

12-012

**ORIGINAL****RECEIVED**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

FEB 0 1 2012

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Oak Forest</i>			
Street Address: <i>5340A West 159<sup>th</sup> Street</i>			
City and Zip Code: <i>Oak Forest 60452</i>			
County:	<i>Cook</i>	Health Service Area	<i>7</i>
		Health Planning Area:	

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

Exact Legal Name: <i>Fresenius Medical Care Oak Forest, LLC d/b/a Fresenius Medical Care Oak Forest</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Rice Powell</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

**Type of Ownership of Applicant/Co-Applicant**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership         |                                |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |                                |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**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: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9121</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>708-498-9334</i>

**Additional Contact****[Person who is also authorized to discuss the application for permit]**

Name: <i>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9118</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

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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 1 2012

Name: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Medical Care
Address: One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154
Telephone Number: 708-498-9121
E-mail Address: lori.wright@fmc-na.com
Fax Number: 708-498-9334

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Clare Ranalli
Title: Attorney
Company Name: Holland & Knight, LLP
Address: 131 S. Dearborn, 30th Floor, Chicago, IL 60603
Telephone Number: 312-578-6567
E-mail Address: clare.ranalli@hkllaw.com
Fax Number: 312-578-6666

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Net 3 (Oak Forest), LLC
Address of Site Owner: 2803 W. Butterfield Road, Suite 310, Oak Brook, IL 60523
Street Address or Legal Description of Site: 5340A W. 159th Street, Oak Forest, IL 60452
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: Fresenius Medical Care Oak Forest, LLC d/b/a Fresenius Medical Care Oak Forest
Address: 920 Winter Street, Waltham, MA 02451
[ ] Non-profit Corporation [ ] Partnership
[ ] For-profit Corporation [ ] Governmental
[ ] Limited Liability Company [ ] Sole Proprietorship [ ] Other
o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Flood Plain Requirements**

[Refer to application instructions.]

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

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

**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.

*Fresenius Medical Care proposes to discontinue 8 of its 32 stations at its Crestwood facility, located in HSA 7 and establish a 12-station in-center hemodialysis facility at 5340A West 159<sup>th</sup> Street, Oak Forest, IL also in HSA 7.*

*There is a determined need for 108 more ESRD stations in this HSA.*

*This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide chronic renal dialysis services*

### 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		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		1,022,400	N/A	1,022,400
Contingencies		112,400	N/A	112,400
Architectural/Engineering Fees		113,400	N/A	113,400
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		296,000	N/A	296,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,781,966 180,525	1,962,491	N/A	1,962,491
Other Costs To Be Capitalized		N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)		N/A	N/A	N/A
<b>TOTAL USES OF FUNDS</b>		3,506,691		3,506,691
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities		1,544,200	N/A	1,544,200
Pledges		N/A	N/A	N/A
Gifts and Bequests		N/A	N/A	N/A
Bond Issues (project related)		N/A	N/A	N/A
Mortgages		N/A	N/A	N/A
Leases (fair market value)		1,962,491	N/A	1,962,491
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>		3,506,691	N/A	3,506,691
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>				

**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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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 \$ <u>72,992</u> .		

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>April 30, 2014</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

Are the following submittals up to date as applicable:	
<input type="checkbox"/> Cancer Registry	
<input type="checkbox"/> APORS	
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted	
<input checked="" type="checkbox"/> All reports regarding outstanding permits	
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>	

**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.**

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

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

**CERTIFICATION**

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Oak Forest, LLC \* 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.

*B. Mello*  
SIGNATURE

**Bryan Mello**  
PRINTED NAME  
**Assistant Treasurer**

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec 2011

*M. Fawcett*  
SIGNATURE

**Mark Fawcett**  
PRINTED NAME  
**Vice President & Treasurer**

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec 2011

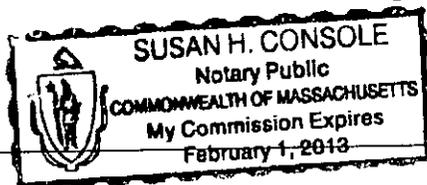
*Susan H. Console*

Signature of Notary

Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

**CERTIFICATION**

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Holdings, 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.

Bryan Mello  
 SIGNATURE  
**Bryan Mello**  
 PRINTED NAME  
**Assistant Treasurer**  
 PRINTED TITLE

Mark Fawcett  
 SIGNATURE  
 Mark Fawcett  
 Vice President & Asst. Treasurer  
 PRINTED NAME  
 PRINTED TITLE

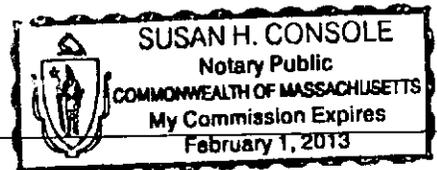
Notarization:  
Subscribed and sworn to before me  
this    day of    2011

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec 2011

Susan H Console  
 Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE - THERE IS NO UNFINISHED SHELLSPACE**

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: NOT APPLICABLE - THERE IS NO UNFINISHED SHELL SPACE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

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

**G. Criterion 1110.1430 - In-Center Hemodialysis**

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

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

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

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

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

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

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

**VIII. - 1120.120 - Availability of Funds**

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

<u>1,544,200</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
<u>N/A</u>	<p>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.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>1,962,491</u>	<p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
<u>N/A</u>	<p>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;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>3,506,691</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<b>TOTAL FUNDS AVAILABLE</b>	

**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	<b>APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.</b>			
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 **NOT APPLICABLE**

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 Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**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: NOT APPLICABLE - PROJECT IS NON-SUBSTANTIVE AND IS NOT A DISCONTINUATION**

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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			

	<b>Total</b>			
	<b>Medicaid (revenue)</b>			
	Inpatient			
	Outpatient			
	<b>Total</b>			

**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.**

- 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.
- 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.
- 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
<b>Net Patient Revenue</b>			
<b>Amount of Charity Care (charges)</b>			
<b>Cost of Charity Care</b>			

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

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Co-applicant Identification including Certificate of Good Standing	21-22
2	Site Ownership	23-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-33
6	Historic Preservation Act Requirements	34
7	Project and Sources of Funds Itemization	35-36
8	Obligation Document if required	37
9	Cost Space Requirements	38
10	Discontinuation	
11	Background of the Applicant	39-72
12	Purpose of the Project	73
13	Alternatives to the Project	74-76
14	Size of the Project	77
15	Project Service Utilization	78
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	79-108
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	109-121
40	Financial Waiver	122-124
41	Financial Viability	
42	Economic Feasibility	125-129
43	Safety Net Impact Statement	130-131
44	Charity Care Information	132-139
	Appendix 1 – MapQuest Travel Times	140-183
	Appendix 2 – Referral Letters	184-191



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

FRESENIUS MEDICAL CARE OAK FOREST, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 02, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1134201494

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

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of DECEMBER A.D. 2011 .*

*Jesse White*

SECRETARY OF STATE

**Co-Applicant Identification**

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Rice Powell</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Net 3 (Oak Forest), LLC</i>
Address of Site Owner: <i>2803 W. Butterfield Road, Suite 310, Oak Brook, IL 60523</i>
Street Address or Legal Description of Site: <i>5340A W. 159<sup>th</sup> Street, Oak Forest, IL 60452</i> 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 <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

January 24, 2012

**Fresenius Medical Care**

Attn: Mr. Bill Popken

(781) 699-9994

Via email: [William.Popken@fmc-na.com](mailto:William.Popken@fmc-na.com)

**RE: 5340A West 159<sup>th</sup> Street Land Parcel**  
Oak Forest, Illinois  
**Fresenius Medical Care Build-to-Suit – Letter of Intent**

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Oak Forest), LLC (“Landlord”) is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Oak Forest LLC** (“Tenant”).

**Premises:** 7,200 square foot building to be constructed and located at 5340 A West 159<sup>th</sup> Street, Oak Forest, Illinois (**Exhibit B**). Parcel #

28-16-303-022-0000

28-16-304-005-0000

28-16-304-006-0000

28-16-304-007-0000

**Landlord:** Net3 (Oak Forest), LLC

**Tenant:**  
Fresenius Medical Care Oak Forest, LLC

**Guarantor:** Fresenius Medical Care Holdings

**Lease:** Landlord’s standard lease form.

**Use:** Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which

shall not be unreasonably withheld, conditioned or delayed.  
 Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**Primary Term:** 15 years  
**Option Term(s):** Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.

**Base Rent over initial Term:** Annual Rent: Starts at \$23.00/sq. ft. and increases annually by 2% in Year 3 of the Primary Term

Years	Annual Rent	Monthly Rent
1	\$ 165,600.00	\$ 13,800.00
2	\$ 165,600.00	\$ 14,007.00
3	\$ 168,912.00	\$ 14,217.11
4	\$ 172,290.24	\$ 14,430.36
5	\$ 175,736.04	\$ 14,646.82
6	\$ 179,250.77	\$ 14,866.52
7	\$ 182,835.78	\$ 15,089.52
8	\$ 186,492.50	\$ 15,315.86
9	\$ 190,222.35	\$ 15,545.60
10	\$ 194,026.79	\$ 15,778.78
11	\$ 197,907.33	\$ 16,015.46
12	\$ 201,865.48	\$ 16,255.70
13	\$ 205,902.79	\$ 16,499.53
14	\$ 210,020.84	\$ 16,747.02
15	\$ 214,221.26	\$ 16,998.23

**Taxes, Insurance & CAM:** Tenant will pay

**Utilities:** Tenant will be responsible to pay for all of their own utilities.

**Tenant's Share:** 100%

**Condition of Premises  
Upon Delivery:**

Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in (**Exhibit A**). In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

**Rent Commencement  
Date:**

Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) one ninety (90) days after the Delivery Date.

**Delivery  
Date:**

The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.

**Construction Drawings  
For Landlord's Work:**

Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

**Tenant's Work:**

Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.

**Security Deposit:**

None, subject to Landlord's review of current Tenant financial statements.

**Landlord Maintenance:**

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

***Signage:***

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

***Confidentiality:***

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

***Zoning and Restrictive Covenants:***

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

***CON Contingency***

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC 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, FMC does not expect to receive a CON permit prior to April 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 FMC a CON permit to establish a dialysis center on the Premises by April 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.

***Acquisition Contingency:***

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liabilities under the lease agreement.

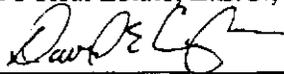
The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Net3 (Oak Forest), LLC

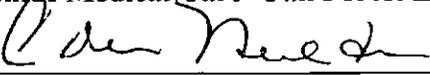
By: Net 3 Real Estate, L.L.C., its Agent

By: 

**David E. Cunningham, Manager**

AGREED TO AND ACCEPTED BY:

**Fresenius Medical Care Oak Forest LLC**

By: 

Its: Regional Vice President

Date: 1-24-12

### Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

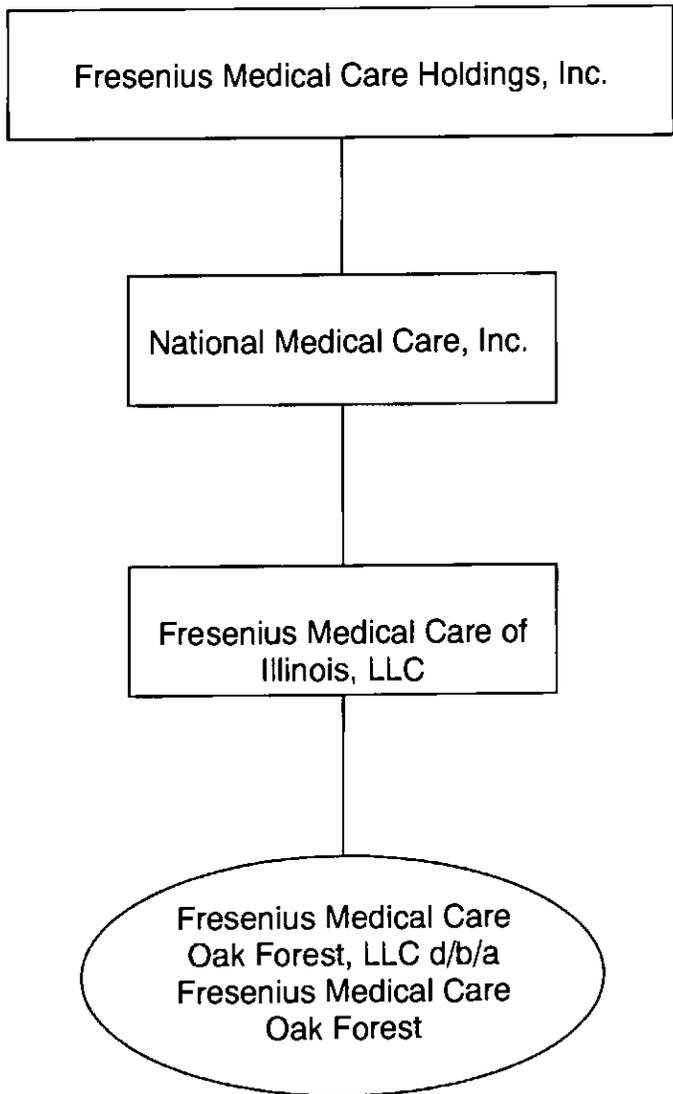
Exact Legal Name: *Fresenius Medical Care Oak Forest, LLC d/b/a Fresenius Medical Care Oak Forest*

Address: *920 Winter Street, Waltham, MA 02451*

- |                                     |                           |                          |                     |                                |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <input type="checkbox"/>            | Non-profit Corporation    | <input type="checkbox"/> | Partnership         |                                |
| <input type="checkbox"/>            | For-profit Corporation    | <input type="checkbox"/> | Governmental        |                                |
| <input checked="" type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> Other |

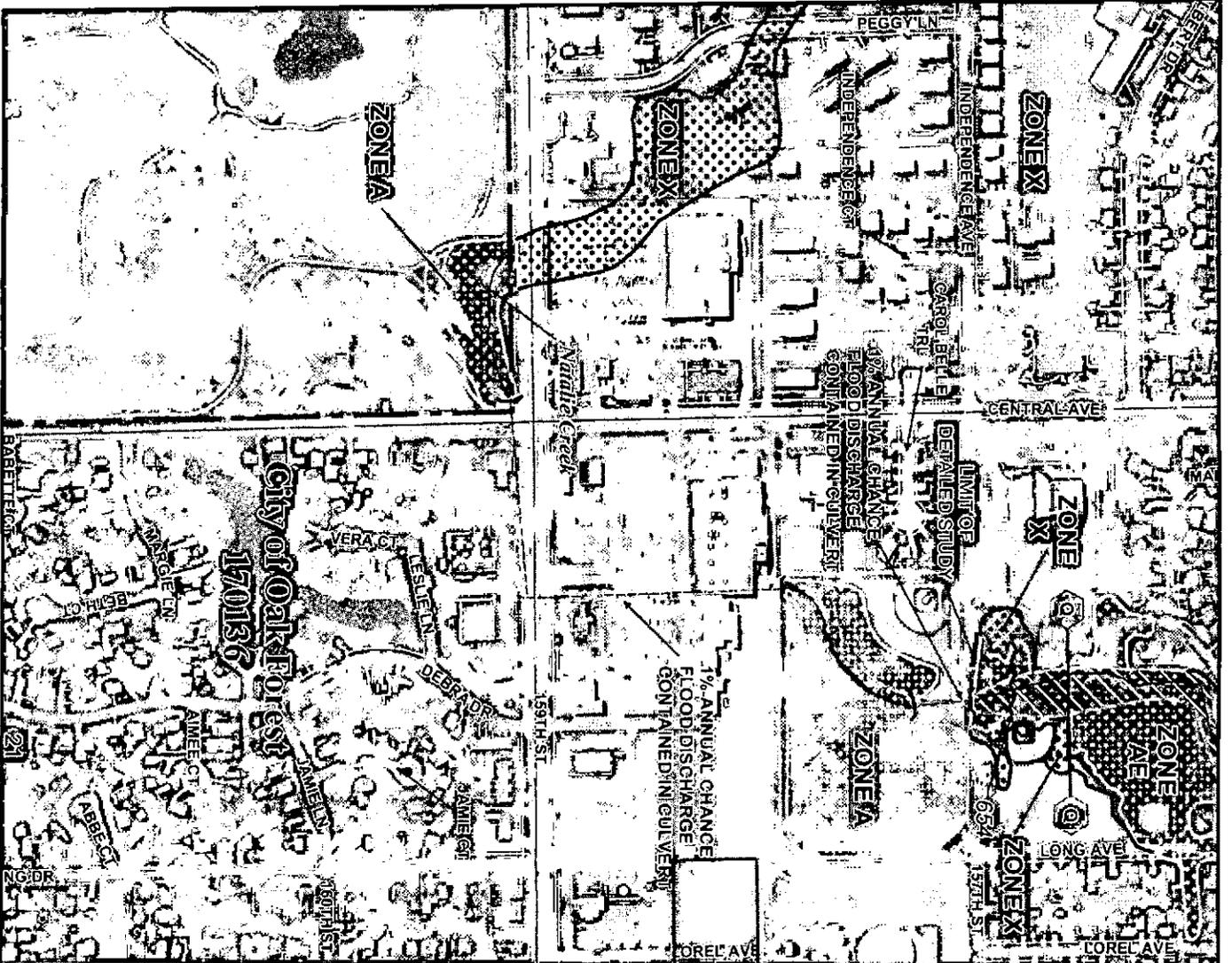
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

**Certificate of Good Standing at Attachment – 1.**



## **Flood Plain Requirements**

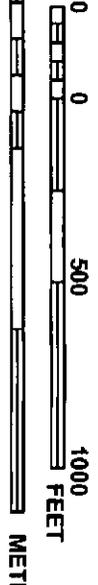
The proposed site for the establishment of Fresenius Medical Care Oak Forest complies with the requirements of Illinois Executive Order #2005-5. The site, 5340A West 159<sup>th</sup>, Oak Forest, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.



46'06.0000 N  
 Site



**MAP SCALE 1" = 500'**



**NFIP**

**PANEL 0707J**

**FIRM**

**FLOOD INSURANCE RATE MAP**

**COOK COUNTY,**

**ILLINOIS**

**AND INCORPORATED AREAS**

**PANEL 707 OF 832**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COMMUNITY	CONTRACT	NUMBER	PANEL	SHEET
COOK COUNTY	17004	0707	J	J
WINDY HILL VILLAGE OF	17017	0707	J	J
OAK FOREST, CITY OF	17038	0707	J	J
TRILEY PARK, VILLAGE OF	17089	0707	J	J

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

  
**MAP NUMBER**  
**17031C0707J**  
**MAP REVISED**  
**AUGUST 19, 2008**

Federal Emergency Management Agency

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



# Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Cook County  
Oak Forest  
5340 A. West 159th Street  
New construction, 12 station dialysis facility, Fresenius Medical Care

PLEASE REFER TO: IHPA LOG #002111811

November 29, 2011

Lori Wright  
Fresenius Medical Services  
One Westbrook Corporate Center, Suite 1000  
Westchester, IL 60154

Dear Ms. Wright:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

## SUMMARY OF PROJECT COSTS

### Modernization Contracts

General Conditions	51,000
Temp Facilities, Controls, Cleaning, Waste Management	2,500
Concrete	13,000
Masonry	15,500
Metal Fabrications	7,400
Carpentry	90,000
Thermal, Moisture & Fire Protection	18,000
Doors, Frames, Hardware, Glass & Glazing	70,000
Walls, Ceilings, Floors, Painting	165,000
Specialities	13,000
Casework, FI Mats & Window Treatments	6,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	327,000
Wiring, Fire Alarm System, Lighting	197,000
Miscellaneous Construction Costs	47,000
<b>Total</b>	<b>1,022,400</b>

### Contingencies

Contingencies **\$112,400**

### Architectural/Engineering

Architecture/Engineering Fees **\$113,400**

**Movable or Other Equipment**

Dialysis Chairs	\$17,000
Misc. Clinical Equipment	18,000
Clinical Furniture & Equipment	27,000
Office Equipment & Other Furniture	35,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	13,000
Generator	35,000
Facility Automation	20,000
Other miscellaneous	5,000
<b>Total</b>	<b>\$320,000</b>

**Fair Market Value Leased Space & Equipment**

FMV Leased Space (7,200 GSF)	\$1,781,966
FMV Leased Dialysis Machines	174,525
FMV Leased Computers	6,000
<b>Total</b>	<b>\$1,962,491</b>

The cost per station, based on construction, contingencies, movable and other equipment and A & E fees is \$130,683 per station. This excludes the lease costs. All individual line items fall within the Board guidelines. Actual final costs will likely be lower due to the above estimations and built in allowance to prevent going over CON approved costs.

Project obligation will occur after permit issuance.

**Cost Space Requirements**

Provide in the following format, the department/area GSF and cost. 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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
In-Center Hemodialysis	3,506,691		7,200		7,200		
Total Clinical	3,506,691		7,200		7,200		
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>	3,506,691		7,200		7,200		
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	538 E. Boughton Road	Boilingbrook	60440
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham		333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines		1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	#4 West Main Street	DuQuoin	62832
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet		721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Logan Square		2734 N. Milwaukee Avenue	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein		1400 Townline Road	Mundelein	60060
Naperbrook		2451 S Washington	Naperville	60565
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield		480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611

Facility List  
ATTACHMENT - 11

Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	600 S. 13th Street	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
River Forest		103 Forest Avenue	River Forest	60305
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering		10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
South Side	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	Illinois Rts 3&143, #7 Eastgate Plz.	East Alton	62024
Spoon River	14-2565	210 W. Walnut Street	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia		2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source. All clinics are open to all physicians who meet credentialing requirements.

Certification & Authorization

Fresenius Medical Care Oak Forest, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Oak Forest, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]  
ITS: **Bryan Mello**  
**Assistant Treasurer**

By: [Signature]  
ITS: **Mark Fawcett**  
**Vice President & Treasurer**

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

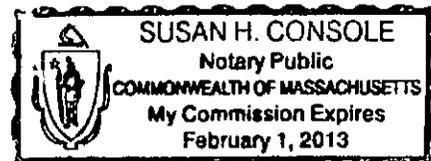
Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

[Signature]  
Signature of Notary

[Signature]  
Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care of Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities Planning Board; and

In regards to section III, A (3) of the Illinois Health Facilities Planning Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: *Bryan Mello*  
ITS: **Bryan Mello**  
**Assistant Treasurer**

By: *Mark Fawcett*  
ITS: Mark Fawcett  
**Vice President & Asst. Treasurer**

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

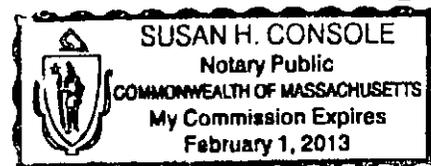
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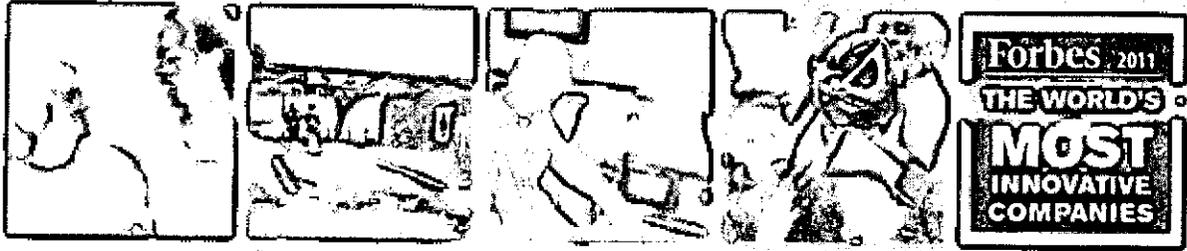
*Susan H Console*  
Signature of Notary

Signature of Notary

Seal

Seal





# CORPORATE Responsibility & COMMUNITY Commitment



Fresenius Medical Care



# CREATING A FUTURE WORTH LIVING

*For people. Worldwide. Every day. More than three decades of experience in dialysis, innovative research, the global leader in dialysis services and products—that is Fresenius Medical Care.*

*Patients with kidney disease can now look ahead with much more confidence thanks to our innovative technologies and treatment concepts. We give them a future, one that offers them the best-possible quality of life.*

*As a vertically integrated company, we cover the entire dialysis value chain. We use the increasing demand for modern dialysis methods to our advantage and work consistently to enhance the Company's growth. Our focus is on consistently implementing strategies that enable us to uphold and expand our technological leadership.*

*We take the highest medical standards as our benchmark. This is our commitment to our patients, our partners in the healthcare system and our investors, who trust in the reliable performance and the future of Fresenius Medical Care.*



FRESENIUS MEDICAL CARE NORTH AMERICA

ATTACHMENT - 11

# A PRIMER FOR YOUR KIDNEYS

## **KIDNEY DISEASE & DIALYSIS**

*Kidneys play an important role in your body. They rid the body of wastes and fluid by filtering them out of your blood. They make hormones that help produce red blood cells, control blood pressure and activate Vitamin D to keep our bones healthy.*



## WHAT HAPPENS WHEN KIDNEYS FAIL?

When kidneys stop working, fluid and wastes build up in the body and make you feel sick. It also becomes harder for your body to make red blood cells, control your blood pressure, and keep your bones healthy.

There are two kinds of kidney failure, acute and chronic. Acute kidney failure may be reversed when the source of the problem is found and treated. People with acute kidney failure may go on dialysis for a short time until their kidneys heal. Chronic Kidney Disease (CKD; also called Chronic Kidney Failure) is a progressive disease. There are five stages of CKD. Some patients with CKD may be watched by their doctors for years before they reach End Stage Renal Disease (ESRD), when dialysis or a transplant is needed to help replace lost kidney function. Other patients will get to this stage in just months or weeks.

## WHAT ARE THE SIGNS OF KIDNEY DISEASE?

Knowing what to look for may help you and your doctor find out if you have kidney disease early. Finding out early is important because often, with lifestyle changes and medications you may be able to slow down the disease and stay healthy longer.

Some signs of kidney disease are:

- Changes in urination—Urine that is foamy or bubbly, red or pink (contains blood), more or less than your usual amount, or getting up at night to urinate
- Swelling of face and/or feet
- Feeling more tired than usual
- Nausea/vomiting
- Headache, feeling dizzy, having trouble thinking clearly
- Severe itching
- Shortness of breath
- Loss of appetite
- High blood pressure

If you think you have any of these symptoms, talk to your doctor.

## HOW IS KIDNEY DISEASE DIAGNOSED?

If your doctor thinks that you may have CKD, he or she might do some or all of these tests to measure how well your kidneys work:

- Test for protein in your urine
- Blood pressure, to see if it's high
- Blood test to measure your creatinine

The doctor will use your creatinine level along with other information to calculate your GFR (glomerular filtration rate). The GFR helps your doctor determine how well your kidneys are cleaning your blood and diagnose CKD.

## WHAT CAUSES KIDNEY DISEASE?

The two most common causes of kidney disease are diabetes and high blood pressure. Other causes include:

- Glomerulonephritis (kidney inflammation)
- Arteriosclerosis (hardening of the arteries)
- Blockage of the urinary system; kidney stones or malformation at birth
- Toxins
- Polycystic kidney disease
- Infection
- Trauma (injury)

## HOW CAN KIDNEY DISEASE BE PREVENTED?

If you have diabetes or high blood pressure, be sure to see your doctor regularly. Keeping your blood sugar and blood pressure under control may help to prevent kidney disease. Also, keep your doctor and healthcare team informed of any changes in your health and follow all medication and diet changes given to you by your doctor. Diagnosing and treating kidney disease early is important to slowing down the disease progression. Finally, take an active role in your healthcare. Educate yourself about kidney disease and its treatments so you know what to look for.

## WHAT IS DIALYSIS?

Dialysis is a mechanical filtering process that cleans waste products out of your blood, removes extra fluid and controls your body chemistry if your kidneys fail. There are two main kinds of dialysis: hemodialysis and peritoneal dialysis.

## HEMODIALYSIS

Hemodialysis removes extra fluid and wastes from your body by constantly moving your blood through a filter. The filter, known as a dialyzer or artificial kidney, is used with a dialysis machine. Your blood is removed from your body in small amounts, run through the filter, and then returned. Hemodialysis can be done at home or in a dialysis treatment center. It can be done during the day, or at night while you are sleeping, leaving your days free for other activities. As with any treatment, there are pros and cons to hemodialysis of any type. Thinking about these can help you decide if some type of hemodialysis is right for you.



*Hemodialysis can be done during the day, or at night while you are sleeping, leaving your days free for other activities.*

## PERITONEAL DIALYSIS

Peritoneal dialysis (PD) also filters the blood. But, instead of using an artificial kidney, the thin membrane that lines your abdominal cavity, also known as the peritoneum, is used.

During peritoneal dialysis, you fill your abdomen with dialysate. Because the peritoneum is rich in tiny blood vessels, it continually provides a supply of blood to be cleaned. The extra fluid and wastes in the blood move into the dialysate, which you drain and replace.

There are two main types of peritoneal dialysis: Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCDP). Both are done at home and both have pros and cons.





FRESENIUS MEDICAL CARE NORTH AMERICA

ATTACHMENT - 11

# FRESENIUS MEDICAL CARE: A CORPORATE SNAPSHOT

*Fresenius Medical Care is the world's largest integrated provider of products and services for individuals undergoing dialysis because of chronic kidney failure, a condition that affects more than two million individuals worldwide.*

*Fresenius Medical Care is also the world's leading provider of dialysis products such as hemodialysis machines, dialyzers and related disposable products. Fresenius Medical Care is listed on the Frankfurt Stock Exchange (FME, FME3) and the New York Stock Exchange (FMS, FMS/P).*

214,648  
PATIENTS WORLDWIDE

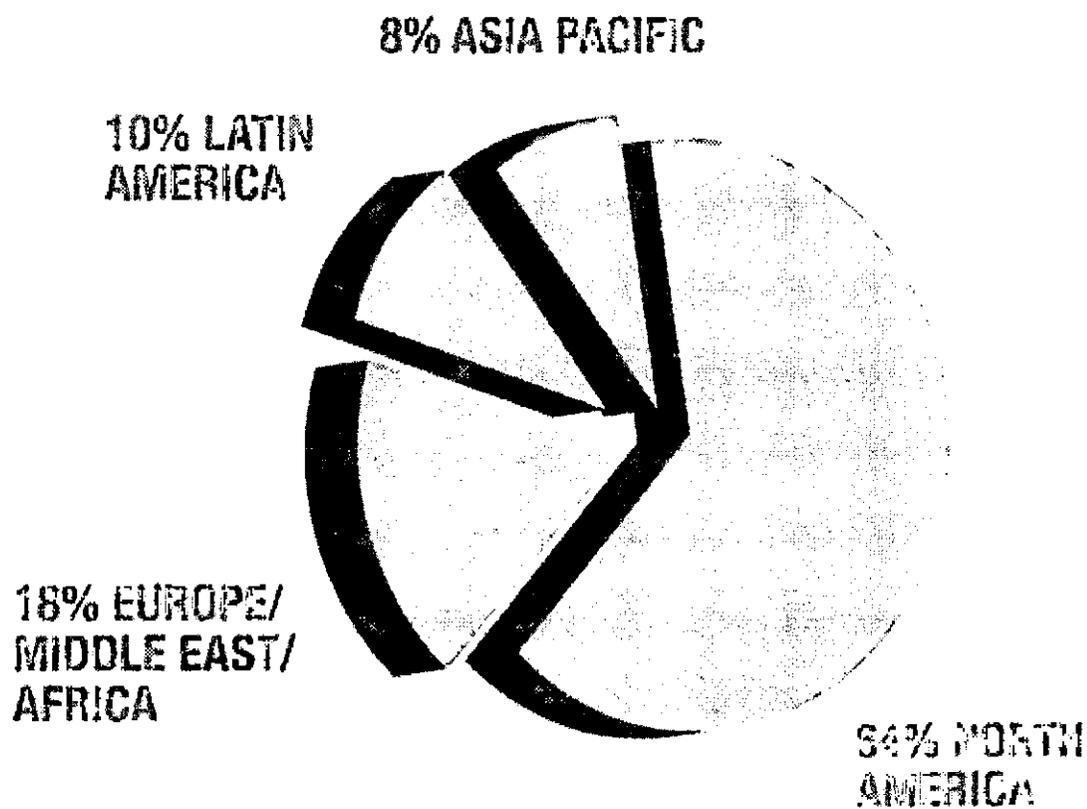
2,757  
CLINICS WORLDWIDE

73,452  
EMPLOYEES WORLDWIDE

over 40  
PRODUCTION SITES WORLDWIDE

about 31.7 million  
DIALYSIS TREATMENTS WORLDWIDE

# 214,648 PATIENTS WORLDWIDE:



# 2,757

## CLINICS WORLDWIDE:

	2010	2009	Change
North America	1,823	1,734	2%
Europe/Middle East/Africa	493	435	15%
Latin America	193	191	1%
Asia-Pacific	242	143	59%
Total	2,757	2,553	8%

# 2,029 M

## DIALYSIS SERVICES WORLDWIDE (2010)

Fresenius Medical Care North America	137,689
Fresenius Medical Care Europe	38,061
Fresenius Medical Care Asia-Pacific	16,427
Fresenius Medical Care Latin America	22,471

# ADVANCING RENAL THERAPY:

## DIALYSIS SERVICES & PRODUCTS SINCE 1968

Fresenius Medical Care is the global leader in renal health care, but we don't rest on our laurels. Our mission is to create innovative products and deliver optimal services and care that set the standard in kidney dialysis. Ours is the largest network of dialysis clinics across the United States and worldwide. We're committed to providing patients and their

families with the highest quality of care and the best support services.

As the leading manufacturing of dialysis products for use in hemodialysis and peritoneal dialysis, such as machines, cyclers, dialyzers, solutions and related products, including pharmaceuticals... we drive advancements and more options in patient care for medical profes-

sionals. We maintain one of America's largest troves of data and research related to renal care; and our vast clinical responsibility demands that we stay the forefront of emerging treatments and services.



## QUALITY OF CARE & PATIENT SAFETY

### 1968:

National Medical Care opens first out-of-hospital dialysis facility in Melrose House, Melrose, Massachusetts.

### 1970:

National Medical Care operates first out-of-hospital dialysis facility central delivery system at The Kidney Center in Brookline, Massachusetts.

### 1996:

Fresenius Medical Care AG of Germany acquires National Medical Care, creating Fresenius Medical Care North America (FMCNA). The vertically integrated company becomes the nation's largest network of dialysis centers and the leading manufacturer of dialysis products. Ben Lipps is named chief executive officer and president.

### 1996:

In partnership with leading nephrologists, FMCNA establishes Renaissance Health Care Inc., a specialty managed care company. Unique knowledge of end stage renal disease clinical practice and medical management allows for cost containment while improving the quality of care for patients.

### 1997:

FMCNA introduces the Code of Ethics and Business Conduct, and initiates mandatory business practices and compliance training company-wide. The training focuses on company values, commitment to compliance, and the Employee Action Line, patient privacy and security.

### 1997:

FMCNA is the first large dialysis provider to develop and formally employ Continuous Quality Improvement in its care of patients.

### 1998:

FMCNA establishes a new peritoneal dialysis (PD) services initiative, focusing on widening the use and availability of this treatment under Dr. Jose Diaz-Buxo, M.D., a nationally recognized leader in PD.

### 1999:

FMCNA is the first provider to use information from its clinical database to identify and resolve a critical patient care safety issue—detecting frequent disconnects of Central Venous Catheters to blood lines.

### 2003:

FMCNA launched its Advanced Renal Education Program, developed to assist nephrologists and professional dialysis staff in improving clinical outcomes and standards of practice.

### 2003:

Fresenius Medical Services announces the successful implementation of UltraCare<sup>®</sup>, its unique program that combines tools, policies and resources to provide

## UltraCare<sup>®</sup>

differentiated care to all FMCNA patients. UltraCare represents an organizational culture committed to delivering excellent care to patients through innovative methods, the latest technology and a focus on customer service.

### 2004:

No reuse of dialyzers is fully implemented at all FMCNA clinics, avoiding formaldehyde exposure to patients and the possibility of using an incorrect dialyzer.

### 2004:

Fresenius Medical Care introduces success@home<sup>™</sup>, a comprehensive peritoneal dialysis educational support program for clinicians and patients.



## 2010:

Fresenius Medical Care Renal Pharmaceuticals is established to provide a range of drugs for treating patients with chronic and acute renal failure. Venofer<sup>®</sup> is used to treat 'iron-poor' blood in kidney disease patients. PhosLo<sup>®</sup> is a phosphate binder that helps prevent phosphate in the stomach and intestines from being absorbed into the body.

## 2011:

FMCNA's Patient Safety Organization gains official certification by the secretary of the U.S. Department of Health and Human Services for collecting, analyzing and preventing patient safety problems. The recognition is a first in the dialysis industry.

## RESEARCH & INNOVATION

### 1966:

The first hollow-fiber dialyzers create decisive advances in the quality of treatment. The present chairman of the Management Board of Fresenius Medical Care, Dr. Ben Lipps, was an active contributor to these advances.

### 1984:

National Medical Care establishes the first dialysis patient database for collection, study, and analysis of patient data.

### 1999:

FMCNA introduces the On-Line Clearance Monitor, a device that allows staff to more closely monitor adequacy of therapy and immediately make adjustments.

### 1997:

In a joint venture with Beth Israel Medical Center in New York, FMCNA establishes the Renal Research Institute, formed to combine the latest dialysis technology and research to advance end stage renal disease medical care, making it the first collaboration among a group of dialysis centers providing large scale patient samples. The partnership combines optimal treatment for patients with outcome and technology research.

## 2000:

The Laboratory Services Division introduces automation of laboratory systems at the clinic level with Visual LabWorks, a remote order entry system for laboratory test ordering.

## 2000:

FMCNA introduces the 2008K hemodialysis machine. The overwhelming market acceptance resulted in all machines manufactured being sold before year-end.

## 2000:

FMCNA establishes Spectra Renal Research, providing clinical trial services for pharmaceutical, CRO, medical device and biotechnology industries.

Spectra Renal Research is the world's largest clinical research site management organization, with a focus on patients with end stage renal disease.

## 2000:

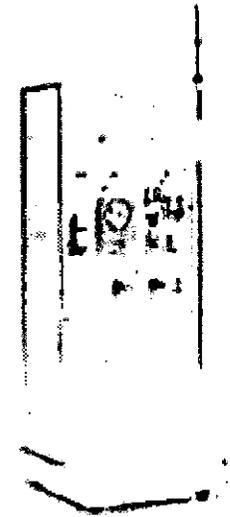
FMCNA introduces Premier Plus<sup>™</sup> Double Bag for CAPD patients. The incorporated Safe-Lock Connectology and Snap disconnect features result in fewer connections for the patient and a commensurate lower risk of infection.

## 2000:

FMCNA introduces a compliance tracking system to its automated peritoneal dialysis (APD) system, the Freedom<sup>™</sup> Cyclor PD+. The IQcard<sup>™</sup> system allows the cyclor to record patient treatment information on a small credit-card sized card.

## 2001:

FMCNA introduces the Optiflux<sup>®</sup> dialyzer family with superior small and large molecular weight solute clearances for improved clearance rates and outstanding biocompatibility.



The 2008K

## 2001:

Fresenius Medical Care and Xitron Technologies Inc., develop a non-invasive process to reliably determine the dry weight of dialysis patients, helping to considerably improve the quality and expectation of life for people with end stage renal disease.



Optiflux Dialyzers

## 2004:

Fresenius Medical Care introduces stay-safe®, a new generation in peritoneal dialysis (PD) connectology that helps ensure patient safety by automatically closing the PD system.

## 2004:

Fresenius Medical Care North America announces the completion of a comprehensive, multi-year dialysis products agreement with Dialysis Clinics, Inc. (DCI).

## 2005:

Fresenius Medical Care acquires Renal Care Group, Inc., further solidifying the company's position as the world's leader in dialysis services and products.

## 2008:

Fresenius Medical Care launches its Liberty Cyclor home dialysis technology for automated peritoneal dialysis combining advanced pumping technology with ease of use for patients.

## 2010:

Fresenius Medical Care introduces the 2008T dialysis machine. It combines the company's most advanced hemodialysis delivery system with Clinical Data Exchange (CDX) to provide caregivers, for the first time, chairside access to both dialysis treatment and medical information system data. This improves the treatment session by giving caregivers the ability to facilitate real-time adjustments to therapy and care plans.

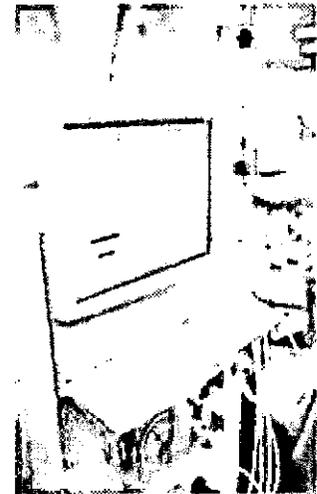
## 2011:

The company's first New Drug Application is approved by the FDA, Phoslyra, an orally available formulation of

Phoslo. It broadens options for physicians and dialysis patients to reduce phosphate levels in late stage kidney disease.

## 2011:

Fresenius Medical Care is certified as the first Patient Safety Organization (PSO) in the dialysis industry by the Secretary U.S. Department of Health and Human Services with the objective of furthering the mission of continuously improving patient safety and health care quality. The purpose of a PSO is to establish a framework by which

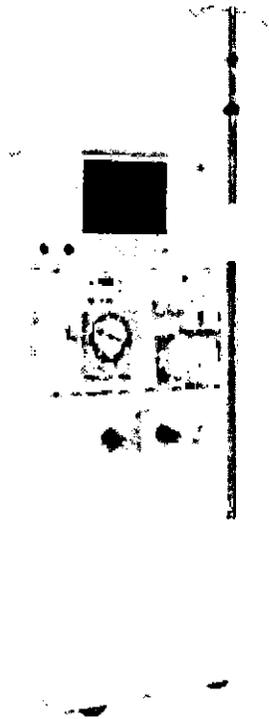


The 2008T

doctors and other health care providers may voluntarily report information to PSOs, on a privileged and confidential basis, to collect and analyze patient safety events.

## 2011:

The U.S. Food and Drug Administration clears the 2008K@Home dialysis for marketing to home dialysis patients.



The 2008K@home

# ADVANCING RENAL THERAPY: INTEGRATED CARE

Results from a project Fresenius Medical Care undertook with the Centers for Medicaid and Medicare Services (CMS) called the End Stage Renal Disease (ESRD) Disease Management Demonstration Project were presented by the independent evaluation contractor, Arbor Research Collaborative for Health, in a series of scientific abstracts and a comprehensive evaluation report. The ESRD DM Demonstration Project is a five-year demonstration project (2006 to 2010) conducted by CMS which the impact of expanded integrated care approaches applied to the Medicare ESRD patient population.

Our main objective in the ESRD DM Demonstration Project was to create a model of care that was patient-centered, one that could improve comprehensive patient quality outcomes of improved survival and reduced hospitalization. Fresenius Medical Care's focus in the ESRD DM Demonstration Project was much broader than improvement of dialysis outcomes, although that result was accomplished in this project as well.



The Fresenius Health Partners program provided a whole-person care approach utilizing an integrated care "health home" concept that actively expanded the management of the various co-morbidities such as congestive heart failure, cardiac disease, nutritional status, infection risks, vascular access and psychosocial needs that impact kidney patients. The program achieved this expanded patient care by adding personal nurse care managers to work with patients and their providers on these non-dialysis focus areas and by deploying a unique home telehealth monitoring device technology (KidneyTel®) and care plan pathways platform, which provided interactive daily contact with patients to collect symptomatic and biometric data, and provide support, education and coordination to patients and their providers. A sample of the results obtained:

- A significantly lower percentage of patients in the FMC program were hospitalized for the first time by one year and two years.
- A significantly lower percentage of patients in the FMC program were hospitalized for cardiovascular disease for the first time by one year and two years.
- A significantly larger percentage of patients in the FMC program survived to the one year and two year time points.
- FMC program experienced estimated savings relative to FFS Medicare based on differences in service utilization throughout all three years of the Demonstration evaluation, with the magnitude of the savings appearing to increase over time.
- FMC Oral Nutritional Supplement program was associated with significantly reduced mortality at one year.
- Significantly higher percentage of patients in the FMC program were wait-listed for transplant.
- FMC achieved greater than 95% of the targeted dialysis Clinical Practice Measures for the Demonstration Project.
- High satisfaction was observed among patients who remained in the FMC program.

## PATIENT SURVIVAL & HOSPITALIZATION

The Fresenius Health Partners Program Achieved Improvement in Patient Mortality and Hospitalization Outcomes for the 2006 to 2008 Evaluation Period:

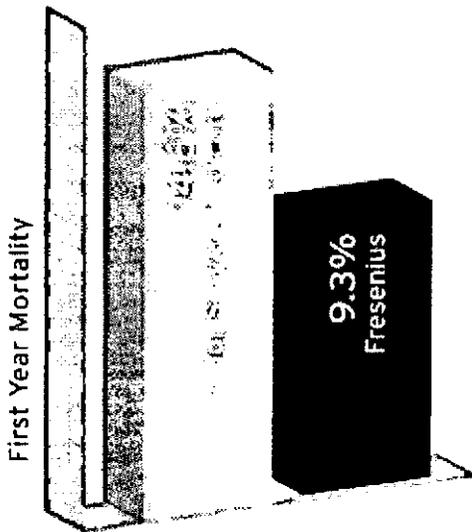
- One Year Mortality (36% reduction)
- Two Year Mortality (24% reduction)
- "All Cause" First Hospitalizations (reduced by 13% for One Year) and (reduced by 20% for Two Year)
- Cardiovascular Disease" First Hospitalizations (reduced by 14% for One Year) and (reduced by 21% for Two Year)

## REDUCING COSTS

The Fresenius Health Partners Program Achieved Improvement (reductions) in Costs and Utilization of Services in the Third year of the Demonstration Project (2008) in the

Following Measures (range of improvement varied by analysis method):

- Hospital Admissions (8% to 12%)
- Hospital Readmissions (11% to 19%)
- Physician Visits (19% to 27%)
- SNF Stays (43% to 49%)
- ER Visits (3% to 4%)
- Cost of Care (5% to 6%)



Source: "Hospitalization, Survival and Transplant-Related Outcomes in CMS ESRD Disease Management Demonstration." Jeffrey Pearson, et al, Arbor Research Collaborative for Health, 2010. Full independent report at [www.kidneytel.com](http://www.kidneytel.com).

# ADVANCING RENAL THERAPY: **TREATMENT OPTIONS PROGRAM (TOPS)**

Renal care at Fresenius Medical Care starts well before dialysis with our pre-dialysis educational classes Treatment Options Program—TOPs.

Options include in-center dialysis, transplant, home dialysis, patient travel services and non-treatment

TOPs, in its five years since launch...

- Educated 57,000 chronic kidney patients at no charge to them. Family members welcome to participate

- Offered nationwide in a variety of settings including dialysis facilities, libraries, hospitals, community centers

- Peer-reviewed paper published on TOPs participants in June 2011

- Showed a 40-50% lower risk of death during first 90 days of dialysis

- TOPs associated with more home dialysis choices

- TOPs associated with more fistula/graft choices



# ADVANCING RENAL THERAPY: CLINICAL STUDIES

The Clinical Studies Dept. at Fresenius Medical Care facilitates and monitors clinical research in our dialysis facilities.

- Completed more than 50 Phase 3 multi-site sponsored trials
- Completed more than 11 Phase 2 multi-site trials
- In its 11-years of operation, the group now includes 18 clinical research coordinators working with physicians across the U.S.
- Categories of clinical data available for study include general demographics and renal demographics, dialysis prescriptions, dialysis parameters, lab and medication prescriptions and results

■ Database of 600,000 renal patients available for study including:

- 116,000+ active patients
- 500 million lab results
- 130+ million hemodialysis treatments
- 450+ million medication administrations



# ADVANCING RENAL THERAPY; RENAL RESEARCH INSTITUTE

Formed in early 1997 as a joint venture between Fresenius Medical Care and Beth Israel Medical Center, Renal Research Institute is a financial and scientific commitment to better kidney care. It is a collaboration with Beth Israel Medical Center and Fresenius Medical Care to produce measurable results in patient outcomes, building on clinical nephrology and evaluating and applying new technology to enhance the quality of patient care. The institute collaborates among a select group of dialysis facilities with strong ties to academic research institutions. This synergy among designated academic research universities, industry, and dialysis clinics is the first of its kind in the field of kidney disease.

*Key contributions to the body of renal care literature by RRI*

## **The Frequent Hemodialysis Network Trials (2010-2011)**

These are landmark studies—1 published in *NEJM*—on the effects of increasing dialysis frequency from conventional thrice weekly to either 6-times, weekly short in-center dialysis or nocturnal dialysis. RRI played a pivotal role in the design and execution of these trials and is actively involved in the analysis and interpretation of the study results.

## **Calcium kinetic studies; contribution to the dialysate calcium debate (2006-2010)**

RRI has conducted seminal calcium kinetic studies which significantly shaped the discussion about calcium balance and dialysate calcium concentration. RRI has further critically commented on recent guidelines to raise awareness in the nephrology community of the importance of calcium mass balance quantification. Additional publications with pivotal calcium kinetic data are underway.

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## **Events before death (2009-ongoing)**

RRI is pioneering a novel methodological approach to look at risk predictors of death in dialysis patients: a look backwards in time, starting from the date of death to provide a powerful way of characterizing common patterns in the evolution of key clinical and laboratory parameters prior to death. The ultimate goal of this project is to develop an alarm system to draw clinicians' attention to high-risk patients that deserve special attention. RRI is leading an unprecedented worldwide collaboration to this end, spanning six continents and more than 30 countries. The results of this ongoing project will have a major impact on the field of dialysis.

# OUR COMMUNITY COMMITMENT: A STEWARD OF THE ENVIRONMENT AND A SAFE WORKPLACE

- We recently revised a carbon tank backwashing system allowing us to sterilize water in dialysis clinics but save 300 million gallons of water,
- To reduce electrical consumption, heat exchangers are now used to transfer reverse osmosis-concentrate heat into the hot-water heaters allowing a typical 16-patient-station dialysis clinic to recover about 75% of wasted heat across our 1,850 U.S. clinics
- Since 1999, the company's been recognized by CNA for its national leadership and outstanding employee safety, health and risk management track record in earning its National Safety Award



# OUR COMMUNITY COMMITMENT: **VOLUNTEERISM**

*We volunteer because that is who we are; we are the fabric of our communities.*

The South Greensboro, North Carolina Fresenius Medical Care Education Department provided area secondary institutions Page High School and Weaver Academy Allied Health Students with the opportunity to participate in a hemodialysis clinical experience. The students were shown an overview of hemodialysis, an opportunity to participate in an observation on a treatment floor of the dialysis process, interactions with health care professionals and an opportunity to view our Fresenius Treatment Options DVD. The students and instructors

voiced positive feedback in learning about patient care and medicine as a career choice, renal dialysis as a treatment modality and as an important medical option for patients with kidney failure.

Amy French, BSN, CNN presented a talk entitled "The Career Path of a Nephrology Nurse" to a group of high school students at the Prosser School of Technology in New Albany, INDIANA. Part of a career decision class which was made up of students wishing to pursue a career in the medical field, it was opportunity to introduce students, just beginning their career paths, to the exciting and rewarding world of nephrology nursing.



Fresenius Medical Care employees from the Greater Anderson, South Carolina area participated in the Habitat for Humanity. Pictured from left are **Estella Hill**, Home Therapy Nurse; **Molly Costa**, Home Therapy Program Manager; **Cassandra Pinkston**, Home Therapy Nurse; **Maggie Frazier**, Home Therapy Nurse and **Pam Pyeatt**, Home Therapy Nurse. Not pictured are **Patsy Gaston** and **Elaine Fields**.



Fresenius Medical Care facilities in the Houston area rallied staff members together to collect more than 1,000 cans of food for the Houston Food Bank. From left are Faith McBride, Assistant to Regional Vice President Mark Delahunty; Jesse Moya, Technical Supervisor, Houston Acute Program, and Anne Blue, Patient Services Specialist, Houston Region.

FRESENIUS MEDICAL CARE NORTH AMERICA

65



Staff from two clinics in the Vancouver, WA area participated in an NKF Kidney Walk in Portland, OR. The "Fort Vancouver Kidney Crusaders" created tee-shirts and spent a very enjoyable day walking for a good cause. From left, (front row) employee family member Charles Frayer, PCT Melissa Vega, employee family members Ayden Vega and Dakota Roller, patient Suzanne Lam, Lisa Schaefer R.N., Jeannie Roberts R.N. and Lewis the dog; (back row) PCT Scott Ryan, employee family members Kiana, Kole, and Lori Ryan, RCIT/PCT Darci Roller, employee family member Anna Roller, PCT Sherrie Neff, Erica Wheatley R.N., Joan Blatt R.N., employee family member Dave Leon, patient family member Joe Bertrand, Jill Walker R.N., PCT Michelle Boston and PCT Jenni Frayer.

During a medical mission to earthquake ravaged Haiti, North Alabama Region's Ann Pridgen RN CDN volunteered among a team of medical professionals seeing hundreds of desperate people. Among the many things she participated in: The team set-up a medical mobile clinic on a Saturday that was advertised by loud-speaker in the streets, and saw 138 patients in just 4 hours. We assisted with English lessons in the church one evening, and over 200 attended. Haitians are very anxious to learn English, as they are required to speak English to get a job. One young boy asked me to sit with him and write every word that I had said. Ann drew pictures and repeated the English words, since she could not translate the English into Creole.

Ana Perryman, BSN, an Educational Coordinator for Fresenius Medical Care North Florida organized a community educational program in recognition of World Kidney Day. The location was her local farmer's market where individuals older than 45 years old participated in glucose and blood pressure screenings, as well as, a short health questionnaire identifying possible risks for kidney failure. She presented findings to the local chapter of the American Nephrology Nurses Association chapter members and new hires Fresenius Medical Care orientation.

- Our 400 nurse educators are certified to train professional clinical staff across Fresenius Medical Care to meet quality goals, ensure compliance with regulatory standards and the latest advances in patient care.
- Nurse educator personnel are volunteers and national leaders in kidney care and education benefitting the entire renal community.



**Ann Pridgen RN CDN volunteering in Haiti**



**Shad Ireland (middle), Fresenius Medical Care spokesperson, patient and Ironman triathlete, joined fellow Fresenius Medical Care staff members Joan MacWilliam and Heather Curry at the Alabama Kidney Foundation Walk.**

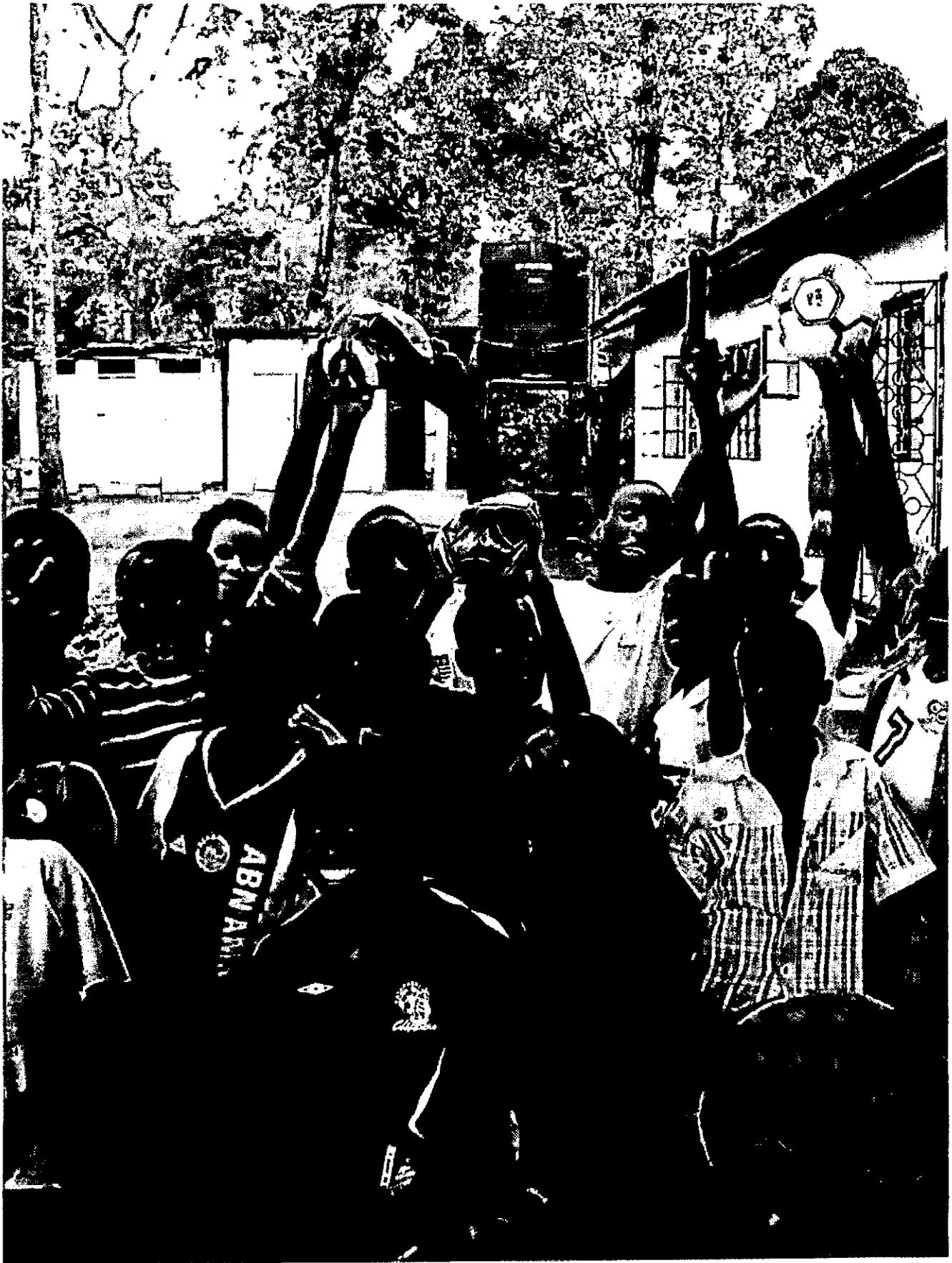
# OUR COMMUNITY COMMITMENT: **GLOBAL OUTREACH**

Renal Research Institute, and the Sustainable Kidney Care Foundation with Fresenius Medical Care, Germany were among the co-sponsors of a 2011 conference in Moshi, Tanzania where medical professionals examined the burden of kidney disease with particular focus on treating children and women of childbearing age in developing countries of sub-Saharan Africa, goals consistent with the United Nations Millennium Development Goals 2015 project. Participants included medical professionals from Tanzania, Malawi, Uganda, Kenya, Democratic Republic of Congo with global nephrology opinion leaders. They covered acute kidney injury, peritoneal dialysis, renal

replacement therapy, chronic kidney disease management, and managing specific kidney diseases.

Formed in early 1997 as a joint venture between Fresenius Medical Care and Beth Israel Medical Center, Renal Research Institute is an administratively distinct institution. The institute is a collaborative effort among a selected group of dialysis facilities with strong ties to academic research institutions. This synergy among designated academic research universities, industry, and dialysis clinics is the first of its kind in the field of kidney disease.





# OUR COMMUNITY COMMITMENT: EMERGENCY & DISASTER PREPAREDNESS

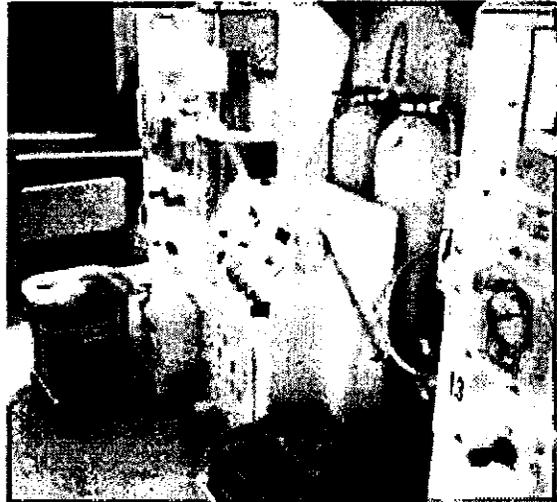
Our award-winning disaster/emergency preparedness teams ensure the continuity of our life-saving dialysis operations during major disaster/emergencies

- Winner International Association of Emergency Managers Business Preparedness Award in 2010
- Kidney Community Emergency Response Coalition leader
- Boosting disaster/emergency preparedness awareness and training for all our patients
- Disaster preparedness training for all employees
- Availability of a dedicated fully staffed 24-hr disaster hot-line that will locate the nearest open facility for any dialysis patient nationwide impacted during a disaster



## HOW PREPARED ARE WE?

- Performed more than 1,000 treatments on non-FMCNA pts. following Hurricane Katrina
- Airlifted 50,000 lbs of urgently needed dialysis supplies to support disaster relief in the immediate aftermath of the Haiti earthquake
- Own and operate 4 large mobile generator trucks to respond to power disruptions during emergencies
- Distributed over 600 personal generators to staff across the country during various storms and emergencies
- By bringing our clinics on-line immediately after a disaster we reduce surge of dialysis patients to nearby hospitals, reducing the strain on the healthcare system



# OUR COMMUNITY COMMITMENT: CONTRIBUTIONS

## NATIONAL KIDNEY FOUNDATION

- Support at over \$250,000 in ongoing partnerships across the U.S. for public health education and research
- Recently co-produced a 6-minute film "Dialysis Saves Lives"—a social network viral sensation in the renal community. The aim was to help patients understand what's involved and demonstrate that dialysis can be both life-saving and life-enhancing. "Dialysis Saves Lives," focuses on four patients, ages 9-70, who share their experiences on camera. Viewers can follow the patients' initial fear at being diagnosed, treatment routines and ultimate realization that they can still lead normal, productive lives.  
<http://youtu.be/NHS0oyHR4vI>

## RENAL SUPPORT NETWORK

- Support at \$150,000 to advance their missions help patients develop their personal coping skills, special talents, and employability by educating and empowering them (and their family members) to take control of the course and management of the disease—to live a joyful life in spite of disease
- employees and patients who need immediate accommodation following major disasters

# FMCNA NAMED AMONG THE WORLD'S MOST INNOVATIVE COMPANIES

Fresenius Medical Care is proud to have been named among the World's Most Innovative Companies in the August 8, 2011 cover story edition of Forbes. Of 100 companies, Fresenius Medical Care ranked 51. The list is based on an 8-year study by Harvard Business School Professor Clayton M. Christensen, along with colleagues Professors Jeff Dyer of Brigham Young University and Hal B. Gegersen of INSEAD. They identified company cultures of the most innovative companies in the world where there was constant:

- Questioning, allowing innovators to challenge the status quo and consider new possibilities;
- Observing helping innovators detect small details—in the activities of customers, suppliers and other companies—that suggest new ways of doing things;
- Networking permitting innovators to gain radically different perspectives from individuals with diverse backgrounds;
- Experimenting prompting innovators to relentlessly try out new experiences, take things apart and test new ideas;
- Associational thinking—drawing connections among questions, problems or ideas from unrelated fields—triggered by questioning, observing, networking and experimenting and is the catalyst for creative ideas.



**CORPORATE**  
Responsibility  
&  
**COMMUNITY**  
Commitment



**Fresenius Medical Care**

***The World Leader in Renal Therapy***

**Fresenius Medical Care North America  
920 Winter Street  
Waltham, MA 02451  
781-699-9000  
[www.fmcna.com](http://www.fmcna.com)**

## Criterion 1110.230 – Purpose of Project

1. This project proposes to essentially “relocate” 8 stations from the Fresenius Crestwood facility and add and additional 4 stations to establish a 12-station facility in Oak Forest. Oak Forest is in HSA 7, where there is currently a need for 108 ESRD stations (the applicant is only requesting 4 of these). Fresenius Crestwood is a 32-station facility and has been operating below the target utilization of 80% for many years. While it has experienced a stable patient population, it has not seen growth. After reviewing where the Southwest Nephrology Associates (SWNA) patients reside, it made sense to place the 8 stations where they would be more accessible to these patients.
2. The market area that Fresenius Medical Care Oak Forest will serve is in the southwest Chicago suburbs of Oak Forest, Orland Park and Tinley Park.
3. This facility is needed to accommodate the pre-ESRD patients that SWNA has in the far southwest Chicago suburbs that will require dialysis services in the next 1-3 years. Not all facilities in the 30-minute travel time are operating above 80% utilization, however the average utilization of the 30 minute travel area is 73% even with 77 stations not in operation (although figured into the calculation), combined with the determined station need supports the applicants proposal for a facility in Oak Forest. SWNA has identified 95 pre-ESRD patients who will potentially be referred to the Fresenius Oak Forest facility who live in the immediate surrounding zip codes, mainly Orland Park, Oak Forest and Tinley Park.
4. Utilization of area facilities is obtained from the Renal Network for the 3rd Quarter 2011. Pre-ESRD patients for the market area were obtained from SWNA.
5. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population by redistributing stations to where they can best serve the SWNA patients currently and for future identified ESRD patients. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.
6. It is expected that this facility would have and maintain the same quality outcomes as the other Fresenius Medical Care facilities in Illinois as listed below:
  - 92% of patients had a URR  $\geq$  65%
  - 95% of patients had a Kt/V  $\geq$  1.2

## Alternatives

### 1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

There was only one alternative considered that would entail a lesser scope and cost than the project proposed in this application, however it was not determined to be a feasible option. Considering HSA 7 currently has a need for 108 additional stations and the utilization of currently operating clinics within 30 minutes is 87% this alternative was rejected. There is no monetary cost associated with this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs.

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

This alternative is already occurring. The SWNA physicians currently refer patients to 9 area facilities (as seen in the physician referral letter). These clinics are operating at a combined utilization rate of 80% as of September 2011. There is no cost associated with this alternative.

D. The most desirable alternative is to address the current distribution of stations serving this area (by "relocating" 8 stations from Fresenius Crestwood), the need for more stations in the HSA and the high utilization of clinics by establishing the 12-station Fresenius Medical Care Oak Forest facility, central to where the majority of the patients reside. The cost of this project is \$3,506,691.

## 2) Comparison of Alternatives

	<b>Total Cost</b>	<b>Patient Access</b>	<b>Quality</b>	<b>Financial</b>
Maintain Status Quo	\$0	Current operating facilities are @ 87% utilization. Even with all CON approved clinics utilization is high at 73.47%. Given historic high utilization despite addition of stations additional access will be needed.	Patients would have to travel outside their market for services. Loss of continuity of care would result.  4 <sup>th</sup> shift would have to be operated causing transportation problems and missed treatments.	For patient - higher transportation costs due to 4 <sup>th</sup> shift, where there is no available public transportation and/or additional costs traveling out of area for treatment.
Pursue Joint Venture	\$2,404,015 \$1,102,676	Cost for Fresenius at 60%.  Cost for JV partner at 40%.	Patient clinical quality would remain above standards	No effect on patients  Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If this were a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	\$0	Loss of access to treatment schedule times would result in transportation problems as public transportation services do not operate after 4pm.  Would create ripple effect of raising utilization of area providers to or above capacity	Loss of continuity of care which would lead to lower patient outcomes  Unavailability to choose treatment schedule shift could cause transportation problems which leads to missed treatments and lower quality	No financial cost to Fresenius Medical Care  Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Oak Forest	\$3,506,691	Continued access to dialysis treatment as patient numbers continue to grow.  Improved access to favored treatment schedule times.	Patient clinical quality would remain above standards	This is an expense to Fresenius Medical Care only and is a minimal cost compared with other CON projects.

**3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.**

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care Oak Forest is expected to have the same quality outcomes as Fresenius Medical Care Illinois facilities.

Fresenius Medical Care Illinois:

- 92% of patients had a URR  $\geq$  65%
- 95% of patients had a Kt/V  $\geq$  1.2

**Criterion 1110.234, Size of Project**

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD IN-CENTER HEMODIALYSIS	7,200 (12 Stations)	360-520 DGSF	960 DGSF	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 7,200 DGSF amounts to 600 DGSF per station and is over the State standard. However, the additional space is needed for a home dialysis department, administrative offices and for future expansion. Most dialysis facilities will expand when necessary and it is more cost effective to have the additional space at the forefront of a project rather than to have to relocate a facility or establish a new clinic when the need arises.

**Criterion 1110.234, Project Services Utilization**

<b>UTILIZATION</b>					
	<b>DEPT/SERVICE</b>	<b>HISTORICAL UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
	IN-CENTER HEMODIALYSIS	N/A New Facility	N/A	80%	N/A
<b>YEAR 1</b>	IN-CENTER HEMODIALYSIS	N/A New Facility	56%	80%	No
<b>YEAR 2</b>	IN-CENTER HEMODIALYSIS	N/A New Facility	92%	80%	Yes

Southwest Nephrology Associates expects to refer 95 of its current pre-ESRD patients to the Oak Forest facility in the first two years of its operation.

Due to patient attrition, it is expected that approximately 66 of these patients will still require dialysis services by the time the facility opens. The facility is expected to reach and exceed target utilization in the second year of operation.

**Planning Area Need – Formula Need Calculation:**

**A. Planning Area Need - Formula Need Calculation:**

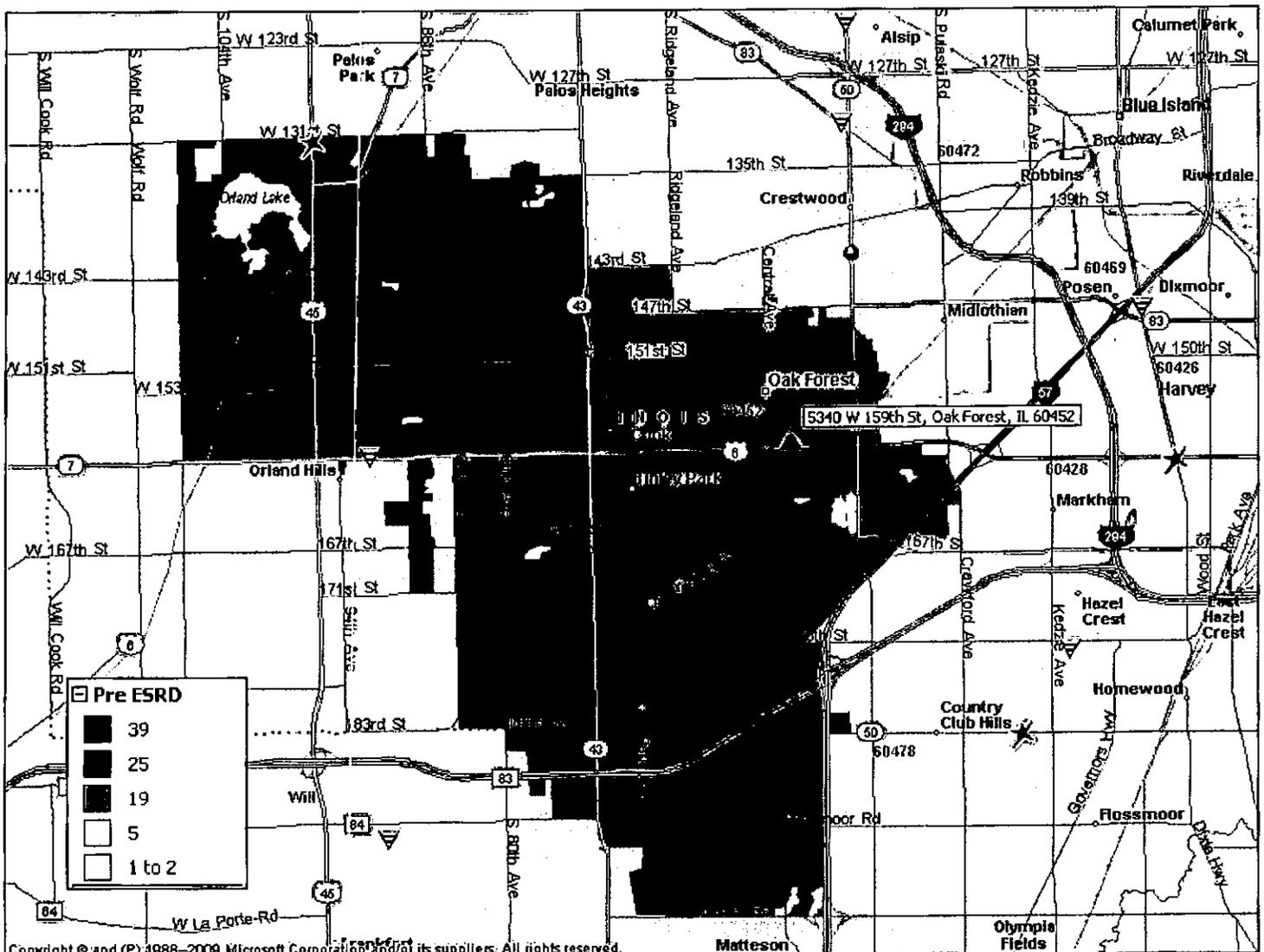
The proposed Fresenius Medical Care Oak Forest dialysis facility is located in Oak Forest in HSA 7. HSA 7 is comprised of suburban Cook and DuPage counties. According to the January 2012 Inventory there is a need for an additional 108 stations in this HSA.

**2. Planning Area Need – Service To Planning Area Residents:**

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of the southwest Chicago suburbs in HSA 7. 100% of the pre-ESRD patients reside in HSA 7.

County	HSA	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Oak Forest
Suburban Cook	7	95 patients = 100%

**Location of Pre-ESRD Patients for Fresenius Medical Care Oak Forest**



## SOUTHWEST NEPHROLOGY ASSOCIATES, S.C.

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3650 West 95th Street – Evergreen Park, Illinois 60805  
Tel (708) 422-7715 – Fax (708) 422-7816  
16605 South 107th Court – Orland Park, Illinois 60467  
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Ronald K. Hamburger, MD  
Ejike O. Obasi, MD, FACP  
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Abraham Thomas, MD, MPH, FACP  
Akash Ahuja, MD  
Jeanette S. McLaughlin, MD  
Amishi Patel, MD  
Hani Alsharif, MD

January 23, 2012

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery,

As a nephrologist with Southwest Nephrology Associates, SC (SWNA) I am writing to support the proposed 12 station Fresenius Medical Care Oak Forest facility. I have been practicing in the southwest suburbs for 16 years and have privileges at Advocate Christ Hospital, Advocate South Suburban Hospital, Little Company of Mary Hospital and Palos Community Hospital. I am also in support of removing 8 stations from the Crestwood facility to establish the Oak Forest facility.

Historically the Crestwood facility has operated below the State standard of 80%. The majority of the SWNA patients are located northeast or southeast of Crestwood. For this reason we feel these stations would be better utilized closer to where the larger number of our patients reside.

SWNA had 453 hemodialysis patients at the end of 2008, 450 patients at the end of 2009 and 468 patients at the end of 2010, as reported to The Renal Network. As of the most recent quarter, SWNA was treating 512 hemodialysis patients. Over the past twelve months, the 10 physicians who comprise SWNA have collectively referred 191 hemodialysis patients for services to Fresenius Crestwood, Mokena, Orland Park, Merrionette Park, Southside, DaVita Beverly, Mount Greenwood and DSI Scottsdale. SWNA currently has 95 pre ESRD patients that will be referred to Fresenius Oak Forest within 24 months of the completion of the facility. This does not include those patients that present in the emergency room in renal failure who may also be referred to the Oak Forest facility based upon their place of residence. SWNA also has approximately 51 home dialysis patients, 24 of which were referred in the past year.

Thank you for your review and consideration of this project and I respectfully ask that you approve this dialysis clinic for the residents of Oak Forest.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Service Demand – Projected Referrals  
ATTACHMENT - 20

Sincerely,

  
\_\_\_\_\_  
Ejikeme Obasi, M.D.

Notarization:

Subscribed and sworn to before me  
this 24<sup>th</sup> day of January, 2012

Kimberly McCarthy  
\_\_\_\_\_  
Signature of Notary

Seal



**PRE ESRD PATIENTS SWNA EXPECTS TO REFER TO FRESENIUS  
MEDICAL CARE OAK FOREST IN THE 1<sup>ST</sup> 2 YEARS OF OPERATION**

Patient Identifier	Physician	Zip Code
1633	HAMBURGER	60452
3605	HAMBURGER	60477
3942	GUGLIELMI	60462
7331	OBASI	60462
8192	AHUJA	60452
10221	ALSHARIF	60462
10705	GUGLIELMI	60462
11287	HAMBURGER	60477
11475	HAMBURGER	60477
11795	ZIKOS	60462
12111	OYAMA	60477
13958	GUGLIELMI	60477
14679	MCCORMICK	60452
14747	ZIKOS	60452
14931	MCCORMICK	60477
16301	HAMBURGER	60462
16942	HAMBURGER	60462
17381	HAMBURGER	60462
17415	ALSHARIF	60477
17579	GUGLIELMI	60462
17984	HAMBURGER	60452
18303	HAMBURGER	60477
18361	ZIKOS	60477
18543	ZIKOS	60462
20133	ZIKOS	60452
20665	ALSHARIF	60478
21028	HAMBURGER	60477
21171	ALSHARIF	60462
21352	THOMAS	60462
21765	MCCORMICK	60462
22105	THOMAS	60477
22493	THOMAS	60477
22895	GUGLIELMI	60452
23241	HAMBURGER	60452
23249	HAMBURGER	60477
23428	MCLAUGHLIN	60477
23569	THOMAS	60462
23799	HAMBURGER	60452
23880	MCLAUGHLIN	60477
24119	HAMBURGER	60477
24190	GUGLIELMI	60462
24931	ARMBRUSTER	60462
24987	THOMAS	60477
25060	HAMBURGER	60462
25214	MCLAUGHLIN	60452
25770	THOMAS	60452
26013	AHUJA	60462

Patient Identifier	Physician	Zip Code
27040	ZIKOS	60462
28187	HAMBURGER	60426
28250	THOMAS	60477
28292	OBASI	60462
28434	MCLAUGHLIN	60452
29066	THOMAS	60452
29229	MCLAUGHLIN	60477
29338	MCLAUGHLIN	60462
29407	THOMAS	60469
29599	HAMBURGER	60477
29628	HAMBURGER	60477
29642	HAMBURGER	60462
29830	ALSHARIF	60452
30798	OYAMA	60452
31675	GUGLIELMI	60452
31792	HAMBURGER	60462
31878	ZIKOS	60462
32424	MCCORMICK	60478
32819	ZIKOS	60462
32958	MCLAUGHLIN	60477
40045	HAMBURGER	60462
40051	OBASI	60477
40135	HAMBURGER	60477
40137	OYAMA	60462
40176	OYAMA	60462
40331	HAMBURGER	60462
40421	MCCORMICK	60462
40486	ALSHARIF	60462
40489	MCCORMICK	60462
40551	GUGLIELMI	60478
40613	OBASI	60462
40670	ZIKOS	60477
40710	OBASI	60472
40773	THOMAS	60452
40850	HAMBURGER	60452
40889	PATEL	60478
41068	OBASI	60426
41224	ZIKOS	60469
41340	HAMBURGER	60428
41562	OYAMA	60428
41894	MCLAUGHLIN	60462
42250	MCLAUGHLIN	60452
42302	PATEL	60478
42337	HAMBURGER	60462
42342	ALSHARIF	60462
42375	ALSHARIF	60462
42415	HAMBURGER	60462
42457	ALSHARIF	60462

**SUMMARY**

Town	Zip Code	Pre-ESRD Patients
Harvey	60426	2
Markham	60428	2
Oak Forest	60452	19
Orland Park	60462	39
Posen	60469	2
Robbins	60472	1
Tinley Park	60477	25
Country Club Hills	60478	5
<b>Total</b>		<b>95</b>

**NEW REFERRALS OF SWNA FOR THE PAST TWELVE MONTHS**

Zip Code	Fresenius Medical Care					DaVita		DSI Scottsdale	Total
	Alsip	Crestwood	Merrionette Park	Mokena	Orland Park	Southside	Beverly		
60406			2						2
60409		1	1						2
60415			1						1
60423		1		2					3
60428		1							1
60441				1					1
60443				1					1
60445		7	1						8
60446				1					1
60448				3					3
60449				1					1
60451				1					1
60452		2			2				4
60453	1	4		2				7	14
60455		1						2	3
60456								1	1
60457		2						1	3
60459		1						3	4
60462		1		1	9				11
60463	1	2	1		2			1	7
60464		2							2
60465		5	1						6
60467				4	1				5
60471		1							1
60472		1							1
60477		1		1	1				3
60478		1							1
60482		7							7
60487		1		1	1				3
60491					1				1
60608								1	1
60615						1			1
60617						1			2
60619		1				3			4
60620		1	1			4	1	3	11
60621			1					1	2
60625			1						1
60628		2	2				1	4	9
60629						2	1	6	9
60636		2				1		4	7
60638								2	2
60643		1	4					1	6
60649								1	1
60652			1			1		8	10
60655		2	4				1	1	8
60803		3							3
60804								1	1
60805		1	4					1	6
60827		3		1					4
64831								1	1
<b>Total</b>	<b>2</b>	<b>58</b>	<b>25</b>	<b>20</b>	<b>17</b>	<b>13</b>	<b>4</b>	<b>2</b>	<b>191</b>

**PATIENTS OF SWNA AT YEAR END 2008**

Zip Code	Fresenius Medical Care						DSI Scottsdale	DaVita Mt. Greenwood	Total
	Merrionette Park	Hazel Crest	Crestwood	Orland Park	Southside	Mokana			
60406	2		8						10
60411		1	2						3
60415	1		5				1		7
60419	1	1		1					3
60422			1						1
60423				2		6			8
60425							1		1
60426		3	4						7
60428			1						1
60429	1								1
60430		1							1
60431			1						1
60433							1		1
60438			1				1		2
60441				1		1			2
60445	3		7				1		11
60448				1		6			7
60451						1			1
60452			8	1					9
60453	4		11				16	2	33
60455	1		1				4		6
60456		1					2		3
60457			1				1		2
60459							13		13
60462			2	20		1			23
60463			6	6			2		14
60464			2	1					3
60465	1		6	2			1		10
60466							1		1
60467			1	4		1			6
60471		1							1
60472			3						3
60473							1		1
60477			4	10		5			19
60478		2							2
60482			5	1					6
60487				1					1
60491				4					4
60540			1						1
60609			1				1		2
60616							1		1
60617	1		1				3		5
60619	1		1		1		8	1	12
60620	6	1	3		2		36	1	49
60621	1				3		2		6
60627			1						1
60628	10		5		1		5		21
60629	1						22	1	24
60632		1					6		7
60636	1				1		5		7
60638							7		7
60639							1		1
60640				1					1
60643	8		4				9	1	22
60649			1				1		2
60652	3		2				12		17
60653					1				1
60655	8		3						11
60803	2		4						6
60804							1		1
60805	5		2		1		3	1	12
60827	5		3						8
<b>Total</b>	<b>66</b>	<b>12</b>	<b>112</b>	<b>56</b>	<b>10</b>	<b>21</b>	<b>169</b>	<b>7</b>	<b>453</b>

**PATIENTS OF SWNA AT YEAR END 2009**

Zip Code	Fresenius Medical Care						DSI Scottsdale	DaVita Mt. Greenwood	Total
	Merrionette Park	Crestwood	Orland Park	Southside	Mokena	Alsip			
60153	1								1
60406	2	7							9
60409									1
60411		1							1
60415		4					1		6
60416					1				1
60419	3								3
60422		1							1
60423			1		7				8
60425		1					1		2
60426		4							4
60428		1							1
60429	1								1
60431		1							1
60438		1					1		2
60441		1	2		1				4
60445	1	10							11
60446			1						1
60447		1							1
60448			1		6				7
60449					1				1
60451					1				1
60452		8	1			1			11
60453	5	8				1	13	2	29
60455	1	1					4		6
60456							3		3
60457		1					3		4
60459	2						9		11
60462		2	19		1				22
60463	2	4	4				1		11
60464		1							1
60465	1	7	2				1		11
60467			5						5
60469		1							1
60471					1				1
60472		3							3
60473							1		1
60477		3	12		7				22
60482	1	5	1						7
60487			1		1				2
60491			3						3
60609		1							1
60616		1							1
60617	1	1					3		5
60619	2						7	1	10
60620	10	2		1			34	2	49
60621	1			2			2		5
60627		1							1
60628	10	4					4		18
60629	1			3			17	1	22
60632							6		6
60636	1			3			6	1	11
60638							8		8
60639							1		1
60643	14	3					6	1	24
60647							1		1
60649		1					1		2
60652	2	5					15		22
60653				1					1
60655	9	2						1	12
60803	4	5							9
60804			1				1		2
60805	7	1		1			3		12
60827	2	3							5
<b>Total</b>	<b>86</b>	<b>107</b>	<b>54</b>	<b>11</b>	<b>27</b>	<b>2</b>	<b>154</b>	<b>9</b>	<b>450</b>

**PATIENTS OF SWNA AT YEAR END 2010**

Zip Code	Fresenius Medical Care					DSI	DaVita	Total
	Merrionette Park	Crestwood	Orland Park	Southside	Mokena	Scottsdale	Mt. Greenwood	
46375					1			1
60406	3	7						10
60409	1							1
60411		1						1
60415		6				1		7
60416					1			1
60419	3							3
60422		1						1
60423					6			6
60425						1		1
60426		3						3
60428		1						1
60429		1						1
60430		1						1
60431		1						1
60438		1				1		2
60439			1					1
60441		1	3		1			5
60445	1	13						14
60448			1		5			6
60449			1		1			2
60451					3			3
60452		6	1					7
60453	7	7				12	1	27
60455		1				8		9
60456						3		3
60457		1	1			3		5
60458						1		1
60459	2					11		13
60462		2	20		1			23
60463	1	5	3			1	2	12
60464	1	1	1					3
60465	1	6	1					8
60466	1							1
60467			6		2			8
60469		2						2
60471					1			1
60472		3						3
60477		3	7		7			17
60478		1						1
60482	1	5	1					7
60487			1		3			4
60491			1					1
60609		1						1
60617	1	1				3		5
60619	1					7		8
60620	7	2		6		33	2	50
60621	1			2	1	2		6
60627		1						1
60628	13	4				4	1	22
60629	1			3		19	1	24
60632						4		4
60636				3		7	1	11
60638						7		7
60639						1		1
60643	18	6				6	1	31
60647						1		1
60649		1						1
60652	1	4				16		21
60653		1		1				2
60655	7	2			1		1	11
60803	5	3			1		1	10
60804			1			1		2
60805	10			1		3		14
60827	4	2				1		7
Total	91	108	50	16	35	157	11	468

**PATIENTS OF SWNA AT END OF 4TH QUARTER 2011**

Zip Code	Fresenius Medical Care					DaVita		OSI	Total	
	Alsip	Crestwood	Merrionette Park	Mokena	Orland Park	Southside	Beverly	Mount Greenwood		Scottsdale
60406		3	6						9	
60409			2						2	
60411		1							1	
60415		3	1					2	6	
60419			2						2	
60422		1							1	
60423				5	1				6	
60425								1	1	
60426		2							2	
60428		1							1	
60429		1							1	
60431		1							1	
60438		1						1	2	
60439					1				1	
60441					3				3	
60445		15						1	19	
60446				1					1	
60448				9	1				10	
60449				2	1				3	
60451				2					2	
60452	1	5	1		3				10	
60453	2	7	5	1				1	14	
60455		1						5	6	
60456								3	3	
60457		2			1			3	6	
60459								9	9	
60462		1		3	27				31	
60463		5	1		4			1	13	
60464		3			1				4	
60465		6	1		1				8	
60466				1					1	
60467				4	6				10	
60469		2							2	
60471		1		1					2	
60472		2							2	
60477		1	1	5	5				12	
60482		10		1					11	
60487		1		3	1				5	
60491					1				1	
60586			1						1	
60609		1	1						2	
60615					1				1	
60617		1	1			1		2	6	
60619					3		1	7	11	
60620		1	8		8		3	26	46	
60621			2	1				1	4	
60625			1						1	
60627		1							1	
60628		6	15				1	1	8	
60629			1			3	1	25	30	
60631					1				1	
60632								4	4	
60634			1						1	
60636		2	2			3		1	7	
60638								9	9	
60639								1	1	
60643		4	18					6	28	
60649		1						1	2	
60652		3	3			1	1	24	32	
60653		1							1	
60655		2	8	1				1	12	
60803		5	4						9	
60804								2	2	
60805			11			1		2	14	
60827		3	2	1				1	7	
Total	3	107	99	41	58	21	4	10	169	512

## Service Accessibility – Service Restrictions

Fresenius Medical Care Oak Forest is being established to improve access in the far southwest suburbs of Cook County in HSA 7. Access in this area is limited due to the overall high utilization of facilities which creates a shortage of desired treatment shifts. As can be seen in the chart below the average utilization of the facilities currently operating within 30-minutes is 87%. Even if the approved but non-operating stations were calculated into this the utilization is still high at 73.47% considering this includes 77 stations not in operation. Though the facilities are not all above 80%, it would be quite unlikely that a facility ever proposed in or near Chicago could meet this criteria, yet the station need determination shows a need for 108 stations and the high utilization of those facilities currently in operation (87%) indicate a need for more stations.

### FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS OAK FOREST

Facility	Address	City	Zip Code	MapQuest		Adjusted x 1.15	Stations	3rd Qtr 11 Utilization
				Miles	Time			
DaVita Markham	3053 W 159th St	Harvey	60426	3.09	5	5.75	24	57.64%
Direct Dialysis	14255 Cicero Ave	Crestwood	60445	2.79	6	6.9	6	163.89%
Fresenius Crestwood	4861 Cal Sag Rd	Crestwood	60445	4.27	9	10.35	32	65.10%
Fresenius Orland Park	9160 W 159th St	Orland Park	60462	4.72	9	10.35	18	79.63%
Fresenius Hazelcrest	17524 E Carriageway Dr	Hazel Crest	60429	5.23	9	10.35	16	75.00%
DaVita Hazelcrest	3470 183rd St	Hazel Crest	60429	5.6	10	11.5	17	85.29%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	5.36	12	13.8	16	67.71%
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443	7.73	12	13.8	24	69.44%
Community Dialysis Harvey	16657 Halsted St	Harvey	60426	6.89	13	14.95	16	71.88%
Fresenius Mokena	8910 W 192nd St	Mokena	60448	9.74	14	16.1	12	69.44%
DaVita South Holland	16136 S Park Ave	South Holland	60473	7.52	15	17.25	20	95.00%
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	8.81	15	17.25	12	0.00%
Fresenius Blue Island	12200 S Western Ave	Blue Island	60406	9.27	15	17.25	24	80.56%
Fresenius Merrionette Park	11650 S Kedzie Ave	Alsip	60803	8.52	16	18.4	18	93.52%
Fresenius South Suburban	2601 Lincoln Hwy	Olympia Fields	60461	10.22	17	19.55	27	88.89%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	8.53	18	20.7	16	79.17%
Fresenius Roseland	132 W 111th St	Chicago	60628	11.46	18	20.7	12	87.50%
DaVita Chicago Heights	177 E Joe Orr Rd	Chicago Heights	60411	11.07	19	21.85	16	75.00%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	60805	12.28	20	23	30	76.11%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	14.61	20	23	16	0.00%
DaVita Stoney Creek	9115 S Cicero Ave	Oak Lawn	60453	9.27	21	24.15	12	95.83%
Fresenius South Holland	17225 Paxton Ave	South Holland	60473	12.32	21	24.15	17	67.65%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	15.53	22	25.3	28	98.81%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617	16.39	22	25.3	23	102.90%
DaVita SC Hosp	1788 N Silver Cross Blvd	New Lenox	60451	17.85	23	26.45	19	75.44%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	16.88	24	27.6	12	0.00%
Fresenius South Deering	10559 S Torrence Avenue	Chicago	60617	16.94	24	27.6	20	0.00%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	18.4	24	27.6	22	77.27%
Newco Scottsdale	4651 W 79th Pl	Chicago	60652	11.09	25	28.75	35	74.29%
DaVita Beverly Dialysis	8109 S Western Ave	Chicago	60620	14.4	25	28.75	12	93.06%
Fresenius Burbank	4811 W 77th Street	Burbank	60459	11.3	26	29.9	26	79.49%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	17.6	26	29.9	36	91.20%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	17.61	26	29.9	24	80.56%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	18.29	26	29.9	16	87.50%
DaVita Woodlawn*	5060 S State Street	Chicago	60609	19.05	26	29.9	32	66.67%
<b>TOTAL</b>							<b>706</b>	<b>73.47%</b>
Utilization of clinics/stations currently in operation is								<b>87%</b>

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The pre-ESRD patients identified for the Oak Forest facility all reside in HSA 7 in the immediate zip codes around Oak Forest. The majority of them reside to the southwest of the Fresenius Crestwood facility where 8 stations will be removed to be "relocated" at the new Oak Forest site. It was determined by a study of current and future patient's zip codes that Oak Forest would be a more accessible site for the patients from the SWNA practice.

Town	Zip Code	Pre-ESRD Patients	Town	Zip Code	Pre-ESRD Patients
Harvey	60426	2	Posen	60469	2
Markham	60428	2	Robbins	60472	1
Oak Forest	60452	19	Tinley Park	60477	25
Orland Park	60462	39	Country Club Hills	60478	5
<b>TOTAL PRE-ESRD PATIENTS = 95</b>					

As mentioned previously, this facility will serve the southwest suburbs in the Oak Forest area. As the Board is aware Oak Forest Hospital recently converted to an outpatient primary care campus, offering a broad array of primary and specialty outpatient treatment services. The dialysis clinic proposed by Fresenius will compliment these services and result in an additional healthcare provider in the Oak Forest service area.

## Unnecessary Duplication/Maldistribution

ZIP Code	Population	Stations	Facility
60406	25,460	24	Fresenius Blue Island
60409	37,166		
60411	58,136	16	DaVita Chicago Heights
60415	14,139		
60419	22,788		
60422	9,403		
60423	30,423		
60425	9,117		
60426	29,594	40	DaVita Markham, Community Dialysis
60428	12,203		
60429	15,630	33	Fresenius Hazelcrest, DaVita Hazelcrest
60430	20,094		
60432	21,403		
60438	28,884		
60439	22,919		
60441	36,869		
60443	21,145	24	DaVita Olympia Fields
60445	26,057	33	Fresenius Crestwood, Direct Dialysis
60448	24,423	12	Fresenius Mokena
60449	9,217		
60451	34,063	19	DaVita SC Hosp
60452	27,969		
60453	56,855	12	DaVita Stoney Creek
60455	16,446		
60456	4,349		
60457	14,049		
60458	14,428		
60459	26,929	26	Fresenius Burbank
60461	4,836	27	Fresenius South Suburban
60462	38,723	30	Fresenius Orland Park, DaVita Palos Park
60463	14,671		
60464	9,620		
60465	17,495		
60466	22,115		
60467	26,046		
60468	6,116		
60469	5,930		
60471	14,101		
60472	5,390		
60473	22,439	37	Fresenius South Holland, DaVita South Holland
60476	2,391		
60477	38,161		
60478	16,833		
60480	5,246		
60482	11,063		
60487	26,928		
60491	22,743		
60501	11,626		
60525	31,168		
60609	64,906	54	Fresenius Garfield, DaVita Woodlawn
60617	84,155	79	DaVita Stony Island, Fresenius South Deering, Fresenius South Chicago
60619	63,825	40	DaVita Grand Crossings, Fresenius Greenwood
60620	72,216	28	DaVita Beverly Dialysis, Fresenius Chatham
60621	35,912	16	Fresenius Ross-Englewood
60628	72,202	12	Fresenius Roseland
60629	113,916		
60633	12,927		
60636	40,916		
60637	49,503		
60638	55,026		
60643	49,952		
60649	46,650	24	Fresenius Jackson Park
60652	40,959	35	Newco Scottsdale
60655	28,550	16	DaVita Mt Greenwood
60803	22,285	34	Fresenius Alsip, Fresenius Merrionette Park
60805	19,852	30	Fresenius Evergreen Park
60827	27,946		
	<b>1,927,517</b>	<b>706</b>	<b>1/2,730</b>

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Oak Forest is 1 station per 2,730 residents according to the 2010 census (based on 1,927,517 residents and 706 stations). The State ratio is 1 station per 3,371 residents (based on US Census 2010 of 12,830,632 Illinois residents and January 2012 Board station inventory of 3,806).

2. The overall average utilization of the facilities considered to be within 30 minutes by MapQuest adjusted is 73.47%. **This is high considering there are 77 stations figured into this calculation that are not yet operational. The utilization of those stations currently in operation is 87%.** This leaves inadequate availability for pre-ESRD patients identified for the 77 stations that are not yet operating and no room for any additional dialysis patients.

The Fresenius Crestwood facility has not been operating at the State standard for years. The applicant feels these stations could be better utilized in Oak Forest as the pre-ESRD patients residing in the area as identified by the physicians would have to travel much further to get to Crestwood. This will create a more even distribution of stations in the Oak Forest area. The removal of these 8 stations at Crestwood will also allow for other uses of the additional space this will create. The clinic currently has two rooms of 16-stations each. With 4 stations being removed from each the remaining chairs will be able to be spread out to allow for more space between patients and room for staff/patient circulation area. This will still allow a 4-1 patient staff ratio for each treatment room of the clinic. Some of the additional space will also be used to create a more suitable room for storage of bio-hazard waste.

- 3A. Fresenius Medical Care Oak Forest will not have an adverse effect on any other area ESRD provider in that the patients identified for this facility are pre-ESRD patients of SWNA who would otherwise be referred to the current area facilities. Due to high utilization in the area, the facilities cannot accommodate all of these patients nor can they offer patients preferred shift times. The establishment of this facility will provide additional access for residents of this southwest suburban area and access to preferred daytime treatment shifts.
- B. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Obasi is a nephrologist in practice with Southwest Nephrology Associates (SWNA) and is Medical Director of the Fresenius Merrionette Park dialysis clinic. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

## CURRICULUM VITAE

Name: Ejikeme Obiechina Obasi, MBBS

Business Address: 3650 W. 95th Street  
Evergreen Park, Illinois 60805  
(708) 422-7715

### EDUCATION:

MEDICAL SCHOOL: University of Nigeria  
(Six-Year Program)  
Degree: MB.BS, June 1980

INTERNSHIP: University of Nigeria Teaching Hospital  
Rotational Internship, July 1980 – June 1981

Cook County Hospital, Chicago, IL  
Categorical, July 1988 – June 1989  
(Internal Medicine)

RESIDENCY: University of Nigeria Teaching Hospital  
July 1982 – June 1988

Cook County Hospital, Chicago, IL  
July 1989 – June 1991

FELLOWSHIP: Rush Presbyterian St. Luke's Medical Center, Chicago, IL  
Nephrology, July 1991 – June 1993

### BOARD CERTIFICATION:

INTERNAL MEDICINE: September 1991  
Re-certified January 2002

NEPHROLOGY: September 1994  
Re-certified January 2002

**STAFF PRIVILEGES:**

Little Company of Mary Hospital  
2800 West 95<sup>th</sup> Street  
Evergreen Park, IL 60805  
Active Staff

Holy Cross Hospital  
2701 West 68<sup>th</sup> Street  
Chicago, IL 60629  
Consulting Staff

Advocate Christ Medical Center  
4440 West 95<sup>th</sup> Street  
Oak Lawn, IL 60453  
Active Staff

South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, IL 60429  
Consulting Staff

Palos Community Hospital  
12251 S. 80<sup>th</sup> Avenue  
Palos Heights, IL 60463  
Consulting Staff

**PRESENT ACADEMIC RANK AND POSITION:**

Clinical Assistant Professor of Medicine  
University of Illinois, Chicago Illinois

**ADMINISTRATIVE RESPONSIBILITIES:**

Director of Dialysis Services, Little Company of Mary Hospital  
Member, ICU Committee Little Company of Mary Hospital  
Member, Utilization Review, Holy Cross Hospital  
Fresenius Central Business Unit, Medical Advisory Board Member

**PROFESSIONAL MEMBERSHIPS:**

Illinois State Medical Association  
American College of Physicians  
National Kidney Foundation  
American Society of Internal Medicine  
American Society of Nephrology

**COMMUNITY ACTIVITIES:**

Chairman, Board of Trustees, Okigbo-Okpara Trust Fund – Chairman, Dominican University Elder's Council.

**BIBLIOGRAPHY:**

Severe Crescentic Glomerulonephritis with Occasional Immune Complex Deposits: One Disease or Two. Haas M, Obasi E., Am J Kid Dis, 31, 1998: 550-554

Immunotactoid Glomerulopathy (Book Chapter) Current Therapy in Nephrology and Hypertension. 4<sup>th</sup> Edition, Glasscock, RS. Editor: BC Decker, Philadelphia, PA 1998. 220-222

Dialysis and the Chronic Renal Failure Patient. (Book Chapter) Cardiac Surgery in Chronic Renal Failure: Clinical Management and Outcomes. Slaughter, M; Futura Publishing Co. 2007

**Name of FMCNA Center(s) Seeking Appointment and Complete Addresses:**

FMC – Crestwood  
4861 W. Cal Sag Road  
Crestwood, IL 60445

FMC – Orland Park  
9160 W. 159<sup>th</sup> Street  
Orland Park, IL 60462

FMC – Merrionette Park  
11630 S. Kedzie Avenue  
Merrionette Park, IL 60803

FMC – South Side  
3134 West 76<sup>th</sup> Street  
Chicago, IL 60655

FMC – Mokena  
8910 W. 192<sup>nd</sup> Street  
Mokena, IL 60448

FMC – Alsip  
12250 S. Cicero Avenue  
Alsip, IL 60803

**SECTION E. HOSPITAL MEMBERSHIP – CURRENT & PENDING**

**Applicant Name:** Ejikeme O. Obasi

**D. Other Hospital**

**Hospital Name:** South Suburban Hospital

**Address:** 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429-0989

**Membership Status:** C. Consulting                      **Dates:** From 10/03 to Present

**Department/Division:** Medicine/Nephrology

**Department Telephone #:** (708) 799-8000 – Ext. 3081

**Medical Staff Office Fax #:** (708) 799-9283

**Any Limitations in Your Area of Specialty at this Hospital?** No

**E. Other Hospital**

**Hospital Name:** Palos Community Hospital

**Address:** 12251 S. 80<sup>th</sup> Avenue, Palos Heights, Illinois 60463

**Membership Status:** C. Consulting                      **Dates:** From 03/06 - Present

**Department/Division:** Medicine/Nephrology

**Department Telephone #:** (708) 923-4690

**Medical Staff Office Fax #:** (708) 923-4620

**Any Limitations in Your Area of Specialty at this Hospital?** No

**Criterion 1110.1430 (e)(5) Medical Staff**

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Oak Forest, I certify the following:

Fresenius Medical Care Oak Forest will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Oak Forest facility, just as they currently are able to at all Fresenius Medical Care facilities.



Signature

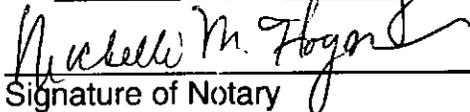
Coleen Muldoon

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me  
this 27th day of January, 2012



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

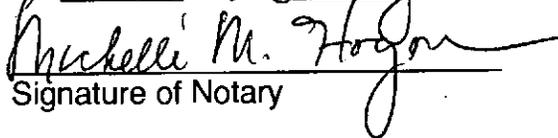
- Fresenius Medical Care utilizes the Proton patient data tracking system in all of its new facilities.
- These support services are will be available at Fresenius Medical Care Oak Forest during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Advocate South Suburban Hospital:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services



Signature

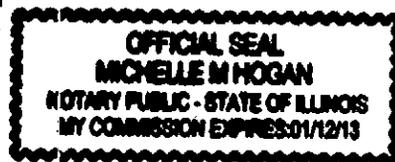
Coleen Muldoon/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 27th day of January 2012



Signature of Notary

Seal



**Criterion 1110.1430 (g) – Minimum Number of Stations**

Fresenius Medical Care Oak Forest is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Oak Forest will have twelve dialysis stations thereby meeting this requirement.

**TRANSFER AGREEMENT  
BETWEEN  
ADVOCATE HEALTH AND HOSPITALS CORPORATION  
d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL  
AND  
FRESENIUS MEDICAL CARE**

THIS AGREEMENT is entered into this 26th day of January, 2012, between ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL, an Illinois not-for-profit corporation, hereinafter referred to as "ASSH", and FRESENIUS MEDICAL CARE, on behalf of its facilities listed in Exhibit A of this Agreement, hereinafter referred to as "FRESENIUS".

WHEREAS, ASSH is licensed under Illinois law as an acute care hospital and provides inpatient care, routine and emergency dialysis and emergency medical care;

WHEREAS, FRESENIUS is certified to operate as a renal dialysis facility under the Medicare End Stage Renal Disease ("ESRD") Program and, if required, as a properly licensed medical facility under state laws and regulations;

WHEREAS, ASSH and FRESENIUS desire to cooperate in the transfer of patients between ASSH and FRESENIUS, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from FRESENIUS to ASSH, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

**I. TERM**

1.1 This Agreement shall be effective from the date it is entered into, and shall remain in full force and effect for an initial term of one (1) year. **Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).**

## II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

## III. OBLIGATIONS OF THE PARTIES

3.1 FRESENIUS agrees:

a. That FRESENIUS shall refer and transfer patients to ASSH for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for FRESENIUS, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact ASSH's Emergency Department Nursing Coordinator prior to transport, to verify the transport and acceptance of the emergency patient by ASSH. The decision to accept the transfer of the emergency patient shall be made by ASSH's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of ASSH's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. FRESENIUS agrees that ASSH shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at ASSH. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by ASSH to the Emergency Physician and/or Accepting Physician;

c. That FRESENIUS shall be responsible for affecting the transfer of all patients referred to ASSH under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer; and

f. To maintain and provide proof to ASSH of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 ASSH agrees:

a. To accept and admit in a timely manner, subject to bed availability, FRESENIUS patients referred for medical treatment, as more fully described in Section 3.1;

b. To accept patients from FRESENIUS in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at FRESENIUS;

c. That ASSH will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;

d. That ASSH shall provide FRESENIUS patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and

e. To maintain and provide proof to FRESENIUS of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

#### IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, FRESENIUS shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to ASSH, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of ASSH and FRESENIUS shall remain the property of each respective institution.

4.2 Personal Effects. FRESENIUS shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to ASSH. ASSH shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at ASSH.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, demand, judgment and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

4.4 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either ASSH or FRESENIUS. The governing body of ASSH and FRESENIUS shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.5 Publicity and Advertising. Neither the name of ASSH nor FRESENIUS shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services.

4.7 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.8 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.10 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.11 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of ASSH and FRESENIUS with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or

agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

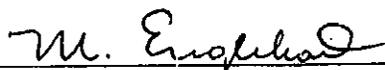
4.12 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on ASSH shall be served at or mailed to: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429, Attention: President, with a copy to Advocate Health Care, Senior Vice President and General Counsel, 2025 Windsor Drive, Oak Brook, Illinois 60523 unless otherwise instructed. Notices to be served on FRESENIUS shall be mailed to Fresenius Medical Care, One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, Illinois 50154, Attn: Lori Wright, with a copy to Fresenius Medical Care North America, 920 Winter Street, Waltham, MA 02451-1457, Attn: Corporate Legal Department.

IN WITNESS WHEREOF, this Agreement has been executed by ASSH and FRESENIUS on the date first above written.

ADVOCATE HEALTH AND HOSPITALS CORPORATION  
d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL

BY:   
NAME: Michael Englehart  
TITLE: President, Advocate South Suburban Hospital

FRESENIUS MEDICAL CARE

BY:   
NAME: Coleen Muldoon  
TITLE: Regional Vice President

**EXHIBIT A**

**FRESENIUS SITES**

Oak Forest, Illinois

Midlothian, Illinois

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Oak Forest, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Oak Forest in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
  - o 92% of patients had a URR  $\geq$  65%
  - o 95% of patients had a Kt/V  $\geq$  1.2

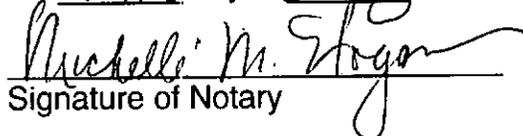
and same is expected for Fresenius Medical Care Oak Forest.



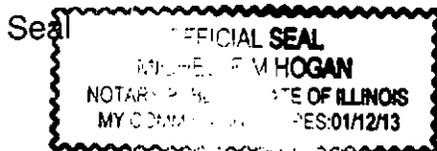
Signature

Coleen Muldoon/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 27th day of January, 2012



Signature of Notary



**DELL****QUOTATION**

QUOTE #: 485293558

Customer #: 84405601

Contract #: 70137

Customer Agreement #: Dell Std Terms

Quote Date: 4/22/09

Date: 4/22/09 12:33:14 PM

Customer Name: FRESENIUS MEDICAL CARE N A

TOTAL QUOTE AMOUNT:	\$975.02		
Product Subtotal:	\$864.59		
Tax:	\$46.43		
Shipping & Handling:	\$64.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GROUP: 1	QUANTITY: 1	SYSTEM PRICE: \$584.51	GROUP TOTAL: \$584.51
Base Unit:	OptiPlex 760 Small Form Factor Base Standard PSU (224-2219)		
Processor:	OptiPlex 760, Core 2 Duo E7300/2.66GHz, 3M, 1066FSB (311-9514)		
Memory:	2GB, Non-ECC, 800MHz DDR2, 2X1GB OptiPlex (311-7374)		
Keyboard:	Dell USB Keyboard, No Hot Keys English, Black, OptiPlex (330-1987)		
Monitor:	Dell UltraSharp 1708FP BLK w/AdjStn, 17 inch, 1x08FPBLK OptiPlex, Precision and Latitude (320-7682)		
Video Card:	Integrated Video, GMA 4500, Dell OptiPlex 760 and 960 (320-7407)		
Hard Drive:	80GB SATA 3.0Gb/s and 8MB DataBurst Cache, Dell OptiPlex (341-8006)		
Floppy Disk Drive:	No Floppy Drive with Optical Filler Panel, Dell OptiPlex Small Form Factor (341-4609)		
Operating System:	Windows XP PRO SP3 with Windows Vista Business License English, Dell OptiPlex (420-9570)		
Mouse:	Dell USB 2 Button Optical Mouse with Scroll, Black OptiPlex (330-2733)		
NIC:	ASF Basic Hardware Enabled Systems Management (330-2901)		
CD-ROM or DVD-ROM Drive:	24X24 CDRW/DVD Combo, with Cyberlink Power DVD, No Media Media, Dell OptiPlex 960 Small Form Factor (313-7071)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.1, with Media, Dell OptiPlex/Precision (420-9179)		
Sound Card:	Heat Sink, Mainstream, Dell OptiPlex Small Form Factor (311-9520)		
Speakers:	Dell AX510 black Sound Bar for UltraSharp Flat Panel Displays Dell OptiPlex/Precision/ Latitude (313-6414)		
Cable:	OptiPlex 760 Small Form Factor Standard Power Supply (330-1984)		
Documentation Diskette:	Documentation, English, Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord, 125V, 2M, C13, Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings, OptiPlex (467-3564)		
Feature:	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 760 Vista (330-2019)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (991-6370)		
Service:	ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (991-3642)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (992-6507)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (992-6508)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, Initial (984-6640)		
Service:	ProSupport for IT: 7x24 Technical Support for certified IT Staff, 2 Year Extended (984-0002)		
Thank you choosing Dell ProSupport. For tech support, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a>			

Service:	or call 1-866-616-31 (989-3449)
Installation:	Standard On-Site Installation Declined (900-9987)
Installation:	Standard On-Site Installation Declined (900-9987)
Misc:	Shipping Material for System Cypher Small Form Factor, Dell OptiPlex (330-2193)
	Vista Premium Downgrade Relationship Desktop (310-8161)
	CFI Routing SKU (365-0267)
	CFI, Rollup, Integration Service, Image Load (366-1416)
	CFI, Rollup, Custom Project, Fee for ESLH (366-1551)
	CFI, Rollup, Integration Services, BIOS Setting (366-1556)
	CFI, Information, Vista To WXP ONLY, Factory Install (372-6272)
	CFI, Software, Image, Quick Image, Titan, Factory Install (372-9740)
	CFI, BIOS, Across Line Of Business, Wakeup-on-lan, Enable, Factory Install (374-4558)
	CFI, Information, Optiplex 760 Only, Factory Install (374-8402)

SOFTWARE & ACCESSORIES			
Product	Quantity	Unit Price	Total
Office 2007 Sngl C 021-07777 (A0748670)	1	\$259.68	\$259.68
Windows Server CAL 2008 Sngl MVL Device CAL C R18-02830 (A1511502)	1	\$20.40	\$20.40
Number of S & A Items: 2		S&A Total Amount: \$280.08	

SALES REP:	PHIL CLINTON	PHONE:	1800-274-3355
Email Address:	Phil_Clinton@Dell.com	Phone Ext:	723-3128

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. Orders may be faxed to the attention of your sales representative to 1-866-230-4217. You may also place your order online at [www.dell.com/qto](http://www.dell.com/qto)

This quote is subject to the terms of the agreement signed by you and Dell, or absent such agreement, to Dell's Terms of Sale.

Prices and tax rates are valid in the U.S. only and are subject to change.

**\*\*Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 888-863-8778, referencing your customer number. If you have any questions regarding tax please call 800-433-9019 or email Tax\_Department@dell.com. \*\***

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly. Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at [US\\_Dell\\_ARS\\_Requests@dell.com](mailto:US_Dell_ARS_Requests@dell.com). Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee Of Up to \$10 per item may be applied to your invoice as early as Jan 1, 2005. Prices in your cart do not reflect this fee. More Info: or refer to URL [www.dell.com/environmentalfee](http://www.dell.com/environmentalfee)

**EXHIBIT 1**

LEASE SCHEDULE NO. 768-0002105-018  
(True Lease)

LESSOR: SIEMENS FINANCIAL SERVICES, INC.  
("Lessor")

Address: 170 Wood Ave South  
Easton, NJ 08830

LESSEE: NATIONAL MEDICAL CARE, INC.  
a Delaware corporation  
("Lessee")  
Address: 820 Winter Street  
Waltham, MA 02461

1. Lessor and Lessee have entered into a Master Equipment Lease Agreement dated as of March 10, 2008 ("Master Lease"), including this Schedule (together, the "Lease"), pursuant to which Lessor and Lessee have agreed to lease the equipment described in Exhibit A hereto (the "Equipment"). Lessee and Lessor each reaffirm all of its respective representations, warranties and covenants set forth in the Master Lease, all of the terms and provisions of which are incorporated herein by reference, as of the date hereof. Lessee further certifies to Lessor that Lessee has selected the Equipment and prior to the execution of this Schedule has received and approved a purchase order, purchase agreement or supply contract under which the Equipment will be acquired for purposes of this Lease.

2. The Acquisition Cost of the Equipment is: \$ 3,673,373.64

3. This Equipment will be located at the location specified in Exhibit A hereto, unless the Equipment is of the type normally used at more than one location (such as vehicular equipment, construction machinery or the like), in which case the Equipment will be used in the area specified on Exhibit A hereto.

4. TERM OF LEASE: The term for which the Equipment shall be leased shall be for 72 months (the "Initial Lease Term"), commencing on the Lease Term Commencement Date as set forth in the Acceptance Certificate to this Schedule, and expiring 03/30/2016, unless renewed, extended, or sooner terminated in accordance with the terms of the Lease.

5. RENT: (a) Payable in monthly installments on the 26th day of each month during the Initial Lease Term as follows:

Rental Payment Months	Number of Rental Payments	Amount of Each Rental Payment
1-72	72	\$53,954.37

Lessor will invoice Lessee for all sales, use and/or personal property taxes as and when due and payable in accordance with applicable law, unless Lessee delivers to Lessor a valid exemption certificate with respect to such taxes. Delivery of such certificate shall constitute Lessee's representation and warranty that no such tax shall become due and payable with respect to the Equipment and Lessee shall indemnify and hold harmless Lessor from and against any and all liability or damages, including late charges and interest which Lessor may incur by reason of the assessment of such tax.

6. OTHER PAYMENTS:

(a) Lessee agrees to pay Rental Payments in advance.

015 Exhibit 12.10c

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7. **EARLY TERMINATION OPTION:** So long as no Event of Default under the Lease, nor any event which upon notice or lapse of time or both would constitute such an Event of Default has occurred and is continuing, Lessee shall have the option to terminate the Lease for all, but not less than all, of the Equipment on the rental payment date for the twenty-fourth (24th) monthly rental payment (the "Early Termination Date"). Lessee shall notify Lessor in writing of Lessee's intention to exercise such termination option at least ninety (90) days prior to the Early Termination Date of such Lease. Lessee shall pay to Lessor on the Early Termination Date an aggregate amount (the "Termination Amount") equal to: (i) all rental payments, late charges and other amounts due and owing under the Lease, including the rental payment due on the Early Termination Date; plus (ii) any and all taxes, assessments and other charges due in connection with the termination of the Lease; plus (iii) 64% of the original Acquisition Cost of the Equipment as set forth herein.

In addition to the payment of the Termination Amount, Lessee shall return all of the Equipment to Lessor on the Early Termination Date pursuant to and in the condition required by the terms of the Lease.

In the event Lessee shall not pay the Termination Amount on the Early Termination Date and return the Equipment to Lessor pursuant to, and in the condition required by the Lease, then the Lease Term for the Equipment shall continue in full force and effect and this Early Termination Option shall be null and void and of no further force or effect.

8. **EARLY PURCHASE OPTION:** So long as no Event of Default under the Lease, nor any event which upon notice or lapse of time or both would constitute such an Event of Default has occurred and is continuing, Lessee shall have the option to terminate the Lease and purchase all, but not less than all, of the Equipment on the rental payment date for the thirty-sixth (36th) monthly rental payment (the "Early Purchase Option Date"). Lessee shall notify Lessor in writing of Lessee's intention to exercise such early purchase option at least ninety (90) days prior to the Early Purchase Option Date of such Lease. Lessee shall pay to Lessor on the Early Purchase Option Date an aggregate amount (the "Purchase Price") equal to: (i) all rental payments, late charges and other amounts due and owing under the Lease, including the rental payment due on the Early Purchase Option Date; plus (ii) any and all taxes, assessments and other charges due in connection with the termination of the Lease and the purchase of the Equipment; plus (iii) 28.02% of the original Acquisition Cost of the Equipment as set forth herein.

Provided that Lessor shall have received the Purchase Price on the Early Purchase Option Date, Lessor shall convey all of its right, title and interest in and to the Equipment to Lessee on the Early Purchase Option Date, on an "AS-IS", "WHERE-IS" BASIS WITHOUT REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, and without recourse to Lessor; provided however, that notwithstanding anything else herein to the contrary, Lessor shall warrant that the Equipment is free and clear of all liens, charges and encumbrances created by, through or under Lessor, and that Lessor has good and lawful right, power and authority to sell said Equipment to Lessee.

In the event Lessee shall not pay the Purchase Price on the Early Purchase Option Date then the Initial Lease Term or any renewal term for the Equipment shall continue in full force and effect and this Early Purchase Option shall be null and void and of no further force or effect.

9. **PURCHASE OPTION:** So long as no Event of Default, nor any event which upon notice or lapse of time or both would constitute an Event of Default, has occurred and is continuing under the Lease, and the Lease has not been earlier terminated, and upon not less than ninety (90) days prior written notice, Lessee shall have the option, upon expiration of the Initial Lease Term, renewal term or Extended Term, to purchase all, but not less than all, of Lessor's right, title and interest in and to the Equipment at the end of the Lease Term for a Purchase Option Price (hereinafter defined), on the last day of the Lease Term, in immediately available funds.

The Purchase Option Price shall be equal to the Fair Market Value of the Equipment (hereinafter defined) plus any sales, use, property or excise taxes on or measured by such sale, any other amounts accrued and unpaid under the Lease and any other expenses of transfer including UCC termination fees.

The "Fair Market Value" of the Equipment, shall be determined on the basis of, and shall be equal in amount to the value which would be obtained in, an arm's-length transaction between an informed and willing buyer-user (other than a lessee commonly in possession or a used equipment dealer) and an informed and willing seller under no compulsion to sell and, in such determination, costs of removal from the location of current use shall not be a deduction from such value. For purposes of determining Fair Market Value it will be assumed that as of the date of determination that the Equipment is in at least the condition required by the Lease. If during or after the period of thirty (30) days from Lessor's receipt of the aforesaid written notice from Lessee of Lessee's intention to exercise said purchase option, Lessor and Lessee determine that they cannot agree upon such fair market value, then such value shall be determined in accordance with the foregoing definition by a qualified independent appraiser as selected by mutual agreement between Lessor and Lessee, or failing such agreement, by a panel of three independent appraisers, one of whom shall be selected by Lessor, the second by Lessee and the third designated by the first two selected. If any party refuses or fails to appoint an appraiser or a third appraiser cannot be agreed upon by the other two appraisers, such appraiser or appraisers shall be selected in accordance with the rules for commercial arbitration of the

015 Exhibit 12.4cc

American Arbitration Association. The appraisers shall be instructed to make such determination within a period of twenty (20) days following appointment, and shall promptly communicate such determination in writing to Lessor and Lessee. The determination of Fair Market Value so made by the sole appraiser or by a majority of the appraisers, if there is more than one, shall be conclusively binding upon both Lessor and Lessee. All appraisal costs, fees and expenses shall be payable by Lessee. The sale of the Equipment by Lessor to Lessee shall be on an AS-IS, WHERE-IS basis, without recourse to, or warranty by, Lessor; provided however, that notwithstanding anything else herein to the contrary, Lessor shall warrant that the Equipment is free and clear of all liens, charges and encumbrances created by, through or under Lessor, and that Lessor has good and lawful right, power and authority to sell said Equipment to Lessee.

Lessee shall be deemed to have waived this Purchase Option unless it provides Lessor written notice of its irrevocable election to exercise this option within fifteen (15) days after Lessee is advised of the Fair Market Value of the Equipment.

Lessee may elect to return all, but not less than all, of the Equipment at the end of the Initial Lease Term or any renewal term, provided that such return will only be permitted if (i) the Lessee provides the Lessor with written notice of its intention to return the Equipment not less than ninety (90) days prior to the end of the Initial Term, and (ii) the return of the Equipment is in accordance with the terms of the Lease and any Schedules, Acceptance Certificate, Riders, Exhibits and Addenda thereto.

If, for any reason whatsoever, the Lessee does not purchase the Equipment at the end of the Initial Lease Term or any renewal term in accordance with the foregoing, or exercises their option to return the Equipment as set forth above, the lease term of the Equipment shall and without further action on the part of Lessee be extended on a month-to-month basis with rentals payable monthly, calculated at one hundred five percent (105%) of the highest monthly rental payable during the Initial Lease Term (the "Extended Term"). At the end of such Extended Term, the Lessee shall have the option to either: (i) return the Equipment to the Lessor in accordance with the terms of the Lease; or (ii) purchase the Equipment for its then Fair Market Value as determined in accordance with the provisions set forth above. The Extended Term shall continue until (a) Lessee provides Lessor with not less than ninety (90) days prior written notice of the anticipated date Lessee will return the Equipment and Lessee returns the Equipment in accordance with the return provisions of this Lease, or (b) Lessee provides Lessor with not less than ninety (90) days prior written notice of Lessee's exercise of its Fair Market Value purchase option with respect to the Equipment.

10. STIPULATED LOSS VALUES:

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
1	101.47	37	60.22
2	100.61	38	58.84
3	99.65	39	57.66
4	98.66	40	56.37
5	97.55	41	55.08
6	96.63	42	53.78
7	95.48	43	52.47
8	94.41	44	51.16
9	93.33	45	49.84
10	92.25	46	48.51
11	91.15	47	47.18
12	90.05	48	45.84
13	88.95	49	44.50
14	87.83	50	43.15
15	86.71	51	41.79
16	85.68	52	40.43
17	84.44	53	39.08
18	83.29	54	37.80
19	82.14	55	36.31

015 Exhibits 12.100

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.82
21	79.81	57	33.53
22	78.63	58	32.13
23	77.45	59	30.72
24	76.26	60	29.31
25	75.06	61	27.89
26	73.86	62	26.47
27	72.65	63	25.04
28	71.44	64	23.61
29	70.22	65	22.17
30	68.99	66	20.72
31	67.76	67	19.27
32	66.52	68	17.82
33	65.27	69	16.35
34	64.01	70	14.88
35	62.75	71	13.40
36	61.49	72	11.92

Stipulated Loss Values are due in addition to the Rental Payment due on the same date.

IN WITNESS WHEREOF, the parties hereto certify that they have read, accepted and caused this Individual Leasing Record to be duly executed by their respective officers thereunto duly authorized.

Dated: 2/30/09

LESSOR:

Siemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS

Title: VIC PRESIDENT/COORDINATOR



Ernest Errigo  
Sr. Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By: Mark Pawlett

Name: MARK PAWLETT

Title: TREASURER

015 Exhibit 12.doc



January 24, 2012

**Fresenius Medical Care**

Attn: Mr. Bill Popken

(781) 699-9994

Via email: [William.Popken@fmc-na.com](mailto:William.Popken@fmc-na.com)

**RE: 5340A West 159<sup>th</sup> Street Land Parcel**  
Oak Forest, Illinois  
**Fresenius Medical Care Build-to-Suit – Letter of Intent**

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Oak Forest), LLC (“Landlord”) is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Oak Forest LLC** (“Tenant”).

**Premises:** 7,200 square foot building to be constructed and located at 5340 A West 159<sup>th</sup> Street, Oak Forest, Illinois (**Exhibit B**). Parcel #

28-16-303-022-0000

28-16-304-005-0000

28-16-304-006-0000

28-16-304-007-0000

**Landlord:** Net3 (Oak Forest), LLC

**Tenant:**  
Fresenius Medical Care Oak Forest, LLC

**Guarantor:** Fresenius Medical Care Holdings

**Lease:** Landlord’s standard lease form.

**Use:** Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which

shall not be unreasonably withheld, conditioned or delayed.  
 Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**Primary Term:** 15 years  
**Option Term(s):** Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.

**Base Rent over initial Term:** Annual Rent: Starts at \$23.00/sq. ft. and increases annually by 2% in Year 3 of the Primary Term

Years	Annual Rent	Monthly Rent
1	\$ 165,600.00	\$ 13,800.00
2	\$ 165,600.00	\$ 14,007.00
3	\$ 168,912.00	\$ 14,217.11
4	\$ 172,290.24	\$ 14,430.36
5	\$ 175,736.04	\$ 14,646.82
6	\$ 179,250.77	\$ 14,866.52
7	\$ 182,835.78	\$ 15,089.52
8	\$ 186,492.50	\$ 15,315.86
9	\$ 190,222.35	\$ 15,545.60
10	\$ 194,026.79	\$ 15,778.78
11	\$ 197,907.33	\$ 16,015.46
12	\$ 201,865.48	\$ 16,255.70
13	\$ 205,902.79	\$ 16,499.53
14	\$ 210,020.84	\$ 16,747.02
15	\$ 214,221.26	\$ 16,998.23

**Taxes, Insurance & CAM:** Tenant will pay

**Utilities:** Tenant will be responsible to pay for all of their own utilities.

**Tenant's Share:** 100%

**Condition of Premises  
Upon Delivery:**

Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in **(Exhibit A)**. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

**Rent Commencement**

**Date:**

Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) one ninety (90) days after the Delivery Date.

**Delivery**

**Date:**

The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.

**Construction Drawings  
For Landlord's Work:**

Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

**Tenant's Work:**

Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.

**Security Deposit:**

None, subject to Landlord's review of current Tenant financial statements.

**Landlord Maintenance:**

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

***Signage:***

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

***Confidentiality:***

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

***Zoning and Restrictive Covenants:***

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

***CON Contingency***

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC 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, FMC does not expect to receive a CON permit prior to April 2012. In light of the foregoing facts, the parties agree that they shall



2892 W. Butterfield Road  
Suite 310  
Oak Brook, IL 60523  
p. 630.216.9000

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 FMC a CON permit to establish a dialysis center on the Premises by April 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.

***Acquisition Contingency:***

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liabilities under the lease agreement.

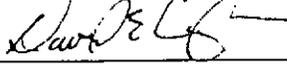
The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Net3 (Oak Forest), LLC

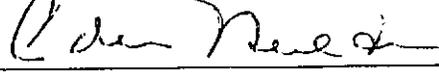
By: Net 3 Real Estate, L.L.C., its Agent

By: 

**David E. Cunningham, Manager**

AGREED TO AND ACCEPTED BY:

**Fresenius Medical Care Oak Forest LLC**

By: 

Its: \_\_\_\_\_

Date: \_\_\_\_\_



# Fresenius Medical Care

To: Illinois CON

August 31, 2011

Fresenius Medical Care Holdings, Inc (the Company or FMCH) summary of discussion points with Illinois CON for the meeting in early August, 2011. We discussed several points related to the rating and credit quality of the Company as follows:

1. Most ratings of the Company are higher than the ratings for our Senior Notes. Our Senior Secured ratings are investment grade and our Accounts Receivable Commercial Paper Facility is structured to a AA rating. See ratings summary below:

	Standard & Poor's	Moody's	Fitch
Corporate Credit Rating	BB	Ba1	BB+
Outlook	Positive	stable	stable
Secured Debt	BBB-	Baa3	BBB
Unsecured Debt	BB	Ba2	BB+

2. The market's evaluation of the Company's bonds is far more positive than the rating agencies assessment would indicate. The Company's yields trade in line with BBB investment grade rated companies and much lower than the index for BB rated companies. That chart was on Page 7 of our presentation.
3. Moody's has published its standards for investment grade ratings. Of the six criteria, the Company meets or exceeds four of the criteria.
4. The company has substantial liquidity (over a billion \$'s) to meet all of its obligations in Illinois and elsewhere.

Additionally, in the discussion following our presentation, the topic of the company's size was brought up as a negative. We did not have the opportunity to address that issue during the meeting, so we will address it here. During the credit crisis, many of the physician practices and related health care businesses in our industry (and others) had difficulty growing and raising capital. The financial markets were closed to many health care businesses, both for profit and not for profit. However, due to our size and strength of our credit, the banking and capital markets were still open to us, allowing us to continue to grow to meet the needs of end stage renal disease patients in our clinic setting and to invest in the pharmaceutical and medical equipment industries necessary to serve this patient population. We have been a strong and committed business in Illinois, willing to continue to invest capital, provide access to care, add jobs and grow in the State.

Mark Fawcett  
 Vice President, Treasurer  
 Fresenius Medical Care NA

**Fresenius Medical Care North America**

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Corporate Headquarters: 920 Winter St Waltham, MA 02451 (781) 699-2668

ATTACHMENT - 40

**Criterion 1120.310 Financial Viability**

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2010 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #11-022, Fresenius Medical Care Lockport and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

### Criterion 1120.310 (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 Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		\$142.00			7,200			\$1,022,400	\$1,022,400
Contingency		15.61			7,200			112,400	112,400
TOTALS		157.61			7,200			1,134,800	1,134,800

\* Include the percentage (%) of space for circulation

### Criterion 1120.310 (d) – Projected Operating Costs

#### Year 2014

Salaries	\$306,288
Benefits	86,572
Supplies	<u>78,624</u>
Total	\$471,484

Annual Treatments 8,986

Cost Per Treatment \$52.47

### Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

#### Year 2014

Depreciation/Amortization	\$186,482
Interest	<u>0</u>
CAPITAL COSTS	\$186,482

Treatments: 8,986

Capital Cost per treatment \$20.75

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Oak Forest, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *B. Mello*  
Title: **Bryan Mello**  
**Assistant Treasurer**

By: *M. Fawcett*  
Title: **Mark Fawcett**  
**Vice President & Treasurer**

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2011

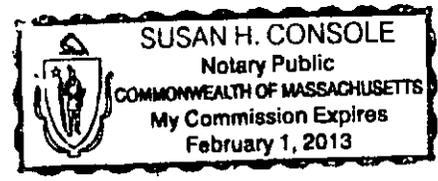
Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

*Susan H Console*  
Signature of Notary

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Signature of Notary

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**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *B. Mello*  
**Bryan Mello**  
Title: **Assistant Treasurer**

By: *M. Fawcett*  
**Mark Fawcett**  
Title: **Vice President & Asst. Treasurer**

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2011

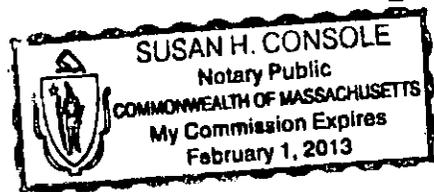
Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

*Susan H. Console*  
Signature of Notary

Signature of Notary

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**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Oak Forest, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Bryan Mello*  
ITS: **Bryan Mello**  
**Assistant Treasurer**

By: *Mark Fawcett*  
ITS: **Mark Fawcett**  
**Vice President & Treasurer**

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

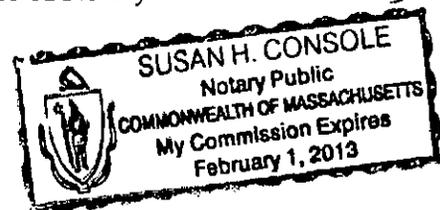
Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

*Susan H. Console*  
Signature of Notary

*Susan H. Console*  
Signature of Notary

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Seal



**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Bryan Mello*  
ITS: **Bryan Mello**  
**Assistant Treasurer**

By: *Mark Fawcett*  
ITS: **Mark Fawcett**  
**Vice President & Asst. Treasurer**

Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

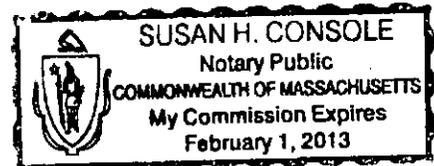
Notarization:  
Subscribed and sworn to before me  
this 15 day of Dec, 2011

*Susan H Console*  
Signature of Notary

*Susan H Console*  
Signature of Notary

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## Safety Net Impact Statement

The establishment of the Fresenius Medical Care Oak Forest dialysis facility will not have any impact on safety net services in the Oak Forest area. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to all patients regardless of their ability to pay. There are patients treated by Fresenius who either do not qualify for or will not seek any type of coverage for dialysis services. These patients are considered "self-pay" patients. These patients are invoiced as all patients are invoiced, however payment is not expected and Fresenius does not initiate any collections activity on these accounts. These unpaid invoices are written off as bad debt. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table below shows the amount of "self-pay" care provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois and the amount of care provided to Medicaid patients for the three fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

SAFETY NET INFORMATION			
<b>CHARITY CARE (Uncompensated Care)</b>			
	<b>2008</b>	<b>2009</b>	<b>2010</b>
Charity (# Uncomp patients)	282	243	143
Charity (# Uncomp treatments)	14,557	15,457	7,047
Charity (Uncomp) Cost	3,402,665	3,489,213	1,307,433
<b>MEDICAID</b>			
	<b>2008</b>	<b>2009</b>	<b>2010</b>
Medicaid (Patients)	1,561	1,723	1,809
Medicaid (Treatments)	122,615	132,658	154,591
Medicaid (Revenue)	36,159,588	39,748,886	43,795,183

There is no other information directly relevant to safety net services.

(See attachment 44 for Uncompensated and Medicaid Care by facility)

Uncompensated care #'s listed in the previous chart have gone down substantially over the past three years. This is due to an aggressive effort on our clinics part to obtain coverage for every patient. All ESRD patients can qualify for some type of coverage as is explained in Attachment 44.

While it may appear that the uncompensated numbers went down at a much higher rate than the rate the Medicaid numbers rose, one has to look at the percentage of the total number of patients/treatments for accurate comparison because the volume of Medicaid patients is significantly higher than that of uncompensated patients. For example in 2010 vs 2009 the percentage of the total for Medicaid was 13.4% and 12.0% respectively. In the same comparison for uncompensated care there was 1.2% vs .4% of the total. The Medicaid numbers increased 1.4% and the uncompensated care numbers decreased .8% as they relate to the total.

## Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition. They do provide uncompensated care. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits.

The applicants do provide access to care at all of its clinics regardless of payer source or whether a patient is likely to receive treatments for which the applicants are not compensated. Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

## Uncompensated Care By Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Alsip	33	0	0	9,960	0	0
Fresenius Antioch	73	102	0	21,689	28,682	0
Fresenius Aurora	314	83	87	67,864	18,818	21,087
Fresenius Austin Community	26	140	0	8,284	40,504	0
Fresenius Berwyn	713	715	228	199,885	163,817	52,363
Fresenius Blue Island	77	174	80	21,901	49,341	22,611
Fresenius Bolingbrook	143	48	21	31,451	12,317	5,081
Fresenius Bridgeport	395	528	45	99,428	118,493	10,991
Fresenius Burbank	248	721	49	63,286	185,201	12,597
Fresenius Carbondale	10	79	42	2,500	20,723	11,262
Fresenius Chicago	243	328	45	66,732	89,972	14,202
Fresenius Chicago Westside	162	146	0	77,512	46,548	0
Fresenius Congress Parkway	237	176	14	63,900	46,511	3,760
Fresenius Crestwood	219	67	320	59,373	17,034	84,179
Fresenius Decatur	0	0	0	0	0	0
Fresenius Deerfield	N/A	N/A	0	N/A	N/A	0
Fresenius Downers Grove	137	20	233	31,380	4,878	56,124
Fresenius Du Page West	196	76	34	43,409	18,336	9,290
Fresenius Du Quoin	0	37	10	0	10,433	2,756
Fresenius East Peoria	217	52	0	55,285	12,238	0
Fresenius Elk Grove	343	127	53	75,105	29,711	12,642
Fresenius Evanston	214	194	215	58,821	49,319	63,059
Fresenius Evergreen Park	93	510	197	23,541	140,975	52,782
Fresenius Garfield	311	177	54	97,761	45,903	14,915
Fresenius Glendale Heights	365	159	15	81,125	35,089	3,681
Fresenius Glenview	83	87	46	18,692	19,974	10,095
Fresenius Greenwood	190	251	179	46,374	62,205	42,481
Fresenius Gurnee	285	122	35	67,702	29,403	8,329
Fresenius Hazel Crest	199	34	22	53,440	9,226	6,303
Fresenius Hoffman Estates	87	33	17	19,789	7,418	4,037
Fresenius Jackson Park	454	528	3	115,160	125,578	681
Fresenius Kewanee	0	0	72	0	0	20,619
Fresenius Lake Bluff	212	65	5	54,948	17,317	1,112
Fresenius Lakeview	207	27	13	61,074	7,377	3,217
Fresenius Macomb	0	0	0	0	0	0
Fresenius Marquette Park	148	362	0	39,118	100,681	0
Fresenius McHenry	89	186	5	26,941	57,292	1,332
Fresenius McLean County	115	67	19	31,715	17,291	4,152
Fresenius Melrose Park	0	19	0	0	5,156	0
Fresenius Merrionette Park	0	105	41	0	28,882	9,936
Fresenius Midway	N/A	N/A	0	N/A	N/A	0
Fresenius Mokena	1	44	3	544	16,250	1,012
Fresenius Morris	0	42	104	0	11,267	29,076
Fresenius Naperville	199	301	100	41,182	67,077	22,565
Fresenius Naperville North	57	183	0	18,437	48,627	0
Fresenius Niles	213	152	26	55,817	37,442	6,096

Continued...

**Continued Uncompensated Care by Facility**

Facility	Uncompensated Treatments			Uncompensated Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Norridge	13	6	3	3,002	1,506	747
Fresenius North Avenue	0	94	74	0	23,669	18,189
Fresenius North Kilpatrick	48	0	64	11,290	0	14,200
Fresenius Northcenter	118	121	78	30,407	34,727	22,117
Fresenius Northwestern	334	226	77	89,528	58,416	21,695
Fresenius Oak Park	165	126	6	40,346	32,752	1,487
Fresenius Orland Park	188	121	0	43,222	30,148	0
Fresenius Oswego	89	12	1	25,307	3,389	305
Fresenius Ottawa	117	8	2	32,866	2,357	454
Fresenius Pekin	0	0	20	0	0	4,721
Fresenius Peoria Downtown	57	46	45	13,799	10,980	11,301
Fresenius Peoria North	115	54	13	27,782	13,179	3,245
Fresenius Plainfield	N/A	N/A	8	N/A	N/A	6,165
Fresenius Polk	212	231	104	51,467	60,738	26,376
Fresenius Pontiac	40	19	0	9,732	4,801	0
Fresenius Prairie	83	114	54	25,383	32,357	15,634
Fresenius Randolph County	0	4	32	0	1,219	8,913
Fresenius Rockford	70	74	24	18,003	24,267	6,946
Fresenius Rodgers Park	143	328	224	44,464	85,647	60,351
Fresenius Rolling Meadows	228	0	204	55,625	0	53,516
Fresenius Roseland	132	164	99	108,043	61,632	31,345
Fresenius Ross Dialysis Englewood	150	184	8	55,077	56,239	2,132
Fresenius Round Lake	225	182	1	57,640	44,165	255
Fresenius Saline County	13	21	11	3,645	5,583	2,952
Fresenius Sandwich	N/A	18	3	N/A	8,161	985
Fresenius Skokie	0	18	10	0	4,508	2,698
Fresenius South Chicago	424	747	278	115,038	205,498	70,577
Fresenius South Holland	90	127	104	22,191	31,917	26,731
Fresenius South Shore	75	110	8	20,591	30,066	2,086
Fresenius South Suburban	329	566	241	92,140	148,380	64,049
Fresenius Southside	734	483	137	209,871	129,554	34,459
Fresenius Southwestern Illinois	1	0	0	242	0	0
Fresenius Spoon River	66	38	35	14,971	9,033	8,835
Fresenius Spring Valley	1	1	31	236	233	6,422
Fresenius Streator	0	0	0	0	0	0
Fresenius Uptown	50	134	110	35,291	44,148	33,311
Fresenius Villa Park	128	369	27	35,003	95,048	7,258
Fresenius West Belmont	105	191	70	26,984	51,980	18,896
Fresenius West Chicago	0	44	0	0	24,152	0
Fresenius West Metro	241	880	237	54,133	187,505	49,677
Fresenius West Suburban	144	273	146	34,283	65,129	34,504
Fresenius Westchester	207	0	0	56,641	0	0
Fresenius Williamson County	8	0	28	1,812	0	7,468
Fresenius Willowbrook	98	45	0	23,477	10,815	0
<b>Totals</b>	<b>14,557</b>	<b>15,457</b>	<b>7,047</b>	<b>3,402,665</b>	<b>3,489,213</b>	<b>1,307,433</b>

### Medicaid Treatments/Costs By Facility

Facility Name	IL Medicaid Txts			IL Medicaid Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Alsip	726	624	749	219,121	188,700	218,389
Fresenius Antioch	38	148	937	11,398	41,617	257,229
Fresenius Aurora	954	1,230	1,521	206,456	277,862	367,439
Fresenius Austin Community	1,050	1,574	2,111	334,543	455,377	548,468
Fresenius Berwyn	3,466	3,618	4,102	971,639	828,527	941,816
Fresenius Blue Island	1,816	1,901	1,937	516,518	538,138	550,355
Fresenius Bolingbrook	1,481	1,246	1,628	325,729	319,725	393,058
Fresenius Bridgeport	3,928	4,570	5,610	988,745	1,025,015	1,377,275
Fresenius Burbank	2,314	2,142	2,046	590,498	550,210	531,285
Fresenius Carbondale	1,119	1,214	1,650	279,802	318,454	442,445
Fresenius Chicago Dialysis Center	5,862	5,466	5,279	1,609,814	1,499,358	1,666,001
Fresenius Chicago Westside	2,396	3,509	3,807	1,146,416	1,118,745	1,169,530
Fresenius Congress Parkway	3,663	3,685	4,197	987,611	973,822	1,127,227
Fresenius Crestwood	1,045	1,166	1,072	283,308	296,443	282,439
Fresenius Decatur	33	1	136	8,220	226	36,359
Fresenius Deerfield	0	0	100	0	0	67,104
Fresenius Downers Grove	771	1,010	995	176,600	246,416	239,552
Fresenius DuQuoin	302	318	203	78,555	89,666	55,954
Fresenius DuPage West	1,529	2,086	2,725	338,547	502,413	739,997
Fresenius East Peoria	672	607	1,083	171,254	142,462	258,654
Fresenius Elk Grove	950	1,414	1,996	208,018	330,794	480,506
Fresenius Evanston	1,025	1,513	1,535	281,738	384,635	450,064
Fresenius Evergreen Park	3,484	2,284	3,231	881,879	631,675	863,821
Fresenius Macomb	12	212	116	4,123	57,485	36,414
Fresenius Garfield	2,365	2,684	3,299	743,422	696,063	910,918
Fresenius Glendale Heights	1,896	2,085	2,332	421,403	460,132	572,130
Fresenius Glenview	1,091	984	992	245,700	225,914	219,975
Fresenius Morris	30	119	200	8,814	31,923	55,776
Fresenius Greenwood	3,055	3,349	3,712	746,786	830,023	880,965
Fresenius Gurnee	1,614	1,859	2,143	383,406	448,037	517,361
Fresenius Hazel Crest	878	979	657	235,780	265,643	192,621
Fresenius Hoffman Estates	1,406	1,726	2,513	319,804	387,981	596,772
Fresenius Jackson Park	5,402	5,444	5,972	1,370,257	1,294,789	1,626,081
Fresenius Kewanee	81	182	146	27,752	51,043	41,812
Fresenius Lake Bluff	1,002	1,541	1,354	259,707	410,556	334,530
Fresenius Lakeview	1,144	1,398	1,516	337,530	381,943	375,228
Fresenius Marquette Park	2,447	2,339	2,473	646,774	650,535	722,642
Fresenius McLean County	1,147	1,225	1,044	316,325	316,139	228,138
Fresenius McHenry	57	457	546	17,254	140,859	161,482
Fresenius Melrose Park	884	1,015	1,390	243,039	275,447	360,787
Fresenius Merrionette Park	407	1,001	749	114,511	275,340	183,623
Fresenius Midway	0	0	28	0	0	35,987
Fresenius Mokena	0	0	125	0	0	42,159
Fresenius Naperville	318	512	544	65,867	114,163	123,223
Fresenius Naperville North	236	494	654	76,334	131,265	159,418
Fresenius Niles	1,637	1,675	1,914	427,287	412,508	457,523

Continued...

**Continued Medicaid Treatments/Costs By Facility**

Facility Name	IL Medicaid Txts			IL Medicaid Costs		
	2008	2009	2010	2008	2009	2010
Fresenius Norridge	391	858	1,037	90,276	215,349	257,928
Fresenius North Avenue	1,663	1,818	1,854	399,039	457,777	455,682
Fresenius North Kilpatrick	1,969	2,323	2,504	463,144	537,567	555,449
Fresenius Northcenter	1,236	1,603	1,981	318,505	460,061	565,347
Fresenius Northwestern	3,102	3,103	2,954	830,405	802,076	835,999
Fresenius Oak Park	2,395	1,972	2,142	586,131	512,596	530,585
Fresenius Orland Park	553	734	774	127,136	182,882	213,816
Fresenius Oswego	390	454	482	110,896	128,215	147,203
Fresenius Ottawa	187	141	70	52,529	41,542	21,192
Fresenius Pekin	83	24	136	19,043	5,483	32,924
Fresenius Peoria Downtown	1,297	1,238	1,283	313,988	295,509	325,686
Fresenius Peoria North	511	374	265	123,449	90,842	66,112
Fresenius Plainfield	0	0	390	0	0	128,173
Fresenius Polk	3,502	3,151	3,509	850,172	829,908	891,647
Fresenius Pontiac	157	185	284	38,199	46,749	69,911
Fresenius Prairie	1,513	1,067	1,108	462,703	302,851	323,637
Fresenius Randolph County	188	190	251	59,360	57,884	69,909
Fresenius Rockford	255	540	747	65,584	178,073	216,191
Fresenius Rogers Park	1,705	1,433	1,756	530,142	374,183	473,109
Fresenius Rolling Meadows	1,032	1,543	2,100	251,777	368,801	550,765
Fresenius Roseland	114	641	1,506	93,309	240,891	476,665
Fresenius Ross Dialysis-Englewood	715	814	1,936	262,534	248,798	515,780
Fresenius Roundlake	1,690	1,909	2,661	432,943	463,250	679,000
Fresenius Saline County	485	676	441	136,002	179,725	123,927
Fresenius Sandwich	0	60	145	0	33,384	47,603
Fresenius Skokie	648	850	1,096	178,781	212,937	295,651
Fresenius South Chicago	3,511	3,995	5,002	952,588	1,099,016	1,269,883
Fresenius South Holland	1,318	1,304	1,603	324,973	327,718	412,017
Fresenius South Shore	2,548	2,143	1,900	699,533	585,749	528,209
Fresenius South Suburban	1,317	1,392	1,804	368,844	364,920	479,436
Fresenius Southside	5,108	5,249	6,248	1,460,523	1,407,923	1,577,162
Fresenius Southwestern Illinois	160	296	428	38,702	75,763	115,684
Fresenius Spoon River	0	11	30	0	2,615	7,573
Fresenius Spring Valley	0	39	267	0	9,087	56,218
Fresenius Streator	0	7	34	0	2,757	11,288
Fresenius Uptown	0	701	1,037	0	230,951	315,316
Fresenius Villa Park	970	922	1,037	265,255	237,306	278,881
Fresenius West Belmont	2,240	2,495	3,388	575,654	679,000	921,006
Fresenius West Chicago	0	8	429	0	4,391	151,682
Fresenius West Metro	6,169	6,331	7,147	1,383,891	1,348,204	1,497,052
Fresenius West Suburban	6,355	5,951	5,841	1,512,980	1,419,713	1,385,026
Fresenius Westchester	504	669	429	137,909	171,821	118,436
Fresenius Williamson County	442	363	435	100,123	89,706	118,125
Fresenius Willowbrook	459	474	1,065	109,960	113,915	256,960
<b>Totals</b>	<b>122,615</b>	<b>132,658</b>	<b>154,591</b>	<b>32,355,267</b>	<b>34,055,958</b>	<b>40,270,371</b>

It is noted in the above charts, that the number of patients receiving uncompensated care has declined. This is not because of any policy or admissions changes at Fresenius Medical Care. We still accept any patient regardless of ability to pay. The reduction is due to an aggressive approach within our facilities to obtain insurance coverage for all patients, thus the rise in Medicaid treatments/costs. Nearly all dialysis patients in Illinois will qualify for some type of coverage. Our Financial Coordinators work with patients to assist in finding the right coverage for each patient's particular situation. This coverage applies not only to dialysis services, but all health care services this chronically ill patient population may receive. Therefore, while assisting the patient to obtain coverage benefits the patient and Fresenius, it also assists other health care providers. Mainly though, it relieves patients of the stress of not having coverage or affordable coverage for health care. (see following page for patient coverage options)

## **Fresenius Medical Care North America Community Care**

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible. However, even if for whatever reason insurance (governmental or otherwise) is not available FMCNA does not deny admission for treatment due to lack of insurance coverage.

### **American Kidney Fund**

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. FMCNA's North Division currently has 2986 patients with primary insurance coverage and 7469 patients with secondary insurance coverage for a total of 10,455 patients receiving AKF assistance. For the state of Illinois we have 632 primary and 1503 secondary patients receiving AKF assistance. The benefit of working with the AKF is the insurance coverage which AKF facilities applies to all of the patient's insurance needs, not just coverage for dialysis services.

### **Indigent Waiver Program**

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services. In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

**Annual Income:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

**Net Worth:** A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

FMCNA North Division currently has 718 active Indigent Waivers. 21 cover primary balances which means the patient has no insurance coverage, and 697 cover patient balances where there is no supplemental insurance.

Illinois currently has 5 active Indigent Waivers that cover the supplemental balances after the primary insurance pays. There isn't a high volume of Indigent Waivers issued in Illinois because patients are entitled to Medicaid coverage in Illinois.

### **IL Medicaid and Undocumented patients**

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

### **FMCNA Collection policy**

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

## **Medicare and Medicaid Eligibility**

**Medicare:** Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

**Medicaid:** Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

## **Self-Pay**

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.



Trip to:

**3053 W 159th St**

Harvey, IL 60428-4003

3.09 miles / 5 minutes

Notes

TO DAVITA MARKHAM



**5340 159th St, Oak Forest, IL 60452-4702**



1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#)

**3.1 Mi**

*3.1 Mi Total*



2. **3053 W 159TH ST** is on the right. [Map](#)



**3053 W 159th St, Harvey, IL 60428-4003**

**Total Travel Estimate: 3.09 miles - about 5 minutes**

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140



Trip to:  
**14255 Cicero Ave**  
Crestwood, IL 60445-2154  
2.79 miles / 6 minutes

Notes

TO DIRECT DIALYSIS

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **0.7 Mi**  
*0.7 Mi Total*
- ◁  2. Turn **left** onto **Cicero Ave / IL-50.** [Map](#) **2.1 Mi**  
*2.8 Mi Total*
- 3. **14255 CICERO AVE** is on the **right.** [Map](#)

**B** 14255 Cicero Ave, Crestwood, IL 60445-2154

Total Travel Estimate: **2.79 miles - about 6 minutes**

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141



Trip to:  
**4861 Cal Sag Rd**  
Crestwood, IL 60445-4415  
4.27 miles / 9 minutes

Notes

TO FRESENIUS MEDICAL CARE CRESTWOOD

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |                                      |
|--|--|--------------------------------------|
|  | 1. Start out going east on W 159th St / US-6 toward Lorel Ave. <a href="#">Map</a> | <b>0.7 Mi</b><br><i>0.7 Mi Total</i> |
|  | 2. Turn left onto Cicero Ave / IL-50. <a href="#">Map</a>                          | <b>3.5 Mi</b><br><i>4.2 Mi Total</i> |
|  | 3. Turn left onto Cal Sag Rd. <a href="#">Map</a>                                  | <b>0.1 Mi</b><br><i>4.3 Mi Total</i> |
|  | 4. 4861 CAL SAG RD is on the left. <a href="#">Map</a>                             |                                      |

**B** 4861 Cal Sag Rd, Crestwood, IL 60445-4415

Total Travel Estimate: 4.27 miles - about 9 minutes

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142



Trip to:  
**9160 W 159th St**  
Orland Park, IL 60462-5648  
4.72 miles / 9 minutes

Notes

TO FRESENIUS MEDICAL CARE ORLAND PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going **west** on **W 159th St / US-6** toward **Long Ave**. [Map](#) 4.7 Mi
- 2. **9160 W 159TH ST** is on the **right**. [Map](#) 4.7 Mi Total

**B** 9160 W 159th St, Orland Park, IL 60462-5648

**Total Travel Estimate: 4.72 miles - about 9 minutes**

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143



Trip to:  
**17524 E Carriageway Dr**  
Hazel Crest, IL 60429-2187  
5.23 miles / 9 minutes

Notes

TO FRESENIUS MEDICAL CARE HAZEL CREST

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#) **0.7 Mi**  
*0.7 Mi Total*

---

- ➡  2. Turn right onto Cicero Ave / IL-50. [Map](#) **2.2 Mi**  
*2.9 Mi Total*

---

- ⬅ 3. Turn left onto 175th St. [Map](#) **2.2 Mi**  
*5.1 Mi Total*

---

- ➡ 4. Turn right onto E Carriage Way. [Map](#) **0.09 MI**  
*5.2 Mi Total*

---

- 5. 17524 E CARRIAGEWAY DR. [Map](#)

**B** 17524 E Carriageway Dr, Hazel Crest, IL 60429-2187

Total Travel Estimate: **5.23 miles - about 9 minutes**

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Trip to:  
**3470 W 183rd St**  
Hazel Crest, IL 60429-2428  
5.60 miles / 10 minutes

Notes

TO DAVITA HAZELCREST

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#) **0.7 Mi**
- 0.7 Mi Total*
- ➔  2. Turn right onto Cicero Ave / IL-50. [Map](#) **2.2 Mi**
- 2.9 Mi Total*
- ⬅ 3. Turn left onto 175th St. [Map](#) **1.0 Mi**
- 3.9 Mi Total*
- ➔ 4. Turn right onto Pulaski Rd / Crawford Ave. [Map](#) **1.0 Mi**
- 4.9 Mi Total*
- ⬅ 5. Turn left onto 183rd St. [Map](#) **0.7 Mi**
- 5.6 Mi Total*
- 6. 3470 W 183RD ST is on the left. [Map](#)

**B** 3470 W 183rd St, Hazel Crest, IL 60429-2428

Total Travel Estimate: **5.60 miles - about 10 minutes**

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145



Trip to:  
**12250 S Cicero Ave**  
Alsip, IL 60803-2946  
5.36 miles / 12 minutes

Notes

TO FRESENIUS MEDICAL CARE ALSIP

**A** 5340 159th St, Oak Forest, IL 60452-4702

● 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **0.7 Mi**  
*0.7 Mi Total*

↩  2. Turn left onto **Cicero Ave / IL-50 N.** [Map](#) **4.6 Mi**  
*5.4 Mi Total*

■ 3. **12250 S CICERO AVE** is on the left. [Map](#)

**B** 12250 S Cicero Ave, Alsip, IL 60803-2946

**Total Travel Estimate: 5.36 miles - about 12 minutes**

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146



Trip to:  
**4557 Lincoln Hwy**  
Matteson, IL 60443-2354  
7.73 miles / 12 minutes

Notes

TO DAVITA OLYMPIA FIELDS

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#) **0.7 Mi**  
*0.7 Mi Total*

---

- ➔  2. Turn right onto Cicero Ave / IL-50. [Map](#) **6.7 Mi**  
*7.5 Mi Total*

---

- ⬅  3. Turn left onto 211th St / Lincoln Hwy / US-30. [Map](#) **0.3 Mi**  
*7.7 Mi Total*

---

- 4. 4557 LINCOLN HWY is on the right. [Map](#)

**B** 4557 Lincoln Hwy, Matteson, IL 60443-2354

Total Travel Estimate: 7.73 miles - about 12 minutes

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147



Trip to:  
**16657 Halsted St**  
Harvey, IL 60426-6112  
6.89 miles / 13 minutes

Notes

TO COMMUNITY DIALYSIS HARVEY

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **5.9 Mi**  
*5.9 Mi Total*
- ➔ 2. Turn right onto **Halsted St / IL-1.** [Map](#) **1.0 Mi**  
*6.9 Mi Total*
- 3. **16657 HALSTED ST** is on the left. [Map](#)

**B** 16657 Halsted St, Harvey, IL 60426-6112

**Total Travel Estimate: 6.89 miles - about 13 minutes**

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148



Trip to:  
**8910 W 192nd St**  
 Mokena, IL 60448-8110  
 9.74 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE MOKENA

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 
1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#)
0.7 Mi  
0.7 Mi Total

---

- 

2. Turn right onto Cicero Ave / IL-50. [Map](#)
1.0 Mi  
1.7 Mi Total

---

- 
3. Turn left onto 167th St. [Map](#)
0.2 Mi  
1.9 Mi Total

---

- 

4. Merge onto I-57 S toward I-80. [Map](#)
1.6 Mi  
3.5 Mi Total

---

- 

5. Merge onto I-80 W via EXIT 345B toward Iowa. [Map](#)
3.0 Mi  
6.5 Mi Total

---

- 

6. Merge onto IL-43 S / Harlem Ave via EXIT 148A. [Map](#)
0.9 Mi  
7.4 Mi Total

---

- 
7. Turn right onto W 191st St. [Map](#)
2.0 Mi  
9.4 Mi Total

---

- 
8. Turn left onto S 88th Ave. [Map](#)
0.2 Mi  
9.6 Mi Total

---

- 
9. Take the 1st right onto W 192nd St. [Map](#)
0.2 Mi  
9.7 Mi Total

---

- 
10. 8910 W 192ND ST is on the right. [Map](#)

**B** 8910 W 192nd St, Mokena, IL 60448-8110

Total Travel Estimate: **9.74 miles - about 14 minutes**

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149



Trip to:  
**16136 S Park Ave**  
South Holland, IL 60473-1511  
7.52 miles / 15 minutes

Notes

TO DAVITA SOUTH HOLLAND

**A** 5340 159th St, Oak Forest, IL 60452-4702

● 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave**. Continue to follow **US-6**. [Map](#) **7.4 Mi**  
*7.4 Mi Total*

↩ 2. Turn left onto **S Park Ave**. [Map](#) **0.08 MI**  
*7.5 Mi Total*

■ 3. **16136 S PARK AVE** is on the left. [Map](#)

**B** 16136 S Park Ave, South Holland, IL 60473-1511

**Total Travel Estimate: 7.52 miles - about 15 minutes**

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150



Trip to:  
**13155 S la Grange Rd**  
Orland Park, IL 60462-1162  
8.81 miles / 15 minutes

Notes

TO DAVITA PALOS PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going west on **W 159th St / US-6** toward **Long Ave.** [Map](#) **2.3 Mi**  
*2.3 Mi Total*

---

-   2. Turn right onto **S Harlem Ave / IL-43 N.** [Map](#) **2.0 Mi**  
*4.3 Mi Total*

---

-  3. Turn left onto **W 143rd St.** [Map](#) **3.0 Mi**  
*7.4 Mi Total*

---

-   4. Turn right onto **S La Grange Rd / 96th Ave / US-45.** [Map](#) **1.5 Mi**  
*8.8 Mi Total*

---

-  5. **13155 S LA GRANGE RD** is on the right. [Map](#)

**B** 13155 S la Grange Rd, Orland Park, IL 60462-1162

Total Travel Estimate: **8.81 miles - about 15 minutes**

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151



Trip to:  
**12200 Western Ave**  
 Blue Island, IL 60406-1398  
 9.27 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |                                |
|--|--|--------------------------------|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a> | <b>2.2 Mi</b><br>2.2 Mi Total  |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>   | <b>5.3 Mi</b><br>7.5 Mi Total  |
|  | 3. Take <b>EXIT 353</b> toward <b>127th St / Burr Oak Ave.</b> <a href="#">Map</a>               | <b>0.2 Mi</b><br>7.6 Mi Total  |
|  | 4. Turn <b>slight left</b> onto <b>S Marshfield Ave.</b> <a href="#">Map</a>                     | <b>0.09 Mi</b><br>7.7 Mi Total |
|  | 5. Take the <b>1st left</b> onto <b>W 127th St / W Burr Oak Ave.</b> <a href="#">Map</a>         | <b>0.9 Mi</b><br>8.6 Mi Total  |
|  | 6. Turn <b>right</b> onto <b>Western Ave.</b> <a href="#">Map</a>                                | <b>0.6 Mi</b><br>9.3 Mi Total  |
|  | 7. <b>12200 WESTERN AVE</b> is on the <b>left.</b> <a href="#">Map</a>                           |                                |

**B** 12200 Western Ave, Blue Island, IL 60406-1398

Total Travel Estimate: **9.27 miles - about 15 minutes**

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152



Trip to:  
**11650 S Kedzie Ave**  
Merrionette Park, IL 60803-6302  
8.52 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE MERRIONETTE PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **2.9 Mi**  
*2.9 Mi Total*

---

- ↩ 2. Turn **left** onto **Kedzie Ave.** [Map](#) **5.6 Mi**  
*8.5 Mi Total*

---

- 3. **11650 S KEDZIE AVE** is on the **left.** [Map](#)

**B** 11650 S Kedzie Ave, Merrionette Park, IL 60803-6302

**Total Travel Estimate: 8.52 miles - about 16 minutes**

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153



Trip to:  
**2601 Lincoln Hwy**  
Olympia Fields, IL 60461-1862  
10.22 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE OLYMPIA FIELDS

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave**. [Map](#) **0.7 Mi**  
*0.7 Mi Total*
- ➡  2. Turn **right** onto **Cicero Ave / IL-50**. [Map](#) **6.7 Mi**  
*7.5 Mi Total*
- ⬅  3. Turn **left** onto **211th St / Lincoln Hwy / US-30**. Continue to follow **Lincoln Hwy / US-30**. [Map](#) **2.8 Mi**  
*10.2 Mi Total*
- 4. **2601 LINCOLN HWY** is on the **left**. [Map](#)

**B** 2601 Lincoln Hwy, Olympia Fields, IL 60461-1862

Total Travel Estimate: **10.22 miles - about 17 minutes**

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154



Trip to:  
**3401 W 111th St**  
Chicago, IL 60655-3329  
8.53 miles / 18 minutes

Notes

TO DAVITA MT. GREENWOOD

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 
1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#)
1.7 Mi  
*1.7 Mi Total*

---

- 
2. Turn **left** onto **Pulaski Rd / Crawford Ave.** Continue to follow **Pulaski Rd.** [Map](#)
6.1 Mi  
*7.8 Mi Total*

---

- 
3. Turn **right** onto **W 111th St.** [Map](#)
0.7 Mi  
*8.5 Mi Total*

---

- 
4. **3401 W 111TH ST** is on the **right.** [Map](#)

**B** 3401 W 111th St, Chicago, IL 60655-3329

Total Travel Estimate: **8.53 miles - about 18 minutes**

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155



Trip to:  
**132 W 111th St**  
 Chicago, IL 60628-4215  
 11.46 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSELAND

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |                      |
|--|--|----------------------|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>                                 | <b>2.2 Mi</b>        |
|  |  | <i>2.2 Mi Total</i>  |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>   | <b>7.1 Mi</b>        |
|  |  | <i>9.3 Mi Total</i>  |
|  | 3. Take <b>EXIT 355</b> toward <b>Monterey Ave / 111th St.</b> <a href="#">Map</a>   | <b>0.2 Mi</b>        |
|  |  | <i>9.5 Mi Total</i>  |
|  | 4. Turn <b>slight left</b> onto <b>S Ashland Ave / S Hamlet Ave.</b> Continue to follow <b>S Hamlet Ave.</b> <a href="#">Map</a> | <b>0.3 Mi</b>        |
|  |  | <i>9.8 Mi Total</i>  |
|  | 5. Turn <b>right</b> onto <b>W 111th St.</b> <a href="#">Map</a>   | <b>1.7 Mi</b>        |
|  |  | <i>11.5 Mi Total</i> |
|  | 6. <b>132 W 111TH ST</b> is on the left. <a href="#">Map</a>   |                      |

**B** 132 W 111th St, Chicago, IL 60628-4215

**Total Travel Estimate: 11.46 miles - about 18 minutes**

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156



Notes

TO DAVITA CHICAGO HEIGHTS

Trip to 177 E Joe Orr Rd  
Chicago Heights, IL 60411  
11.06 miles - about 19 minutes

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going east on W 159th St / US-6 toward Lorel Ave. go 3.4 mi

---

-   2. Merge onto I-294 S toward Indiana (Portions toll). go 0.6 mi

---

-   3. Merge onto I-294-EXPY S (Portions toll). go 0.6 mi

---

-   4. I-294-EXPY S becomes I-294 S (Portions toll). go 2.1 mi

---

-   5. Merge onto IL-1 S. go 4.4 mi

---

-  6. Turn left onto E Joe Orr Rd. go 0.0 mi

---

-  7. 177 E JOE ORR RD is on the left. go 0.0 mi

**B** 177 E Joe Orr Rd, Chicago Heights, IL 60411  
Total Travel Estimate : 11.06 miles - about 19 minutes

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157

158

159



Trip to:  
**9115 S Cicero Ave**  
Oak Lawn, IL 60453-1895  
9.27 miles / 21 minutes

Notes

TO DAVITA STONY CREEK

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **0.7 Mi**  
*0.7 Mi Total*

---

- ↩  2. Turn **left** onto **Cicero Ave / IL-50 N.** [Map](#) **8.6 Mi**  
*9.3 Mi Total*

---

- 3. **9115 S CICERO AVE** is on the **right.** [Map](#)

**B** 9115 S Cicero Ave, Oak Lawn, IL 60453-1895

Total Travel Estimate: **9.27 miles - about 21 minutes**

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160



Trip to:  
**17225 Paxton Ave**  
 South Holland, IL 60473-3757  
 12.32 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH HOLLAND

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |           |   |                                 |
|-----------|---|---------------------------------|
|           | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>                  | <b>3.4 Mi</b><br>3.4 Mi Total   |
| SOUTH 294 | 2. Merge onto <b>I-294 S</b> toward <b>Indiana</b> (Portions toll). <a href="#">Map</a>                           | <b>6.7 Mi</b><br>10.1 Mi Total  |
| I61 EXIT  | 3. Take <b>EXIT 161</b> toward <b>US-6 W / IL-83 / Torrence Ave.</b> <a href="#">Map</a>                          | <b>0.9 Mi</b><br>11.0 Mi Total  |
| I61 EXIT  | 4. Merge onto <b>US-6 W / Torrence Ave / IL-83 N</b> via <b>EXIT 161</b> on the <b>left</b> . <a href="#">Map</a> | <b>0.5 Mi</b><br>11.5 Mi Total  |
|           | 5. Turn <b>left</b> onto <b>173rd St.</b> <a href="#">Map</a>   | <b>0.06 Mi</b><br>11.5 Mi Total |
|           | 6. Take the 1st <b>left</b> onto <b>Bernice Rd.</b> <a href="#">Map</a>   | <b>0.6 Mi</b><br>12.1 Mi Total  |
|           | 7. Take the 2nd <b>right</b> onto <b>Paxton Ave.</b> <a href="#">Map</a>  | <b>0.3 Mi</b><br>12.3 Mi Total  |
|           | 8. <b>17225 PAXTON AVE</b> is on the <b>right</b> . <a href="#">Map</a>   |                                 |

**B** 17225 Paxton Ave, South Holland, IL 60473-3757

Total Travel Estimate: 12.32 miles - about 21 minutes

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161



Trip to:  
**1111 E 87th St**  
 Chicago, IL 60619-7038  
 15.53 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE GREENWOOD

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |  |
|--|---|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>                              | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>  | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the <b>left</b> toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>1.4 Mi</b><br><i>13.8 Mi Total</i>  |
|  | 4. Take <b>EXIT 61B</b> toward <b>87th St.</b> <a href="#">Map</a>  | <b>0.2 Mi</b><br><i>14.0 Mi Total</i>  |
|  | 5. Stay <b>straight</b> to go onto <b>S State St.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>14.1 Mi Total</i>  |
|  | 6. Turn <b>right</b> onto <b>E 87th St.</b> <a href="#">Map</a>   | <b>1.4 Mi</b><br><i>15.5 Mi Total</i>  |
|  | 7. <b>1111 E 87TH ST</b> is on the <b>right.</b> <a href="#">Map</a>  |  |

**B** 1111 E 87th St, Chicago, IL 60619-7038

**Total Travel Estimate: 15.53 miles - about 22 minutes**

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162



Trip to:

**Stony Island Dialysis**  
**8725 S Stony Island Ave**

Chicago, IL 60617

(773) 221-7320

16.39 miles / 22 minutes

Notes

TO DAVITA STONY ISLAND

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |  |
|--|--|--|
|  | 1. Start out going east on W 159th St / US-6 toward Lorel Ave. <a href="#">Map</a>       | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto I-57 N. <a href="#">Map</a>  | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto I-94 E / Bishop Ford Fwy toward Indiana. <a href="#">Map</a>               | <b>1.5 Mi</b><br><i>13.9 Mi Total</i>  |
|  | 4. Take the Stony Island Ave exit, EXIT 65, toward 95th-103rd STS. <a href="#">Map</a>   | <b>0.8 Mi</b><br><i>14.6 Mi Total</i>  |
|  | 5. Keep left to take the North Stony Island Ave ramp toward 95th St. <a href="#">Map</a> | <b>0.5 Mi</b><br><i>15.2 Mi Total</i>  |
|  | 6. Merge onto S Stony Island Ext. <a href="#">Map</a>                                    | <b>0.2 Mi</b><br><i>15.4 Mi Total</i>  |
|  | 7. S Stony Island Ext becomes S Stony Island Ave. <a href="#">Map</a>                    | <b>1.0 Mi</b><br><i>16.4 Mi Total</i>  |
|  | 8. 8725 S STONY ISLAND AVE is on the right. <a href="#">Map</a>                          |  |

**B** **Stony Island Dialysis**  
 8725 S Stony Island Ave, Chicago, IL 60617  
 (773) 221-7320

Total Travel Estimate: 16.39 miles - about 22 minutes

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163



Trip to:  
**1788 Silver Cross Blvd**  
 New Lenox, IL 60451  
 17.85 miles / 23 minutes

Notes

TO DAVITA SC HOSP

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |                                 |
|--|---|---------------------------------|
|  | 1. Start out going east on W 159th St / US-6 toward Lorel Ave. <a href="#">Map</a>                                      | <b>0.7 Mi</b><br>0.7 Mi Total   |
|  | 2. Turn right onto Cicero Ave / IL-50. <a href="#">Map</a>  | <b>1.0 Mi</b><br>1.7 Mi Total   |
|  | 3. Turn left onto 167th St. <a href="#">Map</a>   | <b>0.2 Mi</b><br>1.9 Mi Total   |
|  | 4. Merge onto I-57 S toward I-80. <a href="#">Map</a>   | <b>1.6 Mi</b><br>3.5 Mi Total   |
|  | 5. Merge onto I-80 W via EXIT 345B toward Iowa. <a href="#">Map</a>   | <b>11.5 Mi</b><br>14.9 Mi Total |
|  | 6. Merge onto I-355 N / Veterans Memorial Tollway via EXIT 140 toward West Suburbs (Portions toll). <a href="#">Map</a> | <b>1.3 Mi</b><br>16.2 Mi Total  |
|  | 7. Take the US-6 / SouthWest Hwy exit. <a href="#">Map</a>  | <b>0.5 Mi</b><br>16.7 Mi Total  |
|  | 8. Keep right to take the ramp toward Joliet. <a href="#">Map</a>   | <b>0.03 Mi</b><br>16.7 Mi Total |
|  | 9. Turn right onto Maple Rd / W Maple Rd / SouthWest Hwy / US-6 W. <a href="#">Map</a>                                  | <b>0.7 Mi</b><br>17.5 Mi Total  |
|  | 10. Turn left onto Silver Cross Blvd. <a href="#">Map</a>   | <b>0.4 Mi</b><br>17.9 Mi Total  |
|  | 11. 1788 SILVER CROSS BLVD is on the left. <a href="#">Map</a>  |                                 |

**B** 1788 Silver Cross Blvd, New Lenox, IL 60451

Total Travel Estimate: 17.85 miles - about 23 minutes

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164



Trip to:  
**7319 S Cottage Grove Ave**  
 Chicago, IL 60619-1909  
 16.88 miles / 24 minutes

Notes

DAVITA GRAND CROSSINGS

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |  |
|--|--|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>                       | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>   | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the left toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>2.8 Mi</b><br><i>15.2 Mi Total</i>  |
|  | 4. Take <b>EXIT 60B</b> toward <b>76th St.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>15.4 Mi Total</i>  |
|  | 5. Keep <b>right</b> at the fork in the ramp. <a href="#">Map</a>  | <b>0.09 Mi</b><br><i>15.5 Mi Total</i> |
|  | 6. Turn <b>slight left</b> onto <b>S State St.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>15.7 Mi Total</i>  |
|  | 7. Take the 2nd <b>right</b> onto <b>E 75th St.</b> <a href="#">Map</a>  | <b>1.0 Mi</b><br><i>16.7 Mi Total</i>  |
|  | 8. Turn <b>left</b> onto <b>S Cottage Grove Ave.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>16.9 Mi Total</i>  |
|  | 9. <b>7319 S COTTAGE GROVE AVE</b> is on the <b>right.</b> <a href="#">Map</a>   |  |

**B** 7319 S Cottage Grove Ave, Chicago, IL 60619-1909

Total Travel Estimate: **16.88 miles - about 24 minutes**

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Trip to:  
**10535 S Torrence Ave**  
 Chicago, IL 60617-6154  
 16.97 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH DEERING  
 USED NEAREST MAPPING ADDRESS TO 10559 S. TORRENCE AVE

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |                                 |
|--|--|---------------------------------|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>             | 2.2 Mi<br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>   | 10.2 Mi<br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 E / Bishop Ford Fwy</b> toward <b>Indiana.</b> <a href="#">Map</a>                     | 1.5 Mi<br><i>13.9 Mi Total</i>  |
|  | 4. Take the <b>Stony Island Ave</b> exit, <b>EXIT 65</b> , toward <b>95th-103rd STS.</b> <a href="#">Map</a> | 0.8 Mi<br><i>14.6 Mi Total</i>  |
|  | 5. Keep <b>right</b> to take the <b>103rd St</b> ramp. <a href="#">Map</a>                                   | 0.6 Mi<br><i>15.2 Mi Total</i>  |
|  | 6. Turn <b>left</b> onto <b>E 103rd St.</b> <a href="#">Map</a>  | 1.4 Mi<br><i>16.7 Mi Total</i>  |
|  | 7. Turn <b>right</b> onto <b>S Torrence Ave.</b> <a href="#">Map</a>   | 0.3 Mi<br><i>17.0 Mi Total</i>  |
|  | 8. <b>10535 S TORRENCE AVE</b> is on the <b>left.</b> <a href="#">Map</a>                                    |                                 |

**B** 10535 S Torrence Ave, Chicago, IL 60617-6154

Total Travel Estimate: **16.97 miles - about 24 minutes**

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<http://www.mapquest.com/print?a=app.core.c29586f1d263f2d547b847b8>

MapQuest Travel Times  
**APPENDIX - 1**  
 1/11/2012

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<http://www.mapquest.com/print?a=app.core.e2b56901d925560af6c3047c>

MapQuest Travel Times  
**APPENDIX - 1**  
 1/11/2012

# MAPQUEST.

**Trip to 8109 S Western Ave**  
Chicago, IL 60620-5939  
14.40 miles - about 25 minutes

Notes

TO DAVITA BEVERLY



## 5340 159th St, Oak Forest, IL 60452-4702

- 
1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.**
go 2.2 mi

---

- 

2. Merge onto **I-57 N.**
go 7.1 mi

---

- 
3. Take **EXIT 355** toward **Monterey Ave / 111th St.**
go 0.2 mi

---

- 
4. Turn **slight left** onto **S Ashland Ave / S Hamlet Ave.**
go 0.0 mi

---

- 
5. Turn **left** onto **W 112th Pl.**
go 0.0 mi

---

- 
6. **W 112th Pl** becomes **W Monterey Ave.**
go 0.5 mi

---

- 
7. **W Monterey Ave** becomes **W 111th St.**
go 0.6 mi

---

- 
8. Turn **right** onto **S Western Ave.**
go 3.8 mi

---

- 
9. **8109 S WESTERN AVE** is on the right.
go 0.0 mi



## 8109 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate : 14.40 miles - about 25 minutes

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Trip to 4811 W 77th St  
Burbank, IL 60459-1586  
11.30 miles - about 26 minutes

Notes

TO FRESENIUS MEDICAL CARE BURBANK



**5340 159th St, Oak Forest, IL 60452-4702**

-  1. Start out going east on W 159th St / US-6 toward Lorel Ave. go 0.7 mi

---

-   2. Turn left onto Cicero Ave / IL-50 N. go 10.5 mi

---

-  3. Turn left onto W 76th St / W 77th St. go 0.1 mi

---

-  4. Turn left. go 0.0 mi

---

-  5. Turn right onto W 77th St. go 0.0 mi

---

-  6. 4811 W 77TH ST is on the left. go 0.0 mi



**4811 W 77th St, Burbank, IL 60459-1586**

Total Travel Estimate : 11.30 miles - about 26 minutes

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Trip to:  
**9212 S South Chicago Ave**  
 Chicago, IL 60617-4512  
 17.60 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 
1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#)
2.2 Mi  
2.2 Mi Total

---

- 

2. Merge onto I-57 N. [Map](#)
10.2 Mi  
12.4 Mi Total

---

- 

3. Merge onto I-94 E / Bishop Ford Fwy toward Indiana. [Map](#)
1.5 Mi  
13.9 Mi Total

---

- 
4. Take the Stony Island Ave exit, EXIT 65, toward 95th-103rd STS. [Map](#)
0.8 Mi  
14.6 Mi Total

---

- 
5. Keep left to take the North Stony Island Ave ramp toward 95th St. [Map](#)
0.5 Mi  
15.2 Mi Total

---

- 
6. Merge onto S Stony Island Ext. [Map](#)
0.2 Mi  
15.4 Mi Total

---

- 
7. S Stony Island Ext becomes S Stony Island Ave. [Map](#)
0.08 Mi  
15.4 Mi Total

---

- 

8. Turn right onto E 95th St / US-20 / US-12 / Ulysses S Grant Memorial Hwy. [Map](#)
1.8 Mi  
17.2 Mi Total

---

- 
9. Turn left onto S Commercial Ave. [Map](#)
0.3 Mi  
17.5 Mi Total

---

- 
10. Turn slight left onto S South Chicago Ave. [Map](#)
0.1 Mi  
17.6 Mi Total

---

- 
11. 9212 S SOUTH CHICAGO AVE is on the left. [Map](#)

**B** 9212 S South Chicago Ave, Chicago, IL 60617-4512

Total Travel Estimate: 17.60 miles - about 26 minutes

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Trip to:

**7531 S Stony Island Ave**

Chicago, IL 60649-3954

17.61 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE JACKSON PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |                      |
|--|---|----------------------|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Loel Ave.</b> <a href="#">Map</a>                               | <b>2.2 Mi</b>        |
|  |   | <i>2.2 Mi Total</i>  |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>  | <b>10.2 Mi</b>       |
|  |   | <i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the <b>left</b> toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>2.3 Mi</b>        |
|  |   | <i>14.7 Mi Total</i> |
|  | 4. Take <b>EXIT 60C</b> toward <b>79th St.</b> <a href="#">Map</a>  | <b>0.2 Mi</b>        |
|  |   | <i>14.9 Mi Total</i> |
|  | 5. Keep <b>right</b> at the fork in the ramp. <a href="#">Map</a>   | <b>0.2 Mi</b>        |
|  |   | <i>15.1 Mi Total</i> |
|  | 6. Stay <b>straight</b> to go onto <b>S State St.</b> <a href="#">Map</a>   | <b>0.09 Mi</b>       |
|  |   | <i>15.2 Mi Total</i> |
|  | 7. Take the 1st <b>right</b> onto <b>E 79th St.</b> <a href="#">Map</a>   | <b>2.0 Mi</b>        |
|  |   | <i>17.2 Mi Total</i> |
|  | 8. Turn <b>left</b> onto <b>S Stony Island Ave.</b> <a href="#">Map</a>   | <b>0.4 Mi</b>        |
|  |   | <i>17.6 Mi Total</i> |
|  | 9. <b>7531 S STONY ISLAND AVE</b> is on the <b>right.</b> <a href="#">Map</a>   |                      |

**B** 7531 S Stony Island Ave, Chicago, IL 60649-3954

**Total Travel Estimate: 17.61 miles - about 26 minutes**

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Trip to:  
**6333 S Green St**  
 Chicago, IL 60621-1943  
 18.29 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-ENGLEWOOD

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |  |
|--|---|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Loel Ave.</b> <a href="#">Map</a>                               | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>  | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the <b>left</b> toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>3.8 Mi</b><br><i>16.2 Mi Total</i>  |
|  | 4. Take <b>EXIT 59B</b> toward <b>Marquette Rd / 67th St.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>16.5 Mi Total</i>  |
|  | 5. Keep <b>right</b> at the fork in the ramp. <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>16.7 Mi Total</i>  |
|  | 6. Turn <b>left</b> onto <b>W Marquette Rd / W 67th St.</b> <a href="#">Map</a>   | <b>1.0 Mi</b><br><i>17.7 Mi Total</i>  |
|  | 7. Turn <b>right</b> onto <b>S Halsted St.</b> <a href="#">Map</a>  | <b>0.5 Mi</b><br><i>18.2 Mi Total</i>  |
|  | 8. Take the 3rd <b>left</b> onto <b>W 63rd St.</b> <a href="#">Map</a>  | <b>0.06 Mi</b><br><i>18.2 Mi Total</i> |
|  | 9. Take the 1st <b>left</b> onto <b>S Green St.</b> <a href="#">Map</a>   | <b>0.06 Mi</b><br><i>18.3 Mi Total</i> |
|  | 10. <b>6333 S GREEN ST</b> is on the <b>left.</b> <a href="#">Map</a>   |  |

**B** 6333 S Green St, Chicago, IL 60621-1943

**Total Travel Estimate: 18.29 miles - about 26 minutes**

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Trip to:  
**5060 S State St**  
Chicago, IL 60609-5328  
19.05 miles / 26 minutes

Notes

TO DAVITA WOODLAWN

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) 2.2 Mi

---

-   2. Merge onto **I-57 N.** [Map](#) 10.2 Mi

---

-   3. Merge onto **I-94 W / Dan Ryan Expy W** via the exit on the left toward **Chicago Loop.** [Map](#) 5.5 Mi

---

-  4. Take **EXIT 57** toward **Garfield Blvd.** [Map](#) 0.3 Mi

---

-  5. Stay **straight** to go onto **S Wentworth Ave.** [Map](#) 0.06 Mi

---

-  6. Take the 1st **right** onto **W Garfield Blvd / W 55th St.** [Map](#) 0.2 Mi

---

-  7. Take the 1st **left** onto **S State St.** [Map](#) 0.6 Mi

---

-  8. **5060 S STATE ST** is on the left. [Map](#)

**B** 5060 S State St, Chicago, IL 60609-5328

Total Travel Estimate: **19.05 miles - about 26 minutes**

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Trip to:  
**3134 W 76th St**  
Chicago, IL 60652-1968  
12.66 miles / 27 minutes

Notes

TO FRESENIUS SOUTH SIDE

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going **east** on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **1.7 Mi**  
*1.7 Mi Total*

---

-  2. Turn **left** onto **Pulaski Rd / Crawford Ave.** Continue to follow **Pulaski Rd.** [Map](#) **9.1 Mi**  
*10.9 Mi Total*

---

-  3. Turn **slight right** onto **W Columbus Ave.** [Map](#) **1.4 Mi**  
*12.3 Mi Total*

---

-  4. Turn **left** onto **S Kedzie Ave.** [Map](#) **0.3 Mi**  
*12.6 Mi Total*

---

-  5. Take the 2nd **right** onto **W 76th St.** [Map](#) **0.03 Mi**  
*12.7 Mi Total*

---

-  6. **3134 W 76TH ST** is on the **left.** [Map](#)

**B** 3134 W 76th St, Chicago, IL 60652-1968

Total Travel Estimate: **12.66 miles - about 27 minutes**

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

175



Trip to:  
**219 E 34th St**  
Steger, IL 60475-1201  
15.09 miles / 28 minutes

Notes

TO FRESENIUS MEDICAL CARE STEGER

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **0.7 Mi**  
*0.7 Mi Total*
- 2. Turn **right** onto **Cicero Ave / IL-50.** [Map](#) **8.3 Mi**  
*9.0 Mi Total*
- 3. Turn **left** onto **Sauk Trl.** [Map](#) **3.2 Mi**  
*12.2 Mi Total*
- 4. Turn **right** onto **Western Ave.** [Map](#) **0.3 Mi**  
*12.5 Mi Total*
- 5. Take the 1st **left** onto **W Steger Rd / W 34th St.** [Map](#) **2.6 Mi**  
*15.1 Mi Total*
- 6. **219 E 34TH ST** is on the **left.** [Map](#)

**B** 219 E 34th St, Steger, IL 60475-1201

Total Travel Estimate: **15.09 miles - about 28 minutes**

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

176



Trip to:  
**710 W 43rd St**  
 Chicago, IL 60609-3435  
 20.52 miles / 28 minutes

Notes

TO DAVITA EMERALD

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |  |
|--|---|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>                              | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>  | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the <b>left</b> toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>4.0 Mi</b><br><i>16.4 Mi Total</i>  |
|  | 4. Keep <b>left</b> to take <b>Dan Ryan Express Ln W / I-94 Express Ln W</b> toward <b>Pershing Rd.</b> <a href="#">Map</a>   | <b>2.3 Mi</b><br><i>18.7 Mi Total</i>  |
|  | 5. Take the <b>I-90-LOCAL / I-94-LOCAL</b> exit. <a href="#">Map</a>  | <b>0.5 Mi</b><br><i>19.2 Mi Total</i>  |
|  | 6. Merge onto <b>I-90 W / I-94 W / Dan Ryan Expy W.</b> <a href="#">Map</a>   | <b>0.4 Mi</b><br><i>19.6 Mi Total</i>  |
|  | 7. Take the <b>43rd St</b> exit, <b>EXIT 56A.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>19.8 Mi Total</i>  |
|  | 8. Stay <b>straight</b> to go onto <b>S Lasalle St.</b> <a href="#">Map</a>   | <b>0.03 Mi</b><br><i>19.8 Mi Total</i> |
|  | 9. Take the 1st <b>left</b> onto <b>W 43rd St.</b> <a href="#">Map</a>  | <b>0.7 Mi</b><br><i>20.5 Mi Total</i>  |
|  | 10. <b>710 W 43RD ST</b> is on the <b>right.</b> <a href="#">Map</a>  |  |

**B** 710 W 43rd St, Chicago, IL 60609-3435

Total Travel Estimate: **20.52 miles - about 28 minutes**

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**OVER 30 MINUTES TRAVEL TIME  
 ADJUSTED**

177



Trip to:  
**7000 S Pulaski Rd**  
Chicago, IL 60629-5842  
12.90 miles / 28 minutes

Notes

TO DAVITA WEST LAWN

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going east on W 159th St / US-6 toward Lorel Ave. [Map](#) 1.7 Mi  
1.7 Mi Total
-  2. Turn left onto Pulaski Rd / Crawford Ave. Continue to follow Pulaski Rd. [Map](#) 11.2 Mi  
12.9 Mi Total
-  3. 7000 S PULASKI RD is on the left. [Map](#)

**B** 7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate: 12.90 miles - about 28 minutes

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

178



Trip to:  
**721 E Jackson St**  
 Joliet, IL 60432-2560  
 21.80 miles / 29 minutes

Notes

TO FRESENIUS MEDICAL CARE JOLIET

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |  |
|--|--|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Lorel Ave.</b> <a href="#">Map</a>   | <b>0.7 Mi</b><br><i>0.7 Mi Total</i>   |
|  | 2. Turn <b>right</b> onto <b>Cicero Ave / IL-50.</b> <a href="#">Map</a>   | <b>1.0 Mi</b><br><i>1.7 Mi Total</i>   |
|  | 3. Turn <b>left</b> onto <b>167th St.</b> <a href="#">Map</a>  | <b>0.2 Mi</b><br><i>1.9 Mi Total</i>   |
|  | 4. Merge onto <b>I-57 S</b> toward <b>I-80.</b> <a href="#">Map</a>  | <b>1.6 Mi</b><br><i>3.5 Mi Total</i>   |
|  | 5. Merge onto <b>I-80 W</b> via <b>EXIT 345B</b> toward <b>Iowa.</b> <a href="#">Map</a>   | <b>11.5 Mi</b><br><i>14.9 Mi Total</i> |
|  | 6. Merge onto <b>I-355 N / Veterans Memorial Tollway</b> via <b>EXIT 140</b> toward <b>West Suburbs</b> (Portions toll). <a href="#">Map</a> | <b>1.3 Mi</b><br><i>16.2 Mi Total</i>  |
|  | 7. Take the <b>US-6 / SouthWest Hwy</b> exit. <a href="#">Map</a>  | <b>0.5 Mi</b><br><i>16.7 Mi Total</i>  |
|  | 8. Keep <b>right</b> to take the ramp toward <b>Joliet.</b> <a href="#">Map</a>  | <b>0.03 Mi</b><br><i>16.7 Mi Total</i> |
|  | 9. Turn <b>right</b> onto <b>Maple Rd / W Maple Rd / SouthWest Hwy / US-6 W.</b> Continue to follow <b>US-6 W.</b> <a href="#">Map</a>       | <b>5.1 Mi</b><br><i>21.8 Mi Total</i>  |
|  | 10. <b>721 E JACKSON ST</b> is on the right. <a href="#">Map</a>   |  |

**B** 721 E Jackson St, Joliet, IL 60432-2560

**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

179



Trip to:  
**825 W 35th St**  
 Chicago, IL 60609-1511  
 21.66 miles / 30 minutes

Notes

TO FRESENIUS BRIDGEPORT

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |  |                                 |
|--|--|---------------------------------|
|  | 1. Start out going east on W 159th St / US-6 toward Lorel Ave. <a href="#">Map</a>                       | <b>2.2 Mi</b><br>2.2 Mi Total   |
|  | 2. Merge onto I-57 N. <a href="#">Map</a>  | <b>10.2 Mi</b><br>12.4 Mi Total |
|  | 3. Merge onto I-94 W / Dan Ryan Expy W via the exit on the left toward Chicago Loop. <a href="#">Map</a> | <b>4.0 Mi</b><br>16.4 Mi Total  |
|  | 4. Keep left to take Dan Ryan Express Ln W / I-94 Express Ln W toward Pershing Rd. <a href="#">Map</a>   | <b>2.3 Mi</b><br>18.7 Mi Total  |
|  | 5. Take the I-90-LOCAL / I-94-LOCAL exit. <a href="#">Map</a>  | <b>0.5 Mi</b><br>19.2 Mi Total  |
|  | 6. Merge onto I-90 W / I-94 W / Dan Ryan Expy W. <a href="#">Map</a>                                     | <b>1.1 Mi</b><br>20.3 Mi Total  |
|  | 7. Take EXIT 55A toward 35th St. <a href="#">Map</a>   | <b>0.2 Mi</b><br>20.5 Mi Total  |
|  | 8. Stay straight to go onto S Lasalle St. <a href="#">Map</a>  | <b>0.3 Mi</b><br>20.8 Mi Total  |
|  | 9. Turn left onto W 35th St. <a href="#">Map</a>   | <b>0.9 Mi</b><br>21.7 Mi Total  |
|  | 10. 825 W 35TH ST is on the left. <a href="#">Map</a>  |                                 |

**B** 825 W 35th St, Chicago, IL 60609-1511

Total Travel Estimate: 21.66 miles - about 30 minutes

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

180



Trip to:  
**1531 E Hyde Park Blvd**  
 Chicago, IL 60615-3039  
 20.96 miles / 31 minutes

Notes  
 TO DAVITA LAKE PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

- |  |   |  |
|--|---|--|
|  | 1. Start out going east on <b>W 159th St / US-6</b> toward <b>Loel Ave.</b> <a href="#">Map</a>                               | <b>2.2 Mi</b><br><i>2.2 Mi Total</i>   |
|  | 2. Merge onto <b>I-57 N.</b> <a href="#">Map</a>  | <b>10.2 Mi</b><br><i>12.4 Mi Total</i> |
|  | 3. Merge onto <b>I-94 W / Dan Ryan Expy W</b> via the exit on the <b>left</b> toward <b>Chicago Loop.</b> <a href="#">Map</a> | <b>5.5 Mi</b><br><i>17.9 Mi Total</i>  |
|  | 4. Take <b>EXIT 57</b> toward <b>Garfield Blvd.</b> <a href="#">Map</a>   | <b>0.3 Mi</b><br><i>18.2 Mi Total</i>  |
|  | 5. Stay <b>straight</b> to go onto <b>S Wentworth Ave.</b> <a href="#">Map</a>  | <b>0.06 Mi</b><br><i>18.2 Mi Total</i> |
|  | 6. Take the <b>1st right</b> onto <b>W Garfield Blvd / W 55th St.</b> <a href="#">Map</a>                                     | <b>0.7 Mi</b><br><i>19.0 Mi Total</i>  |
|  | 7. Turn <b>left</b> onto <b>S Dr Martin L King Jr Dr.</b> <a href="#">Map</a>   | <b>0.5 Mi</b><br><i>19.5 Mi Total</i>  |
|  | 8. Turn <b>right</b> onto <b>E 51st St.</b> <a href="#">Map</a>   | <b>1.5 Mi</b><br><i>21.0 Mi Total</i>  |
|  | 9. <b>1531 E HYDE PARK BLVD</b> is on the <b>right.</b> <a href="#">Map</a>   |  |

**B** 1531 E Hyde Park Blvd, Chicago, IL 60615-3039

Total Travel Estimate: **20.96 miles - about 31 minutes**

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# OVER 30 MINUTES TRAVEL TIME ADJUSTED

181



Trip to:  
**6535 S Western Ave**  
Chicago, IL 60636-2410  
16.39 miles / 31 minutes

Notes

TO FRESENIUS MEDICAL CARE MARQUETTE PARK

**A** 5340 159th St, Oak Forest, IL 60452-4702

-  1. Start out going east on **W 159th St / US-6** toward **Lorel Ave.** [Map](#) **2.2 Mi**  
*2.2 Mi Total*

---

-   2. Merge onto **I-57 N.** [Map](#) **7.1 Mi**  
*9.3 Mi Total*

---

-  3. Take **EXIT 355** toward **Monterey Ave / 111th St.** [Map](#) **0.2 Mi**  
*9.5 Mi Total*

---

-  4. Turn **slight left** onto **S Ashland Ave / S Hamlet Ave.** [Map](#) **0.06 Mi**  
*9.6 Mi Total*

---

-  5. Take the 1st **left** onto **W 112th Pl.** [Map](#) **0.05 Mi**  
*9.6 Mi Total*

---

-  6. **W 112th Pl** becomes **W Monterey Ave.** [Map](#) **0.5 Mi**  
*10.1 Mi Total*

---

-  7. **W Monterey Ave** becomes **W 111th St.** [Map](#) **0.6 Mi**  
*10.6 Mi Total*

---

-  8. Turn **right** onto **S Western Ave.** [Map](#) **5.8 Mi**  
*16.4 Mi Total*

---

-  9. **6535 S WESTERN AVE** is on the right. [Map](#)

**B** 6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate: 16.39 miles - about 31 minutes

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

182



Trip to:  
**6201 W 63rd St**  
Chicago, IL 60638-5009  
15.77 miles / 32 minutes

Notes

TO FRESENIUS MEDICAL CARE MIDWAY

**A** 5340 159th St, Oak Forest, IL 60452-4702

- 1. Start out going west on W 159th St / US-6 toward Long Ave. [Map](#) 2.3 Mi  
2.3 Mi Total
- ➔  2. Turn right onto S Harlem Ave / IL-43 N. Continue to follow IL-43 N. [Map](#) 12.3 Mi  
14.5 Mi Total
- ➔ 3. Turn right onto W 63rd St. [Map](#) 1.3 Mi  
15.8 Mi Total
- 4. 6201 W 63RD ST is on the right. [Map](#)

**B** 6201 W 63rd St, Chicago, IL 60638-5009

Total Travel Estimate: 15.77 miles - about 32 minutes

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**OVER 30 MINUTES TRAVEL TIME  
ADJUSTED**

183

## SOUTHWEST NEPHROLOGY ASSOCIATES, S.C.

---

3650 West 95th Street – Evergreen Park, Illinois 60805  
Tel (708) 422-7715 – Fax (708) 422-7816  
16605 South 107th Court – Orland Park, Illinois 60467  
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Abraham Thomas, MD, MPH, FACP  
Akash Ahuja, MD  
Jeanette S. McLaughlin, MD  
Amishi Patel, MD  
Hani Alsharif, MD

January 23, 2012

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery,

As a nephrologist with Southwest Nephrology Associates, SC (SWNA) I am writing to support the proposed 12 station Fresenius Medical Care Oak Forest facility. I have been practicing in the southwest suburbs for 16 years and have privileges at Advocate Christ Hospital, Advocate South Suburban Hospital, Little Company of Mary Hospital and Palos Community Hospital. I am also in support of removing 8 stations from the Crestwood facility to establish the Oak Forest facility.

Historically the Crestwood facility has operated below the State standard of 80%. The majority of the SWNA patients are located northeast or southeast of Crestwood. For this reason we feel these stations would be better utilized closer to where the larger number of our patients reside.

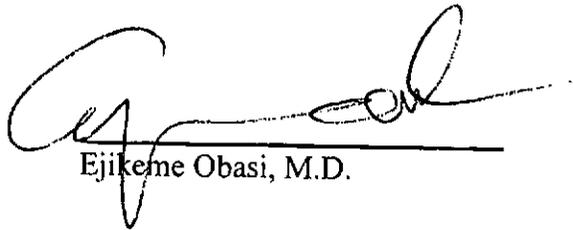
SWNA had 453 hemodialysis patients at the end of 2008, 450 patients at the end of 2009 and 468 patients at the end of 2010, as reported to The Renal Network. As of the most recent quarter, SWNA was treating 512 hemodialysis patients. Over the past twelve months, the 10 physicians who comprise SWNA have collectively referred 191 hemodialysis patients for services to Fresenius Crestwood, Mokena, Orland Park, Merrionette Park, Southside, DaVita Beverly, Mount Greenwood and DSI Scottsdale. SWNA currently has 95 pre ESRD patients that will be referred to Fresenius Oak Forest within 24 months of the completion of the facility. This does not include those patients that present in the emergency room in renal failure who may also be referred to the Oak Forest facility based upon their place of residence. SWNA also has approximately 51 home dialysis patients, 24 of which were referred in the past year.

Thank you for your review and consideration of this project and I respectfully ask that you approve this dialysis clinic for the residents of Oak Forest.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Service Demand - Projected Referrals  
ATTACHMENT - 20

Sincerely,

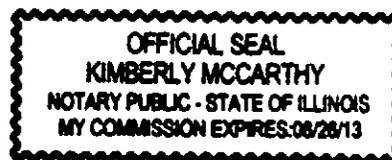
  
Ejikeme Obasi, M.D.

Notarization:

Subscribed and sworn to before me  
this 24<sup>th</sup> day of January, 2012

Kimberly McCarthy  
Signature of Notary

Seal



**PRE ESRD PATIENTS SWNA EXPECTS TO REFER TO FRESenius  
MEDICAL CARE OAK FOREST IN THE 1<sup>ST</sup> 2 YEARS OF OPERATION**

Patient Identifier	Physician	Zip Code
1633	HAMBURGER	60452
3605	HAMBURGER	60477
3942	GUGLIELMI	60462
7331	OBASI	60462
8192	AHUJA	60452
10221	ALSHARIF	60462
10705	GUGLIELMI	60462
11287	HAMBURGER	60477
11475	HAMBURGER	60477
11795	ZIKOS	60462
12111	OYAMA	60477
13958	GUGLIELMI	60477
14679	MCCORMICK	60452
14747	ZIKOS	60452
14931	MCCORMICK	60477
16301	HAMBURGER	60462
16942	HAMBURGER	60462
17381	HAMBURGER	60462
17415	ALSHARIF	60477
17579	GUGLIELMI	60462
17984	HAMBURGER	60452
18303	HAMBURGER	60477
18361	ZIKOS	60477
18543	ZIKOS	60462
20133	ZIKOS	60452
20665	ALSHARIF	60478
21028	HAMBURGER	60477
21171	ALSHARIF	60462
21352	THOMAS	60462
21765	MCCORMICK	60462
22105	THOMAS	60477
22493	THOMAS	60477
22895	GUGLIELMI	60452
23241	HAMBURGER	60452
23249	HAMBURGER	60477
23428	MCLAUGHLIN	60477
23569	THOMAS	60462
23799	HAMBURGER	60452
23880	MCLAUGHLIN	60477
24119	HAMBURGER	60477
24190	GUGLIELMI	60462
24931	ARMBRUSTER	60462
24987	THOMAS	60477
25060	HAMBURGER	60462
25214	MCLAUGHLIN	60452
25770	THOMAS	60452
26013	AHUJA	60462

Patient Identifier	Physician	Zip Code
27040	ZIKOS	60462
28187	HAMBURGER	60426
28250	THOMAS	60477
28292	OBASI	60462
28434	MCLAUGHLIN	60452
29066	THOMAS	60452
29229	MCLAUGHLIN	60477
29338	MCLAUGHLIN	60462
29407	THOMAS	60469
29599	HAMBURGER	60477
29628	HAMBURGER	60477
29642	HAMBURGER	60462
29830	ALSHARIF	60452
30798	OYAMA	60452
31675	GUGLIELMI	60452
31792	HAMBURGER	60462
31878	ZIKOS	60462
32424	MCCORMICK	60478
32819	ZIKOS	60462
32958	MCLAUGHUN	60477
40045	HAMBURGER	60462
40051	OBASI	60477
40135	HAMBURGER	60477
40137	OYAMA	60462
40176	OYAMA	60462
40331	HAMBURGER	60462
40421	MCCORMICK	60462
40486	ALSHARIF	60462
40489	MCCORMICK	60462
40551	GUGLIELMI	60478
40613	OBASI	60462
40670	ZIKOS	60477
40710	OBASI	60472
40773	THOMAS	60452
40850	HAMBURGER	60452
40889	PATEL	60478
41068	OBASI	60426
41224	ZIKOS	60469
41340	HAMBURGER	60428
41562	OYAMA	60428
41894	MCLAUGHLIN	60462
42250	MCLAUGHLIN	60452
42302	PATEL	60478
42337	HAMBURGER	60462
42342	ALSHARIF	60462
42375	ALSHARIF	60462
42415	HAMBURGER	60462
42457	ALSHARIF	60462

**SUMMARY**

Town	Zip Code	Pre-ESRD Patients
Harvey	60426	2
Markham	60428	2
Oak Forest	60452	19
Orland Park	60462	39
Posen	60469	2
Robbins	60472	1
Tinley Park	60477	25
Country Club Hills	60478	5
<b>Total</b>		<b>95</b>

**NEW REFERRALS OF SWNA FOR THE PAST TWELVE MONTHS**

Zip Code	Fresenius Medical Care						DaVita		DSI Scottsdale	Total
	Alsip	Crestwood	Merrionette Park	Mokena	Orland Park	Southside	Beverly	Mount Greenwood		
60406			2							2
60409		1	1							2
60415			1							1
60423		1		2						3
60428		1								1
60441				1						1
60443				1						1
60445		7	1							8
60446				1						1
60448				3						3
60449				1						1
60451				1						1
60452		2			2					4
60453	1	4		2				7		14
60455		1						2		3
60456								1		1
60457		2						1		3
60459		1						3		4
60462		1		1	9					11
60463	1	2	1		2			1		7
60464		2								2
60465		5	1							6
60467				4	1					5
60471		1								1
60472		1								1
60477		1		1	1					3
60478		1								1
60482		7								7
60487		1		1	1					3
60491					1					1
60608								1		1
60615						1				1
60617						1	1			2
60619		1				3				4
60620		1	1			4	1	1	3	11
60621			1						1	2
60625			1							1
60628		2	2				1		4	9
60629						2	1		6	9
60636		2				1			4	7
60638									2	2
60643		1	4						1	6
60649									1	1
60652			1			1			8	10
60655		2	4					1	1	8
60803		3								3
60804									1	1
60805		1	4						1	6
60827		3		1						4
64831									1	1
<b>Total</b>	<b>2</b>	<b>58</b>	<b>25</b>	<b>20</b>	<b>17</b>	<b>13</b>	<b>4</b>	<b>2</b>	<b>50</b>	<b>191</b>

187

**PATIENTS OF SWNA AT YEAR END 2008**

Zip Code	Fresenius Medical Care						DSI Scottsdale	DaVita Mt. Greenwood	Total
	Merrionette Park	Hazel Crest	Crestwood	Orland Park	Southside	Mokena			
60406	2		8						10
60411		1	2						3
60415	1		5				1		7
60419	1	1		1					3
60422			1						1
60423				2		6			8
60425							1		1
60426		3	4						7
60428			1						1
60429	1								1
60430		1							1
60431			1						1
60433							1		1
60438			1				1		2
60441				1		1			2
60445	3		7				1		11
60448				1		6			7
60451						1			1
60452			8	1					9
60453	4		11				16	2	33
60455	1		1				4		6
60456		1					2		3
60457			1				1		2
60459							13		13
60462			2	20		1			23
60463			6	6			2		14
60464			2	1					3
60465	1		6	2			1		10
60466							1		1
60467			1	4		1			6
60471		1							1
60472			3						3
60473							1		1
60477			4	10		5			19
60478		2							2
60482			5	1					6
60487				1					1
60491				4					4
60540			1						1
60609			1				1		2
60616							1		1
60617	1		1				3		5
60619	1		1		1		8	1	12
60620	6	1	3			2	36	1	49
60621	1				3		2		6
60627			1						1
60628	10		5		1		5		21
60629	1						22	1	24
60632		1					6		7
60636	1					1	5		7
60638							7		7
60639							1		1
60640				1					1
60643	8		4				9	1	22
60649			1				1		2
60652	3		2				12		17
60653					1				1
60655	8		3						11
60803	2		4						6
60804							1		1
60805	5		2		1		3	1	12
60827	5		3						8
<b>Total</b>	<b>66</b>	<b>12</b>	<b>112</b>	<b>56</b>	<b>10</b>	<b>21</b>	<b>169</b>	<b>7</b>	<b>453</b>

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**PATIENTS OF SWNA AT YEAR END 2009**

Zip Code	Fresenius Medical Care						DSI Scottsdale	DaVita Mt. Greenwood	Total
	Merrionette Park	Crestwood	Orland Park	Southside	Mokena	Alsip			
60153	1								1
60406	2	7							9
60409	1								1
60411		1							1
60415	1	4					1		6
60416					1				1
60419	3								3
60422		1							1
60423			1		7				8
60425		1					1		2
60426		4							4
60428		1							1
60429	1								1
60431		1							1
60438		1					1		2
60441		1	2		1				4
60445	1	10							11
60446			1						1
60447		1							1
60448			1		6				7
60449					1				1
60451					1				1
60452		8	1				1		11
60453	5	8					13	2	29
60455	1	1					4		6
60456							3		3
60457		1					3		4
60459	2						9		11
60462		2	19		1				22
60463	2	4	4				1		11
60464		1							1
60465	1	7	2				1		11
60467			5						5
60469		1							1
60471					1				1
60472		3							3
60473							1		1
60477		3	12		7				22
60482	1	5	1						7
60487			1		1				2
60491			3						3
60609		1							1
60616		1							1
60617	1	1					3		5
60619	2						7	1	10
60620	10	2			1		34	2	49
60621	1				2		2		5
60627		1							1
60628	10	4					4		18
60629	1				3		17	1	22
60632							6		6
60636	1				3		6	1	11
60638							8		8
60639							1		1
60643	14	3					6	1	24
60647							1		1
60649		1					1		2
60652	2	5					15		22
60653					1				1
60655	9	2						1	12
60803	4	5							9
60804			1				1		2
60805	7	1			1		3		12
60827	2	3							5
<b>Total</b>	<b>86</b>	<b>107</b>	<b>54</b>	<b>11</b>	<b>27</b>	<b>2</b>	<b>154</b>	<b>9</b>	<b>450</b>

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**PATIENTS OF SWNA AT YEAR END 2010**

Zip Code	Fresenius Medical Care					DSI	DaVita	Total
	Merrionette Park	Crestwood	Orland Park	Southside	Mokena	Scottsdale	Mt. Greenwood	
46375					1			1
60406	3	7						10
60409	1							1
60411		1						1
60415		6				1		7
60416					1			1
60419	3							3
60422		1						1
60423					6			6
60425						1		1
60426		3						3
60428		1						1
60429		1						1
60430		1						1
60431		1						1
60438		1				1		2
60439			1					1
60441		1	3		1			5
60445	1	13						14
60448			1		5			6
60449			1		1			2
60451					3			3
60452		6	1					7
60453	7	7				12	1	27
60455		1				8		9
60456						3		3
60457		1	1			3		5
60458						1		1
60459	2					11		13
60462		2	20		1			23
60463	1	5	3			1	2	12
60464	1	1	1					3
60465	1	6	1					8
60466	1							1
60467			6		2			8
60469		2						2
60471					1			1
60472		3						3
60477		3	7		7			17
60478		1						1
60482	1	5	1					7
60487			1		3			4
60491			1					1
60609		1						1
60617	1	1				3		5
60619	1					7		8
60620	7	2		6		33	2	50
60621	1			2	1	2		6
60627		1						1
60628	13	4				4	1	22
60629	1			3		19	1	24
60632						4		4
60636				3		7	1	11
60638						7		7
60639						1		1
60643	18	6				6	1	31
60647						1		1
60649		1						1
60652	1	4				16		21
60653		1		1				2
60655	7	2			1		1	11
60803	5	3			1		1	10
60804			1			1		2
60805	10			1		3		14
60827	4	2				1		7
<b>Total</b>	<b>91</b>	<b>108</b>	<b>50</b>	<b>16</b>	<b>35</b>	<b>157</b>	<b>11</b>	<b>468</b>

**PATIENTS OF SWNA AT END OF 4TH QUARTER 2011**

Zip Code	Fresenius Medical Care					DaVita		DSI	Total	
	Alsip	Crestwood	Merrionette Park	Mokena	Orland Park	Southside	Beverly	Mount Greenwood		Scottsdale
60406		3	6							9
60409			2							2
60411		1								1
60415		3	1						2	6
60419			2							2
60422		1								1
60423				5	1					6
60425									1	1
60426		2								2
60428		1								1
60429		1								1
60431		1								1
60438		1							1	2
60439					1					1
60441					3					3
60445		15						1	3	19
60446				1						1
60448				9	1					10
60449				2	1					3
60451				2						2
60452	1	5	1		3					10
60453	2	7	5	1				1	14	30
60455		1							5	6
60456									3	3
60457		2			1				3	6
60459									9	9
60462		1		3	27					31
60463		5	1		4			1	2	13
60464		3			1					4
60465		6	1		1					8
60466				1						1
60467				4	6					10
60469		2								2
60471		1		1						2
60472		2								2
60477		1	1	5	5					12
60482		10		1						11
60487		1		3	1					5
60491					1					1
60586			1							1
60609		1	1							2
60615						1				1
60617		1	1			1	1		2	6
60619						3		1	7	11
60620		1	8			8		3	26	46
60621			2	1					1	4
60625			1							1
60627		1								1
60628		6	15				1	1	8	31
60629			1			3	1		25	30
60631					1					1
60632									4	4
60634			1							1
60636		2	2			3		1	7	15
60638									9	9
60639									1	1
60643		4	18						6	28
60649		1							1	2
60652		3	3			1	1		24	32
60653		1								1
60655		2	8	1				1		12
60803		5	4							9
60804									2	2
60805			11			1			2	14
60827		3	2	1					1	7
Total	3	107	99	41	58	21	4	10	169	512