

Original

13-010

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION FEB 26 2013

This Section must be completed for all projects.

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

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

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: <i>Fresenius Medical Care Schaumburg, LLC d/b/a Fresenius Medical Care Schaumburg</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</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>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>One Westbrook Corporate Center, Westchester, IL 60154</i>
Telephone Number: <i>708-498-9118</i>
E-mail Address: <i>colleen.muldoon@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>McDermott, Will &amp; Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>c.ranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Schaumburg 1.0, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 40223</i>
Street Address or Legal Description of Site: <i>815 – 825 W. Wise Road, Schaumburg, IL 60193</i>
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: <i>Fresenius Medical Care Schaumburg, LLC d/b/a Fresenius Medical Care Schaumburg</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"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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.

<b>APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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**Flood Plain Requirements NOT APPLICABLE – PROJECT IS NOT NEW CONSTRUCTION**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 Schaumburg, LLC, proposes to establish a 12 station in-center hemodialysis facility at 815 – 825 W. Wise Road, Schaumburg, IL. The facility will be in leased space. The interior of the leased space will be built out by the applicant.*

*Schaumburg is in HSA 7. As of the February 2013 station inventory there is a determined need for 51 additional ESRD stations.*

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

### Project Costs and Sources of Funds

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

Project Costs and Sources of Funds				
USE OF FUNDS		CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs		N/A	N/A	N/A
Site Survey and Soil Investigation		N/A	N/A	N/A
Site Preparation		N/A	N/A	N/A
Off Site Work		N/A	N/A	N/A
New Construction Contracts		N/A	N/A	N/A
Modernization Contracts		1,479,196	N/A	1,479,196
Contingencies		140,430	N/A	140,430
Architectural/Engineering Fees		158,000	N/A	158,000
Consulting and Other Fees		N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)		320,000	N/A	320,000
Bond Issuance Expense (project related)		N/A	N/A	N/A
Net Interest Expense During Construction (project related)		N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	2,457,252 199,525	2,656,777	N/A	2,656,777
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
<b>TOTAL USES OF FUNDS</b>		4,754,403	N/A	4,754,403
SOURCE OF FUNDS		CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities		2,097,626	N/A	
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)		2,656,777	N/A	2,656,777
Governmental Appropriations		N/A	N/A	N/A
Grants		N/A	N/A	N/A
Other Funds and Sources		N/A	N/A	N/A
<b>TOTAL SOURCES OF FUNDS</b>		4,754,403	N/A	4,754,403
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>				

**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:

<p>Land acquisition is related to project      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service  <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all <b>non-capitalized</b> 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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>74,188</u></p>

**Project Status and Completion Schedules**

<p>Indicate the stage of the project's architectural drawings:</p> <p><input checked="" type="checkbox"/> None or not applicable      <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics      <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>12/31/2014</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><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</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>

**State Agency Submittals**

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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### 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
<b>REVIEWABLE</b>							
ESRD							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

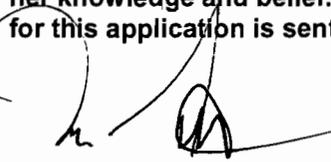
**APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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



SIGNATURE

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

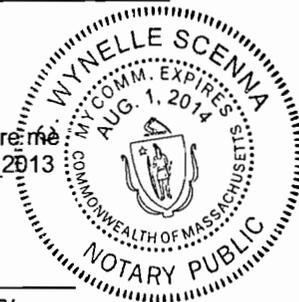


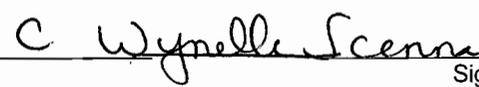
SIGNATURE

**Bryan Mello**  
Assistant Treasurer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_ 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb 2013





Signature of Notary

Signature of Notary

Seal

Seal

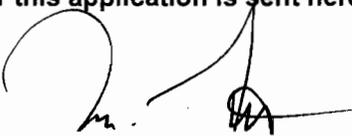
\*Insert EXACT legal name of the applicant

**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 NAME

PRINTED TITLE

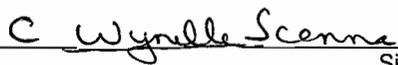
  
SIGNATURE

Bryan Mello  
Assistant Treasurer  
PRINTED NAME

PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_ 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb 2013

  
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
■ 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>2,097,626</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	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.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>2,656,777</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
<u>N/A</u>	e) 5) For any option to lease, a copy of the option, including all terms and conditions. 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;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. (Tenant Improvement Allowance – See Attachment 39 – LOI for Lease of premises)
<u>4,754,403</u>	<b>TOTAL FUNDS AVAILABLE</b>

**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	<b>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.</b>			
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)	
ESRD									
Contingency									
<b>TOTALS</b>									

\* 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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

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
<b>Net Patient Revenue</b>			
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:

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Co-applicant Identification including Certificate of Good Standing	21-22
2	Site Ownership	23-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-33
6	Historic Preservation Act Requirements	34
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10	Discontinuation	
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17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
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33	Post Surgical Recovery Care Center	
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37	Clinical Service Areas Other than Categories of Service	
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	<b>Financial and Economic Feasibility:</b>	
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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 SCHAUMBURG, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 02, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1302100578

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

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of JANUARY A.D. 2013 .***

*Jesse White*

SECRETARY OF STATE

**Co - Applicant Identification**

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</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 02541</i>
Telephone Number: <i>781-669-9000</i>

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>Schaumburg 1.0,, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 40223</i>
Street Address or Legal Description of Site: <i>815 – 825 W. Wise Road, Schaumburg, IL 60193</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.
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>



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

January 17, 2013

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

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

Dear Chad,

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

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

**LANDLORD:** Schaumburg 1.0 LLC  
 10531 Timberwood Circle, Suite D  
 Louisville, KY 4022

**TENANT:** FRESENIUS MEDICAL CARE SCHAUMBURG, LLC.

**LOCATION:** 815 & 825 W. Wise Road.

PIN: 07-33-200-057-0000  
 PIN: 07-33-200-056-0000

**INITIAL SPACE REQUIREMENTS:** Approximately 9,362 contiguous usable square feet.

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

**PRIMARY TERM:** An initial lease term of fifteen (15) years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

**DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. for completion of the Tenant Improvements upon substantial completion of the shell.

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

**OPTIONS TO RENEW:**

Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall provide sixty (60) days' prior written notification of its desire to exercise the option.

**RENTAL RATE:**

\$25.00 per usable square foot

**ESCALATION:**

10% increase in years 6 and 11.

**TENANT ALLOWANCE:**

Please see Building Shell Exhibit. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**CONCESSIONS:**

A rent free period of 3 months upon commencement.

**USE:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. may operate on the Premises, at FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**DEMISED PREMISES**

**SHELL:**

Landlord is responsible for delivery a shell building in conformance with FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's specifications attached as *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**CONTRACTOR FOR**

**TENANT IMPROVEMENTS:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

**HVAC:**

Landlord will provide HVAC service to the space to meet FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's requirements as outlined in Exhibit A. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires HVAC service 24 hours per day, 7 days per week. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**DELIVERIES:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires delivery access to the Premises 24 hours per day, 7 days per week.

**EMERGENCY GENERATOR:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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

**SPACE PLANNING/  
ARCHITECTURAL AND  
MECHANICAL DRAWINGS:**

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

**PRELIMINARY  
IMPROVEMENT PLAN:**

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

**PARKING:**

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

**BUILDING CODES:**

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

**CORPORATE  
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES  
AND REAL ESTATE TAXES:**

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

**ASSIGNMENT/  
SUBLETTING:**

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

**MAINTENANCE:**

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

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

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

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

**UTILITIES:**

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

**SURRENDER:**

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

**ZONING AND  
RESTRICTIVE COVENANTS:**

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

**FLOOD PLAIN:**

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

**CAPITALIZATION TEST:**

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

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

**FINANCING:**

Landlord will provide a non-disturbance agreement.

**EXCLUSIVITY**

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

**ENVIRONMENTAL:**

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

**DRAFT LEASE:**

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

**BROKERAGE FEE:**

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

**LEASE EXECUTION:**

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

**LEASE SECURITY:**

Fresenius Medical Holdings Corp shall fully guarantee the lease.

**CONFIDENTIAL:**

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

**CON CONTIGENCY**

The parties agree understand that this lease and letter of intent will be null and void if the Tenant is unable to receive a CON by June 2013.

**NON-BINDING NATURE:**

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

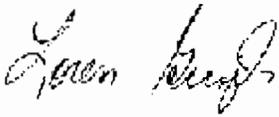
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

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

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

Sincerely,



Loren Guzik  
Senior Director  
Office Group  
Phone: 312-470-1897  
Fax: 312-470-3800  
e-mail: [loren\\_guzik@cushwake.com](mailto:loren_guzik@cushwake.com)

CC: Mr. Bill Popken

**AGREED AND ACCEPTED this 17 day of January, 2012**

By Chad Middendorf

Title: General Manager

**AGREED AND ACCEPTED this \_\_\_\_ day of \_\_\_\_\_, 2012**

By: \_\_\_\_\_

Title: \_\_\_\_\_

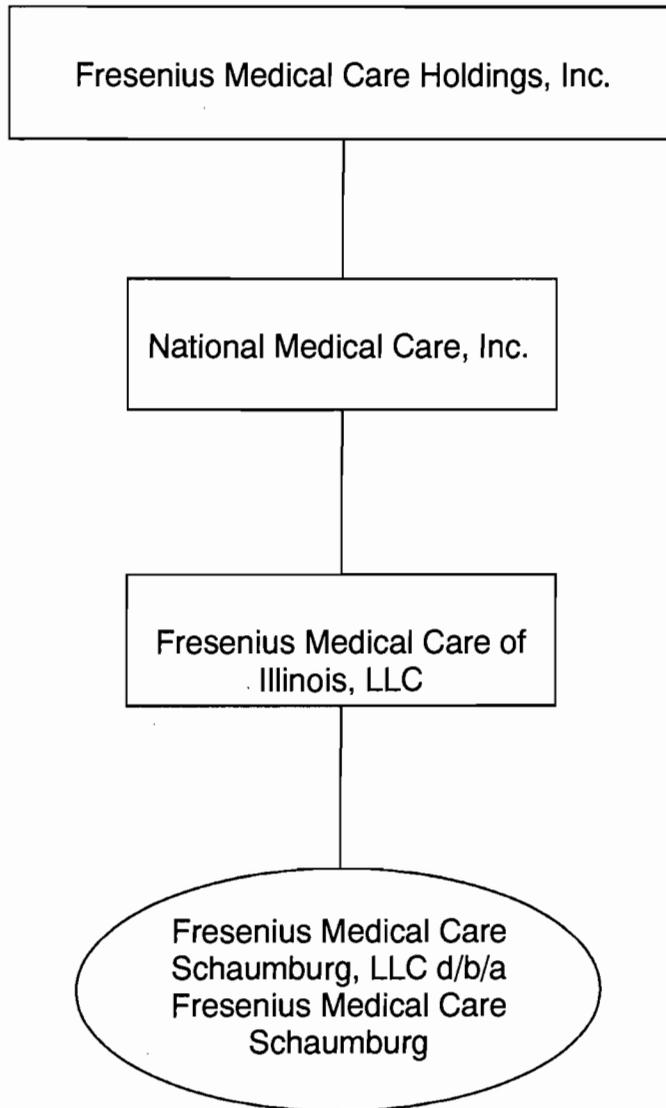
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

## Operating Identity/Licensee

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

Exact Legal Name: <i>Fresenius Medical Care Schaumburg, LLC d/b/a Fresenius Medical Care Schaumburg</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"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>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.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>				

## Certificate of Good Standing at Attachment – 1.

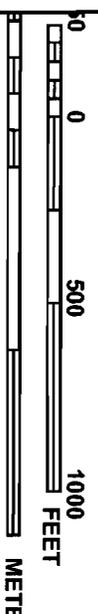


## **Flood Plain Requirements**

The proposed site for the establishment of Fresenius Medical Care Schaumburg complies with the requirements of Illinois Executive Order #2005-5. The site, 815-825 W. Wise Road, Schaumburg, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.



MAP SCALE 1" = 500'



**NFIP**  
**NATIONAL FLOOD INSURANCE PROGRAM**

PANEL 0188J

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
**COOK COUNTY,**  
**ILLINOIS**  
**AND INCORPORATED AREAS**

**PANEL 188 OF 832**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COMMUNITY:

COMMUNITY	NUMBER	PANEL	SUFFIX
COOK COUNTY	170094	0188	J
HOFMANN ESTATES VILLAGE OF	170107	0188	J
SCHAUMBURG VILLAGE OF	170198	0188	J

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



**MAP NUMBER**  
**17031C0188J**  
**MAP REVISED**  
**AUGUST 19, 2008**

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



# Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Cook County  
Schaumburg  
815 Wise Road

PLEASE REFER TO: IHPA LOG #002010512

New construction, 12 station dialysis facility, Fresenius Medical Care

January 9, 2012

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

Dear Ms. Wright:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

## SUMMARY OF PROJECT COSTS

### Modernization Contracts

General Conditions	74,000
Temp Facilities, Controls, Cleaning, Waste Management	3,700
Concrete	18,900
Masonry	22,500
Metal Fabrications	11,000
Carpentry	130,000
Thermal, Moisture & Fire Protection	26,300
Doors, Frames, Hardware, Glass & Glazing	101,300
Walls, Ceilings, Floors, Painting	238,900
Specialities	18,500
Casework, FI Mats & Window Treatments	8,506
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	474,000
Wiring, Fire Alarm System, Lighting	285,000
Miscellaneous Construction Costs	66,590
<b>Total</b>	<b>1,479,196</b>

### Contingencies

Contingencies **\$140,430**

### Architectural/Engineering

Architecture/Engineering Fees **\$158,000**

**Movable or Other Equipment**

Dialysis Chairs	\$17,000
Misc. Clinical Equipment	18,000
Clinical Furniture & Equipment	27,000
Office Equipment & Other Furniture	35,000
Water Treatment	100,000
TVs & Accessories	50,000
Telephones	13,000
Generator	35,000
Facility Automation	20,000
Other miscellaneous	5,000
<b>Total</b>	<b>\$320,000</b>

**Fair Market Value Leased Space & Equipment**

FMV Leased Space (9,362 GSF)	\$2,457,252
FMV Leased Dialysis Machines	187,525
FMV Leased Computers, Fax, Copier	12,000
<b>Total</b>	<b>\$2,656,777</b>

## **Project Status and Completion Schedules**

Anticipated completion date is December 31, 2014. See following page for project timeline.

Project obligation will occur after permit issuance.

## Project Timeline

<b>Application is submitted with estimated completion date.</b>		
<b><i>Project is for establishment of facility on vacant land.</i></b>	Least # Months	Maximum # Months
CON Process Only	3	12
<b>PLUS</b>		
Lease execution	1	1
Architect Plans	1.5	2
Building Permits, bidding, contract	2	4
Construction of Shell	3	4
Interior Build-out	3	3
Facility Start-up to open	1	1
Wait for CMS Cert. Inspection	3	5
Wait for CMS Cert. Letter	3	4
<b>Total Months</b>	<b>17.5</b>	<b>24</b>
<b>Application is submitted with estimated completion date.</b>		
<b><i>Project is for establishment of facility in existing building. Interior build-out only</i></b>	Least # Months	Maximum # Months
CON Process	3	12
<b>PLUS</b>		
Lease execution	1	1
Architect Plans	1.5	2
Building Permits, bidding, contract	2	4
Interior Build-out	3	3
Facility Start-up to open	1	1
Wait for CMS Cert. Inspection	3	5
Wait for CMS Cert. Letter	3	4
<b>Total Months</b>	<b>14.5</b>	<b>20</b>

Prior to CON submittal, a project completion date is chosen based on type of project (establishment/expansion) and whether or not a building needs to be constructed. Consideration is also given to what time of year it will be upon approval if a new building is to be built.

Once submitted, the CON process can take from 3 to 12 months depending on whether or not a project is deferred (it can be deferred up to 6 months) and whether or not a project receives an intent to deny (it can be up to six months before it is reheard).

In the examples to the left, the first is for establishment of a facility on vacant land. This project requires a longer timeline than the second example which is in an existing building. (Fresenius Medical Care does not begin plans on a project until it receives CON approval.) The timeframe estimates are best case scenario and do not take into

account things like the difficulty it often takes to get building permits especially in the City of Chicago. Not considered also, is any unforeseen problems with the physical structure of an existing building or additional time involved if a facility needs to address any deficiencies in order to receive CMS certification.

Once a new clinic has been inspected it is required to wait until receipt of the Certification Letter prior to admitting and treating any Medicare patients (a relocated clinic can begin treating relocated patients prior to being inspected). Per Board rules a project cannot be considered complete until the certification letter has been received from CMS even if the construction is done and the facility is treating patients. At this point the final cost report is prepared to close the permit with The Board.

**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
<b>REVIEWABLE</b>							
In-Center Hemodialysis	4,754,403		9,362		9,362		
Total Clinical	4,754,403		9,362		9,362		
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>	4,754,403		9,362		9,362		
<b>APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>							

## **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.

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. Our quality outcomes of our dialysis facilities in Illinois exceed the U.S. mean in almost every measurement category.

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.

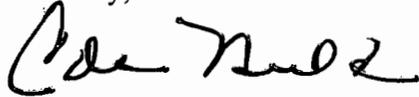
January 21, 2013

Courtney Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 West Jefferson, 2<sup>nd</sup> 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 Schaumburg 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 Schaumburg 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.

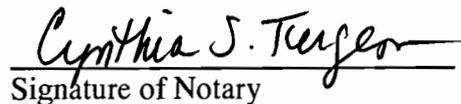
Sincerely,



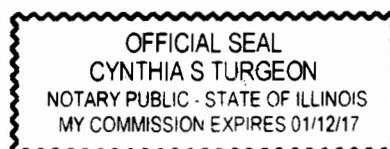
Coleen Muldoon  
Regional Vice President

Notarization:

Subscribed and sworn to before me  
this 19<sup>th</sup> day of February 2013

  
Signature of Notary

Seal



Charity-Care-Certification  
ATTACHMENT - 11

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	14-2637	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	
Centre-West Springfield	14-2546	1112 Centre West Dr.	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	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%
Galesburg	14-8628	695 N. Kellogg	Galesburg	61401	
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	14-2739	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%
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	
Normal		1531 E. College Ave	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	10.8%
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	
Regency Park	14-2558	124 Regency Dr.	O'Fallon	62269	
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%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southside	14-2508	3134 W. 76th St.	Chicago	60652	24.0%
Southwestern Illinois	14-2535	5-9 Professional Drive	Alton	62002	
Spoon River	14-2565	210 W. Walnut St	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. Neltor	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 Schaumburg, LLC

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

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

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

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

Signature of Notary C Wynelle Scenna 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 Faweett  
Vice President & Asst. Treasurer

By: [Signature]  
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

Signature of Notary C. Wynelle Scenna Signature of Notary

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## Criterion 1110.230 – Purpose of Project

This project is being proposed to address a State Board determined need in HSA 7 of 51 stations, alleviate historic high utilization of ESRD facilities in an approximate 5 mile radius around Schaumburg and to open up additional treatment schedule times. This market area, which is served by Alexian Brothers Healthcare in Elk Grove and St. Alexius Medical Center in Hoffman Estates, has experienced consistent growth of ESRD and historic high utilization of facilities contained therein creating the current access issues.

Due to the high utilization of the market's ESRD facilities patients have inadequate access to treatment schedule times that effectively work into their daily lives and that offer access to available transportation options. This can be problematic because new patients are ill and unfamiliar with dialysis and have to adjust to this major life-changing event while trying to maintain their quality of life. The Hoffman Estates and Elk Grove clinics have patients on waiting lists who need an earlier daytime treatment schedule. When a clinic operates above 80% utilization new patients are generally given the 3<sup>rd</sup> shift of the day which does not end until approximately 8:00 p.m. This treatment time severely interrupts their life and makes transportation more difficult because public medical transportation does not operate after 4:00 p.m.

In addition area hospitals are experiencing high readmission rates of ESRD patients most commonly related to congestive heart failure which is prevalent among dialysis patients. Often patients are in need of an extra dialysis treatment due to fluid overload caused by heart disease, but they cannot receive one outside of their already scheduled treatment time due to high utilization at area clinics. These patients are sent to the emergency room, admitted, and given dialysis, all of which leads to extensive costs to the hospital, not to mention a significant burden to the patients. The Schaumburg facility we propose will provide capacity for these extra treatments and lower hospital admission rates.

The goal of Fresenius Medical Care is to provide area ESRD patients with dialysis access by creating additional treatment schedule times and to reduce the readmission rates of ESRD patients with congestive heart failure. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Fresenius Hoffman Estates and Elk Grove facilities that serve this area have exceptional quality outcomes and the same is expected of the proposed Schaumburg facility as listed below:

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

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

Clinic utilization was received from the IHFSRB.

## Alternatives

### 1) All Alternatives

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

Fresenius Medical Care has already followed through on one plan that is of lesser scope and that is to add 3 stations to its Hoffman Estates clinic per #E-011-11. The final cost of that project was \$293,440. However, this facility is still highly utilized at 87% and it cannot expand further. The Elk Grove facility is a large 28 station clinic and is also not able to expand further. DaVita Schaumburg received permit to add 6 stations to that facility, however it is not going to completely address high utilization as they state in their application that the expected utilization of the facility after the addition of stations will be 93%.

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

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

The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with to ensure financial stability. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs.

C. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project

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

D. The only alternative that is going to effectively reduce utilization in Schaumburg, create needed treatment schedule options and reduce readmission rates is to proceed with the proposed Fresenius Medical Care Schaumburg. The cost of this project is \$4,754,403.

## 2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Increase of patients on waiting lists for earlier treatment schedule. Ongoing high readmission rates for area hospitals. Patients will have to travel out of their health care service area to obtain treatment creating undue hardship.	While patient quality would remain the same at the Fresenius clinics, the patient's quality of life would diminish with increased travel times, loss of continuity of care and ongoing risk of hospital readmission.	The only financial implication would be to the patient with increased travel costs.
Pursue Joint Venture	\$4,754,403  60% is \$2,852,642  40% is \$1,901,761	Same as current proposed project, however cost would be divided among Joint Venture members.  Costs would likely be split 60/40 between Fresenius Medical Care and JV partner.	Patient clinical quality would remain above standards just as they are currently at Fresenius Aurora.	No effect on patients  Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance in meeting its financial obligations. If this were to become a JV, Fresenius Medical Care would maintain control of the facility and therefore ultimate financial responsibilities.
Utilize Area Providers	\$0	Increased loss of access to facilities and schedule choices to meet the patient's daily schedule needs.  Ongoing hospital readmissions due to fluid overload and lack of schedule times for patient requiring an extra treatment.  Patients may have to travel out of area for treatment.	Unavailability to choose treatment schedule shift could cause transportation problems which leads to missed treatments and lower individual patient quality.  Loss of continuity of care which would lead to lower patient outcomes.  Travel hardships for patients.	No financial cost to Fresenius Medical Care  Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Schaumburg	\$4,754,403	Continued access to dialysis treatment as patient numbers have continually grown in the Schaumburg area.  Access to acceptable treatment schedule times and access to schedule times for those patients requiring extra treatments thereby reducing hospital readmissions.	Patient clinical quality would remain above standards, however individual outcomes and quality of life could improve as patients would have easier access to treatment and less missed treatments	This is an expense to Fresenius Medical Care only.

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The Fresenius Hoffman Estates and Elk Grove facilities that serve this area have exceptional quality outcomes and the same is expected of the proposed Schaumburg facility as listed below:

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

**Criterion 1110.234, Size of Project**

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD IN-CENTER HEMODIALYSIS	9,362 (12 Stations)	360-520 DGSF	3,122 DGSF	No

As seen in the chart above, the State Standard for ESRD is between 360-520 DGSF per station. This project is being accomplished in leased space with the interior to be built out by the applicant therefore the standard being applied is expressed in departmental gross square feet. The proposed 9,362 DGSF amounts to 780 DGSF per station and is over the State standard.

The additional space is needed for a home dialysis department including extra supply space and a separate bathroom for home dialysis patients, administrative offices and for future expansion. Most dialysis facilities will expand when necessary and it is more cost effective to have the additional space at the forefront of a project rather than to have to relocate a facility or establish a new clinic when the need arises.

**Criterion 1110.234, Project Services Utilization**

<b>UTILIZATION</b>					
	<b>DEPT/SERVICE</b>	<b>HISTORICAL UTILIZATION</b>	<b>PROJECTED UTILIZATION</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
	IN-CENTER HEMODIALYSIS	N/A Proposed Facility		80%	
<b>YEAR 1</b>	IN-CENTER HEMODIALYSIS		50%	80%	No
<b>YEAR 2</b>	IN-CENTER HEMODIALYSIS		104%	80%	Yes

Dr. Wick has identified 137 pre-ESRD patients (a total of 96 after accounting for a 30% patient loss prior to dialysis commencement) with lab values indicative of active kidney failure who live in the Schaumburg market area and that are expected to require dialysis services in the first two years after the Schaumburg facility begins operations. Ten of these patients (7 after patient attrition) could potentially be referred to the US Renal Streamwood facility based on patient preference.

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

**A. Planning Area Need - Formula Need Calculation:**

The proposed Fresenius Medical Care Schaumburg dialysis facility is located in Schaumburg in HSA 7. HSA 7 is comprised of suburban Cook and DuPage counties. According to the February 2013 Inventory there is a need for an additional 51 stations in this HSA.

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

- A. The primary purpose of this project is to provide in-center hemodialysis services in to the Schaumburg market area, which is in northwest Cook County in HSA 7. 100% of the patients identified for the Fresenius Schaumburg facility reside in HSA 7.

<b>HSA</b>	<b>County</b>	<b># Pre-ESRD Patients Who Will Be Referred to Fresenius Medical Care Schaumburg</b>
7	Suburban Cook	97 Patients = 76%
7	DuPage	30Patients = 24%
		<b>127 Patients = 100%</b>

LISA L. PILLSBURY, M.D.  
MOHAMED A. RAHMAN, M.D., F.A.C.P.  
RAJU B. RAY, M.D.  
RICHARD K. LEE, M.D.  
GRADY M. WICK, M.D.  
ANNE C. ALLEN, PA-C  
JILL M. HETZEL, PA-C

February 12, 2013

*Nephrology and Hypertension*

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*Nephrology Associates of Northern Illinois*  
901 Biesterfeld Road, Suite 310 • Elk Grove Village, Illinois • Telephone (847) 952-9332 • Fax (847) 952-9338

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

Dear Ms. Avery:

I am a nephrologist practicing with Nephrology Associates of Northern Illinois (NANI) in the northwest Chicago suburbs and have been doing so for over 4 ½ years. During this time, the number of patients for whom we care has grown by over 25%. The Schaumburg area clinics are experiencing high utilization rates, often making it difficult for me to find availability for treatment schedule times that best suit my patient's needs. I have also witnessed high hospital readmission rates of dialysis patients at Alexian Brothers & St. Alexius Medical Centers, where I am on staff. This occurs because the clinics do not have room to accommodate dialysis patients who have fluid overload due to heart disease and require an extra treatment outside of their normal treatment schedule.

Schaumburg needs additional dialysis stations to address both of these access issues that have been in existence for many years. I am writing to give this project my full support, and I encourage the Board to see the need that I have for my patients who live in Schaumburg.

My partners (Dr. Ray, Dr. Rahman, Dr. Lee, Dr. Pillsbury) and I were treating 190 hemodialysis patients at the end of 2009, 210 at the end of 2010, and 217 patients at the end of 2011, as reported to The Renal Network. As of the most recent quarter, we were treating 227 hemodialysis patients. Over the past twelve months, we have referred 134 patients for hemodialysis services to Fresenius Hoffman Estates, Rolling Meadows, Glendale Heights, Glenview, Niles & Elk Grove, (DaVita) DSI Buffalo Grove, Arlington Heights and Schaumburg, QRC Carpentersville and ARA Barrington. We currently have 137 pre-ESRD patients who live in the Schaumburg area and who could receive services at the Fresenius Schaumburg facility within the first two years of its operation. 10 of these patients potentially could be referred to the US Renal Streamwood facility based on their preference. Due to patient attrition, it is expected that approximately 96 of these patients will still require dialysis services at the Schaumburg facility by the time it is operating.

Thank you for your consideration and I respectfully ask you to approve Fresenius Medical Care Schaumburg.

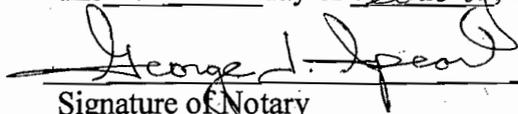
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other permitted or pending CON application.

Sincerely,

  
Grady M. Wick, M.D.

Notarization:

Subscribed and sworn to before me  
this 12 day of February, 2013

  
Signature of Notary

Seal



**PRE-ESRD PATIENTS NANI EXPECTS TO REFER TO FRESINIUS MEDICAL  
CARE SCHAUMBURG IN THE 1<sup>ST</sup> 2 YEARS OF OPERATION**

	<b>Zip</b>	<b>Pre-ESRD</b>
<b>City</b>	<b>Code</b>	<b>Patients</b>
Elk Grove	60007	26
Bloomington	60108	15
Hanover Park	60133	8
Itasca	60143	10
Medinah	60157	1
Hoffman Estates	60169	9
Roselle	60172	11
Schaumburg	60173	2
Schaumburg	60193	28
Schaumburg	60194	14
Schaumburg	60195	3
	<b>Total</b>	<b>127</b>

I have an additional 10 patients who live in the market area that will likely be referred to the US Renal Streamwood facility now that it is operational.

	<b>Zip</b>	<b>Pre-ESRD</b>
<b>City</b>	<b>Code</b>	<b>Patients</b>
Streamwood	60107	10

**ADMISSIONS OF NANI FOR THE PAST TWELVE MONTHS**

Zip Code	DaVita		Fresenius Medical Care						Quality Renal Care		Total
	ARA Barrington	Schaumburg	Elgin	Elk Grove	Glendale Heights	Hoffman Estates	Palatine	Rolling Meadows	Carpentersville	Marengo	
60004							4				4
60007				10							10
60008								2			2
60010							2				2
60016				1			1				2
60018				3			1				4
60030							1				1
60044							1				1
60047							1				1
60056							1	1			2
60067				1			3				4
60068				1							1
60074								1			1
60089							4				4
60101				1	1						2
60103						1					1
60106				1	1						2
60107	1	1	1			1					4
60108				2	3						5
60110			1			2	1		1		5
60118									1		1
60120			2								2
60123			2								2
60133				1	1	5					7
60137					3						3
60139					4						4
60142			1							1	2
60143				5							5
60157				1							1
60169		1		1		1					3
60172		1		4	1						6
60173				1				1			2
60187					1						1
60188					5						5
60191				2							2
60192						1	1				2
60193		6		6		1					13
60194		2				2					4
60195		1									1
60433							1				1
60561								1			1
60564		1									1
60624				1							1
60630							1				1
60634							1				1
60659			1								1
61554			1								1
62899					1						1
68164							1				1
<b>Total</b>	<b>1</b>	<b>13</b>	<b>9</b>	<b>42</b>	<b>21</b>	<b>14</b>	<b>25</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>134</b>

**PATIENTS OF NANI AT YEAR END 2009**  
**FOR THE NORTHWEST SUBURBS**

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

**PATIENTS OF NANI AT YEAR END 2010**  
**FOR THE NORTHWEST SUBURBS**

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

**PATIENTS OF NANI AT YEAR END 2011**  
**FOR THE NORTHWEST SUBURBS**

Zip	ARA	DaVita		Fresenius Medical Care							Total
		Monteclare	Schaumburg	Elgin	Elk Grove	Glendale Heights	Glenview	Hoffman Estates	Palatine	Rolling Meadows	
60005					2						2
60007			1		27						28
60008					1						1
60009					1						1
60010					1			5			6
60018					7					1	8
60050								1			1
60056					4						4
60062							1				1
60067										1	1
60074									1		1
60090					1				1		2
60101					6	2					8
60103					2			4			6
60107	1		1		6			16			24
60108			3		5	1					9
60110								2			2
60120				1				2			3
60124			2								2
60133			3		6			4			13
60137						1					1
60139					3	1					4
60140								1			1
60142				1							1
60143					7						7
60148						1					1
60157					1						1
60169	1		2		2			7			12
60172			4		5			1			10
60173					1						1
60185					1	1					2
60187						1					1
60188				1							1
60191					8						8
60192								2			2
60193			11		11						22
60194			4		3			5			12
60195					1						1
60440					1						1
60634		2			1			1			4
62960			1								1
<b>Total</b>	<b>2</b>	<b>2</b>	<b>32</b>	<b>3</b>	<b>114</b>	<b>8</b>	<b>1</b>	<b>51</b>	<b>2</b>	<b>2</b>	<b>217</b>

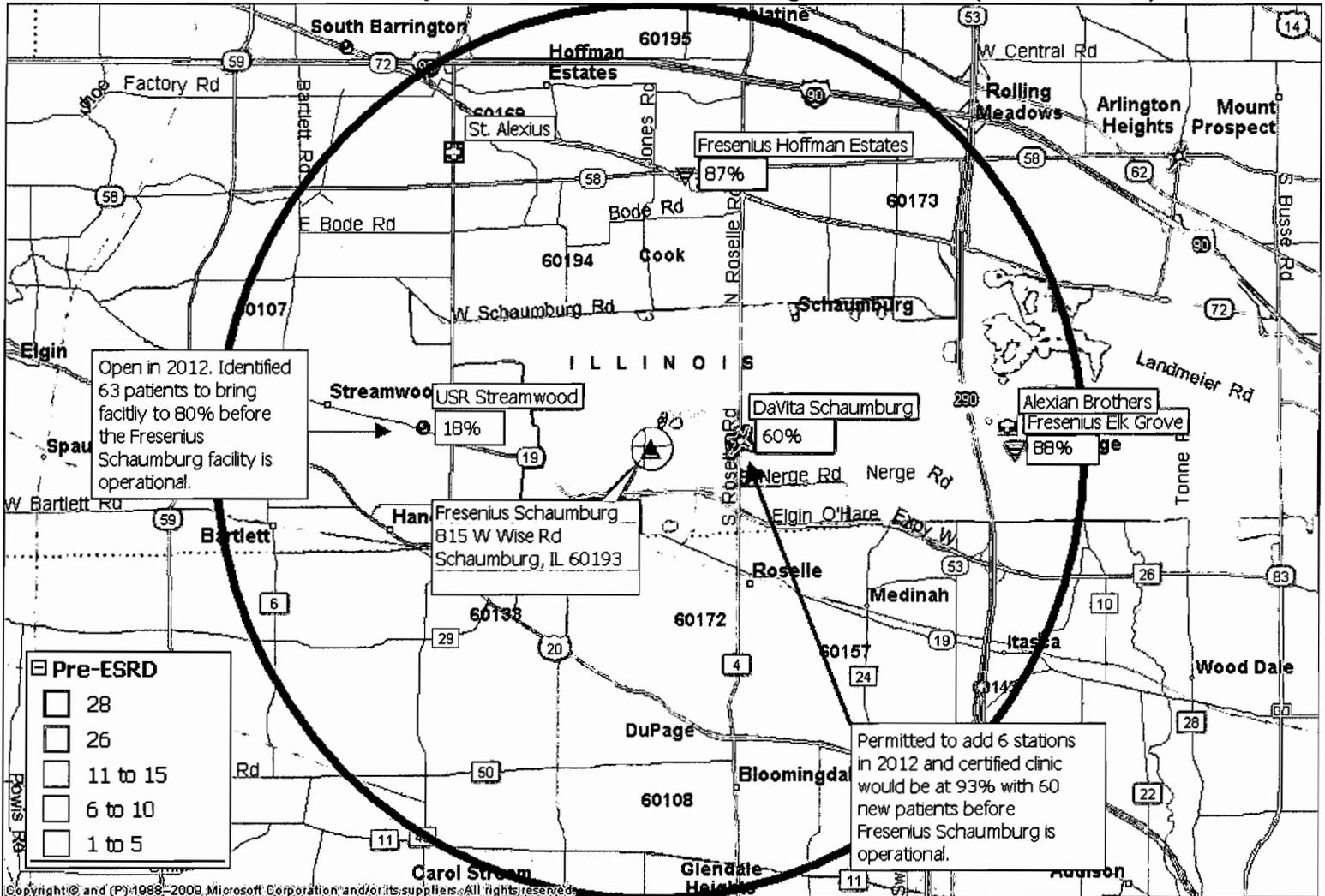
**PATIENTS OF NANI FOR MOST RECENT QUARTER (12/31/12)**  
**FOR THE NORTHWEST SUBURBS**

Zip	ARA	DaVita			Fresenius Medical Care						US Renal	Total	
		Barrington	Monteclare	Schaumburg	Palatine	Elgin	Elk Grove	Glendale Heights	Hoffman Estates	Rolling Meadow	West Chicago		Streamwood
60004										1			1
60005						3							3
60007			1			30							31
60008						1							1
60009						1							1
60010						1		3					4
60016						2		1					3
60018						7				1			8
60056						4							4
60067						1				1			2
60068						1							1
60090				1									1
60101						2	2						4
60103						2		2					4
60107	2		1		1	2		9				4	19
60108			2			7	1	1					11
60110						2		4					6
60118	1												1
60120			1			3		1					5
60124			2										2
60133			2				5	7					14
60137								1					1
60139						3							3
60140								1					1
60142						1							1
60143						9					1		10
60148								1					1
60156						1							1
60157						2							2
60164								1					1
60169			1			3		7					11
60172			3			7		1					11
60173						1							1
60178						1							1
60185						2	1						3
60188						1							1
60191						6							6
60192								1					1
60193			13			12		2					27
60194			5			2		6					13
60195			1			1							2
60406						1							1
60440						1							1
60634		1											1
60656						1							1
61554						1							1
62960			1										1
Total		1	33	1	12	119	6	47	3	1	4		227

## Service Accessibility – Service Restrictions

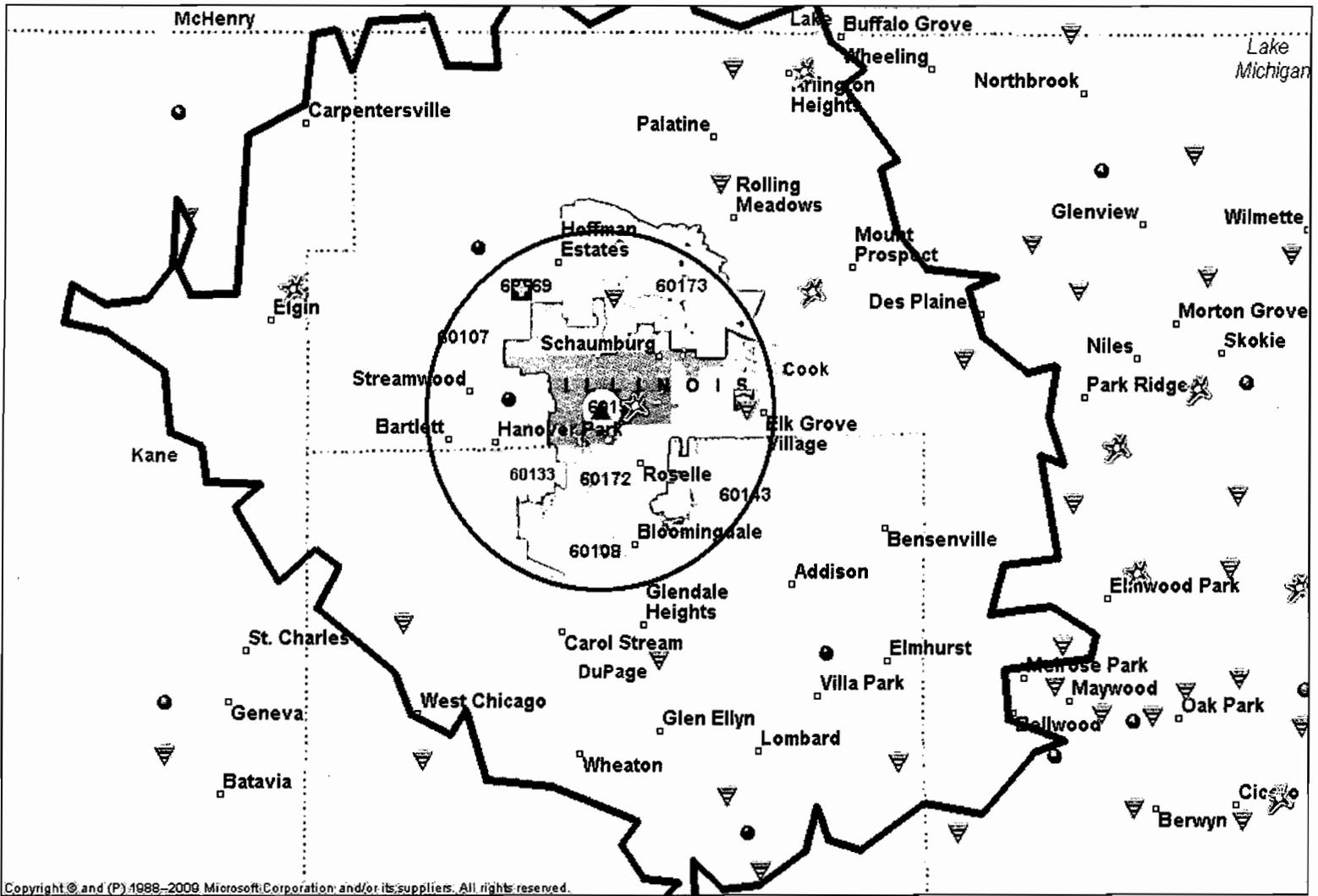
The proposed Fresenius Medical Care Schaumburg dialysis facility will be located in HSA 7 in Schaumburg in northwest Cook County. The Schaumburg market is an approximate 5 mile radius around Schaumburg and has a population of about 300,000. It is a growing and densely populated area consisting of nearly two million people in the 30 minute travel zone. According to the February 2013 station inventory there is need for 51 more stations in this HSA.

**Facilities and NANI pre-ESRD in the Schaumburg Market Area (5 mile radius)**



As can be seen on the above map, the Fresenius Medical Care facilities continue to operate at high utilization rates despite the addition of 3 stations at Hoffman Estates. Dr. Wick currently admits patients to DaVita Schaumburg and USR Streamwood, however both of these facilities identified enough patients by two separate and different physicians to bring each to 80% utilization long before the Fresenius Schaumburg facility, if approved, would be in operation.

## 30 Minute Travel Zone Around Fresenius Medical Care Schaumburg



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Name	Address	City	Zip Code	MapQuest		Adjusted Time	Stations	Dec-12	
				Miles	Time			Patients	Utilization
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	1.06	2	2.3	20	72	60.00%
USR Streamwood	149 Irving Park Road	Streamwood	60107	4.17	9	10.35	13	14	17.95%
Fresenius Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60195	6.76	13	14.95	21	104	86.67%
Fresenius Elk Grove	901 Biesterfeld Rd	Elk Grove Villag	60007	7.12	11	12.65	28	147	87.50%
ARA South Barrington	33 W Higgins Rd	Barrington	60010	8.09	15	17.25	14	59	70.24%
DaVita Arlington Heights	17 W Golf Rd	Arlington Heights	60005	9.05	17	19.55	18	76	70.37%
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	9.2	18	20.7	24	107	74.31%
Fresenius Glendale Heights	520 North Ave	Glendale Heights	60139	12	18	20.7	21	99	78.57%
USR Villa Park	200 E. North Avenue	Villa Park	60181	12.32	18	20.7	13	0	0.00%
DaVita Cobblestone	836 Dundee St	Elgin	60120	12.44	22	25.3	14	61	72.62%
Fresenius West Chicago	1859 N. Neltnor	West Chicago	60185	12.66	22	25.3	12	30	41.67%
Fresenius Palatine	691 E Dundee Rd	Palatine	60074	12.78	24	27.6	12	42	58.33%
Fresenius Des Plaines	1625 Oakton Place	Des Plaines	60018	14.15	24	27.6	12	0	0.00%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	15.55	24	27.6	12	44	61.11%
USR Oak Brook	1213 Butterfield Road	Downers Grove	60515	16.63	24	27.6	13	4	5.13%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	17.05	25	28.75	24	132	91.67%
DaVita Buffalo Grove	1291 W Dundee Rd	Buffalo Grove	60089	17.45	24	27.6	16	62	64.58%
Fresenius North Ave	719 W North Ave	Melrose Park	60160	17.5	26	29.9	24	122	84.72%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	18.05	26	29.9	19	94	82.46%

- Both Fresenius Elk Grove and Hoffman Estates are nearing capacity leaving patients little choice in dialyzing on a treatment shift time that best suits their daily schedule. DaVita Schaumburg and USR Streamwood, although showing availability, are not going to be able to accommodate the over flow from these two highly utilized facilities along with servicing the pre-ESRD patients identified by the Medical Director practice supporting their own facilities. Additional access will be needed in 18-24 months which would be when the Fresenius Schaumburg facility would start accepting patients. It takes approximately 18-24 months to bring a newly established facility from CON approval to completion (per Board rules this is the receipt of CMS certification letter). Additionally, prior to approval the CON process can take anywhere from 3-12 months. It is therefore imperative that we as healthcare providers plan for future patients now rather than waiting until there is no access in a healthcare market.
- The Schaumburg market has long experienced high utilization rates and the recent station additions to the area are expected to fill up within the Board's timeframe standard. Additional access is needed for Dr. Wick's identified patients who live in the Schaumburg market. It is not practical to send patients who live in this market and utilize either Alexian Brothers or St. Alexius Healthcare outside of this market for treatment.

The Schaumburg market also has a higher than average concentration of elderly residents. 16% of the Schaumburg area is over age 62 with 12% over age 65 as compared to the rest of Cook County, which is 7% over age 62 and 7% over age 65. The Schaumburg elderly population is double Cook County's elderly population. The elderly population suffers disproportionately from co-morbid conditions such as diabetes, hypertension and heart disease that all lead to kidney failure. Consideration needs to be given to areas of high elderly population when planning for future dialysis services. Elderly patients experience difficulty when travelling out of their healthcare market to seek treatment.

Due to the elderly population of dialysis patients in the Schaumburg area and the historic high utilization of the area clinics is the exacerbation of the ability to provide extra treatments for patients experiencing fluid overload due to heart disease. Often times patients require a 4<sup>th</sup> treatment (normal treatment schedule is 3 times weekly) in a given week due to accumulating fluid related to heart disease. While every effort is made to accommodate these patients, with area clinics at capacity, we cannot offer this service in the clinic and patients must go to the emergency room, where they are admitted and dialyzed. This raises healthcare costs for the hospital and patient, puts the patient through unnecessary hospital stays and could be prevented if there was additional capacity in Schaumburg to offer these extra treatments.

**Unnecessary Duplication/Maldistribution**

60004	50,582		
60005	29,308	18	DaVita Arlington Heights
60007	33,820	28	Fresenius Elk Grove
60008	22,717	24	Fresenius Rolling Meadows
60010	44,095	14	ARA South Barrington
60016	59,690		
60018	30,099		
60047	41,669		
60056	55,219		
60067	38,585		
60068	37,475		
60070	16,001		
60074	38,985	12	Fresenius Palatine
60089	41,533	16	DaVita Buffalo Grove
60090	37,633		
60101	39,119		
60103	41,928		
60104	19,038		
60106	20,309		
60107	39,927	13	USR Streamwood
60108	22,735		
60110	38,557		
60118	15,851	12	Fresenius Des Plaines
60120	50,955	14	DaVita Cobblestone
60123	47,405		
60124	18,935		
60126	46,371	24	Fresenius Elmhurst
60131	18,097		
60133	38,103		
60137	37,805		
60139	34,381	21	Fresenius Glendale Heights
60143	10,360		
60148	51,468	12	Fresenius Lombard
60154	16,773		
60155	7,927		
60157	2,380		
60160	25,432	24	Fresenius North Avenue
60162	8,111		
60163	5,209		
60164	22,048		
60165	4,946		
60169	33,847		
60172	24,537		
60173	12,217		
60174	30,752		
60176	11,795		
60177	22,659		
60181	28,836	13	USR Villa Park
60184	2,448		
60185	36,527	12	Fresenius West Chicago
60187	29,016		
60188	42,656		
60189	30,472		
60190	10,663		
60191	14,310		
60192	16,343		
60193	39,188	20	DaVita Schaumburg
60194	19,777		
60195	4,769	21	Fresenius Hoffman Estates
60515	27,503	32	Fresenius Downers Grove, USR Oak Brook
60521	17,597		
60523	9,890		
60532	27,066		
60558	12,960		
60631	28,641		
60656	27,613		
<b>Total</b>	<b>1,823,663</b>	<b>330</b>	<b>1/1,526</b>

1(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30 minute radius of Fresenius Schaumburg is 1 station per 5,526 residents according to the 2010 census (based on 1,823,663 residents and 330 stations). The State ratio is 1 station per 3,238 residents (based on US Census 2010 of 12,830,632 Illinois residents and February 2013 Board stations inventory of 3,963).

There are more than 1 ½ times the number of residents per station in the Schaumburg area than the State as a whole. This facility will therefore not create maldistribution and will address the need exhibited by the lack of stations per population. There is a need for 51 additional stations in HSA 7.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Schaumburg will not create a maldistribution of services in regard to there being excess capacity. There is currently a need for 51 additional stations in HSA 7. This combined with the ratio of stations to population over 1 ½ below the State standard, a need for more stations is confirmed.

Fresenius Medical Care Schaumburg will not have an adverse effect on any other area ESRD provider, but will provide access to the Schaumburg market, which is highlighted and bolded in the chart below. There are two hospitals serving this market of approximately 300,000 people, Alexian Brothers in Elk Grove and St. Alexius in Hoffman Estates

This area has historically experienced high utilization, which has recently been addressed by DaVita Schaumburg which was permitted (12-099) to expand by six stations, which are not yet operational. While this will drop the utilization at that clinic the additional stations are to serve the current patient population by opening up more shift choices (there is currently a waiting list of patients to move up to a earlier shift) to the current ESRD patients as well as to serve 39 pre-ESRD patients identified in that application who will be referred to the DaVita Schaumburg facility to bring that facility back up to 93%. These are patients of Dr. DiSilvestro's and are separate from those of NANI identified in this application. None of the patients have been duplicated.

#### Facilities within 30 Minutes Normal Travel Time of Fresenius Schaumburg

Name	Address	City	Zip Code	MapQuest		Adjusted Time	Stations	Dec-12	
				Miles	Time			Patients	Utilization
<b>DaVita Schaumburg</b>	<b>1156 S Roselle Rd</b>	<b>Schaumburg</b>	<b>60193</b>	<b>1.06</b>	<b>2</b>	<b>2.3</b>	<b>20</b>	<b>72</b>	<b>60.00%</b>
<b>USR Streamwood</b>	<b>149 Irving Park Road</b>	<b>Streamwood</b>	<b>60107</b>	<b>4.17</b>	<b>9</b>	<b>10.35</b>	<b>13</b>	<b>14</b>	<b>17.95%</b>
<b>Fresenius Hoffman Estates</b>	<b>3150 W Higgins Rd</b>	<b>Hoffman Estates</b>	<b>60195</b>	<b>6.76</b>	<b>13</b>	<b>14.95</b>	<b>21</b>	<b>104</b>	<b>86.67%</b>
<b>Fresenius Elk Grove</b>	<b>901 Biesterfield Rd</b>	<b>Elk Grove Villag</b>	<b>60007</b>	<b>7.12</b>	<b>11</b>	<b>12.65</b>	<b>28</b>	<b>147</b>	<b>87.50%</b>
ARA South Barrington	33 W Higgins Rd	Barrington	60010	8.09	15	17.25	14	59	70.24%
DaVita Arlington Heights	17 W Golf Rd	Arlington Heights	60005	9.05	17	19.55	18	76	70.37%
Fresenius Rolling Meadows	4180 Winnetka Ave	Rolling Meadows	60008	9.2	18	20.7	24	107	74.31%
Fresenius Glendale Heights	520 North Ave	Glendale Heights	60139	12	18	20.7	21	99	78.57%
USR Villa Park	200 E. North Avenue	Villa Park	60181	12.32	18	20.7	13	0	0.00%
DaVita Cobblestone	836 Dundee St	Elgin	60120	12.44	22	25.3	14	61	72.62%
Fresenius West Chicago	1859 N. Neltnor	West Chicago	60185	12.66	22	25.3	12	30	41.67%
Fresenius Palatine	691 E Dundee Rd	Palatine	60074	12.78	24	27.6	12	42	58.33%
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Fresenius Lombard	1940 Springer Dr	Lombard	60148	15.55	24	27.6	12	44	61.11%
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Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	18.05	26	29.9	19	94	82.46%

Another addition to the area is the US Renal Streamwood facility which became operational in 2012. In that application, US Renal identified 60 patients to bring that facility above 80% utilization a full year before the Fresenius Schaumburg facility is in operation. As well, Dr. Wick has also identified 10 patients he expects to admit to the Streamwood facility when they require dialysis. These patients were not accounted for in US Renal's CON application.

The two remaining facilities serving the Schaumburg market are both operating at high utilization. Fresenius Hoffman Estates is operating 87% despite the addition of 3 stations in 2012. The Fresenius Elk Grove clinic is operating at 88% utilization.

Additional facilities within 30 minutes "normal travel time" may have access; however almost all of them are between 20 and 30 minutes away and do not serve the residents of Schaumburg. These travel times do not account for traffic congestion during rush hour or inclement weather and many include highway travel, which is generally not preferred for these ill and elderly patients to travel to and from treatment. This is why access close to home is needed.

3. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility.

**Criterion 1110.1430 (e)(5) Medical Staff**

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

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



Signature

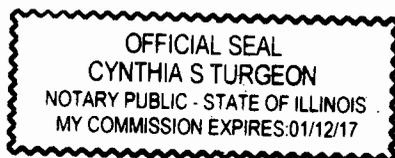
Coleen Muldoon  
Printed Name

Regional Vice President  
Title

Subscribed and sworn to before me  
this 14<sup>th</sup> day of February, 2013

Cynthia S. Turgeon  
Signature of Notary

Seal



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Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Grady Wick will be the Medical Director for the Fresenius Schaumburg facility. 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.

## **GRADY MADISON WICK, M.D., M.S., B.S.**

### **PERMANENT ADDRESS**

### **BUSINESS ADDRESS**

UIC College of Medicine  
Section of Nephrology  
Room 418W CSN (MC 793)  
820 South Wood Street  
Chicago, Illinois 60612  
Phone: (312) 996-6736

### **EDUCATION / TRAINING**

University of Illinois at Chicago College of Medicine, Chicago, Illinois <i>Fellow, Section of Nephrology – Anticipated Graduation June 2008</i>	7/2006 – 6/2008
Loyola University Medical Center, Maywood, Illinois <i>Housestaff Physician, Department of Internal Medicine</i>	6/2003 – 6/2006
Michigan State University College of Human Medicine, East Lansing, Michigan <i>Medical Doctorate</i>	8/1999 – 5/2003
Purdue University, Indianapolis, Indiana <i>Master of Science, Biology</i>	7/1998 – 5/1999
Purdue University, West Lafayette, Indiana <i>Bachelor of Science, Chemical Engineering</i>	8/1993 – 5/1998
University College London, London, UK <i>Purdue University Study Abroad Program</i>	6/1997 – 7/1997

### **RESEARCH**

Wick GM, Setty S, Brooks, A, Gaitonde S, Patel A, Sebat C, Rondelli D, Levine JS, Perumal K. Membranous glomerulonephritis in a patient with a CD4+/CD56+ hematodermic neoplasm. Article submitted to *American Journal of Kidney Diseases*, January 2008.

Fischer MJ, Wick GM, Stroupe KT, Browning MM, Huo Z, Hynes DM, Kaufman JS. Chronic Kidney Disease is highly prevalent and poorly recognized among VA healthcare users. Article submitted to *American Journal of Kidney Diseases*, January 2008.

Wick GM, Kramer HJ, Jeske WP, Prechel M, Walenga JM. Inflammatory Markers and Heparin-Induced Thrombocytopenia in Acute Renal Failure after Coronary Artery Bypass Grafting. Abstract presentation at *American Society of Nephrology Renal Week*. October 2004.

Wick GM, Ash SR, Steczko J. In vitro Analysis of Urea and Ammonia Removal using Genetically Engineered *E. Coli* DH5 cells for Patients with Acute Hepatic Coma. Manuscript submitted to *Journal of the International Society for Artificial Organs*. 1998.

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**CERTIFICATION AND LICENSURE**

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ACLS/BLS	Renewed April 2007
ABIM Certification	Passed September 2006
USMLE Step III	Passed July 2005
USMLE Step II	Passed November 2002
USMLE Step I	Passed September 2001

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**PROFESSIONAL MEMBERSHIPS**

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- National Kidney Foundation of Illinois, Member since 2007
- National Kidney Foundation, Member since 2006
- American Society of Nephrology, Member since 2006
- Renal Physicians Association, Member since 2006
- American Medical Association, Member since 1999
- American College of Physicians, Member 1999 to 2006

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**CLINICAL SKILLS / PROFICIENCIES**

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- Inpatient and outpatient renal replacement therapies (hemo/peritoneal dialysis)
- Continuous renal replacement therapies (CVVH, CVVHD, CVVHDF, SLED)
- Placement of temporary access for hemodialysis
- Transplant nephrology (inpatient induction and inpatient/outpatient management)
- Renal biopsy (CT and ultrasound-guided, native and transplant)

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**AWARDS AND HONORS**

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- Chief Nephrology Fellow, academic year 2007-2008
- Elected by peer residents to Housestaff Representative Committee, 2003 to 2006
- Selected by Loyola University medical students for Teaching Honor Roll, 2003 to 2006
- Omega Chi Epsilon Chemical Engineering Honor Society, 1995
- Alpha Epsilon Delta Pre-Medical Honor Society, 1995
- Tomahawk Service and Leadership Honor Fraternity, 1994
- Golden Key National Honor Society, 1994
- Alpha Lambda Delta/Phi Eta Sigma Honor Societies, 1994
- Eagle Scout, Boy Scouts of America, 1992

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**VOLUNTEER EXPERIENCE**

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- Loyola University Medical Student Preceptor, 2004 to 2005
- Community Health Clinic, Chicago, IL, 2003 to 2005
- Genesee Free Clinic, Flint, MI, 2002 to 2003
- MSU CHM Flint campus community liaison, 2001 to 2002
- MSU CHM Big Sib Program, 2000 to 2001
- MSU CHM Student Council Member, 1999 to 2001
- Riley Children's Hospital Dialysis Center volunteer, Indianapolis, IN, 1998 to 1999
- Special Olympics volunteer, 1997
- Home Hospital ER volunteer, Lafayette, IN, 1996 to 1997
- Lehigh Valley Hospital ER volunteer, Allentown, PA, 1995

## **Mini Bio – Grady M. Wick**

### **Education:**

#### ***Pre-Medical:***

Purdue University, West Lafayette, IN

#### ***Graduate:***

Indiana University-Purdue University, Indianapolis, IN

#### ***Medical Graduate:***

Michigan State University College of Human Medicine, East Lansing, MI

#### ***Residency:***

Foster C. McGaw Hospital, Loyola University Chicago, Chicago, IL

#### ***Fellowship:***

University of Illinois at Chicago Hospital, Chicago, IL

#### ***Certifications:***

American Board of Internal Medicine  
State of Illinois License

#### **Professional Memberships:**

American Medical Association  
American Society of Nephrology  
National Kidney Foundation  
National Kidney Foundation of Illinois  
Renal Physicians Association

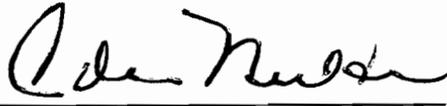
#### **Interests and Hobbies:**

I enjoy traveling (both domestic and abroad), sports (running, soccer, racquetball), college sports (football and basketball), scuba diving, music, the theater, Simpsons trivia, Mystery Science Theater, and sharing time with my wife and best friend, Anna. My wife and I love living in Chicago, spending time with our friends and families, and are looking forward to having children someday.

Criterion 1110.1430 (f) – Support Services

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

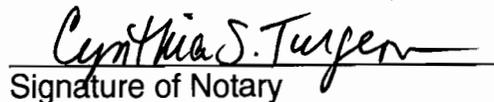
- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care Schaumburg during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory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



Signature

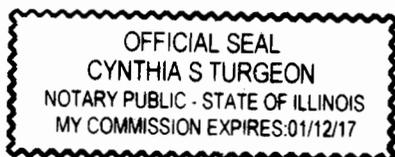
Coleen Muldoon/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 14<sup>th</sup> day of FEBRUARY, 2013



Signature of Notary

Seal



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**Criterion 1110.1430 (g) – Minimum Number of Stations**

Fresenius Medical Care Schaumburg 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 Schaumburg will have twelve dialysis stations thereby meeting this requirement.



**ALEXIAN**  
**BROTHERS**  
St. Alexius Medical Center

December 2, 2011

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

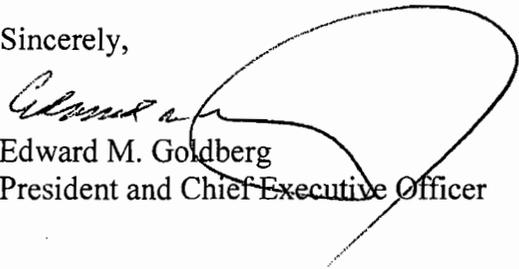
Dear Ms. Wright:

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

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

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

Sincerely,

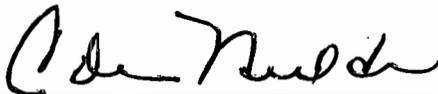
  
Edward M. Goldberg  
President and Chief Executive Officer

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Central Region of the North Division of Fresenius Medical Care North America. In accordance with 77 II. Admn Code 1110.1430, and with regards to Fresenius Medical Care Schaumburg, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Schaumburg in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
  - o 92% of patients had a URR  $\geq$  65%
  - o 95% of patients had a Kt/V  $\geq$  1.2

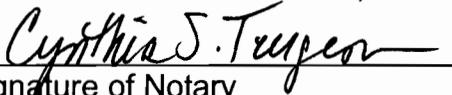
and same is expected for Fresenius Medical Care Schaumburg.



Signature

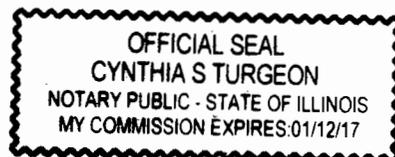
Coleen Muldoon/Regional Vice President  
Name/Title

Subscribed and sworn to before me  
this 19th day of FEBRUARY 2013



Signature of Notary

Seal





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

January 17, 2013

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

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

Dear Chad,

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

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

**LANDLORD:** Schaumburg 1.0 LLC  
 10531 Timberwood Circle, Suite D  
 Louisville, KY 4022

**TENANT:** FRESENIUS MEDICAL CARE SCHAUMBURG, LLC.

**LOCATION:** 815 & 825 W. Wise Road.  
 PIN: 07-33-200-057-0000  
 PIN: 07-33-200-056-0000

**INITIAL SPACE REQUIREMENTS:** Approximately 9,362 contiguous usable square feet.

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

**PRIMARY TERM:** An initial lease term of fifteen (15) years. The Lease and rent would commence on the date that the facility starts treating patients. For purposes of establishing an actual occupancy date, both parties will execute an amendment after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

**DELIVERY OF PREMISES:** Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. for completion of the Tenant Improvements upon substantial completion of the shell.

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

**OPTIONS TO RENEW:**

Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the increase in the Consumer Price Index over the previous five years, capped at 2.5% per year. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall provide sixty (60) days' prior written notification of its desire to exercise the option.

**RENTAL RATE:**

\$25.00 per usable square foot

**ESCALATION:**

10% increase in years 6 and 11.

**TENANT ALLOWANCE:**

Please see Building Shell Exhibit. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**CONCESSIONS:**

A rent free period of 3 months upon commencement.

**USE:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. may operate on the Premises, at FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**DEMISED PREMISES**

**SHELL:**

Landlord is responsible for delivery a shell building in conformance with FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's specifications attached as *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**CONTRACTOR FOR**

**TENANT IMPROVEMENTS:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements utilizing the tenant allowance. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

**HVAC:**

Landlord will provide HVAC service to the space to meet FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. 's requirements as outlined in Exhibit A. FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires HVAC service 24 hours per day, 7 days per week. *(See attached file: Building Shell Exhibit (Existing Space) 09-15-2011.pdf)*

**DELIVERIES:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. requires delivery access to the Premises 24 hours per day, 7 days per week.

**EMERGENCY GENERATOR:**

FRESENIUS MEDICAL CARE SCHAUMBURG, LLC. shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

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

**SPACE PLANNING/  
ARCHITECTURAL AND  
MECHANICAL DRAWINGS:**

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

**PRELIMINARY  
IMPROVEMENT PLAN:**

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

**PARKING:**

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

**BUILDING CODES:**

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

**CORPORATE  
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES  
AND REAL ESTATE TAXES:**

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

**ASSIGNMENT/  
SUBLETTING:**

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

**MAINTENANCE:**

Landlord shall, without expense to Tenant, maintain and make all necessary repairs to the exterior portions and structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, doors and windows, the roof and roof supports, columns, retaining walls, gutters, downspouts, flashings, footings as well as any elevators, water mains, gas and sewer lines, sidewalks, private roadways, landscape, parking areas, common areas, and loading docks, if any, on or appurtenant to the Building or the Premises.

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

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

**UTILITIES:**

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

**SURRENDER:**

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

**ZONING AND  
RESTRICTIVE COVENANTS:**

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

**FLOOD PLAIN:**

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

**CAPITALIZATION TEST:**

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

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

**FINANCING:**

Landlord will provide a non-disturbance agreement.

**EXCLUSIVITY**

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

**ENVIRONMENTAL:**

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

**DRAFT LEASE:**

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

**BROKERAGE FEE:**

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

**LEASE EXECUTION:**

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

**LEASE SECURITY:**

Fresenius Medical Holdings Corp shall fully guarantee the lease.

**CONFIDENTIAL:**

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

**CON CONTIGENCY**

The parties agree understand that this lease and letter of intent will be null and void if the Tenant is unable to receive a CON by June 2013.

**NON-BINDING NATURE:**

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

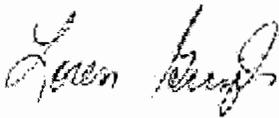
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

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

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

Sincerely,



Loren Guzik  
Senior Director  
Office Group  
Phone: 312-470-1897  
Fax: 312-470-3800  
e-mail: [loren\\_guzik@cushwake.com](mailto:loren_guzik@cushwake.com)

CC: Mr. Bill Popken

**AGREED AND ACCEPTED this 17 day of January, 2012**

By Chad Middendorf

Title: General Manager

**AGREED AND ACCEPTED this \_\_\_ day of \_\_\_\_\_, 2012**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**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		158.00			9,362			1,479,196	1,479,196
Contingency		15.00			9,362			140,430	140,430
<b>TOTALS</b>		<b>173.00</b>			<b>9,362</b>			<b>1,619,626</b>	<b>1,619,626</b>

\* Include the percentage (%) of space for circulation

### Criterion 1120.310 (d) – Projected Operating Costs

#### Year 2016

Salaries	\$344,574
Benefits	86,144
Supplies	<u>63,212</u>
Total	\$493,930

Annual Treatments 8,986

Cost Per Treatment \$54.97

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

#### Year 2016

Depreciation/Amortization	\$155,715
Interest	<u>0</u>
<b>CAPITAL COSTS</b>	<b>\$155,715</b>

Treatments: 8,986

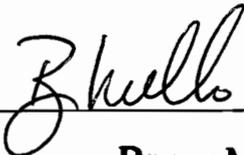
Capital Cost per treatment \$17.33

**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Schaumburg, LLC

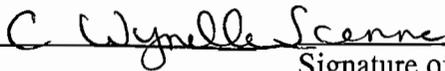
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

By:   
Title: Mark Fawcett  
Vice President & Treasurer

By:   
Title: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

Signature of Notary  Signature of Notary

Seal

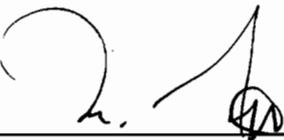
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**Criterion 1120.310(a) Reasonableness of Financing Arrangements**

Fresenius Medical Care Holdings, Inc.

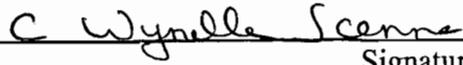
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing 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 \_\_\_\_\_, 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

  
Signature of Notary

Seal

Seal



**Criterion 1120.310(b) Conditions of Debt Financing**

Fresenius Medical Care Schaumburg, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & 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 & Treasurer

By: 

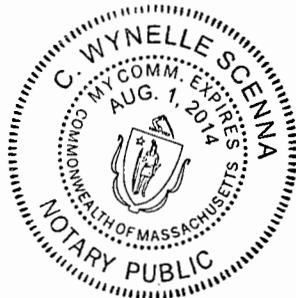
ITS: Bryan Mello  
Assistant Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

Signature of Notary C Wynelle Scenna 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: 

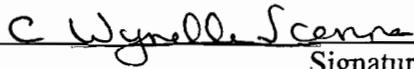
ITS: \_\_\_\_\_  
Mark Fawcett  
Vice President & Asst. Treasurer

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 2013

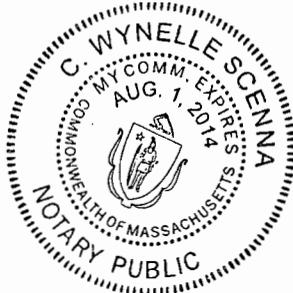
By: 

ITS: **Bryan Mello**  
**Assistant Treasurer**

Notarization:  
Subscribed and sworn to before me  
this 6 day of Feb, 2013

Signature of Notary  Signature of Notary

Seal



Seal

## **Safety Net Impact Statement**

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

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

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

The table 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.

<b>Safety Net Information Fresenius Medical Care Facilities in Illinois</b>			
<b>NET REVENUE</b>	<b>\$364,295,636</b>	<b>\$397,467,778</b>	<b>\$353,355,908</b>
<b>CHARITY CARE</b>			
	<b>2009</b>	<b>2010</b>	<b>2011</b>
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%
<b>MEDICAID</b>			
	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Medicaid (# of patients)</b>	1,783	1,828	1,865
<b>Medicaid (revenue)</b>	\$40,401,403	\$44,001,539	\$42,367,328
<b>% of Medicaid to Net Revenue</b>	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)

## **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.



Notes

TO DAVITA SCHAUMBURG

Trip to:

**1156 S Roselle Rd**

Schaumburg, IL 60193-4072

1.06 miles / 2 minutes



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



1. Start out going **east** on **W Wise Rd** toward **Aegean Dr.** [Map](#)

**1.0 Mi**

*1.0 Mi Total*



2. Turn **left** onto **S Roselle Rd.** [Map](#)

**0.05 Mi**

*1.1 Mi Total*



3. **1156 S ROSELLE RD** is on the **left.** [Map](#)



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

**Total Travel Estimate: 1.06 miles - about 2 minutes**

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Notes

TO USR STREAMWOOD

Trip to:

**149 E Irving Park Rd**

Streamwood, IL 60107-2950

4.17 miles / 9 minutes



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



1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#)

**1.4 Mi**

*1.4 Mi Total*



2. Turn **right** onto **W Irving Park Rd / IL-19**. [Map](#)

**2.8 Mi**

*4.2 Mi Total*



3. **149 E IRVING PARK RD** is on the **left**. [Map](#)



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

**Total Travel Estimate: 4.17 miles - about 9 minutes**

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Notes

TO FRESENIUS MEDICAL CARE HOFFMAN ESTATES

Trip to:

**3150 W Higgins Rd**

Hoffman Estates, IL 60169-7237

6.76 miles / 13 minutes

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

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#) **1.4 Mi**  
1.4 Mi Total

**19** 2. Turn **right** onto **W Irving Park Rd / IL-19**. [Map](#) **0.9 Mi**  
2.3 Mi Total

**3** 3. Turn **right** onto **Barrington Rd**. [Map](#) **3.8 Mi**  
6.2 Mi Total

**WEST 72** 4. Turn **left** onto **W Higgins Rd / IL-72 W**. [Map](#) **0.5 Mi**  
6.6 Mi Total

**3** 5. Turn **right** onto **Greenspoint Pky**. [Map](#) **0.07 Mi**  
6.7 Mi Total

**1** 6. Take the 1st **left** onto **W Higgins Rd**. [Map](#) **0.05 Mi**  
6.8 Mi Total

**■** 7. **3150 W HIGGINS RD** is on the **right**. [Map](#)

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

**Total Travel Estimate: 6.76 miles - about 13 minutes**

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Notes

TO FRESENIUS MEDICAL CARE ELK GROVE  
 (MAPQUEST SHOWS 820 INSTEAD OF 901  
 BIESTERFIELD FOR THE ELK GROVE FACILITY)

Trip to:

**Elk Grove Dialysis Center**  
**820 Biesterfield Rd**

Elk Grove Village, IL 60007  
 (847) 437-0824  
 7.12 miles / 11 minutes

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

- 
1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#)

**0.09 Mi**  
*0.09 Mi Total*

---

- 
2. Take the 1st **left** onto **Wright Blvd**. [Map](#)

**0.5 Mi**  
*0.6 Mi Total*

---

- 
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#)

**0.4 Mi**  
*1.0 Mi Total*

---

- 
4. Merge onto **Elgin OHare Expy E**. [Map](#)

**3.4 Mi**  
*4.4 Mi Total*

---

- 
5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#)

**0.4 Mi**  
*4.9 Mi Total*

---

- 

6. Merge onto **I-290 W** toward **Rockford**. [Map](#)

**1.3 Mi**  
*6.2 Mi Total*

---

- 
7. Take the **Biesterfield Rd** exit, **EXIT 4**, toward **IL-53 S**. [Map](#)

**0.4 Mi**  
*6.5 Mi Total*

---

- 
8. Turn **right** onto **Biesterfield Rd**. [Map](#)

**0.5 Mi**  
*7.0 Mi Total*

---

- 
9. Make a **U-turn** onto **Biesterfield Rd**. [Map](#)

**0.1 Mi**  
*7.1 Mi Total*

---

- 
10. **820 BIESTERFIELD RD** is on the **right**. [Map](#)

**B** **Elk Grove Dialysis Center**  
 820 Biesterfield Rd, Elk Grove Village, IL 60007  
 (847) 437-0824

Total Travel Estimate: **7.12 miles - about 11 minutes**

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Notes

TO ARA SOUTH BARRINGTON

Trip to:

**33 W Higgins Rd**

South Barrington, IL 60010-9115

8.09 miles / 15 minutes

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

- 1. Start out going **west** on **W Wise Rd** toward **S Salem Dr.** [Map](#) **1.4 Mi**  
1.4 Mi Total

---

- 2. Turn **right** onto **W Irving Park Rd / IL-19.** [Map](#) **0.9 Mi**  
2.3 Mi Total

---

- 3. Turn **right** onto **Barrington Rd.** [Map](#) **3.8 Mi**  
6.2 Mi Total

---

- 4. Turn **left** onto **W Higgins Rd / IL-72 W.** [Map](#) **1.6 Mi**  
7.7 Mi Total

---

- 5. Make a **U-turn** onto **IL-72 E / W Higgins Rd.** [Map](#) **0.4 Mi**  
8.1 Mi Total

---

- 6. **33 W HIGGINS RD** is on the **right.** [Map](#)

**33 W Higgins Rd, South Barrington, IL 60010-9115**

**Total Travel Estimate: 8.09 miles - about 15 minutes**

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Trip to:  
**17 W Golf Rd**  
Arlington Heights, IL 60005-3905  
9.05 miles / 17 minutes

Notes

TO DAVITA ARLINGTON HEIGHTS

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

- 
 1. Start out going **east** on **W Wise Rd** toward **Aegean Dr.** [Map](#) **1.0 Mi**  
*1.0 Mi Total*

---

- 
 2. Turn **left** onto **S Roselle Rd.** [Map](#) **1.5 Mi**  
*2.5 Mi Total*

---

- 
 3. Turn **right** onto **E Schaumburg Rd.** [Map](#) **1.8 Mi**  
*4.3 Mi Total*

---

- 
 4. Turn **left** onto **N Meacham Rd.** [Map](#) **1.5 Mi**  
*5.8 Mi Total*

---

- 

 5. Turn **right** onto **E Golf Rd / IL-58 E.** [Map](#) **3.2 Mi**  
*9.1 Mi Total*

---

- 
 6. **17 W GOLF RD** is on the **right.** [Map](#)

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

Total Travel Estimate: **9.05 miles - about 17 minutes**

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Notes

TO FRESENIUS MEDICAL CARE ROLLING MEADOWS

Trip to:

**4180 Winnetka Ave**

Rolling Meadows, IL 60008-1375

9.20 miles / 18 minutes

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

- 

1. Start out going <b>east</b> on <b>W Wise Rd</b> toward <b>Aegean Dr.</b> <a href="#">Map</a>	<b>1.0 Mi</b>
	<i>1.0 Mi Total</i>
- 

2. Turn <b>left</b> onto <b>S Roselle Rd.</b> <a href="#">Map</a>	<b>5.5 Mi</b>
	<i>6.5 Mi Total</i>
- 

3. Turn <b>right</b> onto <b>W Euclid Ave.</b> <a href="#">Map</a>	<b>2.3 Mi</b>
	<i>8.8 Mi Total</i>
- 

4. Turn <b>left</b> onto <b>Hicks Rd.</b> <a href="#">Map</a>	<b>0.3 Mi</b>
	<i>9.2 Mi Total</i>
- 

5. Turn <b>right</b> onto <b>Winnetka Ave.</b> <a href="#">Map</a>	<b>0.02 Mi</b>
	<i>9.2 Mi Total</i>
- 

6. <b>4180 WINNETKA AVE</b> is on the <b>left.</b> <a href="#">Map</a>	
--	--

**B** 4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

Total Travel Estimate: **9.20 miles - about 18 minutes**

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Notes

TO FRESENIUS MEDICAL CARE GLENDALE HEIGHTS

Trip to:

**520 North Ave**

Glendale Heights, IL 60139-3119

12.00 miles / 18 minutes

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

- |  |  |  |
|--|--|--|
|  | 1. Start out going <b>west</b> on <b>W Wise Rd</b> toward <b>S Salem Dr.</b> <a href="#">Map</a>   | <b>0.09 Mi</b><br><i>0.09 Mi Total</i> |
|  | 2. Take the 1st <b>left</b> onto <b>Wright Blvd.</b> <a href="#">Map</a>   | <b>0.5 Mi</b><br><i>0.6 Mi Total</i>   |
|  | 3. Turn <b>left</b> to take the <b>East Elgin O'Hare Expy ramp.</b> <a href="#">Map</a>  | <b>0.4 Mi</b><br><i>1.0 Mi Total</i>   |
|  | 4. Merge onto <b>Elgin OHare Expy E.</b> <a href="#">Map</a>   | <b>3.4 Mi</b><br><i>4.4 Mi Total</i>   |
|  | 5. <b>Elgin OHare Expy E</b> becomes <b>Thorndale Ave.</b> <a href="#">Map</a>   | <b>0.1 Mi</b><br><i>4.6 Mi Total</i>   |
|  | 6. Merge onto <b>I-290 E</b> toward <b>I-355 / Chicago.</b> <a href="#">Map</a>  | <b>1.2 Mi</b><br><i>5.8 Mi Total</i>   |
|  | 7. Keep <b>left</b> to take <b>I-355 S / Veterans Memorial Tollway</b> via <b>EXIT 7</b> toward <b>Joliet</b> (Portions toll). <a href="#">Map</a> | <b>4.5 Mi</b><br><i>10.2 Mi Total</i>  |
|  | 8. Take the <b>IL-64 / North Ave</b> exit. <a href="#">Map</a>   | <b>0.3 Mi</b><br><i>10.5 Mi Total</i>  |
|  | 9. Merge onto <b>North Ave / IL-64 W</b> toward <b>Carol Stream.</b> <a href="#">Map</a>   | <b>1.5 Mi</b><br><i>12.0 Mi Total</i>  |
|  | 10. <b>520 NORTH AVE</b> is on the <b>right.</b> <a href="#">Map</a>   |  |

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

**Total Travel Estimate: 12.00 miles - about 18 minutes**

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Notes  
TO USR VILLA PARK

Trip to:  
**200 E North Ave**  
Villa Park, IL 60181-1221  
12.32 miles / 18 minutes

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

- 

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#) **0.09 Mi**  
*0.09 Mi Total*
- 

2. Take the 1st **left** onto **Wright Blvd**. [Map](#) **0.5 Mi**  
*0.6 Mi Total*
- 

3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#) **0.4 Mi**  
*1.0 Mi Total*
- 

4. Merge onto **Elgin OHare Expy E**. [Map](#) **3.4 Mi**  
*4.4 Mi Total*
- 

5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#) **0.1 Mi**  
*4.6 Mi Total*
- 


6. Merge onto **I-290 E** toward **I-355 / Chicago**. [Map](#) **5.6 Mi**  
*10.2 Mi Total*
- 


7. Merge onto **IL-83 S** via **EXIT 10A**. [Map](#) **1.7 Mi**  
*11.9 Mi Total*
- 


8. Turn **right** onto **W North Ave / IL-64 W**. [Map](#) **0.4 Mi**  
*12.3 Mi Total*
- 

9. **200 E NORTH AVE** is on the **right**. [Map](#)

**B** 200 E North Ave, Villa Park, IL 60181-1221

Total Travel Estimate: **12.32 miles - about 18 minutes**

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Trip to:  
**836 Dundee Ave**  
Elgin, IL 60120-3068  
12.44 miles / 22 minutes

Notes

TO DAVITA COBBLESTONE

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

- 
 1. Start out going **west** on **W Wise Rd** toward **S Salem Dr.** [Map](#) **1.4 Mi**  
*1.4 Mi Total*
- 

 2. Turn **right** onto **W Irving Park Rd / IL-19.** [Map](#) **0.9 Mi**  
*2.3 Mi Total*
- 
 3. Turn **right** onto **Barrington Rd.** [Map](#) **2.8 Mi**  
*5.2 Mi Total*
- 

 4. Turn **left** onto **IL-58 / W Golf Rd.** Continue to follow **IL-58.** [Map](#) **6.3 Mi**  
*11.5 Mi Total*
- 
 5. **IL-58** becomes **Summit St.** [Map](#) **0.4 Mi**  
*12.0 Mi Total*
- 
 6. Turn **right** onto **Dundee Ave.** [Map](#) **0.5 Mi**  
*12.4 Mi Total*
- 
 7. **836 DUNDEE AVE** is on the **left.** [Map](#)

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

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Notes

TO FRESENIUS MEDICAL CARE WEST CHICAGO

Trip to:

**1859 N Neltnor Blvd**

West Chicago, IL 60185-5900

12.66 miles / 22 minutes

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

- 

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr.** [Map](#) **0.5 Mi**  
*0.5 Mi Total*
- 

2. Take the 3rd **left** onto **Rodenburg Rd.** [Map](#) **1.5 Mi**  
*2.0 Mi Total*
- 

3. Turn **right** onto **Central Ave.** [Map](#) **0.4 Mi**  
*2.5 Mi Total*
- 

4. Take the 3rd **left** onto **Gary Ave.** [Map](#) **5.4 Mi**  
*7.9 Mi Total*
- 


5. Turn **right** onto **North Ave / W North Ave / IL-64 W.** Continue to follow **North Ave / IL-64 W.** [Map](#) **4.6 Mi**  
*12.5 Mi Total*
- 


6. Turn **left** onto **IL-59 / N Neltnor Blvd.** [Map](#) **0.2 Mi**  
*12.7 Mi Total*
- 

7. **1859 N NELTNOR BLVD.** [Map](#)

**B** 1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate: **12.66 miles - about 22 minutes**

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Trip to:  
**691 E Dundee Rd**  
Palatine, IL 60074-2817  
12.78 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE PALATINE

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

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

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

Total Travel Estimate: **12.78 miles - about 24 minutes**

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Notes

TO FRESENIUS MEDICAL CARE DES PLAINES

Trip to:

**1625 Oakton Pl**

Des Plaines, IL 60018-2002

14.15 miles / 24 minutes

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

- 
1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#)
0.09 Mi  
*0.09 Mi Total*

---

- 
2. Take the 1st **left** onto **Wright Blvd**. [Map](#)
0.5 Mi  
*0.6 Mi Total*

---

- RAMP


3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#)
0.4 Mi  
*1.0 Mi Total*

---

- 
4. Merge onto **Elgin OHare Expy E**. [Map](#)
3.4 Mi  
*4.4 Mi Total*

---

- 
5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#)
3.7 Mi  
*8.2 Mi Total*

---

- 

NORTH  
83

6. Turn **left** onto **IL-83 N / Busse Rd**. [Map](#)
2.8 Mi  
*10.9 Mi Total*

---

- 
7. Turn **right** onto **E Higgins Rd / Oakton St / IL-72 / IL-83**. Continue to follow **Oakton St**. [Map](#)
3.2 Mi  
*14.1 Mi Total*

---

- 
8. Turn **right** onto **Oakton Pl**. [Map](#)
0.03 Mi  
*14.2 Mi Total*

---

- 
9. **1625 OAKTON PL** is on the **left**. [Map](#)

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

**Total Travel Estimate: 14.15 miles - about 24 minutes**

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10.7



Trip to:

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

Notes

TO FRESINIUS MEDICAL CARE LOMBARD

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

- 

1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#) **0.09 Mi**  
*0.09 Mi Total*

---

- 

2. Take the 1st **left** onto **Wright Blvd**. [Map](#) **0.5 Mi**  
*0.6 Mi Total*

---

- 

3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#) **0.4 Mi**  
*1.0 Mi Total*

---

- 

4. Merge onto **Elgin OHare Expy E**. [Map](#) **3.4 Mi**  
*4.4 Mi Total*

---

- 

5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#) **0.1 Mi**  
*4.6 Mi Total*

---

- 


6. Merge onto **I-290 E** toward **I-355 / Chicago**. [Map](#) **1.2 Mi**  
*5.8 Mi Total*

---

- 


7. Keep **left** to take **I-355 S / Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). [Map](#) **7.7 Mi**  
*13.5 Mi Total*

---

- 

8. Take the **IL-38 / Roosevelt Rd** exit. [Map](#) **0.3 Mi**  
*13.8 Mi Total*

---

- 

9. Keep **left** to take the ramp toward **Lombard**. [Map](#) **0.05 Mi**  
*13.8 Mi Total*

---

- 


10. Turn **left** onto **Roosevelt Rd / IL-38 E**. [Map](#) **0.8 Mi**  
*14.6 Mi Total*

---

- 

11. Turn **right** onto **S Finley Rd**. [Map](#) **0.7 Mi**  
*15.3 Mi Total*

---

- 

12. Turn **right** onto **Oak Creek Dr**. [Map](#) **0.1 Mi**  
*15.4 Mi Total*

---

- 

13. Take the 1st **left** onto **Springer Dr**. [Map](#) **0.1 Mi**  
*15.5 Mi Total*

---

- 

14. **1940 SPRINGER DR** is on the **right**. [Map](#)

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

Total Travel Estimate: 15.55 miles - about 24 minutes

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Notes  
TO USR OAK BROOK

Trip to:

**1213 Butterfield Rd**

Downers Grove, IL 60515-1032

16.63 miles / 24 minutes

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

- |  |  |  |
|--|--|--|
|  | 1. Start out going <b>west</b> on <b>W Wise Rd</b> toward <b>S Salem Dr.</b> <a href="#">Map</a>   | <b>0.09 Mi</b><br><i>0.09 Mi Total</i> |
|  | 2. Take the 1st <b>left</b> onto <b>Wright Blvd.</b> <a href="#">Map</a>   | <b>0.5 Mi</b><br><i>0.6 Mi Total</i>   |
|  | 3. Turn <b>left</b> to take the <b>East Elgin O'Hare Expy</b> ramp. <a href="#">Map</a>  | <b>0.4 Mi</b><br><i>1.0 Mi Total</i>   |
|  | 4. Merge onto <b>Elgin OHare Expy E.</b> <a href="#">Map</a>   | <b>3.4 Mi</b><br><i>4.4 Mi Total</i>   |
|  | 5. <b>Elgin OHare Expy E</b> becomes <b>Thorndale Ave.</b> <a href="#">Map</a>   | <b>0.1 Mi</b><br><i>4.6 Mi Total</i>   |
|  | 6. Merge onto <b>I-290 E</b> toward <b>I-355 / Chicago.</b> <a href="#">Map</a>  | <b>1.2 Mi</b><br><i>5.8 Mi Total</i>   |
|  | 7. Keep <b>left</b> to take <b>I-355 S / Veterans Memorial Tollway</b> via <b>EXIT 7</b> toward <b>Joliet</b> (Portions toll). <a href="#">Map</a> | <b>9.5 Mi</b><br><i>15.3 Mi Total</i>  |
|  | 8. Take the <b>IL-56 / I-88 / E-W Tollway / Butterfield Rd</b> exit toward <b>Chicago / Aurora.</b> <a href="#">Map</a>                            | <b>0.3 Mi</b><br><i>15.6 Mi Total</i>  |
|  | 9. Take the <b>IL-56</b> exit toward <b>Butterfield Rd.</b> <a href="#">Map</a>  | <b>0.3 Mi</b><br><i>15.9 Mi Total</i>  |
|  | 10. Keep <b>left</b> to take the ramp toward <b>Oak Brook.</b> <a href="#">Map</a>   | <b>0.02 Mi</b><br><i>15.9 Mi Total</i> |
|  | 11. Turn <b>left</b> onto <b>IL-56 E / Butterfield Rd.</b> <a href="#">Map</a>   | <b>0.5 Mi</b><br><i>16.4 Mi Total</i>  |
|  | 12. Turn <b>right</b> onto <b>Downers Dr.</b> <a href="#">Map</a>  | <b>0.05 Mi</b><br><i>16.4 Mi Total</i> |
|  | 13. Turn <b>left</b> onto <b>Butterfield Rd.</b> <a href="#">Map</a>   | <b>0.2 Mi</b><br><i>16.6 Mi Total</i>  |
|  | 14. <b>1213 BUTTERFIELD RD</b> is on the <b>right.</b> <a href="#">Map</a>   |  |

**1213 Butterfield Rd, Downers Grove, IL 60515-1032**

Total Travel Estimate: **16.63 miles - about 24 minutes**

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MapQuest Travel Times  
**APPENDIX - 1**



Notes  
 TO FRESENIUS MEDICAL CARE ELMHURST

Trip to:  
**133 E Brush Hill Rd**  
 Elmhurst, IL 60126-5658  
 17.05 miles / 25 minutes

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

- 1. Start out going **west** on **W Wise Rd** toward **S Salem Dr.** [Map](#)

**0.09 Mi**  
*0.09 Mi Total*
- 2. Take the 1st **left** onto **Wright Blvd.** [Map](#)

**0.5 Mi**  
*0.6 Mi Total*
- 3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#)

**0.4 Mi**  
*1.0 Mi Total*
- 4. Merge onto **Elgin OHare Expy E.** [Map](#)

**3.4 Mi**  
*4.4 Mi Total*
- 5. **Elgin OHare Expy E** becomes **Thorndale Ave.** [Map](#)

**0.1 Mi**  
*4.6 Mi Total*
- 6. Merge onto **I-290 E** toward **I-355 / Chicago.** [Map](#)

**5.6 Mi**  
*10.2 Mi Total*
- 7. Merge onto **IL-83 S** via **EXIT 10A.** [Map](#)

**5.1 Mi**  
*15.3 Mi Total*
- 8. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd.** [Map](#)

**0.9 Mi**  
*16.1 Mi Total*
- 9. Turn **right** onto **Commonwealth Ln.** [Map](#)

**0.1 Mi**  
*16.3 Mi Total*
- 10. **Commonwealth Ln** becomes **Brush Hill Rd.** [Map](#)

**0.8 Mi**  
*17.0 Mi Total*
- 11. **133 E BRUSH HILL RD.** [Map](#)

**B** 133 E Brush Hill Rd, Elmhurst, IL 60126-5658

**Total Travel Estimate: 17.05 miles - about 25 minutes**

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Trip to:  
**1291 W Dundee Rd**  
 Buffalo Grove, IL 60089-4009  
 17.45 miles / 24 minutes

Notes  
 TO DAVITA BUFFALO GROVE

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

- 
1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#)

**0.09 Mi**  
*0.09 Mi Total*

---

- 
2. Take the 1st **left** onto **Wright Blvd**. [Map](#)

**0.5 Mi**  
*0.6 Mi Total*

---

- 
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#)

**0.4 Mi**  
*1.0 Mi Total*

---

- 
4. Merge onto **Elgin OHare Expy E**. [Map](#)

**3.4 Mi**  
*4.4 Mi Total*

---

- 
5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#)

**0.4 Mi**  
*4.9 Mi Total*

---

- 

6. Merge onto **I-290 W** toward **Rockford**. [Map](#)

**4.6 Mi**  
*9.4 Mi Total*

---

- 

7. Take **IL-53 N** toward **Kirchoff Rd / North Suburbs**. [Map](#)

**6.9 Mi**  
*16.3 Mi Total*

---

- 

8. Merge onto **IL-68 E / W Dundee Rd**. [Map](#)

**1.1 Mi**  
*17.5 Mi Total*

---

- 
9. **1291 W DUNDEE RD** is on the **right**. [Map](#)

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

**Total Travel Estimate: 17.45 miles - about 24 minutes**

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Notes

TO FRESENIUS MEDICAL CARE NORTH AVENUE

Trip to:

**719 W North Ave**

Melrose Park, IL 60160-1612

17.50 miles / 26 minutes

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

- 1. Start out going **west** on **W Wise Rd** toward **S Salem Dr.** [Map](#) **0.09 Mi**  
*0.09 Mi Total*
- 2. Take the 1st **left** onto **Wright Blvd.** [Map](#) **0.5 Mi**  
*0.6 Mi Total*
- 3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#) **0.4 Mi**  
*1.0 Mi Total*
- 4. Merge onto **Elgin OHare Expy E.** [Map](#) **3.4 Mi**  
*4.4 Mi Total*
- 5. **Elgin OHare Expy E** becomes **Thorndale Ave.** [Map](#) **0.1 Mi**  
*4.6 Mi Total*
- 6. Merge onto **I-290 E** toward **I-355 / Chicago.** [Map](#) **8.3 Mi**  
*12.9 Mi Total*
- 7. Merge onto **E North Ave / IL-64 E** via **EXIT 13A** toward **US-20 E / Lake St / I-294 N / Milwaukee.** [Map](#) **4.6 Mi**  
*17.5 Mi Total*
- 8. Make a **U-turn** onto **W North Ave / IL-64 W.** [Map](#) **0.05 Mi**  
*17.5 Mi Total*
- 9. **719 W NORTH AVE** is on the **right.** [Map](#)

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

**Total Travel Estimate: 17.50 miles - about 26 minutes**

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Trip to:  
**3825 Highland Ave**  
 Downers Grove, IL 60515-1554  
 18.05 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE DOWNERS GROVE

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

- 
1. Start out going **west** on **W Wise Rd** toward **S Salem Dr**. [Map](#)
0.09 Mi  
0.09 Mi Total

---

- 
2. Take the 1st **left** onto **Wright Blvd**. [Map](#)
0.5 Mi  
0.6 Mi Total

---

- 
3. Turn **left** to take the **East Elgin O'Hare Expy** ramp. [Map](#)
0.4 Mi  
1.0 Mi Total

---

- 
4. Merge onto **Elgin OHare Expy E**. [Map](#)
3.4 Mi  
4.4 Mi Total

---

- 
5. **Elgin OHare Expy E** becomes **Thorndale Ave**. [Map](#)
0.1 Mi  
4.6 Mi Total

---

- 

6. Merge onto **I-290 E** toward **I-355 / Chicago**. [Map](#)
1.2 Mi  
5.8 Mi Total

---

- 

7. Keep **left** to take **I-355 S / Veterans Memorial Tollway** via **EXIT 7** toward **Joliet** (Portions toll). [Map](#)
9.5 Mi  
15.3 Mi Total

---

- 
8. Take the **IL-56 / I-88 / E-W Tollway / Butterfield Rd** exit toward **Chicago / Aurora**. [Map](#)
0.3 Mi  
15.6 Mi Total

---

- 
9. Take the **IL-56** exit toward **Butterfield Rd**. [Map](#)
0.3 Mi  
15.9 Mi Total

---

- 
10. Keep **left** to take the ramp toward **Oak Brook**. [Map](#)
0.02 Mi  
15.9 Mi Total

---

- 

11. Turn **left** onto **IL-56 E / Butterfield Rd**. [Map](#)
0.7 Mi  
16.6 Mi Total

---

- 
12. Take the **Highland Ave** ramp. [Map](#)
0.3 Mi  
16.9 Mi Total

---

- 
13. Keep **right** at the fork to go on **Highland Ave**. [Map](#)
1.2 Mi  
18.1 Mi Total

---

- 
14. **3825 HIGHLAND AVE** is on the **left**. [Map](#)

**B** 3825 Highland Ave, Downers Grove, IL 60515-1554

Total Travel Estimate: 18.05 miles - about 26 minutes

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LISA L. PILLSBURY, M.D.  
MOHAMED A. RAHMAN, M.D., F.A.C.P.  
RAJU B. RAY, M.D.  
RICHARD K. LEE, M.D.  
GRADY M. WICK, M.D.  
ANNE C. ALLEN, PA-C  
JILL M. HETZEL, PA-C

February 12, 2013

*Nephrology and Hypertension*

*Nephrology Associates of Northern Illinois*

901 Biesterfield Road, Suite 310 • Elk Grove Village, Illinois • Telephone (847) 952-9332 • Fax (847) 952-9338

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

Dear Ms. Avery:

I am a nephrologist practicing with Nephrology Associates of Northern Illinois (NANI) in the northwest Chicago suburbs and have been doing so for over 4 ½ years. During this time, the number of patients for whom we care has grown by over 25%. The Schaumburg area clinics are experiencing high utilization rates, often making it difficult for me to find availability for treatment schedule times that best suit my patient's needs. I have also witnessed high hospital readmission rates of dialysis patients at Alexian Brothers & St. Alexius Medical Centers, where I am on staff. This occurs because the clinics do not have room to accommodate dialysis patients who have fluid overload due to heart disease and require an extra treatment outside of their normal treatment schedule.

Schaumburg needs additional dialysis stations to address both of these access issues that have been in existence for many years. I am writing to give this project my full support, and I encourage the Board to see the need that I have for my patients who live in Schaumburg.

My partners (Dr. Ray, Dr. Rahman, Dr. Lee, Dr. Pillsbury) and I were treating 190 hemodialysis patients at the end of 2009, 210 at the end of 2010, and 217 patients at the end of 2011, as reported to The Renal Network. As of the most recent quarter, we were treating 227 hemodialysis patients. Over the past twelve months, we have referred 134 patients for hemodialysis services to Fresenius Hoffman Estates, Rolling Meadows, Glendale Heights, Glenview, Nilas & Elk Grove, (DaVita) DSI Buffalo Grove, Arlington Heights and Schaumburg, QRC Carpentersville and ARA Barrington. We currently have 137 pre-ESRD patients who live in the Schaumburg area and who could receive services at the Fresenius Schaumburg facility within the first two years of its operation. 10 of these patients potentially could be referred to the US Renal Streamwood facility based on their preference. Due to patient attrition, it is expected that approximately 96 of these patients will still require dialysis services at the Schaumburg facility by the time it is operating.

Thank you for your consideration and I respectfully ask you to approve Fresenius Medical Care Schaumburg.

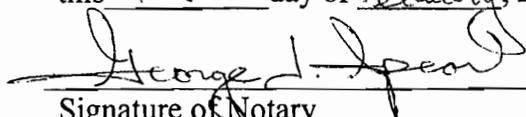
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other permitted or pending CON application.

Sincerely,

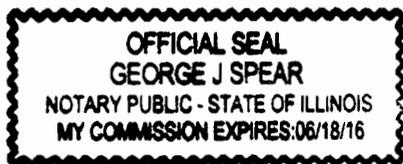
  
\_\_\_\_\_  
Grady M. Wick, M.D.

Notarization:

Subscribed and sworn to before me  
this 12 day of February, 2013

  
\_\_\_\_\_  
Signature of Notary

Seal



**PRE-ESRD PATIENTS NANI EXPECTS TO REFER TO FRESenius MEDICAL CARE SCHAUMBURG IN THE 1<sup>ST</sup> 2 YEARS OF OPERATION**

<b>City</b>	<b>Zip Code</b>	<b>Pre-ESRD Patients</b>
Elk Grove	60007	26
Bloomington	60108	15
Hanover Park	60133	8
Itasca	60143	10
Medinah	60157	1
Hoffman Estates	60169	9
Roselle	60172	11
Schaumburg	60173	2
Schaumburg	60193	28
Schaumburg	60194	14
Schaumburg	60195	3
<b>Total</b>		<b>127</b>

I have an additional 10 patients who live in the market area that will likely be referred to the US Renal Streamwood facility now that it is operational.

<b>City</b>	<b>Zip Code</b>	<b>Pre-ESRD Patients</b>
Streamwood	60107	10

**ADMISSIONS OF NANI FOR THE PAST TWELVE MONTHS**

Zip Code	ARA Barrington	DaVita Schaumburg	Fresenius Medical Care					Quality Renal Care		Total	
			Elgin	Elk Grove	Glendale Heights	Hoffman Estates	Palatine	Rolling Meadows	Carpentersville		Marengo
60004							4			4	
60007				10						10	
60008								2		2	
60010							2			2	
60016				1			1			2	
60018				3			1			4	
60030							1			1	
60044							1			1	
60047							1			1	
60056							1	1		2	
60067				1			3			4	
60068				1						1	
60074								1		1	
60089							4			4	
60101				1	1					2	
60103						1				1	
60106				1	1					2	
60107	1	1	1			1				4	
60108				2	3					5	
60110			1			2	1	1		5	
60118								1		1	
60120			2							2	
60123			2							2	
60133				1	1	5				7	
60137					3					3	
60139					4					4	
60142			1						1	2	
60143				5						5	
60157				1						1	
60169		1		1		1				3	
60172		1		4	1					6	
60173				1				1		2	
60187					1					1	
60188					5					5	
60191				2						2	
60192						1	1			2	
60193		6		6		1				13	
60194		2				2				4	
60195		1								1	
60433							1			1	
60561								1		1	
60564		1								1	
60624				1						1	
60630							1			1	
60634							1			1	
60659			1							1	
61554			1							1	
62899					1					1	
68164							1			1	
<b>Total</b>	<b>1</b>	<b>13</b>	<b>9</b>	<b>42</b>	<b>21</b>	<b>14</b>	<b>25</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>134</b>

**PATIENTS OF NANI AT YEAR END 2009**  
**FOR THE NORTHWEST SUBURBS**

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

**PATIENTS OF NANI AT YEAR END 2010**  
**FOR THE NORTHWEST SUSBURBS**

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



**PATIENTS OF NANI FOR MOST RECENT QUARTER (12/31/12)**  
**FOR THE NORTHWEST SUBURBS**

Zip Code	ARA Barrington	DaVita		Fresenius Medical Care							US Renal Streamwood	Total
		Monteclare	Schaumburg	Palatine	Elgin	Elk Grove	Glendale Heights	Hoffman Estates	Rolling Meadow	West Chicago		
60004									1			1
60005						3						3
60007			1			30						31
60008						1						1
60009						1						1
60010						1		3				4
60016						2		1				3
60018						7			1			8
60056						4						4
60067						1			1			2
60068						1						1
60090				1								1
60101						2	2					4
60103						2		2				4
60107	2		1		1	2		9			4	19
60108			2			7	1	1				11
60110					2			4				6
60118	1											1
60120			1		3			1				5
60124			2									2
60133			2			5		7				14
60137							1					1
60139						3						3
60140								1				1
60142					1							1
60143						9				1		10
60148							1					1
60156					1							1
60157						2						2
60164								1				1
60169			1			3		7				11
60172			3			7		1				11
60173						1						1
60178					1							1
60185						2	1					3
60188					1							1
60191						6						6
60192								1				1
60193			13			12		2				27
60194			5			2		6				13
60195			1			1						2
60406					1							1
60440						1						1
60634		1										1
60656						1						1
61554					1							1
62960			1	1							4	227
<b>Total</b>		<b>1</b>	<b>33</b>	<b>1</b>	<b>12</b>	<b>119</b>	<b>6</b>	<b>47</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>227</b>