administrative, physical, and technical safeguards with respect to electronic PHI. We believe our HIPAA Privacy and Security Program sufficiently address HIPAA requirements.

Other regulations

Our operations are subject to various state hazardous waste and non-hazardous medical waste disposal laws. These laws do not classify as hazardous most of the waste produced from dialysis services. Occupational Safety and Health Administration regulations require employers to provide workers who are occupationally subject to blood or other potentially infectious materials with prescribed protections. These regulatory requirements apply to all healthcare facilities, including dialysis centers, and require employers to make a determination as to which employees may be exposed to blood or other potentially infectious materials and to have in effect a written exposure control plan. In addition, employers are required to provide or employ hepatitis B vaccinations, personal protective equipment and other safety devices, infection control training, post-exposure evaluation and follow-up, waste disposal techniques and procedures and work practice controls. Employers are also required to comply with various record-keeping requirements. We believe that we are in material compliance with these laws and regulations.

A few states have certificate of need programs regulating the establishment or expansion of healthcare facilities, including dialysis centers. We believe that we are in material compliance with all applicable state certificate of need laws.

Corporate compliance program

Our dialysis operations are subject to extensive federal, state and local government regulations. Management has designed and implemented a company-wide corporate compliance program as part of our commitment to comply fully with all applicable laws and regulations and to maintain the high standards of conduct we expect from all of our teammates. We continuously review this program and enhance it as necessary. The primary purposes of the program include:

- Increasing, through training and education, the awareness of our teammates and affiliated professionals of the necessity of complying with all applicable laws and regulations;
- Auditing and monitoring the activities of our dialysis centers, laboratories and billing offices on a regular basis to identify potential instances of noncompliance in a timely manner;
- Establishing guidelines around physicians roles and responsibilities that require our physicians attest to their adherence to these guidelines on a periodic basis; and
- Ensuring that we take steps to resolve instances of noncompliance or to address areas of potential noncompliance as promptly as we become aware of them.

When evaluating the effectiveness of our corporate compliance program, we take into consideration a number of factors, including favorable results under various government inquiries and adherence to industry standards.

We have a code of conduct that each of our teammates and affiliated professionals must follow and we have a confidential toll-free hotline (888-458-5848) for teammates and patients to report potential instances of noncompliance. Our Chief Compliance Officer administers the compliance program. The Chief Compliance Officer reports directly to our Chief Executive Officer, our Chief Operating Officer and to the Compliance Committee of our Board of Directors.

Insurance

We maintain insurance for property and general liability, professional liability, directors' and officers' liability, workers compensation and other coverage in amounts and on terms deemed adequate by management based on our claims experience and expectations for future claims. Future claims could, however, exceed our applicable insurance coverage. Physicians practicing at our dialysis centers are required to maintain their own malpractice insurance and our medical directors are required to maintain coverage for their individual private medical practices. Our liability policies cover our medical directors for the performance of their duties as medical directors.

Capacity and location of our centers

We are able to increase our capacity by extending hours at our existing centers, expanding our existing centers, relocating our centers, developing new centers and by acquiring centers. The development of a typical outpatient dialysis center by us generally requires approximately $2.0 million for leasehold improvements, equipment and first-year working capital. Based on our experience, a new center typically opens within a year after the property lease is signed, normally achieves operating profitability in the second year after certification and normally reaches maturity within three to five years. Acquiring an existing outpatient dialysis center requires a substantially greater initial investment, but profitability and cash flow are generally initially more predictable. To a limited extent, we enter into agreements to provide management and administrative services to outpatient dialysis centers in which we either own a minority equity investment, or are wholly-owned by third parties in return for management fees, which are typically based on a percentage of revenues or cash collections of the managed operations.

The table below shows the growth of our company by number of dialysis centers.

	2010	2009	2008	2007	2006
Number of centers at beginning of year	1,530	1,449	1,359	1,300	1,233
Acquired centers	41	19	20	16	26
Developed centers	65	78	86	64	55
Net change in centers with management and administrative services agreements*	—	8[3]	1	(15)[2]	—
Sold and closed centers**	(10)	(8)	(9)	(4)	(5)[1]
Closed centers***	(14)	(16)	(8)	(2)	(9)
Number of centers at end of year	1,612	1,530	1,449	1,359	1,300

(1) Three centers were divested in connection with the acquisition of DVA Renal Healthcare.

(2) In November 2007, one of our management and administration service agreements was terminated, in which we provided management and administrative services to 20 dialysis centers.

(3) During 2009, we made minority equity investments in 6 centers and we entered into 2 additional management and administrative service agreements.

* Represents dialysis centers in which we either own a minority equity investment, or are wholly-owned by third parties.

** Represents dialysis centers that were sold and/or closed in which patients were not retained.

*** Represents dialysis centers that were closed and the majority of patients were retained and transferred to other existing dialysis centers.

As of December 31, 2010, we operated or provided administrative services to 1,612 outpatient dialysis centers, of which 1,580 are consolidated in our financial statements. Of the remaining 32 unconsolidated outpatient dialysis centers, we own a minority equity investment in 18 centers and provide management and administrative services to 14 centers that are wholly-owned by third parties. The locations of the 1,580 outpatient dialysis centers consolidated in our financial statements at December 31, 2010 were as follows:

State	Centers	State	Centers	State	Centers
California	203	Indiana	33	Oregon	15
Florida	133	New York	33	Nebraska	13
Texas	129	Oklahoma	30	Massachusetts	12
Georgia	100	Colorado	29	Arkansas	9
Ohio	73	Kentucky	29	District of Columbia	9
Pennsylvania	71	Louisiana	26	Idaho	8
North Carolina	59	South Carolina	26	Utah	4
Illinois	56	Arizona	23	Mississippi	3
Michigan	55	New Jersey	23	New Mexico	3
Virginia	55	Washington	21	South Dakota	3
Maryland	48	Connecticut	19	West Virginia	3
Tennessee	40	Kansas	18	New Hampshire	2
Minnesota	38	Wisconsin	17	North Dakota	2
Missouri	38	Iowa	16		
Alabama	37	Nevada	16		

Competition

The dialysis industry has consolidated significantly over time but remains highly competitive, particularly in terms of acquiring existing outpatient dialysis centers. We continue to face increased competition in the dialysis industry from large and medium-sized providers who compete directly with us for the acquisition of dialysis businesses, relationships with physicians to act as medical directors and for individual patients. Acquisitions,

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patient retention and relationships with physicians are an important part of our growth strategy and our business could be adversely affected if we are not able to continue to make acquisitions on reasonable terms, experience significant patient attrition to our competitors and are not able to maintain or establish new relationships with physicians. Competition for qualified physicians to act as medical directors and for inpatient dialysis services agreements with hospitals is also intense. Occasionally, we have also experienced competition from former medical directors or referring physicians who have opened their own dialysis centers. In addition, we experience competitive pressures in connection with negotiating contracts with commercial healthcare payors.

The two largest dialysis companies, Fresenius Medical Care, or Fresenius, and our company, account for approximately two-thirds of outpatient dialysis patients in the United States with our company serving approximately 30% of the total outpatient dialysis patients. Approximately 40% of the centers not owned by us or Fresenius are owned or controlled by hospitals or non-profit organizations. Hospital-based and non-profit dialysis units typically are more difficult to acquire than physician-owned centers. Because of the ease of entry into the dialysis business and the ability of physicians to be medical directors for their own centers, competition for growth in existing and expanding markets is not limited to large competitors with substantial financial resources.

Fresenius also manufactures a full line of dialysis supplies and equipment in addition to owning and operating dialysis centers. This may give them cost advantages over us because of their ability to manufacture their own products. Fresenius has been one of our largest suppliers of dialysis products. In January 2010, we entered into an agreement with Fresenius which committed us to purchase a certain amount of dialysis equipment, parts and supplies from them through 2013. In addition, in August 2006 in connection with the DVA Renal Healthcare acquisition, we also entered into a product supply agreement with Gambro Renal Products that requires us to purchase a certain amount of our hemodialysis non-equipment product supplies, such as dialyzers, at fixed prices through 2015. Our purchases of products in these categories generally offered by both Fresenius and Gambro Renal Products represent approximately 4% of our total operating expenses. During 2010, we purchased hemodialysis products and supplies from Gambro Renal Products representing approximately 2% of our total operating expenses.

Teammates

As of December 31, 2010, we had approximately 36,500 teammates:

• Licensed professional staff (nurses, dieticians and social workers)	15,500
• Other patient care and center support staff and laboratory personnel	16,000
• Corporate, billing and regional administrative staff	5,000

Our dialysis business requires nurses with specialized training for treating patients with complex care needs. Recruitment and retention of nurses are continuing concerns for healthcare providers due to short supply. We have an active program of investing in our professional healthcare teammates to help ensure we meet our recruitment and retention targets, including expanded training opportunities, tuition reimbursements and other incentives.

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Item 1A. Risk Factors.

This Annual Report on Form 10-K contains statements that are forward-looking statements within the meaning of the federal securities laws. These statements involve known and unknown risks and uncertainties including the risks discussed below. The risks discussed below are not the only ones facing our business. Please read the cautionary notice regarding forward-looking statements in Item 7 of this Part I under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operation".

If the average rates that commercial payors pay us decline significantly, it would have a material adverse effect on our revenues, earnings and cash flows.

Approximately 34% of our dialysis and related lab services revenues for the year ended December 31, 2010 were generated from patients who have commercial payors as the primary payor. The majority of these patients have insurance policies that pay us on terms and at rates that are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profit and all of our nonacute dialysis profits come from commercial payors. We continue to experience downward pressure on some of our commercial payment rates and it is possible that commercial payment rates could be materially lower in the future. The downward pressure on commercial payment rates is a result of general conditions in the market, recent and future consolidations among commercial payors, increased focus on dialysis services and other factors.

We are continuously in the process of negotiating our existing or potentially new agreements with commercial payors who tend to be aggressive in their negotiations with us. Sometimes many significant agreements are up for renewal or being renegotiated at the same time. In the event that our continual negotiations result in overall commercial rate reductions in excess of overall commercial rate increases, the cumulative effect could have a material adverse effect on our financial results. Consolidations have significantly increased the negotiating leverage of commercial payors. Our negotiations with payors are also influenced by competitive pressures. We expect that some of our contracted rates with commercial payors may decrease or that we may experience decreases in patient volume as our negotiations with commercial payors continue. In addition to increasing downward pressure on contracted commercial payor rates, payors have been attempting to impose restrictions and limitations on non-contracted or out-of-network providers. In some circumstances for some commercial payors, our centers are designated as out-of-network providers. Rates for out-of-network providers are on average higher than rates for in-network providers. We believe commercial payors have or will begin to restructure their benefits to create disincentives for patients to select or remain with out-of-network providers and to decrease payment rates for out-of-network providers. Decreases in out-of-network rates and restrictions on out-of-network access combined with decreases in contracted rates could result in a significant decrease in our overall revenue derived from commercial payors. If the average rates that commercial payors pay us decline significantly, it would have a material adverse effect on our revenues, earnings and cash flows.

If the number of patients with higher-paying commercial insurance declines, then our revenues, earnings and cash flows would be substantially reduced.

Our revenue levels are sensitive to the percentage of our patients with higher-paying commercial insurance coverage. A patient's insurance coverage may change for a number of reasons, including changes in the patient's or a family member's employment status. Currently, for a patient covered by an employer group health plan, Medicare generally becomes the primary payor after 33 months, or earlier, if the patient's employer group health plan coverage terminates. When Medicare becomes the primary payor, the payment rate we receive for that patient shifts from the employer group health plan rate to the lower Medicare payment rate. We have seen an increase in the number of patients who have government-based programs as their primary payors which we believe is largely a result of improved mortality and recent economic conditions which have a negative impact on the percentage of patients covered under commercial insurance plans. To the extent there are sustained or increased job losses in the United States, independent of whether general economic conditions might be improving, we could experience a continued decrease in the number of patients under commercial plans. We

could also experience a further decrease if changes to the healthcare regulatory system result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates. In addition, our continuous process of negotiations with commercial payors under existing or potentially new agreements could result in a decrease in the number of patients under commercial plans to the extent that we cannot reach agreement with commercial payors on rates and other terms, resulting in termination or non-renewals of existing agreements or our inability to enter into new ones. If there is a significant reduction in the number of patients under higher-paying commercial plans relative to government-based programs that pay at lower rates, it would have a material adverse effect on our revenues, earnings and cash flows.

Changes in the structure of, and payment rates under the Medicare ESRD program, including the implementation of a bundled payment system under MIPPA and other healthcare reform initiatives, could substantially reduce our revenues, earnings and cash flows.

Approximately 49% of our dialysis and related lab services revenues for the year ended December 31, 2010 was generated from patients who have Medicare as their primary payor. Prior to January 1, 2011, the Medicare ESRD program paid us for dialysis treatment services at a fixed composite rate. The Medicare composite rate was the payment rate for a dialysis treatment including the supplies used in those treatments, specified laboratory tests and certain pharmaceuticals. Certain other pharmaceuticals, including EPO, vitamin D analogs and iron supplements, as well as certain specialized laboratory tests, were separately billed

In July 2008, MIPPA was passed by Congress. This legislation introduced a new payment system for dialysis services beginning in January 2011 whereby payment for dialysis treatment and related services are now made under a bundled payment rate which provides a fixed rate to encompass all goods and services provided during the dialysis treatment, including pharmaceuticals that were historically separately reimbursed to the dialysis providers, such as EPO, vitamin D analogs and iron supplements, and laboratory testing. On August 12, 2010, CMS published the final rule implementing the bundled payment in the Federal Register. The initial 2011 bundled rate includes reductions of 2% and 3.1% to conform to the provisions of MIPPA and to establish budget neutrality, respectively. Further there is a 5.94% reduction tied to an expanded list of case mix adjustors which can be earned back based upon the presence of these certain patient characteristics and co-morbidities at the time of treatment. There are also other provisions which may impact payment including an outlier pool and a low volume facility adjustment.

While we will continue to evaluate and respond to the various components of the new bundled payment rate system and the potential operational, clinical and economic impact it might have on us, the new payment system presents additional risks. For example, with regard to the expanded list of case-mix adjustors, there is a risk that our dialysis centers or billing and other systems may not accurately document and track the appropriate patient-specific characteristics, resulting in a reduction or overpayment in the amounts of the payments that we would otherwise be entitled to receive. The new single bundled payment base rate will also be adjusted annually for inflation based upon a market basket index, less a productivity adjustment, beginning in 2012. Also, beginning in 2012, the rule provides for up to a 2% annual payment withhold that can be earned back by facilities that meet certain defined clinical performance standards; however, to the extent our facilities do not fully meet the established benchmarks, we may not earn back all (or any) of the dollars withheld.

Dialysis providers were given the option to make a one-time election by November 1, 2010 to move fully to the bundled payment system in 2011 or to phase in the payment system over four years, in each case commencing on January 1, 2011. We elected to move fully to the bundled payment system.

At this time we cannot predict whether we will be able to reduce our operating costs to a level that will fully offset any reduction in overall reimbursement for services we provide to Medicare patients. In addition, we experience increases in operating costs that are subject to inflation, such as labor and supply costs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or the new bundled payment

rate system. We also cannot predict whether we will be able to satisfy our Medicare and Medicaid regulatory compliance obligations as processes and systems are modified substantially to comply with the rule. To the extent we are not able to adequately bill and collect for certain payment adjustors and are not able to offset the mandated reductions in reimbursement or if we face regulatory enforcement actions and penalties as a result of alleged improper billing of governmental programs, it could have a material adverse effect on our revenues, earnings and cash flows. (For additional details regarding the risks we face for failing to adhere to our Medicare and Medicaid regulatory compliance obligations, see the risk factor below under the heading "If we fail to adhere to all of the complex government regulations that apply to our business, we could suffer severe consequences that would substantially reduce our revenues, earnings and cash flows").

Health care reform could substantially reduce our revenues, earnings and cash flows.

In March 2010, broad health care reform legislation was enacted in the United States. Although many of the provisions of the new legislation do not take effect immediately, and may be modified before they are implemented, the reforms could have an impact on our business in a number of ways. We cannot predict how employers, private payors or persons buying insurance might react to these changes or what form many of these regulations will take before implementation. However, we believe the establishment of health care insurance exchanges under the legislation due to be operating by 2014 that will provide a marketplace for eligible individuals to purchase health care insurance could result in a reduction in patients covered by commercial insurance. To the extent that any modifications to the current health care regulatory system result in a reduction in patients covered by commercial insurance or a reduction in reimbursement rates for our services from commercial and/or government payors, our revenues, earnings and cash flows could be adversely affected.

In addition, the health care reform legislation introduced severe penalties for the knowing and improper retention of overpayments collected from government payors. As a result, we have made significant investments in additional resources to accelerate the time it takes to identify and process overpayments and we may be required to make additional investments in the future. Acceleration in our ability to identify and process overpayments could result in us refunding overpayments to government or other payors sooner than we have in the past, which could have a material adverse effect on our operating cash flows. The failure to return identified overpayments within the specified time frame is now a violation of the federal False Claims Act.

The legislation also reduced the timeline to file Medicare claims, which now must be filed with the government within one calendar year after the date of service. To comply with this reduced timeline, we must deploy significant resources and may change our claims processing methods to ensure that our Medicare claims are filed in a timely fashion. Failure to file a claim within the one year window could result in payment denials, adversely affecting our revenues, earnings and cash flows.

Effective March 2011, CMS will institute new screening procedures and a new $500 enrollment fee for providers enrolling in government health care programs. A provider will be subject to screening upon initial enrollment and each time the provider re-validates its enrollment application. Screening includes verification of enrollment information and review of various federal databases to ensure the provider has valid tax identification, NPI numbers and is not excluded. We expect this screening process to delay the Medicare contractor approval process, potentially causing a delay in reimbursement. The enrollment fee is also applicable upon initial enrollment, re-validation, and each time an existing provider adds a new facility location. This fee is an additional expense that must be paid for each center every three years and could be more significant if other government and commercial payors follow this trend. Ultimately, we anticipate the new screening and enrollment requirements will require additional personnel and financial resources and will potentially delay the enrollment and revalidation of our centers which in turn will delay payment.

Other reform measures allow CMS to place a moratorium on new enrollment of providers and to suspend payment to providers upon a credible allegation of fraud from any source. These types of reform measures, depending upon the scope and breadth of the implementing regulations, could adversely impact our revenues, earnings and cash flows.

Changes in state Medicaid or other non-Medicare government-based programs or payment rates could reduce our revenues, earnings and cash flows.

Approximately 17% of our dialysis and related lab services revenues for the year ended December 31, 2010 was generated from patients who have state Medicaid or other non-Medicare government-based programs, such as Medicare-assigned plans or the Veterans Health Administration (VA), as their primary coverage. As state governments and governmental organizations face increasing budgetary pressure, we may in turn face reductions in payment rates, delays in the timing of payments, limitations on eligibility or other changes to the applicable programs. For example, some programs, such as certain state Medicaid programs and the Veterans Health Administration, have recently considered, proposed or implemented rate reductions.

On December 17, 2010, the Department of Veterans Affairs published a final rule in which it materially changed the payment methodology and ultimately the amount paid for dialysis services furnished to veterans in non-VA centers such as ours. In the final rule, the VA adopted the bundled payment system implemented by Medicare and estimated a reduction of 39% in payments for dialysis services to veterans at non-VA centers. Approximately 2% of our dialysis and related lab services revenues for the year ended December 31, 2010 was generated by the VA. The new VA payment methodology will have a significant negative impact on our revenues, earnings and cash flows as a result of the reduction in rates or as a result of the decrease in the number of VA patients we serve. We recently executed multi-year contractual agreements with the Veterans Health Administration and there is some uncertainty as to when this rule will take effect for the patients covered by these contracts. While at this time the contracts remain in force, these agreements provide for the right for either party to terminate the agreement without cause on short notice. Further, patients who are not covered by the contractual arrangements will likely be reimbursed at Medicare rates beginning with the date of implementation of the rule. If the Veterans Health Administration proceeds with payment rate reductions or fails to renew our existing contracts, we might have to cease accepting patients under this program and could even be forced to close centers.

In addition, some state Medicaid program eligibility requirements mandate that citizen enrollees in such programs provide documented proof of citizenship. If our patients cannot meet these proof of citizenship documentation requirements, they may be denied coverage under these programs. If state Medicaid or other non-Medicare government programs reduce the rates paid by these programs for dialysis and related services, delay the timing of payment for services provided, further limit eligibility for coverage or adopt changes to their payment structure which reduces our overall payments from these state Medicaid or non-Medicare government programs, then our revenues, earnings and cash flows could be adversely affected.

Changes in clinical practices, payment rates or regulations impacting EPO and other pharmaceuticals could reduce our revenues, earnings and cash flows.

The administration of EPO and other pharmaceuticals accounted for approximately 26% of our dialysis and related lab services revenues for the year ended December 31, 2010, with EPO alone accounting for approximately 18% of our dialysis and related lab services revenues for the same period. Changes in clinical practices that result in further decreased utilization of prescribed pharmaceuticals or changes in payment rates for those pharmaceuticals could reduce our revenues, earnings and cash flows.

Since late 2006, there has been significant media discussion and government scrutiny regarding anemia management practices in the United States which has created confusion and concern in the nephrology community. In late 2006, the U.S. House of Representatives Ways and Means Committee held a hearing on the issue of the utilization of ESAs, which include EPO, and in 2007, the FDA required changes to the labeling of EPO and Aranesp® to include a black box warning, the FDA's strongest form of warning label. An FDA advisory panel on ESA use met in October 2010, which meeting was similar to the prior meeting held in 2007 in that there was significant discussion and concern about the safety of ESAs. The panel concluded it would not recommend a change in ESA labeling. However, the FDA is not bound by the panel's recommendation. In

addition, in June 2010, CMS opened a National Coverage Analysis (NCA) for ESAs. Further in January 2011, CMS convened a meeting of the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) to evaluate evidence for the pending NCA. CMS expects to complete its decision memo in March 2011 and issue final guidance in June 2011.

The forgoing congressional and agency activities and related actions could result in further restrictions on the utilization and reimbursement for ESAs. Commercial payors have also increasingly examined their administration policies for EPO and, in some cases, have modified those policies. Inclusion of EPO in the Medicare bundled payment rate, as well as in a bundled payment rate for several of our commercial payors, is expected to mitigate the effect of lower utilization of EPO. However, further changes in labeling of EPO and other pharmaceuticals in a manner that alters physician practice patterns or accepted clinical practices, changes in private and governmental payment criteria, including the introduction of EPO administration policies or the conversion to alternate types of administration of EPO or other pharmaceuticals that result in further decreases in utilization or reimbursement for EPO and other pharmaceuticals, could have a material adverse effect on our revenues, earnings and cash flows.

Changes in EPO pricing could materially reduce our earnings and cash flows and affect our ability to care for our patients.

Amgen Inc. is the sole supplier of EPO and may unilaterally decide to increase its price for EPO at any time during the term of our agreement with Amgen. Future increases in the cost of EPO without corresponding increases in payment rates for EPO from commercial payors and without corresponding increases in the Medicare bundled rate could have a material adverse effect on our earnings and cash flows and ultimately reduce our income. Our agreement with Amgen for EPO provides for discount pricing and rebates for EPO. Some of the rebates are subject to various qualification requirements for which we will be evaluated during the term of the agreement. These qualification requirements are based on a variety of factors, including process improvement targets, patient outcome targets and data submission. In addition, the rebates are subject to certain limitations. We cannot predict whether we will continue to receive the rebates for EPO that we currently receive, or whether we will continue to achieve the same levels of rebates within that structure as we have historically achieved. Factors that could impact our ability to qualify for rebates provided for in our agreement with Amgen in the future include our ability to develop and implement certain process improvements and track certain data elements. Failure to meet certain targets and earn the specified rebates could have a material adverse effect on our earnings and cash flows. Our prior multi-year agreement with Amgen expired on December 31, 2010, and we entered into a new shorter term agreement with Amgen that commenced January 1, 2011 and ends June 30, 2011. We cannot predict whether any new agreement with Amgen will include the same or similar discount pricing and rebates as provided in our current agreement and, if so, whether we could meet any applicable qualification requirements for receiving them.

We are the subject of a number of inquiries by the federal government, any of which could result in substantial penalties against us, imposition of certain obligations on our practices and procedures, exclusion from future participation in the Medicare and Medicaid programs and, in certain cases, criminal penalties.

We are the subject of a number of inquiries by the federal government. We have received subpoenas from the U.S. Attorney's Office for the Northern District of Georgia, the U.S. Attorney's Office for the Eastern District of Missouri, the U.S. Attorney's Office for the Eastern District of Texas and the OIG's Office in Dallas, Texas. We are cooperating with the U.S. Attorney's Offices and the OIG Office with respect to each of the subpoenas and producing the requested records. Although we cannot predict whether or when proceedings might be initiated by the federal government or when these matters may be resolved, it is not unusual for investigations such as these to continue for a considerable period of time. Responding to the subpoenas will continue to require management's attention and significant legal expense. Any negative findings could result in substantial financial penalties against us, imposition of certain obligations on our practices and procedures, exclusion from future

participation in the Medicare and Medicaid programs and, in certain cases, criminal penalties. To our knowledge, no proceedings have been initiated by the federal government against us at this time. See Note 16 to our consolidated financial statements for additional information regarding these inquiries and subpoenas.

Continued inquiries from various governmental bodies with respect to our utilization of EPO and other pharmaceuticals will require management's attention, cause us to incur significant legal expense and could result in substantial financial penalties against us or exclusion from future participation in the Medicare and Medicaid programs, and could have a material adverse effect on our revenues, earnings and cash flows.

In response to clinical studies which identified risks in certain patient populations related to the utilization of EPO and other ESAs, i.e., Aranesp®, and in response to changes in the labeling of EPO and Aranesp®, there has been substantial media attention and government scrutiny resulting in hearings and legislation regarding pharmaceutical utilization and reimbursement. Although we believe our anemia management practices and other pharmaceutical administration practices have been compliant with existing laws and regulations, as a result of the current high level of scrutiny and controversy, we may be subject to increased inquiries from a variety of governmental bodies and claims by third parties. For example, the subpoena from the U.S. Attorney's Office for the Northern District of Georgia relates to the pharmaceutical products Zemplar, Hectorol, Venofer, Ferrlecit, EPO and other related matters. The subpoena from the U.S. Attorney's Office in the Eastern District of Missouri includes requests for documents regarding the administration of, and billing for, EPO. The subpoena from the Office of Inspector General in Houston, Texas requests records relating to EPO claims submitted to Medicare. In addition, in February 2008 the Attorney General's Office for the State of Nevada notified us that Nevada Medicaid intends to conduct audits of ESRD dialysis providers in Nevada relating to the billing of pharmaceuticals, including EPO. Additional inquiries from various agencies and claims by third parties with respect to this issue would continue to require management's attention and significant legal expense and any negative findings could result in substantial financial penalties against us, imposition of certain obligations on our practices and procedures and the attendant financial burden on us to comply, or exclusion from future participation in the Medicare and Medicaid programs, and could have a material adverse effect on our revenues, earnings and cash flows. See Note 16 to our consolidated financial statements for additional information regarding these inquiries and subpoenas.

If we fail to adhere to all of the complex government regulations that apply to our business, we could suffer severe consequences that would substantially reduce our revenues, earnings and cash flows.

Our dialysis operations are subject to extensive federal, state and local government regulations, including Medicare and Medicaid payment rules and regulations, federal and state anti-kickback laws, the Stark Law physician self-referral prohibition and analogous state referral statutes, the federal False Claims Act, or FCA, and federal and state laws regarding the collection, use and disclosure of patient health information and storage, handling and administration of pharmaceuticals. The Medicare and Medicaid reimbursement rules related to claims submission, enrollment and licensing requirements, cost reporting, and payment processes impose complex and extensive requirements upon dialysis providers. A violation or departure from any of these requirements may result in government audits, lower reimbursements, significant fines and penalties, the potential loss of certification and recoupments or voluntary repayments. CMS has indicated that after implementation of the Medicare bundled payment system, it will monitor use of EPO and whether blood transfusions replace EPO for anemia management.

The regulatory scrutiny of healthcare providers, including dialysis providers continues to increase. Medicare has increased the frequency and intensity of its certification inspections of dialysis centers. For example, we are required to provide substantial documentation related to the administration of pharmaceuticals, including EPO, and, to the extent that any such documentation is found insufficient, we may be required to refund any amounts received from such administration by government or commercial payors, and be subject to substantial penalties under applicable laws or regulations. In addition, Medicare contractors have increased their prepayment and post-payment reviews.

We endeavor to comply with all of the requirements for receiving Medicare and Medicaid payments, to structure all of our relationships with referring physicians to comply with state and federal anti-kickback laws and physician self-referral law (Stark Law), and for storing, handling and administering pharmaceuticals. However, the laws and regulations in these areas are complex, require considerable resources to comply with and are subject to varying interpretations. For example, if an enforcement agency were to challenge the level of compensation that we pay our medical directors or the number of medical directors that we engage, we could be required to change our practices, face criminal or civil penalties, pay substantial fines or otherwise experience a material adverse effect as a result of a challenge to these arrangements. In addition, recent amendments to the FCA impose severe penalties for the knowing and improper retention of overpayments collected from government payors. These amendments could subject our procedures for identifying and processing overpayments to greater scrutiny. We have made significant investments in additional resources to decrease the time it takes to identify and process overpayments and we may be required to make additional investments in the future. An acceleration in our ability to identify and process overpayments could result in us refunding overpayments to government or other payors sooner than we have in the past. A significant acceleration of these refunds could have a material adverse affect on our operating cash flows. Additionally, amendments to the federal anti-kickback statute in the health reform law make anti-kickback violations subject to FCA prosecution, including qui tam or whistleblower suits.

If any of our operations are found to violate these or other government regulations, we could suffer severe consequences that would have a material adverse effect on our revenues, earnings and cash flows including:

- Suspension or termination of our participation in government payment programs;
- Refunds of amounts received in violation of law or applicable payment program requirements;
- Loss of required government certifications or exclusion from government payment programs;
- Loss of licenses required to operate health care facilities or administer pharmaceuticals in some of the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and related pharmaceuticals;
- Fines, damages or monetary penalties for anti-kickback law violations, Stark Law violations, FCA violations, civil or criminal liability based on violations of law, or other failures to meet regulatory requirements;
- Claims for monetary damages from patients who believe their protected health information has been used or disclosed in violation of federal or state patient privacy laws;
- Mandated changes to our practices or procedures that significantly increase operating expenses; and
- Termination of relationships with medical directors.

Delays in state Medicare and Medicaid certification of our dialysis centers could adversely affect our revenues, earnings and cash flows.

Before we can begin billing for patients treated in our outpatient dialysis centers who are enrolled in government-based programs, we are required to obtain state and federal certification for participation in the Medicare and Medicaid programs. As state agencies responsible for surveying dialysis centers on behalf of the state and Medicare program face increasing budgetary pressure, certain states are having difficulty keeping up with certifying dialysis centers in the normal course resulting in significant delays in certification. If state governments continue to have difficulty keeping up with certifying new centers in the normal course and we continue to experience significant delays in our ability to treat and bill for services provided to patients covered under government programs, it could cause us to incur write-offs of investments or accelerate the recognition of lease obligations in the event we have to close centers or our centers' operating performance deteriorates, and it could have an adverse effect on our revenues, earnings and cash flows.

If our joint ventures were found to violate the law, we could suffer severe consequences that would have a material adverse effect on our revenues, earnings and cash flows.

As of December 31, 2010, we owned a controlling interest in numerous dialysis-related joint ventures, which represented approximately 18% of our dialysis and related lab services revenues for the year ended December 31, 2010. In addition, we also owned minority equity investments in several other dialysis related joint ventures. We anticipate that we will continue to increase the number of our joint ventures. Many of our joint ventures with physicians or physician groups also have the physician owners providing medical director services to those centers or other centers we own and operate. Because our relationships with physicians are governed by the federal anti-kickback statute, we have sought to structure our joint venture arrangements to satisfy as many safe harbor requirements as we believe are reasonably possible. However, our joint venture arrangements do not satisfy all elements of any safe harbor under the federal anti-kickback statute. The subpoena and related requests for documents we received from the United States Attorney's Office for the Eastern District of Missouri included requests for documents related to our joint ventures. We were recently advised by the U.S. Department of Justice that it is conducting a civil investigation into our financial relationships with physicians. See Note 16 to our consolidated financial statements for additional information regarding these inquiries and subpoenas.

If our joint ventures are found to be in violation of the anti-kickback statute or the Stark Law provisions, we could be required to restructure the joint ventures or refuse to accept referrals for designated health services from the physicians with whom the joint venture centers have a financial relationship.

We also could be required to repay amounts received by the joint ventures from Medicare and certain other payors to the extent that these arrangements are found to give rise to prohibited referrals, and we could be subject to monetary penalties and exclusion from government healthcare programs. If our joint venture centers are subject to any of these penalties, we could suffer severe consequences that would have a material adverse effect on our revenues, earnings and cash flows.

There are significant estimating risks associated with the amount of dialysis revenue and related refund liabilities that we recognize and if we are unable to accurately estimate our revenue and related refund liabilities, it could impact the timing of our revenue recognition or have a significant impact on our operating results.

There are significant estimating risks associated with the amount of dialysis and related lab services revenues and related refund liabilities that we recognize in a reporting period. The billing and collection process is complex due to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage, and other payor issues. Determining applicable primary and secondary coverage for approximately 125,000 patients at any point in time, together with the changes in patient coverage that occur each month, requires complex, resource-intensive processes. Errors in determining the correct coordination of benefits may result in refunds to payors. Revenues associated with Medicare and Medicaid programs are also subject to estimating risk related to the amounts not paid by the primary government payor that will ultimately be collectible from other government programs paying secondary coverage, the patient's commercial health plan secondary coverage or the patient. Collections, refunds and payor retractions typically continue to occur for up to three years and longer after services are provided. We generally expect our range of dialysis and related lab services revenues estimating risk to be within 1% of revenues for the segment, which can represent as much as 6% of consolidated operating income. If our estimates of dialysis and related lab services revenues and related refund liabilities are materially inaccurate, it could impact the timing of our revenue recognition and have a significant impact on our operating results.

The ancillary services we provide or the strategic initiatives we invest in may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, we may have to write off our investment and incur other exit costs.

Our ancillary services and strategic initiatives include pharmacy services, infusion therapy services, disease management services, vascular access services, ESRD clinical research programs and physician services. Many

of these initiatives require investments of both management and financial resources and can generate significant losses for a substantial period of time and may not become profitable. There can be no assurance that any such strategic initiative will ultimately be successful. Any significant change in market conditions, business performance or in the regulatory environment may impact the economic viability of any of these strategic initiatives. For example, during 2010 and 2009, several of our strategic initiatives generated net operating losses and some are expected to generate net operating losses in 2011. If any of our ancillary services or strategic initiatives do not perform as planned, we may incur a material write-off or an impairment of our investment, including goodwill, in one or more of these activities or we could incur significant termination costs if we were to exit a certain line of business.

If a significant number of physicians were to cease referring patients to our dialysis centers, whether due to regulatory or other reasons, it would have a material adverse effect on our revenues, earnings and cash flows.

We believe that physicians prefer to have their patients treated at dialysis centers where they or other members of their practice supervise the overall care provided as medical director of the center. As a result, the primary referral source for most of our centers is often the physician or physician group providing medical director services to the center. Neither our current nor former medical directors have an obligation to refer their patients to our centers. If a medical director agreement terminates, whether before or at the end of its term, and a new medical director is appointed, it may negatively impact the former medical director's decision to treat his or her patients at our center. If we are unable to enforce noncompetition provisions contained in the terminated medical director agreements, former medical directors may choose to provide medical director services for competing providers or establish their own dialysis centers in competition with ours. Also, if the quality of service levels at our centers deteriorates, it may negatively impact patient referrals and treatment volumes.

Our medical director contracts are for fixed periods, generally three to ten years, and at any given time a large number of them could be up for renewal at the same time. Medical directors have no obligation to extend their agreements with us. We may take actions to restructure existing relationships or take positions in negotiating extensions of relationships to assure compliance with the anti-kickback statute, Stark Law and other similar laws. These actions could negatively impact the decision of physicians to extend their medical director agreements with us or to refer their patients to us. If the terms of any existing agreement are found to violate applicable laws, we may not be successful in restructuring the relationship which could lead to the early termination of the agreement, or cause the physician to stop referring patients to our dialysis centers. If a significant number of physicians were to cease referring patients to our dialysis centers, whether due to regulatory or other reasons, then our revenues, earnings and cash flows would be substantially reduced.

Current economic conditions as well as further disruptions in the financial markets could have a material adverse effect on our revenues, earnings and cash flows and otherwise adversely affect our financial condition.

Current economic conditions could adversely affect our business and our profitability. Among other things, the potential decline in federal and state revenues that may result from such conditions may create additional pressures to contain or reduce reimbursements for our services from Medicare, Medicaid and other government sponsored programs. Increasing job losses or slow improvement in the unemployment rate in the United States as a result of current or recent economic conditions has and may continue to result in a smaller percentage of our patients being covered by an employer group health plan and a larger percentage being covered by lower paying Medicare and Medicaid programs. Employers may also begin to select more restrictive commercial plans with lower reimbursement rates. To the extent that payors are negatively impacted by a decline in the economy, we may experience further pressure on commercial rates, a further slow down in collections and a reduction in the amounts we expect to collect. In addition, uncertainty in the financial markets could adversely affect the variable interest rates payable under our credit facilities or could make it more difficult to obtain or renew such facilities or to obtain other forms of financing in the future. Any or all of these factors, as well as other consequences of the current economic conditions which cannot currently be anticipated, could have a material adverse effect on our revenues, earnings and cash flows and otherwise adversely affect our financial condition.

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We may engage in acquisitions, mergers or dispositions, which may affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business.

We may engage in acquisitions, mergers or dispositions, which may affect our results of operations, debt-to-capital ratio, capital expenditures, or other aspects of our business. There can be no assurance that we will be able to identify suitable acquisition targets or merger partners or that, if identified, we will be able to acquire these targets on acceptable terms or agree to terms with merger partners. There can also be no assurance that we will be successful in completing any acquisitions, mergers or dispositions that we might be considering or announce, or integrating any acquired business into our overall operations or operate them successfully as stand-alone businesses, or that any such acquired business will operate profitably or will not otherwise adversely impact our results of operations. Further, we cannot be certain that key talented individuals at the business being acquired will continue to work for us after the acquisition or that they will be able to continue to successfully manage or have adequate resources to successfully operate any acquired business.

If we are not able to continue to make acquisitions, or maintain an acceptable level of non-acquired growth, or if we face significant patient attrition to our competitors or a reduction in the number of our medical directors, it could adversely affect our business.

The dialysis industry is highly competitive, particularly in terms of acquiring existing dialysis centers. We continue to face increased competition in the dialysis industry from large and medium-sized providers which compete directly with us for acquisition targets as well as for individual patients and medical directors. Acquisitions, patient retention and medical director retention are an important part of our growth strategy. Because of the ease of entry into the dialysis business and the ability of physicians to be medical directors for their own centers, competition for growth in existing and expanding markets is not limited to large competitors with substantial financial resources. Occasionally, we have experienced competition from former medical directors or referring physicians who have opened their own dialysis centers. In addition, Fresenius, our largest competitor, manufactures a full line of dialysis supplies and equipment in addition to owning and operating dialysis centers. This may give it cost advantages over us because of its ability to manufacture its own products. If we are not able to continue to make acquisitions, continue to maintain acceptable levels of non-acquired growth, or if we face significant patient attrition to our competitors or a reduction in the number of our medical directors, it could adversely affect our business.

If businesses we acquire have liabilities that we are not aware of, we could suffer severe consequences that would substantially reduce our earnings and cash flows.

Our business strategy includes the acquisition of dialysis centers and businesses that own and operate dialysis centers, as well as other ancillary services and strategic initiatives. Businesses we acquire may have unknown or contingent liabilities or liabilities that are in excess of the amounts that we originally estimated. Although we generally seek indemnification from the sellers of businesses we acquire for matters that are not properly disclosed to us, we are not always successful. In addition, even in cases where we are able to obtain indemnification, we may discover liabilities greater than the contractual limits or the financial resources of the indemnifying party. In the event that we are responsible for liabilities substantially in excess of any amounts recovered through rights to indemnification, we could suffer severe consequences that would substantially reduce our earnings and cash flows.

Expansion of our operations to and offering our services in markets outside of the United States subjects us to political, legal, operational and other risks that could have a materially adverse affect on our business, results of operations and cash flows.

We are undertaking an expansion of our operations and beginning to offer our services outside of the United States, which increases our exposure to the inherent risks of doing business in international markets. Depending on the market, these risks include, without limitation, those relating to:

- changes in the local economic environment;
- political instability, armed conflicts or terrorism;
- social changes;
- intellectual property legal protections and remedies;
- trade regulations;
- procedures and actions affecting approval, production, pricing, reimbursement and marketing of products and services;
- foreign currency;
- repatriating or moving to other countries cash generated or held abroad, including considerations relating to tax-efficiencies and changes in tax laws;
- export controls;
- lack of reliable legal systems which may affect our ability to enforce contractual rights;
- changes in local laws or regulations;
- potentially longer payment and collection cycles; and
- financial and operational, and information technology systems integration.

International operations also could require us to devote significant management resources to implement our controls and systems in new markets, to comply with the U.S. Foreign Corrupt Practices Act and similar laws in local jurisdictions and to overcome the numerous new challenges inherent in managing international operations, including those based on differing languages, cultures and regulatory environments.

We expect to expand our international operations through acquisition or otherwise, which would increase these risks. Additionally, though we might invest substantial amounts of capital and incur significant costs in connection with our international operations, there is no assurance that we will be able to operate them profitably anytime soon, if at all. As a result we would expect these costs to be dilutive to our earnings over the next several years as we start-up or acquire new operations.

These risks could have a material adverse effect on our financial condition, results of operations and cash flows.

The level of our current and future debt could have an adverse impact on our business and our ability to generate cash to service our indebtedness depends on many factors beyond our control.

We have substantial debt outstanding and we may incur additional indebtedness in the future. The high level of our indebtedness, among other things, could:

- make it difficult for us to make payments on our debt securities;
- increase our vulnerability to general adverse economic and industry conditions;
- require us to dedicate a substantial portion of our cash flow from operations to payments on our indebtedness, thereby reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions and investments and other general corporate purposes;
- limit our flexibility in planning for, or reacting to, changes in our business and the markets in which we operate;
- place us at a competitive disadvantage compared to our competitors that have less debt; and
- limit our ability to borrow additional funds.

Our ability to make payments on our indebtedness and to fund planned capital expenditures and expansion efforts, including any strategic acquisitions we may make in the future, will depend on our ability to generate cash. This, to a certain extent, is subject to general economic, financial, competitive, regulatory and other factors that are beyond our control.

We cannot provide assurance that our business will generate sufficient cash flow from operations in the future or that future borrowings will be available to us in an amount sufficient to enable us to service our indebtedness or to fund other liquidity needs. The borrowings under the Credit Agreement are guaranteed by substantially all of our direct and indirect wholly-owned domestic subsidiaries and are secured by substantially all of DaVita's and its guarantors' assets.

Increases in interest rates may increase our interest expense and adversely affect our earnings and cash flow and our ability to service our indebtedness.

A portion of our outstanding debt bears interest at variable rates. We are subject to LIBOR-based interest rate volatility from a floor of 1.50% to a cap of 4.00% on $1,250 million of our Term Loan B outstanding debt as a result of several interest rate cap agreements that were entered into in January 2011. The remaining $500 million of outstanding debt on the Term Loan B is subject to LIBOR-based interest rate volatility above a floor of 1.50%. Our Term Loan A bears interest at LIBOR-based variable rates, however, in January 2011, we entered into several interest rate swap agreements with amortizing notional amounts totaling $1 billion. These agreements had the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of Term Loan A debt to fixed rates. We also have approximately $250 million of additional borrowings available under our new Senior Secured Credit Facilities which will bear interest at a variable rate. We may also incur additional variable rate debt in the future. Increases in interest rates would increase our interest expense of the variable portion of our indebtedness, which could negatively impact our earnings and cash flow and our ability to service our indebtedness which would be particularly significant in the event of rapid and substantial increases in interest rates.

Increases in interest rates would increase our interest expense for the variable portion of our indebtedness, which could negatively impact our earnings and cash flow. For example, it is estimated that a hypothetical increase in interest rates of 100 basis points across all variable rate maturities under the existing Senior Secured Credit Facilities would reduce net income by approximately $6.1 million, for the next twelve months given our current interest rates in effect at December 31, 2010. See "Item 7A—Quantitative and Qualitative Disclosures about Market Risk" for more information. In addition, if we seek to refinance our existing indebtedness under our Senior Secured Credit Facilities, we may not be able to do so on acceptable terms and conditions, which could increase our interest expense or impair our ability to service our indebtedness and fund our operations.

If there are shortages of skilled clinical personnel or if we experience a higher than normal turnover rate, we may experience disruptions in our business operations and increases in operating expenses.

We are experiencing increased labor costs and difficulties in hiring nurses due to a nationwide shortage of skilled clinical personnel. We compete for nurses with hospitals and other health care providers. This nursing shortage may limit our ability to expand our operations. In addition, changes in certification requirements or increases in the required staffing levels for skilled clinical personnel can impact our ability to maintain sufficient staff levels to the extent our teammates are not able to meet new requirements or competition for qualified individuals increases. If we are unable to hire skilled clinical personnel when needed, or if we experience a higher than normal turnover rate for our skilled clinical personnel, our operations and treatment growth will be negatively impacted, which would result in reduced revenues, earnings and cash flows.

Our business is labor intensive and could be adversely affected if we were unable to maintain satisfactory relations with our employees or if union organizing activities were to result in significant increases in our operating costs or decreases in productivity.

Our business is labor intensive, and our results are subject to variations in labor-related costs, productivity and the number of pending or potential claims against us related to labor and employment practices. If political efforts at the national and local level result in actions or proposals that increase the likelihood of union organizing activities at our facilities or if union organizing activities increase for other reasons, or if labor and employment claims, including the filing of class action suits, trend upwards, our operating costs could increase and our employee relations, productivity, earnings and cash flows could be adversely affected.

Upgrades to our billing and collections systems and complications associated with upgrades and other improvements to our billing and collections systems could have a material adverse effect on our revenues, cash flows and operating results.

We are continuously performing upgrades to our billing systems and expect to continue to do so in the near term. In addition, we continuously work to improve our billing and collections performance through process upgrades, organizational changes and other improvements. We may experience difficulties in our ability to successfully bill and collect for services rendered as a result of these changes, including a slow-down of collections, a reduction in the amounts we expect to collect, increased risk of retractions from and refunds to commercial and government payors, an increase in our provision for uncollectible accounts receivable and noncompliance with reimbursement regulations. The failure to successfully implement the upgrades to the billing and collectinn systems and other improvements could have a material adverse effect on our revenues, cash flows and operating results.

Our ability to effectively provide the services we offer could be negatively impacted if certain of our suppliers are unable to meet our needs or if we are unable to effectively access new technology, which could substantially reduce our revenues, earnings and cash flows.

We have significant suppliers that are either the sole or primary source of products critical to the services we provide, including Amgen, Baxter Healthcare Corporation, NxStage Medical, Inc. and others or to which we have committed obligations to make purchases including Gambro Renal Products and Fresenius Medical Care. If any of these suppliers are unable to meet our needs for the products they supply, including in the event of a product recall, or shortage, and we are not able to find adequate alternative sources, or if some of the drugs that we purchase are not reimbursed through the bundled payment rate by Medicare, our revenues, earnings and cash flows could be substantially reduced. In addition, the technology related to the products critical to the services we provide is subject to new developments and may result in superior products. If we are not able to access superior products on a cost-effective basis or if suppliers are not able to fulfill our requirements for such products, we could face patient attrition which could substantially reduce our revenues, earnings and cash flows.

We may be subject to liability claims for damages and other expenses not covered by insurance that could reduce our earnings and cash flows.

The administration of dialysis and related services to patients may subject us to litigation and liability for damages. Our business, profitability and growth prospects could suffer if we face negative publicity or we pay damages or defense costs in connection with a claim that is outside the scope of any applicable insurance coverage, including claims related to adverse patient events, contractual disputes and professional and general liability claims. In addition, we have received several notices of claims from commercial payors and other third parties related to our historical billing practices and the historical billing practices of the centers acquired from Gambro Healthcare and other matters related to their settlement agreement with the Department of Justice. Although the ultimate outcome of these claims cannot be predicted, an adverse result with respect to one or more of these claims could have a material adverse effect on our financial condition, results of operations, and cash

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flows. We currently maintain programs of general and professional liability insurance. However, a successful claim, including a professional liability, malpractice or negligence claim which is in excess of our insurance coverage could have a material adverse effect on our earnings and cash flows.

In addition, if our costs of insurance and claims increase, then our earnings could decline. Market rates for insurance premiums and deductibles have been steadily increasing. Our earnings and cash flows could be materially and adversely affected by any of the following:

- the collapse or insolvency of our insurance carriers;
- further increases in premiums and deductibles;
- increases in the number of liability claims against us or the cost of settling or trying cases related to those claims; and
- an inability to obtain one or more types of insurance on acceptable terms.

Provisions in our charter documents, compensation programs and Delaware law may deter a change of control that our stockholders would otherwise determine to be in their best interests.

Our charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in our management, or limit the ability of our stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting our stockholders from acting by written consent; requiring 90 days advance notice of stockholder proposals or nominations to our Board of Directors; and granting our Board of Directors the authority to issue preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval. In addition, we have in place a shareholder rights plan that would substantially dilute the interest sought by an acquirer that our Board of Directors does not approve.

Most of our outstanding employee stock options include a provision accelerating the vesting of the options in the event of a change of control. We also maintain a change of control protection program for our employees who do not have a significant number of stock awards, which has been in place since 2001, and which provides for cash bonuses to the employees in the event of a change of control. Based on the market price of our common stock and shares outstanding on December 31, 2010, these cash bonuses would total approximately $260 million if a change of control transaction occurred at that price and our Board of Directors did not modify this program. These change of control provisions may affect the price an acquirer would be willing to pay for our Company.

We are also subject to Section 203 of the Delaware General Corporation Law that, subject to exceptions, would prohibit us from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder.

These provisions may discourage, delay or prevent an acquisition of our Company at a price that our stockholders may find attractive. These provisions could also make it more difficult for our stockholders to elect directors and take other corporate actions and could limit the price that investors might be willing to pay for shares of our common stock.

Item 1B. Unresolved Staff Comments.

None.

Item 2. Properties.

We own the land and buildings for 24 of our outpatient dialysis centers. We also own the buildings for six other outpatient dialysis centers and the building at one of our Florida labs and we own two separate land parcels and sublease a total of seven properties to third-party tenants. In addition, we also own the land associated with the development of our new corporate headquarters. Our remaining outpatient dialysis centers are located on premises that we lease.

Our leases generally cover periods from five to ten years but in some cases can extend for 15 years and typically contain renewal options of five to ten years at the fair rental value at the time of renewal. Our leases are generally subject to periodic consumer price index increases, or contain fixed escalation clauses. Our outpatient dialysis centers range in size from approximately 500 to 30,000 square feet, with an average size of approximately 6,800 square feet

The following is a summary of our business, administrative offices, laboratories and pharmacies:

Office	Location	Square Feet	Expiration
Corporate Headquarters	Denver, CO	69,000	2012
Administrative Office	Vernon Hills, IL	29,000	2013
Administrative Office	Burlingame, CA	3,400	2012
Administrative Office	Norfolk, VA	20,000	2015
Administrative Office	Tempe, AZ	11,000	2016
Administrative Office	Washington, DC	2,000	2013
Administrative Office	Washington, DC	5,000	2013
Business Office	El Segundo, CA	61,000	2013
Business Office	Tacoma, WA	215,000	2013 through 2021
Business Office	Berwyn, PA	57,000	2012
Business Office	Lakewood, CO	82,000	2012
Business Office	Brentwood, TN	104,500	2011 through 2013
Business Office	Irvine, CA	65,000	2015
DaVita Rx	Orlando, FL	17,000	2013
DaVita Rx	Coppell, TX	53,000	2013
DaVita Rx	San Bruno, CA	7,200	2015
Lab Warehouse	DeLand, FL	11,000	2015
Laboratory	DeLand, FL	40,000	Owned
Laboratory	DeLand, FL	20,000	2013
Laboratory	Ft. Lauderdale, FL	43,000	2015
Laboratory Administrative Office	DeLand, FL	23,000	2011

Some of our outpatient dialysis centers are operating at or near capacity. However, we believe that we have adequate capacity within most of our existing dialysis centers to accommodate additional patient volume through increased hours and/or days of operation, or, if additional space is available within an existing facility, by adding dialysis stations. We can usually relocate existing centers to larger facilities or open new centers if existing centers reach capacity. With respect to relocating centers or building new centers, we believe that we can generally lease space at economically reasonable rates in the areas planned for each of these centers, although there can be no assurances in this regard. Expansion of existing centers or relocation of our dialysis centers is subject to review for compliance with conditions relating to participation in the Medicare ESRD program. In states that require a certificate of need or center license, additional approvals would generally be necessary for expansion or relocation.

Item 3. Legal Proceedings.

Inquiries by the Federal Government

In March 2005, we received a subpoena from the U.S. Attorney's Office for the Eastern District of Missouri in St. Louis. The subpoena required production of a wide range of documents relating to our operations, including documents related to, among other things, pharmaceutical and other services provided to patients, relationships with pharmaceutical companies, and financial relationships with physicians and joint ventures. The subpoena covers the period from December 1, 1996 through the present. In October 2005, we received a follow-up request for additional documents related to specific medical director and joint venture arrangements. In

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February 2006, we received an additional subpoena for documents, including certain patient records relating to the administration and billing of EPO. In May 2007, we received a request for documents related to durable medical equipment and supply companies owned and operated by us. We are cooperating with the inquiry and have produced the requested records. The subpoenas have been issued in connection with a joint civil and criminal investigation. It is possible that criminal proceedings may be initiated against us in connection with this inquiry.

In February 2007, we received a request for information from the Office of Inspector General, U.S. Department of Health and Human Services, or OIG, for records relating to EPO claims submitted to Medicare. In August 2007, we received a subpoena from the OIG seeking similar documents. The requested documents relate to services provided from 2001 to 2004 by a number of our centers. The request and subpoena were sent from the OIG's offices in Houston and Dallas, Texas. We have cooperated with the inquiry and have produced all previously requested records to date. We have been in contact with the U.S. Attorney's Office for the Eastern District of Texas, which has stated that this is a civil inquiry related to EPO claims. On July 6, 2009, the United States District Court for the Eastern District of Texas lifted the seal on the civil qui tam complaint related to these allegations and we were subsequently served with a complaint by the relator. The government did not intervene and is not actively pursuing this matter. We believe that there is some overlap between this issue and the ongoing review of EPO utilization and claims by the U.S. Attorney's Office for the Eastern District of Missouri in St. Louis described above.

In December 2008, we received a subpoena for documents from the OIG relating to the pharmaceutical products Zemplar, Hectorol, Venofer, Ferrlecit and Epogen®, or EPO, as well as other related matters. The subpoena covers the period from January 2003 to the present. We have been in contact with the United States Attorney's Office, or U.S. Attorney's Office, for the Northern District of Georgia and the U.S. Department of Justice in Washington, DC, since November 2008 relating to this matter, and have been advised that this is a civil inquiry. On June 17, 2009, we learned that the allegations underlying this inquiry were made as part of a civil qui tam complaint filed by individuals and brought pursuant to the federal False Claims Act. The case remains under seal in the United States District Court for the Northern District of Georgia. We are cooperating with the inquiry and are producing the requested records.

In May 2010, we received a subpoena from the OIG's office in Dallas, Texas. The subpoena covers the period from January 1, 2005 through the present, and seeks production of a wide range of documents relating to our operations, including documents related to, among other things, financial relationships with physicians and joint ventures. The subject matter of this subpoena overlaps with the subject matter of the investigation being conducted by the United States Attorney's Office for the Eastern District of Missouri in St. Louis as described above. We met with representatives of the government to discuss the scope of the subpoena and the production of responsive documents. We have been advised that this is a civil investigation. We are cooperating with the inquiry and are producing the requested records. It is possible that criminal proceedings may be initiated against us in connection with this inquiry.

To our knowledge, no proceedings have been initiated against us at this time in connection with any of the inquiries by the federal government as set forth above. Although we cannot predict whether or when proceedings might be initiated or when these matters may be resolved, it is not unusual for investigations such as these to continue for a considerable period of time. Responding to the subpoenas will continue to require management's attention and significant legal expense. Any negative findings could result in substantial financial penalties against us, exclusion from future participation in the Medicare and Medicaid programs and, to the extent criminal proceedings may be initiated against us as indicated above, possible criminal penalties. At this time, we cannot predict the ultimate outcome of these inquires or the potential range of damages, if any.

Other

We have received several notices of claims from commercial payors and other third parties related to historical billing practices and claims against DVA Renal Healthcare (formerly known as Gambro Healthcare), a subsidiary of DaVita Inc., related to historical Gambro Healthcare billing practices and other matters covered by its 2004 settlement agreement with the Department of Justice and certain agencies of the U.S. government. At least one commercial payor has filed an arbitration demand against us, as described below, and additional commercial payors have threatened litigation. We intend to defend against these claims vigorously; however, we may not be successful and these claims may lead to litigation and any such litigation may be resolved unfavorably. At this time, we cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

Several wage and hour claims have been filed against us in the Superior Court of California, each of which has been styled as a class action. In February 2007, June 2008, October 2008 and December 2008, we were served with five separate complaints in California, including two in October 2008, by various former employees, each of which alleges, among other things, that we failed to provide rest and meal periods, failed to pay compensation in lieu of providing such rest or meal periods, failed to pay the correct amount of overtime, failed to pay the rate on the "wage statement," and failed to comply with certain other California Labor Code requirements. We have reached a settlement and release of all claims against us in connection with the complaints served in February 2007 and December 2008 and one of the complaints served in October 2008. We have fully paid the settlement amount and the case has been dismissed. The overall settlement amount was not material to our consolidated financial statements. We have reached an agreement with plaintiffs to settle the claims in the second complaint filed in October 2008. In February 2011, the agreement was approved by the Court, and the amount of the overall settlement was not material. We intend to vigorously defend against the remaining claims and to vigorously oppose the certification of the remaining matters as class actions. Any potential settlements of these remaining claims are not anticipated to be material to our consolidated financial statements.

In October 2007, we were contacted by the Attorney General's Office for the State of Nevada. The Attorney General's Office informed us that it was conducting a civil and criminal investigation of our operations in Nevada and that the investigation related to the billing of pharmaceuticals, including EPO. In February 2008, the Attorney General's Office informed us that the civil and criminal investigation had been discontinued. The Attorney General's Office further advised us that Nevada Medicaid intended to conduct audits of end stage renal disease (ESRD) dialysis providers in Nevada, and such audits would relate to the issues that were the subjects of the investigation. To our knowledge, no court proceedings have been initiated against us at this time. Any negative audit findings could result in a substantial repayment by us. At this time, we cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

In August 2005, Blue Cross/Blue Shield of Louisiana filed a complaint in the United States District Court for the Western District of Louisiana against Gambro AB, DVA Renal Healthcare (formerly known as Gambro Healthcare) and related entities. The plaintiff sought to bring its claims as a class action on behalf of itself and all entities that paid any of the defendants for health care goods and services from on or about January 1991 through at least December 2004. The complaint alleged, among other things, damages resulting from facts and circumstances underlying Gambro Healthcare's 2004 settlement agreement with the Department of Justice and certain agencies of the U.S. government. In March 2006, the case was dismissed and the plaintiff was compelled to seek arbitration to resolve the matter. In November 2006, the plaintiff filed a demand for class arbitration against us and DVA Renal Healthcare, a subsidiary of DaVita Inc. In February 2011, the arbitration panel denied plaintiff's request to certify a class. We intend to vigorously defend against plaintiff's remaining individual claims and any appeal that may be filed. At this time we cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

In June 2004, Gambro Healthcare (now known as DVA Renal Healthcare and a subsidiary of DaVita Inc.) was served with a complaint filed in the Superior Court of California by one of its former employees who worked

for its California acute services program. The complaint, which is styled as a class action, alleges, among other things, that DVA Renal Healthcare failed to provide overtime wages, defined rest periods and meal periods, or compensation in lieu of such provisions and failed to comply with certain other California Labor Code requirements. We intend to vigorously defend against these claims. We also intend to vigorously oppose the certification of this matter as a class action. At this time, our estimate of the range of possible damages related to this matter is immaterial to our consolidated financial statements.

In addition to the foregoing, we are subject to claims and suits, including from time to time, contractual disputes and professional and general liability claims, as well as audits and investigations by various government entities, in the ordinary course of business. We believe that the ultimate resolution of any such pending proceedings, whether the underlying claims are covered by insurance or not, will not have a material adverse effect on our financial condition, results of operations or cash flows.

Item 4. (Removed and Reserved)

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PART II

Item 5. Market for the Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.

Our common stock is traded on the New York Stock Exchange under the symbol "DVA". The following table sets forth, for the periods indicated, the high and low closing prices for our common stock as reported by the New York Stock Exchange.

	High	Low
Year ended December 31, 2010:		
1st quarter	$ 64.19	$ 58.98
2nd quarter	66.63	60.43
3rd quarter	69.03	56.83
4th quarter	74.11	68.24
Year ended December 31, 2009:		
1st quarter	$ 53.04	$ 42.34
2nd quarter	49.56	42.36
3rd quarter	56.64	47.78
4th quarter	61.55	53.03

The closing price of our common stock on January 31, 2011 was $73.85 per share. According to The Bank of New York, our registrar and transfer agent, as of January 31, 2011, there were 7,622 holders of record of our common stock. We have not declared or paid cash dividends to holders of our common stock since 1994. We have no current plans to pay cash dividends and we are restricted from paying dividends under the terms of our Senior Secured Credit Facilities and the indentures governing our senior and senior subordinated notes. Also, see the heading "Liquidity and capital resources" under "Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations" and the notes to our consolidated financial statements.

Stock Repurchases

The following table summarizes our repurchases of our common stock during 2010:

Period	Total Number of Shares Purchased	Average Price Paid per Share	Total Number of Shares Purchased as Part of Publicly Announced Plans or Programs(1)	Approximate Dollar Value of Shares that May Yet Be Purchased Under the Plans or Programs (in millions)
April 1—30, 2010	179,700	$ 63.16	179,700	$ 488.7
May 1—31, 2010	1,407,460	63.02	1,407,460	400.0
September 1—30, 2010	1,448,000	68.02	1,448,000	301.5
October 1—31, 2010	4,244,300	71.03	4,244,300	7.2
November 1—30, 2010	1,639,300	72.28	1,639,300	681.5
Total	8,918,760	$ 69.35	8,918,760	

(1) On November 3, 2009, we announced that the Board of Directors authorized an increase of an additional $500 million for repurchases of our common stock. On November 3, 2010, we announced that the Board of Directors authorized an increase of an additional $800 million for repurchases of our common stock.

This stock repurchase program has no expiration date. We are authorized to make purchases from time to time in the open market or in privately negotiated transactions, depending upon market conditions and other considerations. However, we are subject to share repurchase limitations under the terms of the Senior Secured Credit Facilities and the indentures governing our senior notes.

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Item 6. Selected Financial Data.

The following financial and operating data should be read in conjunction with "Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations" and our consolidated financial statements filed as part of this report. The following table presents selected consolidated financial and operating data for the periods indicated. Effective January 1, 2009, we were required to present consolidated net income attributable to us and to noncontrolling interests on the face of the consolidated statement of income, which changed the presentation of minority interests (noncontrolling interests) in our consolidated statements of income. These consolidated financial results have been recast for all prior periods presented to reflect the retrospective application of adopting these new presentation and disclosure requirements for noncontrolling interests.

	Year ended December 31,				
	2010	2009	2008	2007	2006
	(in thousands, except share data)				
Income statement data:					
Net operating revenues	$ 6,447,391	$ 6,108,800	$ 5,660,173	$ 5,264,151	$ 4,880,662
Operating expenses and charges(1)	5,450,364	5,168,529	4,791,077	4,355,240	4,103,089
Operating income	997,027	940,271	869,096	908,911	777,573
Debt expense(2)	(181,607)	(185,755)	(224,716)	(257,147)	(276,706)
Debt refinancing and redemption charges	(74,382)	—	—	—	—
Other income, net(3)	3,420	3,708	12,411	22,460	13,033
Income from continuing operations before income taxes	744,458	758,224	656,791	674,224	513,900
Income tax expense	260,239	278,465	235,471	245,581	186,430
Income from continuing operations	484,219	479,759	421,320	428,643	327,470
Income from discontinued operations, net of tax(4)	—	—	—	—	1,747
Gain on disposal of discontinued operations, net of tax(4)	—	—	—	—	362
Net income	$ 484,219	$ 479,759	$ 421,320	$ 428,643	$ 329,579
Less: Net income attributable to noncontrolling interests(5)	$ (78,536)	$ (57,075)	$ (47,160)	$ (46,865)	$ (39,888)
Net income attributable to DaVita Inc.	$ 405,683	$ 422,684	$ 374,160	$ 381,778	$ 289,691
Basic earnings per common share from continuing operations attributable to DaVita Inc.(4)	$ 4.00	$ 4.08	$ 3.56	$ 3.61	$ 2.79
Diluted earnings per common share from continuing operations attributable to DaVita Inc.(4)	$ 3.94	$ 4.06	$ 3.53	$ 3.55	$ 2.73
Weighted average shares outstanding:(7)					
Basic	101,504,000	103,604,000	105,149,000	105,893,000	103,520,000
Diluted	103,059,000	104,168,000	105,940,000	107,418,000	105,793,000
Ratio of earnings to fixed charges(6)	3.44:1	3.58:1	3.01:1	2.92:1	2.38:1
Balance sheet data:					
Working capital	$ 1,698,509	$ 1,255,580	$ 965,233	$ 889,917	$ 597,324
Total assets	8,114,424	7,558,236	7,286,083	6,943,960	6,491,816
Long-term debt	4,233,850	3,532,217	3,622,421	3,683,887	3,730,380
Total DaVita Inc. shareholders' equity(7)	1,978,422	2,135,066	1,767,747	1,504,285	1,139,333

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(1) Operating expenses and charges include $55,275 in 2007 and $37,968 in 2006 of valuation gains on the alliance and product supply agreement with Gambro Renal Products, Inc. Operating expenses and charges in 2007 also includes $6,779 of gains from insurance settlements related to Hurricane Katrina and a fire that destroyed one center.

(2) Debt expense in 2007 and 2006 includes the write-off of approximately $4.4 million and $3.3 million, respectively, of deferred financing costs associated with our principal prepayments on our term loans.

(3) Other income, net, includes $5,868 in 2007 of gains from the sale of investment securities.

(4) Income for discontinued operations, net of tax, in 2006 includes the sale of three dialysis centers that were part of a larger group of dialysis centers that were required to be divested in conjunction with a consent order issued by the Federal Trade Commission in order for us to complete the acquisition of DVA Renal Healthcare. The majority of the dialysis centers were divested in 2005.

(5) Net income attributable to noncontrolling interests includes $1,747 in 2006 of income from discontinued operations.

(6) The ratio of earnings to fixed charges was computed by dividing earnings by fixed charges. Earnings for this purpose is defined as pretax income from continuing operations adjusted by adding back fixed charges expensed during the period. Fixed charges include debt expense (interest expense and the write-off and amortization of deferred financing costs), the estimated interest component of rental expense on operating leases, and capitalized interest.

(7) Share repurchases consisted of 8,918,760 shares of common stock for $618,496 in 2010, 2,902,619 shares of common stock for $153,495 in 2009, and 4,788,881 shares of common stock for $232,715 in 2008. Shares issued in connection with stock awards amounted to 1,771,384 in 2010, 2,104,304 in 2009, 1,314,074 in 2008, 2,480,899 in 2007, and 2,620,125 in 2006.

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Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.

Forward-looking statements

This Management's Discussion and Analysis of Financial Condition and Results of Operations contain statements that are forward-looking statements within the meaning of the federal securities laws. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future. These forward-looking statements include statements regarding our future operations, financial condition and prospects, expectations for treatment growth rates, revenue per treatment, expense growth, levels of the provision for uncollectible accounts receivable, operating income, cash flow, operating cash flow, estimated tax rates, capital expenditures, the development of new centers and center acquisitions, government and commercial payment rates, revenue estimating risk and the impact of our related level of indebtedness on our financial performance, including earnings per share. These statements involve substantial known and unknown risks and uncertainties that could cause our actual results to differ materially from those described in the forward-looking statements, including, but not limited to, risks resulting from the regulatory environment in which we operate, economic and market conditions, competitive activities, other business conditions, accounting estimates, the variability of our cash flows, the concentration of profits generated from commercial payor plans, continued downward pressure on average realized payment rates from commercial payors, which may result in the loss of revenue or patients, a reduction in the number of patients under higher-paying commercial plans, a reduction in government payment rates or changes to the structure of payments under the Medicare ESRD program or other government-based programs, including, for example, the implementation of a bundled payment rate system beginning January 2011, which will lower reimbursement for services we provide to Medicare patients, and the impact of health care reform legislation that was enacted in the United States in March 2010, changes in pharmaceutical or anemia management practice patterns, payment policies or pharmaceutical pricing, our ability to maintain contracts with physician medical directors, legal compliance risks, including our continued compliance with complex government regulations, the resolution of ongoing investigations by various federal and state government agencies, continued increased competition from large and medium-sized dialysis providers that compete directly with us, our ability to complete any acquisitions, mergers or dispositions that we might be considering or announce, or integrate and successfully operate any business we may acquire and the risk factors set forth in this Annual Report on Form 10-K. We base our forward-looking statements on information currently available to us, and we undertake no obligation to update or revise these statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

The following should be read in conjunction with our consolidated financial statements and "Item 1. Business".

Overview

We are a leading provider of kidney dialysis services in the United States through a network of approximately 1,612 outpatient dialysis centers and approximately 750 hospitals, serving approximately 125,000 patients in 42 states. This represents an approximate 30% market share based upon the number of patients that we serve. In 2010, our overall network of dialysis centers increased by 82 centers primarily as a result of opening new centers and acquisitions and the overall number of patients that we serve increased by approximately 6.0%. Our national scale and size, among other things, allows us to provide industry leading quality care that attracts patients and referring physicians, as well as qualified medical directors, provides our patient base with convenient locations and access to a full range of services and provides us the ability to effectively control certain costs.

Our stated mission is to be the provider, partner and employer of choice. We believe our attention to these three stakeholders—our patients, our business partners, and our teammates—represents the major driver of our long-term performance, although we are subject to the impact of external factors such as government policy and physician practice patterns. Accordingly, two principal non-financial metrics we track are quality clinical outcomes and teammate turnover. We have developed our own composite index for measuring improvements in

our clinical outcomes, which we refer to as the DaVita Quality Index, or DQI. Our clinical outcomes as measured by DQI have improved over each of the past three years. Although it is difficult to reliably measure clinical performance across our industry, we believe our clinical outcomes compare favorably with other dialysis providers in the United States and generally exceed the dialysis outcome quality indicators of the National Kidney Foundation. In addition, over the past several years our teammate turnover has remained relatively constant, which we believe was a major contributor to our continued clinical performance improvements and also a major driver in our ability to improve productivity in 2010. We will continue to focus on these stakeholders and our clinical outcomes as we believe these are fundamental long-term value drivers.

Our overall financial performance was solid for 2010 and was characterized by the following as compared to 2009:

- consolidated revenue growth of approximately 6.0%;
- an increase of approximately 6.0% in the overall number of treatments that we provided;
- consolidated operating income growth of approximately 6.0%; and
- strong operating cash flows of $840 million.

However, we believe that 2011 will be more challenging as we implement Medicare's new payment system that began in January 2011, in which all ESRD payments will be made under a single bundled payment rate that provides for an annual inflation adjustment based upon a market basket index, less a productivity improvement factor. The new bundled payment rate provides a fixed rate to encompass all goods and services provided during the dialysis treatment, including pharmaceuticals that were historically separately reimbursed irrespective of the level of pharmaceuticals administered or additional services performed.

Approximately 94% of our 2010 consolidated net operating revenues were derived directly from our dialysis and related lab services business. Approximately 83% of our 2010 dialysis and related lab services revenues were derived from outpatient hemodialysis services in the 1,580 centers that we consolidate. Other dialysis services, which are operationally integrated with our dialysis operations, are peritoneal dialysis, home-based hemodialysis, hospital inpatient hemodialysis services and management and administrative services. These services collectively accounted for the balance of our 2010 dialysis and related lab services revenues.

Our other business operations include ancillary services and strategic initiatives which are primarily aligned with our core business of providing kidney dialysis services to our network of patients. These consist primarily of pharmacy services, infusion therapy services, disease management services, vascular access services, ESRD clinical research programs and physician services. These services generated approximately $374 million of net operating revenues in 2010, representing an 18% increase as compared to 2009. The ancillary services and strategic initiatives net operating revenues in 2010 accounted for approximately 6% of our consolidated net operating revenues. Operating losses from our ancillary services and strategic initiatives decreased from $12 million in 2009 to $6 million in 2010, primarily as a result of improved profitability in our pharmacy and disease management businesses. We currently expect to continue to invest in our ancillary services and strategic initiatives as we work to develop successful new business operations. However, any significant change in market conditions, business performance or in the regulatory environment may impact the economic viability of any of these strategic initiatives. Any unfavorable changes could result in a write-off or an impairment of some or all of our investments, including goodwill, in these strategic initiatives, or could also result in significant termination costs if we were to exit a certain line of business.

The principal drivers of our dialysis and related lab services revenues are:

- the number of treatments, which is primarily a function of the number of chronic patients requiring approximately three treatments per week, as well as, to a lesser extent, the number of treatments for peritoneal dialysis services and home-based dialysis and hospital inpatient dialysis services;
- average dialysis revenue per treatment; and
- the number of laboratory patient tests.

The total patient base is a relatively stable factor, which we believe is influenced by a demographically growing need for dialysis services, our relationships with referring physicians together with the quality of our clinical care, and our ability to open and acquire new centers. In 2010, we were able to increase our overall network of patients that we serviced by approximately 6% as compared to 2009.

Average dialysis and related lab services revenue per treatment in 2010 and prior was primarily driven by our mix of commercial and government (principally Medicare and Medicaid) patients, the mix and intensity of physician-prescribed pharmaceuticals, commercial and government payment rates, and our billing and collecting operations performance. Beginning in 2011, with the implementation of Medicare's new single bundled payment rate system, the intensities of physician-prescribed pharmaceuticals will have a lesser impact on our average dialysis and related lab services revenue per treatment since payment for these pharmaceuticals will be included in the bundled payment.

On average, payment rates from commercial payors are significantly higher than Medicare, Medicaid and other government program payment rates, and therefore the percentage of commercial patients to total patients represents a major driver of our total average dialysis revenue per treatment. The percentage of commercial patients covered under contracted plans as compared to commercial patients with out-of-network providers can also significantly affect our average dialysis revenue per treatment. In 2010, the growth of our government-based patients continued to outpace the growth of our commercial patients, which has been a trend that we have experienced for the past two years. We believe the growth in our government-based patients is driven primarily by improved mortality and the current economic recession. This trend has negatively impacted our average dialysis revenue per treatment as a result of receiving a larger proportion of our revenue from lower payment rates associated with these additional government-based patients.

The following table summarizes our dialysis and related lab services revenues for the year ended December 31, 2010:

	Revenues
Medicare and Medicare-assigned plans	57%
Medicaid and Medicaid-assigned plans	6%
Other government-based programs	3%
Total government-based programs	66%
Commercial (including hospital dialysis services)	34%
Total dialysis and related lab services revenues	100%

Government payment rates are principally determined by federal Medicare and state Medicaid policy. These payment rates have historically had limited potential for rate increases and are sometimes at risk of reduction as federal and state governments face increasing budget pressures. Medicare payment rates for dialysis services through 2008 have not been routinely increased to compensate for the impact of inflation. In July 2008, MIPPA was passed by Congress that provided dialysis providers with an increase in the composite rate of 1.0% that went into effect on January 1, 2009 and an additional 1.0% that went into effect on January 1, 2010. This legislation also changed the way Medicare will pay for dialysis services in 2011. The new payment system also provides for an annual inflation adjustment based upon a market basket index, less a productivity adjustment, beginning in 2012. Also beginning in 2012, the rule provides for up to a 2% annual payment withhold that can be earned back by facilities that meet certain defined clinical performance standards. The new payment system reimburses providers based on a single bundled or average payment for each Medicare treatment provided. This new bundled payment amount is designed to cover all dialysis services which were historically included in the composite rate and all separately billable ESRD services such as pharmaceuticals and laboratory costs. The new bundled payment rate is adjusted for certain patient characteristics, a geographic wage index and certain other factors. This initial 2011 bundled payment rate includes reductions of 2% and 3.1%, respectively, to conform to the provisions of MIPPA and to establish neutrality. Further, there is a 5.94% reduction tied to an expanded list of

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case mix adjustors which can be earned back based upon the presence of these certain patient characteristics and co-modalities at the time of treatment. There are also other provisions which may impact payment including an outlier pool and a low volume facility adjustment. We are now at risk for variations in pharmaceutical utilization since reimbursement is set at a fixed average reimbursement rate.

Dialysis payment rates from commercial payors can vary significantly and a major portion of our commercial rates are set at contracted amounts with large payors and are subject to intense negotiation pressure. Our commercial payment rates also include payments for out-of-network patients that on average are higher than our in-network contract rates. In 2010, we were successful in increasing some of our commercial payment rates which contributed to an increase in our average dialysis revenue per treatment and helped offset some of the overall decline in our average dialysis revenue per treatment. In 2010, we also entered into several new commercial contracts with certain commercial payors that will primarily pay us a single bundled payment rate for all dialysis services provided to patients covered by the commercial insurance plans. These contracts contain annual escalators and effectively eliminate all payments for out-of-network patients. We are continuously in the process of negotiating agreements with our commercial payors and payors are aggressive in their negotiations. If our negotiations result in overall commercial rate reductions in excess of overall commercial rate increases, this would have a material adverse effect on our operating results. In addition, if there are sustained or increased job losses in the United States as a result of current economic conditions, or depending upon changes to the healthcare regulatory system, we could experience a decrease in the number of patients under commercial plans.

Approximately 26% of our dialysis and related lab services revenues for the year ended December 31, 2010 were from physician-prescribed pharmaceuticals, with EPO accounting for approximately 18% of our dialysis and related lab services revenues. Therefore, in 2010 and prior, changes in physician practice patterns, pharmaceutical protocols, pharmaceutical intensities and changes in commercial and governmental payment rates for EPO significantly influenced our revenue. For example, in 2010, the intensities of physician-prescribed pharmaceutical decreased significantly from 2009, which negatively impacted our average dialysis revenue per treatment. Beginning in January 2011, the majority of our pharmaceuticals will no longer be separately billable as a result of the new Medicare single bundled payment rate system and as a result of some of our new commercial contracts that also implemented single bundled payment rates.

Our operating performance with respect to dialysis services billing and collection can also be a significant factor in the average dialysis and related lab services revenue per treatment we actually realize. Over the past several years we have invested heavily in new systems and processes that we believe have helped improve our operating performance and reduced our regulatory compliance risks and we expect to continue to improve these systems. In 2010, we continued to upgrade our systems and implemented process changes and will continue to do so in 2011 to effectively capture the necessary patient characteristics and certain other factors under Medicare's new bundled payment system. We believe this will help minimize reductions in our reimbursement amounts from Medicare and enhance our overall billing and collection performance associated with our payors. However, as we implement these system upgrades, our collection performance as well as our dialysis and related lab services revenue per treatment could be negatively impacted.

Our revenue recognition involves significant estimation risks. Our estimates are developed based on the best information available to us and our best judgment as to the reasonably assured collectability of our billings as of the reporting date based upon our actual historical collection experience. Changes in estimates are reflected in the then-current period financial statements based upon on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies.

Our annual average dialysis and related lab services revenue per treatment was approximately $337, $340 and $334 for 2010, 2009 and 2008, respectively. In 2010, the average dialysis and related lab services revenue per treatment decreased by approximately $3 per treatment primarily due to a decline in intensities of physician-prescribed pharmaceuticals, a decline in the commercial payor mix, partially offset by an increase of 1.0% in the Medicare composite rate and an increase in some of our commercial payment rates. In 2009, the average dialysis

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and related lab services revenue per treatment increased by approximately $6 per treatment primarily due to a 1.0% increase in the Medicare composite rate, an increase in some our commercial payment rates, an increase in our reimbursement rates for EPO and other pharmaceuticals and an increase in the intensities of physician-prescribed pharmaceuticals, partially offset by a decline in the commercial payor mix. Commercial payment rates, changes in the mix and intensities of physician-prescribed pharmaceuticals billed separately, government payment policies regarding reimbursement amounts for dialysis treatments and pharmaceuticals under the new Medicare bundled payment rate system including our ability to capture all patient characteristics, and changes in the mix of government and commercial patients may materially impact our average dialysis and related lab services revenue per treatment in the future.

The principal drivers of our dialysis and related lab services patient care costs are clinical hours per treatment, labor rates, vendor pricing of pharmaceuticals, utilization levels of pharmaceuticals, business infrastructure, including the operating costs of our dialysis centers, and compliance costs. However, other cost categories can also represent significant cost variability, such as employee benefit costs and insurance costs. Our average clinical hours per treatment decreased in the last two years, primarily because of continued productivity improvements driven by reduced clinical teammate turnover and improved training and processes. We continue to strive for improved productivity levels, however we may not be able to sustain our 2010 performance as changes in federal and state policies can adversely impact our ability to achieve optimal productivity levels. In addition, improvements in the U.S. economy could stimulate additional competition for skilled clinical personnel and result in higher teammate turnover which would adversely affect productivity levels. In 2010 and 2009, we experienced an increase in our clinical labor rates of approximately 2.0% and 2.5%, respectively, as clinical labor rates have increased consistent with general industry trends, mainly due to the demand for skilled clinical personnel, along with general inflation increases. However, in 2010, we were able to initiate certain cost control initiatives to minimize increases in our clinical labor rates. In 2010, we experienced an increase in our EPO costs, which increased by approximately 2%. In addition, our agreement with Amgen for the purchase of EPO provides for specific discount pricing and rebates based on a variety of factors including process improvements targets, patient outcome targets and data submission, which could negatively impact our earnings if we are unable to continue to qualify for discount pricing and rebates. In 2010, we also experienced increases in our infrastructure and operating costs of our dialysis centers, primarily due to the number of new centers opened, and general increases in rent, utilities and repairs and maintenance.

General and administrative expenses have remained relatively constant as a percent of consolidated revenues over the past three years. In 2010, through various cost control initiatives, we were able to control our general and administrative expenses which increased by 0.3% of net operating revenues as compared to 2009. However, this still reflects an increase in the dollar amount of spending related to strengthening our dialysis business, improving our regulatory compliance and other operational processes, responding to certain legal matters and supporting the growth in our ancillary services and strategic initiatives. We expect that these levels of expenditures on general and administrative expenses in 2011 will increase as we continue to make investments in our long-term initiatives, including further investments in our ancillary services and strategic initiatives, our investments in international growth opportunities, our investments in improving our information technology and human resources infrastructure and the level of support for our regulatory compliance and legal matters.

Outlook for 2011. Because of the uncertainties of operating under the new Medicare bundled payment system and the ongoing uncertainties associated with our payor mix, we will not be providing a specific guidance range for 2011 operating income at this time. However, excluding the impact of our recently announced acquisition of DSI Renal, Inc. that is not expected to close until the second or third quarter of this year, our current projections indicate that 2011 operating income will be flat or modestly down compared to 2010. These projections and the underlying assumptions involve significant risks and uncertainties, and actual results may vary significantly from these current projections. These risks and uncertainties, among others, include those relating to the concentration of profits generated from commercial payor plans, continued downward pressure on average realized payment rates from commercial payors, which may result in the loss of revenue or patients, a reduction in the number of patients under higher-paying commercial plans, a reduction in government payment

rates or changes to the structure of payments under the Medicare ESRD program or other government-based programs, including, for example, the implementation of a bundled payment rate system beginning in January 2011, which will lower reimbursement for services we provide to Medicare patients, and the impact of health care reform legislation that was enacted in the United States in March 2010, changes in pharmaceutical or anemia management practice patterns, payment policies or pharmaceutical pricing, our ability to maintain contracts with physician medical directors, legal compliance risks, including our continued compliance with complex government regulations, the resolution of ongoing investigations by various federal and state government agencies, continued increased competition from large and medium-sized dialysis providers that compete directly with us, our ability to complete any acquisitions, mergers or dispositions that we might be considering or announce, or integrate and successfully operate any business we may acquire. You should read "Risk Factors" in Item 1A of this Annual Report on Form 10-K and the cautionary language contained in the forward-looking statements and associated risks as discussed on page 40 for more information about these and other potential risks. We undertake no obligation to update or revise these statements, whether as a result of changes in underlying factors, new information, future events or otherwise.

Results of operations

We operate principally as a dialysis and related lab services business but also operate other ancillary services and strategic initiatives. These ancillary services and strategic initiatives consist primarily of pharmacy services, infusion therapy services, disease management services, vascular access services, ESRD clinical research programs and physician services. The dialysis and related lab services business qualifies as a separately reportable segment and all of the other ancillary services and strategic initiatives have been combined and disclosed in the other segments category.

Following is a summary of consolidated operating results for reference in the discussion that follows.

	Year ended December 31,					
	2010		2009		2008	
	(dollar amounts rounded to nearest million)					
Net operating revenues:						
Current period services	$ 6,447	100%	$ 6,109	100%	$ 5,660	100%
Operating expenses and charges:						
Patient care costs	4,475	69%	4,249	70%	3,920	69%
General and administrative	579	9%	532	9%	508	9%
Depreciation and amortization	234	4%	229	4%	217	4%
Provision for uncollectible accounts	171	3%	162	3%	146	3%
Equity investment income	(9)	—	(2)	—	(1)	—
Total operating expenses and charges	5,450	84%	5,169	85%	4,791	85%
Operating income	$ 997	16%	$ 940	15%	$ 869	15%

The following table summarizes consolidated net operating revenues:

	Year ended		
	2010	2009	2008
	(dollar amounts rounded to nearest million)		
Dialysis and related lab services	$ 6,073	$ 5,792	$ 5,415
Other—ancillary services and strategic initiatives	374	317	245
Consolidated net operating revenues	$ 6,447	$ 6,109	$ 5,660

The following table summarizes consolidated operating income:

	Year ended		
	2010	2009[1]	2008[1]
	(dollar amounts rounded to nearest million)		
Dialysis and related lab services	$ 1,039	$ 994	$ 939
Other—ancillary services and strategic initiatives loss	(6)	(12)	(30)
Total segment operating income	1,034	982	910
Reconciling items:			
Stock-based compensation	(46)	(44)	(41)
Equity investment income	9	2	1
Consolidated operating income	997	940	869

(1) Certain costs previously reported in ancillary services and strategic initiatives have been reclassified to dialysis and related lab services to conform to the current year presentation.

Consolidated net operating revenues

Consolidated net operating revenues for 2010 increased by approximately $338 million or approximately 5.5% from 2009. This increase was primarily due to an increase in dialysis and related lab services net revenues of approximately $281 million, principally due to an increase in the number of treatments, partially offset by a decline of $3 in the average dialysis revenue per treatment, and an increase of approximately $57 million in the ancillary services and strategic initiatives net revenues driven primarily from growth in our pharmacy services and from our infusion therapy services.

Consolidated net operating revenues for 2009 increased by approximately $449 million or approximately 7.9% from 2008. This increase was primarily due to an increase in dialysis and related lab services net revenues of approximately $377 million, principally due to an increase in the number of treatments, and an increase of approximately $72 million in the ancillary services and strategic initiatives net revenues driven primarily from growth in our pharmacy services, disease management services and from our infusion therapy services.

Consolidated operating income

Consolidated operating income of $997 million for 2010 increased by approximately $57 million, or 6.1%, from 2009. This increase was primarily attributable to an increase in revenue as a result of additional treatments from non-acquired growth and acquisitions in dialysis and related lab services, partially offset by a decline in our average dialysis revenue per treatment of approximately $3, as described below. Operating income also increased as a result of continued cost control initiatives, improved productivity, overall lower pharmaceutical costs and lower operating losses in our ancillary services and strategic initiatives, partially offset by the negative impact of a decline in the intensities of physician-prescribed pharmaceuticals, higher labor costs and increases in other operating costs of our dialysis centers.

Consolidated operating income of $940 million for 2009 increased by approximately $71 million, or 8.2%, from 2008. This increase was primarily attributable to an increase in revenue as a result of non-acquired treatment growth in dialysis and related lab services, as well as an increase in our average dialysis revenue per treatment of approximately $6 as described below. Operating income also increased as a result of cost control initiatives, improved productivity and lower operating losses in our ancillary services and strategic initiatives, which losses were reduced by approximately $18 million in 2009, partially offset by the negative impact of higher pharmaceutical, labor and benefit costs, and increases in other operating costs of our dialysis centers.

Operating segments

Dialysis and Related Lab Services

	Year ended		
	2010	2009	2008
	(dollar amounts rounded to nearest million, except per treatment data)		
Revenues	$ 6,073	$ 5,792	$ 5,415
Segment operating income	$ 1,039	$ 994	$ 939
Dialysis treatments	17,992,805	17,010,450	16,217,107
Average dialysis treatments per treatment day	57,485	54,433	51,663
Average dialysis and related lab services revenue per treatment	$ 337	$ 340	$ 334

Net operating revenues

Dialysis and related lab services net operating revenues for 2010 increased by approximately $281 million or approximately 4.9% from 2009. The increase in net operating revenues was primarily due to an increase in the number of treatments of approximately 5.6%, partially offset by a decline in the average dialysis revenue per treatment of approximately $3, or 0.9%. The increase in the number of treatments was primarily due to an increase in non-acquired treatment growth at existing and new centers and growth through acquisitions. The decline in the average dialysis revenue per treatment in 2010, as compared to 2009, was primarily due to a decline in the intensities of physician-prescribed pharmaceuticals and a decline in the commercial payor mix, partially offset by a 1% increase in the Medicare composite rate and an increase in some of our commercial payment rates.

Dialysis and related lab services net operating revenues for 2009 increased by approximately $377 million or approximately 7.0% from 2008. The increase in net operating revenues was primarily due to an increase in the number of treatments of approximately 4.7%, and an increase in the average dialysis revenue per treatment of approximately $6, or 1.9%. The increase in the number of treatments was primarily due to an increase in non-acquired treatment growth at existing and new centers and growth through acquisitions. The increase in the average dialysis revenue per treatment in 2009, as compared to 2008, was primarily due to a 1% increase in the Medicare composite rate, an increase in some of our commercial payment rates, an increase in our reimbursement rates for EPO and other pharmaceuticals, and an increase in the intensities of physician-prescribed pharmaceuticals, partially offset by a decline in the commercial payor mix.

The following table summarizes our dialysis and related lab services revenues by modality for the year ended December 31, 2010:

	Revenue percentages
Outpatient hemodialysis centers	83%
Peritoneal dialysis and home-based hemodialysis	12%
Hospital inpatient hemodialysis	5%
Total dialysis and related lab services revenues	100%

Approximately 66% of our total dialysis and related lab services revenues for the year ended December 31, 2010 were from government-based programs, principally Medicare, Medicaid, and Medicare-assigned plans, representing approximately 89% of our total patients. Over the last two years, we have been experiencing growth in our government-based patients that has been outpacing the growth in our commercial patients which has negatively impacted our dialysis and related lab services revenue per treatment. In 2010, approximately 11% of

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our patients and 34% of our revenues were associated with commercial payors, as compared to 12% and 35%, respectively, for 2009. Less than 1% of our dialysis and related lab services revenues are due directly from patients. No single commercial payor accounted for more than 5% of total dialysis and related lab services revenues for the year ended December 31, 2010.

On average we are paid significantly more for services provided to patients covered by commercial healthcare plans than we are for patients covered by Medicare, Medicaid or other government plans such as Medicare-assigned plans. Patients covered by commercial health plans transition to Medicare coverage after a maximum of 33 months. As a patient transitions from commercial coverage to Medicare or Medicaid coverage, the payment rates normally decline substantially. Medicare payment rates are insufficient to cover our costs associated with providing dialysis treatments, and therefore we lose money on each Medicare treatment.

Nearly all of our net earnings from dialysis and related lab services are derived from commercial payors, some of which pay at negotiated payment rates as established by contract and others of which pay based on our usual and customary fee schedule for our out-of-network patients. If we experience a net overall reduction in our contracted and non-contracted commercial rates as a result of these negotiations or restrictions, it could have a material adverse effect on our operating results.

Our average dialysis and related lab services revenue per treatment can be significantly impacted by several major factors, including our commercial payment rates, changes in the mix and intensities of physician-prescribed pharmaceuticals that are billed separately, government payment policies regarding reimbursement amounts for dialysis treatments and pharmaceuticals under the new Medicare bundled payment rate system, including our ability to capture all patient characteristics, and changes in the mix of government and commercial patients.

Operating expenses and charges

Patient care costs. Dialysis and related lab services patient care costs are those costs directly associated with operating and supporting our dialysis centers and consist principally of labor, pharmaceuticals, medical supplies and operating costs of the dialysis centers. The dialysis and related lab services patient care costs on a per treatment basis were $232, $235 and $230 for 2010, 2009, and 2008, respectively. The $3 decrease in the per treatment costs in 2010 as compared to 2009 was primarily attributable to a decline in the intensities of physician-prescribed pharmaceuticals, a decrease in our overall pharmaceutical costs and continued improvements in productivity, partially offset by higher labor rates.

Dialysis and related lab services patient care costs on a per treatment basis increased by approximately $5 in 2009 as compared to 2008. The increase in the per treatment costs was primarily attributable to higher labor rates and benefit costs, an increase in pharmaceutical costs, an increase in other operating costs of our dialysis centers and an increase in the intensities of physician-prescribed pharmaceuticals, partially offset by improved productivity.

General and administrative expenses. Dialysis and related lab services general and administrative expenses for the years ended 2010, 2009 and 2008 were approximately $471 million, $428 million and $402 million, respectively. The increase of approximately $43 million in 2010 as compared to 2009 was primarily due to increases in labor costs, an increase in our professional expenses for legal and compliance matters and the timing of certain other expenditures. The increase in general and administrative expenses of approximately $26 million in 2009 as compared to 2008 was primarily due to increases in labor and benefit costs, partially offset by the timing of certain other expenditures.

Depreciation and amortization. Dialysis and related lab services depreciation and amortization expenses for 2010, 2009 and 2008 were approximately $228 million, $222 million and $210 million, respectively. The increase of approximately $6 million in depreciation and amortization for dialysis and related lab services in 2010 and $12 million in 2009 were primarily due to growth through new center developments and expansions.

Provision for uncollectible accounts receivable. The provision for uncollectible accounts receivable for dialysis and related lab services was 2.8% for 2010, 2.7% for 2009, and 2.6% for 2008. The increase in the provision for uncollectible accounts in 2010 was primarily to reflect a slowdown in the collection of payments from some of our non-government payors. The current provision level of 2.8% may increase if we encounter problems with our billing and collection process as a result of sustained weakness in the U.S. economy.

Operating income

Dialysis and related lab services operating income for 2010 increased by approximately $45 million as compared to 2009. The increase in the operating income for 2010 as compared to 2009 was primarily due to growth in the number of dialysis treatments from non-acquired growth and acquisitions, partially offset by a decrease in the average dialysis revenue per treatment of approximately $3 as described above. The dialysis and related lab services operating income also increased as a result of certain cost control initiatives, improved productivity, and overall lower pharmaceutical costs. However, the dialysis and related lab services operating income was negatively impacted primarily by a decline in the intensities of physician-prescribed pharmaceuticals, higher labor costs and an increase in other operating costs of our dialysis centers.

Dialysis and related lab services operating income for 2009 increased by approximately $55 million as compared to 2008. The increase in the operating income for 2009 as compared to 2008 was primarily due to growth in the number of dialysis treatments and an increase in the average dialysis revenue per treatment of approximately $6 as described above. The dialysis and related lab services operating income also increased as a result of certain cost control initiatives and improved productivity, but was negatively impacted primarily by higher labor and benefit costs, an increase in pharmaceutical costs and an increase in other operating costs of our dialysis centers.

Other—Ancillary services and strategic initiatives

	Year ended		
	2010	2009	2008
	(dollar amounts rounded to nearest million)		
Revenues	$ 374	$ 317	$ 245
Segment operating loss	$ (6)	$ (12)	$ (30)

Net operating revenues

The ancillary services and strategic initiatives net operating revenues for 2010 increased by approximately $57 million or 18.0% as compared to 2009, primarily from growth in pharmacy services, and from our infusion therapy services, partially offset by a decline in our net operating revenues in our disease management services as a result of discontinuing the full service health care plans at the end of 2009.

The ancillary services and strategic initiatives net operating revenues for 2009 increased by approximately $72 million or 29.5% as compared to 2008, primarily from growth in pharmacy services, disease management services and from our infusion therapy services.

Operating expenses

Ancillary services and strategic initiatives operating expenses for 2010 increased by approximately $51 million from 2009, primarily due to an increase in volume in our pharmacy business and an increase in labor costs, partially offset by lower operating costs of our disease management services as a result of discontinuing the full service health care plans at the end of 2009.

Ancillary services and strategic initiatives operating expenses for 2009 increased by approximately $54 million from 2008, primarily due to an increase in volume in our pharmacy business and an increase in labor and benefit costs, partially offset by lower professional fees.

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Operating loss

Ancillary services and strategic initiatives operating losses for 2010 decreased by approximately $6 million from 2009. The decrease in operating losses was primarily due to volume growth in revenues associated with our pharmacy business, and a decrease in operating losses in our disease management business as a result of discontinuing the full service health care plans at the end of 2009.

Ancillary services and strategic initiatives operating losses for 2009 decreased by approximately $18 million from 2008. The decrease in operating losses was primarily due to volume growth in revenues outpacing increases in operating expenses, primarily associated with our pharmacy business and our disease management business, partially offset by an increase in operating losses associated with certain new initiatives.

Corporate level charges

Stock-based compensation. Stock-based compensation of approximately $46 million for 2010 increased by approximately $2 million from 2009. Stock-based compensation of approximately $44 million for 2009 increased by approximately $3 million from 2008. The increase in 2010 resulted principally from an increase in the overall grant date fair value for the grant years that contributed expense to 2010, driven in part by a substantial increase in the grant date fair value of 2010 grants over that for recent years offset by a significant reduction in the number of awards granted in 2010. The increase in 2009 resulted from increases in both the aggregate quantity of grants and in the overall grant date fair value for the grant years that contributed expense to 2009.

Debt expense. Debt expense for 2010, 2009, and 2008 consisted of interest expense of approximately $172 million, $176 million, and $215 million, respectively, including the amortization and accretion of debt discounts and premiums and the amortization of deferred financing costs of approximately $9 million in 2010 and $10 million for 2009 and 2008. The decrease in interest expense in 2010 as compared to 2009 was primarily related to lower average outstanding principal balances on our previously outstanding Term Loan A, lower average outstanding principal balances on our previously outstanding senior notes, lower interest rates associated with the issuance of our New Senior Notes and a decrease in our weighted average effective interest rate on the Term Loan B as a result of lower notional amounts of fixed rate swap agreements that contained higher rates. Our overall weighted average effective interest rate in 2010 was 4.68% as compared to 4.86% in 2009. However, interest expense in the fourth quarter of 2010 was negatively affected by the refinancing of our Senior Secured Credit Facilities that occurred on October 20, 2010, as the interest rates under our new Senior Secured Credit Facilities are substantially higher than the interest rates under the previous facility. Our overall weighted average effective interest rate in the fourth quarter of 2010 was 4.86%. Therefore, we expect our overall interest expense in 2011 will be significantly higher than 2010.

The decrease in interest expense in 2009 as compared to 2008 was primarily attributable to decreases in the LIBOR-based variable interest rates on the unhedged portion of our debt and the result of lower notional amounts of fixed rate swap agreements that contained higher rates. As of December 31, 2009, the notional amounts of our fixed rate swaps were approximately $389 million as compared to approximately $790 million at December 31, 2008. Our overall weighted average effective interest rate in 2009 was 4.86% as compared to 5.82% in 2008.

Equity investment income. Equity investment income was approximately $9.0 million in 2010 as compared to $2.4 million in 2009. The increase in equity investment income in 2010 as compared to 2009 was primarily due to an increase in the profitability of our nonconsolidated joint ventures. The increase in equity investment income in 2009 as compared to 2008 was primarily due to an increase in the number of equity investments and improved profitability at several joint ventures.

Other income. Other income was approximately $3 million, $4 million, and $12 million in 2010, 2009, and 2008, respectively, and consisted principally of interest income. The decreases in other income in 2010 and 2009 were primarily the result of lower average interest rates, partially offset by higher average cash balances.

Provision for income taxes. The provision for income taxes for 2010 represented an effective annualized tax rate of 35.0%, compared with 36.7% and 35.9% in 2009 and 2008, respectively. The effective tax rate in 2010 was lower primarily due to the impact of net income attributable to noncontrolling interests, and nonrecurring tax benefits associated with closed examinations and statutes. We currently project the effective income tax rate for 2011 to be in the range of 35.0% to 36.0%.

Impairments and valuation adjustments. We perform impairment or valuation reviews for our property and equipment, amortizable intangible assets with finite useful lives, equity investments in non-consolidated businesses, and our investments in ancillary services and strategic initiatives at least annually and whenever a change in condition indicates that an impairment review is warranted. Such changes include shifts in our business strategy or plans, the quality or structure of our relationships with our partners, or when a center experiences deteriorating operating performance. Goodwill is also assessed at least annually for possible valuation impairment using fair value methodologies. These types of adjustments are charged directly to the corresponding operating segment that incurred the charge. No significant impairments or valuation adjustments were recognized during the periods presented.

Noncontrolling interests

Net income attributable to noncontrolling interests for 2010, 2009 and 2008 was approximately $79 million, $57 million and $47 million, respectively. The increases in noncontrolling interests in 2010 and 2009 were primarily due to increases in the number of new joint ventures and increases in the profitability of our dialysis-related joint ventures. The percentage of dialysis and related lab services net operating revenues generated from dialysis-related joint ventures was approximately 18% in 2010 compared to 16% in 2009.

Accounts receivable

Our accounts receivable balances at December 31, 2010 and 2009 represented approximately 61 and 68 days of revenue, respectively, net of bad debt allowance. The relative decrease in the days of net revenue in accounts receivable as of December 31, 2010 was a result of improved cash collections. However, our cash collections during the first half of 2011 could be negatively impacted as a result of implementing Medicare's new single bundled payment rate system.

As of December 31, 2010 and 2009, approximately $153 million and $201 million in unreserved accounts receivable, respectively, representing approximately 15% and 18% of our total accounts receivable balance, respectively, were more than six months old. During 2010, we experienced improved cash collections from certain government payors and certain commercial payors. There were no significant unreserved balances over one year old. Less than 1% of our revenues are classified as "patient pay". Substantially all revenue realized is from government and commercial payors, as discussed above.

Amounts pending approval from third-party payors as of December 31, 2010 and 2009, other than the standard monthly billing, consisted of approximately $46 million for both years, associated with Medicare bad debt claims, classified as "other receivables". Currently, a significant portion of our Medicare bad debt claims are typically paid to us before the Medicare fiscal intermediary audits the claims. However, the payment received from Medicare is subject to adjustment based upon the actual results of the audits. Such audits typically occur one to four years after the claims are filed. As a kidney dialysis provider, our revenue is not subject to cost report settlements, except for potentially limiting the collectability of these Medicare bad debt claims.

Liquidity and capital resources

Available liquidity. As of December 31, 2010, our cash balance was $860 million and we had undrawn credit under our Senior Secured Credit Facilities totaling $250 million, of which approximately $46 million was committed for outstanding letters of credit. We believe that we will have sufficient liquidity, operating cash flows

and access to borrowings to fund our scheduled debt service and other obligations for the foreseeable future. Our primary sources of liquidity are cash from operations and cash from borrowings.

Cash flow from operations during 2010 amounted to $840 million, compared with $667 million for 2009. The increase in our operating cash flows in 2010 as compared to 2009 was primarily due to improved cash earnings and an improvement in our accounts receivable collections as described above. Cash flow from operations in 2010 included cash interest payments of approximately $191 million and cash tax payments of $207 million. Cash flow from operations in 2009 included cash interest payments of $186 million and cash tax payments of $162 million.

Non-operating cash outflows in 2010 included $279 million for capital asset expenditures, including $120 million for new center developments and relocations, and $159 million for maintenance and information technology. We also spent an additional $189 million for acquisitions. During 2010, we also received $61 million from the maturity and sale of investments. However, these proceeds were either used to repurchase other investments or were used to fund distributions from our deferred compensation plans. In addition, we received $60 million associated with stock option exercises and other share issuances and the related excess tax benefits. We also made distributions to noncontrolling interests of $84 million, and received contributions from noncontrolling interests of $10 million associated with new joint ventures and from additional equity contributions. We also repurchased 8.9 million shares of our common stock for approximately $619 million.

Non-operating cash outflows in 2009 included $275 million for capital asset expenditures, including $161 million for new center developments and relocations, and $114 million for maintenance and information technology. We also spent an additional $88 million for acquisitions. During 2009, we also received $33 million from the maturity and sale of investments. However, these proceeds were either used to repurchase other investments or were used to fund distributions from our deferred compensation plans. In addition, we received $75 million associated with stock option exercises and other share issuances and the related excess tax benefits. We also made distributions to noncontrolling interests of $68 million, and received contributions from noncontrolling interests of $13 million associated with new joint ventures and from additional equity contributions. We also repurchased 2.9 million shares of our common stock for approximately $154 million.

During 2010, we acquired a total of 41 dialysis centers, opened 65 new dialysis centers, sold six centers, closed 18 centers and made minority equity investments in three centers that were previously under management and administrative service agreements. During 2009, we acquired a total of 19 dialysis centers, opened 78 new dialysis centers, sold six centers, closed 18 centers, made minority equity investments in six centers and added two centers under management and administrative service agreements.

Acquisition

On February 4, 2011, we entered into a definitive agreement to acquire all of the outstanding equity securities of CDSI I Holding Company, Inc., parent company of dialysis provider DSI Renal, Inc. (DSI), in cash for approximately $689.2 million, subject to among other things, adjustments for certain items such as working capital, the purchase of noncontrolling interests, capital assets and acquisitions expenditures. DSI currently operates approximately 106 outpatient dialysis centers serving approximately 8,000 patients. The transaction is subject to approval by the Federal Trade Commission (FTC) including Hart-Scott-Rodino antitrust clearance. We anticipate that we will be required by the FTC to divest a certain number of outpatient dialysis centers as a condition of the transaction. The transaction is expected to close in the second or third quarter of fiscal 2011.

2010 capital structure changes and other items

On October 20, 2010, we entered into a $3,000 million new Senior Secured Credit Agreement (the Credit Agreement), consisting of a five year $250 million revolving line of credit, a five year $1,000 million Term Loan A and a six year $1,750 million Term Loan B. We also have the right to request an increase to the borrowing

capacity to a total aggregate principal amount of not more than $4,000 million subject to bank participation. The revolving line of credit and the Term Loan A will initially bear interest at LIBOR plus an interest rate margin of 2.75% until June 30, 2011, and then is subject to adjustment depending upon our leverage ratio and can range from 2.25% to 2.75%. The Term Loan A requires annual principal payments of $50 million in 2011, $50 million in 2012, $100 million in 2013, and $150 million in 2014, with the balance of $650 million due in 2015. The Term Loan B bears interest at LIBOR (floor of 1.50%) plus 3.00% subject to a ratings based step-down to 2.75%. The Term Loan B requires annual principal payments of $17.5 million in each year from 2011 through 2015 with the balance of $1,663 million due in 2016. The borrowings under the Credit Agreement are guaranteed by substantially all of our direct and indirect wholly-owned domestic subsidiaries and are secured by substantially all of DaVita's and its guarantors' assets. The Credit Agreement contains customary affirmative and negative covenants such as various restrictions on investments, acquisitions, the payment of dividends, redemptions and acquisitions of capital stock, capital expenditures and other indebtedness, as well as limitations on the amount of tangible net assets in non-guarantor subsidiaries. However, many of these restrictions will not apply as long as our leverage ratio is below 3.50:1.00. In addition, the Credit Agreement requires compliance with financial covenants including an interest coverage ratio and a leverage ratio that determines the interest rate margins as described above.

On October 20, 2010, we also issued $775 million aggregate principal amount of 6 3/8% senior notes due 2018 and $775 million aggregate principal amount of 6 5/8% senior notes due 2020 (the New Senior Notes). The New Senior Notes will pay interest on May 1 and November 1, of each year beginning May 1, 2011. The New Senior Notes are unsecured senior obligations and rank equally to other unsecured senior indebtedness. The New Senior Notes are guaranteed by substantially all of our direct and indirect wholly-owned domestic subsidiaries. We may redeem some or all of the 6 3/8% senior notes at any time on or after November 1, 2013 at certain redemption prices and may redeem some or all of the 6 5/8% senior notes at any time on or after November 1, 2014 at certain redemption prices.

We received total proceeds of $4,300 million from these transactions, $2,750 million from the borrowings on Term Loan A and Term Loan B and an additional $1,550 million from the issuance of the New Senior Notes. We used a portion of the proceeds to pay-off the outstanding principal balances of our existing senior secured credit facilities plus accrued interest totaling $1,795 million and to purchase pursuant to a cash tender offer $558 million of the outstanding principal balances of our $700 million 6 5/8% senior notes due 2013 and $731 million of the outstanding balances of our $850 million 7 1/4% senior subordinated notes due 2015 (the Existing Notes), plus accrued interest totaling $1,297 million. The total amount paid for the Existing Notes was $1,019.06 per $1,000 principal amount of the 6 5/8% senior notes and $1,038.75 per $1,000 principal amount of the 7 1/4% senior subordinated notes. This resulted in us paying a cash tender premium of $39 million in order to extinguish this portion of the Existing Notes. On November 19, 2010, we redeemed the remaining outstanding balance of the existing 6 5/8% senior notes of $142 million at 101.656% per $1,000 and the remaining outstanding balance of the existing 7 1/4% senior subordinated notes of $119 million at 103.625% per $1,000 plus accrued interest totaling $265 million. In addition, we paid a call premium totaling $7 million. We also paid an additional $74 million in fees, discounts and other expenses. As a result of the above transactions, we received approximately $823 million in excess cash which we intend to use for general purposes and other opportunities, including share repurchases, potential acquisitions and other growth investments.

In connection with these transactions, we expensed debt refinancing and redemption charges totaling $70.3 million in the fourth quarter of 2010, which includes the write off of certain existing deferred financing costs and other new financing costs, the cash tender and call premiums, as described above and other expenses.

On June 7, 2010, we redeemed $200 million aggregate principal amount of our outstanding 6 5/8% senior notes due 2013, at a price of 101.656% plus accrued interest. As a result of this transaction, we expensed debt redemption charges of $4.1 million, which includes the call premium and the net write-off of other finance costs.

During the year ended December 31, 2010 we made mandatory principal payments totaling $65.6 million on the prior Term Loan A.

Interest rate swaps

In January 2011, we entered into nine interest rate swap agreements with amortizing notional amounts totaling $1.0 billion that went effective on January 31, 2011. These agreements have the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of our Term Loan A debt to fixed rates ranging from 1.59% to 1.64%, resulting in an overall weighted average effective interest rate of 4.36% including the Term Loan A margin of 2.75%. The swap agreements expire on September 30, 2014 and require monthly interest payments.

In addition, in January 2011, we also entered into five interest rate cap agreements with notional amounts totaling $1.25 billion that went effective on January 31, 2011. These agreements have the economic effect of capping the LIBOR variable component of our interest rate at a maximum of 4.00% on an equivalent amount of our Term Loan B debt. The cap agreements expire on September 30, 2014.

Our previous interest rate swap agreements expired on September 30, 2010. The agreements that were effective during 2010 had the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of our debt to fixed rates ranging from 4.05% to 4.70%, resulting in an overall weighted average effective interest rate of 5.84% on the hedged portion of our Senior Secured Credit Facilities, including the Term Loan B margin of 1.50%. During 2010, 2009 and 2008, we accrued net cash obligations of approximately $9.1 million, $17.3 million and $4.2 million, respectively, from these swaps, which are included in debt expense.

As of December 31, 2010, the interest rates were fixed on approximately 77% of our total debt.

Our overall weighted average effective interest rate on the Senior Secured Credit Facilities was 4.05%, based upon the current margins in effect of 2.75% for the Term Loan A and 3.00% for the Term Loan B, as of December 31, 2010.

Our overall weighted average effective interest rate in 2010 was 4.68% and as of December 31, 2010 was 4.94%.

Stock repurchases

During 2010, we repurchased a total of 8,918,760 shares of our common stock for $618.5 million, or an average price of $69.35 per share, pursuant to previously announced authorizations by the Board of Directors. On November 3, 2010, we announced that our Board of Directors authorized an increase of an additional $800 million of share repurchases of our common stock. As a result of these transactions, the total outstanding authorization for share repurchases as of December 31, 2010 was $682 million. We have not repurchased any additional shares of our common stock from January 1, 2011 through February 25, 2011. This stock repurchase program has no expiration date.

Other items

On July 22, 2010, we entered into a First Amended and Restated National Service Provider Agreement, or the Agreement, with NxStage Medical Inc., or NxStage. The Agreement supersedes the National Service Provider Agreement that we entered into with NxStage on February 7, 2007. Under terms of the Agreement, we will have the ability to continue to purchase NxStage System One hemodialysis machines and related supplies at discounted prices. In addition, under the Agreement, we may earn warrants to purchase NxStage common stock subject to certain requirements, including our ability to achieve certain System One home patient growth targets. The Agreement provides for a range of warrant amounts that may be earned annually depending upon the achievement of various home patient targets. The maximum amount of shares underlying warrants that we can earn over three years is 5.5 million. The exercise price of the warrants is $14.22 per share. In connection

therewith, we entered into a Registration Rights Agreement whereby NxStage has agreed to register any shares issued to us under the warrants. The Agreement expires on June 30, 2013, and will be automatically extended on a monthly basis unless terminated by either party pursuant to the Agreement.

In July 2010, we announced that we will construct a new corporate headquarters in Denver, Colorado. In July 2010, we acquired the land and existing improvements for approximately $12 million. Effective December 18, 2010, we entered into a construction agreement for the construction of the new building. We currently estimate the total construction costs and other project costs of the building will be approximately $95 million. Construction is expected to begin in early 2011, and is estimated to be complete in the second half of 2012. In 2010, we paid architecture and other design costs totaling approximately $5 million.

Stock-based compensation

Stock-based compensation recognized in a period represents the straight-line amortization during that period of the estimated grant-date fair value of stock-based awards over their vesting terms, adjusted for expected forfeitures. Shares issued upon exercise of stock awards are generally issued from shares in treasury. We have utilized the Black-Scholes-Merton valuation model for estimating the grant date fair value of stock options and stock-settled stock appreciation rights granted in all prior periods. During 2010, we granted 2,037,294 stock-settled stock appreciation rights with a grant-date fair value of $32.3 million and a weighted-average expected life of approximately 3.5 years, and also granted 467,962 stock units with a grant-date fair value of $29.4 million and a weighted-average expected life of approximately 2.5 years.

For the years ended December 31, 2010 and 2009, we recognized $45.6 million and $44.4 million, respectively, in stock-based compensation expense for stock-settled stock appreciation rights, stock options, stock units and discounted employee stock plan purchases, which is primarily included in general and administrative expenses. The estimated tax benefits recorded for this stock-based compensation in 2010 and 2009 were $17.3 million and $16.8 million, respectively. As of December 31, 2010, there was $83.1 million of total estimated unrecognized compensation cost related to nonvested stock-based compensation arrangements under our equity compensation and stock purchase plans. We expect to recognize this cost over a weighted average remaining period of 1.4 years.

During the years ended December 31, 2010 and 2009, we received $48.7 million and $63.7 million, respectively, in cash proceeds from stock option exercises and $26.7 million and $18.2 million, respectively, in total actual tax benefits upon the exercise of stock awards.

2009 capital structure changes

Term Loan A

During 2009, we made mandatory principal payments totaling $61.3 million on our previous Term Loan A. As a result of these principal payments, the outstanding balance on Term Loan A as of December 31, 2009 was $153.1 million and bore interest at LIBOR plus a margin of 1.50%, for an overall weighted average effective rate of 1.74%. The interest rate margin was subject to adjustment depending upon certain financial conditions and could range from 1.50% to 2.25%.

Term Loan B

As of December 31, 2009, the outstanding balance of our Term Loan B was $1.7 billion and bore interest at LIBOR plus a margin of 1.50% for an overall weighted average effective rate of 2.66%, including the impact of our swap agreements that were in effect. We did not make any principal payments on Term Loan B during 2009, nor were we required to.

Senior and Senior Subordinated Notes

Our senior and senior subordinated notes, as of December 31, 2009, consisted of $900 million of 6 5/8% senior notes due 2013 and $850 million of 7 1/4% senior subordinated notes due 2015. The notes were guaranteed by substantially all of our direct and indirect wholly-owned subsidiaries and require semi-annual interest payments in March and September. We could redeem some or all of the senior notes at any time on or after March 15, 2009 and some or all of the senior subordinated notes at any time on or after March 15, 2010.

All of the outstanding balances under the Term Loan A, Term Loan B and the senior and senior subordinated notes were extinguished as part of our debt refinancing transactions that occurred on October 20, 2010, as described above.

Stock repurchases

During 2009, we repurchased a total of 2,902,619 shares of our common stock for $153.5 million, or an average price of $52.88 per share, pursuant to previously announced authorizations by the Board of Directors. On November 3, 2009, we announced that our Board of Directors authorized an increase of an additional $500 million of share repurchases of our common stock. As a result of these transactions the total outstanding authorization for share repurchases as of December 31, 2009 was $500 million. This stock repurchase program had no expiration date.

Interest rate swaps

As of December 31, 2009, we maintained a total of eight interest rate swap agreements with amortizing notional amounts totaling $389 million. These agreements had the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of our debt to fixed rates ranging from 3.88% to 4.70%, resulting in an overall weighted average effective interest rate of 5.78% on the hedged portion of our Senior Secured Credit Facilities, including the Term Loan B margin of 1.50%. The swap agreements expired on September 30, 2010. During 2009, we accrued net cash obligations of approximately $17.3 million from these swaps, which were included in debt expense.

As of December 31, 2009, the interest rates were economically fixed on approximately 21% of our variable rate debt and approximately 59% of our total debt.

As a result of the swap agreements our overall weighted average effective interest rate on our Senior Secured Credit Facilities was 2.63%, based upon the current margins in effect of 1.50%, as of December 31, 2009.

Our overall weighted average effective interest rate in 2009 was 4.86% and as of December 31, 2009 was 4.68%.

Off-balance sheet arrangements and aggregate contractual obligations

In addition to the debt obligations reflected on our balance sheet, we have commitments associated with operating leases and letters of credit as well as potential obligations associated with our equity investments in nonconsolidated businesses and to dialysis centers that are wholly-owned by third parties. Substantially all of our facilities are leased. We have potential acquisition obligations for several joint ventures and for some of our non-wholly-owned subsidiaries in the form of put provisions. If these put provisions were exercised, we would be required to purchase the third-party owners' noncontrolling interests at either the appraised fair market value or a predetermined multiple of earnings or cash flow attributable to the noncontrolling interests put to us, which is intended to approximate fair value. For additional information see Note 22 to the consolidated financial statements.

We also have potential cash commitments to provide operating capital advances as needed to several other dialysis centers that are wholly-owned by third parties or centers in which we own an equity investment, as well as to physician–owned vascular access clinics that we operate under management and administrative services agreements.

The following is a summary of these contractual obligations and commitments as of December 31, 2010 (in millions):

	Less Than 1 year	2-3 years	4-5 years	After 5 years	Total
Scheduled payments under contractual obligations:					
Long-term debt	$ 74	$ 186	$ 835	$ 3,214	$ 4,309
Interest payments	104	202	202	379	887
Interest payments on the Term Loan B(1)	96	157	153	61	467
Capital lease obligations	1	2	1	4	8
Operating leases	232	403	326	555	1,516
Construction of the new corporate headquarters	60	30	—	—	90
	$ 567	$ 980	$ 1,517	$ 4,213	$ 7,277
Potential cash requirements under existing commitments:					
Letters of credit	$ 46	$ —	$ —	$ —	$ 46
Noncontrolling interests subject to put provisions	225	67	48	43	383
Operating capital advances	2	—	—	—	2
	$ 273	$ 67	$ 48	$ 43	$ 431

(1) Assuming no changes to LIBOR-based interest rates as the Term Loan B currently bears interest at LIBOR (floor of 1.50%) plus an interest rate margin of 3.00%.

Not included above are interest payments related to our Term Loan A. The Term Loan A currently bears interest at LIBOR plus a margin of 2.75%, for an overall weighted average effective interest rate of 3.02% as of December 31, 2010. The interest rate margin is subject to an adjustment depending upon our achievement of certain financial ratios and can range from 2.25% to 2.75%. Interest payments are due at the maturity of specific debt tranches within each Term Loan, currently monthly, which can range in maturity from one month to twelve months. Future interest payments will depend upon the amount of mandatory principal payments and principal prepayments, as well as changes in the LIBOR-based interest rates and changes in the interest rate margins. Assuming no principal prepayments on our Term Loan A during 2011 and no changes in the effective interest rate, including the interest rate margin, approximately $30 million of interest would be required to be paid in 2011 related to the Term Loan A.

In addition to the above commitments, we are obligated to purchase a certain amount of our hemodialysis products and supplies at fixed prices through 2015 from Gambro Renal Products, Inc. in connection with the Product Supply Agreement. Our total expenditures for the years ended December 31, 2010 and 2009 on such products were approximately 2% of our total operating costs in each year. In January 2010, we entered into an agreement with Fresenius which committed us to purchase a certain amount of dialysis equipment, parts and supplies from them through 2013. Our total expenditures for the year ended December 31, 2010 on such products were approximately 2% of our total operating costs.

The actual amount of purchases in future years from Gambro Renal Products and Fresenius will depend upon a number of factors, including the operating requirements of our centers, the number of centers we acquire, growth of our existing centers, and in the case of the Product Supply Agreement, Gambro Renal Products' ability to meet our needs.

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Settlements of approximately $11 million of existing income tax liabilities for unrecognized tax benefits are excluded from the above table as reasonably reliable estimates of their timing cannot be made.

Contingencies

The information in Note 16 to the consolidated financial statements of this report is incorporated by reference in response to this item.

Critical accounting estimates and judgments

Our consolidated financial statements and accompanying notes are prepared in accordance with United States generally accepted accounting principles. These accounting principles require us to make estimates, judgments and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, and contingencies. All significant estimates, judgments and assumptions are developed based on the best information available to us at the time made and are regularly reviewed and updated when necessary. Actual results will generally differ from these estimates. Changes in estimates are reflected in our financial statements in the period of change based upon on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Interim changes in estimates are applied prospectively within annual periods. Certain accounting estimates, including those concerning revenue recognition and accounts receivable, impairments of long-lived assets, accounting for income taxes, quarterly variable compensation accruals, purchase accounting valuation estimates, fair value estimates and stock-based compensation are considered to be critical to evaluating and understanding our financial results because they involve inherently uncertain matters and their application requires the most difficult and complex judgments and estimates.

Revenue recognition and accounts receivable. There are significant estimating risks associated with the amount of revenue that we recognize in a given reporting period. Payment rates are often subject to significant uncertainties related to wide variations in the coverage terms of the commercial healthcare plans under which we receive payments. In addition, ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage, and other payor issues complicate the billing and collection process. Net revenue recognition and allowances for uncollectible billings require the use of estimates of the amounts that will ultimately be realized considering, among other items, retroactive adjustments that may be associated with regulatory reviews, audits, billing reviews and other matters.

Revenues associated with Medicare and Medicaid programs are recognized based on (a) the payment rates that are established by statute or regulation for the portion of the payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, the estimated amounts that will ultimately be collectible from other government programs paying secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient. Beginning in January 2011, we are also subject to certain variations in our reimbursements from Medicare as we implement Medicare's new single bundled payment rate system whereby our reimbursements can be adjusted for certain patient characteristics and certain other factors. Our revenue recognition will depend upon our ability to effectively capture, document and bill for Medicare's base payment rate and these other factors. In addition, as a result of the potential range of variations that can occur in our reimbursements from Medicare under the new single bundled payment rate system, our revenue recognition will be subject to a greater degree of estimating risk.

Commercial healthcare plans, including contracted managed-care payors, are billed at our usual and customary rates; however, revenue is recognized based on estimated net realizable revenue for the services provided. Net realizable revenue is estimated based on contractual terms for the patients under healthcare plans with which we have formal agreements, non-contracted healthcare plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in our billing and collection processes that can result in denied claims for

payments, slow down in collections, a reduction in the amounts that we expect to collect and regulatory compliance issues. Determining applicable primary and secondary coverage for our more than 125,000 patients at any point in time, together with the changes in patient coverages that occur each month, requires complex, resource-intensive processes. Collections, refunds and payor retractions typically continue to occur for up to three years or longer after services are provided.

We generally expect our range of dialysis and related lab services revenues estimating risk to be within 1% of its revenue, which can represent as much as 6% of consolidated operating income. Changes in estimates are reflected in the then-current financial statements based on on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Changes in revenue estimates for prior periods are separately disclosed and reported if material to the current reporting period and longer term trend analyses, and have not been significant.

Lab service revenues for current period dates of services are recognized at the estimated net realizable amounts to be received.

Impairments of long-lived assets. We account for impairments of long-lived assets, which include property and equipment, equity investments in non-consolidated businesses, amortizable intangible assets with finite useful lives and goodwill, in accordance with the provisions of applicable accounting guidance. Impairment reviews are performed at least annually and whenever a change in condition occurs which indicates that the carrying amounts of assets may not be recoverable.

Such changes include changes in our business strategies and plans, changes in the quality or structure of our relationships with our partners and deteriorating operating performance of individual dialysis centers or other operations. We use a variety of factors to assess the realizable value of assets depending on their nature and use. Such assessments are primarily based upon the sum of expected future undiscounted net cash flows over the expected period the asset will be utilized, as well as market values and conditions. The computation of expected future undiscounted net cash flows can be complex and involves a number of subjective assumptions. Any changes in these factors or assumptions could impact the assessed value of an asset and result in an impairment charge equal to the amount by which its carrying value exceeds its actual or estimated fair value.

Accounting for income taxes. We estimate our income tax provision to recognize our tax expense for the current year, and our deferred tax liabilities and assets for future tax consequences of events that have been recognized in our financial statements, measured using enacted tax rates and laws expected to apply in the periods when the deferred tax liabilities or assets are expected to be realized. We are required to assess our tax positions on a more-likely-than-not criteria and to also determine the actual amount of benefit to recognize in the financial statements. Deferred tax assets are assessed based upon the likelihood of recoverability from future taxable income and, to the extent that recovery is not likely, a valuation allowance is established. The allowance is regularly reviewed and updated for changes in circumstances that would cause a change in judgment about the realizability of the related deferred tax assets. These calculations and assessments involve complex estimates and judgments because the ultimate tax outcome can be uncertain and future events unpredictable.

Variable compensation accruals. We estimate variable compensation accruals quarterly based upon the annual amounts expected to be earned and paid out resulting from the achievement of certain teammate-specific and/or corporate financial and operating goals. Our estimates, which include compensation incentives for bonuses, and other awards, are updated periodically based on changes in our economic condition or cash flows that could ultimately impact the actual final award. Actual results reflected in each fiscal quarter may vary due to the subjectivity involved in anticipating fulfillment of specific and/or corporate goals, as well as the final determination and approval of amounts by our Board of Directors.

Purchase accounting valuation estimates. We make various assumptions and estimates regarding the valuation of tangible and intangible assets, liabilities and contractual as well as non-contractual contingencies

associated with our acquisitions. These assumptions can have a material effect on our balance sheet valuations and the related amount of depreciation and amortization expense that will be recognized in the future.

Fair value estimates. We have recorded certain assets, liabilities and noncontrolling interests subject to put provisions at fair value. The FASB defines fair value which is measured based upon certain valuation techniques that include inputs and assumptions that market participants would use in pricing assets, liabilities and noncontrolling interests subject to put provisions. We have measured the fair values of our applicable assets, liabilities and noncontrolling interests subject to put provisions based upon certain market inputs and assumptions that are either observable or unobservable in determining fair values and have also classified these assets, liabilities and noncontrolling interests subject to put provisions into the appropriate fair value hierarchy levels. The fair value of our investments available for sale are based upon quoted market prices from active markets and the fair value of our swap agreements were based upon valuation models and a variety of techniques as reported by various broker dealers that were based upon relevant observable market inputs such as current interest rates, forward yield curves, and other credit and liquidity market conditions. For our noncontrolling interests subject to put provisions we have estimated the fair values of these based upon either the higher of a liquidation value of net assets or an average multiple of earnings based on historical earnings, patient mix and other performance indicators, as well as other factors. During the second quarter of 2010, we refined the methodology used to estimate the fair value of noncontrolling interests subject to put provisions by eliminating an annual inflation factor that was previously applied to the put provisions until they became exercisable. We believe that eliminating an annual inflation factor will result in a better representation of the estimated actual fair value of the noncontrolling interests subject to put provisions. The estimate of the fair values of the noncontrolling interests subject to put provisions involves significant judgments and assumptions and may not be indicative of the actual values at which the noncontrolling interests may ultimately be settled, which could vary significantly from our current estimates. The estimated fair values of the noncontrolling interests subject to put provisions can also fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' noncontrolling interests.

Stock-based compensation. Stock-based compensation recognized in a period represents the straight-line amortization during that period of the estimated grant-date fair value of stock-based awards over their vesting terms, adjusted for expected forfeitures. We estimate the grant-date fair value of stock awards using complex option pricing models that rely heavily on estimates from us about uncertain future events, including the expected term of the awards, the expected future volatility of our stock price, and expected future risk-free interest rates.

Significant new accounting standards

In August 2010, the FASB issued transition guidance for healthcare entities for measuring charity care that was effective for fiscal years beginning after December 15, 2010. Charity care is defined as healthcare services that are provided but are not expected to result in cash flows where the patients have demonstrated the inability to pay. The guidance requires management to disclose their policy on providing charity care, the level of charity care provided, the measurement of the direct and indirect costs of providing those services, and the amount of any subsidies received for providing charity care. Management can also estimate the costs of those services using reasonable techniques. The guidance shall be applied retrospectively. The adoption of this standard will not have a material impact on our consolidated financial statements.

Effective January 1, 2010, the FASB eliminated the quantitative approach previously required for determining the primary beneficiary of a variable interest entity, and required additional disclosures about an enterprise's involvement in variable interest entities. An entity is required to perform an analysis to determine whether the enterprise's variable interest or interests give it a controlling financial interest in a variable interest entity by having both the power to direct the activities of a variable interest entity that most significantly impact

the entity's economic performance and the obligation to absorb losses of the entity, or the right to receive benefits from the entity. In addition, the FASB established new guidance for determining whether an entity is a variable interest entity, requiring an ongoing reassessment of whether an enterprise is the primary beneficiary of a variable interest entity, and adding an additional reconsideration event for determining whether an entity is a variable interest entity when any changes in facts and circumstances occur such that the holders of the equity investment at risk, as a group, lose the power from voting rights or similar rights of those investments to direct the activities of the entity that most significantly impact the entity's economic performance. See Note 20 to the consolidated financial statements for the impact of adopting these new requirements.

Effective December 15, 2009, FASB amended certain fair value disclosure requirements to include additional disclosures related to significant transfers in and out of the various fair value hierarchy levels and to clarify existing disclosures by providing disaggregate levels for each class of assets and liabilities. We are also required to provide additional disclosures on the valuation techniques and inputs used to measure fair value, as well as changes to the valuation techniques and inputs, for both recurring and nonrecurring assets and liabilities carried at fair value. In addition, we are also required to disclose the reason for making changes to our valuation techniques, assumptions and or other unobservable market inputs. Certain other disclosures on reporting the gross activity rather than the net activity for Level 3 fair value measurements is effective for fiscal years beginning after December 31, 2010. See Note 23 to the consolidated financial statements for further discussion. The adoption of this standard will not have a material impact on our consolidated financial statements.

Item 7A. Quantitative and Qualitative Disclosures about Market Risk.

Interest rate sensitivity

The tables below provide information about our financial instruments that are sensitive to changes in interest rates. For our debt obligations the table presents principal repayments and current weighted average interest rates on our debt obligations as of December 31, 2010. The variable rates presented reflect the weighted average LIBOR rates in effect for all debt tranches plus interest rate margins in effect at the end of 2010. The Term Loan A margin currently in effect is 2.75% and along with the revolving line of credit is subject to adjustment depending upon changes in certain of our financial ratios including a leverage ratio. The Term Loan B currently bears interest at LIBOR (floor of 1.50%) plus an interest rate margin of 3.00% subject to a ratings based step-down to 2.75%.

	Expected maturity date								Average interest rate
	2011	2012	2013	2014	2015	Thereafter	Total	Fair Value	
	(dollars in millions)								
Long-term debt:									
Fixed rate	$ 19	$ 19	$ 19	$ 18	$ 18	$ 3,218	$ 3,311	$ 3,305	5.49%
Variable rate	$ 56	$ 50	$ 100	$ 150	$ 650	$ —	$ 1,006	$ 1,008	3.11%

Our Senior Secured Credit Facilities, which include the Term Loan A and the Term Loan B, consist of various individual tranches that can range in maturity from one month to twelve months (currently monthly). For the Term Loan A each specific tranche would bear interest at a LIBOR rate that is determined by the maturity of that specific tranche plus an interest rate margin. The LIBOR variable component of the interest rate is reset as each specific tranche matures and a new tranche is re-established and can fluctuate significantly depending upon market conditions including the credit and capital markets. In January 2011, we entered into several interest rate swap agreements that have the economic effect of fixing all of the Term Loan A LIBOR variable component of our interest rate, as described below. Our Term Loan B is currently effectively fixed since the LIBOR variable component of our interest rate is set at a LIBOR floor of 1.50%. We have included it in the fixed rate totals in the table above until such time as the LIBOR-based component of our interest rate exceeds 1.50%. We will then be subject to LIBOR-based interest rate volatility on the LIBOR variable component of our interest rate, but only up to 4.00% on $1.25 billion of outstanding principal debt on the Term Loan B, as described below. The remaining $500 million of outstanding debt on the Term Loan B is subject to LIBOR-based interest rate volatility above a floor of 1.50%.

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In January 2011, we entered into nine interest rate swap agreements with amortizing notional amounts totaling $1.0 billion that went effective on January 31, 2011. These agreements have the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of our Term Loan A debt to fixed rates ranging from 1.59% to 1.64%, resulting in an overall weighted average effective interest rate of 4.36% including the Term Loan A margin of 2.75%. The swap agreements expire on September 30, 2014 and require monthly interest payments.

In addition, in January 2011, we also entered into five interest rate cap agreements with notional amounts totaling $1.25 billion that went effective on January 31, 2011. These agreements have the economic effect of capping the LIBOR variable component of our interest rate at a maximum of 4.00% on an equivalent amount of our Term Loan B debt. The cap agreements expire on September 30, 2014.

Our previous interest rate swap agreements expired on September 30, 2010. The agreements that were effective during 2010 had the economic effect of modifying the LIBOR variable component of our interest rate on an equivalent amount of our debt to fixed rates ranging from 4.05% to 4.70%, resulting in an overall weighted average effective interest rate of 5.84% on the hedged portion of our Senior Secured Credit Facilities, including the Term Loan B margin of 1.50%. During 2010, we accrued net cash obligations of $9.1 million from these swaps, which are included in debt expense.

As of December 31, 2010, the interest rates were fixed on approximately 77% of our total debt.

Our overall weighted average effective interest rate on the Senior Secured Credit Facilities was 4.05%, based upon the current margins in effect of 2.75% for the Term Loan A and 3.00% for the Term Loan B, as of December 31, 2010.

Our overall weighted average effective interest rate in 2010 was 4.68% and as of December 31, 2010 was 4.94%.

One means of assessing exposure to debt-related interest rate changes is a duration-based analysis that measures the potential loss in net income resulting from a hypothetical increase in interest rates of 100 basis points across all variable rate maturities (referred to as a "parallel shift in the yield curve"). Under this model, with all else constant, it is estimated that such an increase would have reduced net income by approximately $11.1 million, $8.5 million, and $7.1 million, net of tax, for the years ended December 31, 2010, 2009, and 2008, respectively.

Exchange rate sensitivity

We are currently not exposed to any significant foreign currency exchange rate risk.

Item 8. Financial Statements and Supplementary Data.

See the Index to Financial Statements and Index to Financial Statement Schedules included at "Item 15. Exhibits, Financial Statement Schedules."

Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.

None.

Item 9A. Controls and Procedures.

Management has established and maintains disclosure controls and procedures designed to ensure that information required to be disclosed in the reports that it files or submits pursuant to the Securities Exchange Act of 1934, as amended, or Exchange Act, is recorded, processed, summarized and reported within the time periods specified in the Securities and Exchange Commission's rules and forms, and that such information is accumulated and communicated to our management including our Chief Executive Officer and Chief Financial Officer as appropriate to allow for timely decisions regarding required disclosures.

At the end of the period covered by this report, we carried out an evaluation, under the supervision and with the participation of our Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of our disclosure controls and procedures in accordance with the Exchange Act requirements. Based upon that evaluation, the Chief Executive Officer and Chief Financial Officer concluded that our disclosure controls and procedures are effective for timely identification and review of material information required to be included in our Exchange Act reports, including this report on Form 10-K. Management recognizes that these controls and procedures can provide only reasonable assurance of desired outcomes, and that estimates and judgments are still inherent in the process of maintaining effective controls and procedures.

There has not been any change in our internal control over financial reporting that was identified during the evaluation that occurred during the fourth fiscal quarter and that has materially affected, or is reasonably likely to materially affect, our internal control over financial reporting.

Item 9B. Other Information.

None.

PART III

Item 10. Directors, Executive Officers and Corporate Governance.

In 2002, we adopted a Corporate Governance Code of Ethics that applies to our principal executive officer, principal financial officer, principal accounting officer or controller, and to all of our financial accounting and legal professionals who are directly or indirectly involved in the preparation, reporting and fair presentation of our financial statements and Exchange Act Reports. The Code of Ethics is posted on our website, located at http://www.davita.com. We also maintain a Corporate Code of Conduct that applies to all of our employees, which is posted on our website.

Under our Corporate Governance Guidelines all Board Committees including the Audit Committee, Nominating and Governance Committee and the Compensation Committee, which are comprised solely of independent directors as defined within the listing standards of the New York Stock Exchange, have written charters that outline the committee's purpose, goals, membership requirements and responsibilities. These charters are regularly reviewed and updated as necessary by our Board of Directors. All Board Committee charters as well as the Corporate Governance Guidelines are posted on our website located at http://www.davita.com.

The other information required to be disclosed by this item will appear in, and is incorporated by reference from, the sections entitled "Proposal No. 1. Election of Directors", "Corporate Governance", and "Security Ownership of Certain Beneficial Owners and Management" included in our definitive proxy statement relating to our 2011 annual stockholder meeting.

Item 11. Executive Compensation.

The information required by this item will appear in, and is incorporated by reference from, the sections entitled "Executive Compensation" and "Compensation Committee Interlocks and Insider Participations" included in our definitive proxy statement relating to our 2011 annual stockholder meeting. The information required by Item 407(e)(5) of Regulation S-K will appear in and is incorporated by reference from the section entitled "Compensation Committee Report" included in our definitive proxy statement relating to our 2011 annual stockholder meeting; however, this information shall not be deemed to be "filed".

Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The following table provides information about our common stock that may be issued upon the exercise of stock options, stock-settled stock appreciation rights, restricted stock units and other rights under all of our existing equity compensation plans as of December 31, 2010, including our omnibus 2002 Equity Compensation Plan and our Employee Stock Purchase Plan, and the terminated 1999 Non-Executive Officer and Non-Director Equity Compensation Plan. The material terms of these plans are described in Note 17 to the Consolidated Financial Statements. The 1999 Non-Executive Officer and Non-Director Equity Compensation Plan was not required to be approved by our shareholders.

Plan category	Number of shares to be issued upon exercise of outstanding options, warrants and rights	Weighted average exercise price of outstanding options, warrants and rights	Number of shares remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a))	Total of shares reflected in columns (a) and (c)
	(a)	*(b)*	*(c)*	*(d)*
Equity compensation plans approved by shareholders	11,597,916	$ 49.74	11,787,674	23,385,590
Equity compensation plans not requiring shareholder approval	1,000	$ 54.58	—	1,000
Total	11,598,916	$ 49.74	11,787,674	23,386,590

Other information required to be disclosed by Item 12 will appear in, and is incorporated by reference from, the section entitled "Security Ownership of Certain Beneficial Owners and Management" included in our definitive proxy statement relating to our 2011 annual stockholder meeting.

Item 13. Certain Relationships and Related Transactions and Director Independence.

The information required by this item will appear in, and is incorporated by reference from, the section entitled "Certain Relationships and Related Transactions" and the section entitled "Corporate Governance" included in our definitive proxy statement relating to our 2011 annual stockholder meeting.

Item 14. Principal Accounting Fees and Services.

The information required by this item will appear in, and is incorporated by reference from, the section entitled "Ratification of Appointment of Independent Registered Public Accounting Firm" included in our definitive proxy statement relating to our 2011 annual stockholder meeting.

PART IV

Item 15. Exhibits, Financial Statement Schedules.

(a) Documents filed as part of this Report:

(1) *Index to Financial Statements:*

	Page
Management's Report on Internal Control Over Financial Reporting	F-1
Report of Independent Registered Public Accounting Firm	F-2
Report of Independent Registered Public Accounting Firm	F-3
Consolidated Statements of Income for the years ended December 31, 2010, 2009, and 2008	F-4
Consolidated Balance Sheets as of December 31, 2010, and 2009	F-5
Consolidated Statements of Cash Flow for the years ended December 31, 2010, 2009, and 2008	F-6
Consolidated Statements of Equity and Comprehensive Income for the years ended December 31, 2010, 2009, and 2008	F-7
Notes to Consolidated Financial Statements	F-9

(2) *Index to Financial Statement Schedules:*

Report of Independent Registered Public Accounting Firm	S-1
Schedule II—Valuation and Qualifying Accounts	S-2

(1) *Exhibits:*

2.1	Stock Purchase Agreement dated as of December 6, 2004, among Gambro AB, Gambro, Inc. and DaVita Inc.(9)
2.2	Amended and Restated Asset Purchase Agreement effective as of July 28, 2005, by and among DaVita Inc., Gambro Healthcare, Inc. and Renal Advantage Inc., a Delaware corporation, formerly known as RenalAmerica, Inc.(12)
3.1	Amended and Restated Certificate of Incorporation of Total Renal Care Holdings, Inc., or TRCH, dated December 4, 1995.(1)
3.2	Certificate of Amendment of Certificate of Incorporation of TRCH, dated February 26, 1998.(2)
3.3	Certificate of Amendment of Certificate of Incorporation of DaVita Inc. (formerly Total Renal Care Holdings, Inc.), dated October 5, 2000.(4)
3.4	Certificate of Amendment of Amended and Restated Certificate of Incorporation of DaVita Inc., as amended dated May 30, 2007.(23)
3.5	Amended and Restated Bylaws for DaVita Inc. dated as of March 2, 2007.(25)
4.1	Indenture for the 6 5/8% Senior Notes due 2013 dated as of March 22, 2005.(3)
4.2	Indenture for the 7 1/4% Senior Subordinated Notes due 2015 dated as of March 22, 2005.(3)

4.3	First Supplemental Indenture, dated October 5, 2005, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(11)
4.4	First Supplemental Indenture, dated October 5, 2005, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(13)
4.5	Rights Agreement, dated as of November 14, 2002, between DaVita Inc. and the Bank of New York, as Rights Agent.(21)
4.6	Second Supplemental Indenture (Senior), dated February 9, 2007, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(22)
4.7	Second Supplemental Indenture (Senior Subordinated), dated February 9, 2007, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(22)
4.8	Registration Rights Agreement for the 6 5/8% Senior Notes due 2013 dated as of February 23, 2007.(26)
4.9	Third Supplemental Indenture, dated October 14, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(38)
4.10	Third Supplemental Indenture, dated October 14, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(38)
4.11	Indenture, dated October 20, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(39)
4.12	Indenture, dated October 20, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(39)
10.1	Employment Agreement, dated as of October 19, 2009, by and between DaVita Inc. and Kim M. Rivera.*
10.2	Employment Agreement, dated as of June 15, 2000, by and between DaVita Inc. and Joseph C. Mello.(6)*
10.3	Second Amendment to Mr. Mello's Employment Agreement, effective December 12, 2008.(33)*
10.4	Employment Agreement, effective as of August 16, 2004, by and between DaVita Inc. and Tom Usilton.(7)*
10.5	Amendment to Mr. Usilton's Employment Agreement, dated February 12, 2007.(24)*
10.6	Second Amendment to Mr. Usilton's Employment Agreement, effective December 12, 2008.(32)*
10.7	Employment Agreement, effective as of November 18, 2004, by and between DaVita Inc. and Joseph Schohl.(14)*
10.8	Amendment to Mr. Schohl's Employment Agreement, effective December 30, 2008.(32)*
10.9	Employment Agreement, dated as of October 31, 2005, effective October 24, 2005, by and between DaVita Inc. and Dennis Kogod.(13)*
10.10	Amendment to Mr. Kogod's Employment Agreement, effective December 12, 2008.(32)*
10.11	Employment Agreement, effective September 22, 2005, by and between DaVita Inc. and James Hilger.(15)*
10.12	Amendment to Mr. Hilger's Employment Agreement, effective December 12, 2008.(32)*
10.13	Employment Agreement effective February 13, 2008, by and between DaVita Inc. and Richard K. Whitney.(28)*

10.14	Amendment to Equity Award Agreement, entered into on December 11, 2009, between DaVita Inc. and Richard K. Whitney.*
10.15	Amendment to Stock Appreciation Rights Agreements, effective November 2008, by and between DaVita Inc. and Richard K. Whitney.(36)*
10.16	Employment Agreement, effective July 25, 2008, between DaVita Inc. and Kent J. Thiry.(29)*
10.17	Employment Agreement, effective August 1, 2008, between DaVita Inc. and Allen Nissenson.(30)*
10.18	Employment Agreement, effective March 3, 2008, between DaVita Inc. and David Shapiro.(32)*
10.19	Amendment to Mr. Shapiro's Employment Agreement, effective December 4, 2008.(32)*
10.20	Employment Agreement, effective March 17, 2010, by and between DaVita Inc. and Javier Rodriguez.(35)*
10.21	Employment Agreement, effective February 26, 2010, by and between DaVita Inc. and Luis Borgen.(36)*
10.22	Amendment to Mr. Borgen's Employment Agreement, effective March 18, 2010.(36)*
10.23	Memorandum Relating to Bonus Structure for Kent J. Thiry.(36)*
10.24	Memorandum Relating to Bonus Structure for Dennis L. Kogod.(36)*
10.25	Memorandum Relating to Bonus Structure for Thomas O. Usilton, Jr.(36)*
10.26	Form of Indemnity Agreement.(20)*
10.27	Form of Indemnity Agreement.(14)*
10.28	Executive Incentive Plan (as Amended and Restated effective January 1, 2009).(34)*
10.29	Executive Retirement Plan.(32)*
10.30	Post-Retirement Deferred Compensation Arrangement.(14)*
10.31	Amendment No. 1 to Post Retirement Deferred Compensation Arrangement.(32)*
10.32	DaVita Voluntary Deferral Plan.(11)*
10.33	Deferred Bonus Plan (Prosperity Plan).(31)
10.34	Amendment No. 1 to Deferred Bonus Plan (Prosperity Plan).(32)*
10.35	Amended and Restated Employee Stock Purchase Plan.(27)*
10.36	Severance Plan.(36)*
10.37	Change in Control Bonus Program.(32)*
10.38	First Amended and Restated Total Renal Care Holdings, Inc. 1999 Non-Executive Officer and Non-Director Equity Compensation Plan.(5)
10.39	Non-Management Director Compensation Philosophy and Plan.(28)*
10.40	Amended and Restated 2002 Equity Compensation Plan.(10)*
10.41	Amended and Restated 2002 Equity Compensation Plan.(19)*
10.42	Amended and Restated 2002 Equity Compensation Plan.(27)*
10.43	Amended and Restated 2002 Equity Compensation Plan.(32)*
10.44	DaVita Inc. 2002 Equity Compensation Plan.(37)*
10.45	Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 1999 Non-Executive Officer and Non-Director Equity Compensation Plan.(18)*
10.46	Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(7)*

10.47	Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.48	Form of Non-Qualified Stock Option Agreement--Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.49	Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(7)*
10.50	Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.51	Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.52	Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(32)*
10.53	Form of Stock Appreciation Rights Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.54	Form of Stock Appreciation Rights Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.55	Form of Stock Appreciation Rights Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.56	Form of Restricted Stock Units Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.57	Form of Non-Qualified Stock Option Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.58	Credit Agreement, dated as of October 5, 2005, among DaVita Inc., the Guarantors party thereto, the Lenders party thereto, Bank of America, N.A., Wachovia Bank, National Association, Bear Stearns Corporate Lending Inc., The Bank of New York, The Bank of Nova Scotia, The Royal Bank of Scotland plc, WestLB AG, New York Branch as Co-Documentation Agents, Credit Suisse, Cayman Islands Branch, as Syndication Agent, JPMorgan Chase Bank, N.A., as Administrative Agent and Collateral Agent, JPMorgan Securities Inc., as Sole Lead Arranger and Bookrunner and Credit Suisse, Cayman Islands Branch, as Co-Arranger.(11)
10.59	Credit Agreement, dated as of October 5, 2005, as Amended and Restated as of February 23, 2007, by and among DaVita Inc., the Guarantors party thereto, the Lenders party thereto and JPMorgan Chase Bank, N.A.(26)
10.60	Amendment Agreement, dated February 23, 2007, by and among DaVita Inc., the Guarantors party thereto, the Lenders party thereto and JPMorgan Chase Bank, N.A.(26)
10.61	Security Agreement, dated as of October 5, 2005, by DaVita Inc., the Guarantors party thereto and JPMorgan Chase Bank, N.A., as Collateral Agent.(11)
10.62	Credit Agreement, dated as of October 20, 2010, by and among DaVita Inc., the guarantors party thereto, the lenders party thereto, Credit Suisse AG, Barclays Bank PLC, Goldman Sachs Bank USA, Wells Fargo Bank, National Association, Credit Agricole Corporate and Investment Bank, RBC Capital Markets, Scotia Capital (USA) Inc., SunTrust Robinson Humphrey, Inc. and Union Bank, N.A., as Co-Documentation Agents, Bank of America, N.A., as Syndication Agent, JPMorgan Chase Bank, N.A., as Administrative Agent and Collateral Agent, and J.P. Morgan Securities LLC, Banc of America Securities LLC, Credit Suisse Securities (USA) LLC, Barclays Capital, Goldman Sachs Bank USA and Wells Fargo Securities, LLC, as Joint Lead Arrangers and Joint Bookrunners.(39)
10.63	Corporate Integrity Agreement between the Office of Inspector General of the Department of Health and Human Services and Gambro Healthcare, Inc. effective as of December 1, 2004.(11)

10.64	Amended and Restated Alliance and Product Supply Agreement, dated as of August 25, 2006, among Gambro Renal Products, Inc., DaVita Inc. and Gambro AB.(17)**
10.65	Letter dated March 19, 2007 from Willard W. Brittain, Jr. to Peter T. Grauer, Lead Independent Director of the Company.(22)
10.66	Dialysis Organization Agreement between DaVita Inc. and Amgen USA Inc. dated December 20, 2007 (31)**
10.67	Dialysis Organization Agreement between DaVita Inc. and Amgen USA Inc. dated December 17, 2010 ✓**
12.1	Computation of Ratio of Earnings to Fixed Charges.✓
14.1	DaVita Inc. Corporate Governance Code of Ethics.(8)
21.1	List of our subsidiaries.✓
23.1	Consent of KPMG LLP, independent registered public accounting firm.✓
24.1	Powers of Attorney with respect to DaVita. (Included on Page II-1).
31.1	Certification of the Chief Executive Officer, dated February 25, 2011, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓
31.2	Certification of the Chief Financial Officer, dated February 25, 2011, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓
32.1	Certification of the Chief Executive Officer, dated February 25, 2011, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓
32.2	Certification of the Chief Financial Officer, dated February 25, 2011, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓
101.INS	XBRL Instance Document.***
101.SCH	XBRL Taxonomy Extension Schema Document.***
101.CAL	XBRL Taxonomy Extension Calculation Linkbase Document.***
101.DEF	XBRL Taxonomy Extension Definition Linkbase Document.***
101.LAB	XBRL Taxonomy Extension Label Linkbase Document.***
101.PRE	XBRL Taxonomy Extension Presentation Linkbase Document.***

✓ Included in this filing.

* Management contract or executive compensation plan or arrangement.

** Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the SEC.

*** XBRL information is furnished and not filed as a part of a registration statement or prospectus for purposes of Section 11 or 12 of the Securities and Exchange Act of 1933, is deemed not filed for purposes of Section 18 of the Securities and Exchange Act of 1934, and otherwise is not subject to liability under these sections.

(1) Filed on March 18, 1996 as an exhibit to the Company's Transitional Report on Form 10-K for the transition period from June 1, 1995 to December 31, 1995.

(2) Filed on March 31, 1998 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 1997.

(3) Filed on March 25, 2005 as an exhibit to the Company's Current Report on Form 8-K.

(4) Filed on Mareb 20, 2001 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2000.

(5) Filed on February 28, 2003 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2002.

(6) Filed on August 15, 2001 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2001.
(7) Filed on November 8, 2004 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2004.
(8) Filed on February 27, 2004 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2003.
(9) Filed on December 8, 2004 as an exhibit to the Company's Current Report on Form 8-K.
(10) Filed on May 4, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2005
(11) Filed on November 8, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2005.
(12) Filed on October 11, 2005 as an exhibit to the Company's Current Report on Form 8-K.
(13) Filed on November 4, 2005 as an exhibit to the Company's Current Report on Form 8-K.
(14) Filed on March 3, 2005 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2004.
(15) Filed on August 7, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ending June 30, 2006.
(16) Filed on July 6, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(17) Filed on November 3, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2006.
(18) Filed on October 18, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(19) Filed on July 31, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(20) Filed on December 20, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(21) Filed on November 19, 2002 as an exhibit to the Company's Current Report on Form 8-K.
(22) Filed on May 3, 2007 as an exhibit to the Company's Quarterly Report as Form 10-Q for the quarter ended March 31, 2007.
(23) Filed on August 6, 2007 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2007.
(24) Filed on February 16, 2007 as an exhibit to the Company's Current Report on Form 8-K.
(25) Filed on March 8, 2007 as an exhibit to the Company's Current Report on Form 8-K.
(26) Filed on February 28, 2007 as an exhibit to the Company's Current Report on Form 8-K.
(27) Filed on June 4, 2007 as an exhibit to the Company's Current Report on Form 8-K.
(28) Filed on May 8, 2008 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2008.
(29) Filed on July 31, 2008 as an exhibit to the Company's Current Report on Form 8-K.
(30) Filed on November 6, 2008 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2008.
(31) Filed on February 29, 2008 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2007.
(32) Filed on February 27, 2009 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2008
(33) Filed on May 7, 2009 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2009.
(34) Filed on June 18, 2009 as an exhibit to the Company's Current Report on Form 8-K.
(35) Filed on April 14, 2010 as an exhibit to the Company's Current Report on Form 8-K.
(36) Filed on May 3, 2010 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2010.
(37) Filed on April 28, 2010 as Appendix A to the Company's Definitive Proxy Statement on Schedule 14A.
(38) Filed on October 19, 2010 as an exhibit to the Company's Current Report on Form 8-K.
(39) Filed on October 21, 2010 as an exhibit to the Company's Current Report on Form 8-K.

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DAVITA INC.

MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "Internal Control—Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2010.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2010 and 2009, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2010. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of DaVita Inc. and subsidiaries as of December 31, 2010 and 2009, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2010, in conformity with U.S. generally accepted accounting principles.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), DaVita Inc.'s internal control over financial reporting as of December 31, 2010, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), and our report dated February 25, 2011 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

/s/ KPMG LLP

Seattle, Washington
February 25, 2011

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited DaVita Inc.'s internal control over financial reporting as of December 31, 2010, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). DaVita Inc.'s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying "Management's Report on Internal Control Over Financial Reporting". Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit.

We conducted our audit in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

In our opinion, DaVita Inc. maintained, in all material respects, effective internal control over financial reporting as of December 31, 2010, based on criteria established in *Internal Control—Integrated Framework* issued by COSO.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2010 and 2009, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2010, and our report dated February 25, 2011 expressed an unqualified opinion on those consolidated financial statements.

/s/ KPMG LLP

Seattle, Washington
February 25, 2011

DAVITA INC.

CONSOLIDATED STATEMENTS OF INCOME
(dollars in thousands, except per share data)

	Year ended December 31,		
	2010	2009	2008
Net operating revenues	$ 6,447,391	$ 6,108,800	$ 5,660,173
Operating expenses and charges:			
Patient care costs	4,474,735	4,248,668	3,920,487
General and administrative	579,000	531,531	508,240
Depreciation and amortization	234,378	228,986	216,917
Provision for uncollectible accounts	171,250	161,786	146,229
Equity investment income	(8,999)	(2,442)	(796)
Total operating expenses and charges	5,450,364	5,168,529	4,791,077
Operating income	997,027	940,271	869,096
Debt expense	(181,607)	(185,755)	(224,716)
Debt refinancing and redemption charges	(74,382)	—	—
Other income	3,420	3,708	12,411
Income before income taxes	744,458	758,224	656,791
Income tax expense	260,239	278,465	235,471
Net income	484,219	479,759	421,320
Less: Net income attributable to noncontrolling interests	(78,536)	(57,075)	(47,160)
Net income attributable to DaVita Inc.	$ 405,683	$ 422,684	$ 374,160
Earnings per share:			
Basic earnings per share attributable to DaVita Inc.	$ 4.00	$ 4.08	$ 3.56
Diluted earnings per share attributable to DaVita Inc.	$ 3.94	$ 4.06	$ 3.53
Weighted average shares for earnings per share:			
Basic	101,504,373	103,603,885	105,149,448
Diluted	103,059,171	104,167,685	105,939,725

See notes to consolidated financial statements.

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DAVITA INC.

CONSOLIDATED BALANCE SHEETS
(dollars in thousands, except per share data)

	December 31, 2010	December 31, 2009
ASSETS		
Cash and cash equivalents	$ 860,117	$ 539,459
Short-term investments	23,003	26,475
Accounts receivable, less allowance of $235,629 and $229,317	1,048,976	1,105,903
Inventories	76,008	70,041
Other receivables	304,366	263,456
Other current assets	43,994	40,234
Income tax receivable	40,330	—
Deferred income taxes	226,060	256,953
Total current assets	2,622,854	2,302,521
Property and equipment, net	1,170,808	1,104,925
Amortizable intangibles, net	162,635	136,732
Equity investments	25,918	22,631
Long-term investments	8,848	7,616
Other long-term assets	32,054	32,615
Goodwill	4,091,307	3,951,196
	$ 8,114,424	$7,558,236
LIABILITIES AND EQUITY		
Accounts payable	$ 181,033	$ 176,657
Other liabilities	342,943	461,092
Accrued compensation and benefits	325,477	286,121
Current portion of long-term debt	74,892	100,007
Income taxes payable	—	23,064
Total current liabilities	924,345	1,046,941
Long-term debt	4,233,850	3,532,217
Other long-term liabilities	89,290	87,692
Alliance and product supply agreement, net	25,317	30,647
Deferred income taxes	421,436	334,855
Total liabilities	5,694,238	5,032,352
Commitments and contingencies		
Noncontrolling interests subject to put provisions	383,052	331,725
Equity:		
Preferred stock ($0.001 par value, 5,000,000 shares authorized; none issued)		
Common stock ($0.001 par value, 450,000,000 shares authorized; 134,862,283 shares issued; 96,001,535 and 103,062,698 shares outstanding)	135	135
Additional paid-in capital	620,546	621,685
Retained earnings	2,717,817	2,312,134
Treasury stock, at cost (38,860,748 and 31,799,585 shares)	(1,360,579)	(793,340)
Accumulated other comprehensive income (loss)	503	(5,548)
Total DaVita Inc. shareholders' equity	1,978,422	2,135,066
Noncontrolling interests not subject to put provisions	58,712	59,093
Total equity	2,037,134	2,194,159
	$ 8,114,424	$7,558,236

See notes to consolidated financial statements.

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DAVITA INC.

CONSOLIDATED STATEMENTS OF CASH FLOW
(dollars in thousands)

	Year ended December 31,		
	2010	2009	2008
Cash flows from operating activities:			
Net income.	$ 484,219	$ 479,759	$ 421,320
Adjustments to reconcile net income to cash provided by operating activities:			
Depreciation and amortization	234,378	228,986	216,917
Stock-based compensation expense	45,551	44,422	41,235
Tax benefits from stock award exercises	26,706	18,241	13,988
Excess tax benefits from stock award exercises	(6,283)	(6,950)	(8,013)
Deferred income taxes	75,399	50,869	94,912
Equity investment income, net	(3,298)	(204)	(796)
Loss on disposal of assets and other non-cash charges	9,585	20,945	27,010
Debt refinancing and redemption charges	74,382	—	—
Changes in operating assets and liabilities, net of effect of acquisitions and divestitures:			
Accounts receivable	55,379	(32,313)	(149,939)
Inventories	(3,892)	15,115	(2,715)
Other receivables and other current assets	(44,719)	(35,104)	(40,960)
Other long-term assets	901	7,288	(11,929)
Accounts payable	4,228	(104,879)	57,422
Accrued compensation and benefits	39,588	(9,138)	(31,602)
Other current liabilities	(111,444)	(43,543)	8,871
Income taxes	(45,737)	44,578	(30,087)
Other long-term liabilities	4,740	(11,362)	8,067
Net cash provided by operating activities	839,683	666,710	613,701
Cash flows from investing activities:			
Additions of property and equipment, net	(273,602)	(274,605)	(317,962)
Acquisitions	(188,502)	(87,617)	(101,959)
Proceeds from asset sales	22,727	7,697	530
Purchase of investments available-for-sale	(1,125)	(2,062)	(2,009)
Purchase of investments held-to-maturity	(56,615)	(22,664)	(21,048)
Proceeds from the sale of investments available-for-sale	900	16,693	21,291
Proceeds from maturities of investments held-to-maturity	59,932	16,380	21,355
Purchase of equity investments and other assets	(709)	(2,429)	(65)
Distributions received on equity investments	361	2,547	908
Other investment activity	—	—	1,220
Net cash used in investing activities	(436,633)	(346,060)	(397,739)
Cash flows from financing activities:			
Borrowings	24,809,258	18,767,592	17,089,018
Payments on long-term debt	(24,134,502)	(18,828,824)	(17,102,569)
Debt refinancing costs including tender and call premiums	(113,810)	(42)	(130)
Purchase of treasury stock	(618,496)	(153,495)	(232,715)
Distributions to noncontrolling interests	(83,591)	(67,748)	(59,357)
Stock award exercises and other share issuances, net	53,760	67,908	40,247
Excess tax benefits from stock award exercises	6,283	6,950	8,013
Contributions from noncontrolling interests	9,510	13,071	19,074
Proceeds from sales of additional noncontrolling interests	3,410	9,375	10,701
Purchases from noncontrolling interests	(14,214)	(6,859)	(24,409)
Net cash used in financing activities	(82,392)	(192,072)	(252,127)
Net increase (decrease) in cash and cash equivalents	320,658	128,578	(36,165)
Cash and cash equivalents at beginning of year	539,459	410,881	447,046
Cash and cash equivalents at end of year	$ 860,117	$ 539,459	$ 410,881

See notes to consolidated financial statements.

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DAVITA INC.

CONSOLIDATED STATEMENTS OF EQUITY
AND
COMPREHENSIVE INCOME
(dollars and shares in thousands)

	Non-controlling interests subject to put provisions	DaVita Inc. Shareholders' Equity								Non-controlling interests not subject to put provisions	Comprehensive income
		Common stock		Additional paid-in capital	Retained earnings	Treasury stock		Accumulated other comprehensive income (loss)	Total		
		Shares	Amount			Shares	Amount				
Balance at December 31, 2007	$ 330,467	134,862	$ 135	$ 479,115	$1,515,290	(27,732)	$(487,744)	$ (2,511)	$1,504,285	$ 48,178	
Comprehensive income:											
Net income	30,401				374,160				374,160	16,759	$ 421,320
Unrealized losses on interest rate swaps, net of tax								(12,947)	(12,947)		(12,947)
Less reclassification of net swap realized losses into net income, net of tax								2,590	2,590		2,590
Unrealized losses on investments, net of tax								(1,174)	(1,174)		(1,174)
Less reclassification of net investment realized gains into net income, net of tax								(297)	(297)		(297)
Total comprehensive income											$ 409,492
Stock purchase shares issued				2,981		98	1,730		4,711		
Stock unit shares issued				(2,670)		181	3,544		874		
Stock options and SSARs exercised				12,278		1,133	23,328		35,606		
Stock-based compensation expense				41,235					41,235		
Excess tax benefits from stock awards exercised				8,165					8,165		
Distributions to noncontrolling interests	(40,016)									(19,341)	
Contributions from noncontrolling interests	7,305									11,769	
Sales and assumptions of additional noncontrolling interests	9,389									4,726	
Purchases from noncontrolling interests	(2,347)									(2,334)	
Changes in fair value of noncontrolling interests	(43,254)			43,254					43,254	—	
Other adjustments to noncontrolling interests	(548)									(605)	
Purchase of treasury stock						(4,789)	(232,715)		(232,715)		
Balance at December 31, 2008	$ 291,397	134,862	$ 135	$ 584,358	$1,889,450	(31,109)	$(691,857)	$ (14,339)	$1,767,747	$ 59,152	
Comprehensive income:											
Net income	38,381				422,684				422,684	18,694	$ 479,759
Unrealized losses on interest rate swaps, net of tax								(2,578)	(2,578)		(2,578)
Less reclassification of net swap realized losses into net income, net of tax								10,542	10,542		10,542
Unrealized gains on investments, net of tax								986	986		986
Less reclassification of net investment realized gains into net income, net of tax								(159)	(159)		(159)
Total comprehensive income											$ 488,550

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DAVITA INC.

CONSOLIDATED STATEMENTS OF EQUITY
AND
COMPREHENSIVE INCOME—(Continued)
(dollars and shares in thousands)

	Non-controlling interests subject to put provisions	DaVita Inc. Shareholders' Equity								Non-controlling interests not subject to put provisions	Comprehensive income
		Common stock		Additional paid-in capital	Retained earnings	Treasury stock		Accumulated other comprehensive income (loss)	Total		
		Shares	Amount			Shares	Amount				
Stock purchase shares issued				2,135		107	2,387		4,522		
Stock unit shares issued				(1,570)		69	1,570		—		
Stock options and SSARs exercised				15,598		2,036	48,055		63,653		
Stock-based compensation expense				44,422					44,422		
Excess tax benefits from stock awards exercised				6,150					6,150		
Distributions to noncontrolling interests	(44,277)									(23,471)	
Contributions from noncontrolling interests	10,502									2,569	
Sales and assumptions of additional noncontrolling interests	13,483			(529)					(529)	4,039	
Purchases from noncontrolling interests	(2,594)			(3,721)					(3,721)	(544)	
Changes in fair value of noncontrolling interests	24,819			(24,819)					(24,819)	—	
Other adjustments	14			(339)					(339)	(1,346)	
Purchase of treasury stock						(2,903)	(153,495)		(153,495)		
Balance at December 31, 2009	$ 331,725	134,862	$ 135	$ 621,685	$2,312,134	(31,800)	$ (793,340)	$ (5,548)	$2,135,066	$ 59,093	
Comprehensive income:											
Net income	52,589				405,683				405,683	25,947	$ 484,219
Unrealized losses on interest rate swaps, net of tax								(134)	(134)		(134)
Less reclassification of net swap realized losses into net income, net of tax								5,557	5,557		5,557
Unrealized gains on investments, net of tax								615	615		615
Less reclassification of net investment realized losses into net income, net of tax								13	13		13
Total comprehensive income											$ 490,270
Stock purchase shares issued				2,129		86	2,151		4,280		
Stock unit shares issued				(875)		32	875		—		
Stock options and SSARs exercised				455		1,740	48,231		48,686		
Stock-based compensation expense				45,551					45,551		
Excess tax benefits from stock awards exercised				6,283					6,283		
Distributions to noncontrolling interests	(54,612)									(28,979)	
Contributions from noncontrolling interests	5,439									4,071	
Sales and assumptions of additional noncontrolling interests	4,059			(298)					(298)	2,308	
Purchases from noncontrolling interests	(4,949)			(5,537)					(5,537)	(3,728)	
Impact on fair value due to change in methodology	(24,571)			24,571					24,571		
Changes in fair value of noncontrolling interests	73,372			(73,372)					(73,372)		
Other adjustments				(46)					(46)		
Purchase of treasury stock						(8,919)	(618,496)		(618,496)		
Balance at December 31, 2010	$ 383,052	134,862	$ 135	$ 620,546	$2,717,817	(38,861)	$(1,360,579)	$ 503	$1,978,422	$ 58,712	

See notes to consolidated financial statements.

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1. Organization and summary of significant accounting policies

Organization

DaVita Inc. principally operates kidney dialysis centers and provides related lab services primarily in dialysis centers and in contracted hospitals across the United States. The Company also operates other ancillary services and strategic initiatives which relate primarily to its core business of providing kidney dialysis services. As of December 31, 2010, the Company operated or provided administrative services to 1,612 outpatient dialysis centers located in 42 states and the District of Columbia, serving approximately 125,000 patients. The Company's dialysis and related lab services business qualifies as a separately reportable segment and all other ancillary services and strategic initiatives have been combined and disclosed in the other segments category.

Basis of presentation

These consolidated financial statements are prepared in accordance with United States generally accepted accounting principles. The financial statements include DaVita and its subsidiaries, partnerships and other entities in which it maintains a 100% or majority voting interest, an other controlling financial interest, or of which it is the primary beneficiary (collectively, the Company). All significant intercompany transactions and balances have been eliminated. Non-marketable equity investments are recorded under the equity or cost method of accounting based upon whether the Company has significant influence over the investee. The Company has evaluated subsequent events through the date these consolidated financial statements were issued, and have included all necessary disclosures.

Use of estimates

The preparation of financial statements in conformity with United States generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and temporary equity. Although actual results in subsequent periods will differ from these estimates, such estimates are developed based on the best information available to management and management's best judgments at the time made. All significant assumptions and estimates underlying the amounts reported in the financial statements and accompanying notes are regularly reviewed and updated. Changes in estimates are reflected in the financial statements based upon on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Interim changes in estimates related to annual operating costs are applied prospectively within annual periods.

The most significant assumptions and estimates underlying these financial statements and accompanying notes involve revenue recognition and provisions for uncollectible accounts, impairments and valuation adjustments, accounting for income taxes, quarterly variable compensation accruals, purchase accounting valuation estimates, fair value estimates and stock-based compensation. Specific estimating risks and contingencies are further addressed within these notes to the consolidated financial statements.

Net operating revenues and accounts receivable

Revenues associated with Medicare and Medicaid programs are recognized based on: (a) the payment rates that are established by statute or regulation for the portion of the payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, estimates of the amounts ultimately collectible from other government programs paying secondary coverage (e.g., Medicaid

secondary coverage), the patient's commercial health plan secondary coverage, or the patient. Beginning in January 2011, the Company's reimbursements from Medicare are subject to certain variations under Medicare's new single bundled payment rate system, whereby reimbursements can be adjusted for certain patient characteristics and other factors. The Company's revenue recognition will depend upon its ability to effectively capture, document and bill for Medicare's base payment rate as well as these other factors. In addition, as a result of the potential range of variations that can occur in the Company's reimbursements from Medicare under the new single bundled payment rate system, the Company's revenue recognition will be subject to a greater degree of estimating risk.

Revenues associated with commercial health plans are estimated based on contractual terms for the patients under healthcare plans with which the Company has formal agreements, non-contracted health plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in the Company's billing and collection processes that can result in denied claims for payments, and regulatory compliance issues.

Operating revenues are recognized in the period services are provided. Revenues consist primarily of payments from Medicare, Medicaid and commercial health plans for dialysis and ancillary services provided to patients. A usual and customary fee schedule is maintained for the Company's dialysis treatments and other patient services; however, actual collectible revenue is normally recognized at a discount from the fee schedule.

Commercial revenue recognition involves significant estimating risks. With many larger, commercial insurers the Company has several different contracts and payment arrangements, and these contracts often include only a subset of the Company's centers. It is often not possible to determine which contract, if any, should be applied prior to billing. In addition, for services provided by non-contracted centers, final collection may require specific negotiation of a payment amount, typically at a significant discount from the Company's usual and customary rates.

Services covered by Medicare and Medicaid are less subject to estimating risk. Both Medicare and Medicaid rates use prospective payment methods established in advance with definitive terms. Medicare payments for bad debt claims are subject to individual center profitability, as established by cost reports, and require evidence of collection efforts. As a result, billing and collection of Medicare bad debt claims are often delayed significantly, and final payment is subject to audit.

Medicaid payments, when Medicaid coverage is secondary, can also be difficult to estimate. For many states, Medicaid payment terms and methods differ from Medicare, and may prevent accurate estimation of individual payment amounts prior to billing.

Net revenue recognition and allowances for uncollectible billings require the use of estimates of the amounts that will ultimately be realized considering, among other items, retroactive adjustments that may be associated with regulatory reviews, audits, billing reviews and other matters. The Company's policy is to write-off any uncollectible accounts receivable balance only after all collection efforts have been exhausted or when write-off is mandated by federal or state policies or required by certain payor contracts. It is also the Company's policy to write-off any accounts receivable balance associated with any payors or patients upon the Company receiving notification of a bankruptcy filing.

The Company's range of revenue estimating risk for the dialysis and related lab services segment is generally expected to be within 1% of its revenue. Changes in revenue estimates for prior periods are separately disclosed, if material.

Management and administrative support services are provided to dialysis centers and physician practices and clinics that the Company does not own or in which the Company owns a minority equity investment interest. The management fees are principally determined as a percentage of the managed operations' revenues or cash collections and in some cases an additional component based upon a percentage of operating income. Management fees are included in net operating revenues as earned, and represent less than 1% of total consolidated operating revenues.

Other income

Other income includes interest income on cash investments and other non-operating gains from investment transactions.

Cash and cash equivalents

Cash equivalents are short-term highly liquid investments with maturities of three months or less at date of purchase.

Inventories

Inventories are stated at the lower of cost (first-in, first-out) or market and consist principally of pharmaceuticals and dialysis-related supplies. Rebates related to inventory purchases are recorded when earned and are based on certain qualification requirements based upon a variety of factors including process improvement targets, patient outcome targets and data submission.

Property and equipment

Property and equipment is stated at cost less accumulated depreciation and amortization and is further reduced by any impairments. Maintenance and repairs are charged to expense as incurred. Depreciation and amortization expenses are computed using the straight-line method over the useful lives of the assets estimated as follows: buildings, 20 to 40 years; leasehold improvements, the shorter of their economic useful life or the expected lease term; and equipment and information systems, principally 3 to 8 years. Disposition gains and losses are included in current operating expenses.

Investments

Based upon the Company's intentions and ability to hold certain assets until maturity, the Company classifies certain debt securities as held-to-maturity and measures them at amortized cost. Based upon the Company's other strategies involving investments, the Company classifies equity securities that have readily determinable fair values and certain other debt securities as available for sale and measures them at fair value. Unrealized gains or losses from available for sale investments are recorded in other comprehensive income until realized.

Amortizable intangibles

Amortizable intangible assets and liabilities include non-competition and similar agreements, lease agreements, hospital acute services contracts, deferred debt financing costs and the Alliance and Product Supply Agreement, each of which have finite useful lives. Non-competition and similar agreements are amortized over

the terms of the agreements, typically ten years, using the straight-line method. Lease agreements and hospital acute service contracts are amortized on a straight-line basis over the term of the lease and the contract period, respectively. Deferred debt financing costs are amortized to debt expense over the term of the related debt using the effective interest method. The Alliance and Product Supply Agreement intangible liability is being amortized using the straight-line method over the term of the agreement, which is ten years.

Goodwill

Goodwill represents the difference between the fair value of acquired businesses and the fair value of the identifiable tangible and intangible net assets acquired. Goodwill is not amortized, but is assessed for valuation impairment as circumstances warrant and at least annually. An impairment charge would be recorded to the extent the book value of goodwill exceeds its fair value. The Company operates several reporting units for goodwill impairment assessments.

Impairment of long-lived assets

Long-lived assets, including property and equipment, equity investments in non-consolidated businesses, and amortizable intangible assets with finite useful lives, are reviewed for possible impairment at least annually and whenever significant events or changes in circumstances indicate that an impairment may have occurred, including changes in the Company's business strategy and plans, changes in the quality or structure of its relationships with its partners and deteriorating operating performance of individual dialysis centers or other operations. An impairment is indicated when the sum of the expected future undiscounted net cash flows identifiable to an asset or asset group is less than its carrying value. Impairment losses are determined from actual or estimated fair values, which are based on market values, net realizable values or projections of discounted net cash flows, as appropriate. Impairment charges are included in operating expenses.

Income taxes

Federal and state income taxes are computed at current enacted tax rates less tax credits using the asset and liability method. Deferred taxes are adjusted both for items that do not have tax consequences and for the cumulative effect of any changes in tax rates from those previously used to determine deferred tax assets or liabilities. Tax provisions include amounts that are currently payable, changes in deferred tax assets and liabilities that arise because of temporary differences between the timing of when items of income and expense are recognized for financial reporting and income tax purposes, changes in the recognition of tax positions and any changes in the valuation allowance caused by a change in judgment about the realizability of the related deferred tax assets. A valuation allowance is established when necessary to reduce deferred tax assets to amounts expected to be realized.

The Company uses a recognition threshold of more-likely-than not and a measurement attribute on all tax positions taken or expected to be taken in a tax return in order to be recognized in the financial statements. Once the recognition threshold is met, the tax position is then measured to determine the actual amount of benefit to recognize in the financial statements.

Self insurance

The Company maintains insurance reserves for professional and general liability and workers' compensation in excess of certain individual and or aggregate amounts not covered by third-party carriers. The

Company estimates the self-insured retention portion of professional and general liability and workers' compensation risks using third-party actuarial calculations that are based upon historical claims experience and expectations for future claims.

Noncontrolling interests

Noncontrolling interests represent the equity interests of third-party owners in consolidated entities which are majority-owned. As of December 31, 2010, third parties held noncontrolling ownership interests in 148 consolidated entities.

Stock-based compensation

The Company's stock-based compensation awards are measured at their estimated fair value on the date of grant. Stock-based compensation expense recognized in a period represents the straight-line amortization during that period of the estimated grant date fair value of current and prior stock-based awards over their vesting terms, adjusted for expected forfeitures.

Interest rate swap and cap agreements

The Company has entered into several interest rate swap agreements as a means of hedging its exposure to and volatility from variable-based interest rate changes. These agreements are designated as cash flow hedges and are not held for trading or speculative purposes. The swap agreements have the economic effect of converting portions of the Company's variable rate debt to fixed rates. In addition, in January 2011, the Company entered into several interest rate cap agreements that have the economic effect of fixing the maximum exposure to variable-based interest rate changes on other specific portions of the Company's variable-based rate debt. See Note 13 to the consolidated financial statements for further details.

Fair value estimates

The Company currently measures the fair value of certain assets and noncontrolling interests subject to put provisions (temporary equity) based upon certain valuation techniques that include observable or unobservable market inputs and assumptions that market participants would use in pricing these assets and temporary equity. The Company also has classified its assets and temporary equity into the appropriate fair value hierarchy levels as defined by the Financial Accounting Standards Board (FASB). See Note 23 to the consolidated financial statements for further details.

New accounting standards

In August 2010, the FASB issued transition guidance for healthcare entities for measuring charity care that was effective for fiscal years beginning after December 15, 2010. Charity care is defined as healthcare services that are provided but are not expected to result in cash flows where the patients have demonstrated the inability to pay. The guidance requires management to disclose their policy on providing charity care, the level of charity care provided, the measurement of the direct and indirect costs of providing those services and the amount of any subsidies received for providing charity care. Management can also estimate the costs of those services using reasonable techniques. The guidance shall be applied retrospectively. The adoption of this standard will not have a material impact on the Company's consolidated financial statements.

Effective January 1, 2010, the FASB eliminated the quantitative approach previously required for determining the primary beneficiary of a variable interest entity, and required additional disclosures about an enterprise's involvement in variable interest entities. An entity is required to perform an analysis to determine whether the enterprise's variable interest or interests give it a controlling financial interest in a variable interest entity by having both the power to direct the activities of a variable interest entity that most significantly impact the entity's economic performance and the obligation to absorb losses of the entity, or the right to receive benefits from the entity. In addition, the FASB established new guidance for determining whether an entity is a variable interest entity, requiring an ongoing reassessment of whether an enterprise is the primary beneficiary of a variable interest entity, and adding an additional reconsideration event for determining whether an entity is a variable interest entity when any changes in facts and circumstances occur such that the holders of the equity investment at risk, as a group, lose the power from voting rights or similar rights of those investments to direct the activities of the entity that most significantly impact the entity's economic performance. See Note 20 to the consolidated financial statements for the impact of adopting these new requirements.

Effective December 15, 2009, FASB amended certain fair value disclosure requirements to include additional disclosures related to significant transfers in and out of the various fair value hierarchy levels and to clarify existing disclosures by providing disaggregate levels for each class of assets and liabilities. We are also required to provide additional disclosures on the valuation techniques and inputs used to measure fair value, as well as changes to the valuation techniques and inputs, for both recurring and nonrecurring assets and liabilities carried at fair value. In addition, we are also required to disclose the reason for making changes to our valuation techniques, assumptions and or other unobservable market inputs. Certain other disclosures on reporting the gross activity rather than the net activity for Level 3 fair value measurements is effective for fiscal years beginning after December 31, 2010. See Note 23 to the consolidated financial statements for further discussion. The adoption of this standard will not have a material impact on the Company's consolidated financial statements.

Effective January 1, 2009, the Company is required to treat noncontrolling interests as a separate component of equity, but apart from the Company's equity, and not as a liability or other item outside of equity. The Company is also required to identify and present consolidated net income attributable to the Company and to noncontrolling interests on the face of the consolidated statement of income. Previously, the Company had reported minority interests (noncontrolling interests) as a reduction to operating income. In addition, changes in the Company's ownership interest while the Company retains a controlling financial interest should be accounted for as equity transactions. The Company was also required to expand disclosures in the financial statements to include a reconciliation of the beginning and ending balances of the equity attributable to the Company and the noncontrolling owners and a schedule showing the effects of changes in the Company's ownership interest in a subsidiary on the equity attributable to the Company. This change did not have a material impact on the Company's consolidated financial statements; however, it did change the presentation of minority interests (noncontrolling interests) in the Company's consolidated financial statements. In conjunction with adopting these requirements, the Company was required to classify securities with redemption features that are not solely within the Company's control such as the Company's noncontrolling interests that are subject to put provisions outside of permanent equity and to measure these noncontrolling interests at fair value. See Note 22 to the Company's consolidated financial statements for further details. These consolidated financial statements have been recast for all prior periods presented for the retrospective application of these presentation and disclosure requirements.

The effects of the change upon the retrospective application of these presentation and disclosure requirements were as follows:

Consolidated income statements:

	2008
Operating income:	
Operating income as previously reported	$ 821,765
Reclassification of noncontrolling interests	47,331
Operating income as adjusted	$ 869,096
Income taxes:	
Income taxes as previously reported	$ 235,300
Income taxes associated with noncontrolling interests	171
Income taxes as adjusted	$ 235,471

Consolidated statements of cash flow:

	2008
Cash flows from operating activities:	
Net cash provided by operating activities as previously reported	$ 555,931
Reclassification of distributions to noncontrolling interests to cash flows from financing activities	57,770
Net cash provided by operating activities as adjusted	$ 613,701

2. Earnings per share

Basic net income per share is calculated by dividing net income attributable to DaVita Inc., net of the increase in noncontrolling interest redemption rights in excess of fair value, by the weighted average number of common shares and vested stock units outstanding. Diluted net income per share includes the dilutive effect of outstanding stock-settled stock appreciation rights, stock options and unvested stock units (under the treasury stock method).

The reconciliations of the numerators and denominators used to calculate basic and diluted net income per share are as follows:

	Year ended December 31,		
	2010	2009	2008
	(shares in thousands)		
Basic:			
Net income attributable to DaVita Inc.	$ 405,683	$ 422,684	$ 374,160
Increase in noncontrolling interest redemption rights in excess of fair value	(68)	(267)	—
Net income for basic earnings per share calculation	$ 405,615	$ 422,417	$ 374,160
Weighted average shares outstanding during the year	101,497	103,595	105,140
Vested stock units	7	9	9
Weighted average shares for basic earnings per share calculation	101,504	103,604	105,149
Basic net income per share attributable to DaVita Inc.	$ 4.00	$ 4.08	$ 3.56
Diluted:			
Net income attributable to DaVita Inc.	$ 405,683	$ 422,684	$ 374,160
Increase in noncontrolling interest redemption rights in excess of fair value	(68)	(267)	—
Net income for diluted earnings per share calculation	$ 405,615	$ 422,417	$ 374,160
Weighted average shares outstanding during the year	101,497	103,595	105,140
Vested stock units	7	9	9
Assumed incremental shares from stock plans	1,555	564	791
Weighted average shares for diluted earnings per share calculation	103,059	104,168	105,940
Diluted net income per share attributable to DaVita Inc.	$ 3.94	$ 4.06	$ 3.53
Shares subject to anti-dilutive awards excluded from calculation(1)	1,452	9,912	10,053

(1) Shares associated with stock-settled stock appreciation rights and stock options are excluded from the diluted denominator calculation because they are anti-dilutive under the treasury stock method.

3. Accounts receivable

Approximately 15% and 18% of the accounts receivable balances as of December 31, 2010 and 2009, respectively, were more than six months old, and there were no significant balances over one year old. Approximately 2% of our accounts receivable as of December 31, 2010 and 2009, related to amounts due from patients. Accounts receivable are principally from Medicare and Medicaid programs and commercial insurance plans.

4. **Other receivables**

Other receivables were comprised of the following:

	December 31,	
	2010	2009
Supplier rebates and other non-trade receivables	$ 238,156	$ 195,753
Medicare bad debt claims	46,250	45,600
Operating advances under management and administrative services agreements	19,960	22,103
	$ 304,366	$ 263,456

Operating advances under management and administrative services agreements are generally unsecured.

5. **Other current assets**

Other current assets consist principally of prepaid expenses and operating deposits.

6. **Property and equipment**

Property and equipment were comprised of the following:

	December 31,	
	2010	2009
Land	$ 23,182	$ 11,771
Buildings	33,937	34,294
Leasehold improvements	1,106,935	997,668
Equipment and information systems	1,107,778	999,305
New center and capital asset projects in progress	38,721	32,280
	2,310,553	2,075,318
Less accumulated depreciation and amortization	(1,139,745)	(970,393)
	$ 1,170,808	$ 1,104,925

Depreciation and amortization expense on property and equipment was $219,314, $214,515 and $201,006 for 2010, 2009 and 2008, respectively.

Interest on debt incurred during the development of new centers and other capital asset projects is capitalized as a component of the asset cost based on the respective in-process capital asset balances. Interest capitalized was $2,621, $3,627 and $4,189 for 2010, 2009 and 2008, respectively.

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7. Amortizable intangibles

Amortizable intangible assets were comprised of the following:

	December 31,	
	2010	2009
Noncompetition and other agreements	$ 309,405	$ 291,022
Lease agreements	8,466	8,156
Deferred debt financing costs	61,405	72,656
	379,276	371,834
Less accumulated amortization	(216,641)	(235,102)
Total amortizable intangible assets	$ 162,635	$ 136,732

Amortizable intangible liabilities were comprised of the following:

	December 31,	
	2010	2009
Alliance and product supply agreement commitment (See Note 22)	$ 68,200	$ 68,200
Less accumulated amortization	(42,883)	(37,553)
	$ 25,317	$ 30,647

Net amortization expense from noncompetition and other agreements and the amortizable intangible liabilities was $15,064, $14,471 and $15,911 for 2010, 2009 and 2008, respectively. Lease agreements which are amortized to rent expense were $480 in 2010, $565 in 2009 and $1,420 in 2008, respectively. Deferred debt issuance costs are amortized to debt expense as described in Note 13 to the consolidated financial statements.

Scheduled amortization charges from intangible assets and liabilities as of December 31, 2010 were as follows:

	Noncompetition and other agreements	Deferred debt financing costs	Alliance and Product Supply Agreement liability
2011	21,777	9,742	(5,330)
2012	21,291	9,516	(5,330)
2013	19,152	9,233	(5,330)
2014	17,233	8,760	(5,330)
2015	13,223	7,690	(3,997)
Thereafter	10,993	14,025	—

8. Equity investments

Equity investments in non-consolidated businesses were $25,918 and $22,631 at December 31, 2010 and 2009, respectively. During 2010, 2009 and 2008, the Company recognized income of $8,999, $2,442 and $796, respectively, relating to equity investments in non-consolidated businesses under the equity method of accounting. There were no material equity investment transactions in 2010.

See Note 17, section *Changes in DaVita Inc.'s ownership interest in consolidated subsidiaries* to the consolidated financial statements for additional information regarding 2009 equity investment transactions. In 2009, the Company also contributed $1,100 to an existing joint venture in which the Company owns a 50% equity investment.

9. Investments in debt and equity securities

Based on the Company's intentions and strategy involving investments, the Company classifies certain debt securities as held-to-maturity and records them at amortized cost. Equity securities that have readily determinable fair values and other debt securities classified as available for sale are recorded at fair value.

The Company's investments consist of the following:

	December 31, 2010			December 31, 2009		
	Held to maturity	Available for sale	Total	Held to maturity	Available for sale	Total
Certificates of deposit, money market funds and U.S. treasury notes due within one year	$21,803	$ —	$21,803	$25,275	$ —	$25,275
Investments in mutual funds	—	10,048	10,048	—	8,816	8,816
	$21,803	$10,048	$31,851	$25,275	$ 8,816	$34,091
Short-term investments	$21,803	$ 1,200	$23,003	$25,275	$ 1,200	$26,475
Long-term investments	—	8,848	8,848	—	7,616	7,616
	$21,803	$10,048	$31,851	$25,275	$ 8,816	$34,091

The cost of the certificates of deposit, money market funds and U.S. treasury notes at December 31, 2010 and 2009 approximates fair value. As of December 31, 2010 and 2009, the available for sale investments included $824 and ($205), respectively, of gross pre-tax unrealized gains (losses). During 2010 and 2009 the Company recorded gross pre-tax unrealized gains of $1,007 and $1,614, respectively, in other comprehensive income associated with changes in the fair value of these investments. During 2010, the Company sold investments in mutual funds for net proceeds of $900, and recognized a pre-tax loss of $22, or $13 after tax, that was previously recorded in other comprehensive income. During 2009, the Company sold investments in mutual funds for net proceeds of $16,693, and recognized a pre-tax gain of $261, or $159 after tax, that was previously recorded in other comprehensive income. In 2009, the Company also purchased approximately $6,300 of investments that are classified as held to maturity, net of investments routinely reinvested as required for VillageHealth, see discussion below.

As of December 31, 2010, investments totaling $18,537 classified as held to maturity are used to maintain certain capital requirements of the special needs plans of VillageHealth, which is a wholly-owned subsidiary of the Company. As of December 31, 2009, the Company discontinued the VillageHealth special needs plans and is in process of paying out all incurred claims. The Company also expects to liquidate its investments that are currently held to maintain certain capital requirements as soon as all of the claims are paid and the various state regulatory agencies approve the release of these investments. The investments in mutual funds classified as available for sale are held within a trust to fund existing obligations associated with several of the Company's non-qualified deferred compensation plans.

On July 22, 2010, the Company entered into a First Amended and Restated National Service Provider Agreement, or the Agreement, with NxStage Medical Inc., or NxStage. The Agreement supersedes the National Service Provider Agreement that the Company entered into with NxStage on February 7, 2007. Under terms of

the Agreement, the Company will have the ability to continue to purchase NxStage System One hemodialysis machines and related supplies at discounted prices. In addition, under the Agreement, the Company may earn warrants to purchase NxStage common stock subject to certain requirements, including the Company's ability to achieve certain System One home patient growth targets. The Agreement provides for a range of warrant amounts that may be earned annually depending upon the achievement of various home patient targets. The maximum amount of shares underlying warrants that the Company can earn over three years is 5,500. The exercise price of the warrants is $14.22 per share. In connection therewith, the Company entered into a Registration Rights Agreement whereby NxStage has agreed to register any shares issued to the Company under the warrants. The Agreement expires on June 30, 2013, and will be automatically extended on a monthly basis unless terminated by either party pursuant to the Agreement. The overall estimated value of the warrants as of December 31, 2010 that are expected to be earned by the Company and recognized over the first annual reporting period were not material.

10. Goodwill

Changes in the book value of goodwill were as follows:

	Year ended December 31,	
	2010	2009
Balance at January 1	$ 3,951,196	$ 3,876,931
Acquisitions	152,252	78,199
Sales of noncontrolling interests	—	(3,293)
Divestitures	(12,128)	(641)
Other adjustments	(13)	—
Balance at December 31	$ 4,091,307	$ 3,951,196

As of December 31, 2010, there was $4,022,365 and $68,942 of goodwill associated with the dialysis and related lab services business and the ancillary services and strategic initiatives, respectively.

As of December 31, 2009, there was $3,882,254 and $68,942 of goodwill associated with the dialysis and related lab services business and the ancillary services and strategic initiatives, respectively.

11. Other liabilities

Other accrued liabilities were comprised of the following:

	December 31,	
	2010	2009
Payor refunds and retractions	$ 216,655	$ 320,187
Insurance and self-insurance accruals	65,950	59,734
Accrued interest	22,905	36,881
Accrued non-income tax liabilities	9,995	11,581
Interest rate swaps	—	10,792
Other	27,438	21,917
	$ 342,943	$ 461,092

12. Income taxes

A reconciliation of the beginning and ending liability for unrecognized tax benefits that do not meet the more-likely-than-not threshold were as follows:

	Year ended December 31,	
	2010	2009
Balance beginning	$ 30,693	$ 10,887
Additions for tax positions related to current year	1,515	6,939
Additions for tax positions related to prior years	69	14,941
Reductions for tax positions related to prior years	(24,139)	(1,738)
Settlements	—	(336)
Balance ending	$ 8,138	$ 30,693

As of December 31, 2010, unrecognized tax benefits totaling $8,138 would affect the Company's effective tax rate, if recognized.

The Company recognizes accrued interest and penalties related to unrecognized tax benefits in its income tax expense. At December 31, 2010 and 2009, the Company had approximately $3,177 and $3,226, respectively, accrued for interest and penalties related to unrecognized tax benefits, net of federal tax benefits.

The Company and its subsidiaries file U.S. federal income tax returns and various state returns. The Company is no longer subject to U.S. federal, state and local examinations by tax authorities for years before 2005.

Income tax expense consisted of the following:

	Year ended December 31,		
	2010	2009	2008
Current:			
Federal	$ 153,502	$ 193,181	$ 118,764
State	31,338	34,415	20,595
Deferred:			
Federal	67,901	44,376	81,306
State	7,498	6,493	14,806
	$ 260,239	$ 278,465	$ 235,471

Deferred tax assets and liabilities arising from temporary differences were as follows:

	December 31, 2010	December 31, 2009
Receivables	$ 110,332	$ 142,315
Alliance and product supply agreement	9,849	11,922
Accrued liabilities	127,073	125,992
Other	60,368	62,208
Deferred tax assets	307,622	342,437
Valuation allowance	(10,998)	(14,191)
Net deferred tax assets	296,624	328,246
Intangible assets	(377,456)	(317,306)
Property and equipment	(110,472)	(84,041)
Other	(4,072)	(4,801)
Deferred tax liabilities	(492,000)	(406,148)
Net deferred tax liabilities	$ (195,376)	$ (77,902)

At December 31, 2010, the Company had state net operating loss carryforwards of approximately $143,568 that expire through 2030, and federal net operating loss carryforwards of $8,498 that expire through 2030. The utilization of these losses may be limited in future years based on the profitability of certain separate-return entities. The valuation allowance decrease of $3,193 relates to changes in the estimated tax benefit and utilization of federal and state operating losses of separate-return entities.

The reconciliation between our effective tax rate from continuing operations and the U.S. federal income tax rate is as follows:

	Year ended December 31, 2010	2009	2008
Federal income tax rate	35.0%	35.0%	35.0%
State taxes, net of federal benefit	3.9	3.7	3.7
Changes in deferred tax valuation allowances	(0.1)	0.2	0.3
Other	0.2	0.8	(0.3)
Impact of noncontrolling interests primarily attributable to non-tax paying entities	(4.0)	(3.0)	(2.8)
Effective tax rate	35.0%	36.7%	35.9%

13. Long-term debt

Long-term debt was comprised of the following:

	December 31,	
	2010	2009
Senior Secured Credit Facilities:		
Term Loan A	$ 1,000,000	$ 153,125
Term Loan B	1,750,000	1,705,875
Senior and senior subordinated notes	1,550,000	1,750,000
Acquisition obligations and other notes payable	9,049	15,891
Capital lease obligations	8,074	4,635
Total principal debt outstanding	4,317,123	3,629,526
(Discount) premium on long-term debt	(8,381)	2,698
	4,308,742	3,632,224
Less current portion	(74,892)	(100,007)
	$ 4,233,850	$ 3,532,217

Scheduled maturities of long-term debt at December 31, 2010 were as follows:

2011	74,892
2012	68,931
2013	118,988
2014	168,435
2015	668,118
Thereafter	3,217,759

Senior Secured Credit Facility

On October 20, 2010, the Company entered into a $3,000,000 new Senior Secured Credit Agreement (the Credit Agreement), consisting of a five year $250,000 revolving line of credit, a five year $1,000,000 Term Loan A and a six year $1,750,000 Term Loan B. The Company also has the right to request an increase to the borrowing capacity to a total aggregate principal amount of not more than $4,000,000 subject to bank participation. The revolving line of credit and the Term Loan A will initially bear interest at LIBOR plus an interest rate margin of 2.75% until June 30, 2011, and then is subject to adjustment depending upon the Company's leverage ratio and can range from 2.25% to 2.75%. The Term Loan A requires annual principal payments of $50,000 in 2011, $50,000 in 2012, $100,000 in 2013, and $150,000 in 2014, with the balance of $650,000 due in 2015. The Term Loan B bears interest at LIBOR (floor of 1.50%) plus 3.00% subject to a ratings based step-down to 2.75%. The Term Loan B requires annual principal payments of $17,500 in each year from 2011 through 2015 with the balance of $1,662,500 due in 2016. The borrowings under the Credit Agreement are guaranteed by substantially all of the Company's direct and indirect wholly-owned domestic subsidiaries and are secured by substantially all of the Company's and its guarantors' assets. The Credit Agreement contains customary affirmative and negative covenants such as various restrictions on investments, acquisitions, the payment of dividends, redemptions and acquisitions of capital stock, capital expenditures and other indebtedness, as well as limitations on the amount of tangible net assets in non-guarantor subsidiaries. However, many of these restrictions will not apply as long as the Company's leverage ratio is below 3.50:1.00. In addition, the Credit Agreement requires compliance with financial covenants including an interest coverage ratio and a leverage ratio that determines the interest rate margins as described above.

On October 20, 2010, the Company also issued $775,000 aggregate principal amount of 6 3/8% senior notes due 2018 and $775,000 aggregate principal amount of 6 5/8% senior notes due 2020 (collectively the New Senior Notes). The New Senior Notes will pay interest on May 1 and November 1 of each year, beginning May 1, 2011. The New Senior Notes are unsecured senior obligations and rank equally to other unsecured senior indebtedness. The New Senior Notes are guaranteed by substantially all of the Company's direct and indirect wholly owned domestic subsidiaries. The Company may redeem some or all of the 6 3/8% senior notes at any time on or after November 1, 2013 at certain redemption prices and may redeem some or all of the 6 5/8% senior notes at any time on or after November 1, 2014 at certain redemption prices.

The Company received total proceeds of $4,300,000 from these transactions, $2,750,000 from the borrowings on Term Loan A and Term Loan B and an additional $1,550,000 from the issuance of the New Senior Notes. The Company used a portion of the proceeds to pay-off the outstanding principal balances of its existing Senior Secured Credit Facilities plus accrued interest totaling $1,795,363 and to purchase pursuant to a cash tender offer $557,644 of the outstanding principal balances of the Company's $700,000 6 5/8% senior notes due 2013 and $730,827 of the outstanding balances of the Company's $850,000 7 1/4% senior subordinated notes due 2015. (the Existing Notes), plus accrued interest totaling $1,297,215. The total amount paid for the Existing Notes was $1,019.06 per $1,000 principal amount of the 6 5/8% senior notes and $1,038.75 per $1,000 principal amount of the 7 1/4% senior subordinated notes. This resulted in the Company paying a cash tender premium of $38,933 in order to extinguish this portion of the Existing Notes. On November 19, 2010, the Company redeemed the remaining outstanding balance of the existing 6 5/8% senior notes of $142,356 at 101.656% per $1,000 and the remaining outstanding balance of the existing 7 1/4% senior subordinated notes of $119,173 at 103.625% per $1,000 plus accrued interest totaling $264,742. In addition, the Company paid a call premium totaling $6,677. The Company also paid an additional $74,431 in fees, discounts and other expenses. As a result of the above transactions, the Company received approximately $823,000 in excess cash which it intends to use for general purposes and other opportunities, including share repurchases, potential acquisitions and other growth investments.

In connection with these transactions, the Company expensed debt refinancing and redemption charges totaling $70,255, which includes the write off of certain existing deferred financing costs and other new financing costs, the cash tender and call premiums, as described above and other expenses.

On June 7, 2010, the Company redeemed $200,000 aggregate principal amount of its outstanding 6 5/8% senior notes due 2013, at a price of 101.656% plus accrued interest. As a result of this transaction, the Company expensed debt redemption charges of $4,127, which includes the call premium and the net write-off of other finance costs.

Term Loans

Term Loan A and Term Loan B total outstanding borrowings can consist of various individual tranches that can range in maturity from one month to twelve months (currently monthly). Each specific tranche for the Term Loan A bears interest at a LIBOR rate determined by the maturity of that specific tranche plus an interest rate margin, currently 2.75%, and the LIBOR variable component of the interest rate is reset as each specific tranche matures. At December 31, 2010, the overall weighted average interest rate for the Term Loan A was determined based upon the LIBOR interest rates in effect for all of the individual tranches plus the interest rate margin. In January 2011, the Company entered into several interest rate swap agreements that have the economic effect of fixing all of the Term Loan A LIBOR variable component of the Company's interest rate, as described below. At December 31, 2010, the Term Loan B bears interest at LIBOR (floor of 1.50%) plus a margin of 3.00%, regardless of the actual LIBOR interest rate associated with each specific tranche, as long as LIBOR interest rates

are below 1.50%. If LIBOR interest rates move above 1.50% then the overall weighted average interest rate for the Term Loan B will be determined based upon the LIBOR interest rates in effect for all individual tranches plus the interest rate margin. In January 2011, the Company entered into several interest rate cap agreements that have the effect of capping the LIBOR variable component of the Company's interest rate at a maximum of 4.00% on $1,250,000 notional amount of the Term Loan B, as described below. The remaining $500 million of outstanding debt on the Term Loan B is subject to LIBOR-based interest rate volatility above a floor of 1.50%.

Revolving Lines of Credit

The Company has an undrawn revolving line under the Senior Secured Credit Facilities totaling $250,000, of which approximately $45,789 was committed for outstanding letters of credit.

Interest rate swaps

The Company had entered into several interest rate swap agreements as a means of hedging its exposure to and volatility from variable-based interest rate changes as part of its overall risk management strategy. These agreements were not held for trading or speculative purposes, and had the economic effect of converting portions of our variable rate debt to a fixed rate. These agreements were designated as cash flow hedges, and as a result, hedge-effective gains or losses resulting from changes in the fair values of these swaps were reported in other comprehensive income until such time as each specific swap tranche was realized, at which time the amounts were reclassified into net income. Net amounts paid or received for each specific swap tranche that has settled were reflected as adjustments to debt expense. These agreements did not contain credit-risk contingent features and had expired as of September 30, 2010.

The swap agreements that were effective during 2010 had the economic effect of modifying the LIBOR variable component of the Company's interest rate on an equivalent amount of the Company's debt to fixed rates ranging from 4.05% to 4.70%, resulting in an overall weighted average effective interest rate of 5.84% on the hedged portion of the Company's Senior Secured Credit Facilities, including the margin of 1.50%.

The following table summarizes our derivative instruments as of December 31, 2010 and 2009:

	Interest rate swap liabilities			
	December 31, 2010		December 31, 2009	
Derivatives designated as hedging instruments	Balance sheet location	Fair value	Balance sheet location	Fair value
Interest rate swap agreements	Other current liabilities	$ —	Other current liabilities	$ 10,792

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The following table summarizes the effects of our interest rate swap agreements for the years ended December 31, 2010, 2009 and 2008:

	Amount of gains (losses) recognized in OCI on interest rate swap agreements			Location of (losses) gains reclassified from accumulated OCI into income	Amount of gains (losses) reclassified from accumulated OCI into income		
	Years ended December 31,				Years ended December 31,		
Derivatives designated as cash flow hedges	2010	2009	2008		2010	2009	2008
Interest rate swap agreements	$ (217)	$ (4,220)	$ (21,190)	Debt expense	$ (9,093)	$ (17,253)	$ (4,239)
Tax benefit	83	1,642	8,243		3,536	6,711	1,649
Total	$ (134)	$ (2,578)	$ (12,947)		$ (5,557)	$ (10,542)	$ (2,590)

The Company's overall weighted average effective interest rate in 2010 was 4.68% and as of December 31, 2010 was 4.94%.

In January 2011, the Company entered into nine interest rate swap agreements with amortizing notional amounts totaling $1,000,000 that went effective on January 31, 2011. These agreements have the economic effect of modifying the LIBOR variable component of the Company's interest rate on an equivalent amount of the Company's Term Loan A debt to fixed rates ranging from 1.59% to 1.64%, resulting in an overall weighted average effective interest rate of 4.36% including the Term Loan A margin of 2.75%. The swap agreements expire on September 30, 2014 and require monthly interest payments.

In addition, in January 2011, the Company also entered into five interest rate cap agreements with notional amounts totaling $1,250,000 that went effective on January 31, 2011. These agreements have the economic effect of capping the LIBOR variable component of the Company's interest rate at a maximum of 4.00% on an equivalent amount of the Company's Term Loan B debt. The cap agreements expire on September 30, 2014.

Debt expense

Debt expense consisted of interest expense of $172,265, $176,100 and $214,944, including the amortization and accretion of debt discounts and premiums and the amortization of deferred financing costs of $9,342, $9,655 and $9,772 for 2010, 2009 and 2008, respectively. The interest expense amounts are net of capitalized interest.

14. Leases

The majority of the Company's facilities are leased under non-cancelable operating leases, ranging in terms from five to 15 years, which contain renewal options of five to ten years at the fair rental value at the time of renewal. The Company leases are generally subject to periodic consumer price index increases or contain fixed escalation clauses. The Company also leases certain equipment under capital leases.

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Future minimum lease payments under non-cancelable operating leases and capital leases are as follows:

	Operating leases	Capital leases
2011	232,415	1,387
2012	212,126	1,412
2013	190,911	1,382
2014	171,474	1,133
2015	154,351	773
Thereafter	554,895	6,066
	$ 1,516,172	12,153
Less portion representing interest		(4,079)
Total capital lease obligations, including current portion		$ 8,074

Rent expense under all operating leases for 2010, 2009, and 2008 was $267,572, $248,792 and $225,531, respectively. Rent expense is recorded on a straight-line basis, over the term of the lease, for leases that contain fixed escalation clauses or include abatement provisions. Leasehold improvement incentives are deferred and amortized to rent expense over the term of the lease. The net book value of property and equipment under capital leases was $7,579, $5,432 and $6,612 at December 31, 2010, 2009 and 2008, respectively. Capital lease obligations are included in long-term debt. See Note 13 to the consolidated financial statements.

15. Employee benefit plans

The Company has a savings plan for substantially all employees which has been established pursuant to the provisions of Section 401(k) of the Internal Revenue Code, or IRC. The plan allows for employees to contribute a percentage of their base annual salaries on a tax-deferred basis not to exceed IRC limitations. The Company does not provide any matching contributions.

The Company also maintains a voluntary compensation deferral plan, the DaVita Voluntary Deferral Plan. This plan is non-qualified and permits certain employees whose annualized base salary equals or exceeds a minimum annual threshold amount as set by the Company to elect to defer all or a portion of their annual bonus payment and up to 50% of their base salary into a deferral account maintained by the Company. Total contributions to this plan in 2010 and 2009 were $1,125, and $2,062, respectively. Deferred amounts are generally paid out in cash at the participant's election either in the first or second year following retirement or in a specified future period at least three to four years after the deferral election was effective. During 2010 and 2009, the Company distributed $701 and $601, respectively, to participants. Participants are credited with their proportional amount of annual earnings from the plan. The assets of this plan are held in a "rabbi trust" and as such are subject to the claims of the Company's general creditors in the event of its bankruptcy. As of December 31, 2010 and 2009, the total fair value of assets held in trust were $8,547 and $7,246, respectively.

As part of the acquisition of DVA Renal Healthcare on October 5, 2005, the Company acquired an Executive Retirement Plan for certain members of management. This plan is non-qualified and contributions to the plan were made at the discretion of DVA Renal Healthcare based upon a pre-determined percentage of a participant's base salary. Effective November 2005, all contributions to this plan were discontinued and the balance of the plan assets will be paid out upon termination of each individual participant. During 2010 and 2009, the Company distributed $198 and $241, respectively, to participants. As of December 31, 2010 and 2009, the total fair value of assets held in trust was $1,501 and $1,570, respectively.

The Company maintained a non-qualified deferred compensation plan for key employees. Company contributions were discretionary and were deposited into a rabbi trust. Participants in the plan were subject to a vesting period and typically receive annual distributions from the plan commencing one year after grant date, although in certain situations distributions are paid upon termination or retirement. Participants also had the option to direct their balances into certain investment funds and were credited with their proportional amount of earnings from the investments. The assets of this plan were held in the rabbi trust and were subject to the claims of the Company's general creditors in the event of its bankruptcy. During 2009, the Company distributed $15,851, including earnings, to eligible participants, which were the total assets held in trust. In 2008, the Company distributed $5,263 to eligible participants.

The Company also maintained another non-qualified deferred compensation plan for certain employees. Company contributions to the plan were discretionary and were deposited into a rabbi trust that was not subject to general creditors claims in the event of bankruptcy by the Company. Participants in the plan were subject to a vesting period and were credited with their proportional amount of earnings from the investments within the plan. During 2008, the Company distributed $15,122, including earnings, to all eligible participants, which were the total assets held in trust.

The fair value of all of the assets held in plan trusts as of December 31, 2010, and 2009 totaled $10,048 and $8,816, respectively. These assets are available for sale and as such are recorded at fair market value with changes in the fair market values being recorded in other comprehensive income. Any fair market value changes to the corresponding liability balance will be recorded as compensation expense. See Note 9 to the consolidated financial statements.

Most of the Company's outstanding employee stock plan awards include a provision accelerating the vesting of the award in the event of a change of control. The Company also maintains a change of control protection program for its employees who do not have a significant number of stock awards, which has been in place since 2001, and which provides for cash bonuses to employees in the event of a change of control. Based on the market price of the Company's common stock and shares outstanding on December 31, 2010, these cash bonuses would total approximately $260,000 if a control transaction occurred at that price and the Company's Board of Directors did not modify the program. This amount has not been accrued at December 31, 2010, and would only be accrued upon a change of control. These change of control provisions may affect the price an acquirer would be willing to pay for the Company.

16. Contingencies

The majority of the Company's revenues are from government programs and may be subject to adjustment as a result of: (1) examination by government agencies or contractors, for which the resolution of any matters raised may take extended periods of time to finalize; (2) differing interpretations of government regulations by different Medicare contractors or regulatory authorities; (3) differing opinions regarding a patient's medical diagnosis or the medical necessity of services provided; and (4) retroactive applications or interpretations of governmental requirements. In addition, the Company's revenues from commercial payors may be subject to adjustment as a result of potential claims for refunds, as a result of government actions or as a result of other claims by commercial payors.

Inquiries by the Federal Government

In March 2005, the Company received a subpoena from the U.S. Attorney's Office for the Eastern District of Missouri in St. Louis. The subpoena required production of a wide range of documents relating to the Company's operations, including documents related to, among other things, pharmaceutical and other services

provided to patients, relationships with pharmaceutical companies, and financial relationships with physicians and joint ventures. The subpoena covers the period from December 1, 1996 through the present. In October 2005, the Company received a follow-up request for additional documents related to specific medical director and joint venture arrangements. In February 2006, the Company received an additional subpoena for documents, including certain patient records relating to the administration and billing of EPO. In May 2007, the Company received a request for documents related to durable medical equipment and supply companies owned and operated by the Company. The Company is cooperating with the inquiry and has produced the requested records. The subpoenas have been issued in connection with a joint civil and criminal investigation. It is possible that criminal proceedings may be initiated against the Company in connection with this inquiry.

In February 2007, the Company received a request for information from the Office of Inspector General, U.S. Department of Health and Human Services, or OIG, for records relating to EPO claims submitted to Medicare. In August 2007, the Company received a subpoena from the OIG seeking similar documents. The requested documents relate to services provided from 2001 to 2004 by a number of the Company's centers. The request and subpoena were sent from the OIG's offices in Houston and Dallas, Texas. The Company has cooperated with the inquiry and has produced all previously requested records to date. The Company has been in contact with the U.S. Attorney's Office for the Eastern District of Texas, which has stated that this is a civil inquiry related to EPO claims. On July 6, 2009, the United States District Court for the Eastern District of Texas lifted the seal on the civil qui tam complaint related to these allegations and the Company was subsequently served with a complaint by the relator. The government did not intervene and is not actively pursuing this matter. The Company believes that there is some overlap between this issue and the ongoing review of EPO utilization and claims by the U.S. Attorney's Office for the Eastern District of Missouri in St. Louis described above.

In December 2008, the Company received a subpoena for documents from the OIG relating to the pharmaceutical products Zemplar, Hectorol, Venofer, Ferrlecit and Epogen®, or EPO, as well as other related matters. The subpoena covers the period from January 2003 to the present. The Company has been in contact with the United States Attorney's Office, or U.S. Attorney's Office, for the Northern District of Georgia and the U.S. Department of Justice in Washington, DC, since November 2008 relating to this matter, and has been advised that this is a civil inquiry. On June 17, 2009, the Company learned that the allegations underlying this inquiry were made as part of a civil qui tam complaint filed by individuals and brought pursuant to the federal False Claims Act. The case remains under seal in the United States District Court for the Northern District of Georgia. The Company is cooperating with the inquiry and is producing the requested records.

In May 2010, the Company received a subpoena from the OIG's office in Dallas, Texas. The subpoena covers the period from January 1, 2005, through the present, and seeks production of a wide range of documents relating to the Company's operations, including documents related to, among other things, financial relationships with physicians and joint ventures. The subject matter of this subpoena overlaps with the subject matter of the investigation being conducted by the United States Attorney's Office for the Eastern District of Missouri in St. Louis as described above. The Company met with representatives of the government to discuss the scope of the subpoena and the production of responsive documents. The Company has been advised that this is a civil investigation. The Company is cooperating with the inquiry and is producing the requested records. It is possible that criminal proceedings may be initiated against the Company in connection with this inquiry.

To the Company's knowledge, no proceedings have been initiated against the Company at this time in connection with any of the inquiries by the federal government as set forth above. Although the Company cannot predict whether or when proceedings might be initiated or when these matters may be resolved, it is not unusual for investigations such as these to continue for a considerable period of time. Responding to the subpoenas will

continue to require management's attention and significant legal expense. Any negative findings could result in substantial financial penalties against the Company, exclusion from future participation in the Medicare and Medicaid programs and, to the extent criminal proceedings may be initiated against the Company as indicated above, possible criminal penalties. At this time, the Company cannot predict the ultimate outcome of these inquiries or the potential range of damages, if any.

Other

The Company has received several notices of claims from commercial payors and other third parties related to historical billing practices and claims against DVA Renal Healthcare (formerly known as Gambro Healthcare), a subsidiary of the Company, related to historical Gambro Healthcare billing practices and other matters covered by its 2004 settlement agreement with the Department of Justice and certain agencies of the U.S. government. At least one commercial payor has filed an arbitration demand against the Company, as described below, and additional commercial payors have threatened litigation. The Company intends to defend against these claims vigorously; however, the Company may not be successful and these claims may lead to litigation and any such litigation may be resolved unfavorably. At this time, the Company cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

Several wage and hour claims have been filed against the Company in the Superior Court of California, each of which has been styled as a class action. In February 2007, June 2008, October 2008 and December 2008, the Company was served with five separate complaints in California, including two in October 2008, by various former employees, each of which alleges, among other things, that the Company failed to provide rest and meal periods, failed to pay compensation in lieu of providing such rest or meal periods, failed to pay the correct amount of overtime, failed to pay the rate on the "wage statement," and failed to comply with certain other California Labor Code requirements. The Company has reached a settlement and release of all claims against the Company in connection with the complaints served in February 2007 and December 2008 and one of the complaints served in October 2008. The Company has fully paid the settlement amount and the case has been dismissed. The overall settlement amount was not material to the Company's consolidated financial statements. The Company has reached an agreement with plaintiffs to settle the claims in the second complaint filed in October 2008. In February 2011, the agreement was approved by the Court, and the amount of the overall settlement was not material. The Company intends to vigorously defend against the remaining claims and to vigorously oppose the certification of the remaining matters as class actions. Any potential settlements of these remaining claims are not anticipated to be material to the Company's consolidated financial statements.

In October 2007, the Company was contacted by the Attorney General's Office for the State of Nevada. The Attorney General's Office informed the Company that it was conducting a civil and criminal investigation of the Company's operations in Nevada and that the investigation related to the billing of pharmaceuticals, including EPO. In February 2008, the Attorney General's Office informed the Company that the civil and criminal investigation had been discontinued. The Attorney General's Office further advised the Company that Nevada Medicaid intended to conduct audits of end stage renal disease (ESRD) dialysis providers in Nevada and such audits would relate to the issues that were the subjects of the investigation. To the Company's knowledge, no court proceedings have been initiated against the Company at this time. Any negative audit findings could result in a substantial repayment by the Company. At this time, the Company cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

In August 2005, Blue Cross/Blue Shield of Louisiana filed a complaint in the United States District Court for the Western District of Louisiana against Gambro AB, DVA Renal Healthcare (formerly known as Gambro Healthcare) and related entities. The plaintiff sought to bring its claims as a class action on behalf of itself and all

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entities that paid any of the defendants for health care goods and services from on or about January 1991 through at least December 2004. The complaint alleged, among other things, damages resulting from facts and circumstances underlying Gambro Healthcare's 2004 settlement agreement with the Department of Justice and certain agencies of the U.S. government. In March 2006, the case was dismissed and the plaintiff was compelled to seek arbitration to resolve the matter. In November 2006, the plaintiff filed a demand for class arbitration against the Company and DVA Renal Healthcare, a subsidiary of the Company. In February 2011, the arbitration panel denied plaintiff's request to certify a class. The Company intends to vigorously defend against plaintiff's remaining individual claims and any appeal that may be filed. At this time, the Company cannot predict the ultimate outcome of this matter or the potential range of damages, if any.

In June 2004, Gambro Healthcare (now known as DVA Renal Healthcare and a subsidiary of the Company) was served with a complaint filed in the Superior Court of California by one of its former employees who worked for its California acute services program. The complaint, which is styled as a class action, alleges, among other things, that DVA Renal Healthcare failed to provide overtime wages, defined rest periods and meal periods, or compensation in lieu of such provisions and failed to comply with certain other California Labor Code requirements. The Company intends to vigorously defend against these claims. The Company also intends to vigorously oppose the certification of this matter as a class action. At this time, the Company's estimate of the range of possible damages related to this matter is immaterial to the Company's consolidated financial statements.

In addition to the foregoing, the Company is subject to claims and suits, including from time to time, contractual disputes and professional and general liability claims, as well as audits and investigations by various government entities, in the ordinary course of business. The Company believes that the ultimate resolution of any such pending proceedings, whether the underlying claims are covered by insurance or not, will not have a material adverse effect on its financial condition, results of operations or cash flows.

17. DaVita Inc. stock-based compensation and shareholders' equity

Stock-based compensation

Stock-based compensation recognized in a period represents the straight-line amortization during that period of the estimated grant-date fair value of stock-based awards over their vesting terms, adjusted for expected forfeitures. Shares issued upon exercise of stock awards are generally issued from shares held in treasury.

Stock-based compensation plans and agreements

On June 7, 2010, the Company's stockholders approved an amendment and restatement of the DaVita Inc. 2002 Equity Compensation Plan to increase the number of shares of common stock available for issuance under the plan by 10,000,000 shares.

In connection with this amendment, the Board of Directors has committed to the Company's stockholders that over the three-year period commencing on April 1, 2010 it will not grant a number of shares subject to stock awards under the Company's equity compensation plan, including stock options, stock appreciation rights, restricted stock units or other stock awards, at an average annual rate greater than 4.02% of the number of shares of the Company's common stock that management believes will be outstanding over such three-year period. This 4.02% rate is the average of the 2009 and 2010 three-year average median grant rate plus one standard deviation as published by RiskMetrics Group for the Russell 3000 companies in the GICS 3510 industry segment. Awards that are settled in cash, awards that are granted pursuant to stockholder approved exchange programs, awards

sold under our employee stock purchase plan and awards assumed or substituted in business combination transactions will be excluded from our grant rate calculation. For purposes of calculating the number of shares granted, any "full-value" awards (i.e., restricted stock, restricted stock unit, performance share or any other award that does not have an exercise price per share at least equal to the per share fair market value of our common stock on the grant date) will count as equivalent to 3.0 shares. The Company will publicly report its compliance with this three-year average annual grant rate commitment, and the data necessary to independently confirm it, in a public filing shortly after March 31, 2013.

The Company's stock-based compensation plans and agreements are described below.

2002 Plan. The DaVita Inc. 2002 Equity Compensation Plan (the 2002 Plan) is the Company's omnibus equity compensation plan and provides for grants of stock-based awards to employees, directors and other individuals providing services to the Company, except that incentive stock options may only be awarded to employees. The 2002 Plan mandates a maximum award term of five years, and stipulates that stock appreciation rights and stock options be granted with prices not less than the fair market value on the date of grant. The 2002 Plan further requires that full share awards such as restricted stock units reduce shares available under the 2002 Plan at a rate of 3.0:1. The Company's nonqualified stock options, stock appreciation rights and stock units awarded under the 2002 Plan generally vest over 48 to 60 months from the date of grant. At December 31, 2010, there were 11,012,487 stock-settled stock appreciation rights and 501,564 stock units outstanding and 10,908,787 shares available for future grants under the 2002 Plan.

Predecessor plans. Various prior stock-based compensation plans were terminated upon shareholder approval of the 2002 Plan in 2002, and the 1999 Non-Executive Officer and Non-Director Equity Compensation Plan (the 1999 Plan) expired in 2009, both except with respect to option awards then outstanding. Stock options granted under these terminated plans were generally issued with exercise prices equal to the market price of the stock on the date of grant, vested over four years from the date of grant, and bore maximum award terms of five to 10 years. For these terminated plans, there were 1,000 stock options remaining outstanding under the 1999 Plan as of December 31, 2010.

Deferred stock unit agreements. During 2001 through 2003, the Company made nonqualified stock unit awards to members of the Board of Directors and certain key executive officers under stand-alone contractual deferred stock unit agreements. These awards vested over one to four years and were settled in stock when they vested or at a later date at the election of the recipient. The last 63,636 shares subject to these agreements were issued to their recipients in 2008.

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A combined summary of the status of awards under these stock-based compensation plans and agreements, including base shares for stock appreciation rights and shares subject to stock option and stock unit awards, is as follows:

	Year ended December 31, 2010				
	Stock appreciation rights and stock options			Stock units	
	Awards	Weighted average exercise price	Weighted average remaining contractual life	Awards	Weighted average remaining contractual life
Outstanding at beginning of year	13,336,188	$ 49.41		69,696	
Granted	2,037,294	64.50		467,962	
Exercised	(4,064,277)	50.06		(31,875)	
Cancelled	(295,718)	50.24		(4,219)	
Outstanding at end of period	11,013,487	$ 51.94	2.7	501,564	1.9
Awards exercisable at end of period	4,560,568	$ 49.94	1.8	6,603	0.5
Weighted-average fair value of awards granted during 2010	$ 15.87			$ 62.85	
Weighted-average fair value of awards granted during 2009	$ 12.08			$ 54.31	
Weighted-average fair value of awards granted during 2008	$ 11.01			$ 51.13	

Range of exercise prices	Awards outstanding	Weighted average exercise price	Awards exercisable	Weighted average exercise price
$ 0.00–$ 0.00	501,564	$ —	6,603	$ —
$40.01–$50.00	4,917,961	46.10	2,048,110	46.47
$50.01–$60.00	4,073,065	52.74	2,497,126	52.72
$60.01–$70.00	1,932,461	64.15	15,332	61.25
$70.01–$80.00	90,000	72.69	—	—
Total	11,515,051	$ 49.68	4,567,171	$ 49.87

For the years ended December 31, 2010, 2009, and 2008, the aggregate intrinsic value of stock awards exercised was $67,935, $46,896 and $35,957, respectively. At December 31, 2010, the aggregate intrinsic value of stock awards outstanding was $228,440 and the aggregate intrinsic value exercisable was $89,603.

Estimated fair value of stock-based compensation awards

The Company has estimated the grant-date fair value of stock-settled stock appreciation rights awards and stock options using the Black-Scholes-Merton valuation model and stock unit awards at intrinsic value on the date of grant. The following assumptions were used in estimating these values and determining the total stock-based compensation attributable to the current period:

Expected term of the awards: The expected term of awards granted represents the period of time that they are expected to remain outstanding from the date of grant. The Company determines the expected term of its

stock awards based on its historical experience with similar awards, considering the Company's historical exercise and post-vesting termination patterns, and the terms expected by peer companies in near industries.

Expected volatility: Expected volatility represents the volatility anticipated over the expected term of the award. The Company determines the expected volatility for its awards based on the volatility of the price of its common stock over the most recent retrospective period commensurate with the expected term of the award, considering the volatility expectations implied by the market price of its exchange-traded options and the volatilities expected by peer companies in near industries.

Expected dividend yield: The Company has not paid dividends on its common stock and does not currently expect to pay dividends during the term of stock awards granted.

Risk-free interest rate: The Company bases the expected risk-free interest rate on the implied yield currently available on stripped interest coupons of U.S. Treasury issues with a remaining term equivalent to the expected term of the award.

A summary of the weighted average valuation inputs described above used for estimating the grant-date fair value of stock options and stock-settled stock appreciation rights granted in the periods indicated is as follows:

	Year ended December 31,		
	2010	2009	2008
Expected term	3.5 years	3.5 years	3.4 years
Expected volatility	30%	32%	27%
Expected dividend yield	0.0%	0.0%	0.0%
Risk-free interest rate	1.7%	1.8%	2.4%

The Company estimates expected forfeitures based upon historical experience with separate groups of employees that have exhibited similar forfeiture behavior in the past. Stock-based compensation expense is recorded only for awards that are expected to vest.

Employee stock purchase plan

The Employee Stock Purchase Plan entitles qualifying employees to purchase up to $25 of the Company's common stock during each calendar year. The amounts used to purchase stock are accumulated through payroll withholdings or through optional lump sum payments made in advance of the first day of the purchase right period. This compensatory plan allows employees to purchase stock for the lesser of 100% of the fair market value on the first day of the purchase right period or 85% of the fair market value on the last day of the purchase right period. Purchase right periods begin on January 1 and July 1, and end on December 31. Payroll withholdings and lump-sum payments related to the plan, included in accrued compensation and benefits that were used to purchase the Company's common stock were $4,933, $4,280, and $4,522 at December 31, 2010, 2009 and 2008, respectively. Subsequent to December 31, 2010, 2009 and 2008, 83,865, 86,213 and 107,340 shares, respectively, were issued to satisfy obligations under the plan. At December 31, 2010, there were 878,887 shares available for future grants under this plan.

The fair value of employees' purchase rights was estimated as of the beginning dates of the purchase right periods using the Black-Scholes-Merton valuation model with the following weighted average assumptions for purchase right periods in 2010, 2009 and 2008, respectively: expected volatility of 22%, 34% and 24%; risk-free

interest rate of 0.3%, 0.2% and 2.5%, and no dividends. Using these assumptions, the weighted average estimated fair value of these purchase rights was $13.80, $13.90 and $13.65 for 2010, 2009 and 2008, respectively.

Stock-based compensation expense and proceeds

For the years ended December 31, 2010, 2009 and 2008, the Company recognized $45,551, $44,422 and $41,235, respectively, in stock-based compensation expense for stock settled-stock appreciation rights, stock options, stock units and discounted employee stock plan purchases, which is primarily included in general and administrative expenses. The estimated tax benefits recorded for this stock-based compensation in 2010, 2009 and 2008 were $17,273, $16,810 and $15,609, respectively. As of December 31, 2010, there was $83,064 of total estimated unrecognized compensation cost related to nonvested stock-based compensation arrangements under the Company's equity compensation and stock purchase plans. The Company expects to recognize this cost over a weighted average remaining period of 1.4 years.

During the years ended December 31, 2010, 2009 and 2008, the Company received $48,686, $63,653 and $35,606 in cash proceeds from stock option exercises and $26,706, $18,241 and $13,988 in total actual tax benefits upon the exercise of stock awards, respectively.

Stock repurchases

During 2010 and 2009, the Company repurchased a total of 8,918,760 and 2,902,619 shares of its common stock for $618,496 and $153,495, or an average price of $69.35 and $52.88 per share respectively, pursuant to previously announced authorizations by the Board of Directors. On November 3, 2010, the Company announced that its Board of Directors authorized an increase of an additional $800,000 of share repurchases of its common stock. As a result of these transactions the total outstanding authorization for share repurchases as of December 31, 2010 was $681,524. The Company has not repurchased any additional shares of its common stock through February 25, 2011. This stock repurchase program has no expiration date.

Shareholder rights plan

The Company's Board of Directors approved a shareholder rights plan on November 14, 2002. This plan is designed to assure that DaVita Inc.'s shareholders receive fair treatment in the event of any proposed takeover of DaVita Inc.

Pursuant to this plan, the Board approved the declaration of a dividend distribution of one common stock purchase right for each outstanding share of its common stock payable on December 10, 2002 to holders of record of DaVita Inc. common stock on November 29, 2002. This rights distribution was not taxable to DaVita Inc.'s shareholders. As a result of the stock split that occurred during the second quarter of 2004, two-thirds of a right are now attached to each share of the Company's common stock. Two-thirds of a right will also attach to each newly issued or reissued share of common stock. These rights will become exercisable if a person or group acquires, or announces a tender offer for, 15% or more of DaVita Inc.'s outstanding common stock. The triggering person's stock purchase rights will become void at that time and will not become exercisable.

Each right initially entitles its holder to purchase one share of common stock from the Company at a price of $125.00. If the rights become exercisable, and subject to adjustment for authorized shares available, each purchase right will then entitle its holder to purchase $125.00 of common stock at a price per share equal to 50% of the average daily closing price of the Company's common stock for the immediately preceding 30 consecutive

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trading days. If DaVita Inc. is acquired in a merger or other business combination transaction after the rights become exercisable, provisions will be made to allow the holder of each right to purchase $125.00 of common stock from the acquiring company at a price equal to 50% of the average daily closing price of that company's common stock for the immediately preceding 30 consecutive trading days.

The Board of Directors may elect to redeem the rights at $0.01 per purchase right at any time prior to, or exchange common stock for the rights at an exchange ratio of one share per right at any time after, a person or group acquires or announces a tender offer for 15% or more of DaVita Inc.'s outstanding common stock. The exercise price, number of shares, redemption price or exchange ratio associated with each right may be adjusted as appropriate upon the occurrence of certain events, including any stock split, stock dividend or similar transaction. These purchase rights will expire no later than November 14, 2012.

Charter documents & Delaware law

The Company's charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in management, or limit the ability of stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting stockholders from acting by written consent, requiring 90 days advance notice of stockholder proposals or nominations to the Board of Directors and granting the Board of Directors the authority to issue up to five million shares of preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

The Company is also subject to Section 203 of the Delaware General Corporation Law that, subject to exceptions, would prohibit the Company from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder. These restrictions may discourage, delay or prevent a change in the control of the Company.

Changes in DaVita Inc.'s ownership interest in consolidated subsidiaries

The effects of changes in DaVita Inc.'s ownership interest on the Company's equity are as follows:

	Year ended December 31, 2010	Year ended December 31, 2009
Net income attributable to DaVita Inc.	$ 405,683	$ 422,684
Decrease in paid-in capital for sales of noncontrolling interest in six and eleven joint ventures, respectively	(298)	(529)
Decrease in paid-in capital for the purchase of a noncontrolling interest in six and six joint ventures, respectively	(5,537)	(3,721)
Net transfer to noncontrolling interests	(5,835)	(4,250)
Change from net income attributable to DaVita Inc. and transfers to noncontrolling interests	$ 399,848	$ 418,434

During 2009, the Company contributed cash and assets in two centers that were previously wholly-owned in exchange for an equity investment of 40% in a newly formed joint venture valued at $3,600. The Company recognized a pre-tax loss of $1,928 and deconsolidated these centers as a result of the transaction. In 2009, the

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Company also sold its controlling financial interest in one entity that contained one center which was previously wholly-owned to an existing joint venture in which the Company owns a 50% equity investment for $1,750 and recognized a pre-tax loss of $1,408. The Company deconsolidated this entity as a result of this transaction. The Company was also required to contribute $1,000 to the joint venture. The estimated fair values of the retained equity investments for both of these transactions were based upon valuation techniques as determined by an outside appraiser. The recognized pre-tax losses for both transactions were recorded in patient care costs in the consolidated statement of income.

18. Other comprehensive income

Charges and credits to other comprehensive income have been as follows:

	2008		
	Before tax amount	Tax (expense) benefit	Net-of-tax amount
Unrealized losses on interest rate swaps	$ (21,190)	$ 8,243	$ (12,947)
Less reclassification of net swap realized losses into net income	4,239	(1,649)	2,590
Net swap activity	(16,951)	6,594	(10,357)
Unrealized losses on investments	(1,922)	748	(1,174)
Less reclassification of net investment realized gains into net income	(486)	189	(297)
Net investment activity	(2,408)	937	(1,471)
Total	$ (19,359)	$ 7,531	$ (11,828)

	2009		
	Before tax amount	Tax (expense) benefit	Net-of-tax amount
Unrealized losses on interest rate swaps	$ (4,220)	$ 1,642	$ (2,578)
Less reclassification of net swap realized losses into net income	17,253	(6,711)	10,542
Net swap activity	13,033	(5,069)	7,964
Unrealized gains on investments	1,614	(628)	986
Less reclassification of net investment realized gains into net income	(261)	102	(159)
Net investment activity	1,353	(526)	827
Total	$ 14,386	$ (5,595)	$ 8,791

	2010		
	Before tax amount	Tax (expense) benefit	Net-of-tax amount
Unrealized losses on interest rate swaps	$ (217)	$ 83	$ (134)
Less reclassification of net swap realized losses into net income	9,093	(3,536)	5,557
Net swap activity	8,876	(3,453)	5,423
Unrealized gains on investments	1,007	(392)	615
Less reclassification of net investment realized losses into net income	22	(9)	13
Net investment activity	1,029	(401)	628
Total	$ 9,905	$ (3,854)	$ 6,051

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Changes in accumulated other comprehensive income (loss) has been as follows:

	Interest rate swaps	Investment securities	Accumulated other comprehensive income
Balance December 31, 2008	$ (13,387)	$ (952)	$ (14,339)
Net activity	7,964	827	8,791
Balance December 31, 2009	$ (5,423)	$ (125)	$ (5,548)
Net activity	5,423	628	6,051
Balance December 31, 2010	$ —	$ 503	$ 503

19. Acquisitions

On February 4, 2011, the Company entered into a definitive agreement to acquire all of the outstanding equity securities of CDSI I Holding Company, Inc., parent company of dialysis provider DSI Renal, Inc. (DSI), in cash for approximately $689,200, subject to among other things, adjustments for certain items such as working capital, the purchase of noncontrolling interests, capital assets and acquisitions expenditures. DSI currently operates approximately 106 outpatient dialysis centers serving approximately 8,000 patients. The transaction is subject to approval by the Federal Trade Commission (FTC) including Hart-Scott-Rodino antitrust clearance. The Company anticipates that it will be required by the FTC to divest a certain number of outpatient dialysis centers as a condition of the transaction. The transaction is expected to close in the second or third quarter of fiscal 2011.

During 2010, 2009, and 2008, the Company acquired dialysis and other businesses as follows:

	Year ended December 31,		
	2010	2009	2008
Cash paid, net of cash acquired	$ 188,502	$ 87,617	$ 101,959
Deferred purchase price and other acquisition obligations	449	338	2,286
Aggregate purchase cost	$ 188,951	$ 87,955	$ 104,245
Number of chronic dialysis centers acquired	41	19	20

In addition in 2010 and 2009, the Company also acquired additional ownership interests in several existing majority-owned joint ventures for $14,214 and $6,859, respectively. In 2008, the Company also acquired an 80% ownership interest in one vascular access clinic for $11,221 and in addition, purchased additional ownership interests in several existing majority-owned joint ventures for $24,409. The assets and liabilities for all acquisitions were recorded at their estimated fair values at the dates of the acquisitions and are included in the Company's financial statements and operating results from the effective dates of the acquisitions.

The initial purchase cost allocations for acquired businesses are recorded at fair values based upon the best information available to management and are finalized when identified pre-acquisition contingencies have been resolved and other information arranged to be obtained has been received, but in no case in excess of one year from the acquisition date.

The aggregate purchase cost allocations for dialysis and other related businesses were as follows:

	Year ended December 31,		
	2010	2009	2008
Tangible assets, principally leasehold improvements and equipment	$ 21,257	$ 11,140	$ 7,972
Amortizable intangible assets	18,300	6,703	9,988
Goodwill	152,252	78,199	89,234
Noncontrolling interests assumed	(1,171)	(7,567)	(2,732)
Liabilities assumed	(1,687)	(520)	(217)
Aggregate purchase cost	$ 188,951	$ 87,955	$ 104,245

Amortizable intangible assets acquired during 2010, 2009 and 2008 had weighted-average estimated useful lives of nine, seven and nine years, respectively. In 2010 and 2009, $152,252 and $78,199 of goodwill was associated with the dialysis and related lab services business. In 2008, $76,522 of goodwill was associated with the dialysis and related lab services business and $12,712 was associated with the ancillary services and strategic initiatives. The total amount of goodwill deductible for tax purposes associated with these acquisitions for 2010, 2009, and 2008 was approximately $154,000, $72,000 and $109,000, respectively.

Pro forma financial information

The following summary, prepared on a pro forma basis, combines the results of operations as if all acquisitions in 2010 and 2009 had been consummated as of the beginning of 2009, after including the impact of certain adjustments such as amortization of intangibles, interest expense on acquisition financing and income tax effects.

	Year ended December 31,	
	2010	2009
	(unaudited)	
Pro forma net revenues	$ 6,516,044	$ 6,288,217
Pro forma net income attributable to DaVita Inc.	417,818	436,420
Pro forma income from continuing operations attributable to DaVita Inc.	417,818	436,420
Pro forma basic net income per share attributable to DaVita Inc.	4.12	4.21
Pro forma diluted net income per share attributable to DaVita Inc.	4.05	4.19

20. Variable interest entities

Effective January 1, 2010, the FASB eliminated the quantitative approach previously required for determining the primary beneficiary of a variable interest entity, and required additional disclosures about an enterprise's involvement in variable interest entities. An entity is required to perform an analysis to determine whether the enterprise's variable interest or interests give it a controlling financial interest in a variable interest entity by having both the power to direct the activities of a variable interest entity that most significantly impact the entity's economic performance and the obligation to absorb losses of the entity, or the right to receive benefits from the entity. In addition, the FASB established new guidance for determining whether an entity is a variable interest entity, requiring an ongoing reassessment of whether an enterprise is the primary beneficiary of a variable interest entity, and adding an additional reconsideration event for determining whether an entity is a variable interest entity when any changes in facts and circumstances occur such that the holders of the equity investment at risk, as a group, lose the power from voting rights or similar rights of those investments to direct

the activities of the entity that most significantly impact the entity's economic performance. Except for the new disclosures requirements, there was no impact to the Company's financial statements as a result of implementing these new requirements.

The Company is deemed to be the primary beneficiary of all of the variable interest entities ("VIEs") with which it is associated. These VIEs are principally operating subsidiaries owned by related party nominee owners for the Company's benefit in jurisdictions in which the Company does not qualify for direct ownership under applicable regulations or joint ventures that require subordinated support in addition to their equity capital to finance operations. These include both dialysis operations and physician practice management entities.

Under the terms of the applicable arrangement, the Company bears substantially all of the economic risks and rewards of ownership for these operating VIE's. In some cases, the Company has contractual arrangements with its respective related party nominee owners which indemnify them from the economic losses, and entitle the Company to the economic benefits, that may result from ownership of these VIE's. DaVita Inc. manages these VIE's and provides operating and capital funding as necessary to accomplish their operational and strategic objectives. Accordingly, since the Company bears the majority of the risks and rewards attendant to their ownership, the Company consolidates these VIE's as their primary beneficiary.

Total assets of these consolidated operating VIEs were approximately $6,000 and their liabilities to unrelated third parties were approximately $6,000 at December 31, 2010.

The Company also sponsors certain deferred compensation plans whose trusts qualify as VIEs and as their primary beneficiary the Company consolidates each of these plans. The assets of these plans are recorded in short-term or long-term investments with matching offsetting liabilities in accrued compensation and benefits and other long-term liabilities. See Note 9 for disclosures on the assets of these consolidated non-qualified deferred compensation plans.

21. Concentrations

Approximately 66% of the Company's total dialysis and related lab services revenues in 2010, 65% in 2009 and 65% in 2008 are from government-based programs, principally Medicare and Medicaid. Accounts receivable and other receivables, from Medicare, including Medicare-assigned plans, and Medicaid, including Medicaid-assigned plans, were approximately $554,300 and $467,900, respectively as of December 31, 2010 and 2009. No other single payor accounted for more than 5% of total accounts receivable.

A significant physician-prescribed pharmaceutical administered during dialysis, EPO, is provided by a sole supplier and accounted for approximately 18% of the dialysis and related lab services net operating revenues. Although the Company currently receives discounted prices for EPO, the supplier has unilateral pricing discretion and in the future the Company may not be able to achieve the same cost levels historically obtained.

22. Noncontrolling interests subject to put provisions and other commitments

Noncontrolling interests subject to put provisions

The Company has potential obligations to purchase the noncontrolling interests held by third parties in several of its joint ventures and non-wholly-owned subsidiaries. These obligations are in the form of put provisions and are exercisable at the third-party owners' discretion within specified periods as outlined in each specific put provision. If these put provisions were exercised, the Company would be required to purchase the

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third-party owners' noncontrolling interests at either the appraised fair market value or a predetermined multiple of earnings or cash flow attributable to the noncontrolling interests put to the Company, which is intended to approximate fair value. The methodology the Company uses to estimate the fair values of noncontrolling interests subject to put provisions assumes either the higher of a liquidation value of net assets or an average multiple of earnings, based on historical earnings, patient mix and other performance indicators, as well as other factors. During the second quarter of 2010, the Company refined its methodology used to estimate the fair value of noncontrolling interests subject to put provisions by eliminating an annual inflation factor that was previously applied to the put provisions until they became exercisable. The Company believes that eliminating an annual inflation factor will result in a better representation of the estimated actual fair value of the noncontrolling interests subject to put provisions as of the reporting date. The estimated fair values of the noncontrolling interests subject to put provisions can fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary significantly depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' noncontrolling interests. The amount of noncontrolling interests subject to put provisions that contractually employ a predetermined multiple of earnings rather than fair value are immaterial.

Additionally, the Company has certain other potential commitments to provide operating capital to several dialysis centers that are wholly-owned by third parties or centers in which the Company owns a minority equity investment as well as to physician-owned vascular access clinics that the Company operates under management and administrative service agreements of approximately $2,100.

Certain consolidated joint ventures are contractually scheduled to dissolve after terms ranging from ten to fifty years. Accordingly, the noncontrolling interests in these joint ventures are considered mandatorily redeemable instruments, for which the classification and measurement requirements have been indefinitely deferred. Future distributions upon dissolution of these entities would be valued below the related noncontrolling interest carrying balances in the consolidated balance sheet.

Other commitments

In conjunction with the acquisition of DVA Renal Healthcare, Inc., formerly known as Gambro Healthcare, Inc., which occurred in October 2005, the Company entered into an Alliance and Product Supply Agreement (the Product Supply Agreement) with Gambro AB and Gambro Renal Products, Inc (Gambro Renal Products). Because the Product Supply Agreement results in higher costs for most of the products covered by the Product Supply Agreement than would otherwise be available to the Company, the Product Supply Agreement represented an intangible liability initially valued at $162,100 as of the acquisition date.

The Product Supply Agreement committed the Company to purchase a significant majority of its hemodialysis products, supplies and equipment at fixed prices through 2015. The agreement was amended in 2006 (the Amended Product Supply Agreement) to reduce the Company's purchase obligations for certain hemodialysis product supplies and equipment, and in 2007, the Company terminated its obligation to purchase certain dialysis machines under the Amended Product Supply Agreement. However, the Company continues to be subject to the Product Supply Agreement's requirements to purchase a majority of its hemodialysis non-equipment product supplies, such as dialyzers, from Gambro at fixed prices.

During 2010, 2009 and 2008, the Company purchased $115,682, $87,983 and $83,360 of hemodialysis product supplies from Gambro Renal Products, representing 2% of the Company's total operating costs, for all years presented.

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The centers acquired from Gambro Healthcare were subject to a five-year Corporate Integrity Agreement in connection with its December 2004 settlement with the U.S. Government that imposed significant specific compliance operating and reporting requirements, and required an annual audit by an independent reporting organization. The corporate integrity agreement expired on November 30, 2009. The Company submitted its final annual report to the Office of the Inspector General, U.S. Department of Health and Human Services on January 14, 2010. On February 16, 2010, the Company was informed by the OIG that it has received the Company's final annual report and determined that DVA Renal Healthcare, a wholly-owned subsidiary of the Company, complied with the terms of the corporate integrity agreement during the final reporting period and that the Fifth Annual Report is complete. The five year term of the corporate integrity agreement has now concluded and DVA Renal Healthcare is no longer subject to its terms.

In January 2010, the Company entered into an agreement with Fresenius which committed the Company to purchase a certain amount of dialysis equipment, parts and supplies from them through 2013. During 2010, the Company purchased $103,183 of certain equipment, parts and supplies from Fresenius.

In July 2010, the Company announced that it will construct a new corporate headquarters in Denver, Colorado. In July 2010, the Company acquired the land and existing improvements for approximately $12,000. Effective December 18, 2010, the Company entered into a construction agreement for the construction of the new building. The Company currently estimates the total construction costs and other project costs of the building will be approximately $95,000. Construction is expected to begin in early 2011, and is estimated to be complete in the second half of 2012. In 2010, the Company paid architecture and other design costs totaling approximately $5,000.

Other than operating leases disclosed in Note 14 to the consolidated financial statements, the letters of credit disclosed in Note 13 to the consolidated financial statements, and the arrangements as described above, the Company has no off balance sheet financing arrangements as of December 31, 2010.

23. Fair values of financial instruments

Effective December 15, 2009, FASB amended certain fair value disclosure requirements to include additional disclosures related to significant transfers in and out of the various fair value hierarchy levels and to clarify existing disclosures by providing disaggregate levels for each class of assets and liabilities. The Company is also required to provide additional disclosures on the valuation techniques and inputs used to measure fair value, as well as changes to the valuation techniques and inputs, for both recurring and nonrecurring assets and liabilities carried at fair value. In addition, the Company is also required to disclose the reason for making changes to its valuation techniques, assumptions and or other unobservable market inputs. Certain other disclosures on reporting the gross activity rather than the net activity for Level 3 fair value measurements is effective for fiscal years beginning after December 31, 2010. See Note 22 to the consolidated financial statements for further discussion. The adoption of this standard will not have a material impact on the Company's consolidated financial statements.

The following tables summarize the Company's assets, liabilities and temporary equity measured at fair value on a recurring basis as of December 31, 2010 and 2009:

	December 31, 2010			
	Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Available for sale securities	$ 10,048	$ 10,048	$ —	$ —
Temporary equity				
Noncontrolling interests subject to put provisions	$ 383,052	$ —	$ —	$ 383,052

	December 31, 2009			
	Total	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Assets				
Available for sale securities	$ 8,816	$ 8,816	$ —	$ —
Liabilities				
Interest rate swap agreements	$ 10,792	$ —	$ 10,792	$ —
Temporary equity				
Noncontrolling interests subject to put provisions	$ 331,725	$ —	$ —	$ 331,725

The available for sale securities represent investments in various open-ended registered investment companies, or mutual funds, and are recorded at fair value based upon the quoted market prices as reported by each mutual fund. See Note 9 to the consolidated financial statements for further discussion.

See Note 22 to the consolidated financial statements for a discussion of the Company's methodology for estimating the fair value of noncontrolling interests subject to put obligations.

Other financial instruments consist primarily of cash, accounts receivable, accounts payable, other accrued liabilities and debt. The balances of the non-debt financial instruments are presented in the consolidated financial statements at December 31, 2010 and 2009 at their approximate fair values due to the short-term nature of their settlements. The carrying balance of the Company's Senior Secured Credit Facilities totaled $2,741,619 as of December 31, 2010, and the fair value was $2,765,625 based upon quoted market prices. The fair value of the Company's senior notes was approximately $1,530,625 at December 31, 2010 based upon quoted market prices, as compared to the carrying amount of $1,550,000.

24. Segment reporting

The Company operates principally as a dialysis and related lab services business but also operates other ancillary services and strategic initiatives. These ancillary services and strategic initiatives consist primarily of pharmacy services, infusion therapy services, disease management services, vascular access services, ESRD

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clinical research programs and physician services. For internal management reporting the dialysis and related lab services business and each of the ancillary services and strategic initiatives have been defined as separate operating segments by management since separate financial information is regularly produced and reviewed by the Company's chief operating decision maker in making decisions about allocating resources and assessing financial results. The Company's chief operating decision maker is its Chief Executive Officer. The dialysis and related lab services business qualifies as a separately reportable segment and all of the other ancillary services and strategic initiatives operating segments have been combined and disclosed in the other segments category.

The Company's operating segment financial information is prepared on an internal management reporting basis that the Chief Executive Officer uses to allocate resources and analyze the performance of the operating segments. For internal management reporting, segment operations include direct segment operating expenses with the exception of stock-based compensation expense and equity investment income.

The following is a summary of segment revenues, segment operating margin (loss), and a reconciliation of segment margin to income before income taxes:

	Years ended December 31,		
	2010	2009(2)	2008(2)
Segment revenues:			
Dialysis and related lab services(1)	$ 6,072,894	$ 5,791,729	$ 5,415,363
Other—Ancillary services and strategic initiatives	374,497	317,071	244,810
Consolidated revenues	$ 6,447,391	$ 6,108,800	$ 5,660,173
Segment operating margin (loss):			
Dialysis and related lab services	$ 1,039,165	$ 994,477	$ 939,391
Other—Ancillary services and strategic initiatives	(5,586)	(12,226)	(29,856)
Total segment margin	1,033,579	982,251	909,535
Reconciliation of segment margin to income before income taxes:			
Stock-based compensation	(45,551)	(44,422)	(41,235)
Equity investment income	8,999	2,442	796
Consolidated operating income	997,027	940,271	869,096
Debt expense	(181,607)	(185,755)	(224,716)
Debt refinancing and redemption charges	(74,382)	—	—
Other income	3,420	3,708	12,411
Consolidated income before income taxes	$ 744,458	$ 758,224	$ 656,791

(1) Includes management fees for providing management and administrative services to dialysis centers in which the Company either owns a minority equity investment or are wholly-owned by third parties.

(2) Certain costs previously reported in the Ancillary Services and Strategic Initiatives have been reclassified to the dialysis and related lab services to conform to the current year presentation.

Depreciation and amortization expense for the dialysis and related lab services for 2010, 2009 and 2008 were $227,677, $221,907 and $210,143, respectively, and were $6,701, $7,079 and $6,774, respectively, for the ancillary services and strategic initiatives.

Summary of assets by segment is as follows:

	December 31, 2010	December 31, 2009
Segment assets		
Dialysis and related lab services	$ 7,862,882	$ 7,311,604
Other—Ancillary services and strategic initiatives	225,624	224,001
Equity investments	25,918	22,631
Consolidated assets	$ 8,114,424	$ 7,558,236

In 2010 and 2009, the total amount of expenditures for property and equipment for the dialysis and related lab services were $271,559 and $271,817, respectively, and were $7,226 and $2,788, respectively, for the ancillary services and strategic initiatives.

25. Supplemental cash flow information

The table below provides supplemental cash flow information:

	Year ended December 31, 2010	2009	2008
Cash paid:			
Income taxes	$ 207,265	$ 161,671	$ 163,147
Interest	190,949	186,280	222,558
Non-cash investing and financing activities:			
Fixed assets under capital lease obligations	3,983	—	—
Assets exchanged for equity investments	—	2,618	—
Assets received for additional noncontrolling interests	—	51	—
Issuance of noncontrolling interests	1,139	—	—

26. Selected quarterly financial data (unaudited)

	2010				2009			
	December 31	September 30	June 30	March 31	December 31	September 30	June 30	March 31
Net operating revenues	$1,649,417	$ 1,651,649	$1,586,907	$1,559,418	$1,568,204	$ 1,573,915	$1,519,041	$1,447,640
Operating income	255,405	256,591	242,365	242,666	238,712	245,001	235,954	220,604
Income before income taxes	132,362	217,860	195,322	198,914	194,563	200,465	190,139	173,057
Net income attributable to DaVita Inc.	69,020	119,387	107,853	109,423	109,724	110,930	105,819	96,211
Basic earnings per share attributable to DaVita Inc.	0.71	1.16	1.05	1.05	1.07	1.07	1.02	0.93
Diluted earnings per share attributable to DaVita Inc.	$ 0.70	$ 1.15	$ 1.04	$ 1.04	$ 1.06	$ 1.06	$ 1.02	$ 0.92

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27. Consolidating financial statements

The following information is presented in accordance with Rule 3-10 of Regulation S-X. The operating and investing activities of the separate legal entities included in the Company's consolidated financial statements are fully interdependent and integrated. Revenues and operating expenses of the separate legal entities include intercompany charges for management and other services. The senior notes were issued by the Company on October 20, 2010 and are guaranteed by substantially all of its direct and indirect domestic wholly-owned subsidiaries. Each of the guarantor subsidiaries has guaranteed the notes on a joint and several, full and unconditional basis. Non-wholly-owned subsidiaries, certain wholly-owned subsidiaries, foreign subsidiaries, joint ventures, partnerships and third parties are not guarantors of these obligations.

Consolidating Statements of Income

	DaVita Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Consolidating Adjustments	Consolidated Total
For the year ended December 31, 2010					
Net operating revenues	$ 431,780	$ 5,203,528	$ 1,289,521	$ (477,438)	$ 6,447,391
Operating expenses	259,302	4,623,508	1,044,992	(477,438)	5,450,364
Operating income	172,478	580,020	244,529	—	997,027
Debt (expense)	(257,243)	(163,034)	(1,277)	165,565	(255,989)
Other income, net	165,934	1,837	1,214	(165,565)	3,420
Income tax expense	31,656	220,982	7,601	—	260,239
Equity earnings in subsidiaries	356,170	157,278	—	(513,448)	—
Net income	405,683	355,119	236,865	(513,448)	484,219
Less: Net income attributable to noncontrolling interests	—	—	—	(78,536)	(78,536)
Net income attributable to DaVita Inc.	$ 405,683	$ 355,119	$ 236,865	$ (591,984)	$ 405,683
For the year ended December 31, 2009					
Net operating revenues	$ 401,058	$ 5,012,311	$ 1,149,074	$ (453,643)	$ 6,108,800
Operating expenses	246,578	4,381,211	994,383	(453,643)	5,168,529
Operating income	154,480	631,100	154,691	—	940,271
Debt (expense)	(188,109)	(181,853)	(1,721)	185,928	(185,755)
Other income, net	186,189	2,720	727	(185,928)	3,708
Income tax expense	60,414	218,733	(682)	—	278,465
Equity earnings in subsidiaries	330,538	94,964	—	(425,502)	—
Net income	422,684	328,198	154,379	(425,502)	479,759
Less: Net income attributable to noncontrolling interests	—	—	—	(57,075)	(57,075)
Net income attributable to DaVita Inc.	$ 422,684	$ 328,198	$ 154,379	$ (482,577)	$ 422,684
For the year ended December 31, 2008					
Net operating revenues	$ 363,112	$ 4,725,932	$ 986,996	$ (415,867)	$ 5,660,173
Operating expenses	228,729	4,109,033	869,182	(415,867)	4,791,077
Operating income	134,383	616,899	117,814	—	869,096
Debt (expense)	(227,535)	(210,030)	(2,874)	215,723	(224,716)
Other income, net	206,488	4,579	17,067	(215,723)	12,411
Income tax expense	43,748	191,273	450	—	235,471
Equity earnings in subsidiaries	304,572	82,469	—	(387,041)	—
Net income	374,160	302,644	131,557	(387,041)	421,320
Less: Net income attributable to noncontrolling interests	—	—	—	(47,160)	(47,160)
Net income attributable to DaVita Inc.	$ 374,160	$ 302,644	$ 131,557	$ (434,201)	$ 374,160

Consolidating Balance Sheets

	DaVita Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Consolidating Adjustments	Consolidated Total
As of December 31, 2010					
Cash and cash equivalents	$ 856,803	$ —	$ 3,314	$ —	$ 860,117
Accounts receivable, net	—	895,955	153,021	—	1,048,976
Other current assets	11,231	653,670	48,860	—	713,761
Total current assets	868,034	1,549,625	205,195	—	2,622,854
Property and equipment, net	30,409	888,927	251,472	—	1,170,808
Amortizable intangible assets, net	58,967	98,795	4,873	—	162,635
Investments in subsidiaries	6,154,398	555,579	—	(6,709,977)	—
Intercompany receivables	—	516,286	208,030	(724,316)	—
Other long-term assets and investments	8,951	56,996	873	—	66,820
Goodwill	—	3,731,983	359,324	—	4,091,307
Total assets	$ 7,120,759	$ 7,398,191	$ 1,029,767	$ (7,434,293)	$ 8,114,424
Current liabilities	$ 61,384	$ 786,114	$ 76,847	$ —	$ 924,345
Intercompany payables	611,919	—	112,397	(724,316)	—
Long-term debt and other long-term liabilities	4,210,703	539,620	19,570	—	4,769,893
Noncontrolling interests subject to put provisions	258,331	—	—	124,721	383,052
Total DaVita Inc. shareholders' equity	1,978,422	6,072,457	637,520	(6,709,977)	1,978,422
Noncontrolling interest not subject to put provisions	—	—	183,433	(124,721)	58,712
Total equity	1,978,422	6,072,457	820,953	(6,834,698)	2,037,134
Total liabilities and equity	$ 7,120,759	$ 7,398,191	$ 1,029,767	$ (7,434,293)	$ 8,114,424
As of December 31, 2009					
Cash and cash equivalents	$ 534,550	$ —	$ 4,909	$ —	$ 539,459
Accounts receivable, net	—	943,236	162,667	—	1,105,903
Other current assets	15,619	593,472	48,068	—	657,159
Total current assets	550,169	1,536,708	215,644	—	2,302,521
Property and equipment, net	11,232	850,985	242,708	—	1,104,925
Amortizable intangible assets, net	30,212	102,112	4,408	—	136,732
Investments in subsidiaries	5,528,112	546,890	—	(6,075,002)	—
Intercompany receivables	—	—	226,862	(226,862)	—
Other long-term assets and investments	7,700	54,283	879	—	62,862
Goodwill	—	3,606,634	344,562	—	3,951,196
Total assets	$ 6,127,425	$ 6,697,612	$ 1,035,063	$ (6,301,864)	$ 7,558,236
Current liabilities	$ 170,061	$ 768,153	$ 108,727	$ —	$ 1,046,941
Intercompany payables	105,015	18,067	103,780	(226,862)	—
Long-term debt and other long-term liabilities	3,507,753	458,415	19,243	—	3,985,411
Noncontrolling interests subject to put provisions	209,530	—	—	122,195	331,725
Total DaVita Inc. shareholders' equity	2,135,066	5,452,977	622,025	(6,075,002)	2,135,066
Noncontrolling interest not subject to put provisions	—	—	181,288	(122,195)	59,093
Total equity	2,135,066	5,452,977	803,313	(6,197,197)	2,194,159
Total liabilities and equity	$ 6,127,425	$ 6,697,612	$ 1,035,063	$ (6,301,864)	$ 7,558,236

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Consolidating Statements of Cash Flows

	DaVita Inc.	Guarantor Subsidiaries	Non-Guarantor Subsidiaries	Consolidating Adjustments	Consolidated Total
For the year ended December 31, 2010					
Cash flows from operating activities					
Net income.	$ 405,683	$ 355,119	$ 236,865	$ (513,448)	$ 484,219
Changes in operating assets and liabilities and non cash items included in net income	(322,388)	139,646	24,758	513,448	355,464
Net cash provided by operating activities	83,295	494,765	261,623	—	839,683
Cash flows from investing activities					
Additions of property and equipment	(24,118)	(199,147)	(50,337)	—	(273,602)
Acquisitions	—	(187,557)	(945)	—	(188,502)
Proceeds from asset sales	—	22,727	—	—	22,727
Other items	(470)	3,214	—	—	2,744
Net cash used in by investing activities	(24,588)	(360,763)	(51,282)	—	(436,633)
Cash flows from financing activities					
Long-term debt	563,350	1,987	(4,391)	—	560,946
Intercompany borrowing	258,649	(125,185)	(133,464)	—	—
Other items	(558,453)	(10,804)	(74,081)	—	(643,338)
Net cash provided by (used in) financing activities	263,546	(134,002)	(211,936)	—	(82,392)
Net increase (decrease) in cash and cash equivalents	322,253	—	(1,595)	—	320,658
Cash and cash equivalents at beginning of the year	534,550	—	4,909	—	539,459
Cash and cash equivalents at the end of the year	$ 856,803	$ —	$ 3,314	$ —	$ 860,117
For the year ended December 31, 2009					
Cash flows from operating activities					
Net income.	$ 422,684	$ 328,198	$ 154,379	$ (425,502)	$ 479,759
Changes in operating assets and liabilities and non cash items included in net income	(257,795)	(58,609)	77,853	425,502	186,951
Net cash provided by operating activities	164,889	269,589	232,232	—	666,710
Cash flows from investing activities					
Additions of property and equipment	(1,748)	(207,738)	(65,119)	—	(274,605)
Acquisitions	—	(87,617)	—	—	(87,617)
Proceeds from asset sales	—	7,697	—	—	7,697
Other items	11,631	(3,166)	—	—	8,465
Net cash provided by (used in) investing activities	9,883	(290,824)	(65,119)	—	(346,060)
Cash flows from financing activities					
Long-term debt	(60,619)	(1,962)	1,307	—	(61,274)
Intercompany borrowing	101,458	20,681	(122,139)	—	—
Other items	(78,637)	2,516	(54,677)	—	(130,798)
Net cash (used in) provided by financing activities	(37,798)	21,235	(175,509)	—	(192,072)
Net increase (decrease) in cash and cash equivalents	136,974	—	(8,396)	—	128,578
Cash and cash equivalents at beginning of the year	397,576	—	13,305	—	410,881
Cash and cash equivalents at the end of the year	$ 534,550	$ —	$ 4,909	$ —	$ 539,459
For the year ended December 31, 2008					
Cash flows from operating activities					
Net income	$ 374,160	$ 302,644	$ 131,557	$ (387,041)	$ 421,320
Changes in operating assets and liabilities and non cash items included in net income	(379,807)	143,586	41,561	387,041	192,381
Net cash (used in) provided by operating activities	(5,647)	446,230	173,118	—	613,701
Cash flows from investing activities					
Additions of property and equipment	(2,546)	(222,848)	(92,568)	—	(317,962)
Acquisitions	(439)	(101,520)	—	—	(101,959)
Proceeds from asset sales	—	530	—	—	530
Other items	19,281	2,371	—	—	21,652
Net cash provided by (used in) investing activities	16,296	(321,467)	(92,568)	—	(397,739)
Cash flows from financing activities					
Long-term debt	(17,805)	1,664	2,460	—	(13,681)
Intercompany borrowing	146,030	(112,719)	(33,311)	—	—
Other items	(184,455)	(13,708)	(40,283)	—	(238,446)
Net cash used in financing activities	(56,230)	(124,763)	(71,134)	—	(252,127)
Net (decrease) increase in cash and cash equivalents	(45,581)	—	9,416	—	(36,165)
Cash and cash equivalents at the beginning of the year	443,157	—	3,889	—	447,046
Cash and cash equivalents at the end of the year	$ 397,576	$ —	$ 13,305	$ —	$ 410,881

SIGNATURES

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, we have duly caused this Annual Report on Form 10-K to be signed on our behalf by the undersigned, thereunto duly authorized, in the City of Denver, State of Colorado, on February 25, 2011.

DAVITA INC.

By: /s/ KENT J. THIRY
Kent J. Thiry
Chairman and Chief Executive Officer

KNOW ALL MEN BY THESE PRESENT, that each person whose signature appears below constitutes and appoints Kent J. Thiry, Luis A. Borgen, and Kim M. Rivera, and each of them his or her true and lawful attorneys-in-fact and agents with full power of substitution and resubstitution, for him or her and in his or her name, place and stead, in any and all capacities, to sign any and all amendments to this Annual Report on Form 10-K, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorneys-in-fact and agents, and each of them, full power and authority to do and perform each and every act and thing requisite or necessary to be done in and about the premises, as fully to all intents and purposes as he or she might or could do in person, hereby ratifying and confirming all that said attorneys-in-fact and agents or any of them, or their or his or her substitute or substitutes, may lawfully do or cause to be done by virtue hereof.

Pursuant to the requirements of the Securities Exchange Act of 1934, this Annual Report on Form 10-K has been signed by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

Signature	Title	Date
/s/ KENT J. THIRY Kent J. Thiry	Chairman and Chief Executive Officer (Principal Executive Officer)	February 25, 2011
/S/ LUIS A. BORGEN Luis A. Borgen	Chief Financial Officer (Principal Financial Officer)	February 25, 2011
/S/ JAMES K. HILGER James K. Hilger	Chief Accounting Officer (Principal Accounting Officer)	February 25, 2011
/S/ PAMELA M. ARWAY Pamela M. Arway	Director	February 25, 2011
/S/ CHARLES G. BERG Charles G. Berg	Director	February 25, 2011
/S/ WILLARD W. BRITTAIN Willard W. Britain	Director	February 25, 2011
/S/ CAROL A. DAVIDSON Carol A. Davidson	Director	February 25, 2011
/S/ PAUL J. DIAZ Paul J. Diaz	Director	February 25, 2011
/S/ PETER T. GRAUER Peter T. Grauer	Director	February 25, 2011
/S/ JOHN M. NEHRA John M. Nehra	Director	February 25, 2011
/S/ WILLIAM L. ROPER William L. Roper	Director	February 25, 2011
/S/ ROGER J. VALINE Roger J. Valine	Director	February 25, 2011

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REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

Under date of February 25, 2011, we reported on the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2010 and 2009, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2010, which are included in the Annual Report on Form 10-K. In connection with our audits of the aforementioned consolidated financial statements, we also audited the related consolidated financial statement Schedule II-Valuation and Qualifying Accounts included in the Annual Report on Form 10-K. This financial statement schedule is the responsibility of the Company's management. Our responsibility is to express an opinion on this financial statement schedule based on our audits.

In our opinion, such financial statement schedule, when considered in relation to the basic consolidated financial statements taken as a whole, presents fairly, in all material respects, the information set forth therein.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

/s/ KPMG LLP

Seattle, Washington
February 25, 2011

DAVITA INC.

SCHEDULE II—VALUATION AND QUALIFYING ACCOUNTS

Description	Balance at beginning of year	Amounts charged to income	Amounts written off	Balance at end of year
		(in thousands)		
Allowance for uncollectible accounts:				
Year ended December 31, 2008	$ 195,953	$ 146,229	$ 130,960	$ 211,222
Year ended December 31, 2009	$ 211,222	$ 161,786	$ 143,691	$ 229,317
Year ended December 31, 2010	$ 229,317	$ 171,250	$ 164,938	$ 235,629

EXHIBIT INDEX

2.1	Stock Purchase Agreement dated as of December 6, 2004, among Gambro AB, Gambro, Inc. and DaVita Inc.(9)
2.2	Amended and Restated Asset Purchase Agreement effective as of July 28, 2005, by and among DaVita Inc., Gambro Healthcare, Inc. and Renal Advantage Inc., a Delaware corporation, formerly known as RenalAmerica, Inc.(12)
3.1	Amended and Restated Certificate of Incorporation of Total Renal Care Holdings, Inc., or TRCH, dated December 4, 1995.(1)
3.2	Certificate of Amendment of Certificate of Incorporation of TRCH, dated February 26, 1998.(2)
3.3	Certificate of Amendment of Certificate of Incorporation of DaVita Inc. (formerly Total Renal Care Holdings, Inc.), dated October 5, 2000.(4)
3.4	Certificate of Amendment of Amended and Restated Certificate of Incorporation of DaVita Inc., as amended dated May 30, 2007.(23)
3.5	Amended and Restated Bylaws for DaVita Inc. dated as of March 2, 2007.(25)
4.1	Indenture for the 6 5/8% Senior Notes due 2013 dated as of March 22, 2005.(3)
4.2	Indenture for the 7 1/4% Senior Subordinated Notes due 2015 dated as of March 22, 2005.(3)
4.3	First Supplemental Indenture, dated October 5, 2005, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(11)
4.4	First Supplemental Indenture, dated October 5, 2005, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(13)
4.5	Rights Agreement, dated as of November 14, 2002, between DaVita Inc. and the Bank of New York, as Rights Agent.(21)
4.6	Second Supplemental Indenture (Senior), dated February 9, 2007, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(22)
4.7	Second Supplemental Indenture (Senior Subordinated), dated February 9, 2007, by and among DaVita Inc., the Guarantors, the persons named as Additional Guarantors and The Bank of New York Trust Company, N.A., as Trustee.(22)
4.8	Registration Rights Agreement for the 6 5/8% Senior Notes due 2013 dated as of February 23, 2007.(26)
4.9	Third Supplemental Indenture, dated October 14, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(38)
4.10	Third Supplemental Indenture, dated October 14, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(38)
4.11	Indenture, dated October 20, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(39)
4.12	Indenture, dated October 20, 2010, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(39)
10.1	Employment Agreement, dated as of October 19, 2009, by and between DaVita Inc. and Kim M. Rivera.*
10.2	Employment Agreement, dated as of June 15, 2000, by and between DaVita Inc. and Joseph C. Mello.(6)*
10.3	Second Amendment to Mr. Mello's Employment Agreement, effective December 12, 2008.(33)*

10.4 Employment Agreement, effective as of August 16, 2004, by and between DaVita Inc. and Tom Usilton.(7)*
10.5 Amendment to Mr. Usilton's Employment Agreement, dated February 12, 2007.(24)*
10.6 Second Amendment to Mr. Usilton's Employment Agreement, effective December 12, 2008.(32)*
10.7 Employment Agreement, effective as of November 18, 2004, by and between DaVita Inc. and Joseph Schohl.(14)*
10.8 Amendment to Mr. Schohl's Employment Agreement, effective December 30, 2008.(32)*
10.9 Employment Agreement, dated as of October 31, 2005, effective October 24, 2005, by and between DaVita Inc. and Dennis Kogod.(13)*
10.10 Amendment to Mr. Kogod's Employment Agreement, effective December 12, 2008.(32)*
10.11 Employment Agreement, effective September 22, 2005, by and between DaVita Inc. and James Hilger.(15)*
10.12 Amendment to Mr. Hilger's Employment Agreement, effective December 12, 2008.(32)*
10.13 Employment Agreement effective February 13, 2008, by and between DaVita Inc. and Richard K. Whitney.(28)*
10.14 Amendment to Equity Award Agreement, entered into on December 11, 2009, between DaVita Inc. and Richard K. Whitney.*
10.15 Amendment to Stock Appreciation Rights Agreements, effective November 2008, by and between DaVita Inc. and Richard K. Whitney.(36)*
10.16 Employment Agreement, effective July 25, 2008, between DaVita Inc. and Kent J. Thiry.(29)*
10.17 Employment Agreement, effective August 1, 2008, between DaVita Inc. and Allen Nissenson.(30)*
10.18 Employment Agreement, effective March 3, 2008, between DaVita Inc. and David Shapiro.(32)*
10.19 Amendment to Mr. Shapiro's Employment Agreement, effective December 4, 2008.(32)*
10.20 Employment Agreement, effective March 17, 2010, by and between DaVita Inc. and Javier Rodriguez.(35)*
10.21 Employment Agreement, effective February 26, 2010, by and between DaVita Inc. and Luis Borgen.(36)*
10.22 Amendment to Mr. Borgen's Employment Agreement, effective March 18, 2010.(36)*
10.23 Memorandum Relating to Bonus Structure for Kent J. Thiry.(36)*
10.24 Memorandum Relating to Bonus Structure for Dennis L. Kogod.(36)*
10.25 Memorandum Relating to Bonus Structure for Thomas O. Usilton, Jr.(36)*
10.26 Form of Indemnity Agreement.(20)*
10.27 Form of Indemnity Agreement.(14)*
10.28 Executive Incentive Plan (as Amended and Restated effective January 1, 2009).(34)*
10.29 Executive Retirement Plan.(32)*
10.30 Post-Retirement Deferred Compensation Arrangement.(14)*
10.31 Amendment No. 1 to Post Retirement Deferred Compensation Arrangement.(32)*
10.32 DaVita Voluntary Deferral Plan.(11)*
10.33 Deferred Bonus Plan (Prosperity Plan).(31)
10.34 Amendment No. 1 to Deferred Bonus Plan (Prosperity Plan).(32)*
10.35 Amended and Restated Employee Stock Purchase Plan.(27)*
10.36 Severance Plan.(36)*

10.37 Change in Control Bonus Program.(32)*
10.38 First Amended and Restated Total Renal Care Holdings, Inc. 1999 Non-Executive Officer and Non-Director Equity Compensation Plan.(5)
10.39 Non-Management Director Compensation Philosophy and Plan.(28)*
10.40 Amended and Restated 2002 Equity Compensation Plan.(10)*
10.41 Amended and Restated 2002 Equity Compensation Plan.(19)*
10.42 Amended and Restated 2002 Equity Compensation Plan.(27)*
10.43 Amended and Restated 2002 Equity Compensation Plan.(32)*
10.44 DaVita Inc. 2002 Equity Compensation Plan.(37)*
10.45 Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 1999 Non-Executive Officer and Non-Director Equity Compensation Plan.(18)*
10.46 Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(7)*
10.47 Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.48 Form of Non-Qualified Stock Option Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.49 Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(7)*
10.50 Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.51 Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.52 Form of Restricted Stock Units Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(32)*
10.53 Form of Stock Appreciation Rights Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(16)*
10.54 Form of Stock Appreciation Rights Agreement—Employee (DaVita Inc. 2002 Equity Compensation Plan).(18)*
10.55 Form of Stock Appreciation Rights Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.56 Form of Restricted Stock Units Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.57 Form of Non-Qualified Stock Option Agreement—Board (DaVita Inc. 2002 Equity Compensation Plan).(30)*
10.58 Credit Agreement, dated as of October 5, 2005, among DaVita Inc., the Guarantors party thereto, the Lenders party thereto, Bank of America, N.A., Wachovia Bank, National Association, Bear Stearns Corporate Lending Inc., The Bank of New York, The Bank of Nova Scotia, The Royal Bank of Scotland plc, WestLB AG, New York Branch as Co-Documentation Agents, Credit Suisse, Cayman Islands Branch, as Syndication Agent, JPMorgan Chase Bank, N.A., as Administrative Agent and Collateral Agent, JPMorgan Securities Inc., as Sole Lead Arranger and Bookrunner and Credit Suisse, Cayman Islands Branch, as Co-Arranger.(11)
10.59 Credit Agreement, dated as of October 5, 2005, as Amended and Restated as of February 23, 2007, by and among DaVita Inc., the Guarantors party thereto, the Lenders party thereto and JPMorgan Chase Bank, N.A.(26)

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10.60	Amendment Agreement, dated February 23, 2007, by and among DaVita Inc., the Guarantors party thereto, the Lenders party thereto and JPMorgan Chase Bank, N.A.(26)
10.61	Security Agreement, dated as of October 5, 2005, by DaVita Inc., the Guarantors party thereto and JPMorgan Chase Bank, N.A., as Collateral Agent.(11)
10.62	Credit Agreement, dated as of October 20, 2010, by and among DaVita Inc., the guarantors party thereto, the lenders party thereto, Credit Suisse AG, Barclays Bank PLC, Goldman Sachs Bank USA, Wells Fargo Bank, National Association, Credit Agricole Corporate and Investment Bank, RBC Capital Markets, Scotia Capital (USA) Inc., SunTrust Robinson Humphrey, Inc. and Union Bank, N.A., as Co-Documentation Agents, Bank of America, N.A., as Syndication Agent, JPMorgan Chase Bank, N.A., as Administrative Agent and Collateral Agent, and J.P. Morgan Securities LLC, Banc of America Securities LLC, Credit Suisse Securities (USA) LLC, Barclays Capital, Goldman Sachs Bank USA and Wells Fargo Securities, LLC, as Joint Lead Arrangers and Joint Bookrunners.(39)
10.63	Corporate Integrity Agreement between the Office of Inspector General of the Department of Health and Human Services and Gambro Healthcare, Inc. effective as of December 1, 2004.(11)
10.64	Amended and Restated Alliance and Product Supply Agreement, dated as of August 25, 2006, among Gambro Renal Products, Inc., DaVita Inc. and Gambro AB.(17)**
10.65	Letter dated March 19, 2007 from Willard W. Brittain, Jr. to Peter T. Grauer, Lead Independent Director of the Company.(22)
10.66	Dialysis Organization Agreement between DaVita Inc. and Amgen USA Inc. dated December 20, 2007.(31)**
10.67	Dialysis Organization Agreement between DaVita Inc. and Amgen USA Inc. dated December 17, 2010. ✓**
12.1	Computation of Ratio of Earnings to Fixed Charges.✓
14.1	DaVita Inc. Corporate Governance Code of Ethics.(8)
21.1	List of our subsidiaries.✓
23.1	Consent of KPMG LLP, independent registered public accounting firm.✓
24.1	Powers of Attorney with respect to DaVita. (Included on Page II-1).
31.1	Certification of the Chief Executive Officer, dated February 25, 2011, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓
31.2	Certification of the Chief Financial Officer, dated February 25, 2011, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓
32.1	Certification of the Chief Executive Officer, dated February 25, 2011, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓
32.2	Certification of the Chief Financial Officer, dated February 25, 2011, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓
101.INS	XBRL Instance Document.***
101.SCH	XBRL Taxonomy Extension Schema Document.***
101.CAL	XBRL Taxonomy Extension Calculation Linkbase Document.***
101.DEF	XBRL Taxonomy Extension Definition Linkbase Document.***
101.LAB	XBRL Taxonomy Extension Label Linkbase Document.***
101.PRE	XBRL Taxonomy Extension Presentation Linkbase Document.***

✓ Included in this filing.

* Management contract or executive compensation plan or arrangement.

** Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the SEC.

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*** XBRL information is furnished and not filed as a part of a registration statement or prospectus for purposes of Section 11 or 12 of the Securities and Exchange Act of 1933, is deemed not filed for purposes of Section 18 of the Securities and Exchange Act of 1934, and otherwise is not subject to liability under these sections.

(1) Filed on March 18, 1996 as an exhibit to the Company's Transitional Report on Form 10-K for the transition period from June 1, 1995 to December 31, 1995.

(2) Filed on March 31, 1998 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 1997.

(3) Filed on March 25, 2005 as an exhibit to the Company's Current Report on Form 8-K.

(4) Filed on March 20, 2001 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2000.

(5) Filed on February 28, 2003 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2002.

(6) Filed on August 15, 2001 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2001.

(7) Filed on November 8, 2004 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2004.

(8) Filed on February 27, 2004 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2003.

(9) Filed on December 8, 2004 as an exhibit to the Company's Current Report on Form 8-K.

(10) Filed on May 4, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2005.

(11) Filed on November 8, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2005.

(12) Filed on October 11, 2005 as an exhibit to the Company's Current Report on Form 8-K.

(13) Filed on November 4, 2005 as an exhibit to the Company's Current Report on Form 8-K.

(14) Filed on March 3, 2005 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2004.

(15) Filed on August 7, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ending June 30, 2006.

(16) Filed on July 6, 2006 as an exhibit to the Company's Current Report on Form 8-K.

(17) Filed on November 3, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2006.

(18) Filed on October 18, 2006 as an exhibit to the Company's Current Report on Form 8-K.

(19) Filed on July 31, 2006 as an exhibit to the Company's Current Report on Form 8-K.

(20) Filed on December 20, 2006 as an exhibit to the Company's Current Report on Form 8-K.

(21) Filed on November 19, 2002 as an exhibit to the Company's Current Report on Form 8-K.

(22) Filed on May 3, 2007 as an exhibit to the Company's Quarterly Report as Form 10-Q for the quarter ended March 31, 2007.

(23) Filed on August 6, 2007 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2007.

(24) Filed on February 16, 2007 as an exhibit to the Company's Current Report on Form 8-K.

(25) Filed on March 8, 2007 as an exhibit to the Company's Current Report on Form 8-K.

(26) Filed on February 28, 2007 as an exhibit to the Company's Current Report on Form 8-K.

(27) Filed on June 4, 2007 as an exhibit to the Company's Current Report on Form 8-K.

(28) Filed on May 8, 2008 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2008.

(29) Filed on July 31, 2008 as an exhibit to the Company's Current Report on Form 8-K.

(30) Filed on November 6, 2008 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2008.

(31) Filed on February 29, 2008 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2007.

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(32) Filed on February 27, 2009 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2008
(33) Filed on May 7, 2009 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2009.
(34) Filed on June 18, 2009 as an exhibit to the Company's Current Report on Form 8-K.
(35) Filed on April 14, 2010 as an exhibit to the Company's Current Report on Form 8-K.
(36) Filed on May 3, 2010 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2010.
(37) Filed on April 28, 2010 as Appendix A to the Company's Definitive Proxy Statement on Schedule 14A.
(38) Filed on October 19, 2010 as an exhibit to the Company's Current Report on Form 8-K.
(39) Filed on October 21, 2010 as an exhibit to the Company's Current Report on Form 8-K.

Dialysis Organization Agreement
Information Sheet

This Information Sheet sets forth certain definitions and other information as used in the attached Dialysis Organization Agreement. As used in such Dialysis Organization Agreement, the following terms shall have the meanings ascribed below:

DIALYSIS CENTER (FULL LEGAL NAME): DaVita Inc.

TERRITORY: United States

TERM START DATE: January 1, 2011

TERM END DATE: June 30, 2011

PRODUCT [DELETED] PERCENTAGES:

PRODUCT: EPOGEN® (Epoetin alfa) [DELETED] PERCENTAGE: [DELETED]%

All products and packages generally made available for sale in the United States throughout the Term (as defined in Section 8.1).

DIALYSIS CENTER NOTICE ADDRESS AND FAX:

601 Hawaii Street

El Segundo, CA 90245

Fax: 866-912-0682

AMGEN AGREEMENT NO.: 920110141

[DELETED] = Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the Securities and Exchange Commission.

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This Dialysis Organization Agreement (this "Agreement") is made by and between Amgen USA Inc. ("Amgen"), a wholly-owned subsidiary of Amgen Inc., and DaVita Inc. ("Dialysis Center") to set forth the terms and conditions upon which Dialysis Center shall purchase the Product and Amgen shall provide discounts and pay rebates on the Product. Amgen Inc. is a party to this Agreement for the purposes set forth in Sections 3.2, 4.6, 4.7, 6.1, 6.2, 7.1, 7.2.1, and 9.13 of this Agreement.

Amgen and Dialysis Center hereby agree as follows:

1. DEFINITIONS

When used with initial capitals herein, the following terms shall have the meanings ascribed to them below:

1.1. "Affiliate" of a given entity shall mean an entity that controls, is controlled by, or under common control with such given entity. Control shall mean ownership of more than fifty percent (50%) of the voting stock of an entity or, for non-stock entities, the right to more than fifty percent (50%) of the profits of such entity.

1.2. "Authorized Wholesalers" shall mean those wholesalers listed on Exhibit B, as such list may be modified pursuant to Section 2.3.

1.3. "Data" shall have the meaning set forth in Schedule 1 of this Agreement.

1.4. "Designated Affiliates" shall mean any Affiliate of Dialysis Center listed on Exhibit C, as such list may be modified pursuant to Section 2.2.

1.5. "Designated Managed Centers" shall mean any Managed Center listed on Exhibit D as such list may be modified pursuant to Section 2.2.

1.6. "Dialysis Center Purchasers" shall mean Dialysis Center, its Designated Affiliates and Designated Managed Centers.

1.7. "ESRD" shall mean end stage renal disease.

1.8. "HIPAA" shall mean the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, each as may be amended.

1.9. "Individually Identifiable Health Information" shall have the meaning specified in HIPAA.

1.10. "Information Sheet" shall mean the information sheet attached hereto.

1.11. "[DELETED] Percentage" shall mean, with respect to the Product, the percentage set forth as the "[DELETED] Percentage" in the Information Sheet.

1.12. "Managed Center" shall mean a dialysis facility that is not an Affiliate of Dialysis Center but for which Dialysis Center or an Affiliate of Dialysis Center provides management and administrative services, including the purchase and billing of the Product.

1.13. "OutcomesPlus" shall mean Amgen's proprietary, HIPAA compliant retrospective observational database that is comprised of the electronic de-identified patient-level data, set forth in Schedule 1.

1.14. "Qualified Gross Purchases" shall mean the amount of Product purchased by Dialysis Center Purchasers during the Term from an Authorized Wholesaler (or from Amgen pursuant to Section 2.3) and confirmed by Amgen through sales tracking data. Qualified Gross Purchases shall be calculated using the [DELETED] in effect at the time of the relevant purchase.

1.15. "Quarter" shall mean each calendar quarter during the Term (*i.e.*, January 1 through March 31 or April 1 through June 30).

1.16. "[DELETED]" shall mean the [DELETED] for the Product to [DELETED].

2. PURCHASE AND SALE OF PRODUCTS

2.1. Discounts. Effective on the Term Start Date of this Agreement, Dialysis Center Purchasers shall have the right to purchase the Product through Authorized Wholesalers or directly from Amgen pursuant to Section 2.3 at the then-prevailing [DELETED] less the [DELETED]. Amgen reserves the right to change [DELETED] any time, by any amount, without notice, subject in such case to the [DELETED] Rebate provisions set forth in Section 2.2 of Exhibit A. Amgen shall notify Dialysis Center of any change to [DELETED] in accordance with Amgen's customary business practices. Pricing, discounts, and rebates set forth in this Agreement are without regard to any wholesaler markup, service fees, or other charges, which may be charged separately by Authorized Wholesalers.

2.2. Affiliates and Managed Centers.

2.2.1. Only purchases of Product made by Dialysis Center Purchasers shall be eligible for the pricing, discounts and/or rebates granted pursuant to this Agreement. Dialysis Center shall have the right to remove its Affiliates from the list of Designated Affiliates and to remove Managed Centers from the list of Designated Managed Centers by [DELETED] days prior written notice to Amgen. Dialysis Center shall have the right to add its Affiliates and Managed Centers to the list of Designated Affiliates or list of Designated Managed Centers, as applicable, with prior written notice to Amgen and upon Amgen's approval, which shall not be unreasonably conditioned, withheld or delayed, it being understood that Dialysis Center shall use its commercially reasonable best efforts to provide Amgen and the applicable Authorized Wholesaler with at least [DELETED] days prior written notice in situations involving *de novo* dialysis facilities and at least [DELETED] days prior written notice in the case of dialysis facilities that are acquired by Dialysis Center or that enter into management or administrative service agreements with Dialysis Center. In the event Dialysis Center provides [DELETED] or fewer days prior written notice, Dialysis Center agrees to coordinate with Dialysis Center's Authorized Wholesaler to ensure purchases made by such Affiliates and/or Managed Centers are credited to Dialysis Center upon the date Amgen adds such Affiliates and/or Managed Centers to the list of Designated Affiliates or list of Designated Managed Centers, as applicable. Amgen shall restrict the dissemination of information pertaining to the addition of Affiliates as Designated Affiliates and Managed Centers as Designated Managed Centers to its employees, agents and contractors that have a need to know such information. So long as Dialysis Center has used its commercially reasonable best efforts to provide such advance notice to Amgen, such new Affiliates and Managed Centers shall be added to the list of Designated Affiliates or list of Designated Managed Centers, as applicable, as of the date of acquisition by Dialysis Center or the commencement of the management relationship between Dialysis Center and Managed Center or such later date specified by Dialysis Center.

2.2.2. All purchases of the Product made on and after the date such Affiliates and Managed Centers are added to the list of Designated Affiliates or list of Designated Managed Centers, as applicable, shall constitute "Qualified Gross Purchases" under this Agreement and shall be included for purposes of calculating each and every discount and rebate provided hereunder and in Exhibit A (which is incorporated by reference hereto and made a part of this Agreement), including the [DELETED] Percentage. Amgen shall pay all discounts and rebates earned by Dialysis Center to Dialysis Center unless Amgen can demonstrate to Dialysis Center that it is obligated to pay any such discounts and/or rebates to any person or entity other than Dialysis Center.

2.2.3. In the event of a change to information set forth in the list of Designated Affiliates or list of Designated Managed Centers (such as address), Dialysis Center shall [DELETED] notify Amgen and Amgen shall update the relevant list. Amgen shall reserve the right in its reasonable discretion to [DELETED] and [DELETED] in accordance with the following: [DELETED] by Amgen shall be effective (a) [DELETED].

2.2.4. Dialysis Center shall ensure compliance with the terms and conditions of this Agreement applying to Dialysis Center by its Designated Affiliates and Designated Managed Centers. Dialysis Center

shall be liable for the acts and omissions of its Designated Affiliates and Designated Managed Centers, and Amgen shall have the right (but not the obligation) to proceed directly against Dialysis Center in the event of a breach of this Agreement by any such Designated Affiliate or Designated Managed Center, without first proceeding against such Designated Affiliate or Designated Managed Center.

2.3. Authorized Wholesalers. Only Product purchased from Authorized Wholesalers or directly from Amgen pursuant to this Section 2.3 shall be eligible for the pricing, discounts and/or rebates granted pursuant to this Agreement. Dialysis Center shall have the right to remove wholesalers from the list of Authorized Wholesalers by [DELETED] days prior written notice to Amgen, and shall have the right to add wholesalers to the list of Authorized Wholesalers by [DELETED] days notice to Amgen upon Amgen's approval, which approval shall not be unreasonably withheld or delayed. Amgen shall have the right, in its reasonable discretion, to add wholesalers to the list of Authorized Wholesalers by [DELETED] days prior written notice to Dialysis Center. Amgen shall have the right, in its reasonable discretion, to remove wholesalers from the list of Authorized Wholesalers by [DELETED] days prior written notice to Dialysis Center, so long as (a) Amgen rejects or terminates such wholesaler with respect to providing the Product to any and all purchasers of the Product, or (b) such wholesaler independently requests Amgen to remove it as an Authorized Wholesaler for Dialysis Center. In the event Amgen terminates any Authorized Wholesaler from which any Dialysis Center Purchasers are purchasing the Product, Amgen shall work with Dialysis Center to transition the Dialysis Center Purchasers purchasing to an Authorized Wholesaler and shall use reasonable efforts to establish a direct purchasing relationship in any interim period, which in no event shall exceed [DELETED] days, between the removal of the removed Authorized Wholesaler and the initiation of purchases from a new Authorized Wholesaler, if no alternative Authorized Wholesaler exists at such time. Any such direct purchasing relationship shall be subject to credit qualification and the approval by Amgen of an application for direct ship account. If Dialysis Center Purchasers purchase directly from Amgen as contemplated immediately above, all purchases made from Amgen shall be deemed "Qualified Gross Purchases" and all such purchases shall be eligible for all of the discounts and/or rebates provided for in this Agreement and Exhibit A.

2.4. Own Use. Dialysis Center hereby certifies that Product purchased hereunder shall be for Dialysis Center Purchasers' "own use" for the treatment of dialysis patients. Only Product purchased for Dialysis Center Purchasers' "own use" for the treatment of dialysis patients shall be eligible for the pricing, discounts and/or rebates available pursuant to this Agreement. Dialysis Center Purchasers covenant that they shall not seek any such pricing, discounts and/or rebates for any Product not for their "own use" for the treatment of dialysis patients, and shall [DELETED] notify Amgen in the event Amgen does provide Dialysis Center Purchasers any such pricing, discount and/or rebates.

2.5. Product License Agreement. Amgen has publicly disclosed that it is a party to a product license agreement with Ortho Pharmaceutical Corporation. Amgen hereby represents to Dialysis Center that, under such product license agreement: (a) Amgen has the exclusive right to promote and sell Epoetin alfa, in the United States, under the trade name EPOGEN® for use with dialysis patients, (b) Amgen has licensed Ortho, as Amgen's distributor, the exclusive right to promote and sell Epoetin alfa in the United States under the trade name PROCRIT® for non-dialysis uses only and (c) Ortho is not authorized to promote or sell PROCRIT® in the United States for dialysis use. Consistent with the terms of such product license agreement and so long as such agreement remains in effect, Dialysis Center Purchasers shall not use PROCRIT® for use with dialysis patients.

2.6. Vial Sizes. Dialysis Center agrees that Dialysis Center Purchasers shall maintain consistency in their relative mix of Product types in their purchases. Dialysis Center shall give Amgen at least [DELETED] months' prior written notice should the percentage of Dialysis Center Purchasers' purchases made up by any particular SKU deviate by more than [DELETED] percent ([DELETED]%) from the previous [DELETED] unless Amgen's prior written consent shall have been obtained. By way of example, if EPOGEN® 2,000 unit/mL (NDC 55513-126-01) made up [DELETED]% of the aggregate purchases of Product by Dialysis Center Purchasers in the [DELETED] of given year, it shall make up no less than

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[DELETED]% (i.e. [DELETED]% of [DELETED]%) and no more than [DELETED]% (i.e. [DELETED]% of [DELETED]%) of the aggregate purchases of Product by Dialysis Center Purchasers in the [DELETED] of such year, unless Dialysis Center shall have given Amgen [DELETED] months' prior written notice of such change. Dialysis Center shall [DELETED] notify and consult with Amgen should it consider a material change to its Product type mix. Amgen shall use its commercially reasonable efforts to accommodate requests by Dialysis Center for Product in SKUs different from its typical mix if such Product is available for distribution and sale in the Territory and is not committed to others.

3. **REBATES**

3.1. Earning and Vesting of Rebates. Dialysis Center shall qualify for rebates based upon verified Qualified Gross Purchases in accordance with the terms and conditions of this Agreement and the formulae set forth in Exhibit A. For the purposes of calculating any of the rebates hereunder, Qualified Gross Purchases shall be deemed made on the date of invoice to any Dialysis Center Purchaser from the Authorized Wholesaler or Amgen pursuant to Section 2.3.

3.2. Payment of Rebates. Rebates shall be paid [DELETED] in arrears, within the time frame specified for each such rebate in Exhibit A, by electronic funds transfer ("EFT") using EFT information provided to Amgen by Dialysis Center as necessary to enable EFT payment. Amgen Inc. hereby guarantees Amgen's obligation to pay all rebates earned by Dialysis Center hereunder. All payments are subject to audit and final determination as provided in Section 3.3 hereto.

3.3. Verification and Audit. Rebates specified herein are subject to verification and audit of the relevant purchase and other data (including the Data supplied pursuant to Section 4), as reasonably necessary to calculate amounts payable hereunder. Dialysis Center Purchasers shall maintain their books and records in accordance with U.S. generally accepted accounting principles, consistently applied. To the extent [DELETED], in its reasonable discretion, determines that it is necessary to verify and confirm the calculation of any rebate described in this Agreement in order to audit and assure compliance with the terms of this Agreement, [DELETED] shall provide written notice of same to [DELETED] (an "Objection Notice") setting forth in detail any and all items of disagreement related to such computation or statement. [DELETED] shall [DELETED] engage (at [DELETED]'s sole cost and expense, subject to any reimbursement by [DELETED] as set forth below) and refer the items in dispute to a nationally recognized firm of independent, certified public accountants as to which [DELETED] agree (the "Firm"), to resolve any disagreements. [DELETED] will direct the Firm to render a written determination within [DELETED] days of its retention, and [DELETED] and their respective agents will cooperate with the Firm during its engagement. Any such audit shall be conducted during normal business hours, and so as not to unreasonably interfere with the business of [DELETED]. In the event any such audit is requested by [DELETED] and shows that [DELETED] have submitted incorrect information resulting in [DELETED] in excess of [DELETED] percent ([DELETED]%) of the amount to which it was entitled in any [DELETED], [DELETED] shall reimburse [DELETED] for the [DELETED] of such audit; otherwise, [DELETED] shall be responsible for the [DELETED] of such audit. In the event any such audit is requested by [DELETED] and shows that [DELETED] have submitted correct information but have been [DELETED] by more than [DELETED] percent ([DELETED]%) of the amount to which they were entitled in any [DELETED], [DELETED] shall reimburse [DELETED] for the [DELETED] of such audit; otherwise, [DELETED] shall be responsible for the [DELETED] of such audit. The determination of the Firm will be conclusive and binding upon [DELETED]. Following any audit that shows any [DELETED], [DELETED] shall, within [DELETED] ([DELETED]) days, make [DELETED] for the difference between the [DELETED] hereunder and the [DELETED] hereunder based upon the results of such audit.

3.4. Adjustments for Changes. In accordance with Section 2.2 above, in the event of an Affiliate's addition to or deletion from the list of Designated Affiliates or a Managed Center's addition to or deletion from the list of Designated Managed Centers during any [DELETED] of the Term, Amgen shall adjust Qualified Gross Purchases to account for such change by adding or deleting such Designated Affiliates' or

Designated Managed Centers', as applicable, purchases to or from the relevant [DELETED] or comparison [DELETED] (or portion thereof).

3.5. Treatment of Discounts and Rebates.

3.5.1. Dialysis Center agrees that Dialysis Center Purchasers shall properly disclose and account for all discounts and/or rebates earned hereunder, in whatever form, in compliance with all applicable federal, state, and local laws and regulations, including §1128B(b) of the Social Security Act, as amended and its implementing regulations. Dialysis Center agrees that, if required by such statutes or regulations, it (together with its Designated Affiliates) shall and it shall cause its Designated Managed Centers to (i) claim the benefit of such discount and/or rebate received in the fiscal year in which such discount and/or rebate was earned or the year after, (ii) fully and accurately report the value of such discount and/or rebate in any cost reports filed under Title XVIII or Title XIX of the Social Security Act, as amended or a state health care program, and (iii) provide, upon request by the U.S. Department of Health and Human Services or a state agency or any other federally funded state health care program, the information furnished to Dialysis Center Purchasers by Amgen concerning the amount or value of such discount and/or rebate.

3.5.2. In order to assist Dialysis Center's compliance with its obligations as set forth in Section 3.5.1 above, Amgen agrees that it will fully and accurately report all discounts and/or rebates on the invoices or statements submitted to Dialysis Center and use reasonable efforts to inform Dialysis Center of its obligations to report such discounts and/or rebates; or where the value of a discount and/or rebate is not known at the time of sale, Amgen shall fully and accurately report the existence of the discount and/or rebate program on the invoices or statements submitted to Dialysis Center, use reasonable efforts to inform Dialysis Center of its obligations to report such discounts and/or rebates and when the value of the discounts and/or rebates becomes known, provide Dialysis Center with documentation of the calculation of the discount and/or rebate identifying the specific goods or services purchased to which the discount and/or rebate will be applied, in accordance with Section 3.6 below.

3.6. Reports. Amgen shall provide to Dialysis Center a [DELETED] statement of the discounts and/or rebates earned hereunder with the itemization of Product purchases made in a particular [DELETED], broken down for each Dialysis Center Purchaser and any other information that Dialysis Center may reasonably request that is reasonably available to Amgen and necessary for Dialysis Center to obtain in order to comply with its obligations hereunder. Dialysis Center agrees that it will provide such information to its Dialysis Center Purchasers in a timely manner in order to allow such Dialysis Center Purchasers to meet their reporting and other obligations hereunder and under applicable law and regulation.

3.7. Best Price Limitation. Dialysis Center and Amgen do not intend for any discount or rebate under this Agreement or aggregated price concessions to Dialysis Center to result in the establishment of "Best Price" for any dosage, form or strength of the Product under the Medicaid Best Price Program (42 U.S.C. § 1396r-8) including all implementing regulations ("the Medicaid Best Price Program"). In the event transactions involving [DELETED] parties other than Dialysis Center result in Dialysis Center's establishment of [DELETED], Amgen may [DELETED] under this Agreement. In all other events, Amgen shall have the right, in its sole discretion, to determine the extent to which any [DELETED] may impact Amgen's [DELETED] calculation and in such instances, if Amgen believes any [DELETED] to Dialysis Center may establish [DELETED], Amgen shall have the right to [DELETED], and shall promptly notify Dialysis Center of the [DELETED]. Other than as provided for under Section 8.5, if Dialysis Center establishes "Best Price" for any dosage, form or strength of the Product under the Medicaid Best Price Program, then Amgen may only adjust [DELETED] available under this Agreement as described in this Agreement and in Exhibit A (i.e. [DELETED]). Any [DELETED] shall be collected from Dialysis Center through [DELETED] that Dialysis Center is entitled to [DELETED], as determined by Amgen. If the contract is terminated or expires prior to the full amount of [DELETED] owed to Amgen being collected, Dialysis Center shall pay any remaining amounts to Amgen within [DELETED] days of contract termination or expiration.

4. PATIENT AND PRODUCT DATA

4.1. Data Submission. Subject to the requirements set forth elsewhere in this Agreement, including Exhibit A, Dialysis Center shall provide certain patient and product data, as specified on Schedule 1 (the "Data") to Amgen (or to a data collection vendor specified and paid for by Amgen) on a [DELETED] basis by the last day of the following [DELETED] (or the next business day if such last day is not a business day). To the extent Amgen requests that Dialysis Center deliver the Data to a designated data collection vendor instead of Amgen directly, Dialysis Center's delivery of the Data to such data collection vendor shall be considered delivery to Amgen for purposes of this Agreement. Data shall be submitted by Dialysis Center in the format set forth on Schedule 1. To the extent Amgen requests that Dialysis Center deliver the Data to a designated data collection vendor, Amgen agrees to cause any such designated data collection vendor to adhere to and be bound by all of the requirements relating to the confidentiality, use and disclosure of the Data hereunder as applicable to Amgen, and any failure by any such designated data collection vendor to act in accordance with such requirements shall be the sole responsibility of Amgen, and Amgen shall be directly liable to Dialysis Center as if Amgen had directly breached any of its obligations or the requirements related to the confidentiality, use or disclosure of the Data as set forth herein.

4.2. HIPAA Compliance. The parties acknowledge and agree that Dialysis Center has no intent to provide to Amgen (or any designated data collection vendor), and Amgen has no intent to receive from Dialysis Center, any Data in violation of the HIPAA Privacy Rule. Further, it is the intent of such parties that each delivery of the Data hereunder to Amgen (or such designee) meet the requirements for "statistical de-identification" as set forth in 45 C.F.R. Section 164.514(b)(1). Accordingly, and notwithstanding anything in this Agreement to the contrary, Amgen acknowledges and agrees that Dialysis Center shall not be obligated to submit any Data pursuant to this Agreement unless and until a Certification has been delivered to Dialysis Center for the submission of such Data and the Certification Requirements (as defined in Section 4.3) therein have been satisfied. For purposes of the foregoing, "Certification" shall mean a written certification delivered to Dialysis Center by a statistician who is reasonably acceptable to Dialysis Center and Amgen who meets the requirements set forth in 45 C.F.R. Section 164.514(b)(1) (a "Statistician"), which Certification must conclude that, subject to any conditions, requirements or assumptions set forth therein, each delivery of the Data pursuant to this Agreement will meet the standards for "de-identification" under HIPAA.

4.3. Certification Requirements. Promptly following the date of execution of this Agreement by the parties, Dialysis Center will engage (at Amgen's sole cost and expense) a Statistician to render a Certification to Dialysis Center. In connection with the delivery of the Certification the parties agree to use their reasonable best efforts to facilitate the delivery of such Certification in an expedited manner. In support of the foregoing and in acknowledgement that the delivery of the Data hereunder is contemplated to be an ongoing obligation of Dialysis Center, the parties agree to amend or supplement this Agreement from time to time to reflect those additional representations, warranties or covenants of the parties as are necessary to support any conditions, requirements or assumptions contained in such Certification (the "Certification Requirements"). During the Term and upon request from Dialysis Center (which request shall not be more frequently than [DELETED] per [DELETED], if at all), Amgen agrees to certify to Dialysis Center in writing that the Certification Requirements have been fulfilled and that any representations or covenants of Amgen contained in this Agreement (or in any amendment or supplement hereto) in support of such Certification Requirements are true and correct or have been satisfied, as the case may be. Notwithstanding anything in this Agreement to the contrary, Amgen shall be under no obligation to pay any rebates pursuant to this Agreement, unless and until the initial Certification is issued.

4.4. Invalid Certification.

4.4.1. In the event that the Statistician determines that a Certification is no longer valid, the parties agree to use their reasonable best efforts to work together in good faith and take such actions as may be necessary to cause a valid Certification to be issued to Dialysis Center such that the delivery of the Data hereunder to Amgen may be resumed as quickly as possible, with the intent of preserving as many of the Data elements set forth in Schedule 1 as possible.

4.4.2. In the event that a change in applicable laws, rules or regulations is the cause for the Certification becoming invalid, each party shall have the right, after attempting to negotiate changes to this Agreement as contemplated above, to terminate this Agreement upon [DELETED] days written notice with no requirement that Dialysis Center deliver the Data and no right of Dialysis Center to receive the rebates set forth in Exhibit A.

4.4.3. In the event Dialysis Center is the cause of such Certification becoming invalid, Amgen shall have the right, after working together in good faith to take such actions as may be necessary to cause a valid Certification to be issued as contemplated above, to terminate this Agreement upon [DELETED] days prior written notice to Dialysis Center. In connection with any such termination, Amgen shall pay to Dialysis Center, in accordance with Exhibit A, the appropriate proportion of any rebates earned up to the dates covered in the last Data submission by Dialysis Center and thereafter Dialysis Center shall have no obligation to deliver any Data.

4.4.4. If Amgen is the cause of such Certification becoming invalid, Dialysis Center shall promptly notify Amgen of that fact and the parties shall work together in good faith to take such actions as may be necessary to cause a valid Certification to be issued as contemplated above.

4.4.5. If a replacement Certification is not obtained within [DELETED] days of the date that Dialysis Center sent the notice stating that the Certification was invalidated, either party may terminate this Agreement effective as of the [DELETED] day after Dialysis Center transmitted the notice that the Certification was invalidated.

4.4.6. From the date Dialysis Center sends the notice to Amgen that the Certification was invalidated until the time that a new Certification is issued or the time that this Agreement is terminated, which period shall not exceed [DELETED] days from the date that Dialysis Center sent the notice of invalidation, Dialysis Center may suspend the delivery of the Data without losing the ability to earn rebates through the date this Agreement is terminated. To the extent the Data necessary for Amgen to calculate any rebate described in Exhibit A is not delivered as a result of a Certification becoming invalid, Dialysis Center shall calculate such rebates and shall provide the results of such calculations to Amgen until the delivery of the Data hereunder to Amgen can be resumed. In connection with the foregoing, Amgen shall be permitted to audit any such calculations made by Dialysis Center, either directly or through a third party selected by Amgen, subject to the execution and delivery of appropriate agreements regarding confidentiality and compliance with laws, including HIPAA.

4.5. Amgen Activities; Permitted Data Elements. Amgen represents, warrants, covenants and agrees that (i) absent the express written consent from Dialysis Center and other than linking with fields of information that contain only Permitted Data Elements (as defined below), Amgen will not link the Data with any other data elements; (ii) Amgen will delete, purge or eliminate from any database that will hold the Data, all data elements identified in the safe harbor at 45 C.F.R. Section 164.514(b)(2)(i), other than any data element that constitutes a Permitted Data Element; and (iii) Amgen will not create any reports that contain Patient Level Data (as defined below) or permit access to the Data by any person who otherwise has access to Patient Level Data for patients of Dialysis Center. For purposes of the foregoing and this Agreement, the following definitions shall apply: (A) "Patient Level Data" shall mean any data elements attributable to a particular patient; and (B) "Permitted Data Element" shall mean the data elements comprising [DELETED]. Amgen represents, warrants, covenants and agrees that throughout the Term it will maintain and enforce such policies, standards or procedures, including those regarding various physical, technical and procedural safeguards, as necessary for Amgen to comply with the restrictions on use and disclosure of the Data by Amgen that are set forth herein. To the extent that Amgen desires to link with any data element not included in the list of Permitted Data Elements, Amgen shall so inform Dialysis Center in writing and identify the additional data elements desired to be included as a Permitted Data Element hereunder. Upon receipt of such notice, Dialysis Center will promptly engage, at Amgen's expense, a Statistician to render a written Certification to Dialysis Center with respect to the Data, taking into account the desired linking of the additional data to be included as a

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Permitted Data Element hereunder. In connection with the foregoing, such Statistician shall provide a timeline to both Dialysis Center and Amgen setting forth the required time and any additional information necessary for such Statistician to conduct an appropriate review of such new desired Permitted Data Elements, and inform the parties whether a Certification can be rendered within [DELETED] days. To the extent that such Statistician determines that such Certification cannot be rendered within such [DELETED] day time period, Dialysis Center and Amgen shall work together in good faith to identify a mutually acceptable alternate solution.

4.6. Data Use. Amgen and Amgen Inc. covenant and agree that Amgen shall only be permitted to use the Data as follows: (i) [DELETED]. In addition, Amgen may use the Data, with the prior written consent of Dialysis Center (which shall not be unreasonably withheld), in support of any [DELETED]. Except as set forth above, Amgen and Amgen Inc. covenant that Amgen shall not otherwise use, disclose, sell or resell the Data, or the results of any analyses or any derivative works based in whole or part on any Data, without the prior written consent of Dialysis Center. Notwithstanding anything in this Agreement to the contrary, Amgen agrees to not use any Data (or the results of any analyses or any derivative works based in whole or part on any Data) in a manner that shows the Data separately or specifies that it came from any Dialysis Center Purchasers; provided however, that so long as the Data does not (a) constitute more than [DELETED] percent ([DELETED]%) of the overall data displayed for purposes of [DELETED]; and (b) reasonably result in a [DELETED], as determined by Dialysis Center in its reasonable discretion, then Amgen shall be permitted to use the Data (or the results of any analyses or any derivative works based in whole or part on any Data) for such purpose.

4.7. Patient ID. The "Patient ID" as described in the Data to be delivered hereunder shall be a consistent and unique alpha-numeric code (which shall not be derived from Individually Identifiable Health Information) and a "case identifier" to track the care rendered to each individual patient over time, and Amgen and Amgen Inc. covenant that Amgen shall not request and Dialysis Center shall not provide the key or list matching patient identities to these "Patient IDs" or unique case identifiers.

4.8. Clinical Research Studies. Dialysis Center and Amgen acknowledge that Dialysis Center, either directly or through DaVita Clinical Research, Inc. ("DCR"), an Affiliate of Dialysis Center, may from time to time be engaged in research studies in which patients of Dialysis Center Purchasers, may serve as clinical trial subjects (a "Research Study"). Notwithstanding any obligation of Dialysis Center in this Agreement to the contrary, including any requirement in Section 3.4 of Exhibit A, Dialysis Center shall not be required [DELETED], but shall continue without limitation to be eligible for, and if earned receive, all rebates granted pursuant to this Agreement, so long as (i) Dialysis Center notifies Amgen of the [DELETED] by Dialysis Center to Amgen as otherwise required by this Agreement as a result of such [DELETED], and (ii) [DELETED] whose [DELETED] Dialysis Center does not exceed the [DELETED]. For purposes of the foregoing, "[DELETED]" means [DELETED] of the aggregate number of persons receiving treatment from Dialysis Center Purchasers in any calendar [DELETED].

5. COMPENSATION DATA

Dialysis Center agrees that it shall provide the data, with respect to the Product, set forth on Schedule 2 attached hereto (the "Compensation Data") to Amgen in the electronic format set forth on Schedule 2 on a [DELETED] basis no later than the [DELETED] day of the following [DELETED] following the [DELETED] for which such Compensation Data is being provided. Amgen acknowledges, agrees and covenants that it shall only use the Compensation Data for [DELETED]. Dialysis Center and Amgen acknowledge and agree that the Compensation Data does not include and shall never include any Individually Identifiable Health Information of any patient of Dialysis Center Purchasers. Notwithstanding the foregoing, Amgen acknowledges and agrees that Dialysis Center shall only be required to deliver the Compensation Data to Amgen for as long as [DELETED]. Amgen shall indemnify, defend and hold harmless Dialysis Center from and against any and all loss, damage and/or expense (including reasonable attorney's fees) that it may suffer as a result of claims, demands, actions, proceedings, liabilities, costs or judgments, or threats thereof arising out Dialysis Center's supply of the Compensation Data to Amgen.

6. WARRANTIES, REPRESENTATIONS AND COVENANTS

6.1. Power and Authority. Each party represents and warrants to the other that this Agreement: (a) has been duly authorized, executed, and delivered by it, (b) constitutes a valid, legal, and binding agreement enforceable against it in accordance with the terms contained herein, and (c) does not conflict with or violate any of its other contractual obligations, expressed or implied, to which it is a party or by which it may be bound. The party executing this Agreement on behalf of Dialysis Center specifically warrants and represents to Amgen that it is authorized to execute this Agreement on behalf of and has the power to bind the Dialysis Center Purchasers to the terms set forth in this Agreement. The parties executing this Agreement on behalf of Amgen and Amgen Inc. specifically warrant and represent to Dialysis Center that they are authorized to execute this Agreement on behalf of and have the power to bind Amgen and Amgen Inc. to the terms set forth in this Agreement.

6.2. Compliance with Law and Regulation. Amgen and Amgen Inc. shall, and Dialysis Center shall, comply with all applicable laws and regulations. Both parties represent and warrant the following (which representations and warranties shall be ongoing representations and warranties during the Term), and each party shall promptly notify the other party of any known change in status in respect to the following: (i) that it is not currently named on any of the following lists (A) HHS/OIG List of Excluded Individuals/Entities, (B) GSA List of Parties Excluded from Federal Programs, or (C) OFAC "SDN and Blocked Individuals"; and (ii) that if during the Term there is a change in either party's status which excludes it from participation in any Federal health care program, the other party may terminate this Agreement [DELETED] upon prior written notice to the other party.

6.3. Product. Amgen covenants and agrees that the Product is not and will not be adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, as amended, or within the meaning of any applicable state or municipal law, or is or will be a product which may not be introduced in to interstate commerce. Amgen warrants that the Product purchased pursuant to this Agreement (a) is manufactured, and up to the time of its receipt by Authorized Wholesalers is handled, stored and transported in accordance with all applicable federal, state and local laws and implementing regulations, and meet all specifications for effectiveness and reliability as required by the United States Food and Drug Administration (the "FDA"), and (b) when used in accordance with the directions in the labeling is fit for the purposes and indications described in the labeling. Amgen warrants that the use of the Product by Dialysis Center Purchasers shall not infringe upon any ownership rights of any other person or upon any patent, copyright, trademark or other intellectual property or proprietary right or trade secret of any third party. Amgen agrees that as soon as practicable it will notify Dialysis Center of any material defect in the Product delivered to any Dialysis Center Purchasers in accordance with applicable law.

7. INDEMNITY AND INSURANCE

7.1. Insurance. Each of the parties agrees that it shall secure and maintain in full force and effect throughout the Term (and following termination, to the extent necessary to cover any claims arising from this Agreement) [DELETED] insurance and [DELETED] insurance (in the case of [DELETED]) each with limits of $[DELETED] each claim and in the aggregate including [DELETED] coverage and [DELETED] coverage in accordance with [DELETED]. Dialysis Center shall carry [DELETED] insurance with limits of $[DELETED] for each claim and in the aggregate. Any limits on either party's insurance coverage shall not be construed to create a limit on such party's liability with respect to its obligations under this Agreement. Each of the parties shall be named as an additional insured in each of the other's [DELETED] insurance policy or policies, except that [DELETED] shall not be obligated to name [DELETED] as an additional insured under its [DELETED] coverage. To the extent practicable, such policies shall provide at least [DELETED] days prior written notice to the other party of the [DELETED]. Each of the parties shall supply certificates of insurance to the other party upon request, stating that [DELETED]. Amgen Inc. hereby guarantees the performance of Amgen's obligations as set forth in this Section 7.1. Each of the parties shall have the right to satisfy its obligations under this Section 7.1 through self-insurance.

7.2. Indemnity.

7.2.1. *By Amgen.* Amgen agrees to indemnify, defend, and hold Dialysis Center, its officers, directors, agents and employees (collectively, the "Dialysis Center Indemnitees") harmless from and against any and all loss, damage and/or expense (including reasonable attorney's fees) that they may suffer as a result of claims, demands, actions, proceedings, liabilities, costs or judgments, or threats thereof arising out of (i) any defect in the design or manufacture of the Product or handling by Amgen of the Product, including claims for property damage, loss of life, and bodily injury; or (ii) the breach by Amgen or Amgen Inc. of any of their respective warranties, representations or covenants contained in this Agreement. This indemnity is conditioned on Dialysis Center notifying Amgen of any claims falling within this indemnity within [DELETED] days after Dialysis Center receives notice of such claim. Notwithstanding anything to the contrary contained herein, Amgen and Amgen Inc. shall not have any obligation to defend, indemnify or hold the Dialysis Center Indemnitees harmless from claims, suits or damages, arising [DELETED]. Amgen Inc. hereby guarantees the performance of Amgen's obligations as set forth in this Section 7.2.1. This indemnification shall survive the termination or expiration of this Agreement.

7.2.2. *By Dialysis Center.* Dialysis Center agrees to indemnify, defend, and hold Amgen, its officers, directors, agents and employees (collectively, the "Amgen Indemnitees") harmless from and against any and all loss, damage, and/or expense (including reasonable attorney's fees) that they may suffer as a result of claims, demands, actions, proceedings, liabilities, costs or judgments, or threats thereof arising out of (i) Dialysis Center's negligence or misconduct in the "administration" of the Product to its patients; or (ii) the breach by Dialysis Center of any of its warranties, representations or covenants contained in this Agreement. For purposes of the foregoing, the "administration" of the Product by Dialysis Center shall mean the dispensing and handling by Dialysis Center and its employees of such Product and the actual administration of such Product to patients by Dialysis Center and its employees, but shall exclude physician prescriptions of such Product to patients. This indemnity is conditioned on Amgen notifying Dialysis Center of any claims falling within this indemnity within [DELETED] days after Amgen receives notice of such claim. Notwithstanding anything to the contrary contained herein, Dialysis Center shall not have any obligation to defend, indemnify or hold the Amgen Indemnitees harmless from claims, suits or damages, arising [DELETED]. This indemnification shall survive the termination or expiration of this Agreement.

8. TERM AND TERMINATION

8.1. Term. This Agreement shall come into effect as of the Term Start Date and shall expire as of the Term End Date (the "Term"), unless sooner terminated in accordance with this Section 8.

8.2. Termination for Breach. In addition to any other legal or equitable remedies which may be available to either party upon breach by the other party (other than Section 9.17), the non-breaching party may terminate this Agreement for a material breach upon [DELETED] days advance written notice specifying the breach, provided that such breach remains uncured at the end of the [DELETED] day period, or, where a cure cannot be completed within [DELETED] days, the breaching party has not materially commenced in good faith to effectuate a cure within such [DELETED] day period. In addition, in the event that Dialysis Center materially breaches any provision of this Agreement, and such breach remains uncured for [DELETED] days following written notice by Amgen specifying the breach, or where a cure cannot be completed within [DELETED] days and Dialysis Center has not materially commenced in good faith to effectuate such cure within such [DELETED] day period, Amgen shall have no obligation to continue to offer the terms described herein or pay any further discounts and/or rebates to Dialysis Center, except those discounts and/or rebates earned by Dialysis Center Purchasers up to the time of a breach which results in termination

8.3. Termination for Denying Access to Designated Affiliates and/or Designated Managed Centers. In the event of a breach by either party of the terms and conditions of Section 9.17, the non-breaching party may

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terminate this Agreement for a breach upon [DELETED] days advance written notice specifying the breach, provided that such breach remains uncured at the end of such [DELETED] day period, or, where a cure cannot be completed within such [DELETED] day period, and the breaching party has not commenced in good faith to effectuate a cure within such [DELETED] day period.

8.4. Termination for [DELETED]. Either party shall have the right to terminate this Agreement [DELETED] by [DELETED] days prior written notice to the other party.

8.5. Compliance with or Change in Law or Regulation. Notwithstanding anything contained herein to the contrary, in order to assure compliance with any existing federal, state or local statute, regulation or ordinance, or at any time following the enactment of any federal, state, or local law, regulation, policy, program memorandum or other interpretation, modification or utilization guideline by any payer that in any material manner reforms, modifies, alters, restricts, or otherwise materially affects the pricing of or reimbursement available for the Product, including the enactment of any reimbursement rule, guideline, final program memorandum, coverage decision, pricing decision, instruction or the like by the Centers for Medicare and Medicaid Services or one of its contractors (carriers or fiscal intermediaries), or any change in reimbursement systems that in any material manner reforms, modifies, alters, restricts or otherwise materially affects the reimbursement available to Dialysis Center for the Product, upon [DELETED] days prior written notice, (i) either party may [DELETED], (ii) Amgen may [DELETED] contained herein, or (iii) Amgen may [DELETED] in this Agreement. Additionally, to assure compliance with any existing federal, state or local statute, regulation or ordinance, Amgen [DELETED]. In the event either party has provided the other party a [DELETED] day notice as described in this Section 8.5, the parties agree to meet and, in good faith, negotiate a [DELETED]. Any such negotiations shall in no way toll or otherwise impact either party's rights under this Section 8.5.

8.6. Effect of Termination. Upon any termination or expiration of this Agreement, any earned and vested rebates shall be paid in accordance with the terms set forth in Section 3. Upon termination of this Agreement for any reason other than actual or threatened breach by Dialysis Center, any earned but unvested rebates shall vest as of the effective date of such termination. In the event of any termination during a [DELETED], Amgen shall pro-rate any data used in calculating payments hereunder, and such payments, as appropriate.

8.7. Survival. Sections 7 and 9 shall survive any expiration or termination of this Agreement. Sections 3.2 – 3.5, Sections 4 and 8.6 shall survive with respect to periods prior to such expiration or termination.

9. MISCELLANEOUS

9.1. Amendment. Except as expressly set forth herein, no amendment of this Agreement shall be effective unless expressed in a writing signed by a duly authorized representative of each party.

9.2. Assignment. Neither party may assign this Agreement to a third party without the prior written consent of the other party, which consent may not be unreasonably withheld, conditioned, or delayed.

9.3. Conflicting Provisions. To the extent that any provisions of Amgen's general or customary policies and procedures or any terms of any purchase order conflict with or are in addition to the terms of this Agreement or any Exhibit or Schedule attached hereto, the terms of this Agreement and its Exhibits and Schedules shall govern.

9.4. Construction. This Agreement shall be deemed to have been jointly drafted by the parties, and no rule of strict construction shall apply against either party. As used herein, the word "including" shall mean "including, without limitation."

9.5. Counterparts; Facsimile/PDF Signatures. This Agreement may be executed in one or more counterparts, each of which shall be considered an original. The parties hereto agree that facsimile or PDF transmission of original signatures shall constitute and be accepted as original signatures.

9.6. Currency. All amounts herein are set forth in United States Dollars.

9.7. Force Majeure. Neither party will be liable for delays in performance or nonperformance of this Agreement or any covenant contained herein if such delay or nonperformance is a result of Acts of God, civil or military authority, civil disobedience, epidemics, war, failure of carriers to furnish transportation, strike, lockout or other labor disturbances, inability to obtain material or equipment, or any other cause of like or different nature beyond the control of such party. In the event there is a disruption or shortage in supply of the Product, Amgen will use commercially reasonable efforts to notify Authorized Wholesalers of such disruption in a time period and manner that is consistent with Amgen's notification to other wholesalers of the Product.

9.8. Further Assurances. Each party shall perform all further acts reasonably requested by the other to effectuate the purposes of this Agreement, including obtaining the certifications under Section 4 or obtaining purchase data necessary from third parties to calculate any amounts payable pursuant to Exhibit A.

9.9. Governing Law. This Agreement shall be governed by the laws of the State of California (without regard to its conflict of law rules) and, except as otherwise set forth in this Agreement, the parties submit to the jurisdiction of the California courts, both state and federal.

9.10. Merger. This Agreement, together with the Information Sheet, the Schedules, and the Exhibits constitutes the entire agreement, written or oral, of the parties as of the Term Start Date concerning the subject matter hereof.

9.11. No Partnership. The relationship between Amgen and Dialysis Center is that of independent contractors, and not a partnership or an agency, franchise or other relationship. Neither party shall have the authority to bind the other.

9.12. Notices. Any notice or other communication required or permitted hereunder (excluding purchase orders) shall be in writing and shall be deemed given or made five (5) days after deposit in the United States mail with proper postage for first-class registered or certified mail prepaid, return receipt requested, or when delivered personally or by facsimile (as shown by concurrent written transmission confirmation and confirmed by overnight mail), or one (1) day following traceable delivery to a nationally recognized overnight delivery service with instructions for overnight delivery, in each case addressed to the address set forth below, or at such designated address that either party shall have furnished to the other in accordance with this Section 9.12:

If to Amgen:

Amgen USA Inc.
One Amgen Center Drive, M/S 27-4-A
Thousand Oaks, CA 91320-1789
Attn: Specialist, Contracts & Pricing – Nephrology Business Unit
Fax: (877) 839-1879

with a copy to :

Amgen USA Inc.
One Amgen Center Drive, M/S 38-5-A
Thousand Oaks, CA 91320-1789
Attn: General Counsel
Fax: (805) 499-4531

If to Amgen Inc.: Amgen Inc.

One Amgen Center Drive, M/S 38-5-A
Thousand Oaks, CA 91320-1789
Attn: General Counsel
Fax No.: (805) 499-4531

If to Dialysis Center:

DaVita Inc.
1350 Old Bayshore Highway, Suite 777
Burlingame, California 94010
Attn: Vice-President of Purchasing
Fax No.: (866) 445-0435

with a copy to:

DaVita Inc.
601 Hawaii Street
El Segundo, CA 90245
Attn: General Counsel
Fax No.: (866) 912-0682

9.13. Confidentiality. By the nature, terms and performance of this Agreement, Amgen and Dialysis Center acknowledge and agree that the parties will exchange confidential and proprietary information (including business and clinical practices and protocols and patient information) (collectively, "Confidential Information"). Confidential Information includes not only written information but also information transferred orally, visually, electronically, in a machine readable format or by any other means and includes all notes, analyses, compilations, studies and summaries thereof containing or based on, in whole or in part, any Confidential Information. Confidential Information does not include any information which the receiving party can show was publicly available prior to the receipt of such information by the receiving party, or thereafter became publicly available other than by any breach of this Agreement by the receiving party, additionally, for Dialysis Center only, Confidential Information does not include the Data or the Compensation Data. Information shall be deemed "publicly available" if it is a matter of public knowledge or is contained in materials available to the public. Accordingly, the parties agree (a) to hold all such Confidential Information (including the terms of this Agreement) received from the other in confidence and to use such Confidential Information solely for the purposes set forth in this Agreement; and (b) to not disclose any such Confidential Information received from the other, or the terms of this Agreement, to any third party (including Amgen Inc. or any other affiliate of Amgen), or otherwise make such information public without prior written authorization of the other party, except where such disclosure is contemplated hereunder or required by law or pursuant to subpoena or court or administrative order, and then only upon prior written notification to the other party (giving such party an adequate opportunity to take whatever steps it deems necessary to prevent, limit the scope of or contest the disclosure). Any party which seeks to prevent disclosure or to contest or limit the scope of any such disclosure by the other party shall pay all of the costs and expenses incurred by the other party directly related thereto, and such other party shall not unreasonably object to or interfere with the objecting party's actions it deems necessary to undertake. For purposes of the foregoing, any Confidential Information received by any employee, partner, agent, affiliate, consultant, advisor, data collection vendor or other representative (a "Representative") of a party to this Agreement pursuant to the terms of this Agreement shall be deemed received by such party to this Agreement, and any breach by any such Representative of the foregoing confidentiality provisions shall be deemed a breach by the respective party to this Agreement.

9.14. Severability. Subject to the provisions of Section 8.5, should any one or more of the provisions of this Agreement be determined to be illegal or unenforceable, the parties shall attempt, in good faith, to negotiate a modification of this Agreement so as to comply with the relevant law or regulation. Should they be unable to do so within [DELETED] days, either party shall have the right to terminate this Agreement upon [DELETED] days prior written notice to the other.

9.15. Waiver. No party shall be deemed to have waived any right hereunder, unless such waiver is expressed in a writing signed by such party.

9.16. Open Records. To the extent required by §1861(v)(1)(I) of the Social Security Act, as amended, the parties will allow the U.S. Department of Health and Human Services, the U.S. Comptroller General and

their duly authorized representatives, access to this Agreement and all books, documents and records necessary to certify the nature and extent of costs incurred pursuant to it during the Term and for four (4) years following the last date any Product or services are furnished under it. If Amgen carries out the duties of this Agreement through a subcontract worth $10,000 or more over a 12-month period with a related organization, the subcontract shall also contain an access clause to permit access by the U.S. Department of Health and Human Services, the U.S. Comptroller General, and their duly authorized representatives to the related organization's books and records.

9.17. [DELETED] Amgen's sales representatives shall be [DELETED]. Amgen covenants and agrees that neither it nor any of its sales representatives shall have access to any Individually Identifiable Health Information [DELETED]. Amgen acknowledges and agrees that (i) all of Dialysis Center's applicable vendor relations policies and procedures and any updates thereto (the "Policies and Procedures") that will be in effect during the Term are and will be available for viewing by Amgen and its sales representatives during the Term at http://www.davita.com/about/company/?id=3902 and (ii) Amgen and its sales representatives shall abide by all such Policies and Procedures during the Term [DELETED]. The parties acknowledge and agree that all [DELETED] (the "Initial Materials"). Amgen has delivered a true and correct copy of the Initial Materials listed in Schedule 3 to Dialysis Center prior to the Term Start Date. Amgen covenants and agrees that any changes, modifications and/or supplements to the Initial Materials and/or any [DELETED] must be approved by DCR, which approval may only be given in writing by DCR's Vice President of Clinical Research or his authorized representative. DCR's Vice President of Clinical Research or his authorized representative agrees to notify Amgen of his decision within ten (10) business days following receipt of such request; otherwise, such request will be deemed denied.

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The parties have executed this Agreement by their designated representatives set forth below.

AMGEN USA INC.		**DIALYSIS CENTER**	
By:	/s/ Neil Bankston	By:	/s/ Dennis Kogod
Name (print):	Neil Bankston	Name (print):	Dennis Kogod
Title:	Executive Director, Contracts & Pricing	Title:	Chief Operating Officer
Date:	12/17/2010	Date:	12/17/2010

Amgen Inc. with respect to certain provisions of this Agreement as set forth herein.

Amgen Inc.	
By:	/s/ Neil Bankston
Name (print):	Neil Bankston
Title:	Executive Director, Pricing
Date:	12/17/2010

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Exhibit A

Discount Terms and Conditions

1 **DEFINITIONS.** In addition to the defined terms set forth in Section 1 of this Agreement, the following terms, as used in this Exhibit A, shall have the meaning ascribed below.

[DELETED] *Rebate Definitions*

1.1 "[DELETED]" shall mean, at any date of determination, [DELETED] as of such date.

1.2 "Discounts" shall mean all rebates and discounts set forth in this Agreement that may be earned by the Dialysis Center Purchasers pursuant to the terms and conditions set forth in this Agreement, which shall be earned, calculated and vested as provided in this Agreement.

1.3 "[DELETED]" shall mean [DELETED] percent ([DELETED]%) [DELETED] as of [DELETED], which is $[DELETED] per [DELETED] units of EPOGEN, or $[DELETED].

1.4 "[DELETED] Rebate" shall mean the rebate described in Section 3.2 of this Exhibit A.

1.5 "[DELETED] Rebate Percentage" shall mean, at any date of determination, a percentage (rounded to two decimal places) to calculate any [DELETED] Rebate to be paid to Dialysis Center on account of [DELETED], which [DELETED] Rebate Percentage shall equal:

$$\frac{A - B}{A} * C$$

Where

"A" equals [DELETED]

"B" equals [DELETED]

"C" equals [DELETED] minus the Discounts earned by Dialysis Center Purchasers during such [DELETED], expressed as a percentage of Qualified Gross Purchases

For example, if [DELETED] is $[DELETED], [DELETED] is $[DELETED] and the Discounts earned during the applicable [DELETED] are [DELETED] % of Qualified Gross Purchases for such [DELETED], the [DELETED] Rebate Percentage would be calculated as follows:

[DELETED] Rebate Percentage Illustration:

$$\frac{[DELETED] - [DELETED]}{[DELETED]} * ([DELETED] - Discount\ \%)$$

or

$$\frac{\$[DELETED] - \$[DELETED]}{\$[DELETED]} * ([DELETED] - [DELETED]) = [DELETED]\%$$

[DELETED] *Rebate Definitions*

1.6 "Aggregate [DELETED] Performance" shall mean [DELETED]% for the period of [DELETED], 2011 through [DELETED], 2011 and [DELETED] % for the period of [DELETED], 2011 through [DELETED], 2011.

1.7 "Aggregate [DELETED] Percentage" shall mean for any [DELETED] during the Term, the percentage of Dialysis Center Purchasers' [DELETED] calculated as set forth in Section 3.3.3 of this Exhibit A.

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1.8 "Aggregate [DELETED] Performance" shall mean [DELETED]% for the period of [DELETED], 2011 through [DELETED], 2011 and [DELETED] % for the period of [DELETED], 2011 through [DELETED], 2011.

1.9 "Aggregate [DELETED] Percentage" shall mean for any [DELETED] during the Term, the percentage of Dialysis Center Purchasers' [DELETED] calculated as set forth in Section 3.3.4 of this Exhibit A.

1.10 "[DELETED] Rebate Score" shall mean for any [DELETED] in [DELETED], the "Earned Rebate Score" (as designated in the [DELETED] Rebate Score Table below) multiplied by [DELETED]. The Earned Rebate Score shall be determined by calculating the difference between (A) the Aggregate [DELETED] Percentage for such [DELETED] and (B) Aggregate [DELETED] Performance.

[DELETED] Rebate Score Table

Aggregate [DELETED] Percentage minus Aggregate [DELETED] Performance	Earned Rebate Score
[DELETED]% [DELETED]	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% and [DELETED]	[DELETED]

1.11 "[DELETED] Rebate Score" shall mean for any [DELETED] in [DELETED], the "Earned Rebate Score" (as designated in the [DELETED] Rebate Score Table below) multiplied by [DELETED]. The Earned Rebate Score shall be determined by calculating the difference between (A) the Aggregate [DELETED] Percentage for such [DELETED] and (B) the Aggregate [DELETED] Performance.

[DELETED] Rebate Score Table

Aggregate [DELETED] Percentage minus Aggregate [DELETED] Performance	Earned Rebate Score
[DELETED]% and [DELETED]	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]%- [DELETED]%	[DELETED]
[DELETED]% - [DELETED]%	[DELETED]
[DELETED]% and [DELETED]	[DELETED]

1.12 "[DELETED] Rebate" shall mean the rebate described in Section 3.3 of this Exhibit A.

1.13 "[DELETED] Score" shall mean for any [DELETED] occurring during calendar year [DELETED], a percentage equal to (i) the [DELETED], for such [DELETED], (A) the [DELETED] Rebate Score plus (B) the [DELETED] Rebate Score, [DELETED] (ii) [DELETED] (*i.e.*, the maximum achievable [DELETED] Rebate Score and [DELETED] Rebate Score for such [DELETED]). For the avoidance of doubt, for purposes of calculating [DELETED] Score for the Term, no Dialysis Center Purchasers which have been added or removed during the Term shall be included in the Aggregate Greater than 12 Percentage or the Aggregate Less than Ten Percentage of such calculation and the Aggregate [DELETED] Performance and the Aggregate [DELETED] Performance shall remain unchanged.

2 [DELETED]. The rebates Dialysis Center may be eligible to receive as set forth in this Exhibit A are subject to the following [DELETED].

2.1 [DELETED]. The rebates set forth in this Exhibit A shall only be paid to Dialysis Center on aggregate Qualified Gross Purchases made during any [DELETED] that do not [DELETED] percent ([DELETED]%) of the aggregate Qualified Gross Purchases made in the immediately preceding [DELETED]. Such calculation shall be adjusted pursuant to Sections 2.2 and 3.4 of the Agreement to

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reflect any Dialysis Center Purchasers added or removed during such period and to remove from the calculation the effect of any change in [DELETED] during the relevant comparison periods.

2.2 Amgen may, in its sole discretion, determine that Dialysis Center may be eligible to receive rebates on Qualified Gross Purchases [DELETED] percent ([DELETED]%) if such Qualified Gross Purchases are predicated upon [DELETED]. Amgen shall make such determination based upon a review of all relevant reports including, but not limited to: [DELETED] reports. Such determination must be approved by Amgen's Corporate Accounts Senior Management.

3 PRODUCT REBATES

3.1 [DELETED] Rebate. Dialysis Center shall earn the [DELETED] Rebate for each [DELETED] during the Term as described below in this Section 3.1 of this Exhibit A.

3.1.1 Calculation of [DELETED] Rebate. Dialysis Center shall receive an [DELETED] percent ([DELETED]%) [DELETED] rebate payment (the "[DELETED] Rebate"). The [DELETED] Rebate will be calculated as a percentage of the Qualified Gross Purchases during each [DELETED].

3.1.2 Payment of [DELETED] Rebate. Amgen will pay the [DELETED] Rebate within [DELETED] ([DELETED]) days after the end of the corresponding [DELETED].

3.1.3 Vesting of [DELETED] Rebate. The [DELETED] Rebate for a given [DELETED] shall vest on the last day of such [DELETED].

3.2 [DELETED] Rebate. Dialysis Center shall earn the [DELETED] Rebate for each [DELETED] during the Term in the manner described below in this Section 3.2 of this Exhibit A.

3.2.1 Trigger Event for [DELETED] Rebate. If within any [DELETED] during the Term, Amgen [DELETED] by an amount which causes [DELETED] to exceed [DELETED], then Dialysis Center Purchasers shall be entitled to the [DELETED] Rebate as calculated in Section 3.2.2 of this Exhibit A. The [DELETED] Rebate shall apply to all Qualified Gross Purchases from the date of the related [DELETED] until the date (if any) at which [DELETED] is [DELETED] during the Term.

3.2.2 Calculation of [DELETED] Rebate. Amgen shall determine the amount of Dialysis Center's [DELETED] Rebate for any [DELETED] by calculating the product of (i) Qualified Gross Purchases during such [DELETED] which purchases have been made while [DELETED] and (ii) the [DELETED] Rebate Percentage for such [DELETED].

3.2.3 Payment of [DELETED] Rebate. Amgen will pay the [DELETED] Rebate within [DELETED] ([DELETED]) days after the end of the corresponding [DELETED].

3.2.4 Vesting of [DELETED] Rebate. The [DELETED] Rebate for a given [DELETED] shall vest on the last day of such [DELETED].

3.3 [DELETED] Rebate. Dialysis Center shall earn the [DELETED] Rebate for each [DELETED] during the Term provided Dialysis Center Purchasers meet the requirements described below in this Section 3.3 of this Exhibit A.

3.3.1 Qualification Criteria. To receive a [DELETED] Rebate on Qualified Gross Purchases during a [DELETED], Dialysis Center Purchasers must submit all [DELETED], as set forth in Schedule 1 of this Agreement, from at least [DELETED] percent ([DELETED]%) of all Dialysis Center Purchasers in accordance with the submission of data requirement set forth in Section 3.4.1 of this Exhibit A; provided, however, that if such [DELETED] percent ([DELETED]%) threshold is not met in any [DELETED] due to the inclusion of [DELETED], Amgen shall exclude any such [DELETED] identified by Amgen and Dialysis Center from such [DELETED] when calculating Dialysis Center's eligibility for the [DELETED] Rebate at the end of each [DELETED]. For purposes of clarity, the [DELETED] percent ([DELETED]%) will not include Dialysis Center Purchasers that are [DELETED].

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3.3.2 Calculation of [DELETED]. Each [DELETED] during the Term, Amgen shall determine the [DELETED] of Dialysis Center Purchasers by adding [DELETED] of Dialysis Center Purchasers during each such [DELETED] based on the Data provided by Dialysis Center to Amgen and dividing the sum by [DELETED] of Dialysis Center Purchasers performed by the Dialysis Center Purchasers during each such [DELETED] (the "[DELETED]"). [DELETED].

3.3.3 Aggregate [DELETED] Percentage Calculation. Each [DELETED] the Aggregate [DELETED] Percentage shall be calculated by adding all [DELETED] in each [DELETED] that are [DELETED] and dividing the sum by the total number of [DELETED] for that [DELETED] (the "[DELETED] Percentage"). The [DELETED] Percentage for each [DELETED] during a [DELETED] are then added and divided by [DELETED] to determine the "Aggregate [DELETED] Percentage" for such [DELETED].

3.3.4 Aggregate [DELETED] Percentage Calculation. Each [DELETED] the Aggregate [DELETED] Percentage shall be calculated by adding all [DELETED] in each [DELETED] that are [DELETED] and dividing the sum by the total number of [DELETED] for that [DELETED] (the "[DELETED] Percentage"). The [DELETED] Percentage for each [DELETED] during a [DELETED] are then added and divided by [DELETED] to determine the "Aggregate [DELETED] Percentage" for such [DELETED].

3.3.5 Calculation of [DELETED] Rebate. For each [DELETED], Amgen shall calculate the amount of Dialysis Center's [DELETED] Rebate by multiplying Qualified Gross Purchases during such [DELETED] by the applicable [DELETED] Rebate Percentage set forth in the [DELETED] Rebate Table below corresponding to the applicable [DELETED] % Score for such [DELETED].

[DELETED] Rebate Table

[DELETED] % Score	[DELETED] Percentage
[DELETED]% - [DELETED]%	[DELETED]%
[DELETED]% - [DELETED]%	[DELETED]%
[DELETED]% - [DELETED]%	[DELETED]%
[DELETED]% - [DELETED]%	[DELETED]%
[DELETED]% and [DELETED]	[DELETED]%

3.3.6 Payment of [DELETED] Rebate. Amgen will pay the [DELETED] Rebate within [DELETED] days after the end of the corresponding [DELETED].

3.3.7 Vesting of [DELETED] Rebate. The [DELETED] Rebate for a given [DELETED] shall vest on the last day of such [DELETED].

3.4 [DELETED] Rebate. Dialysis Center shall qualify for the [DELETED] Rebate (the "[DELETED] Rebate") for a given [DELETED] provided all Dialysis Center Purchasers provide to Amgen the Data set forth in Schedule 1, and provided Dialysis Center meets the requirements described below in this Section 3.4 of this Exhibit A.

3.4.1 Submission of Data Requirement. Subject to the validity of a Certification as described in Section 4 of this Agreement, Dialysis Center Purchasers must provide to Amgen the Data in a machine readable format acceptable to Amgen (Excel; or text file that is tab delimited, comma delimited, colon delimited or space delimited including a line of column headers identifying the column contents and units, if applicable). The Data files shall contain record counts for each file contained in the data submission; provided, however, that Dialysis Center shall be required to submit such [DELETED] only for those [DELETED].

3.4.2 Calculation of [DELETED] Rebate. Provided Dialysis Center has fulfilled all requirements described in this Section 3.4 of this Exhibit A, Dialysis Center shall be eligible to receive a [DELETED] percent ([DELETED]%) [DELETED] Rebate payment. The [DELETED] Rebate will be calculated as a percentage of the Qualified Gross Purchases during each [DELETED].

3.4.3 Payment of [DELETED] Rebate. The Data must be submitted, on a [DELETED] basis by the last day of the following [DELETED] (or the next business day if such last day is not a business day). If the Data is received after such timeframe for any [DELETED] within a given [DELETED], the total Qualified Gross Purchases during such [DELETED] will be excluded from the calculation of the [DELETED] Rebate for that [DELETED]. Notwithstanding the foregoing, if Amgen receives all required Data from a minimum of [DELETED] percent ([DELETED]%) of all Dialysis Center Purchasers within the time frame referenced above for any [DELETED] within a given [DELETED], the total Qualified Gross Purchases during such [DELETED], will be included in the calculation of the [DELETED] Rebate for that [DELETED]; provided that for purposes of clarity, the [DELETED] percent ([DELETED]%) will not include Dialysis Center Purchasers that are [DELETED]. Failure of Dialysis Center to qualify under this Section 3.4 of this Exhibit A during a particular [DELETED] shall not affect Dialysis Center's eligibility to qualify during any other [DELETED], nor shall Dialysis Center's qualification during a particular [DELETED] automatically result in qualification during any other [DELETED]. If Amgen receives all required Data from less than [DELETED] percent ([DELETED]%) of Dialysis Center Purchasers for any [DELETED] within a given [DELETED], no Qualified Gross Purchases during such [DELETED] will be included in the calculation of the [DELETED] Rebate for that [DELETED]; provided, however, that if such [DELETED] percent ([DELETED]%) threshold is not met in any [DELETED] due to the inclusion of [DELETED], Amgen shall exclude any such [DELETED] identified by Amgen and Dialysis Center from such [DELETED] when calculating Dialysis Center's eligibility for the [DELETED] Rebate at the end of each [DELETED]. However, if Amgen determines that any Dialysis Center Purchaser is consistently not submitting the required Data, Amgen and Dialysis Center will work collaboratively in resolving such inconsistencies. Amgen will use commercially reasonable efforts to notify Dialysis Center in writing, no later than [DELETED] after the receipt and acceptance by Amgen of the Data of the identity of all Designated Affiliates and/or Designated Managed Centers, if any, which have failed to meet the Data submission requirements for that [DELETED]. Amgen reserves the right, in its sole discretion, to exclude any Qualified Gross Purchases of any Designated Affiliate and/or Designated Managed Center that is consistently non-reporting from the calculation of the [DELETED] Rebate for any relevant [DELETED]. Amgen will pay such [DELETED] Rebate within [DELETED] days after the end of the corresponding [DELETED] provided Amgen is in receipt of all Data in the form and in the time period described in Section 3.4.1 of this Exhibit A. If the failure of Dialysis Center to deliver any such Data is a result of a Certification not being valid due to Amgen's failure to satisfy any Certification Requirement (as described in Section 4 of this Agreement) then the [DELETED] Rebate shall still be available to Dialysis Center and payable by Amgen, in which case Dialysis Center shall deliver the Data to Amgen as soon as the Certification becomes valid. Upon a valid Certification being issued, Dialysis Center shall submit to Amgen all Data dating back to the date Dialysis Center stopped submitting the Data to Amgen within [DELETED] days.

3.4.4 Vesting of [DELETED] Rebate. The [DELETED] Rebate for a given [DELETED] shall vest on the last day of such [DELETED].

3.5 [DELETED] Rebate. Dialysis Center shall qualify for the [DELETED] Rebate (the "[DELETED] Rebate") for each [DELETED] during the Term provided it meets the requirements described below in this Section 3.5 of this Exhibit A. The purpose of the [DELETED] Rebate is to improve the [DELETED] of all Data sent from Dialysis Center to Amgen, such that the processes used by both parties are more efficient and timely.

3.5.1 Requirements. For each [DELETED] during the Term the following requirements shall be met to earn the [DELETED] Rebate:

3.5.1.1 Dialysis Center must adhere to [DELETED] agreed upon with Amgen following any [DELETED] by Dialysis Center and/or a [DELETED] of Dialysis Center.

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3.5.1.2 Dialysis Center shall participate in [DELETED] with Amgen to discuss the status of each project, with additional [DELETED] as required.

3.5.1.3 Dialysis Center shall cooperate with Amgen to define [DELETED].

3.5.1.4 Dialysis Center shall adhere to the process for [DELETED].

3.5.1.5 Dialysis Center shall collaborate with Amgen to review and monitor processes to assure that [DELETED].

3.5.1.6 Dialysis Center shall use its best efforts to deliver [DELETED] to Amgen in [DELETED] days or less.

3.5.1.7 Dialysis Center shall continue to collaborate with Amgen to develop [DELETED].

3.5.1.8 Dialysis Center shall adhere to the agreed upon process for notifying Amgen of [DELETED].

3.5.1.9 Dialysis Center shall meet with Amgen during the [DELETED] of the Term to develop a mutually agreeable plan of action intended to develop and improve [DELETED] (a "Plan of Action"). The Plan of Action shall be set forth in a detailed written plan and attached as an addendum to this Agreement on or before the end of the [DELETED] of the Term. The Plan of Action shall include detailed deliverables and activities on a specific timeline for the remainder of the Term. The deliverables and timeline goals set forth in the Plan of Action shall be used to determine the requirements for earning the [DELETED] Rebate in the [DELETED] of the Term.

3.5.1.10 To qualify for the [DELETED] Rebate during the [DELETED] of the Term, Dialysis Center must achieve the [DELETED] as set forth in such Plan of Action; provided, that the only requirement for Dialysis Center to earn the [DELETED] Rebate during the [DELETED] of the Term shall be to develop [DELETED] for the Term.

3.5.2 Calculation of [DELETED] Rebate. Provided Dialysis Center has fulfilled all requirements described in this Section 3.5 of this Exhibit A, Dialysis Center shall be eligible to receive a [DELETED] percent ([DELETED]%) [DELETED] Rebate payment. The [DELETED] Rebate will be calculated as a percentage of the Qualified Gross Purchases during each [DELETED].

3.5.3 Payment of [DELETED] Rebate. Amgen will pay the [DELETED] Rebate within [DELETED] days after the end of the corresponding [DELETED].

3.5.4 Vesting of [DELETED] Rebate. The [DELETED] Rebate for a given [DELETED] shall vest on the last day of such [DELETED].

3.6 [DELETED] Rebate. Dialysis Center shall earn the [DELETED] Rebate for each [DELETED] during the Term provided it continues the [DELETED] and meets the requirements described below in this Section 3.6 of this Exhibit A.

3.6.1 [DELETED] Rebate Requirements. Dialysis Center shall meet the following requirements:

3.6.1.1 provide a [DELETED] regarding related activities undertaken in the [DELETED] of the Term;

3.6.1.2 provide any copies of [DELETED], in the [DELETED] of the Term during that [DELETED];

3.6.1.3 provide a [DELETED] regarding related activities undertaken in the [DELETED] of the Term;

3.6.1.4 provide any copies of [DELETED], in the [DELETED] of the Term during that [DELETED]; and

3.6.1.5 participate in [DELETED] with Amgen to [DELETED].

3.6.2 Calculation of [DELETED] Rebate. Provided Dialysis Center has fulfilled all requirements described in this Section 3.6 of this Exhibit A, Amgen shall calculate the amount of Dialysis Center's [DELETED] Rebate each [DELETED] during the Term by multiplying Qualified Gross Purchases during each such [DELETED] during the Term by [DELETED] percent ([DELETED]%).

3.6.3 Payment of [DELETED] Rebate. Amgen will pay the [DELETED] Rebate within [DELETED] days after the end of the corresponding [DELETED].

3.6.4 Vesting of [DELETED] Rebate. The [DELETED] Rebate for each [DELETED] shall vest on the last day of each such [DELETED].

4 SUMMARY OF DISCOUNTS

Provided Dialysis Center has fulfilled all discount requirements and the highest levels of performance described in this Exhibit A, the total discount opportunity is as set forth in the Summary of Discounts Table below.

Summary of Discounts Table

[DELETED]	[DELETED]%
[DELETED] Rebate	[DELETED]%
[DELETED] Rebate	[DELETED]%
[DELETED] Rebate	[DELETED]%
[DELETED] Rebate	[DELETED]%
[DELETED] Rebate	[DELETED]%
Total Discount Opportunity	[DELETED]%

Exhibit B

Authorized Wholesalers

ASD Specialty Healthcare. Sub of ABC Specialty Group
Addison, TX
CMA 600615

AmerisourceBergen Drug Corporation
Thorofare, NJ
CMA 600124

Exhibit C

Designated Affiliates

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3185 Athens Acutes	15953 Athens Limestone Dr	Athens	AL	35611	[DELETED]	[DELETED]
Davita Athens At Home #6283	15953 Athens Limestone Dr	Athens	AL	35611	[DELETED]	[DELETED]
Davita Athens Dialysis #4036	15953 Athens Limestone Dr	Athens	AL	35613	[DELETED]	[DELETED]
Atmore Dialysis Center	807 East Craig Street	Atmore	AL	36502	[DELETED]	[DELETED]
Davita Bessemer	901 Westlake Mall, Suite 101	Bessemer	AL	35020	[DELETED]	[DELETED]
Davita—Center Point Dialysis	2337 1st Street North East	Birmingham	AL	35215	[DELETED]	[DELETED]
Davita 2614 Birmingham East	1105 E. Park Dr	Birmingham	AL	35235	[DELETED]	[DELETED]
Davita 3377 Birmingham Central	728 Richard Arrington Blvd S.	Birmingham	AL	35233	[DELETED]	[DELETED]
Davita 3379 Birmingham North	1917 32nd Ave N.	Birmingham	AL	35207	[DELETED]	[DELETED]
Davita 3382 Ensley	2630 Avenue E.	Birmingham	AL	35218	[DELETED]	[DELETED]
Davita Birmingham At Home	2101 7th Ave S.	Birmingham	AL	35233	[DELETED]	[DELETED]
Davita Birmingham Home Training	2101 7th Ave S.	Birmingham	AL	35233	[DELETED]	[DELETED]
Davita 3343 Boaz	16 Central Henderson Rd	Boaz	AL	35957	[DELETED]	[DELETED]
Davita- Home Dialysis Options of South Baldwin			AL	36526	[DELETED]	[DELETED]
	27880 North Main Street, Suite A					
		Daphne				
Davita 2616 Demopolis	511 S. Cedar Ave	Demopolis	AL	36732	[DELETED]	[DELETED]
Davita 2609 Dothan	216 Graceland Dr	Dothan	AL	36305	[DELETED]	[DELETED]
Davita Wire Grass Kidney Center #4343 Dialysis			AL	36301	[DELETED]	[DELETED]
	1450 Ross Clark Cir Ste 200					
		Dothan				
Davita- Dothan At Home	216 Graceland Dr	Dothan	AL	36305	[DELETED]	[DELETED]
Physicians Choice Dialysis of Alabama, LLC—East Montgomery			AL	36117	[DELETED]	[DELETED]
	6890 Winton Blount Boulevard					
		East Montgomery				
Davita 3610 Eufaula	220 S. Orange Ave	Eufaula	AL	36027	[DELETED]	[DELETED]
Davita Greene County Dialysis	544 Us Highway 43	Eutaw	AL	35462	[DELETED]	[DELETED]
Davita—Fayette Dialysis	2450 Temple Avenue North	Fayette	AL	35555	[DELETED]	[DELETED]
Davita 3131 Florence Dialysis	422 E. Doctor Hicks Blvd Ste B.	Florence	AL	35630	[DELETED]	[DELETED]
Davita Renaissance At Home #56956			AL	35630	[DELETED]	[DELETED]
	1840 Darby Dr					
		Florence				
Davita Renaissance Dialysis Center	1840 Darby Dr	Florence	AL	35630	[DELETED]	[DELETED]
Davita #1756 South Baldwin Dialysis			AL	36535	[DELETED]	[DELETED]
	150 West Peachtree Street					
		Foley				
Davita South Baldwin At Home	150 W. Peach Tree Avenue	Foley	AL	36535	[DELETED]	[DELETED]
Davita Gadsden	409 S. 1st St.	Gadsden	AL	35901	[DELETED]	[DELETED]
Davita Gulf Shores Dialysis Center #4402				36542	[DELETED]	[DELETED]
	3947 Gulf Shores Parkway Hwy 59					
		Gulf Shores	AL			
Davita Pdi Montgomery At Home	1001 Forest Ave	Montgomery	AL	36106	[DELETED]	[DELETED]
Physicians Choice Dialysis—Montgomery			AL	36106	[DELETED]	[DELETED]
	1001 Forest Ave					
		Montgomery				
Davita Muscle Shoals Dialysis Center #4399			AL	35661	[DELETED]	[DELETED]
	712 State St.					
		Muscle Shoals				
Davita 3619 Northport	2401 Hospital Dr	Northport	AL	35476	[DELETED]	[DELETED]
Davita Opelika Center At Home Dialysis #5970			AL	36801	[DELETED]	[DELETED]
	2340 Pepperell Pkwy					
		Opelika				
Davita 3092 Ozark	214 Hospital Ave	Ozark	AL	36360	[DELETED]	[DELETED]
Davita #0843 Phenix City Dialysis Center			AL	36867	[DELETED]	[DELETED]
	1900 Opelika Road					
		Phenix City				
Davita—Pdi Jackson Acutes #1072 Dialysis			AL	36066	[DELETED]	[DELETED]
	1815 Glynwood Drive					
		Prattville				
Davita 2601 Rainbow City-Gadsden East			AL	35906	[DELETED]	[DELETED]

Davita Rainbow City—At Home Clinic #6282	2800 Rainbow Dr	Rainbow City	AL	35906	[DELETED] [DELETED]
	2800 Rainbow Drive	Rainbow City			
Davita 3485 Russellville	14897 Highway 43	Russellville	AL	35653	[DELETED] [DELETED]
Davita 3038 Sheffield	1120 S. Jackson Hwy Ste 107	Sheffield	AL	35660	[DELETED] [DELETED]
Davita 3383 Sylacauga	331 James Payton Blvd	Sylacauga	AL	35150	[DELETED] [DELETED]
Davita Sylacauga At Home	331 James Payton Blvd	Sylacauga	AL	35150	[DELETED] [DELETED]
Davita-Talladega	726 Battle Street East, Suite A	Talladega	AL	35160	[DELETED] [DELETED]
Davita 2615 Tuscaloosa	805 Old Mill St.	Tuscaloosa	AL	35401	[DELETED] [DELETED]
Davita 3206 Tuscaloosa University	220 15th St.	Tuscaloosa	AL	35401	[DELETED] [DELETED]
Davita Tuscaloosa At Home	805 Old Mil Street	Tuscaloosa	AL	35401	[DELETED] [DELETED]
Physicians Choice Dialysis of Alabama, LLC—Elmore			AL	36092	[DELETED] [DELETED]
	515 Hospital Drive	Wetumpka			
Davita—Bentonville Dialysis	1104 Se 30th St.	Bentonville	AR	72712	[DELETED] [DELETED]
Davita—Fayetteville Dialysis	509 East Millsap Road, Suite 111	Fayetteville	AR	72703	[DELETED] [DELETED]
Davita Forrest City Dialysis Center #4430			AR	72335	[DELETED] [DELETED]
	1501 N. Washington St.	Forrest City			
Davita 6237 Jacksonville Central At Home Dialysis			AR	72076	[DELETED] [DELETED]
	400 T. P. White Dr	Jacksonville			

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Jacksonville Central Dialysis	400 T. P. White Dr	Jacksonville	AR	72076	[DELETED]	[DELETED]
Davita	5800 W. 10th St. Ste 510	Little Rock	AR	72204	[DELETED]	[DELETED]
Davita Central Little Rock Dialysis 3615	5800 West 10th Street, Suite 510	Little Rock	AR	72204	[DELETED]	[DELETED]
Davita- Central Little Rock At Home	5800 West 10th Street, Suite 510	Little Rock	AR	72204	[DELETED]	[DELETED]
Davita-Mena Dialysis	1200 Crestwood Circle	Mena	AR	71953	[DELETED]	[DELETED]
Davita Little Rock Clinic	4505 East Mccain Boulevard	North Little Rock	AR	72117	[DELETED]	[DELETED]
Davita—Siloam Springs Dialysis	500 South Mount Olive, Suite 107	Siloam Springs	AR	72761	[DELETED]	[DELETED]
Davita—Springdale Dialysis	708 Quandt St.	Springdale	AR	72764	[DELETED]	[DELETED]
Davita Ocotillo Dialysis Center #4405	975 W. Chandler Heights Rd Bldg A Ste 101	Chandler	AZ	85248	[DELETED]	[DELETED]
Davita Chinle Dialysis Facility	U.S. Highway 191, PO Box 879	Chinle	AZ	86503	[DELETED]	[DELETED]
Southwest Kidney—Davita Dialysis Partners, LLC Dba: Gilbert—Dialysis Center	5222 East Baseline Road, Suite 104	Gilbert	AZ	85234	[DELETED]	[DELETED]
Davita—Phoenix At Home	20325 North 51st Ave Bldg 11, Suite 184	Glendale	AZ	85308	[DELETED]	[DELETED]
Davita Brookwood Dialysis Center #4374	8910 N. 43rd Ave Ste 107	Glendale	AZ	85302	[DELETED]	[DELETED]
Southwest Kidney -Davita Dialysis Partners, LLC Dba: Arrowhead Lakes—Dialysis Center	20325 N. 51st Ave Bldg 11 Ste 186	Glendale	AZ	85308	[DELETED]	[DELETED]
Davita Kayenta Dialysis Facility	Highway 163, PO Box 217	Kayenta	AZ	86033	[DELETED]	[DELETED]
Davita—Mountain Vista Dialysis Center #1952	10238 E. Hampton Ave Ste 108	Mesa	AZ	85209	[DELETED]	[DELETED]
Davita 4355 Central Mesa Dialysis Center	1134 E. University Dr Ste 101	Mesa	AZ	85203	[DELETED]	[DELETED]
Davita Nogales	1231 West Target Range Road	Nogales	AZ	85621	[DELETED]	[DELETED]
Davita—Rim County Dialysis Center	809 West Longhorn Road	Payson	AZ	85541	[DELETED]	[DELETED]
Davita 4364 Maryvale Dialysis Center	4845 W. Mcdowell Rd Ste 10	Phoenix	AZ	85035	[DELETED]	[DELETED]
Davita Estrella Dialysis #1936	8410 West Thomas Road Building 1, Suite 100	Phoenix	AZ	85037	[DELETED]	[DELETED]
Davita Raven Dialysis Center #4371	3540 E. Baseline Rd Ste 110	Phoenix	AZ	85042	[DELETED]	[DELETED]
Papago Dialysis Center	1401 North 24th Street, Suite 2	Phoenix	AZ	85008	[DELETED]	[DELETED]
Southwest Kidney -Davita Dialysis Partners, LLC Dba: Phoenix Dialysis Center	337 East Coronado Road, Suite 101	Phoenix	AZ	85004	[DELETED]	[DELETED]
Davita Dialysis Unit—Hopi Health Care Center	Highway 264- Mile Marker 388	Polacca	AZ	86042	[DELETED]	[DELETED]
Davita	20201 North Scottsdale Healthcare Drive Suite 100	Scottsdale	AZ	85255	[DELETED]	[DELETED]
Davita #2022, Dba: Scottsdale Dialysis Center	4725 N. Scottsdale Rd Ste 100	Scottsdale	AZ	85251	[DELETED]	[DELETED]
Davita Camelback At Home Hemo #6000	7321 East Osborn Drive	Scottsdale	AZ	85251	[DELETED]	[DELETED]
Davita Desert Mountain Dialysis	9220 East Mountainview Road, Suite 105	Scottsdale	AZ	85258	[DELETED]	[DELETED]

Davita 3046 Sells	Highway 86, Indian Health Service Hospital	Scottsdale	AZ	85634	[DELETED] [DELETED]
Davita—Sierra Vista	629 North Highway, Bypass 92, Suite 6 and 7	Sells	AZ	85635	[DELETED] [DELETED]
Davita #2038 Palm Brook Dialysis Center	14664 North Del Webb Boulevard	Sierra Vista	AZ AZ	85351	[DELETED] [DELETED]
Davita-Westbrook Dialysis	13907 W. Camino Del Sol	Sun City			
Davita—Grand Home	14674 W. Mountain View Blvd Ste 204	Sun City	AZ	85375	[DELETED] [DELETED]
				85374	[DELETED] [DELETED]
Southwest Kidney—Davita Dialysis Partners, LLC Dba: Tempe—Dialysis Center	2149 East Warner Road, Suite 110	Surprise	AZ AZ	85284	[DELETED] [DELETED]
Southwest Kidney -Davita Dialysis At Home	2149 East Warner Road, Suite 109	Tempe	AZ	85284	[DELETED] [DELETED]
Davita Tuba City	500 Edgewater Drive	Tempe Tuba City	AZ	86045	[DELETED] [DELETED]
Davita—Tucson East At Home	6420 E. Broadway Blvd Ste C300	Tucson	AZ	85710	[DELETED] [DELETED]
Davita—Tuscon Central Dialysis Center #2427	2901 E. Grant Rd		AZ	85716	[DELETED] [DELETED]
Davita—West Tucson	1780 West Anklam Road	Tucson Tucson	AZ	85745	[DELETED] [DELETED]
Davita 3203 Tucson South	3662 South 16th Avenue	Tucson	AZ	85713	[DELETED] [DELETED]
Davita 3261 Pascua Yaqui	7490 South Camino De Oeste	Tucson	AZ	85746	[DELETED] [DELETED]
Davita Northwest Tucson	2945 W. Ina Rd Ste 105	Tucson	AZ	85741	[DELETED] [DELETED]
Davita Rita Ranch Dialysis Center #4365	7355 S. Houghton Rd Ste 101		AZ	85747	[DELETED] [DELETED]
Davita Tuscon East At Home	6420 E. Broadway Blvd Suite-C300	Tucson Tucson	AZ	85710	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Tucson South Central	2024 East Irvington Street, Suite 7	Tucson	AZ	85714	[DELETED]	[DELETED]
Davita 2508 Yuma	2130 West 24th Street	Yuma	AZ	85364	[DELETED]	[DELETED]
Davita 3050 Yuma South	3010 South Fourth Avenue	Yuma	AZ	85364	[DELETED]	[DELETED]
Davita 4057 Anaheim	1107 West La Palma Avenue	Anaheim	CA	92801	[DELETED]	[DELETED]
Davita Anaheim West Dialysis #2485	1821 W. Lincoln Ave	Anaheim	CA	92801	[DELETED]	[DELETED]
Antioch Dialysis Center	3100 Delta Fair Boulevard	Antioch	CA	94509	[DELETED]	[DELETED]
Davita 3009 Victor Valley	16049 Kamana Rd	Apple Valley	CA	92307	[DELETED]	[DELETED]
Davita Atwater Dialysis	580 East Bellvue Road	Atwater	CA	95301	[DELETED]	[DELETED]
Davita 3860 Auburn	3126 Professional Drive, Suite 100	Auburn	CA	95603	[DELETED]	[DELETED]
Bakersfield Dialysis Center	5143 Office Park Drive	Bakersfield	CA	93309	[DELETED]	[DELETED]
Davita 3633 Bakersfield South	7701 White Lane, Suite D	Bakersfield	CA	93309	[DELETED]	[DELETED]
Davita 3821 Northeast Bakersfield	3761 Mall View Rd	Bakersfield	CA	93306	[DELETED]	[DELETED]
Davita White Lane At Home #6251 Dialysis	7701 White Ln	Bakersfield	CA	93309	[DELETED]	[DELETED]
Davita-Bakersfield Brimhall Dialysis #3820	8501 Brimhall Rd Bldg 500	Bakersfield	CA	93312	[DELETED]	[DELETED]
Davita 2571 Banning	6090 West Ramsey Street	Banning	CA	92220	[DELETED]	[DELETED]
Davita Bellflower Dialysis Center	15736 Woodruff Avenue	Bellflower	CA	90706	[DELETED]	[DELETED]
Davita 3109 Benicia	560 First Street, Suite D-103	Benicia	CA	94510	[DELETED]	[DELETED]
Davita 3039 Berkeley	2920 Telegraph Ave	Berkeley	CA	94705	[DELETED]	[DELETED]
Davita—Beverly Hills Dialysis Center	50 N. La Cienega Boulevard, Suite 300	Beverly Hills	CA	90211	[DELETED]	[DELETED]
Davita Brea Dialysis Center	595 Tamarack Avenue, Suite A	Brea	CA	92821	[DELETED]	[DELETED]
Davita Burbank Dialysis	1211 North San Fernando Boulevard	Burbank	CA	91504	[DELETED]	[DELETED]
Davita Camarillo Dialysis #5531	2438 N. Ponderosa Dr Ste C101	Camarillo	CA	93010	[DELETED]	[DELETED]
Davita Manzanita At Home #6016	4005 Manzanita Avenue, Suite 18	Carmichael	CA	95608	[DELETED]	[DELETED]
Davita Manzanita Dialysis	4005 Manzanita Avenue, Suite 17	Carmichael	CA	95608	[DELETED]	[DELETED]
Davita Manzanita Home Training Center #284	4005 Manzanita Ave Ste 18	Carmichael	CA	95608	[DELETED]	[DELETED]
Davita Ceres Dialysis Center	1768 Mitchell Road, Suite 308	Ceres	CA	95307	[DELETED]	[DELETED]
Chico Dialysis Center	530 Cohasset Road	Chico	CA	95926	[DELETED]	[DELETED]
South Chico Dialysis Center	2345 Forest Avenue	Chico	CA	95928	[DELETED]	[DELETED]
Davita 3506 Chino	4445 Riverside Dr	Chino	CA	91710	[DELETED]	[DELETED]
Antelope Dialysis Center, Dba Total Renal Care-Antelope Clinic	6406 Tupelo Drive, Suite A	Citrus Heights	CA	95621	[DELETED]	[DELETED]
Davita Clearlake Dialysis Center	14400 Olympic Dr	Clearlake	CA	95422	[DELETED]	[DELETED]
Davita Gateway Plaza Dialysis Center #4320	1580 W. Rosecrans Ave	Compton	CA	90220	[DELETED]	[DELETED]
Davita Concord Dialysis Center #2066	2300 Stanwell Drive, Suite C	Concord	CA	94520	[DELETED]	[DELETED]
Da Vita—Corona Dialysis Center	1820 Fullerton Avenue, Suite 180	Corona	CA	92881	[DELETED]	[DELETED]
Davita 3614 Costa Mesa	1590 Scenic Ave	Costa Mesa	CA	92626	[DELETED]	[DELETED]
Davita Premier Dialysis	7612 Atlantic Ave	Cudahy	CA	90201	[DELETED]	[DELETED]
Davita	1498 Southgate Ave Ste 101	Daly City	CA	94015	[DELETED]	[DELETED]
Davita—Daly City At Home #6046	1498 Southgate Avenue, Suite 101	Daly City	CA	94015	[DELETED]	[DELETED]
Davita Westlake Daly City Dialysis Center #2265	2201 Junipero Serra Blvd	Daly City	CA	94014	[DELETED]	[DELETED]
Davita 4026 Delano	905 Main Street	Delano	CA	93215	[DELETED]	[DELETED]
Davita Kern Valley State Prison	29393 Cecil Ave	Delano	CA	93215	[DELETED]	[DELETED]
Davita #2386 Joy of Dixon	1640 N. Lincoln St.	Dixon	CA	95620	[DELETED]	[DELETED]
Davita #2218 Downey Landing	11611 Bellflower Blvd	Downey	CA	90241	[DELETED]	[DELETED]
Davita# 0617 Downey Dialysis Center	8630 Florence Ave Ste 100	Downey	CA	90240	[DELETED]	[DELETED]

Davita 3849 El Cerrito	10690 San Pablo Ave	Downey El Cerrito	CA	94530	[DELETED]	[DELETED]
Davita Greater El Monte Dialysis Center			CA	91733	[DELETED]	[DELETED]
	1938 Tyler Avenue, Suite J-168					
Rosemead Springs Dialysis Center #1518		El Monte	CA	91731	[DELETED]	[DELETED]
	3212 Rosemead Boulevard					
Davita—West Elk Grove Dialysis Center		El Monte	CA	95758	[DELETED]	[DELETED]
	2208 Kausen Drive, Suite 100					
Davita Elk Grove Dialysis	9281 Office Park Circle, Suite 105	Elk Grove Elk Grove	CA	95758	[DELETED]	[DELETED]
Davita 3486 Encinitas	332 Santa Fe Drive, Suite 100	Encinitas	CA	92024	[DELETED]	[DELETED]
Davita #1865 South Valley Dialysis	17815 Ventura Blvd Ste 100	Encino	CA	91316	[DELETED]	[DELETED]
Davita #6196- South Valley At Home			CA	91316	[DELETED]	[DELETED]
	17815 Venutra Blvd., Suite 100					
Davita 3055 Escondido	203 East Second Avenue	Encino Escondido	CA	92025	[DELETED]	[DELETED]
Davita 3669 Escondido Home Training			CA	92025	[DELETED]	[DELETED]
	635 East Grand Avenue					
Davita #7266	1116 West Visalia Road, Suite 106	Escondido Exeter	CA	93221	[DELETED]	[DELETED]
Davita—Fairfield Dialysis Center	4660 Central Way	Fairfield	CA	94534	[DELETED]	[DELETED]
Davita #4005 Fontana Dialysis	17590 Foothill Blvd	Fontana	CA	92335	[DELETED]	[DELETED]
Davita #1281—Foster City Dialysis	1261 E. Hillside Blvd	Foster City	CA	94404	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita—Fresno Pd	568 East Herndon Avenue, Suite 301	Fresno	CA	93720	[DELETED]	[DELETED]
Davita 3593 Palm Bluffs	770 West Pinedale	Fresno	CA	93711	[DELETED]	[DELETED]
Davita Ash Tree #1786	2666 North Grove Industrial Drive, Suite 106	Fresno	CA	93727	[DELETED]	[DELETED]
Davita Ash Tree Pd #1787	2666 North Grove Industrial Drive, Suite 106	Fresno	CA	93727	[DELETED]	[DELETED]
Davita Fresno	1111 East Warner Avenue	Fresno	CA	93710	[DELETED]	[DELETED]
Davita 3058 Fullerton	238 Orangefair Avenue	Fullerton	CA	92832	[DELETED]	[DELETED]
Davita Crossroads Dialysis Center	3214 Yorba Linda Boulevard	Fullerton	CA	92831	[DELETED]	[DELETED]
Satellite Dialysis Gilroy Pd	7800 Arroyo Cir Ste B.	Gilroy	CA	95020	[DELETED]	[DELETED]
Davita Glendale	1000 East Palmer Avenue	Glendale	CA	91205	[DELETED]	[DELETED]
Davita North Glendale Dialysis #5530	1505 Wilson Terrace, Suite 190	Glendale	CA	91206	[DELETED]	[DELETED]
Davita 3590 Penn Valley Home Training	776 Freeman Ln Suite Aandb	Grass Valley	CA	95949	[DELETED]	[DELETED]
Davita 3861 Grass Valley	360 Crown Point Cir Suite 210	Grass Valley	CA	95945	[DELETED]	[DELETED]
Davita Grass Valley At Home #6325	360 Crown Point Cir Suite 210	Grass Valley	CA	95945	[DELETED]	[DELETED]
Davita 3831 Hanford	402 West Eighth Street	Hanford	CA	93230	[DELETED]	[DELETED]
Davita Hawaiian Gardens #2455	12191 226th St.	Hawaiian Gardens	CA	90716	[DELETED]	[DELETED]
Davita—Sunrise Dialysis Center, Inc.	13039 Hawthorne Boulevard	Hawthorne	CA	90250	[DELETED]	[DELETED]
Davita Hayward Dialysis Center	21615 Hesperian Boulevard, Suite F.	Hayward	CA	94541	[DELETED]	[DELETED]
Total Renal Care—South Hayward Dialysis Center	254 Jackson Street	Hayward	CA	94544	[DELETED]	[DELETED]
Davita Diamond Valley Dialysis Center	1030 East Florida Avenue	Hemet	CA	92543	[DELETED]	[DELETED]
Davita Hemet Dialysis Center	3050 W. Florida Ave	Hemet	CA	92545	[DELETED]	[DELETED]
Davita Hesperia Dialysis Center #2278	14135 Main St. Ste 501	Hesperia	CA	92345	[DELETED]	[DELETED]
Davita Highland Ranch Dialysis #2475	7223 Church St. Ste A14	Highland	CA	92346	[DELETED]	[DELETED]
Davita 3059 Huntington Beach	16892 Bolsa Chica Street	Huntington Beach	CA	92649	[DELETED]	[DELETED]
Davita Huntington Park Dialysis #2310	5942 Rugby Ave	Huntington Park	CA	90255	[DELETED]	[DELETED]
Davita 3001 Inglewood	125 East Arbor Vitae	Inglewood	CA	90301	[DELETED]	[DELETED]
Davita 3212 Airport-Fka Inglewood	4632 West Century Boulevard	Inglewood	CA	90304	[DELETED]	[DELETED]
Davita Imperial	2738 West Imperial Highway	Inglewood	CA	90303	[DELETED]	[DELETED]
Davita Dialysis 3488-1 San Diego-Scripps Green Hospital-Acute	10666 N. Torrey Pines Rd	La Jolla	CA	92037	[DELETED]	[DELETED]
Davita Dialysis 3488-4—Scripps Memorial Hosp-Acute	9888 Genesee Ave	La Jolla	CA	92037	[DELETED]	[DELETED]
Davita 4061 Saddleback	23141 Plaza Pointe Drive	Laguna Hills	CA	92653	[DELETED]	[DELETED]
Lake Elsinore Dialysis	32291 Mission Trail Road, Building S.	Lake Elsinore	CA	92530	[DELETED]	[DELETED]
Total Renal Care—Lakeport	804 11th Street	Lakeport	CA	95453	[DELETED]	[DELETED]
Davita Lakewood Dialysis Center	4645 Silva Street	Lakewood	CA	90712	[DELETED]	[DELETED]
Davita—Antelope Valley Dialysis Center			CA	93534	[DELETED]	[DELETED]

	1759 West Avenue J, Suite 102	Lancaster			
Davita #2334	3201 Doolan Rd Suite 175	Livermore	CA	94551	[DELETED] [DELETED]
Davita—Lodi Community Dialysis, Inc.			CA	95242	[DELETED] [DELETED]
	1610 West Kettleman Lane, Suite D	Lodi			
Davita—Tokay Dialysis Center #2016			CA	95240	[DELETED] [DELETED]
	312 Fairmont Ave Ste A	Lodi			
Davita Tokay Home Dialysis	777 S. Ham Lane, Suite L	Lodi	CA	95242	[DELETED] [DELETED]
Davita #0438 United Dialysis Center	3111 Long Beach Boulevard	Long Beach	CA	90807	[DELETED] [DELETED]
Davita—Bixby Knolls #2137	3744 Long Beach Blvd	Long Beach	CA	90807	[DELETED] [DELETED]
Davita Harbor UCLA—Mfi—Long Beach Dialysis Center			CA	90806	[DELETED] [DELETED]
	1075 East Pacific Coast Highway	Long Beach			
Davita Los Alamitos Dialysis Center #2344			CA	90720	[DELETED] [DELETED]
	4141 Katella Ave	Los Alamitos			
Davita #1902 Carabello	757 E. Washington Blvd	Los Angeles	CA	90021	[DELETED] [DELETED]
Davita #6023 Century City Home/Pd Dialysis			CA	90095	[DELETED] [DELETED]
	10630 Santa Monica Blvd	Los Angeles			
Davita—Doctors Dialysis Center of East Los Angeles			CA	90022	[DELETED] [DELETED]
	950 South Eastern Avenue	Los Angeles			
Davita—Kenneth Hahn Plaza Dialysis Center			CA	90059	[DELETED] [DELETED]
	11854 Wilmington Avenue	Los Angeles			
Davita—USC Kidney Center	2310 Alcazar Street	Los Angeles	CA	90089	[DELETED] [DELETED]
Davita—University Park Dialysis Center			CA	90037	[DELETED] [DELETED]
	3986 South Figueroa Street	Los Angeles			

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 2543 Los Angeles Plaza Dialysis	1700 E. Cesar Chavez Ave Ste L. 100	Los Angeles	CA	90033	[DELETED]	[DELETED]
Davita 3565 Tower	8635 West 3rd Street, Suite 560w	Los Angeles	CA	90048	[DELETED]	[DELETED]
Davita 4056 Los Angeles Downtown	2021 South Flower Street	Los Angeles	CA	90007	[DELETED]	[DELETED]
Davita Century City Dialysis #430	10630 Santa Monica Blvd	Los Angeles	CA	90095	[DELETED]	[DELETED]
Davita Crescent Heights Dialysis	8151 Beverly Blvd	Los Angeles	CA	90048	[DELETED]	[DELETED]
Davita Hollywood Dialysis Center	5108 Sunset Boulevard	Los Angeles	CA	90027	[DELETED]	[DELETED]
Davita Los Angeles Dialysis Center	2250 S. Western Ave Suite 300	Los Angeles	CA	90018	[DELETED]	[DELETED]
Davita Silver Lake Dialysis	2723 W. Temple St.	Los Angeles	CA	90026	[DELETED]	[DELETED]
Davita Washington Plaza Dialysis Center	516-522 East Washington Boulevard	Los Angeles	CA	90015	[DELETED]	[DELETED]
Davita Wilshire Dialysis Center	1212 Wilshire Blvd	Los Angeles	CA	90017	[DELETED]	[DELETED]
Davita Healthcare of Los Banos	222 J. Street	Los Banos	CA	93635	[DELETED]	[DELETED]
Davita Imperial Care. Dialysis Center #1523	4345 East Imperial Highway	Lynwood	CA	90262	[DELETED]	[DELETED]
Kidney Dialysis Care Units	3600 East Martin Luther King, Junior Boulevard	Lynwood	CA	90262	[DELETED]	[DELETED]
Davita—Almond Wood Dialysis #2242	501 E. Almond Ave	Madera	CA	93637	[DELETED]	[DELETED]
Davita #2442 Yosemite	1650 W. Yosemite Ave	Manteca	CA	95337	[DELETED]	[DELETED]
Davita 3802 Manteca	1156 South Main Street	Manteca	CA	95337	[DELETED]	[DELETED]
Davita—Marysville Dialysis Center #2036	1015 Eighth Street	Marysville	CA	95901	[DELETED]	[DELETED]
Davita 3143 Merced North	3150 North G. Street, Suite A	Merced	CA	95340	[DELETED]	[DELETED]
Davita Merced At Home	3150 G. Street, Suite B.	Merced	CA	95340	[DELETED]	[DELETED]
Davita 2564 Mission Viejo	27640 Marguerite Pkwy	Mission Viejo	CA	92692	[DELETED]	[DELETED]
Davita Montclair Dialysis Center	5050 Palo Verde St. Ste 100	Montclair	CA	91763	[DELETED]	[DELETED]
Davita Doctors Dialysis Center of Montebello	1721 West Whittier Boulevard	Montebello	CA	90640	[DELETED]	[DELETED]
Davita Garfield Hemodialysis Center	118 Hilliard Avenue	Monterey Park	CA	91754	[DELETED]	[DELETED]
Davita Garfield Pd #4375	228 N. Garfield Ave Ste 301	Monterey Park	CA	91754	[DELETED]	[DELETED]
Davita Monterey Park Dialysis Center, Inc.	2560 Corporate Pl Suite D100-102	Monterey Park	CA	91754	[DELETED]	[DELETED]
Davita Canyon Springs Dialysis	22555 Alessandro Blvd	Moreno Valley	CA	92553	[DELETED]	[DELETED]
Davita Valley View Dialysis	26900 Cactus Avenue	Moreno Valley	CA	92555	[DELETED]	[DELETED]
Davita Murrieta Dialysis Center	25100 Hancock Avenue, Suite 101-103	Murrieta	CA	92562	[DELETED]	[DELETED]
Davita—Napa Dialysis Center	3900 - C Bel Aire Plaza	Napa	CA	94558	[DELETED]	[DELETED]
Davita Norco Dialysis	1901 Town and Country Dr Ste 100	Norco	CA	92860	[DELETED]	[DELETED]
Davita North Highlands Dialysis Center	4986 Watt Avenue, Suite F.	North Highlands	CA	95660	[DELETED]	[DELETED]
Davita Healthcare of North Hollywood	12126 Victory Blvd	North Hollywood	CA	91606	[DELETED]	[DELETED]
Davita Norwalk Dialysis Center	12375 Imperial Hwy Ste D3	Norwalk	CA	90650	[DELETED]	[DELETED]
Davita 3818 Oakland	5354 Claremont Ave	Oakland	CA	94618	[DELETED]	[DELETED]
Davita Alameda County	10700 Mcarthur Boulevard, Suite 14			94605	[DELETED]	[DELETED]

		Oakland	CA		
Oakland Peritoneal Dialysis Center	2633 Telegraph Avenue, Suite 115	Oakland	CA	94612	[DELETED] [DELETED]
Davita Ontario Dialysis Center	1950 Grove Avenue, Suite 101-105	Ontario	CA	91761	[DELETED] [DELETED]
Davita Main Place Dialysis	972 Town and Country Rd	Orange	CA	92868	[DELETED] [DELETED]
Orangevale Dialysis	9267 Greenback Lane, Suite A-2	Orangevale	CA	95662	[DELETED] [DELETED]
Davita 3067 Palm Springs	1061 North Indian Canyon Drive	Palm Springs	CA	92262	[DELETED] [DELETED]
Palmdale Regional Dialysis Center	1643 Palmdale Boulevard	Palmdale	CA	93550	[DELETED] [DELETED]
Davita—Paramount Dialysis Center	8319 Alondra Boulevard	Paramount	CA	90723	[DELETED] [DELETED]
Davita—Eaton Canyon Dialysis Center			CA	91107	[DELETED] [DELETED]
	2551 East Washington Boulevard				
		Pasadena			
Davita Pasadena Foothills Dialysis #4329			CA	91107	[DELETED] [DELETED]
	3722 E. Colorado Blvd				
		Pasadena			
Davita 3590 Penn Valley Home Training			CA	95946	[DELETED] [DELETED]
	11374 Pleasant Valley Road				
		Penn Valley			
Davita Delta View Dialysis #2453	1150 E. Leland Rd	Pittsburg	CA	94565	[DELETED] [DELETED]
Placerville Dialysis Center, Dba: Total Renal Care—Placerville			CA	95667	[DELETED] [DELETED]
	3964 Missouri Flat Road, Suite J.				
		Placerville			
Total Renal Care—Pleasanton. Aka: Pleasanton Dialysis Center				94588	[DELETED] [DELETED]
	5720 Stoneridge Mall Road, Suites 140 and 160				
		Pleasanton	CA		
Davita #3004 Pomona	2111 N. Garey Ave	Pomona	CA	91767	[DELETED] [DELETED]
Davita Sunset Dialysis Center	3071 Gold Canal Dr	Rancho Cordova			[DELETED] [DELETED]
			CA	95670	

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Sunrise Dialysis Center, Dba: Total Renal Care—Sunrise						[DELETED] [DELETED]
	2951 Sunrise Boulevard, Suite 145					
		Rancho Cordova	CA	95742		
Davita Red Bluff Dialysis Center #2127			CA	96080	[DELETED]	[DELETED]
	2455 Sister Mary Columba Drive					
		Red Bluff				
Davita 3015-1 Redding Acute Dialysis Services			CA	96001	[DELETED]	[DELETED]
	1876 Park Marina Dr					
		Redding				
Davita Redding At Home	1876 Park Marina Drive	Redding	CA	96001	[DELETED]	[DELETED]
Davita #2217	1000 Marshall St.	Redwood City	CA	94063	[DELETED]	[DELETED]
Davita—Redwood City At Home #5929			CA	94063	[DELETED]	[DELETED]
	1000 Marshall St.					
		Redwood City				
Indian Wells Valley Dialysis Center	212 South Richmond Road	Ridgecrest	CA	93555	[DELETED]	[DELETED]
Davita Magnolia West At Home	11161 Magnolia Avenue, Suite B.	Riverside	CA	92505	[DELETED]	[DELETED]
Davita Magnolia West Dialysis Center			CA	92505	[DELETED]	[DELETED]
	11161 Magnolia Avenue					
		Riverside				
Davita Riverside Dialysis #6707	4361 Latham Street, Suite 100	Riverside	CA	92501	[DELETED]	[DELETED]
Davita Alhambra Dialysis Center	1335 Alhambra Boulevard, Suite 100			95816	[DELETED]	[DELETED]
		Sacramento	CA			
Davita Calvine Dialysis #5029	8243 E. Stockton Blvd Ste C	Sacramento	CA	95828	[DELETED]	[DELETED]
Davita Natomas Dialysis	30 Goldenland Court, Building G.	Sacramento	CA	95834	[DELETED]	[DELETED]
Davita University Dialysis Center	777 Campus Commons Road, Suite 100			95825	[DELETED]	[DELETED]
		Sacramento	CA			
Florin Dialysis Center—Total Renal Care			CA	95823	[DELETED]	[DELETED]
	7000 Stockton Blvd					
		Sacramento				
South Sacramento Dialysis Center, Dba: Total Renal Care—South Sacramento			CA	95823	[DELETED]	[DELETED]
	7000 Franklin Blvd Ste 880					
		Sacramento				
Davita—Salinas	955 Blanco Circle, Suite C	Salinas	CA	93901	[DELETED]	[DELETED]
Davita Citrus Valley Dialysis Center	894 Hardt St.	San Bernardino	CA	92408	[DELETED]	[DELETED]
Davita- Citrus Valley At Home	894 Hardt Street	San Bernardino	CA	92408	[DELETED]	[DELETED]
Mountain Vista Dialysis Center	4041 University Pkwy	San Bernardino	CA	92407	[DELETED]	[DELETED]
Davita Rx #1685	1178 Cherry Ave	San Bruno	CA	94066	[DELETED]	[DELETED]
Davita 3210 San Diego South	995 Gateway Center Way Ste 101	San Diego	CA	92102	[DELETED]	[DELETED]
Davita 3456 San Ysidro	1445 30th Street, Suite A	San Diego	CA	92154	[DELETED]	[DELETED]
Davita 3484 San Diego East	292 Euclid Avenue, Suite 100	San Diego	CA	92114	[DELETED]	[DELETED]
Davita 3559 College Dialysis	6535 University Ave	San Diego	CA	92115	[DELETED]	[DELETED]
Davita 3569 Carmel Mountain	9850 Carmel Mountain Rd Ste A	San Diego	CA	92129	[DELETED]	[DELETED]
Davita Dialysis 3488-5 San Diego Scripps Mercy Hospital-Acute			CA	92103	[DELETED]	[DELETED]
	4077 5th Ave					
		San Diego				
Davita 3830 San Francisco	1499 Webster St.	San Francisco	CA	94115	[DELETED]	[DELETED]
Davita 3847 Chinatown San Fran	636 Clay St.	San Francisco	CA	94111	[DELETED]	[DELETED]
Davita 6286 San Francisco At Home	1499 Webster St.	San Francisco	CA	94115	[DELETED]	[DELETED]
Davita #2199 Aborn Dialysis	3162 S. White Rd Ste 100	San Jose	CA	95148	[DELETED]	[DELETED]
Davita #2276 Comet House Dialysis	2005 Naglee Ave	San Jose	CA	95128	[DELETED]	[DELETED]
Davita 2477 San Jose Hhd/Pd-Ca	4400 Stevens Creek Blvd Suite 50	San Jose	CA	95129	[DELETED]	[DELETED]
Davita Dialysis Center Home	4400 Stevens Creek Blvd Suite 50	San Jose	CA	95129	[DELETED]	[DELETED]
Jaco Fishenfeld	150 N. Jackson Ave	San Jose	CA	95116	[DELETED]	[DELETED]
Davita 2560 San Juan Capistrano South						[DELETED] [DELETED]
	31736 Rancho Viejo Road, Suite B.					
		San Juan Capistrano	CA	92675		
Davita—East Bay Peritoneal Dialysis			CA	94578	[DELETED]	[DELETED]
	13939 East 14th Street, Suite 110					
		San Leandro				
Davita San Leandro Dialysis #4485	15555 E. 14th St. Suite 520	San Leandro	CA	94578	[DELETED]	[DELETED]
Davita Dialysis San Marcos #7261	2135 Montiel Rd Bldg B.	San Marcos	CA	92069	[DELETED]	[DELETED]

Davita San Pablo	14020 San Pablo Boulevard, Suite B.	San Pablo	CA	94806	[DELETED] [DELETED]
Davita Northgate Dialysis Center #2296	650 Las Gallinas Ave	San Rafael	CA	94903	[DELETED] [DELETED]
Davita Sanger Dialysis Center #2188	2517 Jensen Ave Bldg B	Sanger	CA	93657	[DELETED] [DELETED]
Davita #2019 Tustin Dialysis Center	2090 North Tustin Avenue	Santa Ana	CA	92705	[DELETED] [DELETED]
Davita—Santa Ana Dialysis	1820 East Deere Avenue	Santa Ana	CA	92705	[DELETED] [DELETED]
Davita—Santa Monica Mar Vista	2020 Santa Monica Boulevard, Suite 100 and 102			90404	[DELETED] [DELETED]
Davita 3211 Santa Monica	1260 15th Street, Suite 102	Santa Monica	CA	90404	[DELETED] [DELETED]
Davita Santa Paula Dialysis #5534	253 March St.	Santa Paula	CA	93060	[DELETED] [DELETED]
Davita #4054-1 Selma Dialysis	2711 Cinema Way Ste 111	Selma	CA	93662	[DELETED] [DELETED]
Davita Simi Valley At Home #5936	2950 Sycamore Dr Ste 100	Simi Valley	CA	93065	[DELETED] [DELETED]
Davita Simi Valley Dialysis #5533	2950 North Sycamore Drive, Suite 100-102	Simi Valley	CA	93065	[DELETED] [DELETED]
Soledad Dialysis	901 Los Coches Drive	Soledad	CA	93960	[DELETED] [DELETED]
Davita Westborough Dialysis Center #4424	925 El Camino Real	South San Francisco	CA	94080	[DELETED] [DELETED]
Davita #1998 Stockton Kidney Center	1523 E. March Ln Ste 200	Stockton	CA	95210	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3666 Stockton Home Training	545 East Cleveland, Suite A	Stockton	CA	95204	[DELETED]	[DELETED]
Delta-Sierra Dialysis Center—Total Renal Care	555 West Benjamin Holt Drive, Suite 200	Stockton	CA	95207	[DELETED]	[DELETED]
Davita—Temecula Dialysis	40945 County Center Drive, Suite G.	Temecula	CA	92591	[DELETED]	[DELETED]
Davita Thousand Oaks At Home #5935	375 Rolling Oaks Dr Ste 100	Thousand Oaks	CA	91361	[DELETED]	[DELETED]
Davita Harbor-UCLA	21602 South Vermont Avenue	Torrance	CA	90502	[DELETED]	[DELETED]
Davita 3857 Tracy	425 West Beverly Place, Suite A	Tracy	CA	95376	[DELETED]	[DELETED]
Davita 3298 Tulare	545 East Tulare Avenue	Tulare	CA	93274	[DELETED]	[DELETED]
Davita—Turlock Dialysis Clinic	50 W. Syracuse Ave	Turlock	CA	95380	[DELETED]	[DELETED]
Davita 3328 Pear Tree Dialysis	126 North Orchard Avenue	Ukiah	CA	95482	[DELETED]	[DELETED]
Davita-Union City At Home	32930 Alvarado Niles Rd. Suite 300	Union City	CA	94587	[DELETED]	[DELETED]
Total Renal Care Union City Dialysis Center	32930 Alvarado Niles Road, Suite 300	Union City	CA	94587	[DELETED]	[DELETED]
Davita 3903 Upland	600 North 13th Avenue	Upland	CA	91786	[DELETED]	[DELETED]
Creekside Dialysis Center #2017	141 Parker Street	Vacaville	CA	95688	[DELETED]	[DELETED]
Davita—Vacaville Dialysis Center	941 Merchant St.	Vacaville	CA	95688	[DELETED]	[DELETED]
Davita #2123 Carquinez	125 Corporate Pl Ste C	Vallejo	CA	94590	[DELETED]	[DELETED]
Davita 3806 Vallejo	121 Hospital Dr	Vallejo	CA	94589	[DELETED]	[DELETED]
Valley Dialysis Center	16149 Hart Street	Van Nuys	CA	91406	[DELETED]	[DELETED]
Davita Ventura Dialysis #5548	2705 Loma Vista Rd Ste 101	Ventura	CA	93003	[DELETED]	[DELETED]
Davita 3299 Tri Counties Home Training	433 South Bridge Street	Visalia	CA	93277	[DELETED]	[DELETED]
Davita 3300 Visalia	1031 North Demaree	Visalia	CA	93291	[DELETED]	[DELETED]
Davita Visalia At Home #5556	1120 N. Chinowth St.	Visalia	CA	93291	[DELETED]	[DELETED]
Davita Walnut Creek	404 North Wiget Lane	Walnut Creek	CA	94598	[DELETED]	[DELETED]
Davita Walnut Creek At Home	400 N. Wiget Ln	Walnut Creek	CA	94598	[DELETED]	[DELETED]
Covina Dialysis Center	1547 West Garvey Avenue	West Covina	CA	91790	[DELETED]	[DELETED]
Davita—West Sacramento At Home	3450 Industrial Blvd. #100	West Sacramento	CA	95691	[DELETED]	[DELETED]
Davita- West Sacramento #2189	3450 Industrial Blvd Ste 100	West Sacramento	CA	95691	[DELETED]	[DELETED]
Davita Thousand Oaks Dialysis #5532	375 Rolling Oaks Dr Ste 100	Westlake Village	CA	91361	[DELETED]	[DELETED]
Davita Westminster South #3545	14014 Magnolia St	Westminster	CA	92683	[DELETED]	[DELETED]
Davita Santa Fe Springs #2260	11147 Washington Blvd	Whittier	CA	90606	[DELETED]	[DELETED]
Davita Whittier Dialysis Center	10055 Whittwood Drive	Whittier	CA	90603	[DELETED]	[DELETED]
Davita #0291 Yuba City	1525 Plumas Court, Suite A	Yuba City	CA	95991	[DELETED]	[DELETED]
Davita Yucaipa Dialysis	33487 Yucaipa Boulevard	Yucaipa	CA	92399	[DELETED]	[DELETED]
Davita 2568 High Desert	58457 29 Palms Building 100, Suite 102, Highway 1	Yucca Valley	CA	92284	[DELETED]	[DELETED]
Davita Alamosa Dialysis Center	612 Del Sol Drive	Alamosa	CO	81101	[DELETED]	[DELETED]
Davita Arvada Dialysis	9950 West 80th, Suite 25	Arvada	CO	80005	[DELETED]	[DELETED]
Davita—Aurora Dialysis	1411 S. Potomac St. Ste 100	Aurora	CO	80012	[DELETED]	[DELETED]
Davita Dialysis—East Aurora	482 South Chambers Road	Aurora	CO	80017	[DELETED]	[DELETED]
Davita—Boulder Dialysis Center	2880 Folsom Street, Suite 110	Boulder	CO	80304	[DELETED]	[DELETED]
Brighton Dialysis Center #2067	4700 East Bromley Lane, Suite 103	Brighton	CO	80601	[DELETED]	[DELETED]
Davita—North Colorado Springs At Home Dialysis #5973	6071 E. Woodmen Rd Suite 100/120				[DELETED]	[DELETED]

		Colorado Springs	CO	80923		
Davita Pikes Peak At Home	2002 Lelamy Street, Suite 130	Colorado Springs	CO	80909	[DELETED]	[DELETED]
Davita Pikes Peak Dialysis Center	2002 Le Leray Street, Suite 130	Colorado Springs	CO	80909	[DELETED]	[DELETED]
Davita Printer's Place Dialysis Center	2802 International Cir	Colorado Springs	CO	80910	[DELETED]	[DELETED]
Davita- North Colorado Springs Dialysis Center #4367	6071 E. Woodmen Rd Suite 100/120				[DELETED]	[DELETED]
		Colorado Springs	CO	80923		
Davita Commerce City Dialysis	6320 Holly St.	Commerce City	CO	80022	[DELETED]	[DELETED]
Da Vita--Cortez Dialysis	610 East Main Street, Suite C	Cortez	CO	81321	[DELETED]	[DELETED]
Davita—Belcaro Dialysis Center #2063	755 S. Colorado Blvd		CO	80246	[DELETED]	[DELETED]
		Denver				
Davita—Denver Dialysis	2900 Downing Street, Suite C	Denver	CO	80205	[DELETED]	[DELETED]
Davita—Thornton Dialysis Center	8800 Fox Drive	Denver	CO	80260	[DELETED]	[DELETED]
Davita 1869 Lowry Pd	7465 East First Avenue, Suite A	Denver	CO	80230	[DELETED]	[DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 2493 North Metro Dialysis Center			CO	80234	[DELETED]	[DELETED]
	12365 Huron St. Ste 500					
		Denver				
Davita Dialysis—Lowry At Home	7465 East 1st Avenue, Suite 100	Denver	CO	80230	[DELETED]	[DELETED]
Davita Dialysis 1063-4 Rose Medical Center-Acute			CO	80220	[DELETED]	[DELETED]
	4567 E. 9th Ave					
		Denver				
Davita Lowry Dialysis Center	7465 E. 1st Ave Ste A	Denver	CO	80230	[DELETED]	[DELETED]
Davita North Metro At Home Dialysis #5979			CO	80234	[DELETED]	[DELETED]
	12365 Huron St. Ste 500					
		Denver				
Davita South Denver Dialysis	850 East Harvard Avenue, Suite 60	Denver	CO	80210	[DELETED]	[DELETED]
Durango Dialysis Center #2109	72 Suttle Street, Unit D	Durango	CO	81301	[DELETED]	[DELETED]
Davita Englewood Dialysis	3247 South Lincoln Street	Englewood	CO	80113	[DELETED]	[DELETED]
Davita Lonetree Dialysis Center	9777 Mount Pyramid Court, Suite 140			80112	[DELETED]	[DELETED]
		Englewood	CO			
Davita Dialysis—Fountain	6910 Bandley Drive	Fountain	CO	80817	[DELETED]	[DELETED]
Davita Grand Junction	710 Wellington Avenue, Suite 20	Grand Junction			[DELETED]	[DELETED]
			CO	81501		
Davita Mesa County At Home #5940	561 25 Rd Ste D	Grand Junction			[DELETED]	[DELETED]
			CO	81505		
Davita Mesa County Dialysis #4489	561 25 Rd Ste D	Grand Junction			[DELETED]	[DELETED]
			CO	81505		
Davita #0541 Lakewood Dialysis Center			CO	80214	[DELETED]	[DELETED]
	1750 Pierce St. Suite B.					
		Lakewood				
Davita Dialysis—Lakewood At Home	1750 Pierce Street, Suite A	Lakewood	CO	80214	[DELETED]	[DELETED]
Davita Lakewood Crossing Dialysis	1057 S. Wadsworth Blvd Ste 100	Lakewood	CO	80226	[DELETED]	[DELETED]
Davita—Littleton	209 West County Line Road	Littleton	CO	80129	[DELETED]	[DELETED]
Da Vita Longmont Dialysis	1715 Kylie Dr Suite 170	Longmont	CO	80501	[DELETED]	[DELETED]
Davita Black Canyon #4490	3421 Rio Grande Unit D	Montrose	CO	81401	[DELETED]	[DELETED]
Davita #2441 Dialysis Parker	10371 S. Park Glenn Way Ste 180	Parker	CO	80138	[DELETED]	[DELETED]
Davita—Parker At Home #5968 Dialysis			CO	80138	[DELETED]	[DELETED]
	10371 S. Park Glenn Way Ste 18					
		Parker				
Davita—Westminster Dialysis Center	9053 Harland St. Unit 90	Westminster	CO	80031	[DELETED]	[DELETED]
Davita 3643 Bloomfield	29 Griffin Road South	Bloomfield	CT	6002	[DELETED]	[DELETED]
Davita 3385 Branford	249 West Main Street	Branford	CT	6405	[DELETED]	[DELETED]
Davita #2501 Bridgeport	900 Madison Ave	Bridgeport	CT	6606	[DELETED]	[DELETED]
Davita—Bridgeport At Home	900 Madison Ave Flr 2nd	Bridgeport	CT	6606	[DELETED]	[DELETED]
Davita—Black Rock Dialysis #4332	427 Stillson Rd	Fairfield	CT	6824	[DELETED]	[DELETED]
Davita 2524 Hartford North	675 Tower Ave Fl 2	Hartford	CT	6112	[DELETED]	[DELETED]
Physician Dialysis Inc.—Middlesex Dialysis			CT	6457	[DELETED]	[DELETED]
	100 Riverview Center, Suite 11					
		Middletown				
Davita 3389 Milford	470 Bridgeport Ave	Milford	CT	6460	[DELETED]	[DELETED]
Davita 3043 New Haven	100 Church Street South, Suite C	New Haven	CT	6519	[DELETED]	[DELETED]
Davita-New Haven At Home	100 Church Street S, Suite C	New Haven	CT	6519	[DELETED]	[DELETED]
Davita 3254 New London Jv	5 Shaws Cove, Suite 100	New London	CT	6320	[DELETED]	[DELETED]
Davita Windham Dialysis	375 Tuckie Road, Suite C	North Windham			[DELETED]	[DELETED]
			CT	6256		
Davita 3422 Norwalk	31 Stevens Street	Norwalk	CT	6850	[DELETED]	[DELETED]
Davita Norwich Jv	113 Salem Turnpike	Norwich	CT	6360	[DELETED]	[DELETED]
Davita-Pdi-Rocky Hill At Home	30 Waterchase Dr	Rocky Hill	CT	6067	[DELETED]	[DELETED]
Physician Dialysis Inc.—Rocky Hill Dialysis			CT	6067	[DELETED]	[DELETED]
	30 Waterchase Drive					
		Rocky Hill				
Davita 2506 Shelton Dialysis	750 Bridgeport Ave	Shelton	CT	6484	[DELETED]	[DELETED]
Davita—Stamford At Home	30 Commerce Rd	Stamford	CT	6902	[DELETED]	[DELETED]
Davita 3342 Stamford	30 Commerce Road	Stamford	CT	6902	[DELETED]	[DELETED]
Davita 3639 Torrington	780 Litchfield Street, Suite 100	Torrington	CT	6790	[DELETED]	[DELETED]
Davita Vernon Dialysis	460 Hartford Turnpike	Vernon	CT	6066	[DELETED]	[DELETED]

Davita—Heights Dialysis Center	150 Mamaroneck Heights Road	Waterbury	CT	6705	[DELETED]	[DELETED]
Davita 2503 Greater Waterbury	209 Highland Ave	Waterbury	CT	6708	[DELETED]	[DELETED]
Davita #3074	2131 K Street Northwest	Washington	DC	20037	[DELETED]	[DELETED]
Davita—Georgetown On the Potomac At Home			DC	20007	[DELETED]	[DELETED]
	3223 K Street Northwest, Suite 110					
Davita—Grant Park Dialysis	5000 Nannie Helens Burroughs Avenue, Northeast	Washington		20019	[DELETED]	[DELETED]
Davita 3075 George Washington	3857 Pennsylvania Ave Se, Suite A	Washington	DC			
Davita 3707 Brentwood	1231 Brentwood Northeast	Washington	DC	20020	[DELETED]	[DELETED]
Davita 3714 Eight Street	300 8th St. Ne	Washington	DC	20018	[DELETED]	[DELETED]
Davita Dialysis	810 1st St. Ne Ste 100	Washington	DC	20002	[DELETED]	[DELETED]
Davita Washington Nursing Facility #2465 Dialysis		Washington	DC	20002	[DELETED]	[DELETED]
	2425 25th St. Se		DC	20020	[DELETED]	[DELETED]
Georgetown On the Potomac Dialysis Center		Washington				
	3223 K Street Northwest, Suite 110		DC	20007	[DELETED]	[DELETED]
Lee Street Dialysis	5155 Lee Street Northeast	Washington				
Davita—Apopka Dialysis Center #1990		Washington	DC	20019	[DELETED]	[DELETED]
	640 Executive Park Ct		FL	32703	[DELETED]	[DELETED]
Arcadia Dialysis Center	1341 East Oak Street	Apopka				
		Arcadia	FL	34266	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita #2380 Ave Maria Dialysis Center	5340 Useppa Dr	Ave Maria	FL	34142	[DELETED]	[DELETED]
Davita 4069 Barlow	1190 East Church Street	Barlow	FL	33830	[DELETED]	[DELETED]
Boca Raton Artificial Kidney Center	998 Northwest 9th Court	Boca Raton	FL	33486	[DELETED]	[DELETED]
Davita- Pinnacle Dialysis of Boca Raton	2900 N. Military Trl Ste 195	Boca Raton	FL	33431	[DELETED]	[DELETED]
Davita 4075 Bonita Springs Dialysis	9134 Bonita Beach Rd Se	Bonita Springs	FL	34135	[DELETED]	[DELETED]
Davita—Bradenton At Home	3501 Cortez Road West, Suite 104	Bradenton	FL	34210	[DELETED]	[DELETED]
Davita 4038 Bradenton	3501 Cortez Road West, Suite 104	Bradenton	FL	34210	[DELETED]	[DELETED]
Davita 2511 Brandon East	114 East Brandon Boulevard	Brandon	FL	33511	[DELETED]	[DELETED]
Davita	1315 Southeast 8th Terrace	Cape Coral	FL	33990	[DELETED]	[DELETED]
Davita-Cape Coral South	3046 Del Prado Boulevard, Unit #4a	Cape Coral	FL	33904	[DELETED]	[DELETED]
Davita—Casselberry Dialysis Center #1991	4970 S. Us Highway 17/92	Casselberry	FL	32707	[DELETED]	[DELETED]
Davita Celebration Dialysis Center	1154 Celebration Boulevard	Celebration	FL	34747	[DELETED]	[DELETED]
Davita #1750 Community Dialysis Center—Chipley	877 3rd St. Ste 2	Chipley	FL	32428	[DELETED]	[DELETED]
Davita #0405 Ocala Regional Kidney Center-North	2620 West Highway 316	Citra	FL	32113	[DELETED]	[DELETED]
Davita Embassy Lake Artifical Kidney Center #2114	11011 Sheridan St. Ste 308	Cooper City	FL	33026	[DELETED]	[DELETED]
Davita-Coral Gables Kidney Dialysis Center #356	3280 Ponce De Leon Blvd	Coral Gables	FL	33134	[DELETED]	[DELETED]
Davita Complete Care North At Home	7850 West Sample Road	Coral Springs	FL	33065	[DELETED]	[DELETED]
Davita Complete Dialysis Care	7850 West Sample Road	Coral Springs	FL	33065	[DELETED]	[DELETED]
Wsdc—North Okaloosa Dialysis	320 West Redstone	Crestview	FL	32536	[DELETED]	[DELETED]
Crystal River Dialysis Center	7435 West Gulf To Lake Highway	Crystal River	FL	34429	[DELETED]	[DELETED]
Davita Crystal River At Home	7435 W. Gulf To Lake Highway	Crystal River	FL	34429	[DELETED]	[DELETED]
Davita Davenport Dialysis Center #2130	45597 Us Highway 27	Davenport	FL	33897	[DELETED]	[DELETED]
Davita	578 Healthwell Blvd	Daytona Beach	FL	32114	[DELETED]	[DELETED]
Davita Daytona Beach At Home #6324	578 Health Blvd	Daytona Beach	FL	32114	[DELETED]	[DELETED]
Davita Deerfield Beach	1983 West Hillsboro Boulevard	Deerfield Beach	FL	33442	[DELETED]	[DELETED]
Davita 4339 Defuniak Springs Dialysis Center	1045 Us Highway 331 S.	Defuniak Springs	FL	32435	[DELETED]	[DELETED]
Davita—Deland Dialysis #4039	350 E. New York Ave	Deland	FL	32724	[DELETED]	[DELETED]

Davita North Delray	2655 W. Atlantic Ave	Delray Beach	FL	33445	[DELETED]	[DELETED]
Davita Gulf Breeze Dialysis	1519 Main St.	Dunedin	FL	34698	[DELETED]	[DELETED]
Davita Amelia Island Dialysis	1525 Lime Street, Suite 120	Fernandina Beach	FL	32034	[DELETED]	[DELETED]
Davita East Fort Lauderdale Dialysis Center #2031	1301 South Andrews Avenue, Suite 101	Fort Lauderdale	FL	33316	[DELETED]	[DELETED]
Davita-North Broward Acutes #4051 Dialysis	1500 N. Federal Hwy Ste 100	Fort Lauderdale	FL	33304	[DELETED]	[DELETED]
Fort Lauderdale Renal Associates, Inc.	6264 North Federal Highway	Fort Lauderdale	FL	33308	[DELETED]	[DELETED]
Davita 3551 Fort Myers North	16101 North Cleveland Avenue	Fort Myers	FL	33903	[DELETED]	[DELETED]
Davita 4043 Fort Myers South	8570 Granite Ct	Fort Myers	FL	33908	[DELETED]	[DELETED]
Davita Fort Myers	2133 Winkler Ave	Fort Myers	FL	33901	[DELETED]	[DELETED]
Davita Fort Pierce	1801 S. 23rd St. Ste 1	Fort Pierce	FL	34950	[DELETED]	[DELETED]
Davita 2091 Aventura Dialysis Center	22 Sw 11th St. Floor 2	Hallandale Beach	FL	33009	[DELETED]	[DELETED]
Davita #0354 Flamingo Pk	901 E. 10th Ave Ste 17	Hialeah	FL	33010	[DELETED]	[DELETED]
Davita -Hialeah Artificial Kidney Center	2750 W. 68th St. Ste 207	Hialeah	FL	33016	[DELETED]	[DELETED]
Davita #0260	4401 Hollywood Blvd	Hollywood	FL	33021	[DELETED]	[DELETED]
Bayonet Point--Hudson Kidney Center	14144 Nephron Lane	Hudson	FL	34667	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita #4389 Jacksonville South	14965 Old St. Augstine Rd. Suite 114	Jacksonville	FL	32258	[DELETED]	[DELETED]
Davita—Regency At Home #6188	9535 Regency Square Blvd	Jacksonville	FL	32225	[DELETED]	[DELETED]
Davita—Regency Dialysis #2274	9535 Regency Square Blvd.	Jacksonville	FL	32225	[DELETED]	[DELETED]
Davita	802 N. John Young Pkwy	Kissimmee	FL	34741	[DELETED]	[DELETED]
Ocala Regional Kidney—South Unit	13940 Us Highway 441	Lady Lake	FL	32159	[DELETED]	[DELETED]
Davita 4017 Lake Wales	1125 Bryn Mawr Ave	Lake Wales	FL	33853	[DELETED]	[DELETED]
Davita 4024 Lakeland	515 East Bella Vista	Lakeland	FL	33805	[DELETED]	[DELETED]
Davita 4071 Lakeland South	5050 S. Florida Ave Ste 1	Lakeland	FL	33813	[DELETED]	[DELETED]
Davita Lakeland South At Home #6278	5050 S. Florida Ave Ste 1	Lakeland	FL	33813	[DELETED]	[DELETED]
Bay Breeze Dialysis	11465 Ulmerton Road	Largo	FL	33778	[DELETED]	[DELETED]
Davita—Leesburg Dialysis	801 East Dixie Avenue, Suite 108-A	Leesburg	FL	34748	[DELETED]	[DELETED]
Davita Lake Griffin East Dialysis	401 E. North Blvd	Leesburg	FL	34748	[DELETED]	[DELETED]
Lake Dialysis	221 North First Street	Leesburg	FL	34748	[DELETED]	[DELETED]
Davita 4009 Lehigh Acres	2719 Fourth Street West	Lehigh Acres	FL	33971	[DELETED]	[DELETED]
Davita Gateway Dialysis Center #4417	5705 Lee Blvd	Lehigh Acres	FL	33971	[DELETED]	[DELETED]
Davita Four Freedoms Dialysis	289a Southwest Range Avenue	Madison	FL	32340	[DELETED]	[DELETED]
Davita Marianna Dialysis Center	2930 Optimist Dr	Marianna	FL	32448	[DELETED]	[DELETED]
Davita 3655 Melbourne-Fka Brevard County	2235 South Babcock Street	Melbourne	FL	32901	[DELETED]	[DELETED]
Davita #0351 Center for Kidney Disease	1190 Northwest 95th Street, Suite 208	Miami	FL	33150	[DELETED]	[DELETED]
Davita 3460 Miami East	1250 Nw 7th St. Ste 106	Miami	FL	33125	[DELETED]	[DELETED]
Davita Florida Renal	3500 Northwest 7th Street	Miami	FL	33125	[DELETED]	[DELETED]
Davita Greater Miami	160 Nw 176th St. Ste 100	Miami	FL	33169	[DELETED]	[DELETED]
Davita Kendall Dialysis #4409	8364 Mills Dr Ste 1740	Miami	FL	33183	[DELETED]	[DELETED]
Davita Miami	1500 Nw 12th Ave Ste 106	Miami	FL	33136	[DELETED]	[DELETED]
Davita Miami Campus Acutes #6323 Dialysis	1500 Nw 12th Ave Ste 106	Miami	FL	33136	[DELETED]	[DELETED]
Interamerican Dialysis Institute, Inc.	7815 Coral Way. Suite 119	Miami	FL	33155	[DELETED]	[DELETED]
Davita South Beach	4701 North Meridian Avenue	Miami Beach	FL	33140	[DELETED]	[DELETED]
Davita Miami Gardens	3363 Northwest 167th Street	Miami Gardens	FL	33056	[DELETED]	[DELETED]
Davita—Miami Lakes Artifical Kidney Center	14600 60th Avenue Northwest	Miami Lakes	FL	33014	[DELETED]	[DELETED]
Davita Santa Rosa At Home	5819 Highway 90	Milton	FL	32583	[DELETED]	[DELETED]
Santa Rosa Dialysis	5819 Highway 90	Milton	FL	32583	[DELETED]	[DELETED]
Davita Miramar Dialysis Center	2501 Dykes Rd Ste 200	Miramar	FL	33010	[DELETED]	[DELETED]
Mount Dora Dialysis	2735 West Old U.S. Highway 441	Mount Dora	FL	32757	[DELETED]	[DELETED]
Davita 4074 Naples	661 9th Street North	Naples	FL	34102	[DELETED]	[DELETED]
Davita Naples At Home Dialysis #4074	661 9th Street North	Naples	FL	34102	[DELETED]	[DELETED]
Davita Dialysis—New Smyrna Beach #4014	110 South Orange Avenue	New Smyrna Beach	FL	32168	[DELETED]	[DELETED]
Davita Greater Miami At Home	160 Nw 176 Street, Suite 100	North Miami	FL	33169	[DELETED]	[DELETED]
Davita Miami North Dialysis	860 Ne 125th St.	North Miami	FL	33161	[DELETED]	[DELETED]
Venture Dialysis Center, Inc.	16855 Northeast 2nd Avenue, Suite 205	North Miami Beach	FL	33162	[DELETED]	[DELETED]
Davita Palm Breeze Dialysis Center #4492			FL	34287	[DELETED]	[DELETED]

	14942 Tamiami Trl					
		North Port				
Davita Advanced Dialysis Center of Fort Lauderdale #5589			FL	33334	[DELETED]	[DELETED]
	911 E. Oakland Park Blvd					
		Oakland Park				
Davita #0402 Ocala Regional Kidney Center—East			FL	34471	[DELETED]	[DELETED]
	2870 Southeast 1st Avenue					
		Ocala				
Davita #0403 Ocala Regional Kidney Center—West				34481	[DELETED]	[DELETED]
	9401 Southwest Highway 200, Building 600, Suite 601					
		Ocala	FL			
Davita—Ocala At Home	2860 South East First Street	Ocala	FL	34471	[DELETED]	[DELETED]
Davita Ocala Regional Home Division			FL	34471	[DELETED]	[DELETED]
	2860 Southeast 1st Avenue					
		Ocala				
Davita 3044 Ocoee	11140 W. Colonial Dr Ste 5	Ocoee	FL	34761	[DELETED]	[DELETED]
Davita—Orange City	242 Treemonte Dr	Orange City	FL	32763	[DELETED]	[DELETED]
Davita 3021 Orlando Downtown	116 Sturtevant St.	Orlando	FL	32806	[DELETED]	[DELETED]
Davita 3208 Orlando North-Adanson	5135 Adanson Street, Adanson Center, Suite 700			32804	[DELETED]	[DELETED]
		Orlando	FL			
Davita 3351 Orlando East Semoran Blvd			FL	32807	[DELETED]	[DELETED]
	1160 S. Semoran Blvd Ste C					
		Orlando				
Davita 3481 Orlando Home Training Dialysis			FL	32806	[DELETED]	[DELETED]
	116 Sturtevant St. Ste 2					
		Orlando				
Davita 4076 Orlando Southwest	6925 Lake Ellenor Dr	Orlando	FL	32809	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Orlando Hemo Dialysis #0178	14050 Town Loop Blvd Ste 104a	Orlando	FL	32837	[DELETED]	[DELETED]
Davita Orlando Park Dialysis Center #4446	5397 W. Colonial Dr Suite 120	Orlando	FL	32808	[DELETED]	[DELETED]
Davita Rx	2616 Commerce Dr Ste 500b	Orlando	FL	32819	[DELETED]	[DELETED]
Davita-Central Orlando Dialysis Center #1992	2548 North Orange Blossom Trail, Suite 400	Orlando	FL	32804	[DELETED]	[DELETED]
Orlando Home Training #3481	3885 Oakwater Cir Suite C	Orlando	FL	32806	[DELETED]	[DELETED]
Davita 4070 Ormond Beach	495 S. Nova Rd Ste 109	Ormond Beach	FL	32174	[DELETED]	[DELETED]
North Palm Beach Dialysis Center, Inc.	3375 Burns Road, Suite 101	Palm Beach Gardens	FL	33410	[DELETED]	[DELETED]
Davita 4042 Palm Coast	13 Kingswood Dr Ste A	Palm Coast	FL	32137	[DELETED]	[DELETED]
Davita of Lake Worth	2459 S. Congress Ave Ste 100	Palm Springs	FL	33406	[DELETED]	[DELETED]
Davita—Panama City Dialysis	615 Highway 231	Panama City	FL	32405	[DELETED]	[DELETED]
Davita 2338 West Beach Dialysis	16201 Panama City Beach Pkwy Ste 102	Panama City	FL	32413	[DELETED]	[DELETED]
Davita Coastal Kidney Center #1612	510 N. Macarthur Ave	Panama City	FL	32401	[DELETED]	[DELETED]
Davita Panama City At Home #5926	615 N. Highway 231	Panama City	FL	32405	[DELETED]	[DELETED]
Davita— West Florida Hospital #1068-9 Dialysis	8333 N. Davis Hwy	Pensacola	FL	32514	[DELETED]	[DELETED]
Davita Panhandle Alabama Acutes Dialysis #1075-4	7835 N. Davis Hwy	Pensacola	FL	32514	[DELETED]	[DELETED]
Davita West Pensacola At Home #6187	598 N. Fairfield Drive, Suite 100	Pensacola	FL	32506	[DELETED]	[DELETED]
Davita West Pensacola Dialysis #2305	598 N. Fairfield Dr Ste 100	Pensacola	FL	32506	[DELETED]	[DELETED]
Davita 3508 Perry	118 West Main Street	Perry	FL	32347	[DELETED]	[DELETED]
Davita 4029 Plant City	1211 West Reynolds Street, Suite 1	Plant City	FL	33563	[DELETED]	[DELETED]
Davita	7061 Cypress Rd Ste 103	Plantation	FL	33317	[DELETED]	[DELETED]
Pine Island Kidney Center	1871 North Pine Island Road	Plantation	FL	33322	[DELETED]	[DELETED]
Davita—Pompano Beach Artificial Kidney Center	1311 East Atlantic Boulevard	Pompano Beach	FL	33060	[DELETED]	[DELETED]
Davita—Port Charlone Artificial Kidney Center	4300 Kings Highway, Suite 406, Box D17	Port Charlone	FL	33980	[DELETED]	[DELETED]
Gulf Coast Dialysis, Inc.	3300 Tamiami Trail, Suite 101a	Port Charlone	FL	33952	[DELETED]	[DELETED]
Davita-New Port Richey Kidney Center	7421 Ridge Road	Port Richey	FL	34668	[DELETED]	[DELETED]
Davita 2825-1 Liberty	10400 South Federal Highway, Suite 100	Port St. Lucie	FL	34952	[DELETED]	[DELETED]
Davita 4088 Quincy	878 Strong Rd	Quincy	FL	32351	[DELETED]	[DELETED]
Davita 4064 Sun City Center	775 Cortaro Dr	Ruskin	FL	33573	[DELETED]	[DELETED]
Davita-Sanford Dialysis Center #1993	1701 West 1st Street	Sanford	FL	32771	[DELETED]	[DELETED]
Davita 3275 Sebastian	1424 Us Highway 1 Ste C	Sebastian	FL	32958	[DELETED]	[DELETED]
Davita- Daytona Beach South #4002 Dialysis	1801 S. Nova Rd Ste 306	South Daytona	FL	32119	[DELETED]	[DELETED]
Hernando Kidney Center	2985-A Landover Boulevard	Spring Hill	FL	34608	[DELETED]	[DELETED]

Davita St. Cloud Dialysis	4750 Old Canoe Creek Rd	St. Cloud	FL	34769	[DELETED]
Davita 3447 St. Petersburg	1117 Arlington Ave N.	St. Petersburg	FL	33705	[DELETED]
Davita Dialysis—Bayfront Medical Center			FL	33701	[DELETED]
	701 6th St. S,6 N. Dialysis Unit	St. Petersburg			
Davita Pinellas Dialysis Center #4407			FL	33710	[DELETED]
	3451 66th St N.	St. Petersburg			
Davita St. Petersburg At Home	2850 34th Street South	St. Petersburg	FL	33711	[DELETED]
Davita St. Petersburg South	2850 34th Street South	St. Petersburg	FL	33711	[DELETED]
Davita—West Tennessee At Home/Pd			FL	32304	[DELETED]
	2645 West Tennessee, Suite 14	Tallahassee			
Davita 4001 Tallahassee West	2645 West Tennessee, Suite 8	Tallahassee	FL	32304	[DELETED]
Davita 4089 Tallahassee	1607 Physicians Dr	Tallahassee	FL	32308	[DELETED]
Davita South	2410 S Adams St	Tallahassee	FL	32301	[DELETED]
Davita—Tamarac Artificial Kidney Center #177			FL	33321	[DELETED]
	7140-7148 West Mcnab Road	Tamarac			
Davita 4004 Tampa West	4515 George Road, Suite 300	Tampa	FL	33634	[DELETED]
Davita 4066 Tampa Central	4204 North Macdill Avenue South	Tampa	FL	33607	[DELETED]
Davita 4310 Greater Tampa At Home			FL	33607	[DELETED]
	4204 N. Macdill Ave Ste B.	Tampa			
Davita Usf	10770 N. 46th St. Ste A100	Tampa	FL	33617	[DELETED]
Davita—Temple Terrace	11306 53rd Street	Temple Terrace	FL	33617	[DELETED]
Laurel Manor At the Villages Dialysis Center #2179				32162	[DELETED]
	1950 Laurel Manor Drive, Building 190	The Villages	FL		
Davita—Venice Dialysis Center	816 Pinebrook Road	Venice	FL	34285	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Indian River Dialysis, LLC	2150 45th Street, Suite 102	Vero Beach	FL	32967	[DELETED]	[DELETED]
Davita- Jackson South Hospital #3652-2- Dialysis-Acute	9333 Sw 152nd St. Room 244	Village of Palmetto Bay	FL	33157	[DELETED]	[DELETED]
Davita Wesley Chapel #2366	2255 Green Hedges Way	Wesley Chapel	FL	33544	[DELETED]	[DELETED]
Davita Wesley Chapel At Home #5934	2255 Green Hedges Way	Wesley Chapel	FL	33544	[DELETED]	[DELETED]
Davita #0670 Dialysis Associates of the Palm Beaches, Inc.	2611 Poinsettia Ave	West Palm Beach	FL	33407	[DELETED]	[DELETED]
Davita Lake Worth At Home	2459 South Congress Avenue, Suite 100	West Palm Beach	FL	33406	[DELETED]	[DELETED]
Davita Weston Dialysis Center #2035	2685 Executive Park Drive, Suite 1	Weston	FL	33331	[DELETED]	[DELETED]
Davita Winter Garden Dialysis Center #4408	1222 Winter Gdn Vineland Rd Ste 100 Bldg. 3	Winter Garden	FL	34787	[DELETED]	[DELETED]
Davita 4030 Winter Haven	1625 Dr. Martin Luther King Drive	Winter Haven	FL	33881	[DELETED]	[DELETED]
Davita - Winter Park Dialysis	3727 North Goldenrod Road, Suite 101	Winter Park	FL	32792	[DELETED]	[DELETED]
Davita-Winter Park Herno Dialysis Center #1994	4100 Metric Dr Ste 300	Winter Park	FL	32792	[DELETED]	[DELETED]
Davita-Winter Park Pd Dialysis Center #1995	4100 Metric Dr Ste 200	Winter Park	FL	32792	[DELETED]	[DELETED]
Davita East Tampa Dialysis #2461	1701 E. 9th Ave	Ybor City	FL	33605	[DELETED]	[DELETED]
Davita 4068 Zephyrhills	6610 Stadium Drive	Zephyrhills	FL	33542	[DELETED]	[DELETED]
Davita Americus Dialysis Clinic	227 N. Lee Street	Americus	GA	31709	[DELETED]	[DELETED]
Davita 3130 Athens West	2047 Prince Ave Ste A	Athens	GA	30606	[DELETED]	[DELETED]
Davita #1856 Ralph Mcgill Dialysis	448 Ralph Mcgill Blvd Ne	Atlanta	GA	30312	[DELETED]	[DELETED]
Davita-Southwest Atlanta Nephrology	3620 Martin Luther King Drive Southwest	Atlanta	GA	30331	[DELETED]	[DELETED]
Davita 3119 Atlanta East	1308 Moreland Ave	Atlanta	GA	30316	[DELETED]	[DELETED]
Davita 3175 South Fulton	2685 Metropolitan Pkwy Sw Ste F.	Atlanta	GA	30315	[DELETED]	[DELETED]
Davita 3225 Ford Factory Square Mcgill	567 North Ave Ste 100	Atlanta	GA	30354	[DELETED]	[DELETED]
Davita 3236 Atlanta West	2538 Martin Luther King Dr Sw	Atlanta	GA	30311	[DELETED]	[DELETED]
Davita 3586 Loring Heights	1575 Northside Drive Nw, Suite 405	Atlanta	GA	30318	[DELETED]	[DELETED]
Davita Atlanta Dialysis #3111	567 North Ave Ste 200	Atlanta	GA	30354	[DELETED]	[DELETED]
Davita Bakers Ferry Dialysis #0456	3645 Bakers Ferry Rd Sw	Atlanta	GA	30331	[DELETED]	[DELETED]
Davita Buckhead Dialysis	1575 Northside Dr Ne Ste 365	Atlanta	GA	30318	[DELETED]	[DELETED]
Davita Linden Dialysis #821	121 Linden Avenue	Atlanta	GA	30308	[DELETED]	[DELETED]
Davita Midtown	489 Peachtree Street, Suite 100	Atlanta	GA	30308	[DELETED]	[DELETED]
Davita Midtown Clinic At Home #6043	489 Peachtree Street, Suite 100a	Atlanta	GA	30308	[DELETED]	[DELETED]

Davita Piedmont	105 Collier Road, Level B	Atlanta	GA	30309	[DELETED] [DELETED]
Davita- Lake Hearn Dialysis Center #2071			GA	30342	[DELETED] [DELETED]
	1150 Lake Hearn Dr Ne Ste 100	Atlanta			
Davita-South Star Adamsville	3651 Bakers Ferry Road	Atlanta	GA	30331	[DELETED] [DELETED]
Davita—Augusta South Wylds Acutes 3094			GA	30909	[DELETED] [DELETED]
	1815 Wylds Rd	Augusta			
Davita 3094 Wylds Road	1815 Wylds Rd	Augusta	GA	30909	[DELETED] [DELETED]
Nephrology Center of South Augusta	1631 Gordon Highway, Suite 1b	Augusta	GA	30906	[DELETED] [DELETED]
Davita Cobb Dialysis #1638	3865 Medical Park Dr	Austell	GA	30106	[DELETED] [DELETED]
Davita Colonial Springs Dialysis Center #4472			GA	30106	[DELETED] [DELETED]
	2840 E. West Connector #350	Austell			
Davita 3258 Baxley	539 Fair Street	Baxley	GA	31513	[DELETED] [DELETED]
Davita—Brunswick Rd	53 Scranton Connector	Brunswick	GA	31525	[DELETED] [DELETED]
Davita 3106 Brunswick	53 Scranton Connector	Brunswick	GA	31525	[DELETED] [DELETED]
Davita 3120 Brunswick South	4420 Altama Ave Ste 19	Brunswick	GA	31520	[DELETED] [DELETED]
Davita Southeast Georgia Regional Medical Center Acute Dialysis			GA	31520	[DELETED] [DELETED]
	2415 Parkwood Dr	Brunswick			
Davita—Buena Vista	349 Geneva Rd	Buena Vista	GA	31803	[DELETED] [DELETED]
Buford Dialysis Center #2166	1550 Buford Highway, Suite 1e	Buford	GA	30518	[DELETED] [DELETED]
Davita 3414 Cedartown	325 West Ave	Cedartown	GA	30125	[DELETED] [DELETED]
Davita—West Georgia Dialysis Center #2070			GA	31906	[DELETED] [DELETED]
	1216 Stark Ave	Columbus			
Davita Columbus At Home	6228 Bradley Park Drive, Suite B.	Columbus	GA	31904	[DELETED] [DELETED]
Renal Treatment Center—Columbus	6228 Bradley Park Drive, Suite B.	Columbus	GA	31904	[DELETED] [DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Conyers Dialysis Center #4421			GA	30012	[DELETED]	[DELETED]
	1501 Milstead Rd Ne					
		Conyers				
Davita 7415 Cordele Dialysis Center	1013 E. 16th Ave	Cordele	GA	31015	[DELETED]	[DELETED]
Davita 3441 Cumming	911 Market Place Blvd Ste 3	Cumming	GA	30041	[DELETED]	[DELETED]
Davita Paulding Dialysis	4019 Johns Rd	Dallas	GA	30132	[DELETED]	[DELETED]
Davita 3060 South Dekalb	1757 Candler Rd	Decatur	GA	30032	[DELETED]	[DELETED]
Davita Decatur Dialysis	1987 Candler Road	Decatur	GA	30032	[DELETED]	[DELETED]
Davita East Dekalb Dialysis #1951	2801 Candler Rd Ste 203	Decatur	GA	30034	[DELETED]	[DELETED]
Davita Lithonia Dialysis Center #2120			GA	30035	[DELETED]	[DELETED]
	2485 Park Central Blvd					
		Decatur				
Davita Snapfinger Dialysis #1950	5255 Snapfinger Park Dr Ste 110	Decatur	GA	30035	[DELETED]	[DELETED]
Davita Southern Lane Dialysis	1840 Southern Ln	Decatur	GA	30033	[DELETED]	[DELETED]
Davita-Lithonia At Home	2485 Park Central Blvd	Decatur	GA	30035	[DELETED]	[DELETED]
Davita 3040 Douglas	190 Westside Dr Ste A	Douglas	GA	31533	[DELETED]	[DELETED]
Davita Dialysis	3899 Longview Dr	Douglasville	GA	30135	[DELETED]	[DELETED]
Davita- Arbor Place Dialysis Center #4400			GA	30135	[DELETED]	[DELETED]
	9559 Highway 5 Ste 1					
		Douglasville				
Davita 3224 Laurens County-Dublin	2400 Bellevue Road, Building 8	Dublin	GA	31021	[DELETED]	[DELETED]
Davita Shamrock Dialysis Center #4356			GA	31021	[DELETED]	[DELETED]
	1016 Claxton Dairy Rd Ste 1a					
		Dublin				
Davita Duluth	10680 Medlock Bridge Road, Suite 103			30097	[DELETED]	[DELETED]
		Duluth	GA			
Davita—Athens Dialysis Center	2026 South Milledge Avenue, Suite A-2			30605	[DELETED]	[DELETED]
		East Athens	GA			
Davita 3445 Atlanta South	3158 East Main Street, Suite A	East Point	GA	30344	[DELETED]	[DELETED]
East Point Dialysis	2669 Church Street	East Point	GA	30344	[DELETED]	[DELETED]
Elberton Dialysis Facility, Incorporation			GA	30635	[DELETED]	[DELETED]
	894 Elbert Street					
		Elberton				
Davita #1526 Ellijay Dialysis	449 Industrial Blvd, Suite 240	Ellijay	GA	30540	[DELETED]	[DELETED]
Davita 3376 Fayetteville	1279 Highway 54 West, Suite 110	Fayetteville	GA	30214	[DELETED]	[DELETED]
Davita Forest Park Dialysis Center	380 Forest Pkwy	Forest Park	GA	30297	[DELETED]	[DELETED]
Davita Fort Valley Dialysis Center	557 North Bluebird Boulevard	Fort Valley	GA	31030	[DELETED]	[DELETED]
Davita—Gainesville At Home	2545 Flintridge Road, Suite 130	Gainesville	GA	30501	[DELETED]	[DELETED]
Dialysis of Georgia, LLC—Gainesville			GA	30501	[DELETED]	[DELETED]
	2545 Flintridge Rd Ste 130					
		Gainesville				
Davita #476—Iris City Dialysis	521 North Expressway Village, Suite 1509			30223	[DELETED]	[DELETED]
		Griffin	GA			
Davita Griffin Dialysis Center	731 South 8th Street	Griffin	GA	30224	[DELETED]	[DELETED]
Davita 4055 Hinesville Dialysis	522 Elma G. Miles Pkwy	Hinesville	GA	31313	[DELETED]	[DELETED]
Davita Magnolia Oaks Dialysis Center #5035			GA	31313	[DELETED]	[DELETED]
	2377 Ga Highway 196 W.					
		Hinesville				
Davita Grovepark #2061	794 Mcdonough Road, Suite 103	Jackson	GA	30233	[DELETED]	[DELETED]
Davita 3037 Jesup	301 Peachtree Street	Jesup	GA	31545	[DELETED]	[DELETED]
Davita #2302 Spivey Dialysis Center	1423 Stockbridge Road, Suite B.	Jonesboro	GA	30236	[DELETED]	[DELETED]
Davita 6115 Spivey At Home Dialysis			GA	30236	[DELETED]	[DELETED]
	1423 Stockbridge Rd Suite B.					
		Jonesboro				
Davita Jonesboro	129 King St.	Jonesboro	GA	30236	[DELETED]	[DELETED]
Sugarloaf Dialysis Center	1705 Belle Meade Court, Suite 110	Lawrenceville	GA	30043	[DELETED]	[DELETED]
Davita Sweetwater	7117 Sweetwater Road	Lithia Springs	GA	30122	[DELETED]	[DELETED]
Davita Dialysis Center of Middle Georgia			GA	31201	[DELETED]	[DELETED]
	747 Second Street					
		Macon				
Davita East Macon Dialysis	165 Emery Highway, Suite 101	Macon	GA	31217	[DELETED]	[DELETED]
Davita Kennestone At Home Dialysis #5971			GA	30062	[DELETED]	[DELETED]
	200 Cobb Pkwy N. Ste 318					
		Marietta				

Davita Kennestone Dialysis Center #4338	200 Cobb Pkwy N. Ste 318	Marietta	GA	30062	[DELETED]	[DELETED]
Mcdonough Dialysis Center	114 Dunn Avenue	Mcdonough	GA	30253	[DELETED]	[DELETED]
Davita 3025 Candler County	325 Cedar Rd	Metter	GA	30439	[DELETED]	[DELETED]
Davita Milledgeville	400 South Wayne Street	Milledgeville	GA	31061	[DELETED]	[DELETED]
Davita 3560 Montezuma	114 Devaughn Ave	Montezuma	GA	31063	[DELETED]	[DELETED]
Davita Moultrie Dialysis Center	2419 South Main Street	Moultrie	GA	31768	[DELETED]	[DELETED]
Dialysis of Georgia, L.L.C.	1565 East Highway 34, Suite A	Newnan	GA	30265	[DELETED]	[DELETED]
Davita Peach Tree City Dialysis Center #4420	2832 Highway 54 Bldg 100	Peachtree City	GA	30269	[DELETED]	[DELETED]
Kidney Care Perry, LLC	1027 Keith Drive	Perry	GA	31069	[DELETED]	[DELETED]
Davita—2452 Pooler Dialysis Center	54 Traders Way	Pooler	GA	31322	[DELETED]	[DELETED]
Davita Pooler At Home Dialysis	54 Traders Way	Pooler	GA	31322	[DELETED]	[DELETED]
Davita Southern Crescent Dialysis Center #2186	275 Upper Riverdale Road, Suite B.	Riverdale	GA	30274	[DELETED]	[DELETED]
Davita 3007 Rome	15 John Maddox Dr Nw	Rome	GA	30165	[DELETED]	[DELETED]
Davita Rome At Home	15 John Maddox Drive Nw	Rome	GA	30165	[DELETED]	[DELETED]
Davita—North Fulton Dialysis #6306	1250 Northmeadow Pkwy Ste 120	Roswell	GA	30076	[DELETED]	[DELETED]
Davita 3546 Williams Street Dialysis	2812 Williams St.	Savannah	GA	31404	[DELETED]	[DELETED]
Davita 3547 Derenne Dialysis	5303 Montgomery St.	Savannah	GA	31405	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3548 Abercorn Dialysis	11706 Mercy Blvd Ste 9	Savannah	GA	31419	[DELETED]	[DELETED]
Davita Derenne At Home	5303 Montgomery Street	Savannah	GA	31405	[DELETED]	[DELETED]
Davita 2167 Snellville Dialysis Center			GA	30078	[DELETED]	[DELETED]
	2135 Main St. E. Ste 130	Snellville				
Davita 3544 Effingham North Dialysis Ctr			GA	31329	[DELETED]	[DELETED]
	301 North Pine Street	Springfield				
Davita 4072 St. Marys Dialysis	2714 Osborne Rd	St. Marys	GA	31558	[DELETED]	[DELETED]
Davita #0642 Nephrology Center of Statesboro			GA	30458	[DELETED]	[DELETED]
	4b College Plz	Statesboro				
Davita East Georgia Dialysis Center	450 Georgia Avenue, Suite A	Statesboro	GA	30458	[DELETED]	[DELETED]
Davita Dialysis—Spaulding Regional Medical Center # 1055-2-Acute			GA	30281	[DELETED]	[DELETED]
	1133 Eagel Landing Pkwy	Stockbridge				
Davita North Henry Dialysis	5627 North Henry Blvd, Suite 11	Stockbridge	GA	30281	[DELETED]	[DELETED]
Davita Mountain Park	5235 Memorial Drive	Stone Mountain			[DELETED]	[DELETED]
			GA	30083		
Davita 3121 Thomaston	113a E. County Rd	Thomaston	GA	30286	[DELETED]	[DELETED]
Davita—Tifton Dialysis Center	624 Love Avenue	Tifton	GA	31794	[DELETED]	[DELETED]
Davita Northlake Dialysis Center #1639			GA	30084	[DELETED]	[DELETED]
	1350 Montreal Road, Suite 200	Tucker				
Davita Tucker Dialysis Center #4410	4434 Hugh Howell Rd	Tucker	GA	30084	[DELETED]	[DELETED]
Davita—Union City Dialysis	6851 Shannon Parkway, Suite 200	Union City	GA	30291	[DELETED]	[DELETED]
Davita Union City At Home #5965 Dialysis			GA	30291	[DELETED]	[DELETED]
	6851 Shannon Pkwy 200	Union City				
Davita Oak Street Dialysis # 3005	2704 N. Oak St. Bldg H	Valdosta	GA	31602	[DELETED]	[DELETED]
Davita—Vadalia First Street Dialysis #1960			GA	30474	[DELETED]	[DELETED]
	906 E. 1st St. Ste B.	Vidalia				
Davita of Vidalia	1806 Edwina Drive	Vidalia	GA	30474	[DELETED]	[DELETED]
Dialysis Center of Middle Georgia	509 North Houston Road	Warner Robins			[DELETED]	[DELETED]
			GA	31093		
Davita Washington Dialysis Center	154 Washington Plaza	Washington	GA	30673	[DELETED]	[DELETED]
Davita Wayrross Dialysis Center #2352			GA	31501	[DELETED]	[DELETED]
	308 Carswell Ave	Waycross				
Davita of Woodstock	2001 Professional Parkway, Suite 100			30188	[DELETED]	[DELETED]
		Woodstock	GA			
Davita 3564 Wrightsville	2240 W. Elm St.	Wrightsville	GA	31096	[DELETED]	[DELETED]
Davita, Dba; Atlantic Dialysis Center #1597			IA	50022	[DELETED]	[DELETED]
	1500 East 10th Street Suite B.	Atlantic				
Davita 3527 Council Bluffs	300 West Broadway, Suite 150	Council Bluffs			[DELETED]	[DELETED]
			IA	51503		
Davita #1596, dba ; Creston Dialysis	1700 West Townline	Creston	IA	50801	[DELETED]	[DELETED]
Davita Dialysis Central Des Moines #1594			IA	50309	[DELETED]	[DELETED]
	1215 Pleasant Street, Suite 106	Des Moines				
Davita East Des Moines At Home	1301 Pennsylvania Avenue, Suite 208			50316	[DELETED]	[DELETED]
		Des Moines	IA			
Davita East Des Moines Dialysis Center #2132			IA	50316	[DELETED]	[DELETED]
	1301 Pennsylvania Ave Ste 208	Des Moines				
Davita Riverpoint Dialysis	501 Southwest 7th Street, Suite B.	Des Moines	IA	50309	[DELETED]	[DELETED]
Davita Grundy Dialysis Center #5023	101 E. J. Ave Suite 110	Grundy Center			[DELETED]	[DELETED]
			IA	50638		
Davita # 1573 Harlan Dialysis	1213 Garfield Avenue	Harlan	IA	51537	[DELETED]	[DELETED]

Davita Buchanan County Dialysis #1925			IA	50644	[DELETED]	[DELETED]
	1600 1st St E					
		Independence				
Davita #1598, Dba; Newton Dialysis	204 North 4th Avenue East, Suite 134			50208	[DELETED]	[DELETED]
		Newton	IA			
Davita Perry Dialysis Center #2134	610 Tenth Street, Suite L100	Perry	IA	50220	[DELETED]	[DELETED]
Davita Shenandoah Dialysis #1574	300 Pershing	Shenandoah	IA	51601	[DELETED]	[DELETED]
Davita—Cedar Valley Dialysis Center #1980			IA	50701	[DELETED]	[DELETED]
	1661 W. Ridgeway Ave					
		Waterloo				
Davita Black Hawk Dialysis # 1927	3421 W. 9th St	Waterloo	IA	50702	[DELETED]	[DELETED]
Davita #1926 Waverly Dialysis	220 10th St. Sw	Waverly	IA	50677	[DELETED]	[DELETED]
Davita #1595, dba ; West Des Moines Dialysis					[DELETED]	[DELETED]
	6800 Lake Drive, Suite 185					
		West Des Moines	IA	50266		
Davita—West Union Dialysis Center #1981				52175	[DELETED]	[DELETED]
	405 Highway 150 North, PO Box 516					
		West Union	IA			
Davita Southwest Idaho Advanced Care Hospital-Acute			ID	83709	[DELETED]	[DELETED]
	6651 W. Franklin Rd					
		Boise				
Davita Table Ronck At Home	5610 West Gage Street, Suite B.	Boise	ID	83706	[DELETED]	[DELETED]
Davita Table Rock Dialysis Center #1814			ID	83706	[DELETED]	[DELETED]
	5610 Gage St. Ste B.					
		Boise				
Davita Table Rock Dialysis Pd	5610 West Gage Street, Suite B.	Boise	ID	83706	[DELETED]	[DELETED]
Davita Burley Dialysis	741 N. Overland Ave	Burley	ID	83318	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Burley Dialysis Pd	741 N. Overland Ave	Burley	ID	83318	[DELETED]	[DELETED]
Davita Caldwell Dialysis Center #2364	821 Smeed Pkwy	Caldwell	ID	83605	[DELETED]	[DELETED]
Davita Caldwell Dialysis Center Pd-Id #5028	821 Smeed Pkwy	Caldwell	ID	83605	[DELETED]	[DELETED]
Davita Treasure Valley Dialysis #1812	3525 East Louise Drive, Suite 155	Meridian	ID	83642	[DELETED]	[DELETED]
Davita Treasure Valley Dialysis #1836 Pd Unit	3525 East Louise Drive Suite 155	Meridian	ID	83642	[DELETED]	[DELETED]
Davita Moscow Dialysis # 4325	212 Rodeo Dr Suite 101	Moscow	ID	83843	[DELETED]	[DELETED]
Davita Nampa Dialysis Co	846 Park Centre Way	Nampa	ID	83651	[DELETED]	[DELETED]
Nampa Dialysis Pd	846 Parkcentre Way	Nampa	ID	83651	[DELETED]	[DELETED]
Gate City Dialysis Center	2001 Bench Rd	Pocatello	ID	83201	[DELETED]	[DELETED]
Gate City Dialysis Pd	2001 Bench Road	Pocatello	ID	83201	[DELETED]	[DELETED]
Davita Twin Falls At Home	1840 Canyon Crest Drive	Twin Falls	ID	83301	[DELETED]	[DELETED]
Davita Twin Falls Dialysis Center	1840 Canyon Crest Dr	Twin Falls	ID	83301	[DELETED]	[DELETED]
Davita Twin Falls Dialysis Pd	1840 Canyon Crest	Twin Falls	ID	83301	[DELETED]	[DELETED]
Davita 3449 Alton	3511 College Ave	Alton	IL	62002	[DELETED]	[DELETED]
Davita Metro East Dialysis Center #1720	5105 West Main Street	Belleville	IL	62226	[DELETED]	[DELETED]
Davita- Metro East At Home	5105 West Main Street	Belleville	IL	62226	[DELETED]	[DELETED]
Davita #1694 Benton Dialysis	1151 Route 14 West	Benton	IL	62812	[DELETED]	[DELETED]
Davita—Bourbonnais Dialysis	581 William Latham Drive, Suite 104	Bourbonnais	IL	60914	[DELETED]	[DELETED]
Davita—Kankakee County Pd	581 William Lathan Drive, Suite 104	Bourbonnais	IL	60914	[DELETED]	[DELETED]
Nephroplex Dialysis of Centralia	1231 State Road 161	Centralia	IL	62801	[DELETED]	[DELETED]
Davita—Illini Renal At Home Dialysis 6086	507 East University Avenue	Champaign	IL	61820	[DELETED]	[DELETED]
Davita—Illini Renal Dialysis 3580 Champaign	507 East University	Champaign	IL	61820	[DELETED]	[DELETED]
Davita #6244—Kennedy Home Dialysis At Home	5509 N. Cumberland Ave Ste 515	Chicago	IL	60656	[DELETED]	[DELETED]
Davita—Moniclare	7009 West Belmond Avenue	Chicago	IL	60634	[DELETED]	[DELETED]
Davita—Woodlawn Home Program #5581	5841 S. Maryland Ave Room L026	Chicago	IL	60637	[DELETED]	[DELETED]
Davita—Woodlawn Home Program At Home #5933	5841 S. Maryland Ave Room L026	Chicago	IL	60637	[DELETED]	[DELETED]
Davita Beverly At Home #5949	8109 S. Western Ave	Chicago	IL	60620	[DELETED]	[DELETED]
Davita Beverly Dialysis Center #1785	8109 S. Western Ave	Chicago	IL	60620	[DELETED]	[DELETED]
Davita Children's Dialysis Center	2611 North Halsted Street	Chicago	IL	60614	[DELETED]	[DELETED]
Davita Emerald Dialysis	710 West 43rd Street	Chicago	IL	60609	[DELETED]	[DELETED]
Davita Emerald Pd	710 East 43rd Street	Chicago	IL	60609	[DELETED]	[DELETED]
Davita Lake Park Dialysis #5578	1531 E. Hyde Park Blvd	Chicago	IL	60615	[DELETED]	[DELETED]
Davita Little Village Dialysis Center	2335 West Cermak Road	Chicago	IL	60608	[DELETED]	[DELETED]
Davita Logan Square Dialysis Services, Inc.	2659 North Milwaukee Avenue	Chicago	IL	60647	[DELETED]	[DELETED]
Davita Mount Greenwood Dialysis Center #2118	3401 111th Street	Chicago	IL	60655	[DELETED]	[DELETED]
Davita Mount Greenwood Pd #1830	3401 111th Street	Chicago	IL	60655	[DELETED]	[DELETED]
Davita Skyline Home Dialysis	7009 West Belmont Avenue	Chicago	IL	60634	[DELETED]	[DELETED]
Davita Stony Island Dialysis #5579	8725 South Stony Island Avenue	Chicago	IL	60617	[DELETED]	[DELETED]
Davita West Lawn Dialysis Center #4363			IL	60629	[DELETED]	[DELETED]

	7000c S. Pulaski Rd	Chicago				
Davita Woodlawn Dialysis #5580	1164 East 55th Street	Chicago	IL	60615	[DELETED]	[DELETED]
Davita-Mt. Greenwood At Home	3401 West 111th Street	Chicago	IL	60655	[DELETED]	[DELETED]
Lincoln Park Dialysis Services—Total Renal Care			IL	60657	[DELETED]	[DELETED]
	3157 North Lincoln Avenue	Chicago				
Chicago Heights Dialysis Center	177 W. Joe Orr Rd Suite B.	Chicago Heights			[DELETED]	[DELETED]
			IL	60411		
Davita 1824 Chicago Heights Pd/Home Hemo Dialysis					[DELETED]	[DELETED]
	177 W. Joe Orr Rd Ste B.	Chicago Heights	IL	60411		
Davita Crystal Springs Dialysis #5550	4900 S. Il Route 31	Crystal Lake	IL	60012	[DELETED]	[DELETED]
Davita 3315 Macon County	1090 West McKinley Avenue	Decatur	IL	62526	[DELETED]	[DELETED]
Davita 6085 Decatur East Wood At Home			IL	62523	[DELETED]	[DELETED]
	794 E. Wood St.	Decatur				
Davita Decature East Wood	794 East Wood Street, Suite #425	Decatur	IL	62523	[DELETED]	[DELETED]
Dixon Kidney Center #2099	1131 North Galena Avenue	Dixon	IL	61021	[DELETED]	[DELETED]
Davita Sauget Dialysis	2061 Goose Lake Rd	East St Louis			[DELETED]	[DELETED]
			IL	62206		
Daivta Edwardsville Dialysis Center #2414			IL	62025	[DELETED]	[DELETED]
	235 S. Buchanan St.	Edwardsville				
Davita—Effingham At Home	904 Medical Park Drive, Suite 4	Effingham	IL	62401	[DELETED]	[DELETED]
Davita Effingham	904 Medical Park Drive, Suite 1	Effingham	IL	62401	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Cobblestone Dialysis #5551	934 Center St.	Elgin	IL	60120	[DELETED]	[DELETED]
Davita--Wayne County Dialysis Center			IL	62837	[DELETED]	[DELETED]
	303 North West 13th Street					
		Fairfield				
Davita Freeport Dialysis Unit	1028 S. Kunkle Blvd	Freeport	IL	61032	[DELETED]	[DELETED]
Granite City Dialysis	#9 American Village Shopping Center			62040	[DELETED]	[DELETED]
		Granite City	IL			
Davita 3317 Jacksonville	1515 W. Walnut St. Ste 11	Jacksonville	IL	62650	[DELETED]	[DELETED]
Davita 2223 Lake Villa Home Dialysis Pd			IL	60046	[DELETED]	[DELETED]
	37809 N. Illinois Route 59					
		Lake Villa				
Lake Villa Dialysis Center #2119	37809 North Illinois Route 59	Lake Villa	IL	60046	[DELETED]	[DELETED]
Lake County Dialysis	918 South Milwaukee	Libertyville	IL	60048	[DELETED]	[DELETED]
Davita 3322 Lincoln	2100 5th St.	Lincoln	IL	62656	[DELETED]	[DELETED]
Davita 3318 Litchfield	915 St. Francis Way	Litchfield	IL	62056	[DELETED]	[DELETED]
Davita Lockport At Home Dialysis #5999			IL	60441	[DELETED]	[DELETED]
	16626 W. 159th St. Ste 703					
		Lockport				
Davita #6099 Marion	324 S. 4th St.	Marion	IL	62959	[DELETED]	[DELETED]
Davita Marion At Home	324 S. 4th Street	Marion	IL	62959	[DELETED]	[DELETED]
Davita #1910 Maryville Dialysis Pd	2136 Vadalabene Dr Ste B.	Maryville	IL	62062	[DELETED]	[DELETED]
Davita #6125 Maryville At Home	2136 Vadalabene Dr, Ste B.	Maryville	IL	62062	[DELETED]	[DELETED]
Davita- Maryville Dialysis Center	2130 Vadalabene Dr	Maryville	IL	62062	[DELETED]	[DELETED]
Davita Olympia Fields	4557b West Lincoln Highway	Matteson	IL	60443	[DELETED]	[DELETED]
Davita Olympia Fields Dialysis Pd	4557b Lincoln Hwy	Matteson	IL	60443	[DELETED]	[DELETED]
Davita 3319 Mattoon	200 Richmond Avenue East	Mattoon	IL	61938	[DELETED]	[DELETED]
Davita--Mount Vernon At Home	1800 Jefferson Avenue	Mount Vernon			[DELETED]	[DELETED]
			IL	62864		
Nephroplex Dialysis of Mount Vernon					[DELETED]	[DELETED]
	1800 Jefferson Ave					
		Mount Vernon	IL	62864		
Davita Big Oaks Dialysis Center #4362			IL	60714	[DELETED]	[DELETED]
	5623 W. Touhy Ave					
		Niles				
Davita #1784 Stony Creek Dialysis	9115 S. Cicero Ave Ste B.	Oak Lawn	IL	60453	[DELETED]	[DELETED]
Davita Dialysis Olney #1731	117 North Boone Street	Olney	IL	62450	[DELETED]	[DELETED]
Davita #5520 Pittsfield Dialysis	640 W. Washington St.	Pittsfield	IL	62363	[DELETED]	[DELETED]
Davita Adams County At Home #5948			IL	62301	[DELETED]	[DELETED]
	436 N. 10th St.					
		Quincy				
Davita Adams County Dialysis #5519	436 N. 10th St.	Quincy	IL	62301	[DELETED]	[DELETED]
Davita Robinson Dialysis Center #4381			IL	62454	[DELETED]	[DELETED]
	1215 N. Allen St.					
		Robinson				
Davita 1563 Rockford Dialysis	3339 N. Rockton Ave	Rockford	IL	61103	[DELETED]	[DELETED]
Davita Churchview Dialysis Unit	5970 Churchview Drive	Rockford	IL	61107	[DELETED]	[DELETED]
Davita Roxbury Dialysis Center #2097			IL	61107	[DELETED]	[DELETED]
	622 Roxbury Rd					
		Rockford				
Davita Stonecrest Dialysis #5539	1302 E. State St.	Rockford	IL	61104	[DELETED]	[DELETED]
Davita-Roxbury At Home	622 Roxbury Rd	Rockford	IL	61107	[DELETED]	[DELETED]
Davita 3491 Rushville	112 Sullivan Dr	Rushville	IL	62681	[DELETED]	[DELETED]
Davita 3320 Springfield Central	932 N. Rutledge St. Floor 1	Springfield	IL	62702	[DELETED]	[DELETED]
Davita 3420 Springfield Montvale	2930 South Montvale Drive, Suite A	Springfield	IL	62704	[DELETED]	[DELETED]
Davita Springfield Central At Home	932 N. Rutledge St. Fl 2	Springfield	IL	62702	[DELETED]	[DELETED]
Davita Whiteside Dialysis	2600 North Locust Avenue, Suite D	Sterling	IL	61081	[DELETED]	[DELETED]
Davita Sycamore Dialysis Center	2200 Gateway Dr	Sycamore	IL	60178	[DELETED]	[DELETED]
Davita 3321 Taylorville	901 W. Spresser St.	Taylorville	IL	62568	[DELETED]	[DELETED]
Davita Vandalia Dialysis Center	301 Mattes Ave	Vandalia	IL	62471	[DELETED]	[DELETED]
Davita Batesville Dialysis Center	232 State Road 129 North	Batesville	IN	47006	[DELETED]	[DELETED]
Davita Hoosier Dialysis Center #2450	143 S. Kingston Dr	Bloomington	IN	47408	[DELETED]	[DELETED]
Davita Hoosier Hills At Home #5946	143 S. Kingston Dr	Bloomington	IN	47408	[DELETED]	[DELETED]
Davita 2449 Carmel Dialysis	180 E. Carmel Dr	Carmel	IN	46032	[DELETED]	[DELETED]
Davita Chesterton Dialysis Center	711 Plaza Dr Ste 6	Chesterton	IN	46304	[DELETED]	[DELETED]

Davita—Corydon Dialysis	1937 Old State Road 135 N. W.	Corydon	IN	47112	[DELETED]	[DELETED]
Davita Dialysis- East Chicago	4320 Fir St. Unit 404	East Chicago	IN	46312	[DELETED]	[DELETED]
Davita East Evansville At Home #6090	1312 Professional Boulevard, Suite 100	Evansville	IN	47714	[DELETED]	[DELETED]
Davita East Evansville Dialysis #1725	1312 Professional Boulevard, Suite 100	Evansville	IN	47714	[DELETED]	[DELETED]
Davita East Evansville Dialysis Pd #1732	1312 Professional Boulevard, Suite 100	Evansville	IN	47714	[DELETED]	[DELETED]
Davita North Evansville Dialysis Center #1726	1151 West Buena Vista Road	Evansville	IN	47710	[DELETED]	[DELETED]
Davita Franklin At Home	1140 West Jefferson Street, Suite A	Franklin	IN	46131	[DELETED]	[DELETED]
Davita Franklin Dialysis	1140 West Jefferson Street, Suite A	Franklin	IN	46131	[DELETED]	[DELETED]
Davita—Gary	4802 Broadway	Gary	IN	46408	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Greensburg At Home Dialysis #6234			IN	47240	[DELETED]	[DELETED]
	1531 N. Commerce East Dr Suite 6					
		Greensburg				
Davita-Greensburg Dialysis Center	1531 N. Commerce East Dr Suite 6	Greensburg	IN	47240	[DELETED]	[DELETED]
Davita—Indy South Dialysis Center	972 Emerson Parkway, Suite E.	Greenwood	IN	46143	[DELETED]	[DELETED]
Davita—Hammond	222 Douglas Street	Hammond	IN	46320	[DELETED]	[DELETED]
Davita Hammond Pd #1826	222 Douglas Street	Hammond	IN	46320	[DELETED]	[DELETED]
Davita-Hammond At Home	222 Douglas St.	Hammond	IN	46320	[DELETED]	[DELETED]
Davita Westview At Home Dialysis	3749 Commercial Dr Suite B.	Indianapolis	IN	46222	[DELETED]	[DELETED]
Davita Westview Dialysis	3749 Commercial Dr	Indianapolis	IN	46222	[DELETED]	[DELETED]
Davita Jasper Dialysis Center #1728	721 West 13th Street, Suite 105	Jasper	IN	47546	[DELETED]	[DELETED]
Davita—Lawrenceburg Dialysis	555 Eads Parkway, Suite 200	Lawrenceburg	IN	47025	[DELETED]	[DELETED]
Davita Madison	220 Clifty Drive Unit K	Madison	IN	47250	[DELETED]	[DELETED]
Davita Merrillville Dialysis	9223 Taft St.	Merrillville	IN	46410	[DELETED]	[DELETED]
Davita Merrillville Dialysis Pd	9223 Taft Street	Merrillville	IN	46410	[DELETED]	[DELETED]
Davita—Michigan City	9836 W. 400 N. Suite A	Michigan City	IN	46360	[DELETED]	[DELETED]
Davita—Michigan City Pd	9836 W. 400 N. Suite A	Michigan City	IN	46360	[DELETED]	[DELETED]
Davita—Munster	8317 Calumet Avenue, Suite A	Munster	IN	46321	[DELETED]	[DELETED]
Davita New Albany Dialysis Center	2669 Charlestown Road, Suite E. and F.			47150	[DELETED]	[DELETED]
		New Albany	IN			
Davita North Vernon Dialysis Center #4358			IN	47265	[DELETED]	[DELETED]
	2340 N. State Highway 7 Ste A					
		North Vernon				
Davita Dialysis of Portage	5823 Us Highway 6	Portage	IN	46368	[DELETED]	[DELETED]
Davita #2256 Princeton	2227 Sherman Dr	Princeton	IN	47670	[DELETED]	[DELETED]
Davita Rush County Dialysis Center #4359			IN	46173	[DELETED]	[DELETED]
	1400 N. Cherry St.					
		Rushville				
Davita Salem Dialysis	1201 N. Jim Day Road, Suite 103	Salem	IN	47167	[DELETED]	[DELETED]
Davita Dialysis of St. John	10033 Wicker Ave Ste 6	St. John	IN	46373	[DELETED]	[DELETED]
Tell City Dialysis Center #1531	1602 Main Street	Tell City	IN	47586	[DELETED]	[DELETED]
Davita—Valparaiso	606 Lincolnway	Valparaiso	IN	46383	[DELETED]	[DELETED]
Davita—Valparaiso Pd #1827	606 Lincolnway	Valparaiso	IN	46383	[DELETED]	[DELETED]
Davita Dialysis Vincennes #1727	700 Willow Street, Suite 101	Vincennes	IN	47591	[DELETED]	[DELETED]
Davita Vincennes At Home	700 Willow Street	Vincennes	IN	47591	[DELETED]	[DELETED]
Davita Davies County Dialysis Center #1729			IN	47501	[DELETED]	[DELETED]
	310 Northeast 14th Street					
		Washington				
Davita—Derby	250 West Red Powell Road	Derby	KS	67037	[DELETED]	[DELETED]
Davita -Renal Treatment Centers—Garden City			KS	67846	[DELETED]	[DELETED]
	401 N. Main St.					
		Garden City				
Davita—Horton Dialysis Center #2460			KS	66439	[DELETED]	[DELETED]
	1901 Euclid Avenue					
		Horton				
Total Renal Care—Independence Dialysis			KS	67301	[DELETED]	[DELETED]
	801 West Myrtle					
		Independence				
Davita—Wyandotte Dialysis Center #1956			KS	66102	[DELETED]	[DELETED]
	4837 State Ave					
		Kansas City				
Davita 3517 Wyandotte West	8919 Parallel Parkway, Suite 121	Kansas City	KS	66112	[DELETED]	[DELETED]
Davita Wyandone Dialysis	3737 State Avenue, Suite 100	Kansas City	KS	66102	[DELETED]	[DELETED]
Davita Leavenworth	501 Oak Street	Leavenworth	KS	66048	[DELETED]	[DELETED]
Davita—Johnson County Dialysis #1954			KS	66214	[DELETED]	[DELETED]
	10453 W. 84th Ter					
		Lenexa				
Davita Lenexa At Home Dialysis	8630 Halsey St.	Lenexa	KS	66215	[DELETED]	[DELETED]
Grambro Healthcare Lenexa	8630 Halsey Street	Lenexa	KS	66215	[DELETED]	[DELETED]
Davita—Newton	1223 Washington Road	Newton	KS	67114	[DELETED]	[DELETED]
Davita 3457 Olathe	732 West Frontier	Olathe	KS	66061	[DELETED]	[DELETED]
Davita Parsons	1902 South Highway 59, Building B. Labette County Medical Center			67357	[DELETED]	[DELETED]
		Parsons	KS			

Davita Pratt Dialysis Center	203 South Watson Suite 110	Pratt	KS	67124	[DELETED] [DELETED]
Da Vita—East Wichita Dialysis	320 North Hillside	Wichita	KS	67214	[DELETED] [DELETED]
Davita #6133 At Home	909 North Topeka Street	Wichita	KS	67214	[DELETED] [DELETED]
Davita—Wichita Pd	909 North Topeka Street	Wichita	KS	67214	[DELETED] [DELETED]
Davita -Wichita Dialysis	909 North Topeka	Wichita	KS	67214	[DELETED] [DELETED]
Northeast Wichita Dialysis Center	2630 North Webb Road, Building 100, Suite 100			67226	[DELETED] [DELETED]
		Wichita	KS		
Total Renal Care—Winfield Dialysis	1315 East 4th Avenue	Winfield	KS	67156	[DELETED] [DELETED]
Davita—Bardstown Dialysis Center #2055			KY	40004	[DELETED] [DELETED]
	210 West John Fitch Avenue	Bardstown			
Davita Shepardsville Dialysis Center #4386			KY	40109	[DELETED] [DELETED]
	150 Brooks Way Ste 15	Brooks			
Davita #0556 Taylor County Dialysis Ctr			KY	42718	[DELETED] [DELETED]
	101 Kingswood Drive	Campbellsville			
Davita—Cold Springs Dialysis	430 Crossroads Boulevard	Cold Springs	KY	41076	[DELETED] [DELETED]
12th Street Covington Davita Dialysis Center 4488				41011	[DELETED] [DELETED]
	1500 James Simpson Jr Way Ste 1100				
		Covington	KY		
Woodland Dialysis Center	912 Woodland Drive	Elizabethtown	KY	42701	[DELETED] [DELETED]
Davita Turfway	11 Spiral Dr Ste 15	Florence	KY	41042	[DELETED] [DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Turfway Dialysis Pd Clinic	11 Spiral Drive, Suite 15a	Florence	KY	41042	[DELETED]	[DELETED]
Davita 3276 Crestview Hills	400 Centre View Boulevard	Fort Mitchell	KY	41017	[DELETED]	[DELETED]
Paintsville Dialysis Center	4750 Kentucky Route 321 South	Hagerhill	KY	41222	[DELETED]	[DELETED]
Davita Gardenside Dialysis Center #1730			KY	42420	[DELETED]	[DELETED]
	70 North Gardenmile Road					
		Henderson				
Davita 3041 Hopkinsville	1914 S. Virginia St.	Hopkinsville	KY	42240	[DELETED]	[DELETED]
Davita 3464 Christian County	200 Burley Ave	Hopkinsville	KY	42240	[DELETED]	[DELETED]
Davita—Lagrange Dialysis Center	240 Parker Dr	Lagrange	KY	40031	[DELETED]	[DELETED]
Davita #2139 Leitchfield Dialysis Center			KY	42754	[DELETED]	[DELETED]
	912 Wallace Avenue, Suite 106					
		Leitchfield				
Davita Hamburg Dialysis Center #4377			KY	40509	[DELETED]	[DELETED]
	1745 Alysheba Way					
		Lexington				
Davita—Louisville Dialysis Center #2107			KY	40258	[DELETED]	[DELETED]
	8037 Dixie Hwy					
		Louisville				
Davita—Springhurst Dialysis Center #2195			KY	40241	[DELETED]	[DELETED]
	10201 Champion Farms Drive					
		Louisville				
Davita Louisville	720 West Broadway	Louisville	KY	40202	[DELETED]	[DELETED]
Davita- Meadows East Dialysis	2529 Six Mile Lane	Louisville	KY	40220	[DELETED]	[DELETED]
Davita-West Broadway At Home	720 West Broadway	Louisville	KY	40202	[DELETED]	[DELETED]
Davita—Madisonville Acute Dialysis # 1105			KY	42431	[DELETED]	[DELETED]
	900 Hospital Dr					
		Madisonville				
Davita—Madisonville Dialysis	435 N. Kentucky Ave	Madisonville	KY	42431	[DELETED]	[DELETED]
Davita—Maysville #2322	489 Tucker Drive	Maysville	KY	41056	[DELETED]	[DELETED]
Owensboro Dialysis Center #1530	1930 E. Parrish Ave	Owensboro	KY	42303	[DELETED]	[DELETED]
Davita Bourbon County Dialysis Center #4384			KY	40361	[DELETED]	[DELETED]
	213 Letton Dr					
		Paris				
Eastern Kentucky Dialysis Center #1583			KY	41501	[DELETED]	[DELETED]
	167 Weddington Branch Road					
		Pikeville				
Davita—South Williamson Dialysis Center #4306					[DELETED]	[DELETED]
	204 Appalachian Plz					
		South Williamsoo	KY	41503		
Davita 3291 South Hill	525 Alexandria Pike, Suite 120	Southgate	KY	41071	[DELETED]	[DELETED]
Davita Versailles Dialysis Center #4385			KY	40383	[DELETED]	[DELETED]
	480 Lexington Rd					
		Versailles				
Davita Whitesburg Dialysis Center #1585			KY	41858	[DELETED]	[DELETED]
	222 Hospital Road, Suite D					
		Whitesburg				
Davita Williamstown Dialysis Center	103 Barnes Rd Suite A	Williamstown	KY	41097	[DELETED]	[DELETED]
Davita	3888 North Blvd	Baton Rouge	LA	70806	[DELETED]	[DELETED]
Bogalusa Kidney Care—Davita	2108 South Avenue F.	Bogalusa	LA	70427	[DELETED]	[DELETED]
Dialysis Systems of Covington—Davita #1535			LA	70433	[DELETED]	[DELETED]
	210 Greenbriar Blvd					
		Covington				
Davita Denham Springs Dialisys	26737 Highway 1032	Denham Springs			[DELETED]	[DELETED]
			LA	70726		
Davita 3528 Deridder	239 E. 1st St.	Deridder	LA	70634	[DELETED]	[DELETED]
Davita 2606 Donaldsonville	101 Plimsol Dr	Donaldsonville	LA	70346	[DELETED]	[DELETED]
Washington Parish Kidney Care	724 Washington Street	Franklinton	LA	70438	[DELETED]	[DELETED]
Davita 3603 Magnolia Dialysis	210 E. Spillman St.	Gonzales	LA	70737	[DELETED]	[DELETED]
Dialysis Systems of Hammond—Davita			LA	70403	[DELETED]	[DELETED]
	15799 Professional Plaza					
		Hammond				
Davita 2294 Marrero Dialysis Center	1908 Jutland Dr	Harvey	LA	70058	[DELETED]	[DELETED]
Independent Renal Center—Davita	12392 Highway 40	Independence	LA	70443	[DELETED]	[DELETED]
Davita 2605 Kenner	720 Village Rd	Kenner	LA	70065	[DELETED]	[DELETED]
Davita Kenner Regional Dialysis Center			LA	70065	[DELETED]	[DELETED]

	200 W. Esplanade Ave Ste 100					
		Kenner				
Davita River Parish Dialysis Center #2231			LA	70068	[DELETED]	[DELETED]
	2880 West Airline Highway					
		La Place				
Davita 3535 Lake Charles Southwest Dialysis				70601	[DELETED]	[DELETED]
	433 Dr Michael Debakey Dr Ste 184					
		Lake Charles	LA			
Davita 6318 Lake Charles Southwest At Home Dialysis				70601	[DELETED]	[DELETED]
	433 Dr Michael Debakey Dr Ste 184					
		Lake Charles	LA			
Davita River Bend Dialysis #5538	1057 Paul Maillard Rd	Luling	LA	70070	[DELETED]	[DELETED]
Davita Metairie Dialysis Center #2117			LA	70003	[DELETED]	[DELETED]
	7100 Airline Drive					
		Metairie				
Davita 6274 Monroe North At Home Dialysis			LA	71203	[DELETED]	[DELETED]
	2344 Sterlington Rd					
		Monroe				
Da Vita Fleur De Lis Dialysis Ctr	5555 Bullard Ave Ste 110	New Orleans	LA	70128	[DELETED]	[DELETED]
Davita—Crescent City Dialysis	3909 Bienville St. Suite 1b	New Orleans	LA	70119	[DELETED]	[DELETED]
Davita—Westbank Chronic Renal Center #630			LA	70114	[DELETED]	[DELETED]
	3631 Behrman Pl					
		New Orleans				
Davita 2480 Fleur De Lis Dialysis Center			LA	70128	[DELETED]	[DELETED]
	5555 Bullard Ave Ste 110					
		New Orleans				
Davita New Orleans Uptown #2038	1401 Foucher Street, 4th Floor	New Orleans	LA	70115	[DELETED]	[DELETED]
Davita Westbank At Home #5928	3631 Behrman Pl	New Orleans	LA	70114	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Memorial Dialysis Center	4427 South Robertson Street	New Orleans	LA	70115	[DELETED]	[DELETED]
Davita 6183 Shreveport Hbd Center	1560 Irvine Pl	Shreveport	LA	71101	[DELETED]	[DELETED]
Davita Red River Dialysis Center #4451	9205 Linwood Ave	Shreveport	LA	71106	[DELETED]	[DELETED]
Davita—Northshore Kidney Care	106 Medical Center Drive, Suite 101	Slidell	LA	70461	[DELETED]	[DELETED]
Davita 6248 Slidell Kidney Care At Home	1150 Robert Blvd Ste 240	Slidell	LA	70458	[DELETED]	[DELETED]
Slidell Kidney Care	1150 Robert Boulevard, Suite 240	Slidell	LA	70458	[DELETED]	[DELETED]
Davita 3537 Sulphur	944 Beglis Pkwy	Sulphur	LA	70663	[DELETED]	[DELETED]
Davita Oakwood Dialysis Center #2032	148 Hector Avenue	Terrytown	LA	70056	[DELETED]	[DELETED]
Davita 3035 Boston	660 Harrison Ave Fl First	Boston	MA	2118	[DELETED]	[DELETED]
Davita 3056 Brookline	322 Washington Street	Brookline	MA	2445	[DELETED]	[DELETED]
Davita 3573 Burlington Dialysis	41 Mall Rd	Burlington	MA	1805	[DELETED]	[DELETED]
Davita 3238 Northeast Cambridge	799 Concord Avenue, First Floor	Cambridge	MA	2138	[DELETED]	[DELETED]
Davita 3242 Weymouth	330 Libbey Industrial Pkwy	East Weymouth	MA	2189	[DELETED]	[DELETED]
Physicians Dialysis, Inc —Fitchburg	551 Electric Avenue	Fitchburg	MA	1420	[DELETED]	[DELETED]
Davita—Wellington Circle At Home	10 Cabot Rd Ste 103b	Medford	MA	2155	[DELETED]	[DELETED]
Davita—Wellington Dialysis	10 Cabot Road, Suiet 103 B.	Medford	MA	2155	[DELETED]	[DELETED]
Davita—New Bedford At Home	524 Union Street	New Bedford	MA	2740	[DELETED]	[DELETED]
Davita 3239 New Bedford	524 Union St.	New Bedford	MA	2740	[DELETED]	[DELETED]
Davita 3313 Salem Northeast	10 Colonial Road, Suite 205	Salem	MA	1970	[DELETED]	[DELETED]
Davita Wellsley Dialysis	195 Worchester Street	Wellesley	MA	2481	[DELETED]	[DELETED]
Davita 3243 Woburn	23 Warren Ave	Woburn	MA	1801	[DELETED]	[DELETED]
Davita #1651 Worcester Dialysis Center	19 Glennie St. Ste A	Worcester	MA	1605	[DELETED]	[DELETED]
Davita Aberdeen	780 W. Bel Air Ave	Aberdeen	MD	21001	[DELETED]	[DELETED]
Davita Catonsville	1581 Sulphur Spring Rd Ste 112	Arbutus	MD	21227	[DELETED]	[DELETED]
Bertha Sirk Dialysis Center, Inc.	5820 York Road, Suite 10	Baltimore	MD	21212	[DELETED]	[DELETED]
Davita Mercy Dialysis	315 N. Calvert St. Ste 300	Baltimore	MD	21202	[DELETED]	[DELETED]
Davita #3369 Baltimore Geriatric	4940 Eastern Avenue, 5th Floor	Baltimore	MD	21224	[DELETED]	[DELETED]
Davita 3262 Jhhs-North Bond St.	409 Caroline St.	Baltimore	MD	21231	[DELETED]	[DELETED]
Davita 3323 J. B. Zachary	333 Cassell Dr Ste 2300	Baltimore	MD	21224	[DELETED]	[DELETED]
Davita 3324 Whitesquare	1 Nashua Court, Suite E.	Baltimore	MD	21221	[DELETED]	[DELETED]
Davita 3325 25th Street	920 East 25th Street	Baltimore	MD	21218	[DELETED]	[DELETED]
Davita 3367 Howard Street	22 South Howard Street	Baltimore	MD	21201	[DELETED]	[DELETED]
Davita Carroll County Acutes #1019-2 Dialysis	1585 Sulphur Spring Road, Suite 107	Baltimore	MD	21227	[DELETED]	[DELETED]
Davita Downtown Dialysis Center	821 N. Eutaw St. Ste 401	Baltimore	MD	21201	[DELETED]	[DELETED]
Davita Greenspring Dialysis Center	4701 Mount Hope Drive, Suite C	Baltimore	MD	21215	[DELETED]	[DELETED]
Davita Seton Drive Dialysis	4800 Seton Drive	Baltimore	MD	21215	[DELETED]	[DELETED]
Harford Road Dialysis Center	5800 Harford Rd	Baltimore	MD	21214	[DELETED]	[DELETED]
Jb Zachary At Home	333 Cassell Drive, Suite 2300	Baltimore	MD	21224	[DELETED]	[DELETED]
Davita 3336 Bel Air	2225 Old Emmorton Road, Suite 105	Bel Air	MD	21015	[DELETED]	[DELETED]
Davita Calverton Dialysis Center #2499	4780 Corridor Pl Ste C	Beltsville	MD	20705	[DELETED]	[DELETED]
Davita #0811 Berlin	314 Franklin Ave Ste 306	Berlin	MD	21811	[DELETED]	[DELETED]
Renal Care of Bowie	4861 Telsa Drive, Suite H	Bowie	MD	20715	[DELETED]	[DELETED]
Davita	111 Cherry Hl Road Harbor Park W.	Brooklyn	MD	21225	[DELETED]	[DELETED]

Davita #2043	300 Bryn Street, First Floor	Cambridge	MD	21613	[DELETED]	[DELETED]
Davita 2513 North Rolling Road Dialysis			MD	21228	[DELETED]	[DELETED]
	1108 N. Rolling Rd	Catonsville				
Rtc Chestertown	100 Brown Street	Chestertown	MD	21620	[DELETED]	[DELETED]
Davita 3076 Gwu-Clinton	10401 Hospital Drive, Suite G-02	Clinton	MD	20735	[DELETED]	[DELETED]
Davita 3704 Southern Maryland	9211 Stuart Ln	Clinton	MD	20735	[DELETED]	[DELETED]
Davita 3636 Cedar Lane	6334 Cedar Ln Ste 101	Columbia	MD	21044	[DELETED]	[DELETED]
Davita Howard County	5999 Harpers Farm Road, Suite E-110			21044	[DELETED]	[DELETED]
		Columbia	MD			
Davita 3452 Dundalk	14 Commerce St	Dundalk	MD	21222	[DELETED]	[DELETED]
Davita Easton Dialysis	402 Marvel Ct	Easton	MD	21601	[DELETED]	[DELETED]
Davita District Heights Dialysis #4321			MD	20747	[DELETED]	[DELETED]
	5701 Silver Hill Rd	Forestville				
Davita Dialysis 3474-1 Frederick Acutes—Frederick Memorial Hospital			MD	21701	[DELETED]	[DELETED]
	400 W. 7th St.	Frederick				
Davita Frederick At Home	140 Thomas Johnson Dr	Frederick	MD	21702	[DELETED]	[DELETED]
Frederick Dialysis—Davita	140 Thomas Johnson Dr Suite 100	Frederick	MD	21702	[DELETED]	[DELETED]
Davita-Germantown At Home	20111 Century Blvd	Germantown	MD	20874	[DELETED]	[DELETED]
Germantown Dialysis Center #2053	20111 Century Boulevard, Suite C	Germantown	MD	20874	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3646 Glen Burnie	120 Langley Rd N	Glen Burnie	MD	21060	[DELETED]	[DELETED]
Davita Washington County Dialysis #2458			MD	21740	[DELETED]	[DELETED]
	1136 Opal Ct					
		Hagerstown				
Davita Tacoma Park Dialysis Center #1617-1			MD	20783	[DELETED]	[DELETED]
	1502 University Blvd E.					
		Hyattsville				
Davita—Lanham At Home	8855 Annapolis Road, Suite 104	Lanham	MD	20706	[DELETED]	[DELETED]
Renal Care Management Lanham Dialysis Center			MD	20706	[DELETED]	[DELETED]
	8855 Annapolis Road, Suite 200					
		Lanham				
Davita # 1578—Kidney Care of Largo			MD	20774	[DELETED]	[DELETED]
	1300 Mercantile Lane, Suite 194					
		Largo				
Davita 3759 Landover	1200 Mercantile Lane, Suite 105	Largo	MD	20774	[DELETED]	[DELETED]
Davita—Kidney Care Center of Laurel				20707	[DELETED]	[DELETED]
	14631 Laurel Bowie Rd Suite 100-105					
		Laurel	MD			
Davita 3310 Green Springs	10753 Falls Road, Suite 115	Lutherville	MD	21093	[DELETED]	[DELETED]
Davita—Owings Mills	10 Cross Road, Suite 110	Owings Mills	MD	21117	[DELETED]	[DELETED]
Rivertowne Dialysis Center At Oxon Hill			MD	20745	[DELETED]	[DELETED]
	6192 Oxon Hill Rd					
		Oxon Hill				
Davita 3362 Pasadena	8894 Fort Smallwood Road, Suite 12-16			21122	[DELETED]	[DELETED]
		Pasadena	MD			
Pikesville Dialysis Center Davita	1500 Reisterstown Road, Suite 220	Pikesville	MD	21208	[DELETED]	[DELETED]
Davita Baltimore County Dialysis	9635 Liberty Rd Ste A	Randallstown	MD	21133	[DELETED]	[DELETED]
Davita #0812 Rockville	14915 Broschart Road, Suite 100	Rockville	MD	20850	[DELETED]	[DELETED]
Davita 3292 Silver Spring	8412 Georgia Ave	Silver Spring	MD	20910	[DELETED]	[DELETED]
Renal Care Management	831 University Boulevard Suite 11	Silver			[DELETED]	[DELETED]
		Springs				
			MD	20903		
Davita #0562 Dulaney Towson Dialysis Center			MD	21204	[DELETED]	[DELETED]
	113 West Rd Ste 201					
		Towson				
Davita—Carroll County Dialysis Facility			MD	21157	[DELETED]	[DELETED]
	412 Malcolm Drive, Suite 310					
		Westminster				
Davita Wheaton Dialysis	11941 Georgia Avenue, Wheaton Park Shopping Center			20902	[DELETED]	[DELETED]
		Wheaton	MD			
Davita Kidney Home (Home Options and Medical Education-Pd) #1975			MD	21244	[DELETED]	[DELETED]
	2245 Rolling Run Dr Ste 4					
		Windsor Mill				
Davita Northwest Dialysis Center #2250			MD	21244	[DELETED]	[DELETED]
	2245 Rolling Run Dr Ste 1					
		Windsor Mill				
Davita- Kidney Home (Home Options and Med Education) Dialysis #5981			MD	21244	[DELETED]	[DELETED]
	2245 Rolling Run Dr Ste 3					
		Windsor Mill				
Davita Down River Dialysis Center #1680			MI	48101	[DELETED]	[DELETED]
	5600 Allen Road					
		Allen Park				
Davita Battle Creek Dialysis	220 Goodale Avenue East	Battle Creek	MI	49037	[DELETED]	[DELETED]
Davita Michigan Kidney Center—Brighton			MI	48114	[DELETED]	[DELETED]
	7960 West Grand River, Suite 210					
		Brighton				
Davita Burton Dialysis Center # 4415	4015 Davison Rd	Burton	MI	48509	[DELETED]	[DELETED]
Davita Chelsea Dialysis	1620 Commerce Park Drive, Suite 200			48118	[DELETED]	[DELETED]
		Chelsea	MI			
Davita #0152 Clarkston Dialysis	6770 Dixie Highway, Suite 205	Clarkston	MI	48346	[DELETED]	[DELETED]

Davita Clinton Township At Home #6232	15918 Nineteen Mile Rd Suite 110	Clinton Township	MI	48038	[DELETED] [DELETED]
Davita Commerce Township Dialysis Center	120 W. Commerce Road	Commerce Township	MI	48382	[DELETED] [DELETED]
Davison Dialysis Center	1011 South State Road	Davison	MI	48423	[DELETED] [DELETED]
Davita #2160 East Dearborn Dialysis Center	13200 West Warren Avenue	Dearborn	MI	48126	[DELETED] [DELETED]
Davita 4018 Dearborn-Fka Oakwood	1185 Monroe	Dearborn	MI	48124	[DELETED] [DELETED]
Davita Dearborn At Home Dialysis #3989	22030 Park St.	Dearborn	MI	48124	[DELETED] [DELETED]
Davita—Detroit Dialysis	2674 East Jefferson	Detroit	MI	48207	[DELETED] [DELETED]
Davita 3426 Detroit Downtown	18100 Schaefer Hwy	Detroit	MI	48235	[DELETED] [DELETED]
Davita 3427 Detroit Redford	22711 Grand River Ave	Detroit	MI	48219	[DELETED] [DELETED]
Davita 3428 Detroit Kresge	4145 Cass Ave	Detroit	MI	48201	[DELETED] [DELETED]
Davita 3429 Motor City Dialysis	4160 John R. St. Ste 724	Detroit	MI	48201	[DELETED] [DELETED]
Davita Dialysis—Detroit	6150 Cadieux Road	Detroit	MI	48224	[DELETED] [DELETED]
Davita Motor City Dialysis #3429-1	4727 St. Antoine St. Ste 101	Detroit	MI	48201	[DELETED] [DELETED]
Davita- Grosse Pointe Dialysis	18000 East Warren Avenue, Suite 100			48222	[DELETED] [DELETED]
New Center Dialysis, P.C	3011 West Grand Boulevard, Suite 650	Detroit	MI	48202	[DELETED] [DELETED]
Davita 6207 Lansing At Home	1675 Watertower Pl Suite 700	Detroit	MI		
Davita—Fenton Dialysis	17420 Silver Parkway	East Lansing	MI	48823	[DELETED] [DELETED]
Davita—Flint Dialysis Center #1557	2 Hurley Plaza, Suite 115	Fenton	MI	48430	[DELETED] [DELETED]
Davita Ballenger Pointe #2104	2262 South Ballenger Highway	Flint	MI	48503	[DELETED] [DELETED]
		Flint	MI	48503	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Ballenger Pointe At Home #6011			MI	48503	[DELETED]	[DELETED]
	2262 South Ballenger Highway					
		Flint				
Hallwood Dialysis Center #1558	4929 Clio Road, Suite B.	Flint	MI	48504	[DELETED]	[DELETED]
Park Plaza Dialysis Center	G-1075 North Ballenger Highway	Flint	MI	48504	[DELETED]	[DELETED]
Davita #0298 Flushing Dialysis	3469 Pierson Pl Ste A	Flushing	MI	48433	[DELETED]	[DELETED]
Davita 3634 Newaygo County	1317 W. Main St.	Fremont	MI	49412	[DELETED]	[DELETED]
Davita Grand Blanc Dialysis	3625 Genesys Parkway	Grand Blanc	MI	48439	[DELETED]	[DELETED]
Davita Grand Haven	16964 Robbins Road	Grand Haven			[DELETED]	[DELETED]
			MI	49417		
Davita—Grand Rapids	801 Cherry St. Se	Grand Rapids			[DELETED]	[DELETED]
			MI	49506		
Davita—Grand Rapids At Home	801 Cherry Street Southeast, 2nd Floor				[DELETED]	[DELETED]
		Grand Rapids				
			MI	49506		
Davita Grand Rapids East	1230 Ekhart Street Northeast	Grand Rapids			[DELETED]	[DELETED]
			MI	49503		
Davita Dialysis—Highland Park	64 Victor Street	Highland Park			[DELETED]	[DELETED]
			MI	48203		
Davita State Fair Dialysis #1592	19800 Woodward Ave	Highland Park			[DELETED]	[DELETED]
			MI	48203		
Davita Ionia Dialysis Center	2622 Heartland Boulevard	Ionnia	MI	48846	[DELETED]	[DELETED]
Davita Jackson Dialysis Center	234 West Louis Glick Highway	Jackson	MI	49201	[DELETED]	[DELETED]
Davita Kalamazoo Central	535 S. Burdick, Suite 110	Kalamazoo	MI	49007	[DELETED]	[DELETED]
Davita Kalamazoo West #2287	1040 N. 10th Street	Kalamazoo	MI	49009	[DELETED]	[DELETED]
Davita- Kalamazoo Home Hemo #6195			MI	49009	[DELETED]	[DELETED]
	1040 North 10th Street					
		Kalamazoo				
Davita 3071 Ludington	5 N. Atkinson Dr Ste 101	Ludington	MI	49431	[DELETED]	[DELETED]
Davita 3069 Muskegon	1277 Mercy Dr	Muskegon	MI	49444	[DELETED]	[DELETED]
Davita 6314 Muskegon At Home	1277 Mercy Dr.	Muskegon	MI	49444	[DELETED]	[DELETED]
Novi Kidney Center	47250 West Ten Mile Road	Novi	MI	48374	[DELETED]	[DELETED]
Oak Park Dialysis Center #369, Parkwood Plaza			MI	48237	[DELETED]	[DELETED]
	13481 West Ten Mile Road					
		Oak Park				
Davita North Oakland Dialysis Facility			MI	48341	[DELETED]	[DELETED]
	450 N. Telegraph Rd Suite 600					
		Pontiac				
Davita- North Oakland Medical Center # 1066-1 Dialysis-Acute			MI	48341	[DELETED]	[DELETED]
	461 W. Huron St. Rm 509					
		Pontiac				
Davita Rochester Hills Dialysis Center #2105					[DELETED]	[DELETED]
	1886 W. Auburn Rd Ste 100					
		Rochester Hills	MI	48309		
Davita 3561 Romulus	31470 Ecorse Rd	Romulus	MI	48174	[DELETED]	[DELETED]
Saginaw Dialysis Clinic	1527 East Genesee	Saginaw	MI	48607	[DELETED]	[DELETED]
Davita #2464	24467 W. 10 Mile Rd	Southfield	MI	48033	[DELETED]	[DELETED]
Davita 3507 Southfield	18544 Eight Mile Road	Southfield	MI	48075	[DELETED]	[DELETED]
Davita Cornerstone Dialysis At Home #6004			MI	48075	[DELETED]	[DELETED]
	23857 Greenfield Road					
		Southfield				
Southfield Dialysis Center #329	23857 Greenfield Rd	Southfield	MI	48075	[DELETED]	[DELETED]
Southfield West Dialysis Center #295	21900 Melrose, Southfield Tech Center, Building #2			48075	[DELETED]	[DELETED]
		Southfield	MI			
Davita 4219 Southgate	14752 Northline Rd	Southgate	MI	48195	[DELETED]	[DELETED]
Macomb Kidney Center of Davita #326			MI	48088	[DELETED]	[DELETED]
	28295 Schoenherr Road, Suite A					
		Warren				

Davita Waterford Tel Huron Dialysis #2463			MI	48328	[DELETED]	[DELETED]
	225 Summit Dr					
		Waterford				
Davita West Bloomfield #0297	6010 W. Maple Rd Ste 215	West Bloomfield			[DELETED]	[DELETED]
			MI	48322		
Davita West Bloomfield At Home #5943					[DELETED]	[DELETED]
	6010 W. Maple Rd Ste 215					
		West Bloomfield	MI	48322		
Davita 4214 Westland	5715 N. Venoy Rd	Westland	MI	48185	[DELETED]	[DELETED]
Davita Westland Dialysis Center #2102			MI	48185	[DELETED]	[DELETED]
	36585 Ford Road					
		Westland				
Davita Ypsilanti At Home	2766 Washtenaw Rd	Ypsilanti	MI	48197	[DELETED]	[DELETED]
Ypsilanti Dialysis Center -Davita	2766 Washtenaw, Washetenaw Fountain Plaza			48197	[DELETED]	[DELETED]
		Ypsilanti	MI			
Davita—Arden Hills Dialysis	3900 Northwoods Drive, Suite 110	Arden Hills	MN	55112	[DELETED]	[DELETED]
Davita	8591 Lyndale Avenue South	Bloomington	MN	55420	[DELETED]	[DELETED]
Davita Burnsville Dialysis	501 East Nicollet, Suite 150	Burnsville	MN	55337	[DELETED]	[DELETED]
Davita Cass Lake Dialysis	602 Grand Utley Street	Cass Lake	MN	56633	[DELETED]	[DELETED]
Davita Cottage Grove Dialysis	8800 East Point Douglas Road, Suite 100				[DELETED]	[DELETED]
		Cottage Grove				
			MN	55016		
Davita Dialysis Eagan #2041	2750 Blue Water Road, Suite 300	Eagan	MN	55121	[DELETED]	[DELETED]
Eden Prairie Dialysis Center #2042	14852 Scenic Heights Road, Suite 255			55344	[DELETED]	[DELETED]
		Eden Prairie	MN			
Davita #0215 Faribault Dialysis	201 S. Lyndale Ave Ste F.	Faribault	MN	55021	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita—Forest Lake Dialysis Unit	1068 South Lake Street	Forest Lake	MN	55025	[DELETED]	[DELETED]
Davita-Fridley Dialysis	5301 East River Road , Suite 117	Fridley	MN	55421	[DELETED]	[DELETED]
Davita #1964—Maple Grove Pd At Home Dialysis					[DELETED]	[DELETED]
	15655 Grove Cir N.					
		Maple Grove	MN	55369		
Davita 2479 Maple Grove Dialsis	15655 Grove Cir N.	Maple Grove			[DELETED]	[DELETED]
			MN	55369		
Maplewood Dialysis Davita	2785 White Bear Avenue	Maplewood	MN	55109	[DELETED]	[DELETED]
Marshall Dialysis of Total Renal Care	300 South Bruce Street	Marshall	MN	56258	[DELETED]	[DELETED]
Davita # 0207 Minneapolis Dialysis Center			MN	55404	[DELETED]	[DELETED]
	825 South 8th Street, Suite SI42					
		Minneapolis				
Davita #0205	6550 York Avenue South, Suite 100	Minneapolis	MN	55435	[DELETED]	[DELETED]
Davita—North Central Acute Dialysis # 224			MN	55415	[DELETED]	[DELETED]
	901 S. 6th St. Suite R7100					
		Minneapolis				
Davita Coon Rapids Dialysis	3960 Coon Rapids Blvd Nw Ste 309	Minneapolis	MN	55433	[DELETED]	[DELETED]
Davita Home Dialysis	825 South Eighth Street, Suite 1224	Minneapolis	MN	55404	[DELETED]	[DELETED]
Davita Uptown Dialysis	3601 Lyndale Avenue S.	Minneapolis	MN	55409	[DELETED]	[DELETED]
Davita-North Memorial Apheresis #227-14-Acute			MN	55422	[DELETED]	[DELETED]
	3300 Oakdale Ave N.					
		Minneapolis				
Minneapolis North East Hennepin Dialysis			MN	55414	[DELETED]	[DELETED]
	1049 10th Avenue South East					
		Minneapolis				
Davita Minnetonka Dialysis Unit	17809 Hutchins Drive	Minnetonka	MN	55345	[DELETED]	[DELETED]
Montevideo Dialysis Davita	824 North 11th Street	Montevideo	MN	56265	[DELETED]	[DELETED]
New Hope Dialysis Center #2200	5640 International Parkway	New Hope	MN	55428	[DELETED]	[DELETED]
Davita Pine City Dialysis	129 East 6th Avenue	Pine City	MN	55063	[DELETED]	[DELETED]
Davita—Pipestone Dialysis Center	911 5th Ave Sw	Pipestone	MN	56164	[DELETED]	[DELETED]
Red Wing Dialysis Center	3028 North Service Drive	Red Wing	MN	55066	[DELETED]	[DELETED]
Redwood Falls Dialysis Davita	100 Fallwood Road	Redwood Falls			[DELETED]	[DELETED]
			MN	56283		
Davita Richfield Dialysis Center #2175			MN	55423	[DELETED]	[DELETED]
	6601 Lyndale Avenue, Suite 150					
		Richfield				
Davita Richfield Pd Program #2232	6601 Lyndale Avenue, Suite 150	Richfield	MN	55423	[DELETED]	[DELETED]
Davita North Memorial Health Care #226-1			MN	55422	[DELETED]	[DELETED]
	3300 Oakdale Ave N.					
		Robbinsdale				
Davita Scott County	7456 South Park Drive	Savage	MN	55378	[DELETED]	[DELETED]
Davita St. Louis Park Pd	3505 Louisiana Avenue	St. Louis	MN	55426	[DELETED]	[DELETED]
Davita St. Louis Park Dialysis	3505 Louisiana Ave S.	St. Louis Park			[DELETED]	[DELETED]
			MN	55426		
Davita Westwood Hills #2428	7525 Wayzata Blvd	St. Louis Park			[DELETED]	[DELETED]
			MN	55426		
Davita 5996 University Unit Riverside At Home			MN	55114	[DELETED]	[DELETED]
	1045 Westgate Dr Ste 90					
		St. Paul				
Davita Capital Dialysis	555 Park Street, Suite 230	St. Paul	MN	55103	[DELETED]	[DELETED]
Davita Capitol Pd Program #1748 Dba: Capitol Home Dialysis			MN	55103	[DELETED]	[DELETED]
	555 Park Street, Suite 110					
		St. Paul				
Davita Highland Park Dialysis	1559 7th St. W.	St. Paul	MN	55102	[DELETED]	[DELETED]
Davita Home Unit #6009	555 Park St. Ste 230a	St. Paul	MN	55103	[DELETED]	[DELETED]
Davita St. Paul Dialysis	555 Park Street, Suite 180	St. Paul	MN	55103	[DELETED]	[DELETED]
Davita Sun Ray Dialysis Center	1758 Old Hudson Rd Suite 100	St. Paul	MN	55106	[DELETED]	[DELETED]
Davita University Dialysis Center Riverside			MN	55114	[DELETED]	[DELETED]
	1045 Westgate Dr Ste 90					
		St. Paul				
Davita Woodbury Dialysis	1850-3 Weir Drive	St. Paul	MN	55125	[DELETED]	[DELETED]
River City Dialysis Center	1970 Northwestern Avenue North	Stillwater	MN	55082	[DELETED]	[DELETED]

Regional Kidney Disease Program of Total Renal Care, Dba: West St. Paul Dialysis				[DELETED]	[DELETED]
		MN	55118		
	1555 Livingston				
		West St. Paul			
Davita 3523 Cameron	1003 West 6th Street	Cameron	MO	64429	[DELETED] [DELETED]
Davita Dialysis St Louis Acutes—St. Lukes Rehab Hospital #1103-4			MO	63017	[DELETED] [DELETED]
	14709 Olive Blvd				
		Chesterfield			
Davita 3525 Chillicothe	588 E. Business 36	Chillicothe	MO	64601	[DELETED] [DELETED]
Davita Columbia At Home	1701 E. Broadway, Suite G102	Columbia	MO	65201	[DELETED] [DELETED]
Davita Columbia Dialysis Center #2136			MO	65201	[DELETED] [DELETED]
	1701 East Broadway Suite G102				
		Columbia			
Crestwood Dialysis Center #1576	9901 Watson Road, Suite 125	Crestwood	MO	63126	[DELETED] [DELETED]
Davita 3465 St Louis West Pd Dialysis					[DELETED] [DELETED]
	450 N. Lindbergh Blvd Suite 100c				
		Creve	MO	63141	
		Coeur			
Davita Crystal City Dialysis	Highway 61 South and I. 55	Crystal City	MO	63019	[DELETED] [DELETED]
Davita Dexter Dialysis Center #4447	2010 N Outer Rd	Dexter	MO	63841	[DELETED] [DELETED]
Davita Eureka Dialysis Center #2445	419 Meramec Blvd	Eureka	MO	63025	[DELETED] [DELETED]
Davita Maple Valley Plaza Dialysis Center #5010			MO	63640	[DELETED] [DELETED]
	649 Maple Valley Dr Bldg G.				
		Farmington			
Davita—North St Louise County Dialysis Center			MO	63033	[DELETED] [DELETED]
	13119 New Halls Ferry Road				
		Florissant			

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3279 Florissant	11687 West Florissant	Florissant	MO	63033	[DELETED]	[DELETED]
Davita North St. Louis County At Home #5938			MO	63033	[DELETED]	[DELETED]
	13119 New Halls Ferry Rd	Florissant				
Davita Hannibal At Home #5947	3140 Palmyra Rd	Hannibal	MO	63401	[DELETED]	[DELETED]
Davita Hannibal Dialysis #5518	3140 Palmyra Rd	Hannibal	MO	63401	[DELETED]	[DELETED]
Davita 3499 Hazelwood	637 Dunn Road, Suite 125	Hazelwood	MO	63042	[DELETED]	[DELETED]
Davita—Eastland Dialysis Center	19101 East Valley View Pkwy., Suite E.			64055	[DELETED]	[DELETED]
		Independence	MO			
Davita 3202 Hospital Hill	2250 Holmes	Kansas City	MO	64108	[DELETED]	[DELETED]
Davita 3591 Plane Woods	7667 Northwest Prairie View Road	Kansas City	MO	64151	[DELETED]	[DELETED]
Davita Timberlake Dialysis	12110 Holmes Rd	Kansas City	MO	64145	[DELETED]	[DELETED]
Hope Again Dialysis	1207 State Route V V	Kennett	MO	63857	[DELETED]	[DELETED]
Davita #5964 At Home	202 Brevco Plz	Lake St. Louis			[DELETED]	[DELETED]
			MO	63367		
Davita 3516 Lake St Louis	201 Brevco Plz	Lake St. Louis			[DELETED]	[DELETED]
			MO	63367		
Davita 3504 Liberty Dialysis Center	2525 Glenn Hendren Drive	Liberty	MO	64068	[DELETED]	[DELETED]
Davita 3531 Nodaway County Dialysis			MO	64468	[DELETED]	[DELETED]
	2613 South Main	Maryville				
Davita Northland	2750 Clay Edwards Drive, Suite 100				[DELETED]	[DELETED]
		North Kansas City				
			MO	64116		
Davita Northland At Home	2750 Clay Edwards Drive, Suite 504				[DELETED]	[DELETED]
		North Kansas City				
			MO	64116		
Davita Waterbury Dialysis #4463	929 Waterbury Falls Dr	O Fallon	MO	63368	[DELETED]	[DELETED]
Davita—Bluff City Dialysis	2400 Lucy Lee Parkway, Suite E.	Poplar Bluff	MO	63901	[DELETED]	[DELETED]
Davita- Bluff City At Home Dialysis #5978			MO	63901	[DELETED]	[DELETED]
	2400 Lucy Lee Pkwy Ste E.	Poplar Bluff				
Davita Riverside Reprocessing #3674	410 Nw Business Park Ln	Riverside	MO	64150	[DELETED]	[DELETED]
Davita-Kansas City Mo, Acutes #3635-1 Dialysis			MO	64150	[DELETED]	[DELETED]
	408 Nw Business Park Ln	Riverside				
Davita 3115 Rolla	1503 East 10th Street	Rolla	MO	65401	[DELETED]	[DELETED]
Davita 3335 St. Charles	2125 Bluestone Dr	St. Charles	MO	63303	[DELETED]	[DELETED]
Davita 3536 St. Joseph	5514 Corporate Drive, Suite 100	St. Joseph	MO	64507	[DELETED]	[DELETED]
Davita St. Joseph At Home	5514 Corporate Drive, Suite 100	St. Joseph	MO	64507	[DELETED]	[DELETED]
Davita—Lamplighter Dialysis Center #2051			MO	63128	[DELETED]	[DELETED]
	12654 Lamplighter Square	St. Louis				
Davita 3386 Shrewsbury	7435 Watson Road, Suite 119	St. Louis	MO	63119	[DELETED]	[DELETED]
Davita 3418 Washington Univ Jv	400 North Lindbergh Boulevard	St. Louis	MO	63141	[DELETED]	[DELETED]
Davita 3475 St. Louis Washington Univ			MO	63112	[DELETED]	[DELETED]
	324 Debaliveire Avenue	St. Louis				
Davita Dialysis—Missouri Acute Program #459			MO	63123	[DELETED]	[DELETED]
	9700 Mackenzie Rd Ste 225	St. Louis				
Davita Dialysis Missouri Acute-Kindred Hospital #459-25			MO	63108	[DELETED]	[DELETED]
	4930 Lindell Blvd	St. Louis				
Davita Hampton Dialysis #2025	1425 Hampton Avenue	St. Louis	MO	63139	[DELETED]	[DELETED]
Davita St. Louis West At Home Dialysis			MO	63141	[DELETED]	[DELETED]
	450 N. Lindberg Blvd Ste 100c	St. Louis				
Davita Villa of St. John Dialysis Center #4468			MO	63114	[DELETED]	[DELETED]
	9030 St. Charles Rock Rd					

		St. Louis				
Davita-South County Dialysis	4145 Union Road	St. Louis	MO	63129	[DELETED]	[DELETED]
Renal Treatment Center—St. Louis	2610 Clark Avenue	St. Louis	MO	63103	[DELETED]	[DELETED]
Davita- South County Deaconess At Home			MO	63129	[DELETED]	[DELETED]
	4145 Union Road					
		St. Louise				
Davita 3589 St Peters	300 First Executive Avenue, Suite A			63376	[DELETED]	[DELETED]
		St. Peters	MO			
Davita 3278 Washington	1112 Washington Square	Washington	MO	63090	[DELETED]	[DELETED]
Davita Villa of Wentzville #4461	1126 W. Pearce Blvd Ste 118	Wentzville	MO	63385	[DELETED]	[DELETED]
Davita 2625 Lucedale	652 Manilla St.	Lucedale	MS	39452	[DELETED]	[DELETED]
Davita Ocean Springs At Home #6269					[DELETED]	[DELETED]
	13150 Ponce De Leon					
		Ocean Springs	MS	39564		
Davita Ocean Springs Dialysis	13150 Ponce De Leon	Ocean Springs			[DELETED]	[DELETED]
			MS	39564		
Davita Ocean Springs Dialysis	12 Marks Road	Ocean Springs			[DELETED]	[DELETED]
			MS	39564		
Davita	4907 Telephone Rd	Pascagoula	MS	39567	[DELETED]	[DELETED]
Davita Ahoskie Dialysis	129 Hertford County High Road	Ahoskie	NC	27910	[DELETED]	[DELETED]
Davita 1057-3 Asheville Acute Warehouse Dialysis			NC	28806	[DELETED]	[DELETED]
	400 Ridgefield Ct Suite 101					
		Asheville				
Davita 6134 Asheville Kidney At Home			NC	28805	[DELETED]	[DELETED]
	1600 Centerpark Dr					
		Asheville				
Davita Asheville Kidney Center	1600 Centrepark Drive	Asheville	NC	28805	[DELETED]	[DELETED]
Davita Asheville Kidney Center	1600 Centrepark Drive	Asheville	NC	28805	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Montgomery Dialysis Center #578			NC	27209	[DELETED]	[DELETED]
	323 West Main Street					
		Biscoe				
Davita #0589 Burgaw Dialysis Center			NC	28425	[DELETED]	[DELETED]
	704 South Dickerson St.					
		Burgaw				
Davita #0944 Burlington Dialysis Center			NC	27215	[DELETED]	[DELETED]
	873 Heather Rd					
		Burlington				
Davita Burlington At Home Dialysis #5958			NC	27215	[DELETED]	[DELETED]
	873 Heather Rd					
		Burlington				
Davita Carthage Dialysis Center #4493			NC	28327	[DELETED]	[DELETED]
	165 Savannah Garden Dr					
		Carthage				
Chadbourn Dialysis Center	210 East Strawberry Boulevard	Chadbourn	NC	28431	[DELETED]	[DELETED]
Charlotte At Home # 6045	2321 West Morehead Street	Charlone	NC	28208	[DELETED]	[DELETED]
Davita	2321 W. Morehead St. Ste 102	Charlone	NC	28208	[DELETED]	[DELETED]
Davita 3568 Charlone East	3204 North Sharon Amity Road	Charlotte	NC	28205	[DELETED]	[DELETED]
Davita 3934 South Charlone	6450 Bannington Rd	Charlone	NC	28226	[DELETED]	[DELETED]
Davita 3944 North Charlotte Dialysis	6620 Old Statesville Rd	Charlotte	NC	28269	[DELETED]	[DELETED]
Davita—Cherokee Dialysis Center	53 Echota Church Road	Cherokee	NC	28719	[DELETED]	[DELETED]
Davita—Waynesville Dialysis Center #2000			NC	28721	[DELETED]	[DELETED]
	11 Park Terrace Drive					
		Clyde				
Davita—Copperfield Dialysis Center #2004			NC	28025	[DELETED]	[DELETED]
	1030 Vinehaven Drive					
		Concord				
Davita Harrisburg Dialysis Center #4431			NC	28027	[DELETED]	[DELETED]
	3310 Perry St.					
		Concord				
Davita -Durham West At Home	4307 Western Park Pl Suite 101	Durham	NC	27705	[DELETED]	[DELETED]
Davita 3024 Durham	601 Fayetteville St.	Durham	NC	27701	[DELETED]	[DELETED]
Davita 3503 Durham West	4307 Western Park Pl	Durham	NC	27705	[DELETED]	[DELETED]
Dialysis Care of Rockingham County	251 West King's Highway	Eden	NC	27288	[DELETED]	[DELETED]
Davita 3907 Edenton	703 Luke St.	Edenton	NC	27932	[DELETED]	[DELETED]
Davita Albemarle Hospital #2908-1 Dialysis-Acute			NC	27909	[DELETED]	[DELETED]
	1144 N. Road St.					
		Elizabeth City				
Davita Elizabeth City Dialysis	1840 W. City Dr	Elizabeth City	NC	27909	[DELETED]	[DELETED]
Davita #0590 Elizabethtown	101 Dialysis Drive	Elizabethtown	NC	28337	[DELETED]	[DELETED]
Dialysis Care of Rutherford County	226 Commercial Drive	Forest City	NC	28043	[DELETED]	[DELETED]
Davita 3033 Goldsboro	2609 Hospital Rd	Goldsboro	NC	27534	[DELETED]	[DELETED]
Davita 3207 Goldsboro South	1704 Wayne Memorial Dr	Goldsboro	NC	27534	[DELETED]	[DELETED]
Davita Goldsboro At Home # 6322	2609 Hospital Rd	Goldsboro	NC	27534	[DELETED]	[DELETED]
Dialysis Care of Richmond # 580	771 Cheraw Rd	Hamlet	NC	28345	[DELETED]	[DELETED]
Davita Vance County Dialysis #3906	854 S. Beckford Dr	Henderson	NC	27536	[DELETED]	[DELETED]
Davita Hendersonville Dialysis Center			NC	28792	[DELETED]	[DELETED]
	500 Beverly Hanks Ctr					
		Hendersonville				
Davita #0591 Jacksonville	14 Office Park Dr	Jacksonville	NC	28546	[DELETED]	[DELETED]
Davita 6246 Sede Jacksonville At Home Dialysis			NC	28546	[DELETED]	[DELETED]
	14 Office Park Dr					
		Jacksonville				
Davita—Dialysis Care of Kannapolis At Home			NC	28081	[DELETED]	[DELETED]
	1607 North Main Street					
		Kannapolis				
Dialysis Care of Kannapolis	1607 North Main Street	Kannapolis	NC	28081	[DELETED]	[DELETED]
Davita #0592	305 Beasley St.	Kenansville	NC	28349	[DELETED]	[DELETED]
Davita—Dialysis Care of Franklin County			NC	27549	[DELETED]	[DELETED]
	1706 Highway 39 North					
		Louisburg				
Davita # 0409 Madison Dialysis Center			NC	27025	[DELETED]	[DELETED]
	302 Highway St. Ste 105					
		Madison				
Davita Mcdowell County Dialysis Center			NC	28752	[DELETED]	[DELETED]
	100 Spaulding Rd Ste 2					

Davita #3953	7260 E. Marshville Blvd	Marion Marshville	NC	28103	[DELETED]	[DELETED]
Davita Union City	701 E. Roosevelt Blvd Ste 400	Monroe	NC	28112	[DELETED]	[DELETED]
Davita 3061 Mount Olive	105 Michael Martin Drive	Mount Olive	NC	28365	[DELETED]	[DELETED]
Davita—Smokey Mountain	1611 Andrews Rd	Murphy	NC	28906	[DELETED]	[DELETED]
Dialysis Care of Moore	#16 Regional Drive	Pinehurst	NC	28374	[DELETED]	[DELETED]
Dialysis Care of Moore County At Home #6006	16 Regional Drive	Pinehurst	NC	28374	[DELETED]	[DELETED]
Davita- Dialysis Care of Hoke County	403 S. Main St.	Raeford	NC	28376	[DELETED]	[DELETED]
Davita Wake Forest At Home #5944	11001 Ingleside Pl	Raleigh	NC	27614	[DELETED]	[DELETED]
Davita Wake Forest Dialysis Center #4333	11001 Ingleside Pl	Raleigh	NC	27614	[DELETED]	[DELETED]
Davita Reidsville #2049	1307 Freeway Drive	Reidsville	NC	27320	[DELETED]	[DELETED]
Davita Reidsville At Home	1307 Freeway Drive	Reidsville	NC	27320	[DELETED]	[DELETED]
Davita 3034 Roxboro	718 Ridge Rd	Roxboro	NC	27573	[DELETED]	[DELETED]
Davita Acute Dialysis #583-1 At Rutherford Hospital	288 S. Ridgecrest Ave Floor 2	Rutherfordton	NC	28139	[DELETED]	[DELETED]
Dialysis Care of Rowan County #582	111 Dorset Drive	Salisbury	NC	28144	[DELETED]	[DELETED]
Davita ??? Southeastern Dialysis Center Shallone	4770 Shallone Ave	Shallone	NC	28470	[DELETED]	[DELETED]
Davita—Greene County	1025 Kingold Boulevard	Snow Hill	NC	28580	[DELETED]	[DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Southern Pines Dialysis Center	209 Windstar Pl	Southern Pines			[DELETED]	[DELETED]
			NC	28387		
Davita Southport Dialysis Center #4448			NC	28461	[DELETED]	[DELETED]
	1513 N. Howe St. Suite 15					
		Southport				
Davita- Mayland Dialysis	575 Altapass Highway	Spruce Pine	NC	28777	[DELETED]	[DELETED]
Davita St. Pauls Dialysis	564 Mclean Street	St. Paul	NC	28384	[DELETED]	[DELETED]
Davita Swannanoa Dialysis Center #1508			NC	28778	[DELETED]	[DELETED]
	2305 Us Highway 70					
		Swannanoa				
Sylva Dialysis Center	655 Asheville Highway	Sylva	NC	28779	[DELETED]	[DELETED]
Dialysis Care of Edgecombe County	3206 Western Boulevard	Tarboro	NC	27886	[DELETED]	[DELETED]
Davita # 0571	923 East Caswell Street	Wadesboro	NC	28170	[DELETED]	[DELETED]
Davita-Wallace Dialysis #2447	5650 South Hwy 41	Wallace	NC	28466	[DELETED]	[DELETED]
Davita Weaverville Dialysis	329 Merrimon Avenue	Weaverville	NC	28787	[DELETED]	[DELETED]
Davita #0594	608 Pecan Ln	Whiteville	NC	28472	[DELETED]	[DELETED]
Dialysis Care of Martin County	100 Medical Drive	Williamston	NC	27892	[DELETED]	[DELETED]
Davita #0595	2215 Yaupon Dr	Wilmington	NC	28401	[DELETED]	[DELETED]
Davita Wilmington At Home	2215 Yaupon Drive	Wilmington	NC	28401	[DELETED]	[DELETED]
Davita 3032 Wilson	1605 Medical Park Dr	Wilson	NC	27893	[DELETED]	[DELETED]
Davita 3588 Forest Hills	2693 Forest Hills Rd	Wilson	NC	27893	[DELETED]	[DELETED]
Davita- Fargo At Home # 5982 Dialysis			ND	58104	[DELETED]	[DELETED]
	4474 23rd Ave S. Ste M.					
		Fargo				
Davita-Fargo	4474 23rd Ave South, Suite M.	Fargo	ND	58104	[DELETED]	[DELETED]
Davita 2466 Oakes Dialysis Center	413 S. 7th St.	Oakes	ND	58474	[DELETED]	[DELETED]
Davita Dodge County Dialysis #3530	1949 E. 23rd Street Ave S.	Fremont	NE	68025	[DELETED]	[DELETED]
Davita Grand Island Dialysis	603 South Webb Road	Grand Island	NE	68803	[DELETED]	[DELETED]
Hastings Dialysis Center #1601	1900 North St. Joseph Avenue	Hastings	NE	68901	[DELETED]	[DELETED]
Davita--Capital City Dialysis Center #1602			NE	68503	[DELETED]	[DELETED]
	307 North 46th Street					
		Lincoln				
Davita Capital City At Home	307 N. 46th Street	Lincoln	NE	68503	[DELETED]	[DELETED]
Lincoln Dialysis Center, #2177	3401 Plantation Drive, Suite # 140	Lincoln	NE	68516	[DELETED]	[DELETED]
Dvita Mccook Dialysis Center	801 West C Street	Mccook	NE	69001	[DELETED]	[DELETED]
Davita 2540 Omaha West	13014 West Dodge Road	Omaha	NE	68154	[DELETED]	[DELETED]
Davita 3524 Omaha Central	144 S. 40th St.	Omaha	NE	68131	[DELETED]	[DELETED]
Davita 3533 Omaha North	6572 Ames Ave	Omaha	NE	68104	[DELETED]	[DELETED]
Davita 3534 Omaha South	3427 L. St. Ste 16	Omaha	NE	68107	[DELETED]	[DELETED]
Davita 3550-7 Dialysis Veterans Medical Center-Acute				68105	[DELETED]	[DELETED]
	4101 Woolworth Ave Floor 5th5e600					
		Omaha	NE			
Davita-Omaha West At Home	13014 Wet Dodge Rd	Omaha	NE	68154	[DELETED]	[DELETED]
Davita #3597 Papillion	1502 South Washington	Papillion	NE	68046	[DELETED]	[DELETED]
Scottsbluff Dialysis Center	3812 Avenue B.	Scottsbluff	NE	69361	[DELETED]	[DELETED]
Davita Derry Dialysis Center #4487	1 Action Blvd Unit 2	Londonderry	NH	3053	[DELETED]	[DELETED]
Davita 3577 Nashua	38 Tyler St. Ste 100	Nashua	NH	3060	[DELETED]	[DELETED]
Total Renal Care--Bridgewater Dialysis Center			NJ	8805	[DELETED]	[DELETED]
	2121 Us Highway 22					
		Bound Brook				
Bricktown Dialysis	525 Jack Martin Boulevard, Suite 200			8724	[DELETED]	[DELETED]
		Brick	NJ			
Davita 4025 Burlington North	1164 Route 130 North	Burlington	NJ	8016	[DELETED]	[DELETED]
Davita 3052 Cherry Hill	1030 Kings Hwy N. Ste 100	Cherry Hill	NJ	8034	[DELETED]	[DELETED]
Davita 3010 Delran	8008 Route 130 North	Delran	NJ	8075	[DELETED]	[DELETED]
Davita 3231 East Orange	90 Washington St.	East Orange	NJ	7017	[DELETED]	[DELETED]
Davita Atlantic Artificial Kidney Center			NJ	7724	[DELETED]	[DELETED]
	6 Industrial Way W. Ste B.					
		Eatontown				
Davita 3451 Edison	29 Meridian Rd	Edison	NJ	8820	[DELETED]	[DELETED]
Davita Hackettstown	657 Willow Grove Street, Suite 202,,West Wing Medical Bldg.			7840	[DELETED]	[DELETED]
		Hackettstown	NJ			

Davita 2707 Holmdel	668 North Beers Street	Holmdel	NJ	7733	[DELETED]	[DELETED]
Davita 4209 Burlington County	668 Main Street, Suite 2	Lumberton	NJ	8048	[DELETED]	[DELETED]
Davita 3228 Freehold	300 Craig Rd	Manalapan	NJ	7726	[DELETED]	[DELETED]
Davita 3077 Summit	1139 Spruce Dr	Mountainside	NJ	7092	[DELETED]	[DELETED]
Da Vita Neptune Dialysis	2180 Bradley Avenue	Neptune	NJ	7753	[DELETED]	[DELETED]
Davita 3229 Neptune	3297 State Route 66 Ste G1	Neptune	NJ	7753	[DELETED]	[DELETED]
Davita Dialysis	571 Central Ave	Newark	NJ	7107	[DELETED]	[DELETED]
Davita #3327	3 Hospital Plz Ste 101	Old Bridge	NJ	8857	[DELETED]	[DELETED]
Davita 5988 Pennsauken At Home Dialysis			NJ	8109	[DELETED]	[DELETED]
	7024 Kaighns Ave	Pennsauken				
Davita Pennsauken Dialysis Center	7024 Kaighns Ave	Pennsauken	NJ	8109	[DELETED]	[DELETED]
Davita 3326 Perth Amboy	530 New Brunswick Ave	Perth Amboy	NJ	8861	[DELETED]	[DELETED]
Davita 3493 Plainfield	1200 Randolph Rd	Plainfield	NJ	7060	[DELETED]	[DELETED]
Davita Plainfield At Home #6042	1200 Randolph Road	Plainfield	NJ	7060	[DELETED]	[DELETED]
Middletown Dialysis Center—#529	500 Highway 35 South, Union Square, Suite 9a			7701	[DELETED]	[DELETED]
		Red Bank	NJ			
Davita Somerset Dialysis Center #414			NJ	8873	[DELETED]	[DELETED]
	240 Churchill Avenue	Somerset				

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita 3556 Willingboro	230 Van Sciver Pkwy	Willingboro	NJ	8046	[DELETED]	[DELETED]
Davita Willingboro At Home Dialysis	230 Van Sciver Pkwy	Willingboro	NJ	8046	[DELETED]	[DELETED]
Davita—Artesia Dialysis Center #4348			NM	88210	[DELETED]	[DELETED]
	702 N. 13th St.					
		Artesia				
Davita Artesia At Home Dialysis	702 N. 13th St.	Artesia	NM	88210	[DELETED]	[DELETED]
Davita—Four Corners Dialysis Center	801 West Broadway	Farmington	NM	87401	[DELETED]	[DELETED]
Davita Shiprock Dialysis Center	Us Highway 666 North, PO Box 2156			87420	[DELETED]	[DELETED]
		Shiprock	NM			
Davita Carson City Dialysis Center #1979			NV	89706	[DELETED]	[DELETED]
	3310 Goni Rd Bldg H Ste 171					
		Carson City				
Davita Fallon Dialysis #2224	1103 New River Parkway	Fallon	NV	89406	[DELETED]	[DELETED]
Davita	2530 Anthem Village Dr	Henderson	NV	89052	[DELETED]	[DELETED]
Davita 2271 Green Valley Dialysis Center			NV	89014	[DELETED]	[DELETED]
	1510 W. Warm Springs Rd Suite 100					
		Henderson				
Davita Siena Henderson #2197	2865 Siena Heights Drive, Suite 141	Henderson	NV	89052	[DELETED]	[DELETED]
Davita	2881 Business Park Ct Ste 130	Las Vegas	NV	89128	[DELETED]	[DELETED]
Davita—Las Vegas Dialysis Center	3100 West Charleston, Suite 100	Las Vegas	NV	89102	[DELETED]	[DELETED]
Davita—Summerlin Dialysis Center	653 Town Center Drive, Building 2, Suite 70			89144	[DELETED]	[DELETED]
		Las Vegas	NV			
Davita 2367 Centennial Dialysis Center			NV	89149	[DELETED]	[DELETED]
	8775 Deer Springs Way					
		Las Vegas				
Davita 2496 Fivestar Dialysis Center	2400 Tech Center Ct	Las Vegas	NV	89128	[DELETED]	[DELETED]
Davita Desert Springs	2130 East Flaming Road, Suite 108	Las Vegas	NV	89119	[DELETED]	[DELETED]
Davita Five Star @Home #5980	2400 Tech Center Ct	Las Vegas	NV	89128	[DELETED]	[DELETED]
Davita Las Vegas At Home	3100 West Charleston, Suite 100	Las Vegas	NV	89102	[DELETED]	[DELETED]
Davita Las Vegas Pediatric Dialysis	7271 W. Sahara Ave Suite 120	Las Vegas	NV	89117	[DELETED]	[DELETED]
Davita Southern Hills Dialysis Center #2048			NV	89148	[DELETED]	[DELETED]
	9280 West Sunset Road, Suite 110					
		Las Vegas				
South Las Vegas Dialysis Center—Davita			NV	89102	[DELETED]	[DELETED]
	2250 South Rancho, Suite 115					
		Las Vegas				
Davita—North Las Vegas	2300 Mcdaniel Street	North Las Vegas			[DELETED]	[DELETED]
			NV	89030		
Davita Pahrump Dialysis #547	330 S. Lola Ln	Pahrump	NV	89048	[DELETED]	[DELETED]
Davita—Sierra Rose At Home	685 Sierra Rose Drive	Reno	NV	89511	[DELETED]	[DELETED]
Davita Reno At Home Dialysis #5961	1500 E. 2nd St. Ste 106	Reno	NV	89502	[DELETED]	[DELETED]
Davita Reno Dialysis Center #1978	1500 E. 2nd St. Ste 101	Reno	NV	89502	[DELETED]	[DELETED]
Davita South Meadows Dialysis Center #1977			NV	89521	[DELETED]	[DELETED]
	10085 Double R. Blvd Ste 160					
		Reno				
Sierra Rose Dialysis Center	685 Sierra Rose Drive	Reno	NV	89511	[DELETED]	[DELETED]
Davita—Sparks Dialysis	4860 Vista Boulevard, Suite 100	Sparks	NV	89436	[DELETED]	[DELETED]
Boston Post Road Dialysis Center	4026 Boston Road	Bronx	NY	10475	[DELETED]	[DELETED]
Davita #0501 Bronx Dialysis Center	1615 East Chester Rd	Bronx	NY	10461	[DELETED]	[DELETED]
Davita—Eastchester Road Dialysis	1515 Jarrett Place	Bronx	NY	10461	[DELETED]	[DELETED]
Davita Bedford Park Dialysis #2355	3119 Webster Ave Fmt 1	Bronx	NY	10467	[DELETED]	[DELETED]
Davita Bronx At Home	1615 Eastchester Road	Bronx	NY	10461	[DELETED]	[DELETED]
Riverdale Dialysis	170 W. 233rd St.	Bronx	NY	10463	[DELETED]	[DELETED]
Soundview Dialysis Center	1622-24 Bruckner Boulevard	Bronx	NY	10473	[DELETED]	[DELETED]
South Bronx Kidney Center	1940 Webster Avenue	Bronx	NY	10457	[DELETED]	[DELETED]
Davita—Sheepshead Bay Renal Care Dialysis Center #536			NY	11235	[DELETED]	[DELETED]
	26 Brighton 11 St.					
		Brooklyn				
Dyker Heights Dialysis Center	1435 86th Street	Brooklyn	NY	11228	[DELETED]	[DELETED]
South Brooklyn Nephrology Center, Inc.			NY	11234	[DELETED]	[DELETED]
	3915 Avenue V.					
		Brooklyn				
Utica Avenue Dialysis Clinic	1305 Utica Ave	Brooklyn	NY	11203	[DELETED]	[DELETED]
Renal Care of Buffalo, Inc.	550 Orchard Park Road, Suite B104	Buffalo	NY	14224	[DELETED]	[DELETED]

Total Renal Care. Dba. Cleve Hill Dialysis Center	1461 Kensington Avenue	Buffalo	NY	14215	[DELETED]	[DELETED]
Davita Celia Dill Dialysis Center #520	667 Stoneleigh Avenue, Suite 123	Carmel	NY	10512	[DELETED]	[DELETED]
Peekskill—Cortlandt Dialysis Center	2050 East Main Street	Cortlandt Manor	NY	10567	[DELETED]	[DELETED]
Davita #3264 Freeport Kidney Center	267 W. Merrick Rd	Freeport	NY	11520	[DELETED]	[DELETED]
Garden City Dialysis	1100 Stewart Ave Ste 2	Garden City	NY	11530	[DELETED]	[DELETED]
Davita Huntington Station Kc At Home	256 Broadway	Huntington Station	NY	11746	[DELETED]	[DELETED]
Huntington Artificial Kidney Center	256 Broadway	Huntington Station	NY	11746	[DELETED]	[DELETED]
Ithaca Dialysis Clinic	201 Dates Dr Ste 206	Ithaca	NY	14850	[DELETED]	[DELETED]
Queens Dialysis Center	118-01 Guy Brewer Boulevard	Jamaica	NY	11434	[DELETED]	[DELETED]
Lynbrook Dialysis Center	147 Scranton Avenue	Lynbrook	NY	11563	[DELETED]	[DELETED]
Davita #3266 Medford	1725 North Ocean Avenue	Medford	NY	11763	[DELETED]	[DELETED]
Catskill Dialysis	139 Forestburgh Rd	Monticello	NY	12701	[DELETED]	[DELETED]
Catskill Dialysis Center	139 Forestburgh Road	Monticello	NY	12701	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Columbia University At Home Dialysis	60 Haven Ave	New York	NY	10032	[DELETED]	[DELETED]
Davita Columbia University Dialysis Center	60 Haven Avenue, Suite B3 and B4	New York	NY	10032	[DELETED]	[DELETED]
Port Chester Dialysis Unit	38 Bulkley Ave	Port Chester	NY	10573	[DELETED]	[DELETED]
Port Washington Dialysis	50 Seaview Boulevard	Port Washington	NY	11050	[DELETED]	[DELETED]
Queens Village Dialysis	222-02 Hempstead Avenue	Queens Village	NY	11429	[DELETED]	[DELETED]
Davita Richmond Kidney Center	1366 Victory Blvd	Staten Island	NY	10301	[DELETED]	[DELETED]
Davita #3263 Syosset Kidney Center	1 Locust Ln	Syosset	NY	11791	[DELETED]	[DELETED]
Hudson Valley Dialysis Center, Inc.	155 White Plains Road, Suite 107	Tarrytown	NY	10591	[DELETED]	[DELETED]
Davita-Renal Care of Buffalo #6203	550 Orchard Park Rd Ste B102	West Seneca	NY	14224	[DELETED]	[DELETED]
White Plains Dialysis Center	200 Hamilton Avenue, Space 13b	Whiteplains	NY	10601	[DELETED]	[DELETED]
Davita East Yonkers Dialysis Center #2394	5 Odell Plz Ste 131	Yonkers	NY	10701	[DELETED]	[DELETED]
Yonkers Dialysis Center	575 Yonkers Avenue	Yonkers	NY	10704	[DELETED]	[DELETED]
Davita- Alliance Dialysis # 1790	270 E. State St. Ste 110	Alliance	OH	44601	[DELETED]	[DELETED]
Davita Ohio Pike Dialysis Center #4380	1761 State Route 125	Amelia	OH	45102	[DELETED]	[DELETED]
Davita Andover Dialysis	488 South Main Street	Andover	OH	44003	[DELETED]	[DELETED]
Davita 3511 Ashtabula	1614 West 19th Street	Ashtabula	OH	44004	[DELETED]	[DELETED]
Davita 4416 Rivers Edge Dialysis	1006 E. State St. Suite B.	Athens	OH	45701	[DELETED]	[DELETED]
Davita #2316 Batavia Dialysis	4000 Golden Age Dr	Batavia	OH	45103	[DELETED]	[DELETED]
Davita—Belpre At Home	2906 Washington Boulevard	Belpre	OH	45714	[DELETED]	[DELETED]
Davita 3663 Belpre	2906 Washington Blvd	Belpre	OH	45714	[DELETED]	[DELETED]
Davita 3344 Guernsey County	1300 Clark Street	Cambridge	OH	43725	[DELETED]	[DELETED]
Davita—Belden Dialysis # 1791	4685 Fulton Dr Nw	Canton	OH	44718	[DELETED]	[DELETED]
Davita—Mercy Dialysis #1792	1320 Mercy Drive Northwest, Mercy Hall	Canton	OH	44708	[DELETED]	[DELETED]
Davita 0940 Eastgate Dialysis	4435 Aicholtz, Suite 800a	Cincinnati	OH	45245	[DELETED]	[DELETED]
Davita 3267 Blue Ash Southwest Ohio Jv	10600 McKinley Road	Cincinnati	OH	45242	[DELETED]	[DELETED]
Davita 3340 Western Hills	3267 Westbourne Dr	Cincinnati	OH	45248	[DELETED]	[DELETED]
Davita 3341 Winton Road Southwest Ohio	6550 Winton Rd	Cincinnati	OH	45224	[DELETED]	[DELETED]
Davita 3443 Silverton	6929 Silverton Ave	Cincinnati	OH	45236	[DELETED]	[DELETED]
Davita Dearborn Acutes Dialysis	10600 McKinley Rd	Cincinnati	OH	45242	[DELETED]	[DELETED]
Davita East Galbraith Dialysis Center #2317	3877 E. Galbraith Rd	Cincinnati	OH	45236	[DELETED]	[DELETED]
Davita Eastgate Home Training #2340	4435 Aicholtz Road,Suite 800b	Cincinnati	OH	45245	[DELETED]	[DELETED]
Davita Forest Fair Dialysis Center	1145 Kemper Meadow Dr	Cincinnati	OH	45240	[DELETED]	[DELETED]
Davita Mount Auburn Dialysis Center #3269	2109 Reading Road	Cincinnati	OH	45202	[DELETED]	[DELETED]
Davita Mt. Auburn Southwest Ohio Jv	2109 Reading Rd	Cincinnati	OH	45202	[DELETED]	[DELETED]
Davita Norwood Dialysis Center #4426	2300 Wall St.	Cincinnati	OH	45212	[DELETED]	[DELETED]
Davita Red Bank Dialysis Center #4427	3960 Red Bank Rd	Cincinnati	OH	45227	[DELETED]	[DELETED]

Davita White Oak At Home #6050	5520 Cheviot Road, Suite B.	Cincinnati				
Davita White Oak Dialysis	5520 Cheviot Road, Suite B	Cincinnati	OH	45247	[DELETED]	[DELETED]
Davita White Oak Rd	5520 Cheviot Road, Suite B.	Cincinnati	OH	45247	[DELETED]	[DELETED]
Davita- Delhi Dialysis Center	5040 Delhi Pike	Cincinnati	OH	45247	[DELETED]	[DELETED]
Davita-Anderson #2293	7502 State Rd Ste 1160 Bldg 2	Cincinnati	OH	45238	[DELETED]	[DELETED]
Davita # 1862 Shaker Square	12800 Shaker Blvd Ste 1	Cincinnati	OH	45255	[DELETED]	[DELETED]
Davita #5522 Detroit Dialysis	7901 Detroit Avenue	Cleveland	OH	44120	[DELETED]	[DELETED]
Davita Middleburg Heights Dialysis Center #1620		Cleveland	OH	44102	[DELETED]	[DELETED]
	7360 Engle Rd		OH	44130	[DELETED]	[DELETED]
Davita Parma Dialysis Center	6735 Ames Rd	Cleveland				
Davita Quadrangle Dialysis #5523	2302 Community College Ave	Cleveland	OH	44129	[DELETED]	[DELETED]
Davita—Columbus East At Home	299 Outerbelt Street	Cleveland	OH	44115	[DELETED]	[DELETED]
Davita—Columbus West Dialysis Center		Columbus	OH	43213	[DELETED]	[DELETED]
	1395 Georgesville		OH	43228	[DELETED]	[DELETED]
Davita 3354 Columbus	3830 Olentangy River Rd	Columbus				
Davita 3454 Columbus East	299 Outerbelt St.	Columbus	OH	43214	[DELETED]	[DELETED]
Davita 3566 Columbus Downtown	415 East Mound Street	Columbus	OH	43213	[DELETED]	[DELETED]
Davita 6220 Columbus West At Home	1391 Georgesville Rd	Columbus	OH	43215	[DELETED]	[DELETED]
Davita 3612 Coshocton	1404 Chesmut St.	Coshocton	OH	43228	[DELETED]	[DELETED]
Davita Dover Dialysis #5008	899 E. Iron Ave	Dover	OH	43812	[DELETED]	[DELETED]
Davita 2419 Dublin Dialysis Center	6770 Perimeter Loop Rd	Dublin	OH	44622	[DELETED]	[DELETED]
Davita-Eaton Dialysis	105 East Washington Jackson Road	Eaton	OH	43016	[DELETED]	[DELETED]
Davita Lorain County Home Dialysis	824 E. Broad St.	Elyria	OH	45320	[DELETED]	[DELETED]
			OH	44035	[DELETED]	[DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Fairborn At Home #5937	1266 N. Broad St.	Fairborn	OH	45324	[DELETED]	[DELETED]
Davita Fairborn Dialysis Center #2162	3070 Presidential Drive, Suite 100	Fairborn	OH	45324	[DELETED]	[DELETED]
Davita Midwest Fairborn Dialysis #5571	1266 N. Broad St.	Fairborn	OH	45324	[DELETED]	[DELETED]
Davita #3290 Fairfield Home Pd	1210 Hicks Boulevard	Fairfield	OH	45014	[DELETED]	[DELETED]
Davita—Fairfield	1210 Hicks Boulevard	Fairfield	OH	45014	[DELETED]	[DELETED]
Davita Fairview Dialysis Center #4350	19050 Lorain Rd	Fairview Park	OH	44126	[DELETED]	[DELETED]
Davita Great Northern Dialysis Center #4354	22710 Fairview Center Dr Ste 100	Fairview Park	OH	44126	[DELETED]	[DELETED]
Davita Butler County	3497 South Dixie Highway	Franklin	OH	45005	[DELETED]	[DELETED]
Davita Butler County Home Training	3497 South Dixie Highway	Franklin	OH	45005	[DELETED]	[DELETED]
Davita 2408 Us Grant Dialysis Center	458 Home St.	Georgetown	OH	45121	[DELETED]	[DELETED]
Davita—Grove City Dialysis #2319	4155 Kelnor Drive	Grove City	OH	43123	[DELETED]	[DELETED]
Davita Highland County Dialysis Center #4471	120 Roberts Ln	Hillsboro	OH	45133	[DELETED]	[DELETED]
Davita Rockside At Home #5931	4801 Acorn Dr	Independence	OH	44131	[DELETED]	[DELETED]
Davita Rockside Dialysis	4801 Acorn Dr	Independence	OH	44131	[DELETED]	[DELETED]
Davita Kettering At Home #6118	5721 Bigger Road	Kettering	OH	45440	[DELETED]	[DELETED]
Davita Kettering Dialysis	5721 Bigger Road	Kettering	OH	45440	[DELETED]	[DELETED]
Davita-Lebanon Home Training	918 Columbus Ave # B. Ste 2	Lebanon	OH	45036	[DELETED]	[DELETED]
Davita Logan Dialysis Center #2433	12880 Grey St.	Logan	OH	43138	[DELETED]	[DELETED]
Davita Amherst Dialysis Center #2255	3200 Cooper Foster Park Rd W.	Lorain	OH	44053	[DELETED]	[DELETED]
Davita 5986-1 Belden Community At Home Dialysis	7770 Columbus Rd	Louisville	OH	44641	[DELETED]	[DELETED]
Davita 3334 Lake County	1963 Hubbard Rd	Madison	OH	44057	[DELETED]	[DELETED]
Davita 3345 Marietta	1019 Pike St.	Marietta	OH	45750	[DELETED]	[DELETED]
Davita Clermont Dialysis Center 4438	5901 Montclair Blvd Ste 100	Milford	OH	45150	[DELETED]	[DELETED]
Davita 2481 Cherry Valley Dialysis	1627 W. Main St.	Newark	OH	43055	[DELETED]	[DELETED]
Davita 3347 Licking County	65 Memillen Dr Ste 300	Newark	OH	43055	[DELETED]	[DELETED]
Davita North Ridgeville Dialysis Center #4351	35143 Center Ridge Rd	North Ridgeville	OH	44039	[DELETED]	[DELETED]
Davita 3677 Toledo East	611 Lemoyne Rd	Northwood	OH	43619	[DELETED]	[DELETED]
Davita Dialysis—Parma Community General Hospital #1619-1-Acute	7007 Powers Blvd	Parma	OH	44129	[DELETED]	[DELETED]
Davita—Pataskala	642 East Broad Street	Pataskala	OH	43062	[DELETED]	[DELETED]
Davita—Rocky River Dialysis Center #1621	20220 Center Ridge Rd Ste 50	Rocky River	OH	44116	[DELETED]	[DELETED]
Davita 2283 Sandusky Dialysis	795 Bardshar Road	Sandusky	OH	44870	[DELETED]	[DELETED]
Davita Silverton Dialysis	6929 Silverton Avenue	Silverton	OH	45236	[DELETED]	[DELETED]
Davita Midwest Springfield Dialysis #5570	2200 N. Limestone St. Ste 104	Springfield	OH	45503	[DELETED]	[DELETED]
Davita Dialysis 3676-4 Acuity Specialty Hospital-Acute	380 Summit Ave	Steubenville	OH	43952	[DELETED]	[DELETED]
Davita-Strongsville At Home	17792 Pearl Rd.	Strongsville	OH	44136	[DELETED]	[DELETED]

Davita	17792 Pearl Road	Strongville	OH	44136	[DELETED] [DELETED]
Seneca County Dialysis	65 St. Francis Street, Betty Jane Center			44883	[DELETED] [DELETED]
		Tiffin	OH		
Davita 3520 Toledo	1614 South Byrne Road, Suite R.	Toledo	OH	43614	[DELETED] [DELETED]
Davita Point Place Dialysis Center #2306	4747 Sudar Avenue, Suite 107		OH	43611	[DELETED] [DELETED]
		Toledo			
Davita Toledo At Home	1614 S. Byrne	Toledo	OH	43614	[DELETED] [DELETED]
Davita 2435 Urbana Dialysis	1880 E. Us Highway 36	Urbana	OH	43078	[DELETED] [DELETED]
Davita Midwest Urbana Dialysis #5572	1430 Us Hwy 36 E. Ste A		OH	43078	[DELETED] [DELETED]
		Urbana			
Davita #2334 Wadsworth	195 Wadsworth Rd Ste 302	Wadsworth	OH	44281	[DELETED] [DELETED]
Davita Wadsworth At Home #5932	195 Wadsworth Rd	Wadsworth	OH	44281	[DELETED] [DELETED]
Davita—Wauseon Dialysis #2254	721 South Shoop Avenue	Wauseon	OH	43567	[DELETED] [DELETED]
Davita #5524 West Shore Dialysis	29000 Center Ridge Road	Westlake	OH	44145	[DELETED] [DELETED]
Davita Willow Dialysis Center #3740	1675 Alex Dr		OH	45177	[DELETED] [DELETED]
		Wilmington			
Southwest Ohio Dialysis #1541	215 South Allison Avenue	Xenia	OH	45385	[DELETED] [DELETED]
Davita 3346 Zanesville	3120 Newark Rd	Zanesville	OH	43701	[DELETED] [DELETED]
Davita Zanesville At Home	3120 Newark Road	Zanesville	OH	43701	[DELETED] [DELETED]
Davita—Altus Dialysis Center	205 South Park Lane, Suite 130	Altus	OK	73521	[DELETED] [DELETED]
Davita Anadarko Dialysis Center	412 Southenst 11th Street	Anadarko	OK	73005	[DELETED] [DELETED]
Davita—Northwest Bethany	7800 Nw 23rd St. Ste A	Bethany	OK	73008	[DELETED] [DELETED]
Davita Northwest Bethany At Home	7800 Nw 23rd Street, Suite A	Bethany	OK	73008	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Da Vita—Broken Arrow Dialysis Center	601 South Aspen Avenue	Broken Arrow	OK	74012	[DELETED]	[DELETED]
Davita Chickasha Dialysis Center #2080	228 South 29th	Chickasha	OK	73018	[DELETED]	[DELETED]
Da Vita—Claremore Dialysis Center	202 East Blue Starr Drive	Claremore	OK	74017	[DELETED]	[DELETED]
Davita Clinton Dialysis Center	150 South 31st Street	Clinton	OK	73601	[DELETED]	[DELETED]
Davita—Duncan Dialysis	2645 West Elk	Duncan	OK	73533	[DELETED]	[DELETED]
Davita—Durant #2024	411 Westside Drive	Durant	OK	74701	[DELETED]	[DELETED]
Davita—Edmond Dialysis	50 South Baumann Avenue	Edmond	OK	73034	[DELETED]	[DELETED]
Davita—Elk City	1601 West 2nd Street	Elk City	OK	73644	[DELETED]	[DELETED]
Davita Lexington #3314	Lexington Assessment and Reception Center, Highway 39 East	Lexington	OK	73051	[DELETED]	[DELETED]
Davita Tri-State Dialysis Center #975	2510 North Main Street	Miami	OK	74354	[DELETED]	[DELETED]
Davita Midwest City Dialysis Center #955	7221 East Reno Avenue	Midwest City	OK	73110	[DELETED]	[DELETED]
Davita—Muskogee Community Dialysis #974	2316 W. Shawnee St.	Muskogee	OK	74401	[DELETED]	[DELETED]
Davita—Norman	1818 West Lindsey, B. 104	Norman	OK	73069	[DELETED]	[DELETED]
Davita 3015 Oklahoma City South	5730 S. May Ave	Oklahoma City	OK	73119	[DELETED]	[DELETED]
Davita 3201 Heartland	925 Ne 8th St.	Oklahoma City	OK	73104	[DELETED]	[DELETED]
Davita Cinema Dialysis	3909 South Western	Oklahoma City	OK	73109	[DELETED]	[DELETED]
Davita Heartland At Home Clinic #6276	925 Ne 8th Street	Oklahoma City	OK	73104	[DELETED]	[DELETED]
Davita #972—Okmulgee Dialysis Center	201 S. Delaware Ave	Okmulgee	OK	74447	[DELETED]	[DELETED]
Davita Pryor Dialysis Center #3014-1	309 E. Graham Ave	Pryor	OK	74361	[DELETED]	[DELETED]
Davita—Shawnee Dialysis Center	4409 N. Kickapoo Ave, Ste 113	Shawnee	OK	74804	[DELETED]	[DELETED]
Davita—Stillwater Dialysis Center	406 East Hall of Fame Avenue, Suite 300	Stillwater	OK	74075	[DELETED]	[DELETED]
Davita—Stilwell Dialysis Center	319 N. 2nd St.	Stilwell	OK	74960	[DELETED]	[DELETED]
Da Vita—Tahlequah Dialysis Center	228 North Bliss Avenue	Tahlequah	OK	74464	[DELETED]	[DELETED]
Davita—Central Tulsa Dialysis	1124 South St. Louis Avenue	Tulsa	OK	74120	[DELETED]	[DELETED]
Davita—Tulsa	4436 S. Harvard Ave	Tulsa	OK	74135	[DELETED]	[DELETED]
Davita Greenwood Dialysis Center #2037	1345 North Lansing Avenue	Tulsa	OK	74106	[DELETED]	[DELETED]
Davita Sapulpa Dialysis Center	9647 Ridgeview St.	Tulsa	OK	74131	[DELETED]	[DELETED]
Davita Southcrest	9001 S. 101 East Ave Ste 110	Tulsa	OK	74133	[DELETED]	[DELETED]
Davita-Tulsa At Home	4436 S. Harvard Ave	Tulsa	OK	74135	[DELETED]	[DELETED]
Davita 2096 Ashland Dialysis Center	1661 Highway 99 N. Bldg A	Ashland	OR	97520	[DELETED]	[DELETED]
Davita #5517 Redwood Dialysis	201 Southwest L. Street	Grants Pass	OR	97526	[DELETED]	[DELETED]
Davita 2238 Grants Pass	1055 Redwood Avenue	Grants Pass	OR	97527	[DELETED]	[DELETED]
Davita—Hermiston Dialysis Center	1155 West Linda Avenue	Hermoston	OR	97838	[DELETED]	[DELETED]
Davita Hillsboro Dialysis Center #2168	2500 Northwest 229th Avenue, Suite 300	Hillsboro	OR	97124	[DELETED]	[DELETED]
Davita Klamath Falls Dialysis #1967	2230 N. Eldorado Ave	Klamath Falls	OR	97601	[DELETED]	[DELETED]
Davita Mcminnville Dinlysis #5045	200 Ne Norton Ln	Mcminnville	OR	97128	[DELETED]	[DELETED]
Davita-Willamette Valley Medical Center # 1084-1-Acute	2700 Se Stratus Ave	Mcminnville	OR	97128	[DELETED]	[DELETED]

Davita #5516 Rogue Valley Dialysis	760 Golf View Dr Unit 100	Medford	OR	97504	[DELETED] [DELETED]
Davita Rouge Valley At Home #5952			OR	97504	[DELETED] [DELETED]
	760 Golf View Dr Unit 100				
		Medford			
Davita Dialysis Ontario Pd	515 East Lane	Ontario	OR	97914	[DELETED] [DELETED]
Davita Four Rivers At Home	515 East Lane	Ontario	OR	97914	[DELETED] [DELETED]
Davita Four Rivers Dialysis Center #1818			OR	97914	[DELETED] [DELETED]
	515 East Lane				
		Ontario			
Davita—Blue Mountain Dialysis	72556 Coyote Road	Pendelton	OR	97801	[DELETED] [DELETED]
Davita Dialysis 3804 Roseburg-Mercy			OR	97471	[DELETED] [DELETED]
	2599 Nw Edenbower Blvd				
		Roseburg			
Davita Rosenburg Mercy At Home #6320 Dialysis			OR	97471	[DELETED] [DELETED]
	2599 Nw Edenbower Blvd				
		Roseburg			
Davita 3858 Salem-North	1220 Liberty St. Ne*	Salem	OR	97301	[DELETED] [DELETED]
Davita Salem Dialysis	3550 Liberty Rd S.	Salem	OR	97302	[DELETED] [DELETED]
Davita Sherwood Dialysis Center	21035 Sw Pacific Hwy	Sherwood	OR	97140	[DELETED] [DELETED]
Davita Meridian Park At Home	19255 Southwest 65th Avenue, Suite 100			97062	[DELETED] [DELETED]
		Tualann	OR		
Davita Meridian Park Dialysis Center			OR	97062	[DELETED] [DELETED]
	19255 Sw 65th Ave Ste 100				
		Tualatin			
Davita West Linn	19056 Williamette Drive	West Linn	OR	97068	[DELETED] [DELETED]
Davita 4044 Woodburn	2245 Country Club Rd	Woodburn	OR	97071	[DELETED] [DELETED]
Davita 4217 Bradford	665 East Main Street	Bradford	PA	16701	[DELETED] [DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Bradford At Home	665 East Main Street	Bradford	PA	16701	[DELETED]	[DELETED]
Davita #0854 Camp Hill At Home	425 North 21st Street, Plaza 21 Bldg. 1st Floor			17011	[DELETED]	[DELETED]
		Camp Hill	PA			
Davita #6163 Camp Hill Dialysis Center				17011	[DELETED]	[DELETED]
	425 North 21st Street, Plaza 21, First Floor					
		Camp Hill	PA			
Davita Upland Dialysis	1 Med Center Blvd., Suite 120	Chester	PA	19013	[DELETED]	[DELETED]
Davita Dialysis Center—Childs Unit			PA	18407	[DELETED]	[DELETED]
	101 South Main Street					
		Childs				
Davita 3596 Clearfield	1033 Turnpike Avenue, Suite 100 Ssj Waterwork Medical Bldg. of Clearfield			16830	[DELETED]	[DELETED]
		Clearfield	PA			
Davita 4204 Corry	300 York St.	Corry	PA	16407	[DELETED]	[DELETED]
Davita—Dubois Dialysis	5780 Shaffer Road, Suite 106b	Du Bois	PA	15801	[DELETED]	[DELETED]
Davita Dunmore At Home	1212 Oneil Highway	Dunmore	PA	18512	[DELETED]	[DELETED]
Davita Dunmore Dialysis	1212 O'Neil Highway	Dunmore	PA	18512	[DELETED]	[DELETED]
Davita Pocono Dialysis Center	447 Office Plaza Drive, 100 Plaza Court, Suite B.			18301	[DELETED]	[DELETED]
		East Stroudsburg	PA			
Palmer Dialysis Center—A Total Renal Care Facility			PA	18045	[DELETED]	[DELETED]
	30 Community Drive					
		Easton				
Davita Dialysis—Ebensburg	236 Jamesway Rd	Ebensburg	PA	15931	[DELETED]	[DELETED]
Davita 2510 Elizabeth	201 McKeesport Rd	Elizabeth	PA	15037	[DELETED]	[DELETED]
Davita Elizabeth At Home	201 McKeesport	Elizabeth	PA	15037	[DELETED]	[DELETED]
Davita 4208 Elizabethtown	844 North Hanover Street	Elizabethtown	PA	17022	[DELETED]	[DELETED]
Davita 3477 Elkins Park	8380 Old York Rd Ste 100	Elkins Park	PA	19027	[DELETED]	[DELETED]
Davita 4027 Erie	350 East Bayfront Parkway, Suite A			16507	[DELETED]	[DELETED]
		Erie	PA			
Davita- Erie At Home	350 East Bayfront Parkway, Suite A			16507	[DELETED]	[DELETED]
		Erie	PA			
Renal Care of Erie	1641 Sassafras St.	Erie	PA	16502	[DELETED]	[DELETED]
Davita #0857 Exton	710 Springdale Dr	Exton	PA	19341	[DELETED]	[DELETED]
Davita Frackville Dialysis #5031	801 Schulkill Mall Rd Ste 801	Frackville	PA	17931	[DELETED]	[DELETED]
Davita #191 Honesdale Dialysis Center				18431	[DELETED]	[DELETED]
	Maple Avenue- Route 6 - Sturbridge Mall					
		Honesdale	PA			
Davita 3518 Huntingdon Valley	769 Huntingdon Pike	Huntingdon Valley	PA	19006	[DELETED]	[DELETED]
Davita -6162 Johnstown At Home	344 Budfield Street	Johnstown	PA	15904	[DELETED]	[DELETED]
Davita Johnstown	344 Budfield Street	Johnstown	PA	15904	[DELETED]	[DELETED]
Davita—Pdi Lancaster At Home	1412 East King Street	Lancaster	PA	17602	[DELETED]	[DELETED]
Davita Pdi Lancaster	1412 East King Street	Lancaster	PA	17602	[DELETED]	[DELETED]
Davita Pdi Lancaster Pd #1917	2110 Harrisburg Pike Suite 310	Lancaster	PA	17601	[DELETED]	[DELETED]
Dialysis Center At Oxford Court	930 Town Center Drive, Suite G. 100			19047	[DELETED]	[DELETED]
		Langhorne	PA			
Davita Dialysis	611 Electric Ave	Lewistown	PA	17044	[DELETED]	[DELETED]
Davita 3557 McKeesport West	101 9th Avenue	McKeesport	PA	15132	[DELETED]	[DELETED]
Davita Meadville Dialysis #4215	19050 Park Avenue Plaza	Meadville	PA	16335	[DELETED]	[DELETED]
Davita--Riddle Dialysis	100 Granite Drive, Suite 106	Media	PA	19063	[DELETED]	[DELETED]
Davita Delaware Valley Dialysis	102 Davita Dr	Milford	PA	18337	[DELETED]	[DELETED]
Davita Monroeville Dialysis #4335	2690 Monroeville Blvd	Monroeville	PA	15146	[DELETED]	[DELETED]
Davita Thorn Run Dialysis #5503	1136 Thorn Run Rd Ste J1	Moon Township	PA	15108	[DELETED]	[DELETED]
Davita 3045 Waverly-Fka Lansdowne			PA	19070	[DELETED]	[DELETED]
	407 Baltimore Pike					
		Morton				
Davita 3013 Northumberland Dialysis			PA	17851	[DELETED]	[DELETED]

	103 West State, Route 61	Mount Carmel			
Davita #5504	1620 Pacific Ave	Natrona Heights	PA	15065	[DELETED] [DELETED]
Davita Dialysis Center At St. Mary	60 Blacksmith Rd	Newtown	PA	18940	[DELETED] [DELETED]
Old Forge Dialysis	325 S. Main St.	Old Forge	PA	18518	[DELETED] [DELETED]
Davita Palmerton	185 Delaware Avenue, Suite C	Palmerton	PA	18071	[DELETED] [DELETED]
Davita 4065 Paris	32 Steubenville Pike	Paris	PA	15021	[DELETED] [DELETED]
Davita #1657 Pdt Walnut Towers	834 Walnut St. Ste 100	Philadelphia	PA	19107	[DELETED] [DELETED]
Davita—Callowhill Dialysis Center			PA	19123	[DELETED] [DELETED]
	313 Callowhill St.	Philadelphia			
Davita—West Dialysis Center	7609 Lindbergh Blvd	Philadelphia	PA	19153	[DELETED] [DELETED]
Davita 2361 Broad Street Dialysis Center			PA	19146	[DELETED] [DELETED]
	1172-74 S. Broad St.	Philadelphia			
Davita 3042 Roxborough	5003 Umbria St.	Philadelphia	PA	19128	[DELETED] [DELETED]
Davita 3295 Philadelphia Pmc	51 North 39th Street	Philadelphia	PA	19104	[DELETED] [DELETED]
Davita 3472 Philadelphia 42nd Street			PA	19104	[DELETED] [DELETED]
	4126 Walnut St.	Philadelphia			
Davita 3675 Market Street	3701 Market St.	Philadelphia	PA	19104	[DELETED] [DELETED]
Davita 4211 Cobbs Creek Dialysis	1700 S. 60th St.	Philadelphia	PA	19142	[DELETED] [DELETED]
Davita 42nd Street At Home Clinic #6271			PA	19104	[DELETED] [DELETED]
	4126 Walnut Street	Philadelphia			
Davita Cottman Dialysis #5038	7198 Castor Ave	Philadelphia	PA	19149	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED] [DELETED]
Davita Dialysis 1070-2 At Magee Rehabilitation Hospital-Acute			PA	19102	[DELETED] [DELETED]
	1513 Race St. Floor 3	Philadelphia			
Davita Franklin At Home # 6003	301 Callowhill St.	Philadelphia	PA	19123	[DELETED] [DELETED]
Davita Franklin At Home Pa#5021	301 Callowhill St.	Philadelphia	PA	19123	[DELETED] [DELETED]
Davita Franklin Dialysis Center	150 South Independence, West 101 Public Ledger Building			19106	[DELETED] [DELETED]
		Philadelphia	PA		
South Philadelphia Dialysis Center	109 Dickinson Street	Philadelphia	PA	19147	[DELETED] [DELETED]
Total Renal Care—Northeast Philadelphia			PA	19111	[DELETED] [DELETED]
	518 Knorr Street	Philadelphia			
Davita—Pittsburgh At Home	4312 Penn Avenue	Pittsburgh	PA	15224	[DELETED] [DELETED]
Davita 2509 Pittsburgh	4312 Penn Ave	Pittsburgh	PA	15224	[DELETED] [DELETED]
Davita 3676-2 Health South Harmarville Dialysis Center-Acute			PA	15238	[DELETED] [DELETED]
	320 Guys Run Rd	Pittsburgh			
Davita 3676-3 Kindred Healthcare-Northshore Dialysis-Acute			PA	15212	[DELETED] [DELETED]
	1004 Arch St.	Pittsburgh			
Davita 4060 Jefferson	14 Clairton Blvd	Pittsburgh	PA	15236	[DELETED] [DELETED]
Davita 4336 East End Dialysis Center	7714 Penn Ave	Pittsburgh	PA	15221	[DELETED] [DELETED]
Davita Bloomfield Dialysis	5171 Liberty Ave	Pittsburgh	PA	15224	[DELETED] [DELETED]
Davita Home Dialysis Modality Center of Excellence			PA	15224	[DELETED] [DELETED]
	5171 Liberty Ave	Pittsburgh			
Davita Northside Dialysis #5506	320 E. North Ave	Pittsburgh	PA	15212	[DELETED] [DELETED]
Davita 3473 Radnor	250 King of Prussia Rd	Radnor	PA	19087	[DELETED] [DELETED]
Davita Radnor At Home	250 King of Prussia Road	Radnor	PA	19087	[DELETED] [DELETED]
Davita Scranton Dialysis	475 Morgan Highway	Scranton	PA	18508	[DELETED] [DELETED]
Davita—Selinsgrove Clinic	1030 North Susquehanna Trail	Selinsgrove	PA	17870	[DELETED] [DELETED]
Davita Sellinsgrove At Home	1030 N. Susquehanna Trl	Selinsgrove	PA	17870	[DELETED] [DELETED]
Davita Sellersville Dialysis #5558	1112 Old Bethlehem Pike	Sellersville	PA	18960	[DELETED] [DELETED]
Davita Somerset County Dialysis #5507			PA	15501	[DELETED] [DELETED]
	229 S. Kimberly Ave Suite 100	Somerset			
Physicians Dialysis of Lancaster, LLC—Pdi Ephrata			PA	17578	[DELETED] [DELETED]
	67 West Church Street	Stevens			
Mount Pocono Dialysis Center—#1504			PA	18466	[DELETED] [DELETED]
	100 Community Drive, Suite 106	Tobyhanna			
Davita Tunkhannock Dialysis	880 State Route 6 West	Tunkhannock	PA	18657	[DELETED] [DELETED]
Renal Treatment Center—Upland	1 Medical Boulevard, Professional Office Building Ii, Suite 120			19013	[DELETED] [DELETED]
		Upland	PA		
Davita Franklin Commons Dialysis Center #5037			PA	18974	[DELETED] [DELETED]
	720 Johnsville Blvd Ste 800	Warminster			
Renal Care of Warren, LLC	2 W. Crescent Park	Warren	PA	16365	[DELETED] [DELETED]
Davita #5586 Oak Springs	764 Locust Ave	Washington	PA	15301	[DELETED] [DELETED]
Davita 4223 Waynesburg	248 Elm Drive	Waynesburg	PA	15370	[DELETED] [DELETED]
Davita #860 Jennersville Dialysis	1011 West Baltimore Pike, Suite 107			19390	[DELETED] [DELETED]
		West Grove	PA		
Davita 4028 Homestead	207 West 7th Avenue	West Homestead			[DELETED] [DELETED]
			PA	15120	
Davita 4034 McKeesport	Oak Park Mall, 2001 Lincoln Way	White Oak	PA	15131	[DELETED] [DELETED]
Davita 3016 Abington	3940 Commerce Ave Ste A	Willow Grove			[DELETED] [DELETED]
			PA	19090	
			SC	29620	[DELETED] [DELETED]
Davita Abbeville Dialysis Center #4397	904 W. Greenwood St.	Abbeville			
Davita 3078 Aiken	775 Medical Park Dr	Aiken	SC	29801	[DELETED] [DELETED]
Davita 3952 Central Bamberg Dialysis			SC	29003	[DELETED] [DELETED]

	67 Sunset Dr				
			Bamberg		
Davita Palmetto Dialysis #5573	317 Professional Park Road		Clinton	SC	29325 [DELETED] [DELETED]
Ara Columbia Kidney Center	3511 Medical Dr		Columbia	SC	29203 [DELETED] [DELETED]
Ara Columbia Northeast Dialysis	10 Gateway Corners Park Ste 200		Columbia	SC	29203 [DELETED] [DELETED]
Davita—Capitol Centre Dialysis Center #2312				SC	29223 [DELETED] [DELETED]
	201 Columbia Mall Blvd Ste 141				
			Columbia		
Davita—Central Columbia At Home	3511 Medical Drive		Columbia	SC	29203 [DELETED] [DELETED]
Davita 3914 Allendale	202 Hampton Ave N.		Fairfax	SC	29827 [DELETED] [DELETED]
Davita Fort Mill	1975 Carolina Place Drive		Fort Mill	SC	29708 [DELETED] [DELETED]
Davita Fountain Inn Dialysis #5576	298 Chapman Rd		Fountain Inn	SC	29644 [DELETED] [DELETED]
Charleston Renal Care Goose Creek	109 Greenland Dr		Goose Creek	SC	29445 [DELETED] [DELETED]
Davita Greenville West End Dialysis #5575				SC	29601 [DELETED] [DELETED]
	605 South Academy Street				
			Greenville		
Davita Upstate At Home Clinic #6159				SC	29605 [DELETED] [DELETED]
	308 Mills Avenue				
			Greenville		
Upstate Dialysis Center, Inc.	308 Mills Ave		Greenville	SC	29605 [DELETED] [DELETED]
Davita 3931 Greenwood	109 Overland Dr		Greenwood	SC	29646 [DELETED] [DELETED]
Davita # 0383	211 Village Dr		Greer	SC	29651 [DELETED] [DELETED]
Davita Greer South Dialysis #5574	3254 Brushy Creek Rd		Greer	SC	29650 [DELETED] [DELETED]
Davita 3935 Lancaster County	980 N. Woodland Dr Ste 100		Lancaster	SC	29720 [DELETED] [DELETED]
Davita 2336 Longs Dialysis Center	90 Cloverleaf Dr Unit 306		Longs	SC	29568 [DELETED] [DELETED]
Davita	3919 Mayfair St.		Myrtle Beach	SC	29577 [DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Charleston Renal Care Faber Place	3801 Faber Place Drive	North Charleston	SC	29405	[DELETED]	[DELETED]
Davita #1758 Dialysis	5900 Rivers Ave Unit E	North Charleston	SC	29406	[DELETED]	[DELETED]
Davita 3916 Orangeburg	3031 St. Matthews Road	Orangeburg	SC	29118	[DELETED]	[DELETED]
Davita 3917 Orangeburg South	1080 Summers Ave	Orangeburg	SC	29115	[DELETED]	[DELETED]
Davita 3632 Pageland	505-A South Pearl Street	Pageland	SC	29728	[DELETED]	[DELETED]
Davita Pendleton Dialysis Center #2087	7703 Highway 76	Pendleton	SC	29670	[DELETED]	[DELETED]
Davita 2440 Ridgeland Dialysis Center	112 Weatherbee St.	Ridgeland	SC	29936	[DELETED]	[DELETED]
Davita 3901 Santee	228 Bradford Blvd	Santee	SC	29142	[DELETED]	[DELETED]
Davita 2335 Jedburg Dialysis Center	2897 W. 5th North St.	Summerville	SC	29483	[DELETED]	[DELETED]
Davita 3073 Walterboro	302 Ruby St	Walterboro	SC	29488	[DELETED]	[DELETED]
Davita #0240 Mitchell Community Dialysis	525 North Foster	Mitchell	SD	57301	[DELETED]	[DELETED]
Rosebud Dialysis of Davita	1 Soldier Creek Road	Rosebud	SD	57570	[DELETED]	[DELETED]
Davita Sioux Falls	800 E. 21st St. Suite 4600	Sioux Falls	SD	57105	[DELETED]	[DELETED]
Davita Bolivar Dialysis	515 Pecan Drive	Bolivar	TN	38008	[DELETED]	[DELETED]
Davita Brownsville Dialysis	380 Dupree Rd	Brownsville	TN	38012	[DELETED]	[DELETED]
Davita Dialysis #2043	168 W. Main St Ste A	Camden	TN	38320	[DELETED]	[DELETED]
Davita 3019 Clarksville	231 Hillcrest Dr	Clarksville	TN	37043	[DELETED]	[DELETED]
Davita-Clarksville North	3071 Clay Lewis Road	Clarksville	TN	37040	[DELETED]	[DELETED]
Davita Collierville Dialysis	791 West Poplar, Suite 102	Collierville	TN	38017	[DELETED]	[DELETED]
Davita 3432 Columbia	1705 Grove Dr	Columbia	TN	38401	[DELETED]	[DELETED]
Davita 2914 Cookeville	140 West 7th Street	Cookeville	TN	38501	[DELETED]	[DELETED]
Davita Cookeville At Home	140 W. 7th Street	Cookeville	TN	38501	[DELETED]	[DELETED]
Davita #5013 Wolf River	7990 Trinity Rd	Cordova	TN	38018	[DELETED]	[DELETED]
Davita 3539 Tipton County	107 Tennessee Ave	Covington	TN	38019	[DELETED]	[DELETED]
Davita 3540 Dyersburg	1575 Parr Ave	Dyersburg	TN	38024	[DELETED]	[DELETED]
Davita 3438 Franklin	3983 Carothers Pkwy Suite E4	Franklin	TN	37067	[DELETED]	[DELETED]
Davita Sumner	300 Steamplant Road, Suite 270	Gallatin	TN	37066	[DELETED]	[DELETED]
Davita Humboldt Dialysis	2214 Osborne St.	Humboldt	TN	38343	[DELETED]	[DELETED]
Davita Carriage House Dialysis	37 Carriage House Dr	Jackson	TN	38305	[DELETED]	[DELETED]
Davita Stonegate Dialysis	23 Sandstone Circle	Jackson	TN	38305	[DELETED]	[DELETED]
Davita Tennessee Valley	107 Woodlawn Drive, Suite 2	Johnson City	TN	37604	[DELETED]	[DELETED]
Davita 4307 Knoxville Dialysis Central Dialysis Center	9141 Cross Park Dr Ste 102	Knoxville	TN	37923	[DELETED]	[DELETED]
Davita Knoxville Central At Home #5967	9141 Cross Park Dr Ste 102	Knoxville	TN	37923	[DELETED]	[DELETED]
Davita At Galleria	9160 Highway 64 Ste 10	Lakeland	TN	38002	[DELETED]	[DELETED]
Davita Memphis Galleria Dialysis Hhd/Pd #4308	9045 Highway 64 Ste 102	Lakeland	TN	38002	[DELETED]	[DELETED]
Davita 3434 Lawrenceburg	2022 North Locust Avenue	Lawrenceburg	TN	38464	[DELETED]	[DELETED]
Davita Lexington Dialysis	317 West Church	Lexington	TN	38351	[DELETED]	[DELETED]
Davita Livingston Dialysis	308 Oak Street	Livingston	TN	38570	[DELETED]	[DELETED]
Davita 3437 Cumberland	312 Hospital Drive, Suite 5	Madison	TN	37115	[DELETED]	[DELETED]
Davita #2432 Memphis Downtown Dialysis Center	2076 Union Ave	Memphis	TN	38104	[DELETED]	[DELETED]
Davita #4387 State Line	2049 E. Shelby Dr	Memphis	TN	38116	[DELETED]	[DELETED]
Davita 2521 Memphis South	1205 Marlin Rd	Memphis	TN	38116	[DELETED]	[DELETED]
Davita 3017 Memphis Central Dialysis	889 Linden Ave	Memphis	TN	38126	[DELETED]	[DELETED]
Davita 3018 Memphis East Humphreys	50 Humphreys Ctr Ste 42	Memphis	TN	38120	[DELETED]	[DELETED]
Davita Capelville Dialysis Center #4357		Memphis	TN	38125	[DELETED]	[DELETED]

	7008 E. Shelby Dr					
		Memphis				
Davita Memphis Downtown Pd/At Home Dialysis # 1988			TN	38104	[DELETED]	[DELETED]
	2076 Union Ave Floor 2					
		Memphis				
Davita Memphis East Dialysis Pd #3891			TN	38120	[DELETED]	[DELETED]
	50 Humphreys Ctr Ste 28b					
		Memphis				
Davita Memphis Midtown Dialysis Center #4394			TN	38122	[DELETED]	[DELETED]
	3430 Summer Ave					
		Memphis				
Davita Memphis Southeast Dialysis Center			TN	38117	[DELETED]	[DELETED]
	1805 Moriah Woods, Suite 101					
		Memphis				
East Memphis At Home # 6041	50 Humphreys Ctr Ste 42	Memphis	TN	38120	[DELETED]	[DELETED]
Davita Millington Dialysis Center #4428			TN	38053	[DELETED]	[DELETED]
	8510 Wilkinsonville Rd Ste 121					
		Millington				
Davita 3433 Murfreesboro	1346 Dow St.	Murfreesboro	TN	37130	[DELETED]	[DELETED]
Davita 3431 Whitebridge Road	103 White Bridge Rd	Nashville	TN	37209	[DELETED]	[DELETED]
Davita Home Training and Pd Dialysis #S 6321 and 3892			TN	37203	[DELETED]	[DELETED]
	1919 Charlotte Ave Ste 200					
		Nashville				
Davita-Nashville Home Training Dialysis # 6054			TN	37209	[DELETED]	[DELETED]
	103 White Bridge Pike Ste 6					
		Nashville				
Davita Ripley Dialysis Center #2446	854 Highway 51 S.	Ripley	TN	38063	[DELETED]	[DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Pickwick #1709	121 North Pickwick Street	Savannah	TN	38372	[DELETED]	[DELETED]
Davita Selmer Dialysis	251 Oak Grove Road	Selmer	TN	38375	[DELETED]	[DELETED]
Davita Dialysis Smyrna	537 Stonecrest Parkway	Smyrna	TN	37167	[DELETED]	[DELETED]
Davita 2385 Somervlle Dialysis Center	12475 Us Highway 64	Somerville	TN	38068	[DELETED]	[DELETED]
Davita Sparta Dialysis Center #5007	150 Sam Walton Dr Suite 800	Sparta	TN	38583	[DELETED]	[DELETED]
Davita #4474	795 Hamra St.	Tiptonville	TN	38079	[DELETED]	[DELETED]
Davita Arlington Dialysis Center #2153	1250 E. Pioneer Pkwy Ste 700	Arlington	TX	76010	[DELETED]	[DELETED]
Davita—El Milagro At Home	2800 South Interstate Highway #35, Suite 120	Austin	TX	78704	[DELETED]	[DELETED]
Davita South Austin Dialysis Center	6114 South 1st Street	Austin	TX	78745	[DELETED]	[DELETED]
Davita Waterloo Dialysis Center	5310 Burnet Rd Ste 122	Austin	TX	78756	[DELETED]	[DELETED]
El Milagro Dialysis Center	2800 S. I. Hwy 35-Ste 120	Austin	TX	78704	[DELETED]	[DELETED]
Moncrief Dialysis Center	800 West 34th Street	Austin	TX	78705	[DELETED]	[DELETED]
Davita Baytown Dialysis # 4437	4665 Garth Rd Suite 900	Baytown	TX	77521	[DELETED]	[DELETED]
Total Renal Care—Bedford Dba: Heb Dialysis Center	1401 Brown Trl Ste A	Bedford	TX	76022	[DELETED]	[DELETED]
Davita—Beeville	100 West Huntington Street	Beeville	TX	78102	[DELETED]	[DELETED]
Davita S. Ft Worth Dialysis # 2220	6260 Southwest Blvd	Benbrook	TX	76109	[DELETED]	[DELETED]
Davita- Boerne Dialysis	1369 South Main Street, Suite 101	Boerne	TX	78006	[DELETED]	[DELETED]
Davita Bonham Dialysis Center #2125	201 West 5th Sneet	Bonham	TX	75418	[DELETED]	[DELETED]
Davita 3249 Brenham	2536 South Day Street	Brenham	TX	77833	[DELETED]	[DELETED]
Davita Carrollton Dialysis Center #2209	1544 Valwood Parkway, Suite 114	Carrollton	TX	75006	[DELETED]	[DELETED]
Davita—Cedar Park Dialysis	1720 E. Whitestone Blvd.	Cedar Park	TX	78613	[DELETED]	[DELETED]
Davita Cedar Park At Home Dialysis	1720 E. Whitestone Blvd	Cedar Park	TX	78613	[DELETED]	[DELETED]
Davita 3006 Channelview	777 Sheldon, Suite C	Channelview	TX	77530	[DELETED]	[DELETED]
Davita #0919 Cleveland Dialysis Center	600 East Houston Street, Suite 630	Cleveland	TX	77327	[DELETED]	[DELETED]
Davita 3248 Bryan College Station	701 University Dr E. Ste 401	College Station	TX	77840	[DELETED]	[DELETED]
Davita 3670 Rock Prairie Road	1605 Rock Prairie Road, Suite 101	College Station	TX	77845	[DELETED]	[DELETED]
Da Vita—Conroe Dialysis	500 Medical Center Blvd Ste 175	Conroe	TX	77304	[DELETED]	[DELETED]
Davita River Park Dialysis Center #2078	2010 S. Loop 336 W. Ste 220	Conroe	TX	77304	[DELETED]	[DELETED]
Davita Oso Bay #2219	7502 S. Padre Island Dr	Corpus Christi	TX	78412	[DELETED]	[DELETED]
Davita Oso Bay At Home #5941	7502 S. Padre Island Dr	Corpus Christi	TX	78412	[DELETED]	[DELETED]
Davita—Cuero Lakeview Kidney Center	1105 E. Broadway St.	Cuero	TX	77954	[DELETED]	[DELETED]
Davita #2474 Central Dallas Dialysis Center	9500 N. Central Expy Suite 102	Dallas	TX	75231	[DELETED]	[DELETED]
Davita—Lake Cliff Dialysis #2239	805 North Beckley Avenue	Dallas	TX	75203	[DELETED]	[DELETED]
Davita—Oak Cliff Dialysis Center #421	2000 South Llewelin Avenue	Dallas	TX	75224	[DELETED]	[DELETED]
Davita 3455 Dallas East-Utshs Jv	3312 N. Buckner Blvd Ste 213	Dallas	TX	75228	[DELETED]	[DELETED]
Davita Brookriver At Home	8101 Brookriver Dr	Dallas	TX	75247	[DELETED]	[DELETED]
Davita Dallas North #2039	11886 Greenville Avenue, Suite 100b			75243	[DELETED]	[DELETED]

		Dallas	TX			
Davita Ut Southwestern Oakcliff Dialysis Center			TX	75224	[DELETED]	[DELETED]
	610 Wynnewood Dr					
		Dallas				
Dialysis Specialists of Dallas, Dba: Elmbrook Kidney Center			TX	75247	[DELETED]	[DELETED]
	7920 Elmbrook, Suite 108					
		Dallas				
Downtown Dallas Dialysis	3515 Swiss Avenue, Suite A	Dallas	TX	75204	[DELETED]	[DELETED]
Ut Southwestern Dallas Dialysis	8230 Elmbrook Dr	Dallas	TX	75247	[DELETED]	[DELETED]
Davita—Denison At Home	1220 Reba Mcentire Lane	Denison	TX	75020	[DELETED]	[DELETED]
Davita—Denison Dialysis Center	1220 Reba Macentire Lane	Denison	TX	75020	[DELETED]	[DELETED]
Davita 4337 Duncanville Dialysis Center			TX	75137	[DELETED]	[DELETED]
	270 E. Highway 67 Ste 100					
		Duncanville				
Davita Edna Dialysis Center #2202	1008 N. Wells St.	Edna	TX	77957	[DELETED]	[DELETED]
Cielo Vista Dialysis	7200 Gateway Blvd E. Ste B	El Paso	TX	79915	[DELETED]	[DELETED]
Central City Dialysis Center	1300 Murchison Dr Ste 320	El Paso	TX	79902	[DELETED]	[DELETED]
Davita	7933 North Mesa	El Paso	TX	79932	[DELETED]	[DELETED]
Davita—Americas Dialysis # 5012	715 N. Americas Ave	El Paso	TX	79907	[DELETED]	[DELETED]
Davita East	11989 Pellicano Drive	El Paso	TX	79936	[DELETED]	[DELETED]
Davita Sun City Dialysis Center #2056			TX	79902	[DELETED]	[DELETED]
	600 Newman Street					
		El Paso				
Davita Transmountain Dialysis Center #2088				79924	[DELETED]	[DELETED]
	5255 Woodrow Bean Transmountain Dr					
		El Paso	TX			
Mission Hills Dialysis	2700 N. Stanton St.	El Paso	TX	79902	[DELETED]	[DELETED]

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Total Renal Care—Loma Vista	1382 Lomaland Dr Ste A	El Paso	TX	79935	[DELETED]	[DELETED]
Total Renal Care—Mesa Vista Dialysis Facility	2400 N. Oregon St Ste C	El Paso	TX	79902	[DELETED]	[DELETED]
West Texas Dialysis	1250 E. Cliff Dr Bldg B.	El Paso	TX	79902	[DELETED]	[DELETED]
Davita 3028 Floresville	543 10th St.	Floresville	TX	78114	[DELETED]	[DELETED]
Davita 3479 Island Dialysis	5920 Broadway St.	Galveston	TX	77551	[DELETED]	[DELETED]
Davita Garland Dialysis Center	776 East Centerville Road	Garland	TX	75041	[DELETED]	[DELETED]
Davita Gilmer Dialysis Center	519 North Wood Street	Gilmer	TX	75644	[DELETED]	[DELETED]
Davita # 0927	1406 North Sara Dewin	Gonzales	TX	78629	[DELETED]	[DELETED]
Davita Grapevine Dialysis Center #2154	1600 West Northwest Highway, Suite 100	Grapevine	TX	76051	[DELETED]	[DELETED]
Grapevine At Home #6020	1600 West Northwest Highway, Suite 100	Grapevine	TX	76051	[DELETED]	[DELETED]
Davita Hearne Dialysis Center # 2438	106 Cedar St.	Hearne	TX	77859	[DELETED]	[DELETED]
Davita Henderson Dialysis Center	1002 Highway 79 North	Henderson	TX	75652	[DELETED]	[DELETED]
Cyfair Dialysis Center	9130 Jones Rd Ste 110	Houston	TX	77065	[DELETED]	[DELETED]
Davita #247 Memorial Dialysis	11621 Katy Freeway	Houston	TX	77079	[DELETED]	[DELETED]
Davita #0930 North Houston Dialysis	129 Little York Rd	Houston	TX	77076	[DELETED]	[DELETED]
Davita #2420 Tc Jester Dialysis	1800 W. 26th St. Ste 101	Houston	TX	77008	[DELETED]	[DELETED]
Davita—Central	610 South Wayside Drive, Suite B.	Houston	TX	77011	[DELETED]	[DELETED]
Davita—Houston Kidney Center—Cypress Station	221 Fm 1960 Road West	Houston	TX	77090	[DELETED]	[DELETED]
Davita—Jancinto At Home Dialysis #6176	11515 Market Street Rd	Houston	TX	77029	[DELETED]	[DELETED]
Davita—Lonestar Dialysis Center	8560 Monroe Rd	Houston	TX	77061	[DELETED]	[DELETED]
Davita—Omni	9350 Kirby, Suite 110	Houston	TX	77054	[DELETED]	[DELETED]
Davita 3007 Sagemont	10851 Scarsdale Blvd Ste 200	Houston	TX	77089	[DELETED]	[DELETED]
Davita 3008 San Jacinto	11430 I. 10 East Freeway, Suite 330	Houston	TX	77029	[DELETED]	[DELETED]
Davita 3049 Houston	7543 South Fwy	Houston	TX	77021	[DELETED]	[DELETED]
Davita 3057 Reliant	1335 La Concha Lane	Houston	TX	77054	[DELETED]	[DELETED]
Davita 3064 North Loop East	7139 North Loop East	Houston	TX	77028	[DELETED]	[DELETED]
Davita 6013 Med Center At Home	7580 Fannin St. Ste 230	Houston	TX	77054	[DELETED]	[DELETED]
Davita Bayou City Dialysis Center #2121	10655 Eastex Freeway	Houston	TX	77093	[DELETED]	[DELETED]
Davita Bear Creek Dialysis Center	4978 North Highway 6, Suite 1	Houston	TX	77084	[DELETED]	[DELETED]
Davita Binz #4453	1213 Hermann Dr Ste 180	Houston	TX	77004	[DELETED]	[DELETED]
Davita Binz Hhd/Pd #5945	1213 Hermann Dr Ste 180	Houston	TX	77004	[DELETED]	[DELETED]
Davita Brookhollow Dialysis Center #2027	4918 W. 34th St.	Houston	TX	77092	[DELETED]	[DELETED]
Davita Champions Dialysis Center #4436	4427 Fm 1960rd W. Ste D	Houston	TX	77068	[DELETED]	[DELETED]
Davita Dialysis	5610 Almeda Road	Houston	TX	77004	[DELETED]	[DELETED]
Davita Downtown Houston Dialysis Center #2045	2207 Crawford Street	Houston	TX	77002	[DELETED]	[DELETED]
Davita Houston	1335 La Concha Ln	Houston	TX	77054	[DELETED]	[DELETED]
Davita Jacinto Dialysis Center #2047	11515 Market Street Rd	Houston	TX	77029	[DELETED]	[DELETED]
Davita Med-Center At Home #6013	5610 Almeda Drive	Houston	TX	77004	[DELETED]	[DELETED]
Davita Northstar Dialysis Center	380 West Little York Rd	Houston	TX	77076	[DELETED]	[DELETED]
Davita Sage Meadow Dialysis #4495	10923 Scarsdale Blvd	Houston	TX	77089	[DELETED]	[DELETED]
Davita Spring Branch Dialysis Center #1593	1425 Blalock, Suite 100	Houston	TX	77055	[DELETED]	[DELETED]
Davita West Oaks Dialysis #4442	14800 Westheimer Rd Suite A	Houston	TX	77082	[DELETED]	[DELETED]
Davita Willowbrook Dialysis Center #2101	12120 Jones Road, Suite G.	Houston	TX	77070	[DELETED]	[DELETED]

Davita-Cypress Woods Dialysis Center #2472	20320 Northwest Fwy Ste 100	Houston	TX	77065	[DELETED] [DELETED]
Houston Kidney Center Southwest	11111 Brooklet Drive, Building 100, Suite 100	Houston	TX	77099	[DELETED] [DELETED]
Northwest Kidney Center, Llp	11029 Northwest Freeway	Houston	TX	77092	[DELETED] [DELETED]
Physician Dialysis Inc.—South Houston	5989 South Loop East, Southport Business Park	Houston	TX	77033	[DELETED] [DELETED]
Physicians Dialysis, Inc.—North Houston	7115 North Loop East, Northport #2	Houston	TX	77028	[DELETED] [DELETED]
Spring Dialysis	607 Timberdale Lane, Suite 100	Houston	TX	77090	[DELETED] [DELETED]
Summit Dialysis Center #2089	3150 Polk Street	Houston	TX	77003	[DELETED] [DELETED]
Davita Deerbrooke Dialysis	9660 Fm 1960 Bypass Rd W.	Humble	TX	77338	[DELETED] [DELETED]
Davita 3250 Huntsville	521 Interstate Highway 45 Ste 20	Huntsville	TX	77340	[DELETED] [DELETED]
Davita—Mid-Cities At Home	125 East Harwood Road, Suite 117	Hurst	TX	76054	[DELETED] [DELETED]
Davita—Mid-Cities Dialysis Center	117 East Harwood Road	Hurst	TX	76054	[DELETED] [DELETED]
Davita #0240 Katy Dialysis Center	403 W. Grand Pkwy S. Suite T.	Katy	TX	77494	[DELETED] [DELETED]
Davita Katy Cinco Ranch #3065	1265 Rock Canyon Dr	Katy	TX	77450	[DELETED] [DELETED]
Davita Katy Grand Parkway Dialysis #0246	403 W. Grand Pkwy S. Suite T.	Katy	TX	77494	[DELETED] [DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Pin Oak Dialysis	1302 Pin Oak Road	Katy	TX	77494	[DELETED]	[DELETED]
Davita Kaufman Dialysis Center #4309	2851 Millennium Dr	Kaufman	TX	75142	[DELETED]	[DELETED]
Davita #3027	515 Granda Pl	Kerrville	TX	78028	[DELETED]	[DELETED]
Davita—Kerrville At Home	515 Granada Pl, Suite A	Kerrville	TX	78028	[DELETED]	[DELETED]
Kilgore Dialysis Center #2068	209 Highway 42 North	Kilgore	TX	75662	[DELETED]	[DELETED]
Total Renal Care—Kingwood	2300 Green Oak Dr Ste 500	Kingwood	TX	77339	[DELETED]	[DELETED]
Davita 3478 Mainland Dialysis	2600 Gulf Fwy	La Marque	TX	77568	[DELETED]	[DELETED]
Davita Lancaster Dialysis Center #2156	2424 W. Pleasant Run Rd	Lancaster	TX	75146	[DELETED]	[DELETED]
Davita Meridian Dialysis Center #2098	201 West Fairmont Parkway, Suite A	Laporte	TX	77571	[DELETED]	[DELETED]
Davita South Shore Dialysis Center #2116	212 Gulf Freeway, Suite G-3	League City	TX	77573	[DELETED]	[DELETED]
Davita Live Oak Dialysis # 914	6700 Randolph Blvd Suite 101	Live Oak	TX	78233	[DELETED]	[DELETED]
Davita- Livingston Dialysis Center	209 West Park Drive	Livingston	TX	77351	[DELETED]	[DELETED]
Davita Longview	425 N. Fredonia St. Ste 300	Longview	TX	75601	[DELETED]	[DELETED]
Davita Longview At Home	425 North Fredonia	Longview	TX	75601	[DELETED]	[DELETED]
Fourth Street Dialysis	3101b North 4th Street	Longview	TX	75605	[DELETED]	[DELETED]
Davita Lufkin At Home Dialysis	700 S. John Reddin Dr	Lufkin	TX	75904	[DELETED]	[DELETED]
Davita Lufkin Dialysis	700 South John Reddin Drive	Lufkin	TX	75904	[DELETED]	[DELETED]
Davita Magnolia Dialysis	17649 Fm 1488 Rd	Magnolia	TX	77354	[DELETED]	[DELETED]
Davita Mansfield Dialysis Center	987 North Walnut Creek Drive, Suite 101	Mansfield	TX	76063	[DELETED]	[DELETED]
Davita—Marshall Dialysis	1301 South Washington	Marshall	TX	75670	[DELETED]	[DELETED]
Davita—Pinecrest Dialysis Center #2083	913 East Pinecrest Drive	Marshall	TX	75670	[DELETED]	[DELETED]
Davita #2387	1203 St. Claire Blvd Ste 9h	Mission	TX	78572	[DELETED]	[DELETED]
Davita—New Braunfels Dialysis	900 Loop 337 Rd	New Braunfels	TX	78130	[DELETED]	[DELETED]
Davita- North Hills Dialysis	7927 Blvd 26	North Richland Hills	TX	76180	[DELETED]	[DELETED]
Davita # 0477 Pearland Dialysis	6516 Broadway St. Ste 122	Pearland	TX	77581	[DELETED]	[DELETED]
Davita 3029 Pearsall	1305 N. Oak St.	Pearsall	TX	78061	[DELETED]	[DELETED]
Davita 2267 Plano Dialysis	481 Shiloh Rd	Plano	TX	75074	[DELETED]	[DELETED]
Davita Plano At Home #5942	481 Shilo Rd Ste 100	Plano	TX	75074	[DELETED]	[DELETED]
Davita West Plano Dialysis Center #4412	5036 Tennyson Pkwy	Plano	TX	75024	[DELETED]	[DELETED]
Davita—Port Lavaca Dialysis #1913	1300 N. Virginia St. Ste 102	Port Lavaca	TX	77979	[DELETED]	[DELETED]
Davita Rockport Dialysis Center #2413	2102 Fm2165	Rockport	TX	78382	[DELETED]	[DELETED]
Davita Rockwall	2455 Ridge Rd Ste 101	Rockwall	TX	75087	[DELETED]	[DELETED]
Davita -Southwest San Antonio Dialysis	7515 Barlite Blvd	San Antonio	TX	78224	[DELETED]	[DELETED]
Davita 3048 San Antonio	4151 Callaghan Rd Ste 101	San Antonio	TX	78228	[DELETED]	[DELETED]
Davita 3062 San Antonio Southwest	1620 Somerset Rd	San Antonio	TX	78211	[DELETED]	[DELETED]
Davita Downtown San Antonio	615 East Quincy	San Antonio	TX	78215	[DELETED]	[DELETED]
Davita Floyd Curl Dialysis #4433	9238 Floyd Curl Dr Ste 102	San Antonio	TX	78240	[DELETED]	[DELETED]

Davita Las Palmas Dialysis Center #2194	803 Castroville Road, #415	San Antonio	TX	78237	[DELETED]	[DELETED]
Davita Marymont Dialysis Center #2191	2391 North East Loop 410, Suite 211	San Antonio	TX	78217	[DELETED]	[DELETED]
Davita Northwest Medical Center Dialysis #2192	5284 Medical Drive, Suite 100	San Antonio	TX	78229	[DELETED]	[DELETED]
Davita Rivercenter Dialysis Center #2190	1123 North Main Street, Suite 150	San Antonio	TX	78212	[DELETED]	[DELETED]
Davita San Antonio At Home	5284 Medical Drive, Suite 100	San Antonio	TX	78229	[DELETED]	[DELETED]
Davita South San Antonio Dialysis	1313 Southeast Military Drive, Suite 111	San Antonio	TX	78214	[DELETED]	[DELETED]
Davita Southcross Dialysis Center #2193	4602 East Southcross Boulevard	San Antonio	TX	78222	[DELETED]	[DELETED]

Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Southwest San Antonio Dialysis	7515 Barlite Boulevard	San Antonio	TX	78224	[DELETED]	[DELETED]
Total Renal Care-Northwest San Antonio	8132 Fredericksburg Road	San Antonio	TX	78229	[DELETED]	[DELETED]
Davita Hill Country Dialysis	1820 Peter Garza Street	San Marcos	TX	78666	[DELETED]	[DELETED]
Davita 2339 Sealy Dialysis Center	2242 Championship Dr	Sealy	TX	77474	[DELETED]	[DELETED]
Davita 6215 Woodlands At Home Dialysis	9301 Pinecroft Dr Ste 130	Shenandoah	TX	77380	[DELETED]	[DELETED]
Davita #0923 Sherman Dialysis Center	205 West Lamberth Road	Sherman	TX	75092	[DELETED]	[DELETED]
Davita—First Colony Dialysis.	1447 Highway 6 Ste 140	Sugar Land	TX	77478	[DELETED]	[DELETED]
Davita Taylor Dialysis Center #2437	3100 W. 2nd	Taylor	TX	76574	[DELETED]	[DELETED]
Davita #0932 Tomball	27720 State Pkwy	Tomball	TX	77375	[DELETED]	[DELETED]
Davita—Victoria Dialysis	1405 Victoria Station Drive	Victoria	TX	77901	[DELETED]	[DELETED]
Davita—Woodlands Dialysis Center	9301 Pinecroft Drive, Suite 130	Woodlands	TX	77380	[DELETED]	[DELETED]
Davita- Lone Peak Dialysis Center	3175 East 50 South. Suite 111	American Fork	UT	84003	[DELETED]	[DELETED]
Davita Weber Valley At Home #5966 Dialysis	1920 W. 250th N.	Ogden	UT	84404	[DELETED]	[DELETED]
Davita Weber Valley Dialysis	1920 W. 250th N.	Ogden	UT	84404	[DELETED]	[DELETED]
Davita Utah Valley Dialysis	1055 North 500 West, Suite 221	Provo	UT	84604	[DELETED]	[DELETED]
Davita Utah Valley Dialysis At Home #6014	1055 North 500 West, Suite 221	Provo	UT	84604	[DELETED]	[DELETED]
Davita Wasatch Acute Dialysis	1055 North 500 West, Suite 222	Provo	UT	84604	[DELETED]	[DELETED]
Davita Bountiful Dialysis	724 West 500 South, Suite 300	West Bountiful	UT	84087	[DELETED]	[DELETED]
Davita West Bountiful Dialysis At Home	724 West 500 South, Suite 300	West Bountiful	UT	84087	[DELETED]	[DELETED]
Continental Dialysis Center—Alexandria	5999 Stevenson Avenue, Suite 100	Alexandria	VA	22304	[DELETED]	[DELETED]
Davita 3273 Alexandria	5150 Duke St.	Alexandria	VA	22304	[DELETED]	[DELETED]
Davita Franconia Dialysis Center #2040	5695 King Centre Drive, 1st Floor	Alexandria	VA	22315	[DELETED]	[DELETED]
Davita 3708 Amelia Dialysis	15151 Patrick Henry Highway	Amelia	VA	23002	[DELETED]	[DELETED]
Davita- Amelia At Home	15151 Patrick Henry Highway	Amelia	VA	23002	[DELETED]	[DELETED]
Davita 3757 Arlington	1701 North George Mason Drive	Arlington	VA	22205	[DELETED]	[DELETED]
Davita—Charlottesville North	1800 Timberwood Boulevard	Charlottesville	VA	22911	[DELETED]	[DELETED]
Davita 3272 Charlottesville	1460 Pantops Mountain Pl	Charlottesville	VA	22911	[DELETED]	[DELETED]
Davita N. Charlottesville At Home	1800 Timberwood Boulevard, Suite C	Charlottesville	VA	22911	[DELETED]	[DELETED]
Davita #0908 Chesapeake	1400 Crossways Boulevard, Crossways Ii, Suite 106	Chesapeake	VA	23320	[DELETED]	[DELETED]
Davita-Great Bridge Dialysis—Total Renal Care	745 Battlefield Blvd N. Ste 100	Chesapeake	VA	23320	[DELETED]	[DELETED]
Davita 3715 Chester	10360 Iron Bridge Road, Chesterfield Meadows West	Chester	VA	23831	[DELETED]	[DELETED]
Davita 3762 Covington	2504 Valley Ridge Rd	Covington	VA	24426	[DELETED]	[DELETED]
Davita 3763 Culpepper	430 Southridge Pkwy	Culpeper	VA	22701	[DELETED]	[DELETED]
Meherrin Dialysis Center, Inc.	201-A Weaver Avenue	Emporia	VA	23847	[DELETED]	[DELETED]
Davita Fairfax At Home	8501 Arlington Blvd Ste 100	Fairfax	VA	22031	[DELETED]	[DELETED]
Davita of Fairfax	8501 Arlington Boulevard, Suite 100	Fairfax	VA	22031	[DELETED]	[DELETED]

Fair Oaks Dialysis Center	3955 Pender Drive, One Pender Business Park	Fairfax	VA	22030	[DELETED] [DELETED]
Front Royal Dialysis Center	1077 D Shenandoah Avenue	Front Royal	VA	22630	[DELETED] [DELETED]
Davita Haymarket Dialysis #2268	14664 Gap Way	Gainesville	VA	20155	[DELETED] [DELETED]
Davita Butler Farm At Home	501 Butler Farms Rd.	Hampton	VA	23666	[DELETED] [DELETED]
Davita- Butler Farm #2421	501 Butler Farm	Hampton	VA	23666	[DELETED] [DELETED]
Davita—Harrisonburh At Home	871 Cantrell Ave.,Suite 100	Harrisonburg	VA	22801	[DELETED] [DELETED]
Davita 3765 Harrisonburg	871 Cantrell Ave Ste 100	Harrisonburg	VA	22801	[DELETED] [DELETED]
Davita—Hopewell Dialysis	301 West Broadway	Hopewell	VA	23860	[DELETED] [DELETED]
Davita 4395 Leesburg Dialysis Center	224d Cornwall St. Nw Suite 100		VA	20176	[DELETED] [DELETED]
		Leesburg			
Davita 3766 Lexington	756 North Lee Highway	Lexington	VA	24450	[DELETED] [DELETED]
Davita—Manassas	10655 Lamond Drive, Suite 101	Manassas	VA	20109	[DELETED] [DELETED]
Davita 4058 Martinsville	33 Bridge Street, Suite A	Martinsville	VA	24112	[DELETED] [DELETED]
Davita 3482 Mechanicsville	8191 Atlee Rd	Mechanicsville	VA	23116	[DELETED] [DELETED]
Davita 3463 Midlothian	14283 Midlothian Turnpike, Building B.		VA	23113	[DELETED] [DELETED]
		Midlothian	VA		
Davita Charter Colony Dialysis Center	2312 Colony Crossing Place		VA	23112	[DELETED] [DELETED]
		Midlothian			
Davita—Peninsula Dialysis Center #1545	716 Denbigh Blvd, Suite D1		VA	23608	[DELETED] [DELETED]
		Newport News			

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Jefferson Avenue Dialysis #4440	11234 Jefferson Ave	Newport News	VA	23601	[DELETED]	[DELETED]
Davita Newport News Dialysis	711 79th Street	Newport News	VA	23605	[DELETED]	[DELETED]
Davita #2150	2201 Colonial Ave	Norfolk	VA	23517	[DELETED]	[DELETED]
Davita Leigh Kempsville Dialysis Center	420 North Center Drive, Suite 128, Building 11	Norfolk	VA	23502	[DELETED]	[DELETED]
Norfolk Dialysis Center—A Total Renal Care Facility	962 Norfolk Square	Norfolk	VA	23502	[DELETED]	[DELETED]
Appomattox Dialysis Center	15 West Old Street	Petersburg	VA	23803	[DELETED]	[DELETED]
Davita—Greater Portsmouth Dialysis Center #1544	3516 Queen Street	Portsmouth	VA	23707	[DELETED]	[DELETED]
Davita—Portsmouth Dialysis Center #2014	2000 High Street	Portsmouth	VA	23704	[DELETED]	[DELETED]
Davita Purcellville At Home	280 Hatcher Avenue	Purcellville	VA	20132	[DELETED]	[DELETED]
Purcellville Dialysis Center of Total Renal Care	280 North Hatcher Avenue	Purcellville	VA	20132	[DELETED]	[DELETED]
Davita 3609 Radford	600 East Main Street, Suite F.	Radford	VA	24141	[DELETED]	[DELETED]
Davita Radford At Home	600 East Main Street, Suite F.	Radford	VA	24141	[DELETED]	[DELETED]
Reston Dialysis Center #2059	1875 Campus Commons Drive, Suite 110	Reston	VA	20191	[DELETED]	[DELETED]
Davita 3417 Richmond Westwood	5270 Chamberlayne Rd	Richmond	VA	23227	[DELETED]	[DELETED]
Davita Hioaks #3733	671 Hioaks Rd Ste A	Richmond	VA	23225	[DELETED]	[DELETED]
Davita Hioaks Rd #3735	681 Hioaks Rd Ste B.	Richmond	VA	23225	[DELETED]	[DELETED]
Davita Three Chopt Rd #3732	8813 Three Chopt Rd	Richmond	VA	23229	[DELETED]	[DELETED]
East End Dialysis Center of Total Renal Care, Inc.	2201 East Main Street, Suite 100	Richmond	VA	23223	[DELETED]	[DELETED]
Total Renal Care At Richmond Community	1510 North 28th Street, Suite 110	Richmond	VA	23223	[DELETED]	[DELETED]
Continental Dialysis Center—Springfield Trc	8350a Traford Lane	Springfield	VA	22152	[DELETED]	[DELETED]
Davita Garrisonville	70 Doc Stone Road, Suite 101	Stafford	VA	22556	[DELETED]	[DELETED]
Davita 3761 Staunton Dialysis	29 Idlewood Blvd	Staunton	VA	24401	[DELETED]	[DELETED]
Davita #0684 Sterling Dialysis Center	46396 Benedict Drive, Suite 100	Sterling	VA	20164	[DELETED]	[DELETED]
Davita Harbor View Dialysis Center #2069	1039 Champions Way	Suffolk	VA	23435	[DELETED]	[DELETED]
Davita 3701 Tysons Corner	8391 Old Courthouse Road, Suite 160	Vienna	VA	22182	[DELETED]	[DELETED]
Davita Tyson's Corner At Home	8391 Old Courthouse Road, Suite 160	Vienna	VA	22182	[DELETED]	[DELETED]
Davita #0909 Virginia Beach	740 Independence Cir	Virginia Beach	VA	23455	[DELETED]	[DELETED]
Davita At Home—First Colonial #6017	1157 First Colonial Road, Suite 200	Virginia Beach	VA	23454	[DELETED]	[DELETED]
Davita Camelot Dialysis	1800 Camelot Dr Ste 100	Virginia Beach	VA	23454	[DELETED]	[DELETED]

Davita First Landing Dialysis Center	1745 Camelot Drive, Suite 100	Virginia Beach	VA	23454	[DELETED]	[DELETED]
Davita Williamsburg At Home	500 Sentara Circle, Ste 103.	Williamsburg	VA	23188	[DELETED]	[DELETED]
Davita Williamsburg Dialysis Center	500 Sentara Cir Ste 103	Williamsburg	VA	23188	[DELETED]	[DELETED]
Davita #1770 Winchester	2301 Valor Dr	Winchester	VA	22601	[DELETED]	[DELETED]
Davita—Dbacontinental Dialysis Center—Woodbridge Dialysis	2751 Killarney Drive		VA	22192	[DELETED]	[DELETED]
Davita #2060—Bellevue Dialysis Center	3535 Factoria Boulevard South East, Suite 150	Woodbridge		98006	[DELETED]	[DELETED]
Davita Washington Acutes Dialysis	3535 Factoria Blvd Se Ste 150	Bellevue	WA			
Davita Mill Creek Dialysis Center #4317	18001 Bothell Everett Hwy Ste 112	Bellevue	WA	98006	[DELETED]	[DELETED]
			WA	98012	[DELETED]	[DELETED]
Davita 2368 Ellensburg Dialysis	2101 W. Dolarway Rd Suite 1	Bothell Ellensburg	WA	98926	[DELETED]	[DELETED]
Davita Everett Dialysis Center 4373	8130 Evergreen Way Ste C	Everett	WA	98203	[DELETED]	[DELETED]
Davita Federal Way Dialysis	1015 South 348th Street	Federal Way	WA	98003	[DELETED]	[DELETED]
Davita—Graham Dialysis # 2173	10219 196th Street Ct E. Ste C	Graham	WA	98338	[DELETED]	[DELETED]
Kent Community Dialysis	21501 84th Avenue South	Kent	WA	98032	[DELETED]	[DELETED]
Lakewood Community Dialysis Center	5919 Lakewood Town Center Boulevard, Suite A			98499	[DELETED]	[DELETED]
Davita Sea View Dialysis Center #2470	101 18th Ave S.	Lakewood	WA			
			WA	98631	[DELETED]	[DELETED]
Davita Whidbey Island Dialysis #4372	32650 Sate Rd 20 Bldg E.	Long Beach	WA	98277	[DELETED]	[DELETED]
		Oak Harbor				

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Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
Davita Olympia At Home Dialysis #5954			WA	98502	[DELETED]	[DELETED]
	335 Cooper Point Rd Nw Ste 1					
		Olympia				
Davita Olympia Dialysis Center #4316	335 Cooper Point Rd Nw	Olympia	WA	98502	[DELETED]	[DELETED]
Davita—Mid Columbia At Home	6825 Burden Boulevard, Suite A	Pasco	WA	99301	[DELETED]	[DELETED]
Davita Mid-Columbia Kidney Center	6825 Burden Boulevard, Suite A	Pasco	WA	99301	[DELETED]	[DELETED]
Davita—Puyallup Dialysis #146	716-C South Hill Park	Puyallup	WA	98373	[DELETED]	[DELETED]
Davita # 5924 Chinook Kidney At Home			WA	99352	[DELETED]	[DELETED]
	1315 Aaroo Dr Bldg C1					
		Richland				
Davita #2402 Chinook Kidney	1315 Aaron Dr Bldg C1	Richland	WA	99352	[DELETED]	[DELETED]
Davita Olympic View At Home	125 16th Avenue E. 5th Floor	Seattle	WA	98112	[DELETED]	[DELETED]
Davita Westwood Dialysis Center #551			WA	98126	[DELETED]	[DELETED]
	2615 Southwest Trenton Street					
		Seattle				
Olympic View Dialysis Center	125 16th Ave E. Csb Fl 5th	Seattle	WA	98112	[DELETED]	[DELETED]
Westwood At Home #6018	2615 Southwest Trenton Street	Seattle	WA	98126	[DELETED]	[DELETED]
Davita Mount Adams Kidney Center	3220 Picard Pl	Sunnyside	WA	98944	[DELETED]	[DELETED]
Davita Tacoma Center #2077	3401 South 19th Street	Tacoma	WA	98405	[DELETED]	[DELETED]
Union Gap Dialysis Center #2023	1236 Ahtanum Ridge Business Park	Union Gap	WA	98903	[DELETED]	[DELETED]
Davita Vancouver Dialysis	9120 Ne Vancouver Mall Drive, Suite 160			98662	[DELETED]	[DELETED]
		Vancouver	WA			
Davita Yakima Dialysis Center #1539	1221 North 16th Avenue	Yakima	WA	98902	[DELETED]	[DELETED]
Davita Dialysis—Amery	970 Elden Ave	Amery	WI	54001	[DELETED]	[DELETED]
Davita- Amery Pd # 1966 Dialysis	970 Elden Ave	Amery	WI	54001	[DELETED]	[DELETED]
Davita 3416 Brookfield	19395 West Capital Drive, Suite 100	Brookfield	WI	53045	[DELETED]	[DELETED]
Davita 3339 Cedarburg	North 54 West 6135 Mill Street	Cedarburg	WI	53012	[DELETED]	[DELETED]
Davita Fox River Dialysis Center At Home			WI	54301	[DELETED]	[DELETED]
	1910 Riverside Drive					
		Green Bay				
Davita Fox River Dialysis Center, #1744			WI	54301	[DELETED]	[DELETED]
	1910 Riverside Drive					
		Green Bay				
Davita Titletown Dialysis Center, #1745			WI	54303	[DELETED]	[DELETED]
	120 Siegler Street					
		Green Bay				
Davita 3642 Janesville	1305 Woodman Rd	Janesville	WI	53545	[DELETED]	[DELETED]
Davita 3070 Loomis Road	4120 W. Loomis Rd	Milwaukee	WI	53221	[DELETED]	[DELETED]
Davita 3169 Wisconsin Ave	3801 West Wisconsin Avenue	Milwaukee	WI	53208	[DELETED]	[DELETED]
Davita 3171 Rivercenter	117 N. Jefferson Street	Milwaukee	WI	53202	[DELETED]	[DELETED]
Davita Bay Shore Dialysis #5566	5650 N. Green Bay Ave	Milwaukee	WI	53209	[DELETED]	[DELETED]
Davita Bluemound Dialysis # 5568	601 N. 99th St. Ste 100	Milwaukee	WI	53226	[DELETED]	[DELETED]
Davita Humboldt Ridge Dialysis #5564	2211 N. Humboldt Blvd	Milwaukee	WI	53212	[DELETED]	[DELETED]
Davita South Ridge Dialysis #5567	4848 S. 76th St. Ste 100	Milwaukee	WI	53220	[DELETED]	[DELETED]
Davita West Appleton Dialysis #5565	10130 W. Appleton Ave	Milwaukee	WI	53225	[DELETED]	[DELETED]
Davita #2406 Oak Creek Dialysis	8201 S. Howell Ave Ste 600	Oak Creek	WI	53154	[DELETED]	[DELETED]
Davita Northwoods Dialysis Center, #1746			WI	54166	[DELETED]	[DELETED]
	West 7305 Elm Avenue					
		Shawano				
St. Croix Falls Dialysis—Total Renal Care					[DELETED]	[DELETED]
	744 Louisiana East					
		St. Croix Falls	WI	54024		
Davita Bluemound At Home # 5939	601 N. 99th St. Ste 110	Wauwatosa	WI	53226	[DELETED]	[DELETED]
Davita Bluemound Pd #5569	601 North 99th Street, Suite 300	Wauwatosa	WI	53226	[DELETED]	[DELETED]
Davita Dialysis #1069 Dba: Pdi Canc Acutes			WV	25301	[DELETED]	[DELETED]
	501 Morris Street					
		Charleston				
Davita 3764 Greenbrier	129 Seneca Trail	Lewisburg	WV	24901	[DELETED]	[DELETED]
Davita #1582	300 Prosperity Ln	Logan	WV	25601	[DELETED]	[DELETED]
Davita Parkersburg #3494	1824 Murdoch Avenue, Suite 44	Parkersburg	WV	26101	[DELETED]	[DELETED]

Exhibit D

Designated Managed Centers

	Contract Number	Member Name	Member Street	Member City	Member State	Member ZIP	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]
[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]	[DELETED]

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Schedule 2

Compensation Data

Product Data Submission Requirements. Compensation Data shall be sent in either Excel or a tab-delimited text file to the following email address: salesadj@amgen.com. The file naming convention shall include the Dialysis Center name, Product, and data month and year (i.e. DaVita_Epogen_January_2011). Dialysis Center must supply all of the information set forth in the table below.

ID	Data Field Name	Data Field Description
1	Unique Account Identifier	DaVita's numeric identifier for each account (PFac & OFac)
2	Account Name	Account requesting Product
3	Account Street Address	Account requesting Product
4	Account City	Account requesting Product
5	Account State	Account requesting Product
6	Account zip	Account requesting Product
7	Dispensing Pharmacy for Product	DaVita's numeric identifier for location that has dispensed the Product
8	Product NDC Number	
9	Product Description	Name of Product including strength (Label Name)
10	Quantity Shipped	
11	Unit Of Measure	Tabs, bottles, vials, etc.
12	Product shipped/dispensed date	

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Schedule 3

Initial Materials

[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]

* The [DELETED].

[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
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[DELETED]	[DELETED]
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[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]
[DELETED]	[DELETED]

Exhibit 12.1

DAVITA INC.

RATIO OF EARNINGS TO FIXED CHARGES

The ratio of earnings to fixed charges is computed by dividing earnings by fixed charges. Earnings for this purpose are defined as pretax income from continuing operations adjusted by adding back fixed charges expensed during the period less noncontrolling interests. Fixed charges include debt expense (interest expense and the amortization of deferred financing costs), the estimated interest component of rent expense on operating leases, and capitalized interest.

	Year ended December 31,				
	2010	2009	2008	2007	2006
	(dollars in thousands)				
Earnings adjusted for fixed charges:					
Income from continuing operations before income taxes	$ 744,458	$ 758,224	$ 656,791	$ 674,224	$ 513,900
Add:					
Debt expense	181,607	185,755	224,716	257,147	276,706
Interest portion of rent expense	87,116	81,122	72,562	64,613	60,395
Less: Noncontrolling interests	(79,405)	(57,803)	(47,331)	(46,702)	(38,141)
	189,318	209,074	249,947	275,058	298,960
	$ 933,776	$ 967,298	$ 906,738	$ 949,282	$ 812,860
Fixed charges:					
Debt expense	$ 181,607	$ 185,755	$ 224,716	$ 257,147	$ 276,706
Interest portion of rent expense	87,116	81,122	72,562	64,613	60,395
Capitalized interest	2,621	3,627	4,189	3,878	4,708
	$ 271,344	$ 270,504	$ 301,467	$ 325,638	$ 341,809
Ratio of earnings to fixed charges	3.44	3.58	3.01	2.92	2.38

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Exhibit 21.1

SUBSIDIARIES OF THE COMPANY

Name	Structure	Jurisdiction of Incorporation
Aberdeen Dialysis, LLC	Limited Liability Company	DE
Alamosa Dialysis, LLC	Limited Liability Company	DE
American Fork Dialysis, LLC	Limited Liability Company	DE
Amery Dialysis, LLC	Limited Liability Company	DE
Animas Dialysis, LLC	Limited Liability Company	DE
Arcadia Gardens Dialysis, LLC	Limited Liability Company	DE
Astro, Hobby, West Mt. Renal Care Limited Partnership	Limited Partnership	DE
Austin Dialysis Centers, L.P.	Limited Partnership	DE
Bear Creek Dialysis, L.P.	Limited Partnership	DE
Beverly Hills Dialysis Partnership	Partnership	CA
Bluegrass Dialysis, LLC	Limited Liability Company	DE
Bright Dialysis Center, LLC	Limited Liability Company	DE
Brighton Dialysis Center, LLC	Limited Liability Company	DE
Bruno Dialysis, LLC	Limited Liability Company	DE
Buford Dialysis, LLC	Limited Liability Company	DE
Canyon Springs Dialysis, LLC	Limited Liability Company	DE
Capelville Dialysis, LLC	Limited Liability Company	DE
Capital Dialysis Partnership	Partnership	CA
Carroll County Dialysis Facility Limited Partnership	Limited Partnership	MD
Cascades Dialysis, LLC	Limited Liability Company	DE
Centennial LV, LLC	Limited Liability Company	DE
Central Carolina Dialysis Centers, LLC	Limited Liability Company	DE
Central Georgia Dialysis, LLC	Limited Liability Company	DE
Central Iowa Dialysis Partners, LLC	Limited Liability Company	DE
Central Kentucky Dialysis Centers, LLC	Limited Liability Company	DE
Cerito Dialysis Partners, LLC	Limited Liability Company	DE
Champions Dialysis, LLC	Limited Liability Company	DE
Chicago Heights Dialysis, LLC	Limited Liability Company	DE
Chipeta Dialysis, LLC	Limited Liability Company	DE
Clinton Township Dialysis, LLC	Limited Liability Company	DE
Columbus-RNA-DaVita, LLC	Limited Liability Company	DE
Commerce Township Dialysis Center, LLC	Limited Liability Company	DE
Continental Dialysis Center, Inc.	Corporation	VA
Continental Dialysis Center of Springfield-Fairfax, Inc.	Corporation	VA
Creek Dialysis, LLC	Limited Liability Company	DE
Dallas-Fort Worth Nephrology, L.P.	Limited Partnership	DE
Dallas-Fort Worth Nephrology II, LLC	Limited Liability Company	DE
DaVita Dakota Dialysis Center, LLC	Limited Liability Company	DE
DaVita El Paso East, L.P.	Limited Partnership	DE
DaVita-Riverside, LLC	Limited Liability Company	DE
DaVita-Riverside II, LLC	Limited Liability Company	DE
DaVita Rx, LLC	Limited Liability Company	DE
DaVita Tidewater, LLC	Limited Liability Company	DE
DaVita Tidewater-Virginia Beach, LLC	Limited Liability Company	DE
DaVita VillageHealth Insurance of Alabama, Inc.	Corporation	AL

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Name	Structure	Jurisdiction of Incorporation
DaVita VillageHealth of Georgia, Inc.	Corporation	GA
DaVita VillageHealth of Ohio, Inc.	Corporation	OH
DaVita VillageHealth of Virginia, Inc.	Corporation	VA
Dialysis of Des Moines, LLC	Limited Liability Company	DE
Dialysis of North Atlanta, LLC	Limited Liability Company	DE
Dialysis of Northern Illinois, LLC	Limited Liability Company	DE
Dialysis Specialists of Dallas, Inc.	Corporation	TX
Dolores Dialysis, LLC	Limited Liability Company	DE
Downriver Centers, Inc.	Corporation	MI
Downtown Houston Dialysis Center, L.P.	Limited Partnership	DE
Durango Dialysis Center, LLC	Limited Liability Company	DE
DVA Healthcare of Maryland, Inc.	Corporation	MD
DVA Healthcare of Massachusetts, Inc.	Corporation	MA
DVA Healthcare of New London, LLC	Limited Liability Company	TN
DVA Healthcare of Norwich, LLC	Limited Liability Company	TN
DVA Healthcare of Pennsylvania, Inc.	Corporation	PA
DVA Healthcare of Tuscaloosa, LLC	Limited Liability Company	TN
DVA Healthcare Renal Care, Inc.	Corporation	NV
DVA Healthcare-Southwest Ohio, LLC	Limited Liability Company	TN
DVA Laboratory Services, Inc.	Corporation	FL
DVA of New York, Inc.	Corporation	NY
DVA Renal Healthcare, Inc.	Corporation	TN
DVA/Washington University Healthcare of Greater St. Louis, LLC	Limited Liability Company	DE
East End Dialysis Center, Inc.	Corporation	VA
East Ft. Lauderdale, LLC	Limited Liability Company	DE
East Houston Kidney Center, L.P.	Limited Partnership	DE
Elberton Dialysis Facility, Inc.	Corporation	GA
Elk Grove Dialysis Center, LLC	Limited Liability Company	DE
Empire State DC, Inc.	Corporation	NY
Falls Dialysis, LLC	Limited Liability Company	DE
Fields Dialysis, LLC	Limited Liability Company	DE
Five Star Dialysis, LLC	Limited Liability Company	DE
Flamingo Park Kidney Center, Inc.	Corporation	FL
Forester Dialysis, LLC	Limited Liability Company	DE
Freehold Artificial Kidney Center, LLC	Limited Liability Company	NJ
Fullerton Dialysis Center, LLC	Limited Liability Company	DE
Gardenside Dialysis, LLC	Limited Liability Company	DE
Give Life Dialysis, LLC	Limited Liability Company	DE
Grand Home Dialysis, LLC	Limited Liability Company	DE
Great Dialysis, LLC	Limited Liability Company	DE
Greater Las Vegas Dialysis LLC	Limited Liability Company	DE
Greater Los Angeles Dialysis Centers, LLC	Limited Liability Company	DE
Green Desert Dialysis, LLC	Limited Liability Company	DE
Greenwood Dialysis, LLC	Limited Liability Company	DE
Griffin Dialysis, LLC	Limited Liability Company	DE
Hanford Dialysis, LLC	Limited Liability Company	DE
Hart Dialysis, LLC	Limited Liability Company	DE
Hawaiian Gardens Dialysis, LLC	Limited Liability Company	DE

Name	Structure	Jurisdiction of Incorporation
Hills Dialysis, LLC	Limited Liability Company	DE
Historic Dialysis, LLC	Limited Liability Company	DE
HomeChoice Partners, Inc	Corporation	DE
Honey Dialysis, LLC	Limited Liability Company	DE
Houston Acute Dialysis, L.P.	Limited Partnership	DE
Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership	Limited Partnership	DE
Huntington Artificial Kidney Center, Ltd.	Limited Liability Company	NY
Huntington Park Dialysis, LLC	Limited Liability Company	DE
Indian River Dialysis Center, LLC	Limited Liability Company	DE
Ionia Dialysis, LLC	Limited Liability Company	DE
Jedburg Dialysis, LLC	Limited Liability Company	DE
Kidney Centers of Michigan, LLC	Limited Liability Company	DE
Kidney Home Center, LLC	Limited Liability Company	DE
Knickerbocker Dialysis, Inc.	Corporation	NY
Las Vegas Pediatric Dialysis, LLC	Limited Liability Company	DE
Lawrenceburg Dialysis, LLC	Limited Liability Company	DE
Liberty RC, Inc.	Corporation	NY
Limon Dialysis, LLC	Limited Liability Company	DE
Lincoln Park Dialysis Services, Inc.	Corporation	IL
Little Rock Dialysis Centers, LLC	Limited Liability Company	DE
Llano Dialysis, LLC	Limited Liability Company	DE
Lockport Dialysis, LLC	Limited Liability Company	DE
Long Beach Dialysis Center, LLC	Limited Liability Company	DE
Lord Baltimore Dialysis, LLC	Limited Liability Company	DE
Los Angeles Dialysis Center	Partnership	CA
Los Arcos Dialysis, LLC	Limited Liability Company	DE
Manzano Dialysis, LLC	Limited Liability Company	DE
Maple Grove Dialysis, LLC	Limited Liability Company	DE
Maples Dialysis, LLC	Limited Liability Company	DE
Marysville Dialysis Center, LLC	Limited Liability Company	DE
Mason-Dixon Dialysis Facilities, Inc.	Corporation	MD
Memorial Dialysis Center, L.P.	Limited Partnership	DE
Mena Dialysis Center, LLC	Limited Liability Company	DE
Mesilla Dialysis, LLC	Limited Liability Company	DE
Middlesex Dialysis Center, LLC	Limited Liability Company	DE
Miramar Dialysis Center, LLC	Limited Liability Company	DE
Moncrief Dialysis Center/Total Renal Care Limited Partnership	Limited Partnership	DE
Mountain West Dialysis Services, LLC	Limited Liability Company	DE
Muskogee Dialysis, LLC	Limited Liability Company	DE
Natomas Dialysis, LLC	Limited Liability Company	DE
Neptune Artificial Kidney Center, LLC	Limited Liability Company	NJ
New Bay Dialysis, LLC	Limited Liability Company	DE
New Hope Dialysis, LLC	Limited Liability Company	DE
New Springs Dialysis, LLC	Limited Liability Company	DE
North Austin Dialysis, LLC	Limited Liability Company	DE
North Colorado Springs Dialysis, LLC	Limited Liability Company	DE
Oasis Dialysis, LLC	Limited Liability Company	DE
Ohio River Dialysis, LLC	Limited Liability Company	DE

Name	Structure	Jurisdiction of Incorporation
Open Access Lifeline, LLC	Limited Liability Company	DE
Orange Dialysis, LLC	Limited Liability Company	CA
Palomar Dialysis, LLC	Limited Liability Company	DE
Peaks Dialysis, LLC	Limited Liability Company	DE
Physicians Choice Dialysis of Alabama, LLC	Limited Liability Company	DE
Physicians Dialysis Acquisitions, Inc.	Corporation	DE
Physicians Dialysis of Houston, LLP	Limited Liability Partnership	TX
Physicians Dialysis of Lancaster, LLC	Limited Liability Company	PA
Pike Dialysis, LLC	Limited Liability Company	DE
Pittsburg Dialysis Partners, LLC	Limited Liability Company	DE
Platte Dialysis, LLC	Limited Liability Company	DE
Rancho Dialysis, LLC	Limited Liability Company	DE
Red Willow Dialysis, LLC	Limited Liability Company	DE
Refuge Dialysis, LLC	Limited Liability Company	DE
Renal Clinic Of Houston, LLC	Limited Liability Company	DE
Renal Life Link, Inc.	Corporation	DE
Renal Treatment Centers—California, Inc.	Corporation	DE
Renal Treatment Centers—Illinois, Inc.	Corporation	DE
Renal Treatment Centers, Inc.	Corporation	DE
Renal Treatment Centers—Mid-Atlantic, Inc.	Corporation	DE
Renal Treatment Centers—Northeast, Inc.	Corporation	DE
Renal Treatment Centers—Southeast, L.P.	Limited Partnership	DE
Renal Treatment Centers—West, Inc.	Corporation	DE
Riddle Dialysis, LLC	Limited Liability Company	DE
Ripley Dialysis, LLC	Limited Liability Company	DE
Rita Ranch Dialysis, LLC	Limited Liability Company	DE
River Valley Dialysis, LLC	Limited Liability Company	DE
RMS Lifeline, Inc.	Corporation	DE
RNA-DaVita Dialysis, LLC	Limited Liability Company	DE
Robinson Dialysis, LLC	Limited Liability Company	DE
Rochester Dialysis Center, LLC	Limited Liability Company	DE
Rocky Mountain Dialysis Services, LLC	Limited Liability Company	DE
Roose Dialysis, LLC	Limited Liability Company	DE
Ross Clark Circle Dialysis, LLC	Limited Liability Company	DE
Royale Dialysis, LLC	Limited Liability Company	DE
Saddleback Dialysis, LLC	Limited Liability Company	DE
SafeHarbor Dialysis, LLC	Limited Liability Company	DE
SAKDC-DaVita Dialysis Partners, L.P.	Limited Partnership	DE
Sandusky Dialysis, LLC	Limited Liability Company	DE
San Marcos Dialysis, LLC	Limited Liability Company	DE
Santa Fe Springs Dialysis, LLC	Limited Liability Company	DE
Seneca Dialysis, LLC	Limited Liability Company	DE
Shadow Dialysis, LLC	Limited Liability Company	DE
Shayano Dialysis, LLC	Limited Liability Company	DE
Shining Star Dialysis, Inc.	Corporation	NJ
Siena Dialysis Center, LLC	Limited liability Company	DE
Soledad Dialysis Center, LLC	Limited Liability Company	DE
Somerville Dialysis Center, LLC	Limited Liability Company	DE
South Central Florida Dialysis Partners, LLC	Limited Liability Company	DE
South Shore Dialysis Center, L.P.	Limited Partnership	DE

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Name	Structure	Jurisdiction of Incorporation
Southcrest Dialysis, LLC	Limited Liability Company	DE
Southeastern Indiana Dialysis, LLC	Limited Liability Company	DE
Southern Colorado Joint Ventures, LLC	Limited Liability Company	DE
Southern Hills Dialysis Center, LLC	Limited Liability Company	DE
Southwest Atlanta Dialysis Centers, LLC	Limited Liability Company	DE
St. Luke's Dialysis, LLC	Limited Liability Company	DE
Star Dialysis, LLC	Limited Liability Company	DE
Steam Dialysis, LLC	Limited Liability Company	DE
Storrie Dialysis, LLC	Limited Liability Company	DE
Strongsville Dialysis, LLC	Limited Liability Company	DE
Sugarloaf Dialysis, LLC	Limited Liability Company	DE
Summer Dialysis, LLC	Limited Partnership	DE
Summit Dialysis Center, L.P.	Limited Liability Company	DE
Sun City Dialysis Center, LLC	Limited Liability Company	DE
Sun City West Dialysis Center LLC	Limited Liability Company	DE
Sunset Dialysis, LLC	Limited Liability Company	DE
Taylor Dialysis, LLC	Limited Liability Company	DE
Tel-Huron Dialysis, LLC	Limited Liability Company	DE
Tennessee Valley Dialysis Center, LLC	Limited Partnership	DE
The Woodlands Dialysis Center, L.P.	Limited Liability Company	DE
Tornigas Dialysis, LLC	Partnership	CA
Total Renal Care/Eaton Canyon Dialysis Center Partnership	Corporation	CA
Total Renal Care, Inc.	Limited Liability Company	DE
Total Renal Care North Carolina, LLC	Limited Partnership	DE
Total Renal Care Texas Limited Partnership	Corporation	FL
Total Renal Laboratories, Inc.	Corporation	DE
Total Renal Research, Inc.	Limited Partnership	DE
Transmountain Dialysis, L.P.	Limited Partnership	NY
TRC-Dyker Heights, L.P.	Limited Liability Company	NM
TRC-Four Corners Dialysis Clinics, LLC	Limited Liability Company	DC
TRC-Georgetown Regional Dialysis LLC	Limited Liability Company	IN
TRC-Indiana LLC	Limited Liability Company	DE
TRC-Petersburg, LLC	Corporation	NY
TRC of New York, Inc.	Corporation	DE
TRC West, Inc.	Limited Liability Company	DE
Tree City Dialysis, LLC	Limited Liability Company	DE
Tulsa Dialysis, LLC	Limited Liability Company	DE
Turlock Dialysis Center, LLC	Limited Liability Company	DE
Tustin Dialysis Center, LLC	Limited Liability Company	DE
University Dialysis Center, LLC	Limited Partnership	DE
Upper Valley Dialysis, L.P	Limited Liability Company	DE
Urbana Dialysis, LLC	Limited Liability Company	CA
USC-DaVita Dialysis Center, LLC	Limited Liability Partnership	TX
UT Southwestern DVA Healthcare, LLP	Limited Liability Company	DE
Valley Springs Dialysis, LLC	Limited Liability Company	DE
Verde Dialysis, LLC	Limited Liability Company	DE
VillageHealth DM, LLC	Limited Liability Company	DE
Walker Dialysis, LLC	Limited Liability Company	DE
Wauseon Dialysis, LLC	Limited Liability Company	DE
Wesley Chapel Dialysis, LLC	Limited Liability Company	DE
West Broomfield Dialysis, LLC	Limited Liability Company	DE

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Name	Structure	Jurisdiction of Incorporation
West Elk Grove Dialysis, LLC	Limited Liability Company	DE
West Sacramento Dialysis, LLC	Limited Liability Company	DE
Weston Dialysis Center, LLC	Limited Liability Company	DE
Wilder Dialysis, LLC	Limited Liability Company	DE
Willowbrook Dialysis Center, L.P.	Limited Partnership	DE
Wood Dialysis, LLC	Limited Liability Company	DE
Wyandotte Central Dialysis, LLC	Limited Liability Company	DE
Wyler Dialysis, LLC	Limited Liability Company	DE
Ybor City Dialysis, LLC	Limited Liability Company	DE
Yucaipa Dialysis, LLC	Limited Liability Company	DE
Zephyrhills Dialysis Center, LLC	Limited Liability Company	DE

Exhibit 23.1

Consent of Independent Registered Public Accounting Firm

The Board of Directors and Shareholders
DaVita Inc.:

We consent to the incorporation by reference in the registration statements on Forms S-8 (No. 333-169467, No. 33-84610, No. 33-83018, No. 33-99862, No. 33-99864, No. 333-01620, No. 333-34693, No. 333-34695, No. 333-46887, No. 333-75361, No. 333-56149, No. 333-30734, No. 333-30736, No. 333-63158, No. 333-42653, No. 333-86550, No. 333-86556, No. 333-144097 and No. 333-158220) and Form S-3 (No. 333-169690 and No. 333-69227) of DaVita Inc. of our reports dated February 25, 2011, with respect to the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2010 and 2009, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2010, and related financial statement schedule, and the effectiveness of internal control over financial reporting as of December 31, 2010, which reports appear in the December 31, 2010 annual report on Form 10-K of DaVita Inc.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

/s/ KPMG LLP

Seattle, Washington
February 25, 2011

Exhibit 31.1

SECTION 302 CERTIFICATION

I, Kent J. Thiry, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and we have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/S/ KENT J. THIRY

Kent J. Thiry
Chief Executive Officer

Date: February 25, 2011

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Exhibit 31.2

SECTION 302 CERTIFICATION

I, Luis A. Borgen, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and we have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/s/ LUIS A. BORGEN

Luis A. Borgen
Chief Financial Officer

Date: February 25, 2011

Exhibit 32.1

CERTIFICATION OF CHIEF EXECUTIVE OFFICER
PURSUANT TO
18 U.S.C. SECTION 1350,
AS ADOPTED PURSUANT TO
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ending December 31, 2010 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Kent J. Thiry, Chief Executive Officer of the Company, certify, pursuant to 18.U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and
2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ KENT J. THIRY
Kent J. Thiry
Chief Executive Officer

February 25, 2011

Exhibit 32.2

CERTIFICATION OF CHIEF FINANCIAL OFFICER
PURSUANT TO
18 U.S.C. SECTION 1350,
AS ADOPTED PURSUANT TO
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ending December 31, 2010 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Luis A. Borgen, Chief Financial Officer of the Company, certify, pursuant to 18.U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and
2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/S/ LUIS A. BORGEN
Luis A. Borgen
Chief Financial Officer

February 25, 2011

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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