



March 27, 2014

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APR 02 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Final Realized Cost Report – Tazewell County Dialysis (Proj. No. 12-052)

Dear Mr. Constantino:

On behalf of DaVita HealthCare Partners Inc. and Pekin Dialysis, LLC. d/b/a Tazewell County Dialysis (collectively, “DaVita”), I am writing to submit the final realized project cost report for Project No. 12-052. On October 31, 2012, the Illinois Health Facilities and Services Review Board (“State Board”) approved DaVita’s application for a certificate of need permit to establish an 8-station in-center hemodialysis facility located at 1021 Court Street, Pekin, Illinois 61554 (the “Project”). The permit provided for a project completion date of October 31, 2014. On January 17, 2013, the Project was obligated through execution of a lease for the building that would house the dialysis facility. The facility was notified by the Centers for Medicare and Medicaid Services in a letter dated February 3, 2014 that the 8 stations were approved and certified with an effective date of January 29, 2014.

For your review, DaVita submits the following information as its final realized cost report for the establishment of Tazewell County Dialysis:

1. Final Realized Project Costs

Tazewell County Dialysis Final Realized Project Costs		
	Approved	Expended
Modernization Contracts	\$719,845	\$470,000
Contingencies	\$104,377	\$0
Architectural /Engineering Fees	\$84,000	\$67,110
Consulting and Other Fees	\$80,000	\$0
Movable or Other Equipment (not in construction contracts)	\$318,900	\$471,346
Fair Market Value of Lease Space and Equipment	\$377,997	\$377,997
ESTIMATED TOTAL PROJECT COST	\$1,685,119	\$1,386,453

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All of the costs reported in the Table above will be reported in the Medicare / Medicaid cost reports.

2. Medicare and Medicaid Cost Reports and Certification of Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, DaVita certifies that no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify DaVita has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

3. Final Application and Certification for Payment

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact Tim Tincknell at 312-649-9289 or timothy.tincknell@davita.com.

Sincerely,



Mary J. Anderson

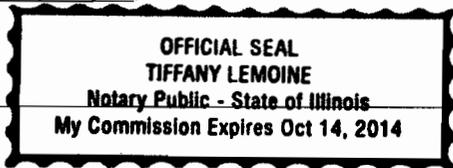
Divisional Vice President

DaVita HealthCare Partners Inc.

SUBSCRIBED AND SWORN

to before me this 28 day of

March, 2014



My commission expires: _____

Attachment

cc: Michael Mills, HFSRB
Cindy Emley
David Geary

APPLICATION AND CERTIFICATION FOR PAYMENT

CONSTRUCTION MANAGER

PAGE ONE OF PAGES

TO (OWNER):

DaVita - David Geary

PROJECT: Pekin IL Chronic

APPLICATION #: Four (retain)
 PERIOD TO: 07/31/13
 PROJECT NOS:

FROM (CONTRACTOR):

Seakay Construction SE Corp
 940 Dogwood Drive
 Delray Beach, FL 33483

VIA ARCHITECT:

Pulse Design Group
 8207 Melrose Dr. Suite 145
 Lenexa, Kansas 66214

CONTRACT DATE:

Distribution to:
 Owner
 Const. Mgr
 Architect
 Contractor

CONTRACT FOR:

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----- \$ 470,000.00
2. Net Change by Change Orders----- \$ 470,000.00
3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ 470,000.00
4. TOTAL COMPLETED & STORED TO DATE \$ 470,000.00
 (Column G on G703)
5. RETAINAGE:
 - a. % of Completed Work \$ _____
 (Columns D+E on G703)
 - b. % of Stored Material \$ _____
 (Column F on G703)
 Total Retainage (Line 5a + 5b or Total in Column 1 of G703----- \$ 470,000.00
6. TOTAL EARNED LESS RETAINAGE----- \$ 470,000.00
 (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
 (Line 6 from prior Certificate)----- \$ 423,000.00
8. CURRENT PAYMENT DUE----- \$ 47,000.00
 (Line 3 less Line 6)
9. BALANCE TO FINISH, INCLUDING RETAINAGE
 (Line 3 less Line 6) \$ _____

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 therein is now due.

CONTRACTOR:

By: David Geary Date: 7/29/13

D05411-0
 02.01
 08/01/13

State of: _____
 County of: _____
 Subscribed and sworn to before me this _____ day of _____

David Geary

Digitally signed by David Geary
 DN: cn=David Geary, o=DaVita, ou=Team Genesis, email=david.geary@davita.com, c=US
 Date: 2013.08.01 21:44:38 -0500'

Notary Public: My Commission expires: _____

CERTIFICATE FOR PAYMENT

In accordance with Contract Documents, based on on-site observations and the data comprising 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 -----

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

ARCHITECT: _____ By: _____ Date: _____

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 of Contractor under this Contract.

Continuation Sheet

Application No.: Four

Pekin IL Chronic

Application Date: 29-Jul-13

Schedule of Values

Period To: 31-Jul-13

Architect's Project No.:

B Description of Work	C Scheduled Value	D Work From Previous Application (D + E)	E Completed This Period	F Materials Presently Stored (Not in D & E)	G Total Completed and Stored (D + E + F)	G % (G/C)	H Balance to Finish (C - G)	I Retainage (if variable Rate)
General Conditions	\$ 17,000	\$ 17,000	-	\$ -	\$ 17,000	100%	-	\$0
Fire Sprinkler	\$ -	\$ -	-	\$ -	\$ -	#DIV/0!	-	\$0
Concrete/Masonry	\$ 23,000	\$ 23,000	-	\$ -	\$ 23,000	100%	-	\$0
Partitions/Ceilings	\$ 56,000	\$ 56,000	-	\$ -	\$ 56,000	100%	-	\$0
Millwork	\$ 53,000	\$ 53,000	-	\$ -	\$ 53,000	100%	-	\$0
Glass/Glazing	\$ 9,000	\$ 9,000	-	\$ -	\$ 9,000	100%	-	\$0
Electrical	\$ 67,000	\$ 67,000	-	\$ -	\$ 67,000	100%	-	\$0
Plumbing	\$ 82,000	\$ 82,000	-	\$ -	\$ 82,000	100%	-	\$0
HVAC	\$ 45,000	\$ 45,000	-	\$ -	\$ 45,000	100%	-	\$0
Specialties	\$ 22,000	\$ 22,000	-	\$ -	\$ 22,000	100%	-	\$0
Doors & Hardware	\$ 21,000	\$ 21,000	-	\$ -	\$ 21,000	100%	-	\$0
Flooring	\$ 25,000	\$ 25,000	-	\$ -	\$ 25,000	100%	-	\$0
Painting	\$ 8,000	\$ 8,000	-	\$ -	\$ 8,000	100%	-	\$0
Profit & Overhead	\$ 42,000	\$ 42,000	-	\$ -	\$ 42,000	100%	-	\$0
Change Order	\$ -	\$ -	-	\$ -	\$ -	#DIV/0!	-	\$0
Total	\$ 470,000.00	\$ 470,000.00	-	\$ -	\$ 470,000	100%	-	\$0