ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

RECEIVED

FEB 10 2012

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: *Fresenius Medical Care Schaumburg*				
Street Address: *815 – 825 W. Wise Road*				
City and Zip Code: *Schaumburg 60193*				
County:	Cook	Health Service Area	7	Health Planning Area:

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: *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: *Coleen Muldoon*
Title: *Regional Vice President*
Company Name: *Fresenius Medical Care*
Address: *One Westbrook Corporate Center, Westchester, IL 60154*
Telephone Number: *708-498-9118*
E-mail Address: *colleen.muldoon@fmc-na.com*
Fax Number: *708-498-9283*

Post Permit Contact

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

Name: *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@hklaw.com*
Fax Number: *312-578-6666*

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Schaumburg 1.0, LLC*
Address of Site Owner: *10531 Timberwood Circle, Suite D, Louisville, KY 40223*
Street Address or Legal Description of Site: *815 – 825 W. Wise Road, Schaumburg, IL 60193* **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 Schaumburg, LLC d/b/a Fresenius Medical Care Schaumburg*

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements *NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION*

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

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

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 Schaumburg, LLC, proposes to establish a 12 station in-center hemodialysis facility at 815 – 825 W. Wise Road, Schaumburg, IL. The facility will be in leased space. The interior of the leased space will be built out by the applicant.

Schaumburg is in HSA 7. As of the January 2012 station inventory there is a determined need for 108 additional ESRD stations.

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	1,065,000	N/A	1,065,000
Contingencies	117,075	N/A	117,075
Architectural/Engineering Fees	117,000	N/A	117,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	320,000	N/A	320,000
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 2,069,250 or Equipment 180,525	2,249,775	N/A	2,249,775
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
TOTAL USES OF FUNDS	3,868,850		3,868,850
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**CLINICAL**
Cash and Securities	1,619,075	N/A	1,619,075
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)	2,249,775	N/A	2,249,775
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
TOTAL SOURCES OF FUNDS	**3,868,850**	N/A	**3,868,850**

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

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is $ 53,650

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): 09/30/2014

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
■ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
PRINTED NAME ~~Mark Fawcett~~ Vice President & Treasurer	PRINTED NAME Bryan Mello Assistant Treasurer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this ___ day of _____ 2011	Notarization: Subscribed and sworn to before me this 7 day of Dec 2011
Signature of Notary	Signature of Notary
Seal	Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

*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:

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

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

SIGNATURE	SIGNATURE
Mark Fawcett	Bryan Mello
PRINTED NAME	PRINTED NAME
Vice President & Asst. Treasurer	Assistant Treasurer
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this ____ day of _____ 2011	Notarization: Subscribed and sworn to before me this 7 day of Dec 2011
Signature of Notary	Signature of Notary
Seal	Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

*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
■ 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:***

1,619,075	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
N/A	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.
N/A	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
2,249,775	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
N/A	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;
N/A	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
N/A	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Tenant Improvement Allowance – See Attachment 39 – LOI for Lease of premises)
3,868,850		**TOTAL FUNDS AVAILABLE**

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio	***APPLICANT MEETS THE FINANCIAL VIABILITY WAVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.***			
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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD									
Contingency									
TOTALS									

* 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:

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 Medicaidpatients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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

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

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

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

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

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

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

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:

INDEX OF ATTACHMENTS

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2	Site Ownership	23-29a
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29b
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29c
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File Number 0374337-3

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE SCHAUMBURG, 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.

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

Authentication #: 1134201470

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

Certificate of Good Standing
ATTACHMENT - 1

Co-Applicant

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*

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

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

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

Site Ownership

[[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Schaumburg 1.0,, LLC*
Address of Site Owner: *10531 Timberwood Circle, Suite D, Louisville, KY 40223*
Street Address or Legal Description of Site: *815 – 825 W. Wise Road, Schaumburg, IL 60193* **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.

Site Owner
ATTACHMENT – 2

Cushman & Wakefield of
Illinois, Inc.
455 N. Cityfront Plaza Drive
Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

January 17, 2012

Chad Middendorf
10531 Timberwood Circle, Suite D
Louisville, KY 40223

RE: **Fresenius Medical Care Schaumburg, LLC.**
Letter of Intent – Schaumburg, IL

Dear Chad,

Cushman & Wakefield has been exclusively authorized by FRESENIUS MEDICAL CARE OF ILLINOIS, LLC, to present the following letter of intent to lease space from your company.

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. is the world's leading provider of dialysis products and services. The company manages in excess of 1,800 kidney dialysis clinics and 50 billing centers and regional offices throughout North America.

LANDLORD:	Schaumburg 1.0 LLC 10531 Timberwood Circle, Suite D Louisville, KY 4022
TENANT:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC.
LOCATION:	815 – 825 W. Wise Road. PIN: 07-33-200-057-0000
INITIAL SPACE REQUIREMENTS:	Approximately 7,500 contiguous usable square feet. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.
PRIMARY TERM:	An initial lease term of fifteen (15) years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
DELIVERY OF PREMISES:	Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. for completion of the Tenant Improvements upon substantial completion of the shell.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

OPTIONS TO RENEW:	Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall provide sixty (60) days' prior written notification of its desire to exercise the option.
RENTAL RATE:	$26.75 per usable square foot
ESCALATION:	10% increase in years 6 and 11.
TENANT ALLOWANCE:	Please see Building Shell Exhibit. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
CONCESSIONS:	A rent free period of 3 months upon commencement.
USE:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 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. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. may operate on the Premises, at FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
DEMISED PREMISES SHELL:	Landlord is responsible for delivery a shell building in conformance with FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's specifications attached as *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
CONTRACTOR FOR TENANT IMPROVEMENTS:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.
HVAC:	Landlord will provide HVAC service to the space to meet FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's requirements as outlined in Exhibit A. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires HVAC service 24 hours per day, 7 days per week. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
DELIVERIES:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires delivery access to the Premises 24 hours per day, 7 days per week.
EMERGENCY GENERATOR:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's responsibility.

PRELIMINARY IMPROVEMENT PLAN:

At this time, please provide AutoCAD files that include one-eight inch scale architectural drawings of the proposed demised premises and detailed building specifications.

PARKING:

Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall require that 10% of the parking (**specify number**) be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

CORPORATE IDENTIFICATION:

Tenant shall have signage rights in accordance with local code.

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associate with the building.

ASSIGNMENT/ SUBLETTING:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and 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, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the

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following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES: Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER: At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

ZONING AND RESTRICTIVE COVENANTS: Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's dialysis clinic

FLOOD PLAIN: Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST: Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. is not entering into a capitalized lease arrangement.

FINANCING: Landlord will provide a non-disturbance agreement.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

Landlord confirms that there is no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property. A Phase One Environmental Study has been conducted and has been made available for FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's review. Landlord also confirms that no other tenants or their activities present issues as to the generation of hazardous materials.

DRAFT LEASE:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires the use of its Standard Form Lease, which is attached.

BROKERAGE FEE:

Cushman & Wakefield of Illinois, is the exclusive real estate services provider to FMCNA, its subsidiaries and affiliates. The Landlord will pay a market commission to Cushman & Wakefield of Illinois. The real estate commission shall be payable 50% upon lease execution and 50% upon occupancy. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. and FMCNA shall retain the right to offset rent for failure to pay the real estate commission.

LEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY:

Fresenius Medical Holdings Corp shall fully guarantee the lease.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

EXCLUSIVE NEGOTIATING PERIOD:

The parties agree that they will negotiate on an exclusive basis for a period of thirty (30) days from the execution of this document.

NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party,

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either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,

Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this _17___ day of __January_____, 2012

By_____Chad Middendorf_____

Title:____General Manager_____

AGREED AND ACCEPTED this 27 day of January **, 2012**

By: _____

Title: RVP

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

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

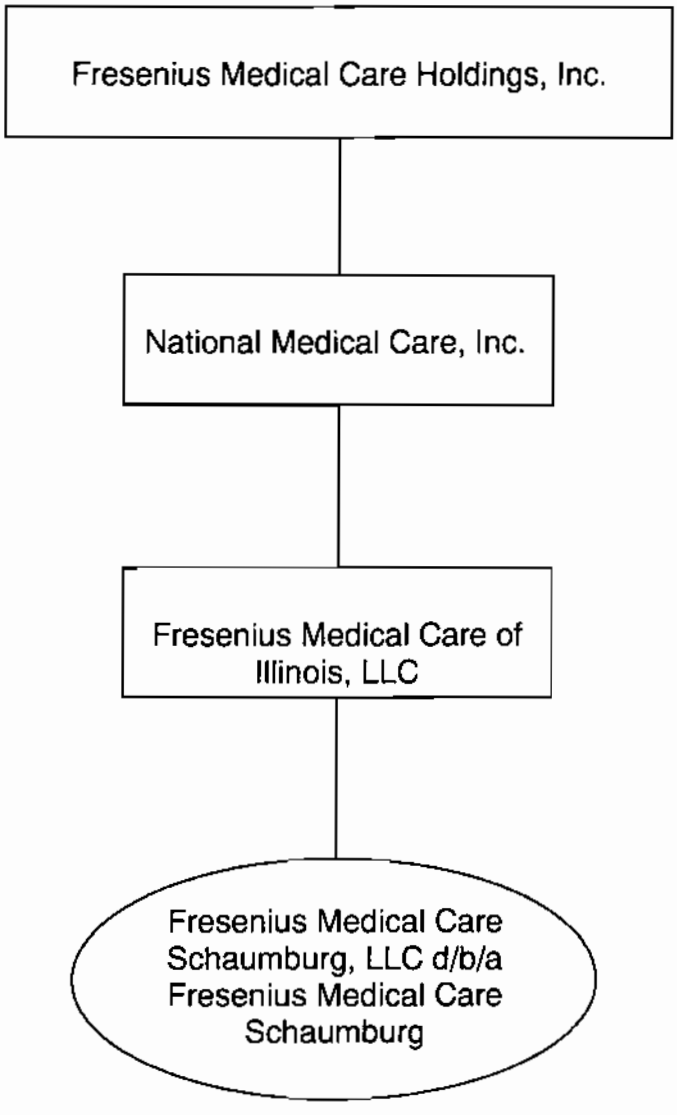
Exact Legal Name:*Fresenius Medical Care Schaumburg, LLC d/b/a Fresenius Medical Care Schaumburg*

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

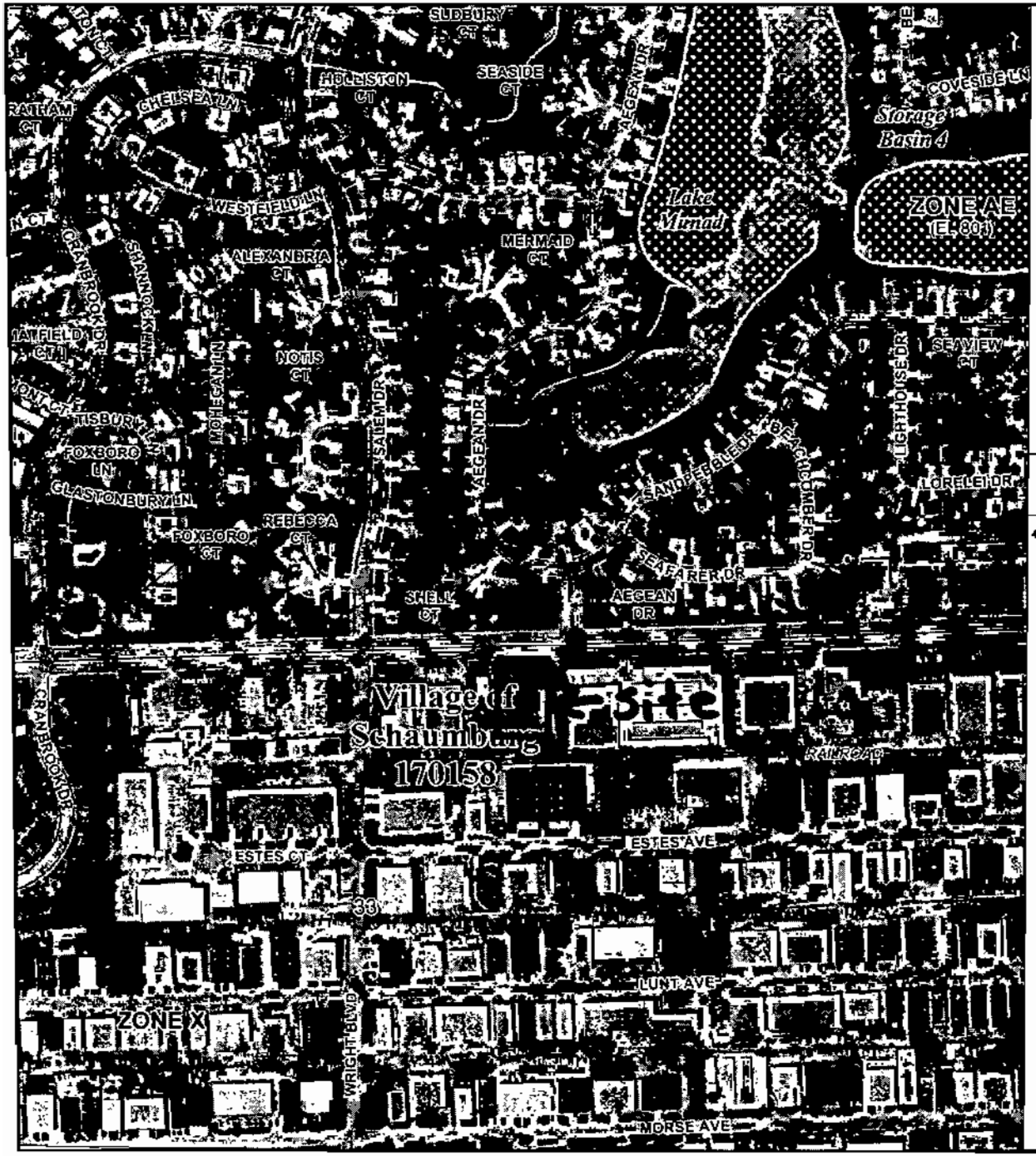
☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

Certificate of Good Standing at Attachment – 1.



ATTACHMENT - 4



MAP SCALE 1" = 500'

0 500 1000 FEET

METE

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0188J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 188 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
COOK COUNTY	170054	0188	J
HOFFMAN ESTATES, VILLAGE OF	170107	0188	J
SCHAUMBURG, VILLAGE OF	170158	0188	J

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

MAP NUMBER
17031C0188J

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

Illinois Historic Preservation Agency

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

Cook County
Schaumburg
815 Wise Road
New construction, 12 station dialysis facility, Fresenius Medical Care

PLEASE REFER TO: IHPA LOG #002010512

January 9, 2012

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

Anne E. Haaker
Deputy State Historic
Preservation Officer

A teletypewriter for the speech/hearing impaired is available at 217-524-7128. It is not a voice or fax line.

Historical Determination
ATTACHMENT - 6

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	55,000
Temp Facilities, Controls, Cleaning, Waste Management	3,000
Concrete	15,000
Masonry	18,000
Metal Fabrications	9,000
Carpentry	95,000
Thermal, Moisture & Fire Protection	20,000
Doors, Frames, Hardware, Glass & Glazing	72,000
Walls, Ceilings, Floors, Painting	172,000
Specialities	15,000
Casework, Fl Mats & Window Treatments	7,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	331,000
Wiring, Fire Alarm System, Lighting	201,000
Miscelleanous Construction Costs	52,000
Total	**1,065,000**

Contingencies

Contingencies **$117,075**

Architectural/Engineering

Architecture/Engineering Fees **$117,000**

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
	Total	**$320,000**

Fair Market Value Leased Space & Equipment

FMV Leased Space (7,500 GSF)		$2,069,250
FMV Leased Dialysis Machines		174,525
FMV Leased Computers		6,000
	Total	**$2,249,775**

The cost per station, based on construction, contingencies, movable and other equipment and A & E fees is $134,923 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 built in contingency costs.

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-Center Hemodialysis	3,868,850		7,500		7,500		
Total Clinical	3,868,850		7,500		7,500		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	3,868,850		7,500		7,500		

APPEND DOCUMENTATION AS ATTACHMENT-9, 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	Fac >10% Medicaid Treatments*
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	10.2%
Aurora	14-2515	455 Mercy Lane	Aurora	60506	
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	26.5%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	16.7%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	11.6%
Bolingbrook	14-2605	538 E. Boughton Road	Boilingbrook	60440	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	30.4%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	13.3%
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	45.2%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	45.1%
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	29.9%
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	Deefield	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	17.4%
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	10.4%
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	16.4%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	20.8%
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139	17.6%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	16.7%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	20.9%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	18.8%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	29.8%
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	11.6%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	22.0%
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	18.1%
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	16.7%
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	10.8%
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	11.2%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	20.8%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	19.6%
Northfield		480 Central Avenue	Northfield	60093	

Facility List
ATTACHMENT - 11

Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	11.6%
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	19.9%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	13.1%
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	19.2%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	11.3%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	19.1%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	17.6%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	16.8%
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	20.4%
South Deering		10559 S. Torrence Ave.	Chicago	60617	
South Holland	14-2542	17225 S. Paxton	South Holland	60473	12.2%
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	16.8%
South Side	14-2508	3134 W. 76th St.	Chicago	60652	21.8%
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	16.9%
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	42.3%
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185	13.1%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	24.6%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	15.6%
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	

*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

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 Schaumburg, 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 Schaumburg, 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: _____

ITS: Mark Fawcett
Vice President & Treasurer

By: _____

ITS: Bryan Mello
Assistant Treasurer

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

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Susan H Console
Signature of Notary

Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review 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 & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review 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: _____

ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: _____

ITS: Bryan Mello
Assistant Treasurer

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

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Susan H Console
Signature of Notary

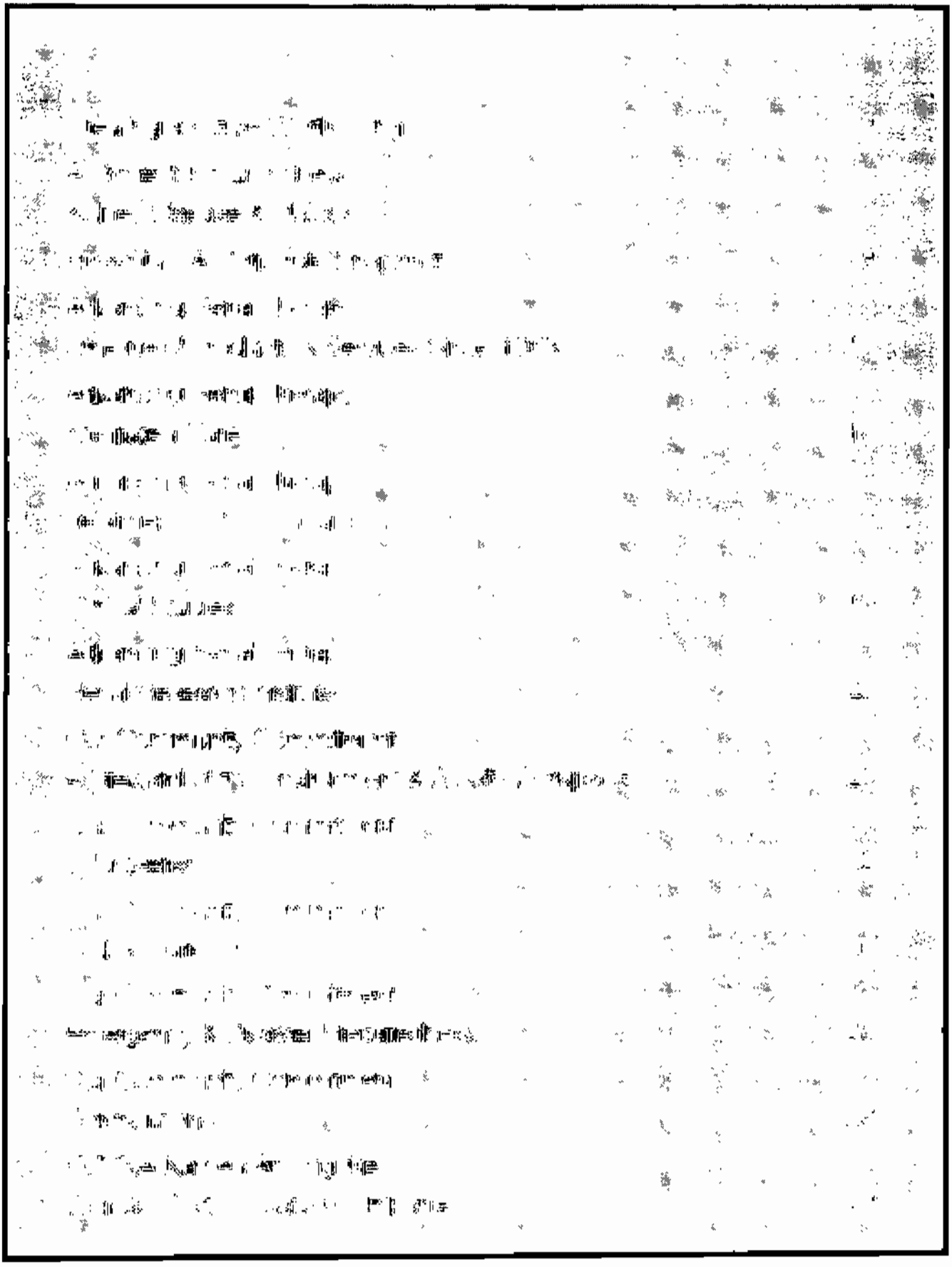
Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

Forbes 2011
THE WORLD'S
MOST
INNOVATIVE
COMPANIES

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

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.

FRESENIUS MEDICAL CARE NORTH AMERICA

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.

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.

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

FRESENIUS MEDICAL CARE NORTH AMERICA

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

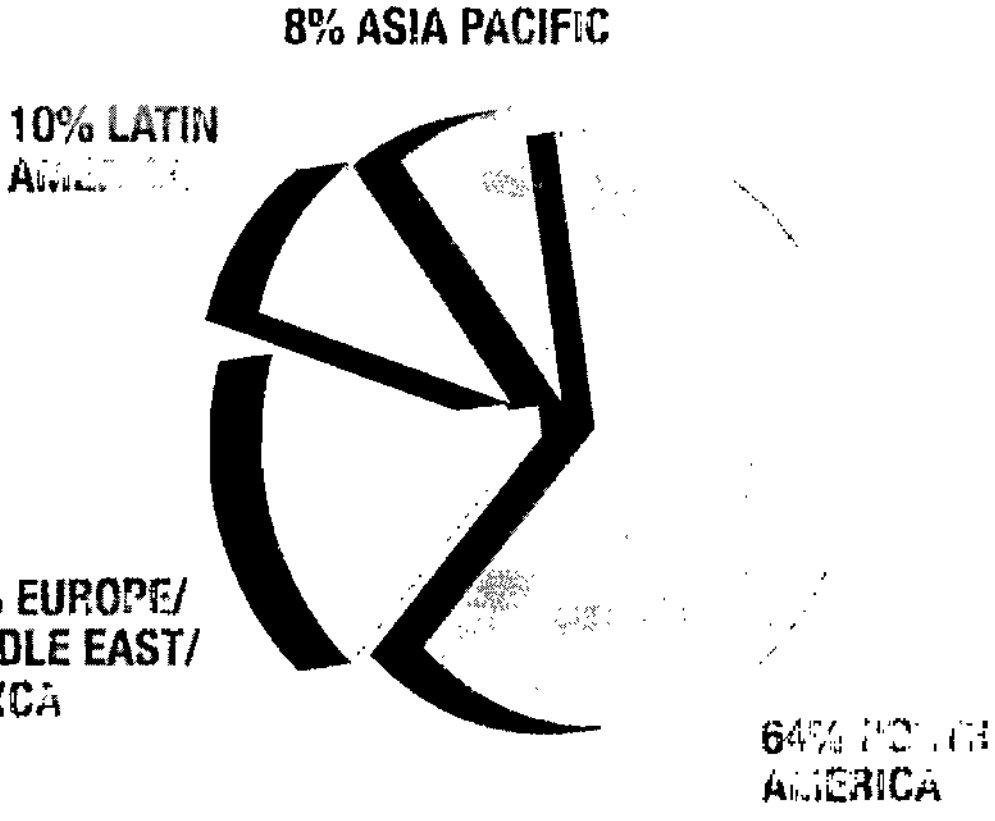
2,751
CLINICS WORLDWIDE

73,452
EMPLOYEES WORLDWIDE

over 40
PRODUCTION SITES WORLDWIDE

about 3.7 million
DIALYSIS TREATMENTS WORLDWIDE

214,648
PATIENTS WORLDWIDE:



2,757
CLINICS WORLDWIDE:

	2010	2009	Change
North America	1,823	[illegible]	2%
Europe/Middle East/Africa	[illegible]	435	[illegible]
Latin America	193	[illegible]	[illegible]
Asia-Pacific	292	143	[illegible]
Total	2,757	2,553	[illegible]

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

[illegible] FRESENIUS MEDICAL CARE NORTH AMERICA

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 professionals. 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®, its unique program that combines tools, policies and resources to provide

UltraCare®

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®, 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® is used to treat 'iron-poor' blood in kidney disease patients. PhosLo® 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.

The 2008K

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 PlusTM 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:

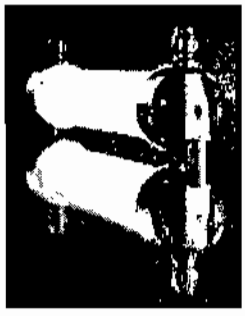
FMCNA introduces a compliance tracking system to its automated peritoneal dialysis (APD) system, the Freedom™ Cycler PD+. The IQcardTM system allows the cycler to record patient treatment information on a small credit-card sized card.

2001:

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

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 Cycler home dialysis technology for automated peritoneal dialysis combining advanced pumping technology with ease of use for patients.

2010:

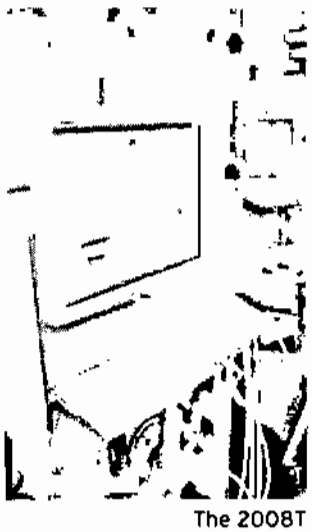
Fresenius Medical Care introduces the 2008T dialysis machine. It combines the company's most advanced hemodialysis delivery system with Clinical Data Exchange (CDX) to provide caregivers, for the first time, chairside access to both dialysis treatment and medical information system data. This improves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



The 2008T

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:

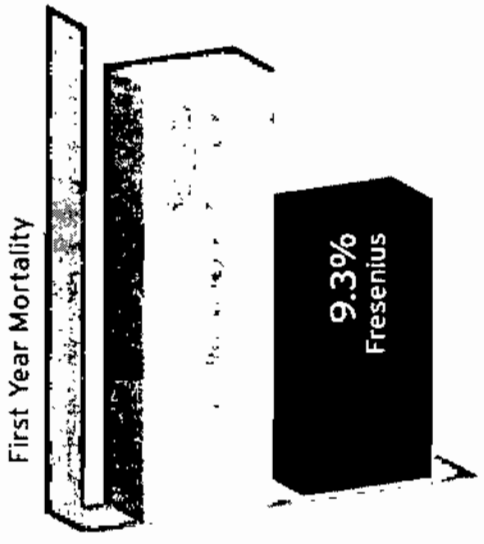
- One Year Mortality (36% reduction)
- Two Year Mortality (24% reduction)
- "All Cause" First Hospitalizations (reduced by 13% for One Year) and (reduced by 20% for Two Year)
- Cardiovascular Disease" First Hospitalizations (reduced by 14% for One Year) and (reduced by 21% for Two Year

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.

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.

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

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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 to 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

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.

Ann Pridgen RN CDN volunteering in Haiti

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 prosented 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.

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.

FRESENIUS MEDICAL CARE NORTH AMERICA

Background - Corporate Responsibility
ATTACHMENT 11

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

Criterion 1110.230 – Purpose of Project

Schaumburg is situated in northwest Cook County in HSA 7 and is served mainly by two area hospitals, Alexian Brothers Healthcare in Elk Grove and St. Alexius Medical Center in Hoffman Estates.

This project is being proposed to address a State Board determined need in HSA 7 of 108 stations and historic/projected high utilization of ESRD facilities in an approximate 5 mile radius in and around Schaumburg. The Schaumburg area healthcare market has experienced consistent growth of ESRD and historic high utilization of facilities contained therein. Despite station additions to this area (3 at Fresenius Hoffman Estates, 13 for USR Streamwood and 6 proposed for DaVita Schaumburg) the market area projected utilization (with patients identified by each provider in their respective CON applications) is still projected to be far above the 80% State standard.

The above mentioned station additions while intended to alleviate high utilization each come into being with enough patients identified and certified to that will keep this area over-utilized. The Fresenius Schaumburg facility is needed to address this issue and to provide for access to a patient population of Dr. Wick's, with Nephrology Associates of Northern Illinois (NANI), who reside in and just around Schaumburg.

NANI currently admits patients to Fresenius Hoffman Estates, Elk Grove and DaVita Schaumburg and expect to admit patients to the USR Streamwood facility once it is operating. With the Hoffman Estates facility operating above capacity and operating a 4th shift and the other area facilities operating at high utilizations, there is virtually no shift choice for new dialysis patients. This can be problematic because new patients are ill and unfamiliar with dialysis and have to adjust to this major life-changing event while trying to maintain their quality of life. These new patients often have no choice but to dialyze in the evening which gives them fewer choices of transportation and can severely interrupt work and life schedules.

Fresenius Elk Grove, Hoffman Estates and DaVita Schaumburg all have existing waiting lists of current patients who need an earlier day shift to be able to effectively work their treatments into their daily lives. This is of utmost importance to them since they must go to treatment 156 times a year. These patients deserve to stay alive and also maintain their home-life and for some their jobs/schooling. When clinics operate over 80%, there is little shift choice left for new patients.

The goal of Fresenius Medical Care is to keep dialysis access available to this growing minority patient population. 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. The Fresenius Hoffman Estates and Elk Grove facilities that serve this area have exceptional quality outcomes and the same is expected of the proposed Schaumburg facility as listed below:

- 93% of patients had a URR $\geq$ 65%
- 94% of patients had a Kt/V $\geq$ 1.2

Demographic data contained in the application was taken from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml.

Clinic utilization and ESRD zip code census was received from The Renal Network.

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.
Fresenius Medical Care has already followed through on one plan that is of lesser scope and that is to add 3 stations to it's Hoffman Estates clinic per #E-011-11. The estimated cost of this project is $317,000. However this will not even put a small dent into the over-utilization problem in the Schaumburg area. The Hoffman Estates facility cannot expand further and the Fresenius Elk Grove facility has 28 stations and cannot expand further. DaVita Schaumburg has proposed to add 6 stations to their Schaumburg facility, however it is not going to completely address high utilization as they state in their application that the expected utilization of the facility after the addition of stations will be 93%.

The only lesser alternative would be to do nothing, however this option was not considered to be a viable option considering the high utilization and patients on waiting lists at area facilities for a earlier daytime treatment shift. There is no cost to doing nothing.

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 to ensure financial stability. 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
Dr. Wick and his NANI partners currently admit to all the operating facilities in the Schaumburg market (Fresenius Hoffman Estates, Elk Grove and DaVita Schaumburg) and also have patients who live near Streamwood that they expect to admit to the US Renal facility once it opens there. It is not in the patient's best interest to send them further out of their healthcare market for treatment. They would then loose important physician/patient relationships and have increased travel hardships especially if they have to cross township or county lines. Medicar services generally do not transport across these lines. There is no monetary cost to sending patients to area facilities.

D. The only alternative that is going to effectively reduce utilization in Schaumburg and create enough access for current pre-ESRD patients is to proceed forward with the establishment of Fresenius Medical Care Schaumburg. The cost of this project is $3,868,850.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	$0	Continuance of patients waiting for earlier daytime treatment shift and increase of patients on these lists. Increased loss of clinic options and shift choices for patients as all facilities are above 80%. Patients will have to travel out of their health care service area to obtain treatment creating undue hardship.	While patient quality would remain the same at the Fresenius clinics, the patient's quality of life would diminish with increased travel times, expenses and loss of continuity of care. Many of these patients would need to switch nephrologists if dialyzing at an out of area clinic.	The only financial implication would be to the patient with increased travel costs.
Pursue Joint Venture	$3,868,850 60% is $2,321,310 40% is $1,547,540	Same as current proposed project, however cost would be divided among Joint Venture members. Costs would be split 60/40 between Fresenius Medical Care and JV partner.	Patient clinical quality would remain above standards just as they are currently at Fresenius Aurora.	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 to become a JV, Freseius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	$0	Increased loss of access to facilities and schedule choices to meet the patient's daily schedule needs. Patients may have to travel out of area for treatment. Would create ripple effect of raising utilization of area providers to or above capacity.	Unavailability to choose treatment schedule shift could cause transportation problems which leads to missed treatments and lower individual patient quality. Loss of continuity of care which would lead to lower patient outcomes. Travel hardships for patients.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Schaumburg	$3,868,850	Continued access to dialysis treatment as patient numbers have continually grown in the Schaumburg area. Access to favored treatment schedule times.	Patient clinical quality would remain above standards, however individual outcomes and quality of life could improve as patients would have easier access to treatment and less missed treatments	This is an expense to Fresenius Medical Care only.

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. The Fresenius Hoffman Estates and Elk Grove facilities that serve this area have exceptional quality outcomes and the same is expected of the proposed Schaumburg facility as listed below:

- 93% of patients had a URR $\geq$ 65%
- 94% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,500 (12 Stations)	360-520 DGSF	1,260 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 7,500 DGSF amounts to 625 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

UTILIZATION					
	DEPT/SERVICE	**HISTORICAL UTILIZATION**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
	IN-CENTER HEMODIALYSIS	N/A Proposed Facility		80%	
YEAR 1	IN-CENTER HEMODIALYSIS		69%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		115%	80%	Yes

Dr. Wick has identified 118 pre-ESRD patients (a total of 83 after accounting for a 30% patient loss prior to dialysis commencement) with lab values indicative of active kidney failure who live in the immediate Schaumburg area and that are expected to require dialysis services in the first two years after the Schaumburg facility begins operations.

While the above projections appear the facility will rise above capacity, the current pre-ESRD patients support these numbers. However, calculating when a patient will require dialysis treatment two years out is not an exact science. Each patient is unique and clinical indications can vary greatly.

Planning Area Need – Formula Need Calculation:

A. Planning Area Need - Formula Need Calculation:

The proposed Fresenius Medical Care Schaumburg dialysis facility is located in Schaumburg 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 in to the Schaumburg market area, which is in northwest Cook County in HSA 7. 100% of the patients identified for the Fresenius Schaumburg facility reside in HSA 7.

HSA	County	# Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Schaumburg
7	Suburban Cook	84 Patients = 71%
7	DuPage	34 Patients = 39%
		118 Patients = 100%

LISA L. PILLSBURY, M.D.
MOHAMED A. RAHMAN, M.D., F.A.C.P.
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Nephrology and Hypertension

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January 23, 2012

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

Dear Ms. Avery:

I am a nephrologist practicing with Nephrology Associates of Northern Illinois (NANI) in the northwest Chicago suburbs and have been doing so for over 3 ½ years. I am on staff at Alexian Brothers Medical Center and St. Alexius Medical Center. I am writing to support the proposed 12-station Fresenius Medical Care Schaumburg facility.

My partners (Dr. Ray, Dr. Rahman, Dr. Lee, Dr. Pillsbury) and I were treating 189 hemodialysis patients at the end of 2008, 190 at the end of 2009 and 210 patients at the end of 2009, as reported to The Renal Network. As of the most recent quarter, we were treating 214 hemodialysis patients. Over the past twelve months we have referred 73 patients for hemodialysis services to Fresenius Hoffman Estates, Rolling Meadows, Glendale Heights, Glenview, Niles & Elk Grove, (DaVita) DSI Buffalo Grove, Arlington Heights and Schaumburg, QRC Carpentersville and ARA Barrington. We currently have 118 pre-ESRD patients that we expect to be referred to Fresenius Schaumburg facility in the first two years of its operation. These patients all have lab values indicative of a patient in active kidney failure. Due to patient attrition it is expected that approximately only 83 of these patients will still require dialysis services at the Schaumburg facility by the time it is operating.

I therefore urge the Board to approve Fresenius Medical Care Schaumburg in order to keep access available to this growing number of ESRD patients in the northwest suburbs. Thank you for your consideration.

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.

Sincerely,

Grady M. Wick, M.D.

Notarization:
Subscribed and sworn to before me
this 24 day of January, 2012

Signature of Notary

Seal

OFFICIAL SEAL
GEORGE J SPEAR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/19/12

PRE-ESRD PATIENTS NANI EXPECTS TO REFER TO FRESENIUS MEDICAL CARE SCHAUMBURG IN THE 1ST 2 YEARS OF OPERATION

Town	Zip Code	Physicians/Patients					Total
		Dr. Lee	Dr. Pillsbury	Dr. Rahman	Dr. Ray	Dr. Wick	
Elk Grove	60007	4	8	5		3	20
Streamwood	60107		5		2	1	8
Bloomingdale	60108	1	5	5	1		12
Hanover Park	60133	4			3	1	8
Itasca	60143		3	1	1		5
Medinah	60157			1			1
Hoffman Estates	60169	1	3	1	4		9
Roselle	60172	3	6	1	3	1	14
Schaumburg	60173			1	1	1	3
Schaumburg	60193	3	11	1	5	2	22
Schaumburg	60194	3	1	2	4	4	14
Schaumburg	60195				2		2
	Total	19	42	18	26	13	118

ADMISSIONS OF NANI FOR THE PAST TWELVE MONTHS

Zip Code	Dr. Lee		Dr. Pillsbury	Dr. Rahman		Dr. Ray			Dr. Wick				Total
	Fresenius Elk Grove	Fresenius Rolling Meadows	Fresenius Elk Grove	Fresenius Elk Grove	Fresenius Rolling Meadows	ARA Barrington	Fresenius Hoffman Estates	QRC Carpentersville	DaVita Schaumburg	Fresenius Glendale Heights	Fresenius Hoffman Estates	Fresenius Palatine	
53132							1						1
60004					1								1
60005	2			1									3
60007	7		3										10
60010						1							1
60018	2		1	1									4
60056	1												1
60090			1									1	2
60101	3												3
60103							1						1
60106				1									1
60107			1			1	2				1		5
60108	1			3					1				5
60110								1					1
60120							1						1
60124									1				1
60133	1												1
60139	1												1
60143	1			2					1				4
60169		1		1									2
60172	2	1											3
60173			1										1
60177								1					1
60185										1			1
60187										1			1
60188				1									1
60191	1												1
60193				1			1		4				6
60194							3		4				7
60634	2												2
Total	24	2	7	11	1	2	9	2	11	2	1	1	73

PATIENTS OF NANI AT YEAR END 2008
FOR THE NORTHWEST SUBURBS

Zip Code	ARA South Barrington	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	QRC Carpentersville	Total
60005			1					1
60007			24					24
60008			1					1
60009			1					1
60010			1			3		4
60016			2					2
60018			4					4
60050						1		1
60056			1					1
60062					1			1
60074			1					1
60101			6	2				8
60102			2				1	3
60103		4	3			1		8
60106			1					1
60107		2	5			11		18
60108			5	2				7
60110			1			3		4
60118							1	1
60133		4	1			7		12
60137				1				1
60139			1	1				2
60143			4					4
60157			1					1
60169		1	1			9		11
60172		3	7					10
60173			1					1
60187			1					1
60188			4					4
60191			12					12
60192	1					2		3
60193		7	15					22
60194		2	5			2		9
60195			2					2
60453			1					1
60619			1					1
60707						1		1
Total	1	23	116	6	1	40	2	189

PATIENTS OF NANI AT YEAR END 2009
FOR THE NORTHWEST SUBURBS

Zip Code	ARA Crystal Lake	DaVita Montclare	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Hoffman Estates	Fresenius Rolling Meadows	Fresenius Glendale Heights	Fresenius Glenview	QRC Carpentersville	QRC Marengo	Total
60004				1		1					2
60005				1		1					2
60007				22							22
60008				1		1					2
60010				3	1						4
60016				3							3
60018				1							1
60050					1						1
60056				1							1
60062								1			1
60067				1		2					3
60074						1					1
60077				1							1
60101				5			1				6
60102									1		1
60103			3	2	3		2				10
60106				2							2
60107			4	5	13						22
60108				8							8
60110				1	2						3
60120					1						1
60123				1							1
60133			5	5	8						18
60137							1				1
60139							1				1
60142	1									1	2
60143				4							4
60157			1								1
60169				1	10						11
60172			4	4							8
60187				1							1
60188				3							3
60191				9							9
60192					3	1					4
60193		1	7	10							18
60194			1	3	4						8
60523			1								1
60634		1									1
60707					1						1
Total	1	2	26	99	47	7	5	1	1	1	190

PATIENTS OF NANI AT YEAR END 2010
FOR THE NORTHWEST SUSBURBS

Zip Code	DaVita Montclare	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	Fresenius Rolling Meadows	Total
60004							3	3
60005			4				1	5
60007		1	23					24
60008			1				2	3
60010			1			3		4
60018			4				1	5
60030			1					1
60050						1		1
60056			1					1
60062					1			1
60067							2	2
60074			1				1	2
60077			1					1
60101			4	1				5
60102			1					1
60103		2	2	1		3		8
60106			3					3
60107		2	6			15		23
60108		1	4	1				6
60110			1			3		4
60120						1		1
60133		5	6			6		17
60137				1				1
60139			1	1				2
60140						1		1
60143			7					7
60148				1				1
60157			1					1
60169		1	4			6		11
60172		5	4					9
60173			2					2
60185				1				1
60187			1					1
60188			2					2
60191			8					8
60192						2		2
60193		11	12			1		24
60194		1	3			4		8
60195			1					1
60440			1					1
60634	2		2			1		5
60707						1		1
Total	2	29	113	7	1	48	10	210

PATIENTS OF NANI FOR MOST RECENT QUARTER
FOR THE NORTHWEST SUBURBS

Zip Code	ARA Barrington	DaVita Montclare	DaVita Schaumburg	Fresenius Elgin	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	Fresenius Palatine	Fresenius Rolling Meadows	Total
60004										1	1
60005					2					1	3
60007			2		25						27
60008					1					1	2
60009					1						1
60010	1				1			4			6
60016					1						1
60018					6					1	7
60050								1			1
60056					2						2
60062							1				1
60067										1	1
60074									1		1
60090					1						1
60101					6	1					7
60102					1						1
60103					2			2			4
60106					1						1
60107			1		6			17			24
60108			3		4	1					8
60110					1			2			3
60120				1				1			2
60124			1								1
60133			4		5			7			16
60137						1					1
60139					2	1					3
60140								1			1
60142				1							1
60143					8						8
60148						1					1
60157					1						1
60169	1				2			8			11
60172			5		4						9
60173					1						1
60185						1					1
60187					1	1					2
60188					2						2
60191					7						7
60192								2			2
60193			12		10						22
60194			4		3			5			12
60195					1						1
60440					1						1
60634		2			2			1			5
Total	2	2	32	2	111	7	1	51	1	5	214

Service Demand – Physician Referral Letter
ATTACHMENT – 26b - 3

Service Accessibility – Service Restrictions

The proposed Fresenius Medical Care Schaumburg dialysis facility will be located in HSA 7 in Schaumburg in northwest Cook County. This is a growing and densely populated area consisting of nearly two million people in the 30 minute travel zone. According to the January station inventory there is need for 108 more stations in this HSA. The approximate five mile radius of Schaumburg that this facility will serve has exhibited high clinic utilizations for many years.

Facilities in the Schaumburg Market Area

		Market Area Network Patients/Utilization									
		2007		2008		2009		2010		2011	
Facility	Stations		Utl	Pts	Utl	Pts	Utl	Pts	Utl	Pts	Utl
Hoffman Estates[1]	20	92	90%	94	92%	109	107%	113	111%	114	112%
Elk Grove	28	138	82%	138	82%	158	94%	155	92%	156	93%
Schaumburg[2]	14	53	63%	63	75%	70	83%	72	86%	73	86%
Streamwood[3]	13	-	-	-	-	-	-	-	-	-	-
		282		295		337		340		343	

[1] 3 of the 20 stations are approved to be added however are not yet operational. If operational current utilization would be 95%

[2] Davita Schaumburg has applied to add 6 stations not yet approved, when operational they expect utilization to be 93% with 112 total patients with 20 stations

[3] USR Streamwood has 13 approved stations which are not yet operational, however 63 patients are identified to be referred to that facility to bring it to 81% utilization.

As can be seen in the chart above the high utilization of the clinics in the Schaumburg market leave little access to dialysis treatment for the residents of Schaumburg.

- Fresenius Hoffman Estates is operating a fourth shift, which ends around midnight. It is not in the patient's best interest to require them to go for treatment three times weekly at this time of night. These patients are often elderly and are ill and this creates an extreme hardship on them. In the past six months 11 patients have transferred out of this facility to the newly operating Fresenius Elgin and Fresenius Palatine facilities. Still the utilization has not come down. Hoffman Estates will have 3 additional stations operational in the near future; however the facility will still be over-utilized at 95% and cannot expand further. This clinic has a waiting list of patients who desire/need to dialyze at an earlier time of day.

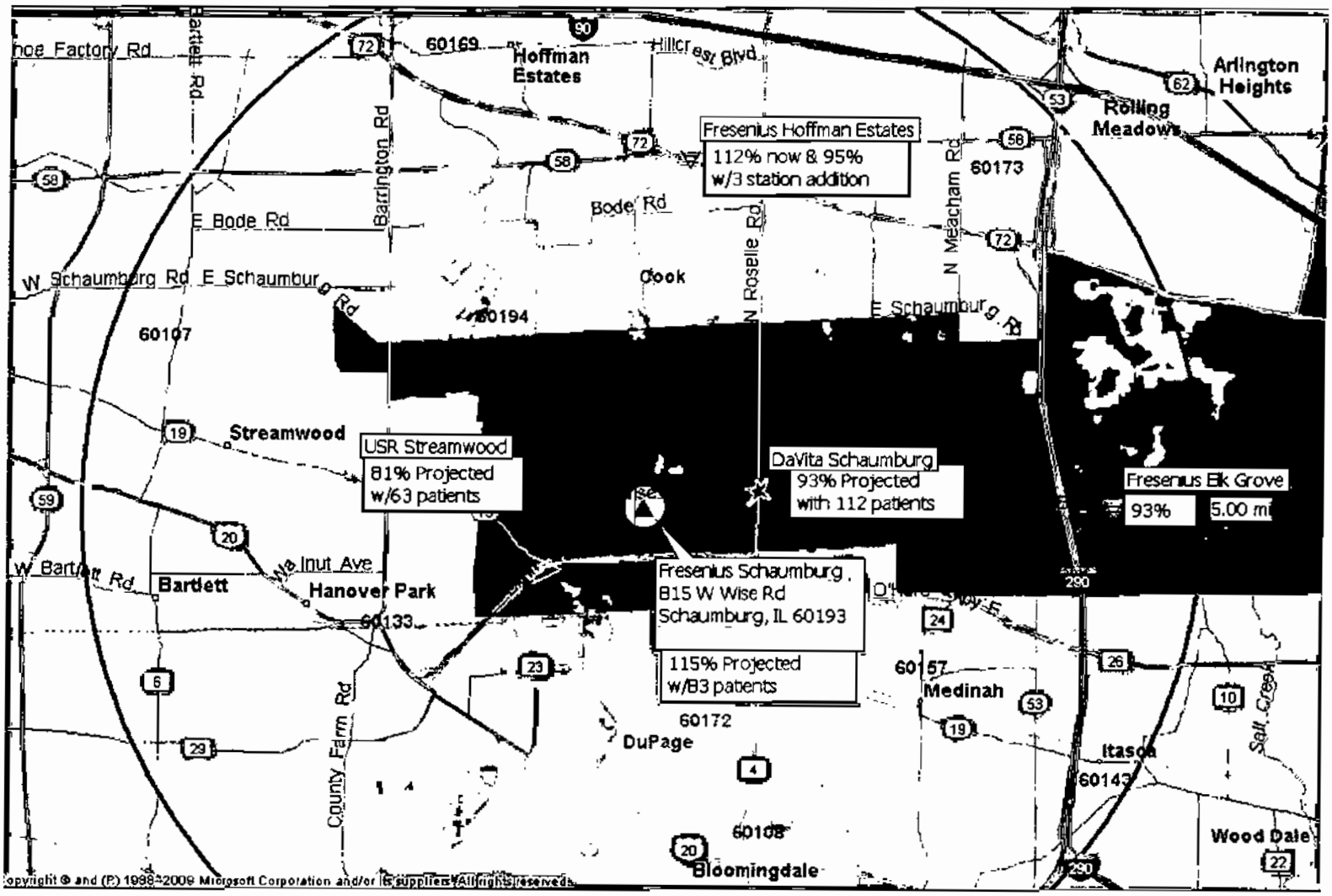
- Fresenius Elk Grove – This facility has 28 stations and does not have the ability to expand further. There are patients at this clinic on a waiting list to be placed at the Hoffman Estates clinic and also to move up on an earlier treatment shift here. The 1st and 2nd shifts of the day are the most desirable treatment choices to afford more opportunities for transportation and family/life activities.

- DaVita Schaumburg – This facility has grown steadily and is now at 85%. Future ESRD patients of the Medical Director of that facility have prompted DaVita to apply for an additional 6 stations to meet current and future need.

- USR Streamwood – This facility is expected to open August 2012 and by August 2014 will be at 81% with 63 patients identified that the physicians for that facility will refer to the clinic. Dr. Wick also will be referring patients to this clinic once it opens.

With the previously mentioned circumstances/utilizations in the Schaumburg area, current patients on waiting lists will have to remain there as these lists only grow longer. New patients to dialysis will have to go on dialysis treatment on the 4th shift or be forced to seek treatment outside of their healthcare market. This would entail longer and more difficult transportation issues and loss of continuity of care due to having to switch physicians and possibly hospitals if they were in an emergency situation. This would mean that possibly their primary care physician and other specialty physician's they have relationships may not be able to see/treat them if admitted to a different hospital. It is for these reasons that it is imperative that we offer this large patient population treatment in their healthcare market.

Pre-ESRD Patient Identified for Fresenius Schaumburg & Utilization of 5 Mile Radius Market Area



*Utilizations reflected are projected for those stations both operating and proposed/not yet operating and current as of December 31, 2011.

**None of the patients are duplicated.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS MEDICAL CARE SCHAUMBURG

Name	Address	City	Zip Code	MapQuest		Adjusted Time	Stations	Sep-11	
				Time	Miles			Patients	Utilization
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	2	1.09	2.3	14	73	86.90%
USR Streamwood	149 Irving Park Road	Streamwood	60107	8	4.14	9.2	13	0	0.00%
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	10	6.73	11.5	28	133	79.17%
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60195	13	6.73	14.95	20	114	95.00%
ARA South Barrington	33 W Higgins Rd	Barrington	60010	15	7.82	17.25	14	57	67.86%
DaVita Arlington Heights	17 W Golf Rd	Arlington Heights	60005	16	9.08	18.4	18	60	55.56%
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	17	9.22	19.55	24	90	62.50%
Fresenius Glendale Heights	520 North Ave	Glendale Heights	60139	18	11.97	20.7	17	89	87.25%
DaVita Cobblestone	836 Dundee St	Elgin	60120	22	12.42	25.3	14	66	78.57%
Fresenius West Chicago	1859 N. Neltnor	West Chicago	60185	22	12.62	25.3	12	33	45.83%
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	60089	23	14.51	26.45	16	66	68.75%
Fresenius Palatine*	691 E Dundee Rd	Palatine	60074	24	12.82	27.6	12	17	23.61%
Fresenius Des Plaines	1625 Oakton Place	Des Plaines	60018	24	14.13	27.6	12	0	0.00%
Fresenius Lombard*	1940 Springer Dr	Lombard	60148	24	15.52	27.6	12	17	23.61%
USR Oak Brook	1213 Butterfield Road	Downers Grove	60515	24	16.6	27.6	13	0	0.00%
Fresenius Villa Park(Elmhurst)	133 E Brush Hill Road	Elmhurst	60126	25	17.02	28.75	24	123	85.42%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	26	17.47	29.9	24	126	95.45%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	26	18.02	29.9	19	104	91.23%

*Facility in operation less than two years.

Access restrictions exist due to the high average utilization of the facilities within the Schaumburg market (97% utilization of facilities in operation). This creates the use of a 4th shift, no shift choice for new patients, waiting lists and a loss of continuity of care.

Unnecessary Duplication/Maldistribution

ZIP Code	Population	Stations	Facility
60004	50,582		
60005	29,308	18	DaVita Arlington Heights
60007	33,820	28	Fresenius Elk Grove
60008	22,717	24	Fresenius Rolling Meadows
60010	44,095	14	ARA South Barrington
60016	59,690		
60018	30,099		
60047	41,669		
60056	55,219		
60067	38,585		
60068	37,475		
60070	16,001		
60074	38,985	12	Fresenius Palatine
60089	41,533	16	DaVita Buffalo Grove
60090	37,633		
60101	39,119		
60103	41,928		
60104	19,038		
60106	20,309		
60107	39,927	13	USR Streamwood
60108	22,735		
60110	38,557		
60118	15,851	12	Fresenius Des Plaines
60120	50,955	14	DaVita Cobblestone
60123	47,405		
60124	18,935		
60126	46,371	24	Fresenius Elmhurst (Villa Park)
60131	18,097		
60133	38,103		
60137	37,805		
60139	34,381	17	Fresenius Glendale Heights
60143	10,360		
60148	51,468	12	Fresenius Lombard
60154	16,773		
60155	7,927		
60157	2,380		
60160	25,432	24	Fresenius North Avenue
60162	8,111		
60163	5,209		
60164	22,048		
60165	4,946		
60169	33,847		
60172	24,537		
60173	12,217		
60174	30,752		
60176	11,795		
60177	22,659		
60181	28,836		
60184	2,448		
60185	36,527	12	Fresenius West Chicago
60187	29,016		
60188	42,656		
60189	30,472		
60190	10,663		
60191	14,310		
60192	16,343		
60193	39,188	14	DaVita Schaumburg
60194	19,777		
60195	4,769	20	Fresenius Hoffman Estates
60515	27,503	32	Fresenius Downers Grove, USR Oak Brook
60521	17,597		
60523	9,890		
60532	27,066		
60558	12,960		
60631	28,641		
60656	27,613		
Total	**1,823,663**	**306**	**1//5,960**

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Schaumburg is 1 station per 5,960 residents according to the 2010 census (based on 1,823,663 residents and 306 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 stations inventory of 3,806).

The Schaumburg area ratio is more than 1 ½ times **below** the State ratio, demonstrating a need for additional stations. This is also supported by the State determined need for 108 additional stations in this HSA 7.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Schaumburg will not create a maldistribution of services in regard to there being excess capacity. There is currently a need for 108 additional stations in HSA 7. This combined with the ratio of stations to population over 1 ½ below the State standard, a need for more station is confirmed.

   Fresenius Medical Care Schaumburg will not have an adverse effect on any other area ESRD provider, but will have a positive and much needed effect on the area overall. Dr. Wick and his partners admit patients to several clinics within the 30 minute travel area. Those closest to Schaumburg are operating at high utilizations (see chart below).

Name	Address	City	Zip Code	Adjusted Time	Stations	3rd Qtr Utilization	4th Qtr Utilization
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	2.3	14	79.76%	86.9%*
USR Streamwood	149 Irving Park Road	Streamwood	60107	9.2	13	0.00%	0.00%
Fresenius Elk Grove	901 Biesterfield Rd	Elk Grove Village	60007	11.5	28	79.17%	93.00%
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60195	14.95	20	111.76%	112%**

*DaVita Schaumburg has applied (#12-009) for permit to expand by six stations. While this will drop the utilization (it is at 86.90% as of 09/2011) at that clinic the additional stations are to serve the current patient population by opening up more shift choices (there is currently a waiting list of patients to move up to a earlier shift) to the current 73 ESRD patients as well as to serve 39 pre-ESRD patients identified in that application who will be referred to the DaVita Schaumburg facility in the next 12 to 18 months. These are patients of Dr. DiSilvestro's and are separate from those of NANI identified in this application. None of the patients have been duplicated.

In application #12-009, DaVita is expecting their Schaumburg site to reach 93% in 18 months. The approval of the Fresenius Schaumburg 12-station facility is therefore still needed to serve the growing patient population in the Schaumburg area. As well, the Fresenius Schaumburg clinic will not have any impact on the DaVita Schaumburg facility. As certified to in it's application, it has a large number of current (73)and pre-ESRD (39) patients so much so that the facility will remain near capacity in 18 months. These six stations will merely be a band-aid for the market area.

**As of December 2011 the Fresenius Hoffman Estates facility is operating above capacity at 112% and has had to institute a 4th shift. There are currently 12 patients on this shift and are on a waiting list to move up to an earlier shift. Also on the waiting list are patients on the 3rd shift waiting to move up to the 1st or 2nd shift. The facility is adding 3 stations for a total of 20, however this will too be a band-aid for the over utilization problems of the area. The Fresenius Elk Grove clinic, as of December 2011, is operating at 93% and also has a waiting list of patients wanting to dialyze at the Hoffman Estates clinic. As many providers of dialysis have explained in the past, a fourth shift of patients is generally only put in place when a facility goes over 100% utilization, but it is not an optimum way to operate. The shift begins in the evening and patients do not get out of treatment until around midnight. Having to return home from treatment at this time is not only a hardship physically on the patient, but creates difficulties with finding adequate transportation.

Dr. Wick expects that once the USR Streamwood facility is operating he will begin referring his patients who live in that area to that facility. These patients were not included in U.S. Renal's application to bring that facility to 80%. The patient referrals that Dr. Wick has identified for the Fresenius Schaumburg location are new pre-ESRD patients who would have otherwise been referred to existing facilities that are operating at high utilizations and therefore will have no impact except in a positive way on area facilities.

3. 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)(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 Schaumburg, I certify the following:

> Fresenius Medical Care Schaumburg will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Schaumburg 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 OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/13

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 Schaumburg 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 St. Alexius Medical Center:

  - 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

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/13

ALEXIAN BROTHERS
St. Alexius Medical Center

December 2, 2011

Ms. Lori Wright
Fresenius Medical Care
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154

Dear Ms. Wright:

St. Alexius Medical Center will serve as a back-up hospital for emergent treatment, evaluation, possible admission, and dialysis services for those patients dialyzing at Fresenius Medical Care Schaumburg.

Patients with end-stage renal disease from your facility who require emergency treatment or hospitalization as medically determined by the attending physician will be accepted and cared for by St. Alexius Medical Center. Admission is contingent upon bed availability. The Hospital will provide the needed diagnostic or any other physician ordered hospital-based services, which would include rehabilitation, blood bank, pathological laboratory and psychiatric services as well.

St. Alexius Medical Center will continue as a back-up hospital for Fresenius Medical Care Schaumburg with this agreement until one of the parties notifies the other in writing of a change. This notice will be made 30 days prior to termination of the agreement.

Sincerely,

Edward M. Goldberg
President and Chief Executive Officer

1555 Barrington Road
Hoffman Estates, Illinois 60169
847.843.2000

Ed/12-02-2011-ek Created by E Krug

Continuity of Care
ATTACHMENT - 26H

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 Schaumburg, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Schaumburg 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:

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

    and same is expected for Fresenius Medical Care Schaumburg.

Signature

Coleen Muldoon/Regional Vice President
Name/Title

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

Michelle M. Hogan
Signature of Notary

Seal

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/13

Cushman & Wakefield of
Illinois, Inc.
455 N. Cityfront Plaza Drive
Suite 2800
Chicago, IL 60611-5555
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

January 17, 2012

Chad Middendorf
10531 Timberwood Circle, Suite D
Louisville, KY 40223

RE: **Fresenius Medical Care Schaumburg, LLC.**
Letter of Intent – Schaumburg, IL

Dear Chad,

Cushman & Wakefield has been exclusively authorized by FRESENIUS MEDICAL CARE OF ILLINOIS, LLC, to present the following letter of intent to lease space from your company.

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. is the world's leading provider of dialysis products and services. The company manages in excess of 1,800 kidney dialysis clinics and 50 billing centers and regional offices throughout North America.

LANDLORD:	Schaumburg 1.0 LLC 10531 Timberwood Circle, Suite D Louisville, KY 4022
TENANT:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC.
LOCATION:	815 – 825 W. Wise Road. PIN: 07-33-200-057-0000
INITIAL SPACE REQUIREMENTS:	Approximately 7,500 contiguous usable square feet. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.
PRIMARY TERM:	An initial lease term of fifteen (15) years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.
DELIVERY OF PREMISES:	Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. for completion of the Tenant Improvements upon substantial completion of the shell.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

OPTIONS TO RENEW:	Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall provide sixty (60) days' prior written notification of its desire to exercise the option.
RENTAL RATE:	$26.75 per usable square foot
ESCALATION:	10% increase in years 6 and 11.
TENANT ALLOWANCE:	Please see Building Shell Exhibit. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
CONCESSIONS:	A rent free period of 3 months upon commencement.
USE:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 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. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. may operate on the Premises, at FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
DEMISED PREMISES SHELL:	Landlord is responsible for delivery a shell building in conformance with FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's specifications attached as *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
CONTRACTOR FOR TENANT IMPROVEMENTS:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.
HVAC:	Landlord will provide HVAC service to the space to meet FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's requirements as outlined in Exhibit A. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires HVAC service 24 hours per day, 7 days per week. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*
DELIVERIES:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires delivery access to the Premises 24 hours per day, 7 days per week.
EMERGENCY GENERATOR:	FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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SPACE PLANNING/ ARCHITECTURAL AND MECHANICAL DRAWINGS:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be the FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's responsibility.

PRELIMINARY IMPROVEMENT PLAN:

At this time, please provide AutoCAD files that include one-eight inch scale architectural drawings of the proposed demised premises and detailed building specifications.

PARKING:

Landlord will provide a parking ratio of 5 per 1,000 RSF with as many of those spaces as possible to be directly in front of the building for patient use. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall require that 10% of the parking (**specify number**) be designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

CORPORATE IDENTIFICATION:

Tenant shall have signage rights in accordance with local code.

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associate with the building.

ASSIGNMENT/ SUBLETTING:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and 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, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

With respect to the parking and other exterior areas of the Building and subject to reasonable reimbursement by Tenant, Landlord shall perform the

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following, pursuant to good and accepted business practices throughout the term: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES: Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER: At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

ZONING AND RESTRICTIVE COVENANTS: Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's dialysis clinic

FLOOD PLAIN: Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST: Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. is not entering into a capitalized lease arrangement.

FINANCING: Landlord will provide a non-disturbance agreement.

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EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 5 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

Landlord confirms that there is no asbestos present in the building and that there are no contaminants or environmental hazards in or on the property. A Phase One Environmental Study has been conducted and has been made available for FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's review. Landlord also confirms that no other tenants or their activities present issues as to the generation of hazardous materials.

DRAFT LEASE:

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires the use of its Standard Form Lease, which is attached.

BROKERAGE FEE:

Cushman & Wakefield of Illinois, is the exclusive real estate services provider to FMCNA, its subsidiaries and affiliates. The Landlord will pay a market commission to Cushman & Wakefield of Illinois. The real estate commission shall be payable 50% upon lease execution and 50% upon occupancy. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. and FMCNA shall retain the right to offset rent for failure to pay the real estate commission.

LEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY:

Fresenius Medical Holdings Corp shall fully guarantee the lease.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

EXCLUSIVE NEGOTIATING PERIOD:

The parties agree that they will negotiate on an exclusive basis for a period of thirty (30) days from the execution of this document.

NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party,

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either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,

Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

CC: Mr. Bill Popken

AGREED AND ACCEPTED this _17___ day of __January_____, 2012

By_____Chad Middendorf_____

Title:_____General Manager_____

AGREED AND ACCEPTED this 27 day of January **, 2012**

By: _____

Title: RVP

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DELL

QUOTATION

QUOTE #: 485293558
Customer #: 84405601
Contract #: 70137
CustomerAgreement #: Dell Std Terms
Quote Date: 4/22/09
Customer Name: FRESENIUS MEDICAL CARE N A

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

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 FactorBase 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,DellOptiPlex 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 LicenseEnglish,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 forUltraSharp Flat Panel DisplaysDell Optiplex/Precision/ Latitude (313-6414)	
Cable:		OptiPlex 760 Small Form FactorStandard 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 (467-3664)	
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 http://support.dell.com/ProSupport	

Service:	or call 1-866-516-31 (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 (310-9161)
	CFI Routing SKU (365-0257)
	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 (A0748570)	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

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. 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

EXHIBIT 1

LEASE SCHEDULE NO. 769-0002105-015
(True Lease)

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

Address: 170 Wood Ave South
Iselin, NJ 08830

LESSEE:NATIONAL MEDICAL CARE, INC.
a Delaware corporation
("Lessee")
Address: 920 Winter Street
Waltham, MA 02451

1. Lessor and Lessee have entered into a Master Equipment Lease Agreement dated as of March 10, 2006 ("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. The 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 Numbers	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.

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-forth (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 sixtieth (60th) 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 and 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 currently 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

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 exercise 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	58.94
3	99.55	39	57.66
4	98.56	40	56.37
5	97.55	41	55.09
6	96.53	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	85.58	52	40.43
17	84.44	53	39.08
18	83.29	54	37.69
19	82.14	55	36.31

Rental Payment #	Percentage of Acquisition Cost	Rental Payment #	Percentage of Acquisition Cost
20	80.97	56	34.92
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: 3/30/09

LESSOR:

Siemens Financial Services, Inc.

By: Carol Walters

Name: CAROL WALTERS

Title: VICE PRESIDENT-DOCUMENTATION

Ernest Errigo
Sr Transaction Coordinator

LESSEE:

National Medical Care, Inc.

By:

Name: MARK FAWCETT

Title: TREASURER

015 Exhibit 12.doc

Dialysis Machine Lease
ATTACHMENT - 39

SIEMENS FINANCIAL SERVICES INC
Funding 05/08/2009

Exhibit A

94000258	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513465G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000259	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513451G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000260	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513454G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000258	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513460G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000257	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513461G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000256	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513440G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000255	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513459G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000254	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513463G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000253	3/24/2009	788-0002105-015	4565	FMS EAST NASHVILLE	604 GALLATIN ROAD	NASHVILLE	TN	37206	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513444G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504744723	12/22/2008	3/16/2009	3/30/2009	3/30/2015
94000253 Total									$	187,950.00								14					
94000255	3/24/2009	788-0002105-015	1131	FMS FREDERICKSBURG	730 EXECUTIVE CENTER PKWY	FREDERICKSBURG	VA	22401	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513440G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864888	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000254	3/24/2009	788-0002105-015	1131	FMS FREDERICKSBURG	730 EXECUTIVE CENTER PKWY	FREDERICKSBURG	VA	22401	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513428G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864888	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000253	3/24/2009	788-0002105-015	1131	FMS FREDERICKSBURG	730 EXECUTIVE CENTER PKWY	FREDERICKSBURG	VA	22401	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513431G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864888	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000251 Total									$	40,275.00								3					
94000250	3/24/2009	788-0002105-015	1131	FMS FREDERICKSBURG	730 EXECUTIVE CENTER PKWY	FREDERICKSBURG	VA	22401	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513525G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504880937	3/12/2009	3/16/2009	3/30/2009	3/30/2015
94000249	3/24/2009	788-0002105-015	1131	FMS FREDERICKSBURG	730 EXECUTIVE CENTER PKWY	FREDERICKSBURG	VA	22401	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513506G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504880937	3/12/2009	3/16/2009	3/30/2009	3/30/2015
94000249 Total									$	26,850.00								2					
94000247	3/24/2009	788-0002105-015	5701	FMS GAINESVILLE	1773 NW 80TH BOULEVARD	GAINESVILLE	FL	32606	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513350G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504781916	1/5/2009	3/16/2009	3/30/2009	3/30/2015
94000247 Total									$	13,425.00								1					
94000243	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513414G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000242	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513436G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000243	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513451G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000243	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513431G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000242	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513437G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000241	3/24/2009	788-0002105-015	4309	FMS GARFIELD	5401 SOUTH WENTWORTH AVENUE STE	CHICAGO	IL	60609	$	13,425.00	$	839.06	$	14,264.06	$	215.37	8M0513441G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504864830	2/27/2009	3/16/2009	3/30/2009	3/30/2015
94000240 Total									$	107,400.00								8					
94025048	3/5/2009	788-0002105-015	4412	FMS HELENA	108 D'ANNA PLACE	HELENA-WEST HELENA	AR	72342	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513409G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504861588	2/17/2009	3/16/2009	3/30/2009	3/30/2015
94025048 Total									$	13,425.00								1					
94025048	3/5/2009	788-0002105-015	4412	FMS HELENA	108 D'ANNA PLACE	HELENA-WEST HELENA	AR	72342	$	5,000.00	$	-	$	5,000.00	$	75.50	1272343	1	PO MYLENTUM M-750 WIPRESS-BW/A	4504845580			3/30/2009	3/30/2015
94025048 Total									$	5,000.00								1					
94025048	3/5/2009	788-0002105-015	4412	FMS HELENA	108 D'ANNA PLACE	HELENA-WEST HELENA	AR	72342	$	252.00	$	-	$	252.00	$	3.80		1	TANK, CARBON EXCHANGE, 0.25 CUB	4504845646			3/30/2009	3/30/2015
94025048 Total									$	252.00								1					
94025048	3/5/2009	788-0002105-015	4412	FMS HELENA	108 D'ANNA PLACE	HELENA-WEST HELENA	AR	72342	$	252.00	$	-	$	252.00	$	3.80		1	TANK, CARBON EXCHANGE, 0.25 CUB	4504845646			3/30/2009	3/30/2015
94025048 Total									$	252.00								1					
94000237	3/27/2009	788-0002105-015	1435	FMS JACKSON	381 MEDICAL DRIVE	JACKSON	MS	39216	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513390G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504841841	2/13/2009	3/27/2009	3/30/2009	3/30/2015
94000237	3/27/2009	788-0002105-015	1435	FMS JACKSON	381 MEDICAL DRIVE	JACKSON	MS	39216	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513395G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504841841	2/13/2009	3/27/2009	3/30/2009	3/30/2015
94000237	3/27/2009	788-0002105-015	1435	FMS JACKSON	381 MEDICAL DRIVE	JACKSON	MS	39216	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513398G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504841841	2/13/2009	3/27/2009	3/30/2009	3/30/2015
94000237	3/27/2009	788-0002105-015	1435	FMS JACKSON	381 MEDICAL DRIVE	JACKSON	MS	39216	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513384G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504841841	2/13/2009	3/27/2009	3/30/2009	3/30/2015
94000237 Total									$	67,125.00								5					
94000236	3/27/2009	788-0002105-015	4236	FMS MANY	100 OLIVERA DRIVE	MANY	LA	71449	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513412G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504741675	12/19/2008	3/5/2009	3/30/2009	3/30/2015
94000236	3/27/2009	788-0002105-015	4236	FMS MANY	100 OLIVERA DRIVE	MANY	LA	71449	$	13,425.00	$	-	$	13,425.00	$	202.70	8M0513425G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504741675	12/19/2008	3/5/2009	3/30/2009	3/30/2015
94000236	3/27/2009	788-0002105-015	4236	FMS MANY	100 OLIVERA DRIVE	MANY	LA	71449	$	13,425.00	$	-	$	13,425.00	$	202.70	0M0513434G	1	2008H2 HEMODIALYSIS SYS. OLC/DI	4504741675	12/19/2008	3/5/2009	3/30/2009	3/30/2015

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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.

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

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			7,500			$1,065,000	$1,065,000
Contingency		15.61			7,500			117,075	117,075
TOTALS		157.61			7,500			1,182,075	1,182,075
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2014

Salaries	$306,288
Benefits	86,572
Supplies	78,624
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	0
CAPITAL COSTS	$186,482

Treatments: 8,986

Capital Cost per treatment $20.75

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Schaumburg, 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: _____

Title: Mark Fawcett
Vice President & Treasurer

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

_____
Signature of Notary

Seal

By: _____

Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

_____
Signature of Notary

Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

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: _____

ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Susan H Console
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Signature of Notary

Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Schaumburg, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities Planning 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:_____

ITS: Mark Fawcett
Vice President & Treasurer

By:_____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Susan H Console
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Signature of Notary

Seal

SUSAN H. CONSOLE
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 1, 2013

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: _____

ITS: Mark Fawcett Vice President & Asst. Treasurer

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

_____
Signature of Notary

Seal

By: _____

ITS: Bryan Mello Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 7 day of Dec, 2011

Susan H Console
Signature of Notary

Seal

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Safety Net Impact Statement

The establishment of the Fresenius Medical Care Schaumburg dialysis facility will not have any impact on safety net services in the Schaumburg 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			
CHARITY CARE (Uncompensated Care)			
	2008	**2009**	**2010**
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
MEDICAID			
	2008	**2009**	**2010**
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
Totals	**14,557**	**15,457**	**7,047**	**3,402,665**	**3,489,213**	**1,307,433**

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

	IL Medicaid Txts			IL Medicaid Costs		
Facility Name	**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
Totals	**122,615**	**132,658**	**154,591**	**32,355,267**	**34,055,958**	**40,270,371**

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.

mapquest

Trip to:
1156 S Roselle Rd
Schaumburg, IL 60193-4072
1.09 miles / 2 minutes

Notes
TO DAVITA SCHAUMBURG

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

●	1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi** *1.0 Mi Total*
↰	2. Turn **left** onto **S Roselle Rd**. Map	**0.05 Mi** *1.1 Mi Total*
	3. **1156 S ROSELLE RD** is on the **left**. Map	

B **1156 S Roselle Rd**, Schaumburg, IL 60193-4072

Total Travel Estimate: **1.09 miles - about 2 minutes**

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mapquest

Trip to:
149 E Irving Park Rd
Streamwood, IL 60107-2950
4.14 miles / 8 minutes

Notes
TO USR STREAMWOOD

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi** *1.4 Mi Total*
2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**2.8 Mi** *4.1 Mi Total*
3. **149 E IRVING PARK RD** is on the **left**. Map	

B **149 E Irving Park Rd**, Streamwood, IL 60107-2950

Total Travel Estimate: **4.14 miles - about 8 minutes**

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mapquest

Trip to:

901 Biesterfield Rd
Elk Grove Village, IL 60007-3392
6.73 miles / 10 minutes

Notes
TO FRESENIUS MEDICAL CARE ELK GROVE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.4 Mi**	*4.8 Mi Total*
6. Merge onto **I-290 W** toward **Rockford**. Map	**1.3 Mi**	*6.1 Mi Total*
7. Take the **Biesterfield Rd** exit, **EXIT 4**, toward **IL-53 S**. Map	**0.4 Mi**	*6.5 Mi Total*
8. Turn **right** onto **Biesterfield Rd**. Map	**0.2 Mi**	*6.7 Mi Total*
9. **901 BIESTERFIELD RD** is on the **right**. Map		

B **901 Biesterfield Rd**, Elk Grove Village, IL 60007-3392

Total Travel Estimate: **6.73 miles - about 10 minutes**

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mapquest

Trip to:

3150 W Higgins Rd
Hoffman Estates, IL 60169-7237
6.73 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE HOFFMAN ESTATES

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi**	*1.4 Mi Total*
2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**0.9 Mi**	*2.3 Mi Total*
3. Turn **right** onto **Barrington Rd**. Map	**3.8 Mi**	*6.1 Mi Total*
4. Turn **left** onto **W Higgins Rd / IL-72 W**. Map	**0.5 Mi**	*6.6 Mi Total*
5. Turn **right** onto **Greenspoint Pky**. Map	**0.07 Mi**	*6.7 Mi Total*
6. Take the 1st **left** onto **W Higgins Rd**. Map	**0.05 Mi**	*6.7 Mi Total*
7. **3150 W HIGGINS RD** is on the **right**. Map		

B **3150 W Higgins Rd**, Hoffman Estates, IL 60169-7237

Total Travel Estimate: **6.73 miles - about 13 minutes**

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Trip to:
33 W Higgins Rd
South Barrington, IL 60010-9115
7.82 miles / 15 minutes

Notes
ARA SOUTH BARRINGTON

A	**815 W Wise Rd**, Schaumburg, IL 60193-3819	
●	1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi** *1.4 Mi Total*
↱ 19	2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**0.9 Mi** *2.3 Mi Total*
↱	3. Turn **right** onto **Barrington Rd**. Map	**3.8 Mi** *6.1 Mi Total*
↰ WEST 72	4. Turn **left** onto **W Higgins Rd / IL-72 W**. Map	**1.4 Mi** *7.6 Mi Total*
↶ EAST 72	5. Make a **U-turn** at **W Mundhank Rd** onto **W Higgins Rd / IL-72 E**. Map	**0.2 Mi** *7.8 Mi Total*
■	6. **33 W HIGGINS RD** is on the **right**. Map	
B	**33 W Higgins Rd**, South Barrington, IL 60010-9115	

Total Travel Estimate: **7.82 miles - about 15 minutes**

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mapquest

Trip to:

17 W Golf Rd
Arlington Heights, IL 60005-3905
9.08 miles / 16 minutes

Notes
TO DAVITA ARLINGTON HEIGHTS

815 W Wise Rd, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd**. Map	**1.5 Mi**	*2.6 Mi Total*
3. Turn **right** onto **E Schaumburg Rd**. Map	**1.8 Mi**	*4.3 Mi Total*
4. Turn **left** onto **N Meacham Rd**. Map	**1.5 Mi**	*5.8 Mi Total*
5. Turn **right** onto **E Golf Rd / IL-58 E**. Map	**3.2 Mi**	*9.1 Mi Total*
6. **17 W GOLF RD** is on the **right**. Map		

17 W Golf Rd, Arlington Heights, IL 60005-3905

Total Travel Estimate: **9.08 miles - about 16 minutes**

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Trip to:

4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
9.22 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE ROLLING MEADOWS

A	**815 W Wise Rd**, Schaumburg, IL 60193-3819	
●	1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi** *1.0 Mi Total*
↰	2. Turn **left** onto **S Roselle Rd**. Map	**5.5 Mi** *6.6 Mi Total*
↱	3. Turn **right** onto **W Euclid Ave**. Map	**2.3 Mi** *8.9 Mi Total*
↰	4. Turn **left** onto **Hicks Rd**. Map	**0.3 Mi** *9.2 Mi Total*
↱	5. Turn **right** onto **Winnetka Ave**. Map	**0.02 Mi** *9.2 Mi Total*
	6. **4180 WINNETKA AVE** is on the **left**. Map	
B	**4180 Winnetka Ave**, Rolling Meadows, IL 60008-1375	

Total Travel Estimate: **9.22 miles - about 17 minutes**

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Trip to:

520 North Ave
Glendale Heights, IL 60139-3119
11.97 miles / 18 minutes

Notes
TO FRESENIUS MEDICAL CARE GLENDALE HEIGHTS

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**1.2 Mi**	*5.7 Mi Total*
7. Keep **left** to take **I-355 S / Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). Map	**4.5 Mi**	*10.2 Mi Total*
8. Take the **IL-64 / North Ave** exit. Map	**0.3 Mi**	*10.5 Mi Total*
9. Merge onto **North Ave / IL-64 W** toward **Carol Stream**. Map	**1.5 Mi**	*12.0 Mi Total*
10. **520 NORTH AVE** is on the **right**. Map		

B **520 North Ave**, Glendale Heights, IL 60139-3119

Total Travel Estimate: **11.97 miles - about 18 minutes**

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Trip to:

836 Dundee Ave
Elgin, IL 60120-3068
12.42 miles / 22 minutes

Notes
TO DAVITA COBBLESTONE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi** *1.4 Mi Total*
2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**0.9 Mi** *2.3 Mi Total*
3. Turn **right** onto **Barrington Rd**. Map	**2.8 Mi** *5.2 Mi Total*
4. Turn **left** onto **IL-58 / W Golf Rd**. Continue to follow **IL-58**. Map	**6.3 Mi** *11.5 Mi Total*
5. **IL-58** becomes **Summit St**. Map	**0.4 Mi** *11.9 Mi Total*
6. Turn **right** onto **Dundee Ave**. Map	**0.5 Mi** *12.4 Mi Total*
7. **836 DUNDEE AVE** is on the **left**. Map	

B **836 Dundee Ave**, Elgin, IL 60120-3068

Total Travel Estimate: **12.42 miles - about 22 minutes**

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Trip to:

1859 N Neltnor Blvd
West Chicago, IL 60185-5900
12.62 miles / 22 minutes

Notes
TO FRESENIUS MEDICAL CARE WEST CHICAGO

A	**815 W Wise Rd**, Schaumburg, IL 60193-3819	
●	1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.5 Mi** *0.5 Mi Total*
↰	2. Take the 3rd **left** onto **Rodenburg Rd**. Map	**1.5 Mi** *2.0 Mi Total*
↱	3. Turn **right** onto **Central Ave**. Map	**0.4 Mi** *2.4 Mi Total*
↰	4. Take the 3rd **left** onto **Gary Ave**. Map	**5.4 Mi** *7.9 Mi Total*
↱ WEST 64	5. Turn **right** onto **North Ave / W North Ave / IL-64 W**. Continue to follow **North Ave / IL-64 W**. Map	**4.6 Mi** *12.5 Mi Total*
↰ 59	6. Turn **left** onto **IL-59 / N Neltnor Blvd**. Map	**0.2 Mi** *12.6 Mi Total*
	7. **1859 N NELTNOR BLVD**. Map	
B	**1859 N Neltnor Blvd**, West Chicago, IL 60185-5900	

Total Travel Estimate: **12.62 miles - about 22 minutes**

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Trip to:

1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
14.51 miles / 23 minutes

Notes
TO DAVITA BUFFALO GROVE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr.** Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd.** Map	**1.5 Mi**	*2.6 Mi Total*
3. Turn **right** onto **E Schaumburg Rd.** Map	**1.8 Mi**	*4.3 Mi Total*
4. Turn **left** onto **N Meacham Rd.** Map	**0.7 Mi**	*5.1 Mi Total*
5. Turn **right** onto **E Higgins Rd / IL-72 E.** Map	**0.8 Mi**	*5.9 Mi Total*
6. Turn **left** onto **E Frontage Rd.** Map	**0.6 Mi**	*6.5 Mi Total*
7. Merge onto **IL-53 N.** Map	**6.9 Mi**	*13.4 Mi Total*
8. Merge onto **IL-68 E / W Dundee Rd.** Map	**1.1 Mi**	*14.5 Mi Total*
9. **1291 W DUNDEE RD** is on the **right.** Map		

B **1291 W Dundee Rd**, Buffalo Grove, IL 60089-4009

Total Travel Estimate: **14.51 miles - about 23 minutes**

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Trip to:

691 E Dundee Rd
Palatine, IL 60074-2817
12.82 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE PALATINE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd**. Map	**8.3 Mi**	*9.3 Mi Total*
3. Turn **right** onto **Baldwin Rd**. Map	**0.2 Mi**	*9.5 Mi Total*
4. Turn **slight right** onto **W Northwest Hwy / US-14**. Map	**0.6 Mi**	*10.1 Mi Total*
5. Turn **left** onto **N Quentin Rd**. Map	**0.9 Mi**	*10.9 Mi Total*
6. Turn **right** onto **W Dundee Rd / IL-68**. Map	**1.9 Mi**	*12.8 Mi Total*
7. **691 E DUNDEE RD** is on the **right**. Map		

B **691 E Dundee Rd**, Palatine, IL 60074-2817

Total Travel Estimate: **12.82 miles - about 24 minutes**

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Trip to:

1625 Oakton Pl
Des Plaines, IL 60018-2002
14.13 miles / 24 minutes

Notes
TO FRESENIUS MEDICAL CARE DES PLAINES

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**3.7 Mi**	*8.2 Mi Total*
6. Turn **left** onto **IL-83 N / Busse Rd**. Map	**2.8 Mi**	*10.9 Mi Total*
7. Turn **right** onto **E Higgins Rd / Oakton St / IL-72 / IL-83**. Continue to follow **Oakton St**. Map	**3.2 Mi**	*14.1 Mi Total*
8. Turn **right** onto **Oakton Pl**. Map	**0.03 Mi**	*14.1 Mi Total*
9. **1625 OAKTON PL** is on the **left**. Map		

B **1625 Oakton Pl**, Des Plaines, IL 60018-2002

Total Travel Estimate: **14.13 miles - about 24 minutes**

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Trip to:

1940 Springer Dr
Lombard, IL 60148-6419
15.52 miles / 24 minutes

Notes
TO FRESENIUS MEDICAL CARE LOMBARD

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355** / **Chicago**. Map	**1.2 Mi**	*5.7 Mi Total*
7. Keep **left** to take **I-355 S** / **Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). Map	**7.7 Mi**	*13.4 Mi Total*
8. Take the **IL-38** / **Roosevelt Rd** exit. Map	**0.3 Mi**	*13.8 Mi Total*
9. Keep **left** to take the ramp toward **Lombard**. Map	**0.07 Mi**	*13.8 Mi Total*
10. Turn **left** onto **Roosevelt Rd** / **IL-38 E**. Map	**0.8 Mi**	*14.6 Mi Total*
11. Turn **right** onto **S Finley Rd**. Map	**0.7 Mi**	*15.3 Mi Total*
12. Take the 2nd **right** onto **Oak Creek Dr**. Map	**0.1 Mi**	*15.4 Mi Total*
13. Take the 1st **left** onto **Springer Dr**. Map	**0.1 Mi**	*15.5 Mi Total*
14. **1940 SPRINGER DR** is on the **right**. Map		

B **1940 Springer Dr**, Lombard, IL 60148-6419

Total Travel Estimate: **15.52 miles - about 24 minutes**

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Trip to:

1213 Butterfield Rd
Downers Grove, IL 60515-1032
16.60 miles / 24 minutes

Notes
TO USR OAK BROOK

815 W Wise Rd, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**1.2 Mi**	*5.7 Mi Total*
7. Keep **left** to take **I-355 S / Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.5 Mi**	*15.2 Mi Total*
8. Take the **I-88 / E-W Tollway / IL-56 / Butterfield Rd** exit toward **Chicago / Aurora**. Map	**0.3 Mi**	*15.5 Mi Total*
9. Take the **IL-56** exit toward **Butterfield Rd**. Map	**0.3 Mi**	*15.8 Mi Total*
10. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.04 Mi**	*15.9 Mi Total*
11. Turn **left** onto **IL-56 E / Butterfield Rd**. Map	**0.5 Mi**	*16.3 Mi Total*
12. Turn **right** onto **Downers Dr**. Map	**0.05 Mi**	*16.4 Mi Total*
13. Turn **left** onto **Butterfield Rd**. Map	**0.2 Mi**	*16.6 Mi Total*
14. **1213 BUTTERFIELD RD** is on the **right**. Map		

1213 Butterfield Rd, Downers Grove, IL 60515-1032

Total Travel Estimate: **16.60 miles - about 24 minutes**

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Trip to:

133 E Brush Hill Rd
Elmhurst, IL 60126-5658
17.02 miles / 25 minutes

Notes
TO FRESENIUS MEDICAL CARE VILLA PARK (ELMHURST)

A	**815 W Wise Rd**, Schaumburg, IL 60193-3819	
●	1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi** *0.06 Mi Total*
↰	2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi** *0.6 Mi Total*
RAMP	3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi** *1.0 Mi Total*
↗	4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi** *4.4 Mi Total*
↑	5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi** *4.6 Mi Total*
↗ 290	6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**5.6 Mi** *10.1 Mi Total*
10A EXIT	7. Merge onto **IL-83 S** via **EXIT 10A**. Map	**5.1 Mi** *15.2 Mi Total*
↗ 56	8. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.9 Mi** *16.1 Mi Total*
↱	9. Turn **right** onto **Commonwealth Ln**. Map	**0.1 Mi** *16.2 Mi Total*
↑	10. **Commonwealth Ln** becomes **Brush Hill Rd**. Map	**0.8 Mi** *17.0 Mi Total*
	11. **133 E BRUSH HILL RD** is on the **left**. Map	
B	**133 E Brush Hill Rd**, Elmhurst, IL 60126-5658	

Total Travel Estimate: **17.02 miles - about 25 minutes**

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Trip to:

719 W North Ave
Melrose Park, IL 60160-1612
17.47 miles / 26 minutes

Notes
TO FRESENIUS MEDICAL CARE NORTH AVE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi** *0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi** *0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi** *1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi** *4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi** *4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**8.3 Mi** *12.8 Mi Total*
7. Merge onto **E North Ave / IL-64 E** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**4.6 Mi** *17.4 Mi Total*
8. Make a **U-turn** onto **W North Ave / IL-64 W**. Map	**0.05 Mi** *17.5 Mi Total*
9. **719 W NORTH AVE** is on the **right**. Map	

B **719 W North Ave**, Melrose Park, IL 60160-1612

Total Travel Estimate: **17.47 miles - about 26 minutes**

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mapquest

Trip to:

3825 Highland Ave
Downers Grove, IL 60515-1552
18.02 miles / 26 minutes

Notes
TO FRESENIUS MEDICAL CARE DOWNERS GROVE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**1.2 Mi**	*5.7 Mi Total*
7. Keep **left** to take **I-355 S / Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). Map	**9.5 Mi**	*15.2 Mi Total*
8. Take the **I-88 / E-W Tollway / IL-56 / Butterfield Rd** exit toward **Chicago / Aurora**. Map	**0.3 Mi**	*15.5 Mi Total*
9. Take the **IL-56** exit toward **Butterfield Rd**. Map	**0.3 Mi**	*15.8 Mi Total*
10. Keep **left** to take the ramp toward **Oak Brook**. Map	**0.04 Mi**	*15.9 Mi Total*
11. Turn **left** onto **IL-56 E / Butterfield Rd**. Map	**0.7 Mi**	*16.5 Mi Total*
12. Take the **Highland Ave** ramp. Map	**0.3 Mi**	*16.8 Mi Total*
13. Keep **right** at the fork to go on **Highland Ave**. Map	**1.2 Mi**	*18.0 Mi Total*
14. **3825 HIGHLAND AVE** is on the **left**. Map		

B **3825 Highland Ave**, Downers Grove, IL 60515-1552

Total Travel Estimate: **18.02 miles - about 26 minutes**

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Trip to:
1201 W Roosevelt Rd
Maywood, IL 60153-4046
19.54 miles / 27 minutes

Notes
TO LOYOLA

815 W Wise Rd, Schaumburg, IL 60193-3819

1.	Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi** *0.06 Mi Total*
2.	Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi** *0.6 Mi Total*
3.	Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi** *1.0 Mi Total*
4.	Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi** *4.4 Mi Total*
5.	**Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi** *4.6 Mi Total*
6.	Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**14.0 Mi** *18.6 Mi Total*
7.	Take the **17th Ave** exit, **EXIT 19A**. Map	**0.2 Mi** *18.7 Mi Total*
8.	Stay **straight** to go onto **Bataan Dr**. Map	**0.03 Mi** *18.8 Mi Total*
9.	Take the 1st **right** onto **S 17th Ave**. Map	**0.4 Mi** *19.2 Mi Total*
10.	Turn **left** onto **W Roosevelt Rd**. Map	**0.3 Mi** *19.5 Mi Total*
11.	**1201 W ROOSEVELT RD** is on the **left**. Map	

1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate: **19.54 miles - about 27 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

MAPQUEST.

Trip to 2130 Point Blvd
Elgin, IL 60123-9215
17.79 miles - about 28 minutes

Notes

TO FRESENIUS MEDICAL CARE ELGIN

A 815 W Wise Rd, Schaumburg, IL 60193-3819

START	1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**.	go 1.4 mi
19	2. Turn **right** onto **W Irving Park Rd / IL-19**.	go 0.9 mi
	3. Turn **right** onto **Barrington Rd**.	go 2.8 mi
58	4. Turn **left** onto **IL-58 / W Golf Rd**.	go 2.5 mi
NORTH 59	5. Turn **right** onto **IL-59 N / Sutton Rd**.	go 1.5 mi
90	6. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll).	go 7.7 mi
EXIT	7. Take the **Randall Rd** exit.	go 0.3 mi
RAMP	8. Keep **right** to take the ramp toward **Crystal Lake / Gilberts**.	go 0.0 mi
	9. Merge onto **Randall Rd**.	go 0.0 mi
	10. Turn **right** onto **Point Blvd**.	go 0.5 mi
END	11. **2130 POINT BLVD** is on the **left**.	go 0.0 mi

B 2130 Point Blvd, Elgin, IL 60123-9215

Total Travel Estimate: 17.79 miles - about 28 minutes

OVER 30-MINUTES BY MAPQUEST ADJUSTED

145

mapquest

Trip to:

1111 Superior St
Melrose Park, IL 60160-4138
17.33 miles / 28 minutes

Notes
TO FRESENIUS MEDICAL CARE MELROSE PARK

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**8.3 Mi**	*12.8 Mi Total*
7. Merge onto **E North Ave / IL-64 E** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee**. Map	**0.4 Mi**	*13.3 Mi Total*
8. Take the **US-20 E / Lake St / I-294 N** ramp toward **Milwaukee**. Map	**0.2 Mi**	*13.5 Mi Total*
9. Keep **left** at the fork in the ramp. Map	**0.04 Mi**	*13.5 Mi Total*
10. Turn **slight right** onto **W Lake St / US-20 / Ulysses S Grant Memorial Hwy**. Continue to follow **W Lake St**. Map	**3.6 Mi**	*17.1 Mi Total*
11. Turn **slight left** onto **Superior St**. Map	**0.2 Mi**	*17.3 Mi Total*
12. **1111 SUPERIOR ST** is on the **right**. Map		

B **1111 Superior St**, Melrose Park, IL 60160-4138

Total Travel Estimate: **17.33 miles - about 28 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:
28160 W Northwest Hwy
Lake Barrington, IL 60010-2324
16.04 miles / 29 minutes

Notes
TO DAVITA BARRINGTON CREEK

A	**815 W Wise Rd**, Schaumburg, IL 60193-3819		
●	1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi**	*1.4 Mi Total*
↱	19 2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**0.9 Mi**	*2.3 Mi Total*
↱	3. Turn **right** onto **Barrington Rd**. Map	**9.7 Mi**	*12.0 Mi Total*
↑	59 4. **Barrington Rd** becomes **S Hough St / IL-59**. Map	**1.2 Mi**	*13.2 Mi Total*
↰	West 14 5. Turn **left** onto **W Northwest Hwy / US-14 W**. Map	**2.8 Mi**	*16.0 Mi Total*
	6. **28160 W NORTHWEST HWY** is on the **right**. Map		
B	**28160 W Northwest Hwy**, Lake Barrington, IL 60010-2324		

Total Travel Estimate: **16.04 miles - about 29 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:
103 Forest Ave
River Forest, IL 60305-2003
21.36 miles / 30 minutes

Notes
TO FRESENIUS MEDICAL CARE RIVER FOREST

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**0.06 Mi**	*0.06 Mi Total*
2. Take the 1st **left** onto **Wright Blvd**. Map	**0.5 Mi**	*0.6 Mi Total*
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. Map	**0.4 Mi**	*1.0 Mi Total*
4. Merge onto **Elgin Ohare Expy E**. Map	**3.4 Mi**	*4.4 Mi Total*
5. **Elgin Ohare Expy E** becomes **Thorndale Ave**. Map	**0.1 Mi**	*4.6 Mi Total*
6. Merge onto **I-290 E** toward **I-355 / Chicago**. Map	**15.0 Mi**	*19.6 Mi Total*
7. Take **EXIT 20** toward **IL-171 / 1st Ave**. Map	**0.2 Mi**	*19.7 Mi Total*
8. Stay **straight** to go onto **Bataan Dr**. Map	**0.06 Mi**	*19.8 Mi Total*
9. Take the 1st **left** onto **IL-171 / S 1st Ave**. Map	**0.8 Mi**	*20.6 Mi Total*
10. Turn **right** onto **Washington Blvd**. Map	**0.7 Mi**	*21.3 Mi Total*
11. Turn **right** onto **Forest Ave**. Map	**0.10 Mi**	*21.4 Mi Total*
12. **103 FOREST AVE** is on the **left**. Map		

B **103 Forest Ave**, River Forest, IL 60305-2003

Total Travel Estimate: **21.36 miles - about 30 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:
2203 Randall Rd
Carpentersville, IL 60110-3355
17.81 miles / 31 minutes

Notes
TO QRC CARPENTERSVILLE

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. Map	**1.4 Mi** *1.4 Mi Total*
2. Turn **right** onto **W Irving Park Rd / IL-19**. Map	**0.9 Mi** *2.3 Mi Total*
3. Turn **right** onto **Barrington Rd**. Map	**3.8 Mi** *6.1 Mi Total*
4. Turn **left** onto **W Higgins Rd / IL-72 W**. Continue to follow **IL-72 W**. Map	**10.4 Mi** *16.6 Mi Total*
5. Turn **right** onto **Randall Rd**. Map	**1.3 Mi** *17.8 Mi Total*
6. **2203 RANDALL RD** is on the **right**. Map	

B **2203 Randall Rd**, Carpentersville, IL 60110-3355

Total Travel Estimate: **17.81 miles - about 31 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:
7435 W Talcott Ave
Chicago, IL 60631-3707
21.31 miles / 32 minutes

Notes
TO RESURRECTION DIALYSIS

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd**. Map	**4.0 Mi**	*5.0 Mi Total*
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**12.6 Mi**	*17.6 Mi Total*
4. Keep **right** at the fork to go on **I-90 E** (Portions toll). Map	**2.7 Mi**	*20.2 Mi Total*
5. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi**	*20.5 Mi Total*
6. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi**	*20.6 Mi Total*
7. Turn **left** onto **N Harlem Ave / IL-43**. Map	**0.3 Mi**	*20.9 Mi Total*
8. Turn **left** onto **W Talcott Ave**. Map	**0.4 Mi**	*21.3 Mi Total*
9. **7435 W TALCOTT AVE** is on the **left**. Map		

B **7435 W Talcott Ave**, Chicago, IL 60631-3707

Total Travel Estimate: **21.31 miles - about 32 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:
4248 Commercial Way
Glenview, IL 60025-3573
16.67 miles / 33 minutes

Notes
TO FRESENIUS MEDICAL CARE GLENVIEW

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd**. Map	**1.5 Mi**	*2.6 Mi Total*
3. Turn **right** onto **E Schaumburg Rd**. Map	**1.8 Mi**	*4.3 Mi Total*
4. Turn **left** onto **N Meacham Rd**. Map	**1.5 Mi**	*5.8 Mi Total*
5. Turn **right** onto **E Golf Rd / IL-58 E**. Continue to follow **IL-58 E**. Map	**7.1 Mi**	*13.0 Mi Total*
6. Enter next roundabout and take the 3rd exit onto **N Wolf Rd**. Map	**0.9 Mi**	*13.9 Mi Total*
7. Turn **right** onto **E Central Rd**. Map	**2.3 Mi**	*16.2 Mi Total*
8. Turn **left** onto **Dearlove Rd**. Map	**0.3 Mi**	*16.5 Mi Total*
9. Take the 3rd **left** onto **Commercial Way**. Map	**0.1 Mi**	*16.7 Mi Total*
10. **4248 COMMERCIAL WAY** is on the **left**. Map		

B **4248 Commercial Way**, Glenview, IL 60025-3573

Total Travel Estimate: **16.67 miles - about 33 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

mapquest

Trip to:

9371 N Milwaukee Ave
Niles, IL 60714-1303
17.21 miles / 34 minutes

Notes
TO FRESENIUS MEDICAL CARE NILES

A **815 W Wise Rd**, Schaumburg, IL 60193-3819

1. Start out going **east** on **W Wise Rd** toward **Aegean Dr**. Map	**1.0 Mi**	*1.0 Mi Total*
2. Turn **left** onto **S Roselle Rd**. Map	**1.5 Mi**	*2.6 Mi Total*
3. Turn **right** onto **E Schaumburg Rd**. Map	**1.8 Mi**	*4.3 Mi Total*
4. Turn **left** onto **N Meacham Rd**. Map	**1.5 Mi**	*5.8 Mi Total*
5. Turn **right** onto **E Golf Rd / IL-58 E**. Continue to follow **IL-58 E**. Map	**7.1 Mi**	*13.0 Mi Total*
6. Enter next roundabout and take the 2nd exit onto **E Golf Rd / IL-58**. Map	**3.7 Mi**	*16.7 Mi Total*
7. Turn **right** onto **N Milwaukee Ave / IL-21**. Map	**0.4 Mi**	*17.1 Mi Total*
8. Make a **U-turn** onto **N Milwaukee Ave / IL-21**. Map	**0.07 Mi**	*17.2 Mi Total*
9. **9371 N MILWAUKEE AVE** is on the **right**. Map		

B **9371 N Milwaukee Ave**, Niles, IL 60714-1303

Total Travel Estimate: **17.21 miles - about 34 minutes**

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OVER 30-MINUTES BY MAPQUEST ADJUSTED

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Nephrology and Hypertension

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January 23, 2012

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

Dear Ms. Avery:

I am a nephrologist practicing with Nephrology Associates of Northern Illinois (NANI) in the northwest Chicago suburbs and have been doing so for over 3 ½ years. I am on staff at Alexian Brothers Medical Center and St. Alexius Medical Center. I am writing to support the proposed 12-station Fresenius Medical Care Schaumburg facility.

My partners (Dr. Ray, Dr. Rahman, Dr. Lee, Dr. Pillsbury) and I were treating 189 hemodialysis patients at the end of 2008, 190 at the end of 2009 and 210 patients at the end of 2009, as reported to The Renal Network. As of the most recent quarter, we were treating 214 hemodialysis patients. Over the past twelve months we have referred 73 patients for hemodialysis services to Fresenius Hoffman Estates, Rolling Meadows, Glendale Heights, Glenview, Niles & Elk Grove, (DaVita) DSI Buffalo Grove, Arlington Heights and Schaumburg, QRC Carpentersville and ARA Barrington. We currently have 118 pre-ESRD patients that we expect to be referred to Fresenius Schaumburg facility in the first two years of its operation. These patients all have lab values indicative of a patient in active kidney failure. Due to patient attrition it is expected that approximately only 83 of these patients will still require dialysis services at the Schaumburg facility by the time it is operating.

I therefore urge the Board to approve Fresenius Medical Care Schaumburg in order to keep access available to this growing number of ESRD patients in the northwest suburbs. Thank you for your consideration.

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.

Sincerely,

Grady M. Wick, M.D.

Notarization:
Subscribed and sworn to before me
this 24 day of January, 2012

Signature of Notary

Seal

OFFICIAL SEAL
GEORGE J SPEAR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/19/12

PRE-ESRD PATIENTS NANI EXPECTS TO REFER TO FRESENIUS MEDICAL CARE SCHAUMBURG IN THE 1ST 2 YEARS OF OPERATION

Town	Zip Code	Physicians/Patients					Total
		Dr. Lee	Dr. Pillsbury	Dr. Rahman	Dr. Ray	Dr. Wick	
Elk Grove	60007	4	8	5		3	20
Streamwood	60107		5		2	1	8
Bloomingdale	60108	1	5	5	1		12
Hanover Park	60133	4			3	1	8
Itasca	60143		3	1	1		5
Medinah	60157			1			1
Hoffman Estates	60169	1	3	1	4		9
Roselle	60172	3	6	1	3	1	14
Schaumburg	60173			1	1	1	3
Schaumburg	60193	3	11	1	5	2	22
Schaumburg	60194	3	1	2	4	4	14
Schaumburg	60195				2		2
	Total	19	42	18	26	13	118

ADMISSIONS OF NANI FOR THE PAST TWELVE MONTHS

Zip Code	Dr. Lee		Dr. Pillsbury	Dr. Rahman		Dr. Ray			Dr. Wick				Total
	Fresenius Elk Grove	Fresenius Rolling Meadows	Fresenius Elk Grove	Fresenius Elk Grove	Fresenius Rolling Meadows	ARA Barrington	Fresenius Hoffman Estates	QRC Carpentersville	DaVita Schaumburg	Fresenius Glendale Heights	Fresenius Hoffman Estates	Fresenius Palatine	
53132							1						1
60004					1								1
60005	2			1									3
60007	7		3										10
60010						1							1
60018	2		1	1									4
60056	1												1
60090			1									1	2
60101	3												3
60103							1						1
60106				1									1
60107			1			1	2				1		5
60108	1			3					1				5
60110								1					1
60120							1						1
60124									1				1
60133	1												1
60139	1												1
60143	1			2					1				4
60169		1		1									2
60172	2	1											3
60173			1										1
60177								1					1
60185										1			1
60187										1			1
60188				1									1
60191	1												1
60193				1			1		4				6
60194							3		4				7
60634	2												2
Total	24	2	7	11	1	2	9	2	11	2	1	1	73

PATIENTS OF NANI AT YEAR END 2008
FOR THE NORTHWEST SUBURBS

Zip Code	ARA South Barrington	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	QRC Carpentersville	Total
60005			1					1
60007			24					24
60008			1					1
60009			1					1
60010			1			3		4
60016			2					2
60018			4					4
60050						1		1
60056			1					1
60062					1			1
60074			1					1
60101			6	2				8
60102			2				1	3
60103		4	3			1		8
60106			1					1
60107		2	5			11		18
60108			5	2				7
60110			1			3		4
60118							1	1
60133		4	1			7		12
60137				1				1
60139			1	1				2
60143			4					4
60157			1					1
60169		1	1			9		11
60172		3	7					10
60173			1					1
60187			1					1
60188			4					4
60191			12					12
60192	1					2		3
60193		7	15					22
60194		2	5			2		9
60195			2					2
60453			1					1
60619			1					1
60707						1		1
Total	1	23	116	6	1	40	2	189

PATIENTS OF NANI AT YEAR END 2009
FOR THE NORTHWEST SUBURBS

Zip Code	ARA Crystal Lake	DaVita Montclare	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Hoffman Estates	Fresenius Rolling Meadows	Fresenius Glendale Heights	Fresenius Glenview	QRC Carpentersville	QRC Marengo	Total
60004				1		1					2
60005				1		1					2
60007				22							22
60008				1		1					2
60010				3	1						4
60016				3							3
60018				1							1
60050					1						1
60056				1							1
60062								1			1
60067				1		2					3
60074						1					1
60077				1							1
60101				5			1				6
60102									1		1
60103			3	2	3		2				10
60106				2							2
60107			4	5	13						22
60108				8							8
60110				1	2						3
60120					1						1
60123				1							1
60133			5	5	8						18
60137							1				1
60139							1				1
60142	1									1	2
60143				4							4
60157			1								1
60169				1	10						11
60172			4	4							8
60187				1							1
60188				3							3
60191				9							9
60192					3	1					4
60193		1	7	10							18
60194			1	3	4						8
60523			1								1
60634		1									1
60707					1						1
Total	1	2	26	99	47	7	5	1	1	1	190

PATIENTS OF NANI AT YEAR END 2010
FOR THE NORTHWEST SUSBURBS

Zip Code	DaVita Montclare	DaVita Schaumburg	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	Fresenius Rolling Meadows	Total
60004							3	3
60005			4				1	5
60007		1	23					24
60008			1				2	3
60010			1			3		4
60018			4				1	5
60030			1					1
60050						1		1
60056			1					1
60062					1			1
60067							2	2
60074			1				1	2
60077			1					1
60101			4	1				5
60102			1					1
60103		2	2	1		3		8
60106			3					3
60107		2	6			15		23
60108		1	4	1				6
60110			1			3		4
60120						1		1
60133		5	6			6		17
60137				1				1
60139			1	1				2
60140						1		1
60143			7					7
60148				1				1
60157			1					1
60169		1	4			6		11
60172		5	4					9
60173			2					2
60185				1				1
60187			1					1
60188			2					2
60191			8					8
60192						2		2
60193		11	12			1		24
60194		1	3			4		8
60195			1					1
60440			1					1
60634	2		2			1		5
60707						1		1
Total	2	29	113	7	1	48	10	210

PATIENTS OF NANI FOR MOST RECENT QUARTER
FOR THE NORTHWEST SUBURBS

Zip Code	ARA Barrington	DaVita Montclare	DaVita Schaumburg	Fresenius Elgin	Fresenius Elk Grove	Fresenius Glendale Heights	Fresenius Glenview	Fresenius Hoffman Estates	Fresenius Palatine	Fresenius Rolling Meadows	Total
60004										1	1
60005					2					1	3
60007			2		25						27
60008					1					1	2
60009					1						1
60010	1				1			4			6
60016					1						1
60018					6					1	7
60050								1			1
60056					2						2
60062							1				1
60067										1	1
60074									1		1
60090					1						1
60101					6	1					7
60102					1						1
60103					2			2			4
60106					1						1
60107			1		6			17			24
60108			3		4	1					8
60110					1			2			3
60120				1				1			2
60124			1								1
60133			4		5			7			16
60137						1					1
60139					2	1					3
60140								1			1
60142				1							1
60143					8						8
60148						1					1
60157					1						1
60169	1				2			8			11
60172			5		4						9
60173					1						1
60185						1					1
60187					1	1					2
60188					2						2
60191					7						7
60192								2			2
60193			12		10						22
60194			4		3			5			12
60195					1						1
60440					1						1
60634		2			2			1			5
Total	2	2	32	2	111	7	1	51	1	5	214