FRESENIUS MEDICAL CARE

November 9, 2015

RECEIVED
NOV 10 2015
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Re: Final Cost Report. Section 1130.770
Project #12-029, BMA Southwestern Illinois
Permit Holder: Bio-Medical Applications of Illinois, Inc. and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Southwestern Illinois, #12-029, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515
Main: 630-960-6700

FRESENIUS
MEDICAL CARE

April 7, 2015

Final Cost Report, Section 1130.770 Fresenius Medical Care Southwestern Illinois

Project #12-029, BMA Southwestern Illinois
Permit Holder: Bio-Medical Applications of Illinois, Inc. and Fresenius Medical Care Holdings, Inc.
Permit Amount: $4,442,054

This report summarizes the development and final costs of the above-mentioned project which is for the relocation of the 19-station BMA Southwestern Illinois dialysis center from #7 Eastgate Plaza, East Alton to 7 Professional Drive, Alton. There have been no changes to the scope and size of this project. The Permit amount is $4,442,054. Final realized costs were $3,810,467.

Permit Condition/Stipulation requirements were met through the notification of nephrologists admitting to the clinic that the facility provides dialysis services to all patients regardless of patient's ability to pay on October 4, 2012.

The project was obligated through the execution of the lease for the premises on October 30, 2012. The facility relocated into the new premises on February 10, 2014 and was complete on November 9, 2015 with receipt of the CMS Certification letter. The facility's effective CMS Certification date is May 26, 2015 and its new name is Fresenius Medical Care Southwestern Illinois.

Project Costs and Sources of Funds

Project Costs	**Allowance/CON**	**Realized**
Modernization	1,454,506	1,089,375
Contingencies	159,893	0
Architectural/Engineering	160,000	72,517
Movable & Other Equipment	500,000	480,920
FMV of Leased Space/Equipment	2,167,655	2,167,655
Total Project Costs	$4,442,054	**$3,810,467**
Funding	**Allowance/CON**	**Realized**
Cash & Securities	2,274,399	1,642,812
Lease FMV	2,167,655	2,167,655
Total funds	$4,442,054	**$3,810,467**

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

Application and Certificate for Payment (AIA G702)

Final G-702 is attached.

Certification Of Cost Report
Fresenius Medical Care Southwestern Illinois
Project #12-029

Bio-Medical Applications of Illinois, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Southwestern Illinois, Project #12-029, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____

Mark Fawcett
Senior Vice President & Treasurer

ITS: _____

Subscribed and Sworn to
Before me this 7 day of April, 2015

C Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

BY: _____

Bryan Mello
Assistant Treasurer

ITS: _____

Subscribed and Sworn to
Before me this 7 day of April, 2015

C Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Certification Of Cost Report
Fresenius Medical Care Southwestern Illinois
Project #12-029

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Southwestern Illinois, Project #12-029, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____

ITS: Mark Fawcett
Senior Vice President & Treasurer

BY: _____

ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to
Before me this 7 day of April, 2015

C. Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

Subscribed and Sworn to
Before me this 7 day of April, 2015

C. Wynelle Scenna
Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25, 2021

AIA® Document G702™ – 1992

Application and Certificate for Payment

2 4 2014

TO OWNER: Fresenius Medical Care
2219 Hollywood Blvd.
Hollywood FL 33020

PROJECT: Southern Illinois
1 Professional Drive
Alton IL 62002

APPLICATION NO: 6
PERIOD TO: 02/13/2014
CONTRACT FOR:
CONTRACT DATE:
PROJECT NOS: TREATMENT / CLINIC /

Distribution to:
OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

FROM CONTRACTOR:
Modern Construction Corporation
254 Rockland Road
Hendersonville TN 37075

VIA ARCHITECT:
Christopher Kidd & Assoc. LLC
N 48 W 16550 Lisbon Road
Menomonee Falls WI 53051

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	$ 739,500.00
2. Net change by Change Orders	$ 17,287.13
3. CONTRACT SUM TO DATE (Line 1 ± 2)	$ 756,787.13
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$ 756,787.13
5. RETAINAGE:	
a. 0.00 % of Completed Work (Column D + E on G703)	$ 0.00
b. 0.00 % of Stored Material (Column F on G703)	$ 0.00
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	$ 756,787.13
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$ 678,828.32
8. CURRENT PAYMENT DUE	$ 77,958.81
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$	$
Total approved this Month	$	$
TOTALS	$	$
NET CHANGES by Change Order	$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
By: _____ Date: 2/18/14
State of: TN
County of: Sumner
Subscribed and sworn to before me this 18 day of February, 2014
Notary Public: Gina Dumitrescu
My Commission expires: September 20, 2014

GINA DUMITRESCU
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect~~'s knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $ 77,958.81

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

~~ARCHITECT~~:
By: _____ Date: 2/24/14

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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AIA® Document G702™ – 1992

Application and Certificate for Payment

24 2014

TO OWNER: Fresenius Medical Care
2219 Hollywood Blvd.
Hollywood FL 33020

PROJECT: Southern Illinois
1 Professional Drive
Alton IL 62002

APPLICATION NO: 6
PERIOD TO: 02/13/2014
CONTRACT FOR:
CONTRACT DATE:
PROJECT NOS: HHD / /

Distribution to:
OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
FIELD ☐
OTHER ☐

FROM CONTRACTOR:
Modern Construction Corporation
254 Rockland Road
Hendersonville TN 37075

VIA ARCHITECT:
Christopher Kidd & Assoc. LLC
N 48 W 16550 Lisbon Road
Menomonee Falls WI 53051

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM ..... $ 180,500.00
2. Net change by Change Orders ..... $ 0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2) ..... $ 180,500.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) ..... $ 180,500.00
5. RETAINAGE:
   a. 0.00 % of Completed Work (Column D + E on G703) $ 0.00
   b. 0.00 % of Stored Material (Column F on G703) $ 0.00
   Total Retainage (Lines 5a + 5b or Total in Column I of G703) ..... $ 0.00
6. TOTAL EARNED LESS RETAINAGE ..... $ 180,500.00
   (Line 4 Less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ..... $ 162,450.00
   (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE ..... $ 18,050.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE
   (Line 3 less Line 6) $ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$	$
Total approved this Month	$	$
TOTALS	$	$
NET CHANGES by Change Order	$	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
By: _____ Date: _____
State of: TN
County of: Sumner
Subscribed and sworn to before me this 14th day of February, 2014
Notary Public: Gina Dumitrescu
My Commission expires: September 20, 2016

GINA DUMITRESCU
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect's~~ knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED

AMOUNT CERTIFIED ..... $ 18,050.00

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

~~ARCHITECT~~
By: _____ Date: 2/24/14

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER):	Fresenius Medical Care	PROJECT:	Fresenius 1647-2 Alton, IL	APPLICATION NO:	5	Distribution to:
				PERIOD TO:	11/30/2013	OWNER:
FROM (CONTR.)	Cohen Architectural Woodworking	VIA (ARCHITECT):		CONTRACTOR'S		ARCHITECT
				PROJECT NO:		CONTRACTOR
CONTRACT FOR:	Millwork & Installation			CONTRACT DATE:		

DEC 16

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
CO 1		900	
TOTALS		900	0
Net change by Change Orders		900	

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due

CONTRACTOR:

By: _____ Date: 12/16/13

Lori L Loeffelman
Notary Public Notary Seal
State of Missouri County of Crawford
My Commission Expires 05/29/2016
Commission # 12347922

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	$ 151,188.00
2. Net change by Change Orders	$ 900.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	$ 152,088.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$ 152,088.00
5. RETAINAGE:	
a. _____ % of Completed Work (Columns D + E on G703)	_____
b. 100 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I of G703)	$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$ 152,088.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$ 136,879.20
8. CURRENT PAYMENT DUE	$ 15,208.80
9 BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$ -

State of: Missouri County of: Phelps
Subscribed and sworn to before me this 16th day of Dec 2013
Notary Public: Lori Loeffelman
My Commission expires: 5/29/2016

~~ARCHITECT'S~~ CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the ~~Architect~~ certifies to the Owner that to the best of the ~~Architect's~~ knowledge, information and belief the Work has progresssed as indicated the quality of the Work is in accordance with the Contract Documents and the Contractor is entitled to payment of the AMOUNT CERTIFIED

AMOUNT CERTIFIED $15,208.80
(Attach explanation if amount certified differs from the amount applied for.)

~~ARCHITECT~~:

By: _____ Date: 12/16/13

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.