Original

14-019

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
MAY 05 2014
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: *Fresenius Medical Care Summit*		
Street Address *7319-7322 Archer Avenue*		
City and Zip Code: *Summit 60501*		
County: *Cook*	Health Service Area 7	Health Planning Area:

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

Exact Legal Name: *Fresenius Medical Care Summit, LLC d/b/a Fresenius Medical Care Summit*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant

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

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

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

Co-Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Co-Applicant

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

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

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

Primary Contact

Name: *Lori Wright*
Title: *Senior CON Specialist*
Company Name: *Fresenius Medical Care*
Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515*
Telephone Number: *630-960-6807*
E-mail Address: *lori.wright@fmc-na.com*
Fax Number: *630-960-6928*

Additional Contact

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

Name: *Coleen Muldoon*
Title: Regional *Vice President*
Company Name: *Fresenius Medical Care*
Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515*
Telephone Number: *630-960-6706*
E-mail Address: *coleen.muldoon@fmc-na.com*
Fax Number: *630-960-6928*

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: *Lori Wright*
Title: *Senior CON Specialist*
Company Name: *Fresenius Medical Care*
Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515*
Telephone Number: *630-960-6807*
E-mail Address: *lori.wright@fmc-na.com*
Fax Number: *630-960-6928*

Additional Contact

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

Name: *Clare Ranalli*
Title: *Attorney*
Company Name: *McDermott, Will & Emery*
Address: *227 W. Monroe Street, Suite 4700, Chicago, IL 60606*
Telephone Number: *312-984-3365*
E-mail Address: *cranalli@mwe.com*
Fax Number: *312-984-7500*

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Net 3 (Summit), LLC*

Address of Site Owner: *2803 W. Butterfield Road, Suite 310, Oak Brook, IL 60523*

Street Address or Legal Description of Site: *7319-7322 Archer Ave., Summit, IL, 60501*

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

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

Operating Identity/Licensee

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

Exact Legal Name: *Fresenius Medical Care Summit, LLC d/b/a Fresenius Medical Care Summit*

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

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

- [x] Substantive
- [ ] Non-substantive

2. Narrative Description

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

Fresenius Medical Care Summit, LLC, proposes to establish a 12-station in-center hemodialysis facility located at 7319-7322 Archer Avenue, Summit. The facility will be in leased space with the interior to be built out by the applicant.

*Fresenius Medical Care Summit will be in HSA 7. There **is a need** for an additional 86 stations in this HSA according to the April 2014 inventory update. The location of the project borders HSA 6 where there **is a need** for 94 additional stations.*

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,561,700	N/A	1,561,700
Contingencies	155,200	N/A	155,200
Architectural/Engineering Fees	165,000	N/A	165,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	368,000	N/A	368,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space 2,868,797 or Equipment 212,550	3,081,347	N/A	3,075,197
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	5,331,247	N/A	5,331,247
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	1,764,900	N/A	1,764,900
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,081,347	N/A	3,081,347
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	485,000	N/A	485,000
TOTAL SOURCES OF FUNDS	5,331,247	N/A	5,331,247

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:

Land acquisition is related to project ☐ Yes ■ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
■ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ 174,882.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

■ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2015

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
■ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry
☐ APORS
■ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
■ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
PRINTED NAME Mark Fawcett	PRINTED NAME Bryan Mello
PRINTED TITLE Vice President & Treasurer	PRINTED TITLE Assistant Treasurer
Notarization: Subscribed and sworn to before me this _____ day of _____2014	Notarization: Subscribed and sworn to before me this 14 day of April 2014
Signature of Notary C. Wynelle Scenna	Signature of Notary
Seal	Seal

*Insert EXACT legal name of the applicant

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

CERTIFICATION

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

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

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

SIGNATURE

PRINTED NAME Mark Fawcett

PRINTED TITLE Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____2014

Signature of Notary

Seal

SIGNATURE

PRINTED NAME Bryan Mello

PRINTED TITLE Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of April 2014

Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

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

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

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

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

Provide the following information:

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

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

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

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

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

ASSURANCES: ***NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE***

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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
■ **In-Center Hemodialysis**	**0**	**12**

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

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

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

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:**

1,764,900	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;
N/A	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.
N/A	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
3,081,347	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.
N/A	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;
N/A	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
485,000	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
5,331,247	**TOTAL FUNDS AVAILABLE**

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

2. Variance

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 38, 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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

INDEX OF ATTACHMENTS

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2	Site Ownership	24-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-33
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15	Project Service Utilization	117
16	Unfinished or Shell Space	
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19	Mergers, Consolidations and Acquisitions	
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20	Medical Surgical Pediatrics, Obstetrics, ICU	
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Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: *Fresenius Medical Care Summit, LLC, d/b/a Fresenius Medical Care Summit**
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant

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

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

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

*Fresenius Medical Care Summit, LLC Certificate of Good Standing on following page.

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Ron Kuerbitz*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant/Co-Applicant

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

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

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

File Number 0466019-6

To all to whom these Presents Shall Come, Greeting:

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

FRESENIUS MEDICAL CARE SUMMIT, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 31, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

Authentication #: 1409201764

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* 2ND *day of* APRIL *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT 1

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	*Net 3(Summit), LLC*
Address of Site Owner:	*2803 W. Butterfield Road, Suite 310, Oak Brook, IL 60523*
Street Address or Legal Description of Site:	*7319-7322 Archer Avenue, Summit, IL 60501*

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

net3 real estate
2803 W. Butterfield Road
Suite 310
Oak Brook, IL 60523
p. 630 216 9008

April 29, 2014

Fresenius Medical Care
Attn: Mr. Bill Popken
(781) 699-9994
Via email: William.Popken@fmc-na.com

RE: ***7319 – 7322 Archer Avenue Land Parcel***
Summit, Illinois
Fresenius Medical Care Build-to-Suit – Letter of Intent

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Summit), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Summit LLC** ("Tenant").

Premises: 9,700 square foot building to be constructed and located at:
7319 – 7322 Archer Ave., Summit, Illinois.
Parcel #s: 18-12-416-024, 18-12-416-025, 18-12-416-026, 18-12-416-027, and 18-12-416-028

Landlord: Net3 (Summit), LLC

Tenant: Fresenius Medical Care Summit, LLC

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

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

Primary Term: 15 years

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p. 630 216 9008

Option Term(s):	Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.
Base Rent over initial Term:	Annual Rent: Starts at $27.50/sq. ft. and increases by 2% in Year 3 of the Primary Term
Taxes, Insurance & CAM:	Tenant will pay our approved costs.
Utilities:	Tenant will be responsible to pay for all of their own utilities.
Tenant's Share:	100%
Condition of Premises Upon Delivery:	Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in (**Exhibit A**). In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.
Rent Commencement Date:	Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) ninety (90) days after the Delivery Date.
Tenant Improvement Allowance:	$50.00 per square foot
Delivery Date:	The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.
Construction Drawings For Landlord's Work:	Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
Tenant's Work:	Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for

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2803 W. Butterfield Road
Suite 310
Oak Brook, IL 60523
p. 630 216 9008

therefor.

Security Deposit: None, subject to Landlord's review of current Tenant financial statements.

Landlord Maintenance: Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage: Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality: The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants: Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a

net3 realestate
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binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to August 2014 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by, 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.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations

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and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

NET 3 REAL ESTATE, L.L.C.,
As Agent for Purchaser

David E. Cunningham
Manager

AGREED TO AND ACCEPTED BY:

_____

Fresenius Medical Care Summit LLC

_____

Date

Operating Identity/Licensee

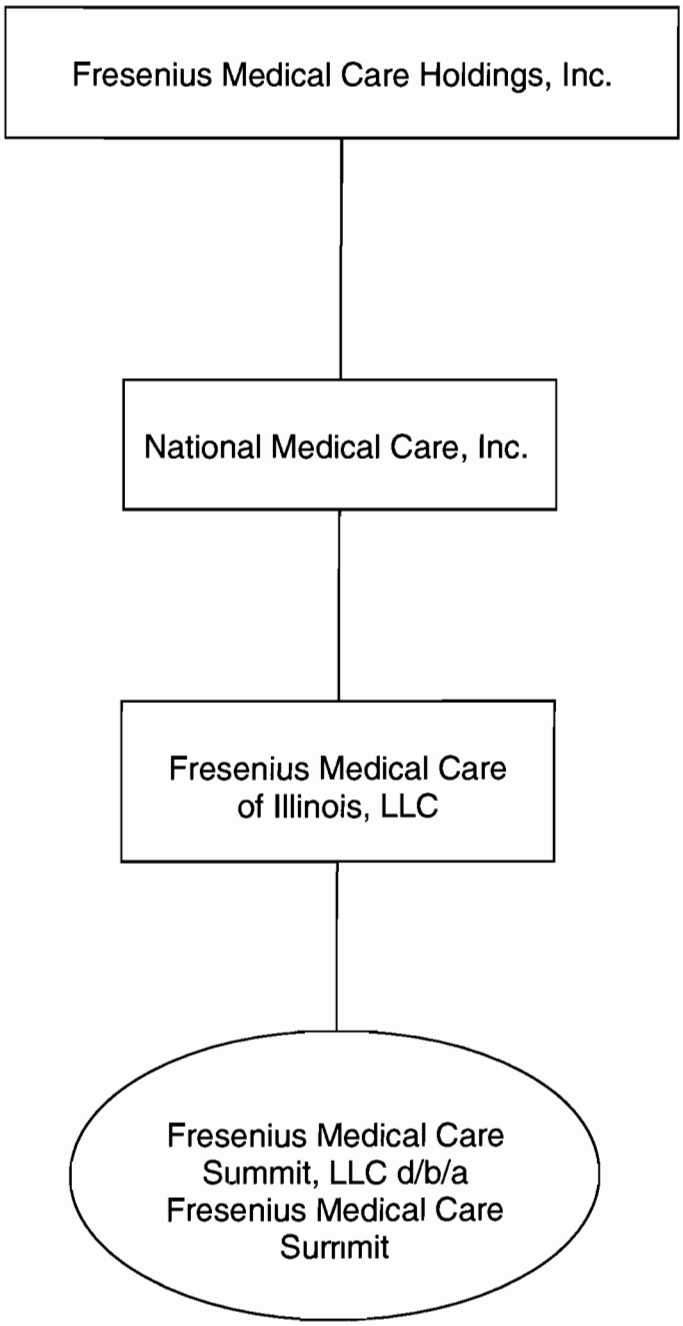
[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: *Fresenius Medical Care Summit, LLC d/b/a Fresenius Medical Care Summit*			
Address: *920 Winter Street, Waltham, MA 02451*			
☐ Non-profit Corporation	☐ Partnership		
☐ For-profit Corporation	☐ Governmental		
✓ Limited Liability Company	☐ Sole Proprietorship	☐	Other

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

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

Certificate of Good Standing at Attachment – 1.



Org Chart
ATTACHMENT - 4

Flood Plain Requirements

The proposed site for the establishment of Fresenius Medical Care Summit complies with the requirements of Illinois Executive Order #2005-5. The site, 7319-7322 Archer Avenue, Summit, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.

MAP SCALE 1" = 500'

0 500 1000 FEET

METE

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0491J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 491 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHICAGO, CITY OF	170074	0491	J
COOK COUNTY	170054	0491	J
FOREST VIEW, VILLAGE OF	170093	0491	J
LYONS, VILLAGE OF	170120	0491	J
McCOOK, VILLAGE OF	170121	0491	J
STICKNEY, VILLAGE OF	170164	0491	J
SUMMIT, VILLAGE OF	170167	0491	J

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

MAP NUMBER
17031C0491J

MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

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

Flood Plain

ATTACHMENT - 5

Illinois Historic Preservation Agency

FAX 217/524-7525

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

Cook County
Summit
7322 Archer Avenue
IHFSRB
New construction, 16-station dialysis facility - Fresenius Medical Care

PLEASE REFER TO: IHPA LOG #001022414

March 3, 2014

Lori Wright
Fresenius Medical Care
3500 Lacey Road
Downers Grove, IL 60515

Dear Ms. Wright:

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

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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

Historical Determination
ATTACHMENT 6

SUMMARY OF PROJECT COSTS

Modernization Contracts

General Conditions	78,200
Temp Facilities, Controls, Cleaning, Waste Management	4,000
Concrete	20,000
Masonry	23,700
Metal Fabrications	11,700
Carpentry	137,000
Thermal, Moisture & Fire Protection	27,800
Doors, Frames, Hardware, Glass & Glazing	107,000
Walls, Ceilings, Floors, Painting	252,200
Specialities	20,000
Casework, Fl Mats & Window Treatments	9,100
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	500,000
Wiring, Fire Alarm System, Lighting	301,000
Miscelleanous Construction Costs	70,000
Total	**$1,561,700**

Contingencies

Contingencies **$155,200**

Architectural/Engineering

Architecture/Engineering Fees **$165,000**

ATTACHMENT - 7

Movable or Other Equipment

Dialysis Chairs	30,000
Misc. Clinical Equipment	18,000
Clinical Furniture & Equipment	27,000
Office Equipment & Other Furniture	35,000
Water Treatment	100,000
TVs & Accessories	75,000
Telephones	13,000
Generator	35,000
Facility Automation	20,000
Other miscellaneous	15,000
Total	**$368,000**

Fair Market Value Leased Space & Equipment

FMV Leased Space (9,700 GSF)	$2,868,797
FMV Leased Dialysis Machines	200,550
FMV Leased Computers,Fax,Copiers	12,000
Total	**$3,081,347**

ATTACHMENT - 7

Project Status and Completion Schedules

- Anticipated completion date is December 31, 2015.

- Project obligation will occur after permit issuance.

- **List of Current CON Permits**

Project Number	Name	Project Type	Completion Date
#10-063	Fresenius Lakeview	Expansion	04/15/2015
#10-067	Fresenius Des Plaines	Establishment	08/15/2014
#12-046	Fresenius Spoon River	Relocation/Expansion	12/31/2014
#12-029	Fresenius SW Illinois	Relocation	08/01/2014
#12-067	Fresenius Normal	Establishment	10/31/2014
#12-069	Fresenius Pekin	Relocation/Expansion	10/31/2014
#12-091	Fresenius Carbondale	Relocation	12/31/2014
#12-095	Fresenius Waterloo	Establishment	02/28/2015
#12-098	Fresenius Monmouth	Establishment	02/28/2015
#E-010-13	Fresenius Naperville North	Expansion	04/30/2015
#13-008	Fresenius Chicago Kidney Center	Relocation	12/31/2014
#13-053	Fresenius Evanston	Expansion	11/15/2015

Cost Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-Center Hemodialysis	5,331,247		9,700		9,700		
Total Clinical	5,331,247		9,700		9,700		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	**5,331,247**		**9,700**		**9,700**		

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

Fresenius Medical Care

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

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

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

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

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

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

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

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

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

Diabetes Care Partnership - Fresenius Medical Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Medical Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Medical Care employees in Chicago alone raised almost $19,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease.

MAGAZINE
2013

FRESENIUS
MEDICAL CARE

Background – Company Magazine 2013
ATTACHMENT 11

E D I T O R I A L

To get a full understanding of Fresenius Medical Care's work, it is important to view our Company from different angles. What opportunities do we offer our patients and employees? What prospects arise out of this for our Company and in financial terms? Each one of these perspectives plays a key part in our success. Together, they make up the corporate image that we represent, and the special corporate culture that distinguishes Fresenius Medical Care.

The stories that we tell in this magazine are intended to illustrate this wide range of perspectives more clearly. Whether it's about making a forecast of population development or tapping into new markets in Africa, giving an insight into our unique network for comprehensive care of our dialysis patients in the U.S. or inviting you to celebrate the production of our 1,000,000,000th dialyzer with us, presenting our patients' sporting activities or the opportunities that sustainability offers.

This enables you to look at Fresenius Medical Care from several perspectives and gain a complete picture of how passionately and successfully our employees are working to improve our patients' quality of life every single day – for a secure and promising future.

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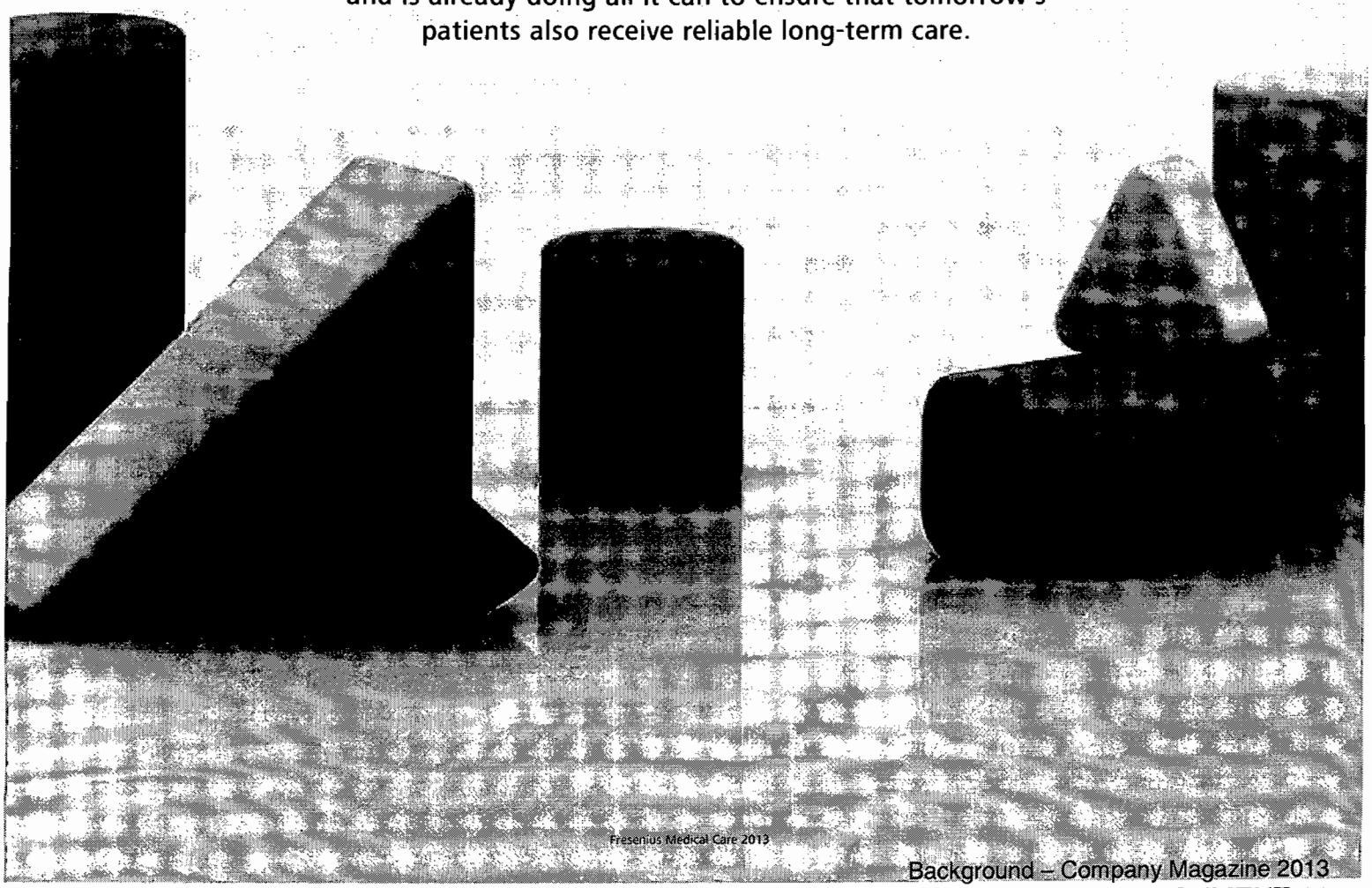
REVIEW 2013

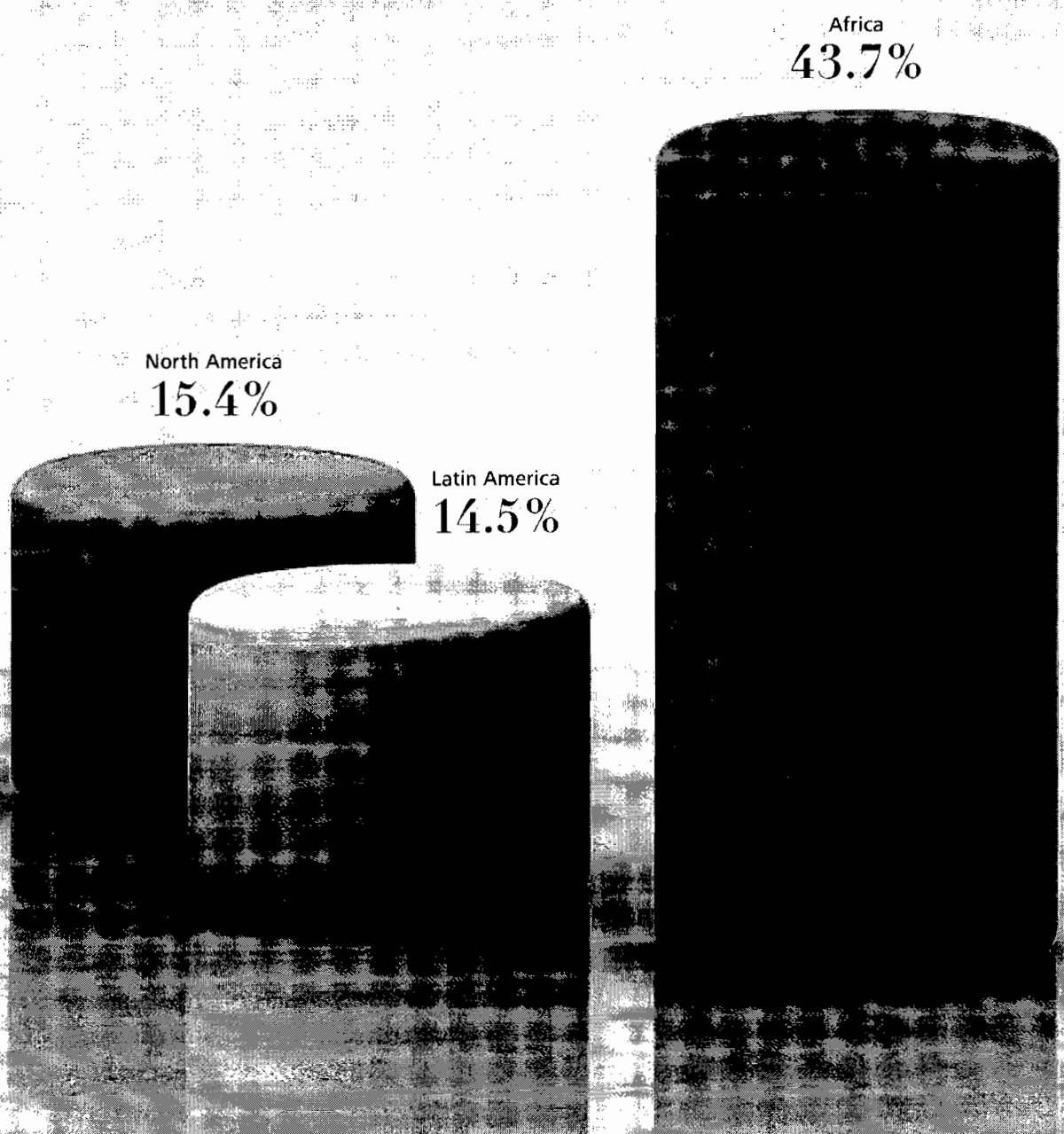
THINKING ABOUT TOMORROW

People are getting older and our lifestyles and diets are changing radically – obesity is not uncommon. This leads to a growing risk of contracting lifestyle diseases like diabetes and chronic kidney failure later on. As a result, more and more people need dialysis treatment. At the same time, constant improvements in medical care mean that dialysis patients are living longer and therefore need treatment longer, too.

Fresenius Medical Care is facing up to these challenges and is already doing all it can to ensure that tomorrow's patients also receive reliable long-term care.

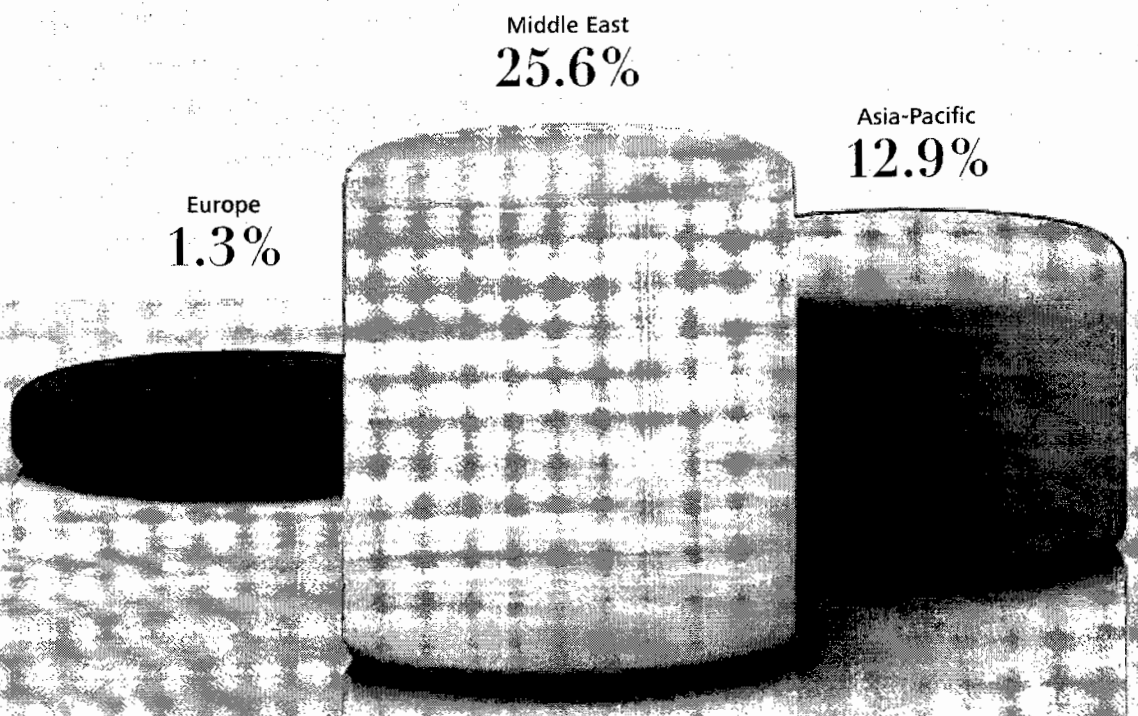


DEMOGRAPHIC DEVELOPMENT
POPULATION GROWTH 2013 – 2030



The global population is expected to increase by 17% to 8.3 billion people by 2030. By now, more than half of all people live in the Asia-Pacific region. The population growth will be concentrated in today's developing and emerging countries. In these regions, the population is likely to grow around seven times faster than in industrialized countries to a total of 7.0 billion people by 2030. A particularly high percentage increase in the global population is expected in Africa. Many developing and emerging countries are lagging behind in certain aspects

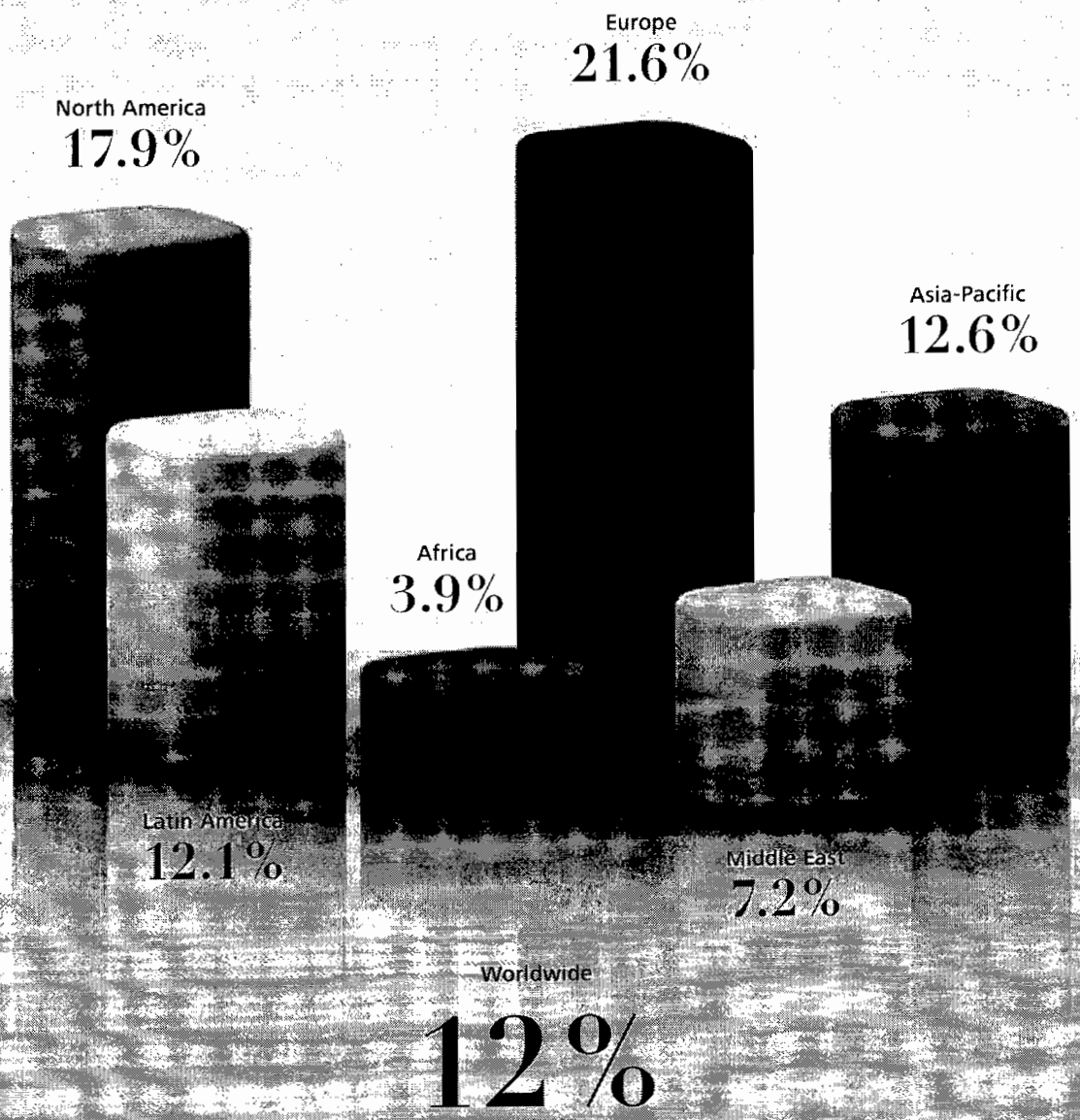
Worldwide
17%



Source: U.S. Census Bureau

of healthcare. In some countries, many patients are only now gradually gaining access to adequate dialysis treatment thanks to the ongoing establishment and expansion of sustainable healthcare systems. This development is expected to continue. Fresenius Medical Care has been present in regions such as North Africa or Eastern Europe and countries such as China and India for many years now. We intend to expand our activities in these markets in the future.

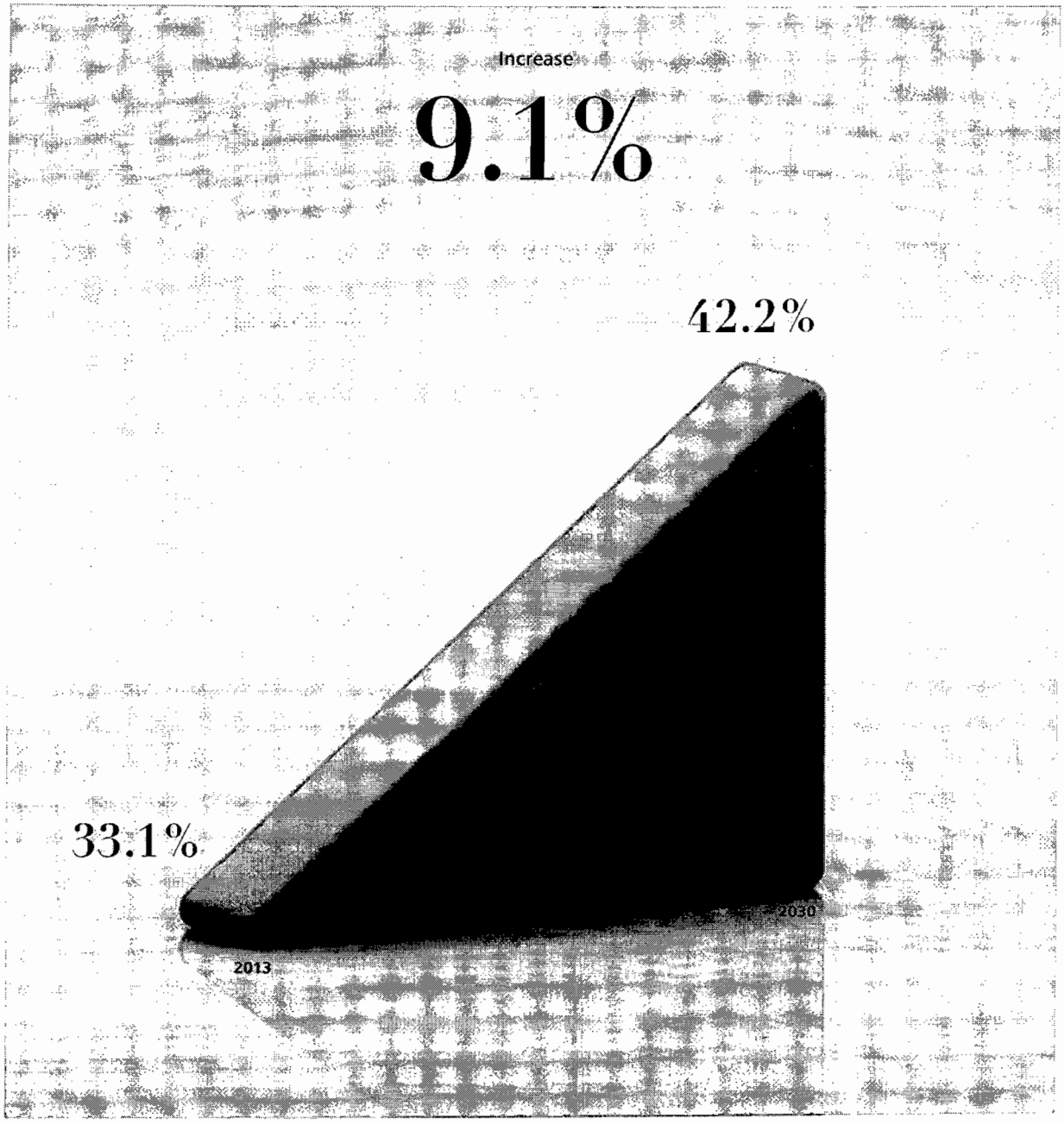
PERCENTAGE OF OVER-65s IN 2030



The percentage of older people in the population is increasing: Between 2013 and 2030, the average age is set to rise by 5.1 years, in developing countries by as much as 5.5 years. The number of people aged 65 and older is likely to almost double to approximately 990 million by 2030 and thus account for around 12% of the global population. At present, the age of dialysis patients is on average 65. With age, kidney function deteriorates – a natural process. In combination with risk factors, such as longstanding diabetes or high blood pressure, it can lead to chronic kidney failure.

Source: U.S. Census Bureau

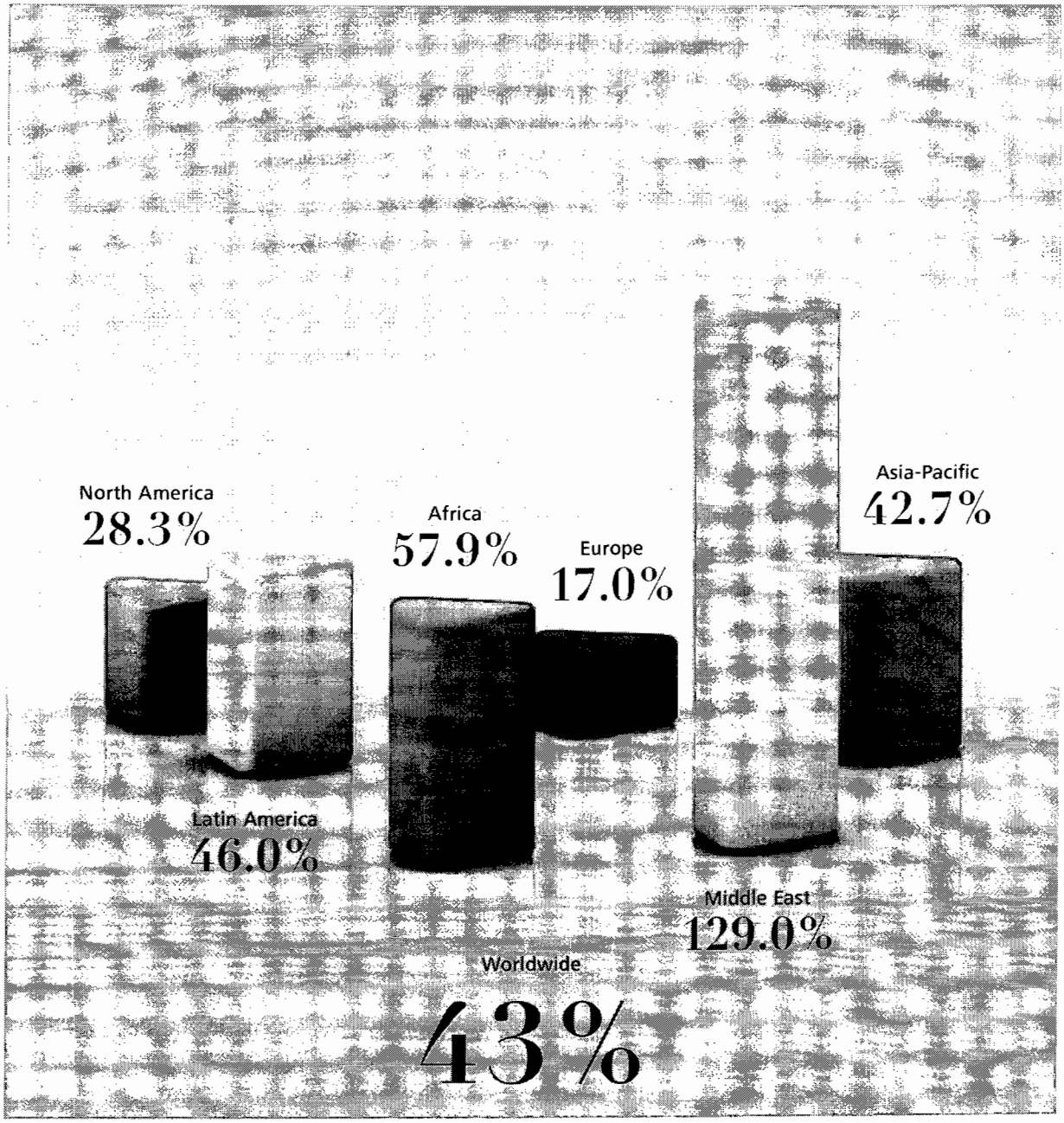
PERCENTAGE OF OBESE PEOPLE IN THE U.S.



Studies indicate that the number of obese people is rising exponentially. In the U.S., it is particularly high. Obesity is not just a cosmetic problem – it can promote illnesses that cause renal damage such as diabetes, cardiovascular disease and high blood pressure.

Source: Study "Obesity and Severe Obesity Forecasts through 2030", June 2012

DIABETES PATIENTS AGED BETWEEN 20 AND 79
DEVELOPMENT 2013 – 2030



Lifestyle diseases such as diabetes are on the rise. They are becoming increasingly common due to factors such as lack of exercise, an unhealthy diet and obesity. The increase in the number of diabetes patients is especially high in developing and emerging countries. Longstanding diabetes is one of the most common contributory causes of kidney damage.

Source: International Diabetes Federation, 2013 and Fresenius Medical Care internal estimates

Background – Company Magazine 2013
ATTACHMENT 11

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NUMBER OF DIALYSIS PATIENTS 2013 AND 2030

	2013	2030
Asia-Pacific	1.1 M	3.4 M
Middle East	77,000	287,000
Africa	110,000	266,000
Europe	452,000	771,000
Latin America	252,000	560,000
North America	568,000	1.2 M

Worldwide 2030

6.5 M

In the years ahead, the number of dialysis patients is expected to rise by 6% per year. Are there currently 2.5 million patients worldwide, the number is expected to increase to around 6.5 million by 2030. We anticipate considerable regional differences: We expect growth rates of around 2 to 4% per year in the U.S., Japan, Western and Central Europe, and up to 10% per year in economically weaker regions. Fresenius Medical Care currently treats more than 10% of all dialysis patients worldwide.

Source: Fresenius Medical Care internal estimates

Background – Company Magazine 2013

ATTACHMENT 11

Company perspective
Tapping into new markets

Patient perspective
Quality of life

AFRICA CHANGING TIMES

إفريقيا في نهضة جديدة

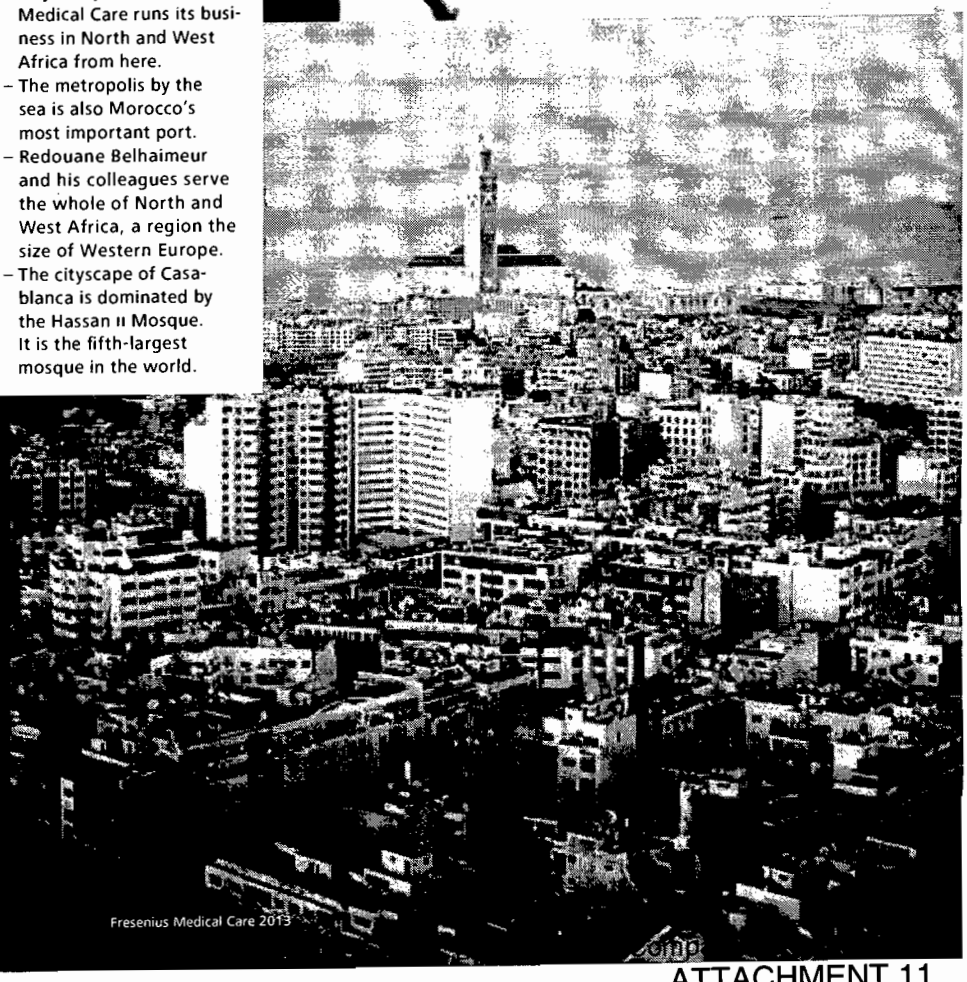
In many countries in North and West Africa, the economy is performing strongly and public spending on education and health care is rising. Fresenius Medical Care is orchestrating efforts to establish care for dialysis patients throughout this region. The work is coordinated in our Moroccan office. Having worked in North and West Africa for many years, employees like Redouane Belhaimeur are familiar with the challenges in the region. This is what a normal working day is like for Redouane Belhaimeur in Casablanca ...

Fresenius Medical Care 2013

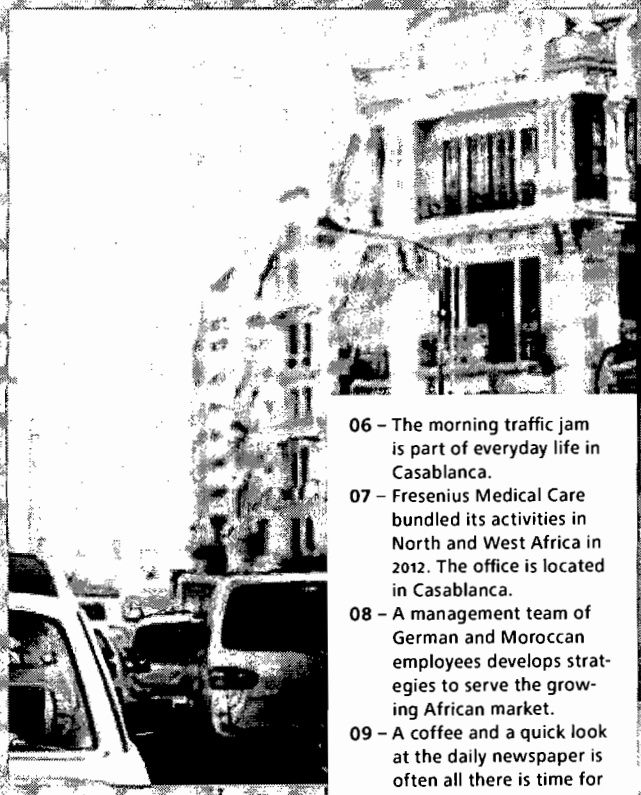
Background – Company Magazine 2013

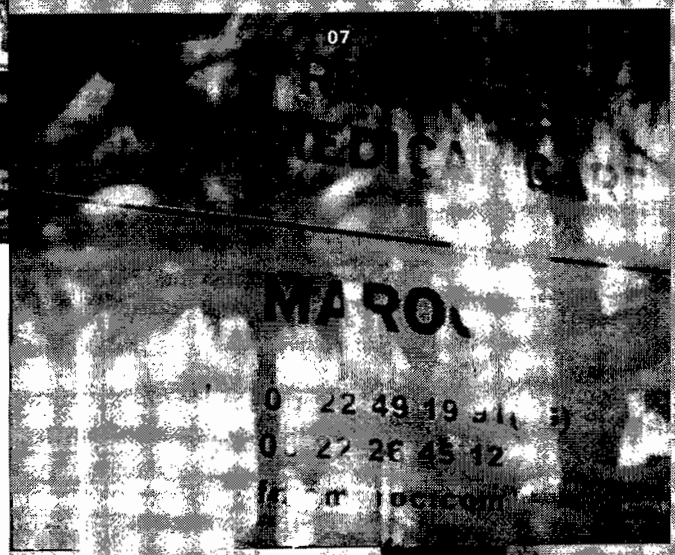
ATTACHMENT 11

01 – Morocco's largest city is the country's economic heart.
02 – Casablanca is a modern major city. Fresenius Medical Care runs its business in North and West Africa from here.
03 – The metropolis by the sea is also Morocco's most important port.
04 – Redouane Belhaimeur and his colleagues serve the whole of North and West Africa, a region the size of Western Europe.
05 – The cityscape of Casablanca is dominated by the Hassan II Mosque. It is the fifth-largest mosque in the world.



ATTACHMENT 11





06 – The morning traffic jam is part of everyday life in Casablanca.
07 – Fresenius Medical Care bundled its activities in North and West Africa in 2012. The office is located in Casablanca.
08 – A management team of German and Moroccan employees develops strategies to serve the growing African market.
09 – A coffee and a quick look at the daily newspaper is often all there is time for at lunch.

MARIO GRASER

"We are the market leader in North and West Africa because we have been doing development work in this region for a long time."

"نحن شركة رائدة في شمال وغرب إفريقيا لأننا قد باشرنا منذ سنوات طويلة تنفيذ مشاريع عمرانية تنموية في هذه المنطقة."

IN THE MORNING
في ساعات الصباح

8:45 A.M.

Rush hour in Casablanca. Just getting to work is a test of patience for Redouane Belhaimeur. The 15-minute drive from his home through the morning traffic to the office can sometimes take up to an hour. Today, though, the congestion in the megacity by the sea is no worse than usual. "The traffic is really terrible", sighs the marketing and sales manager of Fresenius Medical Care Morocco, weaving casually through the string of cars and trucks, whose drivers pay very little heed to lanes and signs.

9:15 A.M.

The first meeting of the day. Application consultants have returned to report from Burkina Faso, one of the poorest parts of the sub-Sahara region, where they have been teaching nurses how to use dialyzers, among other jobs. A shortage of skilled staff is one of the biggest barriers to development in African healthcare systems.

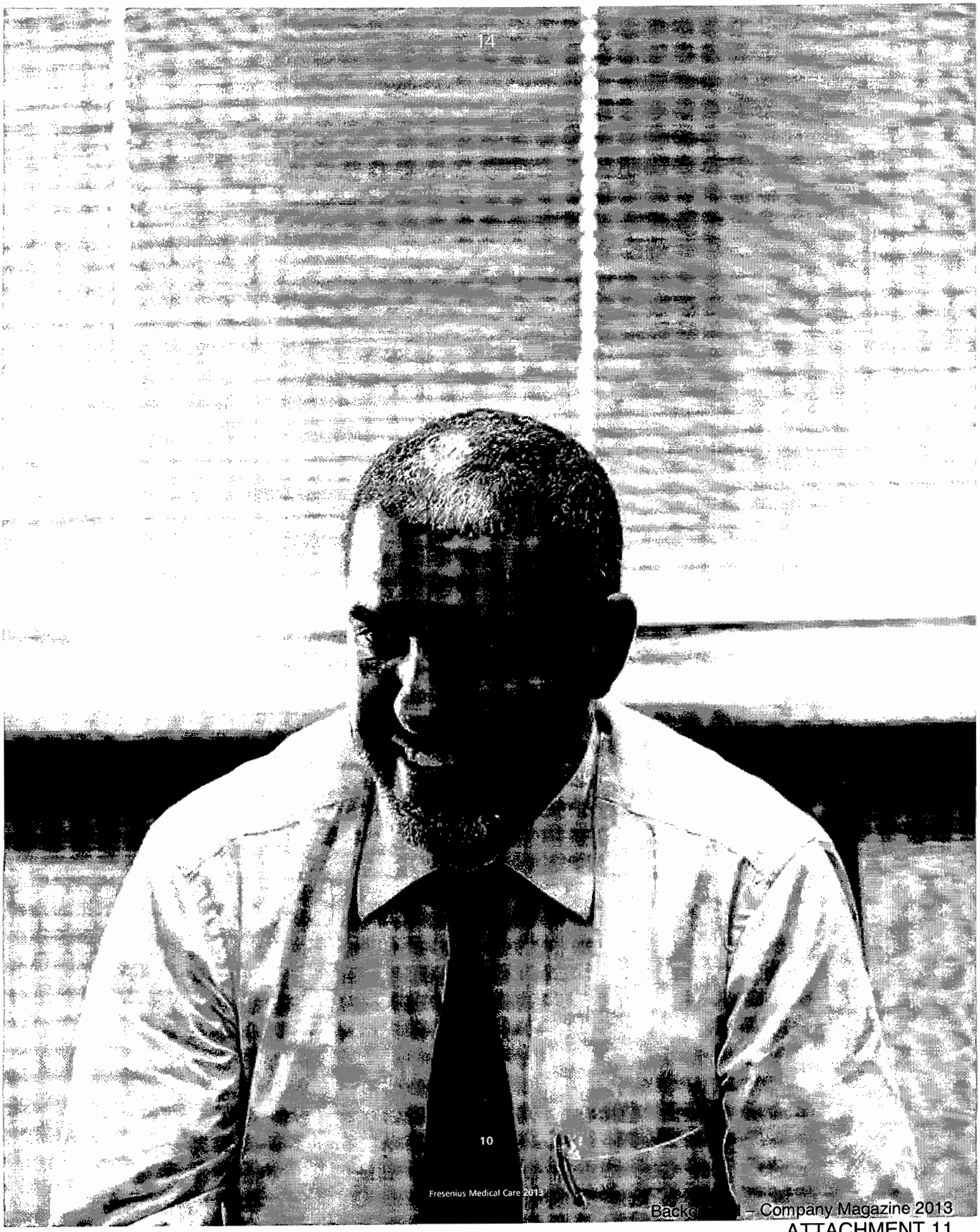
Of the 85 Fresenius Medical Care employees in Casablanca, twelve are in Belhaimeur's team. Most of them are application consultants and sales specialists. They serve a market that covers around a quarter of the African continent in geographical terms, roughly equivalent to the size of Western Europe. It includes prospering nations like Gabon, Cameroon and Senegal, but also countries like Burkina Faso, Niger and Togo, which have not yet caught up with the generally positive trend in North and West Africa.

10:45 A.M.

Redouane Belhaimeur has closed his office door. "It's sometimes hard to concentrate here," the 47-year-old admits. As marketing and sales manager, his job involves coordinating lots of new projects as well as employees, and that can only be done in the office. He used to work from home occasionally if he had to develop important concepts, but since Fresenius Medical Care Morocco was merged with the Central and West Africa regional office – also located in Morocco – in 2012, his work routine has changed.

"This merger was very important to take into account the new situation", explains Belhaimeur. One factor contributing to this "new situation" is the huge economic upturn in North and West Africa which is reflected in the development of the healthcare system. Between 2005 and 2010, Fresenius Medical Care's revenue in the region increased fivefold. Most nations are investing in their medical infrastructure, even during political crises. In Morocco itself, the healthcare system is currently being reformed. For Fresenius Medical Care's production site in Morocco, this means regularly expanding its production volume and even providing a wide range of export services. "We have been assigned more and more new tasks in recent years. Now we are able to use the resulting synergies of the merger and can organize our work more efficiently", says the marketing manager, explaining one of the advantages of the amalgamation of Fresenius Medical Care Morocco and the Central and West Africa regional office.

AT NOON
في ساعات الظهيرة



Backg[illegible] – Company Magazine 2013

ATTACHMENT 11

10 – Redouane Belhaimeur has been working for Fresenius Medical Care in various functions for over two decades. Having spent many years in North and West Africa, the marketing and sales manager knows the region well.

11 – Demand for dialysis products and services is growing throughout Africa.

12 – A visit to a dialysis clinic: Redouane Belhaimeur in conversation with a nephrologist.

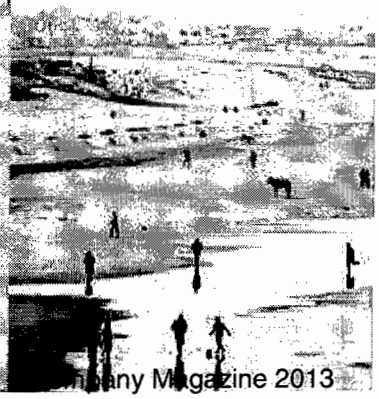
13/14 – Changing times in the healthcare sector: More and more dialysis patients are benefiting from high-quality products made by Fresenius Medical Care.

REDOUANE BELHAIMEUR

"The huge economic upturn in North and West Africa is also reflected in the development of healthcare systems. Between 2005 and 2010 alone, Fresenius Medical Care's revenue in the region increased fivefold."

"إن الإزدهار الاقتصادي الهائل الذي تشهده منطقة شمال وغرب إفريقيا ينعكس أيضا في الأنظمة الصحية. إذ ارتفع حجم مبيعات فريزينيوس ميديكال كير بنسبة خمسة أضعاف ما بين عام 2005 و 2010 فقط."

© Fresenius Medical Care 2013



11:30 A.M.

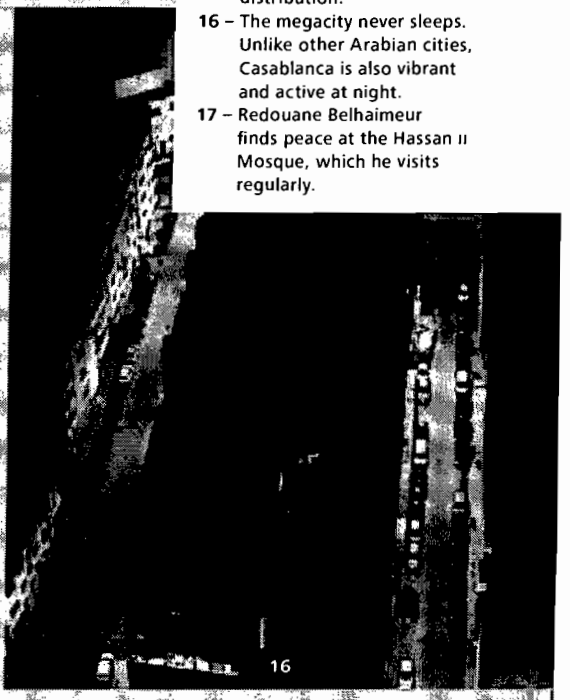
Redouane Belhaimeur is on the telephone, discussing the current status of a project in Senegal with customers. "I know all of the most important customers personally", he states. "I used to spend at least three months a year out and about in North and West Africa. Although my employees do that now, I'm obviously still in touch with many contacts from that time." Redouane Belhaimeur has been supporting Fresenius Medical Care's activities in Africa since 1991. "Back then, I set up the first two dialysis machines for Fresenius Medical Care in Morocco", recalls the sales manager. "Later, I spent two years working on a project in Libya for Fresenius Medical Care." When Fresenius Medical Care's Morocco subsidiary was founded in 2002, he returned with his family to work in his home city of Casablanca. Over time, the trained technician also became a sales professional. "I actually learned the art of selling as a child, in my uncle's clothes shop", laughs Belhaimeur. To back up his natural talent, he studied at business schools in Morocco and France and earned a Master of Business Administration degree.

12:30 P.M.

On the way to an appointment, Redouane Belhaimeur uses his lunch break to visit the Hassan II Mosque. The city's largest mosque boasts the world's tallest minaret, soaring 210 meters high, and holds up to 25,000 people. The mosque's roof can be opened to enable uninterrupted contact between the water and the sky – a theme from the Koran. "For me, prayers are an important part of the day, a kind of short meditation", says Belhaimeur. In the Arab world, it is normal to break off meetings for a short while to pray. "This can be very practical", notes the marketing specialist, who has already completed the pilgrimage to Mecca twice: "I often come up with surprising solutions and good ideas after these breaks."

1:45 P.M.

Only nephrologists are allowed to operate dialysis centers in Morocco so far. "If the regulatory framework were to change, Fresenius Medical Care would also like to expand its activities in the region as an operator of dialysis centers," explains Belhaimeur. Private dialysis centers, such as the ones he is visiting this afternoon in Casablanca, often only have the technical equipment for very simple treatments. "We aim to significantly improve the quality of dialysis in the future", says Belhaimeur. The

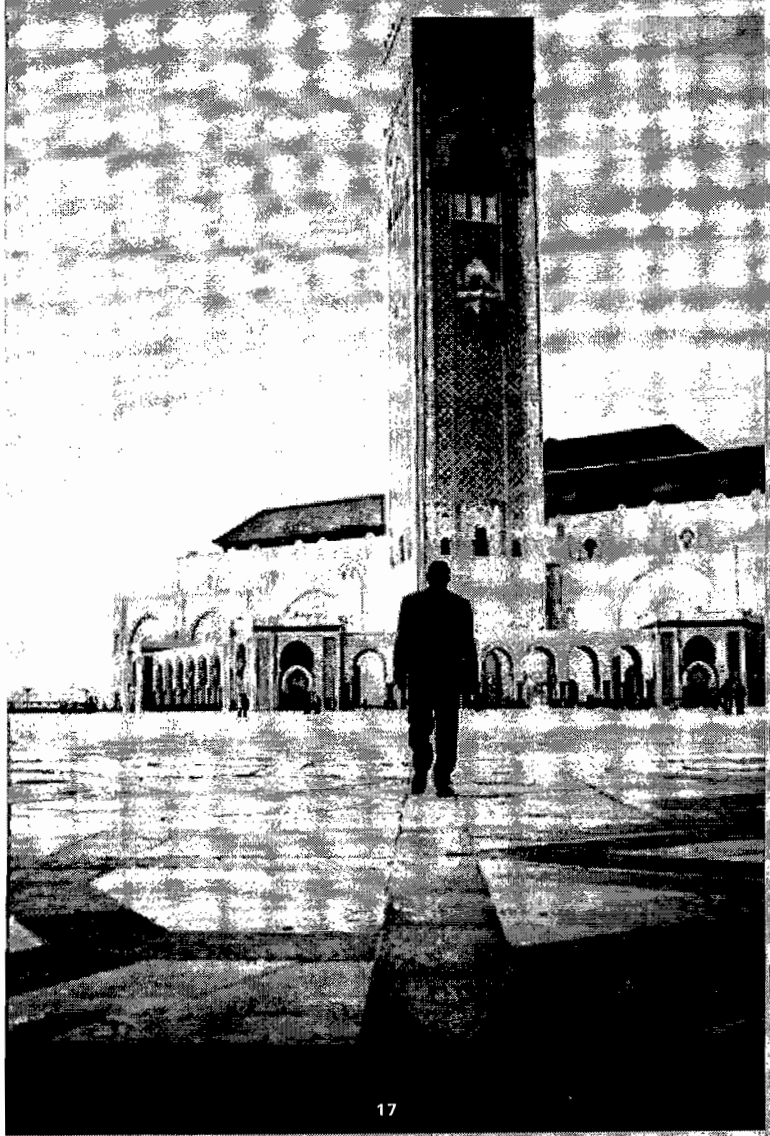


15 – Casablanca is a hub in the North and West Africa region: It is also home to a production site and a logistics center for regional distribution.
16 – The megacity never sleeps. Unlike other Arabian cities, Casablanca is also vibrant and active at night.
17 – Redouane Belhaimeur finds peace at the Hassan II Mosque, which he visits regularly.

REDOUANE BELHAIMEUR

"For me, prayers are an important part of the day, a kind of short meditation. I often come up with good ideas after prayer."

"تشكل الصلاة بالنسبة لي جزأ هاما من اليوم، فهي بمثابة فترات تأمل و تفكر قصيرة. كثيرا ما تخطر ببالي بعدها فعلا افكار جيدة."



latest generation of devices should contribute toward this. However, the main problem to date is preparing the water. Even so, the marketing and sales expert is confident that a solution can be found for this, too.

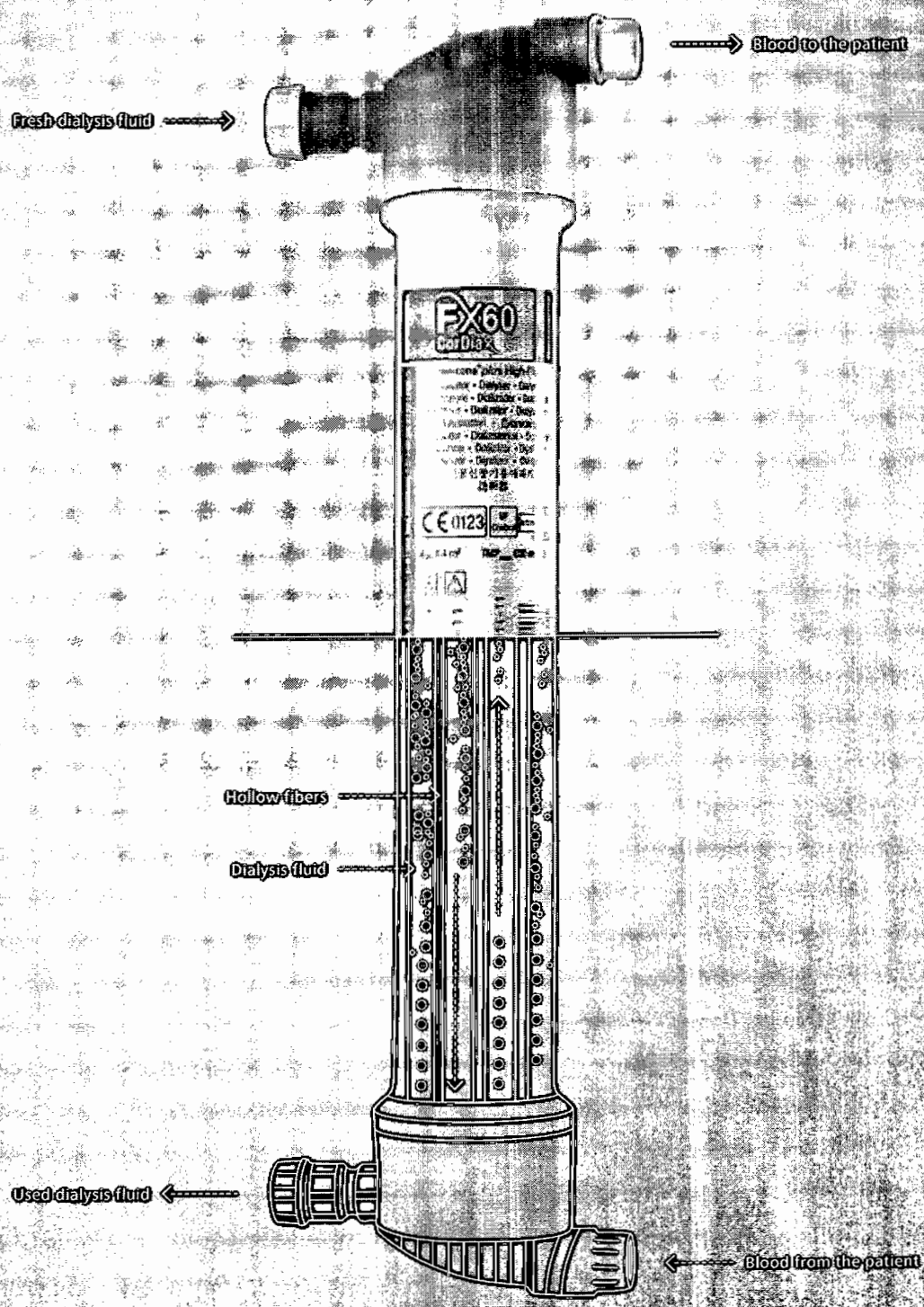
3:30 P.M.

Slowly but surely, North and West Africa is emerging from its slumber as a remote niche market. Consequently, Fresenius Medical Care is also stepping up its activities in the region. This is reflected in the new structure of the Moroccan office, bringing Casablanca closer to the Company's headquarters in Bad Homburg, Germany. The tasks at hand are dealt with by a management team of German and Moroccan employees. Mario Graser, regional manager for North and West Africa, who is based at Group headquarters in Bad Homburg, therefore travels to Casablanca regularly. "We are the market leader in the region because we have been doing development work there for a long time. But now that the market is opening up, other companies are obviously moving in, too", he says, describing the strategic challenge in the years to come. At his meetings with Redouane Belhaimeur and the other managers at the office, he therefore deals with medium-term prospects as well as tackling immediate tasks. "We obviously want to remain the market leader, which is why we have formulated specific targets for each country", says Graser. Key nations for the near future include Morocco and Algeria, as well as Senegal, where most nephrologists working in West Africa are trained.

IN THE EVENING
في ساعات المساء

5:30 P.M.

"I sometimes miss traveling," Redouane Belhaimeur admits: "After all, I spent 20 years on the road, and got to know lots of people I would like to see again." But the family man also loves spending time after work with his wife and four children or catching up with his friends over a game of pétanque – a variant of boules that is very popular in Morocco. He is happy to give up the taxing trips to far-flung places for this. And he even calmly accepts the evening traffic in Casablanca.



The core of every dialysis treatment is the dialyzer. Its interior consists of many thousands of hollow fibers through which the patient's blood flows, while the dialysis solution flows on the outside around the fibers. The dialysis solution absorbs the toxins from the patient's blood and flushes them out.

Background – Company Magazine 2013

ATTACHMENT 11

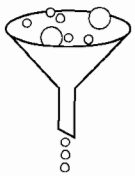
Company perspective
Market leader

Patient perspective
Product quality

Quality and quantity: Fresenius Medical Care has been developing and producing "artificial kidneys" for more than 35 years. In 2013, the Company celebrated a special milestone: the production of more than

1,000,000,000 DIALYZERS

The dialyzer – a thin tube, barely larger than a relay baton – has an inlet at the bottom and an outlet at the top for the patient's blood, and an inlet and outlet arranged inversely for the dialysis fluid. So far, so clear. However, inside, things get more complicated: Micrometer-thin capillaries – the dialysis membrane – run through the cylinder. There are up to 20,000 of these hollow fibers each measuring approximately 25 centimeters with billions of small pores that "know" exactly which molecules are good for the body and which are toxins that need to be filtered out and carried away.



FILTER FUNCTION
The dialyzer clears the blood of the harmful products of metabolic processes and removes excess water, while the vital molecules remain in the blood. This is why dialyzers are also known as "artificial kidneys".

The dialysis membrane is the heart of every dialyzer. Milliliter by milliliter, the blood flows through the inside of the hollow fibers in the dialyzer, while the dialysis fluid flows on the outside of the hollow fibers in the opposite direction. Each liter of blood passes through the capillaries around ten to twelve times during a treatment session. The toxins in the blood are carried away together with the excess water in the dialysis fluid. The artificial kidney removes the harmful waste products of metabolism in the human body quickly and efficiently. Vital proteins remain in the patient's blood.

QUALITY AND HISTORY

The cleansing processes performed by Fresenius Medical Care dialyzers are more effective than ever before. There are many reasons for this, but two are particularly important: longstanding experience in research and development, and the Company's absolute commitment to quality. For example, the quality of each individual step of the manufacturing process can be monitored precisely – from membrane production to the specially developed sterilization process, the final step before delivery. As the market leader, Fresenius Medical Care has many decades of experience in manufacturing dialyzers.

Let's take a look back: In the 1940s, scientists laid the foundations for this treatment form, which is now firmly established. For the first time, the blood of a patient

with acute kidney disease was successfully cleansed outside the body using a "rotating drum kidney", which was the size of a cupboard at the time. In the 1960s, in addition to acute cases, the first patients with chronic kidney failure were offered long-term treatment. Following these technological breakthroughs, the successful principle was continuously refined: Hemodialysis – cleansing outside the body – went on to become the standard for the treatment of chronic kidney failure, and is now used for 89% of all dialysis patients worldwide. Work also continued to research and further develop the membrane materials and physical automatisms of the dialyzers. In the mid-1960s, small hollow fibers replaced the large membranous tubes, and are still the basic technological principle of powerful modern dialyzers today. Within a few years, dialyzers went into series production.

DIALYSIS SOLUTION
The hollow fibers are flushed out by a "cleansing fluid" – the rinsing solution consists of water and electrolytes. Around 0.5 liters of dialysate flow through a dialyzer every minute.

THE FIRST BILLION

Fresenius Medical Care has been researching and producing dialyzers for some 35 years. At an early stage, the Company set itself the goal of manufacturing "artificial kidneys" industrially in order to meet the ever-growing medical demand. Now as the world's leading provider of dialyzers, the Company passed a major milestone in 2013: The 1,000,000,000th dialyzer rolled off the production lines in March. Twelve years ago, the production volume to date stood at just 100 million dialyzers. That means that in the last twelve years alone, the figure has swelled by 900 million to one billion, and is still growing fast. It is forecast to reach the two billion mark by 2020 – double its present level. This is good news. After all, the number of dialysis patients is also rising continuously and is expected to increase from 2.5 million patients in 2013 to 3.8 million by 2020.

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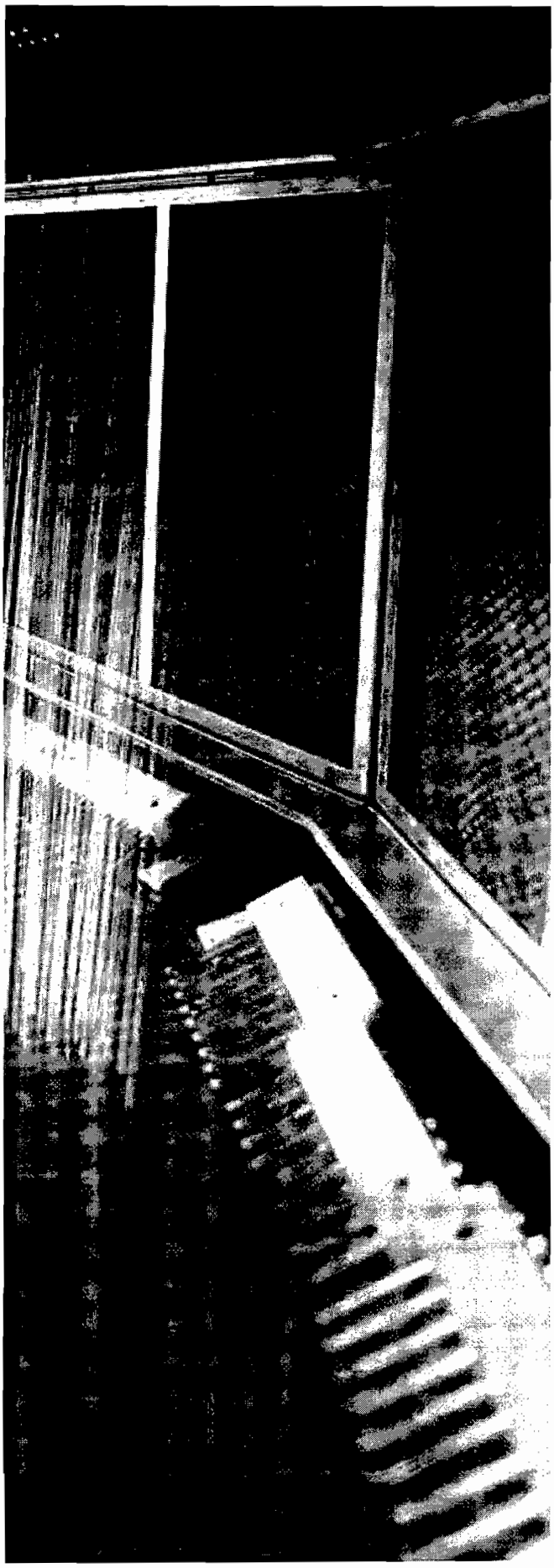
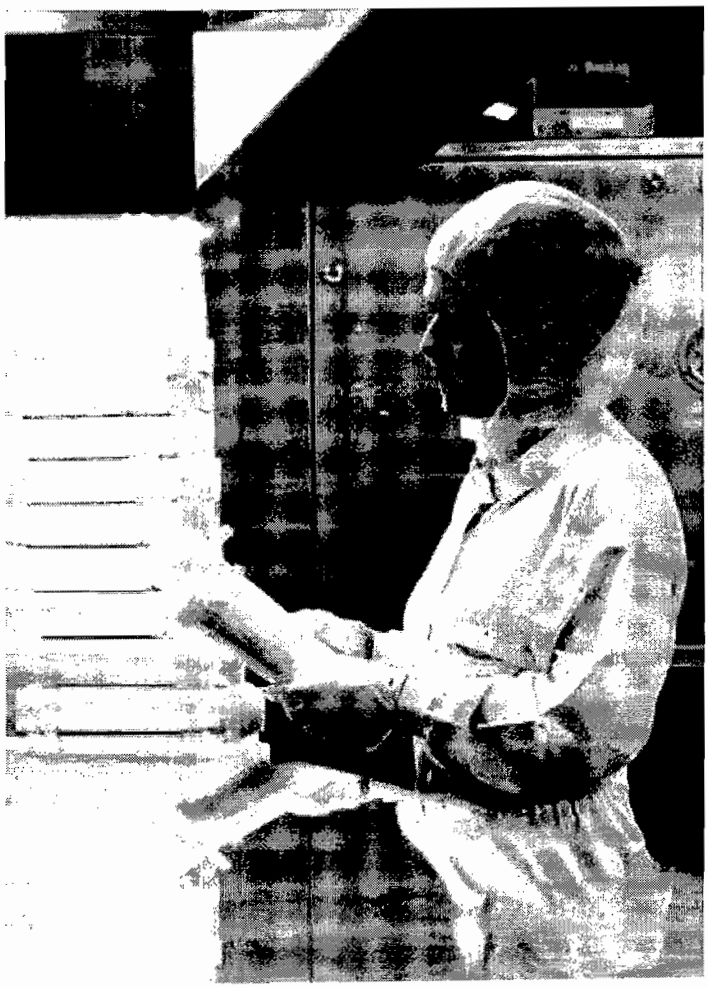
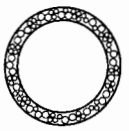


A Fresenius Medical Care spinning line produces up to 20 million kilometers of hollow fibers per year. These very fine hollow fibers are the most important material for the dialyzer. A single dialyzer contains up to 20,000 fibers.

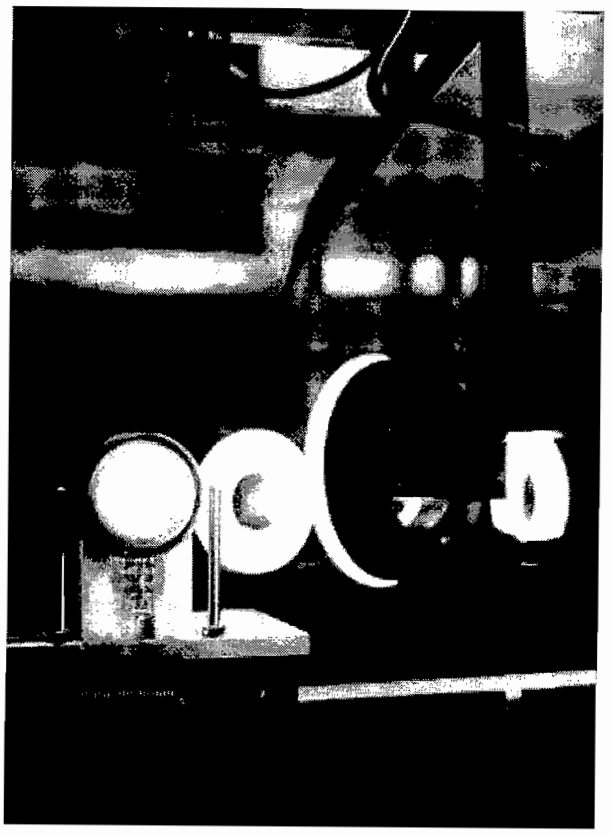


Improving quality of life is the most inspiring aim of all. Our dialyzer production is subject to the highest quality standards and clearly formulated quality targets. Along with the keen quality awareness of all employees at Fresenius Medical Care, they form the basis for development and production of innovative, safe, high-quality dialyzers.

Last year alone, Fresenius Medical Care produced more than 100 million dialyzers to meet growing demand. They use hollow fibers with a total length of about 236 million miles. That is long enough to wrap around the earth 9,500 times or to cover the distance from the earth to the moon 1,000 times. The surface area of the hollow fibers corresponds to around 58 square miles and is comparable to that of a four-lane highway running straight across the U.S. from the Atlantic to the Pacific coast.

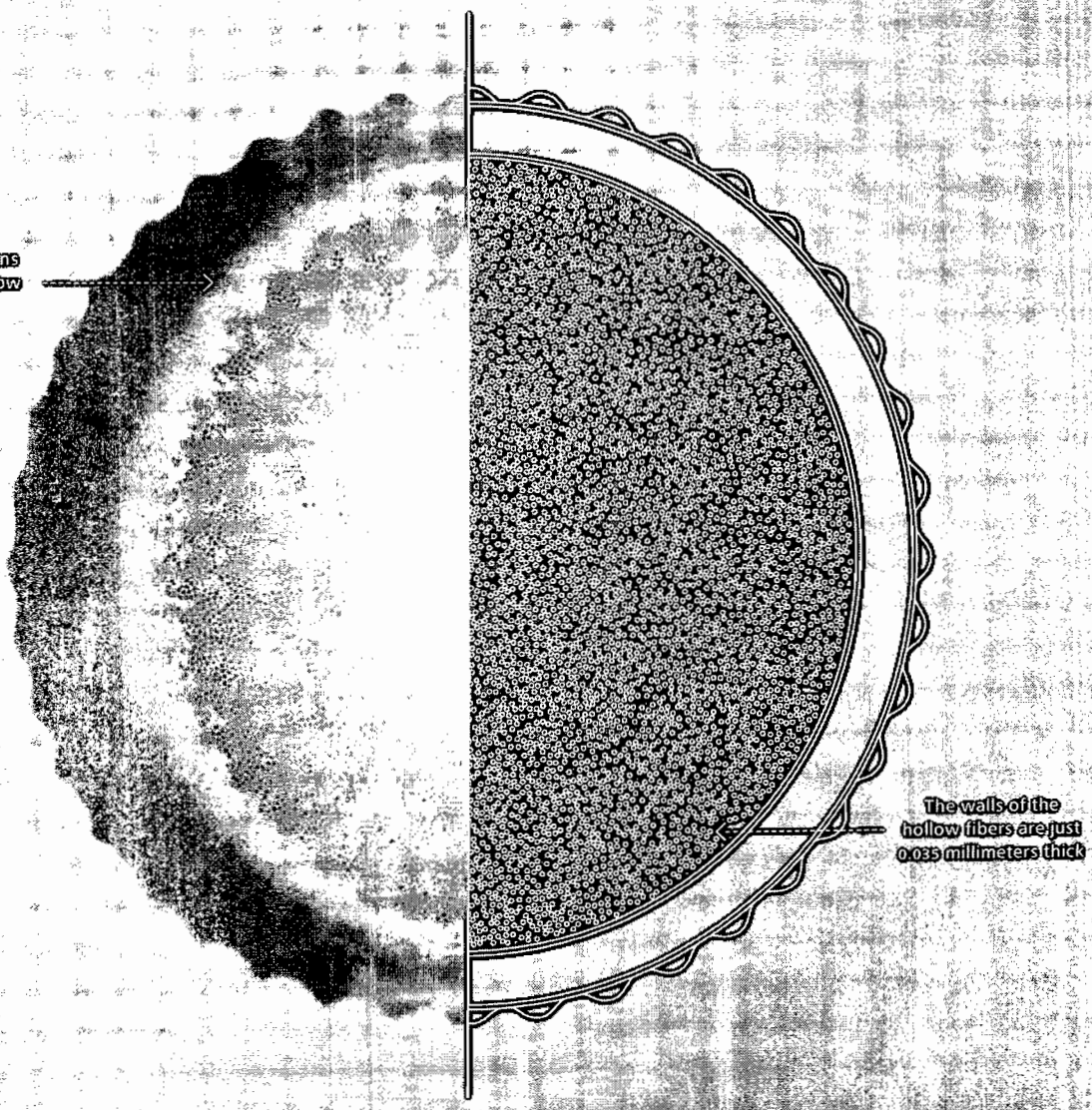


HOLLOW FIBERS
The ultra-thin hollow fibers inside the dialyzer are made of the plastic polysulfone, which is characterized by exceptional cleansing capacity and blood compatibility.



In-house production: From fiber manufacture to sterilization, all dialyzers are produced from a single source at Fresenius Medical Care. This enables us to guarantee the highest quality standards.

Almost half of all dialyzers in use worldwide come from Fresenius Medical Care's production sites. We make dialyzers in St. Wendel (Germany), Ogden (U.S.), L'Arbresle (France) and Buzen (Japan), among others. In St. Wendel alone, more than 40,000 dialyzers leave the factory every day. Production in this small town in the Saarland region started in 1974. Not only dialyzers, but also dialysis solutions and dialysis membranes are made here in a converted former textiles factory that has been enlarged several times. Nowadays, however, mile-long panels of hollow fiber are "woven" here on special fiber spinning lines. Production of the hollow fibers is a combination of mass production and precision work. A spinning line has a capacity of up to 12.5 million miles per year. The length of all hollow fibers manufactured by Fresenius Medical Care so far is astronomic: To date, almost 2.5 billion miles of hollow fibers have been produced from synthetic polysulfone for use in dialyzers. That is roughly 25 times the distance between the sun and the earth.



Cross-section of a dialyzer. Many thousands of hollow fibers mean many billions of pores. One square millimeter of the hollows fibers' membrane surface contains more than a hundred million pores – in each individual one, the toxins are carried away from the blood, while the vital molecules are retained.

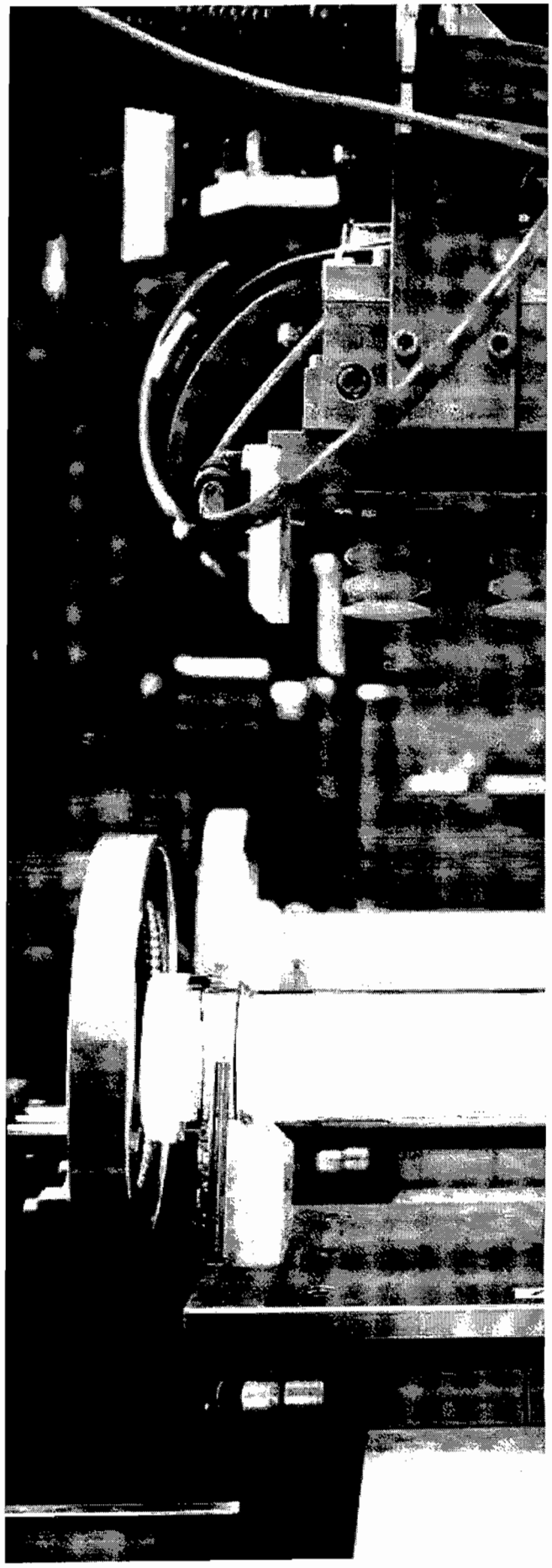
PRECISION WORK

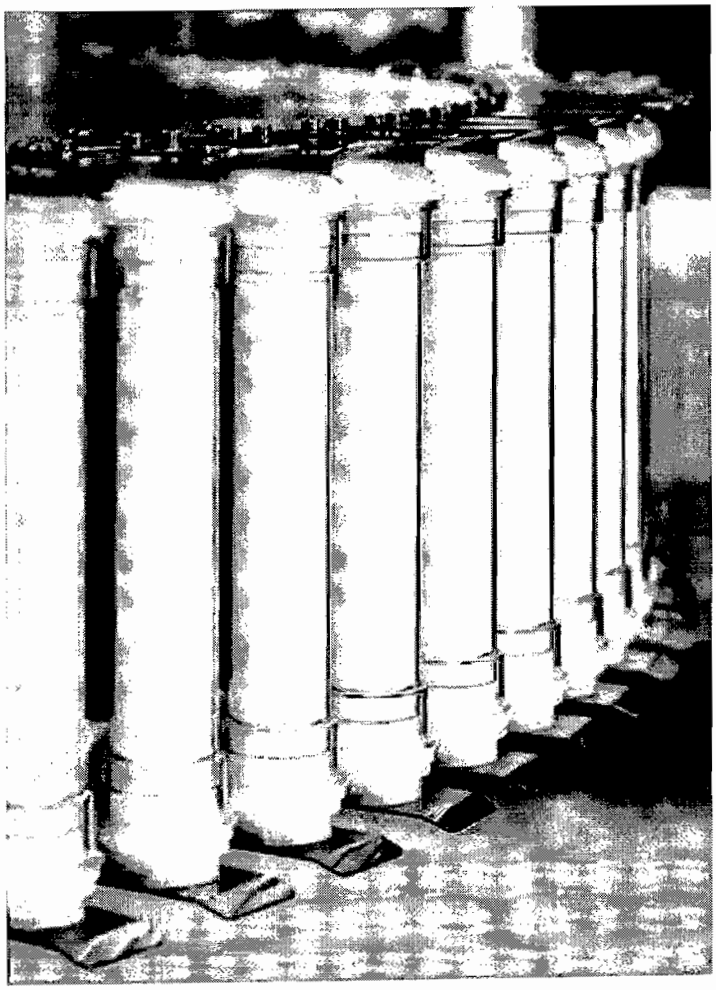
Essentially, a dialyzer is a product with microscopically fine parts that are invisible to the naked eye. A membrane surface measuring one square millimeter contains more than a hundred million pores. These can only be seen by the human eye if this square millimeter of dialysis membrane is magnified to ten square meters – i.e. by a factor of ten thousand.

The continuous optimization of the membrane surface has benefited patients in many ways: Dialysis treatment – three times a week, usually lasting three to five hours – has become increasingly gentle, while removal of the harmful metabolism molecules is more and more efficient. For dialysis patients, this means a big improvement in their quality of life.

DIALYZER
Barely larger than a relay baton in track and field: The latest generation of dialyzers is much smaller and lighter than its predecessors, yet cleanses metabolic waste molecules more effectively.

The first Fresenius Medical Care dialyzer was developed in St. Wendel in the late 1970s, and instantly became the top-selling dialyzer in Europe. Since the 1980s, the membranes in Fresenius Medical Care dialyzers have been made of synthetic polysulfone, a plastic that has outstanding cleansing properties and is well tolerated by patients. In the following years, the polysulfone membrane was continuously enhanced. With its improved filter function for a range of metabolic waste molecules, the latest generation of Fresenius Medical Care dialyzers is more effective than ever. That means even more efficient cleansing combined with increasingly gentler treatment overall. And that remains the yardstick for progress: Improving dialyzer performance and patients' quality of life continues to be the ultimate goal for Fresenius Medical Care.





In March 2013, Fresenius Medical Care produced its 1,000,000,000th dialyzer – for patients in more than 120 countries worldwide.

MOVING PROSPECTS

WILLIAM COSTELLO

STAYING FIT BY FISHING AND WORKING OUT

When William Costello (81) underwent heart surgery, his kidneys started to fail and he was diagnosed with kidney failure. He decided to try home-based peritoneal dialysis treatment, as this helps him enjoy a flexible lifestyle and stay active. William regularly plays a round of golf with his friends, enjoys fishing, working out at his health club, walking his dog and going to the local coffee shop with friends. He also loves spending time with his big family: his wife, two children, six grandchildren and four great grandchildren.

Dialyzing at home was the best decision William could have made. "Home dialysis lets me live life like I did before, and if I can stay energetic, I won't slow down," he says. "Even if you're just walking short distances, daily exercise is so important."

LOUIS SLAUGHTER

STAYING ACTIVE AND FEELING BETTER BY PLAYING GOLF

Louis Slaughter (53) received dialysis treatment for nearly 20 years. Stopped for several years after receiving a kidney transplant, then resumed dialysis when his body rejected the transplanted organ. He had previously worked as a contractor, but had to stop working after his initial diagnosis. Louis eventually returned to full-time work as a pastor. He stays physically active by hunting, fishing and playing golf, participating in two or three tournaments every year.

Louis gives much of the credit to his wife, who cooks and helps him stick to a dialysis-friendly diet, as well to his four children, the members of his church, and the staff at his dialysis clinic. His advice is simple: Stay active and you will feel better. Exercise not only improves your overall health, it helps you maintain a normal lifestyle.

DIANE WRIGHT

FINDING ADVENTURE IN THE MOUNTAINS

Five years ago, Diane Wright's (60) high blood pressure led to kidney failure. She went to a dialysis clinic for training so that she could perform her peritoneal dialysis treatments at home. Despite her disease, Diane makes it a priority to stay fit. Aged 60, she leads a lifestyle that seems more appropriate for someone half her age. Her favorite activities include hiking, horseback riding, hunting, fishing, camping or cruising around the mountains. During the winter, she goes tubing down the snow-covered mountains of West Virginia.

Growing up on a farm, Diane and her twelve sisters and brothers were all accustomed to hard work. Today, she maintains her four-acre property, mows and trims the lawn, cultivates thriving vegetable gardens and flowerbeds, and has lots of animals, including two horses, four dogs and 25 chickens. Diane has not let dialysis slow her down much.

Getting the diagnosis "kidney disease" changes everything. Living with its symptoms and being on dialysis can impact many aspects of life. But by staying fit and healthy, patients can enjoy their lives even with the limitations placed on them by kidney failure. Meet some of our "Champions in Motion," people on dialysis who have made a commitment to staying fit. Read their stories and see how they manage to live life to the fullest.

MARGIE ELLIS

EXERCISING A GROUP OF SENIORS AT 83 YEARS OF AGE

Margie Ellis (83) suffered kidney failure due to hypertension. She has been on hemodialysis for two years. Margie makes an effort to educate herself about her condition. She recently attended the National Kidney Foundation's "People Like Us" patient conference, and participated in Fresenius Medical Care North America's RightStart program for patients new to dialysis to learn about their treatment plan, their medications and getting more physically active.

Although Margie did not exercising until she began dialysis, she is now more active than many younger people. She started an exercise group for seniors at her church with a focus on cardio and strength-training exercises. "Exercise is great for your physical and emotional balance, and for your outlook on life," says Margie. "It also helps keep me independent and stimulates my brain activity."

MARSHIA MILLER

GROWING STRONGER IN THE FACE OF LIFE-THREATENING DISEASES

Marshia Miller (47) has faced a series of life-threatening diseases: lupus, an autoimmune disease, at the age of 14; kidney failure at 34; and lymphoma at 44. Marshia has been on hemodialysis for more than 13 years. Through it all, she has kept a positive outlook on life; struggling with these conditions has made her a stronger person.

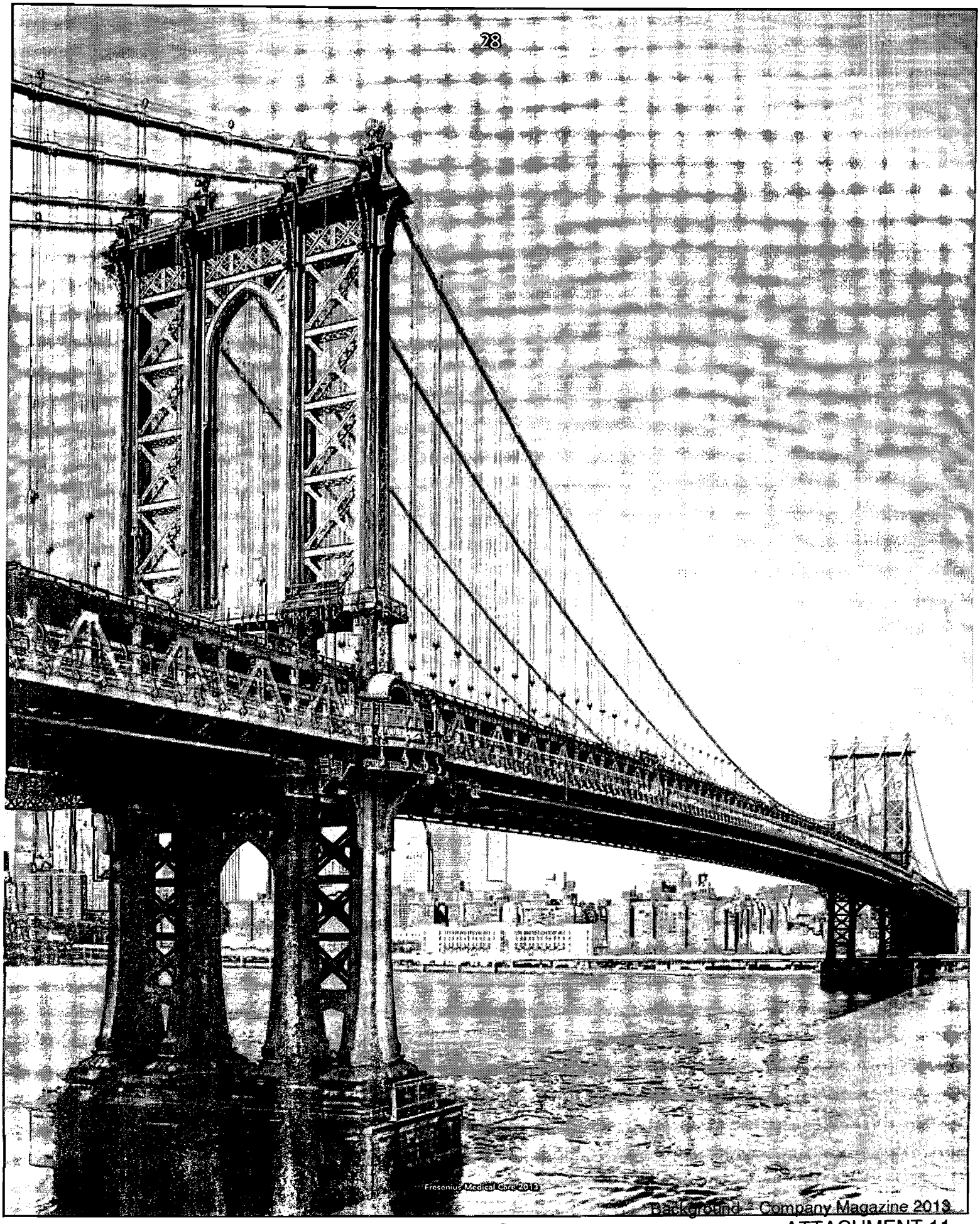
To stay in shape, Marshia goes to a fitness center and participates in water aerobics classes. She has lost more than 200 pounds, which has also helped improve her dialysis results. One of Marshia's career goals is to open a shelter for homeless families. At the clinic, she supports other patients with her positive nature, and always tries to make new patients feel welcome. "If you're on dialysis you can't just sit around and mope," she says. "Exercise makes me feel better about myself, and it will keep me living longer and healthier."

FREDERICK WILLIAMS

MOTIVATED AND SLIMMER THANKS TO TAEKWONDO

Frederick Williams (49) experienced kidney failure due to high blood pressure, and receives in-center hemodialysis treatment. He is an accomplished taekwondo instructor, who holds a second-degree black belt and is working to earn his third-degree belt.

As family is an important part of Frederick's life, he practices his sport with his wife and two of his three children. By dedicating himself to the sport, Frederick has reduced his weight from 350 pounds to a remarkable 190 pounds over the last ten years. Dialysis has not changed his exercise routine, which also includes weightlifting. He also enjoys spending time with his two grandchildren, his nieces and nephews. "Being active is a very big part of my life, because it motivates me and helps me feel good about myself," says Frederick.



Background – Company Magazine 2013

Company perspective
Efficiency

Patient perspective
Holistic care

THE HIGH-PERFORMANCE NETWORK

Building a high-performance renal network allows Fresenius Medical Care to break down barriers between healthcare providers to allow for greater efficiency in care. For patients, that means something far more profound: improved care and better outcomes. In the U.S., we have built a renal network that addresses nearly all aspects of care for this unique population.

There is perhaps no greater measure of a company's worth than the impact it has on the communities in which it operates. In the past ten years, Fresenius Medical Care has delivered about 300 million dialysis treatments to patients all over the world for whom the diagnosis with kidney failure would have once constituted a death sentence. Developing life-saving therapies for kidney patients is our singular focus, and it is a mission that our 90,690 employees in more than 50 countries hold dear.

But Fresenius Medical Care is much more than just a dialysis company. Day in and day out, we strive to improve the lives of our patients wherever they are – in their home, the physician's office, the clinic or the hospital. To do that, we have built a comprehensive network of clinics, care-givers, physicians and therapies. Long known as the world's premier vertically integrated renal company, we are becoming horizontally integrated as well. By providing best-in-class care for the full spectrum of renal patients' unique health needs in addition to dialysis, we can improve their lives and reduce costs for the healthcare system as a whole.

PROVIDING HOLISTIC CARE

The rationale for a high-performance renal network is simple: By addressing the full continuum of care, we can break down barriers and overcome the traditional segmentation of healthcare delivery. Forcing patients to navigate from specialist to specialist depending on their ailments leads to poorer health outcomes for patients and increased costs for the healthcare system.

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For renal patients, the issue is particularly dire. Typical end-stage renal disease (ESRD) patients suffer from several comorbidities, meaning multiple trips to multiple specialists: to a nephrologist for kidney disease, an endocrinologist for diabetes, a cardiologist for hypertension and a vascular surgeon to deal with peripheral vascular disease. Too often, these physicians don't talk to each other, meaning patients are left to find their way through the system without help.

BREAKING DOWN BARRIERS

Building a high-performance renal network allows us to break down barriers between healthcare providers to allow for greater efficiency and consistency in care. For patients, that means improved care and better outcomes. In the U.S., for example, we have built such a comprehensive network:

Dialysis and vascular care – Our network of more than 2,100 dialysis centers across the U.S. delivers high-quality dialysis care to kidney patients in virtually every state in the nation. But these patients need more than just dialysis; they need comprehensive care. For example, every dialysis patient must have a functioning vascular access point through which blood is removed and returned during dialysis. With Fresenius Vascular Care, we now have around 50 vascular centers across the U.S. to meet these needs.

Laboratory services – We have long been leaders in providing renal-specific laboratory services to complement our core dialysis services. In recent years, however, we have begun to expand our laboratory services beyond this, enabling us to address more than just our patients' renal needs.

Technology and innovation – Our machines are universally regarded as the standard for high-quality hemodialysis. But thanks to recent investments in devices and information technology, we have improved our ability to capture real-time data during dialysis treatment. As a result, we can now not only dialyze our patients more effectively, but also better manage their anemia and improve fluid-related events.

Care management – We take great pride in the quality of care that our nurses, patient care technicians, social workers and nutritionists provide to patients in our dialysis clinics. But we know that high-quality care does not end at the clinic door. This is why our integrated care management programs have been designed to reach patients wherever they are.

Pharmacy – Our North American pharmacy, Fresenius Rx, enables patients to order and receive medications and supplies directly from renal pharmacists who are specially trained in treating and counseling patients with kidney disease.

EXPERTS WITHIN OUR NETWORK

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KRISTIN BROWN
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INCREASING ACCOUNTABILITY FOR THE PATIENT

A renal network is particularly important given the rapidly changing healthcare landscape. As healthcare systems throughout the world re-evaluate their own delivery models, it is essential that we continue to be on the leading edge of renal therapy. In the U.S., for example, policymakers are in the process of comprehensively overhauling the American healthcare system. In the past, the government paid healthcare providers based on the performance of a specific treatment or episode – a so-called "fee for service" approach. Now, however, the federal government is moving towards a value-based model, where providers are increasingly responsible for both the quality and the cost of such services.

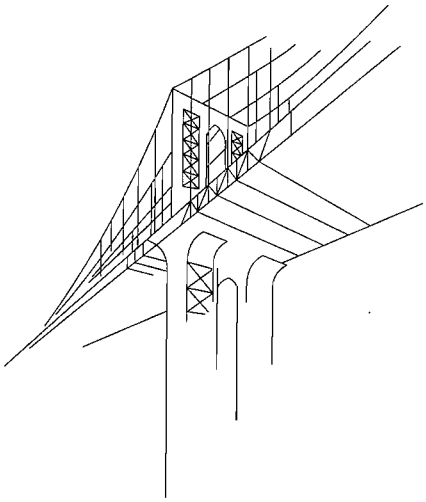
The answer, at least in part, is to make payors and providers alike more accountable for the patient's full spectrum of care. In short, it means treating the patient as a whole person, rather than as a subset of varying ailments. In the U.S., these two drivers – value-based purchasing and increased accountability for the patient as a whole – have led to the emergence of so-called Accountable Care Organizations, or ACOs. These are set up by a group of providers who are responsible for the overall care of thousands of patients and share the savings from improving quality outcomes while reducing the total cost of care for these patients.

In reality, ACOs are nothing more than integrated networks for the general population. But while the concept seems simple, delivering on the promise of the concept of integrated care is anything but, especially for patients with such complex needs as those with renal disease. ACOs across the country are realizing that they lack many resources and much of the expertise necessary to address these unique needs, which is why they are turning to Fresenius Medical Care.

LEADING THE WAY TOWARDS A BRIGHTER FUTURE

The innovations we have developed – and continue to develop – lead the way towards a brighter future for people living with kidney disease. At a time when the ground beneath the healthcare system continues to shift seemingly with each passing day, one constant has been the improvements in care that Fresenius Medical Care has delivered for this population. The market has taken notice of our comprehensive approach, which is why it is no accident that physicians, hospitals, ACOs and payors are increasingly turning to Fresenius Medical Care for answers.

But don't take our word for it. Listen instead to the experts across the country we work with every day. Find out why there is only one place they turn to for help in managing their renal population: Fresenius Medical Care.



DR. RICHARD MERKIN
President and Chief Executive Officer/Heritage Provider Network

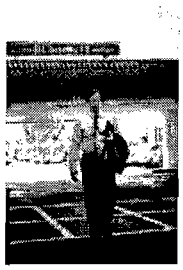
Located in Southern California, Heritage Provider Network (HPN) delivers high-quality, patient-centered healthcare to over 700,000 individuals through its network of 2,300 primary care physicians, 30,000 specialist physicians and over 100 hospitals. Through its Heritage California ACO (HCACO affiliate), HPN has been selected to participate in the U.S. government's Pioneer Accountable Care Organization model.

In 2013, HCACO partnered with Fresenius Medical Care to manage the overall health and coordinate the care of HCACO's patients with end stage renal disease (ESRD) with the goal of improving their health outcomes and reducing the total cost of care.

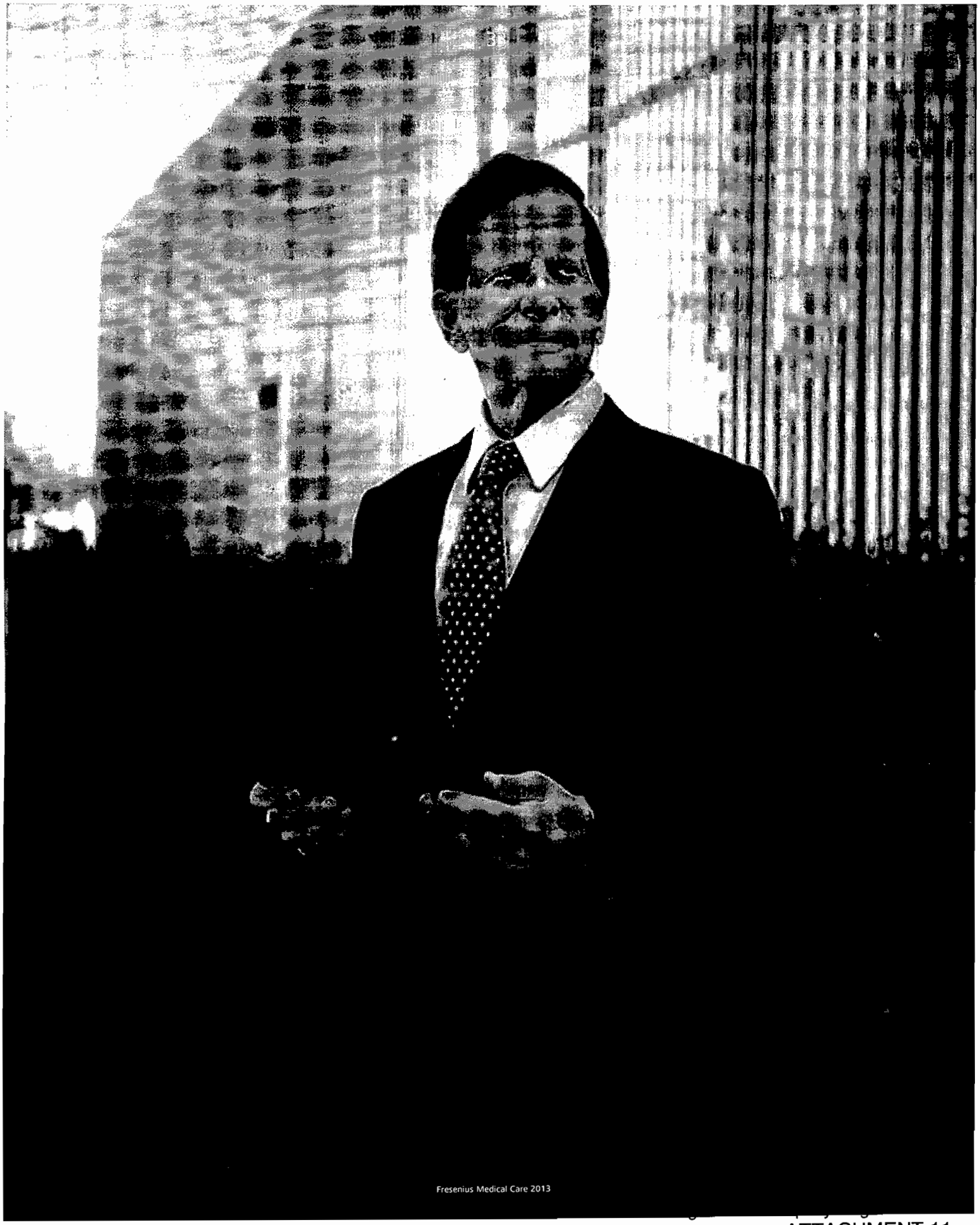
Dr. Richard Merkin, President and CEO of Heritage Provider Network spoke with us on how ACOs can help change the healthcare paradigm and why Heritage believes that Fresenius Medical Care is the ideal partner to help drive innovation in the care model.

66 Medicine in the 21st century will be radically different compared to what it was in the 20th century. There will be a convergence of technology. The world will be different, the science will be different, the payors will be different.

Fresenius Medical Care is a global company. It is forward-looking. I think that companies that refuse to get out of their comfort zones, that refuse to take responsibility for their outcomes, that don't have change agents in a leadership role will become irrelevant. We feel that Fresenius Medical Care is not shackled with antiquated ways of thinking and that is very exciting for us.



Fresenius Medical Care has in-depth knowledge and experience in managing dialysis patients; they respect and appreciate the value of predictive modeling. HPN is deeply committed to predictive modeling. I think using that approach to predict what will happen rather than responding after the fact is going to be the future of healthcare. We know Fresenius Medical Care is committed to that. I believe this will improve the healthcare and outcomes of all of Heritage's patients. It is part of a culture, and I think that Heritage's culture and Fresenius Medical Care's culture are aligned. 99



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DR. SAVAS PETRIDES
Nephrologist/Arizona Kidney Disease and Hypertension Center

Arizona Kidney Disease and Hypertension Center (AKDHC) is the nation's largest group of private practice physicians specializing in nephrology. With more than 400 employees, including nearly 80 nephrologists, AKDHC works closely with Fresenius Medical Care to treat nearly 4,000 patients at more than 50 clinics in Arizona.

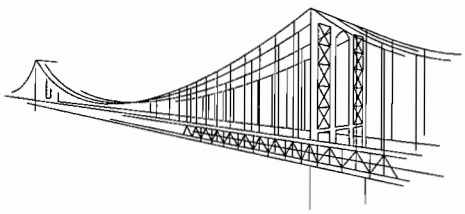
Dr. Petrides, one of AKDHC's leading physicians, spoke to us on the importance of removing barriers to provide a seamless patient experience from early chronic kidney disease (CKD) to end stage renal disease (ESRD).

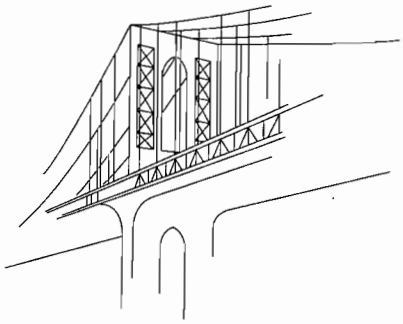
66 Over the years, the integration of CKD patients and CKD practice with ESRD practice in the dialysis unit has become increasingly seamless. The improvements we have made in the course of this process over the past five or six years are really a product of a much more collaborative relationship between the nephrology practice and the dialysis provider.

Our organization's relationship with Fresenius Medical Care is currently very collegial and collaborative. It allows us to place our CKD patient, who is now an ESRD patient, in a dialysis facility of his or her choice that is in a good location and well-staffed, and delivers known outcomes and process improvements that we as physicians are accountable for because we share responsibility. The result, statistically, is patients with a much longer and higher quality of life on dialysis and complication rates that are significantly lower.

The main way to measure that complication rate is to look at hospitalization rates. At dialysis practices run jointly by AKDHC and Fresenius Medical Care, hospitalization rates for ESRD patients are half the national average.

And this collaborative model with the patient outcome at its center is what drives quality improvements in the dialysis facility, decreased hospitalization rates, a more profitable business, and at the same time lower costs for the payor. 99





DR. GASTONE CREA
Medical Director/American Access Care of the Bronx

American Access Care is part of Fresenius Vascular Care, a national network of around 50 vascular centers.

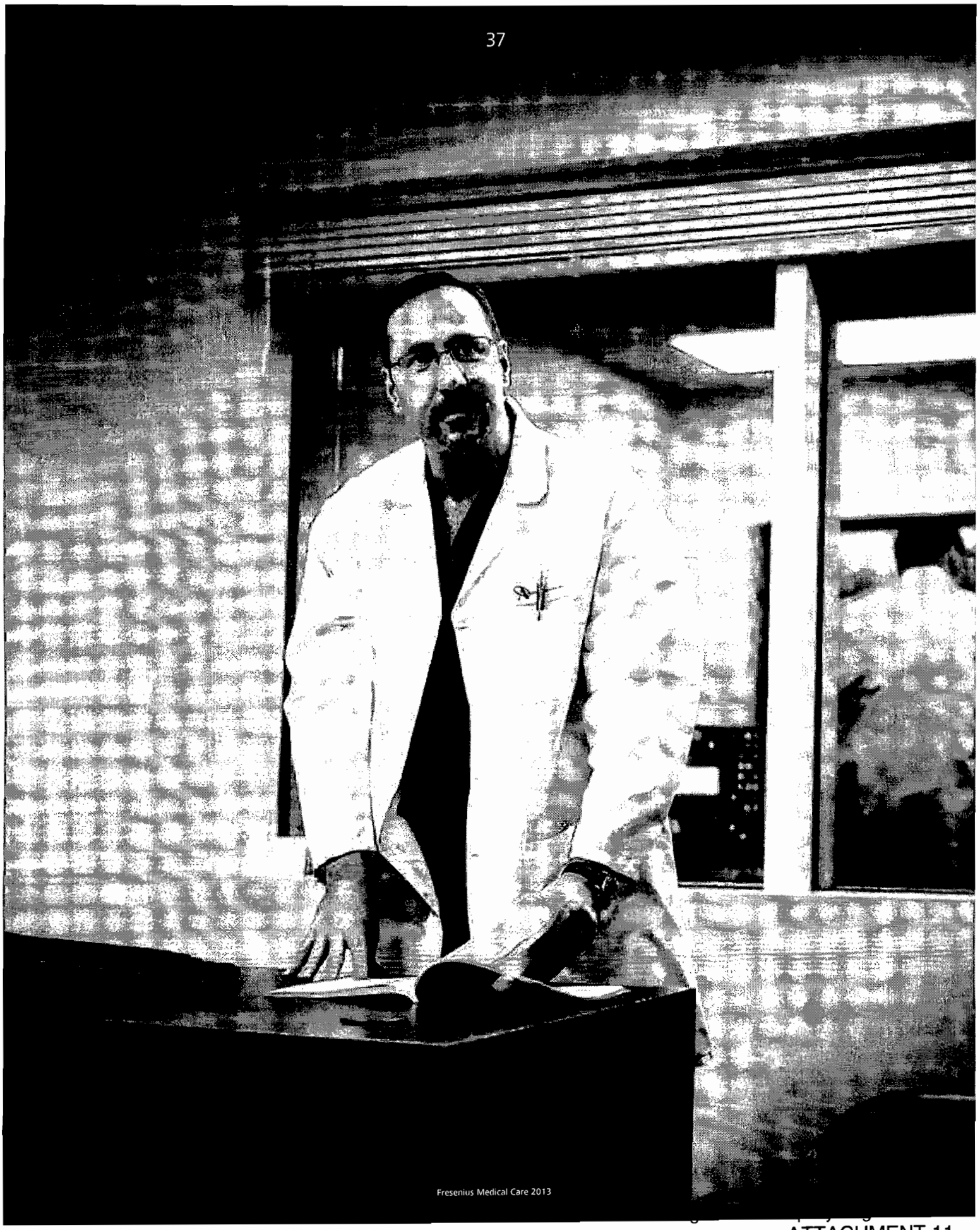
Dr. Gastone Crea is Medical Director at American Access Care of the Bronx. The vascular and interventional radiology specialist spoke to us on the role played by timely vascular care and maintenance in keeping ESRD patients healthy and out of hospital.

"Placing a central venous catheter is the simplest and quickest way to get a patient onto dialysis. However, dialysis catheters are notorious for developing early and frequent complications. This includes infections, resulting in higher morbidity and mortality rates.

After inserting a catheter for immediate dialysis, we have to start planning what kind of long-term access the patient will get. Typically, this is a fistula, which uses the patient's own vein and artery, or a graft, which is a synthetic tube placed under the skin that supports high blood flow rates.

Often, the access needs help to mature before it is ready for use. For example, it can require angioplasty to treat narrowings or blockages, or thrombectomy to remove blood clots and restore the flow. These are just some of the patients we see. Others have an established access that requires maintenance because of recurring blockages or clots, making it impossible to carry out dialysis adequately. Dialysis clinics refer the problem to us for evaluation and treatment. This is usually handled the same day or in a timely manner so there is no interruption in the dialysis schedule.

It is more cost effective to society and more convenient for the patient to be treated at our center than to go to the hospital. At the hospital, patients may be admitted for several days and can miss their scheduled dialysis session."



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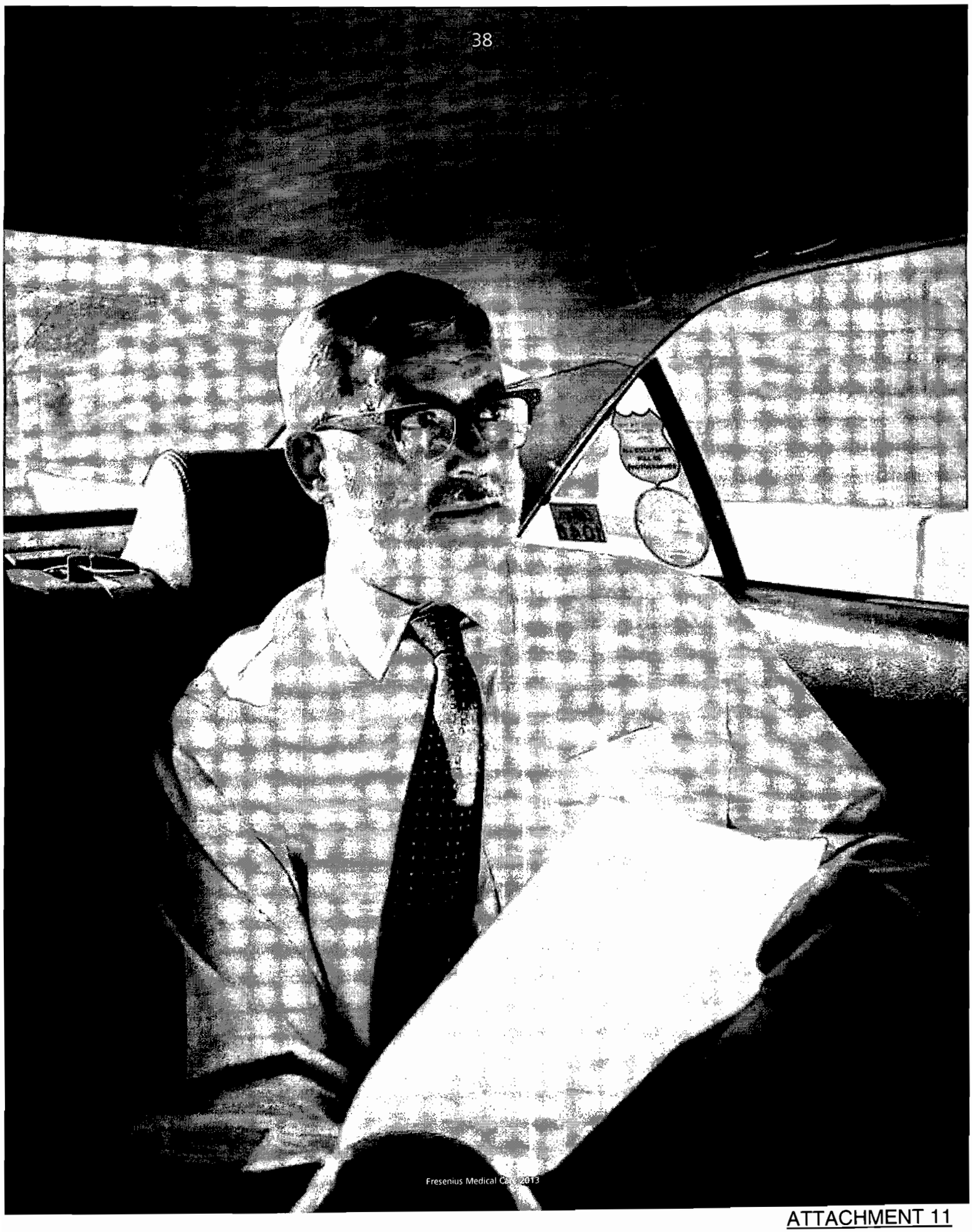

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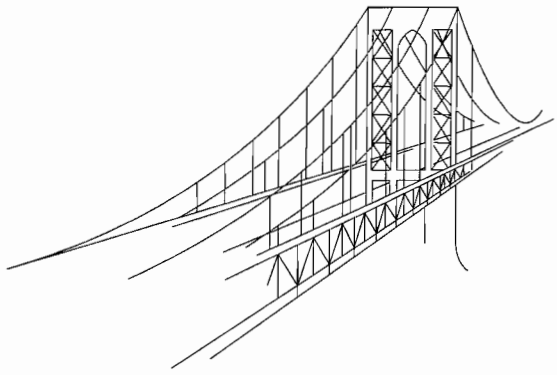
DR. PETER KOTANKO
Research Director/Renal Research Institute

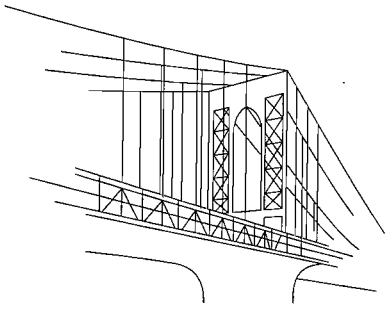
The Renal Research Institute (RRI) is an organization sponsored by Fresenius Medical Care that is dedicated to advancing therapy options for dialysis patients to provide the highest level of care based on advanced clinical technology. The RRI is committed to research and innovation to achieve improved patient outcomes and quality of life. The RRI strives for a compassionate approach to our patients to fulfill the needs and expectations of our customers.

Dr. Peter Kotanko, the Institute's Research Director, spoke to us about how renal patients' lab data can keep patients out of the hospital and living longer.

"Dialysis patients experience frequent hospitalizations. With predictive modeling, we can identify those patients who have an increased risk of hospitalization or mortality, and then intervene well in advance to prevent this. We combine laboratory data as well as demographic data, clinical data and treatment data to create mathematical models that can predict the probability of a patient being hospitalized frequently in the following months. The results of these prediction models are then communicated to the dialysis facility staff, who can intervene by providing specific care for the patient. And there are, of course, a wide range of possible interventions.

The fact that we as a company provide high-quality lab services certainly gives us an advantage. We have real-time data at our fingertips that we can feed into cutting-edge predictive technologies to identify predictive patterns and deploy the right intervention to the patient."





KRISTIN BROWN
Nurse/Lenoir, North Carolina

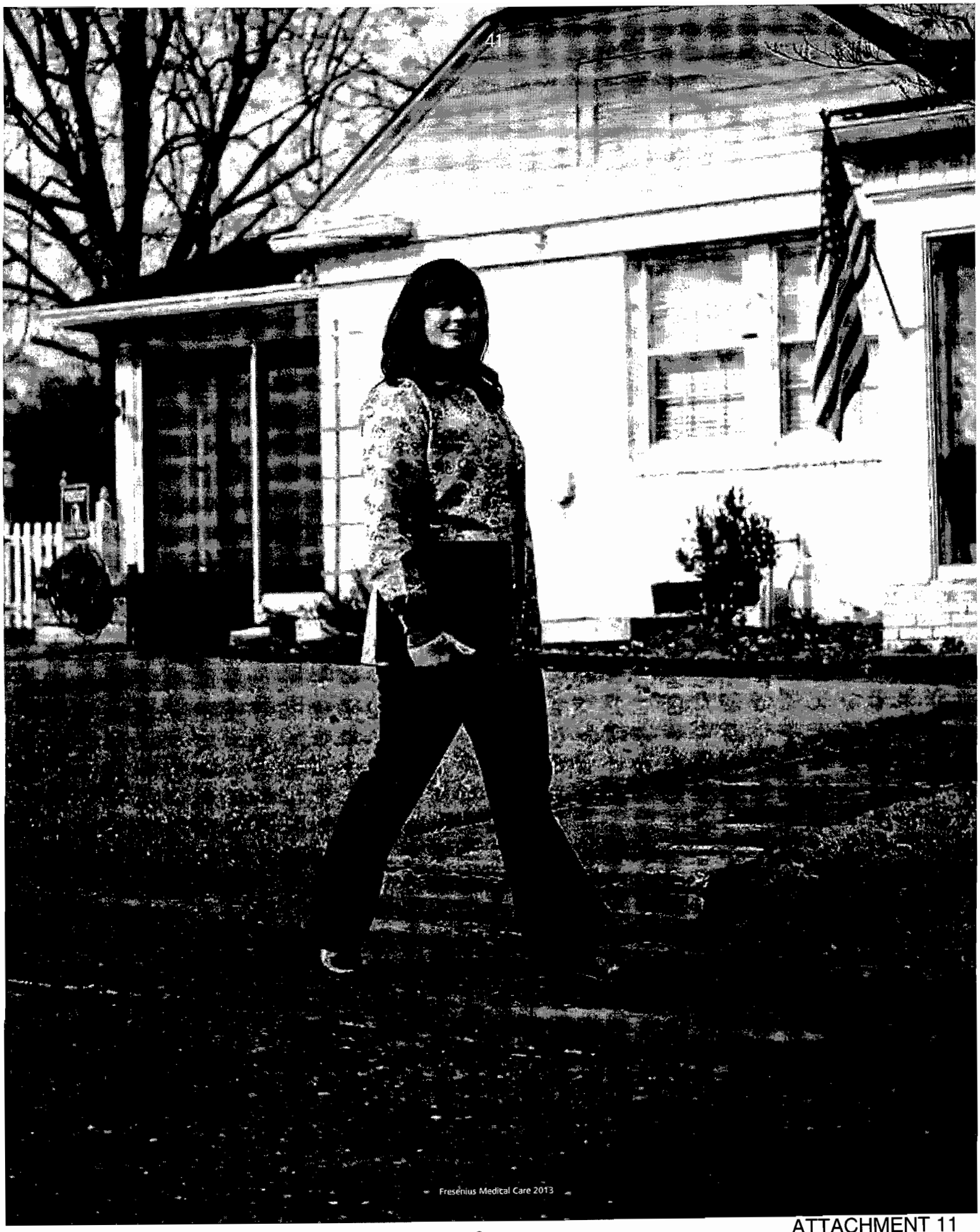
Through our leading network of more than 2,100 dialysis facilities in the U.S., Fresenius Medical Care provides renal services to hundreds of thousands of people throughout the country.

Kristin Brown is one of more than 14,000 nurses who provide care – and caring – to Fresenius Medical Care's dialysis patients in the U.S. As the most frequent and direct point of contact for patients, our nurses perform a wide variety of roles to ensure that our patients' overall healthcare needs are met, both within and outside the walls of our clinics.

"Whenever we admit new patients, we automatically welcome them as our family members. Between the staff and the other patients, the new patients are taken under our wing. They have to learn so many important things to help them manage their illness and their disease, and thrive in the world of dialysis. So it's not only a staffing network that ensures a positive experience, but a patient network as well.

Beyond dialysis itself, we help them to learn about their diet. But we also take it a step further. Each patient is introduced to our social worker. And that helps connect them with services such as information on food pantries or "Meals on Wheels". And if there's a transportation issue for the patient, then we connect them with public transportation. We often link patients with community resources to ensure that the patients' needs are met.

You have to take a holistic approach to care, covering every avenue. It's so important to use a team approach to care that accounts for everything that impacts a patient, from their blood pressure to pain management to diet. One thing can affect everything else. They are a very dynamic group of patients and holistic care is what I think works best for them."



ATTACHMENT 11

Company perspective
Saving recourses

Patient perspective
Responsibility

SUSTAINABLE PERSPECTIVES

Less is more: That is our guiding principle as far as emissions, waste and the use of natural resources are concerned. Environmental protection is a fundamental part of our commitment to sustainable corporate development. That is why we have set ourselves the goal of continuously improving the eco-efficiency of our production sites worldwide. Take a look at the world of sustainable production at Fresenius Medical Care.

Background – Company Magazine 2013
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OUTSTANDING ENERGY EFFICIENCY

Ogden, U.S.

Our largest production site in North America won the "Energy Efficiency Award 2013" for its activities to improve energy efficiency. What particularly impressed the judges about our plant in Ogden, Utah, was how we keep our products refrigerated without using additional energy by channeling cold air from outside into the building at night. By contrast, in the winter months, we use heat from the compressors to keep the building warm. Measures such as these help us to achieve our yearly target of reducing energy consumption at the Ogden site by 5% per production unit. In addition to our energy-saving measures, we recycle all kinds of materials such as plastics and cardboard in Ogden. On top of this, we reuse almost 1,000 liters of water every minute thanks to a special process for separating water and solvents.

MORE THAN HOT AIR

Buzen, Japan

High temperatures are required at our production site in Buzen (Japan): The dialyzers here are sterilized with steam made by heating up air to almost 130 °Celsius. Our new recovery system enables us to reuse the waste heat generated in the sterilization process. With this "recycled" energy, we heat the ambient air by as much as 30° Celsius, allowing us to save around a quarter of the energy previously needed for sterilization.

CLEAN FUTURE IN CALIFORNIA

Walnut Creek/Concord, U.S.

Several years ago, our production site in Walnut Creek, approximately 50 kilometers from San Francisco, launched the "Go Green" campaign to improve its ecological performance. Recycling is a key pillar of this campaign: Each year, 180 metric tons of cardboard and 90 metric tons of plastic are recycled at Walnut Creek. These and other measures have helped us to reduce waste at this site by 75%. We also save almost 19 million liters of water each year through measures such as water treatment. We successfully continued our "Go Green" campaign after relocating our production facility to nearby Concord at the end of 2013. For example, we have already managed to reduce energy consumption considerably since moving to the new site by using a new lighting system with motion sensors.

USING ENERGY TWICE

St. Wendel, Germany

Fresenius Medical Care will soon be generating its own power. At our largest production site worldwide in St. Wendel (Germany), a power plant with gas turbines based on combined heat and power will provide 90% of the electricity required by the site in the future. The major advantage of combined heat and power is that the energy is used to generate both power and heat simultaneously. This new plant will enable us to reduce our CO_2 emissions at the site by 23,000 metric tons per year.

SELF-GENERATED HEATING

Schweinfurt, Germany

Our Schweinfurt site heats parts of the plant with self-generated energy. This is made possible by a heat recovery system that uses the waste heat from compressors and feeds it into the heating system. To allow even more heat to be fed into the system, nearly all our compressors are now housed in one room, the compressor center. Since then, the recovery system has been producing around 450 kWh per day. By way of comparison, the heat captured could keep a detached house with 120 square meters warm for five years.

GREEN FACTORY

Palazzo Pignano, Italy

In the new 900 square meters extension of our plant in Palazzo Pignano, some 30 kilometers from Milan, we think green. Thanks to new packaging lines, we are able to reduce the amount of foam packaging material used by 90%. We also save on material, especially plastic, by further reducing scrap. In addition, a bigger steam sterilization autoclave has been installed that requires less steam to sterilize the same amount of products.

SUSTAINABLE PRODUCTION – AT OUR SITES WORLDWIDE.

Schweinfurt, Germany

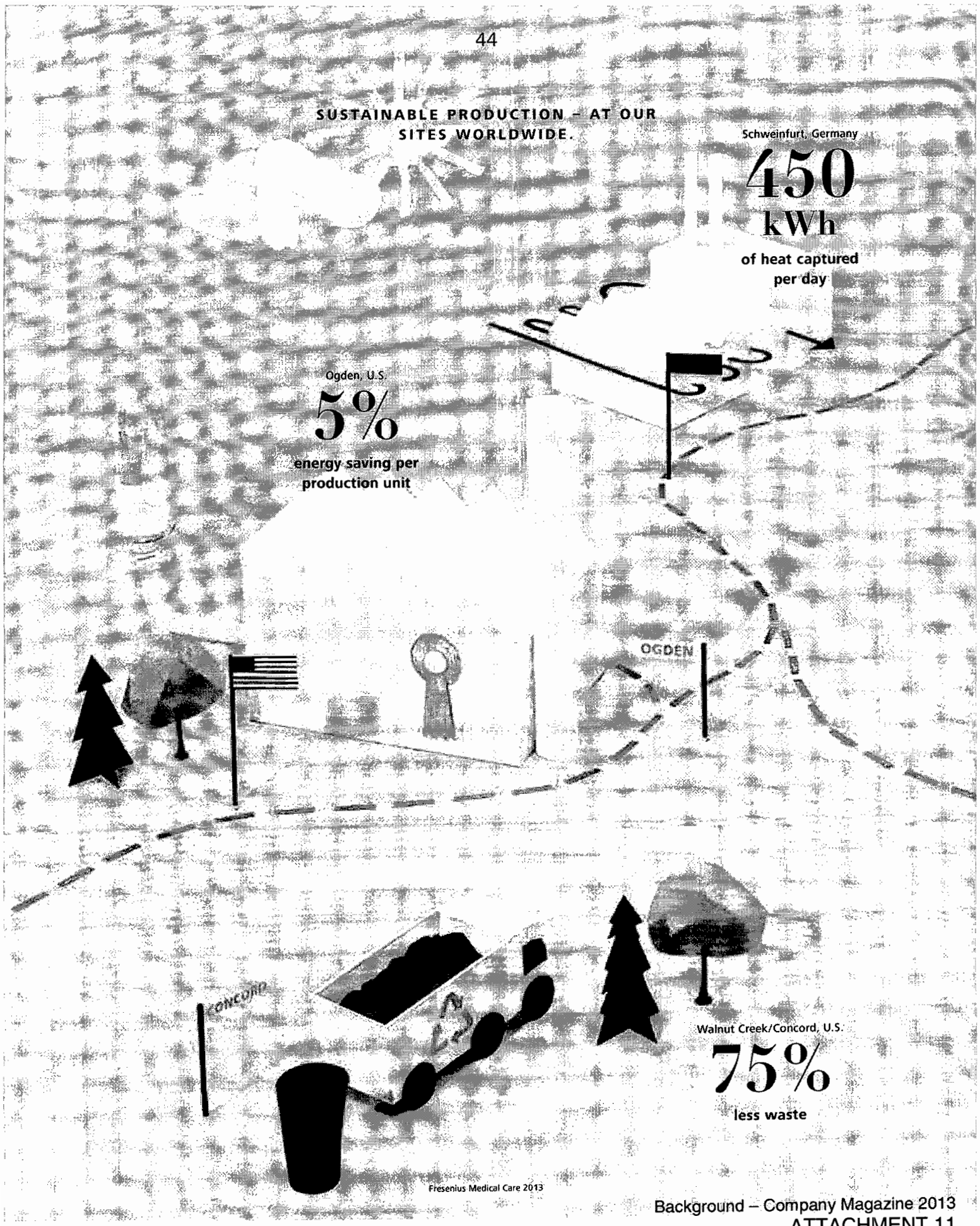
450 kWh

of heat captured per day

Ogden, U.S.

5%

energy saving per production unit



Walnut Creek/Concord, U.S.

75%

less waste

Fresenius Medical Care 2013

Background – Company Magazine 2013
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St. Wendel, Germany

We produce

90%

of the energy ourselves

Palazzo Pignano, Italy

90%

less packaging material

Buzen, Japan

25%

energy saving through process optimization

Background – Company Magazine 2013
ATTACHMENT 11

REVIEW 2013

WOK IT! THE COOKING COMPETITION

February 2013
Lim Siow Sheong, Managing Director of Fresenius Medical Care Malaysia

In 2013, I once again experienced how important it is for patients' motivation and quality of life that they have a good relationship with their clinic staff. This was recently demonstrated at our cooking competition, which we held in Kuala Lumpur at the beginning of the year. At this event, the finalists comprising 15 nurses and dialysis patients from four dialysis clinics showed off their culinary skills. Their task was to prepare healthy, tasty meals that are suitable for dialysis patients. Vouchers were awarded to the best meals. The aim of the competition was to introduce our patients to the joy of cooking and a healthy diet. Many patients who took part in the competition told me that it was great fun and took their minds off their illness for a while. We have compiled the recipes in a cookbook for patients.

15
participants

RAPID AID RESPONSE AFTER THE TYPHOON

December 2013
Frank Wagner, Executive Vice President Central Asia-Pacific region

€ 200,000
donation

The tireless dedication of my team after the devastating Typhoon Haiyan in the Philippines was my personal highlight in 2013. On the island of Leyte, in the worst affected area, Fresenius Medical Care runs a clinic that treats around 70 dialysis patients. Although the island was almost inaccessible, two employees from my team managed to make their way there. Since then, a technical employee has been on site to help restore the defective water system as well as a nurse to provide medical aid. In addition, Fresenius Medical Care and Fresenius Kabi immediately made a joint donation of € 200,000 to the Philippine Red Cross to help provide primary care in devastated areas. It was very moving to see how we were able to help so many people with our rapid and unbureaucratic aid.

FIRST DIALYSIS CLINIC IN PERU

July 2013
Gustavo Ambrosini, General Manager of Fresenius Medical Care Peru

In 2013, I was delighted that we bought our first dialysis clinic in Peru. This means that Fresenius Medical Care is finally able to offer dialysis services in this country. The clinic is situated approximately 1,000 kilometers south of Lima in the center of Arequipa, Peru's second largest city and a key trading center for the country. The clinic can treat up to 120 patients. We will gradually be adapting the clinic to our Nephrocare standards. It is equipped with our 4008S series machines. This first clinic is a springboard to establishing our own clinic network in Peru.

FIGHT AGAINST DENGUE FEVER

October 2013
Helmut Winkler, Product Manager for Acute therapies and hemodialysis, Asia-Pacific region

One special event this year for me was the successful deployment of our dialysis machine multiFiltrate in the fight against dengue fever. Dengue fever is transmitted by mosquito bites, and is widespread in Asian and Western Pacific regions. According to WHO estimates, up to 400 million people contract the virus every

Our employees reveal their personal highlights at Fresenius Medical Care in 2013.

year, 500,000 cases are severe, and around 22,000 are fatal. For several years now, our multifiltrate has been used to support the renal function of patients until they have fully recovered from dengue fever. This can prevent kidney damage and uremic intoxication. The multifiltrate is also used in pediatrics, and saved the lives of three particularly severely ill children last year.

FIRST GREEN INNOVATION AWARD

September 2013
Guido Giordana, Director of Business Operation Management Nephrocare

I was particularly pleased that we were able to present the "Green Innovation Award" for environmental projects in dialysis for the first time in 2013. For many years now, we have been working on environmentally friendly dialysis concepts together with the European Dialysis and Transplant Nurses Association, EDTNA/ERCA. We have developed the environmental guideline for dialysis which is meanwhile available in eight languages and widely distributed. The Green Innovation Award is a new project aimed at raising environmental awareness in dialysis. The first prize went to a project in Saudi Arabia, that managed to reduce water consumption in a dialysis center by more than half, using our technology. A Spanish project to reduce consumption of dialysate and water came second. It was a great honor for me to present this first award for environmental protection.

OUTSTANDING COMMITMENT

October 2013
Ricardo Arias-Duval, Senior Vice President Fresenius Medical Care Spain, Country Manager

The high point of 2013 for me was when Fresenius Medical Care was voted the best healthcare company by readers of the Spanish journal Medical Redaccion. I see the award as an appreciation not only of the Company, but also of all our employees. I consider it to be recognition of our commitment to advancing new developments for the treatment of kidney disease in Spain. The award is a very special honor, especially taking into account the importance of companies we outrivaled: General Electrics, Drager, Philips, Boston Scientific, Siemens Healthcare, Abbot, and Roche Diagnostics, to name only a few.

AWARD FOR INDIA

October 2013
Dhiraj Chaturvedi, Managing Director Fresenius Medical Care India

"A business model that has proved its versatility in a challenging environment" – that is the reason given for awarding the Frost & Sullivan Healthcare Excellence Award 2013 to Fresenius Medical Care India in September as the "dialysis solutions company of the year 2013". This award is my personal highlight this year. We won it because of the high quality of our services, combining outstanding products with excellent all-round service and based on values such as commitment and customer focus. This quality is also the reason why we are the market leader in India. 2013 was a very challenging year for Fresenius Medical Care India, which is also why I am absolutely delighted that our services have been recognized.

GROUNDBREAKING CEREMONY FOR PLANT IN SERBIA

September 2013
Rajko Hrvacevic, General Manager Fresenius Medical Care Serbia

€16M

investment

In September 2013, we began construction on a new production site for dialysis products in Vršac, Serbia. Therewith we will double our capacity for certain disposable products in this growing market. As well as supplying dialysis patients in Serbia, the new plant will cover demand in Europe and Latin America, which is expected to increase in the years to come. At full capacity, the plant will produce bloodline systems for more than 150,000 dialysis patients. We are investing more than €16 million in this plant in total. I am particularly pleased that we are creating some 420 jobs in Vršac. We have served the Serbian market for more than 20 years and have steadily grown our business here in the recent past. The opening of the new plant at the end of 2014 will be a further milestone in the expansion of our business operations in Eastern Europe.

WE WOULD LIKE TO THANK OUR PATIENTS, PARTNERS AND SHAREHOLDERS FOR THEIR CONFIDENCE IN OUR COMPANY AND OUR EMPLOYEES FOR THEIR DEDICATION AND COMMITMENT IN THE PAST YEAR.

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Treatment Options Program

Treatment Options Program

For People with Chronic Kidney Disease

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Welcome to the Treatment Options Program

Over the next hour you will learn:

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by you physician with Chronic Kidney Disease(CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure"and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle

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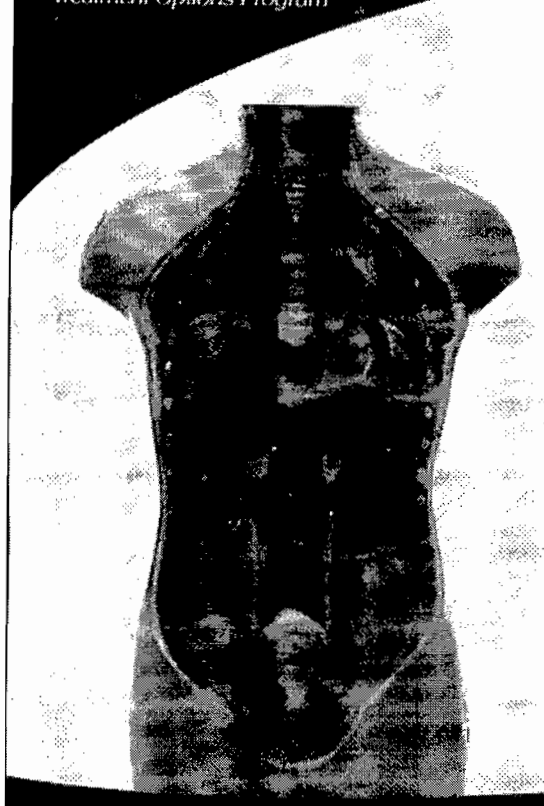

Your Kidneys and What They Do

- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
  - Filter your blood to remove waste and excess fluid;
  - Control the making of red blood cells;
  - Help control blood pressure;
  - Help control the amounts of calcium, potassium, and phosphorus in the body.

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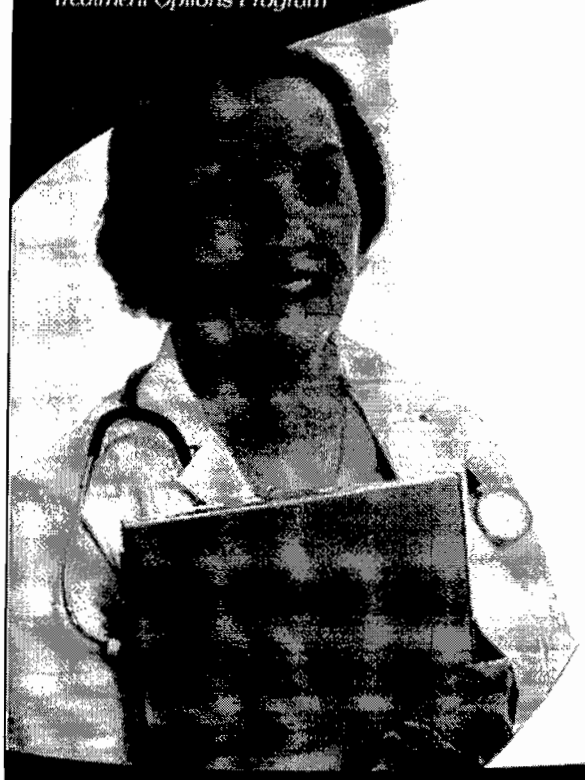

What is Chronic Kidney Disease (CKD)?

CKD is a progressive disease that advances from Stage I through Stage V.

Stage V CKD or **End-Stage Renal Disease (ESRD)** is commonly referred to as "kidney failure."

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.

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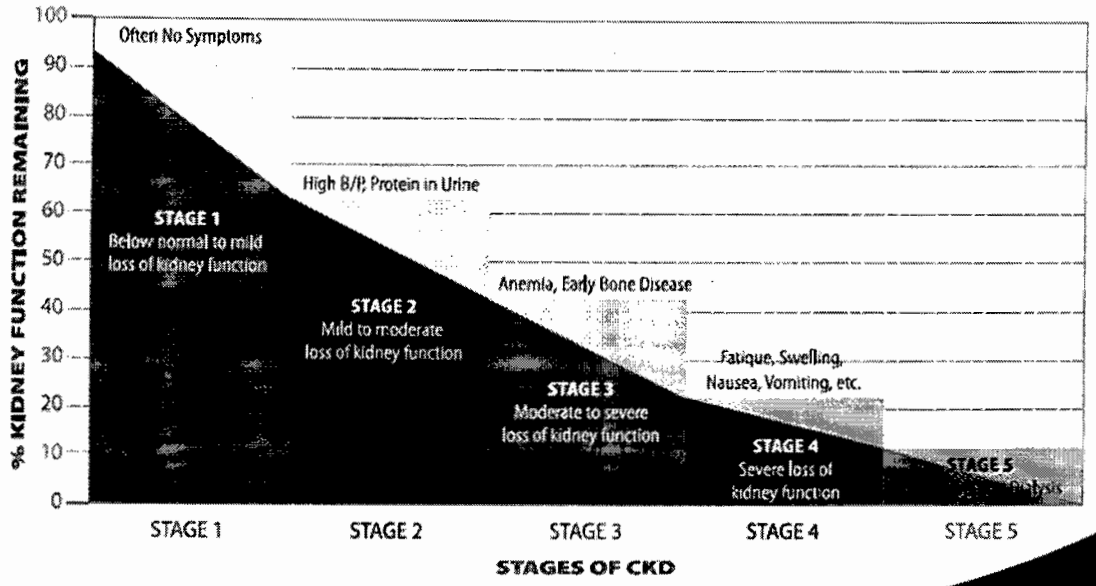
The progression of CKD



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Common Causes of Chronic Kidney Disease (CKD):

- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown

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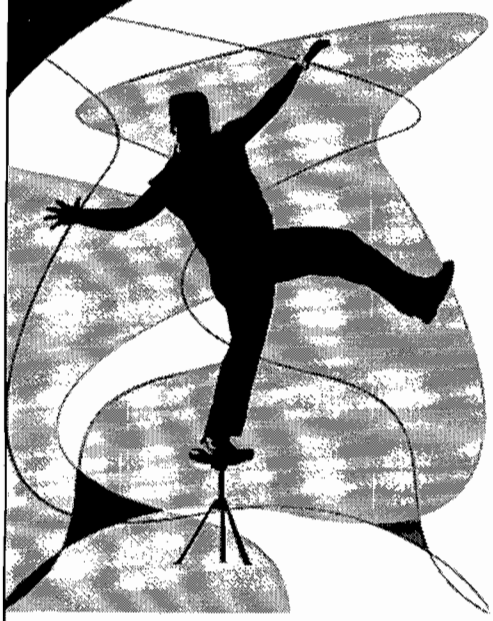

What Happens to Your Body with Chronic Kidney Disease?

- Build up of fluid (water) and waste products in your blood
  - Causes swelling and generally not feeling well
- Chemical imbalances
  - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
  - Control your blood pressure
  - Build red blood cells
  - Keep your bones strong

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Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness

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If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease*.
- A recent study reported over 358,000 people in the US were on dialysis.
- Roughly 16,000 (or 5%) of these people received a kidney transplant***
- The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation**

* NHANES (1999-2004)
** USRDS (2006 data report)
*** 2007 OPTN/SRTR Annual Report 1997-2006, HHS/HRSA/HSB/DOT

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People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.

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If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
  - It's important to learn about the available treatments now before therapy is needed.
    - You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
    - Managing your disease well helps determine the quality of your life.
    - You have the right not to accept treatment for your kidney failure (ESRD).

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Managing Your CKD

Diet & Medication

- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
  - Control blood pressure
  - Make red blood cells
  - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

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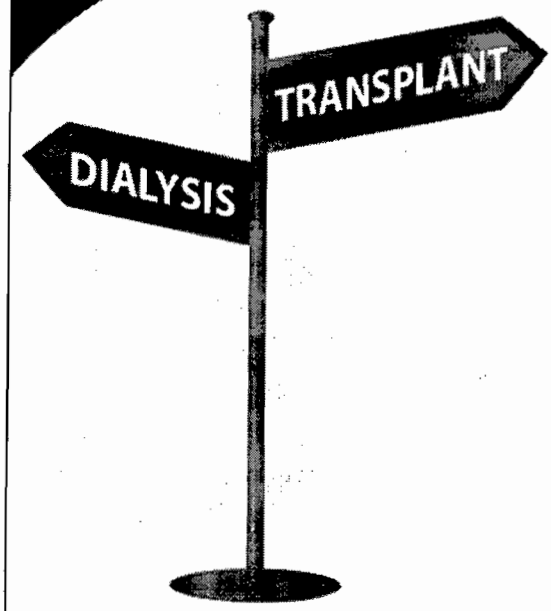
Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the "Gold Standard"
- Kidney Dialysis

  Two types of treatments to remove excess fluid and waste from your blood
  - Peritoneal Dialysis (PD)
  - Hemodialysis (HD)

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The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the "Gold Standard" because it is the treatment that comes closest to "normal" kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.

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A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.

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Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
  - Living donor:
    - Relatives (usually the closest match)
    - Non-relative (spouse, friend)
  - Non-Living donor:
    - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two

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Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
  - Diet
  - Activity
- Watch for signs of potential problems.

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Kidney Transplant Option

- Closest treatment to "normal" kidney function
- Fewer dietary and fluid restrictions
- Allows you to maintain your normal schedule & activities

- Risks associated with surgery and kidney rejection
- Daily medications may have side effects and can be costly
- Must take medications and follow up with physician for life of the kidney
- May be placed on a waiting list for an extended period of time

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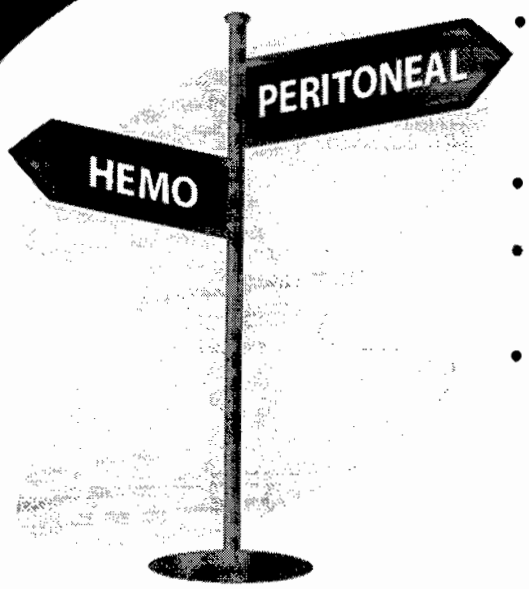
The Dialysis Options



- There are two types of dialysis:
  - Peritoneal dialysis
  - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.

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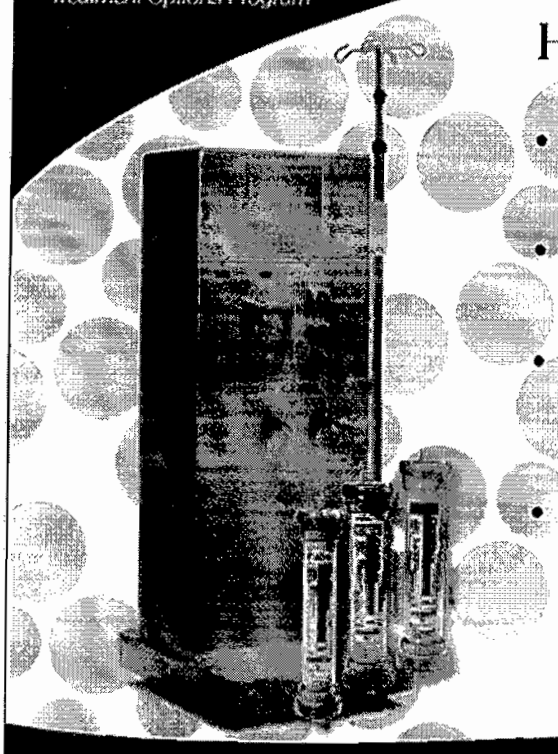
Hemodialysis



- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time

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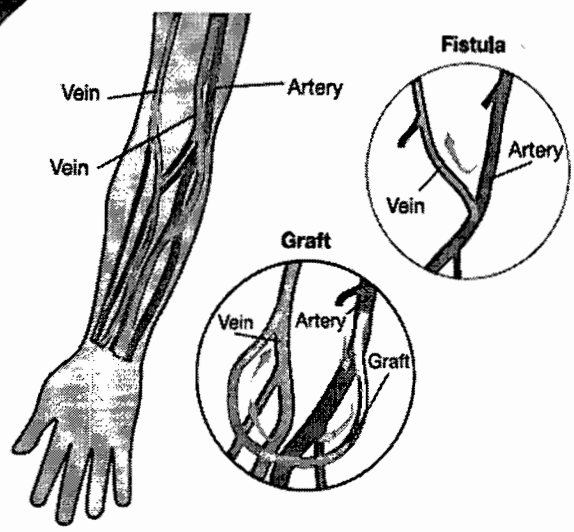
Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A **fistula**, the 1st choice, is a surgical connection of your artery and your vein.
- A **graft**, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A **catheter** is a temporary tubing inserted through the skin and sutured into place.

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In-Center Hemodialysis Option

- Treatments are done by trained dialysis nurses and technicians.
- You are on a fixed schedule for your treatments, and changes may be difficult.
- You must travel to/from the dialysis center.
- Treatments are usually done 3 times each week.
- No equipment or supplies needed at home.
- Opportunity for regular social interaction with other dialysis patients.
- Treatments usually last 3.5-4.0 hours each.

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In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
- Allows you to work, go to school, or participate in other activities during the day
- Provides more treatment over a longer period of time
- Useful when needing to remove large amounts of fluid
- Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area

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In-Center Hemodialysis Considerations

- Therapy performed by trained clinicians
- No equipment or supplies needed at home
- Opportunity for more frequent social interaction with other dialysis patients

- Patient must travel to the clinic usually 3 times per week
- Patients are on a fixed schedule to receive their therapy

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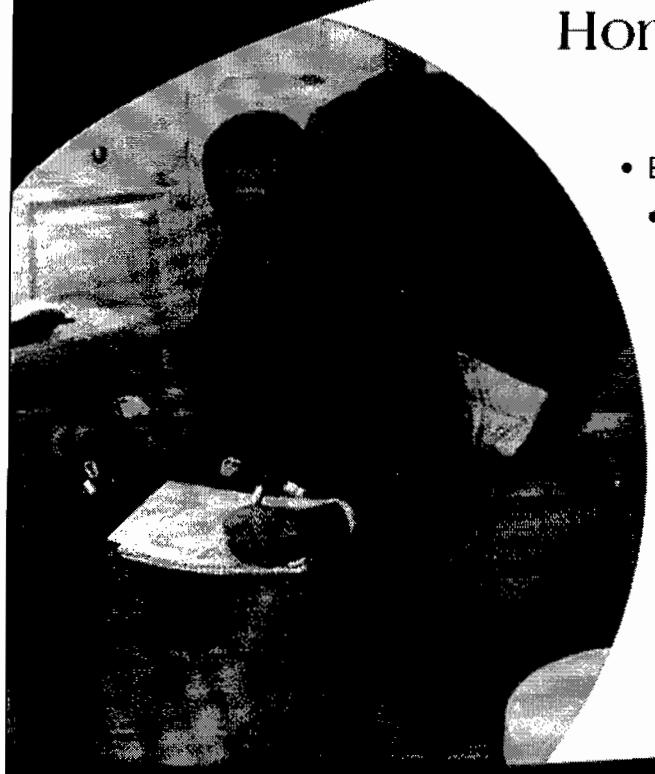
Home Hemodialysis Option



- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center

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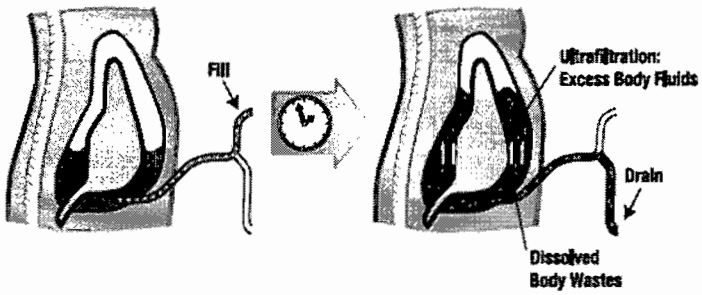
TOP education
Treatment Options Program

Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

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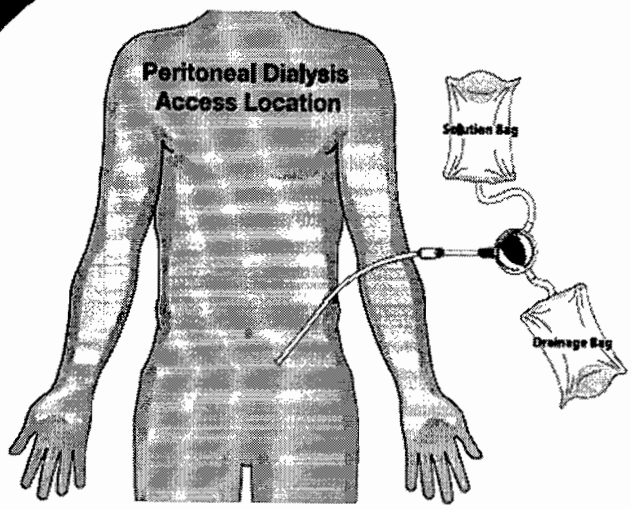
Treatment Options Program

Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used

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Two types of PD

1. **Continuous Ambulatory Peritoneal Dialysis (CAPD)**

- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange

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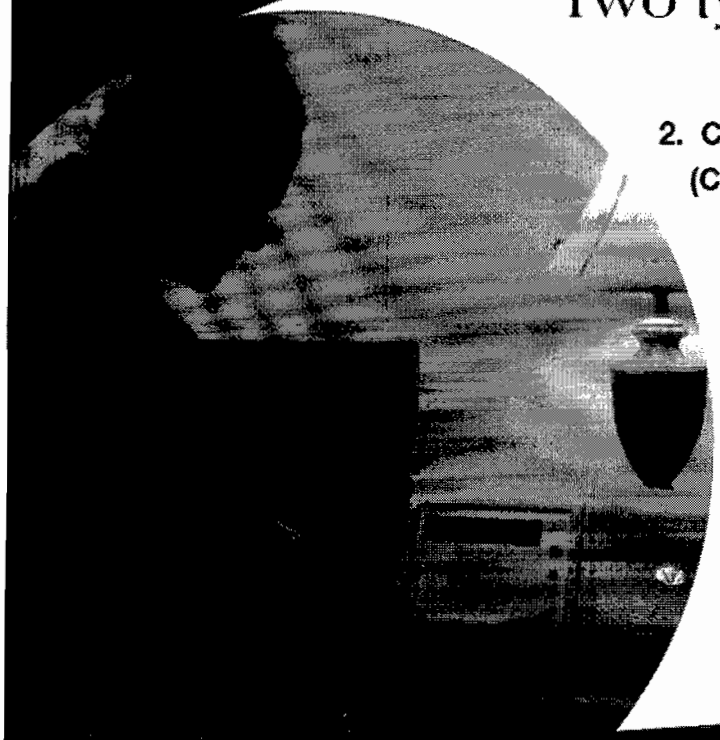
Treatment Options Program

Two types of PD



2. Continuous Cycling Peritoneal Dialysis (CCPD)

- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime

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Treatment Options Program

Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
- More flexible dialysis treatment schedule
- Allows independence and a more normal (working) lifestyle
- Gentle treatment more like "normal" kidney function
- A bloodless form of treatment with no needles required

- Treatment needs to be performed every day
- Risk of infection
- External catheter
- Need storage space in home for supplies
- Larger people may need to do more exchanges

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Treatment Options Program

Dialysis Options Comparison

Advantages	IN-CENTER HD	IN-CENTER NHD	HOME HD	HOME PD
Treatment Time Flexibility			√	√
Treatment Location Flexibility			√	√
Treatment Duration Flexibility				√
Reduced Clinic Visit Time			√	√
Reduced Clinic Travel Time			√	√
Reduced Clinic Travel Costs			√	√
No treatment partner needed	√	√		√
Greater Privacy			√	√
Greater Social Interaction with Other Dialysis Patients	√			

Advantages	IN-CENTER HD	IN-CENTER NHD	HOME HD	HOME PD
Perform treatments during nightly sleep		√	√	√
Improved availability during work hours		√	√	√
Bloodless access				√
More independent lifestyle			√	√
Greater treatment supervision	√	√		
No supply delivery & storage needs	√	√		
No routine needle sticks				√
Greater Travel options				√
No additional electrical/plumbing	√	√		√

Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.

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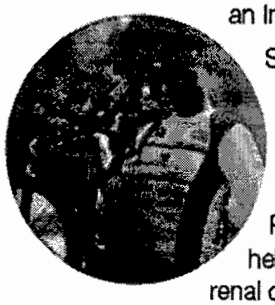
TOP education

Treatment Options Program

People Like You

Shad Ireland's kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.



Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

Mickey Sledge developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

Lori Hartwell, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.

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

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	
Aurora	14-2515	455 Mercy Lane	Aurora	60506	
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	17%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	17%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440	
Breese	14-2637	160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	26%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	15%
Carbondale	14-2514	1425 Main Street	Carbondale	62901	
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	333 W. 87th Street	Chicago	60620	
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622	35%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	38%
Cicero	14-2754	3000 S. Cicero	Chicago	60804	28%
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	23%
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deefield	60015	
Des Plaines		1625 Oakton Place	Des Plaines	60018	
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515	
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185	18%
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	18%
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007	
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	11%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	16%
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139	13%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	19%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	21%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	14%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	26%
Joliet	14-2739	721 E. Jackson Street	Joliet	60432	
Kewanee	14-2578	230 W. South Street	Kewanee	61443	
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	11%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	13%
Logan Square	14-2766	2721 N. Spalding	Chicago	60647	
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	14%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	21%
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803	
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960	15%
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	11%
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook	14-2765	2451 S Washington	Naperville	60565	
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	

Facility List
ATTACHMENT - 11

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Normal		1531 E. College Avenue	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	13%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	18%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	27%
Northfield		480 Central Avenue	Northfield	60093	11%
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452	
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462	
Oswego	14-2677	1051 Station Drive	Oswego	60543	
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350	
Palatine	14-2723	691 E. Dundee Road	Palatine	60074	
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554	
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605	
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615	
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	12%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	27%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	22%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	15%
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617	
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	10%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	19%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002	
Spoon River	14-2565	340 S. Avenue B	Canton	61520	
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362	
Steger	14-2725	219 E. 34th Street	Steger	60475	
Streator	14-2695	2356 N. Bloomington Street	Streator	61364	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	24%
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085	
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510	
West Belmont	14-2523	4943 W. Belmont	Chicago	60641	35%
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185	11%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	25%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	13%
West Willow	14-2730	1444 W. Willow	Chicago	60620	
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154	
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959	
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527	

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

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

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

Facility List
ATTACHMENT - 11

Certification & Authorization

Fresenius Medical Care Summit, LLC

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

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

By: _____

ITS: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

Signature of Notary

Seal

By: _____

ITS: **Bryan Mello**
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

ATTACHMENT - 11

Certification & Authorization

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

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By: _____

ITS: Mark Fawcett
Vice President & Treasurer

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

ATTACHMENT - 11

Criterion 1110.230 – Purpose of Project

1. The purpose of this project is to provide access to life-sustaining dialysis services for the **Federally Designated Medically Underserved Summit market area**, where area clinics are operating at high utilization. The Fresenius facilities within 10 miles are operating at an average 79% utilization. Those considered in the Summit market area (bolded below) are operating at an average 78% utilization, even with one facility (Cicero) open only 9 months and still transferring patients from the Berwyn facility.

Provider	Name	Address	City	Zip Code	Miles	Utilization
Fresenius	***Fresenius Midway***	***6201 W 63rd St***	***Chicago***	***60638***	***2.45***	***99%***
Fresenius	***Fresenius Berwyn***	***2601 Harlem Ave***	***Berwyn***	***60402***	***3.67***	***90%***
Fresenius	***Fresenius Burbank***	***4811 W 77th Street***	***Burbank***	***60459***	***6.33***	***93%***
Fresenius	***Fresenius Cicero***	***3000 S Cicero Ave***	***Cicero***	***60804***	***6.45***	***30%***
					Average Utilization Market	***78%***
Fresenius	Fresenius Oak Park	733 Madison St	Oak Park	60302	6.78	85%
Fresenius	Fresenius Westchester	2400 Wolf Road	Westchester	60154	7.63	75%
Fresenius	Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	7.89	92%
Fresenius	Fresenius River Forest	103 Forest Ave	River Forest	60305	8.09	82%
Fresenius	Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	8.68	64%
Fresenius	Fresenius Southside	3134 W 76th St	Chicago	60652	8.74	85%
Fresenius	Fresenius North Avenue	911 W North Avenue	Melrose Park	60160	9.81	73%
					Average Utilization < 10 Miles	79.00%

In addition Fresenius Summit will allow patients to be seen by their own doctor. The physicians supporting this project admit patients to the Midway, Berwyn and Cicero facilities considered to be in the Summit market area. They do not admit to other area clinics and have no plans to because they cannot round at more than a few clinics and maintain their practice schedule and see patients in the hospital. If this clinic is not established their patients will be scattered all over and they will lose their physician/patient relationship.

2. Summit is a suburban village located on the southwest border of Chicago in HSA 7 in Cook County where there is a need for an additional 86 ESRD stations. It is situated on the border of Chicago, HSA 6, where there is a need for an additional 94 ESRD stations. It will serve patients from both HSAs.

3. Summit has a large Hispanic population (64%) and 20% of its residents are living below the poverty level. Less than half the population here have their own health insurance with 2/3 of the population either uninsured or receiving Medicaid benefits. Less than half of the residents speak English fluently.

4. Census and demographic data was obtained from the U.S. Census Bureau and ESRD patient data received from The Renal Network. Patient data to support this project was received from Nephrology Associates of Northern Illinois.

5. Establishing the Summit ESRD facility will provide the disadvantaged population in the area accessible dialysis treatment. Fresenius Medical Care accepts all patients regardless of ability to pay. The Summit facility will also create access to additional treatment shift choices as nearby facilities are operating at high utilization.

6. The goal of Fresenius Medical Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would have similar quality outcomes as other Fresenius facilities in the area (Midway, Berwyn, Cicero & Burbank), the average of which are:

   - 97% of patients had a URR $\geq$ 65%
   - 96% of patients had a Kt/V $\geq$ 1.2

Alternatives

1) All Alternatives

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

The only alternative that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. This alternative was rejected because it does not address the high utilization at other area clinics, the MUA population, the need for stations or the continuity of care issues these patients will face if the clinic is not established. There is no cost to this alternative.

B. Pursuing a joint venture.

The typical Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. Our healthy financial position and abundant liquidity indicate that that we have the ability to support the development of additional dialysis centers. Fresenius Medical Care has more than adequate capability to meet all of its expected financial obligations and does not require any additional funds to meet expected project costs. This ownership of this facility is structured so that if physicians choose to invest at a later date they would be able to do so. The cost of a joint venture would be the same as the current project, however split amongst joint venture partners.

C. Utilizing other health care resources.

Area Fresenius facilities are currently being utilized to a point that they are operating near capacity. The nearest facility, Fresenius Midway, is at 99% and is preparing to open up a 4th daily treatment shift. While this shift can benefit a few working individuals, it is a tremendous hardship on new patients who would have no choice but to start treatment on this shift that begins in the evening and does not end until midnight. The Berwyn facility (at 90%) has a waiting list of patients who would be better served at the Midway clinic. Clinics that have excess capacity are not in the Summit healthcare market area or are facilities that would require patients to change physicians, thus losing continuity of care. There is no monetary cost to this alternative, but it would be detrimental to area patients and physicians.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available to the medically underserved patients in the Summit market area is to establish Fresenius Medical Care Summit. This alternative will address the need in general for healthcare services in Summit and the HSA and will create accessible dialysis treatment options for this disadvantaged population while reducing area over-utilization. The cost of this project is $5,331,247.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	$0	There is nearly zero dialysis access in the immediate Summit all area with clinics at high utilization.	Patient clinical quality would remain above standards but there may be more missed treatments as disadvantaged patients have to go further from home for treatment access.	No effect on patients except for possible increased transportation costs.
Form a Joint Venture	$5,331,247	Same as current project.	Same as current project.	Same as current project, however JV Partner would share in costs.
Utilize Area Providers	$0	The residents of the Summit area are currently dialyzing at area providers which are operating at high utilization creating access problems as they relate to treatment shift choices. Future patients will have to travel further away for access to a clinic and will lose their physician/patient relationship.	If patients have to travel out of area for treatment there will be loss of continuity of care which would lead to lower patient outcomes.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times
Establish Fresenius Medical Care Summit	$5,331,247	Increased access nearby for patients and choice of treatment shifts. Elimination of 4th shift at Fresenius Midway, waiting lists and high area utilization.	Patient quality would be similar to other area Fresenius facilities which maintain above standard quality measures.	

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

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care facilities in this area (Midway, Berwyn, Cicero and Burbank) have the average quality results listed below:

- 97% of patients had a URR $\geq$ 65%
- 96% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD 450-650 BGSF Per Station**	**DIFFERENCE**	**MET STANDARD?**
ESRD IN-CENTER HEMODIALYSIS	9,700 (12 Stations)	5,400 – 7,800 BGSF	1,900	No

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF for 12 stations. The proposed BGSF is over the State standard by 1,900 GSF. Approximately 1,000 GSF of this will be allotted for a home therapies department. Remaining additional space will be utilized for administrative offices and likely future expansion. It is more cost effective to expand than to establish new facilities as the clinic utilization increases.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	IN-CENTER HEMODIALYSIS	N/A	56%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS	N/A	118%	80%	Yes

Dr. Lohmann's practice has 215 pre-ESRD patients in stages 3 & 4 of kidney failure who live in the immediate area around Summit. After accounting for natural patient attrition, there are 102 patients in the area who he anticipates will begin dialysis at the Summit facility in the first two years after it begins operations.

There are also 37 hemodialysis patients at the highly utilized Fresenius Berwyn and Midway facilities that could potentially transfer to the new Summit facility.

While the second year utilization is above capacity, it is expected that there may be a "swapping" of patients from one facility to another as treatment schedule times open up at existing facilities as patients transfer or are referred to the Summit facility. There is currently a waiting list of patients at the Berwyn facility who wish to transfer to the Midway facility (which is not expandable) as stations become available.

Dr. Lohmann's practice will also be referring some of these patients for home therapies treatment options. It is too soon in the patient's treatment plan to know which patients that reach dialysis will choose this option. Regardless, there are sufficient pre-ESRD and transfer patients to bring the facility to 80% utilization within 2 years.

Planning Area Need

A. Formula Need Calculation:

The proposed Fresenius Medical Care Summit dialysis facility is located in Summit, IL which is in suburban Cook County and HSA 7. According to the April 2014 Board inventory, there is a need for an additional 86 stations in this HSA. Summit is situated on the border of Chicago, HSA 6, and will serve both HSA's. There is a need for 94 stations in HSA 6.

Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of Cook County in HSA 7, more specifically the areas surrounding Summit. 74% of the pre-ESRD patients reside in HSA 7 and 26% reside in neighboring HSA 6. Because Summit is situated on the border of the two HSA's it will serve both.

County	HSA	Pre-ESRD Patients who will be referred to Fresenius Medical Care Summit
Suburban Cook Co	7	75 – 74%
Chicago/Cook Co	6	27 – 26%

NEPHROLOGY NANI Berwyn HYPERTENSION

Nephrology Associates

6827 W. Stanley Avenue • Berwyn, IL 60402 • Phone 708.749.4617 • Fax 708.749.0094

Laurens A. Lohmann, M.D.
Matthew R. Andersen, M.D.

April 24, 2014

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

Dear Ms. Avery:

I am a nephrologist practicing on the west side of Chicago and the near west suburbs. I also serve as Medical Director of the Fresenius Berwyn dialysis facility and my partner Dr. Anderson is the Medical Director of the Fresenius facility in Cicero. This is where we refer the majority of our patients and also to Fresenius Midway on the southwest side of Chicago neighboring the village of Summit. My partners and I have seen a dramatic increase in the Hispanic population in this area which is reflected in the increase of patients presenting with chronic kidney disease. The facilities in this area are operating at high utilization rates (Berwyn 90%, Midway 99% and Burbank 93%) making it difficult to find adequate treatment schedules for new patients. The newly opened Cicero facility is bringing some relief, but it is filling up quickly as we continue to transfer and admit new patients as additional staff is trained. I don't expect this facility to have excess capacity in the near future.

My partners and I were treating 168 hemodialysis patients at the end of 2011, 184 patients at the end of 2012 and 213 patients at the end of 2013, as reported to The Renal Network at these facilities – Fresenius Berwyn, Midway, Westchester and Cicero. As of the most recent quarter, we were treating 214 hemodialysis patients. Over the past twelve months we have referred 64 new patients for hemodialysis treatment. We have 215 pre-ESRD patients in our practice who live in Summit and the surrounding areas that are in stage 3 and 4 of kidney failure. After counting for patient attrition, I expect approximately 102 to be referred to Fresenius Summit within 24 months of the completion of the facility. There are also approximately 37 patients currently dialyzing at Fresenius Berwyn and Midway who live closer to the proposed Summit facility that could potentially transfer to Fresenius Summit.

I respectfully ask the Board to approve Fresenius Medical Care Cicero to address the healthcare needs of this Hispanic community. Thank you for your consideration.

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

Sincerely,

Laurens A. Lohmann MD

Laurens Lohmann, M.D.

Notarization:
Subscribed and sworn to before me
this 4th day of April, 2014

Michelle M. Hogan

Signature of Notary

Seal

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/17

PATIENTS POTENTIALLY TRANSFERING TO FRESENIUS MEDICAL CARE SUMMIT

City	Zip Code	Midway	Berwyn	Total
Oak Lawn	60453	1	0	**1**
Bridgeview	60455	1	1	**2**
Justice	60458	4	1	**5**
Summit	60501	1	2	**3**
McCook/Hodgkins	60525	0	2	**2**
Lyons	60534	0	2	**2**
Chicago/Bedford Park	60638	13	9	**22**
	Total	**20**	**17**	**37**

PRE - ESRD PATIENTS EXPECTED TO BE REFERRED TO FRESENIUS MEDICAL CARE SUMMIT IN THE 1ST 2 YEARS AFTER PROJECT COMPLETION

City	Zip Code	Patients
Bedford Park - Chicago	60638	27
Bridgeview	60455	13
Hickory Hills	60457	3
Justice	60458	12
Burbank	60459	7
Willow Springs	60480	9
Summit	60501	10
Lyons	60534	21
Total		**102**

NEW REFERRALS OF DR. LOHMANN AND HIS PARTNERS FOR THE PAST TWELVE MONTHS APRIL 1, 2013 THROUGH MARCH 31, 2014

Zip	Fresenius Medical Care			
Code	Berwyn	Cicero	Midway	Total
60103	1			1
60153	1			1
60302	1			1
60402	8		1	9
60455	1			1
60458	1		1	2
60501	2		1	3
60546	1			1
60604	1			1
60612	1			1
60619	1			1
60623	1	2		3
60629	1		4	5
60632	3	1	2	6
60636			1	1
60638	2		7	9
60647	1			1
60652			1	1
60804	15			15
61821	1			1
Total	**43**	**3**	**18**	**64**

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2011

Zip	Fresenius Medical Care			
Code	Berwyn	Midway	Westchester	Total
60108	1			1
60153	3			3
60154			2	2
60160	1			1
60162	1			1
60402	35			35
60434	1			1
60440	1			1
60455	1	1		2
60457	1			1
60458	1			1
60459	1			1
60501	3			3
60503	1			1
60513	2			2
60525	1			1
60534	3		1	4
60540	1			1
60546	4			4
60549	1			1
60559	1			1
60608	2	1		3
60619	1			1
60622	1			1
60623	9			9
60624	1			1
60629	2	3		5
60632	5	4		9
60638	11	5		16
60644	1			1
60652	1	1		2
60707	1			1
60804	51			51
Total	**150**	**15**	**3**	**168**

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2012

Zip	Fresenius Medical Care			
Code	Berwyn	Midway	Westchester	Total
60073	1			1
60108	1	1		2
60153	3			3
60154			3	3
60160	1			1
60162	1			1
60188	1			1
60304	1			1
60402	39		1	40
60434	1			1
60440	1			1
60446	1			1
60453		1		1
60455	1	1		2
60458	1	2		3
60501	3	2		5
60503	1			1
60513	1			1
60525	2			2
60534	3	1	1	5
60546	7			7
60549	1			1
60559	1			1
60607	1			1
60608	1	2		3
60619	1			1
60622	1			1
60623	8			8
60625	1			1
60629	3	1		4
60632	3	4		7
60638	10	8		18
60644	1			1
60649	1			1
60652	1			1
60707	1			1
60804	50	1		51
Total	**155**	**24**	**5**	**184**

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2013

Zip	Fresenius Medical Care				
Code	Berwyn	Cicero	Midway	Westchester	Total
60108	1		1		2
60153	4				4
60154				2	2
60160	1				1
60162	1				1
60188	1				1
60304	1				1
60402	41		1	1	43
60434	1				1
60440	1				1
60453			1		1
60455	1		1		2
60458	1		2		3
60459			1		1
60501	3		3		6
60503	1				1
60513	2				2
60525	2				2
60527	1				1
60534	3		1	1	5
60546	7				7
60549	1				1
60604	1				1
60608	1		2		3
60619	1				1
60623	8	3			11
60625	1				1
60629	4		5		9
60632	3	1	6		10
60638	6	2	16		24
60644	1				1
60647	1				1
60707	1				1
60804	46	14	1		61
Total	**148**	**20**	**41**	**4**	**213**

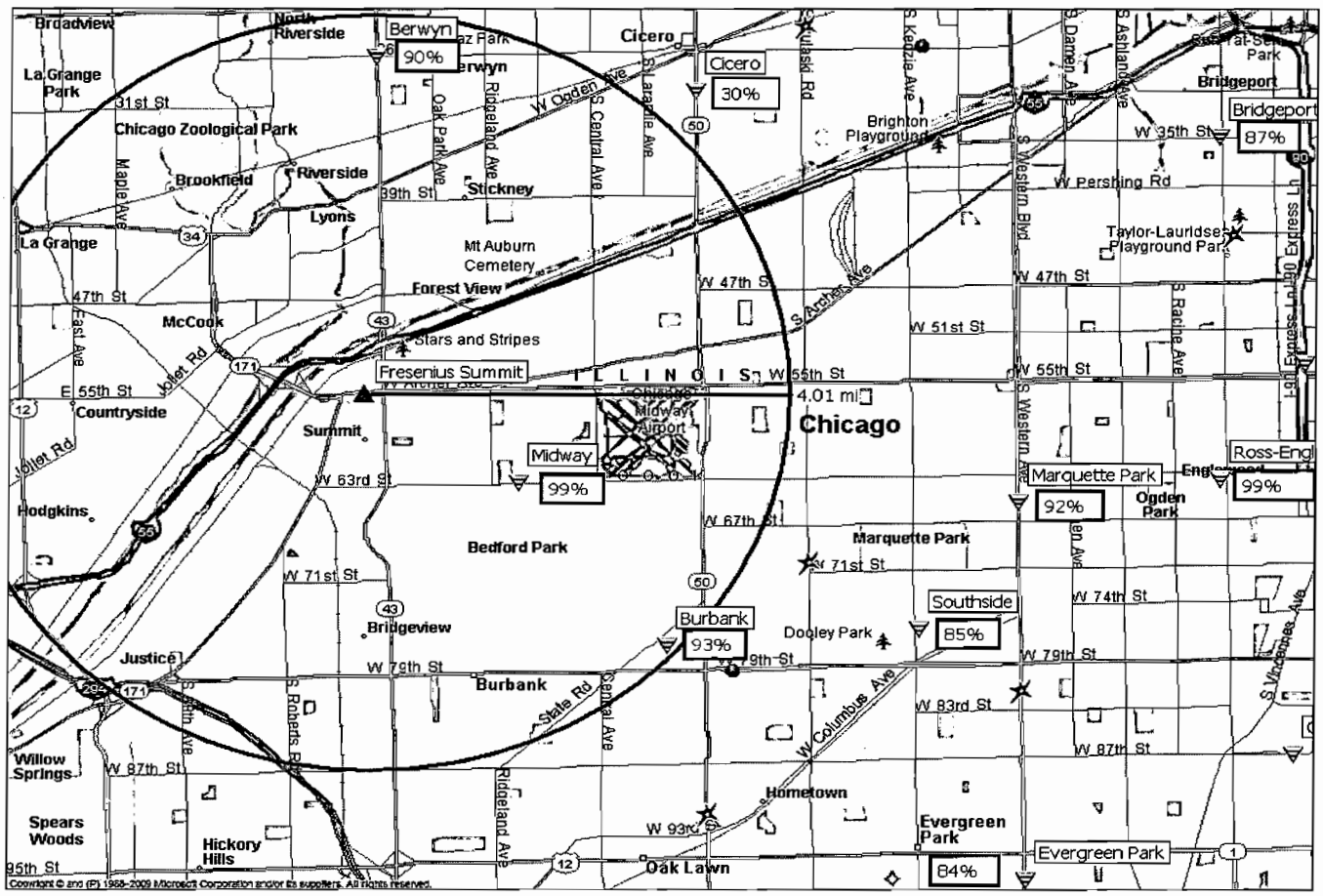
PATIENTS OF DR. LOHMANN AND PARTNERS AT END OF 1ST QUARTER 2014

Zip	Fresenius Medical Care				
Code	Berwyn	Cicero	Midway	Westchester	Total
60103	1				1
60108	1		1		2
60153	2				2
60154				2	2
60160	1				1
60162	1				1
60188	1				1
60304	1				1
60402	38		1	1	40
60434	1				1
60440	1				1
60455	2		1		3
60458	1		2		3
60459			1		1
60501	5		3		8
60503	1				1
60513	2				2
60525	2				2
60527	1				1
60534	3			1	4
60546	7				7
60549	1				1
60604	1				1
60608			2		2
60619	2				2
60623	6	3			9
60625	1				1
60629	3		4		7
60632	3	2	6		11
60638	8	2	17		27
60644	1				1
60652			1		1
60707	1				1
60804	51	13	1		65
Total	**150**	**20**	**40**	**4**	**214**

Service Accessibility – Service Restrictions

Fresenius Medical Care Summit is being established to serve a patient population that is at a disadvantage economically, socially and medically. Summit is a Federally Designated Medically Underserved area (MUA). 20% of the residents are living below the poverty level and nearly 2/3 are either uninsured or receive Medicaid benefits. Those of Hispanic descent are the majority in Summit with 2/3 of the residents born outside of the Unites States. Less than half are able to speak English well. The Hispanic population is twice as likely to experience kidney disease due to their increased risk of hypertension and diabetes leading to kidney failure. These factors combined create access limitations to acquiring and maintaining adequate healthcare for these residents.

The above difficulties are evidenced at the nearby Fresenius clinics that operate at high utilization and treat above average numbers of Medicaid recipients. The closest Fresenius facility (Midway) performs 11% Medicaid reimbursed treatments at a current utilization rate of 99%. Fresenius Burbank, at 93% utilization, sees 15% Medicaid treatments and also nearby, Fresenius Berwyn (90% utilization), has 17% Medicaid treatments. Fresenius Cicero, which has only been certified 8 months and is at already at 30% with 16 stations, provides 28% Medicaid treatments to its patients. This facility is still in the ramping up stage admitting patients along with increasing staff and is expected to reach 80% on schedule. Given the current high utilization and rapid growth, additional access to dialysis services is needed to prevent these disadvantaged area patients from the hardship of seeking services out of their healthcare market. (Map below shows the high Fresenius clinic utilization for the approximate 4-mile target area.)



FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FRESENIUS SUMMIT

Name	Address	City	Code	MapQuest Miles	MapQuest Time	MapQuest x1.15	Stations	Pts	Utilization
Fresenius Midway	6201 W 63rd St	Chicago	60638	2.45	6	6.9	12	71	98.61%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	3.67	9	10.35	28	152	90.48%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	6.45	10	11.5	16	29	30.21%
Loyola	1201 W Roosevelt Rd	Maywood	60153	6.99	12	13.8	30	126	70.00%
SAH Dialysis	3059 W 26th Street	Chicago	60623	8.89	12	13.8	15	0	0.00%
DaVita Lawndale	3934 W 24th Street	Chicago	60623	7.79	13	14.95	16	16	16.67%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	7.63	14	16.1	20	90	75.00%
Fresenius Burbank	4811 W 77th Street	Burbank	60459	6.33	14	16.1	26	145	92.95%
Fresenius Willowbrook	6300 S Kingery Highway	Willowbrook	60527	11.07	14	16.1	20	79	65.83%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	9.59	14	16.1	16	89	92.71%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.58	14	16.1	35	145	69.05%
Mt. Sinai	2700 W 15th St	Chicago	60608	9.85	15	17.25	16	87	90.63%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	10.61	15	17.25	31	95	51.08%
Fresenius Bridgeport	825 W 35th St	Chicago	60609	10.59	15	17.25	27	141	87.04%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	12.31	15	17.25	24	101	70.14%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	6.12	15	17.25	12	62	86.11%
Maple Ave Kidney Center	610 S Maple Ave	Oak Park	60304	6.16	16	18.4	18	70	64.81%
Fresenius River Forest	103 Forest Ave	River Forest	60305	8.09	16	18.4	20	98	81.67%
DaVita Loop	1101 S Canal St	Chicago	60607	12.36	16	18.4	28	108	64.29%
Fresenius Polk	557 W Polk St	Chicago	60607	12.5	16	18.4	24	82	56.94%
DaVita West Side	1600 W 13th Street	Chicago	60608	11.07	16	18.4	12	0	0.00%
DaVita Emerald	710 W 43rd St	Chicago	60609	13.69	16	18.4	24	117	81.25%
U of I	1859 W Taylor St	Chicago	60612	11.09	16	18.4	26	128	82.05%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	8.68	17	19.55	18	69	63.89%
Fresenius Oak Park	733 Madison St	Oak Park	60302	6.78	17	19.55	12	61	84.72%
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	11.31	17	19.55	12	33	45.83%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	14.85	17	19.55	22	109	82.58%
DaVita Woodlawn	5060 S State Street	Chicago	60609	14.36	17	19.55	32	119	61.98%
Cook Co Hospital	1901 W Harrison St	Chicago	60612	11.31	17	19.55	9	23	42.59%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.89	18	20.7	28	102	60.71%
Fresenius Crestwood	4861 West Cal Sag Rd	Crestwood	60445	13.65	18	20.7	24	102	70.83%
Fresenius North Avenue	911 W North Avenue	Melrose Park	60160	9.81	19	21.85	24	105	72.92%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	11.18	19	21.85	46	248	89.86%
USR Bolingbrook	396 Remington Blvd	Bolingbrook	60440	17.48	19	21.85	13	36	46.15%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	17.21	19	21.85	24	119	82.64%
DaVita Stoney Creek	9115 S Cicero Ave	Oak Lawn	60453	8.97	19	21.85	12	62	86.11%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	15.97	19	21.85	44	151	57.20%
Rush	1653 W Congress Pkwy	Chicago	60612	14.08	19	21.85	5	11	36.67%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	13.8	19	21.85	32	113	58.85%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	13.82	19	21.85	20	75	62.50%
Nocturnal Dialysis	1634 S. Ardmore	Villa Park	60181	17.04	20	23	12	0	0.00%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	18.09	20	23	19	71	62.28%
Circle Medical	1426 W Washington Blvd	Chicago	60607	14.32	20	23	27	107	66.05%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	10.37	20	23	30	136	75.56%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	7.89	20	23	16	88	91.67%
Fresenius Southside	3134 W 76th St	Chicago	60652	8.74	20	23	39	200	85.47%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	60445	15.04	21	24.15	7	7	37.00%
USR Oak Brook	1201 Butterfield Road	Downers Grove	60515	16.77	21	24.15	13	39	50.00%
Fresenius Chicago	1810 W Hubbard Street	Chicago	60607	12.52	21	24.15	21	67	53.17%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	19.08	21	24.15	16	63	65.63%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	16.85	21	24.15	16	95	98.96%
Fresenius West Willow	1444 W Willow St	Chicago	60642	15.78	21	24.15	12	33	45.83%
NMFF Dialysis	259 E Erie Street	Chicago	60611	15.52	22	25.3	36	0	0.00%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	18.5	22	25.3	12	61	84.72%
DaVita Beverly	8109 S Western Ave	Chicago	60620	9.73	22	25.3	14	80	95.24%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	13.17	22	25.3	32	192	100.00%
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624	11.29	22	25.3	16	99	103.13%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	10.32	22	25.3	16	64	66.67%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	19.67	23	26.45	12	35	48.61%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	21.16	23	26.45	36	171	79.17%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	20.43	24	27.6	14	54	64.29%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	20.19	24	27.6	28	146	86.90%
Fresenius South Shore	2420 E 79th St	Chicago	60649	19.69	24	27.6	16	76	79.17%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	12.02	24	27.6	16	79	82.29%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	16.36	24	27.6	24	99	68.75%
FreseniusEvergreen Park	9730 S Western Ave	Evergreen Park	60805	11.69	24	27.6	30	152	84.44%
USR Villa Park	200 E North Avenue	Villa Park	60181	19.51	25	28.75	13	57	73.08%
Fresenius Orland Park	9160 W 159th St	Orland Park	60462	15.26	25	28.75	18	83	76.85%
DaVita Logan Square	2816 N Kimball	Chicago	60618	18.49	25	28.75	28	124	73.81%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	13.03	25	28.75	16	89	92.71%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	21.14	25	28.75	12	64	88.89%
Fresenius Logan Square	2721 N Spaulding Ave	Chicago	60647	18.37	25	28.75	12	10	13.89%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	19.39	25	28.75	24	104	72.22%
Fresenius Norridge	4701 N Cumberland Ave	Norridge	60656	13.15	25	28.75	16	74	77.08%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	60452	17.69	26	29.9	12	11	15.28%
Fresenius Lincoln Park	3157 N Lincoln Ave	Chicago	60657	17.59	26	29.9	22	90	68.18%

As can be seen in the chart, there are underutilized clinics within 30 minutes of Summit, as there would be literally anywhere in either HSA 7 or 6 one might propose a clinic, even though there is a combined need for 180 stations. Actual travel times are generally higher on the HSA 6/7 border than MapQuest suggests due to city congestion, even when the adjustment factor of x1.15 or 1.25 is considered. Many of the clinics furthest from Summit have travel times dependent on highway travel. For a sick and/or elderly dialysis patient, especially the socio-economically disadvantaged patients identified in this application, travelling to these distances via the highway is not physically feasible. Doing so would also place these patients outside of their healthcare market and they would have to change physicians and lose continuity of care.

The Fresenius Midway facility is at capacity resulting in a waiting list of patients currently dialyzing at the Fresenius Berwyn facility who would be better served at the Midway facility. In an effort to accommodate additional patients, the Midway facility is preparing to implement a 4th daily treatment shift. This shift is a hardship on newer dialysis patients who are the most ill and are trying to adjust to a life on dialysis. The 4th shift begins in the evening and ends around midnight. There are no medical transportation options available for this treatment shift.

High utilization in a medically underserved area, facilities at capacity, waiting lists, the need for a 4th shift combined with a need for stations in the bordering 6/7 HSAs all indicate a loss of access to the Summit area for dialysis services. Additional access is needed in this market area now; however it will be approximately two years before the Summit facility is fully operational. It would not be prudent to wait further before moving forward with this project.

The pre-ESRD patients identified to be referred to the Summit facility reside in the immediate area of the facility within approximately a three to four mile radius. There are also an additional 37 patients who could potentially desire to transfer from the over utilized Fresenius Berwyn and Midway facilities.

Even though there may be some capacity at nearby clinics operated by other providers, these clinics are not necessarily options for Dr. Lohmann's patients. Dr. Lohmann is part of a large practice (Nephrology Associates of Northern Illinois) that has chosen Fresenius as the preferred provider for treatment of their patients. As mentioned previously patients travelling to other providers further away may lose continuity of care if required to change physicians.

DEMOGRAPHICS OF PRE-ESRD AND TRANSFER PATIENTS IDENTIFIED FOR FRESENIUS MEDICAL CARE SUMMIT

Pre-ESRD

City	Zip Code	Patients
Bedford Park - Chicago	60638	27
Bridgeview	60455	13
Hickory Hills	60457	3
Justice	60458	12
Burbank	60459	7
Willow Springs	60480	9
Summit	60501	10
Lyons	60534	21
Total		**102**

Potential Transfer ESRD

		Current Facility		
		Fresenius		
City	Zip Code	Midway	Berwyn	Total
Oak Lawn	60453	1	0	**1**
Bridgeview	60455	1	1	**2**
Justice	60458	4	1	**5**
Summit	60501	1	2	**3**
McCook/Hodgkins	60525	0	2	**2**
Lyons	60534	0	2	**2**
Chicago/Bedford Park	60638	13	9	**22**
Total		**20**	**17**	**37**

The establishment of Fresenius Medical Care Summit will not only alleviate high utilization at the nearby Fresenius facilities, it will provide much needed access to a disadvantaged population living in the Summit area, address the needs of this MUA as noted above and address the determined HSA station need.

AMERICAN FactFinder

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

2010 Demographic Profile Data

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

Geography: Summit village, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	11,054	100.0
Under 5 years	989	8.9
5 to 9 years	972	8.8
10 to 14 years	831	7.5
15 to 19 years	857	7.8
20 to 24 years	876	7.9
25 to 29 years	952	8.6
30 to 34 years	849	7.7
35 to 39 years	781	7.1
40 to 44 years	737	6.7
45 to 49 years	694	6.3
50 to 54 years	658	6.0
55 to 59 years	525	4.7
60 to 64 years	365	3.3
65 to 69 years	314	2.8
70 to 74 years	225	2.0
75 to 79 years	154	1.4
80 to 84 years	131	1.2
85 years and over	144	1.3
Median age (years)	30.3	(X)
16 years and over	8,093	73.2
18 years and over	7,757	70.2
21 years and over	7,249	65.6
62 years and over	1,167	10.6
65 years and over	968	8.8
Male population	5,607	50.7
Under 5 years	493	4.5
5 to 9 years	490	4.4
10 to 14 years	398	3.6
15 to 19 years	460	4.2
20 to 24 years	446	4.0
25 to 29 years	491	4.4
30 to 34 years	457	4.1
35 to 39 years	424	3.8
40 to 44 years	386	3.5
45 to 49 years	372	3.4
50 to 54 years	319	2.9
55 to 59 years	269	2.4
60 to 64 years	185	1.7
65 to 69 years	139	1.3
70 to 74 years	115	1.0

Subject	Number	Percent
75 to 79 years	65	0.6
80 to 84 years	47	0.4
85 years and over	51	0.5
Median age (years)	30.2	(X)
16 years and over	4,133	37.4
18 years and over	3,950	35.7
21 years and over	3,678	33.3
62 years and over	518	4.7
65 years and over	417	3.8
Female population	5,447	49.3
Under 5 years	496	4.5
5 to 9 years	482	4.4
10 to 14 years	433	3.9
15 to 19 years	397	3.6
20 to 24 years	430	3.9
25 to 29 years	461	4.2
30 to 34 years	392	3.5
35 to 39 years	357	3.2
40 to 44 years	351	3.2
45 to 49 years	322	2.9
50 to 54 years	339	3.1
55 to 59 years	256	2.3
60 to 64 years	180	1.6
65 to 69 years	175	1.6
70 to 74 years	110	1.0
75 to 79 years	89	0.8
80 to 84 years	84	0.8
85 years and over	93	0.8
Median age (years)	30.4	(X)
16 years and over	3,960	35.8
18 years and over	3,807	34.4
21 years and over	3,571	32.3
62 years and over	649	5.9
65 years and over	551	5.0
RACE		
Total population	11,054	100.0
One Race	10,642	96.3
White	6,386	57.8
Black or African American	1,038	9.4
American Indian and Alaska Native	89	0.8
Asian	215	1.9
Asian Indian	107	1.0
Chinese	11	0.1
Filipino	16	0.1
Japanese	1	0.0
Korean	2	0.0
Vietnamese	16	0.1
Other Asian [1]	62	0.6
Native Hawaiian and Other Pacific Islander	7	0.1
Native Hawaiian	0	0.0
Guamanian or Chamorro	6	0.1
Samoan	0	0.0
Other Pacific Islander [2]	1	0.0
Some Other Race	2,907	26.3

Subject	Number	Percent
Two or More Races	412	3.7
White; American Indian and Alaska Native [3]	35	0.3
White; Asian [3]	23	0.2
White; Black or African American [3]	19	0.2
White; Some Other Race [3]	239	2.2
Race alone or in combination with one or more other races: [4]		
White	6,716	60.8
Black or African American	1,091	9.9
American Indian and Alaska Native	181	1.6
Asian	281	2.5
Native Hawaiian and Other Pacific Islander	11	0.1
Some Other Race	3,199	28.9
HISPANIC OR LATINO		
Total population	11,054	100.0
Hispanic or Latino (of any race)	7,042	63.7
Mexican	6,500	58.8
Puerto Rican	164	1.5
Cuban	9	0.1
Other Hispanic or Latino [5]	369	3.3
Not Hispanic or Latino	4,012	36.3
HISPANIC OR LATINO AND RACE		
Total population	11,054	100.0
Hispanic or Latino	7,042	63.7
White alone	3,724	33.7
Black or African American alone	27	0.2
American Indian and Alaska Native alone	61	0.6
Asian alone	16	0.1
Native Hawaiian and Other Pacific Islander alone	7	0.1
Some Other Race alone	2,904	26.3
Two or More Races	303	2.7
Not Hispanic or Latino	4,012	36.3
White alone	2,662	24.1
Black or African American alone	1,011	9.1
American Indian and Alaska Native alone	28	0.3
Asian alone	199	1.8
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	3	0.0
Two or More Races	109	1.0
RELATIONSHIP		
Total population	11,054	100.0
In households	10,953	99.1
Householder	3,284	29.7
Spouse [6]	1,604	14.5
Child	3,994	36.1
Own child under 18 years	2,749	24.9
Other relatives	1,436	13.0
Under 18 years	480	4.3
65 years and over	145	1.3
Nonrelatives	635	5.7
Under 18 years	38	0.3
65 years and over	21	0.2
Unmarried partner	269	2.4
In group quarters	101	0.9
Institutionalized population	16	0.1
Male	11	0.1

Subject	Number	Percent
Female	5	0.0
Noninstitutionalized population	85	0.8
Male	43	0.4
Female	42	0.4
HOUSEHOLDS BY TYPE		
Total households	3,284	100.0
Family households (families) [7]	2,496	76.0
With own children under 18 years	1,328	40.4
Husband-wife family	1,604	48.8
With own children under 18 years	909	27.7
Male householder, no wife present	317	9.7
With own children under 18 years	136	4.1
Female householder, no husband present	575	17.5
With own children under 18 years	283	8.6
Nonfamily households [7]	788	24.0
Householder living alone	646	19.7
Male	346	10.5
65 years and over	89	2.7
Female	300	9.1
65 years and over	166	5.1
Households with individuals under 18 years	1,524	46.4
Households with individuals 65 years and over	758	23.1
Average household size	3.34	(X)
Average family size [7]	3.82	(X)
HOUSING OCCUPANCY		
Total housing units	3,683	100.0
Occupied housing units	3,284	89.2
Vacant housing units	399	10.8
For rent	162	4.4
Rented, not occupied	5	0.1
For sale only	63	1.7
Sold, not occupied	6	0.2
For seasonal, recreational, or occasional use	5	0.1
All other vacants	158	4.3
Homeowner vacancy rate (percent) [8]	3.6	(X)
Rental vacancy rate (percent) [9]	9.2	(X)
HOUSING TENURE		
Occupied housing units	3,284	100.0
Owner-occupied housing units	1,693	51.6
Population in owner-occupied housing units	6,063	(X)
Average household size of owner-occupied units	3.58	(X)
Renter-occupied housing units	1,591	48.4
Population in renter-occupied housing units	4,890	(X)
Average household size of renter-occupied units	3.07	(X)

X Not applicable.

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

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

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

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

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South

American countries. It also includes general origin responses such as "Latino" or "Hispanic."

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

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

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

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

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

AMERICAN FactFinder

DP03 | SELECTED ECONOMIC CHARACTERISTICS

2008-2012 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Summit village, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	8,264	+/-293	8,264	(X)
In labor force	5,550	+/-351	67.2%	+/-3.2
Civilian labor force	5,540	+/-351	67.0%	+/-3.2
Employed	4,889	+/-332	59.2%	+/-3.6
Unemployed	651	+/-211	7.9%	+/-2.5
Armed Forces	10	+/-16	0.1%	+/-0.2
Not in labor force	2,714	+/-265	32.8%	+/-3.2
Civilian labor force	5,540	+/-351	5,540	(X)
Percent Unemployed	(X)	(X)	11.8%	+/-3.6
Females 16 years and over	4,247	+/-284	4,247	(X)
In labor force	2,500	+/-255	58.9%	+/-3.8
Civilian labor force	2,490	+/-254	58.6%	+/-3.7
Employed	2,249	+/-233	53.0%	+/-3.9
Own children under 6 years	1,151	+/-229	1,151	(X)
All parents in family in labor force	668	+/-163	58.0%	+/-10.8
Own children 6 to 17 years	1,919	+/-286	1,919	(X)
All parents in family in labor force	1,298	+/-305	67.6%	+/-10.4
COMMUTING TO WORK				
Workers 16 years and over	4,811	+/-327	4,811	(X)
Car, truck, or van -- drove alone	3,304	+/-310	68.7%	+/-5.3
Car, truck, or van -- carpooled	814	+/-212	16.9%	+/-4.1
Public transportation (excluding taxicab)	267	+/-108	5.5%	+/-2.2
Walked	259	+/-174	5.4%	+/-3.6
Other means	50	+/-49	1.0%	+/-1.0
Worked at home	117	+/-75	2.4%	+/-1.6
Mean travel time to work (minutes)	28.1	+/-2.4	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	4,889	+/-332	4,889	(X)

Service Accessibility

ATTACHMENT 26b - 5

Subject	Summit village, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Management, business, science, and arts occupations	802	+/-193	16.4%	+/-3.7
Service occupations	1,049	+/-216	21.5%	+/-4.1
Sales and office occupations	1,045	+/-214	21.4%	+/-4.5
Natural resources, construction, and maintenance occupations	387	+/-135	7.9%	+/-2.7
Production, transportation, and material moving occupations	1,606	+/-273	32.8%	+/-5.0
INDUSTRY				
Civilian employed population 16 years and over	4,889	+/-332	4,889	(X)
Agriculture, forestry, fishing and hunting, and mining	15	+/-24	0.3%	+/-0.5
Construction	148	+/-96	3.0%	+/-1.9
Manufacturing	864	+/-198	17.7%	+/-3.7
Wholesale trade	166	+/-88	3.4%	+/-1.8
Retail trade	574	+/-143	11.7%	+/-2.8
Transportation and warehousing, and utilities	524	+/-164	10.7%	+/-3.4
Information	48	+/-47	1.0%	+/-1.0
Finance and insurance, and real estate and rental and leasing	155	+/-77	3.2%	+/-1.5
Professional, scientific, and management, and administrative and waste management services	371	+/-111	7.6%	+/-2.3
Educational services, and health care and social assistance	673	+/-222	13.8%	+/-4.2
Arts, entertainment, and recreation, and accommodation and food services	871	+/-257	17.8%	+/-5.3
Other services, except public administration	431	+/-141	8.8%	+/-2.9
Public administration	49	+/-47	1.0%	+/-1.0
CLASS OF WORKER				
Civilian employed population 16 years and over	4,889	+/-332	4,889	(X)
Private wage and salary workers	4,357	+/-322	89.1%	+/-2.9
Government workers	359	+/-127	7.3%	+/-2.6
Self-employed in own not incorporated business workers	130	+/-79	2.7%	+/-1.6
Unpaid family workers	43	+/-69	0.9%	+/-1.4
INCOME AND BENEFITS (IN 2012 INFLATION-ADJUSTED DOLLARS)				
Total households	3,208	+/-250	3,208	(X)
Less than $10,000	196	+/-87	6.1%	+/-2.6
$10,000 to $14,999	161	+/-95	5.0%	+/-2.8
$15,000 to $24,999	414	+/-106	12.9%	+/-3.1
$25,000 to $34,999	445	+/-129	13.9%	+/-3.8
$35,000 to $49,999	433	+/-140	13.5%	+/-4.2
$50,000 to $74,999	793	+/-182	24.7%	+/-5.2
$75,000 to $99,999	439	+/-139	13.7%	+/-4.5
$100,000 to $149,999	250	+/-88	7.8%	+/-2.8
$150,000 to $199,999	77	+/-48	2.4%	+/-1.5
$200,000 or more	0	+/-18	0.0%	+/-0.9
Median household income (dollars)	49,070	+/-4,368	(X)	(X)
Mean household income (dollars)	53,882	+/-3,478	(X)	(X)
With earnings	2,699	+/-194	84.1%	+/-3.3
Mean earnings (dollars)	54,365	+/-3,502	(X)	(X)
With Social Security	647	+/-135	20.2%	+/-3.5
Mean Social Security income (dollars)	16,184	+/-1,828	(X)	(X)
With retirement income	458	+/-102	14.3%	+/-3.1
Mean retirement income (dollars)	14,763	+/-3,365	(X)	(X)
With Supplemental Security Income	171	+/-92	5.3%	+/-2.8
Mean Supplemental Security Income (dollars)	9,735	+/-2,446	(X)	(X)
With cash public assistance income	34	+/-27	1.1%	+/-0.8

Subject	Summit village, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean cash public assistance income (dollars)	5,868	+/-4,956	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	518	+/-143	16.1%	+/-4.5
Families	2,446	+/-169	2,446	(X)
Less than $10,000	132	+/-70	5.4%	+/-2.9
$10,000 to $14,999	67	+/-69	2.7%	+/-2.8
$15,000 to $24,999	339	+/-103	13.9%	+/-4.1
$25,000 to $34,999	268	+/-99	11.0%	+/-4.0
$35,000 to $49,999	291	+/-118	11.9%	+/-4.7
$50,000 to $74,999	697	+/-155	28.5%	+/-5.7
$75,000 to $99,999	404	+/-130	16.5%	+/-5.3
$100,000 to $149,999	171	+/-70	7.0%	+/-3.0
$150,000 to $199,999	77	+/-48	3.1%	+/-2.0
$200,000 or more	0	+/-18	0.0%	+/-1.2
Median family income (dollars)	53,762	+/-4,347	(X)	(X)
Mean family income (dollars)	57,723	+/-3,826	(X)	(X)
Per capita income (dollars)	16,529	+/-1,264	(X)	(X)
Nonfamily households	762	+/-207	762	(X)
Median nonfamily income (dollars)	26,716	+/-7,418	(X)	(X)
Mean nonfamily income (dollars)	35,714	+/-8,235	(X)	(X)
Median earnings for workers (dollars)	25,203	+/-1,888	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	37,241	+/-5,213	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	30,241	+/-3,945	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	11,150	+/-65	11,150	(X)
With health insurance coverage	7,843	+/-507	70.3%	+/-4.6
With private health insurance	4,967	+/-649	44.5%	+/-5.8
With public coverage	3,638	+/-490	32.6%	+/-4.4
No health insurance coverage	3,307	+/-513	29.7%	+/-4.6
Civilian noninstitutionalized population under 18 years	3,152	+/-306	3,152	(X)
No health insurance coverage	320	+/-189	10.2%	+/-6.0
Civilian noninstitutionalized population 18 to 64 years	7,039	+/-287	7,039	(X)
In labor force:	5,461	+/-343	5,461	(X)
Employed:	4,837	+/-329	4,837	(X)
With health insurance coverage	3,090	+/-392	63.9%	+/-5.9
With private health insurance	2,727	+/-392	56.4%	+/-6.0
With public coverage	382	+/-121	7.9%	+/-2.5
No health insurance coverage	1,747	+/-283	36.1%	+/-5.9
Unemployed:	624	+/-206	624	(X)
With health insurance coverage	294	+/-138	47.1%	+/-14.4
With private health insurance	170	+/-107	27.2%	+/-12.5
With public coverage	132	+/-73	21.2%	+/-10.7
No health insurance coverage	330	+/-135	52.9%	+/-14.4
Not in labor force:	1,578	+/-280	1,578	(X)
With health insurance coverage	713	+/-199	45.2%	+/-9.8
With private health insurance	411	+/-180	26.0%	+/-10.2
With public coverage	358	+/-126	22.7%	+/-7.2
No health insurance coverage	865	+/-220	54.8%	+/-9.8

Subject	Summit village, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	16.4%	+/-4.4
With related children under 18 years	(X)	(X)	23.2%	+/-7.1
With related children under 5 years only	(X)	(X)	23.3%	+/-15.7
Married couple families	(X)	(X)	11.4%	+/-5.9
With related children under 18 years	(X)	(X)	15.0%	+/-9.0
With related children under 5 years only	(X)	(X)	9.3%	+/-14.0
Families with female householder, no husband present	(X)	(X)	32.7%	+/-13.1
With related children under 18 years	(X)	(X)	37.8%	+/-16.1
With related children under 5 years only	(X)	(X)	77.8%	+/-33.4
All people	(X)	(X)	19.5%	+/-4.2
Under 18 years	(X)	(X)	26.1%	+/-8.4
Related children under 18 years	(X)	(X)	26.1%	+/-8.4
Related children under 5 years	(X)	(X)	33.1%	+/-12.9
Related children 5 to 17 years	(X)	(X)	22.7%	+/-8.6
18 years and over	(X)	(X)	16.9%	+/-3.8
18 to 64 years	(X)	(X)	18.0%	+/-4.0
65 years and over	(X)	(X)	8.7%	+/-8.1
People in families	(X)	(X)	16.8%	+/-4.9
Unrelated individuals 15 years and over	(X)	(X)	36.9%	+/-8.5

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

There were changes in the edit between 2009 and 2010 regarding Supplemental Security Income (SSI) and Social Security. The changes in the edit loosened restrictions on disability requirements for receipt of SSI resulting in an increase in the total number of SSI recipients in the American Community Survey. The changes also loosened restrictions on possible reported monthly amounts in Social Security income resulting in higher Social Security aggregate amounts. These results more closely match administrative counts compiled by the Social Security Administration.

Workers include members of the Armed Forces and civilians who were at work last week.

Industry codes are 4-digit codes and are based on the North American Industry Classification System 2007. The Industry categories adhere to the guidelines issued in Clarification Memorandum No. 2, "NAICS Alternate Aggregation Structure for Use By U.S. Statistical Agencies," issued by the Office of Management and Budget.

While the 2008-2012 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.

4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

Unnecessary Duplication/Maldistribution

Zip Code	Population	Stations	Clinics
60101	39,119		
60104	19,038		
60106	20,309		
60126	46,371	28	Fresenius Elmhurst
60130	14,167		
60131	18,097		
60141	224		
60148	51,468	12	Fresenius Lombard
60153	24,106	30	Loyola
60154	16,773	20	Fresenius Westchester
60155	7,927		
60160	25,432	42	Fresenius Melrose Park, Fresenius North Ave
60162	8,111		
60163	5,209		
60164	22,048		
60165	4,946		
60171	10,246		
60176	11,795		
60181	22,863	25	US Renal Villa Park, Nocturnal Spa
60301	2,539		
60302	32,108	58	Fresenius Oak Park, Fresenius West Sub
60304	17,231	18	Maple Avenue
60305	11,172	20	Fresenius River Forest
60402	63,448	28	Fresenius Berwyn
60406	25,460		
60415	14,139		
60428	12,203		
60439	22,919		
60440	52,911	37	Fresenius Bolingbrook, US Renal Bolingbrook
60441	26,869		
60445	26,057	33	Fresenius Crestwood, Direct Dialysis
60452	27,969	12	Fresenius Oak Forest
60453	56,855	12	DaVita Oak Lawn
60457	14,049		
60459	28,929	26	Fresenius Burbank
60462	38,723	30	Fresenius Orland Park, DaVita Palos Park
60463	14,671		
60464	9,620		
60465	17,495		
60467	26,046		
60472	5,390		
60477	38,161		
60480	5,246		
60482	11,063		
60487	26,928		
60490	20,463		
60491	22,743		
60501	11,626		
60513	19,047		
60514	9,708		
60515	27,503	32	Fresenius Downers Grove, US Renal Oak Brook
60516	29,084		
60517	32,038		
60521	17,597	0	
60523	9,890		
60525	31,168		
60526	13,576		
60527	27,486	20	Fresenius Willowbrook
60532	27,066		
60534	10,649		
60540	42,910		
60546	15,668		
60558	12,960		
60559	24,852		
60561	23,115		
60601	11,110		
60602	1,204		
60603	493		
60604	570		
60605	24,668		
60606	2,308		
60607	23,987	100	Fresenius Polk, Fresenius Chicago Circle Medical, DaVita Loop
60608	82,739	75	Fresenius Chicago Westside, Mt. Sinai DaVita West Side, DaVita Little Village
60609	64,906	105	Fresenius Bridgeport, Fresenius Garfield DaVita Woodlawn, DaVita Emerald
60610	37,726		
60611	28,718	80	Fresenius Northwestern, NMFF Dialysis
60612	33,472	40	U of I Chicago, Cook County Hospital Rush University
60613	48,281	14	Fresenius Lakeview
60614	66,617		
60615	40,603		
60616	48,433	24	Fresenius Prairie
60617	84,155	36	Fresenius South Chicago
60618	92,084	28	DaVita Logan Square
60619	63,825	40	Fresenius Greenwood, DaVita Grand Crossings
60620	72,216	30	Fresenius Chatham, DaVita Beverly
60621	35,912	16	Fresenius Ross-Englewood
60622	52,548	32	Fresenius West Metro
60623	92,108	31	SAH Dialysis, DaVita Lawndale
60624	38,105	46	Fresenius Congress Parkway, DaVita Garfield
60629	113,916	12	DaVita West Lawn
60632	91,326		
60634	74,298	16	DaVita Montclare
60636	40,916	16	Fresenius Marquette Park
60637	49,503		
60638	55,026	12	Fresenius Midway
60639	90,407		
60640	65,790	12	Fresenius Uptown
60642	18,480	12	Fresenius West Willow
60643	49,952		
60644	48,648		
60647	87,291	12	Fresenius Logan Square
60649	46,650	40	Fresenius South Shore, Fresenius Jackson Park
60651	64,267	16	Fresenius Austin
60652	40,959	74	Fresenius Southside, DSI Scottsdale
60653	29,908	32	DaVita Kenwood
60654	14,875		
60655	28,550	16	DaVita Mt. Greenwood
60656	27,613	16	Fresenius Norridge
60657	65,996	22	DaVita Lincoln Park
60661	7,792		
60706	23,134		
60707	42,920		
60803	22,285	44	Fresenius Alsip, Fresenius Merrionette Park
60804	84,573	16	Fresenius Cicero
60805	19,852	30	Fresenius Evergreen Park
	3,777,314	1,578	1/2,394

1) The ratio of ESRD stations to population in the zip codes within 30-minute radius of Fresenius Summit is 1 station per 2,394 residents according to the 2010 census (based on 3,789,532 residents and 1,578 stations).

2) Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Summit will not create a maldistribution of services in regard to there being excess capacity. There may be excess capacity in the HSA, however the Summit market area facilities are running at high utilization due to dense population and higher prevalence of ESRD in the Hispanic population.

There is a waiting list for patients at the Fresenius Berwyn facility who would be better served at the Fresenius Midway facility. A 4th shift will soon be implemented at the Midway facility to accommodate additional patients due to lack of access in the immediate area. The 4th shift is not a first choice for the majority of patients due to the fact it ends at midnight and is not an optimal solution for high utilization in the area.

Just to the south of Summit, the Fresenius Burbank facility is operating near capacity at 93% utilization. It is not in the patient's best interest to seek dialysis services outside of their market area due to increased/difficult travel times and loss of continuity of care as it pertains to their physicians and hospitals of choice.

The Summit area is a medically underserved area, therefore it better serves these disadvantaged patients to bring access to dialysis services there rather than having them seek it elsewhere. It increases quality and lowers costs. This should be weighed against the excess capacity in the area, and the fact there is a need for stations in both HSA 6 & 7.

Facilities within 30 Minutes Normal Travel Time of Fresenius Medical Care Summit

Name	Address	City	Code	MapQuest Miles	MapQuest Time	MapQuest x1.15	Stations	Pts	Utilization
Fresenius Midway	6201 W 63rd St	Chicago	60638	2.45	6	6.9	12	71	98.61%
Fresenius Berwyn	2601 Harlem Ave	Berwyn	60402	3.67	9	10.35	28	152	90.48%
Fresenius Cicero	3000 S Cicero Ave	Cicero	60804	6.4S	10	11.5	16	29	30.21%
Loyola	1201 W Roosevelt Rd	Maywood	60153	6.99	12	13.8	30	126	70.00%
SAH Dialysis	3059 W 26th Street	Chicago	60623	8.89	12	13.8	15	0	0.00%
DaVita Lawndale	3934 W 24th Street	Chicago	60623	7.79	13	14.95	16	16	16.67%
Fresenius Westchester	2400 Wolf Road	Westchester	60154	7.63	14	16.1	20	90	75.00%
Fresenius Burbank	4811 W 77th Street	Burbank	60459	6.33	14	16.1	26	145	92.95%
Fresenius Willowbrook	6300 S Kingery Highway	Willowbrook	60527	11.07	14	16.1	20	79	65.83%
DaVita Little Village	2335 W Cermak Rd	Chicago	60608	9.59	14	16.1	16	89	92.71%
DSI Scottsdale	4651 W 79th Pl	Chicago	60652	6.58	14	16.1	35	145	69.05%
Mt. Sinai	2700 W 15th St	Chicago	60608	9.85	15	17.25	16	87	90.63%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	60608	10.61	15	17.25	31	95	51.08%
Fresenius Bridgeport	825 W 3Sth St	Chicago	60609	10.59	15	17.25	27	141	87.04%
Fresenius Prairie	1717 S Wabash Ave	Chicago	60616	12.31	15	17.25	24	101	70.14%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629	6.12	15	17.25	12	62	86.11%
Maple Ave Kidney Center	610 S Maple Ave	Oak Park	60304	6.16	16	18.4	18	70	64.81%
Fresenius River Forest	103 Forest Ave	River Forest	60305	8.09	16	18.4	20	98	81.67%
DaVita Loop	1101 S Canal St	Chicago	60607	12.36	16	18.4	28	108	64.29%
Fresenius Polk	557 W Polk St	Chicago	60607	12.5	16	18.4	24	82	56.94%
DaVita West Side	1600 W 13th Street	Chicago	60608	11.07	16	18.4	12	0	0.00%
DaVita Emerald	710 W 43rd St	Chicago	60609	13.69	16	18.4	24	117	81.25%
U of I	1859 W Taylor St	Chicago	60612	11.09	16	18.4	26	128	82.05%
Fresenius Melrose Park	1111 Superior St	Melrose Park	60160	8.68	17	19.55	18	69	63.89%
Fresenius Oak Park	733 Madison St	Oak Park	60302	6.78	17	19.55	12	61	84.72%
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462	11.31	17	19.55	12	33	45.83%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	60609	14.85	17	19.55	22	109	82.58%
DaVita Woodlawn	5060 S State Street	Chicago	60609	14.36	17	19.55	32	119	61.98%
Cook Co Hospital	1901 W Harrison St	Chicago	60612	11.31	17	19.55	9	23	42.59%
Fresenius Elmhurst	133 E Brush Hill Road	Elmhurst	60126	14.89	18	20.7	28	102	60.71%
Fresenius Crestwood	4861 West Cal Sag Rd	Crestwood	60445	13.65	18	20.7	24	102	70.83%
Fresenius North Avenue	911 W North Avenue	Melrose Park	60160	9.81	19	21.85	24	105	72.92%
Fresenius West Sub	518 N Austin Blvd	Oak Park	60302	11.18	19	21.85	46	248	89.86%
USR Bolingbrook	396 Remington Blvd	Bolingbrook	60440	17.48	19	21.85	13	36	46.15%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	17.21	19	21.85	24	119	82.64%
DaVita Stoney Creek	9115 S Cicero Ave	Oak Lawn	60453	8.97	19	21.85	12	62	86.11%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	60611	15.97	19	21.85	44	151	57.20%
Rush	1653 W Congress Pkwy	Chicago	60612	14.08	19	21.85	5	11	36.67%
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653	13.8	19	21.85	32	113	58.85%
Fresenius Alsip	12250 S Cicero Ave	Alsip	60803	13.82	19	21.85	20	75	62.50%
Nocturnal Dialysis	1634 S. Ardmore	Villa Park	60181	17.04	20	23	12	0	0.00%
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	18.09	20	23	19	71	62.28%
Circle Medical	1426 W Washington Blvd	Chicago	60607	14.32	20	23	27	107	66.05%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	60624	10.37	20	23	30	136	75.56%
Fresenius Marquette Park	6535 S Western Ave	Chicago	60636	7.89	20	23	16	88	91.67%
Fresenius Southside	3134 W 76th St	Chicago	60652	8.74	20	23	39	200	85.47%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	60445	15.04	21	24.15	7	7	37.00%
USR Oak Brook	1201 Butterfield Road	Downers Grove	60515	16.77	21	24.15	13	39	50.00%
Fresenius Chicago	1810 W Hubbard Street	Chicago	60607	12.52	21	24.15	21	67	53.17%
Fresenius Chatham	8643 S Holland Rd	Chicago	60620	19.08	21	24.15	16	63	65.63%
Fresenius Ross-Englewood	6333 S Green St	Chicago	60621	16.85	21	24.15	16	95	98.96%
Fresenius West Willow	1444 W Willow St	Chicago	60642	15.78	21	24.15	12	33	45.83%
NMFF Dialysis	259 E Erie Street	Chicago	60611	15.52	22	25.3	36	0	0.00%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	60619	18.5	22	25.3	12	61	84.72%
DaVita Beverly	8109 S Western Ave	Chicago	60620	9.73	22	25.3	14	80	95.24%
Fresenius West Metro	1044 N Mozart St	Chicago	60622	13.17	22	25.3	32	192	100.00%
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624	11.29	22	25.3	16	99	103.13%
Fresenius Austin	4800 W Chicago Ave	Chicago	60651	10.32	22	25.3	16	64	66.67%
Fresenius Lombard	1940 Springer Dr	Lombard	60148	19.67	23	26.45	12	35	48.61%
Fresenius South Chicago	9212 S South Chicago Ave	Chicago	60617	21.16	23	26.45	36	171	79.17%
Fresenius Lakeview	4008 N Broadway St	Chicago	60613	20.43	24	27.6	14	54	64.29%
Fresenius Greenwood	1111 E 87th St	Chicago	60619	20.19	24	27.6	28	146	86.90%
Fresenius South Shore	2420 E 79th St	Chicago	60649	19.69	24	27.6	16	76	79.17%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655	12.02	24	27.6	16	79	82.29%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	60803	16.36	24	27.6	24	99	68.75%
FreseniusEvergreen Park	9730 S Western Ave	Evergreen Park	60805	11.69	24	27.6	30	152	84.44%
USR Villa Park	200 E North Avenue	Villa Park	60181	19.51	25	28.75	13	57	73.08%
Fresenius Orland Park	9160 W 159th St	Orland Park	60462	15.26	25	28.75	18	83	76.85%
DaVita Logan Square	2816 N Kimball	Chicago	60618	18.49	25	28.75	28	124	73.81%
DaVita Montclare	7009 W Belmont Ave	Chicago	60634	13.03	25	28.75	16	89	92.71%
Fresenius Uptown	4720 N Marine Dr	Chicago	60640	21.14	25	28.75	12	64	88.89%
Fresenius Logan Square	2721 N Spaulding Ave	Chicago	60647	18.37	25	28.75	12	10	13.89%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	60649	19.39	25	28.75	24	104	72.22%
Fresenius Norridge	4701 N Cumberland Ave	Norridge	60656	13.15	25	28.75	16	74	77.08%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	60452	17.69	26	29.9	12	11	15.28%
Fresenius Lincoln Park	3157 N Lincoln Ave	Chicago	60657	17.59	26	29.9	22	90	68.18%

Unnecessary Duplication/Maldistribution

ATTACHMENT – 26c 1-3

3. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility. In fact, nearby Fresenius Medical Care facilities that are over utilized will be able to transfer patients to the new Summit facility allowing for continued access to treatment at those facilities.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Medical Care who will oversee the Summit facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

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

Signature

Coleen Muldoon
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 3rd day of April, 2014

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Laurens Lohmann, M.D. is currently the Medical Director for Fresenius Medical Care Berwyn and will be the Medical Director for the Summit facility. Attached is his curriculum vitae.

B. All Other Personnel

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

Upon opening we will also employ:

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

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

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

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

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

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

LAURENS A. LOHMANN, M.D.

APRIL 2, 2004

CURRICULUM VITAE

DATE & PLACE OF BIRTH:	July 2, 1949, St. Louis, Missouri
UNDERGRADUATE EDUCATION:	Valparaiso University, Valparaiso, Indiana, 1967 to 1971, BA
MEDICAL EDUCATION:	Loyola University, Stritch School of Medicine, Maywood, Illinois 1971 to 1974, M.D.
RESIDENCY:	Hines VA Hospital, Internal Medicine, January 1974 to December 1977
FELLOWSHIP:	Rush Presbyterian-St. Lukes"s Medical Center, Nephrology, 1979 to 1981
PRIVATE PRACTICE:	Internal Medicine, MacNeal Memorial Hospital, Berwyn, Illinois January 1978 to June 1979
	Nephrology and Internal Medicine MacNeal Hospital – July 1981 to present
	Nephrology and Internal Medicine Oak Park Hospital – Decenber 1985 to Present
	Community Memorial Hospital of LaGrange
	Drug Dependency Treatment Center Hines VA Hospital, Hines, Illinois January 1978 to June 1979

FACULTY POSITION:	**Co-Director of Internal Medicine Residency Outpatient Clinic – MacNeal Hospital – January 1978 to June 1979**
	Clinical Instructor University of Illinois Nephrology – 1982 – 1983 – 1984
	Instructor, Internal Medicine Residency Program MacNeal Hospital July 1981 to June 1991
BOARD CERTIFICATION:	**Internal Medicine September 1978 – 65193 Nephrology – November 1982 – 65193**
STATE LICENSURE:	**State of Illinois – 36054149**
MEMBERSHIP:	**American Society of Nephrology**

CURRICULUM VITAE
OF
REMEGIO M. VILBAR, M.D.

ADDRESSES: Residence: 154 Saint Francis Circle
Oak Brook, Illinois 60523
Tel. No.: 630-789-0196

Offices: Darien Medical Clinic
Brookhaven Plaza
7516 S. Cass Avenue, Suite 15
Darien, Illinois 60561
Tel. No.: 630-968-1616
Fax No.: 630-968-0320

St. Elizabeth Professional Building
1431 N. Western Avenue, Suite 202
Chicago, Illinois 60622
Tel. No.: 773-489-6605
Fax No.: 312-633-5863

DATE OF BIRTH: November 25, 1945

PLACE OF BIRTH: Lunang, Hilongos, Leyte, Philippines

MARITAL STATUS: Married

Wife: Rosabella Fiel
Children: Ronald
Rachel

CITIZENSHIP: U.S.A.

EDUCATION: Pre-medicine: Southwestern University, Cebu City, Philippines
Bachelor of the Arts, 1964

Medicine: Southwestern University, Cebu City, Philippines
Doctor of Medicine, 1969

MEDICAL LICENSURE:
(a) Philippines - 1969
(b) Illinois - 1974
(c) Florida - 1978 (by reciprocity)
ECFMG #: 120-660-6

INTERNSHIP: Rotating – O: St. Mary of Nazareth Hospital Center – 1972
2233 W. Division Street, Chicago, Illinois 60622

RESIDENCY TRAINING: (a) Internal Medicine – Jan. 1, 1973 to Sep. 30, 1975
Hines VA Medical Center, Maywood, Illinois

(b) Nephrology Fellowship – Oct. 1, 1975 to Sep. 30, 1977
Hines VA Medical Center, Maywood, Illinois

BOARD CERTIFICATION: (a) Internal Medicine – 1977
(b) Nephrology – 1978

HOSPITAL AFFILIATIONS: Oct. 1977 – June 30, 1979 – Attending Physician
Renal Section
Hines VA Medical Center

July 1979 – present Private practice in Internal Medicine and Nephrology consulting privileges at the following hospitals:

(a) St. Mary of Nazareth Hospital Center
2233 W. Division Street
Chicago, Illinois 60622

(b) St. Elizabeth Hospital
1431 N. Western Avenue
Chicago, Illinois 60622

(c) Norwegian American Hospital
1044 N. Francisco Avenue
Chicago, Illinois 60521

(d) Hinsdale Hospital
120 N. Oak Street
Hinsdale, Illinois 60521

PROFESSIONAL SOCIETY MEMBERSHIP:

(a) American Society of Nephrology
(b) International Society of Nephrology
(c) American Medical Association
(d) Chicago Medical Society
(e) Illinois State Medical Society
(f) Philippine Medical Association
(g) Association of Philippine Physicians of America
(h) Southwestern University Medical Alumni Association of the Midwest
(i) Southwestern University Medical Alumni Association of America

OTHER AFFILIATIONS:

(a) Medical Director, West Metro Dialysis Center , NAH Professional Building, Chicago, Illinois (1988 – present)
(b) Medical Director, Acute Dialysis Unit, St. Elizabeth Hospital, Chicago, Illinois (1990 – present)
(c) Medical Director, Acute Dialysis Unit, Norwegian Hospital, Chicago, Illinois (1997 – present)
(d) President, Southwestern University Medical Alumni Association of the Midwest-USA (1998 – present)
(e) Vice-President, SWUMAAM-USA, (1992 – 1997)
(f) Member, Board of Governors, Philippine Medical Association of Chicago (1998 – present)
(g) Member, Board of Governors, Southwestern University Medical Alumni Association of America (1997 – present)
(h) Vice-Chairman, Department of Medicine, Norwegian American Hospital, Chicago, Illinois (1998 – present)

PUBLICATIONS:

(a) Vilbar R.M., Ing T.S., et al. Treatment of Metabolic Alkalosis with Peritoneal Dialysis, Artificial Organs. 1978; 2 (4): 421
(b) Ing T.S., Vilbar R.M., et al. Predialytic Isolated Ultrafiltration, Dialysis and Transplantation. 1978; 7: 557
(c) Chen W.T., Ing T.S., Vilbar R.M., et al. Removal of Fluid by Isoosmolar Dialytic Ultrafiltration, Abstract of Eighth Annual Clinical Dialysis and Transplantation Forum. 1978; NKF p21
(d) Vilbar R.M., Daugindas J.T., et al. Treatment of Dialysis Elbow, Journal of Dialysis. 1979; 3 (4): 327-330
(e) Shin K.D., Ing T.S., Vilbar R.M., et al. Isolated Ultrafiltration in the Treatment of Dialysis Ascites, Journal of Dialysis. 1979; 3: 120-123
(f) Kheirbek A.O., Ing T.S., Vilbar R.M., et al. Treatment of Metabolic Alkalosis with Hemofiltration in Patients with Renal Insufficiency, Nephron; 4: 91-92
(g) Popli S., Ing T.S., Vilbar R.M., et al. Treatment of Uremic Pericardial Effusion by Local Steroid Instillation via Subxiphoid Pericardiotomy, Nephron. 1980; 4: 83-89

NINO ALAPISHVILI

5625 Xerxes Ave S., Apt. 302, Minneapolis, MN, 55410, nalapis@usa.net
(847) 630-1602

Training

UNIVERSITY OF MINNESOTA NEPHROLOGY FELLOWSHIP PROGRAM, Minneapolis, MN — 7/09 – present

UIC/CHRIST INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM, Oak Lawn, IL — 6/06 – 6/09

Education

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF MEDICINE
Chicago, IL — 8/02 – 5/06
M.D.

LOYOLA UNIVERSITY AT CHICAGO
Chicago, IL — 8/98 – 8/01
B.S. degree in Chemistry with emphasis on Biochemistry
Graduated *Summa Cum Laude*

Procedures

TEMPORARY DIALYSIS CATHETER PLACEMENT (femoral and IJ, > 20)
University of Minnesota, Hennepin County Hospital, Minneapolis VA — 7/09-present

KIDNEY BIOPSY (native and transplant, >20)
University of Minnesota, Hennepin County Hospital, Minneapolis VA — 7/09-present

Employment

MEDICAL ASSISTANT, JOHNS HOPKINS TALENTED YOUTH PROGRAM, Los Angeles, CA — 5/03 – 7/03
Conducted on-site management of students' medical needs.
Managed timely and orderly distribution of medications to students.

ASSOCIATE SCIENTIST, AMERICAN PHARMACEUTICAL PARTNERS, Melrose Park, IL — 10/01 – 7/02
Participated in preparation and testing of a new chemotherapeutic medication for breast cancer – nanoparticle paclitaxel.
Drafted memoranda summarizing research findings.

CHEMISTRY LABORATORY ASSISTANT, TRUMAN COLLEGE, Chicago, IL — 11/97 – 7/98
Prepared reagents for and oversaw chemistry experiments.
Provided assistant to students in conduction of experiments.

Affiliations

American Society of Nephrology	2010 – present
National Kidney Foundation	2009 – present
American College of Physicians	2005 – present
American Medical Association	2002 – 2009
American Medical Student Association	2002 – 2009

Awards/Honors	Honorary mention for participation on clinical vignette competition	2007
	Dean's List	1998, 1999, 2000, 2001
	Volunteer Award for > 300 hours of service	2000
	Departmental award in Analytical Chemistry	2000
	Loyola University Presidential Scholarship awards	1999, 2000
	Departmental Awards in Chemistry	1997, 1998

Presentations

PATHOGENESIS OF FSGS, NEW INSIGHTS. Presented on Renal Grand Rounds, Hennepin County Medical Center 9/10/10

PRESSOR USE IN KIDNEY DISEASE. Presented on Renal Grand Rounds, Hennepin County Medical Center 5/14/10

CARDIVASCULAR DISEASE IN PATIENTS WITH KIDNEY DISEASE. Presented on Renal Grand Rounds, Hennepin County Medical Center 12/11/09

CMV INFECTION IN RENAL TRANSPLANTATION. Presented on Renal Grand Rounds, University of Minnesota 11/5/09

Community Service

VOLUNTEER, UNIVERSITY OF ILLINOIS HOSPITAL PEDIATRIC ART PROJECT 6/05 – 5/06
Managed and assisted children on UIH pediatric floor with drawing, painting, designing and sculpturing.

VOLUNTEER, UNIVERSITY OF ILLINOIS AT CHICAGO STUDENT RUN FREE CLINIC 8/02 – 5/06
Assessed vital signs, performed history and physical exam, developed assessment and plan in a clinic for an uninsured population.

VOLUNTEER, RUSH NORTH SHORE MEDICAL CENTER 1998 – 2001
Assisted physicians and nurses in patient care. Provided transportation and moral support to patients when required.

Languages

Fluent in Russian and Georgian

08/24/2011 14:09 FAX 8478556215 NSN 009/009

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice at Fresenius Medical Care who will oversee the Fresenius Medical Care Summit facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

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

Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 3rd day of April, 2014

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Summit is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Summit will have 12 dialysis stations thereby meeting this requirement.

TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT ("Agreement") is made and entered into as of the later of April 16, 2014, or the execution of the Agreement by both parties (the "Effective Date") between VHS of Illinois, Inc. doing business as MacNeal Hospital ("Hospital") and Fresenius Medical Care - North Division - Midwest Group ("Fresenius") and are sometimes individually referred to herein as "facility" and collectively as "facilities."

RECITALS:

A. The parties hereto desire to enter into this Agreement governing the transfer of patients between the two facilities located in the State of Illinois ("State").

B. The parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities.

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties hereto agree as follows:

1. **TRANSFER OF PATIENTS.** In the event any patient of either facility is deemed by that facility ("Transferring Facility") as requiring the services of the other facility ("Receiving Facility") and the transfer is deemed medically appropriate, a member of the nursing staff of the Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department of the Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("Joint Commission") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. 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 unlawful discrimination. The Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to the Receiving Facility.

2. **RESPONSIBILITIES OF THE TRANSFERRING FACILITY.** The Transferring Facility shall be responsible for performing or ensuring performance of the following:

a. Provide, within its capabilities, for the medical screening and stabilizing treatment of the patient prior to transfer.

b. Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations.

c. Designate a person who has authority to represent the Transferring Facility and coordinate the transfer of the patient from the facility.

d. Notify the Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient.

e. Prior to patient transfer, the transferring physician shall contact and secure a receiving physician at the Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care.

f. Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient.

g. Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician.

h. Forward to the receiving physician and the Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and, with respect to a patient with an emergency medical condition that has not been stabilized, a copy of the patient's informed consent to the transfer or physician certification that the medical benefits of the transfer outweigh the risk of transfer. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by the Transferring Facility as soon as possible.

i. Transfer the patient's personal effects, including, without limitation, money and valuables, and information related to those items.

j. Provide the Receiving Facility any information that is available concerning the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a health care assistance program established by a county, public hospital, or hospital district.

k. Notify the Receiving Facility of the estimated time of arrival of the patient.

l. Provide for the completion of a certification statement, summarizing the risk and benefits of the transfer of a patient with an emergency condition that has not been stabilized, by the transferring physician or other qualified personnel if the physician is not physically present at the facility at the time of transfer.

m. Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider.

n. Recognize the right of a patient to request to transfer into the care of a physician and hospital of the patient's choosing.

o. Recognize the right of a patient to refuse consent to treatment or transfer.

p. Complete, execute, and forward a memorandum of transfer form to the Receiving Facility for every patient who is transferred.

q. Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to the Receiving Facility.

3. **RESPONSIBILITIES OF THE RECEIVING FACILITY.** The Receiving Facility shall be responsible for performing or ensuring performance of the following:

a. Provide, as promptly as possible, confirmation to the Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the patient and confirmation that the Receiving Facility has agreed to accept transfer of the patient. The Receiving Facility shall respond to the Transferring Facility within _____ minutes after receipt of the request to transfer a patient with an emergency medical condition or in active labor.

b. Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred, maintain a call roster of physicians at the Receiving Facility and provide, on request, the names of on-call physicians to the Transferring Facility.

c. Reserve beds, facilities, and services as appropriate for patients being transferred from the Transferring Facility who have been accepted by the Receiving Facility and a receiving physician, if deemed necessary by a transferring physician unless such are needed by the Receiving Facility for an emergency.

d. Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility.

e. When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician.

f. Provide the Transferring Facility with a copy of the medical records of the patient that were generated at the Receiving Facility, if the patient is returned to the Transferring Facility by the Receiving Facility.

g. Maintain the confidentiality of the patient's medical records in accordance with applicable state and federal law.

h. Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law, (ii) for the

receipt of the patient into the facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient.

i. Provide for the return transfer of patients to the Transferring Facility when requested by the patient or the Transferring Facility and ordered by the patient's attending/transferring physician, if the Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to the Transferring Facility, provide the items and services specified in Section 2 of this Agreement.

j. Upon request, provide current information concerning its eligibility standards and payment practices to the Transferring Facility and patient.

k. Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider.

l. Complete, execute, and return the memorandum of transfer form to the Transferring Facility.

4. **RESPONSIBILITIES OF THE TRANSFERRING AND RECEIVING FACILITIES.** The Transferring and the Receiving Facilities shall each be responsible for performing or ensuring performance of the following:

Adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of patients, such policy to contain the requirements enumerated at 210 ILCS 85/6.25 or 210 ILCS 45/3-206.05 (as applicable) or their successor provisions.

5. **BILLING.** All charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to this Agreement shall be billed and collected by the facility providing such services directly from the patient, third party coverage, Medicare or Medicaid, or other sources normally billed by that facility. Each facility agrees to provide information in its possession to the other facility and such physicians/providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payor.

6. **RETRANSFER; DISCHARGE.** At such time as the patient is ready for transfer back to the Transferring Facility or another health care facility or discharge from the Receiving Facility, in accordance with the direction from the Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to the Transferring Facility, the Receiving Facility will be responsible for the care of the patient up until the time the patient is re-admitted to the Transferring Facility.

7. **COMPLIANCE WITH LAW.** Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of medical records and confidentiality of patient information, including applicable provisions and regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as well as with all standards promulgated by any relevant accrediting agency.

8. **RESPONSIBILITY; INSURANCE.** The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents. In addition, each party shall maintain, throughout the term of this Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts reasonably acceptable to the other party, and shall provide evidence of such coverage upon request.

9. **TERM.** The term of this Agreement ("Term"), shall be one (1) year commencing on the Effective Date. At the end of the Term and any Term Extension (as defined herein), the Term shall be automatically extended for additional terms of one (1) year each (a "Term Extension"), unless either party provides the other with written notice of termination as provided herein. As used herein, "Term" shall mean the period of time beginning on the Effective Date and ending on the last day of either the Term or the last Term Extension, as applicable.

10. **TERMINATION.** Either party may terminate this Agreement without cause upon 30 days' written notice to the other party. Either party may terminate this Agreement upon breach by the other party of any material provision of this Agreement, provided such breach continues for five days after receipt by the breaching party of written notice of such breach from the non-breaching party. This Agreement may be terminated immediately upon the occurrence of any of the following events: (i) either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately; (ii) either facility loses its license, is convicted of a criminal offense related to health care, or is listed by a federal agency as being debarred, excluded or otherwise ineligible for federal program participation.

11. **ARBITRATION.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by final and binding arbitration in the county in which the Hospital is located in accordance with the Commercial Rules of Arbitration ("Rules") of the Judicial Arbitration and Mediation Services ("JAMS") before one arbitrator applying the laws of the State. The parties shall attempt to mutually select the arbitrator. In the event they are unable to mutually agree, the arbitrator shall be selected by the procedures prescribed by the JAMS Rules. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both parties. The provisions set forth herein shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

12. **ENTIRE AGREEMENT; MODIFICATION; GOVERNING LAW, COUNTERPARTS; NOTICES; WAIVER; ASSIGNMENT.** This Agreement contains the entire understanding of the

parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. This Agreement shall be construed in accordance with the laws of the State, which provision shall survive the expiration or other termination of this Agreement. This Agreement may be executed in one or more counterparts, all of which together shall constitute only one Agreement. All notices hereunder shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, or deposited with the overnight courier, addressed at the place identified on the signature page below. A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure. Neither party shall assign or transfer, in whole or in part, this Agreement or any of their rights, duties or obligations under this Agreement without the prior written consent of the other party, which consent will not be unreasonably withheld or delayed. Any assignment or transfer by either party without such consent shall be null and void.

13. **REFERRALS.** The parties acknowledge that none of the benefits granted to each other hereunder are conditioned on any requirement that any party make referrals to, be in a position to make or influence referrals to, or otherwise generate business for the other party or its affiliates.

14. **COMPLIANCE OBLIGATIONS.** represents that it read, understands, and shall abide by Tenet's Standards of Conduct. The parties to this Agreement shall comply with Tenet's Compliance Program and Tenet's policies and procedures related to the Deficit Reduction Act of 2005, Anti-Kickback Statute and the Stark Law. Tenet's Standards of Conduct, summary of Compliance Program, and policies and procedures, including a summary of the Federal False Claims Act and applicable state false claims laws (collectively "False Claims Laws") with descriptions of penalties and whistleblower protections pertaining to such laws, are available at: http://www.tenethealth.com/about/pages/ethicscompliance.aspx. Further, each party to this Agreement certifies that it shall not violate the Anti-Kickback Statute and Stark Law, and shall abide by the Deficit Reduction Act of 2005, as applicable, in providing services to the other party. Hardcopies of any information shall be made available upon request.

15. **EXCLUSION LISTS SCREENING.** The facilities shall screen all of its current and prospective owners, legal entities, officers, directors, employees, contractors, and agents ("Screened Persons") against (a) the United States Department of Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities (available through the Internet at http://www.oig.hhs.gov), (b) the General Services Administration's System for Award Management (available through the Internet at http://www.sam.gov); and (c) any applicable state healthcare exclusion list (collectively, the "Exclusion Lists") to ensure that none of the Screened Persons are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal healthcare programs or in Federal procurement or nonprocurement programs, or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an "Ineligible Person"). If, at any time during the term of this Agreement any Screened Person becomes an Ineligible Person or proposed to be an Ineligible Person, facilities

shall immediately notify Hospital of the same. Screened Persons shall not include any employee, contractor or agent who is not providing services under this Agreement.

VHS OF ILLINOIS, INC.
d/b/a MacNeal Hospital

By: _____
Name: Scott Steiner
Title: Chief Executive Officer
Date: _____
Address: _____
_____

Fresenius Medical Care - North Division
- Midwest Group
By: _____
Name: _____
Title: _____
Date: _____
Address: _____
_____

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President Fresenius Medical Care who will oversee the Summit facility. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Summit, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Summit in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;

2. Fresenius Medical Care Illinois hemodialysis patients have achieved adequacy outcomes of:

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

and same is expected for Fresenius Medical Care Summit.

Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 3rd day of April, 2014

Signature of Notary

Seal

OFFICIAL SEAL
CANDACE M. TURNOSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/08/17

net3 real estate
2803 W. Butterfield Road
Suite 310
Oak Brook, IL 60523
p. 630 216 9008

April 29, 2014

Fresenius Medical Care
Attn: Mr. Bill Popken
(781) 699-9994
Via email: William.Popken@fmc-na.com

RE: ***7319 – 7322 Archer Avenue Land Parcel***
Summit, Illinois
Fresenius Medical Care Build-to-Suit – Letter of Intent

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (Summit), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Summit LLC** ("Tenant").

Premises: 9,700 square foot building to be constructed and located at:
7319 – 7322 Archer Ave., Summit, Illinois.
Parcel #s: 18-12-416-024, 18-12-416-025, 18-12-416-026, 18-12-416-027, and 18-12-416-028

Landlord: Net3 (Summit), LLC

Tenant: Fresenius Medical Care Summit, LLC

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

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

Primary Term: 15 years

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Option Term(s):	Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.
Base Rent over initial Term:	Annual Rent: Starts at $27.50/sq. ft. and increases by 2% in Year 3 of the Primary Term
Taxes, Insurance & CAM:	Tenant will pay our approved costs.
Utilities:	Tenant will be responsible to pay for all of their own utilities.
Tenant's Share:	100%
Condition of Premises Upon Delivery:	Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in (**Exhibit A**). In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.
Rent Commencement Date:	Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) ninety (90) days after the Delivery Date.
Tenant Improvement Allowance:	$50.00 per square foot
Delivery Date:	The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.
Construction Drawings For Landlord's Work:	Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
Tenant's Work:	Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for

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therefor.

Security Deposit: None, subject to Landlord's review of current Tenant financial statements.

Landlord Maintenance: Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage: Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality: The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

***Zoning and Restrictive Covenants*:** Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a

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binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to August 2014 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by, 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.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations

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and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

NET 3 REAL ESTATE, L.L.C.,
As Agent for Purchaser

David E. Cunningham
Manager

AGREED TO AND ACCEPTED BY:

_____

Fresenius Medical Care Summit LLC

_____

Date

2012 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #13-040, Fresenius Medical Care Lemont and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		161.00			9,700			1,561,700	1,561,700
Contingency		16.00			9,700			155,200	155,200
TOTALS		$177.00			9,700			$1,716,900	$1,716,900
* Include the percentage (%) of space for circulation									

Criterion 1120.310 (d) – Projected Operating Costs

Year 2017

Estimated Personnel Expense	498,960
Estimated Medical Supplies	114,371
Estimated Other Supplies(Exc. Dep/Amort)	991,499
Total	$2,075,683

Annual Treatments 8,986

Cost Per Treatment $230.99

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

Year 2017

Depreciation/Amortization	233,935
Interest	0
CAPITAL COSTS	$233,935

Treatments: 8,986

Capital Cost per treatment $26.03

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Summit, LLC

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

By: _____

Title: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

_____
Signature of Notary

Seal

By: _____

Title: **Bryan Mello**
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By:_____

Title: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

_____
Signature of Notary

Seal

By:_____

Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Summit, LLC

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

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

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

By:_____

ITS: Mark Fawcett
Vice President & Treasurer

By:_____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014
Seal

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By:_____

ITS: Mark Fawcett
Vice President & Treasurer

By:_____

ITS: Bryan Mehl
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2014

Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 14 day of April, 2014

C Wynelle Scenna
Signature of Notary

Seal

C. WYNELLE SCENNA
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 1, 2014

Safety Net Impact Statement

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	$397,467,778	$353,355,908	$387,393,758
	2010	2011	2012
Charity * (# of self-pay patients)	146	93	203
Charity (cost In dollars)	$1,307,966	$632,154	$1,536,372
Ratio Charity Care Cost to Net Patient Revenue	.33%	0.18%	.40%
MEDICAID			
	2010	2011	2012
Medicaid (# of patients)	1,828	1,865	1,705
Medicaid (revenue)	$44,001,539	$42,367,328	$36,254,633
Ratio Medicaid to Net Patient Revenue	11.07%	12%	12.99%

2011 & 2012 data accounts for in-center hemodialysis only. 2010 data included some home dialysis patients and we were unable to remove them from the above numbers.

*Patients with Medicaid pending for 2012 were considered under self-pay only. 2010-2011 Medicaid pending were considered Medicaid.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. This is why self-pay patients are invoiced and then the accounts written off as bad debt.

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

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

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2010	2011	2012
Net Patient Revenue	$397,467,778	$353,355,908	$387,393,758
Amount of Charity Care (charges)	$1,307,966	$632,154	$1,536,372
Cost of Charity Care	$1,307,966	$632,154	$1,536,372
Ratio Charity Care Cost to Net Patient Revenue	0.33%	0.18%	0.40%

Fresenius Medical Care North America
Community Care

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

American Kidney Fund

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

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

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

Indigent Waiver Program

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

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

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

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

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

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

IL Medicaid and Undocumented patients

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

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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

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Notes

TO FRESENIUS MEDICAL CARE MIDWAY

Trip to:

6201 W 63rd St

Chicago, IL 60638-5009

2.45 miles / 6 minutes

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Notes

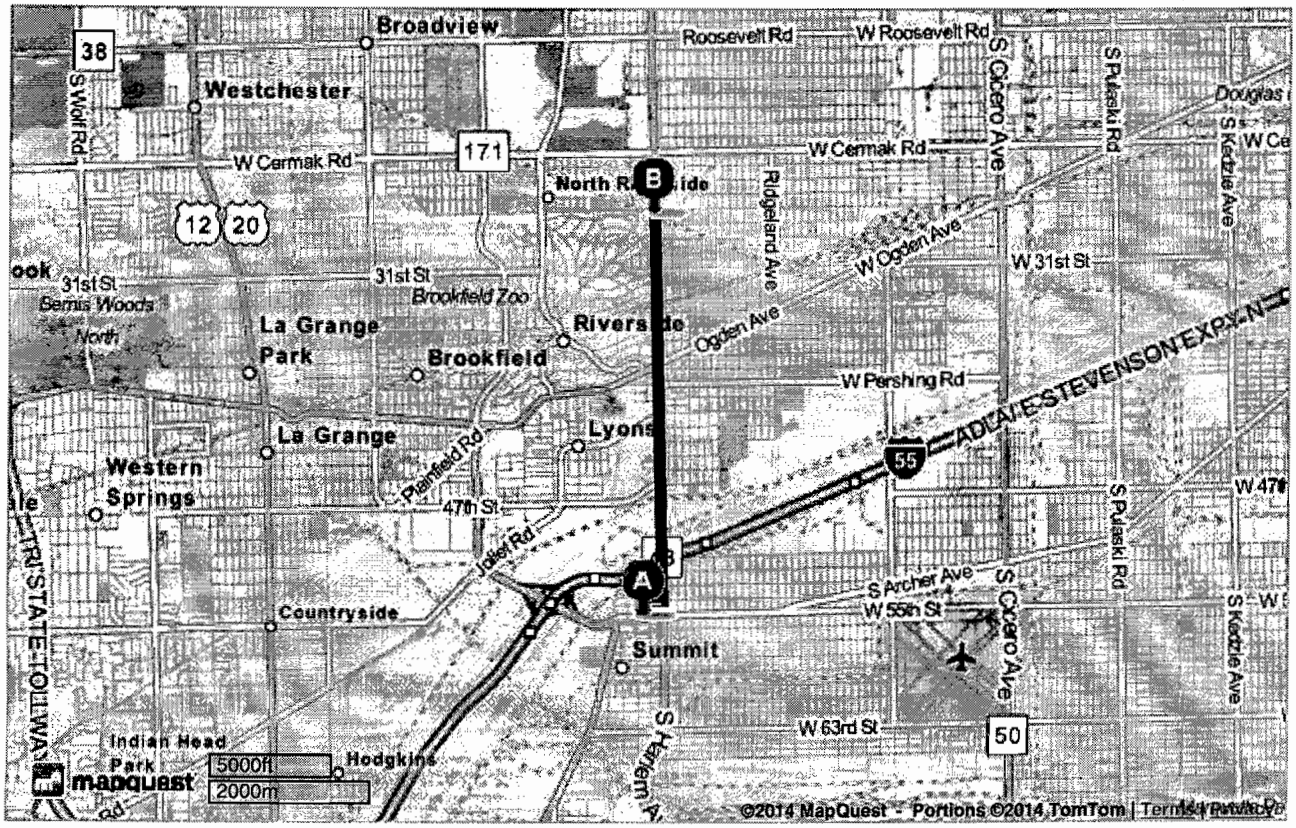
TO FRESENIUS MEDICAL CARE BERWYN

Trip to:

2601 Harlem Ave

Berwyn, IL 60402-2100

3.67 miles / 9 minutes



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Trip to:

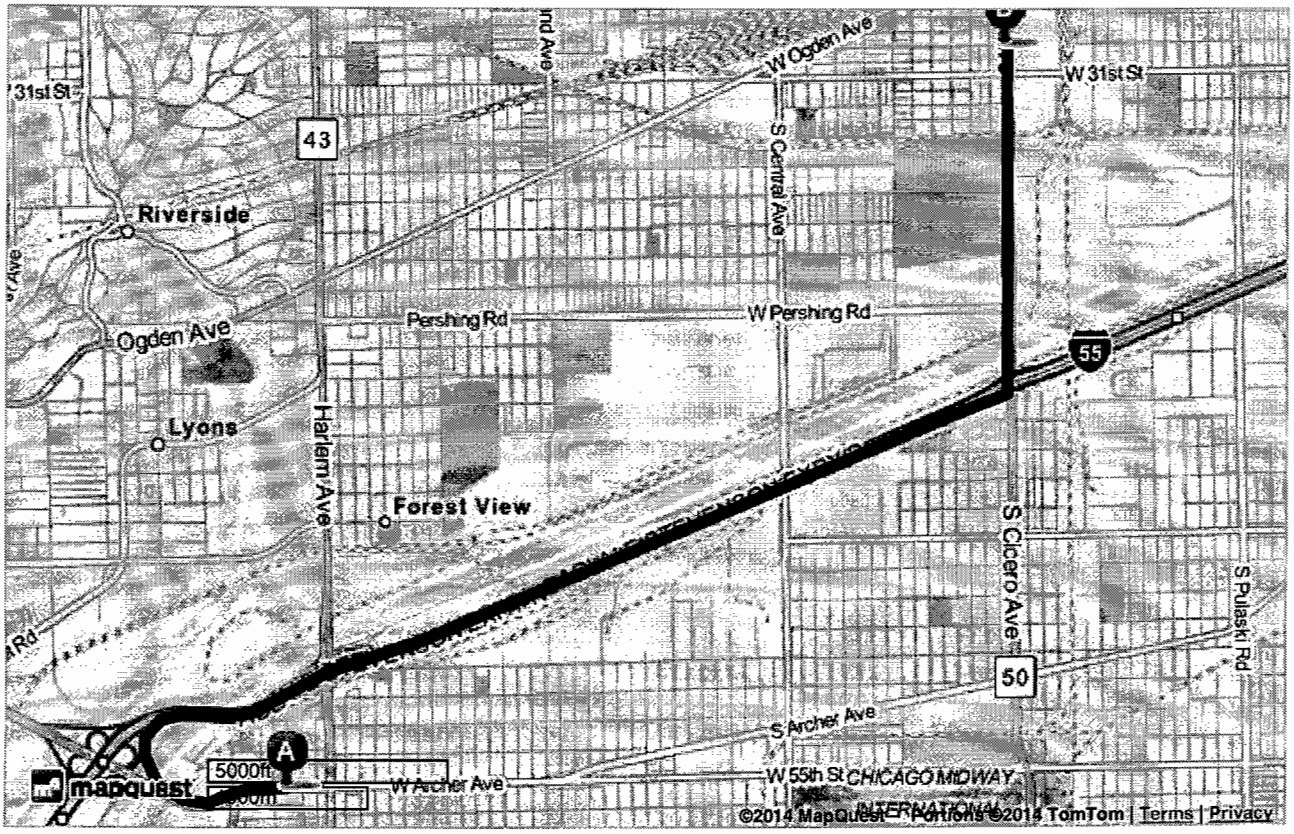
3000 S Cicero Ave

Cicero, IL 60804-3638

6.45 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE CICERO



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Notes

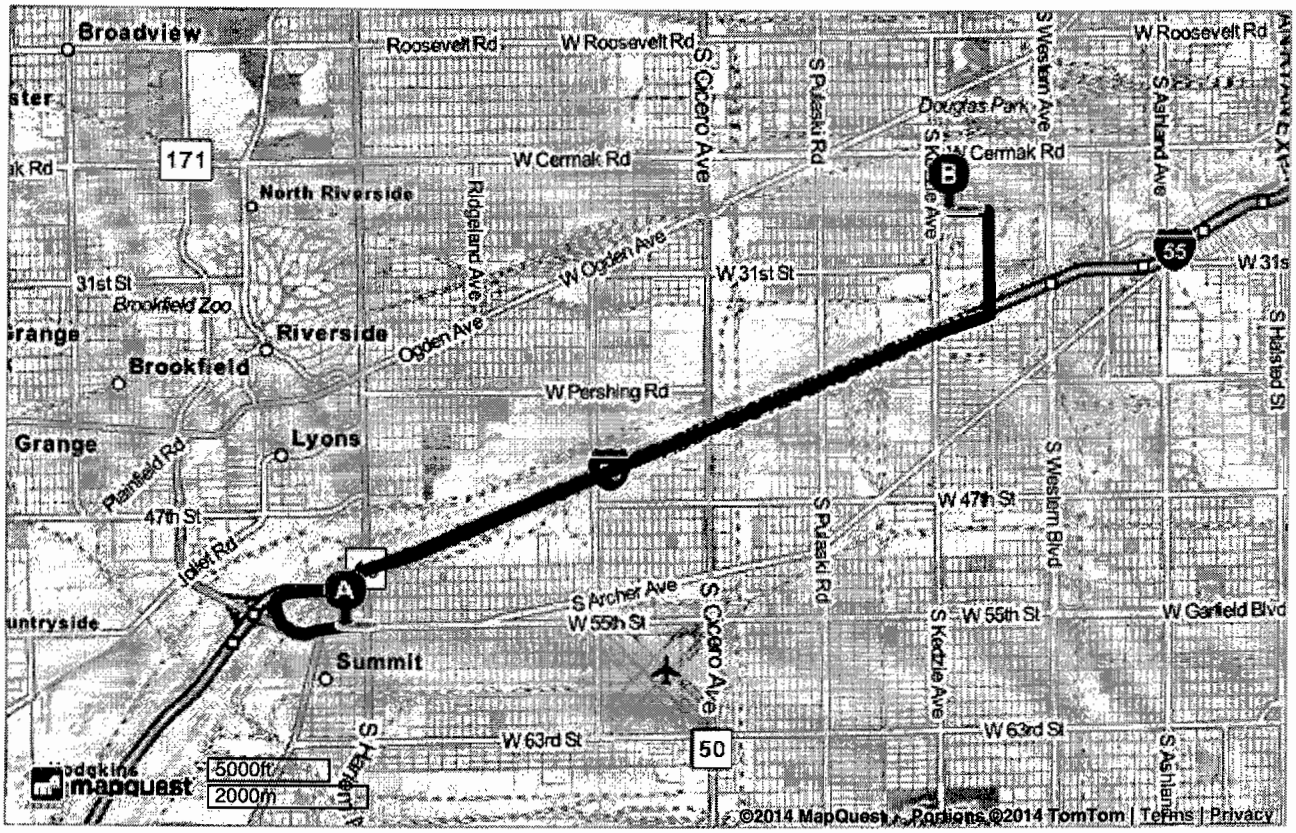
TO SAINT ANTHONY HOSPITAL DIALYSIS

Trip to:

3059 W 26th St

Chicago, IL 60623-4131

8.89 miles / 12 minutes



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Trip to:

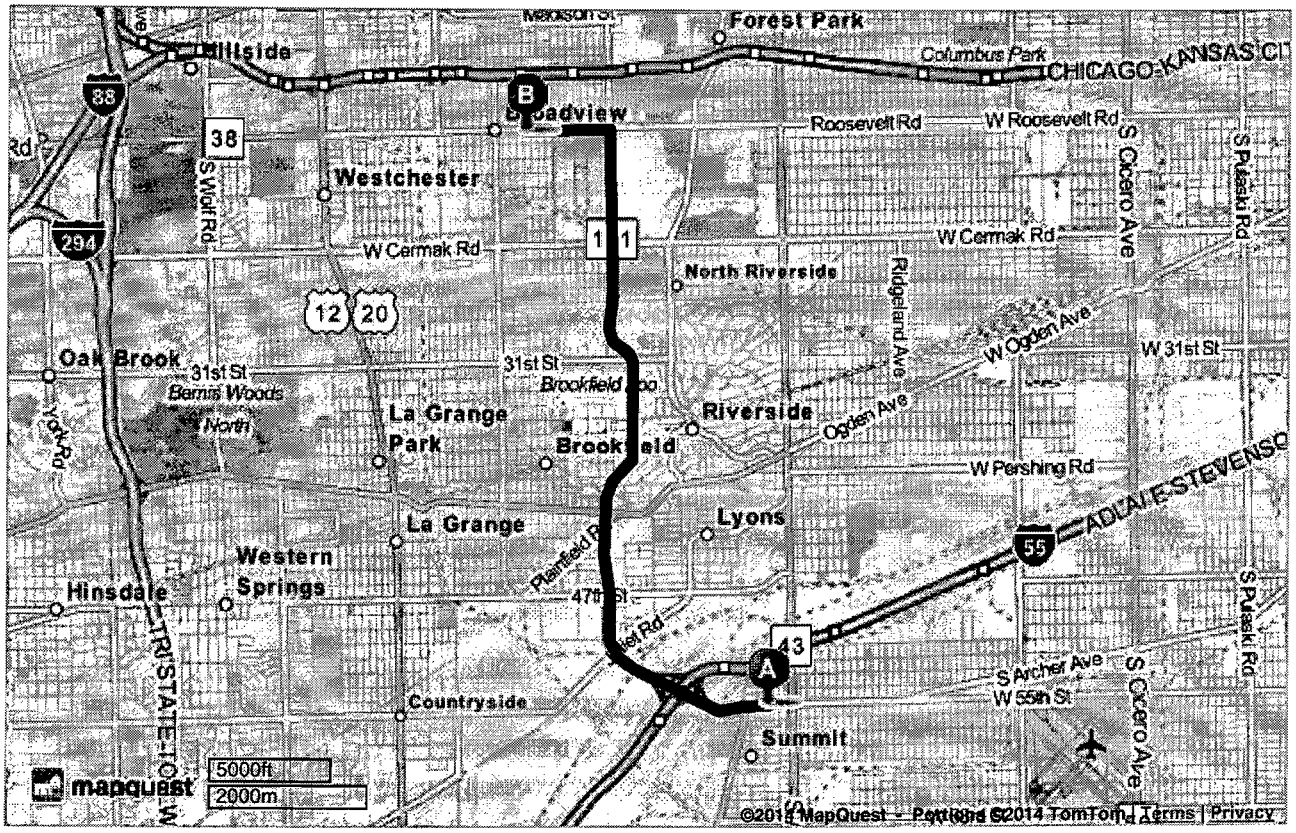
1201 W Roosevelt Rd

Maywood, IL 60153-4046

6.99 miles / 12 minutes

Notes

TO FOSTER MCGAW LOYOLA DIALYSIS



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Trip to:

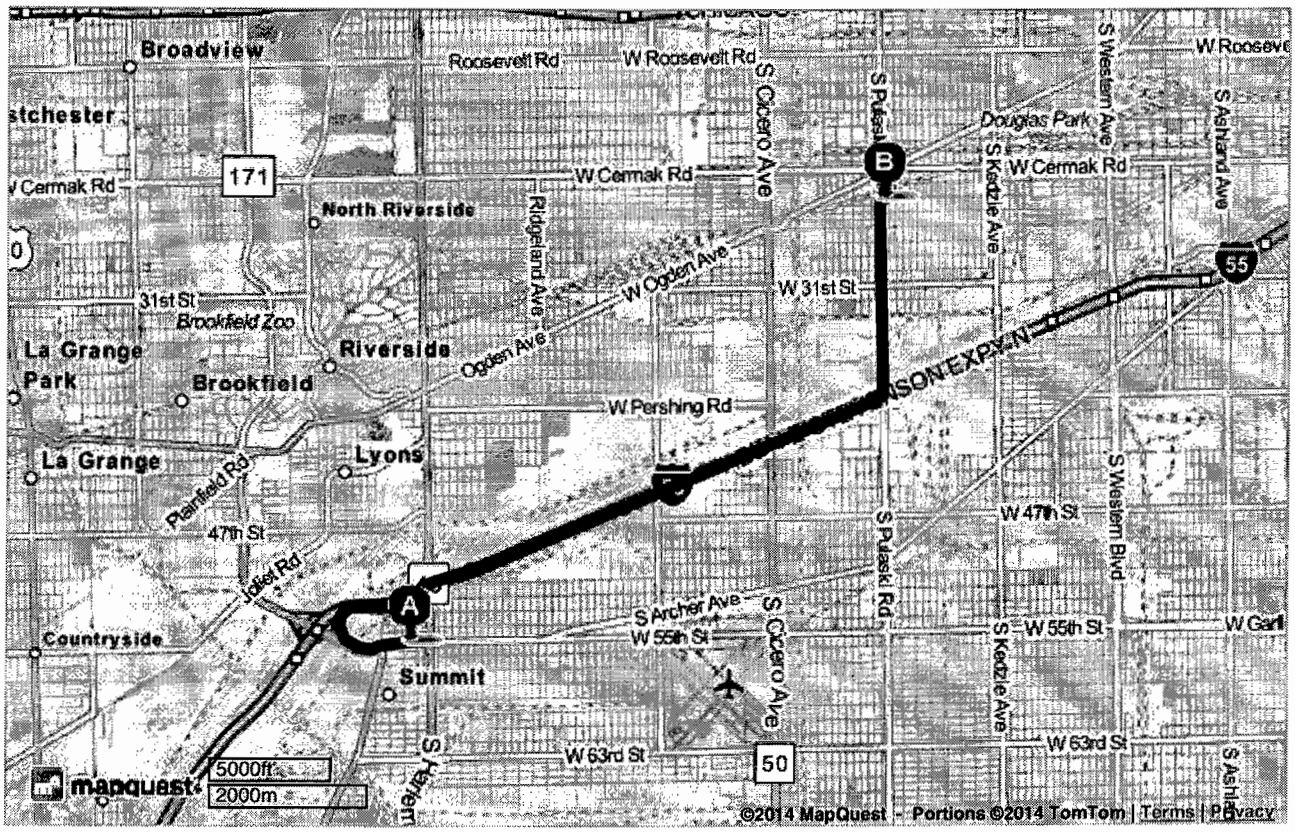
3934 W 24th St

Chicago, IL 60623-3073

7.79 miles / 13 minutes

Notes

TO DAVITA LAWNDALE



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Trip to:

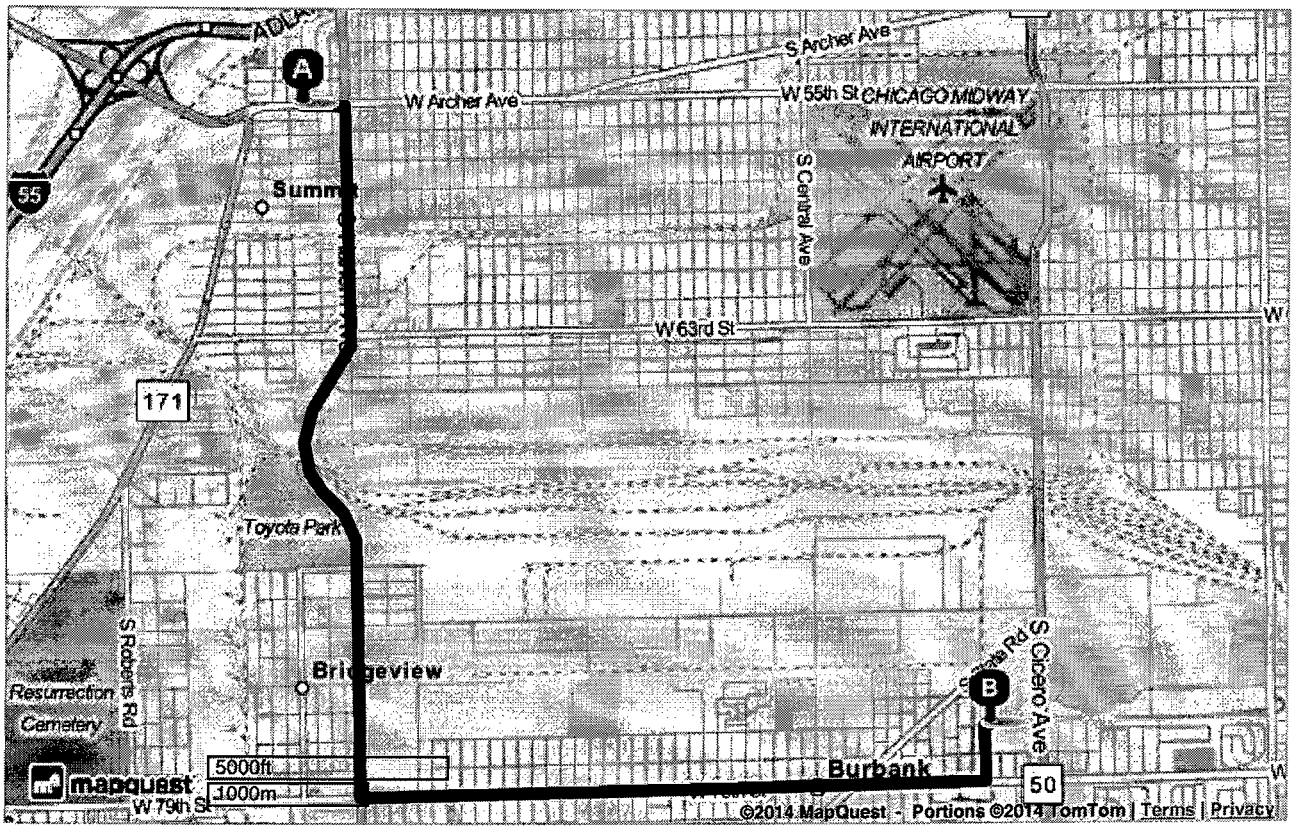
4811 W 77th St

Burbank, IL 60459-1586

6.33 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE BURBANK



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Trip to:

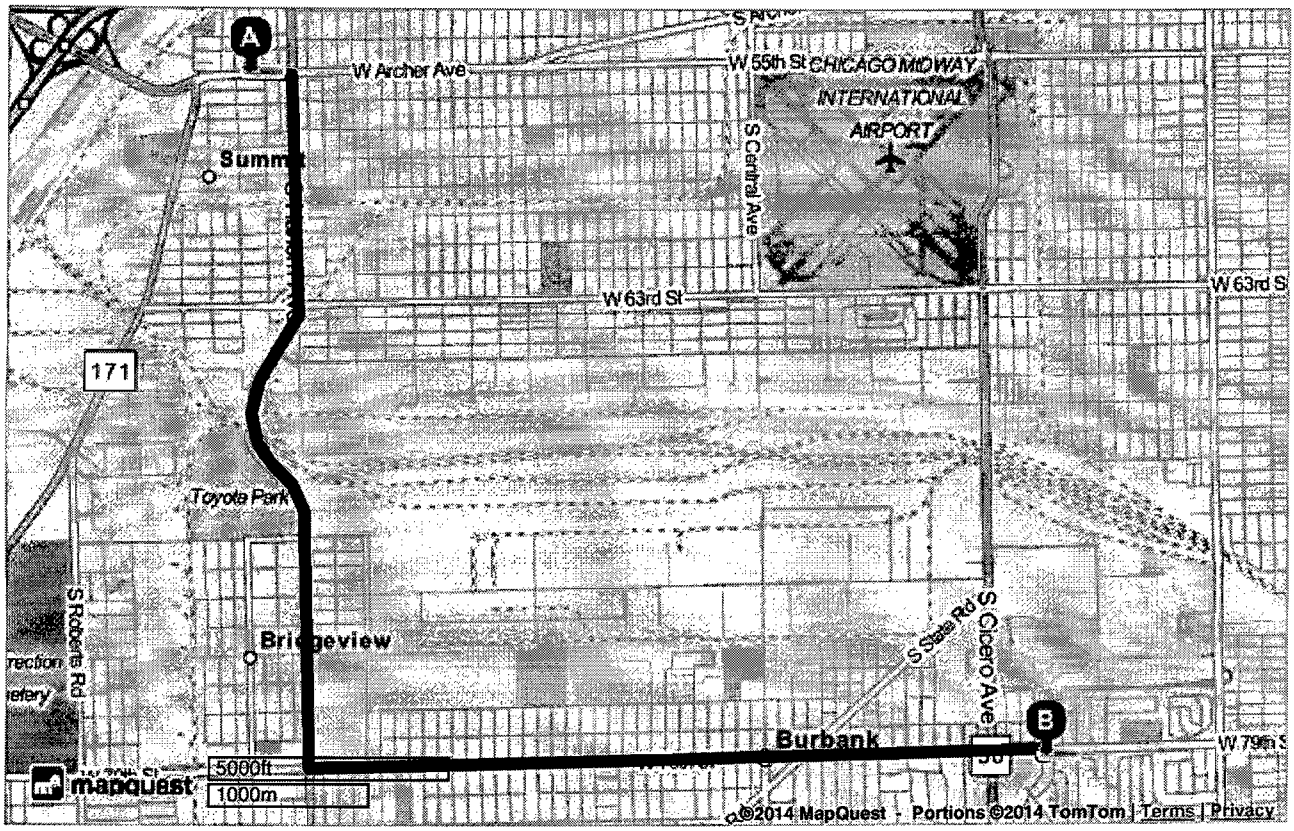
4651 W 79th Pl

Chicago, IL 60652-2021

6.58 miles / 14 minutes

Notes

TO DSI SCOTTSDALE



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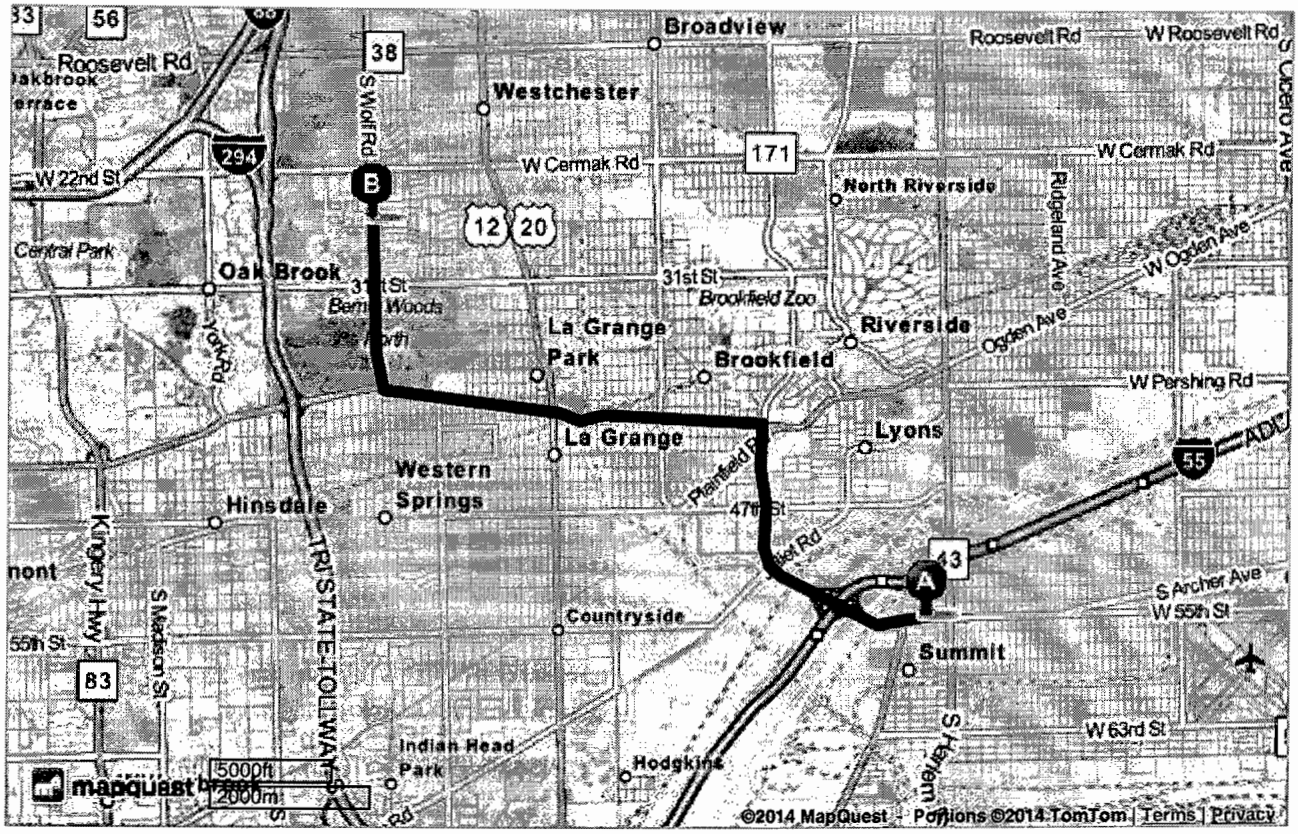
Trip to:

[2500 - 2758] Wolf Rd
Westchester, IL 60154
7.63 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE
WESTCHESTER



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Notes

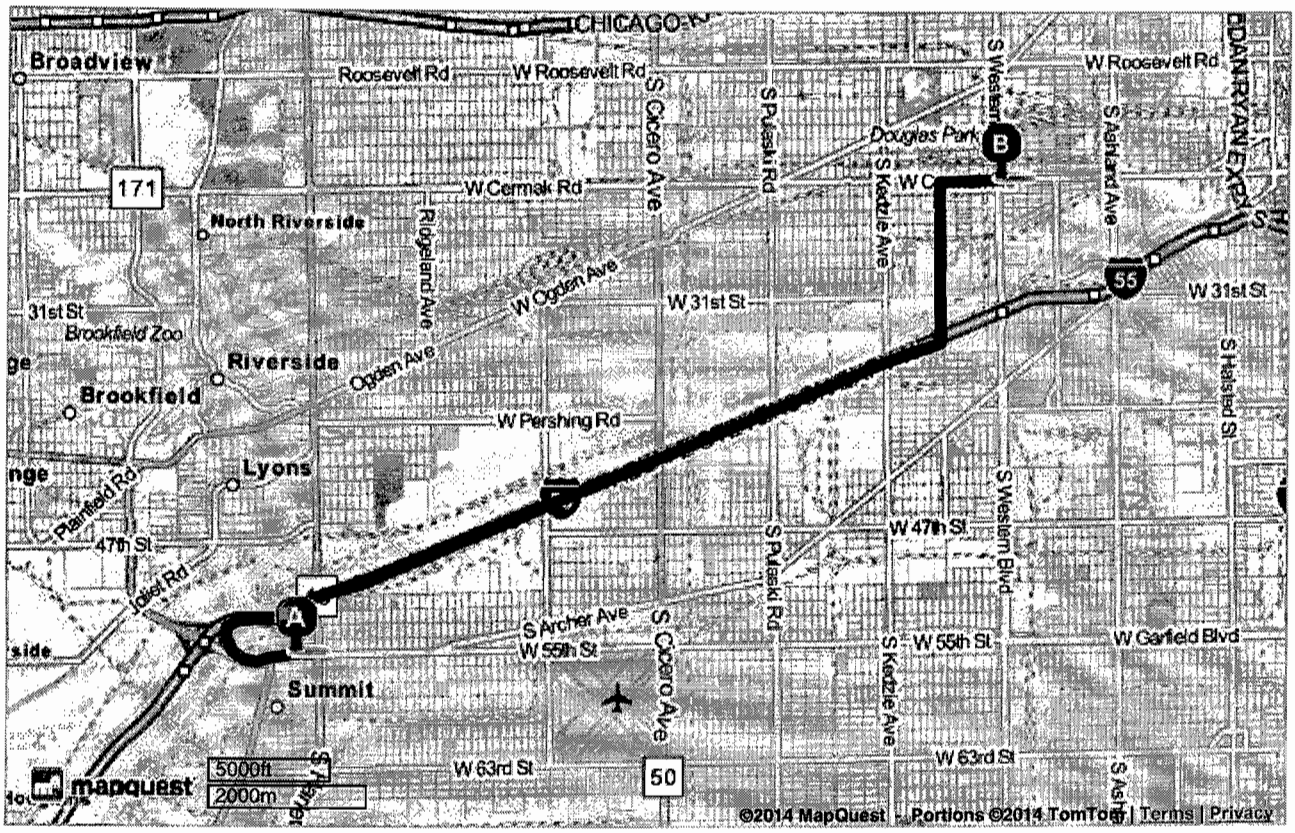
TO DAVITA LITTLE VILLAGE

Trip to:

2335 W Cermak Rd

Chicago, IL 60608-3811

9.59 miles / 14 minutes



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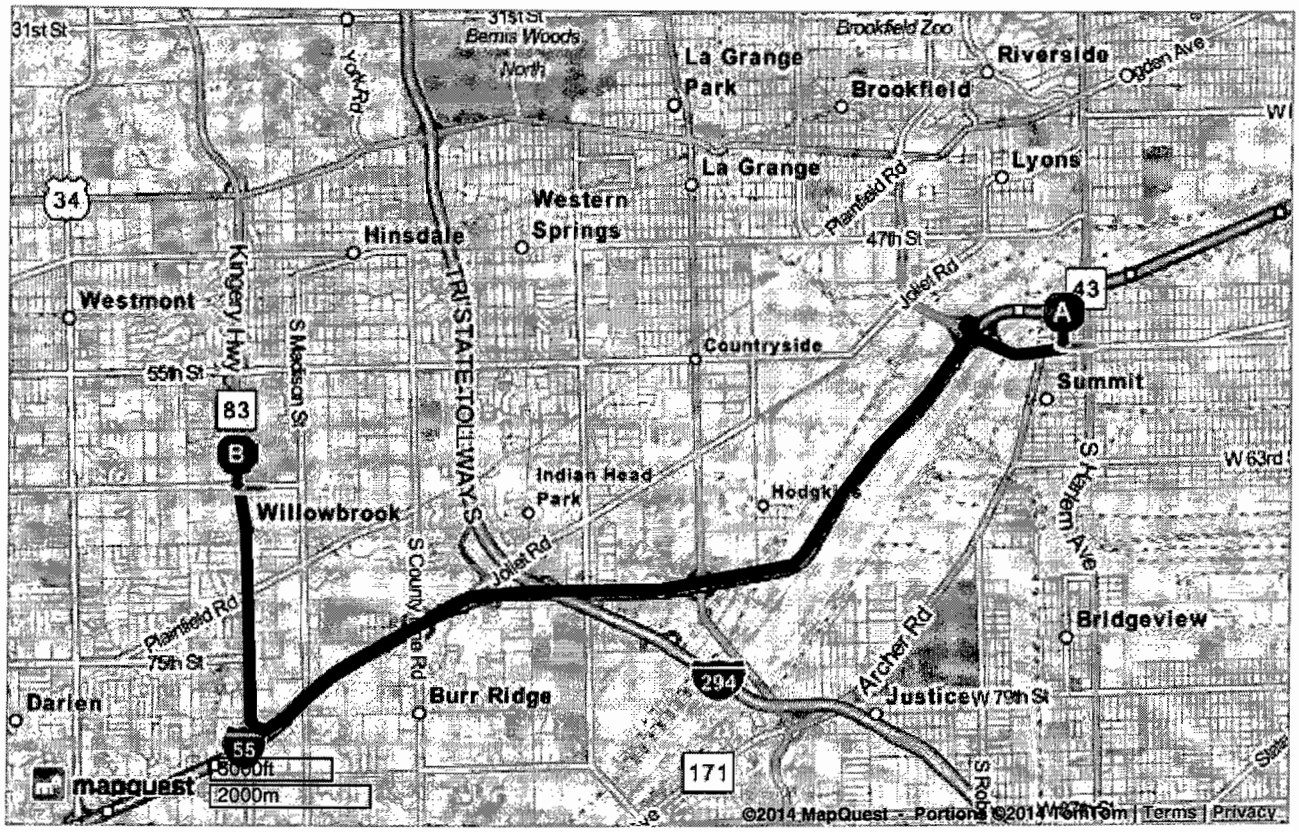
Trip to:

6300 Kingery Hwy
Willowbrook, IL 60527-2203
11.07 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE
WILLOWBROOK



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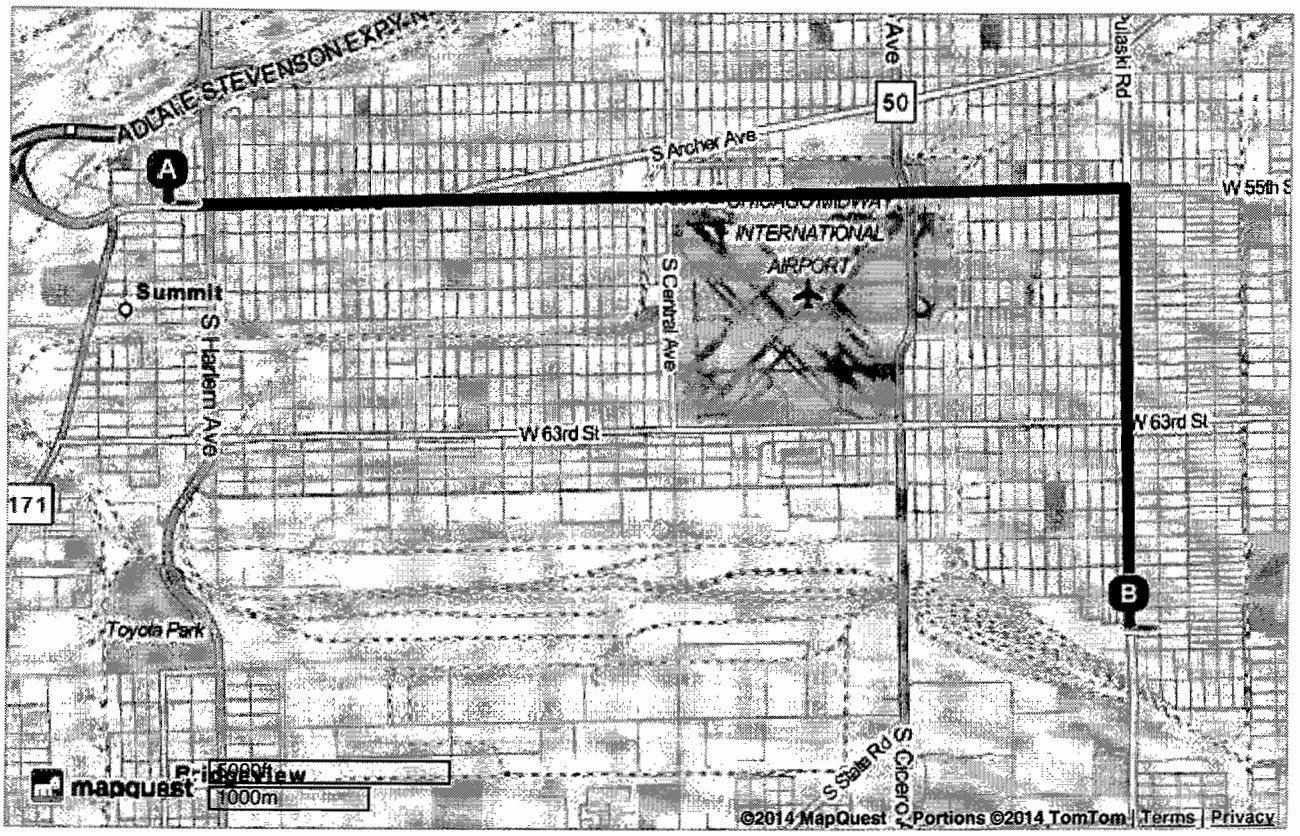
Trip to:

7000 S Pulaski Rd
Chicago, IL 60629-5824
6.12 miles / 15 minutes

Notes

TO DAVITA WEST LAWN



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Notes

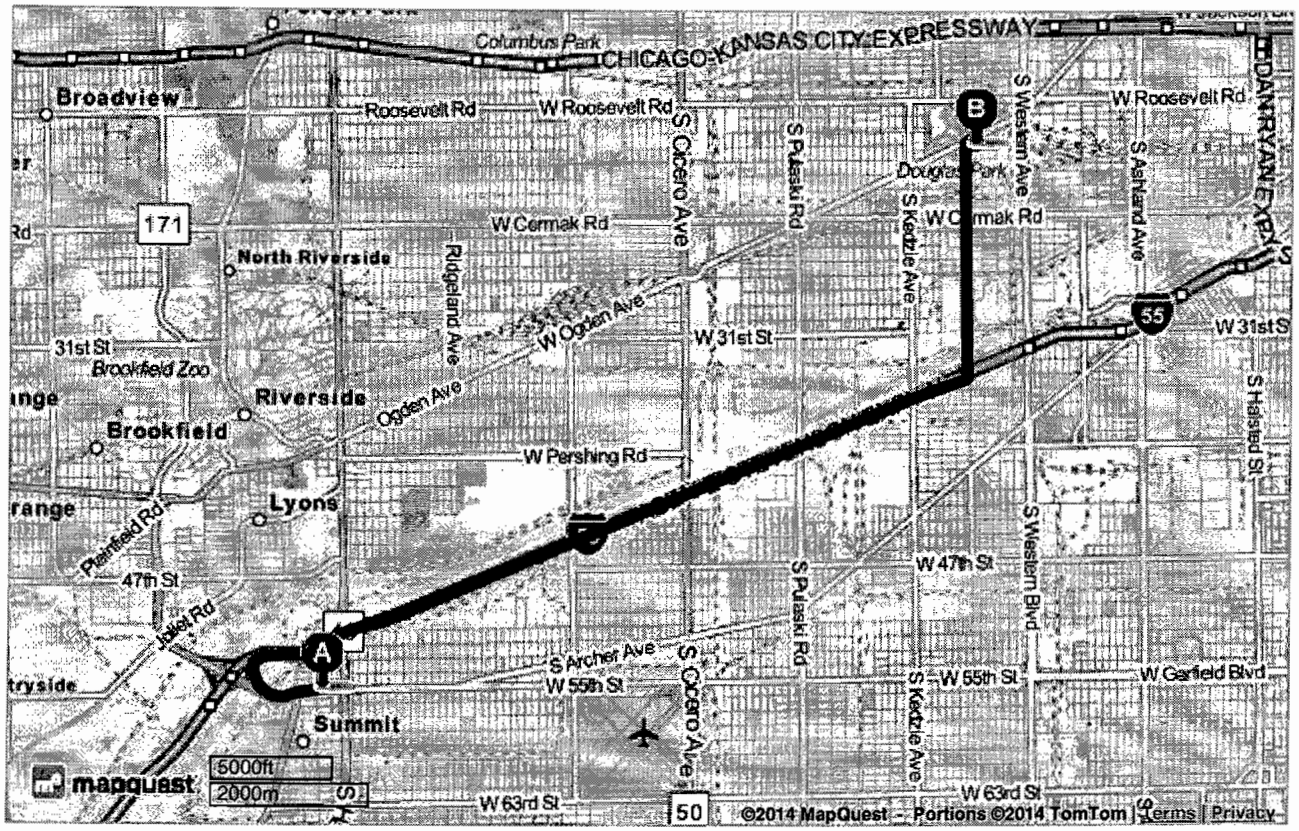
TO MT. SINAI DIALYSIS

Trip to:

2700 W 15th St

Chicago, IL 60608-1610

9.85 miles / 15 minutes



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Trip to:

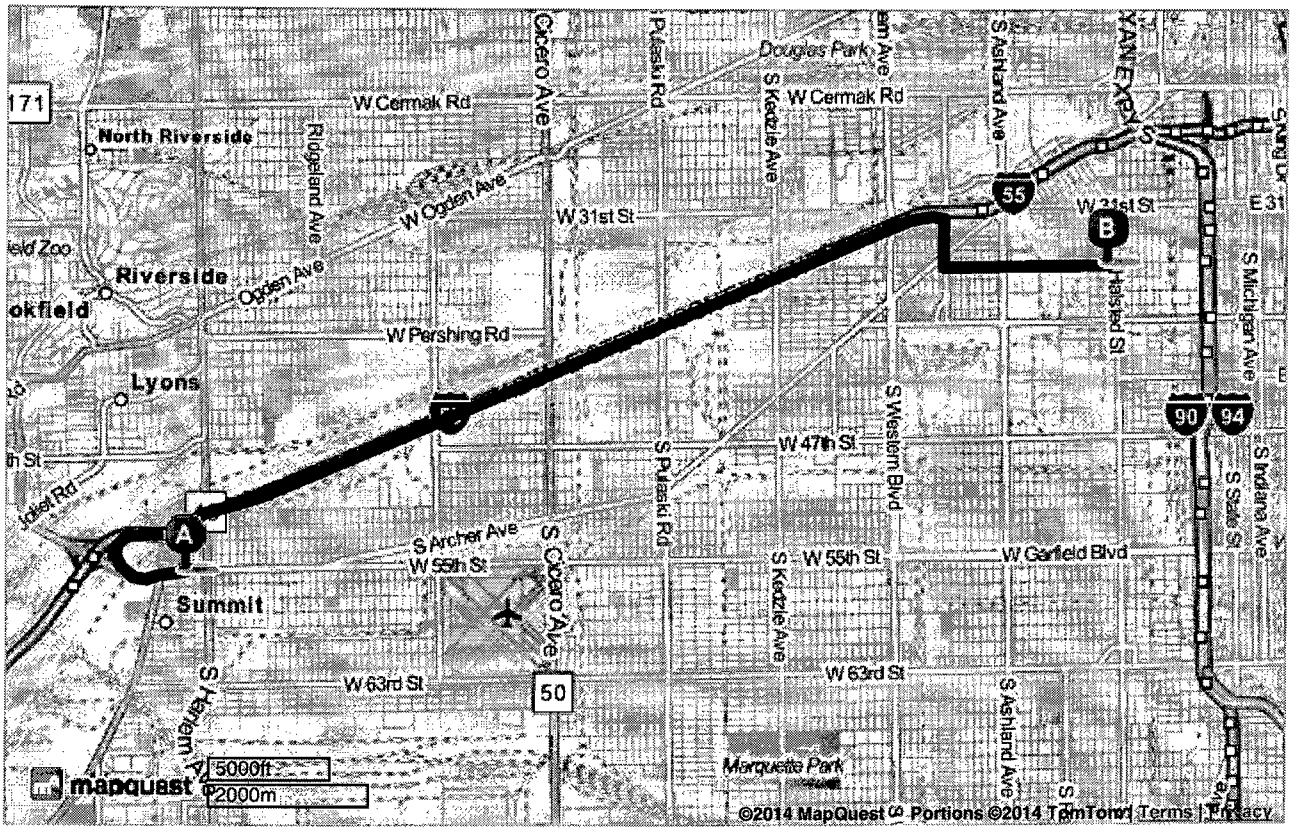
825 W 35th St

Chicago, IL 60609-1511

10.59 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE
BRIDGEPORT



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Trip to:

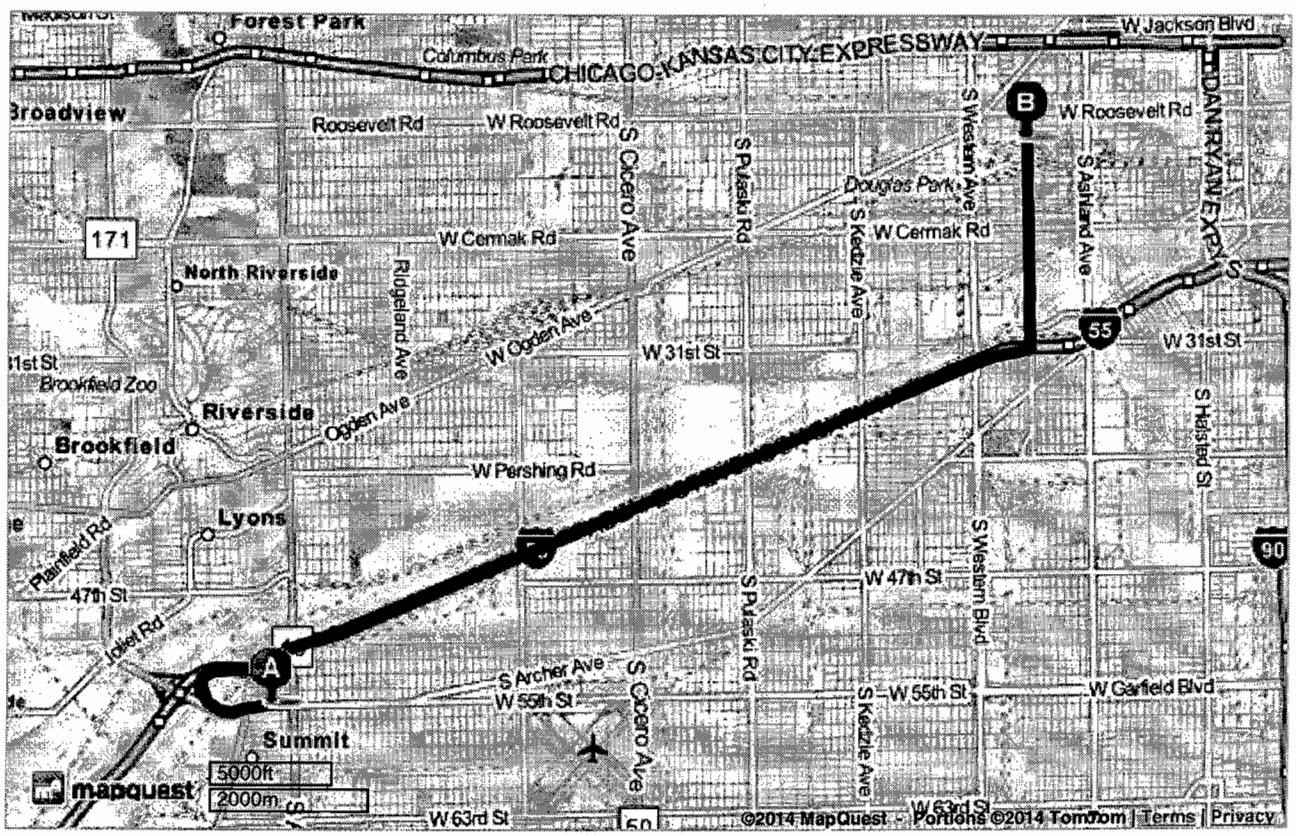
1340 S Damen Ave

Chicago, IL 60608-1156

10.61 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO WESTSIDE



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Notes

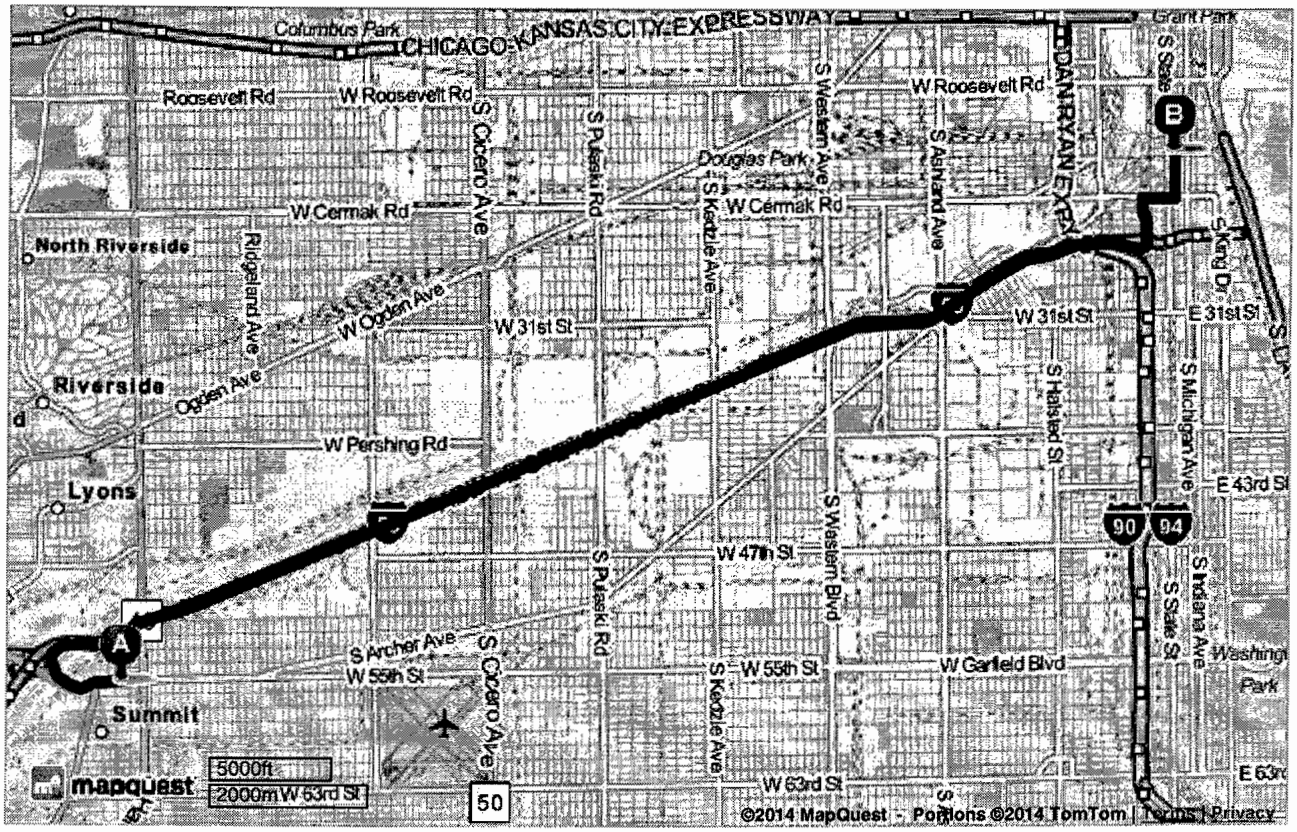
TO FRESENIUS MEDICAL CARE PRAIRIE

Trip to:

1717 S Wabash Ave

Chicago, IL 60616-1219

12.31 miles / 15 minutes



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Notes

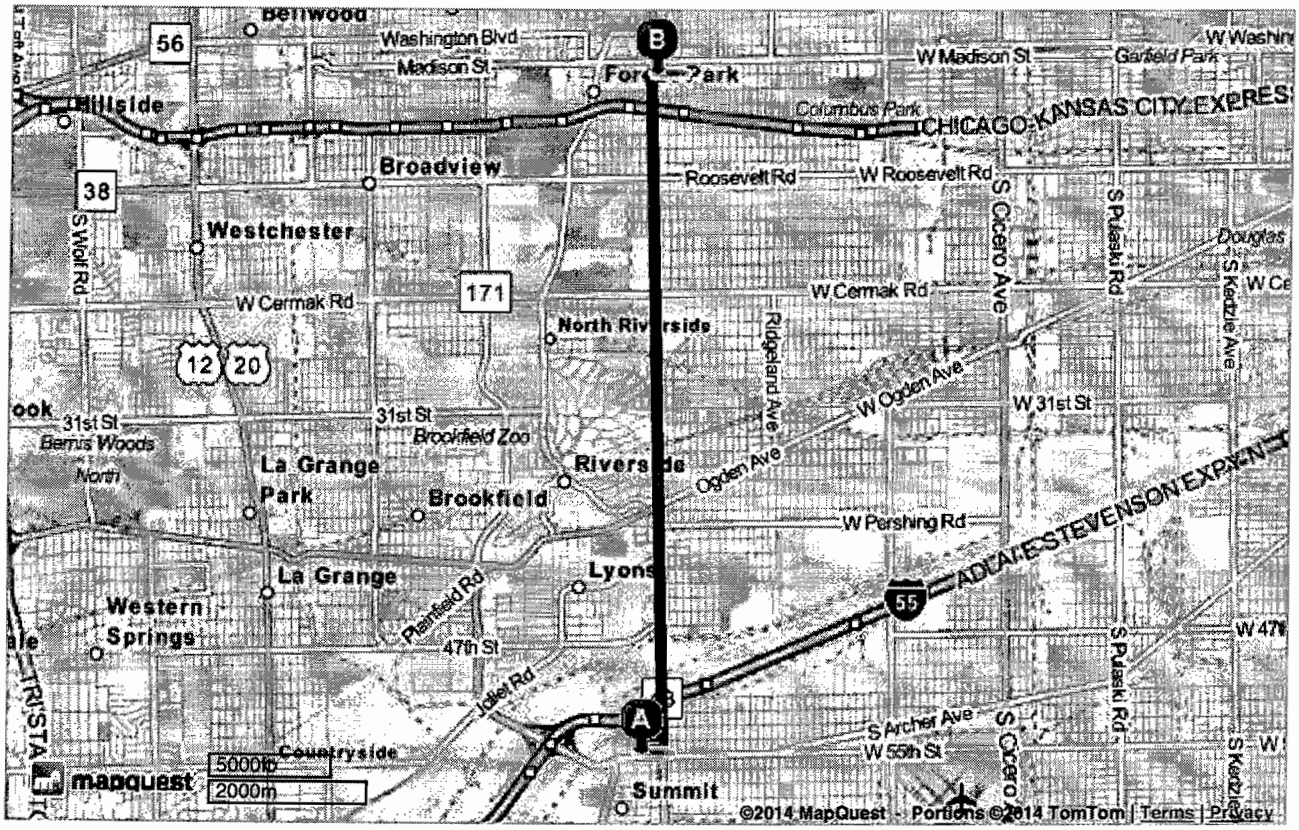
TO MAPLE AVENUE KIDNEY CENTER

Trip to:

610 S Maple Ave

Oak Park, IL 60304-1003

6.16 miles / 16 minutes



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Notes

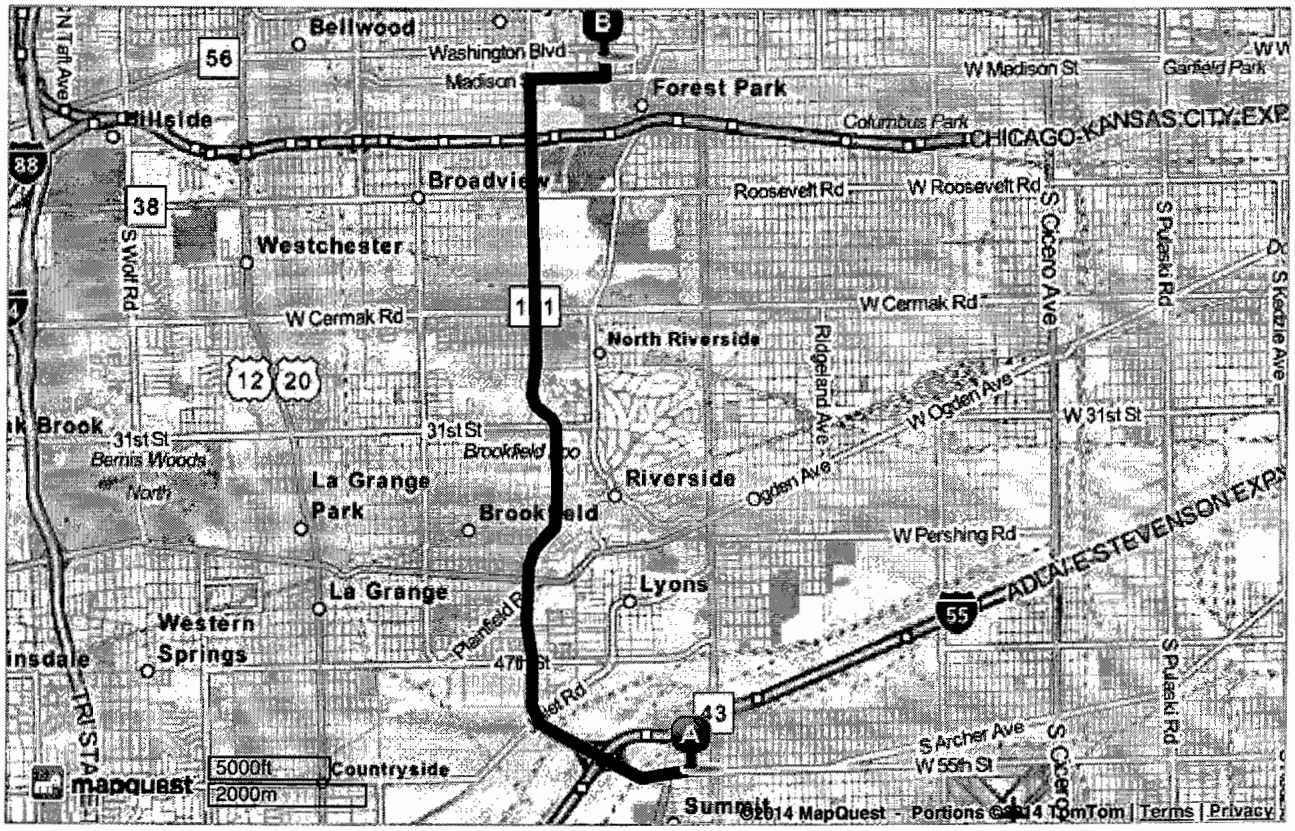
TO FRESENIUS MEDICAL CARE RIVER FOREST

Trip to:

103 Forest Ave

River Forest, IL 60305-2003

8.09 miles / 16 minutes



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Trip to:

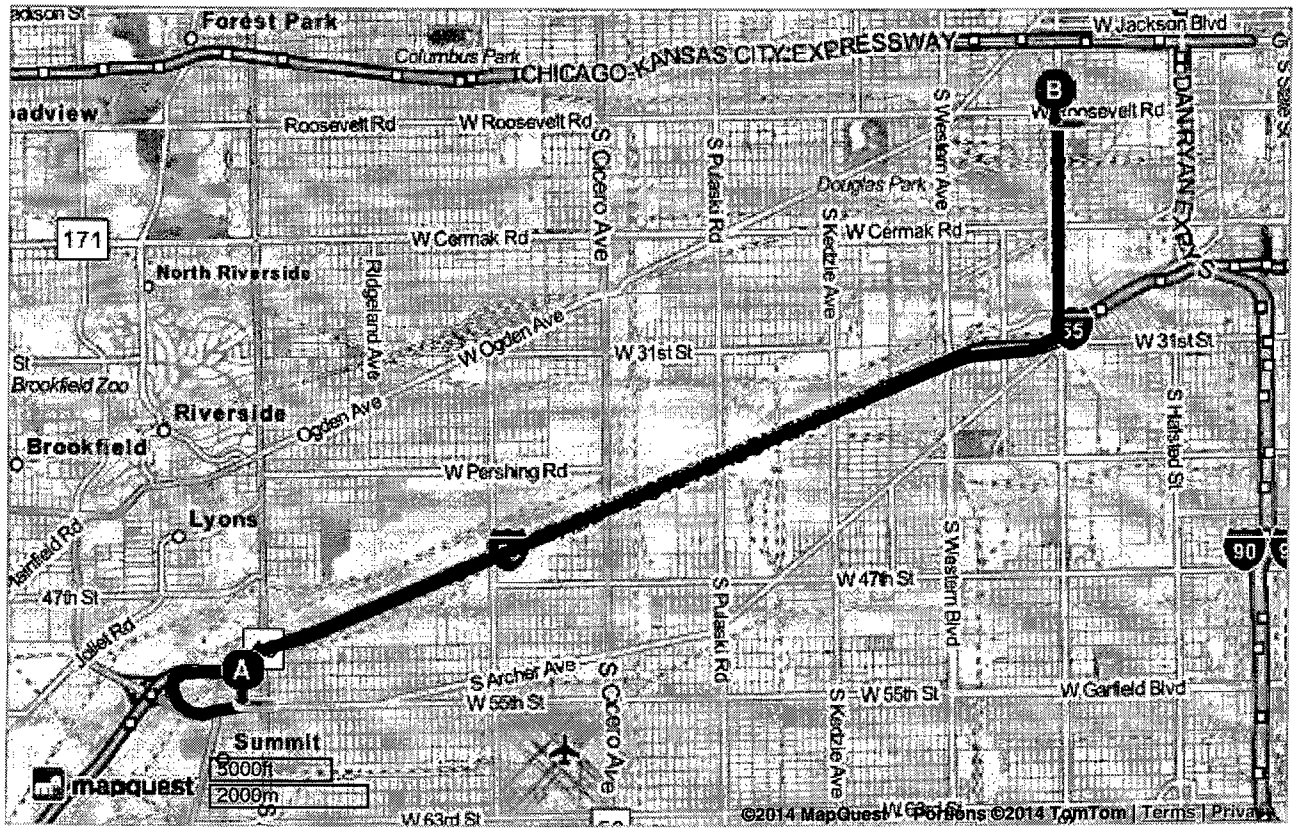
1600 W 13th St

Chicago, IL 60608-1328

11.07 miles / 16 minutes

Notes

TO DAVITA WEST SIDE



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Notes

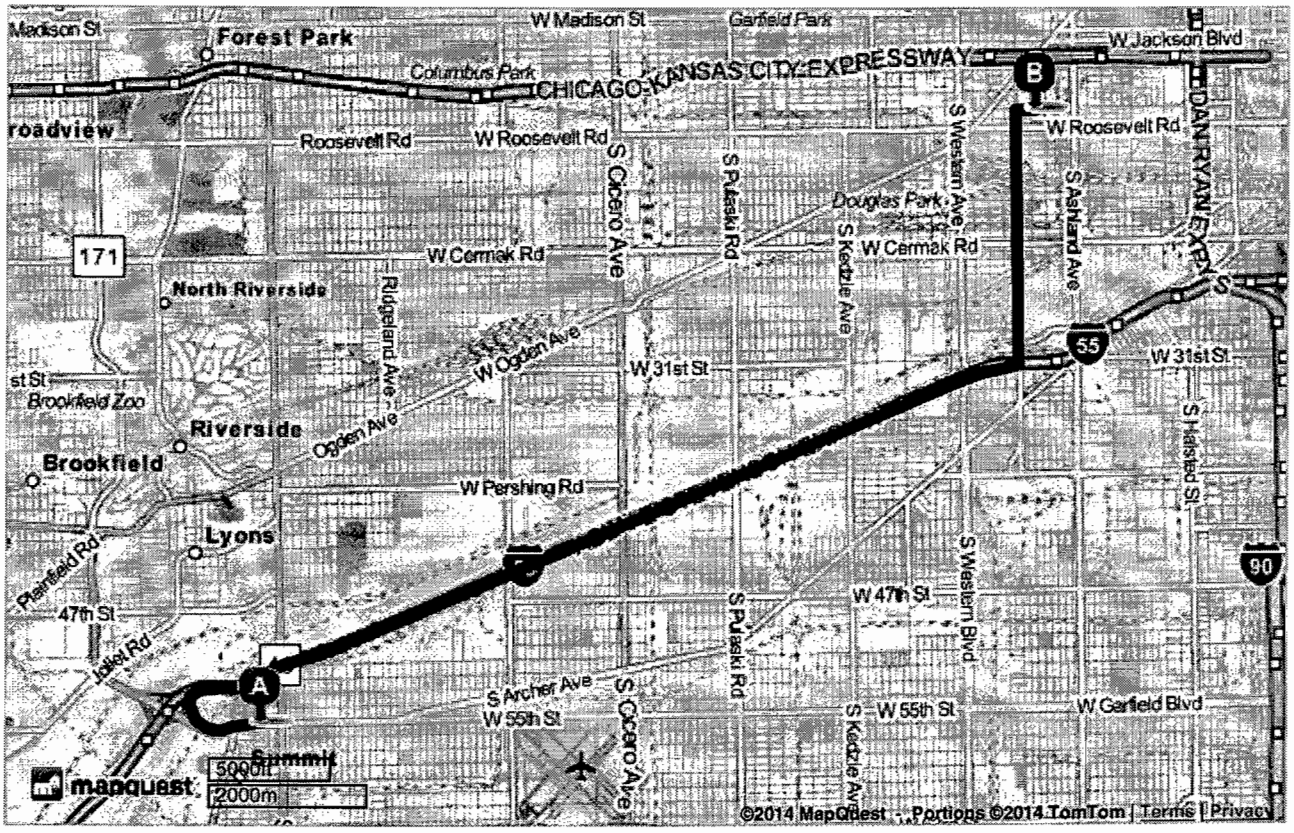
TO UNIVERSITY OF ILLINOIS DIALYSIS

Trip to:

1859 W Taylor St

Chicago, IL 60612-4795

11.09 miles / 16 minutes



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Trip to:

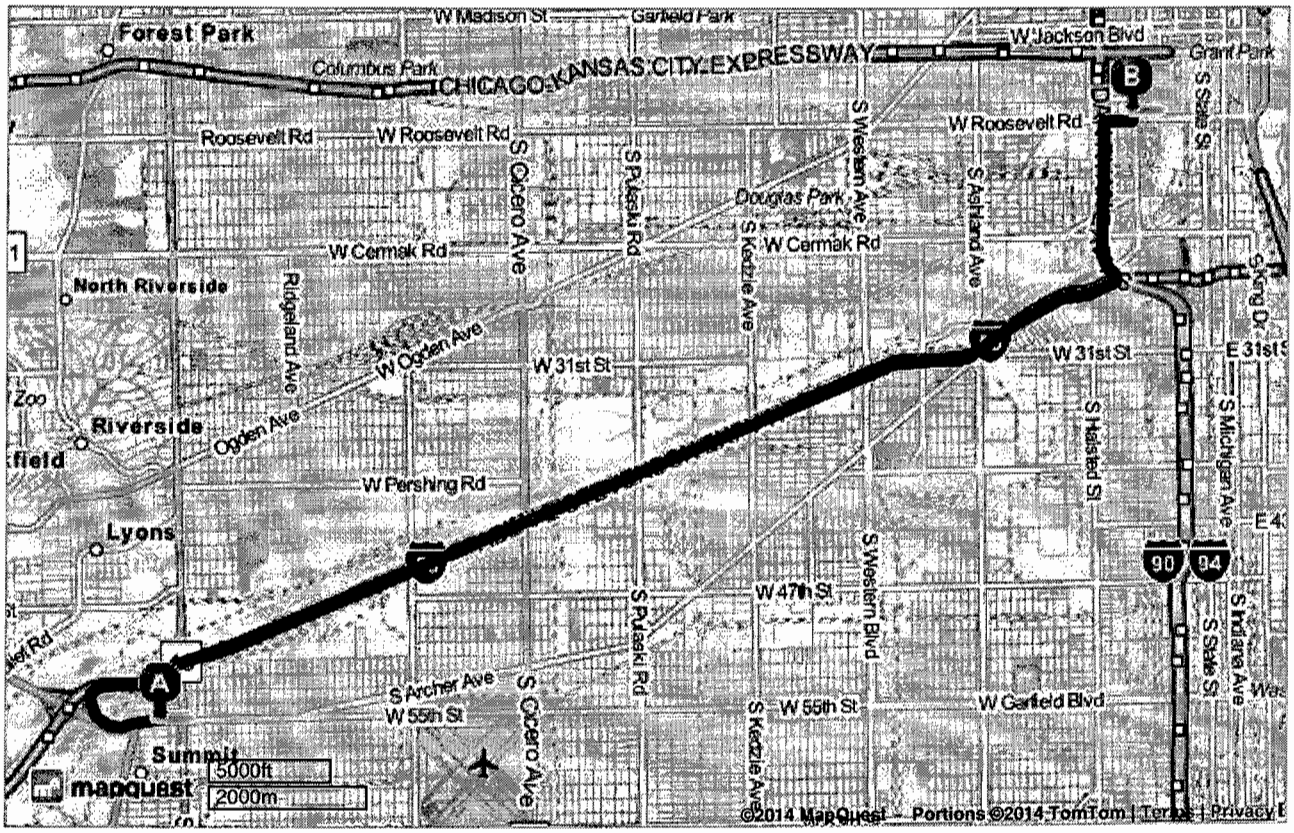
1101 S Canal St

Chicago, IL 60607-4906

12.36 miles / 16 minutes

Notes

TO DAVITA LOOP



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Trip to:

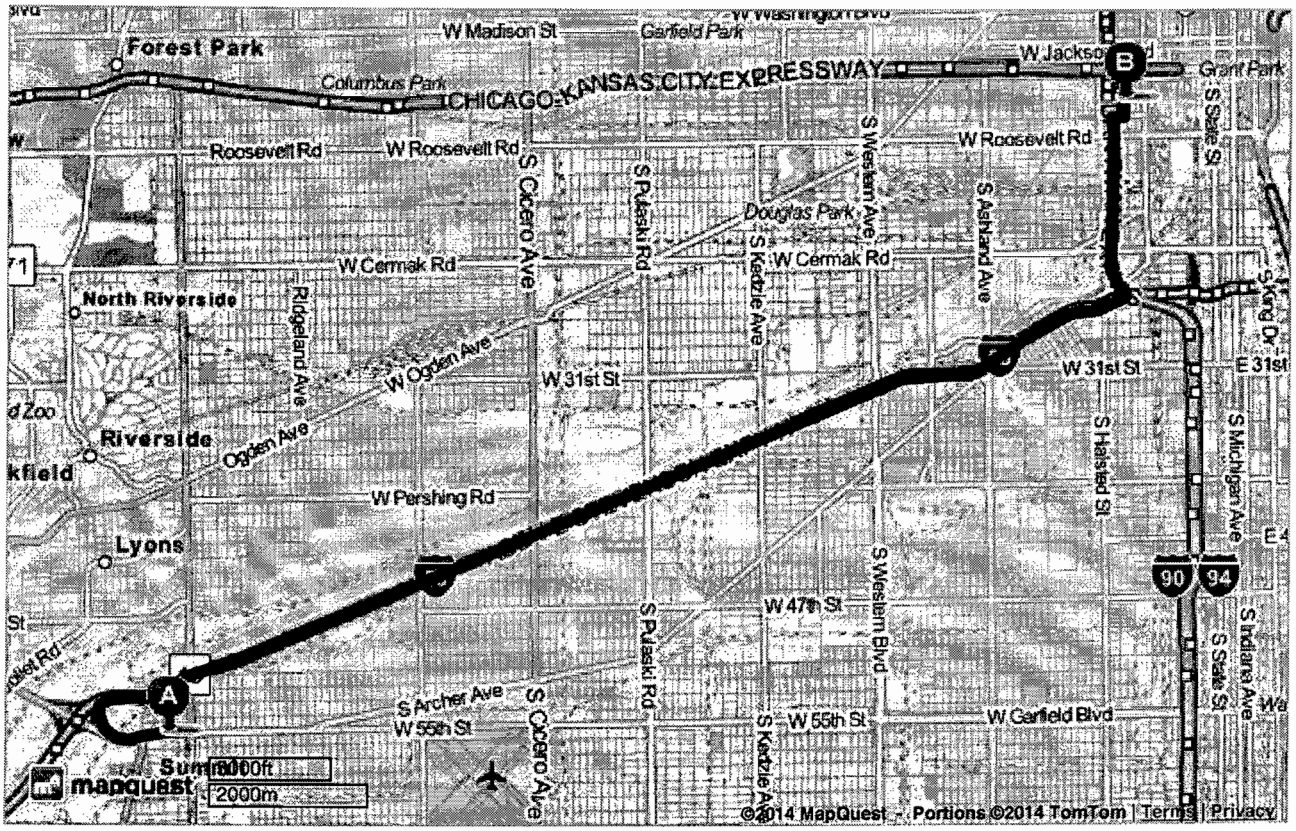
557 W Polk St

Chicago, IL 60607-4314

12.50 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE POLK



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Notes

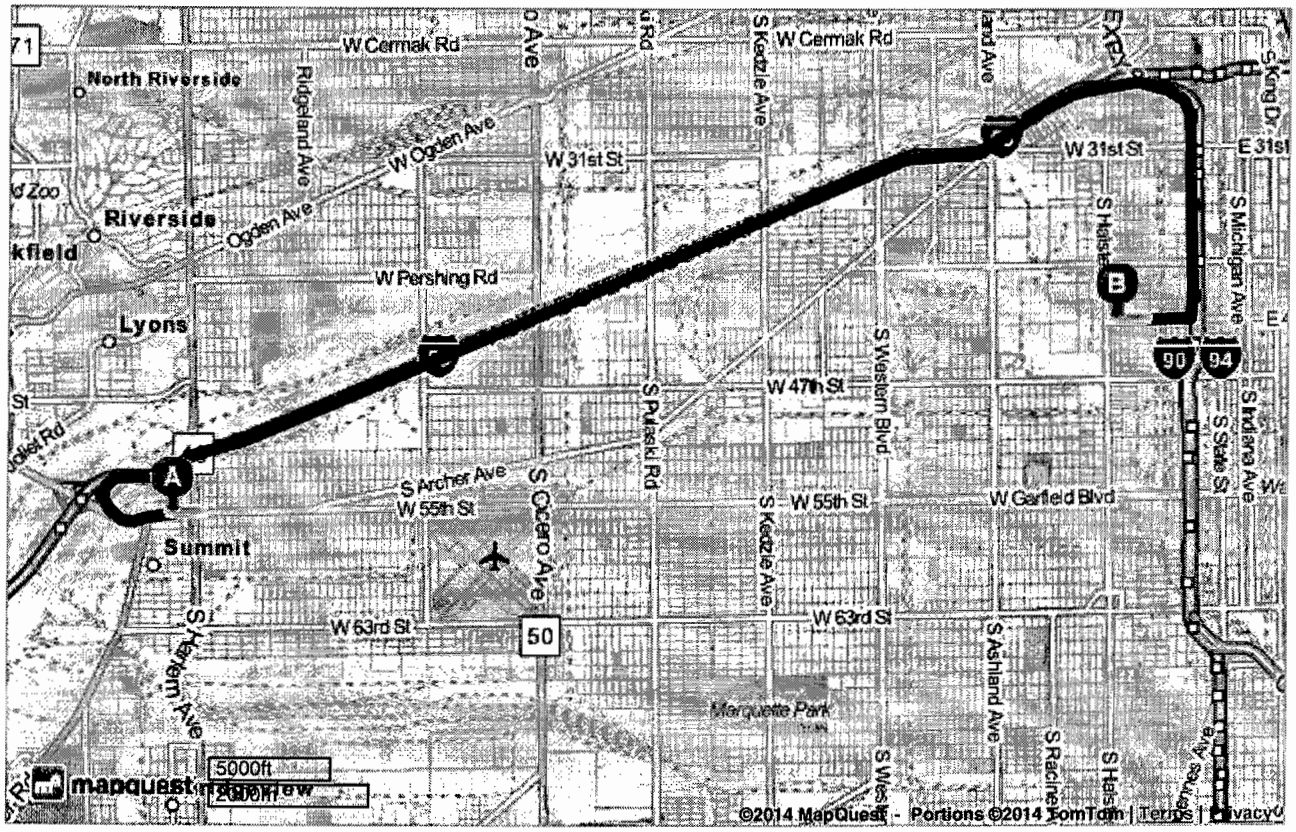
TO DAVITA EMERALD

Trip to:

710 W 43rd St

Chicago, IL 60609-3435

13.69 miles / 16 minutes



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Trip to:

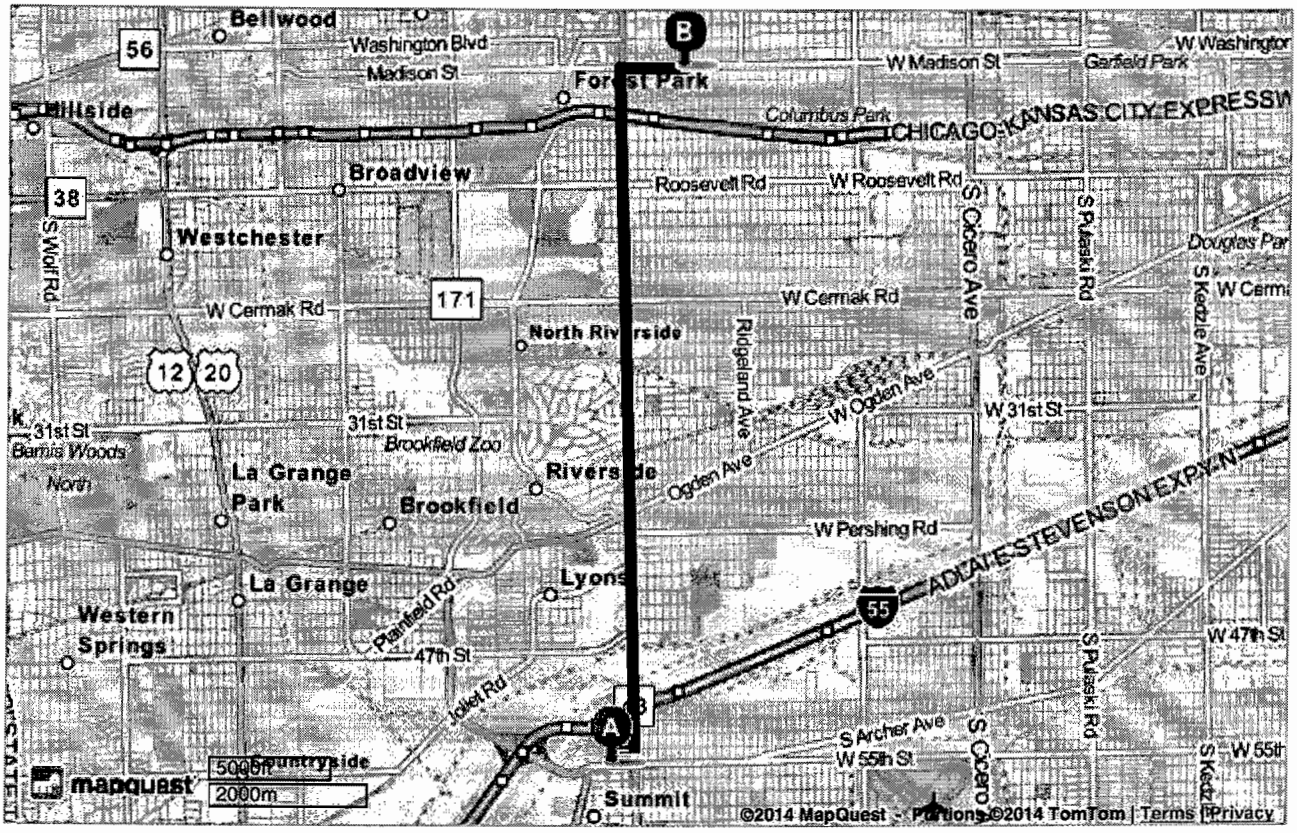
733 Madison St

Oak Park, IL 60302-4419

6.78 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK PARK



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Trip to:

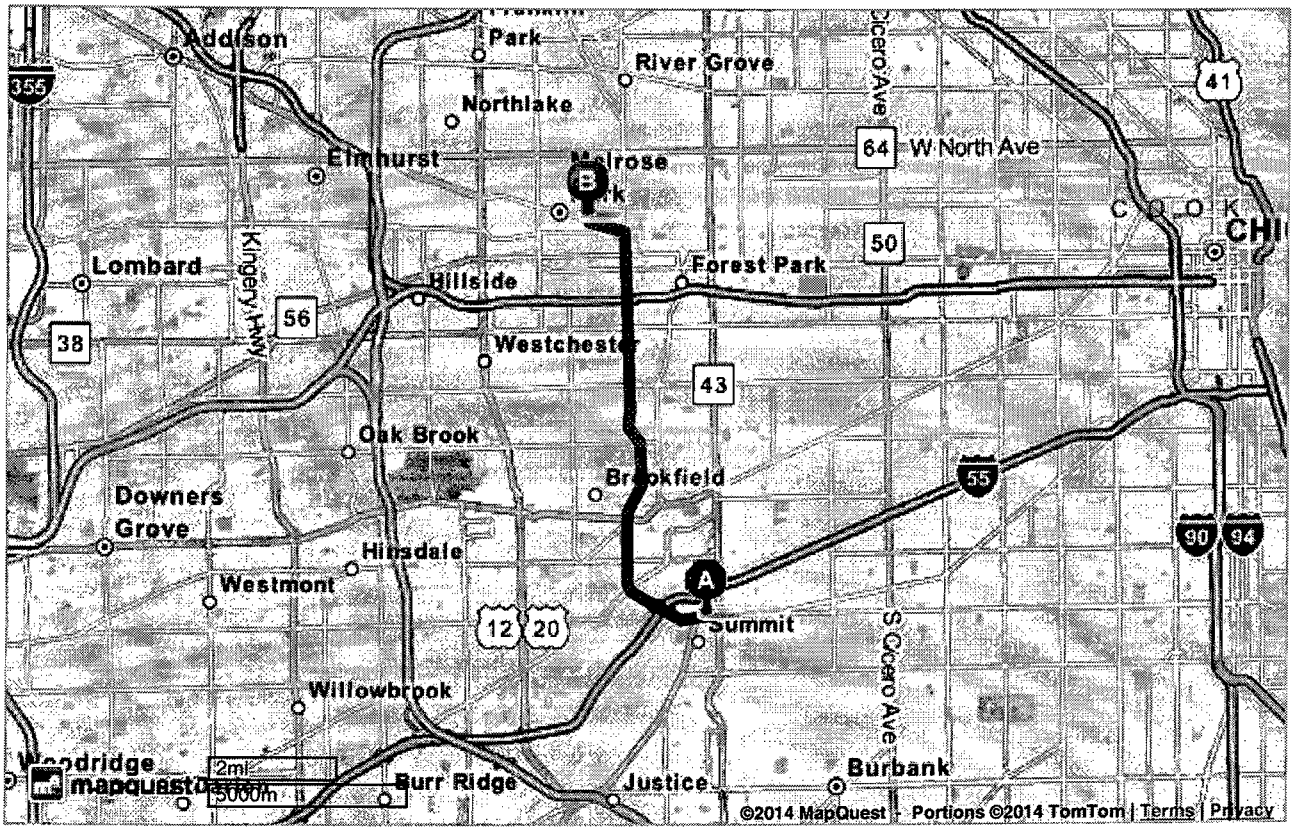
1111 Superior St

Melrose Park, IL 60160-4137

8.68 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE MELROSE PARK



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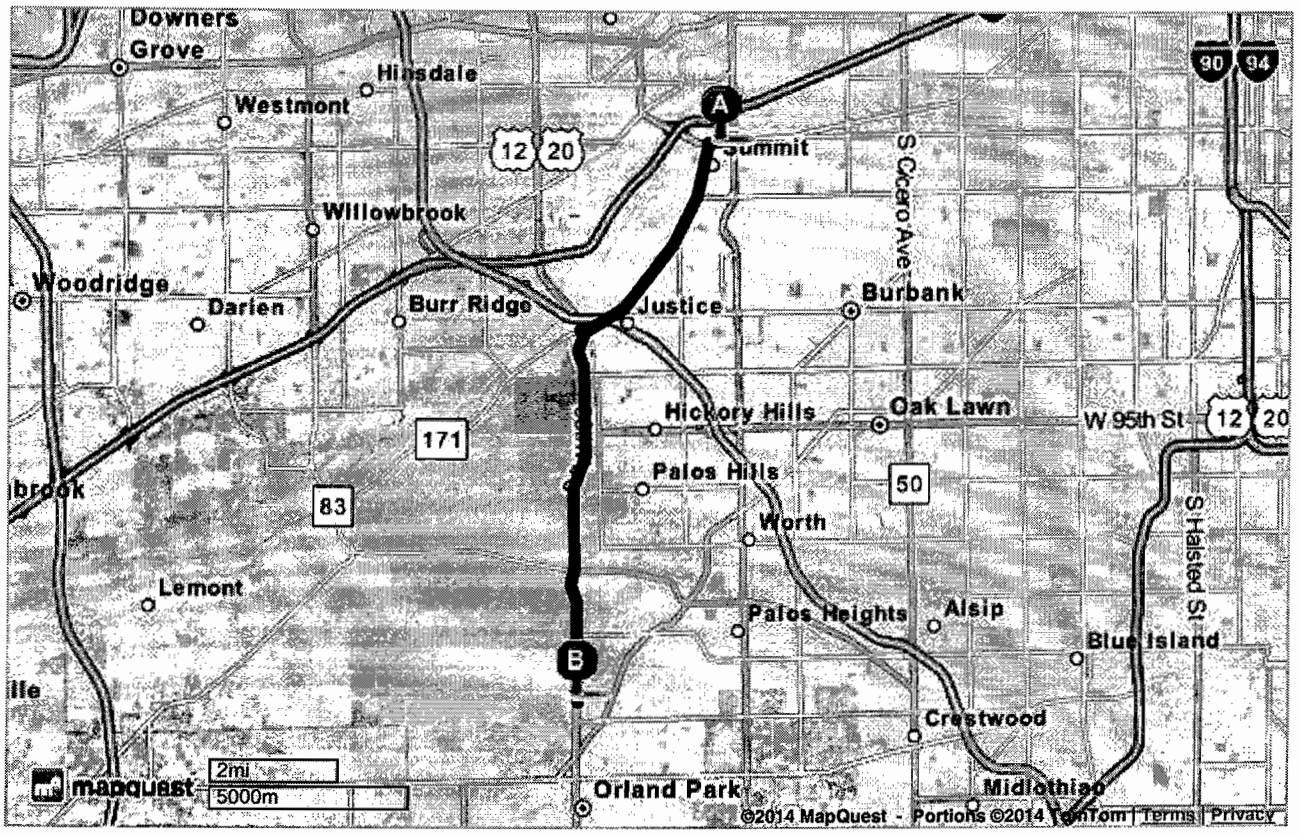
Trip to:

13155 S La Grange Rd
Orland Park, IL 60462-1162
11.31 miles / 17 minutes

Notes

TO DAVITA PALOS PARK



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Trip to:

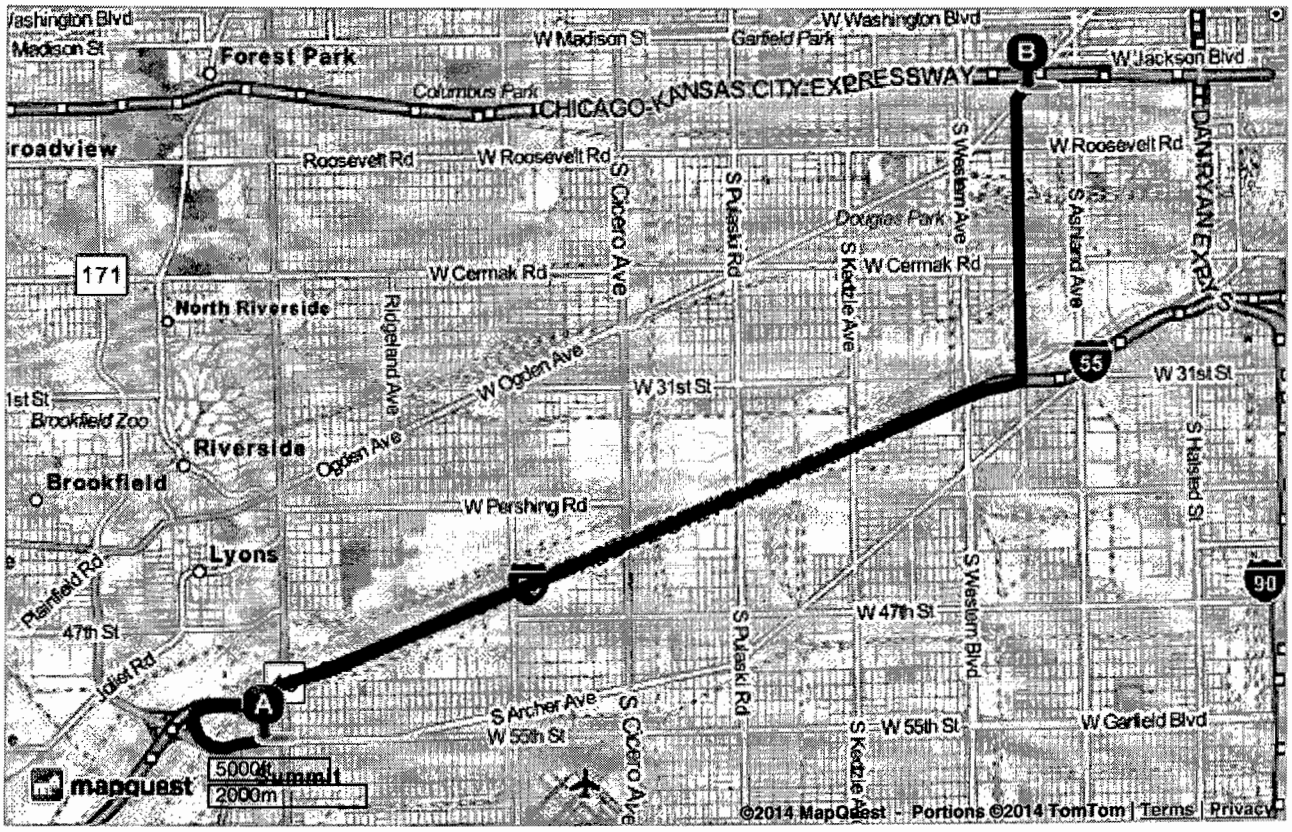
1901 W Harrison St

Chicago, IL 60612-3714

11.31 miles / 17 minutes

Notes

STROGER/COOK COUNTY HOSPITAL
DIALYSIS



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MAPQUEST TRAVEL TIMES
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Trip to:

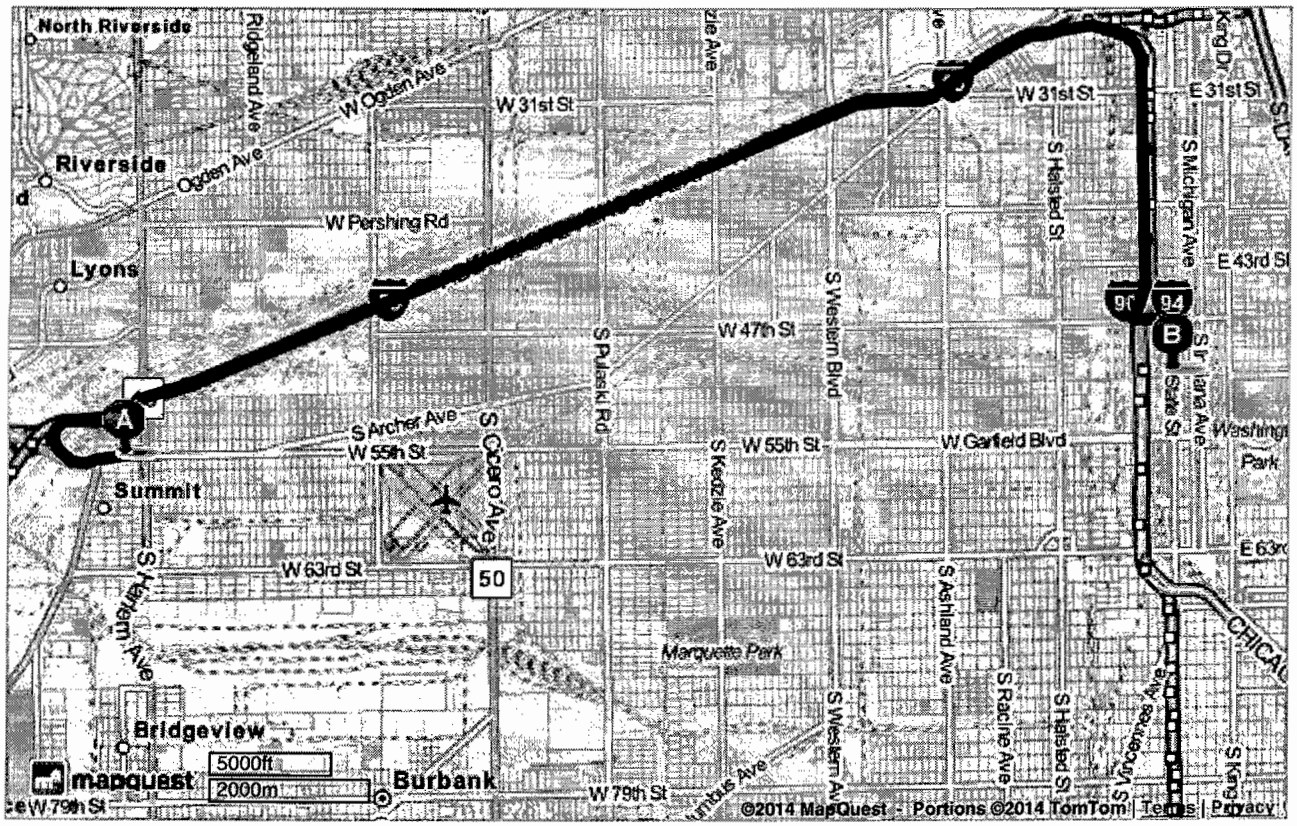
5060 S State St

Chicago, IL 60609-5328

14.36 miles / 17 minutes

Notes

TO DAVITA WOODLAWN



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Notes

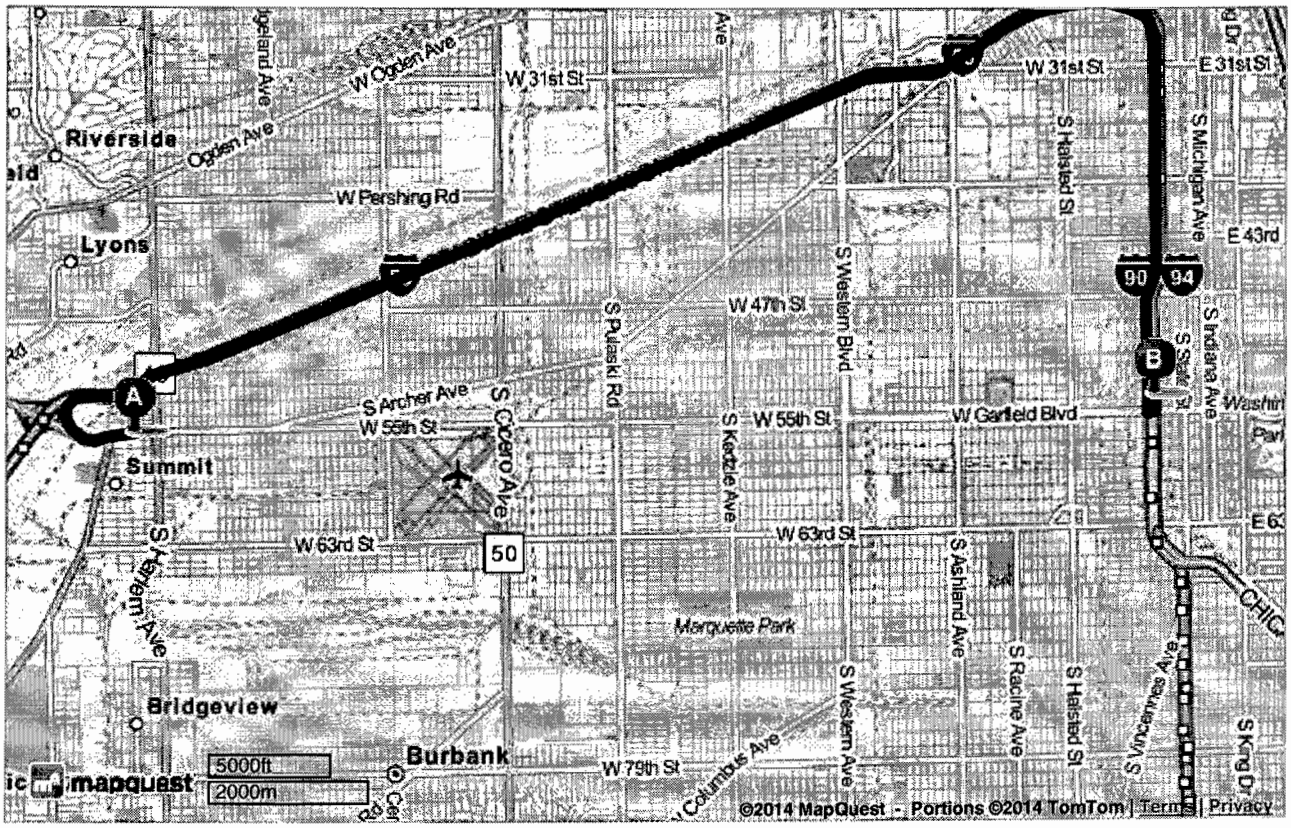
TO FRESENIUS MEDICAL CARE GARFIELD

Trip to:

5401 S Wentworth Ave

Chicago, IL 60609-6300

14.85 miles / 17 minutes



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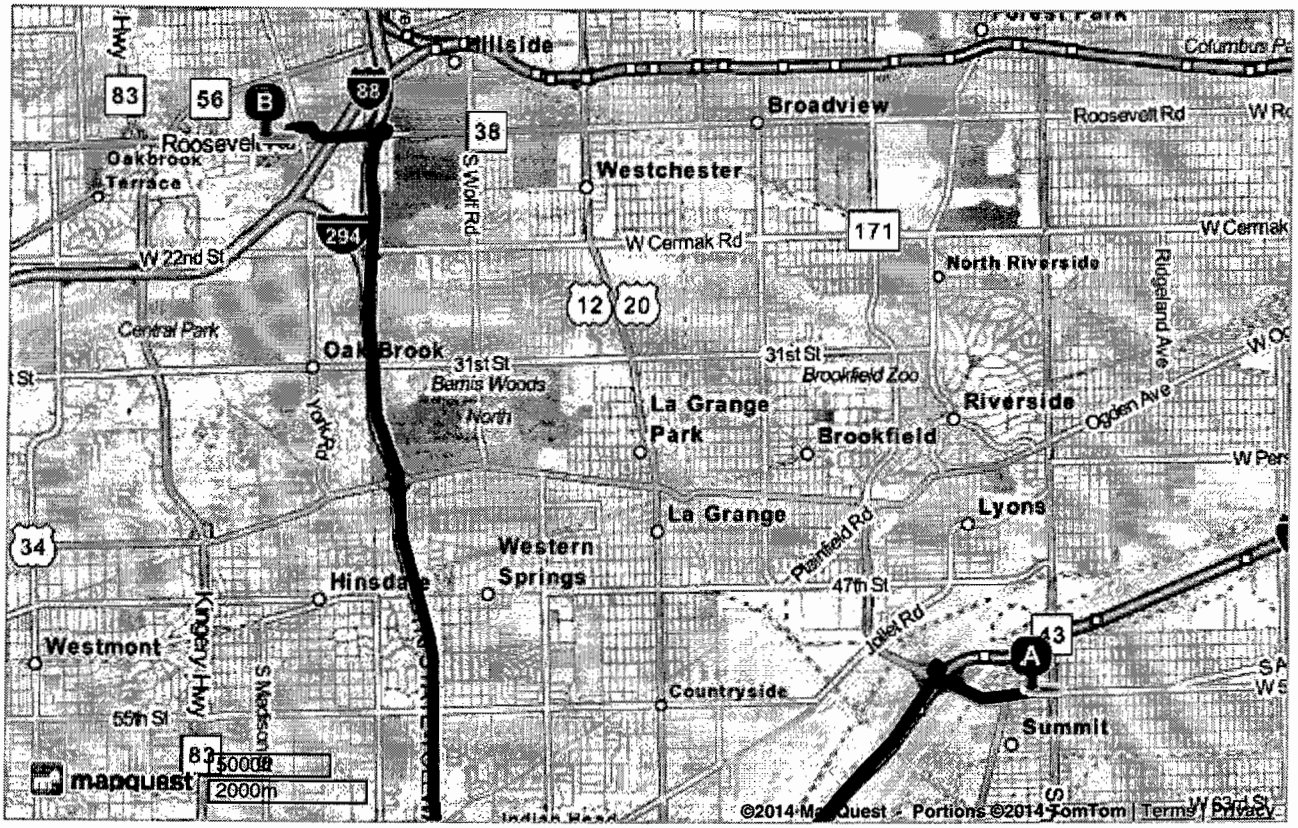
Notes

TO FRESENIUS MEDICAL CARE ELMHURST

Trip to:

133 E Brush Hill Rd
Elmhurst, IL 60126-5605
14.89 miles / 18 minutes



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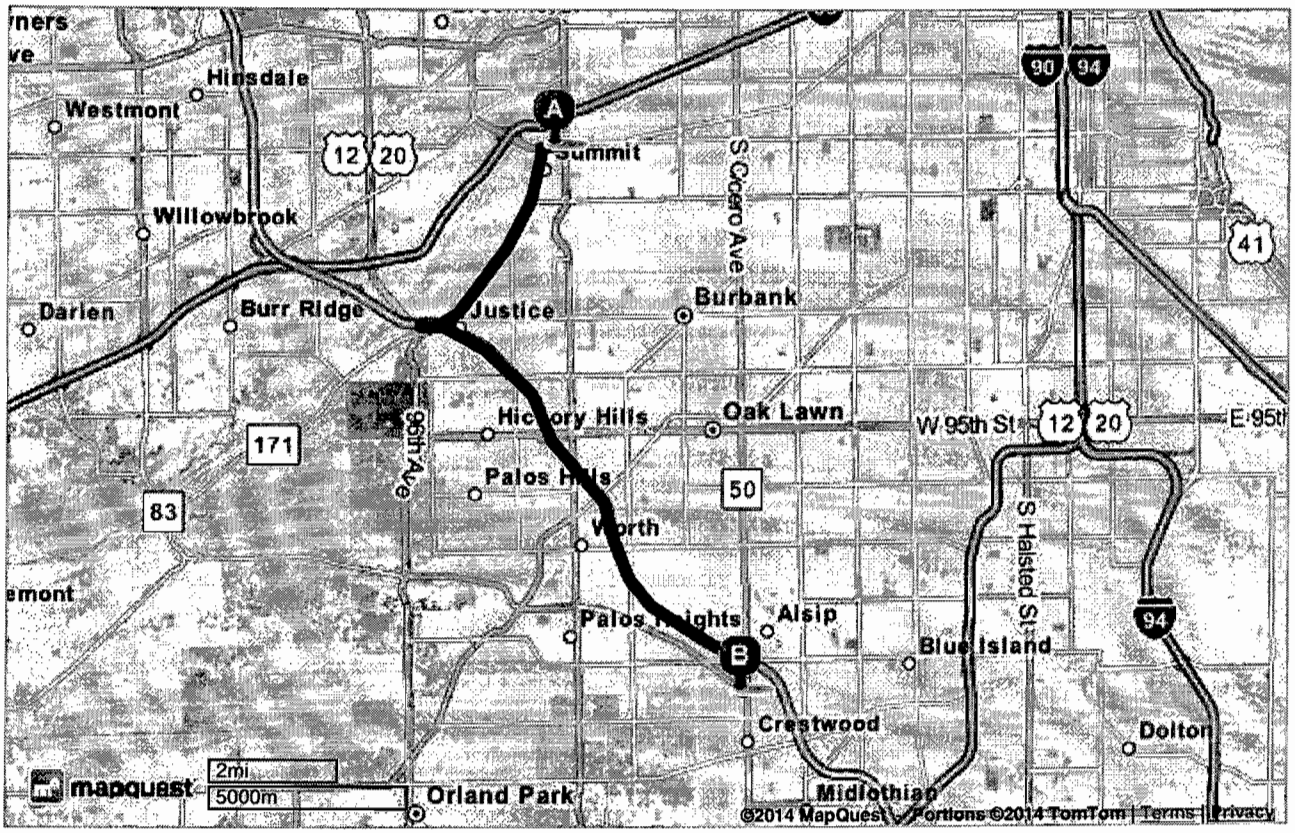
Trip to:

4861 Cal Sag Rd
Crestwood, IL 60445-4415
13.65 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE
CRESTWOOD



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MAPQUEST TRAVEL TIMES
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Trip to:

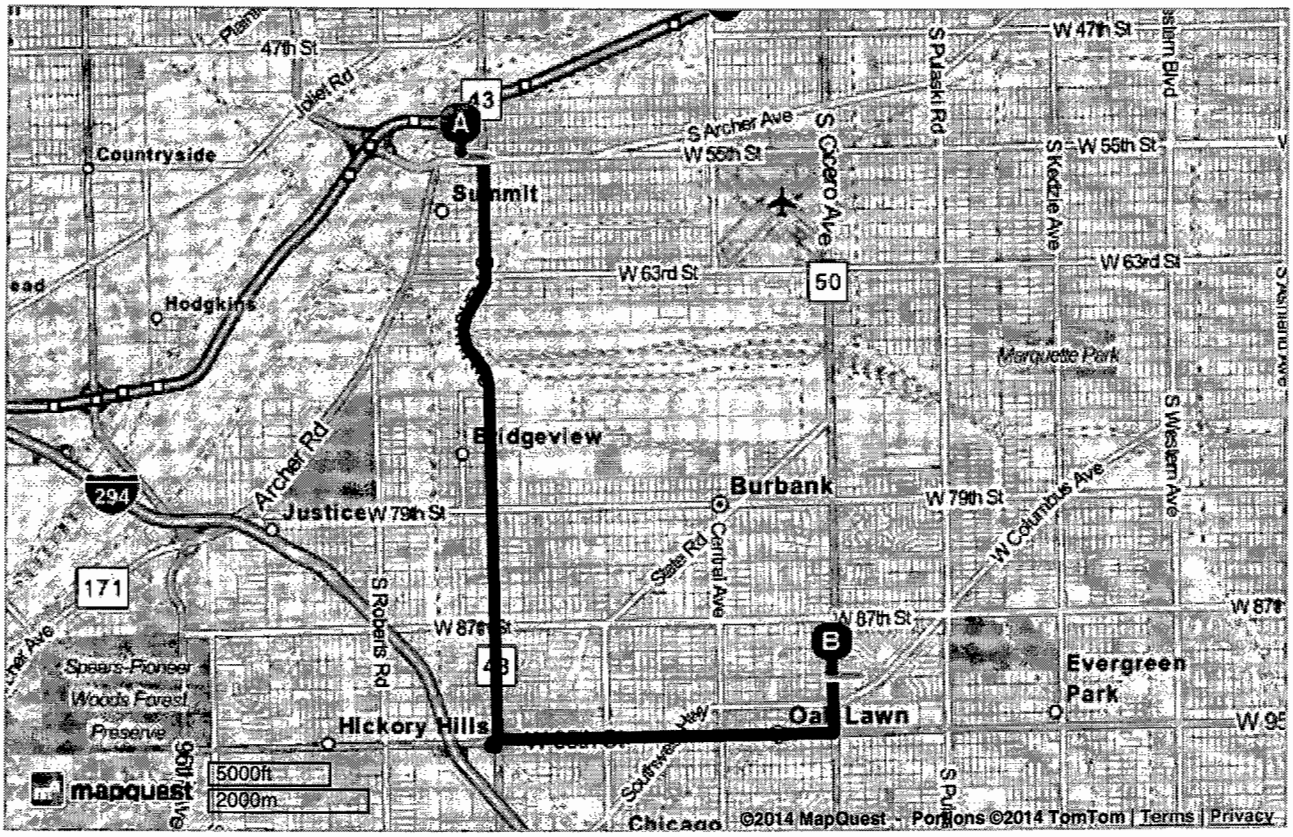
9115 S Cicero Ave

Oak Lawn, IL 60453-1771

8.97 miles / 19 minutes

Notes

TO DAVITA STONEY CREEK



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Trip to:

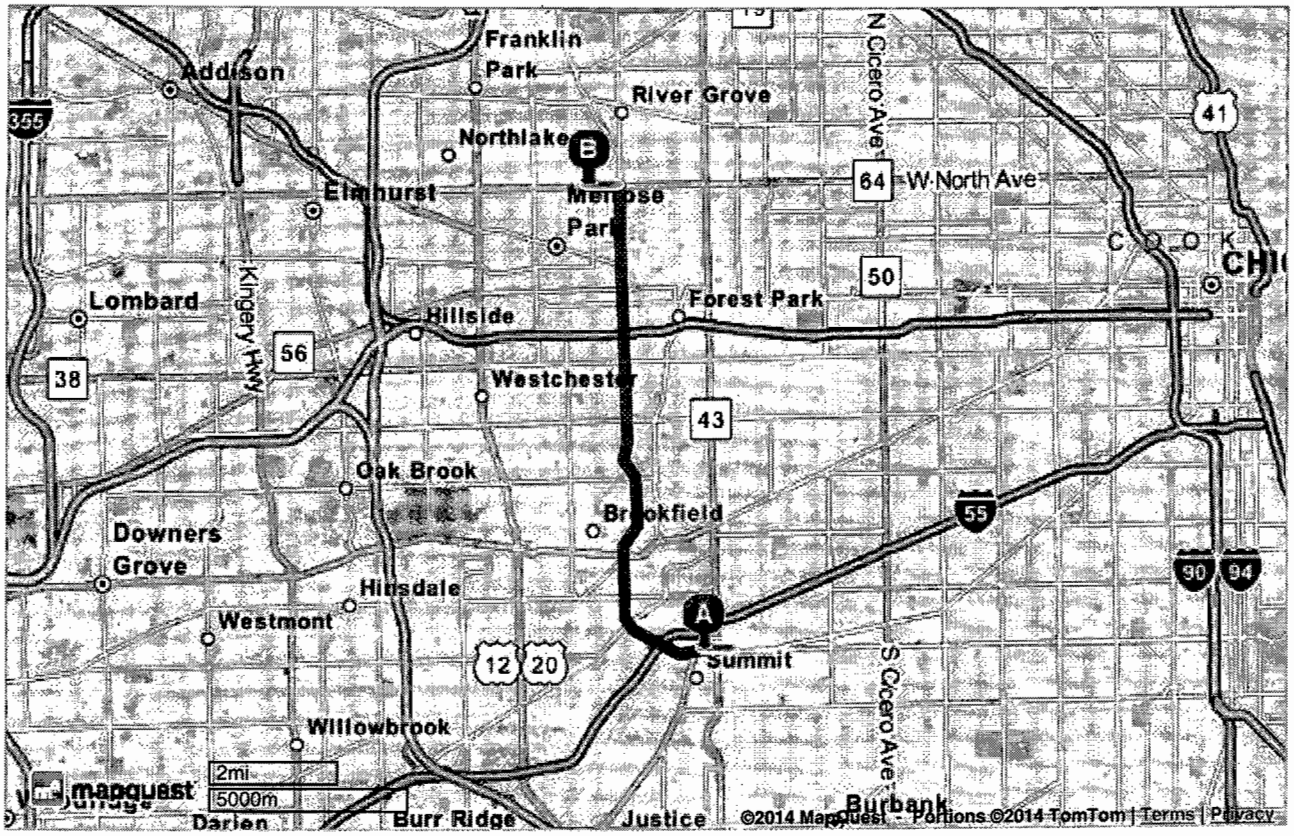
911 W North Ave

Melrose Park, IL 60160-1516

9.81 miles / 19 minutes

Notes

FRESENIUS MEDICAL CARE NORTH AVENUE



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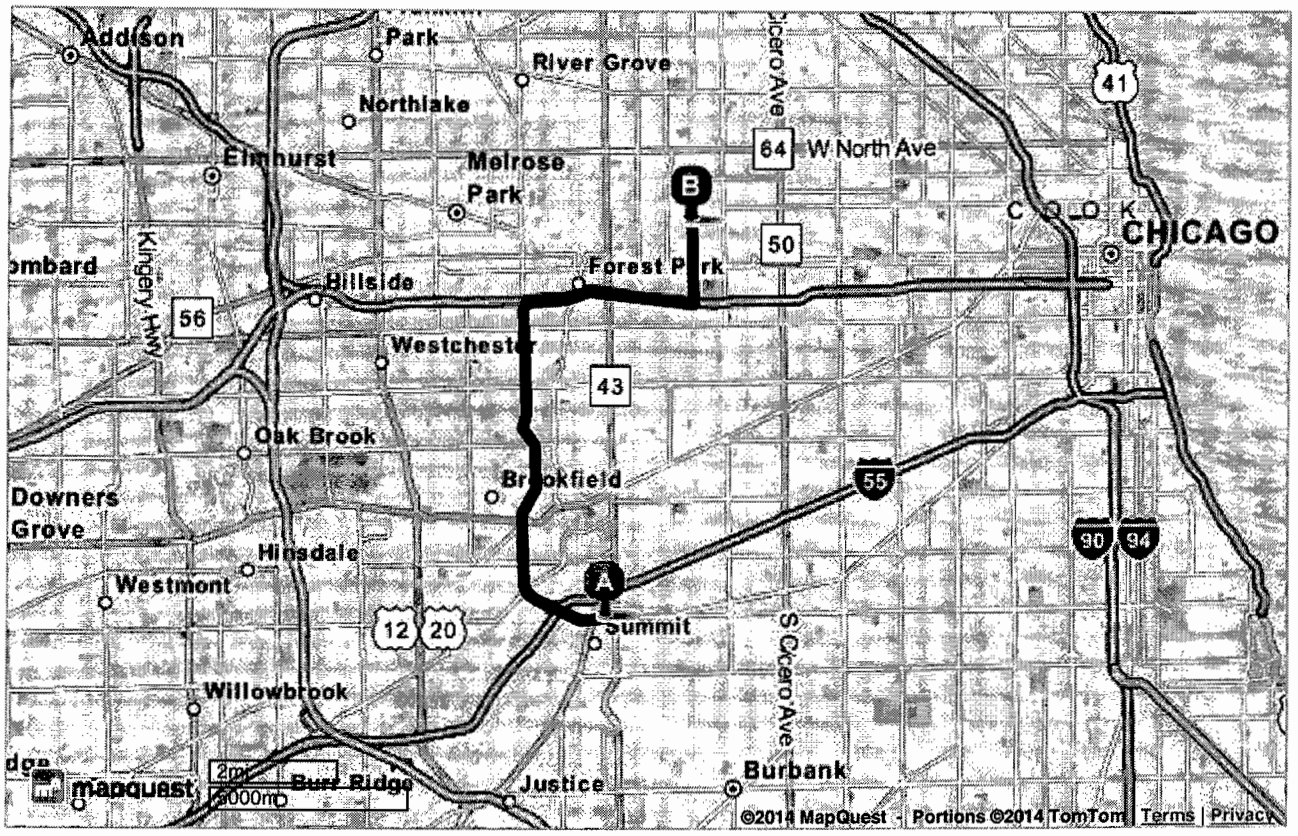
Trip to:

518 N Austin Blvd
Oak Park, IL 60302
11.18 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST SUBURBAN



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MAPQUEST TRAVEL TIMES
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Notes

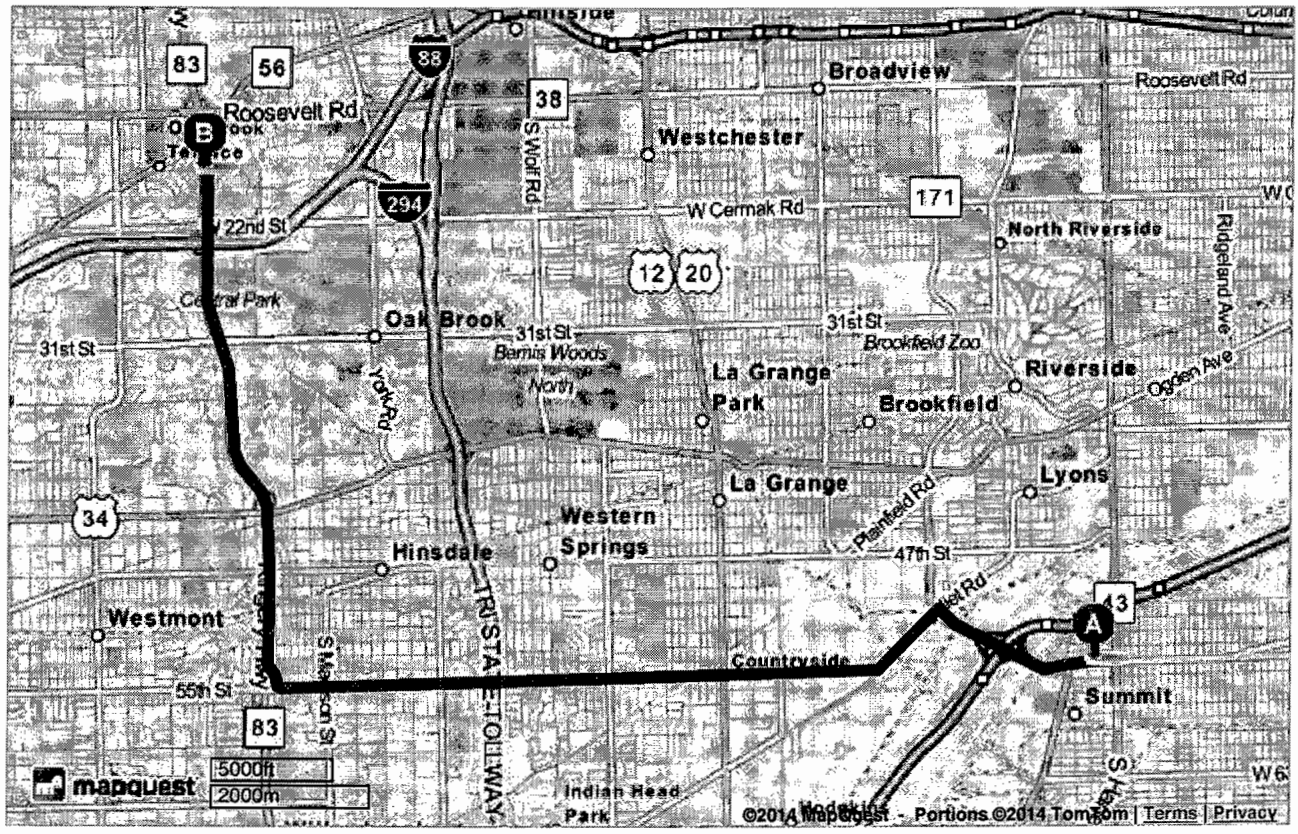
TO NXSTAGE OAK BROOK

Trip to:

1600 16th St

Oak Brook, IL 60523-1358

12.22 miles / 19 minutes



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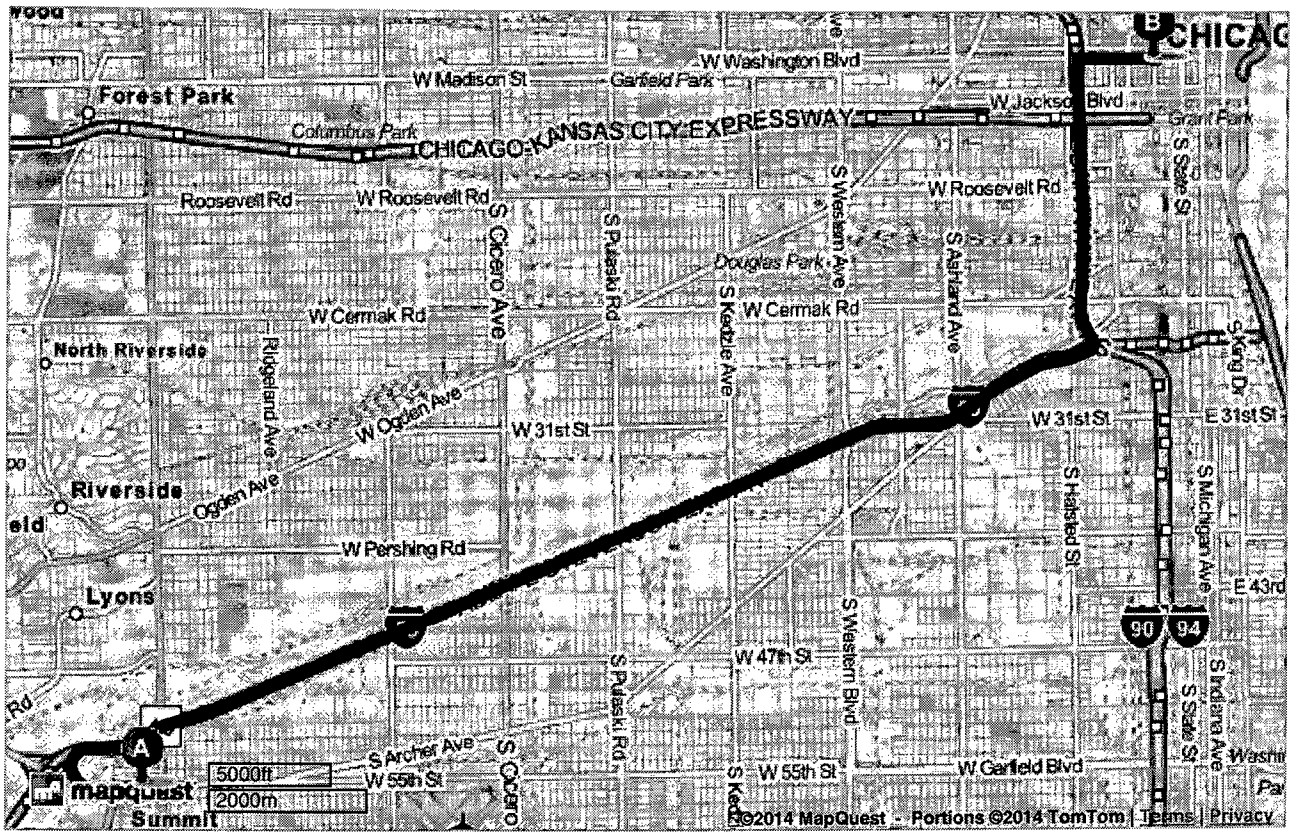
Trip to:

Chicago, IL

13.80 miles / 19 minutes

Notes

TO DAVITA KENWOOD



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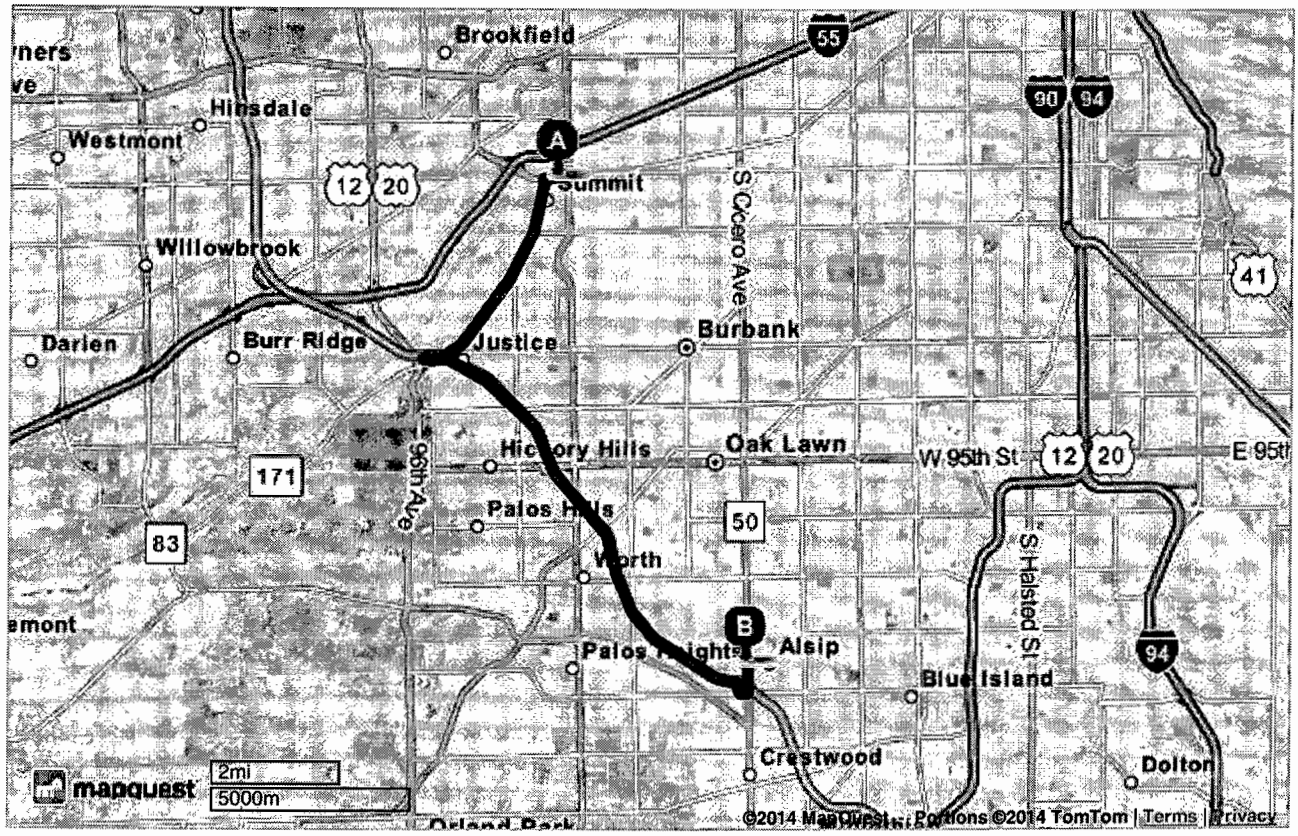
Trip to:

12250 S Cicero Ave
Alsip, IL 60803-2907
13.82 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE ALSIP



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MAPQUEST TRAVEL TIMES
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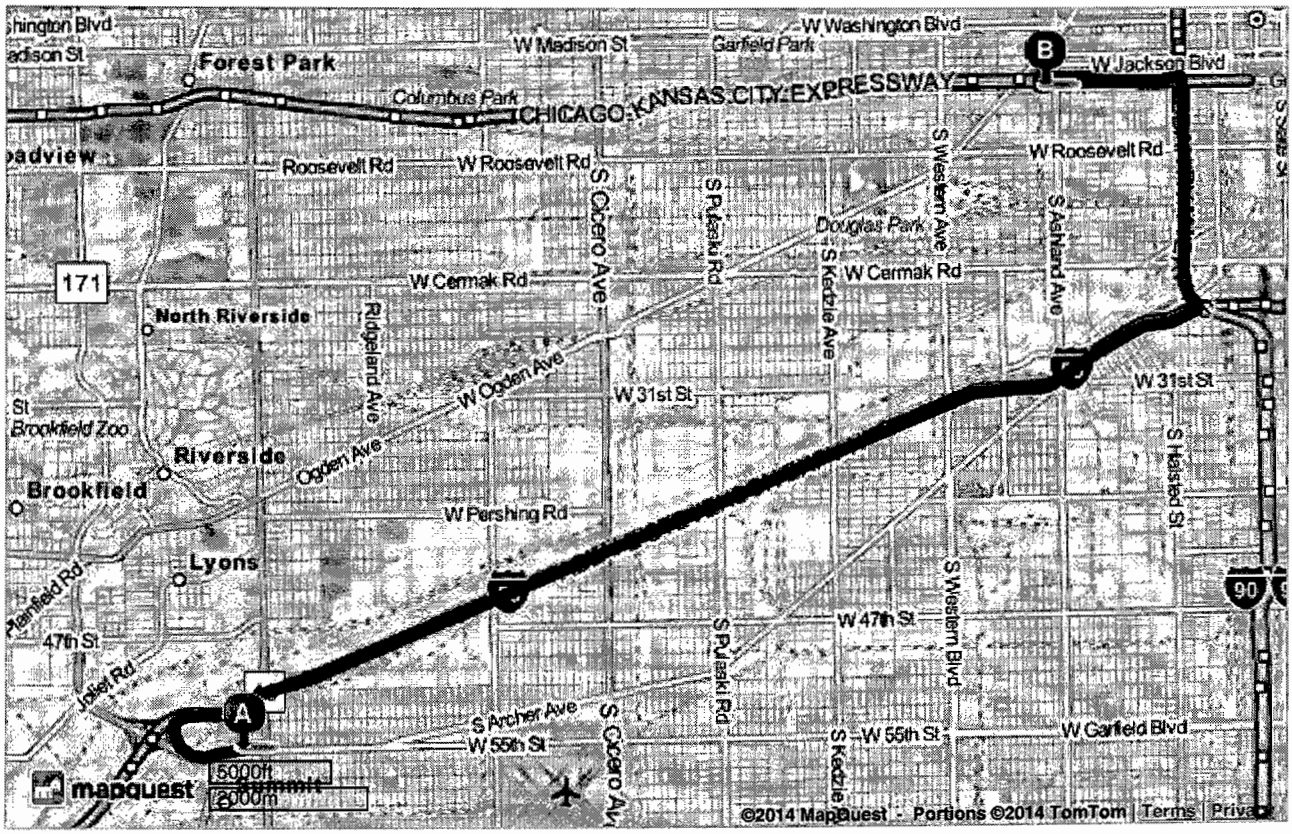
Trip to:

1653 W Congress Pkwy
Chicago, IL 60612
14.08 miles / 19 minutes

Notes

RUSH HOSPITAL DIALYSIS



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MAPQUEST TRAVEL TIMES
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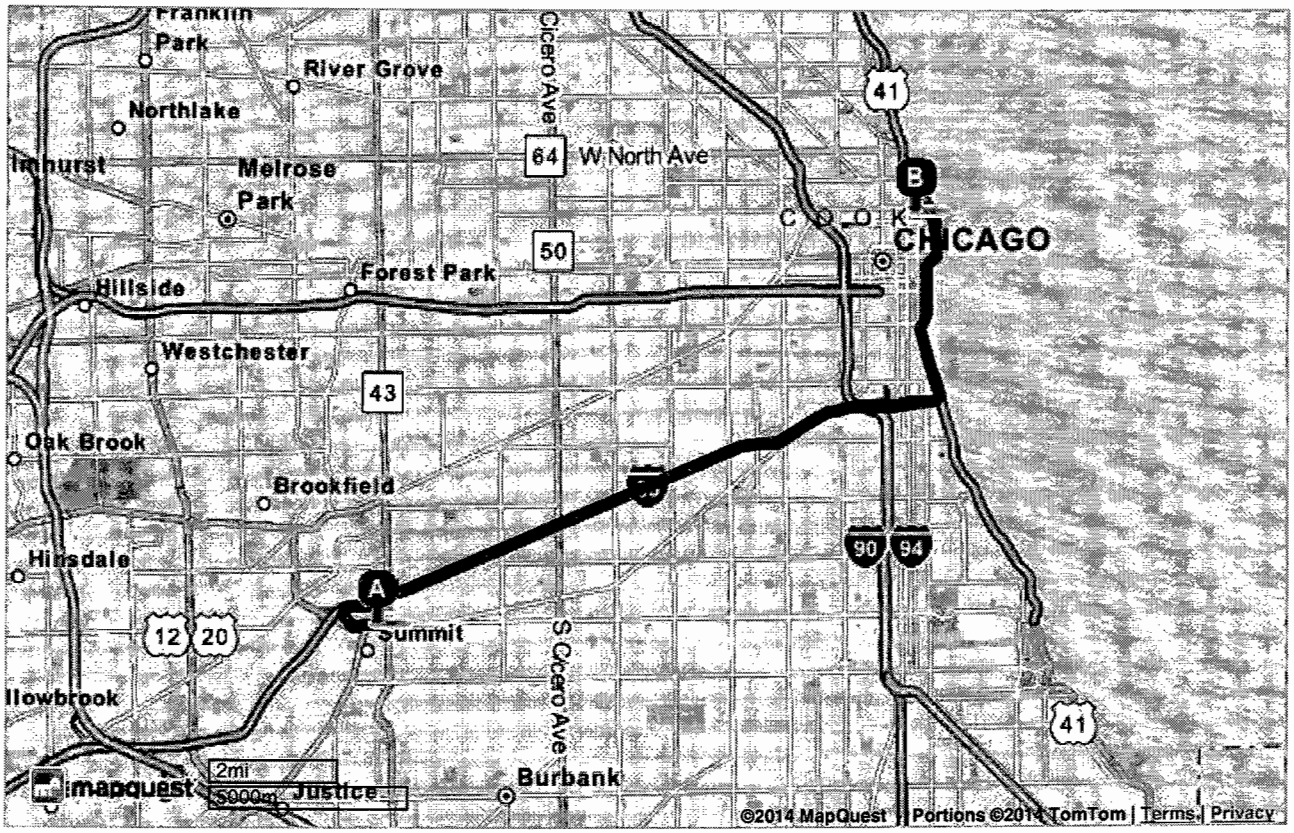
Trip to:

710 N Fairbanks Ct
Chicago, IL 60611-3013
15.97 miles / 19 minutes

Notes

TO FRESENIUS MEDICAL CARE
NORTHWESTERN



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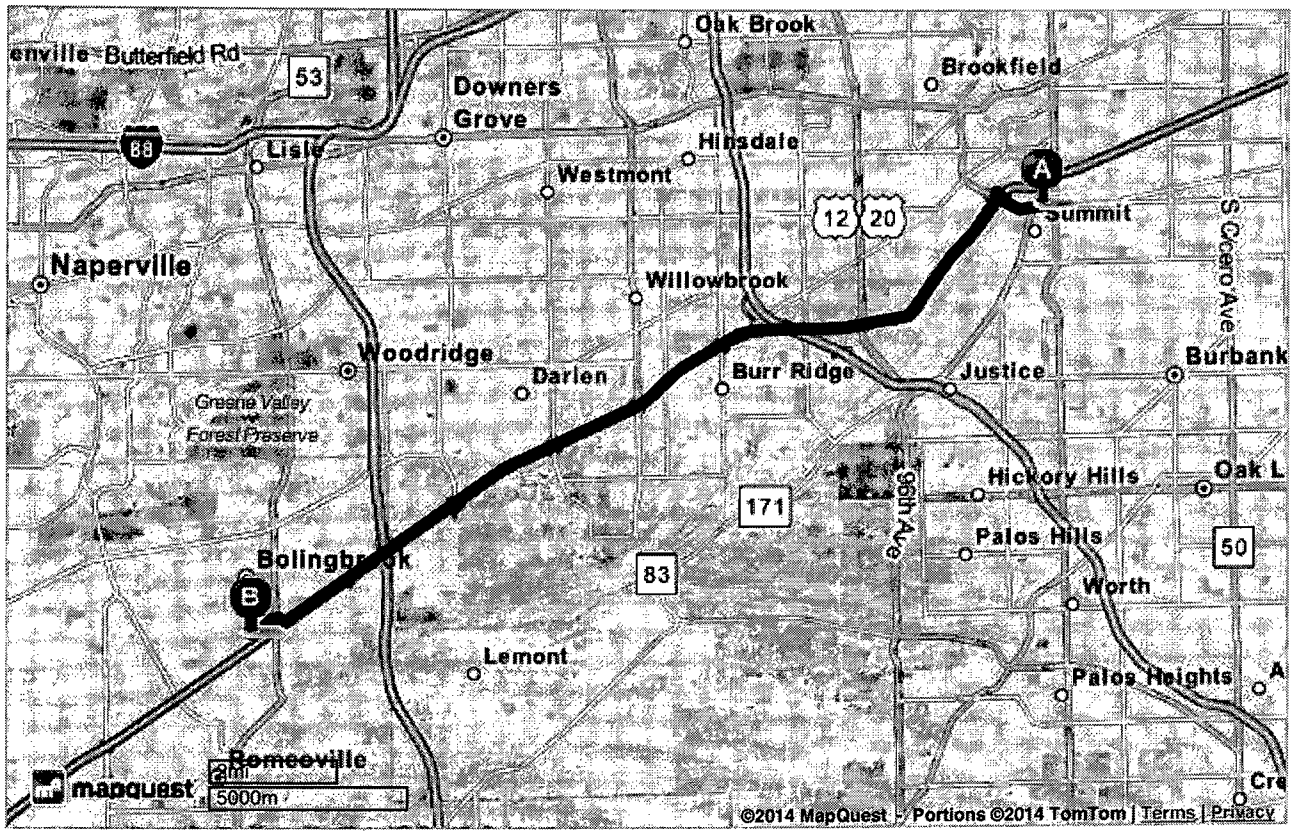
Notes

TO FRESENIUS MEDICAL CARE
BOLINGBROOK

Trip to:

329 Remington Blvd
Bolingbrook, IL 60440-4921
17.21 miles / 19 minutes



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Notes

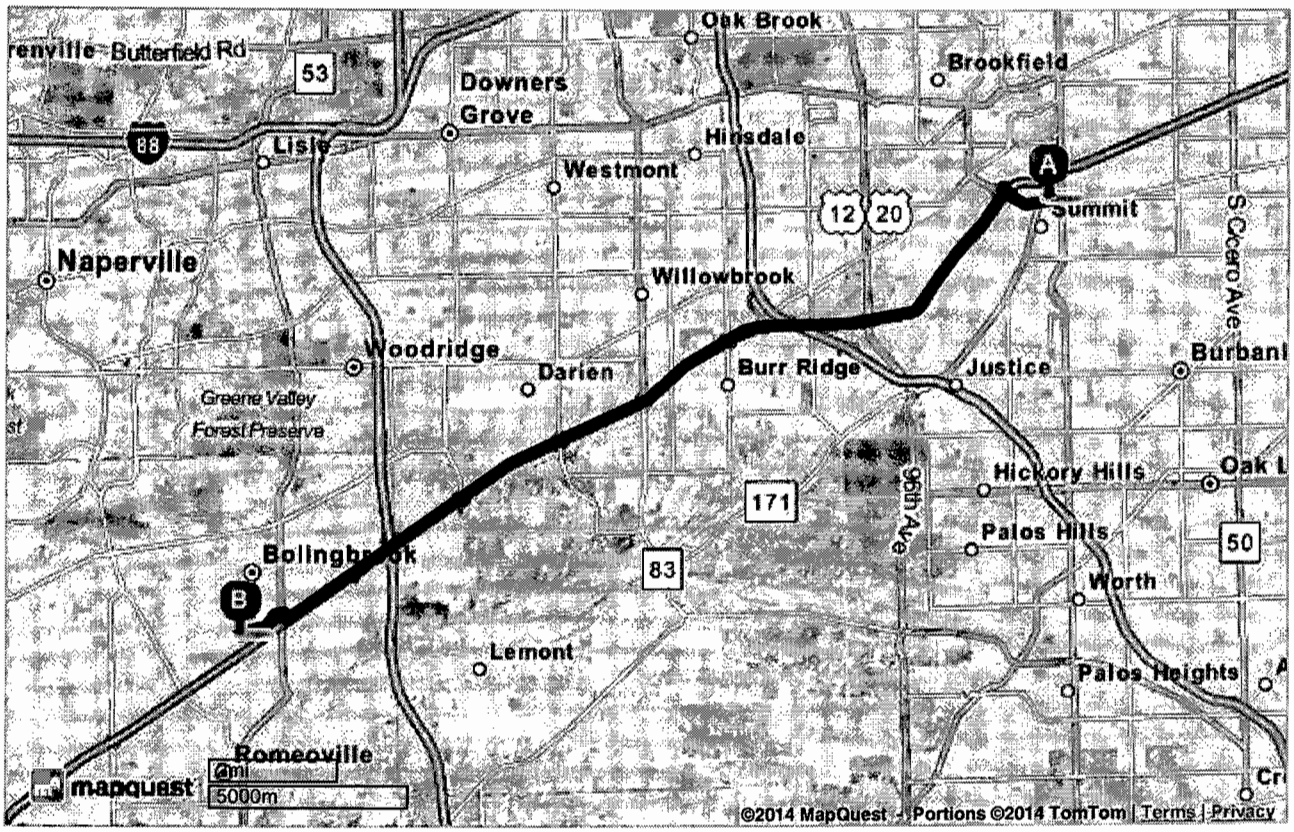
TO US RENAL CARE BOLINGBROOK

Trip to:

396 Remington Blvd

Bolingbrook, IL 60440-4920

17.48 miles / 19 minutes



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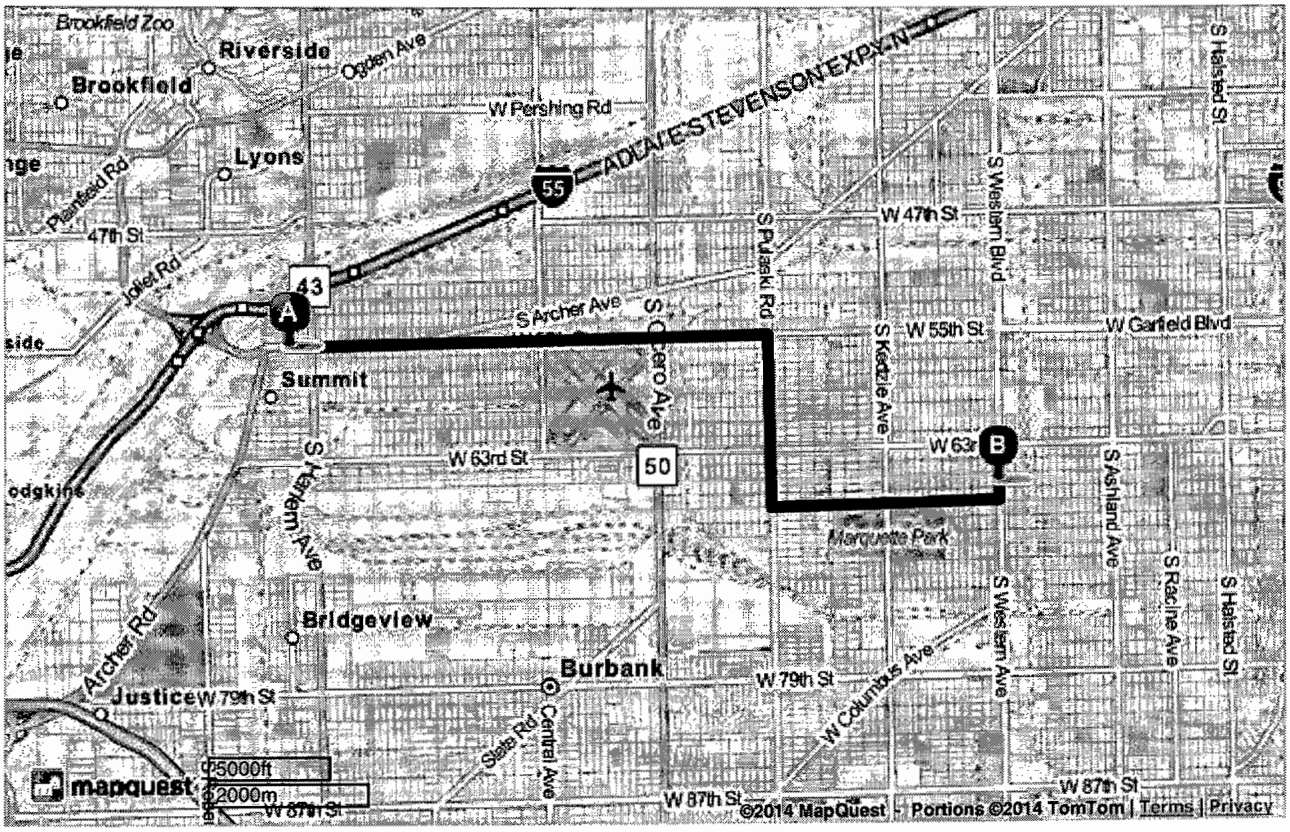
Trip to:

6535 S Western Ave
Chicago, IL 60636-2410
7.89 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE
MARQUETTE PARK



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Trip to:

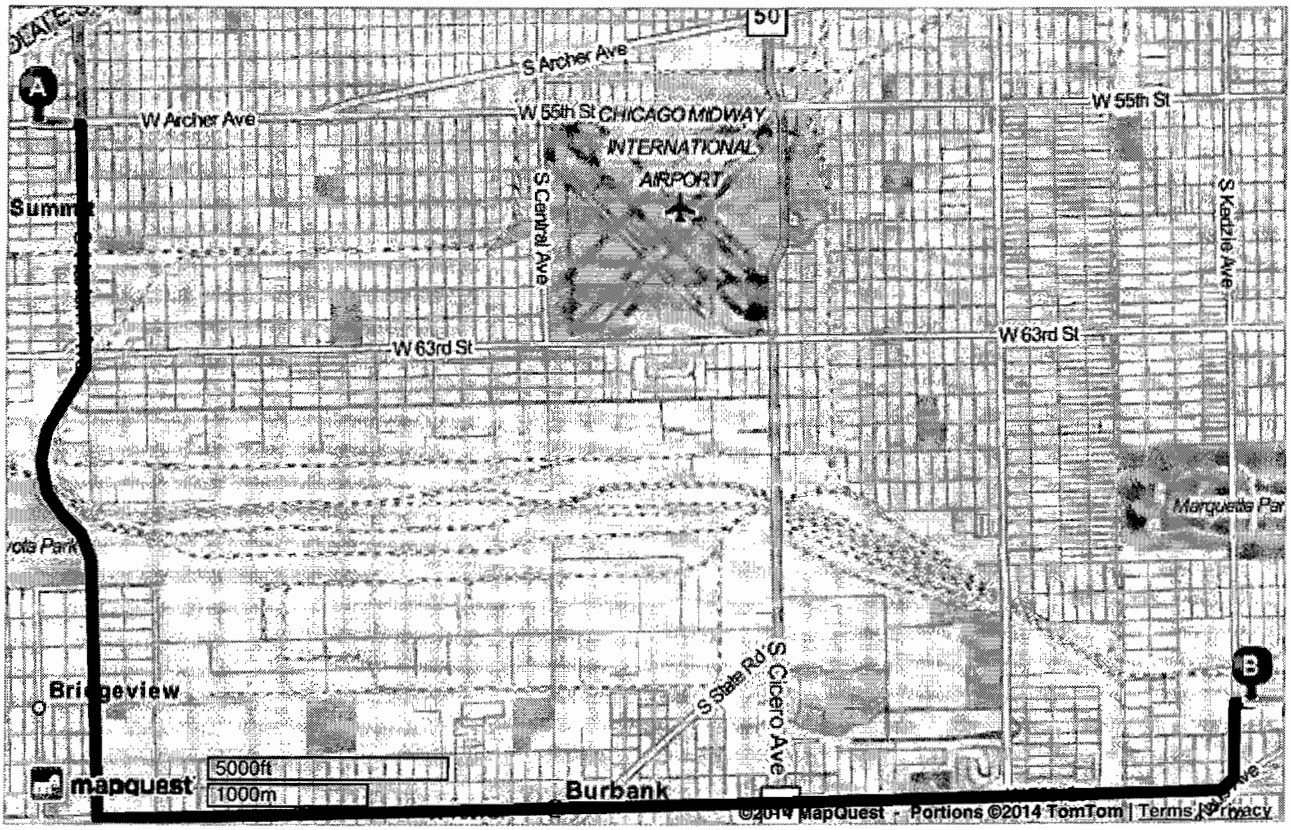
3134 W 76th St

Chicago, IL 60652-1968

8.74 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTHSIDE



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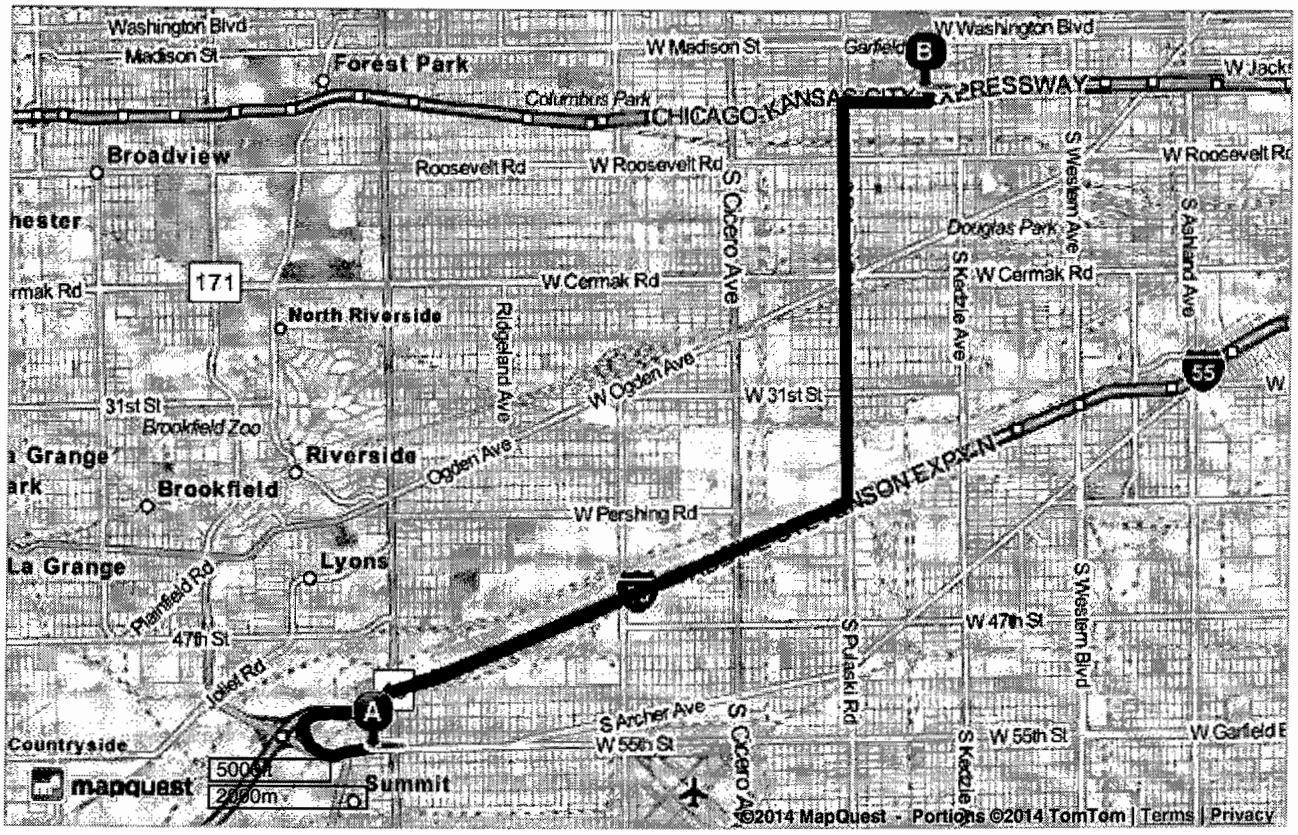
Trip to:

3410 W Van Buren St
Chicago, IL 60624-3358
10.37 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE
CONGRESS PARKWAY



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Trip to:

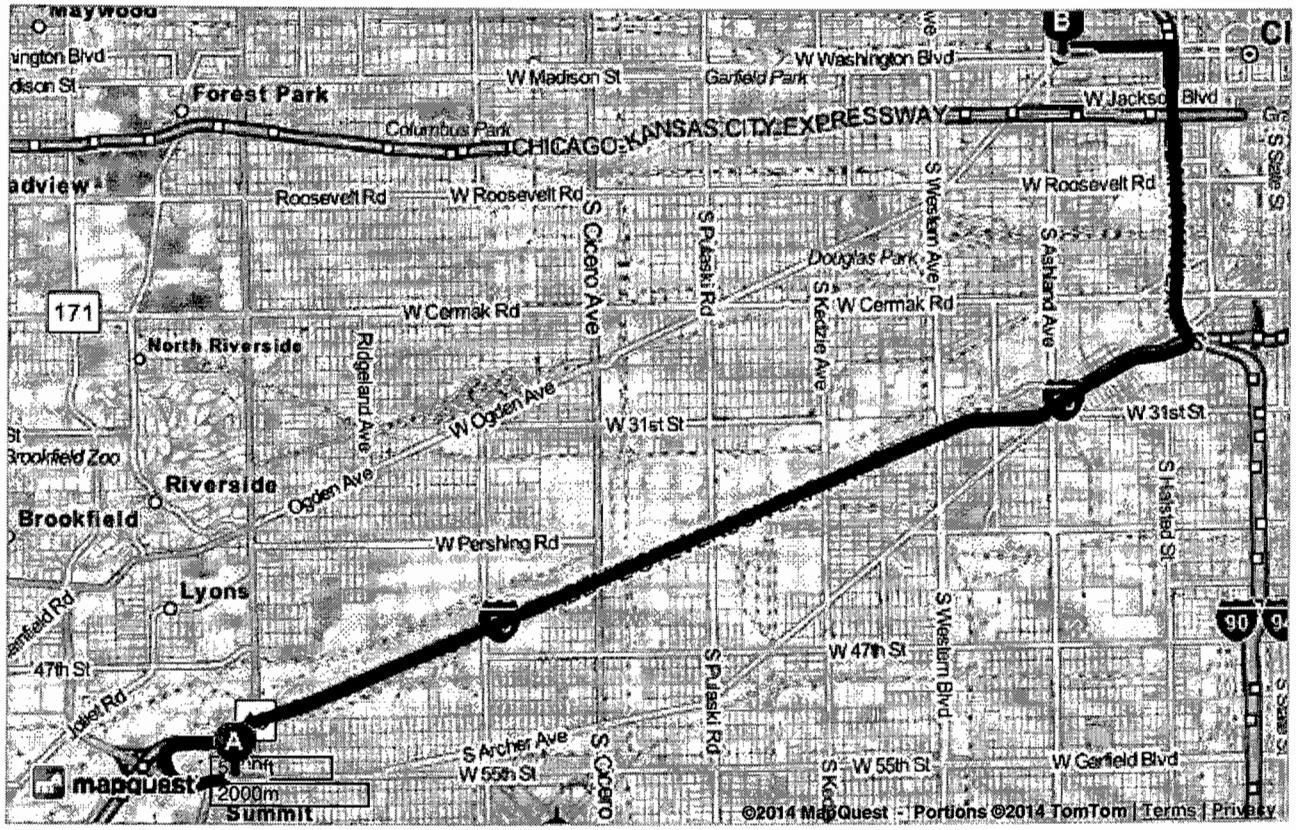
1426 W Washington Blvd

Chicago, IL 60607-1821

14.32 miles / 20 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT



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Notes

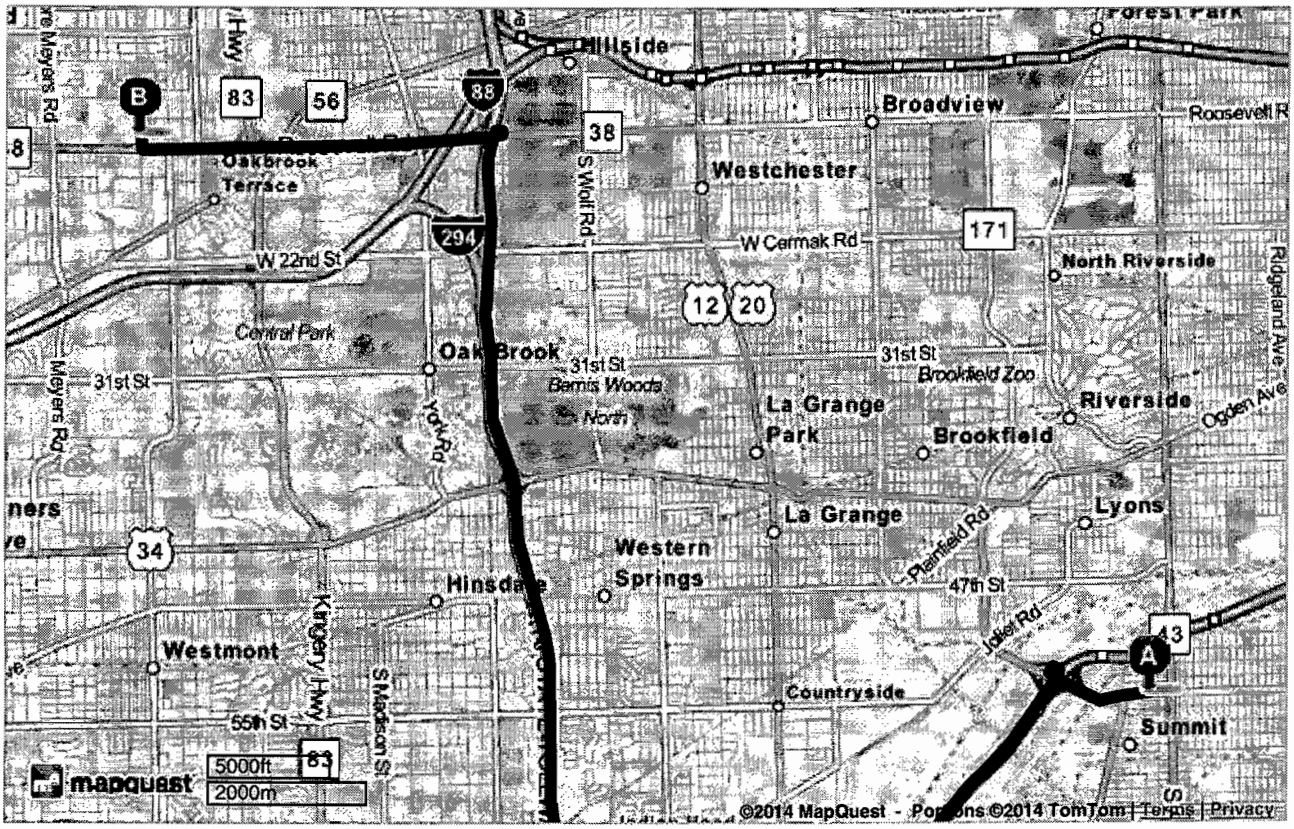
TO NOCTURNAL SPA DIALYSIS

Trip to:

1634 S Ardmore Ave

Villa Park, IL 60181-3407

17.04 miles / 20 minutes



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Trip to:

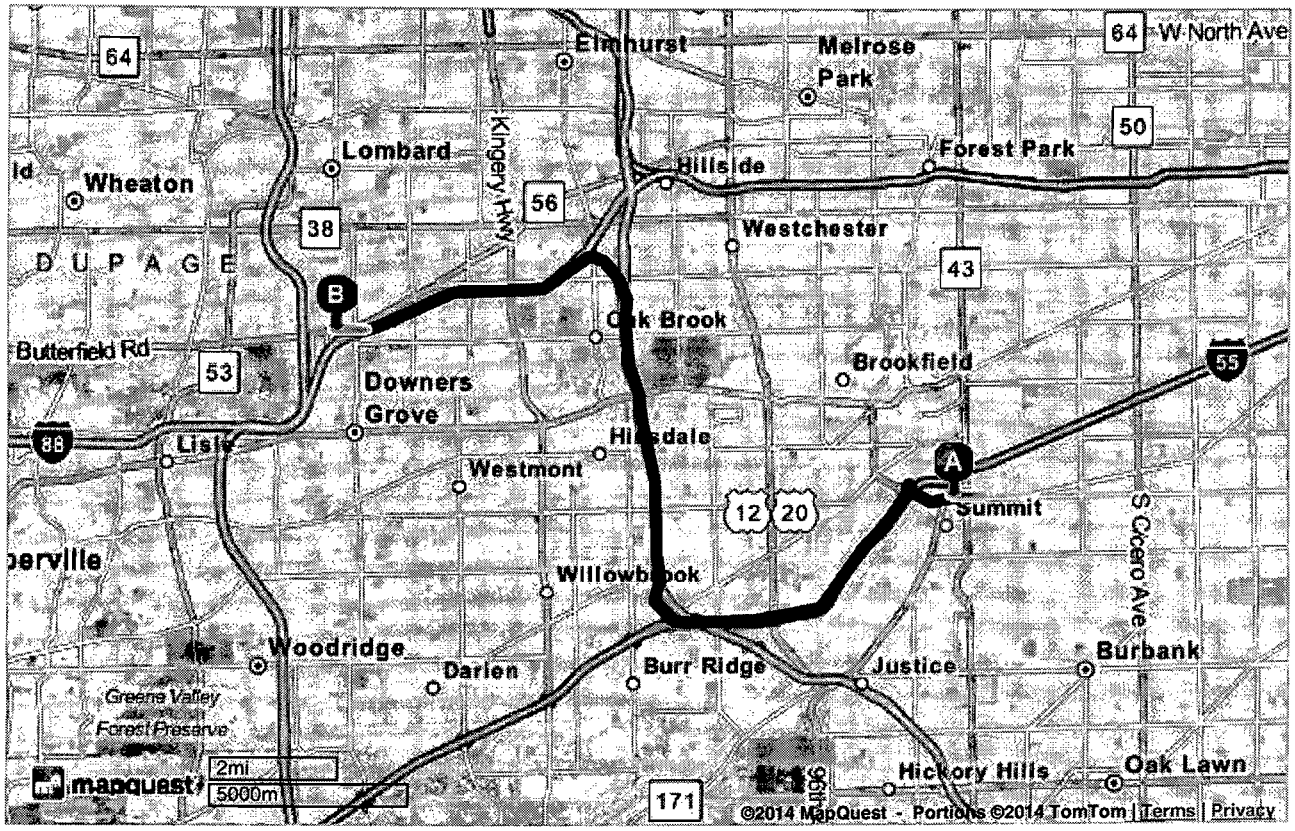
1201 Butterfield Rd

Downers Grove, IL 60515-1032

18.09 miles / 20 minutes

Notes

TO US RENAL CARE OAK BROOK



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Notes

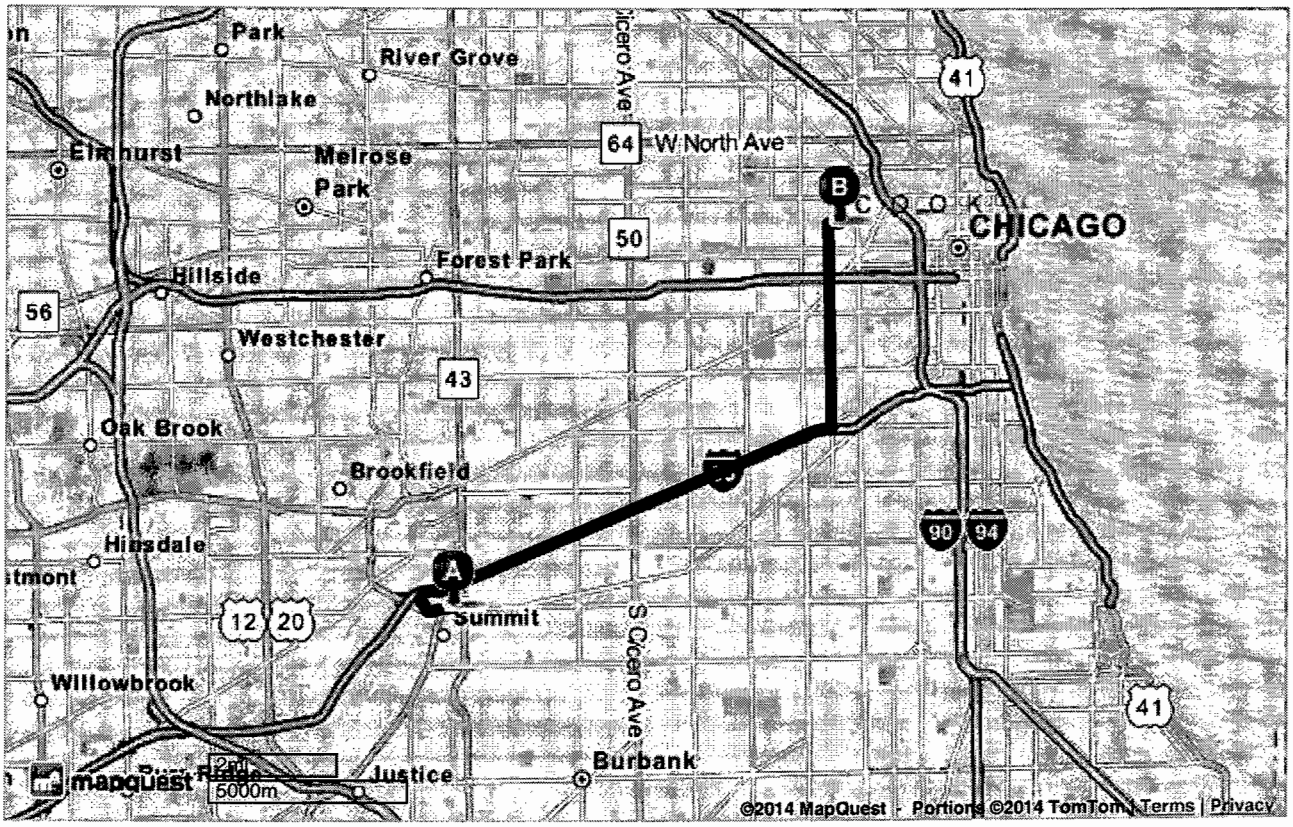
TO FRESENIUS MEDICAL CARE CHICAGO DIALYSIS

Trip to:

1810 W Hubbard St

Chicago, IL 60622-6235

12.52 miles / 21 minutes



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Notes

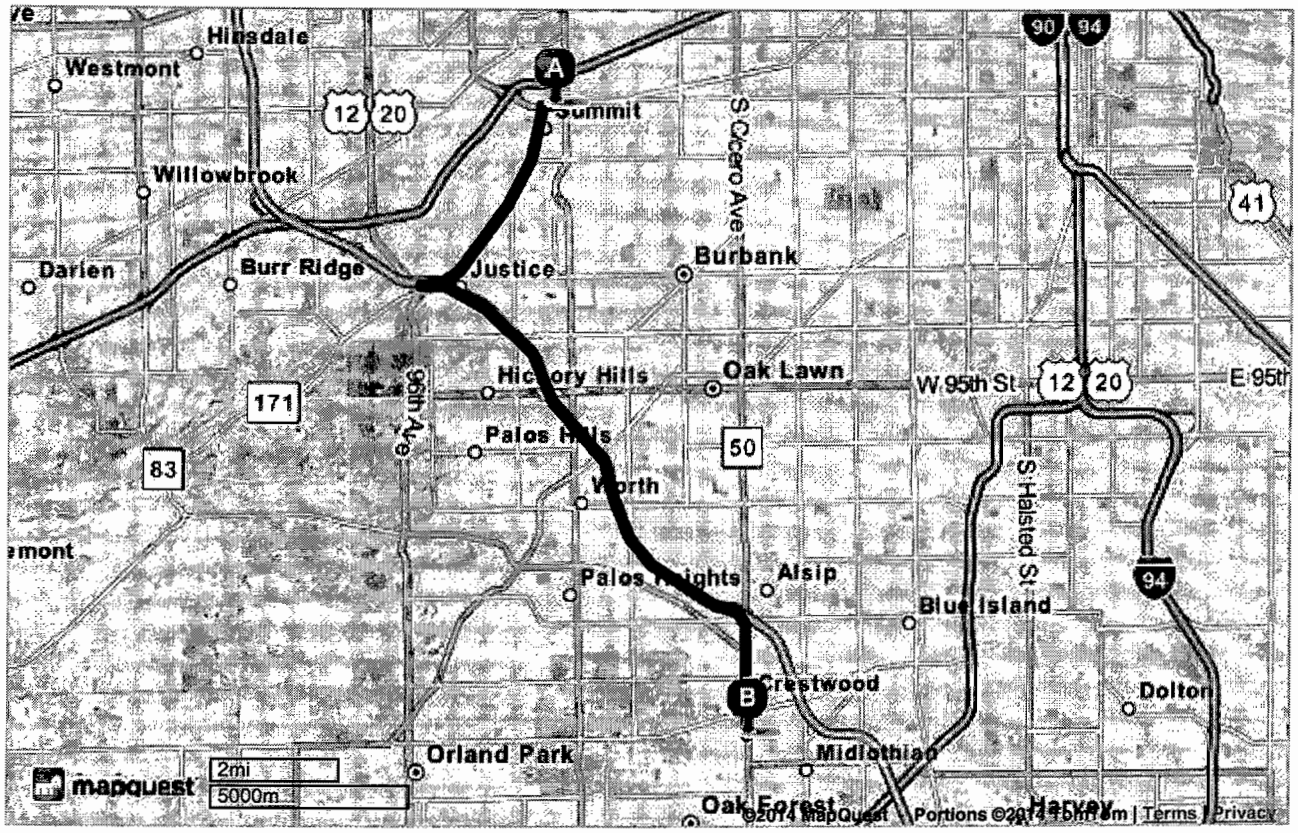
TO DIRECT DIALYSIS

Trip to:

14255 Cicero Ave

Crestwood, IL 60445-2152

15.04 miles / 21 minutes



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Notes

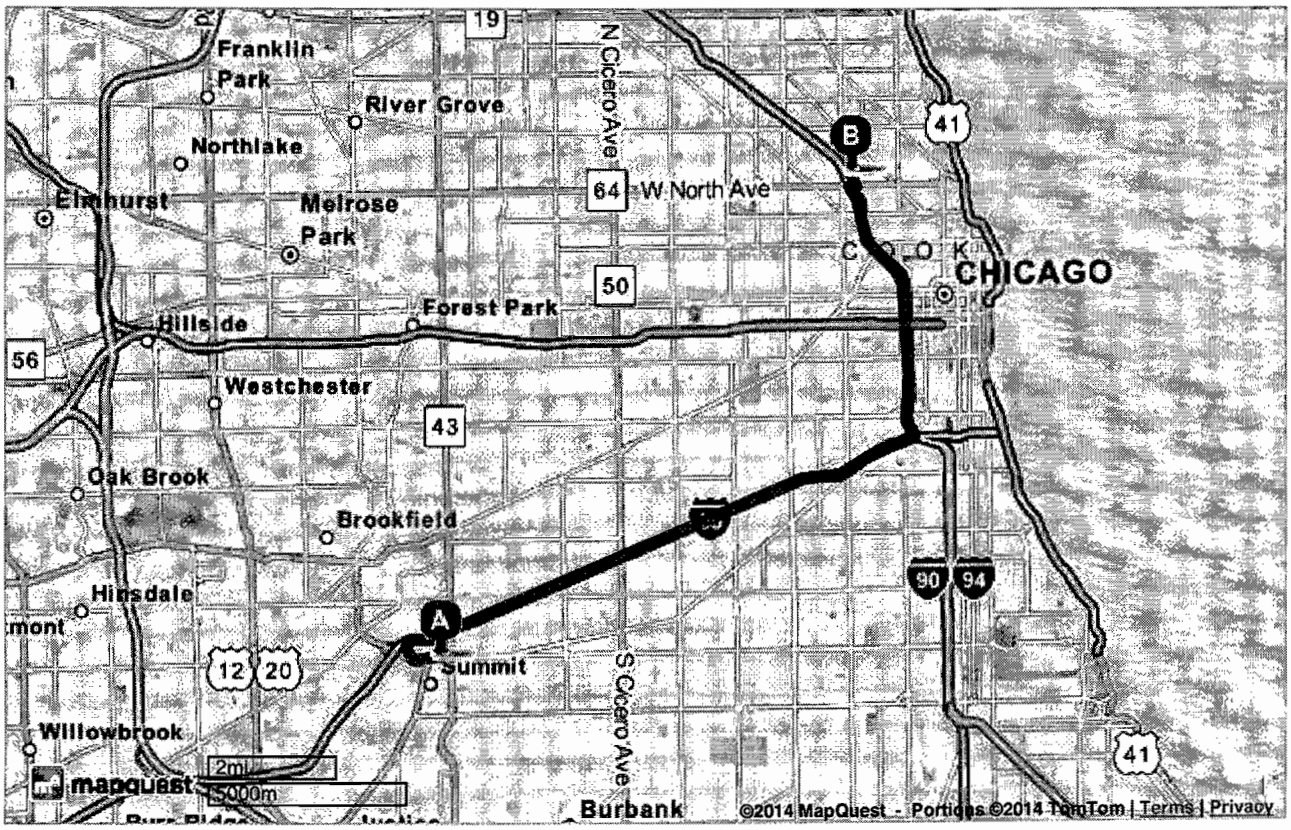
FRESENIUS MEDICAL CARE WEST WILLOW

Trip to:

1444 W Willow St

Chicago, IL 60642-1524

15.78 miles / 21 minutes



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Trip to:

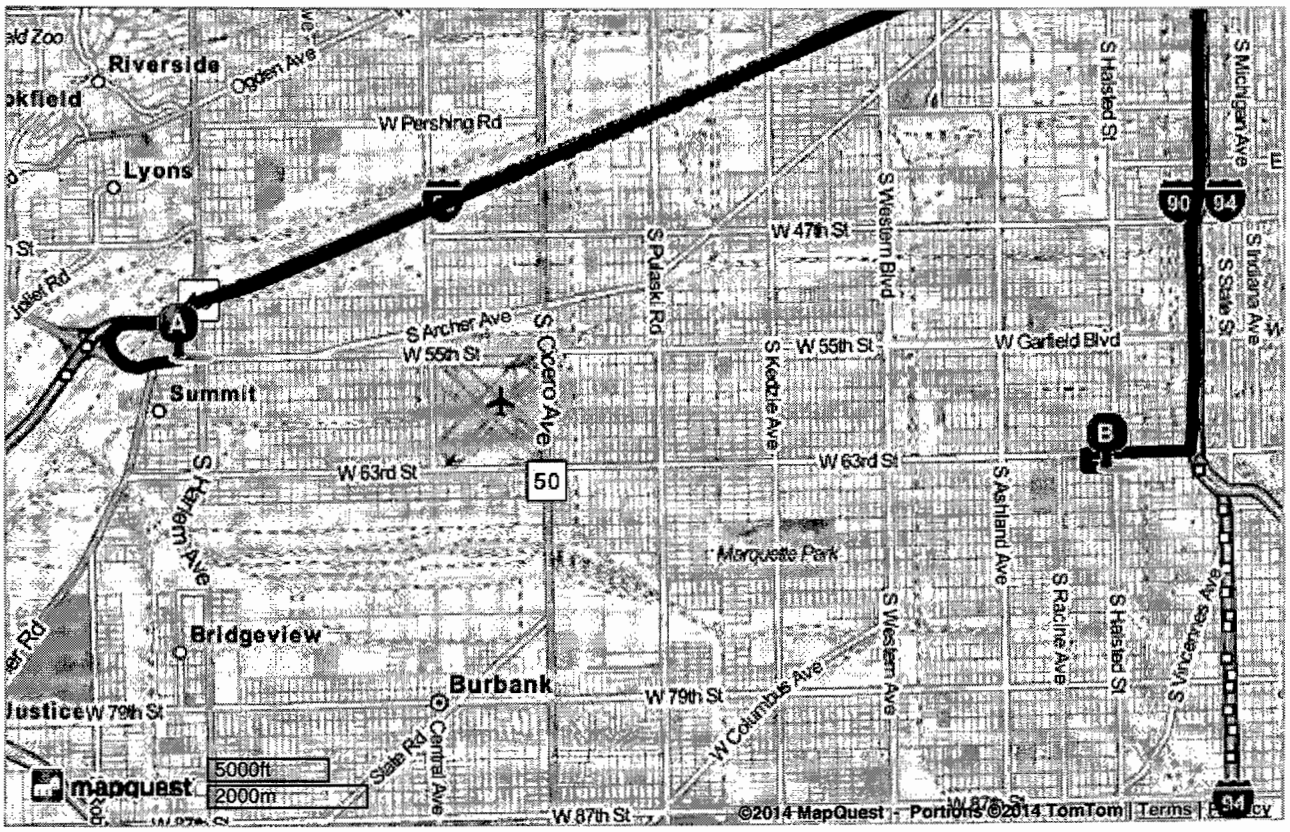
6333 S Grn St

Chicago, IL 60621-1921

16.85 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSS-ENGLEWOOD



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Trip to:

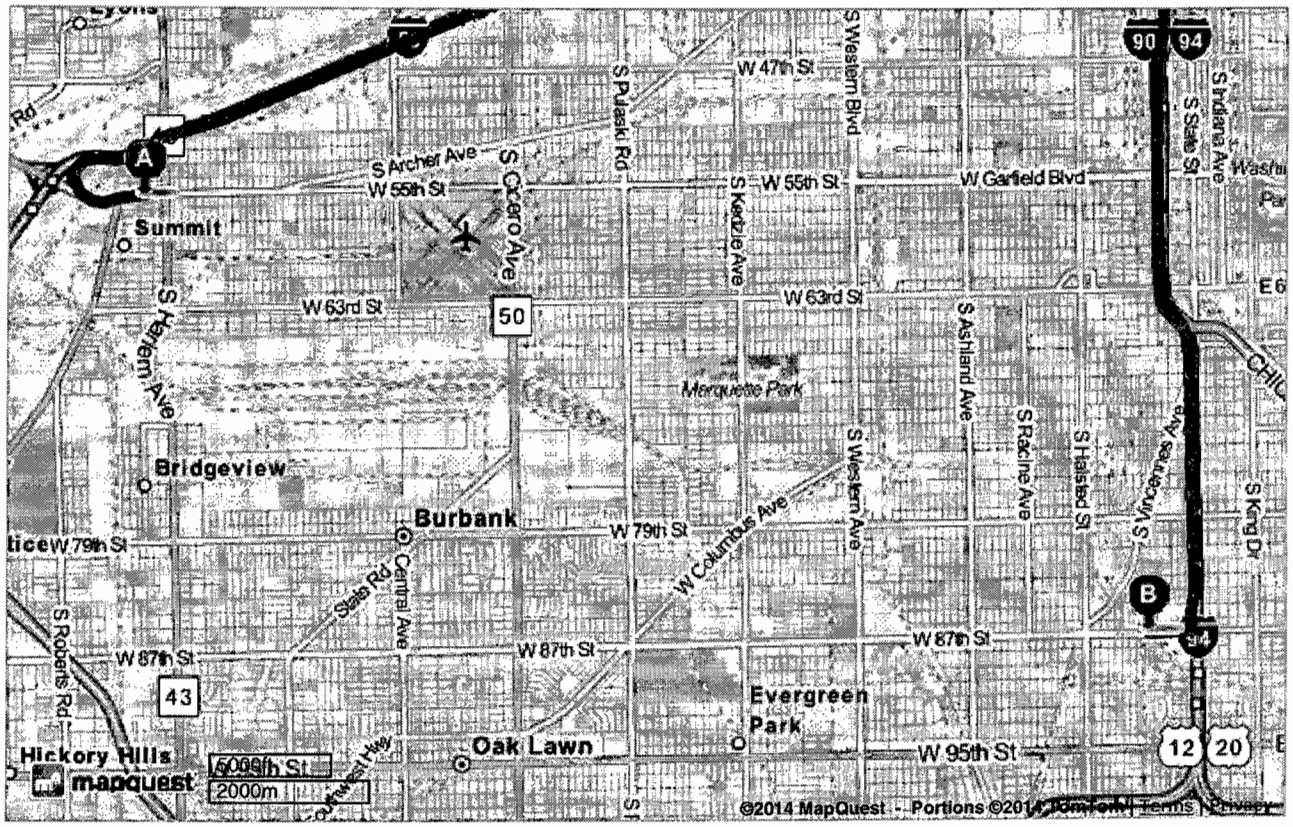
8643 S Holland Rd

Chicago, IL 60620

19.08 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE CHATHAM



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Notes

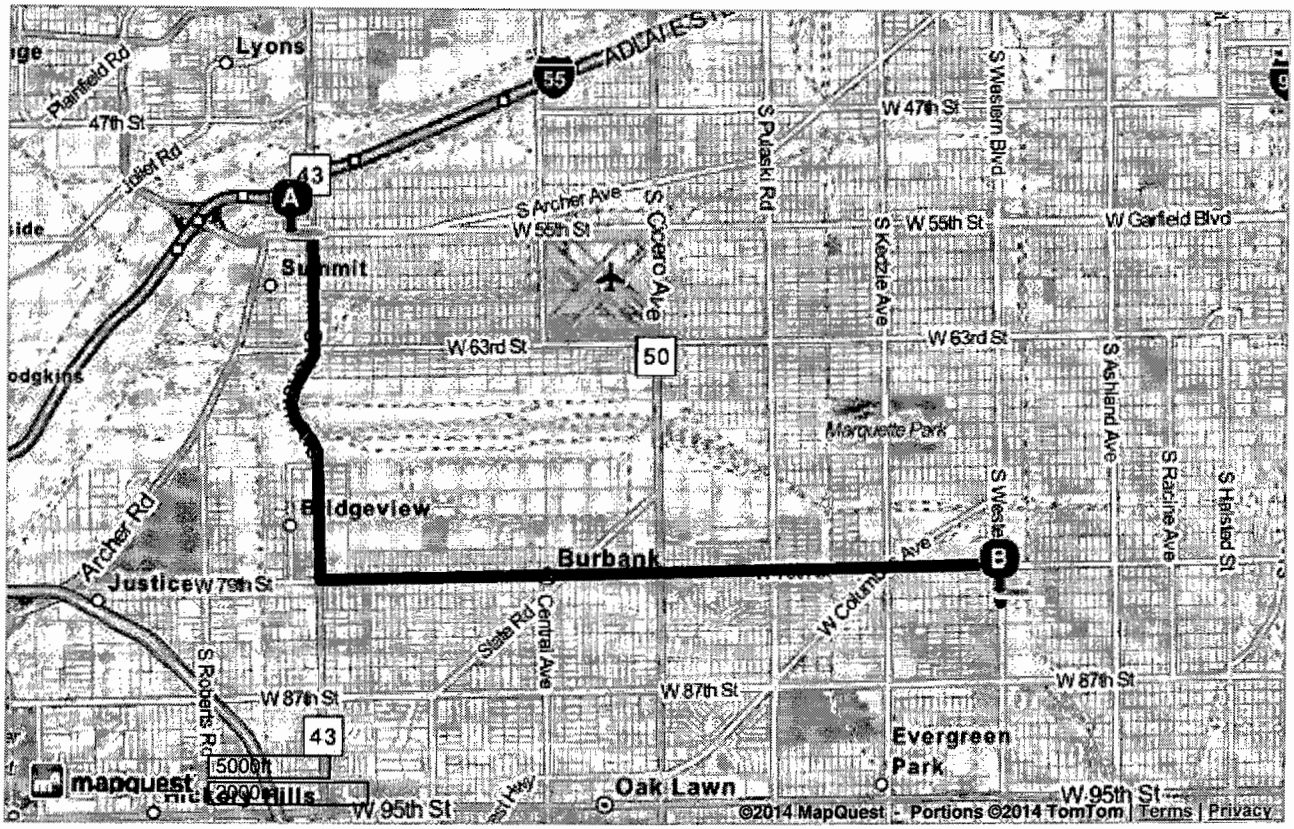
TO DAVITA BEVERLY

Trip to:

8109 S Western Ave

Chicago, IL 60620-5939

9.73 miles / 22 minutes



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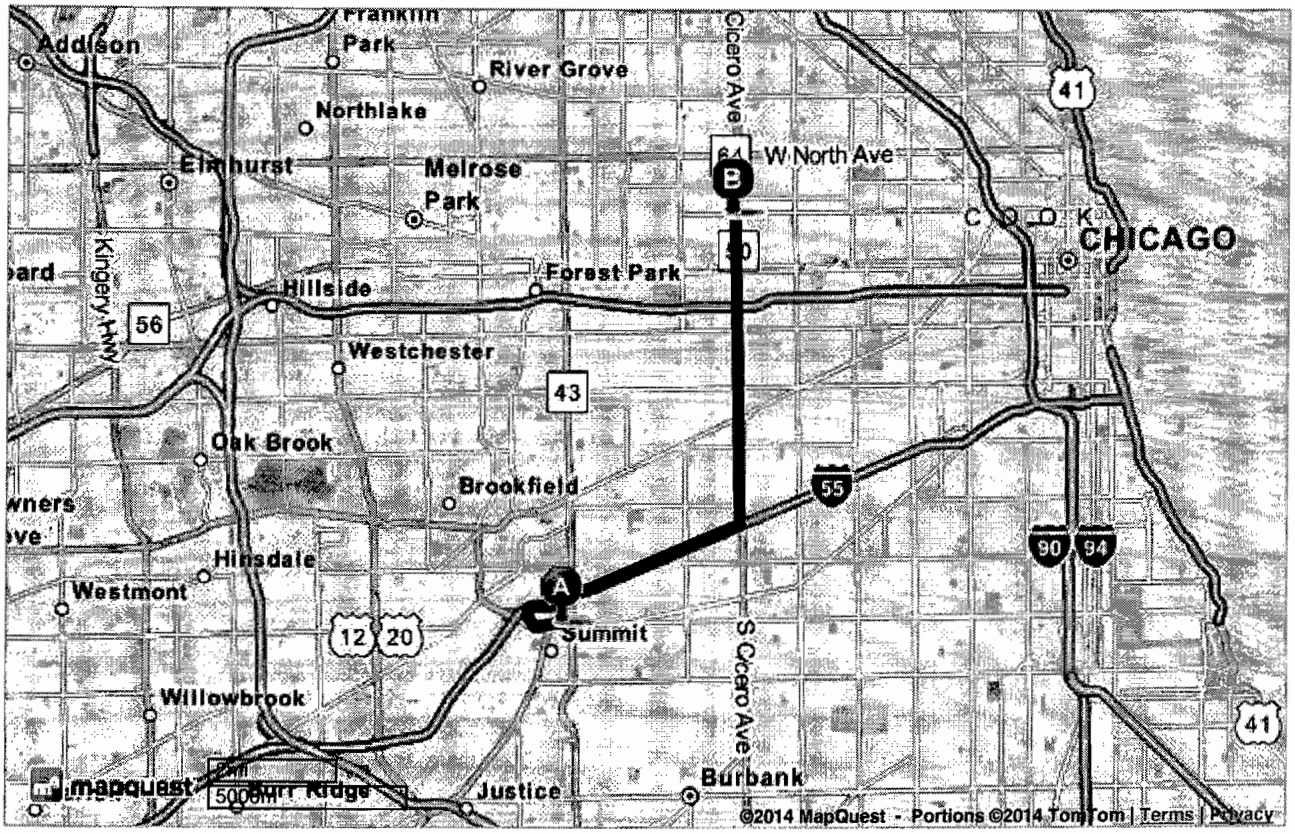
Trip to:

4800 W Chicago Ave
Chicago, IL 60651-3223
10.32 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE AUSTIN



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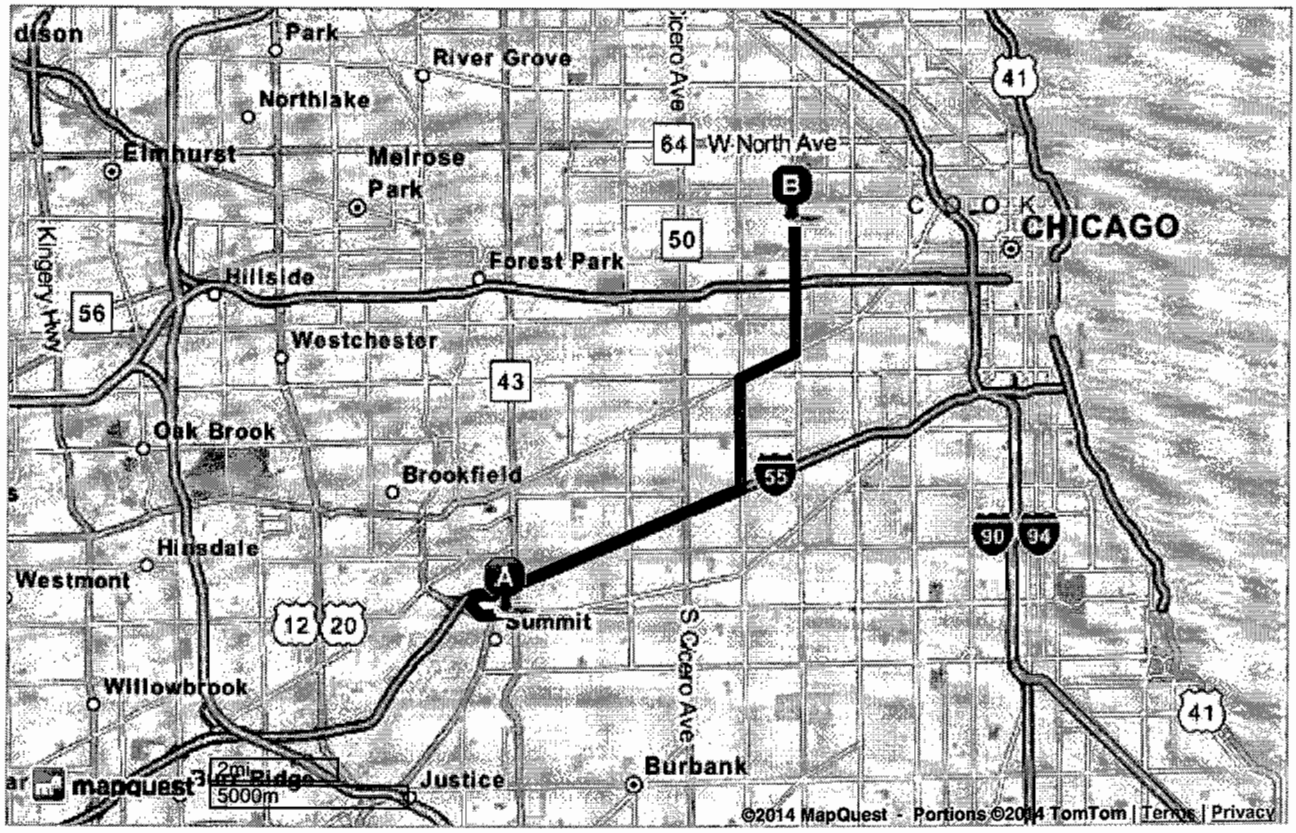
Trip to:

3250 W Franklin Blvd
Chicago, IL 60624-1509
11.29 miles / 22 minutes

Notes

TO DAVITA GARFIELD



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Trip to:

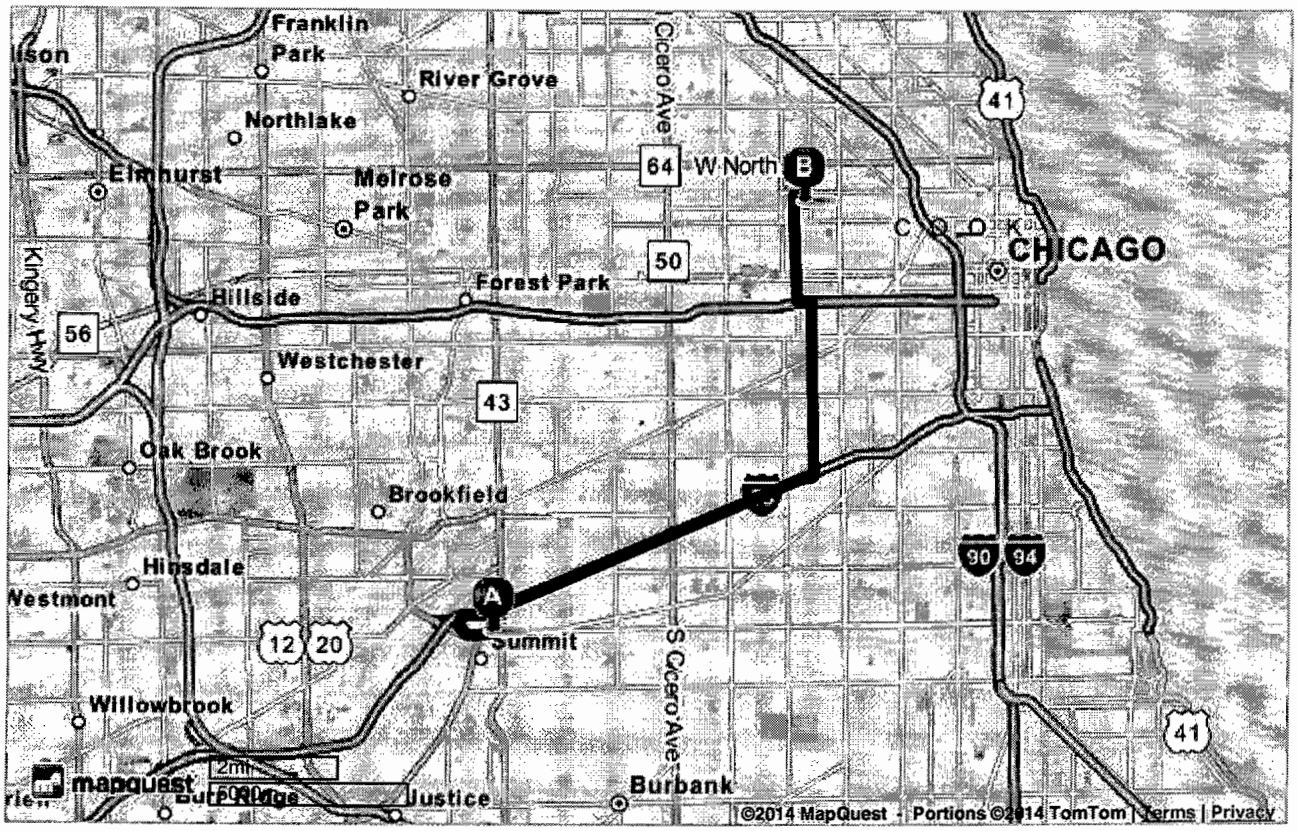
1044 N Mozart St

Chicago, IL 60622-2759

13.17 miles / 22 minutes

Notes

TO FRESENIUS MEDICAL CARE WEST METRO



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MAPQUEST TRAVEL TIMES
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Trip to:

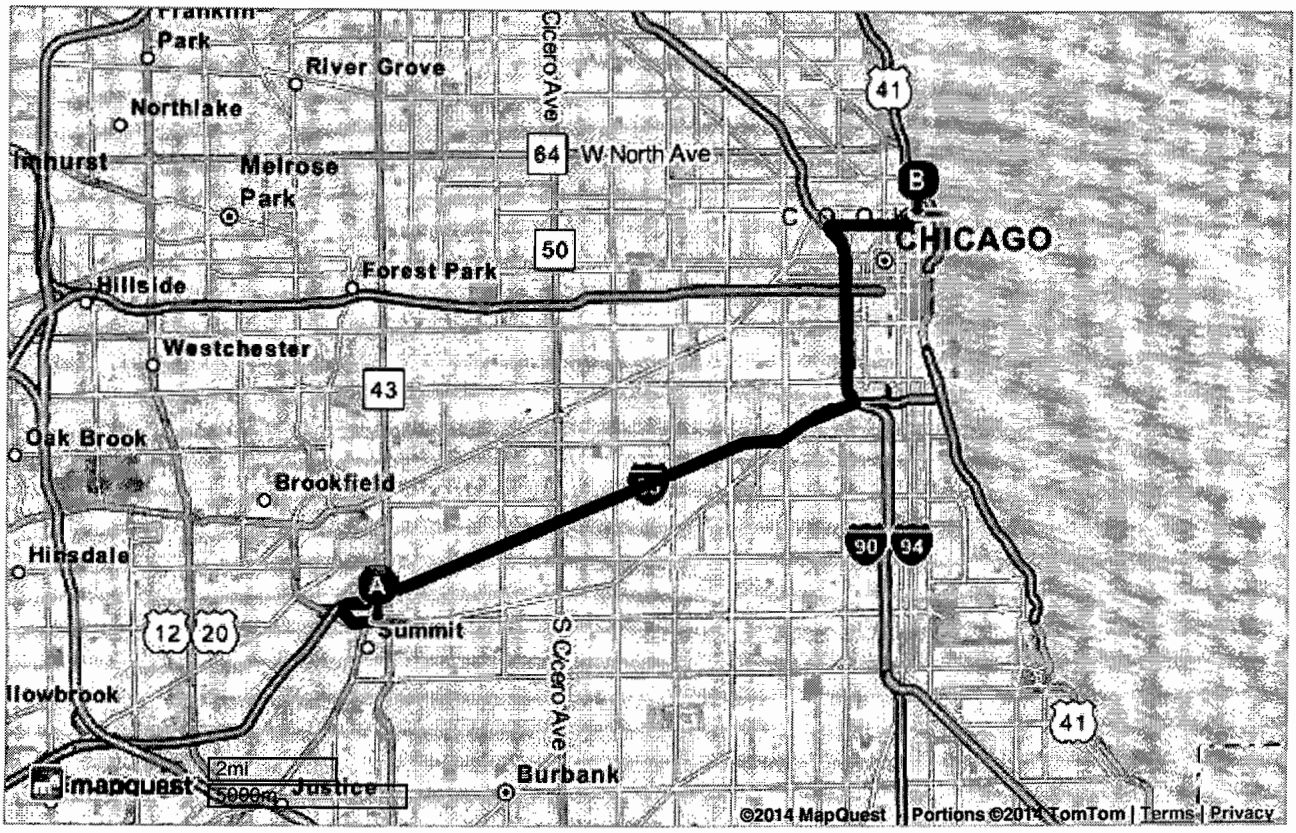
259 E Erie St

Chicago, IL 60611-2930

15.52 miles / 22 minutes

Notes

TO NORTHWESTERN MEDICAL FACULTY FOUNDATION DIALYSIS



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MAPQUEST TRAVEL TIMES
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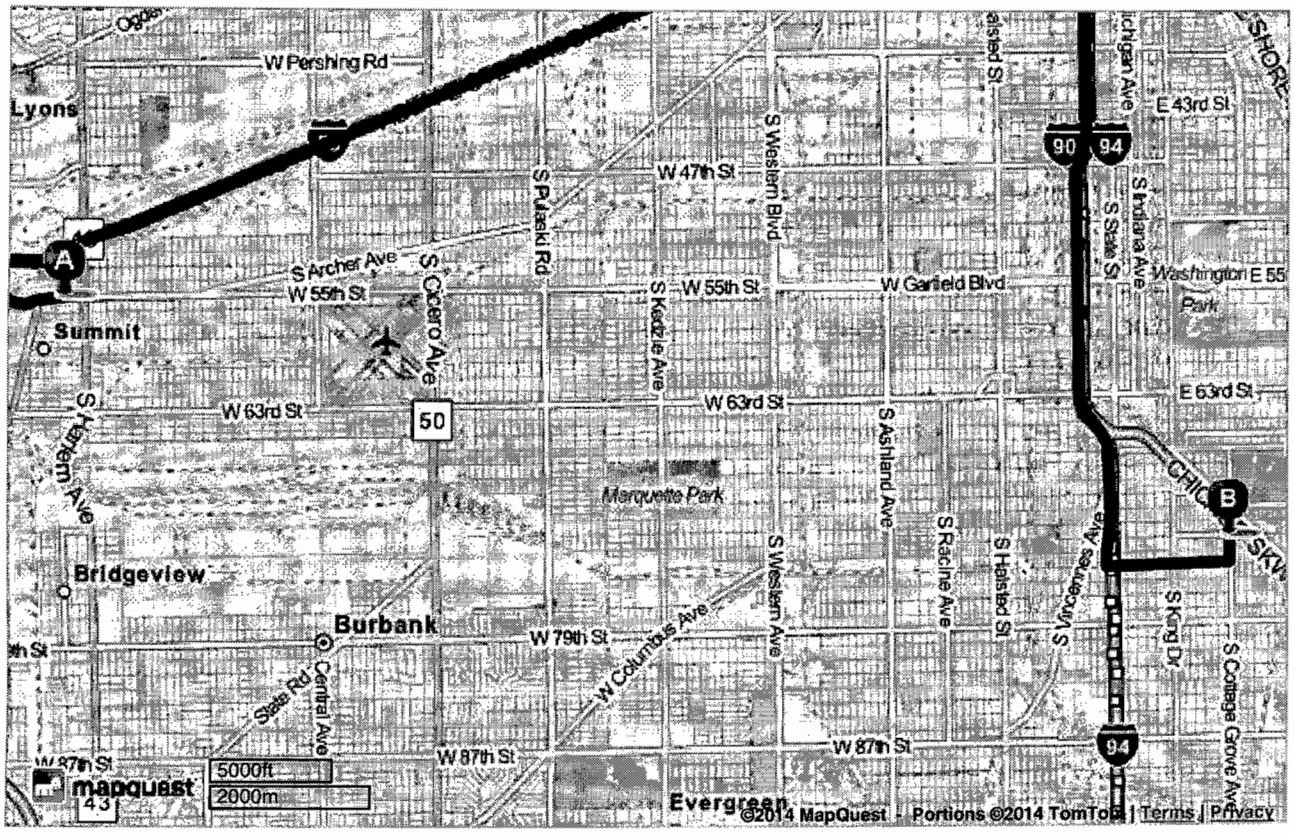
Notes

TO DAVITA GRAND CROSSINGS

Trip to:

7319 S Cottage Grove Ave
Chicago, IL 60619-1909
18.50 miles / 22 minutes



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MAPQUEST TRAVEL TIMES
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Trip to:

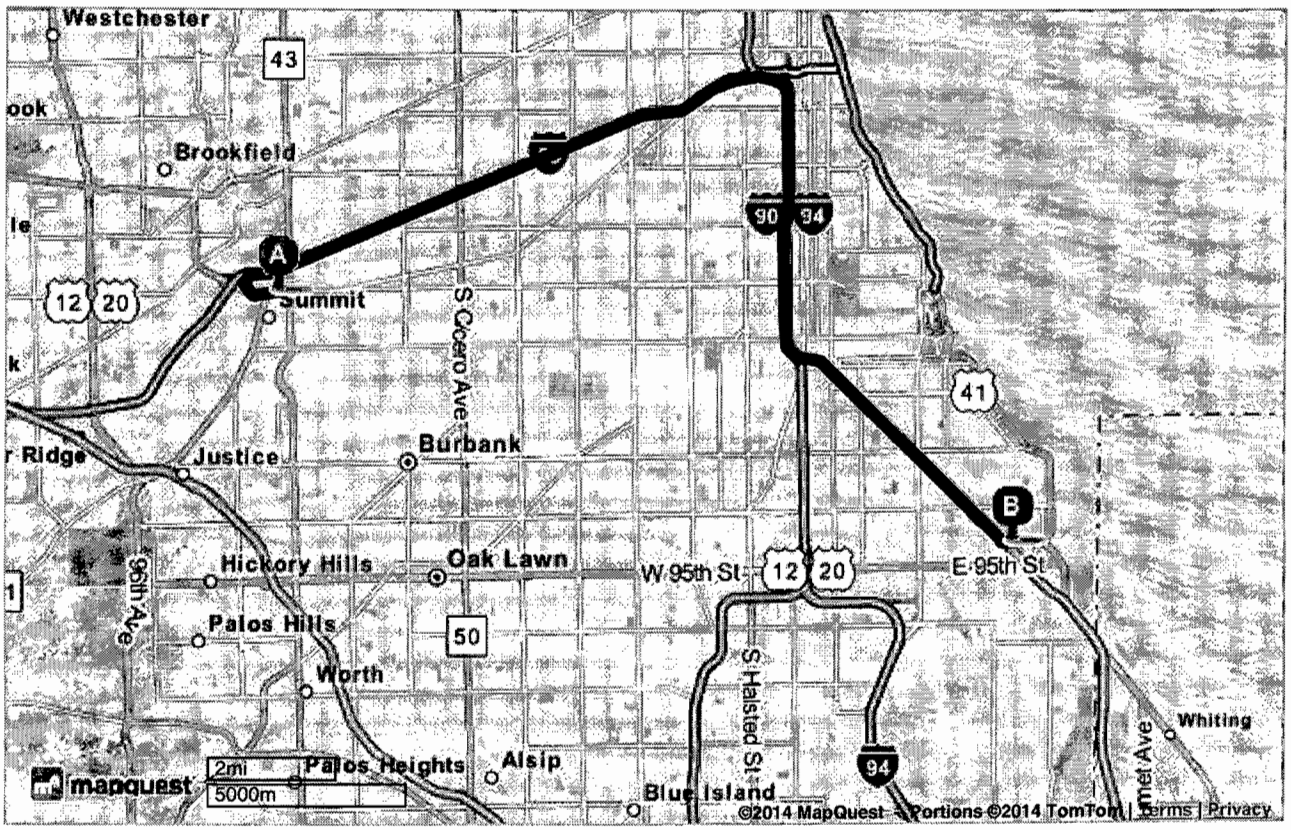
9212 S South Chicago Ave

Chicago, IL 60617-4227

21.16 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH CHICAGO



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MAPQUEST TRAVEL TIMES
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Trip to:

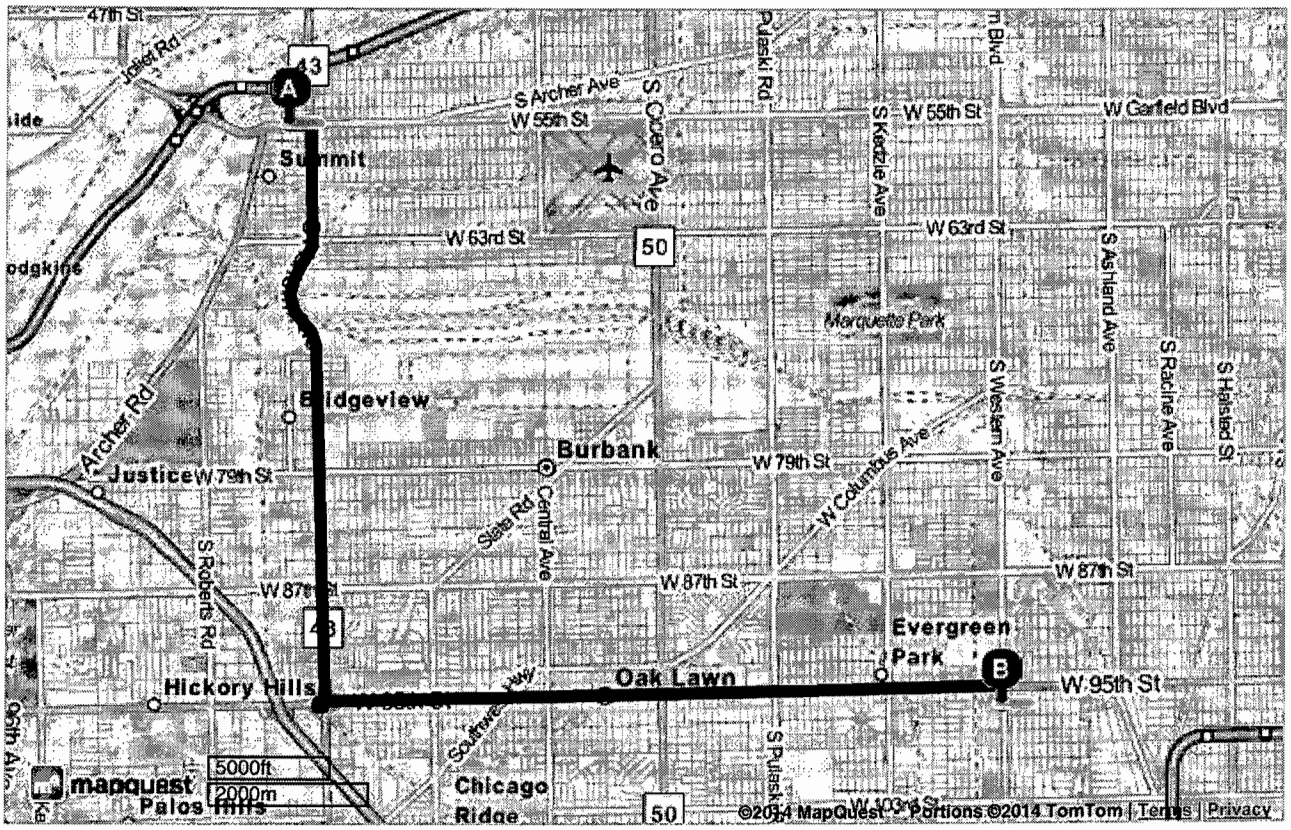
9730 S Western Ave

Evergreen Park, IL 60805-2628

11.69 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE
EVERGREEN PARK



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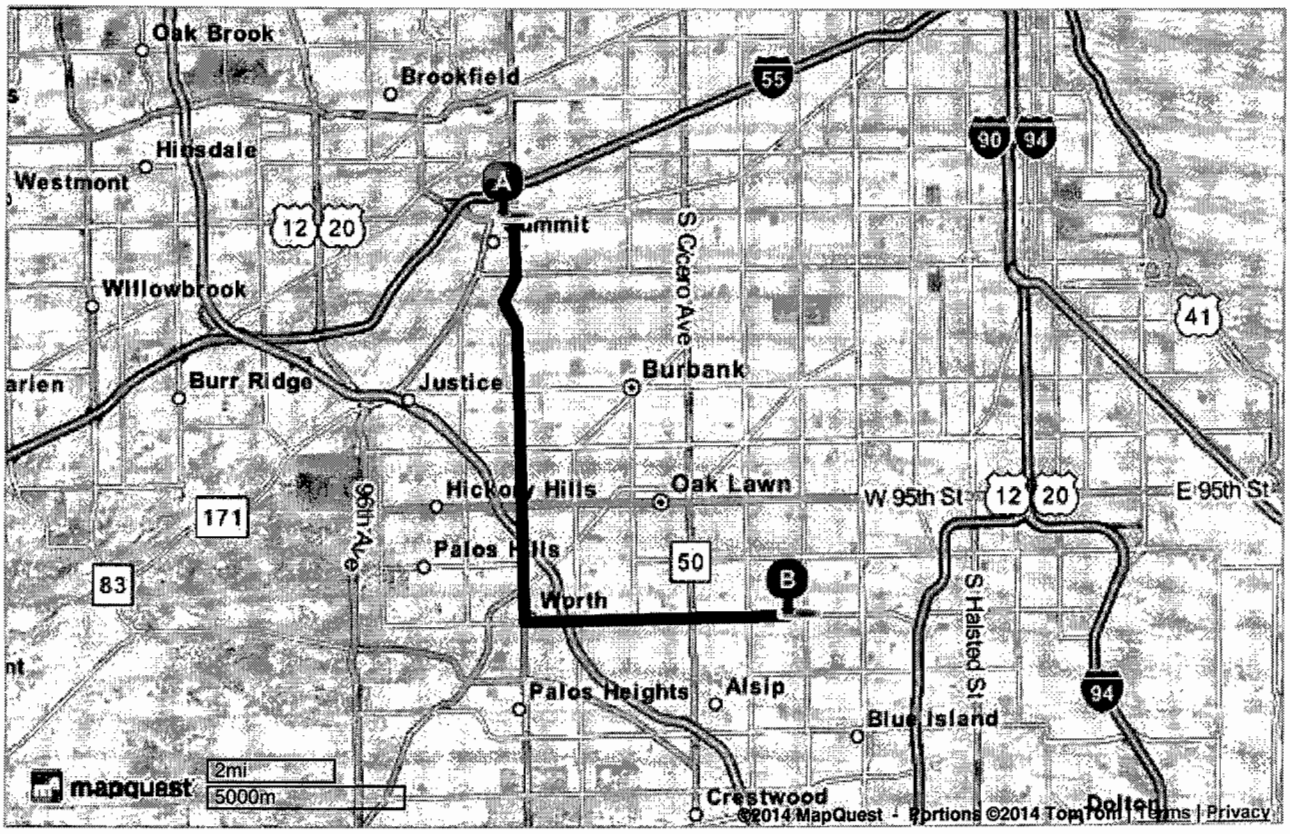
Trip to:

3401 W 111th St
Chicago, IL 60655-3329
12.02 miles / 24 minutes

Notes

TO DAVITA MT. GREENWOOD



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Notes

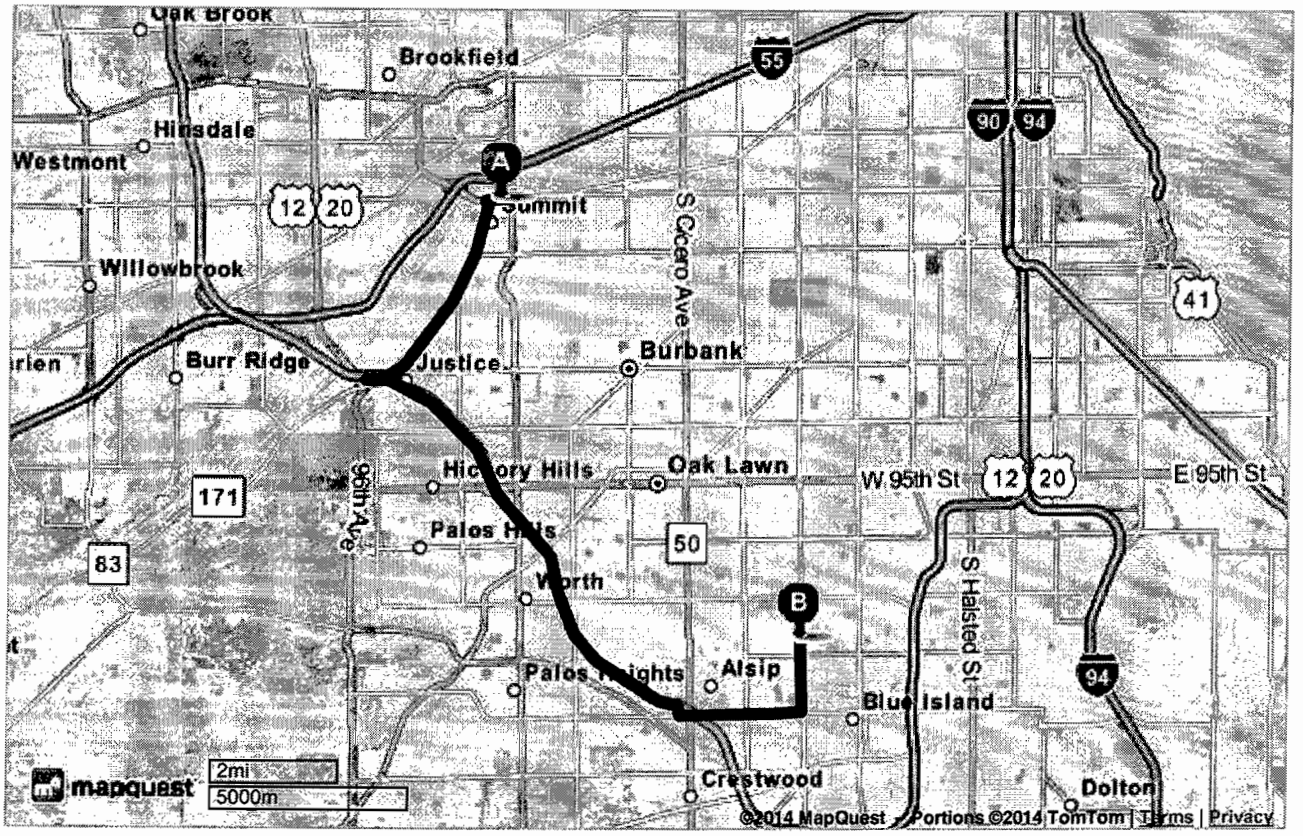
TO FRESENIUS MEDICAL CARE
MERRIONETTE PARK

Trip to:

11650 S Kedzie Ave

Merrionette Park, IL 60803-6302

16.36 miles / 24 minutes



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Notes

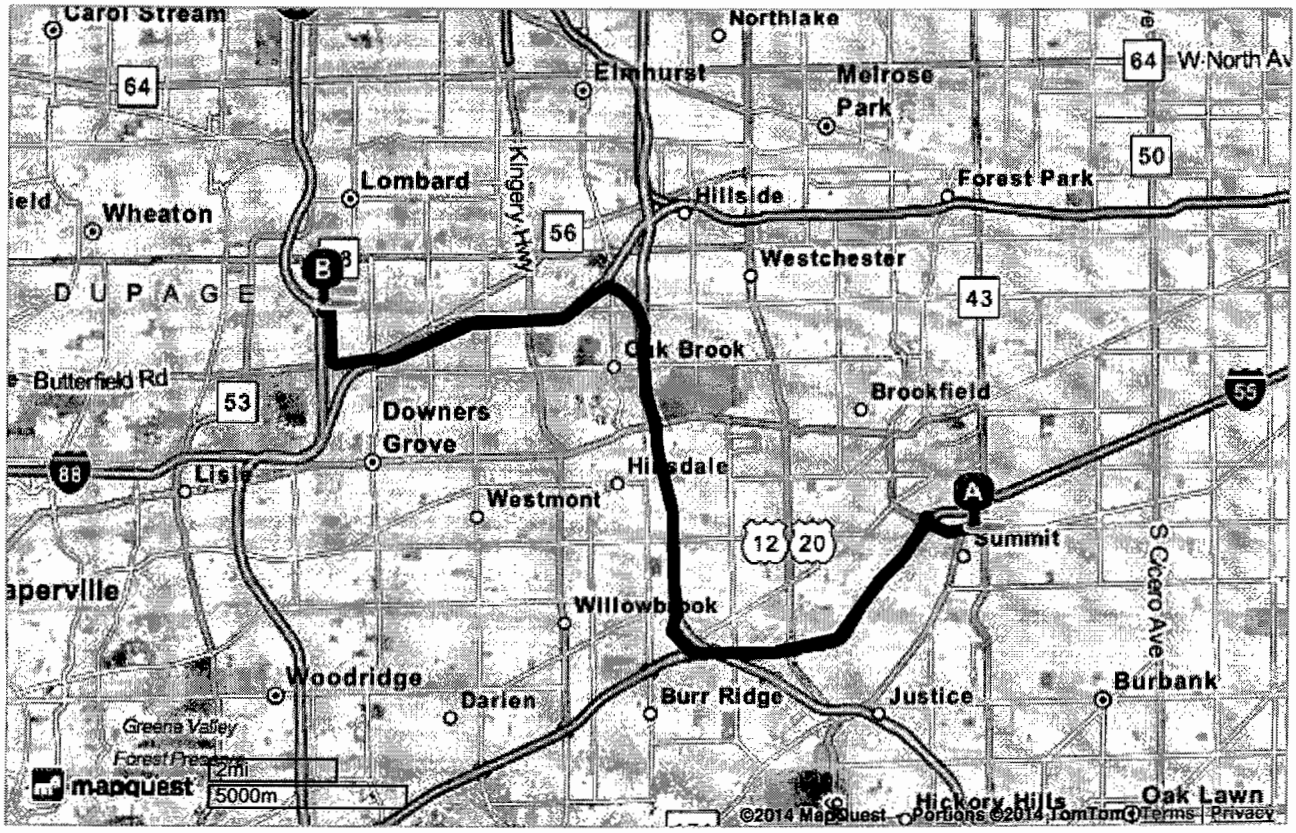
TO FRESENIUS MEDICAL CARE LOMBARD

Trip to:

1940 Springer Dr

Lombard, IL 60148-6417

19.67 miles / 24 minutes



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MAPQUEST TRAVEL TIMES
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Trip to:

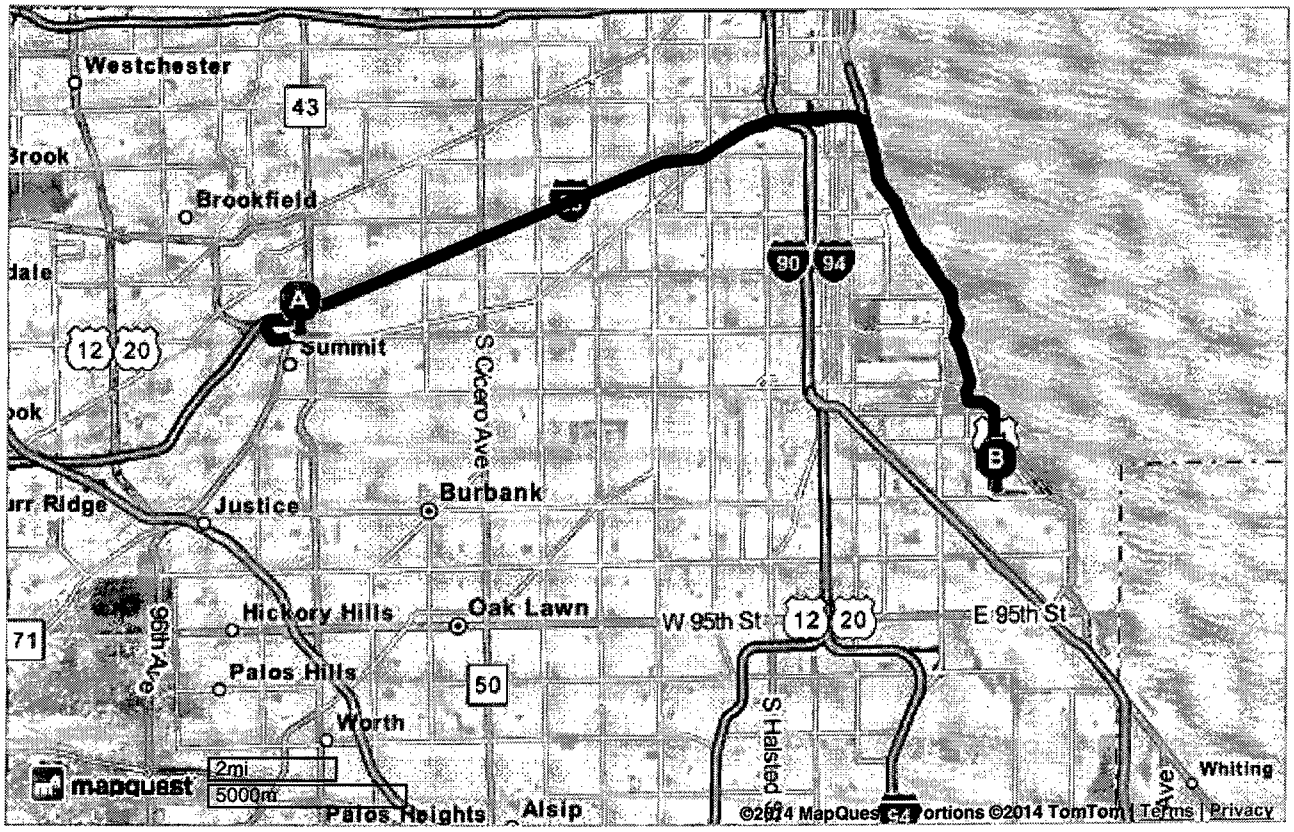
2420 E 79th St

Chicago, IL 60649-5112

19.69 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH SHORE



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Trip to:

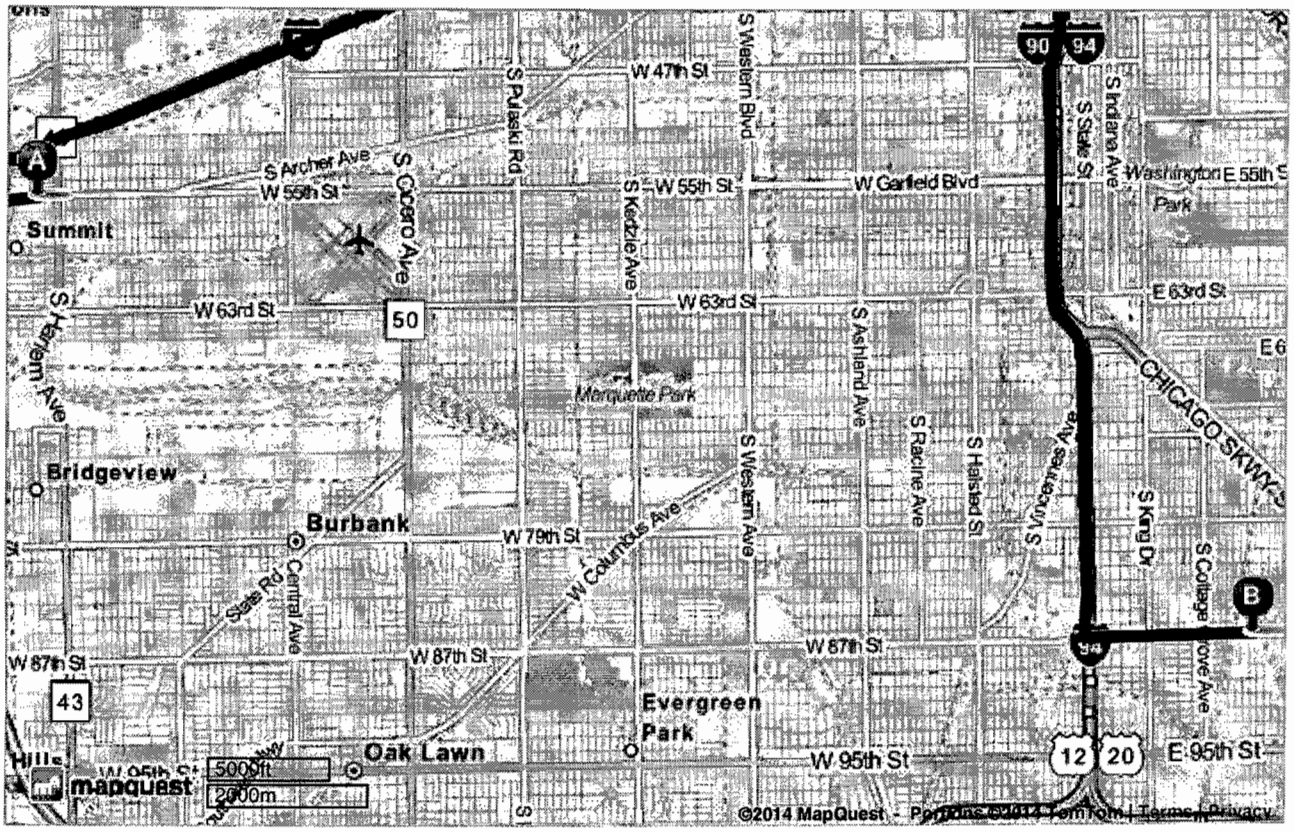
1111 E 87th St

Chicago, IL 60619-7011

20.19 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE GARFIELD



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Notes

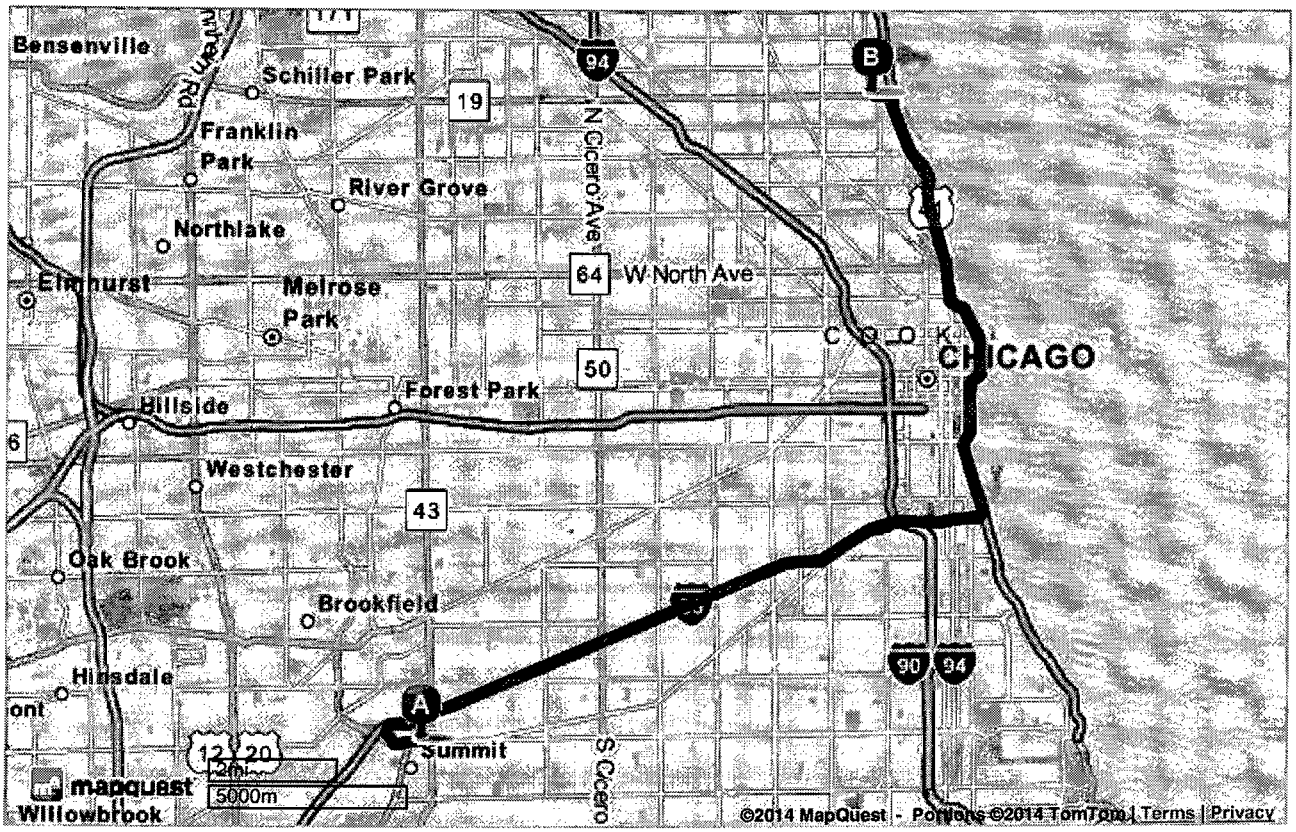
TO FRESENIUS MEDICAL CARE LAKEVIEW

Trip to:

4008 N Broadway St

Chicago, IL 60613-2111

20.43 miles / 24 minutes



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Trip to:

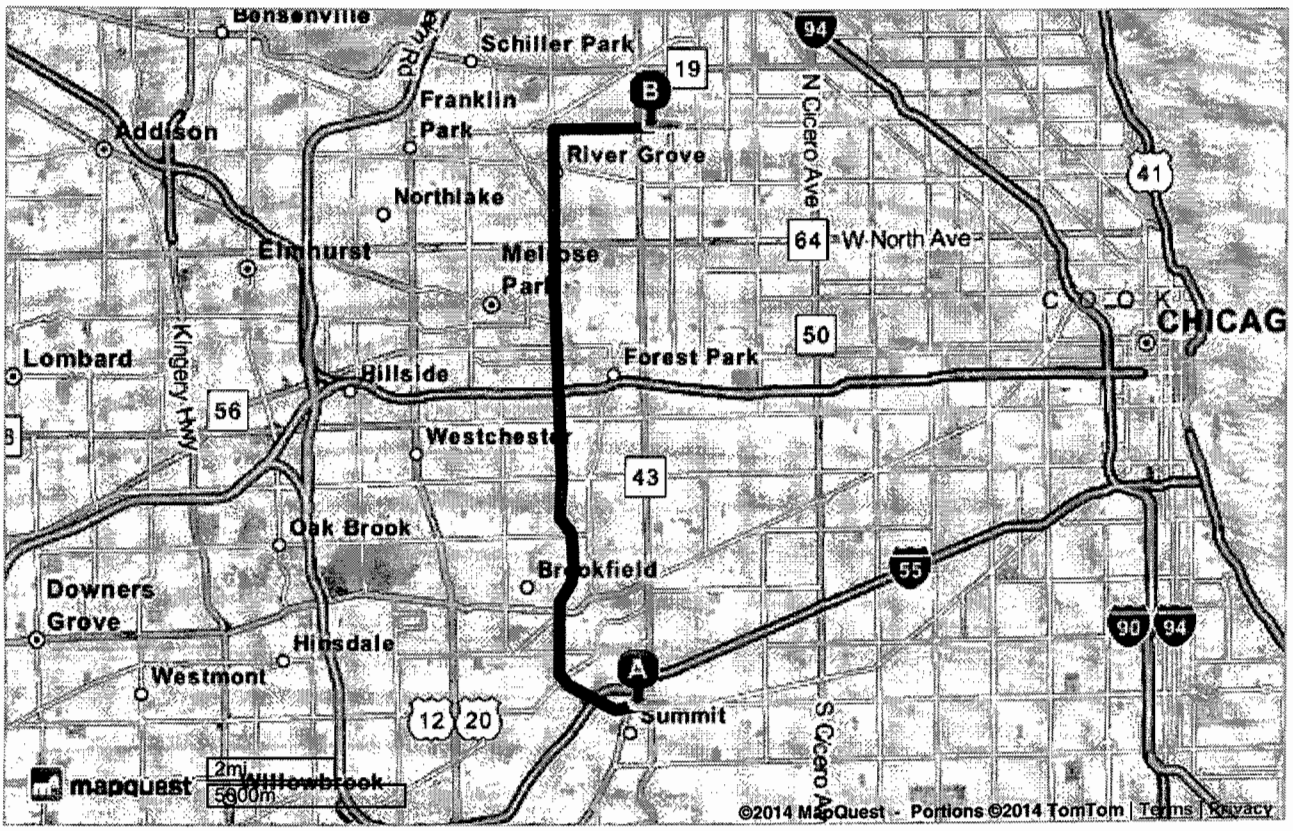
7009 W Belmont Ave

Chicago, IL 60634-4533

13.03 miles / 25 minutes

Notes

TO DAVITA MONTCLARE



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Trip to:

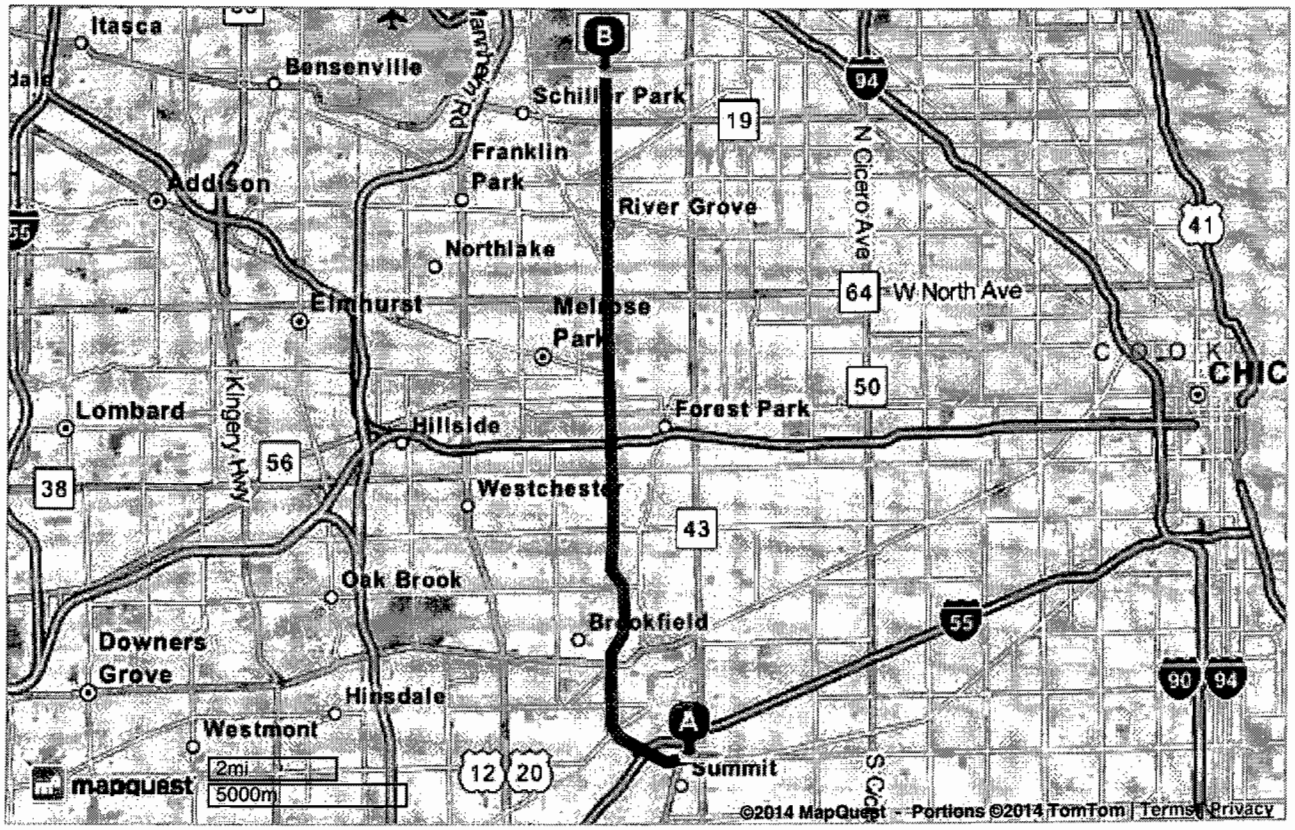
4701 N Cumberland Ave

Norridge, IL 60706-2905

13.15 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE NORRIDGE



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MAPQUEST TRAVEL TIMES
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Trip to:

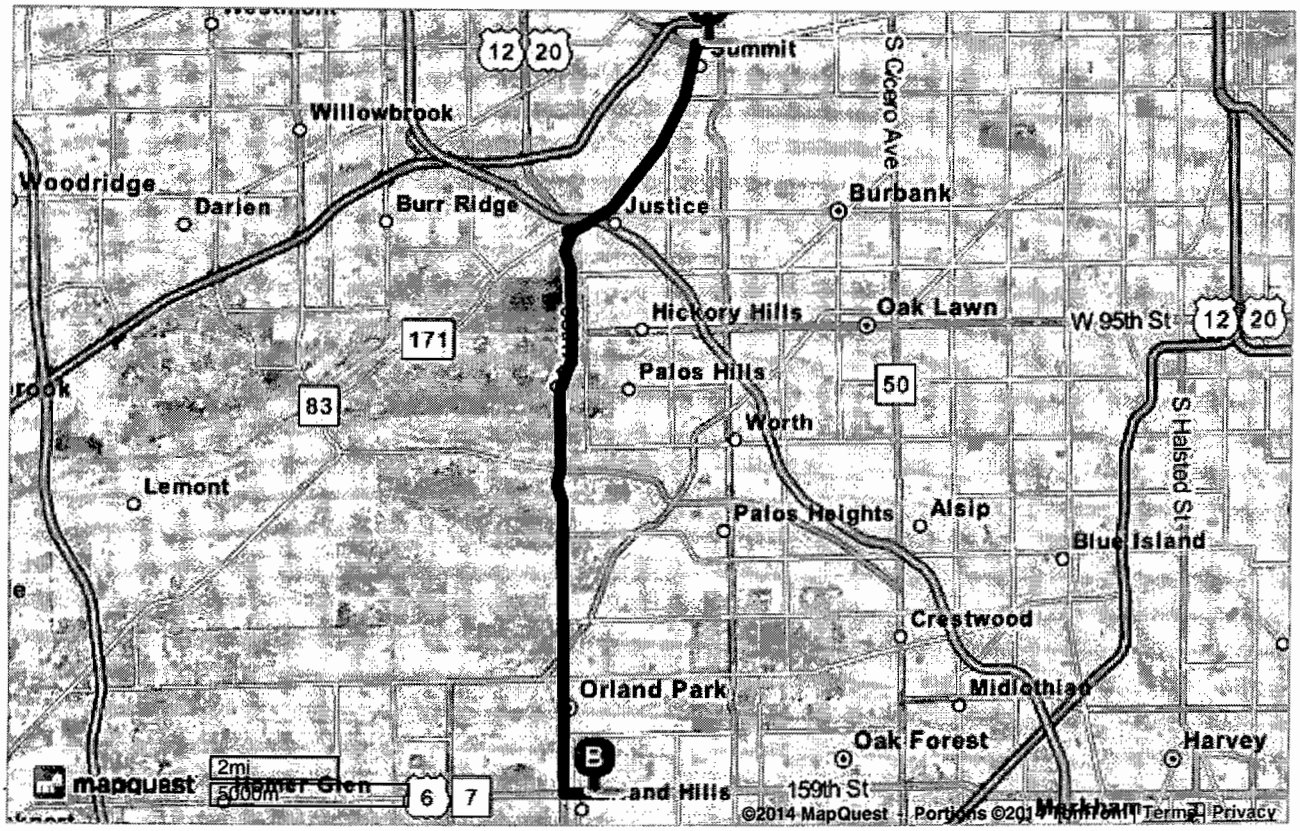
9160 W 159th St

Orland Park, IL 60462-5648

15.26 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE ORLAND PARK



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Trip to:

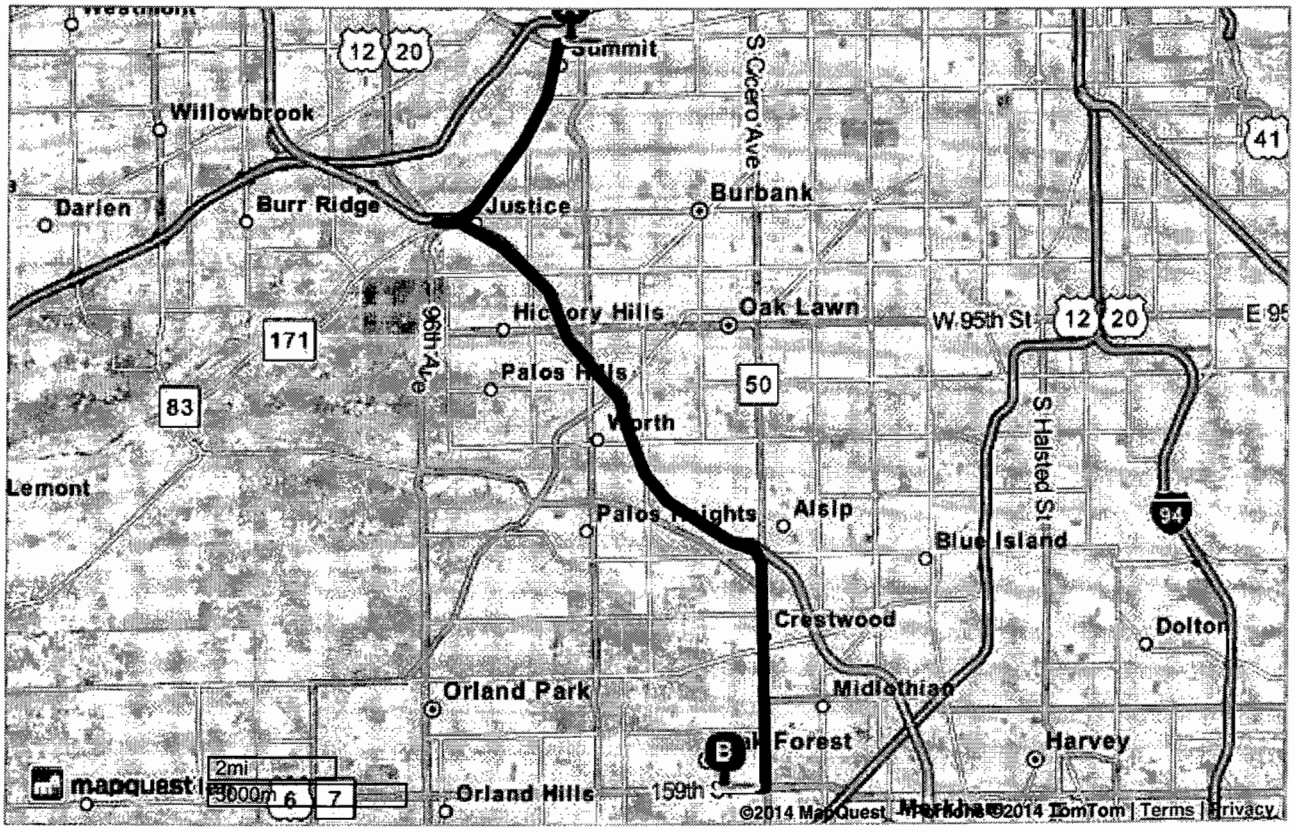
5340 159th St

Oak Forest, IL 60452-4702

17.69 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK FOREST



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Trip to:

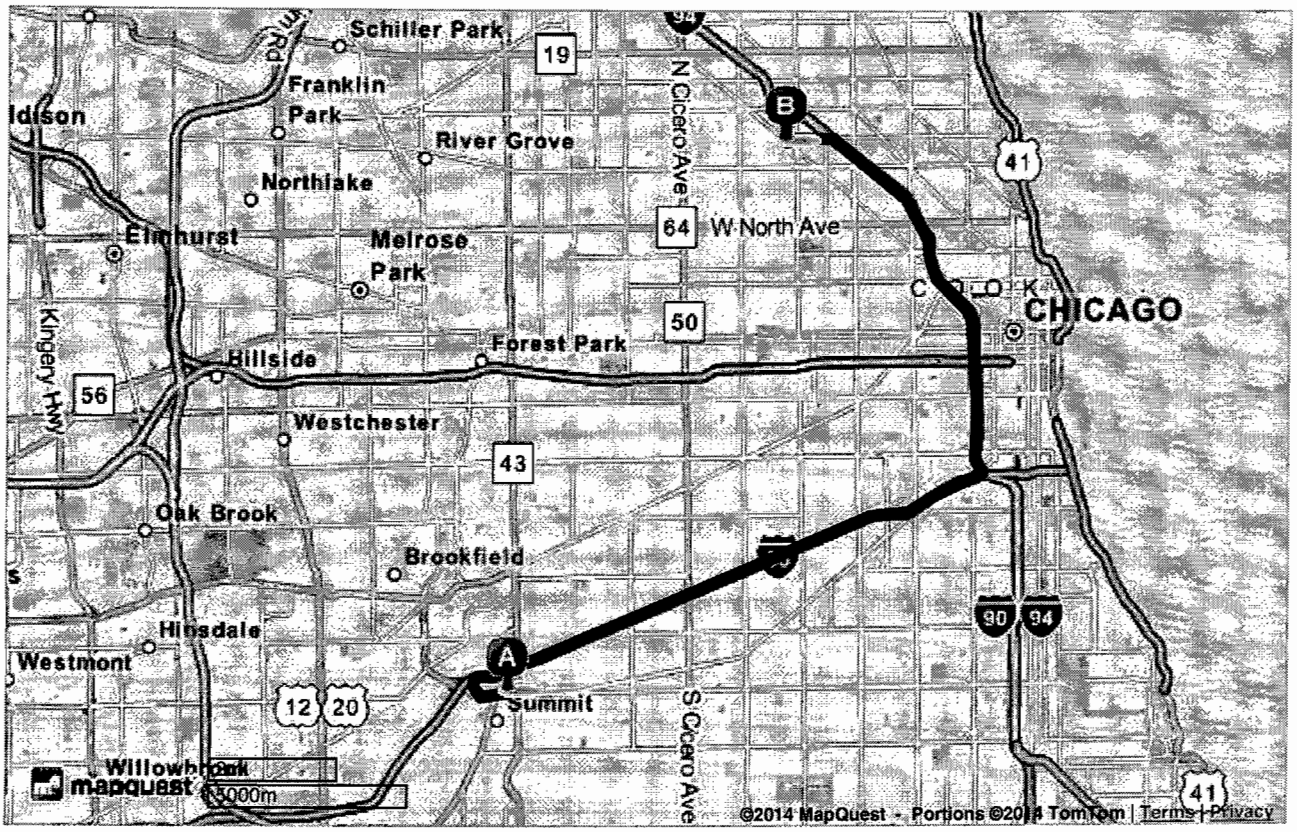
2721 N Spaulding Ave

Chicago, IL 60647-1338

18.37 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE



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Notes

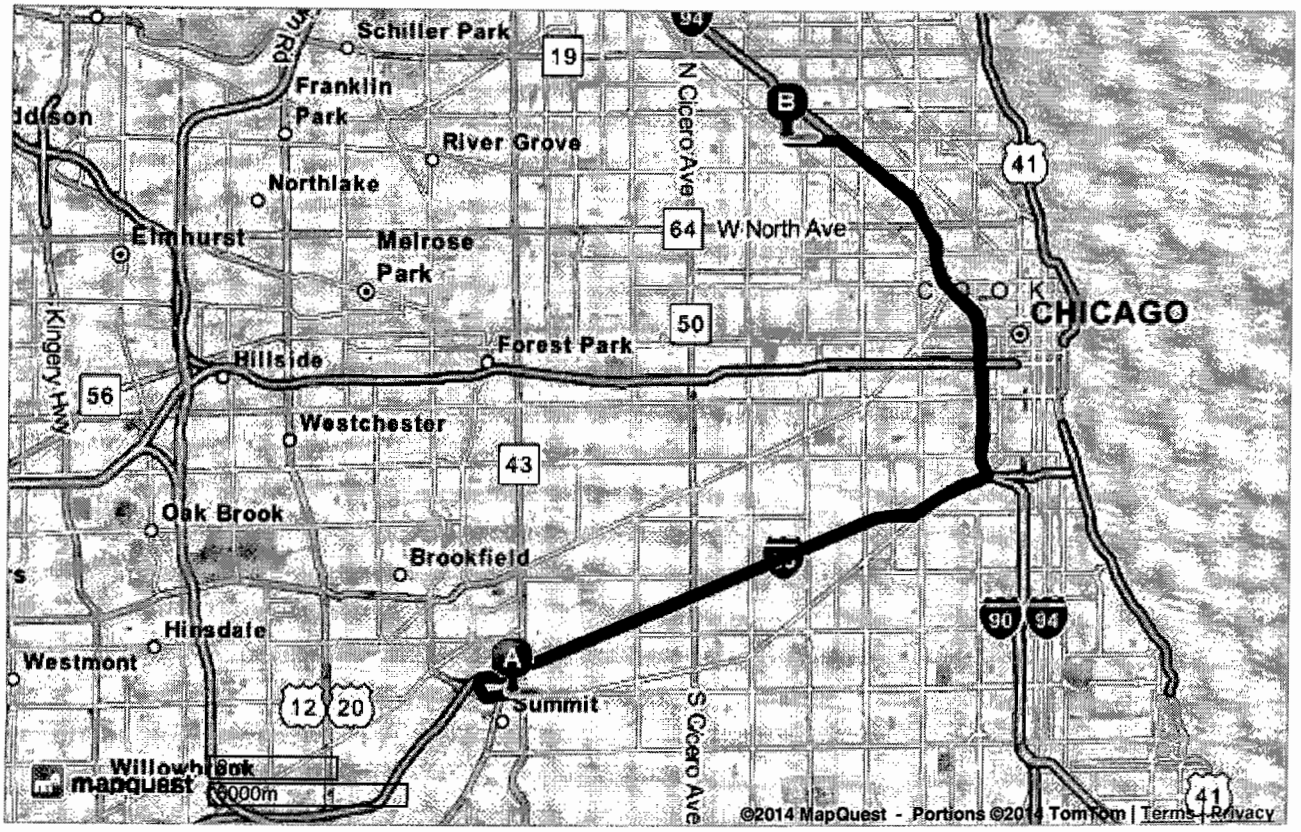
TO DAVITA LOGAN SQUARE

Trip to:

2816 N Kimball Ave

Chicago, IL 60618-7524

18.49 miles / 25 minutes



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Trip to:

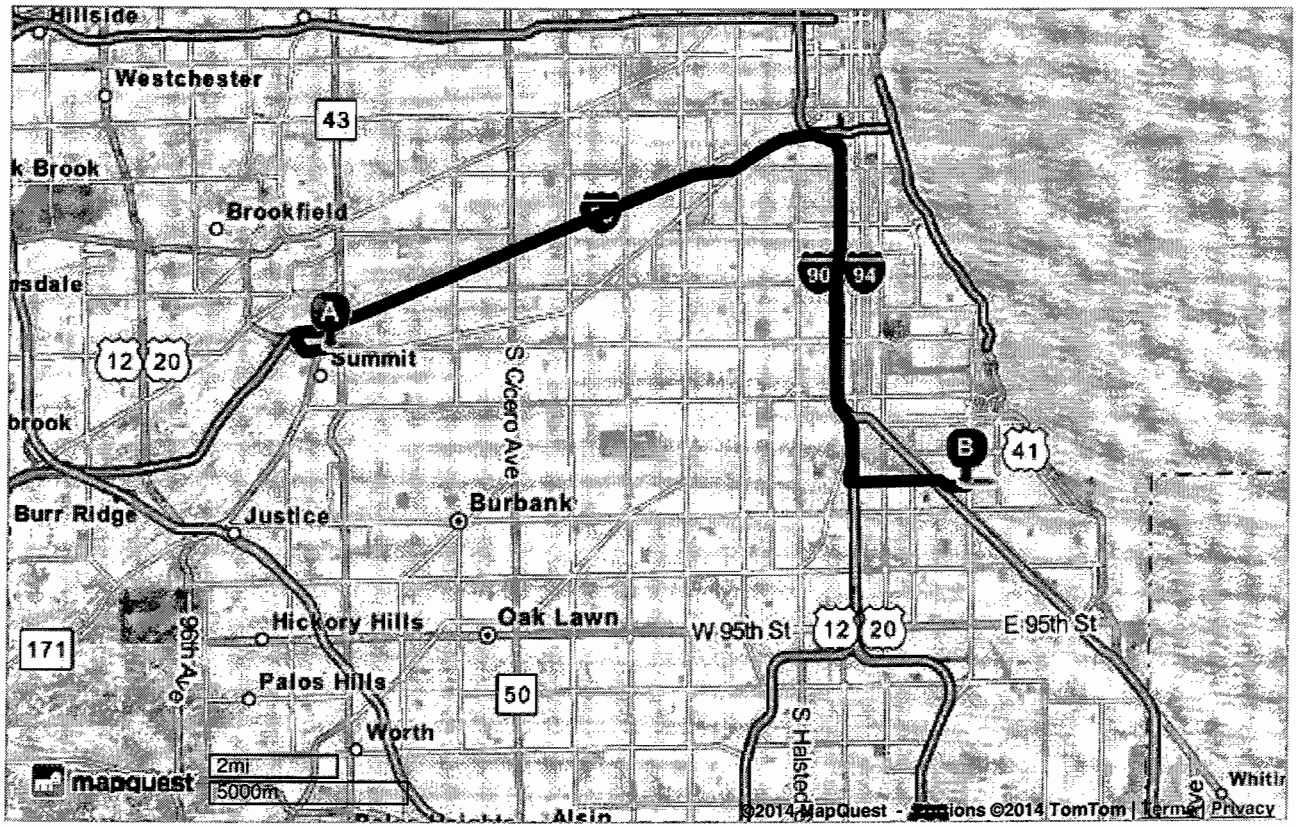
7531 S Stony Island Ave

Chicago, IL 60649-3913

19.39 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE JACKSON PARK



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Trip to:

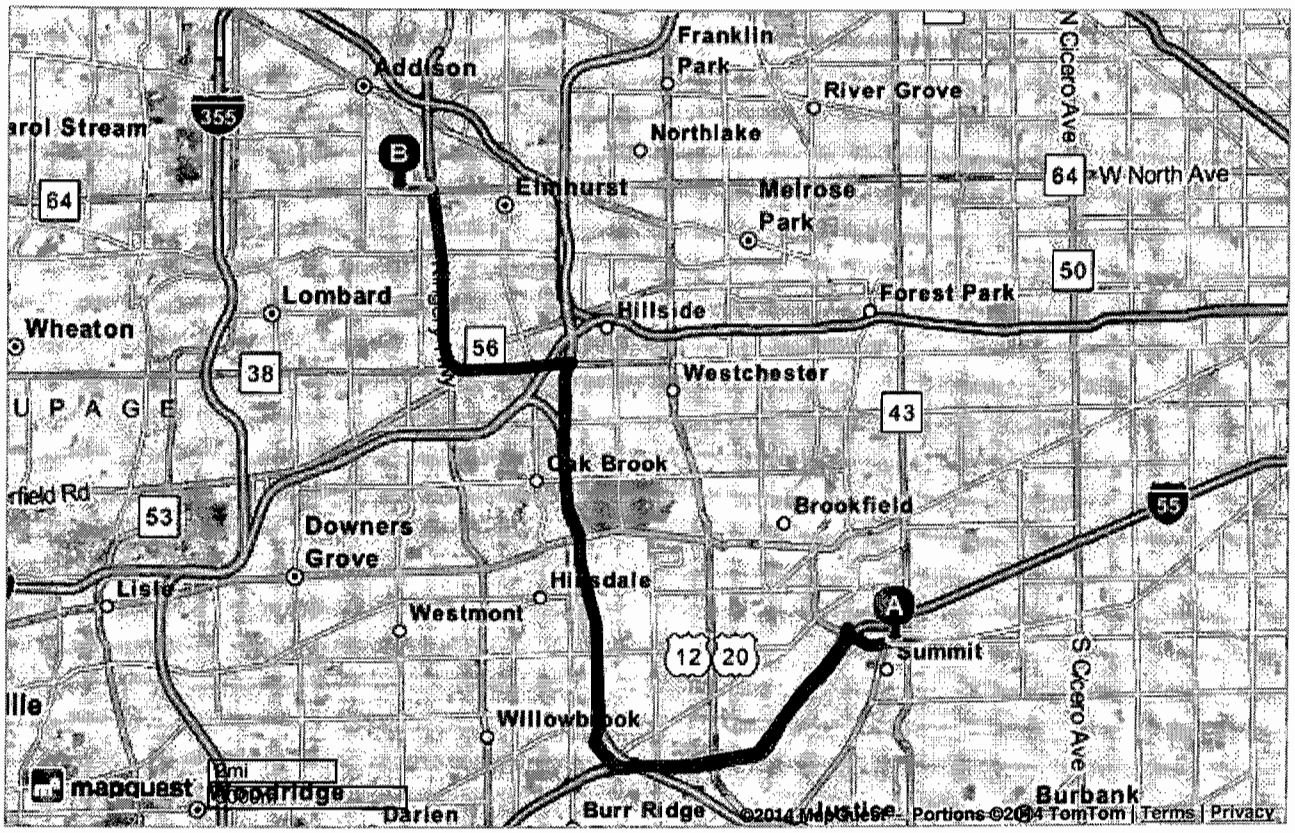
200 E North Ave

Villa Park, IL 60181-1221

19.51 miles / 25 minutes

Notes

TO US RENAL CARE VILLA PARK



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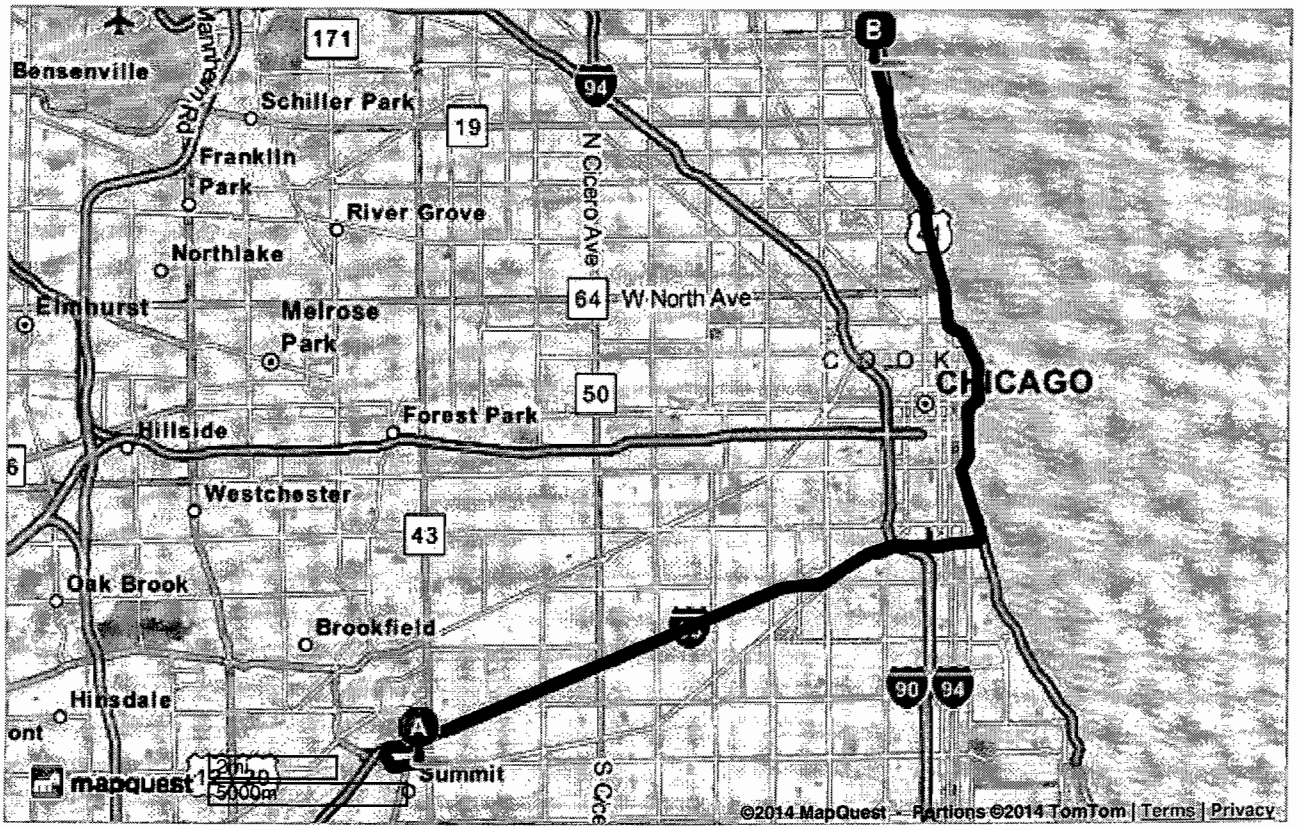
Trip to:

4720 N Marine Dr
Chicago, IL 60640-5120
21.14 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE UPTOWN



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Notes

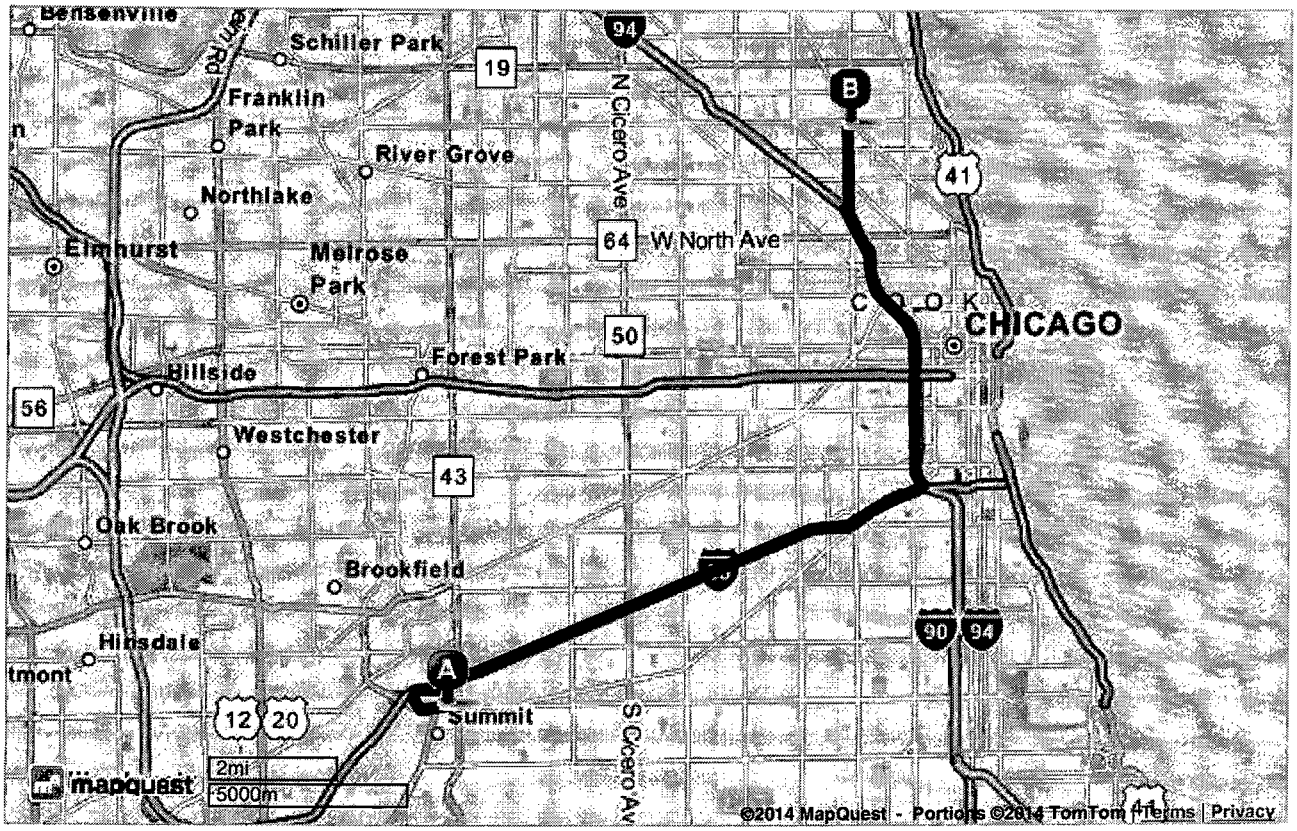
TO DAVITA LINCOLN PARK

Trip to:

3157 N Lincoln Ave

Chicago, IL 60657-3111

17.59 miles / 26 minutes



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Trip to:

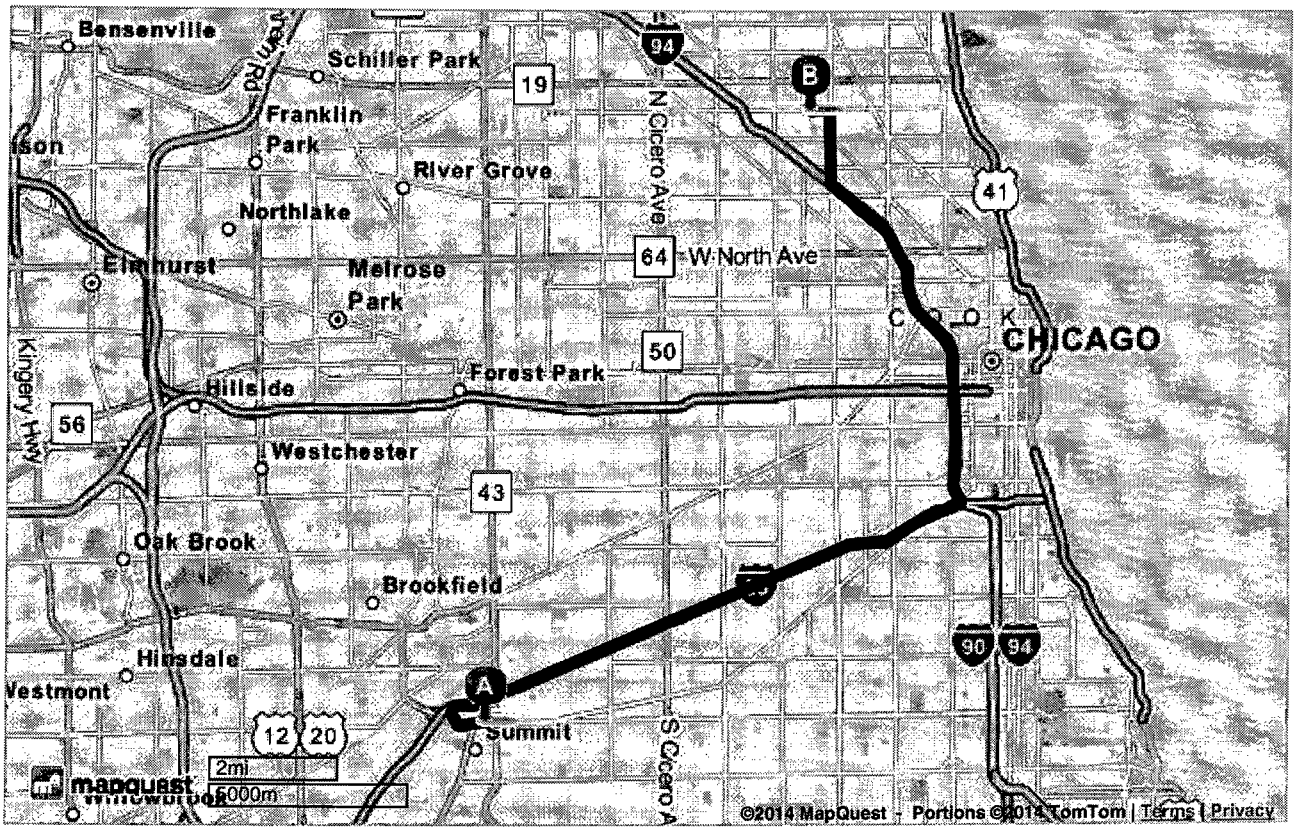
2620 W Addison St

Chicago, IL 60618-5905

18.66 miles / 27 minutes

Notes

TO FRESENIUS MEDICAL CARE
NORTHCENTER



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Trip to:

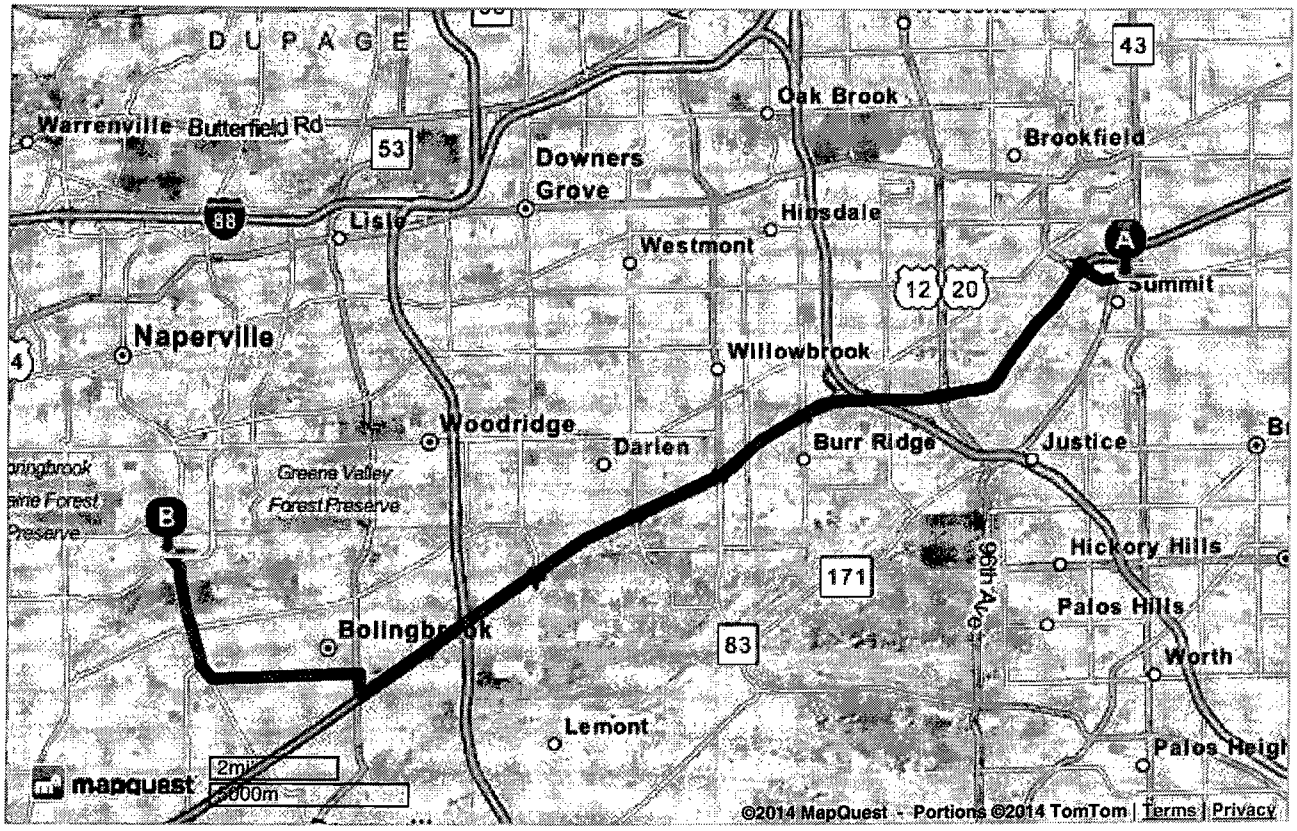
2451 S Washington St

Naperville, IL 60565-5419

21.73 miles / 27 minutes

Notes

TO FRESENIUS MEDICAL CARE
NAPERVILLE NORTH



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Trip to:

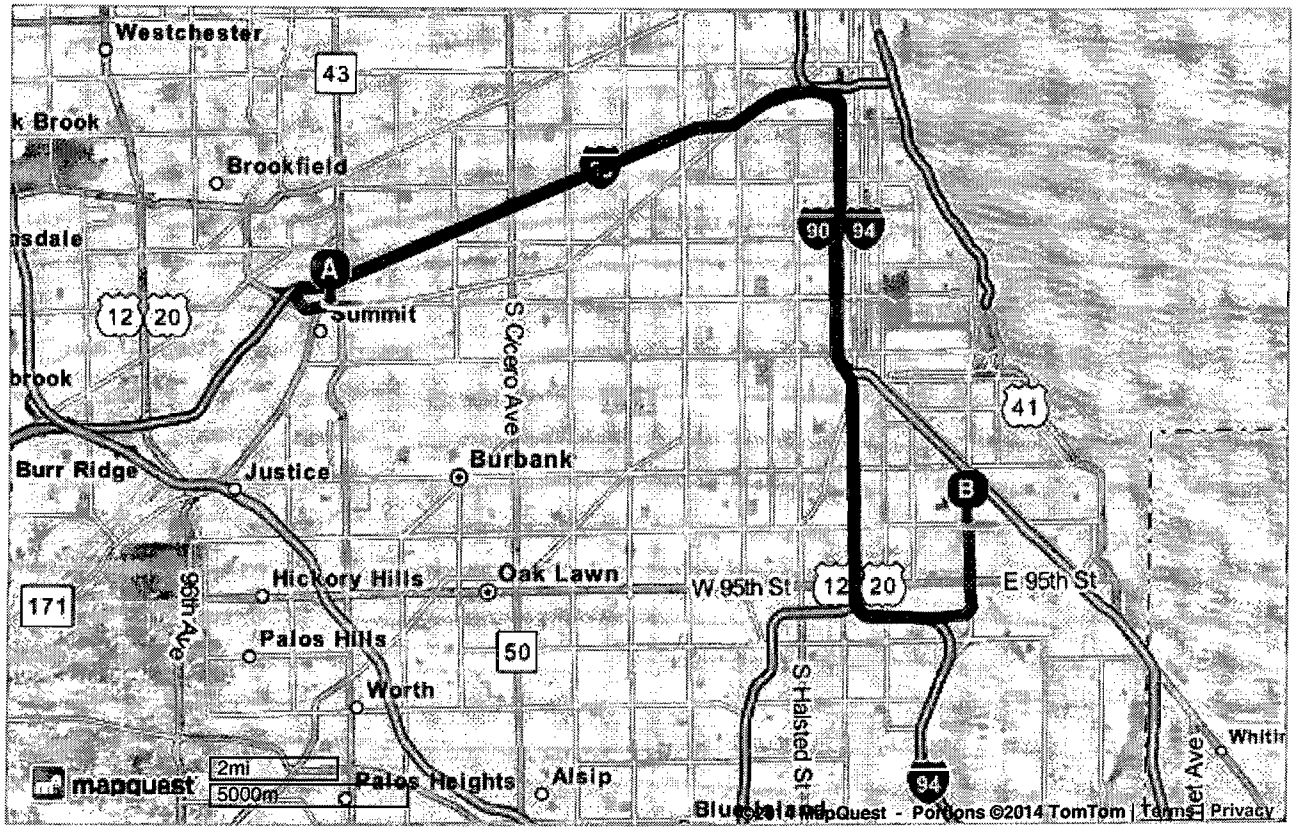
8725 S Stony Island Ave

Chicago, IL 60617-2709

23.74 miles / 27 minutes

Notes

TO DAVITA STONY ISLAND



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MAPQUEST TRAVEL TIMES
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Trip to:

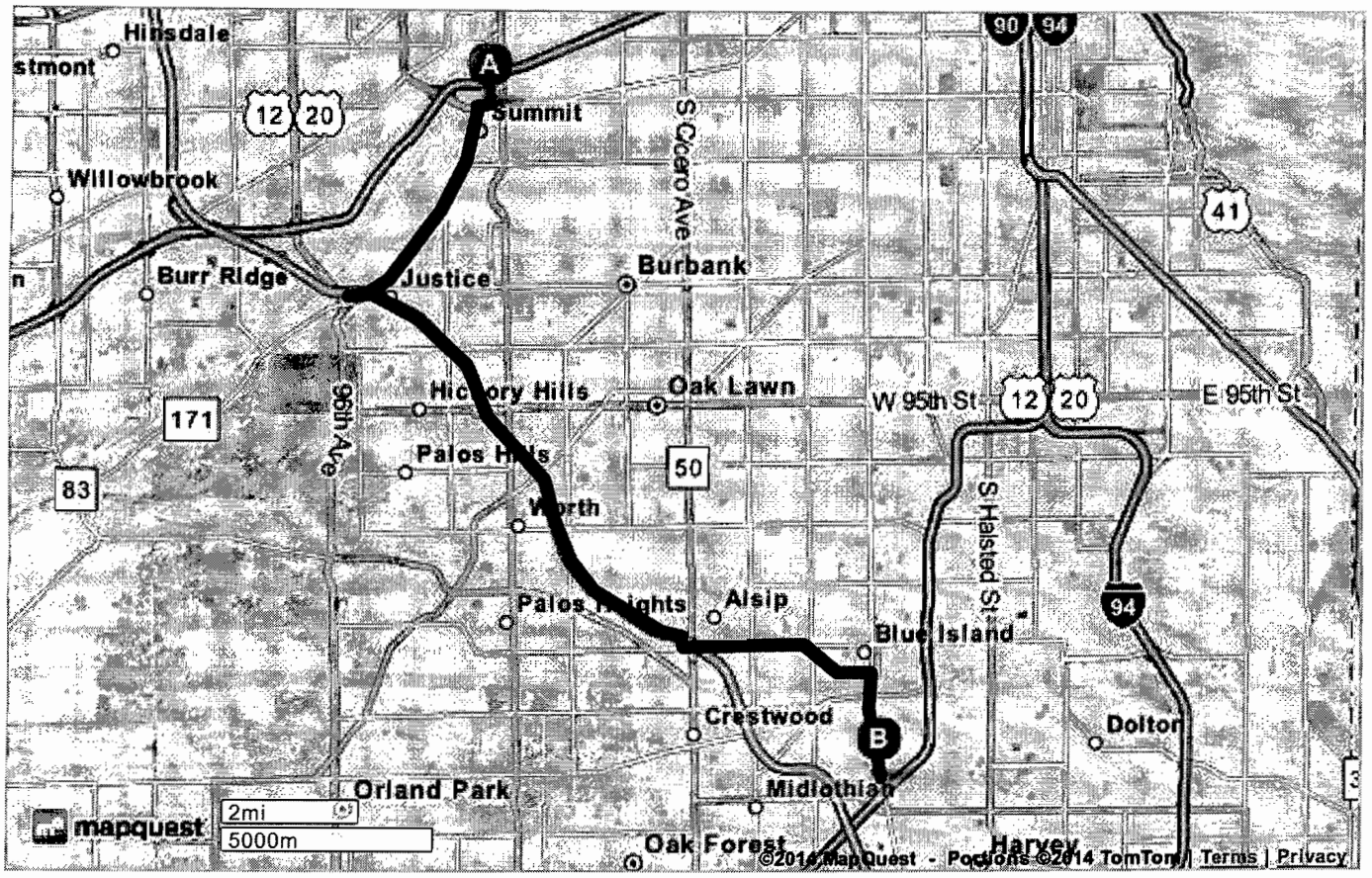
[14243 - 14251] Dixie Hwy

Blue Island, IL 60406

18.00 miles / 28 minutes

Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND



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Notes

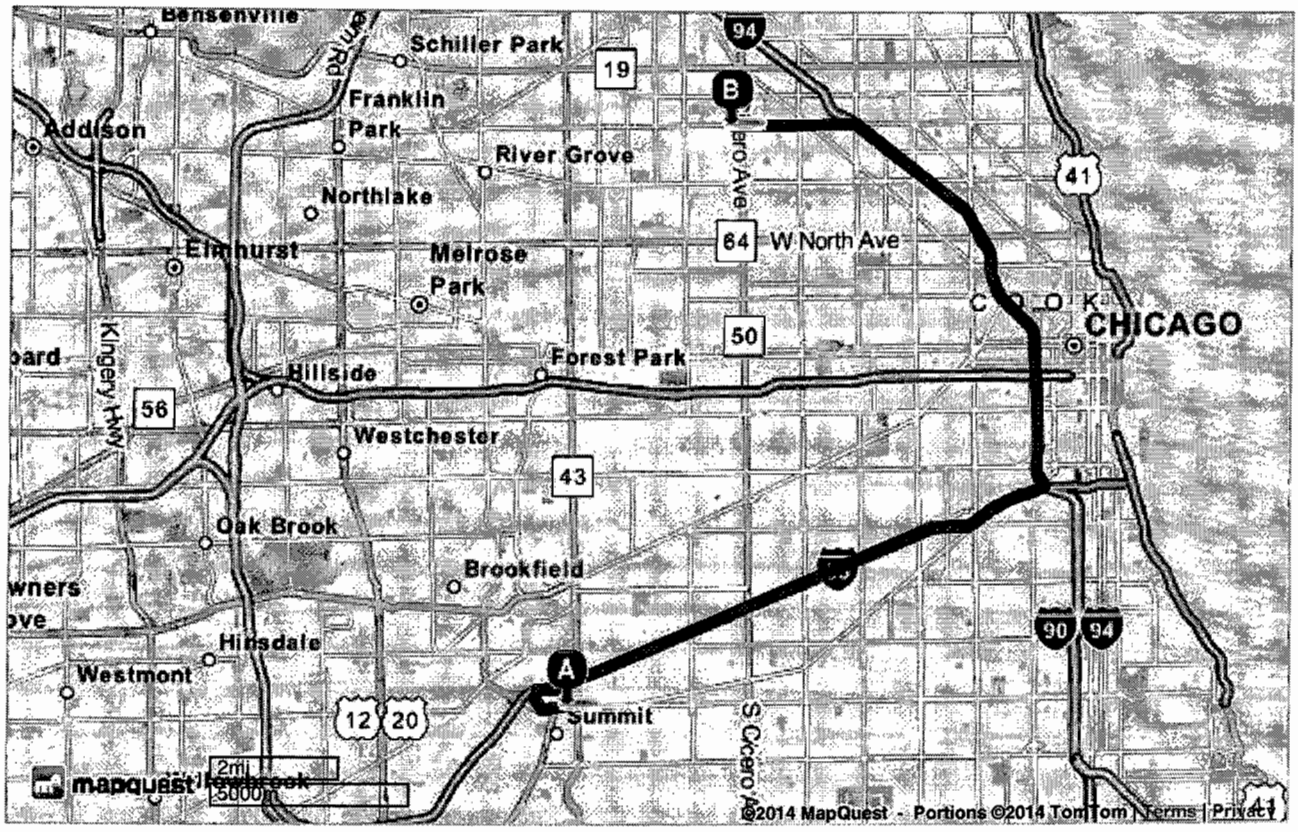
TO FRESENIUS MEDICAL CARE WEST BELMONT

Trip to:

4935 W Belmont Ave

Chicago, IL 60641-4332

20.56 miles / 28 minutes



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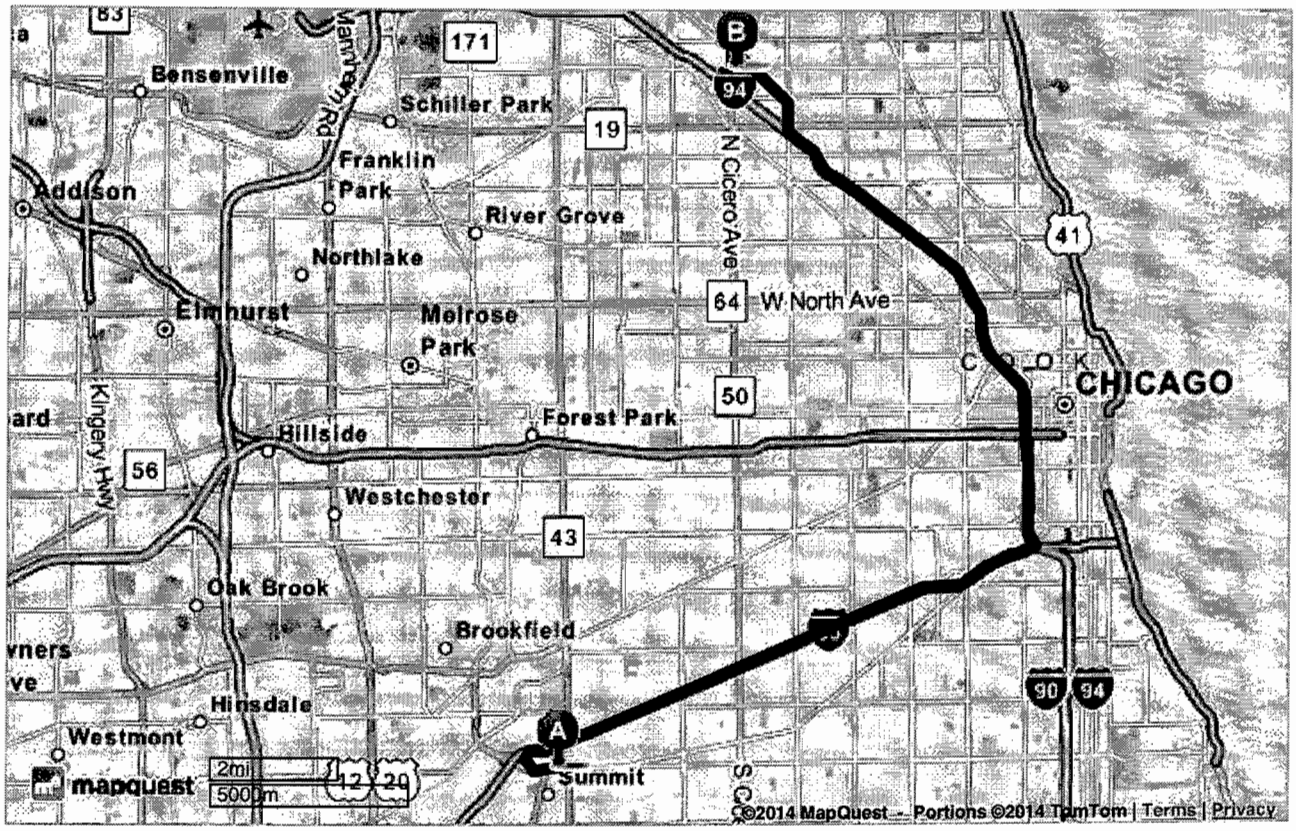
Trip to:

4800 N Kilpatrick Ave
Chicago, IL 60630-1725
21.54 miles / 30 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH KILPATRICK



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NEPHROLOGY NANI Berwyn HYPERTENSION

Nephrology Associates

6827 W. Stanley Avenue • Berwyn, IL 60402 • Phone 708.749.4617 • Fax 708.749.0094

Laurens A. Lohmann, M.D.
Matthew R. Andersen, M.D.

April 24, 2014

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

Dear Ms. Avery:

I am a nephrologist practicing on the west side of Chicago and the near west suburbs. I also serve as Medical Director of the Fresenius Berwyn dialysis facility and my partner Dr. Anderson is the Medical Director of the Fresenius facility in Cicero. This is where we refer the majority of our patients and also to Fresenius Midway on the southwest side of Chicago neighboring the village of Summit. My partners and I have seen a dramatic increase in the Hispanic population in this area which is reflected in the increase of patients presenting with chronic kidney disease. The facilities in this area are operating at high utilization rates (Berwyn 90%, Midway 99% and Burbank 93%) making it difficult to find adequate treatment schedules for new patients. The newly opened Cicero facility is bringing some relief, but it is filling up quickly as we continue to transfer and admit new patients as additional staff is trained. I don't expect this facility to have excess capacity in the near future.

My partners and I were treating 168 hemodialysis patients at the end of 2011, 184 patients at the end of 2012 and 213 patients at the end of 2013, as reported to The Renal Network at these facilities – Fresenius Berwyn, Midway, Westchester and Cicero. As of the most recent quarter, we were treating 214 hemodialysis patients. Over the past twelve months we have referred 64 new patients for hemodialysis treatment. We have 215 pre-ESRD patients in our practice who live in Summit and the surrounding areas that are in stage 3 and 4 of kidney failure. After counting for patient attrition, I expect approximately 102 to be referred to Fresenius Summit within 24 months of the completion of the facility. There are also approximately 37 patients currently dialyzing at Fresenius Berwyn and Midway who live closer to the proposed Summit facility that could potentially transfer to Fresenius Summit.

I respectfully ask the Board to approve Fresenius Medical Care Cicero to address the healthcare needs of this Hispanic community. Thank you for your consideration.

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

Sincerely,

Laurens Lohmann, M.D.

Notarization:
Subscribed and sworn to before me
this 4th day of April, 2014

Signature of Notary

Seal

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/12/17

PATIENTS POTENTIALLY TRANSFERING TO FRESENIUS MEDICAL CARE SUMMIT

City	Zip Code	Midway	Berwyn	Total
Oak Lawn	60453	1	0	**1**
Bridgeview	60455	1	1	**2**
Justice	60458	4	1	**5**
Summit	60501	1	2	**3**
McCook/Hodgkins	60525	0	2	**2**
Lyons	60534	0	2	**2**
Chicago/Bedford Park	60638	13	9	**22**
Total		**20**	**17**	**37**

PRE - ESRD PATIENTS EXPECTED TO BE REFERRED TO FRESENIUS MEDICAL CARE SUMMIT IN THE 1ST 2 YEARS AFTER PROJECT COMPLETION

City	Zip Code	Patients
Bedford Park - Chicago	60638	27
Bridgeview	60455	13
Hickory Hills	60457	3
Justice	60458	12
Burbank	60459	7
Willow Springs	60480	9
Summit	60501	10
Lyons	60534	21
Total		**102**

NEW REFERRALS OF DR. LOHMANN AND HIS PARTNERS FOR THE PAST TWELVE MONTHS APRIL 1, 2013 THROUGH MARCH 31, 2014

Zip Code	Fresenius Medical Care			Total
	Berwyn	Cicero	Midway	
60103	1			1
60153	1			1
60302	1			1
60402	8		1	9
60455	1			1
60458	1		1	2
60501	2		1	3
60546	1			1
60604	1			1
60612	1			1
60619	1			1
60623	1	2		3
60629	1		4	5
60632	3	1	2	6
60636			1	1
60638	2		7	9
60647	1			1
60652			1	1
60804	15			15
61821	1			1
Total	**43**	**3**	**18**	**64**

Physician Referrals
APPENDIX 2

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2011

Zip Code	Fresenius Medical Care			Total
	Berwyn	Midway	Westchester	
60108	1			1
60153	3			3
60154			2	2
60160	1			1
60162	1			1
60402	35			35
60434	1			1
60440	1			1
60455	1	1		2
60457	1			1
60458	1			1
60459	1			1
60501	3			3
60503	1			1
60513	2			2
60525	1			1
60534	3		1	4
60540	1			1
60546	4			4
60549	1			1
60559	1			1
60608	2	1		3
60619	1			1
60622	1			1
60623	9			9
60624	1			1
60629	2	3		5
60632	5	4		9
60638	11	5		16
60644	1			1
60652	1	1		2
60707	1			1
60804	51			51
Total	**150**	**15**	**3**	**168**

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2012

Zip Code	Fresenius Medical Care			Total
	Berwyn	Midway	Westchester	
60073	1			1
60108	1	1		2
60153	3			3
60154			3	3
60160	1			1
60162	1			1
60188	1			1
60304	1			1
60402	39		1	40
60434	1			1
60440	1			1
60446	1			1
60453		1		1
60455	1	1		2
60458	1	2		3
60501	3	2		5
60503	1			1
60513	1			1
60525	2			2
60534	3	1	1	5
60546	7			7
60549	1			1
60559	1			1
60607	1			1
60608	1	2		3
60619	1			1
60622	1			1
60623	8			8
60625	1			1
60629	3	1		4
60632	3	4		7
60638	10	8		18
60644	1			1
60649	1			1
60652	1			1
60707	1			1
60804	50	1		51
Total	**155**	**24**	**5**	**184**

Physician Referrals
APPENDIX 2

PATIENTS OF DR. LOHMANN AND PARTNERS AT YEAR END 2013

Zip Code	Fresenius Medical Care				Total
	Berwyn	Cicero	Midway	Westchester	
60108	1		1		2
60153	4				4
60154				2	2
60160	1				1
60162	1				1
60188	1				1
60304	1				1
60402	41		1	1	43
60434	1				1
60440	1				1
60453			1		1
60455	1		1		2
60458	1		2		3
60459			1		1
60501	3		3		6
60503	1				1
60513	2				2
60525	2				2
60527	1				1
60534	3		1	1	5
60546	7				7
60549	1				1
60604	1				1
60608	1		2		3
60619	1				1
60623	8	3			11
60625	1				1
60629	4		5		9
60632	3	1	6		10
60638	6	2	16		24
60644	1				1
60647	1				1
60707	1				1
60804	46	14	1		61
Total	**148**	**20**	**41**	**4**	**213**

PATIENTS OF DR. LOHMANN AND PARTNERS AT END OF 1ST QUARTER 2014

Zip Code	Fresenius Medical Care				Total
	Berwyn	Cicero	Midway	Westchester	
60103	1				1
60108	1		1		2
60153	2				2
60154				2	2
60160	1				1
60162	1				1
60188	1				1
60304	1				1
60402	38		1	1	40
60434	1				1
60440	1				1
60455	2		1		3
60458	1		2		3
60459			1		1
60501	5		3		8
60503	1				1
60513	2				2
60525	2				2
60527	1				1
60534	3			1	4
60546	7				7
60549	1				1
60604	1				1
60608			2		2
60619	2				2
60623	6	3			9
60625	1				1
60629	3		4		7
60632	3	2	6		11
60638	8	2	17		27
60644	1				1
60652			1		1
60707	1				1
60804	51	13	1		65
Total	**150**	**20**	**40**	**4**	**214**

Physician Referrals
APPENDIX 2