

Original

12-093

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION NOV 15 2012

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Streeterville</i>			
Street Address: <i>142 E. Ontario, Suite 300</i>			
City and Zip Code: <i>Chicago 60611</i>			
County: <i>Cook</i>	Health Service Area	<i>6</i>	Health Planning Area:

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

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

Additional Contact

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

Name: <i>Richard Stotz</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Tower One, Suite 1000, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9365</i>
E-mail Address: <i>richard.stotz@fmc-na.com</i>
Fax Number: <i>708-498-9283</i>

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

Additional Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>American Osteopathic Association</i>
Address of Site Owner: <i>142 E Ontario, Chicago, IL 60611</i>
Street Address or Legal Description of Site: <i>142 E. Ontario, Suite 300, Chicago, IL 60611</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS 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: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Streeterville</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

- Substantive
- Non-substantive

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

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

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Fresenius Medical Care Chicagoland, LLC, proposes to establish a 12 station in-center hemodialysis facility at 142 E. Ontario, Suite 300, Chicago, IL. The facility will be in leased space with the interior to be built out by the applicant.

Fresenius Medical Care Streeterville will be in HSA 6. According to the November 2012 Inventory there is a determined need for an additional 82 stations in this HSA.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,128,900	N/A	1,128,900
Contingencies	124,100	N/A	124,100
Architectural/Engineering Fees	125,000	N/A	125,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	296,000	N/A	296,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,849,265	N/A	2,849,265
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	4,523,265	N/A	4,523,265
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	1,316,250	N/A	1,316,250
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,849,265	N/A	2,849,265
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	357,750*	N/A	357,750
TOTAL SOURCES OF FUNDS	4,523,265	N/A	4,523,265
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*Total construction cost is estimated at \$1,253,000 however \$357,750 of this cost will be paid to the landlord over the term of the lease. Although this amount is paid per the lease term over time, it relates directly to the construction costs and not rent per GSF.

Related Project Costs

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>59,101</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2014</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

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

Cost Space Requirements

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

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

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

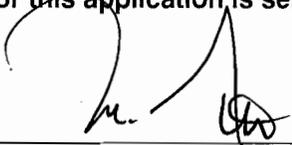
CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Chicagoland, LLC *

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE

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

 PRINTED TITLE

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



 SIGNATURE

PRINTED NAME **Bryan Mello**
Assistant Treasurer

 PRINTED TITLE

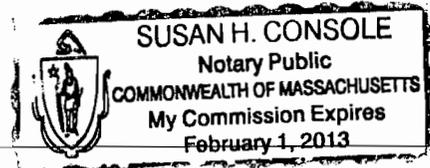
Notarization:
 Subscribed and sworn to before me
 this 8 day of Nov 2012

Signature of Notary Susan H Console

Seal

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Fresenius Medical Care Holdings, Inc. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Mark Fawcett
Vice President & Asst. Treasurer

PRINTED TITLE

SIGNATURE

Bryan Mello
Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ___ day of ___ 2012

Notarization:
Subscribed and sworn to before me
this 8 day of Nov 2012

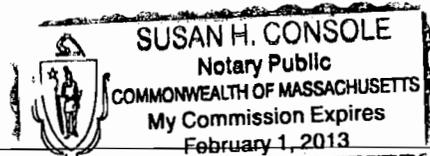
Signature of Notary

Signature of Notary

Seal

Seal

*Insert EXACT legal name of the applicant



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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELL SPACE

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

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

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>1,316,250</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 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;
<u>N/A</u>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<u>N/A</u>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>2,849,265</u>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 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.
<u>N/A</u>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p>
<u>N/A</u>	<p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
<u>357,750</u>	<p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<u>4,523,265</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance **NOT APPLICABLE**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
TOTALS											

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

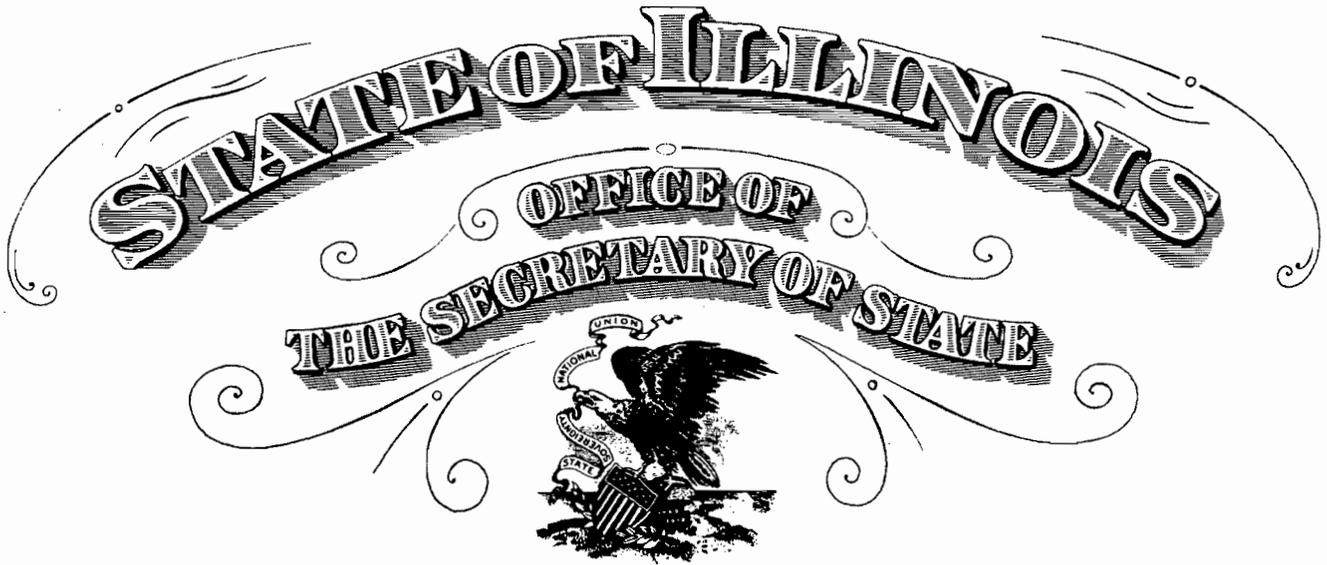
A table in the following format must be provided for all facilities as part of Attachment 44.

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

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

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	21-22
2	Site Ownership	23-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31
6	Historic Preservation Act Requirements	32
7	Project and Sources of Funds Itemization	33-34
8	Obligation Document if required	35
9	Cost Space Requirements	36
10	Discontinuation	
11	Background of the Applicant	37-44
12	Purpose of the Project	45
13	Alternatives to the Project	46-47
14	Size of the Project	48
15	Project Service Utilization	49
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	50-82
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28	General Long Term Care	
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30	Selected Organ Transplantation	
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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	39-87
40	Financial Waiver	88-89
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42	Economic Feasibility	90-94
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	Appendix 1 – MapQuest Travel Times	105-189
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To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE CHICAGOLAND, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 24, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of SEPTEMBER A.D. 2012 .

Jesse White

Authentication #: 1226902712

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

SECRETARY OF STATE

Certificate of Good Standing
Attachment - 1

Co - Applicant Identification

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

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

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

Name of Registered Agent: *CT Systems*

Name of Chief Executive Officer: *Rice Powell*

CEO Address: *920 Winter Street, Waltham, MA 02541*

Telephone Number: *781-669-9000*

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

Type of Ownership

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>American Osteopathic Association</i>
Address of Site Owner: <i>142 E. Ontario, Chicago, IL 60611</i>
Street Address or Legal Description of Site: <i>142 E. Ontario, Suite 300, Chicago, IL 60611</i>

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

THE JOHN BUCK COMPANY

October 30, 2012

VIA EMAIL

Mr. Loren Guzik
Senior Director
Cushman & Wakefield
200 South Wacker Drive
Chicago, IL 60606

Re: 142 East Ontario Street- Fresenius Medical Care Chicagoland, LLC

Dear Loren:

Below please find a proposal detailing the terms to which the owners of 142 East Ontario will agree to lease the third floor to Fresenius Medical Care Chicagoland, LLC. Please contact me with any questions or comments at your earliest convenience.

PARTIES

TENANT: Fresenius Medical Care Chicagoland, LLC (“Tenant”)

OWNERSHIP: American Osteopathic Association

PROPERTY MANAGER: The Building will be managed by an on-site property management team employed by:

Buck Management Group LLC
c/o The John Buck Company
One North Wacker Drive, Suite 2400
Chicago, IL 60606

SPACE LEASED

BUILDING: 142 East Ontario
Chicago, IL 60611

PREMISES: Approximately 7,950 rentable square feet (“RSF”) on the 3rd floor of the Building.

The measurement of usable and rentable space will conform to the most recent BOMA Standards, currently ANSI Z65.1-2010.

RIGHT OF FIRST OFFER: Tenant will have a one-time Right of First Offer on available space on the second and fourth floors (“ROFO Space”) subject to the superior right of the Landlord and/or its affiliates. Tenant will have ten (10) business days from receipt of Landlord’s ROFO Notice to

exercise its Right of First Offer. The ROFO Notice will contain prevailing market terms for the ROFO Space. ROFO Space will be considered available for lease when the space becomes vacant and available for future leasing.

LEASE TERM

TERM: Ten years

COMMENCEMENT DATE: To be determined

RENEWAL OPTION: Tenant will have two five-year renewal options at the Prevailing Market Rate for Renewing Tenants by giving fourteen (14) months written notice. Any disputes will be resolved via "baseball arbitration."

OCCUPANCY COSTS

GROSS RENTAL RATE & ESCALATION: Tenant will pay \$29.75 per RSF gross escalating 2.5% annually on each anniversary of the Commencement Date.

GROSS RENT ABATEMENT: Tenant will receive eight months of gross rent abatement.

REAL ESTATE TAXES & OPERATING EXPENSES: Tenant will pay its proportionate share of real estate taxes and operating expenses above a 2013 base year stop. Real estate tax and operating expenses for the Building are as follows:

<u>Year</u> <u>Tax/RSF</u>	<u>Operating Expenses/RSF</u>	<u>Real Estate</u>
2010	\$9.35	\$4.99
2011	\$10.78	\$5.15
2012 (estimate)	\$9.45	\$3.72

CONSTRUCTION

TURNOVER CONDITION: Landlord will turn over the Premises in broom clean, "as-is" condition, free of Landlord's possessions. Tenant will make all improvements to the Premises.

TENANT IMPROVEMENT ALLOWANCE: Tenant will receive a tenant improvement allowance ("Allowance") equal to \$45.00 per RSF.

Any unused portion of the Allowance up to \$5.00 per RSF can be converted to free rent. Tenant must use the entire Tenant Improvement Allowance no later than December 31, 2013.

TENANT CONSTRUCTION: Tenant will have the right to bid construction of the Premises, select the general contractor and subcontractors, and supervise its construction, subject to Landlord's reasonable approval.

CONSTRUCTION SUPERVISION: Tenant will pay to Landlord a construction supervision fee equal to \$1.00 per RSF. This amount may be paid from the Tenant Improvement Allowance. Landlord will waive the supervision fee if Tenant engages The John Buck Company's construction manager at a cost of \$4.00 per RSF.

**SPACE PLANNING/
ARCHITECTURAL DRAWINGS:** Tenant will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be Tenant's responsibility.

RESTORATION: Landlord will designate, at the time of its initial review of Tenant's plans, any structural modifications that will need to be restored at the end of the Lease term. In addition, Tenant will be required to remove telephone/data wiring and cabling utilized in the Premises according to any governmental regulations.

MISCELLANEOUS PROVISIONS

HVAC: As part of operating expenses, the Premises will receive HVAC services during the regular business hours of:

Monday-Friday:	8:00 AM- 6:00 PM
Saturday:	8:00 AM- 1:00 PM

After hours HVAC costs are currently \$50.00 per hour for cooling and heating. If requested by Tenant, Landlord will provide condenser water for supplemental cooling requirements at an additional charge.

ELECTRICITY: Tenant electricity for lights, outlets and supplemental equipment will be separately metered.

BUILDING SECURITY: Security personnel are at the Building from 6:00 AM to 11:00 PM on Monday-Friday and from 8:00 AM to 1:00 PM on Saturday. Tenant will pay Landlord's standard rates (currently \$42.24 per hour with a four hour minimum) for security personnel outside of normal security hours.

DELIVERIES: Tenant may receive deliveries 24 hours per day, seven days per week so long as its staff is present to meet any delivery personnel. Large deliveries requiring more than two elevator loads will need to be scheduled outside of regular business hours.

PARKING: Monthly, daily, and hourly parking is available across the street in the public parking garage at the Marriott Courtyard Hotel. The parking garage operator will allow Tenant to purchase discounted hourly parking passes for its patients.

- SIGNAGE:** Tenant, at its cost, will be permitted to install its name on the exterior monument.
- SURRENDER:** So long as Tenant pays its gross rent, real estate taxes, and operating expenses, it will be permitted to remove any or all the alterations, additions, or installations installed by or on behalf of Tenant in such a manner as will not substantially injure the Premises, subject to Landlord's reasonable approval. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.
- ZONING AND RESTRICTIVE COVENANTS:** Landlord confirms the current property zoning is acceptable for the proposed use as a medical clinic facility. To the best of Landlord's knowledge, there are no restrictive covenants imposed by the municipality that would in any way limit or restrict the operation of Tenant's dialysis clinic.
- NON-DISTURBANCE:** Tenant will be provided a non-disturbance agreement from the lender in a form and substance reasonably satisfactory to Tenant and the lender. Landlord will use reasonable efforts to obtain a non-disturbance agreement from any future lenders.
- EXCLUSIVITY:** Landlord will not, during the term of the Lease and any option terms, lease space in a five mile radius to any other provider of hemodialysis services.
- MEDICAL WASTE:** Tenant will be responsible for the removal of all medical waste at its cost and in accordance with all government regulations.
- LANDLORD TERMINATION OPTION:** Landlord will have the right to terminate the Lease without compensation to Tenant upon one hundred twenty (120) days prior written notice to Tenant if Landlord intends to renovate or demolish the Building or a substantial part thereof.
- ASSIGNMENT & SUBLETTING:** Tenant will have the right to sublet the Premises or assign the Lease with Landlord's consent, which will not be unreasonably withheld, conditioned or delayed. Landlord's consent will not be required if Tenant proposes to assign the lease or sublet all or any portion of the Premises to: (a) any successor(s) to Tenant by merger, reorganization, consolidation or otherwise, or any purchaser of all or substantially all of Tenant's assets or stock or membership interests; or (b) any business division, subsidiary or affiliate of Tenant

("Permitted Transferees"). Tenant's sublet and assignment rights are exclusive to Tenant and Permitted Transferees.

50% of net subletting profits will be shared with Landlord. Landlord will have recapture rights on assignments or sublets over 25% of the Premises for substantially all of the remaining term.

USE: Tenant shall use and occupy the Premises for the purpose of a renal dialysis clinic and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises on a seven days a week, twenty-four hours a day basis, subject to zoning and other regulatory requirements. Tenant will pay Landlord's standard rates for all after-hours HVAC and security.

DRAFT LEASE: Please supply a copy of Tenant's Draft Lease for Landlord's review.

SECURITY DEPOSIT: Amount of Lease security will be determined based on review of Tenant's financials. Please provide financials for Landlord's review.

COMMISSION: Landlord will pay a real estate brokerage commission to Cushman & Wakefield of Illinois pursuant to the terms of the Building's commission policy, which will be provided upon request.

CONFIDENTIALITY: Landlord and Tenant shall use best efforts to maintain strict confidence of the terms of this proposal.

NON-BINDING: The submission of this proposal does not constitute an offer to lease. Landlord may have extended offers to other prospective tenants for the space currently offered to Tenant. A lease will not be binding and in effect until a lease document has been executed by both parties. Tenant and Landlord will have no liabilities for any expenses incurred in anticipation of the lease or in replying to this proposal unless they have specifically authorized in writing. Tenant and Landlord reserve the right to reject any proposal they receive. This proposal shall remain valid for thirty (30) days from the date issued and is further subject to withdrawal without notice.

I look forward to your favorable response. Please feel free to contact me with any questions or comments regarding this proposal.

Sincerely,

William Truszkowski
Senior Vice President

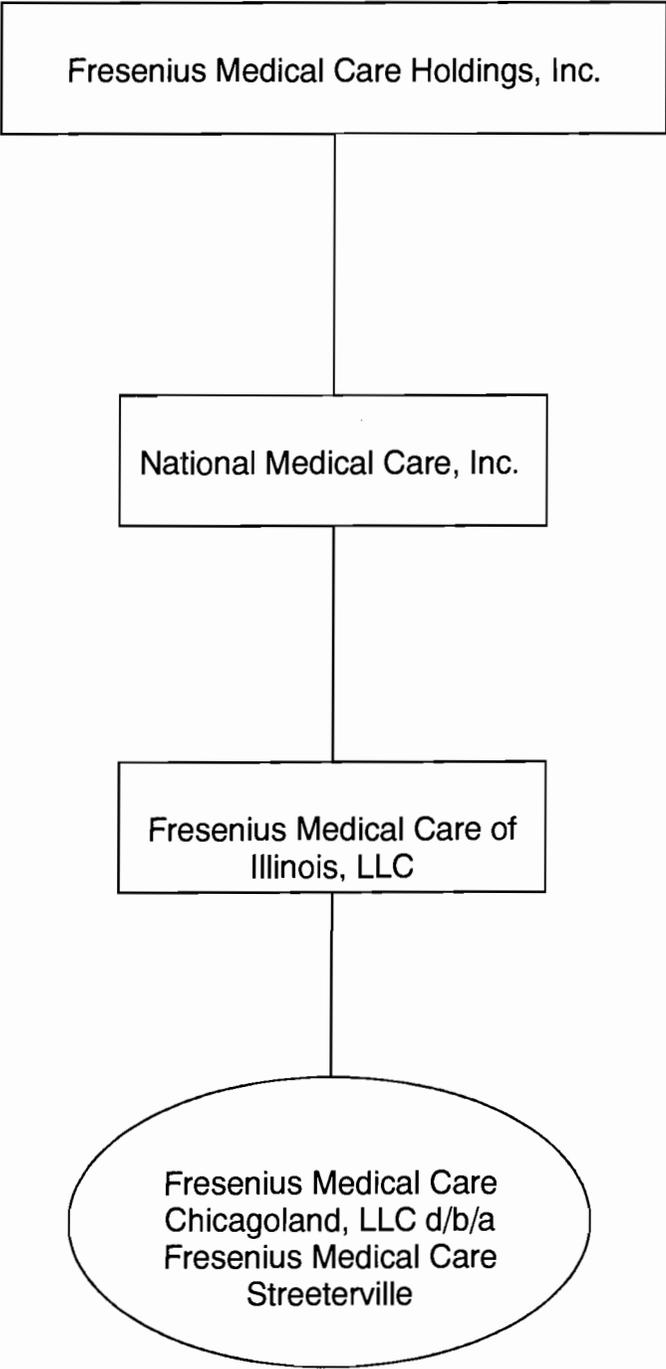
cc: Frank Bedford
Cynthia Heintz

Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Streeterville</i>			
Address: <i>920 Winter Street, Waltham, MA 02451</i>			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			

Certificate of Good Standing at Attachment – 1.



The project is not new construction and is a build out of the interior of existing leased space, therefore this criterion is not applicable.



**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 - Lease to Establish a 12 Station Dialysis Clinic
142 E. Ontario St.
IHPA Log #010101912

October 31, 2012

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

Dear Ms. Wright:

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

Our 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
Deputy State Historic
Preservation Officer

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SUMMARY OF PROJECT COSTS

Modernization

General Conditions	56,400
Temp Facilities, Controls, Cleaning, Waste Management	2,800
Concrete	14,500
Masonry	17,100
Metal Fabrications	8,500
Carpentry	99,200
Thermal, Moisture & Fire Protection	20,100
Doors, Frames, Hardware, Glass & Glazing	77,300
Walls, Ceilings, Floors, Painting	182,100
Specialities	14,100
Casework, FI Mats & Window Treatments	6,800
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	361,000
Wiring, Fire Alarm System, Lighting	218,000
Miscellaneous Construction Costs	51,000
Total	1,128,900

Contingencies

Contingencies **\$124,100**

Architectural/Engineering

Architecture/Engineering Fees **\$125,000**

Movable or Other Equipment

Dialysis Chairs	\$18,000
Misc. Clinical Equipment	15,000
Clinical Furniture & Equipment	21,000
Office Equipment & Other Furniture	30,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	12,000
Generator	30,000
Facility Automation	17,000
Other miscellaneous	3,000
Total	\$296,000

Fair Market Value Leased Space & Equipment

FMV Leased Space (7,950 GSF)	\$2,649,740
FMV Leased Dialysis Machines	187,525
FMV Leased Computers, Copiers, Fax	12,000
Total	\$2,849,265

Project obligation will occur after permit issuance.

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	4,523,265	7,950			7,950		
Total Clinical	4,523,265	7,950			7,950		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	4,523,265	7,950			7,950		

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



Fresenius Medical Care

October 25, 2012

Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I am the Regional Vice President at Fresenius Medical Care who will be responsible for the Fresenius Medical Care Streeterville dialysis facility. It is Fresenius Medical Care's policy to accept all patients regardless of their ability to pay for services and this policy will be in effect at the Streeterville facility. Also, Fresenius Medical Care's Medical Staff Bylaws, which pertain to all staff including Medical Directors and referring physicians, state that all physicians must agree to treat every patient regardless of their ability to pay.

Sincerely,

Richard Stotz
Regional Vice President

Notarization:

Subscribed and sworn to before me
this 26th day of October, 2012

Signature of Notary

Seal



Fresenius Medical Care

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to quality standards that are higher than required by regulatory bodies, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. One advantage of our size is our ability to respond to natural disasters as noted in the articles on the following pages.

Quality Measures – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

Some of the initiatives that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

U.S. EDITION Tuesday, November 6, 2012 As of 5:23 PM EST

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November 6, 2012, 5:23 p.m. ET

Fresenius Medical Care Responds to Hurricane Sandy in the Mid-Atlantic Region

Nation's Leading Dialysis Provider Assures Continued Patient Care for Affected Areas

WALTHAM, Mass.--(BUSINESS WIRE)--November 06, 2012--

Although more than 100 Fresenius Medical Care North America (FMCNA) clinics in the mid-Atlantic region were affected by Hurricane Sandy last week, all but one have now resumed operations.

FMCNA, the nation's leading network of dialysis facilities, is pleased to report that all of its patients and employees are now accounted for and safe, even though many were personally affected by the storm, which caused power outages, widespread flooding and significant property damage.

Patients needing emergency help or information about specific dialysis clinics should call FMCNA's toll-free Patient Emergency Hotline: 1-800-626-1297.

The Fresenius Medical Care Disaster Response Team -- assisted by divisional, technical and regional employees, local governments and community organizations such as the Kidney Community Emergency Response (KCER) Coalition -- worked overtime to prepare for and respond to the storm. FMCNA and its partners continue to meet daily to coordinate a variety of critical activities, such as:

- Providing extra treatments to patients at clinics affected by the storm;
- Arranging treatments for patients served by closed clinics, including patients from other dialysis companies;
- Delivering generators, bottled water and warm meals to facilities and employees in need;
- Providing gasoline for employees' cars and personal generators across New Jersey and New York;
- Supplying motor homes equipped with personal supplies and generators to employees who lost homes or whose homes are not safe to occupy.

"We have taken extraordinary steps to ensure uninterrupted dialysis treatments for patients," said Bill Numbers, FMCNA Vice President of Operations Support and Incident Commander for Disaster Response and Planning. "Fortunately, our advance preparation for situations like this gave us a head start in planning how to respond quickly and effectively."

FMCNA's disaster response plan has been tested and validated many times in recent years, from Hurricanes Ike, Isaac and Katrina to tornados, floods and severe thunderstorms. When such events occur, FMCNA coordinates efforts across all levels of the company, ensuring the ability of staff to provide patients with dialysis treatments, equipment and supplies, medicines and lab services.

As a result, FMCNA was able to continue serving patients both during and after the storm, in some cases by arranging for them to receive treatment at alternative locations. The Fresenius Medical Care Harlem clinic in New York City, for instance, opened at 5 a.m. on Sunday before the storm to dialyze patients from southern Manhattan, whose usual clinics were closed by emergency officials. The Harlem clinic was able to offer uninterrupted patient care, in part, by providing hotel rooms and cab fare for employees.

"When we heard Sandy was going to hit Manhattan, everyone at Fresenius including, our regional vice president, area managers, medical directors, nephrologists, nurses, patient care technicians, support staff, technical group and educators - came together to ensure our patients were cared for," said Eryln Tanzo, R.N., clinical manager at Fresenius Medical Care Harlem. "I'm so proud to work a company that truly cares about its patients and staff."

In New Jersey, FMCNA took the unusual step of bringing in a gasoline tanker to alleviate fuel shortages that were hindering its employees from driving to work.

"This helps lift a major worry for our team," said Ananda Williams-Gray, R.N., area manager for Fresenius Medical Care. "We've been able to provide treatment for all our patients in the area without interruption, despite massive power outages and gas shortages. Our team doesn't have to wait two hours at a gas station; they can depend on Fresenius Medical Care for essentials, such as gas and power."

While storms and other natural disasters can be inconvenient and even life-threatening for entire communities, they pose an especially serious health threat to dialysis patients whose treatments are delayed by electrical power outages or inability to access their normal treatment locations. Patients with end-stage renal disease (ESRD) typically need dialysis treatment every two days to clean waste products from their blood, remove extra fluids and control their bodies' chemistry after their kidneys have failed.

For more information on FMCNA's natural disaster response efforts and important tips to help patients prepare for any emergency, visit FMCNA's Emergency Preparedness website.

About Fresenius Medical Care

Fresenius Medical Care (NYSE: FMS) is the world's leading company devoted to patient-centered renal therapy. Through more than 3,119 clinics in North America, Europe, Latin America, Asia-Pacific and Africa, we provide kidney dialysis treatments to approximately 253,000 patients worldwide. We are also the world's leading maker of dialysis products, such as dialysis machines, dialyzers and related disposable products. Chronic kidney failure is a condition that affects more than 2.1 million individuals worldwide. For more information about the company's more than 2,100 U.S. dialysis facilities, visit www.ultracare-dialysis.com (in English and Spanish). For more information about Fresenius Medical Care, visit www.fmc-ag.com or www.fmcna.com.

CONTACT: Media contact:
Loomis Group

Fresenius Medical Care Preparing for Hurricane Sandy Across the Northeast

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<http://www.renalbusiness.com/>

By:

Posted on: 10/29/2012

 PRINT

WALTHAM, Mass. —In anticipation of Hurricane Sandy, Fresenius Medical Care North America (FMCNA) has activated its [Emergency Response Team](#) to begin implementing plans to ensure continued patient care across the U.S. Northeast and Mid-Atlantic regions, which may be affected by the storm.

The Fresenius Medical Care Disaster Response Team, assisted by divisional, technical and regional employees, works closely with local governments and community organizations such as the [Kidney Community Emergency Response \(KCER\) Coalition](#) to prepare for and respond quickly to a variety of disasters. FMCNA and its partners are ready to deliver generators, fuel, bottled water and meals to facilities and employees affected by this storm. FMCNA staff is also providing extra treatment shifts for patients at clinics anticipated to be affected by Hurricane Sandy, including clinics that may be required to close by state officials.

Patients seeking help with emergency plans or more information about arranging alternate dialysis clinics should call FMCNA's toll-free Patient Emergency Hotline: 1-800-626-1297.

FMCNA recommends that dialysis patients have the following plans in place:

- **Keep emergency phone numbers handy.** When bad weather threatens, contact your local dialysis facility and follow their instructions
- **Have a disaster plan.** Talk to your doctor, dialysis care team and family about what you should do if a disaster strikes. Keep track of local weather forecasts
- **Gather emergency supplies.** Have a first-aid kit on hand, along with a flashlight (with extra batteries), blankets, battery-powered radio, cell phone, non-electric can opener and any necessary medications
- **Make sure you have a ride.** If you are an in-center patient, arrange for backup transportation to the clinic with a friend, neighbor or family member
- **Plan for power outages.** If you are a home dialysis patient and you lose power, follow the directions given to you by the home training staff for continuing dialysis in an emergency.
- **Adjust your insulin.** If you are diabetic, ask your doctor how to adjust your insulin dosage if severe flooding is forecast for your area.

While storms and other natural disasters can be inconvenient and even life-threatening for entire communities, they pose an especially serious health threat to dialysis patients whose treatments are delayed by electrical power outages or inability to access their normal treatment locations. Patients with end-stage renal disease (ESRD) typically need dialysis treatment every two days to clean waste products from their blood, remove extra fluids and control their bodies' chemistry after their kidneys have failed.

Most FMCNA dialysis clinics are equipped with emergency backup electrical generators to ensure that critical patient care continues in the event of a power outage. If necessary, dialysis treatments also can be provided at alternate facilities for patients—including those from other dialysis companies—whose regular clinics are temporarily unavailable.

"Advance preparation helps us to ensure uninterrupted dialysis treatments for our patients," said Bill Numbers, FMCNA vice president of Operations Support and Incident Commander for Disaster Response and Planning. "FMCNA's resources and national partnerships give us the ability to coordinate the delivery of resources from across the country to any locale within hours of a disaster."

FMCNA's disaster response plan has been tested and validated many times in recent years, from Hurricanes Ike, Isaac and Katrina to tornados, floods and severe thunderstorms. When such events occur, FMCNA coordinates efforts across all levels of the company, ensuring the ability of staff to provide patients with dialysis treatments, equipment and supplies, medicines and lab services.

For more information on FMCNA's natural disaster response efforts and important tips to help patients prepare for any emergency, visit [FMCNA's Emergency Preparedness website](#).

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

Clinic	Provider #	Address	City	Zip	Fac >10% Medicaid Treatments*
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	10.0%
Aurora	14-2515	455 Mercy Lane	Aurora	60506	10.0%
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	12.0%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	15.0%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	11.6%
Bolingbrook	14-2605	538 E. Boughton Road	Bolingbrook	60440	10.5%
Breese		160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	27.7%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	12.6%
Carbondale	14-2514	725 South Lewis Lane	Carbondale	62901	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham		333 W. 87th Street	Chicago	60620	N/A
Chicago Dialysis	14-2506	820 West Jackson Blvd.	Chicago	60607	42.9%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	42.7%
Cicero		3030 S. Cicero	Chicago	60804	N/A
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	29.9%
Crestwood	14-2538	4861 W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2503	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015	
Des Plaines		1625 Oakton Place	Des Plaines	60018	N/A
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515	
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185	15.4%
DuQuoin	14-2595	100-200 E. Grantway Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	27.3%
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007	10.4%
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	12.3%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	12.9%
Fairview Heights		821 Lincoln Highway	Fairview Heights	62208	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	21.1%
Glendale Heights	14-2617	520 E. North Avenue	Glendale Heights	60139	18.4%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11.1%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	20.5%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	25.3%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	15.6%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	33.1%
Joliet		721 E. Jackson Street	Joliet	60432	N/A
Kewanee	14-2578	230 W. South Street	Kewanee	61443	12.5%
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	10.0%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	20.7%
Lincolnland		1112 Centre West Drive	Springfield	62704	
Logan Square		2734 N. Milwaukee Avenue	Chicago	60647	N/A
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	18.9%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	20.9%
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803	
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960	
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook		2451 S Washington	Naperville	60565	N/A
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	10.8%

Facility List

North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	25.0%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	25.0%
Northfield		480 Central Avenue	Northfield	60093	N/A
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	10.0%
Oak Forest		5340A West 159th Street	Oak Forest	60452	N/A
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	10.7%
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462	
Oswego	14-2677	1051 Station Drive	Oswego	60543	
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350	
Palatine	14-2723	691 E. Dundee Road	Palatine	60074	
Pekin	14-2571	600 S. 13th Street	Pekin	61554	
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605	
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615	
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19.3%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	10.9%
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19.8%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	11.3%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	25.4%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	19.4%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11.1%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	17.9%
South Deering		10559 S. Torrence Ave.	Chicago	60617	N/A
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	17.6%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	24.0%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southwestern Illinois	14-2535	5-9 Professional Drive	Alton	62002	
Spoon River	14-2565	340 S. Avenue B	Canton	61520	
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362	
Steger	14-2725	219 E. 34th Street	Steger	60475	
Streator	14-2695	2356 N. Bloomington Street	Streator	61364	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	28.4%
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085	
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510	
West Belmont	14-2523	4943 W. Belmont	Chicago	60641	37.5%
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185	14.3%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	26.2%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	17.7%
West Willow	14-2730	1444 W. Willow	Chicago	60620	12.5%
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154	
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959	
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527	

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

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Certification & Authorization

Fresenius Medical Care Chicagoland, LLC

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

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

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

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

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

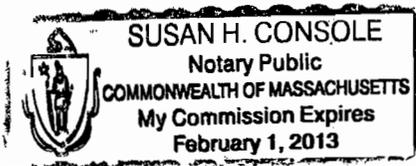
Notarization:
Subscribed and sworn to before me
this 8 day of Nov , 2012

[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: [Signature]

ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

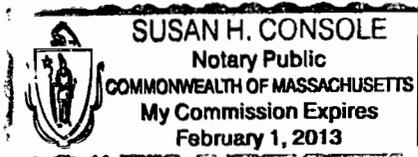
Notarization:
Subscribed and sworn to before me
this day of , 2012

Notarization:
Subscribed and sworn to before me
this 8 day of Nov, 2012

[Signature]
Signature of Notary

Seal

Seal



Criterion 1110.230 – Purpose of Project

1. The primary purpose of this project is to address the Board determined need for an additional 82 dialysis stations in the city of Chicago. It will also increase the patient's choice of treatment shift times to fit their lifestyle by providing access to life-sustaining dialysis services. Fresenius Streeeterville will serve the residents in the area along the Lake Michigan shoreline from the loop through the near north side in Chicago in HSA 6. This is a highly concentrated and busy commercial district with a large number of elderly residents living in high rise apartment buildings. Further out from Streeeterville, where the clinic will be located, the geography changes to commercial mixed with family based neighborhoods.
2. The market area that Fresenius Medical Care Streeeterville will serve is the diverse neighborhoods of Loop, River North, Streeeterville, Lincoln Park, Near North, Old Town and the Gold Coast. This 30 minute travel radius is home to over 3,000,000 residents.
3. This facility is needed to accommodate the pre-ESRD patients that Associates in Nephrology (AIN) has identified from this area who will require dialysis services in the next 1-3 years. Locating it here will allow patients to use the extensive public transportation options that can bring them practically to the door of the facility.
4. Utilization of area facilities is obtained from the 3rd quarter data compiled by the IHFSRB staff. Pre-ESRD patients for the market area were obtained from AIN.
5. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population as we continue to monitor the growth and provide responsible healthcare planning for this area. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications.
6. It is expected that this facility would have and maintain the same quality outcomes as the other Fresenius Medical Care facilities in Illinois as listed below.
 - 94% of patients had a URR \geq 65%
 - 96% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

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

The only alternative that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. The alternative of doing nothing and maintaining the status quo would not address the determined need for 82 more stations in Chicago nor would it increase access to favorable treatment times for the patients in the Near North area of Chicago. There is no cost to this alternative.

B. Pursuing a joint venture or similar arrangement with one or more providers of entities to meet all or a portion of the project's intended purposes' developing alternative settings to meet all or a portion of the project's intended purposes.

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs. However, this project is structured so that if physicians desire to invest in the clinic they would be able to do so. The partnership would most likely be 60/40 and total project costs would be divided this way.

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

The area immediately surrounding Streeterville is served by only one large 44-station facility, Fresenius Northwestern, on the campus of Northwestern Hospital. While this clinic is not yet at 80% it has been operating in the low to mid 70% utilization for several years as supported by several nephrologists on staff at Northwestern Hospital. As those physicians continue to refer to this facility, referring all of AIN's 102 pre-ESRD patients here would cause it to exceed capacity. Referring these patients to other area clinics would also have a ripple effect by raising the utilization of other area providers to high utilization levels which severely limits a patients choice of treatment shift time which is already somewhat limited. There is no monetary cost to this alternative.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the Near North market area of Chicago is to create additional access and open up additional treatment times to area patients while addressing determined need for stations in the HSA. The cost of this project is \$4,523,265. This will also offer opportunity for physician investment in an area where they have already invested their lives and careers in their patient's well-being.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Patients will continue to have limited access to favorable shift times and will have to travel further from home for treatment.	Patient clinical quality would remain above standards at Fresenius clinics.	No effect on patients.
Utilize Area Providers	\$0	Would create ripple effect of raising utilization of area providers high utilization levels thereby creating loss of access to favored treatment schedule times.	Loss of continuity of care which would lead to lower patient outcomes.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Pursue a Venture	\$4,523,265 \$2,713,959 \$1,809,306	Same as current proposed project, however cost would be divided among Joint Venture members. Fresenius Medical Care Joint Venture Partner	Patient clinical quality would remain above standards at the Fresenius clinics.	No effect on patients Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If this were a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Establish Fresenius Medical Care Streeterville	\$4,523,265	Improved access to services with extensive public transit system readily available to high-rise residents. Improved choice of treatment shift times to fit each patient's lifestyle.	Fresenius Medical Care adheres to highest quality standards as evidenced by its high outcomes listed below. The same is expected for Fresenius Medical Care Streeterville.	This is an expense to Fresenius Medical Care only.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. RCG-Villa Park has had above standard quality outcomes.

- o 94% of patients had a URR \geq 65%
- o 96% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	7,950 (12 Stations)	360-520 DGSF	142.5	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 7,950 DGSF amounts to 662.5 DGSF per station, which is over the State Standard, however all of our facilities are in leased space and this is an existing building. It is not always possible to rent a space that exactly meets the Board's size standards especially in a built up area of Chicago.

The additional space is going to be used for administrative office space. As well, we often need to expand our facilities and it is more cost effective to have the additional space on the forefront.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A New Facility		80%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS		51%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		96%	80%	Yes

Associates in Nephrology has a total of 102 pre-ESRD patients in stages 3 & 4 of kidney failure who live in the area to be served by Fresenius Medical Care Streeterville.

Due to patient attrition approximately 71 of these patients are expected to be referred to the Streeterville facility in the first two years it is in operation. Additionally there will be an approximate 12% loss of dialysis patients yearly due to death or transplant.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Medical Care Streeterville dialysis facility is located in Chicago in HSA 6. HSA 6 is comprised of the city of Chicago. According to the November 2012 Inventory there is a need for an additional 82 stations in this HSA.

Planning Area Need – Service To Planning Area Residents:

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

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Cook County in HSA6, more specifically the neighborhoods surrounding Streeterville. 100% of the pre-ESRD patients reside in HSA 6.

County	HSA	Pre-ESRD Patients who will be referred to Fresenius Medical Care Streeterville
Chicago/Cook Co	6	102 – 100%

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

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ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
SUMANTH MULAMALLA, M.D.

November 8, 2012

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

Dear Ms. Avery,

I am a nephrologist practicing with Associates in Nephrology (AIN) in Chicago for the past five years. I am writing on behalf of the AIN practice to support the Fresenius Medical Care Streeterville dialysis facility.

AIN, on the north side of Chicago, was treating 304 hemodialysis patients at the end of 2009, 338 at the end of 2010 and 342 at the end of 2011, as reported to The Renal Network. As of the most recent quarter, AIN was treating 376 hemodialysis patients. Over the past twelve months we have referred 138 patients for dialysis services to Fresenius Lakeview, Burbank, Midway, Northcenter, North Kilpatrick, Polk, Ross-Englewood & Uptown as well as to DaVita Logan Square & Lincoln Park and to Nephron Dialysis Center. We currently have 102 pre-ESRD patients that live in the zip codes immediately surrounding the Streeterville area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis at the Streeterville facility in the first two years of its operation. In addition we also treat over 60 home dialysis patients.

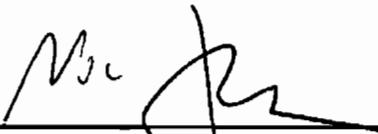
ASSOCIATES IN NEPHROLOGY, S.C.
NEPHROLOGY AND HYPERTENSION
210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

I respectfully ask the Board to approve the Fresenius Medical Care Streeterville facility in order to keep access available to the increasing numbers of end stage renal disease patients on the north side of Chicago.

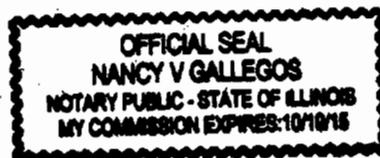
Thank you for your time and consideration of this project.

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

Sincerely,

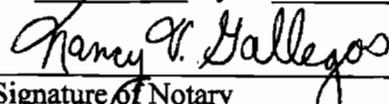


Nic Hristea, M.D.



Notarization:

Subscribed and sworn to before me
this 13TH day of NOVEMBER, 2012



Signature of Notary

Seal

**PRE-ESRD PATIENTS THAT WILL BE REFERRED TO
FRESENIUS MEDICAL CARE STREETERVILLE IN
THE FIRST 24 MONTHS OF OPERATION**

Zip Code	Patients
60602	2
60604	3
60605	16
60606	3
60607	11
60610	32
60611	3
60614	25
60642	1
60654	3
60661	3
Total	102

**NEW REFERRALS OF AIN NORTH FOR
THE PAST TWELVE MONTHS 10/01/2011 – 09/30/2012**

Zip Code	Fresenius Medical Care								DaVita		Nephron	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Ross-Englewood	Uptown	Logan Square	Lincoln Park		
60026		1										1
60110						1						1
60428						1						1
60455	1											1
60458	1		1									2
60459	1											1
60501			1									1
60608						2						2
60613		4			1					1		6
60614						1				1		2
60615		1					2					3
60616					1	1						2
60617						2						2
60618		1		2	6	1			1	1		12
60619							1					1
60620					1		1					2
60621					1		1					2
60622				1						1		2
60623	1											1
60625				5	4						2	11
60626		2										2
60629	1					1						2
60630				7							1	8
60632	1											1
60634				1								1
60636							4					4
60637						1	2					3
60638			3				1					4
60639				3	2		1					6
60640		3			1			1		1	1	7
60641				5	3	1						9
60643	1											1
60645		1		1	1							3
60646				2								2
60647					5	1						6
60651		1		1	1						1	4
60652	2											2
60653						1						1
60656				1								1
60657		1			1							2
60659				2	1						2	5
60660		1						1				2
60707					2	1						3
60712											1	1
61342					1							1
62049				1								1
Total	9	16	5	32	32	15	13	2	1	5	8	138

PATIENTS OF AIN NORTH AT YEAR END 2010

Zip Code	Fresenius Medical Care											DaVita		Center for Renal Replacement	Nephron Dialysis	Total	
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Evanston	Skokie	Rogers Park	Ross-Englewood	Uptown	Lincoln Park	Logan Square				
60053		1															1
60076				2				1							1		4
60130					1	1											2
60153						1											1
60155					1												1
60171				1													1
60201												1					1
60453										1							1
60457			1														1
60458	1																1
60459	1																1
60516			1														1
60607						1											1
60608						4											4
60609						4				1							5
60610				2	1	3						1					7
60612						4											4
60613		5			1							1					7
60614		2			3	3						2					10
60615				1													1
60618		4		10	11								2			2	29
60620	1				1					2							4
60621	1									2							3
60622				3	2	2											7
60623						5											5
60625		8		22	4	2	1					1	1			6	45
60626		4		3	2		1		1						1	2	14
60628	3															1	4
60629	3		1	1	1	2											8
60630				20	2											2	24
60632	1										1						2
60634				4												1	5
60637					1	1											2
60638	1		7														8
60639				7	1	1											9
60640		10		2	12	3					1					3	31
60641		1		10		1										1	13
60642		1															1
60643	1		1			3											5
60644						1											1
60645				2	2				1							3	8
60646				1											1	1	3
60647		3		1	2	2											8
60649		1														2	3
60651				1	1	2											4
60653						3						1					4
60656				1													1
60657		2			3	1											6
60659				4	1											5	10
60660		3		2	3											2	10
60680												1					1
60706				1													1
60712		1															1
60804					1	1											2
Total	13	46	11	101	57	51	2	1	2	5	3	8	3	3	32		338

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2011

Zip Code	Fresenius Medical Care										DaVita				Center for Renal Replacement	Nephron Dialysis	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Rogers Park	Ross-Englewood	Skokie	Uptown	West Metro	West Lawn	Lincoln Park	Logan Square			
60076				2					1						1		4
60130						1											1
60153						1											1
60171				1													1
60201													1				1
60419		1															1
60455	1																1
60457			1														1
60458	1																1
60501			1														1
60516			1														1
60603													1				1
60608							4										4
60609							4		1								5
60610				1	1	3							1				6
60611				1													1
60612						4							1				5
60613		8			2								3				13
60614		1			2	4			1				2				10
60615				1													1
60617						1											1
60618		4		10	10									2		2	28
60620	1				1			2									4
60621	1					1		1									3
60622				1	1	2							1				5
60623						5											5
60625		6		19	6	1							1	1		5	39
60626	1	5		4	2		1								1	2	16
60628	3	1														1	5
60629	3		3	1	1	2		1			1						12
60630				19	2												22
60631				2													2
60632	1								1								2
60634				4													2
60636								3									5
60637								3									3
60638			6					1									7
60639				9	1	3								1			14
60640		10		3	10					1							25
60641		1		13		1										1	16
60642		1															1
60643	1		1			3											5
60644						1											1
60645				2	2		1										7
60646				1												1	4
60647		3		2	2	2											9
60649																	1
60651				1	2	2				1							6
60652	1																1
60653						2							1				3
60656				2													2
60657					3	1											4
60659				2	1												9
60660		3		2	2				1							6	9
60706				1												1	1
60712		1															1
60804						1											1
Total	14	45	13	104	51	49	2	11	1	5	1	1	12	4			176

PATIENTS OF AIN NORTH CHICAGO AREA AS OF 3RD QUARTER 2012

Zip Code	Fresenius Medical Care										DaVita		Center for Renal Replacement	Nephron Dialysis	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Rogers Park	Ross-Englewood	Skokie	Uptown	Lincoln Park	Logan Square			
60026		1													1
60076				1					1				1		3
60130						1									1
60153						1									1
60171				1											1
60201										1					1
60419		1													1
60455	1														1
60457			1												1
60458	1		1												2
60459	1														1
60501			1												1
60603										1					1
60608						4									4
60609						4			1						5
60610				1	1	3									5
60612						4									4
60613		9			1					3					13
60614					1	3			1	2					7
60615		1		1											2
60616					1	1									2
60617						3									3
60618		4		10	11					1	3			2	31
60620					1			1							2
60621	1				1	1		1							4
60622				2	1	2				1					6
60623						5									5
60625		5		22	9	1				1	1			5	44
60626		6		3	2		1						1	2	15
60628	2													1	3
60629	5		4	1	1	3		1							15
60630				20	2										22
60631				2											2
60632	1								1						2
60634				5										1	6
60636								3							3
60637								3							3
60638			7					1							8
60639				10	2	2		1							15
60640		9		2	11					2	1			2	27
60641		1		13	4									1	19
60642		1													1
60643	2		1			3									6
60645		1		2	2		1							2	8
60646				3									1	2	6
60647		3		2	6	2									13
60649															
60651				2	2	1								1	6
60652	3													1	3
60653						2				1					3
60656				2											2
60657		1			3	1									5
60659				3	2									6	11
60660		3		2	2					2				1	10
60706				1											1
60707					1	1									2
60712		1												1	2
60804						1									1
61342					1										1
62049				1											1
Total	17	47	15	112	68	49	2	11	1	7	12	4	3	28	376

Service Accessibility – Service Restrictions

Fresenius Medical Care Streeterville is located in HSA 6 which consists of the City of Chicago. This facility is being established specifically to serve the near north side market area of Chicago and consists of Streeterville, Loop, River North, Lincoln Park, Old Town and the Gold Coast.

While dialysis services exist in the area, and not all facilities are within 30 minutes are above 80% utilization, the issue of access is problematic as it relates to shift choice. The only other facility serving the Streeterville area is the 44-station Fresenius Northwestern facility on the campus of Northwestern University Hospital. This facility has been operating in the mid 70% utilization range for several years and is supported by a group nephrologists from Northwestern Hospital. While it may be convenient and desired for some to receive treatment on this large hospital campus for others it may be difficult to navigate. As well, at 70% treatment shift choices decline. Establishing another smaller clinic more easily accessible to some, especially by public transportation will meet the needs of the Associates in Nephrology patients.

This facility will address the need for 82 stations in the city of Chicago, HSA 6. Applying the CON criteria of "Need" along with "Maldistribution and Unnecessary Duplication" becomes problematic. While the Board shows a clear determined need for numerous stations in Chicago, criteria of Maldistribution and Unnecessary Duplication show no need. The result is inherently contradictory. If decisions are made on the latter, then a clinic could virtually never be established in HSA 6. Due to density, there will always be clinics within 30 minutes that are under 80% utilization. Allowing the establishment of facilities under these conditions allows patients in the City of Chicago more clinic choices nearby and access to favorable shift times.

The City of Chicago is the third largest city in the United States and traffic congestion and public transportation are dealt with by its residents on a regular basis. We know that MapQuest adjusted times simply do not reflect accurate travel times for patients driving, taking cars and/or taking public transportation. The area to be served is full of high rises and many patients do not own cars. Some may take taxis and/or have medicar transportation available to them but that doesn't change travel times in rush hour or congested areas such as Streeterville and the Loop. Many of these patients are older and traveling out of their neighborhood or taking public transportation is daunting if not impossible for them. We urge the Board to consider the uniqueness and complexity of addressing access to dialysis in a city as large as Chicago and to give more weight under the circumstances to your stated need for stations over the maldistribution criterion.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS STREETERVILLE

Name	Address	City	Zip Code	MapQuest		Adjusted Time x1.25	Stations	09/30/12 Util
				Miles	Time			
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	0.42	1	1.25	44	70.08%
Fresenius Polk	557 W Polk St	Chicago	60607	2.28	6	7.5	24	61.81%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	6.23	6	7.5	21	62.70%
DaVita Loop	1101 S Canal St	Chicago	60607	2.58	7	8.75	28	55.95%
Fresenius West Willow	1444 W Willow St	Chicago	60622	3.35	7	8.75	12	20.83%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	2.49	8	10	24	75.00%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	2.65	8	10	27	70.37%
Rush Hospital	1653 W Congress Pkwy	Chicago	60612	3.52	8	10	5	30.00%
Cook County Hospital	1901 W Harrison St	Chicago	60612	3.79	9	11.25	9	50.00%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	4.84	9	11.25	14	71.43%
U of I Hospital	1859 W Taylor St	Chicago	60612	4.06	10	12.5	26	83.00%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	5.61	10	12.5	30	67.78%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	4.36	11	13.75	32	91.15%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	4.6	11	13.75	31	55.91%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	5.13	11	13.75	22	81.06%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	5.74	11	13.75	12	83.33%
DaVita Logan Square	2816 N Kimball	Chicago	60618	6.07	11	13.75	28	66.07%
Fresenius Logan Square	2734 N. Milwaukee Ave	Chicago	60647	6.14	11	13.75	12	0.00%
Mt Sinai	2700 W 15th St	Chicago	60608	5.27	12	15	16	88.54%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	6.48	12	15	16	81.25%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	5.25	13	16.25	16	101.04%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	5.66	13	16.25	16	100.00%
DaVita Lake Park	4290 S Cottage Grove	Chicago	60653	6.69	13	16.25	32	53.65%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	6.54	14	17.5	27	93.83%
DaVita Emerald	710 W 43rd St	Chicago	60609	7.4	14	17.5	24	88.19%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	8.53	15	18.75	22	80.30%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	9.25	15	18.75	28	77.38%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.08	16	20	32	60.42%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	8.14	16	20	17	70.59%
Maple Avenue	610 S Maple Ave	Oak Park	60304	10.77	17	21.25	18	62.96%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	6.83	18	22.5	16	64.58%
Nephron Dialysis	5140 N California Ave	Chicago	60625	8.88	18	22.5	12	96.00%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	10.09	18	22.5	16	96.88%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	10.16	18	22.5	46	87.32%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	11.24	19	23.75	16	0.00%
Fresenius River Forest	103 Forest Ave	River Forest	60305	11.56	19	23.75	20	14.17%
Fresenius Oak Park	733 Madison St	Oak Park	60302	11.65	19	23.75	12	147.22%
Resurrection	7435 W Talcott Ave	Chicago	60631	12.56	19	23.75	14	64.29%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	12.67	19	23.75	16	79.17%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	13.19	19	23.75	12	29.17%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	12.82	20	25	16	4.17%
Fresenius Rogers Park	2277 Howard St	Chicago	60645	10.08	21	26.25	20	73.33%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	11.77	21	26.25	12	59.72%
Loyola	1201 W Roosevelt Rd	Maywood	60153	13.13	21	26.25	30	78.89%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	12.69	22	27.5	26	103.85%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	10.78	23	28.75	16	95.83%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	11.32	23	28.75	24	84.03%
Fresenius South Shore	2420 E 79th St	Chicago	60649	11.83	23	28.75	16	84.38%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	13.86	23	28.75	18	59.26%
Fresenius Norridge	4701 N Cumberland Ave	Chicago	60656	15.3	23	28.75	16	76.04%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	10.58	24	30	16	90.63%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	13.87	24	30	28	98.21%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	14.87	24	30	24	86.11%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	14.9	24	30	36	93.98%
Fresenius Skokie	9801 Woods Dr	Skokie	60077	16.73	24	30	14	73.81%

Unnecessary Duplication/Maldistribution

ZIP Code	Population	Stations	Facility
60018	30,099		
60053	23,260		
60068	37,475		
60076	33,415		
60077	26,825	14	Fresenius Skokie
60104	19,038		
60130	14,167		
60141	224		
60153	24,106	30	Loyola Dialysis
60154	16,773		
60155	7,927		
60160	25,432	42	Fresenius Melrose Park Fresenius North Avenue
60162	8,111		
60171	10,246		
60202	31,361		
60301	2,539		
60302	32,108	58	Fresenius West Suburban, Fresenius Oak Park
60304	17,231	18	Maple Ave. Kidney Center,
60305	11,172	20	Fresenius River Forest
60402	63,448	26	Fresenius Berwyn
60534	10,649		
60546	15,668		
60601	11,110		
60602	1,204		
60603	493		
60604	570		
60605	24,668		
60606	2,308		
60607	23,897	100	Fresenius Chicago, Fresenius Polk, DaVita Loop, Circle Medical Management
60608	82,739	63	Fresenius Chicago Westside, Mt. Sinai Dialysis, DaVita Little Village
60609	64,906	105	Fresenius Bridgeport, Fresenius Garfield, DaVita Emerald, DaVita Woodlawn
60610	37,726		
60611	28,718	44	Fresenius Northwestern
60612	33,472	40	Rush Dialysis, Cook Co. Dialysis, University of IL Dialysis
60613	48,281	14	Fresenius Lakeview
60614	66,617		
60615	40,603		
60616	48,433	24	Fresenius Prairie
60617	84,155	36	Fresenius South Chicago
60618	92,084	44	Fresenius Northcenter, DaVita Logan Square
60619	63,825	40	Fresenius Greenwood, DaVita Grand Crossings
60620	72,216	16	Fresenius Chatham
60621	35,912	16	Fresenius Ross-Englewood
60622	52,548	44	Fresenius West Willow, Fresenius West Metro
60623	92,108		
60624	38,105	46	Fresenius Congress Parkway, Garfield Kidney Center
60625	78,651	12	Nephron Dialysis
60626	50,139		
60629	113,916		
60630	54,093	28	Fresenius North Kilpatrick
60631	28,641	14	Resurrection Dialysis
60632	91,326		
60634	74,298	16	DaVita Montclare
60636	40,916	16	Fresenius Marquette Park
60637	49,503		
60639	90,407		
60640	65,790	12	Fresenius Uptown
60641	71,663	17	Fresenius West Belmont
60642	18,480		
60644	48,648		
60645	45,274	20	Fresenius Rogers Park
60646	27,177		
60647	87,291	12	Fresenius Logan Square
60649	46,650	40	Fresenius Jackson Park, Fresenius South Shore
60651	64,267	16	Fresenius Austin
60653	29,908	32	DaVita Lake Park
60654	14,875		
60656	27,613	16	Fresenius Norridge
60657	65,996	22	DaVita Lincoln Park
60659	38,104		
60660	42,752		
60661	7,792		
60706	23,134		
60707	42,920		
60712	12,590	16	Center for Renal Replacement
60714	29,931	12	DaVita Big Oaks
60804	84,573	16	Fresenius Cicero
Total	3,075,290	1,157	1/2,657

1(A-B) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Streeterville is 1 station per 2,657 residents according to the 2010 census. The State ratio is 1 station to 3,265. While the area ratio may be below the State average, there is a need for 82 stations in the City of Chicago. Due to the density of population and higher prevalence of ESRD there could never be a clinic permitted in the City of Chicago that would meet Unnecessary Duplication and Maldistribution criteria, despite the Board determined need for stations.

Total population within a 30 minutes* of Fresenius Streeterville is 3,075,290 according to the 2010 Census.

According to the November 2012 Station Inventory (3,930 stations) and the 2010 U.S. Census Bureau population of Illinois (12,830,632), the State ratio of stations to population is 1/3,265.

*Travel time is MapQuest x 1..25

Unnecessary Duplication/Maldistribution

C. In-center Hemodialysis Centers Within 30 minutes of Fresenius Medical Care Streeterville

Name	Address	City	Zip Code	MapQuest		Adjusted Time x1.25	Stations	09/30/12 Util
				Miles	Time			
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	0.42	1	1.25	44	70.08%
Fresenius Polk	557 W Polk St	Chicago	60607	2.28	6	7.5	24	61.81%
Fresenius Chicago Dialysis	820 W Jackson Blvd	Chicago	60607	6.23	6	7.5	21	62.70%
DaVita Loop	1101 S Canal St	Chicago	60607	2.58	7	8.75	28	55.95%
Fresenius West Willow	1444 W Willow St	Chicago	60622	3.35	7	8.75	12	20.83%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	2.49	8	10	24	75.00%
Circle Medical Management	1426 W Washington Blvd	Chicago	60607	2.65	8	10	27	70.37%
Rush Hospital	1653 W Congress Pkwy	Chicago	60612	3.52	8	10	5	30.00%
Cook County Hospital	1901 W Harrison St	Chicago	60612	3.79	9	11.25	9	50.00%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	4.84	9	11.25	14	71.43%
U of I Hospital	1859 W Taylor St	Chicago	60612	4.06	10	12.5	26	83.00%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	5.61	10	12.5	30	67.78%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	4.36	11	13.75	32	91.15%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	4.6	11	13.75	31	55.91%
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657	5.13	11	13.75	22	81.06%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	5.74	11	13.75	12	83.33%
DaVita Logan Square	2816 N Kimball	Chicago	60618	6.07	11	13.75	28	66.07%
Fresenius Logan Square	2734 N. Milwaukee Ave	Chicago	60647	6.14	11	13.75	12	0.00%
Mt Sinai	2700 W 15th St	Chicago	60608	5.27	12	15	16	88.54%
Fresenius Northcenter	2620 W Addison St	Chicago	60618	6.48	12	15	16	81.25%
Garfield Kidney Center	3250 W Franklin Blvd	Chicago	60624	5.25	13	16.25	16	101.04%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	5.66	13	16.25	16	100.00%
DaVita Lake Park	4290 S Cottage Grove	Chicago	60653	6.69	13	16.25	32	53.65%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	6.54	14	17.5	27	93.83%
DaVita Emerald	710 W 43rd St	Chicago	60609	7.4	14	17.5	24	88.19%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	8.53	15	18.75	22	80.30%
Fresenius North Kilpatrick	4800 N Kilpatrick Ave	Chicago	60630	9.25	15	18.75	28	77.38%
DaVita Woodlawn	5060 S State Street	Chicago	60609	8.08	16	20	32	60.42%
Fresenius West Belmont	4935 W Belmont Ave	Chicago	60641	8.14	16	20	17	70.59%
Maple Avenue	610 S Maple Ave	Oak Park	60304	10.77	17	21.25	18	62.96%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	6.83	18	22.5	16	64.58%
Nephron Dialysis	5140 N California Ave	Chicago	60625	8.88	18	22.5	12	96.00%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	10.09	18	22.5	16	96.88%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	10.16	18	22.5	46	87.32%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	11.24	19	23.75	16	0.00%
Fresenius River Forest	103 Forest Ave	River Forest	60305	11.56	19	23.75	20	14.17%
Fresenius Oak Park	733 Madison St	Oak Park	60302	11.65	19	23.75	12	147.22%
Resurrection	7435 W Talcott Ave	Chicago	60631	12.56	19	23.75	14	64.29%
Center For Renal Replacement	7301 N Lincoln Ave	Lincolnwood	60712	12.67	19	23.75	16	79.17%
DaVita Big Oaks	5623 W Touhy Ave	Niles	60714	13.19	19	23.75	12	29.17%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	12.82	20	25	16	4.17%
Fresenius Rogers Park	2277 Howard St	Chicago	60645	10.08	21	26.25	20	73.33%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	11.77	21	26.25	12	59.72%
Loyola	1201 W Roosevelt Rd	Maywood	60153	13.13	21	26.25	30	78.89%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	12.69	22	27.5	26	103.85%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	10.78	23	28.75	16	95.83%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	11.32	23	28.75	24	84.03%
Fresenius South Shore	2420 E 79th St	Chicago	60649	11.83	23	28.75	16	84.38%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	13.86	23	28.75	18	59.26%
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Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	10.58	24	30	16	90.63%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	13.87	24	30	28	98.21%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	14.87	24	30	24	86.11%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	14.9	24	30	36	93.98%
Fresenius Skokie	9801 Woods Dr	Skokie	60077	16.73	24	30	14	73.81%

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2. Although Fresenius Medical Care respects the State rules regarding the 30 minute travel area, it is not reasonable to evaluate the need for a facility in the city of Chicago on a 30 minute MapQuest adjusted travel time. It would be difficult for these patients to travel out into the suburbs for treatment three times each week as well as to facilities further south or west in Chicago. A majority of the MapQuest travel times for those facilities considered within 30 minutes are based on highway travel which this elderly population would not likely consider a desirable way to travel especially when feeling weak from dialysis treatment. Also, many of the residents of this area of Chicago do not own cars and rely on public transportation.
- 3A. Fresenius Medical Care Logan Square will not have an adverse effect on any other area ESRD provider in that all of the 102 patients identified for this facility are new pre-ESRD patients of Associates in Nephrology. No patients will be transferred from any other facility.
- B. Not applicable – applicant is not a hospital

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Hristea will be the Medical Director for Fresenius Medical Care Streeterville. Attached is his curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

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

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

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

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

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

Criterion 1110.1430 (e)(5) Medical Staff

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

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



Signature

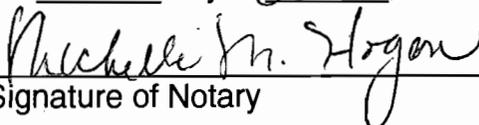
Richard Stotz

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 26th day of October, 2012



Signature of Notary

Seal



Nic I. Hristea, M.D

Forward all correspondence to: Associates in Nephrology
210 S. Desplaines 1st Fl.
Chicago, IL 60061 (312) 654-2720

TRAINING / WORK EXPERIENCE

- 4/10- Associates in Nephrology, S.C.
Chicago, IL
Attending, Nephrologist
- 8/08-present IRC Dialysis Unit/ Pagiel Shechter MD, Inc.
Los Angeles, CA
Attending Nephrologist, Internist
- 7/07-7/08 Cedars-Sinai Medical Center/Greater Los Angeles VAH
Los Angeles, CA
Senior Nephrology Fellow
- 7/03-6/07 Culbertson Memorial Hospital
Rushville, IL
Internist, 2006/2007 President of the Medical Staff
- 7/02-6/03 Cedars-Sinai Medical Center/Greater Los Angeles VAH
Los Angeles, CA
Junior Nephrology Fellow
- 6/99-6/02 University of Illinois College of Medicine – Michael Reese
Hospital and Medical Center, Chicago, IL
Resident in Internal Medicine
- 1/98-6/99 'St. John' Clinical Hospital, Nephrology Department and
Dialysis Unit, Bucharest, Romania
Intern

NIC I. HRISTEA CV CONTINUED

EDUCATION

1/97-4/97	University of Texas Health Science Center at San Antonio San Antonio, TX <i>Subintern/Extern (came to U.S. for 4 electives my Sr. year)</i>
10/91-10/97	'Carol Davila' University of Medicine and Pharmacy Bucharest, Romania <i>MD</i>
9/87-6/91	'Alexandru Ioan Cuza' Liceul de Matematica-Fizica 3 Bucharest, Romania <i>Baccalaureate, Mathematics-Physics</i>

MEDICAL SCHOOL HONORS

10/97	Top 5% Graduates
7/93 - 6/95	Class Leader, Medical Student Society
7/91	Top 5% Admitted Applicants, Top 1% Applicants

PUBLICATIONS

Gill J, Shah T, Hristea I, Chavalitdhamrong D, Anastasi B, Takemoto SK, Bunnapradist: *Outcomes of Simultaneous Heart-Kidney Transplant in the US: a Retrospective Analysis Using the OPTN/UNOS Data* American Journal of Transplantation 9(4):844-52, 2009

Hristea I, Bunnapradist S, Peng A, Puliyaanda D, Jordan SC: *The Onset of Rapidly Progressive Neurologic Deterioration after a Brief Gastrointestinal Illness in a Renal Allograft Recipient* Transplant Infectious Diseases 9(2):142-147, 2007

Sam R, Shaykh MS, Pegoraro AA, Khalili V, Hristea I, Singh AK, Arruda JA, Dunea G: *The Significance of Trace Proteinuria* American Journal of Nephrology 23(6):438-441, 2003

Hristea I, Bunnapradist S, Peng A, Jordan SC, Takemoto S: *Outcome of Simultaneous Heart-Kidney Transplant in the US* Poster, ASN, San Diego CA, November 12-17, 2003

Bunnapradist S, Hristea I, Peng A, Vo A, Daswani A, Jordan SC, Takemoto S: *Utilization and Results of Simultaneous Heart-Kidney Transplant in the US* Oral Presentation, ATC, Washington DC, May 30-June 4, 2003

Bunnapradist S, Hristea I, Vo A, Toyoda M, Alsabeh R, Lockhart C,

NIC I. HRISTEA CV CONTINUED

Puliyanda D, Jordan SC: *Posttransplant Lymphoproliferative Disorder Presenting as a Unilateral Leg Mass Ten Years after Kidney Transplantation* Oncology Review Journal, 2003

Shaykh M, Pegorato A, Hristea I, Khalili V, Singh AK, Arruda J, Dunea G: "Trace Proteinuria". *What Does It Mean?* ASN/ISN World Congress of Nephrology, San Francisco CA, October 10-17, 2001 & Fifth Annual Chicago Nephrology Day, Loyola University, Chicago IL, June 12, 2001

Hristea I, Khalili V: *Measurement of Microalbuminuria by a Novel Method* Excellence in Research Award, First Prize, The Fifth Annual Research Fair, Michael Reese Hospital, Chicago IL, March 26, 2001

Hathiwala S, Hristea I, Khalili V: *Alteplase (TPA) for Clotted Dialysis Catheters* International Journal of Artificial Organs 10(23):668-669, 2000 – Reprinted by The Journal of Vascular Access 1:123-124, 2000

Ciocalteu A, Radulescu D, Hristea I: *The Kidney in the Elderly* Revista Medicala Nationala 1-2(3):34-40, 1999 (Romanian)

Hristea I: *Important Aspects of Lyme Borreliosis* Spitalul 1, new series (5):37-44, 1998 (Romanian)

Forsea D, Popescu C, Popescu R, Hristea I, Tiplica S: *Abstracts Annual Conference of the Romanian Society of Dermatology* 23, 1997 (Romanian)

Hristea I: *Infection with B. Burgdorferi: Cutaneous Manifestations* MD Thesis:1-105

 CERTIFICATION / MEMBERSHIP

2008	American Board of Internal Medicine, <i>Diplomate</i> <i>Nephrology</i>
2007	American Society of Hypertension, <i>Specialist in Clinical</i> <i>Hypertension</i>
2002	American Society of Nephrology, <i>Associate Member</i>
2002	American Board of Internal Medicine, <i>Diplomate</i> <i>Internal Medicine</i>
2001	California License

NIC I. HRISTEA CV CONTINUED

2001 Illinois License
2000 American College of Physicians, *Member*
1999 Romanian License

INTERESTS

Multilingual, Bridge, Swimming, Gym, Soccer, Travel

LANGUAGES

Fluent English, Spanish, Romanian
Read Italian, French, Russian, Bulgarian

CITIZENSHIP

US permanent resident

REFERENCES

Available upon request

Dr. Nic I. Hristea, MD
IL Hospital Affiliations 2010

Mercy Hospital and Medical Center

2525 S. Michigan Ave

Chicago, IL 60616

Membership Status: Temp Provisional Consulting 3/10

Holy Cross Hospital

2701 West 68th Street

Chicago, IL 60629

Membership Status: Provisional Consulting 4/10

St. Bernard Hospital

326 West 64th Street

Chicago, IL 60621

Membership Status: Pending

Saint Anthony Hospital

2875 West 19th Street

Chicago, IL 60623

Membership Status: Pending

MacNeal Hospital

3249 South Oak Park Avenue

Berwyn, IL 60402

Membership Status: Pending

Advocate Christ Hospital

4440 W. 95th Street

Oak Lawn, IL 50453

Membership Status: Pending

South Shore Hospital

8012 South Crandon Avenue

Chicago, IL 60617

Membership Status: Pending

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Criterion 1110.1430 (f) – Support Services

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

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



Signature

Richard Stotz/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of October, 2012
Michelle M. Hogan
Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

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

AFFILIATION AGREEMENT

This AGREEMENT made as of this 13 day of NOVEMBER, 2012 ("Effective Date"), between Presence Saint Joseph Hospital - Chicago, an Illinois not-for-profit corporation (hereinafter referred to as "Hospital") and Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Streeterville (hereinafter referred to as "Company") (each a "Party" and collectively the "Parties").

WHEREAS, Company desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and Company is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis.

NOW, THEREFORE, for and in consideration of the Terms, conditions, covenants, agreements and obligations contained herein:

1. Hospital agrees to make the facilities and personnel of its routine emergency services available for the treatment of acute potentially life-threatening emergencies, which may occur to any of Company's patients, provided that Hospital has the capacity to treat the Company's patients. If, in the opinion of a member of Company's medical staff, any patient requires emergency hospitalization, Hospital agrees to exercise its reasonable best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, to give preference to Company's patients requiring transfer from Company. Notice of the transfer shall be given by Company as far in advance as possible.
2. Company shall keep all medical records of all treatments rendered to patients by Company. These medical records shall conform to applicable standards of professional practice. In the event of an emergency at Company, the responsible physician shall notify the patient's physician of record, as indicated in Company's files, and shall promptly notify the Hospital's emergency room physician of the particular emergency. Company shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate medical records at the time of transfer, at no cost to Hospital. The medical records shall contain all information necessary or useful in the care and treatment of patients referred to the Hospital from Company, a physician's order to transfer the patient and shall be accompanied by all information regarding the patient's medications, and clear directions as to who may make medical decisions on behalf of the patient, with copies of any power of attorney for medical decision making or, in the absence of such document, a list of next of kin, if feasible, to assist Hospital in determining appropriate medical decision makers in the event the patient is or becomes

unable to do so. In addition, the responsible physician recommending the transfer shall communicate directly with Hospital's emergency department prior to the transfer.

3. There will be an interchange, within one working day, of the patient Comprehensive Assessment (CA) and Plan of Care (POC), (each patient is assessed upon admittance and from this assessment the facility team, made up of Registered Nurse, Physician, Patient, Social Worker and Dietician, write up a goal oriented treatment plan or POC), and of any supplemental information necessary or useful in the care and treatment of patients transferred from Company to Hospital. Company shall supplement such information on becoming aware of any additional information necessary or useful for the care and treatment of the patients transferred. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.
4. In the event the patient must be transferred directly from Company to the Hospital, Company shall provide for the security of, and be accountable for, the patient's personal effects (including money, clothing, jewelry, personal papers, and articles for personal hygiene) during the transfer.
5. The Company shall keep an accurate and current log of all patients transferred to the Hospital and the disposition of such patient transfers. The Hospital shall accept patients of Company referred to the Hospital for elective reasons according to the established routine of Hospital, after the Company's attending physician has arranged for inpatient hospital admission.
6. In addition to the services described above, the Hospital shall make the following services available to patients referred by Company and admitted to Hospital:
 - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
 - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
 - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
 - d. Blood bank services to be performed by the Hospital, or a third party provider.
7. Company agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. Company shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, and Medicare/Medicaid certification standards, as the same may be amended from time to time. In the absence of applicable laws and regulations, Company shall conform to applicable standards of professional practice.

Company shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid. Company represents and warrants that neither it, nor any employee, officer, director or agent thereof is: (i) excluded from participation under Medicare, Medicaid of any federal or state funded health care program rules and regulations; (ii) a “sanctioned person” under any federal or state program or law; or (iii) has been listed on the General Services Administration’s list of Parties excluded from Federal Programs. Company shall promptly notify Hospital is it receives notice of any actual or alleged infraction, violation, default, or breach of the same. Company shall treat such commitments as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives.

8. Admission to Company, and the continued treatment by Company, shall be provided regardless of the patient’s race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by Company. The location of such facilities shall be selected by Company, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.
9. Company shall engage a medical director of Company's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located.
10. In accordance with 42 C.F. R. 405.2162, Company shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
11. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the Company Medical Director, if the patient has elected to receive services at Company. If outpatient treatment is considered appropriate by the patient's physician and the Company Medical Director, and the patient has elected to receive outpatient hemodialysis services at Company, Hospital will work cooperatively with Company to effect the proper transfer of patient . There will be an interchange, within one working day, of the patient CA and POC, and of medical and other information necessary or useful in the care and treatment of patients referred to Company from the Hospital.
12. This Agreement shall be non-exclusive. Either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party’s name or marks

in any promotional or advertising material without first obtaining the written consent of the other Party.

13. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the Parties shall own and operate their individual facilities wholly independent of each other, each Party acting as an independent contractor with respect to the other. All patients treated at the facilities of Hospital or Company shall be patients of that facility. Each Party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
14. Company and Hospital shall each maintain in full force and effect throughout the Term of this Agreement, at its own expense, comprehensive general liability insurance and professional liability insurance coverage, covering it and its own staff, and with respect to Company, its physicians, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of the Party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance coverage, if and as requested. Company and Hospital further agree to maintain, for a reasonable period following the termination of this Agreement, any insurance coverage required hereunder if underwritten on a claims-made basis. Either Party may provide for the insurance coverage set forth in this Section through self-insurance. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity that may result in litigation related in any way to this Agreement.
15. Each Party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the Party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying Party, its agents, servants, employees and independent contractors (excluding the other Party) in the performance of or conduct related to this Agreement. This Section shall survive termination of this Agreement.
16. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time. Company shall promptly notify Hospital if it receives notice of any actual or alleged infraction, violation, default, or breach of the same.
17. Whenever under the Terms of this Agreement, written notice is required or permitted to be given by one Party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by traceable courier service (such as Federal Express) or by registered or certified mail, return receipt requested, postage prepaid, to such Party at the following address:

To the Hospital:

Presence Saint Joseph Hospital - Chicago
2900 N. Lake Shore Drive
Chicago, IL 60657
Attn: Ronald Struxness, CEO

To Company:
Fresenius Medical Care
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154
Attn: Lori Wright

With a copy to:
Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451-1457
Attn: Corporate Legal Department

All notices shall be deemed to have been given, if by hand or traceable courier service, at the time of the delivery to the receiving Party at the address set forth above or to such other address on the receiving Party may designate by notice hereunder, or if sent by certified or registered mail, on the 2nd business day after such mailing.

18. If any provisions of this Agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be unaffected. Further, the Parties shall modify the applicable provisions in writing to conform to such regulation, law, guideline, or standard established by such regulatory agency.
19. This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the Parties, their respective successors and assigns.
20. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of law rules.
21. The Term of this Agreement is for one (1) year, beginning on the Effective Date, and **will automatically renew for successive one year periods unless terminated pursuant to Section(s) 22 and 23.** The initial Term and all renewal Terms shall collectively be the "Term" of this Agreement.
22. Either Party may terminate this Agreement, at any time without cause, upon thirty (30) days prior written notice to the other Party.

23. A Party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:
- (a) If such Party determines that the continuation of this Agreement would endanger Patient care;
 - (b) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of thirty (30) days after receipt of written notice by the other Party specifying the violation;
 - (c) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination;
 - (d) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services;
 - (e) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Healthcare Facilities Accreditation Program (“HFAP”) or other applicable accreditation), or other approval necessary to render Patient care services; and
 - (f) In the event of insufficient coverage as defined in Section 16 herein, or lapse of coverage.
24. The Parties agree that nothing contained in this Agreement shall require either Party to refer or admit patients to, or order any goods or services from, the other Party.
25. Neither Party is under any obligation to refer or transfer Patients to the other Party and neither Party will receive any payment for any Patient referred or transferred to the other Party. A Party may refer or transfer Patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the Patients.
26. Neither Party may assign its rights or delegate its obligations under this agreement without the prior written consent of the other, except that either Party may assign all or Part of its rights and delegate all or part of its obligations under this Agreement to any

entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.

- 27. This Agreement shall be binding upon, and shall inure to the benefit to the Parties hereto, their respective successors and permitted assigns.
- 28. No covenant or condition of this Agreement can be waived, except the extent set forth in writing by the waiving Party.
- 29. The Parties agree to cooperate with each other in the fulfillment of their respective obligations under the Terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

Hospital:

Presence Saint Joseph Hospital - Chicago

By: 

Name: Roberta Luskin-Hawk, M.D.

Title: Executive Vice President and CEO

**Company: Fresenius Medical Care ,
Chicagoland, LLC, d/b/a Fresenius
Medical Care Streeterville**

By: 

Name: Richard Stotz

Title: Regional Vice President

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care Streeterville in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 94% of patients had a URR \geq 65%
 - o 96% of patients had a Kt/V \geq 1.2

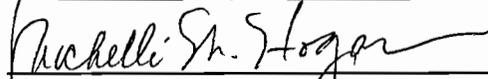
and same is expected for Fresenius Medical Care Streeterville.



Signature

Richard Stotz/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 24th day of October, 2012



Signature of Notary

Seal



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THE JOHN BUCK COMPANY

October 30, 2012

VIA EMAIL

Mr. Loren Guzik
Senior Director
Cushman & Wakefield
200 South Wacker Drive
Chicago, IL 60606

Re: 142 East Ontario Street- Fresenius Medical Care Chicagoland, LLC

Dear Loren:

Below please find a proposal detailing the terms to which the owners of 142 East Ontario will agree to lease the third floor to Fresenius Medical Care Chicagoland, LLC. Please contact me with any questions or comments at your earliest convenience.

PARTIES

TENANT: Fresenius Medical Care Chicagoland, LLC ("Tenant")

OWNERSHIP: American Osteopathic Association

PROPERTY MANAGER: The Building will be managed by an on-site property management team employed by:

Buck Management Group LLC
c/o The John Buck Company
One North Wacker Drive, Suite 2400
Chicago, IL 60606

SPACE LEASED

BUILDING: 142 East Ontario
Chicago, IL 60611

PREMISES: Approximately 7,950 rentable square feet ("RSF") on the 3rd floor of the Building.

The measurement of usable and rentable space will conform to the most recent BOMA Standards, currently ANSI Z65.1-2010.

RIGHT OF FIRST OFFER: Tenant will have a one-time Right of First Offer on available space on the second and fourth floors ("ROFO Space") subject to the a superior right of the Landlord and/or its affiliates. Tenant will have ten (10) business days from receipt of Landlord's ROFO Notice to

exercise its Right of First Offer. The ROFO Notice will contain prevailing market terms for the ROFO Space. ROFO Space will be considered available for lease when the space becomes vacant and available for future leasing.

LEASE TERM

TERM: Ten years

COMMENCEMENT DATE: To be determined

RENEWAL OPTION: Tenant will have two five-year renewal options at the Prevailing Market Rate for Renewing Tenants by giving fourteen (14) months written notice. Any disputes will be resolved via "baseball arbitration."

OCCUPANCY COSTS

GROSS RENTAL RATE & ESCALATION: Tenant will pay \$29.75 per RSF gross escalating 2.5% annually on each anniversary of the Commencement Date.

GROSS RENT ABATEMENT: Tenant will receive eight months of gross rent abatement.

REAL ESTATE TAXES & OPERATING EXPENSES: Tenant will pay its proportionate share of real estate taxes and operating expenses above a 2013 base year stop. Real estate tax and operating expenses for the Building are as follows:

<u>Year</u> <u>Tax/RSF</u>	<u>Operating Expenses/RSF</u>	<u>Real Estate</u>
2010	\$9.35	\$4.99
2011	\$10.78	\$5.15
2012 (estimate)	\$9.45	\$3.72

CONSTRUCTION

TURNOVER CONDITION: Landlord will turn over the Premises in broom clean, "as-is" condition, free of Landlord's possessions. Tenant will make all improvements to the Premises.

TENANT IMPROVEMENT ALLOWANCE: Tenant will receive a tenant improvement allowance ("Allowance") equal to \$45.00 per RSF.

Any unused portion of the Allowance up to \$5.00 per RSF can be converted to free rent. Tenant must use the entire Tenant Improvement Allowance no later than December 31, 2013.

TENANT CONSTRUCTION: Tenant will have the right to bid construction of the Premises, select the general contractor and subcontractors, and supervise its construction, subject to Landlord's reasonable approval.

CONSTRUCTION SUPERVISION: Tenant will pay to Landlord a construction supervision fee equal to \$1.00 per RSF. This amount may be paid from the Tenant Improvement Allowance. Landlord will waive the supervision fee if Tenant engages The John Buck Company's construction manager at a cost of \$4.00 per RSF.

**SPACE PLANNING/
ARCHITECTURAL DRAWINGS:** Tenant will provide all space planning and architectural and mechanical drawings required to build out the tenant improvements, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits shall be Tenant's responsibility.

RESTORATION: Landlord will designate, at the time of its initial review of Tenant's plans, any structural modifications that will need to be restored at the end of the Lease term. In addition, Tenant will be required to remove telephone/data wiring and cabling utilized in the Premises according to any governmental regulations.

MISCELLANEOUS PROVISIONS

HVAC: As part of operating expenses, the Premises will receive HVAC services during the regular business hours of:

Monday-Friday:	8:00 AM- 6:00 PM
Saturday:	8:00 AM- 1:00 PM

After hours HVAC costs are currently \$50.00 per hour for cooling and heating. If requested by Tenant, Landlord will provide condenser water for supplemental cooling requirements at an additional charge.

ELECTRICITY: Tenant electricity for lights, outlets and supplemental equipment will be separately metered.

BUILDING SECURITY: Security personnel are at the Building from 6:00 AM to 11:00 PM on Monday-Friday and from 8:00 AM to 1:00 PM on Saturday. Tenant will pay Landlord's standard rates (currently \$42.24 per hour with a four hour minimum) for security personnel outside of normal security hours.

DELIVERIES: Tenant may receive deliveries 24 hours per day, seven days per week so long as its staff is present to meet any delivery personnel. Large deliveries requiring more than two elevator loads will need to be scheduled outside of regular business hours.

PARKING: Monthly, daily, and hourly parking is available across the street in the public parking garage at the Marriott Courtyard Hotel. The parking garage operator will allow Tenant to purchase discounted hourly parking passes for its patients.

SIGNAGE: Tenant, at its cost, will be permitted to install its name on the exterior monument.

SURRENDER: So long as Tenant pays its gross rent, real estate taxes, and operating expenses, it will be permitted to remove any or all the alterations, additions, or installations installed by or on behalf of Tenant in such a manner as will not substantially injure the Premises, subject to Landlord's reasonable approval. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

ZONING AND RESTRICTIVE COVENANTS: Landlord confirms the current property zoning is acceptable for the proposed use as a medical clinic facility. To the best of Landlord's knowledge, there are no restrictive covenants imposed by the municipality that would in any way limit or restrict the operation of Tenant's dialysis clinic.

NON-DISTURBANCE: Tenant will be provided a non-disturbance agreement from the lender in a form and substance reasonably satisfactory to Tenant and the lender. Landlord will use reasonable efforts to obtain a non-disturbance agreement from any future lenders.

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

MEDICAL WASTE: Tenant will be responsible for the removal of all medical waste at its cost and in accordance with all government regulations.

LANDLORD TERMINATION OPTION: Landlord will have the right to terminate the Lease without compensation to Tenant upon one hundred twenty (120) days prior written notice to Tenant if Landlord intends to renovate or demolish the Building or a substantial part thereof.

ASSIGNMENT & SUBLETTING: Tenant will have the right to sublet the Premises or assign the Lease with Landlord's consent, which will not be unreasonably withheld, conditioned or delayed. Landlord's consent will not be required if Tenant proposes to assign the lease or sublet all or any portion of the Premises to: (a) any successor(s) to Tenant by merger, reorganization, consolidation or otherwise, or any purchaser of all or substantially all of Tenant's assets or stock or membership interests; or (b) any business division, subsidiary or affiliate of Tenant

("Permitted Transferees"). Tenant's sublet and assignment rights are exclusive to Tenant and Permitted Transferees.

50% of net subletting profits will be shared with Landlord. Landlord will have recapture rights on assignments or sublets over 25% of the Premises for substantially all of the remaining term.

USE: Tenant shall use and occupy the Premises for the purpose of a renal dialysis clinic and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises on a seven days a week, twenty-four hours a day basis, subject to zoning and other regulatory requirements. Tenant will pay Landlord's standard rates for all after-hours HVAC and security.

DRAFT LEASE: Please supply a copy of Tenant's Draft Lease for Landlord's review.

SECURITY DEPOSIT: Amount of Lease security will be determined based on review of Tenant's financials. Please provide financials for Landlord's review.

COMMISSION: Landlord will pay a real estate brokerage commission to Cushman & Wakefield of Illinois pursuant to the terms of the Building's commission policy, which will be provided upon request.

CONFIDENTIALITY: Landlord and Tenant shall use best efforts to maintain strict confidence of the terms of this proposal.

NON-BINDING: The submission of this proposal does not constitute an offer to lease. Landlord may have extended offers to other prospective tenants for the space currently offered to Tenant. A lease will not be binding and in effect until a lease document has been executed by both parties. Tenant and Landlord will have no liabilities for any expenses incurred in anticipation of the lease or in replying to this proposal unless they have specifically authorized in writing. Tenant and Landlord reserve the right to reject any proposal they receive. This proposal shall remain valid for thirty (30) days from the date issued and is further subject to withdrawal without notice.

I look forward to your favorable response. Please feel free to contact me with any questions or comments regarding this proposal.

Sincerely,

William Truskowski
Senior Vice President

cc: Frank Bedford
Cynthia Heintz

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2011 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #12-056, Fresenius Medical Care RAI Lincoln Highway – Fairview Heights and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		\$142.00			7,950			1,128,900	1,128,900
Contingency		15.61			7,950			124,100	124,100
TOTALS		157.61			7,950			1,253,000	1,253,000

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2015

Salaries	\$555,981
Benefits	138,995
Supplies	<u>198,160</u>
Total	\$893,136

Annual Treatments 8,986

Cost Per Treatment \$99.39

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

Year 2015

Depreciation/Amortization	\$139,162
Interest	<u>0</u>
CAPITAL COSTS	\$139,162

Treatments: 8,986

Capital Cost per treatment \$15.49

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Chicagoland, LLC

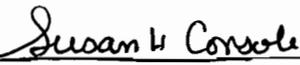
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

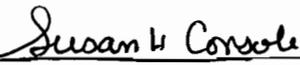
By: 
Title: Mark Fawcett
Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

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

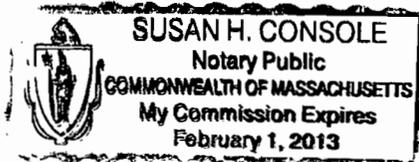
Notarization:
Subscribed and sworn to before me
this 8 day of Nov, 2012


Signature of Notary


Signature of Notary

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Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

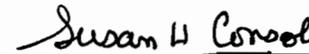
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

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

By: 
Title: Bryan Mello
Assistant Treasurer

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

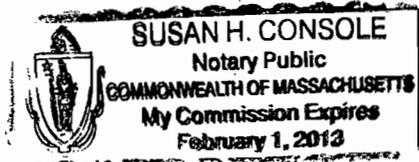
Notarization:
Subscribed and sworn to before me
this 8 day of Nov , 2012


Signature of Notary

Signature of Notary

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Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Chicagoland, LLC

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

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

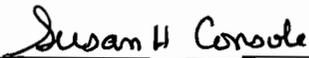
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

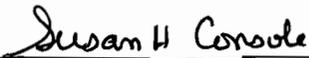
By: 
ITS: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

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

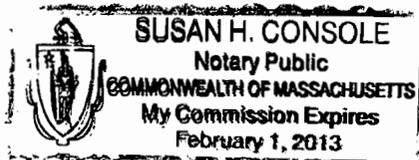
Notarization:
Subscribed and sworn to before me
this 8 day of Nov, 2012


Signature of Notary


Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: 

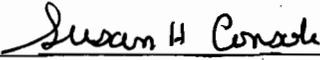
ITS: Mark Fawcett
Vice President & Asst. Treasurer

By: 

ITS: Bryan Mello
Assistant Treasurer

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

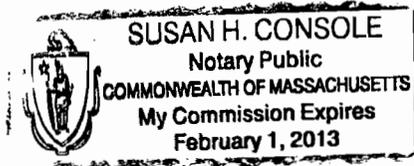
Notarization:
Subscribed and sworn to before me
this 8 day of Nov, 2012


Signature of Notary

Signature of Notary

Seal

Seal



Safety Net Impact Statement

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

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

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

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

Safety Net Information Fresenius Medical Care Facilities in Illinois			
NET REVENUE	\$364,295,636	\$397,467,778	\$353,355,908
CHARITY CARE			
	2009	2010	2011
Charity Care (# of self-pay patients)	260	146	93
Charity (self-pay) Cost	\$3,642,751	\$1,307,966	632,154
% of Charity Care to Net Rev.	1.00%	.33%	0.2%
MEDICAID			
	2009	2010	2011
Medicaid (# of patients)	1,783	1,828	1,865
Medicaid (revenue)	\$40,401,403	\$44,001,539	\$42,367,328
% of Medicaid to Net Revenue	11.9%	11.07%	12%

2011 data accounts for in-center hemodialysis patients only. 2009 & 2010 included some home dialysis patients and we were unable to remove them from the above numbers. Going forward data on in-center patients only will be submitted

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

While it may appear that the uncompensated numbers went down at a much higher rate than the rate the Medicaid numbers rose, one has to look at the percentage of the total number of patients/treatments for accurate comparison because the volume of Medicaid patients is significantly higher than that of uncompensated patients. For example in 2011 vs 2010 the percentage of the total for Medicaid was 12% and 11.7% respectively. In the same comparison for uncompensated care there was .2% vs .33% of the total. The Medicaid numbers increased .5% and the uncompensated care numbers decreased .1% as they relate to the total.

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

Charity Care Information

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

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

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

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

Uncompensated Care By Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2009	2010	2011	2009	2010	2011
Fresenius Alsip	0	0	0	0	0	0
Fresenius Antioch	102	0	0	27,356	0	0
Fresenius Aurora	83	87	13	18,102	20,475	3,008
Fresenius Austin Community	140	0	0	38,748	0	0
Fresenius Berwyn	715	228	102	159,825	50,216	21,728
Fresenius Blue Island	174	80	0	47,787	22,092	0
Fresenius Bolingbrook	48	21	0	12,190	4,945	0
Fresenius Bridgeport	528	45	150	116,096	9,767	35,073
Fresenius Burbank	721	49	40	174,834	11,589	9,742
Fresenius Carbondale	79	42	0	21,053	11,058	0
Fresenius Chicago	328	45	1	87,584	13,006	294
Fresenius Chicago Westside	146	0	43	47,296	0	12,683
Fresenius Congress Parkway	176	14	0	45,015	3,555	0
Fresenius Crestwood	67	320	69	16,604	81,301	17,203
Fresenius Decatur	0	0	0	0	0	0
Fresenius Deerfield	0	0	0	0	0	0
Fresenius Downers Grove	20	233	0	4,604	55,040	0
Fresenius Du Page West	76	34	0	17,683	8,106	0
Fresenius Du Quoin	37	10	0	10,153	2,664	0
Fresenius East Peoria	52	0	0	11,791	0	0
Fresenius Elgin	0	0	0	0	0	0
Fresenius Elk Grove	127	53	51	28,162	11,934	12,501
Fresenius Evanston	194	215	90	48,763	55,760	22,969
Fresenius Evergreen Park	510	197	12	135,802	51,112	3,113
Fresenius Garfield	177	54	171	45,571	13,562	38,597
Fresenius Glendale Heights	159	15	9	34,921	3,565	2,023
Fresenius Glenview	87	46	169	19,416	9,809	37,965
Fresenius Greenwood	251	179	26	60,119	42,049	6,103
Fresenius Gurnee	122	35	25	28,363	7,609	5,350
Fresenius Hazel Crest	34	22	83	8,927	5,874	20,550
Fresenius Hoffman Estates	33	17	19	7,219	3,783	4,173
Fresenius Jackson Park	528	3	0	121,478	637	0
Fresenius Kewanee	0	72	0	0	20,269	0
Fresenius Lake Bluff	65	5	21	16,903	1,052	4,824
Fresenius Lakeview	27	13	11	7,284	3,026	2,712
Fresenius Lombard	0	0	0	0	0	0
Fresenius Macomb	0	0	0	0	0	0
Fresenius Marquette Park	362	0	0	90,374	0	0
Fresenius McHenry	186	5	1	53,929	1,240	265
Fresenius McLean County	67	19	23	16,821	4,012	5,111
Fresenius Melrose Park	19	0	2	5,048	0	479
Fresenius Merrionette Park	105	41	46	27,067	9,535	10,728
Fresenius Midway	0	0	0	0	0	0
Fresenius Mokena	44	3	0	15,784	976	0
Fresenius Morris	42	104	0	11,078	27,519	0
Fresenius Naperville	301	100	0	62,828	21,795	0
Fresenius Naperville North	183	0	18	45,371	0	3,887

Continued...

Continued Uncompensated Care by Facility

Facility	Uncompensated Treatments			Uncompensated Costs		
	2009	2010	2011	2009	2010	2011
Fresenius Niles	152	26	10	36,586	5,912	2,274
Fresenius Norridge	6	3	0	1,433	718	0
Fresenius North Avenue	94	74	0	23,140	17,785	0
Fresenius North Kilpatrick	0	64	0	0	14,161	0
Fresenius Northcenter	121	78	0	33,725	19,191	0
Fresenius Northwestern	226	77	160	54,801	20,482	43,652
Fresenius Oak Park	126	6	0	29,782	1,370	0
Fresenius Orland Park	121	0	12	29,308	0	3,072
Fresenius Oswego	12	1	0	3,294	277	0
Fresenius Ottawa	8	2	3	2,377	443	844
Fresenius Palatine	0	0	0	0	0	0
Fresenius Pekin	0	20	100	0	4,582	22,951
Fresenius Peoria Downtown	46	45	24	10,787	10,650	5,674
Fresenius Peoria North	54	13	0	12,693	3,116	0
Fresenius Plainfield	0	8	7	0	4,776	1,803
Fresenius Polk	231	104	102	57,903	25,023	25,642
Fresenius Pontiac	19	0	0	4,664	0	0
Fresenius Prairie	114	54	215	29,278	13,918	50,109
Fresenius Randolph County	4	32	0	1,200	8,794	0
Fresenius Rockford	74	24	0	23,729	6,932	0
Fresenius Rodgers Park	328	224	48	85,308	55,507	11,633
Fresenius Rolling Meadows	0	204	215	0	50,445	52,184
Fresenius Roseland	164	99	9	60,432	29,927	2,593
Fresenius Ross Dialysis Englewood	184	8	12	51,398	2,031	3,151
Fresenius Round Lake	182	1	54	42,228	231	12,274
Fresenius Saline County	21	11	0	5,679	2,892	0
Fresenius Sandwich	18	3	0	8,054	966	0
Fresenius Skokie	18	10	25	4,418	2,606	6,609
Fresenius South Chicago	747	278	135	196,277	67,614	31,622
Fresenius South Holland	127	104	0	29,620	24,321	0
Fresenius South Shore	110	8	0	29,182	1,943	0
Fresenius South Suburban	566	241	41	139,684	57,649	9,809
Fresenius Southside	483	137	27	120,241	32,823	6,263
Fresenius Southwestern Illinois	0	0	0	0	0	0
Fresenius Spoon River	38	35	0	8,910	8,633	0
Fresenius Spring Valley	1	31	9	221	6,446	1,952
Fresenius Streator	0	0	34	0	0	11,545
Fresenius Uptown	134	110	2	43,063	32,398	533
Fresenius Villa Park	369	27	0	91,054	6,488	0
Fresenius West Belmont	191	70	76	51,405	17,653	18,057
Fresenius West Chicago	44	0	0	23,875	0	0
Fresenius West Metro	880	237	143	178,477	47,199	29,431
Fresenius West Suburban	273	146	37	60,862	32,995	8,190
Fresenius Westchester	0	0	0	0	0	0
Fresenius Williamson County	0	28	0	0	7,360	0
Fresenius Willowbrook	45	0	0	10,771	0	0
Totals	13,448	5,037	2,695	3,343,810	1,235,189	642,947

Medicaid Treatments/Costs By Facility

Facility	Medicaid Treatments			Medicaid Costs		
	2009	2010	2011	2009	2010	2011
Alsip	624	749	732	188,014	212,319	202,715
Antioch	148	937	763	39,693	228,932	187,329
Aurora	1,230	1,521	1,464	267,289	356,763	338,760
Austin Community	1,574	2,111	2,405	435,633	514,900	631,509
Berwyn	3,618	4,102	3,792	808,338	903,204	807,772
Blue Island	1,901	1,937	2,043	521,183	537,714	525,668
Bolingbrook	1,246	1,628	1,721	316,437	382,502	403,285
Bridgeport	4,570	5,610	6,674	1,004,278	1,223,924	1,560,507
Burbank	2,142	2,046	2,274	519,411	488,784	553,829
Carbondale	1,214	1,650	885	323,528	434,440	208,033
Chicago	5,466	5,279	4,898	1,459,549	1,525,782	1,439,559
Chicago Westside	3,509	3,807	4,690	1,136,730	1,095,994	1,383,369
Congress Parkway	3,685	4,197	4,713	942,506	1,065,797	1,136,642
Crestwood	1,166	1,072	1,090	288,958	272,784	271,757
Decatur	1	136	221	234	35,461	57,763
Deerfield	0	100	156	0	43,140	50,046
Downers Grove	1,010	995	1,166	232,543	234,923	271,484
Du Page West	2,086	2,725	2,097	484,530	645,664	501,321
Du Quoin	318	203	99	87,259	54,088	24,270
East Peoria	607	1,083	548	137,256	245,724	128,413
Elgin	0	0	90	0	0	73,782
Elk Grove	1,414	1,996	2,207	313,551	453,597	541,081
Evanston	1,513	1,535	1,592	380,303	397,971	406,302
Evergreen Park	2,284	3,231	2,730	608,498	836,493	708,304
Garfield	2,684	3,299	3,238	691,027	828,310	730,863
Glendale Heights	2,085	2,332	2,290	457,922	554,123	514,638
Glenview	984	992	1,055	219,602	213,744	236,999
Greenwood	3,349	3,712	3,894	802,189	872,008	914,042
Gurnee	1,859	2,143	2,688	432,191	472,662	575,243
Hazel Crest	979	657	585	257,041	179,494	144,844
Hoffman Estates	1,726	2,513	3,112	377,555	559,184	683,470
Jackson Park	5,444	5,972	5,101	1,252,508	1,521,259	1,210,846
Kewanee	182	146	220	50,299	41,100	61,426
Lake Bluff	1,541	1,354	1,402	400,725	316,621	322,029
Lakeview	1,398	1,516	1,811	377,127	352,907	446,470
Lombard	0	0	44	0	0	21,595
Macomb	212	116	145	55,286	29,952	40,553
Marquette Park	2,339	2,473	2,126	583,937	678,627	541,896
McHenry	457	546	406	132,590	150,364	107,459
McLean County	1,225	1,044	711	307,556	220,456	157,995
Melrose Park	1,015	1,390	1,573	269,659	346,195	376,797
Merrionette Park	1,001	749	526	258,043	176,214	122,674
Midway	0	28	304	0	35,664	105,702
Mokena	0	125	295	0	40,676	82,346
Morris	119	200	324	31,388	52,788	78,235
Naperville	512	544	536	106,931	119,021	118,367
Naperville North	494	654	719	122,478	149,538	155,271

Continued...

Continued Medicaid Treatments/Costs By Facility

Facility	Medicaid Treatments			Medicaid Costs		
	2009	2010	2011	2009	2010	2011
Niles	1,675	1,914	2,129	403,072	443,720	484,136
Norridge	858	1,037	1,079	204,977	248,143	254,192
North Avenue	1,818	1,854	1,472	447,539	445,567	320,511
North Kilpatrick	2,323	2,504	3,856	507,261	553,942	820,684
Northcenter	1,603	1,981	2,015	446,783	490,534	479,942
Northwestern	3,103	2,954	3,322	752,429	789,266	906,323
Oak Park	1,972	2,142	1,836	466,108	488,856	428,507
Orland Park	734	774	606	177,784	205,942	155,116
Oswego	454	482	239	124,620	133,606	63,061
Ottawa	141	70	118	41,889	20,685	33,187
Palatine	0	0	15	0	0	12,802
Pekin	24	136	168	5,392	31,957	38,557
Peoria Downtown	1,238	1,283	856	290,322	306,923	202,385
Peoria North	374	265	229	87,495	63,487	54,170
Plainfield	0	390	695	0	124,618	178,985
Polk	3,151	3,509	3,042	791,176	845,905	764,725
Pontiac	185	284	261	45,411	67,468	61,369
Prairie	1,067	1,108	1,994	274,030	288,116	464,734
Randolph County	190	251	157	57,007	68,980	41,764
Rockford	540	747	0	174,124	215,743	0
Rodgers Park	1,433	1,756	2,268	372,702	435,136	549,669
Rolling Meadows	1,543	2,100	1,629	358,921	519,165	395,386
Roseland	641	1,506	1,702	236,200	455,105	490,393
Ross Dialysis Englewood	814	1,936	2,153	227,382	491,305	565,256
Round Lake	1,909	2,661	2,007	442,931	615,524	456,196
Saline County	676	441	189	182,823	121,425	54,160
Sandwich	60	145	212	32,813	46,687	65,769
Skokie	850	1,096	443	208,691	285,530	117,111
South Chicago	3,995	5,002	5,628	1,049,703	1,216,563	1,318,286
South Holland	1,304	1,603	1,366	304,132	374,873	344,529
South Shore	2,143	1,900	1,858	568,522	492,073	480,279
South Suburban	1,392	1,804	1,917	343,534	431,533	458,639
Southside	5,249	6,248	5,999	1,306,722	1,502,272	1,391,565
Southwestern Illinois	296	428	425	73,467	111,204	113,186
Spoon River	11	30	26	2,579	7,400	6,120
Spring Valley	39	267	356	8,607	56,430	77,209
Streator	7	34	30	2,692	11,273	10,187
Uptown	701	1,037	1,427	225,278	306,675	380,027
Villa Park	922	1,037	988	227,334	249,280	218,544
West Belmont	2,495	3,388	3,950	671,493	860,433	938,469
West Chicago	8	429	579	4,341	146,150	176,609
West Metro	6,331	7,147	5,727	1,283,292	1,422,379	1,178,679
West Suburban	5,951	5,841	5,234	1,326,700	1,324,430	1,158,568
Westchester	669	429	246	167,778	112,477	65,140
Williamson County	363	435	420	88,017	116,421	103,203
Willowbrook	474	1,065	1,087	113,458	250,894	254,937
Totals	134,666	156,600	156,121	32,811,313	37,899,912	37,298,532

(see following page for patient coverage options)

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Fresenius Medical Care North America Community Care

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

American Kidney Fund

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

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

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

Indigent Waiver Program

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

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

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

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

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

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

IL Medicaid and Undocumented patients

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

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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



Trip to 710 N Fairbanks Ct

Chicago, IL 60611-3013

0.42 miles - about 1 minute

Notes

TO FRESENIUS MEDICAL CARE
NORTHWESTERN



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.0 mi



2. Turn **right** onto **N Michigan Ave.** go 0.2 mi



3. Turn **right** onto **E Superior St.** go 0.2 mi



4. Turn **right** onto **N Fairbanks Ct.** go 0.0 mi



5. **710 N FAIRBANKS CT** is on the **right.** go 0.0 mi



710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate : 0.42 miles - about 1 minute

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MAPQUEST

Trip to 820 W Jackson Blvd

Chicago, IL 60607-3026

2.23 miles - about 6 minutes

Notes

TO FRESENIUS MEDICAL CARE
CHICAGO DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.3 mi |
| | 7. Take the Adams St / Jackson Blvd exit, EXIT 51F . | go 0.0 mi |
| | 8. Keep right to take the Adams St ramp. | go 0.0 mi |
| | 9. Turn right onto W Adams St. | go 0.1 mi |
| | 10. Turn left onto S Green St. | go 0.0 mi |
| | 11. Turn left onto W Jackson Blvd. | go 0.0 mi |
| | 12. 820 W JACKSON BLVD is on the left . | go 0.0 mi |



820 W Jackson Blvd, Chicago, IL 60607-3026

Total Travel Estimate : 2.23 miles - about 6 minutes

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Trip to 557 W Polk St
 Chicago, IL 60607-4388
 2.28 miles - about 6 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.2 mi |
| | 6. Turn left onto N Clinton St. | go 0.9 mi |
| | 7. Turn right onto W Polk St. | go 0.0 mi |
| | 8. 557 W POLK ST is on the left . | go 0.0 mi |



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate : 2.28 miles - about 6 minutes

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Trip to 1101 S Canal St
 Chicago, IL 60607-4901
 2.58 miles - about 7 minutes

Notes

TO DAVITA LOOP



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.2 mi |
| | 6. Turn left onto N Clinton St. | go 0.8 mi |
| | 7. Turn left onto W Harrison St. | go 0.0 mi |
| | 8. Turn right onto S Canal St. | go 0.4 mi |
| | 9. 1101 S CANAL ST is on the left. | go 0.0 mi |



1101 S Canal St, Chicago, IL 60607-4901

Total Travel Estimate : 2.58 miles - about 7 minutes

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Trip to 1444 W Willow St
 Chicago, IL 60642-1524
3.35 miles - about 7 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
 WILLOW



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp. go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp. go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** go 1.0 mi



5. Take the **IL-64 / North Ave** exit, **EXIT 48B.** go 0.2 mi



6. Turn **right** onto **IL-64 / W North Ave.** go 0.1 mi



7. Turn **left** onto **N Elston Ave.** go 0.2 mi



8. Turn **right** onto **W Willow St.** go 0.0 mi



9. **1444 W WILLOW ST** is on the **left.** go 0.0 mi



1444 W Willow St, Chicago, IL 60642-1524

Total Travel Estimate : 3.35 miles - about 7 minutes

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TO RUSH HOSPITAL DIALYSIS

Trip to 1653 W Congress Pkwy

Chicago, IL 60612-3833

3.52 miles - about 8 minutes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.0 mi |
| | 8. Take EXIT 28B toward Ashland Ave / Paulina St. | go 0.2 mi |
| | 9. Turn slight left onto W Van Buren St. | go 0.2 mi |
| | 10. Turn left onto S Paulina St. | go 0.0 mi |
| | 11. Turn left onto W Congress Pky. | go 0.0 mi |
| | 12. 1653 W CONGRESS PKWY. | go 0.0 mi |

END



1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate : 3.52 miles - about 8 minutes

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Trip to 1426 W Washington Blvd

Chicago, IL 60607-1821
2.65 miles - about 8 minutes

Notes

CIRCLE MEDICAL MANAGEMENT



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.2 mi
- 
2. Turn **left** onto **N State St.**
go 0.1 mi
- 
3. Turn **right** onto **W Grand Ave.**
go 1.6 mi
- 
4. Turn **left** onto **N Ogden Ave.**
go 0.6 mi
- 
5. Turn **left** onto **W Washington Blvd / W Washington St.**
go 0.0 mi
- 
6. **1426 W WASHINGTON BLVD** is on the **left.**
go 0.0 mi



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate : 2.65 miles - about 8 minutes

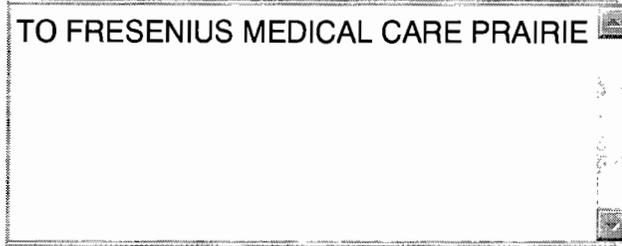
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Trip to 1717 S Wabash Ave
 Chicago, IL 60616-1219
 2.49 miles - about 8 minutes

Notes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 2.3 mi |
| | 3. Turn right onto E 16th St. | go 0.0 mi |
| | 4. Turn left onto S Wabash Ave. | go 0.0 mi |
| | 5. 1717 S WABASH AVE is on the left. | go 0.0 mi |



1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate : 2.49 miles - about 8 minutes

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MAPQUEST.

Trip to 1901 W Harrison St
Chicago, IL 60612-3714
3.79 miles - about 9 minutes

Notes

TO COOK CO-STROGER HOSPITAL
DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.0 mi |
| | 8. Take EXIT 28B toward Ashland Ave / Paulina St. | go 0.2 mi |
| | 9. Turn slight left onto W Van Buren St. | go 0.3 mi |
| | 10. Turn slight left onto W Ogden Ave. | go 0.2 mi |
| | 11. Turn sharp left onto W Harrison St. | go 0.0 mi |
| | 12. 1901 W HARRISON ST is on the right . | go 0.0 mi |



Trip to 4008 N Broadway St

Chicago, IL 60613-2111

4.84 miles - about 9 minutes

Notes

TO FRESENIUS MEDICAL CARE
LAKEVIEW



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn right onto N Michigan Ave. | go 0.5 mi |
| | 3. Turn slight right to stay on N Michigan Ave. | go 0.0 mi |
| | 4. Merge onto US-41 N / N Lake Shore Dr. | go 3.8 mi |
| | 5. Take the Irving Park Rd / IL-19 ramp. | go 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 . | go 0.3 mi |
| | 7. Turn right onto N Broadway St. | go 0.0 mi |
| | 8. 4008 N BROADWAY ST is on the left . | go 0.0 mi |



4008 N Broadway St, Chicago, IL 60613-2111

Total Travel Estimate : 4.84 miles - about 9 minutes

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Trip to 3410 W Van Buren St

Chicago, IL 60624-3358

5.61 miles - about 10 minutes

Notes

TO FRESENIUS MEDICAL CARE
CONGRESS PARKWAY



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 3.3 mi |
| | 8. Take EXIT 26B toward Homan Ave. | go 0.2 mi |
| | 9. Stay straight to go onto W Congress Pky. | go 0.0 mi |
| | 10. Turn right onto S Homan Ave. | go 0.0 mi |
| | 11. Turn left onto W Van Buren St. | go 0.0 mi |
| | 12. 3410 W VAN BUREN ST is on the right . | go 0.0 mi |

END



3410 W Van Buren St, Chicago, IL 60624-3358

Total Travel Estimate : 5.61 miles - about 10 minutes

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MAPQUEST.

Trip to 1859 W Taylor St
Chicago, IL 60612-4319
4.06 miles - about 10 minutes

Notes

TO UNIVERSITY OF ILLINOIS HOSPITAL
DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.0 mi |
| | 8. Take EXIT 28B toward Ashland Ave / Paulina St. | go 0.2 mi |
| | 9. Turn slight left onto W Van Buren St. | go 0.0 mi |
| | 10. Turn left onto S Ashland Ave. | go 0.5 mi |
| | 11. Turn right onto W Taylor St. | go 0.3 mi |
| | 12. 1859 W TAYLOR ST is on the left . | go 0.0 mi |

END



1859 W Taylor St, Chicago, IL 60612-4319

Total Travel Estimate : 4.06 miles - about 10 minutes

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MAPQUEST.

Trip to 1340 S Damen Ave
Chicago, IL 60608-1169
4.60 miles - about 11 minutes

Notes

TO FRESENIUS MEDICAL CARE
CHICAGO WESTSIDE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.5 mi |
| | 8. Take EXIT 28A toward Damen Ave. | go 0.1 mi |
| | 9. Stay straight to go onto W Van Buren St. | go 0.0 mi |
| | 10. Turn left onto S Damen Ave. | go 0.8 mi |
| | 11. 1340 S DAMEN AVE is on the right . | go 0.0 mi |



1340 S Damen Ave, Chicago, IL 60608-1169

MAPQUEST.

Trip to 1044 N Mozart St
Chicago, IL 60622-2789
4.36 miles - about 11 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
METRO



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp. go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp. go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** go 0.3 mi



5. Take the **Augusta Blvd / Milwaukee Ave** exit, **EXIT 49B.** go 0.3 mi



6. Turn **slight right** onto **N Milwaukee Ave.** go 0.4 mi



7. Turn **slight left** onto **W Division St.** go 1.6 mi



8. Turn **left** onto **N Mozart St.** go 0.2 mi



9. **1044 N MOZART ST** is on the **left.** go 0.0 mi



1044 N Mozart St, Chicago, IL 60622-2789

Total Travel Estimate : 4.36 miles - about 11 minutes

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Trip to 2734 N Milwaukee Ave

Chicago, IL 60647-1362

6.14 miles - about 11 minutes

Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 3.1 mi |
| | 5. Take the Diversey Ave exit, EXIT 46B. | go 0.3 mi |
| | 6. Turn slight left onto W Diversey Ave. | go 0.9 mi |
| | 7. Turn sharp left onto N Milwaukee Ave. | go 0.1 mi |
| | 8. 2734 N MILWAUKEE AVE is on the right. | go 0.0 mi |



2734 N Milwaukee Ave, Chicago, IL 60647-1362

Total Travel Estimate : 6.14 miles - about 11 minutes

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Notes

TO DAVITA LOGAN SQUARE

Trip to 2816 N Kimball Ave
Chicago, IL 60618-7524
6.07 miles - about 11 minutes



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp. go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp. go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** go 3.1 mi



5. Take the **Diversey Ave** exit, **EXIT 46B.** go 0.3 mi



6. Turn **slight left** onto **W Diversey Ave.** go 0.9 mi



7. Turn **right** onto **N Kimball Ave.** go 0.0 mi



8. **2816 N KIMBALL AVE** is on the **left.** go 0.0 mi



2816 N Kimball Ave, Chicago, IL 60618-7524

Total Travel Estimate : 6.07 miles - about 11 minutes

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Trip to 3157 N Lincoln Ave
 Chicago, IL 60657-3111
 5.13 miles - about 11 minutes

Notes

TO DAVITA LINCOLN PARK



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 1.6 mi |
| | 5. Take the Armitage Ave exit, EXIT 48A. | go 0.2 mi |
| | 6. Turn sharp right onto W Armitage Ave. | go 0.0 mi |
| | 7. Turn left onto N Ashland Ave. | go 1.5 mi |
| | 8. Turn sharp right onto N Lincoln Ave. | go 0.0 mi |
| | 9. 3157 N LINCOLN AVE is on the left. | go 0.0 mi |



3157 N Lincoln Ave, Chicago, IL 60657-3111

Total Travel Estimate : 5.13 miles - about 11 minutes

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Notes

TO FRESENIUS MEDICAL CARE
UPTOWN

Trip to 4720 N Marine Dr
Chicago, IL 60640-5120
5.74 miles - about 11 minutes

★ 142 E Ontario St, Chicago, IL 60611-2874

-  1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.0 mi

-  2. Turn **right** onto **N Michigan Ave.** go 0.5 mi

-  3. Turn **slight right** to stay on **N Michigan Ave.** go 0.0 mi

-   4. Merge onto **US-41 N / N Lake Shore Dr.** go 4.9 mi

-  5. Take the **Lawrence Ave** ramp. go 0.1 mi

-  6. Turn **left** onto **W Lawrence Ave.** go 0.1 mi

-  7. Turn **left** onto **N Marine Dr.** go 0.0 mi

-  8. **4720 N MARINE DR** is on the **right.** go 0.0 mi

★ B 4720 N Marine Dr, Chicago, IL 60640-5120
Total Travel Estimate : 5.74 miles - about 11 minutes

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MAPQUEST.

Trip to 2700 W 15th St
Chicago, IL 60608-1610
5.27 miles - about 12 minutes

Notes

TO MT. SINAI DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.5 mi |
| | 8. Take EXIT 28A toward Damen Ave. | go 0.1 mi |
| | 9. Stay straight to go onto W Van Buren St. | go 0.0 mi |
| | 10. Turn left onto S Damen Ave. | go 0.2 mi |
| | 11. Turn slight right onto W Ogden Ave. | go 1.2 mi |
| | 12. Turn left onto S Washtenaw Ave. | go 0.0 mi |



13. Turn **left** onto **W 15th St.**

go 0.0 mi



14. **2700 W 15TH ST** is on the **left.**

go 0.0 mi



2700 W 15th St, Chicago, IL 60608-1610

Total Travel Estimate : 5.27 miles - about 12 minutes

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FRESENIUS NORTHCENTER

Trip to 2620 W Addison St
Chicago, IL 60618-5905
6.48 miles - about 12 minutes



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp. go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp. go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** go 3.1 mi



5. Take the **Diversey Ave** exit, **EXIT 46B.** go 0.3 mi



6. Turn **slight left** onto **W Diversey Ave.** go 0.2 mi



7. Turn **right** onto **N California Ave.** go 1.0 mi



8. Turn **right** onto **W Addison St.** go 0.2 mi



9. **2620 W ADDISON ST** is on the **left.** go 0.0 mi



2620 W Addison St, Chicago, IL 60618-5905

Total Travel Estimate : 6.48 miles - about 12 minutes

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Trip to 4290 S Cottage Grove Ave

Chicago, IL 60653-2908

6.69 miles - about 13 minutes

Notes

DAVITA LAKE PARK



142 E Ontario St, Chicago, IL 60611-2874

-  1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.0 mi

-  2. Turn **right** onto **N Michigan Ave.** go 0.2 mi

-  3. Turn **right** onto **E Chicago Ave.** go 0.4 mi

-   4. Turn **right** onto **US-41 S.** go 5.1 mi

-  5. Take the **Oakwood Blvd** ramp. go 0.2 mi

-  6. Turn **right** onto **E Oakwood Blvd.** go 0.2 mi

-  7. Turn **left** to stay on **E Oakwood Blvd.** go 0.2 mi

-  8. Turn **left** onto **S Cottage Grove Ave.** go 0.4 mi

-  9. **4290 S COTTAGE GROVE AVE** is on the **right.** go 0.0 mi



4290 S Cottage Grove Ave, Chicago, IL 60653-2908

Total Travel Estimate : 6.69 miles - about 13 minutes

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MAPQUEST.

Trip to 2335 W Cermak Rd
Chicago, IL 60608-3811
5.66 miles - about 13 minutes

Notes

TO DAVITA LITTLE VILLAGE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 1.5 mi |
| | 8. Take EXIT 28A toward Damen Ave. | go 0.1 mi |
| | 9. Stay straight to go onto W Van Buren St. | go 0.0 mi |
| | 10. Turn left onto S Damen Ave. | go 0.2 mi |
| | 11. Turn slight right onto W Ogden Ave. | go 0.7 mi |
| | 12. Turn slight left onto S Western Ave. | go 0.9 mi |



13. Turn **left** onto **W Cermak Rd.**

go 0.0 mi



14. **2335 W CERMAK RD** is on the **right**.

go 0.0 mi



2335 W Cermak Rd, Chicago, IL 60608-3811

Total Travel Estimate : 5.66 miles - about 13 minutes

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TO GARFIELD KIDNEY CENTER

Trip to 3250 W Franklin Blvd

Chicago, IL 60624-1509

5.25 miles - about 13 minutes



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**

go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.

go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.

go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.**

go 0.3 mi



5. Take the **Augusta Blvd / Milwaukee Ave** exit, **EXIT 49B.**

go 0.3 mi



6. Stay **straight** to go onto **W Augusta Blvd.**

go 0.0 mi



7. Turn **left** onto **N Noble St.**

go 0.3 mi



8. Turn **right** onto **W Chicago Ave.**

go 2.3 mi



9. Turn **left** onto **N Kedzie Ave.**

go 0.4 mi



10. Turn **right** onto **W Franklin Blvd.**

go 0.0 mi



11. **3250 W FRANKLIN BLVD** is on the **left.**

go 0.0 mi



3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate : 5.25 miles - about 13 minutes

MAPQUEST.

Trip to 710 W 43rd St
Chicago, IL 60609-3435
7.40 miles - about 14 minutes

Notes

TO DAVITA EMERALD



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 5.0 mi |
| | 7. Take EXIT 56A toward 43rd St. | go 0.2 mi |
| | 8. Turn slight left onto S Wentworth Ave. | go 0.0 mi |
| | 9. Turn right onto W 43rd St. | go 0.6 mi |
| | 10. 710 W 43RD ST is on the right. | go 0.0 mi |



710 W 43rd St, Chicago, IL 60609-3435

Total Travel Estimate : 7.40 miles - about 14 minutes

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Trip to 825 W 35th St

Chicago, IL 60609-1511

6.54 miles - about 14 minutes

Notes

TO FRESENIUS MEDICAL CARE
BRIDGEPORT



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.0 mi

- 
2. Turn **left** onto **N Michigan Ave.**
go 0.3 mi

- 
3. Stay **straight** to go onto **N Upper Michigan Ave / N Michigan Ave.**
go 0.1 mi

- 
4. Turn **right** onto **E Wacker Dr.**
go 0.7 mi

- 
5. Turn **right** onto **W Lake St.**
go 0.5 mi

- 

6. Merge onto **I-90 E / I-94 E** via the ramp on the **left.**
go 4.0 mi

- 
7. Take **EXIT 55A** toward **35th St.**
go 0.2 mi

- 
8. Turn **slight left** onto **S Wentworth Ave.**
go 0.0 mi

- 
9. Turn **right** onto **W 35th St.**
go 0.8 mi

- 
10. **825 W 35TH ST** is on the **left.**
go 0.0 mi



825 W 35th St, Chicago, IL 60609-1511

Total Travel Estimate : 6.54 miles - about 14 minutes

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MAPQUEST.

Trip to 5401 S Wentworth Ave

Chicago, IL 60609-6300

8.53 miles - about 15 minutes

Notes

TO FRESENIUS MEDICAL CARE
GARFIELD



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 2.2 mi |
| | 8. Take the I-90-LOCAL / I-94-LOCAL exit. | go 0.3 mi |
| | 9. Merge onto I-90 E / I-94 E / Dan Ryan Expy E. | go 0.8 mi |
| | 10. Take EXIT 57 toward Garfield Blvd. | go 0.2 mi |
| | 11. Stay straight to go onto S Wells St. | go 0.0 mi |
| | 12. Turn left onto W Garfield Blvd / W 55th St. | go 0.0 mi |



13. Turn **left** onto **S Wentworth Ave.**

go 0.1 mi



14. **5401 S WENTWORTH AVE** is on the **right**.

go 0.0 mi



5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate : 8.53 miles - about 15 minutes

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MAPQUEST.

Trip to 4800 N Kilpatrick Ave

Chicago, IL 60630-1725

9.25 miles - about 15 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH
KILPATRICK



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 6.2 mi |
| | 5. Take the Kostner Ave exit, EXIT 43D. | go 0.2 mi |
| | 6. Turn right onto N Kostner Ave. | go 0.5 mi |
| | 7. Turn right onto W Leland Ave. | go 0.0 mi |
| | 8. Turn sharp left onto N Elston Ave. | go 0.4 mi |
| | 9. Turn left onto N Kilpatrick Ave. | go 0.2 mi |
| | 10. 4800 N KILPATRICK AVE is on the left. | go 0.0 mi |



4800 N Kilpatrick Ave, Chicago, IL 60630-1725

Total Travel Estimate : 9.25 miles - about 15 minutes

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MAPQUEST.

Trip to 5060 S State St
Chicago, IL 60609-5328
8.08 miles - about 16 minutes

Notes

TO DAVITA WOODLAWN



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 5.4 mi |
| | 7. Take EXIT 56B toward 47th St. | go 0.2 mi |
| | 8. Turn slight left onto S Wentworth Ave. | go 0.0 mi |
| | 9. Turn left onto W 47th St. | go 0.3 mi |
| | 10. Turn right onto S State St. | go 0.5 mi |
| | 11. 5060 S STATE ST is on the right. | go 0.0 mi |



5060 S State St, Chicago, IL 60609-5328

Total Travel Estimate : 8.08 miles - about 16 minutes

MAPQUEST

Trip to 4935 W Belmont Ave

Chicago, IL 60641-4332

8.14 miles - about 16 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST
BELMONT



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**

go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.

go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.

go 0.3 mi



4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.**

go 4.0 mi



5. Take the **Belmont Ave** exit, **EXIT 45C.**

go 0.2 mi



6. Turn **slight left** onto **W Belmont Ave.**

go 2.2 mi



7. **4935 W BELMONT AVE** is on the **left.**

go 0.0 mi



4935 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate : 8.14 miles - about 16 minutes

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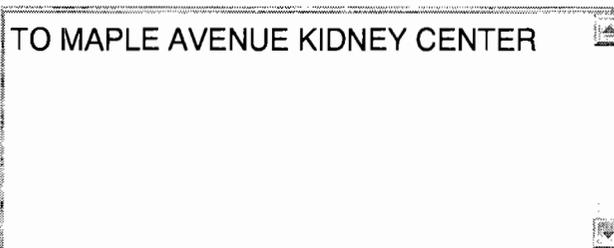
MAPQUEST.

Trip to 610 S Maple Ave

Oak Park, IL 60304-1091

10.77 miles - about 17 minutes

Notes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|---|---|-----------|
|  | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
|  | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
|  | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
|  | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
|  | 5. Turn right onto W Lake St. | go 0.5 mi |
|   | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
|   | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 8.1 mi |
|  | 8. Take the IL-43 / Harlem Ave exit, EXIT 21B , on the left . | go 0.3 mi |
|   | 9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. | go 0.3 mi |
|  | 10. Turn right onto Monroe St. | go 0.0 mi |
|  | 11. Turn right onto S Maple Ave. | go 0.0 mi |
| | 12. 610 S MAPLE AVE is on the left . | go 0.0 mi |

END



610 S Maple Ave, Oak Park, IL 60304-1091

Total Travel Estimate : 10.77 miles - about 17 minutes

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MAPQUEST

Trip to 6333 S Green St
Chicago, IL 60621-1943
10.09 miles - about 18 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-DIALYSIS ENGELWOOD

★ 142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|---|---|-----------|
|  | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
|  | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
|  | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
|  | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
|  | 5. Turn right onto W Lake St. | go 0.5 mi |
|   | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
|  | 7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 3.9 mi |
|   | 8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. | go 0.5 mi |
|  | 9. Take EXIT 58B toward 63rd St. | go 0.2 mi |
|  | 10. Turn slight left onto S Yale Ave. | go 0.0 mi |
|  | 11. Turn right onto W 63rd St. | go 0.7 mi |
| | 12. Turn left onto S Green St. | go 0.0 mi |



END

13. 6333 S GREEN ST is on the left.

go 0.0 mi



6333 S Green St, Chicago, IL 60621-1943

Total Travel Estimate : 10.09 miles - about 18 minutes

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Trip to FMC West Suburban Dialysis Center

518 N Austin Blvd, Oak Park, IL 60644 - (708) 386-5550

10.16 miles - about 18 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST SUBURBAN



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.0 mi
- 
2. Turn **left** onto **N Michigan Ave.**
go 0.3 mi
- 
3. Stay **straight** to go onto **N Upper Michigan Ave / N Michigan Ave.**
go 0.1 mi
- 
4. Turn **right** onto **E Wacker Dr.**
go 0.7 mi
- 
5. Turn **right** onto **W Lake St.**
go 0.5 mi
- 

6. Merge onto **I-90 E / I-94 E / Kennedy Expy E** via the ramp on the **left**.
go 0.5 mi
- 

7. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.
go 6.5 mi
- 
8. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left**.
go 0.3 mi
- 
9. Turn **right** onto **S Austin Blvd.**
go 1.3 mi
- 
10. **518 N AUSTIN BLVD** is on the **left**.
go 0.0 mi



FMC West Suburban Dialysis Center - (708) 386-5550

518 N Austin Blvd, Oak Park, IL 60644

Total Travel Estimate : 10.16 miles - about 18 minutes



Trip to 4800 W Chicago Ave
 Chicago, IL 60651-3223
 6.83 miles - about 18 minutes

Notes

TO FRESENIUS MEDICAL CARE AUSTIN



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 0.3 mi |
| | 5. Take the Augusta Blvd / Milwaukee Ave exit, EXIT 49B. | go 0.3 mi |
| | 6. Stay straight to go onto W Augusta Blvd. | go 0.0 mi |
| | 7. Turn left onto N Noble St. | go 0.3 mi |
| | 8. Turn right onto W Chicago Ave. | go 4.3 mi |
| | 9. 4800 W CHICAGO AVE is on the right. | go 0.0 mi |



4800 W Chicago Ave, Chicago, IL 60651-3223

Total Travel Estimate : 6.83 miles - about 18 minutes

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Trip to 5140 N California Ave
 Chicago, IL 60625-3645
 8.88 miles - about 18 minutes

Notes

TO NEPHRON DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 4.0 mi |
| | 5. Take the Belmont Ave exit, EXIT 45C. | go 0.2 mi |
| | 6. Stay straight to go onto N Kedzie Ave. | go 2.0 mi |
| | 7. Turn right onto W Lawrence Ave. | go 0.5 mi |
| | 8. Turn left onto N California Ave. | go 0.4 mi |
| | 9. 5140 N CALIFORNIA AVE is on the left. | go 0.0 mi |



5140 N California Ave, Chicago, IL 60625-3645

Total Travel Estimate : 8.88 miles - about 18 minutes

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MAPQUEST.

Trip to 103 Forest Pl

Oak Park, IL 60301-1105

11.56 miles - about 19 minutes

Notes

TO FRESENIUS MEDICAL CARE RIVER FOREST



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 8.1 mi |
| | 8. Take the IL-43 / Harlem Ave exit, EXIT 21B , on the left . | go 0.3 mi |
| | 9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave . Continue to follow IL-43 / Harlem Ave . | go 0.9 mi |
| | 10. Turn right onto North Blvd. | go 0.2 mi |
| | 11. Turn left onto Forest Ave / Forest Pl. | go 0.0 mi |
| | 12. 103 FOREST PL is on the left . | go 0.0 mi |

END



103 Forest Pl, Oak Park, IL 60301-1105

Total Travel Estimate : 11.56 miles - about 19 minutes

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Trip to 7435 W Talcott Ave
 Chicago, IL 60631-3707
 12.56 miles - about 19 minutes

Notes

TO RESURRECTION DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 6.7 mi |
| | 5. Keep left to take I-90 W / Kennedy Expy W via EXIT 43B toward O'Hare-Rockford. | go 3.2 mi |
| | 6. Take EXIT 81B toward Sayre Ave. | go 0.2 mi |
| | 7. Stay straight to go onto W Talcott Ave. | go 0.8 mi |
| | 8. 7435 W TALCOTT AVE is on the left. | go 0.0 mi |



7435 W Talcott Ave, Chicago, IL 60631-3707

Total Travel Estimate : 12.56 miles - about 19 minutes

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150

MAPQUEST

Trip to 733 Madison St
Oak Park, IL 60302-4419
11.65 miles - about 19 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK
PARK



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 8.1 mi |
| | 8. Take the IL-43 / Harlem Ave exit, EXIT 21B , on the left . | go 0.3 mi |
| | 9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. | go 0.5 mi |
| | 10. Turn right onto Washington Blvd. | go 0.5 mi |
| | 11. Turn right onto S Oak Park Ave. | go 0.1 mi |
| | 12. Turn left onto Madison St. | go 0.0 mi |



END

13. 733 MADISON ST is on the right.

go 0.0 mi



733 Madison St, Oak Park, IL 60302-4419

Total Travel Estimate : 11.65 miles - about 19 minutes

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MAPQUEST.

Trip to 3000 S Cicero Ave
Cicero, IL 60804-3638
11.24 miles - about 19 minutes

Notes

TO FRESENIUS MEDICAL CARE CICERO



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 1.9 mi |
| | 7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. | go 6.0 mi |
| | 8. Take the IL-50 / Cicero Ave exit, EXIT 286 , toward Chicago Midway Airport. | go 0.3 mi |
| | 9. Turn right onto IL-50 / S Cicero Ave. | go 1.4 mi |
| | 10. 3000 S CICERO AVE is on the left. | go 0.0 mi |



3000 S Cicero Ave, Cicero, IL 60804-3638

Total Travel Estimate : 11.24 miles - about 19 minutes

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MapQuest Travel Times
APPENDIX - 1

MAPQUEST.

Trip to 5623 W Touhy Ave

Niles, IL 60714-4019

13.19 miles - about 19 minutes

Notes

TO DAVITA BIG OAKS



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**

go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.

go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.

go 0.3 mi



4. Merge onto **I-94 W.**

go 10.3 mi



5. Take the **West Touhy Ave** exit, **EXIT 39A.**

go 0.2 mi



6. Turn **slight right** onto **W Touhy Ave.**

go 0.9 mi



7. **5623 W TOUHY AVE** is on the left.

go 0.0 mi



5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate : 13.19 miles - about 19 minutes

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Notes

TO CENTER FOR RENAL REPLACEMENT

Trip to 7301 N Lincoln Ave

Lincolnwood, IL 60712-1709

12.67 miles - about 19 minutes



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.7 mi

- 
2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.
go 0.7 mi

- 
3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.
go 0.3 mi

- 

4. Merge onto **I-94 W.**
go 9.9 mi

- 
5. Take **EXIT 39B** toward **East Touhy Ave.**
go 0.2 mi

- 

6. Keep **left** at the fork to go on **N Cicero Ave / IL-50.**
go 0.1 mi

- 
7. Turn **right** onto **W Touhy Ave.**
go 0.4 mi

- 

8. Turn **sharp left** onto **N Lincoln Ave / US-41.**
go 0.2 mi

- 
9. **7301 N LINCOLN AVE** is on the **right.**
go 0.0 mi



7301 N Lincoln Ave, Lincolnwood, IL 60712-1709

Total Travel Estimate : 12.67 miles - about 19 minutes

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MAPQUEST.

Trip to 8643 S Holland Rd
Chicago, IL 60620
12.82 miles - about 20 minutes

Notes

TO FRESENIUS MEDICAL CARE
CHATHAM



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 5.5 mi |
| | 8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. | go 2.0 mi |
| | 9. Take EXIT 61B toward 87th St. | go 0.2 mi |
| | 10. Stay straight to go onto S Lafayette Ave. | go 0.1 mi |
| | 11. Turn right onto W 87th St. | go 0.4 mi |
| | 12. Turn sharp left onto S Holland Rd. | go 0.0 mi |

END

13. 8643 S HOLLAND RD is on the left.

go 0.0 mi



8643 S Holland Rd, Chicago, IL 60620

Total Travel Estimate : 12.82 miles - about 20 minutes

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MAPQUEST.

Trip to 7319 S Cottage Grove Ave

Chicago, IL 60619-1909

11.77 miles - about 21 minutes

Notes

TO DAVITA GRAND CROSSINGS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 3.9 mi |
| | 8. Take the I-90 E exit toward Skyway / Indiana Toll Rd. | go 0.3 mi |
| | 9. Merge onto I-94 E / Dan Ryan Expy E. | go 0.9 mi |
| | 10. Take EXIT 59C toward 71st St. | go 0.3 mi |
| | 11. Keep right at the fork in the ramp. | go 0.2 mi |



12. Turn **slight left** onto **S Lafayette Ave.**

go 0.0 mi



13. Turn **left** onto **W 71st St.**

go 1.1 mi



14. Turn **right** onto **S Cottage Grove Ave.**

go 0.3 mi



15. **7319 S COTTAGE GROVE AVE** is on the **left.**

go 0.0 mi



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

Total Travel Estimate : 11.77 miles - about 21 minutes

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Trip to 1201 W Roosevelt Rd
Maywood, IL 60153-4046
13.13 miles - about 21 minutes

Notes

TO FOSTER MCGAW-LOYOLA
HOSPITAL DIALYSIS



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 9.7 mi |
| | 8. Take the IL-171 / 1st Ave exit, EXIT 20 . | go 0.1 mi |
| | 9. Stay straight to go onto Harrison St. | go 0.0 mi |
| | 10. Turn left onto IL-171 / S 1st Ave. | go 0.5 mi |
| | 11. Turn right onto W Roosevelt Rd. | go 0.7 mi |
| | 12. 1201 W ROOSEVELT RD is on the right . | go 0.0 mi |

END



1201 W Roosevelt Rd, Maywood, IL 60153-4046

Total Travel Estimate : 13.13 miles - about 21 minutes

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MAPQUEST.

Trip to 2277 W Howard St

Chicago, IL 60645-1922

10.08 miles - about 21 minutes

Notes

TO FRESENIUS MEDICAL CARE
ROGERS PARK



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.0 mi



2. Turn **right** onto **N Michigan Ave.** go 0.5 mi



3. Turn **slight right** to stay on **N Michigan Ave.** go 0.0 mi



4. **N Michigan Ave** becomes **ramp.** go 0.4 mi



5. Merge onto **N Lake Shore Dr.** go 5.8 mi



6. **N Lake Shore Dr** becomes **W Hollywood Ave.** go 0.4 mi



7. Turn **right** onto **N Ridge Ave / US-14.** Continue to follow **N Ridge Ave.** go 0.8 mi



8. Turn **right** onto **N Ravenswood Ave / N Ridge Ave.** Continue to follow **N Ridge Ave.** go 0.4 mi



9. **N Ridge Ave** becomes **N Ridge Blvd.** go 1.5 mi



10. Turn **left** onto **Howard St / W Howard St.** go 0.1 mi



11. **2277 W HOWARD ST.** go 0.0 mi



2277 W Howard St, Chicago, IL 60645-1922

Total Travel Estimate : 10.08 miles - about 21 minutes

MAPQUEST

Trip to 2601 Harlem Ave

Berwyn, IL 60402-2100

12.69 miles - about 22 minutes

Notes

TO FRESENIUS MEDICAL CARE
BERWYN



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 8.1 mi |
| | 8. Take the IL-43 / Harlem Ave exit, EXIT 21B , on the left . | go 0.3 mi |
| | 9. Turn left onto IL-43 / Harlem Ave / S Harlem Ave . Continue to follow IL-43 / Harlem Ave . | go 2.2 mi |
| | 10. Make a U-turn onto Harlem Ave / IL-43 . | go 0.0 mi |
| | 11. 2601 HARLEM AVE is on the right . | go 0.0 mi |



2601 Harlem Ave, Berwyn, IL 60402-2100

Total Travel Estimate : 12.69 miles - about 22 minutes

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MAPQUEST

Trip to 7531 S Stony Island Ave

Chicago, IL 60649-3954

11.32 miles - about 23 minutes

Notes

TO FRESENIUS MEDICAL CARE
JACKSON PARK



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**

go 0.0 mi



2. Turn **right** onto **N Michigan Ave.**

go 0.2 mi



3. Turn **right** onto **E Chicago Ave.**

go 0.4 mi



4. Turn **right** onto **US-41 S.**

go 7.9 mi



5. Turn **slight right** onto **E 57th St.**

go 0.3 mi



6. Stay **straight** to go onto **S Cornell Ave.**

go 0.4 mi



7. **S Cornell Ave** becomes **S Cornell Dr.**

go 0.7 mi



8. Turn **slight left** onto **S Stony Island Ave.**

go 1.3 mi



9. Make a **U-turn** onto **S Stony Island Ave.**

go 0.1 mi



10. **7531 S STONY ISLAND AVE** is on the **right.**

go 0.0 mi



7531 S Stony Island Ave, Chicago, IL 60649-3954

Total Travel Estimate : 11.32 miles - about 23 minutes

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Trip to 2420 E 79th St

Chicago, IL 60649-5112

11.83 miles - about 23 minutes

Notes

TO FRESENIUS SOUTH SHORE



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.0 mi
- 
2. Turn **right** onto **N Michigan Ave.**
go 0.2 mi
- 
3. Turn **right** onto **E Chicago Ave.**
go 0.4 mi
- 

4. Turn **right** onto **US-41 S.**
go 9.2 mi
- 

5. Turn **left** onto **E Marquette Dr / US-41.**
Continue to follow **US-41.**
go 1.0 mi
- 
6. Stay **straight** to go onto **S Yates Blvd.**
go 1.0 mi
- 
7. Turn **left** onto **E 79th St.**
go 0.0 mi
- 
8. **2420 E 79TH ST** is on the **left.**
go 0.0 mi



2420 E 79th St, Chicago, IL 60649-5112

Total Travel Estimate : 11.83 miles - about 23 minutes

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Notes

TO FRESENIUS MELROSE PARK

Trip to 1111 Superior St
Melrose Park, IL 60160-4138
13.86 miles - about 23 minutes



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.0 mi

- 
2. Turn **left** onto **N Michigan Ave.**
go 0.3 mi

- 
3. Stay **straight** to go onto **N Upper Michigan Ave / N Michigan Ave.**
go 0.1 mi

- 
4. Turn **right** onto **E Wacker Dr.**
go 0.7 mi

- 
5. Turn **right** onto **W Lake St.**
go 0.5 mi

- 

6. Merge onto **I-90 E / I-94 E / Kennedy Expy E** via the ramp on the **left**.
go 0.5 mi

- 

7. Merge onto **I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**.
go 9.7 mi

- 
8. Take the **IL-171 / 1st Ave** exit, **EXIT 20**.
go 0.1 mi

- 
9. Stay **straight** to go onto **Harrison St.**
go 0.0 mi

- 

10. Turn **right** onto **S 1st Ave / IL-171**.
go 1.2 mi

- 
11. Turn **left** onto **Lake St.**
go 0.7 mi

- 12. Turn **right** onto **N 11th Ave.**
go 0.0 mi

167



13. Turn **left** onto **Superior St.**

go 0.0 mi



14. **1111 SUPERIOR ST** is on the **left.**

go 0.0 mi



1111 Superior St, Melrose Park, IL 60160-4138

Total Travel Estimate : 13.86 miles - about 23 minutes

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Notes

TO FRESENIUS MEDICAL CARE
NORRIDGE

Trip to 4701 N Cumberland Ave

Norridge, IL 60706-2905

15.30 miles - about 23 minutes



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.7 mi

- 
2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.
go 0.7 mi

- 
3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.
go 0.3 mi

- 

4. Merge onto **I-90 W / I-94 W / Kennedy Expy W.**
go 6.7 mi

- 

5. Keep **left** to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.**
go 5.3 mi

- 
6. Take the **IL-171 S / Cumberland Ave** exit, **EXIT 79A.**
go 0.2 mi

- 

7. Turn **slight right** onto **IL-171 S / N Cumberland Ave.**
go 1.4 mi

- 

8. Make a **U-turn** at **W Leland Ave** onto **N Cumberland Ave / IL-171 N.**
go 0.0 mi

- 
9. **4701 N CUMBERLAND AVE** is on the **right.**
go 0.0 mi



4701 N Cumberland Ave, Norridge, IL 60706-2905

Total Travel Estimate : 15.30 miles - about 23 minutes

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169



Trip to 7009 W Belmont Ave
 Chicago, IL 60634-4533
 10.78 miles - about 23 minutes

Notes

TO DAVITA MONTCLARE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-90 W / I-94 W / Kennedy Expy W. | go 4.0 mi |
| | 5. Take the Belmont Ave exit, EXIT 45C. | go 0.2 mi |
| | 6. Turn slight left onto W Belmont Ave. | go 4.9 mi |
| | 7. 7009 W BELMONT AVE is on the left. | go 0.0 mi |



7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate : 10.78 miles - about 23 minutes

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MAPQUEST

Trip to 6535 S Western Ave
Chicago, IL 60636-2410
10.58 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE
MARQUETTE PARK



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 1.9 mi |
| | 7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. | go 2.2 mi |
| | 8. Take the Damen Ave exit, EXIT 290. | go 0.3 mi |
| | 9. Keep left at the fork in the ramp. | go 0.0 mi |
| | 10. Turn slight left onto S Damen Ave. | go 0.4 mi |
| | 11. Turn right onto S Archer Ave. | go 0.6 mi |
| | 12. Turn left onto S Western Ave. | go 3.5 mi |



13. 6535 S WESTERN AVE is on the left.

go 0.0 mi



6535 S Western Ave, Chicago, IL 60636-2410

Total Travel Estimate : 10.58 miles - about 24 minutes

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MAPQUEST

Trip to 1111 E 87th St
Chicago, IL 60619-7038
13.87 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE
GREENWOOD



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 5.5 mi |
| | 8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. | go 2.0 mi |
| | 9. Take EXIT 61B toward 87th St. | go 0.2 mi |
| | 10. Stay straight to go onto S Lafayette Ave. | go 0.1 mi |
| | 11. Turn left onto W 87th St. | go 1.5 mi |
| | 12. 1111 E 87TH ST is on the right. | go 0.0 mi |



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

Total Travel Estimate : 13.87 miles - about 24 minutes

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MAPQUEST.

Trip to 9212 S South Chicago Ave

Chicago, IL 60617-4512

14.90 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 3.9 mi |
| | 8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. | go 0.9 mi |
| | 9. Keep left to take I-90 E / Chicago Skwy E via EXIT 59A toward Indiana Toll Rd (Portions toll). | go 5.0 mi |
| | 10. Take the Anthony Avenue exit toward 92nd Street. | go 0.2 mi |
| | 11. Turn slight left onto S Anthony Ave. | go 0.0 mi |



12. Turn **slight left** onto **E 92nd St.**

go 0.2 mi



13. Turn **slight right** onto **S South Chicago Ave.**

go 0.0 mi



14. **9212 S SOUTH CHICAGO AVE** is on the **right.**

go 0.0 mi



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

Total Travel Estimate : 14.90 miles - about 24 minutes

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MAPQUEST.

Trip to 719 W North Ave

Melrose Park, IL 60160-1612

14.87 miles - about 24 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH AVENUE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left . | go 0.5 mi |
| | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via EXIT 51H toward West Suburbs . | go 9.7 mi |
| | 8. Take the IL-171 / 1st Ave exit, EXIT 20 . | go 0.1 mi |
| | 9. Stay straight to go onto Harrison St. | go 0.0 mi |
| | 10. Turn right onto S 1st Ave / IL-171 . | go 2.5 mi |
| | 11. Turn left onto W North Ave / IL-64 W . | go 0.4 mi |
| | 12. 719 W NORTH AVE is on the left . | go 0.0 mi |

END



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

Total Travel Estimate : 14.87 miles - about 24 minutes

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Notes

TO FRESENIUS MEDICAL CARE SKOKIE

Trip to 9801 Woods Dr

Skokie, IL 60077-1074

16.73 miles - about 24 minutes



142 E Ontario St, Chicago, IL 60611-2874

- 
1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.**
go 0.7 mi
- 
2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp.
go 0.7 mi
- 
3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp.
go 0.3 mi
- 

4. Merge onto **I-94 W.**
go 14.3 mi
- 
5. Take the **Old Orchard Rd** exit, **EXIT 35.**
go 0.2 mi
- 
6. Turn **left** onto **Old Orchard Rd.**
go 0.3 mi
- 
7. Turn **left** onto **Woods Dr.**
go 0.3 mi
- 
8. **9801 WOODS DR** is on the **left.**
go 0.0 mi



9801 Woods Dr, Skokie, IL 60077-1074

Total Travel Estimate : 16.73 miles - about 24 minutes

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TO FRESENIUS MEDICAL CARE MIDWAY

Trip to 6201 W 63rd St

Chicago, IL 60638-5009

13.97 miles - about 25 minutes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|------|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
|
 | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 1.9 mi |
|
 | 7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. | go 7.1 mi |
| | 8. Take the Central Ave exit, EXIT 285. | go 0.3 mi |
| | 9. Turn left onto S Central Ave. | go 2.3 mi |
| | 10. Turn right onto W 63rd St. | go 0.8 mi |
| | 11. 6201 W 63RD ST is on the left. | go 0.0 mi |



6201 W 63rd St, Chicago, IL 60638-5009

Total Travel Estimate : 13.97 miles - about 25 minutes

TO DAVITA WEST LAWN

Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
12.71 miles - about 25 minutes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 1.9 mi |
| | 7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. | go 4.9 mi |
| | 8. Take the Pulaski Rd exit, EXIT 287. | go 0.2 mi |
| | 9. Keep left at the fork in the ramp. | go 0.0 mi |
| | 10. Turn slight left onto S Pulaski Rd. | go 4.0 mi |
| | 11. 7000 S PULASKI RD is on the right. | go 0.0 mi |



7000 S Pulaski Rd, Chicago, IL 60629-5842

Total Travel Estimate : 12.71 miles - about 25 minutes

MAPQUEST.

Trip to 8109 S Western Ave
Chicago, IL 60620-5939
14.62 miles - about 27 minutes

Notes

TO DAVITA BEVERLY



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 5.5 mi |
| | 8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. | go 0.9 mi |
| | 9. Take EXIT 60C toward 79th St. | go 0.2 mi |
| | 10. Keep right at the fork in the ramp. | go 0.1 mi |
| | 11. Turn slight left onto S Lafayette Ave. | go 0.0 mi |
| | 12. Turn right onto W 79th St. | go 2.9 mi |



13. Turn **left** onto **S Western Ave.**

go 0.3 mi



14. **8109 S WESTERN AVE** is on the **left**.

go 0.0 mi



8109 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate : 14.62 miles - about 27 minutes

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MAPQUEST.

Trip to 3134 W 76th St

Chicago, IL 60652-1968
12.84 miles - about 27 minutes

Notes

TO FRESENIUS SOUTHSIDE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 1.9 mi |
| | 7. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. | go 3.7 mi |
| | 8. Take EXIT 288 toward Kedzie Ave. | go 0.3 mi |
| | 9. Keep right to take the Kedzie Ave ramp. | go 5.4 mi |
| | 10. Turn left onto W 76th St. | go 0.0 mi |
| | 11. 3134 W 76TH ST is on the left. | go 0.0 mi |



3134 W 76th St, Chicago, IL 60652-1968

Total Travel Estimate : 12.84 miles - about 27 minutes

TO DAVITA STONY ISLAND

Trip to 8725 S Stony Island Ave

Chicago, IL 60617-2709

17.46 miles - about 27 minutes



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn left onto N Michigan Ave. | go 0.3 mi |
| | 3. Stay straight to go onto N Upper Michigan Ave / N Michigan Ave. | go 0.1 mi |
| | 4. Turn right onto E Wacker Dr. | go 0.7 mi |
| | 5. Turn right onto W Lake St. | go 0.5 mi |
| | 6. Merge onto I-90 E / I-94 E via the ramp on the left. | go 3.1 mi |
| | 7. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. | go 5.5 mi |
| | 8. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E. | go 4.8 mi |
| | 9. Take the Stony Island Ave exit, EXIT 65 , toward 95th-103rd STS. | go 0.8 mi |
| | 10. Keep left to take the North Stony Island Ave ramp toward 95th St. | go 0.5 mi |
| | 11. Merge onto S Stony Island Ext. | go 0.2 mi |
| | 12. S Stony Island Ext becomes S Stony Island Ave. | go 1.0 mi |



13. 8725 S STONY ISLAND AVE is on the right.

go 0.0 mi



8725 S Stony Island Ave, Chicago, IL 60617-2709

Total Travel Estimate : 17.46 miles - about 27 minutes

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Trip to 2953 Central St
 Evanston, IL 60201-1245
18.12 miles - about 27 minutes

Notes

TO FRESENIUS MEDICAL CARE
 EVANSTON



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|---|------------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.7 mi |
| | 2. Turn slight left to take the I-90 W / I-94 W / Kennedy Expy ramp. | go 0.7 mi |
| | 3. Keep right to take the I-90-LOCAL W / I-94-LOCAL W ramp. | go 0.3 mi |
| | 4. Merge onto I-94 W . | go 14.3 mi |
| | 5. Take the Old Orchard Rd exit, EXIT 35 . | go 0.1 mi |
| | 6. Turn right onto Old Orchard Rd . | go 1.2 mi |
| | 7. Turn slight left onto Gross Point Rd . | go 0.2 mi |
| | 8. Turn slight right onto Central St . | go 0.6 mi |
| | 9. 2953 CENTRAL ST is on the left . | go 0.0 mi |



2953 Central St, Evanston, IL 60201-1245

Total Travel Estimate : 18.12 miles - about 27 minutes

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MAPQUEST

Trip to 2650 Ridge Ave

Evanston, IL 60201-1718
13.19 miles - about 30 minutes

Notes

TO EVANSTON NORTHWESTERN
HEALTHCARE



142 E Ontario St, Chicago, IL 60611-2874

- | | | |
|--|--|-----------|
| | 1. Start out going west on E Ontario St toward N Michigan Ave. | go 0.0 mi |
| | 2. Turn right onto N Michigan Ave. | go 0.5 mi |
| | 3. Turn slight right to stay on N Michigan Ave. | go 0.0 mi |
| | 4. N Michigan Ave becomes ramp . | go 0.4 mi |
| | 5. Merge onto N Lake Shore Dr. | go 5.8 mi |
| | 6. N Lake Shore Dr becomes W Hollywood Ave. | go 0.4 mi |
| | 7. Turn right onto N Ridge Ave / US-14 . Continue to follow N Ridge Ave. | go 0.8 mi |
| | 8. Turn right onto N Ravenswood Ave / N Ridge Ave . Continue to follow N Ridge Ave. | go 0.4 mi |
| | 9. N Ridge Ave becomes N Ridge Blvd. | go 1.5 mi |
| | 10. N Ridge Blvd becomes Ridge Ave. | go 3.2 mi |
| | 11. 2650 RIDGE AVE is on the left . | go 0.0 mi |



2650 Ridge Ave, Evanston, IL 60201-1718

Total Travel Estimate : 13.19 miles - about 30 minutes



Notes

TO DAVITA EVANSTON

Trip to 1922 Dempster St
Evanston, IL 60202-1016
17.74 miles - about 28 minutes



142 E Ontario St, Chicago, IL 60611-2874



1. Start out going **west** on **E Ontario St** toward **N Michigan Ave.** go 0.7 mi



2. Turn **slight left** to take the **I-90 W / I-94 W / Kennedy Expy** ramp. go 0.7 mi



3. Keep **right** to take the **I-90-LOCAL W / I-94-LOCAL W** ramp. go 0.3 mi



4. Merge onto **I-94 W.** go 12.6 mi



5. Merge onto **Dempster St** via **EXIT 37B.** go 3.4 mi



6. **1922 DEMPSTER ST** is on the **right.** go 0.0 mi



1922 Dempster St, Evanston, IL 60202-1016

Total Travel Estimate : 17.74 miles - about 28 minutes

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ASSOCIATES IN NEPHROLOGY, S.C.

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210 South Des Plaines Street
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MATTHEW MENEZES, M.D.
SUMANTH MULAMALLA, M.D.

November 8, 2012

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

Dear Ms. Avery,

I am a nephrologist practicing with Associates in Nephrology (AIN) in Chicago for the past five years. I am writing on behalf of the AIN practice to support the Fresenius Medical Care Streeterville dialysis facility.

AIN, on the north side of Chicago, was treating 304 hemodialysis patients at the end of 2009, 338 at the end of 2010 and 342 at the end of 2011, as reported to The Renal Network. As of the most recent quarter, AIN was treating 376 hemodialysis patients. Over the past twelve months we have referred 138 patients for dialysis services to Fresenius Lakeview, Burbank, Midway, Northcenter, North Kilpatrick, Polk, Ross-Englewood & Uptown as well as to DaVita Logan Square & Lincoln Park and to Nephron Dialysis Center. We currently have 102 pre-ESRD patients that live in the zip codes immediately surrounding the Streeterville area. These patients all have lab values indicative of a patient in active kidney failure and are expected to begin dialysis at the Streeterville facility in the first two years of its operation. In addition we also treat over 60 home dialysis patients.

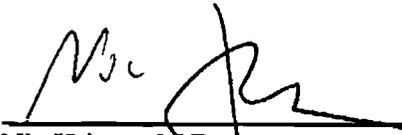
ASSOCIATES IN NEPHROLOGY, S.C.
NEPHROLOGY AND HYPERTENSION
210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

I respectfully ask the Board to approve the Fresenius Medical Care Streeterville facility in order to keep access available to the increasing numbers of end stage renal disease patients on the north side of Chicago.

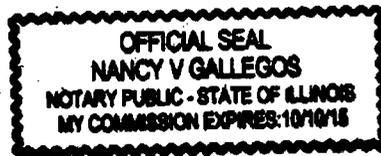
Thank you for your time and consideration of this project.

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

Sincerely,

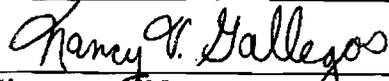


Nic Hristea, M.D.



Notarization:

Subscribed and sworn to before me
this 13TH day of NOVEMBER, 2012



Signature of Notary

Seal

**PRE-ESRD PATIENTS THAT WILL BE REFERRED TO
FRESENIUS MEDICAL CARE STREETERVILLE IN
THE FIRST 24 MONTHS OF OPERATION**

Zip Code	Patients
60602	2
60604	3
60605	16
60606	3
60607	11
60610	32
60611	3
60614	25
60642	1
60654	3
60661	3
Total	102

**NEW REFERRALS OF AIN NORTH FOR
THE PAST TWELVE MONTHS 10/01/2011 – 09/30/2012**

Zip Code	Fresenius Medical Care								DaVita		Nephron	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Ross-Englewood	Uptown	Logan Square	Lincoln Park		
60026		1										1
60110						1						1
60428						1						1
60455	1											1
60458	1		1									2
60459	1											1
60501			1									1
60608						2						2
60613		4			1					1		6
60614						1				1		2
60615		1					2					3
60616					1	1						2
60617						2						2
60618		1		2	6	1			1	1		12
60619							1					1
60620					1		1					2
60621					1		1					2
60622				1							1	2
60623	1											1
60625				5	4						2	11
60626		2										2
60629	1					1						2
60630				7								7
60632	1										1	8
60634				1								1
60636												1
60637						1	4					4
60638			3				2					3
60639				3	2		1					4
60640		3			1							6
60641				5	3	1		1		1	1	7
60643	1											9
60645		1		1	1							1
60646				2								3
60647					5	1						2
60651		1		1	1							6
60652	2										1	4
60653						1						2
60656				1								1
60657		1			1							1
60659				2	1							2
60680		1									2	5
60707					2	1			1			2
60712												3
61342					1						1	1
62049				1								1
Total	9	18	5	32	32	15	13	2	1	5	8	138

PATIENTS OF AIN NORTH AT YEAR END 2010

Zip Code	Fresenius Medical Care											DaVita		Center for Renal Replacement	Nephron Dialysis	Total	
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Evanston	Skokle	Rogers Park	Ross-Englewood	Uptown	Lincoln Park	Logan Square				
60053		1															1
60076				2				1							1		4
60130					1	1											2
60153						1											1
60155					1												1
60171				1													1
60201												1					1
60453										1							1
60457			1														1
60458	1																1
60459	1																1
60516			1														1
60607							1										1
60608							4										4
60609							4				1						5
60610				2	1	3						1					7
60612						4											4
60613		5			1							1					7
60614		2			3	3						2					10
60615				1													1
60618		4		10	11								2			2	29
60620	1				1					2							4
60621	1									2							3
60622				3	2	2											7
60623						5											5
60625		8		22	4	2	1					1	1			6	45
60626		4		3	2		1		1						1	2	14
60628	3															1	4
60629	3		1	1	1	2											8
60630				20	2											2	24
60632	1										1						2
60634				4												1	5
60637					1	1											2
60638	1		7														8
60639				7	1	1											9
60640		10		2	12	3					1					3	31
60641		1		10		1										1	13
60642		1															1
60643	1		1			3											5
60644						1											1
60645				2	2				1								3
60646				1											1	1	3
60647		3		1	2	2											8
60649		1														2	3
60651				1	1	2											4
60653						3						1					4
60656				1													1
60657		2			3	1											6
60659				4	1											5	10
60660		3		2	3											2	10
60680												1					1
60706				1													1
60712		1															1
60804					1	1											2
Total	13	46	11	101	57	51	2	1	2	5	3	8	3	3	32		338

PATIENTS OF AIN NORTH CHICAGO AREA AT YEAR END 2011

Zip Code	Fresenius Medical Care										DaVita				Center for Renal Replacement	Nephron Dialysis	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Rogers Park	Ross-Englewood	Skokie	Uptown	West Metro	West Lawn	Lincoln Park	Logan Square			
60076				2					1						1		4
60130									1								1
60153									1								1
60171				1													1
60201													1				1
60419		1															1
60455	1																1
60457			1														1
60458	1																1
60501			1														1
60516			1														1
60603													1				1
60608								4									4
60609								4									4
60610				1	1					1			1				5
60611				1													1
60612								4									4
60613		8			2								3				13
60614		1			2			4		1			2				10
60615				1													1
60617								1									1
60618		4		10	10									2		2	28
60620	1				1				2								4
60621	1							1	1								3
60622				1	1			2					1				5
60623								5									5
60625		6		19	6			1					1	1			39
60626	1	5		4	2			1							1	2	16
60628	3	1														1	5
60629	3		3	1	1			2	1				1				12
60630				19	2												22
60631				2													2
60632	1									1							2
60634				4													4
60636									3								3
60637									3								3
60638			6						1								7
60639				9	1			3						1			14
60640		10		3	10					1							25
60641		1		13				1									16
60642		1															1
60643	1		1					3									5
60644								1									1
60645				2	2			1									7
60646				1												1	4
60647		3		2	2			2									9
60649																	1
60651				1	2			2			1						6
60652	1																1
60653								2									3
60656				2									1				2
60657					3			1									4
60659				2	1												9
60660		3		2	2					1						1	9
60706				1													1
60712		1															1
60804								1									1
Total	14	45	13	104	51	49	2	11	1	5	1	1	12	4	3	29	192

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PATIENTS OF AIN NORTH CHICAGO AREA AS OF 3RD QUARTER 2012

Zip Code	Fresenius Medical Care										DaVita		Center for Renal Replacement	Nephron Dialysis	Total
	Burbank	Lakeview	Midway	North Kilpatrick	Northcenter	Polk	Rogers Park	Ross-Englewood	Skokie	Uptown	Lincoln Park	Logan Square			
60026		1													1
60076				1					1				1		3
60130						1									1
60153						1									1
60171				1											1
60201											1				1
60419		1													1
60455	1														1
60457			1												1
60458	1		1												2
60459	1														1
60501			1												1
60603											1				1
60608						4									4
60609						4			1						5
60610				1	1	3									5
60612						4									4
60613		9			1						3				13
60614					1	3			1		2				7
60615		1		1											2
60616					1	1									2
60617						3									3
60618		4		10	11						1	3		2	31
60620					1			1							2
60621	1				1	1		1							4
60622				2	1	2					1				6
60623						5									5
60625		5		22	9	1					1	1		5	44
60626		6		3	2		1						1	2	15
60628	2													1	3
60629	5		4	1	1	3		1							15
60630				20	2										22
60631				2											2
60632	1								1						2
60634				5										1	6
60636								3							3
60637								3							3
60638			7					1							8
60639				10	2	2		1							15
60640		9		2	11				2	1				2	27
60641		1		13	4									1	19
60642		1													1
60643	2		1			3									6
60645		1		2	2		1							2	8
60646				3									1	2	6
60647		3		2	6	2									13
60649														1	1
60651				2	2	1								1	6
60652	3														3
60653						2					1				3
60656				2											2
60657		1			3	1									5
60659				3	2									6	11
60660		3		2	2				2					1	10
60706				1											1
60707					1	1									2
60712		1												1	2
60804						1									1
61342					1										1
62049				1											1
Total	17	47	15	112	68	49	2	11	1	7	12	4	3	28	376