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HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Evanston Renal Center		
Street Address: 1922 Dempster Street		
City and Zip Code: Evanston, Illinois 60202		
County: Cook	Health Service Area 007	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: ISD Renal, 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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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Street Address: 1922 Dempster Street
City and Zip Code: Evanston, Illinois 60202
County: Cook Health Service Area 007 Health Planning Area:

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: DaVita Inc.
Address: 1551 Wewatta Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
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Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 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: Evanston Plaza Holdings, LLC
Address of Site Owner: 191 N. Wacker Dr., Ste 1500, Chicago, Illinois 60606
Street Address or Legal Description of Site: 1922 Dempster Street, Evanston, Illinois 60202 **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: ISD Renal, Inc.

Address: 1551 Wewatta Street, Denver, CO 80202

☐	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.
- **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.

Based on operational limitations at the current site, DaVita Inc. and ISD Renal, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to relocate and expand their existing 18-station dialysis facility located at 1715 Central Street, Evanston, Illinois 60201 to a 20-station dialysis facility located at 1922 Dempster Street, Evanston, Illinois 60202 (the "Replacement Facility"). The proposed dialysis facility will include approximately 10,000 gross square feet.

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

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			
Modernization Contracts	$1,440,200		$1,440,200
Contingencies	$187,226		$187,226
Architectural/Engineering Fees	$83,700		$83,700
Consulting and Other Fees	$40,500		$40,500
Movable or Other Equipment (not in construction contracts)	$673,019		$673,019
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$962,926		$962,926
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$3,387,571**		**$3,387,571**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,424,645		$2,424,645
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$962,926		$962,926
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$3,387,571**		**$3,387,571**

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

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, 2015

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.

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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.

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:					

9

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	SIGNATURE
Luis Borgen	Arturo Sida
PRINTED NAME	PRINTED NAME
Chief Financial Officer	Assistant Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 16th day of January, 2012	Notarization: Subscribed and sworn to before me this ____ day of _____
Signature of Notary	Signature of Notary
Seal LINDA N. O'CONNELL NOTARY PUBLIC STATE OF COLORADO MY COMMISSION EXPIRES 06-06-2015	Seal

*Insert EXACT legal name of the applicant

10

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 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 13 (Date) day of January (Month) 20 12 (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 Evette Johnson (Signature of Notary Public)

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

Place Notary Seal 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 (1) Anita Inc.

Document Date: none Number of Pages: 4

Signer(s) Other Than Named Above: Luis Borgen

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Item #5910

11

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);
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of ISD Renal, 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.**

Luis Borgen
SIGNATURE

Luis Borgen
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of January, 2012

Linda N. O'Connell
Signature of Notary

Seal

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

SIGNATURE

Arturo Sida
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

GOVERNMENT CODE § 8202

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 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 13 (Date) day of January (Month) 20 12 (Year) by

(1) Arturo Sada (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] Signature of Notary Public

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

Place Notary Seal Above

OPTIONAL

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Top of thumb here	Top of thumb here

Further Description of Any Attached Document

Title or Type of Document: Application for Permit (ISD Rental Inc.)

Document Date: none Number of Pages: 4

Signer(s) Other Than Named Above: Luis Borger

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Item #5910

13

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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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.

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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.

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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.

18

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	18	20

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".

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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:**

$2,424,645	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;
$962,926 (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.
$3,387,571		**TOTAL FUNDS AVAILABLE**

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

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 ISD Renal, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. ISD Renal, Inc. is the operator of Evanston Renal Center. Evanston Renal Center is a trade name of ISD Renal, 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.

Attachment – 1

Delaware

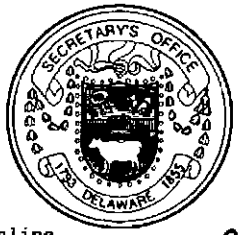
The First State

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

Attachment – 1

File Number 6478-189-8

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

ISD RENAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 06, 2006, 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* 28TH *day of* JANUARY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1202800434

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

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

The letter of intent between Evanston Plaza Holdings, LLC and ISD Renal, Inc. to lease the facility located at 1922 Dempster Street, Evanston, Illinois 60202 is attached at Attachment – 2A.

USI REAL ESTATE BROKERAGE SERVICES INC.

A USI COMPANY

2215 YORK RD, SUITE 110
OAKBROOK, IL 60523

TELEPHONE: 630-990-3658
FACSIMILE: 630-990-2300

VIA EMAIL

January 23, 2012

Mr. Scott Inbinder
Bonnie Investment Group LLC
8430 West Bryn Mawr Avenue
Suite 850
Chicago, IL 60631

RE: Request For Proposal, Evanston Plaza, 1922 Dempster Street, Evanston, IL 60202

Dear Scott:

USI Real Estate Brokerage Services Inc. has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc. to assist in securing a lease requirement. DaVita Inc. is a Fortune 500 company with approximately 1,700 locations across the US and revenues of approximately $7 billion.

We are currently surveying the EVANSTON MARET AREA to identify all of the alternatives available that best suits DaVita's business and operational needs. Of the properties reviewed, your site has been identified as one that potentially meets the necessary requirements. We are requesting that you provide a written response to lease the above referenced Property. We request that you deliver your response no later than January 19, 2012. *Please prepare the proposal to respond to the following terms:*

PREMISES:	1922 Dempster Street, Evanston, IL 60202
TENANT:	"Total Renal Care, Inc. or related entity to be named"
LANDLORD:	Evanston Plaza Holdings, LLC
SPACE REQUIREMENTS:	Approximately 10,000 contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. Final size of space to be determined following Tenant's space layout by architect.
PRIMARY TERM:	Fifteen (15) years
BASE RENT:	$11.25 psf NNN Rent shall increase by 2% annually.
ADDITIONAL EXPENSES:	2012 Real Estate Taxes are estimated at $3.79 psf subject to change. 2012 CAM and Insurance are estimated at $2.25 psf, subject to change. Tenant's prorata share to be provided based on final size of space. *Please provide Tenant's pro rata share percentage of operating expenses. Approximately 4.66%, subject to change based on final measurement.* *Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent. Utilities are separately metered and Tenant shall be responsible for payments directly to the service provider.*

Landlord to limit the cumulative CAM increases to no greater than five percent (5%) increase annually exclusive of non-controllable expenses which shall include snow removal/salting, insurance, utilities and security.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Possession 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 or county; and

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

LEASE FORM: Tenant's standard lease form subject to mutually agreed upon changes.

USE: The Use is for a Dialysis Clinic and related medical offices subject to existing tenant exclusives and prohibited uses.

Tenant shall verify the dialysis use is permitted within the building's zoning. Landlord shall cooperate with Tenant for any required approvals.

Please provide a copy of any CCR's or other documents that may impact tenancy. Landlord is reviewing documents to confirm. Landlord shall be responsible for diligently pursuing any required approvals upon receipt of a fully executed LOI.

PARKING: Tenant requests one (1) dedicated stall per 1,000 rsf, and two (2) dedicated handicapped stalls on south or west side of the building.

Please indicate the number and location of parking spaces to be allocated to the Tenant, number of general handicap stalls, total reserved stalls, if there is a patient drop off area, and if the drop off area is covered.

BASE BUILDING: The following will be delivered by the Landlord to the Premises as part of the Base Building:

- The existing 2" or larger dedicated water meter and line. Any tap fees will be the responsibility of the Landlord. Distribution shall be Tenant's responsibility.
- A 4" sewer line to a municipal sewer system;
- The existing electrical service to be a minimum 600 to 800 amps, 120/208 volt 3 phase, 4 wire electrical service in the electrical room between columns 3 and 4 as shown on the attached plan (west wall of building). Tenant shall be responsible for distribution of all electrical.
- Gas service, at a minimum, will be rated to have 6" of water column pressure and supply 800,000 BTUs;
- The existing HVAC rooftop units/systems. Tenant shall be responsible for gas and electrical piping from the units to the Tenant's Premises.

- Additional Base Building exterior work is referenced below in Concessions.
- A fire rated, code compliant demising wall separating the north side of the Tenant's space from the adjacent space.
- All utilities shall be delivered as-is. Any distribution to and within the premises shall be Tenant's responsibility.

TENANT IMPROVEMENTS: None.

OPTION TO RENEW: Three (3), five (5) year options to renew the lease. Option rent shall be fair market value.

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 greater of the same terms and conditions of Tenant's existing lease or then current market rate. Language to be further defined in Lease.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all base building items substantially completed by one hundred twenty (120) days from lease execution, 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 one hundred twenty (120) day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% of the then current rate.

TENANT SIGNAGE: Tenant, at Tenant's expense, shall have the right to install building and pylon signage, if available, at the Premises, subject to compliance with the shopping center sign criteria, Landlord and municipal approvals.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, 7 days a week. Tenant shall be responsible for any additional CAM costs for hours of operation beyond the standard shopping center hours.

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. Language to be further defined in Lease.

ROOF RIGHTS: Tenant shall have the right to place a satellite dish on the roof in a position approved by Landlord at no additional fee. Tenant shall utilize Landlord's roof contractor to maintain roof warranty.

NON COMPETE: Landlord agrees not to lease space to another dialysis provider within the shopping center.

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) Tenant's primary entrance, canopy (if installed), patient drop off, designated parking and all deliveries shall be oriented on the south side of the center (designated parking and deliveries may be on the south and west sides of the center). Any entrance on the east side of the building shall serve as Tenant's secondary entrance. Pending governmental approvals the area between the two buildings will be opened up to create a direct drive through entrance from the front parking lot (see Exhibit C).*

OTHER CONCESSIONS:

Landlord shall make available up to $30,000 for mutually agreed upon exterior repairs to the Premises ("Exterior Improvement Program"). This work shall be part of the Base Building work and shall be completed prior to Rent Commencement. Landlord and Tenant shall work together to identify the items that will be completed in the Exterior Improvement Program at the Premises.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, 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). All language shall be subject to attorney review and negotiation in Lease.

CONTINGENCIES:

Tenant will need to apply for a Certificate of Need for the final location. If Tenant does not get the Certificate of Need by May 1, 2012 the Lease will be null and void. If they do get the Certificate of Need, then they will go forward with the lease based on satisfying the other contingencies that are in their standard Lease Document.

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment 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 CON permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, Tenant does not expect to receive a CON permit prior to May 1, 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award Tenant a CON permit to establish a dialysis center on the Premises by May 1, 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 recognizes as the Tenant's sole representatives USI Real Estate Brokerage Services Inc and shall pay a brokerage fee equal to $75,000 and paid in two equal installments with half due upon mutual lease execution and waiver of all contingencies and half due upon Tenant's opening for business and payment of first month's rent.

PLANS:

Please provide copies of applicable site and construction plans or drawings, to the extent available to Landlord, for the proposed Premises .

Please submit your response to this Request for Proposal via e-mail to:

John Steffens
USI Real Estate Brokerage Services Inc.
2215 York Road, Suite 110
Oak Brook, IL 60523
E-mail: john.steffens@jci.com

It should be understood that this Request For Proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized.

Thank you for your time and consideration to partner with DaVita.

Sincerely,

JOHN STEFFENS

AGREED TO AND ACCEPTED THIS 25th DAY OF JANUARY 2012

Fountain Plaza Holdings, LLC

By: _____
Authorized Signatory

("Landlord")

AGREED TO AND ACCEPTED THIS 23rd DAY OF JANUARY 2012

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

Cc: Emmett Purcell
Edgar Levin
Christina Maese

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

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

Attachment – 3

File Number 6478-189-8

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

ISD RENAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 06, 2006, 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* 28TH *day of* JANUARY *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1202800434

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

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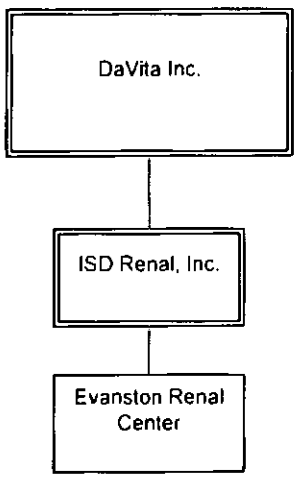
Attachment – 3

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

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

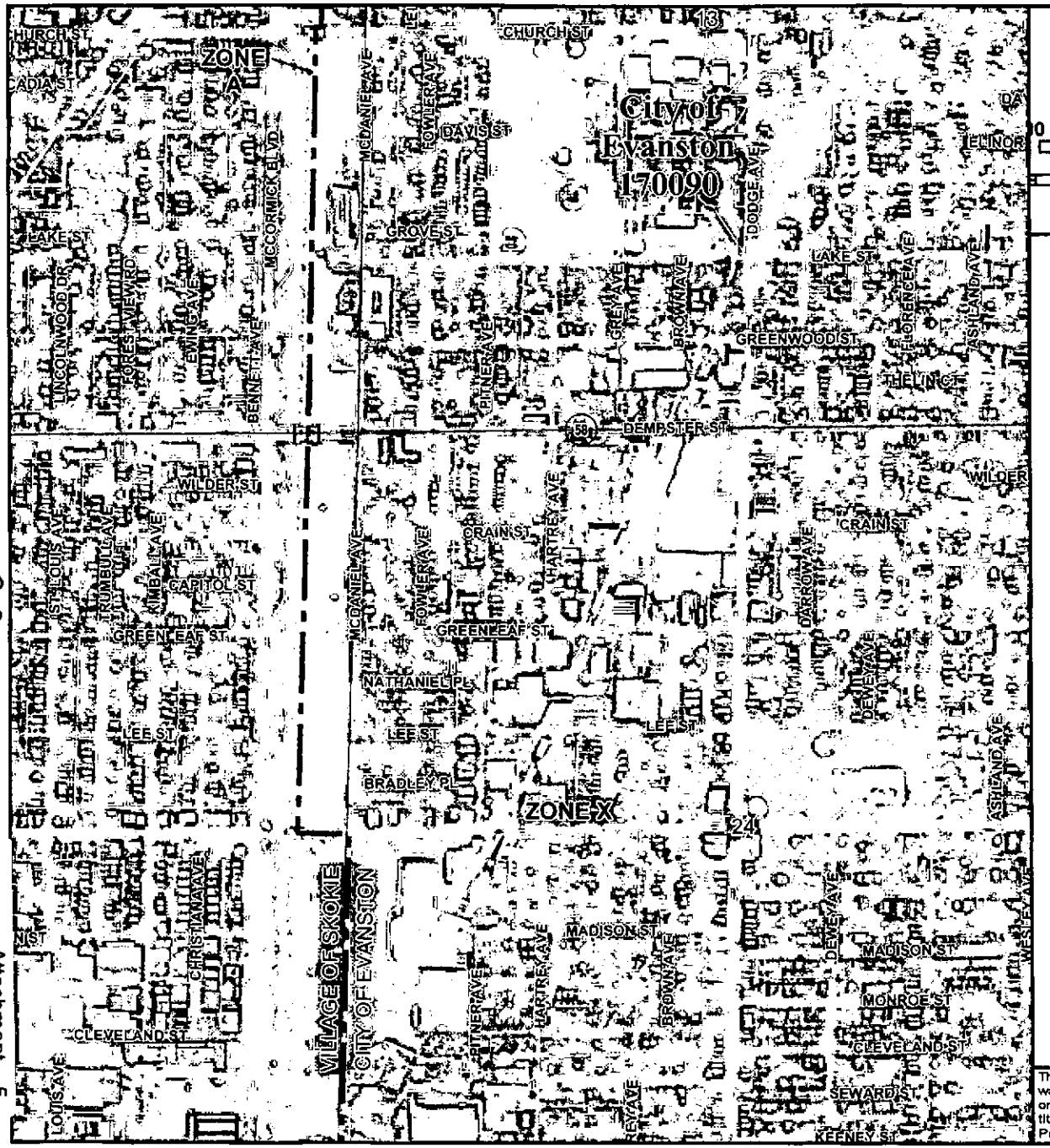
Evanston Renal Center
Organizational Structure



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 1922 Dempster Street, Evanston, Illinois 60202. 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.



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Attachment – 5

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

The Applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.

Polsinelli Shughart PC

Joseph T. Van Leer
(312) 873-3665
jvanleer@polsinelli.com

161 N. Clark Street, Suite 4200
Chicago, IL 60601
(312) 819-1900
Fax: (312) 819-1910
www.polsinelli.com

January 29, 2012

CERTIFIED MAIL / RETURN RECEIPT

Ms. Anne Haaker
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination

Dear Ms. Haaker:

This office represents DaVita Inc. and Total Renal Care, Inc. ("Requestors"). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestor's proposed project to relocate and expand a dialysis facility located in an existing building at 1922 Dempster Street, Evanston, Illinois 60202 ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestors are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to relocate and add 2 stations to its existing dialysis facility in an existing building located at 1922 Dempster Street, Evanston, Illinois 60202 . The Proposed Project will not result in any demolition to the exterior structure.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

3. Photographs of Standing Buildings/Structure

Photographs of the existing building are attached at Attachment 2.

Polsinelli Shughart

4. Address for Building/Structure

The Proposed Project will be located within an existing building located at 1922 Dempster Street, Evanston, Illinois 60202 .

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3665 or jvanleer@polsinelli.com.

Sincerely,

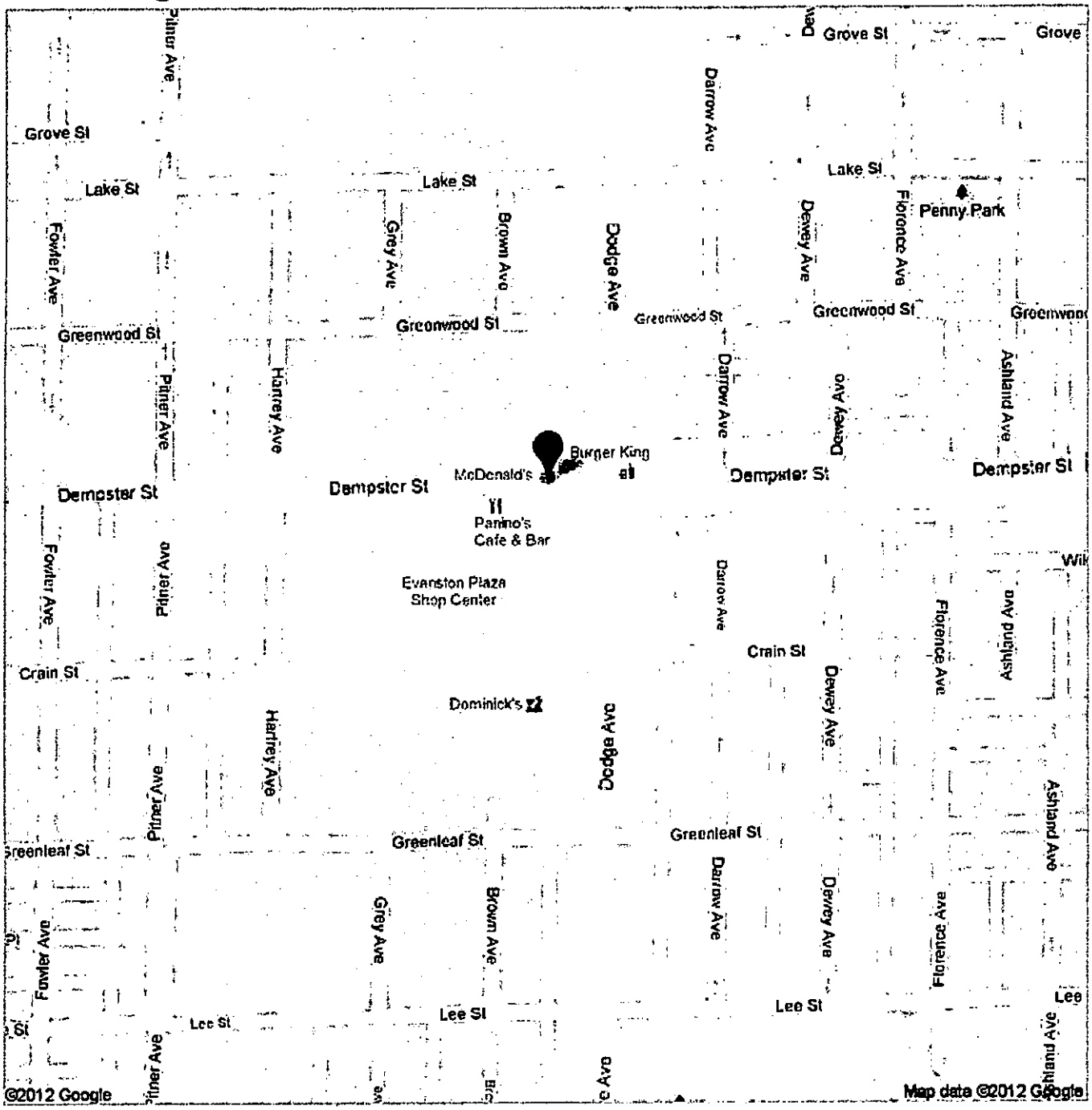
Joseph T. Van Leer, Esq.

Enclosure

JTV:

Google

1922 Dempster St., Evanston, IL 60202



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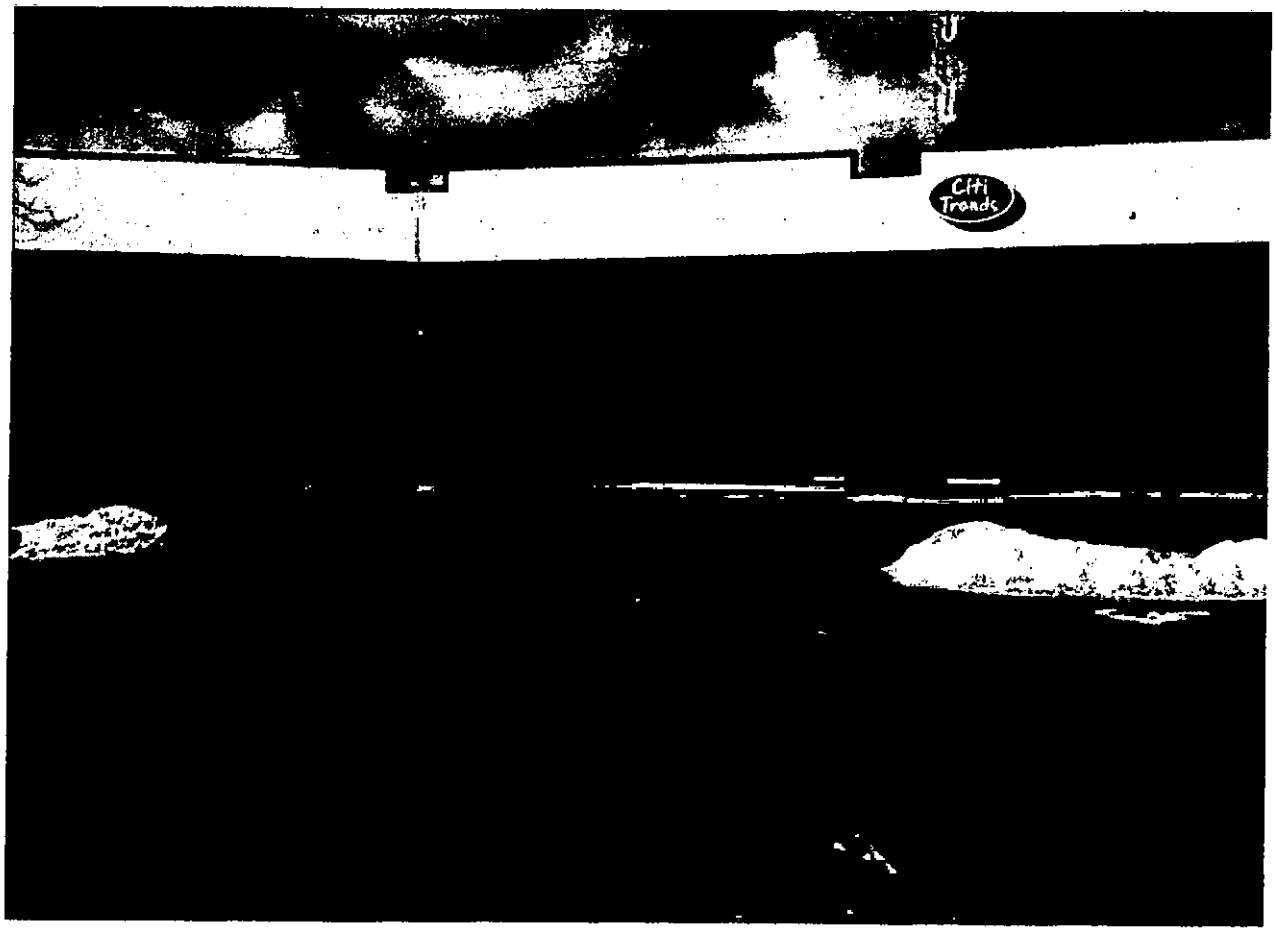
Citi
Trends

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

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
Modernization Contracts	$1,440,200		$1,440,200
Contingencies	$187,226		$187,226
Architectural/Engineering Fees	$83,700		$83,700
Consulting and Other Fees	$40,500		$40,500
Moveable and Other Equipment			
Communications	$105,115		$105,115
Water Treatment	$123,585		$123,585
Bio-Medical Equipment	$11,685		$11,685
Clinical Equipment	$20,845		$20,845
Clinical Furniture/Fixtures	$309,211		$309,211
Lounge Furniture/Fixtures	$24,826		$24,826
Storage Furniture/Fixtures	$4,415		$4,415
Business Office Fixtures	$7,212		$7,212
General Furniture/Fixtures	$13,925		$13,925
Signage	$39,200		$39,200
	$13,000		$13,000
Total Moveable and Other Equipment	$673,019		$673,019
Fair Market Value of Leased Space	$962,926		$962,926
Total Project Costs	**$3,387,571**		**$3,387,571**

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

Although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the Replacement Facility, with the intent of project obligation being contingent upon permit issuance.

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	$3,387,571		10,000		10,000		
Total Clinical	**$3,387,571**		10,000		10,000		
NON CLINICAL							
Total Non-clinical							
TOTAL	**$3,387,571**		10,000		10,000		

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Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to relocate Evanston Renal Center's 18-station facility located at 1715 Central Street, Evanston, Illinois 60201 (the "Existing Facility") to 1922 Dempster Street, Evanston, Illinois 60202 (the "Replacement Facility"). The Replacement Facility will be operated as a 20-station unit.

2. No other clinical services will be discontinued as a result of this project.

3. Anticipated Discontinuation Date: September 30, 2014

4. The Applicants lease space for the Existing Facility from 1717 Central Partnership. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.

5. All medical records will be transferred to the Replacement Facility.

6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

Section II, Discontinuation
Criterion 1110.130(b), Reasons for Discontinuation

The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprlinker system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment.

Section II, Discontinuation
Criterion 1110.130(c), Impact on Access

1. The discontinuation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to residents of Evanston. The Applicants propose to discontinue the existing 18-station dialysis facility and establish a 20-station dialysis facility. The Replacement Facility will be located at 1922 Dempster Street, Evanston, Illinois 60202 approximately 2.35 miles, or 6 minutes, from the Existing Facility.

2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility is attached at Attachment – 10A. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10B. See Appendices – 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time.

3. To date, the Applicants have not receive any impact statements regarding the discontinuation.

Evanston Renal Center
1715 Central Street
Evanston, Illinois 60201

January 17, 2012

CERTIFIED MAIL RETURN RECEIPT

West Metro Dialysis Center
1044 North Mozart
Chicago, IL 60622-2789

To Whom It May Concern:

I am writing on behalf of DaVita Inc. and ISD Renal, Inc. to inform you of the proposed relocation of Evanston Renal Center, an 18-station dialysis facility located at 1715 Central Street, Evanston, Illinois 60201 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is no later than September 30, 2014.

Over the past two years, the facility has served between 49 and 62 end-stage renal disease patients at any given time and the census at the end of December 2011 was 57. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the Evanston Renal Center patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Kara M. Friedman, Polsinelli Shughart, PC, 161 North Clark Street, Suite 4200, Chicago, Illinois 60601. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

Attachment – 10A

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact Kara M. Friedman at kfriedman@polsinelli.com or 312-873-3639.

Sincerely,

Kara Friedman

On behalf of

DaVita Inc.
ISD Renal, Inc.

Attachment – 10B

Table 1110.130(c), Facilities within 45 Minutes Normal Travel Time of Existing Facility							
Facility	**Address**	**City**	**State**	**Zip**	**Mileage**	**Time**	**Adjusted Time**
Evanston Hospital	2650 Ridge Avenue	Evanston	IL	60201-1718	0.72	2	2.3
RCG - Mid America Evanston	2953 Central	Evanston	IL	60201-1245	1.08	3	3.45
Dialysis Ctr of America - (Rogers Park)	2277 West Howard Street	Chicago	IL	60645-1922	3.56	9	10.35
RCG Skokie	9801 Woods Drive	Skokie	IL	60077-1074	3.7	10	11.5
Center for Renal Replacement	7301 N. Lincoln Ave., Ste 205	Lincolnwood	IL	60712-1709	5.87	13	14.95
Big Oaks Dialysis	5623 West Touhy Avenue	Niles	IL	60714-4019	8.26	16	18.4
Nephron Dialysis Ctr Swedish Covenant	5140 North California Ave. #510	Chicago	IL	60625-3645	7.21	16	18.4
Lutheran General - Neomedica	9371 Milwaukee Avenue	Niles	IL	60714-1303	8.1	18	20.7
Neomedica Dialysis Ctrs - North	4800 North Kilpatrick	Chicago	IL	60630-1725	10.78	20	23
Fresenius Medical Care of Lakeview	4800 N. Broadway	Chicago	IL	60640-3604	7.39	21	24.15
RCG - Uptown	4720 N. Marine Drive	Chicago	IL	60640-5120	7.86	21	24.15
Glenview Dialysis Center	4248 Commercial Way	Glenview	IL	60025-3573	9.55	22	25.3
Fresenenius Medical Care of Deerfield	405 Lake Cook Road	Deerfield	IL	60015-4993	12.16	22	25.3
Fresenius Medical Care Northcenter	2620 W. Addison	Chicago	IL	60618-5905	9.77	23	26.45
Highland Park Hospital	718 Glenview Avenue	Highland Park	IL	60035-2432	13.44	23	26.45
Neomedica West Belmont	4848 West Belmont	Chicago	IL	60641-4329	12.8	24	27.6
Logan Square Dialysis	2659 North Milwaukee Ave.	Chicago	IL	60647-1643	14.23	25	28.75
Resurrection Medical Center	7435 West Talcott Avenue	Chicago	IL	60631-3707	11.36	26	29.9
Lincoln Park Dialysis Center	3155-57 N. Lincoln Avenue	Chicago	IL	60657-3111	9.21	26	29.9
Fresenius Medical Care West Willow	1444-1454 West Willow	Chicago	IL	60642-1524	16.65	27	31.05
Children's Memorial Hospital	2611 North Halsted	Chicago	IL	60614-2301	11.11	28	32.2
Fresnius Medical Care Northwest	4701 North Cumberland	Norridge	IL	60706-2905	17.18	30	34.5
Chicago Dialysis Center	820 West Jackson	Chicago	IL	60607-3026	19.41	30	34.5
Circle Medical Management	1426 West Washington Blvd.	Chicago	IL	60607-1821	18.86	30	34.5
Monteclare Dialysis Center	7009-7011 West Belmont	Chicago	IL	60634-4533	15.55	31	35.65
West Metro Dialysis Center	1044 North Mozart	Chicago	IL	60622-2789	17.67	31	35.65
Neomedica Loop East Delaware	557 West Polk Street	Chicago	IL	60607-4388	19.99	31	35.65
Northwestern Mem. Hosp. (Part of RCG Waukegan)	710 Fairbanks CT.	Chicago	IL	60611-3013	13.33	31	35.65
Fresenius Medical Care of Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	19.98	31	35.65
Rush Univ. Med. Ctr.	1653 West Congress Parkway	Chicago	IL	60612-3833	20.7	32	36.8
Dialysis Center of America - Loop	55 East Washington	Chicago	IL	60602-2103	19.96	32	36.8
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	IL	60612-3771	19.71	33	37.95
University of Illinois Hospital	1740 West Taylor	Chicago	IL	60612-7232	21.11	33	37.95
Austin Community Kidney Center	4800 West Chicago Avenue	Chicago	IL	60651-3223	15.78	33	37.95
Garfield Kidney Center	3250 West Franklin Boulevard	Chicago	IL	60624-1509	17.87	33	37.95
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	IL	60624-3358	22.79	34	39.1
RCG - Arlington Heights Northwest Kidney Center	17 West Golf Road	Arlington Heights	IL	60005-3905	15.63	35	40.25
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	IL	60608-1169	21.78	35	40.25
Fresenius Medical Care Mundlein	1400 Townline Road	Mundelein	IL	60060-4433	22.79	35	40.25
RCG-Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	IL	60089-4009	18.3	36	41.4
Mt. Sinai Hospital Med Ctr	1500 South California Avenue	Chicago	IL	60608	22.48	36	41.4

RCG MidAmerica - Prairie	1717 South Wabash Avenue	Chicago	IL	60616-1219	21.71	36	41.4
Lake County Dialysis Ctr	918 South Milwaukee Avenue	Libertyville	IL	60048-3229	23.24	36	41.4
Little Village Dialysis	2335 W. Cermack Road	Chicago	IL	60608-3811	22.84	37	42.55
Neomedica - Gurnee	101 So. Greenleaf St, Ste B	Gurnee	IL	60031-3369	25.85	37	42.55
Neomedica Dialysis Ctrs - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008-1375	20.27	38	43.7
Fresenius Medical Care Palatine	605-691 East Dundee Road	Palatine	IL	60074-2817	19.43	38	43.7
Neomedica Dialysis Ctrs - Bridgeport	825 West 35th Street	Chicago	IL	60609-1511	23.72	38	43.7
West Suburban Hosp. Dialysis Unit	518 S Austin, Ste 5000	Oak Park	IL	60304	26.16	38	43.7
RCG Garfield	5401 South Wentworth Ave	Chicago	IL	60609-6300	25.71	39	44.85
North Avenue Dialysis Center	719 West North Avenue	Melrose Park	IL	60160-1612	18.79	39	44.85

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, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on January 25, 2012as part of Applicants' application for Proj. No. 12-008. The proposed project involves the discontinuation of Evanston Renal Center's existing 18-station dialysis facility and the establishment of a 20-station Replacement Facility located at 1922 Dempster Street, Evanston, Illinois 60202.

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 – 11A.

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 15.1% between 1988 and 2008[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 65-75% 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

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[1] US Renal Data System, USRDS 2011 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; 2011.

[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] US Renal Data System, USRDS 2011 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; 2011.

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.

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.

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.

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 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. In

2010, DaVita opened the first LEED-certified dialysis center in the U.S. 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, or members of the "DaVita Village," 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 Phillipines, 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 – 11B.

   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 – 11C.

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 – 11C.

OCMO

Office of the Chief
Medical Officer (OCMO)
Allen R. Nissenson, MD
Chief Medical Officer
Meredith Mathews, 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.

TEAM IMPACT
90
INCIDENT MANAGEMENT OF PATIENTS ACTIONS CENTERED ON TREATMENT

60

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.

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 ($p\leq0.05$).

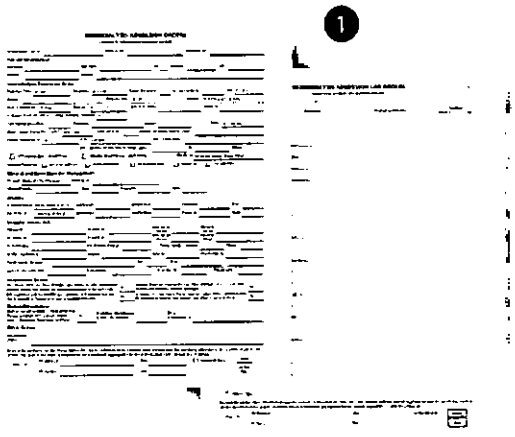
IMPACT is a first step toward a comprehensive approach to reduce mortality of incident patients. We believe this focus may help us to better manage CKD as a continuum of care. Long-term mortality measures will help determine if this process really impacts patients in the intended way, resulting in longer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

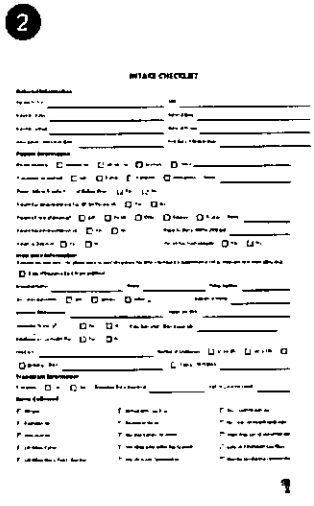
03

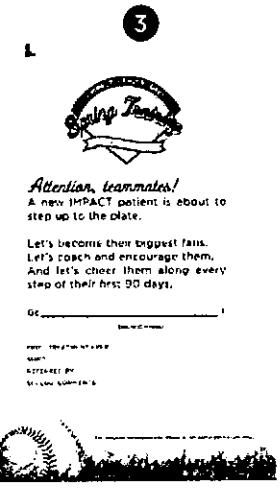
IMPACT Tools

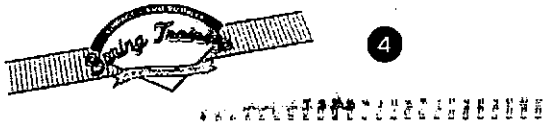
Here's how the IMPACT program will help the team record data, educate patients and monitor their progress in your facilities.

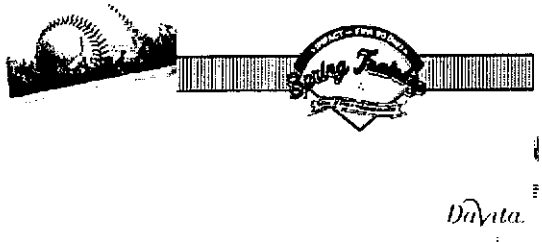
1. Standard Order Template, a two-page form with drop-down menus that can be customized into a center-specific template
2. Intake Checklist to gather registration and clinical data prior to admission
3. Patient Announcement to alert teammates about new incident patients
4. Patient Education Book and 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

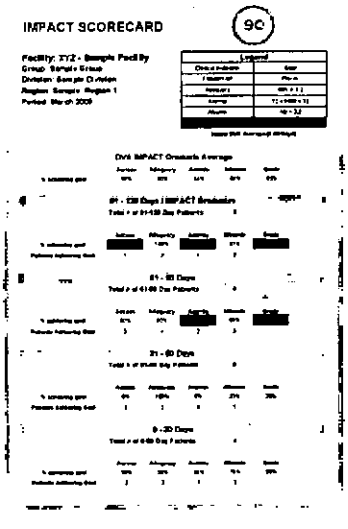


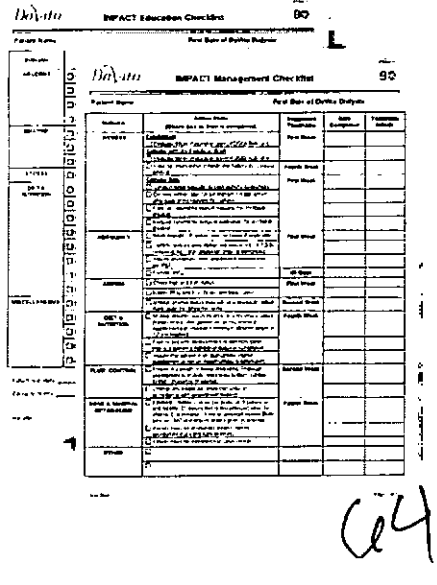


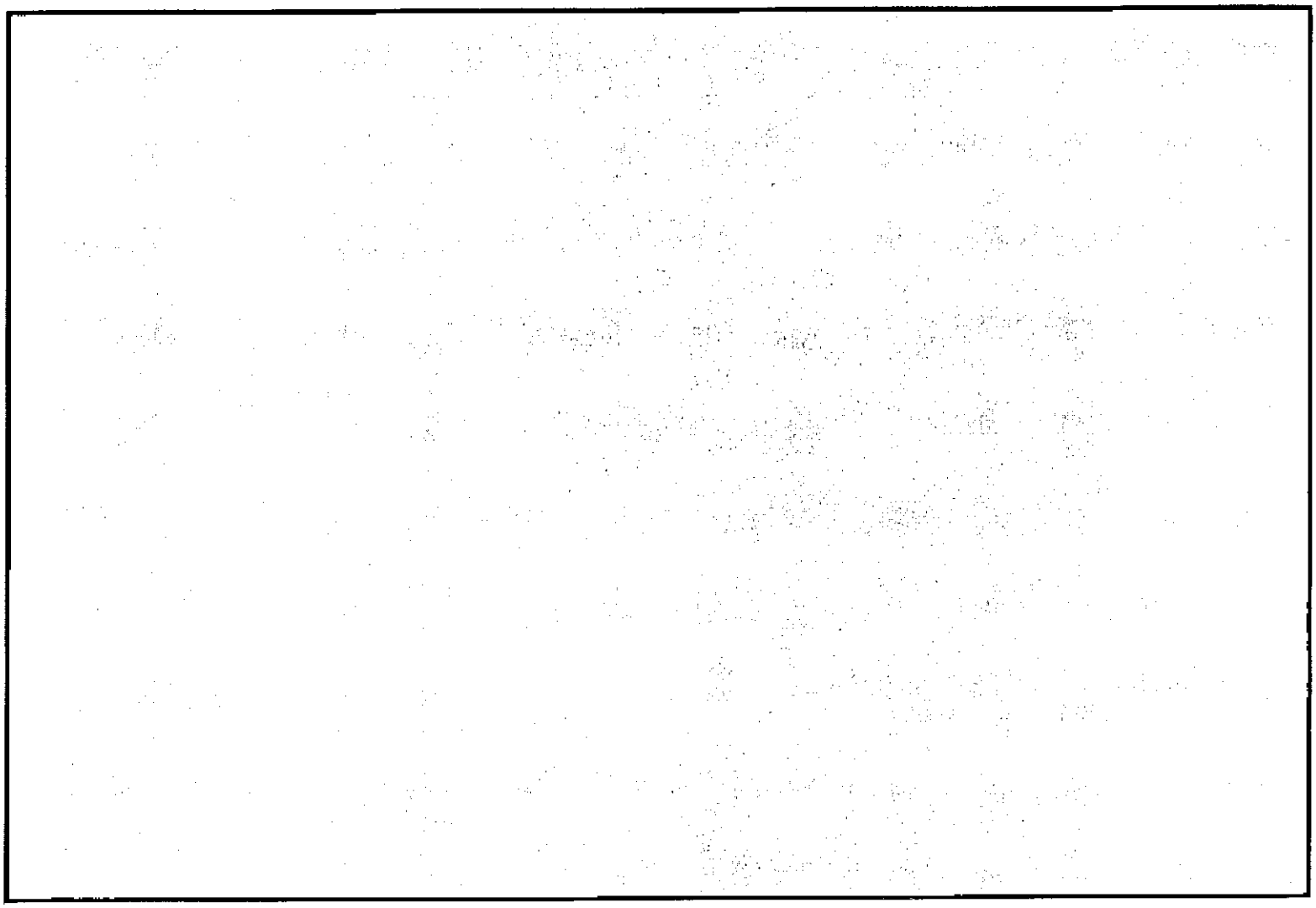












DaVita.

Headquarters
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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♻ Printed with low-VOC, vegetable-based inks on recycled paper in the USA.

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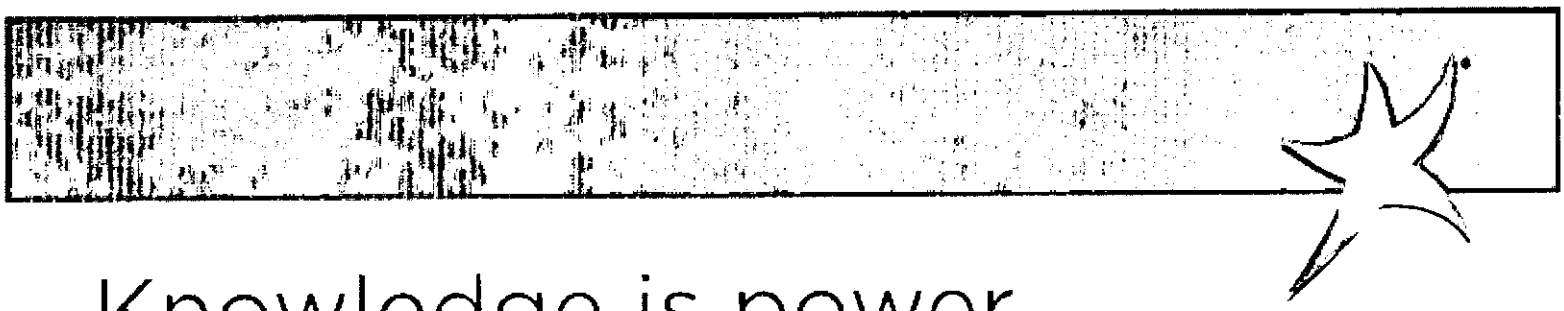

Knowledge is power.

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**	**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	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	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
Driftwood Dialysis						
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	Town Center, NW Corner	Schaumburg	COOK	IL	60193-4072	14-2654
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	Waukegan	LAKE	IL	60085-3676	14-2577
Edwardsville Dialysis	235 S BUCHANAN ST	EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST	CHICAGO	COOK	IL	60609-3435	14-2529

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Attachment – 11B

DaVita Inc. Illinois Facilities						
Regulatory Name	**Address 1**	**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	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kennedy Home Dialysis	5509 N CUMBERLAND AVE	CHICAGO	COOK	IL	60656-4702	14-2691
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
Lockport Home Dialysis	16626 W 159TH ST	LOCKPORT	WILL	IL	60441-8019	14-2697
Logan Square Dialysis	2659 N MILWAUKEE AVE	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
Maryville Home Dialysis	2136B VADALABENE DR	MARYVILLE	MADISON	IL	62062-5632	14-2686
Mattoon Dialysis	200 RICHMOND AVE E	MATTOON	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

DaVita Inc. Illinois Facilities						
Regulatory Name	**Address 1**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
Olney Dialysis Center	117 N BOONE ST	OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	MATTESON	COOK	IL	60443-2318	14-2548
Pittsfield Dialysis	640 W WASHINGTON ST	PITTSFIELD	PIKE	IL	62363-1350	14-2708
Robinson Dialysis	1215 N ALLEN ST	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
Skyline Home Dialysis	7009 W BELMONT AVE	CHICAGO	COOK	IL	60634-4533	14-2560
Springfield Central Dialysis	932 N RUTLEDGE ST	SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	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	FAIRFIELD	WAYNE	IL	62837-1203	14-2688

DaVita Inc. Illinois Facilities						
Regulatory Name	**Address 1**	**City**	**County**	**State**	**Zip**	**Medicare Certification Number**
West Lawn Dialysis	7000 S PULASKI RD	CHICAGO	COOK	IL	60629-5842	14-2719
Whiteside Dialysis	2600 N LOCUST	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	1164 E 55TH ST	CHICAGO	COOK	IL	60615-5115	14-2310

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DaVita.

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

January 16, 2012

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 ISD Renal, 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,

Luis Borgen
Chief Financial Officer
DaVita Inc.
ISD Renal, Inc.

Subscribed and sworn to me
This 16th day of January, 2012

Notary Public

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

Attachment – 11C

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

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 relocate the Existing Facility located at 1715 Central Street, Evanston, Illinois 60201 to 1922 Dempster Street, Evanston, Illinois 60202 (the "Replacement Facility") and to meet the growing need for dialysis services in HSA 7.

   The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building and the lease term is nearing its end, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

   Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprinkler system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. At this time, the dialysis machines are nearing obsolescence and will require replacement shortly regardless of the location of the facility. The new facility will be state-of-art with new machines, monitoring equipment and bio-tech systems and adequate parking including a dedicated pick-up and drop-off location with appropriate curb cuts as well as parking designated for handicapped patients. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment during the day.

   The proposed location is just 2.35 miles, or 6 minutes, from the Existing Facility, so the facility will continue to serve its current patients and meet the need for dialysis services in the area. Also note that this facility was one of nine facilities that merged with our company as part of the DSI transaction. Upon inspection in connection with the merger, we identified this facility as the one with the most acute need for replacement.

   The Replacement Facility is needed to serve the growing demand for dialysis services in Evanston. There is currently a need for 108 dialysis stations in HSA 7. Currently, the Existing Facility serves 56 ESRD patients. Dr. Stuart Sprague, the Medical Director for Evanston Renal Center, anticipates all 56 current patients will transfer to the Replacement Facility. Dr. Sprague is currently treating 52 pre-ESRD patients that reside in and around Evanston. See Attachment – 12A. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 98 patients will receive treatment at the Replacement Facility within 12 to 18 months. This represents an 81% utilization rate, which exceeds the State's 80% standard.

Furthermore, utilization of existing facilities to accommodate growing need for dialysis is not feasible. As shown in Attachment – 12B, there are currently 21 existing or approved dialysis facilities within 30 minutes normal travel time of Evanston Renal Center. As reported by the Renal Network (the "Renal Network Utilization Data") for the quarter ended September 30, 2011, utilization of facilities in operation for at least two years was 74%, and nearly half of the facilities were operating near or above the State Board's utilization standard. Of the facilities operating below the State Board's utilization standard, two facilities, Big Oaks Dialysis and FMC Deerfield, have been operational for less than two quarters. Importantly, these facilities serve a distinct patient population from Evanston Renal Center and are projected to reach the State Board's 80% utilization within the first two years of operation. Furthermore, Children's Memorial Hospital treats a pediatric-only patient population. Thus, the addition of 2 dialysis stations will allow patients to schedule their dialysis at more optimal times without negatively impacting utilization at other facilities, as discussed in more detail below.

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses a 11 mile radius around the proposed facility. The boundaries of the market area are as follows:

    - North approximately 10 minutes normal travel time to Langdon Park
    - Northeast approximately 8 minutes normal travel time to Lake Michigan
    - East approximately 5 minutes normal travel time to N. Sheridan Road
    - Southeast approximately 30 minutes normal travel time to Downtown Chicago
    - South approximately 30 minutes normal travel time to Bucktown
    - Southwest approximately 30 minutes normal travel time to Chicago O'Hare International Airport
    - West approximately 30 minutes normal travel time to Mount Prospect
    - Northwest approximately 30 minutes normal travel time to Wheeling

3. The minimum size of a GSA is 30 minutes; however, most of the patients reside within 15 minutes normal travel time of the proposed facility. Diabetes and hypertension (high blood pressure) are the two leading causes of CKD and ESRD. See Attachment 12D. African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension in the African American community. In fact, the incident rate among the African American population is 3.6 times greater than among whites. Notably, the City of Evanston has a significant African American community (approximately 18%). This, coupled with the aging population, is expected to increase. Furthermore, many patients rely on quasi-public transit, family members, and friends for transportation to and from treatment. Including transportation time and transition time, patients typically devote 15 to 20 hours for dialysis each week over three days. It is essential the Applicants obtain approval for a new location in order to continue providing necessary dialysis services to Evanston Renal Center's patients. Although there are other facilities in the area, they will not be able to easily accommodate Evanston patients due to high utilization.

    The current patient utilization along with the pre-ESRD patients identified by Dr. Sprague confirms this. 56 patients will continue treatment at the Replacement Facility, and Dr. Sprague is currently treating 52 CKD patients. See Attachment – 12A. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 98 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 81% utilization rate, which exceeds the State's 80% standard. This will contribute to meeting the need identified in the HFSRB Inventory.

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. The Existing Facility is suboptimal and cannot meet the needs of patients and staff. As the Applicant does not own the building and the lease term is nearing its end, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

   Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprinkler system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. At this time, the dialysis machines are nearing obsolescence and will require replacement shortly regardless of the location of the facility. The new facility will be state-of-art with new machines, monitoring equipment and bio-tech systems and adequate parking including a dedicated pick-up and drop-off location with appropriate curb cuts as well as parking designated for handicapped patients. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment during the day.

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.

Table 110.230(b)(1), Facilities within 30 Minutes Normal Travel Time of Proposed Facility								
Facility	City	State	Mileage	Time	Adjusted Time	Stations	Patients (9/30/11)	Utilization (9/30/11)
Evanston Hospital	Evanston	Illinois	2.26	6	6.9	5	0	0.00%
RCG - Mid America Evanston	Evanston	Illinois	2.57	6	6.9	20	59	49.17%
Dialysis Ctr of America - (Rogers Park)	Chicago	Illinois	2.16	6	6.9	20	62	51.67%
Center for Renal Replacement	Lincolnwood	Illinois	4.21	10	11.5	16	76	79.17%
RCG Skokie	Skokie	Illinois	4.57	11	12.65	14	60	71.43%
Big Oaks Dialysis	Niles	Illinois	5.5	13	14.95	12	12	16.67%
Nephron Dialysis Ctr Swedish Covenant	Chicago	Illinois	4.61	13	14.95	12	70	97.22%
Fresenius Medical Care of Lakeview	Chicago	Illinois	6.05	17	19.55	18	53	49.07%
Neomedica Dialysis Ctrs - North	Chicago	Illinois	9.29	17	19.55	28	126	75.00%
RCG - Uptown	Chicago	Illinois	6.52	18	20.7	12	40	55.56%
Lutheran General - Neomedica	Niles	Illinois	7.33	18	20.7	32	125	65.10%
Fresenius Medical Care Northcenter	Chicago	Illinois	7.35	20	23	16	73	76.04%
Neomedica West Belmont	Chicago	Illinois	11.31	22	25.3	13	45	57.69%
Lincoln Park Dialysis Center	Chicago	Illinois	7.89	22	25.3	22	100	75.76%
Glenview Dialysis Center	Glenview	Illinois	10.1	22	25.3	20	94	78.33%
Logan Square Dialysis	Chicago	Illinois	12.74	22	25.3	20	117	97.50%
Fresenenius Medical Care of Deerfield	Deerfield	Illinois	13.83	23	26.45	12	29	40.28%
Resurrection Medical Center	Chicago	Illinois	9.7	23	26.45	14	56	66.67%
Fresenius Medical Care West Willow	Chicago	Illinois	15.16	25	28.75	12	0	0.00%
Children's Memorial Hospital	Chicago	Illinois	9.77	25	28.75	6	18	50.00%
Highland Park Hospital	Highland Park	Illinois	15.11	25	28.75	20	103	85.83%

Attachment – 12B

Evanston Renal Center Geographic Service Area

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Attachment – 12C

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Editorial Review

The obesity epidemics in ESRD: from wasting to waist?

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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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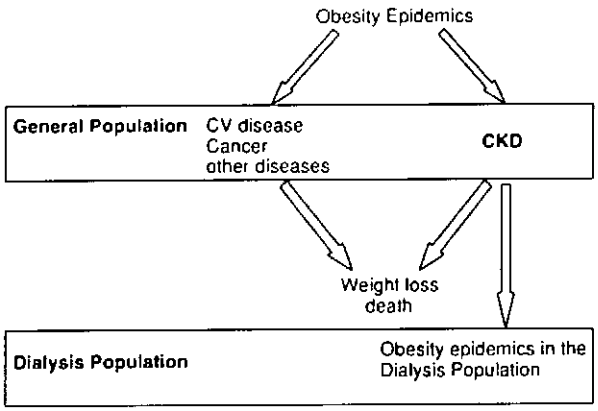

Fig. 1. Simple model whereby the obesity epidemics in the general population generate a parallel obesity epidemics in the dialysis population. Death and weight loss generated by CKD and other obesity-driven diseases represent competing risks that limit the rise in the prevalence of obesity in the dialysis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

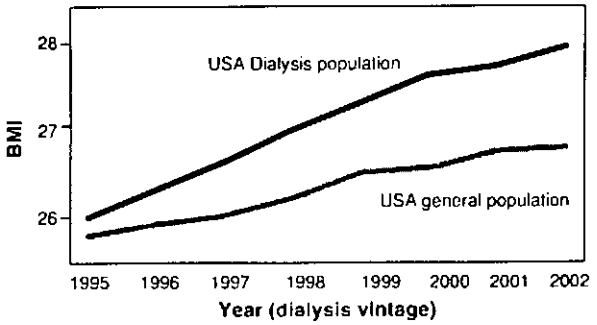

Fig. 2. Temporal trends in BMI (kg/m^2) among incident ESRD patients population by year of dialysis initiation and in the coeval general US population (Behavioral Risk Factor Surveillance System). Redrawn from Kramer HJ *et al.* [16].

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.

References

1. Banegas JR, Lopez-Garcia E, Gutierrez-Fisac JL *et al.* A simple estimate of mortality attributable to excess weight in the European Union. *Eur J Clin Nutr* 2003; 57: 201–208
2. Reaven G, Abbasi F, McLaughlin T. Obesity, insulin resistance, and cardiovascular disease. *Recent Prog Horm Res* 2004; 59: 207–223
3. Wiseman M. The second world cancer research fund/American Institute for cancer research expert report. Food, nutritinn, physical activity, and the prevention of cancer: a global perspective. *Proc Nutr Soc* 2008; 67: 253–256.
4. Metwally M, Ledger WL, Li TC. Reproductive endocrinolngy and clinical aspects of obesity in women. *Ann N Y Acad Sci* 2008; 1127: 140–146
5. Plumb J, Brawer R, Brisbon N. The interplay of obesity and asthma. *Curr Allergy Asthma Rep* 2007; 7: 385–389
6. Greenfield V, Cheung O, Sanyal AJ. Recent advances in nonalcoholic fatty liver disease. *Curr Opin Gastroenterol* 2008; 24: 320–327
7. Garstang SV, Stitik TP. Osteoarthritis: epidemiology, risk factors, and pathophysiology. *Am J Phys Med Rehabil* 2006; 85: S2–S11
8. James WP. The epidemiology of obesity: the size of the problem. *J Intern Med* 2008; 263: 336–352
9. James WPT, Jackson-Leach R, Ni Mhurchu C *et al.* Overweight and obesity (high body mass index). In: Ezzati M *et al.* (ed). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attribution to Selected Major Risk Factors*. Geneva: World Health Organization, 2004, 497–596
10. Peeters A, Barendregt JJ, Willekens F *et al.* Obesity in adulthood and its consequences for life expectancy: a life-table analysis. *Ann Intern Med* 2003; 138: 24–32
11. Mafra D, Guebre-Egziabher F, Fouque D. Body mass index, muscle and fat in chronic kidney disease: questions about survival. *Nephrol Dial Transplant* 2008; 23: 2461–2466
12. Ritz E. Obesity and CKD: how to assess the risk? *Am J Kidney Dis* 2008; 52: 1–6
13. Ritz E. Metabolic syndrome and kidney disease. *Blood Purif* 2008; 26: 59–62
14. Iseki K, Ikemiya Y, Kinjo K *et al.* Body mass index and the risk of development of end-stage renal disease in a screened cohort. *Kidney Int* 2004; 65: 1870–1876
15. Hsu CY, McCulloch CE, Iribarren C *et al.* Body mass index and risk for end-stage renal disease. *Ann Intern Med* 2006; 144: 21–28
16. Kramer HJ, Saranathan A, Luke A *et al.* Increasing body mass index and obesity in the incident ESRD population. *J Am Soc Nephrol* 2006; 17: 1453–1459
17. De Mustert R, Snijder MB, van der Sman-de Beer F *et al.* Association between body mass index and mortality is similar in the hemodialysis population and the general population at high age and equal duration of follow-up. *J Am Soc Nephrol* 2007; 18: 967–974
18. Johansen KL, Young B, Kaysen GA *et al.* Association of body size with outcomes among patients beginning dialysis. *Am J Clin Nutr* 2004; 80: 324–332
19. Kalantar-Zadeh K, Kopple JD, Kilpatrick RD *et al.* Association of morbid obesity and weight change over time with cardiovascular survival in hemodialysis population. *Am J Kidney Dis* 2005; 46: 489–500
20. Leavey SF, McCullough K, Hecking E *et al.* Body mass index and mortality in 'healthier' as compared with 'sicker' haemodialysis patients: results from the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Nephrol Dial Transplant* 2001; 16: 2386–2394
21. Abdulla J, Kober L, Abildstrom SZ *et al.* Impact of obesity as a mortality predictor in high-risk patients with myocardial infarction or chronic heart failure: a pooled analysis of five registries. *Eur Heart J* 2008; 29: 594–601
22. Kalantar-Zadeh K, Block G, Horwich T *et al.* Reverse epidemiology of conventional cardiovascular risk factors in patients with chronic heart failure. *J Am Coll Cardiol* 2004; 43: 1439–1444
23. Levin NW, Handelman GJ, Coresh J *et al.* Reverse epidemiology: a confusing, confounding, and inaccurate term. *Semin Dial* 2007; 20: 586–592
24. Zoccali C, Testa A, Spoto B *et al.* Mendelian randomization: a new approach to studying epidemiology in ESRD. *Am J Kidney Dis* 2006; 47: 332–341
25. K/DOQI, National Kidney Foundation. Clinical practice guidelines for nutrition in chronic renal failure. *Am J Kidney Dis* 2000; 35: S1–S140
26. Fouque D, Vennegoor M, Ter WP *et al.* EBPG guideline on nutrition. *Nephrol Dial Transplant* 2007; 22(Suppl 2): ii45–ii87
27. Kalantar-Zadeh K, Horwich TB, Oreopoulos A *et al.* Risk factor paradox in wasting diseases. *Curr Opin Clin Nutr Metab Care* 2007; 10: 433–442
28. Romero-Corral A, Montori VM, Somers VK *et al.* Associatinn of bodyweight with total mortality and with cardiovascular events in coronary artery disease: a systematic review of cohort studies. *Lancet* 2006; 368: 666–678
29. Franzosi MG. Should we continue to use BMI as a cardiovascular risk factor? *Lancet* 2006; 368: 624–625
30. Bouchard C. BMI, fat mass, abdominal adiposity and visceral fat: where is the 'beef'? *Int J Obes (Lond)* 2007; 31: 1552–1553
31. Janssen I, Katzmarzyk PT, Ross R. Body mass index, waist circumference, and health risk: evidence in support of current National Institutes of Health guidelines. *Arch Intern Med* 2002; 162: 2074–2079
32. Yusuf S, Hawken S, Ounpuu S *et al.* Obesity and the risk of myocardial infarction in 27,000 participants from 52 countries: a case-control study. *Lancet* 2005; 366: 1640–1649
33. Thum T, Anker SD. Obesity and risk of myocardial infarction: the INTERHEART study. *Lancet* 2006; 367: 1051–1052
34. Snijder MB, van Dam RM, Visser M *et al.* What aspects of body fat are particularly hazardous and how do we measure them? *Int J Epidemiol* 2006; 35: 83–92
35. Beddhu S, Pappas LM, Ramkumar N *et al.* Effects of body size and body composition on survival in hemodialysis patients. *J Am Soc Nephrol* 2003; 14: 2366–2372
36. Honda H, Qureshi AR, Axelsson J *et al.* Obese sarcopenia in patients with end-stage renal disease is associated with inflammation and increased mortality. *Am J Clin Nutr* 2007; 86: 633–638

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37. Sanches FM, Avesani CM, Kamimura MA *et al.* Waist circumference and visceral fat in CKD: a cross-sectional study. *Am J Kidney Dis* 2008; 52: 66–73
38. Elsayed EF, Sarnak MJ, Tighiouart H *et al.* Waist-to-hip ratio, body mass index, and subsequent kidney disease and death. *Am J Kidney Dis* 2008; 52: 29–38
39. Elsayed EF, Tighiouart H, Weiner DE *et al.* Waist-to-hip ratio and body mass index as risk factors for cardiovascular events in CKD. *Am J Kidney Dis* 2008; 52: 49–57
40. Li PK, Kwan BC, Szeto CC *et al.* Metabolic syndrome in peritoneal dialysis patients. *Nephrol Dial Transplant Plus* 2008; 4: 206–214

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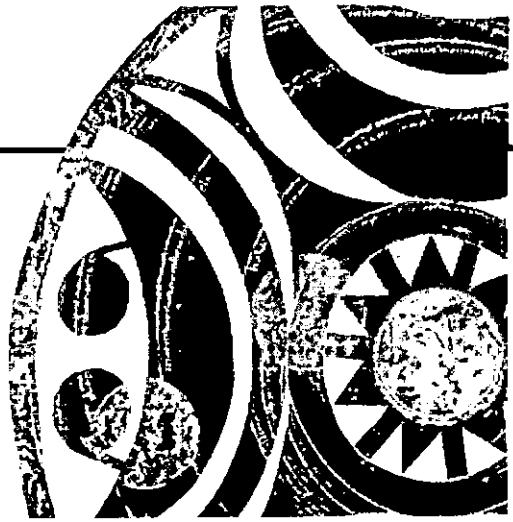
chapter TWO

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

91



GROWTH OF THE ESRD PROGRAM IS TYPICALLY CHARACTERIZED BY ASSESSMENT OF TOTAL PATIENT COUNTS AT A SINGLE POINT IN TIME (POINT PREVALENCE), OF NEW PATIENTS WHO ARE ACCEPTED FOR TREATMENT (INCIDENCE), AND 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.

INCIDENCE & PREVALENCE

Introduction

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rare diseases 262
network populations 264

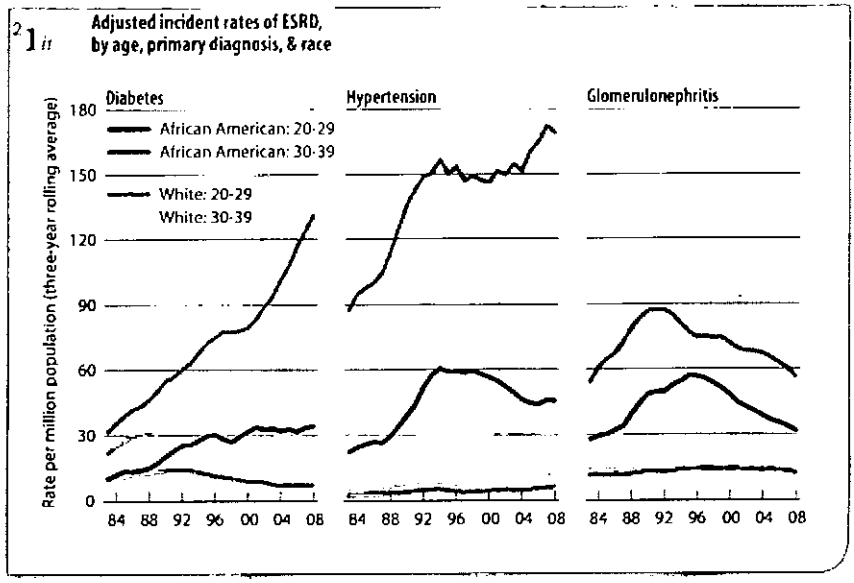
Data on the median age of incident patients show important trends; the slight decline in the age of white and Asian patients, for instance, may illustrate an increasing number of patients age 45–64 entering ESRD, a reflection of the expanding number of post-war baby boomers reaching their middle years. 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.



+ FIGURE 2.1; see page 471 for analytical methods. *Incident ESRD patients. Adj: gender; ref: 2005 ESRD patients.*

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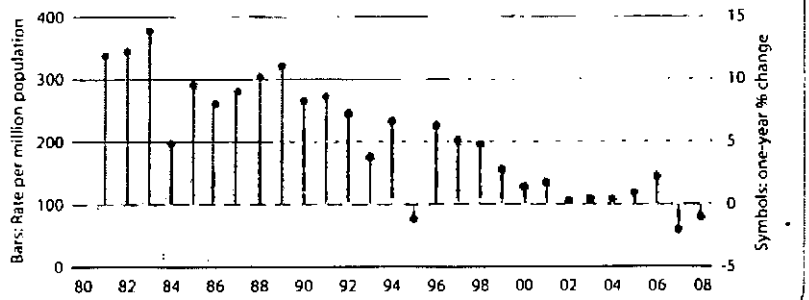
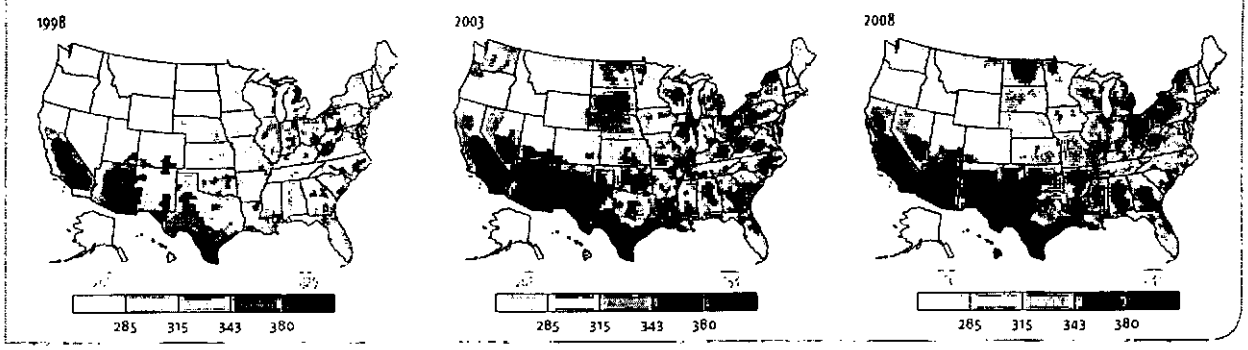
After a 2.1 percent decline in 2007, the adjusted incident rate of end-stage renal disease fell 1.1 percent in 2008, to 350.8 per million population. Prior to the decline in these two years, the rate of new ESRD cases had increased or remained stable each year since 1996.

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

2.2 Adjusted incident rates of ESRD & annual percent change

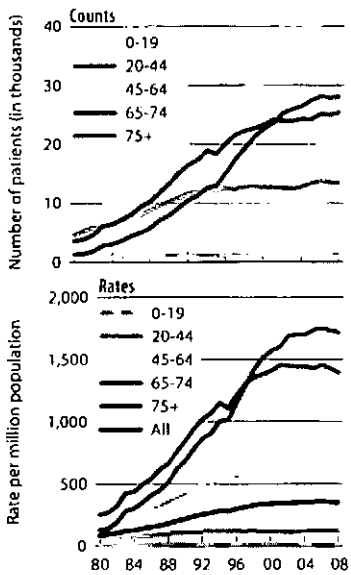


2.3 Geographic variations in adjusted incident rates of ESRD (per million population), by HSA

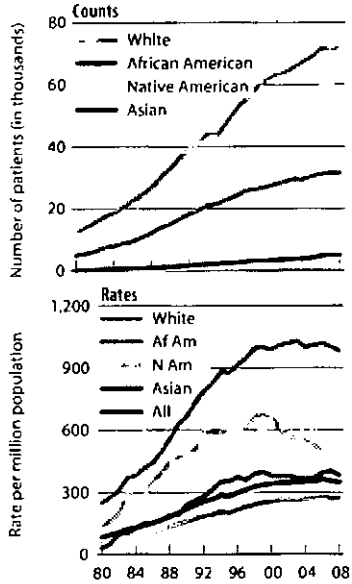


INCIDENT COUNTS & ADJUSTED RATES

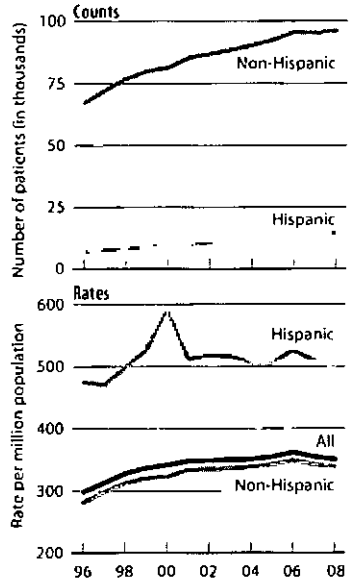
2.4 Incident counts & adjusted rates of ESRD, by age



2.5 Incident counts & adjusted rates of ESRD, by race

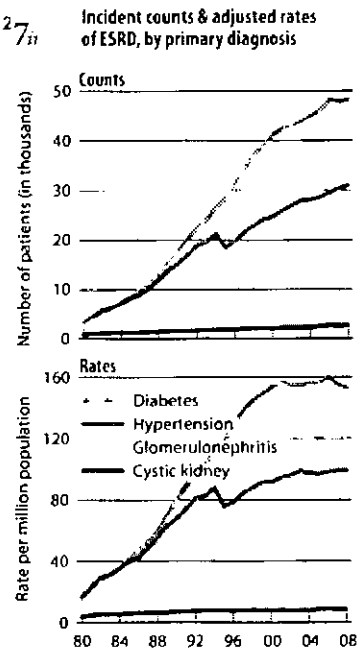


2.6 Incident counts & adjusted rates of ESRD, by Hispanic ethnicity

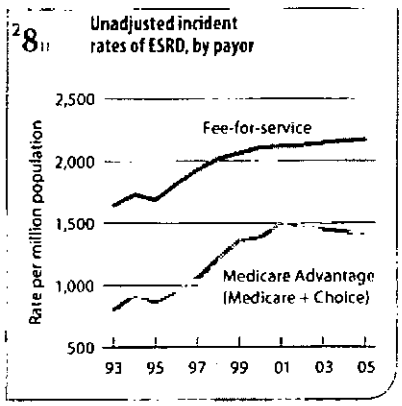


INCIDENCE & PREVALENCE
incidence
94

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.*



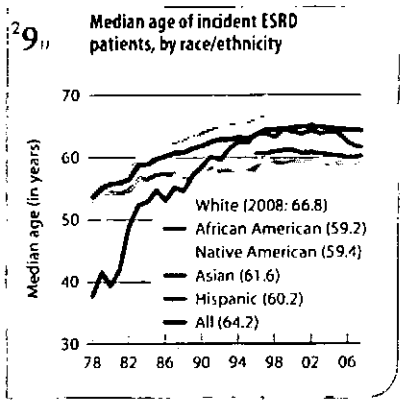
The incident rate among patients with Medicare Advantage (formerly Medicare + Choice) coverage peaked in 2001, and by 2005 had fallen nearly 6 percent, reaching 1,411 per million population — 35 percent lower than the rate of 2,168 found in the fee-for-service population. More recent data are not yet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



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.

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.*



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.*

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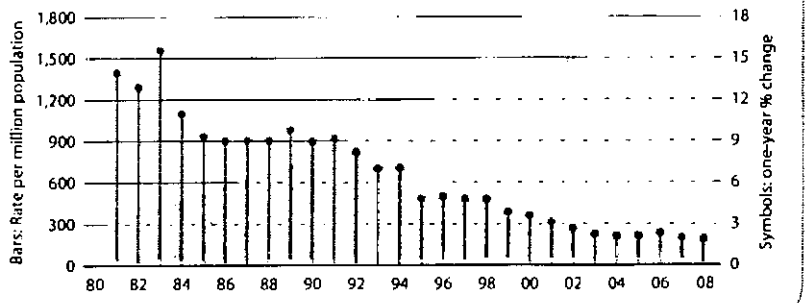
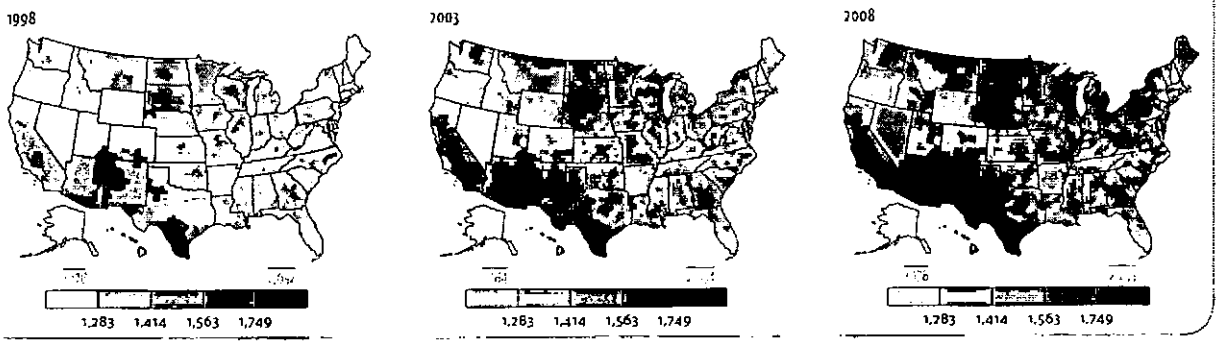
The adjusted rate of prevalent cases of end-stage renal disease rose 1.9 percent in 2008 — the same growth seen in 2007 — to 1,699 per million population. This rate is nearly 20 percent higher than that seen in 2000. The annual rate of increase has remained between 1.9 and 2.3 percent since 2003. : FIGURE 2.10; see page 471 for analytic methods. *December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

2 10 n Adjusted prevalent rates of ESRD & annual percent change

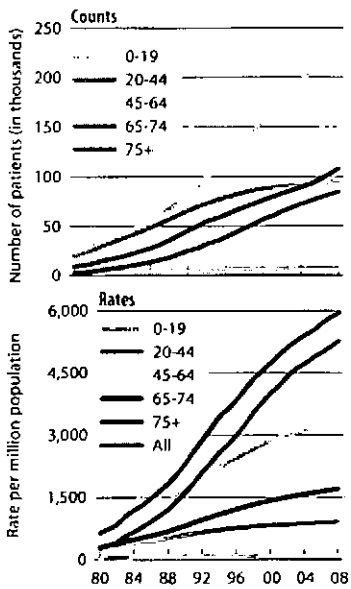


2 11 n Geographic variations in adjusted prevalent rates of ESRD (per million population), by HSA

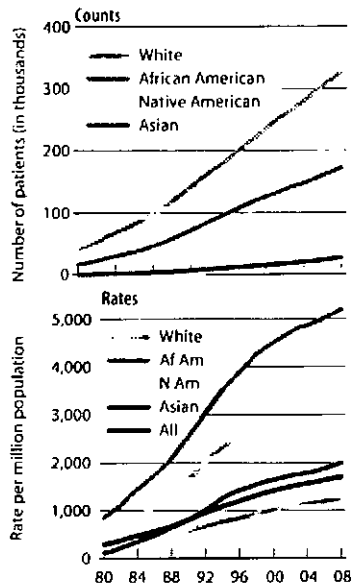


PREVALENT COUNTS & ADJUSTED RATES

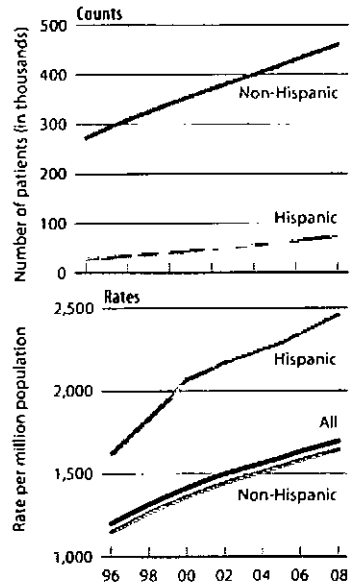
2 12 n Prevalent counts & adjusted rates of ESRD, by age



2 13 n Prevalent counts & adjusted rates of ESRD, by race



2 14 n Prevalent counts & adjusted rates of ESRD, by Hispanic ethnicity



INCIDENCE & PREVALENCE

prevalence

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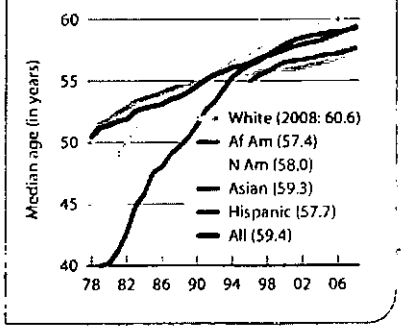
The median age of the prevalent ESRD population has increased 3.2 percent since 2000, reaching 59.4 in 2008. By race and ethnicity, it varies from 57.4 in the African American population to 60.6 among whites. ▫ FIGURE 2.16; see page 471 for analytical methods. *December 31 point prevalent ESRD patients.*

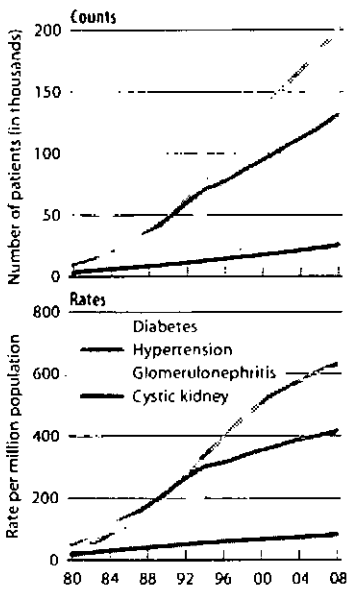
In 2008, the rate of prevalent ESRD was 1,699 per million population (see Table p.a), and averaged 2,235 in the upper quintile. With the addition of high rates in the Upper Midwest, geographic patterns generally follow those found in the incident population, with rates in the upper quintile occurring 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 16ii Median age of prevalent ESRD patients, by race/ethnicity



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 15ii Prevalent counts & adjusted rates of ESRD, by primary diagnosis



2 a ii 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	286	[illegible]	[illegible]	[illegible]	[illegible]	484	491	[illegible]
Los Angeles, CA	354	1,668	[illegible]	[illegible]	656	[illegible]	545	2,598
Chicago, IL	283	1,508	[illegible]	4,660	377	1,640	457	[illegible]
Dallas Fort Worth, TX	201	1,009	[illegible]	[illegible]	253	1,274	381	[illegible]
Philadelphia, PA	255	1,130	[illegible]	[illegible]	58	955	458	[illegible]
Houston, TX	264	1,353	912	4,661	247	1,146	450	2,094
Miami, FL	268	1,075	819	4,071	339	1,401	305	1,177
Atlanta, GA	176	773	737	3,877	244	1,095	198	877
Washington, DC	169	794	823	4,400	249	1,411	286	1,321
Boston, MA	224	1,064	824	4,306	318	1,686	501	2,033
Detroit, MI	289	[illegible]	[illegible]	[illegible]	337	1,866	495	[illegible]
Phoenix, AZ	265	[illegible]	[illegible]	[illegible]	599	[illegible]	496	[illegible]
San Francisco/Oakland, CA	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	558	[illegible]
Riverside-San Bern., CA	311	1,473	[illegible]	[illegible]	[illegible]	654	449	[illegible]
Seattle, WA	66	868	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Minneapolis-St Paul, MN	189	1,023	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
Denver, CO	196	900	[illegible]	[illegible]	[illegible]	16	169	[illegible]
Pittsburgh, PA	399	1,551	1,458	7,449	961	3,572	*	[illegible]
Portland, OR	210	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	332	[illegible]
Cincinnati, OH	244	[illegible]	[illegible]	[illegible]	*	[illegible]	*	[illegible]
Sacramento, CA	230	[illegible]	*	[illegible]	[illegible]	[illegible]	424	[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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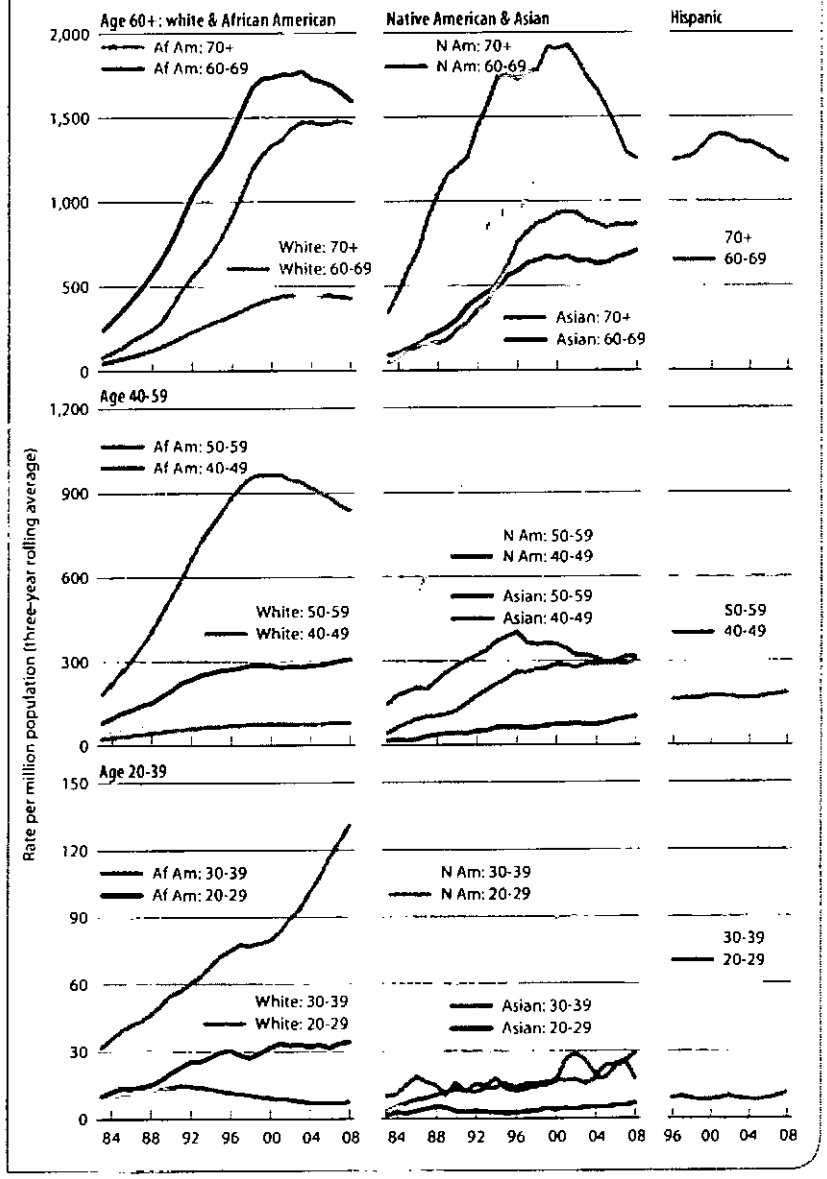
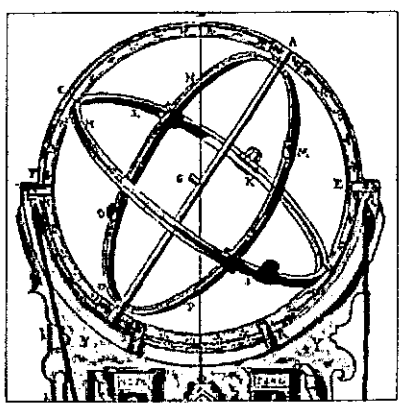
Both the rates of incident ESRD caused by diabetes and their growth over time continue to vary widely by age and race/ethnicity. Among whites age 30–39, for example, the incident rate (adjusted for gender) has fallen 7.0 percent since 2000, to 33.3 per million population. In African Americans of the 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.

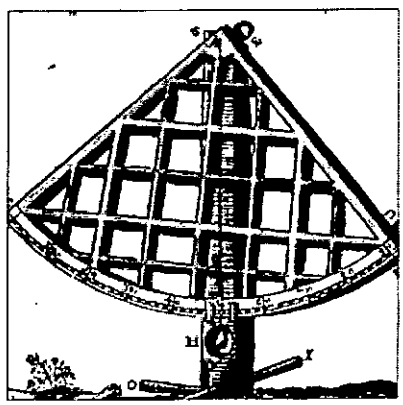
Different patterns are seen among older populations. Among those age 50–59, the rate has fallen more than 13 percent since 2000 for African Americans, and more than 42 percent for Native Americans; among whites and Asians, in contrast, it has increased 2 and 9 percent, respectively.

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 ... analytical 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



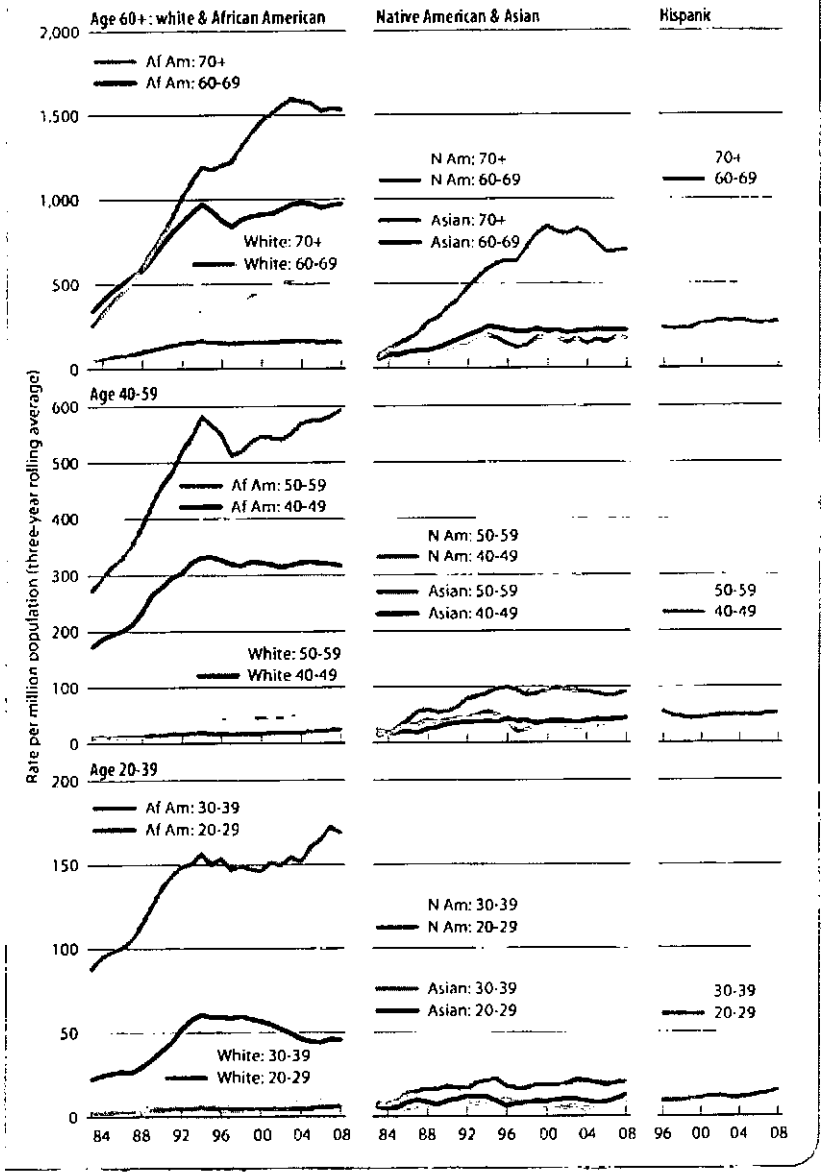




INCIDENCE & PREVALENCE: *incident rates & racial differences*

98

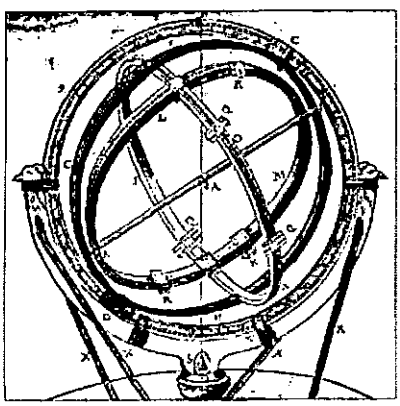
2.18 Adjusted incident rates of ESRD due to hypertension, by age, race, & ethnicity

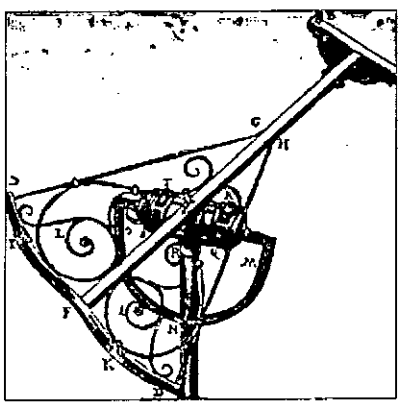


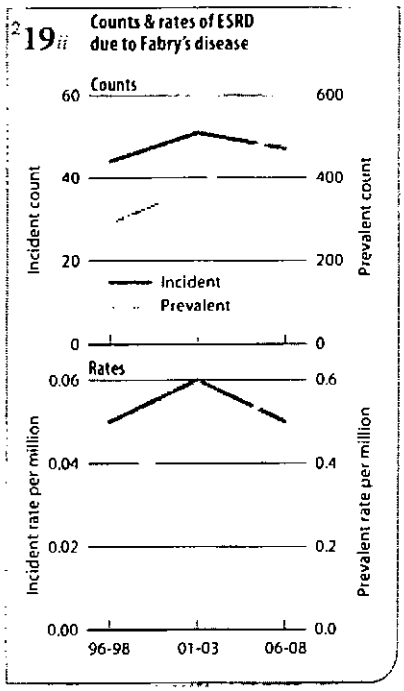
As with diabetic ESRD, there are significant disparities by age, race, and ethnicity in the incidence of ESRD due to hypertension. Among whites age 30–39, for example, the rate per million population rose 51.5 percent between 2000 and 2008, to reach 12.9. The rate for African Americans of the same age 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.

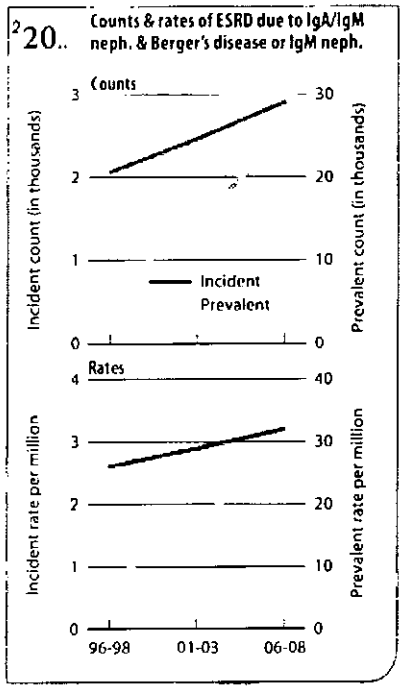
Similar patterns are visible among older age groups. In contrast, for instance, to a 42 percent rise among white patients age 40–49, the rate among African Americans of the same age fell 1.7 percent between 2000 and 2008, but it reached 316 per million population — 13 times greater, once again, than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

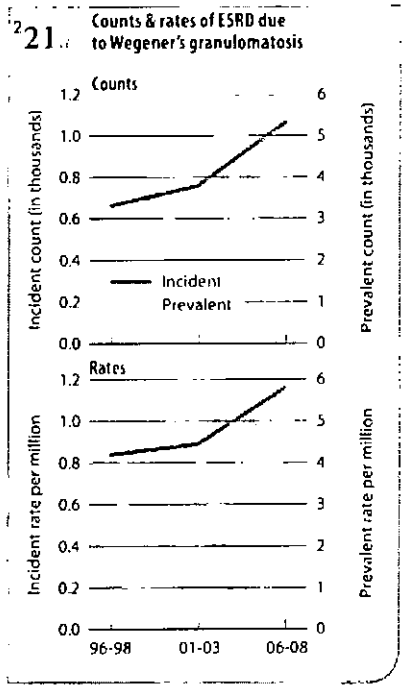
In the Native American population, rates of ESRD due to diabetes follow patterns by age and time period that are similar to those seen among African American patients. In terms of ESRD caused by hypertension, in contrast, these similarities disappear, with rates among Native Americans considerably lower than those found in the African American population. + FIGURE 2.18: see page 471 for analytical methods. *Incident ESRD patients; rates are three-year rolling averages. Adj: gender; ref: 2005 ESRD patients.*

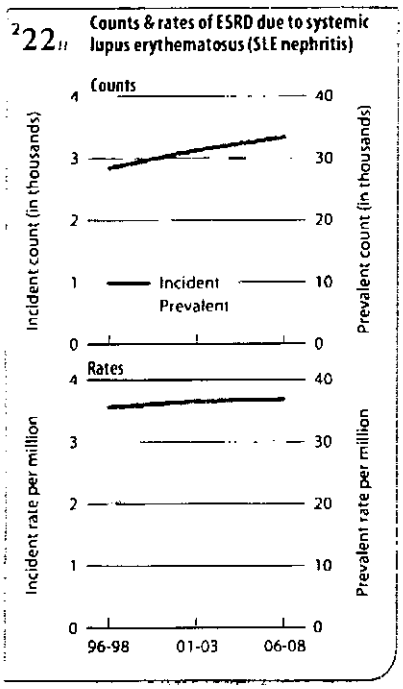


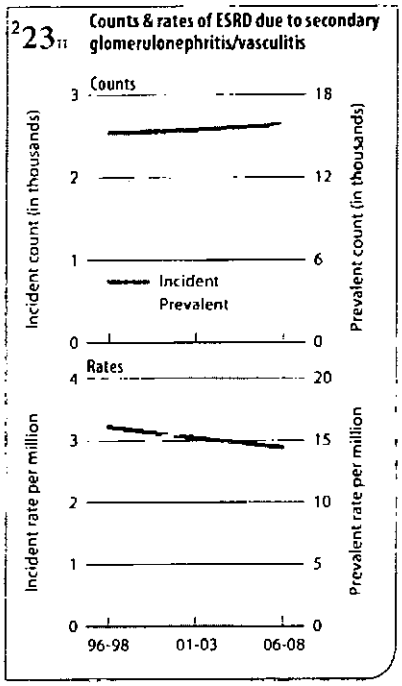


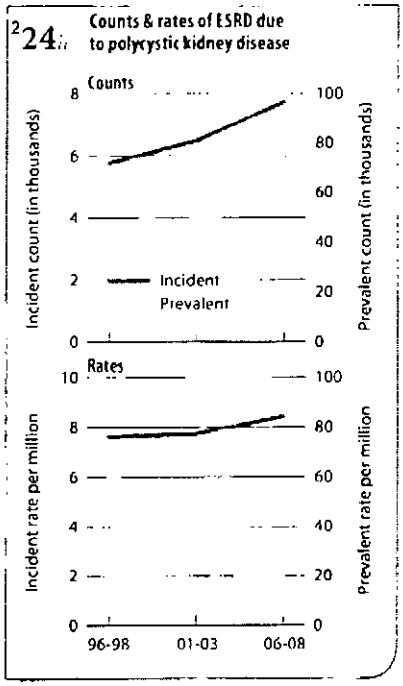




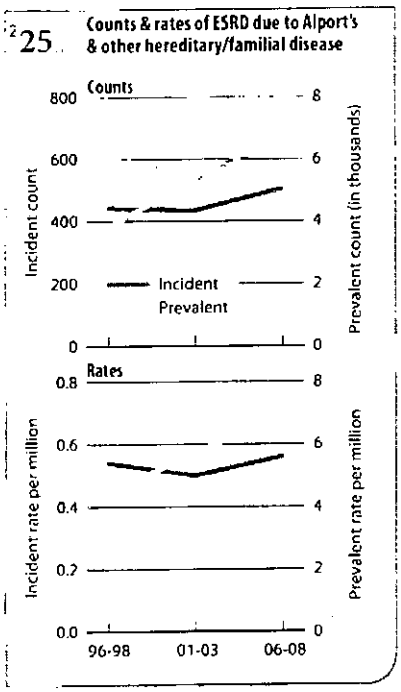


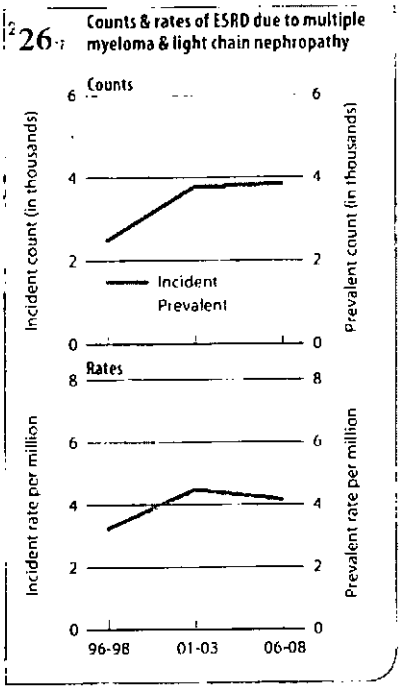


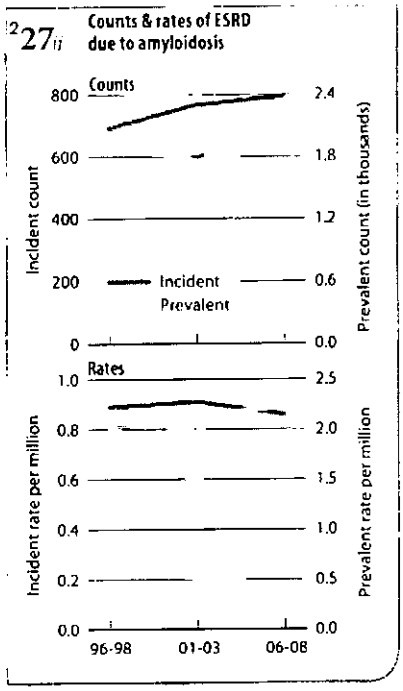


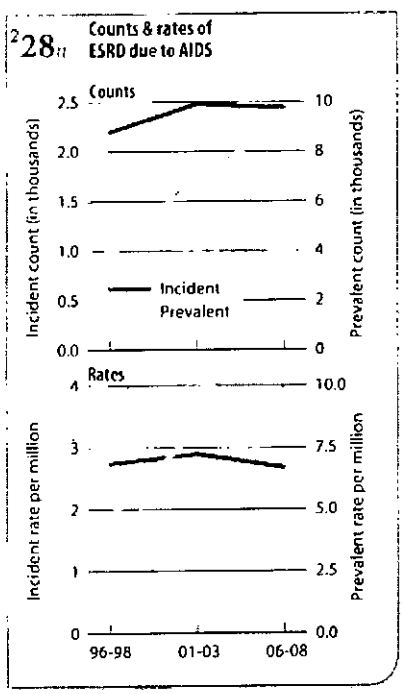


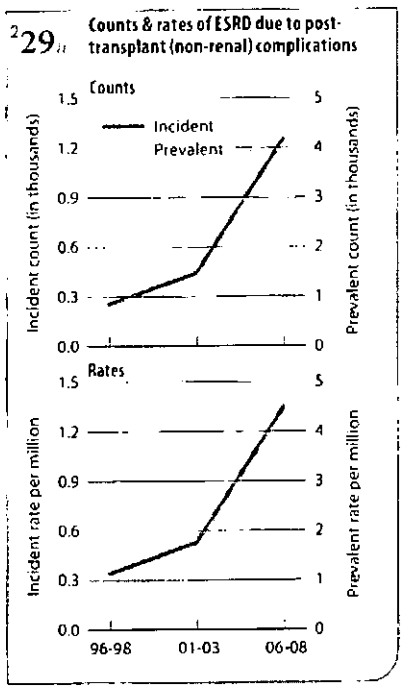
Since 1996–1998, the incidence of ESRD due to IgA/IgM nephropathy has risen modestly, to 3.2 cases per million population in 2006–2008. Prevalence has grown much more robustly, reaching 27.1 per million — more than three times the 1996–1998 rate. The incidence of ESRD due to Wegener's granulomatosis 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: page 47 for analytical methods. *Incident & December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*











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 2.25–29; see page 471 for analytical methods. *Incident & December 31 point prevalent ESRD patients. Adj: age/gender/race; ref: 2005 ESRD patients.*

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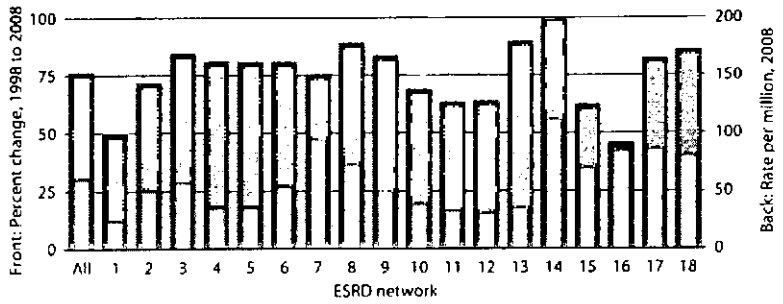
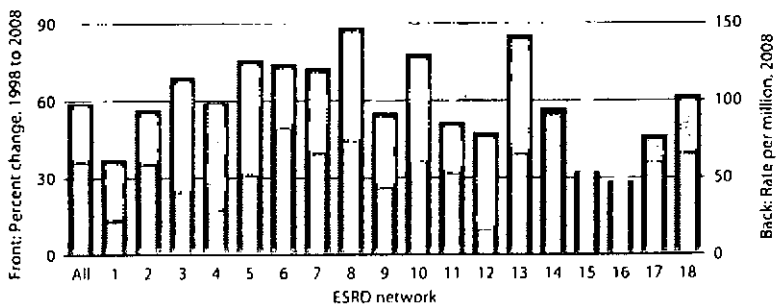
GROWTH IN INCIDENT POPULATIONS

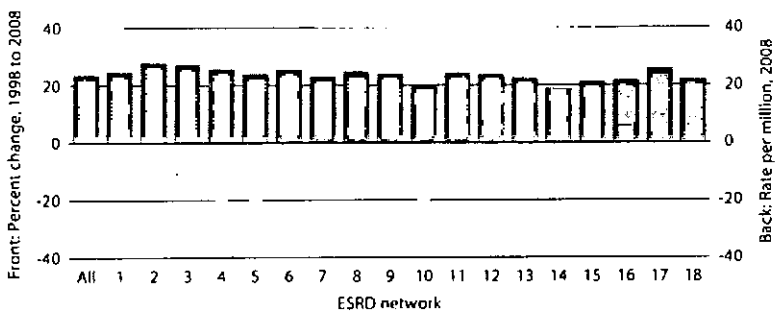
2.30 Growth in incident rates of ESRD due to diabetes, 1998–2008, by network (adjusted rates)

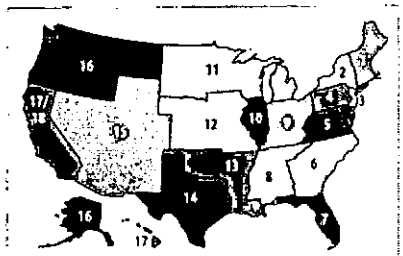


2.31 Growth in incident rates of ESRD due to hypertension, 1998–2008, by network (adjusted rates)



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

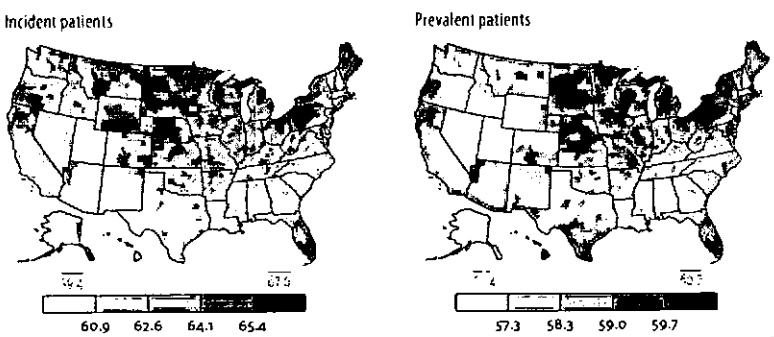




Network 1 [illegible]
Network 2 [illegible]
Network 3 [illegible]
Network 4 [illegible]
Network 5 [illegible]
Network 6 [illegible]
Network 7 [illegible]
Network 8 [illegible]
Network 9 [illegible]
Network 10 [illegible]
Network 11 [illegible]
Network 12 [illegible]
Network 13 [illegible]
Network 14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

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 471 for analytical methods. *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 analytical methods. *Incident & December 31 point prevalent ESRD patients; unadjusted.*

PREVALENT

network populations

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2b,i 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.
1	[illegible]	4	[illegible]	[illegible]	[illegible]	80.2	14.7	0.3	2.7	7.3
2	7,006	4	4[illegible]	[illegible]	4	61.7	32.0	0.4	3.8	13.1
3	4,695	2.5	35[illegible]	[illegible]	49.9	69.3	26.8	0.1	3.0	35.0
4	5,162	2.7	22[illegible]	[illegible]	40.5	74.9	23.9	0.1	0.7	3.1
5	6,261	3.3	[illegible]	[illegible]	49.9	47.6	48.4	0.1	2.6	3.6
6	9,239	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
11	2,[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	71.6	23.8	2.5	2.0	2.2
12	6,211	3.8	[illegible]	[illegible]	[illegible]	76.5	20.6	1.0	[illegible]	5.5
13	4,646	4.[illegible]	[illegible]	[illegible]	[illegible]	54.4	40.0	4.5	[illegible]	2.3
14	9,[illegible]06	5.[illegible]	[illegible]	[illegible]	[illegible]	22.0	75.7	0.4	[illegible]	40.2
15	4,[illegible]26	2.[illegible]	[illegible]	[illegible]	[illegible]	78.5	9.2	8.5	3.4	25.5
16	3,044	2.8	316.2	63.0	42.5	82.2	6.9	3.4	7.9	8.0
17	5,262	4.8	322.8	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	[illegible]									
All	109,8[illegible]	100.0	[illegible]	[illegible]	[illegible]	65.4	28.8	[illegible]	4.3	14.0

2c,i 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.
1	12,40[illegible]	3.2	[illegible]	[illegible]	[illegible]	74.8	21.0	0.3	3.1	9.[illegible]
2	25,05[illegible]	6.[illegible]	[illegible]	[illegible]	[illegible]	51.5	40.5	0.[illegible]	5.3	14.9
3	15,[illegible]75	4.[illegible]	[illegible]	[illegible]	[illegible]	59.2	34.0	0.1	3.4	35.[illegible]
4	17,[illegible]09	4.5	[illegible]	[illegible]	[illegible]	82.8	15.[illegible]	0.1	1.[illegible]	3.9
5	4[illegible],992	[illegible]	[illegible]	[illegible]	[illegible]	55.7	66.4	0.1	2.[illegible]	3.[illegible]
6	36,679	9.6	1,483	58.8	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	1,217	61.6	39.9	53.7	42.2	0.2	3.3	12.4
[illegible]	23,501	6.[illegible]	[illegible]	[illegible]	[illegible]	32.1	32.[illegible]	[illegible]	2.3	3.9
12	15,247	[illegible]	[illegible]	[illegible]	[illegible]	62.4	30.1	1.0	[illegible]	5.[illegible]
13	[illegible],[illegible]83	4.0	[illegible]	[illegible]	[illegible]	42.1	51.6	4.[illegible]	1.[illegible]	2.[illegible]
14	34,774	9.[illegible]	[illegible]	[illegible]	[illegible]	22.4	76.4	0.4	1.0	43.5
15	[illegible],505	4.0	6[illegible]	[illegible]	[illegible]	20.9	[illegible].[illegible]	13.5	4.0	29.[illegible]
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	[illegible]									
All	382,343	100.0	[illegible]	[illegible]	[illegible]	55.8	37.1	[illegible]	4.6	16.0

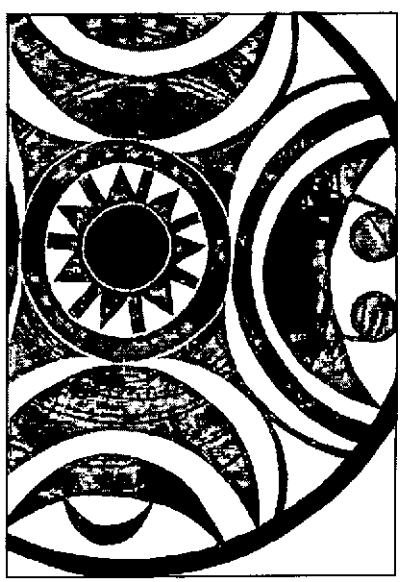
2d,i Patient demographics & adjusted rates, by ESRD network: December 31 point prevalent transplant patients, 2008

	Total pts	% of total	Rate per million	Mean age	% DM	% White	% Af Am	% N Am	% Asian	% Hisp.
1	8,[illegible]22	4.8	[illegible].3	[illegible]	[illegible].[illegible]	82.5	11.9	0.3	4.3	7.5
2	10,738	6.[illegible]	[illegible].4	[illegible]	9.[illegible]	66.6	22.6	0.8	7.[illegible]	17.[illegible]
3	4,693	2.6	436.[illegible]	[illegible]	[illegible].5	70.4	21.1	0.5	6.0	30.6
4	9,436	5.[illegible]	[illegible].5	[illegible]	[illegible].[illegible]	72.7	20.9	0.3	4.1	8.2
5	10,208	6.2	611.3	[illegible]	[illegible].9	57.0	35.7	0.4	5.0	4.6
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
11	18,[illegible]18	[illegible].9	776.3	[illegible].[illegible]	[illegible].[illegible]	81.5	12.4	[illegible].9	3.3	3.2
12	7,660	4.6	548.[illegible]	[illegible].[illegible]	[illegible].[illegible]	87.3	11.0	0.8	2.4	4.8
13	4,941	3.0	3[illegible].9	[illegible].4	[illegible].9	62.7	31.7	3.1	1.9	[illegible].[illegible]
14	11,[illegible]33	6.9	436.6	[illegible].[illegible]	[illegible].4	77.3	16.6	0.4	4.2	37.2
15	8,459	5.1	425.5	[illegible].[illegible]	[illegible].[illegible]	84.0	5.[illegible]	6.1	4.3	20.9
16	6,136	3.7	436.1	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	165,639	100.0	[illegible].6.0	[illegible].[illegible]	[illegible].2	72.6	19.1	[illegible].1	5.8	15.0

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.b–d; see page 471 for analytical methods. *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.*



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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

INCIDENCE & PREVALENCE
summary

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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 Evanston Renal Center. 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. The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building and the lease term is nearing its end, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprinkler system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. At this time, the dialysis machines are nearing obsolescence and will require replacement shortly regardless of the location of the facility. The new facility will be state-of-art with new machines, monitoring equipment and bio-tech systems and adequate parking including a dedicated pick-up and drop-off location with appropriate curb cuts as well as parking designated for handicapped patients. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment during the day.

There is no capital cost with this alternative.

Utilize Existing Facilities

There is currently a need for 108 dialysis stations in HSA 7. Currently, the Existing Facility serves 56 ESRD patients. Dr. Sprague, the Medical Director for Evanston Renal Center, anticipates all 56 current patients will transfer to the Replacement Facility. Dr. Sprague is currently treating 52 pre-ESRD patients that reside in and around Evanston. See Attachment – 13A. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 98 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 81% utilization rate, which exceeds the State's 80% standard. There is insufficient capacity in the GSA to accommodate projected

demand. Utilization of existing facilities in operation for at least two years is 74%. Thus, the relocation of Evanston Renal Center is necessary to meet the dialysis needs of these patients.

There is no capital cost with this alternative.

Relocate and Expand Evanston Renal Center

DaVita determined that the most effective and efficient way to serve its patients and address the need for more stations in HSA 7 is to relocate and expand the existing facility. The proposed site for the Replacement Facility is located just 2.35 miles from the current site, and will adequately serve Evanston Renal Center's current and projected patient-base.

Additionally, the expansion to 20 dialysis stations allows for efficient treatment of patients. Through its extensive experience in efficiently delivering the highest quality of care, DaVita has determined that operating in 4 station pods provides for the most effective staffing of the unit. Typically, a patient care technician is assigned to 4 patients in performing the various functions of dialysis treatment. These tasks include reception of the patient into the treatment area, recording of vital signs and other ESRD patient data, and providing chronic hemodialysis therapy. The expansion to 20 dialysis stations will enable DaVita to operate the facility in line with its 4-pod staffing model and to provide the proper level of care.

Thus, the Applicants selected this option.

The cost associated with this option is $3,387,571.

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
Relocate Facility	Met	Increased	$3,387,571	Accept

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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 360-520 gross square feet per dialysis station for a total of 7,200 to 10,400 gross square feet for 20 dialysis stations. The total gross square footage of the proposed dialysis facility is 10,000 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	10,000	7,200 – 10,400	0	Yes

1110

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.

Dr. Sprague projects that 56 patients currently receiving treatment at the Existing Facility and will continue treatment at the Replacement Facility. Dr. Sprague is currently treating 52 pre-ESRD patients that reside in and around Evanston. See Attachment – 12A. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 98 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 81% 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	7,641	N/A	13,478	Not Met
2010	ESRD	8,380	N/A	13,478	Not Met
2011 (Annualized)	ESRD	8,334	N/A	13,478	Not Met
2012	ESRD	N/A	15,288	14,976	Yes
2013	ESRD	N/A	15,288	14,976	Yes

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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 relocate its existing 18-station dialysis facility located at 1715 Central Street, Evanston, Illinois 60201 and to a new 20-station dialysis facility at 1922 Dempster Street, Evanston, Illinois 60202. The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building and the lease term is nearing its end, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprinkler system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. At this time, the dialysis machines are nearing obsolescence and will require replacement shortly regardless of the location of the facility. The new facility will be state-of-art with new machines, monitoring equipment and bio-tech systems and adequate parking including a dedicated pick-up and drop-off location with appropriate curb cuts as well as parking designated for handicapped patients. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment during the day.

Currently, the Existing Facility serves 56 ESRD patients. Dr. Sprague is currently treating 52 pre-ESRD patients that reside in and around Evanston. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. See Attachment – 26A. Thus, approximately 98 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 81% utilization rate, which exceeds the State's 80% standard.

The relocation of Evanston Renal Center is necessary to meet the dialysis needs of these patients, and will allow for safer and more optimal treatment times for patients. See Attachment – 26A.

2. Service to Planning Area Residents

The primary purpose is to ensure the residents of Evanston have access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, 52 of 52 current patients live in the service area.

Table 1110.1430(b)(3)(B) Pre-ESRD Patients by Zip Code	
Zip Code	**Patients**
60201	35
60202	15
60203	2
Total	**52**

Table 1110.1430(b)(3)(B) Current Patients by Zip Code	
Zip Code	**Patients**
60026	1
60053	1
60062	1
60073	1
60076	6
60085	1
60090	2
60091	3
60093	1
60201	9
60202	12
60203	1
60618	1
60625	1
60626	7
60628	1
60638	1
60645	4
60712	2
Total	**56**

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

Currently, the Existing Facility serves 56 ESRD patients. Dr. Sprague, the primary referring anticipates all 56 current patients will transfer to the Replacement Facility. Dr. Sprague is currently treating 52 pre-ESRD patients that reside in and around Evanston. Based upon attrition due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. See Attachment – 26A. Thus, approximately 98

patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 81% utilization rate, which exceeds the State's 80% standard.

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

Evanston Renal Center is operating at 52% utilization and the average utilization of existing facilities in the GSA in operation for at least two years is 74%. Relocation to a modern, more accessible facility will allow Evanston to adequately provide care to more patients. As shown in the referral letter at Attachment – 26A, Dr. Sprague projects that he will refer a total of 98 patients to the facility. 56 are current Evanston Renal Center patients and another 42 pre-ESRD patients would need dialysis within the next 12 to 18 months. This results in an 81% utilization rate by the end of the second year of operation.

5. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to maintain access to life-sustaining dialysis for residents of Chicago. The relocation is necessary to provide essential care to Evanston patients, as the Existing Facility is in need of repair and cannot adequately serve the patient needs. Evanston Renal Center is operating at 52% utilization and the average utilization of existing facilities in the GSA in operation for at least two years is 74%. As such, the expanded Replacement Facility will better accommodate current and future demand for dialysis services and ensure dialysis services are accessible to residents of Evanston.

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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication

a. The proposed dialysis facility will be located at 1922 Dempster Street, Evanston, Illinois 60202. A map of the Evanston Renal Center market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

Table 1110.1430(c)(1)(A)
Population of Zip Codes within 30 Minutes of Proposed Facility

Zip	City	Population
60056	MOUNT PROSPECT	55219
60018	DES PLAINES	30099
60016	DES PLAINES	59690
60176	SCHILLER PARK	11795
60634	CHICAGO	74298
60706	HARWOOD HEIGHTS	23134
60656	CHICAGO	27613
60631	CHICAGO	28641
60639	CHICAGO	90407
60651	CHICAGO	64267
60641	CHICAGO	71663
60630	CHICAGO	54093
60646	CHICAGO	27177
60712	LINCOLNWOOD	12590
60068	PARK RIDGE	37475
60714	NILES	29931
60026	GLENVIEW	13335
60025	GLENVIEW	39105
60015	DEERFIELD	26800
60062	NORTHBROOK	39936
60035	HIGHLAND PARK	29763
60053	MORTON GROVE	23260
60029	GOLF	482
60093	WINNETKA	19570
60077	SKOKIE	26825
60076	SKOKIE	33415
60203	EVANSTON	4523
60091	WILMETTE	27020
60022	GLENCOE	8153
60647	CHICAGO	87291
60612	CHICAGO	33472
60622	CHICAGO	52548
60607	CHICAGO	23897

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60642	CHICAGO	18480
60614	CHICAGO	66617
60661	CHICAGO	7792
60654	CHICAGO	14875
60606	CHICAGO	2308
60602	CHICAGO	1204
60610	CHICAGO	37726
60618	CHICAGO	92084
60625	CHICAGO	78651
60659	CHICAGO	38104
60645	CHICAGO	45274
60657	CHICAGO	65996
60613	CHICAGO	48281
60640	CHICAGO	65790
60660	CHICAGO	42752
60626	CHICAGO	50139
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11110
60611	CHICAGO	28718
60202	EVANSTON	31361
60201	EVANSTON	43125
60043	KENILWORTH	2513
60045	LAKE FOREST	20925
60040	HIGHWOOD	5431
Total		2,007,806

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet *available at* http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Oct. 12, 2011).

b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26C.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 59% of the State average, the average utilization of dialysis facilities within the GSA is 74%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 69% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population				
	Population	**Dialysis Stations**	**Stations to Population**	**Standard Met?**
Geographic Service Area	2,007,806	344	1:5,837	Yes
State	12,830,632	3,731	1:3,429	

b. Historic Utilization of Existing Facilities

For the last year, the Existing Facility has operated near 52% utilization. Additionally, the average utilization in the service area is 74%. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet rising demand identified by projected referrals from Dr. Sprague.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to discontinue their existing 18-station facility and establish a 20-station facility. The Existing Facility currently treats 56 patients. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 40 patient referrals. As stated in Attachment – 26A, Dr. Sprague anticipates referring 42 patients within 12 to 18 months of project completion.

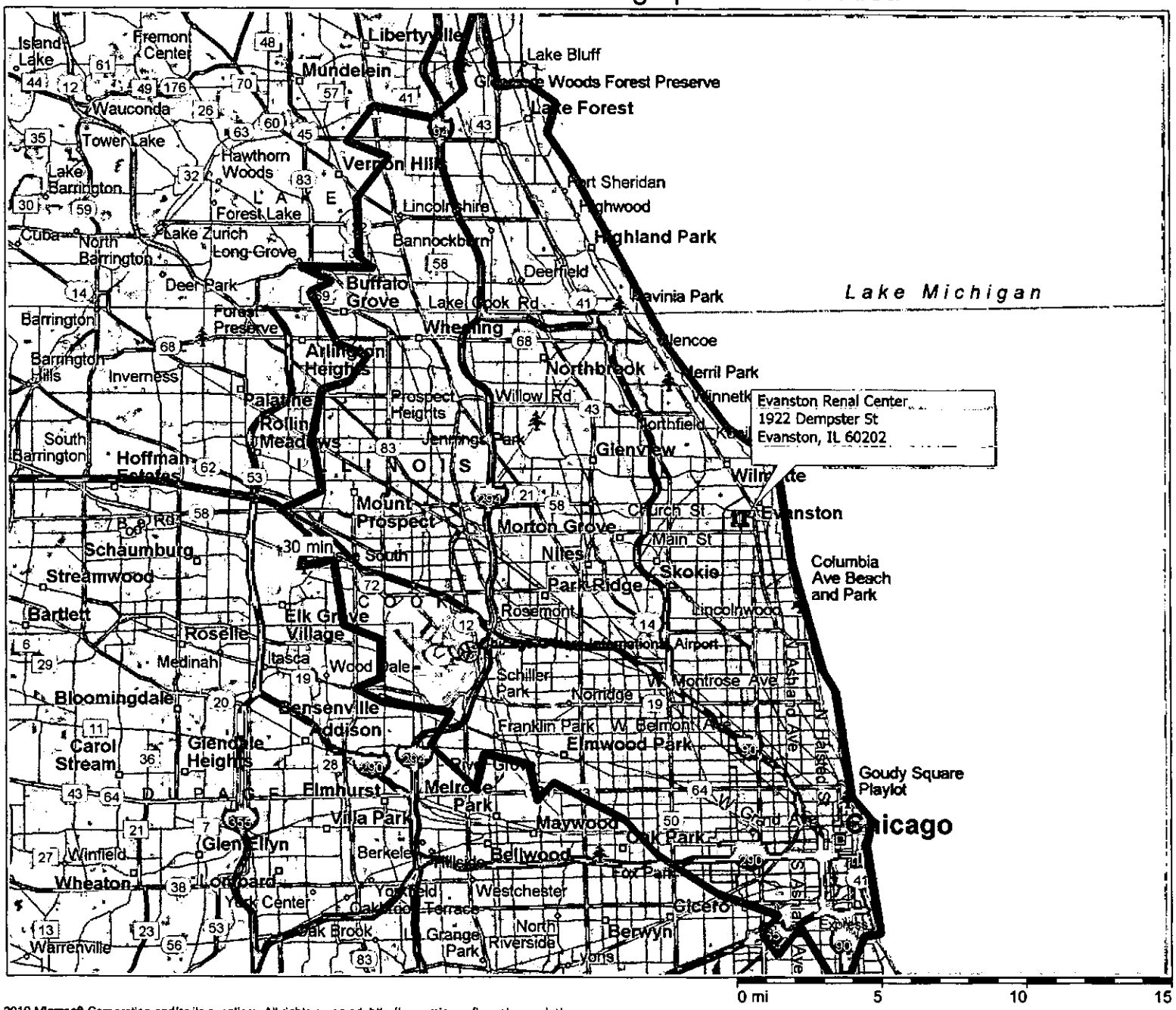
Accordingly, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will either be transfers from the Existing Facility or referrals of pre-ESRD patients. No patients will be transferred from other existing dialysis facilities.

b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Evanston Renal Center Geographic Service Area



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Attachment – 26B

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Table 110.230(b)(1), Facilities within 30 Minutes Normal Travel Time of Proposed Facility								
Facility	City	State	Mileage	Time	Adjusted Time	Stations	Patients (9/30/11)	Utilization (9/30/11)
Evanston Hospital	Evanston	Illinois	2.26	6	6.9	5	0	0.00%
RCG - Mid America Evanston	Evanston	Illinois	2.57	6	6.9	20	59	49.17%
Dialysis Ctr of America - (Rogers Park)	Chicago	Illinois	2.16	6	6.9	20	62	51.67%
Center for Renal Replacement	Lincolnwood	Illinois	4.21	10	11.5	16	76	79.17%
RCG Skokie	Skokie	Illinois	4.57	11	12.65	14	60	71.43%
Big Oaks Dialysis	Niles	Illinois	5.5	13	14.95	12	12	16.67%
Nephron Dialysis Ctr Swedish Covenant	Chicago	Illinois	4.61	13	14.95	12	70	97.22%
Fresenius Medical Care of Lakeview	Chicago	Illinois	6.05	17	19.55	18	53	49.07%
Neomedica Dialysis Ctrs - North	Chicago	Illinois	9.29	17	19.55	28	126	75.00%
RCG - Uptown	Chicago	Illinois	6.52	18	20.7	12	40	55.56%
Lutheran General - Neomedica	Niles	Illinois	7.33	18	20.7	32	125	65.10%
Fresenius Medical Care Northcenter	Chicago	Illinois	7.35	20	23	16	73	76.04%
Neomedica West Belmont	Chicago	Illinois	11.31	22	25.3	13	45	57.69%
Lincoln Park Dialysis Center	Chicago	Illinois	7.89	22	25.3	22	100	75.76%
Glenview Dialysis Center	Glenview	Illinois	10.1	22	25.3	20	94	78.33%
Logan Square Dialysis	Chicago	Illinois	12.74	22	25.3	20	117	97.50%
Fresenenius Medical Care of Deerfield	Deerfield	Illinois	13.83	23	26.45	12	29	40.28%
Resurrection Medical Center	Chicago	Illinois	9.7	23	26.45	14	56	66.67%
Fresenius Medical Care West Willow	Chicago	Illinois	15.16	25	28.75	12	0	0.00%
Children's Memorial Hospital	Chicago	Illinois	9.77	25	28.75	6	18	50.00%
Highland Park Hospital	Highland Park	Illinois	15.11	25	28.75	20	103	85.83%

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Attachment – 26C

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

   b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 18-station dialysis facility and establish a 20-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 the Replacement Facility.

2. All staff will be training under the direction of the 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 – 26E.

3. As set forth in the letter from Luis Borgen, Chief Financial Officer of DaVita and ISD Renal, Inc., attached at Attachment – 26F, the Replacement Facility will maintain an open medical staff.

CURRICULUM VITAE

NAME:

Stuart Michael Sprague, D.O., FASN
Chief, Division of Nephrology and Hypertension
NorthShore University HealthSystem
Professor of Medicine
University of Chicago Pritzker School of Medicine

DATE AND PLACE OF BIRTH:

August 31, 1955; Sturgis, Michigan

MARITAL STATUS:

Married; Denise Lynn Olender

CHILDREN:

Shoshana Faith, January 30, 1987
Ariella Maia, August 17, 1988
Nadav Lev, March 7, 1995

BUSINESS ADDRESS:

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HOME ADDRESS:

3650 North Magnolia
Chicago, Illinois 60613
(773) 975-9322

CERTIFICATION:

National Board of Medical Examination
Diplomate, May 1983
American Board of Internal Medicine
Diplomate, September 1986
Subspecialty Nephrology
Diplomate, November 1988

EDUCATION:

UNDERGRADUATE:

Michigan State University
East Lansing, Michigan
1977 with honors

PROFESSIONAL:

Michigan State University
College of Osteopathic Medicine
East Lansing, Michigan, 1982

GRADUATE TRAINING:

Research Nephrology Fellow
University of Chicago
Chicago, Illinois, 1987-1989

Attachment – 26D

Clinical Nephrology Fellow
University of Chicago
Chicago, Illinois, 1986-1987

Medical Resident
Rush-Presbyterian-St. Lukes Medical Center, Chicago, Illinois, 1983-1986

Intern
Chicago College of Osteopathic Medicine
Chicago, Illinois, 1982-1983

APPOINTMENTS:

Chief
Division of Nephrology and Hypertension
NorthShore University HealthSystem
Evanston, Illinois, 2003-present

Professor (Clinical) of Medicine
Department of Medicine
University of Chicago Pritzker School of Medicine
Chicago, Illinois, 2009- present

Professor of Medicine
Department of Medicine
Feinberg School of Medicine
Northwestern University
Chicago, Illinois, 2004-2009

Associate Professor
Department of Medicine
Feinberg School of Medicine
Northwestern University
Chicago, Illinois, 1995-2004

Senior Attending Physician
Division of Nephrology
NorthShore University HealthSystem
Evanston, Illinois, 1995-present

Assistant Professor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1990-1995

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Visiting Fulbright Professor
Department of Medicine
Hadassah-Hebrew University
Jerusalem, Israel, 1993-1994

Instructor
Department of Medicine
University of Chicago
Pritzker School of Medicine
Chicago, Illinois, 1989-1990

Teaching Assistant
College of Osteopathic Medicine
Michigan State University
East Lansing, Michigan, 1979-1980

Graduate Research Assistant
Department of Medicine
Michigan State University
East Lansing, Michigan, 1977-1979

HOSPITAL APPOINMENTS:

Evanston Hospital
Glenbrook Hospital
Highland Park Hospital
Skokie Hospital

ADMINISTRATIVE APPOINTMENTS AND COMMITTEES:

Chief, Division of Nephrology & Hypertension, NorthShore University HealthSystem, 2003-present

Co-Chair, Osteoporosis in Chronic Kidney Disease Group, Global Bone and Mineral Initiative, National Kidney Foundation and the European Renal Association, 2004-present

Director, Metabolic Bone Disease Program and Renal Stone Disease Clinic, NorthShore University HealthSystem-Northwestern University, Chicago, Illinois, 1995-present

Director
Nephrology Research, NorthShore University HealthSystem, 1995-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois, 2011-present

American Society of Nephrology Conflict of Interest Management Committee, 2010- present

Chairperson, End-Stage Renal Disease (ESRD) Quality Measure Development and Maintenance, Centers for Medicare & Medicaid Services, Technical Expert Panel (CMS-TEP), Mineral Metabolism, 2010

Scientific Advisory Board, Litholink Corporation, 2008-present

Executive Committee, Scientific Advisory Board of the National Kidney Foundation of Illinois

2006-2009
Resident Recruitment Committee,
Evanston Northwestern Healthcare, 1995-2000
Program Committee, National Kidney Foundation 2008 Annual Meeting
Program Committee, National Kidney Foundation 2007 Annual Meeting
Community Leadership Award, National Kidney Foundation of Illinois, 2006
Chairperson, Executive Committee of the Medical Advisory Board of the National Kidney Foundation of Illinois 2003-2006
Scientific Advisory Board
Suntory Water Group, 1998-2005
Secretary-Treasurer, Post Transplantation Working Group of the American Society for Bone & Mineral Research, 2000-2004
Chairperson, Osteoporosis in Chronic Kidney Disease Group, Controversies in Mineral Metabolism and Bone Disease in Chronic Kidney Disease, National Kidney Foundation and the European Renal Association, 2003-2004
Research and Education Committee
Vice Chairman, 1998-2000
Evanston Northwestern Healthcare, 1997-2007
Postgraduate Education Committee, American Society of Nephrology, 2000-2003
Deputy Head, Division of Nephrology
Department of Medicine, Evanston Northwestern Healthcare, 1998-2003
Member, Advisory Committee of the International Working Group on Post Transplantation Bone Disease, 1999-2002
Medical Student Research Committee, Northwestern University Medical School, 1999-2002
Councilor
Midwestern American Federation for Medical Research, 1999-2001
Research Committee
Northwestern University Medical School, 1996-1997
Medical Review Board of the End Stage Renal Disease Network 10, Illinois, 1994-1996
Advisory Committee of the Clinical Research Center
University of Chicago, Chicago, Illinois, 1992-1995
Medical Director
University of Chicago Hospitals Chronic Hemodialysis Unit, Chicago, Illinois, 1991-1995
Director
Renal Bone Program, University of Chicago, Chicago, Illinois, 1989-1995
Board of Trustees
Anshe Emet Synagogue, 1991-1996
Scientific Advisory Board
United States-Israel Binational Science Foundation, 1994
Medical Advisory Board
Home Intensive Care of Illinois, Inc., 1991-1993
College Advisory Committee
College of Osteopathic Medicine, Michigan State University, 1979-1980

DOCTORAL COMMITTEES:

141

Cynthia Daniels; Field of Interdepartmental Biological Sciences Program, Thesis "Developing and Characterization of Bioadsorbents for Extracorporeal Blood Purification", DOCTOR OF PHILOSOPHY awarded June 2007

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PROFESSIONAL SOCIETIES:

American Association for the Advancement of Science
American College of Physicians
American Diabetes Association
American Federation for Medical Research
American Heart Association Council on Kidney Diseases
American Physicians Fellowship for Medicine in Israel
American Society for Bone and Mineral Research
American Society of Nephrology
    Fellow, American Society of Nephrology
Central Society for Clinical Research
International Society of Nephrology
International Bone and Mineral Society
Israel Medical Association
J. William Fulbright Alumni Association
National Kidney Foundation
National Kidney Foundation of Illinois
Physicians for Social Responsibility
Renal Physicians Association

EDITORIAL BOARDS:

Associate Editor
    American Journal of Nephrology
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology (electronic journal)
Journal of the American Society of Nephrology
Kidney International

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Archives of Internal Medicine
Calcified Tissue International
Clinical Journal of the American Society of Nephrology
Clinical Nephrology
Hemodialysis and Clinical Nephrology
Journal of the American Medical Association
Journal of the American Society of Nephrology

Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Clinical Endocrinology & Metabolism
Journal of Laboratory and Clinical Medicine
Journal of Pharmacology and Experimental Therapeutics
Kidney International
Nature Clinical Practice Endocrinology & Metabolism
Nephron
Nephrology Dialysis Transplantation
New England Journal of Medicine
Osteoporosis International
Peritoneal Dialysis International
Transplantation

PATENTS:

Receptor-based blood detoxification system. US Patent Application U50703392, February 15, 2006

CORPORATE POSITIONS:

Co-Founder, Vice-President and Chief Medical Officer. ProSorb BioTech, Inc, Evanston, Illinois.

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SCIENTIFIC SESSIONS CHAIRED:

Clinical Fluid and Electrolyte Disorders; 27th Annual Meeting of the American Society of Nephrology, Orlando, Florida, October 26-29, 1994.

Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin D Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.

Metabolic Bone Diseases; Xth International Workshop on Calcified Tissues, Jerusalem, Israel, March 10-14, 1996.

Post Transplant Bone Disease; 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

New Approaches to the Treatment of Parathyroid Disease in ESRD Patients; 8th Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 29-May 2, 1999.

Therapeutic Strategies; Transplant Bone Disease Meetings, Barcelona, Spain, August 25-26, 2000.

Post Transplantation Working Group of the American Society for Bone & Mineral Research, Toronto, Canada, September 22, 2000

Bone and Mineral Complications of Renal Transplantation: 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 10-16, 2000.

Basic Science for Clinical Nephrologists: Basic Concepts in Calcium Physiology and Pathophysiology: 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

Current Concepts in Vitamin D Therapy: 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 30-November 4, 2002.

Divalent Ions, Bones and Stones: Principles and Practices: Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 30-31, 2002.

Old and New Optimal PTH Targets: Actions of the New PTH Inhibitor and Implications for its use in Guiding Vitamin D Therapy. 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

Hormones, FGF23, and Fetuin in Mineral Metabolism: 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.

Vitamin D and the Prevention of Morbidity and Mortality in Dialysis Patients: 1st Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois February 7, 2004 and Los Angeles, California, February 21, 2004.

Modulation of PTH Synthesis, Secretion and Action. American Society of Nephrology Renal Week 2004, St. Louis , Missouri, October 27-November 1, 2004.

Chairperson of the 2nd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-13, 2005.

Managing Renal Osteodystrophy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Controversies in Managing Hyperphosphatemia in CKD and ESRD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

Chairperson of the 3rd Annual Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006.

Complications: Metabolic Disease. World Transplant Congress. The First Joint International Transplant Meeting, Boston, Massachusetts, July 2-27, 2006.

Nephrology in the 21st Century. National Kidney Foundation of Illinois, Chicago, Illinois, September 10, 2006.

Course Director, Clinical Application of Bone Biopsy. American Society of Nephrology, San Diego, California, November 15, 2006.

Vitamin D Deficiency and Early CKD. American Society of Nephrology, San Diego, California, November 16, 2006.

Literature review-The Year in Nephrology: Osteodystrophy and Vascular Calcification and Chronic Kidney Disease. American Society of Nephrology, San Diego, California, November 16, 2006.

Midwest Nephrology Fellows Research Day. Renal Network, ESRD Network 9/10. Chicago, Illinois, March 14, 2007.

Extending the Controversy: Answers to Managing Bone, Vascular and Mineral Metabolism in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

Pleiotropic Actions of Vitamin D: Beyond Bone Disease. American Society of Nephrology Renal Week 2007. San Francisco, California, November 2, 2007.

Chairperson of the 2008 Renal Weekends of the American Society of Nephrology, Chicago, Illinois, March, 8-9, 2008.

Workshop: Management of Hyperphosphatemia Using Calcium vs. Non-Calcium Based Binders. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 12-6, 2008.

Pathogenesis and Features of CKD Related Bone Disease. American Society of Nephrology, San Diego, California, October 31, 2009.

PUBLICATIONS

1. Mayor, G.H., Hook, J.B., Rech, R.H., Noordewier, B., Sprague, S.M., Keiser, J.A., McCormack, K.M.: Study of PTH, vitamin D, calcium and aluminum kinetics and dialysis encephalopathy. In: Proceedings of the 12th Annual Contractor's Conferences, Department of Health, Education and Welfare, Bethesda, Maryland, pp 36-40, 1978.

2. Mayor, G.H., Keiser, J.A., Sanchez, T.V., Sprague, S.M., Hook, J.B.: Factors effecting tissue aluminum concentration. Journal of Dialysis, 2:471-481, 1978.

3. McCormack, K.M., Ottosen, L.D., Sanger, V.L., Sprague, S.M., Mayor, G.H., Hook, J.B.: Effect of prenatal administration of aluminum and parathyroid hormone on fetal development in the rat. Proceedings of the Society for Experimental Biology and Medicine, 161:74-77, 1979.

4. Sprague, S.M., Carrick, J.T., Wilkinson, B.W., Mayor, G.H.: Determination of nanogram quantities of gold in biological tissues by nondestructive neutron activation analysis. Journal of Radioanalytical Chemistry, 52:419-424, 1979.

5. Mayor, G.H., Sprague, S.M., Hourani, M.R., Sanchez, T.V.: Parathyroid hormone mediated aluminum deposition and egress in the rat. Kidney International, 17:40-44, 1980.

6. Mayor, G.H., Remedi, R.F., Sprague, S.M., Lovell, K.: Central nervous system manifestations of oral aluminum: Effect of parathyroid hormone. Neurotoxicology, 1:33-42, 1980.

7. Mayor, G.H., Sprague, S.M., Sanchez, T.V.: Determinants of tissue aluminum concentration. American Journal of Kidney Diseases, 1:141-145, 1981.

8. Commissaris, R.L., Cordon, J.J., Sprague, S.M., Keiser, J.A., Mayor, G.H., Rech, R.H.: Behavioral changes in rats after chronic aluminum and parathyroid hormone administration. Neurobehavioral Toxicology and Teratology, 4:403-410, 1982.

9. Shore, D., Sprague, S.M., Mayor, G.H., Moreno, E.C., Wyatt, R.J.: Aluminum-fluoride complexes: Preclinical studies. Journal of Environmental Pathology, Toxicology and Oncology, 6:9-14, 1985.

10. Sprague, S.M., Corwin, H.L., Wilson, R.S., Mayor, G.H., Tanner, C.M.: Encephalopathy in chronic renal failure responsive to deferoxamine: Another manifestation of aluminum neurotoxicity. Archives of Internal Medicine, 146:2063-2064, 1986.

11. Sprague, S.M., Umans, J.G.: Aluminum and dihydropteridine reductase in dialysis patients. New England Journal of Medicine, 317:1604-1605, 1987 (Letter).

12. Sprague, S.M.: Aluminum: Its measurement and metabolism. Seminars in Dialysis, 1:103-111, 1988.

13. Warren, G.V., Sprague, S.M., Corwin, H.L.: Sarcoidosis presenting as acute renal failure during pregnancy. American Journal of Kidney Diseases, 12:161-163, 1988.

14. Sprague, S.M., Corwin, H.L., Tanner, C.M., Wilson, R.S., Green, B.J., Goetz, C.G.: Relationship of aluminum to neurocognitive dysfunction in chronic dialysis patients. Archives of Internal Medicine, 148:2169-2172, 1988.

15. Corwin, H.L., Sprague, S.M., DeLaria, G.A., Norusis, M.J.: Acute renal failure associated with open heart surgery: A case-controlled study. Journal of Thoracic and Cardiovascular Surgery, 98:1107-1112, 1989.

16. Sprague, S.M., Bushinsky, D.A.: Mechanism of aluminum induced calcium efflux from cultured neonatal mouse calvariae. American Journal of Physiology 258 (Renal, Fluid and Electrolyte Physiology 27):F583-F588, 1990.

17. Murray, J.C., Tanner, C.M., Sprague, S.M.: Aluminum neurotoxicity: A reevaluation. Clinical Neuropharmacology, 14:179-185, 1991.

18. Spiegel, D.M., Sprague, S.M.: Serum amyloid P component: A predictor of clinical β_2-microglobulin amyloidosis. American Journal of Kidney Diseases, 19:427-432, 1992.

19. Sprague, S.M., Moe, S.M.: Safety and efficacy of long-term treatment of secondary hyperparathyroidism by low-dose intravenous calcitriol. American Journal of Kidney Diseases, 19:532-539, 1992.

20. Moe, S.M., Sprague, S.M.: β_2-microglobulin induces calcium efflux from cultured neonatal mouse calvariae. American Journal of Physiology 263 (Renal, Fluid and Electrolyte Physiology 32):F540-F545, 1992.

21. Moe, S.M., Barrett, S.A., Sprague, S.M.: β_2-microglobulin stimulates osteoclastic mediated bone mineral dissolution from neonatal mouse calvariae. Calcium Regulating Hormones and Bone Metabolism, 11:302-306, 1992.

22. Josephson, M.A., Sprague, S.M., Thisthlethwaite, J.R., Stuart, F.P., Dasgupta, A.: Lipid peroxidation products in recipients of renal transplants. Transplant Monitoring, 10:56-60, 1992.

23. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Aluminum inhibits formation of bone nodules *in vitro*. American Journal of Physiology 264 (Renal, Fluid and Electrolyte Physiology 33):F882-890, 1993.

24. Moe, S.M., Yu, B.O., Sprague, S.M.: Maintenance of bone mass in patients receiving dialytic therapy. American Journal of Kidney Diseases, 22:300-307, 1993.

25. Hammes, M., DeMory, A., Sprague, S.M.: Hypocalcemia in end stage renal disease: A consequence of spontaneous parathyroid gland infarction. American Journal of Kidney Diseases, 24:519-524, 1994.

26. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Greater inhibition of *in vitro* bone mineralization with metabolic than respiratory acidosis. Kidney International, 46:1199-1206, 1994.

27. Moe, S.M., Sprague, S.M.: Uremic encephalopathy. Clinical Nephrology, 42:251-256, 1994.

28. Sprague, S.M., Popovtzer, M.M.: Is β_2-microglobulin a mediator of bone disease? Kidney International, 47:1-6, 1995.

29. Sprague, S.M., Popovtzer, M.M.: Mechanism of β_2-microglobulin induced bone loss. Blood Purification, 1-2:20-21, 1995.

30. Moe, S.M., Hack, B.K., Cummings, S.A., Sprague, S.M.: Role of interleukin-1β and prostaglandins in β_2-microglobulin induced bone mineral dissolution. Kidney International, 47:587-591, 1995.

31. Bartosh, S.M., Sprague, S.M., Nakagawa, Y., Baron, B.W., Aronson, A.J.: Severe hypercalcemia following neonatal liver transplantation. Mineral and Electrolyte Metabolism, 21:428-430, 1995.

32. Bushinsky, D.A., Sprague, S.M., Hallegot, P., Girod, C., Chabala, J.M., Levi-Setti, R.: Effects of aluminum on bone surface ion composition. Journal of Bone and Mineral Research, 10:1988-1997, 1995.

33. Sprague, S.M.: Amyloidosis in dialysis patients. Mediguide to Nephrology, 4:1-4, 1996.

34. Miyata, T., Sprague, S.M.: Advanced glycation of β_2-microglobulin in the pathogenesis of bone lesions in dialysis associated amyloidosis. Nephrology Dialysis Transplantation, 11:S86-S90, 1996.

35. Sprague, S.M., Moe, S.M.: Clinical manifestations and pathogenesis of dialysis-related amyloidosis. Seminars in Dialysis, 9:360-369, 1996.

36. Sprague, S.M., Popovtzer, M.M., Dranitzki-Elhalal, M., Wald, H.: Parathyroid hormone induced calcium efflux from cultured bone is mediated by protein kinase C translocation. American Journal of Physiology 271 (Renal, Fluid and Electrolyte Physiology 40):F1139-F1146, 1996.

37. Miyata, T., Kawai, R., Taketomi S., Sprague, S.M.: Possible role of advanced glycation end products in osteoclastic bone resorption. Nephrology Dialysis Transplantation, 11 Supplement 5:54-57, 1996.

38. Chiu, M.Y., Sprague, S.M., Bruce, D.S., Woodle, E.S., Thistlethwaite, J.R., Josephson, M.A.: Analysis of fracture prevalence in kidney-pancreas allograft recipients. Journal of the American Society of Nephrology, 9:677-683, 1998.

39. Dranitzki-Elhalal, M., Wald, H., Sprague, S.M., Popovtzer, M.M.: The effect of 24,25 dihydroxyvitamin D_3 on calcium efflux: The role of protein kinase C. Nephrology, 4:157-162, 1998.

40. Whang, K., Tsai, D.C., Nam, E.K., Aitken, M., Sprague, S.M., Patel, P.K., Healy, K.E.: Ectopic bone formation via rhBMP-2 delivery from porous bioabsorbable polymer scaffolds. Journal of Biomedical Materials Research, 42:491-499, 1998.

41. Ramsey-Goldman, R., Dunn, J.E., Dunlop, D.D., Stuart, F.P., Abecassis, M.M., Kaufman, D.B., Langman, C.B., Salinger, M.H., Sprague, S.M.: Increased risk of fracture in patients receiving solid organ transplants. Journal of Bone and Mineral Research, 14:456-463, 1999.

42. Whang, K., Healy, K.E., Elenz, D.R., Nam, E.K., Tsai, D.C., Thomas, C.H, Nuber, G.W., Glorieux, F.H., Travers, R., Sprague, S.M.: Engineering bone regeneration with bioabsorbable scaffolds with novel microarchitecture. Tissue Engineering, 5:35-51, 1999.

43. Dranitzki-Elhalal, M., Wald, H., Popovtzer, M.M., Sprague, S.M.: 1,25-Dihydroxy Vitamin D_3-Induced calcium efflux from calvaria is mediated by protein kinase C. Journal of Bone and Mineral Research, 14:1822-1827, 1999.

44. Balint, E., Marshall, C.F., Sprague, S.M.: The role of IL-6 in β_2-microglobulin induced bone mineral dissolution. Kidney International 57:1599-1607, 2000.

45. Sprague, S.M.: The role of bone biopsy in the diagnosis of renal osteodystrophy. Seminars in Dialysis 13:152-155, 2000.

46. Holgato, R., Haire, H., Ross, D., Sprague, S.M., Pahl, M., Jara, A., Martin-Malo, A., Rodriguez, M., Almaden Y., Felsenfeld, A.J.: Effect of low calcium dialysate on PTH secretion in diabetic patients on maintenance hemodialysis. Journal of Bone and Mineral Research 15:927-935, 2000.

47. Sprague, S.M.: Mechanism of transplantation-associated bone loss. Pediatric Nephrology 14:650-653, 2000.

48. Balint, E., Marshall, C.F., Sprague, S.M.: Effect of the vitamin D analogues paricalcitol and calcitriol on bone mineral *in vitro*. American Journal of Kidney Diseases, 36:789-796, 2000.

49. Balint, E., Szabo, P., Marshall, C.F., Sprague, S.M.: Glucose induced inhibition of *in vitro* bone mineralization. Bone, 28:21-28, 2001.

50. Tran, M., Rutecki, G.W., Sprague, S.M.: The pathogenesis of $\beta_2$microglobulin induced bone lesions in dialysis related amyloidosis. Seminars in Dialysis, 14:131-133, 2001.

51. Balint, E., Sprague, S.M.: β_2-Microglobulin and bone cell metabolism, Nephrology Dialysis Transplantation, 16:1108-1111, 2001.

52. Dhingra, R.K., Sprague, S.M., Ojo, A.O., Leavey, S.F.: Hypercalcemia and osteomalacia post renal transplant: An unusual presentation and dramatic response to treatment. Transplantation, 71:1856-1859. 2001.

53. Lindberg, J.S., Sprague, S.M.: New insights into causes and treatment of nephrolithiasis. Journal of Critical Illness, 16:446-459, 2001.

54. Sprague, S.M., Lerma, E., McCormmick, D., Abraham, M., Batlle, D.: Suppression of parathyroid hormone secretion in hemodialysis patients: comparison of paricalcitol with calcitriol. American Journal of Kidney Diseases, 38:S51-S56, 2001.

55. Ho, L.T., Sprague, S.M.: Percutaneous bone biopsy in the diagnosis of renal osteodystrophy. Seminars in Nephrology 22:268-275, 2002.

56. Sprague, S.M., Ho, L.T.: Oral doxercalciferol therapy for secondary hyperparathyroidism in a peritoneal dialysis patient. Clinical Nephrology 58:155-160, 2002.

57. Kim, G., Sprague, S.M.: Use of vitamin D analogues in chronic renal failure. Advances in Renal Replacement Therapy 9:175-183, 2002.

58. Moberly, J.B., Mujais, S.M., Gehr, T., Hamburger, R., Sprague, S.M., Kucharski, A., Reynolds, R., Ogrinc, F., Martis, L., Wolfson, M.: Pharmacokinetics of icodextrin in peritoneal dialysis patients. Kidney International 62(S81):23-33, 2002.

59. Ho, L.T., Sprague, S.M.: Renal osteodystrophy in chronic renal failure. Seminars in Nephrology 22:488-493, 2002.

60. Lindberg, J.S., Moe, S.M., Goodman, W.G., Coburn, J.W., Sprague, S.M., Lie, W., Blaisdell, P.W., Brenner, R.M., Turner, S.A., Martin, K.J.: The calcimimetic AMG 073 reduces parathyroid hormone and calcium x phosphorus in secondary hyperparathyroidism. Kidney International 63:248-254, 2003.

61. Sprague, S.M., Llach, F., Amdahl, M., Taccetta, C., Batlle, D.: Paricalcitol versus calcitriol in the treatment of secondary hyperparathyroidism. Kidney International 63:1483-1490, 2003.

62. Dzido, G., Sprague, S.M.: Dialysis-related amyloidosis. Minerva Urologica e Nefrologica 55:121-129, 2003.

63. Sprague, S.M., Josephson, M.J.: Bone disease after kidney transplantation. Seminars in Nephrology, 24:82-90, 2004.

64. Cunningham, J., Sprague, S.M.: Controversies in Bone and Mineral Metabolism:Osteoporosis in Chronic Kidney Disease. American Journal of Kidney Diseases, 43:566-571, 2004.

65. Dobrez, D.G., Mathes, A., Amdahl, M., Marx, S.E., Melnick, J.Z., Sprague, S.M.: Paricalcitol-treated patients experience improved hospitalization outcomes compared with calcitriol-treated patients in real-world clinical settings. Nephrology Dialysis Transplantation, 19:1174-1181, 2004.

66. Coburn, J.W., Maung, H.M., Elangovan, L., Germain, M.J., Lindberg, J.S., Sprague , S.M., Williams, M.E., Bishop, C.W.: Doxercalciferol safely suppresses PTH levels in patients with secondary hyperparathyroidism associated with chronic kidney disease, stages 3 & 4. American Journal of Kidney Diseases, 43:877-890, 2004.

67. Josephson, M.A., Schumm, L.P., Chiu, M.Y., Marshall, C., Thistlethwaite, J.R., Sprague, S.M.: Calcium and calcitriol prophylaxis attenuates post-transplant bone loss. Transplantation 78:1233-1236, 2004.

68. Daniels, C.M., Wolverton, E., Sprague, S.M., Ameer, G.A.: Assessment of the stability of an immunoadsorbent for the extracorporeal removal of β_2-microglobulin from blood. Blood Purification 23:287-297, 2005.

69. Moe, S.M., Cunningham, J., Bommer, J., Adler, S., Rosansky, S.J., Urena-Torres, P., Albizem, M.B., Guo, M.D., Zani, V.J., Goodman, W.G., Sprague, S.M.: Long-term Treatment of Secondary Hyperparathyroidism with the Calcimimetic Cinacalcet HCl. Nephrology Dialysis Transplantation 10:2186-93, 2005.

70. Zisman, A.L., Ghantous, W., Schinleber, P., Roberts, L., Sprague, S.M.: Inhibition of Parathyroid Hormone: A Dose Equivalency Study of Paricalcitol and Doxercalciferol. American Journal of Nephrology 25:591-595, 2005.

71. Zisman, A.L. Sprague, S.M.: Bone Disease Following Kidney Transplantation. Advances in Chronic Kidney Disease 13:35-46, 2006.

72. Coyne, D., Acharya, M., Qiu, P., Abboud, H., Batlle, D., Rosansky, S., Fadem, S., Levine, B., Williams, L., Andress D.L., Sprague, S.M.: Paricalcitol Capsules for the Treatment of Secondary Hyperparathyroidism in Stage 3 and 4 Chronic Kidney Disease. American Journal of Kidney Diseases 47:263-276, 2006.

73. Moe, S.M., Drüeke, T., Cunningham, J., Goodman, W., Martin, K., Olgaard, K., Ott, S., Sprague, S.M., Lameire, N., Eknoyan, G.: Definition, evaluation, and classification of renal osteodystrophy: A position statement from Kidney Disease: Improving Global Outcomes (KDIGO). Kidney International 69:1945-1953, 2006.

74. Gal-Moscovici, A., Sprague, S.M.: The role of calcimimetics in chronic kidney disease. Kidney International. 70:S68-S72, 2006.

75. Gal-Moscovici, A., Sprague, S.M: Bone health in chronic kidney disease-mineral and bone disease. Advances in Chronic Kidney Disease. 14:27-36, 2007.

76. Zisman, A.L., Hristova, M., Ho, L.T., Sprague, S.M.: Impact of ergocalciferol treatment of vitamin D deficiency on serum parathyroid hormone concentrations in chronic kidney disease. American Journal of Nephrology. 27:36-43, 2007

77. Gal-Moscovici, A., Sprague, S.M: Which of the K/DOQI Guidelines for Bone Disease in Dialysis Patients Should be Changed? Seminars in Dialysis. 20:24-26, 2007.

78. Sprague, S.M.: Renal function and risk of hip and vertebral fractures among older women. Is it always osteoporosis? Archives of Internal Medicine. 167:115-116, 2007.

79. Gal-Moscovici, A., Sprague, S.M.: Comparative effectiveness of paricalcitol and calcitriol in stage 4 CKD from the perspective of a health plan. Clinical Drug Investigation. 27:105-113, 2007.

80. Shumock, G., Sprague, S.M.: Clinical and economic burden of fractures in patients with renal osteodystophy. Clinical Nephrology 67:201-208, 2007.

81. Sprague, S.M.: Mortality risk among hemodialysis patients receiving different vitamin D analogs. Kidney International 72:895, 2007.

82. Gal-Moscovici, A, Sprague, S.M.: Osteoporosis and chronic kidney disease. Seminars in Dialysis 20:423-430, 2007.

83. Sprague, S.M.: A Comparative Review of the Efficacy and Safety of Established Phosphate Binders: Calcium, Sevelamer, and Lanthanum Carbonate. Current Medical Research and Opinion 23:3167-3175, 2007.

84. Gal-Moscovici, A, Sprague, S.M.: Role of vitamin D deficiency in chronic kidney disease. Journal of Bone and Mineral Research. 22:91-94, 2007.

85. Gal-Moscovici, A., Sprague, S.M., Lerma E.V.: Treatment of renal osteodystrophy. Clinical Reviews in Bone and Mineral Metabolism 5:27-38, 2007.

86. Sprague, S.M., Belozeroff, V., Danese, M., Martin, L., Olgaard, K.: Abnormal bone and mineral metabolism in kidney transplant patients - A review. American Journal of Nephrology, 28:246-253, 2008.

87. Ross, E.A, Tian, J, Abboud, H., Hippensteel, R., Melnick, J.Z., Pradhan, R.S., Williams, L.A., Hamm, L.L., Sprague, S.M.: Oral paricalcitol for the treatment of secondary hyperparathyroidism in patients on hemodialysis or peritoneal dialysis. American Journal of Nephrology, 28:97–106, 2008.

88. Mehrotra, R., Martin, K.J., Fishbane, S., Sprague, S.M., Zeig, S., Anger, M.: Higher strength lanthanum carbonate provides serum phosphorus control with a low tablet burden and is preferred by patients and physicians: a multicenter study. Clinical Journal of the American Society of Nephrology, 3: 1437-45, 2008.

89. Andress, D.L., Coyne, D.W., Kalantar-Zadeh, K., Molitch, M.E., Zangeneh, F., Sprague, S.M.: Management of Secondary Hyperparathyroidism in Stages 3 and 4 Chronic Kidney Disease. Endocrine Practice 14:1-10, 2008.

90. Menaa, C., Esser, E., Sprague, S.M.: β_2-microglobulin stimulates osteoclast formation. Kidney International, 73:1275-81, 2008.

91. Finkelstein, F.O., Sprague, S.M.: Chronic kidney disease: mineral bone disorders and the peritoneal dialysis patient. Peritoneal Dialysis International 28:S3-S4, 2008.

92. Banks, M., Sprague, S.M.: Vitamin D and peritoneal dialysis. Peritoneal Dialysis International 28:S33-S37, 2008.

93. Gal-Moscovici, A., Sprague, S.M.: Role of bone biopsy in stages 3 to 4 chronic kidney disease. Clinical Journal of the American Society of Nephrology. 3:S170-4, 2008.

94. Sprague, S.M., Abboud, H., Qiu, P., Dauphin, M., Zhang, P., Finn, W.: Lanthanum carbonate reduces phosphorus burden in patients with chronic kidney disease Stages 3 and 4: A randomized trial. Clinical Journal of the American Society of Nephrology. 4:178-85, 2009.

95. Huang, M., Sprague, S.M.: Bone Disease in Kidney Transplant Patients. Seminars in Nephrology. 29:166-173, 2009.

96. Barnato, S., Sprague, S.M.: Advances in Renal Bone Disease: Osteoporosis and Chronic Kidney Disease. Current Rheumatology Reports. 11:185-190, 2009.

97. Khosla, N., Sprague, S.M.: When is Vitamin D Contraindicated in Dialysis Patients? Seminars in Dialysis. 22:249-251, 2009.

98. Khosla, N., Sprague, S.M.: Phosphate binders and effects on bone in chronic kidney disease. Renal and Urology News. July 2009.

99. Sprague, S.M., Nicolini, M.A., Evenepoel, P., Curzi, M.P., González, M.T., Husserl, F.E., Kopyt, N., Abboud, H., Ren, L., Mix, C., Wong, G.: Simultaneous control of PTH and Ca × P is sustained over 3 years of treatment with cinacalcet HCl. Clinical Journal of the American Society of Nephrology. 4: 1465–1476, 2009.

100. Sprague, S.M., Ross, E., A., Nath, S., Zhang, P., Pratt, R., D., Krause, R.: Lanthanum carbonate versus sevelamer hydrochloride for the reduction of serum phosphorus over a 4-week treatment period in patients on hemodialysis. Clinical Nephrology 72:252-258, 2009.

101. Sprague, S.M., Coyne, D.: Control of secondary hyperparathyroidism by vitamin D receptor activators in chronic kidney disease. Clinical Journal of the American Society of Nephrology. 5:512-518, 2010.

102. Uhlig, K., Berns, J., Kestenbaum, B., Kumar, R., Leonard, M., Martin, K., Sprague, S.M., Goldfarb, S.: KDOQI US Commentary on the 2009 Kidney Disease Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD). American Journal of Kidney Disease. 55:773-799, 2010.

103. Gal-Moscovici, A., Sprague, S.M.: Use of vitamin D in chronic kidney disease patients. Kidney International. 78:146-151, 2010.

104. Dukkipati, R., Kovesdy, C.P., Kim, Y., Colman, S., Budoff, M.J., Nissenson, A.R., Sprague, S.M., Kopple, J.D., Kalantar-Zadeh, K.: Association of relatively low serum parathyroid hormone with malnutrition-inflammation complex and survival in maintenance hemodialysis patients. Journal of Renal Nutrition. 20:243-254, 2010.

105. Knight, M., Sprague, S.M.: Pleiotropic actions of vitamin D: Beyond bone disease. US Nephrology. 5:41-44, 2010.

106. Park, J.C.,Rambod, M., Kovesdy, C., Duong, U., Streja, E., Nissenson, A.R., Sprague, S.M., Kalantar-Zadeh, K.: Association of serum alkaline phosphatase and bone mineral density in maintenance hemodialysis patients. Hemodialysis International. 14:182-192, 2010.

107. Copley, J.B., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Riggio, Shah, T., Wang, O., Turner, S.A., Sprague, S.M.: Evaluation of cinacalcet HCl treatment following renal transplantation. Transplantation Proceedings. 42(7):2503-8, 2010.

108. Sprague, S.M.: Renal bone disease. Current Opinion in Endocrinology and Diabetes. 17:535-539, 2010.

109. Chung, E.J., Qiu, H., Kodali, P., Yang, S., Sprague S.M., Hwang, J., Koh J., Ameer, G.A.: Early tissue response to citric acid-based micro- and nanocomposites. Journal Biomedical Materials Research, 96:29-37, 2011.

110. Arora, A., Du, H., Ho, L.T., Sprague, S.M.: Mortality benefit with ergocalciferol supplementation in stage 3 and 4 chronic kidney disease. (Submitted).

111. Zhang, Y, Lapidos, K.A., Moscovici-Gal, A., Sprague, S.M., Ameer, G.A.: A receptor-based bioadsorbent approach to address systemic inflammation induced by advanced glycation end products. (Submitted).

112. Edwards, B.J., Desai, A., Tsai, J., Du, H., Edwards, G.R., Bunta, A.D., Hahr, A., Abecassis, M, Sprague, S.M.: Elevated incidence of fractures in solid organ transplant recipients on glucocorticoid-sparing immunosuppressive regimens. (Submitted).

113. Belen, C., Amdahl, M., Andress, D.L., Sprague, S.M.: Oral paricalcitol reduces bone-specific alkaline phosphatase and serum osteocalcin in patients with stages 3 to 5 chronic kidney disease. (Submitted).

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114. Daniels, C.M., Gal-Moscovici, A., Santhanam, H., Xu, D.S., Menaa, C., Sprague, S.M., Ameer, G.: Reduction of monocyte inflammatory response via extracorporeal removal of advanced glycation end products. (Submitted).

115. Menaa, C., Lieberman, J., Sprague, S.M., Froelich, C.J.: Granzyme A induces osteoclast formation by stimulating precursors to express TNF-α. (Submitted)

116. Menaa, C., Moscovic, A., Levobitz, J., Huber, D., Stock, S., Froelich, C.J., Sprague, S.M.: The IkB-p65 complex controls breast cancer bone metastatic lesions *in vivo*. (Submitted)

117. Menaa, C., Fujishiro, M., Asano, T., Froelich, C.J., Sprague, S.M.: NF-κB regulates production of osteoclastogenic factors produced by breast cancer cells. (Submitted)

118. Gal-Moscovici A, Menaa C, Abdouelaziz A, Ilievski V, Tarjan S, Scherzer P, Sprague SM. Cyclosporine: *in vitro* suppression of bone verse *in vivo* induction of osteoclastogenic and osteoblastogenic factors. (Submitted)

119. Daniels, C.M., Xu, D.S., Jangam, S.R., Sprague, S.M., Ameer, G.A.: A cell receptor-based bioadsorbent with high specificity towards pro-inflammatory mediators. (Submitted).

ABSTRACTS

1. Mayor, G.H., Sprague, S.M., Sanchez, T.V., Hourani, M.R.: Effect of parathyroid hormone withdrawal on brain aluminum levels in rats. Proceedings of the American Society for Artificial Internal Organs, Chicago, Illinois, April 27-29, 1978.

2. Sprague, S.M., Sanchez, T.V., Hourani, M.R., Keiser, J.A., Mayor, G.H.: Egress of aluminum from rat brain following withdrawal of parathyroid hormone. Presented to the VIIIth International Congress of Nephrology, Montreal, Quebec, Canada, June 18-24, 1978.

3. Sprague, S.M., Hourani, M.R., Sanchez, T.V., Noordewier, B., Mayor, G.H.: Urinary aluminum excretion following parathyroid hormone withdrawal. Kidney International, 14:643, 1978. (Abstract)

4. Sprague, S.M., Eadie, M.J., Sanchez, T.V., Noordewier, B., Mayor, G.H.: The effect of vitamin D on brain aluminum levels. Clinical Research, 27(2):431A, 1979. (Abstract)

5. Mayor, G.H., Sprague, S.M., Lovell, K.L., Mattson, J.C., Noordewier, B.: Long-term effect of parathyroid hormone on tissue aluminum burdens in the rat. Presented to the 2nd International Congress of Nutrition in Renal Disease, Bologna, Italy, June 13-15, 1979.

6. Sprague, S.M.: Toxicity of oral aluminum. Presented to the Michigan Family Practice Research Conference III, East Lansing, Michigan, November 1, 1979.

7. Mayor, G.H., Sprague, S.M., Noordewier, B.: Mechanism of oral aluminum toxicity. Presented to the 32nd Annual Scientific Meetings of the Gerontological Society, Washington, D.C., November 25-29, 1979.

8. Mayor, G.H., Sprague, S.M., Remedi, R.F., Noordewier, B., Eppstein, L., Sanchez, T.V.: The effect of long term oral aluminum on specific tissue burdens in rats. Presented to the Chronic Renal Disease Conference of the National Institute of Arthritis, Metabolism and Digestive Diseases, Bethesda, Maryland, January 9-11, 1980.

9. Fregene, A., Sprague, S.M., Sanchez, T.V., Carrick, J., Mayor, G.H., Rosenbaum, R.W.: Serum vanadium levels and aging. Presented to the 10th Annual Meeting of the American Aging Association, Houston, Texas, October 2-4, 1980.

10. Sprague, S.M., Fregene, A., Wilkinson, B., Costantino, J., Rosenbaum, R.W., Mayor, G.H.: Serum vanadium concentrations in chronic renal failure. Kidney International, 19:215, 1981. (Abstract)

11. Sprague, S.M., Hirota, T., Mayor, G.H.: Determinants of brain aluminum burdens in renal failure. Clinical Research, 29(2):476A, 1981. (Abstract)

12. Sprague, S.M., Fregene, A., Costantino, J., Rosenbaum, R.W., Mayor, G.H.: Serum vanadium concentrations in chronic renal failure as measured by neutron activation. Clinical Research, 29(2):476A, 1981. (Abstract)

13. Sprague, S.M., Capili, A., Lovell, K.L., Rosenbaum, R.W., Mayor, G.H.: Rabbit brain aluminum burdens and histology following parathyroid hormone and oral aluminum. Presented to the VIIIth International Congress of Nephrology, Athens, Greece, June 7-12, 1981.

14. Sprague, S.M., Madery, G., Noordewier, B., Rosenbaum, R.W., Mayor, G.H.: Effect of vitamin D on brain aluminum burdens in the rat. Presented to the VIIIth International Congress of Nephrology, Athens, Greece, June 7-12, 1981.

15. Sprague, S.M., Hirota, T., Mayor, G.H.: Tissue aluminum burdens after equimolar aluminum hydroxide and aluminum chloride in endogenous and exogenous hyperparathyroid rats. Clinical Research, 29(4):746, 1981. (Abstract)

16. Mayor, G.H., Hirota, T., Sprague, S.M.: Effect of equimolar oral aluminum hydroxide and aluminum chloride on tissue aluminum burdens in endogenous and exogenous hyperparathyroid rats. Presented to the 14th Annual Meeting of the American Society of Nephrology, Washington, D.C., November 22-24, 1981.

17. Sprague, S.M., Fregene, A.O., Costantino, J., Rosenbaum, R.W., Mayor, G.H.: Relationship of serum vanadium concentrations and renal failure. Presented to the 26th Annual American Osteopathic Association/National Osteopathic Foundation Research Conference, Chicago, Illinois, March 18-20, 1982.

18. Sprague, S.M., Corwin, H.L., Tanner, C.M., Green, B.J., Wilson, R.S., Goetz, C.G.: Relationship of neuropsychologic abnormalities to serum aluminum and the deferoxamine infusion test. Presented to the 19th Annual Meeting of the American Society of Nephrology, Washington, D.C., December 7-10, 1986.

19. Corwin, H.L., Sprague, S.M., Norusis, M.J.: Acute renal failure associated with open heart surgery: A case-control study. Presented to the 19th Annual Meeting of the American Society of Nephrology, Washington, D.C., December 7-10, 1986.

20. Tanner, C.M., Wilson, R.S., Green, B.J., Goetz, C.G., Sprague, S.M., Corwin, H.L.: Elevated body aluminum stores correlate with cognitive and motor dysfunction in chronic dialysis. Presented to the American Academy of Neurology, New York, New York, April 6-10, 1987.

21. Sprague, S.M., Bushinsky, D.A.: Aluminum induces cell-mediated calcium efflux from neonatal mouse calvariae. Presented to Midwest Section American Federation for Clinical Research, Chicago, Illinois, November 9-11, 1988.

22. Sprague, S.M., Bushinsky, D.A.: Aluminum induces cell mediated calcium efflux from bone. Presented to the 21st Annual Meeting of the American Society of Nephrology, San Antonio, Texas, December 11-14, 1988.

23. Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Aluminum stimulates calcium efflux from neonatal mouse calvariae in vitro. Presented to the XXI European Symposium on Calcified Tissues, Jerusalem, Israel, March 12-16, 1989.

24. Sprague, S.M., Bushinsky, D.A.: Aluminum induces cell-mediated calcium efflux from neonatal mouse calvariae. Presented to the American Heart Association of Metropolitan Chicago 1989 Cardiovascular Research Forum, Chicago, Illinois, May 31, 1989.

25. Sprague, S.M., Bushinsky, D.A.: Effect of aluminum on bone nodule formation in vitro. Presented to Midwest Section American Federation for Clinical Research, Chicago, Illinois, November 8-10, 1989.

26. Sprague, S.M., Bushinsky, D.A.: Aluminum inhibits bone nodule formation in vitro. Presented to the 22nd Annual Meeting of the American Society of Nephrology, Washington, D.C., December 3-6 1989.

27. Moe, S.M., Sprague, S.M.: Correction of secondary hyperparathyroidism with low-dose intravenous calcitriol. Presented to the 12th Annual Meeting of the American Society for Bone and Mineral Research, Atlanta, Georgia, August 28-31, 1990.

28. Jacobsen, J., Sprague, S.M., Krieger, N.S., Bushinsky, D.A.: Greater inhibition of bone nodule formation with metabolic than respiratory acidosis. Presented to the 12th Annual Meeting of the American Society for Bone and Mineral Research, Atlanta, Georgia, August 28-31, 1990.

29. Sprague, S., Hallegot, P., Chantel, G., Chabala, J., Levi-Setti, R., Bushinsky, D.: Effects of aluminum on bone surface ion composition. Presented to the 23rd Annual Meeting of the American Society of Nephrology, Washington, D.C., December 2-5, 1990.

30. Josephson, M.A., Sprague, S.M., Thisthlethwaite, J.R., Stuart, F.P., Dasgupta, A.: Lipid peroxidation products in renal recipients of renal transplants. Presented to the International Symposium on Transplant Monitoring, Jerusalem, Israel, June 23-26, 1991.

31. Sprague, S.M., Moe, S.M.: Mechanism of β_2-microglobulin induced bone loss. Presented to Baxter Healthcare Extramural Grant Program "Science for the Future", Crystal Lake, Illinois, May 14, 1991.

32. Sprague, S.M., Barrett, S.A., Moe, S.M.: Intracellular mediation of aluminum induced calcium efflux from mouse calvariae. Presented to the 13th Annual Meeting of the American Society for Bone and Mineral Research, San Diego, California, August 24-28, 1991.

33. Moe, S.M., Barrett, S.A., Sprague, S.M.: β_2-Microglobulin stimulates calcium efflux from neonatal mouse calvariae in vitro. Presented to the Midwest Section American Federation for Clinical Research, Chicago, Illinois, November 6-8, 1991.

34. Moe, S.M., Barrett, S.A., Sprague, S.M.: β_2-Microglobulin induces bone mineral dissolution *in vitro*. Presented to the 24 th Annual Meeting of the American Society of Nephrology, Baltimore, Maryland, November 17-20, 1991.

35. Moe, S.M., Barrett, S.A., Sprague, S.M.: β_2-Microglobulin stimulates osteoclastic mediated bone mineral dissolution from neonatal mouse calvariae. Presented to the XIth International Conference on Calcium Regulating Hormones, Florence, Italy, April 24-29, 1992.

36. Sprague, S.M., Moe, S.M., Barrett, S.A.: Mechanism of β_2-microglobulin induced bone loss. Presented to 3rd Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program "Science for the Future", Crystal Lake, Illinois, May 14-15, 1992. Blood Purification 11:27-28, 1993.

37. Moe, S.M., Gember, T., Yu, B., Meredith, S., Favus, M.J., Sprague, S.M.: Bone mineral densitometry in the diagnosis and management of renal bone disease. Presented to the 14th Annual Meeting of the American Society for Bone and Mineral Research, Minneapolis, Minnesota, September 30 - October 4, 1992.

38. Moe, S.M., Barrett, S.A., Hack, B.K., Sprague, S.M.: Inhibition of β_2-microglobulin induced calcium efflux by anti-IL-1β. Presented to the 25 th Annual Meeting of the American Society of Nephrology, Baltimore, Maryland, November 15-18, 1992.

39. Sprague, S.M.: Mechanism of β_2-microglobulin induced bone loss. Presented to 4th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, May 12-13, 1993.

40. Sprague, S.M., Moe S.M.: Role of prostaglandin E_2 and interleukin-1β in β_2-microglobulin induced calcium efflux from cultured bone. Presented to the XIIth International Congress of Nephrology, Jerusalem, Israel, June 13-18, 1993.

41. Sprague, S.M., Wald, H., Dranitzki-Elhalal, M., Popovtzer, M.M.: Protein kinase C, but not cyclic AMP, mediates parathyroid hormone induced calcium efflux from cultured bone. Presented to the Annual Meeting of the Israeli Nephrology Association, May 4, 1994.

42. Sprague, S.M., Popovtzer, M.M.: Mechanism of β_2-microglobulin induced bone loss. Presented to 5th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, June 14-16, 1994.

43. Sprague, S.M., Wald, H., Dranitzki-Elhalal, M., Popovtzer, M.M.: Parathyroid hormone induced calcium efflux from cultured calvaria is protein kinase C dependent. Presented to the 27th Annual Meeting of the American Society of Nephrology, Orlando Florida, October 26-29, 1994.

44. Wald, H., Sprague, S.M., Dranitzki-Elhalal, M., Popovtzer, M.M.: 1,25$(OH)_2D_3$ induced efflux of calcium from cultured calvaria is mediated by activation of protein kinase C. Presented to the 27th Annual Meeting of the American Society of Nephrology, Orlando Florida, October 26-

29, 1994.

45. Backenroth, R., Sprague, S.M., Wald, H., Popovtzer, M.M.: New mutant strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the 27th Annual Meeting of the American Society of Nephrology, Orlando Florida, October 26-29, 1994.

46. Moe, S., Hack, B., Cummings, S., Bailey, A., Sprague, S.M.: β_2-Microglobulin induced bone resorption is mediated through IL-1β. Presented to the 27th Annual Meeting of the American Society of Nephrology, Orlando Florida, October 26-29, 1994.

47. Felsenfeld, A., Jara, A., Ross, D., Haire, H., Sprague, S.: A low calcium dialysate to stimulate parathyroid hormone in diabetic hemodialysis patients. Journal of the American Society of Nephrology 5:878, 1994 (Abstract).

48. Sprague, S.M.: Mechanism of β_2-microglobulin induced bone loss. Presented to 6th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, May 9-10, 1995.

49. Backenroth R., Parnas, M., Sprague, S., Wald, H., Popovtzer, M.M.: New mutant strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the Annual Meeting of the Israeli Nephrology Association, June 8, 1995.

50. Ho, L.T., Rizowy, C., Weber, S., Sprague, S.M.: Pamidronate in refractory hyperparathyroidism. Presented to the XIIIth International Congress of Nephrology, Madrid, Spain, July 2-6, 1995.

51. Sprague, S.M., Hack, B., Miyata, T.: β_2-microglobulin modified with advanced glycation end products induces calcium efflux and interleukin-1 mRNA from bone. Presented to the XIIIth International Congress of Nephrology, Madrid, Spain, July 2-6, 1995.

52. Elhalel-Dranitzki, M., Wald, H., Sprague, S., Popovtzer, M.M.: Opposite effects of $1,25(OH)_2D_3$ and $24,25(OH)_2D_3$ on calcium efflux from cultured bone: Evidence for protein kinase C related mechanism of action. Presented to the 28th Annual Meeting of the American Society of Nephrology, San Diego, California, November 5-8, 1995.

53. Backenroth, R., Parnas, M., Sprague, S.M., Wald, H., Popovtzer, M.M.: Strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for a key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the 28th Annual Meeting of the American Society of Nephrology, San Diego, California, November 5-8, 1995.

54. Sprague, S.M., Chiu, M., Bruce, D., Josephson, M.A.: Fractures following kidney-pancreas transplantation. Presented to the 10th International Workshop on Calcified Tissues, Jerusalem, Israel, March 10-15, 1996.

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55. Chiu, M., Coward, M., Bruce, D., Marshall, C., Sprague, S.M., Woodle, E.S., Thistlethwaite, J.R., Josephson, M.A.: Long term incidence of bone in kidney-pancreas transplant recipients is high. Presented to the 15th Annual Scientific Meeting of American Society of Transplant Physicians, Dallas, Texas, May 26-29, 1996.

56. Sprague, S.M.: Mechanism of β_2-microglobulin induced bone loss. Presented to 6th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, June 4-5, 1996.

57. Backenroth, R., Parnas, M., Sprague, S.M., Wald, H., Popovtzer, M.M.: Strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for a key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the 29th Annual Meeting of the American Society of Nephrology, New Orleans, Louisiana, November 3-6, 1996.

58. Balint, E.M., Marshall, C., Miyata, T., Sprague, S.M.: β_2-microglobulin induces IL-6 production from cultured neonatal mouse calvaria. Presented to the 29th Annual Meeting of the American Society of Nephrology, New Orleans, Louisiana, November 3-6, 1996.

59. Josephson, M. A., Sprague, S.M.: Post-transplant osteopenia in diabetic patients. Presented to 7th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, June 10-11, 1997.

60. Ramsey-Goldman, R., Dunlop, D., Stuart, F., Kaufman, D., Abecassis, M., Salinger, M., Sprague, S.M.: Incidence of self-reported fractures in patients following solid organ transplantation. Presented to the 19th Annual Meeting of the American Society for Bone and Mineral Research, Cincinnati, Ohio, September 10-14, 1997.

61. Ramsey-Goldman, R., Dunlop, D., Stuart, F., Stuart, J., Langman, C., Madison, L., Stern, P., Sprague, S.M.: Multiple self-reported fractures in patients following organ transplantation. Submitted to the Annual Meeting of the American College of Rheumatology, 1997.

62. Abraham, M.I., Balint, E.M., Marshall, C., Stern, P.H., Sprague, S.M.: Interleukin-6 release and bone resorption in T-cell deficient mice. Presented to the 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

63. Sprague, S.M., Ramsey-Goldman, R., Dunlop, D., Stuart, F.P., Stuart, J., Salinger, M., Madison, L., Stern, P.H., Langman, C.B.: Self-reported fractures in patients undergoing solid organ transplantation. Presented to the 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

64. Balint, E.M., Marshall, C., Abraham, M.I., Sprague, S.M.: Role of IL-6 in β_2-microglobulin induced bone resorption. Presented to the 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

65. Backenroth, R., Elhalel-Dranitzki, M., Sprague, S.M., Wald, H., Serge, G.V., Popovtzer, M.M.: Strain of opossum kidney cells with spontaneously elevated basal cAMP levels: Evidence for decreased PTH/PTHrP receptor RNA expression and a key role of cAMP in modulating Na-coupled phosphate uptake. Presented to the 30th Annual Meeting of the American Society of Nephrology, San Antonio, Texas, November 2-5, 1997.

66. Twaddle, G.M., Liu, N., Khandekar, J.D., Balint, E., Sprague, S.M., Murthy, M.S.: Effects of receptor tyrosine kinase inhibitor, A47, on the estrogen induced growth of breast cancer cells and cytokine production by osteoblasts. Presented to the 89th Annual Meeting of the American Association for Cancer Research, New Orleans, Louisiana, March 28- April 1, 1998.

67. Josephson, M.A., Sprague, S.M.:Post-transplant osteopenia in diabetic patients. Presented to 8th Annual Scientific Sessions, Baxter Healthcare Extramural Grant Program, Chicago, Illinois, May 28-29, 1998.

68. Balint, E., Marshall, C., Sprague, S.M.: β_2-microglobulin induces IL-6 production from osteoblasts. Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 17-19, 1998.

69. Liu, N., Turbov, J.M., Balint, E., Twaddle, G.M., Marshall, C., Sprague, S.M., Khandekar, J.D., Murthy, M.S.: Combined effects of a growth factor receptor tyrosine kinase inhibitor and estrogen on breast tumor growth and bone metabolism. Presented to the Midwestern Regional Meetings of the Central Society for Clinical Research, Chicago, Illinois, September 17-19, 1998.

70. Turbov, J.M., Liu, N., Balint, E., Twaddle, G.M., Marshall, C., Yang, X.H., Sprague, S.M., Khandekar, J.D., Murthy, M.S.: Receptor tyrosine kinase inhibitor, A47, blocks estrogen-induced breast cancer growth without affecting bone nodule formation by osteoblasts. Presented to the 21st Annual San Antonio Breast Cancer Symposium, San Antonio, Texas, December 12-15, 1998.

71. Balint, E., Turbov, J.M., Twaddle, G.M., Marshall, C., Liu, N., Sprague, S.M., Khandekar, J.D., Murthy, M.S.: Combination of estrogen and receptor tyrosine kinase inhibitor (A47) prevents both breast cancer growth and bone resorption *in vitro*. Presented to the 21st Annual San Antonio Breast Cancer Symposium, San Antonio, Texas, December 12-15, 1998.

72. Sprague, S.M., Ramsey-Goldman, Langman, C.B., Stern, P.H.: Incidence of fractures in patients undergoing solid organ transplantation. Presented to the Working Group on Post Transplantation Bone Disease, San Francisco, California, November 30, 1998.

73. Balint, E., Marshall, C., Sprague, S.M.: β_2-microglobulin induces IL-6 release from osteoblasts. Presented to the Keystone Symposium on Molecular Pathogenesis of Bone Disease, March 1999.

74. Marshall, C.F., Balint, E., Sprague, S.M.: Glucose alters bone formation in diabetic bone disease. Presented to the Midwestern Regional Meetings for the Central Society of Clinical

Research, Chicago, Illinois, September 1999.

75. Marshall, C.F., Balint, E., Sprague, S.M.: The effect of glucose on bone formation and osteoblast maturation. Presented to the 21st Annual Meeting of the American Society for Bone and Mineral Research, St. Louis, Missouri, September 30- October 4, 1999.

76. Josephson, M.A., Schum, L.P., Marshall, C., Sprague, S.M.: The effect of calcium and vitamin D on post-transplant bone loss. Presented to the 2nd Annual Working Group on Post Transplantation Bone Disease, St. Louis, Missouri, September 30, 1999.

77. Balint, E., Marshall, C.F., Sprague, S.M.: Effect of paricalcitol and calcitriol on neonatal mouse calvariae. Presented to the 32nd Annual Meeting of the American Society of Nephrology, Miami Beach, Florida, November 5-8, 1999.

78. Josephson, M.A., Schum, L.P., Chiu, M.Y., Marshall, C., Sprague, S.M.: Post-transplant osteopenia. Presented to the 32nd Annual Meeting of the American Society of Nephrology, Miami Beach, Florida, November 5-8, 1999.

79. Josephson, M., Schumm, L., Marshall, C., Sprague, S.M.: Therapy with calcium and calcitriol for post-transplant bone disease. Presented to the Transplant Bone Disease Meeting, Barcelona, Spain, August 25-26, 2000.

80. Marshall, C.F., Sprague, S.M.: The effect of paricalcitol and calcitriol on bone formation. . Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 2000.

81. Josephson, M.A., Schum, L.P., Chiu, M.Y., Marshall, C., Sprague, S.M.: Calcium and calcitriol prophylaxis against post-bone loss. Presented to the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-16, 2000.

82. Marshall, C.F., Sprague, S.M.: The effect of paricalcitol and calcitriol on bone formation. Presented to the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-16, 2000.

83. Lerma, E.V., McCormick, D.P., Ghanekar, H.P., Mohan, A., Sprague, S.M., Batlle, D.: A comparative study between 19-nor-1 alpha, 25 dihydroxyvitamin D_2 and intravenous calcitriol on PTH suppression in hemodialysis patients. Presented to the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-16, 2000.

84. Turbov, J.M., Menaa, C., Marshall, C., Sprague, S.M.: Mechanisms of β_2-microglobulin on osteoclast formation. Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 2001.

85. Menaa, C., Lieberman, J., Sprague, S.M.: Granzyme A stimulates osteoclast formation by inducing TNF-α production. Presented to the Midwestern Regional Meetings for the Central Society of Clinical Research, Chicago, Illinois, September 2001.

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86. Menaa, C., Marshall, C., Sprague, S.M.: Tumor necrosis factor mediates the stimulatory effect of β_2-microglobulin on osteoclast formation. Presented to the 23rd Annual Meeting of the American Society for Bone and Mineral Research, Phoenix, Arizona, October 12-16, 2001.

87. Menaa, C., Lieberman, J., Sprague, S.M.: Granzyme A stimulates osteoclast formation by inducing TNF-α production. Presented to the 23rd Annual Meeting of the American Society for Bone and Mineral Research, Phoenix, Arizona, October 12-16, 2001.

88. Igarashi, K., Menaa, C., Woo, J-T., Sprague, S.M., Stern, P.H.: Cyclosporines and FK506 Inhibit Osteoclastogenesis and Osteoclast Survival: Role of Down-Regulation of RANK/RANKL Signaling. Presented to the 23rd Annual Meeting of the American Society for Bone and Mineral Research, Phoenix, Arizona, October 12-16, 2001.

89. Maung, H.M., Elangovan, L., Brown, C.L., Lindberg, J.S., Sprague, S.M., Coburn, J.W., and the 1-αD_2 Study Group: Doxercalciferol [Hectorol®] lowers PTH levels without causing hypercalcemia in patients with chronic renal insufficiency and secondary hyperparathyroidism. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

90. Menaa, C., Turbov, J.M., Marshall, C., Sprague, S.M.: Mechanisms of action of β_2-microglobulin on osteoclast formation. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

91. Wolfson, M., Gehr, T.W., Hamburger, R.J., Sprague, S.M., Kucharski, A., Martis, L., Moberly, J.B., Mujais, S., Ogrinc, F.G.: Pharmacokinetics of icodextrin in peritoneal dialysis patients. Presented to the 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 14-17, 2001.

92. Menna, C., Turbov, J., Froelich, C.J., Fujishiro, M., Asano, T., Sprague, S.M.: NF-κB mediates the production of osteoclastogenic factors by breast cancer cells. Presented to the 24th Annual Meeting of the American Society for Bone and Mineral Research, San Antonio, Texas, September 20-25, 2002.

93. Moe, S.M., Sprague, S.M., Adler, S., Rosansky, S.J., Albizem, M.B., Blaisdell, P.W., Guo, M.D., Goodman, W.G.: The effect of two-year treatment with the calcimimetic AMG 073 on parathyroid hormone levels. Presented to the 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, November 1-4, 2002.

94. Marx, S., Amdahl, M., Mathes, A., Ng, D., Melnick, J., Sprague, S.M.: Hemodialysis patients receiving paricalcitol experience fewer hospitalizations and hospital days compared to patients receiving calcitriol. Presented to the 35th Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, November 1-4, 2002.

95. Ho, L.T., Sprague, S.M.: Pamidronate may facilitate calcitriol therapy in advanced secondary hyperparathyroidism. Presented to the National Kidney Foundation 2003 Clinical Meetings, Dallas, Texas, April 2-6, 2003.

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96. Melnick, J., Amdahl, M., Mathes, A., Koch, C., Williams, L., Tian, J., Dobrez, D., Sprague, S.: Improved hospitalization outcomes in hemodialysis patients treated with paricalcitol. Presented to the World Congress of Nephrology, Berlin, Germany, June 8-12, 2003.

97. Moe, S.M., Sprague, S.M., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Guo, M.D., Zani, V., Goodman, W.G.: Long-term treatment of secondary hyperparathyroidism (HPT) with the calcimimetic Cinacalcet HCl. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

98. Marx, S., Mathes, A., Koch, C., Melnick, J.Z., Kommala, D.R., Dobrez, D, Sprague, S.M.: Treatment with Paricalcitol may result in significant cost savings compared to Calcitriol in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

99. Tian, J., Dobrez, D., Amdahl, M., Marx, S., Echlin, D., Melnick, J.Z., Sprague, S.M.: Therapy with Paricalcitol was associated with fewer days in the hospital than either Calcitriol or no vitamin D in chronic hemodialysis patients. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

100. Quarles, L.D., Zeig, S., Spiegel, D.M., Silver, M.R., Vokes, T., Gokal, R., Ölgaard, K., Jadoul, M., Zani, V., Klassen, P., Olson, K.A., Turner, S.A., Sprague, S.M.: Cinacalcet HCl (AMG 073) controls secondary hyperparathyroidism (HPT) in dialysis patients regardless of disease severity. Presented to the 36th Annual Meeting of the American Society of Nephrology, San Diego, California, November 12-17, 2003.

101. Menaa, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF-κB and P38 cross-talk is critical for osteoclast differentiation. Presented to the Combined Annual Meeting of the Central Society for Clinical Research and the Midwestern Section American Federation for Medical Research, Chicago, Illinois, April 14-15, 2004.

102. Frazão, J., Nicolini, M., Torregrossa, V., Kerr, P., Jaeger, P., Sprague, S.M., Jadoul, M., Mellotte, G., Neyer, U., Geiger, H., Hagen, E.C., McCary, L., Baker, N., Turner, S., Quarles, L.D.: Cinacalcet HCl Effectively Reduces Intact Parathyroid Hormone (iPTH) and Ca x P Irrespective of the Severity of Secondary Hyperparathyroidism (HPT). Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 15-18, 2004.

103. Menaa, C., Corr, M., Froelich, C.J. Sprague, S.M.: NF-κB and not p38 MAPK is essential for expression and secretion of osteoclastogenic factors by breast cancer cells. Presented to the 26th Annual Meeting American Society of Bone and Mineral Metabolism, Seattle, Washington, October 1-5, 2004.

104. Menaa, C., Corr, M., Froelich, C.J., Sprague, S.M.: NF-kappa B and p38 cross-talk is critical for osteoclast differentiation. Presented to the 26th Annual Meeting American Society of Bone and Mineral Metabolism, Seattle, Washington, October 1-5, 2004.

105. Tian, J., Moe, S.M., Dobrez, D., Amdahl, M., Melnick, J., Williams, L., Sprague, S.M.: The association of baseline lab values and hospitalization outcomes in hemodialysis patients receiving or not receiving vitamin D. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

106. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., González, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.A., Zani, V., Guo, M.G., Klassen, P.S., Wong, G.K.T.: Maintenance of NKF-K/DOQI™ goals for parathyroid hormone and Ca x P with cinacalcet HCl. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

107. Marx, S.E., Brown, L.M., Ashraf, T., Amdahl, M., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Evaluation of annualized dosing ratio of paricalcitol to calcitriol in hemodialyisis patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

108. Mittman, N., Finkelstein, F., Cullerton, B., Charytan, C., Agarwal, A., Albizem, M.A., Guo, M.G., Klassen, P.S., Sprague, S.M.: Cinacalcet HCl for the management of secondary hyperparathyroidism in patients receiving peritoneal dialysis. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

109. Coyne, D., Martin, K.J., Qui, P., Acharya, M., Batlle, D., Rosansky, S., Abboud, H., Fadem, S., Levine, L., Smolenski, O., Kaplan, M., Williams, L., Sprague, S.M.: Paricalcitol (Zemplar) Capsule Controls Secondary Hyperparathyroidism (SHPT) in Chronic Kidney Disease (CKD) Stages 3 and 4 Patients. Presented to the 37th Annual Meeting of the American Society of Nephrology, St. Louis Missouri, October 29- November 1, 2004.

110. Ghantous, W, Schinleber, P, Roberts, L, Sprague, SM.: Inhibition of parathyroid hormone: Dose equivalency study between paricalcitol and doxercalciferol. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

111. Coyne, D., Melnick, J.Z., Tian, J., Williams, L.A., Andress, D., Sprague, S.M.: Paricalcitol therapy has no adverse effect on kidney function. Presented to the National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

112. Josephson, M.A., Sprague, S.M.: Cinacalcet use after kidney transplant. Presented to the American Transplant Congress 2005, Seattle, Washington, May 21-25, 2005.

113. Coyne, D., Martin, K.J., Acharya, M., Andress, D., Qiu, P., Melnick, J.Z., Williams, L.A., Sprague, S.M.: Safety and efficacy of paricalcitol capsule for the treatment of secondary hyperparthyroidism in early stage CKD patients. Presented to the XLII ERA-EDTA Congress, Istanbul Turkey, June 4-7, 2005.

114. Menaa, C., Abdouelaziz, A., Lebovitz, J., Froelich, C.J., Sprague, S.M.: NF-κB p65 subunit is critical for the osteoclastogenic effect of RANKL. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

115. Menaa, C., Abdouelaziz, A., Froelich, C.J., Sprague, S.M.: p65 subunit is essential for osteoclastogenic factors expression in breast cancer cells. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

116. Pramanik, R., Asplin, J., Lindeman, C., Donahue, S., Sprague, S.M., Favus, M., Coe, F.: CSF-1R in the pathogenesis of osteoporosis in idiopathic hypercalciuria. Presented to the 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

117. Tang, I., Josephson, M.A., Kopyt, N., Sprague, S.M.: Cinacalcet in Post-Transplant Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

118. Moe, S.M., Goodman, W.G., Cunningham, J., Drueke, T., Adler, S., Rosansky, S.J., Albizem, M.B., Olson, K.A., Addison, J., Sprague, S.M.: Cinacalcet HCl Sustains Long-Term Control of Secondary Hyperparathyroidism. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

119. Sprague, S.M., Nicolini, M., Evenepoel, P., Curzi, M., Gonzalez, T., Husserl, F., Kopyt, N., Abboud, H., Culleton, B., Albizem, M.B., Addison, J., Olson, K.A., Klassen, P.S., Wong, G.K.T.: Simultaneous Control of PTH and CA x P Is Sustained over 2 Years of Treatment with Sensipar®/Mimpara® (Cinacalcet HCL). Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

120. Shirsat, S., Josephson, M.A., Sprague, S.M.: Vitamin D deficiency following renal transplantation. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

121. Hristova, M., Ho, L.T., Kim, E., Oliva, R., Sprague, S.M.: Prevalence of 25-Hydroxyvitamin D Insufficiency and Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

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122. Zisman, A., Hristova, M., Degraf, J., Ho, L.T., Sprague, S.M.: Effects of Treatment of 25-Hydroxyvitamin D Deficiency in CKD Patients. Presented to the American Society of Nephrology Renal Week 2005, Philadelphia, Pennsylvania, November 8-13, 2005.

123. Funes, I., Nash, K., Sprague S.M.: Improved health status in end-stage cardiac patients with congestive heart failure (CHF) using icodextrin. Presented to the Annual Conference on Dialysis. San Francisco, California, February 26-28, 2006.

124. Sprague, S., Charytan, C., Horowitz, J., Tucker, K., Tharpe, D., Lad, P., Wang, O., Turner, S., Block, G.: A prosepctive observational registry assessing the management and progression of secondary HPT in patients with chronic kidney disease (CKD): Methods and objectives. Presented to the National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.

125. Copley, J., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Sprague, S.: Retrospective evaluation of cinacalcet HCl in subjects following renal transplantation. Presented to the XLIII Congress of the European Renal Association- European Dialysis and Transplant Association. Glasgow, United Kingdom, July 15-18, 2006.

126. Sprague, S.M., Germain, M., Stern, L., Pankewyckz, O., Katznelson, S., Wang, O., Turner, S., Copley, J.: Retrospective evaluation of cinacalcet HCl in patients following renal transplantation. Presented to the World Transplant Congress, Boston, Massachusetts, July 22-27, 2006.

127. Menaa, C., Abdouelaziz, A., Gal-Moscovici, A., Froelich, C.,Sprague, S.M.: The IκB-p65 complex controls breast cancer bone metastatic lesions *in vivo*. Presented to the 28th Annual Meeting American Society of Bone and Mineral Metabolism, Philadelphia, Pennsylvania, September 15-19, 2006.

128. Gal-Moscovici, A., Menaa, C., Tarjan, S., Sprague, S.M.: The inhibitory effect of cyclosporine on osteoclast formation *in vitro* may be reversed by the in *vivo* production of osteoclastogenic factors. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

129. Ross, E., Tian, J., Abboud, H., Hippensteel, R., Melnick, J.Z., Williams, L.A., Hamm, L.L., Sprague, S.M.: Paricalcitol Capsules for the Treatment of Secondary Hyperparathyroidism in Patients on HD or PD. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

130. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Block, G., Sprague, S.M.: A Prospective Observational Registry Assessing the Management and Progression of Secondary Hyperparathyroidism (HPT) in Patients with Chronic Kidney Disease (CKD): Baseline Data. Presented to the American Society of Nephrology Renal Week 2006, San Diego, California, November 14-20, 2006.

131. Mehrotra, B., Martin, K., Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated higher Dosage strength lanthanum carbonate demonstrates efficacy and tolerability. Presented to the Annual Conference on Dialysis. Denver, Colorado, February 18-20, 2007.

132. Floege, J., Sprague, S.M., Droge, J., Banos, A., Chertow, G.: Advance: the effect of cinacalcet plus low-dose vitamin d on vascular calcification in hemodialysis patients – methods. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

133. Mehrotra, R., Martin, K., Anger, M. , Fishbane, S., Sprague, S.M., Zeig, S.: Reformulated lanthanum carbonate: An analysis of efficacy and safety. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

134. Sprague, S.M., Melnick, J., Tian, J., Hippensteel, R.: Treatment with paricalcitol capsules reduces total and bone-specific alkaline phosphatase in dialysis patients. Presented to the National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-15, 2007.

135. Ross, E., Abboud, H., Tian, J., Hippensteel, R., Melnick, J.Z., Hamm, L.L., Sprague, S.M.: Optimized dosing regimen of paricalcitol capsule for treatment of secondary hyperparathyroidism in dialysis patients. Presented to the XLIV ERA-EDTA Congress, Barcelona, Spain, June 21-24, 2007.

136. Shannon, Y.M., Khambati, N., Ho, L.T., Sprague, S.M.: Effects of Ergocalciferol on ESA Requirements in Non-dialysis CKD Patients. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

137. Khambati, N., Ho, L.T., Sprague, S.M.: Treatment with ergocalciferol and active vitamin D for hyperparathyroidism in CKD. American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

138. Sprague, S.M., Finn, W.F., Qiu, P.: Hyperphosphatemia in chronic kidney disease stages 3 and 4: Findings from a randomized, multi-center trial. Presented at the American Society of Nephrology Renal Week 2007, San Francisco, California, October 31-November 5, 2007.

139. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicenter trial. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

140. Shapiro, W., Martinez, C., Charytan, C., Horowitz, J., Tharpe, D., Droge, J., Ling, X., Belozeroff, V., Goodman, W., Block, G., Sprague, S.M.: Treatment patterns in patients progressing through later-stage chronic kidney disease (CKD): Baseline data from a prospective observational registry. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

141. Shannon, Y., Khambati, N., Katsulis, Stutz, L., Ho, L.T., Sprague, S.M.: Effects of vitamin D on ESA requirements in CKD stage 3-4. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

142. Ho, L.T., Khambati, N., Sprague, S.M.: Ergocalciferol and active vitamin D for hyperparathyroidism in CKD. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

143. Zhang, E., Daniels, C., Ameer, G., Sprague, S.M.: Removal of advanced glycation end products with a novel extracorporeal bioadsorbent reduces the monocyte inflammatory response. Presented to the National Kidney Foundation 2008 Spring Clinical Meetings, Dallas, Texas, April 2-6, 2008.

144. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: 25-Hydroxyvitamin D and 1,25-dihydroxyvitamin D levels in patients with CKD stages 3 and 4 are not affected by lanthanum carbonate: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.

145. Sprague, S.M., Finn, W., Abboud, H., Qiu, P.: Lanthanum carbonate reduces phosphate burden in patients with CKD stages 3 and 4: Results from a randomized multicentre trial. Presented to the XLV ERA-EDTA Congress, Stockholm, Sweden, May 10-13, 2008.

146. Belen, C., Amdahl, M., Weatherill, A.R., Andress, D., Sprague, S.M.: Treatment with oral paricalcitol reduces bone specific alkaline phosphatase and serum osteocalcin levels in CKD stage 3-5. Presented to the XIV International Congress on Nutrition and Metabolism in Renal Disease, Marseilles, France, June 11-15, 2008.

147. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Association of the marker of adynamic bone disease with malnutrition-inflammation complex in hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.

148. Rambod, M., Sprague, S.M., Kalantar-Zadeh, K.: Serum intact PTH of 100 to 150 pg/ml is associated with greatest survival in maintenance hemodialysis patients. Presented to the 30th American Society of Bone and Mineral Annual Research Meeting, Montreal, Quebec, Canada, September 12-16, 2008.

149. Shannon, Y., Du, H., Ho, L.T., Sprague, S.M.: The use of phosphate binders in non-dialysis CKD patients. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

150. Gal-Moscovici, A., Frishman, M., Scherzer, P., Sprague, S.M.: Low turn-over bone disease in early CKD: A potential role of FGF-23. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

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151. Belen, C., Du, H., Ho, L.T., Sprague, S.M.: Calcium and Risk of Mortality in Chronic Kidney Disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

152. Arora, A., Du, H., Ho, L.T., Sprague, S.M.: Association of ergocalciferol treatment and mortality in chronic kidney disease. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

153. Huang, M., F., Du, H., Ho, L.T., Sprague, S.M., Kim, G., C.: Outcome differences in a chronic kidney disease management clinic. Presented to the American Society of Nephrology Renal Week 2008, Philadelphia, Pennsylvania, November 4-9, 2008.

154. Sprague, S.M., Zhang, P. Qiu, P.: Lanthanum carbonate vs. sevelamer hydrochloride for the reduction of serum phosphorus in patients on dialysis. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.

155. Finn, W., Sprague, S.M., Abboud, H., Qiu, P.: Lanthanum carbonate treatment does not affect 25-hydroxyvitamin D (25-OH D) and 1,25-dihydroxyvitamin D ($1,25\text{-}(OH)_2$ D) levels in patients with CKD stages 3 and 4: A randomized trial. Presented to the National Kidney Foundation 2009 Spring Clinical Meetings, Nashville, Tennessee, March 25-29, 2009.

156. Krause, R., Sprague, S.M., Zhang, P., Qiu, P., Ross. E.: Lanthanum carbonate provides greater phosphate reduction than sevelamer hydrochloride over a 4 week treatment period in patients on dialysis. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.

157. Fishbane, S., Sprague, S.M., Audhya, P., Andress, D.: A randomized controlled trial to evaluate survival benefits of paricalcitol compared to calcitriol in hemodialysis patients: Futility as a cause for early termination. Presented to the World Congress of Nephrology 2009, Milan, Italy, May 22-26, 2009.

158. Sprague, S.M., Poole, L., Smyth, M.: Greater reduction of serum phosphorus with lanthanum compared with sevelamer hydrochloride in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

159. Zhang, E., Lapidos, K., Ameer, G.A., Sprague, S.M.: A novel extracorporeal therapy approach to remove advanced glycation end products. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

160. Streja, E., Kovesdy, C.P., Kim, Y., Rambod, M., Sprague, S.M., Nissenson, A.R., Kalantar-Zadeh, K.: Higher serum total alkaline phosphatase is associated with lower bone mineral density in hemodialysis patients. Presented to the American Society of Nephrology Renal Week 2009, San Diego, California, October 27- November 1, 2009.

161. DeGraf, J., Larson, D., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Effect of ergocalciferol treatment on mineral metabolism in chronic hemodialysis patients. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17,

2010.

162. Larson, D., DeGraf, J., Du, H., Kirshenbaum, S., Sprague, S.M., Khosla, N., Ho, L.T.: Administration of oral 25-hydroxyvitamin D: Effects on anemia management in end stage renal disease. Presented to the National Kidney Foundation 2010 Spring Clinical Meetings, Orlando, Florida, April 13 - 17, 2010.

163. Knight, M., Du, H., Ho, L.T., Sprague, S.M.: Effects of IV iron use in non dialysis CKD. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

164. Moe, S.M., Bellorin-Font, E.R., Carvalho, A.B., D'Haese, P.C., Drueke, T.B., Du H., Ferreira, M.A., Malluche, H.H., Sprague, S.M., Jorgetti, V.: Sensitivity and specificity of guideline PTH targets to differentiate high and low bone turnover. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

165. Sprague, S.M. Du, H., Manley, T.L., Carvalho, A.B., D'Haese, P.C., Drueke, T.B. Ferreira, M.A., Jorgetti, V., Moe, S.M., Malluche, H.H., Bellorin-Font, E.R: International assessment of TMV classification of bone biopsy in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

166. Malluche, H.H, Bellorin-Font, E.R., Rojas, E., Carvalho, A.B., D'Haese, P.C., Drueke, T.B., Ferreira, M.A., Jorgetti, V., Moe, S.M., Sprague, S.M.: Predictive Value of Biomarkers for Bone Turnover in ESKD. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

167. Khosla, N., Degraf, J.D., Du, H., Sua, J.N., Ho, L.T., Sprague, S.M.: Effect of different ergocalciferol dosing on mineral metabolism and anemia management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

168. Khosla, N., Du, H., Patel, N.N., Ho, L.T., Degraf, J.D., Sprague, S.M.: Effect of ergocalciferol on anemia, management in end stage kidney disease. Presented to the American Society of Nephrology Renal Week 2010, Denver, Colorado, November 16 - 21, 2010.

169. Funes, I., Sprague, S.M., Khosla, N.: It can work: Daily hemodialysis in a rehabilitation facility. To be presented to the Annual Dialysis Conference, Phoenix, Arizona, February 20-22, 2011.

170. Haquel, M.E., Bokhary, U., Fettman, S., Sprague, S.M., Prasad P.: Preliminary evaluation of renal BOLD MRI for monitoring progression in CKD patients. Submitted to the 19th Annual Meeting of the International Society for Magnetic Resonance in Medicine, Montreal, Canada, May 7-13, 2011.

171. Kirshenbaum, J., Du, H., Sprague, S.M.: Vitamin D status and calciuria in calcium oxalate nephrolithiasis. To be presented to the National Kidney Foundation 2011 Spring Clinical Meetings, Las Vegas, Nevada, April 26-30, 2011.

SELECTED INVITED SEMINARS

1. Aluminum Bone Disease. National Kidney Foundation of Illinois Annual Meeting, Chicago, Illinois, October 11, 1990.

2. Aluminum Toxicity Syndrome in Dialysis Patients. Medical Grand Rounds, University of Chicago, Chicago, Illinois, December 4, 1990.

3. Therapy of Secondary Hyperparathyroidism. Kansas City, Missouri, April 18, 1991.

4. Mechanism of Aluminum Associated Bone Mineral Dissolution. Northwestern University, Chicago, Illinois, September 5, 1991.

5. Pathologic Mechanisms in Aluminum Associated Bone Disease. Yale University, New Haven, Connecticut, October 18, 1991.

6. Low Dose Intravenous Calcitriol. Experts Roundtable on the Prevention and Management of Renal Osteodystrophy. Phoenix, Arizona, December 7, 1991.

7. Cellular Basis for Aluminum Associated Bone Disease. University of Chicago, Chicago, Illinois, December 10, 1991.

8. Overview of Renal Osteodystrophy. Renal Network of Illinois Annual Meeting, Chicago, Illinois, January 24, 1992.

9. Secondary Hyperparathyroidism. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, February 26, 1992.

10. Bone Disease in Renal Failure. Lunch with the Experts session of the Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 10-12, 1992.

11. Renal Bone Disease. Medical Grand Rounds, Evanston Hospital, Evanston, Illinois, May 6, 1992.

12. Calcium Balance in Dialysis Patients. The 2nd Annual University of Wisconsin Nephrology Forum, Madison, Wisconsin, May 28, 1992.

13. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 13-17, 1992.

14. Long Term Complications of Renal Failure. Medical Grand Rounds, Christ Hospital and Medical Center, Oak Lawn, Illinois, October 15, 1992.

15. Bone Disease after Kidney Transplantation. National Education Meeting of the National Kidney Foundation of Illinois, Chicago, Illinois, October 17, 1992.

16. β_2-Microglobulin Amyloidosis Associated Bone Disease. Rush Presbyterian St. Lukes Medical Center, Chicago, Illinois, April 19, 1993.

17. Serum PTH: What Are We Aiming For and Why? Second Annual Spring Clinical Nephrology Meetings of The National Kidney Foundation, Inc., Chicago, Illinois, April 23, 1993.

18. Role of Bone Biopsy in Patients with Renal Failure. Lunch with the Experts session of the Second Annual Spring Clinical Nephrology Meetings of the National Kidney Foundation, Chicago, Illinois, April 22-25, 1993.

19. Mechanism of β_2-microglobulin Induced Bone Mineral Dissolution. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, September 7, 1993.

20. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, September 25-29, 1994.

21. Overview of Renal Bone Disease. Medical Grand Rounds. Lutheran General Hospital, Park Ridge, Illinois, February 1, 1995.

22. The Role of β_2-Microglobulin in Dialysis Associated Amyloidosis. Advances In Mineral Metabolism, Snowmass, Colorado, April 2-6, 1995.

23. Bone Manifestations of Dialysis Amyloidosis; Renal Bone Disease, Parathyroid Hormone, and Vitamin Satellite Symposium to the XIIIth International Congress of Nephrology, Seville, Spain, July 7-10, 1995.

24. Pathogenesis of β_2-microglobulin Bone Disease. Hebrew University-Hadassah Medical Center, Jerusalem, Israel, July 17, 1995.

25. Bone Disease Post Transplantation. Xth International Workshop on Calcified Tissues, Jerusalem, Israel, March 11, 1996.

26. Renal Osteodystrophy. The National Center for Advanced Medical Education. Specialty Review in Nephrology. Chicago, Illinois, October 7-11, 1996.

27. Osteoporosis and Renal Disease. Saint Mary's Health Center-Michigan State University College of Human Medicine, Grand Rapids, Michigan, June 20, 1997.

28. Bone Effects of Immunosuppressive and Anti-Neoplastic Agents. Meet-The-Professor Session of the 19th Annual Meeting of the American Society for Bone and Mineral Research. Cincinnati, Ohio, September 10-14, 1997.

29. Dialysis Amyloidosis. Renal Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 9, 1997.

30. β_2-Microglobulin Amyloidosis. Renal Grand Rounds, University of Michigan, Ann Arbor, Michigan, February 4, 1998.

31. Post-Transplant Bone Disease. Division of Nephrology, University of Michigan, Ann Arbor, Michigan, February 5, 1998.

32. Renal Osteodystrophy and Divalent Ion Metabolism. Clinical Nephrology Symposium, 31st Annual Meeting of the American Society of Nephrology, Philadelphia, Pennsylvania, October 27, 1998.

33. Mechanisms of Transplantation-Associated Bone Loss. The 6th Symposium on Growth and Development in Children with Chronic Renal Failure "Molecular Basis of Skeletal Growth" of the International Pediatric Nephrology Association, New York, New York, March 12, 1999.

34. Overview of Bone Disease in Dialysis Patients and Indications for Bone Biopsy. 8th Annual National Kidney Foundation Clinical Nephrology Meetings, Washington D.C., April 30, 1999.

35. Malignancies and Disorders of Divalent Cations. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

36. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

37. Advanced Issues in Nephrolithiasis. 4th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 1999.

38. Update on Disturbances of Calcium and Phosphorus and Renal Osteodystrophy. Italian Nephrological Congress, Chicago, Illinois October 4-7, 1999.

39. Post-Transplant Bone Disease. Clinical Nephrology Symposium, 32nd Annual Meeting of the American Society of Nephrology, Miami Beach, Florida, November 6, 1999.

40. Overview of Therapeutic Strategies for Transplant Bone Disease. Transplant Bone Disease Meeting, Barcelona, Spain, August 25-26, 2000.

41. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.

42. Advanced Issues in Nephrolithiasis. 5th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 26 – September 1, 2000.

43. Electrolyte Disturbances in the ICU: Calcium, Magnesium and Phosphate. Postgraduate Education Course of the 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 11-12, 2000.

44. Short and Long Term Histologic and Densitometric Abnormalities Post-Transplantation. Clinical Nephrology Symposium, 33rd Annual Meeting of the American Society of Nephrology, Toronto, Ontario, Canada, October 14, 2000.

45. Overview of transplant associated bone disease. Medical Grand Rounds, Loyola University Medical School, Maywood, Illinois, October 31, 2000.

46. Role of β_2-microglobulin in causing osteoarthropathy in dialysis amyloidosis. Nephrology Research Conference, University of Texas Southwestern Medical Center, Dallas, Texas, January 8, 2001.

47. Phosphate control: Achieving the right balance. NephroAsia, Singapore, June 15, 2001.

48. Role of phosphate binders and calcimimetics in renal osteodystrophy. NephroAsia, Singapore, June 16, 2001.

49. Healthy bones for a satisfying life. National Kidney Foundation of Illinois, Chicago, Illinois, June 21, 2001.

50. Nephrolithiasis: Pathogenesis, Diagnosis and Treatment. 6th Annual Board Review Course & Update. American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.

51. Advanced Issues in Nephrolithiasis. 6th Annual Board Review Course & Update. American Society of Nephrology, Chicago, Illinois, August 25 – 31, 2001.

52. Low bone turnover. 34th Annual Meeting of the American Society of Nephrology, San Francisco, California, October 15, 2001.

53. Post transplant bone disease. Grand Rounds, University of Western Ontario, London, Ontario, Canada, December 4, 2001.

54. Bone disease in hypercalciuric stone formers. Clinical Nephrology Meetings 2002, National Kidney Foundation, Chicago, Illinois, April 17-21, 2002.

55. Epidemiology of osteoporotic fractures after organ transplantation. XIX International Congress of the Transplantation Society, Miami, Florida, August 25-30, 2002.

56. Bone biopsy. Interventional Nephrology: A hands-on approach; Postgraduate Education Course of American Society of Nephrology, Philadelphia, Pennsylvania, October 31, 2002.

57. What are optimal parathyroid hormone values for dialysis patients? 23rd Annual Dialysis Conference, Seattle Washington, March 2-4, 2003.

58. Transplant associated bone disease. The Ethics and Science of Transplantation. Kidney and Urology Foundation of America, New York, New York, September 12, 2003.

59. The role of newer agents to suppress parathyroid hormone release. 36th Annual Meeting of the American Society of Nephrology, San Diego, California, Pennsylvania, November 12-17, 2003.

60. Kidney stone disease. Update –Nephrology, Genesys Regional Medical Center, Grand Blanc, Michigan, December 10, 2003.

61. Calcium sensing receptor: A target for new therapeutic agents. 15th Annual Meeting and Clinical care Conference, ESRD Network #12, Kansas City, Missouri, January 15, 2004.

62. Vitamin D and the prevention of morbidity and mortality in dialysis patients. Regional Meeting of the American Society of Nephrology, Chicago, Illinois, February 6, 2004.

63. Cardiovascular effects of vitamin D. Regional Meeting of the American Society of Nephrology, Los Angeles, California, February 20, 2004.

64. New vitamin D analogs: Utility in patients undergoing dialysis. Sociedad Espanola de Nefrologia, Barcelona, Spain, March 12-13, 2004.

65. Hyperparathyroid bone disease: Vitamin D or Calcimimetics? Renal Grand Rounds, Vanderbilt University Medical Center, Nashville, Tennessee, March 31, 2004.

66. D-Receptor activation: Mechanism of action and clinical implications. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

67. Transplant bone disease. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

68. Osteoporosis verse renal osteodystrophy. National Kidney Foundation 2004 Clinical Meetings, Chicago, Illinois, April 28-May 2, 2004.

69. Renal bone disease:A new paradigm. Medical Grand Rounds, Chicago Medical School, North Chicago, Illinois, May 12, 2004.

70. Vitamin D analogs and the treatment of secondary hyperparathyroidism. Presented to XLI Congress of the European Renal Association/European Dialysis and Transplantation Society, Lisbon, Portugal, May 17, 2004.

71. Management of secondary hyperparathyroidism. The Renal Network 2004 Nephrology Conference, Chicago, Illinois June 10-11, 2004.

72. Disorders of calcium and phosphorus metabolism. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.

73. Renal osteodystrophy. 9th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2004.

74. Bone and mineral management following renal transplantation. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 18, 2004.

75. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 22nd Annual Leadership Conference. St. Louis, Missouri, November 5, 2004.

76. Review of disorders of bone and mineral metabolism. 2nd Annual Regional Meetings of the American Society of Nephrology, Washington DC, February 5-6, 2005, Chicago, Illinois, February 12-13, 2005 & Seattle, Washington, February 26-27, 2005.

77. Meeting therapeutic goals with vitamin D therapy. Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.

78. New Phosphate Binders. Dialysis Annual Dialysis Conference. Tampa, Florida, February 28-March 2, 2005.

79. Addressing the Therapeutic Goals in the Management of Renal Bone Disease. Renal Grand Rounds, Brigham and Women's Hospital/Massachusetts General Hospital, Harvard Medical School, March 29, 2005.

80. Controversies in Bone and Mineral Metabolism: To D or not to D—That is the Question? Which vitamin D to use? National Kidney Foundation 2005 Spring Clinical Meetings, Washington, D.C., May 4-8, 2005.

81. Screening for the Prevention and Treatment of Secondary Hyperparathyroidism in Patients with CKD. ENDO 2005, The Endocrine Society's 87th Annual Meeting, San Diego, California, June 4-7, 2005.

82. Renal Stones-New Concepts in Kidney Stone Formation. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.

83. Which Vitamin D Metabolite. Workshop on Mineral Metabolism, Israel Society of Nephrology and Hypertension and Hadassah Hebrew University Medical Center, Tel Aviv, Israel, July 28-29, 2005.

84. Bone and Mineral Consequences of Impaired Renal Function. Ashland Endocrine Conference 2005. Ashland, Oregon, August 3-6, 2005.

85. New Therapeutic Options for the Treatment of Secondary Hyperparathyroidism. How do we Improve Clinical Outcomes in Chronic Kidney Disease Patients? London, England, September 14, 2005.

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86. Treating Renal Osteodystrophy in Chronic Kidney Disease (CKD). Bone and Mineral Complications of Chronic Kidney Disease Symposium. 27th Annual Meeting American Society of Bone and Mineral Metabolism, Nashville, Tennessee, September 23-27, 2005.

87. Chronic Kidney Disease: Early diagnosis, staging and treatment. Illinois Primary Health Care Association 23rd Annual Leadership Conference. Galena, Illinois, November 3, 2005.

88. Managing Renal Osteodystrophy: A Therapeutic Challenge in Stage III CKD. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

89. Osteoporosis in Dialysis Patients: Diagnosis and Therapy. Renal Week 2005 of the American Society of Nephrology, Philadelphia, Pennsylvania, November 8-13, 2005.

90. Review of Disorders of Bone and Mineral Metabolism. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.

91. Redefining Outcomes in CKD. Annual Regional Meetings of the American Society of Nephrology, Chicago, Illinois, February 11-12, 2006 & New York, New York, March 11-12, 2006.

92. Which Vitamin D Analogues are Best for Patients? Annual Conference on Dialysis, San Francisco, California, February 26-28, 2006.

93. Mechanism of Transplant Associated Bone Disease. Renal Grand Rounds, University of Colorado Renal, February 28, 2006.

94. Chronic Kidney disease Around the World: KDIGO. The Global Bone and Mineral Initiative. National Kidney Foundation 2006 Spring Clinical Meetings, Chicago, Illinois, April 19-23, 2006.

95. The Role of Vitamin D in Cardiovascular Disease. New Therapeutic Approaches to the Management of Renal Diseases 2006. The New York Symposium Long Island College Hospital, Brooklyn, New York, May 5-6, 2006.

96. New Approaches to Managing Secondary Hyperparathyroidism. Vitamin D Recpetor Activators: What is their Role in CKD. Prague, Czech Republic, May 13, 2006.

97. Management of Secondary Hyperparathyroidism. Royal Society of Medicine. London, England, June 26, 2006.

98. New Concepts in Renal Bone Disease. North West Kidney Club. Manchester, England, June 28, 2006.

99. Mechanisms of Transplant Associated Bone Loss. The Spectrum of Bone Disorders in CKD-2006. Kidney and Urology Foundation of North America, Boston Massachusetts, September 12, 2006.

100. Cardiovascular Risks, Complications and Survival: Role of Vitamin D. Humber River Regional Medical Center Grand Rounds. Toronto, Ontario, October 31, 2006.

101. Bone and Mineral Metabolism in CKD: Medical Crossfire. American Society of Nephrology Renal Week, San Diego, California, November 16, 2006.

102. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2007 Meetings of the American Society of Nephrology, Chicago, Illinois, March 31-April 1, 2007.

103. Current Approach to Earlier use of Vitamin D Receptor Activators in Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

104. Comorbidities Associated with Chronic Kidney Disease. National Kidney Foundation 2007 Spring Clinical Meetings, Orlando, Florida, April 10-14, 2007.

105. Vitamin D in Chronic Kidney Disease. Symposium entitled, Vitamin D: Classical and Emerging Roles in Health, Wake Forest University School of Medicine, Asheville, North Carolina, May 18, 2007.

106. Management of Post-Transplant Renal Bone Disease. ENDO 2007, The Endocrine Society's 89th Annual Meeting, Toronto, Ontario, Canada, June 2-5, 2007.

107. Pathophysiology of Post-transplant Bone Disease. University of Alabama Medical Center., Birmingham, Alabama, October 8, 2007.

108. CKD and Osteoporosis. 2007 Chronic Kidney Disease Symposium. University of Minnesota, Minneapolis, Minnesota, November 27, 2007.

109. Renal Transplant Bone Disease. Spectrum of Renal Bone Disease. Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, November 28, 2007.

110. Review of Disorders of Bone and Mineral Metabolism. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Washington, D.C., February 9-10, 2008.

111. Vitamin D and CKD. Annual Renal Weekends 2008 Meetings of the American Society of Nephrology, Chicago, March 8-9, 2008.

112. Phosphate Balance in Chronic Kidney Disease. National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.

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113. Does Direct Modulation of the Calcium Sensor Affect Survival? National Kidney Foundation 2008 Spring Clinical Meetings, Gaylord, Texas, April 2-6, 2008.

114. The Importance of Phosphate Management and the Role of Phosphate Binders in CKD. XLV European Renal Association-European Dialysis and Transplant Association Congress 2008, Stockholm, Sweden, May 10-13, 2008.

115. Pathophysiology of Transplant Associated Bone Loss. University of Chicago, May 16, 2008.

116. Management of Transplant Associated Bone Disease. Bay State Medical Center, Springfield, Massachusetts, September 11, 2008.

117. Osteoporosis in Chronic Kidney Disease. University of Nebraska, Omaha, Nebraska, September 18, 2008.

118. Phosphorus Balance in Chronic Kidney Disease. Combined Renal and Endocrine Grand Rounds, Columbia University, College of Physicians & Surgeons, New York, New York, October 27, 2008.

119. Vitamin D: Panacea for the Long-Term Dialysis Patient? Third North American Chapter Meeting of the International Society of Peritoneal Dialysis. Vancouver, B.C., Canada, August 27-29, 2009.

120. Disorders of Mineral Metabolism in Chronic Kidney Disease. Endocrine Grand Rounds, Medical College of Wisconsin, Milwaukee, Wisconsin, October 1, 2009.

121. Pathophysiology of Phosphate Retention in CKD: A Comparative Review of the Efficacy and Safety of Phosphate Binders. Cork University, Cork, Ireland, October 22, 2009.

122. Pathophysiology and Management of Phosphate Retention in CKD. Renal Grand Rounds, St. John Hospital & Medical Center, Detroit, Michigan, December 17, 2009.

123. Phosphate Binder Therapy: Making an Informed Choice. Royal College of Physicians. London, England, February 26, 2010.

124. CKD-MBD: A New Paradigm for 2010. Renal Grand Rounds, Henry Ford Hospital, Detroit, Michigan, May 5, 2010.

125. Improving Outcomes in CKD-MBD Through Current Treatments; Effects on Bone Parameters with Lanthanum Carbonate. 16th Pan Hellenic Nephrology Congress, Kos, Greece, June 2-5, 2010.

126. Treatment of Metabolic Bone Disease. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.

127. Renal Osteodystrophy. 15th Annual Board Review Course & Update. American Society of Nephrology, San Francisco, California, August 28 – September 3, 2010.

128. Atypical Fractures in Osteoporotic Patient. Medicine Grand Rounds. NorthShore University HealthSystem, Evanston, Illinois, October 8, 2010

129. Quality Indicators in Chronic Dialysis. First Annual Meeting of NxStage Users. Las Vegas, Nevada, October 10-12, 2010.

130. Management of Mineral and Bone Disorders in the Transplant Patient. American Society of Nephrology Renal Week 2010, Denver, Colorado, November 19, 2010.

131. The Evolution of Bone Disease in CKD-MBD. The 2010 Clinical Research Meeting of the Israeli Society of Nephrology and Hypertension. Jerusalem, Israel, December 9-11, 2010.

CHAPTERS, SYMPOSIUM and MONOGRAPHS

1. Shaw, H.L., DeOreo, P., Sprague, S., Heyka, R., Mattern, W., Llach, F., Macon, E.: Calcijex® Grand Rounds: Proceedings of a roundtable discussion. Abbott Laboratories, North Chicago, Illinois, 1989.

2. Moe, S.M., Sprague, S.M.: Evaluating and treating renal osteodystrophy. Clinical Comment 7:5-8, University of Chicago Medical Center, Chicago, Illinois, 1991.

3. Sprague, S.M., Moe, S.M.: Neurological accompaniments of renal failure. In *Handbook of Clinical Neurology*; Volume 19, Goetz, C.G., Tanner, C.M., Aminoff, M.J., Klawans, H.L., editors. Chapter 22. North Holland Publishing Co., Amsterdam, Holland. pp. 503-521, 1993.

4. Sprague, S.M., Balint, E.: β_2-Microglobulin and Dialysis Related Amyloidosis. In *Renal Osteodystrophy*, Bushinsky, D.A., editor. Chapter 14. Lippincott-Raven Publishers, Philadelphia, Pennsylvania. pp. 347-380, 1998.

5. Sprague, S.M.: Renal and Electrolyte Disorders. Monograph, Edition 236, American Academy of Family Physicians. Kansas City, Missouri. 1999.

6. Lindberg, J., Sprague, S.M.: Nephrolithiasis. In *Endocrinology*, 4th Edition, Editors, L.J. DeGroot, J.L. Jameson, Chapter 83. W.B. Saunders Company, Philadelphia, Pennsylvania. pp.1169–1180, 2001.

7. Sprague, S.M.: A Symposium: β_2-Microglobulin and Amyloidosis in Chronic Dialysis Patients, Editor, Seminars in Dialysis Vol 14(2) pp. 79-135, 2001.

8. Cohen, A., Ebeling, P., Sprague, S.M., Shane, E.: Transplantation Osteoporosis. In *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, 5th Edition, Editor, M.J.Favus, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania. pp. 370-378, 2003.

9. Sprague, S.M.: Bone Disease after Kidney-Pancreas and Pancreas Transplantation. In *Bone Disease of Organ Transplantation*, Editors, E. Shane, J. Compston, Elsevier Academic Press, San Diego, California. pp. 255-270, 2005.

10. Olgaard, K., Sprague, S.M.: Post-Transplant Bone Disease. In *Clinical Guide to Bone and Mineral Metabolism*, Editor, K Olgaard, National Kidney Foundation, Inc., New York, New York. pp. 141-154, 2006.

11. Cohen, A., Ebeling, P., Sprague, S.M., Shane, E.: Transplantation Osteoporosis. In *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, 6th Edition, Editor, M.J.Favus, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania. pp. 302-309, 2006.

12. Moe, S.M., Sprague, S.M.: Mineral Bone Disorders in Chronic Kidney Disease. In *Brenner & Rector's, The Kidney* 8th Edition, Editor, B.M. Brenner, Saunders Elsevier, Philadelphia, Pennsylvania. pp. 1784-1814, 2008.

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13. West, B, Sprague, S.M., Josephson, M.A.: Bone Disease in Renal Transplantation. In *Kidney Transplantation: a guide to the care of transplant recipients*. Editors, D. McKay and S. Steinberg, In Press. Springer, New York, N.Y. pp 327- 341, 2010.

14. Sprague, S.M., Olgaard, K.: Bone Disease in Renal Transplant Recipients. In *The Spectrum of Renal Osteodystrophy and Vascular Calcifications in Uremia* 2nd Edition, Editors, K. Olgaard, J. Silver, I. Salusky, Oxford University Press, Oxford, United Kingdom, 0X2 6DP. pp 509-526, 2010.

15. Moe, S.M., Sprague, S.M.: Mineral Bone Disorders in Chronic Kidney Disease. In *Brenner & Rector's, The Kidney* 9th Edition, Editor, B.M. Brenner, G. Chertow, P. Marsden, K. Skorecki, M. Taal, and A.S.L. Yu. Saunders Elsevier, Philadelphia, Pennsylvania. (In press)

16. Sprague, S.M.: Renal Osteodystrophy. In *Nephrology Secrets*, Editor E.V. Lerma and A.R. Nissenson. Elsevier, Philadelphia, Pennsylvania. (In press)

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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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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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January 16, 2012

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 Evanston Renal Center will maintain an open medical staff.

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

- DaVita participates in a dialysis data system;
- Evanston Renal Center 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 Evanston Renal Center or through a signed, written agreement for these services with another facility.

Sincerely,

Luis Borgen

Luis Borgen
Chief Financial Officer
DaVita Inc.
ISD Renal, Inc.

Subscribed and sworn to me
This 16th day of January, 2012

Linda N. O'Connell
Notary Public

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

Attachment – 26F

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

Attached at Attachment – 26F is a letter from Luis Borgen, Chief Financial Officer of DaVita and ISD Renal, 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(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 20-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

Included at Attachment – 26G is a copy of an agreement from Evanston Hospital agreeing to accept the Applicants' ESRD patients for inpatient care and other hospital services when needed.

bma

BACK-UP HOSPITAL AGREEMENT

This AGREEMENT made as of this 21ST day of NOVEMBER, 1991, between EVANSTON HOSPITAL (hereinafter referred to as "Hospital") and BIO-MEDICAL APPLICATIONS of EVANSTON Inc., a Delaware Corporation (hereinafter referred to as "BMA").

WITNESSETH:

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are capable of receiving out-patient treatment and BMA desires to assure the availability of the Hospital's facilities for its patients who need in-patient treatment at a hospital; and

WHEREAS, BMA is experienced and qualified to administer dialysis treatments and clinically manage patients with irreversible renal failure on an out-patient basis and the Hospital is equipped and qualified to provide medical hospital care on an in-patient basis for such patients;

NOW THEREFORE, the parties hereto hereby agree as follows:

1. BMA agrees to develop, equip, maintain and operate in all respects an out-patient hemodialysis facility and will make this facility available to patients of the Hospital who are suffering from chronic renal diseases and require lifesaving care and treatment for such diseases. BMA shall conform to standards not less than those required by any applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time, and in the absence of applicable laws and regulations, conforming to applicable standards of professional practice. BMA shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives.

2. BMA shall provide all physical facilities, equipment and personnel necessary to establish an out-patient hemodialysis facility capable of providing treatment to patients suffering from End Stage Renal Disease, which facilities shall conform to the provisions of all local, state and federal laws and regulations. The cost of such facilities, equipment and personnel shall be borne by BMA. The location of such facilities shall be selected by BMA, but shall be in sufficiently close proximity to the Hospital to facilitate transfers of patients and communication between the facilities.

It is understood and agreed that BMA owns and shall operate its out-patient dialysis facilities wholly independent of Hospital. All patients treated at the out-patient facilities of BMA shall be patients of BMA and not of the Hospital and BMA shall have the sole responsibility for the treatment and medical care administered to them.

Attachment – 26G

bma

4. In addition, the parties agree that all equipment, supplies and other property utilized in the out-patient facility are to be purchased and owned by BMA and not by the Hospital. All medical, nursing and other personnel performing services in the out-patient facilities (except attending physicians) will be employees or agents of BMA and are not under the control or supervision of the Hospital. All contracts executed by BMA relating to the out-patient facilities' operations are contracts of BMA and not by the Hospital and all payments for services rendered by BMA are to be made to BMA and not to the Hospital. BMA is an independent contractor not under the control or supervision of Hospital and has the sole responsibility of providing all services and personnel necessary to properly maintain its facilities and provide the required medical care covered by this Agreement including, but not limited to, providing its own billing, accounting, bookkeeping, credit and collection, housekeeping, linen, equipment maintenance and employment of necessary personnel.

5. Admission to BMA and the continued treatment by BMA shall be provided without reference to the patient's race, color, creed, national origin, or sex.

6. BMA shall engage a medical director of BMA's out-patient hemodialysis facility, who has the qualifications specified in 20 C.F.R., Subpart U, who must be a physician properly licensed for his profession by the State and must be a member of the Active Medical Staff of the Hospital. BMA shall also employ such duly qualified and licensed nurses, technicians and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state or federal laws and regulations.

7. When it has been decided and agreed that a patient is to be referred to BMA, the patient's physician shall consult with the BMA Medical Director who will indicate when the patient is to report for treatment. There will be interchange, within one working day, of the patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients transferred to BMA from the hospitals, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.

8. BMA shall keep medical records of all treatments rendered to patients by BMA and these medical records shall conform to applicable standards of professional practice. If requested by the Hospital, BMA shall provide complete copies of all medical records of patients previously treated by BMA who are at the time of the request in-patients at the Hospital and such records shall be incorporated by the Hospital in the patient's records at the Hospital.

BMA shall provide for the security and accountability for patient's personal effects in the event a patient must be transferred directly from BMA to the Hospital.

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bma **BACK-UP HOSPITAL AGREEMENT**

10. BMA agrees to indemnify, defend and hold harmless Hospital, its subsidiaries and affiliates, and their officers, agents, employees, successors and assigns from and against any and all damages, claims, expenses, liabilities for suits that may be based upon any incident alleged to have occurred from anything done or omitted by BMA, its agents or employees in the course of providing medical care to patients in accordance with this Agreement whether such claim or suit is made by an employee of BMA, a patient or any other person.

11. BMA shall carry malpractice insurance coverage relating to BMA's operations. On request BMA shall furnish the Hospital with a statement setting forth all terms and conditions of such insurance.

12. The Hospital agrees to make the facilities and personnel of its Routine Emergency Service available for the treatment of acute life-threatening emergencies which may occur to any of BMA's patients.

Such emergency transfers shall be initiated by the physician responsible for the patient's care at the time of the emergency. In the event of an emergency at BMA, the responsible physician at BMA shall notify the patient's physician of record as indicated in BMA's files, and the latter shall arrange for the transfer of the patient to the Hospital's Emergency Room. If such physician of record is not available, the responsible physician at BMA shall arrange for such transfer, and he shall also promptly notify the Emergency Room physician of the particular emergency. In either event, BMA shall be responsible for transporting the patient to the Hospital's Emergency Room and shall send appropriate interim medical records with the patient. The Hospital shall not transport its personnel or equipment to BMA in the event of an emergency.

13. If in the opinion of BMA's medical director, any patient of BMA requires emergency hospitalization, the Hospital agrees that it will provide a bed for such patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. The Hospital will also accept any patient of BMA referred to the Hospital for elective reasons, subject to the availability of appropriate facilities after the BMA medical director or attending physician has arranged for in-patient hospital physician coverage.

14. The Hospital, acting through its appropriate medical staff members, shall from time to time evaluate its patients with chronic renal failure in accordance with its standard operating procedures. In cases where out-patient treatment is considered appropriate and recommended by patient's physician, with the approval of patient and patient's physician, the said patient shall be referred to BMA for out-patient treatment at the facility operated by BMA which is most convenient for the patient. There will be an interchange within one working day, of the patient Long-Term Program and Patient Care Plan, and of

medical and other information necessary or useful in the care and treatment of patients referred to BMA from the Hospital.

15. In addition to the services described above, the Hospital shall make the following services available to patients referred by BMA either at the Hospital or at an affiliated hospital:

a. Availability of a surgeon capable of shunt and fistula insertion and long term maintenance;

b. In-patient care for any patient who develops complication or renal disease-related conditions that require hospital admission;

c. Kidney transplantation services, where appropriate, including tissue typing and cross matching, surgical transplant capability, availability of surgeons qualified in the management of pre and post-transplant patients;

d. Blood Bank services to be performed by the Hospital Laboratory.

Bills for services provided by Hospital to patients shall be rendered by Hospital to patients or their insurers and not BMA.

16. BMA shall have no responsibility for any in-patient care rendered by the Hospital. Once a patient has been referred by BMA to the Hospital, the Hospital agrees to indemnify BMA against, and hold it harm less from, any claims, or expenses or liabilities based upon or arising from anything done or omitted, or allegedly omitted, by the Hospital, its agents or employees in relation to the treatment or medical care rendered at the Hospital.

17. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if personally delivered or mailed by certified mail, return receipt requested, postage prepaid, to such party at the following address:

a. To the Hospital:

Administrator

_____

_____

_____

b. To BMA:

Administrator
BMA - North Chicago #203
4848 West Belmont
Chicago, IL 60641

18. If any provisions of this Agreement shall at any time conflict with any applicable State or Federal law or shall conflict with any regulation or any regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

19. This Agreement contains all of the agreements among the parties with respect to its subject matter; this Agreement supercedes any and all other Agreements, either oral or in writing, among the parties hereto with respect to the subject matter hereof.

20. This Agreement shall bind and benefit the parties, their respective successors and assigns.

21. All questions as to interpretations, instructions and performances of this Agreement shall be governed by State law.

22. This Agreement shall remain in effect from the date hereof until terminated by either party upon at least 90 days written notice to the other party which notice shall specify the date of termination.

23. The undersigned parties realize that the spirit of this Agreement, the provision of the best possible medical care to all patients concerned, is of utmost importance. Both facilities will cooperate in every way possible to assure such medical care.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date first above written.

Vincent C. Peterson DIRECTOR OF DIALYSIS FACILITIES

Bio-Medical Applications 199

b. To BMA:

Administrator
BMA - North Chicago #203
4848 West Belmont
Chicago, IL 60641

18. If any provisions of this Agreement shall at any time conflict with any applicable State or Federal law or shall conflict with any regulation or any regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

19. This Agreement contains all of the agreements among the parties with respect to its subject matter; this Agreement supercedes any and all other Agreements, either oral or in writing, among the parties hereto with respect to the subject matter hereof.

20. This Agreement shall bind and benefit the parties, their respective successors and assigns.

21. All questions as to interpretations, instructions and performances of this Agreement shall be governed by State law.

22. This Agreement shall remain in effect from the date hereof until terminated by either party upon at least 90 days written notice to the other party which notice shall specify the date of termination.

23. The undersigned parties realize that the spirit of this Agreement, the provision of the best possible medical care to all patients concerned, is of utmost importance. Both facilities will cooperate in every way possible to assure such medical care.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date first above written.

Vincent C. Patterson DIRECTOR OF DIALYSIS FACILITIES

Hospital Evanston Hospital

By _____
Name and Title
Nov 26, 1991

Bio-Medical Applications
of Illinois, Inc.

By Ernestine M. Lewis, President
Name and Title

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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building and the lease term is nearing its end, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a building that is old, poorly configured, and in need of repair. The Existing Facility presents numerous challenges, as there is no dedicated parking for patients, visitors, or staff, and patients must be dropped off and picked up alongside a congested city street. Unlike most health care facilities that accommodate patients with dedicated parking, patients must utilize metered parking on the street. This is due to the facility's congested and urban location, and poses an inconvenience for patients, many of whom are disabled and/or elderly. Many rely on assistive devices, such as canes and walkers and some have significant visual impairments. Unlike most health care facilities that have special accommodations for impaired patients, there is no dedicated drop-off site for vehicles to drop patients. The lack of a dedicated drop-off area and dedicated adjacent parking creates additional safety hazards when patients are arriving and departing during inclement weather. Also, drivers from nursing homes and other transport companies cannot leave other patients in a distant vehicle to escort patients into the building and this creates limitations on the use of the facility for individuals who are dependent on this type of service.

Additionally, maintenance costs have exceeded reasonable levels. In fact, many walls are in need of repair or replacement, and the entire water treatment system and certain plumbing hardware must be replaced. The building's fire safety system is in need of upgrading. Because it is an existing building, it is not required to have a sprinkler system. However, once relocated, it will be required to have such a system which will enhance fire protection for patients, staff and visitors. Also, there is ongoing water leakage at the Existing Facility and concerns that this may lead to mold problems. Finally, capital improvements cannot address the Existing Facility's accessibility and parking issues. At this time, the dialysis machines are nearing obsolescence and will require replacement shortly regardless of the location of the facility. The new facility will be state-of-art with new machines, monitoring equipment and bio-tech systems and adequate parking including a dedicated pick-up and drop-off location with appropriate curb cuts as well as parking designated for handicapped patients. Thus, relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment during the day.

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

Attached at Attachment – 26H is a letter from Luis Borgen, Chief Financial Officer of DaVita and ISD Renal, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

DaVita.

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

January 16, 2012

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, Evanston Renal Center 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,

Luis Borgen
Chief Financial Officer
DaVita Inc.
ISD Renal, Inc.

Subscribed and sworn to me
This 16th day of January, 2012

Linda N. O'Connell
Notary Public

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

Attachment – 26H

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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 Globe Corporation. A copy of DaVita's 2010 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 12-008.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2010 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 12-008.

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

Attached at Attachment – 42A is a letter from Luis Borgen, Chief Financial Officer of DaVita and ISD Renal, Inc. attesting that the total estimated project costs will be funded entirely with cash.

DaVita.

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

January 16, 2012

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,

Luis Borgen
Chief Financial Officer
DaVita Inc.
ISD Renal, Inc.

Subscribed and sworn to me
This 16th day of January, 2012

Notary Public

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

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Attachment – 42A

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	Cost/Square Foot Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
ESRD		$144.00			10,000			$1,440,200	$1,440,200
Contingency		$18.72			10,000			$187,226	$187,226
TOTALS		$162.74			10,000			$1,627,426	$1,627,426

* 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**
Modernization Costs	$1,440,200	$149.35 per gross square foot x 10,000 gross square feet = $1,493,500	Below State Standard
Contingencies	$187,226	10 - 15% of Modernization Costs = 10 – 15% x $1,440,200 = $144,020 - $216,030	Meets State Standard
Architectural/Engineering Fees	$83,700	6.53 – 9.81% x (Construction Costs + Contingencies) = 6.53 – 9.81% x ($1,440,200 + $187,226) = 6.53 – 9.81%% x $1,627,426 = $106,271 – $159,650	Below State Standard
Consulting and Other Fees	$40,500	No State Standard	No State Standard
Moveable Equipment	$673,019	$39,945 per station $39,945 x 20 = $798,900	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: $2,569,751

Treatments: 14,976

Operating Expense per Treatment: $171.59

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs

Depreciation:	$300,538
Amortization:	$9,236
Total Capital Costs:	$309,774

Treatments: 14,976

Capital Costs per Treatment: $20.68

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. 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, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on July 11, 2011 as part of Applicants' applications for Proj. Nos. 11-027 to 11-036. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD These programs include the EMPOWER, IMPACT, CathAway, and transplant assistance programs. Furthermore, 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. Its commitment to improving clinical outcomes 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 accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care. DaVita submits the following information regarding the amount of charity and Medicaid care provided over the most recent three years.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2008**	**2009**	**2010**
Inpatient			
Outpatient	52	66	96
Total	**52**	**66**	**96**
Charity (cost in dollars)			
Inpatient			
Outpatient	$321,510	$597,263	$957,867
Total	**$321,510**	**$597,263**	**$957,867**
MEDICAID			
Medicaid (# of patients)	**2008**	**2009**	**2010**
Inpatient			
Outpatient	443	445	563
Total	**443**	**445**	**563**
Medicaid (revenue)			
Inpatient			
Outpatient	$8,695,341	$8,820,052	$10,447,021
Total	**$8,695,341**	**$8,820,052**	**$10,447,021**

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2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization at existing dialysis facilities within 30 minutes normal travel time of the Replacement Facility in operation for at least two years is currently 74%. Dr. Sprague has identified 42 unrelated CKD patients that would likely be referred to the Replacement Facility. He also anticipates all 56 current patients will transfer to the Replacement Facility. See Attachment – 26A. Thus, the approximately 98 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 81% utilization rate, which exceeds the State's 80% standard. As such, the proposed facility is necessary to allow existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the relocation of Evanston Renal Center and the addition of 2 stations at its new location located 2.35 miles from its current location. Patients currently treated at Evanston Renal Center will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

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: Discontinuation

Attached as Appendix I is the list of all existing facilities within 45 minutes normal travel time from the Existing Facility as determined by MapQuest.

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Table 1110.130(c), Facilities within 45 Minutes Normal Travel Time of Existing Facility							
Facility	**Address**	**City**	**State**	**Zip**	**Mileage**	**Time**	**Adjusted Time**
Evanston Hospital	2650 Ridge Avenue	Evanston	IL	60201-1718	0.72	2	2.3
RCG - Mid America Evanston	2953 Central	Evanston	IL	60201-1245	1.08	3	3.45
Dialysis Ctr of America - (Rogers Park)	2277 West Howard Street	Chicago	IL	60645-1922	3.56	9	10.35
RCG Skokie	9801 Woods Drive	Skokie	IL	60077-1074	3.7	10	11.5
Center for Renal Replacement	7301 N. Lincoln Ave., Ste 205	Lincolnwood	IL	60712-1709	5.87	13	14.95
Big Oaks Dialysis	5623 West Touhy Avenue	Niles	IL	60714-4019	8.26	16	18.4
Nephron Dialysis Ctr Swedish Covenant	5140 North California Ave. #510	Chicago	IL	60625-3645	7.21	16	18.4
Lutheran General - Neomedica	9371 Milwaukee Avenue	Niles	IL	60714-1303	8.1	18	20.7
Neomedica Dialysis Ctrs - North	4800 North Kilpatrick	Chicago	IL	60630-1725	10.78	20	23
Fresenius Medical Care of Lakeview	4800 N. Broadway	Chicago	IL	60640-3604	7.39	21	24.15
RCG - Uptown	4720 N. Marine Drive	Chicago	IL	60640-5120	7.86	21	24.15
Glenview Dialysis Center	4248 Commercial Way	Glenview	IL	60025-3573	9.55	22	25.3
Fresenenius Medical Care of Deerfield	405 Lake Cook Road	Deerfield	IL	60015-4993	12.16	22	25.3
Fresenius Medical Care Northcenter	2620 W. Addison	Chicago	IL	60618-5905	9.77	23	26.45
Highland Park Hospital	718 Glenview Avenue	Highland Park	IL	60035-2432	13.44	23	26.45
Neomedica West Belmont	4848 West Belmont	Chicago	IL	60641-4329	12.8	24	27.6
Logan Square Dialysis	2659 North Milwaukee Ave.	Chicago	IL	60647-1643	14.23	25	28.75
Resurrection Medical Center	7435 West Talcott Avenue	Chicago	IL	60631-3707	11.36	26	29.9
Lincoln Park Dialysis Center	3155-57 N. Lincoln Avenue	Chicago	IL	60657-3111	9.21	26	29.9
Fresenius Medical Care West Willow	1444-1454 West Willow	Chicago	IL	60642-1524	16.65	27	31.05
Children's Memorial Hospital	2611 North Halsted	Chicago	IL	60614-2301	11.11	28	32.2
Fresnius Medical Care Northwest	4701 North Cumberland	Norridge	IL	60706-2905	17.18	30	34.5
Chicago Dialysis Center	820 West Jackson	Chicago	IL	60607-3026	19.41	30	34.5
Circle Medical Management	1426 West Washington Blvd.	Chicago	IL	60607-1821	18.86	30	34.5
Monteclare Dialysis Center	7009-7011 West Belmont	Chicago	IL	60634-4533	15.55	31	35.65
West Metro Dialysis Center	1044 North Mozart	Chicago	IL	60622-2789	17.67	31	35.65
Neomedica Loop East Delaware	557 West Polk Street	Chicago	IL	60607-4388	19.99	31	35.65
Northwestern Mem. Hosp. (Part of RCG Waukegan)	710 Fairbanks CT.	Chicago	IL	60611-3013	13.33	31	35.65
Fresenius Medical Care of Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	19.98	31	35.65
Rush Univ. Med. Ctr.	1653 West Congress Parkway	Chicago	IL	60612-3833	20.7	32	36.8
Dialysis Center of America - Loop	55 East Washington	Chicago	IL	60602-2103	19.96	32	36.8
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	IL	60612-3771	19.71	33	37.95
University of Illinois Hospital	1740 West Taylor	Chicago	IL	60612-7232	21.11	33	37.95
Austin Community Kidney Center	4800 West Chicago Avenue	Chicago	IL	60651-3223	15.78	33	37.95
Garfield Kidney Center	3250 West Franklin Boulevard	Chicago	IL	60624-1509	17.87	33	37.95
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	IL	60624-3358	22.79	34	39.1
RCG - Arlington Heights Northwest Kidney Center	17 West Golf Road	Arlington Heights	IL	60005-3905	15.63	35	40.25
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	IL	60608-1169	21.78	35	40.25
Fresenius Medical Care Mundlein	1400 Townline Road	Mundelein	IL	60060-4433	22.79	35	40.25
RCG-Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	IL	60089-4009	18.3	36	41.4
Mt. Sinai Hospital Med Ctr	1500 South California Avenue	Chicago	IL	60608	22.48	36	41.4

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RCG MidAmerica - Prairie	1717 South Wabash Avenue	Chicago	IL	60616-1219	21.71	36	41.4
Lake County Dialysis Ctr	918 South Milwaukee Avenue	Libertyville	IL	60048-3229	23.24	36	41.4
Little Village Dialysis	2335 W. Cermack Road	Chicago	IL	60608-3811	22.84	37	42.55
Neomedica - Gurnee	101 So. Greenleaf St, Ste B	Gurnee	IL	60031-3369	25.85	37	42.55
Neomedica Dialysis Ctrs - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008-1375	20.27	38	43.7
Fresenius Medical Care Palatine	605-691 East Dundee Road	Palatine	IL	60074-2817	19.43	38	43.7
Neomedica Dialysis Ctrs - Bridgeport	825 West 35th Street	Chicago	IL	60609-1511	23.72	38	43.7
West Suburban Hosp. Dialysis Unit	518 S Austin, Ste 5000	Oak Park	IL	60304	26.16	38	43.7
RCG Garfield	5401 South Wentworth Ave	Chicago	IL	60609-6300	25.71	39	44.85
North Avenue Dialysis Center	719 West North Avenue	Melrose Park	IL	60160-1612	18.79	39	44.85

Appendix 2 – Discontinuation Impact Letters

Attached as Appendix II are the Letters of Impact of Discontinuation and Relocation to all existing dialysis within 45 minutes normal driving distance, as determined by MapQuest.

Evanston Renal Center
1715 Central Street
Evanston, Illinois 60201

January 17, 2012

CERTIFIED MAIL RETURN RECEIPT

West Metro Dialysis Center
1044 North Mozart
Chicago, IL 60622-2789

To Whom It May Concern:

I am writing on behalf of DaVita Inc. and ISD Renal, Inc. to inform you of the proposed relocation of Evanston Renal Center, an 18-station dialysis facility located at 1715 Central Street, Evanston, Illinois 60201 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is no later than September 30, 2014.

Over the past two years, the facility has served between 49 and 62 end-stage renal disease patients at any given time and the census at the end of December 2011 was 57. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the Evanston Renal Center patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Kara M. Friedman, Polsinelli Shughart, PC, 161 North Clark Street, Suite 4200, Chicago, Illinois 60601. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact Kara M. Friedman at kfriedman@polsinelli.com or 312-873-3639.

Sincerely,

Kara Friedman

On behalf of

DaVita Inc.
ISD Renal, Inc.

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7160 3901 9848 6328 5365

TO: FMC Dialysis Services of Congress Parkway
3410 West Van Buren Street
Chicago, IL 60624-3358

SENDER: JTVAN

REFERENCE: c/m #064628-433483

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE

7160 3901 9848 6328 5426

TO: Rush Univ. Med. Ctr.
1653 West Congress Parkway
Chicago, IL 60612-3833

SENDER: JTVAN

REFERENCE: c/m #064628-433483

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE

7160 3901 9848 6328 6140

TO: Fresenius Medical Care of Lakeview
4800 N. Broadway
Chicago, IL 60640-3604

SENDER: JTVAN

REFERENCE: c/m #064628-433483

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE

7160 3901 9848 6327 5960

TO: Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201-1718

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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221

7160 3901 9848 6328 5402

TO: John H. Stroger Jr. Hospital of Cook County
1835 W. Harrison
Chicago, IL 60612-3771

SENDER: JTVAN

REFERENCE: c/m #064628-433483

PS Form 3800, January 2005

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7160 3901 9848 6328 4368

TO: Fresenius Medical Care West Willow
1444-1454 West Willow
Chicago, IL 60642-1524

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5953

TO: RCG - Mid America Evanston
2953 Central
Evanston, IL 60201-1245

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5358

TO: RCG - Arlington Heights Northwest Kidney Center
17 West Golf Road
Arlington Heights, IL 60005-3905

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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222

7160 3901 9848 6328 5341

TO: Fresenius Medical Care of Chicago - West
1340 S. Damen Avenue
Chicago, IL 60608-1169

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5327

TO: RCG-Buffalo Grove
1291 W. Dundee Road
Buffalo Grove, IL 60089-4009

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4443

TO: Glenview Dialysis Center
4248 Commercial Way
Glenview, IL 60025-3573

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4436

TO: Fresenenius Medical Care of Deerfield
405 Lake Cook Road
Deerfield, IL 60015-4993

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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223

7160 3901 9848 6328 5280

TO: Little Village Dialysis
2335 W. Cermack Road
Chicago, IL 60608-3811

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5433

TO: Fresenius Medical Care of Lake Bluff
101 Waukegan Road
Lake Bluff, IL 60044

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4429

TO: Fresenius Medical Care Northcenter
2620 W. Addison
Chicago, IL 60618-5905

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4313

TO: Monteclare Dialysis Center
7009-7011 West Belmont
Chicago, IL 60634-4533

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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224

7160 3901 9848 6328 5211

TO: North Avenue Dialysis Center
719 West North Avenue
Melrose Park, IL 60160-1612

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5235

TO: West Suburban Hosp. Dialysis Unit
518 S Austin, Ste 5000
Oak Park, IL 60304

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5389

TO: Austin Community Kidney Center
4800 West Chicago Avenue
Chicago , IL 60651-3223

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5419

TO: Dialysis Center of America - Loop
55 East Washington
Chicago, IL 60602-2103

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4412

TO: Highland Park Hospital
718 Glenview Avenue
Highland Park, IL 60035-2432

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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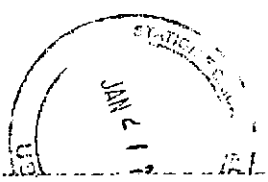

7160 3901 9848 6328 4351

TO: Children's Memorial Hospital
2611 North Halsted
Chicago, IL 60614-2301

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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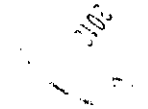

7160 3901 9848 6328 5310

TO: Mt. Sinai Hospital Med Ctr
1500 South California Avenue
Chicago, IL 60608

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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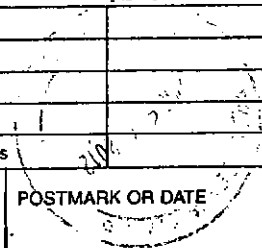

7160 3901 9848 6328 5297

TO: Lake County Dialysis Ctr
918 South Milwaukee Avenue
Libertyville, IL 60048-3229

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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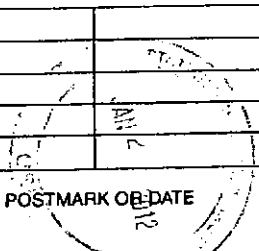

22U

7160 3901 9848 6328 5303

TO: RCG MidAmerica - Prairie
1717 South Wabash Avenue
Chicago, IL 60616-1219

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4375

TO: Lincoln Park Dialysis Center
3155-57 N. Lincoln Avenue
Chicago, IL 60657-3111

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4337

TO: Chicago Dialysis Center
820 West Jackson
Chicago, IL 60607-3026

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5440

TO: Northwestern Mem. Hosp. (Part of RCG Waukegan)
710 Fairbanks CT.
Chicago, IL 60611-3013

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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227

7160 3901 9848 6328 4405

TO: Neomedica West Belmont
4848 West Belmont
Chicago, IL 60641-4329

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5908

TO: Nephron Dialysis Ctr Swedish Covenant
5140 North California Ave. #510
Chicago, IL 60625-3645

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5228

TO: RCG Garfield
5401 South Wentworth Ave
Chicago, IL 60609-6300

SENDER: JTVAN

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7160 3901 9848 6328 5242

TO: Neomedica Dialysis Ctrs - Bridgeport
825 West 35th Street
Chicago, IL 60609-1511

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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228

7160 3901 9848 6327 5892

TO: Lutheran General - Neomedica
9371 Milwaukee Avenue
Niles, IL 60714-1303

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5939

TO: RCG Skokie
9801 Woods Drive
Skokie, IL 60077-1074

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5259

TO: Fresenius Medical Care Palatine
605-691 East Dundee Road
Palatine, IL 60074-2817

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 6157

TO: Neomedica Dialysis Ctrs - North
4800 North Kilpatrick
Chicago, IL 60630-1725

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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229

7160 3901 9848 6328 5334

TO: Fresenius Medical Care Mundlein
1400 Townline Road
Mundelein, IL 60060-4433

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5915

TO: Big Oaks Dialysis
5623 West Touhy Avenue
Niles, IL 60714-4019

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5372

TO: Garfield Kidney Center
3250 West Franklin Boulevard
Chicago, IL 60624-1509

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5922

TO: Center for Renal Replacement
7301 N. Lincoln Ave., Ste 205
Lincolnwood, IL 60712-1709

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 8757 0577

TO: RCG - Uptown
4720 N. Marine Drive
Chicago, IL 60640-5120

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5977

TO: Fresenius Medical Care Waukegan Harbor
110 N. WEST ST.
Waukegan, IL 60085

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5464

TO: West Metro Dialysis Center
1044 North Mozart
Chicago, IL 60622-2789

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4320

TO: Circle Medical Management
1426 West Washington Blvd.
Chicago, IL 60607-1821

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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231

7160 3901 9848 6328 4344

TO: Fresnius Medical Care Northwest
4701 North Cumberland
Norridge, IL 60706-2905

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4382

TO: Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631-3707

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5457

TO: Neomedica Loop East Delaware
557 West Polk Street
Chicago, IL 60607-4388

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5396

TO: University of Illinois Hospital
1740 West Taylor
Chicago, IL 60612-7232

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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232

7160 3901 9848 6328 5266

TO: Neomedica Dialysis Ctrs - Rolling Meadows
4180 Winnetka Avenue
Rolling Meadows, IL 60008-1375

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 5273

TO: Neomedica - Gurnee
101 So. Greenleaf St, Ste B
Gurnee, IL 60031-3369

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6327 5946

TO: Dialysis Ctr of America - (Rogers Park)
2277 West Howard Street
Chicago, IL 60645-1922

SENDER: JTVAN

REFERENCE: c/m #064628-433483

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7160 3901 9848 6328 4399

TO: Logan Square Dialysis
2659 North Milwaukee Ave.
Chicago, IL 60647-1643

SENDER: JTVAN

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Notes

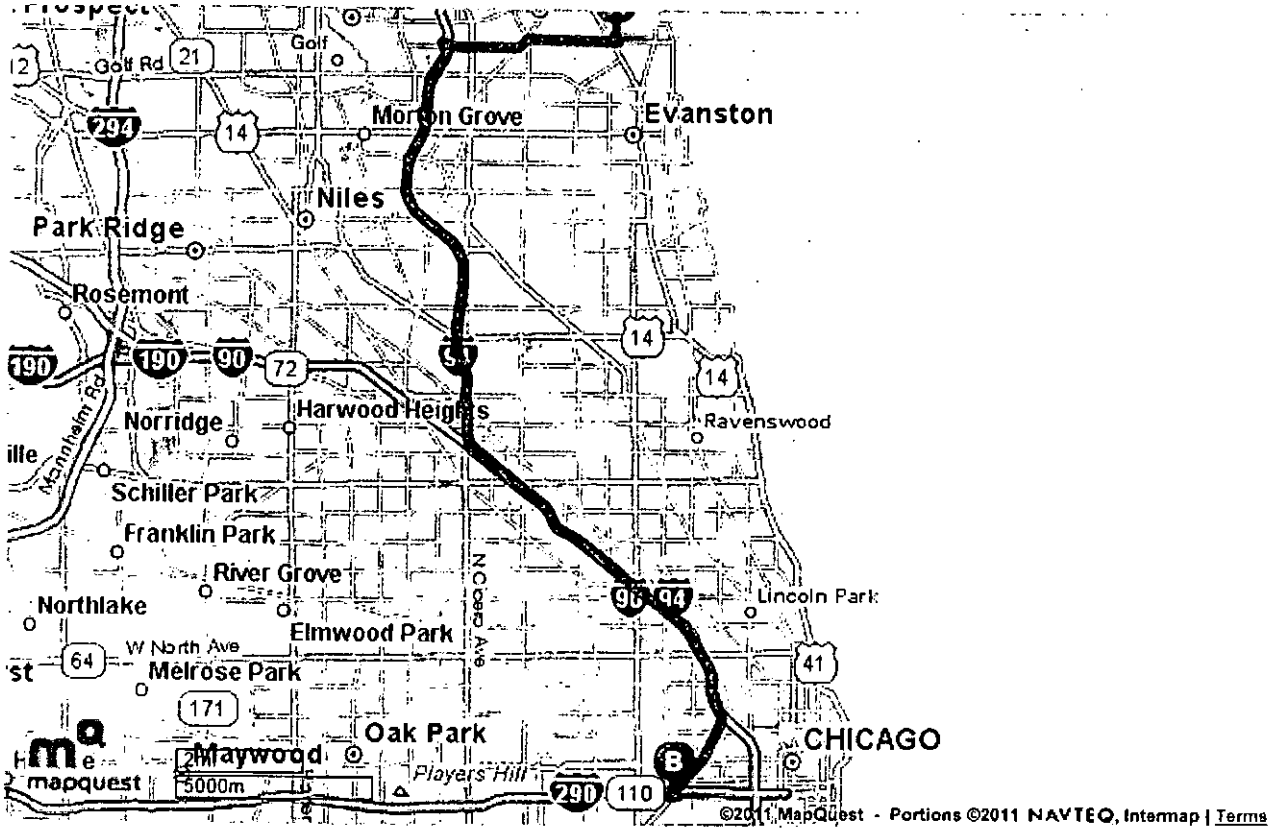
John H. Stroger Jr. Hospital of Cook County

Trip to:
1835 W Harrison St
Chicago, IL 60612-3771
19.71 miles
33 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
↑ EAST 94	4. Merge onto **I-94 E**.	**Go 14.5 Mi**	17.7 mi
50A EXIT	5. Take **EXIT 50A** toward **Ogden Ave**.	**Go 0.2 Mi**	17.8 mi
↗	6. Turn **slight right** onto **N Racine Ave**.	**Go 0.1 Mi**	18.0 mi
↗	7. Turn **slight right** onto **N Ogden Ave**. *N Ogden Ave is just past W Erie St* *Amy Beck Cake Design is on the right* *If you are on N Racine Ave and reach W Ohio St you've gone a little too far*	**Go 1.6 Mi**	19.6 mi
↰	8. 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**	19.7 mi
■	9. **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*		19.7 mi
B	**1835 W Harrison St** Chicago, IL 60612-3771	**19.7 mi**	**19.7 mi**

234

Total Travel Estimate: **19.71 miles - about 33 minutes**



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Notes

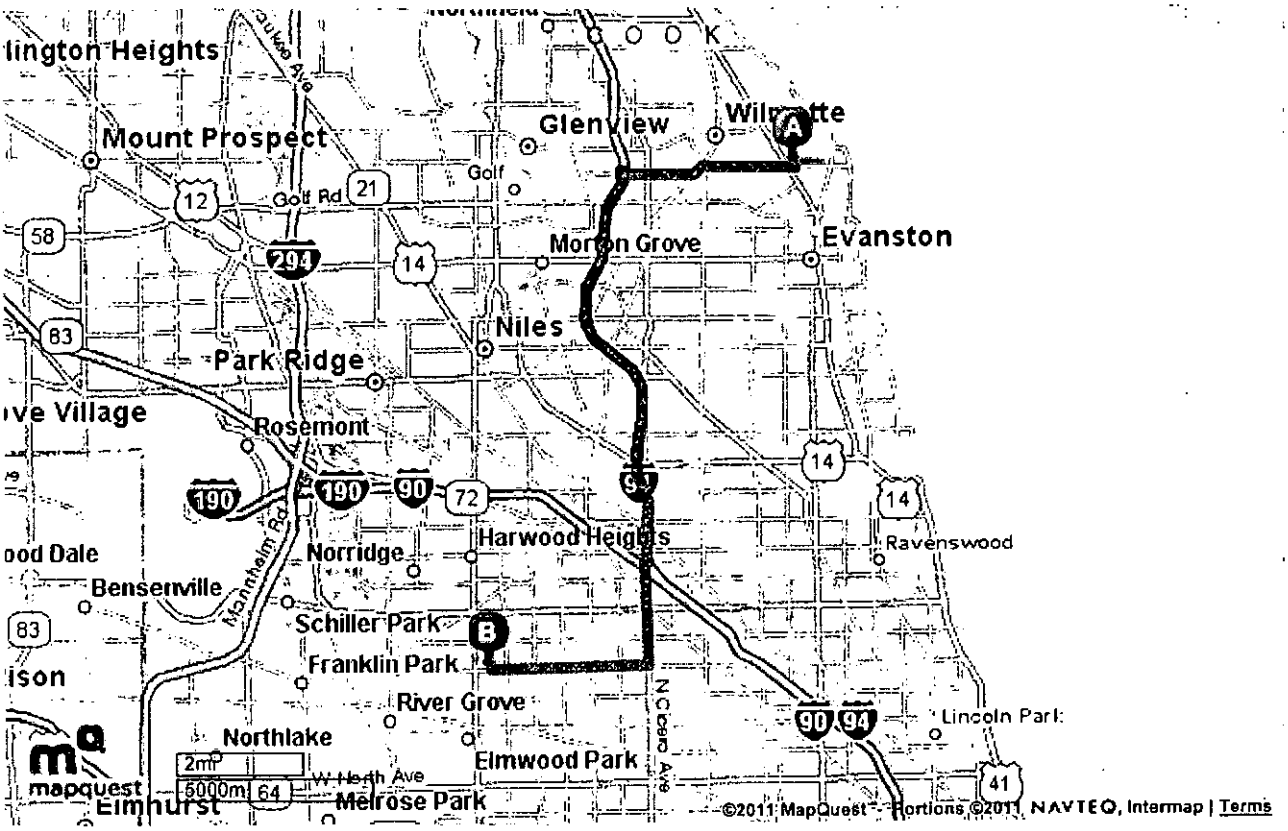
Monteclare Dialysis Center

Trip to:
7009-7011 W Belmont Ave
Chicago, IL 60634-4533
15.55 miles
31 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 7.5 Mi**	10.7 mi
43A EXIT	5. Take the **Wilson Ave** exit, **EXIT 43A**.	**Go 0.2 Mi**	10.9 mi
	6. Turn **right** onto **W Wilson Ave**. *If you reach I-94 E you've gone about 0.2 miles too far*	**Go 0.02 Mi**	10.9 mi
50	7. Take the **1st left** onto **N Cicero Ave / IL-50**. *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**Go 1.8 Mi**	12.7 mi
	8. Turn **right** onto **W Belmont Ave**. *W Belmont Ave is just past W Melrose St* *Delta Restaurant is on the left* *If you reach W Fletcher St you've gone a little too far*	**Go 2.8 Mi**	15.5 mi
	9. **7009-7011 W BELMONT AVE**. *Your destination is just past N Sayre Ave* *If you reach N Nordica Ave you've gone a little too far*		15.5 mi
	7009-7011 W Belmont Ave Chicago, IL 60634-4533	**15.5 mi**	**15.5 mi**

136

Total Travel Estimate: **15.55 miles - about 31 minutes**



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Notes

Neomedica West Belmont

Trip to:
4848 W Belmont Ave
Chicago, IL 60641-4329
12.80 miles
24 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 7.5 Mi**	10.7 mi
43A EXIT	5. Take the **Wilson Ave** exit, **EXIT 43A**.	**Go 0.2 Mi**	10.9 mi
	6. Turn **right** onto **W Wilson Ave**. *If you reach I-94 E you've gone about 0.2 miles too far*	**Go 0.02 Mi**	10.9 mi
50	7. Take the 1st **left** onto **N Cicero Ave / IL-50**. *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**Go 1.8 Mi**	12.7 mi
	8. Turn **right** onto **W Belmont Ave**. *W Belmont Ave is just past W Melrose St* *Delta Restaurant is on the left* *If you reach W Fletcher St you've gone a little too far*	**Go 0.07 Mi**	12.8 mi
	9. **4848 W BELMONT AVE** is on the **right**. *If you reach N Lamon Ave you've gone a little too far*		12.8 mi
	4848 W Belmont Ave Chicago, IL 60641-4329	**12.8 mi**	**12.8 mi**

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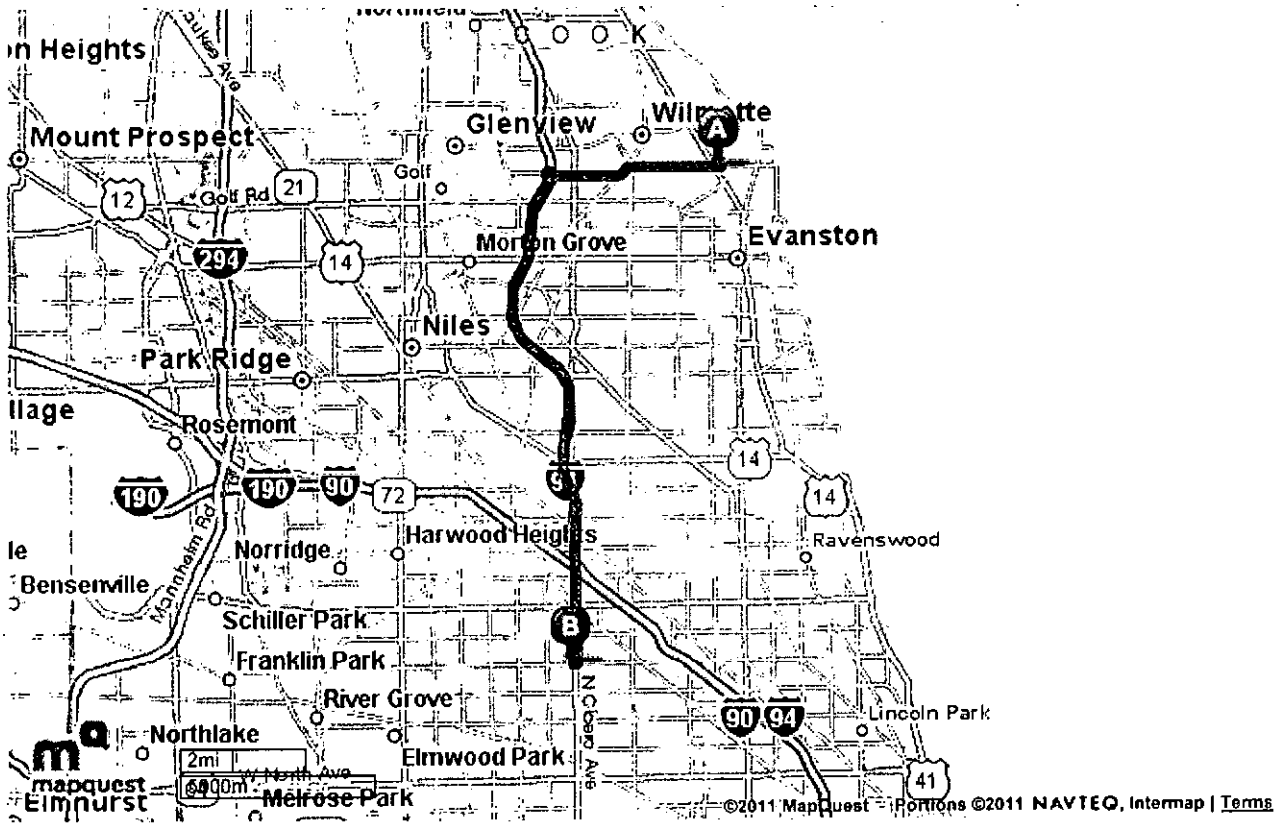
Total Travel Estimate: **12.80 miles - about 24 minutes**



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Trip to:
4800 N Kilpatrick Ave
Chicago, IL 60630-1725
10.78 miles
20 minutes

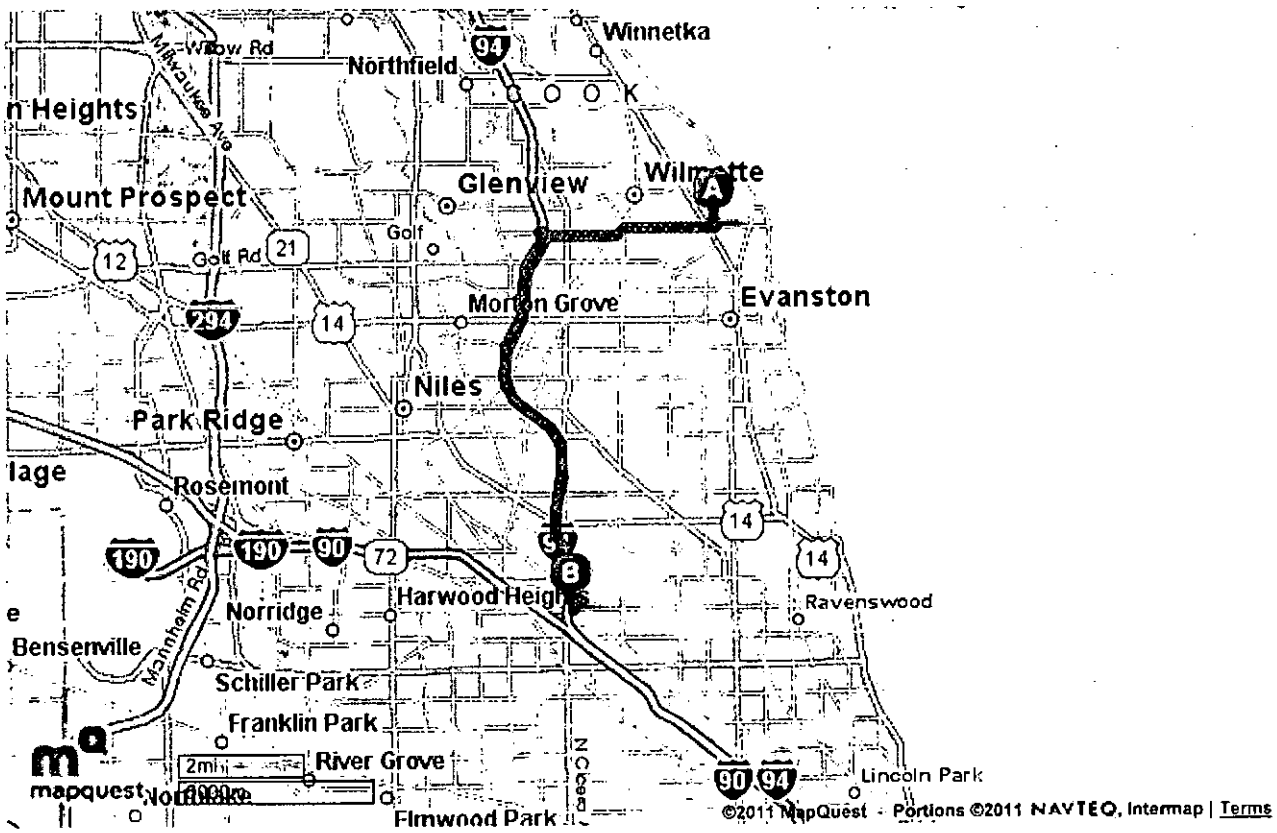
Notes

Neomedica Dialysis Ctrs - North

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0 1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 6.4 Mi**	9.6 mi
41C EXIT	5. Take the **IL-50 S / Cicero Ave** exit, **EXIT 41C**.	**Go 0.2 Mi**	9.7 mi
50	6. Turn **slight right** onto **N Cicero Ave / IL-50**.	**Go 0.6 Mi**	10.3 mi
	7. Turn **left** onto **N Elston Ave**. *N Elston Ave is 0 1 miles past W Foster Ave* *Subway is on the corner* *If you reach W Winnemac Ave you've gone a little too far*	**Go 0.3 Mi**	10.6 mi
	8. Turn **right** onto **N Kilpatrick Ave**. *N Kilpatrick Ave is just past N Kolmar Ave* *If you reach N Kentucky Ave you've gone a little too far*	**Go 0.2 Mi**	10.8 mi
	9. **4800 N KILPATRICK AVE** is on the **left**. *If you reach W Lawrence Ave you've gone a little too far*		10.8 mi
B	**4800 N Kilpatrick Ave** Chicago, IL 60630-1725	**10.8 mi**	**10.8 mi**

210

Total Travel Estimate: **10.78 miles - about 20 minutes**



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Notes

Glenview Dialysis Center

Trip to:
4248 Commercial Way
Glenview, IL 60025-3573
9.55 miles
22 minutes

			Miles Per Section	Miles Driven
A		**1715 Central St** Evanston, IL 60201-1507		
●		1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖		2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.9 Mi**	2.5 mi
↱		3. Turn **right** onto **Golf Rd**. *Golf Rd is 0.1 miles past Payne St* *Golf Bp is on the corner* *If you reach Kolmar Ave you've gone a little too far*	**Go 5.0 Mi**	7.6 mi
↱	21	4. Turn **right** onto **Milwaukee Ave / N Milwaukee Ave / IL-21**. Continue to follow **Milwaukee Ave / IL-21**. *Milwaukee Ave is 0.4 miles past Michael Mnr* *Golf Mill Florist in Golf-Milwaukee Plz is on the right* *If you are on W Golf Rd and reach N Greenwood Ave you've gone about 0.1 miles too far*	**Go 1.6 Mi**	9.1 mi
↰		5. Turn **left** onto **Dearlove Rd**. *If you are on IL-21 and reach Castilian Ct you've gone about 0.2 miles too far*	**Go 0.3 Mi**	9.4 mi
↱		6. Turn **right** onto **Commercial Way**. *If you reach Di Paolo Ctr you've gone about 0.1 miles too far*	**Go 0.1 Mi**	9.6 mi
■		7. **4248 COMMERCIAL WAY** is on the **left**. *Your destination is 0.1 miles past Commercial Way* *If you reach Dearlove Rd you've gone about 0.1 miles too far*		9.6 mi
B		**4248 Commercial Way** Glenview, IL 60025-3573	**9.6 mi**	**9.6 mi**

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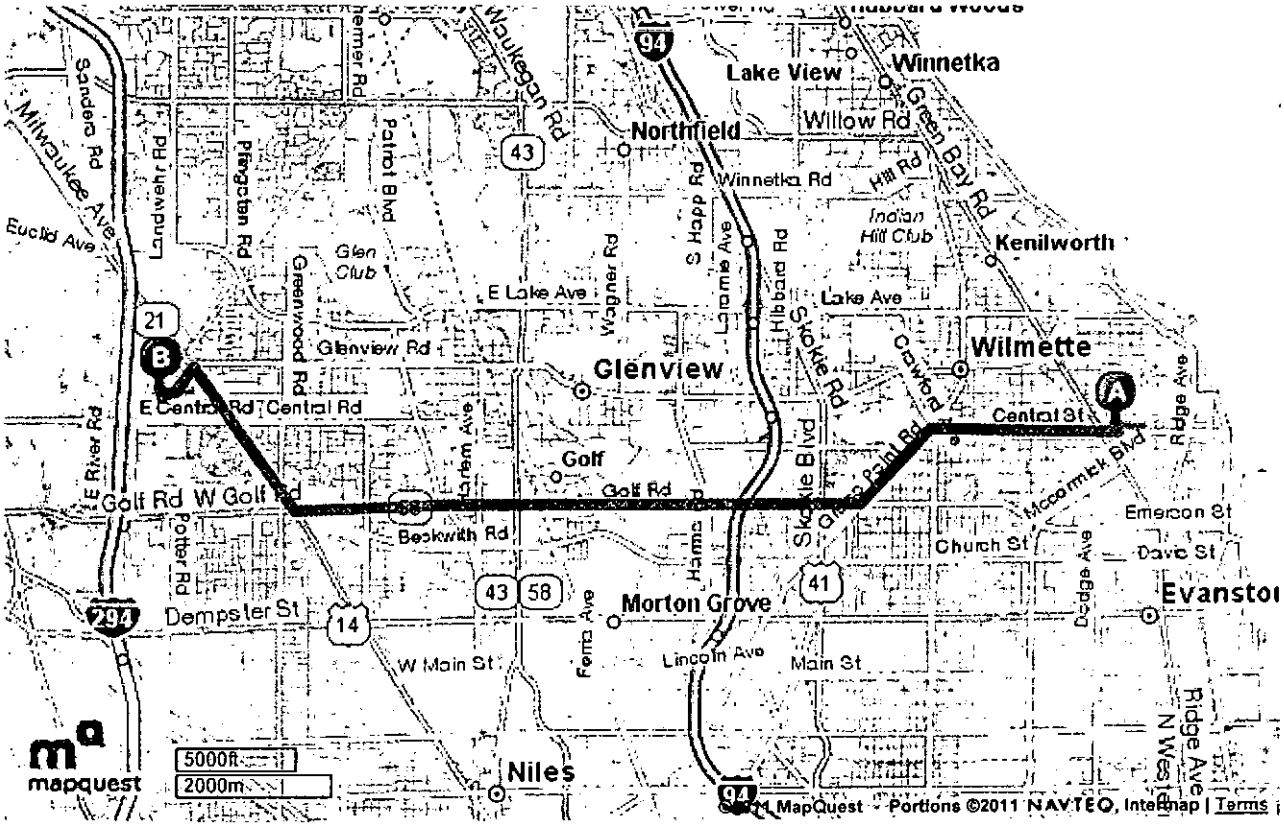
Total Travel Estimate: **9.55 miles - about 22 minutes**



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Notes

Lutheran General - Neomedica

Trip to:
9371 N Milwaukee Ave
Niles, IL 60714-1303
8.10 miles
18 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd.** *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.9 Mi**	2.5 mi
	3. Turn **right** onto **Golf Rd.** *Golf Rd is 0.1 miles past Payne St* *Golf Bp is on the corner* *If you reach Kolmar Ave you've gone a little too far*	**Go 5.0 Mi**	7.6 mi
21	4. Turn **left** onto **N Milwaukee Ave / IL-21.** *N Milwaukee Ave is 0.4 miles past Michael Mnr* *Nikki's Pub is on the corner* *If you reach N Greenwood Ave you've gone about 0.1 miles too far*	**Go 0.4 Mi**	8.0 mi
21	5. Make a **U-turn** onto **N Milwaukee Ave / IL-21.** *If you reach N Maryland St you've gone a little too far*	**Go 0.07 Mi**	8.1 mi
	6. **9371 N MILWAUKEE AVE** is on the **right.** *If you reach W Golf Rd you've gone about 0.3 miles too far*		8.1 mi
B	**9371 N Milwaukee Ave** Niles, IL 60714-1303	**8.1 mi**	**8.1 mi**

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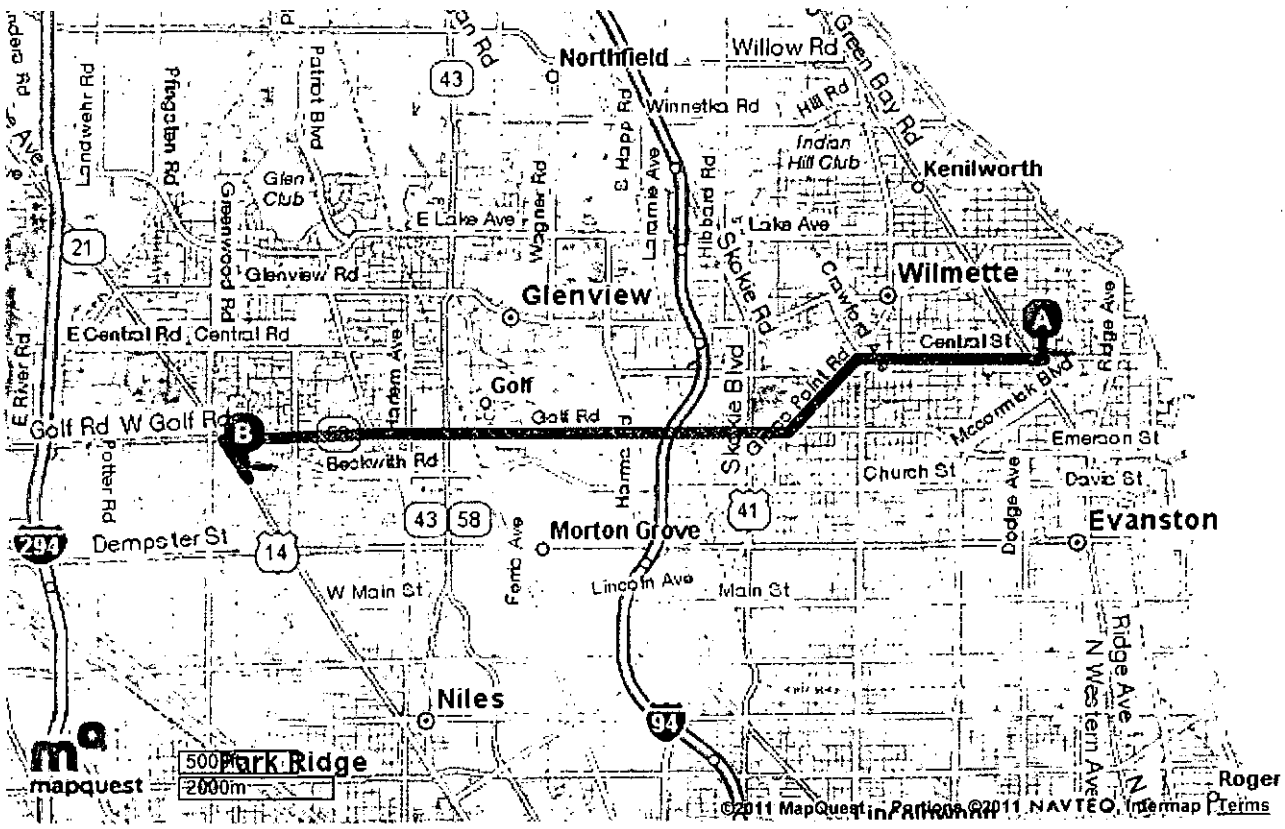
Total Travel Estimate: **8.10 miles - about 18 minutes**



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Trip to:
405 Lake Cook Rd
Deerfield, IL 60015-4993
12.16 miles
22 minutes

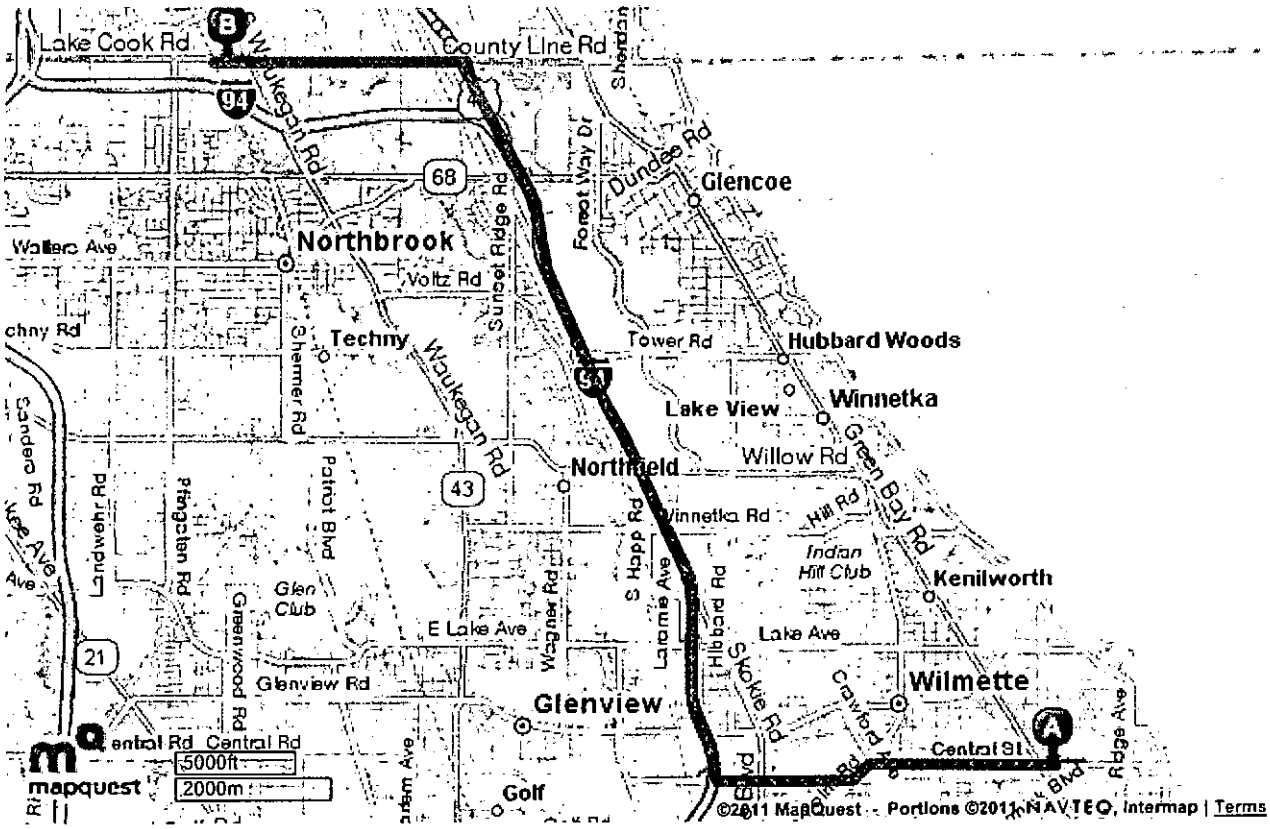
Notes

Fresenius Medical Care of Deerfield

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
↑ WEST 94	4. Merge onto **I-94 W / Edens Expy W**. *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT ↖ NORTH 41	5. Keep **left** to take **US-41 N / Edens Expy W** via **EXIT 29** toward **Waukegan**.	**Go 0.7 Mi**	9.6 mi
EXIT	6. Take the **Lake Cook Rd** exit.	**Go 0.2 Mi**	9.8 mi
↰	7. Turn **left** onto **County Line Rd / Lake Cook Rd**. Continue to follow **Lake Cook Rd**. *If you reach US-41 N you've gone about 0.1 miles too far*	**Go 2.2 Mi**	12.0 mi
↶	8. Make a **U-turn** onto **Lake Cook Rd**.	**Go 0.1 Mi**	12.2 mi
■	9. **405 LAKE COOK RD** is on the **right**. *If you reach Ellendale Rd you've gone about 0.3 miles too far*		12.2 mi
B	**405 Lake Cook Rd** Deerfield, IL 60015-4993	**12.2 mi**	**12.2 mi**

246

Total Travel Estimate: **12.16 miles - about 22 minutes**



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Notes

Big Oaks Dialysis

Trip to:
5623 W Touhy Ave
Niles, IL 60714-4019
8.26 miles
16 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 4.2 Mi**	7.4 mi
39A EXIT	5. Take the **West Touhy Ave** exit, **EXIT 39A**.	**Go 0.2 Mi**	7.5 mi
	6. Turn **slight right** onto **Touhy Ave**. *T & M AMOCO is on the corner*	**Go 0.7 Mi**	8.3 mi
	7. **5623 W TOUHY AVE** is on the **left**. *Your destination is just past N Central Ave* *If you reach N Austin Ave you've gone about 0.1 miles too far*		8.3 mi
	5623 W Touhy Ave Niles, IL 60714-4019	**8.3 mi**	**8.3 mi**

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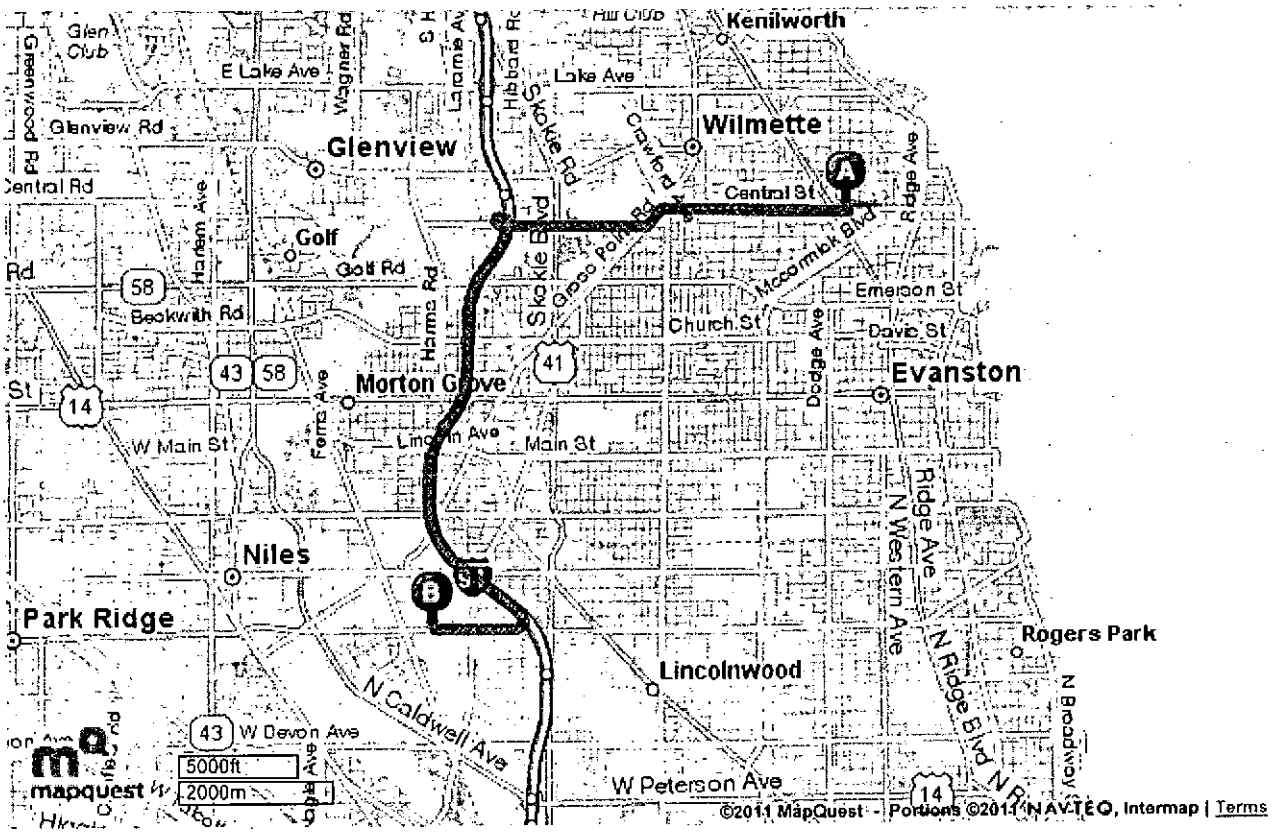
Total Travel Estimate: **8.26 miles - about 16 minutes**



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Notes

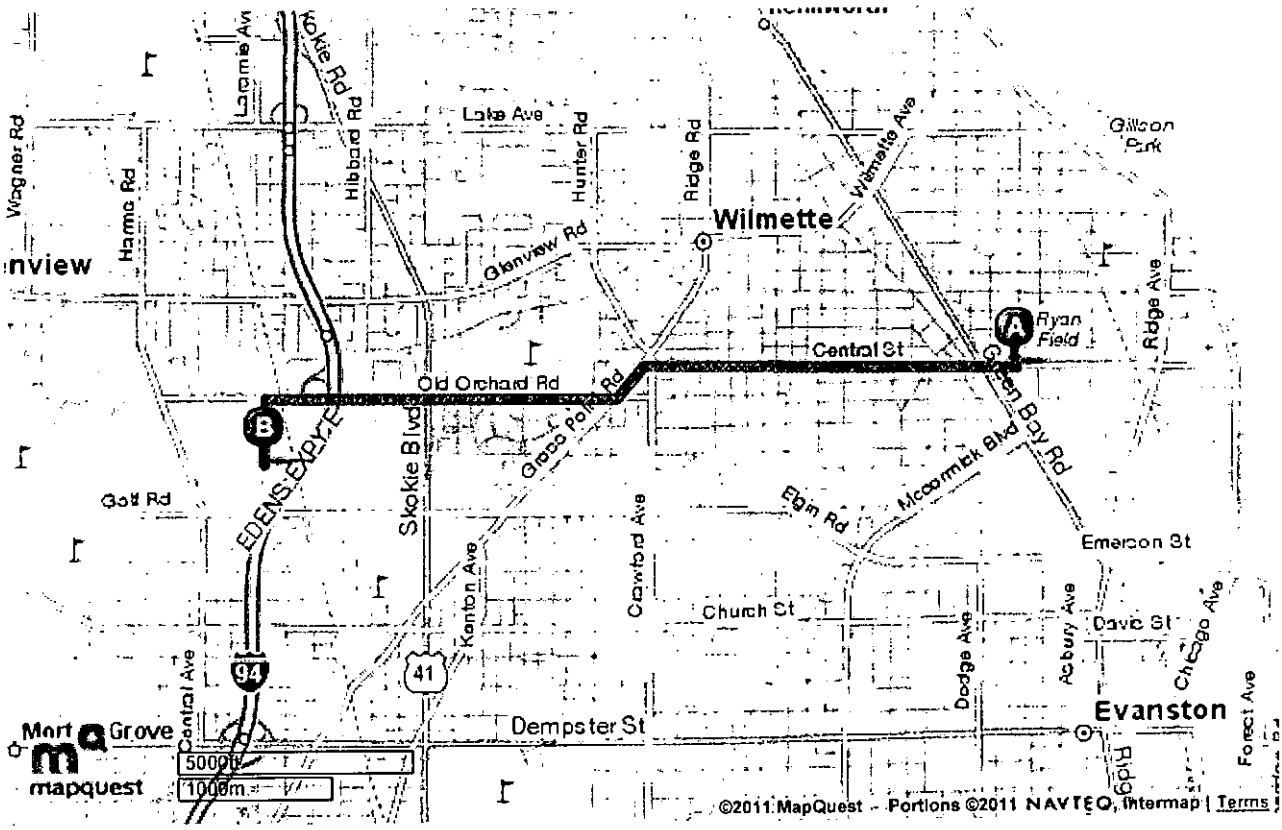
RCG Skokie

Trip to:
9801 Woods Dr
Skokie, IL 60077-1074
3.70 miles
10 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.6 Mi**	3.4 mi
↰	4. Turn **left** onto **Woods Dr**. *Woods Dr is 0.1 miles past Lockwood Ave* *Life Time Fitness is on the right* *If you reach Raoul Wallenberg Dr you've gone about 0.1 miles too far*	**Go 0.3 Mi**	3.7 mi
■	5. **9801 WOODS DR** is on the **left**. *If you reach Golf Rd you've gone about 0.2 miles too far*		3.7 mi
B	**9801 Woods Dr** Skokie, IL 60077-1074	**3.7 mi**	**3.7 mi**

250

Total Travel Estimate: **3.70 miles - about 10 minutes**



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Trip to:
7301 N Lincoln Ave
Lincolnwood, IL 60712-1709
5.87 miles
13 minutes

Notes

Center for Renal Replacement

			Miles Per Section	Miles Driven
A		**1715 Central St** Evanston, IL 60201-1507		
		1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 0.2 Mi**	0.2 mi
		2. Turn **left** onto **Green Bay Rd.** *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 0.4 Mi**	0.5 mi
		3. Take the 3rd **right** onto **McCormick Blvd.** *McCormick Blvd is 0.1 miles past Lincoln St* *If you reach Ashland Ave you've gone a little too far*	**Go 3.7 Mi**	4.2 mi
		4. Turn **right** onto **W Touhy Ave.** *W Touhy Ave is 0.3 miles past Birchwood Ave* *Red Lobster is on the corner* *If you are on N McConnick Blvd and reach W Lunt Ave you've gone about 0.2 miles too far*	**Go 1.4 Mi**	5.7 mi
	41	5. Turn **slight right** onto **N Lincoln Ave / US-41.** *N Lincoln Ave is just past N Kostner Ave* *If you reach N Kilbourn Ave you've gone a little too far*	**Go 0.2 Mi**	5.9 mi
		6. **7301 N LINCOLN AVE** is on the **right.** *Your destination is just past W Chase Ave* *If you reach W Jarvis Ave you've gone about 0.1 miles too far*		5.9 mi
B		**7301 N Lincoln Ave** Lincolnwood, IL 60712-1709	**5.9 mi**	**5.9 mi**

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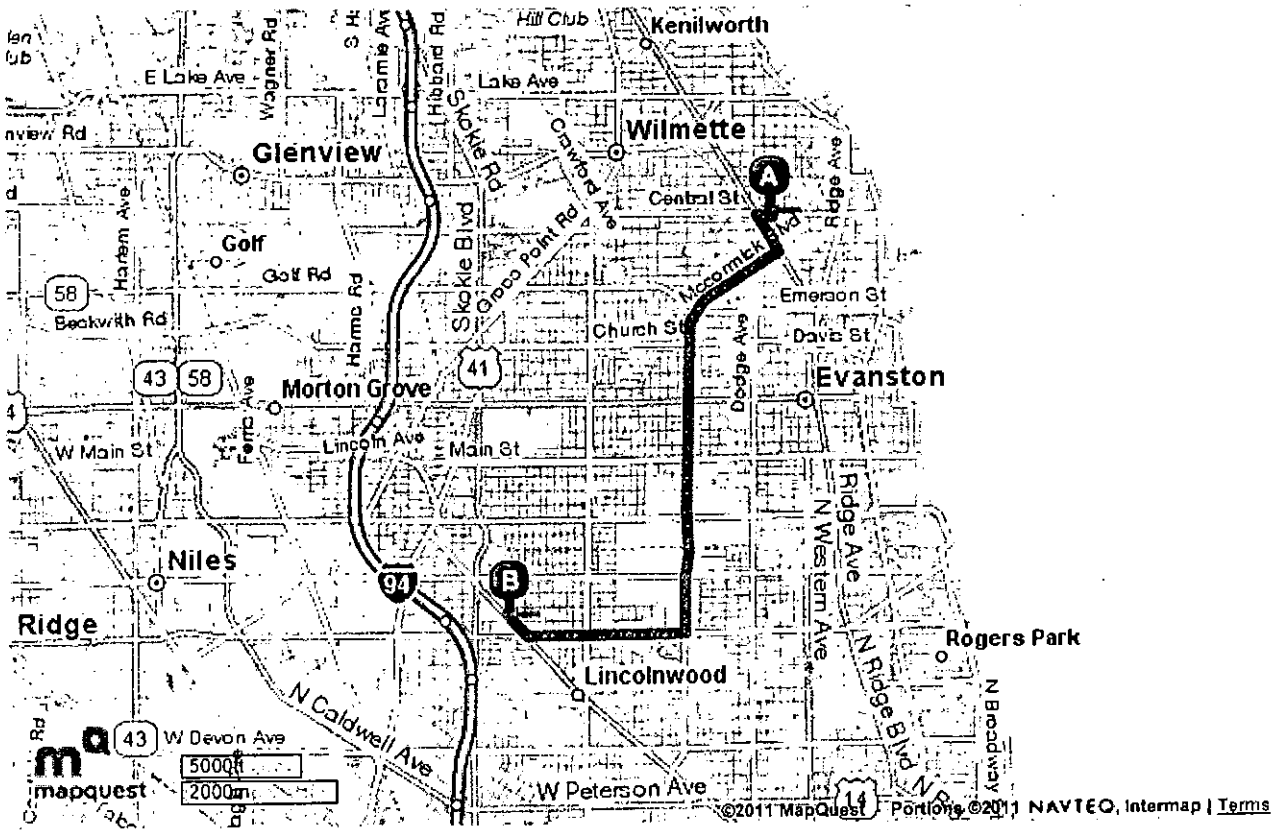
Total Travel Estimate: **5.87 miles - about 13 minutes**



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Notes

RCG - Mid America Evanston

Trip to:
2953 Central St
Evanston, IL 60201-1245
1.08 miles
3 minutes

A	**1715 Central St** Evanston, IL 60201-1507	**Miles Per Section**	**Miles Driven**
●	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.1 Mi**	1.1 mi
■	2. **2953 CENTRAL ST** is on the **right.** *If you reach Central Park Ave you've gone a little too far*		1.1 mi
B	**2953 Central St** Evanston, IL 60201-1245	**1.1 mi**	**1.1 mi**

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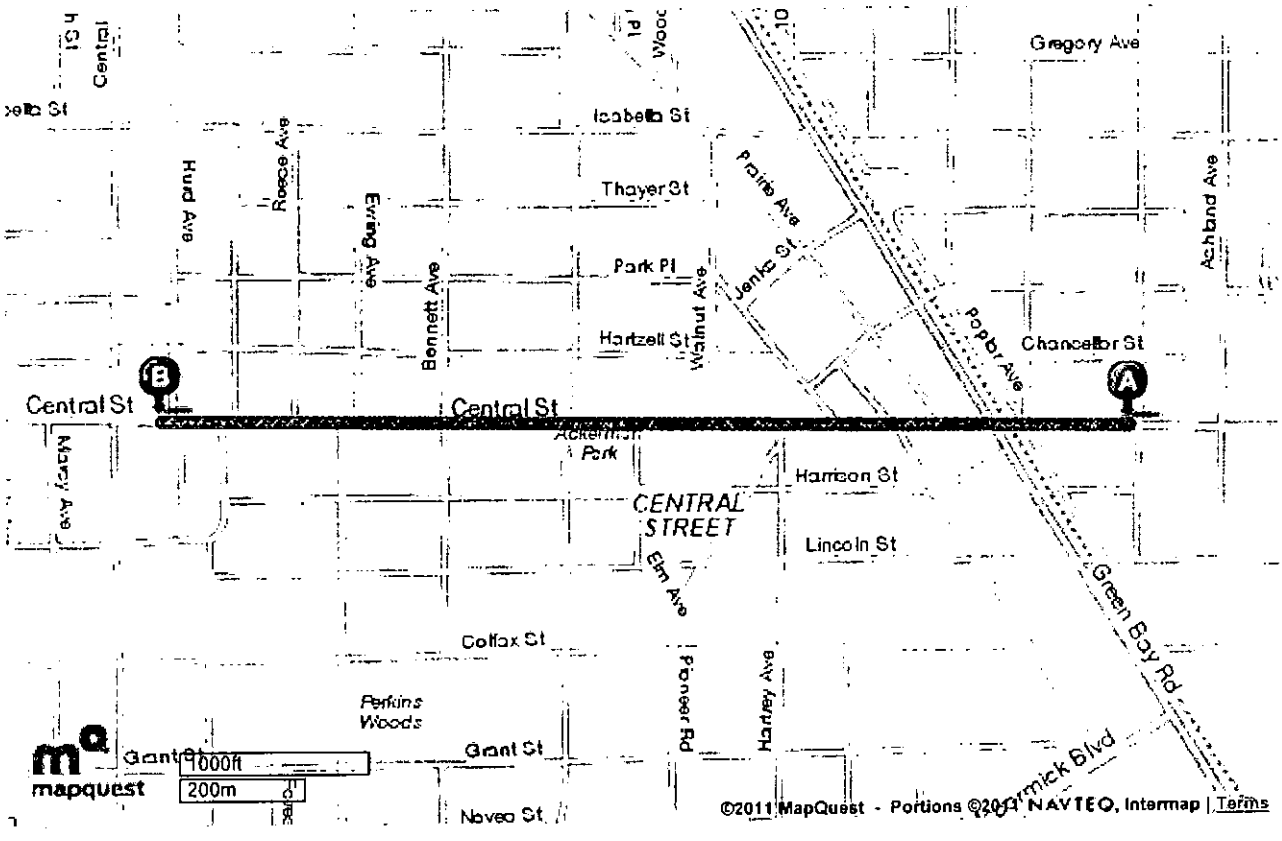
Total Travel Estimate: **1.08 miles - about 3 minutes**



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Notes

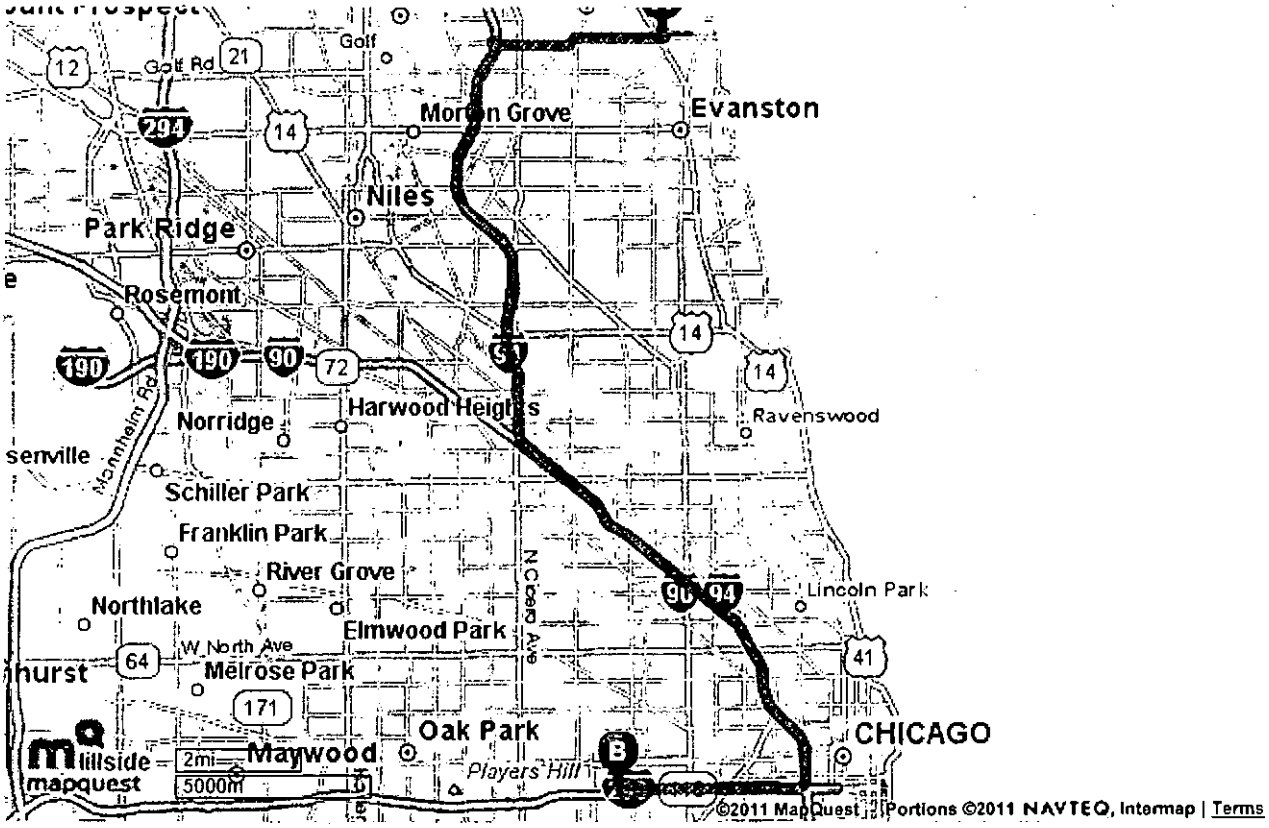
FMC Dialysis Services of Congress Parkway

Trip to:
3410 W Van Buren St
Chicago, IL 60624-3358
22.79 miles
34 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
↑ EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H EXIT WEST 290	5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 3.3 Mi**	22.5 mi
26B EXIT	6. Take **EXIT 26B** toward **Homan Ave**.	**Go 0.2 Mi**	22.7 mi
↑	7. Stay **straight** to go onto **W Congress Pky**.	**Go 0.03 Mi**	22.7 mi
↱	8. Take the **1st right** onto **S Homan Ave**. *Daycare II is on the corner* *If you reach S St Louis Ave you've gone about 0.1 miles too far*	**Go 0.06 Mi**	22.8 mi
↰	9. 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**	22.8 mi
■	10. **3410 W VAN BUREN ST** is on the **right**. *If you reach S Trumbull Ave you've gone a little too far*		22.8 mi
B	**3410 W Van Buren St** Chicago, IL 60624-3358	**22.8 mi**	**22.8 mi**

256

Total Travel Estimate: **22.79 miles - about 34 minutes**



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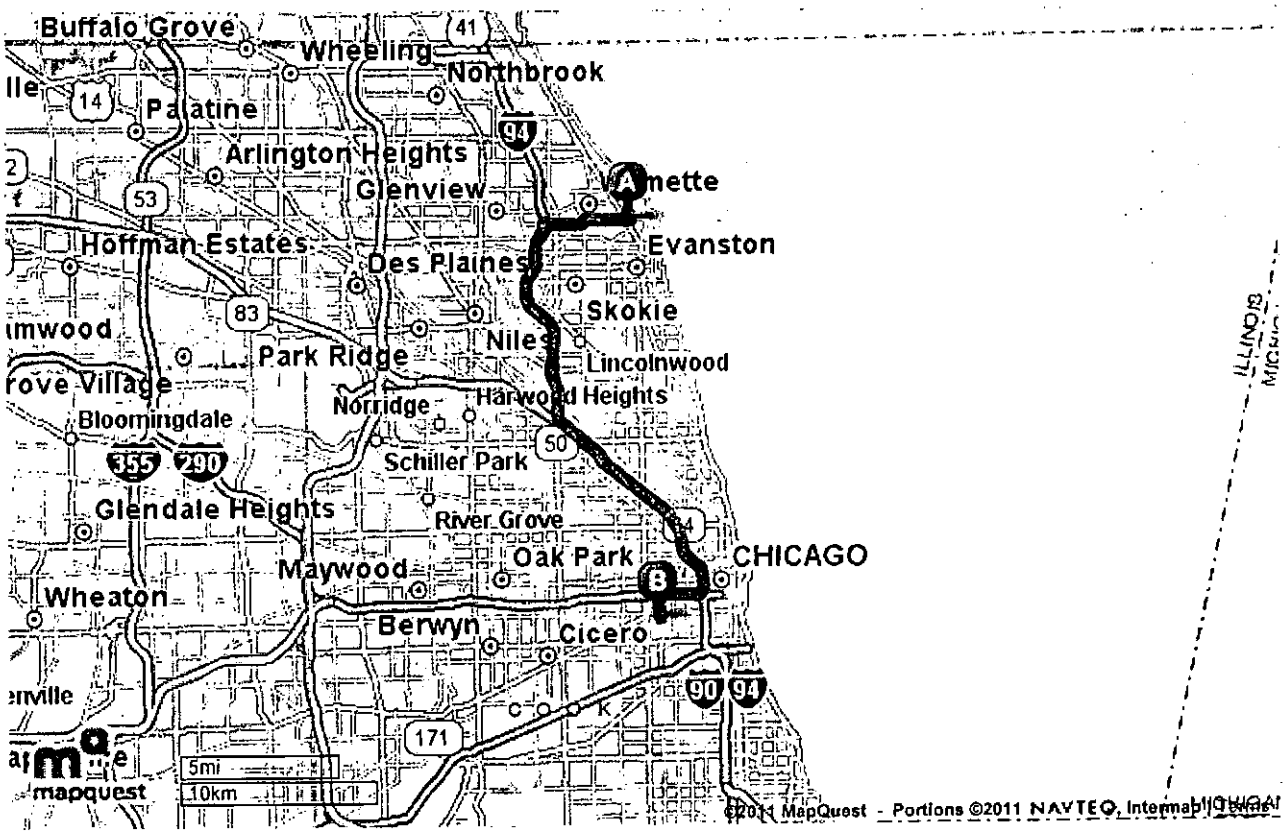
Trip to:
1340 S Damen Ave
Chicago, IL 60608-1169
21.78 miles
35 minutes

Notes
Fresenius Medical Care of Chicago - West

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H EXIT, WEST 290	5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 1.5 Mi**	20.8 mi
28A EXIT	6. Take **EXIT 28A** toward **Damen Ave**.	**Go 0.1 Mi**	20.9 mi
	7. Stay **straight** to go onto **W Van Buren St**.	**Go 0.03 Mi**	20.9 mi
	8. Take the **1st left** onto **S Damen Ave**. *If you reach S Seeley Ave you've gone a little too far*	**Go 0.8 Mi**	21.8 mi
	9. **1340 S DAMEN AVE** is on the **right**. *Your destination is just past W 13th St* *If you reach W 14th St you've gone a little too far*		21.8 mi
B	**1340 S Damen Ave** Chicago, IL 60608-1169	**21.8 mi**	**21.8 mi**

158

Total Travel Estimate: **21.78 miles - about 35 minutes**



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Trip to:
518 S Austin Blvd
Oak Park, IL 60304
26.16 miles
38 minutes

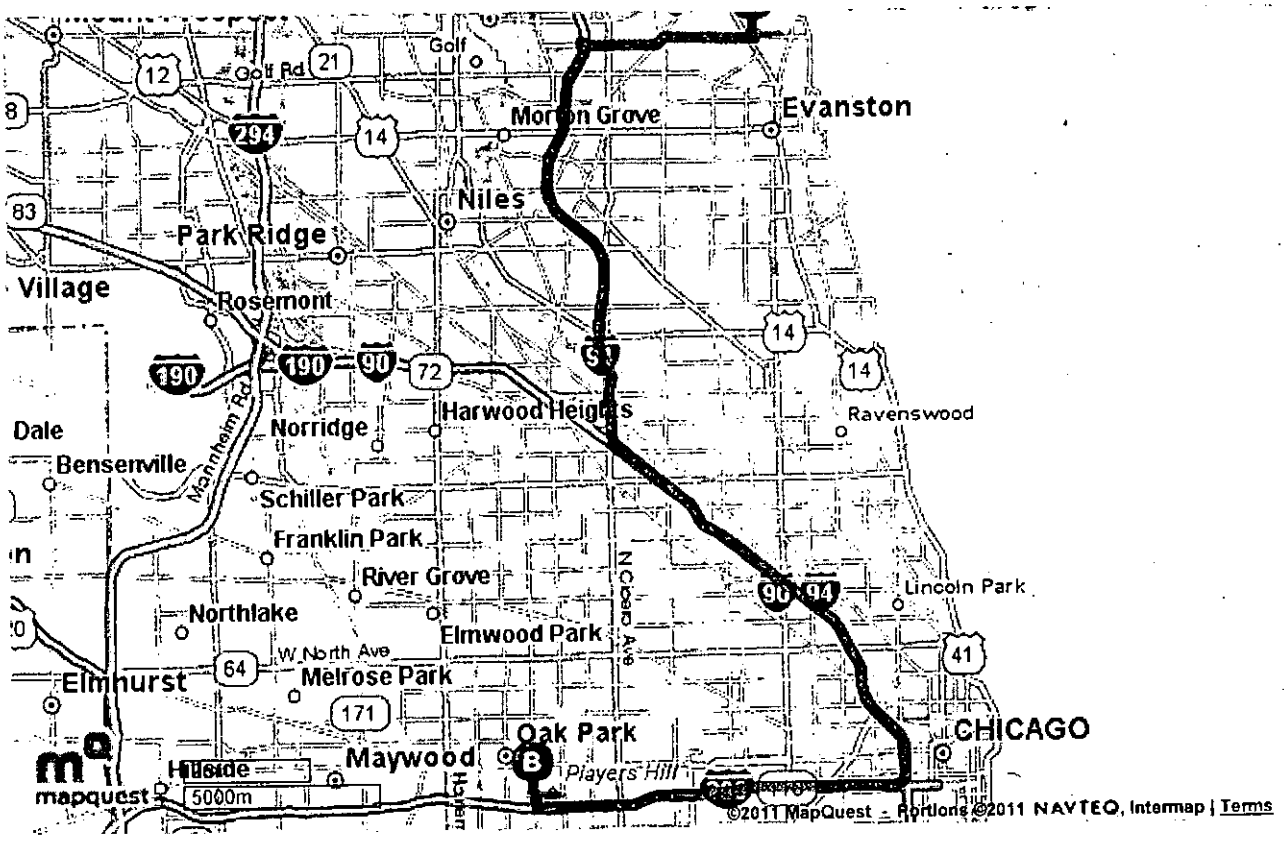
Notes

West Suburban Hospital Dialysis Unit

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H EXIT / WEST 290	5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 6.5 Mi**	25.7 mi
23A EXIT	6. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left**.	**Go 0.3 Mi**	26.0 mi
	7. Turn **right** onto **S Austin Blvd**.	**Go 0.2 Mi**	26.2 mi
	8. **518 S AUSTIN BLVD** is on the **left**. *Your destination is just past Harrison St* *If you reach Van Buren St you've gone a little too far*		26.2 mi
B	**518 S Austin Blvd** Oak Park, IL 60304	**26.2 mi**	**26.2 mi**

260

Total Travel Estimate: **26.16 miles - about 38 minutes**



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Notes
North Avenue Dialysis Center

Trip to:
719 W North Ave
Melrose Park, IL 60160-1612
18.79 miles
39 minutes

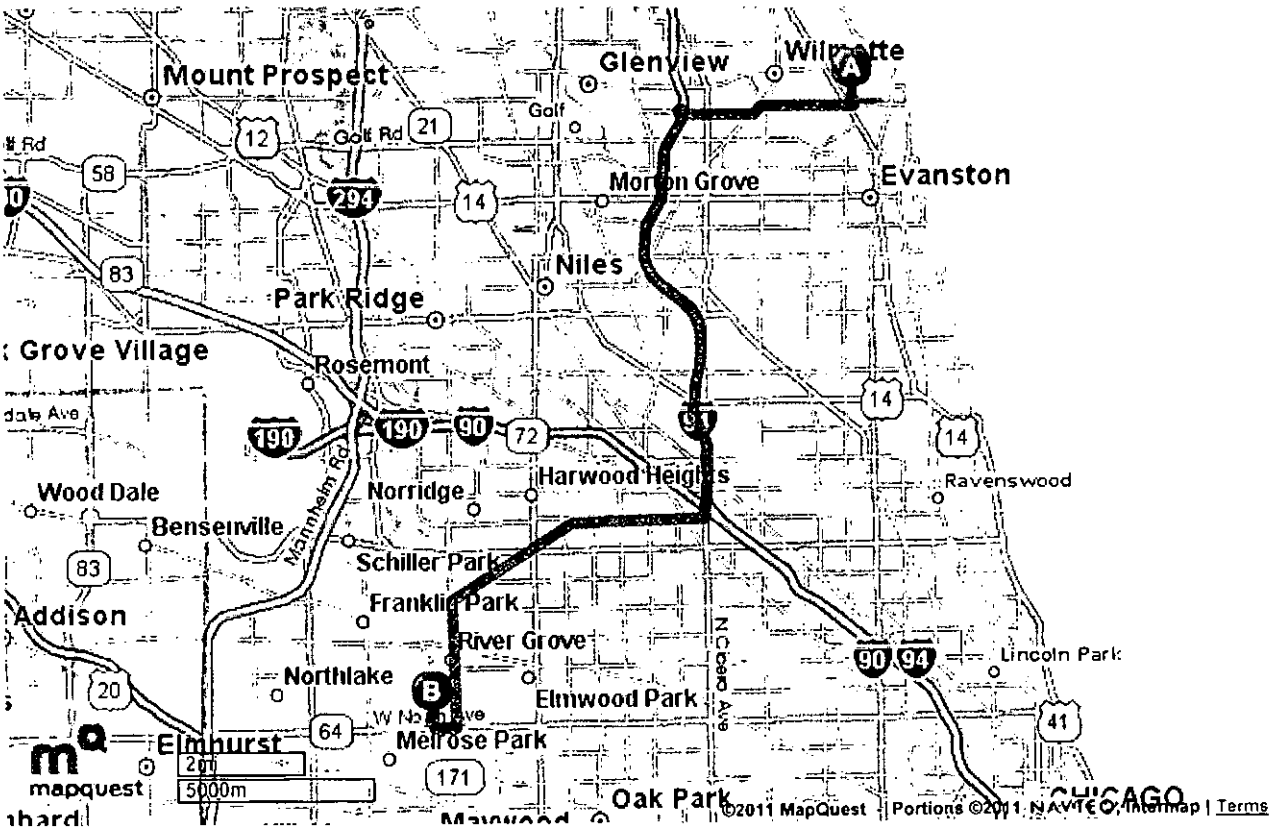
		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
I-94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 7.5 Mi**	10.7 mi
EXIT	5. Take the **Wilson Ave** exit, **EXIT 43A**.	**Go 0.2 Mi**	10.9 mi
	6. Turn **right** onto **W Wilson Ave**. *If you reach I-94 E you've gone about 0.2 miles too far*	**Go 0.02 Mi**	10.9 mi
50	7. Take the **1st left** onto **N Cicero Ave / IL-50**. *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**Go 0.3 Mi**	11.2 mi
	8. Turn **right** onto **W Montrose Ave**. *W Montrose Ave is 0.1 miles past W Sunnyside Ave* *Cicero & Montrose Shell is on the left* *If you reach W Pensacola Ave you've gone a little too far*	**Go 2.4 Mi**	13.6 mi
	9. Stay **straight** to go onto **W Forest Preserve Ave**.	**Go 2.6 Mi**	16.2 mi
171	10. Turn **left** onto **IL-171 / N Cumberland Ave**. Continue to follow IL-171. *IL-171 is just past N Pontiac Ave* *If you are on W Forest Preserve Ave and reach W Belmont Ave you've gone about 0.5 miles too far*	**Go 2.2 Mi**	18.4 mi

202

11. Turn **right** onto **W North Ave / IL-64 W**. *If you are on 1st Ave and reach Braddock Dr you've gone about 0.4 miles too far*		**Go 0.4 Mi**	18.8 mi
12. **719 W NORTH AVE** is on the left. *Your destination is 0.1 miles past N 5th Ave* *If you reach N 9th Ave you've gone about 0.1 miles too far*			18.8 mi
719 W North Ave Melrose Park, IL 60160-1612		**18.8 mi**	**18.8 mi**

263

Total Travel Estimate: **18.79 miles - about 39 minutes**



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Notes

Fresenius Medical Center Northwest

Trip to:
4701 N Cumberland Ave
Norridge, IL 60706-2905
17.18 miles
30 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 6.4 Mi**	9.6 mi
41C EXIT	5. Take the **IL-50 S / Cicero Ave** exit, **EXIT 41C**.	**Go 0.2 Mi**	9.7 mi
50	6. Turn **slight right** onto **N Cicero Ave / IL-50**.	**Go 0.9 Mi**	10.6 mi
	7. Turn **right** onto **W Lawrence Ave**. *W Lawrence Ave is just past W Gunnison St* *If you reach W Wilson Ave you've gone about 0.2 miles too far*	**Go 0.4 Mi**	11.0 mi
WEST 90	8. Merge onto **I-90 W / Kennedy Expy W**. *If you reach N Avondale Ave you've gone about 0.1 miles too far*	**Go 4.6 Mi**	15.6 mi
79A EXIT	9. Take the **IL-171 S / Cumberland Ave** exit, **EXIT 79A**.	**Go 0.2 Mi**	15.8 mi
SOUTH 171	10. Turn **slight right** onto **IL-171 S / N Cumberland Ave**.	**Go 1.4 Mi**	17.2 mi
	11. Make a **U-turn** at **W Leland Ave** onto **N Cumberland Ave / IL-171 N**.		

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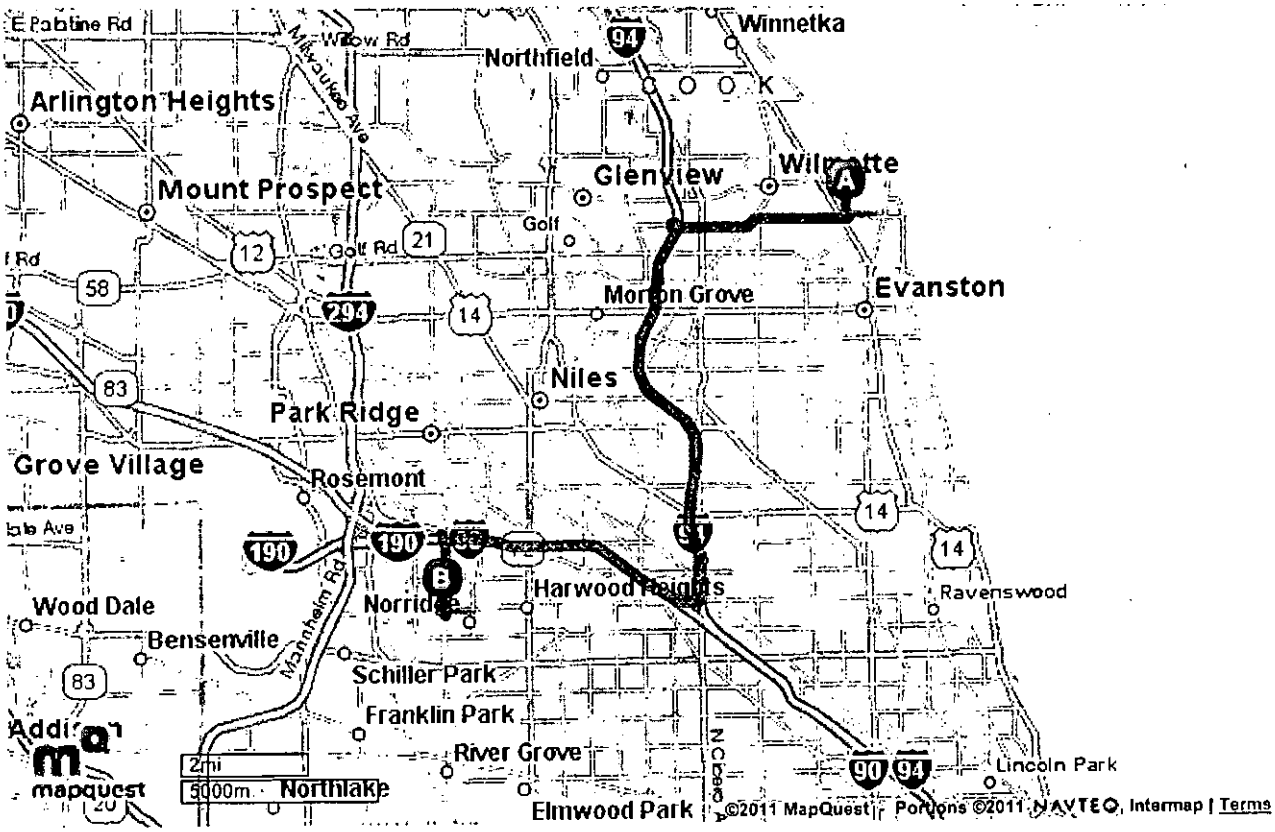
	If you reach W Coral Dr you've gone about 0.1 miles too far	**Go 0.01 Mi**	17.2 mi
	12. **4701 N CUMBERLAND AVE** is on the **right**. *If you reach W Lawrence Ave you've gone about 0.1 miles too far*		17.2 mi
	4701 N Cumberland Ave Norridge, IL 60706-2905	**17.2 mi**	**17.2 mi**

2 of 4

Total Travel Estimate: **17.18 miles - about 30 minutes**



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Notes

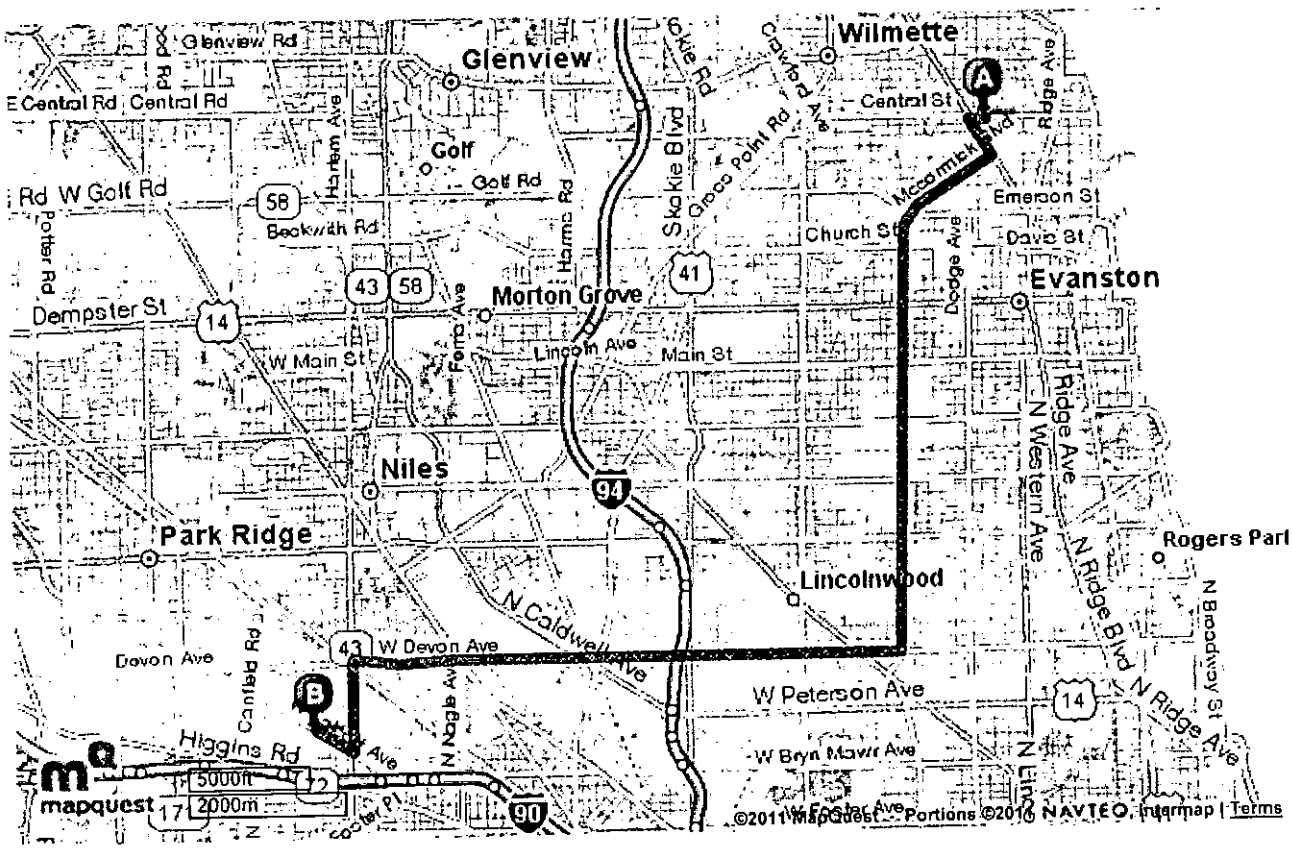
Resurrection Medical Center

Trip to:
7435 W Talcott Ave
Chicago, IL 60631-3707
11.36 miles
26 minutes

			Miles Per Section	Miles Driven
A		**1715 Central St** Evanston, IL 60201-1507		
		1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
		2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 0.4 Mi**	0.5 mi
		3. Take the 3rd **right** onto **McCormick Blvd**. *McCormick Blvd is 0.1 miles past Lincoln St* *If you reach Ashland Ave you've gone a little too far*	**Go 4.7 Mi**	5.2 mi
		4. Turn **right** onto **W Devon Ave**. *W Devon Ave is just past N Spaulding Ave* *If you are on N McConnick Rd and reach N Lincoln Ave you've gone about 0.2 miles too far*	**Go 4.9 Mi**	10.2 mi
	43	5. Turn **left** onto **N Harlem Ave / IL-43**. *N Harlem Ave is just past N Neva Ave* *Pnc Bank is on the left* *If you are on W Devon Ave and reach N Northwest Hwy you've gone a little too far*	**Go 0.8 Mi**	11.0 mi
		6. Turn **right** onto **W Talcott Ave**. *W Talcott Ave is 0.1 miles past W Thorndale Ave* *Immaculate Conception Church is on the corner* *If you reach W Seminole St you've gone about 0.1 miles too far*	**Go 0.4 Mi**	11.4 mi
■		7. **7435 W TALCOTT AVE** is on the **left**. *Your destination is just past N Oketo Ave* *If you reach N Oriole Ave you've gone about 0.2 miles too far*		11.4 mi
B		**7435 W Talcott Ave** Chicago, IL 60631-3707	**11.4 mi**	**11.4 mi**

268

Total Travel Estimate: **11.36 miles - about 26 minutes**



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Notes

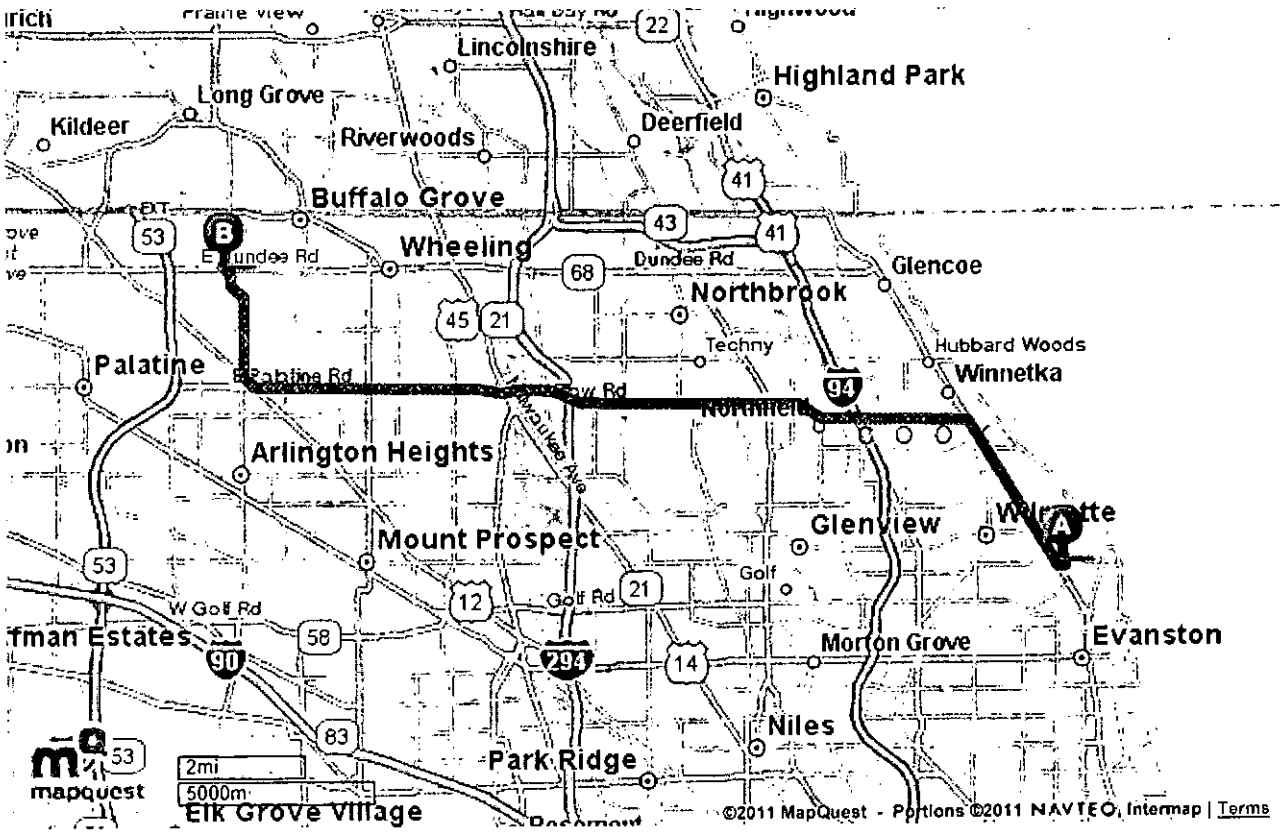
RCG Buffalo Grove

Trip to:
1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
18.30 miles
36 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↱	2. Turn **right** onto **Green Bay Rd**. *Green Bay Rd is just past Broadway Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 3.0 Mi**	3.1 mi
↰	3. Turn **left** onto **Willow Rd**. *Willow Rd is 0.1 miles past Church Rd* *If you reach Ash St you've gone a little too far*	**Go 8.1 Mi**	11.2 mi
↑	4. **Willow Rd** becomes **Palatine Rd Express Ln**.	**Go 4.6 Mi**	15.8 mi
↑	5. **Palatine Rd Express Ln** becomes **E Palatine Rd**.	**Go 0.2 Mi**	16.0 mi
↗ 12	6. Turn **slight right** onto **E Rand Rd / US-12**. *E Rand Rd is just past N Pinetree Dr* *Corner Bakery Cafe is on the right* *If you reach N Arlington Heights Rd you've gone about 0.2 miles too far*	**Go 0.3 Mi**	16.3 mi
↗	7. Turn **slight right** onto **N Arlington Heights Rd**. *If you are on W Rand Rd and reach N Chestnut Ave you've gone about 0.4 miles too far*	**Go 1.9 Mi**	18.2 mi
↰ 68	8. Turn **left** onto **W Dundee Rd / IL-68**. *W Dundee Rd is just past W Boeger Dr* *Melting Pot Restaurant is on the left* *If you are on S Arlington Heights Rd and reach Strathmore Ct you've gone about 0.1 miles too far*	**Go 0.09 Mi**	18.3 mi
■	9. **1291 W DUNDEE RD** is on the **left**. *If you reach Grove Dr you've gone a little too far*		18.3 mi
B	**1291 W Dundee Rd** Buffalo Grove, IL 60089-4009	**18.3 mi**	**18.3 mi**

270

Total Travel Estimate: **18.30 miles - about 36 minutes**



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Notes

RCG - Scottsdale

Trip to:
4651 W 79th St
Chicago, IL 60652-1186
31.93 miles
52 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 17.5 Mi**	20.7 mi
53 EXIT / SOUTH 55	5. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis**.	**Go 6.0 Mi**	26.7 mi
286 EXIT	6. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport**.	**Go 0.3 Mi**	27.0 mi
SOUTH 50	7. Turn **left** onto **IL-50 S / S Cicero Ave**. Continue to follow **IL-50 S**. *If you reach I-55 S you've gone about 0.3 miles too far*	**Go 4.8 Mi**	31.8 mi
	8. Turn **left** onto **W 79th St**. *W 79th St is 0.1 miles past W 78th St* *Villas Bakery is on the corner* *If you reach W 81st St you've gone about 0.2 miles too far*	**Go 0.2 Mi**	31.9 mi
	9. **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*		31.9 mi
	4651 W 79th St Chicago, IL 60652-1186	**31.9 mi**	**31.9 mi**

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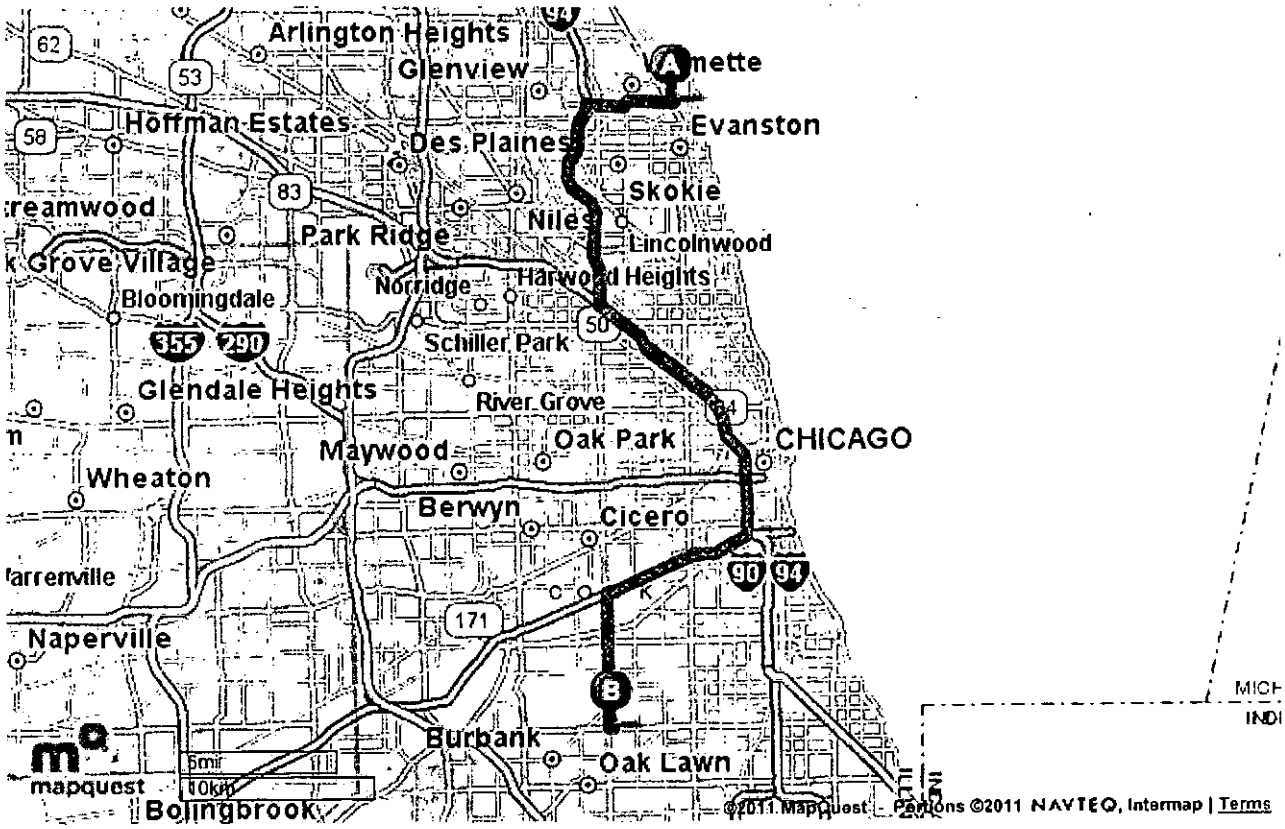
Total Travel Estimate: **31.93 miles - about 52 minutes**



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Notes

Midwest Renal Care - Chicago (Fresenius Ross-Englewood)

Trip to:
6333 S Green St
Chicago, IL 60621-1943
27.29 miles
42 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 18.6 Mi**	21.8 mi
	5. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd**.	**Go 3.9 Mi**	25.7 mi
EAST 90	6. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd**.	**Go 0.5 Mi**	26.3 mi
58B EXIT	7. Take EXIT **58B** toward **63rd St**.	**Go 0.2 Mi**	26.4 mi
	8. Turn **slight left** onto **S Yale Ave**.	**Go 0.05 Mi**	26.5 mi
	9. Take the 2nd **right** onto **W 63rd St**. *W 63rd St is just past W 62nd St* *If you reach S Wells St you've gone a little too far*	**Go 0.7 Mi**	27.2 mi
	10. Turn **left** onto **S Green St**. *S Green St is just past S Halsted St* *US Bank is on the left* *If you reach S Peoria Dr you've gone a little too far*	**Go 0.06 Mi**	27.3 mi
	11. **6333 S GREEN ST** is on the **left**.		

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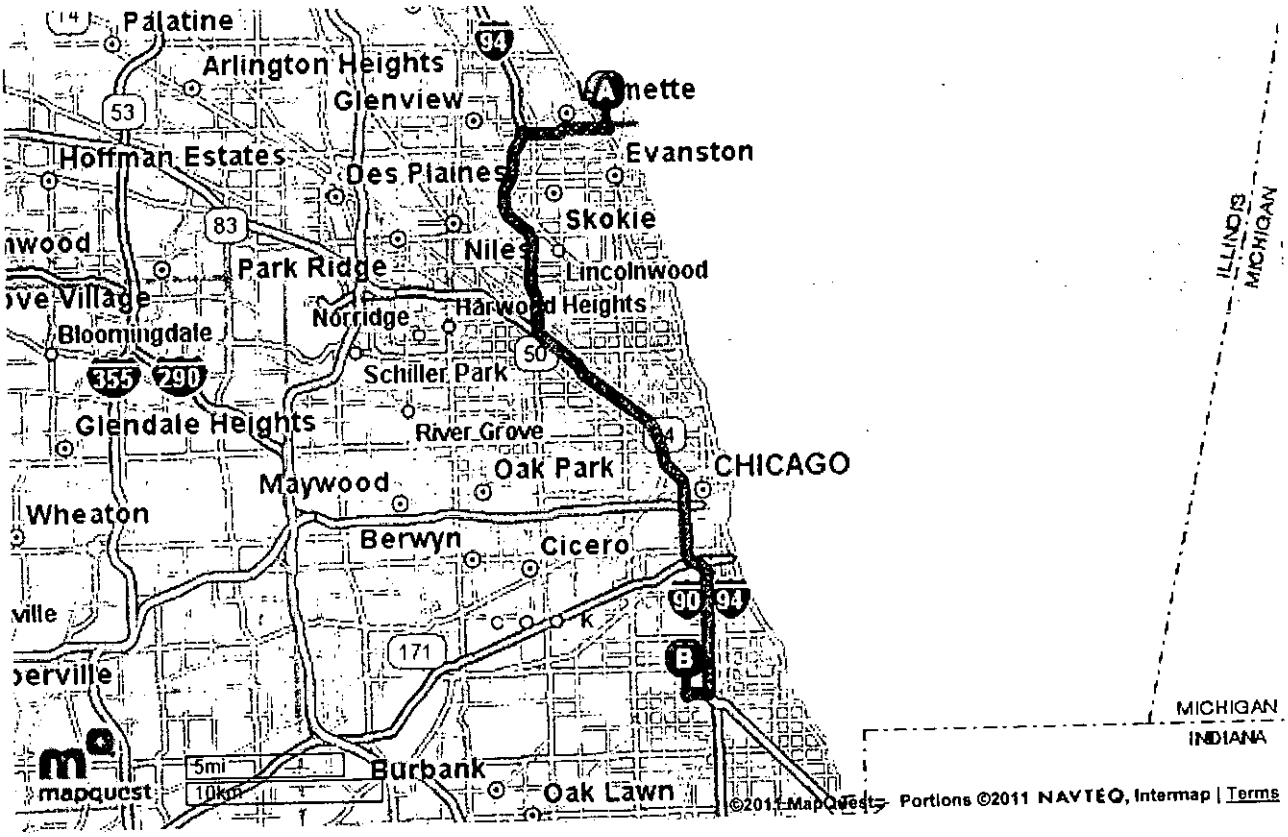
■	*If you are on S Peoria Dr and reach S Halsted St you've gone about 0.4 miles too far*		27.3 mi
B	**6333 S Green St** Chicago, IL 60621-1943	**27.3 mi**	**27.3 mi**

275

Total Travel Estimate: **27.29 miles - about 42 minutes**



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Notes

RCG Garfield

Trip to:
5401 S Wentworth Ave
Chicago, IL 60609-6300
25.71 miles
39 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 18.6 Mi**	21.8 mi
	5. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd**.	**Go 2.2 Mi**	24.0 mi
EXIT	6. Take the **I-90-LOCAL / I-94-LOCAL** exit.	**Go 0.3 Mi**	24.3 mi
EAST 90	7. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E**.	**Go 0.8 Mi**	25.2 mi
57 EXIT	8. Take **EXIT 57** toward **Garfield Blvd**.	**Go 0.2 Mi**	25.4 mi
	9. Stay **straight** to go onto **S Wells St**.	**Go 0.09 Mi**	25.5 mi
	10. Take the 1st **left** onto **W Garfield Blvd / W 55th St**. *Savk Mobil is on the corner* *If you reach W 57th St you've gone about 0.2 miles too far*	**Go 0.07 Mi**	25.6 mi
	11. Take the 1st **left** onto **S Wentworth Ave**. *Chicago City Church AG is on the corner*	**Go 0.1 Mi**	25.7 mi

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If you reach S Lasalle St you've gone a little too far

12. **5401 S WENTWORTH AVE** is on the **right**. 25.7 mi

If you reach W 53rd St you've gone about 0.1 miles too far

5401 S Wentworth Ave **25.7 mi** **25.7 mi**
Chicago, IL 60609-6300

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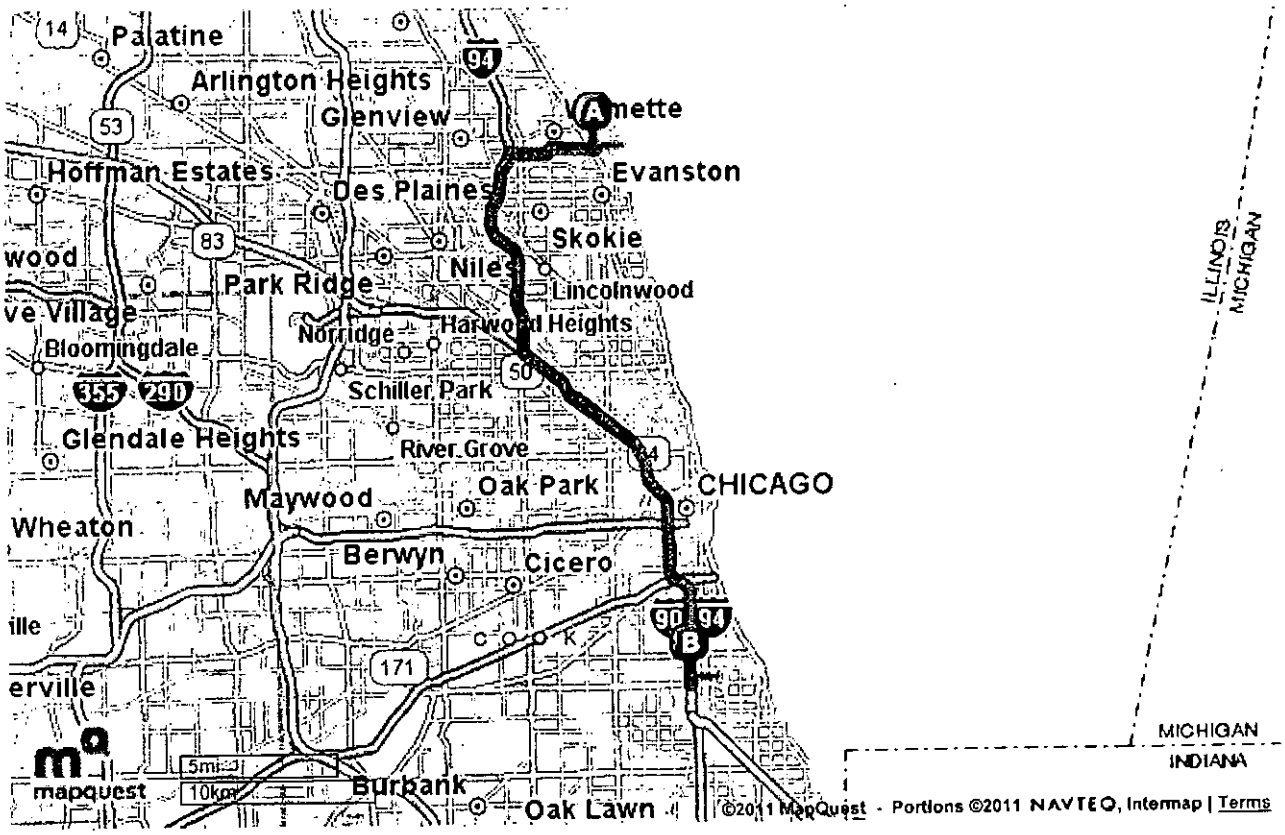
Total Travel Estimate: **25.71 miles - about 39 minutes**



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Notes

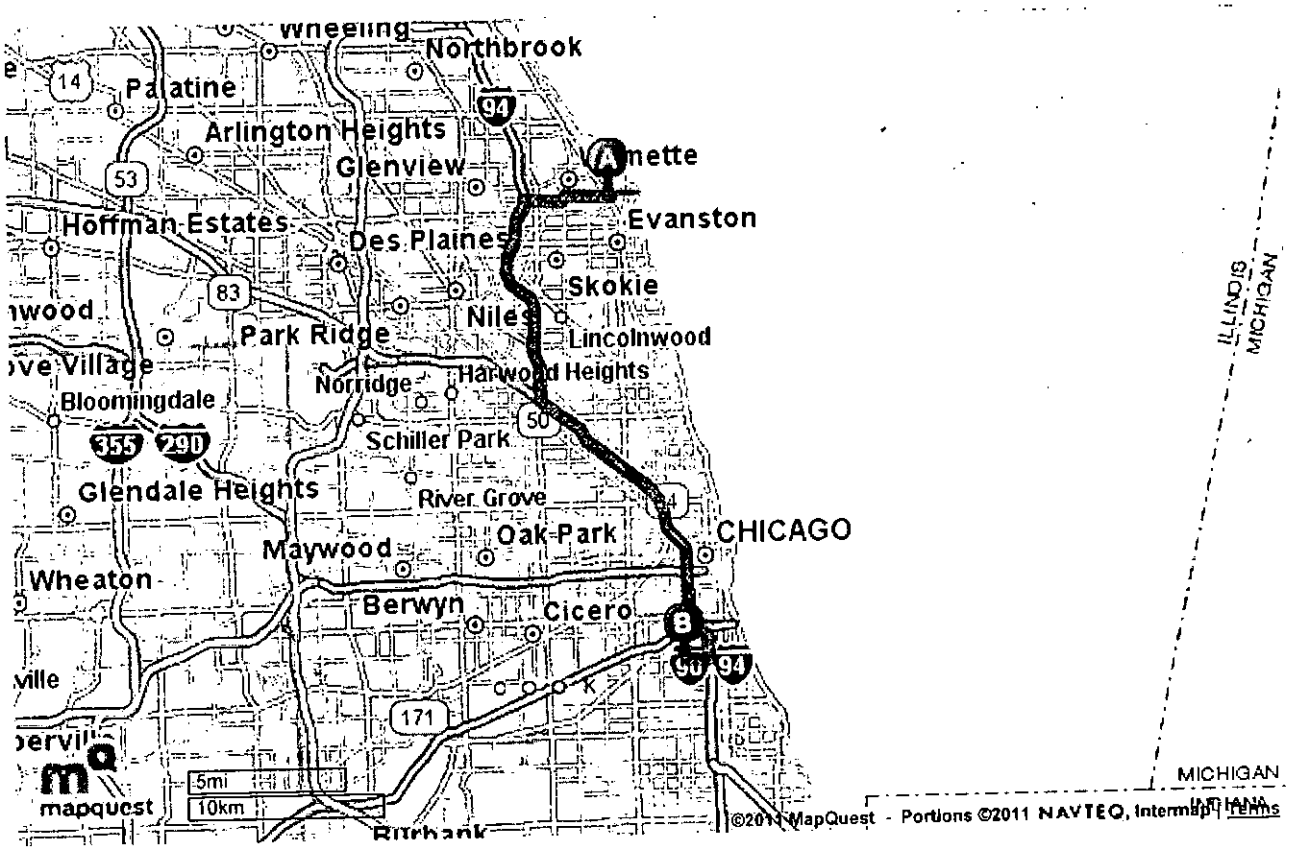
Neomedica Dialysis Ctrs - Bridgeport

Trip to:
825 W 35th St
Chicago, IL 60609-1511
23.72 miles
38 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
↑ EAST 94	4. Merge onto **I-94 E**.	**Go 19.5 Mi**	22.7 mi
55A EXIT	5. Take **EXIT 55A** toward **35th St**.	**Go 0.2 Mi**	22.9 mi
↖	6. Turn **slight left** onto **S Wentworth Ave**.	**Go 0.08 Mi**	22.9 mi
↱	7. Turn **right** onto **W 35th St**. *If you reach W 36th St you've gone about 0.1 miles too far*	**Go 0.8 Mi**	23.7 mi
■	8. **825 W 35TH ST** is on the **left**. *Your destination is just past S Halsted St* *If you reach S Lituanica Ave you've gone a little too far*		23.7 mi
B	**825 W 35th St** Chicago, IL 60609-1511	**23.7 mi**	**23.7 mi**

280

Total Travel Estimate: **23.72 miles - about 38 minutes**



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Trip to:
4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
20.27 miles
38 minutes

Notes
Neomedica Dialysis Ctrs – Rolling Meadows

	Miles Per Section	Miles Driven
1715 Central St Evanston, IL 60201-1507		
1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
2. Turn **right** onto **Green Bay Rd**. *Green Bay Rd is just past Broadway Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 3.0 Mi**	3.1 mi
3. Turn **left** onto **Willow Rd**. *Willow Rd is 0.1 miles past Church Rd* *If you reach Ash St you've gone a little too far*	**Go 8.1 Mi**	11.2 mi
4. **Willow Rd** becomes **Palatine Rd Express Ln**.	**Go 4.6 Mi**	15.8 mi
5. **Palatine Rd Express Ln** becomes **E Palatine Rd**.	**Go 1.6 Mi**	17.4 mi
6. Merge onto **IL-53 S**.	**Go 2.2 Mi**	19.5 mi
7. Merge onto **W Euclid Ave**.	**Go 0.4 Mi**	19.9 mi
8. Turn **right** onto **Hicks Rd**. *If you reach Vermont St you've gone about 0.1 miles too far*	**Go 0.3 Mi**	20.2 mi
9. Turn **right** onto **Winnetka Ave**. *Winnetka Ave is 0.1 miles past Lincoln Ave* *Exotic Motors is on the right* *If you reach Wilmette Ave you've gone a little too far*	**Go 0.02 Mi**	20.3 mi
10. **4180 WINNETKA AVE** is on the **left**. *If you reach Winnetka Cir you've gone about 0.1 miles too far*		20.3 mi
4180 Winnetka Ave Rolling Meadows, IL 60008-1375	**20.3 mi**	**20.3 mi**

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Notes

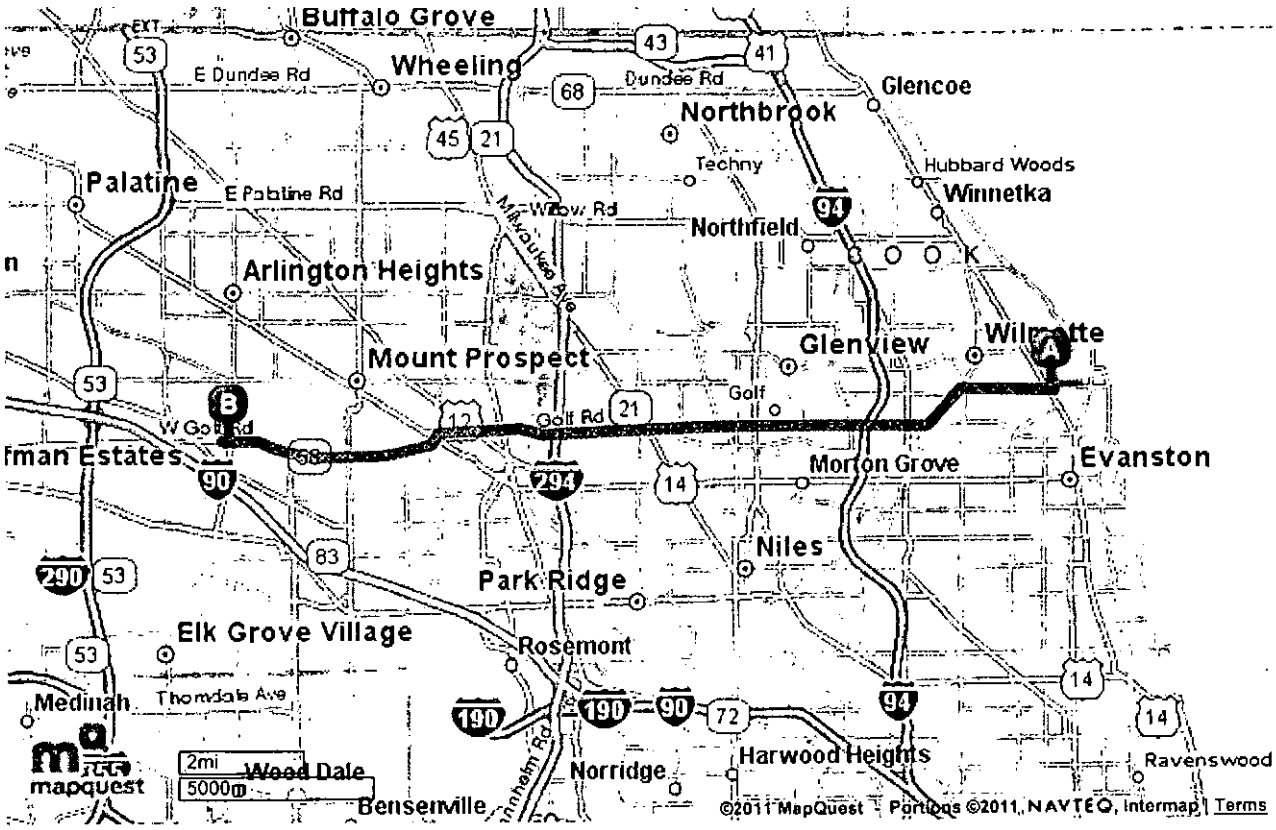
RCG - Arlington Heights
Northwest Medical Ctr

Trip to:
17 W Golf Rd
Arlington Heights, IL 60005-3905
15.63 miles
35 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.9 Mi**	2.5 mi
	3. Turn **right** onto **Golf Rd**. *Golf Rd is 0.1 miles past Payne St* *Golf Bp is on the corner* *If you reach Kolmar Ave you've gone a little too far*	**Go 8.8 Mi**	11.3 mi
58	4. Enter next roundabout and take the 3rd exit onto **E Golf Rd / IL-58**.	**Go 4.1 Mi**	15.4 mi
58	5. Make a **U-turn** onto **W Golf Rd / IL-58**. *If you reach S Highland Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	15.6 mi
	6. **17 W GOLF RD** is on the **right**. *If you reach S Arlington Heights Rd you've gone a little too far*		15.6 mi
B	**17 W Golf Rd** Arlington Heights, IL 60005-3905	**15.6 mi**	**15.6 mi**

284

Total Travel Estimate: **15.63 miles - about 35 minutes**



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Notes

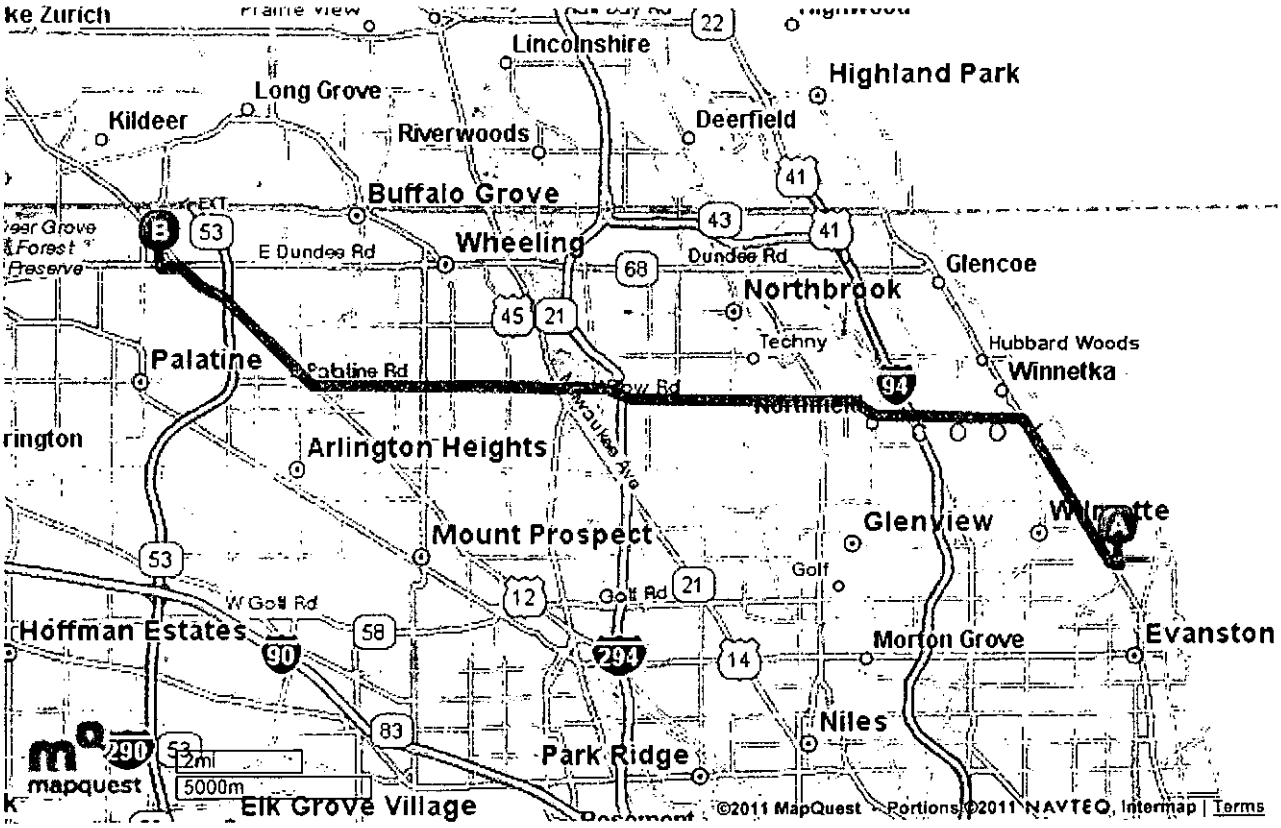
Fresenius Medical Care Palatine

Trip to:
605-691 E Dundee Rd
Palatine, IL 60074-2817
19.43 miles
38 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↱	2. Turn **right** onto **Green Bay Rd**. *Green Bay Rd is just past Broadway Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 3.0 Mi**	3.1 mi
↰	3. Turn **left** onto **Willow Rd**. *Willow Rd is 0.1 miles past Church Rd* *If you reach Ash St you've gone a little too far*	**Go 8.1 Mi**	11.2 mi
↑	4. **Willow Rd** becomes **Palatine Rd Express Ln**.	**Go 4.6 Mi**	15.8 mi
↑	5. **Palatine Rd Express Ln** becomes **E Palatine Rd**.	**Go 0.2 Mi**	16.0 mi
↗ 12	6. Turn **slight right** onto **E Rand Rd / US-12**. *E Rand Rd is just past N Pinetree Dr* *Corner Bakery Cafe is on the right* *If you are on E Palatine Rd and reach N Arlington Heights Rd you've gone about 0.2 miles too far*	**Go 3.1 Mi**	19.1 mi
↖ 68	7. Turn **slight left** onto **E Dundee Rd / IL-68**. *E Dundee Rd is 0.2 miles past E Winslowe Dr* *Idols Sports Bar & Grill is on the corner* *If you reach E Capri Dr you've gone a little too far*	**Go 0.3 Mi**	19.4 mi
■	8. **605-691 E DUNDEE RD**. *Your destination is 0.1 miles past N Lynda Dr* *If you reach N Denise Dr you've gone a little too far*		19.4 mi
B	**605-691 E Dundee Rd** Palatine, IL 60074-2817	**19.4 mi**	**19.4 mi**

286

Total Travel Estimate: **19.43 miles - about 38 minutes**



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Notes

West Metro Dialysis Center

Trip to:
1044 N Mozart St
Chicago, IL 60622-2789
17.67 miles
31 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
	4. Merge onto **I-94 E**.	**Go 11.8 Mi**	15.0 mi
	5. Take the **Fullerton Ave** exit, **EXIT 47A**.	**Go 0.2 Mi**	15.2 mi
	6. Keep **right** at the fork to go on **W Fullerton Ave**. *If you reach I-90 E you've gone about 0.2 miles too far*	**Go 0.2 Mi**	15.4 mi
	7. Turn **left** onto **N Western Ave**. *N Western Ave is 0.1 miles past N Oakley Ave* *Quenchers Saloon is on the corner* *If you reach N Artesian Ave you've gone a little too far*	**Go 1.5 Mi**	16.9 mi
	8. Turn **right** onto **W Division St**. *W Division St is 0.1 miles past W Potomac Ave* *If you reach W Haddon Ave you've gone a little too far*	**Go 0.6 Mi**	17.5 mi
	9. Turn **left** onto **N Mozart St**. *N Mozart St is just past N California Ave* *If you reach N Francisco Ave you've gone a little too far*	**Go 0.2 Mi**	17.7 mi
	10. **1044 N MOZART ST** is on the **left**. *Your destination is just past W Thomas St* *If you reach W Cortez St you've gone a little too far*		17.7 mi
	1044 N Mozart St	**17.7 mi**	**17.7 mi**

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Chicago, IL 60622-2789

289

Total Travel Estimate: **17.67 miles - about 31 minutes**

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Notes

University of Illinois Hospital

Trip to:
1740 W Taylor St
Chicago, IL 60612-7232
21.11 miles
33 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H EXIT / EAST 290	5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 1.0 Mi**	20.2 mi
28B EXIT	6. Take **EXIT 28B** toward **Ashland Ave / Paulina St**.	**Go 0.2 Mi**	20.4 mi
	7. Turn **slight left** onto **W Van Buren St**.	**Go 0.06 Mi**	20.4 mi
	8. Take the **1st left** onto **S Ashland Ave**. *If you reach N Marshfield Ave you've gone a little too far*	**Go 0.5 Mi**	20.9 mi
	9. Turn **right** onto **W Taylor St**. *W Taylor St is 0.1 miles past W Polk St* *Durso School is on the corner* *If you reach W Roosevelt Rd you've gone about 0.1 miles too far*	**Go 0.2 Mi**	21.1 mi
	10. **1740 W TAYLOR ST** is on the **right**. *Your destination is just past S Hermitage Ave* *If you reach S Wood St you've gone a little too far*		21.1 mi
	1740 W Taylor St	**21.1 mi**	**21.1 mi**

291

Chicago, IL 60612-7232

292

Total Travel Estimate: **21.11 miles - about 33 minutes**

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Notes

Rush University Medical Center

Trip to:
1653 W Congress Pkwy
Chicago, IL 60612-3833
20.70 miles
32 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
↑ EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H EXIT WEST 290	5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 1.0 Mi**	20.2 mi
28B EXIT	6. Take **EXIT 28B** toward **Ashland Ave / Paulina St**.	**Go 0.2 Mi**	20.4 mi
↖	7. Turn **slight left** onto **W Van Buren St**.	**Go 0.2 Mi**	20.6 mi
↰	8. Take the **2nd left** onto **S Paulina St**. *Au Bon Pain is on the corner* *If you reach W Ogden Ave you've gone about 0.1 miles too far*	**Go 0.08 Mi**	20.6 mi
↰	9. Turn **left** onto **W Congress Pky**.	**Go 0.06 Mi**	20.7 mi
■	10. **1653 W CONGRESS PKWY**. *If you reach S Ashland Ave you've gone a little too far*		20.7 mi
B	**1653 W Congress Pkwy** Chicago, IL 60612-3833	**20.7 mi**	**20.7 mi**

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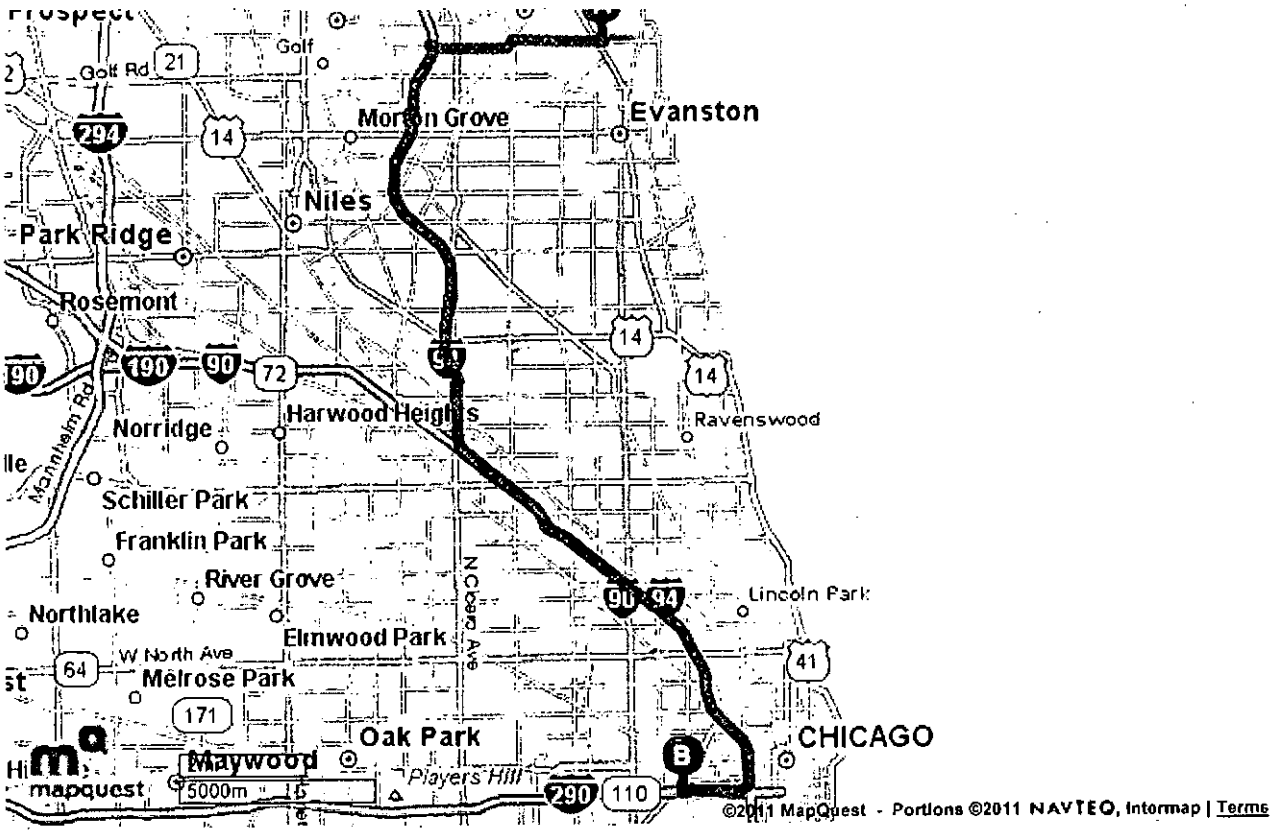
Total Travel Estimate: **20.70 miles - about 32 minutes**



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Notes

Chicago Dialysis Center

Trip to:
820 W Jackson Blvd
Chicago, IL 60607-3026
19.41 miles
30 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
I-94	4. Merge onto **I-94 E**.	**Go 15.8 Mi**	19.0 mi
51F EXIT	5. Take the **Adams St / Jackson Blvd** exit, **EXIT 51F**.	**Go 0.05 Mi**	19.1 mi
RAMP	6. Keep **right** to take the **Adams St** ramp.	**Go 0.09 Mi**	19.2 mi
	7. Turn **right** onto **W Adams St**.	**Go 0.1 Mi**	19.3 mi
	8. Take the 2nd **left** onto **S Green St**. *S Green St is just past S Halsted St* *Nannies & Co is on the corner* *If you reach S Peoria St you've gone a little too far*	**Go 0.09 Mi**	19.4 mi
	9. Take the 1st **left** onto **W Jackson Blvd**. *Maui Wowi is on the corner* *If you reach W Van Buren St you've gone a little too far*	**Go 0.03 Mi**	19.4 mi
	10. **820 W JACKSON BLVD** is on the **left**. *If you reach S Halsted St you've gone a little too far*		19.4 mi
	820 W Jackson Blvd	**19.4 mi**	**19.4 mi**

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Chicago, IL 60607-3026

297

Total Travel Estimate: **19.41 miles - about 30 minutes**

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Notes

Neomedica Loop East Delaware

Trip to:
557 W Polk St
Chicago, IL 60607-4388
19.99 miles
31 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 15.8 Mi**	19.0 mi
EXIT	5. Take the **Adams St / Jackson Blvd** exit, **EXIT 51F**.	**Go 0.05 Mi**	19.1 mi
RAMP	6. Keep **left** to take the **Jackson Blvd** ramp.	**Go 0.2 Mi**	19.3 mi
	7. Turn **left** onto **W Jackson Blvd**.	**Go 0.3 Mi**	19.5 mi
	8. Turn **right** onto **S Clinton St**. *S Clinton St is just past S Jefferson St* *Beggars Pizza is on the right* *If you reach S Canal St you've gone a little too far*	**Go 0.4 Mi**	20.0 mi
	9. Turn **right** onto **W Polk St**. *W Polk St is just past W Lexington St* *Polk Street Pub is on the right* *If you reach W Cabrini St you've gone a little too far*	**Go 0.04 Mi**	20.0 mi
	10. **557 W POLK ST** is on the **left**. *If you reach S Jefferson St you've gone a little too far*		20.0 mi

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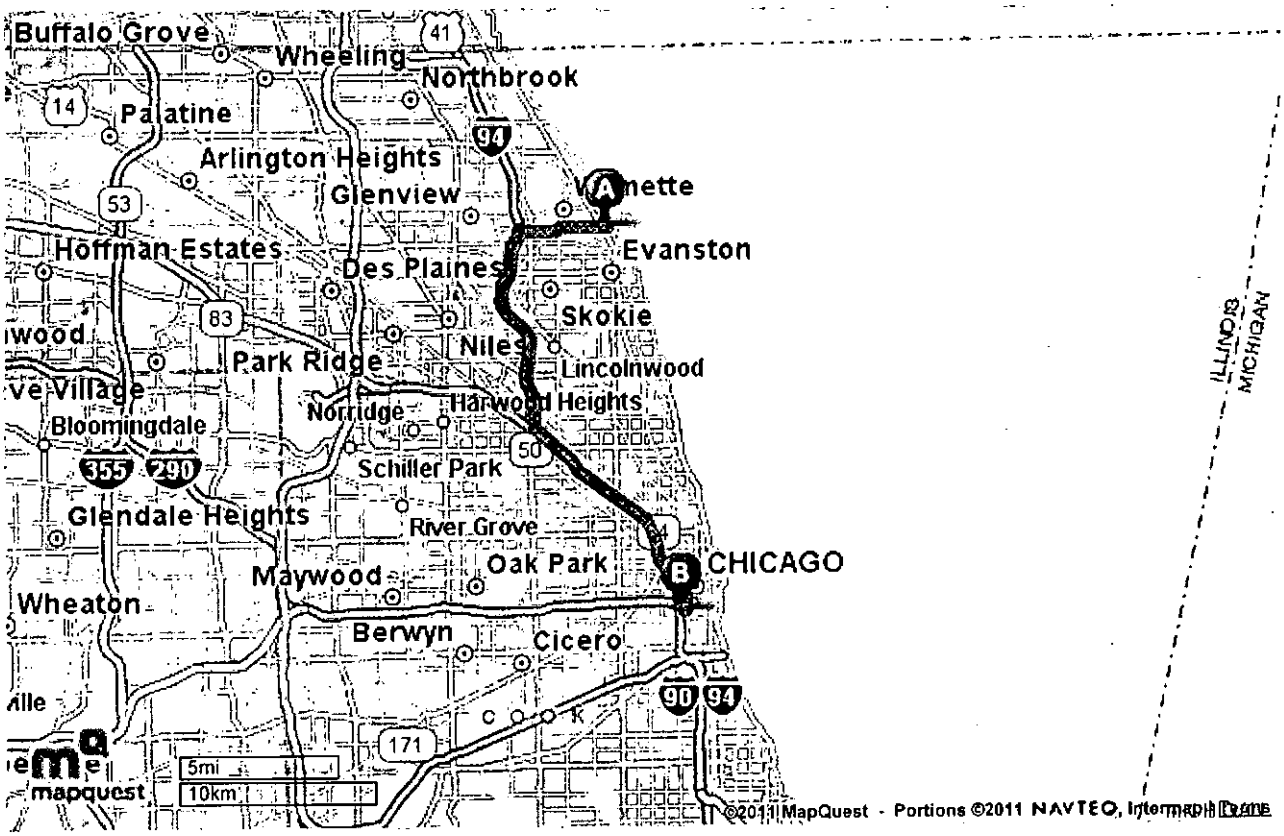
B	**557 W Polk St** Chicago, IL 60607-4388	**20.0 mi**	**20.0 mi**

300

Total Travel Estimate: **19.99 miles - about 31 minutes**



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Notes

Circle Medical Management

Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
18.86 miles
30 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd.** *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd.** *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
I-94	4. Merge onto **I-94** E.	**Go 14.5 Mi**	17.7 mi
50A EXIT	5. Take **EXIT 50A** toward **Ogden Ave.**	**Go 0.2 Mi**	17.8 mi
	6. Turn **slight right** onto **N Racine Ave.**	**Go 0.1 Mi**	18.0 mi
	7. Turn **slight right** onto **N Ogden Ave.** *N Ogden Ave is just past W Erie St* *Amy Beck Cake Design is on the right* *If you are on N Racine Ave and reach W Ohio St you've gone a little too far*	**Go 0.8 Mi**	18.8 mi
	8. Turn **left** onto **W Washington Blvd / W Washington St.** *W Washington Blvd is 0.1 miles past W Randolph St* *If you reach W Warren Blvd you've gone a little too far*	**Go 0.08 Mi**	18.9 mi
	9. **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*		18.9 mi
B	**1426 W Washington Blvd** Chicago, IL 60607-1821	**18.9 mi**	**18.9 mi**

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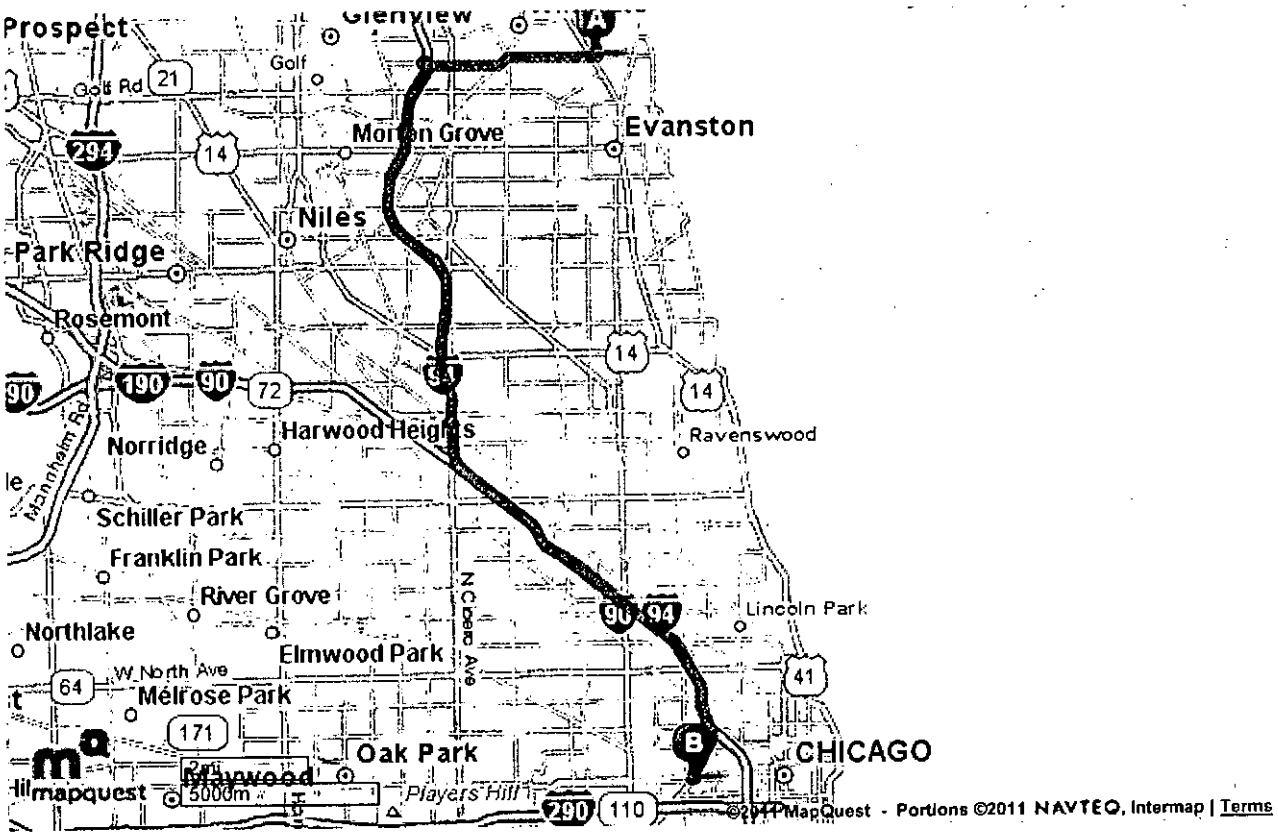
Total Travel Estimate: **18.86 miles - about 30 minutes**



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Notes

Fresenius Medical Care West Willow

Trip to:
1444-1454 W Willow St
Chicago, IL 60642-1524
16.65 miles
27 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 12.7 Mi**	15.9 mi
45A EXIT	5. Take the **Armitage Ave** exit, **EXIT 48A**.	**Go 0.2 Mi**	16.0 mi
	6. Turn **left** onto **W Armitage Ave**. *If you are on N Hermitage Ave and reach W Cortland St you've gone about 0.1 miles too far*	**Go 0.2 Mi**	16.3 mi
	7. Turn **right** onto **N Elston Ave**. *7-ELEVEN is on the corner*	**Go 0.3 Mi**	16.6 mi
	8. Turn **left** onto **W Willow St**. *W Willow St is 0.2 miles past W Cortland St* *If you reach W Wabansia Ave you've gone a little too far*	**Go 0.06 Mi**	16.7 mi
	9. **1444-1454 W WILLOW ST**. *If you reach W Wabansia Ave you've gone about 0.1 miles too far*		16.7 mi
	1444-1454 W Willow St Chicago, IL 60642-1524	**16.7 mi**	**16.7 mi**

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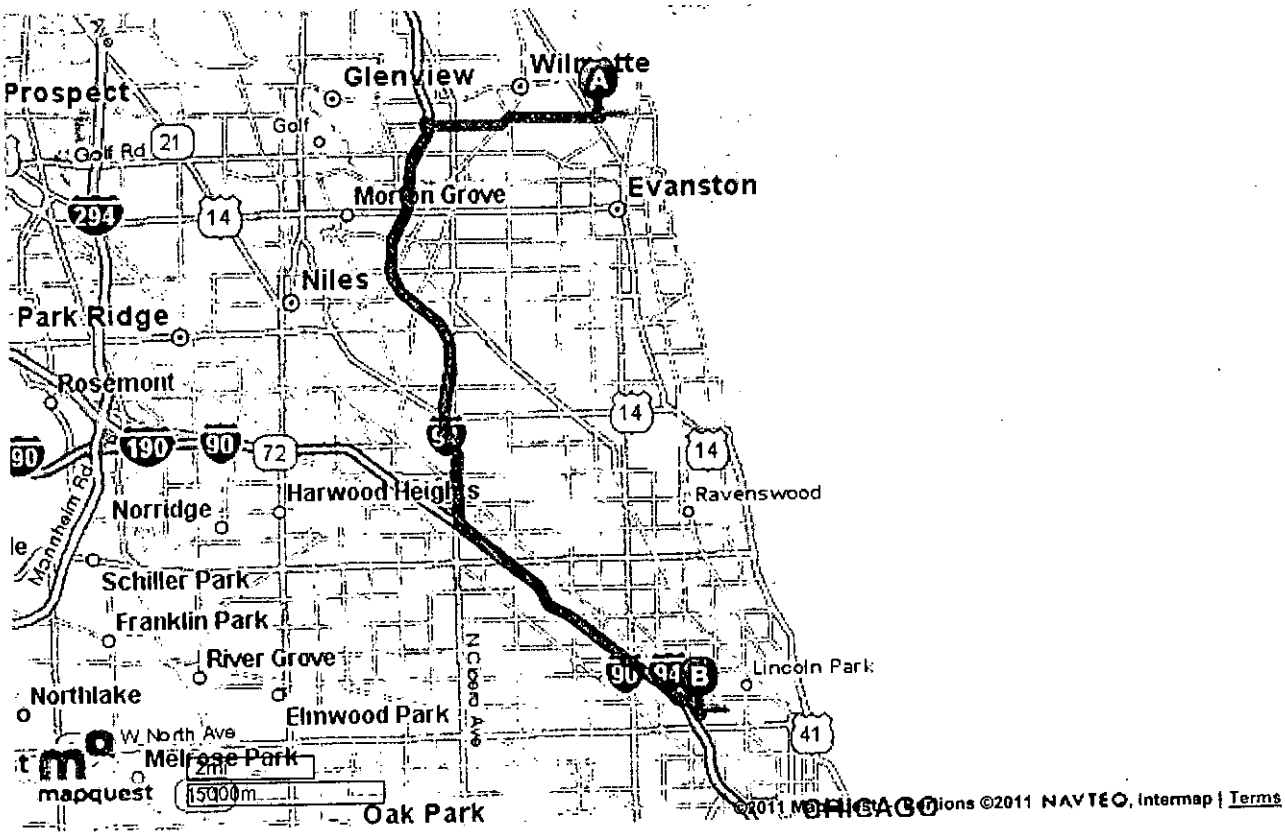
Total Travel Estimate: **16.65 miles - about 27 minutes**



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Trip to:
4800 W Chicago Ave
Chicago, IL 60651-3223
15.78 miles
33 minutes

Notes

Austin Community Kidney Center
(Fresenius)

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E / Edens Expy E**.	**Go 7.5 Mi**	10.7 mi
43A EXIT	5. Take the **Wilson Ave** exit, **EXIT 43A**.	**Go 0.2 Mi**	10.9 mi
	6. Turn **right** onto **W Wilson Ave**. *If you reach I-94 E you've gone about 0.2 miles too far*	**Go 0.02 Mi**	10.9 mi
50	7. Take the **1st left** onto **N Cicero Ave / IL-50**. *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**Go 4.8 Mi**	15.8 mi
	8. Turn **right** onto **W Chicago Ave**. *W Chicago Ave is just past W Rice St* *Chicago Sub is on the corner* *If you reach W Superior St you've gone a little too far*	**Go 0.02 Mi**	15.8 mi
	9. **4800 W CHICAGO AVE** is on the **right**. *If you reach N Lamon Ave you've gone about 0.1 miles too far*		15.8 mi
B	**4800 W Chicago Ave** Chicago, IL 60651-3223	**15.8 mi**	**15.8 mi**

30d

Total Travel Estimate: **15.78 miles - about 33 minutes**

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Notes

Garfield Kidney Center

Trip to:
3250 W Franklin Blvd
Chicago, IL 60624-1509
17.87 miles
33 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
	4. Merge onto **I-94 E**.	**Go 11.0 Mi**	14.2 mi
	5. Take the **California Ave** exit, **EXIT 46A**.	**Go 0.1 Mi**	14.4 mi
	6. Turn **slight right** onto **N California Ave**.	**Go 0.5 Mi**	14.9 mi
	7. Turn **right** onto **W Fullerton Ave**. *W Fullerton Ave is 0.1 miles past W Altgeld St* *AMOCO Food Shop is on the right* *If you reach W Medill Ave you've gone a little too far*	**Go 0.5 Mi**	15.4 mi
	8. Turn **left** onto **N Kedzie Ave**. *If you reach N Sawyer Ave you've gone a little too far*	**Go 2.4 Mi**	17.8 mi
	9. Turn **right** onto **W Franklin Blvd**. *W Franklin Blvd is 0.1 miles past W Ohio St* *Gen Hoe Two Restaurant is on the left* *If you reach W Carroll Ave you've gone about 0.1 miles too far*	**Go 0.09 Mi**	17.9 mi
	10. **3250 W FRANKLIN BLVD** is on the **left**. *Your destination is just past N Sawyer Ave* *If you reach N Spaulding Ave you've gone a little too far*		17.9 mi

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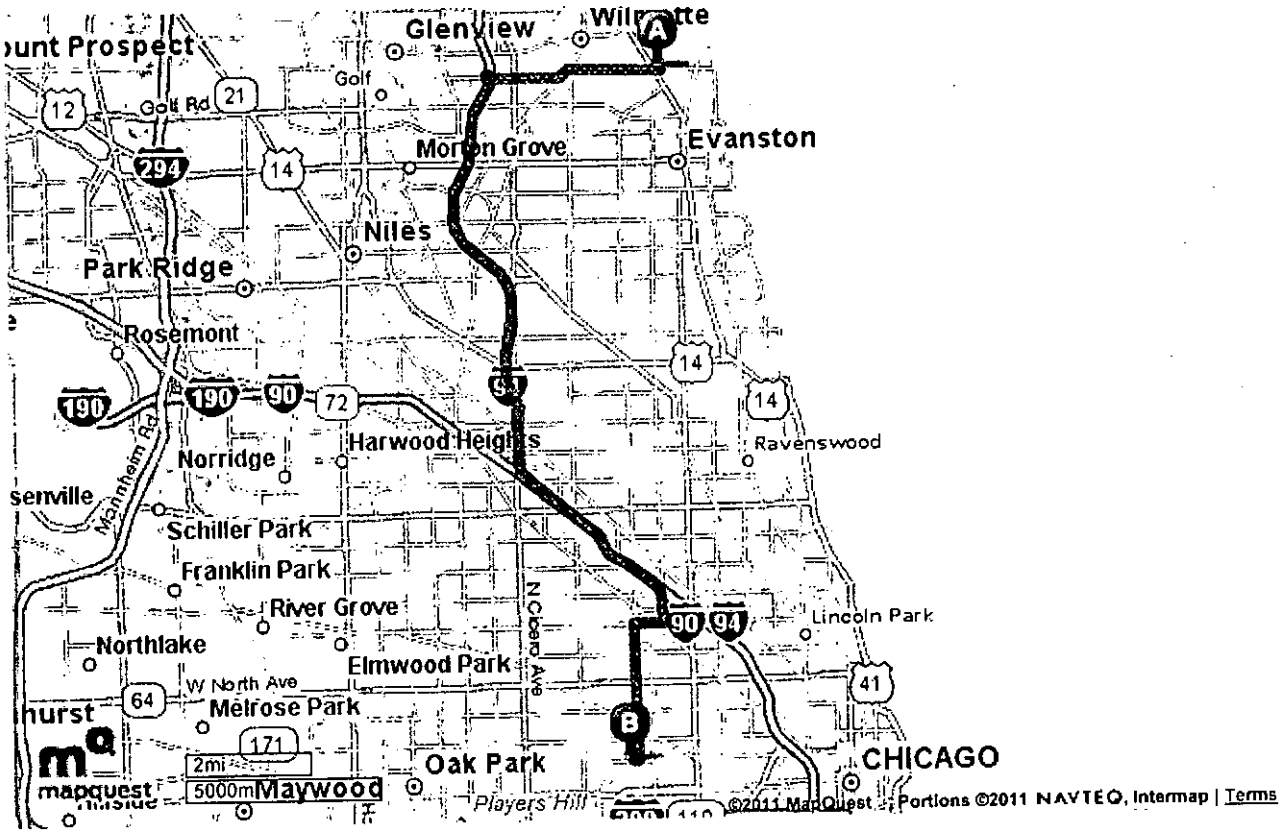
B	**3250 W Franklin Blvd** Chicago, IL 60624-1509	**17.9 mi**	**17.9 mi**

309

Total Travel Estimate: **17.87 miles - about 33 minutes**



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Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
22.84 miles
37 minutes

Notes
Little Village Dialysis

1715 Central St
Evanston, IL 60201-1507

	Miles Per Section	Miles Driven
1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.7 Mi**	1.7 mi
2. Turn **slight left** onto **Gross Point Rd.** *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
3. Turn **slight right** onto **Old Orchard Rd.** *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
4. Merge onto **I-94 E.**	**Go 16.0 Mi**	19.2 mi
5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via EXIT **51H** toward **West Suburbs.**	**Go 1.5 Mi**	20.8 mi
6. Take EXIT **28A** toward **Damen Ave.**	**Go 0.1 Mi**	20.9 mi
7. Stay **straight** to go onto **W Van Buren St.**	**Go 0.03 Mi**	20.9 mi
8. Take the 1st **left** onto **S Damen Ave.** *If you reach S Seeley Ave you've gone a little too far*	**Go 0.2 Mi**	21.2 mi
9. Turn **slight right** onto **W Ogden Ave.** *W Ogden Ave is just past W Harrison St* *If you are on S Damen Ave and reach W Polk St you've gone a little too far*	**Go 0.7 Mi**	21.9 mi
10. Turn **slight left** onto **S Western Ave.** *S Western Ave is just past W Ogden Ave*	**Go 0.9 Mi**	22.8 mi
11. Turn **left** onto **W Cermak Rd.** *W Cermak Rd is just past W 21st Pl*		

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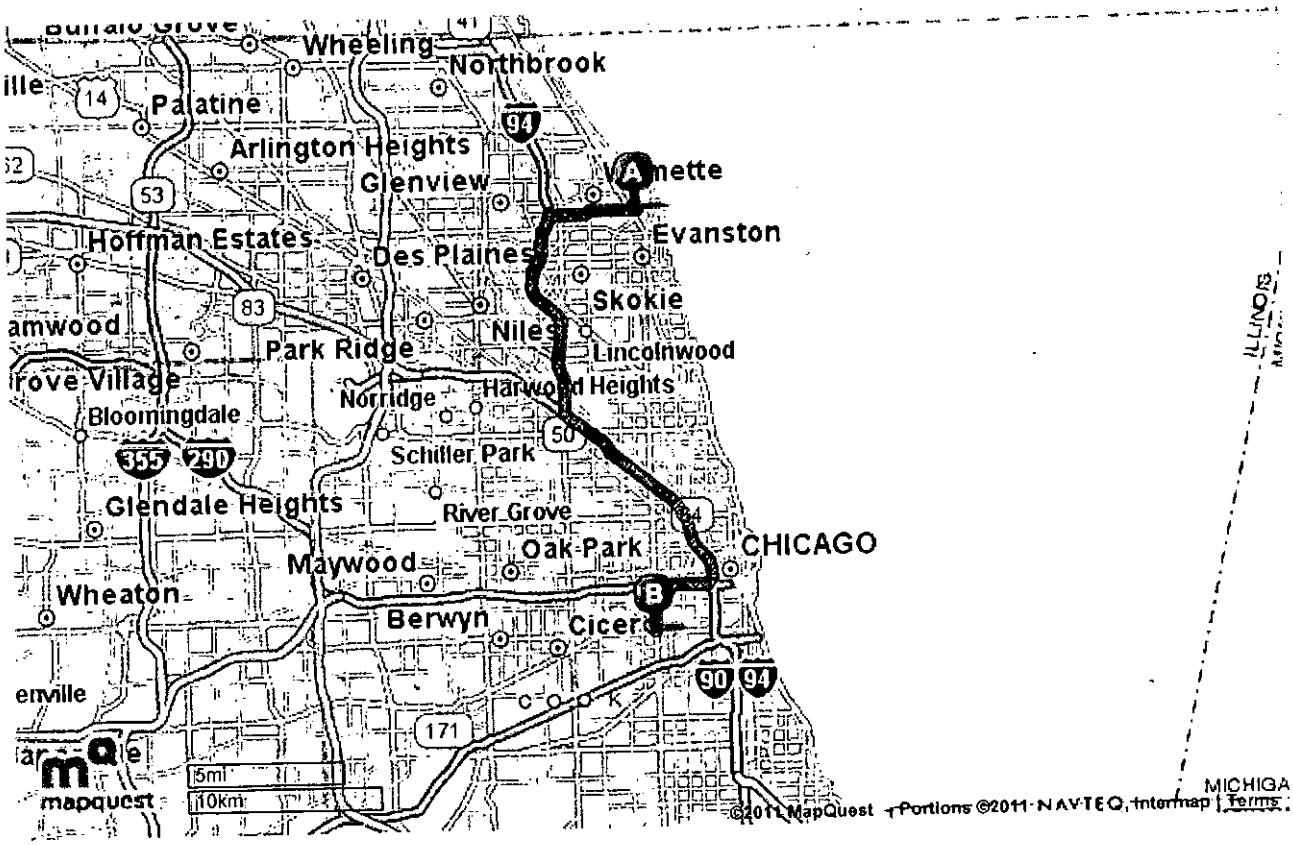
	Subway is on the left *If you reach W 22nd Pl you've gone a little too far*	**Go 0.04 Mi**	22.8 mi
	12. **2335 W CERMAK RD** is on the **right**. *If you reach S Oakley Ave you've gone a little too far*		22.8 mi
B	**2335 W Cermak Rd** Chicago, IL 60608-3811	**22.8 mi**	**22.8 mi**

312

Total Travel Estimate: **22.84 miles - about 37 minutes**



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Notes

Mt Sinai Hospital Medical Center

Trip to:
Mt Sinai Hospital Medical
1500 S California Ave
Chicago, IL 60608
(773) 257-6464
22.48 miles
36 minutes

1715 Central St
Evanston, IL 60201-1507

	Miles Per Section	Miles Driven
1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
5. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.	**Go 1.5 Mi**	20.8 mi
6. Take **EXIT 28A** toward **Damen Ave**.	**Go 0.1 Mi**	20.9 mi
7. Stay **straight** to go onto **W Van Buren St**.	**Go 0.03 Mi**	20.9 mi
8. Take the 1st **left** onto **S Damen Ave**. *If you reach S Seeley Ave you've gone a little too far*	**Go 0.2 Mi**	21.2 mi
9. Turn **slight right** onto **W Ogden Ave**. *W Ogden Ave is just past W Harrison St* *If you are on S Damen Ave and reach W Polk St you've gone a little too far*	**Go 1.3 Mi**	22.5 mi
10. Turn **left** onto **S California Ave**. *S California Ave is just past S Fairfield Ave* *If you reach S Sacramento Dr you've gone about 0.3 miles too far*	**Go 0.01 Mi**	22.5 mi

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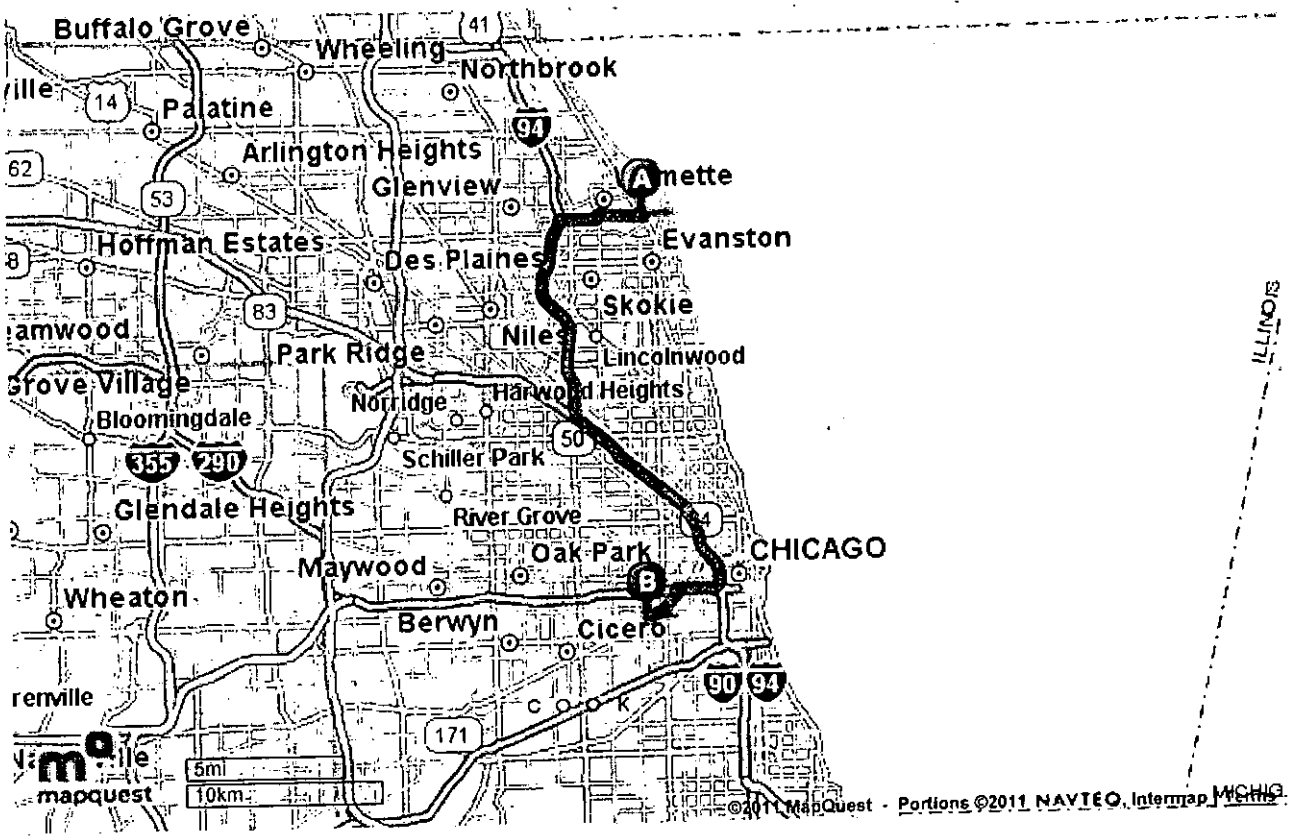
■	11. **1500 S CALIFORNIA AVE** is on the **right**. *If you reach W 15th Pl you've gone a little too far*		22.5 mi
B	**Mt Sinai Hospital Medical** 1500 S California Ave, Chicago, IL 60608 (773) 257-6464	**22.5 mi**	**22.5 mi**

3/5

Total Travel Estimate: **22.48 miles - about 36 minutes**



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Notes

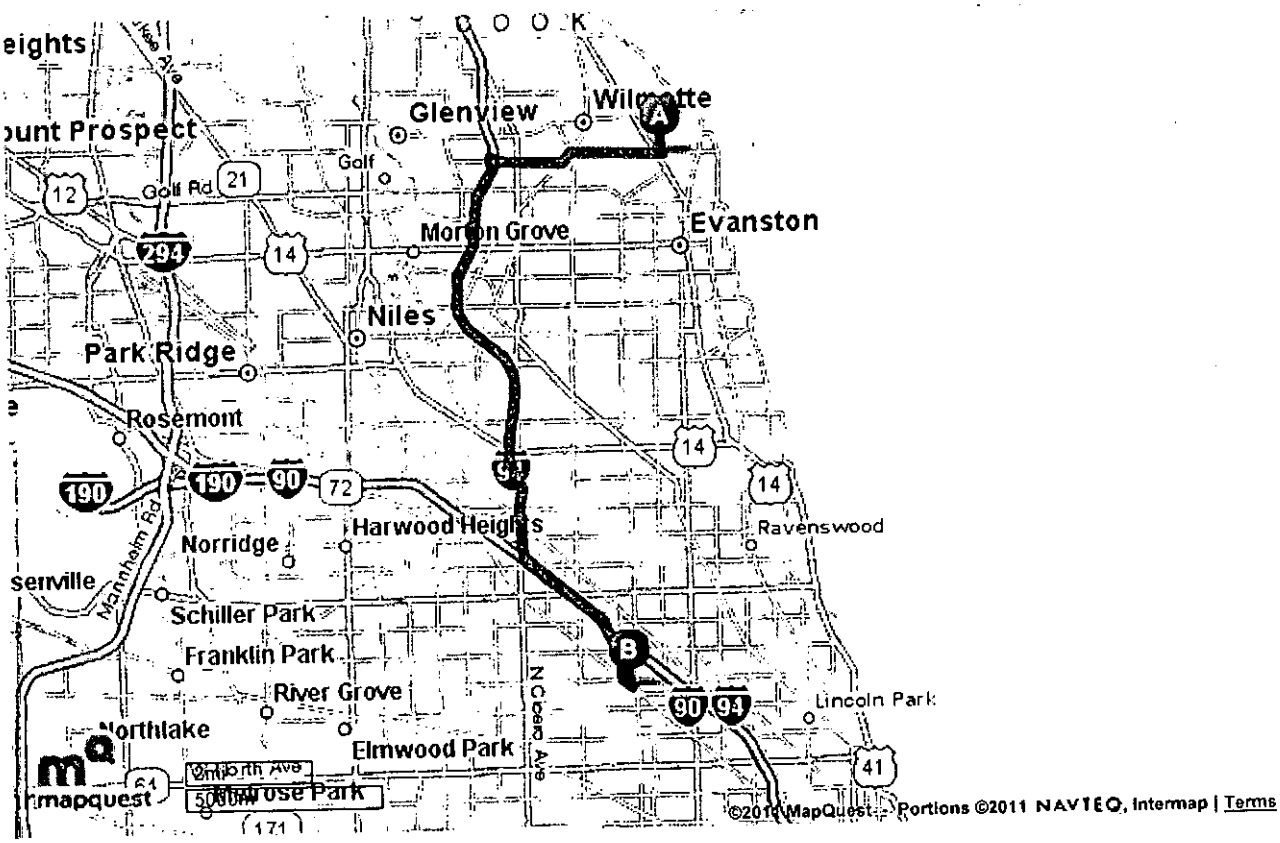
Logan Square Dialysis

Trip to:
2659 N Milwaukee Ave
Chicago, IL 60647-1643
14.23 miles
25 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	Go 1.7 Mi	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	Go 0.2 Mi	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	Go 1.3 Mi	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	Go 10.0 Mi	13.2 mi
45B EXIT	5. Take the **Kimball Ave** exit, **EXIT 45B**.	Go 0.2 Mi	13.4 mi
	6. Turn **right** onto **N Kimball Ave**. *If you reach I-90 E you've gone about 0.1 miles too far*	Go 0.6 Mi	14.0 mi
	7. Turn **slight left** onto **N Milwaukee Ave**. *N Milwaukee Ave is just past N Woodard St* *Cheapers is on the corner* *If you reach W Parker Ave you've gone a little too far*	Go 0.2 Mi	14.2 mi
	8. **2659 N MILWAUKEE AVE** is on the **left**. *If you reach N Kedzie Ave you've gone a little too far*		14.2 mi
B	**2659 N Milwaukee Ave** Chicago, IL 60647-1643	**14.2 mi**	**14.2 mi**

317

Total Travel Estimate: **14.23 miles - about 25 minutes**



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Notes

Fresenius Medical Care Northcenter

Trip to:
2620 W Addison St
Chicago, IL 60618-5905
9.77 miles
23 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 0.4 Mi**	0.5 mi
	3. Take the **3rd right** onto **McCormick Blvd**. *McCormick Blvd is 0.1 miles past Lincoln St* *If you reach Ashland Ave you've gone a little too far*	**Go 4.7 Mi**	5.2 mi
	4. **McCormick Blvd** becomes **N McCormick Rd**.	**Go 0.2 Mi**	5.5 mi
41	5. Turn **left** onto **N Lincoln Ave / US-41**. *Panda Express is on the corner* *If you are on N Kimball Ave and reach W Granville Ave you've gone a little too far*	**Go 1.8 Mi**	7.3 mi
41	6. Turn **left** onto **W Foster Ave / US-41**. *W Foster Ave is just past W Farragut Ave* *Chop Suey Huang is on the right* *If you reach W Winona St you've gone a little too far*	**Go 0.2 Mi**	7.5 mi
	7. Take the **1st right** onto **N Western Ave**. *Foster Shell is on the corner* *If you reach N Claremont Ave you've gone a little too far*	**Go 2.0 Mi**	9.5 mi
	8. Turn **right** onto **W Addison St**. *W Addison St is 0.1 miles past W Waveland Ave* *Hero's Submarine Sandwich Shop is on the right* *If you reach W Cornelia Ave you've gone about 0.1 miles too far*	**Go 0.3 Mi**	9.8 mi
	9. **2620 W ADDISON ST** is on the **right**. *Your destination is 0.1 miles past N Campbell Ave* *If you reach N Rockwell St you've gone a little too far*		9.8 mi
B	**2620 W Addison St** Chicago, IL 60618-5905	**9.8 mi**	**9.8 mi**

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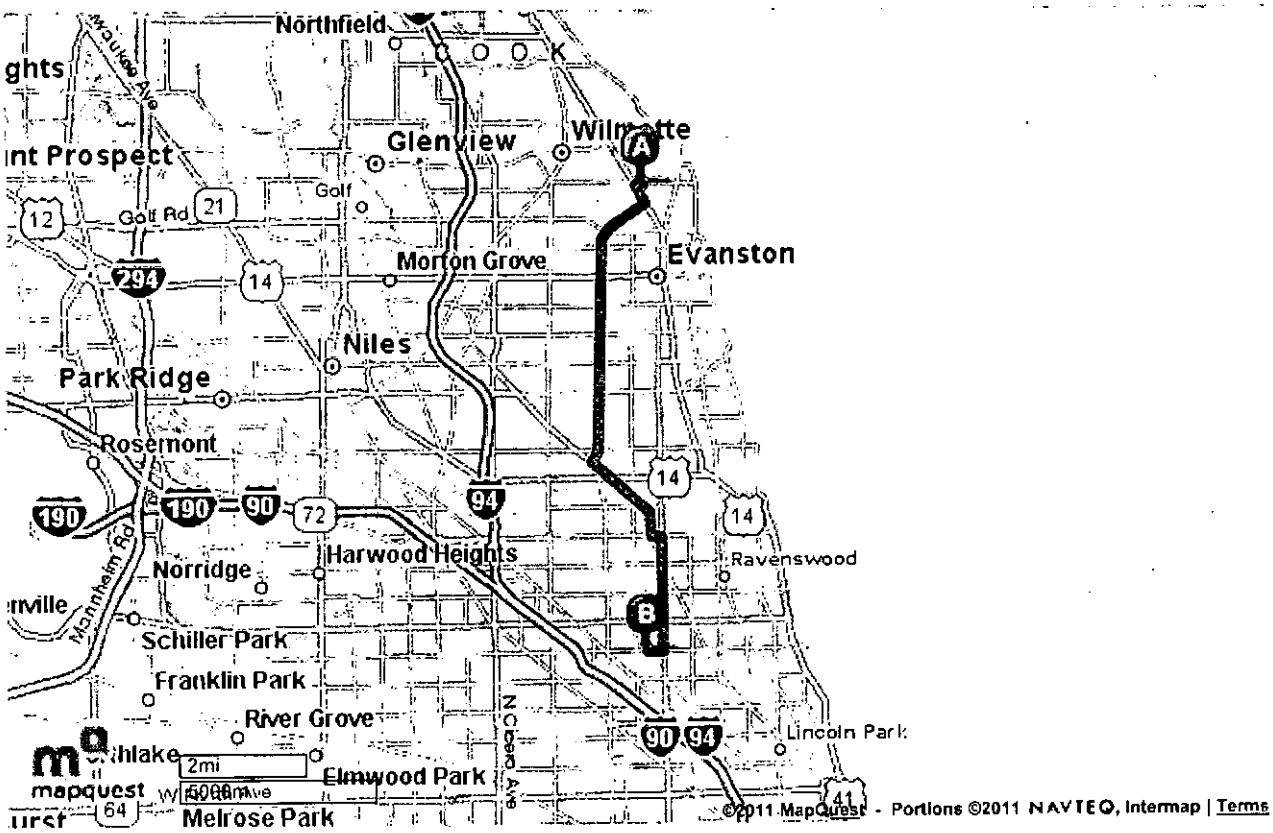
Total Travel Estimate: **9.77 miles - about 23 minutes**



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Notes

Nephron Dialysis Ctr Swedish Covenant

Trip to:
5140 N California Ave
Chicago, IL 60625-3645
7.21 miles
16 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 0.4 Mi**	0.5 mi
	3. Take the 3rd **right** onto **McCormick Blvd**. *McCormick Blvd is 0.1 miles past Lincoln St* *If you reach Ashland Ave you've gone a little too far*	**Go 4.7 Mi**	5.2 mi
	4. **McCormick Blvd** becomes **N McCormick Rd**.	**Go 0.2 Mi**	5.5 mi
41	5. Turn **left** onto **N Lincoln Ave / US-41**. *Panda Express is on the corner* *If you are on N Kimball Ave and reach W Granville Ave you've gone a little too far*	**Go 1.0 Mi**	6.5 mi
	6. Turn **right** onto **N California Ave**. *N California Ave is just past N Mozart St* *Bud Blooming Day Care Center Inc is on the corner* *If you reach N Fairfield Ave you've gone a little too far*	**Go 0.7 Mi**	7.2 mi
	7. **5140 N CALIFORNIA AVE** is on the **right**. *Your destination is just past W Foster Ave* *If you reach W Carmen Ave you've gone a little too far*		7.2 mi
B	**5140 N California Ave** Chicago, IL 60625-3645	**7.2 mi**	**7.2 mi**

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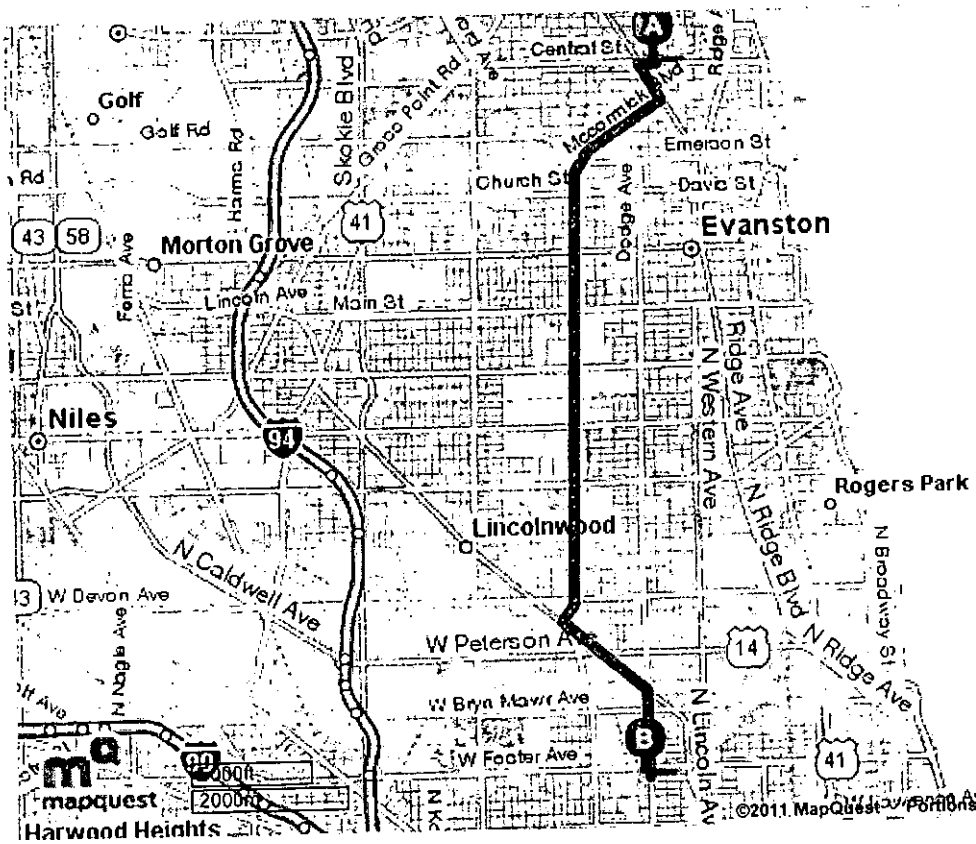
Total Travel Estimate: **7.21 miles - about 16 minutes**



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Notes

Lincoln Park Dialysis Center

Trip to:
3155 N Lincoln Ave # 57
Chicago, IL 60657-3111
9.21 miles
26 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↰	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 1.1 Mi**	1.2 mi
↑	3. **Green Bay Rd** becomes **Ridge Ave**.	**Go 2.2 Mi**	3.4 mi
↑	4. **Ridge Ave** becomes **N Ridge Blvd**.	**Go 1.8 Mi**	5.2 mi
↗	5. Turn **slight right** onto **N Ridge Ave**. *N Ridge Ave is just past W Thome Ave*	**Go 0.2 Mi**	5.4 mi
↰	6. Take the 2nd **left** to stay on **N Ridge Ave**. *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**Go 0.3 Mi**	5.7 mi
↗	7. Turn **slight right** onto **N Clark St**. *N Clark St is just past N Paulina St* *White Castle is on the right* *If you are on N Ridge Ave and reach W Ardmore Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	5.9 mi
↗	8. Turn **slight right** onto **N Ashland Ave**. *N Ashland Ave is just past W Ardmore Ave*	**Go 3.3 Mi**	9.2 mi
↖	9. Turn **slight left** onto **N Lincoln Ave**. *N Lincoln Ave is just past W Melrose St* *Subway is on the left* *If you reach W Barry Ave you've gone about 0.1 miles too far*	**Go 0.04 Mi**	9.2 mi
■	10. **3155 N LINCOLN AVE # 57** is on the **left**. *If you reach N Greenview Ave you've gone about 0.1 miles too far*		9.2 mi

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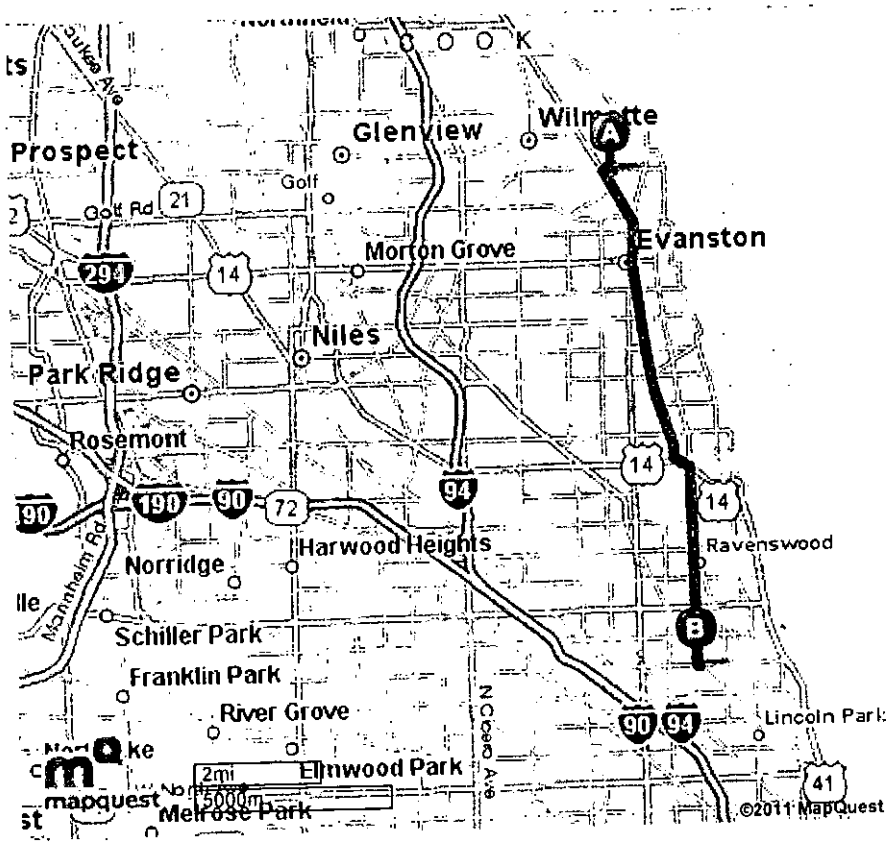
B	**3155 N Lincoln Ave # 57** Chicago, IL 60657-3111	**9.2 mi**	**9.2 mi**

324

Total Travel Estimate: **9.21 miles - about 26 minutes**



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Notes

Children's Memorial Hospital

Trip to:
2611 N Halsted St
Chicago, IL 60614-2301
11.11 miles
28 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↰	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 1.1 Mi**	1.2 mi
↑	3. **Green Bay Rd** becomes **Ridge Ave**.	**Go 2.2 Mi**	3.4 mi
↑	4. **Ridge Ave** becomes **N Ridge Blvd**.	**Go 1.8 Mi**	5.2 mi
↗	5. Turn **slight right** onto **N Ridge Ave**. *N Ridge Ave is just past W Thome Ave*	**Go 0.2 Mi**	5.4 mi
↰	6. Take the 2nd **left** to stay on **N Ridge Ave**. *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**Go 1.0 Mi**	6.4 mi
↖	7. Turn **slight left** onto **W Bryn Mawr Ave**. *W Bryn Mawr Ave is just past N Magnolia Ave*	**Go 0.3 Mi**	6.7 mi
RAMP	8. Take the **Lake Shore Dr** ramp.	**Go 0.2 Mi**	6.9 mi
↗	9. Turn **slight right** onto **N Lake Shore Dr**.	**Go 2.8 Mi**	9.7 mi
RAMP	10. Take the **Belmont Ave** ramp.	**Go 0.2 Mi**	9.8 mi
↱	11. Turn **right** onto **W Belmont Ave**. *If you are on N Lake Shore Dr W and reach W Briar Pl you've gone about 0.1 miles too far*	**Go 0.5 Mi**	10.4 mi

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	12. Turn **left** onto **N Halsted St**. *N Halsted St is 0.1 miles past N Orchard St* *Canton Express is on the corner* *If you reach N Dayton St you've gone a little too far*	**Go 0.7 Mi**	11.1 mi
	13. **2611 N HALSTED ST** is on the **left**. *Your destination is 0.1 miles past W Schubert Ave* *If you reach W Wrightwood Ave you've gone a little too far*		11.1 mi
B	**2611 N Halsted St** Chicago, IL 60614-2301	**11.1 mi**	**11.1 mi**

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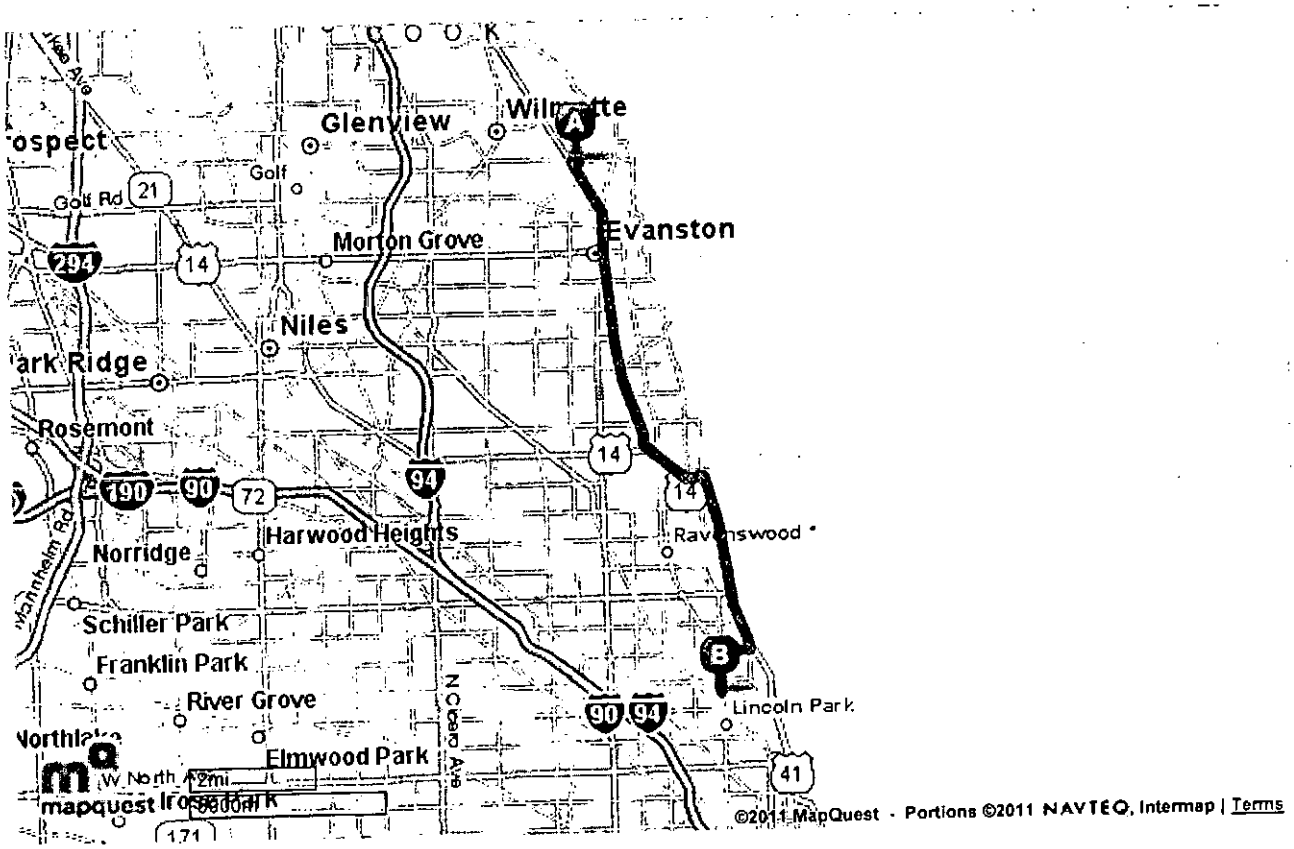
Total Travel Estimate: **11.11 miles - about 28 minutes**



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Notes

Fresenius Medical Care of Lakeview

Trip to:
4800 N Broadway St
Chicago, IL 60640-3604
7.39 miles
21 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↰	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 1.1 Mi**	1.2 mi
↑	3. **Green Bay Rd** becomes **Ridge Ave**.	**Go 2.2 Mi**	3.4 mi
↑	4. **Ridge Ave** becomes **N Ridge Blvd**.	**Go 1.8 Mi**	5.2 mi
↗	5. Turn **slight right** onto **N Ridge Ave**. *N Ridge Ave is just past W Thome Ave*	**Go 0.2 Mi**	5.4 mi
↰	6. Take the **2nd left** to stay on **N Ridge Ave**. *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**Go 1.0 Mi**	6.4 mi
↗	7. Turn **slight right** onto **N Broadway St / US-14**. Continue to follow **N Broadway St**. *N Broadway St is just past N Magnolia Ave*	**Go 1.0 Mi**	7.4 mi
■	8. **4800 N BROADWAY ST** is on the **right**. *Your destination is just past W Gunnison St* *If you reach W Lawrence Ave you've gone a little too far*		7.4 mi
B	**4800 N Broadway St** Chicago, IL 60640-3604	**7.4 mi**	**7.4 mi**

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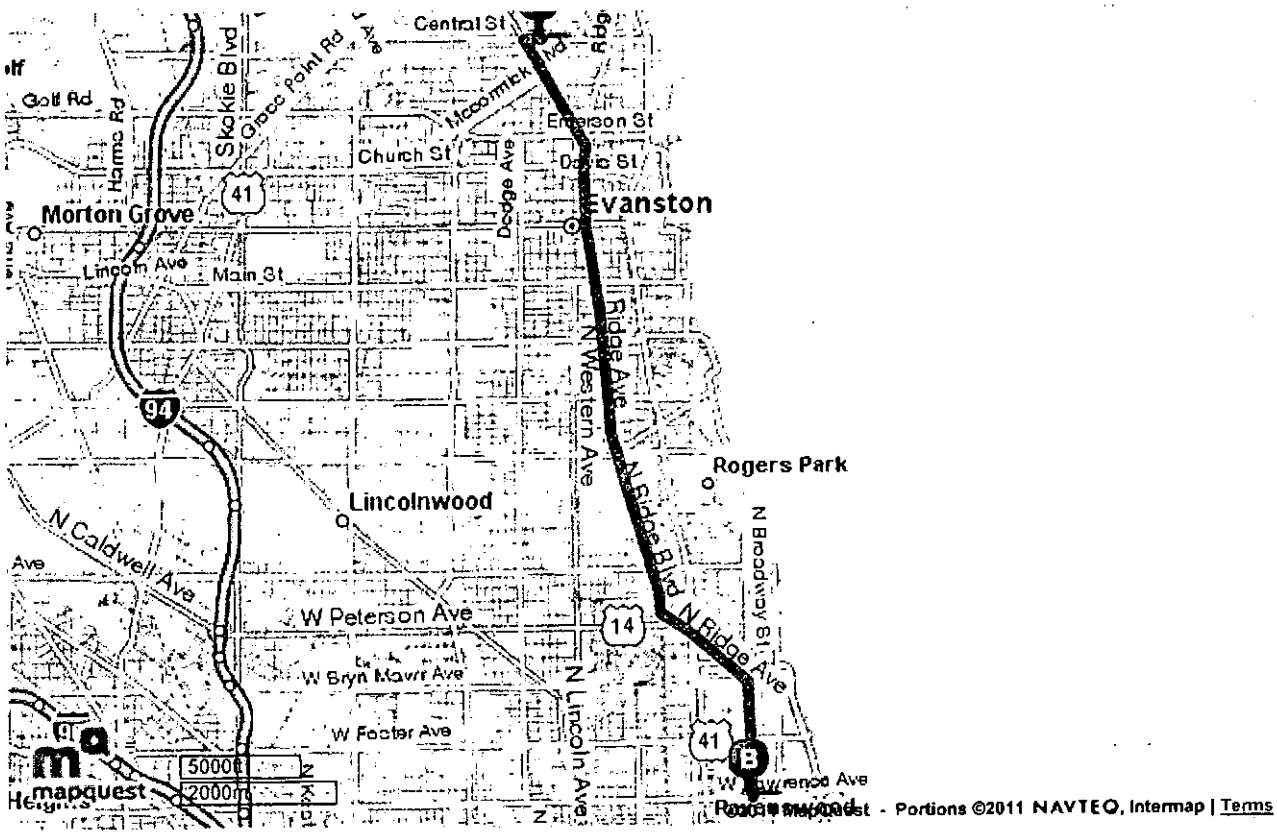
Total Travel Estimate: **7.39 miles - about 21 minutes**



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Notes
RCG - Uptown

Trip to:
4720 N Marine Dr
Chicago, IL 60640-5120
7.86 miles
21 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 0.2 Mi**	0.2 mi
↰	2. Turn **left** onto **Green Bay Rd.** *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 1.1 Mi**	1.2 mi
↑	3. **Green Bay Rd** becomes **Ridge Ave.**	**Go 2.2 Mi**	3.4 mi
↑	4. **Ridge Ave** becomes **N Ridge Blvd.**	**Go 1.8 Mi**	5.2 mi
↗	5. Turn **slight right** onto **N Ridge Ave.** *N Ridge Ave is just past W Thome Ave*	**Go 0.2 Mi**	5.4 mi
↰	6. Take the 2nd **left** to stay on **N Ridge Ave.** *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**Go 1.0 Mi**	6.4 mi
↖	7. Turn **slight left** onto **W Bryn Mawr Ave.** *W Bryn Mawr Ave is just past N Magnolia Ave*	**Go 0.3 Mi**	6.7 mi
RAMP	8. Take the **Lake Shore Dr** ramp.	**Go 0.2 Mi**	6.9 mi
↗	9. Turn **slight right** onto **N Lake Shore Dr.**	**Go 0.8 Mi**	7.6 mi
RAMP	10. Take the **Lawrence Ave** ramp.	**Go 0.10 Mi**	7.7 mi
↱	11. Turn **right** onto **W Lawrence Ave.** *If you reach US-41 S you've gone about 0.1 miles too far*	**Go 0.04 Mi**	7.8 mi

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	12. Turn **left** onto **N Marine Dr.** *Salvation Army is on the corner* *If you reach N Clarendon Ave you've gone a little too far*	**Go 0.08 Mi**	7.9 mi
	13. **4720 N MARINE DR** is on the **right.** *Your destination is just past W Lakeside Pl* *If you reach W Leland Ave you've gone a little too far*		7.9 mi
B	**4720 N Marine Dr** Chicago, IL 60640-5120	**7.9 mi**	**7.9 mi**

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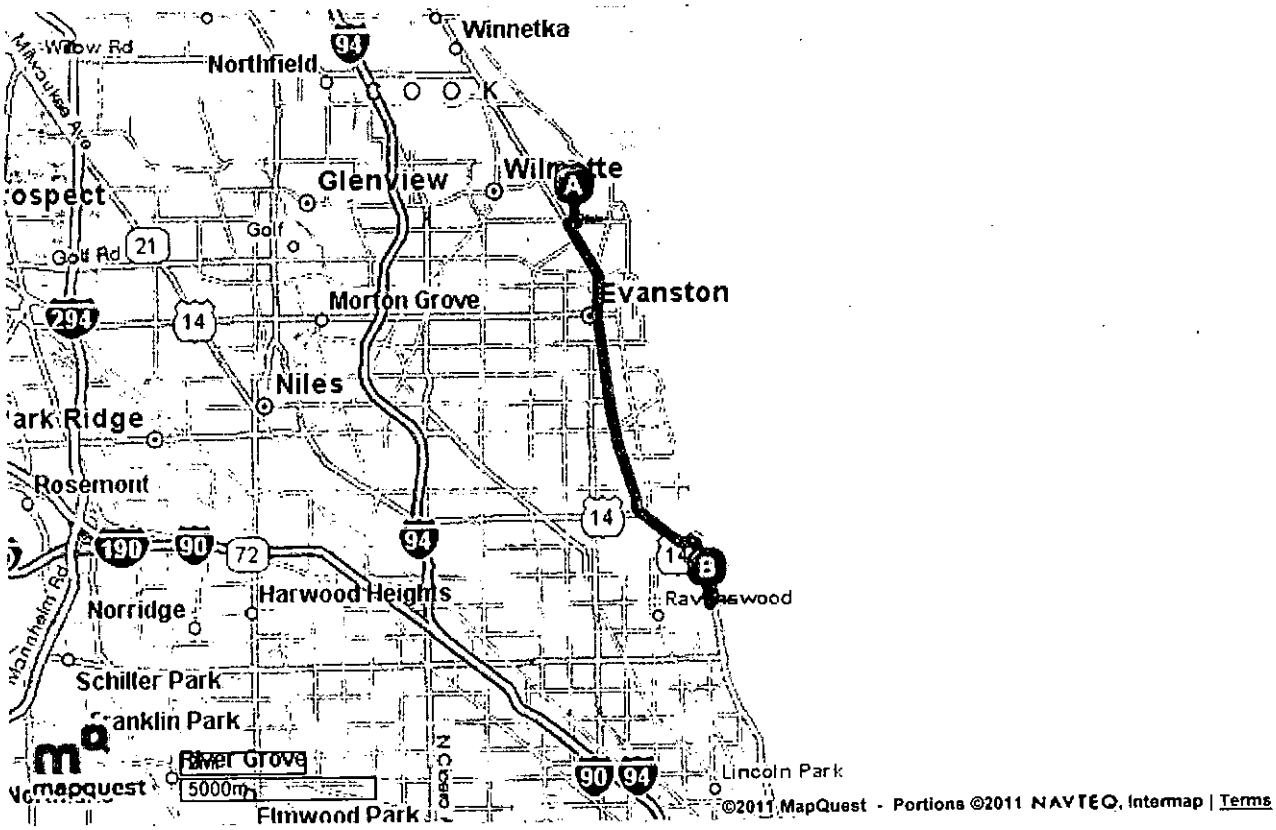
Total Travel Estimate: **7.86 miles - about 21 minutes**



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Notes

RCG MidAmerica - Prairie

Trip to:
1717 S Wabash Ave
Chicago, IL 60616-1219
21.71 miles
36 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 16.0 Mi**	19.2 mi
51H-I EXIT	5. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H-I**, toward **West Suburbs / Congress Pkwy / Chicago Loop**.	**Go 0.07 Mi**	19.3 mi
51I EXIT EAST 290	6. Merge onto **I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E** via **EXIT 51I** on the **left** toward **Congress Pkwy / Chicago Loop**.	**Go 0.7 Mi**	20.0 mi
	7. **I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E** becomes **W Congress Pky**.	**Go 0.5 Mi**	20.5 mi
	8. Turn **right** onto **S State St**. *S State St is just past S Plymouth Ct* *Burger King is on the right* *If you are on E Congress Pky and reach S Wabash Ave you've gone a little too far*	**Go 1.1 Mi**	21.5 mi
	9. Turn **left** onto **E 16th St**. *E 16th St is 0.1 miles past W 15th St* *If you reach W 17th St you've gone a little too far*	**Go 0.09 Mi**	21.6 mi
	10. Take the 1st **right** onto **S Wabash Ave**. *True Rock Ministries is on the corner* *If you reach S Michigan Ave you've gone a little too far*	**Go 0.09 Mi**	21.7 mi
	11. **1717 S WABASH AVE** is on the **left**.		

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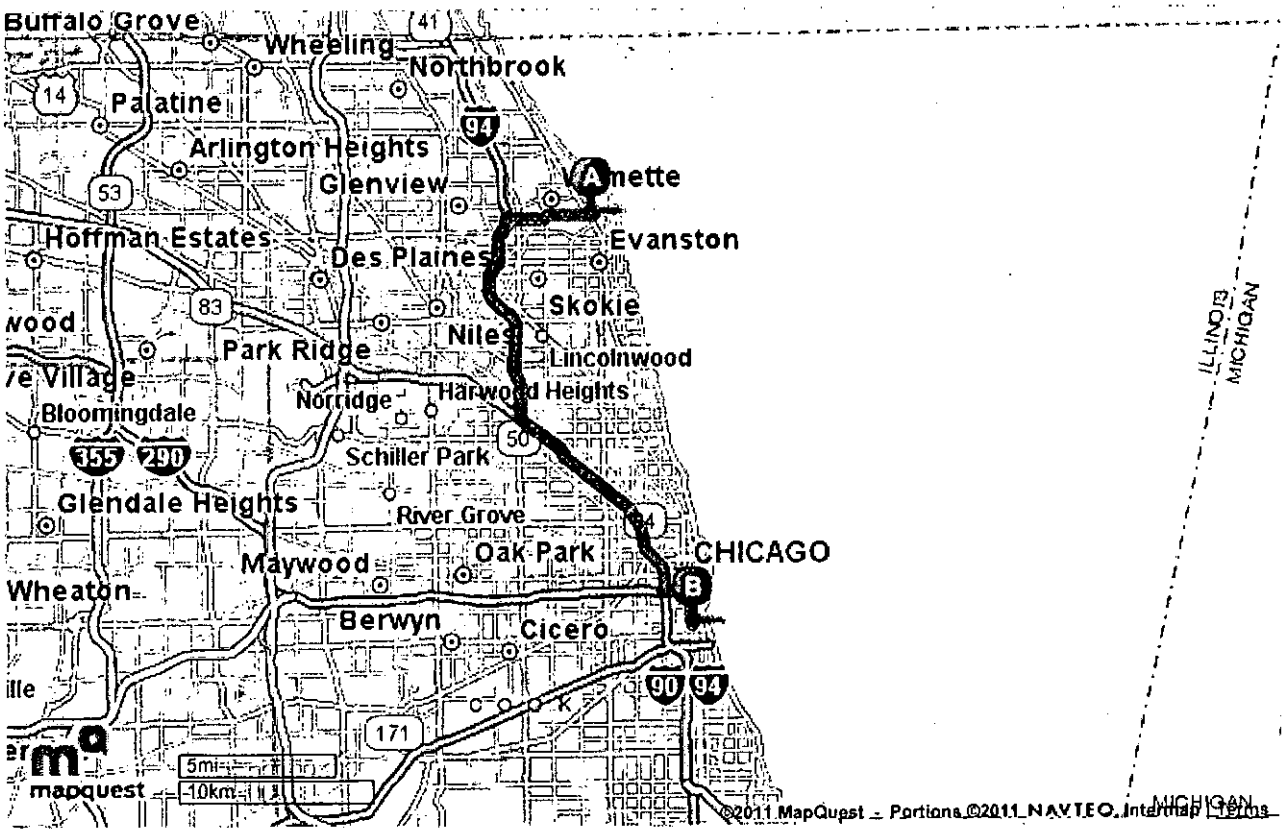
■	*If you reach E 18th St you've gone a little too far*		21.7 mi
B	**1717 S Wabash Ave** Chicago, IL 60616-1219	**21.7 mi**	**21.7 mi**

335

Total Travel Estimate: **21.71 miles - about 36 minutes**



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Notes

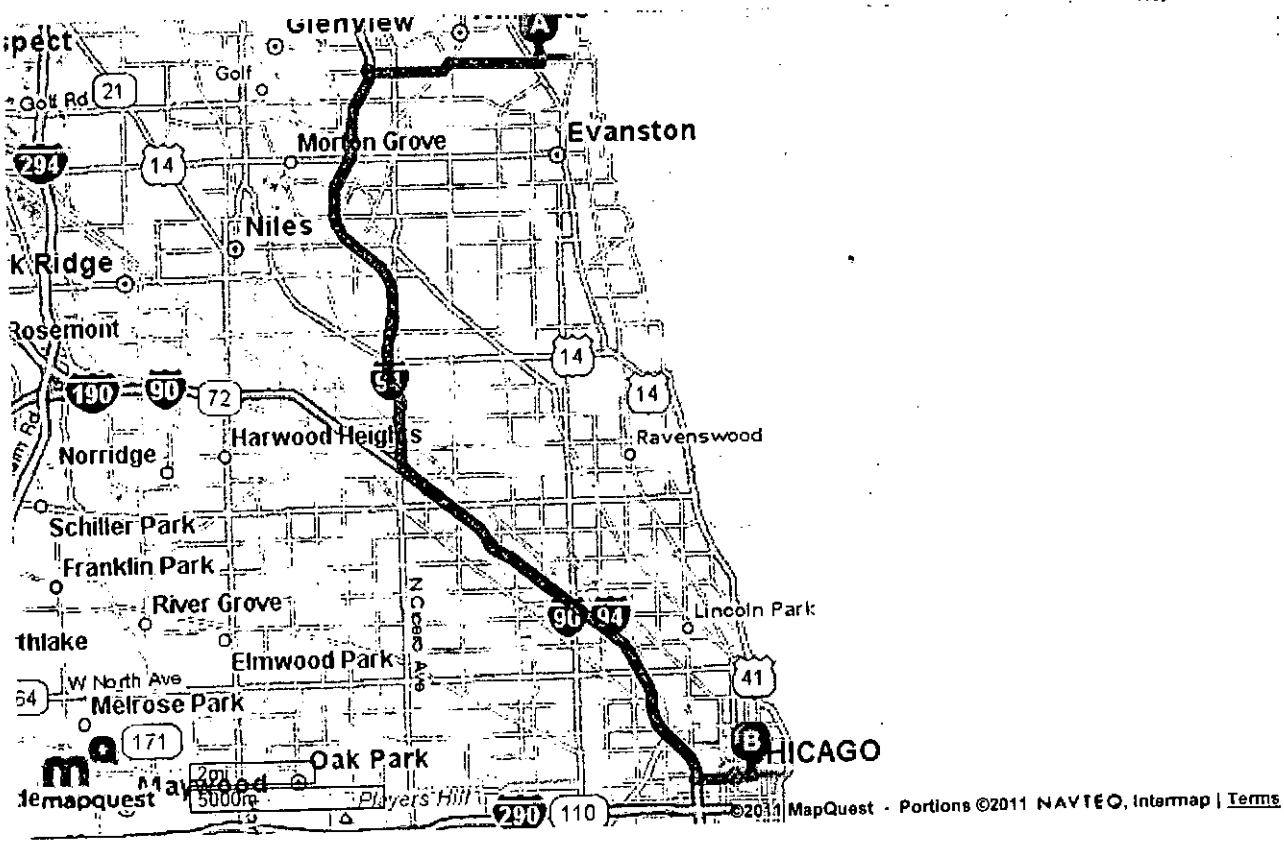
Dialysis Center of America - Loop

Trip to:
55 E Washington St
Chicago, IL 60602-2103
19.96 miles
32 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.3 Mi**	3.2 mi
EAST 94	4. Merge onto **I-94 E**.	**Go 15.6 Mi**	18.8 mi
51C EXIT	5. Take **EXIT 51C** toward **East Washington Blvd**.	**Go 0.1 Mi**	18.9 mi
↰	6. Turn **left** onto **W Washington Blvd**. *Tec Hunter Inc is on the corner*	**Go 0.3 Mi**	19.3 mi
↑	7. **W Washington Blvd** becomes **W Washington St**.	**Go 0.7 Mi**	20.0 mi
■	8. **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*		20.0 mi
B	**55 E Washington St** Chicago, IL 60602-2103	**20.0 mi**	**20.0 mi**

337

Total Travel Estimate: **19.96 miles - about 32 minutes**



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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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Notes

Northwestern Memorial Hospital (Part of RCG Waukegan)

Trip to:
710 N Fairbanks Ct
Chicago, IL 60611-3013
13.33 miles
31 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 0.2 Mi**	0.2 mi
↰	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	**Go 1.1 Mi**	1.2 mi
↑	3. **Green Bay Rd** becomes **Ridge Ave**.	**Go 2.2 Mi**	3.4 mi
↑	4. **Ridge Ave** becomes **N Ridge Blvd**.	**Go 1.8 Mi**	5.2 mi
↗	5. Turn **slight right** onto **N Ridge Ave**. *N Ridge Ave is just past W Thome Ave*	**Go 0.2 Mi**	5.4 mi
↰	6. Take the 2nd **left** to stay on **N Ridge Ave**. *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**Go 1.0 Mi**	6.4 mi
↖	7. Turn **slight left** onto **W Bryn Mawr Ave**. *W Bryn Mawr Ave is just past N Magnolia Ave*	**Go 0.3 Mi**	6.7 mi
RAMP	8. Take the **Lake Shore Dr** ramp.	**Go 0.2 Mi**	6.9 mi
↗	9. Turn **slight right** onto **N Lake Shore Dr**.	**Go 5.5 Mi**	12.4 mi
RAMP	10. Take the **Michigan Ave** ramp.	**Go 0.3 Mi**	12.7 mi
↑	11. Stay **straight** to go onto **N Michigan Ave**.	**Go 0.4 Mi**	13.1 mi

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	12. Turn **left** onto **E Superior St**. *E Superior St is just past E Chicago Ave* *Argo Consulting is on the left* *If you reach E Huron St you've gone a little too far*	**Go 0.2 Mi**	13.3 mi
	13. Take the 2nd **right** onto **N Fairbanks Ct**. *N Fairbanks Ct is 0.1 miles past N St Clair St* *If you reach N Lake Shore Dr you've gone about 0.2 miles too far*	**Go 0.04 Mi**	13.3 mi
	14. **710 N FAIRBANKS** CT is on the **right**. *If you reach E Huron St you've gone a little too far*		13.3 mi
	710 N Fairbanks Ct Chicago, IL 60611-3013	**13.3 mi**	**13.3 mi**

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Total Travel Estimate: **13.33 miles - about 31 minutes**

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Notes

Dialysis Ctr of America (Rogers Park)

Trip to:
2277 W Howard St
Chicago, IL 60645-1922
3.56 miles
9 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	Go **0.2 Mi**	0.2 mi
	2. Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past Poplar Ave* *If you reach Prairie Ave you've gone a little too far*	Go **1.1 Mi**	1.2 mi
	3. **Green Bay Rd** becomes **Ridge Ave**.	Go **2.2 Mi**	3.4 mi
	4. Turn **right** onto **Howard St / W Howard St**. *Evanston Gas and Food is on the left* *If you are on N Ridge Blvd and reach W Birchwood Ave you've gone about 0.1 miles too far*	Go **0.1 Mi**	3.6 mi
	5. **2277 W HOWARD ST**. *Your destination is just past N Bell Ave* *If you reach N Oakley Ave you've gone a little too far*		3.6 mi
B	**2277 W Howard St** Chicago, IL 60645-1922	**3.6 mi**	**3.6 mi**

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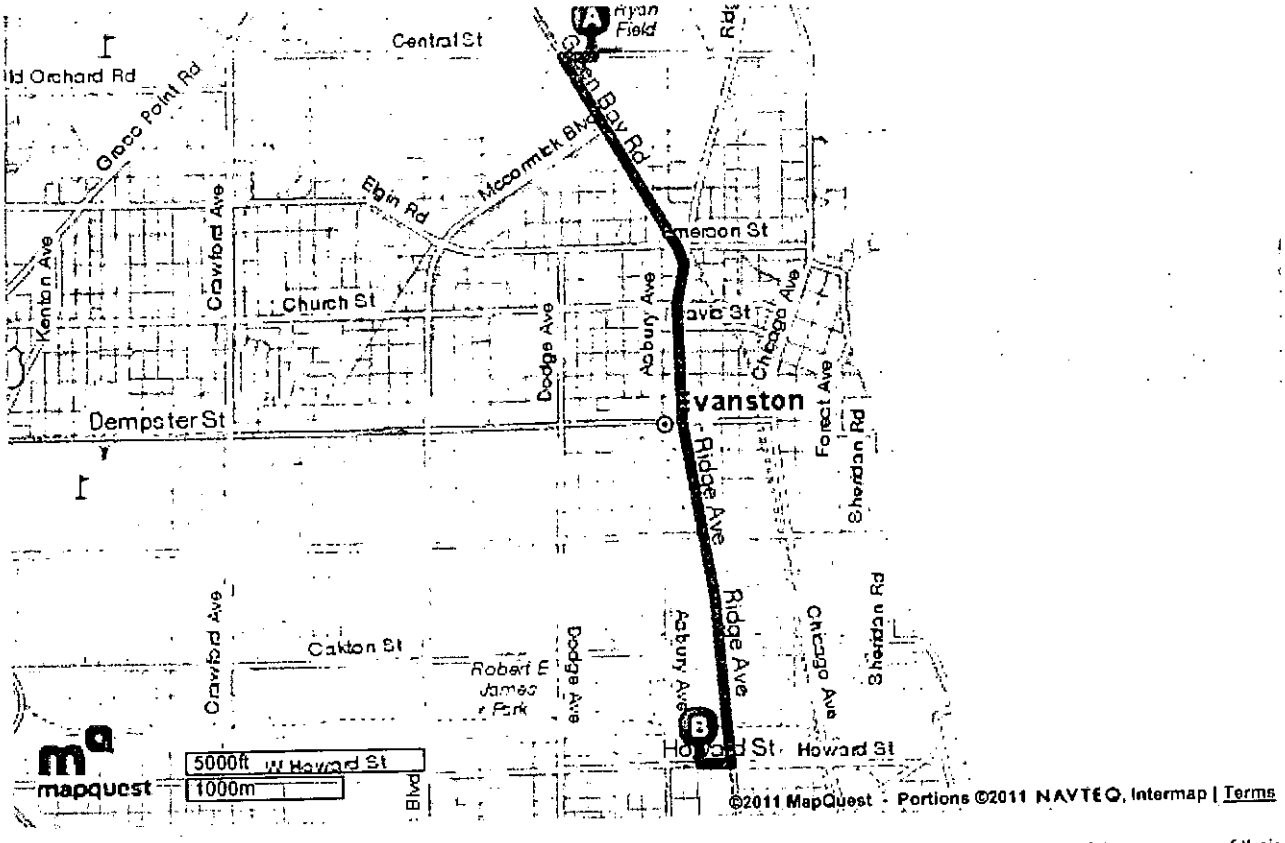
Total Travel Estimate: **3.56 miles - about 9 minutes**



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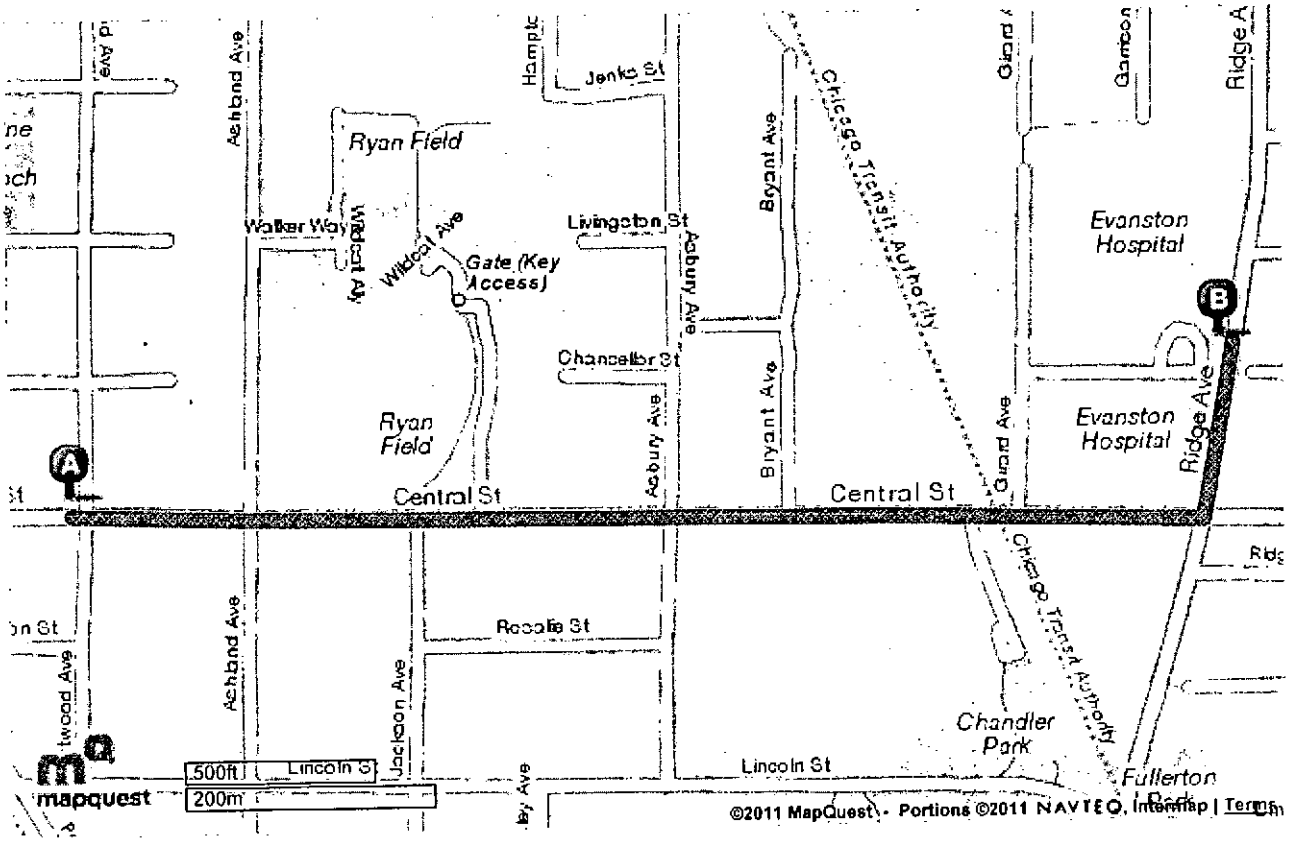
Trip to:
2650 Ridge Ave
Evanston, IL 60201-1718
0.72 miles
2 minutes

Notes
Evanston Hospital

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **east** on **Central St** toward **Eastwood Ave**.	**Go 0.6 Mi**	0.6 mi
	2. Turn **left** onto **Ridge Ave**. *Ridge Ave is 0.1 miles past Girard Ave* *If you reach Sherman Ave you've gone about 0.1 miles too far*	**Go 0.10 Mi**	0.7 mi
	3. **2650 RIDGE AVE** is on the **left**. *If you reach Monticello Pl you've gone a little too far*		0.7 mi
B	**2650 Ridge Ave** Evanston, IL 60201-1718	**0.7 mi**	**0.7 mi**

344

Total Travel Estimate: **0.72 miles - about 2 minutes**



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Notes

Evanston Hospital

Trip to:
2650 Ridge Ave
Evanston, IL 60201-1718
0.72 miles
2 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **east** on **Central St** toward **Eastwood Ave.**	**Go 0.6 Mi**	0.6 mi
↰	2. Turn **left** onto **Ridge Ave.** *Ridge Ave is 0 1 miles past Girard Ave* *If you reach Sherman Ave you've gone about 0 1 miles too far*	**Go 0.10 Mi**	0.7 mi
■	3. **2650 RIDGE AVE** is on the **left.** *If you reach Monticello Pl you've gone a little too far*		0.7 mi
B	**2650 Ridge Ave** Evanston, IL 60201-1718	**0.7 mi**	**0.7 mi**

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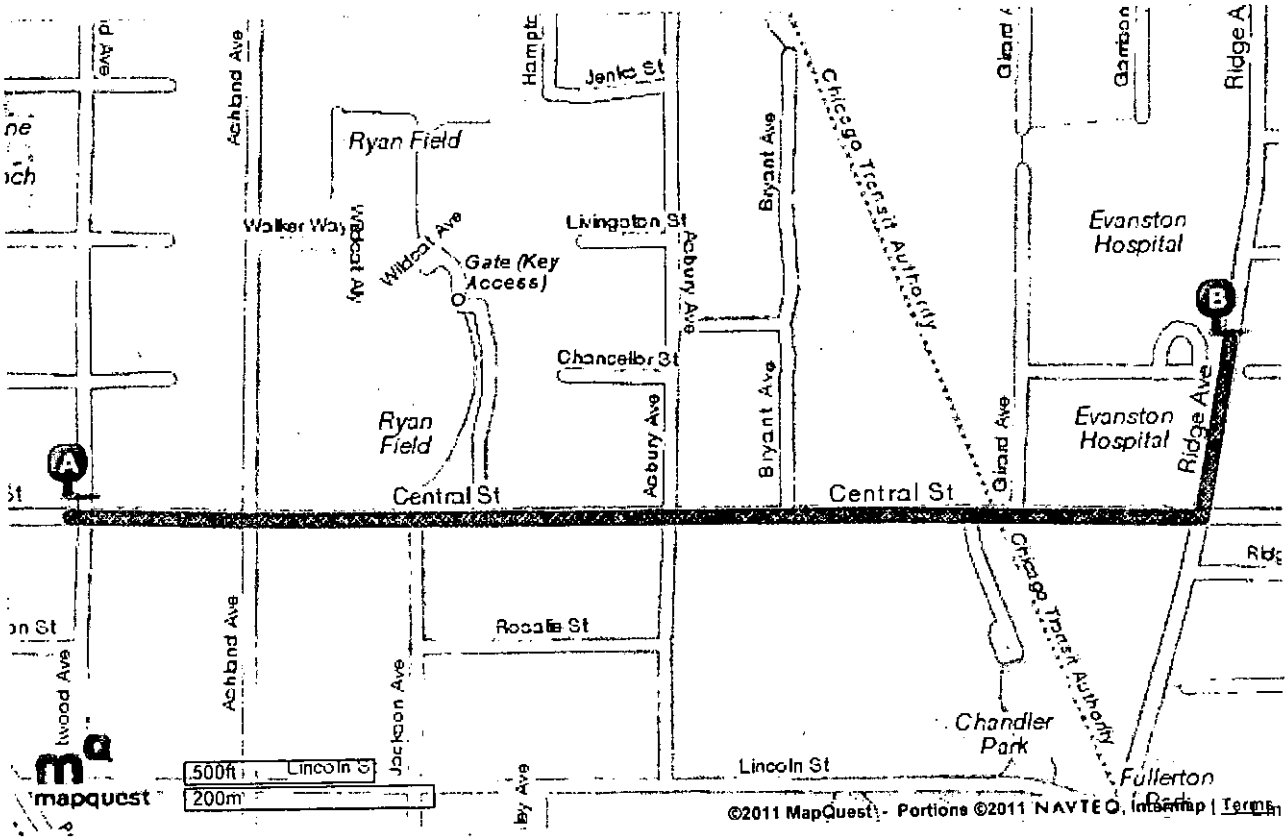
Total Travel Estimate: **0.72 miles - about 2 minutes**



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Notes

Fresenius Medical Care Mundelein

Trip to:
1400 Townline Rd
Mundelein, IL 60060-4433
22.79 miles
35 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
WEST 94	4. Merge onto **I-94 W / Edens Expy W**. *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT / NORTH 41	5. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**.	**Go 7.9 Mi**	16.7 mi
WEST 60	6. Turn **left** onto **IL-60 W / W Kennedy Rd / Townline Rd**. Continue to follow **IL-60 W / Townline Rd**. *IL-60 W is 0.6 miles past W Westleigh Rd* *If you reach Gage Ln you've gone about 1.6 miles too far*	**Go 6.0 Mi**	22.8 mi
	7. **1400 TOWNLINE RD** is on the **right**. *Your destination is 0.1 miles past S Butterfield Rd* *If you reach McCormick Ave you've gone about 0.1 miles too far*		22.8 mi
B	**1400 Townline Rd** Mundelein, IL 60060-4433	**22.8 mi**	**22.8 mi**

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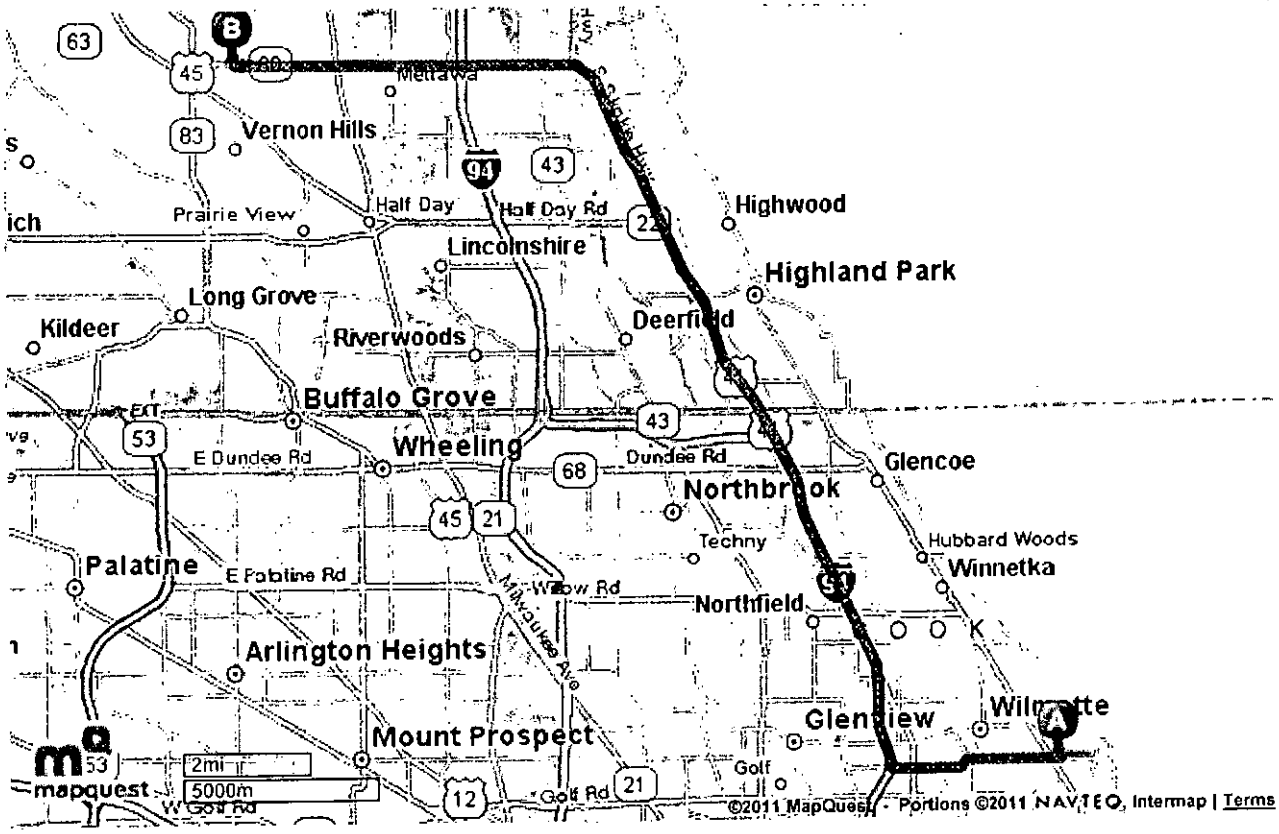
Total Travel Estimate: **22.79 miles - about 35 minutes**



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Notes

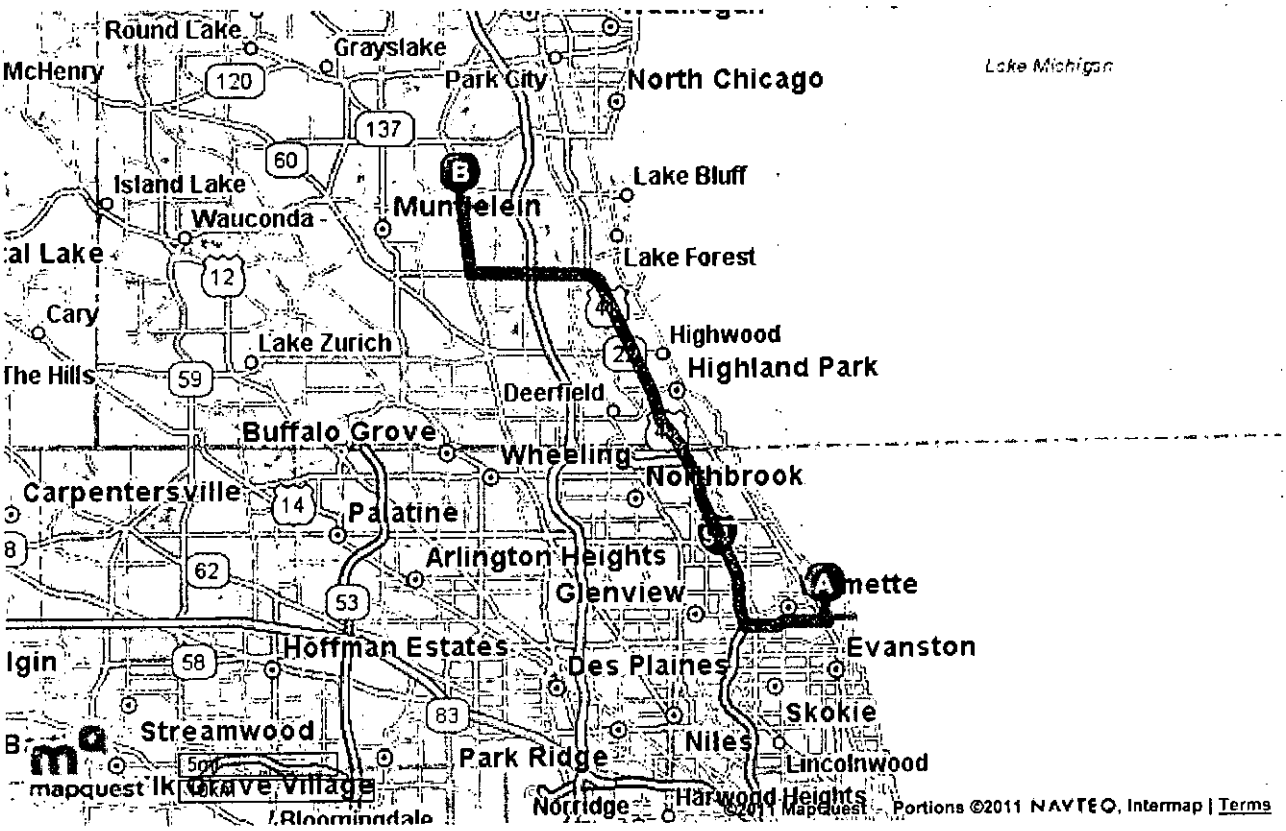
Lake County Dialysis Ctr

Trip to:
918 S Milwaukee Ave
Libertyville, IL 60048-3229
23.24 miles
36 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
⇡ WEST 94	4. Merge onto **I-94 W / Edens Expy W**. *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT ↖ NORTH 41	5. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**.	**Go 7.9 Mi**	16.7 mi
↰ WEST 60	6. Turn **left** onto **IL-60 W / W Kennedy Rd / Townline Rd**. Continue to follow **IL-60 W / Townline Rd**. *IL-60 W is 0.6 miles past W Westleigh Rd* *If you reach Gage Ln you've gone about 1.6 miles too far*	**Go 4.2 Mi**	21.0 mi
↱ 21	7. Turn **right** onto **N Milwaukee Ave / IL-21**. *N Milwaukee Ave is 0.9 miles past N St Marys Rd* *If you reach Hawthorn Ctr you've gone about 0.5 miles too far*	**Go 2.3 Mi**	23.2 mi
■	8. **918 S MILWAUKEE AVE** is on the **right**. *Your destination is 0.2 miles past E Golf Rd* *If you reach Valley Park Dr you've gone a little too far*		23.2 mi
B	**918 S Milwaukee Ave** Libertyville, IL 60048-3229	**23.2 mi**	**23.2 mi**

350

Total Travel Estimate: **23.24 miles - about 36 minutes**



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Notes

Neomedica - Gurnee

Trip to:
101 S Greenleaf St
Gurnee, IL 60031-3369
25.85 miles
37 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd.** *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd.** *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
↑ WEST 94	4. Merge onto **I-94 W / Edens Expy W.** *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT NORTH 41	5. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan.**	**Go 16.3 Mi**	25.1 mi
EXIT	6. Take the exit.	**Go 0.2 Mi**	25.3 mi
↖	7. Turn **slight left.**	**Go 0.05 Mi**	25.4 mi
↰	8. Turn **left** onto **Washington St.** *If you reach Blackstone Ave you've gone about 0.2 miles too far*	**Go 0.4 Mi**	25.8 mi
↰	9. Take the 3rd **left** onto **S Greenleaf Ave.** *S Greenleaf Ave is 0.1 miles past Tower Ct* *If you reach Buckingham Dr you've gone about 0.4 miles too far*	**Go 0.05 Mi**	25.8 mi
■	10. **101 S GREENLEAF ST.** *If you reach Oglesby Ave you've gone a little too far*		25.8 mi
B	**101 S Greenleaf St** Gurnee, IL 60031-3369	**25.8 mi**	**25.8 mi**

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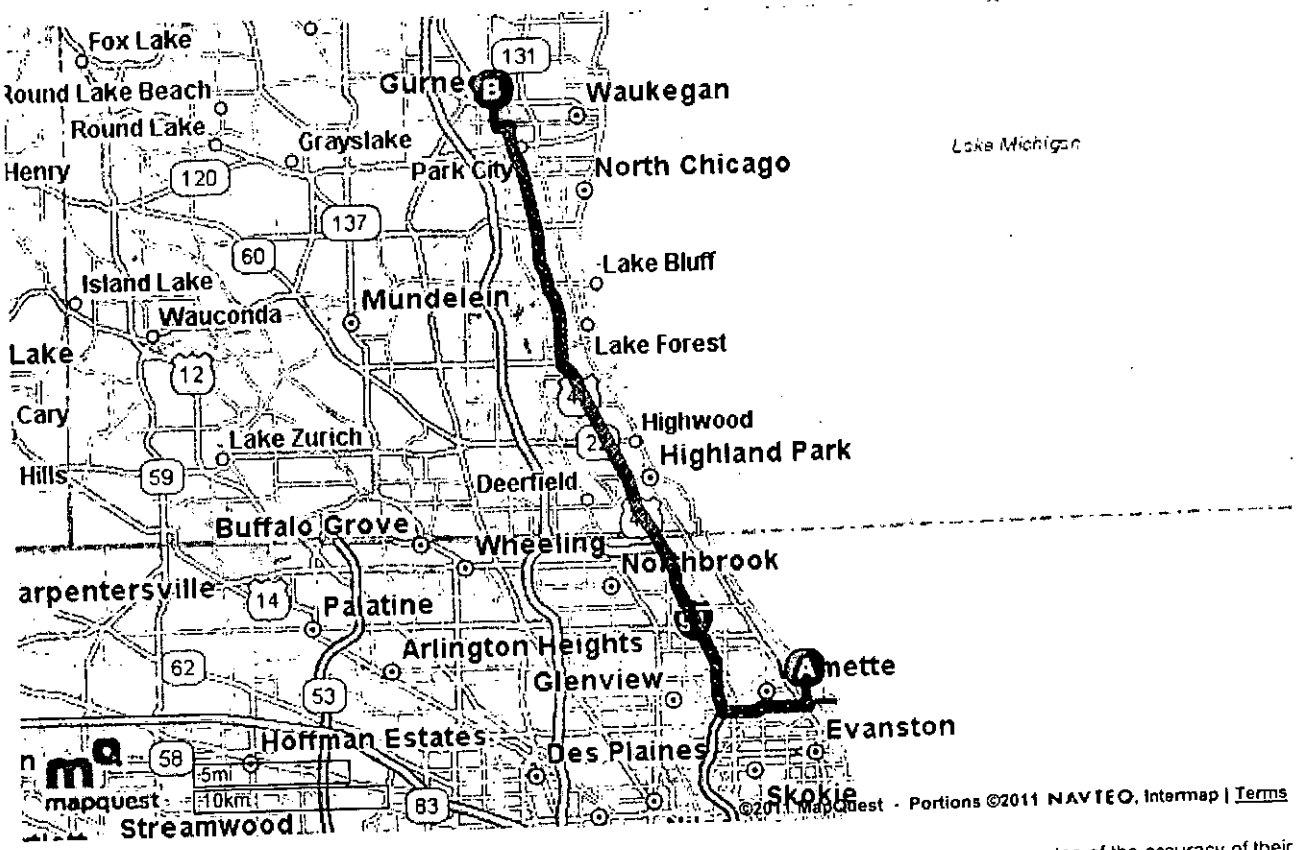
Total Travel Estimate: **25.85 miles - about 37 minutes**



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Trip to:
718 Glenview Ave
Highland Park, IL 60035-2432
13.44 miles
23 minutes

Notes

Highland Park Hospital

1715 Central St
Evanston, IL 60201-1507

		Miles Per Section	Miles Driven
1.	Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
2.	Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
3.	Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
4.	Merge onto **I-94 W / Edens Expy W**. *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
5.	Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**.	**Go 3.0 Mi**	11.9 mi
6.	Take the **East Central Ave** exit.	**Go 0.2 Mi**	12.1 mi
7.	Merge onto **Central Ave**.	**Go 0.7 Mi**	12.8 mi
8.	Turn **left** onto **Green Bay Rd**. *Green Bay Rd is just past McGovern St* *Quiznos Sub is on the corner* *If you are on Central Ave and reach 2nd St you've gone a little too far*	**Go 0.5 Mi**	13.3 mi
9.	Turn **left** onto **Glenview Ave**. *Glenview Ave is just past Homewood Ave* *Highland Park Shell Food Mart is on the corner* *If you reach 1st St you've gone a little too far*	**Go 0.2 Mi**	13.4 mi
10.	**718 GLENVIEW AVE** is on the **left**. *Your destination is just past Midlothian Ave* *If you are on Homewood Ave and reach Park Ave W you've gone about 0.3 miles too far*		13.4 mi

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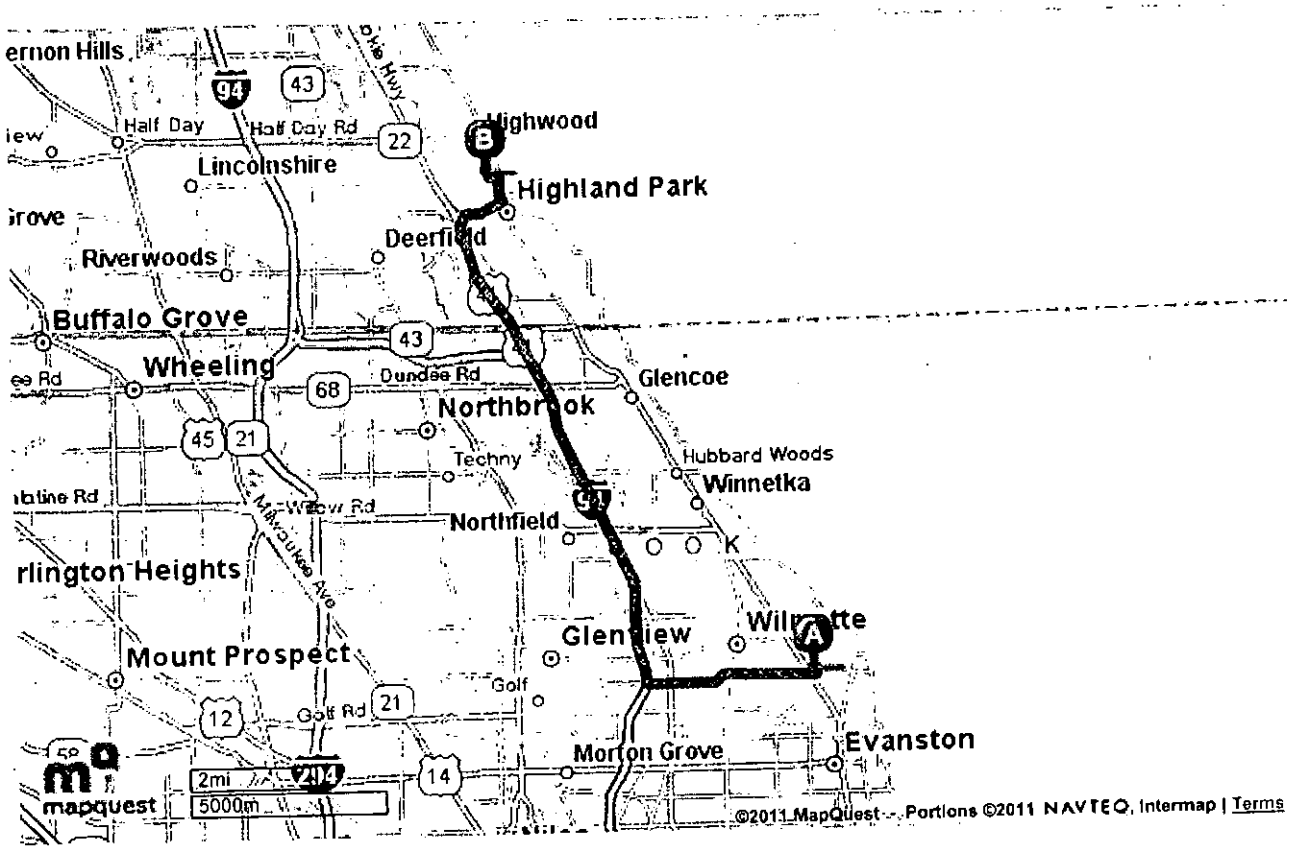
B	**718 Glenview Ave** Highland Park, IL 60035-2432	**13.4 mi**	**13.4 mi**

355

Total Travel Estimate: **13.44 miles - about 23 minutes**



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Notes

Fresenius Medical Care of Lake Bluff

Trip to:
101 Waukegan Road
Lake Bluff, IL 60044
19.98 miles
31 minutes

		Miles Per Section	Miles Driven
	1715 Central St Evanston, IL 60201-1507		
	1. Start out going **west** on **Central St** toward **Broadway Ave**.	**Go 1.7 Mi**	1.7 mi
	2. Turn **slight left** onto **Gross Point Rd**. *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
	3. Turn **slight right** onto **Old Orchard Rd**. *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
WEST 94	4. Merge onto **I-94 W / Edens Expy W**. *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT NORTH 41	5. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**.	**Go 7.9 Mi**	16.7 mi
60	6. Turn **left** onto **IL-60 / W Kennedy Rd / Townline Rd**. *IL-60 is 0.6 miles past W Westleigh Rd* *If you reach Gage Ln you've gone about 1.6 miles too far*	**Go 0.5 Mi**	17.2 mi
43	7. Turn **right** onto **N Waukegan Rd / IL-43**. *N Waukegan Rd is 0.2 miles past N Suffolk Ln* *If you reach Academy Rd you've gone about 0.7 miles too far*	**Go 2.7 Mi**	20.0 mi
	8. **101 WAUKEGAN ROAD**. *Your destination is just past Carriage Park Ave* *If you reach Rockland Rd you've gone a little too far*		20.0 mi
	101 Waukegan Road Lake Bluff, IL 60044	**20.0 mi**	**20.0 mi**

357

Total Travel Estimate: **19.98 miles - about 31 minutes**

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Notes

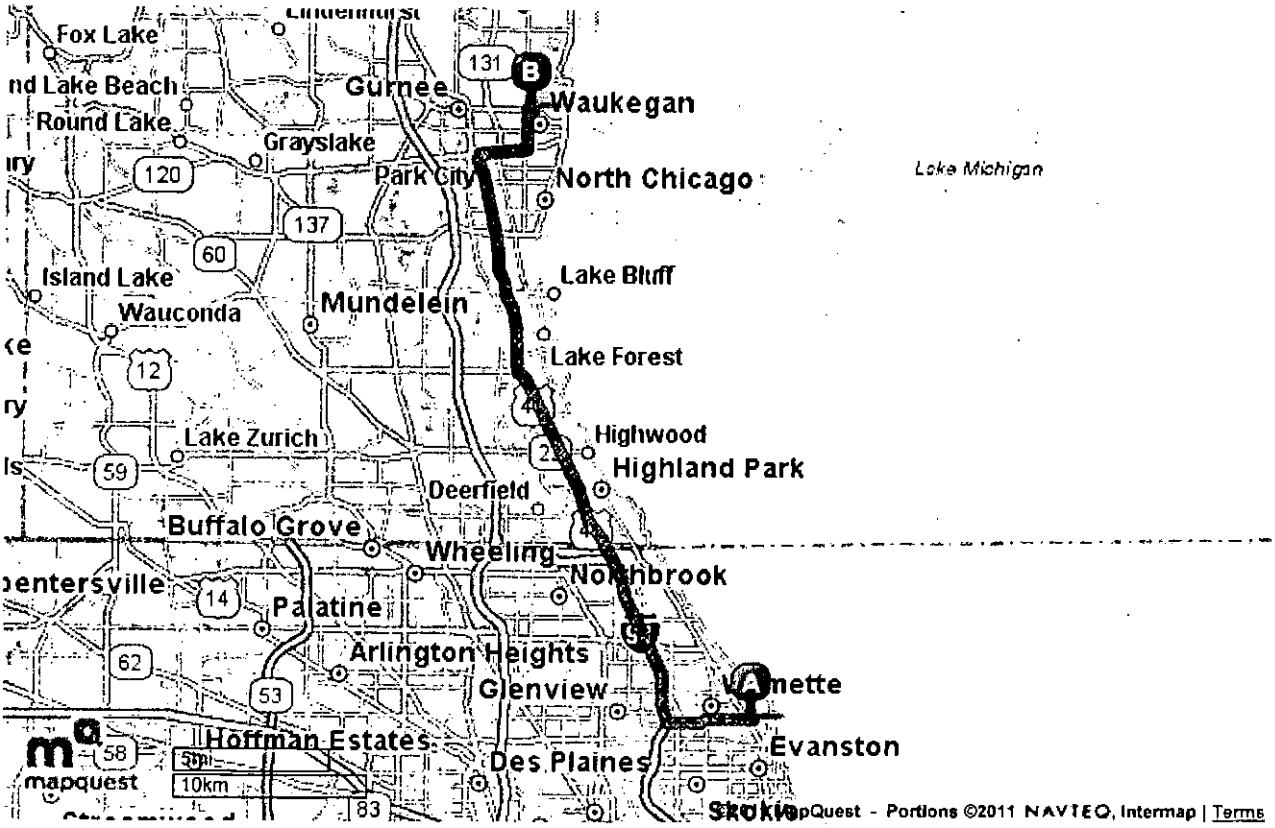
Dialysis Center of America - NCDC

Trip to:
1616 Grand Ave
Waukegan, IL 60085-3600
27.83 miles
43 minutes

		Miles Per Section	Miles Driven
A	**1715 Central St** Evanston, IL 60201-1507		
●	1. Start out going **west** on **Central St** toward **Broadway Ave.**	**Go 1.7 Mi**	1.7 mi
↖	2. Turn **slight left** onto **Gross Point Rd.** *Gross Point Rd is just past Crawford Ave* *If you reach Princeton Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	1.9 mi
↗	3. Turn **slight right** onto **Old Orchard Rd.** *Old Orchard Rd is 0.1 miles past Wellington Ct* *If you reach Kedvale Ave you've gone a little too far*	**Go 1.2 Mi**	3.1 mi
↑ WEST 94	4. Merge onto **I-94 W / Edens Expy W.** *If you reach Lockwood Ave you've gone about 0.2 miles too far*	**Go 5.8 Mi**	8.9 mi
29 EXIT NORTH 41	5. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan.**	**Go 15.4 Mi**	24.3 mi
↑ EAST 120	6. Merge onto **IL-120 E.**	**Go 2.0 Mi**	26.3 mi
↰	7. Turn **left** onto **S Lewis Ave.** *S Lewis Ave is 0.4 miles past Keller Ave* *If you reach S Elmwood Ave you've gone a little too far*	**Go 1.3 Mi**	27.6 mi
↱	8. Turn **right** onto **Grand Ave.** *Grand Ave is 0.1 miles past Lydia St* *El Homito Inc is on the corner* *If you reach Lewis Pl you've gone a little too far*	**Go 0.2 Mi**	27.8 mi
■	9. **1616 GRAND AVE** is on the **left.** *Your destination is just past Lorraine Ave* *If you reach Judge Ave you've gone a little too far*		27.8 mi
B	**1616 Grand Ave** Waukegan, IL 60085-3600	**27.8 mi**	**27.8 mi**

359

Total Travel Estimate: **27.83 miles - about 43 minutes**



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Appendix 3 – Time & Distance Determination: Replacement Facility

Attached as Appendix I are the distance and normal travel time from the proposed facility to all existing dialysis facilities within 30 minutes normal travel time as determined by MapQuest.

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Notes
Resurrection Medical Center

Trip to:
7435 W Talcott Ave
Chicago, IL 60631-3707
9.70 miles / 23 minutes

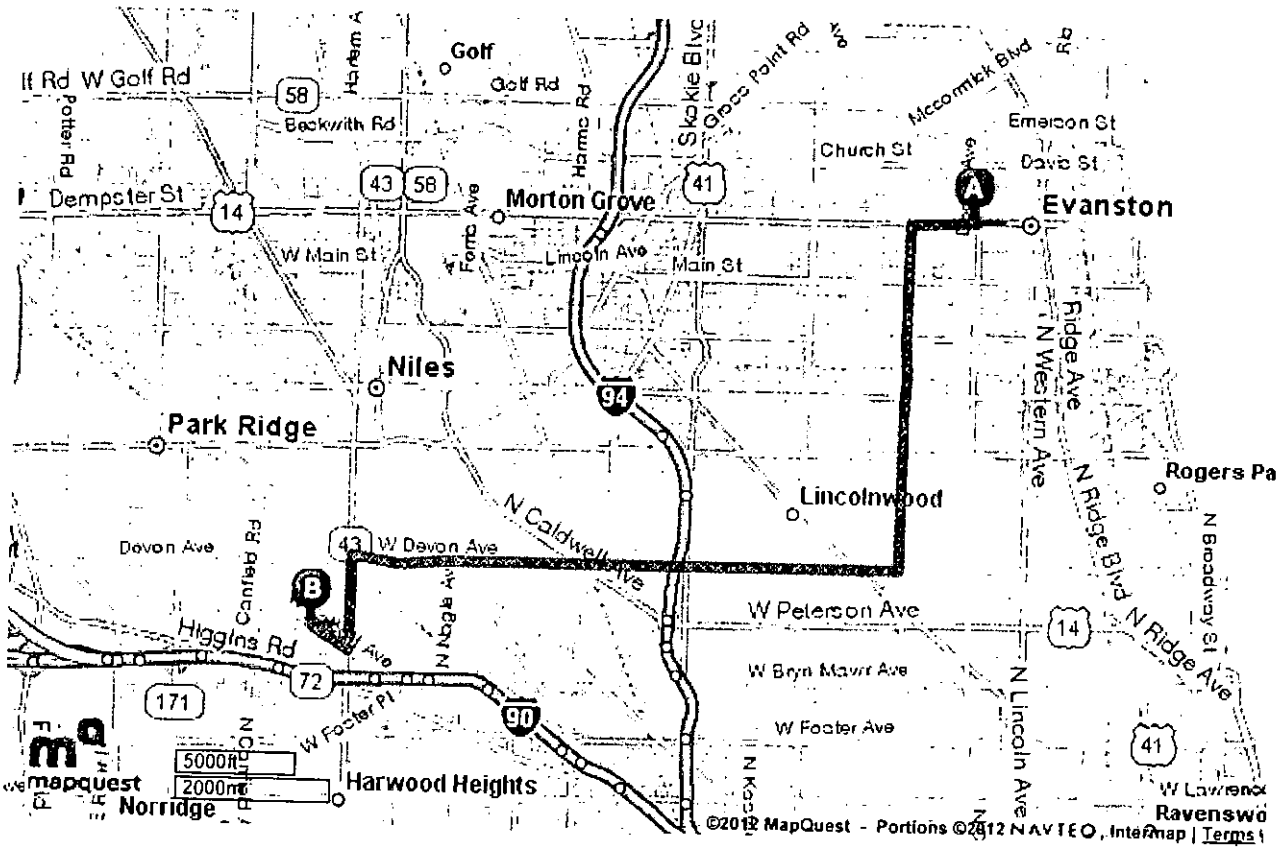
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**0.6 Mi**	
	0.6 Mi Total	
2. Turn **left** onto **McCormick Blvd**. Map	**3.0 Mi**	
McCormick Blvd is 0.1 miles past McDaniel Ave *Charter One is on the corner* *If you are on Dempster St and reach Bennett Ave you've gone a little too far*	*3.6 Mi Total*	
3. Turn **right** onto **W Devon Ave**. Map	**4.9 Mi**	
W Devon Ave is just past N Spaulding Ave *If you are on N McCormick Rd and reach N Lincoln Ave you've gone about 0.2 miles too far*	*8.5 Mi Total*	
4. Turn **left** onto **N Harlem Ave / IL-43**. Map	**0.8 Mi**	
N Harlem Ave is just past N Neva Ave *Pnc Bank is on the left* *If you are on W Devon Ave and reach N Northwest Hwy you've gone a little too far*	*9.3 Mi Total*	
5. Turn **right** onto **W Talcott Ave**. Map	**0.4 Mi**	
W Talcott Ave is 0.1 miles past W Thorndale Ave *Immaculate Conception Church is on the corner* *If you reach W Seminole St you've gone about 0.1 miles too far*	*9.7 Mi Total*	
6. **7435 W TALCOTT AVE** is on the **left**. Map		
Your destination is just past N Oketo Ave *If you reach N Oriole Ave you've gone about 0.2 miles too far*		

7435 W Talcott Ave, Chicago, IL 60631-3707

362

Total Travel Estimate: **9.70 miles - about 23 minutes**



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Notes
Fresenius Medical Care Northwest

Trip to:
4701 N Cumberland Ave
Norridge, IL 60706-2905
15.69 miles / 28 minutes

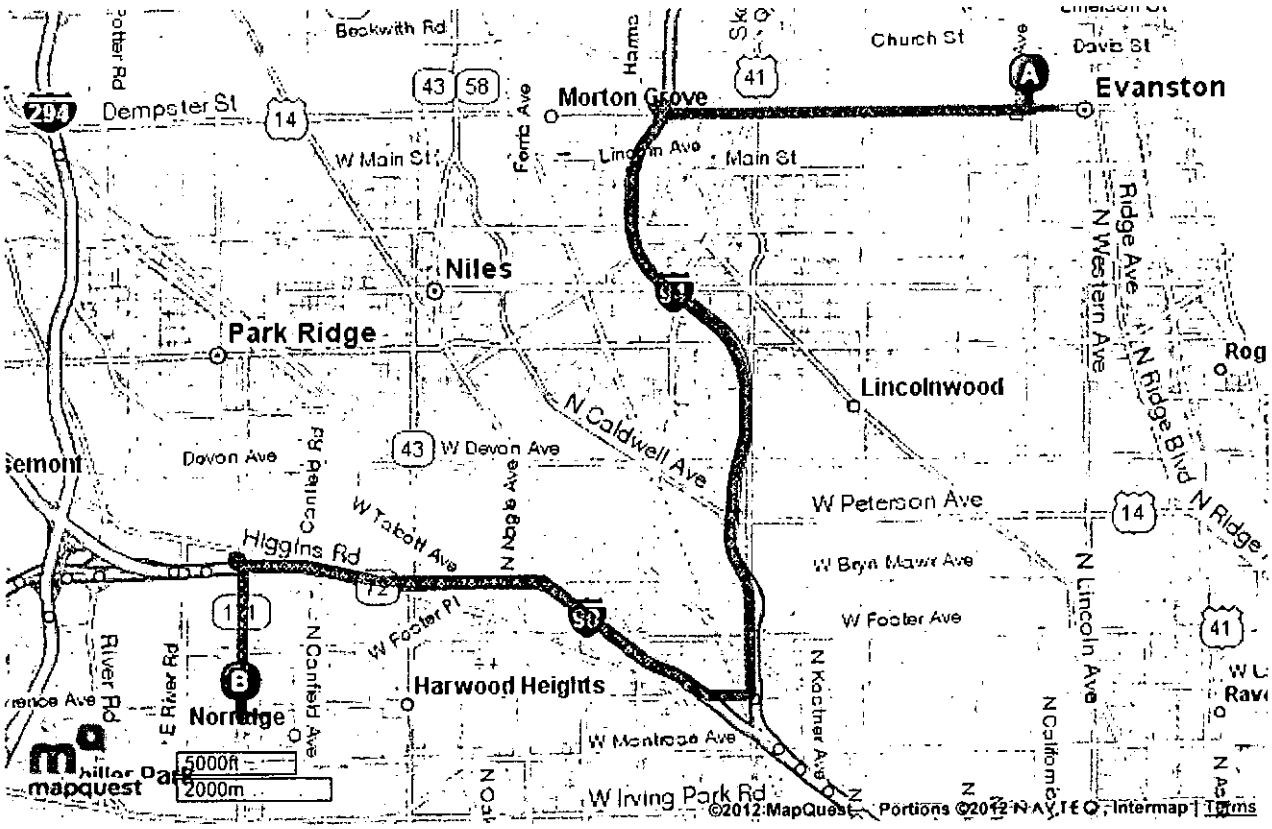
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E / Edens Expy E**. Map	**4.8 Mi**	*8.1 Mi Total*
3. Take the **IL-50 S / Cicero Ave** exit, **EXIT 41C**. Map	**0.2 Mi**	*8.3 Mi Total*
4. Turn **slight right** onto **N Cicero Ave / IL-50**. Map	**0.9 Mi**	*9.2 Mi Total*
5. Turn **right** onto **W Lawrence Ave**. Map *W Lawrence Ave is just past W Gunnison St* *If you reach W Wilson Ave you've gone about 0.2 miles too far*	**0.4 Mi**	*9.5 Mi Total*
6. Merge onto **I-90 W / Kennedy Expy W**. Map *If you reach N Avondale Ave you've gone about 0.1 miles too far*	**4.6 Mi**	*14.1 Mi Total*
7. Take the **IL-171 S / Cumberland Ave** exit, **EXIT 79A**. Map	**0.2 Mi**	*14.3 Mi Total*
8. Turn **slight right** onto **IL-171 S / N Cumberland Ave**. Map	**1.4 Mi**	*15.7 Mi Total*
9. Make a **U-turn** at **W Leland Ave** onto **N Cumberland Ave / IL-171 N**. Map *If you reach W Coral Dr you've gone about 0.1 miles too far*	**0.01 Mi**	*15.7 Mi Total*
10. **4701 N CUMBERLAND AVE** is on the **right**. Map *If you reach W Lawrence Ave you've gone about 0.1 miles too far*		

4701 N Cumberland Ave, Norridge, IL 60706-2905

264

Total Travel Estimate: **15.69 miles - about 28 minutes**



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Notes
Neomedica Dialysis Centers - Bridgeport

Trip to:
825 W 35th St
Chicago, IL 60609-1511
22.23 miles / 35 minutes

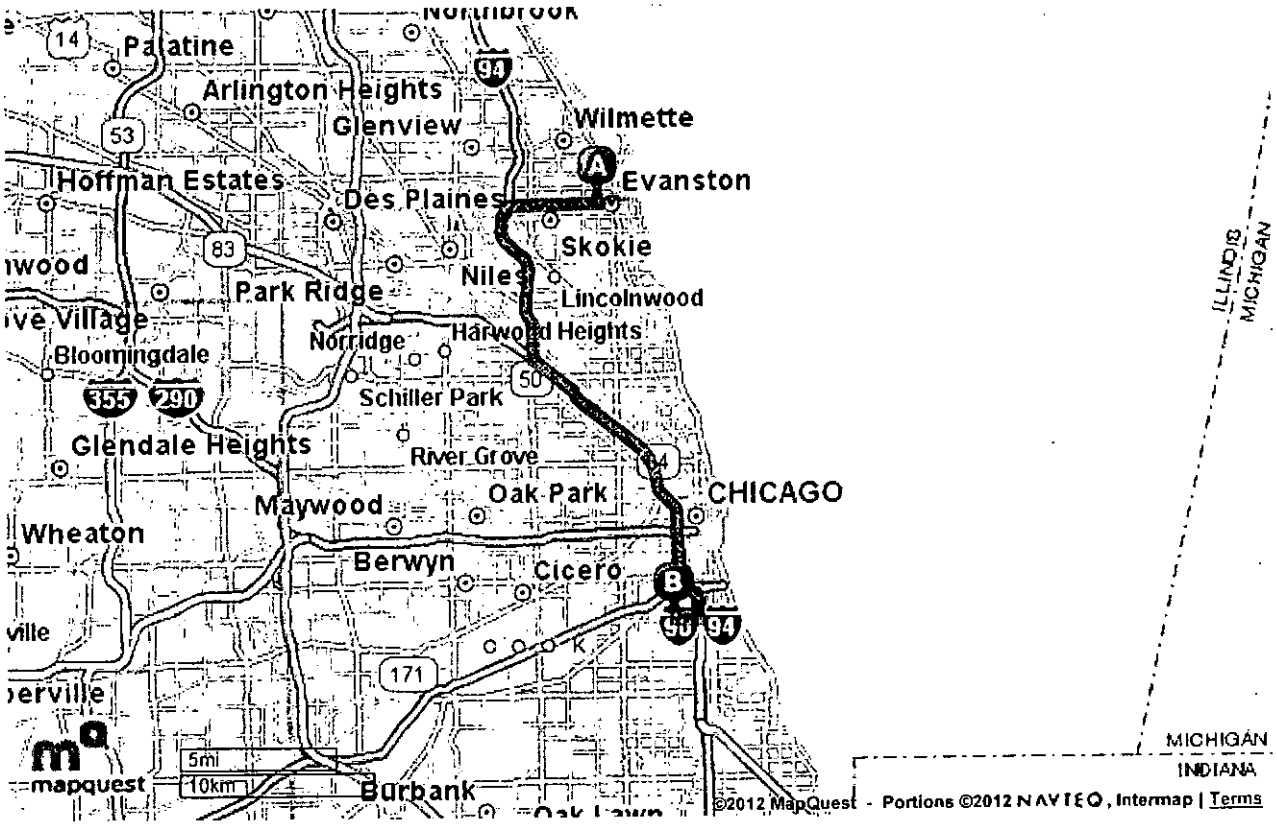
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave.** Map	**3.3 Mi** *3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**17.9 Mi** *21.2 Mi Total*
3. Take **EXIT 55A** toward **35th St**. Map	**0.2 Mi** *21.4 Mi Total*
4. Turn **slight left** onto **S Wentworth Ave**. Map	**0.08 Mi** *21.4 Mi Total*
5. Turn **right** onto **W 35th St**. Map *If you reach W 36th St you've gone about 0.1 miles too far*	**0.8 Mi** *22.2 Mi Total*
6. **825 W 35TH ST** is on the **left**. Map *Your destination is just past S Halsted St* *If you reach S Lituanica Ave you've gone a little too far*	

825 W 35th St, Chicago, IL 60609-1511

366

Total Travel Estimate: **22.23 miles - about 35 minutes**



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Notes
RCG - Arlington Heights Northwest Kidney Center

Trip to:
17 W Golf Rd
Arlington Heights, IL 60005-3905
16.19 miles / 35 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map — **2.4 Mi** / *2.4 Mi Total*

2. Turn **right** onto **Skokie Blvd / US-41**. Map — **1.0 Mi** / *3.5 Mi Total*
Skokie Blvd is 0.1 miles past Kilpatrick Ave
Skokie Mobil is on the corner
If you are on Dempster St and reach Niles Center Rd you've gone a little too far

3. Turn **left** onto **Golf Rd**. Map — **8.4 Mi** / *11.9 Mi Total*
Golf Rd is 0.1 miles past Foster St
Panera Bread in Shops At Orchard Place is on the corner
If you are on US-41 and reach Old Orchard Ctr you've gone about 0.2 miles too far

4. Enter next roundabout and take the 3rd exit onto **E Golf Rd / IL-58**. Map — **4.1 Mi** / *16.0 Mi Total*

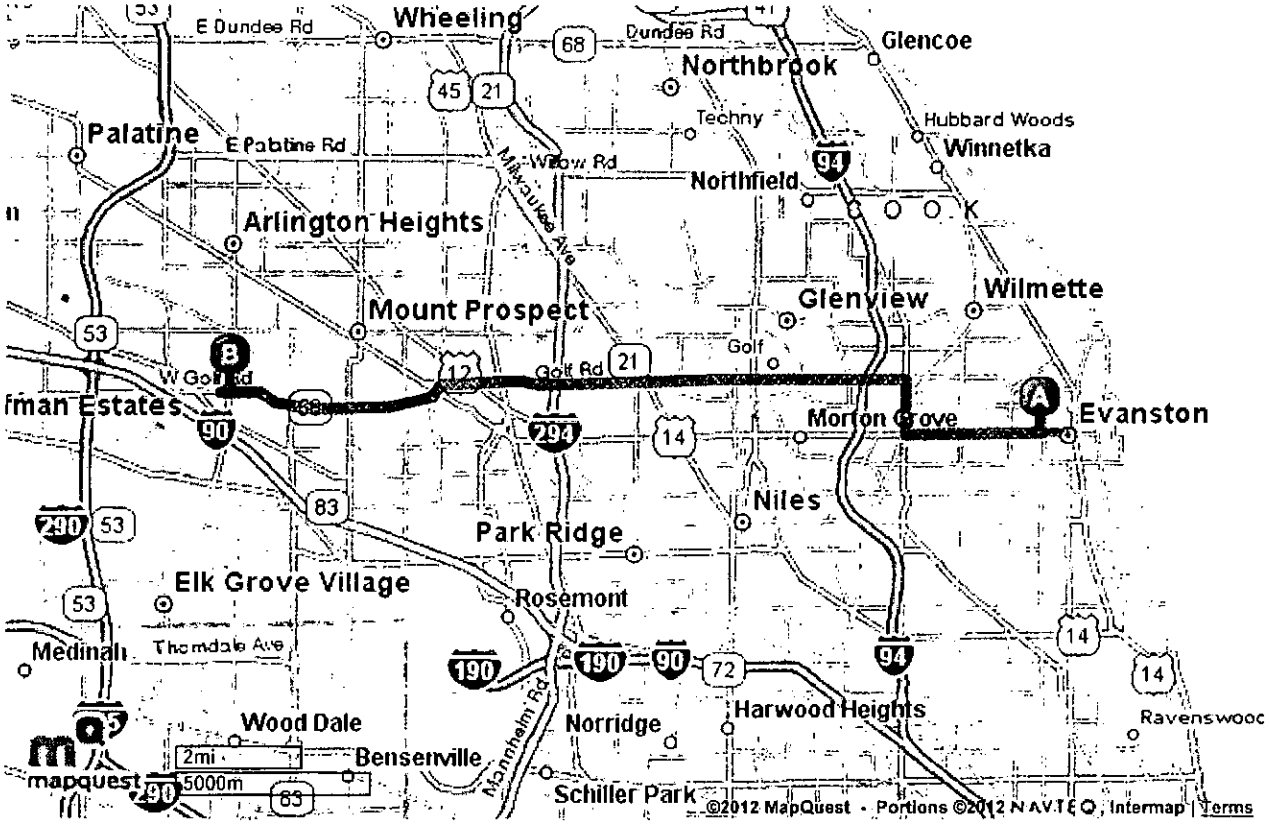
5. Make a **U-turn** onto **W Golf Rd / IL-58**. Map — **0.2 Mi** / *16.2 Mi Total*
If you reach S Highland Ave you've gone about 0.1 miles too far

6. **17 W GOLF RD** is on the **right**. Map
If you reach S Arlington Heights Rd you've gone a little too far

17 W Golf Rd, Arlington Heights, IL 60005-3905

308

Total Travel Estimate: **16.19 miles - about 35 minutes**



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Notes
Monteclare Dialysis Center

Trip to:
7009-7011 W Belmont Ave
Chicago, IL 60634-4533
14.05 miles / 29 minutes

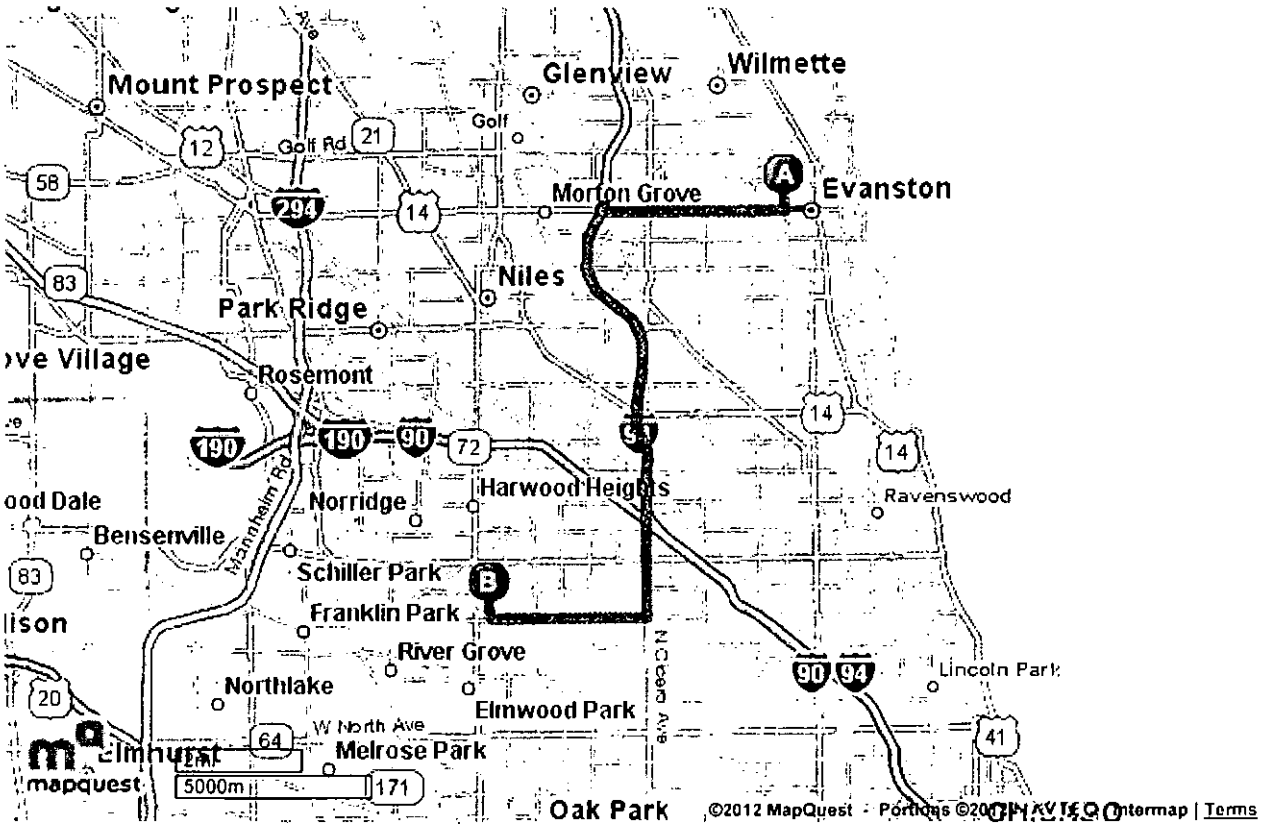
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E / Edens Expy E**. Map	**5.9 Mi**	*9.2 Mi Total*
3. Take the **Wilson Ave** exit, **EXIT 43A**. Map	**0.2 Mi**	*9.4 Mi Total*
4. Turn **right** onto **W Wilson Ave**. Map *If you reach I-94 E you've gone about 0.2 miles too far*	**0.02 Mi**	*9.5 Mi Total*
5. Take the 1st **left** onto **N Cicero Ave / IL-50**. Map *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**1.8 Mi**	*11.2 Mi Total*
6. Turn **right** onto **W Belmont Ave**. Map *W Belmont Ave is just past W Melrose St* *Delta Restaurant is on the left* *If you reach W Fletcher St you've gone a little too far*	**2.8 Mi**	*14.1 Mi Total*
7. **7009-7011 W BELMONT AVE**. Map *Your destination is just past N Sayre Ave* *If you reach N Nordica Ave you've gone a little too far*		

7009-7011 W Belmont Ave, Chicago, IL 60634-4533

370

Total Travel Estimate: **14.05 miles - about 29 minutes**



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Notes
Neomedica West Belmont

Trip to:
4848 W Belmont Ave
Chicago, IL 60641-4329
11.31 miles / 22 minutes

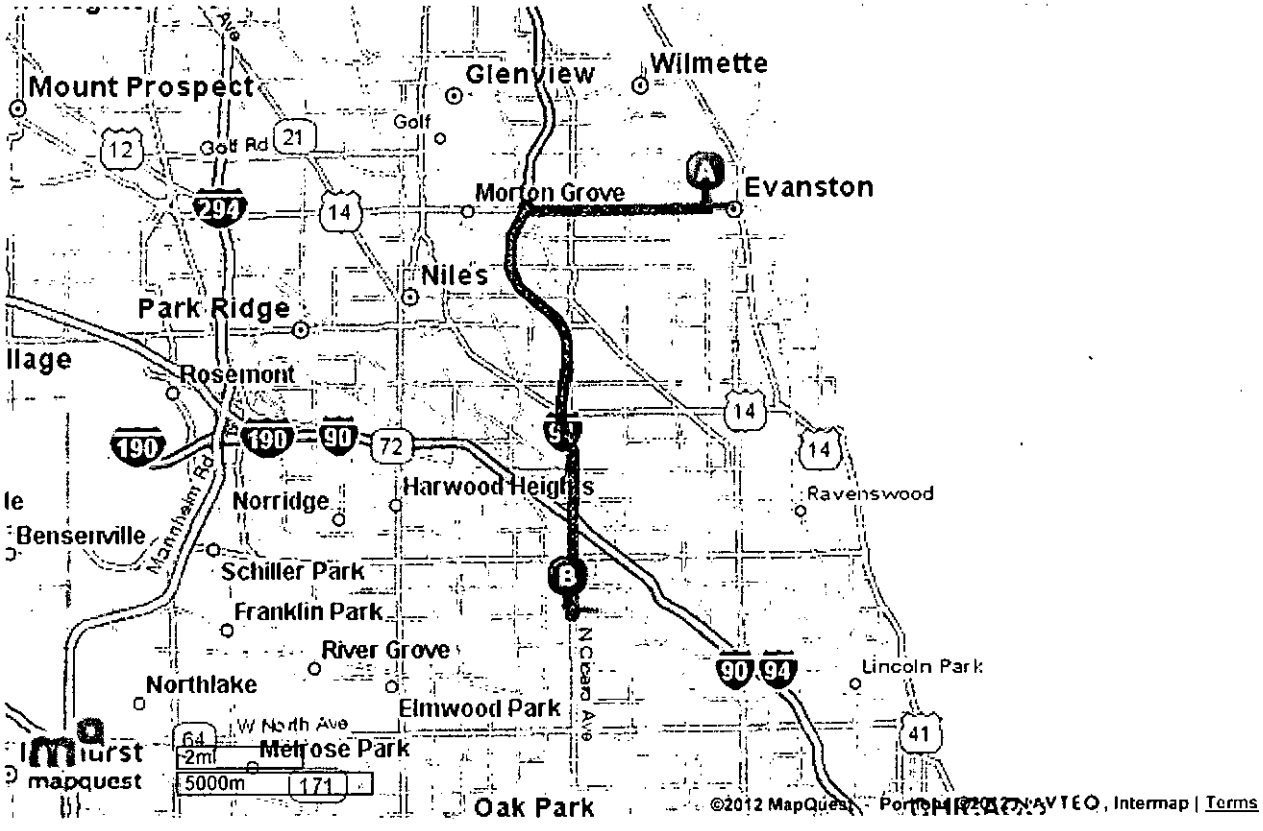
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E / Edens Expy E**. Map	**5.9 Mi**	*9.2 Mi Total*
3. Take the **Wilson Ave** exit, **EXIT 43A**. Map	**0.2 Mi**	*9.4 Mi Total*
4. Turn **right** onto **W Wilson Ave**. Map *If you reach I-94 E you've gone about 0.2 miles too far*	**0.02 Mi**	*9.5 Mi Total*
5. Take the **1st left** onto **N Cicero Ave / IL-50**. Map *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**1.8 Mi**	*11.2 Mi Total*
6. Turn **right** onto **W Belmont Ave**. Map *W Belmont Ave is just past W Melrose St* *Delta Restaurant is on the left* *If you reach W Fletcher St you've gone a little too far*	**0.07 Mi**	*11.3 Mi Total*
7. **4848 W BELMONT AVE** is on the **right**. Map *If you reach N Lamon Ave you've gone a little too far*		

4848 W Belmont Ave, Chicago, IL 60641-4329

372

Total Travel Estimate: **11.31 miles - about 22 minutes**



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Notes
Neomedica Dialysis Centers - North

Trip to:
4800 N Kilpatrick Ave
Chicago, IL 60630-1725
9.29 miles / 17 minutes

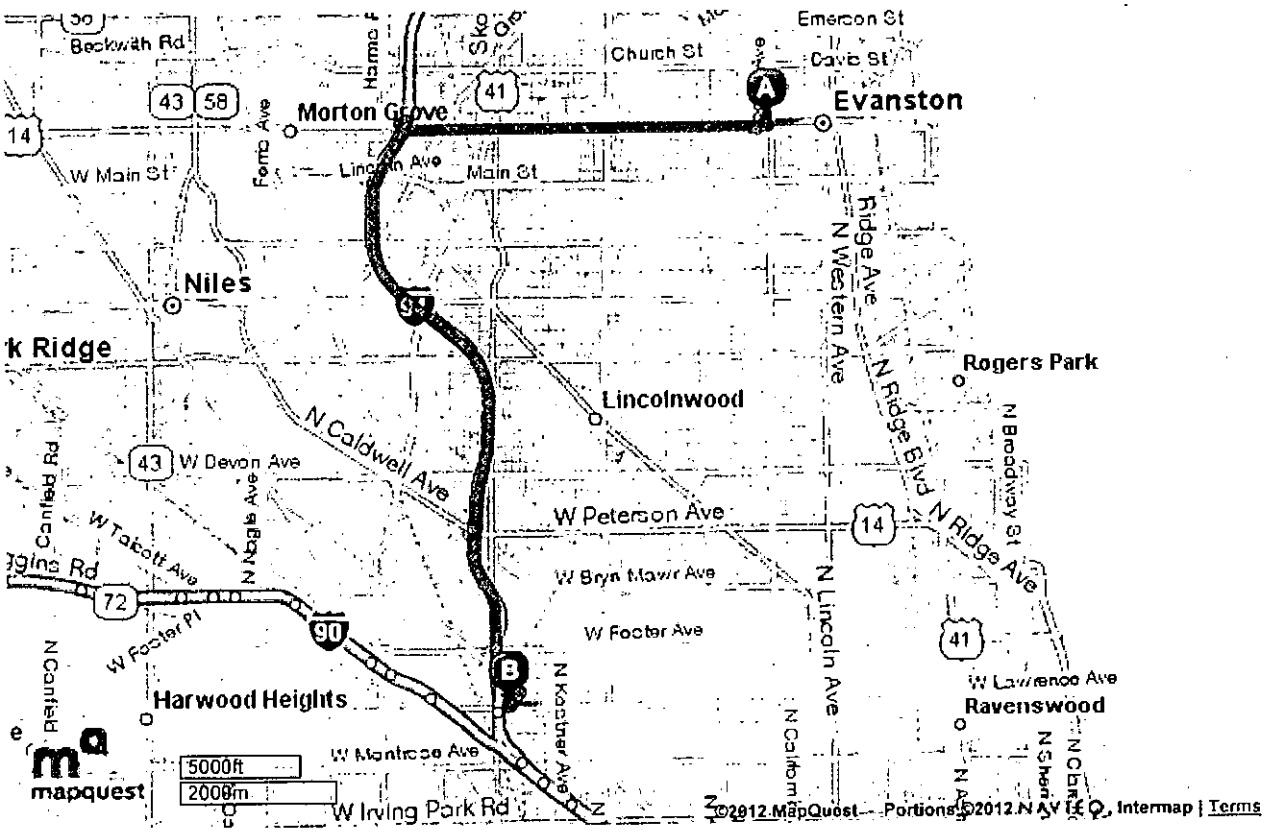
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E / Edens Expy E**. Map	**4.8 Mi**	*8.1 Mi Total*
3. Take the **IL-50 S / Cicero Ave** exit, **EXIT 41C**. Map	**0.2 Mi**	*8.3 Mi Total*
4. Turn **slight right** onto **N Cicero Ave / IL-50**. Map	**0.6 Mi**	*8.8 Mi Total*
5. Turn **left** onto **N Elston Ave**. Map *N Elston Ave is 0.1 miles past W Foster Ave* *Subway is on the corner* *If you reach W Winnemac Ave you've gone a little too far*	**0.3 Mi**	*9.1 Mi Total*
6. Turn **right** onto **N Kilpatrick Ave**. Map *N Kilpatrick Ave is just past N Kolmar Ave* *If you reach N Kentucky Ave you've gone a little too far*	**0.2 Mi**	*9.3 Mi Total*
7. **4800 N KILPATRICK AVE** is on the **right**. Map *If you reach W Lawrence Ave you've gone a little too far*		

4800 N Kilpatrick Ave, Chicago, IL 60630-1725

374

Total Travel Estimate: **9.29 miles - about 17 minutes**



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Notes
Glenview Dialysis Center

Trip to:
4248 Commercial Way
Glenview, IL 60025-3573
10.10 miles / 22 minutes

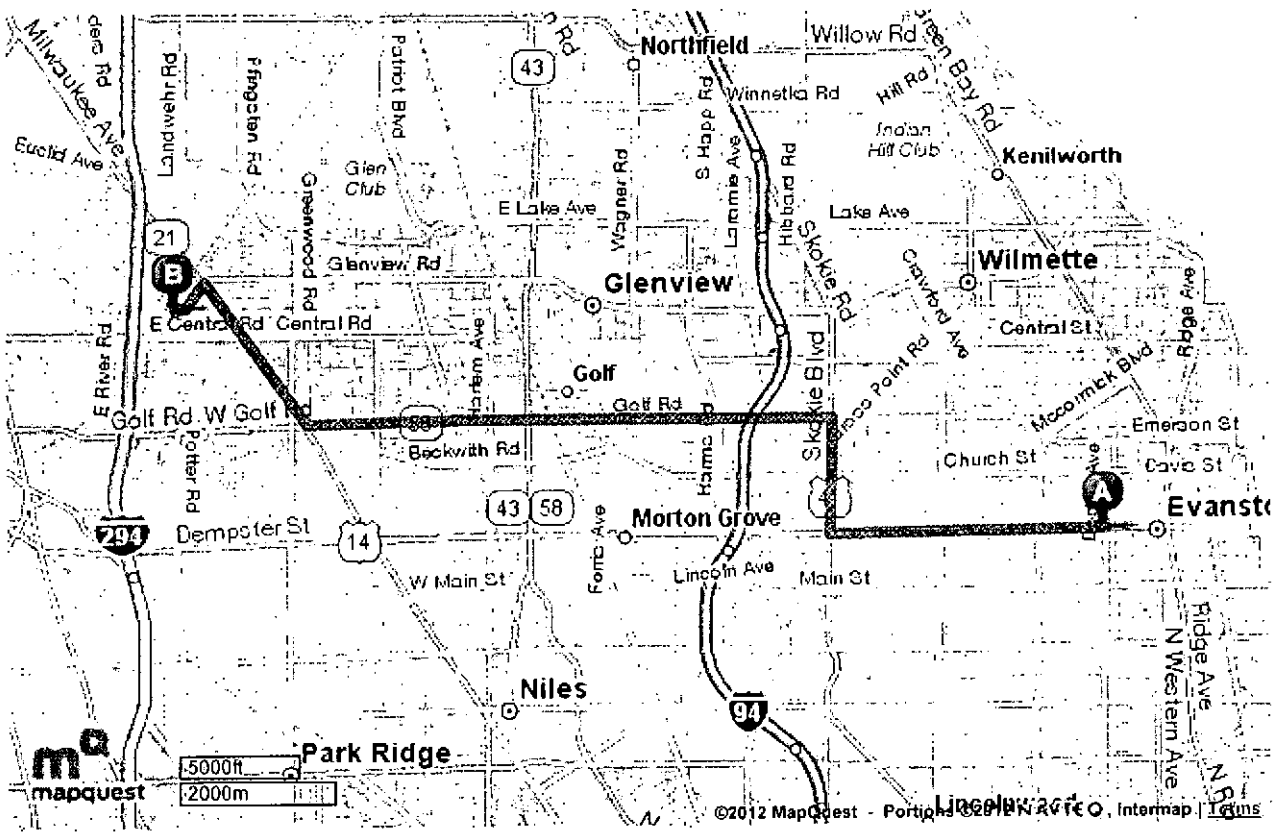
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**2.4 Mi**	*2.4 Mi Total*
2. Turn **right** onto **Skokie Blvd / US-41**. Map *Skokie Blvd is 0.1 miles past Kilpatrick Ave* *Skokie Mobil is on the corner* *If you are on Dempster St and reach Niles Center Rd you've gone a little too far*	**1.0 Mi**	*3.5 Mi Total*
3. Turn **left** onto **Golf Rd**. Map *Golf Rd is 0.1 miles past Foster St* *Panera Bread in Shops At Orchard Place is on the corner* *If you are on US-41 and reach Old Orchard Ctr you've gone about 0.2 miles too far*	**4.7 Mi**	*8.1 Mi Total*
4. Turn **right** onto **Milwaukee Ave / N Milwaukee Ave / IL-21**. Continue to follow **Milwaukee Ave / IL-21**. Map *Milwaukee Ave is 0.4 miles past Michael Mnr* *Firehouse Subs is on the corner* *If you are on W Golf Rd and reach N Greenwood Ave you've gone about 0.1 miles too far*	**1.6 Mi**	*9.7 Mi Total*
5. Turn **left** onto **Dearlove Rd**. Map *If you are on IL-21 and reach Castilian Ct you've gone about 0.2 miles too far*	**0.3 Mi**	*10.0 Mi Total*
6. Turn **right** onto **Commercial Way**. Map *If you reach Di Paolo Ctr you've gone about 0.1 miles too far*	**0.1 Mi**	*10.1 Mi Total*
7. **4248 COMMERCIAL WAY** is on the **left**. Map *Your destination is 0.1 miles past Commercial Way* *If you reach Dearlove Rd you've gone about 0.1 miles too far*		

4248 Commercial Way, Glenview, IL 60025-3573

376

Total Travel Estimate: **10.10 miles - about 22 minutes**



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Notes
Lutheran General - Neomedica

Trip to:
9371 N Milwaukee Ave
Niles, IL 60714-1303
7.33 miles / 18 minutes

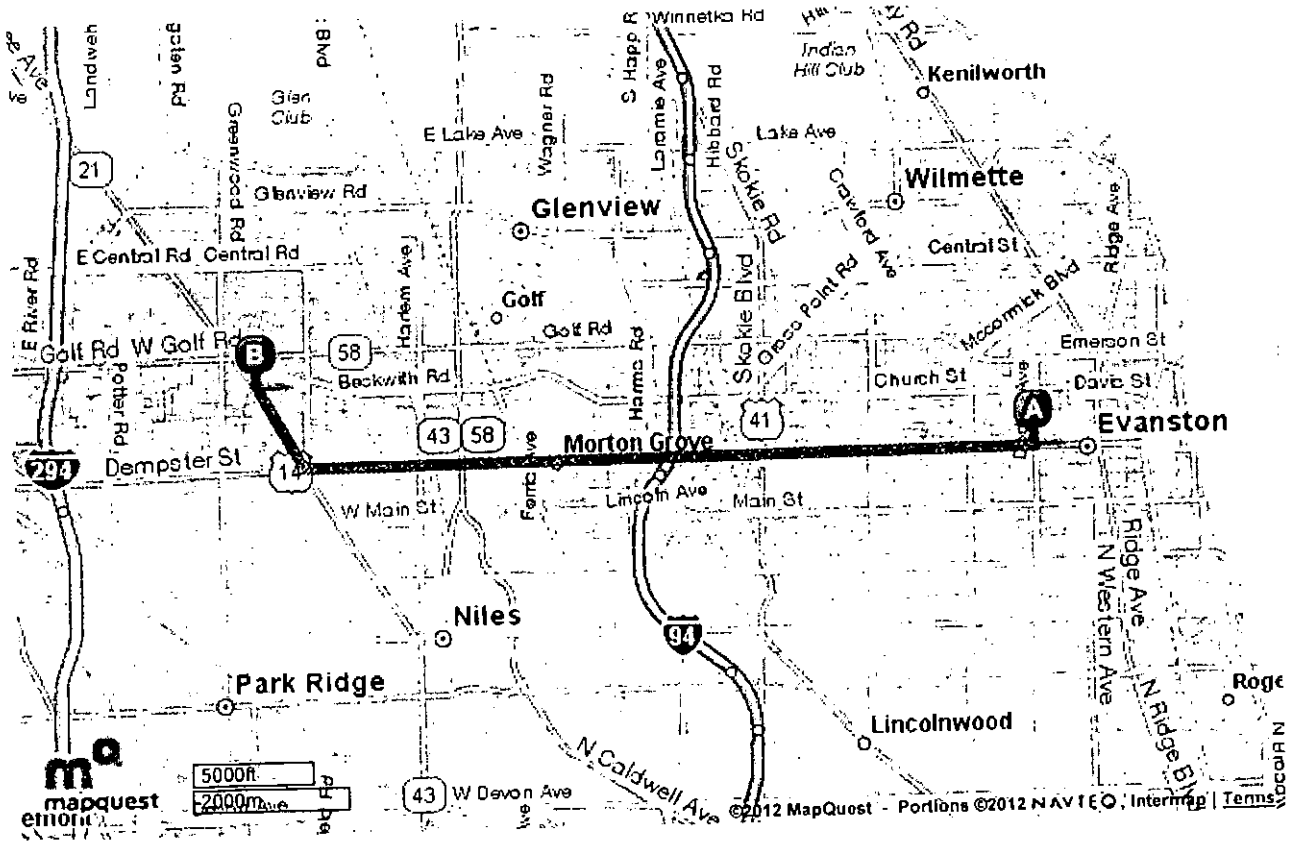
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**6.3 Mi**	*6.3 Mi Total*
2. Turn **slight right** onto **Dempster St / W Dempster St**. Map *Dempster St is just past N Ozanam Ave*	**0.2 Mi**	*6.5 Mi Total*
3. Turn **right** onto **N Milwaukee Ave / IL-21**. Map *N Milwaukee Ave is just past N Washington St* *Our Night Restaurant is on the right* *If you reach US-14 you've gone about 0.2 miles too far*	**0.8 Mi**	*7.3 Mi Total*
4. **9371 N MILWAUKEE AVE** is on the **right**. Map *Your destination is 0.1 miles past N Maryland St* *If you reach W Golf Rd you've gone about 0.3 miles too far*		

9371 N Milwaukee Ave, Niles, IL 60714-1303

378

Total Travel Estimate: **7.33 miles - about 18 minutes**



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Notes

Fresenius Medical Care of Deerfield

Trip to:

405 Lake Cook Rd

Deerfield, IL 60015-4993

13.83 miles / 23 minutes

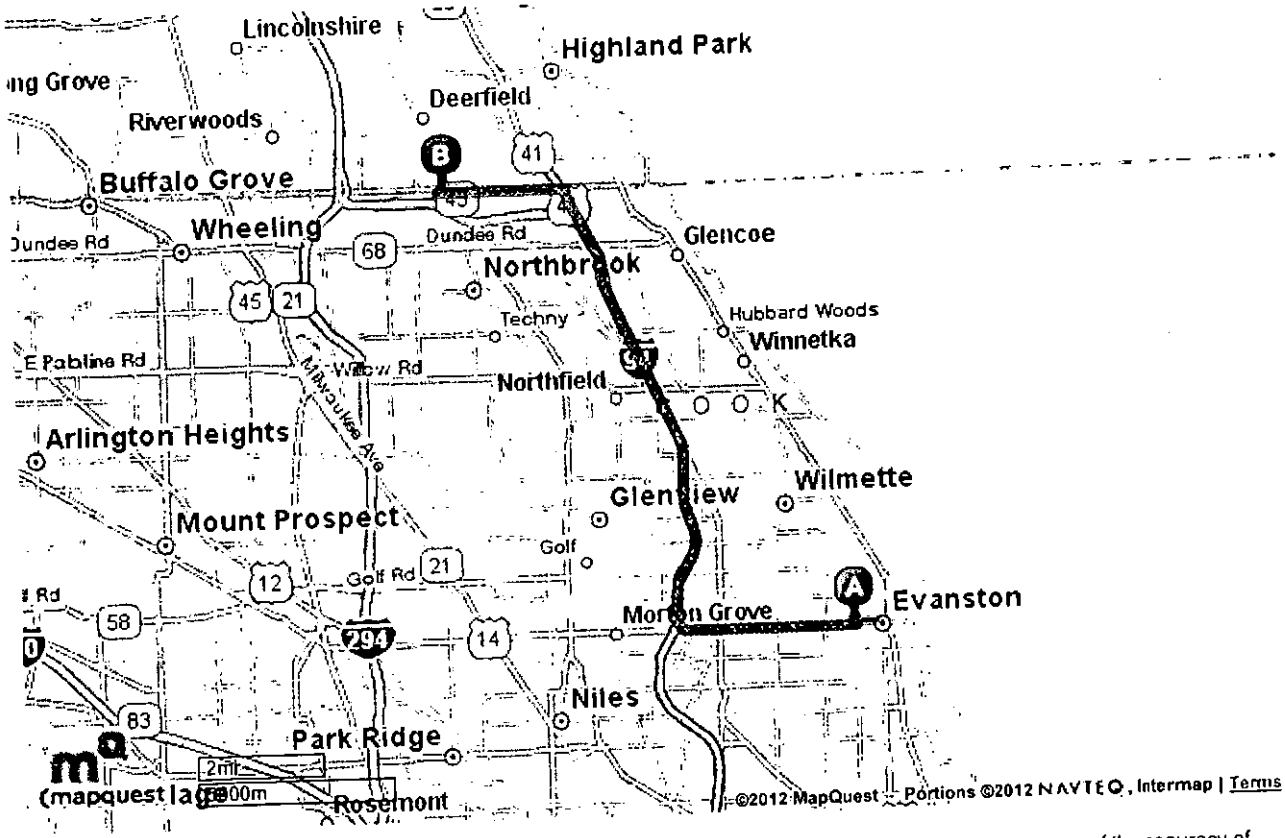
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.1 Mi** *3.1 Mi Total*
2. Merge onto **I-94 W / Edens Expy W** toward **Milwaukee**. Map	**7.4 Mi** *10.5 Mi Total*
3. Keep **left** to take **US-41 N / Edens Expy W** via **EXIT 29** toward **Waukegan**. Map	**0.7 Mi** *11.3 Mi Total*
4. Take the **Lake Cook Rd** exit. Map	**0.2 Mi** *11.5 Mi Total*
5. Turn **left** onto **County Line Rd / Lake Cook Rd**. Continue to follow **Lake Cook Rd**. Map *If you reach US-41 N you've gone about 0.1 miles too far*	**2.2 Mi** *13.7 Mi Total*
6. Make a **U-turn** onto **Lake Cook Rd**. Map	**0.1 Mi** *13.8 Mi Total*
7. **405 LAKE COOK RD** is on the **right**. Map *If you reach Ellendale Rd you've gone about 0.3 miles too far*	

405 Lake Cook Rd, Deerfield, IL 60015-4993

380

Total Travel Estimate: **13.83 miles - about 23 minutes**



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Notes
Big Oaks Dialysis

Trip to:
5623 W Touhy Ave
Niles, IL 60714-4019
5.50 miles / 13 minutes

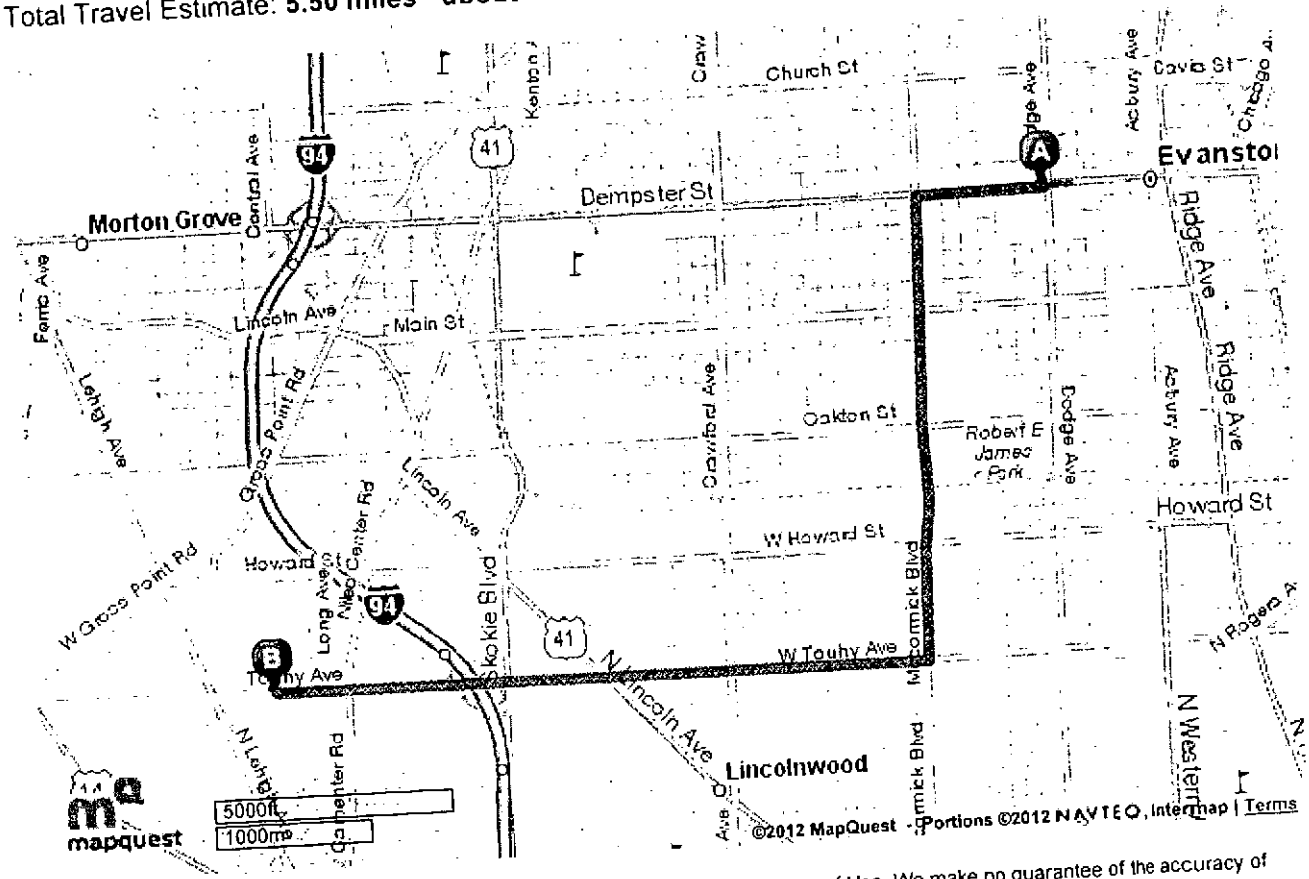
1922 Dempster St, Evanston, IL 60202-1016

	1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**0.6 Mi** *0.6 Mi Total*
	2. Turn **left** onto **McCormick Blvd**. Map *McCormick Blvd is 0.1 miles past McDaniel Ave* *Charter One is on the corner* *If you are on Dempster St and reach Bennett Ave you've gone a little too far*	**2.0 Mi** *2.6 Mi Total*
	3. Turn **right** onto **W Touhy Ave**. Map *W Touhy Ave is 0.3 miles past Birchwood Ave* *Red Lobster is on the corner* *If you are on N McCormick Blvd and reach W Lunt Ave you've gone about 0.2 miles too far*	**2.9 Mi** *5.5 Mi Total*
	4. **5623 W TOUHY AVE** is on the **left**. Map *Your destination is just past N Central Ave* *If you reach N Austin Ave you've gone about 0.1 miles too far*	

5623 W Touhy Ave, Niles, IL 60714-4019

382

Total Travel Estimate: **5.50 miles - about 13 minutes**



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Notes
RCG Skokie

Trip to:
9801 Woods Dr
Skokie, IL 60077-1074
4.57 miles / 11 minutes

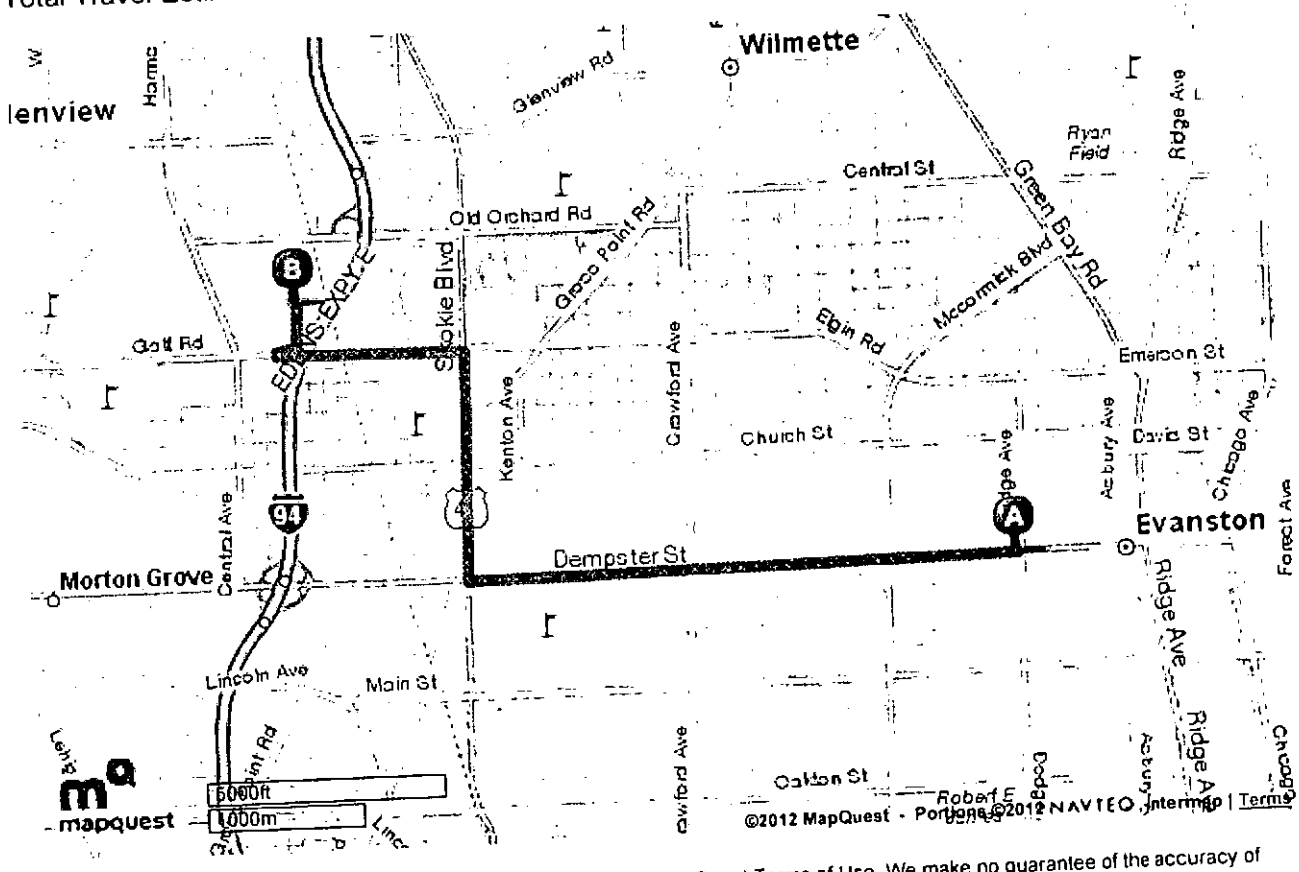
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**2.4 Mi**	*2.4 Mi Total*
2. Turn **right** onto **Skokie Blvd / US-41**. Map *Skokie Blvd is 0.1 miles past Kilpatrick Ave* *Skokie Mobil is on the corner* *If you are on Dempster St and reach Niles Center Rd you've gone a little too far*	**1.0 Mi**	*3.5 Mi Total*
3. Turn **left** onto **Golf Rd**. Map *Golf Rd is 0.1 miles past Foster St* *Panera Bread in Shops At Orchard Place is on the corner* *If you are on US-41 and reach Old Orchard Ctr you've gone about 0.2 miles too far*	**0.8 Mi**	*4.3 Mi Total*
4. Turn **right** onto **Woods Dr**. Map *Woods Dr is 0.2 miles past Lockwood Ave* *If you reach Harms Rd you've gone about 0.1 miles too far*	**0.3 Mi**	*4.6 Mi Total*
5. **9801 WOODS DR** is on the **right**. Map *If you reach Old Orchard Rd you've gone about 0.2 miles too far*		

9801 Woods Dr, Skokie, IL 60077-1074

384

Total Travel Estimate: **4.57 miles - about 11 minutes**



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Notes
Center for Renal Replacement

Trip to:
7301 N Lincoln Ave Ste 205
Lincolnwood, IL 60712-1735
4.21 miles / 10 minutes

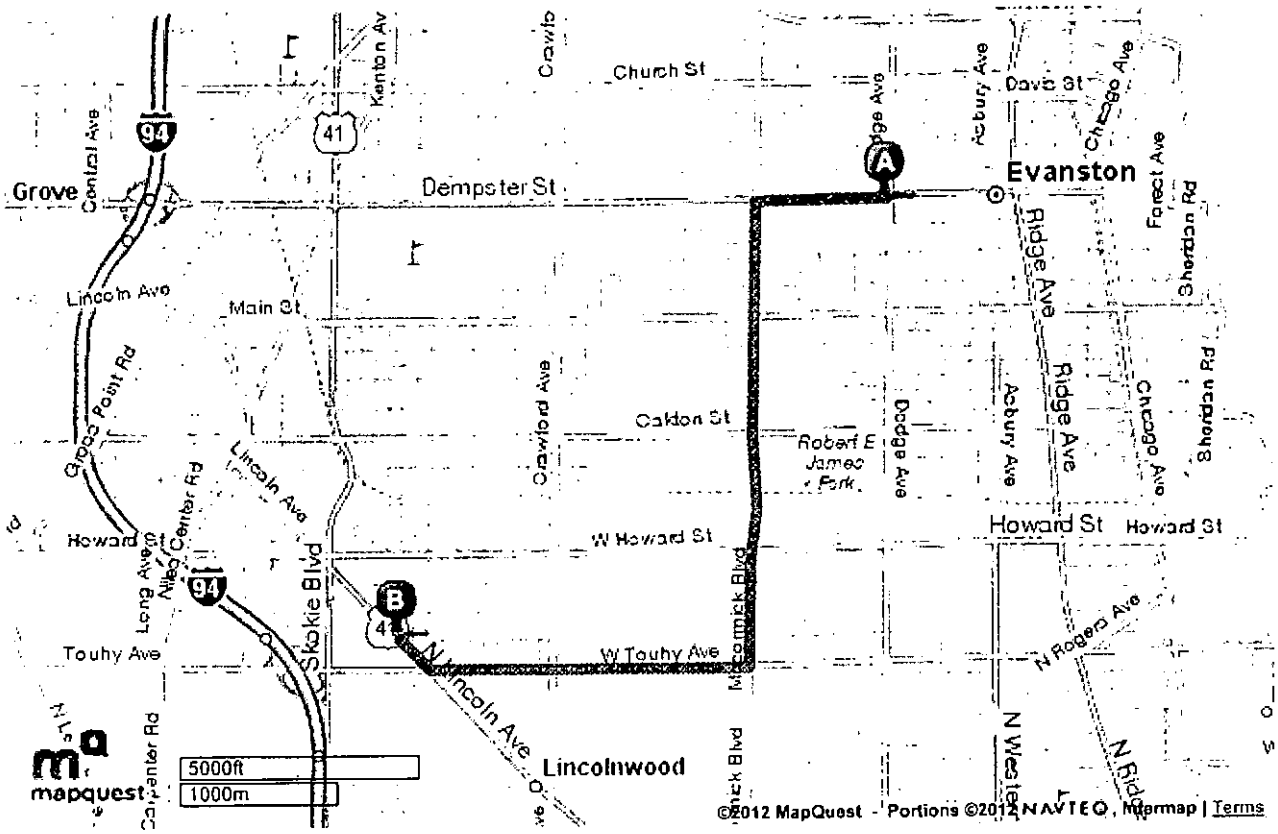
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **McCormick Blvd**. Map *McCormick Blvd is 0.1 miles past McDaniel Ave* *Charter One is on the corner* *If you are on Dempster St and reach Bennett Ave you've gone a little too far*	**2.0 Mi**	*2.6 Mi Total*
3. Turn **right** onto **W Touhy Ave**. Map *W Touhy Ave is 0.3 miles past Birchwood Ave* *Red Lobster is on the corner* *If you are on N McCormick Blvd and reach W Lunt Ave you've gone about 0.2 miles too far*	**1.4 Mi**	*4.0 Mi Total*
4. Turn **slight right** onto **N Lincoln Ave / US-41**. Map *N Lincoln Ave is just past N Kostner Ave* *If you reach N Kilbourn Ave you've gone a little too far*	**0.2 Mi**	*4.2 Mi Total*
5. **7301 N LINCOLN AVE STE 205** is on the **right**. Map *Your destination is just past W Chase Ave* *If you reach W Jarvis Ave you've gone about 0.1 miles too far*		

7301 N Lincoln Ave Ste 205, Lincolnwood, IL 60712-1735

386

Total Travel Estimate: **4.21 miles - about 10 minutes**



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Notes
RCG - Mid America Evanston

Trip to:
2953 Central St
Evanston, IL 60201-1245
2.57 miles / 6 minutes

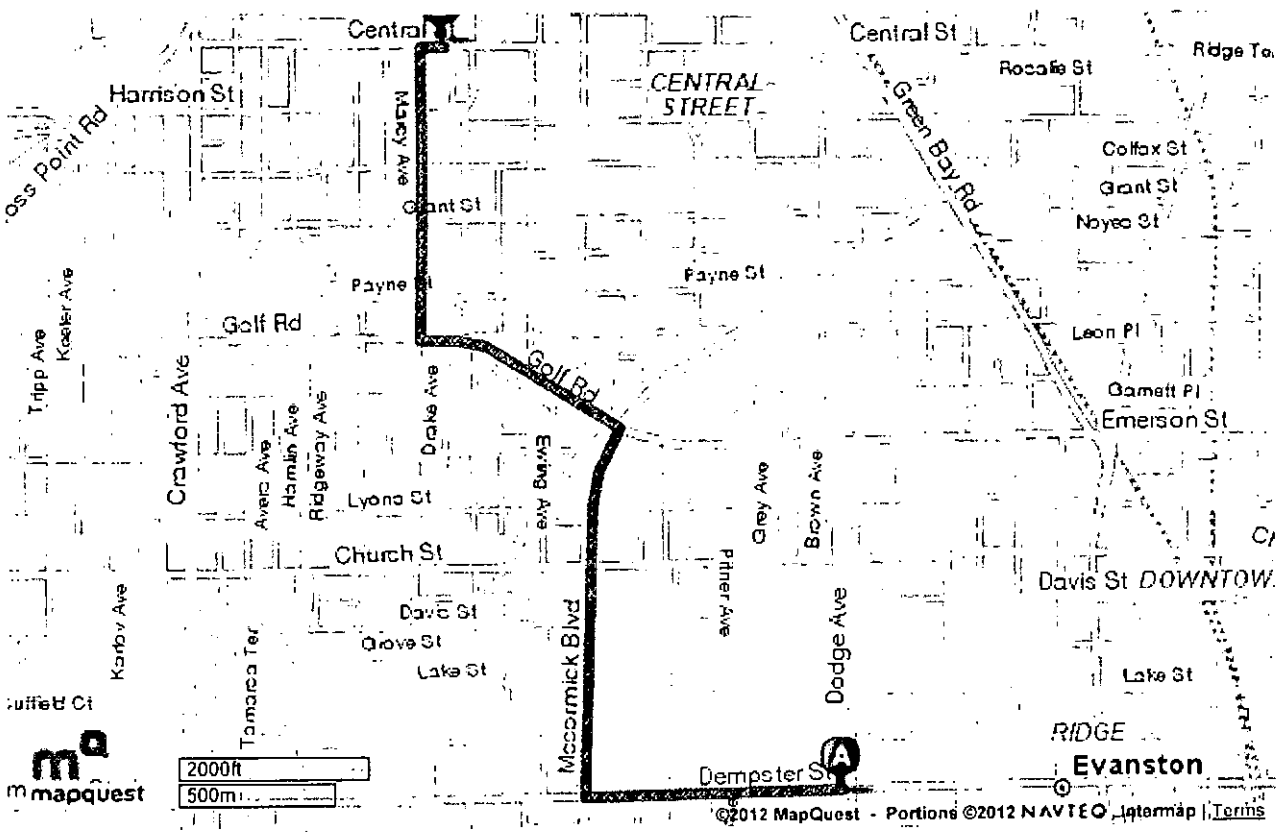
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **right** onto **McCormick Blvd**. Map *McCormick Blvd is 0.1 miles past McDaniel Ave* *Charter One is on the corner* *If you reach Bennett Ave you've gone a little too far*	**0.8 Mi**	*1.4 Mi Total*
3. Turn **left** onto **Golf Rd / Elgin Rd**. Continue to follow **Golf Rd**. Map *Golf Rd is 0.3 miles past Church St* *If you reach Bridge St you've gone about 0.4 miles too far*	**0.5 Mi**	*1.9 Mi Total*
4. Turn **right** onto **Central Park Ave**. Map *If you reach Monticello Ave you've gone a little too far*	**0.6 Mi**	*2.5 Mi Total*
5. Turn **right** onto **Central St**. Map *Central St is 0.1 miles past Harrison St* *Mobil Gas & Service Station is on the right* *If you reach Hartzell St you've gone a little too far*	**0.05 Mi**	*2.6 Mi Total*
6. **2953 CENTRAL ST** is on the **left**. Map *If you reach Hurd Ave you've gone a little too far*		

2953 Central St, Evanston, IL 60201-1245

388

Total Travel Estimate: **2.57 miles - about 6 minutes**



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Notes
FMC Dialysis Services of Congress Parkway

Trip to:
3410 W Van Buren St
Chicago, IL 60624-3358
21.30 miles / 32 minutes

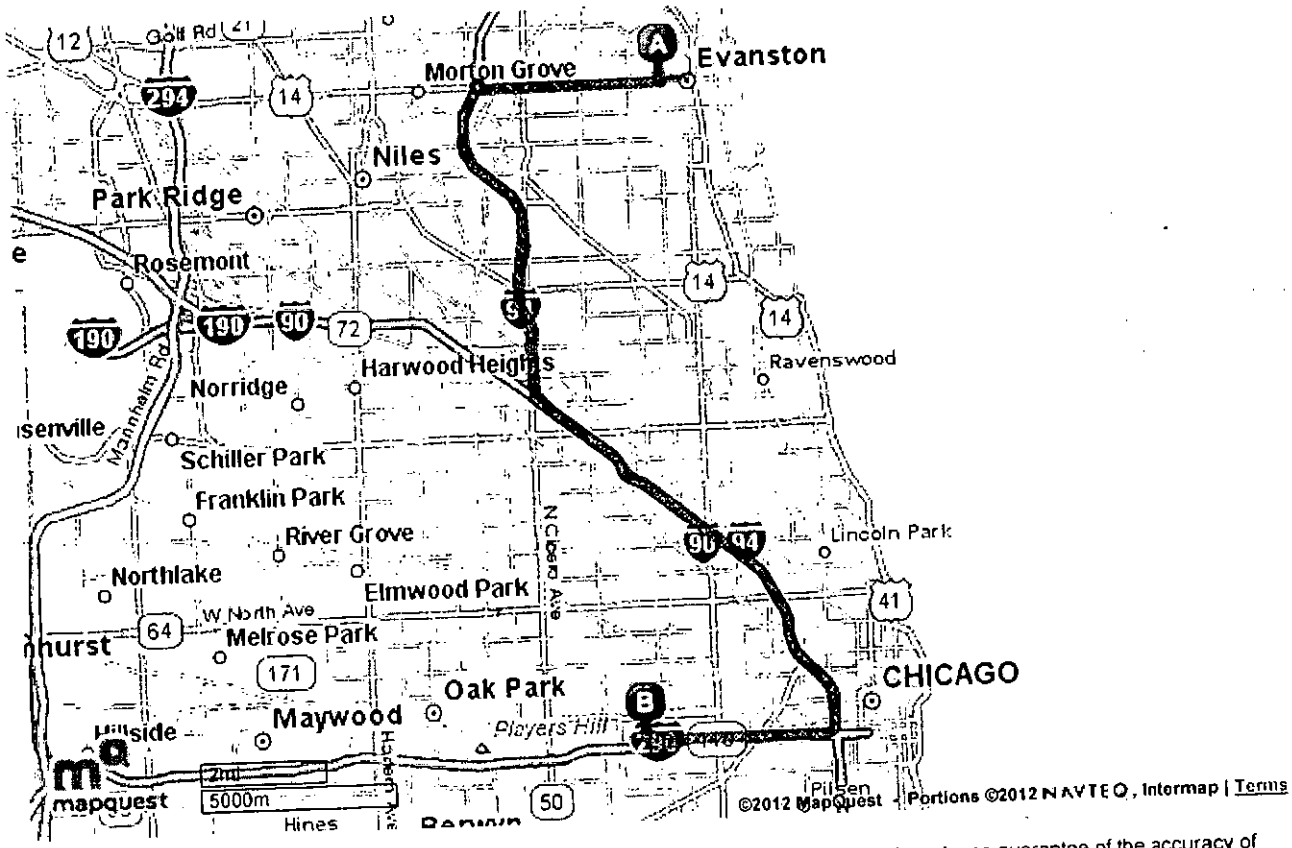
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**3.3 Mi**	*21.0 Mi Total*
4. Take **EXIT 26B** toward **Homan Ave**. Map	**0.2 Mi**	*21.2 Mi Total*
5. Stay **straight** to go onto **W Congress Pky**. Map	**0.03 Mi**	*21.2 Mi Total*
6. Take the 1st **right** onto **S Homan Ave**. Map *Daycare II is on the corner* *If you reach S St Louis Ave you've gone about 0.1 miles too far*	**0.06 Mi**	*21.3 Mi Total*
7. Take the 1st **left** onto **W Van Buren St**. Map *If you reach W Gladys Ave you've gone a little too far*	**0.02 Mi**	*21.3 Mi Total*
8. **3410 W VAN BUREN ST** is on the **right**. Map *If you reach S Trumbull Ave you've gone a little too far*		

3410 W Van Buren St, Chicago, IL 60624-3358

390

Total Travel Estimate: **21.30 miles - about 32 minutes**



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Notes

Fresenius Medical Care of Chicago - West

Trip to:

1340 S Damen Ave
Chicago, IL 60608-1169
20.28 miles / 33 minutes

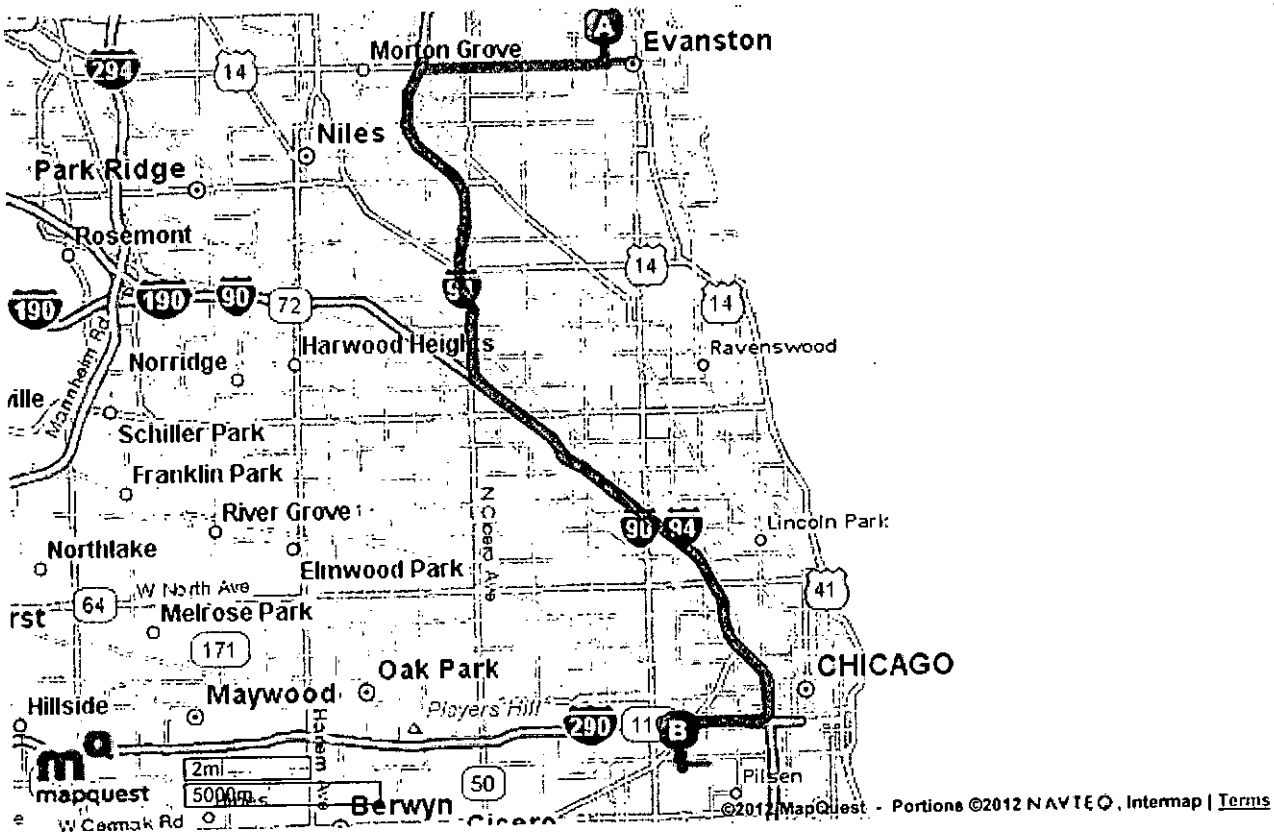
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**1.5 Mi**	*19.3 Mi Total*
4. Take **EXIT 28A** toward **Damen Ave**. Map	**0.1 Mi**	*19.4 Mi Total*
5. Stay **straight** to go onto **W Van Buren St**. Map	**0.03 Mi**	*19.4 Mi Total*
6. Take the 1st **left** onto **S Damen Ave**. Map *If you reach S Seeley Ave you've gone a little too far*	**0.8 Mi**	*20.3 Mi Total*
7. **1340 S DAMEN AVE** is on the **right**. Map *Your destination is just past W 13th St* *If you reach W 14th St you've gone a little too far*		

1340 S Damen Ave, Chicago, IL 60608-1169

892

Total Travel Estimate: **20.28 miles - about 33 minutes**



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Notes
John H. Stroger Jr. Hospital of Cook County

Trip to:
1835 W Harrison St
Chicago, IL 60612-3771
18.22 miles / 31 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**12.9 Mi**	*16.2 Mi Total*
3. Take **EXIT 50A** toward **Ogden Ave**. Map	**0.2 Mi**	*16.4 Mi Total*
4. Turn **slight right** onto **N Racine Ave**. Map	**0.1 Mi**	*16.5 Mi Total*
5. Turn **slight right** onto **N Ogden Ave**. Map *N Ogden Ave is just past W Erie St* *Amy Beck Cake Design is on the right* *If you are on N Racine Ave and reach W Ohio St you've gone a little too far*	**1.6 Mi**	*18.1 Mi Total*
6. Turn **sharp left** onto **W Harrison St**. Map *W Harrison St is just past S Wolcott Ave* *If you reach S Winchester Ave you've gone a little too far*	**0.1 Mi**	*18.2 Mi Total*
7. **1835 W HARRISON ST** is on the **right**. Map *Your destination is just past S Wolcott Ave* *If you reach S Wood St you've gone a little too far*		

1835 W Harrison St, Chicago, IL 60612-3771

394

Total Travel Estimate: **18.22 miles - about 31 minutes**

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Notes
West Metro Dialysis Center

Trip to:
1044 N Mozart St
Chicago, IL 60622-2789
16.18 miles / 29 minutes

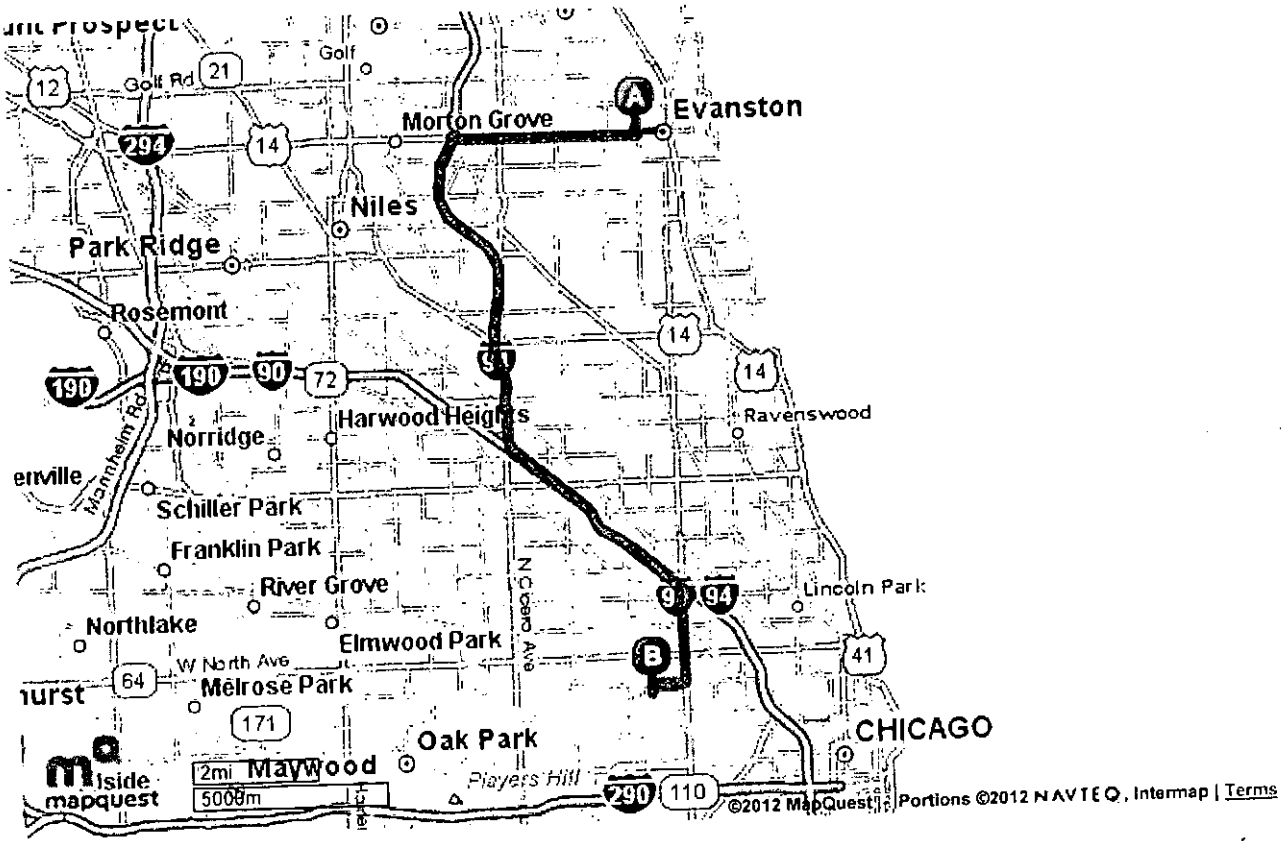
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**10.2 Mi**	*13.5 Mi Total*
3. Take the **Fullerton Ave** exit, **EXIT 47A**. Map	**0.2 Mi**	*13.7 Mi Total*
4. **Keep right** at the fork to go on **W Fullerton Ave**. Map *If you reach I-90 E you've gone about 0.2 miles too far*	**0.2 Mi**	*13.9 Mi Total*
5. Turn **left** onto **N Western Ave**. Map *N Western Ave is 0.1 miles past N Oakley Ave* *Quenchers Saloon is on the corner* *If you reach N Artesian Ave you've gone a little too far*	**1.5 Mi**	*15.4 Mi Total*
6. Turn **right** onto **W Division St**. Map *W Division St is 0.1 miles past W Potomac Ave* *If you reach W Haddon Ave you've gone a little too far*	**0.6 Mi**	*16.0 Mi Total*
7. Turn **left** onto **N Mozart St**. Map *N Mozart St is just past N California Ave* *If you reach N Francisco Ave you've gone a little too far*	**0.2 Mi**	*16.2 Mi Total*
8. **1044 N MOZART ST** is on the **right**. Map *Your destination is just past W Thomas St* *If you reach W Cortez St you've gone a little too far*		

1044 N Mozart St, Chicago, IL 60622-2789

394

Total Travel Estimate: **16.18 miles - about 29 minutes**



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Notes
University of Illinois Hospital

Trip to:
1740 W Taylor St
Chicago, IL 60612-7232
19.62 miles / 31 minutes

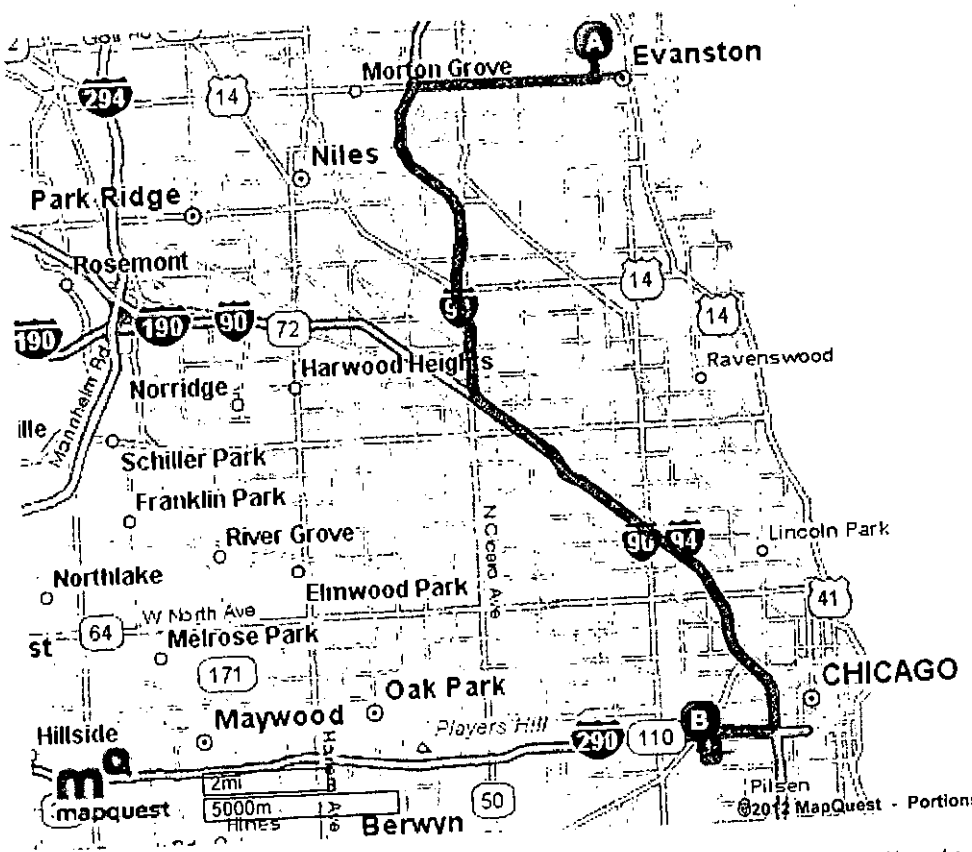
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**1.0 Mi**	*18.7 Mi Total*
4. Take **EXIT 28B** toward **Ashland Ave / Paulina St**. Map	**0.2 Mi**	*18.9 Mi Total*
5. Turn **slight left** onto **W Van Buren St**. Map	**0.06 Mi**	*18.9 Mi Total*
6. Take the **1st left** onto **S Ashland Ave**. Map *If you reach N Marshfield Ave you've gone a little too far*	**0.5 Mi**	*19.4 Mi Total*
7. Turn **right** onto **W Taylor St**. Map *W Taylor St is 0.1 miles past W Polk St* *Durso School is on the corner* *If you reach W Roosevelt Rd you've gone about 0.1 miles too far*	**0.2 Mi**	*19.6 Mi Total*
8. **1740 W TAYLOR ST** is on the **right**. Map *Your destination is just past S Hermitage Ave* *If you reach S Wood St you've gone a little too far*		

1740 W Taylor St, Chicago, IL 60612-7232

398

Total Travel Estimate: **19.62 miles - about 31 minutes**



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Notes
Rush Univ. Med. Ctr.

Trip to:
1653 W Congress Pkwy
Chicago, IL 60612-3833
19.21 miles / 30 minutes

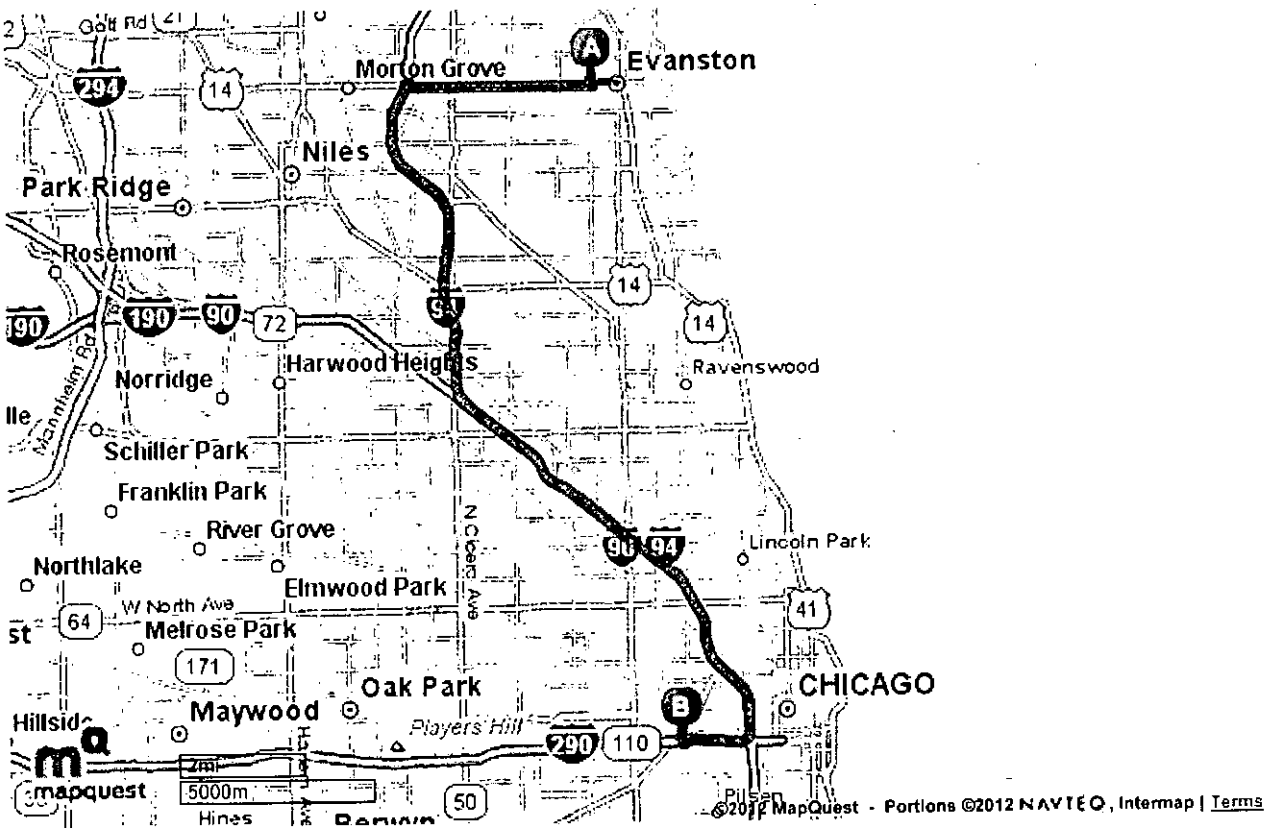
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**1.0 Mi**	*18.7 Mi Total*
4. Take **EXIT 28B** toward **Ashland Ave / Paulina St**. Map	**0.2 Mi**	*18.9 Mi Total*
5. Turn **slight left** onto **W Van Buren St**. Map	**0.2 Mi**	*19.1 Mi Total*
6. Take the 2nd **left** onto **S Paulina St**. Map *Au Bon Pain is on the corner* *If you reach W Ogden Ave you've gone about 0.1 miles too far*	**0.08 Mi**	*19.1 Mi Total*
7. Turn **left** onto **W Congress Pky**. Map	**0.06 Mi**	*19.2 Mi Total*
8. **1653 W CONGRESS PKWY**. Map *If you reach S Ashland Ave you've gone a little too far*		

1653 W Congress Pkwy, Chicago, IL 60612-3833

400

Total Travel Estimate: **19.21 miles - about 30 minutes**



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Notes
Chicago Dialysis Center

Trip to:
820 W Jackson Blvd
Chicago, IL 60607-3026
17.92 miles / 28 minutes

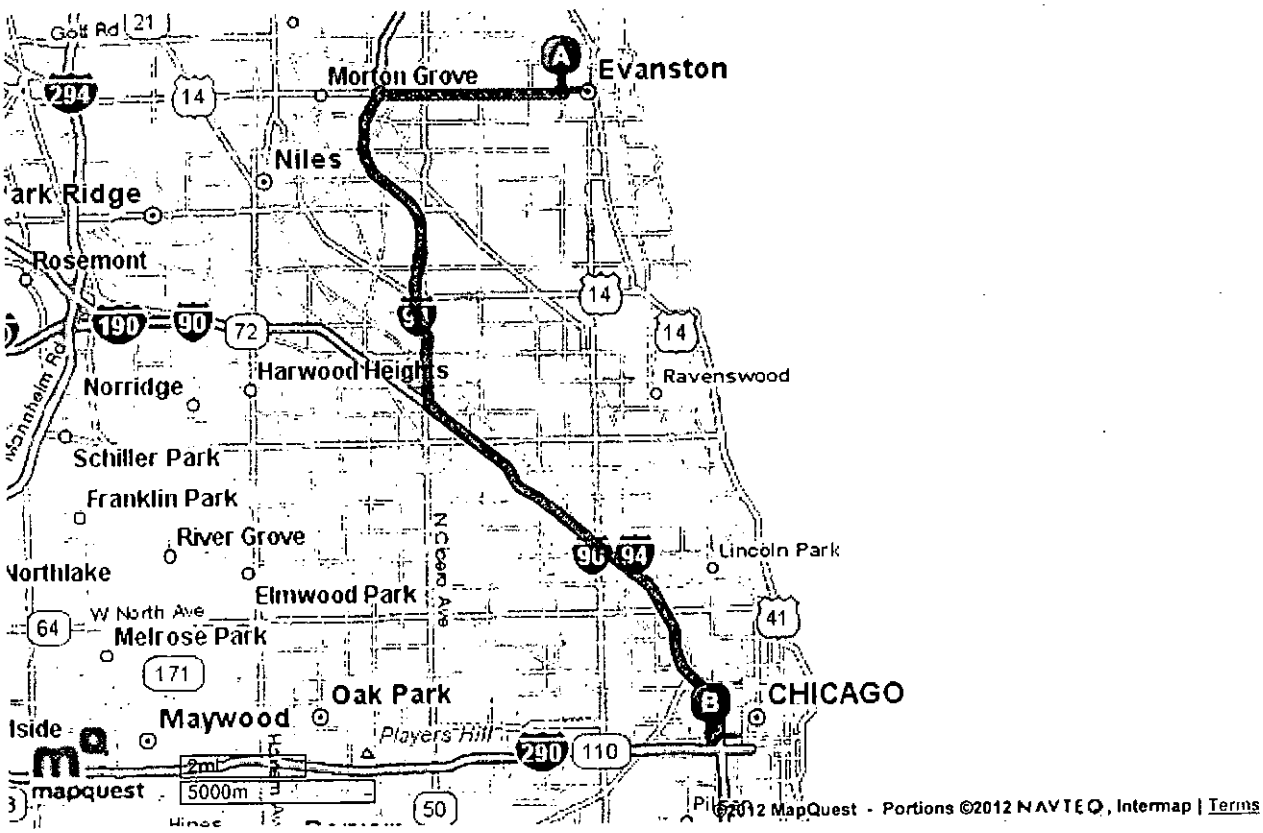
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.3 Mi**	*17.5 Mi Total*
3. Take the **Adams St / Jackson Blvd** exit, **EXIT 51F**. Map	**0.05 Mi**	*17.6 Mi Total*
4. Keep **right** to take the **Adams St** ramp. Map	**0.09 Mi**	*17.7 Mi Total*
5. Turn **right** onto **W Adams St**. Map	**0.1 Mi**	*17.8 Mi Total*
6. Take the 2nd **left** onto **S Green St**. Map *S Green St is just past S Halsted St* *Nannies & Co is on the corner* *If you reach S Peoria St you've gone a little too far*	**0.09 Mi**	*17.9 Mi Total*
7. Take the 1st **left** onto **W Jackson Blvd**. Map *Maui Wowi is on the corner* *If you reach W Van Buren St you've gone a little too far*	**0.03 Mi**	*17.9 Mi Total*
8. **820 W JACKSON BLVD** is on the **left**. Map *If you reach S Halsted St you've gone a little too far*		

820 W Jackson Blvd, Chicago, IL 60607-3026

402

Total Travel Estimate: **17.92 miles - about 28 minutes**



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Notes
Neomedica Loop East Delaware

Trip to:
557 W Polk St
Chicago, IL 60607-4388
18.50 miles / 29 minutes

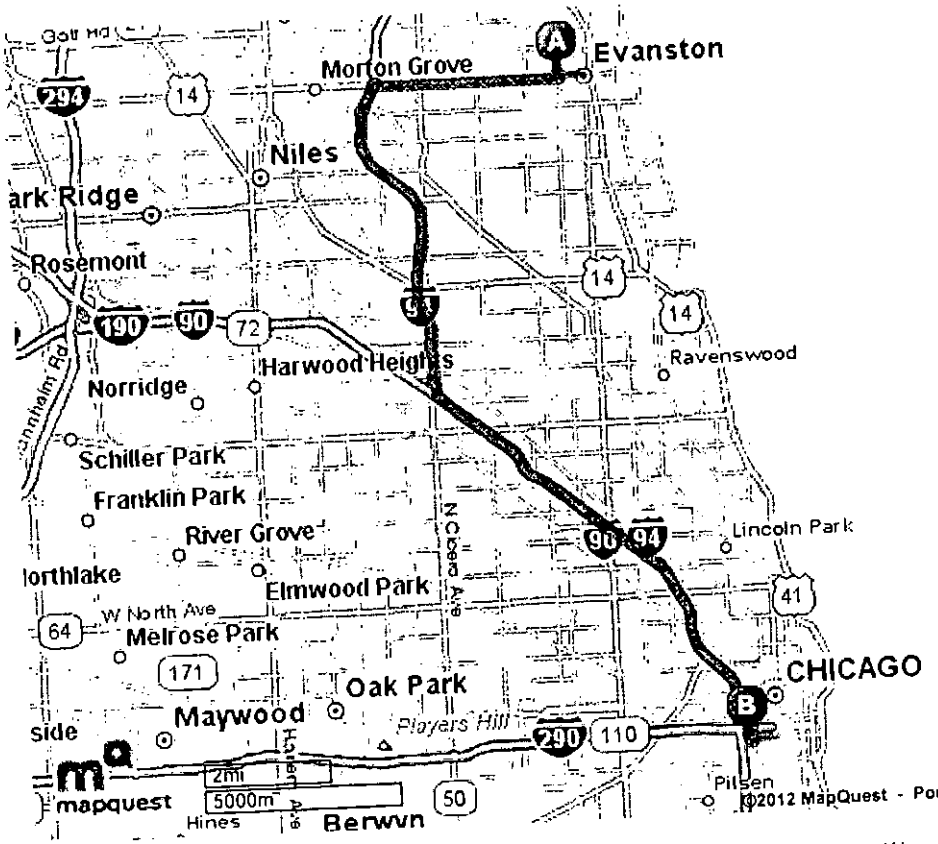
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.3 Mi**	*17.5 Mi Total*
3. Take the **Adams St / Jackson Blvd** exit, **EXIT 51F**. Map	**0.05 Mi**	*17.6 Mi Total*
4. Keep **left** to take the **Jackson Blvd** ramp. Map	**0.2 Mi**	*17.8 Mi Total*
5. Turn **left** onto **W Jackson Blvd**. Map	**0.3 Mi**	*18.0 Mi Total*
6. Turn **right** onto **S Clinton St**. Map *S Clinton St is just past S Jefferson St* *Beggars Pizza is on the right* *If you reach S Canal St you've gone a little too far*	**0.4 Mi**	*18.5 Mi Total*
7. Turn **right** onto **W Polk St**. Map *W Polk St is just past W Lexington St* *Polk Street Pub is on the right* *If you reach W Cabrini St you've gone a little too far*	**0.04 Mi**	*18.5 Mi Total*
8. **557 W POLK ST** is on the **left**. Map *If you reach S Jefferson St you've gone a little too far*		

557 W Polk St, Chicago, IL 60607-4388

404

Total Travel Estimate: **18.50 miles - about 29 minutes**



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Notes
Circle Medical Management

Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
17.37 miles / 28 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map — **3.3 Mi** / *3.3 Mi Total*

2. Merge onto **I-94 E**. Map — **12.9 Mi** / *16.2 Mi Total*

3. Take **EXIT 50A** toward **Ogden Ave**. Map — **0.2 Mi** / *16.4 Mi Total*

4. Turn **slight right** onto **N Racine Ave**. Map — **0.1 Mi** / *16.5 Mi Total*

5. Turn **slight right** onto **N Ogden Ave**. Map — **0.8 Mi** / *17.3 Mi Total*
N Ogden Ave is just past W Erie St
Amy Beck Cake Design is on the right
If you are on N Racine Ave and reach W Ohio St you've gone a little too far

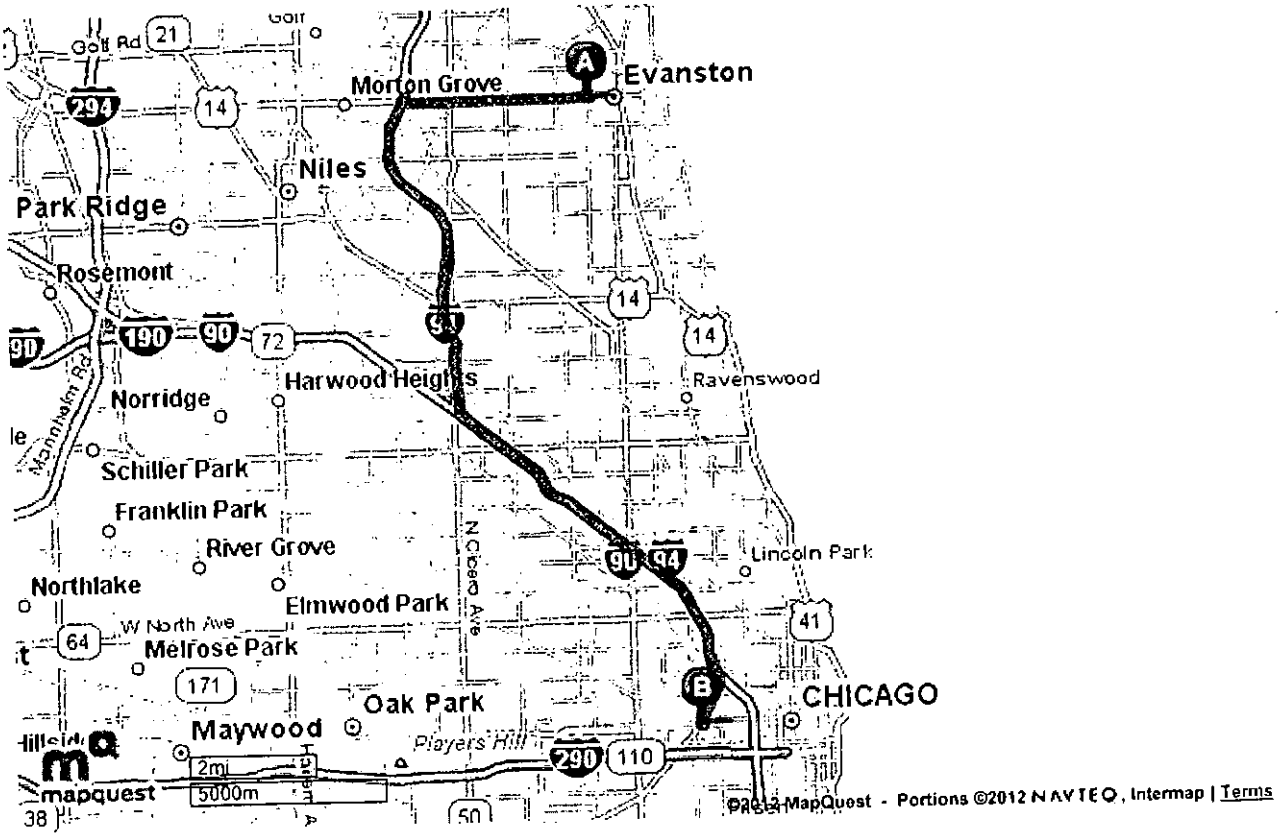
6. Turn **left** onto **W Washington Blvd / W Washington St**. Map — **0.08 Mi** / *17.4 Mi Total*
W Washington Blvd is 0.1 miles past W Randolph St
If you reach W Warren Blvd you've gone a little too far

7. **1426 W WASHINGTON BLVD** is on the **left**. Map
Your destination is just past N Bishop St
If you reach N Loomis St you've gone a little too far

1426 W Washington Blvd, Chicago, IL 60607-1821

4ce

Total Travel Estimate: **17.37 miles - about 28 minutes**



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Notes
Fresenius Medical Care West Willow

Trip to:
1444-1454 W Willow St
Chicago, IL 60642-1524
15.16 miles / 25 minutes

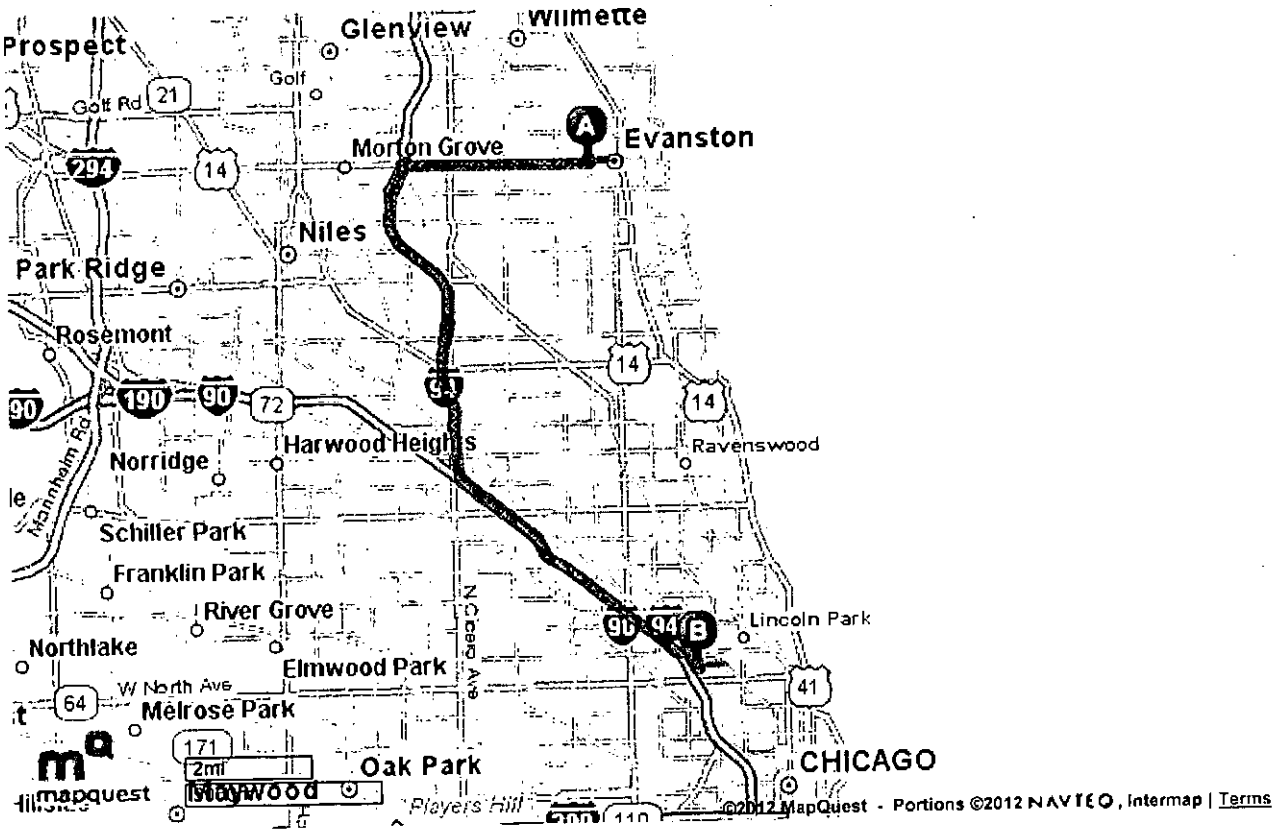
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**11.1 Mi**	*14.4 Mi Total*
3. Take the **Armitage Ave exit, EXIT 48A**. Map	**0.2 Mi**	*14.6 Mi Total*
4. Turn **left** onto **W Armitage Ave**. Map *If you are on N Hermitage Ave and reach W Cortland St you've gone about 0.1 miles too far*	**0.2 Mi**	*14.8 Mi Total*
5. Turn **right** onto **N Elston Ave**. Map *7-ELEVEN is on the corner*	**0.3 Mi**	*15.1 Mi Total*
6. Turn **left** onto **W Willow St**. Map *W Willow St is 0.2 miles past W Cortland St* *If you reach W Wabansia Ave you've gone a little too far*	**0.06 Mi**	*15.2 Mi Total*
7. **1444-1454 W WILLOW ST**. Map *If you reach W Wabansia Ave you've gone about 0.1 miles too far*		

1444-1454 W Willow St, Chicago, IL 60642-1524

408

Total Travel Estimate: **15.16 miles - about 25 minutes**



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Notes
Austin Community Kidney Center

Trip to:
4800 W Chicago Ave
Chicago, IL 60651-3223
14.29 miles / 30 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E / Edens Expy E**. Map	**5.9 Mi**	*9.2 Mi Total*
3. Take the **Wilson Ave** exit, **EXIT 43A**. Map	**0.2 Mi**	*9.4 Mi Total*
4. Turn **right** onto **W Wilson Ave**. Map *If you reach I-94 E you've gone about 0.2 miles too far*	**0.02 Mi**	*9.5 Mi Total*
5. Take the **1st left** onto **N Cicero Ave / IL-50**. Map *If you are on N Lamon Ave and reach W Eastwood Ave you've gone about 0.1 miles too far*	**4.8 Mi**	*14.3 Mi Total*
6. Turn **right** onto **W Chicago Ave**. Map *W Chicago Ave is just past W Rice St* *Chicago Sub is on the corner* *If you reach W Superior St you've gone a little too far*	**0.02 Mi**	*14.3 Mi Total*
7. **4800 W CHICAGO AVE** is on the **right**. Map *If you reach N Lamon Ave you've gone about 0.1 miles too far*		

4800 W Chicago Ave, Chicago, IL 60651-3223

410

Total Travel Estimate: **14.29 miles - about 30 minutes**

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Notes
Garfield Kidney Center

Trip to:
3250 W Franklin Blvd
Chicago, IL 60624-1509
11.21 miles / 30 minutes

1922 Dempster St, Evanston, IL 60202-1016

1.	Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**0.6 Mi** *0.6 Mi Total*
2.	Turn **left** onto **McCormick Blvd**. Map *McCormick Blvd is 0.1 miles past McDaniel Ave* *Charter One is on the corner* *If you are on Dempster St and reach Bennett Ave you've gone a little too far*	**3.0 Mi** *3.6 Mi Total*
3.	**McCormick Blvd** becomes **N McCormick Rd**. Map	**0.2 Mi** *3.8 Mi Total*
4.	Turn **left** onto **N Lincoln Ave / US-41**. Map *Panda Express is on the corner* *If you are on N Kimball Ave and reach W Granville Ave you've gone a little too far*	**0.2 Mi** *4.0 Mi Total*
5.	Turn **slight right** onto **N Jersey Ave**. Map *N Jersey Ave is just past N Christiana Ave* *Campeche is on the right* *If you reach N Kedzie Ave you've gone about 0.1 miles too far*	**0.7 Mi** *4.7 Mi Total*
6.	**N Jersey Ave** becomes **N Kedzie Ave**. Map	**6.4 Mi** *11.1 Mi Total*
7.	Turn **right** onto **W Franklin Blvd**. Map *W Franklin Blvd is 0.1 miles past W Ohio St* *Gen Hoe Two Restaurant is on the left* *If you reach W Carroll Ave you've gone about 0.1 miles too far*	**0.09 Mi** *11.2 Mi Total*
8.	**3250 W FRANKLIN BLVD** is on the **right**. Map *Your destination is just past N Sawyer Ave* *If you reach N Spaulding Ave you've gone a little too far*	

3250 W Franklin Blvd, Chicago, IL 60624-1509

412

Total Travel Estimate: **11.21 miles - about 30 minutes**

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Notes
Little Village Dialysis

Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
21.35 miles / 35 minutes

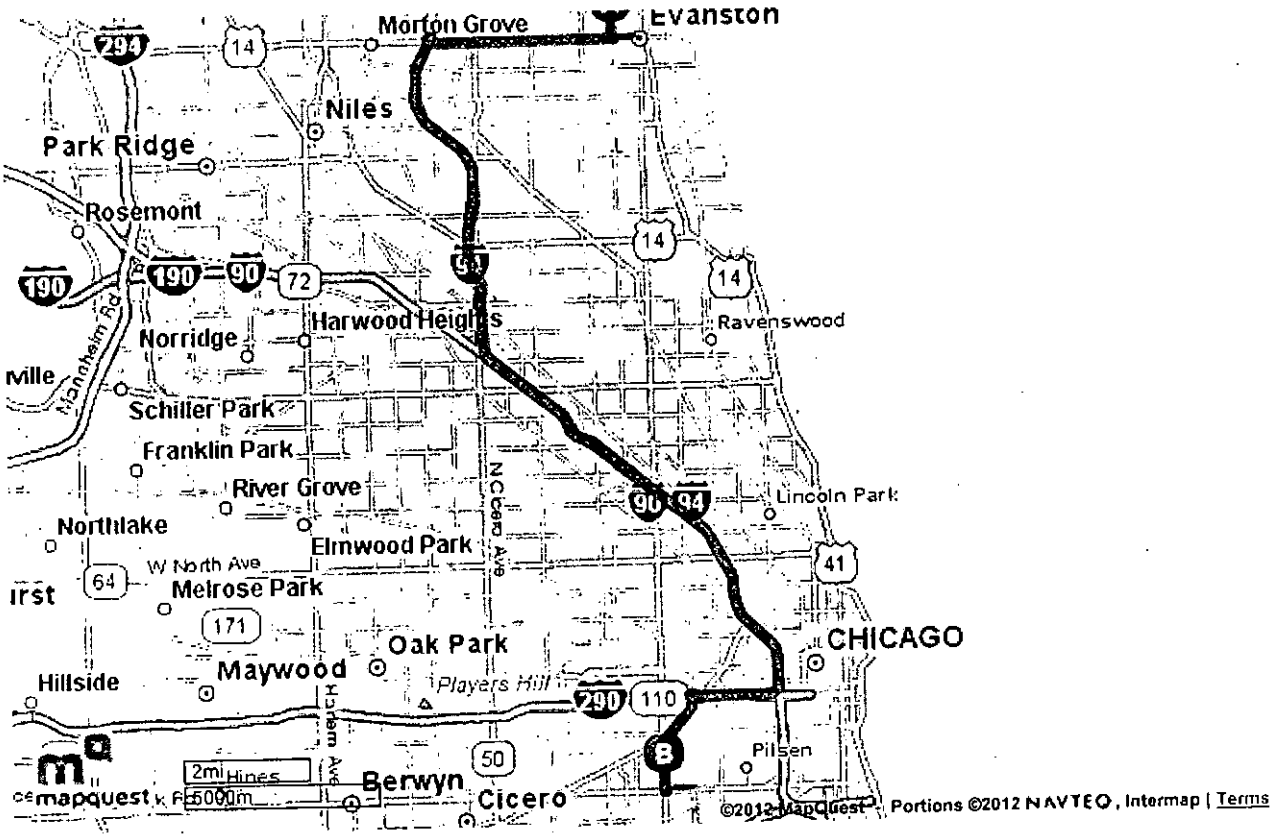
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**1.5 Mi**	*19.3 Mi Total*
4. Take **EXIT 28A** toward **Damen Ave**. Map	**0.1 Mi**	*19.4 Mi Total*
5. Stay **straight** to go onto **W Van Buren St**. Map	**0.03 Mi**	*19.4 Mi Total*
6. Take the 1st **left** onto **S Damen Ave**. Map *If you reach S Seeley Ave you've gone a little too far*	**0.2 Mi**	*19.7 Mi Total*
7. Turn **slight right** onto **W Ogden Ave**. Map *W Ogden Ave is just past W Harrison St* *If you are on S Damen Ave and reach W Polk St you've gone a little too far*	**0.7 Mi**	*20.4 Mi Total*
8. Turn **slight left** onto **S Western Ave**. Map *S Western Ave is just past W Ogden Ave*	**0.9 Mi**	*21.3 Mi Total*
9. Turn **left** onto **W Cermak Rd**. Map *W Cermak Rd is just past W 21st Pl* *Subway is on the left* *If you reach W 22nd Pl you've gone a little too far*	**0.04 Mi**	*21.3 Mi Total*
10. **2335 W CERMAK RD** is on the **right**. Map *If you reach S Oakley Ave you've gone a little too far*		

2335 W Cermak Rd, Chicago, IL 60608-3811

414

Total Travel Estimate: **21.35 miles - about 35 minutes**



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Notes
Mt. Sinai Hospital Med Ctr

Trip to:
1500 S California Ave
Chicago, IL 60608
20.98 miles / 34 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**14.4 Mi**	*17.7 Mi Total*
3. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. Map	**1.5 Mi**	*19.3 Mi Total*
4. Take **EXIT 28A** toward **Damen Ave**. Map	**0.1 Mi**	*19.4 Mi Total*
5. Stay **straight** to go onto **W Van Buren St**. Map	**0.03 Mi**	*19.4 Mi Total*
6. Take the 1st **left** onto **S Damen Ave**. Map *If you reach S Seeley Ave you've gone a little too far*	**0.2 Mi**	*19.7 Mi Total*
7. Turn **slight right** onto **W Ogden Ave**. Map *W Ogden Ave is just past W Harrison St* *If you are on S Damen Ave and reach W Polk St you've gone a little too far*	**1.3 Mi**	*21.0 Mi Total*
8. Turn **left** onto **S California Ave**. Map *S California Ave is just past S Fairfield Ave* *If you reach S Sacramento Dr you've gone about 0.3 miles too far*	**0.01 Mi**	*21.0 Mi Total*
9. **1500 S CALIFORNIA AVE** is on the **right**. Map *If you reach W 15th Pl you've gone a little too far*		

1500 S California Ave, Chicago, IL 60608

4116

Total Travel Estimate: **20.98 miles - about 34 minutes**

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Notes
Logan Square Dialysis

Trip to:
2659 N Milwaukee Ave
Chicago, IL 60647-1643
12.74 miles / 22 minutes

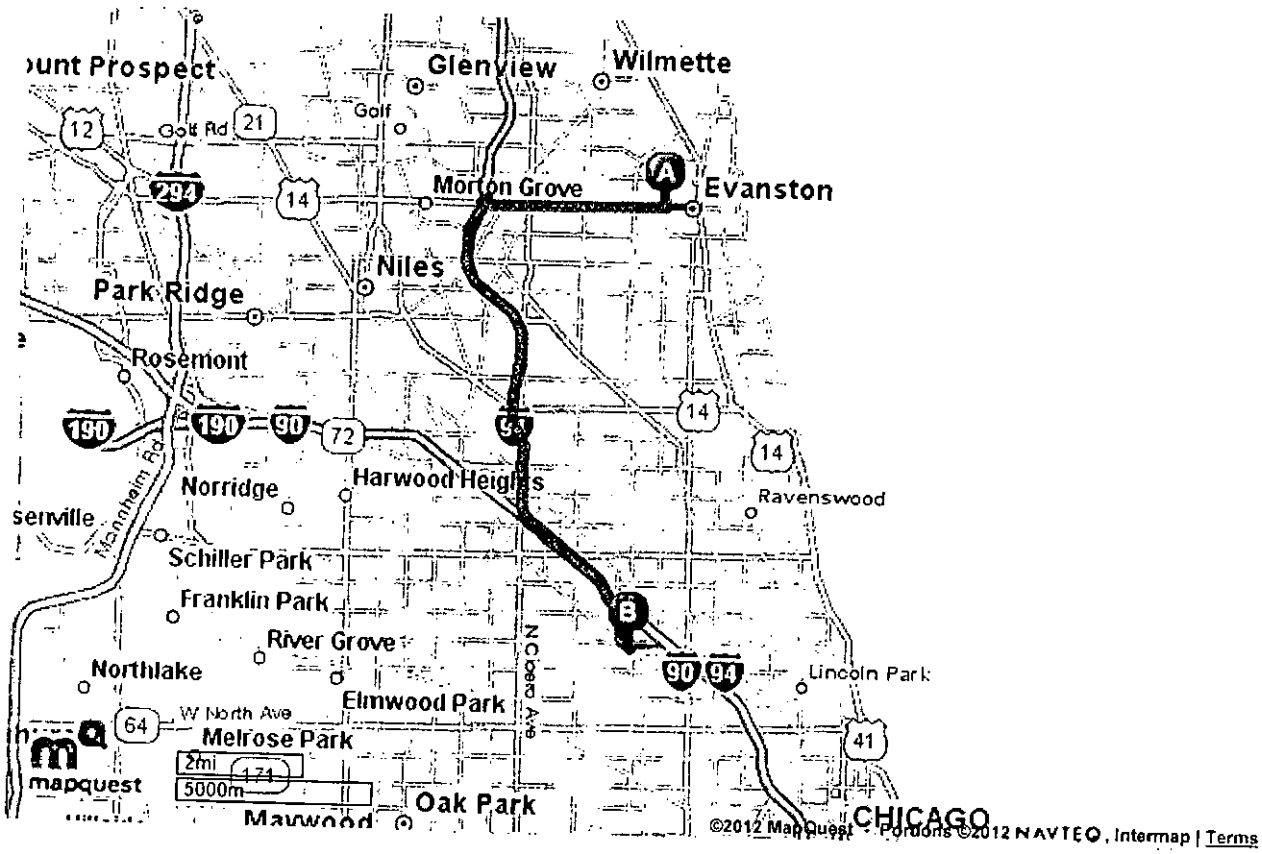
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi**	*3.3 Mi Total*
2. Merge onto **I-94 E**. Map	**8.4 Mi**	*11.7 Mi Total*
3. Take the **Kimball Ave** exit, **EXIT 45B**. Map	**0.2 Mi**	*11.9 Mi Total*
4. Turn **right** onto **N Kimball Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.6 Mi**	*12.5 Mi Total*
5. Turn **slight left** onto **N Milwaukee Ave**. Map *N Milwaukee Ave is just past N Woodard St* *Cheapers is on the corner* *If you reach W Parker Ave you've gone a little too far*	**0.2 Mi**	*12.7 Mi Total*
6. **2659 N MILWAUKEE AVE** is on the **left**. Map *If you reach N Kedzie Ave you've gone a little too far*		

2659 N Milwaukee Ave, Chicago, IL 60647-1643

418

Total Travel Estimate: **12.74 miles - about 22 minutes**



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Notes
Fresenius Medical Care Northcenter

Trip to:
2620 W Addison St
Chicago, IL 60618-5905
7.35 miles / 20 minutes

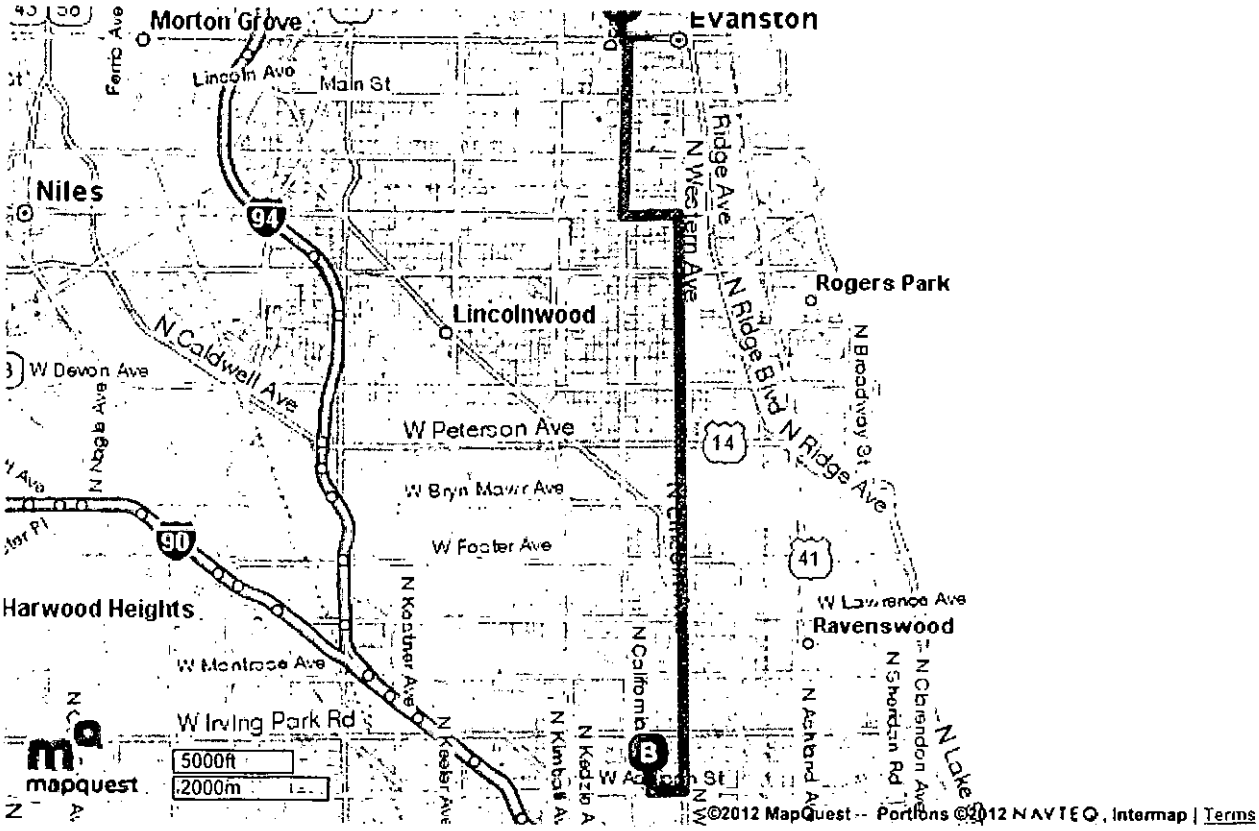
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.02 Mi** *0.02 Mi Total*
2. Take the 1st **right** onto **Dodge Ave**. Map *Subway is on the right* *If you reach Darrow Ave you've gone a little too far*	**1.5 Mi** *1.5 Mi Total*
3. Turn **left** onto **Howard St / W Howard St**. Map *Howard St is just past Dobson St* *Bombay Kabob House Inc is on the corner* *If you are on N California Ave and reach W Jerome St you've gone a little too far*	**0.5 Mi** *2.0 Mi Total*
4. Turn **right** onto **N Western Ave**. Map *N Western Ave is 0.1 miles past N Maplewood Ave* *Ihop Restaurant is on the corner* *If you reach N Claremont Ave you've gone a little too far*	**5.0 Mi** *7.0 Mi Total*
5. Turn **right** onto **W Addison St**. Map *W Addison St is 0.1 miles past W Waveland Ave* *Hero's Submarine Sandwich Shop is on the right* *If you reach W Cornelia Ave you've gone about 0.1 miles too far*	**0.3 Mi** *7.3 Mi Total*
6. **2620 W ADDISON ST** is on the **right**. Map *Your destination is 0.1 miles past N Campbell Ave* *If you reach N Rockwell St you've gone a little too far*	

2620 W Addison St, Chicago, IL 60618-5905

420

Total Travel Estimate: **7.35 miles - about 20 minutes**



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Notes
Nephron Dialysis Ctr Swedish Covenant

Trip to:
5140 N California Ave
Chicago, IL 60625-3645
4.61 miles / 13 minutes

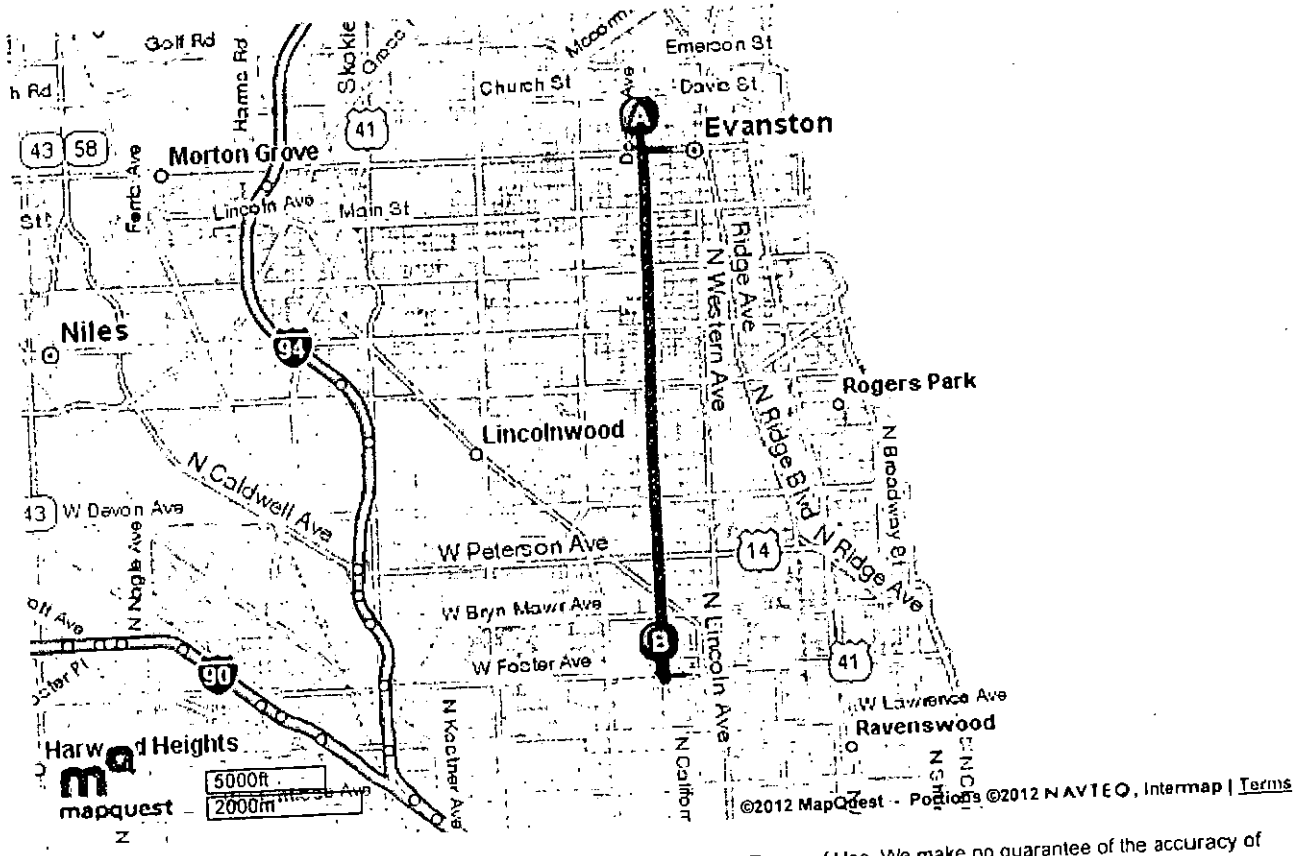
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.02 Mi**	*0.02 Mi Total*
2. Take the **1st right** onto **Dodge Ave**. Map *Subway is on the right* *If you reach Darrow Ave you've gone a little too far*	**1.5 Mi**	*1.5 Mi Total*
3. **Dodge Ave** becomes **N California Ave**. Map	**3.1 Mi**	*4.6 Mi Total*
4. **5140 N CALIFORNIA AVE** is on the **right**. Map *Your destination is just past W Foster Ave* *If you reach W Carmen Ave you've gone a little too far*		

5140 N California Ave, Chicago, IL 60625-3645

422

Total Travel Estimate: **4.61 miles - about 13 minutes**



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Notes
Lincoln Park Dialysis Center

Trip to:
3155 N Lincoln Ave # 57
Chicago, IL 60657-3111
7.89 miles / 22 minutes

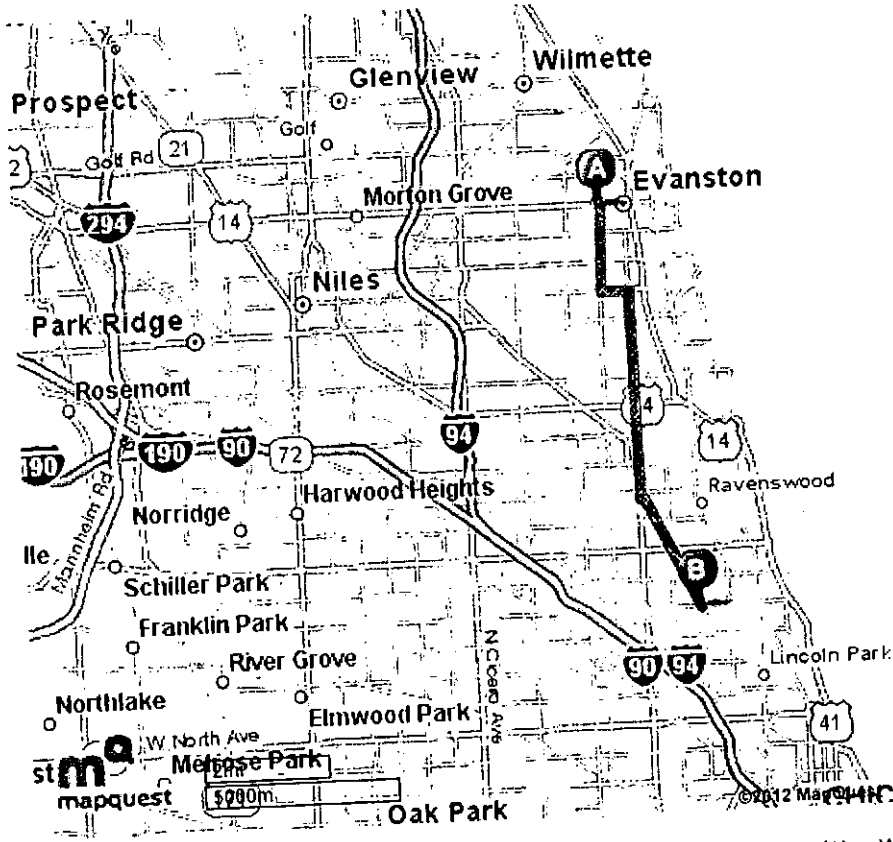
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.02 Mi**	*0.02 Mi Total*
2. Take the **1st right** onto **Dodge Ave**. Map *Subway is on the right* *If you reach Darrow Ave you've gone a little too far*	**1.5 Mi**	*1.5 Mi Total*
3. Turn **left** onto **Howard St / W Howard St**. Map *Howard St is just past Dobson St* *Bombay Kabob House Inc is on the corner* *If you are on N California Ave and reach W Jerome St you've gone a little too far*	**0.5 Mi**	*2.0 Mi Total*
4. Turn **right** onto **N Western Ave**. Map *N Western Ave is 0.1 miles past N Maplewood Ave* *Ihop Restaurant is on the corner* *If you reach N Claremont Ave you've gone a little too far*	**3.7 Mi**	*5.7 Mi Total*
5. Turn **left** onto **W Leland Ave**. Map *W Leland Ave is 0.1 miles past W Lawrence Ave* *Chubby Weiners is on the corner* *If you reach W Eastwood Ave you've gone a little too far*	**0.08 Mi**	*5.7 Mi Total*
6. Turn **right** onto **N Lincoln Ave**. Map *Rosded Restaurant is on the left*	**2.2 Mi**	*7.9 Mi Total*
7. **3155 N LINCOLN AVE # 57** is on the **left**. Map *Your destination is just past W Belmont Ave* *If you reach N Greenview Ave you've gone about 0.1 miles too far*		

3155 N Lincoln Ave # 57, Chicago, IL 60657-3111

424

Total Travel Estimate: **7.89 miles - about 22 minutes**



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Notes
Children's Memorial Hospital

Trip to:
2611 N Halsted St
Chicago, IL 60614-2301
9.77 miles / 25 minutes

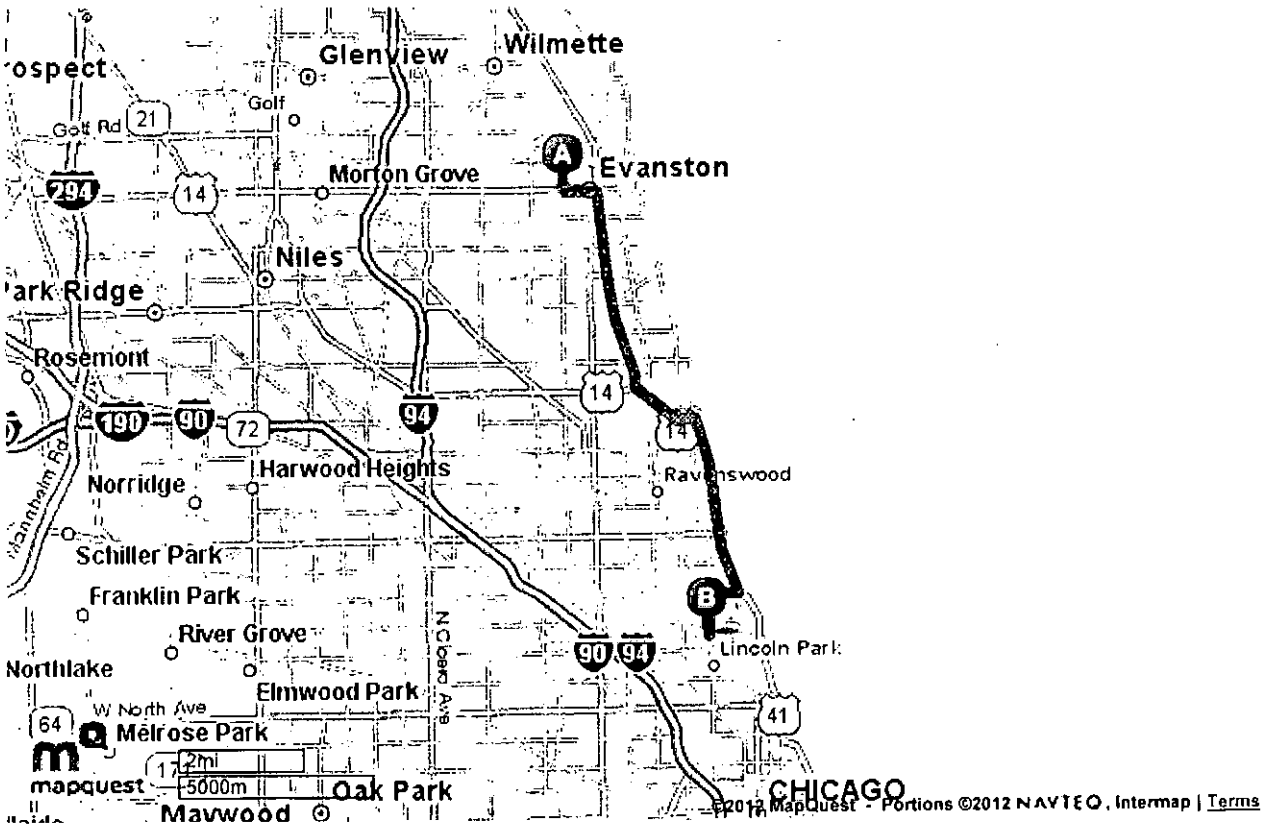
1922 Dempster St, Evanston, IL 60202-1016

●	1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.6 Mi** *0.6 Mi Total*
↱	2. Turn **right** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone a little too far*	**1.5 Mi** *2.1 Mi Total*
↑	3. **Ridge Ave** becomes **N Ridge Blvd**. Map	**1.8 Mi** *3.9 Mi Total*
↗	4. Turn **slight right** onto **N Ridge Ave**. Map *N Ridge Ave is just past W Thorne Ave*	**0.2 Mi** *4.1 Mi Total*
↰	5. Take the 2nd **left** to stay on **N Ridge Ave**. Map *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**1.0 Mi** *5.0 Mi Total*
↖	6. Turn **slight left** onto **W Bryn Mawr Ave**. Map *W Bryn Mawr Ave is just past N Magnolia Ave*	**0.3 Mi** *5.3 Mi Total*
RAMP	7. Take the **Lake Shore Dr** ramp. Map	**0.2 Mi** *5.5 Mi Total*
↗	8. Turn **slight right** onto **N Lake Shore Dr**. Map	**2.8 Mi** *8.3 Mi Total*
RAMP	9. Take the **Belmont Ave** ramp. Map	**0.2 Mi** *8.5 Mi Total*
↱	10. Turn **right** onto **W Belmont Ave**. Map *If you are on N Lake Shore Dr W and reach W Briar Pl you've gone about 0.1 miles too far*	**0.5 Mi** *9.0 Mi Total*
↰	11. Turn **left** onto **N Halsted St**. Map *N Halsted St is 0.1 miles past N Orchard St* *Canton Express is on the corner* *If you reach N Dayton St you've gone a little too far*	**0.7 Mi** *9.8 Mi Total*
■	12. **2611 N HALSTED ST** is on the **left**. Map *Your destination is 0.1 miles past W Schubert Ave* *If you reach W Wrightwood Ave you've gone a little too far*	

2611 N Halsted St, Chicago, IL 60614-2301

426

Total Travel Estimate: **9.77 miles - about 25 minutes**



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Notes
Fresenius Medical Care of Lakeview

Trip to:
4800 N Broadway St
Chicago, IL 60640-3604
6.05 miles / 17 minutes

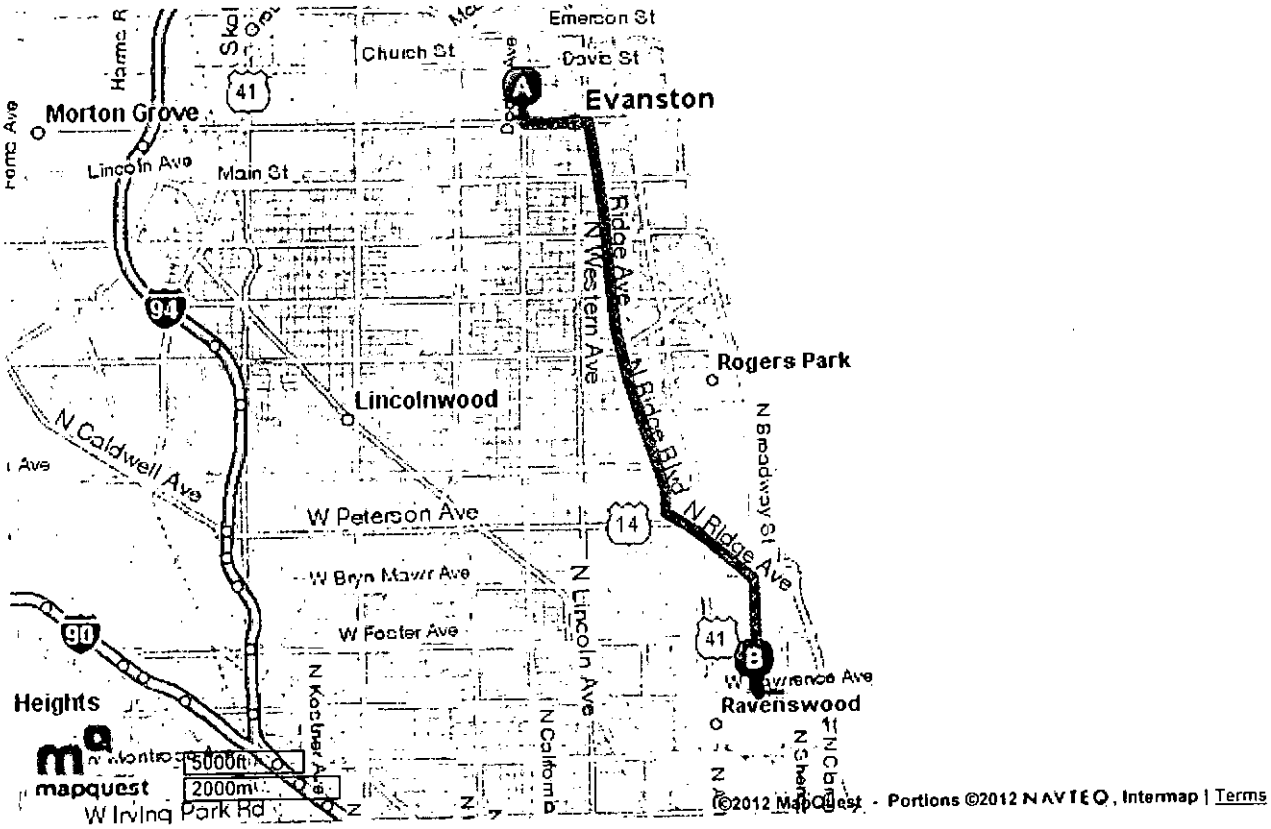
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **right** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone a little too far*	**1.5 Mi**	*2.1 Mi Total*
3. **Ridge Ave** becomes **N Ridge Blvd**. Map	**1.8 Mi**	*3.9 Mi Total*
4. Turn **slight right** onto **N Ridge Ave**. Map *N Ridge Ave is just past W Thome Ave*	**0.2 Mi**	*4.1 Mi Total*
5. Take the **2nd left** to stay on **N Ridge Ave**. Map *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**1.0 Mi**	*5.0 Mi Total*
6. Turn **slight right** onto **N Broadway St / US-14**. Continue to follow **N Broadway St**. Map *N Broadway St is just past N Magnolia Ave*	**1.0 Mi**	*6.0 Mi Total*
7. **4800 N BROADWAY ST** is on the **right**. Map *Your destination is just past W Gunnison St* *If you reach W Lawrence Ave you've gone a little too far*		

4800 N Broadway St, Chicago, IL 60640-3604

428

Total Travel Estimate: **6.05 miles - about 17 minutes**



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Notes
RCG - Uptown

Trip to:
4720 N Marine Dr
Chicago, IL 60640-5120
6.52 miles / 18 minutes

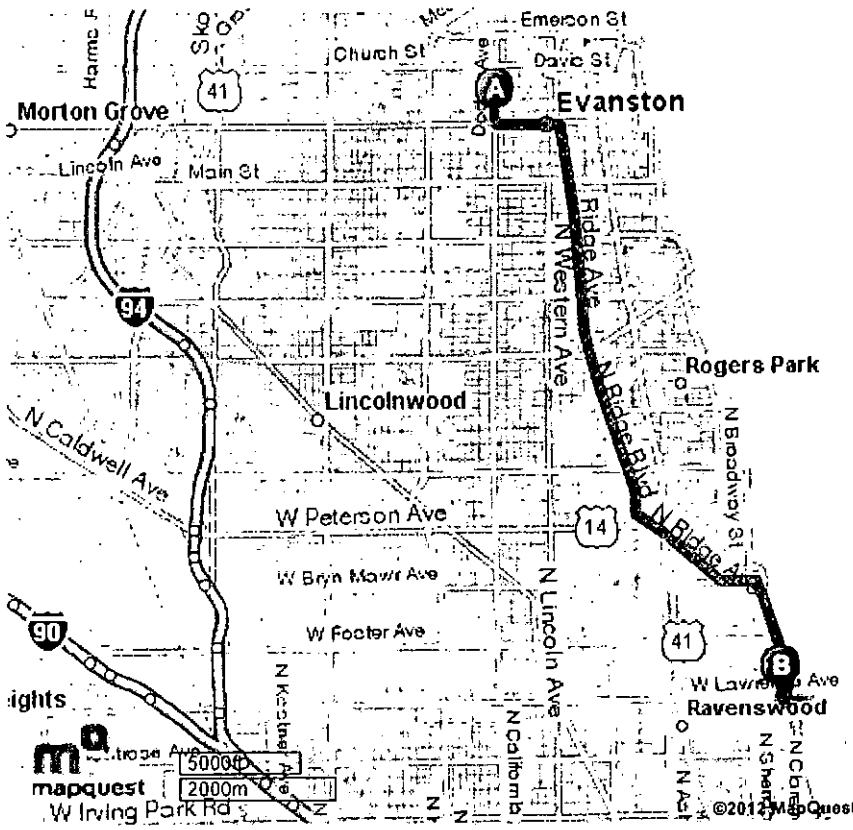
1922 Dempster St, Evanston, IL 60202-1016

1.	Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.6 Mi** *0.6 Mi Total*
2.	Turn **right** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone a little too far*	**1.5 Mi** *2.1 Mi Total*
3.	**Ridge Ave** becomes **N Ridge Blvd**. Map	**1.8 Mi** *3.9 Mi Total*
4.	Turn **slight right** onto **N Ridge Ave**. Map *N Ridge Ave is just past W Thome Ave*	**0.2 Mi** *4.1 Mi Total*
5.	Take the **2nd left** to stay on **N Ridge Ave**. Map *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**1.0 Mi** *5.0 Mi Total*
6.	Turn **slight left** onto **W Bryn Mawr Ave**. Map *W Bryn Mawr Ave is just past N Magnolia Ave*	**0.3 Mi** *5.3 Mi Total*
7.	Take the **Lake Shore Dr** ramp. Map	**0.2 Mi** *5.5 Mi Total*
8.	Turn **slight right** onto **N Lake Shore Dr**. Map	**0.8 Mi** *6.3 Mi Total*
9.	Take the **Lawrence Ave** ramp. Map	**0.10 Mi** *6.4 Mi Total*
10.	Turn **right** onto **W Lawrence Ave**. Map *If you reach US-41 S you've gone about 0.1 miles too far*	**0.04 Mi** *6.4 Mi Total*
11.	Turn **left** onto **N Marine Dr**. Map *Salvation Army is on the corner* *If you reach N Clarendon Ave you've gone a little too far*	**0.08 Mi** *6.5 Mi Total*
12.	**4720 N MARINE DR** is on the **right**. Map *Your destination is just past W Lakeside Pl* *If you reach W Leland Ave you've gone a little too far*	

4720 N Marine Dr, Chicago, IL 60640-5120

420

Total Travel Estimate: **6.52 miles - about 18 minutes**



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Notes
RCG MidAmerica - Prairie

Trip to:
1717 S Wabash Ave
Chicago, IL 60616-1219
14.97 miles / 33 minutes

1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **right** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone a little too far*	**1.5 Mi**	*2.1 Mi Total*
3. **Ridge Ave** becomes **N Ridge Blvd**. Map	**1.8 Mi**	*3.9 Mi Total*
4. Turn **slight right** onto **N Ridge Ave**. Map *N Ridge Ave is just past W Thorne Ave*	**0.2 Mi**	*4.1 Mi Total*
5. Take the 2nd **left** to stay on **N Ridge Ave**. Map *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**1.0 Mi**	*5.0 Mi Total*
6. Turn **slight left** onto **W Bryn Mawr Ave**. Map *W Bryn Mawr Ave is just past N Magnolia Ave*	**0.3 Mi**	*5.3 Mi Total*
7. Take the **Lake Shore Dr** ramp. Map	**0.2 Mi**	*5.5 Mi Total*
8. Turn **slight right** onto **N Lake Shore Dr**. Map	**5.5 Mi**	*11.1 Mi Total*
9. Stay **straight** to go onto **US-41 S**. Map	**2.9 Mi**	*14.0 Mi Total*
10. Turn **right** onto **E Roosevelt Rd**. Map *E Roosevelt Rd is 0.4 miles past E Balbo Dr* *If you are on S Lake Shore Dr and reach S Columbus Dr you've gone about 0.3 miles too far*	**0.3 Mi**	*14.3 Mi Total*
11. Turn **left** onto **S Michigan Ave**. Map *S Michigan Ave is just past S Indiana Ave* *Tabernacle of Love Deliverance is on the corner* *If you reach S Wabash Ave you've gone a little too far*	**0.5 Mi**	*14.8 Mi Total*
12. Turn **right** onto **E 16th St**. Map *E 16th St is 0.2 miles past E 14th St* *If you reach E 18th St you've gone about 0.1 miles too far*	**0.09 Mi**	*14.9 Mi Total*
13. Take the 1st **left** onto **S Wabash Ave**. Map *True Rock Ministries is on the left* *If you reach S State St you've gone a little too far*	**0.09 Mi**	*15.0 Mi Total*
14. **1717 S WABASH AVE** is on the **left**. Map *If you reach E 18th St you've gone a little too far*		

1717 S Wabash Ave, Chicago, IL 60616-1219

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Total Travel Estimate: **14.97 miles - about 33 minutes**

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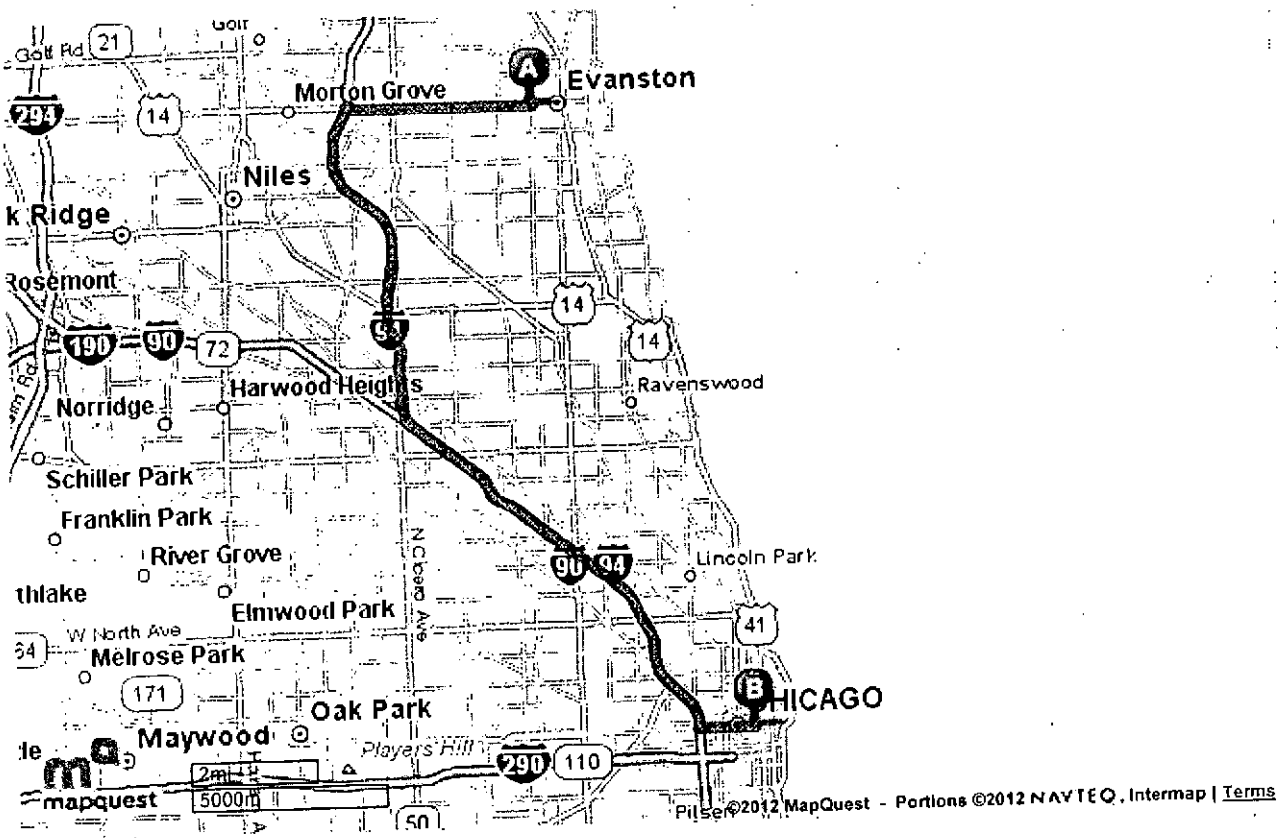
Notes
Dialysis Center of America - Loop

Trip to:
55 E Washington St
Chicago, IL 60602-2103
18.47 miles / 30 minutes

	1922 Dempster St, Evanston, IL 60202-1016	
	1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.3 Mi** *3.3 Mi Total*
	2. Merge onto **I-94 E**. Map	**14.0 Mi** *17.3 Mi Total*
	3. Take **EXIT 51C** toward **East Washington Blvd**. Map	**0.1 Mi** *17.4 Mi Total*
	4. Turn **left** onto **W Washington Blvd**. Map *Tec Hunter Inc is on the corner*	**0.3 Mi** *17.8 Mi Total*
	5. **W Washington Blvd** becomes **W Washington St**. Map	**0.7 Mi** *18.5 Mi Total*
	6. **55 E WASHINGTON ST** is on the **right**. Map *Your destination is just past N Wabash Ave* *If you reach N Garland Ct you've gone a little too far*	
	55 E Washington St, Chicago, IL 60602-2103	

434

Total Travel Estimate: **18.47 miles - about 30 minutes**



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Notes

Northwestern Memorial Hospital (Part of RCG Waukegan)

Trip to:

710 N Fairbanks Ct
Chicago, IL 60611-3013
11.99 miles / 28 minutes

1922 Dempster St, Evanston, IL 60202-1016

1.	Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.6 Mi** *0.6 Mi Total*
2.	Turn **right** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone a little too far*	**1.5 Mi** *2.1 Mi Total*
3.	**Ridge Ave** becomes **N Ridge Blvd**. Map	**1.8 Mi** *3.9 Mi Total*
4.	Turn **slight right** onto **N Ridge Ave**. Map *N Ridge Ave is just past W Thorne Ave*	**0.2 Mi** *4.1 Mi Total*
5.	Take the **2nd left** to stay on **N Ridge Ave**. Map *N Ridge Ave is just past W Hood Ave* *If you reach W Norwood St you've gone a little too far*	**1.0 Mi** *5.0 Mi Total*
6.	Turn **slight left** onto **W Bryn Mawr Ave**. Map *W Bryn Mawr Ave is just past N Magnolia Ave*	**0.3 Mi** *5.3 Mi Total*
7.	Take the **Lake Shore Dr** ramp. Map	**0.2 Mi** *5.5 Mi Total*
8.	Turn **slight right** onto **N Lake Shore Dr**. Map	**5.5 Mi** *11.1 Mi Total*
9.	Take the **Michigan Ave** ramp. Map	**0.3 Mi** *11.4 Mi Total*
10.	Stay **straight** to go onto **N Michigan Ave**. Map	**0.4 Mi** *11.7 Mi Total*
11.	Turn **left** onto **E Superior St**. Map *E Superior St is just past E Chicago Ave* *Argo Consulting is on the left* *If you reach E Huron St you've gone a little too far*	**0.2 Mi** *12.0 Mi Total*
12.	Take the **2nd right** onto **N Fairbanks Ct**. Map *N Fairbanks Ct is 0.1 miles past N St Clair St* *If you reach N Lake Shore Dr you've gone about 0.2 miles too far*	**0.04 Mi** *12.0 Mi Total*
13.	**710 N FAIRBANKS CT** is on the **right**. Map *If you reach E Huron St you've gone a little too far*	

710 N Fairbanks Ct, Chicago, IL 60611-3013

420

Total Travel Estimate: **11.99 miles - about 28 minutes**

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Notes
Dialysis Ctr of America (Rogers Park)

Trip to:
2277 W Howard St
Chicago, IL 60645-1922
2.16 miles / 6 minutes

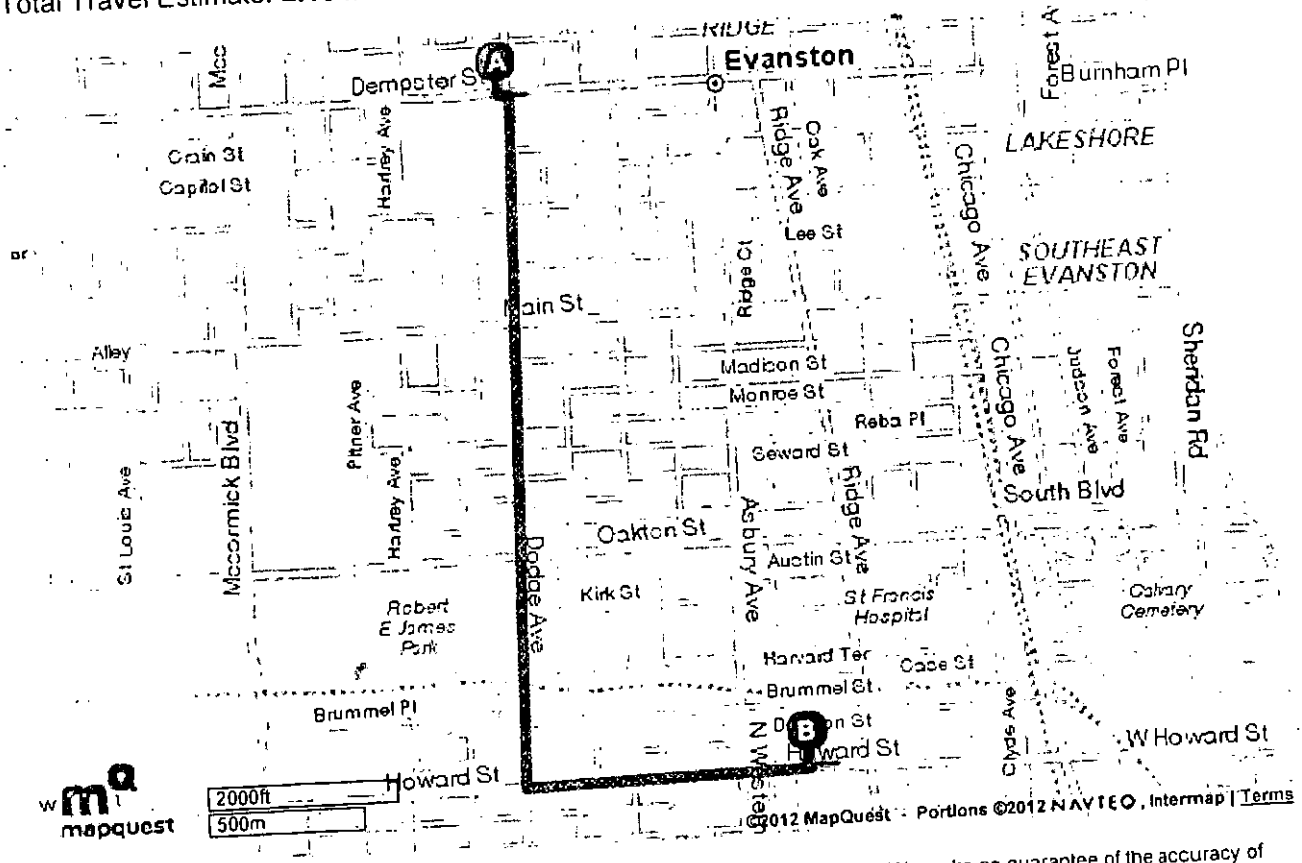
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave.** Map	**0.02 Mi**	*0.02 Mi Total*
2. Take the 1st **right** onto **Dodge Ave.** Map *Subway is on the right* *If you reach Darrow Ave you've gone a little too far*	**1.5 Mi**	*1.5 Mi Total*
3. **Turn left** onto **Howard St / W Howard St.** Map *Howard St is just past Dobson St* *Bombay Kabob House Inc is on the corner* *If you are on N California Ave and reach W Jerome St you've gone a little too far*	**0.6 Mi**	*2.2 Mi Total*
4. **2277 W HOWARD ST.** Map *Your destination is just past N Oakley Ave* *If you reach N Bell Ave you've gone a little too far*		

2277 W Howard St, Chicago, IL 60645-1922

438

Total Travel Estimate: **2.16 miles - about 6 minutes**



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Notes
Evanston Hospital

Trip to:
2650 Ridge Ave
Evanston, IL 60201-1718
2.26 miles / 6 minutes

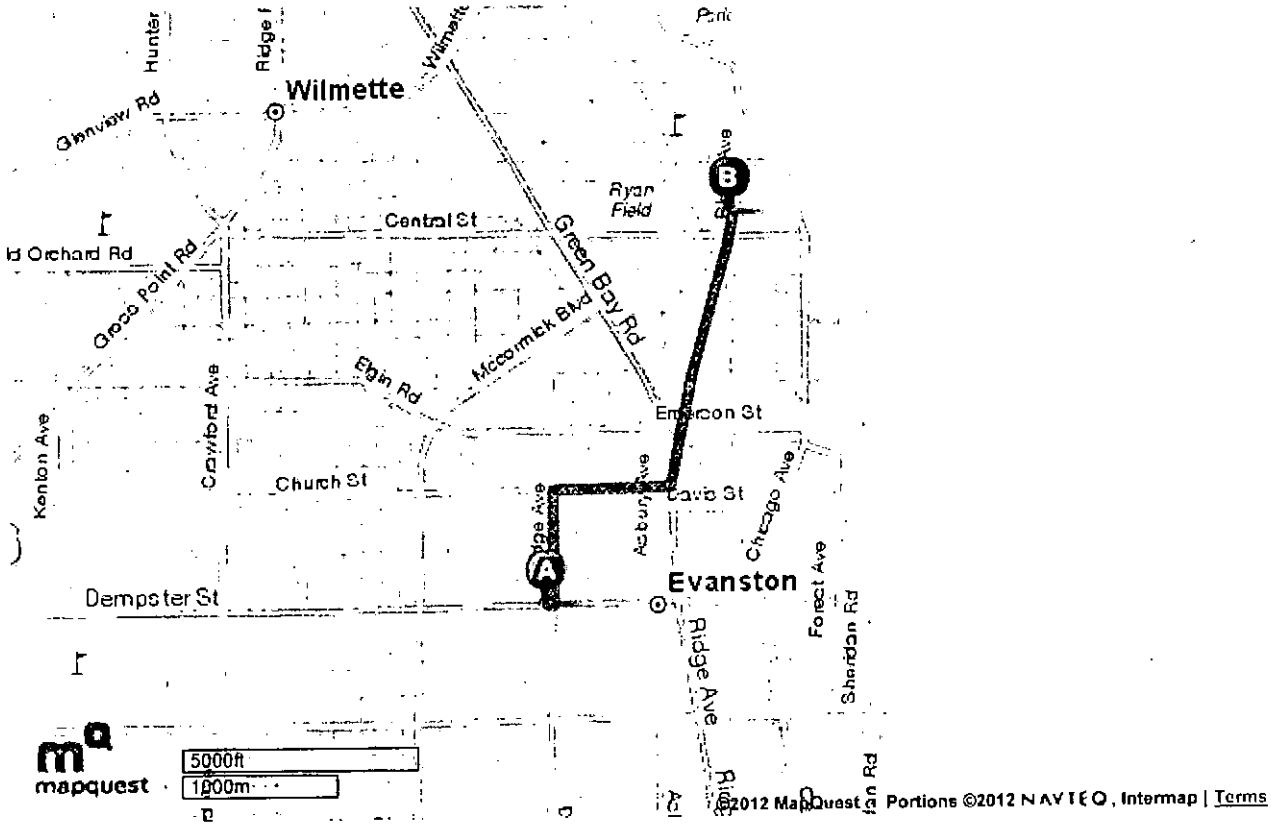
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **east** on **Dempster St** toward **Dodge Ave**. Map	**0.02 Mi** *0.02 Mi Total*
2. Take the 1st **left** onto **Dodge Ave**. Map *Kfc is on the left* *If you reach Darrow Ave you've gone a little too far*	**0.5 Mi** *0.5 Mi Total*
3. Turn **right** onto **Church St**. Map *Church St is just past Davis St* *Evanston Mini-Mart is on the corner* *If you reach Lyons St you've gone about 0.1 miles too far*	**0.5 Mi** *1.0 Mi Total*
4. Turn **left** onto **Ridge Ave**. Map *Ridge Ave is just past Asbury Ave* *If you reach Oak Ave you've gone about 0.1 miles too far*	**1.2 Mi** *2.3 Mi Total*
5. **2650 RIDGE AVE** is on the **left**. Map *Your destination is just past Central St* *If you reach Monticello Pl you've gone a little too far*	

2650 Ridge Ave, Evanston, IL 60201-1718

440

Total Travel Estimate: **2.26 miles - about 6 minutes**



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Notes
Highland Park Hospital

Trip to:
718 Glenview Ave
Highland Park, IL 60035-2432
15.11 miles / 25 minutes

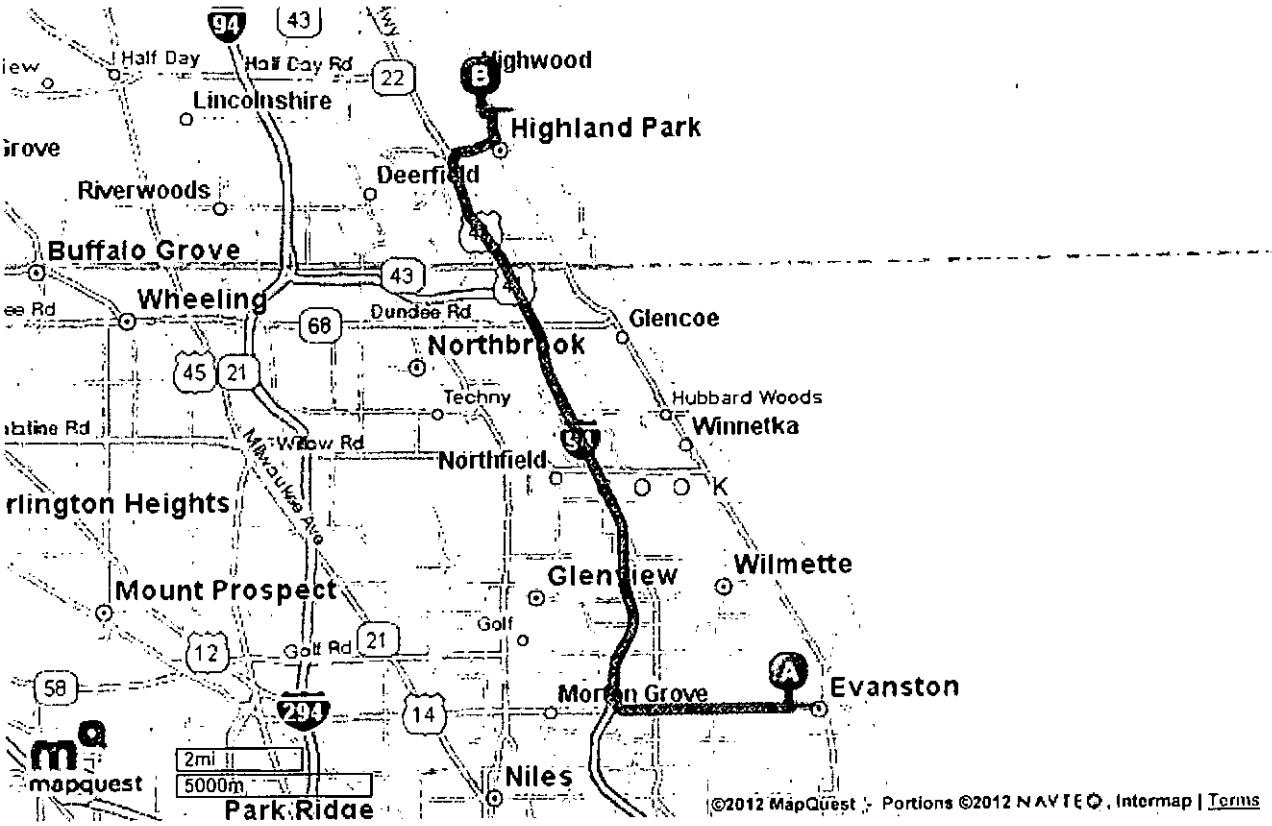
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.1 Mi** *3.1 Mi Total*
2. Merge onto **I-94 W / Edens Expy W** toward **Milwaukee**. Map	**7.4 Mi** *10.5 Mi Total*
3. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**. Map	**3.0 Mi** *13.5 Mi Total*
4. Take the **East Central Ave** exit. Map	**0.2 Mi** *13.7 Mi Total*
5. Merge onto **Central Ave**. Map	**0.7 Mi** *14.5 Mi Total*
6. Turn **left** onto **Green Bay Rd**. Map *Green Bay Rd is just past McGovern St* *Quiznos Sub is on the corner* *If you are on Central Ave and reach 2nd St you've gone a little too far*	**0.5 Mi** *15.0 Mi Total*
7. Turn **left** onto **Glenview Ave**. Map *Glenview Ave is just past Homewood Ave* *Highland Park Shell Food Mart is on the corner* *If you reach 1st St you've gone a little too far*	**0.2 Mi** *15.1 Mi Total*
8. **718 GLENVIEW AVE** is on the **left**. Map *Your destination is just past Midlothian Ave* *If you are on Homewood Ave and reach Park Ave W you've gone about 0.3 miles too far*	

718 Glenview Ave, Highland Park, IL 60035-2432

442

Total Travel Estimate: **15.11 miles - about 25 minutes**



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Notes
Fresenius Medical Care of Lake Bluff

Trip to:
101 Waukegan Road
Lake Bluff, IL 60044
21.65 miles / 32 minutes

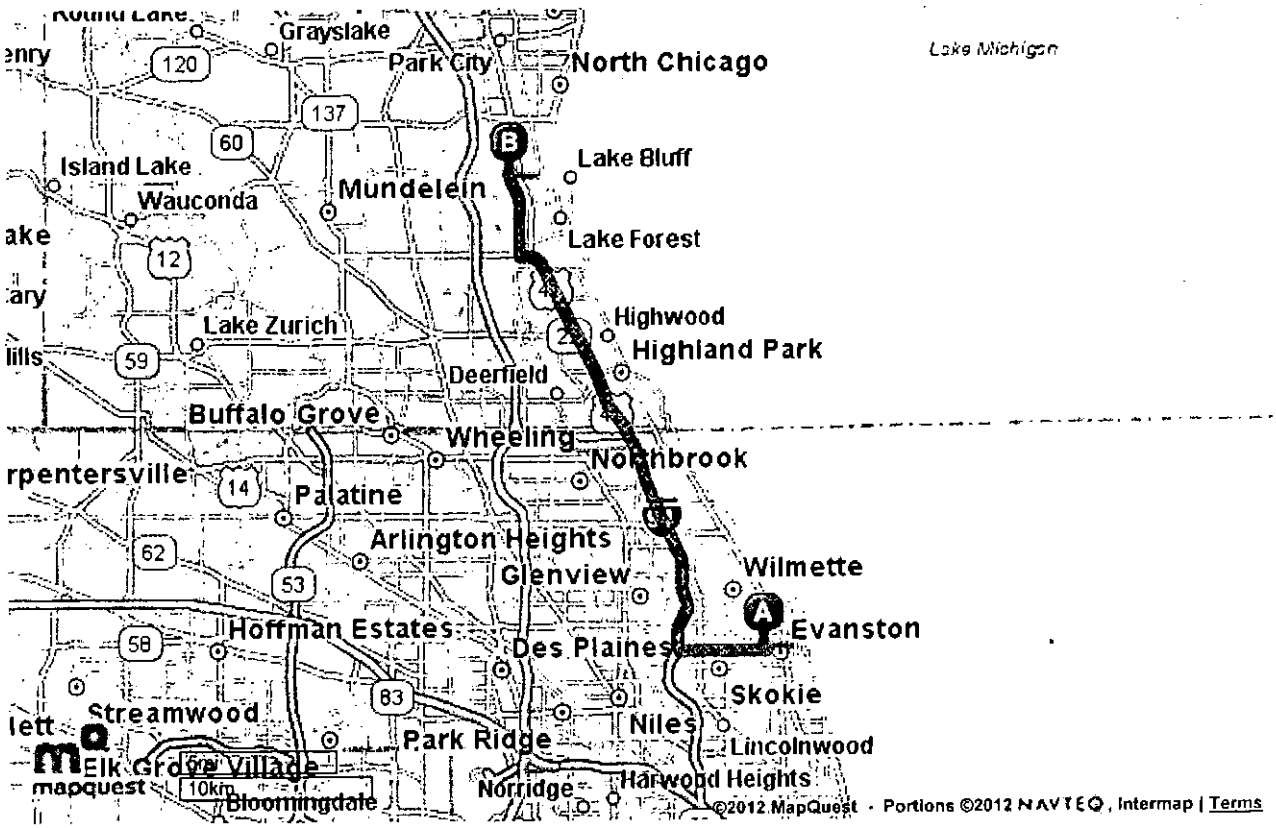
1922 Dempster St, Evanston, IL 60202-1016

1. Start out going **west** on **Dempster St** toward **Hartrey Ave**. Map	**3.1 Mi**	*3.1 Mi Total*
2. Merge onto **I-94 W / Edens Expy W** toward **Milwaukee**. Map	**7.4 Mi**	*10.5 Mi Total*
3. Keep **left** to take **US-41 N** via **EXIT 29** toward **Waukegan**. Map	**7.9 Mi**	*18.4 Mi Total*
4. Turn **left** onto **IL-60 / W Kennedy Rd / Townline Rd**. Map *IL-60 is 0.6 miles past W Westleigh Rd* *If you reach Gage Ln you've gone about 1.6 miles too far*	**0.5 Mi**	*18.9 Mi Total*
5. Take the 3rd **right** onto **N Waukegan Rd / IL-43**. Map *N Waukegan Rd is 0.2 miles past N Suffolk Ln* *If you reach Academy Rd you've gone about 0.7 miles too far*	**2.7 Mi**	*21.6 Mi Total*
6. **101 WAUKEGAN ROAD**. Map *Your destination is just past Carriage Park Ave* *If you reach Rockland Rd you've gone a little too far*		

101 Waukegan Road, Lake Bluff, IL 60044

8464

Total Travel Estimate: **21.65 miles - about 32 minutes**



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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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