

Original

13-045

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION **JUL 17 2013**

This Section must be completed for all projects.

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

Facility Name: TRC Children's Dialysis Center			
Street Address: 1333 North Kingsbury Street			
City and Zip Code: Chicago, Illinois 60642			
County: Cook	Health Service Area	006	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: Total Renal Care, Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16 th Street, Denver, CO 80202	
Telephone Number: (303) 405-2100	

Type of Ownership of Applicant/Co-Applicant

<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.

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: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc
Address: 2611 North Halsted Street, Chicago, Illinois 60614
Telephone Number: 773-549-9412
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Additional Contact

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

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 720 Cog Circle, Crystal Lake, Illinois 60014
Telephone Number: 708-738-2666
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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Address: 2000 16 th Street, Denver, CO 80202
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<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. 	
<p>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

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Address: 720 Cog Circle, Crystal Lake, Illinois 60014
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E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

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: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number: 312-873-3793

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Everbury Partners, L.P.
Address of Site Owner: 211 North Clinton Street, Suite 3S, Chicago, Illinois 60661
Street Address or Legal Description of Site: 1333 North Kingsbury Street, Chicago, Illinois 60642
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.
Address: 2000 16 th Street, Denver, CO 80202
<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
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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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.

Based on operational limitations at the current site, DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue their existing 6-station dialysis facility at 2611 North Halsted Street, Chicago, IL 60614 and establish an 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, IL 60642 (the "Replacement Facility"). The proposed dialysis facility will include approximately 4,861 gross square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$835,000		\$835,000
Contingencies	\$83,000		\$83,000
Architectural/Engineering Fees	\$85,000		\$85,000
Consulting and Other Fees	\$93,500		\$93,500
Movable or Other Equipment (not in construction contracts)	\$318,536		\$318,536
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,008,755		\$1,008,755
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,423,791		\$2,423,791
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,415,036		\$1,415,036
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,423,791		\$2,423,791
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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 non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$0_____.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): December 31, 2014</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>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry NOT APPLICABLE</p> <p><input type="checkbox"/> APORS NOT APPLICABLE</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>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
--

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

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

CERTIFICATION

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

- 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 manager 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 DaVita HealthCare Partners 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
James K. Hilger

PRINTED NAME
Chief Accounting Officer

PRINTED TITLE



SIGNATURE
Arturo Sida

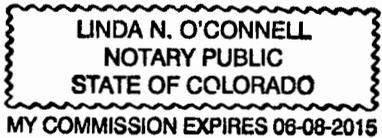
PRINTED NAME
Assistant Secretary

PRINTED TITLE

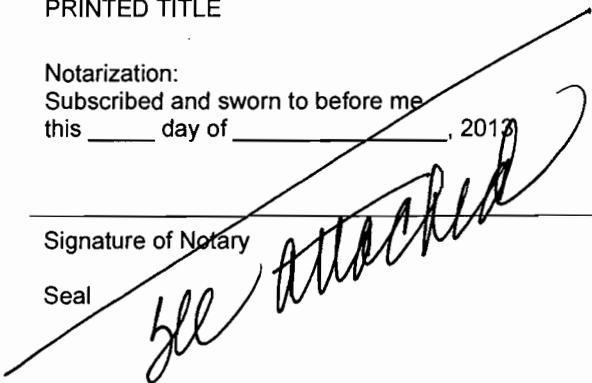
Notarization:
Subscribed and sworn to before me
this 30 day of March, 2013



Signature of Notary

Seal 

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



Signature of Notary

Seal 

*Insert EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

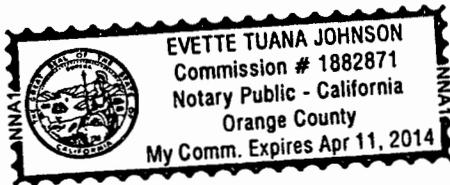
6 _____

Signature of Document Signer No. 1 _____

Signature of Document Signer No. 2 (if any) _____

State of California
 County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me
 on this 29 day of MARCH, 2013
Date Month Year
 by Arturo Silva
Name of Signer



proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) X
 and
 (2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)
 Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: AFFIDAVIT FOR DETENTION

Document Date: None Number of Pages: 1

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here

Signer(s) Other Than Named Above: _____

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- o in the case of a sole proprietor, the individual that is the proprietor.

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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
James K. Hiltger

PRINTED NAME
Chief Accounting Officer

PRINTED TITLE



SIGNATURE
Arturo Sida

PRINTED NAME
Assistant Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26 day of March, 2013

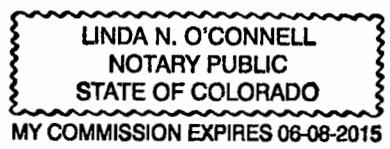
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2013



Signature of Notary



Signature of Notary

Seal 

Seal 

*Insert EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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1 _____

2 _____

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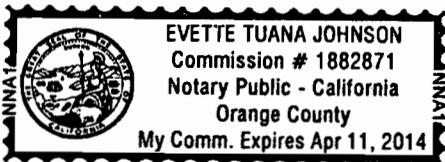
6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 29 day of March, 2013
Date Month Year
 by Asturo Saida
 (1) _____
Name of Signer



proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) (✓)
 (and)
 (2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)
 Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Ask for Petition
TRC NOHE
 Document Date: _____ Number of Pages: 1

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here

Signer(s) Other Than Named Above: _____

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	6	8

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:**

\$1,415,036	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$1,008,755 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$2,423,791	TOTAL FUNDS AVAILABLE	

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2010	2011	2012
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	2010	2011	2012
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care, Inc. is the operator of TRC Children's Dialysis Center. TRC Children's Dialysis Center is a trade name of Total Renal Care, Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTHCARE PARTNERS INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

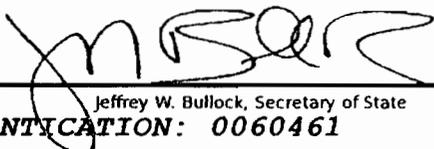
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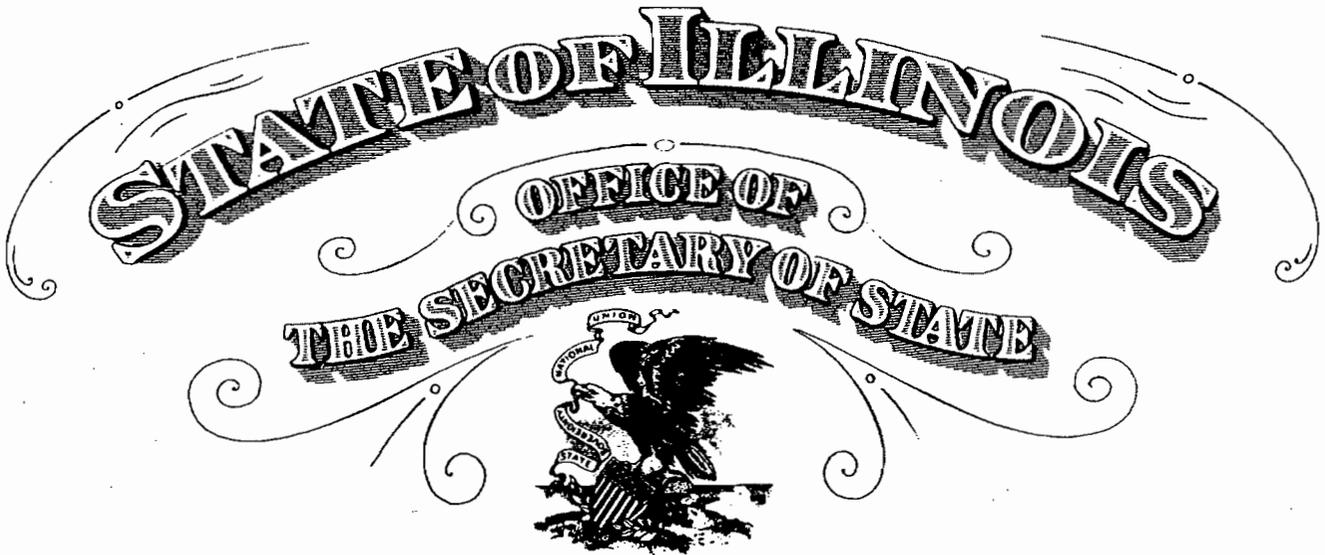
You may verify this certificate online
at corp.delaware.gov/authver.shtml

26


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0060461

DATE: 12-12-12

Attachment - 1



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1210102744

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 10TH
day of APRIL A.D. 2012*

Jesse White

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Everbury Partners, L.P. and Total Renal Care, Inc. to lease the facility located at 1333 North Kingsbury Street, Chicago, Illinois 60642 is attached at Attachment – 2.



USI REAL ESTATE BROKERAGE SERVICES INC.

A USI COMPANY

2215 YORK RD. SUITE 110
OAKBROOK, IL 60523

TELEPHONE: 630-990-3658
FACSIMILE: 630-990-2300

July 12, 2013

Mr. J. Michael Drew
Structured Development
211 North Clinton
Suite 3 South
Chicago, IL 60661

RE: Request for Proposal
1333 North Kingsbury Street
Chicago, IL 60622

Dear Mike:

USI Real Estate Brokerage Services Inc. has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita HealthCare Partners, Inc. ("DaVita") to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues of approximately \$7 billion.

We have been surveying the River North/Near North market area to identify all of the alternatives available that best suit DaVita's business and operational needs. Of the properties reviewed, your building has been identified as one that potentially meets the necessary requirements. We are requesting that you provide a written response to lease the above referenced Property. We request that you deliver your response no later than **July 12, 2013**.

PREMISES: 1333 North Kingsbury Street, Chicago, IL 60622

Please provide legal description for property.

TENANT: "Total Renal Care, Inc. or related entity to be named"

LANDLORD: Everbury Partners, LP

SPACE REQUIREMENTS: Approximately 5,347 rentable, contiguous square feet (RSF) in Suites 100 and 101 of the building (4,861 useable square feet "USF"). Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: Ten (10) years

BASE RENT: The Modified Gross Base Rent shall be \$26.00 per RSF per annum. The Gross Base Rent shall be escalated by two percent (2.0%) per annum beginning on the first lease year anniversary of the Lease Term.

ADDITIONAL EXPENSES: Tenant will pay their proportionate share of real estate taxes and operating expenses over a 2013 Base Year. For 2013, Landlord estimates the combined taxes and operating expenses to be \$5.74 per RSF (Taxes: \$2.94 & Operating Expenses: \$2.80).

The Premises is separately metered for gas and electrical services and each will be billed directly to Tenant.

Landlord to limit the cumulative operating expense costs to no greater than three percent (3%) increase annually.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Possession or until:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The Use is for a Dialysis Clinic, medical offices, distribution of pharmaceuticals to Tenant's patients and other lawfully permitted related uses.

Please verify that the Tenant's dialysis use is permitted within the building's zoning.

PARKING:

Tenant shall be allocated a total of twelve (12) parking spaces in association with a lease. Six (6) spaces shall be reserved spaces in lot immediately outside of Premises and six (6) spaces shall be within the building's fenced-in lot.

BASE BUILDING:

Landlord, at Landlord's cost shall deliver to the Premises, the Base Building improvements included in the attached Exhibit B.

TENANT IMPROVEMENTS:

In addition to the Base Building work, Landlord will contribute \$30.00 per USF towards the improvement of the Premises. The \$30 per USF allowance shall be detailed in the lease and will include HVAC, floor repair, drywall, and entry doors.

OPTION TO RENEW:

Three (3), five (5) year options to renew the lease. Option rent shall be 95% of fair market value.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the Premises to Tenant with all base building items substantially completed by the later of ninety (90) days from lease execution or

waiver of CON contingency, as hereinafter defined, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the ninety (90) day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE:

Tenant shall be permitted to install building standard signage and door signage subject to Landlord review and approval. All signs shall be at Tenant's sole cost and expense. Landlord is willing to consider additional signage concepts at the Building.

BUILDING HOURS:

Tenant shall have twenty-four (24) hours a day, seven (7) days a week access to its Premises.

SUBLEASE/ASSIGNMENT:

Provided Tenant is not in default of the lease, Tenant shall be allowed to sublet the Premises subject to Landlord's consent, which consent shall not be unreasonably delayed or withheld.

Provided Tenant is not in default of the lease, Tenant shall be allowed to assign the lease to a corporation which controls, is controlled by or is under common control with Tenant, or a corporation resulting from the merger or consolidation with Tenant, or a successor of Tenant without Landlord's consent, provided that the financial condition of the assignee meets certain mutually agreed upon financial tests. Any profits resulting from subletting shall be divided equally between Landlord and Tenant.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five (5) mile radius of Premises.

HVAC:

See Base Building and Tenant Improvement sections.

DELIVERIES:

Tenant may utilize loading dock at the north end of the property for deliveries to the Premises.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need ("CON") permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to November 15, 2013. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by November 15, 2013, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representatives USI Real Estate Brokerage Services Inc and shall pay a brokerage fee equal to \$1.25 per square foot per year of lease per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

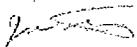
Please provide copies of site and construction plans or drawings.

Please submit your response to this Request for Proposal via e-mail to john.steffens@jci.com and edgar.llevin@jci.com.

It should be understood that this Request For Proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized.

Thank you for your time and consideration to partner with DaVita.

Sincerely,

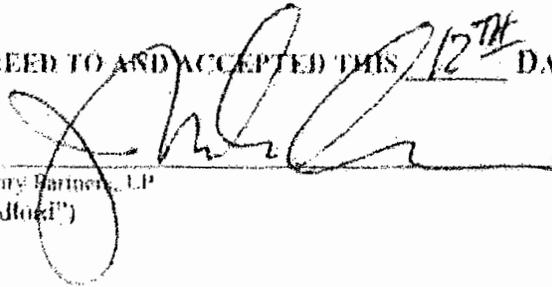


John Steffens

cc: Edgar Levin
Christian Maese
Howard Ellen

LETTER OF INTENT: 1333 NORTH KINGSBURY STREET, CHICAGO, IL 60622

AGREED TO AND ACCEPTED THIS 12TH DAY OF JULY 2013

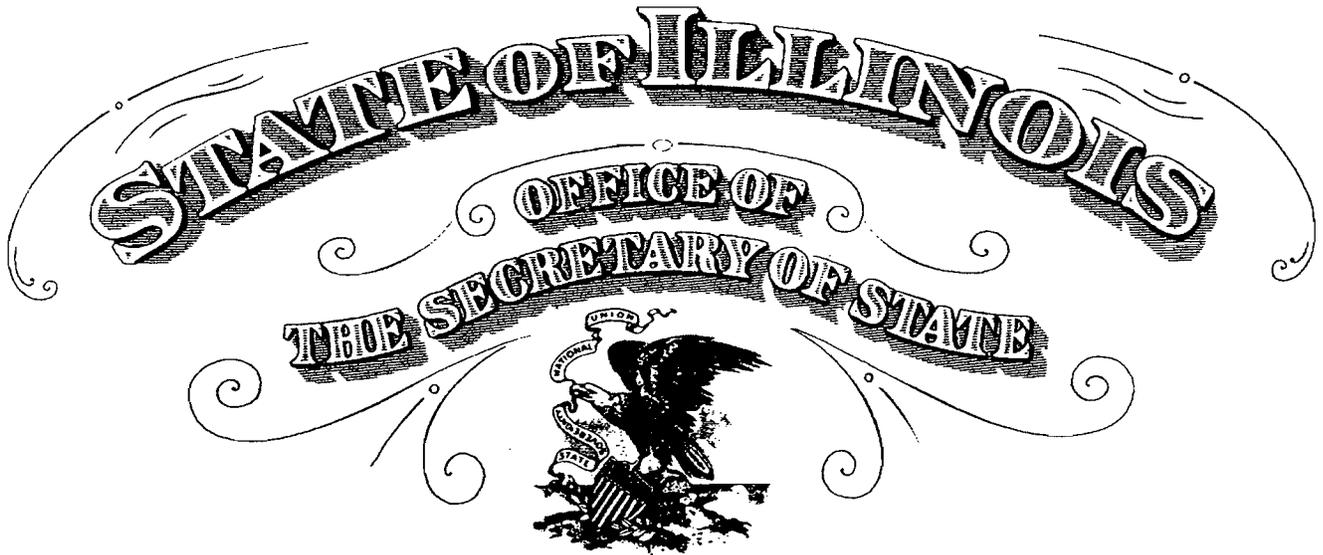
By: 
Everbry Partners, LP
("Landlord")

AGREED TO AND ACCEPTED THIS 12th DAY OF JULY 2013

By: 
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita HealthCare Partners, Inc.
("Tenant")

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Total Renal Care, Inc. is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of APRIL A.D. 2012

Jesse White

Authentication #: 1210102744

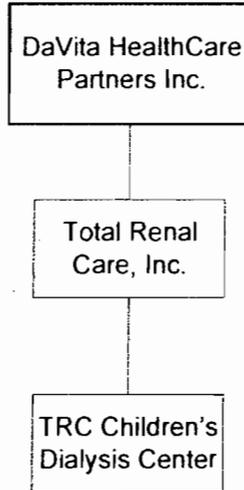
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SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for DaVita HealthCare Partners Inc. and Total Renal Care, Inc. is attached at Attachment – 4.

TRC Children's Dialysis Center Organizational Structure



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 1333 North Kingsbury Street, Chicago, Illinois 60642. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.



Timothy V Tincknell, FACHE
(773) 549-9412
timothy.tincknell@davita.com

2611 N Halsted St
Chicago, IL 60614
Fax: (866) 586-3214
www.davita.com

July 9, 2013

Ms. Anne Haaker
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination

Dear Ms. Haaker:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita HealthCare Partners Inc. and Total Renal Care, Inc. ("Requestors") seek a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish an 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, Illinois 60642 ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestors are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish an 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, Illinois 60642. No demolition or physical alteration of the existing building or construction of new buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

Metropolitan maps showing the location of the Proposed Project are attached at Attachment 1.

3. Historic Architectural Resources Geographic Information System

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

July 9, 2013

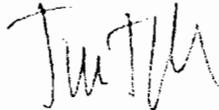
Page 2

4. Address for Building/Structure

The proposed project will be located at 1333 North Kingsbury Street, Chicago, Illinois 60642.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 773-549-9412 or timothy.tincknell@davita.com.

Sincerely,



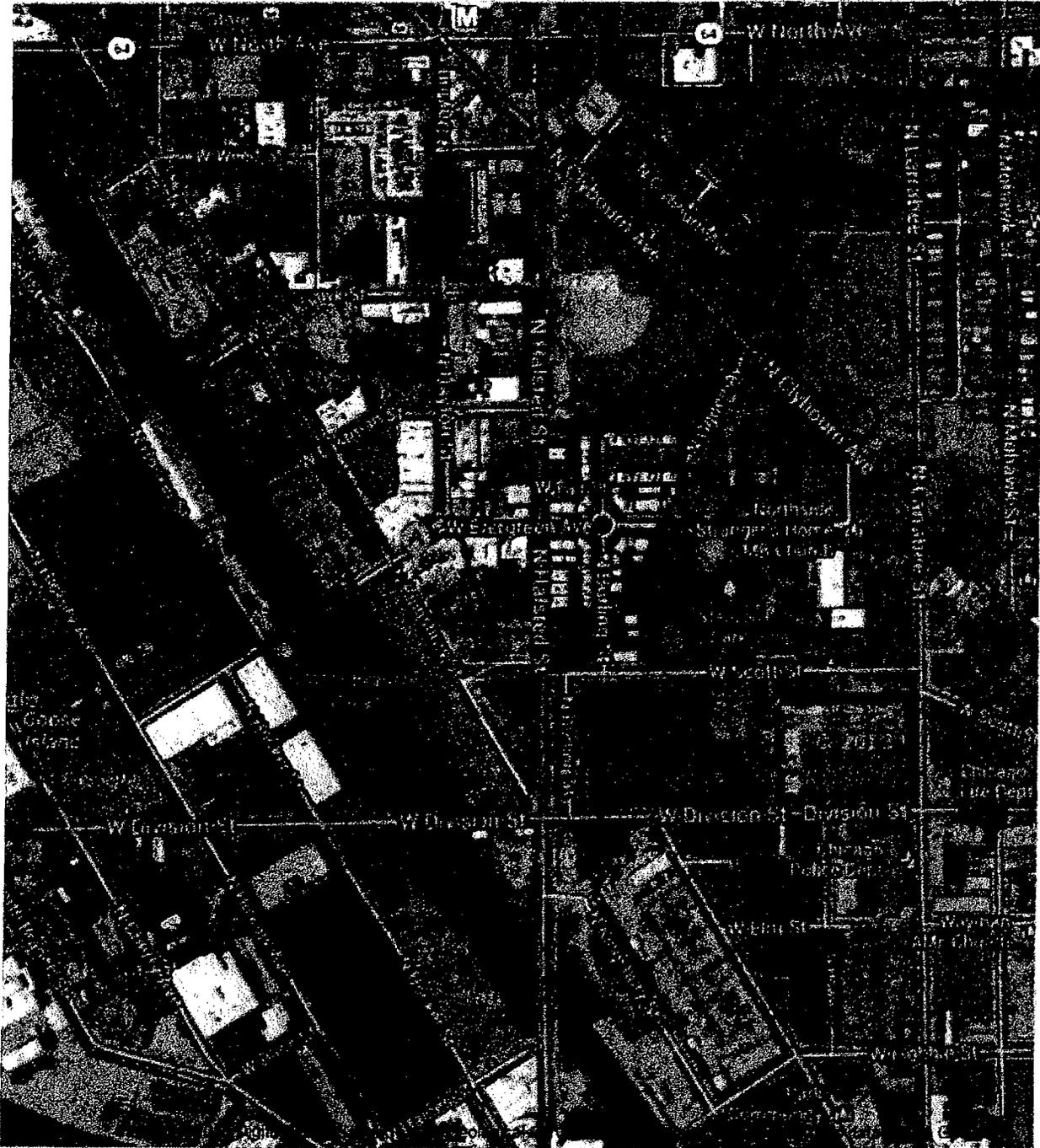
Timothy V Tincknell
Administrator, CON Projects

Enclosure

TVT:

Google

To see all the details that are visible on the screen, use the "Print" link next to the map.





From: (773) 540-9412
Tim Tinknell
DaVita
2611 N Halsted St
Chicago, IL 60614

Origin ID: GYYA



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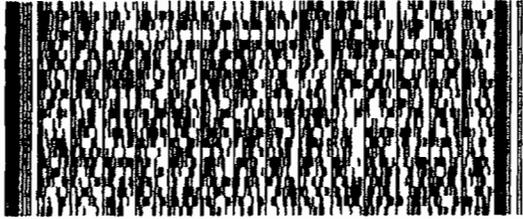
Ms. Anne Haaker
IL Historic Preservation Agency
1 Old State Capitol Plaza

SPRINGFIELD, IL 62701

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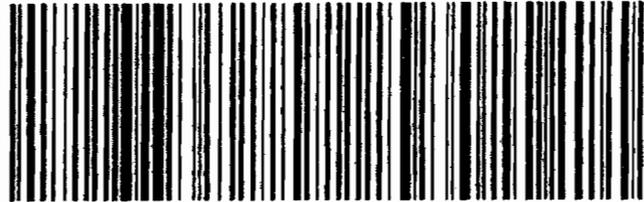
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Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$835,000		\$835,000
Contingencies	\$83,000		\$83,000
Architectural/Engineering Fees	\$85,000		\$85,000
Consulting and Other Fees	\$93,500		\$93,500
Moveable and Other Equipment			
Communications	\$51,732		\$51,732
Water Treatment	\$86,000		\$86,000
Bio-Medical Equipment	\$9,185		\$9,185
Clinical Equipment	\$114,960		\$114,960
Clinical Furniture/Fixtures	\$11,422		\$11,422
Lounge Furniture/Fixtures	\$2,815		\$2,815
Storage Furniture/Fixtures	\$4,487		\$4,487
Business Office Fixtures	\$12,935		\$12,935
General Furniture/Fixtures	\$11,000		\$11,000
Signage	\$14,000		\$14,000
Total Moveable and Other Equipment	\$318,536		\$318,536
Fair Market Value of Leased Space	\$1,008,755		\$1,008,755
Total Project Costs	\$2,423,791		\$2,423,791

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

Although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the Replacement Facility, with the intent of project obligation being contingent upon permit issuance.

**Section I, Identification, General Information, and Certification
Cost Space Requirements**

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,423,791	5,347			5,347		
Total Clinical	\$2,423,791	5,347			5,347		
NON CLINICAL							
Total Non-clinical							
TOTAL	\$2,423,791	5,347			5,347		

Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to discontinue its existing 6-station dialysis facility at 2611 North Halsted Street, Chicago, Illinois 60614 (the "Existing Facility") and establish an 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, Illinois 60642 (the "Replacement Facility"). The Replacement Facility will be approximately 1.79 miles, or 6 minutes, from the Existing Facility.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: December 31, 2014
4. The Applicants lease space for the Existing Facility from Chicago Title Land Trust Company. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

Section II, Discontinuation
Criterion 1110.130(b), Reasons for Discontinuation

The Existing Facility is suboptimal for patients and staff, and in need of repair. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. The Existing Facility houses 6 dialysis stations in approximately 2,600 GSF, or 433 GSF per station. This is small for a pediatric facility and is 83% of the allowable size under HFSRB's rules. As a result, there is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the two services provided at the Existing Facility are separated by a flight of stairs. Even though these are separate services, physicians and staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility.

Further, the Existing Facility is one of two outpatient dialysis facilities in Chicago solely dedicated to serving pediatric patients. Approximately half of the patients reside outside of the City of Chicago and travel on average 21 miles or (42 minutes) each way three times per week for dialysis. The facility is primarily affiliated with the Ann & Robert H. Lurie Children's Hospital of Chicago (f/k/a Children's Memorial Hospital) ("Children's Hospital"). The site of the Existing Facility was ideal because of its proximity to the former Children's Memorial Hospital, which was less than one-half mile (or 1 minute travel time) from the Existing Facility. This site was conveniently located for pediatric patients and their families, who often schedule hospital appointments on the same day as their dialysis treatments to minimize travel.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. Given the facility serves pediatric patients throughout the Chicago metropolitan area, a central location close to major interstates is important. Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on North Halsted St., which is a busy city street, with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

The site of the Replacement Facility is close to the Kennedy Expressway (Interstate 90/94) and will provide better access to patients residing throughout the Chicago metropolitan area. The Replacement Facility will have dedicated parking for patients, visitors and staff. While it is impossible to eliminate all safety hazards, particularly during inclement weather, onsite parking will minimize these risks.

TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility that is located near a major interstate, with enhanced parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improve access.

Section II, Discontinuation
Criterion 1110.130(c), Impact on Access

1. The relocation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to DaVita's pediatric patient population by making it more accessible to pediatric patients and their families throughout the Chicago metropolitan area. The Existing Facility is one of two outpatient dialysis facilities in the City of Chicago solely dedicated to serving children. All existing patients are expected to transfer to the Replacement Facility. The proposed site is proximately located to Interstate 90/94, which will make it more accessible to pediatric patients who reside within and outside the City of Chicago. The Applicants seek authority from the Board to discontinue its existing 6-station dialysis facility at 2611 North Halsted Street, Chicago, Illinois 60614 (the "Existing Facility") and establish an 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, Illinois 60642 (the "Replacement Facility"). The Replacement Facility will be approximately 1.79 miles, or 6 minutes, from the Existing Facility.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility, is attached at Attachment – 10A. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10B. See Appendices – 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time.
3. To date, the Applicants have not received any impact statements regarding the discontinuation.

TRC Children's Dialysis Center
2611 North Halsted Street
Chicago, IL 60614

July 9, 2013

FEDERAL EXPRESS

USRC Oakbrook Dialysis
1201-1213 Butterfield Road
Downers Grove, Illinois 60515

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners, Inc. and Total Renal Care, Inc. to inform you of the proposed relocation of TRC Children's Dialysis Center, a 6-station pediatric dialysis facility located at 2611 North Halsted Street, Chicago, IL 60614 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is approximately March 31, 2015.

Over the past two years, the facility has served between 15 and 22 pediatric end-stage renal disease patients at any given time and the census at the end of May 2013 was 19. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the TRC Children's Dialysis Center patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita Inc., 2611 North Halsted Street, Chicago, Illinois 60614. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

Attachment - 10A

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact me at timothy.tincknell@davita.com or 773-549-9412.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Tincknell', written in a cursive style.

Tim Tincknell

On behalf of

DaVita HealthCare Partners, Inc.
Total Renal Care, Inc.

From: (773) 549-8412
Tim Tacknell
DaVita
2611 N Halsted St

Chicago, IL 60614

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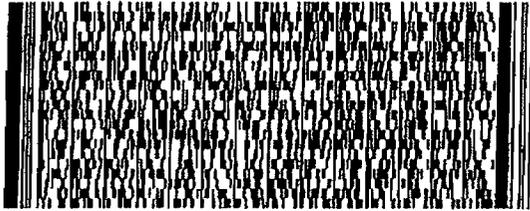
USRC Oakbrook Dialysis
1201-1213 Butterfield Road

DOWNERS GROVE, IL 60515

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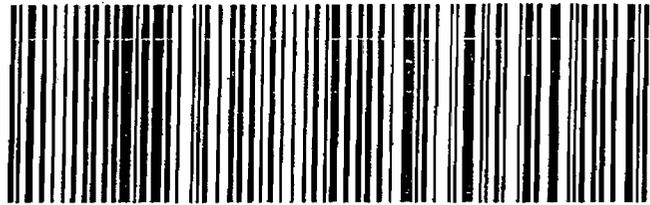
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Facility	City	Zip Code	HSA	Distance	Drive Time	Adjusted Drive Time	Stations
USRC Oakbrook Dialysis	Downers Grove	60515	9	23.99	36	45	13
RCG Villa Park	Villa Park	60181	7	23.02	36	45	24
LaGrange Dialysis Center	Westchester	60154	7	19.15	32	40	20
Fresenius Medical Care Rolling Meadows	Rolling Meadows	60008	7	25.64	36	45	24
Arlington Heights Renal Center	Arlington Heights	60005	7	21.01	31	38.75	18
Stoney Creek Dialysis	Oak Lawn	60453	7	17.67	35	43.75	12
Fresenius Medical Care - Midway	Chicago	60638	6	15.51	30	37.5	12
FMC Dialysis Services - Burbank	Burbank	60459	7	15.89	31	38.75	26
RCG-Scottsdale	Chicago	60652	6	16.29	32	40	35
West Lawn Dialysis	Chicago	60629	6	14.31	30	37.5	12
Blue Island Dialysis Ctr	Blue Island	60406	7	21.7	36	45	24
RCG-Merrionette Park	Merrionette Park	60803	7	21.58	36	45	18
Mount Greenwood Dialysis	Chicago	60655	6	20.77	36	45	16
Fresenius Medical Care Evergreen Park	Evergreen Park	60643	7	18.28	35	43.75	30
Beverly Dialysis	Chicago	60620	6	16.16	32	40	12
Fresenius Medical Care Chatham	Chicago	60617	6	13.79	24	30	16
South Side Dialysis Center	Chicago	60620	6	16.09	31	38.75	39
Fresenius Medical Care Marquette Park	Chicago	60629	6	12.78	31	38.75	16
Midwest Renal Care - Chicago(Fresenius Ross-Englewo	Chicago	60621	6	11.65	23	28.75	16
RCG Garfield	Chicago	60609	6	10.12	20	25	22
Emerald Dialysis	Chicago	60609	6	8.93	19	23.75	24
Fresenius Medical Care Bridgeport	Chicago	60609	6	8.09	18	22.5	27
Fresenius Medical Care of Roseland	Chicago	60628	6	17.26	32	40	12
Greenwood Dialysis Center	Chicago	60619	6	15.41	28	35	28
Stony Island Dialysis	Chicago	60617	6	19	31	38.75	32
Fresenius Medical Care South Deering	Chicago	60617	6	19.62	33	41.25	20
Fresenius Medical Care South	Chicago	60617	6	16.41	29	36.25	36
Grand Crossing Dialysis	Chicago	60619-1909	6	13.75	26	32.5	12
Jackson Park Dialysis	Chicago	60649	6	14.1	28	35	24
Woodlawn Dialysis	Chicago	60609	6	9.61	20	25	32
Lake Park Dialysis	Chicago	60653	6	9.44	19	23.75	32
Fresenius Medical Care South Shore	Chicago	60649	6	14.61	29	36.25	16
Loyola Dialysis Center	Maywood	60153	7	14.67	25	31.25	30
Fresenius Medical Care Melrose Park	Melrose Park	60160	7	15.4	28	35	18
Dialysis Center of America - Berwyn	Berwyn	60402	7	14.23	26	32.5	26
Maple Avenue Kidney Center	Oak Park	60304	7	12.31	21	26.25	18
North Avenue Dialysis Center	Melrose Park	60160	7	16.52	29	36.25	24

Fresenius Medical Care River Forest	River Forest	60305	7	13.54	25	31.25	20
Fresenius Medical Care Neomedica Cumberland	Norridge	60706	7	12.99	22	27.5	16
Resurrection Medical Center	Chicago	60631	6	10.25	18	22.5	14
Oak Park Dialysis Center	Oak Park	60302	7	13.19	24	30	12
West Suburban Hosp. Dialysis Unit	Oak Park	60302	7	11.64	22	27.5	46
Fresenius Medical Care Cicero	Cicero	60804	7	12.78	23	28.75	16
Austin Community Kidney Center	Chicago	60651	6	7.34	21	26.25	16
Monteclare Dialysis Center	Chicago	60634	6	8.49	23	28.75	16
Fresenius Medical Care West Belmont	Chicago	60641	6	5.87	15	18.75	17
Fresenius Medical Care North	Chicago	60630	6	6.94	15	18.75	28
Glenview Dialysis Center	Glenview	60025	7	19.95	33	41.25	20
Fresenius Medical Care Des Plaines	Niles	60714	7	14.12	28	35	12
Lutheran General - Neomedica	Niles	60714	7	14.12	28	35	32
Satellite Dialysis to Glenview	Glenview	60026	7	20.53	33	41.25	16
Fresenius Medical Care of Deerfield	Deerfield	60015	7	22.97	35	43.75	12
Big Oaks Dialysis	Niles	60714	7	10.88	19	23.75	12
RCG Skokie	Skokie	60077	7	14.42	23	28.75	14
Center for Renal Replacement	Lincolnwood	60712	7	10.35	18	22.5	16
RCG - Mid America Evanston	Evanston	60201	7	15.81	26	32.5	14
Fresenius Medical Care Northfield	Northfield	60093	7	17.33	26	32.5	12
EMC Dialysis Services of Congress Parkway	Chicago	60624	6	7.15	15	18.75	30
Mt. Sinai Hospital Med Ctr	Chicago	60608	6	6.84	17	21.25	16
Little Village Dialysis	Chicago	60608	6	7.2	18	22.5	16
Fresenius Medical Care of Chicago - West	Chicago	60608	6	6.14	15	18.75	31
John H. Stroger Jr. Hospital of Cook County	Chicago	60612	6	4.64	14	17.5	9
Garfield Kidney Center	Chicago	60624	6	5.77	17	21.25	16
West Metro Dialysis Center	Chicago	60622	6	4.5	13	16.25	32
Fresenius Medical Care West Willow	Chicago	60622	6	2.04	6	7.5	12
University of Illinois Hospital	Chicago	60612	6	5.48	14	17.5	26
Rush Univ. Med. Ctr.	Chicago	60612	6	5.06	13	16.25	5
Loop Renal Center	Chicago	60607	6	4.68	12	15	28
Chicago Dialysis Center	Chicago	60607	6	3.65	11	13.75	21
Fresenius Medical Care Delaware	Chicago	60607	6	4.35	12	15	24
Circle Medical Management	Chicago	60607	6	3.78	11	13.75	27
EMC - Logan Square	Chicago	60647	6	3.51	10	12.5	12
Logan Square Dialysis	Chicago	60647	6	3.51	10	12.5	28
Fresenius Medical Care Northcenter	Chicago	60618	6	3.06	9	11.25	16
Mephron Dialysis Ctr Swedish Covenant	Chicago	60625	6	4.7	14	17.5	12
Lincoln Park Dialysis Center	Chicago	60657	6	1.41	3	3.75	22
Fresenius Medical Care of Lakeview	Chicago	60613	6	1.77	5	6.25	14

RCG - Uptown	Chicago	60640	6	3.64	8	10	12
TRC Children's Dialysis	Chicago	60614	6	0	0	0	6
RCG MidAmerica - Prairie	Chicago	60616	6	6.52	14	17.5	24
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	60611	6	3.54	9	11.25	44
Dialysis Ctr of America - (Rogers Park)	Chicago	60645	6	7.95	19	23.75	20
Evanston Renal Center	Evanston	60201	7	11.26	29	36.25	18
Evanston Hospital	Evanston	60201	7	11.06	29	36.25	5
Highland Park Hospital	Highland Park	60035	8	24.18	36	45	20
Fresenius Medical Care Neomedica Marquette Pk	Chicago	60636	6	12.12	29	36.25	

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2012 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, is attached hereto as Attachment – 11A. The proposed project involves the discontinuation of TRC Children's Dialysis Center's existing 6-station dialysis facility and the establishment of an 8-station Replacement Facility located at 1333 North Kingsbury Street, Chicago, Illinois 60642.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on the Kidney Smart, IMPACT and CathAway programs as well as other DaVita initiatives are attached at Attachment – 11B.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2005-2010, the overall prevalence estimate for CKD rose from 12.3 to 14.0 percent. The largest relative increase, from 25.4 to 40.8 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²
- Nearly five times the number of new patients began treatment for ESRD in 2010 (approximately 117,000) versus 1980 (approximately 20,000).³
- Nearly ten times more patients are now being treated for ESRD than in 1980 (approximately 600,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD was 1 in 2,900 in 2010 versus 1 in 11,600 in 1980.
- U.S. patients being treated for ESRD was 1 in 570 in 2010 versus 1 in 3,450 in 1980.⁵
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁶
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-three percent of new ESRD patients in 2010, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 88 percent of those on hemodialysis began therapy with a catheter, compared to 54 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD

¹ US Renal Data System, USRDS 2012 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 46 (2012)

² Id.

³ Id. at 156

⁴ Id.

⁵ Id.

⁶ Id. at 157

nephrologist care, 26 percent began therapy with a fistula – eight times higher than the rate among non-referred patients (3 percent).⁷

DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 65-75% of CKD Medicare patients have never been evaluated by a nephrologist. Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality,
- A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Classes are offered free of charge to assist patients and their care partners in developing care plans designed to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

To extend DaVita's pre-ESRD education and awareness programs to the Spanish-speaking population, DaVita launched its Spanish-language website (DaVita.com/Espanol) in November 2011. Similar to DaVita's English-language website, DaVita.com/Espanol provides easy-to-access information for Spanish-speaking kidney care patients and their families, including educational information on kidney disease, treatment options, and recipes.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has improved its patients' fistula-adoption rate by 91% between 2002 and 2011.

DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. In 2013, the Renal Physician Association awarded DaVita the Patient Safety Improvement Award for the CathAway Program. Since the inception of the program in 2008, nearly 12,000 fewer patients are dialyzing with CVCs. Further, at the end of 2012, 63.9% of DaVita patients were using fistulas, a 2.0% increase since 2011. In addition, only 13.9% of DaVita patients who had been

⁷ Id. at 216

on dialysis for more than 90 days were still using their typically hospital-given catheters as their form of vascular access – DaVita's best outcomes to date.

In an effort to reduce the length of hospital inpatient stays and readmissions, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement through its Patient Pathways program. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 300 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. The program is a 2013 Case In Point⁸ Platinum Award finalist for "Best Transition of Care Program" and "Best Discharge Planning Program." The program has resulted in a 0.5 day reduction in average length of stay for both new admissions and readmissions and an 11% reduction in average acute dialysis treatments per patient. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is approximately \$1.5 billion in savings to the health care system and the American taxpayer since 2010, with \$486 million in savings in 2012 alone.

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering patient prescriptions to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. As of 2012, DaVita Rx patients have an 82% adherence rate, compared to those who use chain pharmacies and have a 32% adherence rate, and those who use independent pharmacies and have a 36% adherence rate. In addition, better adherence may lead to fewer hospitalizations for patients using DaVita Rx versus those patients not on this service. According to a study by the American Journal of Kidney Disease, dialysis patients who use DaVita Rx spent 14% fewer days in the hospital (or 1.8 fewer hospital days per patient per year).⁹

⁸ Case In Point is a unique awards program recognizing the most successful and innovative case management programs working to improve healthcare across the care continuum.

⁹ Eric D. Weinhandl et al., *Clinical Outcomes Associated with Receipt of Integrated Pharmacy Services by Hemodialysis Patients: A Quality Improvement Report*, Am. J. Kidney Disease (Apr. 18, 2013).

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Furthermore, it annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and expects LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness to community needs and makes cash contributions to organizations aimed at improving access to kidney care. In 2012, DaVita donated more than \$2.8 million to kidney disease- awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assisted in these initiatives and have raised approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$900,000 coming in 2012 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. Through 2012, the DaVita Way of Giving program has donated \$1.75 million to more than 600 local charities from Ronald McDonald House to small community-support entities selected by teammates at clinics across DaVita's 43-state footprint.

DaVita does not limit its community engagement to the U.S. alone. It founded Bridge of Life, a 501(c)(3) nonprofit organization that operates on donations to bring care to those for whom it is out of reach. In addition to contributing dialysis equipment to DaVita Medical Missions, Bridge of Life has accomplished 24 Missions between 2006 -2011, with more than 150 participating teammates. Bridge of Life has trained 19 doctors, 111 nurses, 246 technicians and 19 technicians to expand access to dialysis in 11 countries on four continents.

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

1. Health care facilities owned or operated by the Applicants:

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11C.

Dialysis facilities are currently not subject to State Licensure in Illinois.

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11D.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11D.

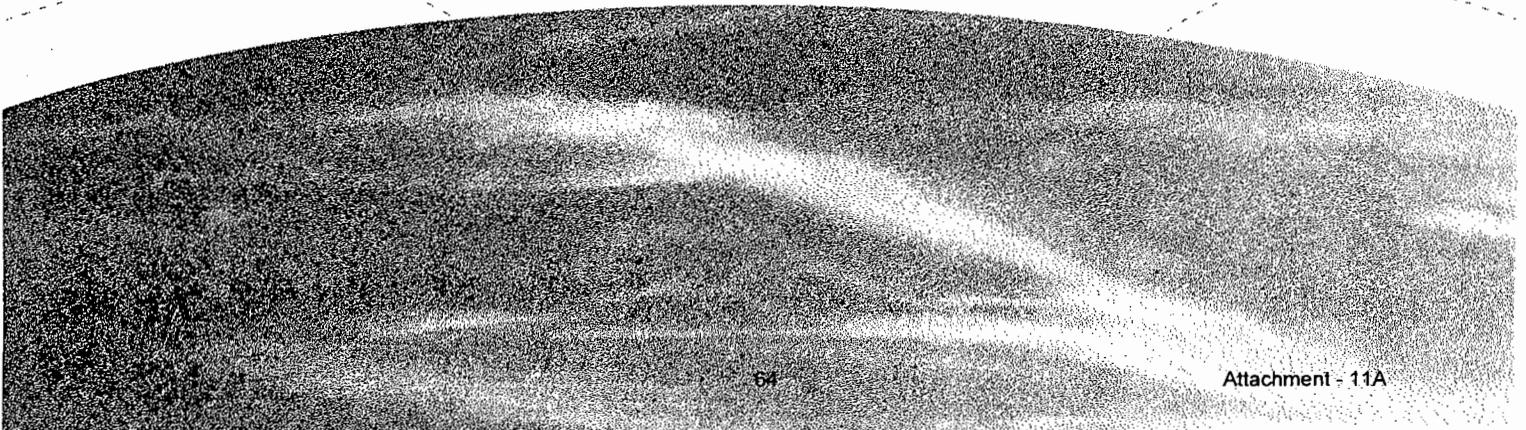
DaVita.

COMMUNITY CARE

The DaVita Vision for Global Citizenship



2012





A COMMUNITY FIRST AND A COMPANY SECOND

At Davita®, we do dialysis, but we are not about dialysis. We are about the health of our patients, teammates (employees) and partners, and the communities in which we operate around the globe.

We believe that if we create an enriching community for our teammates, they will create a caring community for our patients and the world. And be inspired to help others. We call this vision for global citizenship and social responsibility our Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World. This trilogy is at the heart of what drives our industry-leading clinical outcomes, our goodwill, our people and our environmental commitment.



{ Our Vision }

To Build the Greatest Healthcare Community the World Has Ever Seen

{ Our Trilogy of Care }

Caring for Our Patients | Caring for Each Other | Caring for Our World

ABOUT CHRONIC KIDNEY DISEASE (CKD)



1 in 10 U.S. adults has kidney disease and many don't know it.

CKD has 5 stages, culminating in end stage renal disease (ESRD) or kidney failure.

Approximately 600,000 people in the U.S. have ESRD and require a transplant or dialysis to survive.

African Americans, Hispanic Americans and Native Americans are affected disproportionately.

Diabetes and hypertension are the two leading causes of CKD.

{ Our Mission }

To Be the Provider, Partner and Employer of Choice

{ Our Core Values }

Service Excellence | Integrity | Team | Continuous Improvement
Accountability | Fulfillment | Fun

BUILDING A GLOBAL VILLAGE

In our relentless pursuit to build a healthy, caring culture for our patients, our teammates and their communities, DaVita® has developed a variety of programs to effect positive change for people and the environment.

For our patients—and all kidney care patients—we strive to be a role model for healthcare delivery in the United States and beyond. By taking an integrated approach to care, we are improving quality of life for thousands while generating significant savings to the American healthcare system.

Through multiple support programs and our award-winning curriculum for clinical, personal and professional development, we seek to help our teammates be not only better professionals but better human beings—leaders who nurture themselves, each other, their patients, their neighbors and the environment.

We also believe in the importance of sending forth ripples of citizen leadership. By developing charitable initiatives, setting environmental goals and bringing kidney care to underserved countries, we aim to be responsible, invested members of our global community.

We invite you to read more about our global citizenship efforts through 2012 here and at DaVita.com/CommunityCare.





Caring for Our Patients



Caring for Each Other

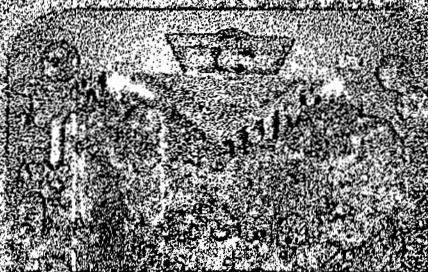


Caring for Our World



Davita.

The DaVita Village is established.



The first Wall of Fame is created at a DaVita center with fun facts and pictures of teammates and patients to help them get to know each other a little better. More than 90,000 faces have appeared on Walls of Fame.



Village Service Days

Village Service Days holds its first community service project. The idea caught on across the organization, and DaVita teammates and their friends and families have spearheaded more than 600 volunteer efforts to improve their neighborhoods.

2000

2001

2002

2003

2004

2005



The DaVita Village Network launches and has since granted 435 teammates more than \$2M in times of personal crisis.



DaVita Children's Foundation and KT Family Foundation are founded to provide scholarships to students who are children or grandchildren of DaVita teammates.

DaVita establishes the independent 501(c)(3) Bridge of Life - DaVita Medical Missions™ to bring much-needed dialysis care to underserved communities abroad.



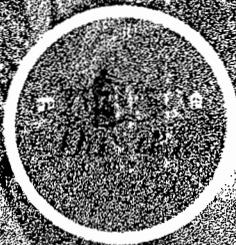
Chairman and CEO Kent Thiry and his wife, Denise O'Leary, create the KT Community Foundation to help support hands-on community service projects benefitting 501(c)(3) charities. To date, the foundation has funded more than \$275,000 toward 96 teammate-led projects that make a difference in the communities where teammates live as well as overseas.



Since the program's inception in 2004, Village Greeters have volunteered nearly 600,000 hours to welcome patients entering our dialysis centers.



To raise awareness about the often silent affliction that is chronic kidney disease, DaVita holds the first ever Tour DaVita, a 250-mile bike ride.



DaVita becomes the first and only healthcare company and Fortune 500 company on the WorldBlu list of Most Democratic Workplaces and has remained on the list ever since.



DaVita launches the DaVita Way of Giving, making up to \$1M per year available to teammates across the country to contribute to the local nonprofits of their choice.

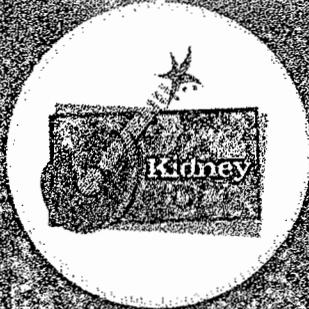
2006

2007

2008

2009

2010



The first DaVita Kidney Rock™ run/walks are held across the country to raise awareness about kidney disease. In 2011 they evolved into one megaweekend in Denver that provided no-cost kidney screenings to the community.

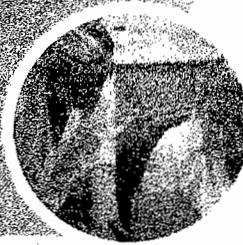
The DaVita Circle of Life program is established to assist patients with end-of-life planning, to memorialize deceased patients and physicians, and to celebrate babies who are born into the DaVita Village.



DaVita becomes the only kidney care services provider to make the Newsweek Green Rankings of the 500 largest publicly traded companies in America. DaVita has remained the only kidney care provider on the environmental ranking every year since.

2012 HIGHLIGHTS

DaVita vaccinates a record 91% of patients for influenza and/or pneumococcal pneumonia, reducing their risk of hospitalization.



DaVita has improved clinical outcomes for its 13th consecutive year, generating an estimated \$486M in net savings to the American healthcare system in 2012.

myDaVita.com

myDaVita.com and the DaVita Health Portal™ launch to provide our kidney patients and their caregivers more control of their health through online access to lab results, health records and a social support community.



Together, DaVita Children's Foundation and KT Family Foundation have granted nearly \$1.4M in educational assistance to more than 700 outstanding student children and grandchildren of DaVita teammates.

Through Village Service Days, thousands of teammates and their friends around the country have volunteered nearly 44,000 hours to complete community service projects.

2011

2012

93% of patients polled say that they are satisfied with the quality of care they receive at DaVita.*



Bridge of Life—DaVita Medical Missions has trained 19 doctors, 111 nurses, 246 technicians and 19 biomedical technicians to expand access to dialysis in 11 countries on four continents.

DaVita sets its Environmental Goals to achieve by 2015:

- Reduce energy consumption by 15%.
- Decrease business office paper consumption by 20% and operate paperless clinics.
- Decrease water consumption by 10%.
- Increase environmentally preferable procurement by 15%.
- Implement one new sustainability program per year.



The DaVita Way of Giving has given \$1.75M to local charities across the country that our own teammates selected themselves.

Since 2007, more than 2,000 Tour DaVita riders have raised more than \$4M to help fight kidney disease.

For more information about DaVita's approach to global citizenship, visit DaVita.com/CommunityCare.

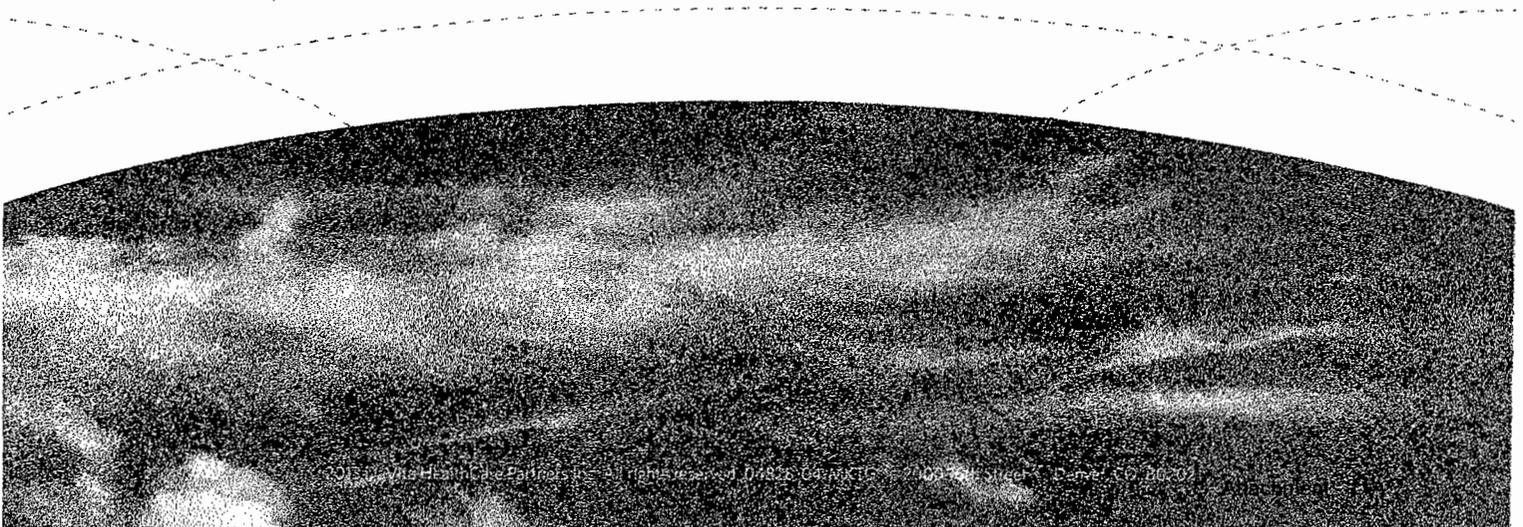
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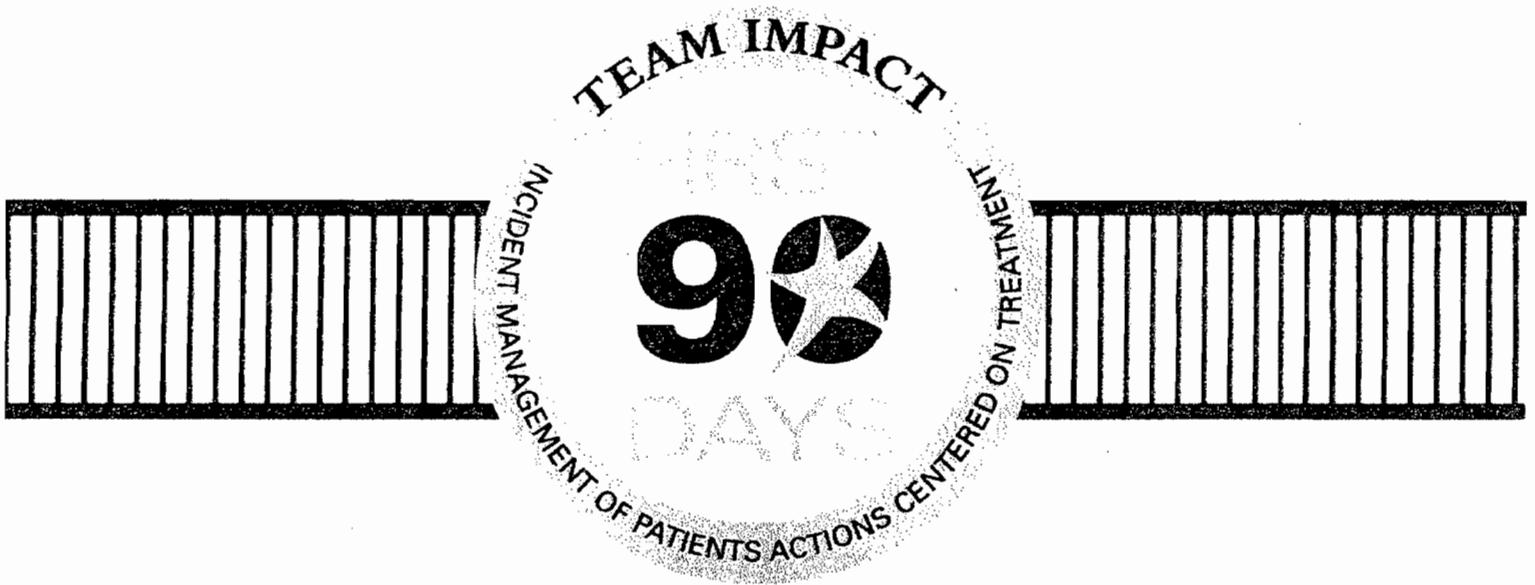
COMMUNITY CARE

The DaVita Vision for Global Citizenship

2012

DaVita.com/CommunityCare







Dear Physician Partners:

IMPACT™ is an initiative focused on reducing incident patient mortality. The program provides a comprehensive onboarding process for incident patients, with program materials centered on four key clinical indicators—access, albumin, anemia, and adequacy.

Medical Directors: How can you support IMPACT in your facilities?

- Customize the new Standard Admission Order template into facility-specific orders.
Drive use of the standard order with your attending physicians
- Review your facility IMPACT scorecard at your monthly QIFMM meeting
- Talk about IMPACT regularly with your attending physicians

Attending Physicians: How can you support IMPACT in your facilities?

- Use the IMPACT scorecard to assess incident patients
- Educate teammates about the risk incident patients face and how IMPACT can help

How was IMPACT developed? What are the initial results?

From October 2007 to April 2009, IMPACT was piloted in DaVita® centers. Early results, presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN this April, showed an 8% reduction in annualized mortality. In addition to lower mortality, IMPACT patients showed improvements in fistula placement rates and serum albumin levels. The results are so impressive that we are implementing this program throughout the Village.

Your support of this effort is crucial.

If you have not seen the IMPACT order template and scorecard by the end of June, or if you have additional questions about the program, email impact@davita.com. Together we can give our incident patients the quality and length of life they deserve.

Sincerely,

Dennis Kogod
Chief Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer





FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

El Segundo, Calif., (March, 29, 2009) – DaVita Inc., a leading provider of kidney care services for those diagnosed with chronic kidney disease (CKD), today released the findings of a study revealing DaVita's IMPACT™ (Incident Management of Patients; Actions Centered on Treatment) pilot program can significantly reduce mortality rates for new dialysis patients. The study presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN details how the IMPACT patient care model educates and manages dialysis patients within the first 90 days of treatment, when they are most unstable and are at highest risk. In addition to lower mortality rates, patient outcomes improved - confirming the health of this vulnerable patient population is better supported under DaVita's *Relentless Pursuit of Quality*™ care.

The pilot program was implemented with 606 patients completing the IMPACT program over a 12 month period in 44 DaVita centers around the nation. IMPACT focuses on patient education and important clinical outcomes - such as the measurement of adequate dialysis, access placement, anemia, and albumin levels - monitoring the patient's overall health in the first 90 days on dialysis. Data reflects a reduction in annualized mortality rates by eight percent for IMPACT patients compared with non-IMPACT patients in the DaVita network. Given that DaVita has roughly 28,000 new patients starting dialysis every year, this reduction affects a significant number of lives.

In addition, a higher number of IMPACT patients versus non-IMPACT patients had an arteriovenous fistula (AVF) in place. Research shows that fistulas - the surgical connection of an artery to a vein - last longer and are associated with lower rates of infection, hospitalization and death compared to all other access choices.

Allen R. Nissenson, MD, Chief Medical Officer at DaVita says, "The IMPACT program is about quality patient care starting in the first 90 days and extending beyond. Improved outcomes in new dialysis patients translates to better long term results and healthier patients overall."

Researchers applaud the IMPACT program's inclusion of all patients starting dialysis, regardless of their cognitive ability or health status. Enrolling all patients at this early stage in their treatment allows them to better understand their disease and care needs while healthcare providers work to improve their outcomes. Through this program, DaVita mandates reporting on this particular population to better track and manage patients through their incident period.

Dennis Kogod, Chief Operating Officer of DaVita says, "We are thrilled by the promising results IMPACT has had on our new dialysis patients. DaVita continues to be the leader in the kidney care community, and we look forward to rolling out this program to all facilities later this year, to improve the health of all new dialysis patients."

DaVita, IMPACT and *Relentless Pursuit of Quality* are trademarks or registered trademarks of DaVita Inc. All other trademarks are the properties of their respective owners.

Poster Presentation
NKF Spring Clinical Meeting
Nashville, TN
March 26-28, 2009

Incident Management of Hemodialysis Patients: Managing the First 90 Days

John Robertson¹, Pooja Goel¹, Grace Chen¹, Ronald Levine¹, Debbie Benner¹, and Amy Burdan¹
¹DaVita Inc., El Segundo, CA, USA

IMPACT (Incident Management of Patients, Actions Centered on Treatment) is a program to reduce mortality and morbidity in new patients during the first 3 months of dialysis, when these patients are most vulnerable. IMPACT was designed to standardize the onboarding process of incident patients from their 0 to 90-day period. We report on an observational (non-randomized), un-blinded study of 606 incident patients evaluated over 12 months (Oct77-Oct08) at 44 US DaVita facilities.

The study focused on 4 key predictive indicators associated with lower mortality and morbidity –anemia, albumin, adequacy and access (4As). IMPACT consisted of:

- (1) Structured New Patient Intake Process with a standardized admission order, referral fax, and an intake checklist;
- (2) 90-day Patient Education Program with an education manual and tracking checklist;
- (3) Tools for 90-day Patient Management Pathway including QOL; and
- (4) Data Monitoring Reports.

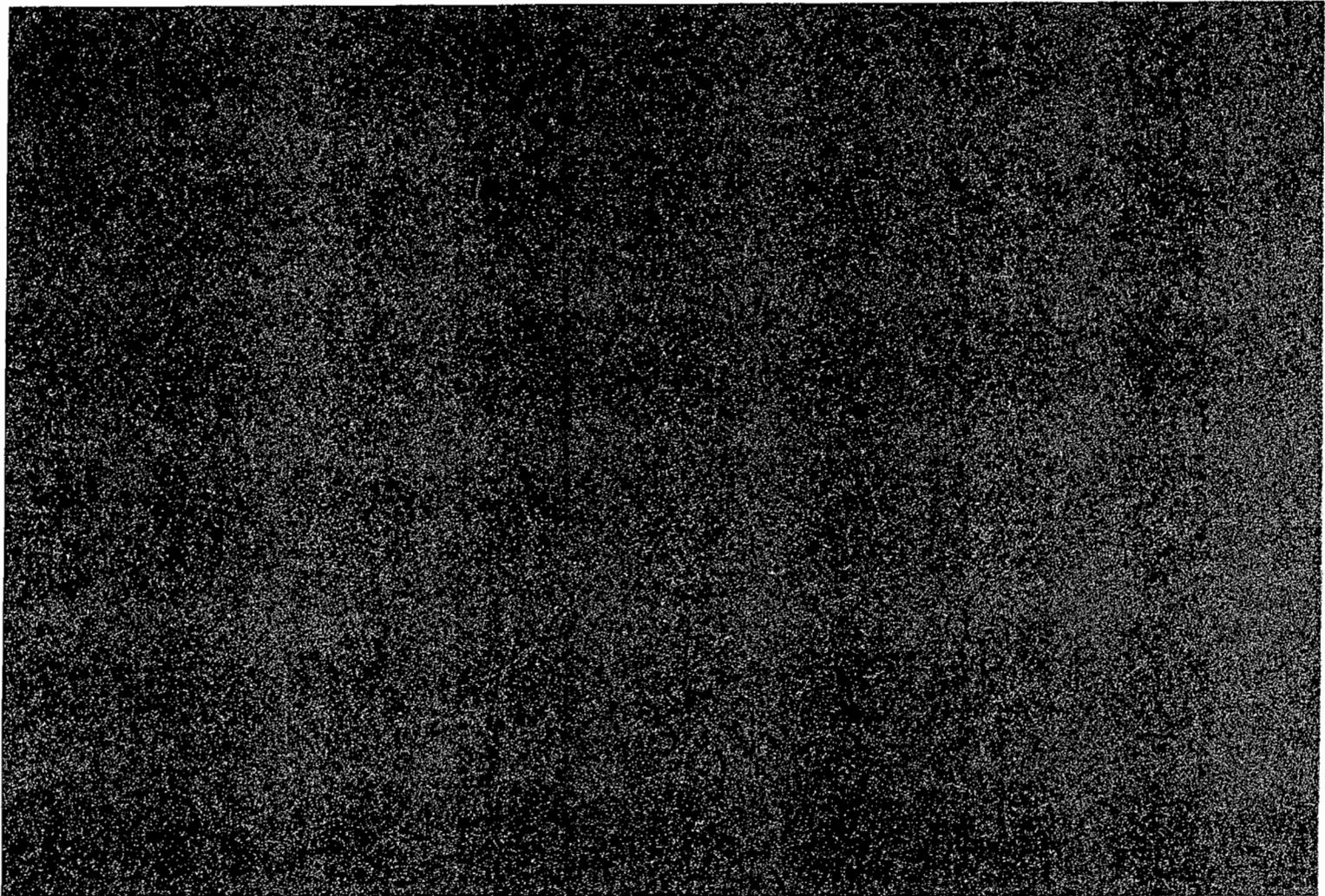
Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 ± 15.1 years old (mean±3SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p < 0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p \leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33 \leq 3xHb \leq 36$) vs. 23.4% for controls ($p < 0.10$); some IMPACT patients may still have >36 -level Hcts. Mean calculated Kt/V was 1.54 for IMPACT patients vs. 1.58 for nonIMPACT patients ($p \leq 0.05$).

IMPACT is a first step toward a comprehensive approach to reduce mortality of incident patients. We believe this focus may help us to better manage CKD as a continuum of care. Long-term mortality measures will help determine if this process really impacts patients in the intended way, resulting in longer lives and better outcomes.

IMPACT Tools

Here's how the IMPACT program will help the team record data, educate patients and monitor their progress in your facilities.

- 1 Standard Order Template, a two-page form with drop-down menus that can be customized into a center-specific template
- 2 Intake Checklist to gather registration and clinical data prior to admission
- 3 Patient Announcement to alert teammates about new incident patients
- 4 Patient Education Book and Flip Chart to teach patients about dialysis
- 5 Tracking Checklist for the team to monitor progress over the first 90 days
- 6 IMPACT Scorecard to track monthly center summary and patient level detail for four clinical indicators: access, albumin, adequacy, anemia



Headquarters

1627 Cole Blvd, Bldg 18
Lakewood CO 80401
1-888-200-1041

IMPACT

For more information, contact
1-800-400-8331

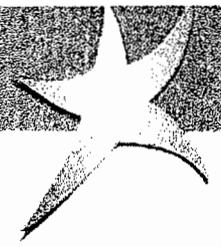
DaVita.com

Our Mission

To be the Provider,
Partner and Employer
of Choice

Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun



Knowledge is power.

EMPOWER[®] is an educational program by DaVita[®]. The program includes a series of free community based classes for patients with chronic kidney disease (CKD). These classes encourage you to take control of your kidney disease and prepare for dialysis by making healthy choices about your kidney care

Taking Control Of Kidney Disease

Learn how to slow the progression of kidney disease.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

Making Healthy Choices

Learn how to prepare for dialysis.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

Treatment Choices

An in-depth look at all of your treatment choices.

- Kidney disease and related conditions
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

To register for a class, call 1-888-MyKidney (695-4363).

EMPOWER[®]
1-888-MyKidney (695-4363) | DaVita.com/EMPOWER

DaVita
attachment - 11B

DaVita HealthCare Partners, Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Park Dialysis	43RD & SOUTH COTTAGE GROVE		CHICAGO	COOK	IL	60653	14-2717

DaVita HealthCare Partners, Inc.
Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Markham Renal Center	3053-3055 WEST 159th STREET		MARKHAM	COOK	IL	60428-4026	14-2575
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654

DaVita HealthCare Partners, Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	
TRC, Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310

March 26, 2013

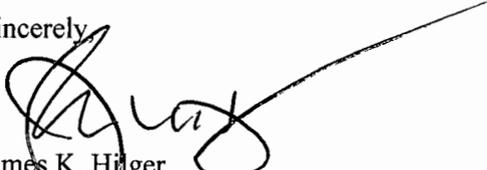
Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

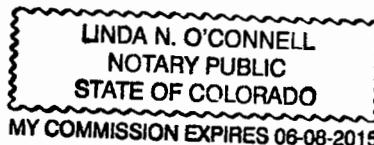
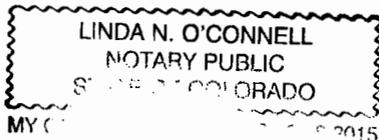
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,


James K. Hinger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Notary Public



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

1. The Applicants propose to relocate the Existing Facility located at 2611 North Halsted Street, Chicago, Illinois, 60614 1.79 miles, or 6 minutes to 1333 North Kingsbury Street, Chicago, Illinois 60642 (the "Replacement Facility") to meet the growing demands for pediatric dialysis services in HSA 6.

The Existing Facility is suboptimal for both patients and staff. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. The Existing Facility houses 6 dialysis stations in approximately 2,600 GSF, or 433 GSF per station. This is small for a pediatric facility and is 83% of the allowable size under HFSRB's rules. As a result, there is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the two services provided at the Existing Facility are separated by a flight of stairs. Even though these are separate services, physicians and staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility.

Further, the Existing Facility is one of two outpatient dialysis facilities in Chicago solely dedicated to serving pediatric patients. Approximately half of the patients reside outside of the City of Chicago and travel on average 21 miles or (42 minutes) each way three times per week for dialysis. The facility is primarily affiliated with the Ann & Robert H. Lurie Children's Hospital of Chicago (f/k/a Children's Memorial Hospital) ("Children's Hospital"). The site of the Existing Facility was ideal because of its proximity to the former Children's Memorial Hospital, which was less than one-half mile (or 1 minute travel time) from the Existing Facility. This site was conveniently located for pediatric patients and their families, who often schedule hospital appointments on the same day as their dialysis treatments to minimize travel.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. Given the facility serves pediatric patients throughout the Chicago metropolitan area, a central location close to major interstates is important. Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on North Halsted St., which is a busy city street, with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

The site of the Replacement Facility is close to the Kennedy Expressway (Interstate 90/94) and will provide better access to patients residing throughout the Chicago metropolitan area. The Replacement Facility will have dedicated parking for patients, visitors and staff. While it is impossible to eliminate all safety hazards, particularly during inclement weather, onsite parking will minimize these risks.

TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility that is located near a major interstate, with enhanced

parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improved access.

The Replacement Facility is needed to serve the growing demand for dialysis services in the area. Currently, the Existing Facility serves 18 in-center ESRD patients. Craig Langman, M.D., the Medical Director for TRC Children's Dialysis Center, anticipates all 18 current patients will transfer to the Replacement Facility. Furthermore, Dr. Langman is currently treating 33 pre-ESRD patients. See Attachment – 12A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the Replacement Facility within 24 months of project completion.

While the Applicants acknowledge the Existing Facility is operating below the HFSRB's 80% utilization standard based upon the 3 shifts per day, 6 days per week. This standard is not appropriate for pediatric dialysis units, like TRC Children's Dialysis. Due to the pediatric focus of this facility, the existing facility only runs 2 shifts, 6 days per week. A third daily shift is not feasible, as pediatric patients often must travel greater distances than adult dialysis patients and already miss considerable time from school and their families. Taking into account a two-shift schedule, the adjusted utilization anticipated within 24 months following relocation is 78%.

Additionally, it is important to note that 4 patients (approximately 20% of the facility's census) received kidney transplants since mid-February 2013. With the expected growth in patient volume, the facility must relocate in order to expand by 2 stations to 8. This would allow for a future census capacity of 32 pediatric patients and a larger pipeline of transplant candidates to Children's Hospital.

Furthermore, utilization of existing facilities, within a 40 minute travel time, to accommodate growing need for dialysis is not feasible. The only other outpatient dialysis facility in the region dedicated to pediatric patients is located within Rush University Medical Center. The Rush program is affiliated with a different nephrology group and serves a separate patient base. Although the University of Chicago (U of C) and the University of Illinois at Chicago (UIC) treat pediatric patients, they only provide acute (hospital-based) services. While FMC Westside serves pediatric patients, it is primarily an adult ESRD facility. Children are physiologically different from adults and require specialized care. FMC Westside is not appropriate for all pediatric patients, particularly younger children. Thus, based upon the current census coupled with the projected growth in pediatric ESRD patients, as documented in Dr. Langman's referral letter, a relocated and expanded TRC Children's Dialysis Center is warranted.

2. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses an approximate 25 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 40 minutes normal travel time to Highland Park.
- Northeast approximately 5 minutes normal travel time to Lake Shore Drive / Lake Michigan.
- East approximately 5 minutes normal travel time to Lake Shore Drive / Lake Michigan.
- Southeast approximately 7 minutes normal travel time to Millennium Park (Chicago).
- South approximately 40 minutes normal travel time to Calumet Park.
- Southwest approximately 40 minutes normal travel time to Burr Ridge.
- West approximately 40 minutes normal travel time to Elmhurst.
- Northwest approximately 40 minutes normal travel time to Rolling Meadows.

The minimum size of a GSA is 30 minutes; however, since most of the pediatric patients travel further distances due to the lack of dialysis facilities with capabilities to serve children and the rarity of ESRD in children, the GSA for TRC Children's Dialysis Center is 40 minutes. Over 50% of TRC's Children's Dialysis Center reside within 40 minutes of the Replacement Facility. While diabetes and hypertension (high blood pressure) are the two leading causes of CKD and ESRD in the adult

population, children typically succumb to ESRD due to a genetic condition. As mentioned previously, the leading causes of kidney failure in children are cystic / hereditary and congenital disorders, which account for 32 percent of pediatric ESRD cases, while 26 percent are caused by glomerular diseases, and 11 percent by secondary causes of glomerulonephritis, including vasculitis. While African American and Hispanic adults are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension in their communities, incidence and prevalence rates for children have become more uniform across all races. In 2010, the incident rate of ESRD per million population was 16.0 for U.S. children and the decrease in incidence among African American children is parallel to a rise in rates among patients of other races, suggesting that reclassification may have occurred. Likewise, the prevalent rate of ESRD per million population in 2010 reached 86.0 for U.S. children, appearing to impact all races equally.

3. Source Information

The Renal Network, Utilization Data for the Quarter Ending September 30, 2012.

U.S. Census Bureau, American FactFinder, Fact Sheet, available at http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Nov. 18, 2011).

U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010 available at <http://www.usrds.org/2010/view/default.asp> (last visited Nov. 18, 2011).

U.S. Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2007 available at <http://www.usrds.org/atlas07.aspx> (last visited Nov. 18, 2011).

U.S. Renal Data System, USRDS 2012 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2012.

4. As stated above, the Existing Facility is suboptimal for patients and staff, and in need of repair. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. There is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility, that is located near a major interstate, with enhanced parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improve access.
5. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was approximately \$1.5 billion in savings to the health care system and the American taxpayer since 2010.

Craig B. Langman, M.D.
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611

John Hayes
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Vice Chairman Hayes:

I am pleased to support DaVita's proposal to relocate TRC Children's Dialysis Center, as it will afford my patient-base access to excellent dialysis care.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. A central location close to major interstates is important to continue serving pediatric patients throughout the Chicago metropolitan area. Further, the existing facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on the street with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

The site of the replacement facility is close to the Kennedy Expressway (Interstate 90/94) and will provide better access to patients residing throughout the Chicago metropolitan area. The replacement facility will have dedicated parking for patients, visitors and staff. While it is impossible to eliminate all safety hazards, particularly during inclement weather, onsite parking will minimize these risks.

I am currently treating 18 pediatric end stage renal disease patients at TRC Children's Dialysis Center, all of whom I anticipate with transfer to the replacement facility. Enclosed as Attachment - 1 is a list of my historical patients treated at this facility.

I am also treating 33 Stage 3, 4, and 5 patients who are suffering from Chronic Kidney Disease, or the preliminary stages before end stage renal disease (pre-ESRD). A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 2. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the replacement facility within 24 months of project completion. With the expected

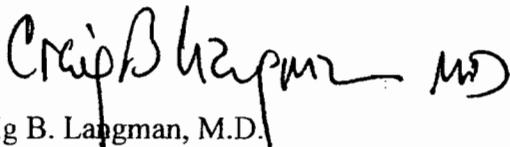
growth in patient volume, the facility must relocate in order to expand by 2 stations to 8. This would allow for a future census capacity of 32 pediatric patients.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

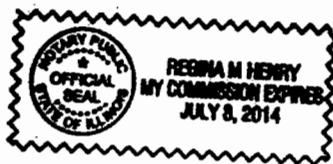
These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of TRC Children's Dialysis.

Sincerely,

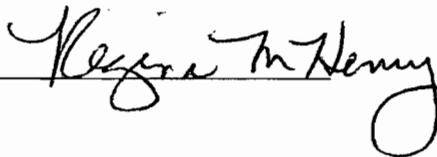


Craig B. Langman, M.D.
Nephrologist
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611



Subscribed and sworn to me
This 15th day of July, 2013

Notary Public



**ATTACHMENT - 1
HISTORICAL PATIENTS**

TRC Children's Dialysis					
2010		2011		2012	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
60074	1	60074	1	60035	1
60076	1	60085	1	60074	1
60140	1	60110	1	60085	1
60153	1	60153	1	60432	1
60202	1	60202	2	60435	1
60432	1	60432	2	60452	1
60435	1	60435	1	60478	1
60436	1	60436	1	60608	1
60478	1	60477	1	60609	1
60505	1	60478	1	60614	1
60506	2	60506	1	60622	1
60540	1	60608	1	60623	1
60544	1	60609	1	60628	1
60608	1	60614	1	60633	1
60609	1	60622	2	60639	1
60622	1	60623	1	60640	1
60624	1	60628	1	60644	1
60625	1	60633	1	60645	1
60628	1	60639	1	60647	1
60633	1	60640	1	60804	1
60634	1	60644	1	61341	1
60639	1	60645	1	Total	21
60644	2	60647	1		
60645	1	60659	1		
60659	1	60660	1		
60660	1	60804	1		
60804	1	61341	1		
Total	29	Total	30		

**ATTACHMENT - 2
PRE-ESRD PATIENTS**

Zip Code	Patients
46385	1
47426	1
47906	1
60030	1
60035	1
60107	1
60110	1
60115	1
60133	1
60137	1
60148	1
60174	1
60302	1
60305	1
60419	1
60618	1
60620	2
60626	1
60630	1
60631	1
60632	1
60643	1
60645	1
60646	2
60647	1
60659	1
60660	1
61010	1
61525	1
61761	1
62882	1
Total	33

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(c), Project Purpose, Background and Alternatives

Alternatives

The Applicants explored several options prior to determining to relocate TRC Children's Dialysis Center. After exploring the options below in detail, the Applicants determined to relocate the Existing Facility in order to meet rising demand. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

The Existing Facility is suboptimal for patients and staff, and in need of repair. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. The Existing Facility houses 6 dialysis stations in approximately 2,600 GSF, or 433 GSF per station. This is small for a pediatric facility and is 83% of the allowable size under HFSRB's rules. There is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the two services provided at the Existing Facility are separated by a flight of stairs. Even though these are separate services, physicians and staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility.

Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on North Halsted St., which is a busy city street, with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather. TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility that is located near a major interstate, with enhanced parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improve access.

There is no capital cost with this alternative.

Acquire Rush University Medical Center's Dialysis Program

Attempts were made to acquire Rush University Medical Center's dialysis program and relocate it with the TRC Children's Dialysis Center to a previously selected location. A 12-station all pediatric facility would have been proposed. With the decision by Rush to maintain its current program and referral base, an 8-station facility is proposed in this application.

Utilize Existing Facilities

The Replacement Facility is needed to serve the growing demand for pediatric dialysis services in the greater Chicagoland area. The Existing Facility currently treats 18 pediatric ESRD patients. Dr. Langman anticipates all 18 current patients will transfer to the Replacement Facility. Furthermore, Dr. Langman is currently treating 33 CKD patients that reside in and around Chicago. See Attachment – 13A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the Replacement Facility within 24 months of project completion. While the Applicants acknowledge there are 77 existing dialysis facilities within 40 minutes of the Replacement Facility, there is only one other dialysis facility solely dedicated to treating pediatric

ESRD patients. Children are physiologically different from adults and require specialized treatment and care. Therefore, the only alternative facility is Rush University Dialysis. Although the Rush facility has capacity, it is located within Rush University Medical Center, which presents additional challenges for patients arriving and departing from dialysis.

While the Applicants acknowledge the Existing Facility is operating below the HFSRB's 80% utilization standard based upon the 3 shifts per day, 6 days per week. This standard is not appropriate for pediatric dialysis units, like TRC Children's Dialysis. Due to the pediatric focus of this facility, the existing facility only runs 2 shifts per day, 6 days per week. A third daily shift is not feasible, as pediatric patients often must travel greater distances than adult dialysis patients for treatments and already miss considerable time from school and their families. Taking into account a two-shift schedule, the adjusted utilization anticipated within 24 months following relocation is 78%.

There is no capital cost with this alternative.

Relocate TRC Children's Dialysis Center

DaVita determined that the most effective and efficient way to serve its patients and address the need for more stations in HSA 6 is to relocate the existing facility. The proposed site for the Replacement Facility is located 1.79 miles from the current site, and will adequately serve TRC Children's Dialysis Center's current and projected patient-base.

Thus, the Applicants selected this option.

The cost associated with this option is \$2,423,791.

Craig B. Langman, M.D.
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611

John Hayes
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Vice Chairman Hayes:

I am pleased to support DaVita's proposal to relocate TRC Children's Dialysis Center, as it will afford my patient-base access to excellent dialysis care.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. A central location close to major interstates is important to continue serving pediatric patients throughout the Chicago metropolitan area. Further, the existing facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on the street with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

The site of the replacement facility is close to the Kennedy Expressway (Interstate 90/94) and will provide better access to patients residing throughout the Chicago metropolitan area. The replacement facility will have dedicated parking for patients, visitors and staff. While it is impossible to eliminate all safety hazards, particularly during inclement weather, onsite parking will minimize these risks.

I am currently treating 18 pediatric end stage renal disease patients at TRC Children's Dialysis Center, all of whom I anticipate with transfer to the replacement facility. Enclosed as Attachment - 1 is a list of my historical patients treated at this facility.

I am also treating 33 Stage 3, 4, and 5 patients who are suffering from Chronic Kidney Disease, or the preliminary stages before end stage renal disease (pre-ESRD). A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 2. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the replacement facility within 24 months of project completion. With the expected

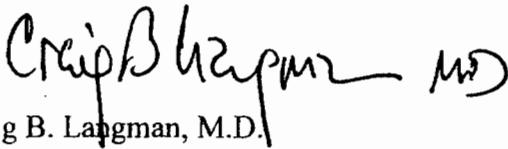
growth in patient volume, the facility must relocate in order to expand by 2 stations to 8. This would allow for a future census capacity of 32 pediatric patients.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

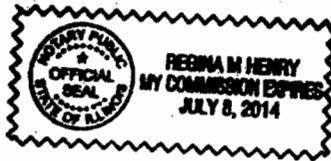
These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of TRC Children's Dialysis.

Sincerely,

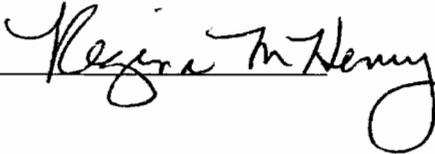


Craig B. Langman, M.D.
Nephrologist
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611



Subscribed and sworn to me
This 15th day of July, 2013

Notary Public



**ATTACHMENT - 1
HISTORICAL PATIENTS**

TRC Children's Dialysis					
2010		2011		2012	
Zip Code	Patients	Zip Code	Patients	Zip Code	Patients
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60076	1	60085	1	60074	1
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60608	1	60614	1	60633	1
60609	1	60622	2	60639	1
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60639	1	60645	1	Total	21
60644	2	60647	1		
60645	1	60659	1		
60659	1	60660	1		
60660	1	60804	1		
60804	1	61341	1		
Total	29	Total	30		

**ATTACHMENT - 2
PRE-ESRD PATIENTS**

Zip Code	Patients
46385	1
47426	1
47906	1
60030	1
60035	1
60107	1
60110	1
60115	1
60133	1
60137	1
60148	1
60174	1
60302	1
60305	1
60419	1
60618	1
60620	2
60626	1
60630	1
60631	1
60632	1
60643	1
60645	1
60646	2
60647	1
60659	1
60660	1
61010	1
61525	1
61761	1
62882	1
Total	33

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard allows for a maximum of 2,800 to 4,160 gross square feet for 8 dialysis stations. The total gross square footage of the proposed dialysis facility is 5,347 gross square feet. The Replacement Facility exceeds the State standard by 1,187 (or 148 GSF per station). The additional square footage is due to several factors. The Replacement Facility will be housed in an existing building. While DaVita seeks to comply with the HFSRB's standards, it is often difficult to locate sites that meet the HFSRB's size standards. Further, as a pediatric dialysis facility, additional space is needed to allow parents/guardians to sit next to their children while they dialyze. Finally, TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country. Therefore, additional space is needed for training and to accommodate additional staff who will train at the dialysis center.

Table 1110.234(a)				
SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	5,347 GSF	4,160 GSF	1,187	Exceeds

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, the proposed facility's annual utilization not meet HFSRB's utilization standard of 80%, based upon the HFSRB's definition. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Due to the pediatric population served, a third shift is not feasible. However, by two patient shifts per day per dialysis station and operating six days per week, the current utilization is 79.2%.

Dr. Langman anticipates all 18 current patients will transfer to the Replacement Facility. Furthermore, Dr. Langman is currently treating 33 CKD patients that reside in and around Chicago. See Attachment – 15A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 25 patients will receive treatment at the Replacement Facility within 12 to 18 months.

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
2010	ESRD	2,852	N/A	4,493	Not Met
2011	ESRD	2,786	N/A	4,493	Not Met
2012	ESRD	2,712	N/A	4,493	Not Met
2013 Projected	ESRD	2,642	N/A	4,493	Not Met
2014	ESRD	N/A	3,900	5,990	Not Met
2015	ESRD	N/A	3,900	5,990	Not Met

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525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Vice Chairman Hayes:

I am pleased to support DaVita's proposal to relocate TRC Children's Dialysis Center, as it will afford my patient-base access to excellent dialysis care.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. A central location close to major interstates is important to continue serving pediatric patients throughout the Chicago metropolitan area. Further, the existing facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on the street with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

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I am also treating 33 Stage 3, 4, and 5 patients who are suffering from Chronic Kidney Disease, or the preliminary stages before end stage renal disease (pre-ESRD). A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 2. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the replacement facility within 24 months of project completion. With the expected

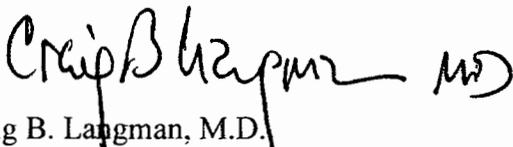
growth in patient volume, the facility must relocate in order to expand by 2 stations to 8. This would allow for a future census capacity of 32 pediatric patients.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

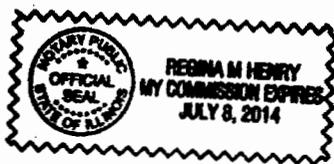
These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of TRC Children's Dialysis.

Sincerely,

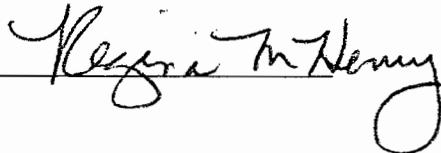


Craig B. Langman, M.D.
Nephrologist
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611



Subscribed and sworn to me
This 15th day of July, 2013

Notary Public



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PRE-ESRD PATIENTS**

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60305	1
60419	1
60618	1
60620	2
60626	1
60630	1
60631	1
60632	1
60643	1
60645	1
60646	2
60647	1
60659	1
60660	1
61010	1
61525	1
61761	1
62882	1
Total	33

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b), Planning Area Need

1. Planning Area Need

The Applicants propose to relocate its existing 6-station dialysis facility located at 2611 North Halsted Street Chicago, Illinois 60614 to a new 8-station dialysis facility at 1333 North Kingsbury Street, Chicago, Illinois 60642. The Existing Facility is suboptimal for both patients and staff. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. There is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the two services provided at the Existing Facility are separated by a flight of stairs. Even though these are separate services, physicians and staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility.

Further, the Existing Facility is one of two outpatient dialysis facilities in Chicago solely dedicated to serving pediatric patients. Approximately half of the patients reside outside of the City of Chicago and travel on average 21 miles or (42 minutes) each way three times per week for dialysis. The facility is primarily affiliated with the Ann & Robert H. Lurie Children's Hospital of Chicago (f/k/a Children's Memorial Hospital) ("Children's Hospital"). The site of the Existing Facility was ideal because of its proximity to the former Children's Memorial Hospital, which was less than one-half mile (or 1 minute travel time) from the Existing Facility. This site was conveniently located for pediatric patients and their families, who often schedule hospital appointments on the same day as their dialysis treatments to minimize travel.

In June 2012, Children's Hospital relocated approximately 3 miles southeast of its former location to its current location near the Northwestern Memorial Hospital medical campus. Due to the Children's Hospital relocation, the Existing Facility no longer affords the same convenience for patients and their families. The location, while convenient to the hospital's former location, is in the middle of Chicago's Lincoln Park neighborhood, which is heavily congested and not proximately located to any interstate highways. Given the facility serves pediatric patients throughout the Chicago metropolitan area, a central location close to major interstates is important. Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on North Halsted St., which is a busy city street, with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather.

The site of the Replacement Facility is close to the Kennedy Expressway (Interstate 90/94) and will provide better access to patients residing throughout the Chicago metropolitan area. The Replacement Facility will have dedicated parking for patients, visitors and staff. While it is impossible to eliminate all safety hazards, particularly during inclement weather, onsite parking will minimize these risks.

TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility that is located near a major interstate, with enhanced parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improved access.

Dr. Langman anticipates all 18 current patients will transfer to the Replacement Facility. Furthermore, Dr. Langman is currently treating 33 CKD patients. See Attachment – 26A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the Replacement Facility within 24 months following project completion. The relocation of TRC Children's Dialysis Center is necessary to meet the dialysis needs of these patients, and will allow for safer and more optimal treatment times for patients. See Attachment – 26A.

2. Service to Planning Area Residents

The primary purpose is to ensure that the pediatric ESRD patient population of the greater Chicago area has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, 12 of 18 current patients live and 22 of 33 of his Stage 3, 4, and 5 pre-ESRD patients live in the service area. The remaining patients live in the service areas immediately surrounding HSA 6 (Chicago).

3. Service Demand – Establishment of In-Center Hemodialysis Service

Currently, the Existing Facility serves 18 pediatric ESRD patients, all of whom Dr. Langman anticipates will transfer to the Replacement Facility. See Attachment – 26A. Furthermore, Dr. Langman is currently treating 33 CKD patients. See Attachment – 26A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 7 of the patients will require dialysis within the next 24 months. Thus, approximately 25 patients will receive treatment at the Replacement Facility within 24 months following project completion.

While the Applicants acknowledge the Existing Facility is operating below the HFSRB's 80% utilization standard based upon the 3 shifts per day, 6 days per week. This standard is not appropriate for pediatric dialysis units, like TRC Children's Dialysis. Due to the pediatric focus of this facility, the existing facility only runs 2 shifts per day, 6 days per week. A third daily shift is not feasible, as patients often must travel greater distances than adult dialysis patients and already miss considerable time from school and their families. Taking into account a two-shift schedule, the adjusted utilization anticipated within 24 months following relocation is 78%.

4. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to maintain access to life-sustaining dialysis for pediatric patients in the Chicago metropolitan area. The relocation is necessary to provide essential care to pediatric ESRD patients in the greater Chicago area, as the Existing Facility is in need of repair and cannot adequately serve the patient needs. The Existing Facility is one of only two outpatient dialysis facilities in Chicago dedicated to pediatric ESRD patients. As such, the expanded Replacement Facility will better accommodate current and future demand for dialysis services and ensure dialysis services are accessible to pediatric residents of Chicago.

Craig B. Langman, M.D.
Ann & Robert H. Lurie Children's Hospital of Chicago
Division of Kidney Diseases
225 E. Chicago Avenue
Chicago, Illinois 60611

John Hayes
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
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Dear Vice Chairman Hayes:

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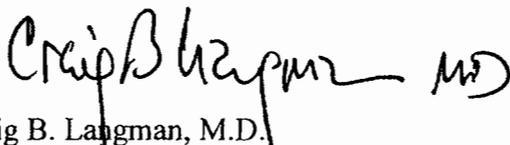
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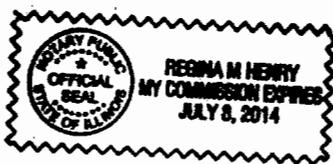
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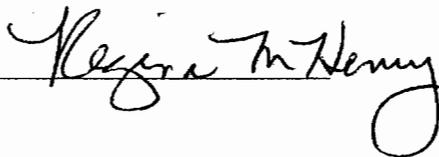


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Total	29	Total	30		

**ATTACHMENT - 2
PRE-ESRD PATIENTS**

Zip Code	Patients
46385	1
47426	1
47906	1
60030	1
60035	1
60107	1
60110	1
60115	1
60133	1
60137	1
60148	1
60174	1
60302	1
60305	1
60419	1
60618	1
60620	2
60626	1
60630	1
60631	1
60632	1
60643	1
60645	1
60646	2
60647	1
60659	1
60660	1
61010	1
61525	1
61761	1
62882	1
Total	33

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication

- a. The proposed dialysis facility will be located at 1333 North Kingsbury Street, Chicago, Illinois 60642. A map of the TRC Children's Dialysis Center market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 40 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

Table 1110.1430(c)(1)(A)		
Population of Zip Codes within 40 Minutes of Proposed Facility		
Zip Code	City	Population
60521	HINSDALE	17,597
60558	WESTERN SPRINGS	12,960
60191	WOOD DALE	14,310
60007	ELK GROVE VILLAGE	33,820
60523	OAK BROOK	9,890
60181	VILLA PARK	28,836
60126	ELMHURST	46,371
60162	HILLSIDE	8,111
60163	BERKELEY	5,209
60164	MELROSE PARK	22,048
60106	BENSENVILLE	20,309
60005	ARLINGTON HEIGHTS	29,308
60056	MOUNT PROSPECT	55,219
60018	DES PLAINES	30,099
60016	DES PLAINES	59,690
60455	BRIDGEVIEW	16,446
60525	LA GRANGE	31,168
60526	LA GRANGE PARK	13,576
60458	JUSTICE	14,428
60501	SUMMIT ARGO	11,626
60513	BROOKFIELD	19,047
60534	LYONS	10,649
60459	BURBANK	28,929
60456	HOMETOWN	4,349
60638	CHICAGO	55,026
60402	BERWYN	63,448
60406	BLUE ISLAND	25,460
60827	RIVERDALE	27,946
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60643	CHICAGO	49,952
60620	CHICAGO	72,216
60629	CHICAGO	113,926

60632	CHICAGO	91,326
60636	CHICAGO	40,916
60621	CHICAGO	35,912
60609	CHICAGO	64,906
60628	CHICAGO	72,202
60619	CHICAGO	63,825
60633	CHICAGO	12,927
60617	CHICAGO	84,155
60637	CHICAGO	49,503
60653	CHICAGO	29,908
60615	CHICAGO	40,603
60649	CHICAGO	46,650
60154	WESTCHESTER	16,773
60155	BROADVIEW	7,927
60104	BELLWOOD	19,038
60165	STONE PARK	4,946
60160	MELROSE PARK	25,432
60153	MAYWOOD	24,106
60141	HINES	224
60546	RIVERSIDE	15,668
60130	FOREST PARK	14,167
60305	RIVER FOREST	11,172
60707	ELMWOOD PARK	42,920
60131	FRANKLIN PARK	18,097
60176	SCHILLER PARK	11,795
60171	RIVER GROVE	10,246
60634	CHICAGO	74,298
60706	HARWOOD HEIGHTS	23,134
60656	CHICAGO	27,613
60631	CHICAGO	28,641
60304	OAK PARK	17,231
60301	OAK PARK	2,539
60302	OAK PARK	32,108
60804	CICERO	84,573
60623	CHICAGO	92,108
60644	CHICAGO	48,648
60639	CHICAGO	90,407
60651	CHICAGO	64,267
60624	CHICAGO	38,105
60641	CHICAGO	71,663
60630	CHICAGO	54,093
60646	CHICAGO	27,177
60712	LINCOLNWOOD	12,590
60068	PARK RIDGE	37,475
60714	NILES	29,931
60026	GLENVIEW	13,335
60025	GLENVIEW	39,105
60062	NORTHBROOK	39,936

60035	HIGHLAND PARK	29,763
60053	MORTON GROVE	23,260
60029	GOLF	482
60093	WINNETKA	19,570
60077	SKOKIE	26,825
60076	SKOKIE	33,415
60203	EVANSTON	4,523
60091	WILMETTE	27,020
60022	GLENCOE	8,153
60608	CHICAGO	82,739
60647	CHICAGO	87,291
60612	CHICAGO	33,472
60622	CHICAGO	52,548
60607	CHICAGO	23,897
60616	CHICAGO	48,433
60642	CHICAGO	18,480
60614	CHICAGO	66,617
60661	CHICAGO	7,792
60654	CHICAGO	14,875
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60610	CHICAGO	37,726
60618	CHICAGO	92,084
60625	CHICAGO	78,651
60659	CHICAGO	38,104
60645	CHICAGO	45,274
60657	CHICAGO	65,996
60613	CHICAGO	48,281
60640	CHICAGO	65,790
60660	CHICAGO	42,752
60626	CHICAGO	50,139
60605	CHICAGO	24,668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11,110
60611	CHICAGO	28,718
60202	EVANSTON	31,361
60201	EVANSTON	43,125
60043	KENILWORTH	2,513
Total		4,137,123

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited June 3, 2013).

- b. A list of existing and approved dialysis facilities located within 40 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26C.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 125.4% of the State average, and the average utilization of existing dialysis facilities within the GSA is 70.4%. However only 3 of the facilities serve pediatric patients, with 2 of the 3 (one being the applicant) entirely dedicated to the pediatric population. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 125.4% of the State Average.

	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	4,137,123	1,603	1:2,581	Yes
State	12,830,632	3,963	1:3,238	

b. Historic Utilization of Existing Facilities

As recently as January 31, 2013, the Existing Facility has operated near 92% utilization based upon the 2 shifts per day. Following relocation to a more accessible modern space, Dr. Langman anticipates that he will refer approximately 7 pre-ESRD patients to the Replacement Facility. As a result, by continuing to operate 2 patient shifts per day, the facility will achieve target utilization within 24 months following project completion. Only 2 outpatient dialysis facilities in Chicago solely serve pediatric patients. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services.

c. Sufficient Population to Achieve Target Utilization

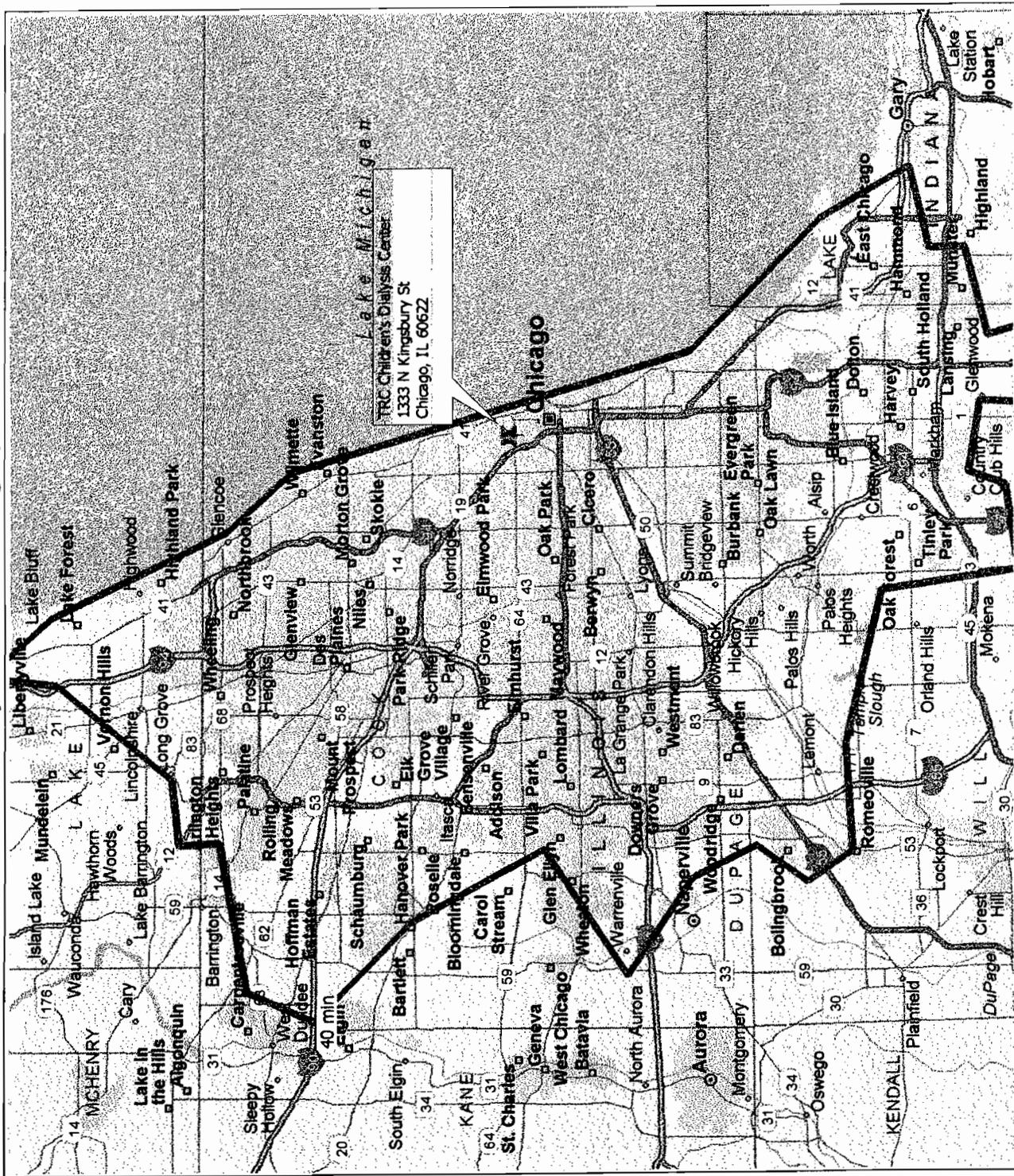
The Applicants propose to discontinue their existing 6-station facility and establish an 8-station facility. The Existing Facility treated 21 patients, as of February 12, 2013. Fortunately, 4 of these 21 patients received kidney transplants within the past few months and the current census for the facility is 18 patients. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 21 patient referrals. However, as stated throughout this application, the Replacement will be solely dedicated to a pediatric ESRD population, and will operate 2 shifts per day. As stated in Attachment – 26A, conservatively, Dr. Langman anticipates referring 7 pre-ESRD patients within 12 to 18 months of project completion, which is just below 80%. Accordingly, based upon running 2 shifts per day, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will either be transfers from the Existing Facility or referrals of pre-ESRD pediatric patients. No patients will be transferred from other existing dialysis facilities.

- b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.

TRC Children's Dialysis Center Geographic Service Area



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Facility	City	Zip Code	HSA	Distance	Adjusted Drive Time	Stations
FMC Elmhurst	Elmhurst	60125	7	18.66	33.75	24
FMC of Westchester	Westchester	60154	7	18.49	35	20
Arlington Heights Renal Center	Arlington Heights	60005	7	21.82	37.5	18
Stoney Creek Dialysis	Oak Lawn	60453	7	17.01	38.75	12
Fresenius Medical Care - Midway	Chicago	60638	6	14.84	32.5	12
FMC Dialysis Services - Burbank	Burbank	60459	7	15.23	35	26
RCG-Scottsdale	Chicago	60652	6	15.63	36.25	35
West Lawn Dialysis	Chicago	60629	6	13.65	32.5	12
FMC - Blue Island Dialysis Ctr	Blue Island	60406	7	20	38.75	24
Fresenius Medical Care Evergreen Park	Evergreen Park	60643	7	17.63	38.75	30
Beverly Dialysis	Chicago	60620	6	15.5	35	12
Fresenius Medical Care Chatham	Chicago	60620	6	13.74	26.25	16
FMC - Southside	Chicago	60652	6	13.71	36.25	39
FMC - Neomedica - Marquette Park	Chicago	60636	6	11.46	31.25	16
FMC - Ross Dialysis - Englewood	Chicago	60621	6	10.99	23.75	16
FMC - Garfield	Chicago	60609	6	9.46	20	22
Emerald Dialysis	Chicago	60609	6	8.28	18.75	24
Fresenius Medical Care Bridgeport	Chicago	60609	6	7.43	17.5	27
Fresenius Medical Care of Roseland	Chicago	60628	6	16.6	35	12
Greenwood Dialysis Center	Chicago	60619	6	14.75	30	28
Stony Island Dialysis	Chicago	60617	6	18.35	35	32
Fresenius Medical Care South Deering	Chicago	60617	6	18.96	36.25	20
Fresenius Medical Care - Neomedica South	Chicago	60617	6	15.75	31.25	36
Grand Crossing Dialysis	Chicago	60619	6	13.09	27.5	12
Jackson Park Dialysis	Chicago	60649	6	14.06	31.25	24
Woodlawn Dialysis	Chicago	60609	6	8.95	21.25	32
Kenwood Dialysis	Chicago	60653	6	9.19	21.25	32
Fresenius Medical Care South Shore	Chicago	60649	6	14.36	33.75	16
Loyola Dialysis Center	Maywood	60153	7	14.01	26.25	30
Fresenius Medical Care Melrose Park	Melrose Park	60160	7	14.74	30	18
FMC - Berwyn	Berwyn	60402	7	13.57	27.5	26
Maple Avenue Kidney Center	Oak Park	60304	7	11.65	22.5	18
North Avenue Dialysis Center	Melrose Park	60160	7	15.74	31.25	24
Fresenius Medical Care River Forest	River Forest	60305	7	12.88	26.25	20

Fresenius Medical Care Northwest	Norridge	60706	7	13.79	26.25	16
Resurrection Medical Center	Chicago	60631	6	11.05	21.25	14
FMC - Oak Park	Oak Park	60302	7	12.53	25	12
FMC - West Suburban	Oak Park	60302	7	10.98	22.5	46
Fresenius Medical Care Cicero	Cicero		7	12.12	23.75	16
FMC - Austin Community Kidney Center	Chicago	60651	6	5.79	20	16
Montclare Dialysis Center	Chicago	60634	6	9.29	26.25	16
Fresenius Medical Care West Belmont	Chicago	60614	6	6.53	17.5	17
Fresenius Medical Care North Kilpatrick	Chicago	60630	6	7.74	16.25	28
FMC - Glenview Dialysis Center	Glenview	60025	7	20.75	38.75	20
Fresenius Medical Care - Niles	Niles	60714	7	14.93	33.75	32
Satelite Diaysis fo Glenview	Glenview	60026	7	21.33	40	16
Big Oaks Dialysis	Niles	60714	7	11.68	21.25	12
FMC - Skokie	Skokie	60077	7	15.22	27.5	14
Center for Renal Replacement	Lincolnwood	60712	7	11.15	21.25	16
FMC - Evanston	Evanston	60201	7	16.61	31.25	14
Fresenius Medical Care Northfield	Northfield	60093	7	18.13	31.25	12
FMC Dialysis Services of Congress Parkway	Chicago	60624	6	6.49	13.75	30
Mt. Sinai Hospital Med Ctr	Chicago	60608	6	4.37	16.25	16
Little Village Dialysis	Chicago	60608	6	4.74	17.5	16
Fresenius Medical Care of Chicago - West	Chicago	60608	6	5.48	15	31
John H. Stroger Jr. Hospital of Cook County	Chicago	60612	6	3.08	12.5	9
University of Illinois Hospital - Dialysis	Chicago	60612	6	4.94	13.75	26
Garfield Kidney Center	Chicago	60624	6	4.21	15	16
FMC - West Metro	Chicago	60622	6	2.94	10	32
Rush University - St Luke's Medical Center	Chicago	60612	6	4.47	11.25	5
Loop Renal Center	Chicago	60607	6	3.12	10	28
FMC - Chicago Dialysis Center	Chicago	60607	6	2.09	7.5	21
Fresenius Medical Care - Polk Street	Chicago	60607	6	2.77	10	24
Circle Medical Management	Chicago	60607	6	2.22	8.75	27
Fresenius Medical Care West Willow	Chicago	60622	6	1.15	3.75	12
FMC - Logan Square	Chicago	60647	6	4.53	11.25	12
Logan Square Dialysis	Chicago	60618	6	4.59	12.5	28
Fresenius Medical Care Northcenter	Chicago	60618	6	4.97	12.5	16
Nephron Dialysis Ctr Swedish Covenant	Chicago	60625	6	7.38	20	12
Lincoln Park Dialysis Center	Chicago	60657	6	2.91	10	22

Fresenius Medical Care of Lakeview	Chicago	60613	6	3.56	12.5	14
FMC - Uptown	Chicago	60640	6	6.21	16.25	12
TRC Children's Dialysis	Chicago	60614	6	1.79	6.25	6
FMC - Prairie	Chicago	60616	6	5.41	15	24
FMC - Northwestern University	Chicago	60611	6	2.23	8.75	44
FMC - Rogers Park	Chicago	60645	6	9.63	30	20
Evanston Renal Center	Evanston	60201	7	17.69	35	18

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Craig Langman, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Langman's curriculum vitae is attached at Attachment – 26D.
 - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 6-station dialysis facility and establish and relocate to an 8-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be trained under the direction of the facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26E.
3. As set forth in the letter from James Hilger, Chief Accounting Officer of DaVita HealthCare Partners Inc., attached at Attachment – 26F, the Replacement Facility will maintain an open medical staff.

CURRICULUM VITAE



NAME: Craig Bradford Langman

PROFESSIONAL ADDRESS: Children's Memorial Hospital
Division of Kidney Diseases
2300 Children's Plaza - #37
Chicago, Illinois 60614
Phone: 773-327-3930
Fax: 773-327-3937
Voice Mail: 773-327-5111

BIRTHPLACE: Philadelphia, Pennsylvania (USA)

EDUCATION:
1970 Honorary B.S. - Central High School, Philadelphia
1973 Temple University, Philadelphia
1977 M.D. Hahnemann University, Philadelphia
1977-1979 Residency in Pediatrics, Children's Hospital of Philadelphia
1979-1981 Fellowship in Pediatric Nephrology,
Children's Hospital of Philadelphia

APPOINTMENTS:
ADMINISTRATIVE:
1995- Division Head, Kidney Diseases
1991-1996 Associate Director
General Clinical Research Center
Northwestern University Medical School and
Northwestern Memorial Hospital
1989-1993 Associate Chair of Pediatrics
Research Program Development,
Department of Pediatrics
Northwestern University Medical School

ACADEMIC:

2002 Isaac A. Abt, M.D. Professor of Kidney Diseases
Northwestern University Feinberg School of Medicine

1993 Tenured Professor of Pediatrics
Northwestern University School of Medicine

1989 Member Graduate School Faculty
Member Graduate School Faculty
Northwestern University

1987-1993 Tenured Associate Professor of Pediatrics
Northwestern University School of Medicine

1985-1987 Assistant Professor of Pediatrics
Northwestern University School of Medicine

1981-1985 Assistant Professor of Pediatrics, Pritzker
School of Medicine, University of Chicago

PROFESSIONAL:

1996 - Senior Attending Physician, Department of Pediatrics
Evanston Northwestern Healthcare

1991 - Associate Physician, Department of Pediatrics
Northwestern Memorial Hospital, Chicago

1985 - Attending Physician, Division of Nephrology
Children's Memorial Hospital, Chicago

1981-1985 Attending Physician, Division of Nephrology
Departments of Pediatrics and Internal Medicine
Michael Reese Hospital and Medical Center
Chicago, Illinois

CERTIFICATION:

1978 Diplomat, National Medical Boards

1982 American Board of Pediatrics

1982 American Board of Pediatrics
Sub-board of Pediatric Nephrology

1990 Voluntary Recertification, American Board of
Pediatrics and Sub-board, Pediatric Nephrology

RESEARCH SOCIETIES:

Society for Pediatric Research
American Federation for Clinical Research
American Society of Nephrology
American Society of Bone and Mineral Research
Midwest Society of Pediatric Research
International Council of Calcium Regulating Hormones
International Society for Renal Nutrition and Metabolism
Association of Clinical Scientists
International Bone and Mineral Society
International Society of Nephrology
International Pediatric Nephrology Association
American Academy of Pediatrics
Research on Calculus Kinetics (ROCK)

NATIONAL COMMITTEES (in alphabetical order):

1989-1995
1993-1995
1994-1996
1985-1986
1985-1987
1986-1998
1987-1989
1989-1991
1992-1997
1993-1996
1993-1996
1996-1997
2004 –
1995-1997
1996-1997

AMERICAN BOARD OF PEDIATRICS
Sub-board of Pediatric Nephrology
Chair, Credentials Committee
President, Sub-board of Pediatric Nephrology

AMERICAN SOCIETY FOR BONE AND MINERAL RESEARCH,
CHAIRMAN, NORTH AMERICAN PEDIATRIC BONE AND MINERAL
WORKING GROUP
EDUCATION COMMITTEE

AMERICAN SOCIETY OF PEDIATRIC NEPHROLOGY
NOMINATING COMMITTEE
LONG-RANGE PLANNING COMMITTEE
COUNCIL
CHAIR, PROGRAM DIRECTORS COMMITTEE
CHAIR, PUBLIC POLICY COMMITTEE
PRESIDENT

COCHRANE RENAL GROUP – Referee/Reviewer

COUNCIL OF AMERICAN KIDNEY SOCIETIES
Councilor
President

NATIONAL COMMITTEES (cont'd):

2002 – **ILLINOIS MEDICARE PART B**, Carrier Advisory Committee
INTERNATIONAL PEDIATRIC NEPHROLOGY ASSOCIATION
Publications Committee

1994-1997
1998-1999 National Organizing Committee, Fifth Symposium on
Growth and Development in Children with Chronic Renal
Failure, New York City, March.

2003-2004 National Organizing Committee, Sixth Symposium on Growth
and Development in Children with Chronic Renal Failure,
Heidelberg Germany, April 2004.

MIDWEST SOCIETY FOR PEDIATRIC RESEARCH
1992-1993 Council
1993-1994 President-Elect
1994-1995 **President**

NATIONAL INSTITUTES OF HEALTH
1993-1994 Task Force for 10-year reorganization of the National Center for
Research Resources
1986-1989 Special Study Section Reviewer, General Medicine B
Reviewers Reserve

NATIONAL KIDNEY FOUNDATION
1990-2002 Scientific Advisory Board
1991-1994 Young Investigator Grant Review Committee
1995-1998 Research Steering Committee
1995-1998 Public Policy
Chair, Pediatric K-DOQI Guidelines on Osteodystrophy
K/DOQI Advisory Board

2005-2007
12/03 – 12/06 **NATIONAL KIDNEY FOUNDATION OF ILLINOIS**,
Chairman, Grants Review Committee

1994-1997 **NORTH AMERICAN PEDIATRIC RENAL TRANSPLANT**
COOPERATIVE STUDY, Growth Advisory Board

2009 - **RARE BONE DISEASES NETWORK**, Co-Chair,
Scientific Advisory Board

SCIENTIFIC ADVISORY BOARDS (current)

National Osteoporosis Foundation

NATIONAL and INTERNATIONAL CONFERENCES

- Organizer and Co-Chair, NIH Workshop on Oxalosis and Stone Disease, Bethesda, MD, 8-9 December 1998.
- National Organizer, Workshop on Molecular Disturbances in Growth, International Pediatric Nephrology Association, New York, March, 1999.
- Organizer, 1st International Conference on Children's Bone Health, 4-7 May 1999, Maastricht, Netherlands.
- Chair, 2nd NIH Workshop on Oxalosis, Columbia, MD 16-17 November 2000.
- Organizer, 2nd International Conference on Children's Bone Health, June, 2002, Sheffield, England.
- Co-Chair, 3rd NIH Workshop on Oxalosis, Annapolis MD, November 2003.
- Organizer, 5th Workshop on Molecular Disturbances in Growth, International Pediatric Nephrology Association, Heidelberg Germany, March 2004.
- Co-Director and Invited Speaker, NIH-ASBMR Conference on Effects of Pharmacological Agents on Bone in Children
- Vice-Chair, FASEB Summer Research Conference: Calcium and Oxalate in Biology, 2005.
- Chair, 4th International Conference on Children's Bone Health (www.ICCBH4.org), Montreal, CA, 21-24, 2007.

LICENSURE

Illinois 036063022

MAJOR GRANT SUPPORT (in chronological order):

- NIH Biomedical Research Support Grant (Michael Reese).
July 1982-June 1984. "In-vitro studies of the renal 5-hydroxyvitamin D₃-1-hydroxylase"
- NIH New Investigator Award, DK-36821. January, 1985-December, 1987. "Mechanisms of impaired 1,25(OH)₂D₃ synthesis in acidosis"
- NIH Multipurpose Arthritis Center Grant P60 AR30692 F. Schmid, Program Director, December 1986 - November 1989. "Vitamin D Metabolism in Experimental Arthritis in Rats." C.B. Langman, Principal Investigator

MAJOR GRANT SUPPORT (cont'd):

NIH	Nephrolithiasis Program Project, University of Chicago, PO1 DK33949, Fredric L. Coe, Director. September 1987 - August 1991. "Mechanisms of reduced $1,25(\text{OH})_2\text{D}_3$ synthesis in acidosis." C.B. Langman, Principal Investigator
NIH	Biomedical Research Support Grant 2 SO7 RR05475, 4/1/89 - 3/31/90, C.B. Langman, Program Director
NIH	General Clinical Research Center, Northwestern University, RR 00048 12/1/90 - 11/30/96, Harry Beatty, M.D., Program Director; Gary Robertson, MD, Director; C.B. Langman, Associate Director
NIH	"Epidemiology of Osteoporosis in Women with Lupus," Renewed through 2005. R. Ramsey-Goldman, MD, Principal Investigator, C.B. Langman, Consultant.
Evelyn Dyba Health Fund	Effect of Diet & Hormonal Patterns on Bone Density in Pre-Menopausal Women, 8/1/97 - 7/31/99. C. B. Langman and J. Dunn, Co-Principal Investigators.
Illinois Department of Public Health Rheologics	Osteoporosis Education Project, 2001-2002. C.B. Langman, Co-Principal Investigator "Alterations in Whole Blood Viscosity During Hemodialysis in Children: Evaluation of Dynamic Changes in Viscosity Using a Stepped Sodium Gradient—Phase I. C.B. Langman, MD, Principal Investigator. 10/02-9/03
DaVita, Inc.	"Alterations in Whole Blood Viscosity in Children Using a Stepped Sodium Gradient During Hemodialysis," C.B. Langman, MD, Principal Investigator. 5/03-3/05.
Excellence in Academic Medicine, State of Illinois	"Correction of Dyslipidemia in Pediatric Kidney Transplantation: Attenuation of Vascular Remodeling, Endothelial Dysfunction, Oxidation and Inflammation," C.B. Langman, MD, Principal Investigator. 2/1/05 – 12/31/07.
CMIER	"Bone Mineral Density in Cystic Fibrosis: Effects of Growth Hormone," C.B. Langman, MD, Principal Investigator. 1/03-1/04.
Medical Research Council of South Africa	"Pilot Study of Risk for Development and Progression of Chronic Renal Failure in South African and American Black Children and Adolescents," C.B. Langman, Co-Principal Investigator. 2005-2008.
Altus Pharmaceuticals	"Scientific Directorship of Phase III TheraCLEC Clinical Trials," C.B. Langman, PI (6/06-5/09).

MAJOR GRANT SUPPORT (cont'd):

- NIH "Establishing the Precursors of Osteoporosis in Children" C.B. Langman, Co-Investigator
- NIH "Identification of a Multi-Analyte Profile for Primary Hyperoxaluria, 7/1/09-12/31/11, CB Langman, MD, Principal Investigator
- NIH "Validation of Urine Proteomic Profiling from Primary Hyperoxaluria (PH1) International Registries Compared to Those with Stone Formers of a Differing Etiology," 9/30/09-9/29/11, CB Langman, MD, Principal Investigator
- NIH "Consortium for Hereditary Causes of Nephrolithiasis and Renal Failure," Project 1: Primary Hyperoxaluria, CB Langman, Co-PI. 9/1/09 – 8/31/13.

EDITOR:

Pediatric End-Stage Kidney Disease, issue of *Advances in Renal Replacement Therapy*, 8:155-222, 2001.
Advances in Pediatric Bone Metabolism, issue of *Clinical Reviews in Bone Metabolism*, April, 2004.
Pediatric Nephrology textbook, www.EMedicine.com

EDITORIAL BOARD MEMBERSHIPS:

Surgeon General's Report on Osteoporosis and Bone Health (2003-2004)

Senior Associate Editor, American Journal of Nephrology (2002-2008)

Journal of Renal Nutrition (2002-2005, 2007-2010)

Journal of Bone and Mineral Research (2003-2008)

Associate Editor, *Primer on Metabolic Bone Diseases*, American Society of Bone and Mineral Research (1988-) 1st through 5th (current) editions

Pediatric Endocrinology (1991- 2002)

Pediatric Nephrology (1994-1997)

Advances in Renal Replacement Therapy (1997 - 2003)

Pediatric Nephrology, Section Editor, "Hereditary disease/Tubular disorders," (2006 -)

Editorial Board, European Journal of Pediatrics (2006-2010)

Internet Journal of Nephrology (2008 -)

JOURNAL REFEREE:

American Journal of Kidney Diseases
American Journal of Nephrology
American Journal of Physiology Renal; Endocrinology; Regulatory
Physiology
Bone
Calcified Tissue International
Clinical Pediatrics
Critical Care Medicine & Pediatric Critical Care Medicine
European Journal of Endocrinology
European Journal of Pediatrics
Journal of the American Medical Association
Journal of Bone and Mineral Research
Journal of Clinical Investigation
Journal of Pharmacology and Experimental Therapeutics
Journal of Emergency Pediatrics
Journal of Pediatric Gastroenterology and Nutrition
Journal of Pediatrics
Kidney International
Nephron
New England Journal of Medicine
Pediatric Nephrology
Pediatric Annals
Pediatrics
Proceedings of the National Academy of Sciences

LOCAL COMMITTEES:

CHAIR:

2006	Chair, Ad-hoc Committee on Promotion and Tenure, Professor of Medicine, Gastroenterology, Feinberg School of Medicine, Northwestern University
2004	Chair, Ad-hoc Committee on Promotion and Tenure, Professor of Medicine, Nephrology, Feinberg School of Medicine, Northwestern University
2002-2004	Chair (tri-chair), Search Committee, Stem-Cell Immunobiology, Department of Pediatrics, Children's Memorial Institute for Education & Research, Northwestern University Medical School

LOCAL COMMITTEES

(cont'd)

2001 Chair, Search Committee, Human and Molecular Genetics,
Department of Pediatrics, Northwestern University Medical
School

2001 Chair, Ad-hoc Committee on Promotion and Tenure, Professor of
Urology, Northwestern Medical School

1998 Chair, Ad-hoc Committee on Promotion and Tenure, Clinical
Professorship of Medicine, Northwestern Medical School

1996-1997 Chair, Search Committee, Division Head of Gastroenterology and
Liver Diseases, Department of Pediatrics, Northwestern
University Medical School and Children's Memorial Hospital

1994 Chair, Schweppe Research Award Committee, Northwestern
University Medical School

1991-1992 Chair, Dean's Intramural Research Committee,
Northwestern University

1991-1992 Chair, Research Affairs Committee, Northwestern University

1990-1991 Chair, Fellowship Committee, Department of Pediatrics

1989-1991 Chair, Institutional Review Board, Children's Memorial Hospital

MEMBER:

2005- Children's Memorial Research Committee, Children's Memorial
Research Center

2000- Center for Genetics, Feinberg School of Medicine, Northwestern
University Medical School

1999- Physician Advisor, Utilization Management Committee, Children's
Memorial Hospital

1998- Children's Memorial Hospital, Department of Pediatrics Quality
Improvement Steering Group

1995- Chicago and Illinois Heart Association, Joint Peer Review

1993-1995 Task Force on Research, "Outlook 2000," Northwestern University
Medical School

1992-1995 Faculty Advisory Committee, Children's Memorial Institute for
Education and Research

1992 Search Committee for Northwestern University Vice President for
Research/Dean of Graduate School

1989-1992 General Faculty Committee, Northwestern University

1988-1991 Dean's Research Committee, Northwestern University

1988-1989 Associate Member, Lurie Cancer Center, Northwestern University

ADVISOR:

- 1991 Faculty Associate, Shepard Residential College, Northwestern University
- 1990 Freshman and Sophomore Advisor, Northwestern University Medical School
- 1988 Pediatric Residents, Department of Pediatrics, Children's Memorial Hospital

AWARDS/HONORS:

- 1997 David Cornfeld Lectureship in Pediatric Nephrology, Children's Hospital of Philadelphia, University of Philadelphia
- 1997 Listed in *American Men and Woman of Science*
- 1997 Top 100 Doctors in Chicago, Chicago Magazine
- 1996 Best Doctors, Pediatric Nephrology, American Health Magazine
- 1991, 1994, 1998, 2000, 2002, 2004 Listed in *The Best Doctors in America*, Pediatric Stone Disease, Pediatric Nephrology
- 1992 Society of Pediatric Research Laboratory Scholarship
- 1999 & 2001 Listed in *How to Find the Best Doctors: Chicago Metropolitan Area*
- 1999 Life Member, *Who's Who*, Certificate #114638
- 2000-2002 Mary Weston Visiting Professorship
University of Natal, Durban, South Africa
- 2002- *Who's Who in America*

COMMUNITY SERVICE:

- 1992 Medical Advisory Board, Lincoln Park Zoo
- 1995 Illinois Department of Health Coalition on Osteoporosis
- 1997 Chicago Medical Society, #041-09-77-086-3
- 1998 Medical Advisory Board, NKF Illinois
- 2003 Board of Directors, NKF Illinois
- 2005 Reviewer, Project Proposals in Basic Science, Ministry of Science and Environmental Protection of the Republic of Serbia

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2. Falkner B, Onesti G, Angelakos ET, Fernanades M, Langman CB. Cardiovascular response to mental stress in normal adolescents with hypertensive parents. *Hypertension* 1:23, 1979.
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6. Langman CB, Mazur A, Baron R, Norman ME. 25-hydroxyvitamin D₃ therapy of juvenile renal osteodystrophy: Beneficial effect on linear growth velocity. *Journal of Pediatrics* 100:815, 1982.
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13. Langman CB, Moore ES, Thoene JG, Schneider JA. Renal failure in a sibship with benign ocular cystinosis. *Journal of Pediatrics* 107:755, 1985
14. Bordeau J, Langman CB. Calcium and phosphorus metabolism in the chronically vitamin D-deficient laboratory rabbit. *Mineral and Electrolyte Metabolism* 12:176-185, 1986.
15. Langman CB, Favus MJ, Coe Fl. Ca and P regulation of 1,25(OH)₂D₃ synthesis by D replete rat tubules during acidosis. *American Journal of Physiology* 251 (Renal Fluid Electrolyte Physiology):F911-F918, 1986
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Fathallah-Shaykh SA, Brooks ER, Kensey KR, Hogenauer WN, Langman CB. Sodium modeling (NaM) attenuates whole blood viscosity (WBV) during chronic hemodialysis (HD) in Children. ASN, October 2004, St. Louis.

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Connelly KL, Banks M, Langman CB, Rigsby C, Anley P, Kuhl J, Ritze K, Curran JG. Identifying MRI patients at risk of nephrogenic systemic fibrosis: Initial experience in a pediatric population using a combination of serum creatinine and evaluation by kidney screening questionnaire. American Society of Neuroradiology, New Orleans, May 31-June 5, 2008.

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Milliner DS, Monico CG, Bergstralh E, Herges R, Hoppe B, Langman CB, Lieske JC, and IPHR Investigators. Transplantation strategy in primary hyperoxaluria. ASN, Philadelphia, Nov. 2-6, 2008.

SEMINARS AND LECTURES

Selected and Partial Listing

International Pediatric Nephrology Symposia (held every three years)

1986: Hannover, Germany

1989: Tokyo, Japan

1992: Toronto, Canada

1995: Santiago, Chile (also, Chair of Symposium on Bone and Mineral)

1998: London, England

2001: Seattle, WA

2004: Adelaide, Australia

2007: Budapest, Hungary

Gordon Research Conference: Bones and Teeth

1989; 1993; 1995; 1997

Growth Failure in Renal Diseases (held intermittently)

1991: Virginia Beach, VA

1995: Heidelberg, Germany

1999: USA (Co-Director of Conference)

2004: Heidelberg, Germany

2009: Oviedo, Spain

European Pediatric Nephrology Association

1994: Amsterdam, Holland

1997: Athens

FASEB Summer Research Conference

2002: Session Chair of Oxalate Biology, Medical Connotations

2005: Vice-Chair, Oxalate Biology

Invited Lectures (partial listing from 2004 through 01/2008).

1. Critical Thinking, Critical Measures in Osteoporosis: Bone Mineral Density, Bone Turnover, Fracture Risk Reduction. Invited E-Lecture, Aug 18, 2004.
2. An Integrated Approach to Metabolic Health in Nephropathic Cystinosis. Keynote Speaker at IPNA Cystinosis Conference, Aug. 2004.
3. Molecular & Cellular Bases for ROD, NCGS National Meeting, Oct. 2004.
4. The Essential Role of Vitamin D in Chronic Kidney Disease. Grand Rounds, Washington University School of Medicine, Dec. 2004.
5. Nutrition in Children with Chronic Kidney Disease and Kidney Transplantation. Keynote Speaker, Cystinosis Mexico, Jan. 2004.
6. Role of Carnitine in Cystinosis. International Cystinosis Conference, Barcelona, July, 2004.
7. Hypercalciuria in Children: Relationships between Kidney and Bone. Leuven University, Sept. 2004.
8. Role for Pre-Emptive Liver Transplantation. 7th International Workshop on Primary Hyperoxaluria, Oct. 2004.
9. Optimal Management of CKD in Cystinosis. Cystinosis Research Network, July 2005.
10. Vitamin D. Endocrine Grand Rounds, Loyola University (Chicago), August 2005.
11. Biology of Bone Formation: Skeletal Health to Disease. Keynote Lecture. ECTS/IBMS Joint International Meeting. June 2005.
12. Hypercalciuria from Bench to Bedside, the Role of Bone. Keynote Lecture. 4th International Congress on Children's Bone Health, May 2005.
13. Pediatric KDOQI and Role of Carnitine in Dialysis. Invited Lectures. Jackson Memorial Pediatric Nephrology Symposium, Feb. 2005.
14. Bone Health in Children with Chronic Kidney Disease. Invited Lecture. Midwest Symposium on Bone Health, April 2005.
15. Bone after Cessation of Alendronate use in Children with Fracturing Osteoporosis. Director, Invited Speaker. NIH/ASBMR Conference on Effects of Pharmacological Agents on Bone in Children, April 2005.
16. Optimizing Care for Patients with Chronic Kidney Disease. URN Course in Transplantation. Oct. 2006.
17. Evidence-Based Medicine Management of Chronic Kidney Disease-Metabolic Bone Disease. Kidney Foundation of Dakotas. Sept. 2006.

18. Bone Turnover and Anti-Resorptive Efficacy. Provident Hospital (Chicago), Sept. 2006.
19. Bone and Cardiovascular Disease in Chronic Kidney Disease-Metabolic Bone Disease. Florida Society of Nephrology, Sept. 2006.
20. Spectrum of Pediatric Metabolic Bone Disease. Medical College of Wisconsin Grand Rounds, Aug. 2006.
21. The Epidemic of Chronic Kidney Disease. Webcast – MedGenMed, Aug. 2006.
22. Bone in Chronic Kidney Disease—Link to Cardiovascular Disease. Mayo Clinic Fellows Course, Aug. 2006.
23. Improving Management of Patients on Dialysis. URN – Innovations in Management of Kidney Disease. July 2006.
24. Medical Management of Stone Disease. NIH/NIDDK Urolithiasis Symposium, March 2006.
25. New Visions of Vitamin D and Osteodystrophy in Children with Chronic Kidney Disease—Bone & Beyond . . . Heart Health. Invited Lecture, Jackson Memorial Hospital/University of Miami, Feb. 2006.
26. Evidence-Based Medicine and Bone in Chronic Kidney Disease. Invited Lecture. ASN Renal Highlights Meeting, Los Angeles, Feb. 2006.
27. Secondary Hyperparathyroidism in Chronic Kidney Disease. Invited Lecture. Nephrologists Advisory Workshop, Atlanta, Feb. 2006.
28. Phosphate & Osteodystrophy in Chronic Kidney Disease and End-Stage Kidney Disease. Invited Lecture, Session Chair. National Kidney Foundation National Meeting, Chicago, April 2006.
29. Renal Bone Disease. 4th International Conference on Cystinosis, Netherlands, July 2006.
30. Classification of ROD. Invited Lecture. Global Conference on Chronic Kidney Disease-Metabolic Bone Disease, Miami, June 2006.
31. Fracturing Bone Disease in Adolescence – An Algorithmic Approach. Invited Lecture. Endocrine Society, Boston, 2006.
32. Bone and Mineral Metabolism in Chronic Kidney Disease. Grand Rounds, University of Toronto Nephrology Division, May 2006.
33. Practical Applications and Implications of KDOQI Guidelines: Bone and Cardiovascular Disease. Chicago, May 2006.
34. Kidney and Bone in Pediatric Chronic Kidney Disease. Invited Lecture. 33rd Meeting, ECTS, Prague, May 2006.

35. Use of Bisphosphonates for Fracturing Osteoporosis in Children. Invited Lecture. PAS Annual Meeting, Toronto, May 2007.
36. Evidence-Based Medicine Approach to Chronic Kidney Disease-Metabolic Bone Disease. Nephrology Grand Rounds, Hershey, May 2007.
37. Chair, 4th International Congress on Children's Bone Health. Montreal, June 2007.
38. Chair and Moderator, ICSD, PDC for Pediatric Bone Densitometry, Montreal, June 2007.
39. Cell Biology of Nephrolithiasis. Session Chair & Invited Speaker. 14th IPNA Meeting, Budapest, Aug. 2007.
40. Hypertensive Urological Emergencies; Update on Nephrolithiasis and Vitamin D and the Heart in Chronic Kidney Disease. Keynote Speaker. Chilean Society of Nephrology Annual Meeting, Pucon, Chile, Sept. 2007.
41. Evidence-Based Medicine Approach to Chronic Kidney Disease-Metabolic Bone Disease. Visiting Professor, Medical College of Wisconsin, Milwaukee, Oct. 2007.
42. Vascular Calcification in Pre-End Stage Kidney Disease; Phosphate Binders in Chronic Kidney Disease, and Pleiotropic Actions of Vitamin D Beyond Bone. Invited Lectures. American Society of Nephrology Annual Meeting, San Francisco, November 2007.
43. Cell & Molecular Biology of Osteoporosis and Hypophosphatemic Rickets—FGF23 as a New Hormone. Endocrine Grand Rounds, University of Illinois, Chicago, Jan. 2007.
44. Evidence-Based Medicine Approach to Chronic Kidney Disease-Metabolic Bone Disease. Grand Rounds, University of Wisconsin, Madison, Jan. 2007.
45. Bones, Stones, Abdominal Groans. Course Director, Pediatric PERLS (CME) and Lecture. Chicago, Feb. 2007.
46. Evidence-Based Medicine Approach to Chronic Kidney Disease-Metabolic Bone Disease. Grand Rounds, Rush Medical College, Chicago, Feb. 2007.
47. Evidence-Based Medicine Approach to Chronic Kidney Disease-Metabolic Bone Disease. Grand Rounds, Loyola Medical School, Chicago, Feb. 2007.
48. Growth in Children with Chronic Kidney Disease. City-Wide Nutrition Conference, Chicago, Feb. 2007.
49. The Link Between Bone and Heart in Chronic Kidney Disease. Grand Rounds, Cleveland Clinic, March 2007
50. The Link Between Bone and Heart in Chronic Kidney Disease. Baltimore, March 2007.
51. Heart and Bone in Children with Chronic Kidney Disease. Visiting Professor. Mt. Sinai School of Medicine, New York, March 2007

52. Use of Phosphate Binders in Early Chronic Kidney Disease. Invited Symposium Lecture, National Kidney Foundation Annual Meeting, Orlando, May, 2007.
53. The Link Between Bone and Heart in Chronic Kidney Disease. Nephrology Grand Rounds, University of Pittsburgh, April 2007.
54. Vitamin D – Metabolic Pathway and Novel Therapeutic Considerations. Dermatology Annual Meeting, Alexandria, April 2007.
55. Medical Evaluation and Management. Invited Speaker. NIDDK Urolithiasis Outcomes and Treatment Symposium, Bethesda, Feb. 2008.
56. Renal Osteodystrophy in the Patient on Peritoneal Dialysis. Invited Speaker. 6th National Meeting on Peritoneal Dialysis, Vitoria, Spain, Jan. 2008.

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PROGRAM DESCRIPTION

Introduction to Program

The Hemodialysis Education and Training Program is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Hemodialysis Education and Training Program is designed to provide the new teammate with the necessary theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.

An **experienced teammate** is defined as:

- A newly hired patient care teammate with prior dialysis experience as evidenced by successful completion of a competency exam.
- A rehired patient care teammate who left and can show proof of completing their initial training.

The curriculum of the Hemodialysis Education and Training Program is modeled after the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing and the Board of Nephrology Examiners Nursing and Technology guidelines.

The program incorporates the policies, procedures, and guidelines of DaVita Inc.

The new teammate will be provided with a "StarTracker". The "StarTracker" is a tool that will help guide the training process while tracking progress. The facility administrator and preceptor will review the Star Tracker to plan and organize the training and professional development of the new teammate. The Star Tracker will guide the new teammate through the initial phase of training and then through the remainder of their first year with DaVita, thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "My Learning Plan Workbooks."

Program Description

- The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and (2) 280 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis

workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), the administrator, or the preceptor. This training includes introduction to the dialysis machine, components of the hemodialysis system, dialysis delivery system, principles of hemodialysis, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used, introduction to DaVita Policies and Procedures, and introduction to the Amgen Core Curriculum.

The **didactic phase** also includes classroom training with the Clinical Services Specialist, which covers more in-depth theory on structure and functions of the kidneys. This includes homeostasis, renal failure ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis, components of the hemodialysis system, water treatment, dialyzer reprocessing, hemodialysis treatment (which includes machine troubleshooting and patient complications), documentation, complication case studies, heparinization and anticoagulation, vascular access (which includes vascular access workshop), patient assessment (including workshop), fluid management with calculation workshop, nutrition, laboratory, adequacy, pharmacology, patient teaching/adult learning, service excellence (which includes professionalism, ethics and communications).

A final comprehensive examination score of $\geq 80\%$ must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, DaVita Virtual Training Program (which includes 21 hours of computer training classes), One For All orientation training, HIPAA training, LMS mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

Included in the **didactic phase** for nurses is additional classroom training. The didactic phase includes:

- The role of the dialysis nurse in the facility
- Pharmacology for nurses
- Outcomes management
- Patient assessment for the dialysis nurse.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, a registered nurse, or the clinical services specialist (CSS). During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Inventory Checklist* will be completed to the satisfaction of the preceptor and the administrator.

The clinical hemodialysis workbooks will also be utilized for this training and must be completed to the satisfaction of the preceptor and the administrator.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory LMS Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase of a specific skill set will be successfully completed prior to the new teammate receiving an independent assignment for that specific skill set. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

- The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The *Procedural Skills Inventory Checklist* including verification of review of applicable policies and procedures will be completed by the preceptor, a registered nurse, and/or the clinical services specialist (CSS) and the new teammate upon demonstration of an acceptable skill-level. The new teammate will also utilize the hemodialysis training workbook and progress at their own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

The *Initial Competency Exam* will be completed; a score of $\geq 80\%$ or higher is required prior to the new teammate receiving an independent patient-care assignment. If the new teammate receives a score of less than 80%, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-06-05, TR1-06-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the, DaVita Prep Class Evaluation (TR1-06-08), the New Teammate Satisfaction Survey on the LMS and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous

March 26, 2013

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

Re: Certification of Support Services

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(f) that TRC Children's Dialysis Center will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an dialysis electronic data system;
- TRC Children's Dialysis Center will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

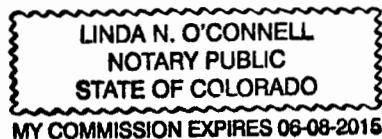
Sincerely,



James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Linda N. O'Connell
Notary Public



Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 26F is a letter from James Hilger, Chief Accounting Officer of DaVita HealthCare Partners Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish an 8-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

Included at Attachment – 26G is a copy of an agreement from Lurie Children’s Hospital of Chicago agreeing to accept the Applicants’ ESRD patients for inpatient care and other hospital services when needed.

**PATIENT TRANSFER AGREEMENT
BY AND BETWEEN
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO
AND
TOTAL RENAL CARE**

THIS PATIENT TRANSFER AGREEMENT (this "Agreement") is made as of the last date of execution of this Agreement (the "Effective Date"), by and between Ann & Robert H. Lurie Children's Hospital of Chicago, an Illinois non-profit corporation ("Receiving Hospital") and Total Renal Care, Inc., subsidiary of DaVita, Inc. ("Transferring Facility") (each a "Party" and collectively "Parties").

WHEREAS, Transferring Facility owns and operates a free-standing dialysis clinic TRC Children's Dialysis Center located at 2611 N. Halsted St., Chicago, IL 60614;

WHEREAS, Receiving Hospital operates a general acute hospital and ancillary facilities specializing in pediatric care;

WHEREAS, Transferring Facility receives from time to time patients who are in need of specialized services not available at Transferring Facility and both parties will ensure the timely transfer of patients between the Receiving Hospital and the Transferring Facility

WHEREAS, only a patient's attending physician (not Receiving Hospital or Transferring Facility) can refer such patient to Transferring Facility for dialysis treatments.

WHEREAS, the Parties are legally separate organizations and are not related in any way to one another through common ownership or control; and

WHEREAS, the Parties wish to join together to develop a relationship for the provision of health care services in order to assure continuity of care for patients and to ensure accessibility of services to patients.

NOW, THEREFORE, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby mutually agreed by the Parties as follows:

ARTICLE I.

Patient Transfers

1.1. **Acceptance of Patients.** Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, Receiving Hospital agrees to admit a patient as promptly as possible, provided customary admission requirements are met, State and Federal laws and regulations are met, and Receiving Hospital has the capacity to treat the patient. Notice of the transfer shall be given by Transferring Facility as far in advance as possible. Receiving Hospital shall give prompt confirmation of whether it can provide health care appropriate to the

patient's medical needs. Receiving Hospital agrees to exercise its best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, give preference to patients requiring transfer from Transferring Facility. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Transferring Facility and must accompany the patient to the Receiving Hospital.

1.2. Appropriate Transfer. It shall be Transferring Facility's responsibility to arrange for appropriate and safe transportation and to arrange for the care of the patient during a transfer. The Transferring Facility shall ensure that the transfer is an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act, as may be amended ("EMTALA"), and is carried out in accordance with all applicable laws and regulations. The Transferring Facility shall provide in advance sufficient information to permit a determination as to whether the Receiving Hospital can provide the necessary patient care. The patient's medical record shall contain a physician's order transferring the patient. When reasonably possible, a physician from the Transferring Facility shall communicate directly with a physician from the Receiving Hospital before the patient is transferred.

1.3. Admission to the Receiving Hospital from Transferring Facility. When a patient's need for admission to a trauma center is determined by his/her attending physician, Receiving Hospital shall admit the patient in accordance with the provisions of this Agreement as follows:

(a) Patients determined to be emergent by the attending physician shall be admitted, subject to bed, space, qualified personnel and equipment availability, provided that all usual conditions of admission to Receiving Hospital are met.

(b) All other patients shall be admitted according to the established routine of Receiving Hospital.

1.4 Standard of Performance. Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid. Receiving Hospital shall maintain accreditation by the Joint Commission ("JC").

1.5 Billing and Collections. Each Party shall be entitled to bill patients, payors, managed care plans and any other third party responsible for paying a patient's bill, for services rendered to patients by Party and its employees, agents and representatives under this Agreement. Each Party shall be solely responsible for all matters pertaining to the billing and collection of such charges. The Parties shall reasonably cooperate with each other in the preparation and completion of all necessary forms and documentation and the determination of insurance coverage and managed care requirements for each transferred patient. Each Party shall

have the sole final responsibility for all forms, documentation, and insurance verification. Transferring Facility shall not act as guarantor for any charges incurred while the patient is a patient in Receiving Hospital

1.6 Personal Effects. Personal effects, if any, of any transferred patient shall be delivered to the transfer team or admissions department of the Receiving Hospital. Personal effects include money, jewelry, personal papers and articles for personal hygiene.

ARTICLE II.

Medical Records

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of the transferred patient or which may be relevant in determining whether such patient can be adequately cared for by the other Party. All such information shall be provided by the Transferring Facility in advance, where possible, and in any event, at the time of the transfer. The Transferring Facility shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital. Other records shall be sent as soon as practicable after the transfer. The patient's medical record shall contain evidence that the patient was transferred promptly, safely and in accordance with all applicable laws and regulations.

ARTICLE III.

Term and Termination

3.1. Term. This Agreement shall be effective as of the last date of execution of this Agreement and shall remain in effect until terminated as provided herein.

3.2. Termination. This Agreement may be terminated as follows:

(a) Termination by Mutual Consent. The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.

(b) Termination Without Cause. Either Party may terminate this Agreement, for any reason whatsoever, upon thirty (30) days prior written notice.

(c) Termination for Cause. The Parties shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:

(i) If either Party determines that the continuation of this Agreement would endanger patient care.

(ii) Violation by the other Party of any material provision of this Agreement, provided such violation continues for a period of thirty (30) days after receipt of written notice by the other Party specifying such violation with particularity.

(iii) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings are instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination.

(iv) Exclusion of either Party from participation in the Medicare or Medicaid programs or conviction of either Party of a felony.

(v) Either Party's loss or suspension of any certification, license, accreditation (including JC accreditation), or other approval necessary to render patient care services.

ARTICLE IV.

Non-Exclusive Relationship

This Agreement shall be non-exclusive, either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

ARTICLE V.

Certification and Insurance

5.1. **Licenses, Permits, and Certification.** Each Party represents to the other that it and all of its employees, agents and representatives possess and shall maintain in valid and current status during the term of this Agreement all required licenses, permits and certifications enabling each Party to provide the services set forth in this Agreement.

5.2. **Insurance.** Each Party shall maintain during the term of this Agreement, at its sole cost and expense, general liability, property damage, and workers compensation insurance in the amounts that are reasonable and customary in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in the aggregate.. A written certificate of such coverage shall be provided upon request to each Party together with a certification that such coverage may not be canceled without at least thirty (30) days notice to the other Party. Each Party shall notify the other Party within ten (10) days of

any material change or cancellation in any policy of insurance required to be secured or maintained by such Party.

5.3. Notification of Claims. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity which may result in litigation related in any way to this Agreement.

ARTICLE VI.

Indemnification

Each Party shall indemnify and hold harmless the other Party from and against any and all manner of claims, demands, causes of action, liabilities, damages, costs, and expenses (including costs and reasonable attorney's fees) arising from or incident to the performance of such Party's duties hereunder, except for negligent or willful acts or omissions of the other Party. Notwithstanding anything to the contrary, a Party's obligations with respect to indemnification for acts described in this article shall not apply to the extent that such application would nullify any existing insurance coverage of such Party or as to that portion of any claim of loss in which insurer is obligated to defend or satisfy.

ARTICLE VII.

Compliance With Laws

At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder and that may be applicable to the Parties including, but not limited to, laws, rules and regulations regarding confidentiality, disclosure and retention of patient records, such as the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996. A Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction, violation, default or breach of the same. Neither Transferring Facility or Receiving Hospital, nor any employee, officer, director or agent thereof, is an "excluded person" under the Medicare rules and regulations.

As of the date hereof and throughout the term of this Agreement: (a) Transferring Facility represents, warrants and covenants to Receiving Hospital that Transferring Facility is a participating facility in Medicare and Medicaid; and (b) Receiving Hospital represents, warrants and covenants to Transferring Facility that Receiving Hospital is licensed to operate a general acute hospital and ancillary facilities specializing in pediatric care and to participate in Medicare and Medicaid.

ARTICLE VIII

Dispute Resolution

Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for

discussion and resolution by written notice of such dispute delivered from one Party to the other Party. Thereafter, the parties, through appropriate representatives, shall meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other Party. If this dispute resolution shall not be successful, the parties may pursue all other appropriate means of resolution.

ARTICLE IX.

HIPAA

Receiving Hospital and Transferring Facility agree to comply with the patient privacy and security requirements set forth in the Health Insurance Portability and Accountability Act of 1996, and attendant regulations at 45 C.F.R. Parts 160 and 164, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations, as may be modified or amended, including future issuance of regulations and guidance by HHS (collectively "HIPAA"), and any applicable state patient privacy and security laws. Receiving Hospital and Transferring Facility acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Receiving Hospital and Transferring Facility each agrees to comply with requests by the other Party hereto related to HIPAA.

ARTICLE X.

Miscellaneous

9.1 Non-Referral of Patients. Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on its professional judgment and the individual needs and wishes of the patients.

9.2 Relationship of the Parties. The Parties expressly acknowledge that in performing their respective obligations under this Agreement, they are each acting as independent contractors. Transferring Facility and Receiving Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party. Each Party shall disclose in its respective dealings that they are separate entities. 9.3 Notices. All notices and other communications under this Agreement shall be in writing and shall be deemed received when delivered personally or when deposited in the U.S. mail, postage prepaid, sent registered or certified mail, return receipt requested or sent via a nationally recognized and receipted overnight courier service, to the Parties at their respective principal office of record as set forth below or designated in writing from time to time. No notice of a change of address shall be effective until received by the other Party:

To Receiving Hospital:

Donna Wetzler, General Counsel
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue, Box 261
Chicago, IL. 60611
Attention: Legal Services

To Transferring Facility:

TRC Children's Dialysis Center
c/o DaVita, Inc.
2611 N. Halsted St.
Chicago, IL 60614
Attention: Facility Administrator

Total Renal Care, Inc.
c/o DaVita, Inc.
1551 Wewatta St.
Denver, CO 80202

With copies to: Margaret Enger
Regional Coordinator
DaVita, Inc.
2659 N. Milwaukee Avenue, 2nd Floor
Chicago, Illinois 60647

DaVita, Inc.
601 Hawaii Street
El Segundo, CA 90245
Attention: General Counsel

9.3 Assignment. Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party.

9.4 Entire Agreement; Amendment. This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement.

9.5 Governing Law. This Agreement shall be construed and all of the rights, powers and liabilities of the Parties hereunder shall be determined in accordance with the laws of the State of Illinois; provided, however, that the conflicts of law principles of the State of Illinois shall not apply to the extent that they would operate to apply the laws of another state.

9.6 Headings. The headings of articles and sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.

9.7 Non-discrimination. Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability in providing services under this Agreement.

9.8 Severability. If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

9.9 Successors and Assigns. This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

9.10 Waiver. No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

9.11 Counterparts. This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

9.12 Approval by DaVita, Inc. as to Form. The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execute hereof by the parties and upon approval by DaVita, Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered as of the day and year written above.

TOTAL RENAL CARE, INC.

By: Kelly B Ladd
Name: Kelly B Ladd
Title: Reg Ops Dir
Date: 12/13/12

APPROVED AS TO FORM ONLY:

By: _____

Name: Marcie Damisch

Its: Group General Counsel

ANN & ROBERT H. LURIE CHILDREN'S
HOSPITAL OF CHICAGO

By: _____

Name: Michelle Stephenson

Title: Chief Pt. Care/Nursing Executive

Date: Michelle Stephenson 12/13/12

DC01/40111; 2

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered as of the day and year written above.

TOTAL RENAL CARE, INC.

By: _____

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM ONLY:

By:  _____

Name: Marcie Damisch

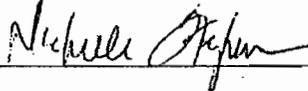
Its: Group General Counsel

ANN & ROBERT H. LURIE CHILDREN'S
HOSPITAL OF CHICAGO

By: _____

Name: Michelle Stephenson

Title: Chief Pt. Care/Nursing Executive

Date:  _____

DC01/401111.2

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Relocation of Facilities

The Existing Facility is suboptimal for patients and staff, and in need of repair. During heavy rainstorms, ground water bubbles up from floor drains in the basement of the facility, as well as the treatment floor, which creates safety hazards for patients, visitors and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. The Existing Facility houses 6 dialysis stations in approximately 2,600 GSF, or 433 GSF per station. This is small for a pediatric facility and is 83% of the allowable size under HFSRB's rules. As a result, there is not adequate space between dialysis stations to allow parents/guardians to sit next to their children while they dialyze or to accommodate the chair side computer stations. Further, the two services provided at the Existing Facility are separated by a flight of stairs. Even though these are separate services, physicians and staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility.

Further, the Existing Facility has no patient or visitor parking and no dedicated patient drop off location. As a result, parents must park on the street with their hazards on, assist their children with getting out of the car and checked in for their dialysis treatments. They must then return to their cars and find parking in the neighborhood. While there are obvious safety concerns during good weather, these hazards are magnified during inclement weather. TRC Children's Dialysis Center is the flagship for all of DaVita's pediatric dialysis programs and provides training to staff throughout the country, as new programs are built or acquired. The relocation will allow DaVita to create a center of excellence for children within the Midwest. Thus, the Applicants must relocate to a modern facility that is located near a major interstate, with enhanced parking accommodations and improved utilities to better provide for current and future pediatric patient needs and improve access.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 26H is a letter from James Hilger, Chief Accounting Officer of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

March 26, 2013

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

Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

- By the second year after project completion, TRC Children's Dialysis Center expects to achieve and maintain 80% target utilization; and
- TRC Children's Dialysis Center also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

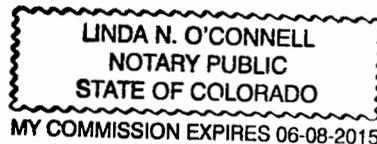
Sincerely,



James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Notary Public



Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Everbury Partners, LP. A copy of DaVita's 2012 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with application 13-031.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2012 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with application 13-031.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 42A is a letter from James Hilger, Chief Accounting Officer of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. attesting that the total estimated project costs will be funded entirely with cash.

March 26, 2013

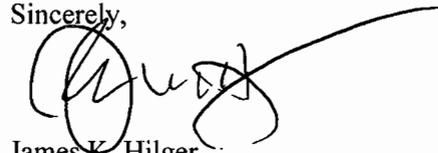
Dale Galassie
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

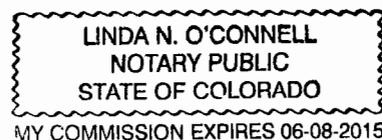


James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013



Notary Public



Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

Table 1120.310(c)									
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	\$156.16		5,347				\$835,000		\$835,000
Contingency	\$15.52		5,347				\$83,000		\$83,000
TOTALS	\$171.68		5,347				\$918,000		\$918,000

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Contracts and Contingencies	\$918,000	\$173.14 per gross square foot x 5,347 gross square feet = \$925,780	Below State Standard
Contingencies	\$83,000	10% -15% of New Construction Costs = 10% -15% x \$835,000 = \$83,500 - \$125,250	Below State Standard
Architectural/Engineering Fees	\$85,000	7.08% - 10.62% x (Construction Costs + Contingencies) = 7.08% - 10.62% x (\$835,000 + 83,000) = 7.08% - 10.62% x \$918,000 = \$64,994 - \$97,492	Below State Standard
Consulting and Other Fees	\$93,500	No State Standard	No State Standard
Moveable Equipment	\$318,536	\$39,945 per station \$39,945 x 8 = \$319,560	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$2,879,638

Treatments: 3,900

Operating Expense per Treatment: \$738.37

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs

Depreciation:	\$126,993
Amortization:	\$7,843
Total Capital Costs:	\$134,836

Treatments: 3,900

Capital Costs per Treatment: \$34.57

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2012 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached as Attachment – 11A. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2010. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was \$1.5 Billion in savings to the health care system and the American taxpayer since 2010.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization at existing dialysis facilities within 40 minutes normal travel time of the Replacement Facility is currently 70.4%, however only 2 of these facilities are solely dedicated to serving pediatric patients. Dr. Langman anticipates all 19 current patients will transfer to the Replacement Facility. Dr. Langman is currently treating 33 pre-ESRD patients. Conservatively, 7 of these patients are anticipated to initiate dialysis within 24 months. Thus, approximately 33 patients will be referred to the Replacement Facility within 24 months following project completion. This represents a 78% utilization rate, which is just below the State's 80% standard. As such, the proposed facility is necessary to accommodate the growing demand for pediatric dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the relocation of TRC Children's Dialysis Center just 1.79 miles from its current location. Patients currently treated at TRC Children's Dialysis Center will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2010	2011	2012
Charity (# of patients)	66	96	152
Charity (cost in dollars)	\$957,867	\$830,580	\$1,199,657
MEDICAID			
	2010	2011	2012
Medicaid (# of patients)	563	729	651
Medicaid (revenue)	\$10,447,021	\$14,585,645	\$11,387,229

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue	\$161,884,078	\$219,396,657	\$228,403,979
Amount of Charity Care (charges)	\$957,867	\$830,580	\$1,199,657
Cost of Charity Care	\$957,867	\$830,580	\$1,199,657

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:

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44	Charity Care Information	

Appendix 1 – Time & Distance Determination: Discontinuation

Attached as Appendix I is the list of all existing facilities within 45 minutes normal travel time from the Existing Facility as determined by MapQuest.

Facility	City	Zip Code	HSA	Distance	Drive Time	Adjusted Drive Time	Stations
USRC Oakbrook Dialysis	Downers Grove	60515	9	23.99	36	45	13
RCG Villa Park	Villa Park	60181	7	23.02	36	45	24
LaGrange Dialysis Center	Westchester	60154	7	19.15	32	40	20
Fresenius Medical Care Rolling Meadows	Rolling Meadows	60008	7	25.64	36	45	24
Arlington Heights Renal Center	Arlington Heights	60005	7	21.01	31	38.75	18
Stoney Creek Dialysis	Oak Lawn	60453	7	17.67	35	43.75	12
Fresenius Medical Care - Midway	Chicago	60638	6	15.51	30	37.5	12
FMC Dialysis Services - Burbank	Burbank	60459	7	15.89	31	38.75	26
RCG-Scottsdale	Chicago	60652	6	16.29	32	40	35
West Lawn Dialysis	Chicago	60629	6	14.31	30	37.5	12
Blue Island Dialysis Ctr	Blue Island	60406	7	21.7	36	45	24
RCG-Merrionette Park	Merrionette Park	60803	7	21.58	36	45	18
Mount Greenwood Dialysis	Chicago	60655	6	20.77	36	45	16
Fresenius Medical Care Evergreen Park	Evergreen Park	60643	7	18.28	35	43.75	30
Beverly Dialysis	Chicago	60620	6	16.16	32	40	12
Fresenius Medical Care Chatham	Chicago	60617	6	13.79	24	30	16
South Side Dialysis Center	Chicago	60620	6	16.09	31	38.75	39
Fresenius Medical Care Marquette Park	Chicago	60629	6	12.78	31	38.75	16
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	60621	6	11.65	23	28.75	16
RCG Garfield	Chicago	60609	6	10.12	20	25	22
Emerald Dialysis	Chicago	60609	6	8.93	19	23.75	24
Fresenius Medical Care Bridgeport	Chicago	60609	6	8.09	18	22.5	27
Fresenius Medical Care of Roseland	Chicago	60628	6	17.26	32	40	12
Greenwood Dialysis Center	Chicago	60619	6	15.41	28	35	28
Stony Island Dialysis	Chicago	60617	6	19	31	38.75	32
Fresenius Medical Care South Deering	Chicago	60617	6	19.62	33	41.25	20
Fresenius Medical Care South	Chicago	60617	6	16.41	29	36.25	36
Grand Crossing Dialysis	Chicago	60619-1909	6	13.75	26	32.5	12
Jackson Park Dialysis	Chicago	60649	6	14.1	28	35	24
Woodlawn Dialysis	Chicago	60609	6	9.61	20	25	32
Lake Park Dialysis	Chicago	60653	6	9.44	19	23.75	32
Fresenius Medical Care South Shore	Chicago	60649	6	14.61	29	36.25	16
Loyola Dialysis Center	Maywood	60153	7	14.67	25	31.25	30

Fresenius Medical Care Melrose Park	Melrose Park	60160	7	15.4	28	35	18
Dialysis Center of America - Berwyn	Berwyn	60402	7	14.23	26	32.5	26
Maple Avenue Kidney Center	Oak Park	60304	7	12.31	21	26.25	18
North Avenue Dialysis Center	Melrose Park	60160	7	16.52	29	36.25	24
Fresenius Medical Care River Forest	River Forest	60305	7	13.54	25	31.25	20
Fresenius Medical Care Neomedica Cumberland	Norridge	60706	7	12.99	22	27.5	16
Resurrection Medical Center	Chicago	60631	6	10.25	18	22.5	14
Oak Park Dialysis Center	Oak Park	60302	7	13.19	24	30	12
West Suburban Hosp. Dialysis Unit	Oak Park	60302	7	11.64	22	27.5	46
Fresenius Medical Care Cicero	Cicero	60804	7	12.78	23	28.75	16
Austin Community Kidney Center	Chicago	60651	6	7.34	21	26.25	16
Monteclare Dialysis Center	Chicago	60634	6	8.49	23	28.75	16
Fresenius Medical Care West Belmont	Chicago	60641	6	5.87	15	18.75	17
Fresenius Medical Care North	Chicago	60630	6	6.94	15	18.75	28
Glenview Dialysis Center	Glenview	60025	7	19.95	33	41.25	20
Fresenius Medical Care Des Plaines	Niles	60714	7	14.12	28	35	12
Lutheran General - Neomedica	Niles	60714	7	14.12	28	35	32
Satelite Diaysis fo Glenview	Glenview	60026	7	20.53	33	41.25	16
Fresenius Medical Care of Deerfield	Deerfield	60015	7	22.97	35	43.75	12
Big Oaks Dialysis	Niles	60714	7	10.88	19	23.75	12
RCG Skokie	Skokie	60077	7	14.42	23	28.75	14
Center for Renal Replacement	Lincolnwood	60712	7	10.35	18	22.5	16
RCG - Mid America Evanston	Evanston	60201	7	15.81	26	32.5	14
Fresenius Medical Care Northfield	Northfield	60093	7	17.33	26	32.5	12
FMC Dialysis Services of Congress Parkway	Chicago	60624	6	7.15	15	18.75	30
Mt. Sinai Hospital Med.Ctr	Chicago	60608	6	6.84	17	21.25	16
Little Village Dialysis	Chicago	60608	6	7.2	18	22.5	16
Fresenius Medical Care of Chicago - West	Chicago	60608	6	6.14	15	18.75	31
John H. Stroger Jr. Hospital of Cook County	Chicago	60612	6	4.64	14	17.5	9
Garfield Kidney Center	Chicago	60624	6	5.77	17	21.25	16
West Metro Dialysis Center	Chicago	60622	6	4.5	13	16.25	32
Fresenius Medical Care West Willow	Chicago	60622	6	2.04	6	7.5	12
University of Illinois Hospital	Chicago	60612	6	5.48	14	17.5	26
Rush Univ. Med. Ctr.	Chicago	60612	6	5.06	13	16.25	5
Loop Renal Center	Chicago	60607	6	4.68	12	15	28
Chicago Dialysis Center	Chicago	60607	6	3.65	11	13.75	21

Fresenius Medical Care Delaware	Chicago	60607	6	4.35	12	15	24
Circle Medical Management	Chicago	60607	6	3.78	11	13.75	27
FMC - Logan Square	Chicago	60647	6	3.51	10	12.5	12
Logan Square Dialysis	Chicago	60647	6	3.51	10	12.5	28
Fresenius Medical Care Northcenter	Chicago	60618	6	3.06	9	11.25	16
Nephron Dialysis Ctr Swedish Covenant	Chicago	60625	6	4.7	14	17.5	12
Lincoln Park Dialysis Center	Chicago	60657	6	1.41	3	3.75	22
Fresenius Medical Care of Lakeview	Chicago	60613	6	1.77	5	6.25	14
RCG - Uptown	Chicago	60640	6	3.64	8	10	12
TRC Children's Dialysis	Chicago	60614	6	0	0	0	6
RCG MidAmerica - Prairie	Chicago	60616	6	6.52	14	17.5	24
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	60611	6	3.54	9	11.25	44
Dialysis Ctr of America - (Rogers Park)	Chicago	60645	6	7.95	19	23.75	20
Evanston Renal Center	Evanston	60201	7	11.26	29	36.25	18
Evanston Hospital	Evanston	60201	7	11.06	29	36.25	5
Highland Park Hospital	Highland Park	60035	8	24.18	36	45	20
Fresenius Medical Care Neomedica Marquette Pk	Chicago	60636	6	12.12	29	36.25	



Trip to:

1201 Butterfield Rd # 1213

Downers Grove, IL 60515-1073

23.99 miles / 36 minutes

**2611 N Halsted St, Chicago, IL 60614-2301**1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)**1.2 Mi**

1.2 Mi Total

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)**0.05 Mi**

1.2 Mi Total

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)**1.8 Mi**

3.0 Mi Total

4. Turn left onto **W Lake St.** [Map](#)**0.07 Mi**

3.1 Mi Total

*W Lake St is just past W Walnut St**Paddy O'Fegan's is on the right**If you reach W Couch Pl you've gone a little too far*5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)**0.5 Mi**

3.6 Mi Total

If you reach N Union Ave you've gone a little too far6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#)**13.6 Mi**

17.2 Mi Total

7. Keep left to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). [Map](#)**1.9 Mi**

19.1 Mi Total

8. Keep right at the fork to continue on **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** (Portions toll). [Map](#)**4.3 Mi**

23.4 Mi Total

9. Take the **Highland Ave** exit. [Map](#)**0.2 Mi**

23.6 Mi Total

10. Keep left to take the ramp toward **Downers Grove / Northwestern College / Keller College.** [Map](#)**0.04 Mi**

23.7 Mi Total

11. Stay straight to go onto **Butterfield Rd.** [Map](#)**0.3 Mi**

24.0 Mi Total

12. **1201 BUTTERFIELD RD # 1213** is on the left. [Map](#)*Your destination is 0.3 miles past Highland Ave**If you reach Downers Dr you've gone about 0.2 miles too far***1201 Butterfield Rd # 1213, Downers Grove, IL 60515-1073**

Notes
FMC - Villa Park



Trip to:
133 E Brush Hill Rd
Elmhurst, IL 60126-5658
20.22 miles / 31 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **0.5 Mi**
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#) **0.7 Mi**
2.5 Mi Total
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hocker St you've gone about 0.2 miles too far*
- 5. Merge onto **I-90 E / I-94 E / Kennedy Expy E** via the ramp on the left. [Map](#) **2.0 Mi**
4.5 Mi Total
If you reach N Noble St you've gone a little too far
- 6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#) **13.6 Mi**
18.1 Mi Total
- 7. Keep left to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). [Map](#) **0.5 Mi**
18.5 Mi Total
- 8. Merge onto **IL-38 W / Roosevelt Rd.** [Map](#) **1.1 Mi**
19.7 Mi Total
- EXIT** 9. Take the **North York Road** exit. [Map](#) **0.3 Mi**
19.9 Mi Total
- 10. Turn slight left onto **E Brush Hill Rd.** [Map](#) **0.3 Mi**
20.2 Mi Total
- 11. **133 E BRUSH HILL RD.** [Map](#)
*Your destination is 0.2 miles past Fronza Pky
If you reach S Euclid Ave you've gone about 0.1 miles too far*

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

Total Travel Estimate: 20.22 miles - about 31 minutes

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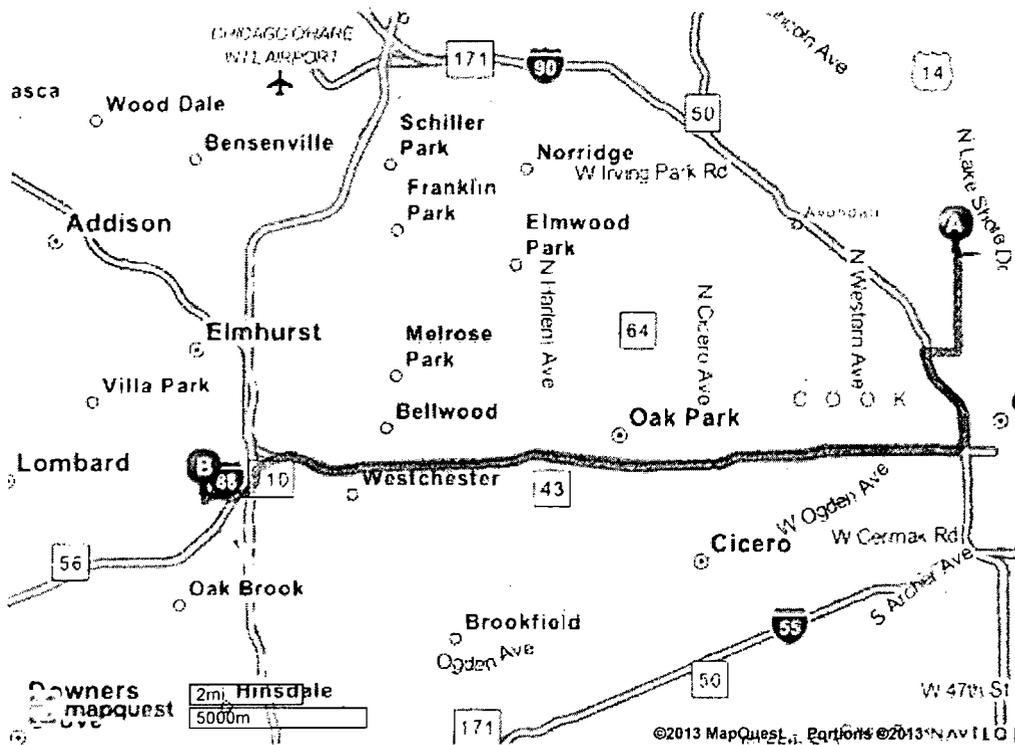
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Testosterone Trick Leaves Wives Speechless » Man Finds Unlikely Testosterone Booster {Test X180}

mediafox



Notes

FMC - LaGrange-Dialysis-Center
WESTCHESTER

Trip to:

2400 Wolf Rd Ste 101a

Westchester, IL 60154-5635

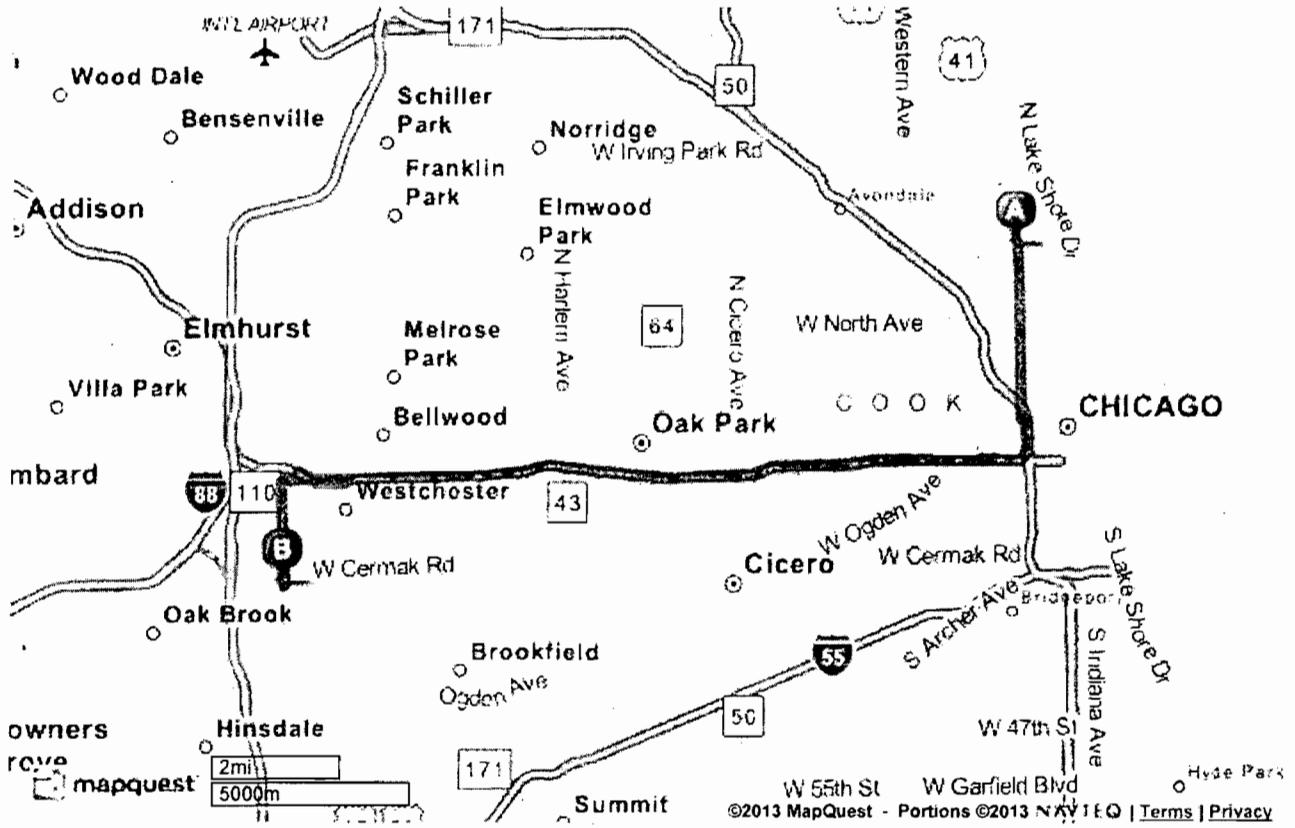
19.15 miles / 32 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#) **0.5 Mi**
If you reach N Union Ave you've gone a little too far
3.6 Mi Total
- 6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#) **12.9 Mi**
16.4 Mi Total
- 7. Take **EXIT 16** toward **Wolf Rd.** [Map](#) **0.2 Mi**
16.7 Mi Total
- 8. Stay **straight** to go onto **Frontage Rd.** [Map](#) **0.08 Mi**
16.8 Mi Total
- 9. Take the **1st left** to stay on **Frontage Rd.** [Map](#) **0.06 Mi**
*Extended Stay America Chicago - Hillside is on the corner
If you reach N Jackson Blvd you've gone about 0.2 miles too far*
16.8 Mi Total
- 10. Turn **left** onto **S Frontage Rd.** [Map](#) **0.2 Mi**
17.0 Mi Total
- 11. Turn **right** onto **Harrison St.** [Map](#) **0.4 Mi**
17.4 Mi Total
- 12. Turn **left** onto **S Wolf Rd.** [Map](#) **1.8 Mi**
If you reach N Elm St you've gone about 0.1 miles too far
19.2 Mi Total
- 13. **2400 WOLF RD STE 101A** is on the **right.** [Map](#)
*Your destination is 0.1 miles past Westbrook Corporate Ctr
If you reach Windsor Dr you've gone a little too far*

2400 Wolf Rd Ste 101a, Westchester, IL 60154-5635

Total Travel Estimate: 19.15 miles - about 32 minutes



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Notes
FMC - Rolling Meadows

Trip to:
4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
25.64 miles / 36 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total



2. Turn right onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far
2.0 Mi Total



3. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** [Map](#) **4.1 Mi**
If you reach N Oakley Ave you've gone about 0.1 miles too far
6.0 Mi Total



4. Keep left to take **I-90 W** via **EXIT 43B** toward **O'Hare-Rockford** (Portions toll). [Map](#) **7.6 Mi**
13.7 Mi Total



5. Keep right at the fork to go on **I-90 W / Jane Addams Memorial Tollway** (Portions toll). [Map](#) **8.5 Mi**
22.1 Mi Total



6. Merge onto **IL-53 N** toward **Northwest Suburbs.** [Map](#) **2.7 Mi**
24.8 Mi Total



7. Merge onto **W Euclid Ave.** [Map](#) **0.5 Mi**
25.3 Mi Total



8. Turn right onto **Hicks Rd.** [Map](#) **0.3 Mi**
HICKS GAS AND FOOD is on the corner
If you reach Vermont St you've gone about 0.1 miles too far
25.6 Mi Total



9. Turn right onto **Winnetka Ave.** [Map](#) **0.02 Mi**
Winnetka Ave is 0.1 miles past Lincoln Ave
If you reach Wilmette Ave you've gone a little too far
25.6 Mi Total



4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

Total Travel Estimate: 25.64 miles - about 36 minutes



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Notes

Arlington Heights Renal Center



mapquest

Trip to:

17 W Golf Rd

Arlington Heights, IL 60005-3905

21.01 miles / 31 minutes



2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn **right** onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** [Map](#) **4.1 Mi**
6.0 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Keep **left** to take **I-90 W** via **EXIT 43B** toward **O'Hare-Rockford** (Portions toll). [Map](#) **7.6 Mi**
13.7 Mi Total
- 5. Keep **right** at the fork to go on **I-90 W / Jane Addams Memorial Tollway** (Portions toll). [Map](#) **6.2 Mi**
19.8 Mi Total
- 6. Take the **Arlington Hts Road** exit. [Map](#) **0.4 Mi**
20.2 Mi Total
- 7. Keep **right** to take the ramp toward **Arlington Hts.** [Map](#) **0.04 Mi**
20.2 Mi Total
- 8. Merge onto **S Arlington Heights Rd.** [Map](#) **0.6 Mi**
20.8 Mi Total
- 9. Turn **left** onto **W Golf Rd / IL-58.** [Map](#) **0.09 Mi**
20.9 Mi Total
*W Golf Rd is 0.1 miles past E Seegers Rd
Ann's Flowers is on the left
If you reach E Golf Ter you've gone a little too far*
- 10. Make a **U-turn** onto **W Golf Rd / IL-58.** [Map](#) **0.08 Mi**
21.0 Mi Total
- 11. **17 W GOLF RD** is on the **right.** [Map](#)
If you are on E Golf Rd and reach S Goebbert Rd you've gone about 0.3 miles too far

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

Notes
Stoney Creek Dialysis



Trip to:
9115 S Cicero Ave
Oak Lawn, IL 60453-1895
17.67 miles / 35 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

-  1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
-  2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
-  3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
-  4. Turn left onto W Lake St. [Map](#) 0.07 Mi
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
-   5. Merge onto I-90 E / I-94 E. [Map](#) 1.9 Mi
5.0 Mi Total
If you reach N Union Ave you've gone a little too far
-   6. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. [Map](#) 6.0 Mi
11.0 Mi Total
-  7. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport. [Map](#) 0.3 Mi
11.4 Mi Total
-   8. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. [Map](#) 6.3 Mi
17.7 Mi Total
If you reach I-55 S you've gone about 0.3 miles too far
-  9. 9115 S CICERO AVE is on the left. [Map](#)
*Your destination is just past W 91st St
If you reach W 91st Pl you've gone a little too far*

B 9115 S Cicero Ave, Oak Lawn, IL 60453-1895

Total Travel Estimate: 17.67 miles - about 35 minutes



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Notes

Fresenius Medical Care - Midway



Trip to:

6201 W 63rd St

Chicago, IL 60638-5009

15.51 miles / 30 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#)

1.2 Mi
1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts**. [Map](#)

0.05 Mi
1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St**. [Map](#)

1.8 Mi
3.0 Mi Total



4. Turn **left** onto **W Lake St**. [Map](#)

*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*

0.07 Mi
3.1 Mi Total



5. Merge onto **I-90 E / I-94 E**. [Map](#)

If you reach N Union Ave you've gone a little too far

1.9 Mi
5.0 Mi Total



6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis**. [Map](#)

7.1 Mi
12.1 Mi Total



7. Take the **Central Ave** exit, **EXIT 285**. [Map](#)

0.3 Mi
12.4 Mi Total



8. Turn **left** onto **S Central Ave**. [Map](#)

If you reach I-55 S you've gone about 0.4 miles too far

2.3 Mi
14.7 Mi Total



9. Turn **right** onto **W 63rd St**. [Map](#)

*W 63rd St is 0.1 miles past W 62nd St
United States Postal Service is on the right
If you reach W 63rd Pl you've gone a little too far*

0.8 Mi
15.5 Mi Total



10. **6201 W 63RD ST** is on the **left**. [Map](#)

*Your destination is just past S Melvina Ave
If you reach S Merrimac Ave you've gone a little too far*



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

Total Travel Estimate: 15.51 miles - about 30 minutes



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Notes

FMC Dialysis Services - Burbank



Trip to:
4811 W 77th St
Burbank, IL 60459-1586
15.89 miles / 31 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 5. Merge onto **I-90 E / I-94 E.** [Map](#) **1.9 Mi**
If you reach N Union Ave you've gone a little too far
5.0 Mi Total
- 6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) **6.0 Mi**
11.0 Mi Total
- 7. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#) **0.3 Mi**
11.4 Mi Total
- 8. Turn **left** onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** [Map](#) **4.4 Mi**
If you reach I-55 S you've gone about 0.3 miles too far
15.8 Mi Total
- 9. Turn **right** onto **W 76th St / W 77th St.** [Map](#) **0.1 Mi**
*W 76th St is 0.3 miles past S State Rd
jcpenny is on the corner
If you reach W 78th St you've gone about 0.2 miles too far*
15.9 Mi Total
- 10. Turn **left.** [Map](#) **0.02 Mi**
Popeyes Famous Fried Chicken is on the left
15.9 Mi Total
- 11. Take the 1st **right** onto **W 77th St.** [Map](#)
Popeyes Famous Fried Chicken is on the corner
- 12. **4811 W 77TH ST** is on the left. [Map](#)
If you reach the end of W 77th St you've gone a little too far

4811 W 77th St, Burbank, IL 60459-1586

Total Travel Estimate: **15.89 miles - about 31 minutes**



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Notes
RCG-Scottsdale



Trip to:
4651 W 79th St
Chicago, IL 60652-1186
16.29 miles / 32 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

-  1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) 1.2 Mi
1.2 Mi Total
-  2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) 0.05 Mi
1.2 Mi Total
-  3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) 1.8 Mi
3.0 Mi Total
-  4. Turn left onto **W Lake St.** [Map](#)
*W Lake St is just past W Walnut St
Paddy O'Fegan's is on the right
If you reach W Couch Pl you've gone a little too far* 0.07 Mi
3.1 Mi Total
-   5. Merge onto **I-90 E / I-94 E.** [Map](#) 1.9 Mi
5.0 Mi Total
If you reach N Union Ave you've gone a little too far
-   6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) 6.0 Mi
11.0 Mi Total
-   7. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#) 0.3 Mi
11.4 Mi Total
-   8. Turn left onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** [Map](#)
If you reach I-55 S you've gone about 0.3 miles too far 4.8 Mi
16.1 Mi Total
-  9. Turn left onto **W 79th St.** [Map](#)
*W 79th St is 0.1 miles past W 78th St
Shell Station is on the corner
If you reach W 81st St you've gone about 0.2 miles too far* 0.2 Mi
16.3 Mi Total
-  10. **4651 W 79TH ST** is on the right. [Map](#)
*Your destination is just past S Kilpatrick Ave
If you reach S Knox Ave you've gone a little too far*

B 4651 W 79th St, Chicago, IL 60652-1186

Total Travel Estimate: 16.29 miles - about 32 minutes



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Notes
West Lawn Dialysis



Trip to:
7000 S Pulaski Rd
Chicago, IL 60629-5842
14.31 miles / 30 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn left onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 5. Merge onto **I-90 E / I-94 E.** [Map](#) **1.9 Mi**
If you reach N Union Ave you've gone a little too far
5.0 Mi Total
- 6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) **4.9 Mi**
10.0 Mi Total
- 7. Take the **Pulaski Rd** exit, **EXIT 287.** [Map](#) **0.2 Mi**
10.2 Mi Total
- 8. Keep left at the fork in the ramp. [Map](#) **0.07 Mi**
10.3 Mi Total
- 9. Turn slight left onto **S Pulaski Rd.** [Map](#) **4.0 Mi**
14.3 Mi Total
- 10. **7000 S PULASKI RD** is on the right. [Map](#)
*Your destination is just past W 70th St
If you reach W 70th Pl you've gone a little too far*

7000 S Pulaski Rd, Chicago, IL 60629-5842

Notes
FMC - Blue Island



Trip to:
12200 Western Ave
Blue Island, IL 60406-1398
21.56 miles / 35 minutes

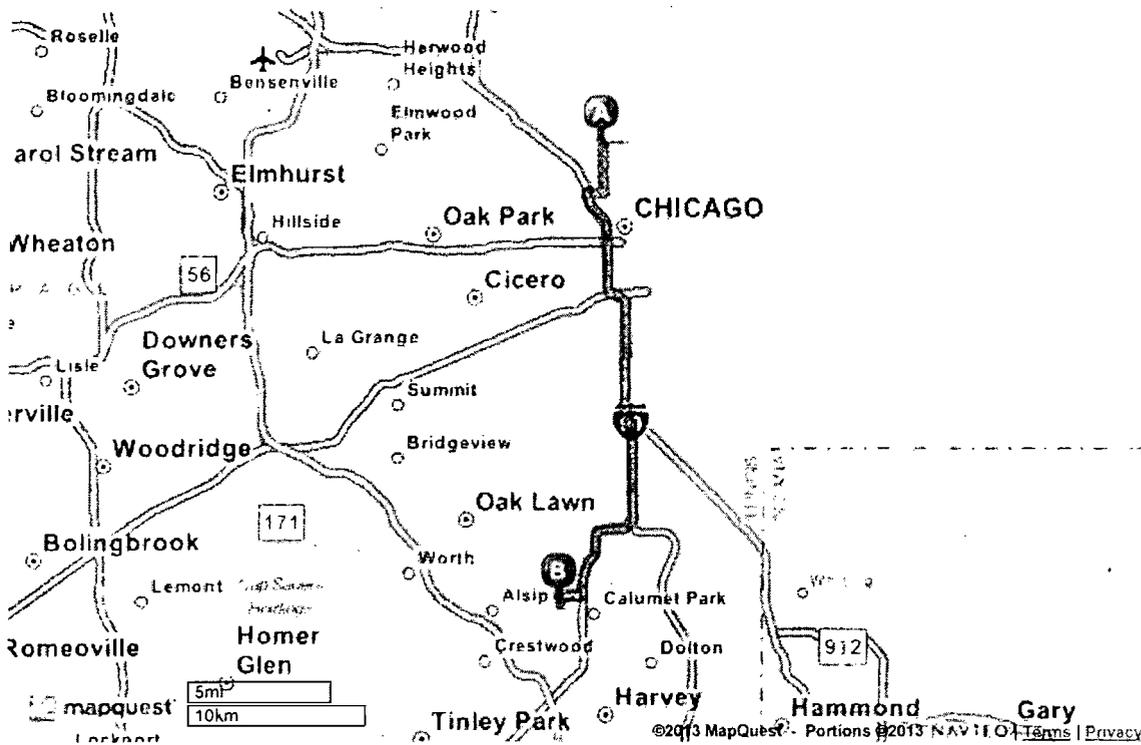
A 2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
- ↑ 2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
- ↑ 3. N Halsted Sts becomes N Halsted St. [Map](#) 0.5 Mi
1.8 Mi Total
- ↪ 4. Turn right onto W Division St. [Map](#)
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far* 0.7 Mi
2.5 Mi Total
- ↑  5. Merge onto I-90 E / I-94 E via the ramp on the left. [Map](#)
If you reach N Noble St you've gone a little too far 4.5 Mi
7.1 Mi Total
- ↪ 6. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. [Map](#) 5.5 Mi
12.6 Mi Total
- ↑  7. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E. [Map](#) 3.4 Mi
16.0 Mi Total
-  8. Merge onto I-57 S via EXIT 63 toward Memphis. [Map](#) 3.8 Mi
19.8 Mi Total
-  9. Take EXIT 354 toward 119th St. [Map](#) 0.2 Mi
20.0 Mi Total
- ↑ 10. Stay straight to go onto S Marshfield Ave. [Map](#) 0.2 Mi
20.2 Mi Total
- ↪ 11. Take the 1st right onto W 119th St. [Map](#)
*MARSHFIELD CITGO is on the corner
If you reach W 120th St you've gone about 0.1 miles too far* 0.9 Mi
21.2 Mi Total
- ↪ 12. Turn left onto Western Ave. [Map](#)
*Western Ave is just past S Oakley Ave
BLUE ISLAND SHELL is on the left
If you reach Artesian Ave you've gone a little too far* 0.4 Mi
21.6 Mi Total
- 13. 12200 WESTERN AVE is on the right. [Map](#)
*Your destination is just past 122nd St
If you reach 123rd St you've gone about 0.1 miles too far*

B 12200 Western Ave, Blue Island, IL 60406-1398

Total Travel Estimate: 21.56 miles - about 35 minutes

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Lose 20 lbs in 4 Weeks?  **Dr OZ: "Miracle Pill Burns Fat Fast"** 

Notes
FMC - Merrionette Park



Trip to:
11630 S Kedzie Ave
Merrionette Park, IL 60803-6302
22.51 miles / 37 minutes

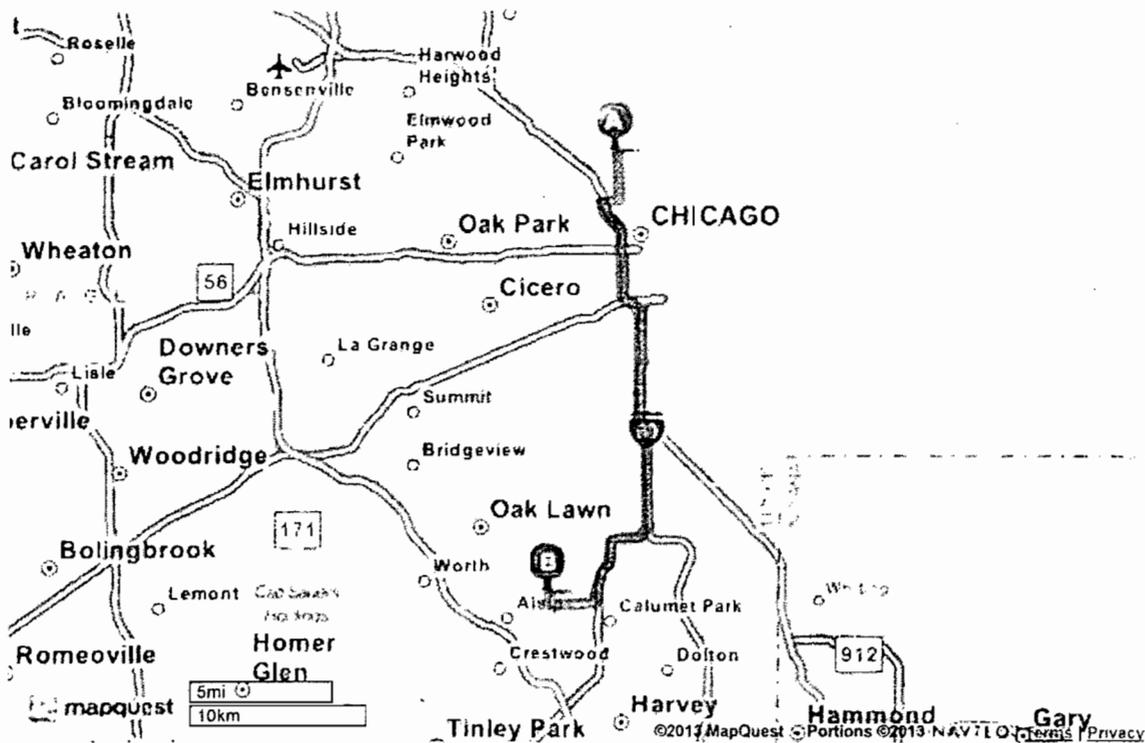
2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **0.5 Mi**
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#) **0.7 Mi**
2.5 Mi Total
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far*
- 5. Merge onto **I-90 E / I-94 E** via the ramp on the left. [Map](#) **4.6 Mi**
7.1 Mi Total
If you reach N Noble St you've gone a little too far
- 6. Keep left to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#) **5.5 Mi**
12.6 Mi Total
- 7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#) **3.4 Mi**
16.0 Mi Total
- 8. Merge onto **I-57 S** via **EXIT 63** toward **Memphis.** [Map](#) **3.8 Mi**
19.8 Mi Total
- 9. Take **EXIT 354** toward **119th St.** [Map](#) **0.2 Mi**
20.0 Mi Total
- 10. Stay straight to go onto **S Marshfield Ave.** [Map](#) **0.2 Mi**
20.2 Mi Total
- 11. Take the 1st right onto **W 119th St.** [Map](#) **2.0 Mi**
22.2 Mi Total
*MARSHFIELD CITGO is on the corner
if you reach W 120th St you've gone about 0.1 miles too far*
- 12. Turn right onto **S Kedzie Ave.** [Map](#) **0.3 Mi**
22.5 Mi Total
*S Kedzie Ave is 0.7 miles past Maple Ave
Carlson H A is on the corner
If you reach S Central Park Ave you've gone about 0.4 miles too far*
- 13. **11630 S KEDZIE AVE** is on the left. [Map](#)
*Your destination is just past W 116th Pl
If you reach W Meadow Lane Dr you've gone about 0.1 miles too far*

11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

Total Travel Estimate: 22.51 miles - about 37 minutes

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Lose 20 lbs in 4 Weeks?



Dr OZ: "Miracle Pill Burns Fat Fast"





Notes
Mount Greenwood Dialysis

Trip to:
3401 W 111th St
Chicago, IL 60655-3329
20.77 miles / 36 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 

4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy O'Fegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 


5. Merge onto **I-90 E / I-94 E.** [Map](#) **3.1 Mi**
If you reach N Union Ave you've gone a little too far
6.2 Mi Total
- 

6. Keep **left** to take **Dan Ryan Express Ln E / I-94 Express Ln E** toward **Garfield Blvd.** [Map](#) **5.5 Mi**
11.7 Mi Total
- 


7. **Dan Ryan Express Ln E / I-94 Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#) **3.4 Mi**
15.1 Mi Total
- 


8. Merge onto **I-57 S** via **EXIT 63** toward **Memphis.** [Map](#) **2.9 Mi**
18.0 Mi Total
- 


9. Take the **111th St** exit, **EXIT 355.** [Map](#) **0.3 Mi**
18.3 Mi Total
- 

10. Turn **right** onto **W 111th St.** [Map](#) **0.1 Mi**
*EMAN CITGO is on the corner
If you are on S Marshfield Ave and reach W 112th Pl you've gone about 0.2 miles too far*
18.5 Mi Total
- 

11. Turn **left** onto **S Vincennes Ave.** [Map](#) **0.2 Mi**
Church of Jesus Christ of Latter-Day Saints is on the left
18.6 Mi Total
- 

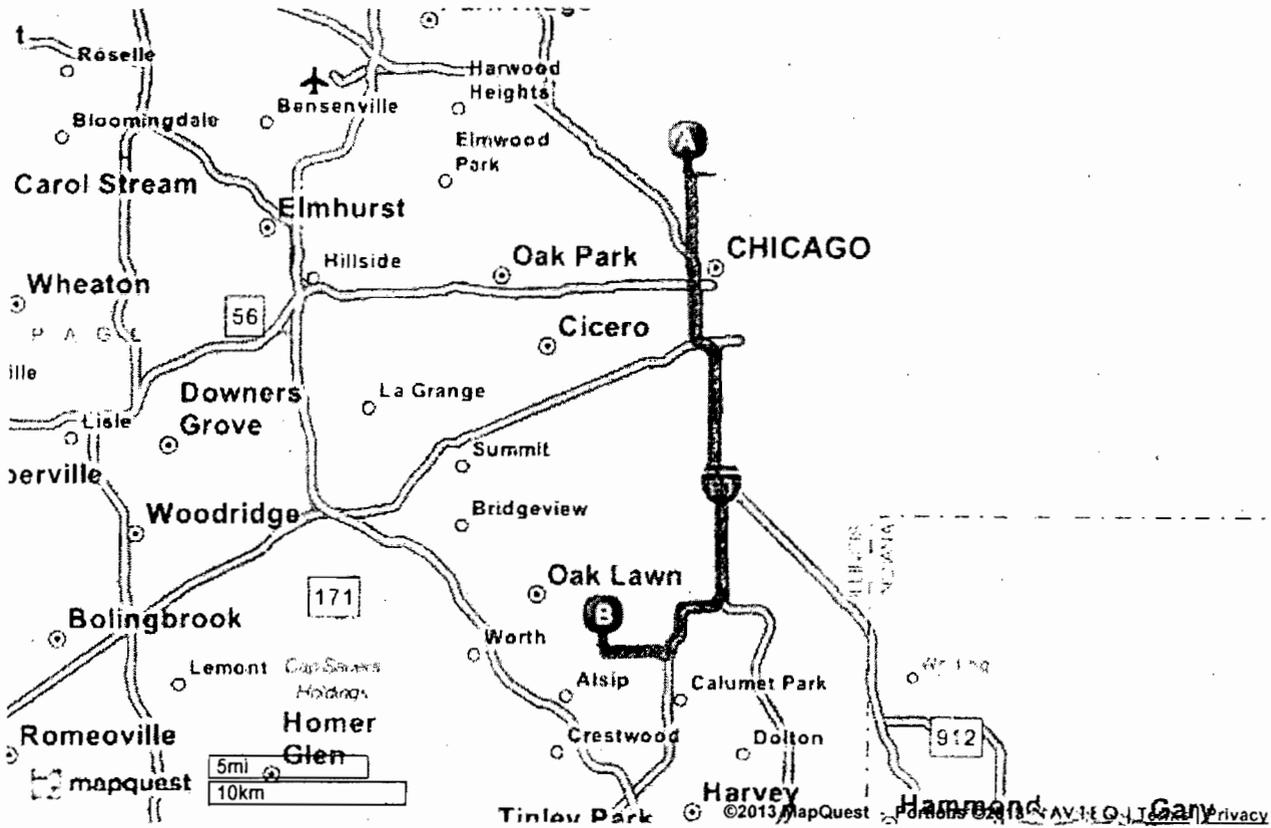
12. Turn **right** onto **W Monterey Ave.** [Map](#) **0.3 Mi**
*W Monterey Ave is just past W Pryor Ave
Morgan Park Pentecostal Church is on the corner
If you reach W Waseca Pl you've gone a little too far*
18.9 Mi Total
- 

13. **W Monterey Ave** becomes **W 111th St.** [Map](#) **1.8 Mi**
20.8 Mi Total
- 

14. **3401 W 111TH ST** is on the **left.** [Map](#)
*Your destination is just past S Homan Ave
If you reach S Trumbull Ave you've gone a little too far*

B

Total Travel Estimate: 20.77 miles - about 36 minutes



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Notes

Fresenius Medical Care Evergreen Park



Trip to:
9730 S Western Ave
Evergreen Park, IL 60805-2814
18.28 miles / 35 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
- 2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
- 3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
- 4. Turn left onto W Lake St. [Map](#) 0.07 Mi
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
- 5. Merge onto I-90 E / I-94 E. [Map](#) 3.1 Mi
6.2 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. [Map](#) 5.5 Mi
11.7 Mi Total
- 7. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. [Map](#) 2.9 Mi
14.6 Mi Total
- 8. Take EXIT 62 toward US-12 / US-20 / 95th St. [Map](#) 0.2 Mi
14.8 Mi Total
- 9. Stay straight to go onto S Lafayette Ave. [Map](#) 0.1 Mi
15.0 Mi Total
- 10. Turn right onto W 95th St / US-20 W / US-12 W / Ulysses S Grant Memorial Hwy. [Map](#) 2.9 Mi
17.9 Mi Total
*W 95th St is 0.1 miles past W 94th St
McDonald's Phideb Corp Two is on the right
If you reach W 96th St you've gone about 0.1 miles too far*
- 11. Turn left onto S Western Ave. [Map](#) 0.4 Mi
18.3 Mi Total
*S Western Ave is just past S Claremont Ave
Potbelly Sandwich Shop is on the left
If you reach S Campbel Ave you've gone about 0.1 miles too far*
- 12. 9730 S WESTERN AVE is on the right. [Map](#)
*Your destination is 0.1 miles past W 97th St
If you reach W 99th St you've gone about 0.1 miles too far*

B 9730 S Western Ave, Evergreen Park, IL 60805-2814

Total Travel Estimate: 18.28 miles - about 35 minutes



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Notes
Beverly Dialysis

Trip to:
8111 S Western Ave
Chicago, IL 60620-5939
16.16 miles / 32 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#) **1.2 Mi**
1.2 Mi Total
- 

2. **N Halsted St** becomes **N Halsted Sts**. [Map](#) **0.05 Mi**
1.2 Mi Total
- 

3. **N Halsted Sts** becomes **N Halsted St**. [Map](#) **1.8 Mi**
3.0 Mi Total
- 

4. Turn **left** onto **W Lake St**. [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 


5. Merge onto **I-90 E / I-94 E**. [Map](#) **3.1 Mi**
If you reach N Union Ave you've gone a little too far
6.2 Mi Total
- 

6. Keep **left** to take **Dan Ryan Express Ln E / I-94 Express Ln E** toward **Garfield Blvd**. [Map](#) **5.5 Mi**
11.7 Mi Total
- 


7. **Dan Ryan Express Ln E / I-94 Express Ln E** becomes **I-94 E / Dan Ryan Expy E**. [Map](#) **0.9 Mi**
12.5 Mi Total
- 

8. Take **EXIT 60C** toward **79th St**. [Map](#) **0.2 Mi**
12.8 Mi Total
- 

9. Keep **right** at the fork in the ramp. [Map](#) **0.1 Mi**
12.9 Mi Total
- 

10. Turn **slight left** onto **S Lafayette Ave**. [Map](#) **0.05 Mi**
12.9 Mi Total
- 

11. Take the **1st right** onto **W 79th St**. [Map](#) **2.9 Mi**
*MARA FOOD STORE is on the corner
If you reach W 80th St you've gone about 0.1 miles too far*
15.9 Mi Total
- 

12. Turn **left** onto **S Western Ave**. [Map](#) **0.3 Mi**
*S Western Ave is just past S Claremont Ave
Ap Deli & Grill is on the corner
If you reach S Maplewood Ave you've gone about 0.1 miles too far*
16.2 Mi Total
- 

13. **8111 S WESTERN AVE** is on the **left**. [Map](#)
*Your destination is just past W 81st St
If you reach W 81st Pl you've gone a little too far*

B 8111 S Western Ave, Chicago, IL 60620-5939

Total Travel Estimate: 16.16 miles - about 32 minutes



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Trip to:
8710 S Holland Rd
Chicago, IL 60620
15.30 miles / 26 minutes

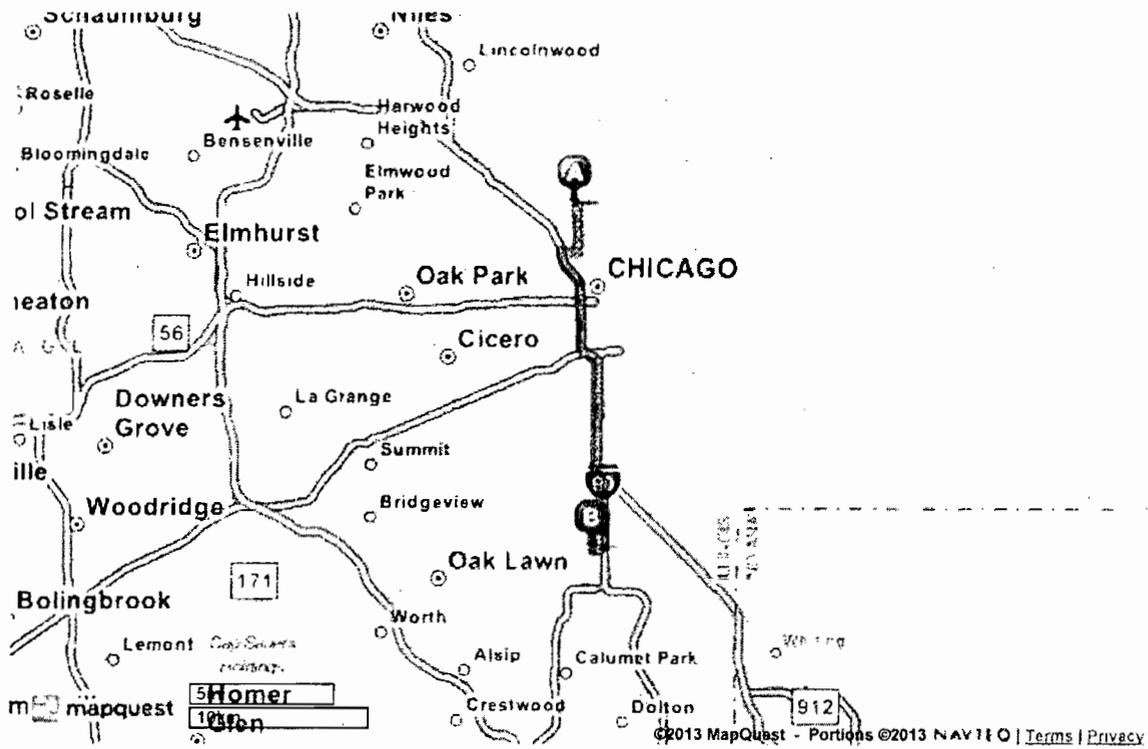
2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **0.5 Mi**
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#) **0.7 Mi**
2.5 Mi Total
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hocker St you've gone about 0.2 miles too far*
- 5. Merge onto **I-90 E / I-94 E** via the ramp on the left. [Map](#) **4.6 Mi**
7.1 Mi Total
if you reach N Noble St you've gone a little too far
- 6. Keep left to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#) **5.5 Mi**
12.6 Mi Total
- 7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#) **2.0 Mi**
14.6 Mi Total
- 8. Take **EXIT 61B** toward **87th St.** [Map](#) **0.2 Mi**
14.7 Mi Total
- 9. Stay straight to go onto **S Lafayette Ave.** [Map](#) **0.1 Mi**
14.9 Mi Total
- 10. Take the 1st right onto **W 87th St.** [Map](#) **0.4 Mi**
15.2 Mi Total
If you reach W 91st St you've gone about 0.5 miles too far
- 11. Turn sharp left onto **S Holland Rd.** [Map](#) **0.07 Mi**
15.3 Mi Total
*Reggio's Pizza is on the corner
If you reach S Eggleston Ave you've gone about 0.1 miles too far*
- 12. **8710 S HOLLAND RD** is on the right. [Map](#)
*Your destination is just past S Princeton Ave
If you reach W 88th St you've gone a little too far*

8710 S Holland Rd, Chicago, IL 60620

Total Travel Estimate: 15.30 miles - about 26 minutes

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Trip to:
3134 W 76th St
Chicago, IL 60652-1968
15.27 miles / 33 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) 1.2 Mi
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) 0.05 Mi
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) 0.5 Mi
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#) 0.7 Mi
W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far
2.5 Mi Total
- 5. Merge onto **I-90 E / I-94 E** via the ramp on the left. [Map](#) 3.5 Mi
If you reach N Noble St you've gone a little too far
5.9 Mi Total
- 6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) 3.7 Mi
9.6 Mi Total
- 7. Take **EXIT 288** toward **Kedzie Ave.** [Map](#) 0.3 Mi
9.9 Mi Total
- 8. Keep right to take the **Kedzie Ave** ramp. [Map](#) 5.4 Mi
15.2 Mi Total
- 9. Turn left onto **W 76th St.** [Map](#) 0.03 Mi
If you reach W 77th St you've gone about 0.1 miles too far
15.3 Mi Total
- 10. **3134 W 76TH ST** is on the left. [Map](#)
If you reach W 77th St you've gone about 0.1 miles too far

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

Total Travel Estimate: 15.27 miles - about 33 minutes

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Notes
FMC - Marquette Park



Trip to:
6535 S Western Ave
Chicago, IL 60636-2410
13.02 miles / 29 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **0.5 Mi**
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#) **0.7 Mi**
2.5 Mi Total
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far*
- 5. Merge onto **I-90 E / I-94 E** via the ramp on the left. [Map](#) **3.5 Mi**
5.9 Mi Total
If you reach N Noble St you've gone a little too far
- 6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) **2.2 Mi**
8.2 Mi Total
- 7. Take the **Damen Ave** exit, **EXIT 290.** [Map](#) **0.3 Mi**
8.4 Mi Total
- 8. Keep left at the fork in the ramp. [Map](#) **0.05 Mi**
8.5 Mi Total
- 9. Turn slight left onto **S Damen Ave.** [Map](#) **0.4 Mi**
8.9 Mi Total
- 10. Turn right onto **S Archer Ave.** [Map](#) **0.6 Mi**
9.5 Mi Total
*S Archer Ave is just past W 34th St
Huck Finn Donuts & Snack Shop is on the right
If you reach W 34th Pl you've gone a little too far*
- 11. Turn left onto **S Western Ave.** [Map](#) **3.5 Mi**
13.0 Mi Total
*S Western Ave is just past S Western Blvd
Burger King is on the corner
If you reach S Artesian Ave you've gone about 0.1 miles too far*
- 12. **6535 S WESTERN AVE** is on the left. [Map](#)
*Your destination is just past W 65th St
If you reach W 66th St you've gone a little too far*

6535 S Western Ave, Chicago, IL 60636-2410

Notes

Midwest Renal Care - Chicago(Fresenius Ross-Englewood)



Trip to:

6333 S Green St

Chicago, IL 60621-1943

11.65 miles / 23 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

-  1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
-  2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
-  3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
-  4. Turn left onto W Lake St. [Map](#)
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far* 0.07 Mi
3.1 Mi Total
-   5. Merge onto I-90 E / I-94 E. [Map](#)
If you reach N Union Ave you've gone a little too far 3.1 Mi
6.2 Mi Total
-  6. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. [Map](#) 3.9 Mi
10.1 Mi Total
-   7. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. [Map](#) 0.5 Mi
10.6 Mi Total
-  8. Take EXIT 58B toward 63rd St. [Map](#) 0.2 Mi
10.8 Mi Total
-  9. Turn slight left onto S Yale Ave. [Map](#) 0.05 Mi
10.9 Mi Total
-  10. Take the 2nd right onto W 63rd St. [Map](#)
*W 63rd St is just past W 62nd St
Mobil is on the corner
If you reach S Wells St you've gone a little too far* 0.7 Mi
11.6 Mi Total
-  11. Turn left onto S Green St. [Map](#)
*S Green St is just past S Halsted St
If you reach S Peoria St you've gone a little too far* 0.06 Mi
11.7 Mi Total
-  12. 6333 S GREEN ST is on the left. [Map](#)
If you are on S Peoria Dr and reach S Halsted St you've gone about 0.4 miles too far

B 6333 S Green St, Chicago, IL 60621-1943

Total Travel Estimate: 11.65 miles - about 23 minutes



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Notes

FMC (RCG) Garfield



Trip to:

5401 S Wentworth Ave

Chicago, IL 60609-6300

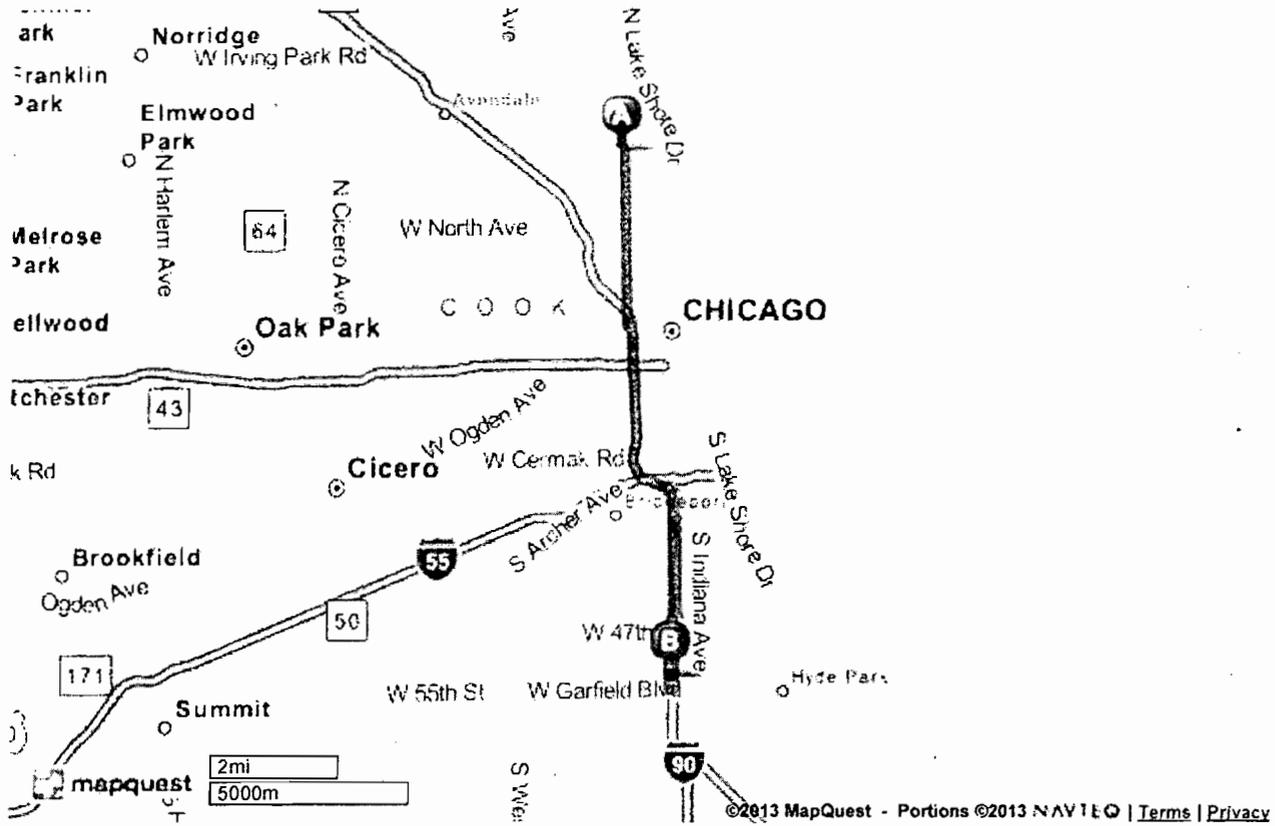
10.12 miles / 20 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
- 2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
- 3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
- 4. Turn left onto W Lake St. [Map](#)
*W Lake St is just past W Walnut St
 Paddy OFegan's is on the right
 If you reach W Couch Pl you've gone a little too far* 0.07 Mi
3.1 Mi Total
- 5. Merge onto I-90 E / I-94 E. [Map](#) 3.1 Mi
6.2 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Keep left to take Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E toward Garfield Blvd. [Map](#) 2.2 Mi
8.4 Mi Total
- 7. Take the I-90-LOCAL / I-94-LOCAL exit. [Map](#) 0.3 Mi
8.7 Mi Total
- 8. Merge onto I-90 E / I-94 E / Dan Ryan Expy E. [Map](#) 0.8 Mi
9.5 Mi Total
- 57 9. Take EXIT 57 toward Garfield Blvd. [Map](#) 0.2 Mi
9.8 Mi Total
- 10. Stay straight to go onto S Wells St. [Map](#) 0.09 Mi
9.9 Mi Total
- 11. Take the 1st left onto W Garfield Blvd / W 55th St. [Map](#)
*Mobil is on the corner
 If you reach W 57th St you've gone about 0.2 miles too far* 0.07 Mi
9.9 Mi Total
- 12. Take the 1st left onto S Wentworth Ave. [Map](#)
*First Timothy Missionary Baptist Church is on the corner
 If you reach S LaSalle St you've gone a little too far* 0.2 Mi
10.1 Mi Total
- 13. **5401 S WENTWORTH AVE** is on the right. [Map](#)
If you reach W 53rd St you've gone about 0.1 miles too far

5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate: 10.12 miles - about 20 minutes



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Trip to:

710 W 43rd St

Chicago, IL 60609-3435

8.93 miles / 19 minutes



2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. N Halsted St becomes N Halsted Sts. [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. N Halsted Sts becomes N Halsted St. [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn left onto W Lake St. [Map](#)
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far* **0.07 Mi**
3.1 Mi Total
- 5. Merge onto I-90 E / I-94 E. [Map](#) **5.0 Mi**
8.1 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Take EXIT 56A toward 43rd St. [Map](#) **0.2 Mi**
8.3 Mi Total
- 7. Turn slight left onto S Wentworth Ave. [Map](#) **0.03 Mi**
8.3 Mi Total
Subway is on the corner
- 8. Take the 1st right onto W 43rd St. [Map](#) **0.6 Mi**
8.9 Mi Total
*DAN RYAN CITGO is on the corner
If you reach W 43rd Pl you've gone a little too far*
- 9. **710 W 43RD ST** is on the right. [Map](#)
*Your destination is just past S Union Ave
If you reach S Emerald Ave you've gone a little too far*

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

Notes

Fresenius Medical Care Bridgeport



Trip to:

825 W 35th St

Chicago, IL 60609-1511

8.09 miles / 18 minutes



A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

1.2 Mi
1.2 Mi Total



2. N Halsted St becomes N Halsted Sts. [Map](#)

0.05 Mi
1.2 Mi Total



3. N Halsted Sts becomes N Halsted St. [Map](#)

1.8 Mi
3.0 Mi Total



4. Turn left onto W Lake St. [Map](#)
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*

0.07 Mi
3.1 Mi Total



5. Merge onto I-90 E / I-94 E. [Map](#)
If you reach N Union Ave you've gone a little too far

4.0 Mi
7.0 Mi Total



6. Take EXIT 55A toward 35th St. [Map](#)

0.2 Mi
7.2 Mi Total



7. Turn slight left onto S Wentworth Ave. [Map](#)

0.08 Mi
7.3 Mi Total



8. Turn right onto W 35th St. [Map](#)
If you reach W 36th St you've gone about 0.1 miles too far

0.8 Mi
8.1 Mi Total



9. 825 W 35TH ST is on the left. [Map](#)
*Your destination is just past S Halsted St
If you reach S Lituania Ave you've gone a little too far*

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

Total Travel Estimate: 8.09 miles - about 18 minutes



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Notes
FMC - Roseland



Trip to:
132 W 111th St
Chicago, IL 60628-4215
18.16 miles / 32 minutes

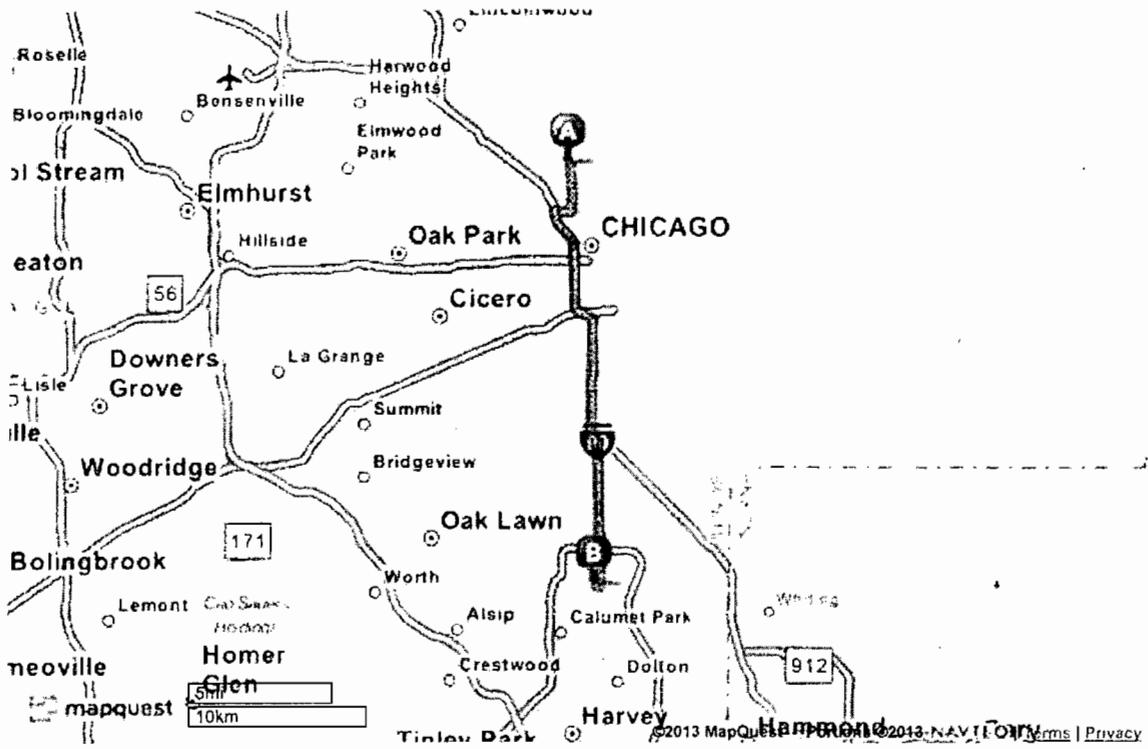
2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) 1.2 Mi
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) 0.05 Mi
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) 0.5 Mi
1.8 Mi Total
- 4. Turn right onto **W Division St.** [Map](#)
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hocker St you've gone about 0.2 miles too far* 0.7 Mi
2.5 Mi Total
- 5. Merge onto **I-90 E / I-94 E** via the ramp on the left. [Map](#) 4.6 Mi
7.1 Mi Total
If you reach N Noble St you've gone a little too far
- 6. Keep left to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#) 5.5 Mi
12.6 Mi Total
- 7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#) 2.9 Mi
15.5 Mi Total
- 8. Take **EXIT 62** toward **US-12 / US-20 / 95th St.** [Map](#) 0.2 Mi
15.7 Mi Total
- 9. Stay straight to go onto **S Lafayette Ave.** [Map](#) 0.2 Mi
15.9 Mi Total
- 10. Turn left onto **US-20 E / US-12 E / W 95th St / Ulysses S Grant Memorial Hwy.** [Map](#) 0.07 Mi
15.9 Mi Total
*US-20 E is 0.1 miles past W 94th St
Dunkin' Donuts is on the corner
If you reach W 96th St you've gone about 0.1 miles too far*
- 11. Take the 1st right onto **S State St.** [Map](#) 2.0 Mi
18.0 Mi Total
*MOBIL is on the corner
If you are on E 95th St and reach S Wabash Ave you've gone a little too far*
- 12. Turn right onto **W 111th St.** [Map](#) 0.2 Mi
18.2 Mi Total
*W 111th St is just past W 110th Pl
ROSELAND FOOD SHOP is on the right
If you reach W 111th Pl you've gone a little too far*
- 13. **132 W 111TH ST** is on the right. [Map](#)
*Your destination is just past S Perry Ave
If you reach S Wentworth Ave you've gone a little too far*

132 W 111th St, Chicago, IL 60628-4215

Total Travel Estimate: 18.16 miles - about 32 minutes

BOOK TRAVEL with mapquest (877) 577-5766





Trip to:

1111 E 87th St Ste 700

Chicago, IL 60619-7038

15.41 miles / 28 minutes

**2611 N Halsted St, Chicago, IL 60614-2301**1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi

3.0 Mi Total

4. Turn left onto **W Lake St.** [Map](#)

0.07 Mi

*W Lake St is just past W Walnut St**Paddy OFegan's is on the right**If you reach W Couch Pl you've gone a little too far*

3.1 Mi Total

5. Merge onto **I-90 E / I-94 E.** [Map](#)

3.1 Mi

If you reach N Union Ave you've gone a little too far

6.2 Mi Total

6. Keep left to take **Dan Ryan Express Ln E / I-94 Express Ln E** toward **Garfield Blvd.** [Map](#)

5.5 Mi

11.7 Mi Total

7. **Dan Ryan Express Ln E / I-94 Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)

2.0 Mi

13.7 Mi Total

8. Take **EXIT 61B** toward **87th St.** [Map](#)

0.2 Mi

13.8 Mi Total

9. Stay straight to go onto **S Lafayette Ave.** [Map](#)

0.1 Mi

14.0 Mi Total

10. Take the 1st left onto **W 87th St.** [Map](#)

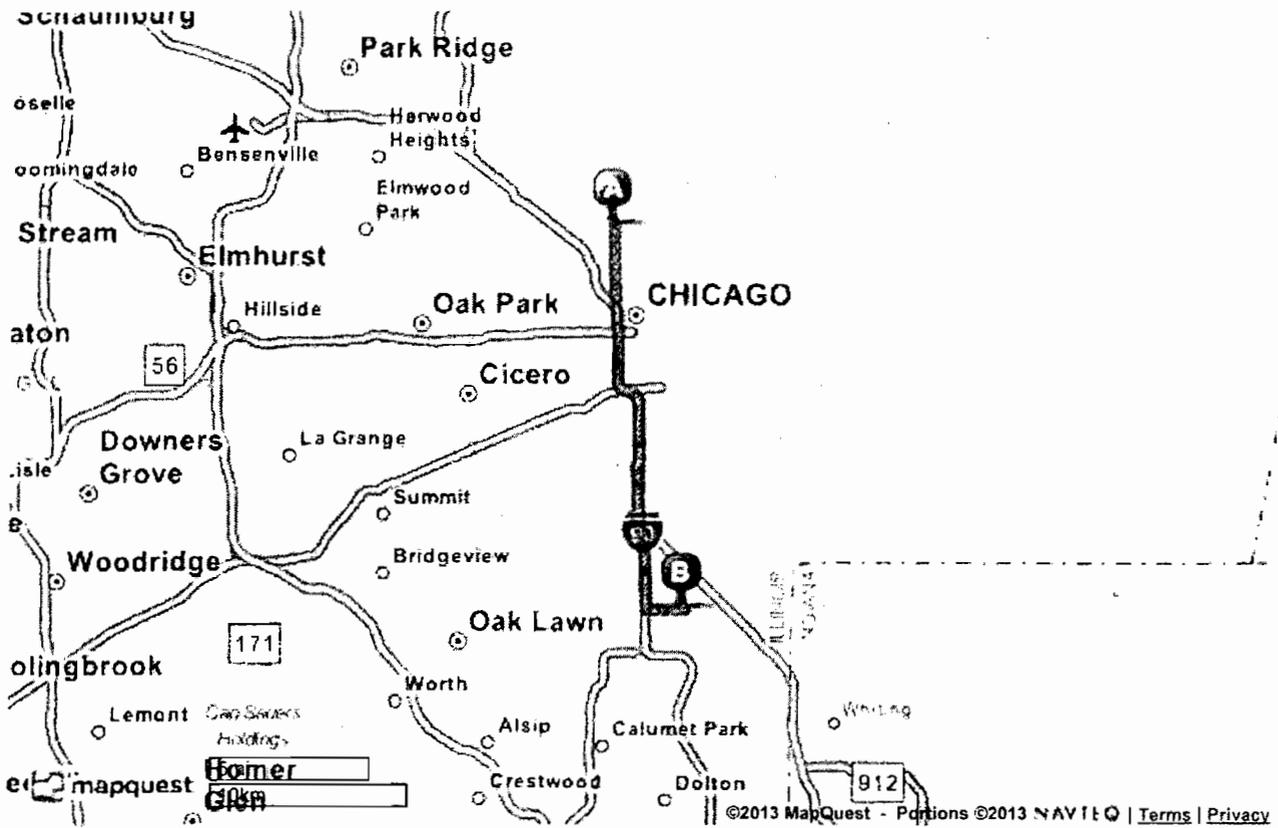
1.5 Mi

If you reach W 91st St you've gone about 0.5 miles too far

15.4 Mi Total

11. **1111 E 87TH ST STE 700** is on the right. [Map](#)*Your destination is just past S Greenwood Ave**If you reach S Avalon Ave you've gone about 0.1 miles too far***1111 E 87th St Ste 700, Chicago, IL 60619-7038**

Total Travel Estimate: 15.41 miles - about 28 minutes



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Notes
Stony Island Dialysis

Trip to:
8721 S Stony Island Ave
Chicago, IL 60617-2709
19.00 miles / 31 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn left onto **W Lake St.** [Map](#) **0.07 Mi**
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
- 5. Merge onto **I-90 E / I-94 E.** [Map](#) **3.1 Mi**
6.2 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Keep left to take **Dan Ryan Express Ln E / I-94 Express Ln E** toward **Garfield Blvd.** [Map](#) **5.5 Mi**
11.7 Mi Total
- 7. **Dan Ryan Express Ln E / I-94 Express Ln E** becomes **I-94 E.** [Map](#) **4.8 Mi**
16.5 Mi Total
- 8. Take the **Stony Island Ave** exit, **EXIT 65**, toward **95th-103rd STS.** [Map](#) **0.8 Mi**
17.3 Mi Total
- 9. Keep left to take the **North Stony Island Ave** ramp toward **95th St.** [Map](#) **0.5 Mi**
17.8 Mi Total
- 10. Merge onto **S Stony Island Ext.** [Map](#) **0.2 Mi**
18.0 Mi Total
- 11. **S Stony Island Ext** becomes **S Stony Island Ave.** [Map](#) **1.0 Mi**
19.0 Mi Total
- 12. **8721 S STONY ISLAND AVE** is on the right. [Map](#)
*Your destination is just past E 88th St
If you reach E 87th St you've gone a little too far*

8721 S Stony Island Ave, Chicago, IL 60617-2709

Total Travel Estimate: 19.00 miles - about 31 minutes



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Trip to:

10559 S Torrence Ave

Chicago, IL 60617-6154

19.62 miles / 33 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi

3.0 Mi Total



4. Turn **left** onto **W Lake St.** [Map](#)

0.07 Mi

W Lake St is just past W Walnut St

Paddy OFegan's is on the right

If you reach W Couch Pl you've gone a little too far

3.1 Mi Total



5. Merge onto **I-90 E / I-94 E.** [Map](#)

3.1 Mi

If you reach N Union Ave you've gone a little too far

6.2 Mi Total



6. Keep **left** to take **Dan Ryan Express Ln E / I-94 Express Ln E** toward **Garfield Blvd.** [Map](#)

5.5 Mi

11.7 Mi Total



7. **Dan Ryan Express Ln E / I-94 Express Ln E** becomes **I-94 E.** [Map](#)

4.8 Mi

16.5 Mi Total



8. Take the **Stony Island Ave** exit, **EXIT 65**, toward **95th-103rd STS.** [Map](#)

0.8 Mi

17.3 Mi Total



9. Keep **right** to take the **103rd St** ramp. [Map](#)

0.6 Mi

17.8 Mi Total



10. Turn **left** onto **E 103rd St.** [Map](#)

1.4 Mi

If you reach S Stony Island Ext you've gone about 0.1 miles too far

19.3 Mi Total



11. Turn **right** onto **S Torrence Ave.** [Map](#)

0.4 Mi

S Torrence Ave is just past S Hoxie Ave

JAMIESS BP is on the right

If you reach the end of E 103rd St you've gone a little too far

19.6 Mi Total



12. **10559 S TORRENCE AVE** is on the **left.** [Map](#)

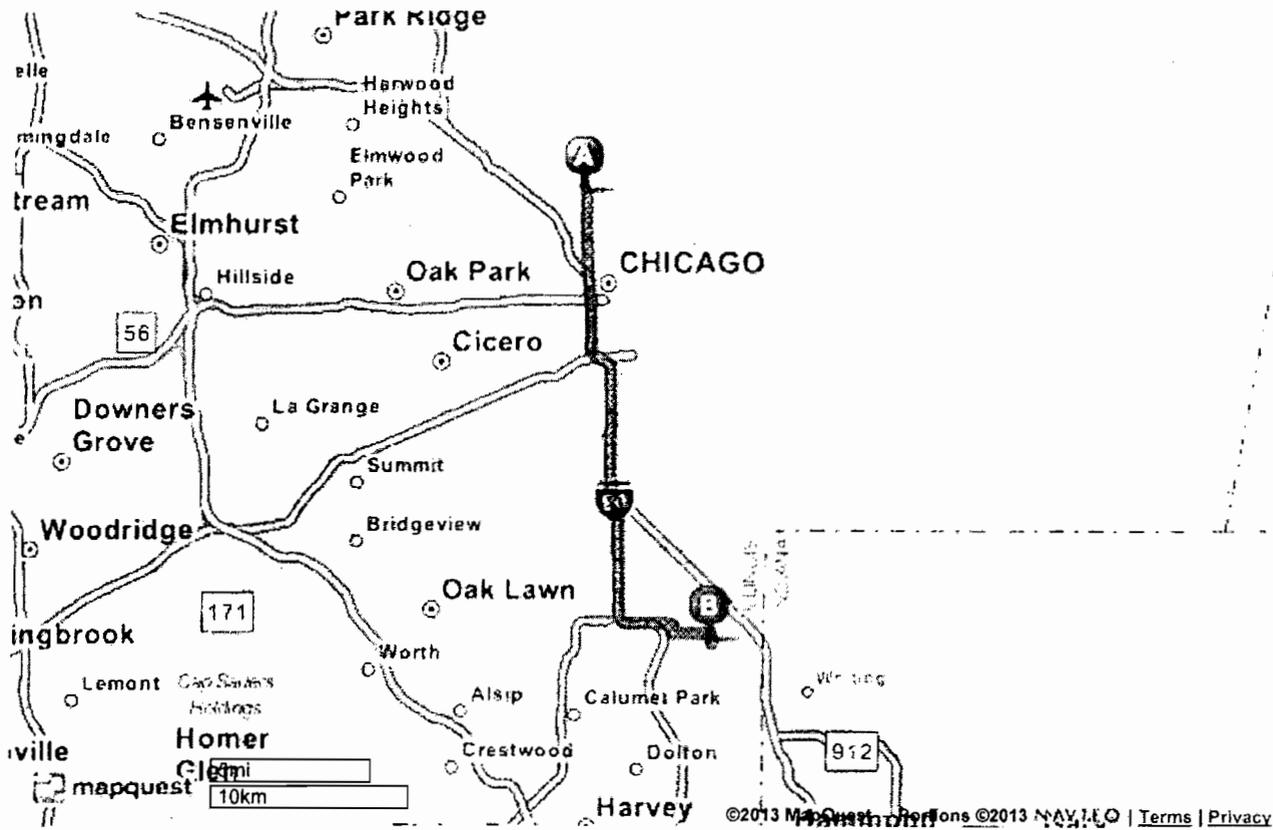
Your destination is 0.1 miles past E 105th St

If you reach E 106th St you've gone a little too far



10559 S Torrence Ave, Chicago, IL 60617-6154

Total Travel Estimate: 19.62 miles - about 33 minutes



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Notes

Fresenius Medical Care South



Trip to:

9200 S South Chicago Ave

Chicago, IL 60617-4512

16.41 miles / 29 minutes

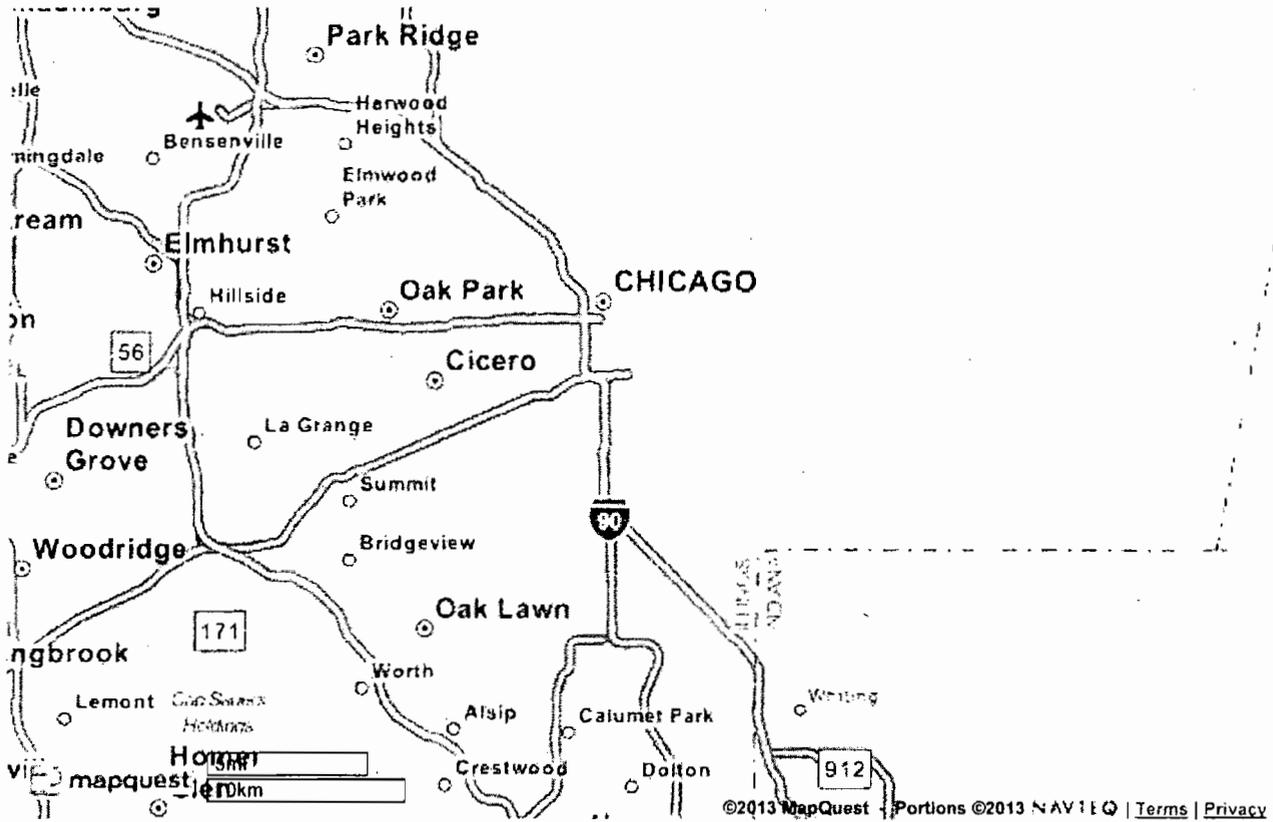


2611 N Halsted St, Chicago, IL 60614-2301

1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#) **1.2 Mi**
1.2 Mi Total
2. **N Halsted St** becomes **N Halsted Sts**. [Map](#) **0.05 Mi**
1.2 Mi Total
3. **N Halsted Sts** becomes **N Halsted St**. [Map](#) **1.8 Mi**
3.0 Mi Total
4. Turn **left** onto **W Lake St**. [Map](#)
*W Lake St is just past W Walnut St
Paddy O'Fegan's is on the right
If you reach W Couch Pl you've gone a little too far* **0.07 Mi**
3.1 Mi Total
-  5. Merge onto **I-90 E / I-94 E**. [Map](#) **3.1 Mi**
6.2 Mi Total
If you reach N Union Ave you've gone a little too far
6. Keep **left** to take **Dan Ryan Express Ln E / I-90 Express Ln E / I-94 Express Ln E** toward **Garfield Blvd**. [Map](#) **3.9 Mi**
10.1 Mi Total
-  7. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd**. [Map](#) **0.9 Mi**
11.0 Mi Total
-   8. Keep **left** to take **I-90 E / Chicago Skwy E** via **EXIT 59A** toward **Indiana Toll Rd** (Portions toll). [Map](#) **5.0 Mi**
15.9 Mi Total
9. Take the **Anthony Avenue** exit toward **92nd Street**. [Map](#) **0.2 Mi**
16.2 Mi Total
10. Turn **slight left** onto **S Anthony Ave**. [Map](#) **0.07 Mi**
16.2 Mi Total
11. Turn **slight left** onto **E 92nd St**. [Map](#)
*E 92nd St is just past S Manistee Ave
If you reach E 93rd St you've gone about 0.1 miles too far* **0.2 Mi**
16.4 Mi Total
12. Turn **slight right** onto **S South Chicago Ave**. [Map](#)
*Le Creole Restaurant is on the corner
If you reach S Exchange Ave you've gone a little too far*
13. **9200 S SOUTH CHICAGO AVE** is on the **right**. [Map](#)
If you reach S Exchange Ave you've gone a little too far

9200 S South Chicago Ave, Chicago, IL 60617-4512

Total Travel Estimate: 16.41 miles - about 29 minutes



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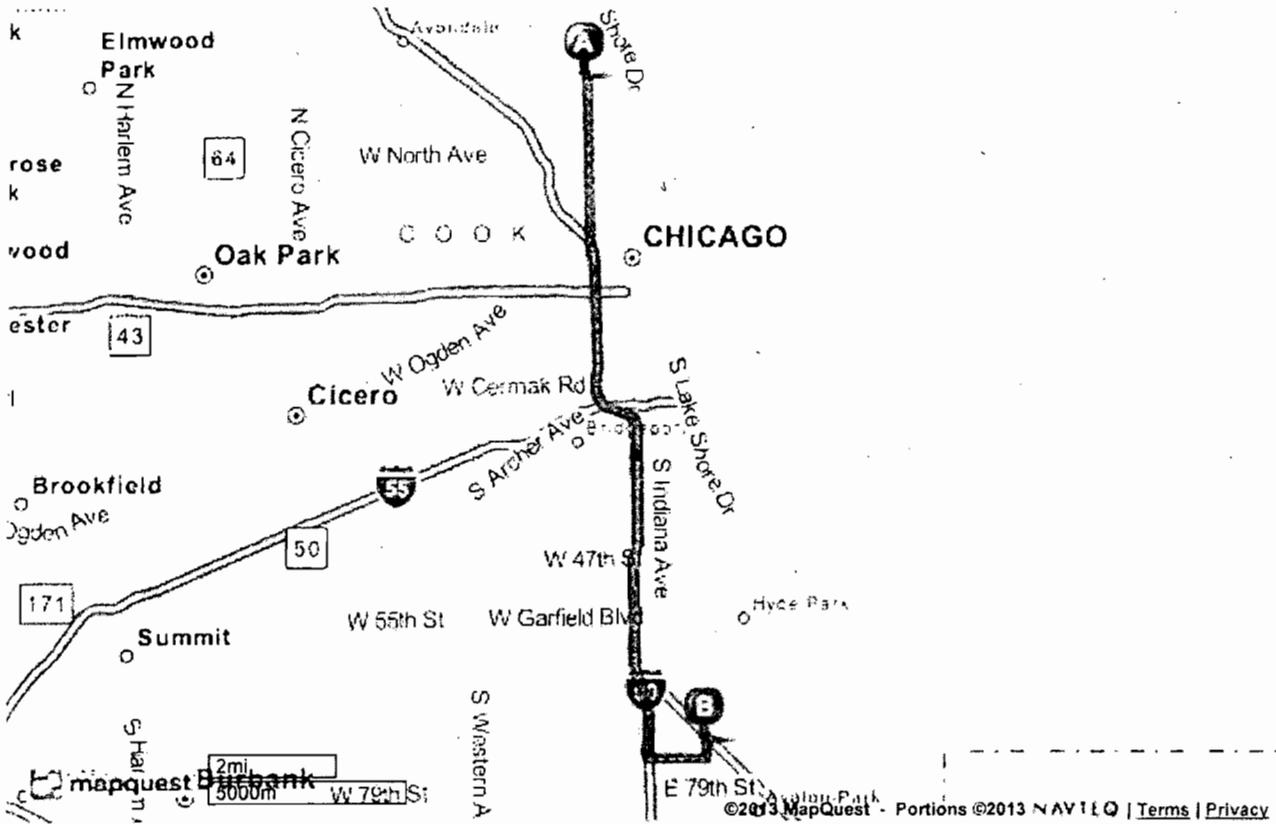
Trip to:
7319 S Cottage Grove Ave
Chicago, IL 60619-1909
13.75 miles / 26 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

-  1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
-  2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
-  3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
-  4. Turn left onto W Lake St. [Map](#)
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far* 0.07 Mi
3.1 Mi Total
-   5. Merge onto I-90 E / I-94 E. [Map](#)
If you reach N Union Ave you've gone a little too far 3.1 Mi
6.2 Mi Total
-  6. Keep left to take Dan Ryan Express Ln E / I-94 Express Ln E toward Garfield Blvd. [Map](#) 5.5 Mi
11.7 Mi Total
-   7. Dan Ryan Express Ln E / I-94 Express Ln E becomes I-94 E / Dan Ryan Expy E. [Map](#) 0.3 Mi
12.0 Mi Total
-  8. Take EXIT 60A toward 75th St. [Map](#) 0.2 Mi
12.2 Mi Total
-  9. Keep right at the fork in the ramp. [Map](#) 0.1 Mi
12.3 Mi Total
-  10. Turn slight left onto S Lafayette Ave. [Map](#) 0.1 Mi
12.4 Mi Total
-  11. Take the 1st left onto W 75th St. [Map](#)
*W 75th St is 0.1 miles past W 74th St
KFC is on the corner
If you reach W 76th St you've gone about 0.1 miles too far* 1.1 Mi
13.5 Mi Total
-  12. Turn left onto S Cottage Grove Ave. [Map](#)
*S Cottage Grove Ave is just past S Evans Ave
Papa Philly & Fish is on the corner
If you reach S Maryland Ave you've gone a little too far* 0.2 Mi
13.8 Mi Total
-  13. 7319 S COTTAGE GROVE AVE is on the right. [Map](#)
*Your destination is 0.1 miles past E 74th St
If you reach E 73rd St you've gone a little too far*

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

Total Travel Estimate: 13.75 miles - about 26 minutes



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Trip to:

7531 S Stony Island Ave

Chicago, IL 60649-3954

14.10 miles / 28 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

-  1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
-  2. Turn **left** onto **W Fullerton Pky.** [Map](#) **0.9 Mi**
1.1 Mi Total
*W Fullerton Pky is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
-  3. Merge onto **US-41 S.** [Map](#) **10.1 Mi**
11.3 Mi Total
If you reach US-41 N you've gone about 0.1 miles too far
-  4. Turn **right** onto **E 57th St.** [Map](#) **0.3 Mi**
11.6 Mi Total
ATM - Museum of Science and Industry is on the corner
-  5. Stay **straight** to go onto **S Cornell Ave.** [Map](#) **0.4 Mi**
12.0 Mi Total
-  6. **S Cornell Ave** becomes **S Cornell Dr.** [Map](#) **0.7 Mi**
12.7 Mi Total
-  7. Turn **slight left** onto **S Stony Island Ave.** [Map](#) **1.3 Mi**
14.0 Mi Total
*S Stony Island Ave is 0.3 miles past Hayes Dr
McDonald's is on the corner*
-  8. Make a **U-turn** onto **S Stony Island Ave.** [Map](#) **0.1 Mi**
14.1 Mi Total
-  9. **7531 S STONY ISLAND AVE** is on the **right.** [Map](#)
*Your destination is just past E 76th St
If you reach E 75th Pl you've gone a little too far*

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

Total Travel Estimate: 14.10 miles - about 28 minutes



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Notes
Woodlawn Dialysis



Trip to:
5060 S State St
Chicago, IL 60609-5328
9.61 miles / 20 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 

4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 


5. Merge onto **I-90 E / I-94 E.** [Map](#) **5.4 Mi**
If you reach N Union Ave you've gone a little too far
8.5 Mi Total
- 

6. Take **EXIT 56B** toward **47th St.** [Map](#) **0.2 Mi**
8.8 Mi Total
- 

7. Turn **slight left** onto **S Wentworth Ave.** [Map](#) **0.06 Mi**
8.8 Mi Total
- 

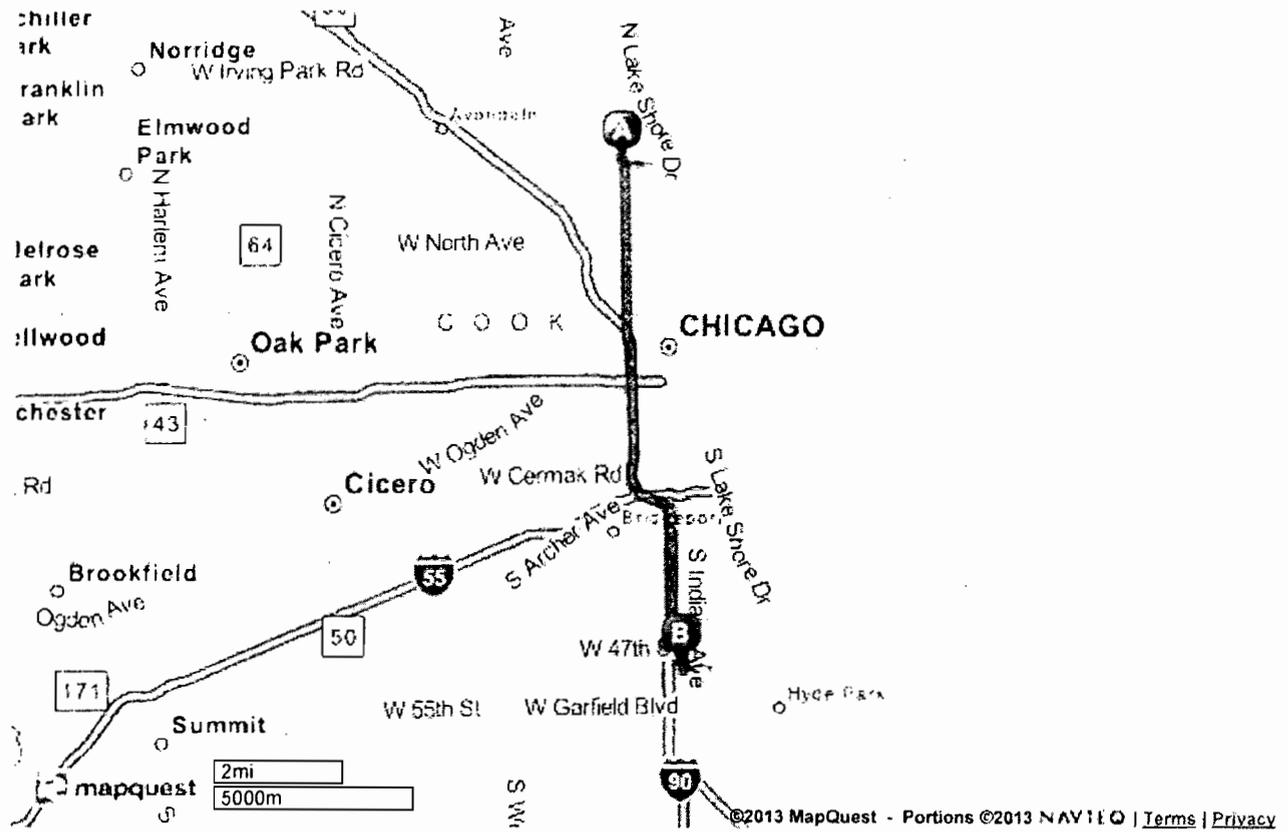
8. Take the 1st **left** onto **W 47th St.** [Map](#) **0.3 Mi**
*Pappy's Restaurant is on the corner
If you are on S Wells St and reach W 48th Pl you've gone about 0.2 miles too far*
9.2 Mi Total
- 

9. Turn **right** onto **S State St.** [Map](#) **0.5 Mi**
*S State St is just past S Dearborn St
If you are on E 47th St and reach S Wabash Ave you've gone a little too far*
9.6 Mi Total
- 

10. **5060 S STATE ST** is on the **right.** [Map](#)
*Your destination is 0.3 miles past E 48th St
If you reach W 51st St you've gone a little too far*

5060 S State St, Chicago, IL 60609-5328

Total Travel Estimate: **9.61 miles - about 20 minutes**



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Notes
Lake Park Dialysis



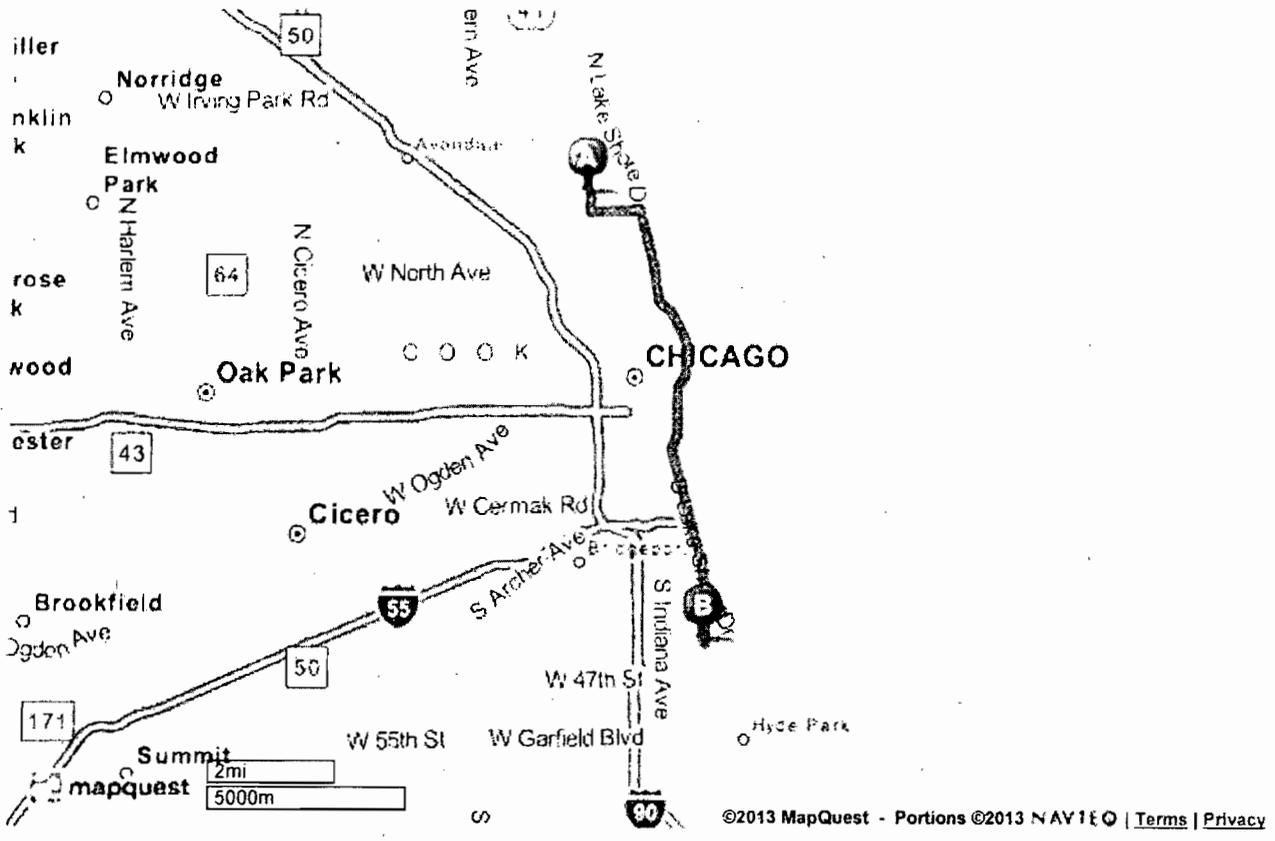
Trip to:
4253 S Cottage Grove Ave
Chicago, IL 60653-2929
9.44 miles / 19 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn left onto **W Fullerton Pky**. [Map](#) **0.9 Mi**
W Fullerton Pky is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far *1.1 Mi Total*
- 3. Merge onto **US-41 S**. [Map](#) **7.4 Mi**
8.5 Mi Total
If you reach US-41 N you've gone about 0.1 miles too far
- 4. Take the **Oakwood Blvd** ramp. [Map](#) **0.2 Mi**
8.7 Mi Total
- 5. Turn right onto **E Oakwood Blvd**. [Map](#) **0.2 Mi**
If you reach US-41 S you've gone about 0.1 miles too far *8.9 Mi Total*
- 6. Turn left to stay on **E Oakwood Blvd**. [Map](#) **0.2 Mi**
E Oakwood Blvd is just past S Lake Park Ave
If you are on E Pershing Rd and reach S Ellis Ave you've gone a little too far *9.1 Mi Total*
- 7. Turn left onto **S Cottage Grove Ave**. [Map](#) **0.4 Mi**
S Cottage Grove Ave is just past S Drexel Blvd
If you reach S Langley Ave you've gone about 0.1 miles too far *9.4 Mi Total*
- 8. **4253 S COTTAGE GROVE AVE**. [Map](#)
Your destination is just past E 42nd Pl
If you reach E 43rd St you've gone a little too far

4253 S Cottage Grove Ave, Chicago, IL 60653-2929

Total Travel Estimate: **9.44 miles - about 19 minutes**



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Notes

Fresenius Medical Care South Shore



Trip to:

2420 E 79th St

Chicago, IL 60649-5112

14.61 miles / 29 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 

2. Turn **left** onto **W Fullerton Pky.** [Map](#) **0.9 Mi**
1.1 Mi Total
*W Fullerton Pky is 0.1 miles past W Lill Ave
 McDonald's is on the corner
 If you reach W Belden Ave you've gone about 0.1 miles too far*
- 

3. Merge onto **US-41 S.** [Map](#) **11.4 Mi**
12.6 Mi Total
If you reach US-41 N you've gone about 0.1 miles too far
- 

4. Turn **left** onto **E Marquette Dr / US-41.** Continue to follow **US-41.** [Map](#) **1.0 Mi**
13.6 Mi Total
*US-41 is 0.3 miles past Hayes Dr
 If you are on S Jeffery Dr and reach E 67th St you've gone about 0.1 miles too far*
- 

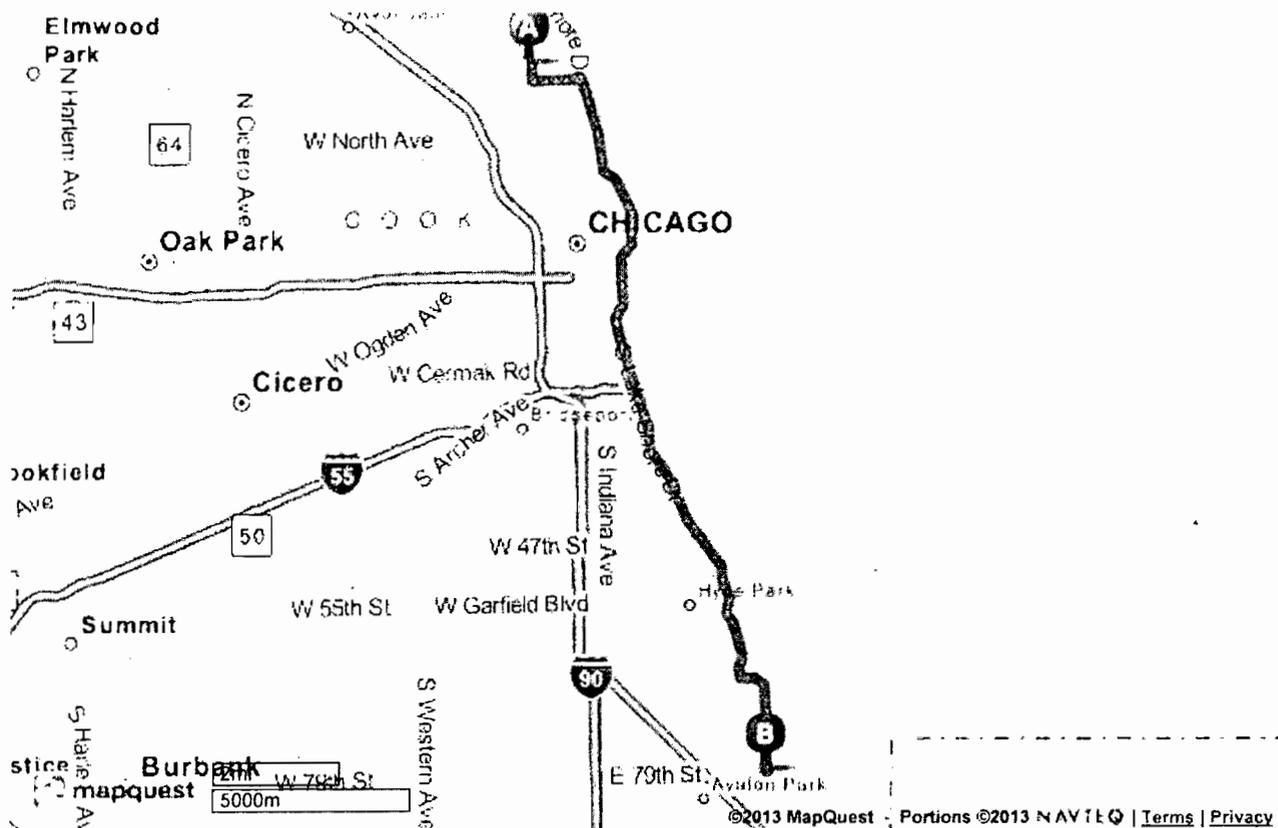
5. Stay **straight** to go onto **S Yates Blvd.** [Map](#) **1.0 Mi**
14.6 Mi Total
- 

6. Turn **left** onto **E 79th St.** [Map](#) **0.04 Mi**
14.6 Mi Total
*E 79th St is 0.1 miles past E 78th St
 Subway is on the corner
 If you are on S Yates Ave and reach E 80th St you've gone about 0.1 miles too far*
- 

7. **2420 E 79TH ST** is on the **left.** [Map](#)
If you reach S Phillips Ave you've gone a little too far

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

Total Travel Estimate: **14.61 miles - about 29 minutes**



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Notes

Loyola Dialysis Center

mapquest

Trip to:

1201 W Roosevelt Rd

Maywood, IL 60153-4046

14.67 miles / 25 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- 

1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi
1.2 Mi Total
- 

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi
1.2 Mi Total
- 

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi
3.0 Mi Total
- 

4. Turn **left** onto **W Lake St.** [Map](#)
*W Lake St is just past W Walnut St
 Paddy OFegan's is on the right
 If you reach W Couch Pl you've gone a little too far*

0.07 Mi
3.1 Mi Total
- 



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)
If you reach N Union Ave you've gone a little too far

0.5 Mi
3.6 Mi Total
- 



6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#)

9.7 Mi
13.3 Mi Total
- 

7. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#)

0.1 Mi
13.4 Mi Total
- 

8. Stay **straight** to go onto **Harrison St.** [Map](#)

0.07 Mi
13.5 Mi Total
- 



9. Take the 1st **left** onto **IL-171 / S 1st Ave.** [Map](#)
If you reach S 2nd Ave you've gone a little too far

0.5 Mi
14.0 Mi Total
- 

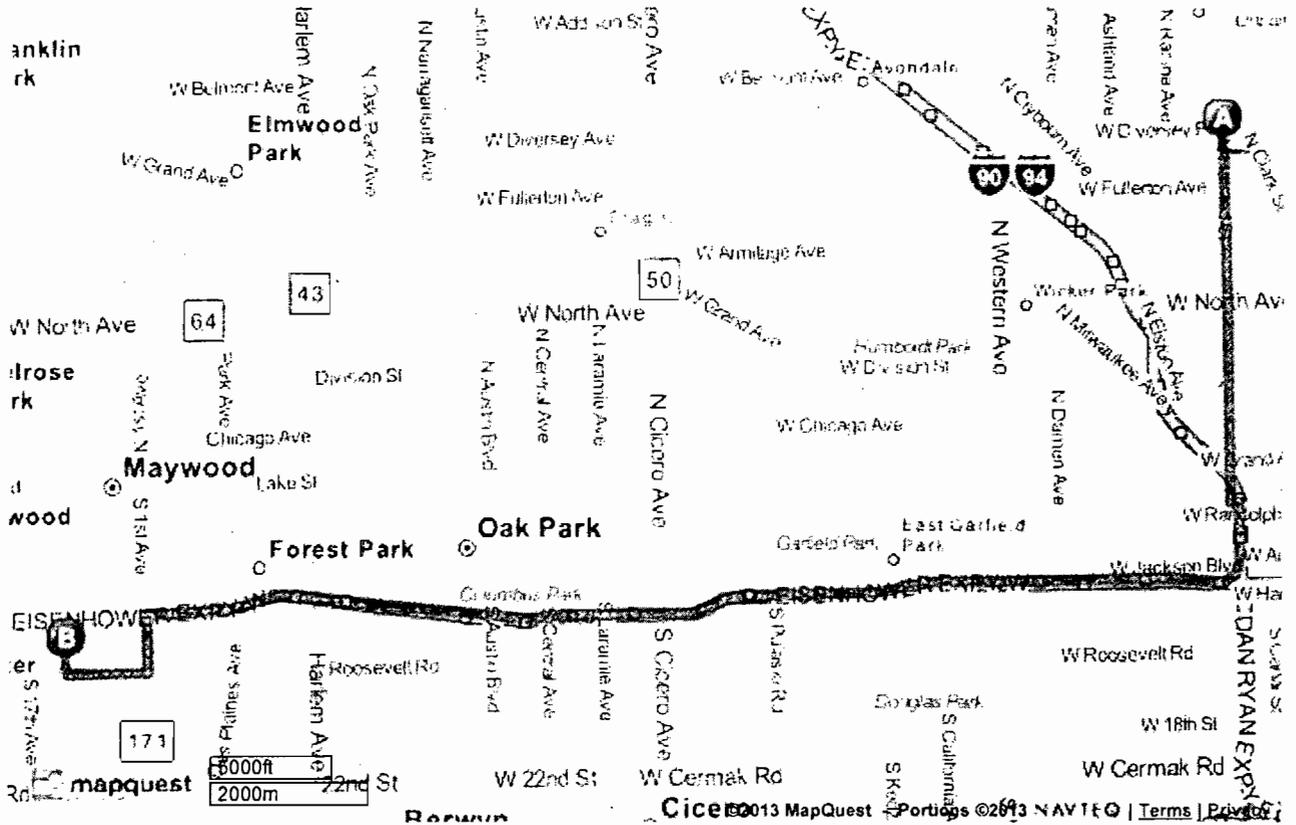
10. Turn **right** onto **W Roosevelt Rd.** [Map](#)
*W Roosevelt Rd is 0.1 miles past Fillmore St
 Burger King is on the right
 If you are on S 1st Ave and reach 13th St you've gone about 0.1 miles too far*

0.7 Mi
14.7 Mi Total
- 

11. **1201 W ROOSEVELT RD** is on the **right.** [Map](#)
*Your destination is just past S 11th Ave
 If you reach S 13th Ave you've gone a little too far*

 **1201 W Roosevelt Rd, Maywood, IL 60153-4046**

Total Travel Estimate: 14.67 miles - about 25 minutes



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Notes

Fresenius Medical Care Melrose Park



Trip to:

1111 Superior St

Melrose Park, IL 60160-4138

15.40 miles / 28 minutes



A 2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
- 

2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
- 

3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
- 

4. Turn left onto W Lake St. [Map](#) 0.07 Mi
*W Lake St is just past W Walnut St
Paddy OFegari's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total
- 


5. Merge onto I-90 E / I-94 E / Kennedy Expy E. [Map](#) 0.5 Mi
If you reach N Union Ave you've gone a little too far
3.6 Mi Total
- 


6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. [Map](#) 9.7 Mi
13.3 Mi Total
- 

7. Take the IL-171 / 1st Ave exit, EXIT 20. [Map](#) 0.1 Mi
13.4 Mi Total
- 

8. Stay straight to go onto Harrison St. [Map](#) 0.07 Mi
13.5 Mi Total
- 


9. Take the 1st right onto S 1st Ave / IL-171. [Map](#) 1.2 Mi
If you reach S 2nd Ave you've gone a little too far
14.6 Mi Total
- 

10. Turn left onto Lake St. [Map](#) 0.7 Mi
*Lake St is just past Main St
Walgreens is on the left
If you reach Ohio St you've gone a little too far*
15.3 Mi Total
- 

11. Turn right onto N 11th Ave. [Map](#) 0.08 Mi
*N 11th Ave is just past N 10th Ave
St Paul Lutheran School is on the corner
If you reach N 12th Ave you've gone a little too far*
15.4 Mi Total
- 

12. Take the 1st left onto Superior St. [Map](#) 0.01 Mi
*ATM - Westlake Hospital is on the left
If you reach Chicago Ave you've gone a little too far*
15.4 Mi Total
- 

13. 1111 SUPERIOR ST is on the left. [Map](#)
If you reach N 12th Ave you've gone a little too far

B 1111 Superior St, Melrose Park, IL 60160-4138



Trip to:

2601 Harlem Ave

Berwyn, IL 60402-2100

14.23 miles / 26 minutes

**2611 N Halsted St, Chicago, IL 60614-2301**1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)**1.2 Mi**

1.2 Mi Total

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)**0.05 Mi**

1.2 Mi Total

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)**1.8 Mi**

3.0 Mi Total

4. Turn left onto **W Lake St.** [Map](#)**0.07 Mi***W Lake St is just past W Walnut St**Paddy OFegan's is on the right**If you reach W Couch Pl you've gone a little too far*

3.1 Mi Total

5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)**0.5 Mi***If you reach N Union Ave you've gone a little too far*

3.6 Mi Total

6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#)**8.1 Mi**

11.7 Mi Total

7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the left. [Map](#)**0.3 Mi**

11.9 Mi Total

8. Turn left onto **IL-43 / Harlem Ave / S Harlem Ave.** Continue to follow **IL-43 / Harlem Ave.** [Map](#)**2.2 Mi**

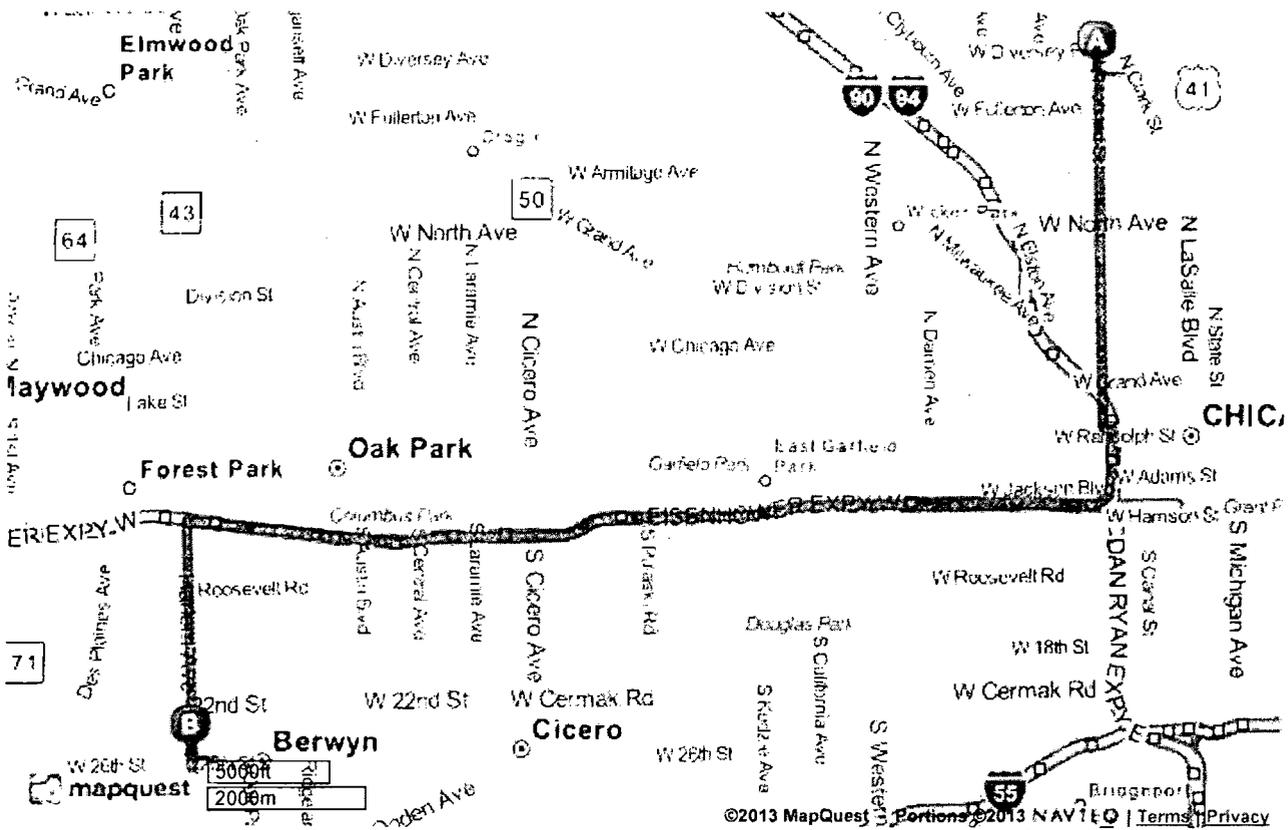
14.1 Mi Total

9. Make a U-turn onto **Harlem Ave / IL-43.** [Map](#)**0.09 Mi***If you reach Longcommon Rd you've gone a little too far*

14.2 Mi Total

10. **2601 HARLEM AVE** is on the right. [Map](#)*If you reach 26th St you've gone a little too far***2601 Harlem Ave, Berwyn, IL 60402-2100**

Total Travel Estimate: 14.23 miles - about 26 minutes



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Notes
Maple Avenue Kidney Center



Trip to:
610 S Maple Ave
Oak Park, IL 60304-1091
12.31 miles / 21 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- 

1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) 1.2 Mi
1.2 Mi Total
- 

2. N Halsted St becomes N Halsted Sts. [Map](#) 0.05 Mi
1.2 Mi Total
- 

3. N Halsted Sts becomes N Halsted St. [Map](#) 1.8 Mi
3.0 Mi Total
- 

4. Turn left onto W Lake St. [Map](#) 0.07 Mi
W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far
3.1 Mi Total
- 


5. Merge onto I-90 E / I-94 E / Kennedy Expy E. [Map](#) 0.5 Mi
If you reach N Union Ave you've gone a little too far
3.6 Mi Total
- 


6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. [Map](#) 8.1 Mi
11.7 Mi Total
- 

7. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. [Map](#) 0.3 Mi
11.9 Mi Total
- 


8. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. [Map](#) 0.3 Mi
12.3 Mi Total
- 

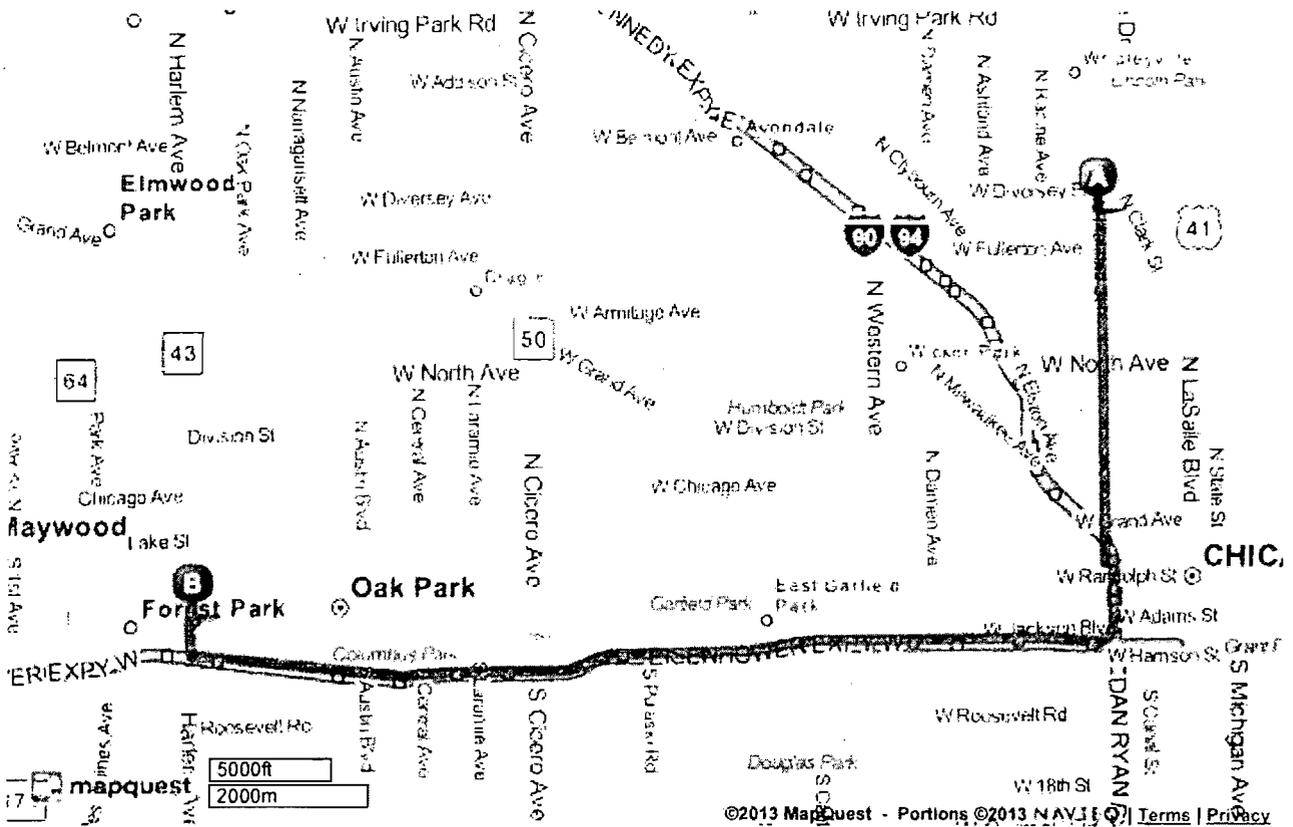
9. Turn right onto Monroe St. [Map](#) 0.05 Mi
Monroe St is just past Adams St
If you reach Madison St you've gone about 0.1 miles too far
12.3 Mi Total
- 

10. Turn right onto S Maple Ave. [Map](#) 0.01 Mi
12.3 Mi Total
- 

11. 610 S MAPLE AVE is on the left. [Map](#)
If you reach Adams St you've gone a little too far

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

Total Travel Estimate: 12.31 miles - about 21 minutes



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Trip to:

911 W North Ave

Melrose Park, IL 60160-1516

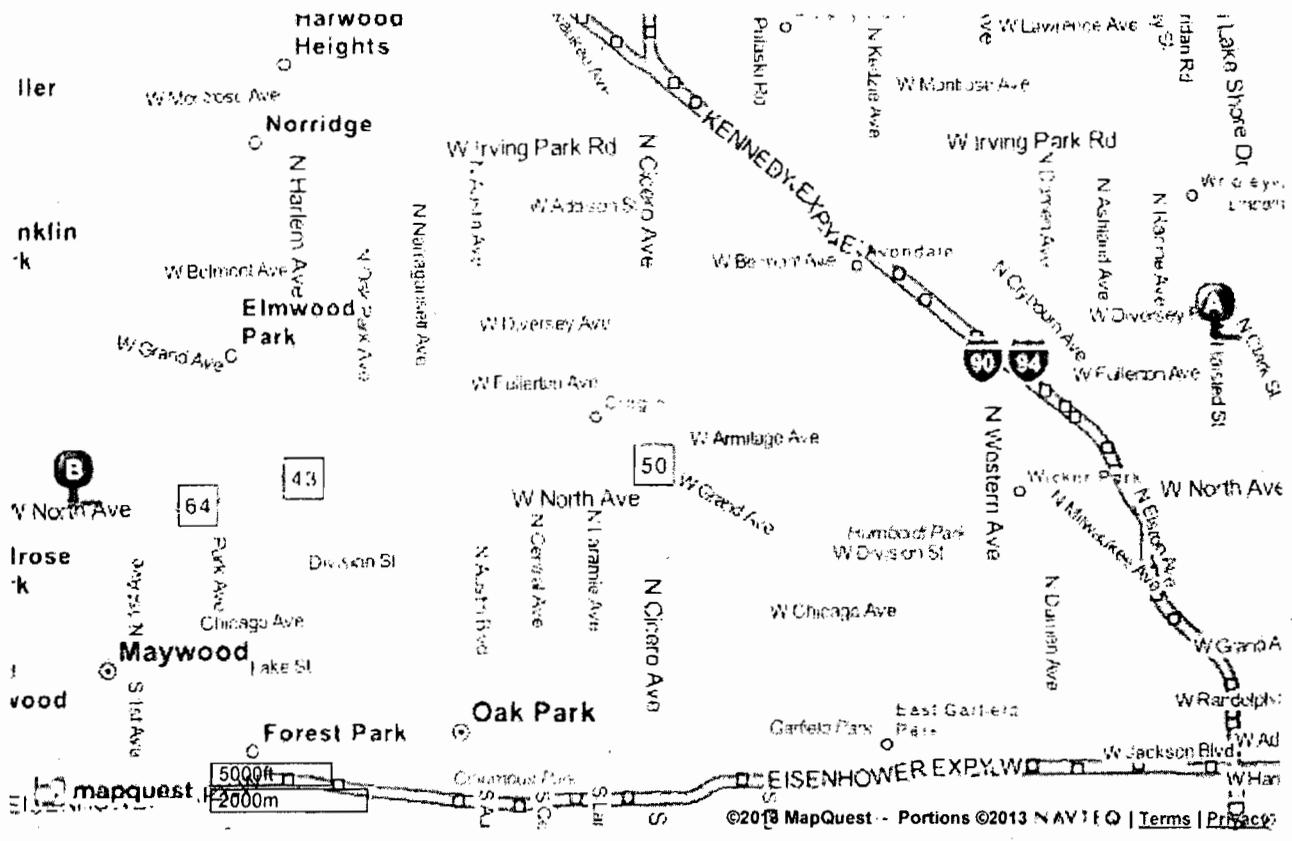
16.52 miles / 29 minutes

2611 N Halsted St, Chicago, IL 60614-2301

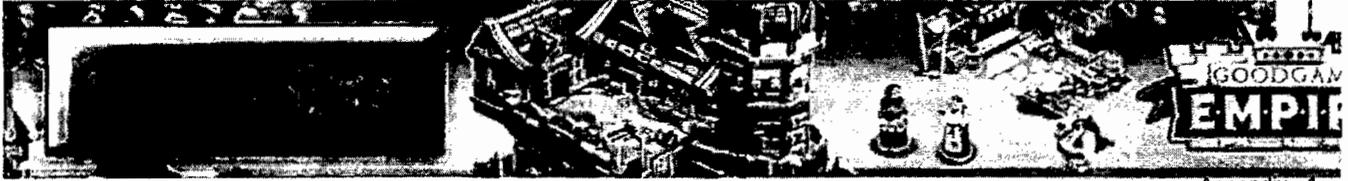
- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
- 5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#) **0.5 Mi**
3.6 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#) **9.7 Mi**
13.3 Mi Total
- 7. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#) **0.1 Mi**
13.4 Mi Total
- 8. Stay **straight** to go onto **Harrison St.** [Map](#) **0.07 Mi**
13.5 Mi Total
- 9. Take the 1st **right** onto **S 1st Ave / IL-171.** [Map](#) **2.5 Mi**
16.0 Mi Total
If you reach S 2nd Ave you've gone a little too far
- 10. Turn **left** onto **W North Ave / IL-64 W.** [Map](#) **0.5 Mi**
16.5 Mi Total
*W North Ave is 0.4 miles past Braddock Dr
If you are on N 1st Ave and reach N Des Plaines River Rd you've gone about 0.5 miles too far*
- 11. **911 W NORTH AVE** is on the **right.** [Map](#)
*Your destination is just past N 9th Ave
If you reach George St you've gone about 0.2 miles too far*

911 W North Ave, Melrose Park, IL 60160-1516

Total Travel Estimate: 16.52 miles - about 29 minutes



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Trip to:

103 Forest Ave

River Forest, IL 60305-2003

13.54 miles / 25 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave**. [Map](#) **1.2 Mi**
1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts**. [Map](#) **0.05 Mi**
1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St**. [Map](#) **1.8 Mi**
3.0 Mi Total



4. Turn **left** onto **W Lake St**. [Map](#) **0.07 Mi**
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E**. [Map](#) **0.5 Mi**
3.6 Mi Total
If you reach N Union Ave you've gone a little too far



6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs**. [Map](#) **8.1 Mi**
11.7 Mi Total



7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left**. [Map](#) **0.3 Mi**
11.9 Mi Total



8. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave**. [Map](#) **0.7 Mi**
12.6 Mi Total



9. Turn **left** onto **Randolph St**. [Map](#) **0.5 Mi**
13.1 Mi Total
*Randolph St is 0.1 miles past Washington St
7-ELEVEN is on the left
If you reach Dixon St you've gone a little too far*



10. **Randolph St** becomes **Washington Blvd**. [Map](#) **0.3 Mi**
13.4 Mi Total



11. Turn **left** onto **Forest Ave**. [Map](#) **0.10 Mi**
13.5 Mi Total
*Forest Ave is just past Park Ave
If you reach Keystone Ave you've gone a little too far*

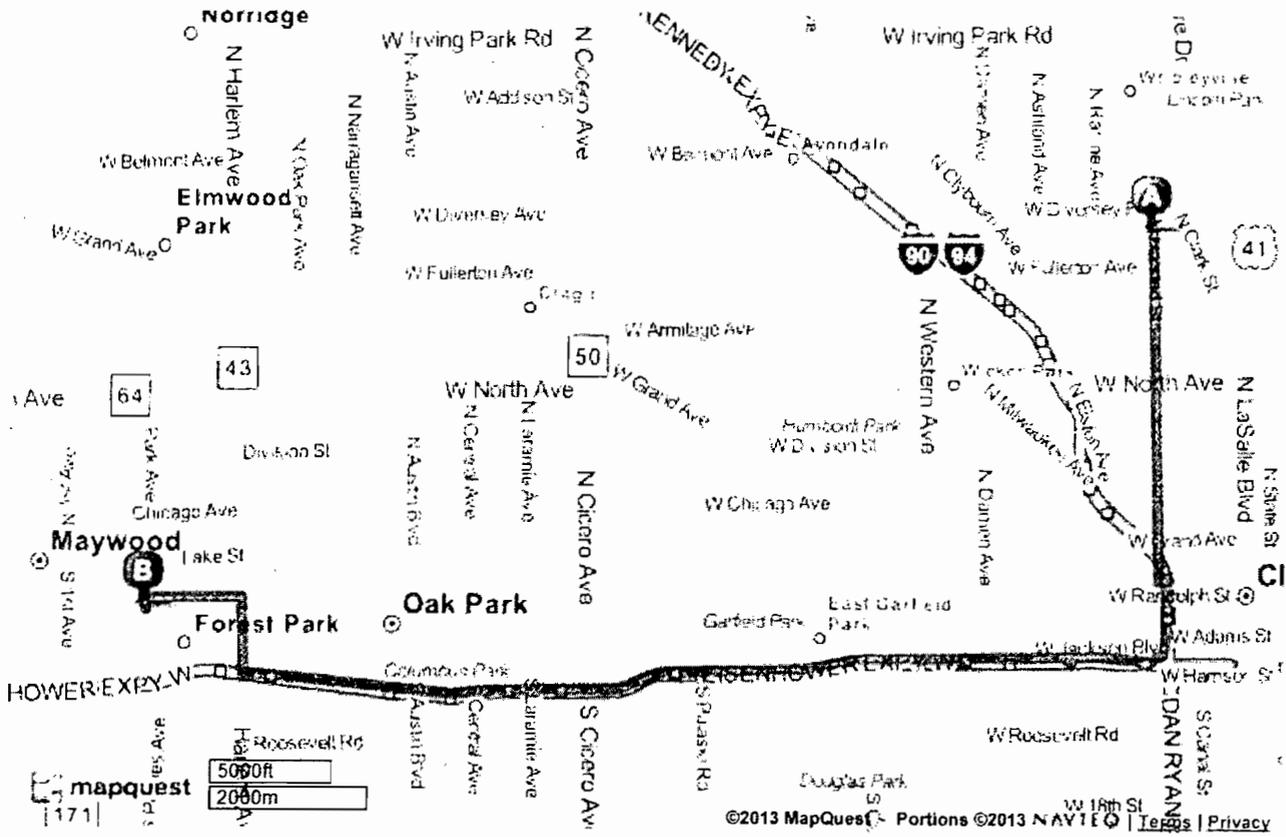


12. **103 FOREST AVE** is on the **left**. [Map](#)
If you reach Vine St you've gone a little too far



103 Forest Ave, River Forest, IL 60305-2003

Total Travel Estimate: 13.54 miles - about 25 minutes



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Notes

Fresnius Medical Care Northwest

mapquest

Trip to:

4701 N Cumberland Ave

Norridge, IL 60706-2905

12.99 miles / 22 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) **0.3 Mi**
0.3 Mi Total

 2. Turn right onto W Fullerton Ave. [Map](#) **1.7 Mi**
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
2.0 Mi Total

  3. Merge onto I-90 W / I-94 W / Kennedy Expy W. [Map](#) **4.1 Mi**
If you reach N Oakley Ave you've gone about 0.1 miles too far
6.0 Mi Total

  4. Keep left to take I-90 W / Kennedy Expy W via EXIT 43B toward O'Hare-Rockford. [Map](#) **5.3 Mi**
11.4 Mi Total

 5. Take the IL-171 S / Cumberland Ave exit, EXIT 79A. [Map](#) **0.2 Mi**
11.6 Mi Total

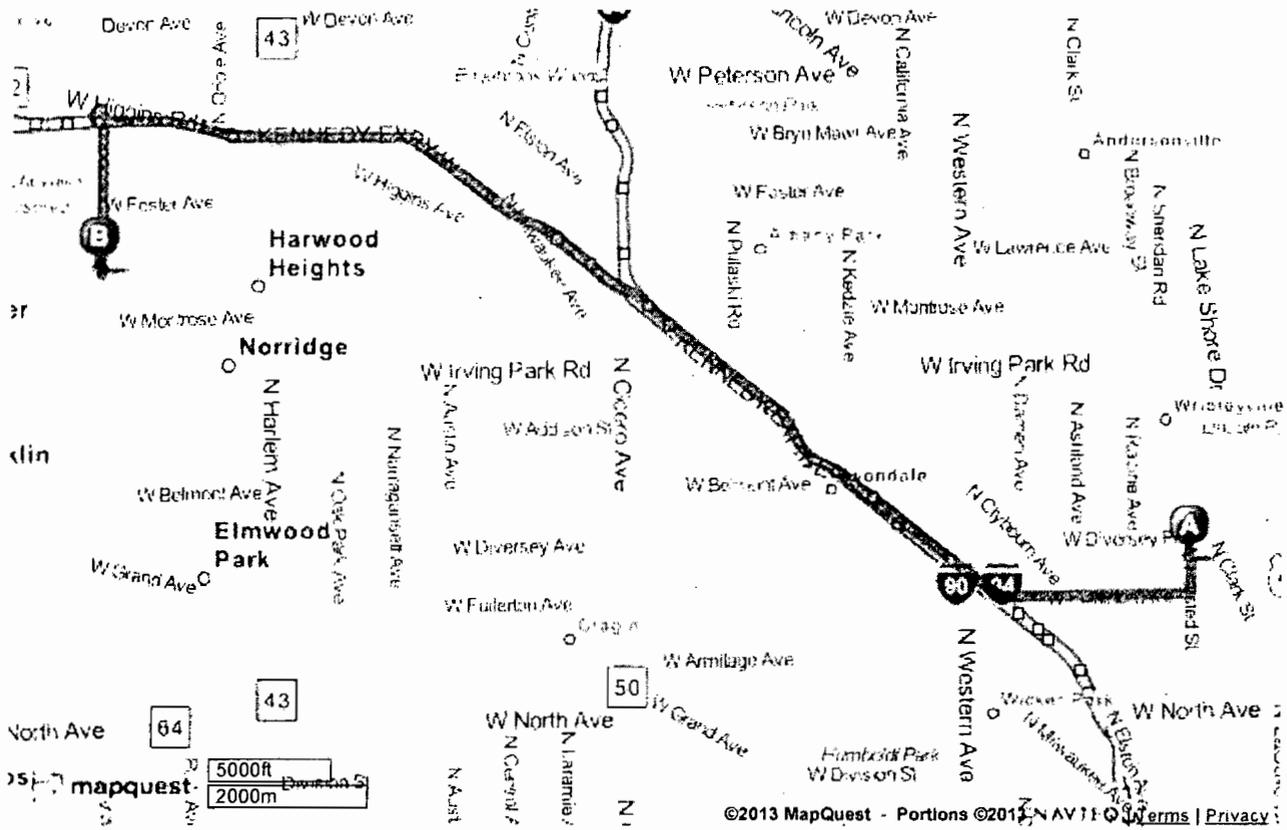
  6. Turn slight right onto IL-171 S / N Cumberland Ave. [Map](#) **1.4 Mi**
13.0 Mi Total

  7. Make a U-turn at W Leland Ave onto N Cumberland Ave / IL-171 N. [Map](#) **0.01 Mi**
If you reach W Coral Dr you've gone about 0.1 miles too far
13.0 Mi Total

 8. **4701 N CUMBERLAND AVE** is on the right. [Map](#)
If you reach W Lawrence Ave you've gone a little too far

 **4701 N Cumberland Ave, Norridge, IL 60706-2905**

Total Travel Estimate: 12.99 miles - about 22 minutes



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Notes

Resurrection Medical Center

mapquest



Trip to:

7435 W Talcott Ave

Chicago, IL 60631-3707

10.25 miles / 18 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave**. [Map](#)

1.7 Mi

*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner*

2.0 Mi Total

If you reach W Beiden Ave you've gone about 0.1 miles too far



3. Merge onto **I-90 W / I-94 W / Kennedy Expy W**. [Map](#)

4.1 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

6.0 Mi Total



4. Keep left to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford**. [Map](#)

3.2 Mi

9.3 Mi Total



5. Take **EXIT 81B** toward **Sayre Ave**. [Map](#)

0.2 Mi

9.5 Mi Total



6. Stay **straight** to go onto **W Talcott Ave**. [Map](#)

0.8 Mi

10.3 Mi Total



7. **7435 W TALCOTT AVE** is on the **left**. [Map](#)

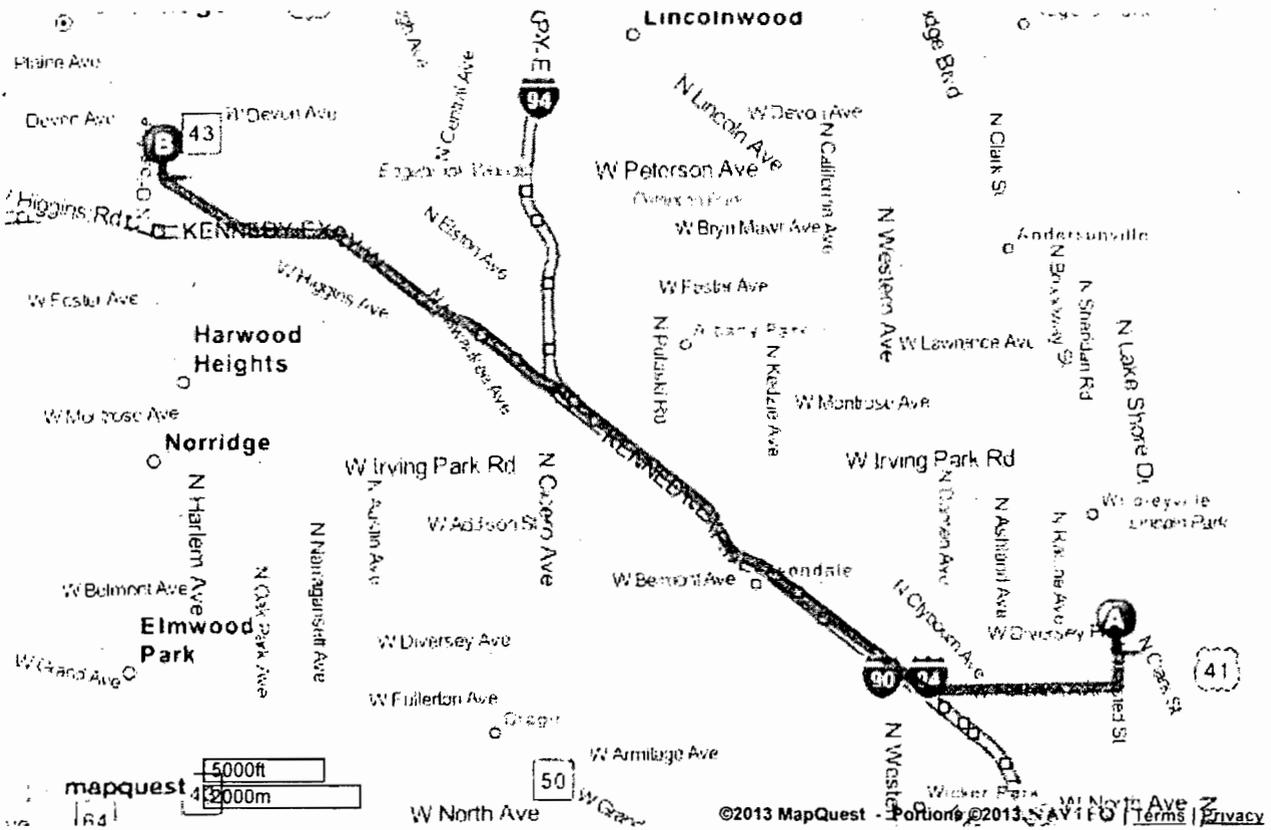
Your destination is just past N Oketo Ave

If you reach N Oriole Ave you've gone about 0.2 miles too far



7435 W Talcott Ave, Chicago, IL 60631-3707

Total Travel Estimate: 10.25 miles - about 18 minutes



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Notes

Oak Park Dialysis Center



Trip to:

733 Madison St

Oak Park, IL 60302-4419

13.19 miles / 24 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi

3.0 Mi Total



4. Turn left onto **W Lake St.** [Map](#)

0.07 Mi

3.1 Mi Total

W Lake St is just past W Walnut St

Paddy OFegan's is on the right

If you reach W Couch Pl you've gone a little too far



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)

0.5 Mi

3.6 Mi Total

If you reach N Union Ave you've gone a little too far



6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#)

8.1 Mi

11.7 Mi Total



7. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the left. [Map](#)

0.3 Mi

11.9 Mi Total



8. Turn right onto **IL-43 / Harlem Ave / S Harlem Ave.** [Map](#)

0.5 Mi

12.5 Mi Total



9. Turn right onto **Washington Blvd.** [Map](#)

0.5 Mi

13.0 Mi Total

Washington Blvd is 0.1 miles past Madison St.

FOREST PARK BP is on the corner

If you reach Randolph St you've gone about 0.1 miles too far



10. Turn right onto **S Oak Park Ave.** [Map](#)

0.1 Mi

13.1 Mi Total

S Oak Park Ave is just past S Grove Ave

If you reach S Euclid Ave you've gone a little too far



11. Take the 1st left onto **Madison St.** [Map](#)

0.05 Mi

13.2 Mi Total

If you reach Adams St you've gone about 0.1 miles too far



733 Madison St, Oak Park, IL 60302-4419

Notes

FMC - West Suburban Hosp. Dialysis Unit



Trip to:

[448-498] N Austin Blvd

Oak Park, IL 60302

11.64 miles / 22 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi

3.0 Mi Total



4. Turn left onto **W Lake St.** [Map](#)

0.07 Mi

W Lake St is just past W Walnut St

Paddy OFegan's is on the right

If you reach W Couch Pl you've gone a little too far

3.1 Mi Total



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)

0.5 Mi

If you reach N Union Ave you've gone a little too far

3.6 Mi Total



6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#)

6.5 Mi

10.1 Mi Total



7. Take the **Austin Blvd** exit, **EXIT 23A**, on the left. [Map](#)

0.3 Mi

10.4 Mi Total



8. Turn right onto **S Austin Blvd.** [Map](#)

1.3 Mi

11.6 Mi Total



9. **[448-498] N AUSTIN BLVD.** [Map](#)

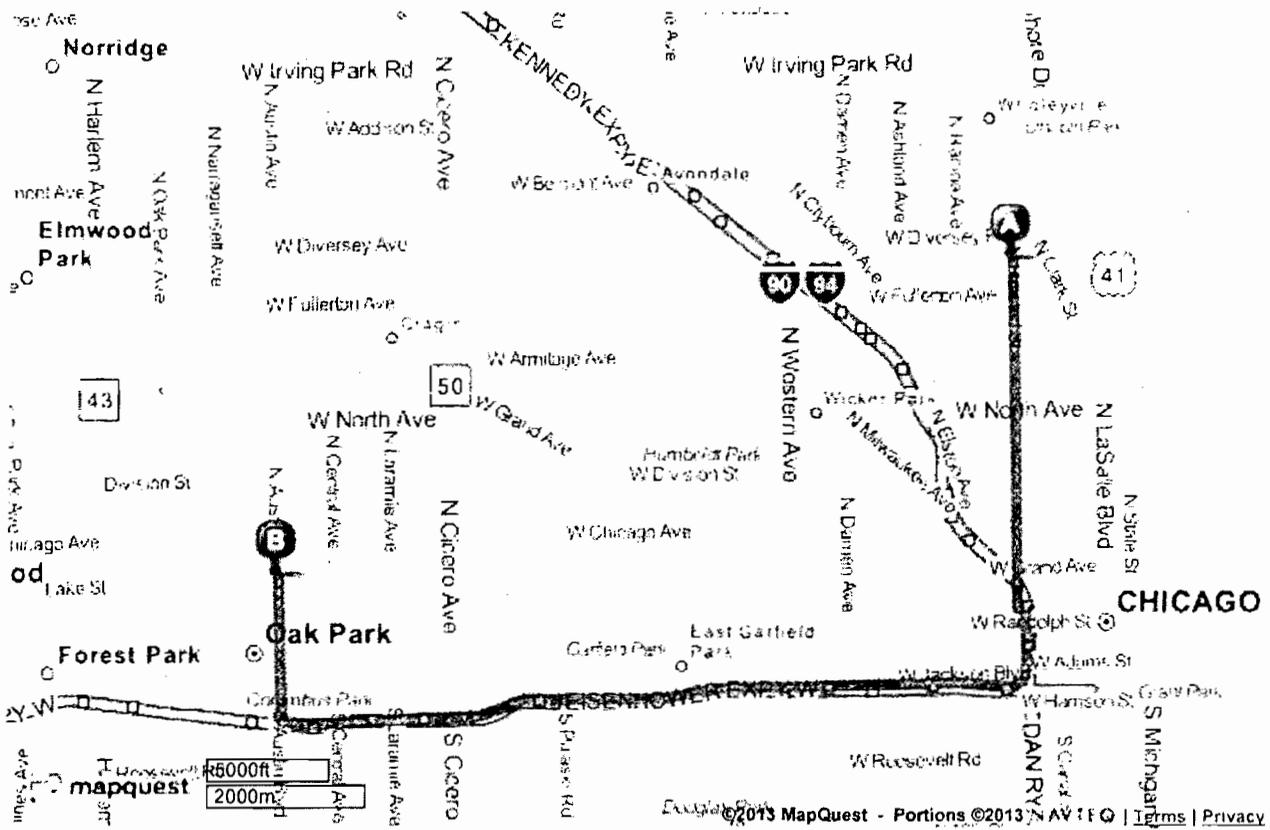
Your destination is just past W Midway Park

If you reach W Race Ave you've gone a little too far



[448-498] N Austin Blvd, Oak Park, IL 60302

Total Travel Estimate: 11.64 miles - about 22 minutes



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Trip to:

3000 S Cicero Ave

Cicero, IL 60804-3638

12.78 miles / 23 minutes



 **2611 N Halsted St, Chicago, IL 60614-2301**



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total



4. Turn **left** onto **W Lake St.** [Map](#) **0.07 Mi**
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
3.1 Mi Total



5. Merge onto **I-90 E / I-94 E.** [Map](#) **1.9 Mi**
If you reach N Union Ave you've gone a little too far
5.0 Mi Total



6. Merge onto **I-55 S / Stevenson Expy S** via **EXIT 53** toward **St Louis.** [Map](#) **6.0 Mi**
11.0 Mi Total



7. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#) **0.3 Mi**
11.4 Mi Total



8. Turn **right** onto **IL-50 / S Cicero Ave.** [Map](#) **1.4 Mi**
If you reach I-55 S you've gone about 0.3 miles too far
12.8 Mi Total



3000 S Cicero Ave, Cicero, IL 60804-3638

Total Travel Estimate: 12.78 miles - about 23 minutes



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Notes

FMC - Austin Community Kidney Center



Trip to:

4800 W Chicago Ave

Chicago, IL 60651-3223

7.34 miles / 21 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

1.2 Mi

1.2 Mi Total



2. N Halsted St becomes N Halsted Sts. [Map](#)

0.05 Mi

1.2 Mi Total



3. N Halsted Sts becomes N Halsted St. [Map](#)

0.04 Mi

1.3 Mi Total



4. Turn right onto W North Ave / IL-64. [Map](#)

1.5 Mi

CB2 is on the right

If you are on N Halsted St and reach N Clybourn Ave you've gone a little too far

2.8 Mi Total



5. Turn left onto N Damen Ave. [Map](#)

1.0 Mi

N Damen Ave is just past N Winchester Ave

Starbucks Coffee is on the corner

If you reach N Hoyne Ave you've gone about 0.1 miles too far

3.8 Mi Total



6. Turn right onto W Chicago Ave. [Map](#)

3.6 Mi

W Chicago Ave is just past W Rice St

Sunrise Cafe is on the right

If you reach W Lee Pl you've gone a little too far

7.3 Mi Total



7. **4800 W CHICAGO AVE** is on the right. [Map](#)

Your destination is just past N Cicero Ave

If you reach N Lamon Ave you've gone about 0.1 miles too far



4800 W Chicago Ave, Chicago, IL 60651-3223



Trip to:

7009 W Belmont Ave

Chicago, IL 60634-4533

8.49 miles / 23 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto **W Fullerton Ave.** [Map](#)

1.7 Mi

W Fullerton Ave is 0.1 miles past W Lill Ave

2.0 Mi Total

McDonald's is on the corner

If you reach W Belden Ave you've gone about 0.1 miles too far



3. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** [Map](#)

1.4 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

3.4 Mi Total



4. Take the **Belmont Ave** exit, **EXIT 45C.** [Map](#)

0.2 Mi

3.6 Mi Total



5. Turn slight left onto **W Belmont Ave.** [Map](#)

4.9 Mi

If you reach N Kedzie Ave you've gone a little too far

8.5 Mi Total



6. **7009 W BELMONT AVE** is on the left. [Map](#)

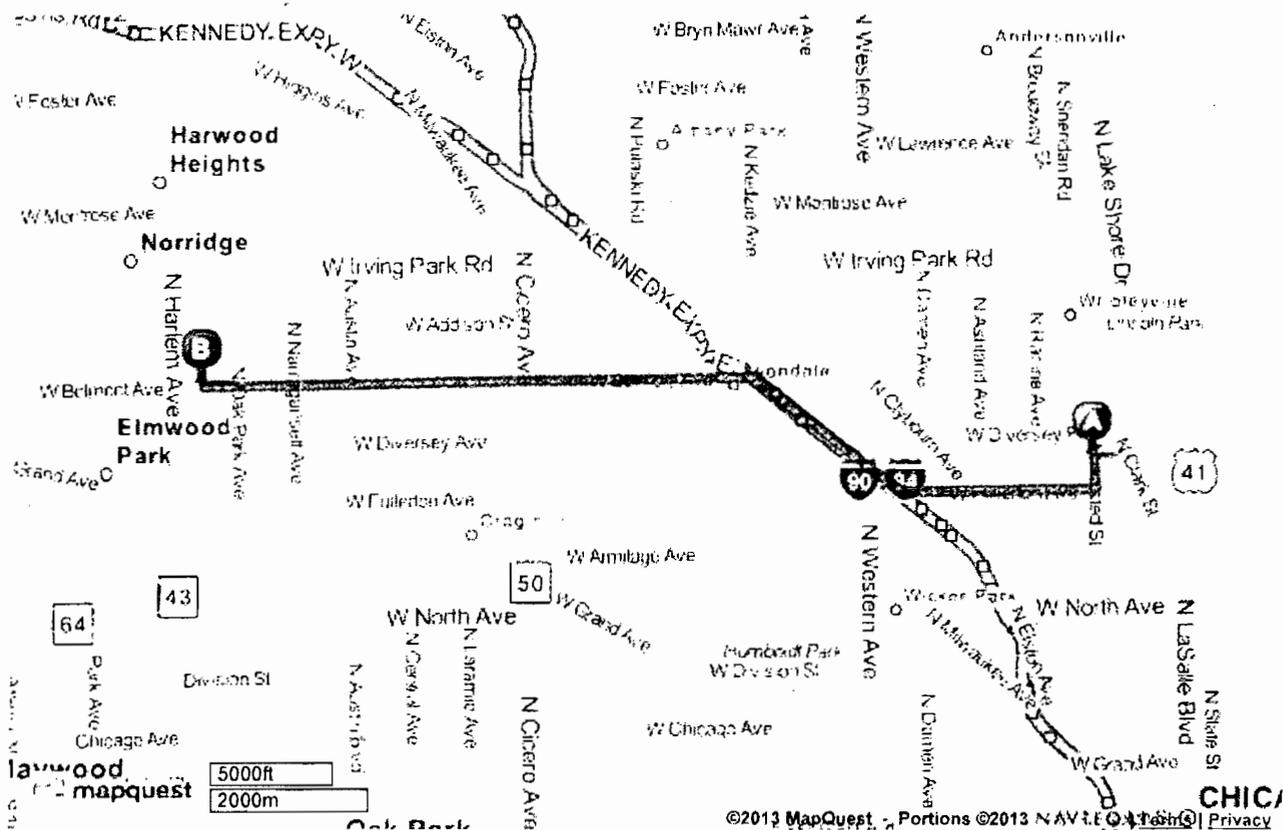
Your destination is just past N Sayre Ave

If you reach N Nordica Ave you've gone a little too far



7009 W Belmont Ave, Chicago, IL 60634-4533

Total Travel Estimate: 8.49 miles - about 23 minutes



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Part 2

Notes

Fresenius Medical Care West Belmont



Trip to:

4943 W Belmont Ave

Chicago, IL 60641-4332

5.87 miles / 15 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave**. [Map](#)

1.7 Mi

W Fullerton Ave is 0.1 miles past W Lill Ave

McDonald's is on the corner

If you reach W Beiden Ave you've gone about 0.1 miles too far

2.0 Mi Total



3. Merge onto **I-90 W / I-94 W / Kennedy Expy W**. [Map](#)

1.4 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

3.4 Mi Total



4. Take the **Belmont Ave** exit, **EXIT 45C**. [Map](#)

0.2 Mi

3.6 Mi Total



5. Turn **slight left** onto **W Belmont Ave**. [Map](#)

2.3 Mi

if you reach N Kedzie Ave you've gone a little too far

5.9 Mi Total



6. **4943 W BELMONT AVE** is on the **left**. [Map](#)

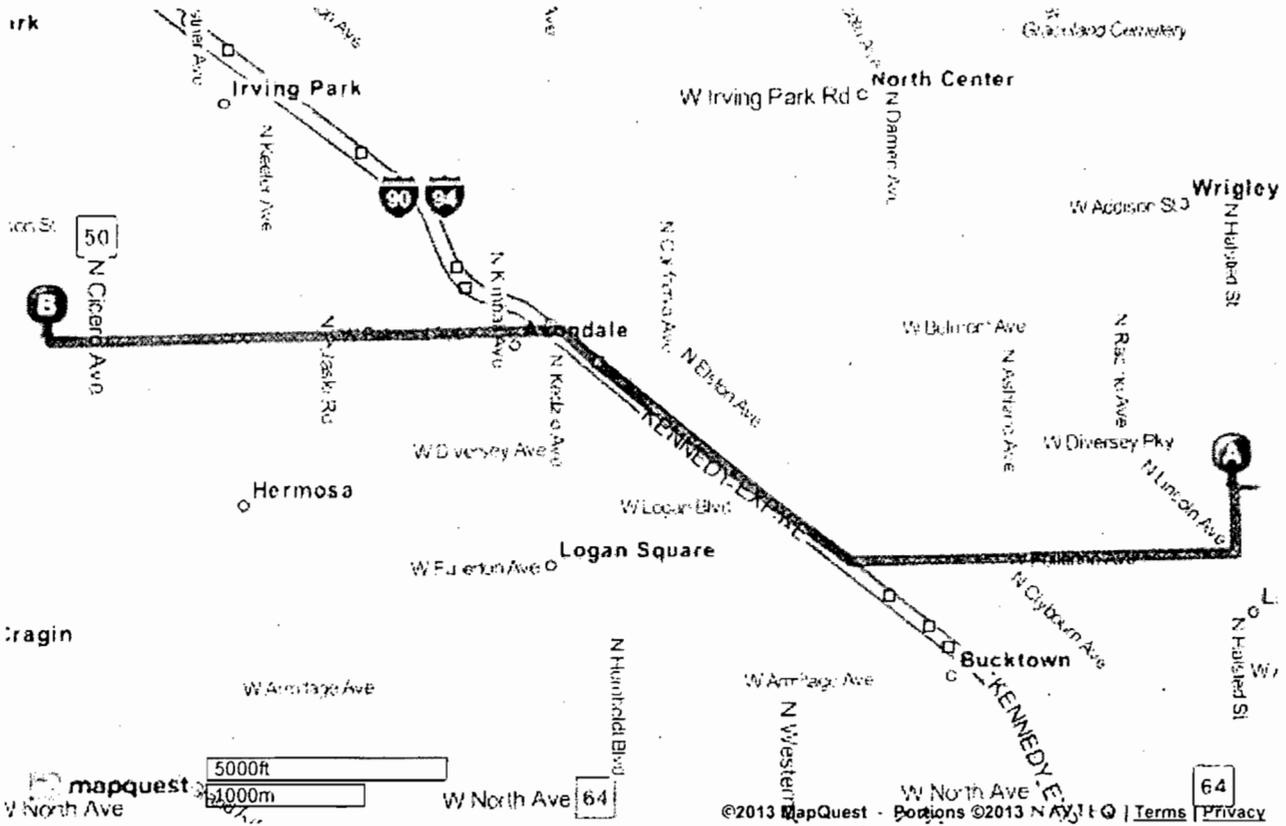
Your destination is just past N Lamon Ave

If you reach N Lavergne Ave you've gone a little too far



4943 W Belmont Ave, Chicago, IL 60641-4332

Total Travel Estimate: 5.87 miles - about 15 minutes



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Trip to:

4800 N Kilpatrick Ave

Chicago, IL 60630-1725

6.94 miles / 15 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave**. [Map](#)

1.7 Mi

W Fullerton Ave is 0.1 miles past W Lili Ave

McDonald's is on the corner

If you reach W Belden Ave you've gone about 0.1 miles too far

2.0 Mi Total



3. Merge onto **I-90 W / I-94 W / Kennedy Expy W**. [Map](#)

3.6 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

5.6 Mi Total



4. Take the **Kostner Ave** exit, **EXIT 43D**. [Map](#)

0.2 Mi

5.7 Mi Total



5. Turn **right** onto **N Kostner Ave**. [Map](#)

0.5 Mi

6.3 Mi Total



6. Turn **right** onto **W Leland Ave**. [Map](#)

0.06 Mi

6.3 Mi Total



7. Turn **sharp left** onto **N Elston Ave**. [Map](#)

0.4 Mi

KOSTNER MARATHON is on the corner

If you are on N Elston Ave and reach N Lowell Ave you've gone a little too far

6.8 Mi Total



8. Turn **left** onto **N Kilpatrick Ave**. [Map](#)

0.2 Mi

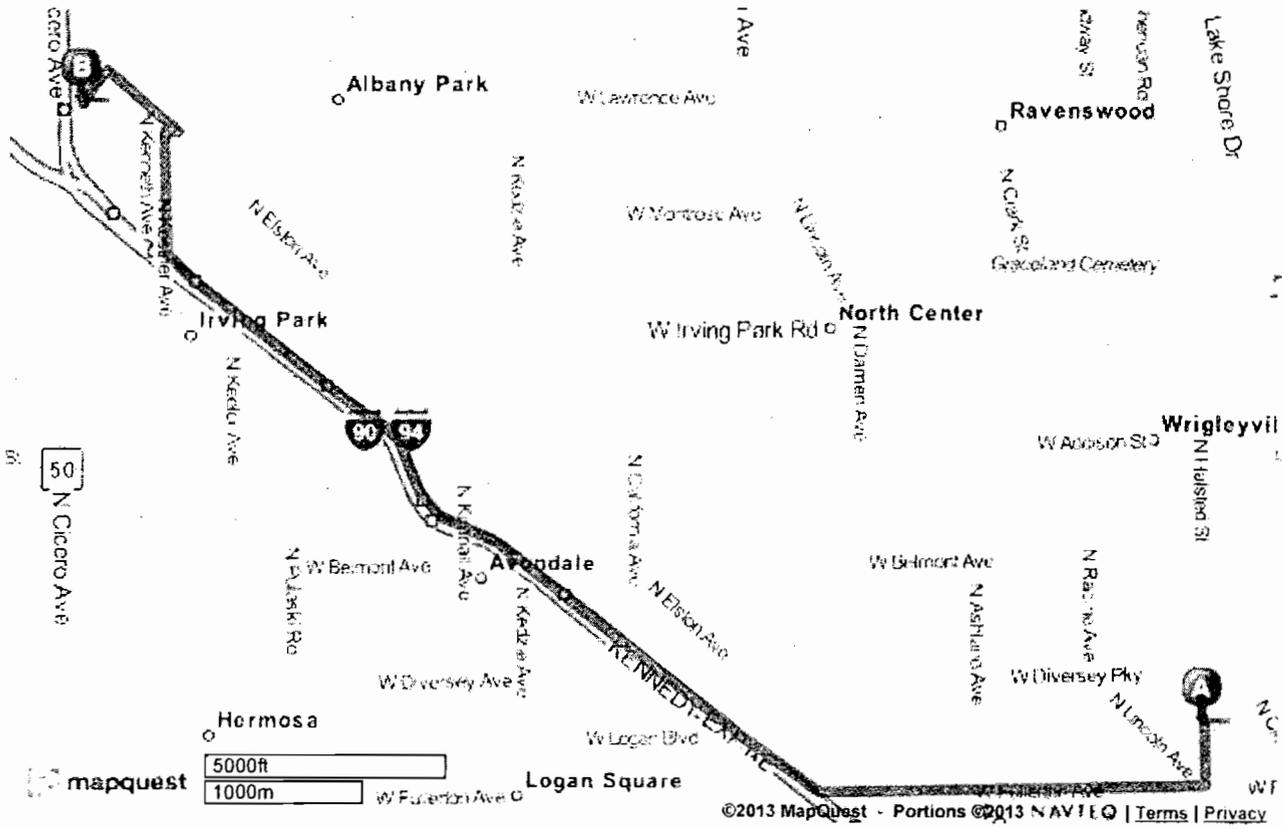
If you reach N Kolmar Ave you've gone a little too far

6.9 Mi Total



4800 N Kilpatrick Ave, Chicago, IL 60630-1725

Total Travel Estimate: 6.94 miles - about 15 minutes



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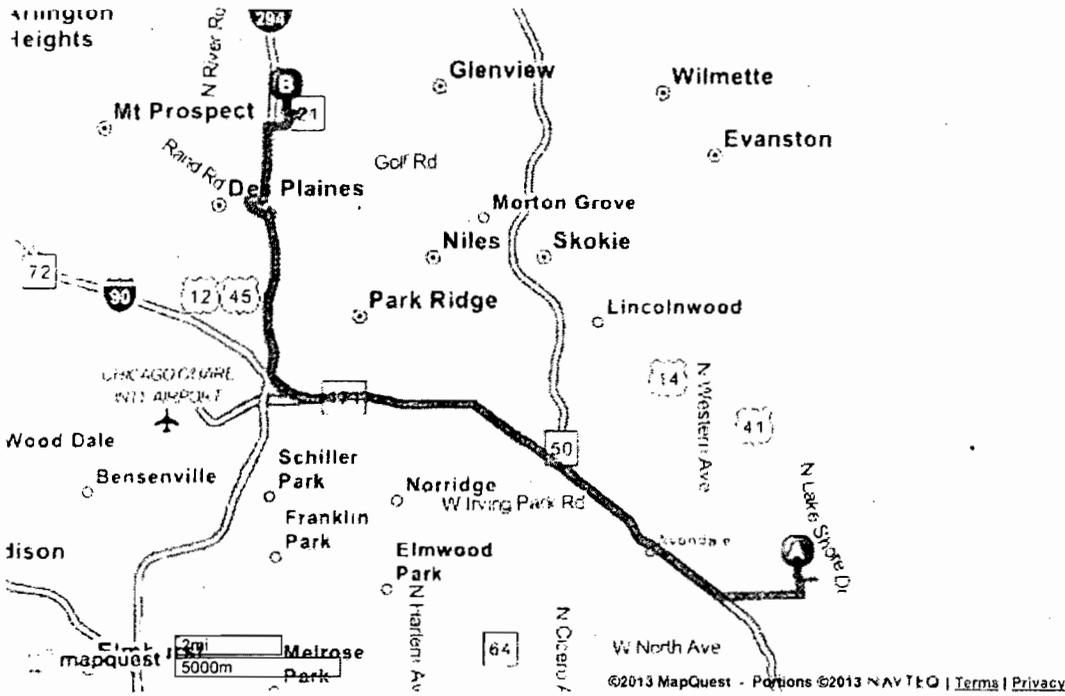
Trip to:
4248 Commercial Way
Glenview, IL 60025-3573
19.95 miles / 33 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn **right** onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** [Map](#) **4.1 Mi**
6.0 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Keep **left** to take **I-90 W** via **EXIT 43B** toward **O'Hare-Rockford** (Portions toll). [Map](#) **6.8 Mi**
12.9 Mi Total
- 5. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). [Map](#) **3.5 Mi**
16.4 Mi Total
- 6. Merge onto **US-14 W / Dempster St.** [Map](#) **0.4 Mi**
16.8 Mi Total
- 7. Turn **slight right.** [Map](#) **0.07 Mi**
16.8 Mi Total
- 8. Go **straight** toward **US-12 W.** [Map](#) **0.1 Mi**
17.0 Mi Total
- 9. Stay **straight** to go onto **Rand Rd.** [Map](#) **0.4 Mi**
17.3 Mi Total
- 10. Take the **1st right** onto **W Ballard Rd.** [Map](#) **0.3 Mi**
17.6 Mi Total
If you reach Wilson Ln you've gone about 0.1 miles too far
- 11. Take the **1st left** onto **Bender Rd.** [Map](#) **0.7 Mi**
18.3 Mi Total
If you are on E Ballard Rd and reach Trailside Ln you've gone a little too far
- 12. **Bender Rd** becomes **E River Rd.** [Map](#) **0.9 Mi**
19.1 Mi Total
- 13. Turn **right** onto **E Central Rd.** [Map](#) **0.4 Mi**
19.5 Mi Total
- 14. Take the **2nd left** onto **Dearlove Rd.** [Map](#) **0.3 Mi**
19.8 Mi Total
*Dearlove Rd is 0.1 miles past Lyman Ave
If you reach Meadow Ln you've gone a little too far*
- 15. Take the **3rd left** onto **Commercial Way.** [Map](#) **0.1 Mi**
19.9 Mi Total
*Commercial Way is 0.1 miles past Di Paolo Ctr
Org Mitchell's Express is on the right
If you reach Cove Ln you've gone a little too far*
- 16. **4248 COMMERCIAL WAY** is on the **left.** [Map](#)
*Your destination is 0.1 miles past Commercial Way
If you reach Dearlove Rd you've gone about 0.1 miles too far*

4248 Commercial Way, Glenview, IL 60025-3573

Total Travel Estimate: 19.95 miles - about 33 minutes



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Dr. Oz Reports:



"This Miracle Pill Can Burn Fat FAST!"

[Learn More >>](#)

Trust Rating 94% <small>iReview</small>
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mapquest

Trip to:

9371 N Milwaukee Ave

Niles, IL 60714-1303

14.12 miles / 28 minutes

**2611 N Halsted St, Chicago, IL 60614-2301**1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)**0.3 Mi**

0.3 Mi Total

2. Turn **right** onto **W Fullerton Ave.** [Map](#)**1.7 Mi***W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner*

2.0 Mi Total

If you reach W Belden Ave you've gone about 0.1 miles too far3. Merge onto **I-90 W / I-94 W / Kennedy Expy W.** [Map](#)**4.1 Mi***If you reach N Oakley Ave you've gone about 0.1 miles too far*

6.0 Mi Total

4. Keep left to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.** [Map](#)**2.5 Mi**

8.5 Mi Total

5. Take the **Bryn Mawr Ave** exit, **EXIT 82B.** [Map](#)**0.1 Mi**

8.7 Mi Total

6. Stay straight to go onto **N Avondale Ave.** [Map](#)**0.2 Mi**

8.9 Mi Total

7. Turn **right** onto **N Nagle Ave.** [Map](#)**0.8 Mi***N Nagle Ave is just past N Mulligan Ave
MY MART CITGO is on the corner*

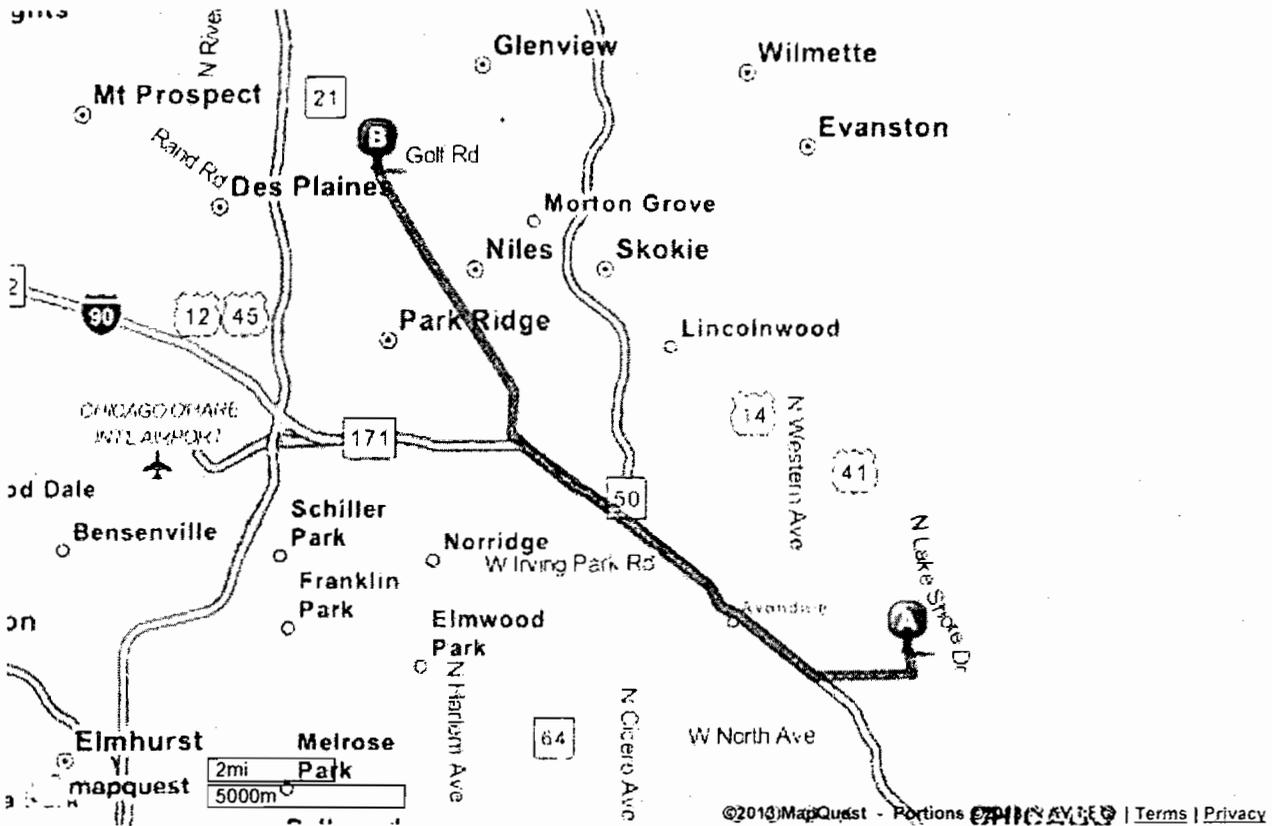
9.7 Mi Total

If you reach W Hobart Ave you've gone about 0.1 miles too far8. Turn **slight left** onto **N Milwaukee Ave.** [Map](#)**4.4 Mi***N Milwaukee Ave is just past W Palatine Ave
Superdawg Drive-In is on the corner*

14.1 Mi Total

If you are on N Nagle Ave and reach W Devon Ave you've gone a little too far9. **9371 N MILWAUKEE AVE** is on the **right.** [Map](#)*Your destination is 0.1 miles past N Maryland St**If you reach W Golf Rd you've gone about 0.3 miles too far***9371 N Milwaukee Ave, Niles, IL 60714-1303**

Total Travel Estimate: **14.12 miles** - about **28 minutes**



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Notes

FMC - Lutheran General - Neomedica

mapquest

Trip to:

9371 N Milwaukee Ave

Niles, IL 60714-1303

14.12 miles / 28 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

0.3 Mi
0.3 Mi Total



2. Turn right onto W Fullerton Ave. [Map](#)

W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner

If you reach W Belden Ave you've gone about 0.1 miles too far

1.7 Mi
2.0 Mi Total



3. Merge onto I-90 W / I-94 W / Kennedy Expy W. [Map](#)

If you reach N Oakley Ave you've gone about 0.1 miles too far

4.1 Mi
6.0 Mi Total



4. Keep left to take I-90 W / Kennedy Expy W via EXIT 43B toward O'Hare-Rockford. [Map](#)

2.5 Mi
8.5 Mi Total



5. Take the Bryn Mawr Ave exit, EXIT 82B. [Map](#)

0.1 Mi
8.7 Mi Total



6. Stay straight to go onto N Avondale Ave. [Map](#)

0.2 Mi
8.9 Mi Total



7. Turn right onto N Nagle Ave. [Map](#)

N Nagle Ave is just past N Mulligan Ave
MY MART CITGO is on the corner

If you reach W Hobart Ave you've gone about 0.1 miles too far

0.8 Mi
9.7 Mi Total



8. Turn slight left onto N Milwaukee Ave. [Map](#)

N Milwaukee Ave is just past W Palatine Ave
Superdawg Drive-In is on the corner

If you are on N Nagle Ave and reach W Devon Ave you've gone a little too far

4.4 Mi
14.1 Mi Total

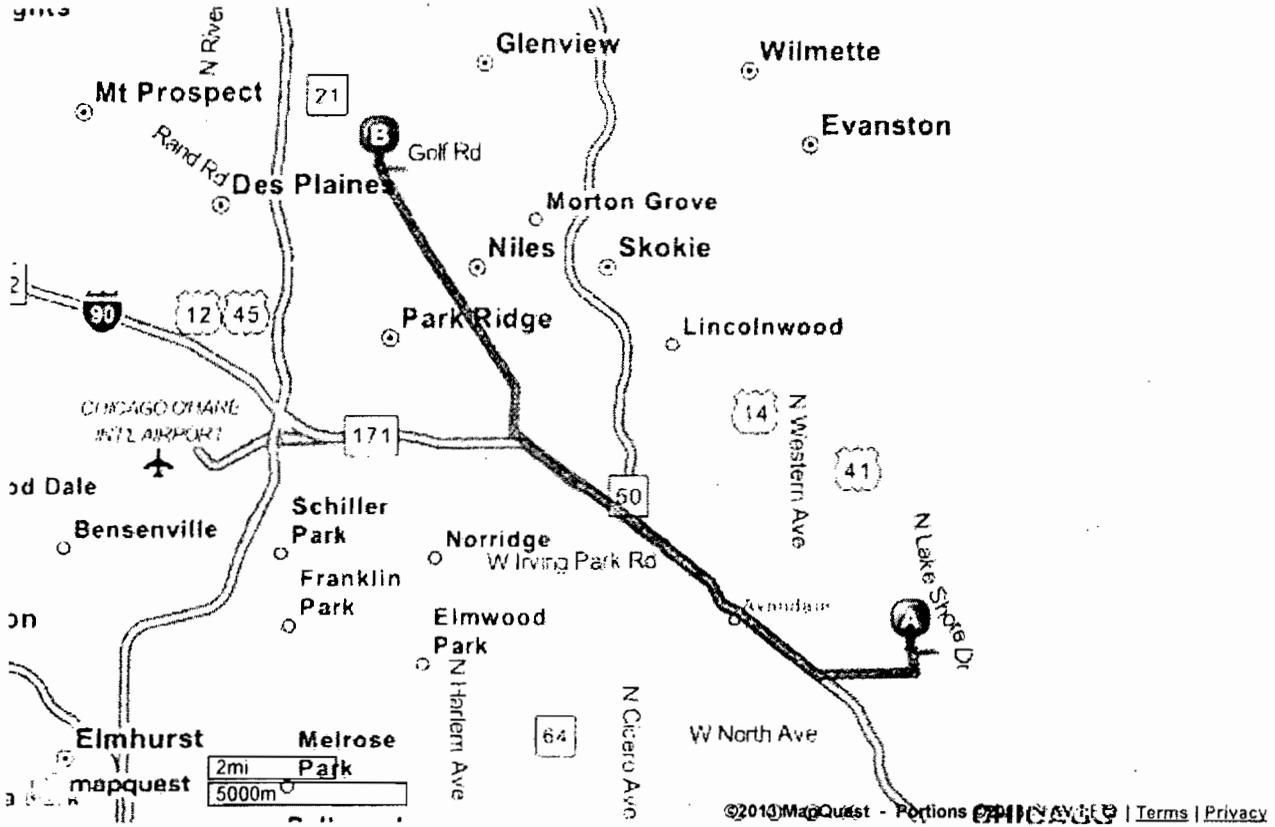


9. 9371 N MILWAUKEE AVE is on the right. [Map](#)

Your destination is 0.1 miles past N Maryland St
If you reach W Golf Rd you've gone about 0.3 miles too far

B 9371 N Milwaukee Ave, Niles, IL 60714-1303

Total Travel Estimate: 14.12 miles - about 28 minutes



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Notes

Satelite Diaysis fo Glenview



Trip to:

2601 Compass Rd

Glenview, IL 60026-8077

20.53 miles / 33 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave.** [Map](#)

1.7 Mi

W Fullerton Ave is 0.1 miles past W Lill Ave

2.0 Mi Total

McDonald's is on the corner

If you reach W Bolden Ave you've gone about 0.1 miles too far



3. Merge onto **I-94 W.** [Map](#)

14.7 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

16.6 Mi Total



4. Take the **West Willow Rd** exit, **EXIT 33A.** [Map](#)

0.3 Mi

16.9 Mi Total



5. Merge onto **Willow Rd.** [Map](#)

3.0 Mi

19.9 Mi Total



6. Turn **left** onto **Patriot Blvd.** [Map](#)

0.5 Mi

20.4 Mi Total



7. Turn **left** onto **Compass Rd.** [Map](#)

0.1 Mi

Compass Rd is 0.3 miles past Lehigh Ave

20.5 Mi Total

If you reach Mint Ln you've gone about 0.2 miles too far



2601 COMPASS RD is on the **right.** [Map](#)

If you reach Lehigh Ave you've gone about 0.2 miles too far



Total Travel Estimate: 20.53 miles - about 33 minutes



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Trip to:

405 Lake Cook Rd # 13

Deerfield, IL 60015-4993

22.97 miles / 35 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn right onto W Fullerton Ave. [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto I-94 W. [Map](#) **17.6 Mi**
19.6 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Keep left to take US-41 N / Edens Expy W via EXIT 29 toward Waukegan. [Map](#) **0.7 Mi**
20.3 Mi Total
- 5. Take the Lake Cook Rd exit. [Map](#) **0.2 Mi**
20.5 Mi Total
- 6. Turn left onto County Line Rd / Lake Cook Rd. Continue to follow Lake Cook Rd. [Map](#) **2.3 Mi**
22.8 Mi Total
- 7. Make a U-turn onto Lake Cook Rd. [Map](#) **0.2 Mi**
23.0 Mi Total
- 8. 405 LAKE COOK RD # 13 is on the right. [Map](#)

405 Lake Cook Rd # 13, Deerfield, IL 60015-4993

Notes

Big Oaks Dialysis

mapquest



Trip to:

5623 W Touhy Ave

Niles, IL 60714-4019

10.88 miles / 19 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave**. [Map](#)
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner*

1.7 Mi

2.0 Mi Total

If you reach W Belden Ave you've gone about 0.1 miles too far



3. Merge onto **I-94 W**. [Map](#)

7.7 Mi

9.7 Mi Total

If you reach N Oakley Ave you've gone about 0.1 miles too far



4. Take the **West Touhy Ave** exit, **EXIT 39A**. [Map](#)

0.2 Mi

10.0 Mi Total



5. Turn **slight right** onto **W Touhy Ave**. [Map](#)

0.9 Mi

10.9 Mi Total



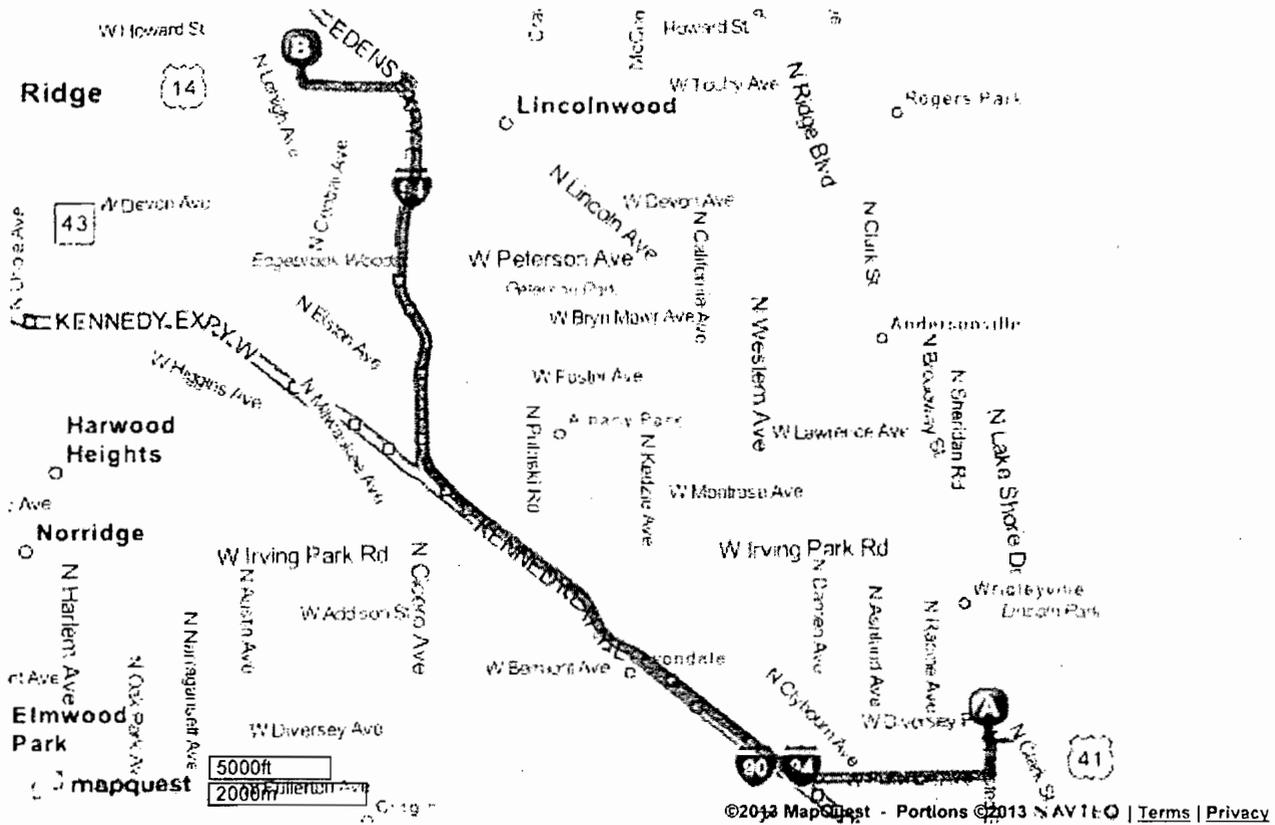
6. **5623 W TOUHY AVE** is on the **left**. [Map](#)

*Your destination is just past N Central Ave
If you reach N Austin Ave you've gone about 0.1 miles too far*



5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate: 10.88 miles - about 19 minutes



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Notes
FMC - (RCG) Skokie



Trip to:
9801 Woods Dr
Skokie, IL 60077-1074
14.42 miles / 23 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn right onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto **I-94 W.** [Map](#) **11.7 Mi**
13.7 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Take the **Old Orchard Rd** exit, **EXIT 35.** [Map](#) **0.1 Mi**
13.8 Mi Total
- 5. Turn left onto **Old Orchard Rd.** [Map](#) **0.3 Mi**
14.1 Mi Total
- 6. Turn left onto **Woods Dr.** [Map](#) **0.3 Mi**
14.4 Mi Total
*Woods Dr is 0.1 miles past Lockwood Ave
Peapod Inc is on the left
If you reach Raoul Wallenberg Dr you've gone about 0.1 miles too far*
- 7. **9801 WOODS DR** is on the left. [Map](#)
if you reach Golf Rd you've gone about 0.2 miles too far

9801 Woods Dr, Skokie, IL 60077-1074

Notes
Center for Renal Replacement



Trip to:

7301 N Lincoln Ave Ste 205

Lincolnwood, IL 60712-1735

10.35 miles / 18 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn **right** onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto **I-94 W.** [Map](#) **7.3 Mi**
9.3 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Take **EXIT 39B** toward **East Touhy Ave.** [Map](#) **0.2 Mi**
9.6 Mi Total
- 5. Keep **left** at the fork to go on **N Cicero Ave / IL-50.** [Map](#) **0.1 Mi**
9.7 Mi Total
- 6. Turn **right** onto **W Touhy Ave.** [Map](#) **0.4 Mi**
10.2 Mi Total
*FARAZ BP is on the corner
If you are on IL-50 and reach W Jariath Ave you've gone a little too far*
- 7. Turn **sharp left** onto **N Lincoln Ave / US-41.** [Map](#) **0.2 Mi**
10.4 Mi Total
*N Lincoln Ave is just past N Kilbourn Ave
If you reach N Kostner Ave you've gone a little too far*
- 8. **7301 N LINCOLN AVE STE 205** is on the **right.** [Map](#)
*Your destination is just past W Chase Ave
If you reach W Jarvis Ave you've gone about 0.1 miles too far*

7301 N Lincoln Ave Ste 205, Lincolnwood, IL 60712-1735

Notes

FMC - (RCG) - Mid America Evanston



Trip to:

2953 Central St

Evanston, IL 60201-1245

15.81 miles / 26 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto W Fullerton Ave. [Map](#)

1.7 Mi

*W Fullerton Ave is 0.1 miles past W Lil Ave
McDonald's is on the corner*

2.0 Mi Total

If you reach W Belden Ave you've gone about 0.1 miles too far



3. Merge onto I-94 W. [Map](#)

11.7 Mi

If you reach N Oakley Ave you've gone about 0.1 miles too far

13.7 Mi Total



4. Take the Old Orchard Rd exit, EXIT 35. [Map](#)

0.1 Mi

13.8 Mi Total



5. Turn right onto Old Orchard Rd. [Map](#)

1.2 Mi

If you reach I-94 W you've gone about 0.1 miles too far

15.0 Mi Total



6. Turn slight left onto Gross Point Rd. [Map](#)

0.2 Mi

*Gross Point Rd is just past Princeton Ave
If you reach Karlov Ave you've gone a little too far*

15.2 Mi Total



7. Turn slight right onto Central St. [Map](#)

0.6 Mi

*Central St is just past Wellington Ct
If you are on Gross Point Rd and reach Crawford Ave you've gone a little too far*

15.8 Mi Total



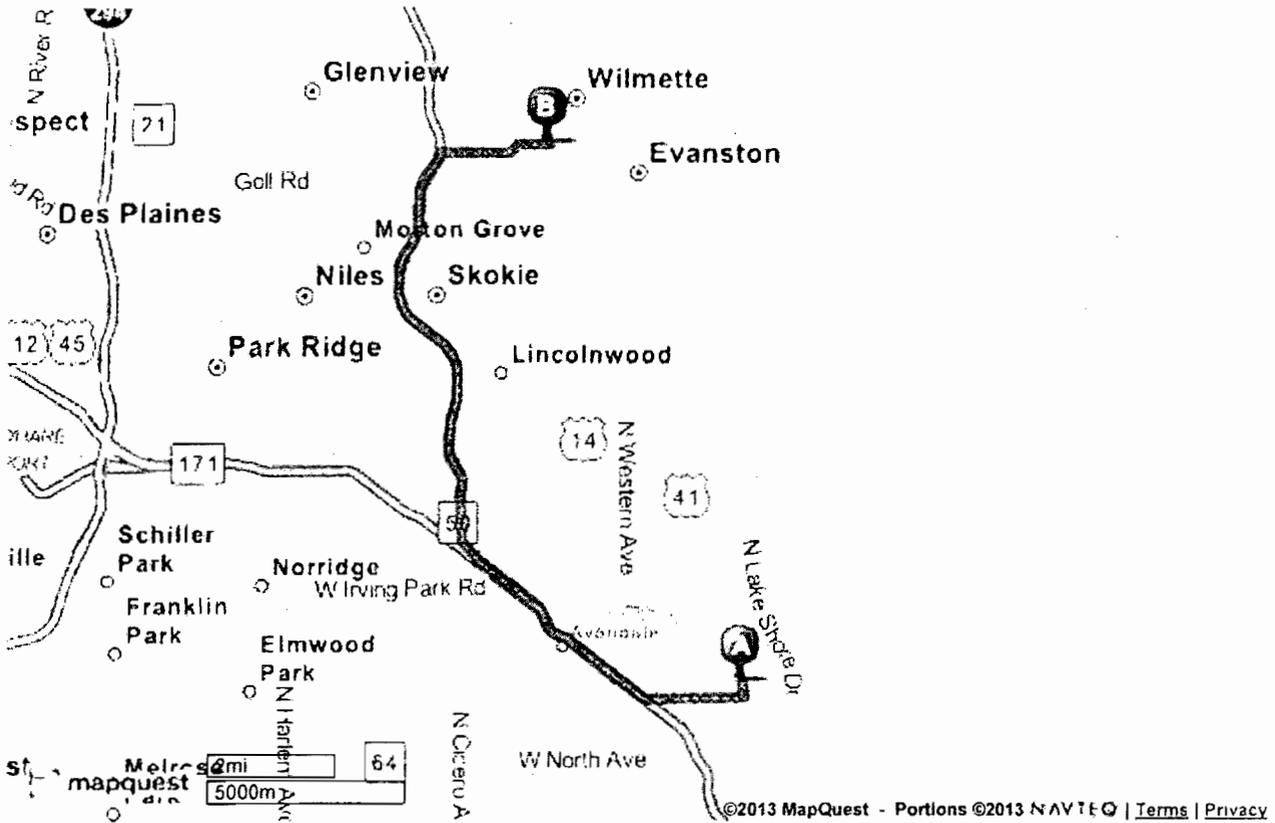
8. **2953 CENTRAL ST** is on the left. [Map](#)

*Your destination is just past Central Park Ave
If you reach Hurd Ave you've gone a little too far*



2953 Central St, Evanston, IL 60201-1245

Total Travel Estimate: 15.81 miles - about 26 minutes



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Trip to:

480 Central Ave

Northfield, IL 60093-3016

17.33 miles / 26 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave.** [Map](#)

1.7 Mi

2.0 Mi Total

W Fullerton Ave is 0.1 miles past W Lill Ave

McDonald's is on the corner

If you reach W Beiden Ave you've gone about 0.1 miles too far



3. Merge onto **I-94 W.** [Map](#)

14.7 Mi

16.6 Mi Total

If you reach N Oakley Ave you've gone about 0.1 miles too far



4. Take the **West Willow Rd** exit, **EXIT 33A.** [Map](#)

0.3 Mi

16.9 Mi Total



5. Merge onto **Willow Rd.** [Map](#)

0.2 Mi

17.1 Mi Total



6. Turn **right** onto **Central Ave.** [Map](#)

0.2 Mi

17.3 Mi Total

Central Ave is just past Walnut Ave

Dominick's Finer Foods is on the corner

If you reach Old Willow Rd you've gone a little too far



7. **480 CENTRAL AVE** is on the left. [Map](#)

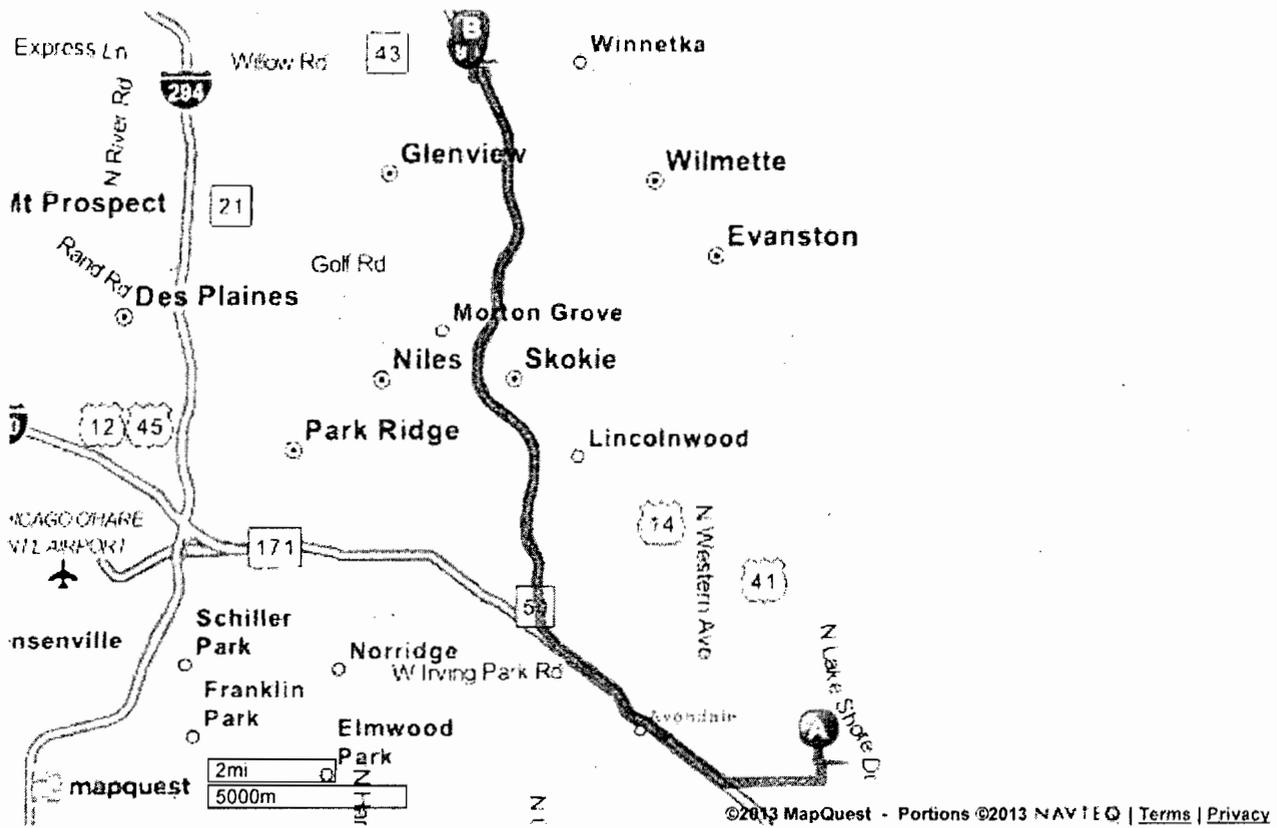
Your destination is just past Cherry St

If you reach Oak St you've gone a little too far



480 Central Ave, Northfield, IL 60093-3016

Total Travel Estimate: 17.33 miles - about 26 minutes



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Notes

FMC Dialysis Services of Congress Parkway

mapquest

Trip to:

3410 W Van Buren St

Chicago, IL 60624-3358

7.15 miles / 15 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

1.2 Mi
1.2 Mi Total



2. N Halsted St becomes N Halsted Sts. [Map](#)

0.05 Mi
1.2 Mi Total



3. N Halsted Sts becomes N Halsted St. [Map](#)

1.8 Mi
3.0 Mi Total



4. Turn left onto W Lake St. [Map](#)
W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far

0.07 Mi
3.1 Mi Total



5. Merge onto I-90 E / I-94 E / Kennedy Expy E. [Map](#)
If you reach N Union Ave you've gone a little too far

0.5 Mi
3.6 Mi Total



6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. [Map](#)

3.3 Mi
6.9 Mi Total



7. Take EXIT 26B toward Homan Ave. [Map](#)

0.2 Mi
7.0 Mi Total



8. Stay straight to go onto W Congress Pky. [Map](#)

0.03 Mi
7.1 Mi Total



9. Take the 1st right onto S Homan Ave. [Map](#)
If you reach S St Louis Ave you've gone about 0.1 miles too far

0.06 Mi
7.1 Mi Total



10. Take the 1st left onto W Van Buren St. [Map](#)
If you reach W Gladys Ave you've gone a little too far

0.02 Mi
7.1 Mi Total



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

Notes
Mt. Sinai Hospital Med Ctr



Trip to:
1500 S California Ave
Chicago, IL 60608
6.84 miles / 17 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301

- 

1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) 1.2 Mi
1.2 Mi Total
 - 

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) 0.05 Mi
1.2 Mi Total
 - 

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) 1.8 Mi
3.0 Mi Total
 - 

4. Turn **left** onto **W Lake St.** [Map](#) 0.07 Mi
W Lake St is just past W Walnut St
Paddy OFegan's is on the right
if you reach W Couch Pl you've gone a little too far
3.1 Mi Total
 - 


5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#) 0.5 Mi
If you reach N Union Ave you've gone a little too far
3.6 Mi Total
 - 


6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#) 1.6 Mi
5.1 Mi Total
 - 

7. Take **EXIT 28A** toward **Damen Ave.** [Map](#) 0.1 Mi
5.3 Mi Total
 - 

8. Stay **straight** to go onto **W Van Buren St.** [Map](#) 0.03 Mi
5.3 Mi Total
 - 

9. Take the 1st **left** onto **S Damen Ave.** [Map](#) 0.2 Mi
If you reach S Seeley Ave you've gone a little too far
5.5 Mi Total
 - 

10. Turn **slight right** onto **W Ogden Ave.** [Map](#) 1.3 Mi
W Ogden Ave is just past W Harrison St
if you are on S Damen Ave and reach W Polk St you've gone a little too far
6.8 Mi Total
 - 

11. Turn **left** onto **S California Ave.** [Map](#) 0.01 Mi
S California Ave is just past S Fairfield Ave
If you reach S Sacramento Dr you've gone about 0.3 miles too far
6.8 Mi Total
 - 

12. **1500 S CALIFORNIA AVE** is on the **right.** [Map](#)
If you reach W 15th Place Dr you've gone a little too far
- B** 1500 S California Ave, Chicago, IL 60608



Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
7.20 miles / 18 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- | | | |
|---|---|--------------------------------|
|  | 1. Start out going south on N Halsted St toward W Wrightwood Ave. Map | 1.2 Mi
1.2 Mi Total |
|  | 2. N Halsted St becomes N Halsted Sts. Map | 0.05 Mi
1.2 Mi Total |
|  | 3. N Halsted Sts becomes N Halsted St. Map | 1.8 Mi
3.0 Mi Total |
|  | 4. Turn left onto W Lake St. Map
<i>W Lake St is just past W Walnut St
Paddy O'Fegan's is on the right
If you reach W Couch Pl you've gone a little too far</i> | 0.07 Mi
3.1 Mi Total |
|  |  5. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map
<i>If you reach N Union Ave you've gone a little too far</i> | 0.5 Mi
3.6 Mi Total |
|  |  6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map | 1.6 Mi
5.1 Mi Total |
|  | 7. Take EXIT 28A toward Damen Ave. Map | 0.1 Mi
5.3 Mi Total |
|  | 8. Stay straight to go onto W Van Buren St. Map | 0.03 Mi
5.3 Mi Total |
|  | 9. Take the 1st left onto S Damen Ave. Map
<i>If you reach S Seeley Ave you've gone a little too far</i> | 0.2 Mi
5.5 Mi Total |
|  | 10. Turn slight right onto W Ogden Ave. Map
<i>W Ogden Ave is just past W Harrison St
If you are on S Damen Ave and reach W Polk St you've gone a little too far</i> | 0.7 Mi
6.3 Mi Total |
|  | 11. Turn slight left onto S Western Ave. Map
<i>S Western Ave is 0.1 miles past W Roosevelt Rd
Burger King is on the corner</i> | 0.9 Mi
7.2 Mi Total |
|  | 12. Turn left onto W Cermak Rd. Map
<i>W Cermak Rd is just past W 21st Pl
Subway is on the left
If you reach W 22nd Pl you've gone a little too far</i> | 0.04 Mi
7.2 Mi Total |
| | 13. 2335 W CERMAK RD is on the right. Map | |



If you reach S Oakley Ave you've gone a little too far



2335 W Cermak Rd, Chicago, IL 60608-3811

Trip to:

1340 S Damen Ave

Chicago, IL 60608-1169

6.14 miles / 15 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- | | | |
|---|--|--------------------------------|
|  | 1. Start out going south on N Halsted St toward W Wrightwood Ave. Map | 1.2 Mi
1.2 Mi Total |
|  | 2. N Halsted St becomes N Halsted Sts. Map | 0.05 Mi
1.2 Mi Total |
|  | 3. N Halsted Sts becomes N Halsted St. Map | 1.8 Mi
3.0 Mi Total |
|  | 4. Turn left onto W Lake St. Map
<i>W Lake St is just past W Walnut St;
Paddy O'Fegan's is on the right
If you reach W Couch Pl you've gone a little too far</i> | 0.07 Mi
3.1 Mi Total |
|  |  5. Merge onto I-90 E / I-94 E / Kennedy Expy E. Map
<i>If you reach N Union Ave you've gone a little too far</i> | 0.5 Mi
3.6 Mi Total |
|  |  6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. Map | 1.6 Mi
5.1 Mi Total |
|  | 7. Take EXIT 28A toward Damen Ave. Map | 0.1 Mi
5.3 Mi Total |
|  | 8. Stay straight to go onto W Van Buren St. Map | 0.03 Mi
5.3 Mi Total |
|  | 9. Take the 1st left onto S Damen Ave. Map
<i>If you reach S Seeley Ave you've gone a little too far</i> | 0.8 Mi
6.1 Mi Total |
|  | 10. 1340 S DAMEN AVE is on the right. Map
<i>Your destination is just past W 13th St
If you reach W 14th St you've gone a little too far</i> | |

 **1340 S Damen Ave, Chicago, IL 60608-1169**

Total Travel Estimate: 6.14 miles - about 15 minutes



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Notes

John H. Stroger Jr. Hospital of Cook County



Trip to:

1835 W Harrison St

Chicago, IL 60612-3771

4.64 miles / 14 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.0 Mi

2.3 Mi Total



4. Turn **right** onto **W Chicago Ave.** [Map](#)

0.4 Mi

*W Chicago Ave is 0.1 miles past N North Branch St
Premier Chicago Limousine is on the corner
If you reach W Superior St you've gone a little too far*

2.6 Mi Total



5. Turn **left** onto **N Ogden Ave.** [Map](#)

1.9 Mi

*N Ogden Ave is just past N Carpenter St
Michalik Funeral Home is on the corner
If you are on W Chicago Ave and reach N May St you've gone a little too far*

4.5 Mi Total



6. Turn **sharp left** onto **W Harrison St.** [Map](#)

0.1 Mi

*W Harrison St is just past S Wolcott Ave
Medical Center Restaurant is on the left
If you reach S Winchester Ave you've gone a little too far*

4.6 Mi Total



7. **1835 W HARRISON ST** is on the **right.** [Map](#)

*Your destination is just past S Wolcott Ave
If you reach S Wood St you've gone a little too far*



1835 W Harrison St, Chicago, IL 60612-3771

Total Travel Estimate: 4.64 miles - about 14 minutes



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Notes

Garfield Kidney Center

Trip to:

3250 W Franklin Blvd

Chicago, IL 60624-1509

5.77 miles / 17 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

0.5 Mi

1.8 Mi Total



4. Turn **right** onto **W Division St.** [Map](#)

3.0 Mi

W Division St is 0.1 miles past N Kingsbury St

4.8 Mi Total

If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far



5. Turn **left** onto **N Kedzie Ave.** [Map](#)

0.9 Mi

N Kedzie Ave is just past Luis Munoz Marin Dr

5.7 Mi Total

If you reach N Spaulding Ave you've gone about 0.1 miles too far



6. Turn **right** onto **W Franklin Blvd.** [Map](#)

0.1 Mi

W Franklin Blvd is 0.1 miles past W Ohio St

5.8 Mi Total

Gen Hoe Li Restaurant is on the left



7. **3250 W FRANKLIN BLVD** is on the **right.** [Map](#)

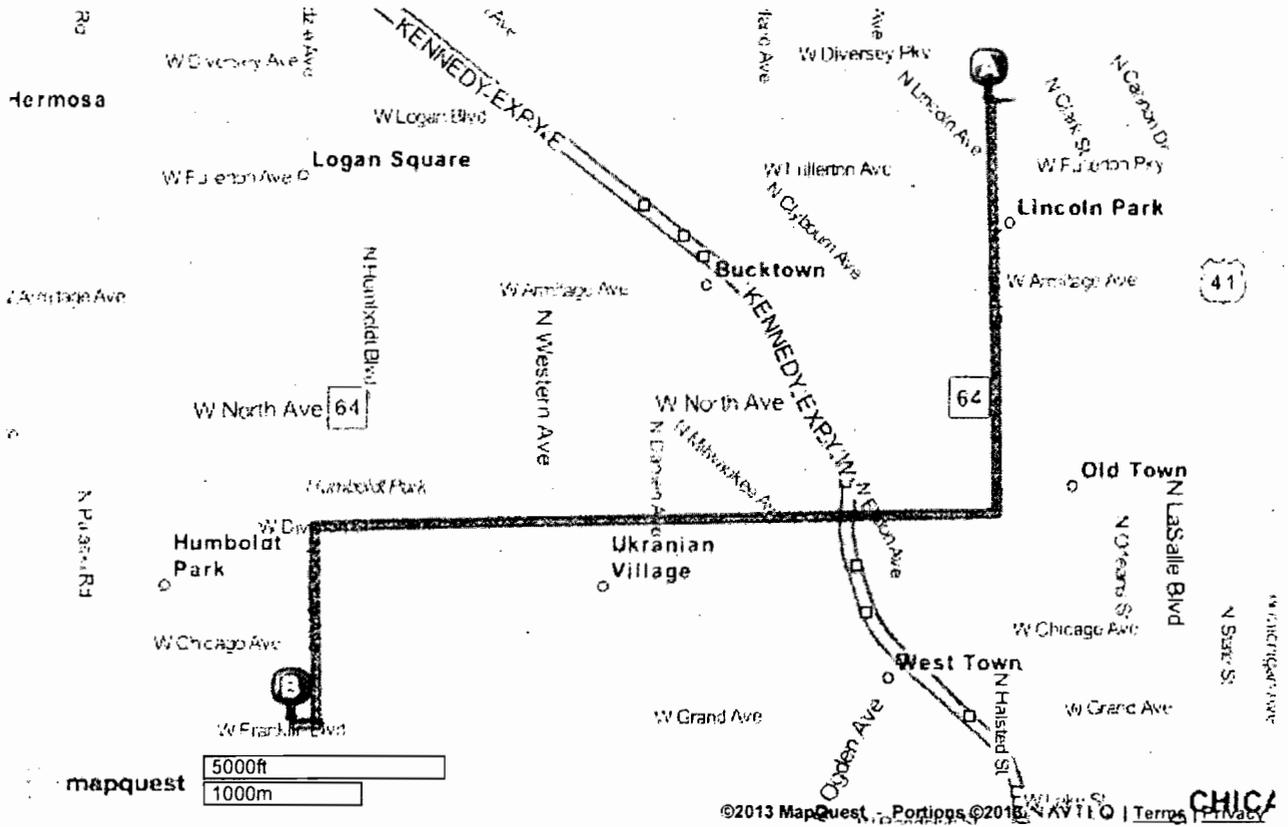
Your destination is just past N Sawyer Ave

If you reach N Spaulding Ave you've gone a little too far



3250 W Franklin Blvd, Chicago, IL 60624-1509

Total Travel Estimate: 5.77 miles - about 17 minutes



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Notes
FMC - West Metro



Trip to:
1044 N Mozart St
Chicago, IL 60622-2789
4.52 miles / 13 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave**. [Map](#) **1.2 Mi**
1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts**. [Map](#) **0.05 Mi**
1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St**. [Map](#) **0.5 Mi**
1.8 Mi Total



4. Turn **right** onto **W Division St**. [Map](#) **2.6 Mi**
W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far
4.4 Mi Total



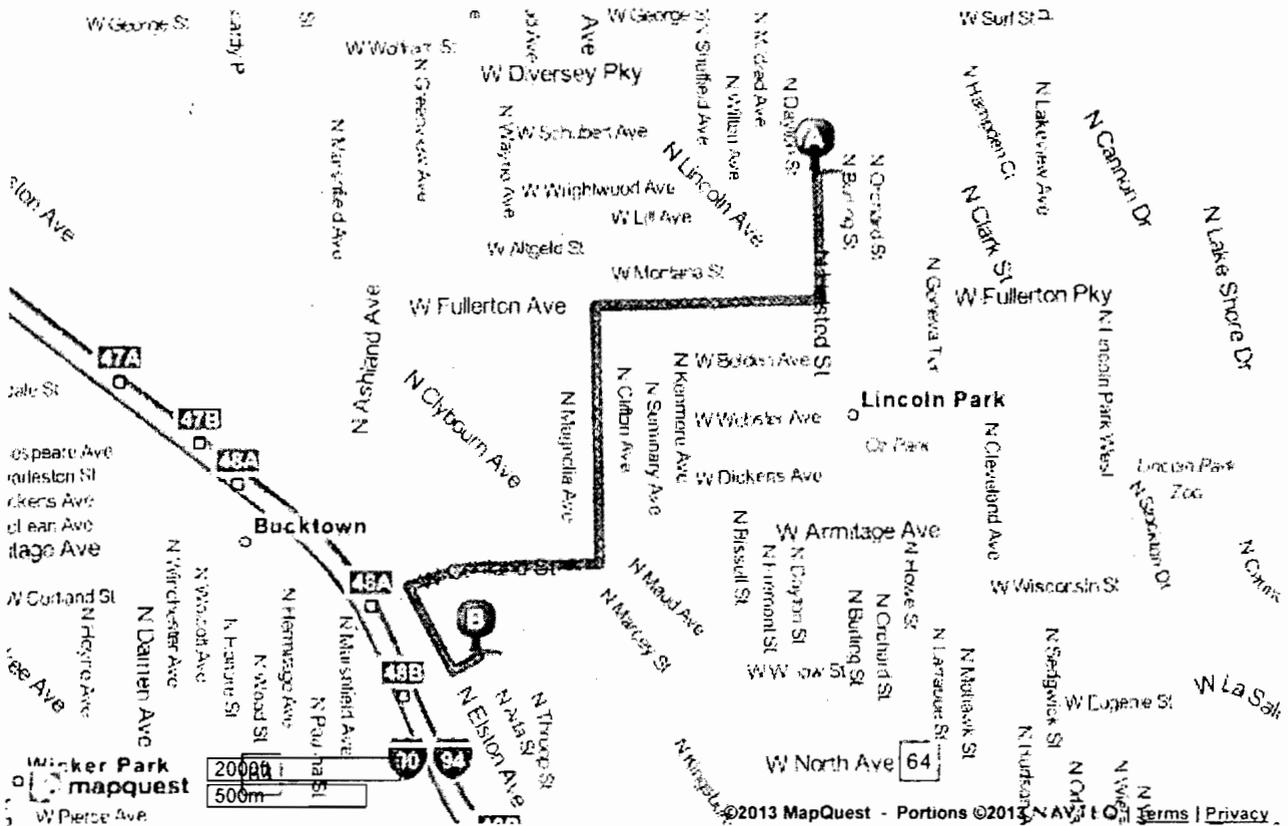
5. Turn **left** onto **N Mozart St**. [Map](#) **0.2 Mi**
N Mozart St is just past N California Ave
If you reach N Francisco Ave you've gone a little too far
4.5 Mi Total



6. **1044 N MOZART ST** is on the **right**. [Map](#)
Your destination is just past W Thomas St
If you reach W Cortez St you've gone a little too far

1044 N Mozart St, Chicago, IL 60622-2789

Total Travel Estimate: 2.04 miles - about 6 minutes



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Notes

University of Illinois Hospital - Dialysis

mapquest

Trip to:

1859 W Taylor St

Chicago, IL 60612-4319

6.50 miles / 15 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- 

1. **Start** out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 

2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 

3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **0.5 Mi**
1.8 Mi Total
- 

4. Turn **right** onto **W Division St.** [Map](#)
*W Division St is 0.1 miles past N Kingsbury St
If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far* **0.7 Mi**
2.5 Mi Total
- 



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E** via the ramp on the **left.** [Map](#)
if you reach N Noble St you've gone a little too far **2.0 Mi**
4.5 Mi Total
- 


6. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via **EXIT 51H** toward **West Suburbs.** [Map](#) **1.0 Mi**
5.5 Mi Total
- 

7. Take **EXIT 28B** toward **Ashland Ave / Paulina St.** [Map](#) **0.2 Mi**
5.6 Mi Total
- 

8. Turn **slight left** onto **W Van Buren St.** [Map](#) **0.06 Mi**
5.7 Mi Total
- 

9. Turn **left** onto **S Ashland Ave.** [Map](#)
*BP is on the corner
If you reach N Marshfield Ave you've gone a little too far* **0.5 Mi**
6.2 Mi Total
- 

10. Turn **right** onto **W Taylor St.** [Map](#)
*W Taylor St is 0.1 miles past W Polk St
Durso School is on the corner
If you reach W Roosevelt Rd you've gone about 0.1 miles too far* **0.3 Mi**
6.5 Mi Total
- 

11. **1859 W TAYLOR ST** is on the **left.** [Map](#)
*Your destination is just past S Wood St
If you reach S Wolcott Ave you've gone a little too far*

 **1859 W Taylor St, Chicago, IL 60612-4319**



Notes

Rush University - St Luke's Medical Center
Pediatric Dialysis Unit



Trip to:

1750 W Harrison St

Chicago, IL 60612-3825

6.03 miles / 14 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

1.2 Mi
1.2 Mi Total



2. N Halsted St becomes N Halsted Sts. [Map](#)

0.05 Mi
1.2 Mi Total



3. N Halsted Sts becomes N Halsted St. [Map](#)

0.5 Mi
1.8 Mi Total



4. Turn right onto W Division St. [Map](#)

W Division St is 0.1 miles past N Kingsbury St

If you are on N Halsted St and reach N Hooker St you've gone about 0.2 miles too far

0.7 Mi
2.5 Mi Total



5. Merge onto I-90 E / I-94 E / Kennedy Expy E via the ramp on the left. [Map](#)

If you reach N Noble St you've gone a little too far

2.0 Mi
4.5 Mi Total



6. Merge onto I-290 W / IL-110 W / Eisenhower Expy W via EXIT 51H toward West Suburbs. [Map](#)

1.0 Mi
5.5 Mi Total



7. Take EXIT 28B toward Ashland Ave / Paulina St. [Map](#)

0.2 Mi
5.6 Mi Total



8. Turn slight left onto W Van Buren St. [Map](#)

0.06 Mi
5.7 Mi Total



9. Turn left onto S Ashland Ave. [Map](#)

BP is on the corner

If you reach N Marshfield Ave you've gone a little too far

0.1 Mi
5.8 Mi Total



10. Turn right onto W Harrison St. [Map](#)

W Harrison St is just past W Congress Pky

Subway is on the corner

If you reach W Floumoy St you've gone a little too far

0.2 Mi
6.0 Mi Total



11. **1750 W HARRISON ST** is on the right. [Map](#)

Your destination is just past S Paulina St

If you reach S Wood St you've gone a little too far



1750 W Harrison St, Chicago, IL 60612-3825

Total Travel Estimate: 6.03 miles - about 14 minutes

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Notes
Loop Rental Center



Trip to:
1101 S Canal St
Chicago, IL 60607-4901
4.68 miles / 12 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **1.2 Mi**
1.2 Mi Total
- 2. **N Halsted St** becomes **N Halsted Sts.** [Map](#) **0.05 Mi**
1.2 Mi Total
- 3. **N Halsted Sts** becomes **N Halsted St.** [Map](#) **1.8 Mi**
3.0 Mi Total
- 4. Turn left onto **W Lake St.** [Map](#) **0.07 Mi**
3.1 Mi Total
*W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far*
- 5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#) **0.5 Mi**
3.6 Mi Total
If you reach N Union Ave you've gone a little too far
- 6. Take the **I-290 W / Eisenhower Expy** exit, **EXIT 51H-I**, toward **Congress Pkwy / Chicago Loop / West Suburbs.** [Map](#) **0.08 Mi**
3.6 Mi Total
- 7. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via **EXIT 51I** on the left toward **Congress Pkwy / Chicago Loop.** [Map](#) **0.4 Mi**
4.1 Mi Total
- 8. Take the exit toward **Canal St.** [Map](#) **0.2 Mi**
4.3 Mi Total
- 9. Turn left onto **W Harrison St.** [Map](#) **0.01 Mi**
4.3 Mi Total
Holiday Inn Hotel & Suites CHICAGO-DOWNTOWN is on the corner
- 10. Take the 1st right onto **S Canal St.** [Map](#) **0.4 Mi**
4.7 Mi Total
*Holiday Inn Hotel & Suites CHICAGO-DOWNTOWN is on the corner
If you reach S Franklin St you've gone about 0.2 miles too far*
- 11. **1101 S CANAL ST** is on the left. [Map](#)
*Your destination is just past W Taylor St
If you reach W Roosevelt Rd you've gone a little too far*

1101 S Canal St, Chicago, IL 60607-4901

Notes

FMC - Chicago Dialysis Center



Trip to:

820 W Jackson Blvd

Chicago, IL 60607-3026

3.65 miles / 11 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

2.2 Mi

3.5 Mi Total



4. Turn right onto **W Adams St.** [Map](#)

0.06 Mi

*W Adams St is just past W Monroe St
Santorini is on the right*

3.5 Mi Total

If you reach W Quincy St you've gone a little too far



5. Take the 1st left onto **S Green St.** [Map](#)

0.09 Mi

If you reach S Peoria St you've gone a little too far

3.6 Mi Total



6. Take the 1st left onto **W Jackson Blvd.** [Map](#)

0.03 Mi

American Quality Schools is on the corner

If you reach W Van Buren St you've gone a little too far

3.7 Mi Total



7. **820 W JACKSON BLVD** is on the left. [Map](#)

If you reach S Halsted St you've gone a little too far

820 W Jackson Blvd, Chicago, IL 60607-3026

Total Travel Estimate: 3.65 miles - about 11 minutes



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Notes

Fresenius Medical Care Delaware

mapquest



Trip to:

557 W Polk St

Chicago, IL 60607-4388

4.35 miles / 12 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.8 Mi

3.0 Mi Total



4. Turn **left** onto **W Lake St.** [Map](#)

0.07 Mi

W Lake St is just past W Walnut St

Paddy O'Fegan's is on the right

If you reach W Couch Pl you've gone a little too far

3.1 Mi Total



5. Merge onto **I-90 E / I-94 E / Kennedy Expy E.** [Map](#)

0.3 Mi

If you reach N Union Ave you've gone a little too far

3.4 Mi Total



6. Take the **Jackson Blvd / Adams St** exit, **EXIT 51F.** [Map](#)

0.05 Mi

3.5 Mi Total



7. Take the **Jackson Blvd** exit, **EXIT 51G**, on the **left.** [Map](#)

0.2 Mi

3.6 Mi Total



8. Turn **left** onto **W Jackson Blvd.** [Map](#)

0.3 Mi

Phillys Best is on the corner

3.9 Mi Total



9. Turn **right** onto **S Clinton St.** [Map](#)

0.4 Mi

S Clinton St is just past S Jefferson St

Potbelly Sandwich Shop is on the right

If you reach S Canal St you've gone a little too far

4.3 Mi Total



10. Turn **right** onto **W Polk St.** [Map](#)

0.04 Mi

W Polk St is just past W Lexington St

Polk Street Pub is on the right

If you reach W Cabrini St you've gone a little too far

4.4 Mi Total



11. **557 W POLK ST** is on the **left.** [Map](#)

If you reach S Jefferson St you've gone a little too far



557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate: 4.35 miles - about 12 minutes



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Notes

Circle Medical Management



Trip to:

1426 W Washington Blvd

Chicago, IL 60607-1821

3.78 miles / 11 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

1.2 Mi

1.2 Mi Total



2. **N Halsted St** becomes **N Halsted Sts.** [Map](#)

0.05 Mi

1.2 Mi Total



3. **N Halsted Sts** becomes **N Halsted St.** [Map](#)

1.0 Mi

2.3 Mi Total



4. Turn **right** onto **W Chicago Ave.** [Map](#)

0.4 Mi

*W Chicago Ave is 0.1 miles past N North Branch St
Premier Chicago Limousine is on the corner
If you reach W Superior St you've gone a little too far*

2.6 Mi Total



5. Turn **left** onto **N Ogden Ave.** [Map](#)

1.1 Mi

*N Ogden Ave is just past N Carpenter St
Michalik Funeral Home is on the corner*

3.7 Mi Total



6. Turn **left** onto **W Washington Blvd / W Washington St.** [Map](#)

0.08 Mi

*W Washington Blvd is 0.1 miles past W Randolph St
If you reach W Warren Blvd you've gone a little too far*

3.8 Mi Total



7. **1426 W WASHINGTON BLVD** is on the **left.** [Map](#)

*Your destination is just past N Bishop St
If you reach N Loomis St you've gone a little too far*



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate: 3.78 miles - about 11 minutes.



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Notes
FMC - Logan Square

Trip to:
2659 N Milwaukee Ave
Chicago, IL 60647-1643
3.51 miles / 10 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **south** on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total



2. Turn **right** onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far
2.0 Mi Total



3. Take the **I-94 W / I-90 W** ramp. [Map](#) **0.2 Mi**
If you reach N Oakley Ave you've gone about 0.1 miles too far
2.2 Mi Total



4. Keep **right** at the fork in the ramp. [Map](#) **0.2 Mi**
2.4 Mi Total



5. Turn **slight right** onto **N Western Ave.** [Map](#) **0.02 Mi**
2.4 Mi Total



6. Turn **left** onto **W Logan Blvd.** [Map](#) **1.0 Mi**
If you reach N Jones St you've gone a little too far
3.4 Mi Total



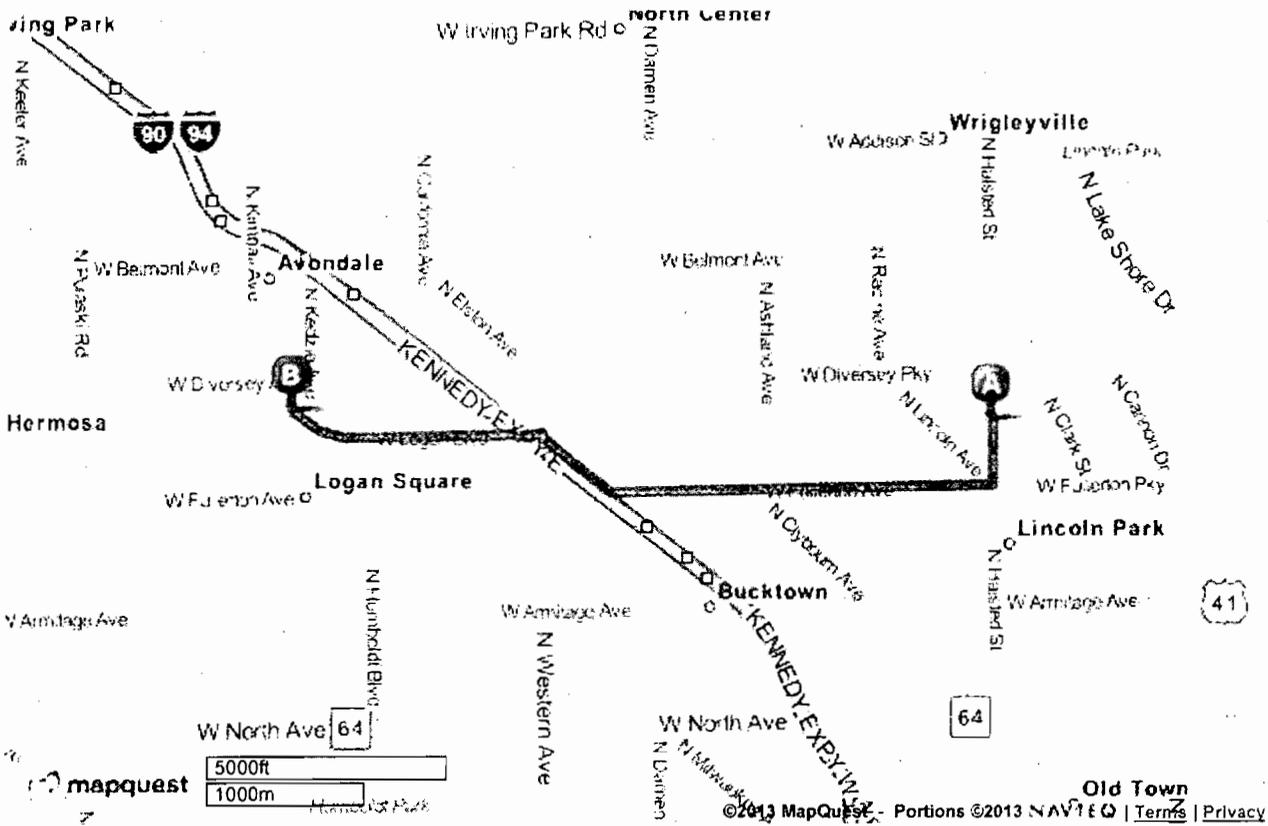
7. Turn **slight right** onto **N Milwaukee Ave.** [Map](#) **0.1 Mi**
N Milwaukee Ave is just past N Troy St
If you are on W Logan Blvd and reach N Kedzie Ave you've gone a little too far
3.5 Mi Total



8. **2659 N MILWAUKEE AVE** is on the **right.** [Map](#)
Your destination is 0.1 miles past N Kedzie Ave
If you reach N Sawyer Ave you've gone a little too far

2659 N Milwaukee Ave, Chicago, IL 60647-1643

Total Travel Estimate: 3.51 miles - about 10 minutes



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Notes
Logan Square Dialysis



Trip to:
2838 N Kimball Ave
Chicago, IL 60618-7524
3.56 miles / 11 minutes

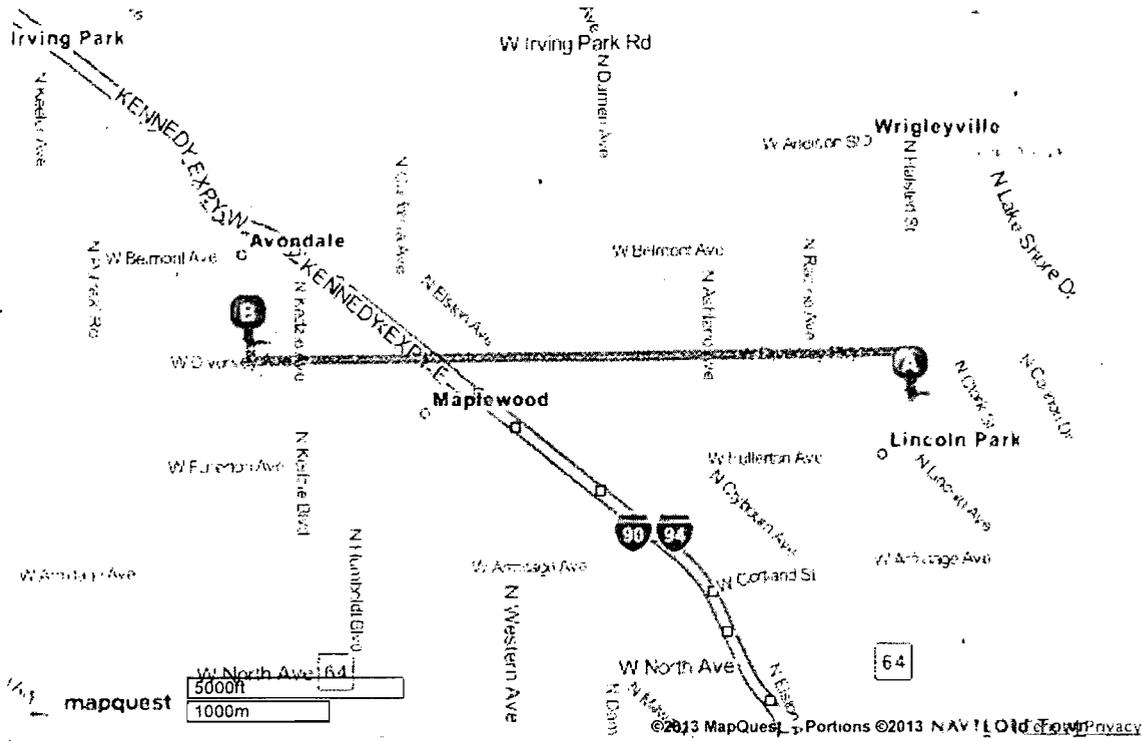
2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going north on **N Halsted St** toward **W Schubert Ave**. [Map](#) **0.2 Mi**
0.2 Mi Total
- 2. Take the 1st left onto **W Diversey Pky**. [Map](#) **1.6 Mi**
1.9 Mi Total
*W Diversey Pky is just past W Schubert Ave
Dunkin Donuts is on the corner
If you reach W Welfram St you've gone a little too far*
- 3. **W Diversey Pky** becomes **W Diversey Ave**. [Map](#) **1.6 Mi**
3.5 Mi Total
- 4. Turn right onto **N Kimball Ave**. [Map](#) **0.07 Mi**
3.6 Mi Total
*N Kimball Ave is just past N Christiana Ave
Vvaw is on the corner
If you reach N St Louis Ave you've gone about 0.1 miles too far*
- 5. **2838 N KIMBALL AVE** is on the left. [Map](#)
*Your destination is just past N Woodard St
If you reach N Dawson Ave you've gone a little too far*

2838 N Kimball Ave, Chicago, IL 60618-7524

Total Travel Estimate: 3.56 miles - about 11 minutes

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Pimsleur Approach

Notes

Fresenius Medical Care Northcenter



Trip to:

2620 W Addison St

Chicago, IL 60618-5905

3.06 miles / 9 minutes

A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going **north** on **N Halsted St** toward **W Schubert Ave**. [Map](#) **0.2 Mi**
0.2 Mi Total



2. Take the 1st **left** onto **W Diversey Pky**. [Map](#) **0.5 Mi**
W Diversey Pky is just past W Schubert Ave
Durkin's is on the corner
If you reach W Wolfram St you've gone a little too far
0.7 Mi Total



3. Turn **slight right** onto **N Lincoln Ave**. [Map](#) **1.3 Mi**
Gino's East is on the right
If you reach N Magnolia Ave you've gone a little too far
2.0 Mi Total



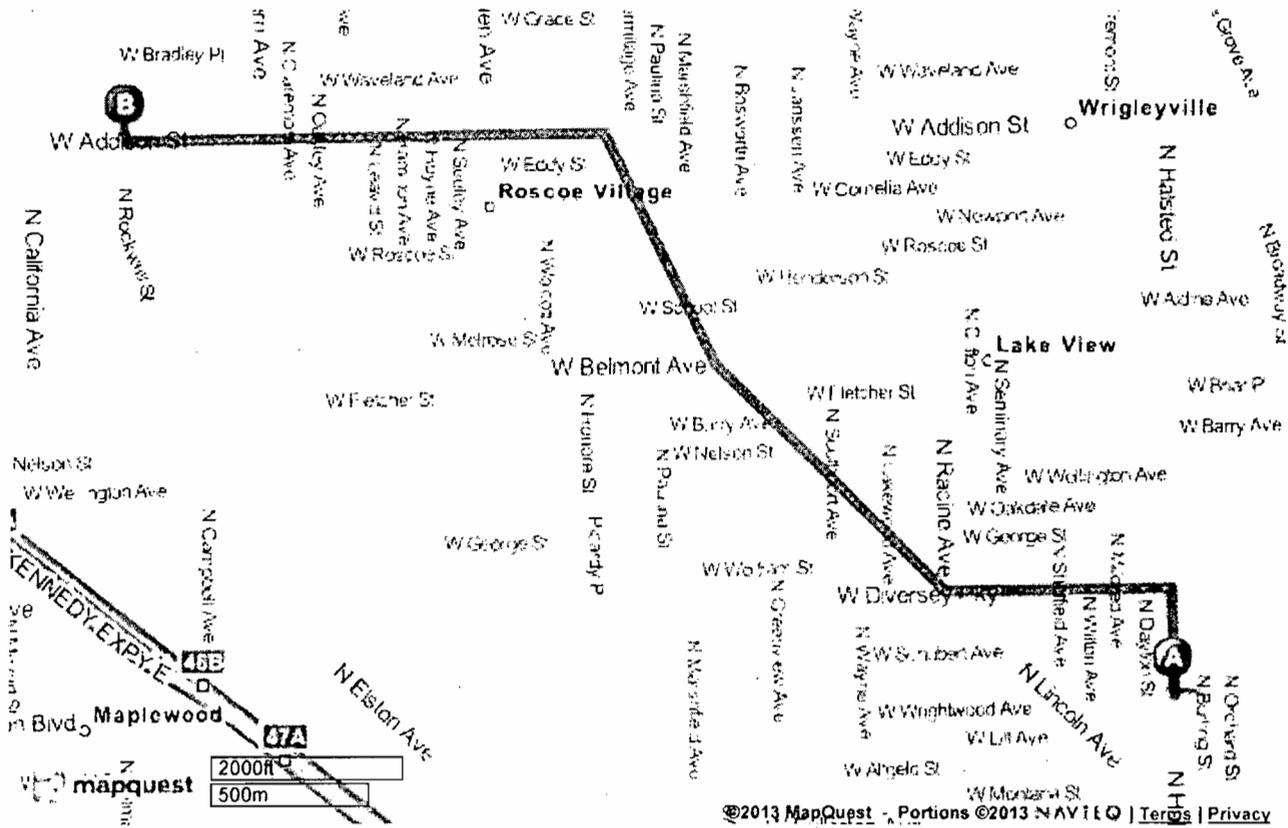
4. Turn **left** onto **W Addison St**. [Map](#) **1.1 Mi**
W Addison St is 0.1 miles past N Hermitage Ave
Cafe Orchid is on the corner
If you reach W Patterson Ave you've gone a little too far
3.1 Mi Total



5. **2620 W ADDISON ST** is on the **right**. [Map](#)
Your destination is 0.1 miles past N Campbell Ave
If you reach N Rockwell St you've gone a little too far

B 2620 W Addison St, Chicago, IL 60618-5905

Total Travel Estimate: 3.06 miles - about 9 minutes



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Notes

Nephron Dialysis Ctr Swedish Covenant



mapquest

Trip to:

5140 N California Ave # 510

Chicago, IL 60625-3645

4.70 miles / 14 minutes



A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going north on N Halsted St toward W Schubert Ave. [Map](#) **0.2 Mi**
0.2 Mi Total



2. Take the 1st left onto W Diversey Pky. [Map](#) **0.5 Mi**
W Diversey Pky is just past W Schubert Ave
Durkin's is on the corner
If you reach W Wolfram St you've gone a little too far
0.7 Mi Total



3. Turn slight right onto N Lincoln Ave. [Map](#) **2.8 Mi**
Gino's East is on the right
If you reach N Magnolia Ave you've gone a little too far
3.6 Mi Total



4. Turn left onto W Leland Ave. [Map](#) **0.08 Mi**
Shree Shree Inc is on the corner
3.6 Mi Total



5. Turn right onto N Western Ave. [Map](#) **0.1 Mi**
Tom Lee is on the corner
3.8 Mi Total



6. Take the 1st left onto W Lawrence Ave. [Map](#) **0.5 Mi**
Subway is on the corner
If you are on N Lincoln Ave and reach W Gunnison St you've gone a little too far
4.3 Mi Total



7. Turn right onto N California Ave. [Map](#) **0.4 Mi**
N California Ave is just past N Fairfield Ave
Mcbil is on the corner
If you reach N Virginia Ave you've gone a little too far
4.7 Mi Total



8. 5140 N CALIFORNIA AVE # 510 is on the left. [Map](#)
Your destination is just past W Carmen Ave
If you reach W Foster Ave you've gone a little too far

B 5140 N California Ave # 510, Chicago, IL 60625-3645

Notes

Lincoln Park Dialysis Center



Trip to:

3155 N Lincoln Ave # 57

Chicago, IL 60657-3111

1.41 miles / 3 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going north on **N Halsted St** toward **W Schubert Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 1st left onto **W Diversey Pky**. [Map](#)

0.5 Mi

*W Diversey Pky is just past W Schubert Ave
Durkin's is on the corner*

0.7 Mi Total

If you reach W Wolfram St you've gone a little too far



3. Turn slight right onto **N Lincoln Ave**. [Map](#)

0.7 Mi

Gino's East is on the right

1.4 Mi Total

If you reach N Magnolia Ave you've gone a little too far



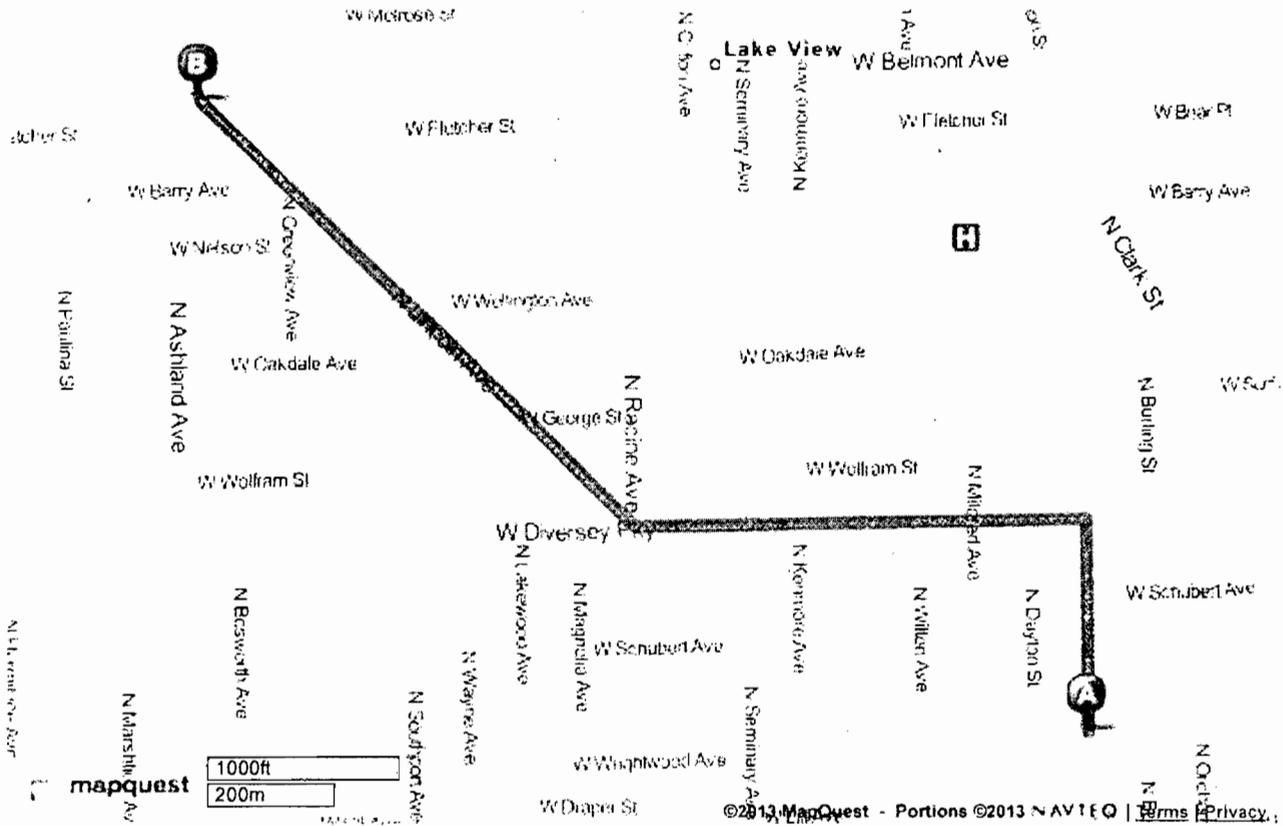
4. **3155 N LINCOLN AVE # 57** is on the right. [Map](#)

Your destination is 0.1 miles past N Greenview Ave

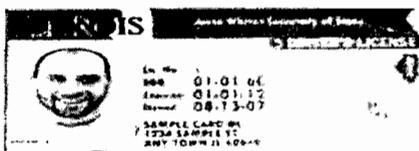
If you reach N Ashland Ave you've gone a little too far

3155 N Lincoln Ave # 57, Chicago, IL 60657-3111

Total Travel Estimate: 1.41 miles - about 3 minutes



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Notes

Fresenius Medical Care of Lakeview



Trip to:

4008 N Broadway St Ste 1200

Chicago, IL 60613-2111

1.77 miles / 5 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going north on N Halsted St toward W Schubert Ave. [Map](#)

1.5 Mi

1.5 Mi Total



2. N Halsted St becomes N Broadway St. [Map](#)

0.3 Mi

1.8 Mi Total



3. **4008 N BROADWAY ST STE 1200** is on the left. [Map](#)

*Your destination is just past W Irving Park Rd
If you reach W Cuyler Ave you've gone a little too far*



4008 N Broadway St Ste 1200, Chicago, IL 60613-2111

Notes
FMC - (RCG) - Uptown



Trip to:
4700 N Marine Dr
Chicago, IL 60640-7972
3.64 miles / 8 minutes

2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going north on **N Halsted St** toward **W Schubert Ave.** [Map](#) **0.7 Mi**
0.7 Mi Total
- 2. Turn **right** onto **W Belmont Ave.** [Map](#) **0.6 Mi**
1.3 Mi Total
*W Belmont Ave is just past W Briar Pl
Peking Chinese Food is on the right
If you reach W Melrose St you've gone a little too far*
- 3. Merge onto **US-41 N / N Lake Shore Dr** via the ramp on the **left.** [Map](#) **2.0 Mi**
3.3 Mi Total
- 4. Take the **Lawrence Ave** ramp. [Map](#) **0.1 Mi**
3.4 Mi Total
- 5. Turn **left** onto **W Lawrence Ave.** [Map](#) **0.1 Mi**
3.5 Mi Total
If you reach US-41 N you've gone about 0.1 miles too far
- 6. Turn **left** onto **N Marine Dr.** [Map](#) **0.1 Mi**
3.6 Mi Total
*Salvation Army is on the corner
If you reach N Ciarendon Ave you've gone a little too far*
- 7. **4700 N MARINE DR** is on the **right.** [Map](#)
*Your destination is just past W Lakeside Pl
If you reach W Leland Ave you've gone a little too far*

4700 N Marine Dr, Chicago, IL 60640-7972

Notes

FMC - RCG MidAmerica - Prairie



Trip to:

1717 S Wabash Ave

Chicago, IL 60616-1219

6.52 miles / 14 minutes



A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on N Halsted St toward W Wrightwood Ave. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto W Fullerton Pky. [Map](#)

0.9 Mi

W Fullerton Pky is 0.1 miles past W Lill Ave
McDonald's is on the corner

1.1 Mi Total

If you reach W Belden Ave you've gone about 0.1 miles too far



3. Merge onto US-41 S. [Map](#)

4.4 Mi

If you reach US-41 N you've gone about 0.1 miles too far

5.6 Mi Total



4. Turn right onto E Roosevelt Rd. [Map](#)

0.3 Mi

E Roosevelt Rd is 0.4 miles past E Balbo Dr
McDonald's is on the corner

5.8 Mi Total

If you are on S Lake Shore Dr and reach S Columbus Dr you've gone about 0.3 miles too far



5. Turn left onto S Michigan Ave. [Map](#)

0.5 Mi

S Michigan Ave is just past S Indiana Ave
Subway is on the corner

6.3 Mi Total

If you reach S Wabash Ave you've gone a little too far



6. Turn right onto E 16th St. [Map](#)

0.09 Mi

E 16th St is 0.2 miles past E 14th St

6.4 Mi Total

If you reach E 18th St you've gone about 0.1 miles too far



7. Turn left onto S Wabash Ave. [Map](#)

0.09 Mi

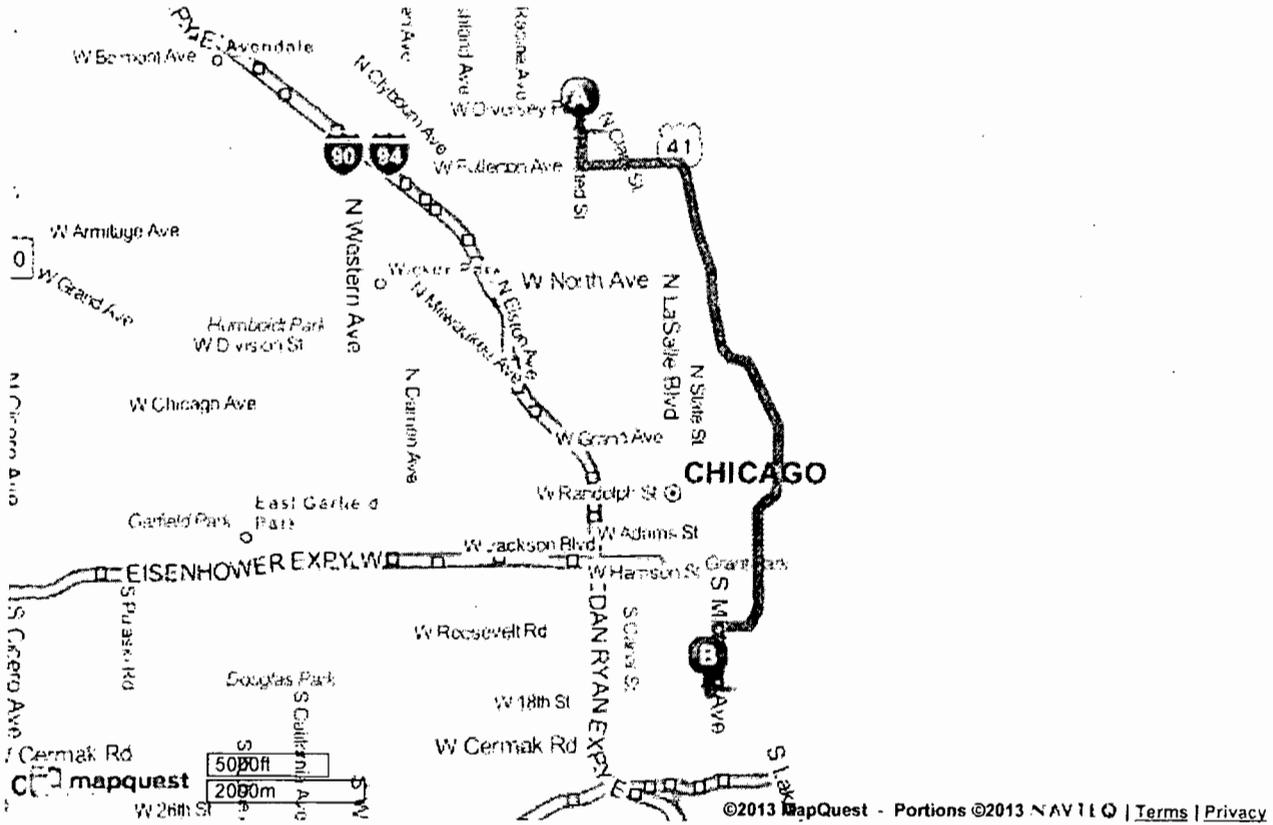
If you reach S State St you've gone a little too far

6.5 Mi Total



B 1717 S Wabash Ave, Chicago, IL 60616-1219

Total Travel Estimate: **6.52 miles - about 14 minutes**



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Trip to:

710 N Fairbanks Ct

Chicago, IL 60611-3013

3.54 miles / 9 minutes



2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto **W Fullerton Pky.** [Map](#)

0.9 Mi

W Fullerton Pky is 0.1 miles past W Lill Ave

1.1 Mi Total

McDonald's is on the corner

If you reach W Belden Ave you've gone about 0.1 miles too far



3. Merge onto **N Lake Shore Dr / US-41 S.** [Map](#)

1.5 Mi

If you reach US-41 N you've gone about 0.1 miles too far

2.6 Mi Total



4. Take the **Michigan Ave** ramp. [Map](#)

0.3 Mi

2.9 Mi Total



5. Stay straight to go onto **N Michigan Ave.** [Map](#)

0.4 Mi

3.3 Mi Total



6. Turn left onto **E Superior St.** [Map](#)

0.2 Mi

E Superior St is just past E Chicago Ave

3.5 Mi Total

The Freshmarket is on the left

If you reach E Huron St you've gone a little too far



7. Turn right onto **N Fairbanks Ct.** [Map](#)

0.04 Mi

N Fairbanks Ct is 0.1 miles past N St Clair St

3.5 Mi Total

If you reach N Lake Shore Dr you've gone about 0.2 miles too far



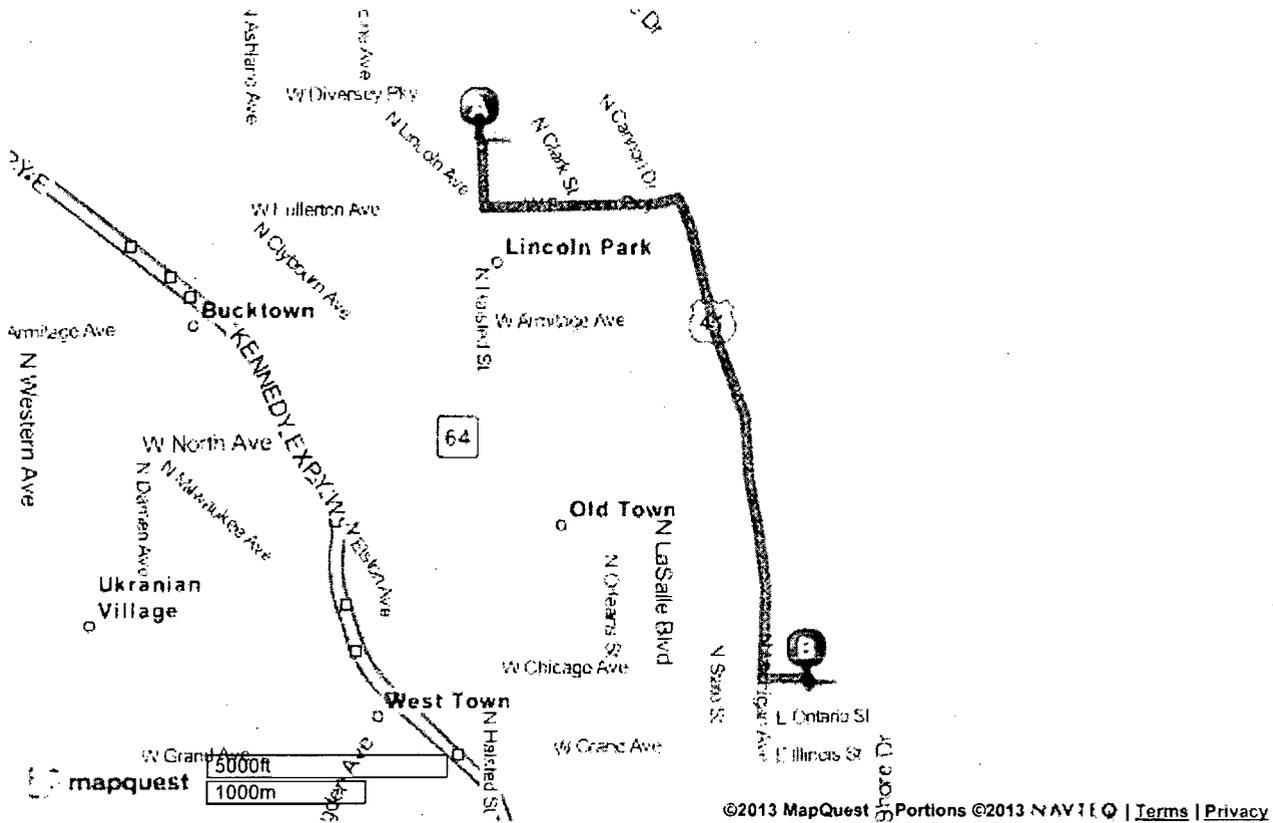
8. **710 N FAIRBANKS CT** is on the right. [Map](#)

If you reach E Huron St you've gone a little too far



710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate: **3.54 miles - about 9 minutes**



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- 39 40 41 42 43 44 45 46 47 48 49 50 51 52
- 54 55 56 57 58 59 60 61 62 63 64 >64 [Calculate New Pa](#)

355

Appendix - 1

Notes

FMC - Dialysis Ctr of America - (Rogers Park)



Trip to:

2277 W Howard St

Chicago, IL 60645-1922

7.95 miles / 19 minutes

2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going north on **N Halsted St** toward **W Schubert Ave.** [Map](#) **0.7 Mi**

0.7 Mi Total



2. Turn right onto **W Belmont Ave.** [Map](#) **0.6 Mi**

W Belmont Ave is just past W Briar Pl

Peking Chinese Food is on the right

If you reach W Melrose St you've gone a little too far

1.3 Mi Total



3. Turn left to take the **US-41 N ramp.** [Map](#) **0.2 Mi**

1.5 Mi Total



4. Merge onto **N Lake Shore Dr.** [Map](#) **3.1 Mi**

4.6 Mi Total



5. **N Lake Shore Dr** becomes **W Hollywood Ave.** [Map](#) **0.4 Mi**

5.0 Mi Total



6. Turn right onto **N Ridge Ave / US-14.** Continue to follow **N Ridge Ave.** [Map](#) **0.8 Mi**

5.9 Mi Total



7. Turn right onto **N Ravenswood Ave / N Ridge Ave.** Continue to follow **N Ridge Ave.** [Map](#) **0.4 Mi**

Blue Nile Restaurant is on the corner

6.3 Mi Total



8. **N Ridge Ave** becomes **N Ridge Blvd.** [Map](#) **1.5 Mi**

7.8 Mi Total



9. Turn left onto **Howard St / W Howard St.** [Map](#) **0.1 Mi**

Howard St is 0.1 miles past W Birchwood Ave

Evanston Gas and Food is on the corner

If you are on Ridge Ave and reach Dobson St you've gone a little too far

8.0 Mi Total



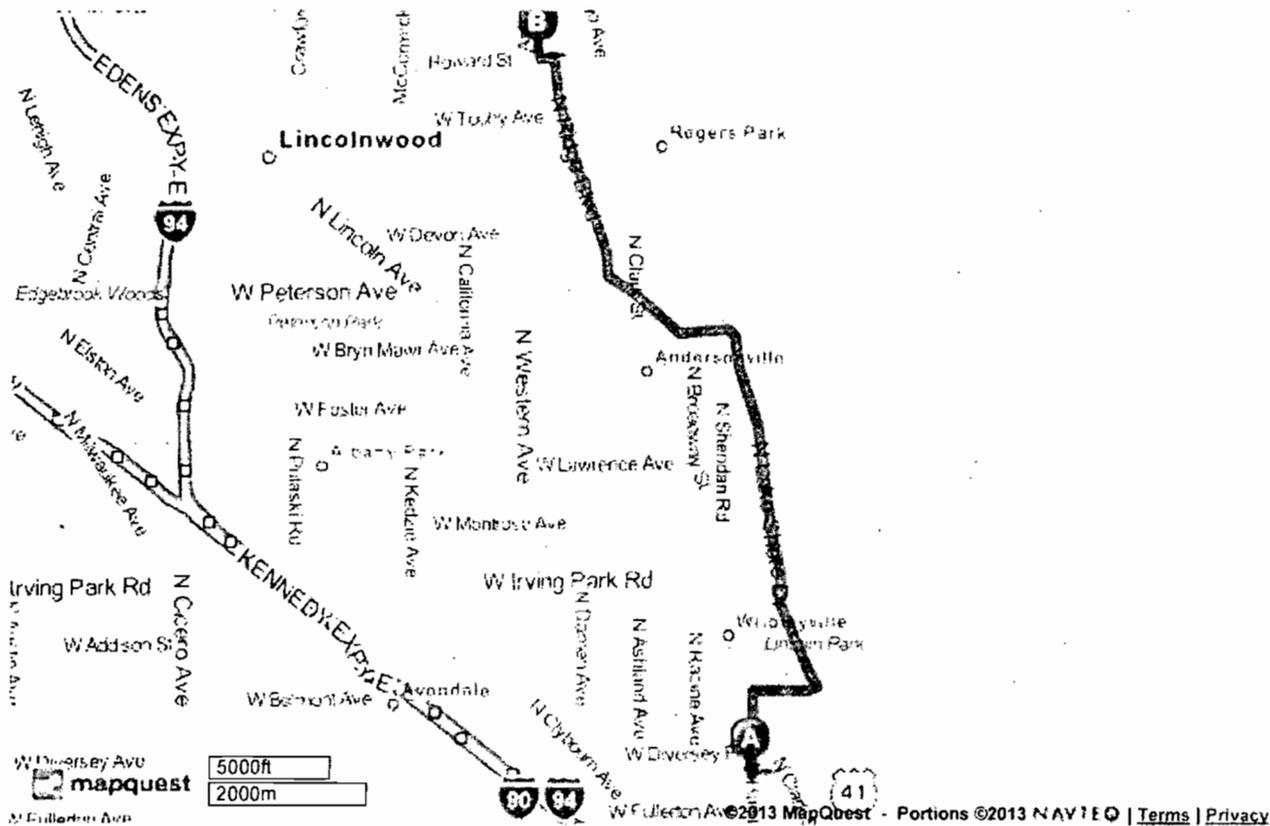
10. **2277 W HOWARD ST.** [Map](#)

Your destination is just past N Bell Ave

If you reach N Oakley Ave you've gone a little too far

2277 W Howard St, Chicago, IL 60645-1922

Total Travel Estimate: 7.95 miles - about 19 minutes



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Notes
Evanston Renal Center



Trip to:
1715 Central St
Evanston, IL 60201-1507
11.26 miles / 29 minutes

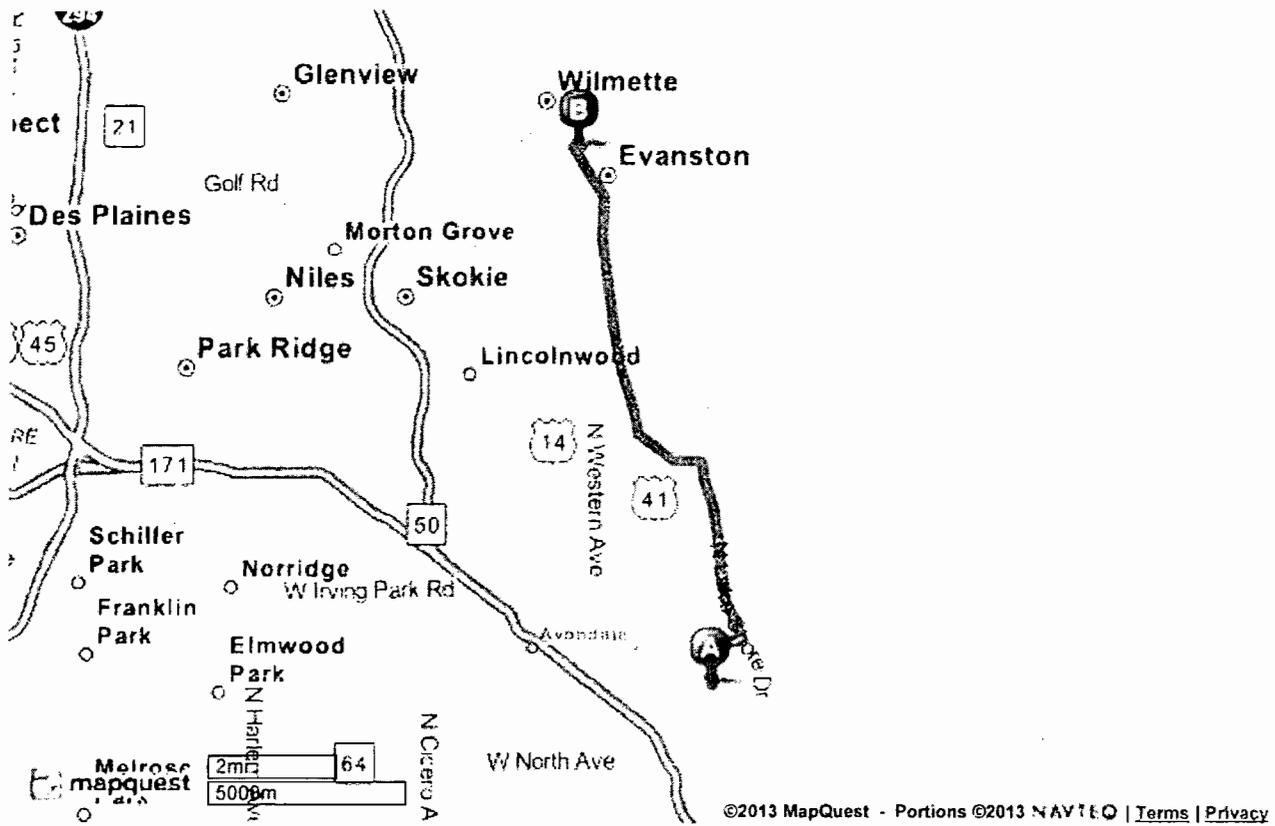
2611 N Halsted St, Chicago, IL 60614-2301

- 1. Start out going north on N Halsted St toward W Schubert Ave. [Map](#) 0.7 Mi
0.7 Mi Total
- 2. Turn right onto W Belmont Ave. [Map](#) 0.6 Mi
1.3 Mi Total
W Belmont Ave is just past W Briar Pl
Peking Chinese Food is on the right
If you reach W Melrose St you've gone a little too far
- 3. Turn left to take the US-41 N ramp. [Map](#) 0.2 Mi
1.5 Mi Total
- 4. Merge onto N Lake Shore Dr. [Map](#) 3.1 Mi
4.6 Mi Total
- 5. N Lake Shore Dr becomes W Hollywood Ave. [Map](#) 0.4 Mi
5.0 Mi Total
- 6. Turn right onto N Ridge Ave / US-14. Continue to follow N Ridge Ave. [Map](#) 0.8 Mi
5.9 Mi Total
- 7. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. [Map](#) 0.4 Mi
6.3 Mi Total
Blue Nile Restaurant is on the corner
- 8. N Ridge Ave becomes N Ridge Blvd. [Map](#) 1.5 Mi
7.8 Mi Total
- 9. N Ridge Blvd becomes Ridge Ave. [Map](#) 2.2 Mi
10.0 Mi Total
- 10. Turn slight left onto Green Bay Rd. [Map](#) 1.1 Mi
11.1 Mi Total
Green Bay Rd is just past Clark St
- 11. Turn right onto Central St. [Map](#) 0.2 Mi
11.3 Mi Total
Central St is just past Harrison St
Chase is on the corner
If you reach Livingston St you've gone about 0.1 miles too far
- 12. **1715 CENTRAL ST.** [Map](#)
Your destination is 0.1 miles past Poplar Ave
If you reach Eastwood Ave you've gone a little too far



1715 Central St, Evanston, IL 60201-1507

Total Travel Estimate: 11.26 miles - about 29 minutes



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BRAIN TRAINING GAMES	Intelligence	Problem Solving	Speed
	Memory	Fluid Intelligence	Language
	Attention	Stress	Spatial Reasoning
	Focus	Reaction Time	Visual Recall





Notes

Evanston Hospital



Trip to:

2650 Ridge Ave

Evanston, IL 60201-1718

11.06 miles / 29 minutes



A 2611 N Halsted St, Chicago, IL 60614-2301



1. Start out going north on N Halsted St toward W Schubert Ave. [Map](#)

0.7 Mi

0.7 Mi Total



2. Turn right onto W Belmont Ave. [Map](#)

0.6 Mi

1.3 Mi Total

*W Belmont Ave is just past W Briar Pl
Peking Chinese Food is on the right
If you reach W Melrose St you've gone a little too far*



3. Turn left to take the US-41 N ramp. [Map](#)

0.2 Mi

1.5 Mi Total



4. Merge onto N Lake Shore Dr. [Map](#)

3.1 Mi

4.6 Mi Total



5. N Lake Shore Dr becomes W Hollywood Ave. [Map](#)

0.4 Mi

5.0 Mi Total



6. Turn right onto N Ridge Ave / US-14. Continue to follow N Ridge Ave. [Map](#)

0.8 Mi

5.9 Mi Total



7. Turn right onto N Ravenswood Ave / N Ridge Ave. Continue to follow N Ridge Ave. [Map](#)

0.4 Mi

6.3 Mi Total

Blue Nile Restaurant is on the corner



8. N Ridge Ave becomes N Ridge Blvd. [Map](#)

1.5 Mi

7.8 Mi Total



9. N Ridge Blvd becomes Ridge Ave. [Map](#)

3.2 Mi

11.1 Mi Total



10. 2650 RIDGE AVE is on the left. [Map](#)

*Your destination is just past Central St
If you reach Monticello Pl you've gone a little too far*

B 2650 Ridge Ave, Evanston, IL 60201-1718



Notes
Highland Park Hospital

Trip to:
718 Glenview Ave
Highland Park, IL 60035-2432
24.18 miles / 36 minutes

2611 N Halsted St, Chicago, IL 60614-2301

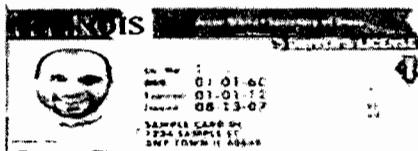
- 1. Start out going south on **N Halsted St** toward **W Wrightwood Ave.** [Map](#) **0.3 Mi**
0.3 Mi Total
- 2. Turn **right** onto **W Fullerton Ave.** [Map](#) **1.7 Mi**
2.0 Mi Total
*W Fullerton Ave is 0.1 miles past W Lill Ave
McDonald's is on the corner
If you reach W Belden Ave you've gone about 0.1 miles too far*
- 3. Merge onto **I-94 W.** [Map](#) **17.6 Mi**
19.6 Mi Total
If you reach N Oakley Ave you've gone about 0.1 miles too far
- 4. Keep left to take **US-41 N** via **EXIT 29** toward **Waukegan.** [Map](#) **3.0 Mi**
22.6 Mi Total
- 5. Take the **East Central Ave** exit. [Map](#) **0.2 Mi**
22.8 Mi Total
- 6. Merge onto **Central Ave.** [Map](#) **0.7 Mi**
23.6 Mi Total
- 7. Turn **left** onto **Green Bay Rd.** [Map](#) **0.5 Mi**
24.0 Mi Total
*Green Bay Rd is just past McGovern St
Highland Park BP is on the left
If you are on Central Ave and reach 2nd St you've gone a little too far*
- 8. Turn **left** onto **Glenview Ave.** [Map](#) **0.2 Mi**
24.2 Mi Total
*Glenview Ave is just past Homewood Ave
USA OIL AND GAS is on the corner
If you reach 1st St you've gone a little too far*
- 9. **718 GLENVIEW AVE** is on the left. [Map](#)
*Your destination is just past Midlothian Ave
If you are on Homewood Ave and reach Park Ave W you've gone about 0.3 miles too far*

718 Glenview Ave, Highland Park, IL 60035-2432

Total Travel Estimate: 24.18 miles - about 36 minutes



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Trip to:

6535 S Western Ave

Chicago, IL 60636-2410

12.12 miles / 29 minutes

 **2611 N Halsted St, Chicago, IL 60614-2301**

- | | | |
|---|---|--------------------------------|
|  | 1. Start out going south on N Halsted St toward W Wrightwood Ave. Map | 1.2 Mi
1.2 Mi Total |
|  | 2. N Halsted St becomes N Halsted Sts. Map | 0.05 Mi
1.2 Mi Total |
|  | 3. N Halsted Sts becomes N Halsted St. Map | 1.8 Mi
3.0 Mi Total |
|  | 4. Turn left onto W Lake St. Map
<i>W Lake St is just past W Walnut St
Paddy OFegan's is on the right
If you reach W Couch Pl you've gone a little too far</i> | 0.07 Mi
3.1 Mi Total |
|  | 5. Merge onto I-90 E / I-94 E. Map
<i>If you reach N Union Ave you've gone a little too far</i> | 1.9 Mi
5.0 Mi Total |
|  | 6. Merge onto I-55 S / Stevenson Expy S via EXIT 53 toward St Louis. Map | 2.2 Mi
7.3 Mi Total |
|  | 7. Take the Damen Ave exit, EXIT 290. Map | 0.3 Mi
7.5 Mi Total |
|  | 8. Keep left at the fork in the ramp. Map | 0.05 Mi
7.6 Mi Total |
|  | 9. Turn slight left onto S Damen Ave. Map | 0.4 Mi
8.0 Mi Total |
|  | 10. Turn right onto S Archer Ave. Map
<i>S Archer Ave is just past W 34th St
Hück Finn Donuts & Snack Shop is on the right
If you reach W 34th Pl you've gone a little too far</i> | 0.6 Mi
8.6 Mi Total |
|  | 11. Turn left onto S Western Ave. Map
<i>S Western Ave is just past S Western Blvd
Burger King is on the corner
If you reach S Artesian Ave you've gone about 0.1 miles too far</i> | 3.5 Mi
12.1 Mi Total |
|  | 12. 6535 S WESTERN AVE is on the left. Map
<i>Your destination is just past W 65th St
If you reach W 66th St you've gone a little too far</i> | |

6535 S Western Ave, Chicago, IL 60636-2410

