ORIGINAL SIGNATURES 12-090

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

APPLICATION

MAY 2010 EDITION

RECEIVED
NOV 13 2012
HEALTH FACILITIES & SERVICES REVIEW BOARD

TABLE OF CONTENTS

SECTION NO.			PAGES
		Instructions	ii-iv
I.		Identification, General Information and Certification	1-9
II.		Discontinuation	10
III.		Project Background, Purpose, and Alternatives	11-12
IV.		Project Scope & Size, Utilization and Unfinished/Shell Space	13-14
V.		Master Design and Related Projects	15-16
VI.		Mergers, Consolidations and Acquisitions	17
VII.		**Service Specific Review Criteria**	
	A.	Medical/Surgical, Obstetric, Pediatric and Intensive Care	18-19
	B.	Comprehensive Physical Rehabilitation	20
	C.	Acute/Chronic Mental Illness	21
	D.	Neonatal Intensive Care	22
	E.	Open Heart Surgery	23
	F.	Cardiac Catheterization	24-25
	G.	In-Center Hemodialysis	26
	H.	Non-Hospital Based Ambulatory Surgery	27-28
	I.	General Long Term Care	29-30
	J.	Specialized Long Term Care	31-32
	K.	Selected Organ Transplantation	33
	L.	Kidney Transplantation	34
	M.	Subacute Care Hospital Model	35-38
	N.	Post Surgical Recovery Care Center	39-40
	O.	Children's Community-Based Health Care Center	41-42
	P.	Community-Based Residential Rehabilitation Center	43
	Q.	Long Term Acute Care Hospital	44
	R,	Clinical Service Areas Other than Categories of Service	45
	S.	Freestanding Emergency Center Medical Services	46-49
VIII.		Availability of Funds	50
IX.		Financial Viability	51
X.		Economic Feasibility	52-53
XI.		Safety Net Impact Statement	53-54
XII.		Charity Care Information	54
		Index of Attachments to the Application	55

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

INSTRUCTIONS
GENERAL

- The Application must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act, including those involving establishment, expansion, modernization or discontinuation of a service or facility.
- The person(s) preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130).
- **This Application does not supersede any of the above-cited rules and requirements that are currently in effect.**
- The application form is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Codes 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to the Health Facilities and Services Review Board staff at (217)782-3516.
- Copies of this application form are available on the Health Facilities and Services Review Board Website www.hfsrb.illinois.gov

---

SPECIFIC

- Use this form, as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE label as such and state the reason why.**
- For all applications that time and distance are required for a criterion submit copies of all Map-Quest Printouts that indicate the distance and time from the proposed facility or location to the facilities identified.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION FOR PERMIT. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION AND OR NUMBERING.**
- Attachments for each Section should be appended after the last page of the application for permit.
- Begin each Attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- For those criteria that require MapQuest printouts, physician referral letters and attachments, impact letters and documentation of receipt, include as appendices after that last attachment submitted with the application for permit. Label as Appendices 1, 2 etc.
- For all applications that require physician referrals the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients in the past 12 or 24 months whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original application and one copy both **unbound.** **Label one copy original** that contains the original signatures **(on the application for permit).**

Failure to follow these requirements WILL result in the application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (113.620(d)

ADDITIONAL REQUIREMENTS

FLOOD PLAIN REQUIREMENTS

Before an application for permit involving construction will be deemed **COMPLETE** the applicant must **attest** that the project **is or is not in a flood plain,** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2005-5**.

HISTORIC PRESERVATION REQUIREMENTS

In accordance with the requirements of the Illinois Historic Resources Preservation Act (IHRP), the Health Facilities Planning Board is required to advise the Historic Preservation Agency of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the IHRP Agency to determine if certain projects may impact upon historic resources. Such types of projects include:

1. Projects involving demolition of any structures; or
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the Illinois Historic Preservation Agency so known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The Historic Preservation Agency (HPA) will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from the HPA with the submission of the application for permit.

Information concerning the Historic Resources Preservation Act may be obtained by calling (217)782-4836 or writing Illinois Historic Preservation Agency Preservation Services Division, Old State Capitol, Springfield, Illinois 67201,

SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. **SEE SECTION XI** OF THE APPLICATION FOR PERMIT.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XII** OF THE APPLICATION FOR PERMIT.

FEE

An application processing fee (refer to Part 1130.620(f) for the determination of the fee) must be submitted with most applications. If a fee is applicable, and initial fee of $2,500 MUST be submitted at the same time as submission of the application. **The application will not be declared complete and the review will not be initiated if the processing fee is not submitted.** HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **Payment may be by check or money order and must be made payable to the Illinois Department of Public Health.**

SUBMISSION OF APPLICATION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: **SAH Dialysis Clinic at 26th Street**		
Street Address **3059 West 26th Street**		
City and Zip Code: **Chicago, 60623**		
County: **Cook**	Health Service Area **6**	Health Planning Area:

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

Exact Legal Name: **Saint Anthony Hospital**
Address: **2875 West 19th Street, Chicago, Illinois 60623**
Name of Registered Agent: **Aileen Brooks**
Name of Chief Executive Officer: **Guy A. Medaglia, President and CEO**
CEO Address: **2875 West 19th Street, Chicago, Illinois 60623**
Telephone Number: **(773) 484-4300**

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: **John P. Kniery**
Title: **CON Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3616**

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

Name: **Aileen Brooks**
Title: **Vice President General Counsel**
Company Name: **Saint Anthony Hospital**
Address: **2875 West 19th Street, Chicago, Illinois 60623**
Telephone Number: **(773) 484-4015**
E-mail Address: **abrooks@SAHChicago.org**
Fax Number: **(773) 521-0084**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: **SAH Dialysis Clinic at 26th Street**		
Street Address **3059 West 26th Street**		
City and Zip Code: **Chicago, 60623**		
County: **Cook**	Health Service Area **6**	Health Planning Area: **6**

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

Exact Legal Name: **Saint Anthony Health Ministries**
Address: **2875 West 19th Street, Chicago, Illinois 60623**
Name of Registered Agent: **Aileen Brooks**
Name of Chief Executive Officer: **Guy A. Medaglia, President and CEO**
CEO Address: **2875 West 19th Street, Chicago, Illinois 60623**
Telephone Number: **(773) 484-4300**

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: **John P. Kniery**
Title: **CON Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3616**

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

Name: **Aileen Brooks**
Title: **Vice President General Counsel**
Company Name: **Saint Anthony Hospital**
Address: **2875 West 19th Street, Chicago, Illinois 60623**
Telephone Number: **(773) 484-4015**
E-mail Address: **abrooks@SAHChicago.org**
Fax Number: **(773) 521-0084**

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: **Aileen Brooks**
Title: **Vice President General Counsel**
Company Name: **Saint Anthony Hospital**
Address: **2875 West 19th Street, Chicago, Illinois 60623**
Telephone Number: **(773) 484-4015**
E-mail Address: **abrooks@SAHChicago.org**
Fax Number: **(773) 521-0084**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Chicago Title Land Trust, Trust # 22630, (as successor trustee to LaSalle Bank and America National Bank)**
Address of Site Owner: **2875 West 19th Street, Chicago, Illinois 60623**
Street Address or Legal Description of Site: **3059 West 26th Street, Chicago, Illinois 60623** **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: **Saint Anthony Hospital**
Address: **2875 West 19th Street, Chicago, Illinois 60623**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

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

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.

Saint Anthony Hospital seeks to establish a 15 station End Stage Renal Dialysis center in 6,557 gross square feet of space to be leased and renovated. The cost of the project is $3,054,243.

The project is classified as substantive, as the project is for the establishment of a In-Center Hemodialysis category of service and in the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 9,190	$ -	$ 9,190
Site Survey and Soil Investigation	$ -	$ -	$ -
Site Preparation	$ -	$ -	$ -
Off Site Work	$ -	$ -	$ -
New Construction Contracts	$ -	$ -	$ -
Modernization Contracts	$ 905,015	$ 227,945	$ 1,132,960
Contingencies	$ 135,752	$ -	$ 135,752
Architectural/Engineering Fees	$ 60,913	$ 10,652	$ 71,565
Consulting and Other Fees	$ 27,500	$ -	$ 27,500
Movable or Other Equipment (not in construction contracts)	$ 394,896	$ 5,865	$ 400,761
Bond Issuance Expense (project related)	$ -	$ -	$ -
Net Interest Expense During Construction (project related)	$ -	$ -	$ -
Fair Market Value of Leased Space or Equipment	$ 1,099,221	$ 177,294	$ 1,276,515
Other Costs To Be Capitalized	$ -	$ -	$ -
Acquisition of Building or Other Property (excluding land)	$ -	$ -	$ -
TOTAL USES OF FUNDS	**$ 2,632,488**	**$ 421,756**	**$ 3,054,243**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$ 2,632,488**	**$ 421,756**	**$ 3,054,243**
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 2,632,488**	**$ 421,756**	**$ 3,054,243**

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

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							
Dialysis Center	$2,632,488		5581	N/A	5581	0	0
Total Clinical	**$2,632,488**		**5581**	**N/A**	**5581**	**0**	**0**
NON REVIEWABLE							
Circulation & Support Space outside of ESRD unit	$421,756		976	N/A	976	0	0
Total Non-clinical	**$421,756**		**976**	**N/A**	**976**	**0**	**0**
TOTAL	**$3,054,243**		**6,557**	**N/A**	**6,557**	**0**	**0**

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**. **NOT GERMANE AS THIS IS NOT A BED PROJECT.**

FACILITY NAME:			**CITY:**		
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

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 Saint Anthony Hospital **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
Guy A. Medaglia	Tyla Courtney, MD
PRINTED NAME	PRINTED NAME
President & Chief Executive Officer	President of Staff
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7th day of September, 2012	Notarization: Subscribed and sworn to before me this 7th day of September, 2012
Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

*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 Saint Anthony Health Ministries **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
Guy A. Medaglia	ALLEEN BROOKS
PRINTED NAME	PRINTED NAME
President & Chief Executive Officer	ASST. SECRETARY
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 10th day of September, 2012	Notarization: Subscribed and sworn to before me this 10th day of September, 2012
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL MANUELA CELEDON Notary Public - State of Illinois My Commission Expires Jun 30, 2015	Seal: OFFICIAL SEAL MANUELA CELEDON Notary Public - State of Illinois My Commission Expires Jun 30, 2015

*Insert EXACT legal name of the applicant

14

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?
ESRD (15 Stations)	6,557	6,750-9750	-193	Yes

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	ESRD	N/A	4,368	11,235	
YEAR 2	ESRD	N/A	11,232	11,235	YES

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

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**	**15**

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:**

$ 3,054,243	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
_____		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$ 3,054,243	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. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **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**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

a. 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		**$162.16**			**5,581****		-	**$905,015**	**$905,015**
Contingency		**$ 24.34**			**5,581****		-	**$ 135,752**	**$ 135,752**
TOTALS		**$186.50**			**5,581****			**$1,040,767**	**$1,040,767**

* Include the percentage (%) of space for circulation

****square footage and resultant cost are for clinical area only.**

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-hspital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year 2010**	**Year 2011**	**Year 2012**
Inpatient	277	366	269
Outpatient	5,127	3,254	8,144
Total	**5,404**	**3,620**	**8,413**
Charity (cost in dollars)			
Inpatient	$2,179,411	$2,566,683	$1,810,783
Outpatient	$3,849,557	$2,807,445	$5,282,621
Total	**$6,028,968**	**$5,374,128**	**$7,093,404**
MEDICAID			
Medicaid (# of patients)	**Year 2010**	**Year 2011**	**Year 2012**
Inpatient	5,546	5,043	5,177
Outpatient	41,449	41,075	45,258
Total	**46,995**	**46,118**	**50,435**

Medicaid (revenue)			
Inpatient	$66,602,924	$52,262,879	$69,217,871
Outpatient	$48,999,720	$54,194,901	$62,463,985
Total	**$115,602,644**	**$116,457,780**	**$131,681,856**

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	**2010**	**2011**	**2012**
Amount of Charity Care (charges)	**$18,381,000**	**$17,392,000**	**$22,956,000**
Cost of Charity Care	**$6,028,968**	**$5,374,128**	**$7,093,404**

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

ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	26-28
2	Site Ownership	29-53
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	54-56
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	57-58
5	Flood Plain Requirements	59-61
6	Historic Preservation Act Requirements	62-63
7	Project and Sources of Funds Itemization	64-67
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	68-74
12	Purpose of the Project	75-129
13	Alternatives to the Project	130-143
14	Size of the Project	144
15	Project Service Utilization	145-184
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	185-412
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	413-442
40	Financial Waiver	443
41	Financial Viability	
42	Economic Feasibility	444-447
43	Safety Net Impact Statement	448 -
44	Charity Care Information	482

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant Identification

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.

The Applicants to this project are **Saint Anthony Hospital** (owner and operator) and **Saint Anthony Health Ministries** (parent). Each entity is a not-for-profit corporation and their respective Certificates of Good Standing from the Illinois Secretary of State's office are appended in **ATTACHMENT-1A**.

ATTACHMENT-1

File Number 5725-617-6

To all to whom these Presents Shall Come, Greeting:

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

SAINT ANTHONY HEALTH MINISTRIES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221902676

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

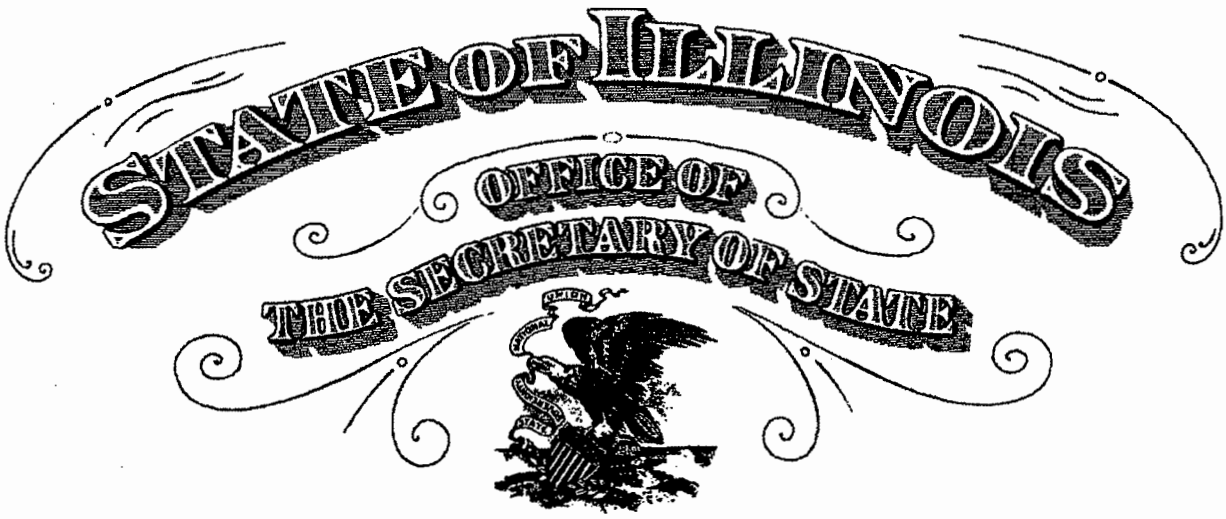
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* AUGUST *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 0901-576-1



To all to whom these Presents Shall Come, Greeting:

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

SAINT ANTHONY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 03, 1903, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221902668

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* AUGUST *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED II)

Site Ownership

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.

Trust Number 22630 is the owner of the site. Specifically, Chicago Title Land Trust Company, as successor trustee to LaSalle Bank and American National Bank Association, not personally, but as trustee, under trust agreement dated December 1, 1965 is the landlord of the site and property. A copy of the fully executed lease agreement is appended as **ATTACHMENT-2A**. Please note that this entity is only the landlord and as such does not have any control of the health care facility other than as set forth in the lease. Thus, this entity is not a co-Applicant.

ATTACHMENT-2

PILSEN PARK SHOPPING CENTER
(LITTLE VILLAGE PLAZA)
CHICAGO, ILLINOIS
LEASE

INDEX

ARTICLE I	BASIC LEASE PROVISIONS AND ENUMERATION OF EXHIBITS	Page #
Section 1.1	Basic Lease Provisions	4, 5
Section 1.2	Significance of Basic Lease Provisions	7
Section 1.3	Enumeration of Exhibits	7
ARTICLE II	LEASED PREMISES AND TERM	
Section 2.1	Shopping Center	7
Section 2.2	Leased Premises	7
Section 2.3	Lease Term	8
Section 2.3A	Options to Renew	8
Section 2.4	Statement as to Lease Term	9
ARTICLE III	CONSTRUCTION OF LEASED PREMISES	
Section 3.1	Due Diligence Period	10
Section 3.2	Construction by Landlord	11
Section 3.3	Construction by Tenant	13
Section 3.4	Tender of Leased Premises	14
Section 3.5	Obligations of Tenant Before Lease Term Begins	14
ARTCLE IV	METHOD OF RENT PAYMENT	
Section 4.1	The Rent	14
Section 4.2	Lease Year	14
Section 4.3	Definition of Gross Sales (N/A)	15
Section 4.4	Payment of Percentage Rent (N/A)	15
Section 4.5	Maintenance of Records and Examination (N/A)	15
Section 4.6	Additional Payments (N/A)	15
ARTICLE V	COMMON AREAS AND FACILITIES	
Section 5.1	Common Areas and Facilities	15
Section 5.2	Use of Common Areas	16
Section 5.2A	Reserved Parking Spaces	16
Section 5.3	Tenant's Share of Common Area Maintenance (N/A)	16
Section 5.4	Common Areas Maintenance Cost (N/A)	16
Section 5.5	Payment of Common Areas Maintenance Cost (N/A)	16
Section 5.6	Cap on Tenant's Pro Rata Share (N/A)	17

Section 5.7	Tenant's Audit Rights	17
ARTICLE VI	UTILITY SERVICES	
Section 6.1	Utility Services	17
ARTICLE VII	LANDLORD'S ADDITIONAL COVENANTS	
Section 7.1	Repairs by Landlord	17
Section 7.2	Quiet Enjoyment	18
Section 7.3	Insurance	18
Section 7.4	Indemnification	18
Section 7.5	Costs and Expenses	18
Section 7.6	Landlord's Lien	18
ARTICLE VIII	TENANT'S ADDITIONAL COVENANTS	
Section 8.1	Affirmative Covenants	19
Section 8.2	Negative Covenants	24
ARTICLE IX	DAMAGE OR TAKING AND RESTORATION	
Section 9.1	Fire, Explosion or Other Casualty	27
Section 9.2	Eminent Domain	28
ARTICLE X	DEFAULTS BY TENANT AND REMEDIES	
Section 10.1	Defaults by Tenant	29
Section 10.1A	Late Charges	30
Section 10.2	Interest on Late Payment	31
Section 10.3	Holdover by Tenant	31
Section 10.4	Landlord's Right to Cure Defaults	31
Section 10.4A	Tenant's Right to Cure Landlord Defaults	31
Section 10.5	Effect of Waivers of Default	32
Section 10.6	Security Deposit (N/A)	32
ARTICLE XI	MISCELLANEOUS PROVISIONS	
Section 11.1	Mutual Waiver of Subrogation Rights	32
Section 11.2	Notices from One Party to the Other	33
Section 11.3	Voting Control of Tenant (N/A)	33
Section 11.4	Relationship of the Parties	33
Section 11.5	Estoppel Certificates	33
Section 11.6	Applicable Law and Construction	33
Section 11.7	Force Majeure	33
Section 11.8	Execution of Lease by Landlord	34
Section 11.9	Binding Effect of Lease	34
Section 11.10	Cancellation (N/A)	34
Section 11.11	Agency or Independent Contractor	34
Section 11.12	Mortgagee's Right to Cure	34
Section 11.13	Accord and Satisfaction	34

ATTACHMENT-2A

Section 11.14	Tenant Identification Signage	35
Section 11.15	Exculpatory Clause	35
Section 11.16	Counterpart Signatures	36
ARTICLE XII	COMPLIANCE WITH ZONING AND USE LAWS	
Section 12.1	Landlord Obligations	36
Section 12.2	Noncompliance with Zoning Requirements	36
ARTICLE XIII	TENANT EXCLUSIVE	
Section 13.1	Tenant Exclusive	37
ARTICLE XIV	OUTDOOR EVENTS	
Section 14.1	Outdoor Events	38

PILSEN PARK SHOPPING CENTER
(LITTLE VILLAGE PLAZA)
CHICAGO, ILLINOIS
LEASE

ARTICLE I
BASIC LEASE PROVISIONS AND ENUMERATION OF EXHIBITS

Section 1.1 Basic Lease Provisions

A. **DATE:** March 28, 2012

B. **LANDLORD:** Chicago Title Land Trust Company, as Successor Trustee To LaSalle Bank and American National Bank Association, not personally, but as Trustee, Under Trust Agreement dated December 1, 1965 and known as Trust Number 22630

C. **TENANT:** Saint Anthony Hospital, an Illinois not for profit corporation

D. **ADDRESS OF TENANT:** 2875 West 19th Street, Chicago, Illinois 60623,
Attention: Vice President – Professional Services

E. **TENANT'S TRADE NAME:** Currently designated as Saint Anthony Health Affiliates.

F. **LEASE TERM:** 15 years plus three (3) consecutive five (5) year options to renew. The initial Lease Term shall commence upon the Commencement Date and shall expire upon the expiration of the fifteenth Lease Year, subject to extension pursuant to the options set forth herein.

G. **DATE FOR DELIVERY OF LEASED PREMISES TO TENANT:**
Landlord shall deliver possession of the Leased Premises to Tenant promptly following Landlord obtaining possession of the Leased Premises from the "Existing Tenant" (as defined below); provided that in no event shall the possession date occur prior to Tenant having its full thirty (30) day "Due Diligence Period" (as defined below). Landlord shall keep Tenant apprised of the intended possession date, including providing Tenant with notice of the intended possession date at least thirty (30) days prior thereto (which shall include providing Tenant with a copy of any notice of lease termination that may be provided to the Existing Tenant, if applicable), if possible, and fifteen (15) days prior thereto.

H. **COMMENCEMENT DATE:** The Commencement Date shall occur upon the earlier to occur of: (i) seven (7) business days after the date Landlord delivers

ATTACHMENT - 2A

possession of the Leased Premises to Tenant, and (ii) the date Tenant opens for business in the Leased Premises.

I. **RENTAL RATE:**

Period	Rental Rate Per Sq. Ft Per Annum	Premises Square Footage	Annual Rent	Monthly Rent
Lease Years 1 - 3	$18.00	12,000	$216,000.00	$18,000.00
Lease Years 4 - 6	$20.05	12,000	$240,600.00	$20,050.00
Lease Years 7- 10	$22.38	12,000	$268,560.00	$22,380.00
Lease Years 11 - 13	$25.03	12,000	$300,360.00	$25,030.00
Lease Years 14 -15	$28.07	12,000	$336,840.00	$28,070.00

Monthly payments are due the first of each month. Checks should be made payable to: **Pilsen Park Shopping Center** and mailed to:

Pilsen Park Shopping Center
c/o Harry Lake
P.O. Box 427
Highland Park, Illinois 60035

J. **ADDITIONAL RENT:** None

K **OPTION TERM:** three (3) consecutive five (5) year options subject to and in accordance with the provisions of Section 2.3A below.

L. **PERMITTED USES:** Medical Clinic and related activities, including without limitation some or all of the following as determined by Tenant in its sole discretion from time to time: clinical, diagnostic, therapeutic, laboratory and medical testing services, medical research and the operation of programs which promote individual health and well being, the provision of dialysis treatments, flu and immunization shots, chiropractic services, physical therapy services, podiatry services, the operation of medical diagnostic and treatment equipment, the dispensation of pharmaceutical drugs and over the counter medication by medical personnel in the course of treatment of patients, and the dispensation and sale of medical equipment, supplies and materials (collectively, the "Permitted Uses"), and no other purpose. Notwithstanding anything contained in this Lease to the contrary, Landlord and Tenant acknowledge and agree that Tenant shall not be permitted to violate any of the existing exclusives and restrictions affecting the Shopping Center set forth in **Exhibit G** attached hereto in its Permitted Uses of the Leased Premises at all times that such exclusives and restrictions continue to affect the Shopping Center.

M **SECURITY DEPOSIT:** None

N. **GUARANTOR:** None

O. **TRADING AREA:** N/A

P. **STORE ADDRESS:** 3059 West 26th Street, Chicago, Illinois 60623

Q. **FLOOR AREA:** 12,000 square feet. Tenant shall have the right to measure the Floor Area of the Leased Premises at any time. In the event that the square footage of the Floor Area as re-measured differs (either in excess of or less than 12,000 square feet) from 12,000 square feet by more than five percent (5%), the Rent as set forth in Section 1.1I above shall be re-computed utilizing the actual Floor Area as measured and agreed upon by Landlord and Tenant. In the event that the square footage of the Floor Area as re-measured differs (either in excess of or less than 12,000 square feet) by five percent (5%) or less, Rent shall remain as set forth in Section 1.1I without re-adjustment.

R. **CONTRIBUTION TO MERCHANT'S ASSOCIATION:** N/A

S. **GRAND OPENING CONTRIBUTION:** N/A

T. **CONTINGENCY:** Landlord and Tenant acknowledge and agree that the Leased Premises are leased to a third party (the "Existing Tenant") as of the date of this Lease pursuant to a separate written lease agreement (the "Existing Lease"). Therefore, this Lease is contingent upon Landlord obtaining possession of the Leased Premises from the Existing Tenant and delivering the Leased Premises to Tenant in accordance with the provisions of Section 3.1 below on or before August 1, 2012 (the "Outside Delivery Date"). Landlord shall use its best efforts to obtain possession of the Leased Premises and deliver the Leased Premises to Tenant in accordance with the provisions of Section 3.1 below on or before the Outside Delivery Date, but in the event that Landlord is unable to obtain possession of the Leased Premises and deliver the Leased Premises to Tenant in accordance with the provisions of Section 3.1 below on or before the Outside Delivery Date after having used its best efforts to do so, either party may elect to terminate this Lease at any time prior to Landlord delivering possession of the Leased Premises to Tenant. In the event that this Lease is so terminated, neither party shall have any liability hereunder or as a result of such termination.

U. **OTHER COMMENTS:** Upon execution of this Lease, both Landlord and Tenant will cooperate in creating a smooth transition for the operation of the health clinic with as little disruption in service as possible.

(1) Without limitation of Landlord's continuing obligations set forth in this Lease, Landlord is responsible for bringing the Leased Premises up to Chicago Building Code as of the date of occupancy i.e. Landlord will correct any building violations in effect when Tenant takes occupancy.

(2) (Intentionally Deleted).

(3) (Intentionally Deleted)

Section 1.2 Significance of Basic Lease Provisions. Each reference in this Lease to any of the Basic Lease provisions contained in Section 1.1 of this Article shall be deemed and construed to incorporate all of the terms provided under each such Basic Lease Provision.

Section 1.3 Enumeration of Exhibits. The exhibits enumerated in this Section and attached to this Lease are incorporated in this Lease by this reference and are to be construed as a part of this Lease.

Exhibit A.	Legal Description of the Shopping Center
Exhibit B.	Site Plan
Exhibit C.	Plan of Leased Premises
Exhibit D.	Description of Landlord's Work (N/A)
Exhibit E.	Description of Tenant's Work Design (N/A)
Exhibit F.	Criteria for Tenant's Architectural Standards and Tenant's Signs(N/A)
Exhibit G.	Existing Exclusives and Restrictions
Exhibit H.	Tenant's Pylon Signage Location

ARTICLE II
LEASED PREMISES AND TERM

Section 2.1. Shopping Center. Landlord is the owner of a parcel of real estate commonly known as Pilsen Park Shopping Center (hereinafter referred to as "Shopping Center") located in Chicago, Illinois, and legally described in Exhibit A hereto. It is agreed that the depiction of the Shopping Center on Exhibit B does not constitute a representation, covenant or warranty of any kind by Landlord, Landlord reserves the right to change the number and location of building, building dimensions, the number of floors in any of the buildings, store dimensions, the identity and type of other stores and tenancies (except as otherwise provided in this Lease) and Landlord further reserves the right to locate kiosks and to construct buildings on, and to otherwise improve any outlot shown on Exhibit B, provided that: (i) the Leased Premises as hereinafter defined shall remain as depicted on Exhibit C, (ii) Landlord shall not make any alterations to the Shopping Center or the common areas thereof which will upon completion adversely affect in any material way (other than on a temporary basis while such alterations are being made) Tenant's access to, or use or occupancy of, the Leased Premises, the visibility of the Leased Premises, or Tenant's rights or obligations under this Lease, and (iii) Landlord shall comply with applicable laws regarding parking ratio requirements applicable to the parking areas. Landlord shall use commercially reasonable efforts to minimize any material interference with Tenant's use of the Leased Premises resulting from any such work.

Section 2.2. Leased Premises. Landlord hereby leases and demises to Tenant, and Tenant hereby accepts from Landlord, subject to and with the benefit of the terms and

provisions of this Lease, the store premises, sometimes herein referred to as the "Leased Premises", as more particularly shown on Exhibit C.

Section 2.3. Lease Term. TO HAVE AND TO HOLD the Leased Premises for the Lease Term provided in Section 1.1 (F), commencing on the Commencement Date specified in Section 1.1 (H); and ending on the last day of the fifteenth (15th) Lease Year thereafter (hereinafter "Termination Date"), unless sooner terminated, or extended pursuant to the provisions of this Lease.

Section 2.3A. Options to Renew.

A. Options. Subject to the provisions and limitations hereinafter set forth, Tenant shall have the right (each a "Renewal Option") to extend the Lease Term for three (3) consecutive five (5) year periods each (each a "Renewal Period"), commencing on the expiration of the original Lease Term. Each Renewal Option shall be exercised, if at all, by written notice to Landlord given no later than one hundred eighty (180) days prior to the expiration of the then current Lease Term (each a "Renewal Notice"). Notwithstanding anything contained herein to the contrary, Tenant's right to exercise a Renewal Option shall not expire until Landlord provides Tenant with written notice of same and Tenant fails to exercise a Renewal Option within ten (10) days after receipt of said written notice from Landlord.

B. Renewal Terms and Provisions. Landlord's and Tenant's rights and obligations for each Renewal Period shall be upon the same terms and conditions as are contained in this Lease, except that Rent during each Renewal Period shall be equal to the "market rental rate" for a gross rent lease transaction with no additional rent due for pass through expenses, including without limitation no additional rent for common area maintenance, insurance and taxes. Landlord shall advise Tenant of its determination of the market rental rate no later than twenty (20) days after receipt of Tenant's Renewal Notice. For purposes of this Lease, the market rental rate shall be the market rental actually obtained (i.e., payable) as reasonably determined by Landlord under negotiated leases for space comparable in size, location and degree of improvements included, or to be included, in the space in question (to the extent that rental rates actually obtained in the Shopping Center vary with size, location or degree of improvements) and for the length of term comparable to the Renewal Period. In addition, the market rental rate shall be determined by taking into consideration: (i) comparable fact situations in the Shopping Center occurring during the past twelve (12) month period or more recent relevant period (including, without limitation, the relevant terms of any other signed leases made within said period) and (ii) the market rental rate for comparable space in shopping centers in the general vicinity which are comparable in age and condition to the Shopping Center. The determination of market rental rate may include, among other factors, the then prevailing rental related terms or conditions or components of rent (which may include rent

abatements and concessions), and a fixed annual rent and periodic increases in rent to adjust for inflation (e.g. consumer price index rent adjustment).

In the event that Tenant does not agree with Landlord's determination of market rental rate, the following procedures shall apply. Tenant shall provide Landlord with written notice of disagreement with the proposed market rental rate within twenty (20) days of receipt of Landlord's notice to Tenant setting forth the market rental rate for the Renewal Period, following which Landlord and Tenant shall use good faith efforts to mutually agree upon the market rental rate. In the event that Landlord and Tenant cannot in good faith mutually agree upon the market rental rate within twenty (20) days after the date of Tenant's notice, Landlord and Tenant shall within twenty-five (25) days after the date of Tenant's notice each select a local real estate leasing broker with experience in leasing shopping center retail space in the geographic location of the Shopping Center qualified to determine the market rental rate. If the respective chosen real estate leasing brokers cannot mutually agree upon the market rental rate within five (5) days after selection by Landlord and Tenant, Landlord and Tenant shall immediately direct their respective chosen real estate leasing brokers to jointly choose a third local real estate leasing broker with experience in leasing shopping center retail space in the geographic location of the Shopping Center qualified to determine the market rental rate, which third real estate leasing broker (the "Broker") shall be responsible for determining the market rental rate for purposes hereof and in accordance with the provisions of this Section within ten (10) days after appointment. In the event that the Broker has not determined the market rental rate in accordance with the provisions hereof within thirty (30) days of being appointed, either party hereto may elect to nullify Tenant's exercise of the Renewal Option, by written notice to the other, in which event Tenant's exercise of the Renewal Option shall be null and void and neither Landlord nor Tenant shall have any further rights or liabilities with respect thereto. Once the market rental rate has been determined in accordance with any of the provisions of this Section, Tenant shall have the right, in its sole discretion, to review and approve same or elect to nullify its exercise of the Renewal Option, by written notice to Landlord, given twenty (20) days after the market rental rate has been determined in accordance with any of the provisions of this Section, in which event Tenant's exercise of the Renewal Option shall be null and void and neither Landlord nor Tenant shall have any further rights or liabilities with respect thereto.

Section 2.4. Statement as to Lease Term. Landlord and Tenant agree that this Lease shall not be recorded. However, when the Commencement Date and Termination Date of the Lease Term have been determined as provided in Section 2.3, Landlord and Tenant shall execute and deliver a written statement in recordable form specifying therein the Commencement Date and Termination Date of the Lease Term, and each party hereto shall have the right to record said written statement.

ARTICLE III

DUE DILIGENCE/CONSTRUCTION OF LEASED PREMISES

Section 3.1 Due Diligence Period. For the thirty (30) day period (the "Due Diligence Period") that begins on the date of this Lease, Tenant and Tenant's consultants shall have the right to enter upon and investigate the Leased Premises from time to time to examine and inspect same and all components and mechanical systems servicing same, and to make such feasibility, environmental, utility, engineering and other tests and studies as are deemed necessary or desirable by Tenant, all at Tenant's sole cost and expense. Landlord and Tenant acknowledge and agree that the parties shall cooperate to provide such access as may be necessary to perform such investigations in such a manner as may be permitted by the provisions of the Existing Lease and the Existing Tenant's rights thereunder. In the event that Tenant is unable to perform any desired investigation as a result of the provisions of the Existing Lease and the Existing Tenant's Rights thereunder, Tenant shall have the right to identify same as Unacceptable Conditions (as defined below). Tenant shall promptly repair any and all damage it causes to the Leased Premises in connection with its inspection of same, using materials of equal or better quality. Tenant shall indemnify and save Landlord harmless from any and all obligations, claims, accounts, demands, liens or encumbrances, including costs and expenses (including attorney's fees and costs of suit) in any way relating to or arising from the acts of Tenant or those acting by, through or under Tenant pursuant hereto. In the event said investigation, examination and inspection reveals any physical conditions unacceptable to Tenant for any reason ("Unacceptable Conditions"), Tenant shall provide a detailed notice to Landlord of the Unacceptable Conditions no later than the fifth day following the expiration of the Due Diligence Period. Following receipt of such notice from Tenant, Landlord may elect to remedy any Unacceptable Conditions at Landlord's sole cost and expense to a standard reasonably acceptable to Tenant by providing written notice thereof to Tenant within fifteen (15) days after receipt of Tenant's written notice (any such work to be performed by Landlord is hereinafter called the "Unacceptable Conditions Work"), in which event Landlord shall be obligated to perform the Unacceptable Conditions Work prior to delivery of possession of the Leased Premises to Tenant. If Landlord does not provide written notice of its election to remedy all Unacceptable Conditions within said fifteen (15) day period, or provides written notice that it elects not to remedy any Unacceptable Conditions, or elects to remedy less than all of the Unacceptable Conditions, Tenant may elect to accept the Leased Premises with the Unacceptable Conditions not being remedied by Landlord (provided that if Landlord has elected to remedy any of the Unacceptable Conditions in Landlord's notice, Landlord shall remain obligated to so remedy same) or terminate this Lease by providing written notice thereof to Landlord within fifteen (15) days after the earlier to occur of (i) receipt of Landlord's notice, and (ii) expiration of the fifteen (15) day Landlord response period if no notice is provided by Landlord. If Tenant does not provide any termination notice within said fifteen (15) day period, Tenant shall be deemed to have elected to accept the Leased Premises with the applicable Unacceptable Conditions not being remedied by Landlord (provided that

if Landlord has elected to remedy any of the Unacceptable Conditions in Landlord's notice, Landlord shall remain obligated to so remedy same). In the event that this Lease is terminated in accordance with the provisions of this Section, this Lease shall thereafter be null and void, and neither party hereto shall have any claim against the other. Tenant's right to identify Unacceptable Conditions prior to receiving possession of the Leased Premises shall not be deemed to relieve Landlord from any of its other obligations contained in this Lease, including without limitation any work required by the provisions of Section 3.2 below or any continuing maintenance, repair and replacement obligations.

Section 3.2. Construction by Landlord. Landlord shall at its expense perform and complete any Unacceptable Conditions Work prior to delivery of possession of the Leased Premises to Tenant unless a different time frame for completion of same is agreed upon by Landlord and Tenant in writing. Additionally, Landlord and Tenant acknowledge and agree that the oldest rooftop unit of the "HVAC System" (as defined below) shall be replaced by Landlord at its expense with a new rooftop unit of equal or greater capacity, but due to the actual condition of said rooftop unit and timing of delivering the Leased Premises to Tenant, Landlord may or may not be required to replace said rooftop unit prior to said possession date. Therefore, Landlord and Tenant agree that: (i) Landlord shall be required to replace the oldest rooftop unit of the HVAC System servicing the Leased Premises prior to delivery of possession of the Leased Premises to Tenant if said rooftop unit is not operational, and (ii) Landlord shall be permitted up to thirty (30) days after possession of the Leased Premises is delivered to Tenant to replace said rooftop unit if said rooftop unit is operational; provided that if Landlord delivers possession of the Leased Premises to Tenant with the old rooftop unit in place and said rooftop unit becomes not operational at any time prior to said thirty day period, Landlord shall replace said rooftop unit within five (5) days after Tenant provides Landlord with written notice that said rooftop unit is not operational. For purposes hereof, said rooftop unit shall be deemed operational if it is able to provide sufficient cooling for Tenant's ordinary use of the Leased Premises as reasonably determined by Tenant, and shall be deemed not operational if it cannot, as reasonably determined by Tenant.

Upon the proposed tendering of possession of the Leased Premises to Tenant, Landlord and Tenant shall perform a walk through to determine whether the Leased Premises are in substantially the same condition as when Tenant performed its inspections and examinations during the Due Diligence Period (ordinary wear and tear and casualty damage excepted; Landlord and Tenant acknowledge and agree that in the event any damage has occurred to the Leased Premises that is covered by the provisions of Article IX below, the provisions of said Article IX shall control). In the event said walk through reveals any substantial variations in the condition of the Leased Premises from the condition existing when Tenant performed its inspections and examinations during the Due Diligence Period that are unacceptable to Tenant for any reason ("Unacceptable

Delivery Conditions"), Tenant shall have the right to not accept delivery of possession of the Leased Premises and in such event shall provide a detailed notice to Landlord of the Unacceptable Delivery Conditions no later than the five (5) days after the date of said walk through. Following receipt of such notice from Tenant, Landlord may elect to remedy any Unacceptable Delivery Conditions at Landlord's sole cost and expense to a standard reasonably acceptable to Tenant by providing written notice thereof to Tenant within five (5) days after receipt of Tenant's written notice (any such work to be performed by Landlord is hereinafter called the "Unacceptable Delivery Conditions Work"), in which event Landlord shall be obligated to perform the Unacceptable Delivery Conditions Work prior to delivery of possession of the Leased Premises to Tenant. If Landlord does not provide written notice of its election to remedy all Unacceptable Delivery Conditions within said five (5) day period, or provides written notice that it elects not to remedy any Unacceptable Delivery Conditions, or elects to remedy less than all of the Unacceptable Delivery Conditions, Tenant may elect to accept the Leased Premises with the Unacceptable Delivery Conditions not being remedied by Landlord (provided that if Landlord has elected to remedy any of the Unacceptable Delivery Conditions in Landlord's notice, Landlord shall remain obligated to so remedy same) or terminate this Lease by providing written notice thereof to Landlord within fifteen (15) days after the earlier to occur of (i) receipt of Landlord's notice, and (ii) expiration of the five (5) day Landlord response period if no notice is provided by Landlord. If Tenant does not provide any termination notice within said fifteen (15) day period, Tenant shall be deemed to have elected to accept the Leased Premises with the applicable Unacceptable Delivery Conditions not being remedied by Landlord (provided that if Landlord has elected to remedy any of the Unacceptable Delivery Conditions in Landlord's notice, Landlord shall remain obligated to so remedy same). In the event that this Lease is terminated in accordance with the provisions of this Section, this Lease shall thereafter be null and void, and neither party hereto shall have any claim against the other. Tenant's acceptance of possession of the Leased Premises shall be deemed as Tenant's acknowledgement that no Unacceptable Delivery Conditions exist; provided, however that Tenant's right to identify Unacceptable Delivery Conditions prior to receiving possession of the Leased Premises, or Tenant's acceptance of the Leased Premises, shall not be deemed to relieve Landlord from any of its other obligations contained in this Lease, including without limitation performance of the Unacceptable Conditions Work that may be required pursuant to the provisions of Section 3.1 above, performance of any other work required by the provisions of this Section 3.2, or any continuing maintenance, repair and replacement obligations. In addition, Landlord shall be required to: (i) make proper claim under any applicable insurance policies maintained by Landlord that would commercially reasonably be believed to provide insurance proceeds for the repair of any such damage identified as Unacceptable Delivery Conditions,,(ii) use commercially reasonable efforts to pursue such claim, and (iii) perform any Unacceptable Delivery Conditions Work to the extent of available insurance proceeds. In the event that Landlord has not completed the Unacceptable Delivery Conditions Work required of it by the provisions of this Section (i.e.,

Unacceptable Delivery Conditions Work Landlord has agreed to perform in its written notice or that is required to be performed as a result of available insurance proceeds) within forty-five (45) days after the date that Landlord and Tenant perform the walk through, Tenant shall have the right to terminate this Lease by providing written notice thereof to Landlord at any time prior to Landlord providing written notice to Tenant of completion of the Unacceptable delivery Conditions Work, In the event that Unacceptable Delivery Conditions exist, the possession date shall be delayed in accordance with the provisions hereof.

In addition, the Shopping Center shall be in compliance with all laws, and Landlord shall be in possession of its certificate of occupancy, or equivalent, as required by applicable laws, for the Shopping Center.

The requirements and conditions set forth in this Section are herein collectively referred to as the "Delivery Requirements".

Section 3.3. Construction by Tenant. Landlord and Tenant acknowledge and agree that: (i) Tenant shall not be required to perform any work prior to the Commencement Date, (ii) Tenant intends to only locate its personal property and trade fixtures in the Leased Premises prior to the Commencement Date, and (iii) Tenant shall have the right, from time to time during the Lease Term, to perform various alterations, modifications, improvements and renovations to the Leased Premises as Tenant may determine from time to time in its sole discretion, including without limitation the right to remodel the exterior storefront of the Leased Premises and the interior of the Leased Premises, all subject to Landlord's reasonable approval (which approval shall not be unreasonably withheld, conditioned or delayed) and compliance with the terms and provisions of this Lease.

In the event that there are any "Hazardous Materials" (as defined below) existing in the Leased Premises as of the date Landlord delivers possession of the Leased Premises to Tenant that were not installed, introduced or permitted by Tenant, or its agents, employees, contractors or invitees (the "Existing Hazardous Materials"), and any Existing Hazardous Materials are required to be remediated by applicable law at any time during the Lease Term whether as a result of Tenant's alterations or improvements to the Leased Premises or otherwise (excluding any de minimus Existing Hazardous Waste that is not required to be remediated by applicable law), Landlord, at Landlord's sole cost and expense shall be responsible for the remediation of such Existing Hazardous Materials from the Leased Premises in such a manner that complies with all applicable laws (including without limitation, remediation in place, and/or removal and disposal, as may be required by applicable law) and permits Tenant to complete any such planned improvements or alterations. In the event that Landlord is required to remediate any Existing Hazardous Materials from the Leased Premises in accordance with the provisions of this Section, Landlord and Tenant shall

cooperate with one another so as to allow Landlord to perform such work during normal business hours and so as to attempt to limit inconveniences to Tenant resulting from performing such work while Tenant is in possession of the Leased Premises without abatement or reduction in Rent resulting therefrom, except in accordance with the following provisions of this Section. Rent shall abate during any period that Tenant is unable to conduct its business operations in the Leased Premises as a result of such work.

"Hazardous Materials" is used in this Lease in its broadest sense and shall mean any medical waste, asbestos, petroleum based products, pesticides, paints and solvents, polychlorinated biphenyl, lead, cyanide, DDT, acids, ammonium compounds and other chemical products and any substance or material defined or designated as hazardous or toxic substance, or other similar term, by any federal, state or local environmental statute, regulation, or ordinance affecting the Leased Premises and/or the Shopping Center presently in effect or that may be promulgated in the future, as such statues, regulations and ordinances may be amended from time to time.

Section 3.4. Tender of Leased Premises. Landlord, or Little Village Partners, LLC, Managing Agent, or the beneficiaries of Landlord, will tender possession of the Leased Premises to Tenant at such time as the Leased Premises are ready for Tenant's occupancy in accordance with the provisions of this Lease.

Section 3.5. Obligations of Tenant before Lease Term Begins. Tenant shall observe and perform all of its obligations under this Lease (including its obligations under Section 6.1 of this Lease, but excluding its obligations to pay any rent) from the date upon which Tenant accepts possession of the Leased Premises until the Commencement Date of the Lease Term in the same manner as though the Lease Term began when possession of the Leased Premises were so accepted by Tenant.

ARTICLE IV
METHOD OF RENT PAYMENT

Section 4.1. The Rent. Tenant agrees to pay rent to Pilsen Park Shopping Center or to such other person as Landlord or Little Village Partners, LLC may direct in writing, without demand, at such address as set forth in Section 1.1(l) above, or such place as Landlord or Little Village Partners, LLC may by notice in writing to Tenant from time to time direct, as provided in Section 1.1 (l) (the "Rent"), payable in advance in successive monthly installments on the first day of each calendar month included at the beginning of said term, one-thirtieth of the monthly payment due for the first month of the Lease Term for each day of such portion, payable on the first day of such portion.

Section 4.2. Lease Year. The term "Lease Year" means a period of twelve (12) consecutive calendar months. The first Lease Year shall commence on the Commencement Date as set forth in Article II, Section 2.3 hereof if the Commencement Date shall occur on the first day of a calendar month and, if not, the first Lease Year shall commence upon the first day of the calendar month next

following the Commencement Date, and each succeeding Lease Year shall commence upon the anniversary date of the first Lease Year. Any portion of the Lease Term commencing prior to the first day of the first Lease Year or ending prior to the expiration of a full Lease Year shall be deemed a "Partial Lease Year".

Section 4.3. Definition of Gross Sales. (INTENTIONALLY DELETED)

Section 4.4. Payment of Percentage Rent. (INTENTIONALLY DELETED)

Section 4.5 Maintenance of Records and Examination. (INTENTIONALLY DELETED)

Section 4.6. Additional Payments. Tenant shall pay any and all sums of money or charges required to be paid by Tenant under this Lease promptly when the same are due, without any deductions or setoff whatsoever except as permitted in this Lease. Tenant's failure to pay any such amounts of charges when due shall carry with it the same consequences as Tenant's failure to pay rent. All such amounts or charges shall be payable to Pilsen Park Shopping Center or to such other person as Landlord or Little Village Partners, LLC, may direct in writing at the place where the Rent is payable.

ARTICLE V
COMMON AREAS AND FACILITIES

Section 5.1. Common Areas and Facilities. Landlord shall make available from time to time such areas of the Shopping Center (hereinafter sometimes called "Common Areas") and facilities of common benefit to the tenants and occupants of Shopping Center as Landlord shall deem appropriate. Landlord shall operate manage, equip, light, insure, (liability and casualty), repair and maintain the Common Areas and facilities for their intended purposes (including all sidewalks, landscaping, signage, lighting, parking areas and access ways) in good condition and in a manner consistent with similar shopping centers in the same geographic area and in compliance with all applicable laws and with the terms of this Lease, and may from time to time change the size, location and nature of any Common Areas and facility and may make installations therein and move and remove such installations provided that: (i) Landlord shall not make any alterations to the Common Areas which will upon completion adversely affect in any material way (other than on a temporary basis while such alterations are being made) Tenant's access to, or use or occupancy of, the Leased Premises, the visibility of the Leased Premises, or Tenant's rights or obligations under this Lease, and (ii) Landlord shall comply with applicable laws regarding parking ratio requirements applicable to the parking areas. Landlord shall use commercially reasonable efforts to minimize any material interference with Tenant's use of the Leased Premises resulting from any such work. Landlord shall have the right to close the Common Areas or any part thereof on non-business days or during such non-business hours as may be legally sufficient to prevent a dedication therein or the accrual of any right to any person or the public therein.

Section 5.2. Use of Common Areas. Tenant and its permitted concessionaires, officers, employees, agents, customers, patients and invitees shall have the nonexclusive right, in common with Landlord and all others to whom Landlord has or may hereafter grant rights, to use the Common Areas as designated from time to time by Landlord, subject to such reasonable regulations as Landlord may from time to time impose, including the designation of specific areas in which vehicles owned by Tenant, its permitted concessionaires, officers, employees and agents must be parked and the further right of Landlord to designate specific areas for the exclusive use of one or more tenants of the Shopping Center; provided that: (i) Tenant receives prior written notice any such regulations, and (ii) any such regulations are of general application to all tenants, are non-discriminately enforced and otherwise consistent with the provisions of this Lease. Tenant agrees to abide by such reasonable regulations and to use its commercially reasonable efforts to cause its permitted concessionaires, officers, employees, and agents to conform thereto. Landlord may at any time close temporarily any part of the Common Areas to make repairs or changes, to prevent the acquisition of public rights in such area or to discourage noncustomer parking, and may do such other acts in and to the Common Areas as in its commercially reasonable judgment may be desirable to improve the convenience thereof, subject to the foregoing provisions hereof. Tenant shall not at any time interfere with the rights of Landlord and other tenants, its and their permitted concessionaires, officers, employees, agents, customers and invitees, to use any part of the parking areas and other part of the Common Areas except as otherwise provided in this Lease.

Section 5.2A Reserved Parking Spaces. Notwithstanding anything contained in this Lease to the contrary, Landlord shall provide Tenant, at no additional cost to Tenant, throughout the Lease Term, as same may be extended or renewed, with five (5) parking spaces reserved solely for use by Tenant and Tenant's customers and patients in the small Eastern section of the parking lot near the front of the Leased Premises; provided that Landlord reserves the right to relocate said five (5) reserved parking spaces in connection with any reconfiguration of the parking lot provided that said five (5) reserved parking spaces remain located near the front of the Leased Premises. Tenant shall have the right to install signage identifying said five (5) reserved parking spaces, subject to Landlord's approval, not to be unreasonably withheld, conditioned or delayed.

Section 5.3. Charge for Common Areas and Facilities. (INTENTIONALLY DELETED)

Section 5.4. Tenant's Share of Common Areas Maintenance Cost. (INTENTIONALLY DELETED)

Section 5.5. Payment of Common Areas Maintenance Cost. (INTENTIONALLY DELETED)

Section 5.6 Cap on Tenant's Pro Rata Share. (INTENTIONALLY DELETED)

Section 5.7 Tenant Audit Rights. (INTENTIONALLY DELETED)

ARTICLE VI
UTILITY SERVICES

Section 6.1. Utility Services. Tenant shall pay all charges for all heat, water, gas (if provided), electricity, and other utilities used or consumed in the Leased Premises, which shall be separately metered. Landlord shall not be liable for interruptions in utility services due to matters beyond its reasonable control. Notwithstanding anything herein to the contrary, in the event that any interruption or discontinuance of utility services occurs which was within the reasonable control of Landlord and such interruption or discontinuance continues beyond two (2) consecutive business days after written notice to Landlord, and such interruption or discontinuance materially and adversely affects Tenant's ability to conduct business in the Leased Premises, or any portion thereof, then, commencing on the third (3rd) consecutive business day, all Rent shall abate proportionately for so long as such interruption remains in effect in the Leased Premises or such portion thereof. To the extent within Landlord's reasonable control, Landlord agrees to use commercially reasonable efforts to restore such interrupted or discontinued service as soon as reasonably practicable. Tenant shall be responsible for installation and maintenance of fire extinguishers as may be required by local building ordinances, fire codes, and/or any other local, state or federal authority having jurisdiction in the matter; provided, however, that Landlord shall be responsible at Landlord's sole cost and expense for installation and maintenance of any central station, sprinkler system, monitoring system, and any other building fire suppression system.

ARTICLE VII
LANDLORD'S ADDITIONAL COVENANTS

Section 7.1. Repairs by Landlord. Landlord covenants at its expense to keep the foundations and roof of the Leased Premises and Shopping Center, and the structural soundness thereof, in good order, repair and condition, including without limitation, all structural elements, exterior surfaces, walls, exterior glass, concrete slab, footings, electrical, gas, telecommunications and plumbing to the point of entry to the Leased Premises, unless any necessary work is required because of damage caused by any intentional act or the gross negligence of Tenant, any permitted concessionaire or their respective employees, agents, vendors, licensees or contractors. Landlord shall not be required to commence any such repair until a reasonable time after written notice from Tenant that the same is necessary. The provisions of this Section shall not apply in the case of damage or destruction by fire or other casualty or a taking under the power of eminent domain, in which events the obligations of Landlord shall be controlled by Article IX. Except as provided in this Section 7.1 or elsewhere in this Lease, Landlord shall not be obligated to make repairs, replacements or improvements of any kind upon the Leased Premises, or to any equipment, facilities or fixtures contained therein, which shall be the responsibility of Tenant as provided in subsection 8.1 (E).

Section 7.2. Quiet Enjoyment. Landlord covenants and agrees that so long as Tenant is not in default under this Lease, Tenant's peaceful and quiet possession of the Leased Premises during the Lease Term shall not be disturbed by Landlord or by anyone claiming by, through or under Landlord (excluding, however, any mortgagee of the Shopping Center). Landlord represents that Landlord has no actual knowledge of any exceptions to title existing as of the date of this Lease that would prohibit or impair the ability of the Tenant to utilize the Premises for the Uses. Landlord and Tenant acknowledge and agree that in the event that Landlord shall be required or desires to create any exceptions to title after the date of this Lease, in connection with any redevelopment of the Shopping Center or otherwise, Landlord and Tenant shall cooperate in the review and approval of same so that Landlord shall be permitted to complete any such redevelopment and Tenant shall not be prohibited from operating the Use in the Leased Premises

Section 7.3. Insurance. Landlord covenants and agrees during the Lease Term to carry, at Landlord's sole cost and expense, insurance with companies, in amounts and on terms satisfactory to Landlord insuring against (a) loss or damage by fire and such other risks as may be customarily included in the standard form of extended coverage endorsement, vandalism and miscellaneous mischief endorsement, (b) rent protection insurance, and (c) comprehensive general public liability insurance, insuring against all claims, demands, or actions for injury to or death of any one person in an amount of not less than $1,000,000 and for injury or death of more than one person in any one occurrence in an amount of not less than $3,000, 000 and for damage to property in an amount of not less than $500,000 made by or on behalf of any persons, firm or corporation, arising from, related to, or connected with the Landlord's conduct and operation of the Shopping Center.

Section 7.4 Indemnification. To defend and save Tenant and Tenant's officers, and their respective agents and employees harmless and indemnified from all liability, injury, loss, cost, damage and/or expense (including reasonable attorneys' fees) in respect of any injury to, or death of, any person, and/or damage to, or loss or destruction of, any property while on the Leased Premises or any other part of the Shopping Center occasioned by any act or omission of Landlord, its agents or employees, or anyone claiming by, through or under Landlord.

Section 7.5 Costs and Expenses. To pay on demand Tenant's expenses, including reasonable attorneys' fees and court costs (together with interest on the amount of said fees, costs and expenses at the rate of thirteen per cent (13%) per annum, or at the maximum legal rate then in effect, whichever is lower) incurred either directly or indirectly in enforcing any obligation of Landlord under this Lease, in curing any default by Landlord and in defending or otherwise participating in any legal proceedings initiated by or on behalf of Landlord wherein Tenant is not adjudicated to be in default under this Lease.

Section 7.6 Landlord's Lien. It is acknowledged and agreed that Tenant may from time to time obtain financing on its equipment and property located in the Leased Premises, and as such Landlord shall not place any lien on any equipment, trade fixtures and personal property of Tenant located in or upon the Leased Premises, and to the extent permitted by applicable law, waives all rights to place any lien on any

equipment, trade fixtures and personal property of Tenant located in or upon the Leased Premises.

ARTICLE VIII
TENANT'S ADDITIONAL COVENANTS

Section 8.1. Affirmative Covenants. Tenant covenants at its expense at all times during the Lease Term and such further time as Tenant occupies the Leased Premises or any part thereof:

A. To perform promptly all of the obligations of Tenant set forth in this Lease; and to pay when due the Rent, and all other sums, which by the terms of this Lease are to be paid by Tenant, without any set-offs or counterclaims whatsoever except as otherwise provided in this Lease.

B. To use the Leased Premises only for the Permitted Uses provided in Section 1.1 (L); to operate its business in the Leased Premises under Tenant's Trade Name provided in Section 1.1. (E) or such other trade name that Tenant may elect from time to time upon written notice to Landlord; and at such times that Tenant is operating its business in the Leased Premises to conduct its business in a reputable manner so as to help establish and maintain a high reputation for the Shopping Center.

C. To refer to the Shopping Center as it is referred to in Section 1.1 in designating the location of the Leased Premises in all newspaper or other advertising, stationery, other printed material and all other references to location.

D. Notwithstanding anything contained in this Lease to the contrary, Tenant shall not be required to continuously operate its business at the Leased Premises, Tenant being allowed the option of ceasing to do business at the Leased Premises without same constituting a default of Tenant's obligations under this Lease; provided, however, that Tenant shall be required to continue satisfy all of its other obligations under this Lease at all such times that Tenant is not operating its business in the Leased Premises, including without limitation the payment of all Rent, the maintenance and upkeep of the Leased Premises and maintaining all required insurance. At any such time that Tenant is operating its business in the Leased Premises, Tenant shall not be required to maintain any specific or minimum hours or days of operation.

E. To store all trash and refuse in adequate containers within the Leased Premises, or within such outside areas as may be designated by Landlord, which, in each case, shall be maintained in a neat and clean condition and so as not to be visible to members of the public shopping in the Shopping Center and so as not to create any health or fire hazard; to keep all drains inside the Leased Premises clean; to receive and deliver goods and merchandise only in the manner and at such times and in such areas as may be designated by Landlord; to keep the Leased Premises under Tenant's control clean and free at all times from rubbish and dirt. Except for repairs required in Section 7.1 to be performed

by Landlord, or unless any necessary work is required because of damage caused by any intentional act or the gross negligence of Landlord, any permitted concessionaire or their respective employees, agents, vendors, licensees or contractors, or otherwise as set forth herein, to keep the Leased Premises including, but not limited to, exterior entrances, show windows, signs, all interior partitions and interior walls, door, door closers, fixtures, equipment and appurtenances thereof (including lighting, heating and plumbing fixtures and air conditioning equipment, except as otherwise set forth herein), store fixtures and displays clean, neat and safe, and in good order, repair and condition (including all necessary painting and decorating as reasonably determined by Tenant), and to keep all glass, including that in windows, doors, fixtures and skylights, clean and in good condition, and to replace glass which may be damaged or broken with glass of the same quality, damage by fire or other casualty for which Landlord is reimbursed by Landlord's insurance excepted. Landlord shall assign to Tenant all existing warranties pertaining to any items or components Tenant is required to maintain hereby, or to the extent any such warranty is not assignable Landlord shall cooperate with Tenant to enforce the provisions of any such warranty. Tenant shall not burn any trash or garbage at any time in or about the building, and Tenant shall separately contract for trash and waste disposal for the Leased Premises; provided that Landlord shall provide an area to the rear of the Leased Premises for the location of and access to dumpster(s) to be provided by Tenant or Tenant's contractor for same

Notwithstanding anything contained in this Lease to the contrary, in the event that the rooftop unit(s) of HVAC System servicing the Premises need replacement at any time during the Lease Term, as same may be extended, Landlord shall promptly perform such replacement at Landlord's sole cost and expense. For purposes hereof, a rooftop unit of the HVAC System shall be deemed to need replacement if: (i) a properly licensed HVAC System contractor mutually agreed upon by Landlord and Tenant determines any such rooftop unit needs replacement, or (ii) any such rooftop unit no longer functions or the cost of repair of the rooftop unit or any component thereof shall exceed an amount equal to $2,500.00 per repair occurrence (the "HVAC Repair Cap"); provided that the Repair Cap is subject to annual increases as set forth below, and nothing contained herein shall be deemed to relieve Landlord of the rooftop unit replacement obligation contained in Section 3.2 above. The HVAC Repair Cap is subject to increases as a result of increases in the cost of living during the Lease Term. On each anniversary of the Commencement Date during the Lease Term (each an "Adjustment Date"), the HVAC Repair Cap shall be adjusted to reflect the increase, if any, in the cost of living over the preceding year. The HVAC Repair Cap increase shall be calculated in accordance with the terms set forth in this Section. The basis for computing the cost of living shall be the unadjusted Consumer Price Index for all Urban Consumers, All Items (1982-84 = 100) published by the Bureau of Labor Statistics of the United States Department of Labor (the "Index"). The Index for the month (the "Index Month") immediately preceding the Adjustment Date shall be the "Current Index Number." The "Base Index Number" shall be the Index for Index Month in the immediately preceding year. The HVAC Repair Cap for the lease year commencing on such Adjustment Date shall be the product obtained from multiplying the HVAC Repair Cap (annualized) for the year immediately preceding the Adjustment Date by the

fraction whose numerator is equal to the Current Index Number and whose denominator is equal to the Base Index Number, the result of which shall be referred to herein as the "Index Number"; provided, however, that in no event will the HVAC Repair Cap for such lease year be less than the HVAC Repair Cap for the lease year immediately preceding the Adjustment Date. If the Index is not in existence at the time the determination is to be made, the parties shall use such equivalent price index as is published by a successor government agency in lieu of the Index; or, if no such price index is published, then the parties shall use a mutually acceptable equivalent price index as is published by a non-governmental agency. Notwithstanding anything to the contrary in this Lease, the HVAC Repair Cap shall not exceed five percent per lease year.

To maintain and, to the extent necessary, alter the Leased Premises in accordance and compliance with all applicable governmental laws and regulations enacted after the Commencement Date, provided Tenant shall not be obligated to make any capital repairs or improvements except to the extent that any such capital repairs or improvements are required as a result of Tenant's specific use of the Leased Premises and/or Tenant's improvements or alterations to the Premises.

F. To pay promptly when due the entire cost of any work in the Leased Premises undertaken by Tenant so that the Leased Premises shall at all times be free of liens for labor and materials (subject to Tenant's right to contest any such liens in accordance with the provisions of Section 8.2G below); to procure all necessary permits before undertaking such work; to do all of such work in a good and workmanlike manner, employing materials of good quality; to perform such work with contractors selected by Tenant; to comply with all governmental requirements; and to save Landlord and Landlord's beneficiaries and their respective agents and employees harmless and indemnified from all liability, injury, loss, cost, damage and/or expense (including reasonable attorneys' fees) in respect of any injury to, or death of, any person, and/or damage to, or loss or destruction of, any property occasioned by or growing out of such work unless the same shall be caused by the acts or omissions of Landlord or its beneficiaries, or the agents or employees of either.

G. To defend and save Landlord and Landlord's beneficiaries and partners thereof and their respective agents and employees harmless and indemnified from all liability, injury, loss, cost, damage and/or expense (including reasonable attorneys' fees) in respect of any injury to, or death of, any person, and/or damage to, or loss or destruction of, any property while on the Leased Premises or any other part of the Shopping Center occasioned by any act or omission of Tenant, its agents or employees, or anyone claiming by, through or under Tenant; to maintain in responsible companies selected by Tenant, comprehensive general public liability insurance, insuring Tenant, Landlord, Landlord's beneficiaries and partners thereof and their respective agents and employees, as their interests may appear, against all claims, demands, or actions for injury to or death of any one person in an amount of not less than $1,000,000 and for injury or death of more than one person in any one occurrence in an amount of not less than $3,000,000 and for damage to property in an amount of not less than $500,000 made by or on behalf of any persons, firm or corporation, arising from, related to, or connected with the conduct and operation of Tenant's business in the Leased Premises and, in addition, to maintain, in like amounts,

insurance covering Tenant's contractual liability under the aforesaid hold harmless clause; to carry like coverage against loss or damage by boiler or compressor or internal explosion of boilers or compressors, if there is a boiler or compressor in the Leased Premises; to maintain the following additional insurance: (1) full comprehensive plate glass insurance covering all exterior plate glass in the Leased Premises, (2) business interruption insurance with companies and in amounts satisfactory to Landlord, and (3) insurance covering all of Tenant's stock in trade, fixtures, furnishings, floor and wall coverings and equipment in or about the Leased Premises against loss or damage by leakage of sprinkler systems now or hereafter installed in the Leased Premises and by leakage or bursting of water pipes outside the Leased Premises, and by fire and such other risks as may be customarily included in the standard form of extended coverage endorsement, all in amounts sufficient to prevent Tenant from being a co-insurer within the terms of the co-insurance clause of applicable policies and in any event, in an amount not less than 100% of the then full insurable value. All of said insurance shall be in form and in responsible companies selected by Tenant and shall provide that it will not be subject to cancellation, termination or change except after at least sixty (60) days prior written notice to Tenant, which if received by Tenant shall be promptly provided to Landlord. The policies or, at Landlord's option, duly executed certificates for the same (which, with respect to casualty insurance, shall evidence the insurer's waiver of subrogation in favor of Landlord) together with satisfactory evidence of the payment of the premium thereon, shall be deposited with Landlord on or before the Delivery of the Leased Premises to Tenant, and upon renewals of such policies, and Tenant shall use its commercially reasonable efforts to provide policies or duly executed certificates for same not less than thirty (30) days prior to the expiration of the term of such coverage and evidence of payment of premiums upon receipt of such evidence from its insurers. Notwithstanding the foregoing provisions to the contrary, Tenant shall have the right: (A) to self insure any and all insurance required to be maintained hereunder so long as: (i) Tenant notifies Landlord of same in writing (it being acknowledged and agreed that Tenant hereby notifies Landlord that Tenant is self insuring all general liability coverages), and (ii) Tenant shall do so in accordance with good, financially and actuarially sound self insurance practices; and/or (B) provide any and all the insurance required to be maintained hereunder under a blanket policy of insurance.

H. [Intentionally Deleted]

I. To permit Landlord, Landlord's mortgagee and their agents to enter the Leased Premises at reasonable times upon reasonable prior written notice to Tenant for the purpose of inspecting the same, of making repairs, additions or alterations thereto or to the building in which the same are located and of showing the Leased Premises to prospective purchasers, lenders and tenants.; provided that: (i) showing the Leased Premises to prospective tenants hall only occur in the final twelve months of the Lease Term, (ii) Landlord shall use its good faith reasonable efforts to respect the privacy of Tenant's patients, (iii) Tenant shall have the right to have Landlord be accompanied by a representative of Tenant when gaining access to the Leased Premises for the purposes of this Section, and (iv) Landlord shall use commercially reasonable efforts to minimize any interruption to Tenant's quiet enjoyment of the Leased Premises.

J. To remove, at the termination of this Lease, such of Tenant's goods, personal property, trade fixtures and medical equipment (including, but not limited to, its signs) as are not permanently affixed to the Leased Premises; Tenant shall have no obligation to remove any alterations and additions made by Tenant as Landlord, but may elect in its sole discretion to remove all or any portions thereof; to repair any damage caused by such removal; and peaceably to yield up the Leased Premises and all alterations and additions thereto (except such as Tenant may elect to remove) and all fixtures, furnishings, floor coverings and equipment which are permanently affixed to the Leased Premises, which shall thereupon become the property of Landlord (excluding any medical equipment), in clean and good order, repair and condition.

K. Tenant agrees that this Lease shall, at the request of the Landlord, be subordinate to any first mortgages or deeds of trust that may hereafter be placed upon the Leased Premises and to any and all advances to be made thereunder, and to the interest thereon, and all renewals, replacements and extensions thereof, provided the mortgagee or trustee named in said mortgages or trust deeds shall agree to recognize the Lease of Tenant in the event of foreclosure if Tenant is not in default pursuant to a written subordination, non-disturbance and Attornment agreement reasonably acceptable to Tenant. Tenant also agrees that any mortgagee or trustee may elect to have this Lease be a prior lien to its mortgage or deed of trust and in the event of such election and upon notification by such mortgagee or trustee to Tenant to that effect, this Lease shall be deemed prior in lien to the said mortgage or deed of trust, whether this Lease is dated prior to or subsequent to the date of said mortgage or deed of trust. In the event of any such subordination, Tenant agrees that in the event of foreclosure or conveyance in lieu of foreclosure of any such mortgage or deed of trust, it will be sworn to the purchaser or grantee at foreclosure, sale or conveyance in lieu of foreclosure, and recognize same as the new landlord under this Lease. Tenant agrees, that upon the request of Landlord, any mortgagee or any trustee, it shall execute instruments reasonably acceptable to Tenant that may be required to carry out the intent of this Section.

L. [Intentionally Deleted]

M. [Intentionally Deleted]

N. Landlord shall pay all real property taxes and assessments levied or assessed against the land and buildings comprising the Shopping Center during the Lease Term as and when same are due and payable at Landlord's sole cost and expense.

O. [INTENTIONALLY DELETED]

P. [INTENTIONALLY DELETED]

Q. [INTENTIONALLY DELETED].

R. [INTENTIONALLY DELETED]

S. To give Landlord prompt written notice of any accident, casualty, damage or other similar occurrence in or to the Leased Premises or at Common Areas of which Tenant has knowledge.

T. If Tenant utilizes shopping carts in its operations, to remove said shopping carts from the Common Areas as soon as is practicable after use thereof by its customers or invitees, to exonerate, hold harmless, protect and indemnify Landlord and its beneficiaries, and their respective agents, from and against any and all losses, damage, claims, suits or actions for any damage or injury to person or property caused by, or attributable to, its shopping carts, regardless of their location in the Shopping Center, and to include insurance coverage for such shopping carts in the public liability policy which Tenant is required to maintain pursuant to Section 8.1 (I) above.

U. To pay on demand Landlord's expenses, including reasonable attorneys' fees and court costs (together with interest on the amount of said Fees, costs and expenses at the rate of thirteen per cent (13%) per annum, or at the maximum legal rate then in effect, whichever is lower) incurred either directly or indirectly in enforcing any obligation of Tenant under this Lease, in curing any default by Tenant as provided in Section 10.4 and in defending or otherwise participating in any legal proceedings initiated by or on behalf of Tenant wherein Landlord is not adjudicated to be in default under this Lease.

V. During the term hereof, Tenant shall keep in force and effect a contract satisfactory to Landlord, and shall furnish Landlord with a copy of such contract at the commencement of the term of this Lease, providing for the periodic servicing, maintaining and repairing of the HVAC System located in the Leased Premises. If Tenant refuses or neglects to obtain a contract for the periodic servicing maintaining and repairing of the HVAC System, as required hereunder, to the reasonable satisfaction of Landlord, as soon as possible after written notice to the Tenant, Landlord may effect such a contract without liability to Tenant for any loss or damage that may accrue to Tenant's merchandise, fixtures, or other property or to Tenant's business by reason thereof, and Tenant shall pay to Landlord the cost of the contract upon presentation of a bill therefore, as additional rent. Tenant shall use such HVAC service contractor as is designated by Landlord, provided such contractor's charges are based on competitive prevailing rates.

<u>Section 8.2 Negative covenants.</u> Tenant covenants at all times during the Lease Term and such further time as Tenant occupies the Leased Premises or any part thereof:

A. [INTENTIONALLY DELETED]

B. Not to injure, overload, deface or otherwise harm the Leased Premises; nor commit any nuisance; nor unreasonably annoy owners or

occupants of neighboring property; nor use the Leased Premises for any extra-hazardous purpose or in any manner that will suspend, void or make inoperative any policy or policies of insurance of the kind generally in use in the State at any time carried on any improvement within the Shopping Center or in any manner which will increase the cost of any of Landlord's insurance (provided that Landlord represents to Tenant that the Permitted Uses do not as of the date of this Lease suspend, void or make inoperative any policy or policies of insurance maintained by Landlord nor increase the cost thereof); nor sell, display, distribute or give away any alcoholic liquors or beverages; nor sell, distribute or give away any product which tends to create a nuisance in the Common Areas; nor make any use of the Leased Premises which is improper, offensive or contrary to any law or ordinance or any regulation of any governmental authority; nor conduct or permit any going-out-of-business, bankruptcy, fire, or auction sales on the Leased Premises; nor use any system for the reception of music which has not been approved by Landlord; nor use any advertising medium such as hand bills, flashing lights, searchlights, loud speakers, phonographs, sound amplifiers or radio or television receiving equipment in a manner to be seen or heard outside the Leased Premises (and in the event that Tenant causes any wiring/cable to be installed to provide any such television reception, Tenant shall utilize: (i) Landlord's roofing contractor for any installation requiring any roof penetration so that said installation does not void any roof warranty, and (ii) properly licensed contractor(s) reasonably approved by Landlord in the event that installation requires any exterior wall penetration); nor load, unload or park any truck or other delivery vehicle in any area of the Shopping Center other than the area or areas designated therefore by Landlord; nor use any sidewalks, walkways or Common Area in the Shopping Center for the storage or disposal of trash or refuse or the keeping or displaying of any merchandise or other object including, but not by way of limitation, the use of any of the foregoing for any newsstand, cigar stand, sidewalk shop or any business occupation or undertaking (such uses of such areas being reserved to Landlord and its designees), except as otherwise specifically permitted in this Lease; nor place any fence, structure, barricade, building, improvement, division rail or obstruction of any type or kind on any part of the Common Areas; nor shall Tenant affix or maintain upon the glass panes and supports of the show windows (and with 24 inches of any window), doors and the exterior walls of the premises, any signs, advertising placards, names, insignia, trademarks, descriptive material or any other such like item or items except such as shall have first received the written approval of the Landlord as to size, type, color, location, copy, nature and display qualities (anything to the contrary in this Lease notwithstanding), which approval shall not be unreasonably withheld, conditioned or delayed, the Tenant shall not affix any sign to the roof of the Premises; nor shall Tenant use or permit the use of any portion of the Leased Premises as a savings and loan association, living quarters, sleeping apartment or lodging rooms, or for industrial purposes, or for the operation of a food supermarket or grocery store, a drugstore, a pharmacy, a restaurant, a banquet hall, or a game room featuring electronic or coin operated games or devices, the

sale of alcoholic beverages, any sports, entertainment, amusement or recreational purpose such as a cinema, theater, skating rink, bowling alley, not primarily engaged in the sale at retail of merchandise, or for any bank, finance company, financial institution, real estate, insurance, or for any service establishment such as, without limitation, barber shop, beauty salon, cleaner, travel agency (excluding the Permitted Uses set forth in Section 1.1(L) or for the operation of any business except a Permitted Use as set forth in Section 1.1 (L)), nor do any act tending to injure the reputation of the Shopping Center.

C. Not to make any alterations in or additions to the Leased Premises, nor permit the making of any holes in the walls, partitions, ceilings, or doors of the Leased Premises, nor permit the painting or placing of any aerials,. antennas, or the like on the Leased Premises or any improvements constructed on the Shopping Center without on each occasion obtaining the prior written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed. Notwithstanding anything contained herein to the contrary, Tenant shall be entitled to make interior cosmetic and decorative changes or other interior alterations in the Leased Premises without obtaining the consent of the Landlord provided that Tenant provides Landlord with not less than thirty (30) days prior written notice thereof and any such interior cosmetic and decorative changes or other interior alterations in the Leased Premises do not: (i) impact or affect any structural components or elements of the Leased Premises or the Shopping Center, (ii) impact or affect any Shopping Center systems, including without limitation HVAC System, mechanical systems, plumbing, electrical, fire safety systems or the like; (iii) do not involve penetration of the exterior walls, ceiling or floor slab of the Leased Premises or the roof of the Shopping Center, and (iv) do not exceed a total cost of $50,000.00 in any calendar year during the Lease Term.

D. Not to operate any coin or token operated vending machine or similar device for the sale of any goods, wares, merchandise, food, beverages, or services including, but not limited to, pay telephones, pay lockers, pay toilets, scales, amusement devices and machines for the sale of candy, cigarettes or other commodities.; provided that Tenant shall be permitted to operate a vending machine or machines providing beverages and foods.

E. Not to sell, mortgage, pledge or in any manner transfer this Lease or any interest therein, by operation of law or otherwise, and not to assign this Lease or sublet the Leased Premises or any part or parts thereof, or permit occupancy by anyone with, through or under it without the prior written consent of Landlord, which consent shall not be unreasonably withheld, conditioned or delayed.

Notwithstanding anything contained in this Lease to the contrary, Tenant shall have the right to sublet the Leased Premises (or any portion thereof) or to assign Tenant's interest in this Lease to a "Permitted Transferee" (hereinafter defined) without Landlord's consent provided the use of the Leased Premises will be in conformance with the terms and provisions of this Lease regarding the Permitted Uses of the Leased Premises, and in conformance with all other terms and provisions of this Lease and Tenant provides Landlord with written notice thereof.

For purposes of this paragraph the term Permitted Transferee shall mean: (i) a parent, subsidiary, or affiliate of Tenant, (ii) any entity controlled by Tenant (fifty one percent (51%) of all of the issued and outstanding voting stock of such entity shall be deemed control for purposes of this clause (ii)), (iii) any entity resulting from a merger or consolidation of Tenant with another corporation or other corporations (regardless of which corporation is the surviving corporation), and (iv) any entity to which all or any material portion of Tenant's retail business/assets or stock are transferred. Upon Tenant's assignment of its interest in the Lease to any Permitted Transferee, Tenant is released from all Lease obligations.

F. Not to operate or use, or permit or suffer to be operated or used, all or any part of the Leased Premises for any use or purpose inconsistent with the image and standard of quality of the Shopping Center.

G. Not to suffer any mechanic's lien to be filed against the Leased Premises or the Shopping Center or any interest therein by reason of work, labor, services or materials performed at or furnished to the Leased Premises to Tenant, or to anyone holding the Leased Premises through or under the Tenant. If any such mechanic's lien shall at any time be filed, Tenant shall forthwith cause the same to be discharged of record by payment, bond, order of a court of competent jurisdiction or otherwise, but Tenant shall have the right to contest any and all such liens, provided security reasonably satisfactory to Landlord is deposited with Landlord. If Tenant shall fail to contest the same with due diligence (having secured Landlord as herein provided) or shall fail to cause such lien to be discharged within thirty (30) days after being notified of the filing thereof and in any case, before judgment of sale thereunder, then, in addition to any other right or remedy of Landlord, Landlord may, but shall not be obligated to, discharge the same by paying the amount claimed to be due or by bonding or other proceeding deemed appropriate by Landlord and the amount so paid by Landlord and/or all costs and expenses, including reasonable attorney's fees, incurred by Landlord in procuring the discharge of such lien, shall be deemed to be additional rent and shall be due and payable by Tenant to Landlord within 30 days after Tenant's receipt of written notice thereof from Landlord. Nothing in this Lease contained shall be construed as a consent on the part of the Landlord to subject Landlord's estate in the Leased Premises to any lien or liability under Mechanic's Lien Law of the State of Illinois

ARTICLE IX
DAMAGE OR TAKING AND RESTORATION

Section 9.1. Fire, Explosion or Other Casualty. In the event the Leased Premises are damaged by fire, explosion or any other casualty to an extent which is less than fifty per cent (50%) of the cost of replacement of the Leased Premises, the damage shall promptly be repaired by Landlord at Landlord's expense. In no event shall Landlord be required to repair or replace' Tenant's stock in trade, fixtures, furniture, furnishings, floor coverings and equipment. In the event of any such damage and

Landlord is not required to repair as hereinabove provided or if the Leased Premised shall be damaged to the extent of fifty per cent (50%) or more of the cost of replacement, or if the building of which the Leased Premises are a part is damaged to the extent of twenty five per cent (25%) or more of the cost of replacement, or if the buildings (taken in the aggregate, but excluding outlot buildings) in the Shopping Center shall be damaged to the extent of more than twenty five per cent (25%) of the aggregate cost of replacement, Landlord may elect either to repair or rebuild the Leased Premises or the building or buildings, or to terminate this Lease upon giving notice of such election in writing to Tenant within ninety (90) days after the occurrence of the event causing the damage. If the casualty, repairing, or re-building shall render the Leased Premises untenantable, in whole or in part, and the damage shall not have been due to the default or neglect of Tenant, then a proportionate abatement of the Rent shall be allowed from the date when the damage occurred until the earlier to occur of (i) sixty (60) days after the date Landlord completes its work, and (ii) the date Tenant can recommence operations in that portion of the Leased Premises so damaged, said proportion to be computed on the basis of the ratio which the ground level square foot area of the space rendered untenantable bears to the ground level Floor Area of the Leased Premises. If Landlord is required or elects to repair the Leased Premises as herein provided, Tenant shall repair or replace its stock in trade, fixtures, furniture, furnishings, floor coverings and equipment, and if Tenant has closed, Tenant shall promptly reopen for business.

If all or a substantial portion of the Leased Premises are rendered untenantable, Landlord shall provide Tenant with a written estimate of the amount of time required to restore the Leased Premises within ninety (90) days after the date of such damage, and if it is estimated that the amount of time required to substantially complete any repair and restoration will exceed one hundred eighty (180) days from the date such damage occurred, then Tenant shall have the right to terminate this Lease as of the date of such damage upon giving notice to the other at any time within twenty (20) days after Landlord gives Tenant the notice containing said estimate.

Section 9.2. Eminent Domain. If the whole of the Leased Premises shall be taken by any public authority by the exercise, or under the threat of the exercise of the power of eminent domain, the Lease Term shall cease as of the day the right of possession shall be taken by such public authority, and Tenant shall pay rent up to that date with an appropriate refund by Landlord of such rent as may have been paid in advance for any period subsequent to the date the right to possession is taken. If less than all of the Floor Area of the Leased Premises shall be so taken, the Lease Term shall cease only on the parts so taken as of the day the right to possession shall be taken by such public authority, and Tenant shall pay rent up to that day with appropriate refund by Landlord of such rent as may have been paid in advance for any period subsequent to the date the right to possession is taken and thereafter the Rent shall be adjusted on the basis of the ratio which the ground level square foot area so taken bears to the ground level Floor Area of the Leased Premises. Landlord shall at its expense make all necessary repairs or

alterations to the basic building and exterior work so as to constitute the remaining premises a complete architectural unit, provided that Landlord shall not be obligated to undertake any such repairs and alterations if the cost thereof exceeds the award received by Landlord. Notwithstanding the foregoing, if the ground level Floor Area of the Leased Premises so taken leaves space no longer suitable for the Permitted Uses set forth in Section 1.1 then the Lease Term shall cease and Tenant shall pay rent up to the day the right to possession is taken, with an appropriate refund by Landlord of such rent as may have been paid in advance for any period subsequent to the date of the taking of the right to possession. If more than twenty five per cent (25%) of the Floor Area of building in which the Leased Premises are located, or morel than twenty five per cent (25%) of the aggregate Floor Area of all buildings in the Shopping Center shall be taken by the exercise, or under the threat of the exercise of the power of eminent domain, Landlord may, by notice in writing to Tenant delivered on or before the day of surrendering the right to possession to the public authority, terminate this Lease and rent shall be paid or refunded as of the date of termination. All compensation awarded for any taking under the power of eminent domain, whether for the whole or a part of the Leased Premises, shall be the property of the Landlord, whether such damages shall be awarded as compensation for diminution in the value of the leasehold or to the fee of the Leased Premises provided, however, that Landlord shall not be entitled to any award made for the value of Tenant's equipment, stock, store fixtures and other removable personal property.

ARTICLE X
DEFAULTS BY TENANT AND REMEDIES

Section 10.1. Defaults by Tenant. Without further notice, Landlord may terminate this Lease if any default by Tenant continues after notice of default, in case of nonpayment of Rent of the nonpayment of any other charges or payments provided to be made hereunder for more than ten (10) days after notice of default or in any other case if Tenant does not cure the default within a reasonable time, but not later than thirty (30) days after notice of default (unless such default cannot be cured within such time and Tenant commences to cure such failure within such thirty (30) days and thereafter diligently pursues such cure, the thirty (30) days shall be extended for such additional time as may be reasonably necessary to cure such default not to exceed sixty (60) days); or if Tenant makes any assignment for the benefit of creditors commit any act of bankruptcy or files a petition under any bankruptcy or insolvency law, or if such a petition filed against Tenant is not dismissed within ninety (90) days; or if Tenant does not pay within ten (10) days after notice of default any other liability to Landlord arising out of, or in connection with, this Lease; or if a receiver or similar officer becomes entitled to this leasehold; or if Tenant's interest in this Lease is taken on execution or other process of law in any action against Tenant; or if the Leased Premises are levied upon by any revenue officer or similar officer; or if Tenant does, or permits to be done, any act which creates a mechanic's lien or claim therefore against the land or building of which the Leased Premises are a part and

Tenant does not comply with the provisions of Section 8.2 (G). Upon termination of this Lease, Landlord may re-enter the Leased Premises with process of law, and remove all persons, fixtures and chattels there from, and Landlord shall not be liable for any damages resulting there from. Upon such repossession of the Leased Premises, Landlord shall be entitles to recover as liquidated damages and not as a penalty a sum of money equal to the value of the Rent to be paid by Tenant to Landlord for the remainder of the Lease Term less the fair rental value of the Leased Premises for said period. Upon the happening of any one or more of the above mentioned events Landlord may repossess the Leased Premises by forcible entry or detainer suit.

Section 10.1A. Late Charges. Tenant hereby acknowledges that late payment by Tenant to Landlord of Rent and other sums due hereunder will cause Landlord to incur costs not contemplated by this Lease, the exact amount of which will be extremely difficult to ascertain. Such costs include, but are not limited to, processing and accounting charges, and late charges which may be imposed on Landlord by the terms of any mortgage or trust deed covering the Leased Premises. Accordingly, if any installment of Rent or any other sum due from Tenant shall not be received by Landlord or Landlord's designee within ten (10) days after receipt of written notice of default from Landlord, then Tenant shall pay to Landlord a late charge equal to $100.00 (provided, however, that Tenant's right to said ten (10) day written notice prior to incurring the late charge set forth herein shall be limited to two (2) instances in any consecutive twelve (12) month period). The parties hereby agree that such late charge represents a fair and reasonable estimate of the costs Landlord will incur by reason of late payment by Tenant. Acceptance of such late charge by Landlord shall in no event constitute a waiver of Tenant's default with respect to such overdue amount, nor prevent Landlord from exercising any of the other rights and remedies granted, hereunder. In the event that a late charge is payable hereunder, whether or not collected, for three (3) consecutive installments of rent, then without terminating this Lease, in which event Landlord may, but shall be under no obligation so to do, relet all or any part of the Leased Premises for such rent and upon such terms as shall be satisfactory to Landlord (including the right to relet the Leased Premises for a term greater or lesser than that remaining under the Lease Term, and the right to relet the Leased Premises as a part of a larger area, and the right to change the character or use made of the Leased Premises). If Landlord does not relet the Leased Premises, Tenant shall pay to the Landlord as and when required under this Lease as liquidated damages and not as a penalty a sum equal to the amount of the Rent reserved in this Lease for the balance of its original Lease Term as and when required to be paid under this Lease. If the Leased Premises are relet and a sufficient sum shall not be realized from such reletting after paying all of the expenses of such decorations, repairs, changes, alterations, additions, the expenses of such reletting and the collection of the rent accruing therefrom, to satisfy the rent herein provided to be paid for the remainder of the Lease Term, Tenant shall pay to Landlord on demand from time to time any deficiency and Tenant agrees that Landlord may file suit from time to recover sums falling due under the terms of this Section.

Section 10.2. Interest on Late Payment. Any Rent or, other charge payable under this Lease which shall not be paid when due, shall bear interest at the maximum rate payable by Tenant under Illinois law, or in the absence of a maximum rate, at the rate of thirteen per cent (13%) per annum from the date when the same is payable under the terms of this Lease until the same shall be paid.

Section 10.3. Holdover by Tenant. In the event Tenant remains in possession of the Leased Premises after the termination of this lease whether by expiration of a term or for any other cause, and without the execution of a new lease, Tenant, at the option of Landlord, shall be deemed to be occupying the Leased Premises as a tenant from month to month, at 150% of the Rent, subject to all the other conditions, provisions and obligations of this Lease insofar as the same are applicable to a month-to-month tenancy.

Section 10.4. Landlord's Right to Cure Defaults. Landlord may, but shall not be obligated to, cure any default by Tenant under this Lease in the even that Tenant fails to cure said default within the periods specified in Section 10.1 above following receipt of written notice of default, at Tenant's expense. Tenant shall reimburse Landlord for the reasonable costs incurred by Landlord within thirty (30) days following Tenant's receipt from Landlord of invoices, lien waivers and/or other reasonable evidence of the amount of such costs. If Tenant fails to pay such sums within said thirty (30) day period, any sums so expended by Landlord shall bear interest at the maximum rate allowed by Illinois law, or in the absence of a maximum rate, at the rate of thirteen per cent (13%) per annum from the date of disbursement by Landlord until Landlord is fully reimbursed by Tenant.

Section 10.4A. Tenant's Right to Cure Landlord Defaults.

A. Emergency Situations. In the event of an emergency posing an imminent risk of material property damage to the Leased Premises or an imminent risk of personal injury, Tenant shall have the right, but not the obligation, to undertake immediate repairs of those items as would under this Lease be Landlord's responsibility, but only to the extent necessary to address the emergency and/or imminent risk ("Emergency Repairs"). Tenant shall use its best efforts to notify Landlord in advance (including, without limitation, notice by telephone, to the extent reasonably practicable), and Tenant shall in all events notify Landlord promptly after such repairs have been undertaken (including, without limitation, notice by telephone, to the extent reasonably practicable). If Tenant properly performs the Emergency Repairs, having had the right to do so pursuant to the terms and provisions hereof, Landlord shall reimburse Tenant for the reasonable cost of such Emergency Repairs within thirty (30) days following Landlord's receipt from Tenant of invoices, lien waivers and/or other reasonable evidence (the "Emergency Work Deliveries"), of the amount of such costs. If Landlord (having received the Emergency Work Deliveries and same are reasonably acceptable to Landlord) fails to reimburse Tenant when and as required pursuant to this section, Tenant may, unless Landlord has at any time, in good faith, denied responsibility for the Emergency Repairs or at any time, in good faith, objects to the cost thereof, set off the cost of such

Emergency Repairs against Rent in an amount equal to the reasonable cost of such repairs. Tenant shall be responsible for the cost of all repairs stemming from Emergency Repairs not properly performed.

B. Non Emergency Situations. If Landlord fails to repair any portion of the Leased Premises which is Landlord's responsibility under this Lease, within sixty (60) days following written notice from Tenant (but allowing Landlord such greater period of time as is reasonably necessary to complete such repairs in the event such repairs are not susceptible of completion within sixty (60) days due to, without limitation, force majeure), Tenant may perform the repairs or maintenance and Landlord shall reimburse Tenant for the reasonable cost of such repairs properly performed within sixty (60) days following Landlord's receipt from Tenant of invoices, lien waivers and/or other reasonable evidence (the "Deliveries"), of the amount of such costs. If Landlord (having received the Deliveries and same are reasonably acceptable to Landlord) fails to reimburse Tenant when and as required pursuant to this section, Tenant may, unless Landlord has at any time in good faith denied responsibility for the repairs or at any time objects to the cost thereof, set off the cost of such repairs against Rent in an amount equal to the reasonable cost of such repairs. Tenant shall be responsible for the cost of all repairs stemming from repairs it made pursuant to this section not properly performed.

C. Termination Right. In addition to the foregoing rights set forth in this Section, if Tenant discovers any noncompliance with the Delivery Requirements, and Landlord fails to correct such noncompliance within sixty (60) days following written notice from Tenant (but allowing Landlord such greater period of time as is reasonably necessary to complete such repairs in the event such repairs are not susceptible of completion within sixty (60) days due to, without limitation, force majeure), Tenant may elect to terminate this Lease by providing written notice to Landlord and thereupon this Lease shall terminate effective as of the termination date identified in said notice, which termination date shall not be less than thirty (30) days nor more than sixty (60) days after the date of said notice.

Section 10.5. Effect of Waivers of Default. No consent or waiver, expressed or implied, by Landlord to or of any breach of any covenant condition or duty of Tenant shall be construed as a consent or waiver to or of any other breach of the same or any other covenant, condition or duty.

Section 10.6. Security Deposit. [Intentionally Deleted]

ARTICLE XI
MISCELLANEOUS PROVISIONS

Section 11.1. Mutual Waiver of Subrogation Rights. Whenever (a) any loss, cost, damage or expense resulting from fired explosion or any other casualty or occurrence is incurred by either of the parties to this Lease in connection with the Leased Premises, and (b) such party is then reimbursed in whole or in part by insurance with respect to such loss, cost, damage or expense, then the party so insured hereby releases the

other party from any liability it may have on account of such loss, cost, damage or expense to the extent of any amount recovered by reason of such insurance and waives any right of subrogation which might otherwise exist in or accrue to any person on account thereof, provided that such release of liability and waiver of the right of subrogation shall not be operative in any case where the effect thereof is to invalidate such insurance coverage or increase the cost thereof (provided that in the case of increased cost the other party shall have the right, with thirty (30) days following written notice, to pay such increased cost thereupon keeping such release and waiver in full force and effect).

Section 11.2. Notices from One Party to the Other. Any notice or demand from Landlord to Tenant or from Tenant to Landlord shall be mailed by registered or certified mail addressed, if to Tenant, at the Address of Tenant set forth in Section 1.1 (D), or such other address as Tenant shall have last designated by notice in writing to Landlord, and, if to Landlord, to the place then established for the payment of rent, or such other address as Landlord shall have last designated by notice in writing to Tenant. The customary receipt shall be conclusive evidence of such service. Notices shall be effective two business (2) days after the date of mailing thereof.

Section 11.3. Voting Control of Tenant. [Intentionally Deleted]

Section 11.4. Relationship of the Parties. Nothing contained herein shall be deemed or construed by the parties hereto nor by any third party, as creating the relationship of principal and agent or of partnership or of joint venture between the parties hereto or any other relationship, other than the relationship of Landlord and Tenant. Whenever herein the singular number is used, the same shall include the plural and the masculine gender shall include the feminine and neuter genders.

Section 11.5. Estoppel Certificates. At any time and from time to time, Tenant agrees, upon request in writing from Landlord, to execute, acknowledge and deliver to Landlord a statement in writing certifying that this Lease is unmodified and in full force and effect (or if there have been modifications that the same is in full force and effect as modified and stating the modifications), the dates to which the Rent has been paid, and making such other accurate certifications as Landlord or Landlord's mortgagee may reasonably require.

Section 11.6. Applicable Law and Construction. The laws of the State of Illinois shall govern the validity, performance and enforcement of the Lease. The invalidity or unenforceability of any provisions of the Lease shall not affect or impair any other provision. The headings of the several articles and sections contained herein are for convenience only and do not define, limit or construe the contents of such articles or sections.

Section 11.7. Force Maleure. Whenever a period of time is provided in this Lease for Landlord or Tenant to do or perform any act or thing, Landlord or Tenant shall not be liable or responsible for any delays due to strikes, lockouts, casualties, acts of God, war, governmental regulation or control or other similar causes beyond the reasonable control of Landlord or Tenant, and in any such event said time period shall be extended for the amount of time Landlord or Tenant is so delayed; provided, however, that the foregoing provisions shall not be applicable to monetary payments due pursuant to this Lease.

Section 11.8. Execution of Lease by Landlord. The submission of this document for examination and negotiation does not constitute an offer to lease, or a reservation of, or option for, the Leased Premises and this document becomes effective and binding only upon the execution and delivery hereof by Landlord and by Tenant. All negotiations, considerations, representations and understandings between Landlord and Tenant are incorporated herein and may be modified or altered only agreement in writing between Landlord or Landlord's agent, or their successors, and Tenant, and no act of omission of any employee or other agent of Landlord or of Landlord's broker shall alter, change or modify any of the provisions hereof.

Section 11.9. Binding Effect of Lease. The covenants, agreements and obligations herein contained, except as herein otherwise specifically provided, shall extend to, bind and inure to the benefit of the parties hereto and their respective personal representatives, heirs, successors and assigns. Landlord, at any time and from time to time, may make as assignment of its interest in this Lease and, in the event of such assignment and the assumption by the assignee of the covenants and agreements to be performed by Landlord herein, Landlord and its successors and assigns (other than the assignee of this Lease) shall be released from any and all liability hereunder.

Section 11.10. Cancellation. (INTENTIONALLY DELETED).

Section 11.11. Agency or Independent Contractor. Any service which Landlord is required or elects to furnish under this Lease may be furnished by any agent employed by Landlord or by an independent contractor, and if Tenant is obligated to pay for such service pursuant to the provisions of this Lease, the cost to Landlord of such agent or independent contractor, shall be included in the cost to Tenant of such services; provided, however, that: (i) no portion of the cost of such services that is in excess of the cost and expense which Landlord would have incurred if dealing at arms length with an independent third party shall be included in the cost to Tenant, and (ii) nothing contained herein shall require Tenant to pay for any such service not otherwise permitted in this Lease.

Section 11.12. Mortgagee's Right to Cure. If the Leased Premises or any part thereof or premises of which the Leased Premises are a part are at any time subject to a first mortgage or a first deed of trust and this Lease or the rentals are assigned to such mortgagee, trustee or beneficiary and the Tenant is given written notice thereof, including the post office address of such assignee, then the Tenant shall not act on any default on the part of the Landlord without first giving written notice to each assignee, specifying the default in reasonable detail, and affording such assignee a reasonable opportunity to make performance for and on behalf of the Landlord, except for Emergency Repairs as provided in Section 10.4(A)(a) above.

Section 11.13. Accord and Satisfaction. No payment by Tenant or receipt by Landlord of a lesser amount than the Rent herein stipulated shall be deemed to be other than on account of the earliest stipulated Rent nor shall any endorsement or

statement on any check or any letter accompanying any check or payment as rent be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of such Rent and other charges payable by Tenant or pursue any other remedy in the Lease provided.

Section 11.14. Tenant Identification Signage. Tenant shall be permitted to install Tenant's standard sign package on the exterior of the Leased Premises; provided that same shall (i) comply with applicable laws, and (ii) shall be subject to Landlord's consent, not to be unreasonably withheld, conditioned or delayed. In addition to directory listings, Tenant shall also have the right to install one sign panel on the Shopping Center pylon sign in the location depicted on **Exhibit H** attached hereto. Landlord shall not permit any additional pylon signage, monument signage, marquis signage, directional signage or other signage not existing as of the date of this Lease to be constructed or placed in a location at the Shopping Center that would reduce the visibility of Tenant's signage by vehicular traffic on 26th Street along the Shopping Center.

Tenant shall also have the right to display all signs and advertising matter anywhere within Leased Premises as is customary or appropriate in the conduct of Tenant's business at the Leased Premises.

Section 11.15. Exculpatory Clause. This Lease is executed by Chicago Title Land Trust, not personally, but as Trustee as aforesaid in the exercise of the power and authority conferred upon and vested in it as such Trustee, and under the express direction of the beneficiaries of a certain Trust Agreement dated December 1, 1965 and known as Trust No.22630 . It is expressly understood and agreed that nothing herein contained shall be construed as creating any liability whatsoever against said Trustee or beneficiaries personally, or against any successor or assign of the foregoing, there shall be no personal liability to pay any indebtedness accruing hereunder or to perform any covenant, either express or implied, herein contained, or to keep, preserve or sequester any property of said Trust, and that all personal liability of said Trustee or beneficiaries of every sort, if any, is hereby expressly waived by said Tenant, and by every person now or hereafter claiming any right or security hereunder; and that so far as the said Trustee or beneficiaries or any successor or assign of the foregoing are concerned the owner of any indebtedness or liability accruing hereunder shall look solely to the Landlord's interest in the Shopping Center, as the same are from time to time encumbered, for the payment thereof.

It is further understood and agreed that the said Trustee merely holds naked legal title to the property herein described; that said Trustee has no control over, and under this Lease, assumes no responsibility for, (1) the management or control of such, (2) the upkeep, inspection, maintenance or repair of such property (3) the collection of rents or the rental of such property, or (4) the conduct of any business which is carried on upon such premises. It is further agreed by the parties hereto that whenever and where-ever the provisions of this Lease contain any reference to the right of the Tenant to be indemnified, saved harmless, or reimbursed by Landlord, for any costs, claims, loss, fines, penalties, damages or expenses of any

nature, including without limitation, attorney's fees, arising in any way out of the execution of this instrument, then such obligation, if any, on the part of the Landlord shall be construed to be only a right or reimbursement in favor of Tenant out of the trust estate held under Trust No.22630 from time to time, so far as the same may reach; and in no case shall any claim of liability or right of reimbursement be asserted against the individually, all such personal liability, if any, being hereby expressly waived; and this agreement shall extend to and inure for the benefit of the parties hereto, their respective successors and assigns, and all parties claiming by, through and under them. In event of any question of apparent or claimed liability or obligation resting upon the said trustee, these exculpatory provisions shall be controlling.

Section 11.16. Counterpart Signatures. This Lease may be executed in counterparts, each of which when taken together, shall constitute one and the same instrument.

ARTICLE XII
COMPLIANCE WITH ZONING AND USE LAWS

Section 12.1 Landlord Obligations. Landlord shall promptly following the date of this Lease, at Landlord's sole cost and expense, commence such legal action as may be necessary to ensure that the Shopping Center and the Leased Premises comply with all applicable zoning, use or similar laws so that the operation of the Shopping Center by Landlord and the conduct of the Permitted Uses in the Leased Premises by Tenant are permitted legal uses of the Shopping Center and Leased Premises, respectively (the "Zoning Approval"). Landlord shall diligently pursue such action to obtain Zoning Approval, utilizing its continuous best efforts, and provide Tenant with periodic reports on same. Tenant shall cooperate with Landlord in any such action to obtain Zoning Approval. Tenant shall use its commercially reasonable efforts to provide Landlord support and assistance in connection with same, provided that Tenant shall not be required to incur any costs or expenses.

Section 12.2. Noncompliance with Zoning Requirements. Landlord and Tenant acknowledge and agree that in the event that Tenant is prohibited from conducting the Permitted Uses in the Leased Premises at any time during the Lease Term, as same may be extended or renewed, due to any applicable zoning, use or similar laws prohibiting the Permitted Uses in the Leased Premises, the terms and provisions of this Section shall control. Notwithstanding anything in this Lease to the contrary, failure of the Permitted Uses to comply with all applicable zoning, use and similar laws shall not be deemed to be a default by Tenant under the terms and provisions of this Lease.

A. Tenant shall provide Landlord with written notice thereof, and shall provide Landlord with copies of any written instruments received by Tenant in connection therewith. Provided that Landlord is at all times in compliance with the provisions of Section 12.1 above, then: (i) all Rent shall abate effective as of the date that Tenant is prohibited or estopped from conducting the Permitted Uses in the Leased Premises (the "Stop Date") and shall continue in abatement until the date that the Zoning Approval is obtained and Tenant is permitted to conduct the Permitted Uses

in the Leased Premises in accordance with applicable zoning, use, or similar laws; (ii) in the event that Landlord has not obtained the Zoning Approval and Tenant is not able to resume operation of the Permitted Uses in the Leased Premises for a period of 180 days from the Stop Date, then either Landlord or Tenant may elect to terminate this Lease at any time thereafter by providing written notice thereof to the other party given prior to the date that the Zoning Approval is obtained; and (iii) in the event that the Zoning Approval is denied by final, unappealable order by applicable authority, this Lease shall automatically terminate as of the date that such final unappealable order is issued by applicable authority. In the event that this Lease is terminated in accordance with the provisions of this Section, this Lease shall be null and void and neither party shall have any further claim against the other.

ARTICLE XIII
TENANT EXCLUSIVE

Section 13.1. Tenant Exclusive. Landlord covenants and agrees that during the Lease Term and any extensions and renewals thereof, no space in the Shopping Center will be leased or allowed to be leased for any or all components of the Permitted Uses (the "Exclusive"). The Exclusive shall not apply to any tenant (and any assignee) which pursuant to its lease for space at the Shopping Center as determined as of the date of this Lease is either not restricted in its use of its space at the Shopping Center or is as of the date of this Lease allowed to sell or provide any service or item otherwise included within the Exclusive. Tenant acknowledges and agrees that: (i) Landlord shall be permitted to allow space in the Shopping Center to be leased for the operation of a dental practice, and same shall not be deemed to violate said Exclusive, (ii) Landlord shall be permitted to allow space in the Shopping Center to be leased for the operation of an optical practice, and same shall not be deemed to violate said Exclusive and (iii) in the event that Landlord desires to lease any space in the Shopping Center for a use that would be prohibited by the Exclusive, Landlord shall provide written notice thereof to Tenant and Tenant shall not unreasonably withhold its consent in the event that the proposed use does not conflict or compete with Tenant's then current or planned operations at the Leased Premises; provided, that Tenant's consent shall be evidence only by written notice thereof to Landlord.

Landlord acknowledges that in the event of a breach of this restriction, Tenant shall give Landlord written notice of such breach and Landlord shall have thirty (30) days from the date of said notice (or such longer period as may be reasonably required if Landlord is diligently attempting to remedy same, but not in excess of sixty (60) days to remedy same). If Landlord fails to remedy such breach within said thirty (30) day period (or such longer period as may be reasonably required if Landlord is diligently attempting to remedy same but not in excess of sixty (60) days to remedy same), Tenant shall have the rights set forth in the next paragraph because of such breach. So long as Landlord is diligently attempting to remedy the breach of said restriction, Tenants remedies shall be postponed.

In the event Landlord fails to proceed with all diligence to remedy such violation, then, upon the expiration of thirty (30) days from the date of Tenants

notice, Tenant shall have the right to (i) decrease Rent by 50% during the period such store (the "Competing Store") is open and operating, or (ii) terminate this Lease, which right Tenant shall elect by delivering to Landlord further written notice of its intention, or (iii) pursue any other remedy available at law or in equity. If Tenant elects (ii) above, then this Lease shall terminate as of the 30th day after Tenant's election, and neither Tenant nor Landlord shall have any further obligation under this Lease. If Tenant elects (i) above, then Tenant shall resume paying full Rent on the date such Competing Store ceases violating the restriction. If such Competing Store continues to violate the restriction for 180 days after the date Rent is abated, then Tenant shall have the further right to terminate this Lease at any time thereafter while the Competing Store continues to violate the restriction by delivering to Landlord written notice of its intention to terminate and this Lease shall terminate on the 30th day after Tenant's notice to Landlord.

ARTICLE XIV
OUTDOOR EVENTS

Section 14.1. Outdoor Events.

A. Right. Tenant shall have the right to conduct marketing and sales events on the sidewalk area immediately in front of the Leased Premises or in the parking lot of the Shopping Center at a location deemed mutually acceptable by Tenant and Landlord (the "Outdoor Area"). Each such event is herein called an "Outdoor Event. Subject to compliance with the terms and provisions of this Article, Tenant shall be permitted only to temporarily set up equipment and/or trade fixtures in the Outdoor Area (collectively, the "Outdoor Equipment") and have same remain in the Outdoor Area only during an Outdoor Event. Tenant shall not be permitted to make any permanent installations in the Outdoor Area or otherwise permanently alter the Outdoor Area.

B. Maintenance, Repair and Removal. Tenant shall, at its sole cost and expense, promptly and properly install, repair, maintain, operate, service any Outdoor Equipment and the Outdoor Area during an Outdoor Event, and remove the Outdoor Equipment immediately following the expiration of an Outdoor Event, all with proper techniques and procedures. During an Outdoor Event, Tenant shall at all times keep the Outdoor Area in a good and clean condition.

C. Additional Covenants of Tenant. Tenant covenants and agrees that it shall at its sole cost and expense conduct, supervise and control any Outdoor Event in a manner which will not unreasonably interfere with the safety, comfort, enjoyment or convenience of tenants at the Shopping Center.

D. Insurance Requirements. Tenant's insurance required under this Lease for the Leased Premises shall be required in connection with its use of the Outdoor Area.

{Signature Page Follows Immediately}

IN WITNESS WHEREOF, Landlord and Tenant have executed this Lease the day and year first above written.

LANDLORD:

CHICAGO TITLE LAND TRUST COMPANY, AS SUCCESSOR TRUSTEE TO LA SALLE BANK AND NATIONAL ASSOCIATION, NOT PERSONALLY BUT AS TRUSTEE, UNDER TRUST AGREEMENT DATED DECEMBER 1, 1965 AND KNOWN AS TRUST NUMBER 22630.

By: _____
Name: MARIO V. GOTANCO
Its: Trust Officer

~~By:~~ _____

TENANT:

SAINT ANTHONY HOSPITAL,

an Illinois not for profit corporation

By: _____

Name: Guy A. Medaglia

Its: President and CEO

IN WITNESS WHEREOF, Landlord and Tenant have executed this Lease the day and year first above written.

LANDLORD:

CHICAGO TITLE LAND TRUST COMPANY, AS SUCCESSOR TRUSTEE TO LA SALLE BANK AND NATIONAL ASSOCIATION, NOT PERSONALLY BUT AS TRUSTEE, UNDER TRUST AGREEMENT DATED DECEMBER 1, 1965 AND KNOWN AS TRUST NUMBER 22630.

By: _____
Name: MARIO V. GOTANCO
Its: Trust Officer

By _____

TENANT:

SAINT ANTHONY HOSPITAL,

an Illinois not for profit corporation

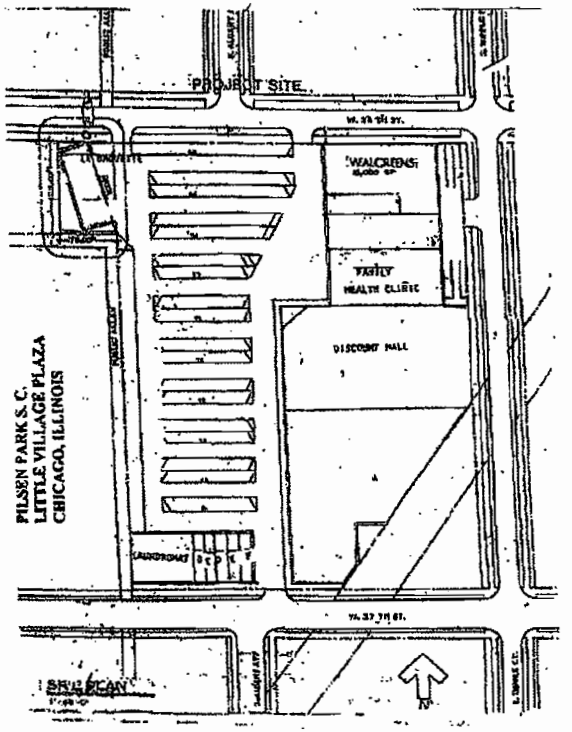
By: _____

Name: Guy A. Medaglia

Its: President and CEO

EXHIBIT B

SITE PLAN



ATTACHMENT-2A

EXHIBIT C

PLAN OF LEASED PREMISES

(the Leased Premises are the area identified as "Family Health Clinic" below)

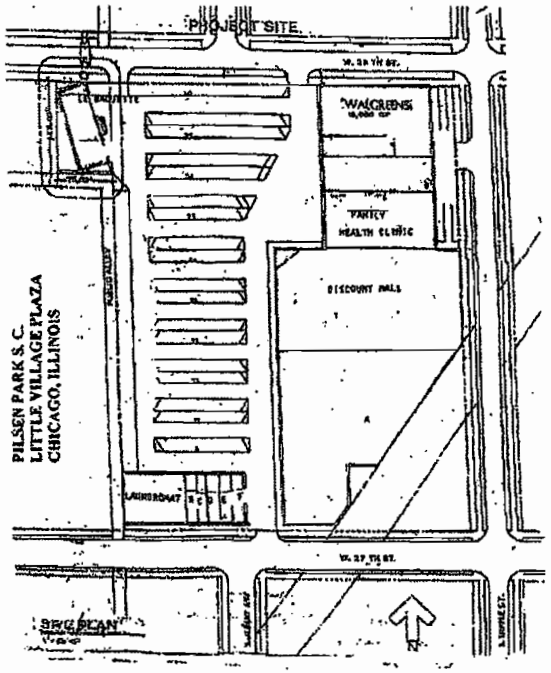


EXHIBIT D

DESCRIPTION OF LANDLORD'S WORK

[NO SEPARATE EXHIBIT – SEE SECTION 3.2 OF THE BODY OF THE LEASE]

EXHIBIT E

DESCRIPTION OF TENANT'S WORK DESIGN

[NO SEPARATE EXHIBIT – SEE SECTION 3.3 OF THE BODY OF THE LEASE]

EXHIBIT F

CRITERIA FOR TENANT'S ARCHITECTURAL STANDARDS AND TENANT'S SIGNS

[NOT APPLICABLE]

EXHIBIT G

EXISTING EXCLUSIVES AND RESTRICTIONS

1. Walgreen – operation of a drug store or so called prescription pharmacy or for any purpose requiring a qualified pharmacist

2. Suds – operation of a laundrymat

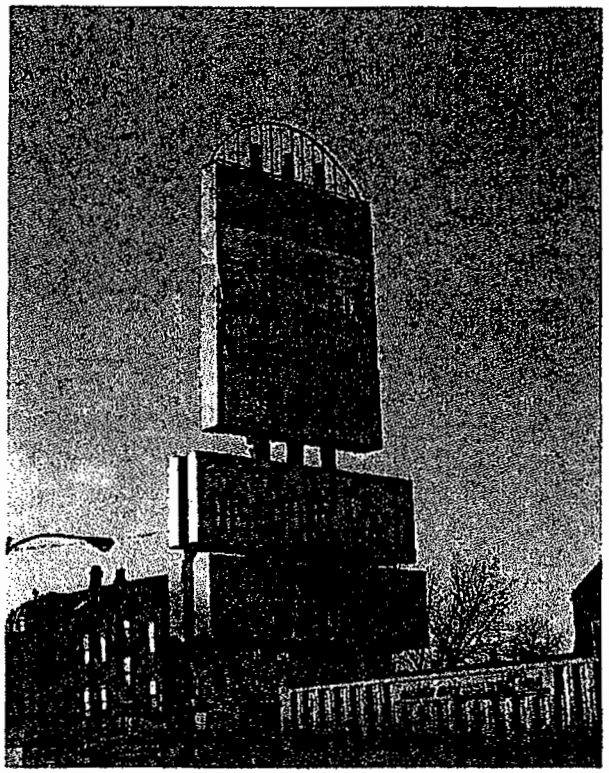
3. Dollar Store – operation of a dollar store

4. Bakery – operation of an on-site bakery or for the primary use for the sale of baked goods

EXHIBIT H

TENANT'S PYLON SIGNAGE LOCATION

Tenant's pylon sign panel shall be located in the blank sign panel shown in the depiction below, located directly below the current location of the Little Village Plaza panel shown below.



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED III)

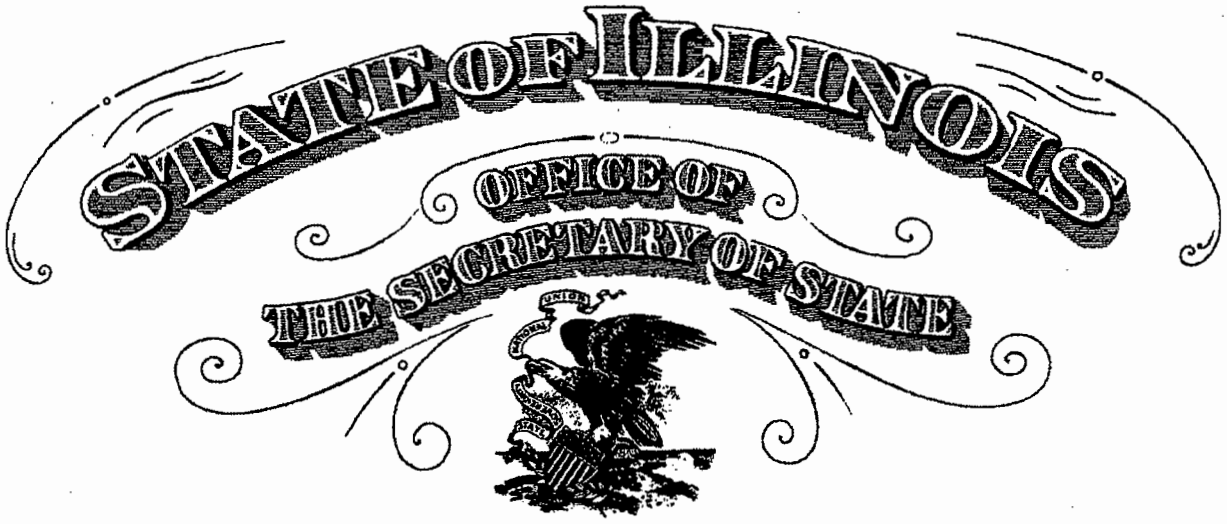
Operating Identity/Licensee

- 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.**

Saint Anthony Hospital is and will be the operator of SAH Dialysis Center at 26th Street. Its Certificate of Good Standing is appended as **ATTACHMENT-3A.**

The sole share holder of this licensee is **Saint Anthony Health Ministries.** The Certificates of Good Standing from the Illinois Secretary of State's office is also appended in **ATTACHMENT-3A.**

File Number 5725-617-6



To all to whom these Presents Shall Come, Greeting:

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

SAINT ANTHONY HEALTH MINISTRIES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221902676

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

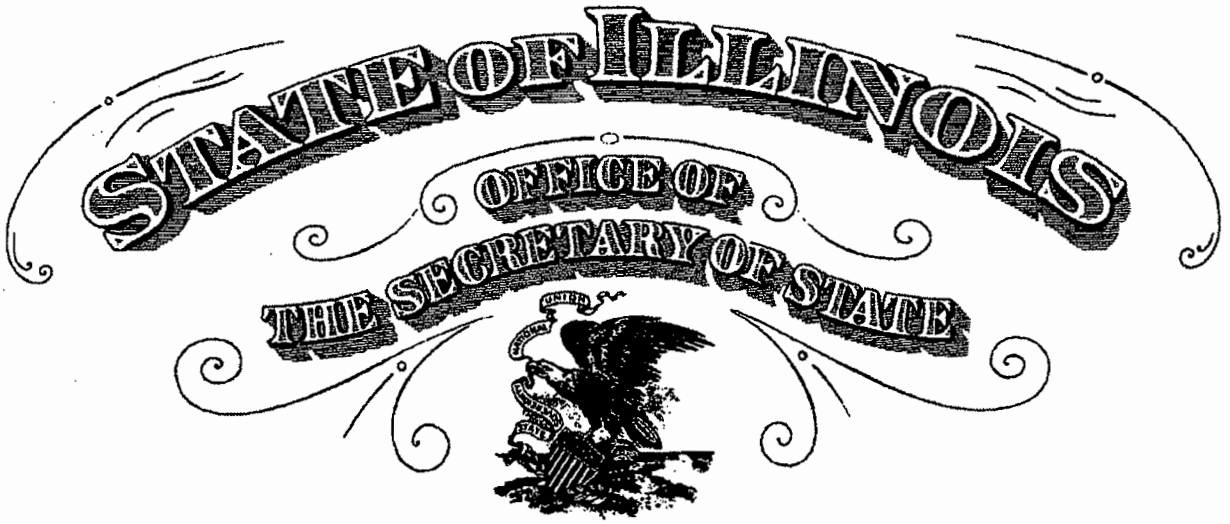
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* AUGUST *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

File Number 0901-576-1



To all to whom these Presents Shall Come, Greeting:

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

SAINT ANTHONY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 03, 1903, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1221902668

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* AUGUST *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 3A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED IV)

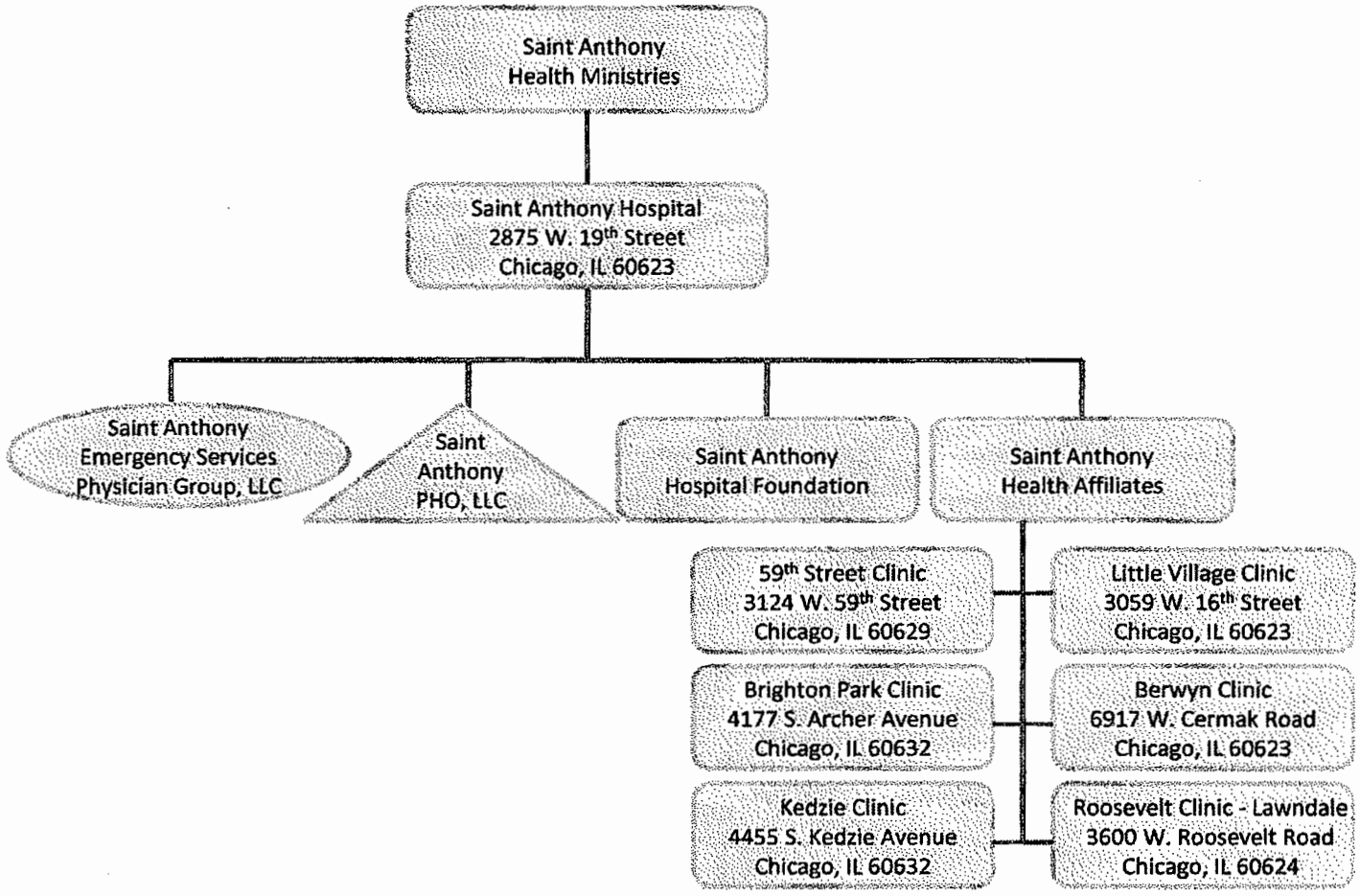
Organizational Relationships

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.

The organizational structure of the proposed SAH Dialysis Center at 26th Street is appended as **ATTACHMENT-4A**. It should be noted that the proposed ESRD is a sister facility to Saint Anthony Hospital and both are owned and operated by Saint Anthony Hospital a not-for-profit corporation who is solely responsible for funding of the project.

ATTACHMENT-4

Corporate Organizational Structure
April 2012



Denotes not-for-profit

Denotes limited liability company

Denotes 50% ownership by Saint Anthony Hospital

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED V)

Flood Plain Requirements

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.idph.state.il.us/about/hfpb.htm)**.

The proposed project is a modernization of an existing structure. A flood plain map from the Cook County Effective DFIRM finder identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5

Illinois Floodplain Maps

Site Map

Cook County Effective DFIRM Finder

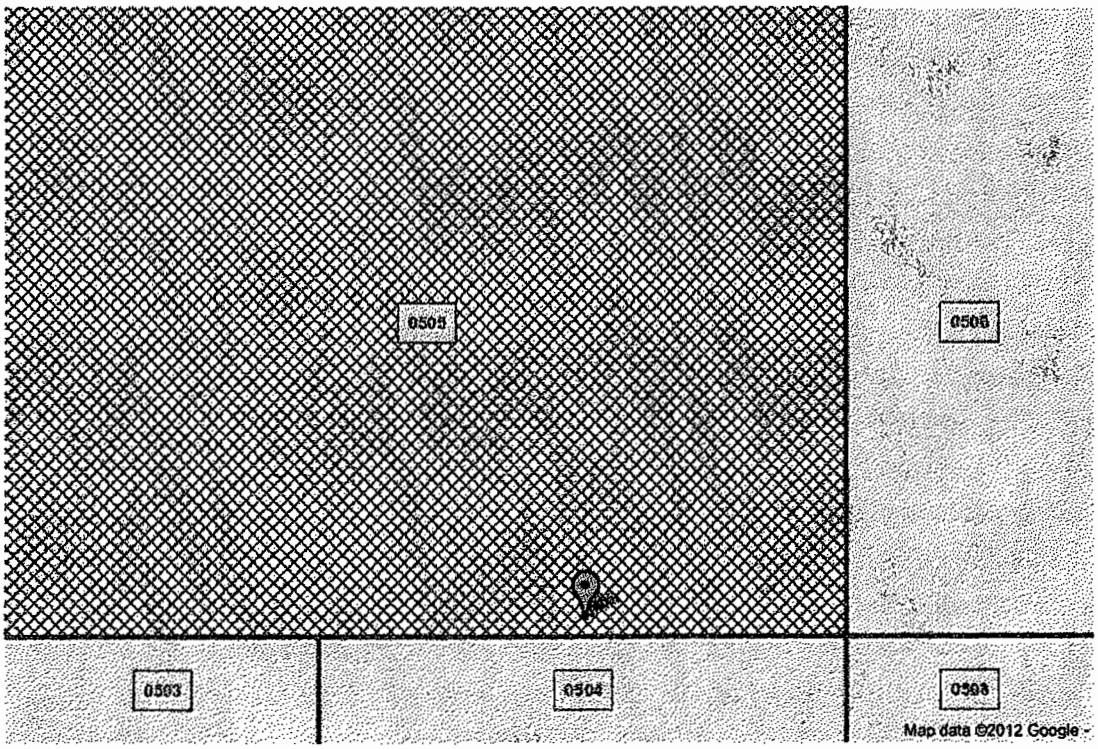
Instructions: The DFIRM Finder will help you find the DFIRM for your home or business. To get started, follow the instructions below. Users should download and view the official DFIRM for a more accurate representation of flood risk. **Note:** If the google map application below is not displayed, make sure to enable Javascript on your internet browser.

1. Enter your address in the box below and click "Search Address."
2. Click on the DFIRM panel (outlined in red) for the location you are interested.
3. After the panel is selected, click again for available options, including viewing the official DFIRM.

Please note that this **DFIRM Finder is intended to be used as a guide only.** Be sure to view the official DFIRM Panel available through the options (step 3 above), or in the list at the bottom of the page.

Users should check the FEMA Map Service Center for Letters of Map Change (LOMC) that revise this effective Flood Insurance Rate Map (http://msc.fema.gov)

3059 West 26th Street, Chicago, Illinois Search Address Refresh Page



Legend: DFIRM panel numbers are shown in red. Special Flood Hazard Areas are shown as light blue. DFIRM Panels with salmon or blue dashed hatching have Multiple Panel Revisions available to review. DFIRM Panels with black cross-hatching are not printed and have no DFIRM available for download.

Downloadable DFIRM Panels

Panels are only created when special flood hazard areas exist within the boundaries of the panel.

To view a DFIRM Panel, click the link below (links to external FEMA Map Service Center site).

- Panel #0015
- Panel #0020
- Panel #0038
- Panel #0039
- Panel #0043
- Panel #0044

- Panel #0265
- Panel #0270
- Panel #0285 - Panel not printed - No SFHA
- Panel #0305
- Panel #0306 - Panel not printed - No SFHA
- Panel #0307
- Panel #0330 - Panel not printed - No SFHA
- Panel #0331
- Panel #0332
- Panel #0351
- Panel #0352 - Panel not printed - No SFHA
- Panel #0356
- Panel #0357
- Panel #0358
- Panel #0359
- Panel #0366
- Panel #0367
- Panel #0368 - Panel not printed - No SFHA
- Panel #0369
- Panel #0376
- Panel #0378
- Panel #0380 - Panel not printed - No SFHA
- Panel #0382
- Panel #0385
- Panel #0386
- Panel #0387
- Panel #0388
- Panel #0389
- Panel #0395 - Panel not printed - No SFHA
- Panel #0401
- Panel #0402
- Panel #0403 - Panel not printed - No SFHA
- Panel #0404
- Panel #0410
- Panel #0415
- Panel #0416
- Panel #0417
- Panel #0418
- Panel #0419
- Panel #0438
- Panel #0440
- Panel #0456
- Panel #0457
- Panel #0458
- Panel #0459
- Panel #0466
- Panel #0467
- Panel #0468
- Panel #0469
- Panel #0476
- Panel #0477
- Panel #0478
- Panel #0479
- Panel #0483
- Panel #0484
- Panel #0485 - Panel not printed - No SFHA
- Panel #0486
- Panel #0487
- Panel #0488
- Panel #0489
- Panel #0491
- Panel #0492
- Panel #0495 - Panel not printed - No SFHA
- Panel #0503
- Panel #0504
- Panel #0505 - Panel not printed - No SFHA
- Panel #0506
- Panel #0507
- Panel #0508
- Panel #0509 - Panel not printed - No SFHA
- Panel #0515 - Panel not printed - No SFHA
- Panel #0520 - Panel not printed - No SFHA
- Panel #0526
- Panel #0528
- Panel #0529
- Panel #0540
- Panel #0545

ATTACHMENT-5A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED VI)

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A** is a letter to the Applicant from Ms. Anne E. Haaker, Deputy State Historic Preservation Officer from the Illinois Historic Preservation Agency determining that no historic, architectural or archaeological sites exist within the project area.

Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Cook County
Chicago
CON - Rehabilitation to Establish an Outpatient Dialysis Facility, Little Village Clinic
3059 W. 26th St.
IHPA Log #006091412

September 26, 2012

Gina Kniery
Charles H. Foley & Associates, Inc.
1638 S. MacArthur Blvd.
Springfield, IL 62704

Dear Ms. Kniery:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

r review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT-6A

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (CONTINUED VII)

Project Costs and Sources of Funds

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

Appended as **ATTACHMENT-7A** is a comprehensive listing of the equipment, preplanning, consulting and other fees, and fair market value of leased space.

SAH Dialysis Center @ 26th Street
Equipment list

Little Village Equipment	Dialysis
Bio Hazard Foot Petal Trash	$ 1,218.00
Blanket Warmer (Gaymar Model - GAYMTA6900)	$ 4,990.00
Blankets	$ 1,440.00
Computers	$ 2,400.00
Crushed Ice Machine	$ 4,500.00
Desk Phones	$ 297.00
Desk Printer/Fax/Scanner	$ 700.00
Dialysis Chairs	$ 25,500.00
Dialysis Machines	$ 195,000.00
Drug Disposable Boxes	$ 260.00
Exam Stools	$ 1,880.00
File Cabinet (42"Wide- 5 High)	$ 1,190.00
Foot Pedal Trash Receptacle	$ 522.00
Half Lockers 12/12/36	$ 1,540.00
Manual Mobile BP Monitor WA767003	$ 506.00
Mini Fridge (UTC)	$ 160.00
Office Trash Cans	$ 150.00
Oversized Scale	$ 1,753.00
Resessed Scale	$ 1,200.00
Personal TVs	$ 15,750.00
Staff Task Chairs	$ 1,800.00
TV Channel Modulator	$ 5,200.00
Waiting Room Seating (2-seater)	$ 1,040.00
Wall Clock w/ Second Hand	$ 20.00
Water System Dialysis & Installation	$ 90,000.00
Welch Allyn Vital Signs	$ 5,800.00
WOW w/ Med Drawers	$ 16,000.00
Total	$ 380,816.00

Project Costs and Sources of Funds
Line Item Breakdown

Preplanning Contract	Fee
Leila Grey	$ 2,190.00
DENCO Preconstruction Fee	$ 7,000.00

Consultant Contract	Fee
Foley and Associates	$ 25,000.00
CON Application Fee	$ 2,500.00
Total	**$ 27,500.00**

Architect/Engineersing Fees	$ 196,000.00
Dialysis	$ 60,913.02
NonClinical Space	$ 10,652.41

Project Costs and Sources of Funds
Line Item Breakdown

Assumptions:

Square Footage	18,000
Term	15 years
Discount Rate	8%

Negotiated Deal																	
Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Rent/sf	$13.00	$13.00	$13.00	$14.80	$14.80	$14.80	$16.87	$16.87	$16.87	$16.87	$19.25	$19.25	$19.25	$22.00	$22.00		
Extras/sf	$5.00	$5.00	$5.00	$5.25	$5.25	$5.25	$5.51	$5.51	$5.51	$5.51	$5.78	$5.78	$5.78	$6.07	$6.07		
Gross Rent/sf	$18.00	$18.00	$18.00	$20.05	$20.05	$20.05	$22.38	$22.38	$22.38	$22.38	$25.03	$25.03	$25.03	$28.07	$28.07		
Yearly Gross Rent as Negotiated	$324,000.00	$324,000.00	$324,000.00	$360,900.00	$360,900.00	$360,900.00	$402,840.00	$402,840.00	$402,840.00	$402,840.00	$450,540.00	$450,540.00	$450,540.00	$505,260.00	$505,260.00		
PV	$324,000.00	$300,000.00	$277,777.78	$286,494.06	$265,272.27	$245,622.48	$253,857.53	$235,053.27	$217,641.92	$201,520.29	$208,687.19	$193,228.88	$178,915.63	$185,783.05	$172,021.35	$3,545,875.71	$ 1,099,221.47
																	$177,293.79
Negotiated Savings	$5.00	$5.00	$5.00	$5.25	$5.25	$5.25	$5.51	$5.51	$5.51	$5.51	$5.78	$5.78	$5.78	$6.07	$6.07		$ 1,276,515.25
Negotiated extras broken out	$90,000.00	$90,000.00	$90,000.00	$94,500.00	$94,500.00	$94,500.00	$99,180.00	$99,180.00	$99,180.00	$99,180.00	$104,040.00	$104,040.00	$104,040.00	$109,260.00	$109,260.00		
LL Proposed Extras/sf	$5.00	$5.00	$5.00	$5.25	$5.51	$5.79	$6.08	$6.38	$6.70	$7.04	$7.39	$7.76	$8.14	$8.55	$8.98		
LL total proposed extra rent Broken Out	$90,000.00	$90,000.00	$90,000.00	$94,500.00	$99,225.00	$104,186.25	$109,395.56	$114,865.34	$120,608.61	$126,639.04	$132,970.99	$139,619.54	$146,600.52	$153,930.54	$161,627.07		
Difference btw LL Proposal and Negotiated Deal	$0.00	$0.00	$0.00	$0.00	$4,725.00	$9,686.25	$10,215.56	$15,685.34	$21,428.61	$27,459.04	$28,930.99	$35,579.54	$42,560.52	$44,670.54	$52,367.07		
Nominal total savings in payments over the term btw LL proposal and negotiated deal	$293,308.46																
NPV of Savings btw LL proposal and final negotiated deal	$130,784.34																

ATTACHMENT - 7A

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS

Criterion 1110.230 - Project Purpose, Background and Alternatives

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.

The Applicant for SAH Dialysis Center at 26th Street is **Saint Anthony Hospital** (owner/operator/Licensee). As identified under organizational relationship section, Saint Anthony Hospital is a related licensed health care facility.

A copy of the Hospital's license and its Joint Commission hospital accreditation is appended under **ATTACHMENT-11A.**

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.

The required documentation with regards to adverse action as defined under 1110.230.a)3)B is appended as **ATTACHMENT-11B**.

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**.

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-11C.**

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.

The Applicant has not submitted any other applications for permit; therefore, this item is not germane.

ATTACHMENT-11

State of Illinois 2087345
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of the State of Illinois Department of Public Health

LA MAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/13	BGBD	0005637

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

BUSINESS ADDRESS

SAINT ANTHONY HOSPITAL
2875 WEST 19TH STREET
CHICAGO IL 60623

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2087345
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

SAINT ANTHONY HOSPITAL

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/13	BGBD	0005637

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/12

05/05/12

SAINT ANTHONY HOSPITAL
2875 WEST 19TH STREET
2875 WEST 19TH STREET
CHICAGO IL 60623

FEE RECEIPT NO.

ATTACHMENT-11A

CITY OF CHICAGO

LICENSE CERTIFICATE

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO

NAME: SAINT ANTHONY HOSPITAL

DBA: ST. ANTHONY HOSPITAL

AT: 2875 W. 19TH ST., Apt./Suite 1
CHICAGO, IL 60623
1

LICENSE NO.: 23436 CODE: 1375 FEE: $**2,200.00

LICENSE: Hospital

1000 Beds Max.
This license is a privilege granted and not a property right. This license is the property of the City of Chicago.

PRINTED ON : 07/11/2012 $**2,200.00

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREFOR, AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF.

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF
THIS 15 DAY OF AUGUST ,2012

EXPIRATION DATE: [redacted]

ATTEST:

Rahm Emanuel
MAYOR

Susana A. Mendoza
CITY CLERK

ACCOUNT NO. 17297 SITE : 1

TRANS NO.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSED PREMISES

ATTACHMENT-11A

The Joint Commission

July 30, 2012

Guy Medaglia
CEO and President
Saint Anthony Hospital
2875 West 19th Street
Chicago, IL 60623

Joint Commission ID #: 7279
Program: Hospital Accreditation
Accreditation Activity: Random Unannounced Validation
Accreditation Activity Completed: 07/18/2012

Dear Mr. Medaglia:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 05, 2011. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

ATTACHMENT-11A

The Joint Commission
Connect / E-App Electronic Application General

Saint Anthony Hospital
2875 West 19th Street
Chicago, IL 60623
HCO ID:7279

back to My Dashboard

Summary

< Prev Next >

Print Page | Tab

Summary
Accreditation Manuals
Organization Level Detail
Site Summary

Site Summary

Sites

✓ = Main Site

#	Site(s)	Miles From Main	Program(s)	Main Site
1	59th Street DBA Saint Anthony Health Affiliates 3124 W. 59th Street Chicago , IL 60629	5.2	Hospital Clinic	
2	Berwyn Clinic 6917 W. Cermak Road Berwyn , IL 60402	5.4	Hospital Clinic	
3	Brighton Park DBA Saint Anthony Health Affiliates 4177 S. Archer Ave. Chicago , IL 60632	2.9	Hospital Clinic	
4	Community Wellness Program 2828 W. Cermak Chicago , IL 60623	0.4	Hospital Clinic	
5	Kedzie DBA Saint Anthony Health Affiliates 4455 S. Kedzie Ave Chicago , IL 60632	3.3	Hospital Clinic	
6	Roosevelt Clinic-Lawndale 3600 West Roosevelt Chicago , IL 60624	2	Hospital Clinic	
7	Saint Anthony Health Affiliates-Esperanza/Little Village 3059 West 26th Street Chicago , IL 60623	1.3	Hospital Clinic	
8	Saint Anthony Hospital 2875 West 19th Street Chicago , IL 60623	0	Hospital	✓

< Prev Next >

Help

This page provides a summary of your organization's sites Home Care contractors (if applicable) number of miles from the main sites and the program(s) provides at each site Please review the information for accuracy.

Useful Links

FAQ

Full Glossary

© Copyright 2012 - The Joint Commission - All Rights Reserved

ATTACHMENT-11A

SAINT ANTHONY
HOSPITAL

September 6, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Aileen Brooks
Vice President General Counsel
Saint Anthony Hospital

State of Illinois
County of Cook

Sworn to before me this
7th day of September, 2012
Notary Public

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

ATTACHMENT-11B

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SAINT ANTHONY
HOSPITAL

September 6, 2012

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely,

Aileen Brooks

Aileen Brooks
Vice President General Counsel
Saint Anthony Hospital

ATTACHMENT-11C

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued II)

Criterion 1110.230 - Project Purpose, Background and Alternatives

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.

The proposed project will improve health care delivery for nephrology patients living in the service area by improving access to ESRD services.

2. Define the planning area or market area, or other, per the applicant's definition.

The primary market area of Saint Anthony Hospital is the six Zip Code area of 60623, 60608, 60609, 60629, 60632, and 60804. Sixty-six percent of the hospital's patients are derived from this service area. The secondary market area would be consistent with the State's required 30-minute travel time contour.

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.]

Saint Anthony Hospital continues to see a disconnect in the continuum of care for its patients who require dialysis and those who are stage III and IV pre-ESRD patients for which dialysis is eminent. Specifically, SAH has seen continued high rates of recidivism of patients who are supposed to be undergoing outpatient hemodialysis returning for the more acute dialysis care as an inpatient of the Hospital. This is caused by patients missing treatments or not being treated or following treatment for the related health issues associated with renal disease such as diabetes, obesity, hypertension, cardiovascular disease, and peripheral artery disease. One of the precipitating factors of the high recidivism rates is the disconnect in how care and education is provided.

ATTACHMENT-12

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued III)

Criterion 1110.230 - Project Purpose, Background and Alternatives

PURPOSE OF PROJECT (Continued ii)

According to the Saint Anthony Hospital's The Center for Diabetes, Nutrition, Obesity & Metabolism Saint Anthony Hospital's market place needs are as follows:

> The residents of Chicago's west Side are among some of the most disadvantaged communities in Chicago. They are un-insured or under-insured and many exist at or below current poverty levels. Employment opportunities are limited; and if found, detract from family and healthy lifestyle activities. Much of our neighborhood population consists of recent immigrants from Mexico and South America with English as the second language spoken at home. Moreover, reliance on folklore and home remedies to prevent or cure diabetes reflects the foundation of their alliance with the medical community. Our African American community population is an ever-increasing segment of Saint Anthony Hospital's neighborhood. High school dropout rates of African Americans are astronomical and contribute to low literacy levels. Additionally, some members of these two groups perceive diabetes as a punishment from God or conversely, resulting from eating too many sweets. Often, prayer is a mechanism used to manage their diabetes. Both populations have a great difficulty accessing and navigating the services of today's complex health care system.

The above cited market place needs essentially states that the residents of the market area need a simpler more comprehensive approach to receiving the required care for renal disease. Traditionally, the dialysis populations are diagnosed by their primary care physician with a referral to a specialist (nephrologist) who then determines the appropriate treatment

ATTACHMENT-12

protocol and education. The patient then follows-up with both the primary care doctor and the nephrologist. This patient must also follow-up with their education on chronic renal disease. This traditional patient has a primary care doctor orchestrating the care and overseeing issues relating to co-morbidities. The typical dialysis patient of Saint Anthony Hospital enters through the emergency department or if they are fortunate through one of the Hospital's clinic settings. The majority of these patients do not have a formal primary care physician except possible through a hospital clinic. The Hospital medical staff then makes the diagnosis and the patient is referred to a primary care doctor and a nephrologist. These physicians then treat this population as they would any typical patient. The issue is that the population the Saint Anthony Hospital cares for, has the aforementioned barriers to care. There is little traditional about them as life can be a challenge for them and with the complexities of renal disease and the co-morbidities following a treatment protocol is all consuming and confusing. Thus, with family and employment responsibilities represent additional barriers to following ordered care treatment protocols. Although this explanation is quite simplistic, it illustrates that our patients must endure several appointments. They are provided with vast amounts of information which there is a likelihood of misunderstandings due to language and/or literacy barriers. This creates a patient situation of confusion in which they suffer undue stress resulting in the patients missing treatments or education appointments or both. Missed appointments mean the need for in-patient treatment.

The issue discussed above is further exacerbated by the fact that there is such a shortage of dialysis stations in the area as the State's own bed station need calculation has identified a

need for 76 additional stations by calendar year 2013.

4. Cite the sources of the information provided as documentation.

Appended as **ATTACHMENT-12A,** is the Zip Code demographics for Saint Anthony Hospital's primary market area. Appended as **ATTACHMENT-12B,** is the patient origin analysis of all patients treated for dialysis or tested with Stage 3, 4, and 5 results by SAH. Appended as **ATTACHMENT-12C,** is a copy of the State's November 2, 2012 update to its Inventory of Health Care Facilities and Services and Need Determinations. Appended as **ATTACHMENT-12D,** is a copy of The Center for Diabetes, Nutrition, Obesity & Metabolism informational narrative prepared by Saint Anthony Hospital.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The Applicant's proposed project is unique because it offers a comprehensive approach to treatment for the related health issues associated with renal disease such as diabetes, obesity, hypertension, cardiovascular disease, and peripheral artery disease. The Applicant proposes to establish a Dialysis facility situated within a primary care clinic where the patients will be able to receive their treatments, attend physician follow-up visits, and receive continuing education as well as social work support. By providing all these services in one location, we seek to ease the impact of scheduling care, missing work or burden on families that this disease causes. This innovative clinic setting will focus on the patient's multiple needs and therefore, it should be less scary and likely to promote better outcomes.

ATTACHMENT-12

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued VI)

Criterion 1110.230 - Project Purpose, Background and Alternatives

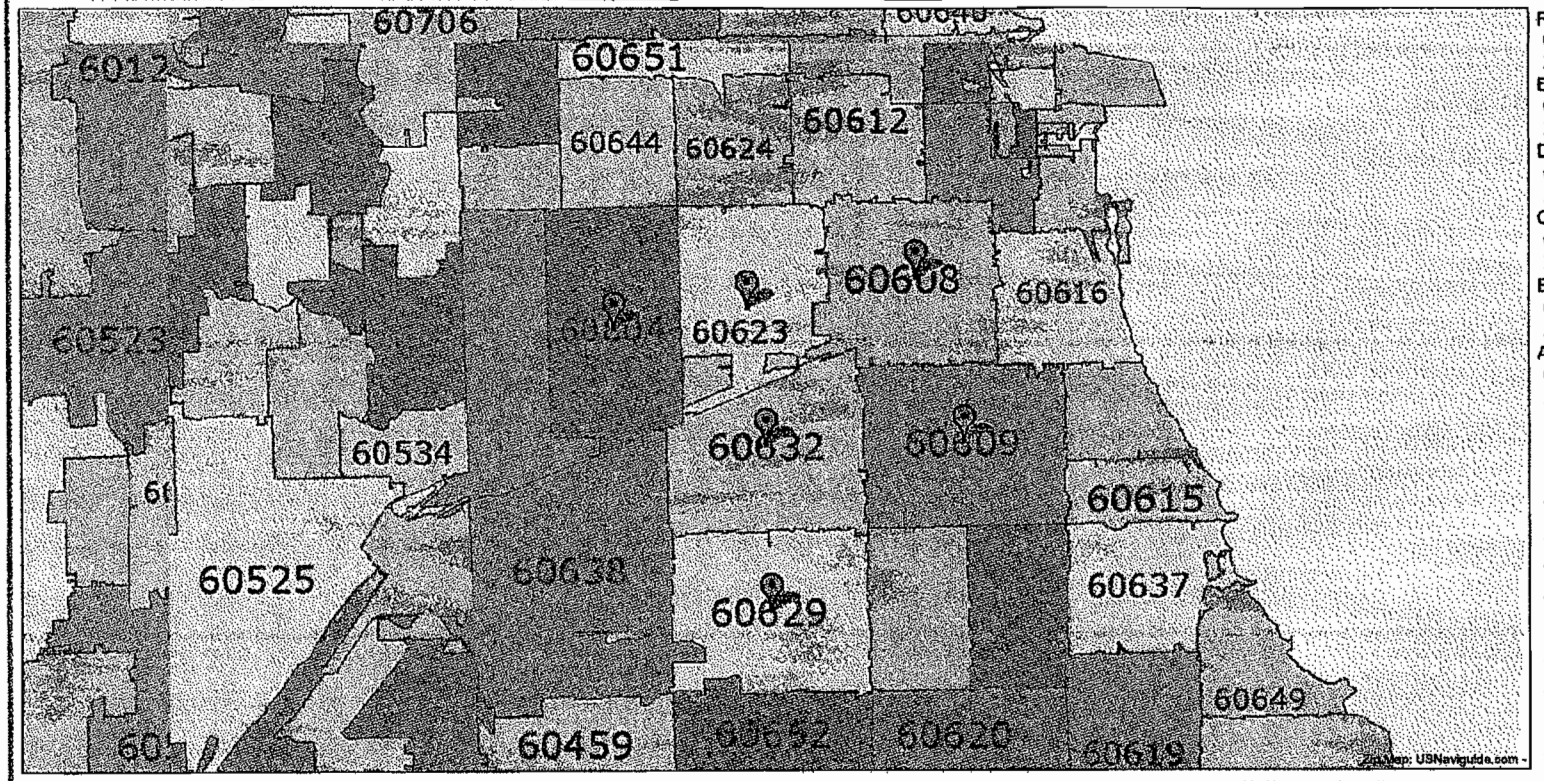
PURPOSE OF PROJECT (Continued v)

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

The primary goal of the facility is to meet the utilization targets set forth by the State as optimal utilization rates (80% by the second full year of operations). The secondary but overall goal would be to reverse the trend of increasing renal disease for the Latino and African American population within this market area by promoting wellness visits and education, reduce obesity and improve nutrition. Conversely, a freestanding dialysis facility cannot do this alone. The sheer numbers of ESRD facilities approved over the past five years reflects that the rates of renal disease, diabetes and cardiovascular disease would already be on the rise. This overall goal is harder to quantify as it will take several years to realize the effects of the proposed comprehensive approach to dialysis care.

ATTACHMENT-12

Key Zip 60623, 60608, 60609, 60 or Address Find Zipcode or click on the map. Clear



F 60804
Cicero, IL
2008 Households: 2268
E 60629
Chicago, IL
2008 Households: 3141
D 60609
Chicago, IL
2008 Households: 2325
C 60608
Chicago, IL
2008 Households: 2476
B 60632
Chicago, IL
2008 Households: 2402
A 60623
Chicago, IL
2008 Households: 2683

Postal Code
Look Up Any Postal Code I
the Free Postal Code App
zipcodes.online-reference-tools.com

State Farm® Official S
Let State Farm® Help With A
Business Needs. Visit Today
www.statefarm.com

Cities By Zip Code
Quick Access to Zip Code M
With Free Maps Toolbar!
Inbox.com/ZipCodes

Zip Code information on this map as of January, 2010. Source: USNaviguide LLC. Household counts as of 2008 estimate. Source: US Census Bureau. County data as of 2009. Source: Census Tiger program.

Index Instructions Privacy Policy Individual Zips Zip Codes by Radius Problems viewing this page Read our Blog

Zip Code Map Version 3.0 Copyright © 1996-2010 John Corvat - USNaviguide. All rights reserved.

AMERICAN FactFinder

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60608

Subject	Number	Percent
SEX AND AGE		
Total population	82,739	100.0
Under 5 years	5,499	6.6
5 to 9 years	5,066	6.1
10 to 14 years	5,061	6.1
15 to 19 years	6,219	7.5
20 to 24 years	8,767	10.6
25 to 29 years	9,174	11.1
30 to 34 years	8,129	9.8
35 to 39 years	6,634	8.0
40 to 44 years	5,809	7.0
45 to 49 years	5,122	6.2
50 to 54 years	4,753	5.7
55 to 59 years	3,743	4.5
60 to 64 years	2,759	3.3
65 to 69 years	1,926	2.3
70 to 74 years	1,437	1.7
75 to 79 years	1,069	1.3
80 to 84 years	851	1.0
85 years and over	721	0.9
Median age (years)	30.8	(X)
16 years and over	66,093	79.9
18 years and over	63,759	77.1
21 years and over	59,215	71.6
62 years and over	7,491	9.1
65 years and over	6,004	7.3
Male population	46,367	56.0
Under 5 years	2,838	3.4
5 to 9 years	2,576	3.1
10 to 14 years	2,528	3.1
15 to 19 years	3,712	4.5
20 to 24 years	5,367	6.5
25 to 29 years	5,408	6.5
30 to 34 years	4,756	5.7
35 to 39 years	3,881	4.7
40 to 44 years	3,449	4.2
45 to 49 years	2,979	3.6
50 to 54 years	2,696	3.3
55 to 59 years	2,082	2.5
60 to 64 years	1,399	1.7
65 to 69 years	954	1.2
70 to 74 years	694	0.8
75 to 79 years	455	0.5
80 to 84 years	355	0.4
85 years and over	238	0.3

ATTACHMENT-12A

Subject	Number	Percent
Median age (years)	30.6	(X)
16 years and over	37,894	45.8
18 years and over	36,579	44.2
21 years and over	33,702	40.7
62 years and over	3,447	4.2
65 years and over	2,696	3.3
Female population	36,372	44.0
Under 5 years	2,661	3.2
5 to 9 years	2,490	3.0
10 to 14 years	2,533	3.1
15 to 19 years	2,507	3.0
20 to 24 years	3,400	4.1
25 to 29 years	3,766	4.6
30 to 34 years	3,373	4.1
35 to 39 years	2,753	3.3
40 to 44 years	2,360	2.9
45 to 49 years	2,143	2.6
50 to 54 years	2,057	2.5
55 to 59 years	1,661	2.0
60 to 64 years	1,360	1.6
65 to 69 years	972	1.2
70 to 74 years	743	0.9
75 to 79 years	614	0.7
80 to 84 years	496	0.6
85 years and over	483	0.6
Median age (years)	31.0	(X)
16 years and over	28,199	34.1
18 years and over	27,180	32.9
21 years and over	25,513	30.8
62 years and over	4,044	4.9
65 years and over	3,308	4.0
RACE		
Total population	82,739	100.0
One Race	80,317	97.1
White	33,762	40.8
Black or African American	15,085	18.2
American Indian and Alaska Native	774	0.9
Asian	7,425	9.0
Asian Indian	373	0.5
Chinese	6,055	7.3
Filipino	378	0.5
Japanese	43	0.1
Korean	220	0.3
Vietnamese	78	0.1
Other Asian [1]	278	0.3
Native Hawaiian and Other Pacific Islander	35	0.0
Native Hawaiian	11	0.0
Guamanian or Chamorro	4	0.0
Samoan	6	0.0
Other Pacific Islander [2]	14	0.0
Some Other Race	23,236	28.1
Two or More Races	2,422	2.9
White; American Indian and Alaska Native [3]	226	0.3
White; Asian [3]	218	0.3
White; Black or African American [3]	323	0.4
White; Some Other Race [3]	1,122	1.4
Race alone or in combination with one or more other races: [4]		
White	35,801	43.3
Black or African American	15,707	19.0
American Indian and Alaska Native	1,197	1.4

Subject	Number	Percent
Asian	7,804	9.4
Native Hawaiian and Other Pacific Islander	110	0.1
Some Other Race	24,701	29.9
HISPANIC OR LATINO		
Total population	82,739	100.0
Hispanic or Latino (of any race)	46,289	55.9
Mexican	41,328	49.9
Puerto Rican	1,692	2.0
Cuban	140	0.2
Other Hispanic or Latino [5]	3,129	3.8
Not Hispanic or Latino	36,450	44.1
HISPANIC OR LATINO AND RACE		
Total population	82,739	100.0
Hispanic or Latino	46,289	55.9
White alone	20,134	24.3
Black or African American alone	457	0.6
American Indian and Alaska Native alone	665	0.8
Asian alone	112	0.1
Native Hawaiian and Other Pacific Islander alone	24	0.0
Some Other Race alone	23,154	28.0
Two or More Races	1,743	2.1
Not Hispanic or Latino	36,450	44.1
White alone	13,628	16.5
Black or African American alone	14,628	17.7
American Indian and Alaska Native alone	109	0.1
Asian alone	7,313	8.8
Native Hawaiian and Other Pacific Islander alone	11	0.0
Some Other Race alone	82	0.1
Two or More Races	679	0.8
RELATIONSHIP		
Total population	82,739	100.0
In households	71,364	86.3
Householder	25,196	30.5
Spouse [6]	9,169	11.1
Child	22,959	27.7
Own child under 18 years	15,685	19.0
Other relatives	8,193	9.9
Under 18 years	2,807	3.4
65 years and over	938	1.1
Nonrelatives	5,847	7.1
Under 18 years	218	0.3
65 years and over	152	0.2
Unmarried partner	2,365	2.9
In group quarters	11,375	13.7
Institutionalized population	10,513	12.7
Male	9,364	11.3
Female	1,149	1.4
Noninstitutionalized population	862	1.0
Male	572	0.7
Female	290	0.4
HOUSEHOLDS BY TYPE		
Total households	25,196	100.0
Family households (families) [7]	15,569	61.8
With own children under 18 years	8,038	31.9
Husband-wife family	9,169	36.4
With own children under 18 years	4,814	19.1
Male householder, no wife present	2,110	8.4
With own children under 18 years	878	3.5
Female householder, no husband present	4,290	17.0
With own children under 18 years	2,346	9.3

ATTACHMENT-12A

Subject	Number	Percent
Nonfamily households [7]	9,627	38.2
Householder living alone	7,007	27.8
Male	3,880	15.4
65 years and over	692	2.7
Female	3,127	12.4
65 years and over	1,067	4.2
Households with individuals under 18 years	9,347	37.1
Households with individuals 65 years and over	4,562	18.1
Average household size	2.83	(X)
Average family size [7]	3.59	(X)
HOUSING OCCUPANCY		
Total housing units	28,852	100.0
Occupied housing units	25,196	87.3
Vacant housing units	3,656	12.7
For rent	1,591	5.5
Rented, not occupied	92	0.3
For sale only	299	1.0
Sold, not occupied	85	0.3
For seasonal, recreational, or occasional use	129	0.4
All other vacants	1,460	5.1
Homeowner vacancy rate (percent) [8]	3.5	(X)
Rental vacancy rate (percent) [9]	8.5	(X)
HOUSING TENURE		
Occupied housing units	25,196	100.0
Owner-occupied housing units	8,247	32.7
Population in owner-occupied housing units	24,866	(X)
Average household size of owner-occupied units	3.02	(X)
Renter-occupied housing units	16,949	67.3
Population in renter-occupied housing units	46,498	(X)
Average household size of renter-occupied units	2.74	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

Subject	Number	Percent
Median age (years)	28.5	(X)
16 years and over	22,876	35.2
18 years and over	21,623	33.3
21 years and over	20,001	30.8
62 years and over	2,609	4.0
65 years and over	1,959	3.0
Female population	32,550	50.1
Under 5 years	2,833	4.4
5 to 9 years	2,800	4.3
10 to 14 years	2,714	4.2
15 to 19 years	2,894	4.5
20 to 24 years	2,496	3.8
25 to 29 years	2,606	4.0
30 to 34 years	2,546	3.9
35 to 39 years	2,325	3.6
40 to 44 years	2,091	3.2
45 to 49 years	1,968	3.0
50 to 54 years	1,819	2.8
55 to 59 years	1,498	2.3
60 to 64 years	1,162	1.8
65 to 69 years	856	1.3
70 to 74 years	690	1.1
75 to 79 years	518	0.8
80 to 84 years	394	0.6
85 years and over	340	0.5
Median age (years)	29.9	(X)
16 years and over	23,567	36.3
18 years and over	22,376	34.5
21 years and over	20,781	32.0
62 years and over	3,447	5.3
65 years and over	2,798	4.3
RACE		
Total population	64,906	100.0
One Race	63,140	97.3
White	23,525	36.2
Black or African American	18,782	28.9
American Indian and Alaska Native	472	0.7
Asian	2,381	3.7
Asian Indian	54	0.1
Chinese	1,995	3.1
Filipino	93	0.1
Japanese	12	0.0
Korean	34	0.1
Vietnamese	34	0.1
Other Asian [1]	159	0.2
Native Hawaiian and Other Pacific Islander	14	0.0
Native Hawaiian	3	0.0
Guamanian or Chamorro	8	0.0
Samoan	0	0.0
Other Pacific Islander [2]	3	0.0
Some Other Race	17,966	27.7
Two or More Races	1,766	2.7
White; American Indian and Alaska Native [3]	121	0.2
White; Asian [3]	110	0.2
White; Black or African American [3]	176	0.3
White; Some Other Race [3]	893	1.4
Race alone or in combination with one or more other races: [4]		
White	24,918	38.4
Black or African American	19,275	29.7
American Indian and Alaska Native	785	1.2

ATTACHMENT-12A

Subject	Number	Percent
Asian	2,587	4.0
Native Hawaiian and Other Pacific Islander	71	0.1
Some Other Race	19,158	29.5
HISPANIC OR LATINO		
Total population	64,906	100.0
Hispanic or Latino (of any race)	34,489	53.1
Mexican	31,049	47.8
Puerto Rican	1,404	2.2
Cuban	70	0.1
Other Hispanic or Latino [5]	1,966	3.0
Not Hispanic or Latino	30,417	46.9
HISPANIC OR LATINO AND RACE		
Total population	64,906	100.0
Hispanic or Latino	34,489	53.1
White alone	14,395	22.2
Black or African American alone	450	0.7
American Indian and Alaska Native alone	391	0.6
Asian alone	67	0.1
Native Hawaiian and Other Pacific Islander alone	1	0.0
Some Other Race alone	17,894	27.6
Two or More Races	1,291	2.0
Not Hispanic or Latino	30,417	46.9
White alone	9,130	14.1
Black or African American alone	18,332	28.2
American Indian and Alaska Native alone	81	0.1
Asian alone	2,314	3.6
Native Hawaiian and Other Pacific Islander alone	13	0.0
Some Other Race alone	72	0.1
Two or More Races	475	0.7
RELATIONSHIP		
Total population	64,906	100.0
In households	64,488	99.4
Householder	20,119	31.0
Spouse [6]	7,321	11.3
Child	24,476	37.7
Own child under 18 years	17,137	26.4
Other relatives	8,388	12.9
Under 18 years	3,387	5.2
65 years and over	689	1.1
Nonrelatives	4,184	6.4
Under 18 years	267	0.4
65 years and over	145	0.2
Unmarried partner	1,962	3.0
In group quarters	418	0.6
Institutionalized population	169	0.3
Male	84	0.1
Female	85	0.1
Noninstitutionalized population	249	0.4
Male	119	0.2
Female	130	0.2
HOUSEHOLDS BY TYPE		
Total households	20,119	100.0
Family households (families) [7]	14,150	70.3
With own children under 18 years	8,020	39.9
Husband-wife family	7,321	36.4
With own children under 18 years	4,335	21.5
Male householder, no wife present	1,909	9.5
With own children under 18 years	915	4.5
Female householder, no husband present	4,920	24.5
With own children under 18 years	2,770	13.8

ATTACHMENT-12A

Subject	Number	Percent
Nonfamily households [7]	5,969	29.7
Householder living alone	4,691	23.3
Male	2,442	12.1
65 years and over	529	2.6
Female	2,249	11.2
65 years and over	902	4.5
Households with individuals under 18 years	9,408	46.8
Households with individuals 65 years and over	3,879	19.3
Average household size	3.21	(X)
Average family size [7]	3.84	(X)
HOUSING OCCUPANCY		
Total housing units	24,656	100.0
Occupied housing units	20,119	81.6
Vacant housing units	4,537	18.4
For rent	1,816	7.4
Rented, not occupied	137	0.6
For sale only	485	2.0
Sold, not occupied	112	0.5
For seasonal, recreational, or occasional use	60	0.2
All other vacants	1,927	7.8
Homeowner vacancy rate (percent) [8]	6.0	(X)
Rental vacancy rate (percent) [9]	12.5	(X)
HOUSING TENURE		
Occupied housing units	20,119	100.0
Owner-occupied housing units	7,537	37.5
Population in owner-occupied housing units	24,934	(X)
Average household size of owner-occupied units	3.31	(X)
Renter-occupied housing units	12,582	62.5
Population in renter-occupied housing units	39,554	(X)
Average household size of renter-occupied units	3.14	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

AMERICAN FactFinder

DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60623

Subject	Number	Percent
SEX AND AGE		
Total population	92,108	100.0
Under 5 years	9,191	10.0
5 to 9 years	8,610	9.3
10 to 14 years	8,168	8.9
15 to 19 years	8,320	9.0
20 to 24 years	7,664	8.3
25 to 29 years	7,579	8.2
30 to 34 years	7,255	7.9
35 to 39 years	6,567	7.1
40 to 44 years	5,653	6.1
45 to 49 years	5,235	5.7
50 to 54 years	4,879	5.3
55 to 59 years	3,984	4.3
60 to 64 years	2,934	3.2
65 to 69 years	2,033	2.2
70 to 74 years	1,427	1.5
75 to 79 years	1,144	1.2
80 to 84 years	828	0.9
85 years and over	637	0.7
Median age (years)	27.7	(X)
16 years and over	64,439	70.0
18 years and over	61,062	66.3
21 years and over	56,200	61.0
62 years and over	7,690	8.3
65 years and over	6,069	6.6
Male population	46,188	50.1
Under 5 years	4,697	5.1
5 to 9 years	4,346	4.7
10 to 14 years	4,146	4.5
15 to 19 years	4,210	4.6
20 to 24 years	4,013	4.4
25 to 29 years	3,910	4.2
30 to 34 years	3,669	4.0
35 to 39 years	3,289	3.6
40 to 44 years	2,850	3.1
45 to 49 years	2,598	2.8
50 to 54 years	2,404	2.6
55 to 59 years	1,979	2.1
60 to 64 years	1,429	1.6
65 to 69 years	959	1.0
70 to 74 years	615	0.7
75 to 79 years	489	0.5
80 to 84 years	365	0.4
85 years and over	220	0.2

ATTACHMENT-12A

Subject	Number	Percent
Median age (years)	27.1	(X)
16 years and over	32,113	34.9
18 years and over	30,365	33.0
21 years and over	27,932	30.3
62 years and over	3,429	3.7
65 years and over	2,648	2.9
Female population	45,920	49.9
Under 5 years	4,494	4.9
5 to 9 years	4,264	4.6
10 to 14 years	4,022	4.4
15 to 19 years	4,110	4.5
20 to 24 years	3,651	4.0
25 to 29 years	3,669	4.0
30 to 34 years	3,586	3.9
35 to 39 years	3,278	3.6
40 to 44 years	2,803	3.0
45 to 49 years	2,637	2.9
50 to 54 years	2,475	2.7
55 to 59 years	2,005	2.2
60 to 64 years	1,505	1.6
65 to 69 years	1,074	1.2
70 to 74 years	812	0.9
75 to 79 years	655	0.7
80 to 84 years	463	0.5
85 years and over	417	0.5
Median age (years)	28.3	(X)
16 years and over	32,326	35.1
18 years and over	30,697	33.3
21 years and over	28,268	30.7
62 years and over	4,261	4.6
65 years and over	3,421	3.7
RACE		
Total population	92,108	100.0
One Race	89,846	97.5
White	28,660	31.1
Black or African American	30,855	33.5
American Indian and Alaska Native	939	1.0
Asian	168	0.2
Asian Indian	27	0.0
Chinese	56	0.1
Filipino	53	0.1
Japanese	6	0.0
Korean	9	0.0
Vietnamese	5	0.0
Other Asian [1]	12	0.0
Native Hawaiian and Other Pacific Islander	10	0.0
Native Hawaiian	3	0.0
Guamanian or Chamorro	5	0.0
Samoan	1	0.0
Other Pacific Islander [2]	1	0.0
Some Other Race	29,214	31.7
Two or More Races	2,262	2.5
White; American Indian and Alaska Native [3]	124	0.1
White; Asian [3]	26	0.0
White; Black or African American [3]	204	0.2
White; Some Other Race [3]	1,384	1.5
Race alone or in combination with one or more other races: [4]		
White	30,495	33.1
Black or African American	31,391	34.1
American Indian and Alaska Native	1,307	1.4

ATTACHMENT-12A

Subject	Number	Percent
Asian	283	0.3
Native Hawaiian and Other Pacific Islander	85	0.1
Some Other Race	30,933	33.6
HISPANIC OR LATINO		
Total population	92,108	100.0
Hispanic or Latino (of any race)	59,438	64.5
Mexican	55,950	60.7
Puerto Rican	1,252	1.4
Cuban	74	0.1
Other Hispanic or Latino [5]	2,162	2.3
Not Hispanic or Latino	32,670	35.5
HISPANIC OR LATINO AND RACE		
Total population	92,108	100.0
Hispanic or Latino	59,438	64.5
White alone	27,007	29.3
Black or African American alone	486	0.5
American Indian and Alaska Native alone	827	0.9
Asian alone	60	0.1
Native Hawaiian and Other Pacific Islander alone	8	0.0
Some Other Race alone	29,104	31.6
Two or More Races	1,946	2.1
Not Hispanic or Latino	32,670	35.5
White alone	1,653	1.8
Black or African American alone	30,369	33.0
American Indian and Alaska Native alone	112	0.1
Asian alone	108	0.1
Native Hawaiian and Other Pacific Islander alone	2	0.0
Some Other Race alone	110	0.1
Two or More Races	316	0.3
RELATIONSHIP		
Total population	92,108	100.0
In households	91,514	99.4
Householder	25,738	27.9
Spouse [6]	9,773	10.6
Child	35,911	39.0
Own child under 18 years	24,856	27.0
Other relatives	13,686	14.9
Under 18 years	5,585	6.1
65 years and over	944	1.0
Nonrelatives	6,406	7.0
Under 18 years	510	0.6
65 years and over	224	0.2
Unmarried partner	2,519	2.7
In group quarters	594	0.6
Institutionalized population	270	0.3
Male	191	0.2
Female	79	0.1
Noninstitutionalized population	324	0.4
Male	182	0.2
Female	142	0.2
HOUSEHOLDS BY TYPE		
Total households	25,738	100.0
Family households (families) [7]	20,117	78.2
With own children under 18 years	11,528	44.8
Husband-wife family	9,773	38.0
With own children under 18 years	5,925	23.0
Male householder, no wife present	2,877	11.2
With own children under 18 years	1,322	5.1
Female householder, no husband present	7,467	29.0
With own children under 18 years	4,281	16.6

ATTACHMENT-12A

Subject	Number	Percent
Nonfamily households [7]	5,621	21.8
Householder living alone	4,227	16.4
Male	2,281	8.9
65 years and over	566	2.2
Female	1,946	7.6
65 years and over	774	3.0
Households with individuals under 18 years	13,819	53.7
Households with individuals 65 years and over	4,863	18.9
Average household size	3.56	(X)
Average family size [7]	3.95	(X)
HOUSING OCCUPANCY		
Total housing units	30,931	100.0
Occupied housing units	25,738	83.2
Vacant housing units	5,193	16.8
For rent	2,085	6.7
Rented, not occupied	181	0.6
For sale only	388	1.3
Sold, not occupied	141	0.5
For seasonal, recreational, or occasional use	125	0.4
All other vacants	2,273	7.3
Homeowner vacancy rate (percent) [8]	4.5	(X)
Rental vacancy rate (percent) [9]	10.4	(X)
HOUSING TENURE		
Occupied housing units	25,738	100.0
Owner-occupied housing units	8,025	31.2
Population in owner-occupied housing units	29,372	(X)
Average household size of owner-occupied units	3.66	(X)
Renter-occupied housing units	17,713	68.8
Population in renter-occupied housing units	62,142	(X)
Average household size of renter-occupied units	3.51	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

ATTACHMENT-12A

AMERICAN FactFinder

DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60629

Subject	Number	Percent
SEX AND AGE		
Total population	113,916	100.0
Under 5 years	10,282	9.0
5 to 9 years	10,373	9.1
10 to 14 years	10,242	9.0
15 to 19 years	9,957	8.7
20 to 24 years	9,169	8.0
25 to 29 years	9,130	8.0
30 to 34 years	9,011	7.9
35 to 39 years	8,507	7.5
40 to 44 years	7,410	6.5
45 to 49 years	6,875	6.0
50 to 54 years	6,356	5.6
55 to 59 years	5,247	4.6
60 to 64 years	3,794	3.3
65 to 69 years	2,535	2.2
70 to 74 years	1,727	1.5
75 to 79 years	1,228	1.1
80 to 84 years	1,041	0.9
85 years and over	1,032	0.9
Median age (years)	28.8	(X)
16 years and over	80,973	71.1
18 years and over	76,903	67.5
21 years and over	71,180	62.5
62 years and over	9,671	8.5
65 years and over	7,563	6.6
Male population	56,240	49.4
Under 5 years	5,137	4.5
5 to 9 years	5,311	4.7
10 to 14 years	5,169	4.5
15 to 19 years	4,975	4.4
20 to 24 years	4,593	4.0
25 to 29 years	4,627	4.1
30 to 34 years	4,600	4.0
35 to 39 years	4,274	3.8
40 to 44 years	3,747	3.3
45 to 49 years	3,315	2.9
50 to 54 years	3,065	2.7
55 to 59 years	2,485	2.2
60 to 64 years	1,788	1.6
65 to 69 years	1,180	1.0
70 to 74 years	743	0.7
75 to 79 years	490	0.4
80 to 84 years	410	0.4
85 years and over	331	0.3

ATTACHMENT-12A

Subject	Number	Percent
Median age (years)	28.2	(X)
16 years and over	39,622	34.8
18 years and over	37,565	33.0
21 years and over	34,685	30.4
62 years and over	4,132	3.6
65 years and over	3,154	2.8
Female population	57,676	50.6
Under 5 years	5,145	4.5
5 to 9 years	5,062	4.4
10 to 14 years	5,073	4.5
15 to 19 years	4,982	4.4
20 to 24 years	4,576	4.0
25 to 29 years	4,503	4.0
30 to 34 years	4,411	3.9
35 to 39 years	4,233	3.7
40 to 44 years	3,663	3.2
45 to 49 years	3,560	3.1
50 to 54 years	3,291	2.9
55 to 59 years	2,762	2.4
60 to 64 years	2,006	1.8
65 to 69 years	1,355	1.2
70 to 74 years	984	0.9
75 to 79 years	738	0.6
80 to 84 years	631	0.6
85 years and over	701	0.6
Median age (years)	29.4	(X)
16 years and over	41,351	36.3
18 years and over	39,338	34.5
21 years and over	36,495	32.0
62 years and over	5,539	4.9
65 years and over	4,409	3.9
RACE		
Total population	113,916	100.0
One Race	110,840	97.3
White	46,722	41.0
Black or African American	26,229	23.0
American Indian and Alaska Native	847	0.7
Asian	601	0.5
Asian Indian	81	0.1
Chinese	107	0.1
Filipino	313	0.3
Japanese	6	0.0
Korean	6	0.0
Vietnamese	8	0.0
Other Asian [1]	80	0.1
Native Hawaiian and Other Pacific Islander	23	0.0
Native Hawaiian	9	0.0
Guamanian or Chamorro	9	0.0
Samoan	1	0.0
Other Pacific Islander [2]	4	0.0
Some Other Race	36,418	32.0
Two or More Races	3,076	2.7
White; American Indian and Alaska Native [3]	173	0.2
White; Asian [3]	117	0.1
White; Black or African American [3]	306	0.3
White; Some Other Race [3]	1,762	1.5
Race alone or in combination with one or more other races: [4]		
White	49,211	43.2
Black or African American	26,952	23.7
American Indian and Alaska Native	1,272	1.1

ATTACHMENT-12A

Subject	Number	Percent
Asian	877	0.8
Native Hawaiian and Other Pacific Islander	141	0.1
Some Other Race	38,689	34.0
HISPANIC OR LATINO		
Total population	113,916	100.0
Hispanic or Latino (of any race)	76,575	67.2
Mexican	70,383	61.8
Puerto Rican	2,884	2.5
Cuban	132	0.1
Other Hispanic or Latino [5]	3,176	2.8
Not Hispanic or Latino	37,341	32.8
HISPANIC OR LATINO AND RACE		
Total population	113,916	100.0
Hispanic or Latino	76,575	67.2
White alone	36,188	31.8
Black or African American alone	686	0.6
American Indian and Alaska Native alone	742	0.7
Asian alone	61	0.1
Native Hawaiian and Other Pacific Islander alone	17	0.0
Some Other Race alone	36,281	31.8
Two or More Races	2,600	2.3
Not Hispanic or Latino	37,341	32.8
White alone	10,534	9.2
Black or African American alone	25,543	22.4
American Indian and Alaska Native alone	105	0.1
Asian alone	540	0.5
Native Hawaiian and Other Pacific Islander alone	6	0.0
Some Other Race alone	137	0.1
Two or More Races	476	0.4
RELATIONSHIP		
Total population	113,916	100.0
In households	113,594	99.7
Householder	30,114	26.4
Spouse [6]	14,100	12.4
Child	42,769	37.5
Own child under 18 years	27,976	24.6
Other relatives	19,322	17.0
Under 18 years	7,942	7.0
65 years and over	1,557	1.4
Nonrelatives	7,289	6.4
Under 18 years	1,050	0.9
65 years and over	182	0.2
Unmarried partner	2,401	2.1
In group quarters	322	0.3
Institutionalized population	0	0.0
Male	0	0.0
Female	0	0.0
Noninstitutionalized population	322	0.3
Male	143	0.1
Female	179	0.2
HOUSEHOLDS BY TYPE		
Total households	30,114	100.0
Family households (families) [7]	23,518	78.1
With own children under 18 years	13,392	44.5
Husband-wife family	14,100	46.8
With own children under 18 years	8,556	28.4
Male householder, no wife present	2,609	8.7
With own children under 18 years	1,220	4.1
Female householder, no husband present	6,809	22.6
With own children under 18 years	3,616	12.0

ATTACHMENT-12A

Subject	Number	Percent
Nonfamily households [7]	6,596	21.9
Householder living alone	5,442	18.1
Male	2,611	8.7
65 years and over	700	2.3
Female	2,831	9.4
65 years and over	1,248	4.1
Households with individuals under 18 years	16,149	53.6
Households with individuals 65 years and over	6,044	20.1
Average household size	3.77	(X)
Average family size [7]	4.24	(X)
HOUSING OCCUPANCY		
Total housing units	34,000	100.0
Occupied housing units	30,114	88.6
Vacant housing units	3,886	11.4
For rent	1,474	4.3
Rented, not occupied	65	0.2
For sale only	584	1.7
Sold, not occupied	114	0.3
For seasonal, recreational, or occasional use	88	0.3
All other vacants	1,561	4.6
Homeowner vacancy rate (percent) [8]	3.2	(X)
Rental vacancy rate (percent) [9]	10.7	(X)
HOUSING TENURE		
Occupied housing units	30,114	100.0
Owner-occupied housing units	17,825	59.2
Population in owner-occupied housing units	74,179	(X)
Average household size of owner-occupied units	4.16	(X)
Renter-occupied housing units	12,289	40.8
Population in renter-occupied housing units	39,415	(X)
Average household size of renter-occupied units	3.21	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

AMERICAN FactFinder

DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60632

Subject	Number	Percent
SEX AND AGE		
Total population	91,326	100.0
Under 5 years	8,722	9.6
5 to 9 years	8,596	9.4
10 to 14 years	8,147	8.9
15 to 19 years	7,821	8.6
20 to 24 years	7,269	8.0
25 to 29 years	7,641	8.4
30 to 34 years	7,472	8.2
35 to 39 years	7,116	7.8
40 to 44 years	6,125	6.7
45 to 49 years	5,128	5.6
50 to 54 years	4,600	5.0
55 to 59 years	3,882	4.3
60 to 64 years	2,818	3.1
65 to 69 years	1,793	2.0
70 to 74 years	1,356	1.5
75 to 79 years	1,076	1.2
80 to 84 years	904	1.0
85 years and over	860	0.9
Median age (years)	28.3	(X)
16 years and over	64,138	70.2
18 years and over	61,006	66.8
21 years and over	56,597	62.0
62 years and over	7,543	8.3
65 years and over	5,989	6.6
Male population	46,717	51.2
Under 5 years	4,498	4.9
5 to 9 years	4,372	4.8
10 to 14 years	4,167	4.6
15 to 19 years	4,006	4.4
20 to 24 years	3,871	4.2
25 to 29 years	4,063	4.4
30 to 34 years	3,797	4.2
35 to 39 years	3,716	4.1
40 to 44 years	3,240	3.5
45 to 49 years	2,705	3.0
50 to 54 years	2,346	2.6
55 to 59 years	1,979	2.2
60 to 64 years	1,410	1.5
65 to 69 years	879	1.0
70 to 74 years	588	0.6
75 to 79 years	456	0.5
80 to 84 years	349	0.4
85 years and over	275	0.3

Subject	Number	Percent
Median age (years)	28.0	(X)
16 years and over	32,807	35.9
18 years and over	31,200	34.2
21 years and over	28,897	31.6
62 years and over	3,315	3.6
65 years and over	2,547	2.8
Female population	44,609	48.8
Under 5 years	4,224	4.6
5 to 9 years	4,224	4.6
10 to 14 years	3,980	4.4
15 to 19 years	3,815	4.2
20 to 24 years	3,398	3.7
25 to 29 years	3,578	3.9
30 to 34 years	3,675	4.0
35 to 39 years	3,400	3.7
40 to 44 years	2,885	3.2
45 to 49 years	2,423	2.7
50 to 54 years	2,254	2.5
55 to 59 years	1,903	2.1
60 to 64 years	1,408	1.5
65 to 69 years	914	1.0
70 to 74 years	768	0.8
75 to 79 years	620	0.7
80 to 84 years	555	0.6
85 years and over	585	0.6
Median age (years)	28.7	(X)
16 years and over	31,331	34.3
18 years and over	29,806	32.6
21 years and over	27,700	30.3
62 years and over	4,228	4.6
65 years and over	3,442	3.8
RACE		
Total population	91,326	100.0
One Race	88,480	96.9
White	44,617	48.9
Black or African American	1,909	2.1
American Indian and Alaska Native	778	0.9
Asian	2,842	3.1
Asian Indian	66	0.1
Chinese	2,338	2.6
Filipino	292	0.3
Japanese	16	0.0
Korean	11	0.0
Vietnamese	16	0.0
Other Asian [1]	103	0.1
Native Hawaiian and Other Pacific Islander	38	0.0
Native Hawaiian	6	0.0
Guamanian or Chamorro	14	0.0
Samoan	6	0.0
Other Pacific Islander [2]	12	0.0
Some Other Race	38,296	41.9
Two or More Races	2,846	3.1
White; American Indian and Alaska Native [3]	144	0.2
White; Asian [3]	86	0.1
White; Black or African American [3]	130	0.1
White; Some Other Race [3]	2,015	2.2
Race alone or in combination with one or more other races: [4]		
White	47,073	51.5
Black or African American	2,244	2.5
American Indian and Alaska Native	1,079	1.2

ATTACHMENT-12A

Subject	Number	Percent
Asian	3,076	3.4
Native Hawaiian and Other Pacific Islander	88	0.1
Some Other Race	40,703	44.6
HISPANIC OR LATINO		
Total population	91,326	100.0
Hispanic or Latino (of any race)	76,902	84.2
Mexican	71,838	78.7
Puerto Rican	2,035	2.2
Cuban	83	0.1
Other Hispanic or Latino [5]	2,946	3.2
Not Hispanic or Latino	14,424	15.8
HISPANIC OR LATINO AND RACE		
Total population	91,326	100.0
Hispanic or Latino	76,902	84.2
White alone	34,801	38.1
Black or African American alone	424	0.5
American Indian and Alaska Native alone	696	0.8
Asian alone	94	0.1
Native Hawaiian and Other Pacific Islander alone	30	0.0
Some Other Race alone	38,226	41.9
Two or More Races	2,631	2.9
Not Hispanic or Latino	14,424	15.8
White alone	9,816	10.7
Black or African American alone	1,485	1.6
American Indian and Alaska Native alone	82	0.1
Asian alone	2,748	3.0
Native Hawaiian and Other Pacific Islander alone	8	0.0
Some Other Race alone	70	0.1
Two or More Races	215	0.2
RELATIONSHIP		
Total population	91,326	100.0
In households	90,978	99.6
Householder	24,093	26.4
Spouse [6]	12,800	14.0
Child	35,425	38.8
Own child under 18 years	25,109	27.5
Other relatives	13,299	14.6
Under 18 years	4,552	5.0
65 years and over	1,361	1.5
Nonrelatives	5,361	5.9
Under 18 years	576	0.6
65 years and over	124	0.1
Unmarried partner	2,059	2.3
In group quarters	348	0.4
Institutionalized population	224	0.2
Male	112	0.1
Female	112	0.1
Noninstitutionalized population	124	0.1
Male	49	0.1
Female	75	0.1
HOUSEHOLDS BY TYPE		
Total households	24,093	100.0
Family households (families) [7]	19,390	80.5
With own children under 18 years	11,775	48.9
Husband-wife family	12,800	53.1
With own children under 18 years	8,296	34.4
Male householder, no wife present	2,443	10.1
With own children under 18 years	1,128	4.7
Female householder, no husband present	4,147	17.2
With own children under 18 years	2,351	9.8

Subject	Number	Percent
Nonfamily households [7]	4,703	19.5
Householder living alone	3,726	15.5
Male	1,960	8.1
65 years and over	464	1.9
Female	1,766	7.3
65 years and over	957	4.0
Households with individuals under 18 years	13,437	55.8
Households with individuals 65 years and over	4,613	19.1
Average household size	3.78	(X)
Average family size [7]	4.17	(X)
HOUSING OCCUPANCY		
Total housing units	27,057	100.0
Occupied housing units	24,093	89.0
Vacant housing units	2,964	11.0
For rent	970	3.6
Rented, not occupied	91	0.3
For sale only	335	1.2
Sold, not occupied	113	0.4
For seasonal, recreational, or occasional use	143	0.5
All other vacants	1,312	4.8
Homeowner vacancy rate (percent) [8]	2.6	(X)
Rental vacancy rate (percent) [9]	7.6	(X)
HOUSING TENURE		
Occupied housing units	24,093	100.0
Owner-occupied housing units	12,414	51.5
Population in owner-occupied housing units	49,303	(X)
Average household size of owner-occupied units	3.97	(X)
Renter-occupied housing units	11,679	48.5
Population in renter-occupied housing units	41,675	(X)
Average household size of renter-occupied units	3.57	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

ATTACHMENT-12A

AMERICAN FactFinder

DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60804

Subject	Number	Percent
SEX AND AGE		
Total population	84,573	100.0
Under 5 years	8,184	9.7
5 to 9 years	8,066	9.5
10 to 14 years	7,752	9.2
15 to 19 years	7,265	8.6
20 to 24 years	6,966	8.2
25 to 29 years	7,058	8.3
30 to 34 years	6,978	8.3
35 to 39 years	6,656	7.9
40 to 44 years	5,684	6.7
45 to 49 years	4,784	5.7
50 to 54 years	4,257	5.0
55 to 59 years	3,404	4.0
60 to 64 years	2,521	3.0
65 to 69 years	1,672	2.0
70 to 74 years	1,074	1.3
75 to 79 years	836	1.0
80 to 84 years	681	0.8
85 years and over	735	0.9
Median age (years)	27.9	(X)
16 years and over	59,105	69.9
18 years and over	56,184	66.4
21 years and over	51,948	61.4
62 years and over	6,449	7.6
65 years and over	4,998	5.9
Male population	43,116	51.0
Under 5 years	4,151	4.9
5 to 9 years	4,029	4.8
10 to 14 years	3,972	4.7
15 to 19 years	3,808	4.5
20 to 24 years	3,610	4.3
25 to 29 years	3,619	4.3
30 to 34 years	3,650	4.3
35 to 39 years	3,502	4.1
40 to 44 years	2,999	3.5
45 to 49 years	2,512	3.0
50 to 54 years	2,183	2.6
55 to 59 years	1,719	2.0
60 to 64 years	1,257	1.5
65 to 69 years	813	1.0
70 to 74 years	483	0.6
75 to 79 years	343	0.4
80 to 84 years	247	0.3
85 years and over	219	0.3

ATTACHMENT-12A

Subject	Number	Percent
Median age (years)	27.7	(X)
16 years and over	30,227	35.7
18 years and over	28,686	33.9
21 years and over	26,425	31.2
62 years and over	2,825	3.3
65 years and over	2,105	2.5
Female population	41,457	49.0
Under 5 years	4,033	4.8
5 to 9 years	4,037	4.8
10 to 14 years	3,780	4.5
15 to 19 years	3,457	4.1
20 to 24 years	3,356	4.0
25 to 29 years	3,439	4.1
30 to 34 years	3,328	3.9
35 to 39 years	3,154	3.7
40 to 44 years	2,685	3.2
45 to 49 years	2,272	2.7
50 to 54 years	2,074	2.5
55 to 59 years	1,685	2.0
60 to 64 years	1,264	1.5
65 to 69 years	859	1.0
70 to 74 years	591	0.7
75 to 79 years	493	0.6
80 to 84 years	434	0.5
85 years and over	516	0.6
Median age (years)	28.0	(X)
16 years and over	28,878	34.1
18 years and over	27,498	32.5
21 years and over	25,523	30.2
62 years and over	3,624	4.3
65 years and over	2,893	3.4
RACE		
Total population	84,573	100.0
One Race	81,590	96.5
White	43,948	52.0
Black or African American	3,174	3.8
American Indian and Alaska Native	694	0.8
Asian	521	0.6
Asian Indian	38	0.0
Chinese	61	0.1
Filipino	248	0.3
Japanese	6	0.0
Korean	18	0.0
Vietnamese	54	0.1
Other Asian [1]	96	0.1
Native Hawaiian and Other Pacific Islander	54	0.1
Native Hawaiian	11	0.0
Guamanian or Chamorro	22	0.0
Samoan	12	0.0
Other Pacific Islander [2]	9	0.0
Some Other Race	33,199	39.3
Two or More Races	2,983	3.5
White; American Indian and Alaska Native [3]	149	0.2
White; Asian [3]	97	0.1
White; Black or African American [3]	172	0.2
White; Some Other Race [3]	2,098	2.5
Race alone or in combination with one or more other races: [4]		
White	46,534	55.0
Black or African American	3,529	4.2
American Indian and Alaska Native	1,026	1.2

ATTACHMENT-12A

Subject	Number	Percent
Asian	729	0.9
Native Hawaiian and Other Pacific Islander	119	0.1
Some Other Race	35,695	42.2
HISPANIC OR LATINO		
Total population	84,573	100.0
Hispanic or Latino (of any race)	73,200	86.6
Mexican	66,241	78.3
Puerto Rican	2,804	3.3
Cuban	140	0.2
Other Hispanic or Latino [5]	4,015	4.7
Not Hispanic or Latino	11,373	13.4
HISPANIC OR LATINO AND RACE		
Total population	84,573	100.0
Hispanic or Latino	73,200	86.6
White alone	36,191	42.8
Black or African American alone	466	0.6
American Indian and Alaska Native alone	638	0.8
Asian alone	43	0.1
Native Hawaiian and Other Pacific Islander alone	28	0.0
Some Other Race alone	33,109	39.1
Two or More Races	2,725	3.2
Not Hispanic or Latino	11,373	13.4
White alone	7,757	9.2
Black or African American alone	2,708	3.2
American Indian and Alaska Native alone	56	0.1
Asian alone	478	0.6
Native Hawaiian and Other Pacific Islander alone	26	0.0
Some Other Race alone	90	0.1
Two or More Races	258	0.3
RELATIONSHIP		
Total population	84,573	100.0
In households	84,376	99.8
Householder	22,758	26.9
Spouse [6]	11,556	13.7
Child	33,140	39.2
Own child under 18 years	23,554	27.9
Other relatives	12,007	14.2
Under 18 years	4,269	5.0
65 years and over	1,186	1.4
Nonrelatives	4,915	5.8
Under 18 years	515	0.6
65 years and over	113	0.1
Unmarried partner	2,059	2.4
In group quarters	197	0.2
Institutionalized population	173	0.2
Male	64	0.1
Female	109	0.1
Noninstitutionalized population	24	0.0
Male	16	0.0
Female	8	0.0
HOUSEHOLDS BY TYPE		
Total households	22,758	100.0
Family households (families) [7]	17,759	78.0
With own children under 18 years	11,184	49.1
Husband-wife family	11,556	50.8
With own children under 18 years	7,648	33.6
Male householder, no wife present	2,317	10.2
With own children under 18 years	1,192	5.2
Female householder, no husband present	3,886	17.1
With own children under 18 years	2,344	10.3

ATTACHMENT-12A

Subject	Number	Percent
Nonfamily households [7]	4,999	22.0
Householder living alone	4,082	17.9
Male	2,254	9.9
65 years and over	416	1.8
Female	1,828	8.0
65 years and over	815	3.6
Households with individuals under 18 years	12,823	56.3
Households with individuals 65 years and over	3,942	17.3
Average household size	3.71	(X)
Average family size [7]	4.19	(X)
HOUSING OCCUPANCY		
Total housing units	24,986	100.0
Occupied housing units	22,758	91.1
Vacant housing units	2,228	8.9
For rent	774	3.1
Rented, not occupied	24	0.1
For sale only	377	1.5
Sold, not occupied	67	0.3
For seasonal, recreational, or occasional use	23	0.1
All other vacants	963	3.9
Homeowner vacancy rate (percent) [8]	3.2	(X)
Rental vacancy rate (percent) [9]	6.4	(X)
HOUSING TENURE		
Occupied housing units	22,758	100.0
Owner-occupied housing units	11,440	50.3
Population in owner-occupied housing units	45,479	(X)
Average household size of owner-occupied units	3.98	(X)
Renter-occupied housing units	11,318	49.7
Population in renter-occupied housing units	38,897	(X)
Average household size of renter-occupied units	3.44	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

ATTACHMENT-12A

Saint Anthony Hospital
Dialysis Patients by Zip Code
2010-Present (Sept. 2010)

Count of ICD9_Proc_Code	
Pat_ZipCd	Total
53215	2
60004	1
60130	7
60153	1
60160	1
60162	4
60302	2
60402	11
60608	59
60609	43
60612	17
60616	29
60620	2
60621	1
60623	185
60624	14
60625	1
60626	1
60629	19
60632	89
60638	8
60639	6
60643	7
60644	44
60645	30
60647	7
60649	1
60651	2
60652	5
60653	2
60654	1
60657	1
60660	6
60707	7
60804	6
60827	1
(blank)	
Grand Total	623

ATTACHMENT-12B

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

#	Patient Initial	Pat_State	Patient Zip Code	Physician Specialty	Admit Date	Rank	ICD9 Procedure Code	ICD9 Procedure Description
1	AC	IL	60623	Internal Medicine	2/2/2011	1	3995	HEMODIALYSIS
2	AL	IL	60623	Internal Medicine	7/16/2010	1	3995	HEMODIALYSIS
3	AL	IL	60623	Family Medicine	8/22/2011	1	3995	HEMODIALYSIS
4	AL	IL	60623	Family Practice	11/19/2011	1	3995	HEMODIALYSIS
5	AL	IL	60623	Family Medicine	2/9/2012	1	3995	HEMODIALYSIS
6	AL	IL	60623	Family Medicine	2/27/2012	1	3995	HEMODIALYSIS
7	AL	IL	60623	Family Medicine	3/3/2012	1	3995	HEMODIALYSIS
8	AL	IL	60623	Family Medicine	6/2/2012	1	3995	HEMODIALYSIS
9	AR	IL	60621	Cardiovascular Disease	11/28/2010	1	3995	HEMODIALYSIS
10	AV	IL	60632	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
11	AV	IL	60632	Family Medicine	12/20/2011	1	3995	HEMODIALYSIS
12	BA	IL	60623	Psychiatry	7/2/2010	1	3995	HEMODIALYSIS
13	BA	IL	60623	Family Practice	9/5/2010	1	3995	HEMODIALYSIS
14	BA	IL	60623	Psychiatry	1/12/2011	1	3995	HEMODIALYSIS
15	BA	IL	60623	Psychiatry	4/29/2011	1	3995	HEMODIALYSIS
16	BA	IL	60623	Psychiatry	5/15/2011	1	3995	HEMODIALYSIS
17	BA	IL	60632	Internal Medicine	5/3/2011	1	3995	HEMODIALYSIS
18	BR	IL	60623	Family Practice	6/15/2010	1	3995	HEMODIALYSIS
19	BR	IL	60629	Internal Medicine	5/27/2012	1	3995	HEMODIALYSIS
20	BU	IL	60608	Internal Medicine	5/4/2010	1	3995	HEMODIALYSIS
21	CA	IL	60632	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
22	CA	IL	60645	Family Practice	6/23/2011	1	3995	HEMODIALYSIS
23	CA	IL	60645	Family Practice	10/26/2011	1	3995	HEMODIALYSIS
24	CA	IL	60645	Family Practice	11/14/2011	1	3995	HEMODIALYSIS
25	CA	IL	60645	Family Practice	12/8/2011	1	3995	HEMODIALYSIS
26	CA	IL	60645	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
27	CA	IL	60623	Internal Medicine	7/11/2011	1	3995	HEMODIALYSIS
28	CA	IL	60623	Internal Medicine	7/7/2010	1	3995	HEMODIALYSIS
29	CA	IL	60647	Family Practice	1/21/2010	1	3995	HEMODIALYSIS
30	CA	IL	60647	Family Practice	10/10/2010	1	3995	HEMODIALYSIS
31	CA	IL	60647	Family Practice	8/24/2011	1	3995	HEMODIALYSIS
32	CA	IL	60629	Internal Medicine	9/30/2010	1	3995	HEMODIALYSIS
33	CA	IL	60629	Internal Medicine	7/26/2011	1	3995	HEMODIALYSIS
34	CE	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
35	CE	IL	60623	Internal Medicine	11/20/2010	1	3995	HEMODIALYSIS
36	CE	IL	60623	Internal Medicine	1/8/2011	1	3995	HEMODIALYSIS
37	CO	IL	60612	Internal Medicine	5/30/2012	1	3995	HEMODIALYSIS
38	CO	IL	60623	Internal Medicine	4/26/2012	1	3995	HEMODIALYSIS
39	CO	IL	60608	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
40	CO	IL	60608	Internal Medicine	5/9/2011	1	3995	HEMODIALYSIS
41	CO	IL	60609	Internal Medicine	5/20/2010	1	3995	HEMODIALYSIS
42	CO	IL	60644	Internal Medicine	4/2/2012	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

43	DA	IL	60608	Family Medicine	4/13/2010	1	3995	HEMODIALYSIS
44	DA	IL	60608	Family Practice	5/27/2010	1	3995	HEMODIALYSIS
45	DA	IL	60130	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
46	DE	IL	60623	Internal Medicine	1/20/2011	1	3995	HEMODIALYSIS
47	DI	IL	60632	Family Practice	3/6/2012	1	3995	HEMODIALYSIS
48	DI	IL	60632	Family Medicine	4/23/2012	1	3995	HEMODIALYSIS
49	DO	IL	60623	Internal Medicine	7/18/2010	1	3995	HEMODIALYSIS
50	EN	IL	60623	Internal Medicine	1/31/2012	1	3995	HEMODIALYSIS
51	EN	IL	60623	Internal Medicine	6/20/2012	1	3995	HEMODIALYSIS
52	ES	IL	60629	Internal Medicine	7/8/2010	1	3995	HEMODIALYSIS
53	FL	IL	60623	Internal Medicine	12/18/2011	1	3995	HEMODIALYSIS
54	FL	IL	60608	Internal Medicine	3/4/2011	1	3995	HEMODIALYSIS
55	FO	IL	60623	Internal Medicine	1/16/2011	1	3995	HEMODIALYSIS
56	GA	IL	60608	Internal Medicine	2/2/2012	1	3995	HEMODIALYSIS
57	GO	IL	60654	Internal Medicine	5/8/2012	1	3995	HEMODIALYSIS
58	GO	IL	60707	Family Practice	9/14/2010	1	3995	HEMODIALYSIS
59	GO	IL	60707	Family Practice	3/18/2012	1	3995	HEMODIALYSIS
60	GO	IL	60632	Internal Medicine	7/29/2011	1	3995	HEMODIALYSIS
61	GO	IL	60632	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
62	GO	IL	60632	Internal Medicine	4/14/2012	1	3995	HEMODIALYSIS
63	GO	IL	60632	Internal Medicine	6/1/2012	1	3995	HEMODIALYSIS
64	GR	IL	60623	Endocrinology / Diabetes	1/2/2011	1	3995	HEMODIALYSIS
65	GR	IL	60623	Endocrinology / Diabetes	2/4/2011	1	3995	HEMODIALYSIS
66	GU	IL	60638	Internal Medicine	7/4/2010	1	3995	HEMODIALYSIS
67	GE	IL	60638	Internal Medicine	7/28/2010	1	3995	HEMODIALYSIS
68	GU	IL	60638	Internal Medicine	8/12/2010	1	3995	HEMODIALYSIS
69	GU	IL	60638	Internal Medicine	1/24/2012	1	3995	HEMODIALYSIS
70	HA	IL	60624	Family Medicine	11/15/2010	1	3995	HEMODIALYSIS
71	HA	IL	60644	Internal Medicine	9/16/2010	1	3995	HEMODIALYSIS
72	HA	IL	60302	Internal Medicine	10/18/2011	1	3995	HEMODIALYSIS
73	HA	IL	60804	Family Medicine	1/15/2011	1	3995	HEMODIALYSIS
74	HU	IL	60644	Family Medicine	10/4/2010	1	3995	HEMODIALYSIS
75	HU	IL	60647	Internal Medicine	8/24/2010	1	3995	HEMODIALYSIS
76	HO	IL	60130	Internal Medicine	10/4/2011	1	3995	HEMODIALYSIS
77	HU	IL	60623	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
78	IS	IL	60632	Family Practice	12/13/2011	1	3995	HEMODIALYSIS
79	IS	IL	60632	Internal Medicine	12/27/2011	1	3995	HEMODIALYSIS
80	JE	IL	60616	Family Practice	3/22/2010	1	3995	HEMODIALYSIS
81	JI	IL	60609	Internal Medicine	9/13/2011	1	3995	HEMODIALYSIS
82	JO	IL	60644	Family Practice	3/9/2010	1	3995	HEMODIALYSIS
83	KI	IL	60624	Internal Medicine	2/2/2010	1	3995	HEMODIALYSIS
84	KI	IL	60624	Internal Medicine	8/20/2010	1	3995	HEMODIALYSIS
85	KI	IL	60624	Internal Medicine	10/30/2010	1	3995	HEMODIALYSIS
86	LA	IL	60804	Pediatrics	11/29/2010	1	3995	HEMODIALYSIS
87	LE	IL	60608	Internal Medicine	2/1/2011	1	3995	HEMODIALYSIS
88	LE	IL	60608	Internal Medicine	8/29/2011	1	3995	HEMODIALYSIS
89	LE	IL	60623	Internal Medicine	1/18/2010	1	3995	HEMODIALYSIS
90	LO	IL	60649	Internal Medicine	7/30/2010	1	3995	HEMODIALYSIS

ATTACHMENT-12B

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

91	LC	IL	60608	Internal Medicine	11/24/2010	1	3995	HEMODIALYSIS
92	LC	IL	60608	Internal Medicine	1/30/2011	1	3995	HEMODIALYSIS
93	LC	IL	60608	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
94	M	IL	60608	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
95	M	IL	60632	Family Medicine	7/10/2011	1	3995	HEMODIALYSIS
96	M	IL	60623	Family Medicine	9/23/2010	1	3995	HEMODIALYSIS
97	M	IL	60632	Internal Medicine	2/4/2011	1	3995	HEMODIALYSIS
98	M	IL	60644	Family Practice	7/14/2010	1	3995	HEMODIALYSIS
99	M	IL	60644	Internal Medicine	10/24/2010	1	3995	HEMODIALYSIS
100	M	IL	60616	Internal Medicine	8/4/2010	1	3995	HEMODIALYSIS
101	M	IL	60616	Internal Medicine	10/26/2010	1	3995	HEMODIALYSIS
179	M	IL	60616	Internal Medicine	10/28/2011	1	3995	HEMODIALYSIS
180	M	IL	60623	Family Medicine	2/1/2010	1	3995	HEMODIALYSIS
181	M	IL	60623	Family Medicine	1/5/2011	1	3995	HEMODIALYSIS
182	M	IL	60623	Family Medicine	2/18/2011	1	3995	HEMODIALYSIS
183	M	IL	60623	Family Medicine	3/28/2011	1	3995	HEMODIALYSIS
184	M	IL	60632	Internal Medicine	11/27/2011	1	3995	HEMODIALYSIS
185	M	IL	60623	Internal Medicine	9/26/2010	1	3995	HEMODIALYSIS
186	M	IL	60623	Internal Medicine	7/14/2011	1	3995	HEMODIALYSIS
187	M	IL	60623	Family Medicine	3/17/2010	1	3995	HEMODIALYSIS
188	M	IL	60623	Family Medicine	5/8/2010	1	3995	HEMODIALYSIS
189	M	IL	60623	Family Medicine	3/22/2011	1	3995	HEMODIALYSIS
190	M	IL	60623	Internal Medicine	5/30/2011	1	3995	HEMODIALYSIS
191	M	IL	60623	Internal Medicine	12/21/2011	1	3995	HEMODIALYSIS
192	M	IL	60623	Internal Medicine	5/21/2012	1	3995	HEMODIALYSIS
193	M	IL	60609	Internal Medicine	10/24/2011	1	3995	HEMODIALYSIS
194	M	IL	60632	Internal Medicine	8/8/2010	1	3995	HEMODIALYSIS
195	M	IL	60632	Family Practice	8/25/2010	1	3995	HEMODIALYSIS
196	M	IL	60632	Family Practice	10/1/2010	1	3995	HEMODIALYSIS
197	M	IL	60632	Family Practice	10/17/2010	1	3995	HEMODIALYSIS
198	M	IL	60632	Internal Medicine	8/7/2011	1	3995	HEMODIALYSIS
199	M	IL	60624	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
200	M	IL	60629	Family Medicine	4/28/2010	1	3995	HEMODIALYSIS
201	M	IL	60629	Family Medicine	7/8/2010	1	3995	HEMODIALYSIS
202	M	IL	60629	Psychiatry	7/10/2010	1	3995	HEMODIALYSIS
203	M	IL	60629	Internal Medicine	12/20/2010	1	3995	HEMODIALYSIS
204	M	IL	60644	Internal Medicine	8/1/2011	1	3995	HEMODIALYSIS
205	N	IL	60608	Internal Medicine	6/16/2012	1	3995	HEMODIALYSIS
206	N	IL	60652	Internal Medicine	6/15/2011	1	3995	HEMODIALYSIS
207	N	IL	60626	Psychiatry	1/5/2010	1	3995	HEMODIALYSIS
208	N	IL	60623	Internal Medicine	5/13/2011	1	3995	HEMODIALYSIS
209	N	IL	60623	Family Practice	1/3/2012	1	3995	HEMODIALYSIS
210	N	IL	60623	Internal Medicine	5/4/2012	1	3995	HEMODIALYSIS
211	N	IL	60632	Internal Medicine	11/1/2010	1	3995	HEMODIALYSIS
212	N	IL	60632	Internal Medicine	11/29/2010	1	3995	HEMODIALYSIS
213	N	IL	60632	Internal Medicine	12/5/2010	1	3995	HEMODIALYSIS
214	N	IL	60632	Family Practice	5/22/2011	1	3995	HEMODIALYSIS
215	N	IL	60632	Internal Medicine	8/31/2011	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

216	N	IL	60632	Internal Medicine	2/5/2012	1	3995	HEMODIALYSIS
217	O	IL	60612	Internal Medicine	6/25/2010	1	3995	HEMODIALYSIS
218	O	IL	60612	Internal Medicine	9/3/2010	1	3995	HEMODIALYSIS
219	O	IL	60612	Internal Medicine	9/6/2010	1	3995	HEMODIALYSIS
220	O	IL	60612	Internal Medicine	12/10/2010	1	3995	HEMODIALYSIS
221	O	IL	60612	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
222	O	IL	60623	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
223	O	IL	60612	Internal Medicine	4/8/2011	1	3995	HEMODIALYSIS
224	O	IL	60612	Internal Medicine	5/24/2011	1	3995	HEMODIALYSIS
225	O	IL	60612	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
226	PA	IL	60162	Internal Medicine	4/19/2010	1	3995	HEMODIALYSIS
227	PA	IL	60623	Internal Medicine	8/21/2011	1	3995	HEMODIALYSIS
228	PA	IL	60623	Internal Medicine	10/19/2011	1	3995	HEMODIALYSIS
229	PA	IL	60623	Internal Medicine	1/5/2010	1	3995	HEMODIALYSIS
230	PE	IL	60623	Family Practice	3/27/2012	1	3995	HEMODIALYSIS
231	PE	IL	60160	Family Medicine	9/26/2011	1	3995	HEMODIALYSIS
232	PI	IL	60609	Internal Medicine	3/7/2012	1	3995	HEMODIALYSIS
233	PI	IL	60623	Internal Medicine	3/13/2011	1	3995	HEMODIALYSIS
234	RA	IL	60632	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
235	RA	IL	60625	Internal Medicine	1/6/2012	1	3995	HEMODIALYSIS
236	RE	IL	60616	Family Practice	11/21/2010	1	3995	HEMODIALYSIS
237	RE	IL	60616	Family Practice	6/15/2011	1	3995	HEMODIALYSIS
238	RE	IL	60616	Family Practice	7/20/2011	1	3995	HEMODIALYSIS
239	RE	IL	60623	Cardiovascular Disease	6/13/2012	1	3995	HEMODIALYSIS
240	RE	IL	60612	Internal Medicine	9/7/2011	1	3995	HEMODIALYSIS
241	RE	IL	60644	Internal Medicine	1/15/2011	1	3995	HEMODIALYSIS
242	RE	IL	60644	Internal Medicine	2/13/2012	1	3995	HEMODIALYSIS
243	RE	IL	60644	Internal Medicine	3/19/2012	1	3995	HEMODIALYSIS
244	RE	IL	60652	Internal Medicine	5/6/2010	1	3995	HEMODIALYSIS
245	RI	IL	60623	Internal Medicine	5/3/2010	1	3995	HEMODIALYSIS
246	RO	IL	60644	Endocrinology / Diabetes	2/11/2010	1	3995	HEMODIALYSIS
247	RO	IL	60644	Internal Medicine	6/22/2010	1	3995	HEMODIALYSIS
248	RO	IL	60623	Family Practice	5/25/2010	1	3995	HEMODIALYSIS
249	RO	IL	60623	Internal Medicine	1/28/2010	1	3995	HEMODIALYSIS
250	RO	IL	60623	Internal Medicine	3/8/2010	1	3995	HEMODIALYSIS
251	RO	IL	60623	Internal Medicine	3/14/2010	1	3995	HEMODIALYSIS
252	RO	IL	60623	Family Practice	8/30/2010	1	3995	HEMODIALYSIS
253	RO	IL	60623	Internal Medicine	11/2/2010	1	3995	HEMODIALYSIS
254	RO	IL	60632	Pediatrics	6/21/2011	1	3995	HEMODIALYSIS
255	SA	IL	60632	Internal Medicine	1/19/2012	1	3995	HEMODIALYSIS
256	SA	IL	60402	Internal Medicine	4/6/2012	1	3995	HEMODIALYSIS
257	SA	IL	60402	Internal Medicine	6/12/2012	1	3995	HEMODIALYSIS
258	SA	IL	60609	Family Practice	11/30/2010	1	3995	HEMODIALYSIS
259	SA	IL	60609	Psychiatry	12/11/2010	1	3995	HEMODIALYSIS
260	SA	IL	60609	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
261	SE	IL	60608	Internal Medicine	1/12/2010	1	3995	HEMODIALYSIS
262	SE	IL	60608	Internal Medicine	3/24/2010	1	3995	HEMODIALYSIS
263	SE	IL	60608	Internal Medicine	6/19/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

264	SP	IL	60660	Psychiatry	8/9/2011	1	3995	HEMODIALYSIS
265	SP	IL	60660	Psychiatry	9/21/2011	1	3995	HEMODIALYSIS
266	SP	IL	60660	Psychiatry	10/21/2011	1	3995	HEMODIALYSIS
267	TA	IL	60623	Internal Medicine	1/9/2012	1	3995	HEMODIALYSIS
268	TI	IL	60623	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
269	TR	IL	60632	Family Practice	5/8/2010	1	3995	HEMODIALYSIS
270	TR	IL	60623	Internal Medicine	3/30/2010	1	3995	HEMODIALYSIS
271	TR	IL	60623	Internal Medicine	5/11/2010	1	3995	HEMODIALYSIS
272	TR	IL	60623	Internal Medicine	5/25/2010	1	3995	HEMODIALYSIS
273	TR	IL	60623	Internal Medicine	12/27/2010	1	3995	HEMODIALYSIS
274	TR	IL	60623	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
275	TR	IL	60623	Internal Medicine	1/14/2011	1	3995	HEMODIALYSIS
276	TR	IL	60623	Internal Medicine	4/20/2011	1	3995	HEMODIALYSIS
277	TR	IL	60623	Internal Medicine	8/25/2011	1	3995	HEMODIALYSIS
278	TR	IL	60623	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
279	TR	IL	60623	Internal Medicine	10/11/2011	1	3995	HEMODIALYSIS
280	TR	IL	60623	Internal Medicine	11/4/2011	1	3995	HEMODIALYSIS
281	TR	IL	60623	Cardiovascular Disease	12/24/2011	1	3995	HEMODIALYSIS
282	TR	IL	60623	Internal Medicine	2/8/2012	1	3995	HEMODIALYSIS
283	TR	IL	60623	Internal Medicine	4/5/2012	1	3995	HEMODIALYSIS
284	UE	IL	60827	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
285	W	IL	60644	Internal Medicine	3/20/2010	1	3995	HEMODIALYSIS
286	W	IL	60302	Internal Medicine	3/3/2010	1	3995	HEMODIALYSIS
287	W	IL	60623	Family Medicine	1/1/2010	1	3995	HEMODIALYSIS
288	W	IL	60623	Internal Medicine	6/8/2010	1	3995	HEMODIALYSIS
289	W	IL	60623	Internal Medicine	10/6/2010	1	3995	HEMODIALYSIS
290	W	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
291	W	IL	60623	Internal Medicine	1/25/2011	1	3995	HEMODIALYSIS
292	W	IL	60623	Internal Medicine	4/5/2011	1	3995	HEMODIALYSIS
293	W	IL	60623	Family Practice	5/28/2012	1	3995	HEMODIALYSIS
294	W	IL	60623	Internal Medicine	6/5/2012	1	3995	HEMODIALYSIS
295	W	IL	60623	Internal Medicine	6/30/2012	1	3995	HEMODIALYSIS
	AU	IL	60623	Internal Medicine	2/5/2010	2	3995	HEMODIALYSIS
	AU	IL	60623	Family Medicine	4/4/2012	2	3995	HEMODIALYSIS
	AN	IL	60653	Internal Medicine	6/3/2010	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	4/29/2011	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	5/15/2011	2	3995	HEMODIALYSIS
	BA	IL	60632	Internal Medicine	8/29/2011	2	3995	HEMODIALYSIS
	BE	IL	60623	Family Medicine	12/20/2010	2	3995	HEMODIALYSIS
	BR	IL	60623	Family Practice	7/5/2010	2	3995	HEMODIALYSIS
	BR	IL	60609	Internal Medicine	2/10/2010	2	3995	HEMODIALYSIS
	CA	IL	60632	Family Medicine	3/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/3/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/9/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/6/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/19/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	1/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/15/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	CA	IL	60645	Family Practice	3/14/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	4/22/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	5/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/1/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/20/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/13/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/28/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60609	Internal Medicine	3/6/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Family Medicine	4/19/2012	2	3995	HEMODIALYSIS
	CA	IL	60608	Family Practice	3/12/2011	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/13/2010	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/4/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Internal Medicine	7/26/2011	2	3995	HEMODIALYSIS
	CE	IL	60623	Internal Medicine	12/7/2010	2	3995	HEMODIALYSIS
	CO	IL	60632	Internal Medicine	1/18/2012	2	3995	HEMODIALYSIS
	CO	IL	60402	Family Practice	11/4/2011	2	3995	HEMODIALYSIS
	CU	IL	60623	Internal Medicine	5/3/2011	2	3995	HEMODIALYSIS
	DA	IL	60647	Family Practice	6/22/2012	2	3995	HEMODIALYSIS
	DO	IL	60616	Internal Medicine	4/7/2012	2	3995	HEMODIALYSIS
	EN	IL	60623	Internal Medicine	1/17/2012	2	3995	HEMODIALYSIS
	GO	IL	60707	Family Practice	6/20/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	8/15/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	9/5/2011	2	3995	HEMODIALYSIS
	GU	IL	60638	Internal Medicine	2/17/2011	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	2/19/2010	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	3/6/2011	2	3995	HEMODIALYSIS
	HE	IL	60629	Family Medicine	1/5/2010	2	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	3/29/2010	2	3995	HEMODIALYSIS
	JI	IL	60609	Internal Medicine	7/7/2011	2	3995	HEMODIALYSIS
	JI	IL	60609	Internal Medicine	2/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60644	Family Practice	2/26/2010	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	11/26/2011	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/27/2012	2	3995	HEMODIALYSIS
	JO	IL	60645	Family Practice	1/4/2010	2	3995	HEMODIALYSIS
	KI	IL	60624	Internal Medicine	7/2/2010	2	3995	HEMODIALYSIS
	LA	IL	60804	Pediatrics	12/20/2010	2	3995	HEMODIALYSIS
	LE	IL	60608	Internal Medicine	8/1/2011	2	3995	HEMODIALYSIS
	LE	IL	60623	Internal Medicine	3/30/2010	2	3995	HEMODIALYSIS
	LO	IL	60644	Internal Medicine	2/3/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	6/16/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	8/3/2011	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	1/2/2012	2	3995	HEMODIALYSIS
	LO	IL	60623	Family Practice	7/7/2010	2	3995	HEMODIALYSIS
	LO	IL	60609	Internal Medicine	4/14/2010	2	3995	HEMODIALYSIS

ATTACHMENT-12B

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	LC	IL	60609	Internal Medicine	4/28/2010	2	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	5/24/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	5/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	2/12/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/17/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	11/14/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	12/13/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	12/1/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	5/29/2011	2	3995	HEMODIALYSIS
	M	IL	60623	General Surgery	8/10/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	10/29/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	11/11/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	3/21/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	8/24/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	10/2/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/26/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Internal Medicine	11/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	9/16/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	9/1/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Psychiatry	9/12/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Family Practice	2/22/2011	2	3995	HEMODIALYSIS
	N	IL	60623	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	N	IL	60652	Internal Medicine	2/28/2011	2	3995	HEMODIALYSIS
	N	IL	60644	Internal Medicine	2/16/2010	2	3995	HEMODIALYSIS
	N	IL	60624	Internal Medicine	5/1/2011	2	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	2	3995	HEMODIALYSIS
	P	IL	60632	Internal Medicine	3/8/2012	2	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	5/26/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	8/1/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	6/22/2012	2	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/25/2010	2	3995	HEMODIALYSIS
	R	IL	60616	Family Practice	12/23/2010	2	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	2	3995	HEMODIALYSIS
	R	IL	60652	Internal Medicine	7/15/2010	2	3995	HEMODIALYSIS
	R	IL	60644	Endocrinology / Diabetes	1/14/2010	2	3995	HEMODIALYSIS
	R	IL	60609	Internal Medicine	12/9/2011	2	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	6/8/2012	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	8/10/2010	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	2	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	2	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	T	IL	60651	Psychiatry	6/22/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	1/4/2012	2	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/1/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	U	IL	60608	Family Medicine	9/12/2010	2	3995	HEMODIALYSIS
	V	IL	60608	Internal Medicine	6/11/2012	2	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/6/2011	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	4/22/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/2/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/13/2010	2	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	2	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	3/9/2010	3	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	3	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	1/25/2012	3	3995	HEMODIALYSIS
	B	IL	60644	Internal Medicine	10/22/2010	3	3995	HEMODIALYSIS
	B	IL	60644	Family Practice	1/17/2010	3	3995	HEMODIALYSIS
	B	IL	60623	Internal Medicine	10/3/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/5/2010	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/26/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	8/20/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	4/24/2012	3	3995	HEMODIALYSIS
	C	IL	60623	Internal Medicine	5/3/2011	3	3995	HEMODIALYSIS
	D	IL	60616	Internal Medicine	1/9/2012	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	12/2/2010	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	5/23/2011	3	3995	HEMODIALYSIS
	G	IL	60609	Internal Medicine	3/19/2012	3	3995	HEMODIALYSIS
	G	IL	60623	Internal Medicine	11/7/2010	3	3995	HEMODIALYSIS
	G	IL	60130	Internal Medicine	5/13/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Family Medicine	1/31/2012	3	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Internal Medicine	4/5/2012	3	3995	HEMODIALYSIS
	G	IL	60638	Internal Medicine	4/5/2011	3	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/7/2010	3	3995	HEMODIALYSIS
	J	IL	60608	Internal Medicine	8/12/2010	3	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	3	3995	HEMODIALYSIS
	J	IL	60616	Internal Medicine	5/30/2010	3	3995	HEMODIALYSIS
	J	IL	60644	Internal Medicine	8/3/2010	3	3995	HEMODIALYSIS
	J	IL	60645	Family Practice	2/23/2010	3	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	12/24/2011	3	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	10/4/2010	3	3995	HEMODIALYSIS
	M	IL	60644	General Surgery	9/29/2010	3	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	10/14/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	6/24/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	10/14/2011	3	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	2/8/2010	3	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	3/23/2012	3	3995	HEMODIALYSIS
	M	IL	60804	Pediatrics	5/11/2010	3	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	3	3995	HEMODIALYSIS
	M	IL	60629	Family Practice	10/2/2011	3	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	M	IL	60644	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	3	3995	HEMODIALYSIS
	O	IL	60612	Internal Medicine	7/29/2010	3	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	6/12/2010	3	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	5/18/2012	3	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	3	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	12/10/2011	3	3995	HEMODIALYSIS
	Q	IL	60623	Family Medicine	12/29/2010	3	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	1/22/2010	3	3995	HEMODIALYSIS
	R	IL	60609	Family Medicine	2/12/2010	3	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	3/16/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	R	IL	60644	Internal Medicine	5/23/2010	3	3995	HEMODIALYSIS
	S	IL	60608	Internal Medicine	4/29/2011	3	3995	HEMODIALYSIS
	S	IL	60623	Family Medicine	9/12/2010	3	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	3	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	3	3995	HEMODIALYSIS
	S	IL	60624	Family Practice	5/27/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Family Practice	12/20/2010	3	3995	HEMODIALYSIS
	T	IL	60608	Cardiovascular Disease	4/22/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/21/2012	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	3/5/2010	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	1/4/2010	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	10/30/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	10/7/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	12/26/2010	3	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	3	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	5/31/2010	4	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Internal Medicine	6/20/2010	4	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Cardiovascular Disease	1/11/2011	4	3995	HEMODIALYSIS
	B	IL	60624	Internal Medicine	5/21/2011	4	3995	HEMODIALYSIS
	C	IL	60608	Internal Medicine	8/23/2011	4	3995	HEMODIALYSIS
	C	IL	60609	Internal Medicine	1/25/2010	4	3995	HEMODIALYSIS
	D	IL	60632	Family Practice	7/26/2010	4	3995	HEMODIALYSIS
	E	IL	60632	Internal Medicine	5/4/2012	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	4/13/2011	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	11/26/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Family Practice	12/28/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Internal Medicine	4/7/2012	4	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	4	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/24/2011	4	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	4	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	2/12/2010	4	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	L	IL	60608	Internal Medicine	4/13/2012	4	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	4	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	4	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	6/19/2011	4	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	4/19/2012	4	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	9/4/2010	4	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	4	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	4	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	R	IL	60632	Pediatrics	9/12/2011	4	3995	HEMODIALYSIS
	S	IL	60624	Endocrinology / Diabetes	3/15/2011	4	3995	HEMODIALYSIS
	S	IL	60632	Family Practice	5/24/2010	4	3995	HEMODIALYSIS
	S	IL	60616	Internal Medicine	10/14/2011	4	3995	HEMODIALYSIS
	S	IL	60609	Internal Medicine	8/24/2011	4	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	4	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	4	3995	HEMODIALYSIS
	V	IL	60623	Family Medicine	3/24/2010	4	3995	HEMODIALYSIS
	W	IL	60651	Internal Medicine	7/20/2010	4	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	5/24/2011	4	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Family Medicine	12/9/2010	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	5	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	6/27/2012	5	3995	HEMODIALYSIS
	G	IL	60653	Internal Medicine	5/10/2010	5	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	5	3995	HEMODIALYSIS
	H	IL	60623	Internal Medicine	2/6/2010	5	3995	HEMODIALYSIS
	J	IL	60623	Internal Medicine	9/26/2010	5	3995	HEMODIALYSIS
	L	IL	60608	Internal Medicine	3/27/2012	5	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	5	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	5	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	1/25/2010	5	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/7/2012	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	3/7/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	4/17/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	5	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	11/7/2011	5	3995	HEMODIALYSIS
	P	IL	60620	Internal Medicine	3/9/2012	5	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	5	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	5	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	6/11/2011	5	3995	HEMODIALYSIS
	T	IL	60638	Internal Medicine	5/25/2010	5	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/17/2011	5	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	6	3995	HEMODIALYSIS
	B	IL	60608	Internal Medicine	2/17/2012	6	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	FC	IL	60623	Internal Medicine	11/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60153	Internal Medicine	9/19/2011	6	3995	HEMODIALYSIS
	GC	IL	60707	Family Practice	6/20/2011	6	3995	HEMODIALYSIS
	GE	IL	60608	Family Practice	5/9/2010	6	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	3/30/2012	6	3995	HEMODIALYSIS
	LE	IL	60608	Family Medicine	1/8/2010	6	3995	HEMODIALYSIS
	MI	IL	60616	Internal Medicine	5/12/2011	6	3995	HEMODIALYSIS
	MI	IL	60609	Internal Medicine	6/17/2011	6	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	6	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	6	3995	HEMODIALYSIS
	SH	IL	60616	Family Practice	7/8/2011	6	3995	HEMODIALYSIS
	SC	IL	60623	Internal Medicine	8/10/2010	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/17/2011	6	3995	HEMODIALYSIS
	TH	IL	60616	Internal Medicine	6/11/2011	6	3995	HEMODIALYSIS
	WI	IL	60623	Internal Medicine	3/13/2011	6	3995	HEMODIALYSIS
	WI	IL	60608	Family Medicine	7/22/2011	6	3995	HEMODIALYSIS
	FL	IL	60608	Internal Medicine	3/23/2011	7	3995	HEMODIALYSIS
	GA	IL	60609	Internal Medicine	5/1/2012	7	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	7	3995	HEMODIALYSIS
	GE	IL	60130	Internal Medicine	5/13/2011	7	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	4/9/2010	7	3995	HEMODIALYSIS
	LC	IL	60623	Family Practice	9/26/2011	7	3995	HEMODIALYSIS
	MI	IL	60616	Internal Medicine	4/8/2010	7	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	7	3995	HEMODIALYSIS
	PA	IL	60623	Family Medicine	9/25/2011	7	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	7	3995	HEMODIALYSIS
	RC	IL	60609	Internal Medicine	1/5/2012	7	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	7	3995	HEMODIALYSIS
	ST	IL	60623	Internal Medicine	8/9/2011	7	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	7	3995	HEMODIALYSIS
	AR	IL	60609	Internal Medicine	11/27/2010	8	3995	HEMODIALYSIS
	BI	IL	60623	Family Practice	9/27/2011	8	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	8	3995	HEMODIALYSIS
	GE	IL	60130	Internal Medicine	5/13/2011	8	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	5/1/2012	8	3995	HEMODIALYSIS
	MI	IL	60623	Internal Medicine	9/11/2011	8	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	8	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	1/24/2011	8	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	8	3995	HEMODIALYSIS
	SA	IL	60623	Family Medicine	5/20/2010	8	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	8	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	8	3995	HEMODIALYSIS
	CC	IL	60402	Family Practice	10/4/2011	9	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	9	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	PA	IL	60623	Internal Medicine	11/30/2011	9	3995	HEMODIALYSIS
	PE	IL	60609	Family Medicine	1/2/2010	9	3995	HEMODIALYSIS
	PL	IL	60608	Internal Medicine	10/19/2011	9	3995	HEMODIALYSIS
	PR	IL	60620	Internal Medicine	5/7/2012	9	3995	HEMODIALYSIS
	RC	IL	60608	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	SA	IL	60609	Family Practice	2/6/2011	9	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	9	3995	HEMODIALYSIS
	WI	IL	60624	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	AV	IL	60804	Family Medicine	1/7/2010	10	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	10	3995	HEMODIALYSIS
	HA	IL	60608	Internal Medicine	6/2/2010	10	3995	HEMODIALYSIS
	PE	IL	60629	Family Medicine	5/11/2010	10	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	10	3995	HEMODIALYSIS
	WI	IL	60624	Internal Medicine	4/20/2011	10	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	11	3995	HEMODIALYSIS
	WI	IL	60624	Internal Medicine	4/20/2011	11	3995	HEMODIALYSIS
	BI	IL	60632	Internal Medicine	4/4/2011	12	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	12	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	12	3995	HEMODIALYSIS
	WI	IL	60624	Internal Medicine	4/20/2011	12	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	13	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	13	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	14	3995	HEMODIALYSIS
	UI	IL	60632	Internal Medicine	5/29/2011	15	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures
2010-Present (September 2012)

Notes:
- From 2010-2012, there were 295 patients that were admitted and required inpatient dialysis treatment, with a ICD9 Rank of 1.
- Of these 295 patients, exactly 42 patients were admitted on multiple occasions for inpatient dialysis treatments. (highlighted yellow)
- Patients with a second diagnosis code indicate these patients were admitted for another reason but required dialysis care, while they were an inpatient.

ATTACHMENT-12B

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
11	02/14/10	B	L	10/10/25	F	60623	EMERGENCY MEDICINE
13	03/20/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
10	03/29/10	F	C	07/10/63	F	60608	EMERGENCY MEDICINE
7	04/25/10	C	R	08/19/68	M	60608	EMERGENCY MEDICINE
7	06/19/10	F	F	08/03/73	M	60623	EMERGENCY MEDICINE
5	07/04/10	R	M	03/17/36	F	60652	EMERGENCY MEDICINE
12	07/07/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
13	08/05/10	K	S	03/17/61	M	60640	EMERGENCY MEDICINE
7	08/09/10	P	K	09/05/54	M	60652	EMERGENCY MEDICINE
5	08/17/10	G	J	08/24/40	M	60654	EMERGENCY MEDICINE
13	08/18/10	O	R	03/14/70	M	60623	EMERGENCY MEDICINE
5	09/04/10	M	V	07/12/32	F	60639	EMERGENCY MEDICINE
13	09/05/10	S	A	03/30/71	M	60624	EMERGENCY MEDICINE
12	09/06/10	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	09/30/10	B	C	12/01/81	F	60608	EMERGENCY MEDICINE
5	10/05/10	A	A	01/05/68	M	60632	EMERGENCY MEDICINE
5	10/08/10	B	A	09/27/51	M	60632	EMERGENCY MEDICINE
6	10/10/10	T	C	11/24/67	M	60623	EMERGENCY MEDICINE
3	10/13/10	P	D	11/29/37	F	60623	EMERGENCY MEDICINE
10	10/18/10	S	J	02/03/61	M	60626	EMERGENCY MEDICINE
9	10/28/10	D	J	12/23/75	F	60632	EMERGENCY MEDICINE
7	11/10/10	G	B	05/27/97	F	60632	EMERGENCY MEDICINE
14	11/15/10	E	L	04/18/51	F	60632	EMERGENCY MEDICINE
7	12/08/10	L	J	04/10/54	F	60623	EMERGENCY MEDICINE
5	12/26/10	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	01/09/11	O	M	06/09/62	M	60612	EMERGENCY MEDICINE
10	01/15/11	M	C	07/18/32	F	60608	EMERGENCY MEDICINE
6	01/24/11	K	S	02/03/60	M	60609	EMERGENCY MEDICINE
6	01/25/11	E	S	03/08/36	F	60609	EMERGENCY MEDICINE
4	02/02/11	C	C	02/28/32	F	60644	EMERGENCY MEDICINE
7	02/06/11	F	W	05/03/57	M	60608	EMERGENCY MEDICINE
7	03/07/11	R	S	02/18/64	F	60609	EMERGENCY MEDICINE
10	03/08/11	P	K	05/12/76	F	60624	EMERGENCY MEDICINE
9	04/02/11	B	M	02/22/55	F	60623	EMERGENCY MEDICINE
11	04/22/11	L	G	08/23/57	F	60629	EMERGENCY MEDICINE
11	05/22/11	T	M	10/29/65	F	60632	EMERGENCY MEDICINE
4	06/20/11	M	M	03/11/37	M	60632	EMERGENCY MEDICINE
5	06/30/11	M	A	10/30/73	M	60623	EMERGENCY MEDICINE
5	07/26/11	Z	C	06/04/87	M	60608	EMERGENCY MEDICINE
5	08/06/11	O	S	01/22/51	F	60612	EMERGENCY MEDICINE
12	08/09/11	C	I	02/03/54	F	60609	EMERGENCY MEDICINE
10	08/28/11	S	J	05/05/45	M	60608	EMERGENCY MEDICINE
5	08/28/11	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	09/02/11	P	Y	05/17/42	M	60632	EMERGENCY MEDICINE
9	09/08/11	M	R	04/06/30	M	60629	EMERGENCY MEDICINE
3	09/14/11	C	E	02/27/81	F	60629	EMERGENCY MEDICINE
11	09/16/11	J	R	08/04/70	M	60639	EMERGENCY MEDICINE
12	10/25/11	R	S	02/01/84	F	60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

9	10/29/11	W	G	11/05/36	M	60644	EMERGENCY MEDICINE
13	11/02/11	S	N	03/11/62	M	60623	EMERGENCY MEDICINE
12	11/03/11	F	J	05/25/75	M	60623	EMERGENCY MEDICINE
9	11/10/11	B	E	10/20/72	F	60623	EMERGENCY MEDICINE
6	11/28/11	H	R	06/23/40	M	60644	EMERGENCY MEDICINE
6	12/07/11	F	F	08/02/73	M	60623	EMERGENCY MEDICINE
5	12/26/11	C	A	11/30/70	F	60623	EMERGENCY MEDICINE
5	01/18/12	B	L	04/01/55	M	60629	EMERGENCY MEDICINE
4	02/06/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
14	02/18/12	G	S	11/06/35	F	60623	EMERGENCY MEDICINE
9	02/22/12	T	Y	10/03/70	F	60643	EMERGENCY MEDICINE
7	03/03/12	T	S	12/31/54	F	60623	EMERGENCY MEDICINE
8	03/10/12	B	N	10/28/62	F	60629	EMERGENCY MEDICINE
10	03/14/12	B	M	12/26/37	F	60804	EMERGENCY MEDICINE
6	03/20/12	B	B	07/17/53	F	60623	EMERGENCY MEDICINE
6	04/02/12	M	C	08/16/58	F	60623	EMERGENCY MEDICINE
7	04/04/12	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	04/24/12	H	N	01/13/26	M	60644	EMERGENCY MEDICINE
10	05/06/12	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
9	05/09/12	C	G	03/20/39	F	60609	EMERGENCY MEDICINE
3	05/11/12	S	C	12/12/68	F	60623	EMERGENCY MEDICINE
10	05/12/12	R	C	10/26/56	F	60623	EMERGENCY MEDICINE
6	05/18/12	N	J	07/30/63	M	60652	EMERGENCY MEDICINE
9	05/19/12	C	S	08/25/58	F	60647	EMERGENCY MEDICINE
5	05/20/12	M	E	05/22/74	M	60632	EMERGENCY MEDICINE
7	05/26/12	P	F	03/18/33	M	60609	EMERGENCY MEDICINE
6	06/02/12	W	G	09/07/69	M	60623	EMERGENCY MEDICINE
12	06/06/12	D	D	07/30/38	M	60623	EMERGENCY MEDICINE
6	06/20/12	E	G	06/28/68	M	60623	EMERGENCY MEDICINE
10	06/22/12	S	L	07/26/52	M	60402	EMERGENCY MEDICINE
14	07/10/12	J	M	04/13/45	M	60609	EMERGENCY MEDICINE
4	07/11/12	M	J	12/20/51	M	60623	EMERGENCY MEDICINE
11	07/11/12	A	S	06/03/40	F	60804	EMERGENCY MEDICINE
9	07/14/12	N	J	10/06/40	M	60632	EMERGENCY MEDICINE
4	07/18/12	O	J	12/30/46	F	60612	EMERGENCY MEDICINE
4	07/23/12	T	J	10/22/86	M	60629	EMERGENCY MEDICINE
6	07/29/12	B	E	06/10/81	F	60639	EMERGENCY MEDICINE
13	08/08/12	D	F	08/21/52	F	60608	EMERGENCY MEDICINE
9	08/17/12	V	C	11/22/56	M	60608	EMERGENCY MEDICINE
7	08/23/12	C	A	03/08/70	F	60608	EMERGENCY MEDICINE
13	08/24/12	M	M	02/18/49	F	60623	EMERGENCY MEDICINE
8	09/07/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
11	09/11/12	W	B	04/26/47	F	60623	EMERGENCY MEDICINE
7	09/12/12	A	M	02/22/59	F	60623	EMERGENCY MEDICINE
8	09/15/12	N	M	11/15/72	F	60623	EMERGENCY MEDICINE

ATTACHMENT-12B

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
29	01/08/10	A	C	04/19/23	M	60623	EMERGENCY MEDICINE
26	01/15/10	R	V	07/27/42	F	60623	EMERGENCY MEDICINE
17	02/22/10	M	J	03/19/79	M	60632	EMERGENCY MEDICINE
28	03/06/10	B	J	09/01/36	M	60653	EMERGENCY MEDICINE
16	03/19/10	C	R	10/24/35	M	60609	EMERGENCY MEDICINE
17	04/17/10	H	T	02/04/68	M	60651	EMERGENCY MEDICINE
18	05/11/10	D	M	01/10/34	F	60623	EMERGENCY MEDICINE
27	05/15/10	B	G	12/24/46	M	60608	EMERGENCY MEDICINE
17	07/04/10	W	L	02/20/55	M	60644	EMERGENCY MEDICINE
27	07/12/10	K	S	12/24/35	M	60609	EMERGENCY MEDICINE
26	08/08/10	F	A	09/11/42	F	60608	EMERGENCY MEDICINE
29	08/19/10	K	J	04/04/60	F	60623	EMERGENCY MEDICINE
20	08/24/10	W	S	06/11/41	M	60624	EMERGENCY MEDICINE
20	08/29/10	K	R	09/22/38	F	60623	EMERGENCY MEDICINE
23	08/30/10	R	E	03/07/59	M	60609	EMERGENCY MEDICINE
26	08/31/10	W	C	01/16/26	F	60608	EMERGENCY MEDICINE
27	09/18/10	S	S	10/07/56	M	60623	EMERGENCY MEDICINE
15	10/01/10	M	G	03/03/36	F	60623	EMERGENCY MEDICINE
29	10/12/10	J	E	08/21/56	F	60623	EMERGENCY MEDICINE
28	10/24/10	S	R	07/18/29	F	60624	EMERGENCY MEDICINE
25	12/03/10	G	J	03/28/33	F	60623	EMERGENCY MEDICINE
23	12/09/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
26	12/30/10	M	S	12/09/40	M	60608	EMERGENCY MEDICINE
19	01/14/11	J	C	09/01/50	F	60623	EMERGENCY MEDICINE
25	01/23/11	S	J	07/07/40	M	60402	EMERGENCY MEDICINE
27	02/04/11	S	O	07/06/36	F	60623	EMERGENCY MEDICINE
29	02/15/11	S	P	02/13/22	M	60608	EMERGENCY MEDICINE
22	02/21/11	S	E	09/10/31	F	60623	EMERGENCY MEDICINE
24	03/16/11	R	P	09/16/30	F	60608	EMERGENCY MEDICINE
22	04/03/11	S	A	07/07/61	M	60623	EMERGENCY MEDICINE
26	04/07/11	L	S	10/19/78	F	60632	EMERGENCY MEDICINE
22	04/09/11	G	E	09/22/56	F	60608	EMERGENCY MEDICINE
16	04/14/11	G	J	05/28/60	M	60623	EMERGENCY MEDICINE
16	04/16/11	M	A	07/23/35	F	60623	EMERGENCY MEDICINE
20	05/27/11	M	F	08/31/48	M	60616	EMERGENCY MEDICINE
18	06/06/11	T	H	08/17/25	M	60623	EMERGENCY MEDICINE
18	06/19/11	P	L	02/02/50	F	60623	EMERGENCY MEDICINE
22	06/30/11	T	A	11/10/50	F	60622	EMERGENCY MEDICINE
29	07/07/11	M	L	11/07/23	M	60629	EMERGENCY MEDICINE
27	07/09/11	D	W	03/24/30	M	60623	EMERGENCY MEDICINE
21	07/10/11	A	B	09/03/57	F	60608	EMERGENCY MEDICINE
24	07/10/11	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
23	07/11/11	G	A	01/18/63	F	60636	EMERGENCY MEDICINE
17	07/18/11	J	P	04/29/36	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

29	07/28/11	P	D	06/29/41	F	60623	EMERGENCY MEDICINE
17	08/02/11	M	A	12/07/52	F	60608	EMERGENCY MEDICINE
24	08/03/11	S	J	10/09/46	M	60609	EMERGENCY MEDICINE
29	08/10/11	S	R	07/29/91	M	60623	EMERGENCY MEDICINE
21	08/13/11	C	R	05/10/73	M	60623	EMERGENCY MEDICINE
28	09/08/11	R	C	11/17/72	M	60651	EMERGENCY MEDICINE
18	09/12/11	H	C	06/20/31	M	60608	EMERGENCY MEDICINE
20	09/27/11	M	W	07/14/53	M	60623	EMERGENCY MEDICINE
22	10/22/11	W	P	02/22/51	M	60608	EMERGENCY MEDICINE
24	10/24/11	S	C	01/15/31	F	60607	EMERGENCY MEDICINE
21	10/27/11	X	M	06/17/52	M	60623	EMERGENCY MEDICINE
17	10/28/11	M	M	07/26/38	F	60623	EMERGENCY MEDICINE
29	12/02/11	W	M	05/12/59	F	60624	EMERGENCY MEDICINE
27	12/19/11	M	R	01/11/33	M	60609	EMERGENCY MEDICINE
17	12/20/11	L	D	06/15/57	M	60623	EMERGENCY MEDICINE
22	12/21/11	B	R	08/22/29	M	60623	EMERGENCY MEDICINE
29	01/21/12	C	D	01/07/32	F	60623	EMERGENCY MEDICINE
15	01/22/12	C	J	11/15/57	F	60402	EMERGENCY MEDICINE
21	01/25/12	A	P	03/17/40	F	60608	EMERGENCY MEDICINE
28	01/28/12	A	K	12/18/40	M	60623	EMERGENCY MEDICINE
29	02/11/12	Q	M	12/20/72	F	60647	EMERGENCY MEDICINE
24	02/25/12	M	C	11/14/38	F	60651	EMERGENCY MEDICINE
20	03/13/12	M	M	04/27/53	F	60629	EMERGENCY MEDICINE
25	03/20/12	B	M	01/19/33	F	60623	EMERGENCY MEDICINE
26	03/20/12	B	S	01/15/50	M	60624	EMERGENCY MEDICINE
17	03/29/12	P	S	11/17/46	F	60609	EMERGENCY MEDICINE
17	04/13/12	K	F	08/10/93	F	60624	EMERGENCY MEDICINE
26	04/24/12	B	J	12/18/53	M	60623	EMERGENCY MEDICINE
18	05/05/12	B	A	02/11/24	F	60623	EMERGENCY MEDICINE
21	05/14/12	D	B	06/05/25	F	60632	EMERGENCY MEDICINE
24	05/21/12	C	G	05/31/57	M	60629	EMERGENCY MEDICINE
18	06/11/12	B	C	04/24/61	F	60641	ACUTE CARE NURSE PRACTITIONER
22	06/11/12	W	V	10/02/32	F	60623	EMERGENCY MEDICINE
25	06/18/12	R	F	01/01/44	F	60623	EMERGENCY MEDICINE
16	07/01/12	T	C	06/27/60	M	60623	ACUTE CARE NURSE PRACTITIONER
20	07/10/12	P	R	10/07/80	F	60623	EMERGENCY MEDICINE
19	07/14/12	G	M	08/15/32	F	60632	EMERGENCY MEDICINE
29	07/15/12	B	S	06/07/52	F	60608	EMERGENCY MEDICINE
15	08/01/12	V	R	08/25/48	F	60632	EMERGENCY MEDICINE
15	08/12/12	R	M	08/25/38	F	60608	EMERGENCY MEDICINE
29	08/13/12	R	R	08/09/40	M	60623	EMERGENCY MEDICINE
16	08/14/12	I	S	08/27/57	M	60632	ACUTE CARE NURSE PRACTITIONER
20	08/22/12	C	C	08/20/50	F	60623	EMERGENCY MEDICINE
22	08/22/12	R	R	11/21/59	F	60632	EMERGENCY MEDICINE
26	08/28/12	L	L	03/25/89	F	60609	EMERGENCY MEDICINE
15	09/11/12	P	M	01/02/68	M	60641	EMERGENCY MEDICINE
27	09/17/12	R	R	09/04/25	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
58	01/02/10	C	S	05/09/47	F	60637	EMERGENCY MEDICINE
59	01/05/10	V	J	01/12/35	M	60608	EMERGENCY MEDICINE
50	01/06/10	D	N	09/08/43	F	60632	EMERGENCY MEDICINE
56	01/09/10	D	R	08/15/50	M	60623	EMERGENCY MEDICINE
57	01/11/10	J	J	04/28/40	M	60608	EMERGENCY MEDICINE
44	01/16/10	L	M	01/28/63	M	60623	EMERGENCY MEDICINE
57	01/24/10	M	G	10/06/79	M	60632	EMERGENCY MEDICINE
43	01/25/10	T	R	08/05/50	F	60623	EMERGENCY MEDICINE
35	01/25/10	S	L	06/12/55	F	60644	EMERGENCY MEDICINE
31	01/25/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
53	01/29/10	T	G	02/04/74	F	60402	EMERGENCY MEDICINE
54	01/31/10	O	R	12/18/30	M	60623	EMERGENCY MEDICINE
47	02/04/10	A	P	05/27/58	F	60804	EMERGENCY MEDICINE
56	02/17/10	G	S	12/01/49	M	60653	EMERGENCY MEDICINE
52	02/22/10	M	M	12/24/76	M	60623	EMERGENCY MEDICINE
40	02/23/10	E	A	11/28/21	F	60623	EMERGENCY MEDICINE
33	02/24/10	S	L	04/02/25	F	60649	EMERGENCY MEDICINE
49	03/01/10	R	E	02/22/83	F	60609	EMERGENCY MEDICINE
54	03/07/10	K	C	12/16/61	F	60632	EMERGENCY MEDICINE
58	03/07/10	M	A	09/13/34	F	60653	EMERGENCY MEDICINE
49	03/08/10	M	G	03/03/59	M	60608	EMERGENCY MEDICINE
53	03/10/10	C	M	10/30/49	F	60608	EMERGENCY MEDICINE
51	03/20/10	G	S	07/08/49	F	60609	EMERGENCY MEDICINE
49	03/22/10	C	M	12/06/75	F	60632	EMERGENCY MEDICINE
52	03/23/10	T	D	11/07/56	M	60637	EMERGENCY MEDICINE
34	03/25/10	R	J	07/22/47	M	60608	EMERGENCY MEDICINE
42	03/26/10	V	M	09/07/48	M	60608	EMERGENCY MEDICINE
35	04/01/10	B	E	09/23/23	F	60624	EMERGENCY MEDICINE
55	04/16/10	V	F	03/23/67	M	60623	EMERGENCY MEDICINE
57	04/16/10	B	R	09/12/78	F	60623	EMERGENCY MEDICINE
49	04/23/10	R	R	05/07/27	M	60632	EMERGENCY MEDICINE
56	04/23/10	G	G	02/17/23	M	60623	EMERGENCY MEDICINE
39	04/30/10	Y	D	01/14/45	F	60620	EMERGENCY MEDICINE
57	05/01/10	P	S	07/29/58	F	60609	EMERGENCY MEDICINE
55	05/07/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
33	05/16/10	G	F	05/08/93	F	60623	EMERGENCY MEDICINE
45	05/16/10	B	S	09/03/77	F	60624	EMERGENCY MEDICINE
56	05/19/10	R	P	05/29/27	M	60609	EMERGENCY MEDICINE
57	06/03/10	C	S	02/28/25	F	60623	EMERGENCY MEDICINE
50	06/05/10	C	B	08/20/47	F	60544	EMERGENCY MEDICINE
55	06/09/10	M	S	06/03/50	M	60608	EMERGENCY MEDICINE
59	06/11/10	T	M	04/14/19	F	60616	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

51	06/15/10	E	S	09/04/37	M	60632	EMERGENCY MEDICINE
48	06/22/10	E	M	10/21/43	M	60609	EMERGENCY MEDICINE
55	06/26/10	V	G	09/19/34	M	60608	EMERGENCY MEDICINE
47	06/29/10	C	E	01/29/43	F	60609	EMERGENCY MEDICINE
58	07/02/10	C	S	02/17/59	F	60608	EMERGENCY MEDICINE
45	07/02/10	K	S	05/05/71	M	60632	EMERGENCY MEDICINE
57	07/03/10	F	S	07/11/33	F	60629	EMERGENCY MEDICINE
43	07/07/10	P	A	03/27/23	F	60608	EMERGENCY MEDICINE
57	07/11/10	M	J	01/14/64	F	60653	EMERGENCY MEDICINE
41	07/12/10	R	T	08/13/28	M	60632	EMERGENCY MEDICINE
46	07/14/10	Z	J	10/05/37	M	60623	EMERGENCY MEDICINE
57	07/19/10	M	J	09/27/27	M	60624	EMERGENCY MEDICINE
58	07/20/10	V	S	04/08/46	M	60623	EMERGENCY MEDICINE
58	07/20/10	N	M	06/17/70	F	60653	EMERGENCY MEDICINE
51	07/20/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
51	07/22/10	W	Y	01/01/60	F	60608	EMERGENCY MEDICINE
39	07/23/10	G	M	09/09/61	F	60632	EMERGENCY MEDICINE
58	07/24/10	M	J	09/03/53	M	60623	EMERGENCY MEDICINE
58	07/24/10	M	L	01/18/76	M	60623	EMERGENCY MEDICINE
56	07/26/10	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
53	07/27/10	W	C	07/30/63	F	60605	EMERGENCY MEDICINE
34	08/01/10	B	R	02/06/61	M	60608	EMERGENCY MEDICINE
42	08/02/10	B	T	12/20/38	M	60623	EMERGENCY MEDICINE
58	08/03/10	H	C	05/18/84	M	60623	EMERGENCY MEDICINE
53	08/06/10	A	L	07/28/51	F	60638	EMERGENCY MEDICINE
46	08/06/10	V	A	11/11/69	F	60609	EMERGENCY MEDICINE
53	08/06/10	G	G	02/15/55	F	60647	EMERGENCY MEDICINE
46	08/06/10	R	D	10/14/48	M	60609	EMERGENCY MEDICINE
58	08/07/10	D	J	05/10/64	M	60623	EMERGENCY MEDICINE
46	08/08/10	D	L	04/29/13	F	60653	EMERGENCY MEDICINE
34	08/13/10	C	L	03/04/27	M	60651	EMERGENCY MEDICINE
47	08/15/10	A	R	11/12/50	M	60649	EMERGENCY MEDICINE
58	08/16/10	D	D	06/08/68	F	60632	EMERGENCY MEDICINE
42	08/16/10	T	A	12/13/65	F	60623	EMERGENCY MEDICINE
56	08/16/10	K	R	10/28/44	M	60623	EMERGENCY MEDICINE
37	08/18/10	E	P	05/14/30	F	60624	EMERGENCY MEDICINE
50	08/19/10	G	S	05/04/42	M	60458	EMERGENCY MEDICINE
42	08/19/10	G	C	09/13/32	F	60624	EMERGENCY MEDICINE
52	08/20/10	B	D	12/17/66	F	60643	EMERGENCY MEDICINE
45	08/21/10	G	F	11/06/59	F	60632	EMERGENCY MEDICINE
53	08/23/10	W	S	07/27/60	F	60608	EMERGENCY MEDICINE
58	08/27/10	G	T	06/12/54	F	60660	EMERGENCY MEDICINE
34	08/29/10	R	E	01/07/48	M	60618	EMERGENCY MEDICINE
57	08/29/10	S	J	09/22/95	M	60629	EMERGENCY MEDICINE
54	08/30/10	P	A	05/27/32	M	60608	EMERGENCY MEDICINE
56	08/31/10	Z	O	05/10/41	F	60623	EMERGENCY MEDICINE
37	09/01/10	J	D	11/26/56	M	60644	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

31	09/01/10	E	J	03/24/56	M	60623	EMERGENCY MEDICINE
45	09/04/10	L	A	12/24/21	F	60623	EMERGENCY MEDICINE
53	09/06/10	P	M	08/03/51	F	60614	EMERGENCY MEDICINE
53	09/08/10	B	J	11/18/53	M	60623	EMERGENCY MEDICINE
53	09/16/10	P	M	06/12/77	M	60623	EMERGENCY MEDICINE
59	09/18/10	C	D	11/27/57	F	60616	EMERGENCY MEDICINE
40	09/18/10	A	R	09/16/35	F	60632	EMERGENCY MEDICINE
56	09/18/10	D	E	08/26/63	M	60623	EMERGENCY MEDICINE
53	09/19/10	T	V	04/23/51	F	60623	EMERGENCY MEDICINE
58	09/19/10	C	C	08/29/56	M	60644	EMERGENCY MEDICINE
38	09/21/10	J	M	03/04/62	M	60626	EMERGENCY MEDICINE
46	09/25/10	A	G	05/03/42	M	60608	EMERGENCY MEDICINE
47	09/27/10	R	O	08/29/77	M	60629	EMERGENCY MEDICINE
50	09/29/10	W	M	06/20/60	M	60634	EMERGENCY MEDICINE
35	10/01/10	M	L	12/08/49	M	60608	EMERGENCY MEDICINE
43	10/02/10	R	J	11/15/36	M	60608	EMERGENCY MEDICINE
58	10/03/10	S	V	09/04/62	M	60644	EMERGENCY MEDICINE
57	10/04/10	F	H	01/03/26	F	60623	EMERGENCY MEDICINE
59	10/08/10	L	S	05/11/61	F	60804	EMERGENCY MEDICINE
49	10/10/10	M	V	05/06/47	M	60623	EMERGENCY MEDICINE
51	10/11/10	Q	M	06/14/93	F	60623	EMERGENCY MEDICINE
54	10/13/10	C	E	02/07/79	F	60623	EMERGENCY MEDICINE
55	10/13/10	K	L	08/16/43	M	60629	EMERGENCY MEDICINE
31	10/18/10	K	K	01/15/66	F	60411	EMERGENCY MEDICINE
55	10/25/10	O	C	10/22/39	M	60623	EMERGENCY MEDICINE
58	10/25/10	D	B	07/07/47	F	60609	EMERGENCY MEDICINE
50	10/26/10	M	G	01/28/75	F	60632	EMERGENCY MEDICINE
49	11/02/10	L	C	10/23/16	F	60612	EMERGENCY MEDICINE
52	11/02/10	E	J	05/28/53	M	60610	EMERGENCY MEDICINE
58	11/03/10	R	E	09/07/60	M	60623	EMERGENCY MEDICINE
56	11/07/10	G	A	07/23/28	F	60623	EMERGENCY MEDICINE
55	11/10/10	A	W	12/03/55	F	60623	EMERGENCY MEDICINE
50	11/10/10	H	C	04/23/47	F	60302	EMERGENCY MEDICINE
58	11/11/10	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
37	11/14/10	C	A	10/22/22	F	60302	EMERGENCY MEDICINE
52	11/14/10	H	B	08/02/65	F	60623	EMERGENCY MEDICINE
54	11/14/10	B	B	05/28/39	F	60624	EMERGENCY MEDICINE
59	11/19/10	B	P	11/09/28	M	60623	EMERGENCY MEDICINE
58	11/20/10	O	J	05/26/58	F	60624	EMERGENCY MEDICINE
59	11/21/10	B	A	05/08/34	F	60609	EMERGENCY MEDICINE
52	11/21/10	T	V	06/19/32	F	60623	EMERGENCY MEDICINE
50	11/21/10	Z	A	09/12/71	M	60632	EMERGENCY MEDICINE
47	11/22/10	P	C	11/12/53	F	60608	EMERGENCY MEDICINE
38	11/23/10	G	Y	04/16/72	M	60804	EMERGENCY MEDICINE
57	11/24/10	C	D	08/29/79	M	60608	EMERGENCY MEDICINE
57	11/28/10	T	S	03/05/33	M	60609	EMERGENCY MEDICINE
42	11/30/10	B	D	06/05/47	F	60651	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

34	12/01/10	M	J	08/19/37	F	60616	EMERGENCY MEDICINE
49	12/04/10	L	C	08/18/30	F	60644	EMERGENCY MEDICINE
58	12/04/10	V	M	10/13/36	F	60804	EMERGENCY MEDICINE
31	12/05/10	J	A	11/12/99	F	60623	EMERGENCY MEDICINE
44	12/09/10	D	G	10/16/08	F	60644	EMERGENCY MEDICINE
45	12/11/10	R	R	01/25/48	M	60644	EMERGENCY MEDICINE
55	12/11/10	G	M	10/02/50	F	60632	EMERGENCY MEDICINE
53	12/17/10	G	A	12/11/56	M	60614	EMERGENCY MEDICINE
56	12/20/10	A	B	04/11/55	F	60608	EMERGENCY MEDICINE
55	12/20/10	C	C	11/18/90	F	60609	EMERGENCY MEDICINE
54	12/27/10	M	R	10/07/31	M	60643	EMERGENCY MEDICINE
57	12/28/10	C	Y	08/30/62	F	60155	EMERGENCY MEDICINE
54	12/30/10	C	J	02/11/41	M	60609	EMERGENCY MEDICINE
47	12/31/10	M	M	01/14/26	F	60608	EMERGENCY MEDICINE
32	01/03/11	U	L	06/10/16	F	60624	EMERGENCY MEDICINE
48	01/05/11	L	M	08/26/39	F	60623	EMERGENCY MEDICINE
55	01/10/11	F	C	05/06/48	F	60608	EMERGENCY MEDICINE
57	01/11/11	L	E	03/24/42	F	60623	EMERGENCY MEDICINE
50	01/14/11	G	C	07/12/42	F	60652	EMERGENCY MEDICINE
47	01/15/11	R	Y	10/03/63	F	60608	EMERGENCY MEDICINE
40	01/20/11	G	B	06/02/30	F	60624	EMERGENCY MEDICINE
55	01/22/11	H	E	01/02/19	F	60608	EMERGENCY MEDICINE
56	01/22/11	L	K	08/10/41	F	60651	EMERGENCY MEDICINE
55	01/25/11	A	J	12/31/59	M	60804	EMERGENCY MEDICINE
48	01/25/11	M	A	12/07/37	F	60632	EMERGENCY MEDICINE
57	01/28/11	W	R	03/16/47	F	60608	EMERGENCY MEDICINE
57	02/02/11	M	J	06/28/31	M	60623	EMERGENCY MEDICINE
59	02/02/11	W	J	03/02/36	F	60624	EMERGENCY MEDICINE
38	02/03/11	C	O	07/03/26	M	60608	EMERGENCY MEDICINE
55	02/07/11	C	F	07/08/31	F	60623	EMERGENCY MEDICINE
54	02/10/11	C	J	08/08/65	M	60623	EMERGENCY MEDICINE
58	02/14/11	R	A	09/22/72	F	60609	EMERGENCY MEDICINE
59	02/17/11	D	S	05/13/81	M	60623	EMERGENCY MEDICINE
40	02/19/11	T	B	12/03/35	M	60623	EMERGENCY MEDICINE
54	02/21/11	M	V	05/24/60	F	60804	EMERGENCY MEDICINE
40	02/21/11	L	B	06/03/55	F	60608	EMERGENCY MEDICINE
39	02/22/11	S	H	03/19/33	F	60644	EMERGENCY MEDICINE
57	02/26/11	C	E	03/05/34	F	60632	EMERGENCY MEDICINE
52	02/28/11	G	C	05/14/53	F	60153	EMERGENCY MEDICINE
38	03/01/11	E	F	02/07/85	M	60632	EMERGENCY MEDICINE
37	03/01/11	D	C	01/19/38	F	60639	EMERGENCY MEDICINE
57	03/05/11	B	C	07/21/71	F	60608	EMERGENCY MEDICINE
51	03/06/11	S	D	01/13/71	M	60608	EMERGENCY MEDICINE
39	03/10/11	W	D	07/17/47	F	60624	EMERGENCY MEDICINE
50	03/11/11	M	H	04/01/59	M	60623	EMERGENCY MEDICINE
47	03/15/11	G	M	02/20/55	F	60623	EMERGENCY MEDICINE
53	03/15/11	J	W	07/25/51	M	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

32	03/15/11	R	G	05/09/50	F	60804	EMERGENCY MEDICINE
57	03/17/11	S	J	07/29/57	M	60651	EMERGENCY MEDICINE
39	03/19/11	V	C	10/08/56	F	60614	EMERGENCY MEDICINE
50	03/19/11	B	M	09/02/31	F	60623	EMERGENCY MEDICINE
56	03/21/11	T	H	01/17/52	F	60623	EMERGENCY MEDICINE
55	03/22/11	H	T	03/19/73	F	60612	EMERGENCY MEDICINE
56	03/24/11	U	A	08/14/41	F	60629	EMERGENCY MEDICINE
57	03/28/11	D	V	07/12/31	F	60651	EMERGENCY MEDICINE
58	03/30/11	V	M	07/20/37	F	60608	EMERGENCY MEDICINE
46	03/31/11	C	S	06/27/61	M	60608	EMERGENCY MEDICINE
54	04/02/11	A	A	07/20/80	F	60608	EMERGENCY MEDICINE
54	04/03/11	M	R	01/06/38	F	60623	EMERGENCY MEDICINE
49	04/05/11	M	E	04/09/31	F	60629	EMERGENCY MEDICINE
46	04/06/11	C	E	06/13/23	F	60623	EMERGENCY MEDICINE
42	04/09/11	P	W	05/17/31	F	60104	EMERGENCY MEDICINE
47	04/10/11	F	E	10/18/84	M	60623	EMERGENCY MEDICINE
40	04/11/11	M	J	05/19/49	F	60623	EMERGENCY MEDICINE
44	04/14/11	V	M	08/23/65	F	60632	EMERGENCY MEDICINE
47	04/18/11	L	P	11/10/41	M	60623	EMERGENCY MEDICINE
41	04/22/11	R	G	03/10/27	F	60632	EMERGENCY MEDICINE
50	04/23/11	W	D	08/16/31	F	60623	EMERGENCY MEDICINE
54	04/23/11	C	L	03/23/27	F	60608	EMERGENCY MEDICINE
57	04/25/11	M	A	03/15/39	F	60623	EMERGENCY MEDICINE
47	04/28/11	D	E	03/14/47	F	60609	EMERGENCY MEDICINE
51	04/28/11	G	J	03/16/83	M	60623	EMERGENCY MEDICINE
59	04/29/11	G	J	01/06/61	M	60804	EMERGENCY MEDICINE
57	04/29/11	C	B	03/19/58	F	60644	EMERGENCY MEDICINE
51	05/02/11	V	A	04/12/38	F	60623	EMERGENCY MEDICINE
50	05/02/11	V	A	04/16/50	F	60639	EMERGENCY MEDICINE
38	05/07/11	R	M	03/11/54	F	60652	EMERGENCY MEDICINE
48	05/11/11	B	L	02/18/40	M	60623	EMERGENCY MEDICINE
49	05/13/11	L	E	11/28/75	F	60623	EMERGENCY MEDICINE
38	05/18/11	E	R	11/17/69	F	60608	EMERGENCY MEDICINE
52	05/18/11	M	T	01/29/38	M	60623	EMERGENCY MEDICINE
30	05/20/11	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
59	05/22/11	S	M	10/30/80	F	60647	EMERGENCY MEDICINE
59	05/23/11	R	E	09/25/54	F	60609	EMERGENCY MEDICINE
39	05/24/11	C	L	12/16/55	M	60623	EMERGENCY MEDICINE
58	05/29/11	R	A	05/29/57	M	60623	EMERGENCY MEDICINE
55	06/01/11	T	F	08/09/39	F	60623	EMERGENCY MEDICINE
58	06/01/11	W	C	09/12/55	F	60623	EMERGENCY MEDICINE
51	06/01/11	S	C	11/03/44	F	60632	EMERGENCY MEDICINE
30	06/01/11	E	M	02/25/65	M	60640	EMERGENCY MEDICINE
58	06/03/11	S	D	06/20/55	F	60624	EMERGENCY MEDICINE
34	06/04/11	C	S	10/20/68	F	60623	EMERGENCY MEDICINE
47	06/04/11	O	C	03/18/27	F	60608	EMERGENCY MEDICINE
46	06/07/11	A	M	06/18/33	F	60804	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	06/11/11	R	M	12/22/45	F	60657	EMERGENCY MEDICINE
41	06/12/11	L	T	12/25/41	F	60629	EMERGENCY MEDICINE
48	06/13/11	M	L	03/05/56	M	60608	EMERGENCY MEDICINE
35	06/13/11	R	L	12/01/32	F	60624	EMERGENCY MEDICINE
49	06/15/11	W	V	09/01/32	F	60804	EMERGENCY MEDICINE
51	06/16/11	D	D	01/02/60	F	60632	EMERGENCY MEDICINE
58	06/18/11	S	S	07/12/38	M	60647	EMERGENCY MEDICINE
35	06/18/11	N	M	07/15/61	F	60608	EMERGENCY MEDICINE
38	06/21/11	H	V	01/29/25	F	60623	EMERGENCY MEDICINE
48	06/21/11	R	J	09/18/53	M	60623	EMERGENCY MEDICINE
38	06/22/11	C	C	03/28/46	F	60623	EMERGENCY MEDICINE
53	06/23/11	M	M	04/09/34	F	60609	EMERGENCY MEDICINE
59	06/23/11	S	R	08/01/51	M	60623	EMERGENCY MEDICINE
45	06/23/11	W	R	09/20/43	M	60639	EMERGENCY MEDICINE
43	06/26/11	B	A	11/30/48	M	60623	EMERGENCY MEDICINE
57	06/30/11	M	N	06/06/72	M	60608	EMERGENCY MEDICINE
34	07/01/11	G	L	04/19/37	F	60623	EMERGENCY MEDICINE
40	07/01/11	W	B	06/23/32	M	60852	EMERGENCY MEDICINE
58	07/01/11	E	G	02/03/33	F	60602	EMERGENCY MEDICINE
50	07/01/11	R	D	06/28/77	M	60612	EMERGENCY MEDICINE
57	07/03/11	W	S	07/19/54	F	60623	EMERGENCY MEDICINE
56	07/07/11	B	C	03/11/51	M	60623	EMERGENCY MEDICINE
42	07/08/11	P	L	02/27/37	F	60623	EMERGENCY MEDICINE
42	07/11/11	S	R	02/04/43	M	60651	EMERGENCY MEDICINE
41	07/12/11	H	S	02/11/34	M	60632	EMERGENCY MEDICINE
59	07/13/11	S	G	12/10/80	F	60609	EMERGENCY MEDICINE
47	07/14/11	J	J	10/02/27	F	60624	EMERGENCY MEDICINE
49	07/14/11	N	J	12/12/31	M	60644	EMERGENCY MEDICINE
59	07/16/11	H	A	04/04/68	M	60632	EMERGENCY MEDICINE
55	07/18/11	M	J	01/12/82	M	60623	EMERGENCY MEDICINE
41	07/18/11	R	J	11/22/52	M	60623	EMERGENCY MEDICINE
49	07/20/11	A	M	10/05/59	F	60608	EMERGENCY MEDICINE
49	07/20/11	O	G	11/15/59	F	60623	EMERGENCY MEDICINE
46	07/21/11	L	R	10/08/57	F	60632	EMERGENCY MEDICINE
47	07/24/11	G	N	07/20/80	F	60623	EMERGENCY MEDICINE
59	07/26/11	S	E	02/27/60	F	60608	EMERGENCY MEDICINE
58	07/26/11	B	L	01/28/42	F	60623	EMERGENCY MEDICINE
52	07/27/11	K	R	02/15/22	F	60608	EMERGENCY MEDICINE
56	07/28/11	C	T	12/10/64	M	60623	EMERGENCY MEDICINE
57	08/01/11	G	C	05/31/67	F	60651	EMERGENCY MEDICINE
38	08/01/11	B	J	06/05/42	M	60632	EMERGENCY MEDICINE
44	08/02/11	B	D	08/11/50	F	60651	EMERGENCY MEDICINE
39	08/04/11	R	F	10/07/37	F	60623	EMERGENCY MEDICINE
58	08/05/11	G	M	08/13/29	M	60623	EMERGENCY MEDICINE
53	08/06/11	F	G	04/14/60	M	60609	EMERGENCY MEDICINE
52	08/09/11	P	A	06/16/37	M	60652	EMERGENCY MEDICINE
50	08/11/11	K	A	06/09/36	F	60609	EMERGENCY MEDICINE

ATTACHMENT-12B

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	08/13/11	V	N	03/08/36	M	78572	EMERGENCY MEDICINE
55	08/15/11	S	B	08/28/39	F	60619	EMERGENCY MEDICINE
45	08/18/11	D	F	09/17/55	M	60623	EMERGENCY MEDICINE
51	08/19/11	R	J	12/11/30	M	60608	EMERGENCY MEDICINE
57	08/19/11	T	J	05/26/36	F	60623	EMERGENCY MEDICINE
40	08/22/11	G	J	01/17/49	M	60612	EMERGENCY MEDICINE
56	08/22/11	B	S	01/31/49	M	60623	EMERGENCY MEDICINE
58	08/22/11	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
59	08/23/11	G	E	03/21/33	F	60620	EMERGENCY MEDICINE
57	08/25/11	Y	L	03/15/55	M	60623	EMERGENCY MEDICINE
47	08/27/11	D	S	09/14/61	F	60163	EMERGENCY MEDICINE
57	08/29/11	V	V	05/12/19	F	60623	EMERGENCY MEDICINE
58	08/30/11	R	G	11/21/35	M	60501	EMERGENCY MEDICINE
36	09/01/11	K	A	12/27/30	F	60632	EMERGENCY MEDICINE
31	09/03/11	F	L	03/28/34	F	60644	EMERGENCY MEDICINE
58	09/06/11	H	R	06/07/69	M	60623	EMERGENCY MEDICINE
44	09/12/11	A	E	02/23/35	F	60638	EMERGENCY MEDICINE
39	09/14/11	A	M	07/10/55	F	60608	EMERGENCY MEDICINE
59	09/19/11	A	G	11/21/61	M	60624	EMERGENCY MEDICINE
38	09/21/11	S	R	04/03/67	M	60608	EMERGENCY MEDICINE
47	09/23/11	G	G	01/01/30	F	60623	EMERGENCY MEDICINE
44	09/24/11	O	C	03/03/69	M	60559	EMERGENCY MEDICINE
49	09/24/11	G	A	08/26/38	F	60623	EMERGENCY MEDICINE
57	09/26/11	S	H	09/05/57	F	60623	EMERGENCY MEDICINE
52	09/27/11	H	W	05/24/55	F	60110	EMERGENCY MEDICINE
30	10/01/11	P	K	03/17/82	F	60632	EMERGENCY MEDICINE
55	10/04/11	C	J	03/06/52	M	60623	EMERGENCY MEDICINE
59	10/05/11	S	R	12/08/63	M	60623	EMERGENCY MEDICINE
48	10/08/11	H	M	07/30/50	M	60402	EMERGENCY MEDICINE
48	10/09/11	O	A	03/25/88	F	10009	EMERGENCY MEDICINE
47	10/10/11	C	T	03/24/65	F	60623	EMERGENCY MEDICINE
55	10/10/11	R	A	04/08/32	F	60608	EMERGENCY MEDICINE
58	10/12/11	A	C	09/14/41	F	60804	EMERGENCY MEDICINE
50	10/13/11	G	V	04/18/38	F	60609	EMERGENCY MEDICINE
48	10/17/11	P	K	04/29/69	M	60623	EMERGENCY MEDICINE
36	10/18/11	C	M	12/31/30	F	60623	EMERGENCY MEDICINE
58	10/19/11	A	C	10/28/35	F	60632	EMERGENCY MEDICINE
58	10/21/11	M	B	09/21/57	M	60620	EMERGENCY MEDICINE
52	10/22/11	W	S	01/21/47	F	60623	EMERGENCY MEDICINE
49	10/27/11	A	G	02/27/49	M	60608	EMERGENCY MEDICINE
45	10/29/11	C	B	07/18/44	M	60632	EMERGENCY MEDICINE
40	10/30/11	E	H	12/24/41	F	60607	EMERGENCY MEDICINE
39	10/31/11	M	M	10/12/71	F	60133	EMERGENCY MEDICINE
54	11/02/11	R	D	09/23/61	M	60638	EMERGENCY MEDICINE
58	11/07/11	T	A	07/21/53	M	60624	EMERGENCY MEDICINE
50	11/07/11	S	R	07/05/66	M	60623	EMERGENCY MEDICINE
55	11/08/11	M	B	03/11/44	F	60632	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

39	11/09/11	B	T	03/18/47	M	60624	EMERGENCY MEDICINE
47	11/09/11	V	L	01/13/43	F	60608	EMERGENCY MEDICINE
56	11/10/11	G	L	08/08/33	F	60608	EMERGENCY MEDICINE
51	11/16/11	O	M	12/07/91	F	60609	EMERGENCY MEDICINE
58	11/16/11	H	T	09/13/70	F	60629	EMERGENCY MEDICINE
54	11/18/11	M	P	10/22/57	F	60623	EMERGENCY MEDICINE
57	11/18/11	D	F	12/17/59	F	60644	EMERGENCY MEDICINE
32	11/22/11	C	F	10/14/56	M	60426	EMERGENCY MEDICINE
53	11/25/11	M	A	08/27/51	F	60623	EMERGENCY MEDICINE
48	11/29/11	S	D	10/11/55	F	60626	EMERGENCY MEDICINE
55	12/14/11	H	C	10/13/76	F	60623	EMERGENCY MEDICINE
32	12/14/11	C	M	05/26/35	F	60632	EMERGENCY MEDICINE
55	12/15/11	S	B	01/23/23	F	60616	EMERGENCY MEDICINE
58	12/16/11	P	E	05/01/24	F	60844	EMERGENCY MEDICINE
36	12/16/11	S	L	07/09/68	F	60651	EMERGENCY MEDICINE
49	12/26/11	M	J	09/30/50	M	60623	EMERGENCY MEDICINE
57	12/28/11	S	A	11/29/79	M	60623	EMERGENCY MEDICINE
59	12/29/11	G	M	02/23/36	F	60624	EMERGENCY MEDICINE
48	12/31/11	J	C	01/24/51	M	60624	EMERGENCY MEDICINE
50	01/06/12	L	H	09/24/74	M	60452	EMERGENCY MEDICINE
45	01/07/12	W	B	06/09/45	F	60623	EMERGENCY MEDICINE
34	01/08/12	T	V	02/25/71	F	60608	EMERGENCY MEDICINE
53	01/10/12	W	H	02/19/30	F	60609	EMERGENCY MEDICINE
43	01/11/12	M	G	05/15/64	F	60632	EMERGENCY MEDICINE
52	01/14/12	C	M	07/06/33	F	60624	EMERGENCY MEDICINE
56	01/18/12	D	E	03/30/38	M	60639	EMERGENCY MEDICINE
35	01/18/12	R	M	08/11/59	M	60608	EMERGENCY MEDICINE
57	01/19/12	W	P	05/17/60	M	60624	EMERGENCY MEDICINE
39	01/19/12	Z	M	02/05/30	F	60632	EMERGENCY MEDICINE
49	01/24/12	B	N	11/16/74	F	60623	EMERGENCY MEDICINE
46	01/27/12	D	D	06/20/37	F	60651	EMERGENCY MEDICINE
48	01/28/12	C	R	08/06/76	M	60501	EMERGENCY MEDICINE
58	01/29/12	S	M	02/07/81	M	60651	EMERGENCY MEDICINE
33	02/01/12	P	M	02/18/58	M	60639	EMERGENCY MEDICINE
32	02/01/12	T	M	05/05/42	F	60612	EMERGENCY MEDICINE
37	02/02/12	W	C	11/06/74	F	60623	EMERGENCY MEDICINE
33	02/08/12	G	E	12/02/14	F	60632	EMERGENCY MEDICINE
53	02/08/12	R	G	05/09/51	F	60608	EMERGENCY MEDICINE
58	02/08/12	W	T	08/03/75	F	60644	EMERGENCY MEDICINE
55	02/09/12	J	E	03/07/65	M	60624	EMERGENCY MEDICINE
56	02/11/12	T	L	10/22/86	F	60623	EMERGENCY MEDICINE
54	02/16/12	W	J	11/29/40	M	60623	EMERGENCY MEDICINE
51	02/18/12	W	L	04/07/39	F	60623	EMERGENCY MEDICINE
48	02/20/12	E	J	03/05/61	F	60623	EMERGENCY MEDICINE
34	02/20/12	A	B	01/11/77	F	60623	EMERGENCY MEDICINE
59	02/22/12	T	G	05/20/57	F	60651	EMERGENCY MEDICINE
46	02/22/12	B	L	07/11/34	F	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

47	02/23/12	C	A	07/27/41	F	60608	EMERGENCY MEDICINE
46	02/24/12	B	D	09/04/36	M	60608	EMERGENCY MEDICINE
45	02/26/12	M	A	08/06/35	F	60623	EMERGENCY MEDICINE
58	02/28/12	L	R	07/16/32	M	60607	EMERGENCY MEDICINE
51	03/01/12	L	C	12/14/52	F	60148	EMERGENCY MEDICINE
54	03/05/12	B	J	10/04/59	M	60608	EMERGENCY MEDICINE
58	03/07/12	P	S	07/03/64	F	60629	EMERGENCY MEDICINE
47	03/09/12	M	B	04/29/81	F	60632	EMERGENCY MEDICINE
56	03/18/12	C	N	04/20/30	F	60608	EMERGENCY MEDICINE
37	03/18/12	R	J	07/09/30	M	60623	EMERGENCY MEDICINE
49	03/20/12	B	O	08/18/65	F	60623	EMERGENCY MEDICINE
35	03/21/12	G	C	06/24/34	F	60624	EMERGENCY MEDICINE
40	03/22/12	W	W	08/05/50	F	60623	EMERGENCY MEDICINE
59	03/25/12	R	S	01/30/88	F	60612	EMERGENCY MEDICINE
39	03/27/12	S	R	01/07/26	M	60608	EMERGENCY MEDICINE
36	03/29/12	K	F	09/26/31	F	60644	EMERGENCY MEDICINE
56	03/29/12	A	C	11/13/58	M	60636	EMERGENCY MEDICINE
48	03/30/12	S	E	10/04/53	F	60623	EMERGENCY MEDICINE
52	03/30/12	A	D	05/10/74	F	60620	EMERGENCY MEDICINE
53	03/31/12	G	L	01/20/80	F	60629	EMERGENCY MEDICINE
59	04/02/12	R	A	08/12/62	M	60623	EMERGENCY MEDICINE
50	04/10/12	A	C	02/16/54	F	60623	EMERGENCY MEDICINE
57	04/13/12	A	R	05/18/70	F	60623	EMERGENCY MEDICINE
32	04/14/12	R	C	06/17/89	M	60623	EMERGENCY MEDICINE
43	04/16/12	A	G	02/12/43	F	60623	EMERGENCY MEDICINE
49	04/17/12	N	M	02/19/69	M	60644	EMERGENCY MEDICINE
58	04/18/12	W	A	08/26/34	F	60623	EMERGENCY MEDICINE
54	04/19/12	A	D	02/12/36	M	60623	EMERGENCY MEDICINE
48	04/29/12	S	C	10/11/59	F	60623	EMERGENCY MEDICINE
41	04/30/12	J	F	12/04/29	F	60612	EMERGENCY MEDICINE
59	05/05/12	G	G	12/31/41	F	60644	EMERGENCY MEDICINE
39	05/07/12	M	E	04/08/36	M	60609	EMERGENCY MEDICINE
52	05/09/12	D	F	08/22/54	M	60624	EMERGENCY MEDICINE
59	05/11/12	A	D	12/20/65	M	60623	EMERGENCY MEDICINE
37	05/11/12	H	H	07/22/41	M	60623	EMERGENCY MEDICINE
44	05/11/12	B	L	05/06/40	M	60624	EMERGENCY MEDICINE
57	05/16/12	P	P	11/02/57	M	60623	EMERGENCY MEDICINE
56	05/18/12	B	S	05/14/41	F	60623	EMERGENCY MEDICINE
56	05/20/12	H	L	12/25/38	F	60608	EMERGENCY MEDICINE
55	05/22/12	G	S	11/12/54	M	60624	EMERGENCY MEDICINE
47	05/23/12	R	A	12/18/30	F	60639	EMERGENCY MEDICINE
43	05/25/12	C	E	09/29/54	M	60608	EMERGENCY MEDICINE
58	05/28/12	M	J	12/26/89	F	60201	EMERGENCY MEDICINE
42	05/28/12	M	C	02/22/47	F	60629	EMERGENCY MEDICINE
51	06/01/12	H	A	11/14/69	M	60651	EMERGENCY MEDICINE
33	06/05/12	B	H	04/07/27	M	60608	EMERGENCY MEDICINE
54	06/05/12	G	R	09/17/71	F	60629	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

46	06/06/12	R	J	08/19/52	F	60649	EMERGENCY MEDICINE
36	06/08/12	M	J	10/02/66	M	60647	EMERGENCY MEDICINE
59	06/13/12	M	E	01/25/49	F	60804	EMERGENCY MEDICINE
58	06/16/12	M	M	05/15/35	F	60623	EMERGENCY MEDICINE
46	06/16/12	W	W	12/13/56	F	60651	EMERGENCY MEDICINE
56	06/17/12	C	M	10/01/55	F	60623	EMERGENCY MEDICINE
50	06/18/12	S	T	04/20/74	F	60624	EMERGENCY MEDICINE
58	06/19/12	W	P	05/19/61	F	60612	EMERGENCY MEDICINE
38	06/19/12	M	J	10/10/87	M	60632	EMERGENCY MEDICINE
46	06/22/12	G	K	06/09/53	M	60624	EMERGENCY MEDICINE
59	06/24/12	F	L	04/14/29	F	60623	EMERGENCY MEDICINE
53	06/26/12	C	K	01/25/63	F	60615	EMERGENCY MEDICINE
37	06/30/12	A	J	06/07/57	M	60623	EMERGENCY MEDICINE
59	07/03/12	M	L	06/12/54	M	60634	EMERGENCY MEDICINE
33	07/03/12	O	F	08/11/54	M	60623	EMERGENCY MEDICINE
50	07/05/12	P	A	04/06/50	M	60632	EMERGENCY MEDICINE
46	07/05/12	F	P	03/13/66	F	60644	EMERGENCY MEDICINE
59	07/06/12	A	S	11/02/58	F	60609	EMERGENCY MEDICINE
58	07/08/12	J	S	06/03/67	F	60608	EMERGENCY MEDICINE
55	07/10/12	C	A	03/08/17	F	60623	EMERGENCY MEDICINE
59	07/10/12	G	P	10/27/33	M	60632	EMERGENCY MEDICINE
58	07/12/12	M	J	03/22/69	M	60608	EMERGENCY MEDICINE
56	07/12/12	S	J	02/08/47	M	60609	EMERGENCY MEDICINE
40	07/14/12	M	G	11/15/29	F	60608	EMERGENCY MEDICINE
32	07/16/12	G	A	02/09/89	F	60644	EMERGENCY MEDICINE
34	07/16/12	R	E	01/24/28	F	60632	EMERGENCY MEDICINE
58	07/17/12	G	E	05/01/37	F	60629	EMERGENCY MEDICINE
46	07/19/12	D	K	08/30/88	F	60651	EMERGENCY MEDICINE
58	07/19/12	G	R	03/29/23	F	60623	EMERGENCY MEDICINE
55	07/19/12	R	R	10/16/67	M	60632	EMERGENCY MEDICINE
51	07/20/12	M	A	03/28/37	M	60608	EMERGENCY MEDICINE
33	07/21/12	R	D	05/12/35	M	60623	EMERGENCY MEDICINE
36	07/21/12	D	M	12/25/38	M	60636	EMERGENCY MEDICINE
41	07/24/12	C	A	04/18/30	M	60432	EMERGENCY MEDICINE
41	07/25/12	L	V	07/13/51	F	60608	EMERGENCY MEDICINE
44	07/26/12	H	T	10/03/60	M	60620	EMERGENCY MEDICINE
55	07/27/12	N	S	03/23/58	M	60615	EMERGENCY MEDICINE
48	07/27/12	N	F	05/04/58	M	60804	EMERGENCY MEDICINE
56	07/28/12	S	B	07/21/72	M	60624	EMERGENCY MEDICINE
56	07/31/12	H	J	04/21/60	M	60804	EMERGENCY MEDICINE
53	07/31/12	K	C	12/12/63	M	60304	EMERGENCY MEDICINE
50	08/03/12	M	W	02/10/46	F	60612	EMERGENCY MEDICINE
39	08/04/12	G	E	11/05/39	F	60623	EMERGENCY MEDICINE
58	08/05/12	R	B	07/20/52	F	60623	EMERGENCY MEDICINE
55	08/07/12	V	C	09/30/35	F	60647	EMERGENCY MEDICINE
35	08/07/12	Y	H	02/16/25	F	60644	EMERGENCY MEDICINE
51	08/09/12	R	A	06/03/64	M	60120	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

50	08/15/12	P	S	06/09/61	M		60609	EMERGENCY MEDICINE
56	08/15/12	D	A	08/23/50	F		60608	EMERGENCY MEDICINE
46	08/17/12	S	V	02/03/70	F		60629	EMERGENCY MEDICINE
51	08/18/12	T	C	01/20/44	F		60632	EMERGENCY MEDICINE
39	08/20/12	V	M	10/19/22	F		60609	EMERGENCY MEDICINE
34	08/21/12	W	L	02/01/29	F		60623	EMERGENCY MEDICINE
59	08/22/12	P	R	06/04/52	M		60622	EMERGENCY MEDICINE
34	08/28/12	B	R	01/31/50	F		60623	EMERGENCY MEDICINE
53	08/28/12	R	R	03/28/68	F		60623	EMERGENCY MEDICINE
39	08/29/12	S	E	08/21/43	F		60623	EMERGENCY MEDICINE
53	08/30/12	L	W	11/08/57	M		60651	EMERGENCY MEDICINE
40	09/01/12	D	M	02/12/38	F		60644	EMERGENCY MEDICINE
53	09/02/12	M	O	11/26/93	F		60609	EMERGENCY MEDICINE
59	09/02/12	C	V	02/01/53	M		60624	EMERGENCY MEDICINE
51	09/04/12	G	L	08/04/55	M		60608	EMERGENCY MEDICINE
51	09/07/12	P	B	07/31/66	F		60402	EMERGENCY MEDICINE
43	09/09/12	G	I	11/13/20	F		60623	EMERGENCY MEDICINE
57	09/10/12	S	V	08/07/38	F		60623	EMERGENCY MEDICINE
49	09/13/12	C	T	08/11/62	F		60623	EMERGENCY MEDICINE
53	09/13/12	V	R	11/02/48	F		60623	EMERGENCY MEDICINE
58	09/16/12	L	J	02/18/44	F		60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
28	01/14/10	R	IV	02/24/49	F	60636	INTERNAL MEDICINE
29	01/18/10	B	JA	02/06/23	M	60651	INTERNAL MEDICINE
29	02/17/10	G	VI	04/06/33	F	60612	CARDIOVASCULAR DISEASE
17	02/19/10	S	C	11/26/33	F	60609	INTERNAL MEDICINE
29	02/22/10	G	M	01/03/33	M	60623	HEMOTOLOGY / ONCOLOGY
15	02/23/10	H	A	09/19/44	F	60609	INTERNAL MEDICINE
27	03/16/10	N	LE	08/22/35	M	60620	INTERNAL MEDICINE
21	03/25/10	S	M	05/11/37	F	60609	INTERNAL MEDICINE
16	04/02/10	G	JE	10/11/83	F	60632	INTERNAL MEDICINE
17	04/08/10	M	A	07/10/91	M	60453	PEDIATRICS
19	05/08/10	A	M	12/30/25	M	60608	FAMILY PRACTICE
26	05/15/10	C	ES	09/30/48	M	60623	FAMILY PRACTICE
26	06/01/10	H	B	09/17/36	M	60624	INTERNAL MEDICINE
25	06/14/10	G	M	11/14/24	F	60162	HEMOTOLOGY / ONCOLOGY
15	06/27/10	J	H	03/08/43	M	60707	INTERNAL MEDICINE
19	07/14/10	V	M	05/17/49	F	60632	FAMILY PRACTICE
18	07/30/10	M	D	07/24/68	F	60632	FAMILY PRACTICE
16	08/06/10	C	ES	04/01/43	F	60608	INTERNAL MEDICINE
16	10/29/10	R	T	12/29/34	F	60632	INTERNAL MEDICINE
15	11/10/10	B	D	05/26/60	M	60004	GENERAL SURGERY
24	11/30/10	A	P	10/23/54	F	60612	INTERNAL MEDICINE
21	12/02/10	T	S	02/28/61	M	60629	INTERNAL MEDICINE
16	01/14/11	S	L	12/14/37	F	60609	FAMILY PRACTICE
20	02/11/11	B	E	01/27/37	F	60638	INTERNAL MEDICINE
29	02/18/11	B	O	07/29/31	M	60624	CARDIOVASCULAR DISEASE
15	03/17/11	R	S	02/08/82	F	60804	FAMILY PRACTICE
26	04/13/11	R	A	09/20/43	F	60608	INTERNAL MEDICINE
25	04/15/11	L	M	03/20/38	F	60632	CARDIOVASCULAR DISEASE
22	07/15/11	T	J	12/03/70	M	46360	PODIATRIC SURGERY
20	07/22/11	L	A	01/10/66	M	60652	FAMILY PRACTICE
29	08/10/11	V	A	12/20/49	M	60609	CARDIOVASCULAR DISEASE
19	08/13/11	G	E	05/30/54	M	60608	FAMILY PRACTICE
21	08/13/11	U	P	07/27/32	M	60623	CARDIOVASCULAR DISEASE
29	08/19/11	G	E	09/30/41	M	60623	CARDIOVASCULAR DISEASE
17	08/23/11	R	G	08/09/57	M	60623	PODIATRIC SURGERY
25	10/04/11	P	K	01/30/60	M	60608	GENERAL SURGERY
29	10/22/11	A	R	02/12/54	M	60608	GASTROENTEROLOGY
16	11/01/11	M	O	06/30/33	F	60644	GENERAL SURGERY
20	11/13/11	D	P	05/23/50	F	60644	INTERNAL MEDICINE
22	01/19/12	A	D	12/31/41	M	60623	UROLOGY
18	01/31/12	G	M	08/15/32	F	60632	GENERAL SURGERY
29	02/03/12	Z	M	07/23/33	F	60632	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

27	02/07/12	W	E	11/23/33	M	60638	PODIATRIC SURGERY
29	02/15/12	H	IS	07/08/24	F	60171	CARDIOVASCULAR DISEASE
20	02/16/12	A	H	12/23/55	M	60608	GENERAL SURGERY
26	02/21/12	F	A	08/03/58	M	60623	INTERNAL MEDICINE
15	03/21/12	C	D	12/17/38	M	60608	GENERAL SURGERY
26	04/01/12	T	SA	07/27/61	F	60615	INTERNAL MEDICINE
15	04/04/12	P	E	02/05/30	F	60620	GENERAL SURGERY
15	04/05/12	B	M	04/27/49	F	60632	GENERAL SURGERY
27	04/10/12	T	LU	05/09/45	M	60612	INTERNAL MEDICINE
25	04/21/12	C	G	02/10/31	F	60608	FAMILY PRACTICE
23	04/24/12	S	D	01/09/66	F	60624	INTERNAL MEDICINE
29	05/03/12	M	B	10/25/62	M	60645	CARDIOVASCULAR DISEASE
27	06/11/12	R	G	03/12/37	M	60608	CARDIOVASCULAR DISEASE
28	06/20/12	D	M	08/20/66	F	60629	INTERNAL MEDICINE
28	06/26/12	A	JA	01/10/34	M	60632	GENERAL SURGERY
17	07/27/12	G	A	08/29/45	M	60608	GENERAL SURGERY
25	07/31/12	S	A	07/19/43	F	60612	HEMOTOLOGY / ONCOLOGY
23	08/03/12	D	SA	07/02/21	M	60624	PULMONARY DISEASE
22	08/07/12	S	V	01/04/34	F	60629	INTERNAL MEDICINE
28	08/07/12	A	D	02/19/41	M	60632	FAMILY PRACTICE
16	08/16/12	C	M	05/04/28	F	60632	CARDIOVASCULAR DISEASE
17	08/22/12	B	M	08/20/41	F	60632	INTERNAL MEDICINE
28	08/31/12	M	L	01/18/24	F	60608	INTERNAL MEDICINE
28	09/04/12	G	R	04/10/36	M	60632	CARDIOVASCULAR DISEASE
17	09/10/12	W	JC	05/28/64	M	60653	GENERAL SURGERY
28	09/18/12	M	R	08/03/37	F	60623	FAMILY PRACTICE

ATTACHMENT - 12B

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
51	01/02/10	S	G	04/17/22	M	60629	CARDIOVASCULAR DISEASE
50	01/07/10	V	R	06/06/66	M	60623	FAMILY PRACTICE
59	01/08/10	C	E	05/21/31	F	60643	FAMILY PRACTICE
54	01/10/10	T	R	06/05/36	M	60651	FAMILY PRACTICE
49	01/12/10	M	W	12/18/31	M	60623	INTERNAL MEDICINE
48	01/13/10	T	B	11/29/25	F	60624	INTERNAL MEDICINE
58	01/14/10	V	J	06/03/32	M	60623	INTERNAL MEDICINE
51	01/15/10	R	M	02/24/49	F	60636	INTERNAL MEDICINE
56	01/18/10	W	E	04/24/37	F	60623	HEMATOLOGY
55	01/18/10	B	H	08/17/33	F	60463	FAMILY PRACTICE
55	01/20/10	L	G	04/15/59	F	60804	PEDIATRICS
56	01/21/10	J	R	10/12/53	M	60615	GASTROENTEROLOGY
31	01/25/10	R	O	01/10/36	F	60402	HEMATOLOGY
55	01/25/10	A	P	05/30/26	M	60623	HEMATOLOGY
36	01/26/10	O	C	06/30/54	F	60632	CARDIOVASCULAR DISEASE
34	02/02/10	R	C	10/25/31	M	60612	INTERNAL MEDICINE
59	02/02/10	R	G	03/31/29	F	60623	ENDOCRINOLOGY/DIABETES
52	02/03/10	R	S	09/08/32	F	60632	INTERNAL MEDICINE
52	02/06/10	H	Z	05/21/48	F	38671	OBSTETRICS
50	02/11/10	H	L	04/08/26	F	60620	INTERNAL MEDICINE
50	02/13/10	M	J	07/01/31	M	60629	INTERNAL MEDICINE
46	02/15/10	C	R	11/09/38	F	60623	INTERNAL MEDICINE
57	02/15/10	S	J	03/19/44	M	60617	GENERAL SURGERY
58	02/17/10	B	J	11/04/46	M	60608	INTERNAL MEDICINE
46	02/17/10	G	A	03/27/33	M	60636	INTERNAL MEDICINE
56	02/17/10	G	M	02/22/47	F	60639	ORTHOPAEDIC SURGERY
58	02/18/10	W	J	11/16/37	M	60624	HEMATOLOGY
58	02/22/10	A	E	07/02/29	F	60623	INTERNAL MEDICINE
57	02/22/10	W	P	05/15/49	F	60612	FAMILY PRACTICE
43	02/23/10	D	J	03/16/29	F	60623	CARDIOVASCULAR DISEASE
53	02/26/10	N	B	07/16/59	F	60153	PODIATRIC SURGERY
59	03/01/10	M	G	07/14/34	F	60651	HEMATOLOGY
44	03/03/10	J	M	02/06/32	F	60644	INTERNAL MEDICINE
52	03/04/10	H	J	04/26/48	M	60608	INTERNAL MEDICINE
42	03/05/10	S	M	09/24/27	F	60608	INTERNAL MEDICINE
57	03/06/10	L	D	11/06/46	F	60628	INFECTIOUS DISEASE
50	03/08/10	G	M	09/12/28	F	60623	INTERNAL MEDICINE
52	03/10/10	G	O	02/02/36	F	60623	FAMILY PRACTICE
58	03/10/10	A	A	02/10/36	F	60632	INTERNAL MEDICINE
58	03/13/10	C	H	09/12/64	F	60623	INTERNAL MEDICINE
33	03/18/10	T	S	06/07/32	F	60608	HEMATOLOGY
55	03/18/10	G	L	05/17/63	M	60632	UROLOGY
32	03/25/10	T	M	02/05/31	F	60651	HEMATOLOGY
55	04/01/10	P	Z	08/16/64	F	60624	FAMILY PRACTICE
59	04/02/10	G	G	11/09/38	F	60609	INTERNAL MEDICINE
54	04/05/10	S	H	05/22/46	F	60647	HEMATOLOGY
47	04/09/10	M	P	09/08/66	F	60632	INTERNAL MEDICINE
55	04/14/10	R	C	10/17/28	F	60623	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

37	04/14/10	R	V	08/15/47	F	60513	FAMILY PRACTICE
46	04/16/10	P	D	11/23/28	F	60644	INTERNAL MEDICINE
48	04/19/10	S	L	06/18/63	F	60609	HEMATOLOGY
59	04/20/10	T	L	06/25/48	F	60612	GASTROENTEROLOGY
30	04/25/10	C	E	07/19/23	F	60624	INTERNAL MEDICINE
42	04/27/10	R	L	07/21/58	M	60623	INTERNAL MEDICINE
57	04/29/10	D	F	02/26/30	M	60617	CARDIOVASCULAR DISEASE
55	04/30/10	A	S	01/29/48	F	60634	INTERNAL MEDICINE
46	05/03/10	B	G	06/30/23	F	60612	HEMATOLOGY
31	05/03/10	A	A	08/14/59	M	60620	HEMATOLOGY
37	05/07/10	P	R	07/14/43	M	60619	UROLOGY
43	05/09/10	P	G	07/19/48	F	60632	FAMILY PRACTICE
59	05/13/10	W	E	11/23/21	F	60623	CARDIOVASCULAR DISEASE
54	05/17/10	A	L	08/08/37	F	60639	HEMATOLOGY
55	05/21/10	R	D	11/13/31	F	60516	GENERAL SURGERY
37	05/24/10	L	O	01/23/32	F	60608	INTERNAL MEDICINE
54	05/24/10	G	D	03/27/32	M	60629	INTERNAL MEDICINE
30	05/26/10	C	P	06/28/27	M	60632	INTERNAL MEDICINE
49	05/27/10	D	R	01/12/41	F	60623	INTERNAL MEDICINE
42	06/01/10	T	A	06/26/39	M	60632	FAMILY PRACTICE
55	06/07/10	R	C	06/26/48	F	60609	FAMILY PRACTICE
35	06/09/10	W	S	02/10/22	F	60653	FAMILY PRACTICE
53	06/12/10	P	M	05/14/66	F	60653	INTERNAL MEDICINE
43	06/14/10	P	E	11/11/22	F	60629	FAMILY PRACTICE
57	06/15/10	D	R	08/01/30	F	60612	FAMILY PRACTICE
54	06/16/10	G	M	11/02/35	F	60623	UROLOGY
54	06/19/10	S	G	12/10/42	F	60609	FAMILY PRACTICE
39	06/21/10	G	A	11/13/75	F	61021	INTERNAL MEDICINE
48	06/22/10	S	B	11/03/58	F	60623	HEMATOLOGY
51	06/25/10	R	L	10/05/24	F	60624	FAMILY PRACTICE
32	06/28/10	R	J	08/01/82	F	60629	FAMILY PRACTICE
57	07/01/10	S	R	01/09/41	M	60626	HEMATOLOGY
56	07/01/10	U	A	09/07/36	M	60463	CARDIOVASCULAR DISEASE
58	07/06/10	A	S	01/31/48	F	60459	HEMATOLOGY
30	07/06/10	C	J	09/01/63	M	60608	NEUROLOGY
58	07/08/10	S	M	07/27/49	F	60624	HEMATOLOGY
51	07/08/10	A	S	07/28/37	M	60623	FAMILY PRACTICE
58	07/10/10	H	C	08/09/35	M	60649	CARDIOVASCULAR DISEASE
58	07/12/10	G	V	07/19/37	M	60632	INTERNAL MEDICINE
58	07/12/10	S	A	07/05/36	F	60608	INTERNAL MEDICINE
44	07/13/10	G	E	03/13/88	F	60623	FAMILY MEDICINE
44	07/15/10	G	S	11/18/39	F	39307	HEMATOLOGY
56	07/15/10	B	D	05/30/38	M	60609	UROLOGY
51	07/22/10	S	C	08/16/38	F	60609	CARDIOVASCULAR DISEASE
42	07/28/10	H	J	08/29/56	F	60660	OBSTETRICS
47	07/29/10	W	A	11/24/58	F	60637	GASTROENTEROLOGY
46	08/06/10	I	A	10/20/54	M	60608	ORTHOPAEDIC SURGERY
41	08/12/10	W	M	02/16/51	M	60623	FAMILY PRACTICE
50	08/12/10	B	B	08/02/53	M	60623	FAMILY MEDICINE
42	08/13/10	S	G	01/10/23	M	60638	FAMILY PRACTICE
51	08/19/10	M	A	03/29/54	F	60804	GASTROENTEROLOGY
50	08/24/10	S	G	05/24/35	M	60620	GASTROENTEROLOGY

ATTACHMENT-12B

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

52	08/31/10	M	W	01/03/36	M	60624	CARDIOVASCULAR DISEASE
31	09/03/10	B	M	07/18/29	F	60638	INTERNAL MEDICINE
54	09/16/10	P	T	05/18/22	F	60629	INTERNAL MEDICINE
59	09/22/10	D	V	01/08/38	M	60645	INTERNAL MEDICINE
37	09/24/10	M	S	10/02/36	M	60639	INTERNAL MEDICINE
44	09/27/10	G	A	02/02/21	M	60623	GASTROENTEROLOGY
53	10/07/10	N	T	05/27/38	M	60608	CARDIOVASCULAR DISEASE
46	10/08/10	C	A	07/26/22	F	60608	GASTROENTEROLOGY
47	10/11/10	L	R	08/31/37	M	60609	INTERNAL MEDICINE
59	10/11/10	A	J	03/11/39	F	60827	CARDIOVASCULAR DISEASE
43	10/13/10	H	R	06/24/58	M	60617	PODIATRIC SURGERY
42	10/19/10	B	J	03/09/21	M	60632	NEUROLOGY
57	10/21/10	V	J	03/19/38	M	60402	PODIATRIC SURGERY
58	10/25/10	B	E	06/14/37	F	60623	INTERNAL MEDICINE
42	11/08/10	T	M	09/26/24	F	60608	OPHTHAMOLOGY
51	11/09/10	H	D	03/18/58	M	60651	PODIATRIC SURGERY
38	11/12/10	T	R	06/04/32	F	60617	FAMILY MEDICINE
55	11/18/10	C	A	09/12/35	M	60632	INTERNAL MEDICINE
42	11/19/10	F	T	01/27/27	F	60402	INTERNAL MEDICINE
46	11/19/10	F	A	09/13/21	M	60402	INTERNAL MEDICINE
57	11/26/10	C	L	03/13/41	M	60612	GENERAL SURGERY
34	12/01/10	R	M	07/27/25	F	60623	CARDIOVASCULAR DISEASE
53	12/03/10	C	B	09/22/62	F	60804	UROLOGY
47	12/06/10	A	J	10/14/43	M	60632	CARDIOVASCULAR DISEASE
57	12/09/10	E	J	12/12/41	M	60632	UROLOGY
44	12/10/10	O	M	10/21/50	F	60651	INTERNAL MEDICINE
55	12/14/10	M	J	01/14/69	M	60623	INTERNAL MEDICINE
58	12/15/10	J	J	03/20/49	M	60624	INTERNAL MEDICINE
55	12/18/10	C	J	12/07/56	F	60609	INTERNAL MEDICINE
58	12/21/10	A	A	05/13/57	F	60629	PODIATRIC SURGERY
32	12/28/10	M	D	02/14/44	F	60608	INTERNAL MEDICINE
58	12/30/10	P	S	04/18/45	M	60611	INTERNAL MEDICINE
57	01/26/11	M	J	05/03/33	M	60804	FAMILY MEDICINE
44	01/28/11	B	A	03/07/25	F	60608	CARDIOVASCULAR DISEASE
57	02/11/11	M	J	04/09/51	F	60621	GASTROENTEROLOGY
31	02/21/11	A	B	07/06/61	F	60623	PODIATRIC SURGERY
57	03/13/11	C	J	10/16/54	F	60629	GASTROENTEROLOGY
40	03/15/11	C	R	12/10/48	F	60608	FAMILY MEDICINE
57	03/15/11	R	A	12/22/46	M	60623	FAMILY MEDICINE
51	03/17/11	C	P	11/18/50	F	60137	PODIATRIC SURGERY
34	03/19/11	C	J	04/01/37	F	60616	FAMILY MEDICINE
57	03/24/11	N	S	02/12/81	F	60612	FAMILY MEDICINE
59	03/26/11	B	G	07/31/57	F	60620	ORTHOPAEDIC SURGERY
58	04/05/11	D	Z	02/12/24	F	60527	CARDIOVASCULAR DISEASE
36	04/12/11	N	J	11/27/34	M	60623	PODIATRIC SURGERY
58	04/18/11	M	L	09/29/37	F	60644	GASTROENTEROLOGY
56	04/22/11	Z	J	09/05/65	M	60804	FAMILY PRACTICE
41	04/29/11	P	F	12/26/42	M	60626	PODIATRIC SURGERY
56	04/30/11	S	L	02/27/27	F	60624	FAMILY PRACTICE
31	05/04/11	L	A	08/09/38	F	46391	PODIATRIC SURGERY
57	05/04/11	R	E	03/07/62	F	60641	PODIATRIC SURGERY
55	05/10/11	J	M	12/08/74	F	60644	GENERAL SURGERY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

47	05/14/11	C	J	06/08/53	M	60804	INTERNAL MEDICINE
44	05/17/11	P	R	03/27/49	M	60636	CARDIOVASCULAR DISEASE
57	05/17/11	J	E	09/21/35	F	60624	INTERNAL MEDICINE
47	05/21/11	M	C	06/14/55	F	60608	INTERNAL MEDICINE
49	05/23/11	C	S	11/15/71	F	60612	INTERNAL MEDICINE
59	06/04/11	T	E	05/24/25	F	60639	FAMILY PRACTICE
52	06/06/11	B	D	03/01/49	M	60609	INTERNAL MEDICINE
48	06/10/11	M	R	06/15/54	M	60651	UROLOGY
50	06/21/11	I	J	10/10/49	F	60623	INTERNAL MEDICINE
57	06/23/11	S	T	09/19/49	M	60651	PODIATRIC SURGERY
59	06/28/11	D	G	07/26/52	F	60617	INTERNAL MEDICINE
53	06/30/11	C	R	03/08/50	F	60630	INTERNAL MEDICINE
42	07/11/11	J	J	03/26/31	M	60623	INTERNAL MEDICINE
31	07/13/11	T	L	05/01/39	M	60609	GASTROENTEROLOGY
56	07/15/11	V	R	04/15/55	M	60623	GENERAL SURGERY
49	07/21/11	T	J	07/19/61	M	60629	PODIATRIC SURGERY
47	07/22/11	B	P	06/17/40	F	60612	INTERNAL MEDICINE
45	07/23/11	H	J	09/08/55	M	60632	CARDIOVASCULAR DISEASE
59	07/26/11	C	L	07/06/46	F	60629	GASTROENTEROLOGY
49	07/27/11	S	I	09/13/49	M	60623	INTERNAL MEDICINE
49	08/01/11	E	S	09/18/46	M	60632	INTERNAL MEDICINE
48	08/01/11	L	H	06/04/26	F	60624	CARDIOVASCULAR DISEASE
59	08/02/11	L	R	04/11/47	F	60629	FAMILY PRACTICE
51	08/03/11	M	A	05/11/55	M	60623	FAMILY PRACTICE
40	08/05/11	R	A	11/12/31	F	60608	INTERNAL MEDICINE
56	08/05/11	G	A	03/07/44	F	60632	INTERNAL MEDICINE
45	08/05/11	A	F	06/03/30	F	60623	INTERNAL MEDICINE
57	08/08/11	S	G	07/11/75	F	60623	OBSTETRICS
57	08/16/11	V	M	05/04/38	F	60608	INTERNAL MEDICINE
47	08/19/11	E	E	12/06/45	M	60187	INTERNAL MEDICINE
55	08/23/11	B	P	10/26/26	F	60609	INTERNAL MEDICINE
41	08/25/11	G	J	02/27/44	M	60632	GASTROENTEROLOGY
47	08/26/11	C	F	08/12/45	F	60609	UROLOGY
53	08/31/11	B	R	06/26/67	F	60169	ORTHOPAEDIC SURGERY
49	08/31/11	D	B	10/13/25	F	60607	PODIATRIC SURGERY
34	09/09/11	H	A	09/29/30	F	60609	INTERNAL MEDICINE
59	09/20/11	J	J	12/25/36	M	60623	INTERNAL MEDICINE
56	09/22/11	Z	B	10/13/27	M	60616	CARDIOVASCULAR DISEASE
34	09/26/11	K	A	01/01/51	F	60634	GENERAL SURGERY
51	09/30/11	F	P	08/15/38	M	60632	CARDIOVASCULAR DISEASE
58	10/04/11	D	R	06/21/46	M	60706	PODIATRIC SURGERY
59	10/05/11	P	R	03/15/38	M	60632	INTERNAL MEDICINE
56	10/06/11	P	L	04/10/39	M	60623	FAMILY PRACTICE
54	10/08/11	S	B	09/22/41	F	60622	UROLOGY
45	10/11/11	L	D	07/15/29	F	60621	GASTROENTEROLOGY
54	10/11/11	M	R	09/19/45	M	60639	GASTROENTEROLOGY
59	10/17/11	G	F	07/14/53	M	60609	INTERNAL MEDICINE
32	10/17/11	L	S	04/13/35	M	60108	INTERNAL MEDICINE
44	10/19/11	G	N	06/09/41	M	60629	INTERNAL MEDICINE
57	10/19/11	O	J	04/19/38	M	60639	CARDIOVASCULAR DISEASE
48	10/20/11	G	L	10/19/45	M	60647	GASTROENTEROLOGY
37	10/27/11	G	M	08/16/53	M	60632	PULMONARY DISEASE
48	10/28/11	R	S	02/06/21	M	60623	PEDIATRICS
56	10/30/11	B	L	12/21/33	F	60458	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

48	11/02/11	B	C	04/02/38	F	60629	GENERAL SURGERY
57	11/03/11	N	J	08/10/37	M	60632	INTERNAL MEDICINE
44	11/05/11	S	P	04/29/44	F	60804	FAMILY PRACTICE
47	11/08/11	G	A	12/28/39	F	60630	PODIATRIC SURGERY
59	11/09/11	B	J	04/19/59	F	60628	PODIATRIC SURGERY
38	11/11/11	R	M	06/02/43	M	60632	FAMILY PRACTICE
57	11/19/11	P	A	11/25/36	M	60609	INTERNAL MEDICINE
58	11/21/11	A	E	11/26/30	M	60651	ENDOCRINOLOGY/DIABETES
51	11/26/11	B	C	06/03/38	M	60462	FAMILY PRACTICE
30	12/03/11	M	L	01/18/24	F	60608	INTERNAL MEDICINE
59	12/07/11	M	R	03/28/45	M	60632	INTERNAL MEDICINE
48	12/09/11	Y	O	03/28/44	F	60526	PODIATRIC SURGERY
57	12/14/11	S	C	12/10/21	F	60632	INTERNAL MEDICINE
55	12/14/11	R	A	12/28/62	F	60647	GENERAL SURGERY
40	12/14/11	Z	R	10/28/44	F	60638	GENERAL SURGERY
59	12/16/11	H	H	07/04/26	F	60623	FAMILY PRACTICE
55	12/20/11	P	R	08/27/46	M	60609	INTERNAL MEDICINE
52	12/30/11	L	M	04/13/42	F	60459	INTERNAL MEDICINE
58	01/18/12	G	C	06/01/46	F	60636	INTERNAL MEDICINE
49	01/25/12	A	R	07/23/50	M	60623	FAMILY PRACTICE
58	01/27/12	M	A	01/29/50	M	60608	CARDIOVASCULAR DISEASE
34	01/27/12	L	M	08/16/64	M	60623	CARDIOVASCULAR DISEASE
50	01/28/12	C	A	06/02/42	F	60629	INTERNAL MEDICINE
55	02/01/12	V	M	05/17/31	F	60632	INTERNAL MEDICINE
39	02/01/12	C	F	03/10/55	M	60638	CARDIOVASCULAR DISEASE
53	02/03/12	S	K	09/28/71	F	60632	INTERNAL MEDICINE
52	02/04/12	B	M	05/08/57	M	60608	FAMILY PRACTICE
34	02/06/12	R	S	05/04/38	M	60527	ENDOCRINOLOGY/DIABETES
47	02/13/12	C	L	10/26/60	F	60613	PODIATRIC SURGERY
57	02/17/12	C	L	01/13/26	F	60632	INTERNAL MEDICINE
49	02/20/12	B	B	05/16/48	M	60655	FAMILY PRACTICE
31	02/24/12	N	R	08/25/28	M	60402	UROLOGY
43	02/25/12	P	T	06/16/69	M	60654	FAMILY PRACTICE
50	02/29/12	W	C	03/30/28	M	60629	GENERAL SURGERY
59	03/01/12	D	G	01/14/43	F	60608	FAMILY PRACTICE
46	03/02/12	S	W	10/02/28	F	60624	CARDIOVASCULAR DISEASE
59	03/02/12	S	M	11/13/35	F	60623	INTERNAL MEDICINE
32	03/08/12	K	P	03/14/52	F	60623	GASTROENTEROLOGY
47	03/12/12	Q	J	05/27/51	M	60609	INTERNAL MEDICINE
32	03/16/12	C	C	08/12/35	M	60608	UROLOGY
55	03/17/12	A	G	11/13/43	F	60623	INTERNAL MEDICINE
47	03/19/12	A	E	03/24/36	M	60608	INTERNAL MEDICINE
43	03/19/12	D	E	06/10/28	M	60623	OBSTETRICS
57	03/23/12	D	V	02/05/31	M	60632	INTERNAL MEDICINE
35	04/02/12	L	P	04/19/41	F	60419	GASTROENTEROLOGY
59	04/06/12	B	S	06/07/44	M	60642	INTERNAL MEDICINE
59	04/10/12	W	R	05/31/30	M	60638	INTERNAL MEDICINE
55	04/11/12	S	L	01/03/53	F	60402	UROLOGY
46	04/11/12	R	M	10/22/36	F	60629	CARDIOVASCULAR DISEASE
50	04/18/12	D	M	08/16/41	F	60644	GASTROENTEROLOGY
54	04/23/12	D	A	05/10/28	M	60623	CARDIOVASCULAR DISEASE
57	04/25/12	H	B	08/16/52	F	60644	GASTROENTEROLOGY
41	04/25/12	G	M	11/06/25	F	60639	UROLOGY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

40	04/26/12	H	D	09/15/28	M	60632	INTERNAL MEDICINE
57	04/26/12	C	V	04/22/51	F	60501	PODIATRIC SURGERY
33	04/27/12	M	M	12/01/25	M	60609	INTERNAL MEDICINE
55	04/27/12	B	C	03/02/39	F	60649	INTERNAL MEDICINE
48	04/27/12	W	M	11/20/19	F	60632	FAMILY PRACTICE
49	04/30/12	W	P	12/14/46	F	60623	INTERNAL MEDICINE
59	04/30/12	S	S	09/29/21	F	60623	ENDOCRINOLOGY/DIABETES
41	05/01/12	W	D	10/20/31	M	60804	CARDIOVASCULAR DISEASE
57	05/01/12	S	B	10/28/44	F	60619	INTERNAL MEDICINE
58	05/02/12	L	S	07/01/33	F	60632	CARDIOVASCULAR DISEASE
53	05/04/12	S	J	09/03/30	M	60608	INTERNAL MEDICINE
59	05/04/12	A	L	03/06/50	F	60608	INTERNAL MEDICINE
43	05/06/12	G	A	07/14/63	F	60098	INTERNAL MEDICINE
44	05/09/12	P	D	09/06/33	M	60534	UROLOGY
44	05/09/12	S	E	08/24/87	F	53189	PODIATRIC SURGERY
45	05/10/12	K	R	09/25/49	M	49117	CARDIOVASCULAR DISEASE
49	05/11/12	Q	S	02/10/55	F	60647	PODIATRIC SURGERY
57	05/12/12	D	P	01/29/45	M	60621	INTERNAL MEDICINE
54	05/15/12	S	T	08/07/56	F	60804	PODIATRIC SURGERY
59	05/16/12	M	M	07/29/22	F	60636	CARDIOVASCULAR DISEASE
44	05/17/12	M	E	05/19/48	F	60608	FAMILY PRACTICE
35	05/18/12	B	A	09/26/24	F	60623	FAMILY PRACTICE
53	05/18/12	K	B	04/27/38	M	60651	UROLOGY
46	05/19/12	C	L	01/31/34	M	60632	INTERNAL MEDICINE
53	05/19/12	M	H	03/17/38	F	60453	INTERNAL MEDICINE
56	05/21/12	L	M	05/12/45	F	60644	GENERAL SURGERY
49	05/22/12	M	R	05/31/55	M	60623	CARDIOVASCULAR DISEASE
58	05/24/12	G	A	03/09/60	F	60608	FAMILY PRACTICE
40	05/25/12	L	C	12/29/59	F	60632	INTERNAL MEDICINE
57	05/29/12	M	B	01/01/49	F	60609	PODIATRIC SURGERY
46	06/01/12	P	R	06/03/42	F	60651	GASTROENTEROLOGY
49	06/01/12	W	E	06/09/53	F	60629	INTERNAL MEDICINE
51	06/02/12	L	J	06/07/46	M	60608	INTERNAL MEDICINE
53	06/04/12	W	D	07/12/62	M	60435	INTERNAL MEDICINE
40	06/04/12	R	D	02/09/86	M	60632	INTERNAL MEDICINE
45	06/05/12	V	P	08/01/47	M	60609	INTERNAL MEDICINE
59	06/05/12	W	P	03/12/50	F	60614	GENERAL SURGERY
56	06/08/12	B	H	01/20/60	F	60629	PSYCHIATRY
56	06/08/12	M	M	09/25/37	M	60608	UROLOGY
40	06/11/12	C	W	09/22/38	M	60620	UROLOGY
30	06/12/12	R	M	12/19/37	F	60608	CARDIOVASCULAR DISEASE
35	06/12/12	C	A	04/08/67	F	60804	PEDIATRICS
52	06/13/12	A	M	12/24/50	M	60620	PODIATRIC SURGERY
54	06/14/12	G	R	10/17/35	F	60623	INTERNAL MEDICINE
32	06/14/12	R	E	07/09/41	F	60638	FAMILY PRACTICE
43	06/15/12	G	M	11/20/34	F	60455	INTERNAL MEDICINE
52	06/16/12	L	C	02/10/43	M	60622	GENERAL SURGERY
55	06/16/12	W	F	10/02/61	F	60153	INTERNAL MEDICINE
49	06/20/12	L	E	01/30/64	F	60624	PSYCHIATRY
59	06/21/12	S	D	04/12/72	M	60651	CARDIOVASCULAR DISEASE
55	06/22/12	T	A	03/30/79	F	60609	INTERNAL MEDICINE
46	06/22/12	J	C	07/12/61	F	60617	PODIATRIC SURGERY
58	06/26/12	M	M	07/02/38	F	60632	CARDIOVASCULAR DISEASE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

45	06/30/12	H	E	02/26/35	F	60623	GENERAL SURGERY
59	06/30/12	E	C	07/13/47	M	60639	INTERNAL MEDICINE
53	07/05/12	M	E	06/14/34	M	60623	CARDIOVASCULAR DISEASE
41	07/10/12	M	J	04/28/37	M	60608	INTERNAL MEDICINE
57	07/10/12	A	R	10/13/42	F	60623	CARDIOVASCULAR DISEASE
57	07/11/12	G	C	11/23/11	F	60622	INTERNAL MEDICINE
40	07/12/12	F	W	10/11/29	F	60624	INTERNAL MEDICINE
32	07/16/12	N	R	09/17/26	M	60623	INTERNAL MEDICINE
42	07/18/12	B	D	05/25/32	F	60527	FAMILY PRACTICE
47	07/18/12	B	V	01/13/28	M	60527	FAMILY PRACTICE
59	07/19/12	G	V	08/31/64	F	60637	OBSTETRICS
44	07/25/12	S	J	06/24/49	M	60623	FAMILY PRACTICE
59	07/27/12	G	V	12/29/35	F	60608	INTERNAL MEDICINE
55	07/27/12	B	S	10/21/40	F	60185	PODIATRIC SURGERY
51	07/30/12	N	G	10/03/53	M	60632	FAMILY PRACTICE
51	07/31/12	W	D	03/17/60	F	60623	ORTHOPAEDIC SURGERY
59	08/01/12	N	J	12/25/20	F	60608	FAMILY PRACTICE
45	08/02/12	M	A	09/05/54	M	60653	GENERAL SURGERY
43	08/04/12	H	L	04/09/31	F	60623	ENDOCRINOLOGY/DIABETES
42	08/08/12	P	E	06/08/42	F	60623	FAMILY PRACTICE
30	08/09/12	G	A	05/10/38	F	60629	NEPHROLOGY
47	08/10/12	B	P	06/17/40	F	60612	INTERNAL MEDICINE
49	08/10/12	M	R	01/06/51	F	60639	UROLOGY
32	08/11/12	M	O	03/22/52	M	60641	FAMILY PRACTICE
57	08/11/12	H	C	05/14/32	F	60623	FAMILY PRACTICE
50	08/16/12	B	O	08/26/32	F	60609	INTERNAL MEDICINE
56	08/20/12	R	R	06/22/37	M	60632	INTERNAL MEDICINE
58	08/22/12	S	S	11/01/34	F	60608	INTERNAL MEDICINE
46	08/24/12	P	J	02/19/25	M	60629	INTERNAL MEDICINE
37	08/25/12	M	R	05/22/22	F	60608	INTERNAL MEDICINE
37	08/25/12	B	J	02/25/46	M	60624	GASTROENTEROLOGY
52	08/30/12	P	J	07/01/37	M	60632	FAMILY PRACTICE
55	08/30/12	M	F	02/26/34	M	60623	FAMILY PRACTICE
56	08/31/12	T	M	10/16/72	F	60608	INTERNAL MEDICINE
58	09/01/12	D	M	11/04/61	F	60632	INTERNAL MEDICINE
52	09/05/12	L	W	08/14/26	M	60628	FAMILY PRACTICE
50	09/12/12	S	M	11/01/42	F	60402	INTERNAL MEDICINE
37	09/12/12	M	M	10/28/34	M	60632	FAMILY PRACTICE
56	09/12/12	D	S	06/30/77	F	60707	OBSTETRICS
41	09/13/12	M	L	02/19/38	F	60623	FAMILY PRACTICE
57	09/13/12	C	E	02/24/52	F	60653	GASTROENTEROLOGY
30	09/13/12	V	J	04/12/55	M	60632	INTERNAL MEDICINE
38	09/15/12	G	A	12/30/44	F	60651	INTERNAL MEDICINE
31	09/17/12	L	L	10/19/45	F	60629	INTERNAL MEDICINE

REVISED NEED DETERMINATIONS
11/2/2012
ESRD STATIONS

ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED		ADDITIONAL STATIONS NEEDED		EXCESS ESRD STATIONS	
		2013	2018	2013	2018	2013	2018
HSA 1	154	155	121	1	0	0	33
HSA 2	152	146	116	0	0	6	36
HSA 3	158	143	113	0	0	15	45
HSA 4	168	174	136	6	0	0	32
HSA 5	187	172	135	0	0	15	52
HSA 6	1,085	1,167	895	82	0	0	190
HSA 7	1,168	1,219	954	51	0	0	214
HSA 8	356	340	276	0	0	16	80
HSA 9	251	204	166	0	0	47	85
HSA 10	86	70	54	0	0	16	32
HSA 11	165	170	130	5	0	0	35
ILLINOIS TOTAL	**3,930**	**3,960**	**3,096**	**145**	**0**	**115**	**834**

AMBULATORY SURGICAL TREATMENT CENTERS

ASTC PLANNING AREAS	ASTC FACILITIES	OPERATING ROOMS
HSA 1	4	11
HSA 2	6	18
HSA 3	5	12
HSA 4	15	41
HSA 5	10	20
HSA 6	22	57
HSA 7	48	152
HSA 8	15	43
HSA 9	9	25
HSA 10	4	9
HSA 11	10	19
ILLINOIS TOTAL	**148**	**407**

The Center for Diabetes, Nutrition, Obesity & Metabolism
Information for Dialysis Project

History:

The *Center for Diabetes* at Saint Anthony Hospital began as a formal operation in 2007, through collaboration with Rush Presbyterian St Luke's Medical Center. Prior to this time, multiple care models had been implemented (with varying levels of success and high staff turnover) none of which resulted in an extensively researched plan to promote *diabetes education* or its *clinical applications* in-hospital or in the community in a coordinated fashion. The grant funding for the Rush-St. Anthony collaboration ended in November 2007.

In 2008 SAH hired a manager to accomplish the goals of; 1) Obtaining recognition by the American Diabetes Association; 2) Offering diabetes education and self management services to all patients & families; 3) Reviewing, and updating educational content and documents as mandated by the American Diabetes Association (ADA); 4) Promoting our multicultural Center for Diabetes to radio, print and television media to inform our target audience of current diabetes advances; 5) In-servicing, educating and updating physicians, nurses, residents/students and clinical staff regarding diabetes management and education principals; 6) growing and expanding the Center to become a cornerstone of SAH clinical services.

Market Place Needs:

Residents of Chicago's West Side are among the most disadvantaged communities in Chicago. They are un-insured or under-insured and many exist at or below current poverty levels. Employment opportunities are limited, and if found, detract from family and healthy lifestyle activities. Much of our neighborhood population are recent immigrants from, Mexico and South America and have not yet mastered the English language. Moreover, reliance on folklore and home remedies to prevent or cure diabetes represents the foundation of their alliance with the medical community. Additionally, our African American neighborhood dwellers are an ever increasing segment of Saint Anthony Hospital's neighborhood. High school dropout rates are astronomical and contribute to low literacy levels. Additionally, they are a group that perceives diabetes as a punishment from God or conversely, results from eating too many sweets. Often, prayer is a mechanism they use to manage their diabetes. Both populations have great difficulty accessing and navigating the services of today's complex health care system.

The Center for Diabetes will enable community members with diabetes to improve their health and longevity through participation in our educational service.

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

- The Hispanic segment is growing faster than any other in the Chicago Area.
- Hispanics and African Americans in our community are less educated receive less aggressive therapy for their medical problems (i.e., cardiovascular disease, hypertension, peripheral disease, and renal disease).
- Our consumers seek current, personalized, diabetes management information that is pertinent to their situation, in an easy to understand language that meets their health care needs.

The market for our product is a direct result of the ever-increasing incidence of diabetes in our community.

Project: Design & Development:

Diabetes can impact different aspects of a patient's health. Because each patient has a unique set of needs related to their diabetes care, the diabetes team of specialists are here to assist in each patient's individualized care.

In a January 2006 report Saint Anthony Hospital representatives stated, "*Health in West and South Chicago is in a state of transition and SAH desires to be more than a hospital in order to help the community transform.*" It would appear most reasonable to help the community with exactly what they require... that is to say, invest in diabetes education and management services, obesity services, podiatry services and the infrastructure for outreach to facilitate professional and patient education to a broader, targeted consumer base with more of a personal commitment for all involved.

The range of services we do provide include:

Nurse Practitioner:	Medical & Nursing Management
Certified Diabetes Educator:	Diabetes Education
Dietitian:	Medical Nutrition Therapy

Services would include offering diabetes health & education services to our patients, professional staff (in-hospital and at local physician offices) & the community-at-large, in order to be viewed as a resource for diabetes and metabolic concerns.

The range of services we could provide include

Podiatry:	Foot Care

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Neurology:	Nerve Evaluation
Endocrinology:	Medical Management
Cardiology:	Cardiovascular Evaluation & Management
Ophthalmology:	Ophthalmologic Evaluation & Management
Wound Care:	Treatment, Healing & Educational Services
Social Services:	Economic Support & Assistance

A successful *"state of the art"* diabetes center would include the services listed above. Incorporating these additional services would cause the Center for Diabetes to be a readily identifiable cornerstone of clinical and education services for all persons with diabetes. This would be a win-win situation for physicians through compliance with Diabetes Standards of Care, improved patient health and clinical outcomes and financially for SAH. In order to expand the Center, hospital administration must be open to explore and establish a distinctive diabetes model that emulates major centers of *Diabetes Excellence* across the nation. The addition of the above services could be integrated into the cadre of services the hospital currently offers and would further add value to the hospitals Center for Diabetes.
Among persons with diabetes: *2 of 5 have poor cholesterol control*;
1 in 3 have poor blood pressure control and; *1 in 5 have poor blood glucose control.*
Industry trends reveal that primary care physician offices are not 100 percent capable of effectively managing diabetes. Thus, primary care satellite offices in the community would benefit from the services we have to offer all patients with the chronic problem of diabetes.

Our goal is to reach those affected with Type 1, Type 2 and Gestational Diabetes Mellitus through an intensive marketing effort to community residents, their families and internally, to our physicians and staff. The Center for Diabetes has no marketing budget at this time. However, the manager for the Center for Diabetes has met with the marketing department to develop strategies to pursue for print and media distribution in order to get the word out about the SAH Center for Diabetes. Additionally, we have had discussions about adding a diabetes component to the SAH website that patients could navigate to see what diabetes related services we can offer them. SAH must have diabetes at the forefront of its marketing strategy. In order to be effective we must saturate the market with public service announcements, interviews and articles to local newspapers (on a regular basis), so that community leaders, religious organizations, community physicians, St Anthony's physician center and urban dwellers will consider Saint Anthony as the first choice of where they *"want"* to go for their diabetes and general health care.

Competition:

There are approximately **269 hospitals** within the boundaries of Cook County. Currently, only nineteen hold the prestigious Recognition conferred by the American Diabetes Association for providing quality educational services. Despite the growing number of

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

programs in the Chicago-metro area, several do not carry American Diabetes Association Recognition. Those that have not achieved "Recognition Status" leave gaps in the breadth and depth of education they provide. No competitor focuses on being the single source of diabetes self management training and information for the Latino or African American urban dweller or for our community. The Center for Diabetes at Saint Anthony Hospital will be the only bilingual, customized health information destination that supports interactive community and provider activities and makes the issues of our community health care consumers a priority.

Our diabetes competition comes from other community based institutions on the west side of Chicago (Sinai, St Mary's, Lawndale Christian, St Bernard, and University of Illinois); Several of these programs do not have experienced personnel in diabetes, do not offer education services in Spanish or do not have an a established diabetes infrastructure. This inexperience gives us an advantage over our competitors.

Conclusion:

The health and wellness of residents of Chicago's West Side are of major importance to us at Saint Anthony Hospital. The chronic conditions of diabetes, obesity, cardiovascular disease and metabolic problems plague our community.

We must play an active role to alleviate the suffering, costly, and deadly complications affecting our community residents. The Center for Diabetes at Saint Anthony Hospital has met the criteria for *ADA Recognition,* and through this process, has been able to demonstrate our strength and quality regarding patient care, by conveying clinically referenced, evidenced-based information for patients and staff education. We have been monitoring outpatient goal achievements and have patient satisfaction survey data as well as clinical outcome data. The Center for Diabetes is prepared to grow and expand to meet the needs of our diabetes population. There is much work to do! We look to Saint Anthony administration to support and facilitate further growth and development of the Center for Diabetes. We remain committed to the hospitals Mission:

Saint Anthony Hospital lives out the loving ministry of Jesus Christ, offering health, healing and hope to the families of our community.

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued VII)

Criterion 1110.230 - Project Purpose, Background and Alternatives

ALTERNATIVES

1) Document **ALL** of the alternatives to the proposed project:

Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, 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.

The alternatives to this project are, in fact, limited. A smaller project conceivably would be to maintain the status quo and not proceed with the project. Conversely, a project of greater scope could conceivably be anything up to the State's identified need for stations of up to 76 additional ESRD. For this reason, the Applicant exhaustively examined the alternatives of to best address the needs within the identified market area and to size the project accordingly. In reality, maintaining the status quo would be the same as supporting a freestanding dialysis facility because these alternatives refer to utilizing existing ESRD resources and/or additional stations or facilities by the same national for-profit ESRD chains currently providing the majority of the dialysis services in Illinois. Therefore, the Applicant believes that there are only two real alternatives; continuing to utilize traditional dialysis providers or the comprehensive services model project as being proposed.

CONTINUED UTILIZATION OF TRADITIONAL ESRD PROVIDERS

Cost

With an outstanding need for 76 additional dialysis stations within the Planning Area and with the demographics comprising the Applicant's market area, the issue is not where to establish an ESRD facility but rather who will establish the facility and for how many stations. The State's standards for total gross square feet per station and cost per square foot along with

ATTACHMENT-13

the equipment cost standard per station, among others, will result in cost regardless of the provider that are similar to the cost being proposed. Therefore, this issue is not a factor in determining the validity of this alternative.

Patient Access

There are many in the dialysis industry who argue that due to the rates of obesity, diabetes and hypertension/high blood pressure that it would be hard to establish dialysis facilities to keep up with the need for the services. It is because of this mindset that the "usual" providers will continue applying for Certificate of Need permits to establish facilities for the In-Center Hemo-Dialysis category of service. The "typical" approach to End Stage Dialysis Service is to establish an independent or affiliated ESRD facility. The problem with this approach is that within this market area, there are large levels of impoverished or disenfranchised Latino and African American populations as compared to the City of Chicago or the entire State of Illinois.

Zip Code	60608	%	60609	%	60623	%	60629	%	60632	%	60804	%	TOTAL	%
Total Population	82,739		64,906		92,108		113,916		91,326		84,573		529,568	
Black/African American	15,707	19%	19,275	30%	31,391	34%	26,952	24%	2,244	2%	3,529	4%	99,098	19%
Hispanic/Latino	46,289	56%	34,489	53%	59,438	65%	76,575	67%	76,902	84%	73,200	87%	366,893	69%
% of Total	61,996	75%	53,764	83%	90,829	99%	103,527	91%	79,146	87%	76,729	91%	465,991	88%
Median HH Income	$ 28,026		$ 25,705		$ 28,203		$ 40,279		$ 37,407		$ 38,044			
% of Poverty Level		33.5%		53.9%		45.4%		20.9%		21.3%		22.6%		

Source: U.S. Census Bureau American Fact Finder 2010 Demographic Profile Data

Income data provided by ZipAtlas.com(10/24/2012)

The experienced market place needs require a simpler and comprehensive approach to receiving the required care for renal disease. For the population being served and to be served, the Saint

Anthony Hospital is the primary care resource. It is the Saint Anthony Hospital's medical staff who refers the patients to the nephrologists. Under the current system, when a patient is referred to a nephrologist the follow through is often fraught with challenges. This population encounters many barriers to medical care including employment, language, low literacy rates along with superstitions of many immigrants. The number of employed in this market comprise a low percentage and if a job is found, often the schedule does not provide for flexibility needed to attend dialysis, the required health education and follow-up care that dialysis mandates. Accordingly, to provide more of the same is not effective with this population. This community needs a coordinated and comprehensive approach. Any patient on dialysis should have a comprehensive treatment plan that can be provided in one location as this disease is already too intrusive to a "normal" life. For this reason this alternative was rejected.

Quality

The State has quality outcome standards that have to be adhered to; as such, quality at a minimum is not an issue. The issue is to provide an all-inclusive plan of treatment, in one location, to provide the least disruption to an already devastating health issue. To provide more of the same does not reduce the number of recidivism rates that Saint Anthony Hospital experiences. Saint Anthony Hospital had 259 patients that were admitted between 2010 to present with the primary need for dialysis. Fifty-one of these 259 patients were admitted on multiple occasions for not following the required treatment protocol. This represents a recidivism rate of nearly 20 percent (19.7%). To complicate the matter, these specific patients returned an average

of three times during this time. Missing treatments and/or not following the treatment protocols increases the patient's rates of mortality.

Financial Benefits

The financial benefit for Saint Anthony Hospital comes in its ability to reduce the rates of recidivism of dialysis patients who cannot follow the treatment plan. Cost for inpatient dialysis treatments have consistently increased. In each fiscal year from 2010 and projected through 2013, the cost per treatment, contracted with Fresenius, is approximately $347, $365, $385, and $405 for each year respectively. This represents a total net increase of 16 percent in four years.

PROJECT AS BEING PROPOSED

Cost

The proposed project has a cost of $3,054,243. This cost projection represents the dialysis facility and its space to be leased. Within this multi-tenant structure, Saint Anthony Hospital will also lease the balance of the space to provide an outpatient and primary care clinic. The primary care clinic will provide immediate care, occupational medicine, physical therapy and dental care. Having the dialysis facility situated within a primary care clinic allows for synergies to be realized that far outweigh the cost of the proposed project.

Patient Access

Saint Anthony Hospital has found that in addition to the patient admissions with a primary need for dialysis, renal disease has a myriad of co-morbidities for which a patient often also needs treatment. Appended as **ATTACHMENT-13A** is a listing of all patients admitted to Saint Anthony Hospital who received dialysis. Saint Anthony Hospital provides mobile dialysis

through contract service as it does not have the space to provide a dedicated dialysis unit. The listing provides the ICD procedure ranking for which a "1" indicated the primary diagnosis was for dialysis. The number "2" indicates that the primary diagnosis was for a co-morbidity illness with a secondary diagnosis of needing dialysis. Numbers "3" thru "15" indicate co-morbidities before the need for dialysis. The patients ranked 1-4 are patients with chronic renal disease and need long-term ESRD service, education, follow-up and then possibly alternative treatments such as peritoneal dialysis or transplant. These patients are largely uninsured or underinsured. Over 50 percent of Saint Anthony Hospital patients are Medicaid recipients and nearly 5 percent (4.8%) receive charity care. Specifically 57.4 percent of Saint Anthony Hospital's patients are Hispanic and 34.6 percent are African American. Refer to **ATTACHMENT-13B** for the Hospital's latest IDPH Annual Profile from the CY2011 annual IDPH Facility Questionnaire Form. This is largely an impoverished and disenfranchised population with barriers to traditional renal disease care protocols. The proposed coordinated and comprehensive approach to provide care and education for dialysis and the co-morbidities will improve resultant accessibility.

Quality

The Applicant does not question the quality of the care that is being provided through the more traditional dialysis providers. The issue is one of meeting the needs of a population with barriers to traditional care. Therefore, this project presents an alternative that can provide care and education to the communities for which Saint Anthony Hospital is already entrenched in, provides for the best possible if not improved quality outcomes. For this reason, this alternative was the most viable.

ATTACHMENT-13

SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES – INFORMATION REQUIREMENTS (Continued XII)

Criterion 1110.230 - Project Purpose, Background and Alternatives

ALTERNATIVES (Continued vi)

Financial Benefits

This alternative does represent a potential for financial benefits. Through the coordinated and comprehensive approach to provide dialysis care, education, and follow-up at one site and at the same time, Saint Anthony Hospital predicts improved outcomes of its patients which can result in patients being more able to maintain employment and care for their families. This benefit is hard to estimate. The project will also strengthen Saint Anthony Hospital's ability to cross subsidize its safety net services and to provide an increased amount of charity care.

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

This alternative is not based solely or in part on improved quality of care except in how the coordinated and comprehensive approach to providing care, education and patient follow-up may improve accessibility and result in potentially improved outcomes. Therefore, this item appears to be not germane.

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

#	Patient Initial	Pat_State	Patient Zip Code	Physician Specialty	Admit Date	Rank	ICD9 Procedure Code	ICD9 Procedure Description
1	AC	IL	60623	Internal Medicine	2/2/2011	1	3995	HEMODIALYSIS
2	AL	IL	60623	Internal Medicine	7/16/2010	1	3995	HEMODIALYSIS
3	AL	IL	60623	Family Medicine	8/22/2011	1	3995	HEMODIALYSIS
4	AL	IL	60623	Family Practice	11/19/2011	1	3995	HEMODIALYSIS
5	AL	IL	60623	Family Medicine	2/9/2012	1	3995	HEMODIALYSIS
6	AL	IL	60623	Family Medicine	2/27/2012	1	3995	HEMODIALYSIS
7	AL	IL	60623	Family Medicine	3/3/2012	1	3995	HEMODIALYSIS
8	AL	IL	60623	Family Medicine	6/2/2012	1	3995	HEMODIALYSIS
9	AR	IL	60621	Cardiovascular Disease	11/28/2010	1	3995	HEMODIALYSIS
10	AV	IL	60632	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
11	AV	IL	60632	Family Medicine	12/20/2011	1	3995	HEMODIALYSIS
12	BA	IL	60623	Psychiatry	7/2/2010	1	3995	HEMODIALYSIS
13	BA	IL	60623	Family Practice	9/5/2010	1	3995	HEMODIALYSIS
14	BA	IL	60623	Psychiatry	1/12/2011	1	3995	HEMODIALYSIS
15	BA	IL	60623	Psychiatry	4/29/2011	1	3995	HEMODIALYSIS
16	BA	IL	60623	Psychiatry	5/15/2011	1	3995	HEMODIALYSIS
17	BA	IL	60632	Internal Medicine	5/3/2011	1	3995	HEMODIALYSIS
18	BR	IL	60623	Family Practice	6/15/2010	1	3995	HEMODIALYSIS
19	BR	IL	60629	Internal Medicine	5/27/2012	1	3995	HEMODIALYSIS
20	BU	IL	60608	Internal Medicine	5/4/2010	1	3995	HEMODIALYSIS
21	CA	IL	60632	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
22	CA	IL	60645	Family Practice	6/23/2011	1	3995	HEMODIALYSIS
23	CA	IL	60645	Family Practice	10/26/2011	1	3995	HEMODIALYSIS
24	CA	IL	60645	Family Practice	11/14/2011	1	3995	HEMODIALYSIS
25	CA	IL	60645	Family Practice	12/8/2011	1	3995	HEMODIALYSIS
26	CA	IL	60645	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
27	CA	IL	60623	Internal Medicine	7/11/2011	1	3995	HEMODIALYSIS
28	CA	IL	60623	Internal Medicine	7/7/2010	1	3995	HEMODIALYSIS
29	CA	IL	60647	Family Practice	1/21/2010	1	3995	HEMODIALYSIS
30	CA	IL	60647	Family Practice	10/10/2010	1	3995	HEMODIALYSIS
31	CA	IL	60647	Family Practice	8/24/2011	1	3995	HEMODIALYSIS
32	CA	IL	60629	Internal Medicine	9/30/2010	1	3995	HEMODIALYSIS
33	CA	IL	60629	Internal Medicine	7/26/2011	1	3995	HEMODIALYSIS
34	CE	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
35	CE	IL	60623	Internal Medicine	11/20/2010	1	3995	HEMODIALYSIS
36	CE	IL	60623	Internal Medicine	1/8/2011	1	3995	HEMODIALYSIS
37	CO	IL	60612	Internal Medicine	5/30/2012	1	3995	HEMODIALYSIS
38	CO	IL	60623	Internal Medicine	4/26/2012	1	3995	HEMODIALYSIS
39	CO	IL	60608	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
40	CO	IL	60608	Internal Medicine	5/9/2011	1	3995	HEMODIALYSIS
41	CO	IL	60609	Internal Medicine	5/20/2010	1	3995	HEMODIALYSIS
42	CO	IL	60644	Internal Medicine	4/2/2012	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

43	DA	IL	60608	Family Medicine	4/13/2010	1	3995	HEMODIALYSIS
44	DA	IL	60608	Family Practice	5/27/2010	1	3995	HEMODIALYSIS
45	DA	IL	60130	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
46	DE	IL	60623	Internal Medicine	1/20/2011	1	3995	HEMODIALYSIS
47	DI	IL	60632	Family Practice	3/6/2012	1	3995	HEMODIALYSIS
48	DI	IL	60632	Family Medicine	4/23/2012	1	3995	HEMODIALYSIS
49	DO	IL	60623	Internal Medicine	7/18/2010	1	3995	HEMODIALYSIS
50	EN	IL	60623	Internal Medicine	1/31/2012	1	3995	HEMODIALYSIS
51	EN	IL	60623	Internal Medicine	6/20/2012	1	3995	HEMODIALYSIS
52	ES	IL	60629	Internal Medicine	7/8/2010	1	3995	HEMODIALYSIS
53	FL	IL	60623	Internal Medicine	12/18/2011	1	3995	HEMODIALYSIS
54	FL	IL	60608	Internal Medicine	3/4/2011	1	3995	HEMODIALYSIS
55	FO	IL	60623	Internal Medicine	1/16/2011	1	3995	HEMODIALYSIS
56	GA	IL	60608	Internal Medicine	2/2/2012	1	3995	HEMODIALYSIS
57	GO	IL	60654	Internal Medicine	5/8/2012	1	3995	HEMODIALYSIS
58	GO	IL	60707	Family Practice	9/14/2010	1	3995	HEMODIALYSIS
59	GO	IL	60707	Family Practice	3/18/2012	1	3995	HEMODIALYSIS
60	GO	IL	60632	Internal Medicine	7/29/2011	1	3995	HEMODIALYSIS
61	GO	IL	60632	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
62	GO	IL	60632	Internal Medicine	4/14/2012	1	3995	HEMODIALYSIS
63	GO	IL	60632	Internal Medicine	6/1/2012	1	3995	HEMODIALYSIS
64	GR	IL	60623	Endocrinology / Diabetes	1/2/2011	1	3995	HEMODIALYSIS
65	GR	IL	60623	Endocrinology / Diabetes	2/4/2011	1	3995	HEMODIALYSIS
66	GU	IL	60638	Internal Medicine	7/4/2010	1	3995	HEMODIALYSIS
67	GU	IL	60638	Internal Medicine	7/28/2010	1	3995	HEMODIALYSIS
68	GU	IL	60638	Internal Medicine	8/12/2010	1	3995	HEMODIALYSIS
69	GU	IL	60638	Internal Medicine	1/24/2012	1	3995	HEMODIALYSIS
70	HA	IL	60624	Family Medicine	11/15/2010	1	3995	HEMODIALYSIS
71	HA	IL	60644	Internal Medicine	9/16/2010	1	3995	HEMODIALYSIS
72	HA	IL	60302	Internal Medicine	10/18/2011	1	3995	HEMODIALYSIS
73	HA	IL	60804	Family Medicine	1/15/2011	1	3995	HEMODIALYSIS
74	HE	IL	60644	Family Medicine	10/4/2010	1	3995	HEMODIALYSIS
75	HE	IL	60647	Internal Medicine	8/24/2010	1	3995	HEMODIALYSIS
76	HO	IL	60130	Internal Medicine	10/4/2011	1	3995	HEMODIALYSIS
77	HU	IL	60623	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
78	IS	IL	60632	Family Practice	12/13/2011	1	3995	HEMODIALYSIS
79	IS	IL	60632	Internal Medicine	12/27/2011	1	3995	HEMODIALYSIS
80	JE	IL	60616	Family Practice	3/22/2010	1	3995	HEMODIALYSIS
81	JI	IL	60609	Internal Medicine	9/13/2011	1	3995	HEMODIALYSIS
82	JO	IL	60644	Family Practice	3/9/2010	1	3995	HEMODIALYSIS
83	KI	IL	60624	Internal Medicine	2/2/2010	1	3995	HEMODIALYSIS
84	KI	IL	60624	Internal Medicine	8/20/2010	1	3995	HEMODIALYSIS
85	KI	IL	60624	Internal Medicine	10/30/2010	1	3995	HEMODIALYSIS
86	LA	IL	60804	Pediatrics	11/29/2010	1	3995	HEMODIALYSIS
87	LE	IL	60608	Internal Medicine	2/1/2011	1	3995	HEMODIALYSIS
88	LE	IL	60608	Internal Medicine	8/29/2011	1	3995	HEMODIALYSIS
89	LE	IL	60623	Internal Medicine	1/18/2010	1	3995	HEMODIALYSIS
90	LO	IL	60649	Internal Medicine	7/30/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

91	LC	IL	60608	Internal Medicine	11/24/2010	1	3995	HEMODIALYSIS
92	LC	IL	60608	Internal Medicine	1/30/2011	1	3995	HEMODIALYSIS
93	LC	IL	60608	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
94	M	IL	60608	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
95	M	IL	60632	Family Medicine	7/10/2011	1	3995	HEMODIALYSIS
96	M	IL	60623	Family Medicine	9/23/2010	1	3995	HEMODIALYSIS
97	M	IL	60632	Internal Medicine	2/4/2011	1	3995	HEMODIALYSIS
98	M	IL	60644	Family Practice	7/14/2010	1	3995	HEMODIALYSIS
99	M	IL	60644	Internal Medicine	10/24/2010	1	3995	HEMODIALYSIS
100	M	IL	60616	Internal Medicine	8/4/2010	1	3995	HEMODIALYSIS
101	M	IL	60616	Internal Medicine	10/26/2010	1	3995	HEMODIALYSIS
179	M	IL	60616	Internal Medicine	10/28/2011	1	3995	HEMODIALYSIS
180	M	IL	60623	Family Medicine	2/1/2010	1	3995	HEMODIALYSIS
181	M	IL	60623	Family Medicine	1/5/2011	1	3995	HEMODIALYSIS
182	M	IL	60623	Family Medicine	2/18/2011	1	3995	HEMODIALYSIS
183	M	IL	60623	Family Medicine	3/28/2011	1	3995	HEMODIALYSIS
184	M	IL	60632	Internal Medicine	11/27/2011	1	3995	HEMODIALYSIS
185	M	IL	60623	Internal Medicine	9/26/2010	1	3995	HEMODIALYSIS
186	M	IL	60623	Internal Medicine	7/14/2011	1	3995	HEMODIALYSIS
187	M	IL	60623	Family Medicine	3/17/2010	1	3995	HEMODIALYSIS
188	M	IL	60623	Family Medicine	5/8/2010	1	3995	HEMODIALYSIS
189	M	IL	60623	Family Medicine	3/22/2011	1	3995	HEMODIALYSIS
190	M	IL	60623	Internal Medicine	5/30/2011	1	3995	HEMODIALYSIS
191	M	IL	60623	Internal Medicine	12/21/2011	1	3995	HEMODIALYSIS
192	M	IL	60623	Internal Medicine	5/21/2012	1	3995	HEMODIALYSIS
193	M	IL	60609	Internal Medicine	10/24/2011	1	3995	HEMODIALYSIS
194	M	IL	60632	Internal Medicine	8/8/2010	1	3995	HEMODIALYSIS
195	M	IL	60632	Family Practice	8/25/2010	1	3995	HEMODIALYSIS
196	M	IL	60632	Family Practice	10/1/2010	1	3995	HEMODIALYSIS
197	M	IL	60632	Family Practice	10/17/2010	1	3995	HEMODIALYSIS
198	M	IL	60632	Internal Medicine	8/7/2011	1	3995	HEMODIALYSIS
199	M	IL	60624	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
200	M	IL	60629	Family Medicine	4/28/2010	1	3995	HEMODIALYSIS
201	M	IL	60629	Family Medicine	7/8/2010	1	3995	HEMODIALYSIS
202	M	IL	60629	Psychiatry	7/10/2010	1	3995	HEMODIALYSIS
203	M	IL	60629	Internal Medicine	12/20/2010	1	3995	HEMODIALYSIS
204	M	IL	60644	Internal Medicine	8/1/2011	1	3995	HEMODIALYSIS
205	N	IL	60608	Internal Medicine	6/16/2012	1	3995	HEMODIALYSIS
206	N	IL	60652	Internal Medicine	6/15/2011	1	3995	HEMODIALYSIS
207	N	IL	60626	Psychiatry	1/5/2010	1	3995	HEMODIALYSIS
208	N	IL	60623	Internal Medicine	5/13/2011	1	3995	HEMODIALYSIS
209	N	IL	60623	Family Practice	1/3/2012	1	3995	HEMODIALYSIS
210	N	IL	60623	Internal Medicine	5/4/2012	1	3995	HEMODIALYSIS
211	N	IL	60632	Internal Medicine	11/1/2010	1	3995	HEMODIALYSIS
212	N	IL	60632	Internal Medicine	11/29/2010	1	3995	HEMODIALYSIS
213	N	IL	60632	Internal Medicine	12/5/2010	1	3995	HEMODIALYSIS
214	N	IL	60632	Family Practice	5/22/2011	1	3995	HEMODIALYSIS
215	N	IL	60632	Internal Medicine	8/31/2011	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

216	N	IL	60632	Internal Medicine	2/5/2012	1	3995	HEMODIALYSIS
217	O	IL	60612	Internal Medicine	6/25/2010	1	3995	HEMODIALYSIS
218	O	IL	60612	Internal Medicine	9/3/2010	1	3995	HEMODIALYSIS
219	O	IL	60612	Internal Medicine	9/6/2010	1	3995	HEMODIALYSIS
220	O	IL	60612	Internal Medicine	12/10/2010	1	3995	HEMODIALYSIS
221	O	IL	60612	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
222	O	IL	60623	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
223	O	IL	60612	Internal Medicine	4/8/2011	1	3995	HEMODIALYSIS
224	O	IL	60612	Internal Medicine	5/24/2011	1	3995	HEMODIALYSIS
225	O	IL	60612	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
226	P	IL	60162	Internal Medicine	4/19/2010	1	3995	HEMODIALYSIS
227	P	IL	60623	Internal Medicine	8/21/2011	1	3995	HEMODIALYSIS
228	P	IL	60623	Internal Medicine	10/19/2011	1	3995	HEMODIALYSIS
229	P	IL	60623	Internal Medicine	1/5/2010	1	3995	HEMODIALYSIS
230	P	IL	60623	Family Practice	3/27/2012	1	3995	HEMODIALYSIS
231	P	IL	60160	Family Medicine	9/26/2011	1	3995	HEMODIALYSIS
232	P	IL	60609	Internal Medicine	3/7/2012	1	3995	HEMODIALYSIS
233	P	IL	60623	Internal Medicine	3/13/2011	1	3995	HEMODIALYSIS
234	R	IL	60632	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
235	R	IL	60625	Internal Medicine	1/6/2012	1	3995	HEMODIALYSIS
236	R	IL	60616	Family Practice	11/21/2010	1	3995	HEMODIALYSIS
237	R	IL	60616	Family Practice	6/15/2011	1	3995	HEMODIALYSIS
238	R	IL	60616	Family Practice	7/20/2011	1	3995	HEMODIALYSIS
239	R	IL	60623	Cardiovascular Disease	6/13/2012	1	3995	HEMODIALYSIS
240	R	IL	60612	Internal Medicine	9/7/2011	1	3995	HEMODIALYSIS
241	R	IL	60644	Internal Medicine	1/15/2011	1	3995	HEMODIALYSIS
242	R	IL	60644	Internal Medicine	2/13/2012	1	3995	HEMODIALYSIS
243	R	IL	60644	Internal Medicine	3/19/2012	1	3995	HEMODIALYSIS
244	R	IL	60652	Internal Medicine	5/6/2010	1	3995	HEMODIALYSIS
245	R	IL	60623	Internal Medicine	5/3/2010	1	3995	HEMODIALYSIS
246	R	IL	60644	Endocrinology / Diabetes	2/11/2010	1	3995	HEMODIALYSIS
247	R	IL	60644	Internal Medicine	6/22/2010	1	3995	HEMODIALYSIS
248	R	IL	60623	Family Practice	5/25/2010	1	3995	HEMODIALYSIS
249	R	IL	60623	Internal Medicine	1/28/2010	1	3995	HEMODIALYSIS
250	R	IL	60623	Internal Medicine	3/8/2010	1	3995	HEMODIALYSIS
251	R	IL	60623	Internal Medicine	3/14/2010	1	3995	HEMODIALYSIS
252	R	IL	60623	Family Practice	8/30/2010	1	3995	HEMODIALYSIS
253	R	IL	60623	Internal Medicine	11/2/2010	1	3995	HEMODIALYSIS
254	R	IL	60632	Pediatrics	6/21/2011	1	3995	HEMODIALYSIS
255	S	IL	60632	Internal Medicine	1/19/2012	1	3995	HEMODIALYSIS
256	S	IL	60402	Internal Medicine	4/6/2012	1	3995	HEMODIALYSIS
257	S	IL	60402	Internal Medicine	6/12/2012	1	3995	HEMODIALYSIS
258	S	IL	60609	Family Practice	11/30/2010	1	3995	HEMODIALYSIS
259	S	IL	60609	Psychiatry	12/11/2010	1	3995	HEMODIALYSIS
260	S	IL	60609	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
261	S	IL	60608	Internal Medicine	1/12/2010	1	3995	HEMODIALYSIS
262	S	IL	60608	Internal Medicine	3/24/2010	1	3995	HEMODIALYSIS
263	S	IL	60608	Internal Medicine	6/19/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

264	SP	IL	60660	Psychiatry	8/9/2011	1	3995	HEMODIALYSIS
265	SP	IL	60660	Psychiatry	9/21/2011	1	3995	HEMODIALYSIS
266	SP	IL	60660	Psychiatry	10/21/2011	1	3995	HEMODIALYSIS
267	TA	IL	60623	Internal Medicine	1/9/2012	1	3995	HEMODIALYSIS
268	TI	IL	60623	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
269	TR	IL	60632	Family Practice	5/8/2010	1	3995	HEMODIALYSIS
270	TR	IL	60623	Internal Medicine	3/30/2010	1	3995	HEMODIALYSIS
271	TR	IL	60623	Internal Medicine	5/11/2010	1	3995	HEMODIALYSIS
272	TR	IL	60623	Internal Medicine	5/25/2010	1	3995	HEMODIALYSIS
273	TR	IL	60623	Internal Medicine	12/27/2010	1	3995	HEMODIALYSIS
274	TR	IL	60623	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
275	TR	IL	60623	Internal Medicine	1/14/2011	1	3995	HEMODIALYSIS
276	TR	IL	60623	Internal Medicine	4/20/2011	1	3995	HEMODIALYSIS
277	TR	IL	60623	Internal Medicine	8/25/2011	1	3995	HEMODIALYSIS
278	TR	IL	60623	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
279	TR	IL	60623	Internal Medicine	10/11/2011	1	3995	HEMODIALYSIS
280	TR	IL	60623	Internal Medicine	11/4/2011	1	3995	HEMODIALYSIS
281	TR	IL	60623	Cardiovascular Disease	12/24/2011	1	3995	HEMODIALYSIS
282	TR	IL	60623	Internal Medicine	2/8/2012	1	3995	HEMODIALYSIS
283	TR	IL	60623	Internal Medicine	4/5/2012	1	3995	HEMODIALYSIS
284	U	IL	60827	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
285	W	IL	60644	Internal Medicine	3/20/2010	1	3995	HEMODIALYSIS
286	W	IL	60302	Internal Medicine	3/3/2010	1	3995	HEMODIALYSIS
287	W	IL	60623	Family Medicine	1/1/2010	1	3995	HEMODIALYSIS
288	W	IL	60623	Internal Medicine	6/8/2010	1	3995	HEMODIALYSIS
289	W	IL	60623	Internal Medicine	10/6/2010	1	3995	HEMODIALYSIS
290	W	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
291	W	IL	60623	Internal Medicine	1/25/2011	1	3995	HEMODIALYSIS
292	W	IL	60623	Internal Medicine	4/5/2011	1	3995	HEMODIALYSIS
293	W	IL	60623	Family Practice	5/28/2012	1	3995	HEMODIALYSIS
294	W	IL	60623	Internal Medicine	6/5/2012	1	3995	HEMODIALYSIS
295	W	IL	60623	Internal Medicine	6/30/2012	1	3995	HEMODIALYSIS
	AL	IL	60623	Internal Medicine	2/5/2010	2	3995	HEMODIALYSIS
	AL	IL	60623	Family Medicine	4/4/2012	2	3995	HEMODIALYSIS
	AN	IL	60653	Internal Medicine	6/3/2010	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	4/29/2011	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	5/15/2011	2	3995	HEMODIALYSIS
	BA	IL	60632	Internal Medicine	8/29/2011	2	3995	HEMODIALYSIS
	BE	IL	60623	Family Medicine	12/20/2010	2	3995	HEMODIALYSIS
	BR	IL	60623	Family Practice	7/5/2010	2	3995	HEMODIALYSIS
	BR	IL	60609	Internal Medicine	2/10/2010	2	3995	HEMODIALYSIS
	CA	IL	60632	Family Medicine	3/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/3/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/9/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/6/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/19/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	1/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/15/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	CA	IL	60645	Family Practice	3/14/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	4/22/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	5/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/1/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/20/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/13/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/28/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60609	Internal Medicine	3/6/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Family Medicine	4/19/2012	2	3995	HEMODIALYSIS
	CA	IL	60608	Family Practice	3/12/2011	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/13/2010	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/4/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Internal Medicine	7/26/2011	2	3995	HEMODIALYSIS
	CE	IL	60623	Internal Medicine	12/7/2010	2	3995	HEMODIALYSIS
	CO	IL	60632	Internal Medicine	1/18/2012	2	3995	HEMODIALYSIS
	CO	IL	60402	Family Practice	11/4/2011	2	3995	HEMODIALYSIS
	CU	IL	60623	Internal Medicine	5/3/2011	2	3995	HEMODIALYSIS
	DA	IL	60647	Family Practice	6/22/2012	2	3995	HEMODIALYSIS
	DO	IL	60616	Internal Medicine	4/7/2012	2	3995	HEMODIALYSIS
	EN	IL	60623	Internal Medicine	1/17/2012	2	3995	HEMODIALYSIS
	GO	IL	60707	Family Practice	6/20/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	8/15/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	9/5/2011	2	3995	HEMODIALYSIS
	GU	IL	60638	Internal Medicine	2/17/2011	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	2/19/2010	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	3/6/2011	2	3995	HEMODIALYSIS
	HE	IL	60629	Family Medicine	1/5/2010	2	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	3/29/2010	2	3995	HEMODIALYSIS
	JIM	IL	60609	Internal Medicine	7/7/2011	2	3995	HEMODIALYSIS
	JIM	IL	60609	Internal Medicine	2/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60644	Family Practice	2/26/2010	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	11/26/2011	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/27/2012	2	3995	HEMODIALYSIS
	JO	IL	60645	Family Practice	1/4/2010	2	3995	HEMODIALYSIS
	KI	IL	60624	Internal Medicine	7/2/2010	2	3995	HEMODIALYSIS
	LA	IL	60804	Pediatrics	12/20/2010	2	3995	HEMODIALYSIS
	LE	IL	60608	Internal Medicine	8/1/2011	2	3995	HEMODIALYSIS
	LE	IL	60623	Internal Medicine	3/30/2010	2	3995	HEMODIALYSIS
	LO	IL	60644	Internal Medicine	2/3/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	6/16/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	8/3/2011	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	1/2/2012	2	3995	HEMODIALYSIS
	LO	IL	60623	Family Practice	7/7/2010	2	3995	HEMODIALYSIS
	LO	IL	60609	Internal Medicine	4/14/2010	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

LC	IL	60609	Internal Medicine	4/28/2010	2	3995	HEMODIALYSIS
M	IL	60608	Family Practice	5/24/2010	2	3995	HEMODIALYSIS
M	IL	60623	Family Medicine	5/8/2010	2	3995	HEMODIALYSIS
M	IL	60632	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
M	IL	60632	Family Medicine	2/12/2010	2	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	5/17/2010	2	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	11/14/2010	2	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	12/13/2010	2	3995	HEMODIALYSIS
M	IL	60623	Family Medicine	12/1/2010	2	3995	HEMODIALYSIS
M	IL	60623	Internal Medicine	5/29/2011	2	3995	HEMODIALYSIS
M	IL	60623	General Surgery	8/10/2011	2	3995	HEMODIALYSIS
M	IL	60632	Family Practice	10/29/2010	2	3995	HEMODIALYSIS
M	IL	60632	Family Practice	11/11/2010	2	3995	HEMODIALYSIS
M	IL	60632	Family Practice	3/21/2011	2	3995	HEMODIALYSIS
M	IL	60632	Family Practice	8/24/2011	2	3995	HEMODIALYSIS
M	IL	60623	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
M	IL	60623	Internal Medicine	10/2/2011	2	3995	HEMODIALYSIS
M	IL	60623	Internal Medicine	12/26/2011	2	3995	HEMODIALYSIS
M	IL	60629	Internal Medicine	11/8/2010	2	3995	HEMODIALYSIS
M	IL	60632	Family Practice	9/16/2010	2	3995	HEMODIALYSIS
M	IL	60632	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
M	IL	60632	Family Medicine	9/1/2011	2	3995	HEMODIALYSIS
M	IL	60629	Psychiatry	9/12/2011	2	3995	HEMODIALYSIS
M	IL	60623	Family Practice	2/22/2011	2	3995	HEMODIALYSIS
N	IL	60623	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
N	IL	60652	Internal Medicine	2/28/2011	2	3995	HEMODIALYSIS
N	IL	60644	Internal Medicine	2/16/2010	2	3995	HEMODIALYSIS
N	IL	60624	Internal Medicine	5/1/2011	2	3995	HEMODIALYSIS
N	IL	60632	Family Practice	5/22/2011	2	3995	HEMODIALYSIS
P	IL	60632	Internal Medicine	3/8/2012	2	3995	HEMODIALYSIS
P	IL	60162	Internal Medicine	5/26/2010	2	3995	HEMODIALYSIS
P	IL	60609	Internal Medicine	8/1/2010	2	3995	HEMODIALYSIS
P	IL	60609	Internal Medicine	6/22/2012	2	3995	HEMODIALYSIS
P	IL	60623	Internal Medicine	2/25/2010	2	3995	HEMODIALYSIS
R	IL	60616	Family Practice	12/23/2010	2	3995	HEMODIALYSIS
R	IL	60623	Cardiovascular Disease	6/30/2011	2	3995	HEMODIALYSIS
R	IL	60652	Internal Medicine	7/15/2010	2	3995	HEMODIALYSIS
R	IL	60644	Endocrinology / Diabetes	1/14/2010	2	3995	HEMODIALYSIS
R	IL	60609	Internal Medicine	12/9/2011	2	3995	HEMODIALYSIS
R	IL	60632	Internal Medicine	6/8/2012	2	3995	HEMODIALYSIS
S	IL	60623	Internal Medicine	8/10/2010	2	3995	HEMODIALYSIS
S	IL	60623	Internal Medicine	6/13/2011	2	3995	HEMODIALYSIS
S	IL	60660	Internal Medicine	8/13/2011	2	3995	HEMODIALYSIS
T	IL	60609	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
T	IL	60651	Psychiatry	6/22/2011	2	3995	HEMODIALYSIS
T	IL	60616	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
T	IL	60616	Internal Medicine	1/4/2012	2	3995	HEMODIALYSIS
T	IL	60623	Internal Medicine	1/1/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

U	IL	60608	Family Medicine	9/12/2010	2	3995	HEMODIALYSIS
V	IL	60608	Internal Medicine	6/11/2012	2	3995	HEMODIALYSIS
V	IL	60623	Family Practice	12/6/2011	2	3995	HEMODIALYSIS
W	IL	60644	Internal Medicine	4/22/2010	2	3995	HEMODIALYSIS
W	IL	60644	Internal Medicine	8/2/2010	2	3995	HEMODIALYSIS
W	IL	60644	Internal Medicine	8/13/2010	2	3995	HEMODIALYSIS
W	IL	60608	Family Medicine	7/22/2011	2	3995	HEMODIALYSIS
A	IL	60623	Internal Medicine	3/9/2010	3	3995	HEMODIALYSIS
A	IL	60623	Family Medicine	8/22/2011	3	3995	HEMODIALYSIS
B	IL	60623	Psychiatry	4/29/2011	3	3995	HEMODIALYSIS
B	IL	60632	Internal Medicine	8/14/2011	3	3995	HEMODIALYSIS
B	IL	60632	Internal Medicine	1/25/2012	3	3995	HEMODIALYSIS
B	IL	60644	Internal Medicine	10/22/2010	3	3995	HEMODIALYSIS
B	IL	60644	Family Practice	1/17/2010	3	3995	HEMODIALYSIS
B	IL	60623	Internal Medicine	10/3/2011	3	3995	HEMODIALYSIS
C	IL	60645	Family Practice	3/5/2010	3	3995	HEMODIALYSIS
C	IL	60645	Family Practice	3/26/2011	3	3995	HEMODIALYSIS
C	IL	60645	Family Practice	8/20/2011	3	3995	HEMODIALYSIS
C	IL	60645	Family Practice	4/24/2012	3	3995	HEMODIALYSIS
C	IL	60623	Internal Medicine	5/3/2011	3	3995	HEMODIALYSIS
D	IL	60616	Internal Medicine	1/9/2012	3	3995	HEMODIALYSIS
F	IL	60623	Internal Medicine	12/2/2010	3	3995	HEMODIALYSIS
F	IL	60623	Internal Medicine	5/23/2011	3	3995	HEMODIALYSIS
G	IL	60609	Internal Medicine	3/19/2012	3	3995	HEMODIALYSIS
G	IL	60623	Internal Medicine	11/7/2010	3	3995	HEMODIALYSIS
G	IL	60130	Internal Medicine	5/13/2011	3	3995	HEMODIALYSIS
G	IL	60632	Family Medicine	1/31/2012	3	3995	HEMODIALYSIS
G	IL	60707	Family Practice	6/20/2011	3	3995	HEMODIALYSIS
G	IL	60632	Internal Medicine	4/5/2012	3	3995	HEMODIALYSIS
G	IL	60638	Internal Medicine	4/5/2011	3	3995	HEMODIALYSIS
H	IL	60644	Internal Medicine	12/7/2010	3	3995	HEMODIALYSIS
JA	IL	60608	Internal Medicine	8/12/2010	3	3995	HEMODIALYSIS
JI	IL	60609	Internal Medicine	7/7/2011	3	3995	HEMODIALYSIS
J	IL	60616	Internal Medicine	5/30/2010	3	3995	HEMODIALYSIS
J	IL	60644	Internal Medicine	8/3/2010	3	3995	HEMODIALYSIS
J	IL	60645	Family Practice	2/23/2010	3	3995	HEMODIALYSIS
L	IL	60623	Family Medicine	12/24/2011	3	3995	HEMODIALYSIS
L	IL	60623	Family Medicine	10/4/2010	3	3995	HEMODIALYSIS
M	IL	60644	General Surgery	9/29/2010	3	3995	HEMODIALYSIS
M	IL	60644	Internal Medicine	10/14/2010	3	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	6/24/2010	3	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	5/12/2011	3	3995	HEMODIALYSIS
M	IL	60616	Internal Medicine	10/14/2011	3	3995	HEMODIALYSIS
M	IL	60623	Internal Medicine	2/8/2010	3	3995	HEMODIALYSIS
M	IL	60609	Internal Medicine	3/23/2012	3	3995	HEMODIALYSIS
M	IL	60804	Pediatrics	5/11/2010	3	3995	HEMODIALYSIS
M	IL	60632	Family Medicine	8/16/2011	3	3995	HEMODIALYSIS
M	IL	60629	Family Practice	10/2/2011	3	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	M	IL	60644	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	3	3995	HEMODIALYSIS
	O	IL	60612	Internal Medicine	7/29/2010	3	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	6/12/2010	3	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	5/18/2012	3	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	3	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	12/10/2011	3	3995	HEMODIALYSIS
	Q	IL	60623	Family Medicine	12/29/2010	3	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	1/22/2010	3	3995	HEMODIALYSIS
	R	IL	60609	Family Medicine	2/12/2010	3	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	3/16/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	R	IL	60644	Internal Medicine	5/23/2010	3	3995	HEMODIALYSIS
	S	IL	60608	Internal Medicine	4/29/2011	3	3995	HEMODIALYSIS
	S	IL	60623	Family Medicine	9/12/2010	3	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	3	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	3	3995	HEMODIALYSIS
	S	IL	60624	Family Practice	5/27/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Family Practice	12/20/2010	3	3995	HEMODIALYSIS
	T	IL	60608	Cardiovascular Disease	4/22/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/21/2012	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	3/5/2010	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	1/4/2010	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	10/30/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	10/7/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	12/26/2010	3	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	3	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	5/31/2010	4	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Internal Medicine	6/20/2010	4	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Cardiovascular Disease	1/11/2011	4	3995	HEMODIALYSIS
	B	IL	60624	Internal Medicine	5/21/2011	4	3995	HEMODIALYSIS
	C	IL	60608	Internal Medicine	8/23/2011	4	3995	HEMODIALYSIS
	C	IL	60609	Internal Medicine	1/25/2010	4	3995	HEMODIALYSIS
	D	IL	60632	Family Practice	7/26/2010	4	3995	HEMODIALYSIS
	E	IL	60632	Internal Medicine	5/4/2012	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	4/13/2011	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	11/26/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Family Practice	12/28/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Internal Medicine	4/7/2012	4	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	4	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/24/2011	4	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	4	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	2/12/2010	4	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	L	IL	60608	Internal Medicine	4/13/2012	4	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	4	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	4	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	6/19/2011	4	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	4/19/2012	4	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	9/4/2010	4	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	4	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	4	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	R	IL	60632	Pediatrics	9/12/2011	4	3995	HEMODIALYSIS
	S	IL	60624	Endocrinology / Diabetes	3/15/2011	4	3995	HEMODIALYSIS
	S	IL	60632	Family Practice	5/24/2010	4	3995	HEMODIALYSIS
	S	IL	60616	Internal Medicine	10/14/2011	4	3995	HEMODIALYSIS
	S	IL	60609	Internal Medicine	8/24/2011	4	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	4	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	4	3995	HEMODIALYSIS
	V	IL	60623	Family Medicine	3/24/2010	4	3995	HEMODIALYSIS
	W	IL	60651	Internal Medicine	7/20/2010	4	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	5/24/2011	4	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Family Medicine	12/9/2010	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	5	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	6/27/2012	5	3995	HEMODIALYSIS
	G	IL	60653	Internal Medicine	5/10/2010	5	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	5	3995	HEMODIALYSIS
	H	IL	60623	Internal Medicine	2/6/2010	5	3995	HEMODIALYSIS
	J	IL	60623	Internal Medicine	9/26/2010	5	3995	HEMODIALYSIS
	L	IL	60608	Internal Medicine	3/27/2012	5	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	5	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	5	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	1/25/2010	5	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/7/2012	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	3/7/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	4/17/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	5	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	11/7/2011	5	3995	HEMODIALYSIS
	P	IL	60620	Internal Medicine	3/9/2012	5	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	5	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	5	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	6/11/2011	5	3995	HEMODIALYSIS
	T	IL	60638	Internal Medicine	5/25/2010	5	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/17/2011	5	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	6	3995	HEMODIALYSIS
	B	IL	60608	Internal Medicine	2/17/2012	6	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	FC	IL	60623	Internal Medicine	11/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60153	Internal Medicine	9/19/2011	6	3995	HEMODIALYSIS
	GC	IL	60707	Family Practice	6/20/2011	6	3995	HEMODIALYSIS
	GE	IL	60608	Family Practice	5/9/2010	6	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	3/30/2012	6	3995	HEMODIALYSIS
	LE	IL	60608	Family Medicine	1/8/2010	6	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	6	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	6	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	6	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	6	3995	HEMODIALYSIS
	SI	IL	60616	Family Practice	7/8/2011	6	3995	HEMODIALYSIS
	SC	IL	60623	Internal Medicine	8/10/2010	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/17/2011	6	3995	HEMODIALYSIS
	TI	IL	60616	Internal Medicine	6/11/2011	6	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	3/13/2011	6	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	6	3995	HEMODIALYSIS
	FL	IL	60608	Internal Medicine	3/23/2011	7	3995	HEMODIALYSIS
	GA	IL	60609	Internal Medicine	5/1/2012	7	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	7	3995	HEMODIALYSIS
	GI	IL	60130	Internal Medicine	5/13/2011	7	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	4/9/2010	7	3995	HEMODIALYSIS
	LC	IL	60623	Family Practice	9/26/2011	7	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	4/8/2010	7	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	7	3995	HEMODIALYSIS
	PA	IL	60623	Family Medicine	9/25/2011	7	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	7	3995	HEMODIALYSIS
	RC	IL	60609	Internal Medicine	1/5/2012	7	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	7	3995	HEMODIALYSIS
	ST	IL	60623	Internal Medicine	8/9/2011	7	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	7	3995	HEMODIALYSIS
	AF	IL	60609	Internal Medicine	11/27/2010	8	3995	HEMODIALYSIS
	BU	IL	60623	Family Practice	9/27/2011	8	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	8	3995	HEMODIALYSIS
	GI	IL	60130	Internal Medicine	5/13/2011	8	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	5/1/2012	8	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	9/11/2011	8	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	8	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	1/24/2011	8	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	8	3995	HEMODIALYSIS
	SA	IL	60623	Family Medicine	5/20/2010	8	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	8	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	8	3995	HEMODIALYSIS
	CC	IL	60402	Family Practice	10/4/2011	9	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	9	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	PA	IL	60623	Internal Medicine	11/30/2011	9	3995	HEMODIALYSIS
	PE	IL	60609	Family Medicine	1/2/2010	9	3995	HEMODIALYSIS
	PL	IL	60608	Internal Medicine	10/19/2011	9	3995	HEMODIALYSIS
	PE	IL	60620	Internal Medicine	5/7/2012	9	3995	HEMODIALYSIS
	RC	IL	60608	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	SA	IL	60609	Family Practice	2/6/2011	9	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	9	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	AV	IL	60804	Family Medicine	1/7/2010	10	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	10	3995	HEMODIALYSIS
	HA	IL	60608	Internal Medicine	6/2/2010	10	3995	HEMODIALYSIS
	PE	IL	60629	Family Medicine	5/11/2010	10	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	10	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	10	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	11	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	11	3995	HEMODIALYSIS
	BI	IL	60632	Internal Medicine	4/4/2011	12	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	12	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	12	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	12	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	13	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	13	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	14	3995	HEMODIALYSIS
	UF	IL	60632	Internal Medicine	5/29/2011	15	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures
2010-Present (September 2012)

Notes:
- From 2010-2012, there were 295 patients that were admitted and required inpatient dialysis treatment, with a ICD9 Rank of 1.
- Of these 295 patients, exactly 42 patients were admitted on multiple occasions for inpatient dialysis treatments. (highlighted yellow)
- Patients with a second diagnosis code indicate these patients were admitted for another reason but required dialysis care, while they were an inpatient.

ATTACHMENT-13A

Ownership, Management and General Information

ADMINISTRATOR NAME:	Guy A. Mediaglia
ADMINISTRATOR PHONE	773.484.4300
OWNERSHIP:	Saint Anthony Hospital
OPERATOR:	Saint Anthony Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2875 West 19th Street CITY: Chicago COUNTY: Suburban Cook (Chicago)

Patients by Race

White	7.4%
Black	34.6%
American Indian	0.0%
Asian	0.0%
Hawaiian/ Pacific	0.1%
Unknown:	57.4%

Patients by Ethnicity

Hispanic or Latino:	57.4%
Not Hispanic or Latino:	42.6%
Unknown:	0.0%

IDPH Number:	4556
HPA	A-02
HSA	6

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2011	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2011	Staff Bed Occupancy Rate %
Medical/Surgical	62	62	62	2,758	10,388	368	3.9	29.4	47.4	47.4
0-14 Years				*0*	*0*					
15-44 Years				*784*	*1,907*					
45-64 Years				*946*	*3,408*					
65-74 Years				*502*	*2,431*					
75 Years +				*526*	*2,562*					
Pediatric	12	12	12	688	1,437	77	2.2	4.1	34.6	34.6
Intensive Care	15	15	15	742	4,471	9	0.0	12.3	81.8	81.8
Direct Admission				*560*	*3,470*					
Transfers				*182*	*1,001*					
Obstetric/Gynecology	20	20	20	1,909	4,208	31	2.2	11.6	58.0	58.0
Maternity				*1,838*	*4,014*					
Clean Gynecology				*71*	*192*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	42	31	31	969	9,048	0	9.3	24.8	59.0	80.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	151			6,884	29,530	485	4.4	82.2	54.459	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	25.6%	50.2%	0.0%	14.8%	6.6%	2.7%	
	1765	3455	0	1021	456	187	6,884
Outpatients	10.2%	53.7%	0.0%	28.5%	2.2%	5.1%	
	5685	30046	0	16106	1239	2837	56,913

Inpatient and Outpatient Net Revenue by Payor Source

Financial Year Reported: 7/1/2010 to 6/30/2011

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	35.5%	51.5%	0.0%	7.5%	5.5%	100.0%	
	24,349,341	35,330,541	0	5,162,526	3,744,033	68,586,441	1,945,560
Outpatient Revenue ($)	17.0%	29.1%	0.0%	29.8%	24.0%	100.0%	
	5,787,815	9,853,740	0	10,089,739	8,117,786	33,829,080	3,802,440

Total Charity Care Expense	5,748,000
Total Charity Care as % of Net Revenue	5.6%

Birthing Data

Number of Total Births:	1,815
Number of Live Births:	1,772
Birthing Rooms:	0
Labor Rooms:	2
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	6
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	460

Newborn Nursery Utilization

Level 1 Patient Days	3,670
Level 2 Patient Days	0
Level 2+ Patient Days	0
Total Nursery Patientdays	3,670

Laboratory Studies

Inpatient Studies	159,448
Outpatient Studies	137,503
Studies Performed Under Contract	38,792

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms Inpatient	Operating Rooms Outpatient	Operating Rooms Combined	Operating Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Cardiovascular	0	0	0	0	47	100	141	200	341	3.0	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	424	467	1035	600	1635	2.4	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	147	293	381	390	771	2.6	1.3
Oral/Maxillofacial	0	0	0	0	18	4	39	8	47	2.2	2.0
Ophthalmology	0	0	0	0	0	5	0	5	5	0.0	1.0
Orthopedic	0	0	0	0	70	138	105	300	405	1.5	2.2
Otolaryngology	0	0	0	0	25	311	22	380	402	0.9	1.2
Plastic Surgery	0	0	0	0	8	54	16	83	99	2.0	1.5
Podiatry	0	0	0	0	80	303	240	587	827	3.0	1.9
Thoracic	0	0	0	0	3	0	9	0	9	3.0	0.0
Urology	0	0	0	0	50	208	200	156	356	4.0	0.8
Totals	0	0	4	4	872	1879	2188	2709	4897	2.5	1.4

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 6 Stage 2 Recovery Stations 8

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms Inpatient	Procedure Rooms Outpatient	Procedure Rooms Combined	Procedure Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Gastrointestinal	0	0	1	1	394	865	251	561	812	0.6	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pain Management	0	0	1	1	3	266	2	158	160	0.7	0.6
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1 (Not Answered)	Level 2 Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		16
Persons Treated by Emergency Services:		33,883
Patients Admitted from Emergency:		3,866
Total ED Visits (Emergency+Trauma):		33,883

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	109,923
Outpatient Visits at the Hospital/ Campus:	95,706
Outpatient Visits Offsite/off campus	14,217

Diagnostic/Interventional	Equipment Owned	Equipment Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	3	0	7,526	22,855	0
Nuclear Medicine	1	0	246	481	0
Mammography	1	0	0	2,205	0
Ultrasound	6	0	1,902	12,599	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0
Magnetic Resonance Imaging	1	0	223	1,550	0

Treatment Equipment	Owned	Contract	Therapeutic Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy	0	0	0
Intensity Modulated Rad Thrpy	0	0	0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2011 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT - 13B

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

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

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

This project proposes the following:

Existing (to be renovated): 6,557gsf (5,581sf for dialysis center + 967sf of public circulation)

Total Upon Project Completion: 6,557gsf / 15 stations = 437 gross square feet per station.

The current State Standard allows for a range of up to 650 gross square feet per station. As such, it appears that the proposed project's physical space is in compliance with this criterion.

2. If the gross square footage exceeds the GSF 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;

As noted above, the proposed project's size per square foot is within the limit for gross square feet per station in accordance with the State's standards. Therefore, this item is not germane.

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;

The proposed project's size per square foot is within the limit for gross square feet per station in accordance with the State's standards; therefore, this item is not germane.

c. The project involves the conversion of existing bed space that results in excess square footage.

The proposed project's size per square foot is within the limit for gross square feet per station in accordance with the State's standards; therefore, this item is not germane.

ATTACHMENT-14

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE (CONTINUED II)

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

PROJECT SERVICES UTILIZATION:

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.

The HFSRB has established utilization standards for End Stage Renal Dialysis facilities of 3 shifts per day, six days per week reaching and maintaining 80% by the second full year of operation. The Applicant's ability to reach and maintain this target is supported by its historical and ongoing demand as well as the hospital's anticipation of referrals to the subject facility through the proposed medical director. Appended as **ATTACHMENT-15A,** is the referral letter from Izabella Gurau, M.D. anticipating referrals of up to 79 patients per year. Along with Dr. Gurau's letter is the identification of 159 Stage 4 pre-ESRD patients and 842 Stage 3 pre-ESRD patients who will most likely require ESRD services within the next year or two. The Applicant also has the backing of Saint Anthony Hospital's current operations and historical demand. Appended as **ATTACHMENT-15B**, is Saint Anthony Hospital's historical utilization of dialysis patients.

In support of the this project and in verification of Saint Anthony Hospital's historical utilization, Kaleem Malik, M.D., Chairman of Emergency Medicine Department at Saint Anthony Hospital authored a letter, appended as **ATTACHMENT-15C**, which sets forth the number of patients that come to the Emergency Department for treatment for immediate renal needs. Of the 577 renal needs patients that Saint Anthony Hospital's Emergency Department has treated from 2010 through June of 2012, approximately 30 percent (173) of the patients will require dialysis treatment within the next two years.

Also in support of this project, appended as **ATTACHMENT-15D,** is a letter from Tyla Courtney, M.D., a practicing Internal Medicine physician and current President of the Medical

Staff at Saint Anthony Hospital. Dr. Courtney reports that in reviewing the data, there was a 23.4 percent (51 out of 218) reoccurrence rate of rehospitalization of patients whose only procedure upon admittance to Saint Anthony Hospital was dialysis (2010 - June 2012). Additionally, Saint Anthony Hospital has identified pre-ESRD patients in Stage III and IV, during that same time frame, totaling 424 patients with GFR levels in the pre-ESRD levels. Using an attrition rate of 33 percent for out-migration, 284 of the 424 patients would potentially require dialysis within the next 12 to 24 months. Of these 284 patients referred for dialysis, 170 appear to come from the primary service area that the dialysis facility will serve.

In the first six months of 2012, Saint Anthony Hospital had 40 patients admitted specifically for dialysis. Respectively, in Calendar Years 2011 and 2010, Saint Anthony Hospital admitted 163 and 92 patients directly in need of dialysis. Saint Anthony Hospital has also tracked admissions with dialysis as a secondary diagnosis. In the first six months of Calendar Year 2012, an additional 20 patients were admitted with a secondary need for dialysis. Respectively in Calendar Years 2011 and 2010, the hospital admitted 50 and 49 patients with secondary diagnosis requiring in-patient dialysis. For a patient to have a secondary diagnosis requiring dialysis means that the patient's primary diagnosis was diabetes, hypertension, obesity or cardiovascular disease. These diagnoses are often found in patients in chronic renal failure.

In the most recent six month period ending June 30, 2012, Saint Anthony Hospital has treated 60 patients with either a primary or secondary diagnosis requiring dialysis. Forty-two of these 60 patients were readmitted patients as their dialysis care was not appropriately provided. This is not to say that the "traditional" ESRD facility or their referring nephrologist was

responsible. The population proposed to be served by Saint Anthony Hospital remains one of the most disadvantaged communities. The "one size fits all" approach to health care, let alone the most serious of issues like renal disease, has not been shown to succeed with this population. Assuming that the first 6 months figures remain constant, Saint Anthony Hospital could see an additional total of 120 patients with primary or secondary diagnosis requiring dialysis care. It is estimated that of these 120 patients, there will be 104 patients diagnosed as new stage V ESRD patients and approximately 84 readmissions. With an average readmission rate of 3.5 times, there are approximately 24 patients whose dialysis care is not being adequately met. Based upon this data, the proposed facility can expect referrals far greater than the 79 that are needed to meet and maintain the optimal utilization of 80 percent.

The patients cited by Dr. Malik and Dr. Courtney are the patients that Saint Anthony Hospital could best serve by providing the more comprehensive clinical, educational, and social approach to renal disease and other related diseases. Saint Anthony Hospital seeks to rectify the disparity in care and education of the population of the primary market contour. By providing a primary care clinic within this community, which will include the proposed ESRD facility and primary care physicians, educators, social workers and dieticians who will together present a comprehensive approach to the stage III pre-ESRD patients and their families.

Therefore, reaching and maintaining the optimal utilization rate of 80% should not be an issue for this Applicant in this facility.

SAINT ANTHONY HOSPITAL

October 31, 2012

Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chairman:

I am pleased to support the establishment of the Saint Anthony Hospital Dialysis Center in Little Village ("Dialysis Center"). The new 15-station chronic renal dialysis facility will be located at 3059 W. 26th Street, Chicago, IL 60623.

By way of background, I have been a practicing Nephrologist since completing my nephrology fellowship at the University of New Mexico - School of Medicine in 2004. I began my nephrology practice in Provo, Utah in 2004 through 2008 and relocated to the Chicago area in June 2008 until present. Currently, I am employed by Saint Anthony Hospital as a Nephrologist and will be the Medical of Director of the Dialysis Center. (See attached Curriculum Vitae). I am very familiar with Saint Anthony Hospital and the community it serves having rotated through there during my internal medicine residency at Saint Joseph Hospital (formerly part of Catholic Health Partners Services that owned and operated Saint Joseph Hospital, Saint Anthony Hospital and Columbus Hospital).

I am excited being the Medical Director of the Dialysis Center as it will afford patients the opportunity to receive renal care in a faith based facility that cares for all patient needs in a holistic manner rather than treating them as just a "kidney patient". The philosophy of care that will be provided offers health, healing and hope, which is apropos as it is the mission statement of Saint Anthony Hospital, a facility that has served its community for more than a century.

The community surrounding the Dialysis Center is a vulnerable population, many of whom are uninsured or underinsured. The area is primarily African-American and Hispanic, low-income, disabled, and elderly. While most patients required dialysis services are Medicare and Medicaid beneficiaries, there are a large number of undocumented patients that are ineligible for such benefits and who are in dire need of care.

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1600 • www.SAHChicago.org

SAINT ANTHONY HOSPITAL

I fully support the plan to establish the Dialysis Center. After reviewing the volume of patients from January 2010 thru September 2012, that obtain services at Saint Anthony Hospital there were eight hundred forty two (842) patients whose GFR levels fell within the pre-ESRD Stage 3 category tested through the outpatient clinics and emergency department. In addition, there were one hundred fifty nine (159) patients whose GFR levels classified them at Chronic Kidney Disease Stage 4 levels with glomerular filtration rates of 15-29 that were tested through the outpatient clinics and emergency department. A list of pre-ESRD patients by zip code has been provided in Exhibit A. Based upon a conservative attrition rate due to patient death, transplant or return to function, it is projected that 50% of the patients with Stage 4 Chronic Kidney Disease will require dialysis within the next 12 to 18 months. Thus, I project that a total of 79 patients would be referred to the unit within 12 to 18 months following project completion.

While the average utilization in the community is nearly 80%, there are many patients receiving treatment on early or late shifts, not by choice, but out of necessity. In addition, given the inflexibility in scheduling many patients present to the Saint Anthony Hospital emergency department and required admission for inpatient dialysis after having missed outpatient dialysis appointments that could not be rescheduled. Most importantly, there is a need for 124 stations in HAS 6. The establishment of another facility in the area will not only lessen this burden on these patients, will help the state meet its planning needs, but more importantly afford them an opportunity to obtain care in a not-for-profit faith based facility.

To the best of my knowledge, the patient referrals attached to this letter have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I wholeheartedly support the proposed establishment of the Saint Anthony Hospital Dialysis centered and am honored to be serving as the Medical Director and a member of their Medical Staff.

Sincerely,

Izabella Gurau, M.D.
Nephrologist

Subscribed and sworn to me
this 2nd day of November, 2012

Notary Public

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

Page 2

ATTACHMENT-15A

EXHIBIT A:

Stage 4 Patients from Emergency Department and Outpatient Clinics
GFR Results 15-29

Patient Zip Code	Number of Patient
46360	1
60004	1
60162	1
60171	1
60402	2
60453	1
60607	1
60608	26
60609	13
60612	4
60615	1
60616	1
60620	2
60622	1
60623	47
60624	9
60629	6
60632	20
60636	2
60638	2
60641	2
60644	4
60645	1
60647	1
60651	4
60652	1
60653	2
60707	1
60804	1
Total Number of Patients	159

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SAINT ANTHONY HOSPITAL

Stage 3 Patients from Emergency Department and Outpatient Clinics
GFR Results 30-59

Patient Zip Code	Number of Patient
10009	1
38671	1
39307	1
46391	1
49117	1
53189	1
60098	1
60104	1
60108	1
60110	1
60120	1
60133	1
60137	1
60148	1
60153	3
60155	1
60163	1
60169	1
60185	1
60187	1
60201	1
60302	2
60304	1
60402	10
60411	1
60419	1
60426	1
60432	1
60435	1
60452	1
60453	1
60455	1
60458	2
60459	2
60462	1
60463	2
60501	3
60513	1
60516	1
60526	1
60527	4
60534	1
60544	1
60559	1
60602	1
60605	1
60607	3
60608	103
60609	52
60610	1
60611	1
60612	20
60613	1
60614	4
60615	3
60616	6
60617	6
60618	1
60619	3
60620	11
60622	4
60623	216
60624	47
60626	4
60628	3
60629	35
60632	83
60634	4
60636	7
60637	4
60638	9
60639	15
60640	1
60641	2
60642	1
60643	3
60644	28
60645	1
60647	9
60649	5
60651	28
60652	4
60653	9
60654	1
60655	1
60653	5
60657	1
60660	2
60706	1
60707	1
60804	24
60827	1
61021	1
78572	1
Total Number of Patients	842

ATTACHMENT-15A

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

#	Patient Initial	Pat. State	Patient Zip Code	Physician Specialty	Admit Date	Rank	ICD9 Procedure Code	ICD9 Procedure Description
1	AC	IL	60623	Internal Medicine	2/2/2011	1	3995	HEMODIALYSIS
2	AE	IL	60623	Internal Medicine	7/16/2010	1	3995	HEMODIALYSIS
3	AE	IL	60623	Family Medicine	8/22/2011	1	3995	HEMODIALYSIS
4	AI	IL	60623	Family Practice	11/19/2011	1	3995	HEMODIALYSIS
5	AE	IL	60623	Family Medicine	2/9/2012	1	3995	HEMODIALYSIS
6	AE	IL	60623	Family Medicine	2/27/2012	1	3995	HEMODIALYSIS
7	AE	IL	60623	Family Medicine	3/3/2012	1	3995	HEMODIALYSIS
8	AE	IL	60623	Family Medicine	6/2/2012	1	3995	HEMODIALYSIS
9	AF	IL	60621	Cardiovascular Disease	11/28/2010	1	3995	HEMODIALYSIS
10	AV	IL	60632	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
11	AV	IL	60632	Family Medicine	12/20/2011	1	3995	HEMODIALYSIS
12	BA	IL	60623	Psychiatry	7/2/2010	1	3995	HEMODIALYSIS
13	BA	IL	60623	Family Practice	9/5/2010	1	3995	HEMODIALYSIS
14	BA	IL	60623	Psychiatry	1/12/2011	1	3995	HEMODIALYSIS
15	BA	IL	60623	Psychiatry	4/29/2011	1	3995	HEMODIALYSIS
16	BA	IL	60623	Psychiatry	5/15/2011	1	3995	HEMODIALYSIS
17	BA	IL	60632	Internal Medicine	5/3/2011	1	3995	HEMODIALYSIS
18	BF	IL	60623	Family Practice	6/15/2010	1	3995	HEMODIALYSIS
19	BF	IL	60629	Internal Medicine	5/27/2012	1	3995	HEMODIALYSIS
20	BI	IL	60608	Internal Medicine	5/4/2010	1	3995	HEMODIALYSIS
21	CA	IL	60632	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
22	CA	IL	60645	Family Practice	6/23/2011	1	3995	HEMODIALYSIS
23	CA	IL	60645	Family Practice	10/26/2011	1	3995	HEMODIALYSIS
24	CA	IL	60645	Family Practice	11/14/2011	1	3995	HEMODIALYSIS
25	CA	IL	60645	Family Practice	12/8/2011	1	3995	HEMODIALYSIS
26	CA	IL	60645	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
27	CA	IL	60623	Internal Medicine	7/11/2011	1	3995	HEMODIALYSIS
28	CA	IL	60623	Internal Medicine	7/7/2010	1	3995	HEMODIALYSIS
29	CA	IL	60647	Family Practice	1/21/2010	1	3995	HEMODIALYSIS
30	CA	IL	60647	Family Practice	10/10/2010	1	3995	HEMODIALYSIS
31	CA	IL	60647	Family Practice	8/24/2011	1	3995	HEMODIALYSIS
32	CA	IL	60629	Internal Medicine	9/30/2010	1	3995	HEMODIALYSIS
33	CA	IL	60629	Internal Medicine	7/26/2011	1	3995	HEMODIALYSIS
34	CE	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
35	CE	IL	60623	Internal Medicine	11/20/2010	1	3995	HEMODIALYSIS
36	CE	IL	60623	Internal Medicine	1/8/2011	1	3995	HEMODIALYSIS
37	CO	IL	60612	Internal Medicine	5/30/2012	1	3995	HEMODIALYSIS
38	CO	IL	60623	Internal Medicine	4/26/2012	1	3995	HEMODIALYSIS
39	CO	IL	60608	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
40	CO	IL	60608	Internal Medicine	5/9/2011	1	3995	HEMODIALYSIS
41	CO	IL	60609	Internal Medicine	5/20/2010	1	3995	HEMODIALYSIS
42	CO	IL	60644	Internal Medicine	4/2/2012	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

43	DA	IL	60608	Family Medicine	4/13/2010	1	3995	HEMODIALYSIS
44	DA	IL	60608	Family Practice	5/27/2010	1	3995	HEMODIALYSIS
45	DA	IL	60130	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
46	DE	IL	60623	Internal Medicine	1/20/2011	1	3995	HEMODIALYSIS
47	DI	IL	60632	Family Practice	3/6/2012	1	3995	HEMODIALYSIS
48	DI	IL	60632	Family Medicine	4/23/2012	1	3995	HEMODIALYSIS
49	DO	IL	60623	Internal Medicine	7/18/2010	1	3995	HEMODIALYSIS
50	EN	IL	60623	Internal Medicine	1/31/2012	1	3995	HEMODIALYSIS
51	EN	IL	60623	Internal Medicine	6/20/2012	1	3995	HEMODIALYSIS
52	ES	IL	60629	Internal Medicine	7/8/2010	1	3995	HEMODIALYSIS
53	FL	IL	60623	Internal Medicine	12/18/2011	1	3995	HEMODIALYSIS
54	FL	IL	60608	Internal Medicine	3/4/2011	1	3995	HEMODIALYSIS
55	FO	IL	60623	Internal Medicine	1/16/2011	1	3995	HEMODIALYSIS
56	GA	IL	60608	Internal Medicine	2/2/2012	1	3995	HEMODIALYSIS
57	GO	IL	60654	Internal Medicine	5/8/2012	1	3995	HEMODIALYSIS
58	GO	IL	60707	Family Practice	9/14/2010	1	3995	HEMODIALYSIS
59	GO	IL	60707	Family Practice	3/18/2012	1	3995	HEMODIALYSIS
60	GO	IL	60632	Internal Medicine	7/29/2011	1	3995	HEMODIALYSIS
61	GO	IL	60632	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
62	GO	IL	60632	Internal Medicine	4/14/2012	1	3995	HEMODIALYSIS
63	GO	IL	60632	Internal Medicine	6/1/2012	1	3995	HEMODIALYSIS
64	GR	IL	60623	Endocrinology / Diabetes	1/2/2011	1	3995	HEMODIALYSIS
65	GR	IL	60623	Endocrinology / Diabetes	2/4/2011	1	3995	HEMODIALYSIS
66	GR	IL	60638	Internal Medicine	7/4/2010	1	3995	HEMODIALYSIS
67	GU	IL	60638	Internal Medicine	7/28/2010	1	3995	HEMODIALYSIS
68	GU	IL	60638	Internal Medicine	8/12/2010	1	3995	HEMODIALYSIS
69	GU	IL	60638	Internal Medicine	1/24/2012	1	3995	HEMODIALYSIS
70	HA	IL	60624	Family Medicine	11/15/2010	1	3995	HEMODIALYSIS
71	HA	IL	60644	Internal Medicine	9/16/2010	1	3995	HEMODIALYSIS
72	HA	IL	60302	Internal Medicine	10/18/2011	1	3995	HEMODIALYSIS
73	HA	IL	60804	Family Medicine	1/15/2011	1	3995	HEMODIALYSIS
74	HE	IL	60644	Family Medicine	10/4/2010	1	3995	HEMODIALYSIS
75	HE	IL	60647	Internal Medicine	8/24/2010	1	3995	HEMODIALYSIS
76	HO	IL	60130	Internal Medicine	10/4/2011	1	3995	HEMODIALYSIS
77	HU	IL	60623	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
78	IS	IL	60632	Family Practice	12/13/2011	1	3995	HEMODIALYSIS
79	IS	IL	60632	Internal Medicine	12/27/2011	1	3995	HEMODIALYSIS
80	JE	IL	60616	Family Practice	3/22/2010	1	3995	HEMODIALYSIS
81	JI	IL	60609	Internal Medicine	9/13/2011	1	3995	HEMODIALYSIS
82	JO	IL	60644	Family Practice	3/9/2010	1	3995	HEMODIALYSIS
83	KI	IL	60624	Internal Medicine	2/2/2010	1	3995	HEMODIALYSIS
84	KI	IL	60624	Internal Medicine	8/20/2010	1	3995	HEMODIALYSIS
85	KI	IL	60624	Internal Medicine	10/30/2010	1	3995	HEMODIALYSIS
86	LA	IL	60804	Pediatrics	11/29/2010	1	3995	HEMODIALYSIS
87	LE	IL	60608	Internal Medicine	2/1/2011	1	3995	HEMODIALYSIS
88	LE	IL	60608	Internal Medicine	8/29/2011	1	3995	HEMODIALYSIS
89	LE	IL	60623	Internal Medicine	1/18/2010	1	3995	HEMODIALYSIS
90	LO	IL	60649	Internal Medicine	7/30/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

91	LC	IL	60608	Internal Medicine	11/24/2010	1	3995	HEMODIALYSIS
92	LC	IL	60608	Internal Medicine	1/30/2011	1	3995	HEMODIALYSIS
93	LC	IL	60608	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
94	M	IL	60608	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
95	M	IL	60632	Family Medicine	7/10/2011	1	3995	HEMODIALYSIS
96	M	IL	60623	Family Medicine	9/23/2010	1	3995	HEMODIALYSIS
97	M	IL	60632	Internal Medicine	2/4/2011	1	3995	HEMODIALYSIS
98	M	IL	60644	Family Practice	7/14/2010	1	3995	HEMODIALYSIS
99	M	IL	60644	Internal Medicine	10/24/2010	1	3995	HEMODIALYSIS
100	M	IL	60616	Internal Medicine	8/4/2010	1	3995	HEMODIALYSIS
101	M	IL	60616	Internal Medicine	10/26/2010	1	3995	HEMODIALYSIS
179	M	IL	60616	Internal Medicine	10/28/2011	1	3995	HEMODIALYSIS
180	M	IL	60623	Family Medicine	2/1/2010	1	3995	HEMODIALYSIS
181	M	IL	60623	Family Medicine	1/5/2011	1	3995	HEMODIALYSIS
182	M	IL	60623	Family Medicine	2/18/2011	1	3995	HEMODIALYSIS
183	M	IL	60623	Family Medicine	3/28/2011	1	3995	HEMODIALYSIS
184	M	IL	60632	Internal Medicine	11/27/2011	1	3995	HEMODIALYSIS
185	M	IL	60623	Internal Medicine	9/26/2010	1	3995	HEMODIALYSIS
186	M	IL	60623	Internal Medicine	7/14/2011	1	3995	HEMODIALYSIS
187	M	IL	60623	Family Medicine	3/17/2010	1	3995	HEMODIALYSIS
188	M	IL	60623	Family Medicine	5/8/2010	1	3995	HEMODIALYSIS
189	M	IL	60623	Family Medicine	3/22/2011	1	3995	HEMODIALYSIS
190	M	IL	60623	Internal Medicine	5/30/2011	1	3995	HEMODIALYSIS
191	M	IL	60623	Internal Medicine	12/21/2011	1	3995	HEMODIALYSIS
192	M	IL	60623	Internal Medicine	5/21/2012	1	3995	HEMODIALYSIS
193	M	IL	60609	Internal Medicine	10/24/2011	1	3995	HEMODIALYSIS
194	M	IL	60632	Internal Medicine	8/8/2010	1	3995	HEMODIALYSIS
195	M	IL	60632	Family Practice	8/25/2010	1	3995	HEMODIALYSIS
196	M	IL	60632	Family Practice	10/1/2010	1	3995	HEMODIALYSIS
197	M	IL	60632	Family Practice	10/17/2010	1	3995	HEMODIALYSIS
198	M	IL	60632	Internal Medicine	8/7/2011	1	3995	HEMODIALYSIS
199	M	IL	60624	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
200	M	IL	60629	Family Medicine	4/28/2010	1	3995	HEMODIALYSIS
201	M	IL	60629	Family Medicine	7/8/2010	1	3995	HEMODIALYSIS
202	M	IL	60629	Psychiatry	7/10/2010	1	3995	HEMODIALYSIS
203	M	IL	60629	Internal Medicine	12/20/2010	1	3995	HEMODIALYSIS
204	M	IL	60644	Internal Medicine	8/1/2011	1	3995	HEMODIALYSIS
205	N	IL	60608	Internal Medicine	6/16/2012	1	3995	HEMODIALYSIS
206	N	IL	60652	Internal Medicine	6/15/2011	1	3995	HEMODIALYSIS
207	N	IL	60626	Psychiatry	1/5/2010	1	3995	HEMODIALYSIS
208	N	IL	60623	Internal Medicine	5/13/2011	1	3995	HEMODIALYSIS
209	N	IL	60623	Family Practice	1/3/2012	1	3995	HEMODIALYSIS
210	N	IL	60623	Internal Medicine	5/4/2012	1	3995	HEMODIALYSIS
211	N	IL	60632	Internal Medicine	11/1/2010	1	3995	HEMODIALYSIS
212	N	IL	60632	Internal Medicine	11/29/2010	1	3995	HEMODIALYSIS
213	N	IL	60632	Internal Medicine	12/5/2010	1	3995	HEMODIALYSIS
214	N	IL	60632	Family Practice	5/22/2011	1	3995	HEMODIALYSIS
215	N	IL	60632	Internal Medicine	8/31/2011	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

216	N	IL	60632	Internal Medicine	2/5/2012	1	3995	HEMODIALYSIS
217	O	IL	60612	Internal Medicine	6/25/2010	1	3995	HEMODIALYSIS
218	O	IL	60612	Internal Medicine	9/3/2010	1	3995	HEMODIALYSIS
219	O	IL	60612	Internal Medicine	9/6/2010	1	3995	HEMODIALYSIS
220	O	IL	60612	Internal Medicine	12/10/2010	1	3995	HEMODIALYSIS
221	O	IL	60612	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
222	O	IL	60623	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
223	O	IL	60612	Internal Medicine	4/8/2011	1	3995	HEMODIALYSIS
224	O	IL	60612	Internal Medicine	5/24/2011	1	3995	HEMODIALYSIS
225	O	IL	60612	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
226	PA	IL	60162	Internal Medicine	4/19/2010	1	3995	HEMODIALYSIS
227	PA	IL	60623	Internal Medicine	8/21/2011	1	3995	HEMODIALYSIS
228	PA	IL	60623	Internal Medicine	10/19/2011	1	3995	HEMODIALYSIS
229	PA	IL	60623	Internal Medicine	1/5/2010	1	3995	HEMODIALYSIS
230	PE	IL	60623	Family Practice	3/27/2012	1	3995	HEMODIALYSIS
231	PE	IL	60160	Family Medicine	9/26/2011	1	3995	HEMODIALYSIS
232	PI	IL	60609	Internal Medicine	3/7/2012	1	3995	HEMODIALYSIS
233	PI	IL	60623	Internal Medicine	3/13/2011	1	3995	HEMODIALYSIS
234	RA	IL	60632	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
235	RA	IL	60625	Internal Medicine	1/6/2012	1	3995	HEMODIALYSIS
236	RE	IL	60616	Family Practice	11/21/2010	1	3995	HEMODIALYSIS
237	RE	IL	60616	Family Practice	6/15/2011	1	3995	HEMODIALYSIS
238	RE	IL	60616	Family Practice	7/20/2011	1	3995	HEMODIALYSIS
239	RE	IL	60623	Cardiovascular Disease	6/13/2012	1	3995	HEMODIALYSIS
240	RE	IL	60612	Internal Medicine	9/7/2011	1	3995	HEMODIALYSIS
241	RE	IL	60644	Internal Medicine	1/15/2011	1	3995	HEMODIALYSIS
242	RE	IL	60644	Internal Medicine	2/13/2012	1	3995	HEMODIALYSIS
243	RE	IL	60644	Internal Medicine	3/19/2012	1	3995	HEMODIALYSIS
244	RE	IL	60652	Internal Medicine	5/6/2010	1	3995	HEMODIALYSIS
245	RI	IL	60623	Internal Medicine	5/3/2010	1	3995	HEMODIALYSIS
246	RO	IL	60644	Endocrinology / Diabetes	2/11/2010	1	3995	HEMODIALYSIS
247	RO	IL	60644	Internal Medicine	6/22/2010	1	3995	HEMODIALYSIS
248	RO	IL	60623	Family Practice	5/25/2010	1	3995	HEMODIALYSIS
249	RO	IL	60623	Internal Medicine	1/28/2010	1	3995	HEMODIALYSIS
250	RO	IL	60623	Internal Medicine	3/8/2010	1	3995	HEMODIALYSIS
251	RO	IL	60623	Internal Medicine	3/14/2010	1	3995	HEMODIALYSIS
252	RO	IL	60623	Family Practice	8/30/2010	1	3995	HEMODIALYSIS
253	RO	IL	60623	Internal Medicine	11/2/2010	1	3995	HEMODIALYSIS
254	RO	IL	60632	Pediatrics	6/21/2011	1	3995	HEMODIALYSIS
255	SA	IL	60632	Internal Medicine	1/19/2012	1	3995	HEMODIALYSIS
256	SA	IL	60402	Internal Medicine	4/6/2012	1	3995	HEMODIALYSIS
257	SA	IL	60402	Internal Medicine	6/12/2012	1	3995	HEMODIALYSIS
258	SA	IL	60609	Family Practice	11/30/2010	1	3995	HEMODIALYSIS
259	SA	IL	60609	Psychiatry	12/11/2010	1	3995	HEMODIALYSIS
260	SA	IL	60609	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
261	SE	IL	60608	Internal Medicine	1/12/2010	1	3995	HEMODIALYSIS
262	SE	IL	60608	Internal Medicine	3/24/2010	1	3995	HEMODIALYSIS
263	SE	IL	60608	Internal Medicine	6/19/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

264	SP	IL	60660	Psychiatry	8/9/2011	1	3995 HEMODIALYSIS
265	SP	IL	60660	Psychiatry	9/21/2011	1	3995 HEMODIALYSIS
266	SP	IL	60660	Psychiatry	10/21/2011	1	3995 HEMODIALYSIS
267	TA	IL	60623	Internal Medicine	1/9/2012	1	3995 HEMODIALYSIS
268	TI	IL	60623	Family Practice	12/27/2010	1	3995 HEMODIALYSIS
269	TR	IL	60632	Family Practice	5/8/2010	1	3995 HEMODIALYSIS
270	TR	IL	60623	Internal Medicine	3/30/2010	1	3995 HEMODIALYSIS
271	TR	IL	60623	Internal Medicine	5/11/2010	1	3995 HEMODIALYSIS
272	TR	IL	60623	Internal Medicine	5/25/2010	1	3995 HEMODIALYSIS
273	TR	IL	60623	Internal Medicine	12/27/2010	1	3995 HEMODIALYSIS
274	TR	IL	60623	Internal Medicine	1/11/2011	1	3995 HEMODIALYSIS
275	TR	IL	60623	Internal Medicine	1/14/2011	1	3995 HEMODIALYSIS
276	TR	IL	60623	Internal Medicine	4/20/2011	1	3995 HEMODIALYSIS
277	TR	IL	60623	Internal Medicine	8/25/2011	1	3995 HEMODIALYSIS
278	TR	IL	60623	Internal Medicine	9/28/2011	1	3995 HEMODIALYSIS
279	TR	IL	60623	Internal Medicine	10/11/2011	1	3995 HEMODIALYSIS
280	TR	IL	60623	Internal Medicine	11/4/2011	1	3995 HEMODIALYSIS
281	TR	IL	60623	Cardiovascular Disease	12/24/2011	1	3995 HEMODIALYSIS
282	TR	IL	60623	Internal Medicine	2/8/2012	1	3995 HEMODIALYSIS
283	TR	IL	60623	Internal Medicine	4/5/2012	1	3995 HEMODIALYSIS
284	UE	IL	60827	Internal Medicine	8/26/2010	1	3995 HEMODIALYSIS
285	W	IL	60644	Internal Medicine	3/20/2010	1	3995 HEMODIALYSIS
286	W	IL	60302	Internal Medicine	3/3/2010	1	3995 HEMODIALYSIS
287	W	IL	60623	Family Medicine	1/1/2010	1	3995 HEMODIALYSIS
288	W	IL	60623	Internal Medicine	6/8/2010	1	3995 HEMODIALYSIS
289	W	IL	60623	Internal Medicine	10/6/2010	1	3995 HEMODIALYSIS
290	W	IL	60623	Internal Medicine	11/6/2010	1	3995 HEMODIALYSIS
291	W	IL	60623	Internal Medicine	1/25/2011	1	3995 HEMODIALYSIS
292	W	IL	60623	Internal Medicine	4/5/2011	1	3995 HEMODIALYSIS
293	W	IL	60623	Family Practice	5/28/2012	1	3995 HEMODIALYSIS
294	W	IL	60623	Internal Medicine	6/5/2012	1	3995 HEMODIALYSIS
295	W	IL	60623	Internal Medicine	6/30/2012	1	3995 HEMODIALYSIS
	AL	IL	60623	Internal Medicine	2/5/2010	2	3995 HEMODIALYSIS
	AL	IL	60623	Family Medicine	4/4/2012	2	3995 HEMODIALYSIS
	AN	IL	60653	Internal Medicine	6/3/2010	2	3995 HEMODIALYSIS
	BA	IL	60623	Psychiatry	4/29/2011	2	3995 HEMODIALYSIS
	BA	IL	60623	Psychiatry	5/15/2011	2	3995 HEMODIALYSIS
	BA	IL	60632	Internal Medicine	8/29/2011	2	3995 HEMODIALYSIS
	BE	IL	60623	Family Medicine	12/20/2010	2	3995 HEMODIALYSIS
	BR	IL	60623	Family Practice	7/5/2010	2	3995 HEMODIALYSIS
	BR	IL	60609	Internal Medicine	2/10/2010	2	3995 HEMODIALYSIS
	CA	IL	60632	Family Medicine	3/7/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	2/3/2010	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	7/9/2010	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	8/6/2010	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	9/19/2010	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	1/19/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	2/15/2011	2	3995 HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	CA	IL	60645	Family Practice	3/14/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	4/22/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	5/7/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	6/1/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	7/19/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	8/20/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	9/13/2011	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	2/2/2012	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	2/28/2012	2	3995 HEMODIALYSIS
	CA	IL	60645	Family Practice	6/2/2012	2	3995 HEMODIALYSIS
	CA	IL	60609	Internal Medicine	3/6/2012	2	3995 HEMODIALYSIS
	CA	IL	60629	Family Medicine	4/19/2012	2	3995 HEMODIALYSIS
	CA	IL	60608	Family Practice	3/12/2011	2	3995 HEMODIALYSIS
	CA	IL	60647	Family Practice	4/13/2010	2	3995 HEMODIALYSIS
	CA	IL	60647	Family Practice	4/4/2012	2	3995 HEMODIALYSIS
	CA	IL	60629	Internal Medicine	7/26/2011	2	3995 HEMODIALYSIS
	CE	IL	60623	Internal Medicine	12/7/2010	2	3995 HEMODIALYSIS
	CO	IL	60632	Internal Medicine	1/18/2012	2	3995 HEMODIALYSIS
	CO	IL	60402	Family Practice	11/4/2011	2	3995 HEMODIALYSIS
	CU	IL	60623	Internal Medicine	5/3/2011	2	3995 HEMODIALYSIS
	DA	IL	60647	Family Practice	6/22/2012	2	3995 HEMODIALYSIS
	DO	IL	60616	Internal Medicine	4/7/2012	2	3995 HEMODIALYSIS
	EN	IL	60623	Internal Medicine	1/17/2012	2	3995 HEMODIALYSIS
	GO	IL	60707	Family Practice	6/20/2011	2	3995 HEMODIALYSIS
	GO	IL	60632	Internal Medicine	8/15/2011	2	3995 HEMODIALYSIS
	GO	IL	60632	Internal Medicine	9/5/2011	2	3995 HEMODIALYSIS
	GO	IL	60638	Internal Medicine	2/17/2011	2	3995 HEMODIALYSIS
	HA	IL	60644	Internal Medicine	2/19/2010	2	3995 HEMODIALYSIS
	HA	IL	60644	Internal Medicine	3/6/2011	2	3995 HEMODIALYSIS
	HE	IL	60629	Family Medicine	1/5/2010	2	3995 HEMODIALYSIS
	JE	IL	60616	Family Practice	3/29/2010	2	3995 HEMODIALYSIS
	JE	IL	60609	Internal Medicine	7/7/2011	2	3995 HEMODIALYSIS
	JE	IL	60609	Internal Medicine	2/13/2012	2	3995 HEMODIALYSIS
	JO	IL	60644	Family Practice	2/26/2010	2	3995 HEMODIALYSIS
	JO	IL	60402	Family Practice	11/26/2011	2	3995 HEMODIALYSIS
	JO	IL	60402	Family Practice	4/13/2012	2	3995 HEMODIALYSIS
	JO	IL	60402	Family Practice	4/27/2012	2	3995 HEMODIALYSIS
	JO	IL	60645	Family Practice	1/4/2010	2	3995 HEMODIALYSIS
	KI	IL	60624	Internal Medicine	7/2/2010	2	3995 HEMODIALYSIS
	LA	IL	60804	Pediatrics	12/20/2010	2	3995 HEMODIALYSIS
	LE	IL	60608	Internal Medicine	8/1/2011	2	3995 HEMODIALYSIS
	LE	IL	60623	Internal Medicine	3/30/2010	2	3995 HEMODIALYSIS
	LO	IL	60644	Internal Medicine	2/3/2010	2	3995 HEMODIALYSIS
	LO	IL	60608	Internal Medicine	6/16/2010	2	3995 HEMODIALYSIS
	LO	IL	60608	Internal Medicine	8/3/2011	2	3995 HEMODIALYSIS
	LO	IL	60608	Internal Medicine	1/2/2012	2	3995 HEMODIALYSIS
	LO	IL	60623	Family Practice	7/7/2010	2	3995 HEMODIALYSIS
	LO	IL	60609	Internal Medicine	4/14/2010	2	3995 HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	LC	IL	60609	Internal Medicine	4/28/2010	2	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	5/24/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	5/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	2/12/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/17/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	11/14/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	12/13/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	12/1/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	5/29/2011	2	3995	HEMODIALYSIS
	M	IL	60623	General Surgery	8/10/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	10/29/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	11/11/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	3/21/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	8/24/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	10/2/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/26/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Internal Medicine	11/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	9/16/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	9/1/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Psychiatry	9/12/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Family Practice	2/22/2011	2	3995	HEMODIALYSIS
	N	IL	60623	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	N	IL	60652	Internal Medicine	2/28/2011	2	3995	HEMODIALYSIS
	N	IL	60644	Internal Medicine	2/16/2010	2	3995	HEMODIALYSIS
	N	IL	60624	Internal Medicine	5/1/2011	2	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	2	3995	HEMODIALYSIS
	P	IL	60632	Internal Medicine	3/8/2012	2	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	5/26/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	8/1/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	6/22/2012	2	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/25/2010	2	3995	HEMODIALYSIS
	R	IL	60616	Family Practice	12/23/2010	2	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	2	3995	HEMODIALYSIS
	R	IL	60652	Internal Medicine	7/15/2010	2	3995	HEMODIALYSIS
	R	IL	60644	Endocrinology / Diabetes	1/14/2010	2	3995	HEMODIALYSIS
	R	IL	60609	Internal Medicine	12/9/2011	2	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	6/8/2012	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	8/10/2010	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	2	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	2	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	T	IL	60651	Psychiatry	6/22/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	1/4/2012	2	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/1/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	U	IL	60608	Family Medicine	9/12/2010	2	3995	HEMODIALYSIS
	V	IL	60608	Internal Medicine	6/11/2012	2	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/6/2011	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	4/22/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/2/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/13/2010	2	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	2	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	3/9/2010	3	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	3	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	1/25/2012	3	3995	HEMODIALYSIS
	B	IL	60644	Internal Medicine	10/22/2010	3	3995	HEMODIALYSIS
	B	IL	60644	Family Practice	1/17/2010	3	3995	HEMODIALYSIS
	B	IL	60623	Internal Medicine	10/3/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/5/2010	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/26/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	8/20/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	4/24/2012	3	3995	HEMODIALYSIS
	C	IL	60623	Internal Medicine	5/3/2011	3	3995	HEMODIALYSIS
	D	IL	60616	Internal Medicine	1/9/2012	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	12/2/2010	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	5/23/2011	3	3995	HEMODIALYSIS
	G	IL	60609	Internal Medicine	3/19/2012	3	3995	HEMODIALYSIS
	G	IL	60623	Internal Medicine	11/7/2010	3	3995	HEMODIALYSIS
	G	IL	60130	Internal Medicine	5/13/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Family Medicine	1/31/2012	3	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Internal Medicine	4/5/2012	3	3995	HEMODIALYSIS
	G	IL	60638	Internal Medicine	4/5/2011	3	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/7/2010	3	3995	HEMODIALYSIS
	J	IL	60608	Internal Medicine	8/12/2010	3	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	3	3995	HEMODIALYSIS
	J	IL	60616	Internal Medicine	5/30/2010	3	3995	HEMODIALYSIS
	J	IL	60644	Internal Medicine	8/3/2010	3	3995	HEMODIALYSIS
	J	IL	60645	Family Practice	2/23/2010	3	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	12/24/2011	3	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	10/4/2010	3	3995	HEMODIALYSIS
	M	IL	60644	General Surgery	9/29/2010	3	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	10/14/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	6/24/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	10/14/2011	3	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	2/8/2010	3	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	3/23/2012	3	3995	HEMODIALYSIS
	M	IL	60804	Pediatrics	5/11/2010	3	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	3	3995	HEMODIALYSIS
	M	IL	60629	Family Practice	10/2/2011	3	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	M	IL	60644	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	3	3995	HEMODIALYSIS
	O	IL	60612	Internal Medicine	7/29/2010	3	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	6/12/2010	3	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	5/18/2012	3	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	3	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	12/10/2011	3	3995	HEMODIALYSIS
	Q	IL	60623	Family Medicine	12/29/2010	3	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	1/22/2010	3	3995	HEMODIALYSIS
	R	IL	60609	Family Medicine	2/12/2010	3	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	3/16/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	R	IL	60644	Internal Medicine	5/23/2010	3	3995	HEMODIALYSIS
	S	IL	60608	Internal Medicine	4/29/2011	3	3995	HEMODIALYSIS
	S	IL	60623	Family Medicine	9/12/2010	3	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	3	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	3	3995	HEMODIALYSIS
	S	IL	60624	Family Practice	5/27/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Family Practice	12/20/2010	3	3995	HEMODIALYSIS
	T	IL	60608	Cardiovascular Disease	4/22/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/21/2012	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	3/5/2010	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	1/4/2010	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	10/30/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	10/7/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	12/26/2010	3	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	3	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	5/31/2010	4	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Internal Medicine	6/20/2010	4	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Cardiovascular Disease	1/11/2011	4	3995	HEMODIALYSIS
	B	IL	60624	Internal Medicine	5/21/2011	4	3995	HEMODIALYSIS
	C	IL	60608	Internal Medicine	8/23/2011	4	3995	HEMODIALYSIS
	C	IL	60609	Internal Medicine	1/25/2010	4	3995	HEMODIALYSIS
	D	IL	60632	Family Practice	7/26/2010	4	3995	HEMODIALYSIS
	E	IL	60632	Internal Medicine	5/4/2012	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	4/13/2011	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	11/26/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Family Practice	12/28/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Internal Medicine	4/7/2012	4	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	4	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/24/2011	4	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	4	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	2/12/2010	4	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	L	IL	60608	Internal Medicine	4/13/2012	4	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	4	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	4	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	6/19/2011	4	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	4/19/2012	4	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	9/4/2010	4	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	4	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	4	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	R	IL	60632	Pediatrics	9/12/2011	4	3995	HEMODIALYSIS
	S	IL	60624	Endocrinology / Diabetes	3/15/2011	4	3995	HEMODIALYSIS
	S	IL	60632	Family Practice	5/24/2010	4	3995	HEMODIALYSIS
	S	IL	60616	Internal Medicine	10/14/2011	4	3995	HEMODIALYSIS
	S	IL	60609	Internal Medicine	8/24/2011	4	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	4	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	4	3995	HEMODIALYSIS
	V	IL	60623	Family Medicine	3/24/2010	4	3995	HEMODIALYSIS
	W	IL	60651	Internal Medicine	7/20/2010	4	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	5/24/2011	4	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Family Medicine	12/9/2010	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	5	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	6/27/2012	5	3995	HEMODIALYSIS
	G	IL	60653	Internal Medicine	5/10/2010	5	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	5	3995	HEMODIALYSIS
	H	IL	60623	Internal Medicine	2/6/2010	5	3995	HEMODIALYSIS
	J	IL	60623	Internal Medicine	9/26/2010	5	3995	HEMODIALYSIS
	L	IL	60608	Internal Medicine	3/27/2012	5	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	5	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	5	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	1/25/2010	5	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/7/2012	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	3/7/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	4/17/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	5	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	11/7/2011	5	3995	HEMODIALYSIS
	P	IL	60620	Internal Medicine	3/9/2012	5	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	5	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	5	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	6/11/2011	5	3995	HEMODIALYSIS
	T	IL	60638	Internal Medicine	5/25/2010	5	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/17/2011	5	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	6	3995	HEMODIALYSIS
	B	IL	60608	Internal Medicine	2/17/2012	6	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	FC	IL	60623	Internal Medicine	11/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60153	Internal Medicine	9/19/2011	6	3995	HEMODIALYSIS
	GC	IL	60707	Family Practice	6/20/2011	6	3995	HEMODIALYSIS
	GF	IL	60608	Family Practice	5/9/2010	6	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	3/30/2012	6	3995	HEMODIALYSIS
	LE	IL	60608	Family Medicine	1/8/2010	6	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	6	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	6	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	6	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	6	3995	HEMODIALYSIS
	SI	IL	60616	Family Practice	7/8/2011	6	3995	HEMODIALYSIS
	SC	IL	60623	Internal Medicine	8/10/2010	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/17/2011	6	3995	HEMODIALYSIS
	TI	IL	60616	Internal Medicine	6/11/2011	6	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	3/13/2011	6	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	6	3995	HEMODIALYSIS
	FL	IL	60608	Internal Medicine	3/23/2011	7	3995	HEMODIALYSIS
	GA	IL	60609	Internal Medicine	5/1/2012	7	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	7	3995	HEMODIALYSIS
	GC	IL	60130	Internal Medicine	5/13/2011	7	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	4/9/2010	7	3995	HEMODIALYSIS
	LC	IL	60623	Family Practice	9/26/2011	7	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	4/8/2010	7	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	7	3995	HEMODIALYSIS
	PA	IL	60623	Family Medicine	9/25/2011	7	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	7	3995	HEMODIALYSIS
	RC	IL	60609	Internal Medicine	1/5/2012	7	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	7	3995	HEMODIALYSIS
	ST	IL	60623	Internal Medicine	8/9/2011	7	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	7	3995	HEMODIALYSIS
	AR	IL	60609	Internal Medicine	11/27/2010	8	3995	HEMODIALYSIS
	BL	IL	60623	Family Practice	9/27/2011	8	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	8	3995	HEMODIALYSIS
	GE	IL	60130	Internal Medicine	5/13/2011	8	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	5/1/2012	8	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	9/11/2011	8	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	8	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	1/24/2011	8	3995	HEMODIALYSIS
	RC	IL	60632	Pediatrics	6/21/2011	8	3995	HEMODIALYSIS
	SA	IL	60623	Family Medicine	5/20/2010	8	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	8	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	8	3995	HEMODIALYSIS
	CC	IL	60402	Family Practice	10/4/2011	9	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	9	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	PA	IL	60623	Internal Medicine	11/30/2011	9	3995	HEMODIALYSIS
	PE	IL	60609	Family Medicine	1/2/2010	9	3995	HEMODIALYSIS
	PL	IL	60608	Internal Medicine	10/19/2011	9	3995	HEMODIALYSIS
	PE	IL	60620	Internal Medicine	5/7/2012	9	3995	HEMODIALYSIS
	RC	IL	60608	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	SA	IL	60609	Family Practice	2/6/2011	9	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	9	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	AV	IL	60804	Family Medicine	1/7/2010	10	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	10	3995	HEMODIALYSIS
	HA	IL	60608	Internal Medicine	6/2/2010	10	3995	HEMODIALYSIS
	PE	IL	60629	Family Medicine	5/11/2010	10	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	10	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	10	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	11	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	11	3995	HEMODIALYSIS
	BI	IL	60632	Internal Medicine	4/4/2011	12	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	12	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	12	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	12	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	13	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	13	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	14	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	15	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures
2010-Present (September 2012)

Notes:
- From 2010-2012, there were 295 patients that were admitted and required inpatient dialysis treatment, with a ICD9 Rank of 1.
- Of these 295 patients, exactly 42 patients were admitted on multiple occasions for inpatient dialysis treatments. (highlighted yellow)
- Patients with a second diagnosis code indicate these patients were admitted for another reason but required dialysis care, while they were an inpatient.

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
11	02/14/10	B	L	10/10/25	F	60623	EMERGENCY MEDICINE
13	03/20/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
10	03/29/10	F	C	07/10/63	F	60608	EMERGENCY MEDICINE
7	04/25/10	C	R	08/19/68	M	60608	EMERGENCY MEDICINE
7	06/19/10	F	F	08/03/73	M	60623	EMERGENCY MEDICINE
5	07/04/10	R	M	03/17/36	F	60652	EMERGENCY MEDICINE
12	07/07/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
13	08/05/10	K	S	03/17/61	M	60640	EMERGENCY MEDICINE
7	08/09/10	P	K	09/05/54	M	60652	EMERGENCY MEDICINE
5	08/17/10	G	J	08/24/40	M	60654	EMERGENCY MEDICINE
13	08/18/10	O	R	03/14/70	M	60623	EMERGENCY MEDICINE
5	09/04/10	M	V	07/12/32	F	60639	EMERGENCY MEDICINE
13	09/05/10	S	A	03/30/71	M	60624	EMERGENCY MEDICINE
12	09/06/10	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	09/30/10	B	C	12/01/81	F	60608	EMERGENCY MEDICINE
5	10/05/10	A	A	01/05/68	M	60632	EMERGENCY MEDICINE
5	10/08/10	E	A	09/27/51	M	60632	EMERGENCY MEDICINE
6	10/10/10	T	C	11/24/67	M	60623	EMERGENCY MEDICINE
3	10/13/10	P	D	11/29/37	F	60623	EMERGENCY MEDICINE
10	10/18/10	S	J	02/03/61	M	60626	EMERGENCY MEDICINE
9	10/28/10	D	J	12/23/75	F	60632	EMERGENCY MEDICINE
7	11/10/10	G	B	05/27/97	F	60632	EMERGENCY MEDICINE
14	11/15/10	E	L	04/18/51	F	60632	EMERGENCY MEDICINE
7	12/08/10	L	J	04/10/54	F	60623	EMERGENCY MEDICINE
5	12/26/10	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	01/09/11	O	M	06/09/62	M	60612	EMERGENCY MEDICINE
10	01/15/11	M	C	07/18/32	F	60608	EMERGENCY MEDICINE
6	01/24/11	K	S	02/03/60	M	60609	EMERGENCY MEDICINE
6	01/25/11	E	S	03/08/36	F	60609	EMERGENCY MEDICINE
4	02/02/11	C	C	02/28/32	F	60644	EMERGENCY MEDICINE
7	02/06/11	F	W	05/03/57	M	60608	EMERGENCY MEDICINE
7	03/07/11	R	S	02/18/64	F	60609	EMERGENCY MEDICINE
10	03/08/11	P	K	05/12/76	F	60624	EMERGENCY MEDICINE
9	04/02/11	B	M	02/22/55	F	60623	EMERGENCY MEDICINE
11	04/22/11	L	G	08/23/57	F	60629	EMERGENCY MEDICINE
11	05/22/11	T	M	10/29/65	F	60632	EMERGENCY MEDICINE
4	06/20/11	M	M	03/11/37	M	60632	EMERGENCY MEDICINE
5	06/30/11	M	A	10/30/73	M	60623	EMERGENCY MEDICINE
5	07/26/11	Z	C	06/04/87	M	60608	EMERGENCY MEDICINE
5	08/06/11	O	S	01/22/51	F	60612	EMERGENCY MEDICINE
12	08/09/11	C	D	02/03/54	F	60609	EMERGENCY MEDICINE
10	08/28/11	S	J	05/05/45	M	60608	EMERGENCY MEDICINE
5	08/28/11	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	09/02/11	P	Y	05/17/42	M	60632	EMERGENCY MEDICINE
9	09/08/11	M	R	04/06/30	M	60629	EMERGENCY MEDICINE
3	09/14/11	C	E	02/27/81	F	60629	EMERGENCY MEDICINE
11	09/16/11	J	R	08/04/70	M	60639	EMERGENCY MEDICINE
12	10/25/11	R	S	02/01/84	F	60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

9	10/29/11	W	G	11/05/36	M	60644	EMERGENCY MEDICINE
13	11/02/11	S	N	03/11/62	M	60623	EMERGENCY MEDICINE
12	11/03/11	F	J	05/25/75	M	60623	EMERGENCY MEDICINE
9	11/10/11	B	E	10/20/72	F	60623	EMERGENCY MEDICINE
6	11/28/11	H	R	06/23/40	M	60644	EMERGENCY MEDICINE
6	12/07/11	F	F	08/02/73	M	60623	EMERGENCY MEDICINE
5	12/26/11	C	A	11/30/70	F	60623	EMERGENCY MEDICINE
5	01/18/12	B	L	04/01/55	M	60629	EMERGENCY MEDICINE
4	02/06/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
14	02/18/12	G	S	11/06/35	F	60623	EMERGENCY MEDICINE
9	02/22/12	T	Y	10/03/70	F	60643	EMERGENCY MEDICINE
7	03/03/12	T	S	12/31/54	F	60623	EMERGENCY MEDICINE
8	03/10/12	B	N	10/28/62	F	60629	EMERGENCY MEDICINE
10	03/14/12	B	M	12/26/37	F	60804	EMERGENCY MEDICINE
6	03/20/12	B	B	07/17/53	F	60623	EMERGENCY MEDICINE
6	04/02/12	M	C	08/16/58	F	60623	EMERGENCY MEDICINE
7	04/04/12	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	04/24/12	H	N	01/13/26	M	60644	EMERGENCY MEDICINE
10	05/06/12	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
9	05/09/12	C	G	03/20/39	F	60609	EMERGENCY MEDICINE
3	05/11/12	S	C	12/12/68	F	60623	EMERGENCY MEDICINE
10	05/12/12	R	C	10/26/56	F	60623	EMERGENCY MEDICINE
6	05/18/12	N	J	07/30/63	M	60652	EMERGENCY MEDICINE
9	05/19/12	C	S	08/25/58	F	60647	EMERGENCY MEDICINE
5	05/20/12	M	E	05/22/74	M	60632	EMERGENCY MEDICINE
7	05/26/12	P	F	03/18/33	M	60609	EMERGENCY MEDICINE
6	06/02/12	W	G	09/07/69	M	60623	EMERGENCY MEDICINE
12	06/06/12	D	D	07/30/38	M	60623	EMERGENCY MEDICINE
6	06/20/12	E	G	06/28/68	M	60623	EMERGENCY MEDICINE
10	06/22/12	S	L	07/26/52	M	60402	EMERGENCY MEDICINE
14	07/10/12	J	M	04/13/45	M	60609	EMERGENCY MEDICINE
4	07/11/12	M	J	12/20/51	M	60623	EMERGENCY MEDICINE
11	07/11/12	A	S	06/03/40	F	60804	EMERGENCY MEDICINE
9	07/14/12	N	J	10/06/40	M	60632	EMERGENCY MEDICINE
4	07/18/12	O	J	12/30/46	F	60612	EMERGENCY MEDICINE
4	07/23/12	T	J	10/22/86	M	60629	EMERGENCY MEDICINE
6	07/29/12	B	E	06/10/81	F	60639	EMERGENCY MEDICINE
13	08/08/12	D	F	08/21/52	F	60608	EMERGENCY MEDICINE
9	08/17/12	V	C	11/22/56	M	60608	EMERGENCY MEDICINE
7	08/23/12	C	A	03/08/70	F	60608	EMERGENCY MEDICINE
13	08/24/12	M	M	02/18/49	F	60623	EMERGENCY MEDICINE
8	09/07/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
11	09/11/12	W	B	04/26/47	F	60623	EMERGENCY MEDICINE
7	09/12/12	A	M	02/22/59	F	60623	EMERGENCY MEDICINE
8	09/15/12	N	M	11/15/72	F	60623	EMERGENCY MEDICINE

ATTACHMENT-15B

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
29	01/08/10	A	C	04/19/23	M	60623	EMERGENCY MEDICINE
26	01/15/10	R	V	07/27/42	F	60623	EMERGENCY MEDICINE
17	02/22/10	M	J	03/19/79	M	60632	EMERGENCY MEDICINE
28	03/06/10	B	J	09/01/36	M	60653	EMERGENCY MEDICINE
16	03/19/10	C	R	10/24/35	M	60609	EMERGENCY MEDICINE
17	04/17/10	H	T	02/04/68	M	60651	EMERGENCY MEDICINE
18	05/11/10	D	M	01/10/34	F	60623	EMERGENCY MEDICINE
27	05/15/10	I	G	12/24/46	M	60608	EMERGENCY MEDICINE
17	07/04/10	W	L	02/20/55	M	60644	EMERGENCY MEDICINE
27	07/12/10	K	S	12/24/35	M	60609	EMERGENCY MEDICINE
26	08/08/10	F	A	09/11/42	F	60608	EMERGENCY MEDICINE
29	08/19/10	K	J	04/04/60	F	60623	EMERGENCY MEDICINE
20	08/24/10	W	S	06/11/41	M	60624	EMERGENCY MEDICINE
20	08/29/10	K	R	09/22/38	F	60623	EMERGENCY MEDICINE
23	08/30/10	R	E	03/07/59	M	60609	EMERGENCY MEDICINE
26	08/31/10	W	C	01/16/26	F	60608	EMERGENCY MEDICINE
27	09/18/10	S	S	10/07/56	M	60623	EMERGENCY MEDICINE
15	10/01/10	M	G	03/03/36	F	60623	EMERGENCY MEDICINE
29	10/12/10	J	E	08/21/56	F	60623	EMERGENCY MEDICINE
28	10/24/10	S	R	07/18/29	F	60624	EMERGENCY MEDICINE
25	12/03/10	G	J	03/28/33	F	60623	EMERGENCY MEDICINE
23	12/09/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
26	12/30/10	M	S	12/09/40	M	60608	EMERGENCY MEDICINE
19	01/14/11	J	C	09/01/50	F	60623	EMERGENCY MEDICINE
25	01/23/11	S	J	07/07/40	M	60402	EMERGENCY MEDICINE
27	02/04/11	S	O	07/06/36	F	60623	EMERGENCY MEDICINE
29	02/15/11	S	P	02/13/22	M	60608	EMERGENCY MEDICINE
22	02/21/11	S	E	09/10/31	F	60623	EMERGENCY MEDICINE
24	03/16/11	R	P	09/16/30	F	60608	EMERGENCY MEDICINE
22	04/03/11	S	A	07/07/61	M	60623	EMERGENCY MEDICINE
26	04/07/11	L	S	10/19/78	F	60632	EMERGENCY MEDICINE
22	04/09/11	G	E	09/22/56	F	60608	EMERGENCY MEDICINE
16	04/14/11	G	J	05/28/60	M	60623	EMERGENCY MEDICINE
16	04/16/11	M	A	07/23/35	F	60623	EMERGENCY MEDICINE
20	05/27/11	M	F	08/31/48	M	60616	EMERGENCY MEDICINE
18	06/06/11	T	H	08/17/25	M	60623	EMERGENCY MEDICINE
18	06/19/11	P	L	02/02/50	F	60623	EMERGENCY MEDICINE
22	06/30/11	T	A	11/10/50	F	60622	EMERGENCY MEDICINE
29	07/07/11	M	L	11/07/23	M	60629	EMERGENCY MEDICINE
27	07/09/11	D	W	03/24/30	M	60623	EMERGENCY MEDICINE
21	07/10/11	A	B	09/03/57	F	60608	EMERGENCY MEDICINE
24	07/10/11	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
23	07/11/11	G	A	01/18/63	F	60636	EMERGENCY MEDICINE
17	07/18/11	J	P	04/29/36	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

29	07/28/11	P	D	06/29/41	F	60623	EMERGENCY MEDICINE
17	08/02/11	M	A	12/07/52	F	60608	EMERGENCY MEDICINE
24	08/03/11	S	J	10/09/46	M	60609	EMERGENCY MEDICINE
29	08/10/11	S	R	07/29/91	M	60623	EMERGENCY MEDICINE
21	08/13/11	C	R	05/10/73	M	60623	EMERGENCY MEDICINE
28	09/08/11	R	C	11/17/72	M	60651	EMERGENCY MEDICINE
18	09/12/11	H	C	06/20/31	M	60608	EMERGENCY MEDICINE
20	09/27/11	M	W	07/14/53	M	60623	EMERGENCY MEDICINE
22	10/22/11	W	P	02/22/51	M	60608	EMERGENCY MEDICINE
24	10/24/11	S	C	01/15/31	F	60607	EMERGENCY MEDICINE
21	10/27/11	X	M	06/17/52	M	60623	EMERGENCY MEDICINE
17	10/28/11	M	M	07/26/38	F	60623	EMERGENCY MEDICINE
29	12/02/11	W	M	05/12/59	F	60624	EMERGENCY MEDICINE
27	12/19/11	M	R	01/11/33	M	60609	EMERGENCY MEDICINE
17	12/20/11	L	D	06/15/57	M	60623	EMERGENCY MEDICINE
22	12/21/11	B	R	08/22/29	M	60623	EMERGENCY MEDICINE
29	01/21/12	C	D	01/07/32	F	60623	EMERGENCY MEDICINE
15	01/22/12	C	J	11/15/57	F	60402	EMERGENCY MEDICINE
21	01/25/12	A	P	03/17/40	F	60608	EMERGENCY MEDICINE
28	01/28/12	A	K	12/18/40	M	60623	EMERGENCY MEDICINE
29	02/11/12	Q	M	12/20/72	F	60647	EMERGENCY MEDICINE
24	02/25/12	M	C	11/14/38	F	60651	EMERGENCY MEDICINE
20	03/13/12	M	M	04/27/53	F	60629	EMERGENCY MEDICINE
25	03/20/12	B	M	01/19/33	F	60623	EMERGENCY MEDICINE
26	03/20/12	B	S	01/15/50	M	60624	EMERGENCY MEDICINE
17	03/29/12	P	S	11/17/46	F	60609	EMERGENCY MEDICINE
17	04/13/12	K	F	08/10/93	F	60624	EMERGENCY MEDICINE
26	04/24/12	B	J	12/18/53	M	60623	EMERGENCY MEDICINE
18	05/05/12	B	A	02/11/24	F	60623	EMERGENCY MEDICINE
21	05/14/12	D	B	06/05/25	F	60632	EMERGENCY MEDICINE
24	05/21/12	C	G	05/31/57	M	60629	EMERGENCY MEDICINE
18	06/11/12	B	C	04/24/61	F	60641	ACUTE CARE NURSE PRACTITIONER
22	06/11/12	W	V	10/02/32	F	60623	EMERGENCY MEDICINE
25	06/18/12	R	F	01/01/44	F	60623	EMERGENCY MEDICINE
16	07/01/12	T	C	06/27/60	M	60623	ACUTE CARE NURSE PRACTITIONER
20	07/10/12	P	R	10/07/80	F	60623	EMERGENCY MEDICINE
19	07/14/12	G	M	08/15/32	F	60632	EMERGENCY MEDICINE
29	07/15/12	B	S	06/07/52	F	60608	EMERGENCY MEDICINE
15	08/01/12	V	R	08/25/48	F	60632	EMERGENCY MEDICINE
15	08/12/12	R	M	08/25/38	F	60608	EMERGENCY MEDICINE
29	08/13/12	R	R	08/09/40	M	60623	EMERGENCY MEDICINE
16	08/14/12	S	D	08/27/57	M	60632	ACUTE CARE NURSE PRACTITIONER
20	08/22/12	C	C	08/20/50	F	60623	EMERGENCY MEDICINE
22	08/22/12	R	R	11/21/59	F	60632	EMERGENCY MEDICINE
26	08/28/12	L	L	03/25/89	F	60609	EMERGENCY MEDICINE
15	09/11/12	P	M	01/02/68	M	60641	EMERGENCY MEDICINE
27	09/17/12	R	R	09/04/25	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
58	01/02/10	C	S	05/09/47	F	60637	EMERGENCY MEDICINE
59	01/05/10	V	J	01/12/35	M	60608	EMERGENCY MEDICINE
50	01/06/10	D	N	09/08/43	F	60632	EMERGENCY MEDICINE
56	01/09/10	D	R	08/15/50	M	60623	EMERGENCY MEDICINE
57	01/11/10	J	J	04/28/40	M	60608	EMERGENCY MEDICINE
44	01/16/10	L	M	01/28/63	M	60623	EMERGENCY MEDICINE
57	01/24/10	M	G	10/06/79	M	60632	EMERGENCY MEDICINE
43	01/25/10	T	R	08/05/50	F	60623	EMERGENCY MEDICINE
35	01/25/10	S	L	08/12/55	F	60644	EMERGENCY MEDICINE
31	01/25/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
53	01/29/10	T	G	02/04/74	F	60402	EMERGENCY MEDICINE
54	01/31/10	O	R	12/18/30	M	60623	EMERGENCY MEDICINE
47	02/04/10	A	P	05/27/58	F	60804	EMERGENCY MEDICINE
56	02/17/10	G	S	12/01/49	M	60653	EMERGENCY MEDICINE
52	02/22/10	M	M	12/24/76	M	60623	EMERGENCY MEDICINE
40	02/23/10	E	A	11/28/21	F	60623	EMERGENCY MEDICINE
33	02/24/10	S	L	04/02/25	F	60649	EMERGENCY MEDICINE
49	03/01/10	R	E	02/22/83	F	60609	EMERGENCY MEDICINE
54	03/07/10	K	C	12/16/61	F	60632	EMERGENCY MEDICINE
58	03/07/10	M	A	09/13/34	F	60653	EMERGENCY MEDICINE
49	03/08/10	M	G	03/03/59	M	60608	EMERGENCY MEDICINE
53	03/10/10	C	M	10/30/49	F	60608	EMERGENCY MEDICINE
51	03/20/10	G	S	07/08/49	F	60609	EMERGENCY MEDICINE
49	03/22/10	C	M	12/06/75	F	60632	EMERGENCY MEDICINE
52	03/23/10	T	D	11/07/56	M	60637	EMERGENCY MEDICINE
34	03/25/10	R	J	07/22/47	M	60608	EMERGENCY MEDICINE
42	03/26/10	V	M	09/07/48	M	60608	EMERGENCY MEDICINE
35	04/01/10	B	E	09/23/23	F	60624	EMERGENCY MEDICINE
55	04/16/10	V	F	03/23/67	M	60623	EMERGENCY MEDICINE
57	04/16/10	B	R	09/12/78	F	60623	EMERGENCY MEDICINE
49	04/23/10	R	R	05/07/27	M	60632	EMERGENCY MEDICINE
56	04/23/10	G	G	02/17/23	M	60623	EMERGENCY MEDICINE
39	04/30/10	Y	D	01/14/45	F	60620	EMERGENCY MEDICINE
57	05/01/10	P	S	07/29/58	F	60609	EMERGENCY MEDICINE
55	05/07/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
33	05/16/10	G	F	05/08/93	F	60623	EMERGENCY MEDICINE
45	05/16/10	B	S	09/03/77	F	60624	EMERGENCY MEDICINE
56	05/19/10	R	P	05/29/27	M	60609	EMERGENCY MEDICINE
57	06/03/10	C	S	02/28/25	F	60623	EMERGENCY MEDICINE
50	06/05/10	C	B	08/20/47	F	60544	EMERGENCY MEDICINE
55	06/09/10	M	S	06/03/50	M	60608	EMERGENCY MEDICINE
59	06/11/10	T	M	04/14/19	F	60616	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

51	06/15/10	E	S	09/04/37	M	60632	EMERGENCY MEDICINE
48	06/22/10	E	M	10/21/43	M	60609	EMERGENCY MEDICINE
55	06/26/10	V	G	09/19/34	M	60608	EMERGENCY MEDICINE
47	06/29/10	C	E	01/29/43	F	60609	EMERGENCY MEDICINE
58	07/02/10	C	S	02/17/59	F	60608	EMERGENCY MEDICINE
45	07/02/10	K	S	05/05/71	M	60632	EMERGENCY MEDICINE
57	07/03/10	F	S	07/11/33	F	60629	EMERGENCY MEDICINE
43	07/07/10	P	A	03/27/23	F	60608	EMERGENCY MEDICINE
57	07/11/10	M	J	01/14/64	F	60653	EMERGENCY MEDICINE
41	07/12/10	R	T	06/13/28	M	60632	EMERGENCY MEDICINE
46	07/14/10	Z	J	10/05/37	M	60623	EMERGENCY MEDICINE
57	07/19/10	M	J	09/27/27	M	60624	EMERGENCY MEDICINE
58	07/20/10	V	I	04/08/46	M	60623	EMERGENCY MEDICINE
58	07/20/10	N	M	06/17/70	F	60653	EMERGENCY MEDICINE
51	07/20/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
51	07/22/10	W	Y	01/01/60	F	60608	EMERGENCY MEDICINE
39	07/23/10	G	M	09/09/61	F	60632	EMERGENCY MEDICINE
56	07/24/10	M	J	09/03/53	M	60623	EMERGENCY MEDICINE
58	07/24/10	M	L	01/18/76	M	60623	EMERGENCY MEDICINE
56	07/26/10	G	I	06/13/32	M	60623	EMERGENCY MEDICINE
53	07/27/10	W	C	07/30/63	F	60605	EMERGENCY MEDICINE
34	08/01/10	B	R	02/06/61	M	60608	EMERGENCY MEDICINE
42	08/02/10	B	T	12/20/38	M	60623	EMERGENCY MEDICINE
58	08/03/10	H	C	05/18/84	M	60623	EMERGENCY MEDICINE
53	08/06/10	A	L	07/28/51	F	60638	EMERGENCY MEDICINE
46	08/06/10	V	A	11/11/69	F	60609	EMERGENCY MEDICINE
53	08/06/10	G	G	02/15/55	F	60647	EMERGENCY MEDICINE
46	08/06/10	R	D	10/14/48	M	60609	EMERGENCY MEDICINE
58	08/07/10	D	J	05/10/64	M	60623	EMERGENCY MEDICINE
46	08/08/10	D	L	04/29/13	F	60653	EMERGENCY MEDICINE
34	08/13/10	C	L	03/04/27	M	60651	EMERGENCY MEDICINE
47	08/15/10	A	R	11/12/50	M	60649	EMERGENCY MEDICINE
58	08/16/10	D	D	08/08/68	F	60632	EMERGENCY MEDICINE
42	08/16/10	T	A	12/13/65	F	60623	EMERGENCY MEDICINE
56	08/16/10	K	R	10/28/44	M	60623	EMERGENCY MEDICINE
37	08/18/10	E	P	05/14/30	F	60624	EMERGENCY MEDICINE
50	08/19/10	G	S	05/04/42	M	60458	EMERGENCY MEDICINE
42	08/19/10	G	C	09/13/32	F	60624	EMERGENCY MEDICINE
52	08/20/10	B	D	12/17/66	F	60643	EMERGENCY MEDICINE
45	08/21/10	G	F	11/06/59	F	60632	EMERGENCY MEDICINE
53	08/23/10	W	S	07/27/60	F	60608	EMERGENCY MEDICINE
58	08/27/10	G	T	06/12/54	F	60660	EMERGENCY MEDICINE
34	08/29/10	R	E	01/07/48	M	60618	EMERGENCY MEDICINE
57	08/29/10	S	J	09/22/95	M	60629	EMERGENCY MEDICINE
54	08/30/10	P	A	05/27/32	M	60608	EMERGENCY MEDICINE
56	08/31/10	Z	O	05/10/41	F	60623	EMERGENCY MEDICINE
37	09/01/10	J	D	11/26/56	M	60644	EMERGENCY MEDICINE

ATTACHMENT-15B

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

31	09/01/10	E	J	03/24/56	M	60623	EMERGENCY MEDICINE
45	09/04/10	L	A	12/24/21	F	60623	EMERGENCY MEDICINE
53	09/06/10	P	M	08/03/51	F	60614	EMERGENCY MEDICINE
53	09/08/10	B	J	11/18/53	M	60623	EMERGENCY MEDICINE
53	09/16/10	P	M	06/12/77	M	60623	EMERGENCY MEDICINE
59	09/18/10	C	D	11/27/57	F	60616	EMERGENCY MEDICINE
40	09/18/10	A	R	09/16/35	F	60632	EMERGENCY MEDICINE
56	09/18/10	D	E	08/26/63	M	60623	EMERGENCY MEDICINE
53	09/19/10	T	V	04/23/51	F	60623	EMERGENCY MEDICINE
58	09/19/10	C	C	08/29/56	M	60644	EMERGENCY MEDICINE
38	09/21/10	J	M	03/04/62	M	60626	EMERGENCY MEDICINE
46	09/25/10	A	G	05/03/42	M	60608	EMERGENCY MEDICINE
47	09/27/10	R	O	08/29/77	M	60629	EMERGENCY MEDICINE
50	09/29/10	W	M	06/20/60	M	60634	EMERGENCY MEDICINE
35	10/01/10	M	L	12/08/49	M	60608	EMERGENCY MEDICINE
43	10/02/10	R	J	11/15/36	M	60608	EMERGENCY MEDICINE
58	10/03/10	S	V	09/04/62	M	60644	EMERGENCY MEDICINE
57	10/04/10	F	H	01/03/26	F	60623	EMERGENCY MEDICINE
59	10/08/10	L	S	05/11/61	F	60804	EMERGENCY MEDICINE
49	10/10/10	M	V	05/06/47	M	60623	EMERGENCY MEDICINE
51	10/11/10	Q	M	06/14/93	F	60623	EMERGENCY MEDICINE
54	10/13/10	C	E	02/07/79	F	60623	EMERGENCY MEDICINE
55	10/13/10	K	L	08/16/43	M	60629	EMERGENCY MEDICINE
31	10/18/10	K	K	01/15/66	F	60411	EMERGENCY MEDICINE
55	10/25/10	O	C	10/22/39	M	60623	EMERGENCY MEDICINE
58	10/25/10	D	B	07/07/47	F	60609	EMERGENCY MEDICINE
50	10/26/10	M	G	01/28/75	F	60632	EMERGENCY MEDICINE
49	11/02/10	L	C	10/23/16	F	60612	EMERGENCY MEDICINE
52	11/02/10	E	J	05/28/53	M	60610	EMERGENCY MEDICINE
58	11/03/10	R	E	09/07/60	M	60623	EMERGENCY MEDICINE
56	11/07/10	G	A	07/23/28	F	60623	EMERGENCY MEDICINE
55	11/10/10	A	W	12/03/55	F	60623	EMERGENCY MEDICINE
50	11/10/10	H	C	04/23/47	F	60302	EMERGENCY MEDICINE
58	11/11/10	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
37	11/14/10	C	A	10/22/22	F	60302	EMERGENCY MEDICINE
52	11/14/10	H	B	08/02/65	F	60623	EMERGENCY MEDICINE
54	11/14/10	B	B	05/28/39	F	60624	EMERGENCY MEDICINE
59	11/19/10	B	P	11/09/28	M	60623	EMERGENCY MEDICINE
58	11/20/10	O	J	05/26/58	F	60624	EMERGENCY MEDICINE
59	11/21/10	B	A	05/08/34	F	60609	EMERGENCY MEDICINE
52	11/21/10	T	V	08/19/32	F	60623	EMERGENCY MEDICINE
50	11/21/10	Z	A	09/12/71	M	60632	EMERGENCY MEDICINE
47	11/22/10	P	C	11/12/53	F	60608	EMERGENCY MEDICINE
38	11/23/10	G	Y	04/16/72	M	60804	EMERGENCY MEDICINE
57	11/24/10	C	D	08/29/79	M	60608	EMERGENCY MEDICINE
57	11/28/10	T	S	03/05/33	M	60609	EMERGENCY MEDICINE
42	11/30/10	B	D	06/05/47	F	60651	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

34	12/01/10	M	J	08/19/37	F	60616	EMERGENCY MEDICINE
49	12/04/10	L	C	08/18/30	F	60644	EMERGENCY MEDICINE
58	12/04/10	V	M	10/13/36	F	60804	EMERGENCY MEDICINE
31	12/05/10	J	A	11/12/99	F	60623	EMERGENCY MEDICINE
44	12/09/10	D	G	10/16/08	F	60644	EMERGENCY MEDICINE
45	12/11/10	R	R	01/25/48	M	60644	EMERGENCY MEDICINE
55	12/11/10	G	M	10/02/50	F	60632	EMERGENCY MEDICINE
53	12/17/10	G	A	12/11/56	M	60614	EMERGENCY MEDICINE
56	12/20/10	A	B	04/11/55	F	60608	EMERGENCY MEDICINE
55	12/20/10	C	C	11/16/90	F	60609	EMERGENCY MEDICINE
54	12/27/10	M	R	10/07/31	M	60643	EMERGENCY MEDICINE
57	12/28/10	C	Y	08/30/62	F	60155	EMERGENCY MEDICINE
54	12/30/10	C	J	02/11/41	M	60609	EMERGENCY MEDICINE
47	12/31/10	M	M	01/14/26	F	60608	EMERGENCY MEDICINE
32	01/03/11	U	L	06/10/16	F	60624	EMERGENCY MEDICINE
48	01/05/11	L	M	08/26/39	F	60623	EMERGENCY MEDICINE
55	01/10/11	F	C	05/06/48	F	60608	EMERGENCY MEDICINE
57	01/11/11	L	E	03/24/42	F	60623	EMERGENCY MEDICINE
50	01/14/11	G	C	07/12/42	F	60652	EMERGENCY MEDICINE
47	01/15/11	R	Y	10/03/63	F	60608	EMERGENCY MEDICINE
40	01/20/11	G	B	06/02/30	F	60624	EMERGENCY MEDICINE
55	01/22/11	H	E	01/02/19	F	60608	EMERGENCY MEDICINE
56	01/22/11	L	K	08/10/41	F	60651	EMERGENCY MEDICINE
55	01/25/11	A	J	12/31/59	M	60804	EMERGENCY MEDICINE
48	01/25/11	M	A	12/07/37	F	60632	EMERGENCY MEDICINE
57	01/28/11	W	R	03/16/47	F	60608	EMERGENCY MEDICINE
57	02/02/11	M	J	06/28/31	M	60623	EMERGENCY MEDICINE
59	02/02/11	W	J	03/02/36	F	60624	EMERGENCY MEDICINE
38	02/03/11	C	O	07/03/26	M	60608	EMERGENCY MEDICINE
55	02/07/11	C	F	07/08/31	F	60623	EMERGENCY MEDICINE
54	02/10/11	C	J	08/08/65	M	60623	EMERGENCY MEDICINE
58	02/14/11	R	A	09/22/72	F	60609	EMERGENCY MEDICINE
59	02/17/11	D	S	05/13/81	M	60623	EMERGENCY MEDICINE
40	02/19/11	T	B	12/03/35	M	60623	EMERGENCY MEDICINE
54	02/21/11	M	V	05/24/60	F	60804	EMERGENCY MEDICINE
40	02/21/11	L	B	06/03/55	F	60608	EMERGENCY MEDICINE
39	02/22/11	S	H	03/19/33	F	60644	EMERGENCY MEDICINE
57	02/26/11	C	E	03/05/34	F	60632	EMERGENCY MEDICINE
52	02/28/11	G	C	05/14/53	F	60153	EMERGENCY MEDICINE
38	03/01/11	E	F	02/07/85	M	60632	EMERGENCY MEDICINE
37	03/01/11	D	C	01/19/38	F	60639	EMERGENCY MEDICINE
57	03/05/11	B	C	07/21/71	F	60608	EMERGENCY MEDICINE
51	03/06/11	S	D	01/13/71	M	60608	EMERGENCY MEDICINE
39	03/10/11	W	D	07/17/47	F	60624	EMERGENCY MEDICINE
50	03/11/11	M	H	04/01/59	M	60623	EMERGENCY MEDICINE
47	03/15/11	G	M	02/20/55	F	60623	EMERGENCY MEDICINE
53	03/15/11	J	W	07/25/51	M	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

32	03/15/11	R	G	05/09/50	F	60804	EMERGENCY MEDICINE
57	03/17/11	S	J	07/29/57	M	60651	EMERGENCY MEDICINE
39	03/19/11	V	C	10/08/56	F	60614	EMERGENCY MEDICINE
50	03/19/11	B	M	09/02/31	F	60623	EMERGENCY MEDICINE
56	03/21/11	T	H	01/17/52	F	60623	EMERGENCY MEDICINE
55	03/22/11	H	T	03/19/73	F	60612	EMERGENCY MEDICINE
56	03/24/11	U	A	08/14/41	F	60629	EMERGENCY MEDICINE
57	03/28/11	D	V	07/12/31	F	60651	EMERGENCY MEDICINE
58	03/30/11	V	M	07/20/37	F	60608	EMERGENCY MEDICINE
46	03/31/11	C	S	06/27/61	M	60608	EMERGENCY MEDICINE
54	04/02/11	A	A	07/20/80	F	60608	EMERGENCY MEDICINE
54	04/03/11	M	R	01/06/38	F	60623	EMERGENCY MEDICINE
49	04/05/11	M	E	04/09/31	F	60629	EMERGENCY MEDICINE
46	04/06/11	C	E	06/13/23	F	60623	EMERGENCY MEDICINE
42	04/09/11	P	W	05/17/31	F	60104	EMERGENCY MEDICINE
47	04/10/11	F	E	10/18/84	M	60623	EMERGENCY MEDICINE
40	04/11/11	M	J	05/19/49	F	60623	EMERGENCY MEDICINE
44	04/14/11	V	M	08/23/65	F	60632	EMERGENCY MEDICINE
47	04/18/11	L	P	11/10/41	M	60623	EMERGENCY MEDICINE
41	04/22/11	R	G	03/10/27	F	60632	EMERGENCY MEDICINE
50	04/23/11	W	D	08/16/31	F	60623	EMERGENCY MEDICINE
54	04/23/11	C	L	03/23/27	F	60608	EMERGENCY MEDICINE
57	04/25/11	M	A	03/15/39	F	60623	EMERGENCY MEDICINE
47	04/28/11	D	E	03/14/47	F	60609	EMERGENCY MEDICINE
51	04/28/11	G	J	03/16/83	M	60623	EMERGENCY MEDICINE
59	04/29/11	G	J	01/06/61	M	60804	EMERGENCY MEDICINE
57	04/29/11	C	B	03/19/58	F	60644	EMERGENCY MEDICINE
51	05/02/11	V	A	04/12/38	F	60623	EMERGENCY MEDICINE
50	05/02/11	V	A	04/16/50	F	60639	EMERGENCY MEDICINE
38	05/07/11	R	M	03/11/54	F	60652	EMERGENCY MEDICINE
48	05/11/11	B	L	02/18/40	M	60623	EMERGENCY MEDICINE
49	05/13/11	L	E	11/28/75	F	60623	EMERGENCY MEDICINE
38	05/18/11	E	R	11/17/69	F	60608	EMERGENCY MEDICINE
52	05/18/11	M	T	01/29/38	M	60623	EMERGENCY MEDICINE
30	05/20/11	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
59	05/22/11	S	M	10/30/80	F	60647	EMERGENCY MEDICINE
59	05/23/11	R	E	09/25/54	F	60609	EMERGENCY MEDICINE
39	05/24/11	C	L	12/16/55	M	60623	EMERGENCY MEDICINE
58	05/29/11	R	A	05/29/57	M	60623	EMERGENCY MEDICINE
55	06/01/11	T	F	08/09/39	F	60623	EMERGENCY MEDICINE
58	06/01/11	W	C	09/12/55	F	60623	EMERGENCY MEDICINE
51	06/01/11	S	C	11/03/44	F	60632	EMERGENCY MEDICINE
30	06/01/11	E	M	02/25/65	M	60640	EMERGENCY MEDICINE
58	06/03/11	S	D	06/20/55	F	60624	EMERGENCY MEDICINE
34	06/04/11	C	S	10/20/68	F	60623	EMERGENCY MEDICINE
47	06/04/11	O	C	03/18/27	F	60608	EMERGENCY MEDICINE
46	06/07/11	A	M	06/18/33	F	60804	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	06/11/11	R	M	12/22/45	F	60657	EMERGENCY MEDICINE
41	06/12/11	L	T	12/25/41	F	60629	EMERGENCY MEDICINE
48	06/13/11	M	L	03/05/56	M	60608	EMERGENCY MEDICINE
35	06/13/11	R	L	12/01/32	F	60624	EMERGENCY MEDICINE
49	06/15/11	W	V	09/01/32	F	60804	EMERGENCY MEDICINE
51	06/16/11	D	D	01/02/60	F	60632	EMERGENCY MEDICINE
58	06/18/11	S	S	07/12/38	M	60647	EMERGENCY MEDICINE
35	06/18/11	N	M	07/15/61	F	60608	EMERGENCY MEDICINE
38	06/21/11	H	V	01/29/25	F	60623	EMERGENCY MEDICINE
48	06/21/11	R	J	09/18/53	M	60623	EMERGENCY MEDICINE
38	06/22/11	C	C	03/28/46	F	60623	EMERGENCY MEDICINE
53	06/23/11	M	M	04/09/34	F	60609	EMERGENCY MEDICINE
59	06/23/11	S	R	08/01/51	M	60623	EMERGENCY MEDICINE
45	06/23/11	W	R	09/20/43	M	60639	EMERGENCY MEDICINE
43	06/26/11	B	A	11/30/48	M	60623	EMERGENCY MEDICINE
57	06/30/11	M	N	06/08/72	M	60608	EMERGENCY MEDICINE
34	07/01/11	G	L	04/19/37	F	60623	EMERGENCY MEDICINE
40	07/01/11	W	B	06/23/32	M	60652	EMERGENCY MEDICINE
58	07/01/11	E	G	02/03/33	F	60602	EMERGENCY MEDICINE
50	07/01/11	R	D	06/28/77	M	60612	EMERGENCY MEDICINE
57	07/03/11	W	S	07/19/54	F	60623	EMERGENCY MEDICINE
56	07/07/11	B	C	03/11/51	M	60623	EMERGENCY MEDICINE
42	07/08/11	P	L	02/27/37	F	60623	EMERGENCY MEDICINE
42	07/11/11	S	R	02/04/43	M	60651	EMERGENCY MEDICINE
41	07/12/11	H	S	02/11/34	M	60632	EMERGENCY MEDICINE
59	07/13/11	S	G	12/10/80	F	60609	EMERGENCY MEDICINE
47	07/14/11	J	J	10/02/27	F	60624	EMERGENCY MEDICINE
49	07/14/11	N	J	12/12/31	M	60644	EMERGENCY MEDICINE
59	07/16/11	H	A	04/04/68	M	60632	EMERGENCY MEDICINE
55	07/18/11	M	J	01/12/82	M	60623	EMERGENCY MEDICINE
41	07/18/11	R	J	11/22/62	M	60623	EMERGENCY MEDICINE
49	07/20/11	A	M	10/05/59	F	60608	EMERGENCY MEDICINE
49	07/20/11	O	G	11/15/59	F	60623	EMERGENCY MEDICINE
46	07/21/11	L	R	10/08/57	F	60632	EMERGENCY MEDICINE
47	07/24/11	G	N	07/20/80	F	60623	EMERGENCY MEDICINE
59	07/26/11	S	E	02/27/60	F	60608	EMERGENCY MEDICINE
58	07/26/11	B	L	01/28/42	F	60623	EMERGENCY MEDICINE
52	07/27/11	K	R	02/15/22	F	60608	EMERGENCY MEDICINE
56	07/28/11	C	T	12/10/64	M	60623	EMERGENCY MEDICINE
57	08/01/11	G	C	05/31/67	F	60651	EMERGENCY MEDICINE
38	08/01/11	B	J	06/05/42	M	60632	EMERGENCY MEDICINE
44	08/02/11	B	D	08/11/50	F	60651	EMERGENCY MEDICINE
39	08/04/11	R	F	10/07/37	F	60623	EMERGENCY MEDICINE
58	08/05/11	G	M	08/13/29	M	60623	EMERGENCY MEDICINE
53	08/06/11	F	G	04/14/60	M	60609	EMERGENCY MEDICINE
52	08/09/11	P	A	06/16/37	M	60652	EMERGENCY MEDICINE
50	08/11/11	K	A	06/09/36	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	08/13/11	V	N	03/08/36	M	78572	EMERGENCY MEDICINE
55	08/15/11	S	B	08/28/39	F	60619	EMERGENCY MEDICINE
45	08/18/11	D	F	09/17/55	M	60623	EMERGENCY MEDICINE
51	08/19/11	R	J	12/11/30	M	60608	EMERGENCY MEDICINE
57	08/19/11	T	J	05/26/36	F	60623	EMERGENCY MEDICINE
40	08/22/11	G	J	01/17/49	M	60612	EMERGENCY MEDICINE
56	08/22/11	B	S	01/31/49	M	60623	EMERGENCY MEDICINE
58	08/22/11	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
59	08/23/11	G	E	03/21/33	F	60620	EMERGENCY MEDICINE
57	08/25/11	Y	L	03/15/55	M	60623	EMERGENCY MEDICINE
47	08/27/11	D	S	09/14/61	F	60163	EMERGENCY MEDICINE
57	08/29/11	V	V	05/12/19	F	60623	EMERGENCY MEDICINE
58	08/30/11	R	G	11/21/35	M	60501	EMERGENCY MEDICINE
36	09/01/11	K	A	12/27/30	F	60632	EMERGENCY MEDICINE
31	09/03/11	F	L	03/28/34	F	60644	EMERGENCY MEDICINE
58	09/06/11	H	R	06/07/69	M	60623	EMERGENCY MEDICINE
44	09/12/11	A	E	02/23/35	F	60638	EMERGENCY MEDICINE
39	09/14/11	A	M	07/10/55	F	60608	EMERGENCY MEDICINE
59	09/19/11	A	G	11/21/61	M	60624	EMERGENCY MEDICINE
38	09/21/11	S	R	04/03/67	M	60608	EMERGENCY MEDICINE
47	09/23/11	G	G	01/01/30	F	60623	EMERGENCY MEDICINE
44	09/24/11	O	C	03/03/69	M	60559	EMERGENCY MEDICINE
49	09/24/11	G	A	08/26/38	F	60623	EMERGENCY MEDICINE
57	09/26/11	S	H	09/05/57	F	60623	EMERGENCY MEDICINE
52	09/27/11	H	W	05/24/55	F	60110	EMERGENCY MEDICINE
30	10/01/11	P	K	03/17/82	F	60632	EMERGENCY MEDICINE
55	10/04/11	C	J	03/06/52	M	60623	EMERGENCY MEDICINE
59	10/05/11	S	R	12/08/63	M	60623	EMERGENCY MEDICINE
48	10/08/11	H	M	07/30/50	M	60402	EMERGENCY MEDICINE
48	10/09/11	O	A	03/25/88	F	10009	EMERGENCY MEDICINE
47	10/10/11	C	T	03/24/65	F	60623	EMERGENCY MEDICINE
55	10/10/11	R	A	04/08/32	F	60608	EMERGENCY MEDICINE
58	10/12/11	A	C	09/14/41	F	60804	EMERGENCY MEDICINE
50	10/13/11	G	V	04/18/38	F	60609	EMERGENCY MEDICINE
48	10/17/11	P	K	04/29/69	M	60623	EMERGENCY MEDICINE
36	10/18/11	C	M	12/31/30	F	60623	EMERGENCY MEDICINE
58	10/19/11	A	C	10/28/35	F	60632	EMERGENCY MEDICINE
58	10/21/11	M	B	09/21/57	M	60620	EMERGENCY MEDICINE
52	10/22/11	W	S	01/21/47	F	60623	EMERGENCY MEDICINE
49	10/27/11	A	G	02/27/49	M	60608	EMERGENCY MEDICINE
45	10/29/11	C	B	07/18/44	M	60632	EMERGENCY MEDICINE
40	10/30/11	E	H	12/24/41	F	60607	EMERGENCY MEDICINE
39	10/31/11	M	M	10/12/71	F	60133	EMERGENCY MEDICINE
54	11/02/11	R	D	09/23/61	M	60638	EMERGENCY MEDICINE
58	11/07/11	T	A	07/21/53	M	60624	EMERGENCY MEDICINE
50	11/07/11	S	R	07/05/66	M	60623	EMERGENCY MEDICINE
55	11/08/11	M	B	03/11/44	F	60632	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

39	11/09/11	B	T	03/18/47	M	60624	EMERGENCY MEDICINE
47	11/09/11	V	L	01/13/43	F	60608	EMERGENCY MEDICINE
56	11/10/11	G	L	08/08/33	F	60608	EMERGENCY MEDICINE
51	11/16/11	O	M	12/07/91	F	60609	EMERGENCY MEDICINE
58	11/16/11	H	T	09/13/70	F	60629	EMERGENCY MEDICINE
54	11/18/11	M	P	10/22/57	F	60623	EMERGENCY MEDICINE
57	11/18/11	D	F	12/17/59	F	60644	EMERGENCY MEDICINE
32	11/22/11	C	F	10/14/56	M	60426	EMERGENCY MEDICINE
53	11/25/11	M	A	08/27/51	F	60623	EMERGENCY MEDICINE
48	11/29/11	S	I	10/11/55	F	60626	EMERGENCY MEDICINE
55	12/14/11	H	C	10/13/76	F	60623	EMERGENCY MEDICINE
32	12/14/11	C	M	05/26/35	F	60632	EMERGENCY MEDICINE
55	12/15/11	S	B	01/23/23	F	60616	EMERGENCY MEDICINE
58	12/16/11	P	E	05/01/24	F	60644	EMERGENCY MEDICINE
36	12/16/11	S	L	07/09/68	F	60651	EMERGENCY MEDICINE
49	12/26/11	M	J	09/30/50	M	60623	EMERGENCY MEDICINE
57	12/28/11	S	A	11/29/79	M	60623	EMERGENCY MEDICINE
59	12/29/11	G	M	02/23/36	F	60624	EMERGENCY MEDICINE
48	12/31/11	J	C	01/24/51	M	60624	EMERGENCY MEDICINE
50	01/06/12	L	H	09/24/74	M	60452	EMERGENCY MEDICINE
45	01/07/12	W	B	06/09/45	F	60623	EMERGENCY MEDICINE
34	01/08/12	T	V	02/25/71	F	60608	EMERGENCY MEDICINE
53	01/10/12	W	H	02/19/30	F	60609	EMERGENCY MEDICINE
43	01/11/12	M	G	05/15/64	F	60632	EMERGENCY MEDICINE
52	01/14/12	C	M	07/06/33	F	60624	EMERGENCY MEDICINE
56	01/18/12	D	E	03/30/38	M	60639	EMERGENCY MEDICINE
35	01/18/12	R	M	08/11/59	M	60608	EMERGENCY MEDICINE
57	01/19/12	W	P	05/17/60	M	60624	EMERGENCY MEDICINE
39	01/19/12	Z	M	02/05/30	F	60632	EMERGENCY MEDICINE
49	01/24/12	B	N	11/16/74	F	60623	EMERGENCY MEDICINE
46	01/27/12	D	D	08/20/37	F	60651	EMERGENCY MEDICINE
48	01/28/12	C	R	08/06/76	M	60501	EMERGENCY MEDICINE
58	01/29/12	S	M	02/07/81	M	60651	EMERGENCY MEDICINE
33	02/01/12	P	M	02/18/58	M	60639	EMERGENCY MEDICINE
32	02/01/12	T	M	05/05/42	F	60612	EMERGENCY MEDICINE
37	02/02/12	W	C	11/06/74	F	60623	EMERGENCY MEDICINE
33	02/08/12	G	E	12/02/14	F	60632	EMERGENCY MEDICINE
53	02/08/12	R	G	05/09/51	F	60608	EMERGENCY MEDICINE
58	02/08/12	W	T	08/03/75	F	60644	EMERGENCY MEDICINE
55	02/09/12	J	E	03/07/65	M	60624	EMERGENCY MEDICINE
56	02/11/12	T	L	10/22/86	F	60623	EMERGENCY MEDICINE
54	02/16/12	W	J	11/29/40	M	60623	EMERGENCY MEDICINE
51	02/18/12	W	L	04/07/39	F	60623	EMERGENCY MEDICINE
48	02/20/12	E	J	03/05/61	F	60623	EMERGENCY MEDICINE
34	02/20/12	A	B	01/11/77	F	60623	EMERGENCY MEDICINE
59	02/22/12	T	G	05/20/57	F	60651	EMERGENCY MEDICINE
46	02/22/12	B	L	07/11/34	F	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

47	02/23/12	C	A	07/27/41	F	60608	EMERGENCY MEDICINE
46	02/24/12	B	D	09/04/36	M	60608	EMERGENCY MEDICINE
45	02/26/12	M	A	06/06/35	F	60623	EMERGENCY MEDICINE
58	02/28/12	L	R	07/16/32	M	60607	EMERGENCY MEDICINE
51	03/01/12	L	C	12/14/62	F	60148	EMERGENCY MEDICINE
54	03/05/12	B	J	10/04/59	M	60608	EMERGENCY MEDICINE
58	03/07/12	P	S	07/03/64	F	60629	EMERGENCY MEDICINE
47	03/09/12	M	B	04/29/81	F	60632	EMERGENCY MEDICINE
56	03/18/12	C	I	04/20/30	F	60608	EMERGENCY MEDICINE
37	03/18/12	R	J	07/09/30	M	60623	EMERGENCY MEDICINE
49	03/20/12	B	O	08/18/65	F	60623	EMERGENCY MEDICINE
35	03/21/12	G	C	06/24/34	F	60624	EMERGENCY MEDICINE
40	03/22/12	W	W	08/05/50	F	60623	EMERGENCY MEDICINE
59	03/25/12	R	S	01/30/88	F	60612	EMERGENCY MEDICINE
39	03/27/12	S	R	01/07/26	M	60608	EMERGENCY MEDICINE
36	03/29/12	K	F	09/26/31	F	60644	EMERGENCY MEDICINE
56	03/29/12	A	C	11/13/58	M	60636	EMERGENCY MEDICINE
48	03/30/12	S	E	10/04/53	F	60623	EMERGENCY MEDICINE
52	03/30/12	A	D	05/10/74	F	60620	EMERGENCY MEDICINE
53	03/31/12	G	L	01/20/80	F	60629	EMERGENCY MEDICINE
59	04/02/12	R	A	08/12/62	M	60623	EMERGENCY MEDICINE
50	04/10/12	A	C	02/16/54	F	60623	EMERGENCY MEDICINE
57	04/13/12	A	R	05/18/70	F	60623	EMERGENCY MEDICINE
32	04/14/12	R	C	06/17/89	M	60623	EMERGENCY MEDICINE
43	04/16/12	A	G	02/12/43	F	60623	EMERGENCY MEDICINE
49	04/17/12	N	M	02/19/69	M	60644	EMERGENCY MEDICINE
58	04/18/12	W	A	08/26/34	F	60623	EMERGENCY MEDICINE
54	04/19/12	A	D	02/12/36	M	60623	EMERGENCY MEDICINE
48	04/29/12	S	C	10/11/59	F	60623	EMERGENCY MEDICINE
41	04/30/12	J	F	12/04/29	F	60612	EMERGENCY MEDICINE
59	05/05/12	G	G	12/31/41	F	60644	EMERGENCY MEDICINE
39	05/07/12	M	E	04/08/36	M	60609	EMERGENCY MEDICINE
52	05/09/12	D	F	08/22/54	M	60624	EMERGENCY MEDICINE
59	05/11/12	A	D	12/20/65	M	60623	EMERGENCY MEDICINE
37	05/11/12	H	H	07/22/41	M	60623	EMERGENCY MEDICINE
44	05/11/12	B	L	05/06/40	M	60624	EMERGENCY MEDICINE
57	05/16/12	P	P	11/02/57	M	60623	EMERGENCY MEDICINE
56	05/18/12	B	S	05/14/41	F	60623	EMERGENCY MEDICINE
56	05/20/12	H	L	12/25/38	F	60608	EMERGENCY MEDICINE
55	05/22/12	G	S	11/12/54	M	60624	EMERGENCY MEDICINE
47	05/23/12	R	A	12/18/30	F	60639	EMERGENCY MEDICINE
43	05/25/12	C	E	09/29/54	M	60608	EMERGENCY MEDICINE
58	05/28/12	M	J	12/26/89	F	60201	EMERGENCY MEDICINE
42	05/28/12	M	C	02/22/47	F	60629	EMERGENCY MEDICINE
51	06/01/12	H	A	11/14/69	M	60651	EMERGENCY MEDICINE
33	06/05/12	B	H	04/07/27	M	60608	EMERGENCY MEDICINE
54	06/05/12	G	R	09/17/71	F	60629	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

46	06/06/12	R	J	08/19/52	F	60649	EMERGENCY MEDICINE
36	06/08/12	M	J	10/02/66	M	60647	EMERGENCY MEDICINE
59	06/13/12	M	E	01/25/49	F	60804	EMERGENCY MEDICINE
58	06/16/12	M	M	05/15/35	F	60623	EMERGENCY MEDICINE
46	06/16/12	W	W	12/13/56	F	60651	EMERGENCY MEDICINE
56	06/17/12	C	M	10/01/55	F	60623	EMERGENCY MEDICINE
50	06/18/12	S	T	04/20/74	F	60624	EMERGENCY MEDICINE
58	06/19/12	W	P	05/19/61	F	60612	EMERGENCY MEDICINE
38	06/19/12	M	J	10/10/87	M	60632	EMERGENCY MEDICINE
46	06/22/12	G	K	06/09/53	M	60624	EMERGENCY MEDICINE
59	06/24/12	F	L	04/14/29	F	60623	EMERGENCY MEDICINE
53	06/26/12	C	K	01/25/63	F	60615	EMERGENCY MEDICINE
37	06/30/12	A	J	06/07/57	M	60623	EMERGENCY MEDICINE
59	07/03/12	M	L	06/12/54	M	60634	EMERGENCY MEDICINE
33	07/03/12	O	F	08/11/54	M	60623	EMERGENCY MEDICINE
50	07/05/12	P	A	04/06/50	M	60632	EMERGENCY MEDICINE
46	07/05/12	F	P	03/13/66	F	60644	EMERGENCY MEDICINE
59	07/06/12	A	S	11/02/58	F	60609	EMERGENCY MEDICINE
58	07/08/12	J	S	06/03/67	F	60608	EMERGENCY MEDICINE
55	07/10/12	C	A	03/08/17	F	60623	EMERGENCY MEDICINE
59	07/10/12	G	P	10/27/33	M	60632	EMERGENCY MEDICINE
58	07/12/12	M	J	03/22/69	M	60608	EMERGENCY MEDICINE
56	07/12/12	S	J	02/08/47	M	60609	EMERGENCY MEDICINE
40	07/14/12	M	G	11/15/29	F	60608	EMERGENCY MEDICINE
32	07/16/12	G	A	02/09/69	F	60644	EMERGENCY MEDICINE
34	07/16/12	R	E	01/24/28	F	60632	EMERGENCY MEDICINE
58	07/17/12	G	E	05/01/37	F	60629	EMERGENCY MEDICINE
46	07/19/12	D	K	08/30/88	F	60651	EMERGENCY MEDICINE
58	07/19/12	G	R	03/29/23	F	60623	EMERGENCY MEDICINE
55	07/19/12	R	R	10/16/67	M	60632	EMERGENCY MEDICINE
51	07/20/12	M	A	03/28/37	M	60608	EMERGENCY MEDICINE
33	07/21/12	R	D	05/12/35	M	60623	EMERGENCY MEDICINE
36	07/21/12	D	M	12/25/38	M	60636	EMERGENCY MEDICINE
41	07/24/12	C	A	04/18/30	M	60432	EMERGENCY MEDICINE
41	07/25/12	L	V	07/13/51	F	60608	EMERGENCY MEDICINE
44	07/26/12	H	T	10/03/60	M	60620	EMERGENCY MEDICINE
55	07/27/12	N	S	03/23/58	M	60615	EMERGENCY MEDICINE
48	07/27/12	N	F	05/04/58	M	60804	EMERGENCY MEDICINE
56	07/28/12	S	B	07/21/72	M	60624	EMERGENCY MEDICINE
56	07/31/12	H	J	04/21/60	M	60804	EMERGENCY MEDICINE
53	07/31/12	K	C	12/12/63	M	60304	EMERGENCY MEDICINE
50	08/03/12	M	W	02/10/46	F	60612	EMERGENCY MEDICINE
39	08/04/12	G	E	11/05/39	F	60623	EMERGENCY MEDICINE
58	08/05/12	R	B	07/20/52	F	60623	EMERGENCY MEDICINE
55	08/07/12	V	C	09/30/35	F	60647	EMERGENCY MEDICINE
35	08/07/12	Y	H	02/16/25	F	60644	EMERGENCY MEDICINE
51	08/09/12	R	A	06/03/64	M	60120	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

50	08/15/12	P	S	06/09/61	M		60609	EMERGENCY MEDICINE
56	08/15/12	D	A	08/23/50	F		60608	EMERGENCY MEDICINE
46	08/17/12	S	V	02/03/70	F		60629	EMERGENCY MEDICINE
51	08/18/12	T	C	01/20/44	F		60632	EMERGENCY MEDICINE
39	08/20/12	V	M	10/19/22	F		60609	EMERGENCY MEDICINE
34	08/21/12	W	L	02/01/29	F		60623	EMERGENCY MEDICINE
59	08/22/12	P	R	06/04/52	M		60622	EMERGENCY MEDICINE
34	08/28/12	B	R	01/31/50	F		60623	EMERGENCY MEDICINE
53	08/28/12	R	R	03/28/68	F		60623	EMERGENCY MEDICINE
39	08/29/12	S	E	08/21/43	F		60623	EMERGENCY MEDICINE
53	08/30/12	L	W	11/08/57	M		60651	EMERGENCY MEDICINE
40	09/01/12	D	M	02/12/38	F		60644	EMERGENCY MEDICINE
53	09/02/12	M	O	11/26/93	F		60609	EMERGENCY MEDICINE
59	09/02/12	C	V	02/01/53	M		60624	EMERGENCY MEDICINE
51	09/04/12	G	L	08/04/55	M		60608	EMERGENCY MEDICINE
51	09/07/12	P	B	07/31/68	F		60402	EMERGENCY MEDICINE
43	09/09/12	G	I	11/13/20	F		60623	EMERGENCY MEDICINE
57	09/10/12	S	V	08/07/38	F		60623	EMERGENCY MEDICINE
49	09/13/12	C	T	08/11/62	F		60623	EMERGENCY MEDICINE
53	09/13/12	V	R	11/02/48	F		60623	EMERGENCY MEDICINE
58	09/16/12	L	J	02/18/44	F		60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
28	01/14/10	R	IV	02/24/49	F	60636	INTERNAL MEDICINE
29	01/18/10	B	JA	02/06/23	M	60651	INTERNAL MEDICINE
29	02/17/10	G	V	04/06/33	F	60612	CARDIOVASCULAR DISEASE
17	02/19/10	S	C	11/26/33	F	60609	INTERNAL MEDICINE
29	02/22/10	G	M	01/03/33	M	60623	HEMOTOLOGY / ONCOLOGY
15	02/23/10	H	A	09/19/44	F	60609	INTERNAL MEDICINE
27	03/16/10	N	LE	08/22/35	M	60620	INTERNAL MEDICINE
21	03/25/10	S	M	05/11/37	F	60609	INTERNAL MEDICINE
16	04/02/10	G	JB	10/11/83	F	60632	INTERNAL MEDICINE
17	04/08/10	M	A	07/10/91	M	60453	PEDIATRICS
19	05/08/10	A	M	12/30/25	M	60608	FAMILY PRACTICE
26	05/15/10	C	ES	09/30/48	M	60623	FAMILY PRACTICE
26	06/01/10	H	B	09/17/36	M	60624	INTERNAL MEDICINE
25	06/14/10	G	M	11/14/24	F	60162	HEMOTOLOGY / ONCOLOGY
15	06/27/10	J	C	03/08/43	M	60707	INTERNAL MEDICINE
19	07/14/10	V	M	05/17/49	F	60632	FAMILY PRACTICE
18	07/30/10	M	D	07/24/68	F	60632	FAMILY PRACTICE
16	08/06/10	C	ES	04/01/43	F	60608	INTERNAL MEDICINE
16	10/29/10	R	T	12/29/34	F	60632	INTERNAL MEDICINE
15	11/10/10	B	D	05/26/60	M	60004	GENERAL SURGERY
24	11/30/10	A	P	10/23/54	F	60612	INTERNAL MEDICINE
21	12/02/10	T	SA	02/28/61	M	60629	INTERNAL MEDICINE
16	01/14/11	S	L	12/14/37	F	60609	FAMILY PRACTICE
20	02/11/11	B	E	01/27/37	F	60638	INTERNAL MEDICINE
29	02/18/11	B	O	07/29/31	M	60624	CARDIOVASCULAR DISEASE
15	03/17/11	R	SH	02/08/82	F	60804	FAMILY PRACTICE
26	04/13/11	R	A	09/20/43	F	60608	INTERNAL MEDICINE
25	04/15/11	L	M	03/20/38	F	60632	CARDIOVASCULAR DISEASE
22	07/15/11	T	JC	12/03/70	M	46360	PODIATRIC SURGERY
20	07/22/11	L	A	01/10/66	M	60652	FAMILY PRACTICE
29	08/10/11	V	A	12/20/49	M	60609	CARDIOVASCULAR DISEASE
19	08/13/11	G	E	05/30/54	M	60608	FAMILY PRACTICE
21	08/13/11	U	P	07/27/32	M	60623	CARDIOVASCULAR DISEASE
29	08/19/11	G	E	09/30/41	M	60623	CARDIOVASCULAR DISEASE
17	08/23/11	R	G	08/09/57	M	60623	PODIATRIC SURGERY
25	10/04/11	P	K	01/30/60	M	60608	GENERAL SURGERY
29	10/22/11	A	R	02/12/54	M	60608	GASTROENTEROLOGY
16	11/01/11	M	O	06/30/33	F	60644	GENERAL SURGERY
20	11/13/11	D	P	05/23/50	F	60644	INTERNAL MEDICINE
22	01/19/12	A	D	12/31/41	M	60623	UROLOGY
18	01/31/12	G	M	08/15/32	F	60632	GENERAL SURGERY
29	02/03/12	Z	M	07/23/33	F	60632	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

27	02/07/12	W	E	11/23/33	M	60638	PODIATRIC SURGERY
29	02/15/12	H	IS	07/08/24	F	60171	CARDIOVASCULAR DISEASE
20	02/16/12	A	H	12/23/55	M	60608	GENERAL SURGERY
26	02/21/12	F	A	08/03/58	M	60623	INTERNAL MEDICINE
15	03/21/12	C	D	12/17/38	M	60608	GENERAL SURGERY
26	04/01/12	T	SA	07/27/61	F	60615	INTERNAL MEDICINE
15	04/04/12	P	E	02/05/30	F	60620	GENERAL SURGERY
15	04/05/12	B	M	04/27/49	F	60632	GENERAL SURGERY
27	04/10/12	T	LU	05/09/45	M	60612	INTERNAL MEDICINE
25	04/21/12	C	G	02/10/31	F	60608	FAMILY PRACTICE
23	04/24/12	S	D	01/09/66	F	60624	INTERNAL MEDICINE
29	05/03/12	M	B	10/25/62	M	60645	CARDIOVASCULAR DISEASE
27	06/11/12	R	G	03/12/37	M	60608	CARDIOVASCULAR DISEASE
28	06/20/12	D	M	08/20/66	F	60629	INTERNAL MEDICINE
28	06/26/12	A	JA	01/10/34	M	60632	GENERAL SURGERY
17	07/27/12	G	A	08/29/45	M	60608	GENERAL SURGERY
25	07/31/12	S	A	07/19/43	F	60612	HEMOTOLOGY / ONCOLOGY
23	08/03/12	D	SA	07/02/21	M	60624	PULMONARY DISEASE
22	08/07/12	S	V	01/04/34	F	60629	INTERNAL MEDICINE
28	08/07/12	A	D	02/19/41	M	60632	FAMILY PRACTICE
16	08/16/12	C	M	05/04/28	F	60632	CARDIOVASCULAR DISEASE
17	08/22/12	B	M	08/20/41	F	60632	INTERNAL MEDICINE
28	08/31/12	M	LU	01/18/24	F	60608	INTERNAL MEDICINE
28	09/04/12	G	R	04/10/36	M	60632	CARDIOVASCULAR DISEASE
17	09/10/12	W	JC	05/28/64	M	60653	GENERAL SURGERY
28	09/18/12	M	R	08/03/37	F	60623	FAMILY PRACTICE

ATTACHMENT-15B

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
51	01/02/10	S	G	04/17/22	M	60629	CARDIOVASCULAR DISEASE
50	01/07/10	V	R	06/06/66	M	60623	FAMILY PRACTICE
59	01/08/10	C	E	05/21/31	F	60643	FAMILY PRACTICE
54	01/10/10	T	R	06/05/36	M	60651	FAMILY PRACTICE
49	01/12/10	M	W	12/18/31	M	60623	INTERNAL MEDICINE
48	01/13/10	T	B	11/29/25	F	60624	INTERNAL MEDICINE
58	01/14/10	V	J	06/03/32	M	60623	INTERNAL MEDICINE
51	01/15/10	R	M	02/24/49	F	60636	INTERNAL MEDICINE
56	01/18/10	W	E	04/24/37	F	60623	HEMATOLOGY
55	01/18/10	B	H	08/17/33	F	60463	FAMILY PRACTICE
55	01/20/10	L	G	04/15/59	F	60804	PEDIATRICS
56	01/21/10	J	R	10/12/53	M	60615	GASTROENTEROLOGY
31	01/25/10	R	O	01/10/36	F	60402	HEMATOLOGY
55	01/25/10	A	P	05/30/26	M	60623	HEMATOLOGY
36	01/26/10	O	C	06/30/54	F	60632	CARDIOVASCULAR DISEASE
34	02/02/10	R	C	10/25/31	M	60612	INTERNAL MEDICINE
59	02/02/10	R	G	03/31/29	F	60623	ENDOCRINOLOGY/DIABETES
52	02/03/10	R	S	09/08/32	F	60632	INTERNAL MEDICINE
52	02/06/10	H	Z	05/21/48	F	38671	OBSTETRICS
50	02/11/10	H	L	04/08/26	F	60620	INTERNAL MEDICINE
50	02/13/10	M	J	07/01/31	M	60629	INTERNAL MEDICINE
46	02/15/10	C	R	11/09/38	F	60623	INTERNAL MEDICINE
57	02/15/10	S	J	03/19/44	M	60617	GENERAL SURGERY
58	02/17/10	B	J	11/04/46	M	60608	INTERNAL MEDICINE
46	02/17/10	G	A	03/27/33	M	60636	INTERNAL MEDICINE
56	02/17/10	G	M	02/22/47	F	60639	ORTHOPAEDIC SURGERY
58	02/18/10	W	J	11/16/37	M	60624	HEMATOLOGY
58	02/22/10	A	E	07/02/29	F	60623	INTERNAL MEDICINE
57	02/22/10	W	P	05/15/49	F	60612	FAMILY PRACTICE
43	02/23/10	D	J	03/16/29	F	60623	CARDIOVASCULAR DISEASE
53	02/26/10	N	B	07/16/59	F	60153	PODIATRIC SURGERY
59	03/01/10	M	G	07/14/34	F	60651	HEMATOLOGY
44	03/03/10	J	M	02/06/32	F	60644	INTERNAL MEDICINE
52	03/04/10	H	J	04/26/48	M	60608	INTERNAL MEDICINE
42	03/05/10	S	M	09/24/27	F	60608	INTERNAL MEDICINE
57	03/06/10	L	D	11/06/46	F	60628	INFECTIOUS DISEASE
50	03/08/10	G	M	09/12/28	F	60623	INTERNAL MEDICINE
52	03/10/10	G	O	02/02/36	F	60623	FAMILY PRACTICE
58	03/10/10	A	A	02/10/36	F	60632	INTERNAL MEDICINE
58	03/13/10	C	H	09/12/64	F	60623	INTERNAL MEDICINE
33	03/18/10	T	S	06/07/32	F	60608	HEMATOLOGY
55	03/18/10	G	L	05/17/63	M	60632	UROLOGY
32	03/25/10	T	M	02/05/31	F	60651	HEMATOLOGY
55	04/01/10	P	Z	08/16/64	F	60624	FAMILY PRACTICE
59	04/02/10	G	G	11/09/38	F	60609	INTERNAL MEDICINE
54	04/05/10	S	R	05/22/46	F	60647	HEMATOLOGY
47	04/09/10	M	P	09/08/66	F	60632	INTERNAL MEDICINE
55	04/14/10	R	C	10/17/28	F	60623	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

37	04/14/10	R	V	08/15/47	F	60513	FAMILY PRACTICE
46	04/16/10	P	D	11/23/28	F	60644	INTERNAL MEDICINE
48	04/19/10	S	L	06/18/63	F	60609	HEMATOLOGY
59	04/20/10	T	L	06/25/48	F	60612	GASTROENTEROLOGY
30	04/25/10	C	E	07/19/23	F	60624	INTERNAL MEDICINE
42	04/27/10	R	L	07/21/58	M	60623	INTERNAL MEDICINE
57	04/29/10	D	F	02/26/30	M	60617	CARDIOVASCULAR DISEASE
55	04/30/10	A	S	01/29/48	F	60634	INTERNAL MEDICINE
46	05/03/10	B	G	06/30/23	F	60612	HEMATOLOGY
31	05/03/10	A	A	08/14/59	M	60620	HEMATOLOGY
37	05/07/10	P	R	07/14/43	M	60619	UROLOGY
43	05/09/10	P	G	07/19/48	F	60632	FAMILY PRACTICE
59	05/13/10	W	E	11/23/21	F	60623	CARDIOVASCULAR DISEASE
54	05/17/10	A	L	08/08/37	F	60639	HEMATOLOGY
55	05/21/10	R	D	11/13/31	F	60516	GENERAL SURGERY
37	05/24/10	L	O	01/23/32	F	60608	INTERNAL MEDICINE
54	05/24/10	G	D	03/27/32	M	60629	INTERNAL MEDICINE
30	05/26/10	C	P	06/28/27	M	60632	INTERNAL MEDICINE
49	05/27/10	D	R	01/12/41	F	60623	INTERNAL MEDICINE
42	06/01/10	T	A	06/26/39	M	60632	FAMILY PRACTICE
55	06/07/10	R	C	06/26/48	F	60609	FAMILY PRACTICE
35	06/09/10	W	S	02/10/22	F	60653	FAMILY PRACTICE
53	06/12/10	P	M	05/14/66	F	60653	INTERNAL MEDICINE
43	06/14/10	P	E	11/11/22	F	60629	FAMILY PRACTICE
57	06/15/10	D	R	08/01/30	F	60612	FAMILY PRACTICE
54	06/16/10	G	M	11/02/35	F	60623	UROLOGY
54	06/19/10	S	G	12/10/42	F	60609	FAMILY PRACTICE
39	06/21/10	G	A	11/13/75	F	61021	INTERNAL MEDICINE
48	06/22/10	S	B	11/03/58	F	60623	HEMATOLOGY
51	06/25/10	R	L	10/05/24	F	60624	FAMILY PRACTICE
32	06/28/10	R	J	08/01/82	F	60629	FAMILY PRACTICE
57	07/01/10	S	R	01/09/41	M	60626	HEMATOLOGY
56	07/01/10	U	A	09/07/36	M	60463	CARDIOVASCULAR DISEASE
58	07/06/10	A	S	01/31/48	F	60459	HEMATOLOGY
30	07/06/10	C	J	09/01/63	M	60608	NEUROLOGY
58	07/08/10	S	M	07/27/49	F	60624	HEMATOLOGY
51	07/08/10	A	S	07/28/37	M	60623	FAMILY PRACTICE
58	07/10/10	H	C	08/09/35	M	60649	CARDIOVASCULAR DISEASE
58	07/12/10	G	V	07/19/37	M	60632	INTERNAL MEDICINE
58	07/12/10	S	A	07/05/36	F	60608	INTERNAL MEDICINE
44	07/13/10	G	E	03/13/88	F	60623	FAMILY MEDICINE
44	07/15/10	G	S	11/18/39	F	39307	HEMATOLOGY
56	07/15/10	B	D	05/30/38	M	60609	UROLOGY
51	07/22/10	S	C	08/16/38	F	60609	CARDIOVASCULAR DISEASE
42	07/28/10	H	J	08/29/56	F	60660	OBSTETRICS
47	07/29/10	W	A	11/24/58	F	60637	GASTROENTEROLOGY
46	08/06/10	Z	A	10/20/54	M	60608	ORTHOPAEDIC SURGERY
41	08/12/10	W	M	02/16/51	M	60623	FAMILY PRACTICE
50	08/12/10	B	B	08/02/53	M	60623	FAMILY MEDICINE
42	08/13/10	S	G	01/10/23	M	60638	FAMILY PRACTICE
51	08/19/10	M	A	03/29/54	F	60804	GASTROENTEROLOGY
50	08/24/10	S	G	05/24/35	M	60620	GASTROENTEROLOGY

ATTACHMENT-15B

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

52	08/31/10	M	W		01/03/36	M	60624	CARDIOVASCULAR DISEASE
31	09/03/10	B	M		07/18/29	F	60638	INTERNAL MEDICINE
54	09/16/10	P	T		05/18/22	F	60629	INTERNAL MEDICINE
59	09/22/10	D	V		01/08/38	M	60645	INTERNAL MEDICINE
37	09/24/10	M	S		10/02/36	M	60639	INTERNAL MEDICINE
44	09/27/10	G	A		02/02/21	M	60623	GASTROENTEROLOGY
53	10/07/10	N	T		05/27/38	M	60608	CARDIOVASCULAR DISEASE
46	10/08/10	O	A		07/26/22	F	60608	GASTROENTEROLOGY
47	10/11/10	L	R		08/31/37	M	60609	INTERNAL MEDICINE
59	10/11/10	A	J	A	03/11/39	F	60827	CARDIOVASCULAR DISEASE
43	10/13/10	H	R		06/24/58	M	60617	PODIATRIC SURGERY
42	10/19/10	B	J		03/09/21	M	60632	NEUROLOGY
57	10/21/10	V	J	C	03/19/38	M	60402	PODIATRIC SURGERY
58	10/25/10	B	E		06/14/37	F	60623	INTERNAL MEDICINE
42	11/08/10	T	M		09/26/24	F	60608	OPHTHAMOLOGY
51	11/09/10	H	D		03/18/58	M	60651	PODIATRIC SURGERY
38	11/12/10	T	R		06/04/32	F	60617	FAMILY MEDICINE
55	11/18/10	C	A		09/12/35	M	60632	INTERNAL MEDICINE
42	11/19/10	F	T		01/27/27	F	60402	INTERNAL MEDICINE
46	11/19/10	F	A		09/13/21	M	60402	INTERNAL MEDICINE
57	11/26/10	C	L		03/13/41	M	60612	GENERAL SURGERY
34	12/01/10	R	M		07/27/25	F	60623	CARDIOVASCULAR DISEASE
53	12/03/10	C	B		09/22/62	F	60804	UROLOGY
47	12/06/10	A	J	C	10/14/43	M	60632	CARDIOVASCULAR DISEASE
57	12/09/10	E	J	U	12/12/41	M	60632	UROLOGY
44	12/10/10	O	M		10/21/50	F	60651	INTERNAL MEDICINE
55	12/14/10	M	J	C	01/14/69	M	60623	INTERNAL MEDICINE
58	12/15/10	J	C	A	03/20/49	M	60624	INTERNAL MEDICINE
55	12/18/10	C	J	C	12/07/56	F	60609	INTERNAL MEDICINE
58	12/21/10	A	A		05/13/57	F	60629	PODIATRIC SURGERY
32	12/28/10	M	D		02/14/44	F	60608	INTERNAL MEDICINE
58	12/30/10	P	S		04/18/45	M	60611	INTERNAL MEDICINE
57	01/26/11	M	J	C	05/03/33	M	60804	FAMILY MEDICINE
44	01/28/11	B	A		03/07/25	F	60608	CARDIOVASCULAR DISEASE
57	02/11/11	M	J	A	04/09/51	F	60621	GASTROENTEROLOGY
31	02/21/11	A	B		07/06/61	F	60623	PODIATRIC SURGERY
57	03/13/11	C	J	C	10/16/54	F	60629	GASTROENTEROLOGY
40	03/15/11	C	R		12/10/48	F	60608	FAMILY MEDICINE
57	03/15/11	R	A		12/22/46	M	60623	FAMILY MEDICINE
51	03/17/11	C	P		11/18/50	F	60137	PODIATRIC SURGERY
34	03/19/11	C	J	U	04/01/37	F	60616	FAMILY MEDICINE
57	03/24/11	N	S		02/12/81	F	60612	FAMILY MEDICINE
59	03/26/11	B	G		07/31/57	F	60620	ORTHOPAEDIC SURGERY
58	04/05/11	D	Z		02/12/24	F	60527	CARDIOVASCULAR DISEASE
36	04/12/11	N	J	C	11/27/34	M	60623	PODIATRIC SURGERY
58	04/18/11	M	L	C	09/29/37	F	60644	GASTROENTEROLOGY
58	04/22/11	Z	J	C	09/05/65	M	60804	FAMILY PRACTICE
41	04/29/11	P	F		12/26/42	M	60626	PODIATRIC SURGERY
56	04/30/11	S	L	C	02/27/27	F	60624	FAMILY PRACTICE
31	05/04/11	L	A		08/09/38	F	46391	PODIATRIC SURGERY
57	05/04/11	R	E		03/07/62	F	60641	PODIATRIC SURGERY
55	05/10/11	J	M		12/08/74	F	60644	GENERAL SURGERY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

47	05/14/11	C	J	E	06/08/53	M	60804	INTERNAL MEDICINE
44	05/17/11	P	R		03/27/49	M	60636	CARDIOVASCULAR DISEASE
57	05/17/11	J	E		09/21/35	F	60624	INTERNAL MEDICINE
47	05/21/11	M	C		06/14/55	F	60608	INTERNAL MEDICINE
49	05/23/11	C	S		11/15/71	F	60612	INTERNAL MEDICINE
59	06/04/11	T	E		05/24/25	F	60639	FAMILY PRACTICE
52	06/06/11	B	D		03/01/49	M	60609	INTERNAL MEDICINE
48	06/10/11	M	R		06/15/54	M	60651	UROLOGY
50	06/21/11	I	S	J	10/10/49	F	60623	INTERNAL MEDICINE
57	06/23/11	S	T		09/19/49	M	60651	PODIATRIC SURGERY
59	06/28/11	D	G		07/26/52	F	60617	INTERNAL MEDICINE
53	06/30/11	C	R		03/08/50	F	60630	INTERNAL MEDICINE
42	07/11/11	J	J	C	03/26/31	M	60623	INTERNAL MEDICINE
31	07/13/11	T	L		05/01/39	M	60609	GASTROENTEROLOGY
56	07/15/11	V	R		04/15/55	M	60623	GENERAL SURGERY
49	07/21/11	T	J	C	07/19/61	M	60629	PODIATRIC SURGERY
47	07/22/11	B	P		06/17/40	F	60612	INTERNAL MEDICINE
45	07/23/11	H	J	C	09/08/55	M	60632	CARDIOVASCULAR DISEASE
59	07/26/11	C	L	A	07/06/46	F	60629	GASTROENTEROLOGY
49	07/27/11	S	I	S	09/13/49	M	60623	INTERNAL MEDICINE
49	08/01/11	E	S		09/18/46	M	60632	INTERNAL MEDICINE
48	08/01/11	L	H		06/04/26	F	60624	CARDIOVASCULAR DISEASE
59	08/02/11	L	R		04/11/47	F	60629	FAMILY PRACTICE
51	08/03/11	M	A		05/11/55	M	60623	FAMILY PRACTICE
40	08/05/11	R	A		11/12/31	F	60608	INTERNAL MEDICINE
56	08/05/11	G	A		03/07/44	F	60632	INTERNAL MEDICINE
45	08/05/11	A	F		06/03/30	F	60623	INTERNAL MEDICINE
57	08/08/11	S	G		07/11/75	F	60623	OBSTETRICS
57	08/16/11	V	M		05/04/38	F	60608	INTERNAL MEDICINE
47	08/19/11	E	E		12/06/45	M	60187	INTERNAL MEDICINE
55	08/23/11	B	P		10/26/26	F	60609	INTERNAL MEDICINE
41	08/25/11	G	J	C	02/27/44	M	60632	GASTROENTEROLOGY
47	08/26/11	C	F		08/12/45	F	60609	UROLOGY
53	08/31/11	B	R		06/26/67	F	60169	ORTHOPAEDIC SURGERY
49	08/31/11	D	B		10/13/25	F	60607	PODIATRIC SURGERY
34	09/09/11	H	A		09/29/30	F	60609	INTERNAL MEDICINE
59	09/20/11	J	J	U	12/25/36	M	60623	INTERNAL MEDICINE
56	09/22/11	Z	B		10/13/27	M	60816	CARDIOVASCULAR DISEASE
34	09/26/11	K	A		01/01/51	F	60634	GENERAL SURGERY
51	09/30/11	F	P		08/15/38	M	60632	CARDIOVASCULAR DISEASE
58	10/04/11	D	R		06/21/46	M	60706	PODIATRIC SURGERY
59	10/05/11	P	R		03/15/38	M	60632	INTERNAL MEDICINE
56	10/06/11	P	L	A	04/10/39	M	60623	FAMILY PRACTICE
54	10/08/11	S	B		09/22/41	F	60622	UROLOGY
45	10/11/11	L	D		07/15/29	F	60621	GASTROENTEROLOGY
54	10/11/11	M	R		09/19/45	M	60639	GASTROENTEROLOGY
59	10/17/11	G	F		07/14/53	M	60609	INTERNAL MEDICINE
32	10/17/11	L	S		04/13/35	M	60108	INTERNAL MEDICINE
44	10/19/11	G	N		06/09/41	M	60629	INTERNAL MEDICINE
57	10/19/11	O	J	C	04/19/38	M	60639	CARDIOVASCULAR DISEASE
48	10/20/11	G	L		10/19/45	M	60647	GASTROENTEROLOGY
37	10/27/11	G	M		08/16/53	M	60632	PULMONARY DISEASE
46	10/28/11	R	I	S	02/06/21	M	60623	PEDIATRICS
56	10/30/11	B	L		12/21/33	F	60458	INTERNAL MEDICINE

ATTACHMENT-15B

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

48	11/02/11	B	C	04/02/38	F	60629	GENERAL SURGERY
57	11/03/11	N	J	08/10/37	M	60632	INTERNAL MEDICINE
44	11/05/11	S	P	04/29/44	F	60804	FAMILY PRACTICE
47	11/08/11	G	A	12/28/39	F	60630	PODIATRIC SURGERY
59	11/09/11	B	J	04/19/59	F	60628	PODIATRIC SURGERY
38	11/11/11	R	M	06/02/43	M	60632	FAMILY PRACTICE
57	11/19/11	P	A	11/25/36	M	60609	INTERNAL MEDICINE
58	11/21/11	A	E	11/26/30	M	60651	ENDOCRINOLOGY/DIABETES
51	11/26/11	B	C	06/03/38	M	60462	FAMILY PRACTICE
30	12/03/11	M	L	01/18/24	F	60608	INTERNAL MEDICINE
59	12/07/11	M	R	03/28/45	M	60632	INTERNAL MEDICINE
48	12/09/11	Y	O	03/28/44	F	60526	PODIATRIC SURGERY
57	12/14/11	S	C	12/10/21	F	60632	INTERNAL MEDICINE
55	12/14/11	R	A	12/28/62	F	60647	GENERAL SURGERY
40	12/14/11	Z	R	10/28/44	F	60638	GENERAL SURGERY
59	12/16/11	H	H	07/04/26	F	60623	FAMILY PRACTICE
55	12/20/11	P	R	08/27/46	M	60609	INTERNAL MEDICINE
52	12/30/11	L	M	04/13/42	F	60459	INTERNAL MEDICINE
58	01/18/12	G	C	06/01/46	F	60636	INTERNAL MEDICINE
49	01/25/12	A	R	07/23/50	M	60623	FAMILY PRACTICE
58	01/27/12	M	A	01/29/50	M	60608	CARDIOVASCULAR DISEASE
34	01/27/12	L	M	08/16/64	M	60623	CARDIOVASCULAR DISEASE
50	01/28/12	C	A	06/02/42	F	60629	INTERNAL MEDICINE
55	02/01/12	V	M	05/17/31	F	60632	INTERNAL MEDICINE
39	02/01/12	C	F	03/10/55	M	60638	CARDIOVASCULAR DISEASE
53	02/03/12	S	K	09/28/71	F	60632	INTERNAL MEDICINE
52	02/04/12	B	M	05/08/57	M	60608	FAMILY PRACTICE
34	02/06/12	R	S	05/04/38	M	60527	ENDOCRINOLOGY/DIABETES
47	02/13/12	C	L	10/26/60	F	60613	PODIATRIC SURGERY
57	02/17/12	C	L	01/13/26	F	60632	INTERNAL MEDICINE
49	02/20/12	B	B	05/16/48	M	60655	FAMILY PRACTICE
31	02/24/12	N	R	06/25/28	M	60402	UROLOGY
43	02/25/12	P	T	06/16/69	M	60654	FAMILY PRACTICE
50	02/29/12	W	C	03/30/28	M	60629	GENERAL SURGERY
59	03/01/12	D	G	01/14/43	F	60608	FAMILY PRACTICE
46	03/02/12	S	W	10/02/28	F	60624	CARDIOVASCULAR DISEASE
59	03/02/12	S	M	11/13/35	F	60623	INTERNAL MEDICINE
32	03/08/12	K	P	03/14/52	F	60623	GASTROENTEROLOGY
47	03/12/12	Q	J	05/27/51	M	60609	INTERNAL MEDICINE
32	03/16/12	C	C	08/12/35	M	60608	UROLOGY
55	03/17/12	A	G	11/13/43	F	60623	INTERNAL MEDICINE
47	03/19/12	A	E	03/24/36	M	60608	INTERNAL MEDICINE
43	03/19/12	D	E	06/10/28	M	60623	OBSTETRICS
57	03/23/12	D	V	02/05/31	M	60632	INTERNAL MEDICINE
35	04/02/12	L	P	04/19/41	F	60419	GASTROENTEROLOGY
59	04/06/12	B	S	06/07/44	M	60642	INTERNAL MEDICINE
59	04/10/12	W	R	05/31/30	M	60638	INTERNAL MEDICINE
55	04/11/12	S	L	01/03/53	F	60402	UROLOGY
46	04/11/12	R	M	10/22/36	F	60629	CARDIOVASCULAR DISEASE
50	04/18/12	D	M	08/16/41	F	60644	GASTROENTEROLOGY
54	04/23/12	D	A	05/10/28	M	60623	CARDIOVASCULAR DISEASE
57	04/25/12	H	B	08/16/52	F	60644	GASTROENTEROLOGY
41	04/25/12	G	M	11/06/25	F	60639	UROLOGY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

40	04/26/12	H	D	09/15/28	M	60632	INTERNAL MEDICINE
57	04/26/12	C	V	04/22/51	F	60501	PODIATRIC SURGERY
33	04/27/12	M	M	12/01/25	M	60609	INTERNAL MEDICINE
55	04/27/12	B	C	03/02/39	F	60649	INTERNAL MEDICINE
48	04/27/12	W	M	11/20/19	F	60632	FAMILY PRACTICE
49	04/30/12	W	P	12/14/46	F	60623	INTERNAL MEDICINE
59	04/30/12	S	S	09/29/21	F	60623	ENDOCRINOLOGY/DIABETES
41	05/01/12	W	D	10/20/31	M	60804	CARDIOVASCULAR DISEASE
57	05/01/12	S	B	10/28/44	F	60619	INTERNAL MEDICINE
58	05/02/12	L	S	07/01/33	F	60632	CARDIOVASCULAR DISEASE
53	05/04/12	S	J	09/03/30	M	60608	INTERNAL MEDICINE
59	05/04/12	A	L	03/06/50	F	60608	INTERNAL MEDICINE
43	05/06/12	G	A	07/14/63	F	60098	INTERNAL MEDICINE
44	05/09/12	P	D	09/06/33	M	60534	UROLOGY
44	05/09/12	S	E	08/24/87	F	53189	PODIATRIC SURGERY
45	05/10/12	K	R	09/25/49	M	49117	CARDIOVASCULAR DISEASE
49	05/11/12	Q	S	02/10/55	F	60647	PODIATRIC SURGERY
57	05/12/12	D	P	01/29/45	M	60621	INTERNAL MEDICINE
54	05/15/12	S	T	08/07/56	F	60804	PODIATRIC SURGERY
59	05/16/12	M	M	07/29/22	F	60636	CARDIOVASCULAR DISEASE
44	05/17/12	M	E	05/19/48	F	60608	FAMILY PRACTICE
35	05/18/12	B	A	09/26/24	F	60623	FAMILY PRACTICE
53	05/18/12	K	B	04/27/38	M	60651	UROLOGY
46	05/19/12	C	L	01/31/34	M	60632	INTERNAL MEDICINE
53	05/19/12	M	H	03/17/38	F	60453	INTERNAL MEDICINE
56	05/21/12	L	M	05/12/45	F	60644	GENERAL SURGERY
49	05/22/12	M	R	05/31/55	M	60623	CARDIOVASCULAR DISEASE
58	05/24/12	G	A	03/09/60	F	60608	FAMILY PRACTICE
40	05/25/12	L	C	12/29/59	F	60632	INTERNAL MEDICINE
57	05/29/12	M	B	01/01/49	F	60609	PODIATRIC SURGERY
46	06/01/12	P	R	06/03/42	F	60651	GASTROENTEROLOGY
49	06/01/12	W	E	06/09/53	F	60629	INTERNAL MEDICINE
51	06/02/12	L	J	06/07/46	M	60608	INTERNAL MEDICINE
53	06/04/12	W	D	07/12/62	M	60435	INTERNAL MEDICINE
40	06/04/12	R	D	02/09/86	M	60632	INTERNAL MEDICINE
45	06/05/12	V	P	08/01/47	M	60609	INTERNAL MEDICINE
59	06/05/12	W	P	03/12/50	F	60614	GENERAL SURGERY
56	06/08/12	B	H	01/20/60	F	60629	PSYCHIATRY
56	06/08/12	M	M	09/25/37	M	60608	UROLOGY
40	06/11/12	C	W	09/22/38	M	60620	UROLOGY
30	06/12/12	R	M	12/19/37	F	60608	CARDIOVASCULAR DISEASE
35	06/12/12	C	A	04/08/67	F	60804	PEDIATRICS
52	06/13/12	A	M	12/24/50	M	60620	PODIATRIC SURGERY
54	06/14/12	G	R	10/17/35	F	60623	INTERNAL MEDICINE
32	06/14/12	R	E	07/09/41	F	60638	FAMILY PRACTICE
43	06/15/12	G	M	11/20/34	F	60455	INTERNAL MEDICINE
52	06/16/12	L	C	02/10/43	M	60622	GENERAL SURGERY
55	06/16/12	W	F	10/02/61	F	60153	INTERNAL MEDICINE
49	06/20/12	L	E	01/30/64	F	60624	PSYCHIATRY
59	06/21/12	S	D	04/12/72	M	60651	CARDIOVASCULAR DISEASE
55	06/22/12	T	A	03/30/79	F	60609	INTERNAL MEDICINE
46	06/22/12	J	C	07/12/61	F	60617	PODIATRIC SURGERY
58	06/26/12	M	M	07/02/38	F	60632	CARDIOVASCULAR DISEASE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

45	06/30/12	H	E	02/26/35	F	60623	GENERAL SURGERY
59	06/30/12	E	C	07/13/47	M	60639	INTERNAL MEDICINE
53	07/05/12	M	E	06/14/34	M	60623	CARDIOVASCULAR DISEASE
41	07/10/12	M	J	04/28/37	M	60608	INTERNAL MEDICINE
57	07/10/12	A	R	10/13/42	F	60623	CARDIOVASCULAR DISEASE
57	07/11/12	G	C	11/23/11	F	60622	INTERNAL MEDICINE
40	07/12/12	F	W	10/11/29	F	60624	INTERNAL MEDICINE
32	07/16/12	N	R	09/17/26	M	60623	INTERNAL MEDICINE
42	07/18/12	B	D	05/25/32	F	60527	FAMILY PRACTICE
47	07/18/12	B	V	01/13/28	M	60527	FAMILY PRACTICE
59	07/19/12	G	V	08/31/64	F	60637	OBSTETRICS
44	07/25/12	S	J	06/24/49	M	60623	FAMILY PRACTICE
59	07/27/12	G	V	12/29/35	F	60608	INTERNAL MEDICINE
55	07/27/12	B	S	10/21/40	F	60185	PODIATRIC SURGERY
51	07/30/12	N	G	10/03/53	M	60632	FAMILY PRACTICE
51	07/31/12	W	D	03/17/60	F	60623	ORTHOPAEDIC SURGERY
59	08/01/12	N	J	12/25/20	F	60608	FAMILY PRACTICE
45	08/02/12	M	A	09/05/54	M	60653	GENERAL SURGERY
43	08/04/12	H	L	04/09/31	F	60623	ENDOCRINOLOGY/DIABETES
42	08/08/12	P	E	06/08/42	F	60623	FAMILY PRACTICE
30	08/09/12	G	A	05/10/38	F	60629	NEPHROLOGY
47	08/10/12	B	P	06/17/40	F	60612	INTERNAL MEDICINE
49	08/10/12	M	R	01/06/51	F	60639	UROLOGY
32	08/11/12	M	O	03/22/52	M	60641	FAMILY PRACTICE
57	08/11/12	H	C	05/14/32	F	60623	FAMILY PRACTICE
50	08/16/12	B	O	08/26/32	F	60609	INTERNAL MEDICINE
56	08/20/12	R	R	06/22/37	M	60632	INTERNAL MEDICINE
58	08/22/12	S	S	11/01/34	F	60608	INTERNAL MEDICINE
46	08/24/12	P	J	02/19/25	M	60629	INTERNAL MEDICINE
37	08/25/12	M	R	05/22/22	F	60608	INTERNAL MEDICINE
37	08/25/12	B	J	02/25/46	M	60624	GASTROENTEROLOGY
52	08/30/12	P	J	07/01/37	M	60632	FAMILY PRACTICE
55	08/30/12	M	F	02/26/34	M	60623	FAMILY PRACTICE
56	08/31/12	T	M	10/16/72	F	60608	INTERNAL MEDICINE
58	09/01/12	D	M	11/04/61	F	60632	INTERNAL MEDICINE
52	09/05/12	L	W	08/14/26	M	60628	FAMILY PRACTICE
50	09/12/12	S	M	11/01/42	F	60402	INTERNAL MEDICINE
37	09/12/12	M	M	10/28/34	M	60632	FAMILY PRACTICE
56	09/12/12	D	S	06/30/77	F	60707	OBSTETRICS
41	09/13/12	M	L	02/19/38	F	60623	FAMILY PRACTICE
57	09/13/12	C	E	02/24/52	F	60653	GASTROENTEROLOGY
30	09/13/12	V	J	04/12/55	M	60632	INTERNAL MEDICINE
38	09/15/12	G	A	12/30/44	F	60651	INTERNAL MEDICINE
31	09/17/12	L	L	10/19/45	F	60629	INTERNAL MEDICINE

SAINT ANTHONY
HOSPITAL

October 22, 2012

Dale Galassie
Chairman, Illinois Health Facilities and Services Review Board
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Chairman:

I eagerly support SAH Dialysis Center at 26th Street, proposed by Saint Anthony Hospital. The 15-station dialysis center will be located at 3059 W. 26th Street, Chicago, IL 60623, in the Little Village neighborhood.

As the Chairman of the Emergency Medicine Department at Saint Anthony Hospital, the Emergency Department (ED) experiences a high number of patients coming through our doors for immediate renal needs. From 2010-2012, ninety three (93) patients tested through the ED had a glomerular filtration levels that fell in the 1-15 rates, classifying them at the Chronic Kidney Disease Stage 5 level, see Attachment A. In addition, a total of five hundred seventy seven (577) patients tested through the ED with GFR levels in the pre-ESRD ranges. Specifically, ninety one (91) patients tested with a GFR level between 15-29. Four hundred eighty six (486) patients tested revealed a GFR level between 30-59. These numbers do not include any duplication of patients in the total counts. A zip code breakdown of pre-ESRD patients with GFR levels tested through the ED has been provided in Attachment B. In my opinion, of the total five hundred seventy seven (577) patients with pre-ESRD GFR levels, roughly 30% will require dialysis treatment within the next two years. Specifically one hundred fifty four (154) patients from the primary service area will require dialysis treatment not including the patients already on treatment, patients with returned kidney function, patients moving from the community and patient deaths. A breakdown of patient referred from the primary service area has been provided in Attachment C.

Patients presenting to the ED with CKD often have a gamut of other conditions that cause undue stress to their bodies, such as chest pain, ventricular arrhythmias, intradialytic hypotension, abdominal problems and/or acute neurological symptoms. Adults with diabetes or hypertension are at an increased risk of developing CKD. Other risk factors for developing CKD include cardiovascular disease, obesity, elevated cholesterol, and a family history of CKD. The risk of developing CKD increases with age largely because risk factors for kidney disease become more common as one ages.

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Inadequately controlled diabetes and hypertension increase the risk of progression of CKD to kidney failure. Repeated episodes of acute kidney injury from a variety of causes (e.g., infections, drugs, or toxins injurious to the kidney) can also contribute to progression of CKD to kidney failure, especially in the elderly. While CKD is more common among women, men with CKD are 50% more likely than women to progress to kidney failure.

CKD is an important risk factor for cardiovascular disease, including heart attacks, heart failure, heart rhythm disturbances, and strokes. Risk factors for cardiovascular disease that require careful attention in people with CKD include tobacco use, uncontrolled high blood pressure, elevated blood sugar, excessive weight, and elevated cholesterol.

Studies show that African Americans were nearly four times more likely to develop ESRD than whites in 2007. However, this disparity in ESRD incidence has narrowed from 1998 to 2005. Hispanics have 1.5 times the rate of kidney failure compared to non-Hispanic whites. The most recent report of the United States Renal Data System estimates that nearly one-half million patients in the United States were treated for ESRD in the year 2004, and by 2010 this figure increased by approximately 40%. The elderly are a growing segment of the population and at increased risk for renal disease. Additionally, males and African-Americans with pre-existing hypertension or diabetes and CKD are also at much higher risk for ESRD.

Saint Anthony Hospital has dedicated itself to providing quality care to the residents of this community. For over 100 years, its physicians and staff have provided medical care, social services, and community outreach to Chicago's near southwest side communities. The Hospital offers quality and affordable medical services in a caring and supportive environment. The proposed dialysis center would be another positive means that Saint Anthony Hospital continues to treat the whole patient while caring for the community. I encourage you to support this proposed center.

To the best of my knowledge, the patient numbers included in this letter have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

OFFICIAL SEAL
MANUELA CELEDON
Notary Public State of Illinois
My Commission Expires Jun 30, 2015

Sincerely,

M.D.

Kaleem Malik, M.D.
Chairman of the Emergency Medicine Department
Saint Anthony Hospital
2875 W. 19th Street
Chicago, IL 60623

Subscribed and sworn to me
this 30th day of October, 2012

Notary Public

ATTACHMENT-15C

Attachment A:

ESRD patients from ED
GFR Results 1-14

Zip Code	Patient Count
60402	1
60608	11
60609	8
60612	4
60623	29
60624	2
60626	1
60629	6
60632	12
60639	3
60640	1
60643	1
60644	5
60647	1
60652	3
60654	1
60804	4
Total Patients	93

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Attachment B:

Pre-ESRD Patients from ED
GFR Results 15-29

Zip Code	Patient Count
60402	2
60607	1
60608	14
60609	8
60616	1
60622	1
60623	39
60624	5
60629	3
60632	7
60636	1
60641	2
60644	2
60647	1
60651	3
60653	1
Total Patients	91

Pre-ESRD Patients from ED
GFR Results 30-50

Zip Code	Patient Count
10009	1
60104	1
60110	1
60120	1
60133	1
60148	1
60153	1
60155	1
60163	1

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

60644	21
60647	5
60649	3
60651	16
60652	4
60653	5
60657	1
60660	1
60804	14
78572	1
Total Patients	486

Attachment C:

Patients from the primary service area requiring dialysis within the next two years.

Zip Code	Patient Count
60608	24
60609	11
60623	58
60624	37
60629	5
60632	15
60804	4

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SAINT ANTHONY
HOSPITAL

October 17, 2012

Dale Galassie
Chairman, Illinois Health Facilities and Services Review Board
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Chairman:

I enthusiastically support the SAH Dialysis Center at 26th Street, proposed by Saint Anthony Hospital. The 15-station dialysis center will be located at 3059 W. 26th Street, Chicago, IL 60623, in the Little Village neighborhood. This dialysis center is in the heart of the population served by Saint Anthony Hospital.

As a practicing Internal Medicine Physician and current President of the Medical Staff at Saint Anthony Hospital, I am seeing a steady increase in the number of patients diagnosed with Chronic Kidney Disease (CKD) and subsequently End Stage Renal Disease (ESRD).

In reviewing the volume of patients at Saint Anthony Hospital from 2010 through September of 2012, I noted that there were two hundred eighteen (218) ESRD patients whose ICD procedure code indicated that the inpatient hemodialysis was the only procedure done during their inpatient stay. In total, over six hundred (600) patients received inpatient dialysis over the same timeframe. Additionally, fifty one (51) of the two hundred eighteen (218) ESRD patients had multiple reoccurrences of hospitalization. These numbers speak to the volume of patients that are being seen on an inpatient basis, rather than as the preferred outpatient.

In terms of pre-ESRD patients (Stage III and IV), from 2010-September 2012 Saint Anthony Hospital tested four hundred twenty four (424) patients with GFR levels ranging in the pre-ESRD kidney function. Even at an attrition rate of 33% with patients moving out of area, patients with returned kidney function and patient deaths, I would estimate that an estimated two hundred eighty four (284) patients would require dialysis within the next 12-24 months. All duplicate patients during this time frame have been removed. Total patient breakdown by zip code is provided in Attachment A. With respect to new patients being referred for dialysis, of the two hundred eighty four (284) patients an estimated one hundred seventy (170) patients would be referred from the direct service area that the dialysis center will serve, provided in Attachment B.

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

While anyone is at risk for CKD, African Americans and Hispanics populations are among the highest percentage of diagnosed patients. Diabetes and high blood pressure are the two leading contributors of CDK. Failure to provide appropriate monitoring and continuous wellness education to this underserved population often results in the need for dialysis treatment.

The racial disparities in the incidences of ESRD patients continue to be dramatic according to the *ESRD Incidence and Prevalence* as reported by the National Center for Health Statistics. In 2005, United States incident rates ranges from two hundred sixty eight (268) per million among Caucasians to nine hundred ninety one (991) among African Americans and four hundred ninety (490) among Hispanics. The ESRD prevalence persists between these two demographic patient populations at an alarming rate of 4.2 and 2.3 times higher than the rates found among whites. The disparity level for these two population groups continues to rise annually.

The proposed dialysis site will be caring directly for these disenfranchised populations. Of the nearly 115,000 residents of the North and South Lawndale communities, roughly 41% are African American and 57% are Hispanic. The proposed dialysis center will incorporate appropriate monitoring through the on-site primary care physicians as well as continuous wellness education including diabetes education. The successful treatment of CDK patient requires treatment of the whole patient.

To the best of my knowledge, the patient numbers included in this letter have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

Thank you for your consideration.

Sincerely,

Tyla Courtney, M.D.
Internal Medicine
President of Medical Staff
Saint Anthony Hospital
2875 W. 19th Street
Chicago, IL 60623

Subscribed and sworn to me
this 26th day of October, 2012
Notary Public Manuela Celedon

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

Attachment A:
Pre-ESRD Patients from Outpatient Clinics
GFR Results 15-29

Zip Code	Patient Count
46360	1
60004	1
60162	1
60171	1
60453	1
60608	12
60609	5
60612	4
60615	1
60620	2
60623	8
60624	4
60629	3
60632	13
60636	1
60638	2
60644	2
60645	1
60651	1
60652	1
60653	1
60707	1
60804	1
Total Patients	68

Pre-ESRD Patients from Outpatient Clinics
GFR Results 30-59

Zip Code	Patient Count
38671	1
39307	1
46391	1

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

49117	1
53189	1
60098	1
60108	1
60137	1
60153	2
60169	1
60185	1
60187	1
60402	7
60419	1
60435	1
60453	1
60455	1
60458	1
60459	2
60462	1
60463	2
60501	1
60513	1
60516	1
60526	1
60527	4
60534	1
60607	1
60608	36
60609	22
60611	1
60612	10
60613	1
60614	1
60615	1
60616	2
60617	6
60619	2
60620	6
60621	3
60622	3

60623	63
60624	15
60626	2
60628	3
60629	21
60630	2
60632	41
60634	2
60636	5
60637	2
60638	6
60639	9
60641	2
60642	1
60643	1
60644	7
60645	1
60647	4
60649	2
60651	12
60653	4
60654	1
60655	1
60660	1
60706	1
60707	1
60804	10
60827	1
61021	1
Total Patients	356

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Attachment B:
I anticipate a total of 170 pre-ESRD patients in the SAH Dialysis Center at 26th Street service area requiring dialysis treatment in the two years following project completion. I attribute these referrals from the following zip codes.

Zip Code	Patient Count
60608	32
60609	18
60623	48
60624	13
60629	16
60632	36
60804	7

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

G. Criterion 1110.1430b)1) (formula calculation)

A) The number of stations to be established for in-center hemodialysis is in conformance with the projected station deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of stations proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the utilization standard specified in 77 Ill. Adm. Code 1100.

The latest update to the Inventory, effective November 2, 2012, calculates the need for stations in Health Service Area (HSA) 6. This calculation shows a need for 82 additional stations through CY2013. As this project only proposes 15 stations, this item is in conformance. Refer to **ATTACHMENT-26b1a** for a copy of the State's most current (November 2, 2012) Update to its Inventory of Health Care Facilities and Services and Need Determinations.

ATTACHMENT-26b1

REVISED NEED DETERMINATIONS
11/2/2012
ESRD STATIONS

ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED		ADDITIONAL STATIONS NEEDED		EXCESS ESRD STATIONS	
		2013	2018	2013	2018	2013	2018
HSA 1	154	155	121	1	0	0	33
HSA 2	152	146	116	0	0	6	36
HSA 3	158	143	113	0	0	15	45
HSA 4	168	174	136	6	0	0	32
HSA 5	187	172	135	0	0	15	52
HSA 6	1,085	1,167	895	82	0	0	190
HSA 7	1,168	1,219	954	51	0	0	214
HSA 8	356	340	276	0	0	16	80
HSA 9	251	204	166	0	0	47	85
HSA 10	86	70	54	0	0	16	32
HSA 11	165	170	130	5	0	0	35
ILLINOIS TOTAL	**3,930**	**3,960**	**3,096**	**145**	**0**	**115**	**834**

AMBULATORY SURGICAL TREATMENT CENTERS

ASTC PLANNING AREAS	ASTC FACILITIES	OPERATING ROOMS
HSA 1	4	11
HSA 2	6	18
HSA 3	5	12
HSA 4	15	41
HSA 5	10	20
HSA 6	22	57
HSA 7	48	152
HSA 8	15	43
HSA 9	9	25
HSA 10	4	9
HSA 11	10	19
ILLINOIS TOTAL	**148**	**407**

ATTACHMENT-26b1a

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED II)

G. Criterion 1110.1430b)2) Service to Planning Area Residents

A) Applicants proposing to establish or add stations shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add stations to an existing in-center hemodialysis service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing in-center hemodialysis service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The Applicant is proposing to establish 15 stations for ESRD. The primary purpose of the proposed project will be to improve access to ESRD services to the residents of the six Zip Code areas of 60608, 60609, 60623, 60629, 60632, and 60804.

Zip Code	Stage 4	Stage 3
60608	12	36
60609	5	22
60623	8	63
60629	3	21
60632	13	41
60804	1	10
Sub-Total	42	193
Total	68	356
% within	**62%**	**54%**

Source: Outpatient GFR lab scores for 2010-9.30.12

The table below provides an analysis of the origin of each "pre-ESRD" patient identified who will utilize the proposed facility. The full list of patient origin for both stage III and stage IV pre-ESRD patients is appended as **ATTACHMENT-26b2A.**

ATTACHMENT-26b2

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
29	01/08/10	A	C	04/19/23	M	60623	EMERGENCY MEDICINE
26	01/15/10	R	V	07/27/42	F	60623	EMERGENCY MEDICINE
17	02/22/10	M	J	03/19/79	M	60632	EMERGENCY MEDICINE
28	03/06/10	B	J	09/01/36	M	60653	EMERGENCY MEDICINE
16	03/19/10	C	R	10/24/35	M	60609	EMERGENCY MEDICINE
17	04/17/10	H	T	02/04/68	M	60651	EMERGENCY MEDICINE
18	05/11/10	D	M	01/10/34	F	60623	EMERGENCY MEDICINE
27	05/15/10	I	E	12/24/46	M	60608	EMERGENCY MEDICINE
17	07/04/10	W	L	02/20/55	M	60644	EMERGENCY MEDICINE
27	07/12/10	K	S	12/24/35	M	60609	EMERGENCY MEDICINE
26	08/08/10	F	A	09/11/42	F	60608	EMERGENCY MEDICINE
29	08/19/10	K	J	04/04/60	F	60623	EMERGENCY MEDICINE
20	08/24/10	W	S	06/11/41	M	60624	EMERGENCY MEDICINE
20	08/29/10	K	R	09/22/38	F	60623	EMERGENCY MEDICINE
23	08/30/10	R	E	03/07/59	M	60609	EMERGENCY MEDICINE
26	08/31/10	W	C	01/16/26	F	60608	EMERGENCY MEDICINE
27	09/18/10	S	S	10/07/56	M	60623	EMERGENCY MEDICINE
15	10/01/10	M	G	03/03/36	F	60623	EMERGENCY MEDICINE
29	10/12/10	J	E	08/21/56	F	60623	EMERGENCY MEDICINE
28	10/24/10	S	R	07/18/29	F	60624	EMERGENCY MEDICINE
25	12/03/10	G	J	03/28/33	F	60623	EMERGENCY MEDICINE
23	12/09/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
26	12/30/10	M	S	12/09/40	M	60608	EMERGENCY MEDICINE
19	01/14/11	J	C	09/01/50	F	60623	EMERGENCY MEDICINE
25	01/23/11	S	J	07/07/40	M	60402	EMERGENCY MEDICINE
27	02/04/11	S	O	07/06/36	F	60623	EMERGENCY MEDICINE
29	02/15/11	S	P	02/13/22	M	60608	EMERGENCY MEDICINE
22	02/21/11	S	E	09/10/31	F	60623	EMERGENCY MEDICINE
24	03/16/11	R	P	09/16/30	F	60608	EMERGENCY MEDICINE
22	04/03/11	S	A	07/07/61	M	60623	EMERGENCY MEDICINE
26	04/07/11	L	S	10/19/78	F	60632	EMERGENCY MEDICINE
22	04/09/11	G	E	09/22/56	F	60608	EMERGENCY MEDICINE
16	04/14/11	G	J	05/28/60	M	60623	EMERGENCY MEDICINE
16	04/16/11	M	A	07/23/35	F	60623	EMERGENCY MEDICINE
20	05/27/11	M	F	08/31/48	M	60616	EMERGENCY MEDICINE
18	06/06/11	T	H	08/17/25	M	60623	EMERGENCY MEDICINE
18	06/19/11	P	L	02/02/50	F	60623	EMERGENCY MEDICINE
22	06/30/11	T	A	11/10/50	F	60622	EMERGENCY MEDICINE
29	07/07/11	M	L	11/07/23	M	60629	EMERGENCY MEDICINE
27	07/09/11	D	W	03/24/30	M	60623	EMERGENCY MEDICINE
21	07/10/11	A	B	09/03/57	F	60608	EMERGENCY MEDICINE
24	07/10/11	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
23	07/11/11	G	A	01/18/63	F	60636	EMERGENCY MEDICINE
17	07/18/11	J	P	04/29/36	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

29	07/28/11	P	D	06/29/41	F	60623	EMERGENCY MEDICINE
17	08/02/11	M	A	12/07/52	F	60608	EMERGENCY MEDICINE
24	08/03/11	S	J	10/09/46	M	60609	EMERGENCY MEDICINE
29	08/10/11	S	R	07/29/91	M	60623	EMERGENCY MEDICINE
21	08/13/11	C	R	05/10/73	M	60623	EMERGENCY MEDICINE
28	09/08/11	R	C	11/17/72	M	60651	EMERGENCY MEDICINE
18	09/12/11	H	C	06/20/31	M	60608	EMERGENCY MEDICINE
20	09/27/11	M	W	07/14/53	M	60623	EMERGENCY MEDICINE
22	10/22/11	W	P	02/22/51	M	60608	EMERGENCY MEDICINE
24	10/24/11	S	C	01/15/31	F	60607	EMERGENCY MEDICINE
21	10/27/11	X	M	06/17/52	M	60623	EMERGENCY MEDICINE
17	10/28/11	M	M	07/26/38	F	60623	EMERGENCY MEDICINE
29	12/02/11	W	M	05/12/59	F	60624	EMERGENCY MEDICINE
27	12/19/11	M	R	01/11/33	M	60609	EMERGENCY MEDICINE
17	12/20/11	L	D	06/15/57	M	60623	EMERGENCY MEDICINE
22	12/21/11	B	R	08/22/29	M	60623	EMERGENCY MEDICINE
29	01/21/12	C	D	01/07/32	F	60623	EMERGENCY MEDICINE
15	01/22/12	C	J	11/15/57	F	60402	EMERGENCY MEDICINE
21	01/25/12	A	P	03/17/40	F	60608	EMERGENCY MEDICINE
28	01/28/12	A	K	12/18/40	M	60623	EMERGENCY MEDICINE
29	02/11/12	Q	M	12/20/72	F	60647	EMERGENCY MEDICINE
24	02/25/12	M	C	11/14/38	F	60651	EMERGENCY MEDICINE
20	03/13/12	M	M	04/27/53	F	60629	EMERGENCY MEDICINE
25	03/20/12	B	M	01/19/33	F	60623	EMERGENCY MEDICINE
26	03/20/12	B	S	01/15/50	M	60624	EMERGENCY MEDICINE
17	03/29/12	P	S	11/17/46	F	60609	EMERGENCY MEDICINE
17	04/13/12	K	F	08/10/93	F	60624	EMERGENCY MEDICINE
26	04/24/12	B	J	12/18/53	M	60623	EMERGENCY MEDICINE
18	05/05/12	B	A	02/11/24	F	60623	EMERGENCY MEDICINE
21	05/14/12	D	B	06/05/25	F	60632	EMERGENCY MEDICINE
24	05/21/12	C	G	05/31/57	M	60629	EMERGENCY MEDICINE
18	06/11/12	B	C	04/24/61	F	60641	ACUTE CARE NURSE PRACTITIONER
22	06/11/12	W	V	10/02/32	F	60623	EMERGENCY MEDICINE
25	06/18/12	R	F	01/01/44	F	60623	EMERGENCY MEDICINE
16	07/01/12	T	C	06/27/60	M	60623	ACUTE CARE NURSE PRACTITIONER
20	07/10/12	P	R	10/07/80	F	60623	EMERGENCY MEDICINE
19	07/14/12	G	M	08/15/32	F	60632	EMERGENCY MEDICINE
29	07/15/12	B	S	08/07/52	F	60608	EMERGENCY MEDICINE
15	08/01/12	V	R	08/25/48	F	60632	EMERGENCY MEDICINE
15	08/12/12	R	M	08/25/38	F	60608	EMERGENCY MEDICINE
29	08/13/12	R	R	08/09/40	M	60623	EMERGENCY MEDICINE
16	08/14/12	S	D	08/27/57	M	60632	ACUTE CARE NURSE PRACTITIONER
20	08/22/12	C	C	08/20/50	F	60623	EMERGENCY MEDICINE
22	08/22/12	R	R	11/21/59	F	60632	EMERGENCY MEDICINE
26	08/28/12	L	L	03/25/89	F	60609	EMERGENCY MEDICINE
15	09/11/12	P	M	01/02/68	M	60641	EMERGENCY MEDICINE
27	09/17/12	R	R	09/04/25	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
58	01/02/10	C	S	05/09/47	F	60637	EMERGENCY MEDICINE
59	01/05/10	V	J	01/12/35	M	60608	EMERGENCY MEDICINE
50	01/06/10	D	N	09/08/43	F	60632	EMERGENCY MEDICINE
56	01/09/10	D	R	08/15/50	M	60623	EMERGENCY MEDICINE
57	01/11/10	J	J	04/28/40	M	60608	EMERGENCY MEDICINE
44	01/16/10	L	M	01/28/63	M	60623	EMERGENCY MEDICINE
57	01/24/10	M	G	10/06/79	M	60632	EMERGENCY MEDICINE
43	01/25/10	T	R	08/05/50	F	60623	EMERGENCY MEDICINE
35	01/25/10	S	L	06/12/55	F	60644	EMERGENCY MEDICINE
31	01/25/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
53	01/29/10	T	G	02/04/74	F	60402	EMERGENCY MEDICINE
54	01/31/10	O	R	12/18/30	M	60623	EMERGENCY MEDICINE
47	02/04/10	A	P	05/27/58	F	60804	EMERGENCY MEDICINE
56	02/17/10	G	S	12/01/49	M	60653	EMERGENCY MEDICINE
52	02/22/10	M	M	12/24/76	M	60623	EMERGENCY MEDICINE
40	02/23/10	E	A	11/28/21	F	60623	EMERGENCY MEDICINE
33	02/24/10	S	L	04/02/25	F	60649	EMERGENCY MEDICINE
49	03/01/10	R	E	02/22/83	F	60609	EMERGENCY MEDICINE
54	03/07/10	K	C	12/16/61	F	60632	EMERGENCY MEDICINE
58	03/07/10	M	A	09/13/34	F	60653	EMERGENCY MEDICINE
49	03/08/10	M	G	03/03/59	M	60608	EMERGENCY MEDICINE
53	03/10/10	C	M	10/30/49	F	60608	EMERGENCY MEDICINE
51	03/20/10	G	S	07/08/49	F	60609	EMERGENCY MEDICINE
49	03/22/10	C	M	12/06/75	F	60632	EMERGENCY MEDICINE
52	03/23/10	T	D	11/07/56	M	60637	EMERGENCY MEDICINE
34	03/25/10	R	J	07/22/47	M	60608	EMERGENCY MEDICINE
42	03/26/10	V	M	09/07/48	M	60608	EMERGENCY MEDICINE
35	04/01/10	B	E	09/23/23	F	60624	EMERGENCY MEDICINE
55	04/16/10	V	F	03/23/67	M	60623	EMERGENCY MEDICINE
57	04/16/10	B	R	09/12/78	F	60623	EMERGENCY MEDICINE
49	04/23/10	R	R	05/07/27	M	60632	EMERGENCY MEDICINE
56	04/23/10	G	G	02/17/23	M	60623	EMERGENCY MEDICINE
39	04/30/10	Y	I	01/14/45	F	60620	EMERGENCY MEDICINE
57	05/01/10	P	S	07/29/58	F	60609	EMERGENCY MEDICINE
55	05/07/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
33	05/16/10	G	F	05/08/93	F	60623	EMERGENCY MEDICINE
45	05/16/10	B	S	09/03/77	F	60624	EMERGENCY MEDICINE
56	05/19/10	R	P	05/29/27	M	60609	EMERGENCY MEDICINE
57	06/03/10	C	S	02/28/25	F	60623	EMERGENCY MEDICINE
50	06/05/10	C	B	08/20/47	F	60544	EMERGENCY MEDICINE
55	06/09/10	M	S	06/03/50	M	60608	EMERGENCY MEDICINE
59	06/11/10	T	M	04/14/19	F	60616	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

51	06/15/10	E	S	09/04/37	M	60632	EMERGENCY MEDICINE
48	06/22/10	E	M	10/21/43	M	60609	EMERGENCY MEDICINE
55	06/26/10	V	G	09/19/34	M	60608	EMERGENCY MEDICINE
47	06/29/10	C	E	01/29/43	F	60609	EMERGENCY MEDICINE
58	07/02/10	C	S	02/17/59	F	60608	EMERGENCY MEDICINE
45	07/02/10	K	S	05/05/71	M	60632	EMERGENCY MEDICINE
57	07/03/10	F	S	07/11/33	F	60629	EMERGENCY MEDICINE
43	07/07/10	P	A	03/27/23	F	60608	EMERGENCY MEDICINE
57	07/11/10	M	J	01/14/64	F	60653	EMERGENCY MEDICINE
41	07/12/10	R	T	06/13/28	M	60632	EMERGENCY MEDICINE
46	07/14/10	Z	J	10/05/37	M	60623	EMERGENCY MEDICINE
57	07/19/10	M	J	09/27/27	M	60624	EMERGENCY MEDICINE
58	07/20/10	V	S	04/08/46	M	60623	EMERGENCY MEDICINE
58	07/20/10	N	M	06/17/70	F	60653	EMERGENCY MEDICINE
51	07/20/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
51	07/22/10	W	Y	01/01/60	F	60608	EMERGENCY MEDICINE
39	07/23/10	G	M	09/09/61	F	60632	EMERGENCY MEDICINE
56	07/24/10	M	J	09/03/53	M	60623	EMERGENCY MEDICINE
58	07/24/10	M	L	01/18/76	M	60623	EMERGENCY MEDICINE
56	07/26/10	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
53	07/27/10	W	C	07/30/63	F	60605	EMERGENCY MEDICINE
34	08/01/10	B	R	02/06/61	M	60608	EMERGENCY MEDICINE
42	08/02/10	B	T	12/20/38	M	60623	EMERGENCY MEDICINE
58	08/03/10	H	C	05/18/84	M	60623	EMERGENCY MEDICINE
53	08/06/10	A	L	07/28/51	F	60638	EMERGENCY MEDICINE
46	08/08/10	V	A	11/11/69	F	60609	EMERGENCY MEDICINE
53	08/06/10	G	G	02/15/55	F	60647	EMERGENCY MEDICINE
46	08/06/10	R	D	10/14/48	M	60609	EMERGENCY MEDICINE
58	08/07/10	D	J	05/10/64	M	60623	EMERGENCY MEDICINE
46	08/08/10	D	L	04/29/13	F	60653	EMERGENCY MEDICINE
34	08/13/10	C	L	03/04/27	M	60651	EMERGENCY MEDICINE
47	08/15/10	A	R	11/12/50	M	60649	EMERGENCY MEDICINE
58	08/16/10	D	D	06/08/68	F	60632	EMERGENCY MEDICINE
42	08/16/10	T	A	12/13/65	F	60623	EMERGENCY MEDICINE
56	08/16/10	K	R	10/28/44	M	60623	EMERGENCY MEDICINE
37	08/18/10	E	P	05/14/30	F	60624	EMERGENCY MEDICINE
50	08/19/10	G	S	05/04/42	M	60458	EMERGENCY MEDICINE
42	08/19/10	G	C	09/13/32	F	60624	EMERGENCY MEDICINE
52	08/20/10	B	D	12/17/66	F	60643	EMERGENCY MEDICINE
45	08/21/10	G	F	11/06/59	F	60632	EMERGENCY MEDICINE
53	08/23/10	W	S	07/27/60	F	60608	EMERGENCY MEDICINE
58	08/27/10	G	T	06/12/54	F	60660	EMERGENCY MEDICINE
34	08/29/10	R	E	01/07/48	M	60618	EMERGENCY MEDICINE
57	08/29/10	S	J	09/22/95	M	60629	EMERGENCY MEDICINE
54	08/30/10	P	A	05/27/32	M	60608	EMERGENCY MEDICINE
56	08/31/10	Z	O	05/10/41	F	60623	EMERGENCY MEDICINE
37	09/01/10	J	D	11/26/56	M	60644	EMERGENCY MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

31	09/01/10	E	J	03/24/56	M	60623	EMERGENCY MEDICINE
45	09/04/10	L	A	12/24/21	F	60623	EMERGENCY MEDICINE
53	09/06/10	P	M	08/03/51	F	60614	EMERGENCY MEDICINE
53	09/08/10	B	J	11/18/53	M	60623	EMERGENCY MEDICINE
53	09/16/10	P	M	06/12/77	M	60623	EMERGENCY MEDICINE
59	09/18/10	C	D	11/27/57	F	60816	EMERGENCY MEDICINE
40	09/18/10	A	R	09/16/35	F	60632	EMERGENCY MEDICINE
56	09/18/10	D	E	08/26/63	M	60623	EMERGENCY MEDICINE
53	09/19/10	T	V	04/23/51	F	60623	EMERGENCY MEDICINE
58	09/19/10	C	C	08/29/56	M	60644	EMERGENCY MEDICINE
38	09/21/10	J	M	03/04/62	M	60626	EMERGENCY MEDICINE
46	09/25/10	A	G	05/03/42	M	60608	EMERGENCY MEDICINE
47	09/27/10	R	O	08/29/77	M	60629	EMERGENCY MEDICINE
50	09/29/10	W	M	06/20/60	M	60634	EMERGENCY MEDICINE
35	10/01/10	M	L	12/08/49	M	60608	EMERGENCY MEDICINE
43	10/02/10	R	J	11/15/36	M	60608	EMERGENCY MEDICINE
58	10/03/10	S	V	09/04/62	M	60644	EMERGENCY MEDICINE
57	10/04/10	F	H	01/03/26	F	60623	EMERGENCY MEDICINE
59	10/08/10	L	S	05/11/61	F	60804	EMERGENCY MEDICINE
49	10/10/10	M	V	05/06/47	M	60623	EMERGENCY MEDICINE
51	10/11/10	Q	M	06/14/93	F	60623	EMERGENCY MEDICINE
54	10/13/10	C	E	02/07/79	F	60623	EMERGENCY MEDICINE
55	10/13/10	K	L	08/16/43	M	60629	EMERGENCY MEDICINE
31	10/18/10	K	K	01/15/66	F	60411	EMERGENCY MEDICINE
55	10/25/10	O	C	10/22/39	M	60623	EMERGENCY MEDICINE
58	10/25/10	D	B	07/07/47	F	60609	EMERGENCY MEDICINE
50	10/26/10	M	G	01/28/75	F	60632	EMERGENCY MEDICINE
49	11/02/10	L	C	10/23/16	F	60612	EMERGENCY MEDICINE
52	11/02/10	E	J	05/28/53	M	60610	EMERGENCY MEDICINE
58	11/03/10	R	E	09/07/60	M	60623	EMERGENCY MEDICINE
56	11/07/10	G	A	07/23/28	F	60623	EMERGENCY MEDICINE
55	11/10/10	A	W	12/03/55	F	60623	EMERGENCY MEDICINE
50	11/10/10	H	C	04/23/47	F	60302	EMERGENCY MEDICINE
58	11/11/10	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
37	11/14/10	C	A	10/22/22	F	60302	EMERGENCY MEDICINE
52	11/14/10	H	B	08/02/65	F	60623	EMERGENCY MEDICINE
54	11/14/10	B	B	05/28/39	F	60624	EMERGENCY MEDICINE
59	11/19/10	B	P	11/09/28	M	60623	EMERGENCY MEDICINE
58	11/20/10	O	J	05/26/58	F	60624	EMERGENCY MEDICINE
59	11/21/10	B	A	05/08/34	F	60609	EMERGENCY MEDICINE
52	11/21/10	T	V	06/19/32	F	60623	EMERGENCY MEDICINE
50	11/21/10	Z	A	09/12/71	M	60632	EMERGENCY MEDICINE
47	11/22/10	P	C	11/12/53	F	60608	EMERGENCY MEDICINE
38	11/23/10	G	Y	04/16/72	M	60804	EMERGENCY MEDICINE
57	11/24/10	C	D	08/29/79	M	60608	EMERGENCY MEDICINE
57	11/28/10	T	S	03/05/33	M	60609	EMERGENCY MEDICINE
42	11/30/10	B	D	06/05/47	F	60651	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

34	12/01/10	M	J	08/19/37	F	60616	EMERGENCY MEDICINE
49	12/04/10	L	C	08/18/30	F	60644	EMERGENCY MEDICINE
58	12/04/10	V	M	10/13/36	F	60804	EMERGENCY MEDICINE
31	12/05/10	J	A	11/12/99	F	60623	EMERGENCY MEDICINE
44	12/09/10	D	G	10/16/08	F	60644	EMERGENCY MEDICINE
45	12/11/10	R	R	01/25/48	M	60644	EMERGENCY MEDICINE
55	12/11/10	G	M	10/02/50	F	60632	EMERGENCY MEDICINE
53	12/17/10	G	A	12/11/56	M	60614	EMERGENCY MEDICINE
56	12/20/10	A	B	04/11/55	F	60608	EMERGENCY MEDICINE
55	12/20/10	C	C	11/16/90	F	60609	EMERGENCY MEDICINE
54	12/27/10	M	R	10/07/31	M	60643	EMERGENCY MEDICINE
57	12/28/10	C	Y	08/30/62	F	60155	EMERGENCY MEDICINE
54	12/30/10	C	J	02/11/41	M	60609	EMERGENCY MEDICINE
47	12/31/10	M	M	01/14/26	F	60608	EMERGENCY MEDICINE
32	01/03/11	U	L	06/10/16	F	60624	EMERGENCY MEDICINE
48	01/05/11	L	M	08/26/39	F	60623	EMERGENCY MEDICINE
55	01/10/11	F	C	05/06/48	F	60608	EMERGENCY MEDICINE
57	01/11/11	L	E	03/24/42	F	60623	EMERGENCY MEDICINE
50	01/14/11	G	C	07/12/42	F	60652	EMERGENCY MEDICINE
47	01/15/11	R	Y	10/03/63	F	60608	EMERGENCY MEDICINE
40	01/20/11	G	B	06/02/30	F	60624	EMERGENCY MEDICINE
55	01/22/11	H	E	01/02/19	F	60608	EMERGENCY MEDICINE
56	01/22/11	L	K	08/10/41	F	60651	EMERGENCY MEDICINE
55	01/25/11	A	J	12/31/59	M	60804	EMERGENCY MEDICINE
48	01/25/11	M	A	12/07/37	F	60632	EMERGENCY MEDICINE
57	01/28/11	W	R	03/16/47	F	60608	EMERGENCY MEDICINE
57	02/02/11	M	J	06/28/31	M	60623	EMERGENCY MEDICINE
59	02/02/11	W	J	03/02/36	F	60624	EMERGENCY MEDICINE
38	02/03/11	C	O	07/03/26	M	60608	EMERGENCY MEDICINE
55	02/07/11	C	F	07/08/31	F	60623	EMERGENCY MEDICINE
54	02/10/11	C	J	08/08/65	M	60623	EMERGENCY MEDICINE
58	02/14/11	R	A	09/22/72	F	60609	EMERGENCY MEDICINE
59	02/17/11	D	S	05/13/81	M	60623	EMERGENCY MEDICINE
40	02/19/11	T	B	12/03/35	M	60623	EMERGENCY MEDICINE
54	02/21/11	M	V	05/24/60	F	60804	EMERGENCY MEDICINE
40	02/21/11	L	B	06/03/55	F	60608	EMERGENCY MEDICINE
39	02/22/11	S	H	03/19/33	F	60644	EMERGENCY MEDICINE
57	02/28/11	C	E	03/05/34	F	60632	EMERGENCY MEDICINE
52	02/28/11	G	C	05/14/53	F	60153	EMERGENCY MEDICINE
38	03/01/11	E	F	02/07/85	M	60632	EMERGENCY MEDICINE
37	03/01/11	D	C	01/19/38	F	60639	EMERGENCY MEDICINE
57	03/05/11	B	C	07/21/71	F	60608	EMERGENCY MEDICINE
51	03/06/11	S	D	01/13/71	M	60608	EMERGENCY MEDICINE
39	03/10/11	W	D	07/17/47	F	60624	EMERGENCY MEDICINE
50	03/11/11	M	H	04/01/59	M	60623	EMERGENCY MEDICINE
47	03/15/11	G	M	02/20/65	F	60623	EMERGENCY MEDICINE
53	03/15/11	J	W	07/25/51	M	60624	EMERGENCY MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

32	03/15/11	R	G	05/09/50	F	60804	EMERGENCY MEDICINE
57	03/17/11	S	J	07/29/57	M	60651	EMERGENCY MEDICINE
39	03/19/11	V	C	10/08/56	F	60614	EMERGENCY MEDICINE
50	03/19/11	B	M	09/02/31	F	60623	EMERGENCY MEDICINE
56	03/21/11	T	H	01/17/52	F	60623	EMERGENCY MEDICINE
55	03/22/11	H	T	03/19/73	F	60612	EMERGENCY MEDICINE
56	03/24/11	U	A	08/14/41	F	60629	EMERGENCY MEDICINE
57	03/28/11	D	V	07/12/31	F	60651	EMERGENCY MEDICINE
58	03/30/11	V	M	07/20/37	F	60608	EMERGENCY MEDICINE
46	03/31/11	C	S	06/27/61	M	60608	EMERGENCY MEDICINE
54	04/02/11	A	A	07/20/80	F	60608	EMERGENCY MEDICINE
54	04/03/11	M	R	01/06/38	F	60623	EMERGENCY MEDICINE
49	04/05/11	M	E	04/09/31	F	60629	EMERGENCY MEDICINE
46	04/06/11	C	E	06/13/23	F	60623	EMERGENCY MEDICINE
42	04/09/11	P	W	05/17/31	F	60104	EMERGENCY MEDICINE
47	04/10/11	F	E	10/18/84	M	60623	EMERGENCY MEDICINE
40	04/11/11	M	J	05/19/49	F	60623	EMERGENCY MEDICINE
44	04/14/11	V	M	08/23/65	F	60632	EMERGENCY MEDICINE
47	04/18/11	L	P	11/10/41	M	60623	EMERGENCY MEDICINE
41	04/22/11	R	G	03/10/27	F	60632	EMERGENCY MEDICINE
50	04/23/11	W	D	08/16/31	F	60623	EMERGENCY MEDICINE
54	04/23/11	C	L	03/23/27	F	60608	EMERGENCY MEDICINE
57	04/25/11	M	A	03/15/39	F	60623	EMERGENCY MEDICINE
47	04/28/11	D	E	03/14/47	F	60609	EMERGENCY MEDICINE
51	04/28/11	G	J	03/16/63	M	60623	EMERGENCY MEDICINE
59	04/29/11	G	J	01/06/61	M	60804	EMERGENCY MEDICINE
57	04/29/11	C	B	03/19/58	F	60644	EMERGENCY MEDICINE
51	05/02/11	V	A	04/12/38	F	60623	EMERGENCY MEDICINE
50	05/02/11	V	A	04/16/50	F	60639	EMERGENCY MEDICINE
38	05/07/11	R	M	03/11/54	F	60652	EMERGENCY MEDICINE
48	05/11/11	B	L	02/18/40	M	60623	EMERGENCY MEDICINE
49	05/13/11	L	E	11/28/75	F	60623	EMERGENCY MEDICINE
38	05/18/11	E	R	11/17/69	F	60608	EMERGENCY MEDICINE
52	05/18/11	M	T	01/29/38	M	60623	EMERGENCY MEDICINE
30	05/20/11	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
59	05/22/11	S	M	10/30/80	F	60647	EMERGENCY MEDICINE
59	05/23/11	R	E	09/25/54	F	60609	EMERGENCY MEDICINE
39	05/24/11	C	L	12/16/55	M	60623	EMERGENCY MEDICINE
58	05/29/11	R	A	05/29/57	M	60623	EMERGENCY MEDICINE
55	06/01/11	T	F	08/09/39	F	60623	EMERGENCY MEDICINE
58	06/01/11	W	C	09/12/55	F	60623	EMERGENCY MEDICINE
51	06/01/11	S	C	11/03/44	F	60632	EMERGENCY MEDICINE
30	06/01/11	E	M	02/25/65	M	60640	EMERGENCY MEDICINE
58	06/03/11	S	D	06/20/55	F	60624	EMERGENCY MEDICINE
34	06/04/11	C	S	10/20/68	F	60623	EMERGENCY MEDICINE
47	06/04/11	O	C	03/18/27	F	60608	EMERGENCY MEDICINE
46	06/07/11	A	M	06/18/33	F	60804	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	06/11/11	R	M	12/22/45	F	60657	EMERGENCY MEDICINE
41	06/12/11	L	T	12/25/41	F	60629	EMERGENCY MEDICINE
48	06/13/11	M	L	03/05/56	M	60608	EMERGENCY MEDICINE
35	06/13/11	R	L	12/01/32	F	60624	EMERGENCY MEDICINE
49	06/15/11	W	V	09/01/32	F	60804	EMERGENCY MEDICINE
51	06/16/11	D	D	01/02/60	F	60632	EMERGENCY MEDICINE
58	06/18/11	S	S	07/12/38	M	60647	EMERGENCY MEDICINE
35	06/18/11	N	M	07/15/61	F	60608	EMERGENCY MEDICINE
38	06/21/11	H	V	01/29/25	F	60623	EMERGENCY MEDICINE
48	06/21/11	R	J	09/18/53	M	60623	EMERGENCY MEDICINE
38	06/22/11	C	C	03/28/46	F	60623	EMERGENCY MEDICINE
53	06/23/11	M	M	04/09/34	F	60609	EMERGENCY MEDICINE
59	06/23/11	S	R	08/01/51	M	60623	EMERGENCY MEDICINE
45	06/23/11	W	R	09/20/43	M	60639	EMERGENCY MEDICINE
43	06/26/11	B	A	11/30/48	M	60623	EMERGENCY MEDICINE
57	06/30/11	M	N	06/06/72	M	60608	EMERGENCY MEDICINE
34	07/01/11	G	L	04/19/37	F	60623	EMERGENCY MEDICINE
40	07/01/11	W	B	06/23/32	M	60652	EMERGENCY MEDICINE
58	07/01/11	E	G	02/03/33	F	60602	EMERGENCY MEDICINE
50	07/01/11	R	D	06/28/77	M	60612	EMERGENCY MEDICINE
57	07/03/11	W	S	07/19/54	F	60623	EMERGENCY MEDICINE
56	07/07/11	B	C	03/11/51	M	60623	EMERGENCY MEDICINE
42	07/08/11	P	L	02/27/37	F	60623	EMERGENCY MEDICINE
42	07/11/11	S	R	02/04/43	M	60651	EMERGENCY MEDICINE
41	07/12/11	H	S	02/11/34	M	60632	EMERGENCY MEDICINE
59	07/13/11	S	G	12/10/80	F	60609	EMERGENCY MEDICINE
47	07/14/11	J	J	10/02/27	F	60624	EMERGENCY MEDICINE
49	07/14/11	N	J	12/12/31	M	60644	EMERGENCY MEDICINE
59	07/16/11	H	A	04/04/68	M	60632	EMERGENCY MEDICINE
55	07/18/11	M	J	01/12/82	M	60623	EMERGENCY MEDICINE
41	07/18/11	R	J	11/22/52	M	60623	EMERGENCY MEDICINE
49	07/20/11	A	M	10/05/59	F	60608	EMERGENCY MEDICINE
49	07/20/11	O	G	11/15/59	F	60623	EMERGENCY MEDICINE
46	07/21/11	L	R	10/08/57	F	60632	EMERGENCY MEDICINE
47	07/24/11	G	N	07/20/80	F	60623	EMERGENCY MEDICINE
59	07/26/11	S	E	02/27/60	F	60608	EMERGENCY MEDICINE
58	07/26/11	B	L	01/28/42	F	60623	EMERGENCY MEDICINE
52	07/27/11	K	R	02/15/22	F	60608	EMERGENCY MEDICINE
56	07/28/11	C	T	12/10/64	M	60623	EMERGENCY MEDICINE
57	08/01/11	G	C	05/31/67	F	60651	EMERGENCY MEDICINE
38	08/01/11	B	J	06/05/42	M	60632	EMERGENCY MEDICINE
44	08/02/11	B	D	08/11/50	F	60651	EMERGENCY MEDICINE
39	08/04/11	R	F	10/07/37	F	60623	EMERGENCY MEDICINE
58	08/05/11	G	M	08/13/29	M	60623	EMERGENCY MEDICINE
53	08/06/11	F	G	04/14/60	M	60609	EMERGENCY MEDICINE
52	08/09/11	P	A	06/16/37	M	60652	EMERGENCY MEDICINE
50	08/11/11	K	A	06/09/36	F	60609	EMERGENCY MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	08/13/11	V	N	03/08/36	M	78572	EMERGENCY MEDICINE
55	08/15/11	S	B	08/28/39	F	60619	EMERGENCY MEDICINE
45	08/18/11	D	F	09/17/55	M	60623	EMERGENCY MEDICINE
51	08/19/11	R	J	12/11/30	M	60608	EMERGENCY MEDICINE
57	08/19/11	T	J	05/26/36	F	60623	EMERGENCY MEDICINE
40	08/22/11	G	J	01/17/49	M	60612	EMERGENCY MEDICINE
56	08/22/11	B	I	01/31/49	M	60623	EMERGENCY MEDICINE
58	08/22/11	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
59	08/23/11	G	E	03/21/33	F	60620	EMERGENCY MEDICINE
57	08/25/11	Y	L	03/15/55	M	60623	EMERGENCY MEDICINE
47	08/27/11	D	S	09/14/61	F	60163	EMERGENCY MEDICINE
57	08/29/11	V	V	05/12/19	F	60623	EMERGENCY MEDICINE
58	08/30/11	R	G	11/21/35	M	60501	EMERGENCY MEDICINE
36	09/01/11	K	A	12/27/30	F	60632	EMERGENCY MEDICINE
31	09/03/11	F	L	03/28/34	F	60644	EMERGENCY MEDICINE
58	09/06/11	H	R	06/07/69	M	60623	EMERGENCY MEDICINE
44	09/12/11	A	E	02/23/35	F	60638	EMERGENCY MEDICINE
39	09/14/11	A	M	07/10/55	F	60608	EMERGENCY MEDICINE
59	09/19/11	A	G	11/21/61	M	60624	EMERGENCY MEDICINE
38	09/21/11	S	R	04/03/67	M	60608	EMERGENCY MEDICINE
47	09/23/11	G	G	01/01/30	F	60623	EMERGENCY MEDICINE
44	09/24/11	O	C	03/03/69	M	60559	EMERGENCY MEDICINE
49	09/24/11	G	A	08/26/38	F	60623	EMERGENCY MEDICINE
57	09/26/11	S	H	09/05/57	F	60623	EMERGENCY MEDICINE
52	09/27/11	H	W	05/24/55	F	60110	EMERGENCY MEDICINE
30	10/01/11	P	K	03/17/82	F	60632	EMERGENCY MEDICINE
55	10/04/11	C	J	03/06/52	M	60623	EMERGENCY MEDICINE
59	10/05/11	S	R	12/08/63	M	60623	EMERGENCY MEDICINE
48	10/08/11	H	M	07/30/50	M	60402	EMERGENCY MEDICINE
48	10/09/11	O	A	03/25/88	F	10009	EMERGENCY MEDICINE
47	10/10/11	C	T	03/24/65	F	60623	EMERGENCY MEDICINE
55	10/10/11	R	A	04/08/32	F	60608	EMERGENCY MEDICINE
58	10/12/11	A	C	09/14/41	F	60804	EMERGENCY MEDICINE
50	10/13/11	G	V	04/18/38	F	60609	EMERGENCY MEDICINE
46	10/17/11	P	K	04/29/69	M	60623	EMERGENCY MEDICINE
36	10/18/11	C	M	12/31/30	F	60623	EMERGENCY MEDICINE
58	10/19/11	A	C	10/28/35	F	60632	EMERGENCY MEDICINE
58	10/21/11	M	B	09/21/57	M	60620	EMERGENCY MEDICINE
52	10/22/11	W	S	01/21/47	F	60623	EMERGENCY MEDICINE
49	10/27/11	A	G	02/27/49	M	60608	EMERGENCY MEDICINE
45	10/29/11	C	B	07/18/44	M	60632	EMERGENCY MEDICINE
40	10/30/11	E	H	12/24/41	F	60607	EMERGENCY MEDICINE
39	10/31/11	M	M	10/12/71	F	60133	EMERGENCY MEDICINE
54	11/02/11	R	D	09/23/61	M	60638	EMERGENCY MEDICINE
58	11/07/11	T	A	07/21/53	M	60624	EMERGENCY MEDICINE
50	11/07/11	S	R	07/05/66	M	60623	EMERGENCY MEDICINE
55	11/08/11	M	B	03/11/44	F	60632	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

39	11/09/11	B	T	03/18/47	M	60624	EMERGENCY MEDICINE
47	11/09/11	V	L	01/13/43	F	60608	EMERGENCY MEDICINE
56	11/10/11	G	L	08/08/33	F	60608	EMERGENCY MEDICINE
51	11/16/11	O	M	12/07/91	F	60609	EMERGENCY MEDICINE
58	11/16/11	H	T	09/13/70	F	60629	EMERGENCY MEDICINE
54	11/18/11	M	P	10/22/57	F	60623	EMERGENCY MEDICINE
57	11/18/11	D	F	12/17/59	F	60644	EMERGENCY MEDICINE
32	11/22/11	C	F	10/14/56	M	60426	EMERGENCY MEDICINE
53	11/25/11	M	A	08/27/51	F	60623	EMERGENCY MEDICINE
48	11/29/11	S	I	10/11/55	F	60626	EMERGENCY MEDICINE
55	12/14/11	H	C	10/13/76	F	60623	EMERGENCY MEDICINE
32	12/14/11	C	M	05/26/35	F	60632	EMERGENCY MEDICINE
55	12/15/11	S	B	01/23/23	F	60616	EMERGENCY MEDICINE
58	12/16/11	P	E	05/01/24	F	60644	EMERGENCY MEDICINE
36	12/16/11	S	L	07/09/68	F	60651	EMERGENCY MEDICINE
49	12/26/11	M	J	09/30/50	M	60623	EMERGENCY MEDICINE
57	12/28/11	S	A	11/29/79	M	60623	EMERGENCY MEDICINE
59	12/29/11	G	M	02/23/36	F	60624	EMERGENCY MEDICINE
48	12/31/11	J	C	01/24/51	M	60624	EMERGENCY MEDICINE
50	01/06/12	L	H	09/24/74	M	60452	EMERGENCY MEDICINE
45	01/07/12	W	B	06/09/45	F	60623	EMERGENCY MEDICINE
34	01/08/12	T	V	02/25/71	F	60608	EMERGENCY MEDICINE
53	01/10/12	W	H	02/19/30	F	60609	EMERGENCY MEDICINE
43	01/11/12	M	G	05/15/64	F	60632	EMERGENCY MEDICINE
52	01/14/12	C	M	07/06/33	F	60624	EMERGENCY MEDICINE
56	01/18/12	D	E	03/30/38	M	60639	EMERGENCY MEDICINE
35	01/18/12	R	M	08/11/59	M	60608	EMERGENCY MEDICINE
57	01/19/12	W	P	05/17/60	M	60624	EMERGENCY MEDICINE
39	01/19/12	Z	M	02/05/30	F	60632	EMERGENCY MEDICINE
49	01/24/12	B	N	11/16/74	F	60623	EMERGENCY MEDICINE
46	01/27/12	D	D	06/20/37	F	60651	EMERGENCY MEDICINE
48	01/28/12	C	R	08/06/76	M	60501	EMERGENCY MEDICINE
58	01/29/12	S	M	02/07/81	M	60651	EMERGENCY MEDICINE
33	02/01/12	P	M	02/18/58	M	60639	EMERGENCY MEDICINE
32	02/01/12	T	M	05/05/42	F	60612	EMERGENCY MEDICINE
37	02/02/12	W	C	11/06/74	F	60623	EMERGENCY MEDICINE
33	02/08/12	G	E	12/02/14	F	60632	EMERGENCY MEDICINE
53	02/08/12	R	G	05/09/51	F	60608	EMERGENCY MEDICINE
58	02/08/12	W	T	08/03/75	F	60644	EMERGENCY MEDICINE
55	02/09/12	J	E	03/07/65	M	60624	EMERGENCY MEDICINE
56	02/11/12	T	L	10/22/86	F	60623	EMERGENCY MEDICINE
54	02/16/12	W	J	11/29/40	M	60623	EMERGENCY MEDICINE
51	02/18/12	W	L	04/07/39	F	60623	EMERGENCY MEDICINE
48	02/20/12	E	J	03/05/61	F	60623	EMERGENCY MEDICINE
34	02/20/12	A	B	01/11/77	F	60623	EMERGENCY MEDICINE
59	02/22/12	T	G	05/20/57	F	60651	EMERGENCY MEDICINE
46	02/22/12	B	L	07/11/34	F	60624	EMERGENCY MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

47	02/23/12	C	A	07/27/41	F	60608	EMERGENCY MEDICINE
46	02/24/12	B	D	09/04/36	M	60608	EMERGENCY MEDICINE
45	02/26/12	M	A	06/06/35	F	60623	EMERGENCY MEDICINE
58	02/28/12	L	R	07/16/32	M	60607	EMERGENCY MEDICINE
51	03/01/12	L	C	12/14/52	F	60148	EMERGENCY MEDICINE
54	03/05/12	B	J	10/04/59	M	60608	EMERGENCY MEDICINE
58	03/07/12	P	S	07/03/64	F	60629	EMERGENCY MEDICINE
47	03/09/12	M	B	04/29/81	F	60632	EMERGENCY MEDICINE
56	03/18/12	C	IN	04/20/30	F	60608	EMERGENCY MEDICINE
37	03/18/12	R	J	07/09/30	M	60623	EMERGENCY MEDICINE
49	03/20/12	B	O	08/18/65	F	60623	EMERGENCY MEDICINE
35	03/21/12	G	C	06/24/34	F	60624	EMERGENCY MEDICINE
40	03/22/12	W	W	08/05/50	F	60623	EMERGENCY MEDICINE
59	03/25/12	R	S	01/30/88	F	60612	EMERGENCY MEDICINE
39	03/27/12	S	R	01/07/26	M	60608	EMERGENCY MEDICINE
36	03/29/12	K	F	09/26/31	F	60644	EMERGENCY MEDICINE
56	03/29/12	A	C	11/13/58	M	60636	EMERGENCY MEDICINE
48	03/30/12	S	E	10/04/53	F	60623	EMERGENCY MEDICINE
52	03/30/12	A	D	05/10/74	F	60620	EMERGENCY MEDICINE
53	03/31/12	G	L	01/20/80	F	60629	EMERGENCY MEDICINE
59	04/02/12	R	A	08/12/62	M	60623	EMERGENCY MEDICINE
50	04/10/12	A	C	02/16/54	F	60623	EMERGENCY MEDICINE
57	04/13/12	A	R	05/18/70	F	60623	EMERGENCY MEDICINE
32	04/14/12	R	C	06/17/89	M	60623	EMERGENCY MEDICINE
43	04/16/12	A	G	02/12/43	F	60623	EMERGENCY MEDICINE
49	04/17/12	N	M	02/19/69	M	60644	EMERGENCY MEDICINE
58	04/18/12	W	A	08/26/34	F	60623	EMERGENCY MEDICINE
54	04/19/12	A	D	02/12/36	M	60623	EMERGENCY MEDICINE
48	04/29/12	S	C	10/11/59	F	60623	EMERGENCY MEDICINE
41	04/30/12	J	F	12/04/29	F	60612	EMERGENCY MEDICINE
59	05/05/12	G	G	12/31/41	F	60644	EMERGENCY MEDICINE
39	05/07/12	M	E	04/08/36	M	60609	EMERGENCY MEDICINE
52	05/09/12	D	F	08/22/54	M	60624	EMERGENCY MEDICINE
59	05/11/12	A	D	12/20/65	M	60623	EMERGENCY MEDICINE
37	05/11/12	H	H	07/22/41	M	60623	EMERGENCY MEDICINE
44	05/11/12	B	L	05/06/40	M	60624	EMERGENCY MEDICINE
57	05/16/12	P	P	11/02/57	M	60623	EMERGENCY MEDICINE
56	05/18/12	B	S	05/14/41	F	60623	EMERGENCY MEDICINE
56	05/20/12	H	L	12/25/38	F	60608	EMERGENCY MEDICINE
55	05/22/12	G	S	11/12/54	M	60624	EMERGENCY MEDICINE
47	05/23/12	R	A	12/18/30	F	60639	EMERGENCY MEDICINE
43	05/25/12	C	E	09/29/54	M	60608	EMERGENCY MEDICINE
58	05/28/12	M	J	12/26/89	F	60201	EMERGENCY MEDICINE
42	05/28/12	M	C	02/22/47	F	60629	EMERGENCY MEDICINE
51	06/01/12	H	A	11/14/69	M	60651	EMERGENCY MEDICINE
33	06/05/12	B	H	04/07/27	M	60608	EMERGENCY MEDICINE
54	06/05/12	G	R	09/17/71	F	60629	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

46	06/06/12	R	J	08/19/52	F	60649	EMERGENCY MEDICINE
36	06/08/12	M	J	10/02/66	M	60647	EMERGENCY MEDICINE
59	06/13/12	M	E	01/25/49	F	60804	EMERGENCY MEDICINE
58	06/16/12	M	M	05/15/35	F	60623	EMERGENCY MEDICINE
46	06/16/12	W	W	12/13/56	F	60651	EMERGENCY MEDICINE
56	06/17/12	C	M	10/01/55	F	60623	EMERGENCY MEDICINE
50	06/18/12	S	T	04/20/74	F	60624	EMERGENCY MEDICINE
58	06/19/12	W	P	05/19/61	F	60612	EMERGENCY MEDICINE
38	06/19/12	M	J	10/10/87	M	60632	EMERGENCY MEDICINE
46	06/22/12	G	K	06/09/53	M	60624	EMERGENCY MEDICINE
59	06/24/12	F	L	04/14/29	F	60623	EMERGENCY MEDICINE
53	06/26/12	C	K	01/25/63	F	60615	EMERGENCY MEDICINE
37	06/30/12	A	J	06/07/57	M	60623	EMERGENCY MEDICINE
59	07/03/12	M	L	06/12/54	M	60634	EMERGENCY MEDICINE
33	07/03/12	O	F	08/11/54	M	60623	EMERGENCY MEDICINE
50	07/05/12	P	A	04/06/50	M	60632	EMERGENCY MEDICINE
46	07/05/12	F	P	03/13/66	F	60644	EMERGENCY MEDICINE
59	07/06/12	A	S	11/02/58	F	60609	EMERGENCY MEDICINE
58	07/08/12	J	S	06/03/67	F	60608	EMERGENCY MEDICINE
55	07/10/12	C	A	03/08/17	F	60623	EMERGENCY MEDICINE
59	07/10/12	G	P	10/27/33	M	60632	EMERGENCY MEDICINE
58	07/12/12	M	J	03/22/69	M	60608	EMERGENCY MEDICINE
56	07/12/12	S	J	02/08/47	M	60609	EMERGENCY MEDICINE
40	07/14/12	M	G	11/15/29	F	60608	EMERGENCY MEDICINE
32	07/16/12	G	A	02/09/89	F	60644	EMERGENCY MEDICINE
34	07/16/12	R	E	01/24/28	F	60632	EMERGENCY MEDICINE
58	07/17/12	G	E	05/01/37	F	60629	EMERGENCY MEDICINE
46	07/19/12	D	K	08/30/88	F	60651	EMERGENCY MEDICINE
58	07/19/12	G	R	03/29/23	F	60623	EMERGENCY MEDICINE
55	07/19/12	R	R	10/16/67	M	60632	EMERGENCY MEDICINE
51	07/20/12	M	A	03/28/37	M	60608	EMERGENCY MEDICINE
33	07/21/12	R	D	05/12/35	M	60623	EMERGENCY MEDICINE
36	07/21/12	D	M	12/25/38	M	60636	EMERGENCY MEDICINE
41	07/24/12	C	A	04/18/30	M	60432	EMERGENCY MEDICINE
41	07/25/12	L	V	07/13/51	F	60608	EMERGENCY MEDICINE
44	07/26/12	H	T	10/03/60	M	60620	EMERGENCY MEDICINE
55	07/27/12	N	S	03/23/58	M	60615	EMERGENCY MEDICINE
48	07/27/12	N	F	05/04/58	M	60804	EMERGENCY MEDICINE
56	07/28/12	S	B	07/21/72	M	60624	EMERGENCY MEDICINE
56	07/31/12	H	J	04/21/60	M	60804	EMERGENCY MEDICINE
53	07/31/12	K	C	12/12/63	M	60304	EMERGENCY MEDICINE
50	08/03/12	M	W	02/10/46	F	60612	EMERGENCY MEDICINE
39	08/04/12	G	E	11/05/39	F	60623	EMERGENCY MEDICINE
58	08/05/12	R	B	07/20/52	F	60623	EMERGENCY MEDICINE
55	08/07/12	V	C	09/30/35	F	60647	EMERGENCY MEDICINE
35	08/07/12	Y	H	02/16/25	F	60644	EMERGENCY MEDICINE
51	08/09/12	R	A	06/03/64	M	60120	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

50	08/15/12	P	S	06/09/61	M	60609	EMERGENCY MEDICINE
56	08/15/12	D	A	08/23/50	F	60608	EMERGENCY MEDICINE
46	08/17/12	S	V	02/03/70	F	60629	EMERGENCY MEDICINE
51	08/18/12	T	C	01/20/44	F	60632	EMERGENCY MEDICINE
39	08/20/12	V	M	10/19/22	F	60609	EMERGENCY MEDICINE
34	08/21/12	W	L	02/01/29	F	60623	EMERGENCY MEDICINE
59	08/22/12	P	R	08/04/52	M	60622	EMERGENCY MEDICINE
34	08/28/12	B	R	01/31/50	F	60623	EMERGENCY MEDICINE
53	08/28/12	R	R	03/28/68	F	60623	EMERGENCY MEDICINE
39	08/29/12	S	E	08/21/43	F	60623	EMERGENCY MEDICINE
53	08/30/12	L	W	11/08/57	M	60651	EMERGENCY MEDICINE
40	09/01/12	D	M	02/12/38	F	60644	EMERGENCY MEDICINE
53	09/02/12	M	O	11/26/93	F	60609	EMERGENCY MEDICINE
59	09/02/12	C	V	02/01/53	M	60624	EMERGENCY MEDICINE
51	09/04/12	G	L	08/04/55	M	60608	EMERGENCY MEDICINE
51	09/07/12	P	B	07/31/68	F	60402	EMERGENCY MEDICINE
43	09/09/12	G	K	11/13/20	F	60623	EMERGENCY MEDICINE
57	09/10/12	S	V	08/07/38	F	60623	EMERGENCY MEDICINE
49	09/13/12	C	T	08/11/62	F	60623	EMERGENCY MEDICINE
53	09/13/12	V	R	11/02/48	F	60623	EMERGENCY MEDICINE
58	09/16/12	L	J	02/18/44	F	60612	EMERGENCY MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
28	01/14/10	R	IV	02/24/49	F	60636	INTERNAL MEDICINE
29	01/18/10	B	JA	02/06/23	M	60651	INTERNAL MEDICINE
29	02/17/10	G	VI	04/06/33	F	60612	CARDIOVASCULAR DISEASE
17	02/19/10	S	C	11/26/33	F	60609	INTERNAL MEDICINE
29	02/22/10	G	M	01/03/33	M	60623	HEMOTOLOGY / ONCOLOGY
15	02/23/10	H	A	09/19/44	F	60609	INTERNAL MEDICINE
27	03/16/10	N	LE	08/22/35	M	60620	INTERNAL MEDICINE
21	03/25/10	S	M	05/11/37	F	60609	INTERNAL MEDICINE
16	04/02/10	G	JE	10/11/83	F	60632	INTERNAL MEDICINE
17	04/08/10	M	A	07/10/91	M	60453	PEDIATRICS
19	05/08/10	A	M	12/30/25	M	60608	FAMILY PRACTICE
26	05/15/10	C	ES	09/30/48	M	60623	FAMILY PRACTICE
26	06/01/10	H	BI	09/17/36	M	60624	INTERNAL MEDICINE
25	06/14/10	G	M	11/14/24	F	60162	HEMOTOLOGY / ONCOLOGY
15	06/27/10	JC	H	03/08/43	M	60707	INTERNAL MEDICINE
19	07/14/10	V	M	05/17/49	F	60632	FAMILY PRACTICE
18	07/30/10	M	D	07/24/68	F	60632	FAMILY PRACTICE
16	08/06/10	C	ES	04/01/43	F	60608	INTERNAL MEDICINE
16	10/29/10	R	TC	12/29/34	F	60632	INTERNAL MEDICINE
15	11/10/10	B	D	05/26/60	M	60004	GENERAL SURGERY
24	11/30/10	A	PA	10/23/54	F	60612	INTERNAL MEDICINE
21	12/02/10	T	SA	02/28/61	M	60629	INTERNAL MEDICINE
16	01/14/11	S	LC	12/14/37	F	60609	FAMILY PRACTICE
20	02/11/11	B	EL	01/27/37	F	60638	INTERNAL MEDICINE
29	02/18/11	B	O	07/29/31	M	60624	CARDIOVASCULAR DISEASE
15	03/17/11	R	SH	02/08/82	F	60804	FAMILY PRACTICE
26	04/13/11	R	A	09/20/43	F	60608	INTERNAL MEDICINE
25	04/15/11	L	M	03/20/38	F	60632	CARDIOVASCULAR DISEASE
22	07/15/11	T	JC	12/03/70	M	46360	PODIATRIC SURGERY
20	07/22/11	L	A	01/10/66	M	60652	FAMILY PRACTICE
29	08/10/11	V	A	12/20/49	M	60609	CARDIOVASCULAR DISEASE
19	08/13/11	G	E	05/30/54	M	60608	FAMILY PRACTICE
21	08/13/11	U	PA	07/27/32	M	60623	CARDIOVASCULAR DISEASE
29	08/19/11	G	EZ	09/30/41	M	60623	CARDIOVASCULAR DISEASE
17	08/23/11	R	G	08/09/57	M	60623	PODIATRIC SURGERY
25	10/04/11	P	K	01/30/60	M	60608	GENERAL SURGERY
29	10/22/11	A	R	02/12/54	M	60608	GASTROENTEROLOGY
16	11/01/11	M	O	06/30/33	F	60644	GENERAL SURGERY
20	11/13/11	D	P	05/23/50	F	60644	INTERNAL MEDICINE
22	01/19/12	A	D	12/31/41	M	60623	UROLOGY
18	01/31/12	G	M	08/15/32	F	60632	GENERAL SURGERY
29	02/03/12	Z	M	07/23/33	F	60632	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

27	02/07/12	W	EE	11/23/33	M	60638	PODIATRIC SURGERY
29	02/15/12	H	IS	07/08/24	F	60171	CARDIOVASCULAR DISEASE
20	02/16/12	A	H	12/23/55	M	60608	GENERAL SURGERY
26	02/21/12	F	A	08/03/58	M	60623	INTERNAL MEDICINE
15	03/21/12	C	D	12/17/38	M	60608	GENERAL SURGERY
26	04/01/12	T	SA	07/27/61	F	60615	INTERNAL MEDICINE
15	04/04/12	P	EE	02/05/30	F	60620	GENERAL SURGERY
15	04/05/12	B	M	04/27/49	F	60632	GENERAL SURGERY
27	04/10/12	T	LL	05/09/45	M	60612	INTERNAL MEDICINE
25	04/21/12	C	G	02/10/31	F	60608	FAMILY PRACTICE
23	04/24/12	S	D	01/09/66	F	60624	INTERNAL MEDICINE
29	05/03/12	M	B	10/25/62	M	60645	CARDIOVASCULAR DISEASE
27	06/11/12	R	G	03/12/37	M	60608	CARDIOVASCULAR DISEASE
28	06/20/12	D	M	08/20/66	F	60629	INTERNAL MEDICINE
28	06/26/12	A	JA	01/10/34	M	60632	GENERAL SURGERY
17	07/27/12	G	A	08/29/45	M	60608	GENERAL SURGERY
25	07/31/12	S	A	07/19/43	F	60612	HEMOTOLOGY / ONCOLOGY
23	08/03/12	D	SA	07/02/21	M	60624	PULMONARY DISEASE
22	08/07/12	S	V	01/04/34	F	60629	INTERNAL MEDICINE
28	08/07/12	A	D	02/19/41	M	60632	FAMILY PRACTICE
16	08/16/12	C	M	05/04/28	F	60632	CARDIOVASCULAR DISEASE
17	08/22/12	B	M	08/20/41	F	60632	INTERNAL MEDICINE
28	08/31/12	M	LL	01/18/24	F	60608	INTERNAL MEDICINE
28	09/04/12	G	R	04/10/36	M	60632	CARDIOVASCULAR DISEASE
17	09/10/12	W	JC	05/28/64	M	60653	GENERAL SURGERY
28	09/18/12	M	R	08/03/37	F	60623	FAMILY PRACTICE

ATTACHMENT-26b2a

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
51	01/02/10	S	G	04/17/22	M	60629	CARDIOVASCULAR DISEASE
50	01/07/10	V	R	06/06/66	M	60623	FAMILY PRACTICE
59	01/08/10	C	E	05/21/31	F	60643	FAMILY PRACTICE
54	01/10/10	T	R	06/05/36	M	60651	FAMILY PRACTICE
49	01/12/10	M	W	12/18/31	M	60623	INTERNAL MEDICINE
48	01/13/10	T	B	11/29/25	F	60624	INTERNAL MEDICINE
58	01/14/10	V	JE	06/03/32	M	60623	INTERNAL MEDICINE
51	01/15/10	R	IV	02/24/49	F	60636	INTERNAL MEDICINE
56	01/18/10	W	E	04/24/37	F	60623	HEMATOLOGY
55	01/18/10	B	H	08/17/33	F	60463	FAMILY PRACTICE
55	01/20/10	L	G	04/15/59	F	60804	PEDIATRICS
56	01/21/10	J	R	10/12/53	M	60615	GASTROENTEROLOGY
31	01/25/10	R	O	01/10/36	F	60402	HEMATOLOGY
55	01/25/10	A	P	05/30/26	M	60623	HEMATOLOGY
36	01/26/10	O	C	06/30/54	F	60632	CARDIOVASCULAR DISEASE
34	02/02/10	R	C	10/25/31	M	60612	INTERNAL MEDICINE
59	02/02/10	R	G	03/31/29	F	60623	ENDOCRINOLOGY/DIABETES
52	02/03/10	R	S	09/08/32	F	60632	INTERNAL MEDICINE
52	02/06/10	H	Z	05/21/48	F	38671	OBSTETRICS
50	02/11/10	H	L	04/08/26	F	60620	INTERNAL MEDICINE
50	02/13/10	M	JE	07/01/31	M	60629	INTERNAL MEDICINE
46	02/15/10	C	R	11/09/38	F	60623	INTERNAL MEDICINE
57	02/15/10	S	J	03/19/44	M	60617	GENERAL SURGERY
58	02/17/10	B	J	11/04/46	M	60608	INTERNAL MEDICINE
46	02/17/10	G	A	03/27/33	M	60636	INTERNAL MEDICINE
56	02/17/10	G	M	02/22/47	F	60639	ORTHOPAEDIC SURGERY
58	02/18/10	W	J	11/16/37	M	60624	HEMATOLOGY
58	02/22/10	A	E	07/02/29	F	60623	INTERNAL MEDICINE
57	02/22/10	W	P	05/15/49	F	60612	FAMILY PRACTICE
43	02/23/10	D	J	03/16/29	F	60623	CARDIOVASCULAR DISEASE
53	02/26/10	N	B	07/16/59	F	60153	PODIATRIC SURGERY
59	03/01/10	M	G	07/14/34	F	60651	HEMATOLOGY
44	03/03/10	J	M	02/06/32	F	60644	INTERNAL MEDICINE
52	03/04/10	H	J	04/26/48	M	60608	INTERNAL MEDICINE
42	03/05/10	S	M	09/24/27	F	60608	INTERNAL MEDICINE
57	03/06/10	L	D	11/06/46	F	60628	INFECTIOUS DISEASE
50	03/08/10	G	M	09/12/28	F	60623	INTERNAL MEDICINE
52	03/10/10	G	O	02/02/36	F	60623	FAMILY PRACTICE
58	03/10/10	A	A	02/10/36	F	60632	INTERNAL MEDICINE
58	03/13/10	C	H	09/12/64	F	60623	INTERNAL MEDICINE
33	03/18/10	T	IS	06/07/32	F	60608	HEMATOLOGY
55	03/18/10	G	L	05/17/63	M	60632	UROLOGY
32	03/25/10	T	M	02/05/31	F	60651	HEMATOLOGY
55	04/01/10	P	Z	08/16/64	F	60624	FAMILY PRACTICE
59	04/02/10	G	G	11/09/38	F	60609	INTERNAL MEDICINE
54	04/05/10	S	IR	05/22/46	F	60647	HEMATOLOGY
47	04/09/10	M	P	09/08/68	F	60632	INTERNAL MEDICINE
55	04/14/10	R	C	10/17/28	F	60623	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

37	04/14/10	R	V	08/15/47	F	60513	FAMILY PRACTICE
46	04/16/10	P	D	11/23/28	F	60644	INTERNAL MEDICINE
48	04/19/10	S	L	06/18/63	F	60609	HEMATOLOGY
59	04/20/10	T	L	06/25/48	F	60612	GASTROENTEROLOGY
30	04/25/10	C	E	07/19/23	F	60624	INTERNAL MEDICINE
42	04/27/10	R	L	07/21/58	M	60623	INTERNAL MEDICINE
57	04/29/10	D	F	02/26/30	M	60617	CARDIOVASCULAR DISEASE
55	04/30/10	A	S	01/29/48	F	60634	INTERNAL MEDICINE
46	05/03/10	B	G	06/30/23	F	60612	HEMATOLOGY
31	05/03/10	A	A	08/14/59	M	60620	HEMATOLOGY
37	05/07/10	P	R	07/14/43	M	60619	UROLOGY
43	05/09/10	P	G	07/19/48	F	60632	FAMILY PRACTICE
59	05/13/10	W	E	11/23/21	F	60623	CARDIOVASCULAR DISEASE
54	05/17/10	A	L	08/08/37	F	60639	HEMATOLOGY
55	05/21/10	R	D	11/13/31	F	60516	GENERAL SURGERY
37	05/24/10	L	O	01/23/32	F	60608	INTERNAL MEDICINE
54	05/24/10	G	D	03/27/32	M	60629	INTERNAL MEDICINE
30	05/26/10	C	P	06/28/27	M	60632	INTERNAL MEDICINE
49	05/27/10	D	R	01/12/41	F	60623	INTERNAL MEDICINE
42	06/01/10	T	A	06/26/39	M	60632	FAMILY PRACTICE
55	06/07/10	R	C	06/26/48	F	60609	FAMILY PRACTICE
35	06/09/10	W	S	02/10/22	F	60653	FAMILY PRACTICE
53	06/12/10	P	M	05/14/66	F	60653	INTERNAL MEDICINE
43	06/14/10	P	E	11/11/22	F	60629	FAMILY PRACTICE
57	06/15/10	D	R	08/01/30	F	60612	FAMILY PRACTICE
54	06/16/10	G	M	11/02/35	F	60623	UROLOGY
54	06/19/10	S	G	12/10/42	F	60609	FAMILY PRACTICE
39	06/21/10	G	A	11/13/75	F	61021	INTERNAL MEDICINE
48	06/22/10	S	B	11/03/58	F	60623	HEMATOLOGY
51	06/25/10	R	L	10/05/24	F	60624	FAMILY PRACTICE
32	06/28/10	R	JE	08/01/82	F	60629	FAMILY PRACTICE
57	07/01/10	S	R	01/09/41	M	60626	HEMATOLOGY
56	07/01/10	U	A	09/07/36	M	60463	CARDIOVASCULAR DISEASE
58	07/06/10	A	S	01/31/48	F	60459	HEMATOLOGY
30	07/06/10	C	J	09/01/63	M	60608	NEUROLOGY
58	07/08/10	S	M	07/27/49	F	60624	HEMATOLOGY
51	07/08/10	A	S	07/28/37	M	60623	FAMILY PRACTICE
58	07/10/10	H	C	08/09/35	M	60649	CARDIOVASCULAR DISEASE
58	07/12/10	G	V	07/19/37	M	60632	INTERNAL MEDICINE
58	07/12/10	S	A	07/05/36	F	60608	INTERNAL MEDICINE
44	07/13/10	G	E	03/13/68	F	60623	FAMILY MEDICINE
44	07/15/10	G	S	11/18/39	F	39307	HEMATOLOGY
56	07/15/10	B	D	05/30/38	M	60609	UROLOGY
51	07/22/10	S	C	08/16/38	F	60609	CARDIOVASCULAR DISEASE
42	07/28/10	H	J	08/29/56	F	60660	OBSTETRICS
47	07/29/10	W	A	11/24/58	F	60637	GASTROENTEROLOGY
46	08/06/10	IZ	A	10/20/54	M	60608	ORTHOPAEDIC SURGERY
41	08/12/10	W	M	02/16/51	M	60623	FAMILY PRACTICE
50	08/12/10	B	B	08/02/53	M	60623	FAMILY MEDICINE
42	08/13/10	S	G	01/10/23	M	60638	FAMILY PRACTICE
51	08/19/10	M	A	03/29/54	F	60804	GASTROENTEROLOGY
50	08/24/10	S	G	05/24/35	M	60620	GASTROENTEROLOGY

ATTACHMENT-26b2a

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

52	08/31/10	M	W	01/03/36	M	60624	CARDIOVASCULAR DISEASE
31	09/03/10	B	M	07/18/29	F	60638	INTERNAL MEDICINE
54	09/16/10	P	T	05/18/22	F	60629	INTERNAL MEDICINE
59	09/22/10	D	V	01/08/38	M	60645	INTERNAL MEDICINE
37	09/24/10	M	S	10/02/36	M	60639	INTERNAL MEDICINE
44	09/27/10	G	A	02/02/21	M	60623	GASTROENTEROLOGY
53	10/07/10	N	T	05/27/38	M	60608	CARDIOVASCULAR DISEASE
46	10/08/10	O	A	07/26/22	F	60608	GASTROENTEROLOGY
47	10/11/10	L	R	08/31/37	M	60609	INTERNAL MEDICINE
59	10/11/10	A	J	03/11/39	F	60827	CARDIOVASCULAR DISEASE
43	10/13/10	H	R	06/24/58	M	60617	PODIATRIC SURGERY
42	10/19/10	B	J	03/09/21	M	60632	NEUROLOGY
57	10/21/10	V	J	03/19/38	M	60402	PODIATRIC SURGERY
58	10/25/10	B	E	06/14/37	F	60623	INTERNAL MEDICINE
42	11/08/10	T	M	09/26/24	F	60608	OPHTHAMOLOGY
51	11/09/10	H	D	03/18/58	M	60651	PODIATRIC SURGERY
38	11/12/10	T	R	06/04/32	F	60617	FAMILY MEDICINE
55	11/18/10	C	A	09/12/35	M	60632	INTERNAL MEDICINE
42	11/19/10	F	T	01/27/27	F	60402	INTERNAL MEDICINE
46	11/19/10	F	A	09/13/21	M	60402	INTERNAL MEDICINE
57	11/26/10	C	L	03/13/41	M	60612	GENERAL SURGERY
34	12/01/10	R	M	07/27/25	F	60623	CARDIOVASCULAR DISEASE
53	12/03/10	C	B	09/22/62	F	60804	UROLOGY
47	12/06/10	A	J	10/14/43	M	60632	CARDIOVASCULAR DISEASE
57	12/09/10	E	J	12/12/41	M	60632	UROLOGY
44	12/10/10	O	M	10/21/50	F	60651	INTERNAL MEDICINE
55	12/14/10	M	J	01/14/69	M	60623	INTERNAL MEDICINE
58	12/15/10	J	J	03/20/49	M	60624	INTERNAL MEDICINE
55	12/18/10	C	J	12/07/56	F	60609	INTERNAL MEDICINE
58	12/21/10	A	A	05/13/57	F	60629	PODIATRIC SURGERY
32	12/28/10	M	D	02/14/44	F	60608	INTERNAL MEDICINE
58	12/30/10	P	S	04/18/45	M	60611	INTERNAL MEDICINE
57	01/26/11	M	J	05/03/33	M	60804	FAMILY MEDICINE
44	01/28/11	B	A	03/07/25	F	60608	CARDIOVASCULAR DISEASE
57	02/11/11	M	J	04/09/51	F	60621	GASTROENTEROLOGY
31	02/21/11	A	B	07/06/61	F	60623	PODIATRIC SURGERY
57	03/13/11	C	J	10/16/54	F	60629	GASTROENTEROLOGY
40	03/15/11	C	R	12/10/48	F	60608	FAMILY MEDICINE
57	03/15/11	R	A	12/22/46	M	60623	FAMILY MEDICINE
51	03/17/11	C	P	11/18/50	F	60137	PODIATRIC SURGERY
34	03/19/11	C	J	04/01/37	F	60616	FAMILY MEDICINE
57	03/24/11	N	S	02/12/61	F	60612	FAMILY MEDICINE
59	03/26/11	B	G	07/31/57	F	60620	ORTHOPAEDIC SURGERY
58	04/05/11	D	Z	02/12/24	F	60527	CARDIOVASCULAR DISEASE
36	04/12/11	N	J	11/27/34	M	60623	PODIATRIC SURGERY
58	04/18/11	M	L	09/29/37	F	60644	GASTROENTEROLOGY
56	04/22/11	Z	J	09/05/65	M	60804	FAMILY PRACTICE
41	04/29/11	P	F	12/26/42	M	60626	PODIATRIC SURGERY
56	04/30/11	S	L	02/27/27	F	60624	FAMILY PRACTICE
31	05/04/11	L	A	08/09/38	F	46391	PODIATRIC SURGERY
57	05/04/11	R	E	03/07/62	F	60641	PODIATRIC SURGERY
55	05/10/11	J	M	12/08/74	F	60644	GENERAL SURGERY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

47	05/14/11	C	J	06/08/53	M	60804	INTERNAL MEDICINE
44	05/17/11	P	R	03/27/49	M	60636	CARDIOVASCULAR DISEASE
57	05/17/11	J	E	09/21/35	F	60624	INTERNAL MEDICINE
47	05/21/11	M	C	06/14/55	F	60608	INTERNAL MEDICINE
49	05/23/11	C	S	11/15/71	F	60612	INTERNAL MEDICINE
59	06/04/11	T	E	05/24/25	F	60639	FAMILY PRACTICE
52	06/06/11	B	D	03/01/49	M	60609	INTERNAL MEDICINE
48	06/10/11	M	R	06/15/54	M	60651	UROLOGY
50	06/21/11	I	S	10/10/49	F	60623	INTERNAL MEDICINE
57	06/23/11	S	T	09/19/49	M	60651	PODIATRIC SURGERY
59	06/28/11	D	G	07/26/52	F	60617	INTERNAL MEDICINE
53	06/30/11	C	R	03/08/50	F	60630	INTERNAL MEDICINE
42	07/11/11	J	J	03/26/31	M	60623	INTERNAL MEDICINE
31	07/13/11	T	L	05/01/39	M	60609	GASTROENTEROLOGY
56	07/15/11	V	R	04/15/55	M	60623	GENERAL SURGERY
49	07/21/11	T	J	07/19/61	M	60629	PODIATRIC SURGERY
47	07/22/11	B	P	06/17/40	F	60612	INTERNAL MEDICINE
45	07/23/11	H	J	09/08/55	M	60632	CARDIOVASCULAR DISEASE
59	07/26/11	C	L	07/06/46	F	60629	GASTROENTEROLOGY
49	07/27/11	S	S	09/13/49	M	60623	INTERNAL MEDICINE
49	08/01/11	E	S	09/18/46	M	60632	INTERNAL MEDICINE
48	08/01/11	L	H	08/04/26	F	60624	CARDIOVASCULAR DISEASE
59	08/02/11	L	R	04/11/47	F	60629	FAMILY PRACTICE
51	08/03/11	M	A	05/11/55	M	60623	FAMILY PRACTICE
40	08/05/11	R	A	11/12/31	F	60608	INTERNAL MEDICINE
56	08/05/11	G	A	03/07/44	F	60632	INTERNAL MEDICINE
45	08/05/11	A	F	08/03/30	F	60623	INTERNAL MEDICINE
57	08/08/11	S	G	07/11/75	F	60623	OBSTETRICS
57	08/16/11	V	M	05/04/38	F	60608	INTERNAL MEDICINE
47	08/19/11	E	E	12/06/45	M	60187	INTERNAL MEDICINE
55	08/23/11	B	P	10/26/26	F	60609	INTERNAL MEDICINE
41	08/25/11	G	J	02/27/44	M	60632	GASTROENTEROLOGY
47	08/26/11	C	F	08/12/45	F	60609	UROLOGY
53	08/31/11	B	R	06/26/67	F	60169	ORTHOPAEDIC SURGERY
49	08/31/11	D	B	10/13/25	F	60607	PODIATRIC SURGERY
34	09/09/11	H	A	09/29/30	F	60609	INTERNAL MEDICINE
59	09/20/11	J	J	12/25/36	M	60623	INTERNAL MEDICINE
56	09/22/11	Z	B	10/13/27	M	60616	CARDIOVASCULAR DISEASE
34	09/26/11	K	A	01/01/51	F	60634	GENERAL SURGERY
51	09/30/11	F	P	08/15/38	M	60632	CARDIOVASCULAR DISEASE
58	10/04/11	D	R	06/21/46	M	60706	PODIATRIC SURGERY
59	10/05/11	P	R	03/15/38	M	60632	INTERNAL MEDICINE
56	10/06/11	P	L	04/10/39	M	60623	FAMILY PRACTICE
54	10/08/11	S	B	09/22/41	F	60622	UROLOGY
45	10/11/11	L	D	07/15/29	F	60621	GASTROENTEROLOGY
54	10/11/11	M	R	09/19/45	M	60639	GASTROENTEROLOGY
59	10/17/11	G	F	07/14/53	M	60609	INTERNAL MEDICINE
32	10/17/11	L	S	04/13/35	M	60108	INTERNAL MEDICINE
44	10/19/11	G	N	08/09/41	M	60629	INTERNAL MEDICINE
57	10/19/11	O	J	04/19/38	M	60639	CARDIOVASCULAR DISEASE
48	10/20/11	G	L	10/19/45	M	60647	GASTROENTEROLOGY
37	10/27/11	G	M	08/16/53	M	60632	PULMONARY DISEASE
46	10/28/11	R	S	02/06/21	M	60623	PEDIATRICS
56	10/30/11	B	L	12/21/33	F	60458	INTERNAL MEDICINE

ATTACHMENT-26b2a

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

48	11/02/11	B	C	04/02/38	F	60629	GENERAL SURGERY
57	11/03/11	N	JE	08/10/37	M	60632	INTERNAL MEDICINE
44	11/05/11	S	P	04/29/44	F	60804	FAMILY PRACTICE
47	11/08/11	G	A	12/28/39	F	60630	PODIATRIC SURGERY
59	11/09/11	B	JC	04/19/59	F	60628	PODIATRIC SURGERY
38	11/11/11	R	M	08/02/43	M	60632	FAMILY PRACTICE
57	11/19/11	P	A	11/25/36	M	60609	INTERNAL MEDICINE
58	11/21/11	A	E	11/26/30	M	60651	ENDOCRINOLOGY/DIABETES
51	11/26/11	B	C	06/03/38	M	60462	FAMILY PRACTICE
30	12/03/11	M	LE	01/18/24	F	60608	INTERNAL MEDICINE
59	12/07/11	M	R	03/28/45	M	60632	INTERNAL MEDICINE
48	12/09/11	Y	O	03/28/44	F	60526	PODIATRIC SURGERY
57	12/14/11	S	C	12/10/21	F	60632	INTERNAL MEDICINE
55	12/14/11	R	A	12/28/62	F	60647	GENERAL SURGERY
40	12/14/11	Z	R	10/28/44	F	60638	GENERAL SURGERY
59	12/16/11	H	H	07/04/26	F	60623	FAMILY PRACTICE
55	12/20/11	P	R	08/27/46	M	60609	INTERNAL MEDICINE
52	12/30/11	LE	M	04/13/42	F	60459	INTERNAL MEDICINE
58	01/18/12	G	C	06/01/46	F	60636	INTERNAL MEDICINE
49	01/25/12	A	R	07/23/50	M	60623	FAMILY PRACTICE
58	01/27/12	M	A	01/29/50	M	60608	CARDIOVASCULAR DISEASE
34	01/27/12	LE	M	08/16/64	M	60623	CARDIOVASCULAR DISEASE
50	01/28/12	C	A	06/02/42	F	60629	INTERNAL MEDICINE
55	02/01/12	V	M	05/17/31	F	60632	INTERNAL MEDICINE
39	02/01/12	C	F	03/10/55	M	60638	CARDIOVASCULAR DISEASE
53	02/03/12	S	K	09/28/71	F	60632	INTERNAL MEDICINE
52	02/04/12	B	M	05/08/57	M	60608	FAMILY PRACTICE
34	02/06/12	R	S	05/04/38	M	60527	ENDOCRINOLOGY/DIABETES
47	02/13/12	C	LE	10/26/60	F	60613	PODIATRIC SURGERY
57	02/17/12	C	LC	01/13/26	F	60632	INTERNAL MEDICINE
49	02/20/12	B	B	05/16/48	M	60655	FAMILY PRACTICE
31	02/24/12	N	R	06/25/28	M	60402	UROLOGY
43	02/25/12	P	T	08/18/69	M	60654	FAMILY PRACTICE
50	02/29/12	W	C	03/30/28	M	60629	GENERAL SURGERY
59	03/01/12	D	G	01/14/43	F	60608	FAMILY PRACTICE
46	03/02/12	S	W	10/02/28	F	60624	CARDIOVASCULAR DISEASE
59	03/02/12	S	M	11/13/35	F	60623	INTERNAL MEDICINE
32	03/08/12	K	P	03/14/52	F	60623	GASTROENTEROLOGY
47	03/12/12	Q	JU	05/27/51	M	60609	INTERNAL MEDICINE
32	03/16/12	C	C	08/12/35	M	60608	UROLOGY
55	03/17/12	A	G	11/13/43	F	60623	INTERNAL MEDICINE
47	03/19/12	A	E	03/24/36	M	60608	INTERNAL MEDICINE
43	03/19/12	D	E	06/10/28	M	60623	OBSTETRICS
57	03/23/12	D	V	02/05/31	M	60632	INTERNAL MEDICINE
35	04/02/12	LC	P	04/19/41	F	60419	GASTROENTEROLOGY
59	04/06/12	B	S	06/07/44	M	60642	INTERNAL MEDICINE
59	04/10/12	W	R	05/31/30	M	60638	INTERNAL MEDICINE
55	04/11/12	S	LI	01/03/53	F	60402	UROLOGY
46	04/11/12	R	M	10/22/36	F	60629	CARDIOVASCULAR DISEASE
50	04/18/12	D	M	08/16/41	F	60644	GASTROENTEROLOGY
54	04/23/12	D	A	05/10/28	M	60623	CARDIOVASCULAR DISEASE
57	04/25/12	H	B	08/16/52	F	60644	GASTROENTEROLOGY
41	04/25/12	G	M	11/06/25	F	60639	UROLOGY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

40	04/26/12	H	D	09/15/28	M	60632	INTERNAL MEDICINE
57	04/26/12	C	V	04/22/51	F	60501	PODIATRIC SURGERY
33	04/27/12	M	M	12/01/25	M	60609	INTERNAL MEDICINE
55	04/27/12	B	C	03/02/39	F	60649	INTERNAL MEDICINE
48	04/27/12	W	M	11/20/19	F	60632	FAMILY PRACTICE
49	04/30/12	W	P	12/14/46	F	60623	INTERNAL MEDICINE
59	04/30/12	S	S	09/29/21	F	60623	ENDOCRINOLOGY/DIABETES
41	05/01/12	W	D	10/20/31	M	60804	CARDIOVASCULAR DISEASE
57	05/01/12	S	B	10/28/44	F	60619	INTERNAL MEDICINE
58	05/02/12	LE	S	07/01/33	F	60632	CARDIOVASCULAR DISEASE
53	05/04/12	S	JC	09/03/30	M	60608	INTERNAL MEDICINE
59	05/04/12	A	LE	03/06/60	F	60608	INTERNAL MEDICINE
43	05/06/12	G	A	07/14/63	F	60098	INTERNAL MEDICINE
44	05/09/12	P	D	09/06/33	M	60534	UROLOGY
44	05/09/12	S	E	08/24/87	F	53189	PODIATRIC SURGERY
45	05/10/12	K	R	09/25/49	M	49117	CARDIOVASCULAR DISEASE
49	05/11/12	Q	S	02/10/55	F	60647	PODIATRIC SURGERY
57	05/12/12	D	P	01/29/45	M	60621	INTERNAL MEDICINE
54	05/15/12	S	T	08/07/56	F	60804	PODIATRIC SURGERY
59	05/16/12	M	M	07/29/22	F	60636	CARDIOVASCULAR DISEASE
44	05/17/12	M	E	05/19/48	F	60608	FAMILY PRACTICE
35	05/18/12	B	A	09/26/24	F	60623	FAMILY PRACTICE
53	05/18/12	K	B	04/27/38	M	60651	UROLOGY
46	05/19/12	C	LE	01/31/34	M	60632	INTERNAL MEDICINE
53	05/19/12	M	H	03/17/38	F	60453	INTERNAL MEDICINE
56	05/21/12	LA	M	05/12/45	F	60644	GENERAL SURGERY
49	05/22/12	M	R	05/31/55	M	60623	CARDIOVASCULAR DISEASE
58	05/24/12	G	A	03/09/60	F	60608	FAMILY PRACTICE
40	05/25/12	L	C	12/29/59	F	60632	INTERNAL MEDICINE
57	05/29/12	M	B	01/01/49	F	60609	PODIATRIC SURGERY
46	06/01/12	P	R	06/03/42	F	60651	GASTROENTEROLOGY
49	06/01/12	W	E	06/09/53	F	60629	INTERNAL MEDICINE
51	06/02/12	LC	JE	06/07/46	M	60608	INTERNAL MEDICINE
53	06/04/12	W	D	07/12/62	M	60435	INTERNAL MEDICINE
40	06/04/12	R	D	02/09/86	M	60632	INTERNAL MEDICINE
45	06/05/12	V	P	08/01/47	M	60609	INTERNAL MEDICINE
59	06/05/12	W	P	03/12/50	F	60614	GENERAL SURGERY
56	06/08/12	B	H	01/20/60	F	60629	PSYCHIATRY
56	06/08/12	M	M	09/25/37	M	60608	UROLOGY
40	06/11/12	C	W	09/22/38	M	60620	UROLOGY
30	06/12/12	R	M	12/19/37	F	60608	CARDIOVASCULAR DISEASE
35	06/12/12	C	A	04/08/67	F	60804	PEDIATRICS
52	06/13/12	A	M	12/24/50	M	60620	PODIATRIC SURGERY
54	06/14/12	G	R	10/17/35	F	60623	INTERNAL MEDICINE
32	06/14/12	R	E	07/09/41	F	60638	FAMILY PRACTICE
43	06/15/12	G	M	11/20/34	F	60455	INTERNAL MEDICINE
52	06/16/12	LI	C	02/10/43	M	60622	GENERAL SURGERY
55	06/16/12	W	F	10/02/61	F	60153	INTERNAL MEDICINE
49	06/20/12	L	E	01/30/64	F	60624	PSYCHIATRY
59	06/21/12	S	D	04/12/72	M	60651	CARDIOVASCULAR DISEASE
55	06/22/12	T	A	03/30/79	F	60609	INTERNAL MEDICINE
46	06/22/12	J	C	07/12/61	F	60617	PODIATRIC SURGERY
58	06/26/12	M	M	07/02/38	F	60632	CARDIOVASCULAR DISEASE

ATTACHMENT-26b2a

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

45	06/30/12	H	E	02/26/35	F	60623	GENERAL SURGERY
59	06/30/12	E	C	07/13/47	M	60639	INTERNAL MEDICINE
53	07/05/12	M	E	06/14/34	M	60623	CARDIOVASCULAR DISEASE
41	07/10/12	M	J	04/28/37	M	60608	INTERNAL MEDICINE
57	07/10/12	A	R	10/13/42	F	60623	CARDIOVASCULAR DISEASE
57	07/11/12	G	C	11/23/11	F	60622	INTERNAL MEDICINE
40	07/12/12	F	W	10/11/29	F	60624	INTERNAL MEDICINE
32	07/16/12	N	R	09/17/26	M	60623	INTERNAL MEDICINE
42	07/18/12	B	D	05/25/32	F	60527	FAMILY PRACTICE
47	07/18/12	B	V	01/13/28	M	60527	FAMILY PRACTICE
59	07/19/12	G	V	08/31/64	F	60637	OBSTETRICS
44	07/25/12	S	J	06/24/49	M	60623	FAMILY PRACTICE
59	07/27/12	G	V	12/29/35	F	60608	INTERNAL MEDICINE
55	07/27/12	B	S	10/21/40	F	60185	PODIATRIC SURGERY
51	07/30/12	N	G	10/03/53	M	60632	FAMILY PRACTICE
51	07/31/12	W	D	03/17/60	F	60623	ORTHOPAEDIC SURGERY
59	08/01/12	N	J	12/25/20	F	60608	FAMILY PRACTICE
45	08/02/12	M	A	09/05/54	M	60653	GENERAL SURGERY
43	08/04/12	H	L	04/09/31	F	60623	ENDOCRINOLOGY/DIABETES
42	08/08/12	P	E	06/08/42	F	60623	FAMILY PRACTICE
30	08/09/12	G	A	05/10/38	F	60629	NEPHROLOGY
47	08/10/12	B	P	06/17/40	F	60612	INTERNAL MEDICINE
49	08/10/12	M	R	01/06/51	F	60639	UROLOGY
32	08/11/12	M	O	03/22/52	M	60641	FAMILY PRACTICE
57	08/11/12	H	C	05/14/32	F	60623	FAMILY PRACTICE
50	08/16/12	B	O	08/26/32	F	60609	INTERNAL MEDICINE
56	08/20/12	R	R	06/22/37	M	60632	INTERNAL MEDICINE
58	08/22/12	S	S	11/01/34	F	60608	INTERNAL MEDICINE
46	08/24/12	P	J	02/19/25	M	60629	INTERNAL MEDICINE
37	08/25/12	M	R	05/22/22	F	60608	INTERNAL MEDICINE
37	08/25/12	B	J	02/25/46	M	60624	GASTROENTEROLOGY
52	08/30/12	P	J	07/01/37	M	60632	FAMILY PRACTICE
55	08/30/12	M	F	02/26/34	M	60623	FAMILY PRACTICE
56	08/31/12	T	M	10/16/72	F	60608	INTERNAL MEDICINE
58	09/01/12	D	M	11/04/61	F	60632	INTERNAL MEDICINE
52	09/05/12	L	W	08/14/26	M	60628	FAMILY PRACTICE
50	09/12/12	S	M	11/01/42	F	60402	INTERNAL MEDICINE
37	09/12/12	M	M	10/28/34	M	60632	FAMILY PRACTICE
56	09/12/12	D	S	06/30/77	F	60707	OBSTETRICS
41	09/13/12	M	L	02/19/38	F	60623	FAMILY PRACTICE
57	09/13/12	C	E	02/24/52	F	60653	GASTROENTEROLOGY
30	09/13/12	V	J	04/12/55	M	60632	INTERNAL MEDICINE
38	09/15/12	G	A	12/30/44	F	60651	INTERNAL MEDICINE
31	09/17/12	L	L	10/19/45	F	60629	INTERNAL MEDICINE

ATTACHMENT-26b2a

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED V)

G. Criterion 1110.1430b)5)- Service Accessibility

5) Service Accessibility
The number of stations being established or added for the subject category of service is necessary to improve access for planning area residents.

According to the State's calculated need for dialysis stations through CY 2013, there is a need for an additional 82 stations in Health Service Area 6 that includes the City of Chicago. Therefore, adding the proposed 15 stations will improve access for planning area residents, thereby reducing the number of additional stations needed. Refer to **ATTACHMENT-26b5A** for a copy of the latest update to the State's Inventory.

A) Service Restrictions

The area population and existing care system exhibit indicators of medical care problems. The U.S. Department of Health and Human Services, Office of Minority Affairs has published the HHS Action Plan to Reduce Racial and Health Disparities. This action plan cites that the Hispanic/Latino and the Black/African American populations lack the typical sources of health care at the rate of 30% and 20% respectively. Furthermore, these underserved populations are nearly twice as likely to use hospitals as their primary care as are Caucasians. Refer to **ATTACHMENT-26b5B** for a copy of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities. The issues identified in the Federal action plan mirror those seen by Saint Anthony Hospital. Specifically addressing the need for ESRD care, Saint Anthony Hospital has routinely seen the disparity in patient care as there is a high rate of recidivism in stage III, IV and V pre-ESRD and ESRD patients. This disconnect stems from language and literacy barriers which make following extensive treatment protocols confusing, scary and ultimately

extremely difficult. In the last 30 months ending June 30, 2012, Saint Anthony Hospital has had 396 patient admissions with a primary diagnosis requiring dialysis; 179 admissions were readmissions with an average readmission of 3.5 times for those who relapse. This equates to a 69% recidivism rate. The issue IS NOT to make dialysis services more accessible by merely adding dialysis stations; rather, the need is best served by providing a more comprehensive approach which includes the dialysis treatments, education, nutrition and treatment for related conditions such as obesity, diabetes, and hypertension. By providing these services in a single location and in a coordinated effort, we can hope to maximize the patient's time with providing the biggest benefit of combined services and education. This approach will allow the proper "treatment protocols" to be less confusing and easier to follow through with. This approach will allow for the better outcomes and survival rates.

B) Supporting Documentation

i) The location and utilization of other planning area service providers;

Appended as **ATTACHMENT-26b5C**, is a chart identifying the location and utilization of the dialysis providers within the 30-minute travel time contour in accordance with the rule of this item.

ii) Patient location information by zip code;

All patient information referenced herein and by Saint Anthony Hospital in support of this project is provided in **ATTACHMENT-**

ATTACHMENT-26b5

26b5D. The chart of information also provides the individual travel times in accordance with the rules of this item as provided through the on-line MapQuest software.

vi) An assessment of area population characteristics that document that access problems exist;

Zip Code	60608	%	60609	%	60623	%	60629	%	60632	%	60804	%
Total Population	82,739		64,906		92,108		113,916		91,326		84,573	
Black/African American	15,707	19%	19,275	30%	31,391	34%	26,952	24%	2,244	2%	3,529	4%
Hispanic/Latino	46,289	56%	34,489	53%	59,438	65%	76,575	67%	76,902	84%	73,200	87%
% of Total	**61,996**	**75%**	**53,764**	**83%**	**90,829**	**99%**	**103,527**	**91%**	**79,146**	**87%**	**76,729**	**91%**
Median HH Income	**$ 28,026**		**$ 25,705**		**$ 28,203**		**$ 40,279**		**$ 37,407**		**$ 38,044**	
% of Poverty Level		**33.5%**		**53.9%**		**45.4%**		**20.9%**		**21.3%**		**22.6%**

Source: U.S. Census Bureau American Fact Finder 2010 Demographic Profile Data
Income data provided by ZipAtlas.com(10/24/2012)

The Chart above provides an assessment of the area population's demographics. Additionally, appended as **ATTACHMENT-26b5E** is Saint Anthony Hospital's 2011 IDPH Facility Questionnaire illustrating that its demographics are consistent with 57.4 percent of its patients as Hispanic/Latino and 34.6 percent identified as black/African American and approximately 53.3 percent of its total patients are Medicaid recipients.

vii) Most recently published IDPH Hospital Questionnaire.

Appended as **ATTACHMENT-26b5F** are the most recently published IDPH Annual Questionnaire Profiles for the listed dialysis facilities.

REVISED NEED DETERMINATIONS
11/2/2012
ESRD STATIONS

ESRD SERVICE AREAS	APPROVED EXISTING STATIONS	CALCULATED STATION NEED		ADDITIONAL STATIONS NEEDED		EXCESS ESRD STATIONS	
		2013	2018	2013	2018	2013	2018
HSA 1	154	155	121	1	0	0	33
HSA 2	152	146	116	0	0	6	36
HSA 3	158	143	113	0	0	15	45
HSA 4	168	174	136	6	0	0	32
HSA 5	187	172	135	0	0	15	52
HSA 6	1,085	1,167	895	82	0	0	190
HSA 7	1,168	1,219	954	51	0	0	214
HSA 8	356	340	276	0	0	16	80
HSA 9	251	204	166	0	0	47	85
HSA 10	86	70	54	0	0	16	32
HSA 11	165	170	130	5	0	0	35
ILLINOIS TOTAL	**3,930**	**3,960**	**3,096**	**145**	**0**	**115**	**834**

AMBULATORY SURGICAL TREATMENT CENTERS

ASTC PLANNING AREAS	ASTC FACILITIES	OPERATING ROOMS
HSA 1	4	11
HSA 2	6	18
HSA 3	5	12
HSA 4	15	41
HSA 5	10	20
HSA 6	22	57
HSA 7	48	152
HSA 8	15	43
HSA 9	9	25
HSA 10	4	9
HSA 11	10	19
ILLINOIS TOTAL	**148**	**407**

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE

ATTACHMENT-26b5b

TABLE OF CONTENTS

Introduction and Background 1

New Opportunities 7

Vision and Purpose 11

Overarching Secretarial Priorities 12

Goal I: Transform Health Care 15

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce 19

Goal III: Advance the Health, Safety, and Well-Being of the American People 25

Goal IV: Advance Scientific Knowledge and Innovation 29

Goal V: Increase Efficiency, Transparency, and Accountability of HHS Programs 33

Conclusion 35

References 36

Appendix A: Provisions of the Affordable Care Act that Address Health Disparities 39

Appendix B: Key Opportunities to Advance Health Disparity Reduction at HHS 42

Appendix C: Key Disparity Measures 44

Appendix D: Acronyms 45

Introduction and Background

Medical advances and new technologies have provided people in America with the potential for longer, healthier lives more than ever before. However, persistent and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive. Health disparities — differences in health outcomes that are closely linked with social, economic, and environmental disadvantage — are often driven by the social conditions in which individuals live, learn, work and play. This document provides a brief overview of racial and ethnic health disparities and unveils a Department of Health and Human Services (HHS) Action Plan to Reduce Racial and Ethnic Health Disparities ("HHS Disparities Action Plan").

"It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone."

– Kathleen G. Sebelius, Secretary, Health & Human Services

The HHS Disparities Action Plan complements the 2011 National Stakeholder Strategy for Achieving Health Equity, a product of the National Partnership for Action ("NPA Stakeholder Strategy"). The NPA Stakeholder Strategy reflects the commitment of thousands of individuals across the country in almost every sector. It resulted from a public-private collaboration that solicited broad community input with the assistance of state and local government and Federal agencies. The NPA Stakeholder Strategy proposes a comprehensive, community-driven approach to reduce health disparities in the U.S. and achieve health equity through collaboration and synergy. Now, this first-ever HHS Disparities Action Plan and the NPA Stakeholder Strategy can be used together to coordinate action that will effectively address racial and ethnic health disparities across the country. Furthermore, the HHS Disparities Action Plan builds on national health disparities' goals and objectives recently unveiled in *Healthy People 2020*, and leverages key provisions of the Affordable Care Act and other cutting-edge HHS initiatives.

With the HHS Disparities Action Plan, the Department commits to continuously assessing the impact of all policies and programs on racial and ethnic health disparities. Furthermore, the Department can now promote integrated approaches, evidence-based programs and best practices to reduce these disparities. Together, the HHS Disparities Action Plan and the NPA Stakeholder Strategy provide strong and visible national direction for leadership among public and private partners. While the Department respects and recognizes the critical roles other Federal departments play in reducing health disparities, this action plan focuses on HHS initiatives.

INTRODUCTION AND BACKGROUND

Overview of Racial and Ethnic Health Disparities

The societal burden of health and health care disparities in America manifests itself in multiple and major ways. In one stark example, Murray et al show a difference of 33 years between the longest living and shortest living groups in the U.S.[5] Another study, *The Economic Burden of Health Inequalities in the United States*, by the Joint Center for Political and Economic Studies, concludes that "the combined costs of health inequalities and premature death in the United States were $1.24 trillion" between 2003 and 2006.[6] Such health disparities arise from both biologic factors and social factors that affect individuals across their lifespan. Regarding the latter, the World Health Organization (WHO) defines these "social determinants of health" as the conditions in which people are born, grow, live, work and age that can contribute to or detract from the health of individuals and communities.[7] Marked difference in social determinants, such as poverty, low socioeconomic status (SES), and lack of access to care, exist along racial and ethnic lines. These differences can contribute to poor health outcomes.[8]

Individuals, families and communities that have systematically experienced social and economic disadvantage face greater obstacles to optimal health. Characteristics such as race or ethnicity, religion, SES, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status.[9] While this HHS Disparities Action Plan focuses primarily on health disparities associated with race and ethnicity, many of the strategies can also apply across a wide array of population dimensions. For example, expanding healthcare access, data collection, and the use of evidence-based interventions will contribute to health equity for vulnerable populations that are defined by income, geography, disability, sexual orientation or other important characteristics.

The Burden of Racial and Ethnic Health Disparities: Major Dimensions

The leading health indicators have demonstrated little improvement in disparities over the past decade, according to recent analyses of progress on *Healthy People 2010* objectives. Significant racial and ethnic health disparities continue to permeate the major dimensions of health care, the health care workforce, population health, and data collection and research.

Disparities in Health Care: The Institute of Medicine's (IOM) landmark 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, identifies the lack of insurance as a significant driver of healthcare disparities.[11] Lack of insurance, more than any other demographic or economic barrier, negatively affects the quality of health care received by minority populations. Racial and ethnic minorities are significantly less likely than the rest of the population to have health insurance.[12] They constitute about one-third of the U.S. population, but make up more than half of the 50 million people who are uninsured.[13]

Members of racial and ethnic minority groups are also overrepresented among the 56 million people in America who have inadequate access to a primary care physician.[14] Minority children are also less likely than non-Hispanic White children to have a usual source of care.[15]

Since 2002, the annual Agency for Healthcare Research and Quality (AHRQ) National Health Disparities Reports (NHDR) have documented the status of healthcare disparities and quality of care received by racial, ethnic and socio-economic groups in the United States.[16] The NHDR documented that racial and ethnic minorities often receive poorer quality of care and face more barriers in seeking care including preventive care, acute treatment, or chronic disease management, than do non-Hispanic White patients.[17] Minority groups experience rates of preventable hospitalizations that are, in some cases, almost double that of non-Hispanic Whites.[18] African Americans have higher hospitalization rates from influenza than other populations.[19] African American children are twice as likely to be hospitalized and more than four times as likely to die from asthma as non-Hispanic White children.[20]

Major efforts to provide quality health care to racial and ethnic populations occur through both long-standing safety net programs, such as the Health Resources and Services Administration (HRSA)-funded Community Health Center Program, and new initiatives such as those aimed at increasing meaningful use of health information technology by primary care providers. The Community Health Center Program provides vulnerable populations access to comprehensive, culturally competent, quality primary healthcare services. Of the nearly 19 million patients currently served through these HRSA-funded community health centers, 63 percent are racial and ethnic minorities and 92 percent have incomes below the federal poverty level.[21]

Disparities in the Nation's Health and Human Services Infrastructure and Workforce: The 2004 IOM report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce,* underscores the significant differences in the racial and ethnic composition of the healthcare workforce compared to the U.S. population.[22] More recently, the American Association of Medical Colleges reported that in 2008, Hispanics made up approximately 16 percent of the U.S. population, but accounted for less than 6 percent of all physicians.[23] African Americans accounted for a similar proportion of the U.S.'s population, but just over 6 percent of physicians[24].

Racial and ethnic minorities are more likely than non-Hispanic Whites to report experiencing poorer quality patient-provider interactions, a disparity particularly pronounced among the 24 million adults with limited English proficiency.[25] Diversity in the healthcare workforce is a key element of patient-centered care. The ability of the healthcare workforce to address disparities will depend on its future cultural competence and diversity.

In addition to cultural competency and diversity issues, shortages of physicians and other health professionals in underserved areas significantly affect the health of racial and ethnic minorities. HRSA's

National Health Service Corps (NHSC) invests in the healthcare workforce by placing health professionals in Health Professional Shortage Areas to care for underserved populations. Currently, 7,000 NHSC clinicians provide healthcare services in underserved areas in exchange for loan repayment or scholarships: approximately 33 percent of these clinicians are minorities and half serve in community health centers.[26]

Disparities in the Health, Safety, and Well-Being of the American People: All people should have the opportunity to reach their full potential for health. Yet, those who live and work in low socioeconomic circumstances (which disproportionately include racial and ethnic minorities) often experience reduced access to healthy lifestyle options and suffer higher rates of morbidity and mortality as compared to their higher-income counterparts.[27] The recently released Centers for Disease Control and Prevention (CDC) report, *Health Disparities and Inequalities*, demonstrates that African American, Hispanic, Asian American and American Indian and Alaska Native populations suffer higher mortality rates than other populations.[28] Cardiovascular diseases, for example, account for the largest proportion of inequality in life expectancy between African American and non-Hispanic Whites. Childhood obesity affects racial and ethnic minority children at much higher rates than non-Hispanic Whites, driving up rates of associated diabetes.[29]

Addressing disparities at the population level involves both new and well-established efforts. For the past decade, the CDC's Racial and Ethnic Approaches to Community Health (REACH) program has empowered residents to seek better health, helped change local healthcare practices, and mobilized communities to implement evidence-based public health programs to reduce health disparities across a broad range of health conditions. More recently, as part of the American Recovery and Reinvestment Act (ARRA) and with additional funds from the Affordable Care Act, the 50 CDC-funded Communities Putting Prevention to Work (CPPW) programs are supporting statewide and community-based policy and environmental changes in nutrition, physical activity, and tobacco control, directly targeting factors that may harm people's health.

These recent efforts join well-established programs to provide comprehensive child development services to economically disadvantaged children and families. Specifically, the Administration for Children and Families' (ACF) Head Start program promotes the social and cognitive development of children by providing educational, health, nutritional, social and other services to enrolled children and families. The Head Start program helps parents make progress toward their educational, literacy, and employment goals, and engages them in their children's learning. Most recent data indicate that racial and ethnic minorities make up 79 percent of the population served by Head Start, making this program a critical vehicle for addressing the social determinants of health disparities.[30] And the National Institutes of Health (NIH) has woven innovative pilot projects into the Healthy Start setting as a strategy to address the disproportionate burden of asthma among minority children and children living in poverty. These projects serve as models for developing healthy learning environments to introduce health and asthma self-management skills to children and their families.

Disparities in Scientific Knowledge and Innovation: The recent IOM Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality report emphasizes that inadequate data on race, ethnicity, and language lowers the likelihood of effective actions to address health disparities.[31] The Office of Management and Budget (OMB) has promulgated minimum standard categories for racial and ethnic data collection by federal agencies. The race categories include: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The ethnicity category includes Hispanic. Enhanced and standardized data on the race, ethnicity, and language spoken by patients and other users of the healthcare system would allow better understanding of the barriers faced by racial and ethnic minority populations. The lack of standards related to data collection remains a challenge for adequately collecting, reporting, and tracking data on health disparities.

New Opportunities to Reduce Racial and Ethnic Health Disparities

The Affordable Care Act

This HHS Disparities Action Plan builds upon the Affordable Care Act – the landmark law signed by President Obama last year – that will bring insurance coverage to more than 30 million people. The Affordable Care Act not only includes provisions related broadly to health insurance coverage, health insurance reform, and access to care, but also provisions related to disparities reduction, data collection and reporting, quality improvement, and prevention. The Affordable Care Act will also reduce health disparities by investing in prevention and wellness, and giving individuals and families more control over their own care. Appendix A provides additional details on the provisions that will affect health disparities. Two important initiatives mandated by the Affordable Care Act are the National Strategy for Quality Improvement in Health Care, which will include priorities to improve the delivery of health care, and the National Prevention and Health Promotion Strategy, which aims to bring prevention and wellness to the forefront of national policy.

HHS Initiatives

In addition to the Affordable Care Act, the Department can leverage other key national initiatives in its effort to reduce racial and ethnic health disparities.

Healthy People 2020[32]: One of the four overarching goals of the recently unveiled *Healthy People 2020* initiative is "to achieve health equity, eliminate disparities and improve the health of all groups." Throughout the next decade, the *Healthy People 2020* initiative will assess health disparities in the U.S. population by tracking rates of death, chronic and acute diseases, injuries, and other health-related behaviors for sub-populations defined by race, ethnicity, gender identity, sexual orientation, disability status or special health care needs, and geographic location.

Let's Move![33]: First Lady Michelle Obama launched the *Let's Move!* initiative with the goal of solving the challenge of childhood obesity within a generation. The *Let's Move!* initiative has five key pillars: (1) creating a healthy start in life for our children, from pregnancy through early childhood; (2) empowering parents and caregivers to make healthy choices for their families; (3) serving healthier food in schools; (4) ensuring access to healthy, affordable food; and (5) increasing physical activity. To bring this initiative to the local level, the Secretary, with the First Lady, called on mayors and other local officials to be public leaders of the *Let's Move! Cities and Towns* initiative.

▸ **NEW OPPORTUNITIES**

The National HIV/AIDS Strategy[34]: Released by the President in July 2010, the National HIV/AIDS Strategy offers a vision that "the United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race and ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination."

HHS Strategic Action Plan to End the Tobacco Epidemic[35]: Released in November 2010 by the Secretary, this plan is anchored around the four pillars of (1) engaging the public; (2) supporting evidence-based tobacco control policies at the state and local levels; (3) having HHS lead by example; and (4) advancing research, especially in the context of new Food and Drug Administration (FDA) authority to regulate tobacco.

Efforts to Reduce Disparities in Influenza Vaccination[36]: The HHS Seasonal Influenza Task Force has launched efforts to maximize vaccinations in targeted racial and ethnic minority groups through coordinated Departmental efforts as well as private-public partnerships.

Interagency Working Group on Environmental Justice[37]: Executive Order 12898 directs each federal agency to make achieving environmental justice part of its mission. HHS and other participating agencies are committed to identifying and addressing disproportionately high adverse human health or environmental effects on minority and low-income populations.

<u>HHS Infrastructure</u>

Critical to the Department's success is strengthening its infrastructure to prioritize the challenges of reducing health disparities and to fully implement this HHS Disparities Action Plan. As mandated by the Affordable Care Act, HHS has not only established offices of minority health in six agencies (AHRQ, CDC, FDA, HRSA, Centers for Medicare and Medicaid Services [CMS], and Substance Abuse and Mental Health Services Administration [SAMHSA]), but also elevated the National Center on Minority Health and Health Disparities (now NIMHD) to an institute level at the NIH. Key action steps for these offices include:

1. Enhancing the integration of the missions of offices across the Department to avoid the creation of silos.
2. Aligning core principles and functions with the goals, strategies, and actions presented in the HHS Disparities Action Plan.

Collectively, these entities will improve coordination of health disparity efforts across HHS and build partnerships with public and private stakeholders. The directors of agency offices of minority health and

senior staff in other key agencies will constitute the HHS Health Disparities Council overseen by the Assistant Secretary for Health. The Council will serve as the venue to share information, leverage HHS investments, coordinate HHS activities, reduce program duplication, and track progress on the strategies and actions of the HHS Disparities Action Plan.

In addition, HHS will reinvigorate and reaffirm its continuing commitment by:

- Promoting closer collaboration between operating and staff divisions to achieve a more coordinated national response to health disparities;
- Coordinating more effectively its investments in research, prevention, and health care among HHS agencies and across the federal government;
- Developing improved mechanisms to monitor and report on progress toward achieving the vision of the HHS Disparities Action Plan; and
- Facilitating public input and feedback on Departmental strategies and progress.

Partnerships with Other Federal Departments

To help ensure successful implementation of the HHS Disparities Action Plan, the Department will collaborate with the Federal Interagency Health Equity Team (FIHET). FIHET seeks to facilitate activities of the NPA between federal agencies to increase the efficiencies and effectiveness of policies and programs at the local, tribal, state and national levels. This team, which includes representatives of the Departments of Agriculture (USDA), Commerce (DOC), Education (ED), Housing and Urban Development (HUD), Labor (DOL), Transportation (DOT), and the Environmental Protection Agency (EPA), can collectively address the broad range of social determinants of health.

Vision and Purpose

In November 2010, Secretary Kathleen Sebelius charged HHS with developing a Department-wide action plan for reducing racial and ethnic health disparities. This HHS Disparities Action Plan was developed through a collaborative, Department-wide process that actively engaged all HHS agencies. The action plan emphasizes approaches that are evidence-based and will achieve a large-scale impact. The action plan will be operational across HHS immediately.

The vision of the HHS Disparities Action Plan is:

"A nation free of disparities in health and health care."

The HHS Disparities Action Plan proposes a set of Secretarial priorities, pragmatic strategies, and high-impact actions to achieve Secretary Sebelius's strategic goals for the Department. The five goals from the HHS Strategic Plan for Fiscal Years (FY) 2010-2015 provide the framework for the HHS Disparities Action Plan.[38] They are:

I. Transform health care;
II. Strengthen the nation's Health and Human Services infrastructure and workforce;
III. Advance the health, safety, and well-being of the American people;
IV. Advance scientific knowledge and innovation; and
V. Increase the efficiency, transparency, and accountability of HHS programs.

The actions presented in this HHS Disparities Action Plan represent mainly new efforts beginning in FY 2011 and beyond. The actions are also intended to be carried out with current agency resources, so that implementation can proceed without delay. This plan will also serve as guidance for future development, subject to the availability of resources. The following pages outline the strategies and actions, with further background provided in the two appendices. Appendix A highlights the new opportunities in the Affordable Care Act to reduce health disparities. Appendix B summarizes other relevant efforts begun prior to FY 2011 that also serve to create the strong foundation for the HHS Disparities Action Plan. Implementation of the actions will be led either by a single agency or co-led by agencies working in partnership.

This HHS Disparities Action Plan begins with the Secretarial priorities then presents the goals, strategies, and actions.

Overarching Secretarial Priorities

Implementation of the HHS Disparities Action Plan will uphold four overarching Secretarial priorities to assure coordination and transformation of both existing programs and new investments. These priorities aim to:

1. **Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that:
   a. All staff and operating divisions will review their strategic plans, communications, programs, and regulations to assure that the goals, strategies, and actions in the HHS Disparities Action Plan are included to the fullest extent possible.
   b. Every staff and operating division will assess its current and future capacity to support this HHS Disparities Action Plan, and will realign resources to best meet the goals.
   c. Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.

2. **Increase the availability, quality, and use of data to improve the health of minority populations.** Strong surveillance systems must monitor trends in health and quality of care measures, as well as patient-centered research activities. HHS will:
   a. Ensure that data collection standards for race, ethnicity, sex, primary language, and disability status are implemented throughout HHS-supported programs, activities, and surveys.
   b. Assure public access to data that is appropriately disaggregated and de-identified in order to promote disparities research and assure that data on race and ethnicity in federally supported programs, activities, or surveys is routinely reported in a format that is available for external analysis. This is consistent with the HHS Open Government Initiative.
   c. Identify and map high-need/disparity areas and align HHS investments to meet these needs. One example of this action is the Value-Driven Health Disparities Collaboration Project, which will use data to map and accelerate comprehensive planning to coordinate local disparities reduction activities. Working with

health plans and local health systems, this demonstration project will conduct local assessments and map "hot spots" of particular chronic conditions, health concerns, or factors known to contribute to ill health. The project will also identify gaps in services, programs, funds, and/or actions to effectively address the "hot spots" and take advantage of opportunities to promote healthier lifestyles. It will also establish ongoing partnerships with the community and private sector to reduce health disparities.

d. Develop a system of public reporting of preventable hospital admissions by race and ethnicity (non-Hispanic White, African American, Hispanic) for dually eligible (Medicare/Medicaid) beneficiaries by hospital and state, with presentation of the data as unadjusted and adjusted relative risk ratios.

e. Publicly display aggregately collected Medicaid and Medicare quality measurement data in new ways that call attention to racial and ethnic disparities.

3. **Measure and provide incentives for better healthcare quality for minority populations.** Racial and ethnic minorities often receive poorer quality of care and face more barriers to seeking care than non-Hispanic Whites.[39] Providing incentives for quality care in these populations is critical for improving patient outcomes and creating a high-value healthcare system that promotes equity. HHS will:

   a. Implement through CMS an initiative that sets measures and provides incentives to improve health care quality, particularly for vulnerable populations. This effort will assess and refine current or new measures of chronic disease burdens for racial and ethnic minorities, such as heart attack, renal failure, stroke, hypertension, and diabetes. CMS will review current measures including those used in hospital value-based purchasing, Hospital Compare, Home Health Compare, Children's Health Insurance Program (CHIP) Pediatric Quality Measures Programs, and other special payment models.

   b. Develop cross-departmental and inter-agency collaborations between CMS, HRSA, AHRQ, SAMHSA, and Indian Health Service (IHS) to provide incentives for improvements of health care quality. For example, SAMHSA will collaborate with CMS to support the development of measures and incentives related to the racial and ethnic health burden of depression.

   c. Expand health disparities projects, including a CMS initiative to reduce avoidable hospital admissions for people dually eligible for Medicare and Medicaid, racial and ethnic analyses of CMS Survey and Claims Data, and Quality Improvement Organization Disparities Special Initiatives addressing diabetes self management training, patient safety, and clinical pharmacy services.

OVERARCHING SECRETARIAL PRIORITIES

4. **Monitor and evaluate the Department's success in implementing the HHS Disparities Action Plan.** HHS is committed to ensuring program integrity, effective program performance, and responsible stewardship of Federal funds. Regular reviews of progress will determine not only when goals are being reached, but also when refining or changing direction is necessary.
    a. Identify cross-cutting areas for collaboration across agencies and offices to conduct joint health and healthcare disparities research.
    b. On a biannual basis, Office of the Assistant Secretary for Health/Office of Minority Health (OASH/OMH) and Assistant Secretary for Planning and Evaluation (ASPE) will review and report results of Agency Head progress made under this plan. Agencies and offices will refine strategies for improving the timeliness and quality of results.
    c. On a biannual basis, review progress on Departmental efforts to improve coordination in the administration of grants, contracts, and intramural research that address reduction of disparities. Reduce duplication, align, or leverage resources where appropriate, and eliminate administrative burdens that limit efficient use of resources.

Goal I: Transform Health Care

Transforming the current healthcare system and building a high-value healthcare system requires insuring the uninsured, making coverage more secure for those who have it, and improving quality of care for all. The 2010 Affordable Care Act offers the potential to meet these goals and address the needs of racial and ethnic minority populations. Specific provisions, such as those supporting improvements in primary care, creating linkages between the traditional realms of health and social services, as well as ongoing investments in health information technology, can transform health care and reduce disparities.

Strategy I.A: Reduce disparities in health insurance coverage and access to care. Racial and ethnic minorities have far lower rates of health insurance coverage than the national average, with approximately two of every five persons of Hispanic ethnicity and one of every five non-Hispanic African Americans uninsured.[40] Removing barriers to coverage based on health status through the Affordable Care Act will offer an unprecedented opportunity for access to care, particularly for racial and ethnic minorities who have disproportionately higher rates of chronic disease.

Actions:

▸ **I.A.1 Increase the proportion of people with health insurance and provide patient protections in Medicaid, CHIP, Medicare, Health Insurance Exchanges, and other forms of health insurance.** The Affordable Care Act: (1) allows those with pre-existing conditions (first children and eventually everyone) to gain and keep coverage; (2) ends lifetime limits on care; (3) covers preventive services recommended with an A or B by the U.S. Preventive Services Task Force (USPTF) in Medicare and private health plans; and (4) promotes coverage of preventive services recommended with an A or B by the USPTF in Medicaid.

- Medicaid coverage will be expanded to individuals under age 65 with incomes up to 133 percent of the federal poverty level by 2014, including individuals who are not pregnant or are without dependent children. Grants to community-based and non-profit organizations, local governments, tribes, and states will support outreach activities and enrollment of children who are currently uninsured but eligible for Medicaid and CHIP. Such activities will have a focus on reducing disparities in coverage for racial and ethnic minorities and those experiencing language barriers.
- Each Health Insurance Exchange will offer grants to organizations to establish navigator programs, which will raise awareness of the Health Insurance Exchange and draw diverse populations to gain access to coverage through the

▸ GOAL I

Health Insurance Exchange. Navigators will provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served.

- Enrollment procedures will be streamlined to facilitate linkage of children and families to health insurance and human service programs by building on the existing Express Lane Eligibility. Linking enrollment of children and families in CHIP and Medicaid to enrollment in human service programs will improve the access and availability of both health care and human services for underserved populations. (Express Lane agencies are identified by a Medicaid or CHIP program as entities that have the authority to determine program eligibility).
  Lead/Participating Agencies: CMS, ACF, HRSA, IHS, SAMHSA, USDA
  Timeline: FY 2011-2014

Strategy I.B: Reduce disparities in access to primary care services and care coordination. Access to timely and needed primary healthcare services continues to be a major challenge for racial and ethnic minorities.[41] The actions below will expand primary care services and invest in training primary care providers. A special effort will be made to expand primary care and increase care coordination for migrant and seasonal farm workers, people experiencing homelessness, and residents of public housing.

Actions:

▸ **I.B.1 Increase the proportion of persons with a usual primary care provider and patient-centered health homes.**

- HRSA will award 350 New Access Point grant awards to support new health center service delivery sites in medically underserved areas. Doing so will improve comprehensive, culturally competent, primary and preventive health care services. Funds will not only expand such services (including oral health, behavioral health, pharmacy, and/or enabling services) at existing health center sites, but will also support major construction and renovation projects at community health centers nationwide.
- HRSA will expand its NHSC by placing more primary care providers in communities with designated health professional shortage areas. Physicians, nurse practitioners, and dentists will receive payments that help satisfy their educational loans in return for providing health care in underserved communities.
- Community-based health teams will establish agreements with primary care physicians and other health care professionals to improve care coordination through patient-centered health homes. This involves coordination of disease

ATTACHMENT-26b5b

prevention services, management of transitions between healthcare providers, and improvement of connectivity to a usual source of primary care.

- HRSA will expand its health center quality initiative that provides technical assistance and resources to health centers to: (1) become nationally recognized as health homes; (2) adopt and meaningfully use health information technology; (3) track clinical control of blood pressure and clinical management of diabetes; and (4) track reductions in racial and ethnic disparities in low birth weight child births.
  Lead/Participating Agencies: HRSA/CMS, ACF, CDC, SAMHSA
  Timeline: Starting in FY 2011

Strategy I.C: Reduce disparities in the quality of health care. The quality of care received by racial and ethnic minorities continues to be suboptimal, as demonstrated by the 2010 NHDR core indicators of quality care in preventive care, acute treatment, and chronic disease management.[42] The actions below will enhance the quality of care provided to racial and ethnic minorities by removing barriers to the timeliness, patient-centeredness of care, and the equitable use of evidence-based clinical guidelines.

Actions:

▸ **I.C.1** **Improve the quality of care provided in the Health Insurance Exchanges.** Health plans participating in the Health Insurance Exchanges, new private, competitive health insurance markets for individuals and small employers to be established by 2014, will implement a quality improvement strategy using financial and non-financial incentives to promote activities to reduce disparities in health and health care. Activities may include language services, community outreach, cultural competency training, health education, wellness promotion, and evidence-based approaches to manage chronic conditions.
Lead/Participating Agencies: CMS
Timeline: FY 2011-2014

▸ **I.C.2** **Improve outreach for and adoption of certified electronic health record (EHR) technology to improve care through the Regional Extension Centers program and other federal grant programs.** Racial and ethnic minority communities will be specifically targeted for EHR outreach and adoption through federal and private sector partnerships with HHS agencies, the National Health Information Technology Collaborative, and other health organizations. The soon-to-be released "HHS Health Information Technology (HIT) Plan to End Health Disparities" will promote HIT interagency collaborations and disseminate best practices to improve care provided in underserved

ATTACHMENT-26b5b

▸ GOAL I

racial and ethnic communities through the use of technologies such as telehealth, electronic health records, clinical tools, and personal health records.
Lead/Participating Agencies: ONC, CMS, OASH/OMH, HRSA, NIH
Timeline: Starting in FY 2011

▸ I.C.3 **Develop, implement, and evaluate interventions to prevent cardiovascular diseases and their risk factors.** Heart attacks and strokes are the leading causes of premature death for racial and ethnic minorities. This initiative will focus multiple efforts on the prevention of cardiovascular diseases and their risk factors. HHS will implement interventions that will range from quality of care improvement opportunities to potential reimbursement incentives for policy and health system changes. This initiative will involve working both with minority providers and providers serving minority populations.
Lead/Participating Agencies: CDC, AHRQ, CMS, HRSA, NIH, OASH, ONC,
Timeline: Starting in 2011

▸ I.C.4 **Increase access to dental care for children in Medicaid and CHIP.** Given the relatively high percentage of racial and ethnic minority children (under the age of 19) with public insurance, this action will help to address disparities in coverage and access to oral health services. Specifically, this initiative seeks to increase by 10 percent the rate of children up to age 20 enrolled in Medicaid or CHIP who receive any preventive dental service and the rate of enrolled children ages six to nine who receive a dental sealant on a permanent molar tooth. The initiative includes working with states to develop oral health action plans, strengthening technical assistance to states and tribes, improving outreach to dental healthcare providers, increasing outreach to beneficiaries and partnering with other relevant governmental agencies and private sector organizations.
Lead/Participating Agencies: CMS, ACF, CDC, HRSA, OASH/OMH
Timeline: Starting in 2011

ATTACHMENT-26b5b

Goal II: Strengthen the Nation's Health and Human Services Infrastructure and Workforce

Strengthening the nation's health and human services infrastructure involves addressing the critical shortage of primary care physicians, nurses, behavioral health providers, long-term care workers, and community health workers in the U.S. With growing national diversity, the disparity between the racial and ethnic composition of the healthcare workforce and that of the U.S. population widens as well.

Strategies to address the gaps in workforce diversity and shortages includes expanding the use of healthcare interpreters to overcome language barriers, improving the quality of patient-provider interactions in clinical settings, improving cultural competence education and training for health care professionals, and increasing racial and ethnic diversity in the healthcare workforce.[43]

Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Racial and ethnic minorities, and especially people whose primary language is not English, are more likely to report experiencing poorer quality patient-provider interactions than non-Hispanic Whites.[44] The actions below will address this disparity and optimize patient-provider interactions.

Actions:

▸ **II.A.1 Support the advancement of translation services.**

- **Promote the healthcare interpreting profession as an essential component of the healthcare workforce to improve access and quality of care for people with limited English proficiency.** In partnership with national organizations for certification of interpreters, HHS will improve quality of care for people with limited English proficiency. This includes promoting the knowledge, skills, and abilities required for healthcare interpreting, educating individuals about the pathways into the healthcare interpreting profession, and establishing an accessible online national registry of certified interpreters to allow healthcare facilities and providers to quickly identify certified interpreters. Collaborations with community colleges will develop effective training programs that help build the profession of healthcare interpreters and deliver credentialing examinations for healthcare interpreters.
- **Improve language access in Medicaid.** This initiative will pilot test software for a web-based enrollment system that enables Medicaid staff to interview non-English speaking or low-literacy applicants, and help those applicants to apply for Medicaid and

▸ GOAL II

CHIP benefits. This will allow a higher federal matching rate for state administrative costs dedicated to translation/interpretation services, including American Sign Language or Braille. This initiative will also encourage states to: employ staff members to provide translation or interpretation functions; pay for direct translator/interpreter support to medical providers; translate brochures, commercials, radio and newspaper advertisements, and other promotional material into other languages; and provide interpretation hotlines for Medicaid and CHIP recipients.
Lead/Participating Agencies: OASH/OMH, CMS, HRSA
Timeline: Starting in FY 2011

▸ **II.A.2 Collaborate with individuals and health professional communities to make enhancements to the current National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).** The CLAS Standards, released in 2000, represent the first national standards for culturally competent healthcare service delivery. These standards will be updated, via a CLAS Standards Enhancement Initiative. Improvements will be informed by the responses received throughout the recently ended public comment period and three previously held regional public meetings. HHS will maximize public input, stakeholder dialogue, and subject matter expertise to ensure that the enhanced CLAS Standards serve the health needs of populations experiencing health disparities.
Lead/Participating Agencies: OASH/OMH, SAMHSA
Timeline: Starting in FY 2011

Strategy II.B: Promote the use of community health workers and Promotoras. While Health Insurance Exchanges and expansions in Medicaid created by the Affordable Care Act offer much promise for racial and ethnic minorities, targeted efforts are necessary to ensure that they are enrolled and receive the health benefits for which they are eligible. Promotoras are individuals who provide health education and support to their community members. Community health workers and Promotoras can provide enrollment assistance and serve as critical liaisons between community members and health and human services organizations.[45]

Actions:

▸ **II.B.1 Increase the use of Promotoras to promote participation in health education, behavioral health education, prevention, and health insurance programs.** This initiative includes: establishing a National Steering Committee for Promotoras; developing a national training curriculum and uniform national recognition for them; creating a

ATTACHMENT-26b5b

national database system to facilitate recruitment and track training and certification of Promotoras; and supporting and linking Promotoras' networks across the Nation. As part of ACF's Head Start Program, Promotoras and community health workers can help parents effectively navigate the healthcare system and manage health care for their children.
Lead/Participating Agencies: OASH/OMH, ACF, CDC, CMS, HRSA, SAMHSA
Timeline: Starting in FY 2011

▸ **II.B.2 Promote the use of community health workers by Medicare beneficiaries.** This initiative will promote the use of community health workers as members of interdisciplinary teams and multi-sector teams. Enabling payment of community health workers as members of diabetes self-management training teams, for example, improves the provision of health care, health education, disease prevention services, and connection to health homes will be enhanced. These workers will improve patients' diabetes self-management skills in many ways including the provision of plain language health-related information in non-clinical community settings.
Lead/Participating Agencies: CMS, CDC, HRSA, IHS, OASH
Timeline: Starting in FY 2011

Strategy II.C: Increase the diversity of the healthcare and public health workforces. Numerous studies have shown racial and ethnic minority practitioners are more likely to practice in medically underserved areas and provide health care to large numbers of racial and ethnic minorities who are uninsured and underinsured. This strategy includes actions to increase the diversity of the health care and public health workforces to address the compelling need for reductions in healthcare disparities.[46]

Actions:

▸ **II.C.1 Create a pipeline program for students to increase racial and ethnic diversity in the public health and biomedical sciences professions.** Create an undergraduate pipeline program to increase racial and ethnic diversity in the health professions. This initiative will fund a national program to provide early educational opportunities for undergraduate students from health disparity populations to encourage careers in public health and biomedical sciences.
Lead/Participating Agencies: CDC, NIH
Timeline: Starting in FY 2011

▸ **II.C.2 Increase education and training opportunities for recipients of Temporary Assistance for Needy Families (TANF) and other low-income individuals**

▸ GOAL II

for occupations in healthcare fields through Health Profession Opportunity Grants (HPOG) program. HPOGs aim to improve the work readiness and employment outcomes for low-income workers and TANF beneficiaries. The ACF's Offices of Family Assistance and Refugee Resettlement will promote linkages between the HPOG grantees and refugee communities to offer the training programs. Training programs can include home care aides, certified nursing assistants, medical assistants, pharmacy technicians, emergency medical technicians, licensed vocational nurses, registered nurses, dental assistants, and health information technicians. Graduates of the training programs receive an employer- or industry-recognized certificate or degree.

Lead/Participating Agencies: ACF

Timeline: *Starting in FY 2011*

▸ **II.C.3 Increase the diversity and cultural competency of clinicians, including the behavioral health workforce.**

- HRSA will develop a plan for targeted recruitment of students from backgrounds that are underrepresented in the healthcare workforce. Activities will include implementing innovative strategies to encourage student interest in primary care and application to the NHSC scholarship program. In addition, HRSA will develop new approaches for reaching minority health professions students before they enter the job market through the loan repayment program. HRSA will assess the results of targeted efforts to expand outreach, mentorship, partnership, and recruitment practices.
- Through the newly funded Center for Integrated Health Solutions (CIHS) that works with higher-education institutes, SAMHSA will grow a diverse workforce to provide services in integrated primary care and behavioral health settings for vulnerable populations. CIHS will strengthen the capacity and skills of practitioners working in integrated care settings to better address the needs of racial and ethnic minority populations.
- Utilizing its National Network to Eliminate Disparities in Behavioral Health (NNED), SAMHSA will launch two new Communities of Practice for providers. This includes accessing virtual training and technical assistance to implement evidence-based behavioral health interventions focused on trauma and trauma-related disorders geared to minority populations.
- Through its Historically Black Colleges and Universities (HBCU) Center for Excellence, SAMHSA will increase the diversity of the workforce by training teams of clinicians, faculty, and students from HBCUs on best practices in behavioral health promotion, screening, and intervention. The Behavioral Health Policy Academy and related virtual events will serve as the primary venue for

ATTACHMENT-26b5b

capacity development across 105 HBCUs.
Lead/Participating Agencies: HRSA, NIH, SAMHSA
Timeline: Starting in FY 2011

▸ **II.C.4** **Increase the diversity of the HHS workforce.** The Office of Human Resources recently launched the Hispanic Initiative focused on the hiring, recruitment, and retention of Hispanics into the HHS workforce as the Department lags behind many agencies in the percentage of Hispanics that make up its workforce. Utilizing a multi-faceted approach, HHS will continually track Hispanic employment and recruitment efforts and conduct quarterly meetings to monitor progress. HHS is pursuing implementation of the Hispanic Serving Institution Fellowship Program, developed with the Hispanic Association of Colleges and Universities (HACU), which would provide HHS professional rotations for Hispanic academics working in the education and science field. HHS is also working with HACU to provide internships to college students in an effort to connect HHS with young Hispanic professionals at the start of their careers. HHS is also developing a Toolkit for managers and supervisors to provide guidance on methods of outreach, recruitment, and retention of Hispanics and other underrepresented populations in the HHS workforce. HHS recently signed a Memorandum of Understanding (MOU) with five Hispanic-serving organizations to establish a framework for cooperative initiatives. HHS and these organizations are phasing in a variety of programs over the coming year to increase Hispanic employment in HHS occupations.
Lead/Participating Agencies: ASA, all other HHS Agencies
Timeline: Starting in FY 2011

Goal III: Advance the Health, Safety, and Well-Being of the American People

Advancing the health, safety, and well-being of the American people has special relevance for racial and ethnic minorities who fare far worse than their non-Hispanic White counterparts across a broad range of health indicators.[47] Creating environments that promote healthy behaviors to prevent and control chronic diseases and their risk factors requires renewed commitment to prevention, with an emphasis on strengthening community-based approaches to reduce high-risk behaviors.

Strategy III.A: Reduce disparities in population health by increasing the availability and *effectiveness of community-based programs and policies.* The actions under this strategy include the implementation of both universal and targeted interventions to close the modifiable gaps in health, longevity, and quality of life among racial and ethnic minorities.

Actions:

▸ **III.A.1 Build community capacity to implement evidence-based policies and environmental, programmatic, and infrastructure change strategies.**

- Through the Affordable Care Act, the CDC Community Transformation Grants Program will implement, evaluate, and disseminate evidence-based community preventive health activities. The goal is to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base for effective prevention programming. Funded communities will work across multiple sectors to reduce heart attacks, cancer, and strokes by addressing a broad range of risk factors and conditions including poor nutrition and physical inactivity, tobacco use, and others. While the program is designed to reach the entire population, special emphasis is placed on reducing health disparities and reaching rural and frontier areas.
  Lead/Participating Agencies: CDC
  Timeline: Starting in FY 2011

▸ **III.A.2 Implement an education and outreach campaign regarding preventive benefits.**
The campaign will be a national public-private partnership to raise public awareness of health improvement across the lifespan supported by the Affordable Care Act.
The campaign will reach racial and ethnic minority populations with messages on the importance of accessing preventive services to relevant to nutrition, physical activity, and tobacco use.
Lead/Participating Agencies: CDC, CMS, HRSA, IHS, SAMHSA
Timeline: Starting in FY 2012

▸ GOAL III

▸ **III.A.3 Develop, implement, and evaluate culturally and linguistically appropriate evidence-based initiatives to prevent and reduce obesity in racial and ethnic minorities.**

- HRSA will sponsor a Healthy Weight Learning Collaborative to disseminate evidence-based and promising clinical and community practices to promote healthy weight in communities across the nation.
- *The Childhood Obesity Research Demonstration Project, led by CDC, will* develop, implement, and evaluate multi-sectoral and multi-level interventions for underserved children aged two to 12 years and their families. The project uses an integrated model of primary care and public health approaches to lower risk for obesity in racial and ethnic minority communities.

Lead/Participating Agencies: CDC, HRSA, ACF, AHRQ, CDC, NIH
Timeline: Starting in FY 2011

▸ **III.A.4 Reduce tobacco-related disparities through targeted evidence-based interventions in locations serving racial and ethnic minority populations.** Reducing smoking prevalence among racial and ethnic minorities will require programs and interventions that are both culturally relevant and evidence based. Efforts will include tobacco-free policies, quitline promotion, and counseling and cessation services in sites such as public housing, community health centers, substance abuse facilities, mental health facilities, and correctional institutions.

Lead/Participating Agencies: OASH/OMH, CDC, FDA, ACF, HRSA, IHS, NIH, SAMHSA, OASH/OWH
Timeline: Starting in FY 2011

▸ **III.A.5 Increase education programs, social support, and home-visiting programs to improve prenatal, early childhood, and maternal health.** HRSA's Maternal, Infant, and Early Childhood Home Visitation program aims to meet the diverse needs of children and families in at-risk communities, particularly underserved minority women and their families with limited social support networks. Eligible entities can implement effective home-visiting services -- including coordination and referrals to other community services -- that can lead to improved outcomes in prenatal, maternal, newborn, and child health and development; parenting skills; school readiness; and family economic self sufficiency. These services can also lead to reductions in crime, domestic violence, and parental substance abuse.

Lead/Participating Agencies: ACF, HRSA, OASH/OPA, SAMHSA
Timeline: Starting in FY 2011

III.A.6 Implement targeted activities to reduce disparities in flu vaccination. This initiative will improve vaccination rates in racial and ethnic minority communities. These activities, building on demonstration efforts in the 2010-2011 flu season, will include working with the private sector (pharmacy chains, health plans, and others), medical associations, community-based organizations, and state and local public health departments to increase the availability of flu vaccine and communicate a common set of messages about the seriousness of flu and the safety of the vaccine.
Lead/Participating Agencies: OASH/NVPO, OASH/OMH, CDC, ACF, CMS, FDA, HRSA
Timeline: Starting in FY 2011

III.A.7 Implement targeted activities to reduce asthma disparities.

- **Implement the Coordinated Federal Initiative to Reduce Asthma Disparities.** This interagency initiative, part of the President's Task Force on Environmental Health Risks and Safety Risks to Children, will promote best practices in asthma care to reduce disparities. These practices include: implement HHS clinical practice guidelines; link public and private stakeholders at the community level to deliver comprehensive, consistent, and integrated programs; optimize the tracking and targeting of populations disproportionately affected by childhood asthma; and develop a coordinated research agenda on asthma prevention and decreasing asthma severity.
- Measure and promote better asthma care for racial and ethnic minorities through Medicaid and CHIP demonstration grants to states. Activities will support environmental interventions, nontraditional asthma educators, and testing of core asthma measures.
  Lead/Participating Agencies: NIH, AHRQ, CDC, CMS, HRSA, and all other HHS agencies
  Timeline: Starting in FY 2011

› GOAL III

Strategy III.B: Conduct and evaluate pilot tests of health disparity impact assessments of selected proposed national policies and programs. Entities ranging from local health departments, national foundations, the World Health Organization, and several countries, are conducting health impact assessments on proposed policies and programs. Health disparity impact assessments have the potential to inform policymakers of likely impacts of proposed policies and programs on health and healthcare disparities among racial and ethnic minorities, and to reduce disparities through improving new policies and programs.

Actions:

› **III.B.1 Adopt a "health in all policies" approach.** Develop, implement, and monitor strategies addressing health disparities by engaging other key federal departments, the private sector, and community-based organizations to adopt a "health in all policies" approach, including a health impact assessment for key policy and program decisions.
Lead/Participating Agencies: OASH/OMH, All HHS Agencies
Timeline: Starting in FY 2012

› **III.B.2. Evaluate use of health disparity impact assessment for proposed policies and programs.** HHS will collaborate with national foundations to conduct and evaluate pilot tests of health disparity impact assessments of selected proposed national policies and programs.
Lead/Participating Agencies: OASH/OMH, All HHS Agencies
Timeline: Starting in FY 2012

ATTACHMENT-26b5b

Goal IV: Advance Scientific Knowledge and Innovation

While scientific advances have improved the longevity and quality of life for people in America, these gains have not been experienced equally by racial and ethnic minorities.[48] Advancing scientific knowledge and innovation can improve patient-centered research in the areas of prevention, screening, diagnostic and treatment services, and strengthen existing information systems to reduce and improve the quality of health, public health, and biomedical research. These efforts must benefit all populations.

Strategy IV.A: Increase the availability and quality of data collected and reported on racial and ethnic minority populations. The capacity of HHS to identify disparities and effectively monitor efforts to reduce them is limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data by race, ethnicity, and language are essential.

Actions:

▸ **IV.A.1 Implement a multifaceted health disparities data collection strategy across HHS.** This initiative will:

- Establish data standards and ensure federally conducted or supported health care or public health programs, activities, or surveys collect and report data in five specific demographic categories: race, ethnicity, gender, primary language, and disability status as authorized in the Affordable Care Act;
- Oversample minority populations in HHS surveys;
- Develop other methods for capturing low-density populations (Native Americans, Asian Americans and Pacific Islanders) when oversampling is not fiscally feasible;
- Use analytical strategies and techniques, such as pooling data across several years, to develop estimates for racial and ethnic minority populations;
- Publish estimates of health outcomes for racial and ethnic minority populations and subpopulations on a regular, pre-determined schedule;
- Improve public access to HHS minority data and promotion of external analyses; and
- Develop and implement a plan for targeted special population studies, internally or through research grant funding announcements and contracts.

This initiative will also address gaps in subpopulations traditionally missed by standard HHS data collection activities.

Lead/Participating Agencies: ASPE/Data Council, AHRQ, CDC, CMS, OASH/OMH, all other HHS Agencies

Timeline: Starting in FY 2011

▸ GOAL IV

Strategy IV.B: Conduct and support research to inform disparities reduction initiatives. Health disparities research can inform initiatives to improve the health, longevity, and quality of life among racial and ethnic minorities by bridging the gap between knowledge and practice.

Actions:

▸ **IV.B.1 Develop and implement strategies to increase access to information, tools, and resources to conduct collaborative health disparities research across federal departments.** Bringing together various federal departments to pool government resources and expertise to utilize and disseminate health disparities research results will accelerate efforts to address social determinants of health in multiple settings. This initiative will develop coordinated research protocols and Memoranda of Agreement to facilitate collaboration across departments and agencies.
Lead/Participating Departments/Agencies: HHS/NIH, DOE, DOL, ED, EPA, USDA, VA
Timeline: Starting in FY 2011

▸ **IV.B.2 Develop, implement, and test strategies to increase the adoption and dissemination of interventions based on patient-centered outcomes research among racial and ethnic minority populations.** Patient-centered outcomes research informs healthcare decisions by providing evidence on the effectiveness, benefits, and harms of different treatment options. By working collaboratively with research and healthcare institutions, HHS can develop, implement, and test strategies to increase the adoption and dissemination of interventions based on patient-centered outcomes research among racial and ethnic minority populations. Targeted health conditions will include diabetes mellitus, asthma, arthritis, and cardiovascular diseases including stroke and hypertension.
Lead/Participating Agencies: NIH, AHRQ, ASPE, OASH/OMH
Timeline: Starting in FY 2011

▸ **IV.B.3 Promote community-based participatory research (CBPR) approaches to increase cancer awareness, prevention, and control to reduce health disparities.** The NIH is supporting various CBPR approaches that integrate the complex and multi-level determinants of health to reduce the burden of disease such as cancer, cardiovascular diseases, and diabetes within communities. This initiative will fund new cooperative agreements through the existing National Cancer Institute (NIH/NCI) Community Networks Program centers to increase knowledge of, access to, and utilization of biomedical and behavioral procedures for reducing cancer disparities. Such efforts range from prevention through early detection, diagnosis, treatment, and survivorship in

racial and ethnic minorities and other underserved populations. The Centers also provide an opportunity for training health disparity researchers (particularly new and early-stage investigators) in CBPR approaches and cancer health disparities.
Lead/Participating Agencies: NIH
Timeline: Starting in FY 2011

▸ **IV.B.4** **Expand research capacity for health disparities research.** This initiative will support efforts to expand faculty-initiated health disparities research programs and improve the capacity for training future research scientists. Through extending infrastructure like the NIMHD Research Infrastructure in Minority Institutions Program, HHS will support researchers to study health disparities to improve the scientific infrastructure needed to find solutions.
Lead/Participating Agencies: NIH, HRSA, OASH/OMH
Timeline: Starting in FY 2011

▸ **IV.B.5** **Leverage regional variation research in search of replicable success in health disparities.** Studies of systems where racial and ethnic minorities receive the highest quality of care and have the best health outcomes can reveal important tools to improve health disparities. Thorough research may reveal the specific mechanisms that solve this recalcitrant issue. HHS will support researchers who search for successful models and identify effective solutions to address health disparities.
Lead/Participating Agencies: NIH, AHRQ
Timeline: Starting in FY 2011

ATTACHMENT-26b5b

Goal V: Increase Efficiency, Transparency, and Accountability of HHS Programs

Promoting better collaboration and streamlining efforts can improve the efficiency of HHS programs. Addressing racial and ethnic health disparities in an efficient, transparent, and accountable manner will require better coordination and integration of the minority health infrastructure and programs. Using transparent measures can help the Department hold itself accountable. Other HHS open-government activities such as the Community Health Data Initiative — a major new public-private effort to help people understand health and healthcare performance in their communities and to spark and facilitate action to improve performance — will promote local application of measures.

Streamline grant administration for health disparities funding. The Department will improve the coordination of the administration of grants that address health disparities by identifying effective ways to implement processes that simplify grant administrative activities for communities, community-based organizations, tribes, and states. This will include moving toward standardizing grantee reporting requirements, developing common metrics to reduce inefficiencies, and identifying opportunities to leverage investments.

Monitor and evaluate implementation of the HHS Disparities Action Plan. To assure accountability and a clear focus on performance and outcomes, HHS will employ a multi-level monitoring and evaluation approach to track progress on implementation and outcomes of the HHS Disparities Action Plan. Goal, strategy and action-level indicators will be assessed. At the **goal level**, HHS will monitor disparities data to assess the extent to which progress is being made in the five goals. At the **strategy level**, HHS will undertake program evaluations to assess the extent to which changes in strategy-level objectives are correlated with action steps. At the **action level**, HHS will track performance data to determine the extent to which actions are completed and assess the timeliness of completion. Collectively, these evaluation activities will help us to understand our progress toward achieving the vision of the HHS Disparities Action Plan.

- **Goal-Level Disparities Monitoring and Surveillance.** To monitor the nation's overall progress toward achieving desired changes in disparities indicators, HHS will annually track progress on measures selected from multipurpose national data systems such as population-based surveys to track progress. These measures will reflect the goals of the HHS Disparities Action Plan, *Healthy People 2020* disparity objectives, and Affordable Care Act provisions. Measures will be publicly accessible and will provide timely updated information. HHS data systems will be used to provide data for these measures. Measures are listed in Appendix C.

ATTACHMENT-26b5b

• GOAL V

Strategy-Level Evaluation. HHS will work with lead agencies to develop an evaluation plan for relevant actions within the HHS Disparities Action Plan. Evaluations will focus on the extent to which outcomes from implemented actions are correlated with desired strategies and changes. For example, HHS may conduct an evaluation to assess whether the creation of specific payment structure incentives by Health Insurance Exchanges have improved health outcomes among racial and ethnic and low-income populations.

These evaluation efforts will build upon existing monitoring and evaluation infrastructures. Each agency of the Department routinely conducts evaluations designed to assess the process, outcomes, and effectiveness of its own programs based on what aspects of disparity are targeted. Efforts are made to ensure all programs have measurable objectives that can be used to direct program activities and measure the benefits accruing to the target populations. To this end, the agency may directly collect data in the process of administering the program relating to performance. It may also conduct special evaluation studies to assess program outcomes and impacts. All monitoring and evaluation is designed in full recognition that in addition to actions outlined in the plan, changes in disparities are also related to ongoing efforts at various levels in government and private sector organizations, including efforts that address social determinants of health.

Action-Level Monitoring. HHS will routinely monitor agency and office progress in completing actions within the HHS Disparities Action Plan. As a part of this process, HHS will utilize existing performance measures, such as Government Performance and Results Act (GPRA) measures, and other program performance monitoring data systems. Additional performance metrics may be identified to allow HHS to identify barriers to action success and assess overall progress on HHS Disparities Action Plan implementation.

Conclusion

This HHS Disparities Action Plan in support of the *National Stakeholder Strategy* will accelerate national momentum toward reducing racial and ethnic health care disparities. The Affordable Care Act represents the most significant federal effort to reduce disparities in the country's history. By building on the Affordable Care Act and shaping the Department's health disparities reduction activities around the Secretary's priorities, the Department will lead by example. Through the release of this Action Plan, the Department commits to the vision of a nation free from disparities in health and health care for racial and ethnic minority populations.

› REFERENCES

References

[1] Institute of Medicine (IOM). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press; 2002.

[2] U.S. Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion, Healthy People 2020; Rockville, MD. Available at: www.healthypeople.gov

[3] National Partnership for Action. National Stakeholder Strategy for Achieving Health Equity; 2011.

[4] U.S. Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion, Healthy People 2020; Rockville, MD. Available at: www.healthypeople.gov

[5] Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al. (2006) Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States. PLoS Med 3(9): e260. doi:10.1371/journal.pmed.0030260. Doonan MT, Tull KR. Health Care Reform in Massachusetts: Implementation of Coverage Expansions and a Health Insurance Mandate. Milbank Quarterly. 2010 March; 88(1): 54-80.

[6] Joint Center for Political And Economic Studies. Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations. Washington, DC; 2010.

[7] World Health Organization, Website. Social Determinants of Health, 2009. Available at: http://www.who.int/social_determinants/en/

[8] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[9] U.S. Department of Health and Human Services. National Center on Minority Health and Health Disparities. Social Determinants of Health Initiative. Available at: http://www.nimhd.nih.gov/recovery/goSocialDeterm.asp

[10] Sondik EJ, Huang DT, Klein RJ, Satcher D. Progress Toward the Healthy People 2010 Goals and Objectives. Annual Review of Public Health. April 2010; 31: 271-281.

[11] Institute of Medicine (IOM). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press; 2002.

[12] U.S. Department of Health and Human Services. National Center on Minority Health and Health Disparities. Social Determinants of Health Initiative. Available at: http://www.nimhd.nih.gov/recovery/goSocialDeterm.asp

[13] Smedley BD. Moving beyond access: Achieving equity in state health care reform. Health Affairs. 2008; 27(2): 447-455. DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-238, Income, Poverty, and Health Insurance Coverage in the United States: 2009, U.S. Government Printing Office, Washington, DC,2010.

[14] National Association of Community Health Centers. Access Denied: A Look into America's Medically Disenfranchised. Washington, DC; 2007.

[15] U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. No Usual Source of Care Among Children. 2007.

[16] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[17] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[18] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[19] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[20] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

ATTACHMENT-26b5b

▸ REFERENCES

[71] U.S. Department of Health and Human Services. Health Resources and Services Administration. Uniform Data System. 2009.

[72] Institute of Medicine (IOM). In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce. Washington, DC: The National Academies Press; 2004.

[73] Association of American Medical Colleges. Diversity in the Physician Workforce: Facts & Figures 2010. Washington, DC; 2010. U.S. Census Bureau, 2008 Current Population Reports.

[74] Association of American Medical Colleges. Diversity in the Physician Workforce: Facts & Figures 2010. Washington, DC; 2010. U.S. Census Bureau, 2008 Current Population Reports.

[75] U.S. Department of Education. National Center for Education Statistics. The 2003 National Assessment of Adult Literacy. U.S. Census Bureau. Population 5-years or older who speak English "less than very well." 2007. Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[76] U.S. Department of Health and Human Services. Health Resources and Services Administration. Bureau of Clinician Recruitment and Services Management Information System. 2011.

[77] U.S. Department of Health and Human Services. National Center on Minority Health and Health Disparities. Social Determinants of Health Initiative. Available at: http://www.nimhd.nih.gov/recovery/goSocialDeterm.asp

[78] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[79] *Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011.* MMWR 2011; 60(Supplement): 1-114.

[80] U.S. Department of Health and Human Services. Administration for Children & Families. HeadStart Program Fact Sheets. Available at: http://www.acf.hhs.gov/programs/ohs/about/fy2010.htmlInstitute of Medicine (IOM). Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality.

[81] IOM Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press; 2009.

[82] U.S. Department of Health and Human Services (HHS). Office of Disease Prevention and Health Promotion. Healthy People 2020: Rockville, MD. Available at: www.healthypeople.gov. Koh, HK. A 2020 Vision for Healthy People. New England Journal of Medicine. 2010; 362: 1653-1656.

[83] First Lady's Let's Move! Initiative. www.letsmove.gov

[84] National HIV/AIDS Strategy: http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf. Implementation Plan: http://www.whitehouse.gov/files/documents/nhas-implementation.pdf

[85] HHS Strategic Action Plan to End the Tobacco Epidemic http://www.hhs.gov/ash/initiatives/tobacco/tobaccostrategicplan2010.pdf

[86] *HHS and Walgreens Announce New Effort Aimed at Addressing Health Disparities in Flu Vaccination.* Available at: http://www.hhs.gov/news/press/2010pres/12/20101217a.html and www.flu.gov

[87] Interagency Working Group on Environmental Justice. www.epa.gov/compliance/ej/interagency

[88] U.S. Department of Health and Human Services. Strategic Plan for 2010-2015. Available at: http://www.hhs.gov/secretary/about/priorities/priorities.html

[89] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[90] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[91] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

REFERENCES

[42] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[43] Institute of Medicine (IOM). In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce. Washington, DC: The National Academies Press; 2004. Association of American Medical Colleges. Diversity in the Physician Workforce: Facts & Figures 2010. Washington, DC; 2010. U.S. Census Bureau, 2008 Current Population Reports.

[44] Agency for Healthcare Research and Quality (AHRQ). National Healthcare Disparities Report, 2008. Rockville, MD; 2009. Available at: www.ahrq.gov/qual/measurix.htm

[45] Kaiser Family Foundation. Optimizing Medicaid enrollment: Perspectives on strengthening Medicaid's reach under healthcare reform. April 2010. Available at: http://www.kff.org/healthreform/upload/8068.pdf

[46] Komaromy M, Grumbach K, Drake M, Vranizan K, Lurie N, Keane D, Bindman AB (1996) The role of Black and Hispanic physicians in providing health care for underserved populations. New England Journal of Medicine 334:1305-1310. Cooper-Patrick L, Gallo JJ, Gonzales JJ, Vu HT, Powe NR, Nelson C, Ford DE (1999) Race, gender and partnership in the patient-physician relationship. Journal of the American Medical Association 282(6):583-9.

[47] Centers for Disease Control and Prevention (CDC). CDC Health Disparities and Inequalities Report – United States, 2011. MMWR 2011; 60(Supplement): 1-114.

[48] Institute of Medicine (IOM). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press; 2002

SAH Dialysis Center @ 26th Street
Facilities within 30-minute Market Contour of Proposed Site

Name	Map Address	City	Zipcode	COUNTY	HSA	STATIONS	In-Patient 12/31/2011	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
DaVita - Little Village Dialysis	2335 W. Cermak Road	Chicago	60608	Cook	6	16	92	5	1.39
Mt. Sinai Hospital Medical Center	2798 West 15th Place	Chicago		Cook	6	16	77	6.25	1.67
FMC - Cicero (1)	3000 South Cicero Aveue	Cicero	60804		7	16		8.05	2.71
Fresenius Medical Center - Westside	1340 South Damen	Chicago	60608	Cook	6	31	81	8.75	2.48
Fresenius Medical Care Congress Parkway	3410 West Van Buren	Chicago		Cook	6	30	122	8.75	2.57
John H. Stroger Hospital of Cook Co. Dialysis (9)	1901 West Harrison	Chicago		Cook	6	9	84	10	3.1
University of Hospital Dialysis	1859 West Taylor	Chicago		Cook	6	26	138	10	3.01
Rush University Dialysis	1653 West Congress Parkwsy	Chicago		Cook	6	5	8	11.25	3.44
Garfield Kidney Center	3250 West Franklin	Chicago	60624	Cook	6	16	93	12.5	3.42
Fresenius Medical Care - Bridgeport	825 West 35th Street	Chicago		Cook	6	27	152	12.5	3.81
Circle Medical Management (13)	1426 West Washington Blvd.	Chicago		Cook	6	27	121	13.75	3.94
DSI Loop Center	1101 South Canal Street	Chicago		Cook	6	28	95	13.75	4.22
Fresenius Medical Care - Polk	557 West Polk	Chicago	60607	Cook	6	24	97	15	5.3
Fresenius Medical Care - Prairie	1717 South Wabash Avenue	Chicago		Cook	6	24	97	15	4.29
Fresenius Medical Care - Chicago Dialysis	820 West Jackson	Chicago		Cook	6	21	78	15	4.56
Maple Avenue Kidney Centers, LLC	610 South Maple Avenue	Oak Park	60304	Suburban Cook	7	18	73	17.25	8.26
Fresenius Medical Care - West Metro (11)	1044 North Mozart	Chicago		Cook	6	32	170	17.5	4.8
DaVita Emerald Dialysis	710 West 43rd Street	Chicago		Cook	6	24	133	17.5	4.98
Fresenius Medical Care - Berwyn (10)	2601 South Harlem Avenue	Berwyn		Cook	7	26	155	18.4	5.47
Woodlawn Dialysis (6)	5060 South State Street	Chicago			6	32		18.75	8.55
Fresenius Medical Care - Marquette Park	6515 South Western Avenue	Chicago		Cook	6	16	90	18.75	5.66
Fresenius Medical Care - Garfield	5401 South Wentworth	Chicago		Cook	6	22	108	18.75	9
Fresenius Medical Care-West Suburban	3 Erie Court, Suite 5000	Oak Park	60302	Cook	7	46	233	19.55	7.83
Fresenius Medical Care - Midway	6201 West 63rd Street	Chicago	60638	Cook	6	12	35	20	8.03
Fresenius Medical Care-Austin Comm.	4800 West Chicago Ave, 2nd floor	Chicago	60651	Cook	6	16	61	20	5.74
Lake Park Dialysis (7)	East 43rd & South Cottage Grove	Chicago			6	32		20	8.78
Fresenius Oak Park Dialysis Center (2)	733 Madison Street	Oak Park	60302	Cook	7	12	127	20.7	9.14
Fresenius Medical Care Burbank	4811 West 77th Street	Burbank		Cook	7	26	130	20.7	8.41
West Lawn Dialysis	7000 South Pulaski Road	Chicago	60629	Cook	6	12	21	21.25	6.13
Fresenius Medical Care West Willow	1444 West Willow	Chicago	60620	Cook	6	12	4	21.25	8.04
Fresenius Medical Care - Southside	3134 West 76th Street	Chicago		Cook	6	39	199	21.25	6.37
Fresenius Medical Care River Forest (2)	103 Forest Avenue	River Forest	60305	Cook	7	20	2	21.85	9.5
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood		Cook	7	30	150	21.85	10.63
DSI Renal Services - Scottsdale (3)	4651 West 79th Street	Chicago	60652	Cook	6	35	169	22.5	8.81
Fresenius Medical Care Ross Dialysis-Englewood	6333 South Green Street	Chicago		Cook	6	16	86	22.5	10.59
Fresenius Medical Care - Northwestern	710 North Fairbanks	Chicago		Cook	6	44	189	22.5	7.87
Fresenius Medical Care Logan Square (4)	2734 North Milwaukee Avenue	Chicago	60647	Cook	6	12		23.75	6.31
DaVita - Stony Creek	9115 S. Cicero	Oak Lawn	60453	Suburban Cook	7	12	66	24.15	10.19
Fresenius Medical Care Chatham (5)	333 West 87th Street	Chicago	60617	Cook	6	16		25	13.29
Logan Square Dialysis (8)	2816 North Kimball Avenue	Chicago			6	28		25	6.52
Fresenius Medical Care - Melrose Park	1111 Superior Street	Melrose Park		Cook	7	18	58	25.3	11.36
Grand Crossing Dialysis	7319 South Cottage Grove Avenue	Chicago	60619	Cook	6	12	7	26.25	12.69
Beverly Dialysis Center	8109 South Western Avenue	Chicago		Cook	6	12	67	26.25	7.68
DaVita-Lincoln Park Dialysis Center	3157 North Lincoln Avenue	Chicago		Cook	6	22	111	26.25	9.82
Fresenius Medical Care - North Avenue	911 West North Avenue	Melrose Park		Cook	7	24	127	26.45	12.48
Fresenius Medical Care - Northcenter	2620 West Addison Street	Chicago		Cook	6	16	75	27.5	11.19
DaVita TRC Children's Dialysis	2611 North Halsted	Chicago		Cook	6	6	18	27.5	7.56
Fresenius Medical Care Willowbrook (14)	6300 Kingery Highway	Willowbrook		DuPage	7	20	88	27.6	18.14
Fresenius Medical Care - Westchester	2400 Wolf Road	Westchester		Cook	7	20	94	29.9	15.1
Fresenius Medical Care South Chicago	9200 South Chicago Avenue	Chicago	60617	Cook	6	36	193	30	15.34
Fresenius Medical Care West Belmont (12)	4943 West Belmont	Chicago		Cook	6	17	67	30	8.1
						1109	4441		

(1) P-11096 received a permit to establish a 16 station ESRD facility at 3000 South Cicero Avenue in Cicero 4/17/12.
(2) As part of Project 10-012 to establish Fresenius Medical Care River Forest, authorized stations will be reduced from 32 to 12 effective 6/8/2010.
Received permit to establish a 20 station ESRD at 103 Forest Avenue in River Forest effective 6/8/2010.
(3) P-07-001 according to the permit letter there was a relocation and addition of 3 stations to bring the number from 32 to 35.
(4) P-11-059 received a permit to establish a 12 station ESRD facility at 2734 North Milwaukee Avenue 10/13/11.
(5) P-10-074 received a permit to establish a ESRD facility with 16 stations at 333 West 87th Street in Chicago 3/22/11.
(6) P-11-068 received a permit to discontinue a 20 station ESRD facility at 1164 East 55th Street in Chicago and establish a 32 station ESRD facility at 5060 South State Street in Chicago effective 12/6/11.
(7) P-11-102 received a permit to discontinue a 20 station ESRD facility at 1531 East Hyde Park Blvd. in Chicago and to establish a 32 station ESRD facility at 43rd & South Cottage Grove in Chicago effective 1/10/12.
(8) P-11-109 received a permit to discontinue a 20 station facility at 2659 North Milwaukee Avenue and to establish a 28 station facility at 2816 North Kimball Avenue in Chicago effective 2/28/12.
(9) 9 stations are listed in inventory book. 8 stations are reported on profile.
(10) 26 stations are listed in inventory book. 28 stations are reported on profile.
(11) Added 2 stations to an existing facility. Facility now has 32 authorized ESRD stations. 6/22/12
(12) Received permit to add 4 stations to existing facility. 9/12/12
(13) 27 stations are listed in inventory book. 28 stations are reported on profile.
(14) Added 4 stations to existing facility. Facility now has 20 authorized ESRD stations. 5/20/11

Sources:
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Other Health Services
Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.
www.mapquest.com

ATTACHMENT-26b5c

Dialysis Facilities within 30-Minutes
(adjusted travel times)
From 3059 West 26th Street, Chicago, Illinois 60623

Existing Name	City	COUNTY	HSA	STATIONS	In-Patient 12/31/2011	Utilization 12/31/2011	Potentially Avail Stat	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
DaVita - Little Village Dialysis	Chicago	Cook	6	16	92	95.8%	-2.5	5	1.39
Mt. Sinai Hospital Medical Center	Chicago	Cook	6	16	77	80.2%	0.0	6.25	1.67
Fresenius Medical Center - Westside	Chicago	Cook	6	31	81	43.5%	11.3	8.75	2.48
Fresenius Medical Care Congress Parkway	Chicago	Cook	6	30	122	67.8%	3.7	8.75	2.57
John H. Stroger Hospital of Cook Co. Dialysis (9)	Chicago	Cook	6	9	84	155.6%	-6.8	10	3.1
University of Hospital Dialysis	Chicago	Cook	6	26	138	88.5%	-2.2	10	3.01
Rush University Dialysis	Chicago	Cook	6	5	8	26.7%	2.7	11.25	3.44
Garfield Kidney Center	Chicago	Cook	6	16	93	96.9%	-2.7	12.5	3.42
Fresenius Medical Care - Bridgeport	Chicago	Cook	6	27	152	93.8%	-3.7	12.5	3.81
Circle Medical Management (13)	Chicago	Cook	6	27	121	74.7%	1.4	13.75	3.94
DSI Loop Center	Chicago	Cook	6	28	95	56.5%	6.6	13.75	4.22
Fresenius Medical Care - Polk	Chicago	Cook	6	24	97	67.4%	3.0	15	5.3
Fresenius Medical Care - Prairie	Chicago	Cook	6	24	97	67.4%	3.0	15	4.29
Fresenius Medical Care - Chicago Dialysis	Chicago	Cook	6	21	78	61.9%	3.8	15	4.56
Maple Avenue Kidney Centers, LLC	Oak Park	Suburban Cook	7	18	73	67.6%	2.2	17.25	8.26
Fresenius Medical Care - West Metro (11)	Chicago	Cook	6	32	170	88.5%	-2.7	17.5	4.8
DaVita Emerald Dialysis	Chicago	Cook	6	24	133	92.4%	-3.0	17.5	4.98
Fresenius Medical Care - Berwyn (10)	Berwyn	Cook	7	26	155	99.4%	-5.0	18.4	5.47
Fresenius Medical Care - Marquette Park	Chicago	Cook	6	16	90	93.8%	-2.2	18.75	5.66
Fresenius Medical Care - Garfield	Chicago	Cook	6	22	108	81.8%	-0.4	18.75	9
Fresenius Medical Care-West Suburban	Oak Park	Cook	7	46	233	84.4%	-2.0	19.55	7.83
Fresenius Medical Care - Midway	Chicago	Cook	6	12	35	48.6%	3.8	20	8.03
Fresenius Medical Care-Austin Comm.	Chicago	Cook	6	16	61	63.5%	2.6	20	5.74
Fresenius Oak Park Dialysis Center (2)	Oak Park	Cook	7	12	127	176.4%	-11.6	20.7	9.14
Fresenius Medical Care Burbank	Burbank	Cook	7	26	130	83.3%	-0.9	20.7	8.41
West Lawn Dialysis	Chicago	Cook	6	12	21	29.2%	6.1	21.25	6.13
Fresenius Medical Care West Willow	Chicago	Cook	6	12	4	5.6%	8.9	21.25	8.04
Fresenius Medical Care - Southside	Chicago	Cook	6	39	199	85.0%	-2.0	21.25	6.37
Fresenius Medical Care River Forest (2)	River Forest	Cook	7	20	2	1.7%	15.7	21.85	9.5
Loyola Dialysis Center	Maywood	Cook	7	30	150	83.3%	-1.0	21.85	10.63
DSI Renal Services - Scottsdale (3)	Chicago	Cook	6	35	169	80.5%	-0.2	22.5	8.81
Fresenius Medical Care Ross Dialysis-Englewood	Chicago	Cook	6	16	86	89.6%	-1.5	22.5	10.59
Fresenius Medical Care - Northwestern	Chicago	Cook	6	44	189	71.6%	3.7	22.5	7.87
DaVita - Stony Creek	Oak Lawn	Suburban Cook	7	12	66	91.7%	-1.4	24.15	10.19
Fresenius Medical Care - Melrose Park	Melrose Park	Cook	7	18	58	53.7%	4.7	25.3	11.36
Grand Crossing Dialysis	Chicago	Cook	6	12	7	9.7%	8.4	26.25	12.69
Beverly Dialysis Center	Chicago	Cook	6	12	67	93.1%	-1.6	26.25	7.68
DaVita-Lincoln Park Dialysis Center	Chicago	Cook	6	22	111	84.1%	-0.9	26.25	9.82
Fresenius Medical Care - North Avenue	Melrose Park	Cook	7	24	127	88.2%	-2.0	26.45	12.48
Fresenius Medical Care - Northcenter	Chicago	Cook	6	16	75	78.1%	0.3	27.5	11.19
DaVita TRC Children's Dialysis	Chicago	Cook	6	6	18	50.0%	1.8	27.5	7.56
Fresenius Medical Care Willowbrook (14)	Willowbrook	DuPage	7	16	88	91.7%	-1.9	27.6	18.14
Fresenius Medical Care - Westchester	Westchester	Cook	7	20	94	78.3%	0.3	29.9	15.1
Fresenius Medical Care South Chicago	Chicago	Cook	6	36	193	89.4%	-3.4	30	15.34
Fresenius Medical Care West Belmont (12)	Chicago	Cook	6	17	67	65.7%	2.4	30	8.1
				969	4441	76.4%	35.0		

New Permits

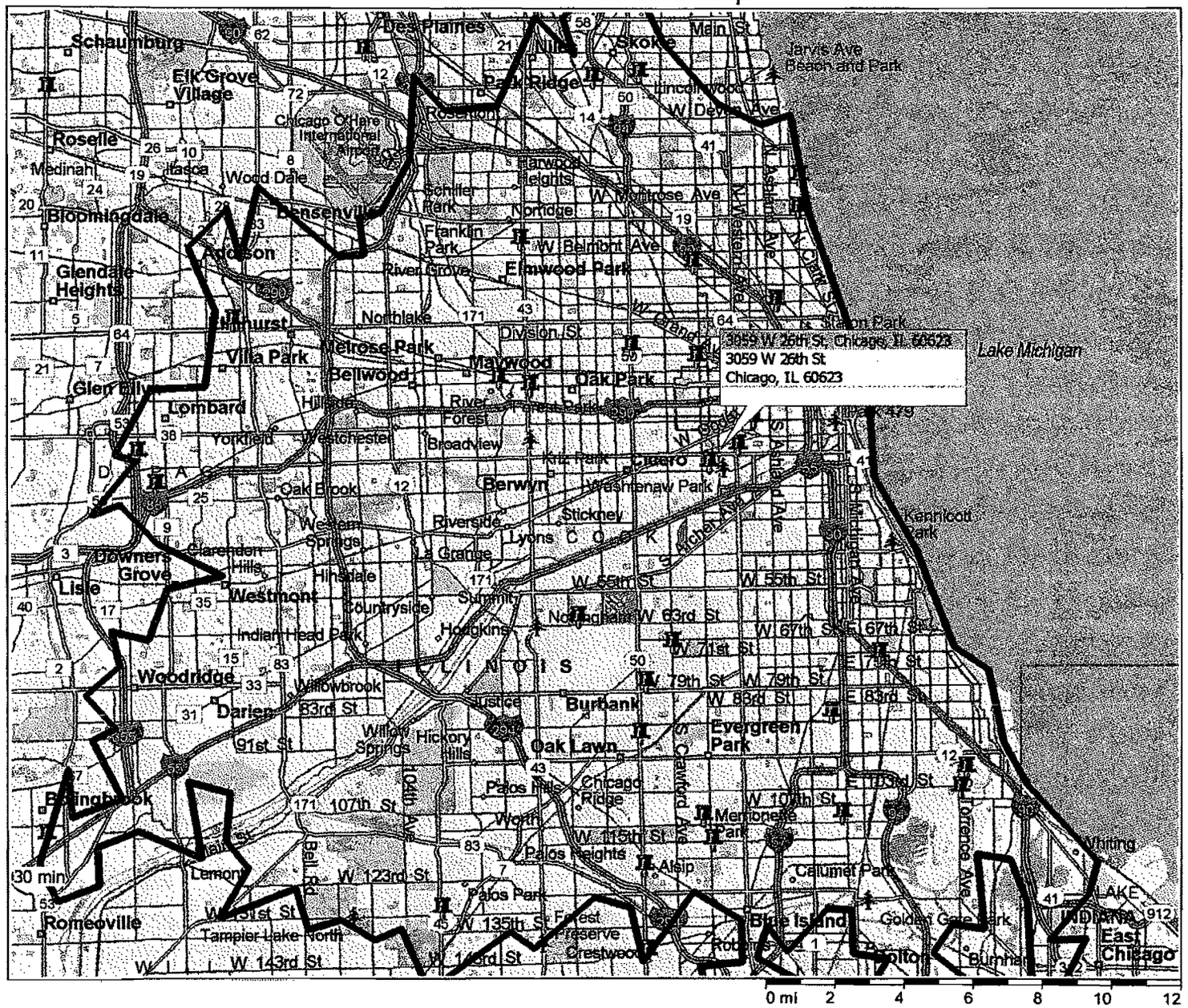
Name	City	COUNTY	HSA	STATIONS		
FMC - Cicero (1)	Cicero		7	16	8.05	2.71
Woodlawn Dialysis (6)	Chicago		6	32	18.75	8.55
Lake Park Dialysis (7)	Chicago		6	32	20	8.78
Fresenius Medical Care Logan Square (4)	Chicago	Cook	6	12	23.75	6.31
Fresenius Medical Care Chatham (5)	Chicago	Cook	6	16	25	13.29
Logan Square Dialysis (8)	Chicago		6	28	25	6.52
				136		

(1) P-11096 received a permit to establish a 16 station ESRD facility at 3000 South Cicero Avenue in Cicero 4/17/12.
(2) As part of Project 10-012 to establish Fresenius Medical Care River Forest, authorized stations will be reduced from 32 to 12 effective 6/8/2010.
Received permit to establish a 20 station ESRD at 103 Forest Avenue in River Forest effective 6/8/2010.
(3) P-07-001 according to the permit letter there was a relocation and addition of 3 stations to bring the number from 32 to 35.
(4) P-11-059 received a permit to establish a 12 station ESRD facility at 2734 North Milwaukee Avenue 10/13/11.
(5) P-10-074 received a permit to establish a ESRD facility with 16 stations at 333 West 87th Street in Chicago 3/22/11.
(6) P-11-068 received a permit to discontinue a 20 station ESRD facility at 1164 East 55th Street in Chicago and establish a 32 station ESRD facility at 5060 South State Street in Chicago effective 12/6/11.
(7) P-11-102 received a permit to discontinue a 20 station ESRD facility at 1531 East Hyde Park Blvd. in Chicago and to establish a 32 station ESRD facility at 43rd & South Cottage Grove in Chicago effective 1/10/.
(8) P-11-109 received a permit to discontinue a 20 station facility at 2659 North Milwaukee Avenue and to establish a 28 station facility at 2816 North Kimball Avenue in Chicago effective 2/28/12.
(9) 9 stations are listed in inventory book. 8 stations are reported on profile.
(10) 26 stations are listed in inventory book. 28 stations are reported on profile.
(11) Added 2 stations to an existing facility. Facility now has 32 authorized ESRD stations. 6/22/12
(12) Received permit to add 4 stations to existing facility. 9/12/12
(13) 27 stations are listed in inventory book. 28 stations are reported on profile.
(14) Added 4 stations to existing facility. Facility now has 20 authorized ESRD stations. 5/20/11

Sources:
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Other Health Services
Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.
www.mapquest.com

ATTACHMENT-26b5d

30 minute drive time map


3059 W 26th St, Chicago, IL 60623
3059 W 26th St
Chicago, IL 60623
Lake Michigan
Schaumburg
Elk Grove Village
Des Plaines
Skokie
Park Ridge
Lincolnwood
Roselle
Medinah
Itasca
Wood Dale
Bloomingdale
Bensenville
Addison
Glendale Heights
Elmhurst
Villa Park
Glen Ellyn
Lombard
Northlake
Melrose Park
Bellwood
Maywood
Oak Park
River Forest
Forest Park
Berwyn
Cicero
Stickney
Riverside
Lyons
La Grange
Downers Grove
Lisle
Westmont
Hinsdale
Countryside
Hodgkins
Indian Head Park
Woodridge
Darien
Burbank
Oak Lawn
Evergreen Park
Chicago Ridge
Palos Hills
Palos Heights
Palos Park
Alsip
Calumet Park
Romeoville
Lemont
Blue Island
Whiting
East Chicago
Jarvis Ave Beach and Park
Sheridan Park
Kennicott Park
Golden Gate Park
Burnham
Tampier Lake North
Forest Preserve
Crestwood
Robbins
Dolton
Merrionette Park
Willowbrook
Hickory Hills
Willow Springs
Western Springs
Clarendon Hills
Oak Brook
Westchester
Yorkfield
Broadview
Melrose Park
Franklin Park
River Grove
Elmwood Park
Harwood Heights
Norridge
Schiller Park
Chicago O'Hare International Airport
Chicago
Cicero
Ashland Ave
Western Ave
Pulaski Rd
Cicero Ave
Halsted St
Ashland Ave
Torrence Ave
Calumet Ave
Ridge Rd
Ball Rd
Lemont Rd
Harlem Ave
Cicero Ave
Kedzie Ave
Pulaski Rd
Western Ave
Ashland Ave
Halsted St
Cicero

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

#	Patient Initial	Pat. State	Patient Zip Code	Physician Specialty	Admit Date	Rank	ICD9 Procedure Code	ICD9 Procedure Description
1	AC	IL	60623	Internal Medicine	2/2/2011	1	3995	HEMODIALYSIS
2	AL	IL	60623	Internal Medicine	7/16/2010	1	3995	HEMODIALYSIS
3	AL	IL	60623	Family Medicine	8/22/2011	1	3995	HEMODIALYSIS
4	AL	IL	60623	Family Practice	11/19/2011	1	3995	HEMODIALYSIS
5	AL	IL	60623	Family Medicine	2/9/2012	1	3995	HEMODIALYSIS
6	AL	IL	60623	Family Medicine	2/27/2012	1	3995	HEMODIALYSIS
7	AL	IL	60623	Family Medicine	3/3/2012	1	3995	HEMODIALYSIS
8	AL	IL	60623	Family Medicine	6/2/2012	1	3995	HEMODIALYSIS
9	AR	IL	60621	Cardiovascular Disease	11/28/2010	1	3995	HEMODIALYSIS
10	AV	IL	60632	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
11	AV	IL	60632	Family Medicine	12/20/2011	1	3995	HEMODIALYSIS
12	BA	IL	60623	Psychiatry	7/2/2010	1	3995	HEMODIALYSIS
13	BA	IL	60623	Family Practice	9/5/2010	1	3995	HEMODIALYSIS
14	BA	IL	60623	Psychiatry	1/12/2011	1	3995	HEMODIALYSIS
15	BA	IL	60623	Psychiatry	4/29/2011	1	3995	HEMODIALYSIS
16	BA	IL	60623	Psychiatry	5/15/2011	1	3995	HEMODIALYSIS
17	BA	IL	60632	Internal Medicine	5/3/2011	1	3995	HEMODIALYSIS
18	BR	IL	60623	Family Practice	6/15/2010	1	3995	HEMODIALYSIS
19	BR	IL	60629	Internal Medicine	5/27/2012	1	3995	HEMODIALYSIS
20	BU	IL	60608	Internal Medicine	5/4/2010	1	3995	HEMODIALYSIS
21	CA	IL	60632	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
22	CA	IL	60645	Family Practice	6/23/2011	1	3995	HEMODIALYSIS
23	CA	IL	60645	Family Practice	10/26/2011	1	3995	HEMODIALYSIS
24	CA	IL	60645	Family Practice	11/14/2011	1	3995	HEMODIALYSIS
25	CA	IL	60645	Family Practice	12/8/2011	1	3995	HEMODIALYSIS
26	CA	IL	60645	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
27	CA	IL	60623	Internal Medicine	7/11/2011	1	3995	HEMODIALYSIS
28	CA	IL	60623	Internal Medicine	7/7/2010	1	3995	HEMODIALYSIS
29	CA	IL	60647	Family Practice	1/21/2010	1	3995	HEMODIALYSIS
30	CA	IL	60647	Family Practice	10/10/2010	1	3995	HEMODIALYSIS
31	CA	IL	60647	Family Practice	8/24/2011	1	3995	HEMODIALYSIS
32	CA	IL	60629	Internal Medicine	9/30/2010	1	3995	HEMODIALYSIS
33	CA	IL	60629	Internal Medicine	7/26/2011	1	3995	HEMODIALYSIS
34	CE	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
35	CE	IL	60623	Internal Medicine	11/20/2010	1	3995	HEMODIALYSIS
36	CE	IL	60623	Internal Medicine	1/8/2011	1	3995	HEMODIALYSIS
37	CO	IL	60612	Internal Medicine	5/30/2012	1	3995	HEMODIALYSIS
38	CO	IL	60623	Internal Medicine	4/26/2012	1	3995	HEMODIALYSIS
39	CO	IL	60608	Internal Medicine	2/13/2011	1	3995	HEMODIALYSIS
40	CO	IL	60608	Internal Medicine	5/9/2011	1	3995	HEMODIALYSIS
41	CO	IL	60609	Internal Medicine	5/20/2010	1	3995	HEMODIALYSIS
42	CO	IL	60644	Internal Medicine	4/2/2012	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

43	DA	IL	60608	Family Medicine	4/13/2010	1	3995	HEMODIALYSIS
44	DA	IL	60608	Family Practice	5/27/2010	1	3995	HEMODIALYSIS
45	DA	IL	60130	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
46	DE	IL	60623	Internal Medicine	1/20/2011	1	3995	HEMODIALYSIS
47	DE	IL	60632	Family Practice	3/6/2012	1	3995	HEMODIALYSIS
48	DE	IL	60632	Family Medicine	4/23/2012	1	3995	HEMODIALYSIS
49	DO	IL	60623	Internal Medicine	7/18/2010	1	3995	HEMODIALYSIS
50	EN	IL	60623	Internal Medicine	1/31/2012	1	3995	HEMODIALYSIS
51	EN	IL	60623	Internal Medicine	6/20/2012	1	3995	HEMODIALYSIS
52	ES	IL	60629	Internal Medicine	7/8/2010	1	3995	HEMODIALYSIS
53	FL	IL	60623	Internal Medicine	12/18/2011	1	3995	HEMODIALYSIS
54	FL	IL	60608	Internal Medicine	3/4/2011	1	3995	HEMODIALYSIS
55	FO	IL	60623	Internal Medicine	1/16/2011	1	3995	HEMODIALYSIS
56	GA	IL	60608	Internal Medicine	2/2/2012	1	3995	HEMODIALYSIS
57	GO	IL	60654	Internal Medicine	5/8/2012	1	3995	HEMODIALYSIS
58	GO	IL	60707	Family Practice	9/14/2010	1	3995	HEMODIALYSIS
59	GO	IL	60707	Family Practice	3/18/2012	1	3995	HEMODIALYSIS
60	GO	IL	60632	Internal Medicine	7/29/2011	1	3995	HEMODIALYSIS
61	GO	IL	60632	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
62	GO	IL	60632	Internal Medicine	4/14/2012	1	3995	HEMODIALYSIS
63	GO	IL	60632	Internal Medicine	6/1/2012	1	3995	HEMODIALYSIS
64	GE	IL	60623	Endocrinology / Diabetes	1/2/2011	1	3995	HEMODIALYSIS
65	GE	IL	60623	Endocrinology / Diabetes	2/4/2011	1	3995	HEMODIALYSIS
66	GE	IL	60638	Internal Medicine	7/4/2010	1	3995	HEMODIALYSIS
67	GU	IL	60638	Internal Medicine	7/28/2010	1	3995	HEMODIALYSIS
68	GU	IL	60638	Internal Medicine	8/12/2010	1	3995	HEMODIALYSIS
69	GU	IL	60638	Internal Medicine	1/24/2012	1	3995	HEMODIALYSIS
70	HA	IL	60624	Family Medicine	11/15/2010	1	3995	HEMODIALYSIS
71	HA	IL	60644	Internal Medicine	9/16/2010	1	3995	HEMODIALYSIS
72	HA	IL	60302	Internal Medicine	10/18/2011	1	3995	HEMODIALYSIS
73	HA	IL	60804	Family Medicine	1/15/2011	1	3995	HEMODIALYSIS
74	HE	IL	60644	Family Medicine	10/4/2010	1	3995	HEMODIALYSIS
75	HE	IL	60647	Internal Medicine	8/24/2010	1	3995	HEMODIALYSIS
76	HO	IL	60130	Internal Medicine	10/4/2011	1	3995	HEMODIALYSIS
77	HU	IL	60623	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
78	IS	IL	60632	Family Practice	12/13/2011	1	3995	HEMODIALYSIS
79	IS	IL	60632	Internal Medicine	12/27/2011	1	3995	HEMODIALYSIS
80	JE	IL	60616	Family Practice	3/22/2010	1	3995	HEMODIALYSIS
81	JI	IL	60609	Internal Medicine	9/13/2011	1	3995	HEMODIALYSIS
82	JO	IL	60644	Family Practice	3/9/2010	1	3995	HEMODIALYSIS
83	KI	IL	60624	Internal Medicine	2/2/2010	1	3995	HEMODIALYSIS
84	KI	IL	60624	Internal Medicine	8/20/2010	1	3995	HEMODIALYSIS
85	KI	IL	60624	Internal Medicine	10/30/2010	1	3995	HEMODIALYSIS
86	LA	IL	60804	Pediatrics	11/29/2010	1	3995	HEMODIALYSIS
87	LE	IL	60608	Internal Medicine	2/1/2011	1	3995	HEMODIALYSIS
88	LE	IL	60608	Internal Medicine	8/29/2011	1	3995	HEMODIALYSIS
89	LE	IL	60623	Internal Medicine	1/18/2010	1	3995	HEMODIALYSIS
90	LO	IL	60649	Internal Medicine	7/30/2010	1	3995	HEMODIALYSIS

ATTACHMENT-26b5d

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

91	LC	IL	60608	Internal Medicine	11/24/2010	1	3995	HEMODIALYSIS
92	LC	IL	60608	Internal Medicine	1/30/2011	1	3995	HEMODIALYSIS
93	LC	IL	60608	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
94	M	IL	60608	Internal Medicine	10/30/2011	1	3995	HEMODIALYSIS
95	M	IL	60632	Family Medicine	7/10/2011	1	3995	HEMODIALYSIS
96	M	IL	60623	Family Medicine	9/23/2010	1	3995	HEMODIALYSIS
97	M	IL	60632	Internal Medicine	2/4/2011	1	3995	HEMODIALYSIS
98	M	IL	60644	Family Practice	7/14/2010	1	3995	HEMODIALYSIS
99	M	IL	60644	Internal Medicine	10/24/2010	1	3995	HEMODIALYSIS
100	M	IL	60616	Internal Medicine	8/4/2010	1	3995	HEMODIALYSIS
101	M	IL	60616	Internal Medicine	10/26/2010	1	3995	HEMODIALYSIS
179	M	IL	60616	Internal Medicine	10/28/2011	1	3995	HEMODIALYSIS
180	M	IL	60623	Family Medicine	2/1/2010	1	3995	HEMODIALYSIS
181	M	IL	60623	Family Medicine	1/5/2011	1	3995	HEMODIALYSIS
182	M	IL	60623	Family Medicine	2/18/2011	1	3995	HEMODIALYSIS
183	M	IL	60623	Family Medicine	3/28/2011	1	3995	HEMODIALYSIS
184	M	IL	60632	Internal Medicine	11/27/2011	1	3995	HEMODIALYSIS
185	M	IL	60623	Internal Medicine	9/26/2010	1	3995	HEMODIALYSIS
186	M	IL	60623	Internal Medicine	7/14/2011	1	3995	HEMODIALYSIS
187	M	IL	60623	Family Medicine	3/17/2010	1	3995	HEMODIALYSIS
188	M	IL	60623	Family Medicine	5/8/2010	1	3995	HEMODIALYSIS
189	M	IL	60623	Family Medicine	3/22/2011	1	3995	HEMODIALYSIS
190	M	IL	60623	Internal Medicine	5/30/2011	1	3995	HEMODIALYSIS
191	M	IL	60623	Internal Medicine	12/21/2011	1	3995	HEMODIALYSIS
192	M	IL	60623	Internal Medicine	5/21/2012	1	3995	HEMODIALYSIS
193	M	IL	60609	Internal Medicine	10/24/2011	1	3995	HEMODIALYSIS
194	M	IL	60632	Internal Medicine	8/8/2010	1	3995	HEMODIALYSIS
195	M	IL	60632	Family Practice	8/25/2010	1	3995	HEMODIALYSIS
196	M	IL	60632	Family Practice	10/1/2010	1	3995	HEMODIALYSIS
197	M	IL	60632	Family Practice	10/17/2010	1	3995	HEMODIALYSIS
198	M	IL	60632	Internal Medicine	8/7/2011	1	3995	HEMODIALYSIS
199	M	IL	60624	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
200	M	IL	60629	Family Medicine	4/28/2010	1	3995	HEMODIALYSIS
201	M	IL	60629	Family Medicine	7/8/2010	1	3995	HEMODIALYSIS
202	M	IL	60629	Psychiatry	7/10/2010	1	3995	HEMODIALYSIS
203	M	IL	60629	Internal Medicine	12/20/2010	1	3995	HEMODIALYSIS
204	M	IL	60644	Internal Medicine	8/1/2011	1	3995	HEMODIALYSIS
205	N	IL	60608	Internal Medicine	6/16/2012	1	3995	HEMODIALYSIS
206	N	IL	60652	Internal Medicine	6/15/2011	1	3995	HEMODIALYSIS
207	N	IL	60626	Psychiatry	1/5/2010	1	3995	HEMODIALYSIS
208	N	IL	60623	Internal Medicine	5/13/2011	1	3995	HEMODIALYSIS
209	N	IL	60623	Family Practice	1/3/2012	1	3995	HEMODIALYSIS
210	N	IL	60623	Internal Medicine	5/4/2012	1	3995	HEMODIALYSIS
211	N	IL	60632	Internal Medicine	11/1/2010	1	3995	HEMODIALYSIS
212	N	IL	60632	Internal Medicine	11/29/2010	1	3995	HEMODIALYSIS
213	N	IL	60632	Internal Medicine	12/5/2010	1	3995	HEMODIALYSIS
214	N	IL	60632	Family Practice	5/22/2011	1	3995	HEMODIALYSIS
215	N	IL	60632	Internal Medicine	8/31/2011	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

216	N	IL	60632	Internal Medicine	2/5/2012	1	3995	HEMODIALYSIS
217	O	IL	60612	Internal Medicine	6/25/2010	1	3995	HEMODIALYSIS
218	O	IL	60612	Internal Medicine	9/3/2010	1	3995	HEMODIALYSIS
219	O	IL	60612	Internal Medicine	9/6/2010	1	3995	HEMODIALYSIS
220	O	IL	60612	Internal Medicine	12/10/2010	1	3995	HEMODIALYSIS
221	O	IL	60612	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
222	O	IL	60623	Internal Medicine	3/28/2011	1	3995	HEMODIALYSIS
223	O	IL	60612	Internal Medicine	4/8/2011	1	3995	HEMODIALYSIS
224	O	IL	60612	Internal Medicine	5/24/2011	1	3995	HEMODIALYSIS
225	O	IL	60612	Internal Medicine	8/22/2011	1	3995	HEMODIALYSIS
226	PA	IL	60162	Internal Medicine	4/19/2010	1	3995	HEMODIALYSIS
227	PA	IL	60623	Internal Medicine	8/21/2011	1	3995	HEMODIALYSIS
228	PA	IL	60623	Internal Medicine	10/19/2011	1	3995	HEMODIALYSIS
229	PA	IL	60623	Internal Medicine	1/5/2010	1	3995	HEMODIALYSIS
230	PE	IL	60623	Family Practice	3/27/2012	1	3995	HEMODIALYSIS
231	PE	IL	60160	Family Medicine	9/26/2011	1	3995	HEMODIALYSIS
232	PI	IL	60609	Internal Medicine	3/7/2012	1	3995	HEMODIALYSIS
233	PI	IL	60623	Internal Medicine	3/13/2011	1	3995	HEMODIALYSIS
234	RA	IL	60632	Family Practice	3/22/2012	1	3995	HEMODIALYSIS
235	RA	IL	60625	Internal Medicine	1/6/2012	1	3995	HEMODIALYSIS
236	RE	IL	60616	Family Practice	11/21/2010	1	3995	HEMODIALYSIS
237	RE	IL	60616	Family Practice	6/15/2011	1	3995	HEMODIALYSIS
238	RE	IL	60616	Family Practice	7/20/2011	1	3995	HEMODIALYSIS
239	RE	IL	60623	Cardiovascular Disease	6/13/2012	1	3995	HEMODIALYSIS
240	RE	IL	60612	Internal Medicine	9/7/2011	1	3995	HEMODIALYSIS
241	RE	IL	60644	Internal Medicine	1/15/2011	1	3995	HEMODIALYSIS
242	RE	IL	60644	Internal Medicine	2/13/2012	1	3995	HEMODIALYSIS
243	RE	IL	60644	Internal Medicine	3/19/2012	1	3995	HEMODIALYSIS
244	RE	IL	60652	Internal Medicine	5/6/2010	1	3995	HEMODIALYSIS
245	RI	IL	60623	Internal Medicine	5/3/2010	1	3995	HEMODIALYSIS
246	RO	IL	60644	Endocrinology / Diabetes	2/11/2010	1	3995	HEMODIALYSIS
247	RO	IL	60644	Internal Medicine	6/22/2010	1	3995	HEMODIALYSIS
248	RO	IL	60623	Family Practice	5/25/2010	1	3995	HEMODIALYSIS
249	RO	IL	60623	Internal Medicine	1/28/2010	1	3995	HEMODIALYSIS
250	RO	IL	60623	Internal Medicine	3/8/2010	1	3995	HEMODIALYSIS
251	RO	IL	60623	Internal Medicine	3/14/2010	1	3995	HEMODIALYSIS
252	RO	IL	60623	Family Practice	8/30/2010	1	3995	HEMODIALYSIS
253	RO	IL	60623	Internal Medicine	11/2/2010	1	3995	HEMODIALYSIS
254	RO	IL	60632	Pediatrics	6/21/2011	1	3995	HEMODIALYSIS
255	SA	IL	60632	Internal Medicine	1/19/2012	1	3995	HEMODIALYSIS
256	SA	IL	60402	Internal Medicine	4/6/2012	1	3995	HEMODIALYSIS
257	SA	IL	60402	Internal Medicine	6/12/2012	1	3995	HEMODIALYSIS
258	SA	IL	60609	Family Practice	11/30/2010	1	3995	HEMODIALYSIS
259	SA	IL	60609	Psychiatry	12/11/2010	1	3995	HEMODIALYSIS
260	SA	IL	60609	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
261	SE	IL	60608	Internal Medicine	1/12/2010	1	3995	HEMODIALYSIS
262	SE	IL	60608	Internal Medicine	3/24/2010	1	3995	HEMODIALYSIS
263	SE	IL	60608	Internal Medicine	6/19/2010	1	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

264	SF	IL	60660	Psychiatry	8/9/2011	1	3995	HEMODIALYSIS
265	SF	IL	60660	Psychiatry	9/21/2011	1	3995	HEMODIALYSIS
266	SF	IL	60660	Psychiatry	10/21/2011	1	3995	HEMODIALYSIS
267	TA	IL	60623	Internal Medicine	1/9/2012	1	3995	HEMODIALYSIS
268	TI	IL	60623	Family Practice	12/27/2010	1	3995	HEMODIALYSIS
269	TR	IL	60632	Family Practice	5/8/2010	1	3995	HEMODIALYSIS
270	TR	IL	60623	Internal Medicine	3/30/2010	1	3995	HEMODIALYSIS
271	TR	IL	60623	Internal Medicine	5/11/2010	1	3995	HEMODIALYSIS
272	TR	IL	60623	Internal Medicine	5/25/2010	1	3995	HEMODIALYSIS
273	TR	IL	60623	Internal Medicine	12/27/2010	1	3995	HEMODIALYSIS
274	TR	IL	60623	Internal Medicine	1/11/2011	1	3995	HEMODIALYSIS
275	TR	IL	60623	Internal Medicine	1/14/2011	1	3995	HEMODIALYSIS
276	TR	IL	60623	Internal Medicine	4/20/2011	1	3995	HEMODIALYSIS
277	TR	IL	60623	Internal Medicine	8/25/2011	1	3995	HEMODIALYSIS
278	TR	IL	60623	Internal Medicine	9/28/2011	1	3995	HEMODIALYSIS
279	TR	IL	60623	Internal Medicine	10/11/2011	1	3995	HEMODIALYSIS
280	TR	IL	60623	Internal Medicine	11/4/2011	1	3995	HEMODIALYSIS
281	TR	IL	60623	Cardiovascular Disease	12/24/2011	1	3995	HEMODIALYSIS
282	TR	IL	60623	Internal Medicine	2/8/2012	1	3995	HEMODIALYSIS
283	TR	IL	60623	Internal Medicine	4/5/2012	1	3995	HEMODIALYSIS
284	UE	IL	60827	Internal Medicine	8/26/2010	1	3995	HEMODIALYSIS
285	W	IL	60644	Internal Medicine	3/20/2010	1	3995	HEMODIALYSIS
286	W	IL	60302	Internal Medicine	3/3/2010	1	3995	HEMODIALYSIS
287	W	IL	60623	Family Medicine	1/1/2010	1	3995	HEMODIALYSIS
288	W	IL	60623	Internal Medicine	6/8/2010	1	3995	HEMODIALYSIS
289	W	IL	60623	Internal Medicine	10/6/2010	1	3995	HEMODIALYSIS
290	W	IL	60623	Internal Medicine	11/6/2010	1	3995	HEMODIALYSIS
291	W	IL	60623	Internal Medicine	1/25/2011	1	3995	HEMODIALYSIS
292	W	IL	60623	Internal Medicine	4/5/2011	1	3995	HEMODIALYSIS
293	W	IL	60623	Family Practice	5/28/2012	1	3995	HEMODIALYSIS
294	W	IL	60623	Internal Medicine	6/5/2012	1	3995	HEMODIALYSIS
295	W	IL	60623	Internal Medicine	6/30/2012	1	3995	HEMODIALYSIS
	AL	IL	60623	Internal Medicine	2/5/2010	2	3995	HEMODIALYSIS
	AL	IL	60623	Family Medicine	4/4/2012	2	3995	HEMODIALYSIS
	AN	IL	60653	Internal Medicine	6/3/2010	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	4/29/2011	2	3995	HEMODIALYSIS
	BA	IL	60623	Psychiatry	5/15/2011	2	3995	HEMODIALYSIS
	BA	IL	60632	Internal Medicine	8/29/2011	2	3995	HEMODIALYSIS
	BE	IL	60623	Family Medicine	12/20/2010	2	3995	HEMODIALYSIS
	BR	IL	60623	Family Practice	7/5/2010	2	3995	HEMODIALYSIS
	BR	IL	60609	Internal Medicine	2/10/2010	2	3995	HEMODIALYSIS
	CA	IL	60632	Family Medicine	3/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/3/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/9/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/6/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/19/2010	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	1/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/15/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	CA	IL	60645	Family Practice	3/14/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	4/22/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	5/7/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/1/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	7/19/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	8/20/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	9/13/2011	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	2/28/2012	2	3995	HEMODIALYSIS
	CA	IL	60645	Family Practice	6/2/2012	2	3995	HEMODIALYSIS
	CA	IL	60609	Internal Medicine	3/6/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Family Medicine	4/19/2012	2	3995	HEMODIALYSIS
	CA	IL	60608	Family Practice	3/12/2011	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/13/2010	2	3995	HEMODIALYSIS
	CA	IL	60647	Family Practice	4/4/2012	2	3995	HEMODIALYSIS
	CA	IL	60629	Internal Medicine	7/26/2011	2	3995	HEMODIALYSIS
	CE	IL	60623	Internal Medicine	12/7/2010	2	3995	HEMODIALYSIS
	CO	IL	60632	Internal Medicine	1/18/2012	2	3995	HEMODIALYSIS
	CO	IL	60402	Family Practice	11/4/2011	2	3995	HEMODIALYSIS
	CU	IL	60623	Internal Medicine	5/3/2011	2	3995	HEMODIALYSIS
	DA	IL	60647	Family Practice	6/22/2012	2	3995	HEMODIALYSIS
	DO	IL	60616	Internal Medicine	4/7/2012	2	3995	HEMODIALYSIS
	EN	IL	60623	Internal Medicine	1/17/2012	2	3995	HEMODIALYSIS
	GO	IL	60707	Family Practice	6/20/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	8/15/2011	2	3995	HEMODIALYSIS
	GO	IL	60632	Internal Medicine	9/5/2011	2	3995	HEMODIALYSIS
	GU	IL	60638	Internal Medicine	2/17/2011	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	2/19/2010	2	3995	HEMODIALYSIS
	HA	IL	60644	Internal Medicine	3/6/2011	2	3995	HEMODIALYSIS
	HE	IL	60629	Family Medicine	1/5/2010	2	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	3/29/2010	2	3995	HEMODIALYSIS
	JIN	IL	60609	Internal Medicine	7/7/2011	2	3995	HEMODIALYSIS
	JIN	IL	60609	Internal Medicine	2/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60644	Family Practice	2/26/2010	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	11/26/2011	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/13/2012	2	3995	HEMODIALYSIS
	JO	IL	60402	Family Practice	4/27/2012	2	3995	HEMODIALYSIS
	JO	IL	60645	Family Practice	1/4/2010	2	3995	HEMODIALYSIS
	KI	IL	60624	Internal Medicine	7/2/2010	2	3995	HEMODIALYSIS
	LA	IL	60804	Pediatrics	12/20/2010	2	3995	HEMODIALYSIS
	LE	IL	60608	Internal Medicine	8/1/2011	2	3995	HEMODIALYSIS
	LE	IL	60623	Internal Medicine	3/30/2010	2	3995	HEMODIALYSIS
	LO	IL	60644	Internal Medicine	2/3/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	6/16/2010	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	8/3/2011	2	3995	HEMODIALYSIS
	LO	IL	60608	Internal Medicine	1/2/2012	2	3995	HEMODIALYSIS
	LO	IL	60623	Family Practice	7/7/2010	2	3995	HEMODIALYSIS
	LO	IL	60609	Internal Medicine	4/14/2010	2	3995	HEMODIALYSIS

ATTACHMENT-26b5d

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	LC	IL	60609	Internal Medicine	4/28/2010	2	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	5/24/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	5/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	2/12/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/17/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	11/14/2010	2	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	12/13/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Family Medicine	12/1/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	5/29/2011	2	3995	HEMODIALYSIS
	M	IL	60623	General Surgery	8/10/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	10/29/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	11/11/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	3/21/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	8/24/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	10/2/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	12/26/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Internal Medicine	11/8/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Practice	9/16/2010	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	9/1/2011	2	3995	HEMODIALYSIS
	M	IL	60629	Psychiatry	9/12/2011	2	3995	HEMODIALYSIS
	M	IL	60623	Family Practice	2/22/2011	2	3995	HEMODIALYSIS
	N	IL	60623	Family Medicine	8/16/2011	2	3995	HEMODIALYSIS
	N	IL	60652	Internal Medicine	2/28/2011	2	3995	HEMODIALYSIS
	N	IL	60644	Internal Medicine	2/16/2010	2	3995	HEMODIALYSIS
	N	IL	60524	Internal Medicine	5/1/2011	2	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	2	3995	HEMODIALYSIS
	P	IL	60632	Internal Medicine	3/8/2012	2	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	5/26/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	8/1/2010	2	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	6/22/2012	2	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/25/2010	2	3995	HEMODIALYSIS
	R	IL	60616	Family Practice	12/23/2010	2	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	2	3995	HEMODIALYSIS
	R	IL	60652	Internal Medicine	7/15/2010	2	3995	HEMODIALYSIS
	R	IL	60644	Endocrinology / Diabetes	1/14/2010	2	3995	HEMODIALYSIS
	R	IL	60609	Internal Medicine	12/9/2011	2	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	6/8/2012	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	8/10/2010	2	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	2	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	2	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	12/6/2010	2	3995	HEMODIALYSIS
	T	IL	60651	Psychiatry	6/22/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	11/8/2011	2	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	1/4/2012	2	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/1/2011	2	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	U	IL	60608	Family Medicine	9/12/2010	2	3995	HEMODIALYSIS
	V	IL	60608	Internal Medicine	6/11/2012	2	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/6/2011	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	4/22/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/2/2010	2	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	8/13/2010	2	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	2	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	3/9/2010	3	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	3	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	3	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	1/25/2012	3	3995	HEMODIALYSIS
	B	IL	60644	Internal Medicine	10/22/2010	3	3995	HEMODIALYSIS
	B	IL	60644	Family Practice	1/17/2010	3	3995	HEMODIALYSIS
	B	IL	60623	Internal Medicine	10/3/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/5/2010	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	3/26/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	8/20/2011	3	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	4/24/2012	3	3995	HEMODIALYSIS
	C	IL	60623	Internal Medicine	5/3/2011	3	3995	HEMODIALYSIS
	D	IL	60616	Internal Medicine	1/9/2012	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	12/2/2010	3	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	5/23/2011	3	3995	HEMODIALYSIS
	G	IL	60609	Internal Medicine	3/19/2012	3	3995	HEMODIALYSIS
	G	IL	60623	Internal Medicine	11/7/2010	3	3995	HEMODIALYSIS
	G	IL	60130	Internal Medicine	5/13/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Family Medicine	1/31/2012	3	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	3	3995	HEMODIALYSIS
	G	IL	60632	Internal Medicine	4/5/2012	3	3995	HEMODIALYSIS
	G	IL	60638	Internal Medicine	4/5/2011	3	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/7/2010	3	3995	HEMODIALYSIS
	JA	IL	60608	Internal Medicine	8/12/2010	3	3995	HEMODIALYSIS
	JI	IL	60609	Internal Medicine	7/7/2011	3	3995	HEMODIALYSIS
	JC	IL	60616	Internal Medicine	5/30/2010	3	3995	HEMODIALYSIS
	JC	IL	60644	Internal Medicine	8/3/2010	3	3995	HEMODIALYSIS
	JC	IL	60645	Family Practice	2/23/2010	3	3995	HEMODIALYSIS
	LC	IL	60623	Family Medicine	12/24/2011	3	3995	HEMODIALYSIS
	LC	IL	60623	Family Medicine	10/4/2010	3	3995	HEMODIALYSIS
	M	IL	60644	General Surgery	9/29/2010	3	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	10/14/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	6/24/2010	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	3	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	10/14/2011	3	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	2/8/2010	3	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	3/23/2012	3	3995	HEMODIALYSIS
	M	IL	60804	Pediatrics	5/11/2010	3	3995	HEMODIALYSIS
	M	IL	60632	Family Medicine	8/16/2011	3	3995	HEMODIALYSIS
	M	IL	60629	Family Practice	10/2/2011	3	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	M	IL	60644	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	N	IL	60632	Family Practice	5/22/2011	3	3995	HEMODIALYSIS
	O	IL	60612	Internal Medicine	7/29/2010	3	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	6/12/2010	3	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	5/18/2012	3	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	3	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	12/10/2011	3	3995	HEMODIALYSIS
	Q	IL	60623	Family Medicine	12/29/2010	3	3995	HEMODIALYSIS
	R	IL	60632	Internal Medicine	1/22/2010	3	3995	HEMODIALYSIS
	R	IL	60609	Family Medicine	2/12/2010	3	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	3/16/2011	3	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	3	3995	HEMODIALYSIS
	R	IL	60644	Internal Medicine	5/23/2010	3	3995	HEMODIALYSIS
	S	IL	60608	Internal Medicine	4/29/2011	3	3995	HEMODIALYSIS
	S	IL	60623	Family Medicine	9/12/2010	3	3995	HEMODIALYSIS
	S	IL	60623	Internal Medicine	6/13/2011	3	3995	HEMODIALYSIS
	S	IL	60660	Internal Medicine	8/13/2011	3	3995	HEMODIALYSIS
	S	IL	60624	Family Practice	5/27/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Family Practice	12/20/2010	3	3995	HEMODIALYSIS
	T	IL	60608	Cardiovascular Disease	4/22/2010	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	3	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	1/21/2012	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	3/5/2010	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	1/4/2010	3	3995	HEMODIALYSIS
	W	IL	60644	Internal Medicine	10/30/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	10/7/2011	3	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	12/26/2010	3	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	3	3995	HEMODIALYSIS
	A	IL	60623	Internal Medicine	5/31/2010	4	3995	HEMODIALYSIS
	A	IL	60623	Family Medicine	8/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Internal Medicine	6/20/2010	4	3995	HEMODIALYSIS
	B	IL	60623	Psychiatry	4/29/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	4	3995	HEMODIALYSIS
	B	IL	60632	Cardiovascular Disease	1/11/2011	4	3995	HEMODIALYSIS
	B	IL	60624	Internal Medicine	5/21/2011	4	3995	HEMODIALYSIS
	C	IL	60608	Internal Medicine	8/23/2011	4	3995	HEMODIALYSIS
	C	IL	60609	Internal Medicine	1/25/2010	4	3995	HEMODIALYSIS
	D	IL	60632	Family Practice	7/26/2010	4	3995	HEMODIALYSIS
	E	IL	60632	Internal Medicine	5/4/2012	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	4/13/2011	4	3995	HEMODIALYSIS
	F	IL	60623	Internal Medicine	11/26/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Family Practice	12/28/2011	4	3995	HEMODIALYSIS
	G	IL	60608	Internal Medicine	4/7/2012	4	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	4	3995	HEMODIALYSIS
	H	IL	60644	Internal Medicine	12/24/2011	4	3995	HEMODIALYSIS
	J	IL	60609	Internal Medicine	7/7/2011	4	3995	HEMODIALYSIS
	L	IL	60623	Family Medicine	2/12/2010	4	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	L	IL	60608	Internal Medicine	4/13/2012	4	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	4	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	4	3995	HEMODIALYSIS
	M	IL	60623	Internal Medicine	6/19/2011	4	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	P	IL	60162	Internal Medicine	4/19/2012	4	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	9/4/2010	4	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	4	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	4	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	4	3995	HEMODIALYSIS
	R	IL	60632	Pediatrics	9/12/2011	4	3995	HEMODIALYSIS
	S	IL	60624	Endocrinology / Diabetes	3/15/2011	4	3995	HEMODIALYSIS
	S	IL	60632	Family Practice	5/24/2010	4	3995	HEMODIALYSIS
	S	IL	60616	Internal Medicine	10/14/2011	4	3995	HEMODIALYSIS
	S	IL	60609	Internal Medicine	8/24/2011	4	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	4	3995	HEMODIALYSIS
	T	IL	60623	Internal Medicine	4/20/2011	4	3995	HEMODIALYSIS
	V	IL	60623	Family Medicine	3/24/2010	4	3995	HEMODIALYSIS
	W	IL	60651	Internal Medicine	7/20/2010	4	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	5/24/2011	4	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	4	3995	HEMODIALYSIS
	A	IL	60608	Family Medicine	12/9/2010	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	5	3995	HEMODIALYSIS
	C	IL	60645	Family Practice	6/27/2012	5	3995	HEMODIALYSIS
	G	IL	60653	Internal Medicine	5/10/2010	5	3995	HEMODIALYSIS
	G	IL	60707	Family Practice	6/20/2011	5	3995	HEMODIALYSIS
	H	IL	60623	Internal Medicine	2/6/2010	5	3995	HEMODIALYSIS
	J	IL	60623	Internal Medicine	9/26/2010	5	3995	HEMODIALYSIS
	L	IL	60608	Internal Medicine	3/27/2012	5	3995	HEMODIALYSIS
	M	IL	60616	Internal Medicine	5/12/2011	5	3995	HEMODIALYSIS
	M	IL	60609	Internal Medicine	6/17/2011	5	3995	HEMODIALYSIS
	M	IL	60608	Family Practice	1/25/2010	5	3995	HEMODIALYSIS
	M	IL	60644	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Internal Medicine	2/7/2012	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	3/7/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	4/17/2011	5	3995	HEMODIALYSIS
	P	IL	60623	Family Practice	5/16/2011	5	3995	HEMODIALYSIS
	P	IL	60609	Internal Medicine	11/7/2011	5	3995	HEMODIALYSIS
	P	IL	60620	Internal Medicine	3/9/2012	5	3995	HEMODIALYSIS
	R	IL	60623	Cardiovascular Disease	6/30/2011	5	3995	HEMODIALYSIS
	R	IL	60612	Internal Medicine	7/15/2011	5	3995	HEMODIALYSIS
	T	IL	60609	Internal Medicine	8/8/2011	5	3995	HEMODIALYSIS
	T	IL	60616	Internal Medicine	6/11/2011	5	3995	HEMODIALYSIS
	T	IL	60638	Internal Medicine	5/25/2010	5	3995	HEMODIALYSIS
	V	IL	60623	Family Practice	12/17/2011	5	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	5	3995	HEMODIALYSIS
	B	IL	60632	Internal Medicine	8/14/2011	6	3995	HEMODIALYSIS
	B	IL	60608	Internal Medicine	2/17/2012	6	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	FC	IL	60623	Internal Medicine	11/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	6	3995	HEMODIALYSIS
	GA	IL	60153	Internal Medicine	9/19/2011	6	3995	HEMODIALYSIS
	GE	IL	60707	Family Practice	6/20/2011	6	3995	HEMODIALYSIS
	GE	IL	60608	Family Practice	5/9/2010	6	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	3/30/2012	6	3995	HEMODIALYSIS
	LE	IL	60608	Family Medicine	1/8/2010	6	3995	HEMODIALYSIS
	MI	IL	60616	Internal Medicine	5/12/2011	6	3995	HEMODIALYSIS
	MI	IL	60609	Internal Medicine	6/17/2011	6	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	6	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	7/15/2011	6	3995	HEMODIALYSIS
	RO	IL	60632	Pediatrics	6/21/2011	6	3995	HEMODIALYSIS
	SI	IL	60616	Family Practice	7/8/2011	6	3995	HEMODIALYSIS
	SO	IL	60623	Internal Medicine	8/10/2010	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	6	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/17/2011	6	3995	HEMODIALYSIS
	TI	IL	60616	Internal Medicine	6/11/2011	6	3995	HEMODIALYSIS
	W	IL	60623	Internal Medicine	3/13/2011	6	3995	HEMODIALYSIS
	W	IL	60608	Family Medicine	7/22/2011	6	3995	HEMODIALYSIS
	FL	IL	60608	Internal Medicine	3/23/2011	7	3995	HEMODIALYSIS
	GA	IL	60609	Internal Medicine	5/1/2012	7	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	7	3995	HEMODIALYSIS
	GI	IL	60130	Internal Medicine	5/13/2011	7	3995	HEMODIALYSIS
	JE	IL	60616	Family Practice	4/9/2010	7	3995	HEMODIALYSIS
	LO	IL	60623	Family Practice	9/26/2011	7	3995	HEMODIALYSIS
	MI	IL	60616	Internal Medicine	4/8/2010	7	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	7	3995	HEMODIALYSIS
	PA	IL	60623	Family Medicine	9/25/2011	7	3995	HEMODIALYSIS
	PE	IL	60623	Family Practice	4/17/2011	7	3995	HEMODIALYSIS
	RO	IL	60609	Internal Medicine	1/5/2012	7	3995	HEMODIALYSIS
	RO	IL	60632	Pediatrics	6/21/2011	7	3995	HEMODIALYSIS
	ST	IL	60623	Internal Medicine	8/9/2011	7	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	7	3995	HEMODIALYSIS
	AF	IL	60609	Internal Medicine	11/27/2010	8	3995	HEMODIALYSIS
	BU	IL	60623	Family Practice	9/27/2011	8	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	8	3995	HEMODIALYSIS
	GI	IL	60130	Internal Medicine	5/13/2011	8	3995	HEMODIALYSIS
	JA	IL	60644	Internal Medicine	5/1/2012	8	3995	HEMODIALYSIS
	MI	IL	60623	Internal Medicine	9/11/2011	8	3995	HEMODIALYSIS
	MI	IL	60644	Internal Medicine	7/15/2011	8	3995	HEMODIALYSIS
	RE	IL	60612	Internal Medicine	1/24/2011	8	3995	HEMODIALYSIS
	RO	IL	60632	Pediatrics	6/21/2011	8	3995	HEMODIALYSIS
	SA	IL	60623	Family Medicine	5/20/2010	8	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	8	3995	HEMODIALYSIS
	TA	IL	60609	Internal Medicine	8/8/2011	8	3995	HEMODIALYSIS
	CO	IL	60402	Family Practice	10/4/2011	9	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	9	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures (In-Patient)
2010-Present (September 2012)

	PA	IL	60623	Internal Medicine	11/30/2011	9	3995	HEMODIALYSIS
	PE	IL	60609	Family Medicine	1/2/2010	9	3995	HEMODIALYSIS
	PU	IL	60608	Internal Medicine	10/19/2011	9	3995	HEMODIALYSIS
	PR	IL	60620	Internal Medicine	5/7/2012	9	3995	HEMODIALYSIS
	RO	IL	60608	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	SA	IL	60609	Family Practice	2/6/2011	9	3995	HEMODIALYSIS
	SE	IL	60608	Internal Medicine	4/29/2011	9	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	9	3995	HEMODIALYSIS
	AV	IL	60804	Family Medicine	1/7/2010	10	3995	HEMODIALYSIS
	GA	IL	60608	Internal Medicine	6/7/2011	10	3995	HEMODIALYSIS
	HA	IL	60608	Internal Medicine	6/2/2010	10	3995	HEMODIALYSIS
	PE	IL	60629	Family Medicine	5/11/2010	10	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	10	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	10	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	11	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	11	3995	HEMODIALYSIS
	BI	IL	60632	Internal Medicine	4/4/2011	12	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	12	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	12	3995	HEMODIALYSIS
	W	IL	60624	Internal Medicine	4/20/2011	12	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	13	3995	HEMODIALYSIS
	VI	IL	60645	Family Practice	7/18/2011	13	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	14	3995	HEMODIALYSIS
	UE	IL	60632	Internal Medicine	5/29/2011	15	3995	HEMODIALYSIS

Saint Anthony Hospital
Hemo Dialysis Procedures
2010-Present (September 2012)

Notes:
- From 2010-2012, there were 295 patients that were admitted and required inpatient dialysis treatment, with a ICD9 Rank of 1.
- Of these 295 patients, exactly 42 patients were admitted on multiple occasions for inpatient dialysis treatments. (highlighted yellow)
- Patients with a second diagnosis code indicate these patients were admitted for another reason but required dialysis care, while they were an inpatient.

ATTACHMENT-26b5d

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
11	02/14/10	B	L	10/10/25	F	60623	EMERGENCY MEDICINE
13	03/20/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
10	03/29/10	F	C	07/10/63	F	60608	EMERGENCY MEDICINE
7	04/25/10	C	R	08/19/68	M	60608	EMERGENCY MEDICINE
7	06/19/10	F	F	08/03/73	M	60623	EMERGENCY MEDICINE
5	07/04/10	R	M	03/17/36	F	60652	EMERGENCY MEDICINE
12	07/07/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
13	08/05/10	K	S	03/17/61	M	60640	EMERGENCY MEDICINE
7	08/09/10	P	K	09/05/54	M	60652	EMERGENCY MEDICINE
5	08/17/10	G	J	08/24/40	M	60654	EMERGENCY MEDICINE
13	08/18/10	O	R	03/14/70	M	60623	EMERGENCY MEDICINE
5	09/04/10	M	V	07/12/32	F	60639	EMERGENCY MEDICINE
13	09/05/10	S	A	03/30/71	M	60624	EMERGENCY MEDICINE
12	09/06/10	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	09/30/10	B	C	12/01/81	F	60608	EMERGENCY MEDICINE
5	10/05/10	A	A	01/05/68	M	60632	EMERGENCY MEDICINE
5	10/08/10	E	A	09/27/51	M	60632	EMERGENCY MEDICINE
6	10/10/10	T	C	11/24/67	M	60623	EMERGENCY MEDICINE
3	10/13/10	P	D	11/29/37	F	60623	EMERGENCY MEDICINE
10	10/18/10	S	J	02/03/61	M	60626	EMERGENCY MEDICINE
9	10/28/10	D	J	12/23/75	F	60632	EMERGENCY MEDICINE
7	11/10/10	G	B	05/27/97	F	60632	EMERGENCY MEDICINE
14	11/15/10	E	L	04/18/51	F	60632	EMERGENCY MEDICINE
7	12/08/10	L	J	04/10/54	F	60623	EMERGENCY MEDICINE
5	12/26/10	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	01/09/11	O	M	06/09/62	M	60612	EMERGENCY MEDICINE
10	01/15/11	M	C	07/18/32	F	60608	EMERGENCY MEDICINE
6	01/24/11	K	S	02/03/60	M	60609	EMERGENCY MEDICINE
6	01/25/11	E	S	03/08/36	F	60609	EMERGENCY MEDICINE
4	02/02/11	C	C	02/28/32	F	60644	EMERGENCY MEDICINE
7	02/06/11	F	W	05/03/57	M	60608	EMERGENCY MEDICINE
7	03/07/11	R	I	02/18/64	F	60609	EMERGENCY MEDICINE
10	03/08/11	P	K	05/12/76	F	60624	EMERGENCY MEDICINE
9	04/02/11	B	M	02/22/55	F	60623	EMERGENCY MEDICINE
11	04/22/11	L	G	08/23/57	F	60629	EMERGENCY MEDICINE
11	05/22/11	T	M	10/29/65	F	60632	EMERGENCY MEDICINE
4	06/20/11	M	M	03/11/37	M	60632	EMERGENCY MEDICINE
5	06/30/11	M	A	10/30/73	M	60623	EMERGENCY MEDICINE
5	07/26/11	Z	C	06/04/87	M	60608	EMERGENCY MEDICINE
5	08/06/11	O	S	01/22/51	F	60612	EMERGENCY MEDICINE
12	08/09/11	C	I	02/03/54	F	60609	EMERGENCY MEDICINE
10	08/28/11	S	J	05/05/45	M	60608	EMERGENCY MEDICINE
5	08/28/11	R	E	11/25/85	M	60804	EMERGENCY MEDICINE
13	09/02/11	P	Y	05/17/42	M	60632	EMERGENCY MEDICINE
9	09/08/11	M	R	04/06/30	M	60629	EMERGENCY MEDICINE
3	09/14/11	C	E	02/27/81	F	60629	EMERGENCY MEDICINE
11	09/16/11	J	R	08/04/70	M	60639	EMERGENCY MEDICINE
12	10/25/11	R	S	02/01/84	F	60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 1-14
2010-Present (September 2012)

9	10/29/11	W	G	11/05/36	M	60644	EMERGENCY MEDICINE
13	11/02/11	S	N	03/11/62	M	60623	EMERGENCY MEDICINE
12	11/03/11	F	J	05/25/75	M	60623	EMERGENCY MEDICINE
9	11/10/11	B	E	10/20/72	F	60623	EMERGENCY MEDICINE
6	11/28/11	H	R	06/23/40	M	60644	EMERGENCY MEDICINE
6	12/07/11	F	F	08/02/73	M	60623	EMERGENCY MEDICINE
5	12/26/11	C	A	11/30/70	F	60623	EMERGENCY MEDICINE
5	01/18/12	B	L	04/01/55	M	60629	EMERGENCY MEDICINE
4	02/06/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
14	02/18/12	G	S	11/06/35	F	60623	EMERGENCY MEDICINE
9	02/22/12	T	Y	10/03/70	F	60643	EMERGENCY MEDICINE
7	03/03/12	T	S	12/31/54	F	60623	EMERGENCY MEDICINE
8	03/10/12	B	N	10/28/62	F	60629	EMERGENCY MEDICINE
10	03/14/12	B	M	12/26/37	F	60804	EMERGENCY MEDICINE
6	03/20/12	B	B	07/17/53	F	60623	EMERGENCY MEDICINE
6	04/02/12	M	C	08/16/58	F	60623	EMERGENCY MEDICINE
7	04/04/12	G	R	06/20/42	F	60632	EMERGENCY MEDICINE
10	04/24/12	H	N	01/13/26	M	60644	EMERGENCY MEDICINE
10	05/06/12	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
9	05/09/12	C	G	03/20/39	F	60609	EMERGENCY MEDICINE
3	05/11/12	S	C	12/12/68	F	60623	EMERGENCY MEDICINE
10	05/12/12	R	C	10/26/56	F	60623	EMERGENCY MEDICINE
6	05/18/12	N	J	07/30/63	M	60652	EMERGENCY MEDICINE
9	05/19/12	C	S	08/25/58	F	60647	EMERGENCY MEDICINE
5	05/20/12	M	E	05/22/74	M	60632	EMERGENCY MEDICINE
7	05/26/12	P	F	03/18/33	M	60609	EMERGENCY MEDICINE
6	06/02/12	W	G	09/07/69	M	60623	EMERGENCY MEDICINE
12	06/06/12	D	D	07/30/38	M	60623	EMERGENCY MEDICINE
6	06/20/12	E	G	06/28/68	M	60623	EMERGENCY MEDICINE
10	06/22/12	S	L	07/26/52	M	60402	EMERGENCY MEDICINE
14	07/10/12	J	M	04/13/45	M	60609	EMERGENCY MEDICINE
4	07/11/12	M	J	12/20/51	M	60623	EMERGENCY MEDICINE
11	07/11/12	A	S	06/03/40	F	60804	EMERGENCY MEDICINE
9	07/14/12	N	J	10/06/40	M	60632	EMERGENCY MEDICINE
4	07/18/12	O	J	12/30/46	F	60612	EMERGENCY MEDICINE
4	07/23/12	T	J	10/22/86	M	60629	EMERGENCY MEDICINE
6	07/29/12	B	E	06/10/81	F	60639	EMERGENCY MEDICINE
13	08/08/12	D	F	08/21/52	F	60608	EMERGENCY MEDICINE
9	08/17/12	V	C	11/22/56	M	60608	EMERGENCY MEDICINE
7	08/23/12	C	A	03/08/70	F	60606	EMERGENCY MEDICINE
13	08/24/12	M	M	02/18/49	F	60623	EMERGENCY MEDICINE
8	09/07/12	F	R	07/18/55	M	60623	EMERGENCY MEDICINE
11	09/11/12	W	B	04/26/47	F	60623	EMERGENCY MEDICINE
7	09/12/12	A	M	02/22/59	F	60623	EMERGENCY MEDICINE
8	09/15/12	N	M	11/15/72	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
29	01/08/10	A	C	04/19/23	M	60623	EMERGENCY MEDICINE
26	01/15/10	R	V	07/27/42	F	60623	EMERGENCY MEDICINE
17	02/22/10	M	J	03/19/79	M	60632	EMERGENCY MEDICINE
28	03/06/10	B	J	09/01/36	M	60653	EMERGENCY MEDICINE
16	03/19/10	C	R	10/24/35	M	60609	EMERGENCY MEDICINE
17	04/17/10	H	T	02/04/68	M	60651	EMERGENCY MEDICINE
18	05/11/10	D	M	01/10/34	F	60623	EMERGENCY MEDICINE
27	05/15/10	I	E	G	12/24/46	M	60608	EMERGENCY MEDICINE
17	07/04/10	W	L	02/20/55	M	60644	EMERGENCY MEDICINE
27	07/12/10	K	S	12/24/35	M	60609	EMERGENCY MEDICINE
26	08/08/10	F	A	09/11/42	F	60608	EMERGENCY MEDICINE
29	08/19/10	K	J	04/04/60	F	60623	EMERGENCY MEDICINE
20	08/24/10	W	S	06/11/41	M	60624	EMERGENCY MEDICINE
20	08/29/10	K	R	09/22/38	F	60623	EMERGENCY MEDICINE
23	08/30/10	R	E	03/07/59	M	60609	EMERGENCY MEDICINE
26	08/31/10	W	C	01/16/26	F	60608	EMERGENCY MEDICINE
27	09/18/10	S	S	10/07/56	M	60623	EMERGENCY MEDICINE
15	10/01/10	M	G	03/03/36	F	60623	EMERGENCY MEDICINE
29	10/12/10	J	E	08/21/56	F	60623	EMERGENCY MEDICINE
28	10/24/10	S	R	07/18/29	F	60624	EMERGENCY MEDICINE
25	12/03/10	G	J	03/28/33	F	60623	EMERGENCY MEDICINE
23	12/09/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
26	12/30/10	M	S	12/09/40	M	60608	EMERGENCY MEDICINE
19	01/14/11	J	C	09/01/50	F	60623	EMERGENCY MEDICINE
25	01/23/11	S	J	07/07/40	M	60402	EMERGENCY MEDICINE
27	02/04/11	S	O	07/06/36	F	60623	EMERGENCY MEDICINE
29	02/15/11	S	P	02/13/22	M	60608	EMERGENCY MEDICINE
22	02/21/11	S	E	09/10/31	F	60623	EMERGENCY MEDICINE
24	03/16/11	R	P	09/16/30	F	60608	EMERGENCY MEDICINE
22	04/03/11	S	A	07/07/61	M	60623	EMERGENCY MEDICINE
26	04/07/11	L	S	10/19/78	F	60632	EMERGENCY MEDICINE
22	04/09/11	G	E	09/22/56	F	60608	EMERGENCY MEDICINE
16	04/14/11	G	J	05/28/60	M	60623	EMERGENCY MEDICINE
16	04/16/11	M	A	07/23/35	F	60623	EMERGENCY MEDICINE
20	05/27/11	M	F	08/31/48	M	60616	EMERGENCY MEDICINE
18	06/06/11	T	H	08/17/25	M	60623	EMERGENCY MEDICINE
18	06/19/11	P	L	02/02/50	F	60623	EMERGENCY MEDICINE
22	06/30/11	T	A	11/10/50	F	60622	EMERGENCY MEDICINE
29	07/07/11	M	L	11/07/23	M	60629	EMERGENCY MEDICINE
27	07/09/11	D	W	03/24/30	M	60623	EMERGENCY MEDICINE
21	07/10/11	A	B	09/03/57	F	60608	EMERGENCY MEDICINE
24	07/10/11	G	I	S	06/13/32	M	60623	EMERGENCY MEDICINE
23	07/11/11	G	A	01/18/63	F	60636	EMERGENCY MEDICINE
17	07/18/11	J	P	04/29/36	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

29	07/28/11	P	D	06/29/41	F	60623	EMERGENCY MEDICINE
17	08/02/11	M	A	12/07/52	F	60608	EMERGENCY MEDICINE
24	08/03/11	S	J	10/09/46	M	60609	EMERGENCY MEDICINE
29	08/10/11	S	R	07/29/91	M	60623	EMERGENCY MEDICINE
21	08/13/11	C	R	05/10/73	M	60623	EMERGENCY MEDICINE
28	09/08/11	R	C	11/17/72	M	60651	EMERGENCY MEDICINE
18	09/12/11	H	C	06/20/31	M	60608	EMERGENCY MEDICINE
20	09/27/11	M	W	07/14/53	M	60623	EMERGENCY MEDICINE
22	10/22/11	W	P	02/22/51	M	60608	EMERGENCY MEDICINE
24	10/24/11	S	C	01/15/31	F	60607	EMERGENCY MEDICINE
21	10/27/11	X	M	06/17/52	M	60623	EMERGENCY MEDICINE
17	10/28/11	M	M	07/26/38	F	60623	EMERGENCY MEDICINE
29	12/02/11	W	M	05/12/59	F	60624	EMERGENCY MEDICINE
27	12/19/11	M	R	01/11/33	M	60609	EMERGENCY MEDICINE
17	12/20/11	L	D	06/15/57	M	60623	EMERGENCY MEDICINE
22	12/21/11	B	R	08/22/29	M	60623	EMERGENCY MEDICINE
29	01/21/12	C	D	01/07/32	F	60623	EMERGENCY MEDICINE
15	01/22/12	C	J	11/15/57	F	60402	EMERGENCY MEDICINE
21	01/25/12	A	P	03/17/40	F	60608	EMERGENCY MEDICINE
28	01/28/12	A	K	12/18/40	M	60623	EMERGENCY MEDICINE
29	02/11/12	Q	M	12/20/72	F	60647	EMERGENCY MEDICINE
24	02/25/12	M	C	11/14/38	F	60651	EMERGENCY MEDICINE
20	03/13/12	M	M	04/27/53	F	60629	EMERGENCY MEDICINE
25	03/20/12	B	M	01/19/33	F	60623	EMERGENCY MEDICINE
26	03/20/12	B	S	01/15/50	M	60624	EMERGENCY MEDICINE
17	03/29/12	P	S	11/17/46	F	60609	EMERGENCY MEDICINE
17	04/13/12	K	F	08/10/93	F	60624	EMERGENCY MEDICINE
26	04/24/12	B	J	12/18/53	M	60623	EMERGENCY MEDICINE
18	05/05/12	B	A	02/11/24	F	60623	EMERGENCY MEDICINE
21	05/14/12	D	B	06/05/25	F	60632	EMERGENCY MEDICINE
24	05/21/12	C	G	05/31/57	M	60629	EMERGENCY MEDICINE
18	06/11/12	B	C	04/24/61	F	60641	ACUTE CARE NURSE PRACTITIONER
22	06/11/12	W	V	10/02/32	F	60623	EMERGENCY MEDICINE
25	06/18/12	R	F	01/01/44	F	60623	EMERGENCY MEDICINE
16	07/01/12	T	C	06/27/60	M	60623	ACUTE CARE NURSE PRACTITIONER
20	07/10/12	P	R	10/07/80	F	60623	EMERGENCY MEDICINE
19	07/14/12	G	M	08/15/32	F	60632	EMERGENCY MEDICINE
29	07/15/12	B	S	06/07/52	F	60608	EMERGENCY MEDICINE
15	08/01/12	V	I	R	08/25/48	F	60632	EMERGENCY MEDICINE
15	08/12/12	R	M	08/25/38	F	60608	EMERGENCY MEDICINE
29	08/13/12	R	R	08/09/40	M	60623	EMERGENCY MEDICINE
16	08/14/12	I	S	D	08/27/57	M	60632	ACUTE CARE NURSE PRACTITIONER
20	08/22/12	C	C	08/20/50	F	60623	EMERGENCY MEDICINE
22	08/22/12	R	R	11/21/59	F	60632	EMERGENCY MEDICINE
26	08/28/12	L	L	03/25/89	F	60609	EMERGENCY MEDICINE
15	09/11/12	P	M	01/02/68	M	60641	EMERGENCY MEDICINE
27	09/17/12	R	R	09/04/25	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
58	01/02/10	C	S	05/09/47	F	60637	EMERGENCY MEDICINE
59	01/05/10	V	J	01/12/35	M	60608	EMERGENCY MEDICINE
50	01/06/10	D	N	09/08/43	F	60632	EMERGENCY MEDICINE
56	01/09/10	D	R	08/15/50	M	60623	EMERGENCY MEDICINE
57	01/11/10	J	J	04/28/40	M	60608	EMERGENCY MEDICINE
44	01/16/10	L	M	01/28/63	M	60623	EMERGENCY MEDICINE
57	01/24/10	M	G	10/06/79	M	60632	EMERGENCY MEDICINE
43	01/25/10	T	R	08/05/50	F	60623	EMERGENCY MEDICINE
35	01/25/10	S	L	06/12/55	F	60644	EMERGENCY MEDICINE
31	01/25/10	W	W	12/06/25	M	60608	EMERGENCY MEDICINE
53	01/29/10	T	G	02/04/74	F	60402	EMERGENCY MEDICINE
54	01/31/10	O	R	12/18/30	M	60623	EMERGENCY MEDICINE
47	02/04/10	A	P	05/27/58	F	60804	EMERGENCY MEDICINE
56	02/17/10	G	S	12/01/49	M	60653	EMERGENCY MEDICINE
52	02/22/10	M	M	12/24/76	M	60623	EMERGENCY MEDICINE
40	02/23/10	E	A	11/28/21	F	60623	EMERGENCY MEDICINE
33	02/24/10	S	L	04/02/25	F	60649	EMERGENCY MEDICINE
49	03/01/10	R	E	02/22/83	F	60609	EMERGENCY MEDICINE
54	03/07/10	K	C	12/16/61	F	60632	EMERGENCY MEDICINE
58	03/07/10	M	A	09/13/34	F	60653	EMERGENCY MEDICINE
49	03/08/10	M	G	03/03/59	M	60608	EMERGENCY MEDICINE
53	03/10/10	C	M	10/30/49	F	60608	EMERGENCY MEDICINE
51	03/20/10	G	S	07/08/49	F	60609	EMERGENCY MEDICINE
49	03/22/10	C	M	12/06/75	F	60632	EMERGENCY MEDICINE
52	03/23/10	T	D	11/07/56	M	60637	EMERGENCY MEDICINE
34	03/25/10	R	J	07/22/47	M	60608	EMERGENCY MEDICINE
42	03/26/10	V	M	09/07/48	M	60608	EMERGENCY MEDICINE
35	04/01/10	B	E	09/23/23	F	60624	EMERGENCY MEDICINE
55	04/16/10	V	F	03/23/67	M	60623	EMERGENCY MEDICINE
57	04/16/10	B	R	09/12/78	F	60623	EMERGENCY MEDICINE
49	04/23/10	R	R	05/07/27	M	60632	EMERGENCY MEDICINE
56	04/23/10	G	G	02/17/23	M	60623	EMERGENCY MEDICINE
39	04/30/10	Y	I	01/14/45	F	60620	EMERGENCY MEDICINE
57	05/01/10	P	S	07/29/58	F	60609	EMERGENCY MEDICINE
55	05/07/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
33	05/16/10	G	F	05/08/93	F	60623	EMERGENCY MEDICINE
45	05/16/10	B	S	09/03/77	F	60624	EMERGENCY MEDICINE
56	05/19/10	R	P	05/29/27	M	60609	EMERGENCY MEDICINE
57	06/03/10	C	S	02/28/25	F	60623	EMERGENCY MEDICINE
50	06/05/10	C	B	08/20/47	F	60544	EMERGENCY MEDICINE
55	06/09/10	M	S	06/03/50	M	60608	EMERGENCY MEDICINE
59	06/11/10	T	M	04/14/19	F	60616	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

51	06/15/10	E	S	09/04/37	M	60632	EMERGENCY MEDICINE
48	06/22/10	E	M	10/21/43	M	60609	EMERGENCY MEDICINE
55	06/26/10	V	G	09/19/34	M	60608	EMERGENCY MEDICINE
47	06/29/10	C	E	01/29/43	F	60609	EMERGENCY MEDICINE
58	07/02/10	C	S	02/17/59	F	60608	EMERGENCY MEDICINE
45	07/02/10	K	S	05/05/71	M	60632	EMERGENCY MEDICINE
57	07/03/10	F	S	07/11/33	F	60629	EMERGENCY MEDICINE
43	07/07/10	P	A	03/27/23	F	60608	EMERGENCY MEDICINE
57	07/11/10	M	J	01/14/64	F	60653	EMERGENCY MEDICINE
41	07/12/10	R	T	06/13/28	M	60632	EMERGENCY MEDICINE
46	07/14/10	Z	J	10/05/37	M	60623	EMERGENCY MEDICINE
57	07/19/10	M	J	09/27/27	M	60624	EMERGENCY MEDICINE
58	07/20/10	V	I	04/08/46	M	60623	EMERGENCY MEDICINE
58	07/20/10	N	M	06/17/70	F	60653	EMERGENCY MEDICINE
51	07/20/10	G	S	07/12/68	F	60623	EMERGENCY MEDICINE
51	07/22/10	W	Y	01/01/60	F	60608	EMERGENCY MEDICINE
39	07/23/10	G	M	09/09/61	F	60632	EMERGENCY MEDICINE
56	07/24/10	M	J	09/03/53	M	60623	EMERGENCY MEDICINE
58	07/24/10	M	L	01/18/76	M	60623	EMERGENCY MEDICINE
56	07/26/10	G	I	06/13/32	M	60623	EMERGENCY MEDICINE
53	07/27/10	W	C	07/30/63	F	60605	EMERGENCY MEDICINE
34	08/01/10	B	R	02/06/61	M	60608	EMERGENCY MEDICINE
42	08/02/10	B	T	12/20/38	M	60623	EMERGENCY MEDICINE
58	08/03/10	H	C	05/18/84	M	60623	EMERGENCY MEDICINE
53	08/06/10	A	L	07/28/51	F	60638	EMERGENCY MEDICINE
46	08/06/10	V	A	11/11/69	F	60609	EMERGENCY MEDICINE
53	08/06/10	G	G	02/15/55	F	60647	EMERGENCY MEDICINE
46	08/06/10	R	D	10/14/48	M	60609	EMERGENCY MEDICINE
58	08/07/10	D	J	05/10/64	M	60623	EMERGENCY MEDICINE
46	08/08/10	D	L	04/29/13	F	60653	EMERGENCY MEDICINE
34	08/13/10	C	L	03/04/27	M	60651	EMERGENCY MEDICINE
47	08/15/10	A	R	11/12/50	M	60649	EMERGENCY MEDICINE
58	08/16/10	D	D	08/08/68	F	60632	EMERGENCY MEDICINE
42	08/16/10	T	A	12/13/65	F	60623	EMERGENCY MEDICINE
56	08/16/10	K	R	10/28/44	M	60623	EMERGENCY MEDICINE
37	08/18/10	E	P	05/14/30	F	60624	EMERGENCY MEDICINE
50	08/19/10	G	S	05/04/42	M	60458	EMERGENCY MEDICINE
42	08/19/10	G	C	09/13/32	F	60624	EMERGENCY MEDICINE
52	08/20/10	B	D	12/17/66	F	60643	EMERGENCY MEDICINE
45	08/21/10	G	F	11/06/59	F	60632	EMERGENCY MEDICINE
53	08/23/10	W	S	07/27/60	F	60608	EMERGENCY MEDICINE
58	08/27/10	G	T	06/12/54	F	60660	EMERGENCY MEDICINE
34	08/29/10	R	E	01/07/48	M	60618	EMERGENCY MEDICINE
57	08/29/10	S	J	09/22/95	M	60629	EMERGENCY MEDICINE
54	08/30/10	P	A	05/27/32	M	60608	EMERGENCY MEDICINE
56	08/31/10	Z	O	05/10/41	F	60623	EMERGENCY MEDICINE
37	09/01/10	J	D	11/26/56	M	60644	EMERGENCY MEDICINE

ATTACHMENT-26b5d

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

31	09/01/10	E	J	03/24/56	M	60623	EMERGENCY MEDICINE
45	09/04/10	L	A	12/24/21	F	60623	EMERGENCY MEDICINE
53	09/06/10	P	M	08/03/51	F	60614	EMERGENCY MEDICINE
53	09/08/10	B	J	11/18/53	M	60623	EMERGENCY MEDICINE
53	09/16/10	P	M	06/12/77	M	60623	EMERGENCY MEDICINE
59	09/18/10	C	D	11/27/57	F	60616	EMERGENCY MEDICINE
40	09/18/10	A	R	09/16/35	F	60632	EMERGENCY MEDICINE
56	09/18/10	D	E	08/26/63	M	60623	EMERGENCY MEDICINE
53	09/19/10	T	V	04/23/51	F	60623	EMERGENCY MEDICINE
58	09/19/10	C	C	08/29/56	M	60644	EMERGENCY MEDICINE
38	09/21/10	J	M	03/04/62	M	60626	EMERGENCY MEDICINE
46	09/25/10	A	G	05/03/42	M	60608	EMERGENCY MEDICINE
47	09/27/10	R	O	08/29/77	M	60629	EMERGENCY MEDICINE
50	09/29/10	W	M	06/20/60	M	60634	EMERGENCY MEDICINE
35	10/01/10	M	L	12/08/49	M	60608	EMERGENCY MEDICINE
43	10/02/10	R	J	11/15/36	M	60608	EMERGENCY MEDICINE
58	10/03/10	S	V	09/04/62	M	60644	EMERGENCY MEDICINE
57	10/04/10	F	H	01/03/26	F	60623	EMERGENCY MEDICINE
59	10/08/10	L	S	05/11/61	F	60804	EMERGENCY MEDICINE
49	10/10/10	M	V	05/06/47	M	60623	EMERGENCY MEDICINE
51	10/11/10	Q	M	06/14/93	F	60623	EMERGENCY MEDICINE
54	10/13/10	C	E	02/07/79	F	60623	EMERGENCY MEDICINE
55	10/13/10	K	L	08/16/43	M	60629	EMERGENCY MEDICINE
31	10/18/10	K	K	01/15/66	F	60411	EMERGENCY MEDICINE
55	10/25/10	O	C	10/22/39	M	60623	EMERGENCY MEDICINE
58	10/25/10	D	B	07/07/47	F	60609	EMERGENCY MEDICINE
50	10/26/10	M	G	01/28/75	F	60632	EMERGENCY MEDICINE
49	11/02/10	L	C	10/23/16	F	60612	EMERGENCY MEDICINE
52	11/02/10	E	J	05/28/53	M	60610	EMERGENCY MEDICINE
58	11/03/10	R	E	09/07/60	M	60623	EMERGENCY MEDICINE
56	11/07/10	G	A	07/23/28	F	60623	EMERGENCY MEDICINE
55	11/10/10	A	W	12/03/55	F	60623	EMERGENCY MEDICINE
50	11/10/10	H	C	04/23/47	F	60302	EMERGENCY MEDICINE
58	11/11/10	G	M	02/28/48	F	60623	EMERGENCY MEDICINE
37	11/14/10	C	A	10/22/22	F	60302	EMERGENCY MEDICINE
52	11/14/10	H	B	08/02/65	F	60623	EMERGENCY MEDICINE
54	11/14/10	B	B	05/28/39	F	60624	EMERGENCY MEDICINE
59	11/19/10	B	P	11/09/28	M	60623	EMERGENCY MEDICINE
58	11/20/10	O	J	05/26/58	F	60624	EMERGENCY MEDICINE
59	11/21/10	B	A	05/08/34	F	60609	EMERGENCY MEDICINE
52	11/21/10	T	V	06/19/32	F	60623	EMERGENCY MEDICINE
50	11/21/10	Z	A	09/12/71	M	60632	EMERGENCY MEDICINE
47	11/22/10	P	C	11/12/53	F	60608	EMERGENCY MEDICINE
38	11/23/10	G	Y	04/16/72	M	60804	EMERGENCY MEDICINE
57	11/24/10	C	D	08/29/79	M	60608	EMERGENCY MEDICINE
57	11/28/10	T	S	03/05/33	M	60609	EMERGENCY MEDICINE
42	11/30/10	B	D	06/05/47	F	60651	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

34	12/01/10	M	J	08/19/37	F	60616	EMERGENCY MEDICINE
49	12/04/10	L	C	08/18/30	F	60644	EMERGENCY MEDICINE
58	12/04/10	V	M	10/13/36	F	60804	EMERGENCY MEDICINE
31	12/05/10	J	A	11/12/99	F	60623	EMERGENCY MEDICINE
44	12/09/10	D	G	10/16/08	F	60644	EMERGENCY MEDICINE
45	12/11/10	R	R	01/25/48	M	60644	EMERGENCY MEDICINE
55	12/11/10	G	M	10/02/50	F	60632	EMERGENCY MEDICINE
53	12/17/10	G	A	12/11/56	M	60614	EMERGENCY MEDICINE
56	12/20/10	A	B	04/11/55	F	60608	EMERGENCY MEDICINE
55	12/20/10	C	C	11/16/90	F	60609	EMERGENCY MEDICINE
54	12/27/10	M	R	10/07/31	M	60643	EMERGENCY MEDICINE
57	12/28/10	C	Y	08/30/62	F	60155	EMERGENCY MEDICINE
54	12/30/10	C	J	02/11/41	M	60609	EMERGENCY MEDICINE
47	12/31/10	M	M	01/14/26	F	60608	EMERGENCY MEDICINE
32	01/03/11	U	L	06/10/16	F	60624	EMERGENCY MEDICINE
48	01/05/11	L	M	08/26/39	F	60623	EMERGENCY MEDICINE
55	01/10/11	F	C	05/06/48	F	60608	EMERGENCY MEDICINE
57	01/11/11	L	E	03/24/42	F	60623	EMERGENCY MEDICINE
50	01/14/11	G	C	07/12/42	F	60652	EMERGENCY MEDICINE
47	01/15/11	R	Y	10/03/63	F	60608	EMERGENCY MEDICINE
40	01/20/11	G	B	06/02/30	F	60624	EMERGENCY MEDICINE
55	01/22/11	H	E	01/02/19	F	60608	EMERGENCY MEDICINE
56	01/22/11	L	K	08/10/41	F	60651	EMERGENCY MEDICINE
55	01/25/11	A	J	12/31/59	M	60804	EMERGENCY MEDICINE
48	01/25/11	M	A	12/07/37	F	60632	EMERGENCY MEDICINE
57	01/28/11	W	R	03/16/47	F	60608	EMERGENCY MEDICINE
57	02/02/11	M	J	06/28/31	M	60623	EMERGENCY MEDICINE
59	02/02/11	W	J	03/02/36	F	60624	EMERGENCY MEDICINE
38	02/03/11	C	O	07/03/26	M	60608	EMERGENCY MEDICINE
55	02/07/11	C	F	07/08/31	F	60623	EMERGENCY MEDICINE
54	02/10/11	C	J	08/08/65	M	60623	EMERGENCY MEDICINE
58	02/14/11	R	A	09/22/72	F	60609	EMERGENCY MEDICINE
59	02/17/11	D	S	05/13/81	M	60623	EMERGENCY MEDICINE
40	02/19/11	T	B	12/03/35	M	60623	EMERGENCY MEDICINE
54	02/21/11	M	V	05/24/60	F	60804	EMERGENCY MEDICINE
40	02/21/11	L	B	06/03/55	F	60608	EMERGENCY MEDICINE
39	02/22/11	S	H	03/19/33	F	60644	EMERGENCY MEDICINE
57	02/26/11	C	E	03/05/34	F	60632	EMERGENCY MEDICINE
52	02/28/11	G	C	05/14/53	F	60153	EMERGENCY MEDICINE
38	03/01/11	E	F	02/07/85	M	60632	EMERGENCY MEDICINE
37	03/01/11	D	C	01/19/38	F	60639	EMERGENCY MEDICINE
57	03/05/11	B	C	07/21/71	F	60608	EMERGENCY MEDICINE
51	03/06/11	S	D	01/13/71	M	60608	EMERGENCY MEDICINE
39	03/10/11	W	D	07/17/47	F	60624	EMERGENCY MEDICINE
50	03/11/11	M	H	04/01/59	M	60623	EMERGENCY MEDICINE
47	03/15/11	G	M	02/20/55	F	60623	EMERGENCY MEDICINE
53	03/15/11	J	W	07/25/51	M	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

32	03/15/11	R	G	05/09/50	F	60804	EMERGENCY MEDICINE
57	03/17/11	S	J	07/29/57	M	60651	EMERGENCY MEDICINE
39	03/19/11	V	C	10/08/56	F	60614	EMERGENCY MEDICINE
50	03/19/11	B	M	09/02/31	F	60623	EMERGENCY MEDICINE
56	03/21/11	T	H	01/17/52	F	60623	EMERGENCY MEDICINE
55	03/22/11	H	T	03/19/73	F	60612	EMERGENCY MEDICINE
56	03/24/11	U	A	08/14/41	F	60629	EMERGENCY MEDICINE
57	03/28/11	D	V	07/12/31	F	60651	EMERGENCY MEDICINE
58	03/30/11	V	M	07/20/37	F	60608	EMERGENCY MEDICINE
46	03/31/11	C	S	08/27/61	M	60608	EMERGENCY MEDICINE
54	04/02/11	A	A	07/20/80	F	60608	EMERGENCY MEDICINE
54	04/03/11	M	R	01/06/38	F	60623	EMERGENCY MEDICINE
49	04/05/11	M	E	04/09/31	F	60629	EMERGENCY MEDICINE
46	04/06/11	C	E	08/13/23	F	60623	EMERGENCY MEDICINE
42	04/09/11	P	W	05/17/31	F	60104	EMERGENCY MEDICINE
47	04/10/11	F	E	10/18/84	M	60623	EMERGENCY MEDICINE
40	04/11/11	M	J	05/19/49	F	60623	EMERGENCY MEDICINE
44	04/14/11	V	M	08/23/65	F	60632	EMERGENCY MEDICINE
47	04/18/11	L	P	11/10/41	M	60623	EMERGENCY MEDICINE
41	04/22/11	R	G	03/10/27	F	60632	EMERGENCY MEDICINE
50	04/23/11	W	D	08/16/31	F	60623	EMERGENCY MEDICINE
54	04/23/11	C	L	03/23/27	F	60608	EMERGENCY MEDICINE
57	04/25/11	M	A	03/15/39	F	60623	EMERGENCY MEDICINE
47	04/28/11	D	E	03/14/47	F	60609	EMERGENCY MEDICINE
51	04/28/11	G	J	03/16/83	M	60623	EMERGENCY MEDICINE
59	04/29/11	G	J	01/06/61	M	60804	EMERGENCY MEDICINE
57	04/29/11	C	B	03/19/58	F	60644	EMERGENCY MEDICINE
51	05/02/11	V	A	04/12/38	F	60623	EMERGENCY MEDICINE
50	05/02/11	V	A	04/16/50	F	60639	EMERGENCY MEDICINE
38	05/07/11	R	M	03/11/54	F	60652	EMERGENCY MEDICINE
48	05/11/11	B	L	02/18/40	M	60623	EMERGENCY MEDICINE
49	05/13/11	L	E	11/28/75	F	60623	EMERGENCY MEDICINE
38	05/18/11	E	R	11/17/69	F	60608	EMERGENCY MEDICINE
52	05/18/11	M	T	01/29/38	M	60623	EMERGENCY MEDICINE
30	05/20/11	C	A	02/25/58	F	60609	EMERGENCY MEDICINE
59	05/22/11	S	M	10/30/80	F	60647	EMERGENCY MEDICINE
59	05/23/11	R	E	09/25/54	F	60609	EMERGENCY MEDICINE
39	05/24/11	C	L	12/16/55	M	60623	EMERGENCY MEDICINE
58	05/29/11	R	A	05/29/57	M	60623	EMERGENCY MEDICINE
55	06/01/11	T	F	08/09/39	F	60623	EMERGENCY MEDICINE
58	06/01/11	W	C	09/12/55	F	60623	EMERGENCY MEDICINE
51	06/01/11	S	C	11/03/44	F	60632	EMERGENCY MEDICINE
30	06/01/11	E	M	02/25/65	M	60640	EMERGENCY MEDICINE
58	06/03/11	S	D	06/20/55	F	60624	EMERGENCY MEDICINE
34	06/04/11	C	S	10/20/68	F	60623	EMERGENCY MEDICINE
47	06/04/11	O	C	03/18/27	F	60608	EMERGENCY MEDICINE
46	06/07/11	A	M	06/18/33	F	60804	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	06/11/11	R	M	12/22/45	F	60657	EMERGENCY MEDICINE
41	06/12/11	L	T	12/25/41	F	60629	EMERGENCY MEDICINE
48	06/13/11	M	L	03/05/56	M	60608	EMERGENCY MEDICINE
35	06/13/11	R	L	12/01/32	F	60624	EMERGENCY MEDICINE
49	06/15/11	W	V	09/01/32	F	60804	EMERGENCY MEDICINE
51	06/16/11	D	D	01/02/60	F	60632	EMERGENCY MEDICINE
58	06/18/11	S	S	07/12/38	M	60647	EMERGENCY MEDICINE
35	06/18/11	N	M	07/15/61	F	60608	EMERGENCY MEDICINE
38	06/21/11	H	V	01/29/26	F	60623	EMERGENCY MEDICINE
48	06/21/11	R	J	09/18/53	M	60623	EMERGENCY MEDICINE
38	06/22/11	C	C	03/28/46	F	60623	EMERGENCY MEDICINE
53	06/23/11	M	M	04/09/34	F	60609	EMERGENCY MEDICINE
59	06/23/11	S	R	08/01/51	M	60623	EMERGENCY MEDICINE
45	06/23/11	W	R	09/20/43	M	60639	EMERGENCY MEDICINE
43	06/26/11	B	A	11/30/48	M	60623	EMERGENCY MEDICINE
57	06/30/11	M	N	08/06/72	M	60608	EMERGENCY MEDICINE
34	07/01/11	G	L	04/19/37	F	60623	EMERGENCY MEDICINE
40	07/01/11	W	B	06/23/32	M	60652	EMERGENCY MEDICINE
58	07/01/11	E	G	02/03/33	F	60602	EMERGENCY MEDICINE
50	07/01/11	R	D	06/28/77	M	60612	EMERGENCY MEDICINE
57	07/03/11	W	S	07/19/54	F	60623	EMERGENCY MEDICINE
56	07/07/11	B	C	03/11/51	M	60623	EMERGENCY MEDICINE
42	07/08/11	P	L	02/27/37	F	60623	EMERGENCY MEDICINE
42	07/11/11	S	R	02/04/43	M	60651	EMERGENCY MEDICINE
41	07/12/11	H	S	02/11/34	M	60632	EMERGENCY MEDICINE
59	07/13/11	S	G	12/10/80	F	60609	EMERGENCY MEDICINE
47	07/14/11	J	J	10/02/27	F	60624	EMERGENCY MEDICINE
49	07/14/11	N	J	12/12/31	M	60644	EMERGENCY MEDICINE
59	07/16/11	H	A	04/04/68	M	60632	EMERGENCY MEDICINE
55	07/18/11	M	J	01/12/82	M	60623	EMERGENCY MEDICINE
41	07/18/11	R	J	11/22/52	M	60623	EMERGENCY MEDICINE
49	07/20/11	A	M	10/05/59	F	60608	EMERGENCY MEDICINE
49	07/20/11	O	G	11/15/59	F	60623	EMERGENCY MEDICINE
46	07/21/11	L	R	10/08/57	F	60632	EMERGENCY MEDICINE
47	07/24/11	G	N	07/20/80	F	60623	EMERGENCY MEDICINE
59	07/26/11	S	E	02/27/60	F	60608	EMERGENCY MEDICINE
58	07/26/11	B	L	01/28/42	F	60623	EMERGENCY MEDICINE
52	07/27/11	K	R	02/15/22	F	60608	EMERGENCY MEDICINE
56	07/28/11	C	T	12/10/64	M	60623	EMERGENCY MEDICINE
57	08/01/11	G	C	05/31/67	F	60651	EMERGENCY MEDICINE
38	08/01/11	B	J	06/05/42	M	60632	EMERGENCY MEDICINE
44	08/02/11	B	D	08/11/50	F	60651	EMERGENCY MEDICINE
39	08/04/11	R	F	10/07/37	F	60623	EMERGENCY MEDICINE
58	08/05/11	G	M	08/13/29	M	60623	EMERGENCY MEDICINE
53	08/06/11	F	G	04/14/60	M	60609	EMERGENCY MEDICINE
52	08/09/11	P	A	06/16/37	M	60652	EMERGENCY MEDICINE
50	08/11/11	K	A	06/09/36	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

58	08/13/11	V	N		03/08/36	M	78572	EMERGENCY MEDICINE
55	08/15/11	S	B		08/28/39	F	60619	EMERGENCY MEDICINE
45	08/18/11	D	F		09/17/55	M	60623	EMERGENCY MEDICINE
51	08/19/11	R	J		12/11/30	M	60608	EMERGENCY MEDICINE
57	08/19/11	T	J		05/26/36	F	60623	EMERGENCY MEDICINE
40	08/22/11	G	J		01/17/49	M	60612	EMERGENCY MEDICINE
56	08/22/11	B	S		01/31/49	M	60623	EMERGENCY MEDICINE
58	08/22/11	G	M		02/28/48	F	60623	EMERGENCY MEDICINE
59	08/23/11	G	E		03/21/33	F	60620	EMERGENCY MEDICINE
57	08/25/11	Y	L		03/15/55	M	60623	EMERGENCY MEDICINE
47	08/27/11	D	S		09/14/61	F	60163	EMERGENCY MEDICINE
57	08/29/11	V	V		05/12/19	F	60623	EMERGENCY MEDICINE
58	08/30/11	R	G		11/21/35	M	60501	EMERGENCY MEDICINE
36	09/01/11	K	A		12/27/30	F	60632	EMERGENCY MEDICINE
31	09/03/11	F	L		03/28/34	F	60644	EMERGENCY MEDICINE
58	09/06/11	H	R		06/07/69	M	60623	EMERGENCY MEDICINE
44	09/12/11	A	E		02/23/35	F	60638	EMERGENCY MEDICINE
39	09/14/11	A	M		07/10/55	F	60608	EMERGENCY MEDICINE
59	09/19/11	A	G		11/21/61	M	60624	EMERGENCY MEDICINE
38	09/21/11	S	R		04/03/67	M	60608	EMERGENCY MEDICINE
47	09/23/11	G	G		01/01/30	F	60623	EMERGENCY MEDICINE
44	09/24/11	O	C		03/03/69	M	60559	EMERGENCY MEDICINE
49	09/24/11	G	A		08/26/38	F	60623	EMERGENCY MEDICINE
57	09/26/11	S	H		09/05/57	F	60623	EMERGENCY MEDICINE
52	09/27/11	H	W		05/24/55	F	60110	EMERGENCY MEDICINE
30	10/01/11	P	K		03/17/82	F	60632	EMERGENCY MEDICINE
55	10/04/11	C	J		03/06/52	M	60623	EMERGENCY MEDICINE
59	10/05/11	S	R		12/08/63	M	60623	EMERGENCY MEDICINE
48	10/08/11	H	M		07/30/50	M	60402	EMERGENCY MEDICINE
48	10/09/11	O	A		03/25/88	F	10009	EMERGENCY MEDICINE
47	10/10/11	C	T		03/24/65	F	60623	EMERGENCY MEDICINE
55	10/10/11	R	A		04/08/32	F	60608	EMERGENCY MEDICINE
58	10/12/11	A	C		09/14/41	F	60804	EMERGENCY MEDICINE
50	10/13/11	G	V		04/18/38	F	60609	EMERGENCY MEDICINE
48	10/17/11	P	K		04/29/69	M	60623	EMERGENCY MEDICINE
36	10/18/11	C	M		12/31/30	F	60623	EMERGENCY MEDICINE
58	10/19/11	A	C		10/28/35	F	60632	EMERGENCY MEDICINE
58	10/21/11	M	B		09/21/57	M	60620	EMERGENCY MEDICINE
52	10/22/11	W	S		01/21/47	F	60623	EMERGENCY MEDICINE
49	10/27/11	A	G		02/27/49	M	60608	EMERGENCY MEDICINE
45	10/29/11	C	B		07/18/44	M	60632	EMERGENCY MEDICINE
40	10/30/11	E	H		12/24/41	F	60607	EMERGENCY MEDICINE
39	10/31/11	M	M		10/12/71	F	60133	EMERGENCY MEDICINE
54	11/02/11	R	D		09/23/61	M	60638	EMERGENCY MEDICINE
58	11/07/11	T	A		07/21/53	M	60624	EMERGENCY MEDICINE
50	11/07/11	S	R		07/05/66	M	60623	EMERGENCY MEDICINE
55	11/08/11	M	B		03/11/44	F	60632	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

39	11/09/11	B	T		03/18/47	M	60624	EMERGENCY MEDICINE
47	11/09/11	V	L		01/13/43	F	60608	EMERGENCY MEDICINE
56	11/10/11	G	L		08/08/33	F	60608	EMERGENCY MEDICINE
51	11/16/11	O	M		12/07/91	F	60609	EMERGENCY MEDICINE
58	11/16/11	H	T		09/13/70	F	60629	EMERGENCY MEDICINE
54	11/18/11	M	P		10/22/57	F	60623	EMERGENCY MEDICINE
57	11/18/11	D	F		12/17/59	F	60644	EMERGENCY MEDICINE
32	11/22/11	C	F		10/14/56	M	60426	EMERGENCY MEDICINE
53	11/25/11	M	A		08/27/51	F	60623	EMERGENCY MEDICINE
48	11/29/11	S	I		10/11/55	F	60626	EMERGENCY MEDICINE
55	12/14/11	H	C		10/13/76	F	60623	EMERGENCY MEDICINE
32	12/14/11	C	M		05/26/35	F	60632	EMERGENCY MEDICINE
55	12/15/11	S	B		01/23/23	F	60616	EMERGENCY MEDICINE
58	12/16/11	P	E		05/01/24	F	60644	EMERGENCY MEDICINE
36	12/16/11	S	L		07/09/68	F	60651	EMERGENCY MEDICINE
49	12/26/11	M	J		09/30/50	M	60623	EMERGENCY MEDICINE
57	12/28/11	S	A		11/29/79	M	60623	EMERGENCY MEDICINE
59	12/29/11	G	M		02/23/36	F	60624	EMERGENCY MEDICINE
48	12/31/11	J	C		01/24/51	M	60624	EMERGENCY MEDICINE
50	01/06/12	L	H		09/24/74	M	60452	EMERGENCY MEDICINE
45	01/07/12	W	B		06/09/45	F	60623	EMERGENCY MEDICINE
34	01/08/12	T	V		02/25/71	F	60608	EMERGENCY MEDICINE
53	01/10/12	W	H		02/19/30	F	60609	EMERGENCY MEDICINE
43	01/11/12	M	G		05/15/64	F	60632	EMERGENCY MEDICINE
52	01/14/12	C	M		07/06/33	F	60624	EMERGENCY MEDICINE
56	01/18/12	D	E		03/30/38	M	60639	EMERGENCY MEDICINE
35	01/18/12	R	M		08/11/59	M	60608	EMERGENCY MEDICINE
57	01/19/12	W	P		05/17/60	M	60624	EMERGENCY MEDICINE
39	01/19/12	Z	M		02/05/30	F	60632	EMERGENCY MEDICINE
49	01/24/12	B	N		11/16/74	F	60623	EMERGENCY MEDICINE
46	01/27/12	D	D		06/20/37	F	60651	EMERGENCY MEDICINE
48	01/28/12	C	R		08/06/76	M	60501	EMERGENCY MEDICINE
58	01/29/12	S	M		02/07/81	M	60651	EMERGENCY MEDICINE
33	02/01/12	P	M		02/18/58	M	60639	EMERGENCY MEDICINE
32	02/01/12	T	M		05/05/42	F	60612	EMERGENCY MEDICINE
37	02/02/12	W	C		11/06/74	F	60623	EMERGENCY MEDICINE
33	02/08/12	G	E		12/02/14	F	60632	EMERGENCY MEDICINE
53	02/08/12	R	G		05/09/51	F	60608	EMERGENCY MEDICINE
58	02/08/12	W	T		08/03/75	F	60644	EMERGENCY MEDICINE
55	02/09/12	J	E		03/07/65	M	60624	EMERGENCY MEDICINE
56	02/11/12	T	L		10/22/86	F	60623	EMERGENCY MEDICINE
54	02/16/12	W	J		11/29/40	M	60623	EMERGENCY MEDICINE
51	02/18/12	W	L		04/07/39	F	60623	EMERGENCY MEDICINE
48	02/20/12	E	J		03/05/61	F	60623	EMERGENCY MEDICINE
34	02/20/12	A	B		01/11/77	F	60623	EMERGENCY MEDICINE
59	02/22/12	T	G		05/20/57	F	60651	EMERGENCY MEDICINE
46	02/22/12	B	L		07/11/34	F	60624	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

47	02/23/12	C	A	07/27/41	F	60608	EMERGENCY MEDICINE
46	02/24/12	B	D	09/04/36	M	60608	EMERGENCY MEDICINE
45	02/26/12	M	A	06/06/35	F	60623	EMERGENCY MEDICINE
58	02/28/12	L	R	07/16/32	M	60607	EMERGENCY MEDICINE
51	03/01/12	L	C	12/14/52	F	60148	EMERGENCY MEDICINE
54	03/05/12	B	J	10/04/59	M	60608	EMERGENCY MEDICINE
58	03/07/12	P	S	07/03/64	F	60629	EMERGENCY MEDICINE
47	03/09/12	M	B	04/29/81	F	60632	EMERGENCY MEDICINE
56	03/18/12	C	N	04/20/30	F	60608	EMERGENCY MEDICINE
37	03/18/12	R	J	07/09/30	M	60623	EMERGENCY MEDICINE
49	03/20/12	B	O	08/18/65	F	60623	EMERGENCY MEDICINE
35	03/21/12	G	C	06/24/34	F	60624	EMERGENCY MEDICINE
40	03/22/12	W	W	08/05/50	F	60623	EMERGENCY MEDICINE
59	03/25/12	R	S	01/30/88	F	60612	EMERGENCY MEDICINE
39	03/27/12	S	R	01/07/26	M	60608	EMERGENCY MEDICINE
36	03/29/12	K	F	09/26/31	F	60644	EMERGENCY MEDICINE
56	03/29/12	A	C	11/13/58	M	60636	EMERGENCY MEDICINE
48	03/30/12	S	E	10/04/53	F	60623	EMERGENCY MEDICINE
52	03/30/12	A	D	05/10/74	F	60620	EMERGENCY MEDICINE
53	03/31/12	G	L	01/20/80	F	60629	EMERGENCY MEDICINE
59	04/02/12	R	A	08/12/62	M	60623	EMERGENCY MEDICINE
50	04/10/12	A	C	02/16/54	F	60623	EMERGENCY MEDICINE
57	04/13/12	A	R	05/18/70	F	60623	EMERGENCY MEDICINE
32	04/14/12	R	C	06/17/89	M	60623	EMERGENCY MEDICINE
43	04/16/12	A	G	02/12/43	F	60623	EMERGENCY MEDICINE
49	04/17/12	N	M	02/19/69	M	60644	EMERGENCY MEDICINE
58	04/18/12	W	A	08/26/34	F	60623	EMERGENCY MEDICINE
54	04/19/12	A	D	02/12/36	M	60623	EMERGENCY MEDICINE
48	04/29/12	S	C	10/11/59	F	60623	EMERGENCY MEDICINE
41	04/30/12	J	F	12/04/29	F	60612	EMERGENCY MEDICINE
59	05/05/12	G	G	12/31/41	F	60644	EMERGENCY MEDICINE
39	05/07/12	M	E	04/08/36	M	60609	EMERGENCY MEDICINE
52	05/09/12	D	F	08/22/54	M	60624	EMERGENCY MEDICINE
59	05/11/12	A	D	12/20/65	M	60623	EMERGENCY MEDICINE
37	05/11/12	H	H	07/22/41	M	60623	EMERGENCY MEDICINE
44	05/11/12	B	L	05/06/40	M	60624	EMERGENCY MEDICINE
57	05/16/12	P	P	11/02/57	M	60623	EMERGENCY MEDICINE
56	05/18/12	B	S	05/14/41	F	60623	EMERGENCY MEDICINE
56	05/20/12	H	L	12/25/38	F	60608	EMERGENCY MEDICINE
55	05/22/12	G	S	11/12/54	M	60624	EMERGENCY MEDICINE
47	05/23/12	R	A	12/18/30	F	60639	EMERGENCY MEDICINE
43	05/25/12	C	E	09/29/54	M	60608	EMERGENCY MEDICINE
58	05/28/12	M	J	12/26/89	F	60201	EMERGENCY MEDICINE
42	05/28/12	M	C	02/22/47	F	60629	EMERGENCY MEDICINE
51	06/01/12	H	A	11/14/69	M	60651	EMERGENCY MEDICINE
33	06/05/12	B	H	04/07/27	M	60608	EMERGENCY MEDICINE
54	06/05/12	G	R	09/17/71	F	60629	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

46	06/06/12	R	J	08/19/52	F	60649	EMERGENCY MEDICINE
36	06/08/12	M	J	10/02/66	M	60647	EMERGENCY MEDICINE
59	06/13/12	M	E	01/25/49	F	60804	EMERGENCY MEDICINE
58	06/16/12	M	M	05/15/35	F	60623	EMERGENCY MEDICINE
46	06/16/12	W	W	12/13/56	F	60651	EMERGENCY MEDICINE
56	06/17/12	C	M	10/01/55	F	60623	EMERGENCY MEDICINE
50	06/18/12	S	T	04/20/74	F	60624	EMERGENCY MEDICINE
58	06/19/12	W	P	05/19/61	F	60612	EMERGENCY MEDICINE
38	06/19/12	M	J	10/10/87	M	60632	EMERGENCY MEDICINE
46	06/22/12	G	K	06/09/53	M	60624	EMERGENCY MEDICINE
59	06/24/12	F	L	04/14/29	F	60623	EMERGENCY MEDICINE
53	06/26/12	C	K	01/25/63	F	60615	EMERGENCY MEDICINE
37	06/30/12	A	J	06/07/57	M	60623	EMERGENCY MEDICINE
59	07/03/12	M	L	06/12/54	M	60634	EMERGENCY MEDICINE
33	07/03/12	O	F	08/11/54	M	60623	EMERGENCY MEDICINE
50	07/05/12	P	A	04/06/50	M	60632	EMERGENCY MEDICINE
46	07/05/12	F	P	03/13/66	F	60644	EMERGENCY MEDICINE
59	07/06/12	A	S	11/02/58	F	60609	EMERGENCY MEDICINE
58	07/08/12	J	S	06/03/67	F	60608	EMERGENCY MEDICINE
55	07/10/12	C	A	03/08/17	F	60623	EMERGENCY MEDICINE
59	07/10/12	G	P	10/27/33	M	60632	EMERGENCY MEDICINE
58	07/12/12	M	J	03/22/69	M	60608	EMERGENCY MEDICINE
56	07/12/12	S	J	02/08/47	M	60609	EMERGENCY MEDICINE
40	07/14/12	M	G	11/15/29	F	60608	EMERGENCY MEDICINE
32	07/16/12	G	A	02/09/69	F	60644	EMERGENCY MEDICINE
34	07/18/12	R	E	01/24/28	F	60632	EMERGENCY MEDICINE
58	07/17/12	G	E	05/01/37	F	60629	EMERGENCY MEDICINE
46	07/19/12	D	K	08/30/88	F	60651	EMERGENCY MEDICINE
56	07/19/12	G	R	03/29/23	F	60623	EMERGENCY MEDICINE
55	07/19/12	R	R	10/16/67	M	60632	EMERGENCY MEDICINE
51	07/20/12	M	A	03/28/37	M	60608	EMERGENCY MEDICINE
33	07/21/12	R	D	05/12/35	M	60623	EMERGENCY MEDICINE
36	07/21/12	D	M	12/25/38	M	60636	EMERGENCY MEDICINE
41	07/24/12	C	A	04/18/30	M	60432	EMERGENCY MEDICINE
41	07/25/12	L	V	07/13/51	F	60608	EMERGENCY MEDICINE
44	07/26/12	H	T	10/03/60	M	60620	EMERGENCY MEDICINE
55	07/27/12	N	S	03/23/58	M	60615	EMERGENCY MEDICINE
48	07/27/12	N	F	05/04/58	M	60804	EMERGENCY MEDICINE
56	07/28/12	S	B	07/21/72	M	60624	EMERGENCY MEDICINE
56	07/31/12	H	J	04/21/60	M	60804	EMERGENCY MEDICINE
53	07/31/12	K	C	12/12/63	M	60304	EMERGENCY MEDICINE
50	08/03/12	M	W	02/10/46	F	60612	EMERGENCY MEDICINE
39	08/04/12	G	E	11/05/39	F	60623	EMERGENCY MEDICINE
58	08/05/12	R	B	07/20/52	F	60623	EMERGENCY MEDICINE
55	08/07/12	V	C	09/30/35	F	60647	EMERGENCY MEDICINE
35	08/07/12	Y	H	02/16/25	F	60644	EMERGENCY MEDICINE
51	08/09/12	R	A	06/03/64	M	60120	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 30-59
2010-Present (September 2012)

50	08/15/12	P	S	06/09/61	M	60609	EMERGENCY MEDICINE
56	08/15/12	D	A	08/23/50	F	60608	EMERGENCY MEDICINE
46	08/17/12	S	V	02/03/70	F	60629	EMERGENCY MEDICINE
51	08/18/12	T	C	01/20/44	F	60632	EMERGENCY MEDICINE
39	08/20/12	V	M	10/19/22	F	60609	EMERGENCY MEDICINE
34	08/21/12	W	L	02/01/29	F	60623	EMERGENCY MEDICINE
59	08/22/12	P	R	06/04/52	M	60622	EMERGENCY MEDICINE
34	08/28/12	B	R	01/31/50	F	60623	EMERGENCY MEDICINE
53	08/28/12	R	R	03/28/68	F	60623	EMERGENCY MEDICINE
39	08/29/12	S	E	08/21/43	F	60623	EMERGENCY MEDICINE
53	08/30/12	L	W	11/08/57	M	60651	EMERGENCY MEDICINE
40	09/01/12	D	M	02/12/38	F	60644	EMERGENCY MEDICINE
53	09/02/12	M	O	11/26/93	F	60609	EMERGENCY MEDICINE
59	09/02/12	C	V	02/01/53	M	60624	EMERGENCY MEDICINE
51	09/04/12	G	L	08/04/55	M	60608	EMERGENCY MEDICINE
51	09/07/12	P	B	07/31/68	F	60402	EMERGENCY MEDICINE
43	09/09/12	G	I	11/13/20	F	60623	EMERGENCY MEDICINE
57	09/10/12	S	V	08/07/38	F	60623	EMERGENCY MEDICINE
49	09/13/12	C	T	08/11/62	F	60623	EMERGENCY MEDICINE
53	09/13/12	V	R	11/02/48	F	60623	EMERGENCY MEDICINE
58	09/16/12	L	J	02/18/44	F	60612	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
29	01/08/10	A	C	04/19/23	M	60623	EMERGENCY MEDICINE
26	01/15/10	R	V	07/27/42	F	60623	EMERGENCY MEDICINE
17	02/22/10	M	J	03/19/79	M	60632	EMERGENCY MEDICINE
28	03/06/10	B	J	09/01/36	M	60653	EMERGENCY MEDICINE
16	03/19/10	C	R	10/24/35	M	60609	EMERGENCY MEDICINE
17	04/17/10	H	T	02/04/68	M	60651	EMERGENCY MEDICINE
18	05/11/10	D	M	01/10/34	F	60623	EMERGENCY MEDICINE
27	05/15/10	I	E	12/24/46	M	60608	EMERGENCY MEDICINE
17	07/04/10	W	L	02/20/55	M	60644	EMERGENCY MEDICINE
27	07/12/10	K	S	12/24/35	M	60609	EMERGENCY MEDICINE
26	08/08/10	F	A	09/11/42	F	60608	EMERGENCY MEDICINE
29	08/19/10	K	J	04/04/60	F	60623	EMERGENCY MEDICINE
20	08/24/10	W	S	06/11/41	M	60624	EMERGENCY MEDICINE
20	08/29/10	K	R	09/22/38	F	60623	EMERGENCY MEDICINE
23	08/30/10	R	E	03/07/59	M	60609	EMERGENCY MEDICINE
26	08/31/10	W	C	01/16/26	F	60608	EMERGENCY MEDICINE
27	09/18/10	S	S	10/07/56	M	60623	EMERGENCY MEDICINE
15	10/01/10	M	G	03/03/36	F	60623	EMERGENCY MEDICINE
29	10/12/10	J	E	08/21/56	F	60623	EMERGENCY MEDICINE
28	10/24/10	S	R	07/18/29	F	60624	EMERGENCY MEDICINE
25	12/03/10	G	J	03/28/33	F	60623	EMERGENCY MEDICINE
23	12/09/10	H	C	10/06/56	F	60644	EMERGENCY MEDICINE
26	12/30/10	M	S	12/09/40	M	60608	EMERGENCY MEDICINE
19	01/14/11	J	C	09/01/50	F	60623	EMERGENCY MEDICINE
25	01/23/11	S	J	07/07/40	M	60402	EMERGENCY MEDICINE
27	02/04/11	S	O	07/06/36	F	60623	EMERGENCY MEDICINE
29	02/15/11	S	P	02/13/22	M	60608	EMERGENCY MEDICINE
22	02/21/11	S	E	09/10/31	F	60623	EMERGENCY MEDICINE
24	03/16/11	R	P	09/16/30	F	60608	EMERGENCY MEDICINE
22	04/03/11	S	A	07/07/61	M	60623	EMERGENCY MEDICINE
26	04/07/11	L	S	10/19/78	F	60632	EMERGENCY MEDICINE
22	04/09/11	G	E	09/22/56	F	60608	EMERGENCY MEDICINE
16	04/14/11	G	J	05/28/60	M	60623	EMERGENCY MEDICINE
16	04/16/11	M	A	07/23/35	F	60623	EMERGENCY MEDICINE
20	05/27/11	M	F	08/31/48	M	60616	EMERGENCY MEDICINE
18	06/06/11	T	H	08/17/25	M	60623	EMERGENCY MEDICINE
18	06/19/11	P	L	02/02/50	F	60623	EMERGENCY MEDICINE
22	06/30/11	T	A	11/10/50	F	60622	EMERGENCY MEDICINE
29	07/07/11	M	L	11/07/23	M	60629	EMERGENCY MEDICINE
27	07/09/11	D	W	03/24/30	M	60623	EMERGENCY MEDICINE
21	07/10/11	A	B	09/03/57	F	60608	EMERGENCY MEDICINE
24	07/10/11	G	S	06/13/32	M	60623	EMERGENCY MEDICINE
23	07/11/11	G	A	01/18/63	F	60636	EMERGENCY MEDICINE
17	07/18/11	J	P	04/29/36	F	60623	EMERGENCY MEDICINE

Saint Anthony Hospital
Emergency Department GFR Results 15-29
2010-Present (September 2012)

29	07/28/11	P	D	06/29/41	F	60623	EMERGENCY MEDICINE
17	08/02/11	M	A	12/07/52	F	60608	EMERGENCY MEDICINE
24	08/03/11	S	J	10/09/46	M	60609	EMERGENCY MEDICINE
29	08/10/11	S	R	07/29/91	M	60623	EMERGENCY MEDICINE
21	08/13/11	C	R	05/10/73	M	60623	EMERGENCY MEDICINE
28	09/08/11	R	C	11/17/72	M	60651	EMERGENCY MEDICINE
18	09/12/11	H	C	06/20/31	M	60608	EMERGENCY MEDICINE
20	09/27/11	M	W	07/14/53	M	60623	EMERGENCY MEDICINE
22	10/22/11	W	P	02/22/51	M	60608	EMERGENCY MEDICINE
24	10/24/11	S	C	01/15/31	F	60607	EMERGENCY MEDICINE
21	10/27/11	X	M	06/17/52	M	60623	EMERGENCY MEDICINE
17	10/28/11	M	M	07/26/38	F	60623	EMERGENCY MEDICINE
29	12/02/11	W	M	05/12/59	F	60624	EMERGENCY MEDICINE
27	12/19/11	M	R	01/11/33	M	60609	EMERGENCY MEDICINE
17	12/20/11	L	D	06/15/57	M	60623	EMERGENCY MEDICINE
22	12/21/11	B	R	08/22/29	M	60623	EMERGENCY MEDICINE
29	01/21/12	C	D	01/07/32	F	60623	EMERGENCY MEDICINE
15	01/22/12	C	J	11/15/57	F	60402	EMERGENCY MEDICINE
21	01/25/12	A	P	03/17/40	F	60608	EMERGENCY MEDICINE
28	01/28/12	A	K	12/18/40	M	60623	EMERGENCY MEDICINE
29	02/11/12	Q	M	12/20/72	F	60647	EMERGENCY MEDICINE
24	02/25/12	M	C	11/14/38	F	60651	EMERGENCY MEDICINE
20	03/13/12	M	M	04/27/53	F	60629	EMERGENCY MEDICINE
25	03/20/12	B	M	01/19/33	F	60623	EMERGENCY MEDICINE
26	03/20/12	B	S	01/15/50	M	60624	EMERGENCY MEDICINE
17	03/29/12	P	S	11/17/46	F	60609	EMERGENCY MEDICINE
17	04/13/12	K	F	08/10/93	F	60624	EMERGENCY MEDICINE
26	04/24/12	B	J	12/18/53	M	60623	EMERGENCY MEDICINE
18	05/05/12	B	A	02/11/24	F	60623	EMERGENCY MEDICINE
21	05/14/12	D	B	06/05/25	F	60632	EMERGENCY MEDICINE
24	05/21/12	C	G	05/31/57	M	60629	EMERGENCY MEDICINE
18	06/11/12	B	C	04/24/61	F	60641	ACUTE CARE NURSE PRACTITIONER
22	06/11/12	W	V	10/02/32	F	60623	EMERGENCY MEDICINE
25	06/18/12	R	F	01/01/44	F	60623	EMERGENCY MEDICINE
16	07/01/12	T	C	06/27/60	M	60623	ACUTE CARE NURSE PRACTITIONER
20	07/10/12	P	R	10/07/80	F	60623	EMERGENCY MEDICINE
19	07/14/12	G	M	08/15/32	F	60632	EMERGENCY MEDICINE
29	07/15/12	B	S	06/07/52	F	60608	EMERGENCY MEDICINE
15	08/01/12	V	I	08/25/48	F	60632	EMERGENCY MEDICINE
15	08/12/12	R	M	08/25/38	F	60608	EMERGENCY MEDICINE
29	08/13/12	R	R	08/09/40	M	60623	EMERGENCY MEDICINE
16	08/14/12	I	S	08/27/57	M	60632	ACUTE CARE NURSE PRACTITIONER
20	08/22/12	C	C	08/20/50	F	60623	EMERGENCY MEDICINE
22	08/22/12	R	R	11/21/59	F	60632	EMERGENCY MEDICINE
26	08/28/12	L	L	03/25/89	F	60609	EMERGENCY MEDICINE
15	09/11/12	P	M	01/02/68	M	60641	EMERGENCY MEDICINE
27	09/17/12	R	R	09/04/25	F	60609	EMERGENCY MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
28	01/14/10	R	IV	02/24/49	F	60636	INTERNAL MEDICINE
29	01/18/10	B	JA	02/06/23	M	60651	INTERNAL MEDICINE
29	02/17/10	G	VI	04/06/33	F	60612	CARDIOVASCULAR DISEASE
17	02/19/10	S	C	11/26/33	F	60609	INTERNAL MEDICINE
29	02/22/10	G	M	01/03/33	M	60623	HEMOTOLOGY / ONCOLOGY
15	02/23/10	H	A	09/19/44	F	60609	INTERNAL MEDICINE
27	03/16/10	N	LE	08/22/35	M	60620	INTERNAL MEDICINE
21	03/25/10	S	M	05/11/37	F	60609	INTERNAL MEDICINE
16	04/02/10	G	JE	10/11/83	F	60632	INTERNAL MEDICINE
17	04/08/10	M	A	07/10/91	M	60453	PEDIATRICS
19	05/08/10	A	M	12/30/25	M	60608	FAMILY PRACTICE
26	05/15/10	C	ES	09/30/48	M	60623	FAMILY PRACTICE
26	06/01/10	H	B	09/17/36	M	60624	INTERNAL MEDICINE
25	06/14/10	G	M	11/14/24	F	60162	HEMOTOLOGY / ONCOLOGY
15	06/27/10	J	H	03/08/43	M	60707	INTERNAL MEDICINE
19	07/14/10	V	M	05/17/49	F	60632	FAMILY PRACTICE
18	07/30/10	M	D	07/24/68	F	60632	FAMILY PRACTICE
16	08/06/10	C	ES	04/01/43	F	60608	INTERNAL MEDICINE
16	10/29/10	R	T	12/29/34	F	60632	INTERNAL MEDICINE
15	11/10/10	B	D	05/26/60	M	60004	GENERAL SURGERY
24	11/30/10	A	P	10/23/54	F	60612	INTERNAL MEDICINE
21	12/02/10	T	SA	02/28/61	M	60629	INTERNAL MEDICINE
16	01/14/11	S	LO	12/14/37	F	60609	FAMILY PRACTICE
20	02/11/11	B	E	01/27/37	F	60638	INTERNAL MEDICINE
29	02/18/11	B	O	07/29/31	M	60624	CARDIOVASCULAR DISEASE
15	03/17/11	R	SE	02/08/82	F	60804	FAMILY PRACTICE
26	04/13/11	R	A	09/20/43	F	60608	INTERNAL MEDICINE
25	04/15/11	L	M	03/20/38	F	60632	CARDIOVASCULAR DISEASE
22	07/15/11	T	JC	12/03/70	M	46360	PODIATRIC SURGERY
20	07/22/11	L	A	01/10/66	M	60652	FAMILY PRACTICE
29	08/10/11	V	A	12/20/49	M	60609	CARDIOVASCULAR DISEASE
19	08/13/11	G	E	05/30/54	M	60608	FAMILY PRACTICE
21	08/13/11	U	P	07/27/32	M	60623	CARDIOVASCULAR DISEASE
29	08/19/11	G	E	09/30/41	M	60623	CARDIOVASCULAR DISEASE
17	08/23/11	R	G	08/09/57	M	60623	PODIATRIC SURGERY
25	10/04/11	P	K	01/30/60	M	60608	GENERAL SURGERY
29	10/22/11	A	R	02/12/54	M	60608	GASTROENTEROLOGY
16	11/01/11	M	O	06/30/33	F	60644	GENERAL SURGERY
20	11/13/11	D	P	05/23/50	F	60644	INTERNAL MEDICINE
22	01/19/12	A	D	12/31/41	M	60623	UROLOGY
18	01/31/12	G	M	08/15/32	F	60632	GENERAL SURGERY
29	02/03/12	Z	M	07/23/33	F	60632	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic GFR Results 15-29
2010-Present (September 2012)

27	02/07/12	W	E	11/23/33	M	60638	PODIATRIC SURGERY
29	02/15/12	H	IS	07/08/24	F	60171	CARDIOVASCULAR DISEASE
20	02/16/12	A	H	12/23/55	M	60608	GENERAL SURGERY
26	02/21/12	F	A	08/03/58	M	60623	INTERNAL MEDICINE
15	03/21/12	C	D	12/17/38	M	60608	GENERAL SURGERY
26	04/01/12	T	SA	07/27/61	F	60615	INTERNAL MEDICINE
15	04/04/12	P	E	02/05/30	F	60620	GENERAL SURGERY
15	04/05/12	B	M	04/27/49	F	60632	GENERAL SURGERY
27	04/10/12	T	LL	05/09/45	M	60612	INTERNAL MEDICINE
25	04/21/12	C	G	02/10/31	F	60608	FAMILY PRACTICE
23	04/24/12	S	D	01/09/66	F	60624	INTERNAL MEDICINE
29	05/03/12	M	B	10/25/62	M	60645	CARDIOVASCULAR DISEASE
27	06/11/12	R	G	03/12/37	M	60608	CARDIOVASCULAR DISEASE
28	06/20/12	D	M	08/20/66	F	60629	INTERNAL MEDICINE
28	06/26/12	A	JA	01/10/34	M	60632	GENERAL SURGERY
17	07/27/12	G	A	08/29/45	M	60608	GENERAL SURGERY
25	07/31/12	S	A	07/19/43	F	60612	HEMOTOLOGY / ONCOLOGY
23	08/03/12	D	SA	07/02/21	M	60624	PULMONARY DISEASE
22	08/07/12	S	V	01/04/34	F	60629	INTERNAL MEDICINE
28	08/07/12	A	D	02/19/41	M	60632	FAMILY PRACTICE
16	08/16/12	C	M	05/04/28	F	60632	CARDIOVASCULAR DISEASE
17	08/22/12	B	M	08/20/41	F	60632	INTERNAL MEDICINE
28	08/31/12	M	L	01/18/24	F	60608	INTERNAL MEDICINE
28	09/04/12	G	R	04/10/36	M	60632	CARDIOVASCULAR DISEASE
17	09/10/12	W	JC	05/28/64	M	60653	GENERAL SURGERY
28	09/18/12	M	R	08/03/37	F	60623	FAMILY PRACTICE

ATTACHMENT-26b5d

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

Result	Test Date	Pt. Last Initial	Pt. First Initial	Date of Birth	Sex	Pt. Zip Code	Physician Specialty
51	01/02/10	S	G	04/17/22	M	60629	CARDIOVASCULAR DISEASE
50	01/07/10	V	R	06/06/66	M	60623	FAMILY PRACTICE
59	01/08/10	C	E	05/21/31	F	60643	FAMILY PRACTICE
54	01/10/10	T	R	06/05/36	M	60651	FAMILY PRACTICE
49	01/12/10	M	W	12/18/31	M	60623	INTERNAL MEDICINE
48	01/13/10	T	B	11/29/25	F	60624	INTERNAL MEDICINE
58	01/14/10	V	J	06/03/32	M	60623	INTERNAL MEDICINE
51	01/15/10	R	I	02/24/49	F	60636	INTERNAL MEDICINE
56	01/18/10	W	E	04/24/37	F	60623	HEMATOLOGY
55	01/18/10	B	H	08/17/33	F	60463	FAMILY PRACTICE
55	01/20/10	L	G	04/15/59	F	60804	PEDIATRICS
56	01/21/10	J	R	10/12/53	M	60615	GASTROENTEROLOGY
31	01/25/10	R	O	01/10/36	F	60402	HEMATOLOGY
55	01/25/10	A	P	05/30/26	M	60623	HEMATOLOGY
36	01/26/10	O	C	06/30/54	F	60632	CARDIOVASCULAR DISEASE
34	02/02/10	R	C	10/25/31	M	60612	INTERNAL MEDICINE
59	02/02/10	R	G	03/31/29	F	60623	ENDOCRINOLOGY/DIABETES
52	02/03/10	R	S	09/08/32	F	60632	INTERNAL MEDICINE
52	02/06/10	H	Z	05/21/48	F	38671	OBSTETRICS
50	02/11/10	H	L	04/08/26	F	60620	INTERNAL MEDICINE
50	02/13/10	M	J	07/01/31	M	60629	INTERNAL MEDICINE
46	02/15/10	C	R	11/09/38	F	60623	INTERNAL MEDICINE
57	02/15/10	S	J	03/19/44	M	60617	GENERAL SURGERY
58	02/17/10	B	J	11/04/46	M	60608	INTERNAL MEDICINE
46	02/17/10	G	A	03/27/33	M	60636	INTERNAL MEDICINE
56	02/17/10	G	M	02/22/47	F	60639	ORTHOPAEDIC SURGERY
58	02/18/10	W	J	11/16/37	M	60624	HEMATOLOGY
58	02/22/10	A	E	07/02/29	F	60623	INTERNAL MEDICINE
57	02/22/10	W	P	05/15/49	F	60612	FAMILY PRACTICE
43	02/23/10	D	J	03/16/29	F	60623	CARDIOVASCULAR DISEASE
53	02/26/10	N	B	07/16/59	F	60153	PODIATRIC SURGERY
59	03/01/10	M	G	07/14/34	F	60651	HEMATOLOGY
44	03/03/10	J	M	02/06/32	F	60644	INTERNAL MEDICINE
52	03/04/10	H	J	04/26/48	M	60608	INTERNAL MEDICINE
42	03/05/10	S	M	09/24/27	F	60608	INTERNAL MEDICINE
57	03/06/10	L	D	11/06/46	F	60828	INFECTIOUS DISEASE
50	03/08/10	G	M	09/12/28	F	60623	INTERNAL MEDICINE
52	03/10/10	G	O	02/02/36	F	60623	FAMILY PRACTICE
58	03/10/10	A	A	02/10/36	F	60632	INTERNAL MEDICINE
58	03/13/10	C	H	09/12/64	F	60623	INTERNAL MEDICINE
33	03/18/10	T	S	06/07/32	F	60608	HEMATOLOGY
55	03/18/10	G	L	05/17/63	M	60632	UROLOGY
32	03/25/10	T	M	02/05/31	F	60651	HEMATOLOGY
55	04/01/10	P	Z	08/16/64	F	60624	FAMILY PRACTICE
59	04/02/10	G	G	11/09/38	F	60609	INTERNAL MEDICINE
54	04/05/10	S	R	05/22/46	F	60647	HEMATOLOGY
47	04/09/10	M	P	09/08/66	F	60632	INTERNAL MEDICINE
55	04/14/10	R	C	10/17/28	F	60623	INTERNAL MEDICINE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

37	04/14/10	R	V	08/15/47	F	60513	FAMILY PRACTICE
46	04/16/10	P	D	11/23/28	F	60644	INTERNAL MEDICINE
48	04/19/10	S	L	06/18/63	F	60609	HEMATOLOGY
59	04/20/10	T	L	06/25/48	F	60612	GASTROENTEROLOGY
30	04/25/10	C	E	07/19/23	F	60624	INTERNAL MEDICINE
42	04/27/10	R	L	07/21/58	M	60623	INTERNAL MEDICINE
57	04/29/10	D	F	02/26/30	M	60617	CARDIOVASCULAR DISEASE
55	04/30/10	A	S	01/29/48	F	60634	INTERNAL MEDICINE
46	05/03/10	B	G	06/30/23	F	60612	HEMATOLOGY
31	05/03/10	A	A	08/14/59	M	60620	HEMATOLOGY
37	05/07/10	P	R	07/14/43	M	60619	UROLOGY
43	05/09/10	P	G	07/19/48	F	60632	FAMILY PRACTICE
59	05/13/10	W	E	11/23/21	F	60623	CARDIOVASCULAR DISEASE
54	05/17/10	A	L	08/08/37	F	60639	HEMATOLOGY
55	05/21/10	R	D	11/13/31	F	60516	GENERAL SURGERY
37	05/24/10	L	O	01/23/32	F	60608	INTERNAL MEDICINE
54	05/24/10	G	D	03/27/32	M	60629	INTERNAL MEDICINE
30	05/26/10	C	P	06/28/27	M	60632	INTERNAL MEDICINE
49	05/27/10	D	R	01/12/41	F	60623	INTERNAL MEDICINE
42	06/01/10	T	A	06/26/39	M	60632	FAMILY PRACTICE
55	06/07/10	R	C	06/26/48	F	60609	FAMILY PRACTICE
35	06/09/10	W	S	02/10/22	F	60653	FAMILY PRACTICE
53	06/12/10	P	M	05/14/66	F	60653	INTERNAL MEDICINE
43	06/14/10	P	E	11/11/22	F	60629	FAMILY PRACTICE
57	06/15/10	D	R	08/01/30	F	60612	FAMILY PRACTICE
54	06/16/10	G	M	11/02/35	F	60623	UROLOGY
54	06/19/10	S	G	12/10/42	F	60609	FAMILY PRACTICE
39	06/21/10	G	A	11/13/75	F	61021	INTERNAL MEDICINE
48	06/22/10	S	B	11/03/58	F	60623	HEMATOLOGY
51	06/25/10	R	L	10/06/24	F	60624	FAMILY PRACTICE
32	06/28/10	R	J	08/01/82	F	60629	FAMILY PRACTICE
57	07/01/10	S	R	01/09/41	M	60626	HEMATOLOGY
56	07/01/10	U	A	09/07/36	M	60463	CARDIOVASCULAR DISEASE
58	07/08/10	A	S	01/31/48	F	60459	HEMATOLOGY
30	07/06/10	C	J	09/01/63	M	60608	NEUROLOGY
58	07/08/10	S	M	07/27/49	F	60624	HEMATOLOGY
51	07/08/10	A	S	07/28/37	M	60623	FAMILY PRACTICE
58	07/10/10	H	C	08/09/35	M	60649	CARDIOVASCULAR DISEASE
58	07/12/10	G	V	07/19/37	M	60632	INTERNAL MEDICINE
58	07/12/10	S	A	07/05/36	F	60608	INTERNAL MEDICINE
44	07/13/10	G	E	03/13/88	F	60623	FAMILY MEDICINE
44	07/15/10	G	S	11/18/39	F	39307	HEMATOLOGY
56	07/15/10	B	D	05/30/38	M	60609	UROLOGY
51	07/22/10	S	C	08/16/38	F	60609	CARDIOVASCULAR DISEASE
42	07/28/10	H	J	08/29/56	F	60660	OBSTETRICS
47	07/29/10	W	A	11/24/58	F	60637	GASTROENTEROLOGY
46	08/06/10	Z	A	10/20/54	M	60608	ORTHOPAEDIC SURGERY
41	08/12/10	W	M	02/16/51	M	60623	FAMILY PRACTICE
50	08/12/10	B	B	08/02/53	M	60623	FAMILY MEDICINE
42	08/13/10	S	G	01/10/23	M	60638	FAMILY PRACTICE
51	08/19/10	M	A	03/29/54	F	60804	GASTROENTEROLOGY
50	08/24/10	S	G	05/24/35	M	60620	GASTROENTEROLOGY

ATTACHMENT-26b5d

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

52	08/31/10	M	W	01/03/36	M	60624	CARDIOVASCULAR DISEASE
31	09/03/10	B	M	07/18/29	F	60638	INTERNAL MEDICINE
54	09/16/10	P	T	05/18/22	F	60629	INTERNAL MEDICINE
59	09/22/10	D	V	01/08/38	M	60645	INTERNAL MEDICINE
37	09/24/10	M	S	10/02/36	M	60639	INTERNAL MEDICINE
44	09/27/10	G	A	02/02/21	M	60623	GASTROENTEROLOGY
53	10/07/10	N	T	05/27/38	M	60608	CARDIOVASCULAR DISEASE
46	10/08/10	O	A	07/26/22	F	60608	GASTROENTEROLOGY
47	10/11/10	L	R	08/31/37	M	60609	INTERNAL MEDICINE
59	10/11/10	A	J	03/11/39	F	60827	CARDIOVASCULAR DISEASE
43	10/13/10	H	R	06/24/58	M	60617	PODIATRIC SURGERY
42	10/19/10	B	J	03/09/21	M	60632	NEUROLOGY
57	10/21/10	V	J	03/19/38	M	60402	PODIATRIC SURGERY
58	10/25/10	B	E	06/14/37	F	60623	INTERNAL MEDICINE
42	11/08/10	T	M	09/26/24	F	60608	OPHTHAMOLOGY
51	11/09/10	H	D	03/18/58	M	60651	PODIATRIC SURGERY
38	11/12/10	T	R	06/04/32	F	60617	FAMILY MEDICINE
55	11/18/10	C	A	09/12/35	M	60632	INTERNAL MEDICINE
42	11/19/10	F	T	01/27/27	F	60402	INTERNAL MEDICINE
46	11/19/10	F	A	09/13/21	M	60402	INTERNAL MEDICINE
57	11/26/10	C	L	03/13/41	M	60612	GENERAL SURGERY
34	12/01/10	R	M	07/27/25	F	60623	CARDIOVASCULAR DISEASE
53	12/03/10	C	B	09/22/62	F	60804	UROLOGY
47	12/06/10	A	J	10/14/43	M	60632	CARDIOVASCULAR DISEASE
57	12/09/10	E	J	12/12/41	M	60632	UROLOGY
44	12/10/10	O	M	10/21/50	F	60651	INTERNAL MEDICINE
55	12/14/10	M	J	01/14/69	M	60623	INTERNAL MEDICINE
58	12/15/10	J	J	03/20/49	M	60624	INTERNAL MEDICINE
55	12/18/10	C	J	12/07/56	F	60609	INTERNAL MEDICINE
58	12/21/10	A	A	05/13/57	F	60629	PODIATRIC SURGERY
32	12/28/10	M	D	02/14/44	F	60608	INTERNAL MEDICINE
58	12/30/10	P	S	04/18/45	M	60611	INTERNAL MEDICINE
57	01/26/11	M	J	05/03/33	M	60804	FAMILY MEDICINE
44	01/28/11	B	A	03/07/25	F	60608	CARDIOVASCULAR DISEASE
57	02/11/11	M	J	04/09/51	F	60621	GASTROENTEROLOGY
31	02/21/11	A	B	07/06/61	F	60623	PODIATRIC SURGERY
57	03/13/11	C	J	10/16/54	F	60629	GASTROENTEROLOGY
40	03/15/11	C	R	12/10/48	F	60608	FAMILY MEDICINE
57	03/15/11	R	A	12/22/46	M	60623	FAMILY MEDICINE
51	03/17/11	C	P	11/18/50	F	60137	PODIATRIC SURGERY
34	03/19/11	C	J	04/01/37	F	60616	FAMILY MEDICINE
57	03/24/11	N	S	02/12/81	F	60612	FAMILY MEDICINE
59	03/26/11	B	G	07/31/57	F	60620	ORTHOPAEDIC SURGERY
58	04/05/11	D	Z	02/12/24	F	60527	CARDIOVASCULAR DISEASE
36	04/12/11	N	J	11/27/34	M	60623	PODIATRIC SURGERY
58	04/18/11	M	L	09/29/37	F	60644	GASTROENTEROLOGY
56	04/22/11	Z	J	09/05/65	M	60804	FAMILY PRACTICE
41	04/29/11	P	F	12/26/42	M	60626	PODIATRIC SURGERY
56	04/30/11	S	L	02/27/27	F	60624	FAMILY PRACTICE
31	05/04/11	L	A	08/09/38	F	46391	PODIATRIC SURGERY
57	05/04/11	R	E	03/07/62	F	60641	PODIATRIC SURGERY
55	05/10/11	J	M	12/08/74	F	60644	GENERAL SURGERY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

47	05/14/11	C	J	06/08/53	M	60804	INTERNAL MEDICINE
44	05/17/11	P	R	03/27/49	M	60636	CARDIOVASCULAR DISEASE
57	05/17/11	J	E	09/21/35	F	60624	INTERNAL MEDICINE
47	05/21/11	M	C	06/14/55	F	60608	INTERNAL MEDICINE
49	05/23/11	C	S	11/15/71	F	60612	INTERNAL MEDICINE
59	06/04/11	T	E	05/24/25	F	60639	FAMILY PRACTICE
52	06/06/11	B	D	03/01/49	M	60609	INTERNAL MEDICINE
48	06/10/11	M	R	06/15/54	M	60651	UROLOGY
50	06/21/11	I	J	10/10/49	F	60623	INTERNAL MEDICINE
57	06/23/11	S	T	09/19/49	M	60651	PODIATRIC SURGERY
59	06/28/11	D	G	07/26/52	F	60617	INTERNAL MEDICINE
53	06/30/11	C	R	03/08/50	F	60630	INTERNAL MEDICINE
42	07/11/11	J	J	03/26/31	M	60623	INTERNAL MEDICINE
31	07/13/11	T	L	05/01/39	M	60609	GASTROENTEROLOGY
56	07/15/11	V	R	04/15/55	M	60623	GENERAL SURGERY
49	07/21/11	T	J	07/19/61	M	60629	PODIATRIC SURGERY
47	07/22/11	B	P	06/17/40	F	60612	INTERNAL MEDICINE
45	07/23/11	H	J	09/08/55	M	60632	CARDIOVASCULAR DISEASE
59	07/26/11	C	L	07/06/46	F	60629	GASTROENTEROLOGY
49	07/27/11	S	I	09/13/49	M	60623	INTERNAL MEDICINE
49	08/01/11	E	S	09/18/46	M	60632	INTERNAL MEDICINE
48	08/01/11	L	H	06/04/26	F	60624	CARDIOVASCULAR DISEASE
59	08/02/11	L	R	04/11/47	F	60629	FAMILY PRACTICE
51	08/03/11	M	A	05/11/55	M	60623	FAMILY PRACTICE
40	08/05/11	R	A	11/12/31	F	60608	INTERNAL MEDICINE
56	08/05/11	G	A	03/07/44	F	60632	INTERNAL MEDICINE
45	08/05/11	A	F	06/03/30	F	60623	INTERNAL MEDICINE
57	08/08/11	S	G	07/11/75	F	60623	OBSTETRICS
57	08/16/11	V	M	05/04/38	F	60608	INTERNAL MEDICINE
47	08/19/11	E	E	12/06/45	M	60187	INTERNAL MEDICINE
55	08/23/11	B	P	10/26/26	F	60609	INTERNAL MEDICINE
41	08/25/11	G	J	02/27/44	M	60632	GASTROENTEROLOGY
47	08/26/11	C	F	08/12/45	F	60609	UROLOGY
53	08/31/11	B	R	06/26/67	F	60169	ORTHOPAEDIC SURGERY
49	08/31/11	D	B	10/13/25	F	60607	PODIATRIC SURGERY
34	09/09/11	H	A	09/29/30	F	60609	INTERNAL MEDICINE
59	09/20/11	J	J	12/25/36	M	60623	INTERNAL MEDICINE
56	09/22/11	Z	B	10/13/27	M	60616	CARDIOVASCULAR DISEASE
34	09/26/11	K	A	01/01/51	F	60634	GENERAL SURGERY
51	09/30/11	F	P	08/15/38	M	60632	CARDIOVASCULAR DISEASE
58	10/04/11	D	R	06/21/46	M	60706	PODIATRIC SURGERY
59	10/05/11	P	R	03/15/38	M	60632	INTERNAL MEDICINE
56	10/06/11	P	L	04/10/39	M	60623	FAMILY PRACTICE
54	10/08/11	S	B	09/22/41	F	60622	UROLOGY
45	10/11/11	L	D	07/15/29	F	60621	GASTROENTEROLOGY
54	10/11/11	M	R	09/19/45	M	60639	GASTROENTEROLOGY
59	10/17/11	G	F	07/14/53	M	60609	INTERNAL MEDICINE
32	10/17/11	L	S	04/13/35	M	60108	INTERNAL MEDICINE
44	10/19/11	G	N	06/09/41	M	60629	INTERNAL MEDICINE
57	10/19/11	O	J	04/19/38	M	60639	CARDIOVASCULAR DISEASE
48	10/20/11	G	L	10/19/45	M	60647	GASTROENTEROLOGY
37	10/27/11	G	M	08/16/53	M	60632	PULMONARY DISEASE
46	10/28/11	R	S	02/06/21	M	60623	PEDIATRICS
56	10/30/11	B	L	12/21/33	F	60458	INTERNAL MEDICINE

ATTACHMENT-26b5d

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

48	11/02/11	B	C	04/02/38	F	60629	GENERAL SURGERY
57	11/03/11	N	J	08/10/37	M	60632	INTERNAL MEDICINE
44	11/05/11	S	P	04/29/44	F	60804	FAMILY PRACTICE
47	11/08/11	G	A	12/28/39	F	60630	PODIATRIC SURGERY
59	11/09/11	B	J	04/19/59	F	60628	PODIATRIC SURGERY
38	11/11/11	R	M	06/02/43	M	60632	FAMILY PRACTICE
57	11/19/11	P	A	11/25/36	M	60609	INTERNAL MEDICINE
58	11/21/11	A	E	11/26/30	M	60651	ENDOCRINOLOGY/DIABETES
51	11/26/11	B	C	08/03/38	M	60462	FAMILY PRACTICE
30	12/03/11	M	L	01/18/24	F	60608	INTERNAL MEDICINE
59	12/07/11	M	R	03/28/45	M	60632	INTERNAL MEDICINE
48	12/09/11	Y	O	03/28/44	F	60526	PODIATRIC SURGERY
57	12/14/11	S	C	12/10/21	F	60632	INTERNAL MEDICINE
55	12/14/11	R	A	12/28/62	F	60647	GENERAL SURGERY
40	12/14/11	Z	R	10/28/44	F	60638	GENERAL SURGERY
59	12/16/11	H	H	07/04/26	F	60623	FAMILY PRACTICE
55	12/20/11	P	R	08/27/46	M	60609	INTERNAL MEDICINE
52	12/30/11	L	M	04/13/42	F	60459	INTERNAL MEDICINE
58	01/18/12	G	C	06/01/46	F	60636	INTERNAL MEDICINE
49	01/25/12	A	R	07/23/50	M	60623	FAMILY PRACTICE
58	01/27/12	M	A	01/29/50	M	60608	CARDIOVASCULAR DISEASE
34	01/27/12	L	M	08/16/64	M	60623	CARDIOVASCULAR DISEASE
50	01/28/12	C	A	06/02/42	F	60629	INTERNAL MEDICINE
55	02/01/12	V	M	05/17/31	F	60632	INTERNAL MEDICINE
39	02/01/12	C	F	03/10/55	M	60638	CARDIOVASCULAR DISEASE
53	02/03/12	S	K	09/28/71	F	60632	INTERNAL MEDICINE
52	02/04/12	B	M	05/08/57	M	60608	FAMILY PRACTICE
34	02/06/12	R	S	05/04/38	M	60527	ENDOCRINOLOGY/DIABETES
47	02/13/12	C	L	10/26/60	F	60613	PODIATRIC SURGERY
57	02/17/12	C	L	01/13/26	F	60632	INTERNAL MEDICINE
49	02/20/12	B	B	05/16/48	M	60655	FAMILY PRACTICE
31	02/24/12	N	R	06/25/28	M	60402	UROLOGY
43	02/25/12	P	T	06/16/69	M	60654	FAMILY PRACTICE
50	02/29/12	W	C	03/30/28	M	60629	GENERAL SURGERY
59	03/01/12	D	G	01/14/43	F	60608	FAMILY PRACTICE
46	03/02/12	S	W	10/02/28	F	60624	CARDIOVASCULAR DISEASE
59	03/02/12	S	M	11/13/35	F	60623	INTERNAL MEDICINE
32	03/08/12	K	P	03/14/52	F	60623	GASTROENTEROLOGY
47	03/12/12	Q	J	05/27/51	M	60609	INTERNAL MEDICINE
32	03/16/12	C	C	08/12/35	M	60608	UROLOGY
55	03/17/12	A	G	11/13/43	F	60623	INTERNAL MEDICINE
47	03/19/12	A	E	03/24/36	M	60608	INTERNAL MEDICINE
43	03/19/12	D	E	06/10/28	M	60623	OBSTETRICS
57	03/23/12	D	V	02/05/31	M	60632	INTERNAL MEDICINE
35	04/02/12	L	P	04/19/41	F	60419	GASTROENTEROLOGY
59	04/06/12	B	S	06/07/44	M	60642	INTERNAL MEDICINE
59	04/10/12	W	R	05/31/30	M	60638	INTERNAL MEDICINE
55	04/11/12	S	L	01/03/53	F	60402	UROLOGY
46	04/11/12	R	M	10/22/36	F	60629	CARDIOVASCULAR DISEASE
50	04/18/12	D	M	06/16/41	F	60644	GASTROENTEROLOGY
54	04/23/12	D	A	05/10/28	M	60623	CARDIOVASCULAR DISEASE
57	04/25/12	H	B	08/16/52	F	60644	GASTROENTEROLOGY
41	04/25/12	G	M	11/06/25	F	60639	UROLOGY

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

40	04/26/12	H	D	09/16/28	M	60632	INTERNAL MEDICINE
57	04/26/12	C	V	04/22/51	F	60501	PODIATRIC SURGERY
33	04/27/12	M	M	12/01/25	M	60609	INTERNAL MEDICINE
55	04/27/12	B	C	03/02/39	F	60649	INTERNAL MEDICINE
48	04/27/12	W	M	11/20/19	F	60632	FAMILY PRACTICE
49	04/30/12	W	P	12/14/46	F	60623	INTERNAL MEDICINE
59	04/30/12	S	S	09/29/21	F	60623	ENDOCRINOLOGY/DIABETES
41	05/01/12	W	D	10/20/31	M	60804	CARDIOVASCULAR DISEASE
57	05/01/12	S	B	10/28/44	F	60619	INTERNAL MEDICINE
58	05/02/12	L	S	07/01/33	F	60632	CARDIOVASCULAR DISEASE
53	05/04/12	S	J	09/03/30	M	60608	INTERNAL MEDICINE
59	05/04/12	A	L	03/06/50	F	60608	INTERNAL MEDICINE
43	05/06/12	G	A	07/14/63	F	60098	INTERNAL MEDICINE
44	05/09/12	P	D	09/06/33	M	60534	UROLOGY
44	05/09/12	S	E	08/24/87	F	53189	PODIATRIC SURGERY
45	05/10/12	K	R	09/25/49	M	49117	CARDIOVASCULAR DISEASE
49	05/11/12	Q	S	02/10/55	F	60647	PODIATRIC SURGERY
57	05/12/12	D	P	01/29/45	M	60621	INTERNAL MEDICINE
54	05/15/12	S	T	08/07/56	F	60804	PODIATRIC SURGERY
59	05/16/12	M	M	07/29/22	F	60636	CARDIOVASCULAR DISEASE
44	05/17/12	M	E	05/19/48	F	60608	FAMILY PRACTICE
35	05/18/12	B	A	09/26/24	F	60623	FAMILY PRACTICE
53	05/18/12	K	B	04/27/38	M	60651	UROLOGY
46	05/19/12	C	L	01/31/34	M	60632	INTERNAL MEDICINE
53	05/19/12	M	H	03/17/38	F	60453	INTERNAL MEDICINE
56	05/21/12	L	M	05/12/45	F	60644	GENERAL SURGERY
49	05/22/12	M	R	05/31/55	M	60623	CARDIOVASCULAR DISEASE
58	05/24/12	G	A	03/09/60	F	60808	FAMILY PRACTICE
40	05/25/12	L	C	12/29/59	F	60632	INTERNAL MEDICINE
57	05/29/12	M	B	01/01/49	F	60609	PODIATRIC SURGERY
46	06/01/12	P	R	06/03/42	F	60651	GASTROENTEROLOGY
49	06/01/12	W	E	06/09/53	F	60629	INTERNAL MEDICINE
51	06/02/12	L	J	06/07/46	M	60608	INTERNAL MEDICINE
53	06/04/12	W	D	07/12/62	M	60435	INTERNAL MEDICINE
40	06/04/12	R	D	02/09/86	M	60632	INTERNAL MEDICINE
45	06/05/12	V	P	08/01/47	M	60609	INTERNAL MEDICINE
59	06/05/12	W	P	03/12/50	F	60614	GENERAL SURGERY
56	06/08/12	B	H	01/20/60	F	60629	PSYCHIATRY
56	06/08/12	M	M	09/25/37	M	60608	UROLOGY
40	06/11/12	C	W	09/22/38	M	60620	UROLOGY
30	06/12/12	R	M	12/19/37	F	60608	CARDIOVASCULAR DISEASE
35	06/12/12	C	A	04/08/67	F	60804	PEDIATRICS
52	06/13/12	A	M	12/24/50	M	60620	PODIATRIC SURGERY
54	06/14/12	G	R	10/17/35	F	60623	INTERNAL MEDICINE
32	06/14/12	R	E	07/09/41	F	60638	FAMILY PRACTICE
43	06/15/12	G	M	11/20/34	F	60455	INTERNAL MEDICINE
52	06/16/12	L	C	02/10/43	M	60622	GENERAL SURGERY
55	06/16/12	W	F	10/02/61	F	60153	INTERNAL MEDICINE
49	06/20/12	L	E	01/30/64	F	60624	PSYCHIATRY
59	06/21/12	S	D	04/12/72	M	60651	CARDIOVASCULAR DISEASE
55	06/22/12	T	A	03/30/79	F	60609	INTERNAL MEDICINE
46	06/22/12	J	C	07/12/61	F	60617	PODIATRIC SURGERY
58	06/26/12	M	M	07/02/38	F	60632	CARDIOVASCULAR DISEASE

Saint Anthony Hospital
Outpatient Clinic Results GFR 30-59
2010-Present (September 2012)

45	06/30/12	H	E	02/26/35	F	60623	GENERAL SURGERY
59	06/30/12	E	C	07/13/47	M	60639	INTERNAL MEDICINE
53	07/05/12	M	E	06/14/34	M	60623	CARDIOVASCULAR DISEASE
41	07/10/12	M	J	04/28/37	M	60608	INTERNAL MEDICINE
57	07/10/12	A	R	10/13/42	F	60623	CARDIOVASCULAR DISEASE
57	07/11/12	G	C	11/23/11	F	60622	INTERNAL MEDICINE
40	07/12/12	F	W	10/11/29	F	60624	INTERNAL MEDICINE
32	07/16/12	N	R	09/17/26	M	60623	INTERNAL MEDICINE
42	07/18/12	B	D	05/25/32	F	60527	FAMILY PRACTICE
47	07/18/12	B	V	01/13/28	M	60527	FAMILY PRACTICE
59	07/19/12	G	V	08/31/64	F	60637	OBSTETRICS
44	07/25/12	S	J	06/24/49	M	60623	FAMILY PRACTICE
59	07/27/12	G	V	12/29/35	F	60608	INTERNAL MEDICINE
55	07/27/12	B	S	10/21/40	F	60185	PODIATRIC SURGERY
51	07/30/12	N	G	10/03/53	M	60632	FAMILY PRACTICE
51	07/31/12	W	D	03/17/60	F	60623	ORTHOPAEDIC SURGERY
59	08/01/12	N	J	12/25/20	F	60608	FAMILY PRACTICE
45	08/02/12	M	A	09/05/54	M	60653	GENERAL SURGERY
43	08/04/12	H	L	04/09/31	F	60623	ENDOCRINOLOGY/DIABETES
42	08/08/12	P	E	06/08/42	F	60623	FAMILY PRACTICE
30	08/09/12	G	A	05/10/38	F	60629	NEPHROLOGY
47	08/10/12	B	P	06/17/40	F	60612	INTERNAL MEDICINE
49	08/10/12	M	R	01/06/51	F	60639	UROLOGY
32	08/11/12	M	O	03/22/52	M	60641	FAMILY PRACTICE
57	08/11/12	H	C	05/14/32	F	60623	FAMILY PRACTICE
50	08/16/12	B	O	08/26/32	F	60609	INTERNAL MEDICINE
56	08/20/12	R	R	06/22/37	M	60632	INTERNAL MEDICINE
58	08/22/12	S	S	11/01/34	F	60608	INTERNAL MEDICINE
46	08/24/12	P	J	02/19/25	M	60629	INTERNAL MEDICINE
37	08/25/12	M	R	05/22/22	F	60608	INTERNAL MEDICINE
37	08/25/12	B	J	02/25/46	M	60624	GASTROENTEROLOGY
52	08/30/12	P	J	07/01/37	M	60632	FAMILY PRACTICE
55	08/30/12	M	F	02/26/34	M	60623	FAMILY PRACTICE
56	08/31/12	T	M	10/16/72	F	60608	INTERNAL MEDICINE
58	09/01/12	D	M	11/04/61	F	60632	INTERNAL MEDICINE
52	09/05/12	L	W	08/14/26	M	60628	FAMILY PRACTICE
50	09/12/12	S	M	11/01/42	F	60402	INTERNAL MEDICINE
37	09/12/12	M	M	10/28/34	M	60632	FAMILY PRACTICE
56	09/12/12	D	S	06/30/77	F	60707	OBSTETRICS
41	09/13/12	M	L	02/19/38	F	60623	FAMILY PRACTICE
57	09/13/12	C	E	02/24/52	F	60653	GASTROENTEROLOGY
30	09/13/12	V	J	04/12/55	M	60632	INTERNAL MEDICINE
38	09/15/12	G	A	12/30/44	F	60651	INTERNAL MEDICINE
31	09/17/12	L	L	10/19/45	F	60629	INTERNAL MEDICINE

Ownership, Management and General Information

ADMINISTRATOR NAME:	Guy A. Medaglia
ADMINSTRATOR PHONE	773.484.4300
OWNERSHIP:	Saint Anthony Hospital
OPERATOR:	Saint Anthony Hospital
MANAGEMENT:	Not for Profit Corporation (Not Church-R
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2875 West 19th Street CITY: Chicago COUNTY: Suburban Cook (Chicago)

Patients by Race

White	7.4%
Black	34.5%
American Indian	0.0%
Asian	0.6%
Hawaiian/ Pacific	0.1%
Unknown:	57.4%

Patients by Ethnicity

Hispanic or Latino:	57.4%
Not Hispanic or Latino:	42.6%
Unknown:	0.0%

IDPH Number:	4566
HPA	A-02
HSA	8

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2011	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2011	Staff Bed Occupancy Rate %
Medical/Surgical	62	62	62	2,758	10,368	369	3.9	29.4	47.4	47.4
0-14 Years				*0*	*0*					
15-44 Years				*784*	*1,967*					
45-64 Years				*946*	*3,408*					
65-74 Years				*502*	*2,431*					
75 Years +				*526*	*2,562*					
Pediatric	12	12	12	668	1,437	77	2.2	4.1	34.8	34.8
Intensive Care	15	15	15	742	4,471	9	6.0	12.3	81.8	81.8
Direct Admission				*560*	*3,470*					
Transfers				*182*	*1,001*					
Obstetrics/Gynecology	20	20	20	1,909	4,206	31	2.2	11.6	58.0	58.0
Maternity				*1,838*	*4,014*					
Clean Gynecology				*71*	*192*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	42	31	31	969	9,048	0	9.3	24.8	59.0	80.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	151			6,884	29,530	485	4.4	82.2	54.459	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	25.6%	50.2%	0.0%	14.8%	6.6%	2.7%	
	1765	3455	0	1021	456	187	6,884
Outpatients	10.2%	53.7%	0.0%	28.8%	2.2%	5.1%	
	5685	30046	0	16106	1239	2837	55,913

Inpatient and Outpatient Net Revenue by Payor Source

Financial Year Reported: 7/1/2010 to 6/30/2011

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	35.5%	51.8%	0.0%	7.5%	5.5%	100.0%	
	24,349,341	35,330,541	0	5,162,526	3,744,033	68,586,441	1,945,960
Outpatient Revenue ($)	17.0%	29.1%	0.0%	29.8%	24.0%	100.0%	
	5,767,815	9,853,740	0	10,089,738	8,117,786	33,829,080	3,802,440

Total Charity Care Expense 5,748,000

Total Charity Care as % of Net Revenue 5.6%

Birthing Data

Number of Total Births:	1,815
Number of Live Births:	1,772
Birthing Rooms:	0
Labor Rooms:	2
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	6
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	480

Newborn Nursery Utilization

Level 1 Patient Days	3,670
Level 2 Patient Days	0
Level 2+ Patient Days	0
Total Nursery Patientdays	3,670

Laboratory Studies

Inpatient Studies	159,446
Outpatient Studies	137,503
Studies Performed Under Contract	36,782

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms Inpatient	Operating Rooms Outpatient	Operating Rooms Combined	Operating Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Cardiovascular	0	0	0	0	47	100	141	200	341	3.0	2.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	424	467	1035	600	1635	2.4	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	147	293	381	390	771	2.6	1.3
Oral/Maxillofacial	0	0	0	0	18	4	39	8	47	2.2	2.0
Ophthalmology	0	0	0	0	0	5	0	5	5	0.0	1.0
Orthopedic	0	0	0	0	70	139	105	300	405	1.5	2.2
Otolaryngology	0	0	0	0	25	311	22	380	402	0.9	1.2
Plastic Surgery	0	0	0	0	8	54	16	83	99	2.0	1.5
Podiatry	0	0	0	0	80	303	240	587	827	3.0	1.9
Thoracic	0	0	0	0	3	0	9	0	9	3.0	0.0
Urology	0	0	0	0	50	206	200	156	356	4.0	0.8
Totals	0	0	4	4	872	1879	2188	2709	4897	2.5	1.4

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 0 Stage 2 Recovery Stations 8

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms Inpatient	Procedure Rooms Outpatient	Procedure Rooms Combined	Procedure Rooms Total	Surgical Cases Inpatient	Surgical Cases Outpatient	Surgical Hours Inpatient	Surgical Hours Outpatient	Surgical Hours Total Hours	Hours per Case Inpatient	Hours per Case Outpatient
Gastrointestinal	0	0	1	1	394	885	251	561	812	0.6	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Pain Management	0	0	1	1	3	266	2	158	160	0.7	0.6
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1 (Not Answered)	Level 2 Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		16
Persons Treated by Emergency Services:		33,883
Patients Admitted from Emergency:		3,866
Total ED Visits (Emergency+Trauma):		33,883

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	109,923
Outpatient Visits at the Hospital/ Campus:	95,706
Outpatient Visits Offsite/off campus	14,217

Diagnostic/Interventional	Equipment Owned	Equipment Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	3	0	7,526	22,855	0
Nuclear Medicine	1	0	246	461	0
Mammography	1	0	0	2,268	0
Ultrasound	6	0	1,902	12,599	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	0	0	0	0	0
Magnetic Resonance Imaging	1	0	223	1,550	0

Treatment Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy	0	0	0
Intensity Modulated Rad Thrpy	0	0	0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2011 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5e

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita - Little Village Dialysis	**Legal Entity Operator:**	Total Renal Care
Address:	2335 W. Cermak Road	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Crystal Realty Co.
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2668	**Medical Director Name:**	Dr. Lillian Magana
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	40
Certified Stations by CMS:	16	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	3	**Other Health :**	1
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	14	14	14	14
Number of Patients Treated	38	0	41	41	42	41	41

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	88	**In-Center Treatments in calendar year:**	23457
Patients treated as of 12/31/2011: (Ending patients)	92	**Number of Missed Treatments:**	311
Total Unduplicated patients treated in calendar year:	138	**Average Daily Treatments:**	48
		Average Treatment Time (min):	209

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	24	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	157%
Patients Re-Started:	0	**Patients transferred out:**	35	**Use Rate (Including Missed Treatments):**	159%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	92%
Total:	51	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	96%
		Patients deceased:	9	**Renal Network Use Rate:**	95%
		Total:	47		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	72.5%	*18.1%*	*7.2%*	*0.7%*	*0.7%*	*0.7%*	*100.0%*
Patients	100	25	10	1	1	1	138
1/1/2011 to 12/31/2011	*42.7%*	*27.2%*	*22.2%*	*3.2%*	*3.2%*	*1.4%*	*100.0%*
Net Revenue	$1,746,912	$1,112,685	$909,604	$131,648	$131,648	$58,774	**$4,091,271**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	1	**Hispanic Latino Patient**	102
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	36
15-44 yr	10	13	23	**Black/ African American**	32	**Unknown Ethnicity Patient**	0
45-64	37	35	72	**Hawaiian /Pacific Islande**	0	**TOTAL:**	138
65-74 yr	16	8	24	**White:**	105		
75 < yr	14	5	19	**Unknown**	0		
Total	77	61	138	**TOTAL:**	138		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Center - Westside	**Legal Entity Operator:**	Fresenius Medical Care of Illinois, LLC
Address:	1340 S. Damen	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	2011 LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2681	**Medical Director Name:**	Jose Arruda. MD/Eunice John, M
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	31	**Full-Time Work Week:**	32
Certified Stations by CMS:	31	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	31	**Dialysis Technician :**	6
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	15	12	15	12	15
Number of Patients Treated	28	0	39	28	41	29	43

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	67	**In-Center Treatments in calendar year:**	10463
Patients treated as of 12/31/2011: (Ending patients)	81	**Number of Missed Treatments:**	907
Total Unduplicated patients treated in calendar year:	104	**Average Daily Treatments:**	33.43
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	30	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	29016
Transient Patients:	5	**Transplant Recipients:**	5	**Use Rate (Treatments/Treatment capacity):**	36%
Patients Re-Started:	1	**Patients transferred out:**	11	**Use Rate (including Missed Treatments):**	39%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	36%
Total:	38	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	44%
		Patients deceased:	8	**Renal Network Use Rate:**	44%
		Total:	25		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		42.3%	*45.2%*	*11.5%*	*0.0%*	*0.0%*	*1.0%*	*100.0%*
Patients		44	47	12	0	0	1	**104**
1/1/2010 to	12/31/2010	*42.1%*	*38.5%*	*19.0%*	*0.0%*	*0.0%*	*0.4%*	*100.0%*
Net Revenue		$1,267,111	$1,157,721	$571,406	$0	$0	$11,027	**$3,007,265**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	1	1
15-44 yr	26	10	36
45-64	27	17	44
65-74 yr	6	8	14
75 < yr	6	3	9
Total	65	39	104

Patients by Race

Asian Patients	1
Native American/ Indian	0
Black/ African American	41
Hawaiian /Pacific Islande	0
White:	62
Unknown	0
TOTAL:	104

Patients by Ethnicity

Hispanic Latino Patient	58
Non-Hispanic Latino Patient	46
Unknown Ethnicity Patient	0
TOTAL:	104

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Garfield Kidney Center	**Legal Entity Operator:**	Garfield Kidney Center, LLC
Address:	3250 West Franklin	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Other For Profit (specify
County:	Cook	**Property Owner:**	Garfield Kidney Center, LLC
HSA:	6	**Other Ownership:**	LLC
Medicare ID:	14-2646	**Medical Director Name:**	Munavar Izhar
		Provides Incenter Noctural Dialysis:	☑

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	40
Certified Stations by CMS:	16	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	2
Number of Shifts Operated per day	3	**Other Health :**	2
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	16	16	16	16	16
Number of Patients Treated	51	0	47	46	46	46	45

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	96	**In-Center Treatments in calendar year:**	14251
Patients treated as of 12/31/2011: (Ending patients)	93	**Number of Missed Treatments:**	546
Total Unduplicated patients treated in calendar year:	135	**Average Daily Treatments:**	45
		Average Treatment Time (min):	240

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	42	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	3	**Transplant Recipients:**	3	**Use Rate (Treatments/Treatment capacity):**	95%
Patients Re-Started:	5	**Patients transferred out:**	21	**Use Rate (including Missed Treatments):**	99%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	12	**Use Rate (Begining patients treated):**	100%
Total:	52	**Patients lost to follow up:**	14	**Use Rate (Year end Patients/Stations*6):**	97%
		Patients deceased:	10	**Renal Network Use Rate:**	95%
		Total:	61		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*62.2%*	*37.0%*	*0.7%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
		84	50	1	0	0	0	135
7/1/2010 to	6/30/2011	*50.5%*	*46.2%*	*3.3%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue		$1,641,067	$1,498,891	$107,834	$0	$0	$0	**$3,247,792**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	1	**Hispanic Latino Patient**	0
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	106
15-44 yr	14	7	21	**Black/ African American**	102	**Unknown Ethnicity Patient**	29
45-64	50	21	71	**Hawaiian /Pacific Islande**	29	**TOTAL:**	135
65-74 yr	21	6	27	**White:**	3		
75 < yr	7	9	16	**Unknown**	0		
Total	92	43	135	**TOTAL:**	135		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Polk	**Legal Entity Operator:**	National Medical Care, Inc.
Address:	557 West Polk	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	571 West Polk, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2502	**Medical Director Name:**	Eduardo Cremer, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	24	**Full-Time Work Week:**	32
Certified Stations by CMS:	24	**Regsitered Nurse :**	4
Peak Authorized Stations Operated:	24	**Dialysis Technician :**	12
Authorized Stations Setup and Staffed in Oct 1-7:	24	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	4	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	17.5	13	17.5	13	17.5
Number of Patients Treated	38	0	51	38	51	38	52

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	104	**In-Center Treatments in calendar year:**	15848
Patients treated as of 12/31/2011: (Ending patients)	97	**Number of Missed Treatments:**	1276
Total Unduplicated patients treated in calendar year:	141	**Average Daily Treatments:**	50.63
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	31	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	22464
Transient Patients:	6	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	71%
Patients Re-Started:	0	**Patients transferred out:**	28	**Use Rate (including Missed Treatments):**	76%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	72%
Total:	37	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	67%
		Patients deceased:	12	**Renal Network Use Rate:**	67%
		Total:	44		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*59.6%*	*18.4%*	*20.6%*	*0.0%*	*1.4%*	*0.0%*	*100.0%*
	84	26	29	0	2	0	**141**
1/1/2010 to 12/31/2010	*46.4%*	*18.5%*	*34.7%*	*0.0%*	*0.5%*	*0.0%*	*100.0%*
Net Revenue	$2,320,322	$923,892	$1,734,027	$0	$25,109	$0	**$5,003,351**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	4	**Hispanic Latino Patient**	25
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	116
15-44 yr	9	12	21	**Black/ African American**	69	**Unknown Ethnicity Patient**	0
45-64	40	18	58	**Hawaiian /Pacific Islande**	2	**TOTAL:**	141
65-74 yr	22	12	34	**White:**	66		
75 < yr	14	14	28	**Unknown**	0		
Total	85	56	141	**TOTAL:**	141		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Maple Avenue Kidney Centers, LLC	**Legal Entity Operator:**	Oak Park Kidney Center, LLC.
Address:	610 South Maple Avenue	**Legal Entity Owner:**	
City:	Oak Park	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Rush University Medical Center.
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2644	**Medical Director Name:**	Hamid Humayun, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	18	**Full-Time Work Week:**	40
Certified Stations by CMS:	18	**Regsitered Nurse :**	4
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	6
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	13	0	13	13	13	13	13
Number of Patients Treated	29	0	33	29	33	30	30

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	62	**In-Center Treatments in calendar year:**	9222
Patients treated as of 12/31/2011: (Ending patients)	73	**Number of Missed Treatments:**	1633
Total Unduplicated patients treated in calendar year:	103	**Average Daily Treatments:**	32
		Average Treatment Time (min):	240

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	39	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	16848
Transient Patients:	0	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	55%
Patients Re-Started:	0	**Patients transferred out:**	7	**Use Rate (including Missed Treatments):**	64%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	57%
Total:	39	**Patients lost to follow up:**	3	**Use Rate (Year end Patients/Stations*6):**	68%
		Patients deceased:	11	**Renal Network Use Rate:**	62%
		Total:	25		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		80.6%	*17.5%*	*1.9%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Patients		83	18	2	0	0	0	103
1/1/2010 to	12/31/2010	*68.3%*	*15.9%*	*15.8%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue		$1,910,190	$443,496	$441,756	$0	$0	$0	$2,795,443

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	7	7	14
45-64	28	19	47
65-74 yr	13	13	26
75 < yr	9	7	16
Total	57	46	103

Patients by Race

Asian Patients	5
Native American/ Indian	0
Black/ African American	78
Hawaiian /Pacific Islande	0
White:	20
Unknown	0
TOTAL:	103

Patients by Ethnicity

Hispanic Latino Patient	11
Non-Hispanic Latino Patient	92
Unknown Ethnicity Patient	0
TOTAL:	103

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - West Suburban	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	3 Erie Court, Suite 5000	**Legal Entity Owner:**	
City:	Oak Park	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	West Suburban Hospital Medical Center
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2530	**Medical Director Name:**	Arthur Morris, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	46	**Full-Time Work Week:**	32
Certified Stations by CMS:	46	**Regsitered Nurse :**	9
Peak Authorized Stations Operated:	46	**Dialysis Technician :**	19
Authorized Stations Setup and Staffed in Oct 1-7:	46	**Dietician :**	2
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	2
(subset of authorized stations)		**LPN :**	2
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	5

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	0	18	18	18	18	18
Number of Patients Treated	102	0	124	98	120	100	122

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	226	**In-Center Treatments in calendar year:**	
Patients treated as of 12/31/2011: (Ending patients)	233	**Number of Missed Treatments:**	2272
Total Unduplicated patients treated in calendar year:	349	**Average Daily Treatments:**	107.33
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	73	**Recovered patients:**	5	**Treatment Capacity/year (based on Stations):**	43056
Transient Patients:	47	**Transplant Recipients:**	5	**Use Rate (Treatments/Treatment capacity):**	
Patients Re-Started:	1	**Patients transferred out:**	75	**Use Rate (including Missed Treatments):**	
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	3	**Use Rate (Begining patients treated):**	82%
Total:	**123**	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	84%
		Patients deceased:	28	**Renal Network Use Rate:**	84%
		Total:	**116**		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*67.0%*	*15.8%*	*16.6%*	*0.0%*	*0.3%*	*0.3%*	*100.0%*
		234	55	58	0	1	1	349
1/1/2010 to	12/31/2010	*52.0%*	*17.0%*	*30.7%*	*0.0%*	*0.3%*	*0.0%*	*100.0%*
Net Revenue		$5,404,216	$1,764,668	$3,196,012	$0	$34,092	$2,831	10,401,820

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	3	**Hispanic Latino Patient**	14
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	335
15-44 yr	27	16	43	**Black/ African American**	311	**Unknown Ethnicity Patient**	0
45-64	76	86	162	**Hawaiian /Pacific Islande**	0	**TOTAL:**	349
65-74 yr	37	50	87	**White:**	35		
75 < yr	22	35	57	**Unknown**	0		
Total	162	187	349	**TOTAL:**	349		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Midway	**Legal Entity Operator:**	Fresenius Medical Care of Illinois, LLC
Address:	6201 West 63rd Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	WAUKEGAN 1.0, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2713	**Medical Director Name:**	Richard Hong, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	32
Certified Stations by CMS:	12	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	16.5	0	16.5	0	16.5
Number of Patients Treated	0	0	31	0	31	0	34

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	15	**In-Center Treatments in calendar year:**	3732
Patients treated as of 12/31/2011: (Ending patients)	35	**Number of Missed Treatments:**	466
Total Unduplicated patients treated in calendar year:	44	**Average Daily Treatments:**	23.92
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	25	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	4	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	33%
Patients Re-Started:	0	**Patients transferred out:**	5	**Use Rate (including Missed Treatments):**	37%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	21%
Total:	29	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	49%
		Patients deceased:	4	**Renal Network Use Rate:**	49%
		Total:	9		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	61.4%	*6.8%*	*29.5%*	*0.0%*	*0.0%*	*2.3%*	*100.0%*
Patients	27	3	13	0	0	1	44
1/1/2010 to 12/31/2010	*27.8%*	*3.0%*	*68.9%*	*0.0%*	*0.0%*	*0.4%*	*100.0%*
Net Revenue	$56,992	$6,127	$141,257	$0	$0	$766	**$205,143**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	11
<14 yr	0	0	0	**Native American/ Indian**	1	**Non-Hispanic Latino Patient**	33
15-44 yr	5	0	5	**Black/ African American**	16	**Unknown Ethnicity Patient**	0
45-64	13	9	22	**Hawaiian /Pacific Islande**	0	**TOTAL:**	44
65-74 yr	5	3	8	**White:**	14		
75 < yr	6	3	9	**Unknown**	13		
Total	29	15	44	**TOTAL:**	44		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Austin Community	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	4800 West Chicago Ave, 2nd Fl.	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Westside Health Authority
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2653	**Medical Director Name:**	David Kracker, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	32
Certified Stations by CMS:	16	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13.5	0	13.5	13.5	13.5	13.5	13.5
Number of Patients Treated	30	0	30	30	29	27	30

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	58	**In-Center Treatments in calendar year:**	9116
Patients treated as of 12/31/2011: (Ending patients)	61	**Number of Missed Treatments:**	729
Total Unduplicated patients treated in calendar year:	80	**Average Daily Treatments:**	29.12
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	17	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	5	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	61%
Patients Re-Started:	0	**Patients transferred out:**	13	**Use Rate (including Missed Treatments):**	66%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	60%
Total:	22	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	64%
		Patients deceased:	6	**Renal Network Use Rate:**	64%
		Total:	19		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	61.3%	*27.5%*	*10.0%*	*0.0%*	*0.0%*	*1.3%*	*100.0%*
Patients	49	22	8	0	0	1	80
1/1/2010 to 12/31/2010	*55.9%*	*26.3%*	*16.1%*	*0.0%*	*0.0%*	*1.7%*	*100.0%*
Net Revenue	$1,438,383	$677,907	$413,240	$0	$0	$44,497	**$2,574,027**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	5
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	75
15-44 yr	8	4	12	**Black/ African American**	75	**Unknown Ethnicity Patient**	0
45-64	27	10	37	**Hawaiian /Pacific Islande**	0	**TOTAL:**	80
65-74 yr	6	13	19	**White:**	5		
75 < yr	5	7	12	**Unknown**	0		
Total	46	34	80	**TOTAL:**	80		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Oak Park	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	733 Madison Street	**Legal Entity Owner:**	
City:	Oak Park	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Three M & L Partnership
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2504	**Medical Director Name:**	Paul Balter, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	32	**Full-Time Work Week:**	32
Certified Stations by CMS:	32	**Regsitered Nurse :**	6
Peak Authorized Stations Operated:	32	**Dialysis Technician :**	13
Authorized Stations Setup and Staffed in Oct 1-7:	32	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15.5	0	15	15.5	15	15.5	15
Number of Patients Treated	54	0	68	56	61	53	67

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	130	**In-Center Treatments in calendar year:**	19138
Patients treated as of 12/31/2011: (Ending patients)	127	**Number of Missed Treatments:**	1696
Total Unduplicated patients treated in calendar year:	190	**Average Daily Treatments:**	61.14
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	40	**Recovered patients:**	3	**Treatment Capacity/year (based on Stations):**	29952
Transient Patients:	13	**Transplant Recipients:**	4	**Use Rate (Treatments/Treatment capacity):**	64%
Patients Re-Started:	4	**Patients transferred out:**	37	**Use Rate (including Missed Treatments):**	70%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	68%
Total:	58	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	66%
		Patients deceased:	17	**Renal Network Use Rate:**	66%
		Total:	61		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	74.7%	*10.5%*	*13.7%*	*0.0%*	*0.5%*	*0.5%*	*100.0%*
Patients	142	20	26	0	1	1	190
1/1/2010 to 12/31/2010	*53.3%*	*8.1%*	*38.5%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$3,721,487	$566,979	$2,685,592	$0	$1,640	$1	**$6,975,698**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	2	**Hispanic Latino Patient**	13
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	177
15-44 yr	12	10	22	**Black/ African American**	148	**Unknown Ethnicity Patient**	0
45-64	61	34	95	**Hawaiian /Pacific Islande**	0	**TOTAL:**	190
65-74 yr	15	21	36	**White:**	40		
75 < yr	17	20	37	**Unknown**	0		
Total	105	85	190	**TOTAL:**	190		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	West Lawn Dialysis	**Legal Entity Operator:**	Total Renal Care
Address:	7000 South Pulaski Road	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Glendale 2004 LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2719	**Medical Director Name:**	Michael Arvan
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	40
Certified Stations by CMS:	12	**Regsitered Nurse :**	1
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	1
Isolation Stations Set up In Oct 1-7:	1	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	8	0	8	0	8
Number of Patients Treated	0	0	12	0	12	0	12

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	0	**In-Center Treatments in calendar year:**	1503
Patients treated as of 12/31/2011: (Ending patients)	21	**Number of Missed Treatments:**	2
Total Unduplicated patients treated in calendar year:	26	**Average Daily Treatments:**	20
		Average Treatment Time (min):	240

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	21	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	6	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	13%
Patients Re-Started:	0	**Patients transferred out:**	4	**Use Rate (including Missed Treatments):**	13%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	0%
Total:	27	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	29%
		Patients deceased:	0	**Renal Network Use Rate:**	28%
		Total:	4		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	80.8%	*3.8%*	*7.7%*	*3.8%*	*3.8%*	*0.0%*	*100.0%*
Patients	21	1	2	1	1	0	26
1/1/2011 to 12/31/2011	*53.9%*	*5.2%*	*40.8%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	31,273,353	$3,010,131	23,683,242	$258	$25,839	$0	57,992,823

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	10
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	11
15-44 yr	2	1	3	**Black/ African American**	11	**Unknown Ethnicity Patient**	5
45-64	5	4	9	**Hawaiian /Pacific Islande**	0	**TOTAL:**	26
65-74 yr	4	5	9	**White:**	10		
75 < yr	1	4	5	**Unknown**	5		
Total	12	14	26	**TOTAL:**	26		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care West Willow	**Legal Entity Operator:**	Fresenius Medical Care West Willow, LLC
Address:	1444 West Willow	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Elston Industrial Lofts, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2730	**Medical Director Name:**	Mohamed Salem, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	32
Certified Stations by CMS:	12	**Regsitered Nurse :**	1
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	0
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	1	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	6.5	0	6.5	0	6.5
Number of Patients Treated	0	0	1	0	1	0	1

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	0	**In-Center Treatments in calendar year:**	87
Patients treated as of 12/31/2011: (Ending patients)	4	**Number of Missed Treatments:**	1
Total Unduplicated patients treated in calendar year:	4	**Average Daily Treatments:**	1
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	4	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	0	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	1%
Patients Re-Started:	0	**Patients transferred out:**	0	**Use Rate (including Missed Treatments):**	1%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	0%
Total:	4	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	6%
		Patients deceased:	0	**Renal Network Use Rate:**	6%
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	50.0%	*0.0%*	*50.0%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Patients	2	0	2	0	0	0	4
1/1/2010 to 12/31/2010	*50.0%*	*0.0%*	*50.0%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$1	$0	$1	$0	$0	$0	$2

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	0	0	0
45-64	2	0	2
65-74 yr	0	0	0
75 < yr	2	0	2
Total	4	0	4

Patients by Race

Asian Patients	0
Native American/ Indian	0
Black/ African American	1
Hawaiian /Pacific Islande	0
White:	3
Unknown	0
TOTAL:	4

Patients by Ethnicity

Hispanic Latino Patient	0
Non-Hispanic Latino Patient	4
Unknown Ethnicity Patient	0
TOTAL:	4

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - River Forest	**Legal Entity Operator:**	Fresenius Medical Care River Forest, LLC
Address:	103 Forest Avenue	**Legal Entity Owner:**	
City:	River Forest	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Willem Q. Olsthoorn
HSA:	7	**Other Ownership:**	
Medicare ID:	14-9992	**Medical Director Name:**	George Naratadam, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	20	**Full-Time Work Week:**	32
Certified Stations by CMS:	0	**Regsitered Nurse :**	1
Peak Authorized Stations Operated:	2	**Dialysis Technician :**	0
Authorized Stations Setup and Staffed in Oct 1-7:	2	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	1	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	6	0	6	0	6
Number of Patients Treated	0	0	2	0	2	0	2

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	0	**In-Center Treatments in calendar year:**	86
Patients treated as of 12/31/2011: (Ending patients)	2	**Number of Missed Treatments:**	0
Total Unduplicated patients treated in calendar year:	2	**Average Daily Treatments:**	1
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	2	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	18720
Transient Patients:	0	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	0%
Patients Re-Started:	0	**Patients transferred out:**	0	**Use Rate (including Missed Treatments):**	0%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	0%
Total:	2	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	2%
		Patients deceased:	0	**Renal Network Use Rate:**	2%
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*0.0%*	*0.0%*	*100.0%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
	0	0	2	0	0	0	2
1/1/2010 to 12/31/2010	*0.0%*	*0.0%*	*100.0%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$0	$0	$1	$0	$0	$0	$1

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	0
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	2
15-44 yr	2	0	2	**Black/ African American**	2	**Unknown Ethnicity Patient**	0
45-64	0	0	0	**Hawaiian /Pacific Islande**	0	**TOTAL:**	2
65-74 yr	0	0	0	**White:**	0		
75 < yr	0	0	0	**Unknown**	0		
Total	2	0	2	**TOTAL:**	2		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DSI Renal Services - Scottsdale	**Legal Entity Operator:**	DSI-Renal
Address:	4651 West 79th Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Scottsdale Limited Partnership c/o A+R Katz Manag
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2518	**Medical Director Name:**	Dr. Kelly Guglielmi
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	32	**Full-Time Work Week:**	40
Certified Stations by CMS:	32	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	32	**Dialysis Technician :**	19
Authorized Stations Setup and Staffed in Oct 1-7:	32	**Dietician :**	2
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	2
(subset of authorized stations)		**LPN :**	1
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	17	17
Number of Patients Treated	0	0	0	0	0	0	0

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	154	**In-Center Treatments in calendar year:**	23862
Patients treated as of 12/31/2011: (Ending patients)	169	**Number of Missed Treatments:**	432
Total Unduplicated patients treated in calendar year:	224	**Average Daily Treatments:**	89
		Average Treatment Time (min):	255

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	50	**Recovered patients:**	3	**Treatment Capacity/year (based on Stations):**	29952
Transient Patients:	21	**Transplant Recipients:**	4	**Use Rate (Treatments/Treatment capacity):**	80%
Patients Re-Started:	1	**Patients transferred out:**	38	**Use Rate (including Missed Treatments):**	81%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	80%
Total:	72	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	88%
		Patients deceased:	22	**Renal Network Use Rate:**	81%
		Total:	69		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	75.9%	*8.5%*	*13.8%*	*1.3%*	*0.0%*	*0.4%*	*100.0%*
Patients	170	19	31	3	0	1	**224**
1/1/2011 to 12/31/2011	*64.4%*	*8.1%*	*23.8%*	*0.7%*	*0.0%*	*3.1%*	*100.0%*
Net Revenue	$4,718,793	$590,436	$1,742,051	$49,316	$0	$227,190	**$7,327,787**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	27
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	0
15-44 yr	22	9	31	**Black/ African American**	134	**Unknown Ethnicity Patient**	197
45-64	36	41	77	**Hawaiian /Pacific Islande**	0	**TOTAL:**	224
65-74 yr	24	34	58	**White:**	90		
75 < yr	17	41	58	**Unknown**	0		
Total	99	125	224	**TOTAL:**	224		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita - Stony Creek	**Legal Entity Operator:**	Total Renal
Address:	9115 S. Cicero	**Legal Entity Owner:**	
City:	Oak Lawn	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Renal Network
HSA:	7	**Other Ownership:**	Corporation
Medicare ID:	14-2661	**Medical Director Name:**	James Rydel, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	36
Certified Stations by CMS:	12	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	9
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15.5	0	16	16	16	15.5	16
Number of Patients Treated	30	0	34	33	35	31	35

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	66	**In-Center Treatments in calendar year:**	9905
Patients treated as of 12/31/2011: (Ending patients)	66	**Number of Missed Treatments:**	47
Total Unduplicated patients treated in calendar year:	93	**Average Daily Treatments:**	33
		Average Treatment Time (min):	195

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	4	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	88%
Patients Re-Started:	1	**Patients transferred out:**	8	**Use Rate (Including Missed Treatments):**	89%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	3	**Use Rate (Begining patients treated):**	92%
Total:	33	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	92%
		Patients deceased:	8	**Renal Network Use Rate:**	92%
		Total:	21		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*68.8%*	*7.5%*	*12.9%*	*2.2%*	*6.5%*	*2.2%*	*100.0%*
	64	7	12	2	6	2	93
1/1/2011 to 12/31/2011	*34.6%*	*5.6%*	*48.8%*	*2.6%*	*2.6%*	*5.7%*	*100.0%*
Net Revenue	$1,445,686	$234,819	$2,037,563	$110,071	$110,071	$236,188	**$4,174,398**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	5
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	88
15-44 yr	2	3	5	**Black/ African American**	63	**Unknown Ethnicity Patient**	0
45-64	32	36	68	**Hawaiian /Pacific Islande**	0	**TOTAL:**	93
65-74 yr	8	10	18	**White:**	25		
75 < yr	1	1	2	**Unknown**	5		
Total	43	50	93	**TOTAL:**	93		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Grand Crossing Dialysis	**Legal Entity Operator:**	Renal Treatment Centers-Illinois, Inc.
Address:	7319 South Cottage Grove Avenue	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Cottage Grove Terrace, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2728	**Medical Director Name:**	Mohamed Salem
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	40
Certified Stations by CMS:	12	**Regsitered Nurse :**	0
Peak Authorized Stations Operated:	1	**Dialysis Technician :**	1
Authorized Stations Setup and Staffed in Oct 1-7:	1	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	0
		LPN :	0
Number of Shifts Operated per day	0	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	6	0	6	0	6
Number of Patients Treated	0	0	1	0	1	0	1

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	0	**In-Center Treatments in calendar year:**	67
Patients treated as of 12/31/2011: (Ending patients)	7	**Number of Missed Treatments:**	9
Total Unduplicated patients treated in calendar year:	10	**Average Daily Treatments:**	5
		Average Treatment Time (min):	225

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	7	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	1	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	1%
Patients Re-Started:	0	**Patients transferred out:**	3	**Use Rate (including Missed Treatments):**	1%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	0%
Total:	8	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	10%
		Patients deceased:	0	**Renal Network Use Rate:**	0%
		Total:	3		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*80.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*20.0%*	*100.0%*
		8	0	0	0	0	2	10
1/1/2011 to	12/31/2011	*89.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*11.0%*	*100.0%*
Net Revenue		$1,666,836	$0	$0	$0	$0	$205,119	**$1,871,955**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	1
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	9
15-44 yr	0	0	0	**Black/ African American**	10	**Unknown Ethnicity Patient**	0
45-64	1	0	1	**Hawaiian /Pacific Islande**	0	**TOTAL:**	10
65-74 yr	7	2	9	**White:**	0		
75 < yr	0	0	0	**Unknown**	0		
Total	8	2	10	**TOTAL:**	10		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - South Chicago	**Legal Entity Operator:**	National Medical Care, Inc.
Address:	9200 South Chicago Avenue	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	ROCKFORD 550, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2519	**Medical Director Name:**	Kareen Simpson, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	36
Certified Stations by CMS:	36
Peak Authorized Stations Operated:	36
Authorized Stations Setup and Staffed in Oct 1-7:	36
Isolation Stations Set up In Oct 1-7: (subset of authorized stations)	0
Number of Shifts Operated per day	3

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	32
Regsitered Nurse :	7
Dialysis Technician :	18
Dietician :	1
Social Worker:	1
LPN :	0
Other Health :	0
Other Non-Health:	4

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	17.5	17.5	17.5	17.5	17.5
Number of Patients Treated	92	0	81	93	83	94	85

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	180
Patients treated as of 12/31/2011: (Ending patients)	193
Total Unduplicated patients treated in calendar year:	239

Facility Reported Treatment Information

In-Center Treatments in calendar year:	27633
Number of Missed Treatments:	2612
Average Daily Treatments:	88.28
Average Treatment Time (min):	270

ADDITIONS to the FACILITY

New Patients:	49
Transient Patients:	4
Patients Re-Started:	6
Post-Transplant Patient	0
Total:	59

LOSSES to the FACILITY

Recovered patients:	0
Transplant Recipients:	2
Patients transferred out:	26
Patients voluntarily discontinued:	2
Patients lost to follow up:	1
Patients deceased:	15
Total:	46

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	33696
Use Rate (Treatments/Treatment capacity):	82%
Use Rate (including Missed Treatments):	90%
Use Rate (Begining patients treated):	83%
Use Rate (Year end Patients/Stations*6):	89%
Renal Network Use Rate:	89%

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	64.4%	*21.3%*	*13.4%*	*0.0%*	*0.4%*	*0.4%*	*100.0%*
Patients	154	51	32	0	1	1	239
1/1/2010 to 12/31/2010	*51.5%*	*16.6%*	*30.7%*	*0.0%*	*0.8%*	*0.4%*	*100.0%*
Net Revenue	$4,404,544	$1,422,072	$2,624,119	$0	$70,848	$31,933	**$8,553,516**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	30	15	45
45-64	54	42	96
65-74 yr	32	29	61
75 < yr	18	19	37
Total	134	105	239

Patients by Race

Asian Patients	0
Native American/ Indian	0
Black/ African American	185
Hawaiian /Pacific Islande	0
White:	54
Unknown	0
TOTAL:	239

Patients by Ethnicity

Hispanic Latino Patient	53
Non-Hispanic Latino Patient	186
Unknown Ethnicity Patient	0
TOTAL:	239

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care of Lakeview	**Legal Entity Operator:**	Fresenius Medical Care of Illinois, LLC
Address:	4008 N. Broadway, St. 1200	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Thorek Hospital and Medical Center
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2679	**Medical Director Name:**	Sudesh Vohra, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	18
Certified Stations by CMS:	10
Peak Authorized Stations Operated:	10
Authorized Stations Setup and Staffed in Oct 1-7:	10
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0
Number of Shifts Operated per day	3

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	32
Regsitered Nurse :	3
Dialysis Technician :	5
Dietician :	1
Social Worker:	0
LPN :	0
Other Health :	1
Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	16	0	16	16	16	16	16
Number of Patients Treated	27	0	26	28	23	27	26

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	60
Patients treated as of 12/31/2011: (Ending patients)	56
Total Unduplicated patients treated in calendar year:	90

Facility Reported Treatment Information

In-Center Treatments in calendar year:	8245
Number of Missed Treatments:	386
Average Daily Treatments:	26.34
Average Treatment Time (min):	280

ADDITIONS to the FACILITY

New Patients:	29
Transient Patients:	1
Patients Re-Started:	0
Post-Transplant Patient	0
Total:	30

LOSSES to the FACILITY

Recovered patients:	1
Transplant Recipients:	6
Patients transferred out:	18
Patients voluntarily discontinued:	3
Patients lost to follow up:	1
Patients deceased:	7
Total:	36

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	16848
Use Rate (Treatments/Treatment capacity):	49%
Use Rate (including Missed Treatments):	51%
Use Rate (Begining patients treated):	56%
Use Rate (Year end Patients/Stations*6):	52%
Renal Network Use Rate:	61%

Patients and Net Revenue by Payor Source

		Medicare	**Medicaid**	**Private Insurance**	**Charity**	**Private Pay**	**Other Public**	**TOTAL**
Patients		*62.2%*	*23.3%*	*12.2%*	*0.0%*	*1.1%*	*1.1%*	*100.0%*
		56	21	11	0	1	1	90
1/1/2010 to	12/31/2010	*48.1%*	*12.7%*	*36.2%*	*0.0%*	*0.1%*	*2.9%*	*100.0%*
Net Revenue		$1,264,270	$333,130	$950,691	$0	$3,451	$75,123	**$2,626,665**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	6	3	9
45-64	22	17	39
65-74 yr	23	17	40
75 < yr	2	0	2
Total	53	37	90

Patients by Race

Asian Patients	9
Native American/ Indian	0
Black/ African American	23
Hawaiian /Pacific Islande	1
White:	57
Unknown	0
TOTAL:	90

Patients by Ethnicity

Hispanic Latino Patient	20
Non-Hispanic Latino Patient	70
Unknown Ethnicity Patient	0
TOTAL:	90

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Big Oaks Dialysis Center	**Legal Entity Operator:**	Total Renal Care Inc
Address:	5623 West Touhy	**Legal Entity Owner:**	
City:	Niles	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Board of the State Teachers Retirement System of
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2712	**Medical Director Name:**	Daiva Vailitis
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	32
Certified Stations by CMS:	12	**Regsitered Nurse :**	0
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	1
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	0
		LPN :	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	10	0	10	0	10
Number of Patients Treated	0	0	15	0	18	0	18

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	9	**In-Center Treatments in calendar year:**	2004
		Number of Missed Treatments:	126
Patients treated as of 12/31/2011: (Ending patients)	18	**Average Daily Treatments:**	6
		Average Treatment Time (min):	4
Total Unduplicated patients treated in calendar year:	56		

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	22	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	26	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	18%
Patients Re-Started:	0	**Patients transferred out:**	34	**Use Rate (including Missed Treatments):**	19%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	13%
Total:	48	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	25%
		Patients deceased:	3	**Renal Network Use Rate:**	26%
		Total:	39		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	75.0%	*3.6%*	*16.1%*	*0.0%*	*0.0%*	*5.4%*	*100.0%*
Patients	42	2	9	0	0	3	56
1/1/2010 to 12/31/2010	*77.9%*	*6.0%*	*13.0%*	*0.0%*	*0.0%*	*3.1%*	*100.0%*
Net Revenue	$1,271,532	$97,649	$212,930	$0	$0	$50,242	**$1,632,352**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	12	**Hispanic Latino Patient**	2
<14 yr	0	0	0	**Native American/ Indian**	1	**Non-Hispanic Latino Patient**	54
15-44 yr	4	1	5	**Black/ African American**	9	**Unknown Ethnicity Patient**	0
45-64	13	13	26	**Hawaiian /Pacific Islande**	0	**TOTAL:**	56
65-74 yr	7	5	12	**White:**	34		
75 < yr	8	5	13	**Unknown**	0		
Total	32	24	56	**TOTAL:**	56		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Center for Renal Replacement	**Legal Entity Operator:**	Center for Renal Replacement, LLC
Address:	7301 N. Lincoln Ave.	**Legal Entity Owner:**	
City:	Lincolnwood	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Imperial Realty
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2663	**Medical Director Name:**	James K. Yeung, M.D.
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	38
Certified Stations by CMS:	16	**Regsitered Nurse :**	1
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	4
Authorized Stations Setup and Staffed In Oct 1-7:	16	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	0	16	15	16	15	16
Number of Patients Treated	29	0	46	28	45	30	44

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	69	**In-Center Treatments in calendar year:**	11053
Patients treated as of 12/31/2011: (Ending patients)	73	**Number of Missed Treatments:**	591
Total Unduplicated patients treated in calendar year:	100	**Average Daily Treatments:**	35
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	31	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	1	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	74%
Patients Re-Started:	1	**Patients transferred out:**	13	**Use Rate (including Missed Treatments):**	78%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	72%
Total:	33	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	76%
		Patients deceased:	12	**Renal Network Use Rate:**	77%
		Total:	28		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		75.0%	*6.0%*	*18.0%*	*1.0%*	*0.0%*	*0.0%*	*100.0%*
Patients		75	6	18	1	0	0	100
1/1/2010 to	12/31/2010	*51.4%*	*11.9%*	*36.6%*	*0.1%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue		$1,432,311	$330,431	$1,018,718	$2,756	$0	$0	**$2,784,216**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	13	**Hispanic Latino Patient**	5
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	95
15-44 yr	0	0	0	**Black/ African American**	13	**Unknown Ethnicity Patient**	0
45-64	32	9	41	**Hawaiian /Pacific Islande**	0	**TOTAL:**	100
65-74 yr	14	7	21	**White:**	40		
75 < yr	25	13	38	**Unknown**	34		
Total	71	29	100	**TOTAL:**	100		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care of Roseland	**Legal Entity Operator:**	Fresenius Medical Care of Illinois, LLC
Address:	132 West 111th Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	Roseland Medical Center LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2690	**Medical Director Name:**	Nimeet Brahmbhatt, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	12
Certified Stations by CMS:	12
Peak Authorized Stations Operated:	12
Authorized Stations Setup and Staffed in Oct 1-7:	12
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0
Number of Shifts Operated per day	3

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	32
Regsitered Nurse :	3
Dialysis Technician :	6
Dietician :	0
Social Worker:	0
LPN :	0
Other Health :	0
Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	16.5	0	16.5	16.5	16.5	16.5	16.5
Number of Patients Treated	32	0	33	33	33	33	34

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	63
Patients treated as of 12/31/2011: (Ending patients)	70
Total Unduplicated patients treated in calendar year:	111

Facility Reported Treatment Information

In-Center Treatments in calendar year:	8924
Number of Missed Treatments:	1110
Average Daily Treatments:	28.51
Average Treatment Time (min):	270

ADDITIONS to the FACILITY

New Patients:	35
Transient Patients:	13
Patients Re-Started:	0
Post-Transplant Patient	0
Total:	48

LOSSES to the FACILITY

Recovered patients:	0
Transplant Recipients:	1
Patients transferred out:	28
Patients voluntarily discontinued:	4
Patients lost to follow up:	1
Patients deceased:	7
Total:	41

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	11232
Use Rate (Treatments/Treatment capacity):	79%
Use Rate (including Missed Treatments):	89%
Use Rate (Begining patients treated):	88%
Use Rate (Year end Patients/Stations*6):	97%
Renal Network Use Rate:	97%

Patients and Net Revenue by Payor Source

	Medicare	**Medicaid**	**Private Insurance**	**Charity**	**Private Pay**	**Other Public**	**TOTAL**
Patients	*60.4%*	*18.9%*	*18.9%*	*0.0%*	*0.9%*	*0.9%*	*100.0%*
	67	21	21	0	1	1	**111**
1/1/2010 to 12/31/2010	*37.0%*	*22.4%*	*38.9%*	*0.0%*	*0.9%*	*0.7%*	*100.0%*
Net Revenue	$990,794	$599,563	$1,040,938	$0	$24,945	$19,321	**$2,675,560**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	9	12	21
45-64	26	24	50
65-74 yr	10	10	20
75 < yr	6	14	20
Total	51	60	111

Patients by Race

Asian Patients	0
Native American/ Indian	0
Black/ African American	111
Hawaiian /Pacific Islande	0
White:	0
Unknown	0
TOTAL:	111

Patients by Ethnicity

Hispanic Latino Patient	0
Non-Hispanic Latino Patient	111
Unknown Ethnicity Patient	0
TOTAL:	111

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care of Uptown	**Legal Entity Operator:**	Renal Care Group Chicago Uptown, LLC
Address:	4720 North Marine Drive, Suite 200	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	MB REAL ESTATE SERVICES
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2692	**Medical Director Name:**	Neil Soifer, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	32
Certified Stations by CMS:	12	**Regsitered Nurse :**	1
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	6
Authorized Stations Setup and Staffed in Oct 1-7:	12	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	0
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	0	16.5	12.5	16.5	12.5	16.5
Number of Patients Treated	22	0	31	21	32	21	34

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	52	**In-Center Treatments in calendar year:**	8765
Patients treated as of 12/31/2011: (Ending patients)	60	**Number of Missed Treatments:**	212
Total Unduplicated patients treated in calendar year:	85	**Average Daily Treatments:**	28
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	31	**Recovered patients:**	3	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	1	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	78%
Patients Re-Started:	1	**Patients transferred out:**	13	**Use Rate (Including Missed Treatments):**	80%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	4	**Use Rate (Begining patients treated):**	72%
Total:	33	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	83%
		Patients deceased:	4	**Renal Network Use Rate:**	83%
		Total:	25		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	62.4%	*18.8%*	*16.5%*	*0.0%*	*1.2%*	*1.2%*	*100.0%*
Patients	53	16	14	0	1	1	85
1/1/2010 to 12/31/2010	*50.4%*	*13.5%*	*33.9%*	*0.0%*	*1.3%*	*1.0%*	*100.0%*
Net Revenue	$1,159,959	$310,411	$779,851	$0	$30,098	$22,515	$2,302,834

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	11	**Hispanic Latino Patient**	78
<14 yr	0	0	0	**Native American/ Indian**	4	**Non-Hispanic Latino Patient**	7
15-44 yr	7	5	12	**Black/ African American**	26	**Unknown Ethnicity Patient**	0
45-64	11	9	20	**Hawaiian /Pacific Islande**	0	**TOTAL:**	85
65-74 yr	17	9	26	**White:**	44		
75 < yr	13	14	27	**Unknown**	0		
Total	48	37	85	**TOTAL:**	85		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Alsip	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	12250 South Cicero, Ste #105	**Legal Entity Owner:**	
City:	Alsip	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Hickory Properties, Inc.
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2630	**Medical Director Name:**	Sejal Kalawadia, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	32
Certified Stations by CMS:	16	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	0
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	0	17.5	12.5	17.5	12.5	17.5
Number of Patients Treated	19	0	41	19	40	18	40

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	66	**In-Center Treatments in calendar year:**	9089
		Number of Missed Treatments:	802
Patients treated as of 12/31/2011: (Ending patients)	68	**Average Daily Treatments:**	29.04
		Average Treatment Time (min):	300
Total Unduplicated patients treated in calendar year:	94		

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	15	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	7	**Transplant Recipients:**	0	**Use Rate (Treatments/Treatment capacity):**	61%
Patients Re-Started:	3	**Patients transferred out:**	13	**Use Rate (including Missed Treatments):**	66%
Post-Transplant Patient	3	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	69%
Total:	28	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	71%
		Patients deceased:	13	**Renal Network Use Rate:**	71%
		Total:	28		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	72.3%	*7.4%*	*19.1%*	*0.0%*	*0.0%*	*1.1%*	*100.0%*
Patients	68	7	18	0	0	1	94
1/1/2010 to 12/31/2010	*56.9%*	*6.6%*	*36.5%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$1,907,579	$220,029	$1,223,973	$0	$0	$1	**$3,351,582**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	7	5	12
45-64	21	17	38
65-74 yr	13	12	25
75 < yr	7	12	19
Total	48	46	94

Patients by Race

Asian Patients	0
Native American/ Indian	0
Black/ African American	61
Hawaiian /Pacific Islande	1
White:	32
Unknown	0
TOTAL:	94

Patients by Ethnicity

Hispanic Latino Patient	7
Non-Hispanic Latino Patient	87
Unknown Ethnicity Patient	0
TOTAL:	94

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita - Monteclare Dialysis Center	**Legal Entity Operator:**	Total Renal Care
Address:	7009 West Belmont	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Robert Olsen
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2649	**Medical Director Name:**	Kenneth Kuznetsky
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	40
Certified Stations by CMS:	16	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	1
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	13	13	13	13	13
Number of Patients Treated	39	0	44	38	46	35	46

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	78	**In-Center Treatments in calendar year:**	12436
Patients treated as of 12/31/2011: (Ending patients)	83	**Number of Missed Treatments:**	1065
Total Unduplicated patients treated in calendar year:	154	**Average Daily Treatments:**	40
		Average Treatment Time (min):	240

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	56	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	27	**Transplant Recipients:**	5	**Use Rate (Treatments/Treatment capacity):**	83%
Patients Re-Started:	1	**Patients transferred out:**	54	**Use Rate (Including Missed Treatments):**	90%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	81%
Total:	84	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	86%
		Patients deceased:	18	**Renal Network Use Rate:**	86%
		Total:	79		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	74.0%	*8.4%*	*11.7%*	*1.9%*	*1.9%*	*1.9%*	*100.0%*
Patients	114	13	18	3	3	3	154
1/1/2010 to 12/31/2010	*34.5%*	*11.6%*	*47.0%*	*2.3%*	*2.3%*	*2.3%*	*100.0%*
Net Revenue	$1,719,366	$577,571	$2,344,317	$114,299	$114,299	$116,027	**$4,985,879**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	10	**Hispanic Latino Patient**	47
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	107
15-44 yr	21	7	28	**Black/ African American**	32	**Unknown Ethnicity Patient**	0
45-64	40	26	66	**Hawaiian /Pacific Islande**	3	**TOTAL:**	154
65-74 yr	18	19	37	**White:**	109		
75 < yr	12	11	23	**Unknown**	0		
Total	91	63	154	**TOTAL:**	154		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Merrionette Park	**Legal Entity Operator:**	Renal Care Group Chicago Southside, LLC
Address:	11650 S. Kedzie Avenue	**Legal Entity Owner:**	
City:	Merrionette Park	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	RSA PROPERTIES, LLC
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2667	**Medical Director Name:**	Ejikeme Obasi, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	18	**Full-Time Work Week:**	32
Certified Stations by CMS:	18	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	18	**Dialysis Technician :**	10
Authorized Stations Setup and Staffed in Oct 1-7:	18	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	17	17	17	17	17
Number of Patients Treated	48	0	51	48	51	48	51

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	94	**In-Center Treatments in calendar year:**	13803
Patients treated as of 12/31/2011: (Ending patients)	100	**Number of Missed Treatments:**	121
Total Unduplicated patients treated in calendar year:	132	**Average Daily Treatments:**	44.09
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	33	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	16848
Transient Patients:	3	**Transplant Recipients:**	4	**Use Rate (Treatments/Treatment capacity):**	82%
Patients Re-Started:	1	**Patients transferred out:**	11	**Use Rate (Including Missed Treatments):**	83%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	87%
Total:	38	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	93%
		Patients deceased:	15	**Renal Network Use Rate:**	93%
		Total:	32		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	65.2%	*6.1%*	*28.0%*	*0.0%*	*0.8%*	*0.0%*	*100.0%*
Patients	86	8	37	0	1	0	**132**
1/1/2010 to 12/31/2010	*31.7%*	*3.5%*	*64.8%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$2,377,593	$261,945	$4,851,799	$0	$1	$0	**$7,491,338**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	10	9	19
45-64	27	21	48
65-74 yr	13	28	41
75 < yr	11	13	24
Total	61	71	132

Patients by Race

Asian Patients	0
Native American/ Indian	1
Black/ African American	83
Hawaiian /Pacific Islande	1
White:	44
Unknown	3
TOTAL:	132

Patients by Ethnicity

Hispanic Latino Patient	3
Non-Hispanic Latino Patient	127
Unknown Ethnicity Patient	2
TOTAL:	132

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita Mount Greenwood Dialysis	**Legal Entity Operator:**	Renal Treatment Centers-Illinois, Inc
Address:	3401 W. 111th Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	South Chicago, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2660	**Medical Director Name:**	Mohamed Barakat
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	40
Certified Stations by CMS:	16	**Regsitered Nurse :**	4
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	12	0	16	12	16	12	16
Number of Patients Treated	30	0	44	29	40	29	43

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	75	**In-Center Treatments in calendar year:**	10881
Patients treated as of 12/31/2011: (Ending patients)	81	**Number of Missed Treatments:**	578
Total Unduplicated patients treated in calendar year:	149	**Average Daily Treatments:**	36
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	47	**Transplant Recipients:**	5	**Use Rate (Treatments/Treatment capacity):**	73%
Patients Re-Started:	0	**Patients transferred out:**	8	**Use Rate (including Missed Treatments):**	77%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	78%
Total:	74	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	84%
		Patients deceased:	9	**Renal Network Use Rate:**	84%
		Total:	24		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	87.9%	*4.0%*	*4.0%*	*1.3%*	*1.3%*	*1.3%*	*100.0%*
Patients	131	6	6	2	2	2	149
1/1/2011 to 12/31/2011	*50.3%*	*7.3%*	*31.0%*	*2.6%*	*2.6%*	*6.1%*	*100.0%*
Net Revenue	#########	26,970,936	#########	$9,622,449	$9,622,449	22,292,703	#########

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	10
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	139
15-44 yr	15	6	21	**Black/ African American**	107	**Unknown Ethnicity Patient**	0
45-64	40	15	55	**Hawaiian /Pacific Islande**	0	**TOTAL:**	149
65-74 yr	28	14	42	**White:**	35		
75 < yr	20	11	31	**Unknown**	7		
Total	103	46	149	**TOTAL:**	149		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care Lombard	**Legal Entity Operator:**	Fresenius Medical Care Lombard, LLC
Address:	1940 Springer Drive	**Legal Entity Owner:**	
City:	Lombard	**Ownership Type:**	Limited Liability Company
County:	DuPage	**Property Owner:**	SMII Oak Creek/LP, L.P.
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2722	**Medical Director Name:**	Samir Kumar, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	12	**Full-Time Work Week:**	32
Certified Stations by CMS:	12	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	12	**Dialysis Technician :**	2
Authorized Stations Setup and Staffed in Oct 1-7:	8	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	18.5	0	18	0	18
Number of Patients Treated	0	0	14	0	14	0	15

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	1	**In-Center Treatments in calendar year:**	1143
Patients treated as of 12/31/2011: (Ending patients)	17	**Number of Missed Treatments:**	46
Total Unduplicated patients treated in calendar year:	31	**Average Daily Treatments:**	7.33
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	19	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	11232
Transient Patients:	11	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	10%
Patients Re-Started:	0	**Patients transferred out:**	12	**Use Rate (including Missed Treatments):**	11%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	1%
Total:	30	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	24%
		Patients deceased:	1	**Renal Network Use Rate:**	24%
		Total:	14		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	64.5%	*6.5%*	*25.8%*	*0.0%*	*0.0%*	*3.2%*	*100.0%*
Patients	20	2	8	0	0	1	**31**
1/1/2010 to 12/31/2010	*0.0%*	*0.0%*	*99.9%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$1	$1	$5,960	$0	$0	$1	**$5,963**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	3	1	4
45-64	10	4	14
65-74 yr	3	2	5
75 < yr	4	4	8
Total	20	11	31

Patients by Race

Asian Patients	3
Native American/ Indian	0
Black/ African American	7
Hawaiian /Pacific Islande	0
White:	21
Unknown	0
TOTAL:	31

Patients by Ethnicity

Hispanic Latino Patient	0
Non-Hispanic Latino Patient	31
Unknown Ethnicity Patient	0
TOTAL:	31

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	John H. Stroger Hospital of Cook County Dialysis	**Legal Entity Operator:**	Cook County Health & Hospitals System/Stroger Ho
Address:	1901 West Harrison	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	County
County:	Cook	**Property Owner:**	John H. Stroger, Jr. Hospital of Cook County
HSA:	6	**Other Ownership:**	
Medicare ID:	14-0124	**Medical Director Name:**	Peter Hart, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	8	**Full-Time Work Week:**	40
Certified Stations by CMS:	8	**Regsitered Nurse :**	8
Peak Authorized Stations Operated:	8	**Dialysis Technician :**	0
Authorized Stations Setup and Staffed in Oct 1-7:	8	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	3.5	16	16	16	16	16	16
Number of Patients Treated	10	3	21	16	19	18	24

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	103	**In-Center Treatments in calendar year:**	6089
Patients treated as of 12/31/2011: (Ending patients)	84	**Number of Missed Treatments:**	0
Total Unduplicated patients treated in calendar year:	103	**Average Daily Treatments:**	6089
		Average Treatment Time (min):	16

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	91	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	7488
Transient Patients:	0	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	81%
Patients Re-Started:	0	**Patients transferred out:**	87	**Use Rate (including Missed Treatments):**	81%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	215%
Total:	91	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	175%
		Patients deceased:	4	**Renal Network Use Rate:**	177%
		Total:	97		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*39.8%*	*14.6%*	*0.0%*	*45.6%*	*0.0%*	*0.0%*	*100.0%*
	41	15	0	47	0	0	103
12/1/2010 to 11/30/2011	*25.7%*	*40.1%*	*0.0%*	*34.2%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue	$26,692	$41,669	$0	$35,578	$0	$0	$103,938

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	14	24	38
45-64	21	24	45
65-74 yr	6	7	13
75 < yr	7	0	7
Total	48	55	103

Patients by Race		Patients by Ethnicity	
Asian Patients	4	**Hispanic Latino Patient**	43
Native American/ Indian	18	**Non-Hispanic Latino Patient**	60
Black/ African American	44	**Unknown Ethnicity Patient**	0
Hawaiian /Pacific Islande	0	**TOTAL:**	103
White:	25		
Unknown	12		
TOTAL:	103		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Beverly Dialysis Center	**Legal Entity Operator:**	Davita Dialysis
Address:	8109 South Western Avenue	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Dr. Mazhar Butt
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2638	**Medical Director Name:**	Dr. James Rydel
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	12
Certified Stations by CMS:	12
Peak Authorized Stations Operated:	12
Authorized Stations Setup and Staffed in Oct 1-7:	12
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1
Number of Shifts Operated per day	3

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	40
Regsitered Nurse :	2
Dialysis Technician :	6
Dietician :	1
Social Worker:	0
LPN :	0
Other Health :	1
Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	16	0	16.5	16	16.5	16	16
Number of Patients Treated	30	0	30	31	30	29	30

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	63
Patients treated as of 12/31/2011: (Ending patients)	67
Total Unduplicated patients treated in calendar year:	56

Facility Reported Treatment Information

In-Center Treatments in calendar year:	9154
Number of Missed Treatments:	326
Average Daily Treatments:	29
Average Treatment Time (min):	210

ADDITIONS to the FACILITY

New Patients:	19
Transient Patients:	9
Patients Re-Started:	0
Post-Transplant Patient	0
Total:	28

LOSSES to the FACILITY

Recovered patients:	2
Transplant Recipients:	3
Patients transferred out:	8
Patients voluntarily discontinued:	0
Patients lost to follow up:	0
Patients deceased:	11
Total:	**24**

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	11232
Use Rate (Treatments/Treatment capacity):	81%
Use Rate (Including Missed Treatments):	84%
Use Rate (Begining patients treated):	88%
Use Rate (Year end Patients/Stations*6):	93%
Renal Network Use Rate:	78%

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*57.1%*	*10.7%*	*3.6%*	*3.6%*	*21.4%*	*3.6%*	*100.0%*
		32	6	2	2	12	2	56
1/1/2010 to	12/31/2010	*45.5%*	*7.6%*	*41.2%*	*2.8%*	*2.8%*	*0.2%*	*100.0%*
Net Revenue		$1,553,693	$259,371	$1,409,030	$94,624	$94,624	$6,681	**$3,418,024**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	7	4	11
45-64	12	11	23
65-74 yr	4	6	10
75 < yr	4	8	12
Total	27	29	56

Patients by Race

Asian Patients	0
Native American/ Indian	0
Black/ African American	53
Hawaiian /Pacific Islande	0
White:	3
Unknown	0
TOTAL:	56

Patients by Ethnicity

Hispanic Latino Patient	2
Non-Hispanic Latino Patient	54
Unknown Ethnicity Patient	0
TOTAL:	56

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Berwyn	**Legal Entity Operator:**	Dialysis Centers of America - Illinois, Inc.
Address:	2601 South Harlem Avenue	**Legal Entity Owner:**	
City:	Berwyn	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	BRAUVIN NET LEASE, LLC
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2533	**Medical Director Name:**	Laurens Lohmann, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	28	**Full-Time Work Week:**	32
Certified Stations by CMS:	28	**Regsitered Nurse :**	7
Peak Authorized Stations Operated:	28	**Dialysis Technician :**	19
Authorized Stations Setup and Staffed in Oct 1-7:	28	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	17	17	17	17	17
Number of Patients Treated	68	0	79	68	77	65	78

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	144	**In-Center Treatments in calendar year:**	22507
Patients treated as of 12/31/2011: (Ending patients)	155	**Number of Missed Treatments:**	641
Total Unduplicated patients treated in calendar year:	235	**Average Daily Treatments:**	71.91
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	79	**Recovered patients:**	6	**Treatment Capacity/year (based on Stations):**	26208
Transient Patients:	11	**Transplant Recipients:**	13	**Use Rate (Treatments/Treatment capacity):**	86%
Patients Re-Started:	0	**Patients transferred out:**	28	**Use Rate (including Missed Treatments):**	88%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	3	**Use Rate (Begining patients treated):**	86%
Total:	91	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	92%
		Patients deceased:	16	**Renal Network Use Rate:**	92%
		Total:	67		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	60.0%	*18.3%*	*20.9%*	*0.0%*	*0.4%*	*0.4%*	*100.0%*
Patients	141	43	49	0	1	1	**235**
1/1/2010 to 12/31/2010	*44.9%*	*14.1%*	*40.1%*	*0.0%*	*0.6%*	*0.3%*	*100.0%*
Net Revenue	$3,954,331	$1,240,629	$3,523,849	$0	$56,513	$22,580	**$8,797,903**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	156
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	72
15-44 yr	18	11	29	**Black/ African American**	47	**Unknown Ethnicity Patient**	7
45-64	41	31	72	**Hawaiian /Pacific Islande**	0	**TOTAL:**	235
65-74 yr	37	49	86	**White:**	167		
75 < yr	17	31	48	**Unknown**	21		
Total	113	122	235	**TOTAL:**	235		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - North Avenue	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	911 W. North Avenue	**Legal Entity Owner:**	
City:	Melrose Park	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Gottlieb Memorial Hospital
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2602	**Medical Director Name:**	Martin Finn, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	24	**Full-Time Work Week:**	32
Certified Stations by CMS:	22	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	22	**Dialysis Technician :**	13
Authorized Stations Setup and Staffed in Oct 1-7:	22	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	0	18	18	18	18	18
Number of Patients Treated	56	0	57	60	56	57	56

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	118	**In-Center Treatments in calendar year:**	17625
Patients treated as of 12/31/2011: (Ending patients)	127	**Number of Missed Treatments:**	1211
Total Unduplicated patients treated in calendar year:	164	**Average Daily Treatments:**	56.31
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	55	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	22464
Transient Patients:	4	**Transplant Recipients:**	5	**Use Rate (Treatments/Treatment capacity):**	78%
Patients Re-Started:	1	**Patients transferred out:**	32	**Use Rate (including Missed Treatments):**	84%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	5	**Use Rate (Begining patients treated):**	82%
Total:	60	**Patients lost to follow up:**	6	**Use Rate (Year end Patients/Stations*6):**	88%
		Patients deceased:	0	**Renal Network Use Rate:**	88%
		Total:	49		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	68.3%	*8.5%*	*22.6%*	*0.0%*	*0.6%*	*0.0%*	*100.0%*
Patients	112	14	37	0	1	0	164
1/1/2010 to 12/31/2010	*48.3%*	*10.5%*	*40.7%*	*0.0%*	*0.4%*	*0.0%*	*100.0%*
Net Revenue	$2,326,982	$507,209	$1,960,543	$0	$20,189	$0	**$4,814,922**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	3	**Hispanic Latino Patient**	30
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	134
15-44 yr	12	11	23	**Black/ African American**	53	**Unknown Ethnicity Patient**	0
45-64	43	17	60	**Hawaiian /Pacific Islande**	0	**TOTAL:**	164
65-74 yr	29	15	44	**White:**	108		
75 < yr	17	20	37	**Unknown**	0		
Total	101	63	164	**TOTAL:**	164		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - West Metro	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	1044 North Mozart	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Norwegian American Hospital
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2536	**Medical Director Name:**	Remegio Vilbar, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	30	**Full-Time Work Week:**	32
Certified Stations by CMS:	30	**Regsitered Nurse :**	8
Peak Authorized Stations Operated:	30	**Dialysis Technician :**	16
Authorized Stations Setup and Staffed in Oct 1-7:	30	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	4

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	17	17	17	17	17
Number of Patients Treated	77	0	80	81	79	79	78

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	177	**In-Center Treatments in calendar year:**	24851
Patients treated as of 12/31/2011: (Ending patients)	170	**Number of Missed Treatments:**	825
Total Unduplicated patients treated in calendar year:	230	**Average Daily Treatments:**	79.4
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	38	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	28080
Transient Patients:	10	**Transplant Recipients:**	6	**Use Rate (Treatments/Treatment capacity):**	89%
Patients Re-Started:	0	**Patients transferred out:**	28	**Use Rate (Including Missed Treatments):**	91%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	98%
Total:	50	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	94%
		Patients deceased:	25	**Renal Network Use Rate:**	94%
		Total:	60		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*68.3%*	*22.6%*	*8.3%*	*0.0%*	*0.4%*	*0.4%*	*100.0%*
	157	52	19	0	1	1	**230**
1/1/2010 to 12/31/2010	*50.9%*	*28.1%*	*19.4%*	*0.0%*	*0.8%*	*0.7%*	*100.0%*
Net Revenue	$3,701,472	$2,042,318	$1,412,537	$0	$60,235	$50,184	**$7,266,745**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	15	4	19
45-64	73	40	113
65-74 yr	28	28	56
75 < yr	25	17	42
Total	141	89	230

Patients by Race

Asian Patients	2
Native American/ Indian	0
Black/ African American	70
Hawaiian /Pacific Islande	0
White:	145
Unknown	13
TOTAL:	230

Patients by Ethnicity

Hispanic Latino Patient	127
Non-Hispanic Latino Patient	90
Unknown Ethnicity Patient	13
TOTAL:	230

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Marquette Park	**Legal Entity Operator:**	National Medical Care, Inc.
Address:	6515 S. Western Ave	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	CAPRI DEVELOPMENT 6517, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2566	**Medical Director Name:**	Satya Ahuja, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	32
Certified Stations by CMS:	16	**Regsitered Nurse :**	4
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	1	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	17	18	17	18	17
Number of Patients Treated	33	0	41	33	42	35	40

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	76	**In-Center Treatments in calendar year:**	11754
Patients treated as of 12/31/2011: (Ending patients)	90	**Number of Missed Treatments:**	783
Total Unduplicated patients treated in calendar year:	132	**Average Daily Treatments:**	37.55
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	49	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	9	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	78%
Patients Re-Started:	0	**Patients transferred out:**	27	**Use Rate (including Missed Treatments):**	84%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	79%
Total:	58	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	94%
		Patients deceased:	10	**Renal Network Use Rate:**	94%
		Total:	43		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		68.9%	*19.7%*	*10.6%*	*0.0%*	*0.0%*	*0.8%*	*100.0%*
Patients		91	26	14	0	0	1	132
1/1/2010 to	12/31/2010	*61.0%*	*22.6%*	*12.3%*	*0.0%*	*0.0%*	*4.1%*	*100.0%*
Net Revenue		$1,958,659	$726,481	$394,125	$0	$0	$130,175	**$3,209,440**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	34
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	98
15-44 yr	23	11	34	**Black/ African American**	95	**Unknown Ethnicity Patient**	0
45-64	34	20	54	**Hawaiian /Pacific Islande**	0	**TOTAL:**	132
65-74 yr	14	10	24	**White:**	37		
75 < yr	11	9	20	**Unknown**	0		
Total	82	50	132	**TOTAL:**	132		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care Ross Dialysis - Englewood	**Legal Entity Operator:**	Ross Dialysis Englewood, LLC
Address:	6333 South Green Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Limited Liability Company
County:	Cook	**Property Owner:**	AIN Investments, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2670	**Medical Director Name:**	April Kennedy, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	32
Certified Stations by CMS:	16	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	11
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16.5	0	16.5	16.5	16.5	16.5	16.5
Number of Patients Treated	36	0	40	39	41	36	45

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	82	**In-Center Treatments in calendar year:**	12202
Patients treated as of 12/31/2011: (Ending patients)	86	**Number of Missed Treatments:**	1250
Total Unduplicated patients treated in calendar year:	137	**Average Daily Treatments:**	38.98
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	42	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	11	**Transplant Recipients:**	1	**Use Rate (Treatments/Treatment capacity):**	81%
Patients Re-Started:	1	**Patients transferred out:**	36	**Use Rate (including Missed Treatments):**	90%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	85%
Total:	55	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	90%
		Patients deceased:	12	**Renal Network Use Rate:**	90%
		Total:	51		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	59.9%	*24.8%*	*13.9%*	*0.0%*	*0.7%*	*0.7%*	*100.0%*
Patients	82	34	19	0	1	1	**137**
1/1/2010 to 12/31/2010	*57.6%*	*15.6%*	*25.0%*	*0.0%*	*0.0%*	*1.9%*	*100.0%*
Net Revenue	$2,024,099	$546,820	$877,309	$0	$1,176	$65,846	**$3,515,250**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	4
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	133
15-44 yr	17	14	31	**Black/ African American**	132	**Unknown Ethnicity Patient**	0
45-64	37	19	56	**Hawaiian /Pacific Islande**	0	**TOTAL:**	137
65-74 yr	23	17	40	**White:**	1		
75 < yr	6	4	10	**Unknown**	4		
Total	83	54	137	**TOTAL:**	137		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Bridgeport	**Legal Entity Operator:**	National Medical Care, Inc
Address:	825 West 35th Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	ROCKFORD 550, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2524	**Medical Director Name:**	Maria Sobrero, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	27	**Full-Time Work Week:**	32
Certified Stations by CMS:	27	**Regsitered Nurse :**	8
Peak Authorized Stations Operated:	27	**Dialysis Technician :**	17
Authorized Stations Setup and Staffed in Oct 1-7:	27	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	2
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	17.5	17.5	17.5	17.5	17.5
Number of Patients Treated	67	0	70	71	73	67	73

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	143	**In-Center Treatments in calendar year:**	21333
Patients treated as of 12/31/2011: (Ending patients)	152	**Number of Missed Treatments:**	1948
Total Unduplicated patients treated in calendar year:	200	**Average Daily Treatments:**	68.16
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	47	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	25272
Transient Patients:	8	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	84%
Patients Re-Started:	1	**Patients transferred out:**	35	**Use Rate (including Missed Treatments):**	92%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	88%
Total:	57	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	94%
		Patients deceased:	8	**Renal Network Use Rate:**	83%
		Total:	48		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	60.0%	*29.5%*	*9.0%*	*0.0%*	*1.0%*	*0.5%*	*100.0%*
Patients	120	59	18	0	2	1	**200**
1/1/2010 to 12/31/2010	*49.9%*	*24.6%*	*23.9%*	*0.0%*	*0.2%*	*1.4%*	*100.0%*
Net Revenue	$2,975,003	$1,465,261	$1,422,574	$0	$9,761	$83,852	**$5,956,449**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	22	22	44
45-64	39	35	74
65-74 yr	22	30	52
75 < yr	11	19	30
Total	94	106	200

Patients by Race

Asian Patients	15
Native American/ Indian	0
Black/ African American	115
Hawaiian /Pacific Islande	0
White:	25
Unknown	45
TOTAL:	200

Patients by Ethnicity

Hispanic Latino Patient	60
Non-Hispanic Latino Patient	130
Unknown Ethnicity Patient	10
TOTAL:	200

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care Willowbrook	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	6300 Kingery Highway, Ste 408	**Legal Entity Owner:**	
City:	Willowbrook	**Ownership Type:**	For Profit Corporation
County:	DuPage	**Property Owner:**	Regency Centers LP
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2632	**Medical Director Name:**	May Chow, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	32
Certified Stations by CMS:	16	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	16	**Dialysis Technician :**	7
Authorized Stations Setup and Staffed in Oct 1-7:	16	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	0
		LPN :	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	17.5	17.5	17.5	17.5	17.5
Number of Patients Treated	42	0	43	40	43	38	45

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	84	**In-Center Treatments in calendar year:**	12673
		Number of Missed Treatments:	770
Patients treated as of 12/31/2011: (Ending patients)	88	**Average Daily Treatments:**	40.49
		Average Treatment Time (min):	300
Total Unduplicated patients treated in calendar year:	148		

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	46	**Recovered patients:**	6	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	19	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	85%
Patients Re-Started:	0	**Patients transferred out:**	34	**Use Rate (Including Missed Treatments):**	90%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	9	**Use Rate (Begining patients treated):**	88%
Total:	66	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	92%
		Patients deceased:	11	**Renal Network Use Rate:**	92%
		Total:	62		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients	*66.2%*	*8.1%*	*25.0%*	*0.0%*	*0.0%*	*0.7%*	*100.0%*
	98	12	37	0	0	1	148
1/1/2010 to 12/31/2010	*51.0%*	*5.5%*	*43.4%*	*0.0%*	*0.0%*	*0.1%*	*100.0%*
Net Revenue	$2,122,158	$229,927	$1,806,115	$0	$0	$4,590	**$4,162,789**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	14	**Hispanic Latino Patient**	6
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	142
15-44 yr	6	2	8	**Black/ African American**	31	**Unknown Ethnicity Patient**	0
45-64	37	15	52	**Hawaiian /Pacific Islande**	0	**TOTAL:**	148
65-74 yr	27	16	43	**White:**	103		
75 < yr	25	20	45	**Unknown**	0		
Total	95	53	148	**TOTAL:**	148		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care Burbank	**Legal Entity Operator:**	Bio-Medical Applications of Illinois, Inc.
Address:	4811 W. 77th Street	**Legal Entity Owner:**	
City:	Burbank	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Burbank Town Center
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2641	**Medical Director Name:**	Vinitha Raghavan, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	26	**Full-Time Work Week:**	32
Certified Stations by CMS:	26	**Regsitered Nurse :**	6
Peak Authorized Stations Operated:	26	**Dialysis Technician :**	13
Authorized Stations Setup and Staffed in Oct 1-7:	26	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	2	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	17.5	17.5	17.5	17.5	17.5
Number of Patients Treated	51	0	53	55	53	55	52

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	120	**In-Center Treatments in calendar year:**	17131
		Number of Missed Treatments:	1945
Patients treated as of 12/31/2011: (Ending patients)	130	**Average Daily Treatments:**	54.73
		Average Treatment Time (min):	270
Total Unduplicated patients treated in calendar year:	183		

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	49	**Recovered patients:**	4	**Treatment Capacity/year (based on Stations):**	24336
Transient Patients:	11	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	70%
Patients Re-Started:	0	**Patients transferred out:**	29	**Use Rate (including Missed Treatments):**	78%
Post-Transplant Patient	3	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	77%
Total:	63	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	83%
		Patients deceased:	19	**Renal Network Use Rate:**	83%
		Total:	55		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	57.4%	*15.3%*	*26.2%*	*0.0%*	*0.5%*	*0.5%*	*100.0%*
Patients	105	28	48	0	1	1	183
1/1/2010 to 12/31/2010	*47.1%*	*10.4%*	*41.5%*	*0.0%*	*0.2%*	*0.8%*	*100.0%*
Net Revenue	$2,603,730	$575,928	$2,293,908	$0	$9,058	$41,508	**$5,524,132**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	1	**Hispanic Latino Patient**	45
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	138
15-44 yr	16	6	22	**Black/ African American**	96	**Unknown Ethnicity Patient**	0
45-64	50	33	83	**Hawaiian /Pacific Islande**	0	**TOTAL:**	183
65-74 yr	19	26	45	**White:**	86		
75 < yr	14	19	33	**Unknown**	0		
Total	99	84	183	**TOTAL:**	183		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care West Belmont	**Legal Entity Operator:**	Bio-Medical Applications of Illinois, Inc.
Address:	4943 West Belmont	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	4935 W. BELMONT, INC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2523	**Medical Director Name:**	Neeta Dhananjaya, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	13
Certified Stations by CMS:	13
Peak Authorized Stations Operated:	13
Authorized Stations Setup and Staffed in Oct 1-7:	13
Isolation Stations Set up In Oct 1-7: (subset of authorized stations)	1
Number of Shifts Operated per day	3

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	32
Regsitered Nurse :	3
Dialysis Technician :	5
Dietician :	0
Social Worker:	0
LPN :	0
Other Health :	0
Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	16.5	0	16.5	16.5	16.5	16.5	16.5
Number of Patients Treated	30	0	34	30	34	30	35

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	57
Patients treated as of 12/31/2011: (Ending patients)	67
Total Unduplicated patients treated in calendar year:	97

Facility Reported Treatment Information

In-Center Treatments in calendar year:	9337
Number of Missed Treatments:	392
Average Daily Treatments:	29.83
Average Treatment Time (min):	300

ADDITIONS to the FACILITY

New Patients:	33
Transient Patients:	7
Patients Re-Started:	0
Post-Transplant Patient	0
Total:	40

LOSSES to the FACILITY

Recovered patients:	0
Transplant Recipients:	3
Patients transferred out:	22
Patients voluntarily discontinued:	1
Patients lost to follow up:	0
Patients deceased:	4
Total:	30

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	12168
Use Rate (Treatments/Treatment capacity):	77%
Use Rate (including Missed Treatments):	80%
Use Rate (Begining patients treated):	73%
Use Rate (Year end Patients/Stations*6):	86%
Renal Network Use Rate:	86%

Patients and Net Revenue by Payor Source

	Medicare	**Medicaid**	**Private Insurance**	**Charity**	**Private Pay**	**Other Public**	**TOTAL**
Patients	*50.5%*	*39.2%*	*8.2%*	*0.0%*	*1.0%*	*1.0%*	*100.0%*
	49	38	8	0	1	1	97
1/1/2010 to 12/31/2010	*44.4%*	*36.3%*	*18.7%*	*0.0%*	*0.7%*	*0.0%*	*100.0%*
Net Revenue	$1,089,198	$890,089	$458,105	$0	$16,163	$1	**$2,453,557**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	16	9	25
45-64	20	12	32
65-74 yr	15	13	28
75 < yr	5	7	12
Total	56	41	97

Patients by Race

Asian Patients	2
Native American/ Indian	0
Black/ African American	14
Hawaiian /Pacific Islande	0
White:	11
Unknown	70
TOTAL:	97

Patients by Ethnicity

Hispanic Latino Patient	70
Non-Hispanic Latino Patient	27
Unknown Ethnicity Patient	0
TOTAL:	97

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	University of Illinois Hospital Dialysis	**Legal Entity Operator:**	The Board of Trustees of The University of Illinoi
Address:	1859 West Taylor	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Other Governmental (speci
County:	Cook	**Property Owner:**	The Board of Trustees of The University of Illinoi
HSA:	6	**Other Ownership:**	State
Medicare ID:	14-0150	**Medical Director Name:**	Jose A. L. Arruda
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	26	**Full-Time Work Week:**	40
Certified Stations by CMS:	26	**Regsitered Nurse :**	12
Peak Authorized Stations Operated:	26	**Dialysis Technician :**	23
Authorized Stations Setup and Staffed in Oct 1-7:	23	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	1
		LPN :	1
Number of Shifts Operated per day	3	**Other Health :**	23
		Other Non-Health:	8

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	0	18	18	18	18	18
Number of Patients Treated	60	0	61	61	61	60	59

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	130	**In-Center Treatments in calendar year:**	19121
Patients treated as of 12/31/2011: (Ending patients)	138	**Number of Missed Treatments:**	1885
Total Unduplicated patients treated in calendar year:	159	**Average Daily Treatments:**	61
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	23	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	24336
Transient Patients:	0	**Transplant Recipients:**	8	**Use Rate (Treatments/Treatment capacity):**	79%
Patients Re-Started:	0	**Patients transferred out:**	10	**Use Rate (Including Missed Treatments):**	86%
Post-Transplant Patient	6	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	83%
Total:	29	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	88%
		Patients deceased:	7	**Renal Network Use Rate:**	88%
		Total:	26		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*60.4%*	*23.3%*	*13.2%*	*0.0%*	*3.1%*	*0.0%*	*100.0%*
		96	37	21	0	5	0	159
7/1/2010 to	6/30/2011	*24.2%*	*38.0%*	*33.8%*	*0.0%*	*4.0%*	*0.0%*	*100.0%*
Net Revenue		#########	#########	#########	$0	20,878,278	$0	#########

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	1	**Hispanic Latino Patient**	57
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	98
15-44 yr	19	19	38	**Black/ African American**	97	**Unknown Ethnicity Patient**	4
45-64	39	36	75	**Hawaiian /Pacific Islande**	0	**TOTAL:**	159
65-74 yr	13	18	31	**White:**	54		
75 < yr	6	9	15	**Unknown**	7		
Total	77	82	159	**TOTAL:**	159		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita Emerald Dialysis	**Legal Entity Operator:**	Total Renal Care Inc., d/b/a DaVita Emerald Dialys
Address:	710 West 43rd Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	J & D Property Venture
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2529	**Medical Director Name:**	Dr. Edwin Cook
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	24	**Full-Time Work Week:**	40
Certified Stations by CMS:	24	**Regsitered Nurse :**	8
Peak Authorized Stations Operated:	24	**Dialysis Technician :**	15
Authorized Stations Setup and Staffed in Oct 1-7:	24	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	1
		Other Non-Health:	4

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16.3	0	16.3	16.3	16.3	16.3	16.3
Number of Patients Treated	48	0	68	53	64	49	66

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	132	**In-Center Treatments in calendar year:**	18317
Patients treated as of 12/31/2011: (Ending patients)	133	**Number of Missed Treatments:**	1329
Total Unduplicated patients treated in calendar year:	133	**Average Daily Treatments:**	60
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	30	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	22464
Transient Patients:	59	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	82%
Patients Re-Started:	0	**Patients transferred out:**	66	**Use Rate (including Missed Treatments):**	87%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	92%
Total:	89	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	92%
		Patients deceased:	7	**Renal Network Use Rate:**	90%
		Total:	75		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	71.4%	*15.8%*	*3.0%*	*4.5%*	*2.3%*	*3.0%*	*100.0%*
Patients	95	21	4	6	3	4	133
1/1/2011 to 12/31/2011	*51.9%*	*29.0%*	*8.6%*	*4.4%*	*4.4%*	*1.7%*	*100.0%*
Net Revenue	$2,701,062	$1,509,266	$448,248	$228,357	$228,357	$86,235	**$5,201,527**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	7
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	126
15-44 yr	27	8	35	**Black/ African American**	123	**Unknown Ethnicity Patient**	0
45-64	44	18	62	**Hawaiian /Pacific Islande**	0	**TOTAL:**	133
65-74 yr	15	8	23	**White:**	3		
75 < yr	8	5	13	**Unknown**	7		
Total	94	39	133	**TOTAL:**	133		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Mt. Sinai Hospital Med Ctr	**Legal Entity Operator:**	Mt. Sinai Hospital and Medical Center
Address:	2798 West 15th Place	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Other Not for Profit Corp
County:	Cook	**Property Owner:**	Mt, Sinai Hospital and Medical Center
HSA:	6	**Other Ownership:**	
Medicare ID:	14-0018	**Medical Director Name:**	Dr. Mohammad Ahmed
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	**Full-Time Work Week:**	40
Certified Stations by CMS:	16	**Regsitered Nurse :**	11
Peak Authorized Stations Operated:	11	**Dialysis Technician :**	5
Authorized Stations Setup and Staffed in Oct 1-7:	11	**Dietician :**	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	3.5	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	16	12	16	12	16
Number of Patients Treated	29	0	43	31	41	29	42

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	69	**In-Center Treatments in calendar year:**	10481
Patients treated as of 12/31/2011: (Ending patients)	77	**Number of Missed Treatments:**	592
Total Unduplicated patients treated in calendar year:	77	**Average Daily Treatments:**	38
		Average Treatment Time (min):	212

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	18	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	14976
Transient Patients:	0	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	70%
Patients Re-Started:	0	**Patients transferred out:**	3	**Use Rate (including Missed Treatments):**	74%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	72%
Total:	18	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	80%
		Patients deceased:	5	**Renal Network Use Rate:**	82%
		Total:	11		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*53.2%*	*37.7%*	*5.2%*	*3.9%*	*0.0%*	*0.0%*	*100.0%*
		41	29	4	3	0	0	77
7/1/2010 to	6/30/2011	*46.9%*	*13.2%*	*30.4%*	*9.4%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue		$1,200,000	$338,000	$778,000	$240,000	$0	$0	**$2,556,000**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	26
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	51
15-44 yr	6	12	18	**Black/ African American**	49	**Unknown Ethnicity Patient**	0
45-64	13	19	32	**Hawaiian /Pacific Islande**	0	**TOTAL:**	77
65-74 yr	13	6	19	**White:**	28		
75 < yr	3	5	8	**Unknown**	0		
Total	35	42	77	**TOTAL:**	77		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita - Lincoln Park Dialysis Center	**Legal Entity Operator:**	Total Renal care
Address:	3157 N. Lincoln Avenue	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Imperial Realty
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2528	**Medical Director Name:**	Melvin K. Roseman
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	22	**Full-Time Work Week:**	40
Certified Stations by CMS:	22	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	20	**Dialysis Technician :**	9
Authorized Stations Setup and Staffed in Oct 1-7:	20	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	3	**Other Health :**	3
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	13	13	13	13	13
Number of Patients Treated	41	0	57	41	51	41	54

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	106	**In-Center Treatments in calendar year:**	15305
Patients treated as of 12/31/2011: (Ending patients)	111	**Number of Missed Treatments:**	512
Total Unduplicated patients treated in calendar year:	163	**Average Daily Treatments:**	55
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	47	**Recovered patients:**	2	**Treatment Capacity/year (based on Stations):**	20592
Transient Patients:	51	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	74%
Patients Re-Started:	1	**Patients transferred out:**	70	**Use Rate (Including Missed Treatments):**	77%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	3	**Use Rate (Begining patients treated):**	80%
Total:	100	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	84%
		Patients deceased:	20	**Renal Network Use Rate:**	81%
		Total:	98		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*71.8%*	*16.0%*	*6.7%*	*0.0%*	*1.8%*	*3.7%*	*100.0%*
		117	26	11	0	3	6	163
1/1/2011 to	12/31/2011	*44.4%*	*20.9%*	*31.1%*	*0.0%*	*2.0%*	*1.5%*	*100.0%*
Net Revenue		$2,212,546	$1,043,102	$1,551,218	$0	$102,159	$75,368	**$4,984,393**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	16	6	22
45-64	47	23	70
65-74 yr	26	13	39
75 < yr	19	13	32
Total	108	55	163

Patients by Race		Patients by Ethnicity	
Asian Patients	16	**Hispanic Latino Patient**	26
Native American/ Indian	0	**Non-Hispanic Latino Patient**	136
Black/ African American	67	**Unknown Ethnicity Patient**	1
Hawaiian /Pacific Islande	1	**TOTAL:**	163
White:	78		
Unknown	1		
TOTAL:	163		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Southside	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	3134 W. 76TH STREET	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Biomedical Medical Partners LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2508	**Medical Director Name:**	Ashutosh Gupta, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	39	**Full-Time Work Week:**	32
Certified Stations by CMS:	39	**Regsitered Nurse :**	8
Peak Authorized Stations Operated:	39	**Dialysis Technician :**	21
Authorized Stations Setup and Staffed in Oct 1-7:	39	**Dietician :**	1
Isolation Stations Set up In Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	1
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17.5	0	18	17.5	18	17.5	18
Number of Patients Treated	81	0	96	83	89	82	83

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	186	**In-Center Treatments in calendar year:**	27458
Patients treated as of 12/31/2011: (Ending patients)	199	**Number of Missed Treatments:**	2788
Total Unduplicated patients treated in calendar year:	286	**Average Daily Treatments:**	87.73
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	85	**Recovered patients:**	6	**Treatment Capacity/year (based on Stations):**	36504
Transient Patients:	15	**Transplant Recipients:**	4	**Use Rate (Treatments/Treatment capacity):**	75%
Patients Re-Started:	0	**Patients transferred out:**	49	**Use Rate (including Missed Treatments):**	83%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	79%
Total:	100	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	85%
		Patients deceased:	29	**Renal Network Use Rate:**	85%
		Total:	90		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	61.9%	*25.2%*	*12.2%*	*0.0%*	*0.3%*	*0.3%*	*100.0%*
Patients	177	72	35	0	1	1	**286**
1/1/2010 to 12/31/2010	*55.4%*	*24.2%*	*20.0%*	*0.0%*	*0.4%*	*0.0%*	*100.0%*
Net Revenue	$4,488,043	$1,955,996	$1,619,637	$0	$34,511	$229	**$8,098,415**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	30	20	50
45-64	79	52	131
65-74 yr	22	36	58
75 < yr	23	24	47
Total	154	132	286

Patients by Race

Asian Patients	2
Native American/ Indian	0
Black/ African American	225
Hawaiian /Pacific Islande	0
White:	56
Unknown	3
TOTAL:	286

Patients by Ethnicity

Hispanic Latino Patient	56
Non-Hispanic Latino Patient	228
Unknown Ethnicity Patient	2
TOTAL:	286

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Garfield	**Legal Entity Operator:**	Dialysis Centers of America - Illinois, Inc.
Address:	5401 South Wentworth	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	East Lake Management
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2555	**Medical Director Name:**	Brian Duffy, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	22	**Full-Time Work Week:**	32
Certified Stations by CMS:	22	**Regsitered Nurse :**	6
Peak Authorized Stations Operated:	22	**Dialysis Technician :**	10
Authorized Stations Setup and Staffed in Oct 1-7:	22	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	17.5	12	17.5	12	17.5
Number of Patients Treated	43	0	65	43	65	43	65

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	107	**In-Center Treatments in calendar year:**	15325
		Number of Missed Treatments:	1405
Patients treated as of 12/31/2011: (Ending patients)	108	**Average Daily Treatments:**	48.96
		Average Treatment Time (min):	270
Total Unduplicated patients treated in calendar year:	142		

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	39	**Recovered patients:**	1	**Treatment Capacity/year (based on Stations):**	20592
Transient Patients:	2	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	74%
Patients Re-Started:	1	**Patients transferred out:**	25	**Use Rate (including Missed Treatments):**	81%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	81%
Total:	42	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	82%
		Patients deceased:	8	**Renal Network Use Rate:**	82%
		Total:	37		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*62.0%*	*23.2%*	*13.4%*	*0.0%*	*0.7%*	*0.7%*	*100.0%*
		88	33	19	0	1	1	**142**
1/1/2010 to	12/31/2010	*55.7%*	*20.2%*	*22.4%*	*0.0%*	*0.3%*	*1.4%*	*100.0%*
Net Revenue		$2,744,363	$996,709	$1,105,557	$0	$12,443	$68,624	**$4,927,696**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	5
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	136
15-44 yr	10	16	26	**Black/ African American**	141	**Unknown Ethnicity Patient**	1
45-64	46	15	61	**Hawaiian /Pacific Islande**	0	**TOTAL:**	142
65-74 yr	10	13	23	**White:**	1		
75 < yr	14	18	32	**Unknown**	0		
Total	80	62	142	**TOTAL:**	142		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Loyola Dialysis Center	**Legal Entity Operator:**	loyola university medical center
Address:	1201 West Roosevelt Road	**Legal Entity Owner:**	
City:	Maywood	**Ownership Type:**	Other Not for Profit Corp
County:	Cook	**Property Owner:**	loyola university medical center
HSA:	7	**Other Ownership:**	
Medicare ID:	14-0276	**Medical Director Name:**	Vinod Bansal, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	30	**Full-Time Work Week:**	40
Certified Stations by CMS:	30	**Regsitered Nurse :**	11
Peak Authorized Stations Operated:	30	**Dialysis Technician :**	16
Authorized Stations Setup and Staffed in Oct 1-7:	30	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	0	16	16	16	16	16
Number of Patients Treated	62	0	71	66	67	64	70

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	146	**In-Center Treatments in calendar year:**	21
Patients treated as of 12/31/2011: (Ending patients)	150	**Number of Missed Treatments:**	582
Total Unduplicated patients treated in calendar year:	181	**Average Daily Treatments:**	67
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	51	**Recovered patients:**	3	**Treatment Capacity/year (based on Stations):**	28080
Transient Patients:	2	**Transplant Recipients:**	10	**Use Rate (Treatments/Treatment capacity):**	0%
Patients Re-Started:	0	**Patients transferred out:**	34	**Use Rate (Including Missed Treatments):**	2%
Post-Transplant Patient	3	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	81%
Total:	**56**	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	83%
		Patients deceased:	22	**Renal Network Use Rate:**	79%
		Total:	**69**		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		73.5%	*16.0%*	*7.7%*	*1.1%*	*0.6%*	*1.1%*	*100.0%*
Patients		133	29	14	2	1	2	**181**
7/1/2010 to	6/30/2011	*35.8%*	*9.3%*	*44.3%*	*1.8%*	*4.1%*	*4.7%*	*100.0%*
Net Revenue		#########	66,428,000	#########	12,803,661	29,667,000	33,368,000	#########

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	5	**Hispanic Latino Patient**	31
<14 yr	2	2	4	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	150
15-44 yr	21	14	35	**Black/ African American**	99	**Unknown Ethnicity Patient**	0
45-64	36	27	63	**Hawaiian /Pacific Islande**	0	**TOTAL:**	181
65-74 yr	17	29	46	**White:**	77		
75 < yr	17	16	33	**Unknown**	0		
Total	93	88	181	**TOTAL:**	181		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Northcenter	Legal Entity Operator:	National Medical Care, Inc.
Address:	2620 West Addison Street	Legal Entity Owner:	
City:	Chicago	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	BRYTON PROPERTIES, LLC ADDISON SERI
HSA:	6	Other Ownership:	
Medicare ID:	14-2531	Medical Director Name:	Mark Leischner, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Regsitered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	1
(subset of authorized stations)		LPN :	0
Number of Shifts Operated per day	3	Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	0	16	16	16	18	17
Number of Patients Treated	33	0	35	30	36	29	32

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	68	In-Center Treatments in calendar year:	10294
Patients treated as of 12/31/2011: (Ending patients)	75	Number of Missed Treatments:	604
Total Unduplicated patients treated in calendar year:	111	Average Daily Treatments:	32.89
		Average Treatment Time (min):	270

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	31	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14976
Transient Patients:	11	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	69%
Patients Re-Started:	0	Patients transferred out:	25	Use Rate (including Missed Treatments):	73%
Post-Transplant Patient	0	Patients voluntarily discontinued:	1	Use Rate (Begining patients treated):	71%
Total:	42	Patients lost to follow up:	2	Use Rate (Year end Patients/Stations*6):	78%
		Patients deceased:	4	Renal Network Use Rate:	78%
		Total:	35		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	64.0%	*14.4%*	*19.8%*	*0.0%*	*0.9%*	*0.9%*	*100.0%*
Patients	71	16	22	0	1	1	111
1/1/2010 to 12/31/2010	*53.5%*	*19.3%*	*25.4%*	*0.0%*	*0.5%*	*1.3%*	*100.0%*
Net Revenue	$1,842,325	$664,139	$872,915	$0	$18,613	$43,476	$3,441,468

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	3	5	8
45-64	25	35	60
65-74 yr	23	17	40
75 < yr	1	2	3
Total	52	59	111

Patients by Race		Patients by Ethnicity	
Asian Patients	11	Hispanic Latino Patient	20
Native American/ Indian	0	Non-Hispanic Latino Patient	91
Black/ African American	20	Unknown Ethnicity Patient	0
Hawaiian /Pacific Islande	0	TOTAL:	111
White:	80		
Unknown	0		
TOTAL:	111		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Prairie	**Legal Entity Operator:**	Dialysis Centers of America - Illinois, Inc.
Address:	1717 South Wabash Avenue	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Chicago Title Land Trust Company
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2569	**Medical Director Name:**	Sheldon Hirsch, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	24	**Full-Time Work Week:**	32
Certified Stations by CMS:	24	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	24	**Dialysis Technician :**	9
Authorized Stations Setup and Staffed in Oct 1-7:	24	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	18	13	18	13	18
Number of Patients Treated	41	0	56	42	54	42	55

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	90	**In-Center Treatments in calendar year:**	15165
Patients treated as of 12/31/2011: (Ending patients)	97	**Number of Missed Treatments:**	345
Total Unduplicated patients treated in calendar year:	131	**Average Daily Treatments:**	48.45
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	22464
Transient Patients:	14	**Transplant Recipients:**	3	**Use Rate (Treatments/Treatment capacity):**	68%
Patients Re-Started:	0	**Patients transferred out:**	20	**Use Rate (including Missed Treatments):**	69%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	63%
Total:	41	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	67%
		Patients deceased:	11	**Renal Network Use Rate:**	67%
		Total:	34		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	64.9%	*15.3%*	*19.1%*	*0.0%*	*0.8%*	*0.0%*	*100.0%*
Patients	85	20	25	0	1	0	**131**
1/1/2010 to 12/31/2010	*40.5%*	*5.0%*	*54.3%*	*0.0%*	*0.2%*	*0.0%*	*100.0%*
Net Revenue	$2,394,947	$292,561	$3,208,943	$0	$13,234	$0	**$5,909,684**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	6	**Hispanic Latino Patient**	3
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	128
15-44 yr	11	5	16	**Black/ African American**	117	**Unknown Ethnicity Patient**	0
45-64	26	18	44	**Hawaiian /Pacific Islande**	0	**TOTAL:**	131
65-74 yr	22	18	40	**White:**	8		
75 < yr	12	19	31	**Unknown**	0		
Total	71	60	131	**TOTAL:**	131		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Circle Medical Management	**Legal Entity Operator:**	Circle Medical Management, Inc.
Address:	1426 West Washington Blvd.	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Respiratory Health Association of Metropolitan Chi
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2540	**Medical Director Name:**	Stephen M. Korbet, M.D.
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	28	**Full-Time Work Week:**	32
Certified Stations by CMS:	26	**Regsitered Nurse :**	6
Peak Authorized Stations Operated:	28	**Dialysis Technician :**	24
Authorized Stations Setup and Staffed in Oct 1-7:	28	**Dietician :**	1
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	1
(subset of authorized stations)		**LPN :**	1
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	10

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	0	17	13	17	13	17
Number of Patients Treated	55	0	65	52	66	55	66

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	122	**In-Center Treatments in calendar year:**	17994
Patients treated as of 12/31/2011: (Ending patients)	121	**Number of Missed Treatments:**	356
Total Unduplicated patients treated in calendar year:	153	**Average Daily Treatments:**	58
		Average Treatment Time (min):	210

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	27	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	26208
Transient Patients:	0	**Transplant Recipients:**	8	**Use Rate (Treatments/Treatment capacity):**	69%
Patients Re-Started:	0	**Patients transferred out:**	9	**Use Rate (including Missed Treatments):**	70%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	73%
Total:	29	**Patients lost to follow up:**	1	**Use Rate (Year end Patients/Stations*6):**	72%
		Patients deceased:	9	**Renal Network Use Rate:**	70%
		Total:	28		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
		77.8%	*2.0%*	*20.3%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Patients		119	3	31	0	0	0	153
1/1/2010 to	12/31/2011	*64.3%*	*4.0%*	*31.8%*	*0.0%*	*0.0%*	*0.0%*	*100.0%*
Net Revenue		$3,709,526	$229,038	$1,833,422	$0	$0	$0	**$5,771,986**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	2	**Hispanic Latino Patient**	21
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	132
15-44 yr	13	20	33	**Black/ African American**	116	**Unknown Ethnicity Patient**	0
45-64	34	24	58	**Hawaiian /Pacific Islande**	0	**TOTAL:**	153
65-74 yr	14	19	33	**White:**	35		
75 < yr	11	18	29	**Unknown**	0		
Total	72	81	153	**TOTAL:**	153		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Northwestern	**Legal Entity Operator:**	Dialysis Centers of America - Illinois, Inc.
Address:	710 North Fairbanks, Suite 4-200	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Northwestern Memorial Hospital
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2597	**Medical Director Name:**	Brian Duffy, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	44	**Full-Time Work Week:**	32
Certified Stations by CMS:	44	**Regsitered Nurse :**	11
Peak Authorized Stations Operated:	40	**Dialysis Technician :**	28
Authorized Stations Setup and Staffed in Oct 1-7:	36	**Dietician :**	2
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	2
(subset of authorized stations)		**LPN :**	2
Number of Shifts Operated per day	3	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	0	18	18	18	18	18
Number of Patients Treated	89	0	99	92	98	92	100

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	198	**In-Center Treatments in calendar year:**	28223
Patients treated as of 12/31/2011: (Ending patients)	189	**Number of Missed Treatments:**	1158
Total Unduplicated patients treated in calendar year:	354	**Average Daily Treatments:**	90.17
		Average Treatment Time (min):	330

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	75	**Recovered patients:**	6	**Treatment Capacity/year (based on Stations):**	41184
Transient Patients:	48	**Transplant Recipients:**	10	**Use Rate (Treatments/Treatment capacity):**	69%
Patients Re-Started:	0	**Patients transferred out:**	75	**Use Rate (Including Missed Treatments):**	71%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	2	**Use Rate (Begining patients treated):**	75%
Total:	125	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	72%
		Patients deceased:	17	**Renal Network Use Rate:**	72%
		Total:	110		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	72.0%	*10.7%*	*15.8%*	*0.0%*	*1.4%*	*0.0%*	*100.0%*
Patients	255	38	56	0	5	0	354
1/1/2010 to 12/31/2010	*46.4%*	*7.3%*	*46.2%*	*0.0%*	*0.1%*	*0.0%*	*100.0%*
Net Revenue	$6,104,799	$960,572	$6,085,584	$0	$17,499	$0	13,168,454

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	8	**Hispanic Latino Patient**	42
<14 yr	0	0	0	**Native American/ Indian**	1	**Non-Hispanic Latino Patient**	268
15-44 yr	36	26	62	**Black/ African American**	165	**Unknown Ethnicity Patient**	44
45-64	58	62	120	**Hawaiian /Pacific Islande**	0	**TOTAL:**	354
65-74 yr	60	36	96	**White:**	140		
75 < yr	48	28	76	**Unknown**	40		
Total	202	152	354	**TOTAL:**	354		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Westchester	**Legal Entity Operator:**	DuPage Dialysis, LTD
Address:	2400 Wolf Road Ste 101A	**Legal Entity Owner:**	
City:	Westchester	**Ownership Type:**	Limited Partnership
County:	Cook	**Property Owner:**	Wi-Fi 2400, LLC
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2520	**Medical Director Name:**	Leonard Potempa, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	20	**Full-Time Work Week:**	32
Certified Stations by CMS:	20	**Regsitered Nurse :**	5
Peak Authorized Stations Operated:	20	**Dialysis Technician :**	10
Authorized Stations Setup and Staffed in Oct 1-7:	20	**Dietician :**	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	**Social Worker:**	1
		LPN :	0
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	0	17.5	12.5	17.5	12.5	17.5
Number of Patients Treated	30	0	54	31	49	27	53

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	90	**In-Center Treatments in calendar year:**	13122
Patients treated as of 12/31/2011: (Ending patients)	94	**Number of Missed Treatments:**	1258
Total Unduplicated patients treated in calendar year:	163	**Average Daily Treatments:**	41.92
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	47	**Recovered patients:**	4	**Treatment Capacity/year (based on Stations):**	18720
Transient Patients:	23	**Transplant Recipients:**	6	**Use Rate (Treatments/Treatment capacity):**	70%
Patients Re-Started:	0	**Patients transferred out:**	32	**Use Rate (including Missed Treatments):**	77%
Post-Transplant Patient	3	**Patients voluntarily discontinued:**	9	**Use Rate (Begining patients treated):**	75%
Total:	73	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	78%
		Patients deceased:	18	**Renal Network Use Rate:**	78%
		Total:	69		

Patients and Net Revenue by Payor Source

		Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
Patients		*84.0%*	*2.5%*	*12.9%*	*0.0%*	*0.0%*	*0.6%*	*100.0%*
		137	4	21	0	0	1	163
1/1/2010 to	12/31/2010	*62.7%*	*3.2%*	*33.6%*	*0.0%*	*0.0%*	*0.4%*	*100.0%*
Net Revenue		$2,810,413	$145,151	$1,507,890	$0	$0	$19,020	**$4,482,473**

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	0	0	0
15-44 yr	10	4	14
45-64	25	20	45
65-74 yr	22	19	41
75 < yr	41	22	63
Total	98	65	163

Patients by Race

Asian Patients	3
Native American/ Indian	0
Black/ African American	44
Hawaiian /Pacific Islande	116
White:	0
Unknown	0
TOTAL:	163

Patients by Ethnicity

Hispanic Latino Patient	3
Non-Hispanic Latino Patient	160
Unknown Ethnicity Patient	0
TOTAL:	163

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care Congress Parkway	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	3410 West Van Buren	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	CMGS, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2631	**Medical Director Name:**	Asad Bakir, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	30
Certified Stations by CMS:	30
Peak Authorized Stations Operated:	30
Authorized Stations Setup and Staffed in Oct 1-7:	30
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0
Number of Shifts Operated per day	2.5

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	32
Regsitered Nurse :	6
Dialysis Technician :	11
Dietician :	1
Social Worker:	1
LPN :	0
Other Health :	0
Other Non-Health:	3

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	12.5	0	16.5	12.5	12.5	12.5	16.5
Number of Patients Treated	44	0	61	42	58	44	61

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	112
Patients treated as of 12/31/2011: (Ending patients)	122
Total Unduplicated patients treated in calendar year:	163

Facility Reported Treatment Information

In-Center Treatments in calendar year:	15788
Number of Missed Treatments:	1564
Average Daily Treatments:	50.44
Average Treatment Time (min):	270

ADDITIONS to the FACILITY

New Patients:	40
Transient Patients:	11
Patients Re-Started:	0
Post-Transplant Patient	0
Total:	**51**

LOSSES to the FACILITY

Recovered patients:	6
Transplant Recipients:	0
Patients transferred out:	24
Patients voluntarily discontinued:	1
Patients lost to follow up:	2
Patients deceased:	8
Total:	**41**

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	28080
Use Rate (Treatments/Treatment capacity):	56%
Use Rate (including Missed Treatments):	62%
Use Rate (Begining patients treated):	62%
Use Rate (Year end Patients/Stations*6):	68%
Renal Network Use Rate:	68%

Patients and Net Revenue by Payor Source

		Medicare	**Medicaid**	**Private Insurance**	**Charity**	**Private Pay**	**Other Public**	**TOTAL**
Patients		*59.5%*	*32.5%*	*6.7%*	*0.0%*	*0.6%*	*0.6%*	*100.0%*
		97	53	11	0	1	1	**163**
1/1/2010 to	12/31/2010	*52.4%*	*31.1%*	*15.9%*	*0.0%*	*0.1%*	*0.5%*	*100.0%*
Net Revenue		$2,300,354	$1,366,616	$699,353	$0	$3,515	$21,229	**$4,391,067**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	28	20	48
45-64	24	34	58
65-74 yr	17	21	38
75 < yr	8	11	19
Total	77	86	163

Patients by Race

Asian Patients	1
Native American/ Indian	0
Black/ African American	135
Hawaiian /Pacific Islande	0
White:	27
Unknown	0
TOTAL:	163

Patients by Ethnicity

Hispanic Latino Patient	22
Non-Hispanic Latino Patient	141
Unknown Ethnicity Patient	0
TOTAL:	163

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Chicago Dialysis	**Legal Entity Operator:**	WSKC Dialysis Services, Inc.
Address:	820 West Jackson	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	820 West Jackson, LLC
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2506	**Medical Director Name:**	George Dunea, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	21	**Full-Time Work Week:**	32
Certified Stations by CMS:	21	**Regsitered Nurse :**	3
Peak Authorized Stations Operated:	21	**Dialysis Technician :**	6
Authorized Stations Setup and Staffed in Oct 1-7:	21	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	3	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	1
Number of Shifts Operated per day	2.5	**Other Health :**	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12.5	0	16.5	12.5	16.5	12.5	16.5
Number of Patients Treated	29	0	44	25	39	24	40

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	83	**In-Center Treatments in calendar year:**	10927
Patients treated as of 12/31/2011: (Ending patients)	78	**Number of Missed Treatments:**	1543
Total Unduplicated patients treated in calendar year:	124	**Average Daily Treatments:**	34.91
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	24	**Recovered patients:**	4	**Treatment Capacity/year (based on Stations):**	19656
Transient Patients:	16	**Transplant Recipients:**	2	**Use Rate (Treatments/Treatment capacity):**	56%
Patients Re-Started:	0	**Patients transferred out:**	29	**Use Rate (Including Missed Treatments):**	63%
Post-Transplant Patient	1	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	66%
Total:	41	**Patients lost to follow up:**	3	**Use Rate (Year end Patients/Stations*6):**	62%
		Patients deceased:	6	**Renal Network Use Rate:**	62%
		Total:	44		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	52.4%	*36.3%*	*9.7%*	*0.0%*	*0.8%*	*0.8%*	*100.0%*
Patients	65	45	12	0	1	1	124
1/1/2010 to 12/31/2010	*45.2%*	*39.5%*	*14.8%*	*0.0%*	*0.3%*	*0.2%*	*100.0%*
Net Revenue	$1,753,442	$1,530,865	$572,625	$0	$12,306	$9,224	**$3,878,462**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	2	**Hispanic Latino Patient**	15
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	109
15-44 yr	20	16	36	**Black/ African American**	94	**Unknown Ethnicity Patient**	0
45-64	43	18	61	**Hawaiian /Pacific Islande**	28	**TOTAL:**	124
65-74 yr	11	9	20	**White:**	0		
75 < yr	4	3	7	**Unknown**	0		
Total	78	46	124	**TOTAL:**	124		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DSI Loop Renal Center	**Legal Entity Operator:**	Davita Loop Renal Center
Address:	1101 South Canal Street	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	NAI Hiffman
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2505	**Medical Director Name:**	Sheldon Hirsch
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION

Authorized Stations as of 12/31/2011:	28
Certified Stations by CMS:	28
Peak Authorized Stations Operated:	28
Authorized Stations Setup and Staffed in Oct 1-7:	28
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0
Number of Shifts Operated per day	2

FACILITY STAFFING - FULL TIME EQUIVALENT

Full-Time Work Week:	40
Regsitered Nurse :	8
Dialysis Technician :	10
Dietician :	1
Social Worker:	1
LPN :	1
Other Health :	0
Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	**Oct 1**	**Oct 2**	**Oct 3**	**Oct 4**	**Oct 5**	**Oct 6**	**Oct 7**
Hours operated	11.5	0	11.5	11.5	11.5	11.5	11.5
Number of Patients Treated	44	0	45	44	45	44	45

Facility Utilization Information

Facility Reported Patient Information

Patients treated as of 1/1/2011: (Beginning patients)	72
Patients treated as of 12/31/2011: (Ending patients)	95
Total Unduplicated patients treated in calendar year:	95

Facility Reported Treatment Information

In-Center Treatments in calendar year:	11044
Number of Missed Treatments:	410
Average Daily Treatments:	45
Average Treatment Time (min):	270

ADDITIONS to the FACILITY

New Patients:	38
Transient Patients:	14
Patients Re-Started:	1
Post-Transplant Patient	0
Total:	53

LOSSES to the FACILITY

Recovered patients:	1
Transplant Recipients:	3
Patients transferred out:	31
Patients voluntarily discontinued:	1
Patients lost to follow up:	1
Patients deceased:	5
Total:	42

USE RATE for the FACILITY

Treatment Capacity/year (based on Stations):	26208
Use Rate (Treatments/Treatment capacity):	42%
Use Rate (including Missed Treatments):	44%
Use Rate (Begining patients treated):	43%
Use Rate (Year end Patients/Stations*6):	57%
Renal Network Use Rate:	57%

Patients and Net Revenue by Payor Source

		Medicare	**Medicaid**	**Private Insurance**	**Charity**	**Private Pay**	**Other Public**	**TOTAL**
Patients		*63.2%*	*21.1%*	*9.5%*	*2.1%*	*2.1%*	*2.1%*	*100.0%*
		60	20	9	2	2	2	95
9/2/2011 to	12/31/2011	*48.0%*	*7.5%*	*31.2%*	*2.1%*	*2.1%*	*9.3%*	*100.0%*
Net Revenue		$2,413,234	$374,835	$1,567,228	$103,934	$103,934	$465,991	**$5,029,155**

Patients by Age and Sex

AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**
<14 yr	0	0	0
15-44 yr	6	6	12
45-64	29	20	49
65-74 yr	5	10	15
75 < yr	8	11	19
Total	48	47	95

Patients by Race

Asian Patients	1
Native American/ Indian	0
Black/ African American	83
Hawaiian /Pacific Islande	0
White:	4
Unknown	7
TOTAL:	95

Patients by Ethnicity

Hispanic Latino Patient	7
Non-Hispanic Latino Patient	88
Unknown Ethnicity Patient	0
TOTAL:	95

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Fresenius Medical Care - Melrose Park	**Legal Entity Operator:**	National Medical Care, Inc.
Address:	1111 Superior Street, Ste 204	**Legal Entity Owner:**	
City:	Melrose Park	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Westlake MOB
HSA:	7	**Other Ownership:**	
Medicare ID:	14-2554	**Medical Director Name:**	Constantine Delis, MD
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	18	**Full-Time Work Week:**	32
Certified Stations by CMS:	18	**Regsitered Nurse :**	4
Peak Authorized Stations Operated:	18	**Dialysis Technician :**	5
Authorized Stations Setup and Staffed in Oct 1-7:	18	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	0	13	13	13	13	13
Number of Patients Treated	29	0	28	26	26	29	30

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	63	**In-Center Treatments in calendar year:**	9454
Patients treated as of 12/31/2011: (Ending patients)	58	**Number of Missed Treatments:**	841
Total Unduplicated patients treated in calendar year:	116	**Average Daily Treatments:**	30.2
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	32	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	16848
Transient Patients:	21	**Transplant Recipients:**	4	**Use Rate (Treatments/Treatment capacity):**	56%
Patients Re-Started:	0	**Patients transferred out:**	41	**Use Rate (Including Missed Treatments):**	61%
Post-Transplant Patient	0	**Patients voluntarily discontinued:**	1	**Use Rate (Begining patients treated):**	58%
Total:	53	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	54%
		Patients deceased:	12	**Renal Network Use Rate:**	54%
		Total:	58		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	65.5%	*19.8%*	*13.8%*	*0.0%*	*0.0%*	*0.9%*	*100.0%*
Patients	76	23	16	0	0	1	116
1/1/2010 to 12/31/2010	*68.7%*	*15.5%*	*15.4%*	*0.0%*	*0.0%*	*0.4%*	*100.0%*
Net Revenue	$1,753,337	$396,127	$392,575	$0	$0	$9,545	$2,551,584

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	1	**Hispanic Latino Patient**	33
<14 yr	0	0	0	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	83
15-44 yr	14	11	25	**Black/ African American**	57	**Unknown Ethnicity Patient**	0
45-64	25	15	40	**Hawaiian /Pacific Islande**	0	**TOTAL:**	116
65-74 yr	12	15	27	**White:**	58		
75 < yr	5	19	24	**Unknown**	0		
Total	56	60	116	**TOTAL:**	116		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	DaVita TRC Children's Dialysis	**Legal Entity Operator:**	Total Renal Care, Inc
Address:	2611 North Halsted	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	For Profit Corporation
County:	Cook	**Property Owner:**	Chicago Title Land Trust Co
HSA:	6	**Other Ownership:**	
Medicare ID:	14-2604	**Medical Director Name:**	Craig B. Langman
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	6	**Full-Time Work Week:**	40
Certified Stations by CMS:	6	**Regsitered Nurse :**	2
Peak Authorized Stations Operated:	6	**Dialysis Technician :**	2
Authorized Stations Setup and Staffed in Oct 1-7:	6	**Dietician :**	0
Isolation Stations Set up in Oct 1-7:	0	**Social Worker:**	0
(subset of authorized stations)		**LPN :**	0
Number of Shifts Operated per day	2	**Other Health :**	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	0	10	10	10	10	10
Number of Patients Treated	9	0	10	8	7	10	8

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	17	**In-Center Treatments in calendar year:**	2786
Patients treated as of 12/31/2011: (Ending patients)	18	**Number of Missed Treatments:**	15
Total Unduplicated patients treated in calendar year:	28	**Average Daily Treatments:**	10
		Average Treatment Time (min):	300

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	7	**Recovered patients:**	0	**Treatment Capacity/year (based on Stations):**	5616
Transient Patients:	0	**Transplant Recipients:**	8	**Use Rate (Treatments/Treatment capacity):**	50%
Patients Re-Started:	2	**Patients transferred out:**	2	**Use Rate (including Missed Treatments):**	50%
Post-Transplant Patient	2	**Patients voluntarily discontinued:**	0	**Use Rate (Begining patients treated):**	47%
Total:	11	**Patients lost to follow up:**	0	**Use Rate (Year end Patients/Stations*6):**	50%
		Patients deceased:	0	**Renal Network Use Rate:**	50%
		Total:	10		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	39.3%	*42.9%*	*10.7%*	*3.6%*	*3.6%*	*0.0%*	*100.0%*
Patients	11	12	3	1	1	0	28
1/1/2011 to 12/31/2011	*26.7%*	*34.7%*	*37.5%*	*0.6%*	*0.6%*	*0.0%*	*100.0%*
Net Revenue	$386,270	$500,907	$541,039	$8,073	$8,073	$0	**$1,444,362**

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	**MALE**	**FEMALE**	**TOTAL**	**Asian Patients**	0	**Hispanic Latino Patient**	7
<14 yr	8	3	11	**Native American/ Indian**	0	**Non-Hispanic Latino Patient**	21
15-44 yr	11	6	17	**Black/ African American**	16	**Unknown Ethnicity Patient**	0
45-64	0	0	0	**Hawaiian /Pacific Islande**	1	**TOTAL:**	28
65-74 yr	0	0	0	**White:**	11		
75 < yr	0	0	0	**Unknown**	0		
Total	19	9	28	**TOTAL:**	28		

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2011

Ownership, Management and General Information

Name:	Rush University Dialysis	**Legal Entity Operator:**	Rush University Medical Center
Address:	1653 West Congress Parkway	**Legal Entity Owner:**	
City:	Chicago	**Ownership Type:**	Other Not-for-Profit (spe
County:	Cook	**Property Owner:**	Rush University Medical Center
HSA:	6	**Other Ownership:**	Non-Government Other Non-Profit
Medicare ID:	14-0119	**Medical Director Name:**	Sara Jandeska, M.D.
		Provides Incenter Noctural Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENT	
Authorized Stations as of 12/31/2011:	5	Full-Time Work Week:	40
Certified Stations by CMS:	5	Regsitered Nurse :	2
Peak Authorized Stations Operated:	5	Dialysis Technician :	0
Authorized Stations Setup and Staffed in Oct 1-7:	5	Dietician :	0
Isolation Stations Set up in Oct 1-7:	1	Social Worker:	0
(subset of authorized stations)		LPN :	0
Number of Shifts Operated per day	2	Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	240	0	0	10	10	10	10
Number of Patients Treated	0	0	4	0	4	0	4

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2011: (Beginning patients)	10	In-Center Treatments in calendar year:	974
Patients treated as of 12/31/2011: (Ending patients)	8	Number of Missed Treatments:	0
Total Unduplicated patients treated in calendar year:	19	Average Daily Treatments:	974
		Average Treatment Time (min):	6

ADDITIONS to the FACILITY		LOSSES to the FACILITY		USE RATE for the FACILITY	
New Patients:	7	Recovered patients:	0	Treatment Capacity/year (based on Stations):	4680
Transient Patients:	2	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	21%
Patients Re-Started:	0	Patients transferred out:	6	Use Rate (including Missed Treatments):	21%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Begining patients treated):	33%
Total:	9	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	27%
		Patients deceased:	0	Renal Network Use Rate:	13%
		Total:	11		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Charity	Private Pay	Other Public	TOTAL
	26.3%	*52.6%*	*15.8%*	*0.0%*	*5.3%*	*0.0%*	*100.0%*
Patients	5	10	3	0	1	0	19
7/1/2010 to 6/30/2011	*25.0%*	*25.0%*	*25.0%*	*0.0%*	*25.0%*	*0.0%*	*100.0%*
Net Revenue	$1	$1	$1	$0	$1	$0	$4

Patients by Age and Sex

AGE GROUPS	MALE	FEMALE	TOTAL
<14 yr	4	3	7
15-44 yr	6	6	12
45-64	0	0	0
65-74 yr	0	0	0
75 < yr	0	0	0
Total	10	9	19

Patients by Race

Asian Patients	1
Native American/ Indian	0
Black/ African American	9
Hawaiian /Pacific Islande	0
White:	9
Unknown	0
TOTAL:	19

Patients by Ethnicity

Hispanic Latino Patient	9
Non-Hispanic Latino Patient	10
Unknown Ethnicity Patient	0
TOTAL:	19

Source: Data based on 2011 Annual ESRD Questionnaire administered on behalf of Ilinois Department of Public Health, Health Systems Development.

ATTACHMENT-26b5f

mapquest

Trip to:

2335 W Cermak Rd
Chicago, IL 60608-3811
1.39 miles / 4 minutes

Notes
DaVita - Little Village Dialysis

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 MI**
2.	Turn **left** onto **S California Ave.** Map	**0.5 MI**
3.	Turn **right** onto **W Cermak Rd / W 22nd St**. Continue to follow **W Cermak Rd.** Map	**0.5 MI**
4.	**2335 W CERMAK RD** is on the **right**. Map	

2335 W Cermak Rd, Chicago, IL 60608-3811

Total Travel Estimate: **1.39 miles - about 4 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

mapquest

Trip to:

1340 S Damen Ave
Chicago, IL 60608-1169
2.48 miles / 7 minutes

Notes
Fresenius Medical Center - Westside

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **east** on **W 26th St** toward **S Whipple St.** Map	**0.8 Mi**
2. **W 26th St** becomes **S Blue Island Ave.** Map	**0.6 Mi**
3. Turn **left** onto **S Damen Ave.** Map	**1.1 Mi**
4. **1340 S DAMEN AVE** is on the **left.** Map	

1340 S Damen Ave, Chicago, IL 60608-1169

Total Travel Estimate: **2.48 miles - about 7 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

3250 W Franklin Blvd
Chicago, IL 60624-1509
3.42 miles / 10 minutes

Notes
Garfield Kidney Center

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map — **0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map — **3.2 Mi**
3. Turn **left** onto **W Franklin Blvd.** Map — **0.09 Mi**
4. **3250 W FRANKLIN BLVD** is on the **right.** Map

3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate: **3.42 miles - about 10 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

3000 S Cicero Ave
Cicero, IL 60804-3638
2.71 miles / 7 minutes

Notes
FMC - Cicero

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**2.1 MI**
	2. Turn **left** onto **W Ogden Ave.** Map	**0.2 MI**
RAMP	3. Turn **left** to take the **IL-50 N / IL-50 S** ramp. Map	**0.1 MI**
50	4. Turn **right** onto **S Cicero Ave / IL-50.** Map	**0.3 MI**
	5. **3000 S CICERO AVE** is on the **right.** Map	

3000 S Cicero Ave, Cicero, IL 60804-3638

Total Travel Estimate: **2.71 miles - about 7 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

557 W Polk St
Chicago, IL 60607-4388
5.30 miles / 12 minutes

Notes
FMC - East Delaware

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**1.9 Mi**
	4. Turn **slight left** onto **S Damen Ave.** Map	**0.2 Mi**
	5. Take the 2nd **right** onto **W Congress Pky.** Map	**0.02 Mi**
	6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** Map	**1.8 Mi**
EXIT	7. Take the exit toward **Canal St.** Map	**0.2 Mi**
	8. Turn **right** onto **W Harrison St.** Map	**0.06 Mi**
	9. Take the 1st **left** onto **S Clinton St.** Map	**0.2 Mi**
	10. Take the 3rd **right** onto **W Polk St.** Map	**0.02 Mi**
	11. **557 W POLK ST** is on the **left.** Map	

557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate: **5.30 miles - about 12 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

610 S Maple Ave
Oak Park, IL 60304-1091
8.26 miles / 15 minutes

Notes
Oak Park Kidney Centers, LLC

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**5.1 Mi**
9. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** Map	**0.3 Mi**
10. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** Map	**0.3 Mi**
11. Turn **right** onto **Monroe St.** Map	**0.05 Mi**
12. Turn **right** onto **S Maple Ave.** Map	**0.01 Mi**
13. **610 S MAPLE AVE** is on the **left.** Map	

610 S Maple Ave, Oak Park, IL 60304-1091

Total Travel Estimate: **8.26 miles - about 15 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

3 Erie Ct
Oak Park, IL 60302-2519
7.83 miles / 17 minutes

Notes
FMC - West Suburban

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
4.	Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
5.	Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
6.	**S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
7.	Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
8.	Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**3.5 Mi**
9.	Take the **Austin Blvd** exit, **EXIT 23A**, on the **left.** Map	**0.3 Mi**
10.	Turn **right** onto **S Austin Blvd.** Map	**1.4 Mi**
11.	Turn **left** onto **Erie St.** Map	**0.05 Mi**
12.	Take the 1st **left** to stay on **Erie St.** Map	**0.02 Mi**
13.	**3 ERIE CT.** Map	

3 Erie Ct, Oak Park, IL 60302-2519

Total Travel Estimate: **7.83 miles - about 17 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

6201 W 63rd St
Chicago, IL 60638-5009
8.03 miles / 16 minutes

Notes
Fresenius Medicare Care - Midway

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
	2. Turn **right** onto **S California Ave**. Map	**0.8 Mi**
	3. Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs**. Map	**3.5 Mi**
	4. Take the **Central Ave** exit, **EXIT 285**. Map	**0.3 Mi**
	5. Turn **left** onto **S Central Ave**. Map	**2.3 Mi**
	6. Turn **right** onto **W 63rd St**. Map	**0.8 Mi**
	7. **6201 W 63RD ST** is on the **left**. Map	

6201 W 63rd St, Chicago, IL 60638-5009

Total Travel Estimate: **8.03 miles - about 16 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

4800 W Chicago Ave
Chicago, IL 60651-3223
5.74 miles / 16 minutes

Notes
FMC - Austin

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi** *0.2 Mi Total*
2.	Turn **right** onto **S Kedzie Ave**. Map	**3.5 Mi** *3.7 Mi Total*
3.	Turn **left** onto **W Chicago Ave**. Map	**2.0 Mi** *5.7 Mi Total*
4.	**4800 W CHICAGO AVE** is on the **right**. Map	

4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate: **5.74 miles - about 16 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

733 Madison St
Oak Park, IL 60302-4419
9.14 miles / 18 minutes

Notes
Fresenius Oak Park Dialysis Center

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**5.1 Mi**
9. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** Map	**0.3 Mi**
10. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** Map	**0.5 Mi**
11. Turn **right** onto **Washington Blvd.** Map	**0.5 Mi**
12. Turn **right** onto **S Oak Park Ave.** Map	**0.1 Mi**
13. Take the 1st **left** onto **Madison St.** Map	**0.05 Mi**
14. **733 MADISON ST** is on the **right.** Map	

733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate: **9.14 miles - about 18 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

7000 S Pulaski Rd
Chicago, IL 60629-5842
6.13 miles / 17 minutes

Notes
West Lawn Dialysis

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 MI**
	2. Turn **left** onto **S Kedzie Ave.** Map	**2.1 MI**
	3. Turn **right** onto **S Archer Ave.** Map	**1.3 MI**
	4. Turn **left** onto **S Pulaski Rd.** Map	**2.6 MI**
	5. **7000 S PULASKI RD** is on the **right.** Map	

7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate: **6.13 miles - about 17 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

1444 W Willow St
Chicago, IL 60642-1524
8.04 miles / 17 minutes

Notes

Fresenius Medical Care West Willow

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**1.9 Mi**
4. Turn **slight left** onto **S Damen Ave**. Map	**0.2 Mi**
5. Take the 2nd **right** onto **W Congress Pky**. Map	**0.02 Mi**
6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left**. Map	**1.4 Mi**
7. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**. Map	**2.9 Mi**
8. Take the **IL-64 / North Ave** exit, **EXIT 48B**. Map	**0.2 Mi**
9. Turn **right** onto **IL-64 / W North Ave**. Map	**0.1 Mi**
10. Take the 2nd **left** onto **N Elston Ave**. Map	**0.2 Mi**
11. Take the 3rd **right** onto **W Willow St**. Map	**0.06 Mi**
12. **1444 W WILLOW ST** is on the **left**. Map	

1444 W Willow St, Chicago, IL 60642-1524

Total Travel Estimate: **8.04 miles - about 17 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

103 Forest Ave
River Forest, IL 60305-2003
9.50 miles / 19 minutes

Notes
Fresenius Medical Care River Forest

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**5.1 Mi**
9. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** Map	**0.3 Mi**
10. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** Map	**0.7 Mi**
11. Turn **left** onto **Randolph St.** Map	**0.5 Mi**
12. **Randolph St** becomes **Washington Blvd.** Map	**0.3 Mi**
13. Turn **left** onto **Forest Ave.** Map	**0.10 Mi**
14. **103 FOREST AVE** is on the **left.** Map	

103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate: **9.50 miles - about 19 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

4651 W 79th St
Chicago, IL 60652-1186
8.81 miles / 18 minutes

Notes
DSI Renal Services - Scottsdale

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**0.8 Mi**
3.	Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs**. Map	**2.4 Mi**
4.	Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport**. Map	**0.3 Mi**
5.	Turn **left** onto **IL-50 S / S Cicero Ave**. Continue to follow **IL-50 S**. Map	**4.8 Mi**
6.	Turn **left** onto **W 79th St**. Map	**0.2 Mi**
7.	**4651 W 79TH ST** is on the **right**. Map	

4651 W 79th St, Chicago, IL 60652-1186

Total Travel Estimate: **8.81 miles - about 18 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

2734 N Milwaukee Ave
Chicago, IL 60647-1362
6.31 miles / 19 minutes

Notes

Fresenius Medical Care Logan Square

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**5.3 Mi**
3.	**S Kedzie Ave** becomes **N Kedzie Blvd.** Map	**0.5 Mi**
4.	Turn **right** onto **W Logan Blvd.** Map	**0.06 Mi**
5.	Turn **left** onto **N Milwaukee Ave.** Map	**0.3 Mi**
6.	**2734 N MILWAUKEE AVE** is on the **left.** Map	

2734 N Milwaukee Ave, Chicago, IL 60647-1362

Total Travel Estimate: **6.31 miles - about 19 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

9115 S Cicero Ave
Oak Lawn, IL 60453-1895
10.19 miles / 21 minutes

Notes
DaVita - Stony Creek

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **east** on **W 26th St** toward **S Whipple St.** Map — **0.3 Mi**
2. Turn **right** onto **S California Ave.** Map — **0.8 Mi**
3. Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs.** Map — **2.4 Mi**
4. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** Map — **0.3 Mi**
5. Turn **left** onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** Map — **6.3 Mi**
6. **9115 S CICERO AVE** is on the **left.** Map

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

Total Travel Estimate: **10.19 miles - about 21 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

333 W 87th St
Chicago, IL 60620-1309
13.29 miles / 20 minutes

Notes
Fresenius Medical Care Chatham

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**5.5 Mi**
6. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** Map	**2.0 Mi**
7. Take **EXIT 61B** toward **87th St.** Map	**0.2 Mi**
8. Stay **straight** to go onto **S Lafayette Ave.** Map	**0.1 Mi**
9. Take the 1st **right** onto **W 87th St.** Map	**0.4 Mi**
10. **333 W 87TH ST** is on the **left.** Map	

333 W 87th St, Chicago, IL 60620-1309

Total Travel Estimate: **13.29 miles - about 20 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

7319 S Cottage Grove Ave
Chicago, IL 60619-1909
12.69 miles / 21 minutes

Notes
Grand Crossing Dialysis

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**5.5 Mi**
6. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** Map	**0.3 Mi**
7. Take **EXIT 60A** toward **75th St.** Map	**0.2 Mi**
8. Keep **right** at the fork in the ramp. Map	**0.1 Mi**
9. Turn **slight left** onto **S Lafayette Ave.** Map	**0.1 Mi**
10. Take the 1st **left** onto **W 75th St.** Map	**1.1 Mi**
11. Turn **left** onto **S Cottage Grove Ave.** Map	**0.2 Mi**
12. **7319 S COTTAGE GROVE AVE** is on the **right.** Map	

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

Total Travel Estimate: **12.69 miles - about 21 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

9200 S South Chicago Ave
Chicago, IL 60617-4512
15.34 miles / 24 minutes

Notes
FMC - South Chicago

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**3.9 Mi**
6. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd.** Map	**0.9 Mi**
7. Keep **left** to take **I-90 E / Chicago Skwy E** via **EXIT 59A** toward **Indiana Toll Rd** (Portions toll). Map	**5.0 Mi**
8. Take the **Anthony Avenue** exit toward **92nd Street.** Map	**0.2 Mi**
9. Turn **slight left** onto **S Anthony Ave.** Map	**0.07 Mi**
10. Turn **slight left** onto **E 92nd St.** Map	**0.2 Mi**
11. Turn **slight right** onto **S South Chicago Ave.** Map	
12. **9200 S SOUTH CHICAGO AVE** is on the **right.** Map	

9200 S South Chicago Ave, Chicago, IL 60617-4512

Total Travel Estimate: **15.34 miles - about 24 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

13155 S la Grange Rd
Orland Park, IL 60462-1162
20.04 miles / 28 minutes

Notes
Palos Park Dialysis

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**0.8 Mi**
3.	Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs**. Map	**10.0 Mi**
4.	Take the **US-12 / US-20 / US-45** exit, **EXIT 279A-B**, toward **La Grange Rd**. Map	**0.2 Mi**
5.	Merge onto **US-45 S** via the ramp on the **left**. Map	**8.6 Mi**
6.	**13155 S LA GRANGE RD** is on the **left**. Map	

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

Total Travel Estimate: **20.04 miles - about 28 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

4008 N Broadway St
Chicago, IL 60613-2111
14.62 miles / 26 minutes

Notes

Fresenius Medical Care of Lakeview

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**4.9 Mi**
4. Merge onto **US-41 N** via the exit on the **left.** Map	**8.0 Mi**
5. Take the **Irving Park Rd / IL-19** ramp. Map	**0.1 Mi**
6. Turn **left** onto **W Irving Park Rd / N Recreation Dr / IL-19.** Continue to follow **W Irving Park Rd / IL-19.** Map	**0.3 Mi**
7. Turn **right** onto **N Broadway St.** Map	**0.02 Mi**
8. **4008 N BROADWAY ST** is on the **left.** Map	

4008 N Broadway St, Chicago, IL 60613-2111

Total Travel Estimate: **14.62 miles - about 26 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

5623 W Touhy Ave
Niles, IL 60714-4019
17.87 miles / 29 minutes

Notes
Big Oaks Dialysis Center

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave.** Map	**1.9 Mi**
4. Turn **slight left** onto **S Damen Ave.** Map	**0.2 Mi**
5. Take the 2nd **right** onto **W Congress Pky.** Map	**0.02 Mi**
6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** Map	**1.4 Mi**
7. Merge onto **I-94 W** toward **Wisconsin.** Map	**12.2 Mi**
8. Take the **West Touhy Ave** exit, **EXIT 39A.** Map	**0.2 Mi**
9. Turn **slight right** onto **W Touhy Ave.** Map	**0.9 Mi**
10. **5623 W TOUHY AVE** is on the **left.** Map	

5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate: **17.87 miles - about 29 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

7301 N Lincoln Ave
Lincolnwood, IL 60712-1709
17.35 miles / 29 minutes

Notes
Center for Renal Replacement

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**1.9 Mi**
4. Turn **slight left** onto **S Damen Ave**. Map	**0.2 Mi**
5. Take the 2nd **right** onto **W Congress Pky**. Map	**0.02 Mi**
6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left**. Map	**1.4 Mi**
7. Merge onto **I-94 W** toward **Wisconsin**. Map	**11.8 Mi**
8. Take **EXIT 39B** toward **East Touhy Ave**. Map	**0.2 Mi**
9. Keep **left** at the fork to go on **N Cicero Ave / IL-50**. Map	**0.1 Mi**
10. Turn **right** onto **W Touhy Ave**. Map	**0.4 Mi**
11. Turn **sharp left** onto **N Lincoln Ave / US-41**. Map	**0.2 Mi**
12. **7301 N LINCOLN AVE** is on the **right**. Map	

7301 N Lincoln Ave, Lincolnwood, IL 60712-1709

Total Travel Estimate: **17.35 miles - about 29 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

132 W 111th St
Chicago, IL 60628-4215
16.19 miles / 27 minutes

Notes
Fresenius Medical Care of Roseland

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**5.5 Mi**
6. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** Map	**2.9 Mi**
7. Take **EXIT 62** toward **US-12 / US-20 / 95th St.** Map	**0.2 Mi**
8. Stay **straight** to go onto **S Lafayette Ave.** Map	**0.2 Mi**
9. Turn **left** onto **US-20 E / US-12 E / W 95th St / Ulysses S Grant Memorial Hwy.** Map	**0.07 Mi**
10. Take the 1st **right** onto **S State St.** Map	**2.0 Mi**
11. Turn **right** onto **W 111th St.** Map	**0.2 Mi**
12. **132 W 111TH ST** is on the **right.** Map	

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

Total Travel Estimate: **16.19 miles - about 27 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

4720 N Marine Dr
Chicago, IL 60640-5120
15.52 miles / 27 minutes

Notes

Fresenius Medical Care of Uptown

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**4.9 Mi**
4. Merge onto **US-41 N** via the exit on the **left.** Map	**9.1 Mi**
5. Take the **Lawrence Ave** ramp. Map	**0.1 Mi**
6. Turn **left** onto **W Lawrence Ave.** Map	**0.1 Mi**
7. Turn **left** onto **N Marine Dr.** Map	**0.08 Mi**
8. **4720 N MARINE DR** is on the **right.** Map	

4720 N Marine Dr, Chicago, IL 60640-5120

Total Travel Estimate: **15.52 miles - about 27 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

1213 Butterfield Rd
Downers Grove, IL 60515-1032
19.97 miles / 30 minutes

Notes
USRC Oak Brook Dialysis

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
	4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
	5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
	6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
	7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
	8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**10.6 Mi**
15A EXIT	9. Keep **left** to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). Map	**1.9 Mi**
	10. Keep **right** at the fork to continue on **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** (Portions toll). Map	**4.3 Mi**
EXIT	11. Take the **Highland Ave** exit. Map	**0.2 Mi**
RAMP	12. Keep **left** to take the ramp toward **Downers Grove / Midwestern College / Keller College.** Map	**0.06 Mi**
	13. **ramp** becomes **Butterfield Rd.** Map	**0.3 Mi**
	14. **1213 BUTTERFIELD RD** is on the **left.** Map	

1213 Butterfield Rd, Downers Grove, IL 60515-1032

Total Travel Estimate: **19.97 miles - about 30 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

12250 S Cicero Ave
Alsip, IL 60803-2946
14.11 miles / 30 minutes

Notes
FMC - Alsip

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
	2. Turn **right** onto **S California Ave**. Map	**0.8 Mi**
	3. Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs**. Map	**2.4 Mi**
	4. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport**. Map	**0.3 Mi**
	5. Turn **left** onto **IL-50 S / S Cicero Ave**. Continue to follow **IL-50 S**. Map	**10.2 Mi**
	6. **12250 S CICERO AVE** is on the **right**. Map	

12250 S Cicero Ave, Alsip, IL 60803-2946

Total Travel Estimate: **14.11 miles - about 30 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

10559 S Torrence Ave
Chicago, IL 60617-6154
18.56 miles / 28 minutes

Notes

Fresenius Medical Care South Deering

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**5.5 Mi**
6. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E.** Map	**4.8 Mi**
7. Take the **Stony Island Ave** exit, **EXIT 65**, toward **95th-103rd STS.** Map	**0.8 Mi**
8. Keep **right** to take the **103rd St** ramp. Map	**0.6 Mi**
9. Turn **left** onto **E 103rd St.** Map	**1.4 Mi**
10. Turn **right** onto **S Torrence Ave.** Map	**0.4 Mi**
11. **10559 S TORRENCE AVE** is on the **left.** Map	

10559 S Torrence Ave, Chicago, IL 60617-6154

Total Travel Estimate: **18.56 miles - about 28 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

7009 W Belmont Ave
Chicago, IL 60634-4533
12.62 miles / 28 minutes

Notes
DaVita - Monteclare Dialysis Center

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
	4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
	5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
	6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
	7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
	8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**5.1 Mi**
	9. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** Map	**0.3 Mi**
	10. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** Continue to follow **IL-43 / Harlem Ave.** Map	**4.5 Mi**
	11. Turn **right** onto **W Belmont Ave.** Map	**0.3 Mi**
	12. **7009 W BELMONT AVE** is on the **right.** Map	

7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate: **12.62 miles - about 28 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

200 E North Ave
Villa Park, IL 60181-1221
18.80 miles / 31 minutes

Notes
U.S. Renal Care Villa Park Dialysis

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
	4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
	5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
	6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
	7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
	8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**10.6 Mi**
15B EXIT	9. Keep **right** to take **I-290 W / Eisenhower Expy W** via **EXIT 15B** toward **Rockford / I-294 N / Milwaukee.** Map	**2.9 Mi**
13B EXIT	10. Merge onto **E North Ave / IL-64 W** via **EXIT 13B.** Map	**2.8 Mi**
	11. **200 E NORTH AVE** is on the **right.** Map	

200 E North Ave, Villa Park, IL 60181-1221

Total Travel Estimate: **18.80 miles - about 31 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

11650 S Kedzie Ave
Merrionette Park, IL 60803-6302
11.47 miles / 31 minutes

Notes
FMC - Merrionette Park

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map — **0.2 MI**
2. Turn **left** onto **S Kedzie Ave.** Map — **11.3 MI**
3. **11650 S KEDZIE AVE** is on the **right.** Map

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

Total Travel Estimate: **11.47 miles - about 31 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

3401 W 111th St
Chicago, IL 60655-3329
11.02 miles / 29 minutes

Notes

DaVita Mount Greenwood Dialysis

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **left** onto **S Kedzie Ave.** Map	**10.6 Mi**
3.	Turn **right** onto **W 111th St.** Map	**0.3 Mi**
4.	**3401 W 111TH ST** is on the **left.** Map	

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

Total Travel Estimate: **11.02 miles - about 29 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

1940 Springer Dr
Lombard, IL 60148-6419
21.59 miles / 33 minutes

Notes
Fresenius Medicare Care Lombard

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
	4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
	5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
	6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
	7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
	8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**10.6 Mi**
15A EXIT	9. Keep **left** to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). Map	**1.9 Mi**
	10. Keep **right** at the fork to continue on **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** (Portions toll). Map	**4.3 Mi**
EXIT	11. Take the **Highland Ave** exit. Map	**0.2 Mi**
RAMP	12. Keep **right** to take the ramp toward **Lombard / Chiropractic College.** Map	**0.05 Mi**
	13. Turn **right** onto **Highland Ave.** Map	**0.03 Mi**
	14. Merge onto **Butterfield Rd / IL-56 W** via the ramp on the **left.** Map	**0.8 Mi**
	15. Turn **right** onto **Finley Rd.** Map	**0.9 Mi**
	16. Turn **left** onto **Foxworth Blvd.** Map	**0.1 Mi**
	17. Turn **right** onto **Springer Dr.** Map	**0.1 Mi**
	18. **1940 SPRINGER DR** is on the **left.** Map	

1940 Springer Dr, Lombard, IL 60148-6419

ATTACHMENT-26b5f

Total Travel Estimate: **21.59 miles - about 33 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Woodlawn Dialysis

Trip to:

5060 S State St
Chicago, IL 60609-5328
8.55 miles / 15 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3.	Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4.	Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**3.1 Mi**
5.	Take **EXIT 56B** toward **47th St.** Map	**0.2 Mi**
6.	Turn **slight left** onto **S Wentworth Ave.** Map	**0.06 Mi**
7.	Take the 1st **left** onto **W 47th St.** Map	**0.3 Mi**
8.	Turn **right** onto **S State St.** Map	**0.5 Mi**
9.	**5060 S STATE ST** is on the **right.** Map	

5060 S State St, Chicago, IL 60609-5328

Total Travel Estimate: **8.55 miles - about 15 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Lake Park Dialysis

Trip to:

E 43rd St & S Cottage Grove Ave
Chicago, IL 60653
8.78 miles / 16 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3.	Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**4.9 Mi**
4.	Merge onto **S Lake Shore Dr / US-41 S.** Map	**1.7 Mi**
5.	Take the **Oakwood Blvd** ramp. Map	**0.2 Mi**
6.	Turn **right** onto **E Oakwood Blvd.** Map	**0.2 Mi**
7.	Turn **left** to stay on **E Oakwood Blvd.** Map	**0.2 Mi**
8.	Turn **left** onto **S Cottage Grove Ave.** Map	**0.4 Mi**
9.	Turn **left** onto **E 43rd St.** Map	**0.01 Mi**
10.	**E 43RD ST & S COTTAGE GROVE AVE.** Map	

E 43rd St & S Cottage Grove Ave, Chicago, IL 60653

Total Travel Estimate: **8.78 miles - about 16 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Logan Square Dialysis

Trip to:

2816 N Kimball Ave
Chicago, IL 60618-7524
6.52 miles / 20 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave**. Map	**5.3 Mi**
3.	**S Kedzie Ave** becomes **N Kedzie Blvd**. Map	**0.5 Mi**
4.	Turn **right** onto **W Logan Blvd**. Map	**0.06 Mi**
5.	Turn **left** onto **N Milwaukee Ave**. Map	**0.4 Mi**
6.	Turn **slight right** onto **N Kimball Ave**. Map	**0.09 Mi**
7.	**2816 N KIMBALL AVE** is on the **left**. Map	

2816 N Kimball Ave, Chicago, IL 60618-7524

Total Travel Estimate: **6.52 miles - about 20 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

John H. Stroger Jr. Hospital

Trip to:

1901 W Harrison St
Chicago, IL 60612-3714
3.10 miles / 8 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**2.0 Mi**
	4. Turn **slight right** onto **W Harrison St.** Map	**0.04 Mi**
	5. **1901 W HARRISON ST** is on the **right.** Map	

1901 W Harrison St, Chicago, IL 60612-3714

Total Travel Estimate: **3.10 miles - about 8 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Beverly Dialysis

Trip to:

8109 S Western Ave
Chicago, IL 60620-5939
7.68 miles / 21 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**1.0 Mi**
3.	Turn **left** onto **W 35th St**. Map	**0.5 Mi**
4.	Turn **right** onto **S Western Ave**. Map	**5.8 Mi**
5.	**8109 S WESTERN AVE** is on the **left**. Map	

8109 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate: **7.68 miles - about 21 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Dialysis Center of America (FMC-Berwyn)

Trip to:

2601 Harlem Ave
Berwyn, IL 60402-2100
5.47 miles / 16 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map — **5.3 Mi**
2. Turn **left** onto **Harlem Ave / IL-43**. Map — **0.09 Mi**
3. Make a **U-turn** onto **Harlem Ave / IL-43**. Map — **0.09 Mi**
4. **2601 HARLEM AVE** is on the **right**. Map

2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate: **5.47 miles - about 16 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

North Avenue Dialysis Center (FMC-North Avenue)

Trip to:

911 W North Ave
Melrose Park, IL 60160-1516
12.48 miles / 23 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr**. Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr**. Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd**. Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St**. Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. Map	**6.7 Mi**
9. Take the **IL-171 / 1st Ave** exit, **EXIT 20**. Map	**0.1 Mi**
10. Stay **straight** to go onto **Harrison St**. Map	**0.07 Mi**
11. Take the 1st **right** onto **S 1st Ave / IL-171**. Map	**2.5 Mi**
12. Turn **left** onto **W North Ave / IL-64 W**. Map	**0.5 Mi**
13. **911 W NORTH AVE** is on the **right**. Map	

911 W North Ave, Melrose Park, IL 60160-1516

Total Travel Estimate: **12.48 miles - about 23 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

West Metro Dialysis Center (FMC-West Metro)

Trip to:

1044 N Mozart St
Chicago, IL 60622-2789
4.80 miles / 14 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**4.0 Mi**
3.	Turn **right** onto **W Division St.** Map	**0.4 Mi**
4.	Turn **right** onto **N Mozart St.** Map	**0.2 Mi**
5.	**1044 N MOZART ST** is on the **right.** Map	

1044 N Mozart St, Chicago, IL 60622-2789

Total Travel Estimate: **4.80 miles - about 14 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC-Marquette Park

Trip to:

6515 S Western Ave
Chicago, IL 60636-2410
5.66 miles / 15 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**1.0 Mi**
3.	Turn **left** onto **W 35th St**. Map	**0.5 Mi**
4.	Turn **right** onto **S Western Ave**. Map	**3.8 Mi**
5.	**6515 S WESTERN AVE** is on the **left**. Map	

6515 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate: **5.66 miles - about 15 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Ross Dialysis - Englewood

Trip to:

6333 S Green St
Chicago, IL 60621-1943
10.59 miles / 18 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave**. Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left**. Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana**. Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / I-90 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd**. Map	**3.9 Mi**
6. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd**. Map	**0.5 Mi**
7. Take **EXIT 58B** toward **63rd St**. Map	**0.2 Mi**
8. Turn **slight left** onto **S Yale Ave**. Map	**0.05 Mi**
9. Take the 2nd **right** onto **W 63rd St**. Map	**0.7 Mi**
10. Turn **left** onto **S Green St**. Map	**0.06 Mi**
11. **6333 S GREEN ST** is on the **left**. Map	

6333 S Green St, Chicago, IL 60621-1943

Total Travel Estimate: **10.59 miles - about 18 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC-Bridgeport

Trip to:

825 W 35th St
Chicago, IL 60609-1511
3.81 miles / 10 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**1.0 Mi**
3.	Turn **left** onto **W 35th St**. Map	**2.5 Mi**
4.	**825 W 35TH ST** is on the **right**. Map	

825 W 35th St, Chicago, IL 60609-1511

Total Travel Estimate: **3.81 miles - about 10 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Dialysis Services of Willowbrook

Trip to:

6300 Kingery Hwy
Willowbrook, IL 60527-2248
18.14 miles / 24 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2. Turn **right** onto **S California Ave**. Map	**0.8 Mi**
3. Merge onto **I-55 S** toward **West Suburbs**. Map	**14.5 Mi**
4. Merge onto **IL-83 N** via **EXIT 274**. Map	**2.4 Mi**
5. Turn **left** onto **63rd St**. Map	**0.01 Mi**
6. **6300 KINGERY HWY**. Map	

6300 Kingery Hwy, Willowbrook, IL 60527-2248

Total Travel Estimate: **18.14 miles - about 24 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Dialysis Services-Burbank

Trip to:

4811 W 77th St
Burbank, IL 60459-1586
8.41 miles / 18 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2. Turn **right** onto **S California Ave**. Map	**0.8 Mi**
3. Merge onto **I-55 S / Stevenson Expy S** toward **West Suburbs**. Map	**2.4 Mi**
4. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport**. Map	**0.3 Mi**
5. Turn **left** onto **IL-50 S / S Cicero Ave**. Continue to follow **IL-50 S**. Map	**4.4 Mi**
6. Turn **right** onto **W 76th St / W 77th St**. Map	**0.1 Mi**
7. Turn **left**. Map	**0.02 Mi**
8. Take the 1st **right** onto **W 77th St**. Map	
9. **4811 W 77TH ST** is on the **left**. Map	

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

Total Travel Estimate: **8.41 miles - about 18 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC West Belmont

Trip to:

4943 W Belmont Ave
Chicago, IL 60641-4332
8.10 miles / 24 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave.** Map	**3.7 Mi**
3. Turn **left** onto **W Grand Ave.** Map	**0.3 Mi**
4. Turn **right** to stay on **W Grand Ave.** Map	**2.0 Mi**
5. Turn **right** onto **N Cicero Ave / IL-50.** Map	**1.7 Mi**
6. Turn **left** onto **W Belmont Ave.** Map	**0.2 Mi**
7. **4943 W BELMONT AVE** is on the **left.** Map	

4943 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate: **8.10 miles - about 24 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

University of Illinois Hospital Dialysis

Trip to:

1859 W Taylor St
Chicago, IL 60612-4319
3.01 miles / 8 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave**. Map	**1.5 Mi**
4.	Turn **slight right** onto **W Taylor St**. Map	**0.4 Mi**
5.	**1859 W TAYLOR ST** is on the **right**. Map	

1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate: **3.01 miles - about 8 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Emerald Dialysis

Trip to:

710 W 43rd St
Chicago, IL 60609-3435
4.98 miles / 14 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
2.	Turn **right** onto **S California Ave**. Map	**1.5 Mi**
3.	Turn **left** onto **W Pershing Rd**. Map	**2.5 Mi**
4.	Turn **right** onto **S Halsted St**. Map	**0.5 Mi**
5.	Turn **left** onto **W 43rd St**. Map	**0.1 Mi**
6.	**710 W 43RD ST** is on the **left**. Map	

710 W 43rd St, Chicago, IL 60609-3435

Total Travel Estimate: **4.98 miles - about 14 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Mt. Sinai Hospital Medical Center

Trip to:

2798 W 15th Pl
Chicago, IL 60608-1704
1.67 miles / 5 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.3 Mi**
	2. Turn **left** onto **S California Ave**. Map	**1.0 Mi**
	3. Turn **right** onto **W 16th St**. Map	**0.1 Mi**
	4. Take the 1st **left** onto **S Washtenaw Ave**. Map	**0.06 Mi**
	5. Take the 1st **left** onto **W 15th Pl / Ruth M Rothstein**. Map	**0.1 Mi**
	6. **2798 W 15TH PL** is on the **right**. Map	

2798 W 15th Pl, Chicago, IL 60608-1704

Total Travel Estimate: **1.67 miles - about 5 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Lincoln Park Dialysis Center

Trip to:

3157 N Lincoln Ave
Chicago, IL 60657-3111
9.82 miles / 21 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave**. Map	**1.9 Mi**
	4. Turn **slight left** onto **S Damen Ave**. Map	**0.2 Mi**
	5. Take the 2nd **right** onto **W Congress Pky**. Map	**0.02 Mi**
	6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left**. Map	**1.4 Mi**
	7. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**. Map	**3.5 Mi**
	8. Take the **Armitage Ave** exit, **EXIT 48A**. Map	**0.2 Mi**
	9. Turn **sharp right** onto **W Armitage Ave**. Map	**0.09 Mi**
	10. Take the 2nd **left** onto **N Ashland Ave**. Map	**1.5 Mi**
	11. Turn **sharp right** onto **N Lincoln Ave**. Map	**0.04 Mi**
	12. **3157 N LINCOLN AVE** is on the **left**. Map	

3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Travel Estimate: **9.82 miles - about 21 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Fresenius Medical Care - Southside

Trip to:

3134 W 76th St
Chicago, IL 60652-1968
6.37 miles / 17 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 MI**
	2. Turn **left** onto **S Kedzie Ave.** Map	**6.2 MI**
	3. Turn **left** onto **W 76th St.** Map	**0.03 MI**
	4. **3134 W 76TH ST** is on the **left.** Map	

3134 W 76th St, Chicago, IL 60652-1968

Total Travel Estimate: **6.37 miles - about 17 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

RCG Garfield (FMC Garfield)

Trip to:

5401 S Wentworth Ave
Chicago, IL 60609-6300
9.00 miles / 15 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2. Turn **left** onto **S Kedzie Ave.** Map	**1.1 Mi**
3. Merge onto **I-55 N / Stevenson Expy N** via the ramp on the **left.** Map	**3.1 Mi**
4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via **EXIT 292B** toward **Indiana.** Map	**0.8 Mi**
5. Keep **left** to take **I-94 Express Ln E / I-90 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** Map	**2.2 Mi**
6. Take the **I-90-LOCAL / I-94-LOCAL** exit. Map	**0.3 Mi**
7. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E.** Map	**0.8 Mi**
8. Take **EXIT 57** toward **Garfield Blvd.** Map	**0.2 Mi**
9. Stay **straight** to go onto **S Wells St.** Map	**0.09 Mi**
10. Take the 1st **left** onto **W Garfield Blvd / W 55th St.** Map	**0.07 Mi**
11. Take the 1st **left** onto **S Wentworth Ave.** Map	**0.1 Mi**
12. **5401 S WENTWORTH AVE** is on the **right.** Map	

5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate: **9.00 miles - about 15 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Loyola Dialysis Center

Trip to:

1201 W Roosevelt Rd
Maywood, IL 60153-4046
10.63 miles / 19 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr**. Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr**. Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd**. Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St**. Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. Map	**6.7 Mi**
9. Take the **IL-171 / 1st Ave** exit, **EXIT 20**. Map	**0.1 Mi**
10. Stay **straight** to go onto **Harrison St**. Map	**0.07 Mi**
11. Take the 1st **left** onto **IL-171 / S 1st Ave**. Map	**0.5 Mi**
12. Turn **right** onto **W Roosevelt Rd**. Map	**0.7 Mi**
13. **1201 W ROOSEVELT RD** is on the **right**. Map	

1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate: **10.63 miles - about 19 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Northcenter

Trip to:

2620 W Addison St
Chicago, IL 60618-5905
11.19 miles / 22 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave.** Map	**1.9 Mi**
4.	Turn **slight left** onto **S Damen Ave.** Map	**0.2 Mi**
5.	Take the 2nd **right** onto **W Congress Pky.** Map	**0.02 Mi**
6.	Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** Map	**1.4 Mi**
7.	Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** Map	**5.0 Mi**
8.	Take the **Diversey Ave** exit, **EXIT 46B.** Map	**0.3 Mi**
9.	Turn **slight left** onto **W Diversey Ave.** Map	**0.2 Mi**
10.	Turn **right** onto **N California Ave.** Map	**1.0 Mi**
11.	Turn **right** onto **W Addison St.** Map	**0.2 Mi**
12.	**2620 W ADDISON ST.** Map	

2620 W Addison St, Chicago, IL 60618-5905

Total Travel Estimate: **11.19 miles - about 22 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

RCG Midamerica-Prairie (FMC-Prairie)

Trip to:

1717 S Wabash Ave
Chicago, IL 60616-1219
4.29 miles / 12 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St.** Map	**0.8 Mi**
2.	**W 26th St** becomes **S Blue Island Ave.** Map	**1.1 Mi**
3.	Turn **slight right** onto **W Cermak Rd.** Map	**1.6 Mi**
4.	Turn **slight left** onto **S Archer Ave.** Map	**0.5 Mi**
5.	Stay **straight** to go onto **S State St.** Map	**0.09 Mi**
6.	Take the 1st **right** onto **E 18th St.** Map	**0.08 Mi**
7.	Take the 1st **left** onto **S Wabash Ave.** Map	**0.07 Mi**
8.	**1717 S WABASH AVE** is on the **right.** Map	

1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate: **4.29 miles - about 12 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Circle Medical Management

Trip to:

1426 W Washington Blvd
Chicago, IL 60607-1821
3.94 miles / 11 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave.** Map	**2.8 Mi**
4.	Turn **right** onto **W Washington Blvd / W Washington St.** Map	**0.08 Mi**
5.	**1426 W WASHINGTON BLVD** is on the **left.** Map	

1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate: **3.94 miles - about 11 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Northwestern Memorial Hospital (FMC-Northwestern)

Trip to:

710 N Fairbanks Ct
Chicago, IL 60611-3013
7.87 miles / 18 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**1.9 Mi**
4. Turn **slight left** onto **S Damen Ave**. Map	**0.2 Mi**
5. Take the 2nd **right** onto **W Congress Pky**. Map	**0.02 Mi**
6. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left**. Map	**1.4 Mi**
7. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**. Map	**1.5 Mi**
8. Take **EXIT 50B** toward **East Ohio St**. Map	**0.8 Mi**
9. Stay **straight** to go onto **W Ohio St**. Map	**0.9 Mi**
10. Turn **left** onto **N Fairbanks Ct**. Map	**0.2 Mi**
11. **710 N FAIRBANKS CT** is on the **left**. Map	

710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate: **7.87 miles - about 18 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

LaGrange Dialysis Center (FMC-Westchester)

Trip to:

2400 Wolf Rd

Oak Brook, IL 60523

15.10 miles / 26 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**0.2 Mi**
	4. Turn **left** onto **S Sacramento Dr.** Map	**0.5 Mi**
	5. Turn **left** to stay on **S Sacramento Dr.** Map	**0.04 Mi**
	6. **S Sacramento Dr** becomes **S Sacramento Blvd.** Map	**0.7 Mi**
	7. Turn **left** onto **W Van Buren St.** Map	**0.01 Mi**
	8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** Map	**9.9 Mi**
	9. Take **EXIT 16** toward **Wolf Rd.** Map	**0.2 Mi**
	10. Stay **straight** to go onto **Frontage Rd.** Map	**0.08 Mi**
	11. Take the 1st **left** to stay on **Frontage Rd.** Map	**0.06 Mi**
	12. Turn **left** onto **S Frontage Rd.** Map	**0.2 Mi**
	13. Turn **right** onto **Harrison St.** Map	**0.4 Mi**
	14. Turn **left** onto **S Wolf Rd.** Map	**1.8 Mi**
	15. **2400 WOLF RD** is on the **right.** Map	

2400 Wolf Rd, Oak Brook, IL 60523

Total Travel Estimate: **15.10 miles - about 26 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Dialysis Services of Congress Parkway

Trip to:

3410 W Van Buren St
Chicago, IL 60624-3358
2.57 miles / 7 minutes

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave**. Map	**2.1 Mi**
	3. Turn **left** onto **W Van Buren St**. Map	**0.3 Mi**
	4. **3410 W VAN BUREN ST** is on the **right**. Map	

3410 W Van Buren St, Chicago, IL 60624-3358

Total Travel Estimate: **2.57 miles - about 7 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Chicago Dialysis Center

Trip to:

820 W Jackson Blvd
Chicago, IL 60607-3026
4.56 miles / 12 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave.** Map	**2.3 Mi**
4.	Turn **slight right** onto **W Jackson Blvd.** Map	**1.2 Mi**
5.	**820 W JACKSON BLVD** is on the **left.** Map	

820 W Jackson Blvd, Chicago, IL 60607-3026

Total Travel Estimate: **4.56 miles - about 12 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

Loop Renal Center

Trip to:

1101 S Canal St
Chicago, IL 60607-4901
4.22 miles / 11 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **east** on **W 26th St** toward **S Whipple St**. Map	**0.8 Mi**
2.	**W 26th St** becomes **S Blue Island Ave**. Map	**1.1 Mi**
3.	Turn **slight right** onto **W Cermak Rd**. Map	**0.8 Mi**
4.	Turn **left** onto **S Canalport Ave**. Map	**0.7 Mi**
5.	Turn **slight right** onto **W 18th St**. Map	**0.05 Mi**
6.	Take the 1st **left** onto **S Canal St**. Map	**0.7 Mi**
7.	**1101 S CANAL ST** is on the **right**. Map	

1101 S Canal St, Chicago, IL 60607-4901

Total Travel Estimate: **4.22 miles - about 11 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Notes

FMC Melrose Park

Trip to:

1111 Superior St

Melrose Park, IL 60160-4138

11.36 miles / 22 minutes

3059 W 26th St, Chicago, IL 60623-4131

1. Start out going **west** on **W 26th St** toward **S Albany Ave**. Map	**0.2 Mi**
2. Turn **right** onto **S Kedzie Ave**. Map	**0.9 Mi**
3. Turn **right** onto **W Ogden Ave**. Map	**0.2 Mi**
4. Turn **left** onto **S Sacramento Dr**. Map	**0.5 Mi**
5. Turn **left** to stay on **S Sacramento Dr**. Map	**0.04 Mi**
6. **S Sacramento Dr** becomes **S Sacramento Blvd**. Map	**0.7 Mi**
7. Turn **left** onto **W Van Buren St**. Map	**0.01 Mi**
8. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. Map	**6.7 Mi**
9. Take the **IL-171 / 1st Ave** exit, **EXIT 20**. Map	**0.1 Mi**
10. Stay **straight** to go onto **Harrison St**. Map	**0.07 Mi**
11. Take the 1st **right** onto **S 1st Ave / IL-171**. Map	**1.2 Mi**
12. Turn **left** onto **Lake St**. Map	**0.7 Mi**
13. Turn **right** onto **N 11th Ave**. Map	**0.08 Mi**
14. Take the 1st **left** onto **Superior St**. Map	**0.01 Mi**
15. **1111 SUPERIOR ST** is on the **left**. Map	

1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate: **11.36 miles - about 22 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

mapquest

Trip to:

2611 N Halsted St
Chicago, IL 60614-2301
7.56 miles / 22 minutes

Notes

TRC Children's Dialysis

3059 W 26th St, Chicago, IL 60623-4131

	1. Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
	2. Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
	3. Turn **right** onto **W Ogden Ave.** Map	**3.8 Mi**
	4. Turn **right** onto **W Chicago Ave.** Map	**0.4 Mi**
	5. Turn **left** onto **N Halsted St.** Map	**1.0 Mi**
	6. **N Halsted St** becomes **N Halsted Sts.** Map	**0.05 Mi**
	7. **N Halsted Sts** becomes **N Halsted St.** Map	**1.2 Mi**
	8. **2611 N HALSTED ST** is on the **right.** Map	

2611 N Halsted St, Chicago, IL 60614-2301

Total Travel Estimate: **7.56 miles - about 22 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

Notes

Rush University Medical Center

Trip to:

1653 W Congress Pkwy
Chicago, IL 60612-3833
3.44 miles / 9 minutes

3059 W 26th St, Chicago, IL 60623-4131

1.	Start out going **west** on **W 26th St** toward **S Albany Ave.** Map	**0.2 Mi**
2.	Turn **right** onto **S Kedzie Ave.** Map	**0.9 Mi**
3.	Turn **right** onto **W Ogden Ave.** Map	**2.1 Mi**
4.	Turn **right** onto **W Congress Pky.** Map	**0.3 Mi**
5.	**1653 W CONGRESS PKWY.** Map	

1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate: **3.44 miles - about 9 minutes**

©2012 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-26b5f

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED VII)

G. Criterion 1110.1430c) - Unnecessary Duplication/Maldistribution

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

Please find the enclosed requested documentation: A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site **(ATTACHMENT-26c1)**; The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population) **(ATTACHMENT-26c1)**; and a listing of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of station service that are proposed by the project **(ATTACHMENT-26c2)**.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, stations and services characterized by such factors as, but not limited to:

The ratio of stations to population is one definition of maldistribution used by IHFSRB. That measurement suggests that a maldistribution exist when the station to population ratio of a given service area exceeds that of the State on a whole by 150%. In the case of this 30-minute travel time contour, the station to population ratio is below the HFSRB standard; the ratio is less than that of the State as a whole. Therefore, by using this HFSRB adopted definition, a maldistribution does not exist and the proposed project will not cause this situation to exist. Rather, this project will bring service area closer to the State's ratio as a whole to improve and provide accessibility.

State			
# of Stations	3,892	Divided by 3,892	1
Population	12,830,632	Divided by 3,892	3,297
30-Minutes			
# of Stations	1,109	Divided by 1,109	1
Population	3,797,937	Divided by 1,109	3,425

ATTACHMENT-26c

30-Minute Travel Time Contour
Zip Codes and Population

ZIP Code	Population	ZIP Code	Population	ZIP Code	Population
46327	out-of-state	60526	13576	60644	48648
46394	out-of-state	60527	27486	60646	27177
60076	38585	60534	10649	60647	87291
60077	26825	60546	15668	60649	46650
60104	19038	60558	12960	60651	64267
60126	46371	60559	24852	60652	40959
60130	14167	60561	23115	60653	29908
60131	18097	60601	11110	60654	14875
60141	224	60602	1204	60655	28550
60153	24106	60603	493	60656	27613
60154	16773	60604	570	60657	65996
60155	7927	60605	24668	60659	38104
60160	25432	60606	2308	60660	42752
60162	8111	60607	23897	60661	7792
60163	5209	60608	82739	60706	23134
60164	22048	60609	64906	60707	42920
60165	4946	60610	37726	60712	12590
60171	10246	60611	28718	60803	22285
60176	11795	60612	33472	60804	84573
60181	28836	60613	48281	60805	19852
60301	2539	60614	66617	60827	27946
60302	32108	60615	40603		3797937
60304	17231	60616	48433		
60305	11172	60617	84155		
60402	63448	60618	92084		
60406	25460	60619	63825		
60415	14139	60620	72216		
60453	56855	60621	35912		
60455	16446	60622	52548		
60456	4349	60623	92108		
60457	14049	60624	38105		
60458	14428	60625	78651		
60459	28929	60628	72202		
60463	14671	60629	113916		
60464	9620	60630	54093		
60465	17495	60631	28641		
60469	5930	60632	91326		
60480	5246	60633	60633		
60482	11063	60634	74298		
60501	11626	60636	40916		
60513	19047	60637	49503		
60514	9708	60638	55026		
60516	29084	60639	90407		
60521	17597	60640	65790		
60523	9890	60641	71663		
60525	31168	60643	49952		

Source:
Zip Codes: Microsoft MapPoint North America 2009
Population: http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml

ATTACHMENT-26c1

Dialysis Facilities within 30-Minutes
(adjusted travel times)
From 3059 West 26th Street, Chicago, Illinois 60623

Existing

Name	City	COUNTY	HSA	STATIONS	In-Patient 12/31/2011	Utilization 12/31/2011	Potentially Avail Stat	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
DaVita - Little Village Dialysis	Chicago	Cook	6	16	92	95.8%	-2.5	5	1.39
Mt. Sinai Hospital Medical Center	Chicago	Cook	6	16	77	80.2%	0.0	6.25	1.67
Fresenius Medical Center - Westside	Chicago	Cook	6	31	81	43.5%	11.3	8.75	2.48
Fresenius Medical Care Congress Parkway	Chicago	Cook	6	30	122	67.8%	3.7	8.75	2.57
John H. Stroger Hospital of Cook Co. Dialysis (9)	Chicago	Cook	6	9	84	155.6%	-6.8	10	3.1
University of Hospital Dialysis	Chicago	Cook	6	26	138	88.5%	-2.2	10	3.01
Rush University Dialysis	Chicago	Cook	6	5	8	26.7%	2.7	11.25	3.44
Garfield Kidney Center	Chicago	Cook	6	16	93	96.9%	-2.7	12.5	3.42
Fresenius Medical Care - Bridgeport	Chicago	Cook	6	27	152	93.8%	-3.7	12.5	3.81
Circle Medical Management (13)	Chicago	Cook	6	27	121	74.7%	1.4	13.75	3.94
DSI Loop Center	Chicago	Cook	6	28	95	56.5%	6.6	13.75	4.22
Fresenius Medical Care - Polk	Chicago	Cook	6	24	97	67.4%	3.0	15	5.3
Fresenius Medical Care - Prairie	Chicago	Cook	6	24	97	67.4%	3.0	15	4.29
Fresenius Medical Care - Chicago Dialysis	Chicago	Cook	6	21	78	61.9%	3.8	15	4.56
Maple Avenue Kidney Centers, LLC	Oak Park	Suburban Cook	7	18	73	67.6%	2.2	17.25	8.26
Fresenius Medical Care - West Metro (11)	Chicago	Cook	6	32	170	88.5%	-2.7	17.5	4.8
DaVita Emerald Dialysis	Chicago	Cook	6	24	133	92.4%	-3.0	17.5	4.98
Fresenius Medical Care - Berwyn (10)	Berwyn	Cook	7	26	155	99.4%	-5.0	18.4	5.47
Fresenius Medical Care - Marquette Park	Chicago	Cook	6	16	90	93.8%	-2.2	18.75	5.66
Fresenius Medical Care - Garfield	Chicago	Cook	6	22	108	81.8%	-0.4	18.75	9
Fresenius Medical Care-West Suburban	Oak Park	Cook	7	46	233	84.4%	-2.0	19.55	7.83
Fresenius Medical Care - Midway	Chicago	Cook	6	12	35	48.6%	3.8	20	8.03
Fresenius Medical Care-Austin Comm.	Chicago	Cook	6	16	61	63.5%	2.6	20	5.74
Fresenius Oak Park Dialysis Center (2)	Oak Park	Cook	7	12	127	176.4%	-11.6	20.7	9.14
Fresenius Medical Care Burbank	Burbank	Cook	7	26	130	83.3%	-0.9	20.7	8.41
West Lawn Dialysis	Chicago	Cook	6	12	21	29.2%	6.1	21.25	6.13
Fresenius Medical Care West Willow	Chicago	Cook	6	12	4	5.6%	8.9	21.25	8.04
Fresenius Medical Care - Southside	Chicago	Cook	6	39	199	85.0%	-2.0	21.25	6.37
Fresenius Medical Care River Forest (2)	River Forest	Cook	7	20	2	1.7%	15.7	21.85	9.5
Loyola Dialysis Center	Maywood	Cook	7	30	150	83.3%	-1.0	21.85	10.63
DSI Renal Services - Scottsdale (3)	Chicago	Cook	6	35	169	80.5%	-0.2	22.5	8.81
Fresenius Medical Care Ross Dialysis-Englewood	Chicago	Cook	6	16	86	89.6%	-1.5	22.5	10.59
Fresenius Medical Care - Northwestern	Chicago	Cook	6	44	189	71.6%	3.7	22.5	7.87
DaVita - Stony Creek	Oak Lawn	Suburban Cook	7	12	66	91.7%	-1.4	24.15	10.19
Fresenius Medical Care - Melrose Park	Melrose Park	Cook	7	18	58	53.7%	4.7	25.3	11.36
Grand Crossing Dialysis	Chicago	Cook	6	12	7	9.7%	8.4	26.25	12.69
Beverly Dialysis Center	Chicago	Cook	6	12	67	93.1%	-1.6	26.25	7.68
DaVita-Lincoln Park Dialysis Center	Chicago	Cook	6	22	111	84.1%	-0.9	26.25	9.82
Fresenius Medical Care - North Avenue	Melrose Park	Cook	7	24	127	88.2%	-2.0	26.45	12.48
Fresenius Medical Care - Northcenter	Chicago	Cook	6	16	75	78.1%	0.3	27.5	11.19
DaVita TRC Children's Dialysis	Chicago	Cook	6	6	18	50.0%	1.8	27.5	7.56
Fresenius Medical Care Willowbrook (14)	Willowbrook	DuPage	7	16	88	91.7%	-1.9	27.6	18.14
Fresenius Medical Care - Westchester	Westchester	Cook	7	20	94	78.3%	0.3	29.9	15.1
Fresenius Medical Care South Chicago	Chicago	Cook	6	36	193	89.4%	-3.4	30	15.34
Fresenius Medical Care West Belmont (12)	Chicago	Cook	6	17	67	65.7%	2.4	30	8.1
				969	4441	76.4%	35.0		

New Permits

Name	City	COUNTY	HSA	STATIONS				
FMC - Cicero (1)	Cicero		7	16			8.05	2.71
Woodlawn Dialysis (6)	Chicago		6	32			18.75	8.55
Lake Park Dialysis (7)	Chicago		6	32			20	8.78
Fresenius Medical Care Logan Square (4)	Chicago	Cook	6	12			23.75	6.31
Fresenius Medical Care Chatham (5)	Chicago	Cook	6	16			25	13.29
Logan Square Dialysis (8)	Chicago		6	28			25	6.52
				136				

(1) P-11096 received a permit to establish a 16 station ESRD facility at 3000 South Cicero Avenue in Cicero 4/17/12.
(2) As part of Project 10-012 to establish Fresenius Medical Care River Forest, authorized stations will be reduced from 32 to 12 effective 6/8/2010.
Received permit to establish a 20 station ESRD at 103 Forest Avenue in River Forest effective 6/8/2010.
(3) P-07-001 according to the permit letter there was a relocation and addition of 3 stations to bring the number from 32 to 35.
(4) P-11-059 received a permit to establish a 12 station ESRD facility at 2734 North Milwaukee Avenue 10/13/11.
(5) P-10-074 received a permit to establish a ESRD facility with 16 stations at 333 West 87th Street in Chicago 3/22/11.
(6) P-11-068 received a permit to discontinue a 20 station ESRD facility at 1164 East 55th Street in Chicago and establish a 32 station ESRD facility at 5060 South State Street in Chicago effective 12/6/11.
(7) P-11-102 received a permit to discontinue a 20 station ESRD facility at 1531 East Hyde Park Blvd. in Chicago and to establish a 32 station ESRD facility at 43rd & South Cottage Grove in Chicago effective 1/10/:
(8) P-11-109 received a permit to discontinue a 20 station facility at 2659 North Milwaukee Avenue and to establish a 28 station facility at 2816 North Kimball Avenue in Chicago effective 2/28/12.
(9) 9 stations are listed in inventory book. 8 stations are reported on profile.
(10) 26 stations are listed in inventory book. 28 stations are reported on profile.
(11) Added 2 stations to an existing facility. Facility now has 32 authorized ESRD stations. 6/22/12
(12) Received permit to add 4 stations to existing facility. 9/12/12
(13) 27 stations are listed in inventory book. 28 stations are reported on profile.
(14) Added 4 stations to existing facility. Facility now has 20 authorized ESRD stations. 5/20/11

Sources:
Inventory of Health Care Facilities and Services and Need Determinations - 2011 - Other Health Services
Data based on 2011 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.
www.mapquest.com

ATTACHMENT-26c2

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED VIII)

G. Criterion 1110.1430e) - Staffing

The proposed project is for the establishment of an ESRD facility; however, the Applicant is also an existing hospital, Saint Anthony Hospital. As a hospital, this Applicant affords this project an existing pool of potential employees that it would otherwise have to cultivate from the ground up. The proposed facility will provide all applicable staffing as set-forth by all regulatory agencies, including each of the categories identified in Section 1110.1430.e. Each of the individuals identified below meets or will meet the position-specific qualifications identified in 1110.1430.e 1)A-E.

1. Medical Director – Izabella Gurau, MD; A copy of Dr. Gurau's curriculum vitae is attached as **ATTACHMENT-26e1**.
2. Registered Nurse Staff – To include a Charge Nurse with 3.0 FTEs.
3. Dialysis Technician: 5.0 FTE
4. Social Worker: 1.0 FTE
5. Dietician: 1.0 FTE
6. Office Coordinator: 1.0 FTE
7. Biomedical Technician: 0.2 FTE

   Total Staff at 80% capacity: 11.2 FTE's.

The staff required will be recruited through the Hospital's normal means, which include word of mouth and advertisement in area newspapers.

The minimum required staffing levels of one registered nursing premises while the facility is in operation and a minimum of one patient care technician per four patients will be maintained.

The proposed facility will operate with an open Medical staff. All staff will be trained

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED IX)

G. Criterion 1110.1430e) – Staffing (Continued ii)

under the direction of the proposed facility's Medical Director and Governing Board, utilizing Saint Anthony Hospital's dialysis training program (**ATTACHMENT-26e2**). This training program will satisfy the requirements of all State and Federal requirements. The training program includes introduction to the basic principles of dialysis, anatomy and physiology, water treatment, the hemodialysis treatment that includes basic dialysis machine trouble shooting, vascular access, infection control, fluid management, nutrition, introduction to laboratory, URR adequacy, homeostasis, and other technical aspects of dialysis. The orientation training program includes service excellence, HIPAA, safety, disaster preparedness, and communication skills.

CURRICULUM VITAE

Izabella Gurau, MD FACP
Internal Medicine, Nephrology

PERSONAL INFORMATION

- Date of Birth: April 14th, 1970
- Place of Birth: Romania, Eastern Europe
- Citizenship: US permanent resident
- Home address: 250 N Highview Ave., Elmhurst, IL 60126.
- Phone: 708-653-8081
- E-mail address: guraui@yahoo.com

EDUCATION/POST GRADUATE TRAINING

- Fellowship: Nephrology, University of New Mexico Medical School, Albuquerque, NM (July 2002 – July 2004)
- Residency: Internal Medicine, St. Joseph Hospital (affiliate of Northwestern University Medical School), Chicago, IL (June 1999 – June 2002)
- Residency: Family Medicine, University of Medicine and Pharmacy Cluj Napoca and Carol Davila University of Medicine and Pharmacy, Bucharest, Romania (Feb 1995 – Jan 1998).
- Medical School: University of Medicine and Pharmacy Cluj Napoca, Romania, Europe (Sept 1988 – July 1994), Degree: MD

MEDICAL LICENSURE

- Illinois, License# 036-120004

BOARD CERTIFICATION

- American Board of Nephrology (2004- 2014)
- American Board of Internal Medicine (2003-2013)
- Family Practice Board certified in Romania (Nov 1997)

ATTACHMENT-26e1

PRESENT POSITION

- Clinical Nephrologist, Optimum Kidney Care, Chicago, IL (June 2008 - present)

PREVIOUS PROFESSIONAL POSITIONS AND APPOINTMENTS

- Clinical Nephrologist, Central Utah Multi-Specialty Clinic, Provo, UT (Sept. 2004 – June 2008)

HOSPITAL/UNIVERSITY COMMITTEE APPOINTMENTS

- Member, Pharmacology, Therapeutics and Nutrition Committee for Elmhurst Memorial Hospital (since 2012)
- Member, Physician Leadership Council for Westlake Hospital (Dec 2010 – present)
- Medical Director for the Acute Dialysis Unit at the Utah Valley Specialty Hospital, Provo, UT (2006-2008)
- Member, Code Blue Committee, St Joseph Hospital, Chicago, IL (July 2001- June 2002)

HONORS AND AWARDS

- "America's Top Physicians" award from the Consumer's Research Council of America 2011
- Fellow of the American College of Physicians (since 2010)
- Physician's Recognition Award in Continuing Medical Education, AMA 2002 - 2005
- Novartis Cardiovascular/Renal Scholar Award at the Western Regional Meeting, Carmel, CA 2004
- Certificate of Achievement for Research Poster Display, St Joseph Hospital, Chicago 2002

Izabella Gurau, MD

PROFESSIONAL AND SOCIETY MEMBERSHIPS

- Renal Physician Association (since 2005)
- American Society of Nephrology (since 2003)
- American College of Physicians – American Society of Internal Medicine (since 2000)
- American Medical Association (since 2000)

CONTINUING MEDICAL EDUCATION ACTIVITIES

- Second Annual Comprehensive Review of the Management of Hypertension – University of Chicago School of Medicine, 2011
- The Therapeutic Aphaeresis Academy- The University of Virginia School of Medicine, 2010
- Therapeutic Aphaeresis Certification – Oakbrook, IL, 2008
- Advanced Nephrology: Nephrology for the Consultant – The University of California, San Diego School of Medicine, 2008
- Transplant Summit 2007: Defining the future – The American Transplant Association, Chicago, 2007
- Peritoneal Dialysis University – The Wake Forest University School of Medicine, Chicago, 2006
- The ASN 36th Annual Meeting and Scientific Exposition, CA 2003

TEACHING ACTIVITIES

- Teaching rounds and seminars presented to the Internal Medicine Residency Program at St. Joseph Hospital, Chicago, IL
  - Renal Emergencies
  - Acute Renal failure
  - Chronic Kidney Disease
  - Renal Replacement Therapies
  - Hypertensive Urgency and Emergency
  - Secondary Hypertension
  - Dyskalemias
  - Edema

- Grand rounds presented to the Internal Medicine Residency Program at Westlake Hospital, Melrose Park, IL
  - Diabetic Nephropathy

PUBLICATIONS / PRESENTATIONS

- Hypertension Guidelines – Central Utah Clinic Journal, October 2007
- Heavy metal exposure is associated with high levels of TGF-β in Zuni Indians - oral presentation at Western Regional Meetings, Carmel, California, Jan 2004
- High cholesterol and statins are associated with decreased mortality in hemodialysis patients – oral presentation at Western Regional Meetings, Carmel, California. Abstract published in Journal of Investigative Medicine, February 2003.
- Creatine induced interstitial nephritis: case report
- NSAID induced acute renal failure in a marathon runner: case report
- SLE presenting with ascending paralysis: case report

COMMUNITY ACTIVITIES

- Screening and management of hypertension – community education program at Our Lady Of The Resurrection Hospital, Chicago, IL
- The National Kidney Foundation screening for kidney disease – Provo, Utah 2007
- Nephrology consultant for underserved areas, Richfield, Utah 2006- 2008
- Screening for renal diseases for the Zuni Indians, New Mexico 2003 – 2004

OTHER SKILLS

- Versed in using common medical software
- Excellent oral, reading and writing skills in Romanian and Hungarian, moderate French

ATTACHMENT-26E1

Current Hospital Privileges for Dr. Izabella Gurau

1. Kindred Hospital of Chicago; Chicago, IL
2. Our Lady of the Resurrection Medical Center; Chicago, IL
3. West Suburban Hospital; Chicago, IL
4. Rush Oak Park Hospital; Oak Park, IL
5. Westlake Hospital; Melrose Park, IL
6. Gottlieb Memorial Hospital; Melrose Park, IL
7. Elmhurst Memorial Hospital; Elmhurst, IL

Previous Hospital Privileges Held
*Resigned due to change in practice location

1. St. Joseph Hospital; Chicago, IL
2. Weiss Memorial Hospital; Chicago, IL
3. Illinois Masonic Hospital; Chicago, IL
4. Swedish Covenant Hospital; Chicago, IL

ATTACHMENT-26e1

PROGRAM DESCRIPTION

All associates will receive appropriate orientation to the Saint Anthony Hospital organization and key topics conducted by the Human Resource Department of Saint Anthony Hospital. The topics generally include, but are not limited to: Mission & Values, Saint Anthony Hospital Organizational overview, Customer Service, Patients Rights, Confidentiality, HIPAA, Employment Policies and Procedures, Diversity, Sexual Harassment and Discrimination, and Employment Assistance Program. Other topics include Safety Training and Benefits Summary.

All associates also receive a copy of the Employee Handbook. See attachment A. Associates' attendance at Saint Anthony Hospital Orientation and Safety Training is mandatory. For more detail, see Attached Policy-Human Resources #640.

Saint Anthony Hospital offers a dialysis training program with experienced educators. The education program for the associate without prior dialysis experience is composed of a minimum of:

- 120 hours didactic instruction
- 280 hours of clinical preceptor training

During the didactic phase, the associate is in an environment that includes lectures, video presentations, self-learning modules, and on-line continuing education that covers the basics of hemodialysis. The training covers many introductory concepts such as basics of the dialysis machine, components of the hemodialysis system, basic hemodialysis policy and procedure, and patient vital signs and potential complications of dialysis. Didactic training topics include: Pathophysiology of chronic kidney disease, fluid management, vascular access, infection control, laboratory values, medication, anticoagulation, patient assessment, patient plan of care, documentation, dialysis equipment and troubleshooting, water system, transplantation, peritoneal dialysis, nutrition, psychosocial issues, safety, service excellence, patient teaching.

Associates must pass the didactic portion of the instruction with a final comprehensive score of >=80%. If a score of less than 80% is attained, the associate will be given further instruction and a second exam will be administered.

Preceptor training consists of supervised clinical teaching and one-on-one observation as provided by a dialysis-specific preceptor, a registered nurse, or the dialysis manager. During this part of the training course, the associate will demonstrate a steady progression of skills that are required in order to perform a dialysis procedure. This training includes the set up of the dialysis machine and removal of blood lines, proper cleaning of chairs, machines, clamps and blood pressure cuffs, information to program screen of dialysis machine and its components, machine operation and introduction to problem solving,

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

discussion of complications of dialysis and proper interventions, preparation and set up of dialysate baths, cannulation techniques, introduction and education on access placement and taping access, pre and post dialysis blood draws, orientation and competency for blood glucose equipment, patient monitoring during dialysis treatment, introduction to dialysis termination procedures, review of emergency equipment and respective use of this equipment, nutritional considerations, education on monitoring of arterial and venous pressures, calculation of URR and Kt/V values, anemia management, medication administration, water system testing and troubleshooting water system alarms, psychosocial issues. This training will occur continuously over 280 hours with one-on-one supervisor. At the end of the training period, the preceptor and others associated with the associate's training will complete a competency checklist. Any areas of training that have been identified as needing more training will be identified and appropriate training given to the associate.

Associates with previous dialysis experience of greater than one year will also go through clinical preceptor training. This training will be a minimum of two weeks with one-on-one supervisor and the length of the preceptorship will be determined by their performance on the competency checklist.

Only certified Dialysis Technicians will be employed by Saint Anthony Hospital. The Dialysis Technicians will go through the same training program as registered nurses except for those procedures that are mandated to be performed by registered nurses by the state board of nursing.

The goal of our Hemodialysis Training Program is to have the new associate successfully meet all training requirements. Failure to meet this goal is cause of dismissal from the training program and subsequent termination from Saint Anthony Hospital.

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Saint Anthony Hospital

Policy Title: Associate Orientation

Department: Human Resources
Policy No: 640 **Pages 1 of 2**

Effective Date: April 1, 1998

Purpose:

To ensure that all associates receive appropriate orientation to the Saint Anthony Hospital (SAH) organization and to their job.

Level of Responsibility:

Policy:

Managers are responsible for ensuring that newly hired and transferred/promoted associates receive adequate orientation to the organization and to their new positions and that orientation is completed within the Introductory Period.

Definitions:

Newly Hired Associate:
Any associate who is newly hired, with the exception of medical staff and previously employed staff whose employment terminated within the last twelve (12) months.

Transferred/Promoted Associate:
Any associate entering a new position as a result of a transfer or promotion and who starts a new Introductory Period.

Procedure:

I. Managers have the responsibility for seeing that newly-hired associates are oriented satisfactorily to their position and the organization. The orientation includes the following:

   A. SAH Orientation and Safety Training within thirty (30) days of their start date. The full-day orientation includes the following:

      1. SAH Orientation - Conducted by the Human Resource Department. The topics generally include, but are not limited to: Mission & Values, SAH Organization Overview, Customer Service Expectations, Patients Rights, Confidentiality, HIPAA, Employment Policies and Procedures, Diversity, Sexual Harassment and Discrimination, Associate Assistance Program.

      2. Safety Training - Conducted by the Safety Officer of SAH.

         Topics generally include a SAH Organization overview of Hazardous Materials Communications, Fire Safety, Emergency Codes, Security, Ergonomics, Infection Control and Risk Management.

      3. Benefits Summary – Conducted by the Benefits Administrator from the Human Resources Department.

ATTACHMENT-26e2

Topics generally include: Health, Dental, and Life Insurance, Retirement, PTO, Extended Illness, Jury Duty, Funeral/Bereavement Leave, School Visitation and Tuition Reimbursement.

Associates' attendance at SAH Orientation and Safety Training is mandatory. Associates who fail to meet the requirements within the first 90 days of employment will be held out of service at the request of the Human Resources Department.

Associates who have been re-hired within one year of their termination do not have to attend Hospital Orientation. Those associates who have been re-hired more than one year after their termination must attend the full day of Hospital Orientation

Documentation of the Hospital Orientation is maintained in the Human Resources file.

B. Managers are responsible for ensuring that Job/Position and Unit/Department-specific orientation take place in the department prior to the completion of the associate's Introductory Period. Documentation of the department-specific job and safety training is maintained by the department Manager.

1. For some positions, attendance at other position-related orientation sessions may be necessary, i.e., Nursing Orientation, Nurse Assistant Orientation, etc. It is the responsibility of the Manager to register and ensure associate attendance prior to the completion of the associate's Introductory Period.

2. Department and site-specific safety training will be their responsibility of the Manager and must take place as soon as possible after hire and before the associate performs any job duties that require special training or the use of hazardous materials.

CROSS REFERENCE

130-Introductory Period and Review of New Associate

ATTACHMENT-26e2

Welcome to Saint Anthony Hospital!

You are joining an organization with a long history and tradition of high quality, compassionate health care in the Chicago area. We are pleased you have chosen our organization as your place of employment, and hope your association with us will be challenging and rewarding.

Saint Anthony Hospital believes that our mission and values are key to the spirit and quality of patient care and our daily interactions with one another. Our core values of are demonstrated through a team-oriented approach and commitment to helping patients stay healthy and active.

This Handbook contains only general information and guidelines. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. Some of the subjects described here are covered in detail in official policy documents. You should refer to these documents for specific information, since this handbook only briefly summarizes those benefits. For that reason, if you have any questions concerning eligibility for a particular benefit, or the applicability of a policy or practice to you, you should address your specific questions to the Human Resources Department.

The procedures, practices, policies and benefits described here may be modified or discontinued from time to time. We will try to inform you of any changes as they occur.

As an employee, your efforts are integral to the future of our mission. Saint Anthony Hospital is confident that by living and practicing the values for which this organization stands, you will be successful and enjoy your employment here.

TABLE OF CONTENTS

OUR MISSION AND VALUES	
Mission Statement	3
Vision Statement	3
Core Values	3
WORK BEHAVIORS	
Anti-Harassment Policy	4
Attendance and Punctuality Revised	6
Corrective Action Revised	7
Drug-Free Workplace	8
Employee Complaint Procedures & Resolution	8
Employee Image	9
General Rules of Employment Revised	10
Internet / E-Mail Revised	13
Meals and Breaks	14
Solicitation	14
Telephone Manners	14
Work Schedules	15
MEETING PERFORMANCE EXPECTATIONS	
Customer Service NEW	16
Orientation	16
Performance Reviews	17
Staff Rights to Refuse in an Aspect of Patient Car	18
EMPLOYMENT	
Access to Employee Records	20
Accommodations for a Disability	20
At Will Employment	20
Changes in Personal Status	20
Employee Introductory Period	21
Employee Referral Bonus	21
Employment Classifications	22
Employment of Relatives	22
Equal Employment Opportunity Policy	22
Licensure / Registration / Certificatio Revised	23
Outside Employment	24
Transfers and Promotions	24
BENEFITS	
Benefits (General)	25
Direct Deposit	25
Employee Assistance Program	26
TIME OFF	
Family and Medical Leave (FMLA)	27
Funeral Leave	30
Jury Duty	30
Leaves of Absence	30
Military Leave	31
School Visitation	32
VESSA Leave Policy	32
Voting Time	33
Workers' Compensation	33
SAFETY AND SECURITY	
Employee Identification Badges	35
Employee Lockers	35
Employee Parking	35
Felony Convictions and Related Crimes	36
Inclement Weather	36
Security	36
Smoke-Free Environment	37
Workplace Violence	37
CORPORATE COMPLIANCE	
Background Checks NEW	39
Confidentiality	39
Corporate Responsibility Program	40
Excluded or Convicted Persons or Entities	41
Standards of Conduct	41
Whistleblower Compliance and Protection	41
COMPENSATION	
Call-Off / Reduced Workload	43
Overtime	43
Payday	43
Pay Practices	44
Punching In and Out (Time Recording)	44
LEAVING SAINT ANTHONY HOSPITAL	
Exit Interview	46
Exit Benefits	46
Final Paycheck	46
Giving Notice	46
Verifying Your Employment NEW	47
Definitions	48
Receipt and Acknowledge	50

OUR MISSION AND VALUES

Saint Anthony Hospital believes that our mission and values are key to the spirit and quality of patient care and to our daily interactions with one another. They guide and direct the services that we provide.

Mission Statement

Saint Anthony Hospital lives out
the loving ministry of
Jesus Christ,
offering health, healing and hope
to the families of our community.

Vision Statement

Saint Anthony Hospital
will strengthen our community
through the power
of partnership and quality healthcare
that leaves no one behind.

Core Values

Saint Anthony Hospital physicians and staff share the ideals of this new organization. They demonstrate these values every day through their team-oriented approach to patient care and their commitment to helping patients stay healthy and active.

Service of the Poor — generosity of spirit, especially for persons most in need
Reverence — respect and compassion for the dignity and diversity of life
Integrity — inspiring trust through personal leadership
Wisdom — integrating excellence and stewardship
Creativity — courageous innovation
Dedication — affirming the hope and joy of our ministry

Saint Anthony Hospital/Catholic Health Partners

Policy: Associate Orientation	Effective Date: April 1, 1998	Policy No. 640
Revision Date: 5/01/05	Revision No. 3	Page 1 of 3

POLICY

Managers are responsible for ensuring that newly hired and transferred/promoted associates receive adequate orientation to the organization and to their new positions and that orientation is completed within the Introductory Period.

PURPOSE

To ensure that all associates receive appropriate orientation to the Saint Anthony Hospital organization and to their job.

DEFINITIONS

Newly Hired Associate: Any associate who is newly hired, with the exception of medical staff and previously employed staff whose employment terminated within the last twelve (12) months.

Transferred/Promoted Associate: Any associate entering a new position as a result of a transfer or promotion and who starts a new Introductory Period.

PROCEDURE

I Managers have the responsibility for seeing that newly-hired associates are oriented satisfactorily to their position and the organization. The orientation includes the following:

A. Saint Anthony Hospital Orientation and Safety Training within thirty (30) days of their start date. The full-day orientation includes the following:

1. Saint Anthony Hospital Orientation - Conducted by the Human Resource Department. The topics generally include, but are not limited to: Mission & Values, Saint Anthony Hospital Organization Overview, Customer Service Expectations, Patients Rights, Confidentiality, HIPAA, Employment Policies and Procedures, Diversity, Sexual Harassment and Discrimination, Employee Assistance Program.

2. Safety Training - Conducted by the Safety Officer of Saint Anthony

ATTACHMENT-26e2

Hospital.

Topics generally include a Saint Anthony Hospital Organization overview of Hazardous Materials Communications, Fire Safety, Emergency Codes, Security, Ergonomics, Infection Control and Risk Management.

3. Benefits Summary – Conducted by the Benefits Administrator from the Human Resources Department.

   Topics generally include: Health, Dental, and Life Insurance, Retirement, PTO, Extended Illness, Jury Duty, Funeral/ Bereavement Leave, School Visitation and Tuition Reimbursement.

Associates' attendance at Saint Anthony Hospital Orientation and Safety Training is mandatory. Associates who fail to meet the requirements within the first 90 days of employment will be held out of service at the request of the Human Resources Department.

Associates who have been re-hired within one year of their termination do not have to attend Hospital Orientation. Those associates who have been re-hired more than one year after their termination must attend the full day of Hospital Orientation

Documentation of the Hospital Orientation is maintained in the Human Resources file.

B. Managers are responsible for ensuring that Job/Position and Unit/Department-specific orientation take place in the department prior to the completion of the associate's Introductory Period. Documentation of the department-specific job and safety training is maintained by the department Manager.

   1. For some positions, attendance at other position-related orientation sessions may be necessary, i.e., Nursing Orientation, Nurse Assistant Orientation, etc. It is the responsibility of the Manager to register and ensure associate attendance prior to the completion of the associate's Introductory Period.

ATTACHMENT-26e2

2. Department and site-specific safety training will be theresponsibility of the Manager and must take place as soon as possible after hire and before the associate performs any job duties that require special training or the use of hazardous materials.

CROSS REFERENCE

130 - Introductory Period and Review of New Associate

APPROVAL:

_____ _____

Chief Operating Officer **Date**

_____ _____

Vice President of Human Resources **Date**

ATTACHMENT-26e2

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED X)

G. Criterion 1110.1430f) - Support Services

An applicant proposing to establish an in-center hemodialysis category of service must submit a certification from an authorized representative that attests to each of the following:

1) Participation in a dialysis data system;

2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and

3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

Saint Anthony Hospital, proposing the establishment of Saint Anthony Hospital Dialysis Center at 26th Street had provided the certification attesting to participation in the dialysis data system, availability of support services, and the provision of training for self-care dialysis and self care instruction, home and home-assisted dialysis, and home training at the proposed center. Refer to **ATTACHMENT-26f1** for a copy of this certified attestation.

SAINT ANTHONY HOSPITAL

October 24, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: CON Application to Establish 15-Station (ESRD) SAH Dialysis Center at 26th Street.

Dear Mr. Galassie:

Saint Anthony Hospital certifies that the proposed facility will maintain an open medical staff.

Saint Anthony Hospital also certifies the following regarding needed support services:

(1) We will participate in a dialysis data system;

(2) The facility will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and

(3) Patients will have access to training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training which will be provided either at the proposed facility or through a signed, written agreement for these services with another facility.

Thank you for your consideration of this matter.

Sincerely,

Aileen Brooks

Aileen Brooks
Vice President General Counsel
Saint Anthony Hospital

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XI)

G. Criterion 1110.1430g) - Minimum Number of Stations

The minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:

1) Four dialysis stations for facilities outside an MSA;

2) Eight dialysis stations for a facility within an MSA.

As this project is for the establishment of a 15-station ESRD facility this item has been met.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XI)

G. Criterion 1110.1430h) - Continuity of Care

An applicant proposing to establish an in-center hemodialysis category of service shall document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements.

SAH Dialysis Center at 26th Street will have affiliation agreement in effect with Saint Anthony Hospital. A copy of this agreement is appended as **ATTACHMENT-26h1**.

TRANSFER AGREEMENT

This Agreement is made between Saint Anthony Hospital ("Hospital") and the Saint Anthony Hospital Dialysis Center in Little Village ("Center") and becomes effective when Hospital obtains approval of the Certificate of Need from the Illinois Health Facilities and Services Review Board and any other required regulatory agencies to begin operating the Center.

Whereas Hospital operates a facility at 2875 W. 19th Street, Chicago, Illinois, 60623 and Center proposes to operate an outpatient dialysis facility located at 3059 W. 26th Street, Chicago, Illinois 60623; and

Whereas, the primary purpose of this Agreement is to provide a safe, well-planned transfer of patients between Center and Hospital;

The parties agree as follows:

General Conditions

1. When the Physician or other appropriate parties at Center ("Physician") have determined that a patient requires emergency treatment at a hospital or inpatient hospitalization, Hospital agrees to admit the patient as promptly as possible, upon satisfaction of the usual and customary admission requirements. Center shall make the necessary arrangements for the patient to be transported to Hospital at either its or the patient's expense.

4. Physician will send, along with applicable patient authorization, the following information:

   a. Present acute medical problems
   b. Current medications and times of doses within the previous 24 hours
   c. Any known allergies
   d. Dietary information
   e. Nursing information
   f. Ambulation status
   g. Medical diagnoses
   h. Next of kin information
   i. Legal documents pertaining to care, if any (i.e. Living Will, Do Not Resuscitate Orders, etc.)

5. Physician and Center will be responsible for the appropriate disposition of the patient's personal effects (including the patient's money and valuables) and the information pertaining to their whereabouts.

6. Physician and Center will be responsible for safe patient transfer to Hospital in properly equipped and staffed transport vehicles.

This Agreement will become effective as set forth above and will continue for a term of one (1) year ("Initial Term"). After expiration of the initial term, the Agreement will be automatically renewed for successive one-year terms ("Renewal Terms") unless terminated upon thirty (30) days prior written notice. It may be terminated by either party by written notice sent via certified mail or nationally recognized courier service. Automatic termination of this Agreement occurs if either facility fails to maintain its license and certification or is excluded from participating in any federally funded program. This Agreement constitutes the entire transfer agreement between the parties and supersedes and replaces all other transfer agreements between these parties. This Agreement may be amended at any time by mutual written agreement.

The parties hereby agree to and understand the above.

Hospital

By Christine Raguso
Christine Raguso
Its: VP Professional Services

Center

By Keith Nelson
Keith Nelson
Its: Director

ATTACHMENT-26h1

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XI)

G. Criterion 1110.1430i) - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and

2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:

   ≥ 85% of hemodialysis patient population achieves area reduction ratio (URR) ≥ 65% and ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2.

Appended as **ATTACHMENT-26iA** is an assurance letter from the Saint Anthony Hospital attesting that the Applicant understands the above requirements of utilization and quality outcome.

SAINT ANTHONY
HOSPITAL

October 17, 2012

Dale Galassie
Chairman, Illinois Health Facilities and Services Review Board
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

- By the second year after project completion, SAH Dialysis Center at 26th Street expects to achieve and maintain 80% target utilization; and
- SAH Dialysis Center at 26th Street also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - ≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and
  - ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Aileen Brooks

Print Name: Aileen Brooks
Its: V.P. General Counsel.

Subscribed and sworn to me
This 18th day of October, 2012

Manuela Celedon
Notary Public

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

ATTACHMENT-26i1

Saint Anthony Hospital •2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SECTION VIII – AVAILABILITY OF FUNDS

Criterion 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:**

Saint Anthony Hospital is funding this project entirely from internal sources of cash and securities. Audited financial statements are appended as **ATTACHMENT-39A** documenting the availability of these funds.

Saint Anthony Health Ministries and Subsidiaries

Consolidated Financial Report
June 30, 2012

ATTACHMENT-39A

Contents

Independent Auditor's Report on the Financial Statements	1
Consolidated Financial Statements	
Consolidated balance sheets	2
Consolidated statements of operations and changes in net assets	3 – 4
Consolidated statements of cash flows	5
Notes to consolidated financial statements	6 – 18
Independent Auditor's Report on the Supplementary Information	19
Supplementary Information	
Consolidating balance sheet information (2012)	20 – 21
Consolidating statement of operations and changes in net assets information (2012)	22 – 23
Consolidating balance sheet information (2011)	24 – 25
Consolidating statement of operations and changes in net assets information (2011)	26 – 27

ATTACHMENT-39A

McGladrey

Independent Auditor's Report

To the Board of Directors
Saint Anthony Health Ministries
Chicago, Illinois

We have audited the accompanying consolidated balance sheets of Saint Anthony Health Ministries and subsidiaries (the Corporation) as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Saint Anthony Health Ministries and subsidiaries as of June 30, 2012 and 2011, and the results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey LLP

Chicago, Illinois
September 12, 2012

ATTACHMENT-39A

Member of the RSM International network of independent accounting, tax and consulting firms.

Saint Anthony Health Ministries and Subsidiaries

Consolidated Balance Sheets
June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Assets		
Current Assets		
Cash and cash equivalents	$ 12,584	$ 24,162
Accounts receivable, less allowances for uncollectible accounts of $9,418 in 2012 and $14,800 in 2011	11,681	13,897
Inventories	1,666	1,047
Investments	9,804	3,279
Other	1,506	1,500
Total current assets	37,241	43,885
Assets Whose Use is Limited and Investments, net of current portion		
Investments - board-designated for self insurance	453	8,432
Investments - trustee-held for self insurance	27	33
Investments - temporarily restricted for capital improvements	2,098	2,843
Investments	20,013	5,451
Total assets whose use is limited and investments	22,591	16,759
Property and Equipment		
Land and improvements	965	804
Buildings and equipment	55,734	53,206
Construction in progress	358	256
	57,057	54,266
Less accumulated depreciation	(35,761)	(36,609)
Total property and equipment, net	21,296	17,657
Other Assets	887	473
Total assets	$ 82,015	$ 78,774
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	$ 6,156	$ 7,517
Estimated third-party payor settlements, net	2,049	3,475
Current portion of self-insurance liabilities	1,477	767
Other	354	136
Total current liabilities	10,036	11,895
Self-Insurance Liabilities, less current portion	6,880	6,122
Asset Retirement Obligation	180	171
Total liabilities	17,096	18,188
Commitments and Contingencies (Note 14)		
Net Assets		
Unrestricted	59,720	53,877
Temporarily restricted	3,258	4,768
Permanently restricted	1,941	1,941
Total net assets	64,919	60,586
Total liabilities and net assets	$ 82,015	$ 78,774

See Notes to Consolidated Financial Statements.

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Revenue:		
Net patient service revenue	$ 83,919	$ 84,494
Medicaid hospital tax assessment revenue	17,923	17,923
Total net patient service revenue	101,842	102,417
Other revenue	4,252	2,775
Total revenue	106,094	105,192
Expenses:		
Salaries and wages	47,027	46,454
Employee benefits	10,603	9,643
Purchased services	10,078	9,420
Professional fees	4,211	4,020
Supplies	10,500	10,431
Insurance	1,555	1,633
Provision for bad debts	7,247	9,004
Medicaid hospital tax assessment	6,197	6,197
Depreciation and amortization	1,632	1,728
Other	4,836	4,694
Total expenses	103,886	103,224
Income from operations	2,208	1,968
Nonoperating income (expense):		
Interest income	62	55
Other	(672)	(1,351)
	(610)	(1,296)
Excess of revenue over expenses	$ 1,598	$ 672

(Continued)

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (Continued)
Years Ended June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Unrestricted Net Assets		
Excess of revenue over expenses	$ 1,598	$ 672
Net assets released from restriction for property acquisitions	4,245	4,071
Increase in unrestricted net assets	5,843	4,743
Temporarily Restricted Net Assets		
Other contributions	4,559	563
Interest income	-	5
Net assets released from restriction	(6,069)	(4,995)
Decrease in temporarily restricted net assets	(1,510)	(4,427)
Increase in net assets	4,333	316
Net assets:		
Beginning of year	60,586	60,270
End of year	$ 64,919	$ 60,586

See Notes to Consolidated Financial Statements.

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Cash Flows from Operating Activities		
Increase in net assets	$ 4,333	$ 316
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,632	1,728
Loss on disposal of fixed asset	294	348
Provision for bad debts	7,247	9,004
Grant received for property and equipment	(3,500)	-
Change in operating assets and liabilities:		
Receivables	(5,031)	(9,478)
Other assets	(925)	224
Accounts payable and other liabilities	(1,449)	(1,409)
Estimated third-party payor settlements, net	(1,426)	(334)
Self-insurance liabilities	1,468	1,240
Net cash provided by operating activities	2,643	1,639
Cash Flows from Investing Activities		
Purchases of property and equipment	(5,250)	(3,735)
Purchases of assets whose use is limited and investments	(18,559)	(2,238)
Sales of assets whose use is limited and investments	6,202	4,136
Investment in Saint Anthony PHO, LLC	(114)	-
Net cash used in investing activities	(17,721)	(1,837)
Cash Flows from Financing Activities		
Grant received for property and equipment	3,500	-
Borrowings under line of credit	-	1,000
Repayments of amounts owed under line of credit	-	(1,000)
Net cash provided by financing activities	3,500	-
Net decrease in cash and cash equivalents	(11,578)	(198)
Cash and cash equivalents:		
Beginning of year	24,162	24,360
End of year	$ 12,584	$ 24,162
Supplemental Disclosure of Cash Flow Information		
Cash payments for interest	$ -	$ 5
Supplemental Schedule of Noncash Investing and Financing Activities		
Property and equipment additions included in accounts payable	$ 180	$ 495

See Notes to Consolidated Financial Statements.

ATTACHMENT-39A

Note 1. Nature of Organization and Significant Accounting Policies

Organization and nature of business: Saint Anthony Health Ministries (Parent), an Illinois not-for-profit corporation, is the sole corporate member of Saint Anthony Hospital (Hospital), Saint Anthony Hospital Foundation (Foundation), and Chicago Southwest Community Organization (Southwest Community). The Hospital is the sole corporate member of Saint Anthony Health Affiliate (Health Affiliates). Southwest Community is the sole corporate member of Chicago Southwest Development Corporation (Southwest Development). The Parent was established as a public juridic person in the Archdiocese of Chicago, in accordance with the provisions of the Code of Canon Law. The Parent exercises a sponsorship role with certain powers being reserved to the Archbishop of Chicago.

The Hospital is a licensed 166-bed acute care facility located in Chicago, Illinois. The Hospital provides inpatient, outpatient and emergency care services for the residents of the near southwest side of Chicago. Admitting physicians are primarily practitioners in the local area.

Health Affiliates was organized to provide non-emergency physician services to the community which the Hospital serves. Health Affiliates' financial statements are consolidated within the Hospital's financial statements in the accompanying consolidated financial statements.

The Foundation was organized for the purpose of soliciting, earning, and receiving funds from public and private sources, accumulating such funds, and making distributions to the Hospital.

In April 2012, Southwest Community was organized as an operating charity, which in the future will provide educational, wellness, and daycare services.

In April 2012, Southwest Development was organized to own future campus real estate and conduct rental activities.

Southwest Community and Southwest Development had no activity during the year ended June 30, 2012.

Significant accounting policies are as follows:

Principles of consolidation: The accompanying consolidated financial statements represent the accounts of the Parent, the Hospital, the Foundation, Southwest Community and Southwest Development, all Illinois not-for-profit corporations (collectively, the Corporation). All significant inter-entity transactions have been eliminated in consolidation.

Use of estimates: Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenue, and expenses. Actual results could differ from those estimates. The use of estimates and assumptions in the preparation of the accompanying consolidated financial statements is primarily related to the determination of the net patient accounts receivable, settlements with third-party payors, and the accrual for self-insurance liabilities. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the consolidated financial statements.

Cash and cash equivalents: Cash equivalents consist of highly liquid investments with original maturities of three months or less.

Throughout the year, the Corporation may have amounts on deposit with financial institutions in excess of those insured by the FDIC. Management does not believe this presents a more significant risk to the Corporation than other options available.

ATTACHMENT-39A

Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Patient accounts receivable, allowance for doubtful accounts and estimated third-party payor settlements: The collection of receivables from third-party payors and patients is the Hospital's primary source of cash for operations and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts and patient accounts for which the primary insurance payor has paid, but patient responsibility amounts (deductibles and copayments) remain outstanding. Accounts receivable, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual allowances or discounts provided to third-party payors.

Receivables due directly from patients are carried at the original charge for the service provided less amounts covered by third-party payors and less estimated allowances for doubtful accounts and charity. Management estimates the allowance for doubtful accounts based on the aging of its accounts receivable and its historical collection experience for each payor type. Management estimates the allowance for charity based on the Hospital's charity care policy and historical charity care experience. Recoveries of accounts receivable previously written off as uncollectible are recorded as a reduction of the provision for bad debts when received.

The past due status of receivables is determined on a case-by-case basis depending on the payor responsible. Interest is not charged on past due accounts.

Receivables or payables related to estimated settlements on various payor contracts, primarily Medicare and Blue Cross, are reported as estimated third-party payor settlements. Significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental health care coverage could affect the Hospital's collection of accounts receivable, cash flows and results of operations.

Assets whose use is limited, investments and investment income: Assets whose use is limited consists of investments that are limited either by the board or by outside third parties other than a donor or grantor as to how the assets may be used. Investments consist of certificates of deposit and money market funds carried at amortized cost plus accrued interest. During the year ended June 30, 2012, the board of directors re-designated for use by the Foundation $8,000 of investments that had been designated for self insurance at June 30, 2011.

Interest income is reported as nonoperating income (expense) unless the income is restricted by donor or law.

Inventories: Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (first-in, first-out method) or market. During the year ended June 30, 2012, the Hospital recorded as an asset approximately $630 of surgical inventory that had previously been expensed when purchased. The estimated value of such previously unrecorded inventory was approximately $529 as of June 30, 2011.

Joint venture: The Hospital has a 50 percent interest in Saint Anthony PHO, LLC (PHO), a physician-hospital organization. The Hospital accounts for its investment in the PHO using the equity method. As of June 30, 2012, the Hospital's investment in the PHO, included in other noncurrent assets in the accompanying consolidated balance sheet, is $44. During the year ended June 30, 2012, the Hospital recorded an equity interest in the PHO's loss, included in other nonoperating income (expense) in the accompanying consolidated statement of operations and changes in net assets, of $70.

Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Property and equipment: Property and equipment are stated at cost or, if donated, at fair value at the date of gift. Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Estimated useful lives by asset category are as follows: land improvements - 15 to 25 years; buildings - 20 to 40 years; and equipment - 3 to 10 years.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are included in operating income (loss) unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Basis of presentation: The Corporation classifies its net assets into three categories, which are unrestricted, temporarily restricted and permanently restricted. Unrestricted net assets are reflective of revenue and expenses associated with the principal operating activities of the Corporation and are not subject to donor imposed stipulations. Temporarily restricted net assets are those assets whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity.

Donor-restricted gifts: Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions.

Performance indicator: The performance indicator is excess of revenue over expenses which includes all changes in unrestricted net assets other than transfers to or from affiliated organizations, unrealized gains and losses on investments, net assets released from restriction for property acquisitions, grants for and contributions of property and equipment, and the cumulative effects of changes in accounting principles.

Operating and nonoperating activities: The Corporation's primary mission is to meet the health care needs of its local market area through a broad range of general and specialized health care services including inpatient acute care, outpatient services, psychiatric care and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the Corporation's primary mission are considered to be nonoperating, consisting primarily of gains and losses on the sale of fixed assets and grants made to a community health center clinic.

Self-insurance liabilities: The provision for self-insurance liabilities includes estimates of the ultimate costs of claims incurred but not reported and is actuarially determined.

Charity care: The Corporation provides care to patients regardless of their ability to pay. Charity care provided by the Corporation is excluded from net patient service revenue.

Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Income taxes: The Hospital, the Foundation, Health Affiliates and the Parent are tax-exempt organizations under Internal Revenue Code Section 501(c)(3) and each as required files a Form 990 (Return of Organization Exempt from Income Tax) annually. Corporation management intends to apply for tax-exempt status for Southwest Community and Southwest Development. Accordingly, income taxes are not provided for in the accompanying consolidated financial statements.

The Parent and its tax-exempt affiliates all file a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained. UBIT is reported on Form 990T, as appropriate. The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any.

Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination.

Forms 990 filed by the Parent, the Hospital, the Foundation, and Health Affiliates are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Forms 990 filed by the Parent, the Hospital, and the Foundation are no longer subject to examination for the years 2008 and prior. Southwest Community and Southwest Development have not yet been required to file Forms 990.

New accounting guidance: During the year ended June 30, 2012, the Corporation adopted the disclosure guidance contained in the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure – a consensus of the FASB Emerging Issues Task Force*. This ASU requires that the measurement of charity care by a health care entity for disclosure purposes be based on the direct and indirect costs of providing the charity care, and that the Corporation provide disclosure regarding the method used to identify or determine such costs. See Note 6 for further information.

ATTACHMENT-39A

Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Effective July 1, 2011, the Company adopted the provisions of FASB ASU No. 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries – a consensus of the FASB Emerging Issues Task Force*, which further clarifies that health care entities should not net insurance recoveries against the related claim liabilities. The adoption of ASU 2010-24 had no impact on the Corporation's consolidated financial statements.

Pending pronouncement: In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954) – Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities – a consensus of the FASB Emerging Issues Task Force*. ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay, to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, ASU 2011-07 requires those health care entities to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.

For nonpublic entities such as the Corporation, the provisions of ASU 2011-07 are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The changes to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The disclosures required by ASU 2011-07 should be provided for the period of adoption and subsequent reporting periods. The Corporation is assessing the impact of the implementation of ASU 2011-07 on its consolidated financial statements.

Reclassifications: Certain prior year amounts have been reclassified to conform to the current year presentation.

Subsequent events: Management has evaluated subsequent events through September 12, 2012, which is the date the financial statements were available to be issued.

Note 2. Related-Party Transactions

The Hospital charges a community health center clinic (Clinic) rent for its facility which is located on Hospital property. Rent charged totaled approximately $183 and $170 for the years ended June 30, 2012 and 2011, respectively. The Hospital has extended a line of credit to the Clinic in an amount not to exceed $400. Amounts owed by the Clinic to the Hospital, net of valuation allowances, at June 30, 2012 and 2011 were $914 and $479, respectively, including amounts owed under the line of credit of $192 and $83, respectively. The Hospital also awarded the Clinic grants of $300 and $450 during the years ended June 30, 2012 and 2011, respectively. The Hospital expects to fund a grant for the Clinic in the amount of $300 during the year ending June 30, 2013. In addition to the grant, in fiscal year 2011, the Hospital provided the Clinic with debt forgiveness of $182. The grants and the debt forgiveness are reported as nonoperating expense in the accompanying consolidated statements of operations.

ATTACHMENT-39A

Note 3. Asset Retirement Obligations

The Corporation records all known asset retirement obligations for which the liability's fair value can be reasonably estimated, including certain asbestos removal costs. At June 30, 2012 and 2011, the Corporation had remaining asset retirement obligations of $180 and $171, respectively, which are recorded as other noncurrent liabilities in the accompanying consolidated balance sheets.

Note 4. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at list price and the amounts reimbursed by Medicare, Medicaid, Blue Cross, and certain other third-party payors; and any differences between estimated third-party reimbursement settlements for prior years and subsequent final settlements. Contractual adjustments under third-party reimbursement programs are accrued on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined. A summary of the basis of reimbursement with major third-party payors follows:

Medicare: The Hospital is paid for inpatient acute care and outpatient care services rendered to Medicare program beneficiaries under prospectively determined rates per discharge (Prospective Payment Systems). These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Hospital's classification of patients under Prospective Payment Systems and the appropriateness of the patients' admissions are subject to validation reviews. The Hospital is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of annual reimbursement reports by the Hospital and audits by the Medicare fiscal intermediary.

Medicaid: The Hospital is reimbursed at prospectively determined rates for each Medicaid inpatient discharge. Outpatient services are reimbursed based on established fee screens. For inpatient acute care services, payment rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to retroactive adjustment. Medicaid reimbursement may be subject to periodic adjustment, as well as to changes in existing payment levels and rates, based on the amount of funding available to the Medicaid program.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. Net patient service revenue in 2012 and 2011 was increased by the effect of favorable third-party payor settlements and changes in allowance estimates of approximately $302 and $672, respectively.

Medicaid Hospital Tax Assessment Program: The Hospital is part of the State of Illinois hospital tax assessment program which is administered by the Illinois Department of Healthcare and Family Services. The laws and regulations authorizing this program have been extended through June 30, 2014. There is no assurance of the continuation of this program after June 30, 2014. Under this renewed program, the Hospital is to receive annually approximately $17,923 from the State and pay annually a provider tax assessment approximating $6,197. For each of the years ended June 30, 2012 and 2011, the Hospital has recorded $17,923 in assessment revenue and $6,197 in assessment expense.

ATTACHMENT-39A

Note 4. Net Patient Service Revenue (Continued)

On June 14, 2012, the Governor of Illinois signed the Save Medicaid Access and Resources Together (SMART) Act. The SMART Act reduces by 3.5% all Illinois Medicaid payments received by hospitals (excluding Safety Net Providers, as defined, and Critical Access Hospitals) effective July 1, 2012. The Hospital qualifies as a Safety Net Provider, and as such will not be subject to the 3.5% reduction.

The SMART Act also includes an enhanced hospital tax assessment program that, if approved by the Centers for Medicare and Medicaid Services (CMS), will extend the program through December 31, 2014 and generate additional funds that will be used to attract additional Federal matching funds. The additional funds will be used to provide new hospital payments designed to preserve and improve access to hospital services for residents throughout Illinois. Management currently estimates that additional payments, net of additional assessment taxes paid, will approximate $2,824. Such payments are subject to change and are contingent upon CMS approval of the enhanced hospital tax assessment program.

Blue Cross: Substantially all of the Hospital's reimbursement from Blue Cross is derived from three managed care contracts, which provide cost plus-based reimbursement to the Hospital. The Hospital also participates as a provider of health care services under another cost plus-based reimbursement agreement with Blue Cross.

Managed care organizations: The Hospital has also entered into reimbursement agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment under these agreements includes discounts from established charges and prospectively determined per diem and per case rates.

Note 5. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors, before consideration of the allowance for uncollectible accounts, at June 30, 2012 and 2011, was as follows:

	2012	2011
Medicare	16%	15%
Medicaid and Medicaid Pending	33	32
Blue Cross	4	4
Managed Care	11	9
Commercial and other	4	4
Self pay	32	36
	100%	100%

ATTACHMENT-39A

Note 6. Charity Care

In the ordinary course of business, the Corporation renders services to patients who are financially unable to pay for medical care. The Corporation provides care to these patients who meet certain criteria under its charity care policy without charge or at amounts less than the established rates. Charity care eligibility is established based on limited or no insurance coverage, income compared to published poverty levels and family size, as well as other factors. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The Corporation maintains records to identify and monitor the level of charity care it provides. Charity care is measured based on the Corporation's estimated direct and indirect costs of providing charity care services. That estimate is made by calculating a ratio of cost to gross charges, applied to the uncompensated charges associated with providing charity care to patients. The amount of charity care provided during the years ended June 30, 2012 and 2011 was approximately $7,530 and $5,374, respectively.

Note 7. Assets Whose Use is Limited and Investments

The composition of assets whose use is limited and investments is summarized as follows as of June 30, 2012 and 2011:

	2012	2011
Certificates of deposit	$ 9,804	$ 8,730
Money market funds	22,591	11,308
	$ 32,395	$ 20,038

Note 8. Line of Credit

The Corporation maintained an unsecured $3,500 working capital line of credit with US Bank, N.A. that matured on June 30, 2012. Borrowings bore interest at 0.850% plus the one-month LIBOR rate (1.09% at June 30, 2012). There was no balance outstanding on the line of credit at June 30, 2012 and 2011. Subsequent to year-end, the Corporation renewed the working capital line of credit with similar terms through June 30, 2013.

Note 9. Benefit Plans

On July 1, 2009, the Hospital established a 403b/401a savings and retirement plan. There are two primary types of contributions to this plan - employee voluntary contributions and employer matching contributions. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contribution each payroll period. These benefits are funded each payroll period. Participants hired prior to July 1, 2009 are 100% vested in this plan. Participants hired after June 30, 2009 become vested over a five-year period. Expense for the defined contribution plan was $1,148 and $1,025 during the years ended June 30, 2012 and 2011, respectively.

The Corporation also has a deferred compensation plan covering certain executives. Benefits under the plan vest annually over a five-year period. The liability under the plan was $83 and $86, included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets as of June 30, 2012 and 2011, respectively.

Note 10. Self-insured Risks

The Corporation self-insures its professional and general liability risk. The actuarially determined professional and general liability in the accompanying consolidated balance sheets reflects management's assessment of claims applicable to all self-insured professional liability claims relating to the period beginning July 1, 2009. An accrual for possible losses attributable to incidents that may have occurred, but that have not been identified under the incident reporting system, is included in this liability. At June 30, 2012 and 2011, professional liability losses have been discounted at 4.5% and 5.0%, respectively. If accrued professional liability losses had not been discounted, the estimated liability would be approximately $1,298 and $1,405 higher than the amounts recorded in the consolidated balance sheets as of June 30, 2012 and 2011, respectively.

Effective July 1, 2011, the Corporation self-insures its workers' compensation liability risk up to $50 per claim. Management estimates the liability for reported and incurred but not reported workers' compensation losses based on historical losses and expected loss development. At June 30, 2012, the Corporation's estimated liability, discounted at 4.5%, is $278.

Note 11. Temporarily and Permanently Restricted Net Assets

The Corporation's endowment consists of an individual fund which was established to support the operation and maintenance of the Hospital. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. The endowment includes permanently donor-restricted principal. Income earned on the principal is not restricted by the donor and can be used for general operating expenses and maintenance of the Hospital. Income earned on permanently restricted endowment assets is considered temporarily restricted until management appropriates those earnings for spending.

On June 30, 2009, the governor of the State of Illinois signed into law the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA differs from laws previously in place in a few key areas. It eliminates the historic dollar value rule with respect to endowment fund spending, it updates the prudence standard for the management and investment of charitable funds, and it amends the provisions governing the release and modification of restrictions on charitable funds.

Interpretation of Relevant Law – In consultation with management, the Board of Directors of the Corporation has interpreted the Illinois UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Corporation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate earnings on donor-restricted endowment funds:

1) The duration and preservation of the fund;
2) The purpose of the Corporation and the donor-restricted endowment fund;
3) General economic conditions;
4) The possible effect of inflation and deflation;
5) The expected total return from income and the appreciation of investments;
6) Other resources of the Corporation, and;
7) The investment policies of the Corporation.

Note 11. Temporarily and Permanently Restricted Net Assets (Continued)

The changes in endowment net assets for the Corporation were as follows for the years ended June 30, 2012 and 2011:

	2012				2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ -	$ -	$ 1,941	$ 1,941	$ -	$ -	$ 1,941	$ 1,941
Investment return:								
Investment income	-	-	-	-	-	5	-	5
Total investment return	-	-	-	-	-	5	-	5
Appropriation of endowment assets for expenditure	-	-	-	-	-	(5)	-	(5)
Other changes:								
Other	-	-	-	-	-	-	-	-
Endowment net assets, end of year	$ -	$ -	$ 1,941	$ 1,941	$ -	$ -	$ 1,941	$ 1,941

Funds with Deficiencies – From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or Illinois UPMIFA requires the Corporation to retain as a fund of perpetual duration. There were no deficiencies in the endowment fund as of June 30, 2012 and 2011.

Return Objectives and Risk Parameters – The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Corporation must hold in perpetuity or for a donor-specified period(s). Under this policy, as approved by the Board of Directors, the endowment assets are invested in certificates of deposit assuming a low level of investment risk. The Corporation expects its endowment funds, over time, to provide for a market average rate of return for certificates of deposit with duration of twelve months or less.

Strategies Employed for Achieving Objectives – To satisfy its return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through interest earnings on the certificates of deposit.

Spending Policy and How the Investment Objectives Relate to Spending Policy – The Corporation does not have a spending rate relating to its endowment policy. The Corporation's policy is to spend annual earnings.

ATTACHMENT-39A

Note 11. Temporarily and Permanently Restricted Net Assets (Continued)

During the year ended June 30, 2012, the Hospital was awarded a grant by the State of Illinois Department of Public Health in the amount of $7,000 to fund designated capital projects. The grant term begins July 1, 2011 and ends June 30, 2013. As of June 30, 2012, $3,500 of the grant had been received. Because of contingencies relating to receipt of additional funds under the grant, the remaining $3,500 has not been recorded in the accompanying consolidated financial statements. The unspent portion of the grant at June 30, 2012, $2,098, is reported within temporarily restricted net assets in the accompanying consolidated balance sheet.

Temporarily restricted net assets are available for the following purposes as of June 30, 2012 and 2011:

	2012	2011
Healthcare services:		
Cancer care services/facilities	$ 1,073	$ 1,834
Health education/scholarship	87	91
Capital improvements	2,098	2,843
	$ 3,258	$ 4,768

Net assets were released from donor restrictions by incurring expenditures for the following purposes during the years ended June 30, 2012 and 2011:

	2012	2011
Healthcare services:		
Cancer care services/facilities	$ 959	$ 916
Health education/scholarship	4	8
Capital improvements	4,245	4,071
Reclassification to unrestricted net assets	861	-
	$ 6,069	$ 4,995

Net assets released from donor restrictions for operating purposes during the year ended June 30, 2012 and 2011, totaling $1,824 and $924, respectively, are reported in other operating revenue in the accompanying consolidated statements of operations and changes in net assets.

ATTACHMENT-39A

Note 12. Lease Commitments

Future minimum payments under noncancelable operating leases with terms of one year or more for the years ending June 30 are as follows:

Years ending June 30,	
2013	$ 1,383
2014	894
2015	228
2016	228
2017	228
Thereafter	2,162
	$ 5,123

Rental expense under operating leases amounted to $976 and $1,063 for the years ended June 30, 2012 and 2011, respectively.

Note 13. Functional Expenses

The Corporation provided general health care services to residents within Chicago and the surrounding area. The Corporation's expense related to providing these services is as follows for the years ended June 30, 2012 and 2011:

	2012	2011
Health care services	$ 90,212	$ 89,191
General and administrative	13,235	13,673
Fundraising	439	360
	$ 103,886	$ 103,224

Certain amounts have been allocated between health care services and general and administrative expenses.

Note 14. Commitments and Contingencies

Litigation – In addition to professional liability claims, the Corporation is involved in litigation arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the Corporation's consolidated financial position, results of operations and cash flows.

Note 14. Commitments and Contingencies (Continued)

Regulatory Environment Including Fraud and Abuse Matters – The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant refunds for patient services previously billed and paid. Management believes that the Corporation is in compliance with fraud and abuse, as well as other applicable government laws and regulations. While no regulatory inquiries that are expected to have a material adverse effect on the Corporation have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

CMS Recovery Audit Contractor Program – Congress passed the Medicare Modernization Act in 2003, which among other things established a three-year demonstration of the Medicare Recovery Audit Contractor (RAC) program. The RAC identified and corrected a significant amount of improper overpayments to providers. In 2006, Congress passed the Tax Relief and Health Care Act of 2006 which authorized the expansion of the RAC program to all 50 states by 2010. CMS implemented the RAC program in Illinois in 2010. The Corporation has recorded a reserve for estimated amounts that will be repaid under the RAC program based on the Corporation's RAC program experience to date.

Property and Sales Tax Exemption – On June 14, 2012, the Governor of Illinois signed into law legislation that governs property and sales tax exemption for not-for-profit hospitals. The law took effect on the date it was signed. Under the law, in order to maintain its property and sales tax exemption, the value of specified services and activities of a not-for-profit hospital must equal or exceed the estimated value of the hospital's property tax liability, as determined under a formula in the law. The specified services are those that address the health care needs of low-income or underserved individuals or relieve the burden of government with regard to health care services, and include: the cost of free or discounted services provided pursuant to the hospital's financial assistance policy; other unreimbursed costs of addressing the health needs of low-income and underserved individuals; direct or indirect financial or in-kind subsidies of State and local governments; the unreimbursed cost of treating Medicaid and other means-tested program recipients; the unreimbursed cost of treating dual-eligible Medicare/Medicaid patients; and other activities that the Illinois Department of Revenue determines relieve the burden of government or address the health of low-income or underserved individuals. Management believes that the Hospital meets the requirements under the law to maintain its property and sales tax exemption.

Note 15. Subsequent Event

On August 24, 2012, the Hospital received notice from the Illinois Department of Healthcare and Family Services (the "Department") that unless the Hospital contracted with at least one of two Medicaid managed care companies designated by the Department, the Hospital would lose its supplemental payments, which total $8,365,000 per year, effective August 13, 2012. The Hospital is contesting this action and expects to prevail or otherwise take action to avoid the loss of its supplemental payments.

McGladrey

Independent Auditor's Report on the Supplementary Information

To the Board of Directors
Saint Anthony Health Ministries
Chicago, Illinois

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of operations of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

McGladrey LLP

Chicago, Illinois
September 12, 2012

ATTACHMENT-39A

Member of the RSM International network of independent accounting, tax and consulting firms.

Saint Anthony Health Ministries and Subsidiaries

Consolidating Balance Sheet Information
June 30, 2012
(Dollars in Thousands)

Assets	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Current Assets				
Cash and cash equivalents	$ 12,155	$ 429	$ -	$ 12,584
Accounts receivable, net of allowance for uncollectible accounts	11,681	-	-	11,681
Inventories	1,666	-	-	1,666
Investments	-	9,804	-	9,804
Other	2,259	-	(753)	1,506
Total current assets	27,761	10,233	(753)	37,241
Assets Whose Use is Limited and Investments, net of current portion				
Investments - board-designated for self insurance	453	-	-	453
Investments - trustee-held for self insurance	27	-	-	27
Investments - temporarily restricted for capital improvements	2,098	-	-	2,098
Investments	-	20,013	-	20,013
Total assets whose use is limited and investments	2,578	20,013	-	22,591
Property and Equipment				
Land and improvements	965	-	-	965
Buildings and equipment	55,734	-	-	55,734
Construction in progress	358	-	-	358
	57,057	-	-	57,057
Less accumulated depreciation	(35,761)	-	-	(35,761)
Total property and equipment, net	21,296	-	-	21,296
Other Assets				
Interest in net assets of Foundation	29,481	-	(29,481)	-
Other	887	-	-	887
Total other assets	30,368	-	(29,481)	887
Total assets	$ 82,003	$ 30,246	$ (30,234)	$ 82,015

(Continued)

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Balance Sheet Information (Continued)
June 30, 2012
(Dollars in Thousands)

Liabilities and Net Assets	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Current Liabilities				
Accounts payable and accrued liabilities	$ 6,144	$ 12	$ -	$ 6,156
Estimated third-party payor settlements, net	2,049	-	-	2,049
Current portion of self-insurance liabilities	1,477	-	-	1,477
Other	354	753	(753)	354
Total current liabilities	10,024	765	(753)	10,036
Self-Insurance Liabilities, less current portion	6,880	-	-	6,880
Asset Retirement Obligation	180	-	-	180
Total liabilities	17,084	765	(753)	17,096
Net Assets				
Unrestricted	59,720	26,380	(26,380)	59,720
Temporarily restricted	3,258	1,160	(1,160)	3,258
Permanently restricted	1,941	1,941	(1,941)	1,941
Total net assets	64,919	29,481	(29,481)	64,919
Total liabilities and net assets	$ 82,003	$ 30,246	$ (30,234)	$ 82,015

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets Information
Year Ended June 30, 2012
(Dollars in Thousands)

	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Revenue:				
Net patient service revenue	$ 83,919	$ -	$ -	$ 83,919
Medicaid hospital tax assessment revenue	17,923	-	-	17,923
Total net patient service revenue	101,842	-	-	101,842
Other revenue	3,892	1,824	(1,464)	4,252
Total revenue	105,734	1,824	(1,464)	106,094
Expenses:				
Salaries and wages	46,765	262	-	47,027
Employee benefits	10,556	47	-	10,603
Purchased services	10,063	15	-	10,078
Professional fees	4,063	148	-	4,211
Supplies	10,495	5	-	10,500
Insurance	1,555	-	-	1,555
Provision for bad debts	7,247	-	-	7,247
Medicaid hospital tax assessment	6,197	-	-	6,197
Depreciation and amortization	1,632	-	-	1,632
Other	4,807	1,493	(1,464)	4,836
Total expenses	103,380	1,970	(1,464)	103,886
Income (loss) from operations	2,354	(146)	-	2,208
Nonoperating income (expense):				
Interest income	24	38	-	62
Other	(670)	(2)	-	(672)
	(646)	36	-	(610)
Excess (deficit) of revenue over expenses	$ 1,708	$ (110)	$ -	$ 1,598

(Continued)

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets Information (Continued)
Year Ended June 30, 2012
(Dollars in Thousands)

	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Unrestricted Net Assets				
Excess (deficit) of revenue over expenses	$ 1,708	$ (110)	$ -	$ 1,598
Net assets released from restriction for property acquisitions	4,245	-	-	4,245
Net asset transfer	(20,000)	20,000	-	-
Change in interest in Foundation's net assets	19,890	-	(19,890)	-
Increase in unrestricted net assets	5,843	19,890	(19,890)	5,843
Temporarily Restricted Net Assets				
Other contributions	3,500	1,059	-	4,559
Net assets released from restriction	(4,245)	(1,824)	-	(6,069)
Change in interest in Foundation's net assets	(765)	-	765	-
Decrease in temporarily restricted net assets	(1,510)	(765)	765	(1,510)
Increase in net assets	4,333	19,125	(19,125)	4,333
Net assets:				
Beginning of year	60,586	10,356	(10,356)	60,586
End of year	$ 64,919	$ 29,481	$ (29,481)	$ 64,919

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Balance Sheet Information
June 30, 2011
(Dollars in Thousands)

Assets	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Current Assets				
Cash and cash equivalents	$ 22,490	$ 1,672	$ -	$ 24,162
Accounts receivable, net of allowance for uncollectible accounts	13,897	-	-	13,897
Inventories	1,047	-	-	1,047
Investments	-	3,279	-	3,279
Other	1,545	-	(45)	1,500
Total current assets	38,979	4,951	(45)	43,885
Assets Whose Use Is Limited and Investments, net of current portion				
Investments - board-designated for self insurance	8,432	-	-	8,432
Investments - trustee-held for self insurance	33	-	-	33
Investments - temporarily restricted for capital improvements	2,843	-	-	2,843
Investments	1	5,450	-	5,451
Total assets whose use is limited and investments	11,309	5,450	-	16,759
Property and Equipment				
Land and improvements	804	-	-	804
Buildings and equipment	53,206	-	-	53,206
Construction in progress	256	-	-	256
	54,266	-	-	54,266
Less accumulated depreciation	(36,609)	-	-	(36,609)
Total property and equipment, net	17,657	-	-	17,657
Other Assets				
Interest in net assets of Foundation	10,356	-	(10,356)	-
Other	473	-	-	473
Total other assets	10,829	-	(10,356)	473
Total assets	$ 78,774	$ 10,401	$ (10,401)	$ 78,774

(Continued)

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Balance Sheet Information (Continued)
June 30, 2011
(Dollars in Thousands)

Liabilities and Net Assets	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Current Liabilities				
Accounts payable and accrued liabilities	$ 7,517	$ -	$ -	$ 7,517
Estimated third-party payor settlements, net	3,475	-	-	3,475
Current portion of self-insurance liabilities	767	-	-	767
Other	136	45	(45)	136
Total current liabilities	11,895	45	(45)	11,895
Self-Insurance Liabilities, less current portion	6,122	-	-	6,122
Asset Retirement Obligation	171	-	-	171
Total liabilities	18,188	45	(45)	18,188
Net Assets				
Unrestricted	53,877	6,490	(6,490)	53,877
Temporarily restricted	4,768	1,925	(1,925)	4,768
Permanently restricted	1,941	1,941	(1,941)	1,941
Total net assets	60,586	10,356	(10,356)	60,586
Total liabilities and net assets	$ 78,774	$ 10,401	$ (10,401)	$ 78,774

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets Information
Year Ended June 30, 2011
(Dollars in Thousands)

	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Revenue:				
Net patient service revenue	$ 84,494	$ -	$ -	$ 84,494
Medicaid hospital tax assessment revenue	17,923	-	-	17,923
Total net patient service revenue	102,417	-	-	102,417
Other revenue	2,775	924	(924)	2,775
Total revenue	105,192	924	(924)	105,192
Expenses:				
Salaries and wages	46,271	183	-	46,454
Employee benefits	9,608	35	-	9,643
Purchased services	9,378	42	-	9,420
Professional fees	4,020	-	-	4,020
Supplies	10,428	3	-	10,431
Insurance	1,633	-	-	1,633
Provision for bad debts	9,004	-	-	9,004
Medicaid hospital tax assessment	6,197	-	-	6,197
Depreciation and amortization	1,728	-	-	1,728
Other	4,655	963	(924)	4,694
Total expenses	102,922	1,226	(924)	103,224
Income (loss) from operations	2,270	(302)	-	1,968
Nonoperating income (expense):				
Interest income	45	10	-	55
Other	(1,369)	18	-	(1,351)
	(1,324)	28	-	(1,296)
Excess (deficit) of revenue over expenses	$ 946	$ (274)	$ -	$ 672

(Continued)

ATTACHMENT-39A

Saint Anthony Health Ministries and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets Information (Continued)
Year Ended June 30, 2011
(Dollars in Thousands)

	Saint Anthony Hospital	Saint Anthony Hospital Foundation	Eliminations	Consolidated
Unrestricted Net Assets				
Excess (deficit) of revenue over expenses	$ 946	$ (274)	$ -	$ 672
Net asset transfer to Foundation	-	-	-	-
Liabilities forgiven and assumed by former sponsor	-	-	-	-
Cash contributed by former sponsor	-	-	-	-
Net assets released from restriction for property acquisitions	4,071	-	-	4,071
Change in interest in Foundation's net assets	(274)	-	274	-
Increase (decrease) in unrestricted net assets	4,743	(274)	274	4,743
Temporarily Restricted Net Assets				
Other contributions	-	563	-	563
Interest income	-	5	-	5
Net assets released from restriction	(4,071)	(924)	-	(4,995)
Change in interest in Foundation's net assets	(356)	-	356	-
Decrease in temporarily restricted net assets	(4,427)	(356)	356	(4,427)
Increase (decrease) in net assets	316	(630)	630	316
Net assets:				
Beginning of year	60,270	10,986	(10,986)	60,270
End of year	$ 60,586	$ 10,356	$ (10,356)	$ 60,586

ATTACHMENT-39A

SECTION IX – FINANCIAL VIABILITY

Criterion 1120.130

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. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. 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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

The Applicant, Saint Anthony Hospital will fund the entire project's capital expenditures through internal sources, i.e., cash and securities. Appended as **ATTACHMENT-39A** is a copy of the entity's audited financial statements documenting availability of funds; therefore, the historical and projected ratios are not germane.

ATTACHMENT-40

SECTION X – ECONOMIC FEASIBILITY

Criterion 1120.140

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.

Appended as **ATTACHMENT-42A** are two letters addressing the Reasonableness of Financing Arrangements. Please note that this project will be funded with cash and related securities and through the lease of existing space.

D. Projected Operating Costs

Projected Operating Cost	2013
Projected Treatments	11,232
Salaries	$679,068.46
Benefits	$142,604.38
Supplies	$48,449.84
Operating Cost/Treatment	**$77.47**

E. Total Effect of the Project on Capital Costs

Capital Costs	2013
Projected Treatments	11,232
Depreciation	$177,772.80
Amortization	$0
Interest	$0
Operating Cost/Treatment	**$15.83**

Financial statements for the first full year at target utilization, i.e., the second full year of operations are appended as **ATTACHMENT-42B**.

SAINT ANTHONY
HOSPITAL

October 16, 2012

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Criterion 1120.140.A Reasonableness of Financing Arrangements

Dear Ms. Avery:

Regarding the above referenced criterion, we hereby certify 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.

Sincerely,

Aileen Brooks,
Vice President General Counsel
Saint Anthony Hospital

State of Illinois
County of Cook

Sworn to before me this
18th day of October, 2012

Notary Public

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

ATTACHMENT-42A

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

SAINT ANTHONY
HOSPITAL

October 15, 2012

Mr. Dale Glassie, Chairman
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, Illinois 62761

Dear Mr. Glassie:

Regarding Criteria 1120.310.b, Conditions of Financing, we have explored various alternatives for financing the project and determined that the proposed plan of finance will provide the lowest net cost of debt available given terms desired.

The project also involves the lease of space for use as the dialysis center. Given the availability of real estate in the area and the need for specialized space, the expenses associated with the lease are less costly than the construction and owning of a new facility.

Signature

Printed Name Guy A. Medaglia

Printed Title President and Chief Executive Officer
Entity Saint Anthony Health Ministries

Notarization:
Subscribed and sworn to before me
This 17th day of October 2012

Signature of Notary

Seal

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

Signature

Printed Name Aileen Brooks

Printed Title Assistant Secretary
Entity Saint Anthony Health Ministries

Notarization:
Subscribed and sworn to before me
This 17th day of October 2012

Signature of Notary

Seal

OFFICIAL SEAL
MANUELA CELEDON
Notary Public - State of Illinois
My Commission Expires Jun 30, 2015

ATTACHMENT-42A

Saint Anthony Hospital • 2875 West 19th Street • Chicago, IL 60623
Main Hospital: (773) 484-1000 • www.SAHChicago.org

Little Village Clinic Model
Dialysis Practice 7830

	Year 1	Year 2
Dialysis Gross Patient Revenue	$ 1,787,500.00	$ 5,784,480.00
Total Revenue	**$ 1,787,500.00**	**$ 5,784,480.00**

Gross Patient Rev by Payor	Year 1	Year 2
Medicare	$ 313,885.00	$ 1,015,754.69
Medicaid	$ 1,082,510.00	$ 3,503,081.09
HMO/PPO	$ 197,518.75	$ 639,185.04
BC HMO/PPO	$ 172,672.50	$ 558,780.77
Commercial	$ 20,913.75	$ 67,678.42
1011 Charity 6.42%	$ -	$ -
Self Pay & Other 8.86%	$ -	$ -
Total Gross Patient Revenue	**$ 1,787,500.00**	**$ 5,784,480.00**

***6.42% of patient volume will qualify for charity care and 8.86% will be uninsured**
***SAH will work with every uninsured and charity patient to obtain Medicaid covera**

Deductions from Revenue	Year 1	Year 2
Medicare	$ (162,824.70)	$ (526,912.59)
Medicaid	$ (619,953.48)	$ (2,006,214.54)
HMO/PPO	$ (16,591.58)	$ (53,691.54)
BC HMO/PPO	$ (14,504.49)	$ (46,937.58)
Commercial	$ (1,756.76)	$ (5,684.99)
1011 Charity	$ -	$ -
Self Pay & Other	$ -	$ -
Total Deductions from Revenue	**$ (815,631.00)**	**$ (2,639,441.24)**
Other Revenue	**$ -**	**$ -**
Net Patient Revenue	**$ 971,869.00**	**$ 3,145,038.76**

Variable Expenses	Year 1	Year 2
Salary	$ 331,469.87	$ 679,068.46
Benefits	$ 69,608.67	$ 142,604.38
Medical Supplies	$ 318,697.50	$ 1,046,198.59
Non Medical Supply	$ 877.50	$ 1,755.00
Purchased Services	$ 633.45	$ 652.45
Equipment Repairs	$ 515.00	$ 530.45
Waste Removal	$ -	$ -
Training	$ 824.00	$ 848.72
Other Expenses	$ 1,718.04	$ 1,769.58
Repairs & Maint Direct Cost	$ -	$ -
Billing Serv Fee	$ -	$ -
Utilities	$ -	$ -
Allocated Incremental Costs	$ -	$ -
Malpractice Insurance	$ 5,347.50	$ 11,079.00
Bad Debt	$ 9,831.25	$ 31,814.64
Total Variable Expenses	**$ 739,522.79**	**$ 1,916,321.28**
Contribution	**$ 232,346.21**	**$ 1,228,717.48**
Depreciation	**$ 88,886.40**	**$ 177,772.80**
Total Project Net Income	**$ 143,459.81**	**$ 1,050,944.68**

ATTACHMENT-42B

SAFETY NET IMPACT STATEMENT

Safety Net Impact Statements:

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

Appended as **ATTACHMENT-43A**, is Saint Anthony Hospital's 2012 Building a Bridge to Community Wellness, a comprehensive report on safety net impact and charity care that the Hospital provides for its market area population. Saint Anthony Hospital is integrated into the communities it serves, which is predominantly Hispanic and African-American. For fiscal year 2011 alone, Saint Anthony Hospital provided charity care of $5,374,128 and a total community benefit of $18,105,089. In 2012, Saint Anthony Hospital provided $7,587,021 in Charity care and the value of all community benefits nears $22 million ($21,907,624). This is a 21 percent increase in total community benefit over FY2011. Appended as **ATTACHMENT-43B**, is a copy of Saint Anthony Hospital's Charity Care Policy.

The proposed project will not impact the ability of Saint Anthony or other health care providers or health care systems to cross subsidize safety net services as the patient population to be served will remain Saint Anthony Hospital patients.

2012

Building a Bridge to Community Wellness

Saint Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623
773-484-1000
www.SAHChicago.org

ATTACHMENT-43A

2012

Table of Contents

2012 by the Numbers	1
Mission and Vision Statements	2
Key Programs and Services	3
Health	4
Healing	9
Hope	12
Free Services	17
Our Community	18
Financial Report	19

July 1, 2011 to June 30, 2012

2012 by the Numbers July 1, 2011 to June 30, 2012

Our People	
Medical Staff	397
Professional Nursing Staff	262
Associates	993
Volunteer Hours	5,137

Physician Center Visits	
Specialty	14,202
Pediatrics	9,238
Orthopedics	8,430
OB/GYN	3,829
Podiatry	3,254

ATTACHMENT-43A

Hospital

Licensed Beds	151
Staffed Beds	137

Our Patients

Inpatients	7,088
Outpatients	45,570
Total	52,658

Hospital Services

Emergency Dept. Visits	35,947
Ultrasounds	17,265
OT/PT/Speech/Audio Visits	15,043
EKG/ECHO/Stress Tests	13,033
Admissions	7,059
Surgeries	3,889
Chemotherapies	2,514
Mammograms	2,354
Deliveries	1,849
Diabetes/Obesity Srvs. Visits	701

Admissions by Department

Medical/Surgical (62 beds)	39%
Obstetrics (20 beds)	28%
Psychiatry (42 beds)	16%
Pediatrics (12 beds)	9%
Intensive Care (15 beds)	8%

Payor Mix by Discharge

Medicaid	51%
Medicare	27%
Managed Care (includes BC)	16%
Self-pay	7%
Commercial	<1%
Internal Med/Family Practice	2,567
Surgery	1,295

Community Benefits

Charity Care	$7,587,021
Value of All Comm. Benefits	$21,907,624

Education Program Participants

Spanish	33
GED Preparation	16
School at Work 2.0	14

Community Services

Persons receiving glucose & blood pressure screenings	3,106
Parents & children attending weekly interactive play group	1,631
Applicants for public benefits, including SNAP	1,124
Women & accompaniers attending prenatal classes	819
Seniors receiving health insurance counseling	330
First-time moms receiving support & education	249
Mothers receiving breastfeeding counseling	195
Adults receiving individual, couples, & group therapy	90

Mission Statement

Saint Anthony Hospital
lives out the loving ministry
of Jesus Christ,
offering **health**, **healing** and **hope**
to the families of our community.

Vision Statement

Saint Anthony Hospital
will strengthen our community
through the power
of **partnership** and quality healthcare
that leaves no one behind.

Key Programs and Services

Health

Emergency Department 4
- *Average wait time is down to 32 minutes in 2012 from 70 minutes in 2010*

Center for Diabetes, Nutrition, Obesity, and Metabolism 5
- *Referrals are up 114 percent*

Parish Nurse Program 5
- *More than 250 adults at-risk for chronic disease screened every month*

Outpatient Oncology and Infusion Center 6
- *Visits are up 24 percent*

Psychiatry Department 7
- *Patient capacity increased to 42 beds in 2012, up from 31 beds*

Summer Fest 7
- *2,000 residents participate in workshops, screenings, and demonstrations*

Health Information Technology 8
- *$1,000,000 in new technology enhances patient care and safety*

Healing

ACT against Violence: Parents Raising Safe Kids 9
- *Teaching positive parenting techniques*

Mental Health Services 10
- *Serving adults struggling with depression, anxiety, and complex post-traumatic stress*

Medicaid 11
- *Maintaining quality care for the most vulnerable in our community*

Hope

Developmental Support Project 12
- *Promoting improved developmental care among physicians and families*

First-time Moms Club 12
- *Supporting new moms with little or no family close by*

Interactive Parent-child Play Group 13
- *Teaching parents strategies for supporting children's healthy development*

Senior Wellness Program 13
- *Supporting seniors pursuit of healthy and active lifestyles*

Pastoral Care Department 14
- *Helping employees define what it means to work in a Catholic hospital*

Employee Engagement Survey 15
- *Evaluating the needs of our current workforce*

School at Work 2.0 16
Investing in our workforce of the future

HEALTH

Figure 1. Saint Anthony Hospital's ED has a new family of physicians, nurses, techs, and support staff committed to customer service.

Wait times in the **Emergency Department** (ED) at Saint Anthony Hospital reflect an astounding decrease – from a monthly average of 70 minutes in 2010 to just 32 minutes in 2012. The national average for waiting in an ED is an hour-and-a-half to two hours. The target for the American College of Emergency Physicians is a one-hour wait.

Together, like medical detectives, Saint Anthony's chairman of the ED and director of the ED along with the hospital's vice president of nursing took a step-by-step approach to identifying areas that obstructed patient flow through the department. They analyzed the processes at play from the moment patients entered the ED to the time they exited.

A key component of the greatly improved patient flow is the new role ED technicians have in conducting initial assessments to determine how rapidly each patient must be treated. Under this new system, patients can be escorted to a treatment room immediately.

In addition, the length-of-stay in our ED has decreased from 177 to 153 minutes (less than three hours) over the last three years. The average length-of-stay in an Illinois ED is four hours (Press Ganey, 2010). The average percentage of patients who left our ED without being treated dropped from 7 percent to 2 percent.

Emergency Department	2010	2011	2012	'10 vs. '12
Average monthly visits	2,877	2,750	2,996	+4%
Longest average wait	101 minutes	90 minutes	46 minutes	-54%
Average wait	70 minutes	46 minutes	32 minutes	-54%
Longest length-of-stay	207 minutes	222 minutes	168 minutes	-18%
Average length-of-stay	177 minutes	175 minutes	153 minutes	-14%
Highest Left w/o Being Seen	11.9 percent	9.2 percent	3.8 percent	-68%
Average Left w/o Being Seen	7.0 percent	4.0 percent	1.8 percent	-74%
July 1 to June 30				

Individuals who come to the ED at Saint Anthony Hospital with work-related injuries can now receive outpatient follow-up care at our new **Occupational Health Services Center.** The center opened in April 2012 in our freshly renovated Kedzie Clinic (just south of Kedzie and Archer Avenues in Brighton Park). In October 2011, interested in adding services that help keep the workforce of local employers healthy, Saint Anthony completed a feasibility study that identified a need for improved treatment of work-related injuries in our community. In treating such injuries, our Occupational Health Services Center improves the delivery of care, reduces lost work time, and assures that documentation, communication, and cost savings are achieved. The center also

provides rehabilitation services as well as vaccinations, drug testing, and surveillance exams and screenings.
Employers are impressed that a neighborhood clinic offers such a comprehensive list of services. This fall, the clinic will begin to provide immediate care for members of the community with injuries and illnesses that are acute but not life-threatening.

In September 2011, a bilingual diabetes patient care coordinator joined the health care team of the **Center for Diabetes, Nutrition, Obesity, and Metabolism** at Saint Anthony Hospital. The coordinator is playing a key role in *Implementing Systematic Protocols with Key Referral Sources to Improve Health Outcomes among Adults with Diabetes*, a project in its second year of funding from the Lloyd A. Fry Foundation to enhance the coordination of care with the center's key referral sources. From September to June 2012, the coordinator refined traditional referral protocols and investigated new, time-saving, electronic referral processes. Dialogue between the Center for Diabetes and its referral sources increased: Referrals to the center increased, too, up 114 percent, from 271 referrals in 2010 to 581 in 2011.

Month after month, the leading source of referrals to the Center for Diabetes is the **Parish Nurse Program** at Saint Anthony Hospital. The goals of our Parish Nurse Program, working at a dozen churches and food pantries in North Lawndale, are 1) to address the health care needs of adults in order to prevent chronic diseases and 2) to educate and remind adults with chronic diseases how medication, nutrition, and exercise help them improve their health. For the last two years, the program has received financial support from the Foundation for Health Enhancement.

The consistent presence of our parish nurse at neighborhood churches and food pantries, week in and week out, helps her to establish rapport and relationships with individuals who have chronic diseases or who are at risk for developing chronic diseases and need support managing their health. Day in and day out, she does her best to help individuals understand that it is ultimately their responsibility to take care of their health, giving them the information, the resources, and the encouragement they need to eat healthy and stay active. In addition to working with congregations, our parish nurse also participates in community, employee, and back-to-school health fairs, where she performs blood pressure and blood sugar screenings and distributes information about preventing and managing chronic diseases.

In February 2012, our parish nurse organized her first health and wellness workshop for men in collaboration with the men's ministry at Greater Open Door Missionary Baptist Church. More than 50 men from the ministry and from the neighborhood came for breakfast and heard a physician of internal medicine, affiliated with Saint Anthony Hospital, speak and answer questions about men's health.

Saint Anthony Hospital's **Community Wellness Program in North Lawndale** augments the health and nutrition counseling that our praish nurse provides. From October 2011 to April 2012, two of the Community Wellness Program's community resource educators held 14 nutrition education workshops at the Douglas Park fieldhouse with 70 parents from four North Lawndale elementary schools: Dvorak, Lawndale, King, and Penn. The workshops focused on increasing families' consumption

of fruits and vegetables, increasing their physical activity, and showing them how to prepare traditional dishes in healthier ways. Our community resource educators also provided nutrition education workshops to 196 students in kindergartern through the second grade at three of the four elementary schools. Services in North Lawndale were supported in part by the William G. McGowan Charitable Fund.

In Chicago cancer is the second leading cause of death among whites, Latinos, and African Americans (Chicago Department of Public Health, 2012). In December 2011, the **Outpatient Oncology and Infusion Center** at Saint Anthony Hospital moved into a larger space on the hospital's eighth floor and increased the number of patient chairs from 10 to 17. The new center helps protect the fragile health of our chemo patients.

Figure 2. Nurses in Saint Anthony Hospital's Infusion Center create a supportive family spirit to heal both body and soul.

Instead of walking through the hospital to the outpatient laboratory, where they may have to sit in the waiting room with patients having clinic appointments, our chemo patients now go directly to the center for lab work.

A special supportive family spirit permeates our Infusion Center. Patients knit, play bingo, watch television, enjoy relaxation and meditation therapy, and celebrate holidays and birthdays together. So it is no wonder that they rejected an initial design plan for the eighth floor to put patient chairs in private cubicles. Our patients also receive a continental breakfast and a plated lunch. The hospital's transportation department picks them up and takes them back home. Representatives from organizations like Gilda's Club, the American Cancer Society, and the Leukemia and Lymphoma Society present educational workshops at the center.

Visits to our Infusion Center have increased by 24 percent over the last three years, from just over 2,000 visits in 2010 to more than 2,500 visits in 2012. Saint Anthony's quality community care has lead to increases in visits in other services as well, as the table below shows.

Services at Saint Anthony	2010	2011	2012	'10 vs. '12
Physician Center Visits	33,544	38,765	43,601	+30%
OT/PT/Speech/Audiology Visits	9,123	11,456	15,043	+65%
EKG/ECHO/Stress Tests	12,137	12,135	13,033	+7%
Surgeries	2,845	3,925	3,889	+37%
Chemotherapy Visits	2,035	2,229	2,514	+24%
July 1 to June 30				

The relocation of the Infusion Center made it possible to expand the **Psychiatry Department** at Saint Anthony Hospital. Eleven additional beds were added on the

seventh floor, returning the department to its licensed capacity of 42 beds. An open house for psychiatrists and community mental health professionals was held in January 2012, and the first patients were admitted to the unit a couple of days later. The expansion enabled us to enter into a community service agreement with the Illinois Department of Human Services, Division of Mental Health, to provide inpatient psychiatric services to adults who would have been admitted to the Tinley Park Mental Health Center, which closed July 1. The expansion of the infusion center and the psychiatry units was made possible by a capital grant from the Illinois Department of Public Health.

For the last 10 years, culturally competent health care professionals at Saint Anthony Hospital have provided obstetrics and pediatrics services to families at a clinic in Little Village. Saint Anthony, in partnership with *Centro de Salud Esperanza*, a federally qualified health clinic, has created a seamless network of care for women, from the prenatal outpatient to the inpatient perinatal setting. There is a personalized referral process to a pediatric intensivist at Saint Anthony, with additional access to many pediatric subspecialties. We will be strengthening this partnership, ensuring our signature continuity of care continues, by opening a new clinic in Little Village soon.

Figure 3. Saint Anthony Hospital's Summer Fest featured a zumba class for the community.

Members of the Lawndale community and the surrounding neighborhoods do not have to be sick or injured to be a part of the Saint Anthony Hospital family. In June 2012, the hospital hosted its annual **Summer Fest Car and Bike Show**. More than 2,000 residents of West and Southwest Side neighborhoods participated in workshops, health screenings, live entertainment, and free raffle drawings. Each school-aged child received a free backpack.

Saint Anthony completed back-to-school physicals, Complete Dental provided dental exams, and PediaVision provided vision screenings. VSP® Vision Care provided vouchers to children for a free optometrist exam and a free pair of glasses that included Transitions® lenses. Our Center for Diabetes completed 127 blood glucose screenings, and the American Diabetes Association distributed over 250 samples of healthy white bean chili.

Parents at Summer Fest participated in 45-minute emergency preparedness seminars conducted by the American Red Cross and received free first aid kits at the conclusion. The PrivateBank conducted classes for children on the importance of saving money and distributed free piggy banks to participants. Children also enjoyed a variety of festival activities, including face painting, create your own tie-dye t-shirt, carnival games, live pony rides, an inflatable slide, and a basketball toss.

Saint Anthony Hospital participated in more than 50 **community events** in 2012, including the YMCA of Metropolitan Chicago's Healthy Kids Day, the National Museum of Mexican Art's *Dia del Niño* family health and wellness fair, the March of Dimes' *Celebrando la Mujer Latina* day, and the Little Village Chamber of Commerce's *Cinco de Mayo* and Mexican Independence Day parades in Little Village.
Staff from Saint Anthony's Community Wellness Program and Community Relations Department collaborated with 24th Ward Alderman Michael Chandler, the North Lawndale Community News, and the New Genesis Pastors Alliance and participated in their back-to-school fair in Douglas Park, promoting principles of healthy eating, providing immunizations for students, and completing blood pressure and blood glucose screenings for adults. We also distributed Saint Anthony-branded sling bags at 12th Ward Alderman George Cardenas's back-to-school fair and backpacks at 1st District Senator Antonio Muñoz's back-to-school fair. We brought a local chef to North Lawndale's William Penn Elementary School's year-end celebration to demonstrate how families could increase their fruit and vegetable intake by making healthy smoothies, and we teamed up with Enlace Chicago to distribute health and wellness information at their B-ball on the Block program in Little Village. We also provided information and screenings at events at Epiphany, Holy Cross, and St. Genevieve parishes.

Health information technology improves health care. More succinctly, it improves patient care. Two years ago, Saint Anthony Hospital went live with an integrated electronic medical and financial information system called Paragon. One of Paragon's most powerful aspects is WebStation for Physicians, which gives physicians access to their patients' electronic medical records from any computer with Internet access.

In October 2011, Saint Anthony went live with Paragon's **medication administration module**. Using bar code scanners to verify the right medication is matched with the right patient, the medication administration module is one of the most significant quality and safety improvements that computer automation can bring to hospital patients.

In June 2012, Saint Anthony went live with Paragon's Computerized Physician Order Entry (CPOE) module. Within a month, our physicians crossed the 50 percent milestone, entering more than 15,000 orders for inpatients with CPOE out of 30,848 of the total orders processed. CPOE is one of the gold standards for health information systems departments. It requires the synthesis of medical knowledge, new software, hardware, and the agreement among physicians on the best practices for a given group of patients.

HEALING

Figure 4. Bereavement Masses demonstrate the community of support that exists at Saint Anthony Hospital.

The Eucharist fosters communion with Christ, and through Christ, communion with one other. Families who had lost loved ones – from illness, accident, or violence – were invited by the Pastoral Care Department at Saint Anthony Hospital to three **Bereavement Masses** in the hospital's chapel. Two Masses were held for members of the community who had lost a loved one, perhaps a newborn. One Mass was held for hospital employees who had lost a loved one, for example, a parent.

More than 165 individuals attended the three Masses in October 2011 and March 2012 and learned that, in their sorrow, they had support from their faith community, their co-workers, and their neighbors. Family members received carnations in remembrance of their departed loved ones, which they were encouraged to take home or to the cemetery. Some families were referred for professional grief counseling.

Mass is held every day in Saint Anthony's chapel with special Masses for the Feasts of Saint Anthony and Our Lady of Guadalupe. In addition, programs that celebrate Ramadan, Hispanic Heritage Month, Black History Month, and Philippine Independence Day are held in the chapel and open to the entire hospital staff. Patients in the hospital have access to activities in the chapel through channel four on their televisions.

The **Adults and Children Together (ACT) against Violence: Parents Raising Safe Kids** education series, presented in English in North Lawndale and Spanish in Little Village by Saint Anthony Hospital's Community Wellness Program, continues to be very successful. In 2012, ACT received an increasing number of referrals for families involved with the Illinois Department of Children and Family Services. As can be expected, many of these parents came reluctantly, but as they built trust with the entire group and the content of the curriculum unfolded, they became as engaged as the other parents. For example, one couple in ACT had had their children taken from their home because of suspected physical abuse. Both had received mental health therapy from the Community Wellness Program, but the father was never able to acknowledge that he had inadvertently inflicted harm on his son. The couple was invited to participate in ACT. Four weeks into the 10-week series, the father openly gave an unsolicited, tearful, and emotional account of the incident. ACT is a powerful tool for helping parents to reflect and heal in a way that had not been possible in the past.

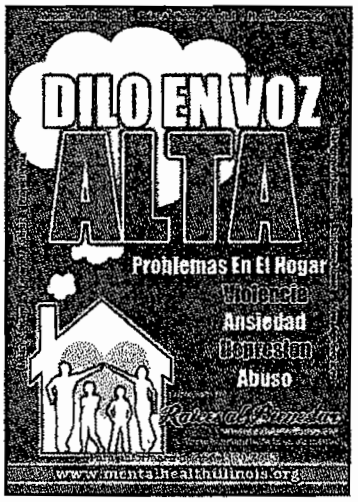
The Community Wellness Program was the first organization to offer the **Chicago Parenting Program (CCP)** in Spanish in Little Village. CCP is intended to improve parenting skills and to decrease child behavior problems without stigmatizing families. With heavy participation in the development of the curriculum by low-income, racially diverse, urban parents, CPP is a good fit for the parents in the communities that the Community Wellness Program serves. CCP is offered at Saint Agnes of Bohemia parish.

The Community Wellness Program's **Mental Health Services** provides free, culturally responsive counseling by a licensed clinical social worker to uninsured, Spanish-speaking adults struggling with symptoms of depression, anxiety, and complex post-traumatic stress disorder from years of abuse. Many have made difficult journeys into the United States or have been cut off from their families in Latin America. The majority of our clients are immigrants who lack money, lack access to health care, and lack proficiency in English, which are all significant barriers to accessing mental health services.

When individuals receive services that are attuned to their needs and responsive to their culture, they remain engaged in treatment until they are able to address sensitive topics. Because Mental Health Services is attuned to the needs of our clients, our retention rate is very high; 66 percent of our clients attend at least 10 weekly sessions. Some remain for long-term counseling.

We have countless examples of the success of our counseling services. For example, a woman in her early 30s, caring for her parents, had lost her job, her faith, and her confidence. Through counseling, she went from being afraid and unsure about life to making decisions on her own and feeling secure about herself. She also secured another job. As our clients recognize the improvements they have made, they recommend Mental Health Services to others within the community. Word of mouth from former clients is our biggest referral source.

The Roots to Wellness (*Raices al Bienestar*) coalition is dedicated to improving the lives of Little Village residents by acting as an advocate for enhanced education, information, and access to community-based behavioral health providers. Four members of Roots to Wellness, including Saint Anthony Hospital, participated in the **Say It Out Loud (*Dilo en Voz Alta*)** campaign, sponsored by the Illinois Department of Human Services. By providing training, hosting outreach events, and developing and distributing a resource guide, Roots to Wellness's Say It Out Loud campaign helps increase awareness and enhance access to behavioral health services for school-age youth and families in crisis.



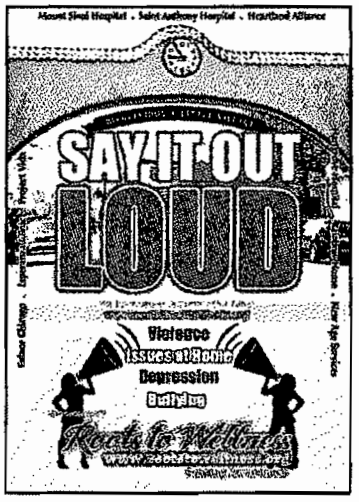


Figure 5. Roots to Wellness, an alliance of local mental health providers including Saint Anthony Hospital, designed posters to promote Say It Out Loud.

In 2012, the **Pharmacy** at Saint Anthony Hospital dispensed medication worth $8,000 to three dozen individuals with no insurance or financial resources. Patients received from a one-day up to a three-month supply free-of-charge.

In late 2010, almost 2,000 individuals responded to the Chicago Department of Public Health's online survey about health issues. More than half of the respondents (57

percent) said that they pay for their health care with employer-based insurance. At Saint Anthony Hospital, however, more than half of our patients (51 percent) pay with **Medicaid**, and another 27 percent pay with Medicare. In May 2012, Illinois' Medicaid system was rescued from the brink of collapse when the General Assembly passed legislation so that the system continues to serve the millions of Illinois residents who rely on it. Illinois Senate Bill 2840 saves money by reducing Medicaid reimbursement rates to hospitals, except for 51 rural community hospitals and 20 urban hospitals, including Saint Anthony Hospital, that care for a disproportionate percentage of the poor.

On January 26, more than 100 community leaders from the city's West and Southwest Sides gathered at Saint Anthony Hospital to learn about the devastating impact the state's proposed Medicaid cuts would have on patients, families, doctors and nurses, allied health care workers, and even local business employees. After that meeting, we received more than 20 letters of support from pastors, executive directors, and CEOs of schools, churches, clinics, and community action organizations, which we forwarded to our legislators in Springfield. Guy A. Medaglia, Saint Anthony's President and CEO, briefed Governor Quinn's chief of staff on the ramifications of the proposed Medicaid cuts, and he testified before the City of Chicago's Health and Environmental Protection Committee on the "healthcare deserts" the cuts would create throughout the city, leaving the poor and disadvantaged without access to community health care. Saint Anthony employees, patients, clients, partners, and neighbors sent more than 13,000 petition cards to senators and representatives in Springfield, telling them how important they believe access to health care is for the state's residents living in ethnically diverse urban communities.

Thanks in part to our outreach as well as the outreach among community members, community agencies, and organizations like the Archdiocese of Chicago, the Illinois Catholic Health Association, and the Association of Safety Net Hospitals, Illinois lawmakers, especially members of the Legislative Black and Latino Caucuses, recognized the critical role that safety net hospitals play in treating poor and underserved residents. When they passed Senate Bill 2840, they kept health care services for the poor from drying up.

HOPE

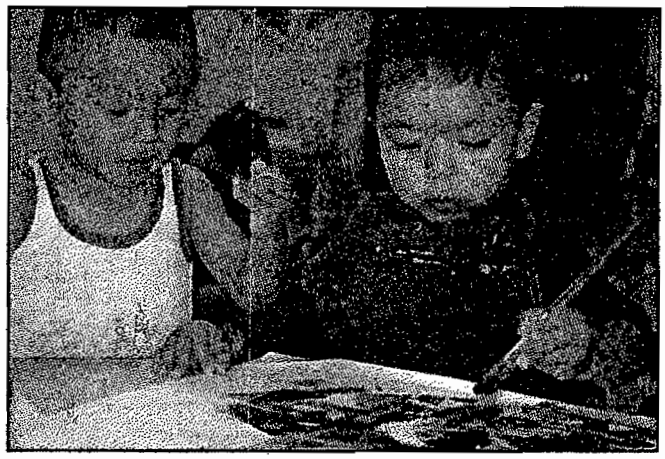


Figure 6. Parent-child groups led by Saint Anthony Hospital's Community Wellness Program promote the development of motor and social skills in young children.

Health is much more than health care. A hospital does not have to be just a place for physical health services. It can be engaged on many levels in improving and sustaining the overall well-being of a diverse community.

The Community Wellness Program at Saint Anthony Hospital is one of the local "go-to" organizations for supporting individuals and couples transitioning into their new roles and responsibilities as parents. In 2012, Community Wellness provided education and support to more than 400 young families.

Community Wellness's **Developmental Support Project (DSP)** promotes improved developmental care and outcomes for children from birth to age eight. DSP provides training and technical assistance on developmentally oriented best practices to pediatricians and family practice physicians and provides direct support to infants, toddlers, and young children and their parents and caregivers related to developmental concerns and issues. The project is supported in part by the Michael Reese Health Trust.

DSP's most significant result over the last year is the high volume of referrals we have received from physicians for the direct service component. A common situation we find is that a physician made a referral to Early Intervention (EI) after an assessment of a child indicated a possible developmental delay. Yet by the next doctor's visit the child has not received an EI evaluation. There are a few reasons for this: 1) the family did not understand what their child was being referred to, 2) they are in denial that the child may have a delay, or 3) they are intimidated by the evaluation process. To ensure families do not fall through the cracks in situations like these, DSP's child development specialist educates, supports, and advocates for the family as they navigate the EI system.

Depending on the situation, our child development specialist provides consultation and support services over the phone, in the home, or at our office. She provides education on normal child development, re-screens children for developmental or behavioral concerns, links children to other needed evaluations, and identifies other child and family needs and addresses them accordingly, including referring families to Community Wellness's other services.

An average of eight but up to as many as 14 mothers and their infants attend Community Wellness's weekly **First-time Moms Club**, held at Saint Agnes of Bohemia Church in Little Village. Participants attend regularly as opposed to using the club as a drop-in group, which was the original intent. This speaks to the isolation that many of

these women experience. They have told us that they enjoy playing, reading, and singing with their children in the group and that they keep coming back because they want more information and want their children to interact with other children.

The group of mothers who participated in the club over the last year appeared to be more isolated than previous participants, and they disclosed more incidents of trauma in their own childhoods. One mother's story was typical of the club's participants. She admitted to having prenatal and post-partum depression. She felt very alone because she has no family in Chicago, let alone the United States, and she did not feel her husband gave her the support she needed. The birth of her child stirred unpleasant childhood memories. Yet our First-time Moms Club and, in particular, the individual support from the other mothers in the group gave her a safe outlet for her feelings and helped her to focus on her relationship with her baby.

In August 2011, the Erikson Institute asked Community Wellness to co-lead its Fussy Baby Program, which they had been running since 2008 at Saint Agnes of Bohemia. Given that the purpose, scope, and target population of our **Interactive Parent-child Play Group** were very similar to the Fussy Baby Program, we merged the two programs and, assuming full responsibility, officially converted the program to our Interactive Play Group.

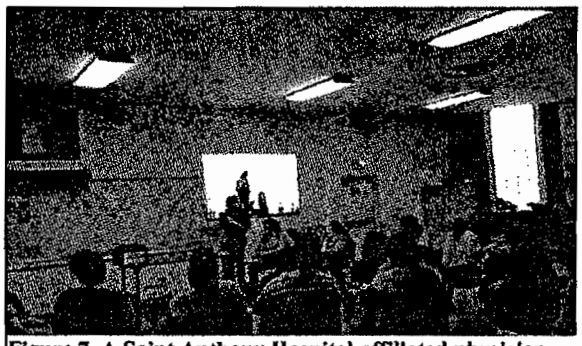


Figure 7. A Saint Anthony Hospital-affiliated physician discusses nutrition with mothers from the First-time Moms Club.

The Interactive Play Group teaches parents strategies for supporting their children's development. The topics that we address in the 12- to 14-week curriculum include motor skills, speech and language, cognitive development, social-emotional development, and early literacy. The site at Saint Agnes is much larger than the Community Wellness offices, so we are now serving twice as many parents and children in this group, including mothers and infants transitioned from our First-time Moms Club. We engaged two Early Intervention providers from the community to help us with the larger number of participants. Through our Developmental Support Project we recruited two pediatricians to come and speak to parents in our First-time Moms Club and Interactive Play Group. Both of these programs, which are free to families, receive financial support from The Irving Harris Foundation.

The goal of Saint Anthony Hospital's **Senior Wellness Program** is to support English- and Spanish-speaking adults 55 years of age and older on Chicago's West and Southwest Side in their pursuit of healthy and active lifestyles. The program's coordinator and its bilingual community resource educator visit every patient in the hospital, 55 years of age and older. They introduce them to the programs and services of Senior Wellness and encourage them to contact Senior Wellness if they have any questions or concerns during their hospital stay or after they are discharged.

Our bilingual community resource educator works with the adult children of Spanish-speaking seniors just as much as she works with seniors. She introduces herself to the family members who are upstairs in the hospital rooms of patients, and she meets adult family members who accompany their parents to introductory appointments with Senior Wellness. She speaks with family members who approach her at community health fairs and answers the questions they have about their parents' health insurance and medical care. Our outreach efforts to Spanish-speaking seniors are supported in part by the Retirement Research Foundation.

Figure 8. Quarterly breakfasts hosted by Saint Anthony Hospital's Senior Wellness Program bring community members together to learn how to maintain healthy lives.

From December 2011 to July 2012, Senior Wellness hosted nine support group meetings for grandparents in our community raising their grandchildren. In addition to peer-to-peer information sharing, these support groups focused on helping grandparents learn more about school immunizations; government benefits like SSI, TANF, SNAP, and All Kids; discipline and how to reinforce family values; and nutrition for children and seniors. Our grandparents felt they benefited from meeting with other seniors in the community who had similar issues raising their grandchildren, so they decided to continue meeting during the school year. The support group was funded in part by the Illinois Department on Aging.

While a hospital may offer more than just health care services, a Catholic hospital must offer healing and compassion to the sick, the suffering, and the dying, particularly among the poor, uninsured, and underinsured, in faithful imitation of Jesus Christ. Because we believe everyone at Saint Anthony Hospital has responsibility for our Catholic identity, in 2012, the hospital's **Pastoral Care Department** continued to explore with administrators, physicians, nurses, and support staff what it means to deliver Catholic health care services. Our ethicist Father Richard Sparks, C.S.P., Ph.D., priest-in-residence at Old St. Mary's Catholic Church, met with members of each department in the hospital for a one-hour discussion on what the *Ethical and Religious Directives for Catholic Health Care Services (ERD)* are and why they are important to every Saint Anthony employee. He also introduced the *ERD* to physicians, residents, and hospital associates at a three-hour Grand Grounds and made a presentation about the *ERD* at quarterly physicians and hospital board of directors meetings. Every employee was given a copy of the *ERD*, and now new employees receive their copies during their day-long orientation. Moving forward, Father Sparks will dive deeper into Parts IV and V, Care for the Beginning of Life and Care for the Seriously Ill and Dying, respectively, with all members of Saint Anthony's governing boards.

In September 2011, 36 Saint Anthony employees from different faiths and beliefs attended a day-long retreat at the Cabrini Retreat Center in Des Plaines, which has become an annual event at Saint Anthony. The compassion of Jesus was discussed in order to help employees keep a balance between their work and their spirituality as well as between their co-workers and members of their families. Discussions encouraged

employees to follow Christ's example and to come to work with purpose – to show love rather than create division among co-workers and to show compassion to patients rather than indifference. At the end of the day, given the options of going home, walking the grounds, or attending Mass, all of the employees chose to participate together in the Mass.

In June 2012, our vice president of mission and community development attended the Catholic Health Association's 2012 Assembly. In October 2011, two board members of Saint Anthony Healthy Ministries attended the Ninth Annual Conference on Contemporary Catholic Healthcare Ethics, co-sponsored by the Neiswanger Institute for Bioethics at Loyola University Chicago in conjunction with the U.S. and Illinois Catholic Health Associations.

In July 2012, Saint Anthony Hospital's senior leadership (as well as Minnie and Mickey Mouse) honored 81 employees who had a combined total of 1,185 years of service to Catholic health care. A staff nurse and a medical technologist were honored for 45 years of service each, and a staff nurse and LPN were honored for 40 years of service. "Compassionate," "dedicated," "respected," "caring," and "kind," were the adjectives that their co-workers used to describe their work among patients and colleagues. The 2012 **Service Awards** had a Disney theme and was celebrated aboard the Spirit of Chicago. A staff nurse, celebrating 15 years of service, won a 4 day/3 night trip to Disney World.

During Saint Anthony's Hospital Week and Nurses Week celebration in May 2012, three registered nurses received Nurse Excellence Awards in recognition of their ongoing commitment to providing excellent patient care and to stepping up and assuming a variety of roles and responsibilities in their respective units. In addition, six members of Saint Anthony's nursing staff were awarded $1,000 scholarships from the Ida S. Boiken Fund for the pursuit of associate's, bachelor's, and master's degrees in nursing.

Figure 9. An indoor Hawaiian beach party was one event during Nurses Week at Saint Anthony Hospital.

As an employer Saint Anthony Hospital meets "best-in-class" health care norms in two of nine categories, and meets or exceeds national health care norms in six of those nine categories, based on the hospital's **Employee Engagement Survey** administered by our Human Resources Department in January 2012. Three-quarters of the hospital's employees completed the survey.

Seventy percent of the hospital's employees (up from 69 percent in 2010) believe Saint Anthony has concern for its employees, attaining the "best-in-class" norm set by HR Solutions, which is part of a network of firms that helps employers improve the performance of their employees. In addition, 83 percent of employees believe in Saint Anthony's mission (up from 82 percent in 2010), again matching the "best-in-class" norm.

Saint Anthony exceeds national health care norms in six categories: pay satisfaction with 52 percent of employees responding favorably to their wages versus 47 percent nationally, supervisory consideration (78 vs. 74 percent), communication (76 vs. 71 percent), personnel policies (79 vs. 71 percent), and training and development (78 vs. 74 percent). In terms of overall job satisfaction, 83 percent of Saint Anthony's employees are content with their jobs, which is above the national norm of 80 percent but short of the "best-in-class" norm of 88 percent.

Figure 10. Saint Anthony Hospital's SAW 2.0 graduates of 2011 with program instructors and funders and the hospital's CEO.

Saint Anthony Hospital invests in its workforce by providing incumbent workers with educational opportunities to advance and sustain economic self-sufficiency. **School at Work (SAW) 2.0** is a training program that helps our loyal, hard-working, low-wage employees prepare for, transition to, and complete post-secondary training in order to secure higher-paying jobs in the health care field. SAW 2.0 consists of 12 modules covered over 24 weeks in two-hour classes that address patient care and patient satisfaction through DVD lessons, web-based activities, and workbook exercises. The classes are conveniently held at Saint Anthony before and after the employees' shifts. Of SAW's 46 graduates over the last three years, 100 percent enrolled in post-secondary training and, today, 60 percent are still in school. All graduates continue to work at Saint Anthony.

Free Services
We Provide To Our Community

For Adults

- Health Screenings
- Health Education Workshops
- Individual Health Counseling
- Individual, couples, and group therapy
- Application Help with State Medical Assistance Programs
- Annual Mothers Day Banquet
- Information and Referrals

For Families

- Pregnancy Tests
- Prenatal Classes
- Annual Community Baby Shower
- Weekly First-time Moms Club
- Weekly Interactive Parent-Child Play Group
- Early Childhood Development Consultations
- Parent Education Workshops
- Nutrition Workshops
- Application Assistance for TANF, SNAP, All Kids, and Medicaid
- Holiday Food Baskets
- Information and Referrals

For Older Adults and Seniors

- Medicare Part D Assistance
- Other Government Benefits Counseling
- Application Assistance for LIHEAP and Circuit Breaker
- Quarterly Senior Breakfast Club
- Information and Referrals

For Everyone

- Annual Summer Fest and Car and Bike Show

Our COMMUNITY

From September 2011 to February 2012, HDR Architecture, in partnership with the University of Nebraska Medical Center College of Public Health and the University of Nebraska – Lincoln College of Architecture, sponsored and conducted a community needs and visioning study to help Saint Anthony Hospital gain an understanding of stakeholder expectations for health care.

Who Participated in HDR's Study?

- 65% had home Internet access
- 49% were Catholic
- 43% had a high school diploma
- 42% were employed
- 35% were never married
- 31% spoke primarily Spanish
- 30% walked 30 minutes almost daily
- 14% lived with dependent elders

HDR's final research report ***Creating Community-centric Hospitals in Lower Socio-economic Areas*** revealed that Saint Anthony is a trusted member of the community. We have a reputation as "a hospital that cares." HDR concludes that Saint Anthony is becoming a "community-centric hospital," that is, a hospital that defines itself and its services around community needs to improve community health and further community development.

A Profile of Health and Health Resources within Chicago's 77 Communities, published in 2011 by the Institute for Healthcare Studies, Division of General Internal Medicine at Northwestern University's Feinberg School of Medicine, describes the health of Chicago. The report identifies areas and populations at greatest risk for 1) childhood obesity, 2) HIV/AIDS, 3) breast cancer mortality, 4) teen pregnancy, and 5) motor vehicle injury and death.

Obesity. Nationally, 16.8 percent of children 2 to 12 years of age are obese. However, 46.4 percent of children in North Lawndale and 34.0 percent of children in South Lawndale (Little Village) are obese. *HIV/AIDS.* African Americans – both male and female – are the most severely impacted by HIV in Chicago. North Lawndale is among the city's communities with the highest numbers of persons living with HIV/AIDS.

Breast cancer mortality. In 2008, 75.9 percent of Chicago women age 40 and older reported having had a mammogram in the past two years. Seventy-seven percent of women in North Lawndale and 90 percent in South Lawndale have had mammograms. Yet, although Saint Anthony Hospital is a recognized resource for mammograms, many residents without medical insurance wait for free mammograms offered during community health fairs.

Teen pregnancy. Teen pregnancy is perceived to be common in South Lawndale. In the Chicago Department of Public Health's West Side health system planning region, which includes both North and South Lawndale as well as Austin and West Town, the total number of births to 15 to 19 year olds in 2007 was 1,579, a quarter of all such births in the city.

Motor vehicle injury. Cicero Avenue at 55th Street and California Avenue at 63rd Street, less than six miles from Saint Anthony, are the two intersections on the city's Southwest Side with extraordinarily high numbers of automobile crashes

2012 Audited Financial Report
Saint Anthony Health Ministries

Consolidated Statements of Operations

Dollars in thousand

	2012	2011
Revenue		
Gross patient service revenue	$317,385	$291,242
Net patient service revenue	83,919	84,494
Medicaid hospital tax assessment revenue	17,923	17,923
Other revenue	4,252	2,775
Total revenue	**106,094**	**105,192**
Expenses		
Salaries and wages	47,027	46,454
Employee benefits	10,603	9,643
Purchased services	10,078	9,420
Professional fees	4,211	4,020
Supplies	10,500	10,431
Insurance	1,555	1,633
Provision for bad debts	7,247	9,004
Medicaid hospital tax assessment	6,197	6,197
Depreciation and amortization	1,632	1,728
Other	4,836	4,694
Total expenses	**103,886**	**103,224**
Income from Operations	2,208	1,968
Nonoperating Revenue (Expenses)		
Interest income	62	55
Other	(672)	(1,351)
Total	**(610)**	**(1,296)**
Excess of Revenue over Expenses	**1,598**	**672**
Unrestricted Net Assets		
Excess of revenue over expenses	1,598	672
Net assets released from restriction for property acquisitions	4,245	4,071
Increase in unrestricted net assets	5,843	4,743
Temporarily Restricted Net Assets		
Other contributions	4,559	563
Interest income	-	5
Net assets released from restriction	(6,069)	(4,995)
Decrease in temporarily restricted net assets	(1,510)	(4,427)
Increase in Net Assets	**4,333**	**316**

Years ended June 30, 2011 and June 30, 2012

Functional Expenses

Dollars in thousands

	2012		2011	
Healthcare services	$90,212	86.8%	$89,191	86.4%
General and administrative	13,235	12.7%	13,673	13.2%
Fundraising	439	0.5%	360	0.4%
Total	103,886		103,224	

Consolidated Statements of Cash Flows

Dollars in thousands

	2012	2011
Cash Flows from Operating Activities		
Increase in net assets	$4,333	$316
Adjustments to reconcile increase in net assets to net cash:		
Depreciation and amortization	1,632	1,728
Loss on disposal of fixed asset	294	348
Provision for bad debts	7,247	9,004
Grant received for property and equipment	(3,500)	-
Change in operating assets and liabilities:		
Receivables	(5,031)	(9,478)
Other assets	(925)	224
Accounts payable and other liabilities	(1,449)	(1,409)
Estimated third-party payor settlements	(1,426)	(334)
Self-insurance liabilities	1,468	1,240
Net cash provided by operating activities	**2,643**	**1,639**
Cash Flows from Investing Activities		
Purchase of property and equipment	(5,250)	(3,735)
Purchase of assets whose use is limited and investments	(18,559)	(2,238)
Sales of assets whose use is limited and investments	6,202	4,136
Investment in Saint Anthony PHO, LLC	(114)	-
Net cash used in investing activities	**(17,721)**	**(1,837)**
Cash Flows from Financial Activities		
Grant received for property and equipment	3,500	-
Borrowings under line of credit	-	1,000
Repayments of amounts owed under line of credit	-	(1,000)
Net cash provided by financing activities	**3,500**	**-**
Net decrease in cash and cash equivalents	**(11,578)**	**(198)**
Cash and Cash Equivalents		
Beginning of year	24,162	24,360
End of year	12,584	24,162

Years ended June 30, 2011 and June 30, 2012

Consolidated Balance Sheet

Dollars in thousands

	2012	2011
Assets		
Current Assets		
Cash and cash equivalents	$12,584	$24,162
Accounts receivable	11,681	13,897
Inventories	1,666	1,047
Investments	9,804	3,279
Other	1,506	1,500
Total current assets	**37,241**	**43,885**
Assets Whose Use Is Limited and Investments		
Investments – board-designated for self-insurance	453	8,432
Investments – trustee-held for self-insurance	27	33
Investments – temporarily restricted for capital improvements	2,098	2,843
Investments	20,013	5,451
Total assets whose use is limited and investments	**22,591**	**16,759**
Property and Equipment		
Land and improvements	965	804
Buildings and equipment	55,734	53,206
Construction in progress	358	256
Sub-total	**57,057**	**54,266**
Less accumulated depreciation	(35,761)	(36,609)
Total property and equipment	**21,296**	**17,657**
Other assets	887	473
Total assets	**82,015**	**78,774**
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued liabilities	6,156	7,517
Estimated third-party payor settlements	2,049	3,475
Current portion of self-insurance liabilities	1,477	767
Other	354	136
Total current liabilities	**10,036**	**11,895**
Self-insurance liabilities, less current portion	6,880	6,122
Asset retirement obligation	180	171
Total liabilities	**17,096**	**18,188**
Net Assets		
Unrestricted	59,720	53,877
Temporarily restricted	3,258	4,768
Permanently restricted	1,941	1,941
Total net assets	**64,919**	**60,586**
Total liabilities and net assets	**82,015**	**78,774**

Years ended June 30, 2011 and June 30, 2012

+SAINT ANTHONY
HOSPITAL
QUALITY • COMMUNITY • CARE

Holy Saint Anthony,

Gentle and powerful in your help, your love for God and charity for His creatures made you worthy, when on earth, to possess miraculous powers. Miracles waited on your word, which you were always ready to request for those in trouble or anxiety.

Encouraged by this thought,

I implore you to...answer my prayer. Gentle and loving Saint Anthony, whose heart is ever full of human sympathy, take my petition to the Infant Savior for whom you have such a great love, and the gratitude of my heart will ever be yours.

Saint Anthony Health Ministries

SAINT ANTHONY HOSPITAL

Policy Title: Charity Care
Department: Patient Financial Services
Policy No. ADM 203 **Page 1 of 5**
Function:
Standard:

Original Date: August 24, 1999
Revised Date: July 5, 2000
Reviewed: April 30, 2002
Revised Date: August 20, 2004
Effective Date: March 15, 2006

POLICY

It is the policy of Saint Anthony Health Ministries/Saint Anthony Hospital (SAH) to ensure a socially just practice for billing for all patients receiving care at any of our Health Ministries (HMs). Many of the HMs' patients are billed according to the rates negotiated by their insurance plan. This policy is specifically designed to address the billing and collection practices for uninsured patients who receive care within SAH.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- "Patient" shall mean those persons who receive care at SAH or one of its physician locations and the person who is financially responsible for the care of the patient.
- "Uninsured Patients" are defined as all persons who are uninsured or do not otherwise qualify for any governmental or private program that provides coverage for any of the services rendered and either:
  - Qualify for charity care as defined in Ascension Health Policy 9 and herein. (See Ascension Health Policy 9),
  - Do not qualify for 100% charity care but do qualify for partial charity in the form of a discount of their charges for hospital services based on a substantive assessment of their ability to pay ("Means Test"), such as total income, and number of family members, disability considerations, etc., or
  - Are able to pay but qualify for a discount based on this policy.

ATTACHMENT-43B

PRINCIPLES

1. All billing and collection practices will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with poor and vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all medically necessary services provided in the inpatient acute, outpatient and behavioral health care settings.
3. SAH will ensure that:
   a. Its employees and agents behave in a manner that reflects the policies and values of a Catholic-sponsored facility, including treating patients and their families with dignity, respect and compassion.
   b. Patients receive prompt access to charge information for any item or service provided. (See Policy/Procedure # PFS H1.0.)
   c. Patients and their families are advised of the hospital's applicable policies, including charity care and the availability of need-based financial assistance in easily understood terms, as well as in any language commonly used by patients in the community.
   d. Patients who do not qualify for charity care, but are in need of financial assistance, are offered appropriate extended payment terms or other payment options that take into account the Patient's financial status. (See Policy/Procedure # PFS E1.6.)
   e. Outstanding balances on patient accounts are pursued fairly and consistently, in a manner that reflects the values and commitments of a Catholic-sponsored facility in the community it serves.
   f. Financial counselors are available to all Patients.
   g. Information is posted in the admitting and registration areas, including the Emergency Room, regarding financial assistance and charity care policies.
   h. Hospital programs that include nominal payments by Patients designed to encourage Patients to participate in their care are permissible.
4. Charity Care
   a. Patients with income less than or equal to 200% of the Federal Poverty Level ("FPL"), which may be adjusted by the hospital for cost of living utilizing the local wage index compared to national wage index, will be eligible for 100% charity care write off of the charges for services that have been provided to them in accordance with Ascension Health Policy #9.
   b. At a minimum, Patients with incomes above 200% of the FPL but not exceeding 400% of the FPL, subject to local wage index adjustments as described in Section 5(a) will receive a discount on the services provided to them based on a sliding scale. The sliding scale is determined by SAH in accordance with guidelines established in Ascension Health Policy #9.
   c. Applications for charity will be accepted and eligibility for charity care will be determined at any point in the revenue cycle.
   d. 100% charity will be given to all unconciled patients at the time of discharge and all

denied MANG applicants upon receipt of denial.

e. SAH will provide an appeal process for patients and families to appeal decisions on charity care (See Exhibit #1).

5. Uninsured Patients with the Ability to Pay

   a. Uninsured Patients with the ability to pay will be provided a discount based on the discount provided to the highest-paying payor for SAH.

   b. The highest paying payor must account for at least 3% of SAH's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract will be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of SAH's business for that given year.

   c. In addition, a prompt pay discount will be provided to all of these Uninsured Patients by increasing the discount in 6a. above by two (2) percentage points for claims paid in full within ten (10) days.

6. Collection Practices

   a. Liens on personal residences are not permitted under any circumstances.

   b. Garnishments of wages are permitted only if:

      i. The Patient does not qualify for charity under Section 5 of this Policy, <u>and</u> a court determines that the Patient's wages are sufficient for garnishment.

      ii. Garnishment pursued by a collection agency or other representative of the hospital has had prior review and approval from executive management of the hospital. (See Policy # PFS G1.2.)

   c. SAH will not pursue an involuntary bankruptcy proceeding against a Patient as a result of its collection efforts on Uninsured Patients.

   d. SAH, not a collection agency, or other representative working on behalf of the hospital may not take any actions that would cause a bench warrant, an order issued by a judge or court for the arrest of a person (also called body attachments), to be issued.

   e. No interest charges will be assessed by SAH.

   f. Management is accountable to ensure that all collection policies follow the federal Fair Debt and Collection Practices Act.

   g. All hospital collection agency agreements will be amended to incorporate the language set forth in Exhibit 2 as notice to the collection agency of Ascension Health's policies and procedures regarding billing and collection practices for Uninsured Patients including the values based manner in which all contacts with patients and families are to be conducted.

<u>CHARITY APPLICATION PROCESS</u>

ATTACHMENT-43B

1. Only claims in financial class "S" (Self-Pay after Insurance) or "E" (Self-Pay – No Insurance) should be included in the Financial Assessment review.

2. Patients must cooperate in applying for Public Aid or other third-party programs for which they may be available to be considered for charity.

3. Charity will be given to all undomiciled patients upon discharge and denied MANGS at the time of denial.

4. The discount to uninsured patients discussed in Policy #6 above and Process #17 below will be applied to the total charges before the bill is sent to the patient. Any charity discount in excess of the uninsured discount will be applied to the total gross charge amount also.

5. The financial assessment should include all outstanding self-pay accounts.

6. All working persons in the household must provide at least one of the following pieces of information: (Only include the income of those legally responsible for the patient, i.e., If a patient has reached majority but still lives with his/her parent(s), do not include the parent's income.)

   - Copy of the previous year's W2, 1040 and any other applicable tax forms that were filed; or

   - Copies of the last three (3) paycheck stubs from the employer. (Occasionally the patient will state that he/she or spouse is paid cash and does not receive a check from the employer. In this instance, we would need a letter from the employer on letterhead stating hours worked per week, how often paid, and how much paid.) (The most recent information is always used to process application.); or

   - Copies of Social Security check if they are receiving a check or award letter.

7. All legally responsible unemployed persons in the home must provide the following:

   - Copies of unemployment checks or the award letter; and

   - Room and board letter from person paying for the household expenses.

   Once a patient is approved for charity, they will continue to be eligible for charity care for six (6) months from the approval date without reapplying.

8. When information is received from the patient, the representative completes the Financial Assistance Application Form using the Federal Poverty Level (FPL) guidelines.

9. The charity application and all supporting documentation will be maintained in the Patient Financial Services department in accordance with its record retention requirements.

10. Failure to comply with the payment arrangement terms of any remaining balances after the charity adjustment is applied may result in the claim being referred to an outside collection agency. The discount will still apply.

ATTACHMENT-43B

11. If a patient refuses to complete the application or provide any of the necessary documentation and the charity process cannot be completed, charity will be denied and the patient is then responsible for payment of the entire debt, subject to any discounts

available in accordance with this policy.

12. Decisions are reported to the applicant utilizing the applicable form letter (Exhibits 3 and 4). Patients will also receive a copy of the Hospital's appeal policy (Exhibit 1). Decisions are made within 14 days of receipt of necessary information.

13. Information is posted in the admitting and registration areas, including the Emergency Room, regarding financial assistance and charity care policies.

14. The application for hospital financial assistance must be completed and signed by the patient and/or guarantor (Exhibit 2).

15. Family income, including, but not limited to, wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest must be disclosed.

16. Hospital charity care is based on the FPL guidelines with a sliding scale adjustment as follows:

    Up to 200% over Poverty Standard receive 100% discount off of gross charges
    Up to 250% over Poverty Standard receive an 90% discount off of gross charges
    Up to 300% over Poverty Standard receive a 80% discount off of gross charges
    Up to 350% over Poverty Standard receive a 70% discount off of gross charges
    Up to 400% over Poverty Standard receive a 60% discount off of gross charges

    Patients above 400% of the FPL will receive a discount of 55% off charges as provided above in this policy, Section 6.

17. If a patient is eligible for either charity or an uninsured discount and a package price, the patient will pay whichever is the lower amount.

ATTACHMENT-43B

Exhibit 1

APPEAL POLICY FOR CHARITY APPLICATIONS

Should a patient or designated surrogate representative wish to appeal the decision of Saint Anthony Hospital regarding their application for charity, the following procedure will be followed:

1. The patient and/or designated surrogate representative will contact either the Chief Financial Officer or Vice President of Mission in writing stating why they feel their request should not have been denied.

2. The patient and/or designated surrogate representative will provide all relevant information regarding both the application for financial assistance and additional information that is the basis for their appeal.

3. This information will be reviewed by the Appeal Review Committee consisting of the CFO or designee, the Vice President of Mission and one other vice president.

4. A recommendation from the Appeal Review Committee will be communicated to the CEO.

5. After review of the recommendation from the Appeal Review Committee, the CEO will make a final decision.

ATTACHMENT-43B

Exhibit 2

Addendum to Collection Agency Services Agreement

_____ [Health Ministry] and _____ [Collection Agency], for mutual consideration hereby acknowledged, agree, effective this _____ day of _____, to amend the current collection services agreement between the parties to include the following:

1. The [Health Ministry] has adopted a new policy ("Policy") intended to further ensure socially just billing and collection practices for [the Health Ministry's] uninsured patients.

2. A copy of the Policy has been provided to [the Collection Agency].

3. Subject to Paragraph 4 of this Addendum, [the Collection Agency] agrees to abide by the Policy in the course of conducting its collection-related activities involving uninsured [Health Ministry] patients. Such activities include, but are not limited to, the following:

   a. All communications with any uninsured [Health Ministry] patient or person financially responsible referred to [the Collection Agency] for purposes of collecting amounts owed to [the Health Ministry]; and

   b. All legal proceedings, of whatever kind or nature, against any uninsured [Health Ministry] patient or person financially responsible referred to [the Collection Agency] for purposes of collecting amounts owed to [the Health Ministry].

4. [The Collection Agency] agrees not to deviate from the standards and requirements set forth in the Policy without the prior written consent from [the Health Ministry].

	_____ [Health Ministry]
	_____ [Collection Agency]

ATTACHMENT-43B

Exhibit 3

Catholic Health Partners
Patient: _____
Account #: _____
Admission Date: _____
Discharge Date: _____
Balance: _____

Dear _____,

We are sorry to advise you that your income exceeds the limits of our policy for granting charity. We must, therefore, advise you that your application for charity has been denied.

Please contact your Patient Representative to set up suitable payment arrangements on the outstanding balance of $_____.

If you should have any questions regarding this bill, the Business Office is open Monday through Friday, between 8:00 a.m. and 4:30 p.m.

Sincerely,

Patient Representative
(773) 484-4800, extension _____

ATTACHMENT-43B

Exhibit 4

Patient: _____
Account #: _____

Dear _____,

We are pleased to advise you that charity has been approved for the above account.

Catholic Health Partners will provide assistance equal to %_____ of the outstanding balance.

You will be held responsible for the remaining balance of $_____ payable as agreed to by you and your Account Representative.

Please call your Account Representative within ten (10) days to make suitable payment arrangements.

If you should have any questions, please call the Business Office, Monday through Friday, between 8:00 a.m. and 4:30 p.m.

Sincerely,

Account Representative
(773) 484-4800, extension _____

ATTACHMENT-43B

As a Safety Net hospital, Saint Anthony Hospital is eligible to participate in the 340B Drug Pricing Program. The 340B Drug Pricing Program was created to provide discounts on outpatient drugs to safety net providers to promote access to affordable medications, efficient business practices, outcome driven pharmacy services and quality assurance. The 340B program was designed to permit entities like SAH to reach more eligible patients and to help provide more comprehensive services.

The drug manufacturers that participate in the Medicaid Drug rebate program must also provide a reduced 340B price for covered outpatient drugs to safety net providers. Under the 340B program, drug manufacturers provide front-end discounts to covered entities which means the covered entity receives the discount at the outset when it purchases the drug rather than a rebate later. The 340B price is the ceiling price, meaning that it is the highest price that the 340B covered entity pays for the drug. The safety net provider then charges the uninsured or underinsured patient the 340B drug price, passing on the discounted prices to the patient.