Original

14-026

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

RECEIVED
JUN 20 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 New City* | | |
| Street Address *4622 S. Bishop Street* | | |
| City and Zip Code: *Chicago 60609* | | |
| County: *Cook* | Health Service Area 6 | Health Planning Area: |

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

| |
|---|
| Exact Legal Name: *Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care New City* |
| 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 | ☐ | Partnership | | |
| ■ | For-profit Corporation | ☐ | Governmental | | |
| ☐ | Limited Liability Company | ☐ | Sole Proprietorship | ☐ | Other |

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

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

## Primary Contact

| |
|---|
| 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: *Teri Gurchiek* |
| Title: *Regional Vice President* |
| Company Name: *Fresenius Medical Care* |
| Address: *3500 Lacey Road, Suite 900, Downers Grove, IL 60515* |
| Telephone Number: *630-960-6806* |
| E-mail Address: *teri.gurchiek@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: *630-960-6828* |

## 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: *4622 S. Bishop, LLC* |
| Address of Site Owner: *4007 S. Wabash Avenue, Chicago, IL 60653* |
| Street Address or Legal Description of Site: *4622 S. Bishop Street, Chicago, IL 60609*<br>**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 Chicagoland, LLC d/b/a Fresenius Medical Care New City* |
| 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.**

## 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 Chicagoland, LLC, proposes to establish a 16-station in-center hemodialysis facility located at 4622 S. Bishop Street, Chicago, which is located in a Federally Designated* ***Medically Underserved Area/Population****. The facility will be in leased space with the interior to be built out by the applicant.*

*Fresenius Medical Care New City will be in HSA 6. As of the June 2014 Inventory update, there is a need for an additional 93 stations in this HSA.*

*This project is "substantive" under Planning Board rule 1110.10(b) as it entails the establishment of a health care facility that will provide 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 | 1,650,250 | N/A | 1,650,250 |
| Contingencies | 164,000 | N/A | 164,000 |
| Architectural/Engineering Fees | 163,283 | N/A | 163,283 |
| Consulting and Other Fees | N/A | N/A | N/A |
| Movable or Other Equipment (not in construction contracts) | 427,000 | N/A | 427,000 |
| 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 2,698,615<br>or Equipment 272,850 | 2,971,465 | N/A | 2,971,465 |
| 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** | **$5,375,998** | **N/A** | **$5,375,998** |
| **SOURCE OF FUNDS** | **CLINICAL** | **NONCLINICAL** | **TOTAL** |
| Cash and Securities | 2,404,533 | N/A | 2,404,533 |
| Pledges | N/A | N/A | N/A |
| Gifts and Bequests | N/A | N/A | N/A |
| Bond Issues (project related) | N/A | N/A | N/A |
| Mortgages | N/A | N/A | N/A |
| Leases (fair market value) | 2,971,465 | N/A | 2,971,465 |
| Governmental Appropriations | N/A | N/A | N/A |
| Grants | N/A | N/A | N/A |
| Other Funds and Sources | N/A | N/A | N/A |
| **TOTAL SOURCES OF FUNDS** | **$5,375,998** | **N/A** | **$5,375,998** |

**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 $ 233,176.

### 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): 06/30/2016

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** | | | | | | | |
| | | | | | | | |
| In-Center Hemodialysis | 5,375,998 | 10,250 | | | 10,250 | | |
| | | | | | | | |
| | | | | | | | |
| Total Clinical | 5,375,998 | 10,250 | | | 10,250 | | |
| | | | | | | | |
| **NON REVIEWABLE** | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| | | | | | | | |
| Total Non-clinical | | | | | | | |
| **TOTAL** | **$5,375,998** | **10,250** | | | **10,250** | | |

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

Teri A Gurchiek
SIGNATURE

Teri Gurchiek
PRINTED NAME

Regional Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of June 2014

Michelle M. Hogan
Signature of Notary

Seal

OFFICIAL SEAL
MICHELLE M HOGAN
NOTARY PUBLIC - STATE OF ILLINOIS
COMMISSION EXPIRES 11/3/17

*Insert EXACT legal name of the applicant

## CERTIFICATION

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

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

**This Application for Permit is filed on the behalf of *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 | SIGNATURE |
| Mark Fawcett | Bryan Mello |
| Vice President & Treasurer | Assistant Treasurer |
| PRINTED NAME | PRINTED NAME |
| PRINTED TITLE | PRINTED TITLE |
| Notarization: Subscribed and sworn to before me this 28th day of May 2014 | Notarization: Subscribed and sworn to before me this 28th day of May 2014 |
| Signature of Notary | Signature of Notary |
| Seal JENNIFER E. ROSA Notary Public Commonwealth of Massachusetts My Commission Expires January 21, 2016 | Seal JENNIFER E. ROSA Notary Public Commonwealth of Massachusetts My Commission Expires January 21, 2016 |

*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** | **16** |

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:**

| | | |
|---|---|---|
| 2,404,533 | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:<br>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<br>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; |
| 2,971,465 | 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:<br>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;<br>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;<br>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.;<br>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;<br>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; |
| N/A | g) | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| **$5,375,998** | **TOTAL FUNDS AVAILABLE** | |

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## IX. 1120.130 - Financial Viability

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

**Financial Viability Waiver**

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

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

**See Section 1120.130 Financial Waiver for information to be provided**

**APPEND DOCUMENTATION AS ATTACHMENT-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) | |
| ESRD | | 161.00 | | | 10,250 | | | 1,650,250 | 1,650,250 |
| Contingency | | 16.00 | | | 10,250 | | | 164,000 | 164,000 |
| TOTALS | | $177.00 | | | 10,250 | | | $1,814,250 | $1,814,250 |

* 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 40.**

| Safety Net Information per PA 96-0031 | | | |
|---|---|---|---|
| CHARITY CARE | | | |
| Net Revenue | $353,355,908 | $387,393,758 | $398,570,288 |
| | 2011 | 2012 | 2013 |
| Charity * (# of self-pay patients) | 93 | 203 | 642 |
| | | | |
| Charity (cost In dollars) | $632,154 | $1,536,372 | $5,346,976 |
| | | | |
| Ratio Charity Care Cost to Net Patient Revenue | 0.18% | .40% | 1.34% |
| MEDICAID | | | |
| | 2011 | 2012 | 2013 |
| Medicaid (# of patients) | 1,865 | 1,705 | 1,660 |
| | | | |
| Medicaid (revenue) | $42,367,328 | $36,254,633 | $31,373,534 |
| | | | |
| Ratio Medicaid to Net Patient Revenue | 12% | 12.99% | 7.87% |

**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 41.**

| CHARITY CARE | | | |
|---|---|---|---|
| | **2011** | **2012** | **2013** |
| **Net Patient Revenue** | **$362,977,407** | **$387,393,758** | **$398,570,288** |
| Amount of Charity Care (charges) | $642,947 | $1,566,380 | $5,346,976 |
| Cost of Charity Care | $642,947 | $1,566,380 | $5,346,976 |
| | 0.18% | .40% | 1.34% |

**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


| ATTACHMENT NO. | | PAGES |
|---|---|---|
| 1 | Applicant/Coapplicant Identification including Certificate of Good Standing | 22-23 |
| 2 | Site Ownership | 24-28 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 29 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 30 |
| 5 | Flood Plain Requirements | 31 |
| 6 | Historic Preservation Act Requirements | 32 |
| 7 | Project and Sources of Funds Itemization | 33 |
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| 11 | Background of the Applicant | 36-57 |
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| 18 | Master Design Project | |
| 19 | Mergers, Consolidations and Acquisitions | |
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| 34 | Clinical Service Areas Other than Categories of Service | |
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| | Appendix 1 – MapQuest Travel Times | 113-168 |
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## Applicant Identification
**[Provide for each co-applicant [refer to Part 1130.220].**

| |
|---|
| Exact Legal Name: *Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care New City** |
| 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.**

***Certificate of Good Standing for Fresenius Medical Care Chicagoland, LLC 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 02541* |
| Telephone Number: *781-669-9000* |

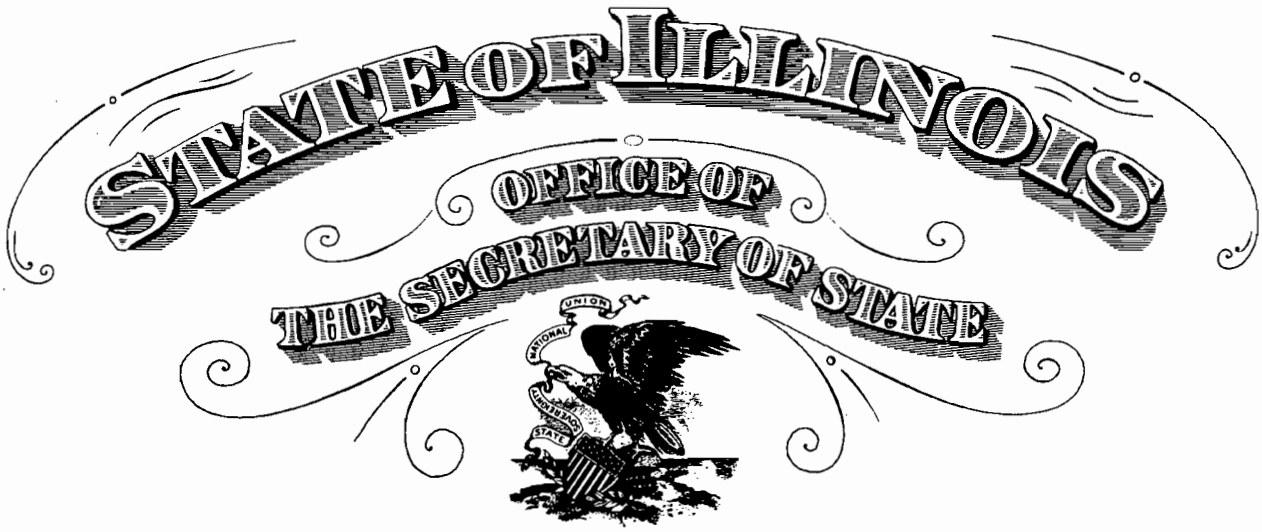
**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## Type of Ownership – 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.

*File Number* 0364338-7




## *To all to whom these Presents Shall Come, Greeting:*

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

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

Authentication #: 1414802266

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* 28TH *day of* MAY *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: *4622 S. Bishop, LLC* |
| Address of Site Owner: *4007 S. Wabash Avenue, Chicago, IL 60653* |
| Street Address or Legal Description of Site: *4622 S. Bishop Street, Chicago, IL 60609*<br>**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.** |

**4622 S. Bishop, L.L.C.**
**c/o Weitzman Realty Associates, L.L.C.**
**4007 S. Wabash Avenue**
**Chicago, IL 60653**
**773-855-8575**
**Fax 773-855-8578**

June 3, 2014

VIA E-MAIL ONLY

William Popken
Fresenius Medical Care
128 Spring Street
Lexington, MA 02421-7998

Re: New Fresenius Medical Care Facility (approximately 10,250 square feet)
4622 S. Bishop, Chicago, IL (the "Premises")

Dear Bill:

On behalf of 4622 S. Bishop, L.L.C., a to-be-formed Illinois limited liability company ("Landlord"), we are pleased to present the following proposal to Fresenius Medical Care ("Tenant"). This letter of intent supersedes all other previous letters of intent. The substantive terms and conditions of our proposal are, but not necessarily limited to the information referenced herein.

**Building:** 4622 S. Bishop, Chicago, IL ("Building").

**Term:** Fifteen (15) years, (approximately 10,250 square feet) with annual increases of two and one-half percent (2.5%) per year. Tenant will have three (3) five (5) year options to renew with annual rental increases of two and one-half percent (2.5%).

**Rent:** **Base Rent is $23.50 per square foot NNN.**

| | Base Monthly Rent |
|---|---|
| Year 1 | $20,072.92 |
| Year 2 | $20,574.74 |
| Year 3 | $21,089.11 |
| Year 4 | $21,616.34 |
| Year 5 | $22,156.74 |
| Year 6 | $22,710.66 |
| Year 7 | $23,278.43 |
| Year 8 | $23,860.39 |
| Year 9 | $24,456.90 |
| Year 10 | $25,068.32 |
| Year 11 | $25,695.03 |
| Year 12 | $26,337.41 |
| Year 13 | $26,995.84 |
| Year 14 | $27,670.74 |
| Year 15 | $28,362.51 |

**Commencement Date:** The Term will commence on the earlier of: (i) ninety (90) days after Landlord achieves substantial completion of the Building shell; or (ii) Tenant's receipt of the certificate of occupancy.

**Operating Expenses & Real Estate Taxes:** Tenant will be responsible for the real estate taxes, insurance and common area maintenance.

**Utilities:** All gas and electricity consumed in the Premises for heat, air conditioning, lights, outlets and other incidental uses shall either be separately metered and at the Tenant's sole cost and expense or paid by Landlord and reimbursed by Tenant. Tenant shall be required to engage and pay for its refuse removal service.

**Security Deposit:** None required.

**Guaranty:** Fresenius Medical Care Holdings, Inc. will guaranty the Lease.

**Building and Tenant Improvements:** Landlord shall deliver the Building in a shell condition at Landlord's expense, interpreted as adequate electrical power installed for Tenant's operation (no less than 800 amp/208 volt, 3-phase or equal depending availability), and an adequate HVAC system for the space, the presence of gas service (if available), the presence of sewer service no less than a 4 inch line and the presence of a water service no less than a 3 inch line. **Tenant shall be responsible for all additional build out at its sole cost and expense, subject to Landlord's prior written approval which will not be unreasonably withheld. In addition Landlord will endeavor to comply with the requirements set forth on the attached Building Shell Exhibit.**

**Preliminary Improvement Plans:** Landlord will provide Tenant with architectural drawings of the proposed building with detailed specifications. The parties will reasonably agree on the proposed Building. Space plans may be provided to the Tenant upon request.

**Parking:** Landlord and Tenant will agree on the number and location of the Tenant parking spaces during the architectural drawing phase of the project. Parking will be sufficient to satisfy the City of Chicago building codes. Notwithstanding the foregoing, Landlord will attempt to provide approximately 20 parking spaces.

**Signage:** Tenant will be permitted to place a sign at the location as approved by Landlord and subject to the City of Chicago building codes.

**Contingency:** Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant 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, Tenant does not expect to receive a CON permit prior to **October 7, 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 Tenant a CON permit to establish a dialysis center on the Premises by October 7, 2014, 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.

Landlord and Tenant understand and agree that the completion of this transaction is contingent upon Landlord's acquisition of the Premises after Tenant's approval for the CON. In the event that Landlord is not successful with the acquisition of the Premises either party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

**Withdrawal Of Offer:** The terms and conditions of this proposal shall expire on June 13, 2014 at 5:00 PM.

The terms and conditions of this proposal are confidential and should not be shared or discussed with individuals beyond those directly involved in this transaction. All space described in this proposal is subject to prior leasing or withdrawal at any time. Neither party shall be legally bound by this proposal or any acceptance thereof until such time as both parties formally execute

and deliver the appropriate Lease documents. This proposal is also contingent upon final Landlord approval and review of financial statements. If the above terms and conditions are acceptable, please indicate so by signing below and returning to my attention.

Sincerely,

Howard R. Weitzman
4622 S. Bishop, L.L.C.

cc: Howard J. Powers II, Esq.
Charles R. DiNaso
Charles DiNaso, Jr.

ACCEPTED AND AGREED on this 6th day of June 2014

Fresenius Medical Care, USA

By: Teri A Gurchiek
Name: TERI A GURCHIEK
Its: REGIONAL VICE PRESIDENT

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

**Operating Identity/Licensee**

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

| Exact Legal Name: *Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care New City** |
|---|
| Address: *920 Winter Street, Waltham, MA 02451* |

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

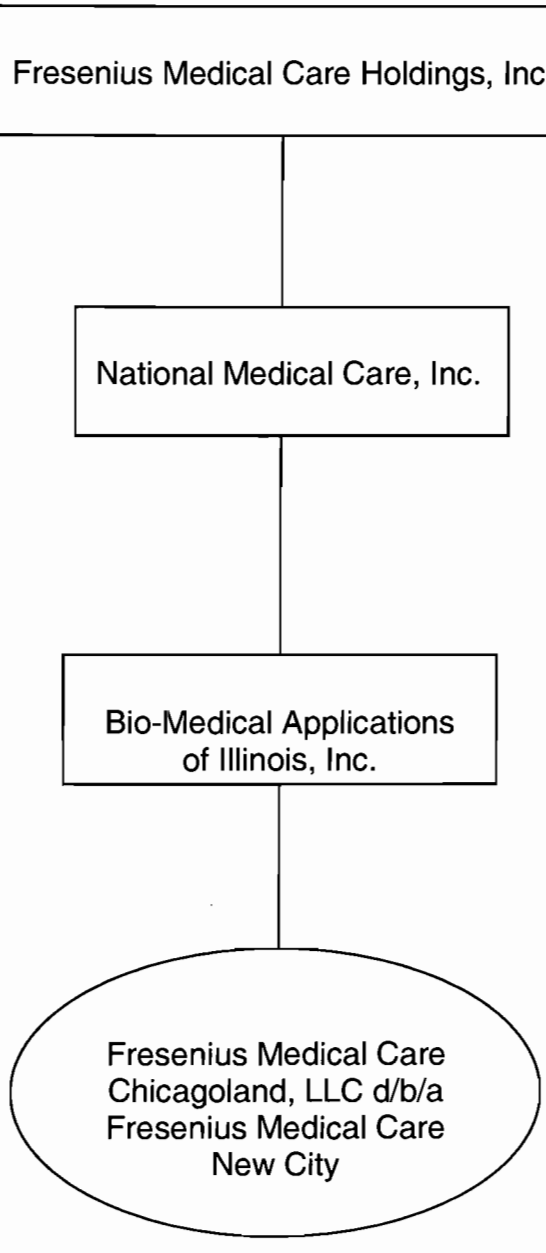
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater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

***Certificate of Good Standing at Attachment – 1.**

**Ownership**

Bio-Medical Applications of Illinois, Inc. has a 60% membership interest in Fresenius Medical Care Chicagoland, LLC.

AIN Ventures, LLC has a 40% membership interest in Fresenius Medical Care Chicagoland, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.






Org Chart
ATTACHMENT - 4

**Flood Plain Requirements**

The proposed site for the establishment of Fresenius Medical Care New City complies with the requirements of Illinois Executive Order #2005-5. The site, 4622 S. Bishop Street, Chicago, is not located in a flood plain as can be seen on the FEMA flood plain map below.

Flood Plain Determination
ATTACHMENT - 5

**Illinois Historic Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

Cook County
Chicago
CON - Lease to Establish a 16-Station Dialysis Facility
4622 S. Bishop
IHPA Log #010060414

June 11, 2014

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

Dear Ms. Wright:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer



For TTY communication, dial 888-440-9009. It is not a voice or fax line.

## SUMMARY OF PROJECT COSTS

| **Modernization** | |
|---|---|
| General Conditions | 82,550 |
| Temp Facilities, Controls, Cleaning, Waste Management | 4,000 |
| Concrete | 21,000 |
| Masonry | 25,000 |
| Metal Fabrications | 12,300 |
| Carpentry | 145,000 |
| Thermal, Moisture & Fire Protection | 29,400 |
| Doors, Frames, Hardware, Glass & Glazing | 113,000 |
| Walls, Ceilings, Floors, Painting | 266,500 |
| Specialities | 20,600 |
| Casework, Fl Mats & Window Treatments | 9,900 |
| Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations | 529,000 |
| Wiring, Fire Alarm System, Lighting | 318,000 |
| Miscelleanous Construction Costs | 74,000 |
| | **$1,650,250** |

| | |
|---|---|
| **Contingencies** | **$164,000** |

| | |
|---|---|
| **Architecture/Engineering Fees** | **$163,283** |

| **Moveable or Other Equipment** | |
|---|---|
| Dialysis Chairs | 35,000 |
| Clinical Furniture & Equipment | 30,000 |
| Office Equipment & Other Furniture | 30,000 |
| Water Treatment | 180,000 |
| TVs & Accessories | 85,000 |
| Telephones | 22,000 |
| Generator | 10,000 |
| Facility Automation | 20,000 |
| Other miscellaneous | 15,000 |
| | **$427,000** |

| **Fair Market Value of Leased Space and Equipment** | |
|---|---|
| FMV Leased Space (10,250 GSF) | 2,698,615 |
| FMV Leased Dialysis Machines | 257,850 |
| FMV Leased Office Equipment | 15,000 |
| | **$2,971,465** |

| | |
|---|---|
| **Grand Total** | **$5,375,998** |

Itemized Costs

ATTACHMENT - 7

## Project Status and Completion Schedules

- Anticipated completion date is June 30, 2016.

- 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 |
| #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 |
| #14-010 | Fresenius Highland Park | Establishment | 11/30/2015 |
| | | | |

**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 | 5,375,998 | 10,250 | | | 10,250 | | |
| | | | | | | | |
| | | | | | | | |
| Total Clinical | 5,375,998 | 10,250 | | | 10,250 | | |
| | | | | | | | |
| **NON REVIEWABLE** | | | | | | | |
| Administrative | | | | | | | |
| Parking | | | | | | | |
| Gift Shop | | | | | | | |
| | | | | | | | |
| Total Non-clinical | | | | | | | |
| **TOTAL** | **$5,375,998** | **10,250** | | | **10,250** | | |

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

**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 | 14-2774 | 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 | |
| Monmouth(Maple City) | | 1225 N. Main Street | Monmouth | 61462 | |
| 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 | 14-2771 | 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% |
| Waterloo | | 513-535 Hamacher Street | Waterloo | 62298 | |
| 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 Chicagoland, LLC

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

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

By: [signature]

ITS: REGIONAL VICE PRESIDENT

Notarization:
Subscribed and sworn to before me
this 6th day of June, 2014

[signature]
Signature of Notary

Seal

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

ATTACHMENT - 11

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: _____

ITS: Mark Fawcett
Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this 28th day of May, 2014

_____
Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 28th day of May, 2014

_____
Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

ATTACHMENT - 11

## 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.

FRESENIUS MEDICAL CARE

TOP education

Treatment Options Program

# Treatment Options Program

## For People with Chronic Kidney Disease

Fresenius Medical Care

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Treatment Options Program

# 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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Treatment Options Program

# 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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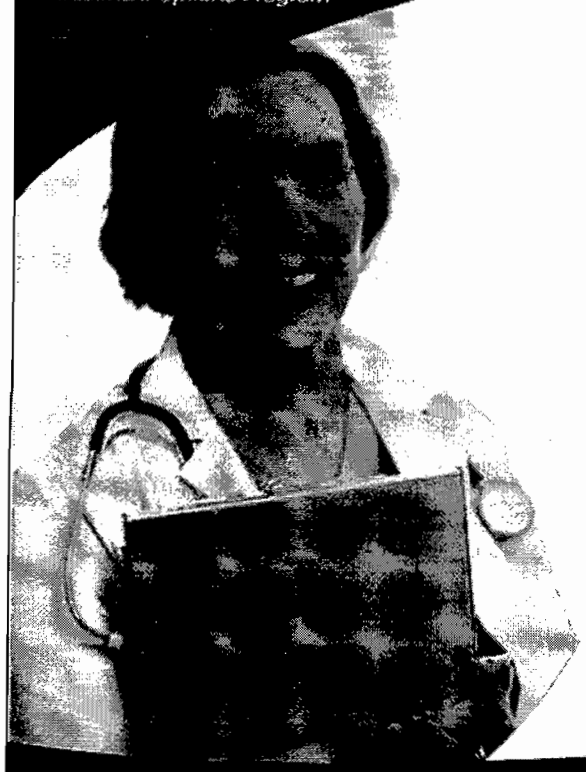

# What is Chronic Kidney Disease (CKD)?

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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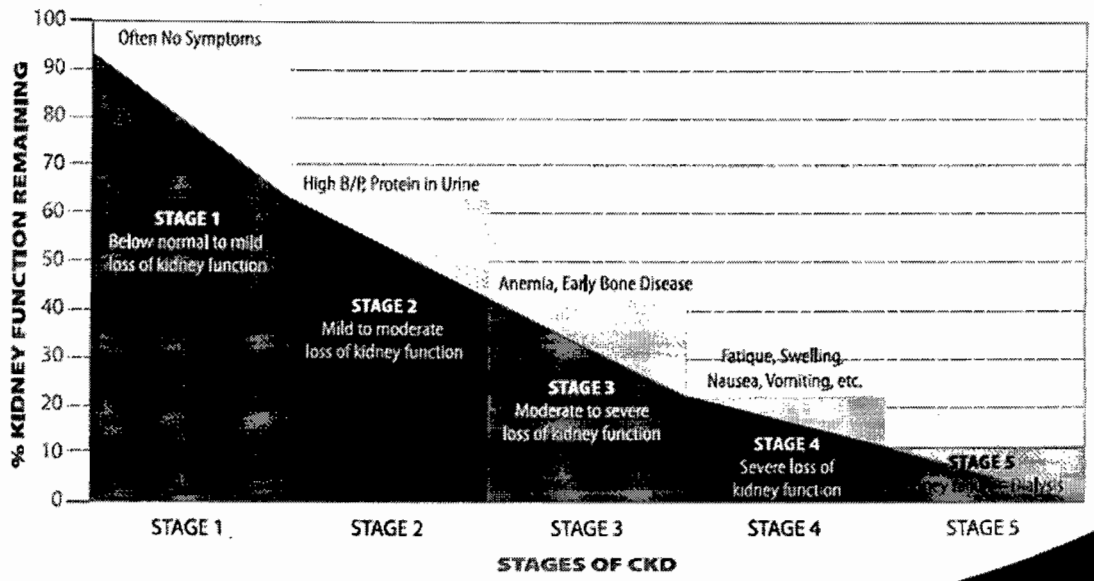
*Treatment Options Program*

# The progression of CKD

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*Treatment Options Program*

# 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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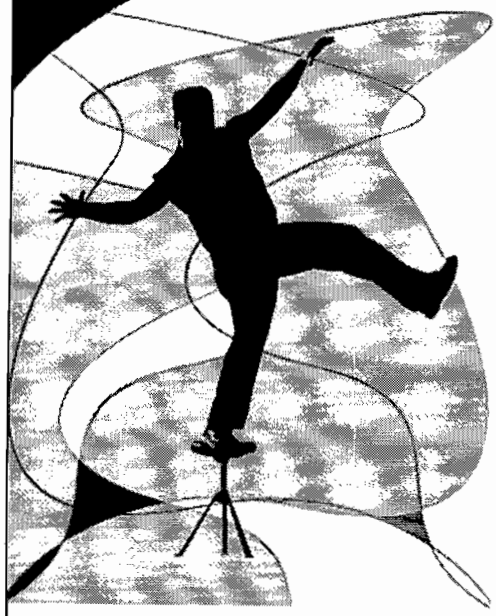
# What Happens to Your Body with Chronic Kidney Disease?



- 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 (2005 data report)
*** 2007 OPTN/SRTR Annual Report 1997-2006. HHS/HRSA/HSB/DOT

Fresenius Medical Care

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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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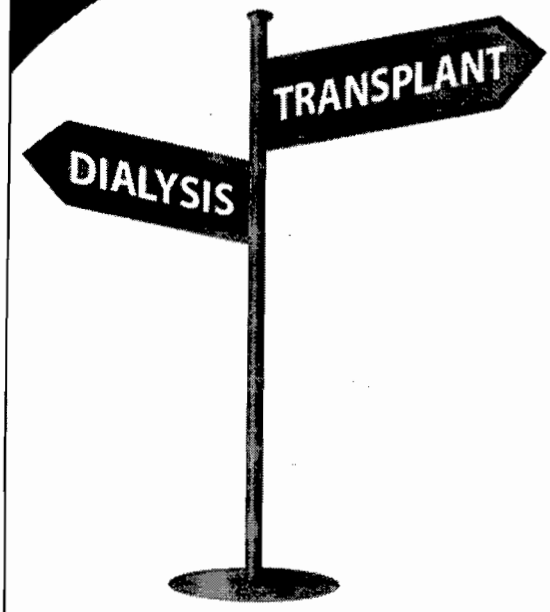
# Treatments for Kidney Failure or ESRD




- 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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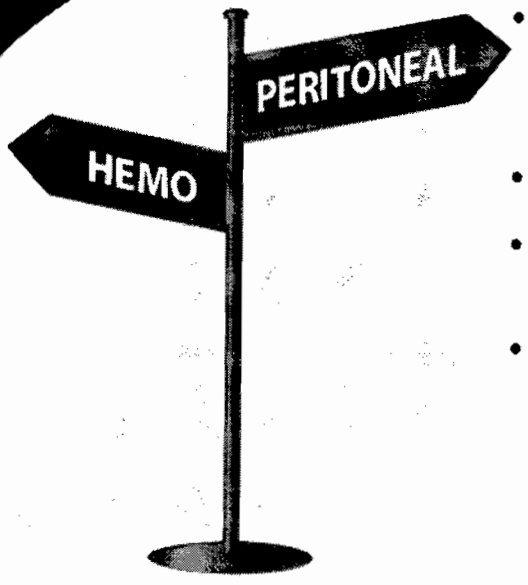
# The Dialysis Options




- 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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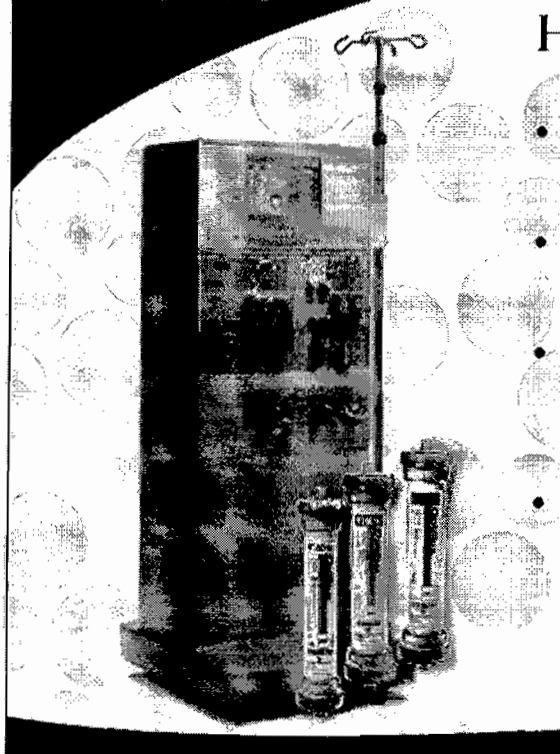
# Hemodialysis



- 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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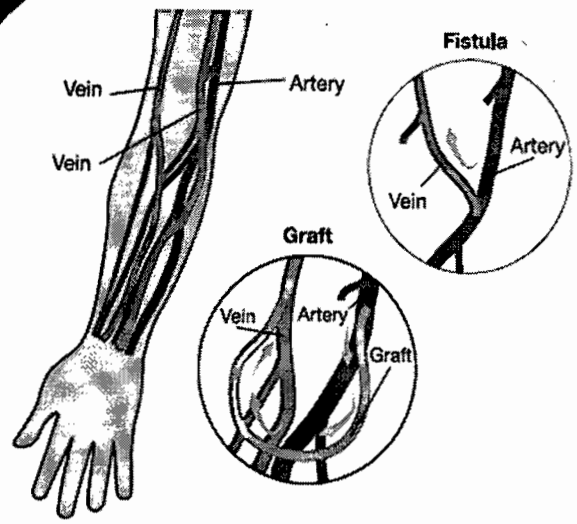
# Hemodialysis Access




- 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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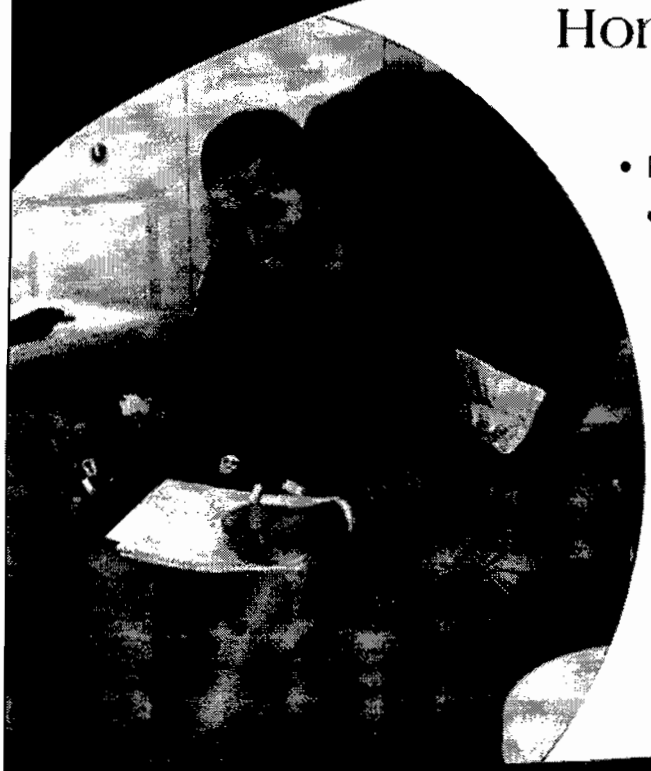
# Home Hemodialysis Option



- 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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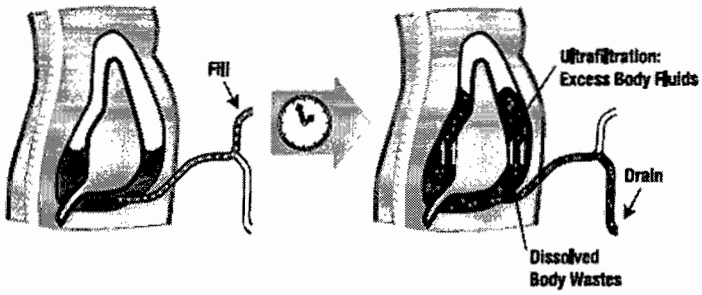
# Peritoneal Dialysis (PD)




- 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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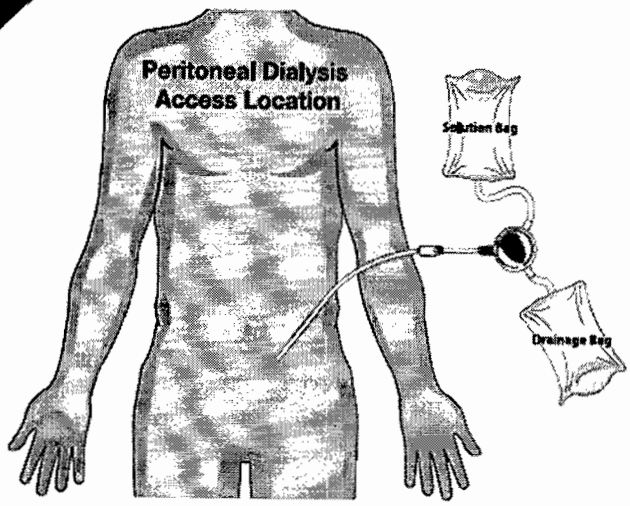
# Peritoneal Dialysis Access




- 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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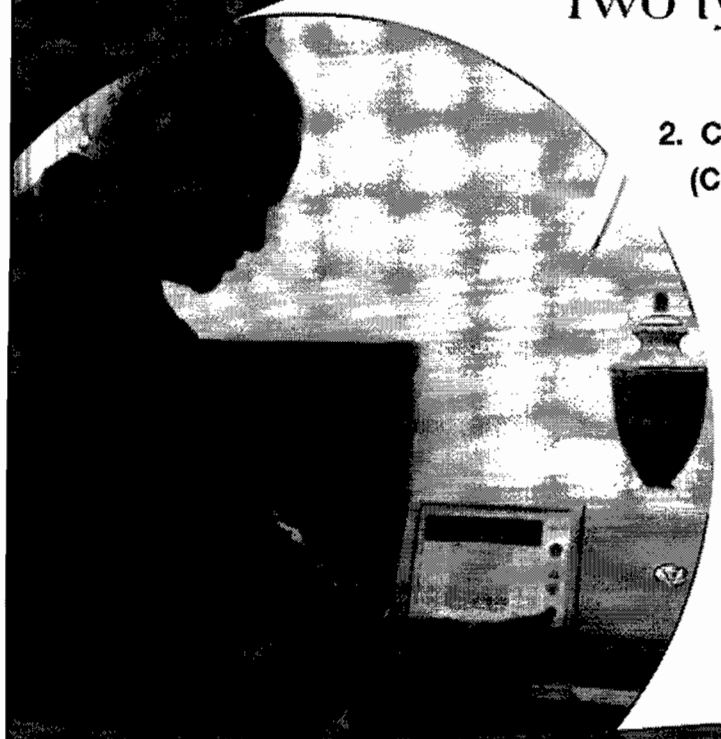
# Two types of PD



**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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# 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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# 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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# 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.

**Criterion 1110.230 – Purpose of Project**

1. The purpose of this project is to provide life-sustaining dialysis services to residents living in the far south and west side of Chicago and address the determined need for 93 stations in HSA 6. The closest Fresenius clinics that currently serve the 300,000 residents living in this area, Fresenius Bridgeport to the north and Marquette Park to the south, are both full and additional access is needed to address the shortage of access to dialysis in these underserved neighborhoods.

2. New City is a neighborhood on the south side of Chicago in HSA 6 consisting of the sub neighborhoods of Back of the Yards (where the facility will be located) and Canaryville. It sits between the Bridgeport and Marquette Park neighborhoods. Due to the high utilization in these areas and neighboring Englewood, the facility will serve a small but densely populated area **that is a Federally Designated Medically Underserved Population (a total of 156,000 residents)**.

3. Both the Fresenius Bridgeport and Marquette Park dialysis clinics have been operating above target utilization to capacity for several years. To the east the Ross-Englewood facility is also at capacity. This is a medically underserved area and area patients no longer have access in their healthcare market. Both the Bridgeport and Marquette Park facilities have expanded and cannot expand further. The Englewood facility is also not able to expand. Additional access is needed to serve this immediate area.

4. Station inventory data was obtained from the IHFSRB quarterly utilization report. All population/demographic data was obtained from the U.S. Census Bureau and patient data was obtained from Associates in Nephrology. Area MUA/MUP data was obtained from the Health Resources and Services Administration.

5. Establishing a 16-station facility between the two full clinics at Bridgeport and Marquette Park in this underserved area will maintain access to dialysis services for the area residents within their healthcare market. Having convenient access to healthcare services reduces overall healthcare costs. Patients are more likely to make and keep health related appointments. Missed dialysis treatments are reduced when patients have access to their treating facility. Missed dialysis treatments relate to increased hospital visits and worsening of patient's co-morbid conditions and lower quality of life.

6. The goal of Fresenius Medical Care is to provide dialysis accessibility to a large patient population residing in a MUA/MUP and to address the need for stations in HSA 6. 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 the Bridgeport and Marquette Park facilities as listed below.

   - 96% 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 and maintain the status quo. This is not feasible because area clinics are full and have no additional access for new patients and **there are over 200 pre-ESRD patients identified from this immediate area**. Action needs to be taken now to maintain access to dialysis treatment to these underserved neighborhoods of south Chicago. While this option has no monetary cost, the cost is to the patients who have no access in their healthcare market.

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

This facility will be a joint venture between Bio-Medical Applications of Illinois, Inc. with 60% ownership and AIN Ventures, LLC with 40%. AIN Ventures, LLC members are part of the Associates in Nephrology (AIN) physician practice in Chicago and the north and south suburbs.

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

There are no reasonable dialysis facilities available to New City residents who begin dialysis. As can be seen in the chart below, facilities serving this area are operating near capacity. The closest facilities with capacity, DaVita Woodlawn at 62% and Kenwood at 59% are not facilities that the AIN physician's see patients at. Most of the patients at these facilities are from within the University of Chicago health system and the patients identified for New City cannot all be accommodated at these facilities.

| Facility | Mar-2014 Utilization |
|---|---|
| Fresenius Bridgeport | 87% |
| Fresenius Marquette Park | 92% |
| Fresenius Ross-Englewood | 99% |
| Fresenius Garfield | 83% |
| DaVita Emerald | 81% |

The alternative of utilizing other providers may seem like an easy one, given the number of facilities that are underutilized within 30 minutes. However, this is a very misleading finding for the City of Chicago, which is one of the largest cities in the United States. The fact of the matter is, the MapQuest travel times, even adjusted; simply do not reflect the reality of traveling from one place to another within the City. They do not accurately reflect traffic congestion (especially during rush hours). Also, the MapQuest travel time anticipates someone is in a car driving to and fro, but in the City many individuals utilize public transportation. This is particularly true in certain neighborhoods where people do not even own cars, let alone use them regularly. The Back of the Yards neighborhood is just such a neighborhood.

While we cannot know with any certainty how many of the 200 plus patients identified for this unit use public transportation, a number of them will do so. Also, the reality of the City is that many people will not regularly travel from one neighborhood to another for health care. It is simply not realistic to assume that individuals living at 47th and Ashland will travel to, as an example, 3157 Lincoln Avenue (the DaVita Lincoln Park facility at 68% utilization) for dialysis. While MapQuest puts the travel time at 28.75 minutes, it would most like take 35 minutes easily in good traffic conditions to get from one location to the other. In rush hour it could take an hour and 15 minutes.

Also, the complexity and number of dialysis clinics make it impossible for nephrologists to travel to all of them within 30 minutes. What this means for patients of AIN (Dr. Crawford's practice) is that if they were scattered to the 6 clinics within 16 minutes (via MapQuest) of the proposed New City clinic site, some would probably have to see a new nephrologist for care. It is costly, and detrimental to quality of care, for a chronically ill patient who has been seeing a physician in some cases for years, to have to make a switch at a critical time – when beginning dialysis. Therefore the alternative of allowing the patients to use other health care facilities is not a truly viable alternative in this instance. There is no monetary cost to this alternative.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the underserved New City area market is to establish the Fresenius New City facility centrally located between the facilities AIN admits to that are full. The cost of this project is $5,375,998.

## 2) Comparison of Alternatives

| | Total Cost | Patient Access | Quality | Financial |
|---|---|---|---|---|
| Maintain Status Quo | $0 | At many area clinics there is NO access. Those with some access are nearing capacity. Eventually there will be no access to dialysis services in the underserved New City area. | If patients miss treatments due to lack of access, individual patient quality values will likely decline. | Increased transportation costs as patients must travel to other areas for treatment. |
| Joint Venture | $5,375,998 | This facility will be a joint venture; however the fact that it is a joint venture does not have any effect on patient access, quality or costs. The total project costs will be shared between Bio-Medical Applications of Illinois, Inc. and AIN Ventures, LLC. | | |
| Utilize Area Providers | $0 | Area clinics are also full and have no access for additional patients. Patients from this underserved area will have to travel out of market for services causing transportation issues. | Some patients may have to switch physicians and loss of continuity of care could lead to lower patient outcomes. Also, there would likely be more missed treatments leading to lower quality markers. | No financial cost to Fresenius Medical Care<br><br>Health care cost may rise as patient's quality declines. Cost of patient's transportation would increase with higher travel times. |
| Establish Fresenius Medical Care New City (Back of the Yards) | $5,375,998 | Access to dialysis services will be maintained in this underserved market area of Chicago. | Patient clinical quality would remain above standards.<br><br>Patient satisfaction and quality of life would improve with easier access to treatment. | The cost is to Fresenius Medical Care only, who is willing to invest in this underserved market. |

## 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 Bridgeport and Marquette Park, where AIN physicians are Medical Director, have achieved average adequacy outcomes of:

- 96% 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 New City.

**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 | 10,250 (16 Stations) | 7,200 – 10,400 BGSF | None | Yes |

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 7,200 – 10,400 BGSF for 16 stations. The proposed BGSF falls within the State standard thereby meeting this criterion.

**Criterion 1110.234, Project Services Utilization**

| UTILIZATION | | | | | |
|---|---|---|---|---|---|
| | DEPT/SERVICE | HISTORICAL UTILIZATION | PROJECTED UTILIZATION | STATE STANDARD | MET STANDARD? |
| YEAR 1 | IN-CENTER HEMODIALYSIS | N/A New Facility | 88% | 80% | Yes |
| YEAR 2 | IN-CENTER HEMODIALYSIS | | 100% | 80% | Yes |

The facility is expected to open with approximately 20 transfer patients, however this could be higher as patients learn of the new facility opening. Dr. Crawford has identified 213 pre-ESRD patients who live in the Back of the Yards area where the New City clinic will be located who will likely be referred to the New City facility in the first two years of operation. It is possible as patients transfer from other area facilities now at capacity that a fraction of the pre-ESRD patients will take over vacancies left at these surrounding clinics. It is evident though, that there are more than enough number of patients to bring the New City facility to the 80% Board target utilization within 2 years.

**Planning Area Need – Formula Need Calculation:**

The proposed Fresenius Medical Care New City dialysis facility is located in Chicago in HSA 6. HSA 6 is comprised of the city of Chicago. According to the June 2014 Inventory there is a need for an additional 93 stations in this HSA.

**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 6, more specifically the neighborhood of New City, which consists of the Back of the Yards and Carnaryville neighborhoods. 100% of the pre-ESRD and transfer identified for the New City facility reside in HSA 6.

| County | HSA | Pre-ESRD & Transfer Patients who will be referred to Fresenius Medical Care New City |
|---|---|---|
| Chicago/Cook Co | 6 | 233 – 100% |

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

**PAUL W. CRAWFORD, M.D., F.A.S.N.**
**AZZA S. SULEIMAN, M.D.**
**SATYA P. AHUJA, M.D., F.A.S.N.**
**MARIA I. SOBRERO, M.D.**
**HAROLD BREGMAN, M.D., F.A.C.P.**
**CONSTANTINE G. DELIS, D.O.**
**KAREEN R. SIMPSON, M.D., F.A.S.N.**
**AMITABHA MITRA, M.D.**
**JIM JIANLING YAO, M.D.**
**EDUARDO J. CREMER, M.D.**
**RICHARD HONG, M.D.**
**LO-KU CHIANG, M.D.**
**HARESH MUNI, M.D.**
**BOGDAN DERYLO, M.D., M.Sc.**
**NIC I. HRISTEA, M.D., F.A.S.N.**
**DONALD CRONIN, M.D.**
**SEJAL PATEL, M.D.**
**SUMANTH MULAMALLA, M.D.**
**MARCO PAGANI, M.D.**
**SUDESH K. VOHRA, M.D.**
**VIJAYKUMAR M. RAO, M.D., F.A.S.N.**
**CLARK MCCLURKIN, JR., M.D.**
**VINITHA RAGHAVAN, M.D.**
**DANIEL KNIAZ, M.D., F.A.C.P.**
**EDGAR V. LERMA, M.D., F.A.S.N.**
**RAMESH SOUNDARARAJAN, M.D., F.A.S.N.**
**NEETHA S. DHANANJAYA, M.D.**
**MARK P. LEISCHNER, M.D.**
**SREEDEVI CHITTINENI, M.D.**
**CHIRAG P. PATEL, M.D., F.A.S.N.**
**MADHAV RAO, M.D.**
**APRIL KENNEDY, M.D.**
**RIZWAN MOINUDDIN, D.O.**
**NIMEET BRAHMBHATT, M.D.**
**ALI KHAN, M.D.**
**MATTHEW MENEZES, M.D.**
**MINHSON BUI, M.D.**
**DIVYA JAIN, D.O**

June 16, 2014

Ms. Kathy Olson
Chair
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist in practice with Associates in Nephrology (AIN). My partners and I have over 2,000 dialysis patients that we serve in the Chicagoland area. I am also the Medical Director of the Fresenius Evergreen Park dialysis facility. I have been practicing nephrology for 30 years and am on staff at South Shore, South Suburban, Roseland, & St. Joseph hospitals. I am in full support of the proposed 16-station Fresenius Medical Care New City facility. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure. This is clearly evidenced by the high utilization of dialysis facilities in this area. Additional access is needed for our patients who will need to begin dialysis in the next few years.

In the near south side area AIN was treating 621 hemodialysis patients at the end of 2011, 591 patients at the end of 2012 and 669 patients at the end of 2013, as reported to The Renal Network. As of the most recent quarter, AIN was treating 681 hemodialysis patients. As well, over the past twelve months AIN has referred 129 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Ross-Englewood, Midway, Southside, South Deering, South Chicago, Marquette Park and Evergreen Park.

Nearly all of these facilities are near or at capacity making it difficult for our new dialysis patients to find access near their home as well as suitable treatment schedule times. AIN currently has over 300 pre-ESRD patients that live in the immediate New City area. Of those I expect 213 will require dialysis within 24 months of the completion of Fresenius New City and will likely be referred there (see attached list of patients). These patients all have lab values indicative of a patient in active kidney failure. There are also approximately 15 current dialysis patients who will be expected to transfer to the New City facility from the Bridgeport, Marquette Park and Ross-Englewood facilities.

I strongly urge the Board to approve Fresenius Medical Care New City in order to keep access available to dialysis services in this underserved area of Chicago. Thank you for your consideration.

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

Sincerely,

Paul Crawford, M.D.

Notarization:
Subscribed and sworn to before me
this 17th day of June, 2014

Signature of Notary

Seal

OFFICIAL SEAL
CHARLOTTE CHAPPLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/20/16

## PRE - ESRD AND TRANSFER PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL CARE NEW CITY WITHIN 2 YEARS OF PROJECT COMPLETION

| Zip Code | Pre-ESRD Patients |
|---|---|
| 60608 | 14 |
| 60609 | 11 |
| 60615 | 10 |
| 60616 | 23 |
| 60621 | 26 |
| 60629 | 34 |
| 60632 | 14 |
| 60636 | 45 |
| 60637 | 20 |
| 60653 | 16 |
| **Total** | **213** |

### Transfer Patients

| Zip Code | From Fresenius Medical Care | | |
|---|---|---|---|
| | Bridgeport | Marquette Park | Ross-Englewood |
| **60609** | 10 | 8 | 2 |

## IN-CENTER HEMODIALYSIS ADMISSIONS OF AIN FOR 5/01/2013 THROUGH 04/30/2014 IN THE NEW CITY AREA

| Zip | Fresenius Medical Care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Code | Bridgeport | Evergreen Park | Marquette Park | Midway | Ross-Englewood | South Chicago | South Deering | Southside | Total |
| 60419 | | | | | | | 1 | | 1 |
| 60428 | 1 | | | | | | | | 1 |
| 60473 | | 1 | | | | | | | 1 |
| 60501 | | | | 1 | | | | | 1 |
| 60546 | 1 | | | | | | | | 1 |
| 60605 | 2 | | | | | | | | 2 |
| 60608 | 4 | | | | | | | | 4 |
| 60609 | 3 | | 3 | | | | | | 6 |
| 60616 | 6 | | | | | | | | 6 |
| 60617 | | 1 | | | | 9 | 8 | | 18 |
| 60619 | 1 | | | | | | | | 1 |
| 60620 | | 10 | 2 | | | | | 1 | 13 |
| 60621 | 1 | | 3 | | 2 | | | 1 | 7 |
| 60628 | | 4 | | | | | 2 | 1 | 7 |
| 60629 | 1 | 1 | 3 | 3 | | | | | 8 |
| 60632 | 8 | | | | | | | | 8 |
| 60633 | | | | | | | 1 | | 1 |
| 60636 | 1 | | 6 | | 4 | | | 2 | 13 |
| 60637 | 1 | | 1 | | 1 | | | | 3 |
| 60638 | | | | 4 | | | | | 4 |
| 60643 | | 2 | | | | | 1 | | 3 |
| 60649 | 1 | | 2 | | | | 1 | | 4 |
| 60652 | | 1 | | 1 | | | | | 2 |
| 60653 | 7 | | | | | | | | 7 |
| 60655 | | 1 | | | | | | | 1 |
| 60680 | | 1 | | | | | | | 1 |
| 60690 | | 1 | | | | | | | 1 |
| 60803 | | 1 | | | | | | | 1 |
| 60805 | | | | | | | 1 | | 1 |
| 60827 | | 1 | | | | | | | 1 |
| 63138 | | 1 | | | | | | | 1 |
| **Total** | **38** | **26** | **20** | **9** | **7** | **9** | **15** | **5** | **129** |

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2011

| Zip Code | Fresenius Medical Care | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60406 | | 2 | | | | 1 | | | 3 |
| 60409 | | 2 | | | | 1 | | | 3 |
| 60411 | | | | 1 | | | | | 1 |
| 60419 | | 1 | | | | | | | 1 |
| 60426 | | 2 | | | | | | | 2 |
| 60429 | | 1 | | | | | | | 1 |
| 60430 | | | 1 | | | | | | 1 |
| 60445 | | 4 | 1 | 1 | | | | | 6 |
| 60453 | | 4 | | | | | | | 4 |
| 60457 | | | | | 1 | | | | 1 |
| 60458 | | | | 1 | 1 | | | | 2 |
| 60459 | | 1 | | | 1 | 1 | | | 3 |
| 60463 | | | | | | 1 | | | 1 |
| 60465 | | 1 | | | | | | | 1 |
| 60466 | | | | | | | | 1 | 1 |
| 60472 | | 1 | | | | | | | 1 |
| 60473 | | 1 | | | | | | | 1 |
| 60477 | | 1 | | | | | | | 1 |
| 60478 | | | | 1 | | | | | 1 |
| 60482 | | 1 | | | | | | | 1 |
| 60501 | | | | | 2 | | | | 2 |
| 60506 | | | | 1 | | | | | 1 |
| 60516 | | | | | 1 | | | | 1 |
| 60525 | | | | 1 | | | | | 1 |
| 60601 | 1 | | | | | | | | 1 |
| 60605 | | | | | | | 1 | | 1 |
| 60607 | 1 | | | | | | | | 1 |
| 60608 | 14 | | | | | | | | 14 |
| 60609 | 20 | 4 | | 10 | | | 2 | | 36 |
| 60610 | 1 | | | | | | | | 1 |
| 60612 | 1 | | | | | | 1 | | 2 |
| 60615 | 1 | 2 | 1 | | | | 3 | | 7 |
| 60616 | 25 | | 2 | | | 1 | | 1 | 29 |
| 60617 | 1 | 7 | 5 | 1 | | 1 | 4 | | 19 |
| 60619 | 5 | 2 | 18 | 2 | | 1 | 2 | | 30 |
| 60620 | 5 | 39 | 4 | 11 | | 3 | 10 | | 72 |
| 60621 | 3 | 1 | 1 | 2 | | 1 | 14 | | 22 |
| 60623 | 5 | | | | | 1 | | | 6 |
| 60626 | | 1 | | 1 | | | 1 | | 3 |
| 60628 | 2 | 29 | 9 | 3 | | 43 | 5 | 1 | 92 |
| 60629 | 9 | 3 | | 26 | 3 | | 3 | 1 | 45 |
| 60632 | 21 | | | 8 | | | | | 29 |
| 60636 | 1 | 3 | 1 | 14 | | | 7 | | 26 |
| 60637 | 10 | 2 | 2 | 1 | | | 3 | | 18 |
| 60638 | 1 | | | | 8 | | | | 9 |
| 60640 | | | | 1 | | | | | 1 |
| 60643 | | 27 | 3 | 2 | 1 | 12 | 3 | 1 | 49 |
| 60644 | 1 | | | | | | | | 1 |
| 60649 | 4 | 7 | 6 | | | | 1 | | 18 |
| 60652 | 2 | 4 | | 1 | 1 | | | | 8 |
| 60653 | 19 | 2 | 1 | | | | 2 | | 24 |
| 60655 | | 1 | | | | | | | 1 |
| 60803 | | 2 | | | | | | | 2 |
| 60804 | | | | 1 | | | | | 1 |
| 60805 | | 4 | | | | 1 | | | 5 |
| 60827 | 1 | 6 | 1 | | 1 | 2 | 1 | | 12 |
| 61821 | 1 | | | | | | | | 1 |
| Total | 155 | 168 | 56 | 90 | 20 | 70 | 68 | 5 | 627 |

Physician Referrals

ATTACHMENT 26b-3

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2012

| Zip | Fresenius Medical Care | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Code | Bridgeport | Chatham | Evergreen Park | Greenwood | Marquette Park | Roseland | Ross Englewood | South Deering | Southside | Total |
| 60153 | 1 | | | | | | | | | 1 |
| 60406 | | | 2 | | | | | | | 2 |
| 60409 | | | 3 | | | 1 | | | | 4 |
| 60411 | | | | | 1 | | | | | 1 |
| 60416 | | | | | 1 | | | | | 1 |
| 60419 | | | 1 | | | | | | | 1 |
| 60426 | | | 1 | | | | | | | 1 |
| 60430 | | | | 1 | | | | | | 1 |
| 60445 | | | 1 | | | | | | | 1 |
| 60453 | | | 4 | | | | | | | 4 |
| 60458 | | | | | 1 | | | | | 1 |
| 60463 | | | | | | 1 | | | | 1 |
| 60472 | | | 1 | | | | | | | 1 |
| 60473 | | | 1 | | | | | | | 1 |
| 60603 | | | | | 1 | | | | | 1 |
| 60607 | 1 | | | | | | | | | 1 |
| 60608 | 15 | | | | | | | | | 15 |
| 60609 | 21 | | 2 | | 7 | | 2 | | | 32 |
| 60612 | | | | | | | 1 | | | 1 |
| 60615 | 4 | | 2 | 1 | | | 1 | | | 8 |
| 60616 | 21 | | | | | 1 | | | | 22 |
| 60617 | 1 | | 6 | 4 | 2 | 1 | 2 | 1 | | 17 |
| 60619 | 4 | 1 | 1 | 21 | 2 | | 2 | | | 31 |
| 60620 | 5 | 2 | 31 | 5 | 10 | 3 | 17 | | 1 | 74 |
| 60621 | 4 | | 1 | 3 | 3 | 1 | 18 | | | 30 |
| 60623 | 4 | | | | | | | | | 4 |
| 60626 | | | 1 | | | | | | | 1 |
| 60627 | | | | | | 1 | | | | 1 |
| 60628 | 3 | 1 | 29 | 7 | 5 | 40 | 5 | | 1 | 91 |
| 60629 | 6 | | 1 | | 23 | 2 | 1 | | 2 | 35 |
| 60631 | | | | | | | 1 | | | 1 |
| 60632 | 19 | | | | 6 | | | | | 25 |
| 60634 | 1 | | | | | | | | | 1 |
| 60636 | 4 | | 3 | | 23 | | 12 | | 1 | 43 |
| 60637 | 7 | | 2 | 2 | 2 | | 5 | | | 18 |
| 60638 | 1 | | | | | | | | | 1 |
| 60639 | | | | | | | 2 | | | 2 |
| 60643 | | | 22 | 3 | 2 | 19 | 2 | | 2 | 50 |
| 60644 | 2 | | | | | | | | | 2 |
| 60649 | 3 | | 4 | 6 | | | 6 | | | 19 |
| 60652 | 1 | | 2 | | | | | | | 3 |
| 60653 | 19 | | 2 | 2 | | 1 | 1 | | | 25 |
| 60655 | | | 1 | | | | | | | 1 |
| 60805 | | | 3 | | | | | | 1 | 4 |
| 60827 | 1 | | 6 | 1 | | 2 | | | | 10 |
| 62525 | | | | | | 1 | | | | 1 |
| **Total** | **148** | **4** | **133** | **56** | **89** | **74** | **78** | **1** | **8** | **591** |

Physician Referrals
ATTACHMENT 26b - 3

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2013

| Zip Code | Fresenius Medical Care | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Chatham | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60406 | | | 3 | | | | | | | 3 |
| 60409 | | | 4 | | | | | | | 4 |
| 60417 | | 1 | | | | | | | | 1 |
| 60419 | | | 2 | | | | 1 | | | 3 |
| 60426 | | | 1 | | | | | | | 1 |
| 60430 | | | | 1 | | | | | | 1 |
| 60438 | | 1 | | | | | | | | 1 |
| 60453 | | | 3 | | | | | | | 3 |
| 60455 | | | | | | 1 | | | | 1 |
| 60457 | | | | | | 1 | | | | 1 |
| 60458 | | | | | 1 | 2 | | | | 3 |
| 60459 | | | 1 | | | | | | | 1 |
| 60466 | | 1 | | | | | | | | 1 |
| 60472 | | | 1 | | | | | | | 1 |
| 60473 | | | | 1 | | | | | | 1 |
| 60501 | | | | | | 1 | | | | 1 |
| 60546 | 1 | | | | | | | | | 1 |
| 60605 | 1 | | 1 | | | | | | | 2 |
| 60607 | 1 | | | | | | | | | 1 |
| 60608 | 17 | | | | | | | | | 17 |
| 60609 | 23 | | 2 | | 7 | | | 2 | | 34 |
| 60612 | | | | | | | | 1 | | 1 |
| 60615 | 3 | | 2 | 1 | | | | 2 | | 8 |
| 60616 | 18 | | | | | | | | | 18 |
| 60617 | 2 | 5 | 4 | 4 | 1 | | 1 | 4 | | 21 |
| 60618 | | 1 | | | | | | | | 1 |
| 60619 | 3 | 7 | 3 | 17 | 1 | | 1 | 4 | | 36 |
| 60620 | 3 | 17 | 41 | 2 | 10 | | 1 | 11 | 1 | 86 |
| 60621 | 2 | 3 | 1 | 3 | 3 | | 2 | 19 | | 33 |
| 60623 | 3 | | | | 1 | | | | | 4 |
| 60625 | | | | | | 1 | | | | 1 |
| 60626 | | | 1 | | | | | | | 1 |
| 60627 | | | | | | | 1 | | | 1 |
| 60628 | 2 | 10 | 28 | 5 | 3 | | 38 | 4 | 1 | 91 |
| 60629 | 6 | 1 | 1 | | 26 | 5 | 2 | 2 | 1 | 44 |
| 60631 | | | | | | 1 | | 1 | | 2 |
| 60632 | 22 | | | | 4 | 1 | | | | 27 |
| 60634 | 1 | | | | | | | | | 1 |
| 60636 | 5 | 1 | 3 | | 26 | | | 15 | 1 | 51 |
| 60637 | 6 | 3 | | 4 | 2 | | | 5 | | 20 |
| 60638 | | | | | | 14 | | | | 14 |
| 60639 | | | | | | | | 1 | | 1 |
| 60643 | | 2 | 23 | 3 | 2 | | 15 | 2 | 1 | 48 |
| 60644 | 1 | | | | | | 1 | 1 | | 3 |
| 60649 | 3 | 4 | 2 | 6 | | | | 4 | | 19 |
| 60652 | | 1 | 5 | | | 2 | | | 1 | 9 |
| 60653 | 19 | 1 | 1 | 2 | | | | | | 23 |
| 60655 | | | 2 | | | | | | | 2 |
| 60680 | | | 1 | | | | | | | 1 |
| 60805 | | | 3 | | | | | | 1 | 4 |
| 60827 | | 1 | 9 | | | | 3 | | | 13 |
| 61761 | | | | | | | | 1 | | 1 |
| 62960 | | 1 | | | | | | | | 1 |
| 63138 | | | 1 | | | | | | | 1 |
| **Total** | **142** | **61** | **149** | **49** | **87** | **29** | **66** | **79** | **7** | **669** |

Physician Referrals
ATTACHMENT 26b - 3

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 1ST QUARTER 2014

| Zip Code | Fresenius Medical Care | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Chatham | Cicero | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60164 | | | 1 | | | | | | | | 1 |
| 60406 | | | | 2 | | | | | | | 2 |
| 60409 | | | | 3 | | | | | | | 3 |
| 60411 | | 1 | | | | | | | | | 1 |
| 60417 | | 1 | | | | | | | | | 1 |
| 60419 | | | | 2 | | | | 1 | | | 3 |
| 60426 | | | | 1 | | | | | | | 1 |
| 60430 | | | | | 1 | | | | | | 1 |
| 60438 | | 1 | | | | | | | | | 1 |
| 60453 | | | | 2 | | | | | | | 2 |
| 60455 | | | | | | | 1 | | | | 1 |
| 60457 | | | | | | | 1 | | | | 1 |
| 60458 | | | | | | | 2 | | | | 2 |
| 60459 | | | | 1 | | | | | | | 1 |
| 60466 | | 1 | | | | | | | | | 1 |
| 60472 | | | | 1 | | | | | | | 1 |
| 60473 | | | | 1 | 1 | | | | | | 2 |
| 60501 | | | | | | | 1 | | | | 1 |
| 60546 | 1 | | | | | | | | | | 1 |
| 60601 | | | | | | | | | 1 | | 1 |
| 60605 | 2 | | | | | | | | | | 2 |
| 60607 | 1 | | | | | | | | | | 1 |
| 60608 | 17 | | | | | | | | | | 17 |
| 60609 | 19 | | | 1 | | 9 | | | 2 | | 31 |
| 60612 | | | | | | | | | 1 | | 1 |
| 60615 | 3 | | | 2 | 1 | | | | 2 | | 8 |
| 60616 | 19 | | | | | | | 1 | | | 20 |
| 60617 | 1 | 5 | | 3 | 4 | 1 | | 1 | 4 | | 19 |
| 60618 | | | | | 1 | | | | | | 1 |
| 60619 | 3 | 9 | | 2 | 20 | 1 | | 1 | 3 | | 39 |
| 60620 | | | | | | | | | | 1 | 1 |
| 60620 | 3 | 17 | | 43 | 2 | 11 | | 1 | 12 | | 89 |
| 60621 | 2 | 4 | | 1 | 1 | 4 | | 1 | 17 | | 30 |
| 60623 | 2 | | | | | 1 | | | | | 3 |
| 60625 | | | | | | | 1 | | | | 1 |
| 60626 | | | | 1 | | | | 1 | | | 2 |
| 60627 | | | | | | | | 1 | | | 1 |
| 60628 | | | | | | | | | | 2 | 2 |
| 60628 | 2 | 11 | | 28 | 6 | 2 | | 46 | 5 | | 100 |
| 60629 | | | | | | | | | | 1 | 1 |
| 60629 | 6 | 1 | | 3 | | 24 | 4 | 1 | 2 | | 41 |
| 60631 | | | | | | | 1 | | | | 1 |
| 60632 | 23 | | | | | 4 | 1 | | | | 28 |
| 60634 | 1 | | | | | | | | | | 1 |
| 60636 | | | | | | | | | | 2 | 2 |
| 60636 | 5 | 1 | | 3 | | 28 | | | 14 | | 51 |
| 60637 | 6 | 2 | | | 3 | 2 | | | 5 | | 18 |
| 60638 | | | 1 | | | | 15 | | | | 16 |
| 60639 | | | | | | | | | 1 | | 1 |
| 60643 | | | | | | | | | | 1 | 1 |
| 60643 | | 4 | | 23 | 2 | 1 | | 16 | 2 | | 48 |
| 60644 | | | | | | | | 1 | 1 | | 2 |
| 60649 | 2 | 3 | | 4 | 6 | 1 | | | 3 | | 19 |
| 60652 | | | | | | | | | | 1 | 1 |
| 60652 | | 1 | | 4 | | | 2 | | | | 7 |
| 60653 | 19 | 1 | | 1 | 2 | | | | | | 23 |
| 60655 | | | | 3 | | | | | | | 3 |
| 60690 | | | | 1 | | | | | | | 1 |
| 60804 | | | 1 | | | | | | | | 1 |
| 60805 | | | | | | | | | | 1 | 1 |
| 60805 | | | | 5 | | | | | | | 5 |
| 60827 | | 1 | | 9 | | | | 2 | | | 12 |
| 61761 | | | | | | | | | 1 | | 1 |
| Total | 137 | 64 | 3 | 150 | 50 | 89 | 29 | 74 | 76 | 9 | 681 |

Physician Referrals
ATTACHMENT 26b - 3

## Service Accessibility – Service Restrictions

The proposed Fresenius Medical Care New City's 16 ESRD stations are necessary to improve access for residents of the south side of Chicago in the underserved New City area. 16 stations is a reasonable request as there is a need in HSA 6 for an additional 93 stations as of the June 2014 station inventory.

While there are many dialysis providers in HSA 6, access limitations exist as they pertain to existing facilities, area population and patient payor status.

### Existing Facilities

| Facility | Address | City | Zip Code | MapQuest Miles | MapQuest Time | Adjusted x1.25 | Stations | Mar-14 Util |
|---|---|---|---|---|---|---|---|---|
| DaVita Emerald | 710 W 43rd St | Chicago | 60609 | 1.5 | 4 | 5 | 24 | 81.25% |
| DaVita Woodlawn | 5060 S State Street | Chicago | 60609 | 2.33 | 6 | 7.5 | 32 | 61.98% |
| Fresenius Bridgeport | 825 W 35th St | Chicago | 60609 | 2.44 | 6 | 7.5 | 27 | 87.04% |
| Fresenius Garfield | 5401 S Wentworth Ave | Chicago | 60609 | 2.81 | 7 | 8.75 | 22 | 82.58% |
| Fresenius Ross-Englewood | 6333 S Green St | Chicago | 60621 | 2.97 | 8 | 10 | 16 | 98.96% |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 60653 | 3.44 | 9 | 11.25 | 32 | 58.85% |
| Fresenius Marquette Park | 6535 S Western Ave | Chicago | 60636 | 3.93 | 10 | 12.5 | 16 | 91.67% |

The chart above shows the closest facilities (under 4 miles, which is a considerable distance when travelling in the City of Chicago especially via public transportation) to the proposed New City facility. The average utilization of these clinics is 80.33% as of March 2014. At this rate there is little to no access to services in the New City market area. The only two clinics with capacity, DaVita Woodlawn and DaVita Kenwood, cannot accommodate the 213 New City patients nor do their physicians round on patients at these two facilities, which are generally seen by physicians of the University of Chicago health system.

This area is saturated with ESRD patients and additional access is needed here. While there may be access outside of this 4-mile radius, it does not make sense to make the New City area patients travel outside of their market, just because the clinics near them are full. The goal, with the patient in mind, is to maintain access, not diminish it.

### Area Population

The New City market and surrounding areas are Federally Designated Underserved Areas. Specifically, New City is an underserved area consisting of low income residents and a Medically Underserved Population (MUP). MUPs include groups of persons who face economic, cultural or linguistic barriers to health care in the District and reside in a specific geographic area.) New City is 53% Hispanic, 29% African American and includes a growing Asian-American population.

### Patient Payor Status

Due to the area's low income status, patients here are often uninsured or are Medicaid recipients. Approximately 10% of the patients we see at the Marquette Park and Bridgeport facilities are undocumented as well. The Bridgeport, Marquette Park and Englewood facilities average number of Medicaid reimbursed treatments is 21%. These patients are truly the disadvantaged and are in need of additional access to dialysis treatment in their market and Fresenius Medical Care is ready and willing to respond to that need. Fresenius accepts all patients regardless of ability to pay.

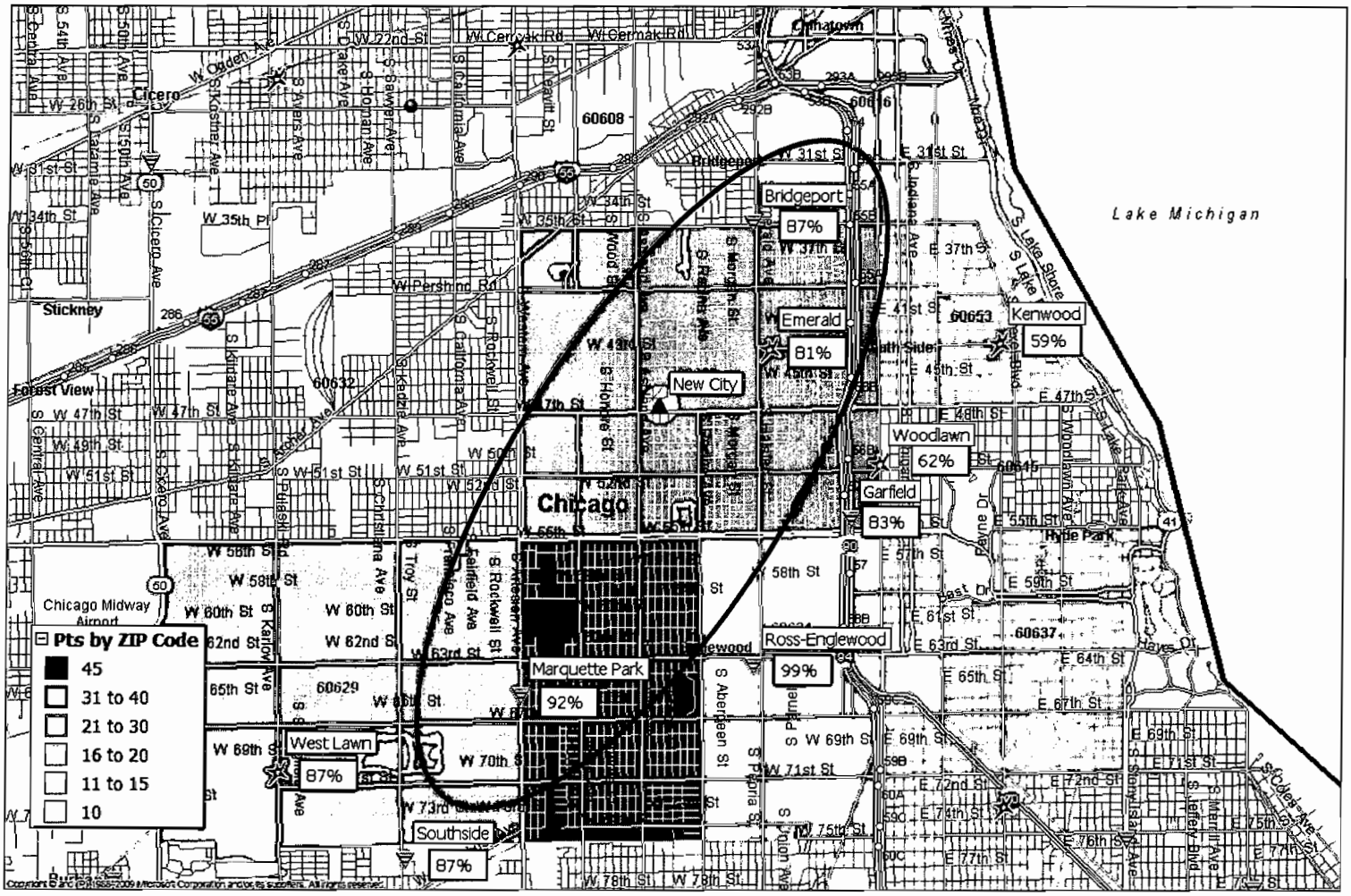
# Facilities Within 30 Minutes Travel Time of Summit by MapQuest

| Facility | Address | City | Zip Code | MapQuest Miles | MapQuest Time | Adjusted x1.25 | Stations | Mar-14 Util |
|---|---|---|---|---|---|---|---|---|
| DaVita Emerald | 710 W 43rd St | Chicago | 60609 | 1.5 | 4 | 5 | 24 | 81.25% |
| DaVita Woodlawn | 5060 S State Street | Chicago | 60609 | 2.33 | 6 | 7.5 | 32 | 61.98% |
| Fresenius Bridgeport | 825 W 35th St | Chicago | 60609 | 2.44 | 6 | 7.5 | 27 | 87.04% |
| Fresenius Garfield | 5401 S Wentworth Ave | Chicago | 60609 | 2.81 | 7 | 8.75 | 22 | 82.58% |
| Fresenius Ross-Englewood | 6333 S Green St | Chicago | 60621 | 2.97 | 8 | 10 | 16 | 98.96% |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 60653 | 3.44 | 9 | 11.25 | 32 | 58.85% |
| Fresenius Marquette Park | 6535 S Western Ave | Chicago | 60636 | 3.93 | 10 | 12.5 | 16 | 91.67% |
| DaVita Westside | 1600 W 13th Street | Chicago | 60608 | 4.13 | 11 | 13.75 | 16 | 0.00% |
| SAH Dialysis | 3059 W 26th Street | Chicago | 60623 | 4.56 | 11 | 13.75 | 15 | 0.00% |
| Fresenius Chatham | 8643 S Holland Rd | Chicago | 60620 | 7.02 | 11 | 13.75 | 16 | 65.63% |
| DaVita Little Village | 2335 W Cermak Rd | Chicago | 60608 | 4.21 | 12 | 15 | 12 | 92.71% |
| Fresenius Prairie | 1717 S Wabash Ave | Chicago | 60616 | 4.91 | 12 | 15 | 24 | 70.14% |
| DaVita Grand Crossings | 7319 S Cottage Grove Ave | Chicago | 60619 | 5.98 | 12 | 15 | 12 | 84.72% |
| University of Illinois | 1859 W Taylor St | Chicago | 60612 | 4.73 | 13 | 16.25 | 26 | 82.05% |
| DaVita Loop | 1101 S Canal St | Chicago | 60607 | 6.39 | 13 | 16.25 | 24 | 64.29% |
| Fresenius Polk | 557 W Polk St | Chicago | 60607 | 6.54 | 13 | 16.25 | 24 | 56.94% |
| Fresenius Chicago Westside | 1340 S Damen Ave | Chicago | 60608 | 4.98 | 14 | 17.5 | 31 | 51.08% |
| Rush Hospital | 1653 W Congress Pkwy | Chicago | 60612 | 5.16 | 14 | 17.5 | 5 | 36.67% |
| Stroger - Cook Co. Hospital | 1901 W Harrison St | Chicago | 60612 | 5.3 | 14 | 17.5 | 9 | 42.59% |
| Fresenius South Chicago | 9212 S South Chicago Ave | Chicago | 60617 | 9.11 | 14 | 17.5 | 36 | 79.17% |
| Circle Medical Management | 1426 W Washington Blvd | Chicago | 60607 | 5.42 | 15 | 18.75 | 27 | 66.05% |
| DaVita Beverly | 8109 S Western Ave | Chicago | 60620 | 5.63 | 15 | 18.75 | 14 | 95.24% |
| Fresenius Southside | 3134 W 76th St | Chicago | 60652 | 5.97 | 15 | 18.75 | 39 | 85.47% |
| Fresenius Jackson Park | 7531 S Stony Island Ave | Chicago | 60649 | 7.03 | 15 | 18.75 | 24 | 61.90% |
| Fresenius Greenwood | 1111 E 87th St | Chicago | 60619 | 8.12 | 15 | 18.75 | 28 | 86.90% |
| Fresenius Northwestern | 710 N Fairbanks Ct | Chicago | 60611 | 8.99 | 15 | 18.75 | 44 | 57.20% |
| Mt Sinai Dialysis | 2700 W 15th St | Chicago | 60608 | 5.57 | 16 | 20 | 16 | 90.63% |
| Fresenius Cicero | 3000 S Cicero Ave | Cicero | 60804 | 7.89 | 16 | 20 | 16 | 30.21% |
| Fresenius South Shore | 2420 E 79th St | Chicago | 60649 | 9.92 | 16 | 20 | 16 | 79.17% |
| DaVita West Lawn | 7000 S Pulaski Rd | Chicago | 60629 | 5.94 | 17 | 21.25 | 12 | 86.11% |
| Fresenius Congress Parkway | 3410 W Van Buren St | Chicago | 60624 | 7.25 | 17 | 21.25 | 30 | 75.56% |
| Fresenius Roseland | 132 W 111th St | Chicago | 60628 | 9.8 | 17 | 21.25 | 12 | 100.00% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 60617 | 11.68 | 17 | 21.25 | 32 | 75.00% |
| Fresenius Chicago Dialysis | 1810 W Hubbard Street | Chicago | 60607 | 6.12 | 18 | 22.5 | 21 | 53.17% |
| Fresenius Evergreen Park | 9730 S Western Ave | Evergreen Park | 60805 | 7.44 | 18 | 22.5 | 30 | 84.44% |
| NMFF Dialysis | 259 E Erie Street | Chicago | 60611 | 9.56 | 18 | 22.5 | 36 | 0.00% |
| Fresenius West Willow | 1444 W Willow St | Chicago | 60622 | 9.82 | 18 | 22.5 | 12 | 45.83% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 60617 | 11.06 | 18 | 22.5 | 20 | 25.00% |
| DaVita Lawndale | 3934 W 24th Street | Chicago | 60623 | 6.06 | 19 | 23.75 | 16 | 16.67% |
| DSI Scottsdale | 4651 W 79th Pl | Chicago | 60652 | 7.67 | 19 | 23.75 | 35 | 69.05% |
| Fresenius Blue Island | 12200 S Western Ave | Blue Island | 60406 | 13.39 | 19 | 23.75 | 24 | 87.50% |
| DaVita Stony Creek | 9115 S Cicero Ave | Oak Lawn | 60453 | 8.73 | 20 | 25 | 12 | 86.11% |
| Fresenius Lakeview | 4008 N Broadway St | Chicago | 60613 | 13.45 | 20 | 25 | 14 | 64.29% |
| Fresenius Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 60803 | 14.23 | 20 | 25 | 24 | 68.75% |
| Fresenius Midway | 6201 W 63rd St | Chicago | 60638 | 7.34 | 21 | 26.25 | 12 | 98.61% |
| DaVita Garfield | 3250 W Franklin Blvd | Chicago | 60624 | 7.91 | 21 | 26.25 | 16 | 103.13% |
| DaVita Mt. Greenwood | 3401 W 111th St | Chicago | 60655 | 13.48 | 21 | 26.25 | 16 | 82.29% |
| Fresenius Uptown | 4720 N Marine Dr | Chicago | 60640 | 14.16 | 21 | 26.25 | 12 | 88.89% |
| Fresenius Logan Square | 2721 N Spaulding Ave | Chicago | 60647 | 12.41 | 22 | 27.5 | 12 | 13.89% |
| DaVita Logan Square | 2816 N Kimball | Chicago | 60618 | 12.53 | 22 | 27.5 | 28 | 73.81% |
| Fresenius Burbank | 4811 W 77th Street | Burbank | 60459 | 7.85 | 23 | 28.75 | 26 | 92.95% |
| Fresenius Austin | 4800 W Chicago Ave | Chicago | 60651 | 10.35 | 23 | 28.75 | 16 | 66.67% |
| DaVita Lincoln Park | 3157 N Lincoln Ave | Chicago | 60657 | 11.63 | 23 | 28.75 | 22 | 68.18% |
| Fresenius West Sub | 518 N Austin Blvd | Oak Park | 60302 | 11.85 | 23 | 28.75 | 46 | 89.86% |
| Maple Avenue Kidney Cntr | 610 S Maple Ave | Oak Park | 60304 | 12.4 | 23 | 28.75 | 18 | 64.81% |
| Fresenius Berwyn | 2601 Harlem Ave | Berwyn | 60402 | 12.61 | 23 | 28.75 | 28 | 90.48% |
| Fresenius Northcenter | 2620 W Addison St | Chicago | 60618 | 12.7 | 23 | 28.75 | 16 | 76.04% |

## Demographics of the 233 Pre-ESRD and Transfer Patients Identified for Fresenius Summit

| Zip Code | All Patients |
|---|---|
| 60608 | 14 |
| 60609 | 31 |
| 60615 | 10 |
| 60616 | 23 |
| 60621 | 26 |
| 60629 | 34 |
| 60632 | 14 |
| 60636 | 45 |
| 60637 | 20 |
| 60653 | 16 |
| **Total** | **233** |

The majority of patients identified for the New City facility live in the neighborhoods stretching from Bridgeport down to Marquette Park as shown on the map below. The New City site is an ideal location for additional access to dialysis therapies. It will be able to serve both communities as well as the New City area and will alleviate overutilization at area clinics.



## Unnecessary Duplication/Maldistribution

1) The establishment of the New City facility will not result in unnecessary duplication as area facilities are operating at high utilization rates (see list of facilities within 30 minutes on following page), some up to capacity, and there is a determined need for 93 additional stations in HSA 6.

| ZIP Code | Population | Stations | Facility |
|---|---|---|---|
| 60130 | 14,167 | | |
| 60302 | 32,108 | 46 | Fresenius West Suburban |
| 60304 | 17,231 | 18 | Maple Avenue Kidney Center |
| 60402 | 63,448 | 28 | Fresenius Berwyn |
| 60406 | 25,460 | 24 | Fresenius Blue Island |
| 60419 | 22,788 | | |
| 60426 | 29,594 | | |
| 60453 | 56,855 | 12 | DaVita Stony Creek |
| 60455 | 16,446 | | |
| 60456 | 4,349 | | |
| 60458 | 14,428 | | |
| 60459 | 28,929 | 26 | Fresenius Burbank |
| 60469 | 5,930 | | |
| 60501 | 11,626 | | |
| 60513 | 19,047 | | |
| 60525 | 31,168 | | |
| 60534 | 10,649 | | |
| 60546 | 15,668 | | |
| 60601 | 11,110 | | |
| 60602 | 1,204 | | |
| 60603 | 493 | | |
| 60604 | 570 | | |
| 60605 | 24,668 | | |
| 60606 | 2,308 | | |
| 60607 | 23,897 | 96 | Fresenius Polk, Fresenius Chicago, DaVita Loop, Circle Medical |
| 60608 | 82,739 | 75 | Fresenius Chicago Westside, DaVita Westside, DaVita Little Village, Mt. Sinai |
| 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 IL, Stroger Hospital, Rush |
| 60613 | 48,281 | 14 | Fresenius Lakeview |
| 60614 | 66,617 | | |
| 60615 | 40,603 | | |
| 60616 | 48,433 | 24 | Fresenius Prairie |
| 60617 | 84,155 | 88 | Fresenius South Chicago, Fresenius South Deering, DaVita Stony Island |
| 60618 | 92,084 | 44 | Fresenius Northcenter, DaVita Logan Square |
| 60619 | 63,825 | 40 | Fresenius Greenwood, DaVita Grand Crossing |
| 60620 | 72,216 | 30 | Fresenius Chatham, DaVita Beverly |
| 60621 | 35,912 | 16 | Fresenius Ross-Englewood |
| 60622 | 52,548 | 12 | Fresenius West Willow |
| 60623 | 92,108 | 31 | SAH Dialysis, DaVita Lawndale |
| 60624 | 38,105 | 46 | Fresenius Congress Parkway, DaVita Garfield |
| 60625 | 78,651 | | |
| 60628 | 72,202 | 12 | Fresenius Roseland |
| 60629 | 113,916 | 12 | DaVita West Lawn |
| 60632 | 91,326 | | |
| 60633 | 12,927 | | |
| 60636 | 40,916 | 16 | Fresenius Marquette Park |
| 60637 | 49,503 | | |
| 60638 | 55,026 | 12 | Fresenius Midway |
| 60640 | 65,790 | 12 | Fresenius Uptown |
| 60641 | 71,663 | | |
| 60642 | 18,480 | | |
| 60643 | 49,952 | | |
| 60644 | 48,648 | | |
| 60647 | 87,291 | 12 | Fresenius Logan Square |
| 60649 | 46,650 | 40 | Fresenius Jackson Park, Fresenius South Shore |
| 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 |
| 60657 | 65,996 | 22 | DaVita Lincoln Park |
| 60661 | 7,792 | | |
| 60803 | 22,285 | 24 | Fresenius Merrionette Park |
| 60804 | 84,573 | 16 | Fresenius Cicero |
| 60805 | 19,852 | 30 | Fresenius Evergreen Park |
| 60827 | 27,946 | | |
| **Totals** | **2,776,533** | **1,241** | **1/2,237** |

2)Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius New City is one station per every 2,237 residents. The State ratio is 1 station per 3,123 residents. Even though the New City area's ratio is higher than the State ratio maldistribution will not occur due to the dense population and higher incidence of kidney disease in Chicago. One out of every 560 Chicago residents requires dialysis therapy. For the State of Illinois, one of every 795 residents requires dialysis. The need for an additional 93 stations in HSA 6 also confirms this.

Due to the combined above factors, the high minority population in the New City area and the pre-ESRD patients identified that are more than sufficient to bring the facility beyond the 80% State utilization target, maldistribution will not occur.

3) All patients being referred to the New City facility are pre-ESRD patients of Associates in Nephrology (AIN) on the south side of Chicago. The AIN physicians treat the majority of patients in the New City area at the Fresenius Bridgeport, Marquette Park, Ross-Englewood, Roseland, Chatham, Evergreen Park and South Deering facilities. All of these facilities except two are full. Two facilities, Chatham and South Deering are on target for reaching 80% within the time allotted by the Board. Any effect on the above over utilized facilities will be a positive one as the New City facility will open up much needed access to alleviate high area utilization. No patients have been identified to transfer from any other area facilities except Bridgeport, Marquette Park and Roseland, all of which are full.

## Facilities Within 30 Minutes Travel Time of Fresenius Medical Care New City

| Facility | Address | City | Zip Code | MapQuest Miles | MapQuest Time | Adjusted x1.25 | Stations | Mar-14 Util |
|---|---|---|---|---|---|---|---|---|
| DaVita Emerald | 710 W 43rd St | Chicago | 60609 | 1.5 | 4 | 5 | 24 | 81.25% |
| DaVita Woodlawn | 5060 S State Street | Chicago | 60609 | 2.33 | 6 | 7.5 | 32 | 61.98% |
| Fresenius Bridgeport | 825 W 35th St | Chicago | 60609 | 2.44 | 6 | 7.5 | 27 | 87.04% |
| Fresenius Garfield | 5401 S Wentworth Ave | Chicago | 60609 | 2.81 | 7 | 8.75 | 22 | 82.58% |
| Fresenius Ross-Englewood | 6333 S Green St | Chicago | 60621 | 2.97 | 8 | 10 | 16 | 98.96% |
| DaVita Kenwood | 4290 S Cottage Grove | Chicago | 60653 | 3.44 | 9 | 11.25 | 32 | 58.85% |
| Fresenius Marquette Park | 6535 S Western Ave | Chicago | 60636 | 3.93 | 10 | 12.5 | 16 | 91.67% |
| DaVita Westside | 1600 W 13th Street | Chicago | 60608 | 4.13 | 11 | 13.75 | 16 | 0.00% |
| SAH Dialysis | 3059 W 26th Street | Chicago | 60623 | 4.56 | 11 | 13.75 | 15 | 0.00% |
| Fresenius Chatham | 8643 S Holland Rd | Chicago | 60620 | 7.02 | 11 | 13.75 | 16 | 65.63% |
| DaVita Little Village | 2335 W Cermak Rd | Chicago | 60608 | 4.21 | 12 | 15 | 12 | 92.71% |
| Fresenius Prairie | 1717 S Wabash Ave | Chicago | 60616 | 4.91 | 12 | 15 | 24 | 70.14% |
| DaVita Grand Crossings | 7319 S Cottage Grove Ave | Chicago | 60619 | 5.98 | 12 | 15 | 12 | 84.72% |
| University of Illinois | 1859 W Taylor St | Chicago | 60612 | 4.73 | 13 | 16.25 | 26 | 82.05% |
| DaVita Loop | 1101 S Canal St | Chicago | 60607 | 6.39 | 13 | 16.25 | 24 | 64.29% |
| Fresenius Polk | 557 W Polk St | Chicago | 60607 | 6.54 | 13 | 16.25 | 24 | 56.94% |
| Fresenius Chicago Westside | 1340 S Damen Ave | Chicago | 60608 | 4.98 | 14 | 17.5 | 31 | 51.08% |
| Rush Hospital | 1653 W Congress Pkwy | Chicago | 60612 | 5.16 | 14 | 17.5 | 5 | 36.67% |
| Stroger - Cook Co. Hospital | 1901 W Harrison St | Chicago | 60612 | 5.3 | 14 | 17.5 | 9 | 42.59% |
| Fresenius South Chicago | 9212 S South Chicago Ave | Chicago | 60617 | 9.11 | 14 | 17.5 | 36 | 79.17% |
| Circle Medical Management | 1426 W Washington Blvd | Chicago | 60607 | 5.42 | 15 | 18.75 | 27 | 66.05% |
| DaVita Beverly | 8109 S Western Ave | Chicago | 60620 | 5.63 | 15 | 18.75 | 14 | 95.24% |
| Fresenius Southside | 3134 W 76th St | Chicago | 60652 | 5.97 | 15 | 18.75 | 39 | 85.47% |
| Fresenius Jackson Park | 7531 S Stony Island Ave | Chicago | 60649 | 7.03 | 15 | 18.75 | 24 | 61.90% |
| Fresenius Greenwood | 1111 E 87th St | Chicago | 60619 | 8.12 | 15 | 18.75 | 28 | 86.90% |
| Fresenius Northwestern | 710 N Fairbanks Ct | Chicago | 60611 | 8.99 | 15 | 18.75 | 44 | 57.20% |
| Mt Sinai Dialysis | 2700 W 15th St | Chicago | 60608 | 5.57 | 16 | 20 | 16 | 90.63% |
| Fresenius Cicero | 3000 S Cicero Ave | Cicero | 60804 | 7.89 | 16 | 20 | 16 | 30.21% |
| Fresenius South Shore | 2420 E 79th St | Chicago | 60649 | 9.92 | 16 | 20 | 16 | 79.17% |
| DaVita West Lawn | 7000 S Pulaski Rd | Chicago | 60629 | 5.94 | 17 | 21.25 | 12 | 86.11% |
| Fresenius Congress Parkway | 3410 W Van Buren St | Chicago | 60624 | 7.25 | 17 | 21.25 | 30 | 75.56% |
| Fresenius Roseland | 132 W 111th St | Chicago | 60628 | 9.8 | 17 | 21.25 | 12 | 100.00% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 60617 | 11.68 | 17 | 21.25 | 32 | 75.00% |
| Fresenius Chicago Dialysis | 1810 W Hubbard Street | Chicago | 60607 | 6.12 | 18 | 22.5 | 21 | 53.17% |
| Fresenius Evergreen Park | 9730 S Western Ave | Evergreen Park | 60805 | 7.44 | 18 | 22.5 | 30 | 84.44% |
| NMFF Dialysis | 259 E Erie Street | Chicago | 60611 | 9.56 | 18 | 22.5 | 36 | 0.00% |
| Fresenius West Willow | 1444 W Willow St | Chicago | 60622 | 9.82 | 18 | 22.5 | 12 | 45.83% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 60617 | 11.06 | 18 | 22.5 | 20 | 25.00% |
| DaVita Lawndale | 3934 W 24th Street | Chicago | 60623 | 6.06 | 19 | 23.75 | 16 | 16.67% |
| DSI Scottsdale | 4651 W 79th Pl | Chicago | 60652 | 7.67 | 19 | 23.75 | 35 | 69.05% |
| Fresenius Blue Island | 12200 S Western Ave | Blue Island | 60406 | 13.39 | 19 | 23.75 | 24 | 87.50% |
| DaVita Stony Creek | 9115 S Cicero Ave | Oak Lawn | 60453 | 8.73 | 20 | 25 | 12 | 86.11% |
| Fresenius Lakeview | 4008 N Broadway St | Chicago | 60613 | 13.45 | 20 | 25 | 14 | 64.29% |
| Fresenius Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 60803 | 14.23 | 20 | 25 | 24 | 68.75% |
| Fresenius Midway | 6201 W 63rd St | Chicago | 60638 | 7.34 | 21 | 26.25 | 12 | 98.61% |
| DaVita Garfield | 3250 W Franklin Blvd | Chicago | 60624 | 7.91 | 21 | 26.25 | 16 | 103.13% |
| DaVita Mt. Greenwood | 3401 W 111th St | Chicago | 60655 | 13.48 | 21 | 26.25 | 16 | 82.29% |
| Fresenius Uptown | 4720 N Marine Dr | Chicago | 60640 | 14.16 | 21 | 26.25 | 12 | 88.89% |
| Fresenius Logan Square | 2721 N Spaulding Ave | Chicago | 60647 | 12.41 | 22 | 27.5 | 12 | 13.89% |
| DaVita Logan Square | 2816 N Kimball | Chicago | 60618 | 12.53 | 22 | 27.5 | 28 | 73.81% |
| Fresenius Burbank | 4811 W 77th Street | Burbank | 60459 | 7.85 | 23 | 28.75 | 26 | 92.95% |
| Fresenius Austin | 4800 W Chicago Ave | Chicago | 60651 | 10.35 | 23 | 28.75 | 16 | 66.67% |
| DaVita Lincoln Park | 3157 N Lincoln Ave | Chicago | 60657 | 11.63 | 23 | 28.75 | 22 | 68.18% |
| Fresenius West Sub | 518 N Austin Blvd | Oak Park | 60302 | 11.85 | 23 | 28.75 | 46 | 89.86% |
| Maple Avenue Kidney Cntr | 610 S Maple Ave | Oak Park | 60304 | 12.4 | 23 | 28.75 | 18 | 64.81% |
| Fresenius Berwyn | 2601 Harlem Ave | Berwyn | 60402 | 12.61 | 23 | 28.75 | 28 | 90.48% |
| Fresenius Northcenter | 2620 W Addison St | Chicago | 60618 | 12.7 | 23 | 28.75 | 16 | 76.04% |



Unnecessary Duplication/Maldistribution

ATTACHMENT – 26c 1-3

U. S. Department of Health & Human Services

HRSA U. S. Department of Health and Human Services
Health Resources and Services Administration

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# Find Shortage Areas: HPSA & MUA/P by Address

**Reported location**: 4622 S Bishop St, Chicago, IL, 60609
(---- **Input location**: 4622 s bishop street, Chicago, Illinois 60609)

| | |
|---|---|
| **In a Primary Care Health Professional Shortage Area: Yes** | |
| **Primary Care HPSA Name:** | Low Income - New City |
| **Primary Care HPSA ID:** | 117999170U |
| **Primary Care HPSA Status:** | Designated |
| **Primary Care HPSA Score:** | 19 |
| **Primary Care HPSA Designation Date:** | 2002/10/11 |
| **Primary Care HPSA Designation Last Update Date:** | 2012/02/13 |
| **In a Mental Health Professional Shortage Area: Yes** | |
| **Mental Health HPSA Name:** | Chicago Central |
| **Mental Health HPSA ID:** | 7179991758 |
| **Mental Health HPSA Status:** | Designated |
| **Mental Health HPSA Score:** | 18 |
| **Mental Health HPSA Designation Date:** | 2003/07/11 |
| **Mental Health HPSA Designation Last Update Date:** | 2013/11/25 |
| **In a Dental Care Health Professional Shortage Area: Yes** | |
| **Dental Health HPSA Name:** | Low Income - Midsouth Area (Chicago) |
| **Dental Health HPSA ID:** | 6179991744 |
| **Dental Health HPSA Status:** | Designated |
| **Dental Health HPSA Score:** | 17 |
| **Dental Health HPSA Designation Date:** | 2000/08/25 |
| **Dental Health HPSA Designation Last Update Date:** | 2011/01/04 |
| **In a Medically Underserved Area/Population: Yes** | |
| **MUA/P Service Area Name:** | Communities Asian-American Population |
| **MUA/P ID:** | 00801 |

| | |
|---|---|
| **State Name:** | Illinois |
| **County Name:** | Cook |
| **County Subdivision Name:** | Chicago |
| **Census Tract Number:** | 842600 |
| **ZIP Code:** | 60609 |
| **Post Office Name:** | Chicago |
| **Congressional District Name:** | Illinois District 03 |
| **Congressional District Representative Name:** | Daniel Lipinski |

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Unnecessary Duplication/Maldistribution
ATTACHMENT 26c

AMERICAN FactFinder

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

2010 Demographic Profile Data

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

**Geography: ZCTA5 60609**

| Subject | Number | Percent |
|---|---|---|
| SEX AND AGE | | |
| Total population | 64,906 | 100.0 |
| Under 5 years | 5,828 | 9.0 |
| 5 to 9 years | 5,686 | 8.8 |
| 10 to 14 years | 5,760 | 8.9 |
| 15 to 19 years | 5,777 | 8.9 |
| 20 to 24 years | 5,007 | 7.7 |
| 25 to 29 years | 5,264 | 8.1 |
| 30 to 34 years | 5,054 | 7.8 |
| 35 to 39 years | 4,705 | 7.2 |
| 40 to 44 years | 4,161 | 6.4 |
| 45 to 49 years | 3,891 | 6.0 |
| 50 to 54 years | 3,713 | 5.7 |
| 55 to 59 years | 2,998 | 4.6 |
| 60 to 64 years | 2,305 | 3.6 |
| 65 to 69 years | 1,540 | 2.4 |
| 70 to 74 years | 1,219 | 1.9 |
| 75 to 79 years | 874 | 1.3 |
| 80 to 84 years | 632 | 1.0 |
| 85 years and over | 492 | 0.8 |
| | | |
| Median age (years) | 29.1 | (X) |
| | | |
| 16 years and over | 46,443 | 71.6 |
| 18 years and over | 43,999 | 67.8 |
| 21 years and over | 40,782 | 62.8 |
| 62 years and over | 6,056 | 9.3 |
| 65 years and over | 4,757 | 7.3 |
| | | |
| Male population | 32,356 | 49.9 |
| Under 5 years | 2,995 | 4.6 |
| 5 to 9 years | 2,886 | 4.4 |
| 10 to 14 years | 3,046 | 4.7 |
| 15 to 19 years | 2,883 | 4.4 |
| 20 to 24 years | 2,511 | 3.9 |
| 25 to 29 years | 2,658 | 4.1 |
| 30 to 34 years | 2,508 | 3.9 |
| 35 to 39 years | 2,380 | 3.7 |
| 40 to 44 years | 2,070 | 3.2 |
| 45 to 49 years | 1,923 | 3.0 |
| 50 to 54 years | 1,894 | 2.9 |
| 55 to 59 years | 1,500 | 2.3 |
| 60 to 64 years | 1,143 | 1.8 |
| 65 to 69 years | 684 | 1.1 |
| 70 to 74 years | 529 | 0.8 |



Unnecessary Duplication/Maldistribution 06/11/2014

ATTACHMENT 26c

79

| Subject | Number | Percent |
|---|---|---|
| 75 to 79 years | 356 | 0.5 |
| 80 to 84 years | 238 | 0.4 |
| 85 years and over | 152 | 0.2 |
| | | |
| Median age (years) | 28.5 | (X) |
| | | |
| 16 years and over | 22,876 | 35.2 |
| 18 years and over | 21,623 | 33.3 |
| 21 years and over | 20,001 | 30.8 |
| 62 years and over | 2,609 | 4.0 |
| 65 years and over | 1,959 | 3.0 |
| | | |
| Female population | 32,550 | 50.1 |
| Under 5 years | 2,833 | 4.4 |
| 5 to 9 years | 2,800 | 4.3 |
| 10 to 14 years | 2,714 | 4.2 |
| 15 to 19 years | 2,894 | 4.5 |
| 20 to 24 years | 2,496 | 3.8 |
| 25 to 29 years | 2,606 | 4.0 |
| 30 to 34 years | 2,546 | 3.9 |
| 35 to 39 years | 2,325 | 3.6 |
| 40 to 44 years | 2,091 | 3.2 |
| 45 to 49 years | 1,968 | 3.0 |
| 50 to 54 years | 1,819 | 2.8 |
| 55 to 59 years | 1,498 | 2.3 |
| 60 to 64 years | 1,162 | 1.8 |
| 65 to 69 years | 856 | 1.3 |
| 70 to 74 years | 690 | 1.1 |
| 75 to 79 years | 518 | 0.8 |
| 80 to 84 years | 394 | 0.6 |
| 85 years and over | 340 | 0.5 |
| | | |
| Median age (years) | 29.9 | (X) |
| | | |
| 16 years and over | 23,567 | 36.3 |
| 18 years and over | 22,376 | 34.5 |
| 21 years and over | 20,781 | 32.0 |
| 62 years and over | 3,447 | 5.3 |
| 65 years and over | 2,798 | 4.3 |
| | | |
| RACE | | |
| Total population | 64,906 | 100.0 |
| One Race | 63,140 | 97.3 |
| White | 23,525 | 36.2 |
| Black or African American | 18,782 | 28.9 |
| American Indian and Alaska Native | 472 | 0.7 |
| Asian | 2,381 | 3.7 |
| Asian Indian | 54 | 0.1 |
| Chinese | 1,995 | 3.1 |
| Filipino | 93 | 0.1 |
| Japanese | 12 | 0.0 |
| Korean | 34 | 0.1 |
| Vietnamese | 34 | 0.1 |
| Other Asian [1] | 159 | 0.2 |
| Native Hawaiian and Other Pacific Islander | 14 | 0.0 |
| Native Hawaiian | 3 | 0.0 |
| Guamanian or Chamorro | 8 | 0.0 |
| Samoan | 0 | 0.0 |
| Other Pacific Islander [2] | 3 | 0.0 |
| Some Other Race | 17,966 | 27.7 |



Unnecessary Duplication/Maldistribution
ATTACHMENT 26c

| Subject | Number | Percent |
|---|---|---|
| Two or More Races | 1,766 | 2.7 |
| White; American Indian and Alaska Native [3] | 121 | 0.2 |
| White; Asian [3] | 110 | 0.2 |
| White; Black or African American [3] | 176 | 0.3 |
| White; Some Other Race [3] | 893 | 1.4 |
| | | |
| Race alone or in combination with one or more other races: [4] | | |
| White | 24,918 | 38.4 |
| Black or African American | 19,275 | 29.7 |
| American Indian and Alaska Native | 785 | 1.2 |
| Asian | 2,587 | 4.0 |
| Native Hawaiian and Other Pacific Islander | 71 | 0.1 |
| Some Other Race | 19,158 | 29.5 |
| | | |
| HISPANIC OR LATINO | | |
| Total population | 64,906 | 100.0 |
| Hispanic or Latino (of any race) | 34,489 | 53.1 |
| Mexican | 31,049 | 47.8 |
| Puerto Rican | 1,404 | 2.2 |
| Cuban | 70 | 0.1 |
| Other Hispanic or Latino [5] | 1,966 | 3.0 |
| Not Hispanic or Latino | 30,417 | 46.9 |
| | | |
| HISPANIC OR LATINO AND RACE | | |
| Total population | 64,906 | 100.0 |
| Hispanic or Latino | 34,489 | 53.1 |
| White alone | 14,395 | 22.2 |
| Black or African American alone | 450 | 0.7 |
| American Indian and Alaska Native alone | 391 | 0.6 |
| Asian alone | 67 | 0.1 |
| Native Hawaiian and Other Pacific Islander alone | 1 | 0.0 |
| Some Other Race alone | 17,894 | 27.6 |
| Two or More Races | 1,291 | 2.0 |
| Not Hispanic or Latino | 30,417 | 46.9 |
| White alone | 9,130 | 14.1 |
| Black or African American alone | 18,332 | 28.2 |
| American Indian and Alaska Native alone | 81 | 0.1 |
| Asian alone | 2,314 | 3.6 |
| Native Hawaiian and Other Pacific Islander alone | 13 | 0.0 |
| Some Other Race alone | 72 | 0.1 |
| Two or More Races | 475 | 0.7 |
| | | |
| RELATIONSHIP | | |
| Total population | 64,906 | 100.0 |
| In households | 64,488 | 99.4 |
| Householder | 20,119 | 31.0 |
| Spouse [6] | 7,321 | 11.3 |
| Child | 24,476 | 37.7 |
| Own child under 18 years | 17,137 | 26.4 |
| Other relatives | 8,388 | 12.9 |
| Under 18 years | 3,387 | 5.2 |
| 65 years and over | 689 | 1.1 |
| Nonrelatives | 4,184 | 6.4 |
| Under 18 years | 267 | 0.4 |
| 65 years and over | 145 | 0.2 |
| | | |
| Unmarried partner | 1,962 | 3.0 |
| In group quarters | 418 | 0.6 |
| Institutionalized population | 169 | 0.3 |
| Male | 84 | 0.1 |



Unnecessary Duplication/Maldistribution 06/11/2014
ATTACHMENT 26c

| Subject | Number | Percent |
|---|---|---|
| Female | 85 | 0.1 |
| Noninstitutionalized population | 249 | 0.4 |
| Male | 119 | 0.2 |
| Female | 130 | 0.2 |
| | | |
| HOUSEHOLDS BY TYPE | | |
| Total households | 20,119 | 100.0 |
| Family households (families) [7] | 14,150 | 70.3 |
| With own children under 18 years | 8,020 | 39.9 |
| | | |
| Husband-wife family | 7,321 | 36.4 |
| With own children under 18 years | 4,335 | 21.5 |
| Male householder, no wife present | 1,909 | 9.5 |
| With own children under 18 years | 915 | 4.5 |
| Female householder, no husband present | 4,920 | 24.5 |
| With own children under 18 years | 2,770 | 13.8 |
| Nonfamily households [7] | 5,969 | 29.7 |
| Householder living alone | 4,691 | 23.3 |
| Male | 2,442 | 12.1 |
| 65 years and over | 529 | 2.6 |
| Female | 2,249 | 11.2 |
| 65 years and over | 902 | 4.5 |
| | | |
| Households with individuals under 18 years | 9,408 | 46.8 |
| Households with individuals 65 years and over | 3,879 | 19.3 |
| | | |
| Average household size | 3.21 | (X) |
| Average family size [7] | 3.84 | (X) |
| | | |
| HOUSING OCCUPANCY | | |
| Total housing units | 24,656 | 100.0 |
| Occupied housing units | 20,119 | 81.6 |
| Vacant housing units | 4,537 | 18.4 |
| For rent | 1,816 | 7.4 |
| Rented, not occupied | 137 | 0.6 |
| For sale only | 485 | 2.0 |
| Sold, not occupied | 112 | 0.5 |
| For seasonal, recreational, or occasional use | 60 | 0.2 |
| All other vacants | 1,927 | 7.8 |
| | | |
| Homeowner vacancy rate (percent) [8] | 6.0 | (X) |
| Rental vacancy rate (percent) [9] | 12.5 | (X) |
| | | |
| HOUSING TENURE | | |
| Occupied housing units | 20,119 | 100.0 |
| Owner-occupied housing units | 7,537 | 37.5 |
| Population in owner-occupied housing units | 24,934 | (X) |
| Average household size of owner-occupied units | 3.31 | (X) |
| Renter-occupied housing units | 12,582 | 62.5 |
| Population in renter-occupied housing units | 39,554 | (X) |
| Average household size of renter-occupied units | 3.14 | (X) |

X Not applicable.

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

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

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

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

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

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

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

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

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

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

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



Unnecessary Duplication/Maldistribution
ATTACHMENT 26c

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Paul Crawford is currently the Medical Director for Fresenius Medical Care Evergreen Park and will also be the Medical Director for the proposed Fresenius New City 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.

# *CURRICULUM VITAE*

# *PAUL W. CRAWFORD, MD, FASN*

## PERSONAL INFORMATION

Date of Birth: October 31, 1948

Place of Birth: Toledo, Ohio USA

Home address/phone:

Professional address/phone: 210 South Des Plaines
Chicago, IL 60661
312-654-2700

## PRESENT ACADEMIC RANK AND POSITION

Adjunct Professor, Department of Medicine,
*Northwestern University Medical School*
Chicago, Illinois

## EDUCATION

College/University: University of Illinois, Champaign-Urbana
9/1996 - 6/1970 B.S. Degree

Medical School: Loyola University Stritch School of Medicine,
Maywood, Illinois

7/1970 - 6/1974 M.D. Degree

Residency: St. Joseph Hospital, Chicago, Illinois
7/1974 - 6/1977 Internal Medicine

Fellowship: University of Illinois Medical Center, Chicago
7/1977 - 6/1979 Nephrology

## BOARD CERTIFICATION

American Board of Internal Medicine, 9/1983
American Board of Nephrology, 11/1984

## MEDICAL LICENSURE

State of Illinois 036-052828

## HONORS AND AWARDS

- Undergraduate: Dean's List, Outstanding Senior Award, Phi Epsilon Kappa, Jewel Tea Scholarship
- Medical School: Student Admission Committee Representative
- Fellow, American College of Physicians
- Golden Heart Award, Chicago Heart Association, 1983-86
- Chicago's Caring Physician Award, EHS Trinity Hospital, 1987
- Louis B. Russell Jr. Award, American Heart Association, 1999
- Family Life Award, African American Family Association, 1999
- Top Doctor (no info)
- Named "Today's Medical Prodigy", Chicago Defender Publication, Vol XCVII, No 147, 2002.

## PREVIOUS PROFESSIONAL POSITIONS AND APPOINTMENTS

*Associate in Medicine*
University of Illinois, Abraham Lincoln School of Medicine
Chicago, Illinois 1977 - 1979

Assistant Attending
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois 1989 - 1990

## EDUCATION-TEACHING

- Attending Physician, Teaching Service; Hyde Park Community Hospital, University of Chicago Medical Center; Internal Medicine Residents, 1987-1990.
- Attending Physician, Teaching Service; Trinity Hospital, Mt. Sinai Hospital; Internal Medicine Residents, July, 1984 - June, 1989.
- Attending Physician, Teaching Service; Rush-Presbyterian-St. Luke's Medical Center, second year medical students, September, 1989 - December, 1989.
- African-American Heart Health Takes Center Stage, Chicago State University, Community Leadership Panel, N. Lubin, P. Crawford, J. Carter and L. Becker Panelists, October 2001.

## INSTITUTIONAL, DEPARTMENTAL, AND DIVISIONAL ADMINISTRATIVE RESPONSIBILITIES, COMMITTEE MEMBERSHIPS, AND OTHER ACTIVITIES

- Chairman, Renal Dialysis Technician, Education Advisory Committee, Malcolm X College; Chicago, Illinois, 1980
- Chairman, Hypertension Subcommittee, Chicago Heart Association, 1981-1982
- Co-Chairman, Church-based Hypertension Control Program; Chicago Heart Association, 1983-1985
- Chicago Coalition for Hypertension Control, 1982-1987
- Hypertension Task Force of Chicago Heart Association, 1982-1983
- Prevention Goal Committee; Chicago Heart Association, 1985-1990
- Chairman, Church-based Hypertension Control Program; Chicago Heart Association, 1985-1999
- Long-Range Planning Committee; American Heart Association of Metropolitan Chicago, 1989
- AIDS Task Force, Oak Park, Illinois, 1989-1991
- Medical Executive Committee, Advocate Trinity Hospital, 1990-Present
- Chicago Pilot Project of American Heart Association of Metropolitan Chicago, 1990
- President, American Heart Association of Metropolitan Chicago
- Board Member, Midwest Regional Board of the American Heart Association, 1997-2000.
- President-Elect, Medical Staff, Advocate Trinity Hospital, 1999-2000
- Chairman, Medical Affairs, American Kidney Fund, 2000-Present
- Member, National Anemia Action Council, 2000-Present
- Medical Staff President, Advocate Trinity Hospital, Chicago, Illinois, 2001-2003
- Member, Medical Review Board, Advocate Trinity, 2002-Present
- Board Member, Gift of Hope (formerly Regional Organ Bank of Illinois)

## PROFESSIONAL AND SOCIETY MEMBERSHIPS

- American College of Physicians
- American Society of Internal Medicine
- American Society of Nephrology
- International Society of Nephrology
- Illinois Society of Internal Medicine
- National Medical Association
- Illinois State Medical Society
- International Society on Hypertension in Blacks

- Renal Physicians Association
- American Society of Artificial Organs
- American Society of Hypertension, Charter Member Pheresis Forum
- Cook County Physicians Association
- American Heart Association
- National Kidney Foundation
- Regional Organ Bank of Illinois

**PRESENTATIONS**

Church-based Hypertension Control Program, Chicago Heart Association, Harry Porterfield, Moderator; Chicago Heart Association; Chicago, Illinois, 1984.

Moderator, Hypertension Session of the Cardiology Update Symposium; Itasca, Illinois, 1986.

Emergencies in Renal Failure, American Society of Critical Care Nurses, South Side Chapter, Chicago, Illinois, 1987.

Hypertension and Heart Disease as it Relates to the Black Community; WVON Radio, Chicago, Illinois, 1988.

Church-based Hypertension Control Program, Chicago Heart Association, Bill Campbell, Moderator; Chicago Heart Association; Chicago, Illinois, 1989.

Hypertension in Blacks (Urban Medicine Videocassette); American Heart Association of Metropolitan Chicago. Mark Alyn and Paul Crawford, moderators, 1989.

Hypertension Control Efforts, Ninth Annual Great Lakes Conference on High Blood Pressure Control, American Heart Association of Metropolitan Chicago, Great Lakes, Illinois, 1989.

Taking Care of Yourself (Black Health Awareness Week Seminar), National Association for the Advancement of Colored People (NAACP), National Kidney Foundation, Renal Network of Illinois and the Baxter Healthcare Corporation, Chicago, Illinois, 1989.

Church-based Hypertension Control Program, the International Society on Hypertension in Blacks, P. Crawford & J. Harrington; Long Beach, California; 1990.

Quality Assurance Concerns with Angioaccess Grafts Symposium; W.L. Gore & Associates. J. King, P. Lubin and P. Crawford, panelists. Chicago, Illinois, 1990.

Overview of 1992 Report of Join National Committee on Detection, Evaluation and Treatment of High Blood Pressure, Church-based Hypertension Control Program of American Heart Association of Metropolitan Chicago, Chicago, Illinois, 1992.

Risk Factors in Stroke and Heart Disease, WVAZ Radio Interview, American Heart Association of Metropolitan Chicago (for broadcast throughout the month of February, designated "Heart" month). Chicago, Illinois, 1993.

Kidney Disease in African Americans, National Society of Black Engineers. Kansas City, Missouri, 1999.

New Strategies and Diagnoses in Treatment of Kidney Disease, Blacks in Government Conference, Atlanta, Georgia, 2002.

New Strategies in Treatment and Diagnosis of Chronic Kidney Disease, Emory University, 2002.

Educational Opportunities for Patients and Medical Professionals, Racial Disparities and Kidney Disease, Advisory Board Meeting. P. Crawford and M. Freeman Group Facilitators, Dallas, Texas, 2002.

## INTRAMURAL PRESENTATIONS

Lecture series presented at Advocate Trinity Hospital, South Shore Hospital and St. Frances Medical Center, 1997-1999. Topics included:

- Acid Base Disturbances - Implications for Patient Care
- Principles of Hemodialysis and Peritoneal Dialysis
- Clinical Assessment of Patients with Renal Failure
- Fluid and Electrolyte Disorders
- Chronic Renal Failure
- Acute Renal Failure
- Hypertension
- Plasmapheresis

## CLINICAL PRACTICE, INTERESTS, AND ACCOMPLISHMENTS

- President, Associates in Nephrology 1997 - 2000
- Medical Director, Evergreen Park Dialysis Center 1995 - Present
- Nephrology Chief, Cermak Branch (Cook County Hospital) 1998 - Present
- Vice-President, Associates in Nephrology 2009 - Present

### RESEARCH INTERESTS

Developed pilot study to reach high-risk population for the Church-based Hypertension Control Screening Program of the American Heart Association of Metropolitan Chicago, 1983-1984.

African American Outreach Study presented to American Kidney Foundation, sponsored by Amgen, Principle Investigator, 2000

Chronic Renal Insufficiency Study, sponsored by Amgen. Principal Investigator 2000-2001

AMPS Study, sponsored by Amgen, Principle Investigator 2002-2003

## RESEARCH GRANTS AWARDED

Church-based Hypertension Control program of American Heart Association of Metropolitan Chicago, Frank Douglas, M.D., Ph.D. and Paul W. Crawford, M.D., Co-Investigators, 1985-1987.

NIH Education Project of Church-based Hypertension Control Program of American Heart Association of Metropolitan Chicago, Eva Smith, R.N., Ph.D., Principal Investigator, Paul W. Crawford, M.D., Co-Investigator, 1988.

Marion Laboratories, Inc., Church-based Hypertension Control Program, Paul W. Crawford, M.D., Principal Investigator, 1989-1991.

## CIVIC ACTIVITIES

Jamaica 2002 Crusade, Sheldon Heights Church of Christ. Two-week medical mission to St. Catherine Parish in Jamaica. Volunteered personal services and raised funds for (Include grant number and title, time period, and Category 1 time.)

Sickle Cell Fundraiser, Rotary Club, F. Igleski, President. P. Crawford on Planning Committee. 2001

Heart Ball Gala, Member, Planning Committee, 2001

## BIBLIOGRAPHY

Publications - Journals

Westenfelder C, Crawford PW, Baranowski RL, Earnest W, Kurtzman NA. Renal tubular function and Na-K-ATPase(NKA) activity in nonoliguric acute renal failure (ARF). Clin Res 1978:26:479A.

Westenfelder C, Crawford PW, McClurkin C, Zerwer P, Earnest W, Baranowski RL, Kurtzman NA. Effects of glycerol rechallenge (RC) or saline loading (SL) on the renal function in glycerol (G) induced acute renal failure (ARF). Proc Amer Soc Neph 1978:11:101A.

Westenfelder C, Crawford PW, Baranowski RL, Kurtzman NA. Effect of glycerol rechallenge (RC) or saline loading (SL) on the course of glycerol-induced acute renal failure (ARF) Clin Res 1979:27:433A.

Westenfelder C, Batlle D, Crawford PW, Baranowski RL, Kurtzman NA. Estudios en el fallo renal agurdo (FRA) despues de usn espisodio previo de fallo renal o sobcrecarga saline (SS). IV Lat Amer Congress of Nephrology.

Westenfelder C, Arevalo GJ, Crawford PW, Zerwer P, Baranowski RL, Birch RM, Earnest W, Hamburger RK, Coleman RD, Kurtzman, NA. Recent tubular function in glycerol-induced acute renal failure. Kidney International, 1980:18:432.

Crawford PW, Murphy M. Controlling hypertension from the pews. Chicago Medicine, Vol 93 No 8, April 1990.

Crawford, PW. Urban Renal Disease: Reflections of an Urban Nephrologist, Seminars in Nephrology, Vol 21, No 4, July 2001.

Crawford, PW, Lea, J. Developing a CRI pre-screening program for African Americans, Nephrology News & Issues, Vol 16, No 5, April, 2002.

Crawford, PW, Maxey, R, and Dacosta, K. Community Outreach: A Call for Community Action, Journal of the National Medical Association, Vol 94, No 8 (Suppl), August 2002.

Publications - Abstracts

Reducing Hyperparathyroidism in African-American Hemodialysis Patients Using Paricalcitol. P. Crawford, M. Sobrero, S. Shott, A. Deering, T. Young. FMC Neomedica, Evergreen Park, Illinois. National Kidney Foundation, Orlando, Florida. 2001.

Publications- Editorials

Time Deficiency: How to be Counted In While Your Doctor is Maxed Out. Health Adviser Section, Chicago Tribune, July 7, 2002.

**MEDIA APPEARANCES/ARTICLES**

Black Churches Widen Scope of Targeted Blood Pressure Screenings, Medical World News, 1988.

Hypertension - The Silent Killer, Two Part Series, Chicago Sun Times, Chicago, Illinois, April 26, 1989.

Hypertension - Church-based Hypertension Control Program, American Heart Association of Metropolitan Chicago, Crawford PW, Miller A, Moderator, HEARTBEAT, Public Access Television, Channel 19, September, 1989.

Hypertension and Heart Disease; WGCI AM Radio, Chicago, Illinois, 1989.

Hypertension, Cable TV Station 26, Chicago, Illinois, 1991

Hypertension, WVON AM Radio, Melody Spann, Moderator, Chicago, Illinois, 1992.

"American Kidney Fund Cites Studies as Cause for Concern" discussion by P. Crawford via radio and website appearances. 2002

*The Washington Post*
CBS Marketwatch
BostonGlobe.com *(The Boston Globe)*
DallasNews.com *(The Dallas Morning News)*
NBC6.com (NCB channel 6 in Charlotte, NC website)
Canada. Com
NewsAlert.com
National Hispanic Corporate Council (NHCC.com)
*Yahoo.com*
WKYU National Public Radio affiliate
WKPB National Public Radio affiliate
WKUE National Public Radio affiliate
WDCL National Public Radio affiliate
Chicago Tribune

Kidney Disease and Osama Bin Laden, PBS National Public Radio, Chicago, Illinois, 2002

09/07

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

PAUL W. CRAWFORD, M.D., F.A.S.N.

AZZA S. SULEIMAN, M.D.

SATYA P. AHUJA, M.D., F.A.S.N.

MARIA I. SOBRERO, M.D.

VINITHA RAGHAVAN, M.D.

DANIEL KNIAZ, M.D., F.A.C.P.

EDGAR V. LERMA, M.D., F.A.S.N.

RAMESH SOUNDARARAJAN, M.D., F.A.S.N.

NEETHA S. DHANANJAYA, M.D.

MARK P. LEISCHNER, M.D.

SREEDEVI CHITTINENI, M.D.

CHIRAG P. PATEL, M.D., F.A.S.N.

MADHAV RAO, M.D.

APRIL KENNEDY, M.D.

RIZWAN MOINUDDIN, D.O.

NIMEET R. BRAHMBHATT, M.D.

SUDESH K. VOHRA, M.D.

VIJAYKUMAR M. RAO, M.D., F.A.S.N.

CLARK MCCLURKIN, JR., M.D.

WADAH ATASSI, M.D., M.B.A.

HAROLD BREGMAN, M.D., F.A.C.P.

CONSTANTINE G. DELIS, D.O.

KAREEN R. SIMPSON, M.D., F.A.S.N.

AMITABHA MITRA, M.D.

JIM JIANLING YAO, M.D.

EDUARDO J. CREMER, M.D.

RICHARD HONG, M.D.

LO-KU CHIANG, M.D.

HARESH MUNI, M.D.

BOGDAN DERYLO, M.D., M.Sc.

NIC I. HRISTEA, M.D.

DONALD F. CRONIN, M.D.

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

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

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

Signature

Teri Gurchiek
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 11th day of June, 2014

Michelle M. Hogan
Signature of Notary

Seal

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

Criterion 1110.1430 (f) – Support Services

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

- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care New City 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 Holy Cross Hospital, Chicago:
  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of June, 2014

Signature of Notary

Seal

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

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

Fresenius Medical Care New City 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 New City will have 16 dialysis stations thereby meeting this requirement.

HOLY CROSS
HOSPITAL

June 12, 2014

Ms. Lori Wright
Fresenius Medical Care
3500 Lacey Road, Suite 900
Downers Grove, IL 60515

Dear Ms. Wright:

This letter is written in response to your request regarding a transfer agreement for the proposed Fresenius Medical Care New City dialysis clinic located at 4622 S. Bishop Street in Chicago. Holy Cross Hospital, as a nearby hospital operating an emergency department, will be the likely destination for patients from that location in need of emergency treatment. Holy Cross will receive and evaluate such patients for treatment and inpatient admission as appropriate. Rehabilitation, blood bank and pathological laboratory services are included in the services Holy Cross Hospital is able to provide these patients. Those patients requiring psychiatric care would be referred to Mount Sinai Hospital for evaluation.

Sincerely,

Deborah Shaw-Davisson, CNO
Vice President, Patient Care Services

Criterion 1110.1430 (j) – Assurances

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

1. As supported in this application through expected referrals to Fresenius Medical Care New City 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 Bridgeport and Marquette Park, where AIN physicians are Medical Directors, have achieved average adequacy outcomes of:

    - 96% 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 New City.

Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 16th day of June, 2014

Signature of Notary

Seal

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

**4622 S. Bishop, L.L.C.**
**c/o Weitzman Realty Associates, L.L.C.**
**4007 S. Wabash Avenue**
**Chicago, IL 60653**
**773-855-8575**
**Fax 773-855-8578**

June 3, 2014

VIA E-MAIL ONLY

William Popken
Fresenius Medical Care
128 Spring Street
Lexington, MA 02421-7998

Re: New Fresenius Medical Care Facility (approximately 10,250 square feet)
4622 S. Bishop, Chicago, IL (the "Premises")

Dear Bill:

On behalf of 4622 S. Bishop, L.L.C., a to-be-formed Illinois limited liability company ("Landlord"), we are pleased to present the following proposal to Fresenius Medical Care ("Tenant"). This letter of intent supersedes all other previous letters of intent. The substantive terms and conditions of our proposal are, but not necessarily limited to the information referenced herein.

**Building:** 4622 S. Bishop, Chicago, IL ("Building").

**Term:** Fifteen (15) years, (approximately 10,250 square feet) with annual increases of two and one-half percent (2.5%) per year. Tenant will have three (3) five (5) year options to renew with annual rental increases of two and one-half percent (2.5%).

**Rent:** **Base Rent is $23.50 per square foot NNN.**

| | Base Monthly Rent |
|---|---|
| Year 1 | $20,072.92 |
| Year 2 | $20,574.74 |
| Year 3 | $21,089.11 |
| Year 4 | $21,616.34 |
| Year 5 | $22,156.74 |
| Year 6 | $22,710.66 |
| Year 7 | $23,278.43 |
| Year 8 | $23,860.39 |
| Year 9 | $24,456.90 |
| Year 10 | $25,068.32 |
| Year 11 | $25,695.03 |
| Year 12 | $26,337.41 |
| Year 13 | $26,995.84 |
| Year 14 | $27,670.74 |
| Year 15 | $28,362.51 |

**Commencement Date:** The Term will commence on the earlier of: (i) ninety (90) days after Landlord achieves substantial completion of the Building shell; or (ii) Tenant's receipt of the certificate of occupancy.

**Operating Expenses & Real Estate Taxes:** Tenant will be responsible for the real estate taxes, insurance and common area maintenance.

**Utilities:** All gas and electricity consumed in the Premises for heat, air conditioning, lights, outlets and other incidental uses shall either be separately metered and at the Tenant's sole cost and expense or paid by Landlord and reimbursed by Tenant. Tenant shall be required to engage and pay for its refuse removal service.

**Security Deposit:** None required.

**Guaranty:** Fresenius Medical Care Holdings, Inc. will guaranty the Lease.

**Building and Tenant Improvements:** Landlord shall deliver the Building in a shell condition at Landlord's expense, interpreted as adequate electrical power installed for Tenant's operation (no less than 800 amp/208 volt, 3-phase or equal depending availability), and an adequate HVAC system for the space, the presence of gas service (if available), the presence of sewer service no less than a 4 inch line and the presence of a water service no less than a 3 inch line. **Tenant shall be responsible for all additional build out at its sole cost and expense, subject to Landlord's prior written approval which will not be unreasonably withheld. In addition Landlord will endeavor to comply with the requirements set forth on the attached Building Shell Exhibit.**

**Preliminary Improvement Plans:** Landlord will provide Tenant with architectural drawings of the proposed building with detailed specifications. The parties will reasonably agree on the proposed Building. Space plans may be provided to the Tenant upon request.

**Parking:** Landlord and Tenant will agree on the number and location of the Tenant parking spaces during the architectural drawing phase of the project. Parking will be sufficient to satisfy the City of Chicago building codes. Notwithstanding the foregoing, Landlord will attempt to provide approximately 20 parking spaces.

**Signage:** Tenant will be permitted to place a sign at the location as approved by Landlord and subject to the City of Chicago building codes.

**Contingency:**

Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant 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, Tenant does not expect to receive a CON permit prior to **October 7, 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 Tenant a CON permit to establish a dialysis center on the Premises by October 7, 2014, 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.

Landlord and Tenant understand and agree that the completion of this transaction is contingent upon Landlord's acquisition of the Premises after Tenant's approval for the CON. In the event that Landlord is not successful with the acquisition of the Premises either party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

**Withdrawal Of Offer:** The terms and conditions of this proposal shall expire on June 13, 2014 at 5:00 PM.

The terms and conditions of this proposal are confidential and should not be shared or discussed with individuals beyond those directly involved in this transaction. All space described in this proposal is subject to prior leasing or withdrawal at any time. Neither party shall be legally bound by this proposal or any acceptance thereof until such time as both parties formally execute

and deliver the appropriate Lease documents. This proposal is also contingent upon final Landlord approval and review of financial statements. If the above terms and conditions are acceptable, please indicate so by signing below and returning to my attention.

Sincerely,

Howard R. Weitzman
4622 S. Bishop, L.L.C.

cc: Howard J. Powers II, Esq.
Charles R. DiNaso
Charles DiNaso, Jr.

ACCEPTED AND AGREED on this 6th day of June 2014

Fresenius Medical Care, USA

By: [signature]
Name: TERI A COURCHIEK
Its: REGIONAL VICE PRESIDENT

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

**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.

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 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

| COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Department (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | Circ.* | Const. $ (A x C) | Mod. $ (B x E) | |
| ESRD | | 161.00 | | | 10,250 | | | 1,650,250 | 1,650,250 |
| Contingency | | 16.00 | | | 10,250 | | | 164,000 | 164,000 |
| TOTALS | | $177.00 | | | 10,250 | | | $1,814,250 | $1,814,250 |

* Include the percentage (%) of space for circulation

## Criterion 1120.310 (d) – Projected Operating Costs

**Year 2018**

| | |
|---|---|
| Estimated Personnel Expense: | 665,280 |
| Estimated Medical Supplies: | 152,495 |
| Estimated Other Supplies (Exc. Dep/Amort): | 1,321,999 |
| | $2,139,774 |
| Estimated Annual Treatments: | 11,981 |
| Cost Per Treatment: | $179 |

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

**Year 2018**

| | |
|---|---|
| Dep/Amort: | 311,913 |
| Interest: | 0 |
| Capital Costs: | $311,913 |
| Estimated Annual Treatments: | 11,981 |
| Capital Cost Per Treatment: | $26 |

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

Fresenius Medical Care Chicagoland, LLC

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

By: Lori A Gunderson

Title: REGIONAL VICE PRESIDENT

Notarization:
Subscribed and sworn to before me
this 6th day of June, 2014

Michelle M Hogan
Signature of Notary

Seal

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

**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 28th day of May, 2014

Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

By: _____

Title: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 28th day of May, 2014

Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

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

Fresenius Medical Care Chicagoland, LLC

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

ITS: REGIONAL VICE PRESIDENT

Notarization:
Subscribed and sworn to before me
this 6th day of June, 2014

[signature]
Signature of Notary

Seal

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

**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

Notarization:
Subscribed and sworn to before me
this 20th day of May, 2014

_____
Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

By: _____

ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 20th day of May, 2014

_____
Signature of Notary

Seal

JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

**Safety Net Impact Statement**

The establishment of the Fresenius Medical Care New City dialysis facility will not have any impact on safety net services in the New City (Back of the Yards) area of Chicago. 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 | $353,355,908 | $387,393,758 | $398,570,288 |
| | 2011 | 2012 | 2013 |
| Charity * (# of self-pay patients) | 93 | 203 | 642 |
| | | | |
| Charity (cost In dollars) | $632,154 | $1,536,372 | $5,346,976 |
| | | | |
| Ratio Charity Care Cost to Net Patient Revenue | 0.18% | .40% | 1.34% |
| MEDICAID | | | |
| | 2011 | 2012 | 2013 |
| Medicaid (# of patients) | 1,865 | 1,705 | 1,660 |
| | | | |
| Medicaid (revenue) | $42,367,328 | $36,254,633 | $31,373,534 |
| | | | |
| Ratio Medicaid to Net Patient Revenue | 12% | 9.36% | 7.87% |

Note:
A new billing procedure was put into place in late 2012 to reduce the amount of voids and rebilling. Previously patients with Medicaid pending were considered only under Medicaid and after the procedure change, Medicaid pending patients are considered under self-pay. This has resulted in the increase in "charity" (self-pay) patients and costs.

Medicaid number of patients appears to be going down, however this is due to the reassignment of the "charity" (self-pay) patients associated with the billing change.

**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 | | | |
|---|---|---|---|
| | **2011** | **2012** | **2013** |
| **Net Patient Revenue** | **$362,977,407** | **$387,393,758** | **$398,570,288** |
| **Amount of Charity Care (charges)** | $642,947 | $1,566,380 | $5,346,976 |
| **Cost of Charity Care** | $642,947 | $1,566,380 | $5,346,976 |
| **Ratio Charity Care Cost to Net Patient Revenue** | 0.18% | .40% | 1.34% |

**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.

## 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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Trip to:

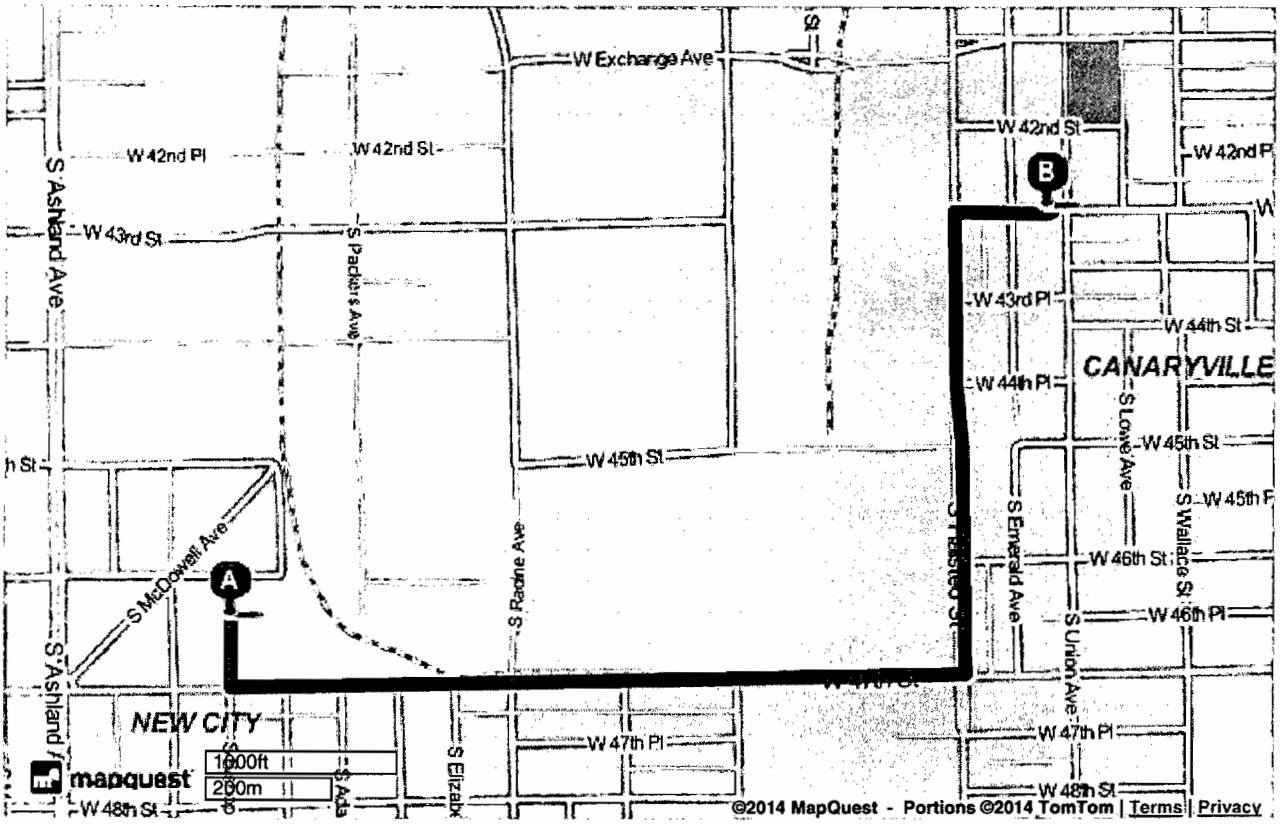
**710 W 43rd St**

Chicago, IL 60609-3435

1.50 miles / 4 minutes

Notes

TO DAVITA EMERALD

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TO DAVITA WOODLAWN

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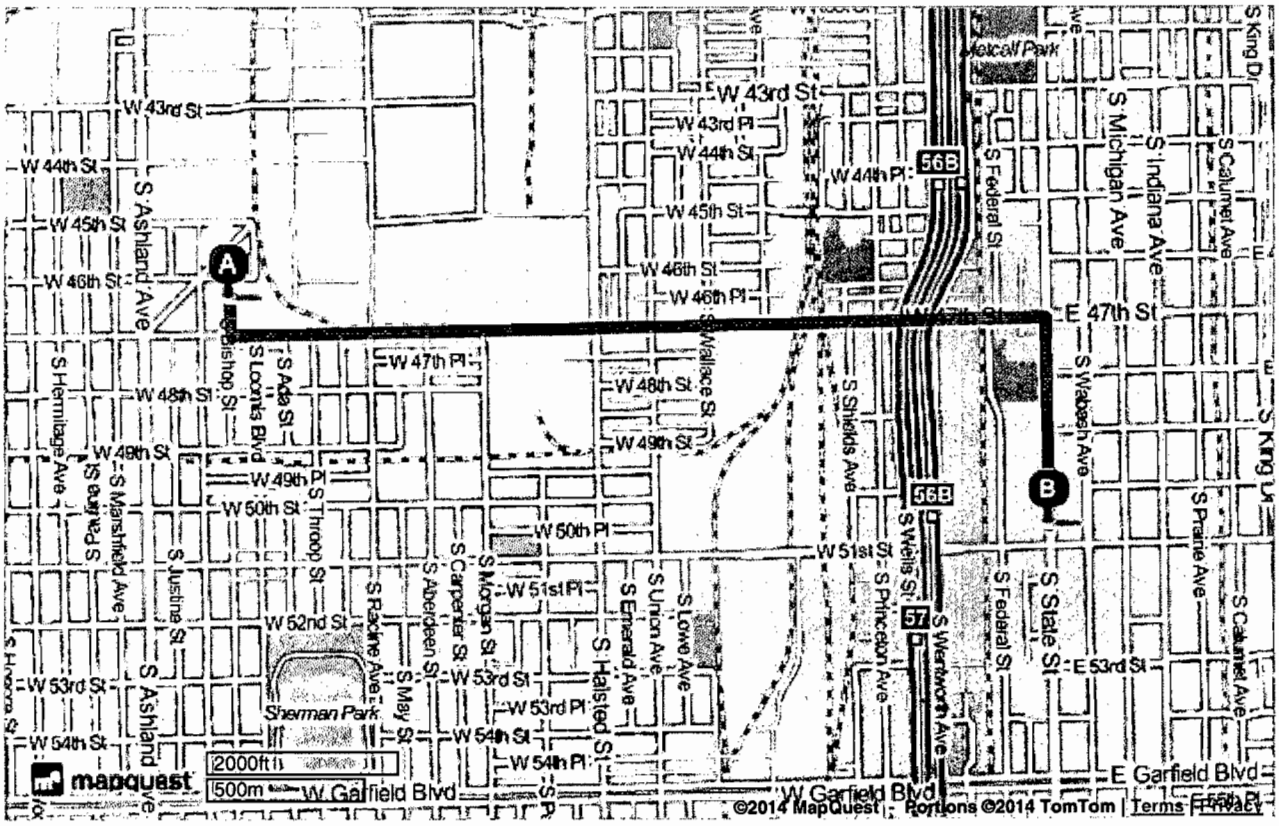
**5060 S State St**

Chicago, IL 60609-5328

2.33 miles / 6 minutes

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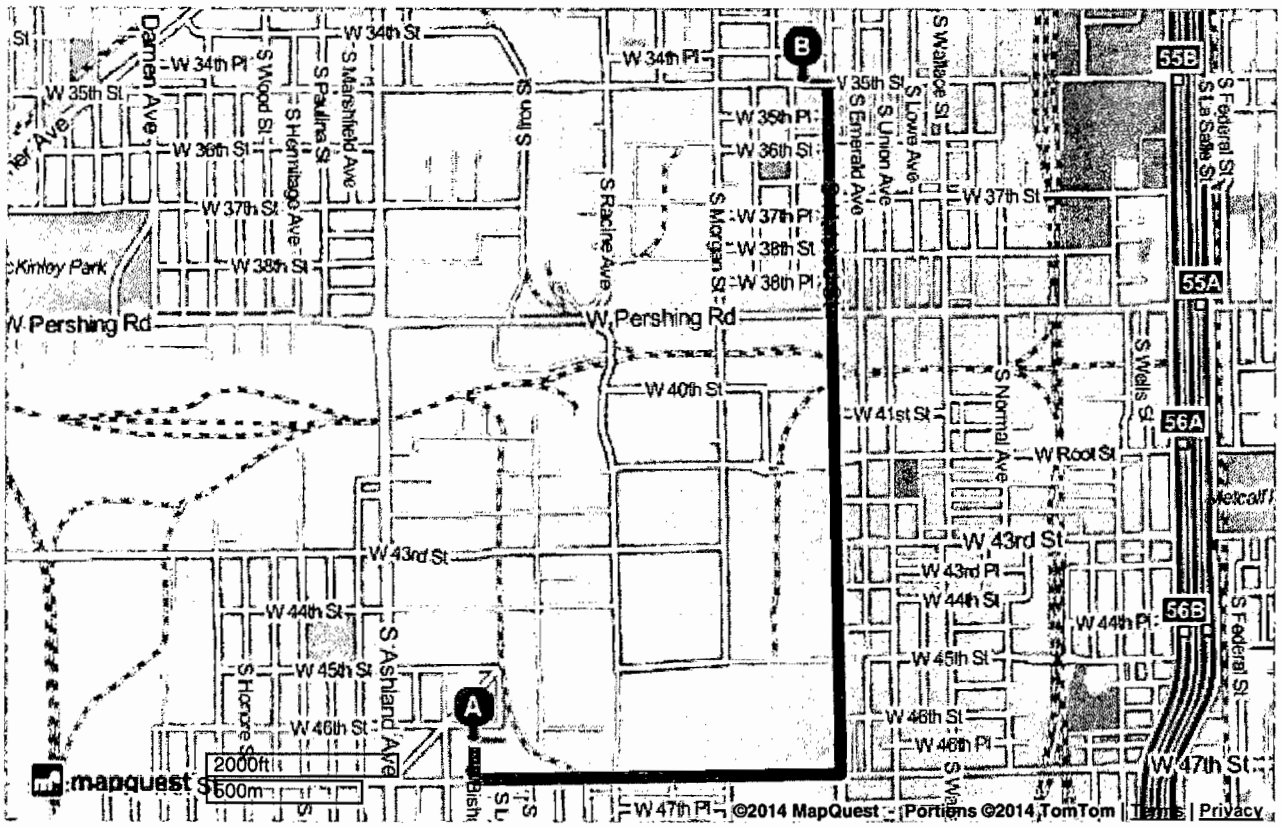
Chicago, IL 60609-1511
2.44 miles / 6 minutes

Notes

TO FRESENIUS MEDICAL CARE - BRIDGEPORT

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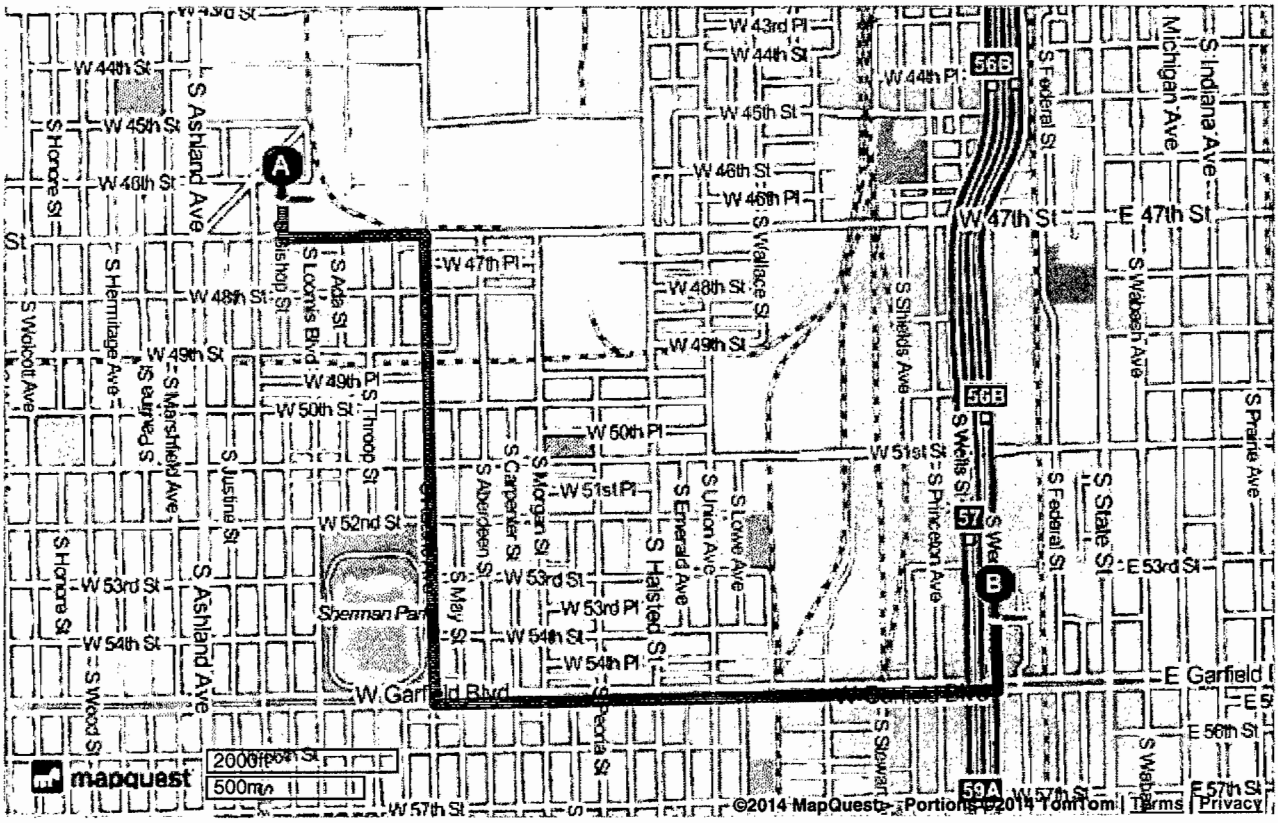
TO FRESENIUS MEDICAL CARE - GARFIELD

Trip to:

**5401 S Wentworth Ave**

Chicago, IL 60609-6300

2.81 miles / 7 minutes

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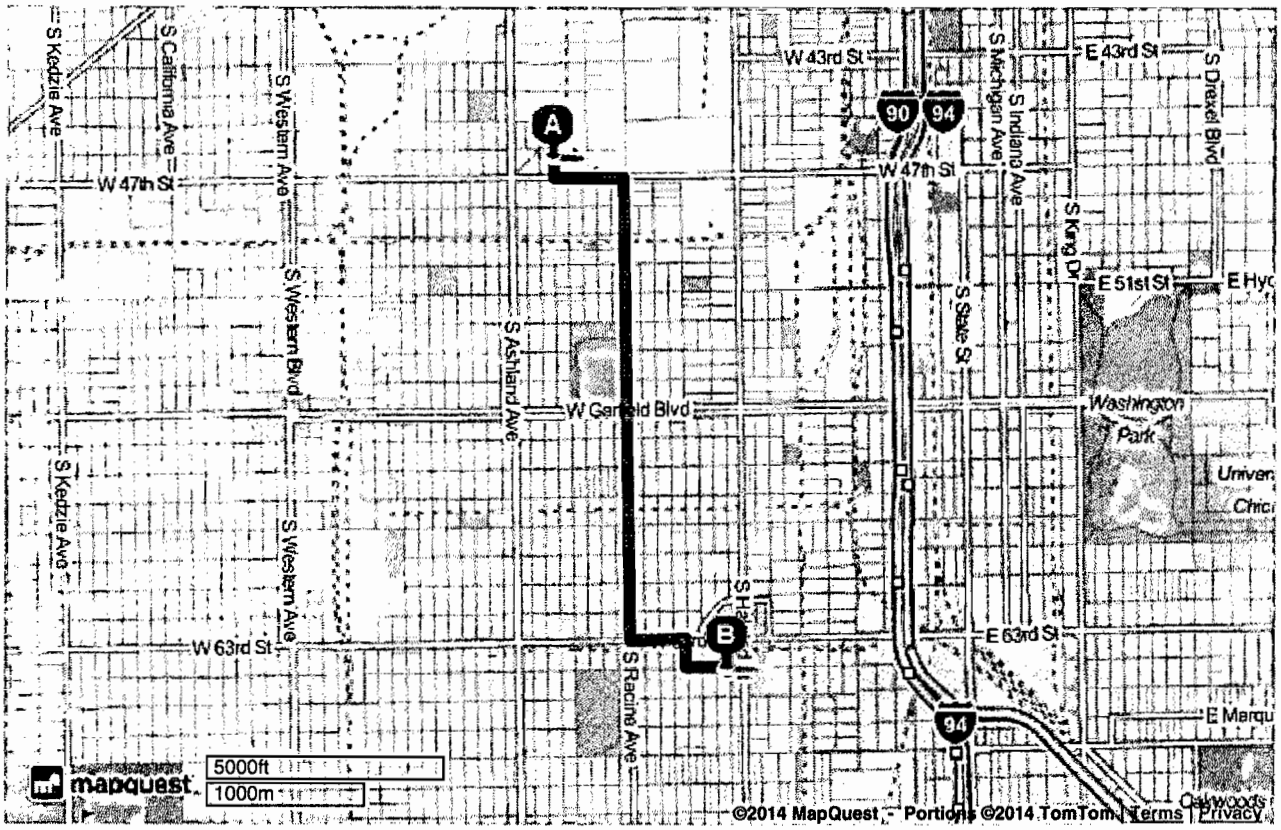
TO FRESENIUS MEDICAL CARE - ROSS-ENGLEWOOD

Trip to:

**6333 S Grn St**

Chicago, IL 60621-1921

2.97 miles / 8 minutes

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Notes

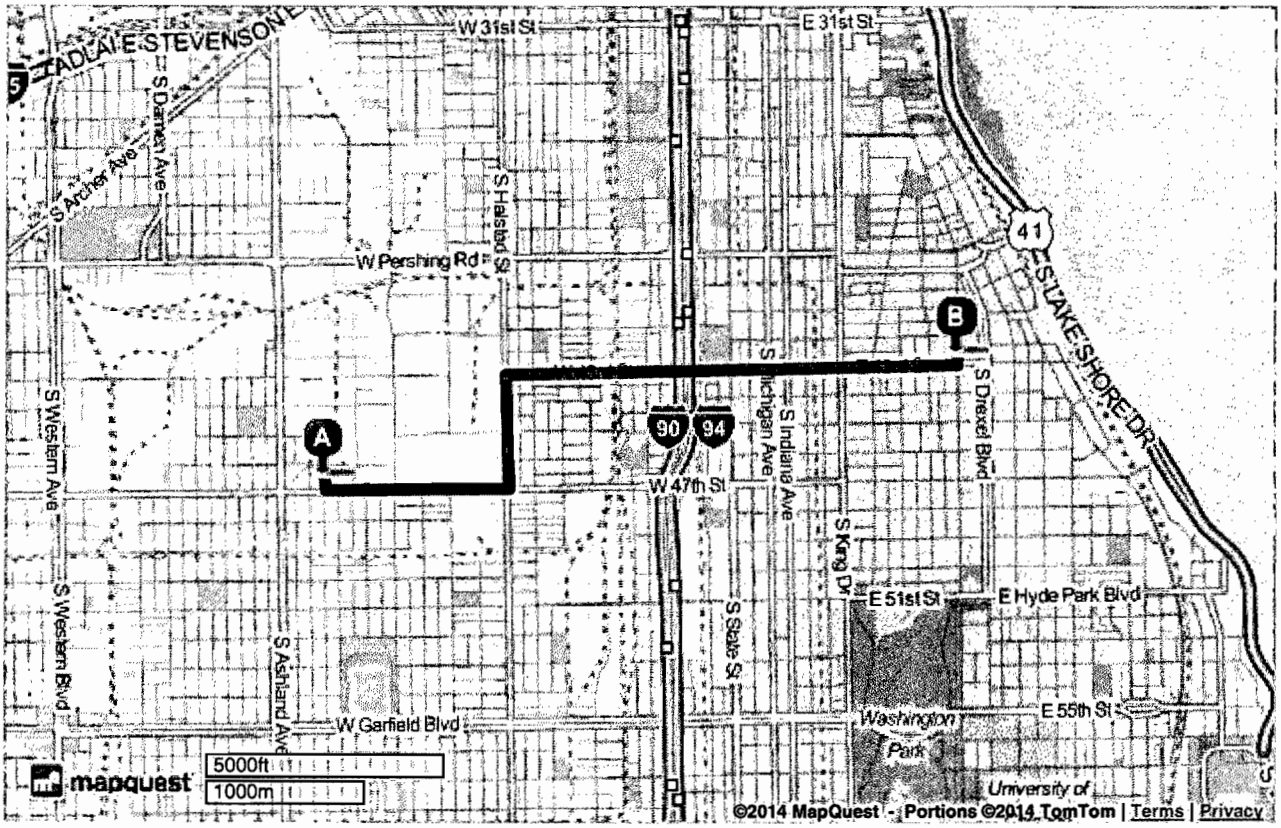
TO DAVITA KENWOOD

Trip to:

**4259 S Cottage Grove Ave, STE 100**

Chicago, IL 60653-2929

3.44 miles / 9 minutes

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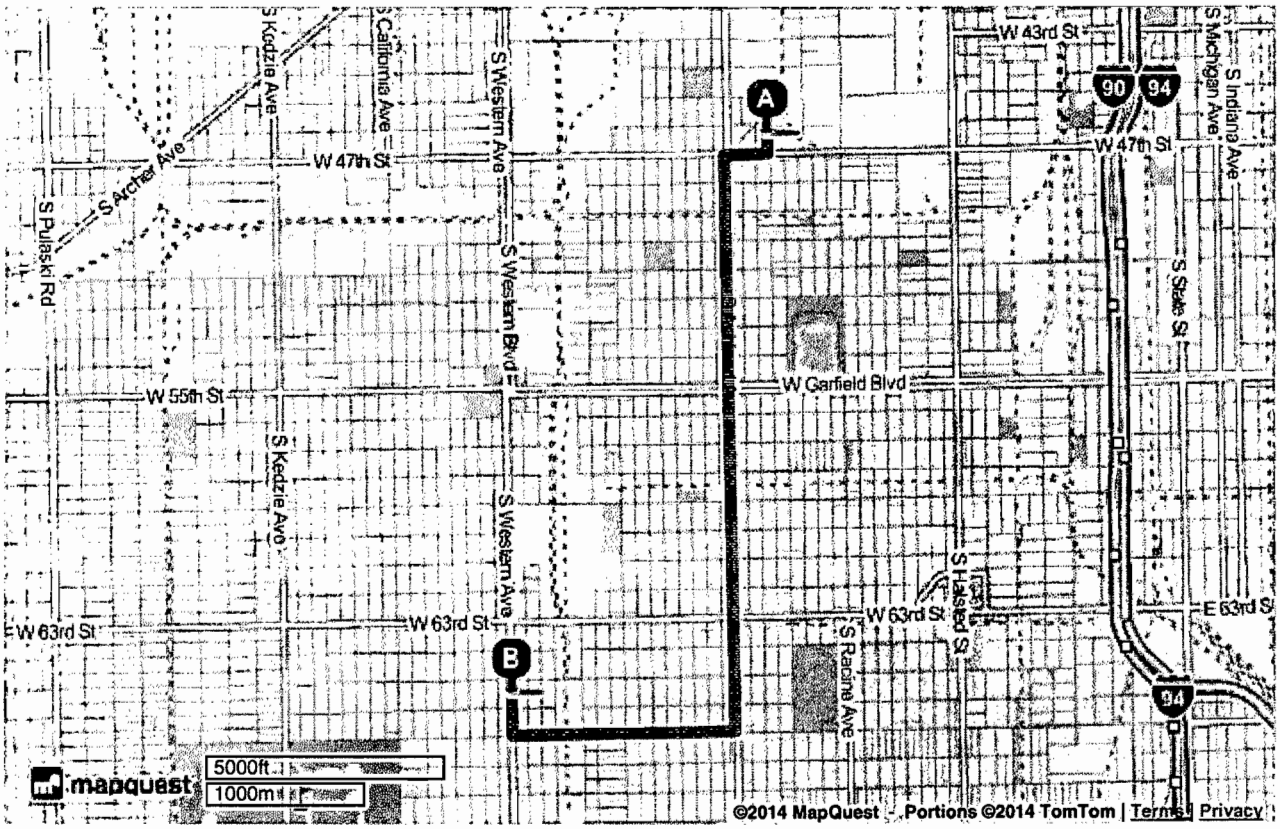
**6535 S Western Ave**

Chicago, IL 60636-2410

3.93 miles / 10 minutes

Notes

TO FRESENIUS MEDICAL CARE - MARQUETTE PARK

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Trip to:

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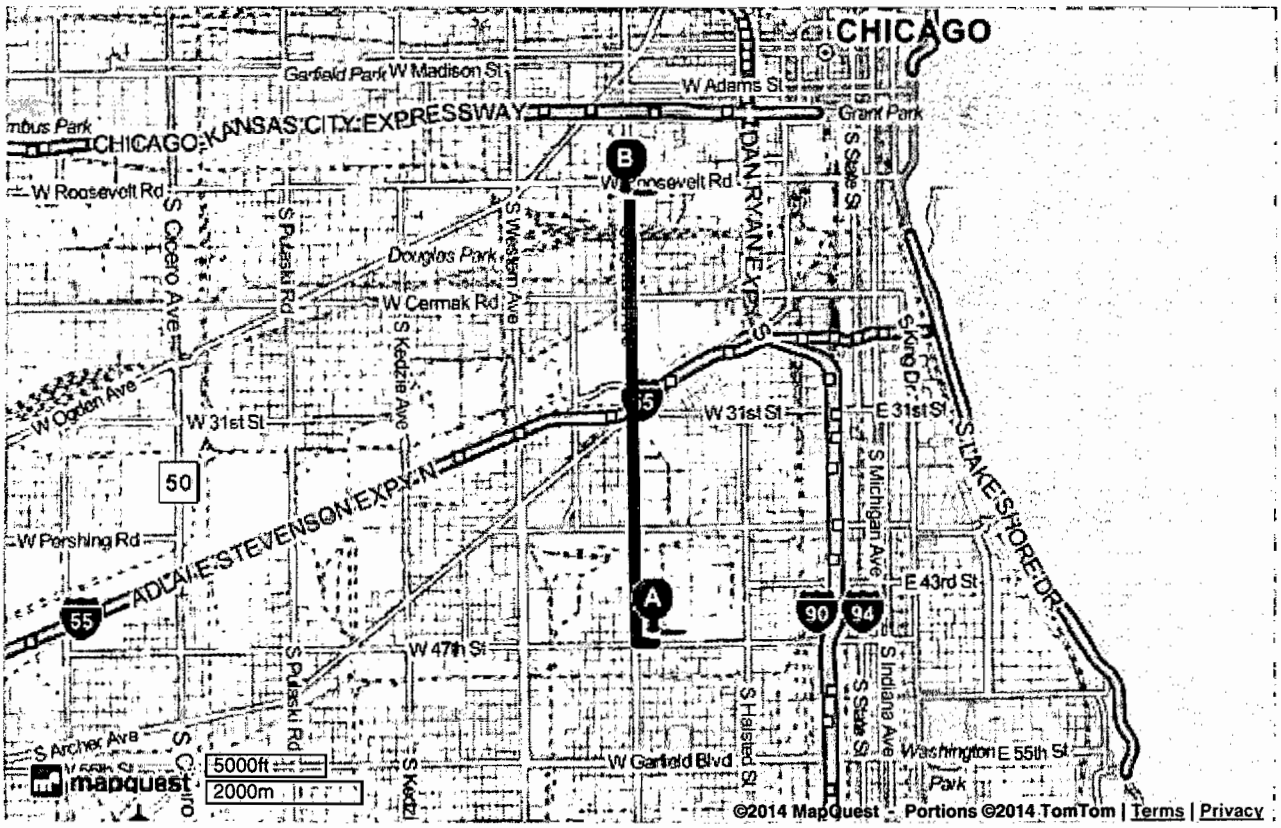
Chicago, IL 60608-1328

4.13 miles / 11 minutes

Notes

TO DAVITA WESTSIDE

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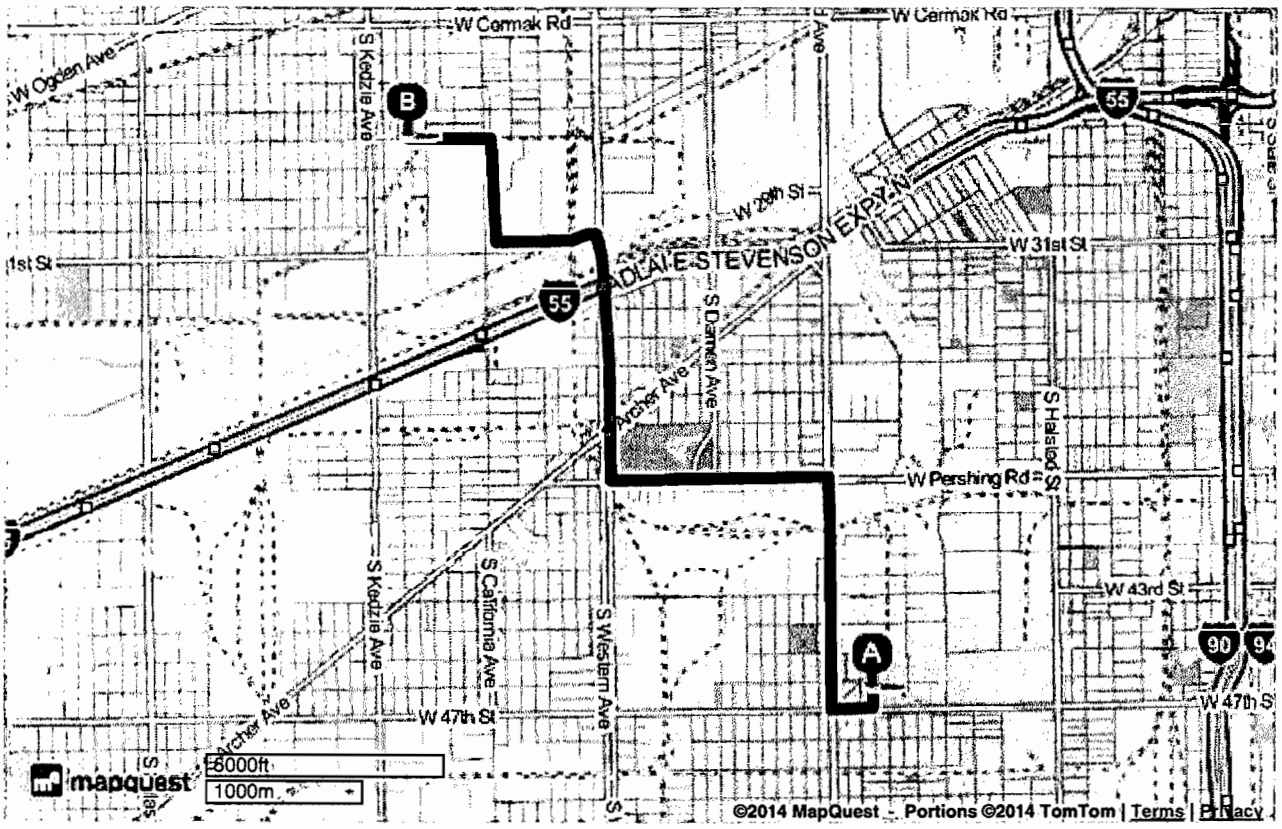
TO SAH DIALYSIS

Trip to:

**3059 W 26th St**

Chicago, IL 60623-4131

4.56 miles / 11 minutes

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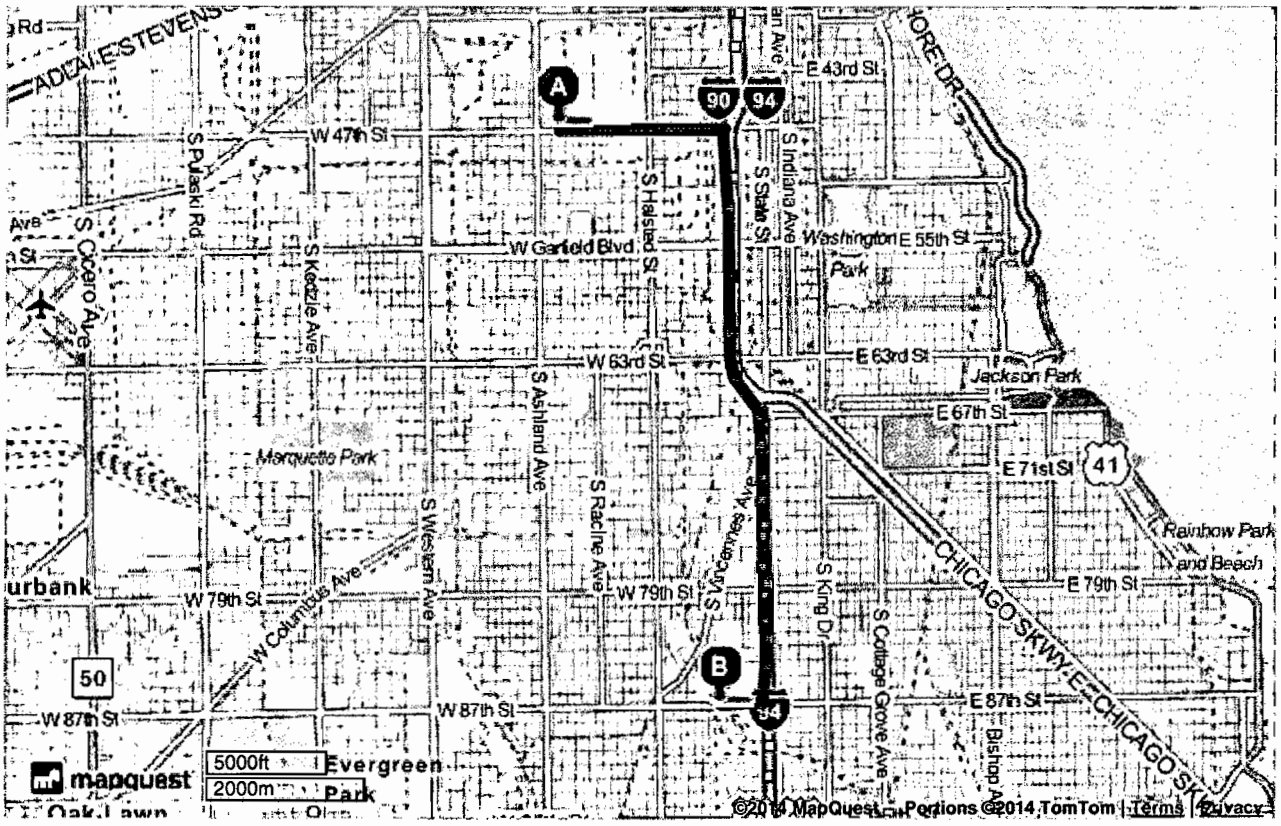
Trip to:

**8643 S Holland Rd**
Chicago, IL 60620
7.02 miles / 11 minutes

Notes
TO FRESENIUS MEDICAL CARE - CHATHAM

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Trip to:

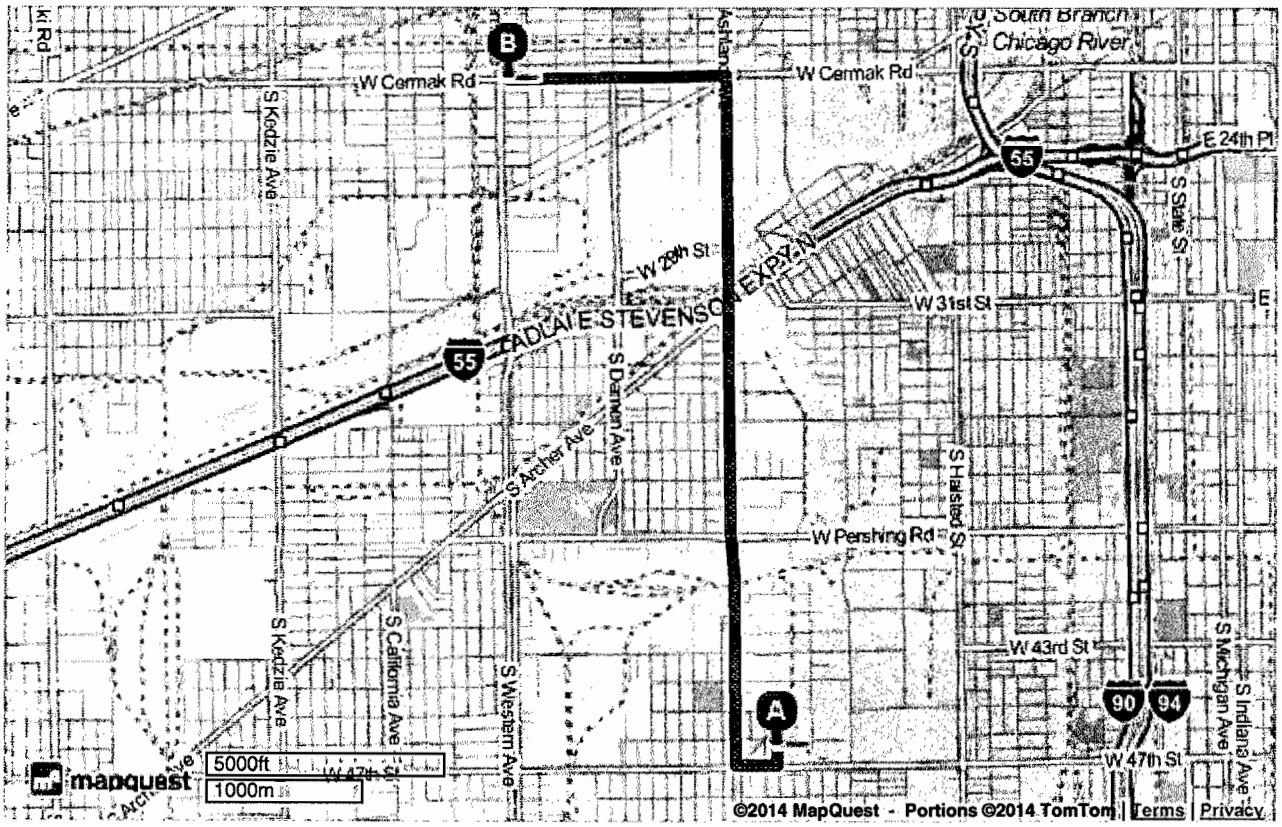
**2335 W Cermak Rd**

Chicago, IL 60608-3811

4.21 miles / 12 minutes

Notes

TO DAVITA LITTLE VILLAGE

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Notes

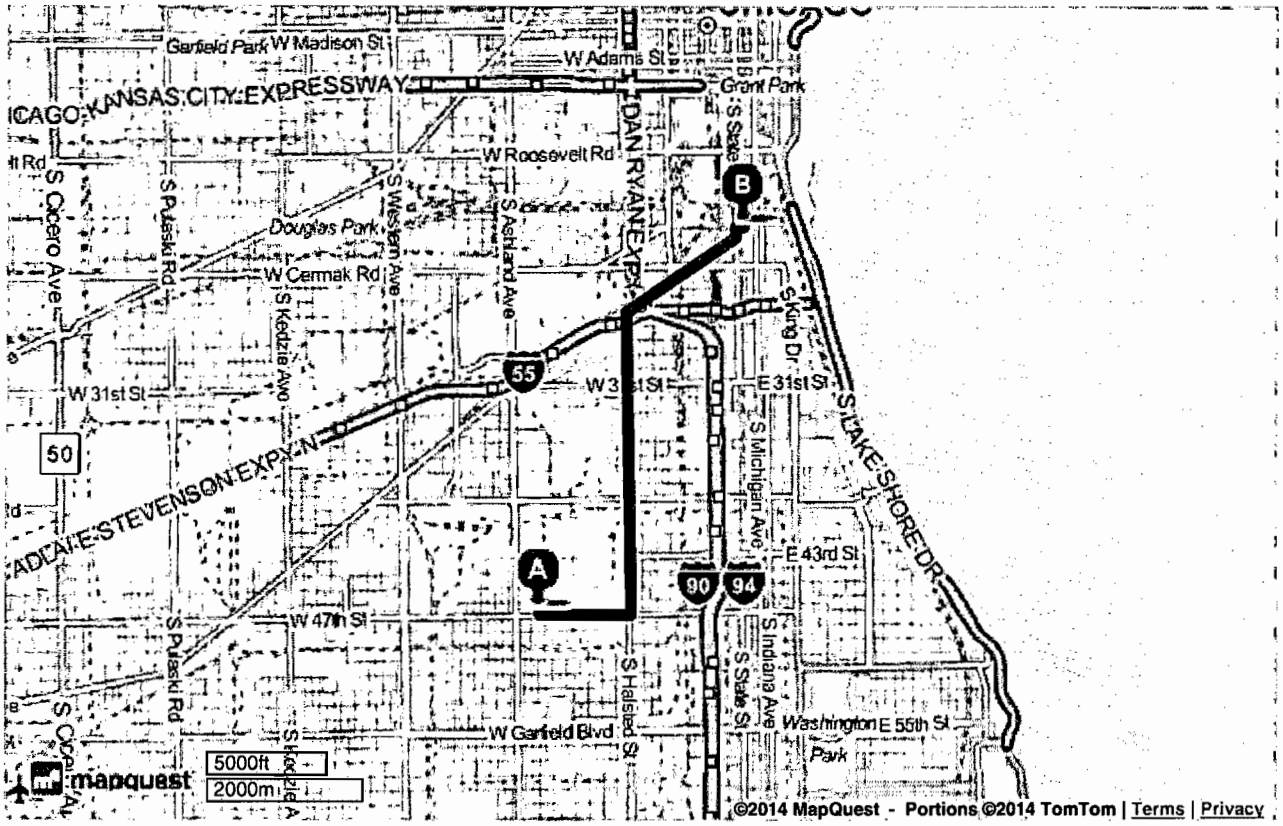
TO FRESENIUS MEDICAL CARE - PRAIRIE

Trip to:

**1717 S Wabash Ave**

Chicago, IL 60616-1219

4.91 miles / 12 minutes

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Trip to:

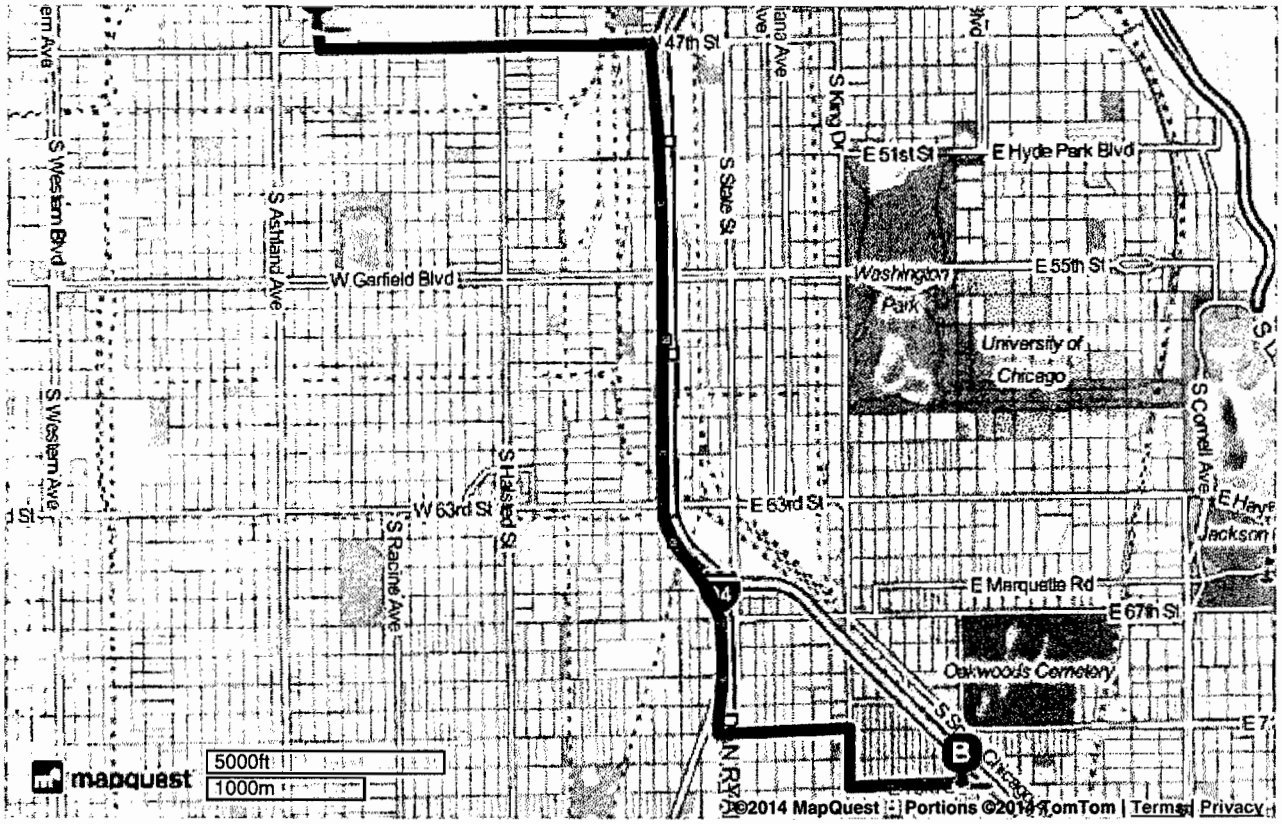
**7319 S Cottage Grove Ave**

Chicago, IL 60619-1909

5.98 miles / 12 minutes

Notes

TO DAVITA GRAND CROSSINGS

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Trip to:

**1859 W Taylor St**

Chicago, IL 60612-4795

4.73 miles / 13 minutes

Notes

TO UNIVERSITY OF ILLINOIS

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Trip to:

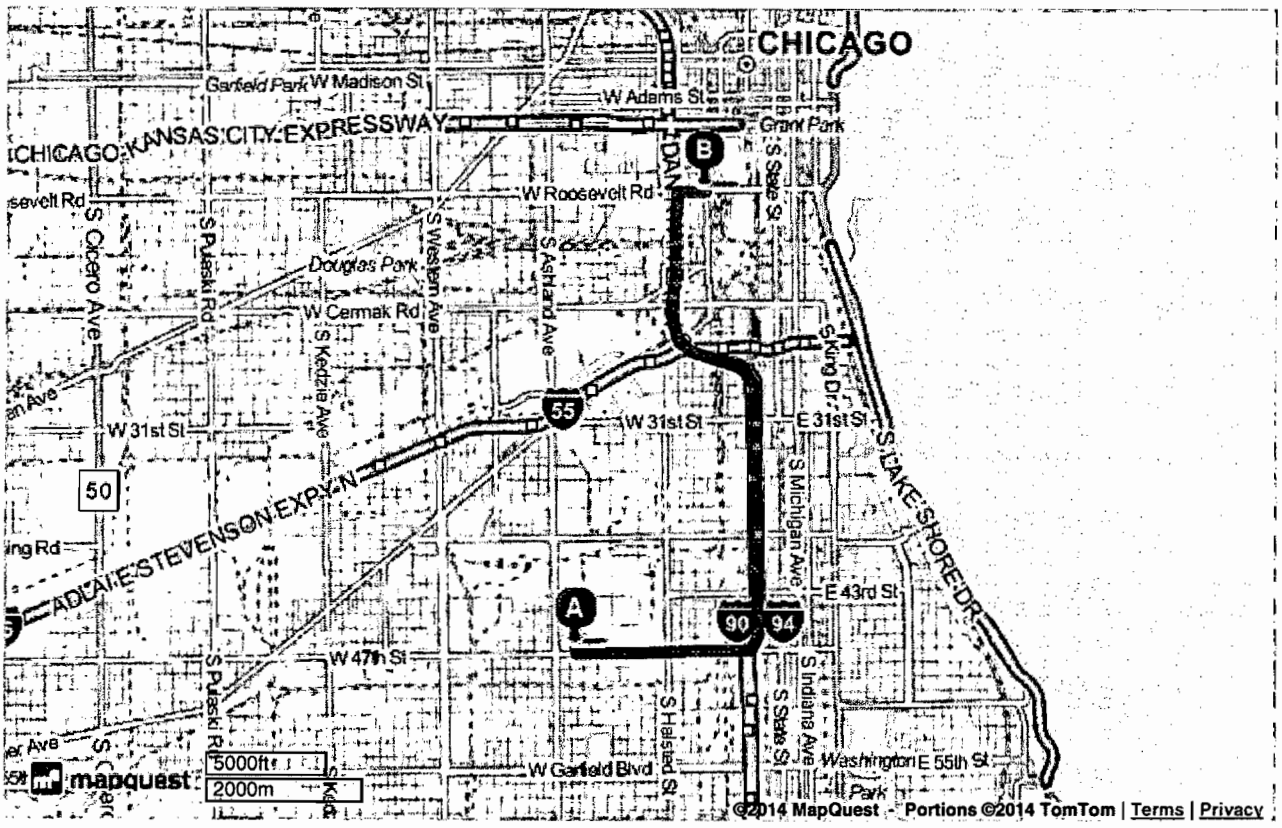
**1101 S Canal St**

Chicago, IL 60607-4906

6.39 miles / 13 minutes

Notes

TO DAVITA LOOP

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Notes

TO FRESENIUS MEDICAL CARE - POLK

Trip to:

**557 W Polk St**

Chicago, IL 60607-4314

6.54 miles / 13 minutes

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Notes

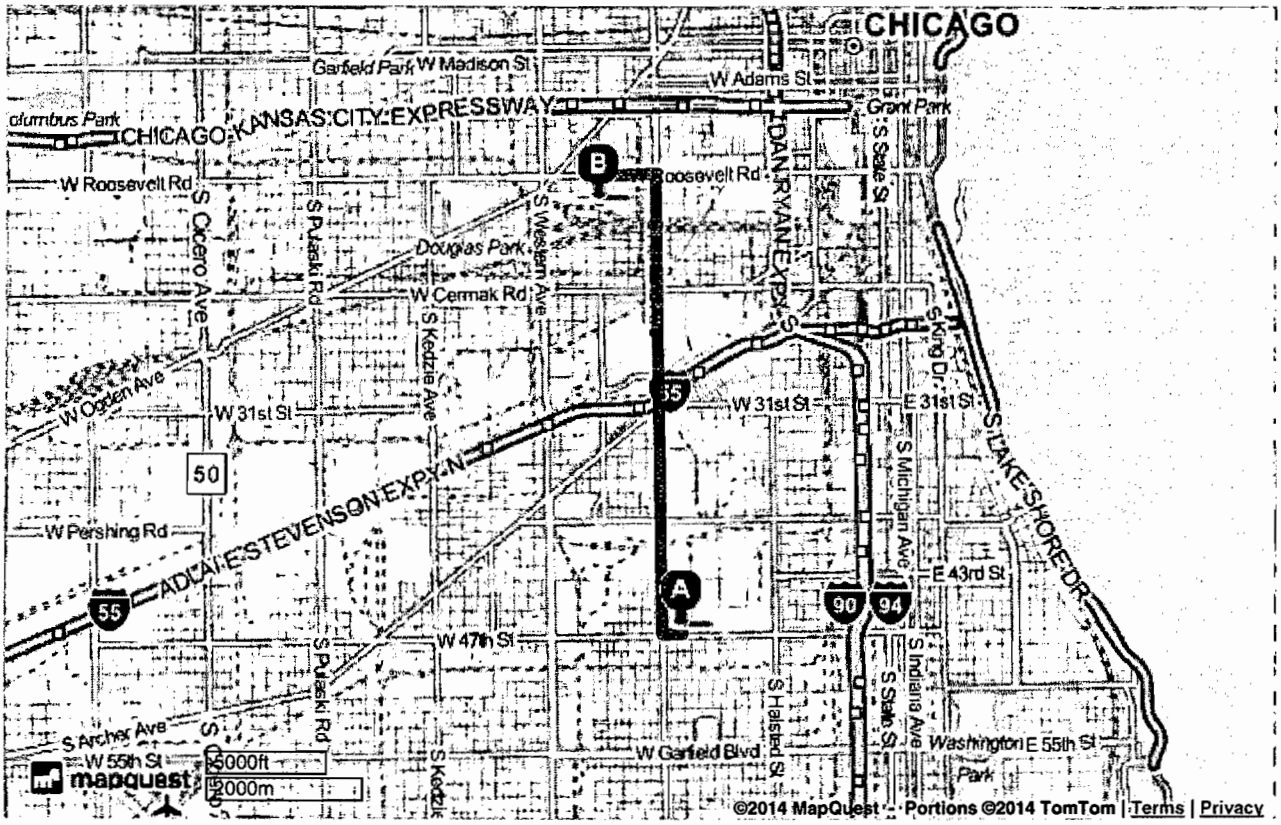
TO FRESENIUS MEDICAL CARE - CHICAGO WESTSIDE

Trip to:

**1340 S Damen Ave**

Chicago, IL 60608-1156

4.98 miles / 14 minutes

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Notes

TO RUSH HOSPITAL

Trip to:

**1653 W Congress Pkwy**

Chicago, IL 60612

5.16 miles / 14 minutes

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Notes

TO STROGER - COOK CO HOSPITAL

Trip to:

**1901 W Harrison St**

Chicago, IL 60612-3714

5.30 miles / 14 minutes

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Trip to:

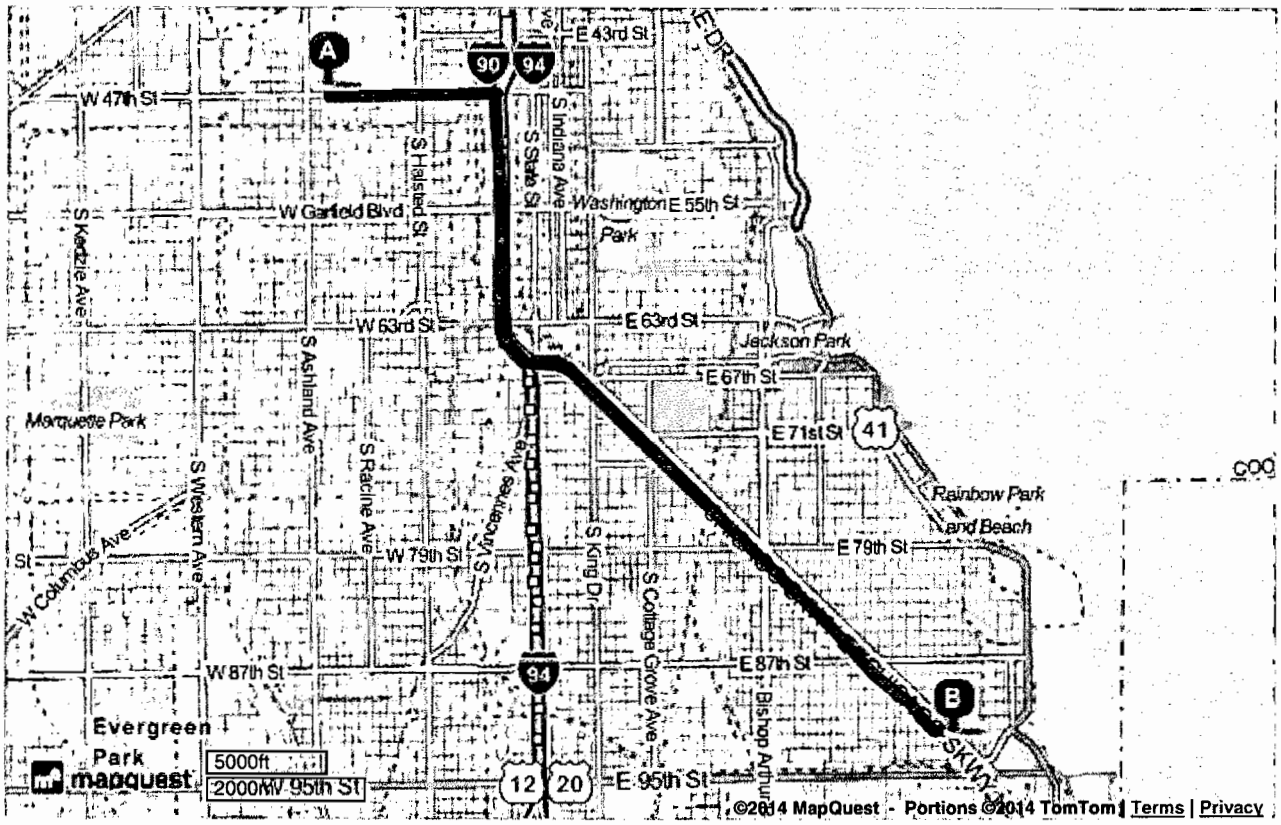
**9212 S South Chicago Ave**

Chicago, IL 60617-4227

9.11 miles / 14 minutes

Notes

TO FRESENIUS MEDICAL CARE - SOUTH CHICAGO

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Notes

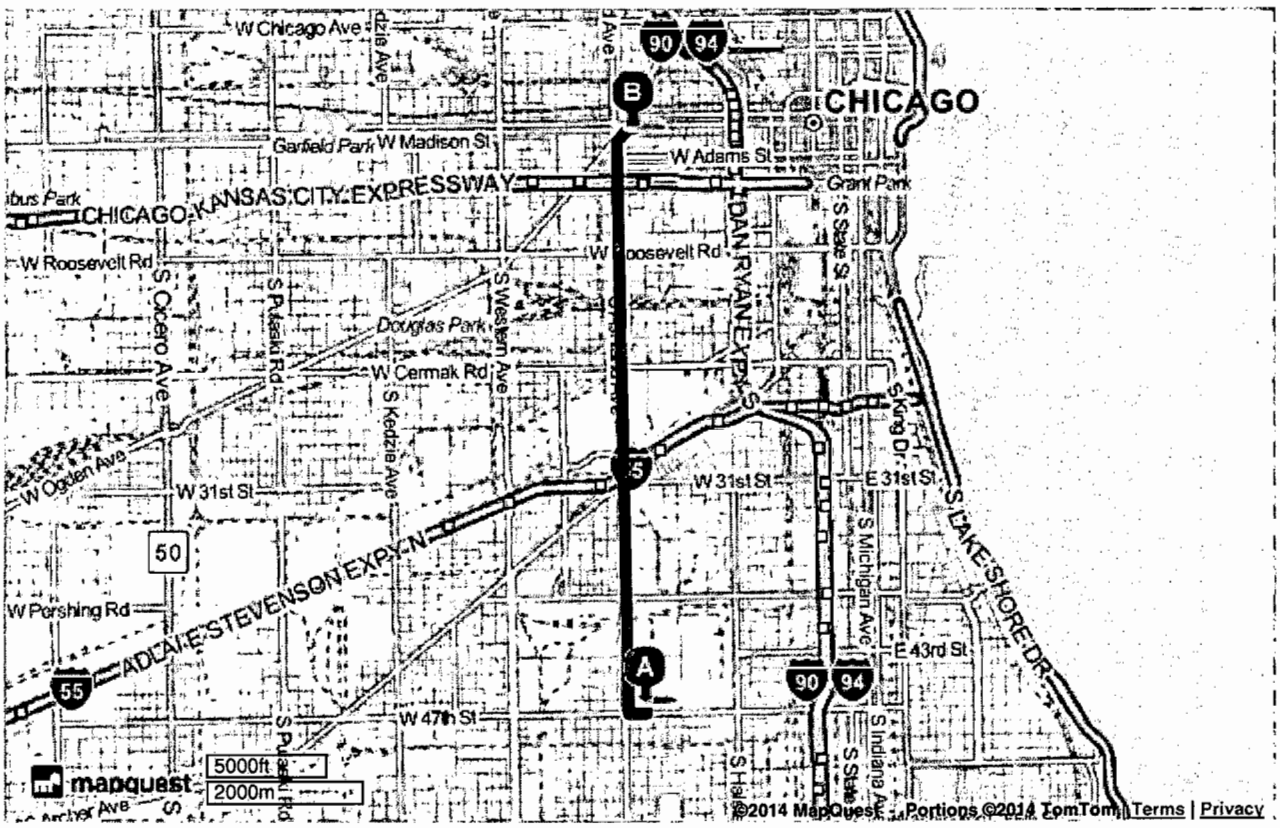
TO CIRCLE MEDICAL MANAGEMENT

Trip to:

**1426 W Washington Blvd**

Chicago, IL 60607-1821

5.42 miles / 15 minutes

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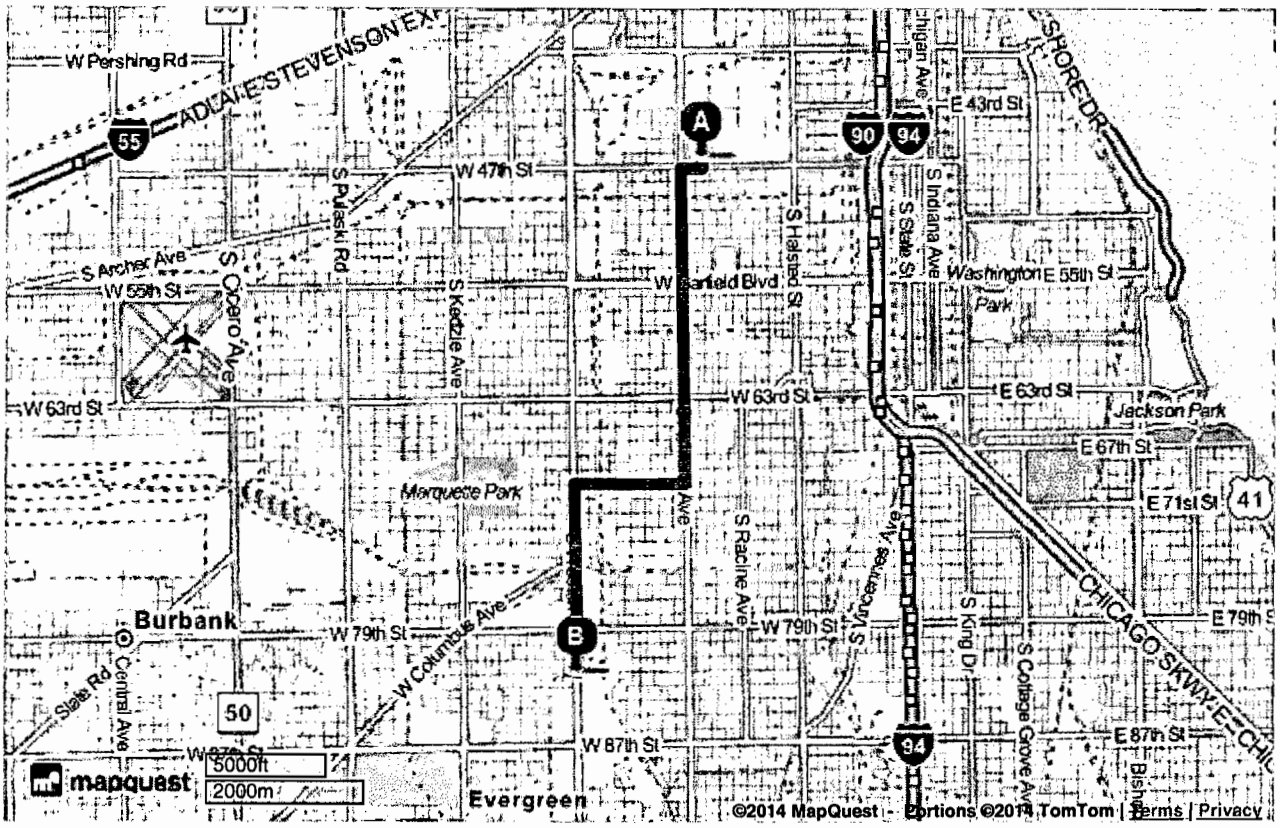
Trip to:

**8190 S Western Ave**
Chicago, IL 60620-5937
5.63 miles / 14 minutes

Notes
TO DAVITA BEVERLY

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Trip to:

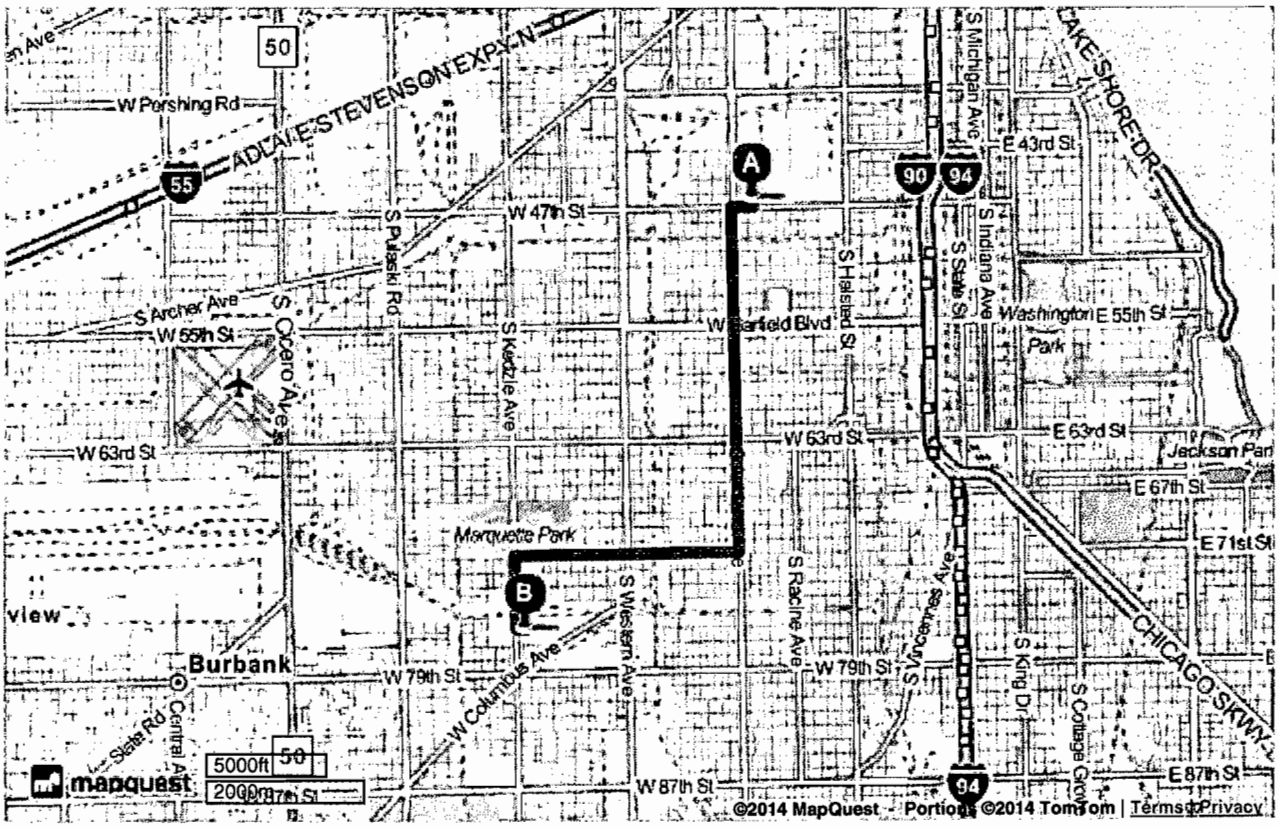
**3134 W 76th St**

Chicago, IL 60652-1968

5.97 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE - SOUTHSIDE

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Trip to:

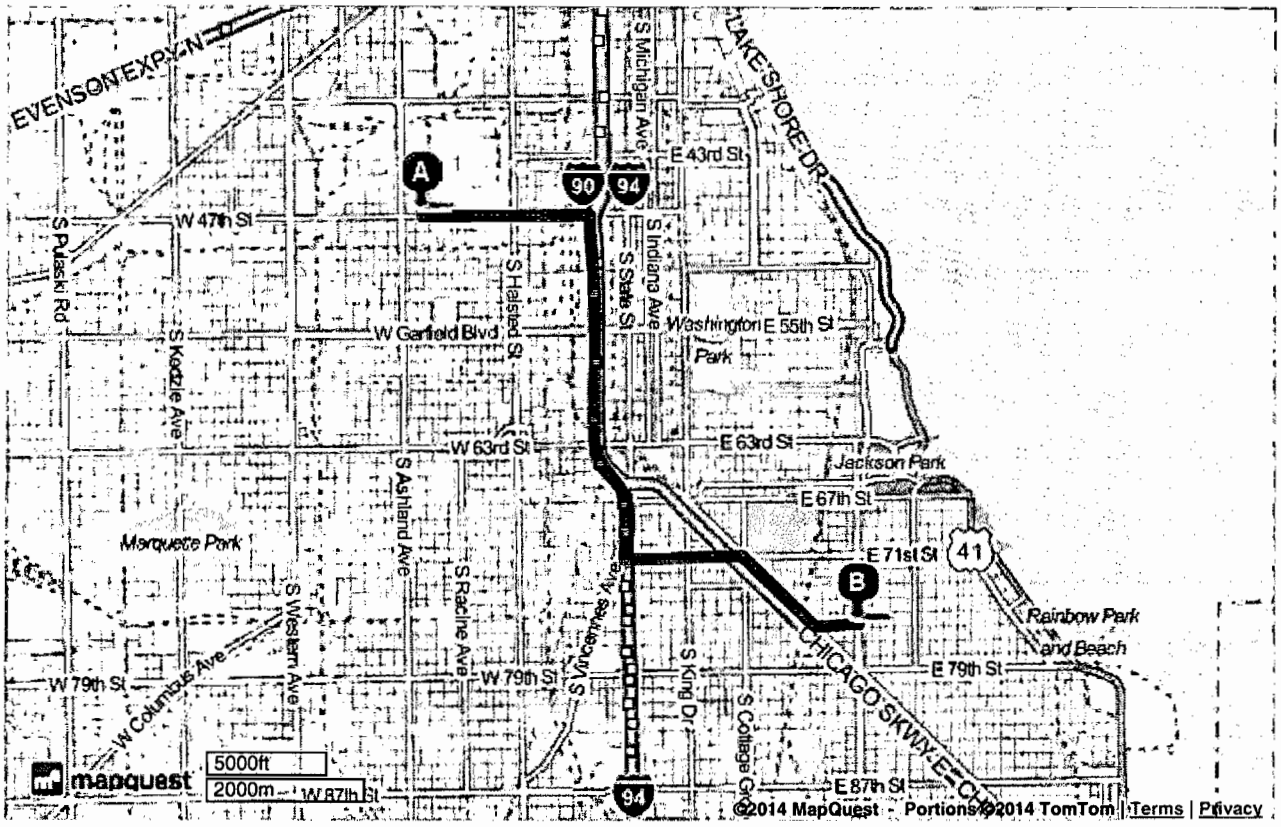
**7531 S Stony Island Ave**

Chicago, IL 60649-3954

7.03 miles / 15 minutes

Notes

FRESENIUS MEDICAL CARE - JACKSON PARK

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Trip to:

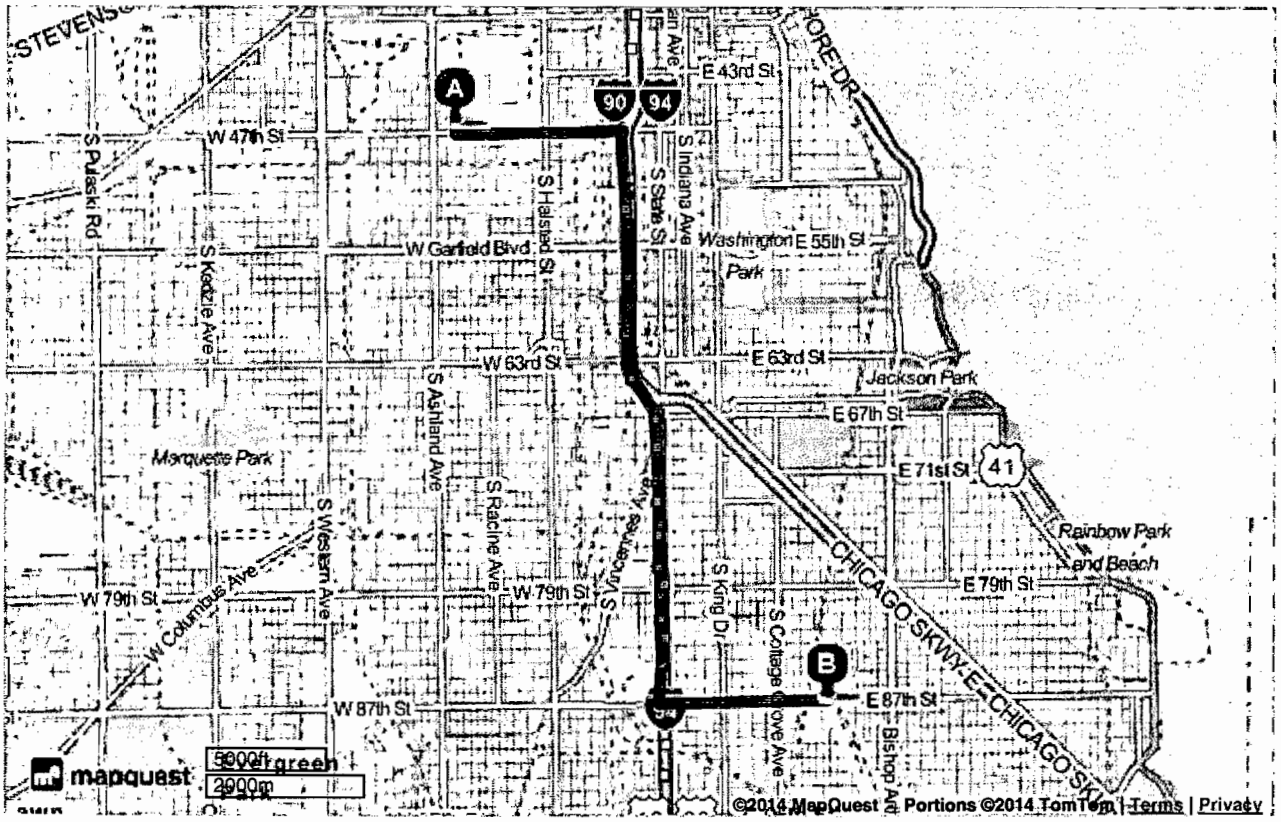
**1111 E 87th St**

Chicago, IL 60619-7011

8.12 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE - GREENWOOD

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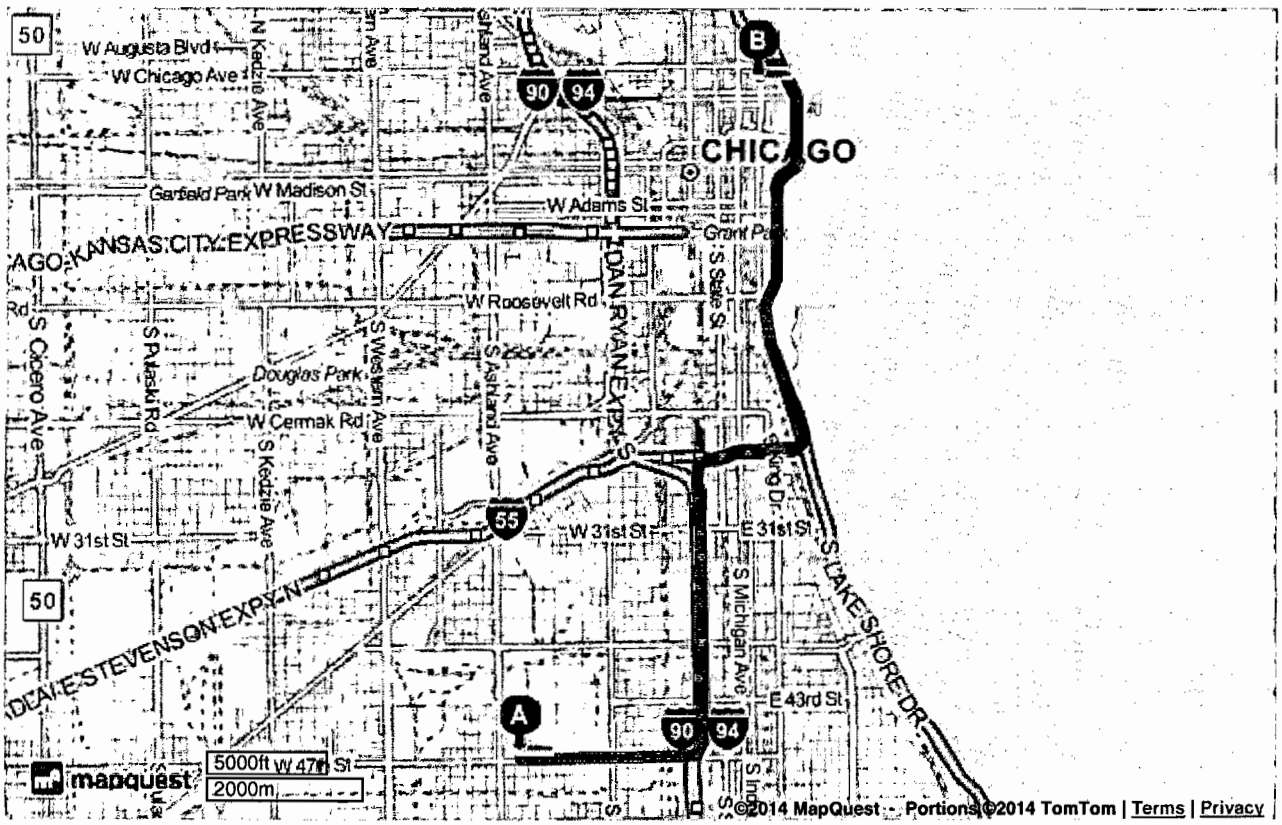
Trip to:

**710 N Fairbanks Ct**
Chicago, IL 60611-3013
8.99 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE - NORTHWESTERN

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Trip to:

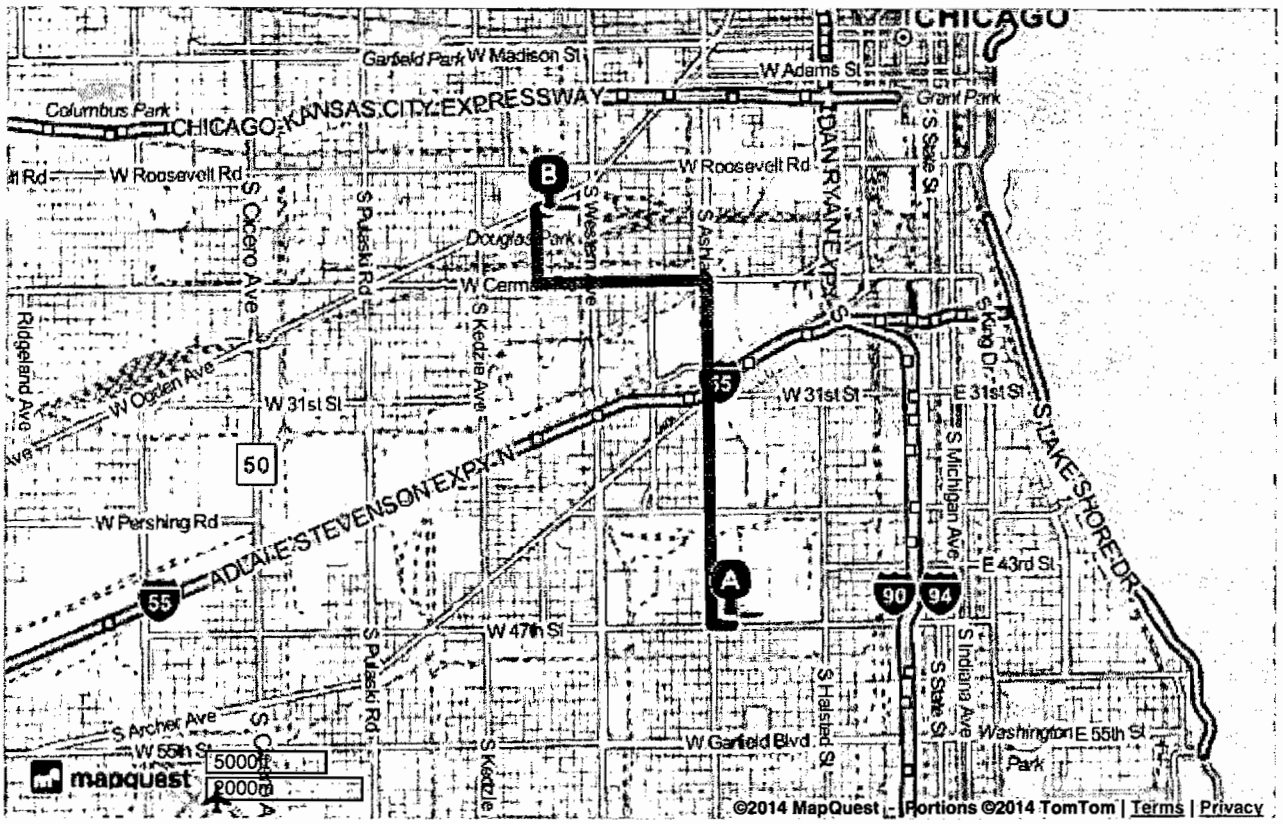
**2700 W 15th St**

Chicago, IL 60608-1610

5.57 miles / 16 minutes

Notes

TO MT SINAI DIALYSIS

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Notes

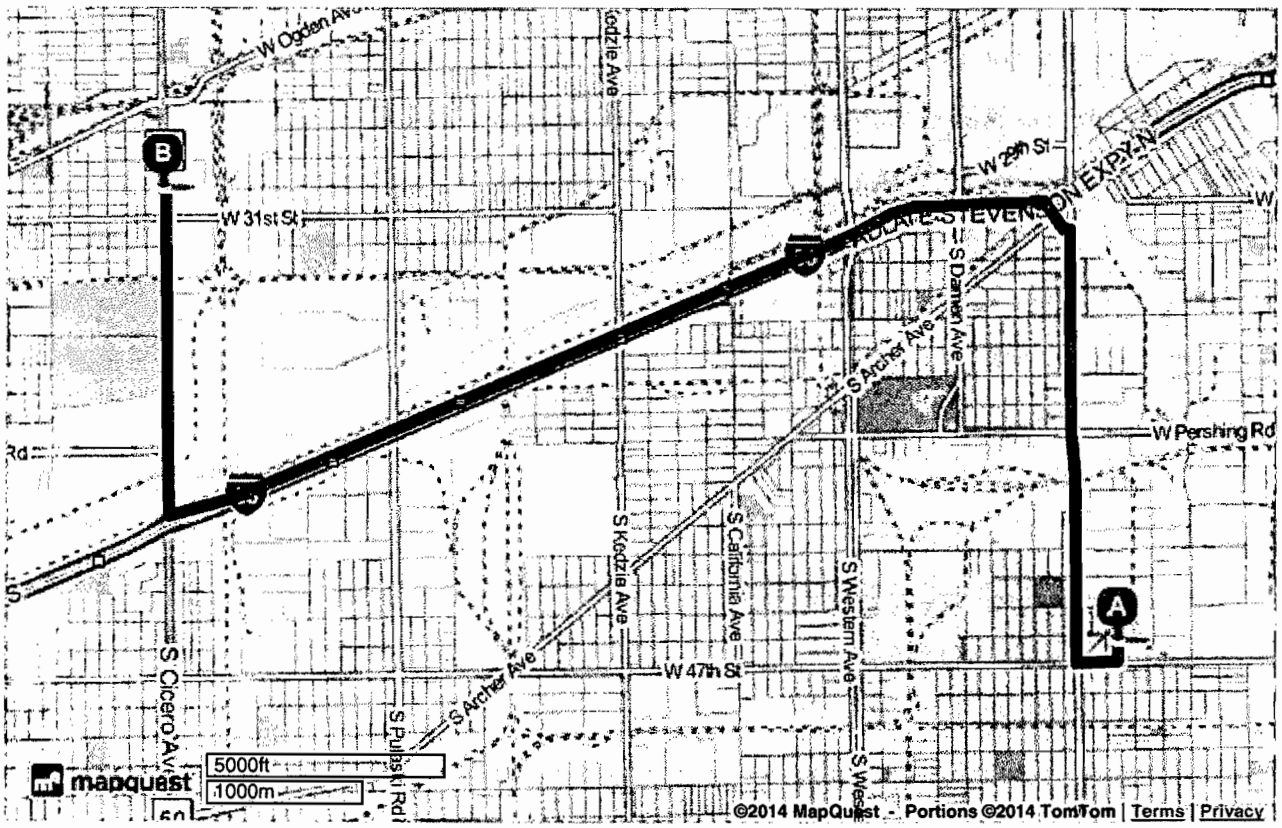
TO FRESENIUS MEDICAL CARE - CICERO

Trip to:

**3000 S Cicero Ave**

Cicero, IL 60804-3638

7.89 miles / 16 minutes

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Trip to:

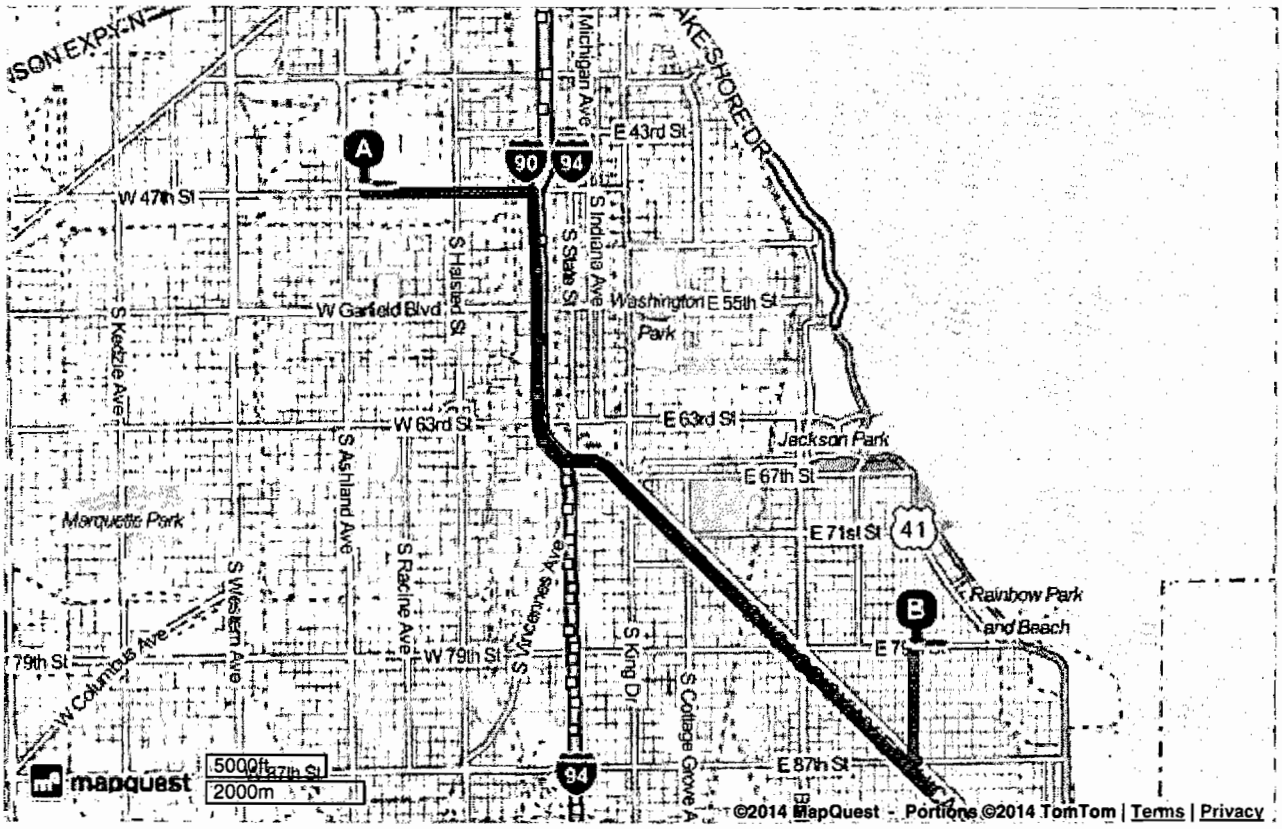
**2420 E 79th St**

Chicago, IL 60649-5112

9.92 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE - SOUTH SHORE

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Trip to:

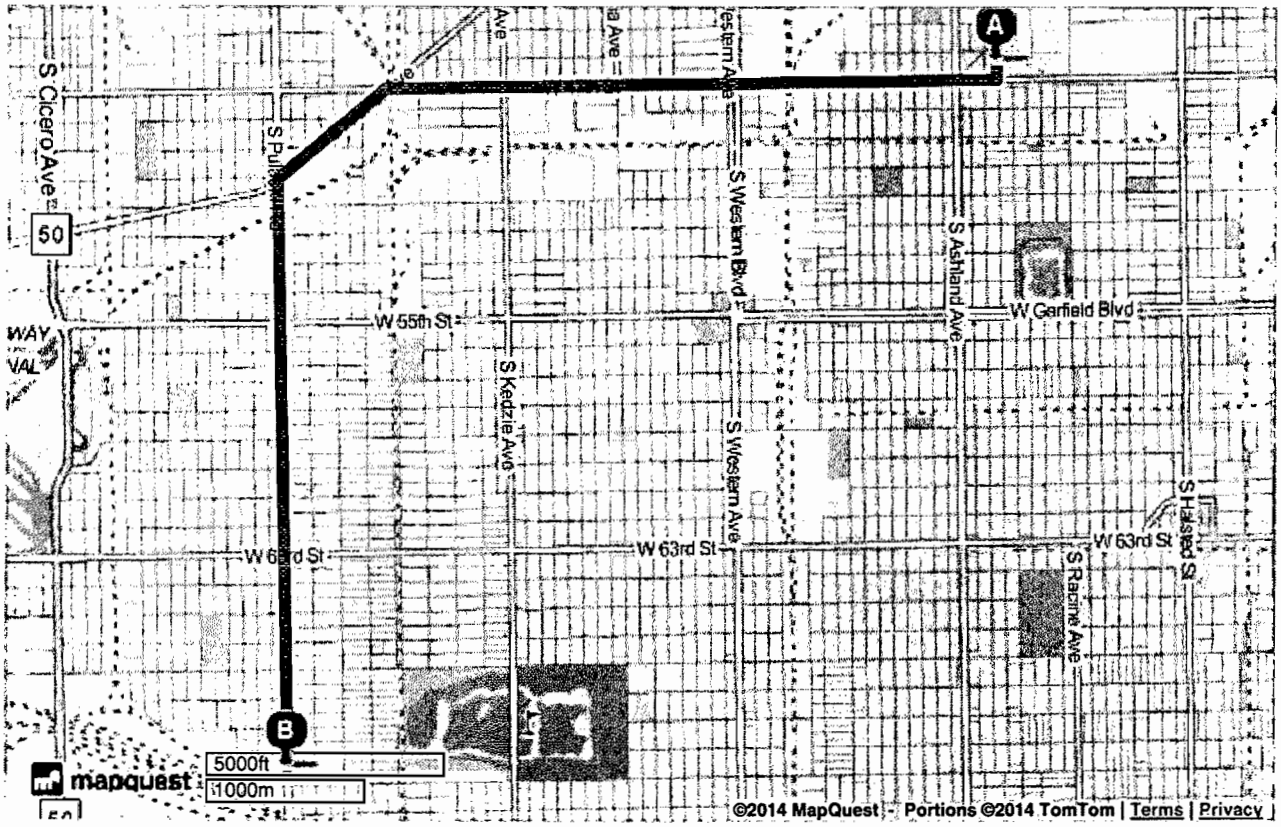
**7000 S Pulaski Rd**

Chicago, IL 60629-5824

5.94 miles / 17 minutes

Notes

TO DAVITA WEST LAWN

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Trip to:

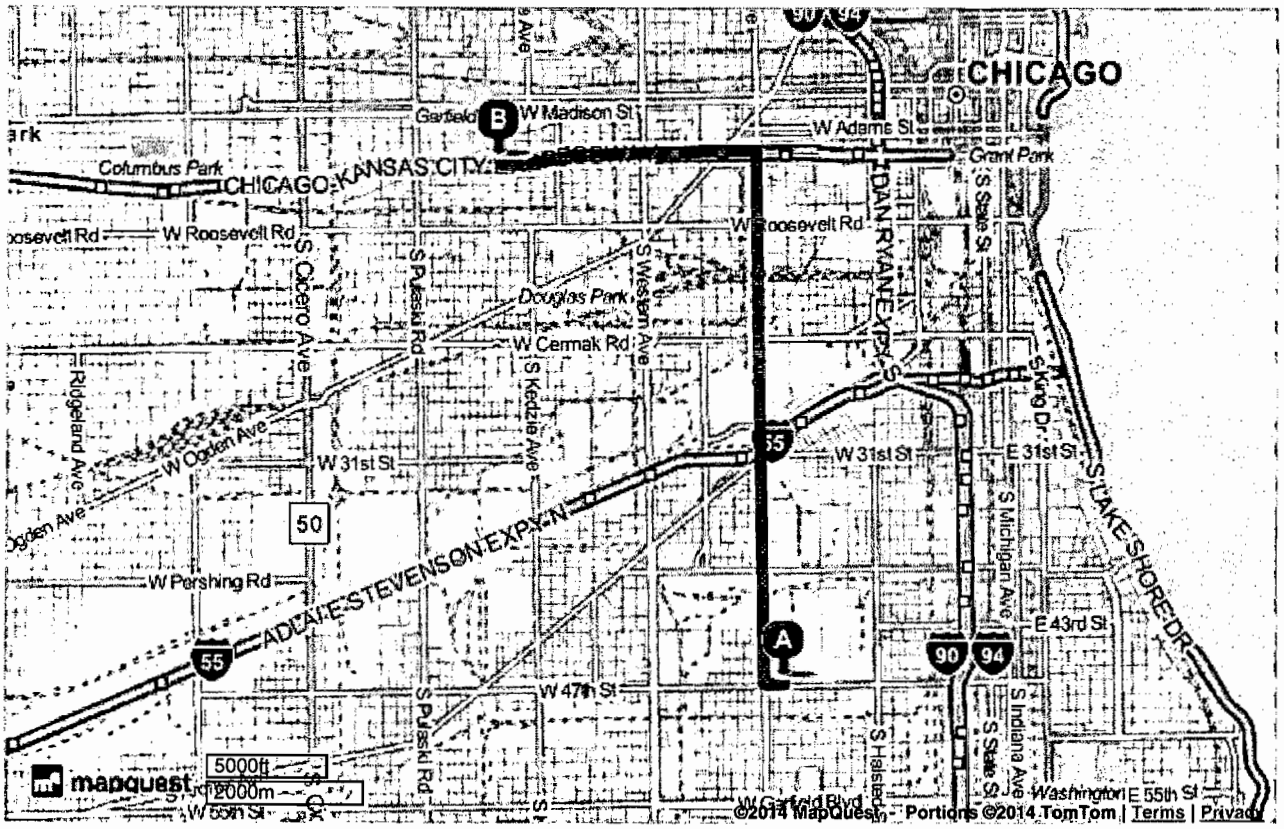
**3410 W Van Buren St**

Chicago, IL 60624-3358

7.25 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE - CONGRESS PARKWAY

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Trip to:

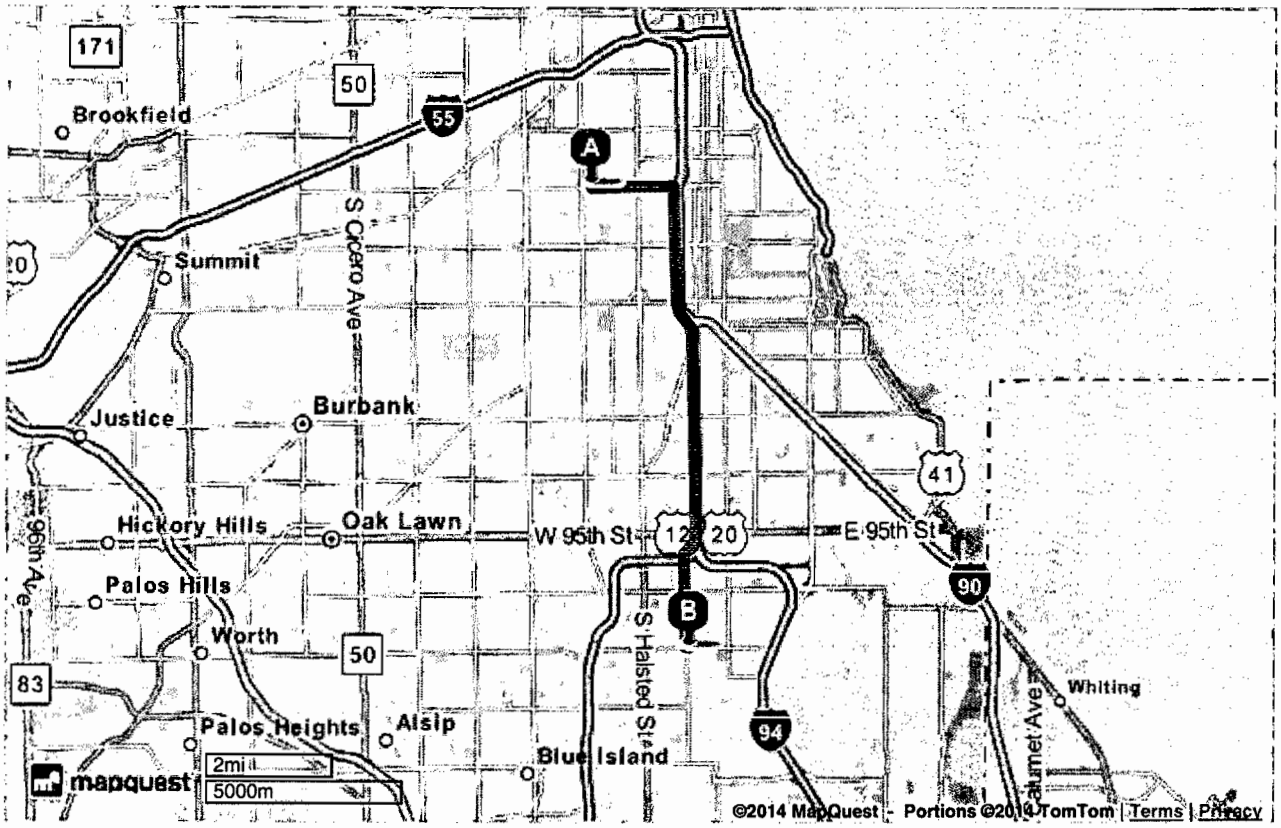
**132 W 111th St**

Chicago, IL 60628-4215

9.80 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE - ROSELAND

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Trip to:

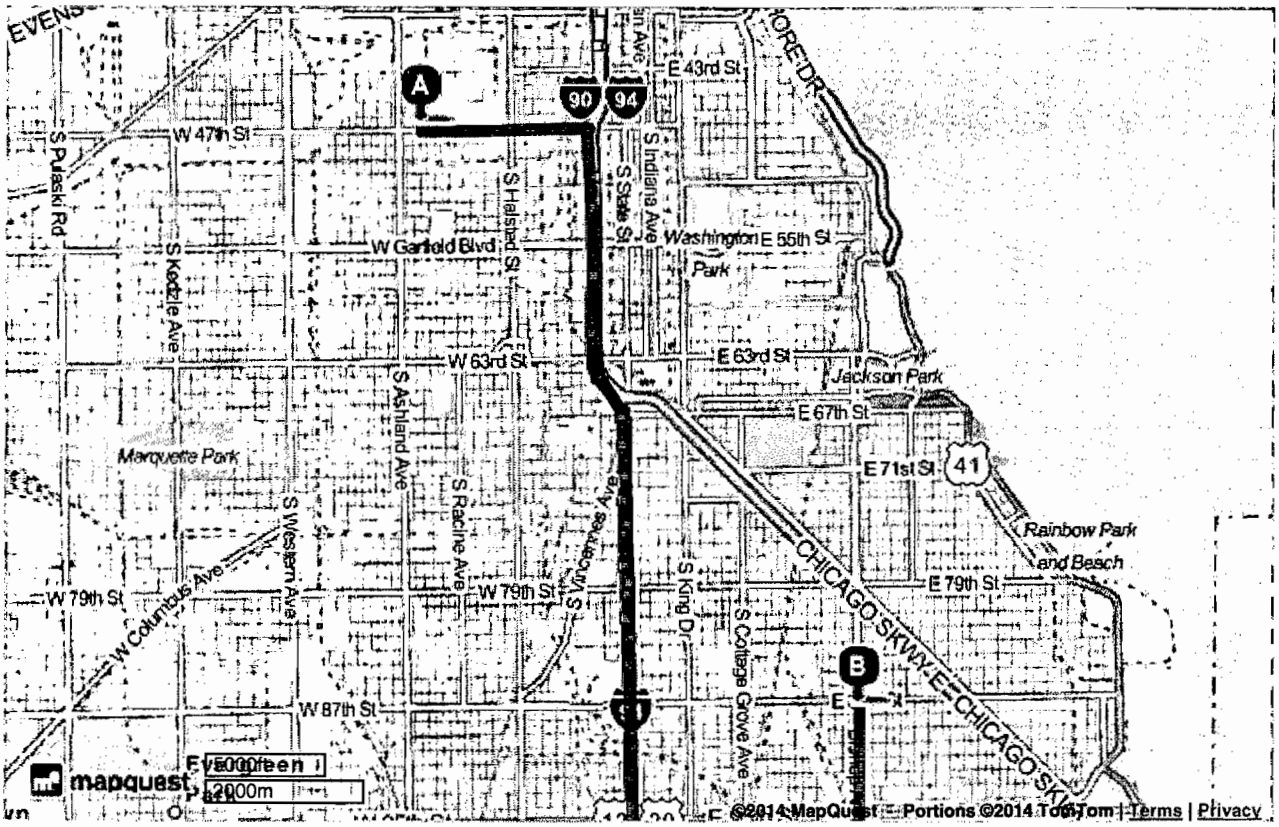
**8725 S Stony Island Ave**

Chicago, IL 60617-2709

11.68 miles / 17 minutes

Notes

TO DAVITA STONY ISLAND

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Trip to:

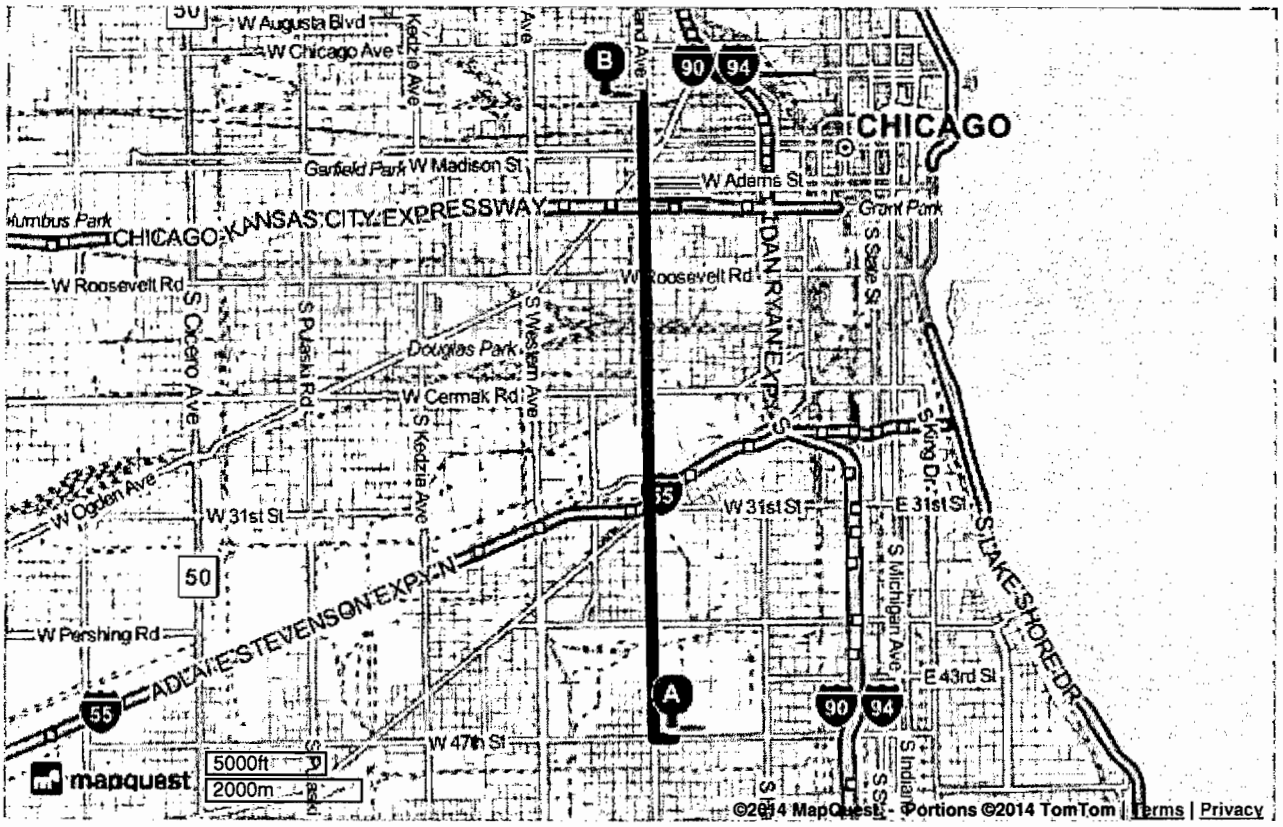
**1810 W Hubbard St**

Chicago, IL 60622-6235

6.12 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE - CHICAGO DIALYSIS

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Trip to:

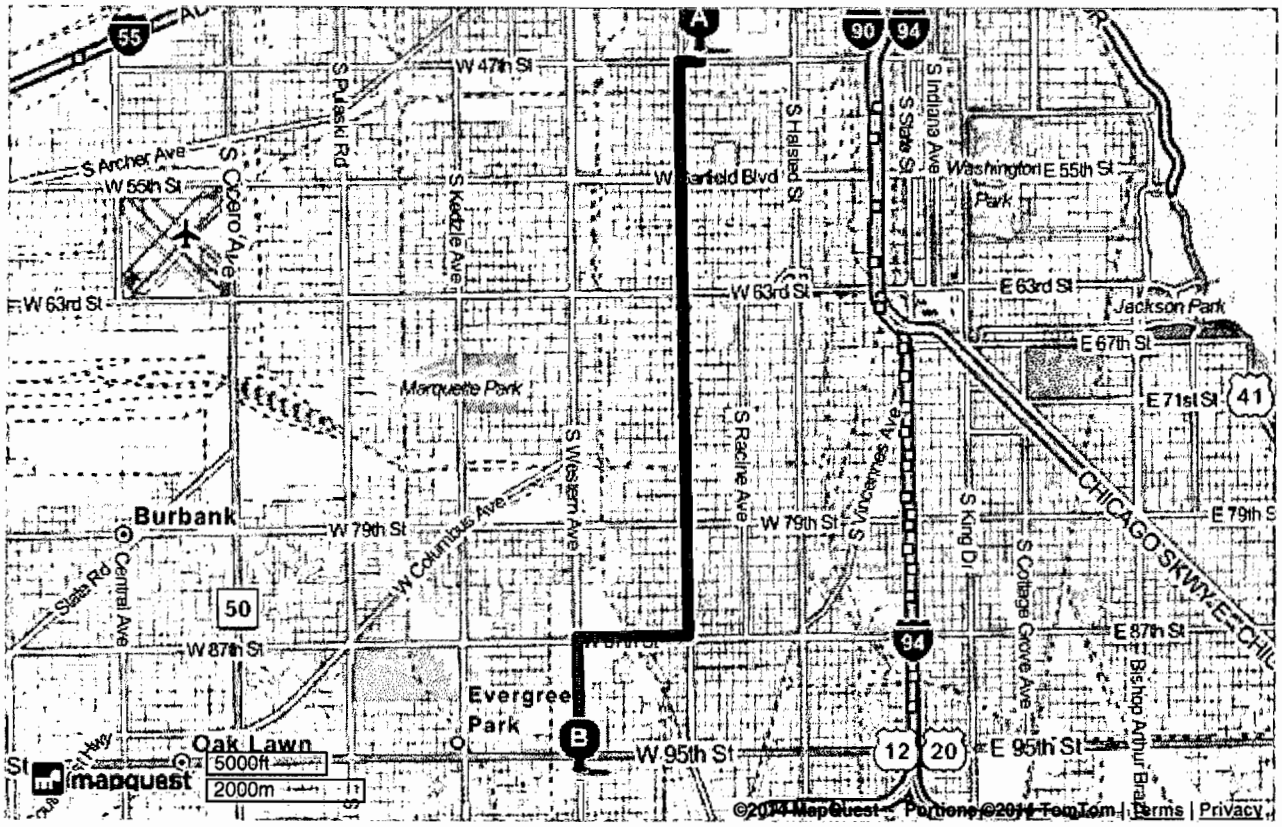
**9730 S Western Ave**

Evergreen Park, IL 60805-2628

7.44 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE - EVERGREEN PARK

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Notes

TO NMFF DIALYSIS

Trip to:

**259 E Erie St**

Chicago, IL 60611-2930

9.56 miles / 18 minutes

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Trip to:

**1444 W Willow St**

Chicago, IL 60642-1524

9.82 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE - WEST WILLOW

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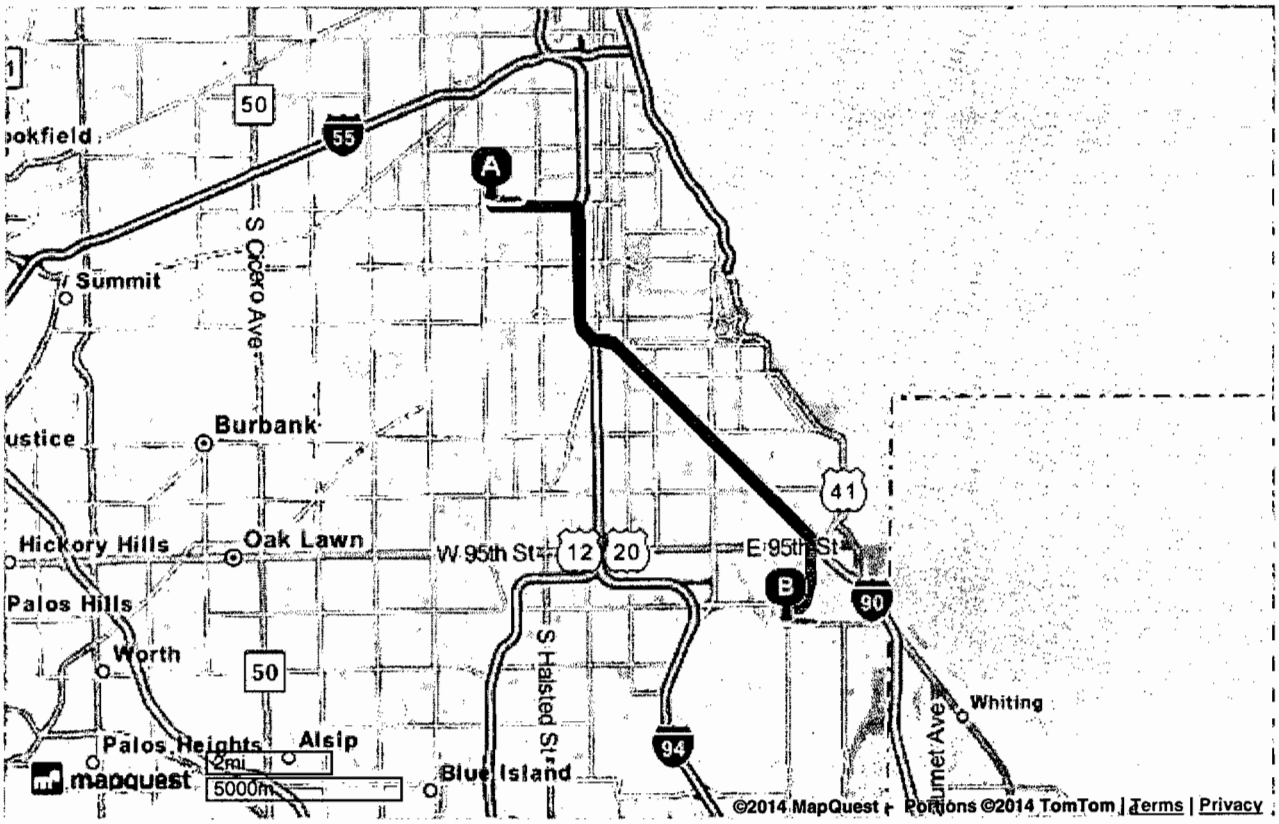
Trip to:

**10559 S Torrence Ave**
Chicago, IL 60617-6154
11.06 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE - SOUTH DEERING

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Notes

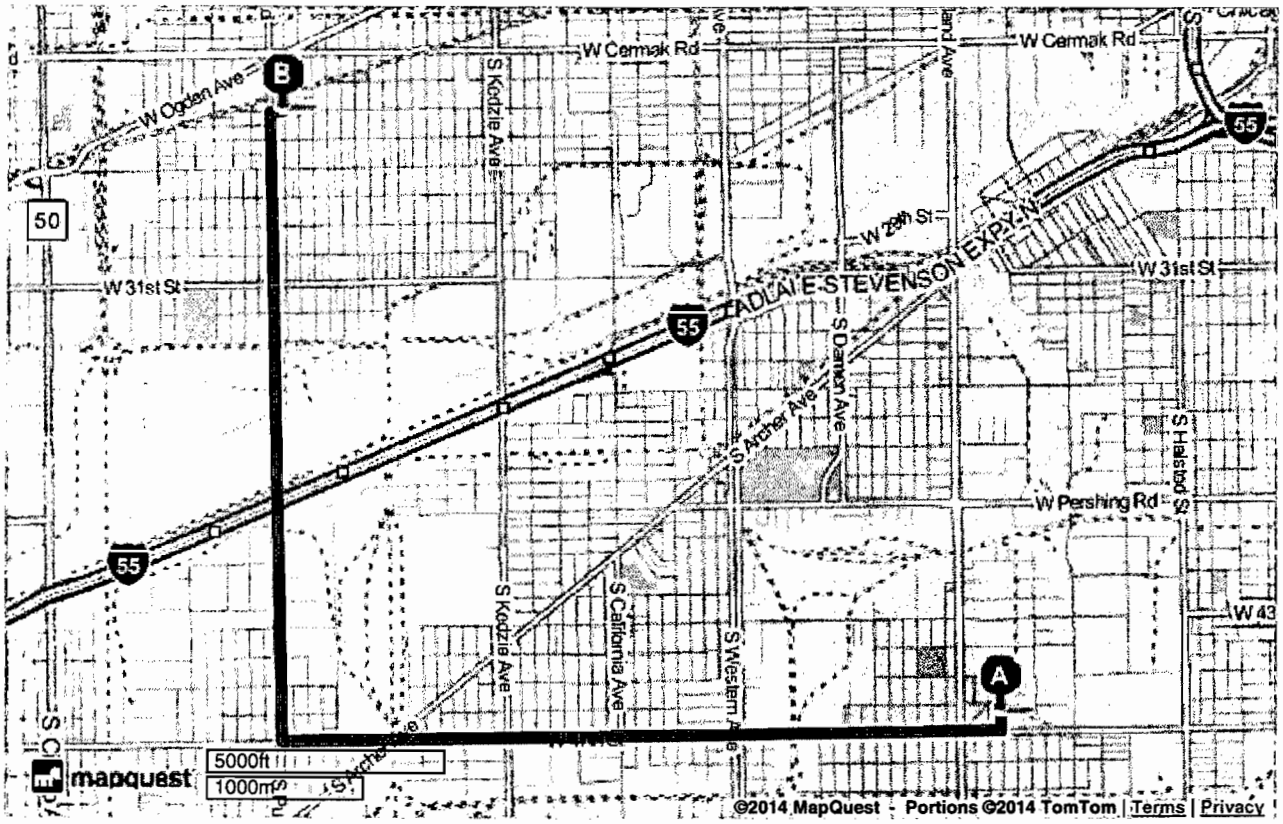
TO DAVITA LAWNDALE

Trip to:

**3934 W 24th St**

Chicago, IL 60623-3073

6.06 miles / 19 minutes

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Trip to:

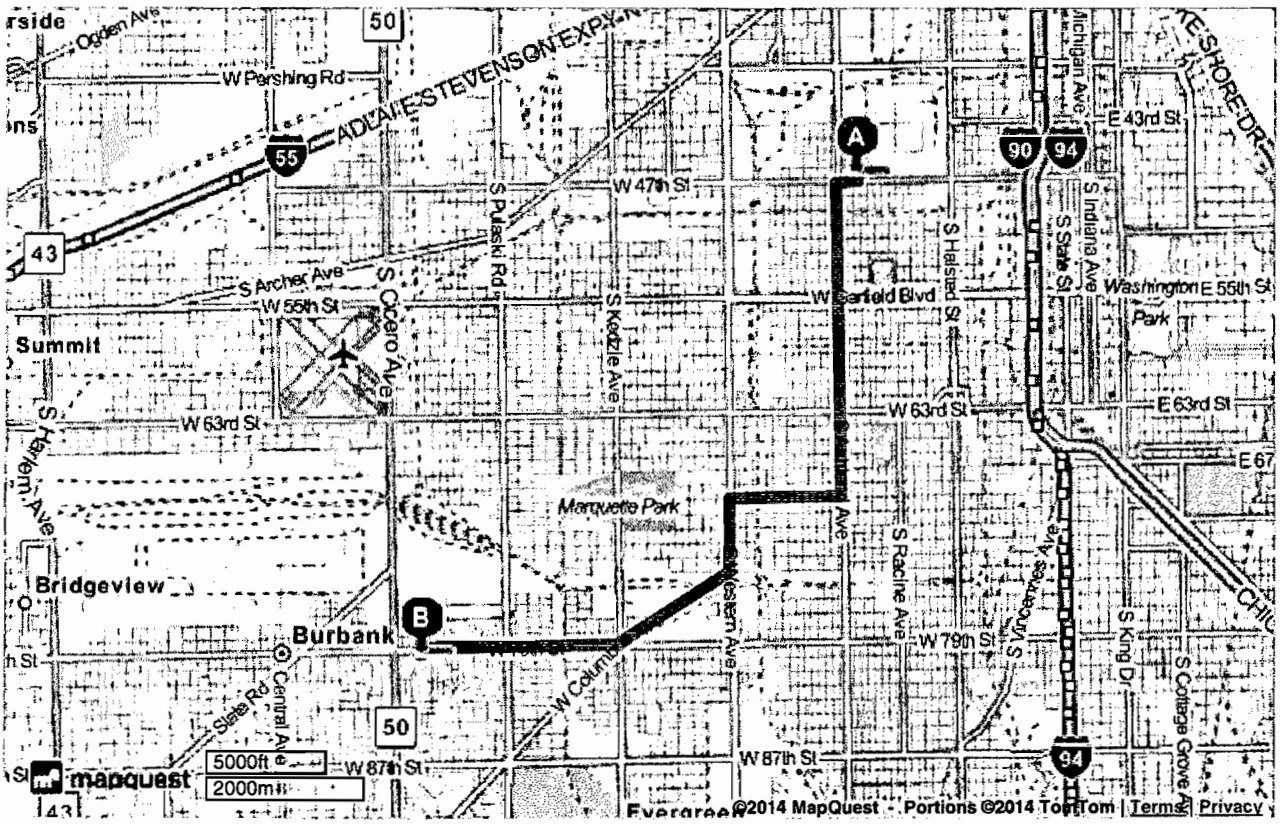
**4651 W 79th Pl**

Chicago, IL 60652-2021

7.67 miles / 19 minutes

Notes

TO DSI SCOTTSDALE

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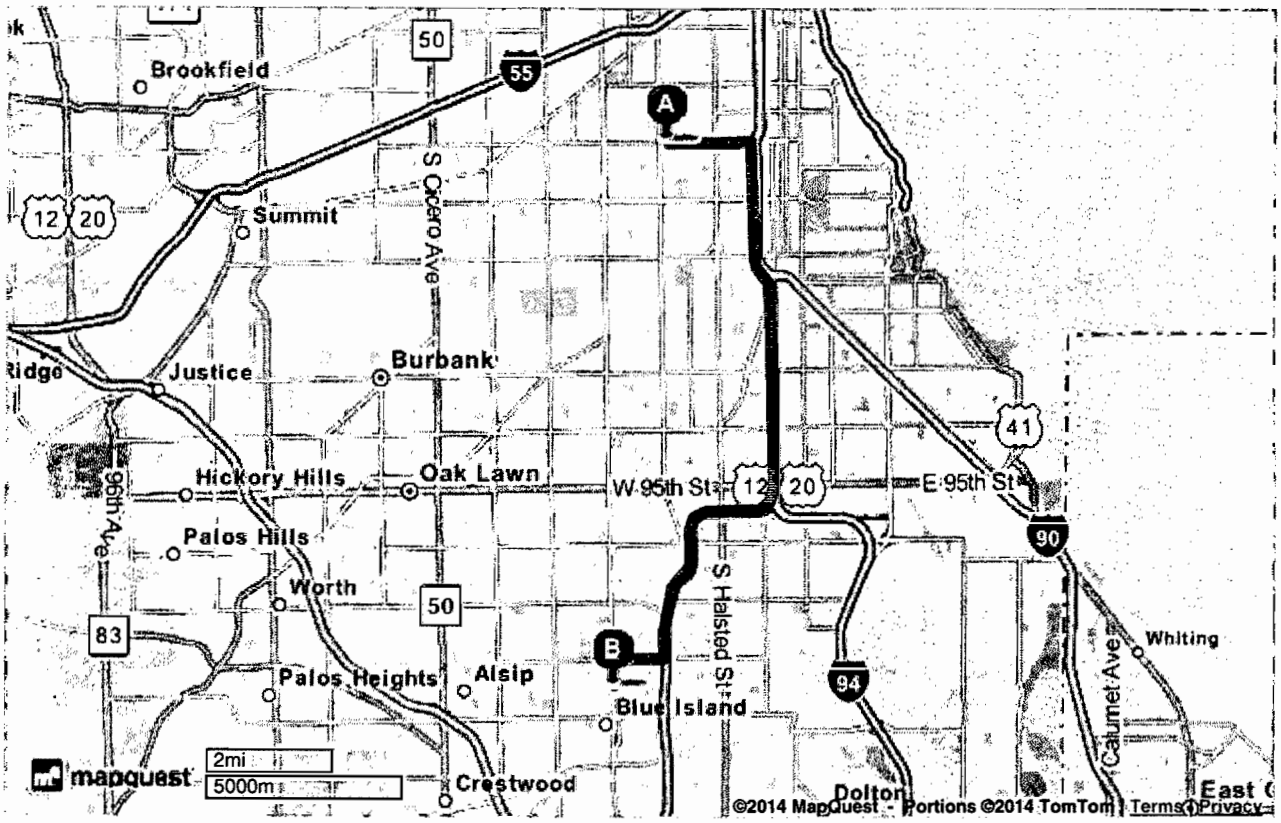
Trip to:

**12200 Western Ave, #120**
Blue Island, IL 60406-1330
13.39 miles / 19 minutes

Notes
TO FRESENIUS MEDICAL CARE - BLUE ISLAND

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Trip to:

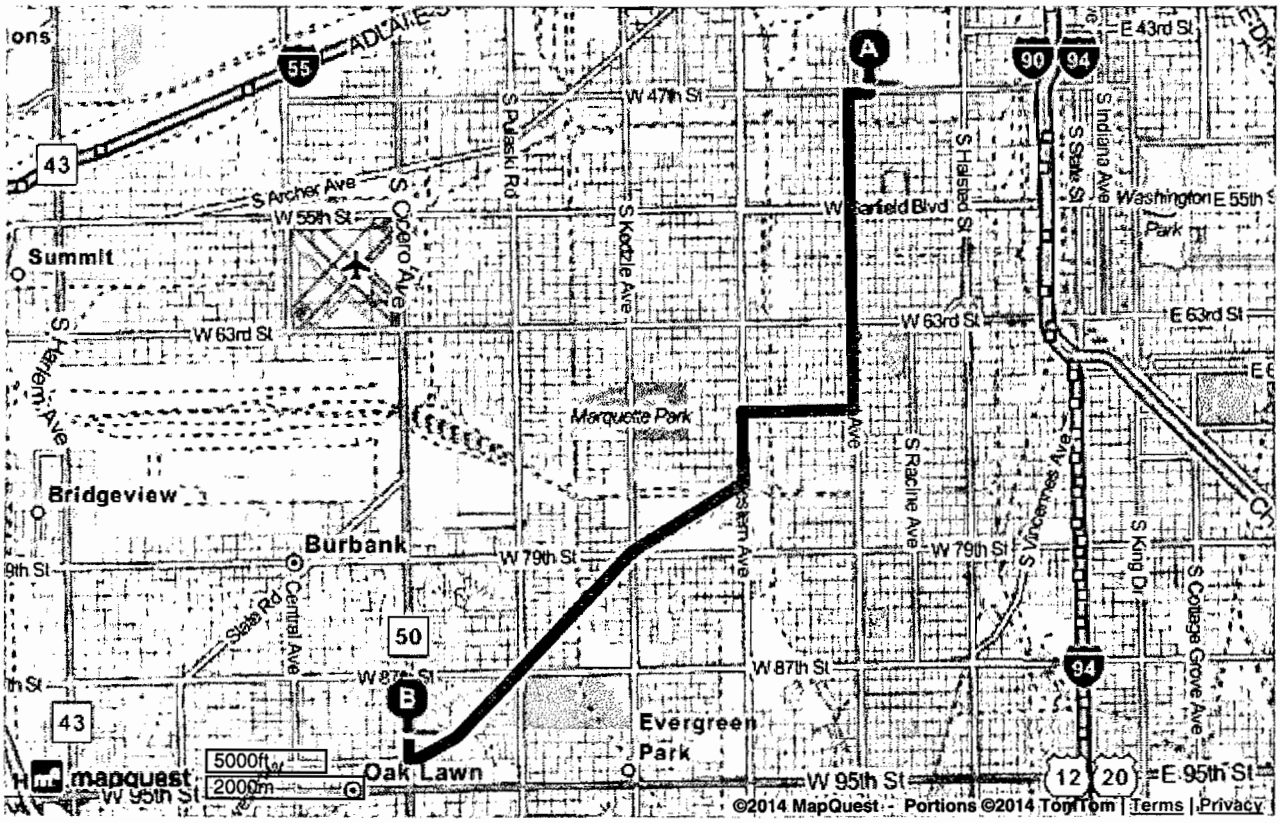
**9115 S Cicero Ave**

Oak Lawn, IL 60453-1771

8.73 miles / 20 minutes

Notes

TO DAVITA STONY CREEK

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Trip to:

**4008 N Broadway St**
Chicago, IL 60613-2111
13.45 miles / 20 minutes

Notes
TO FRESENIUS MEDICAL CARE - LAKEVIEW

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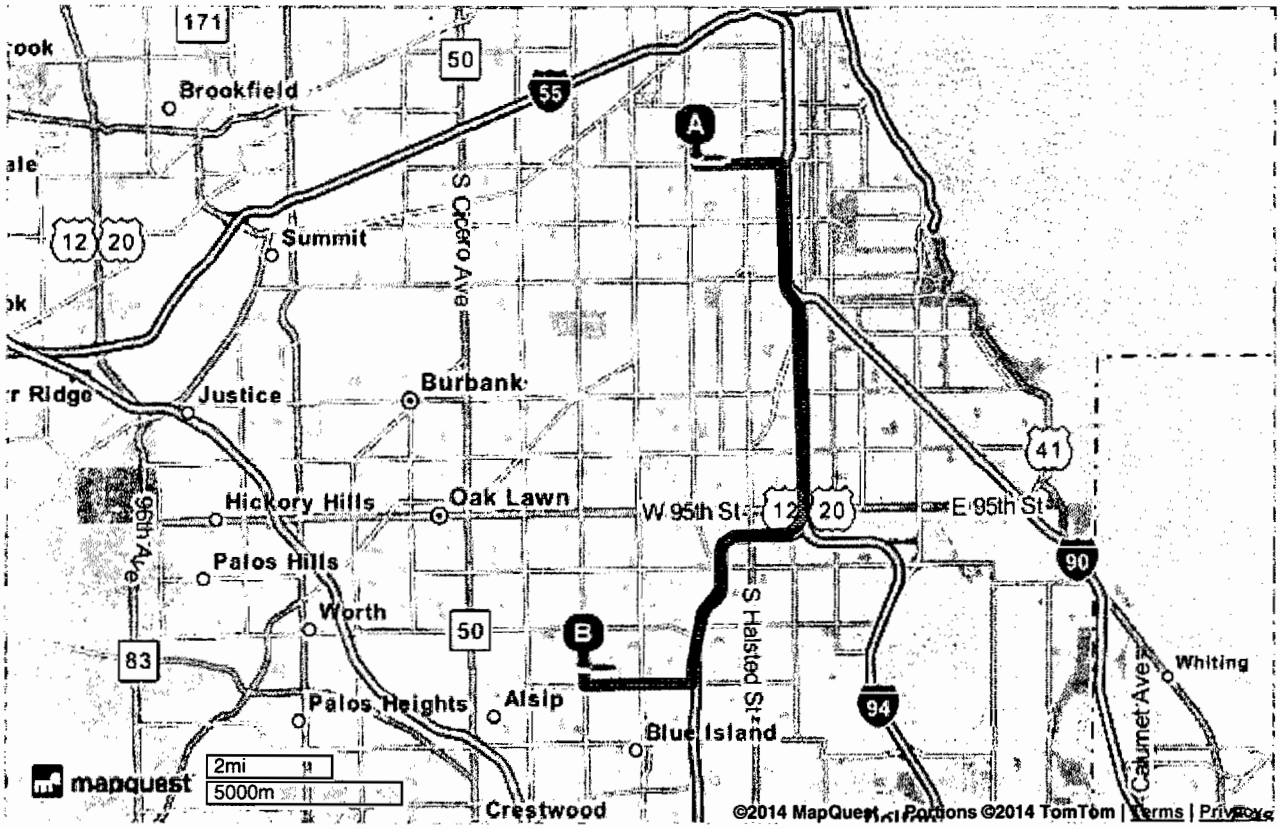
Trip to:

**11650 S Kedzie Ave**
Merrionette Park, IL 60803-6302
14.23 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE - MERRIONETTE PARK

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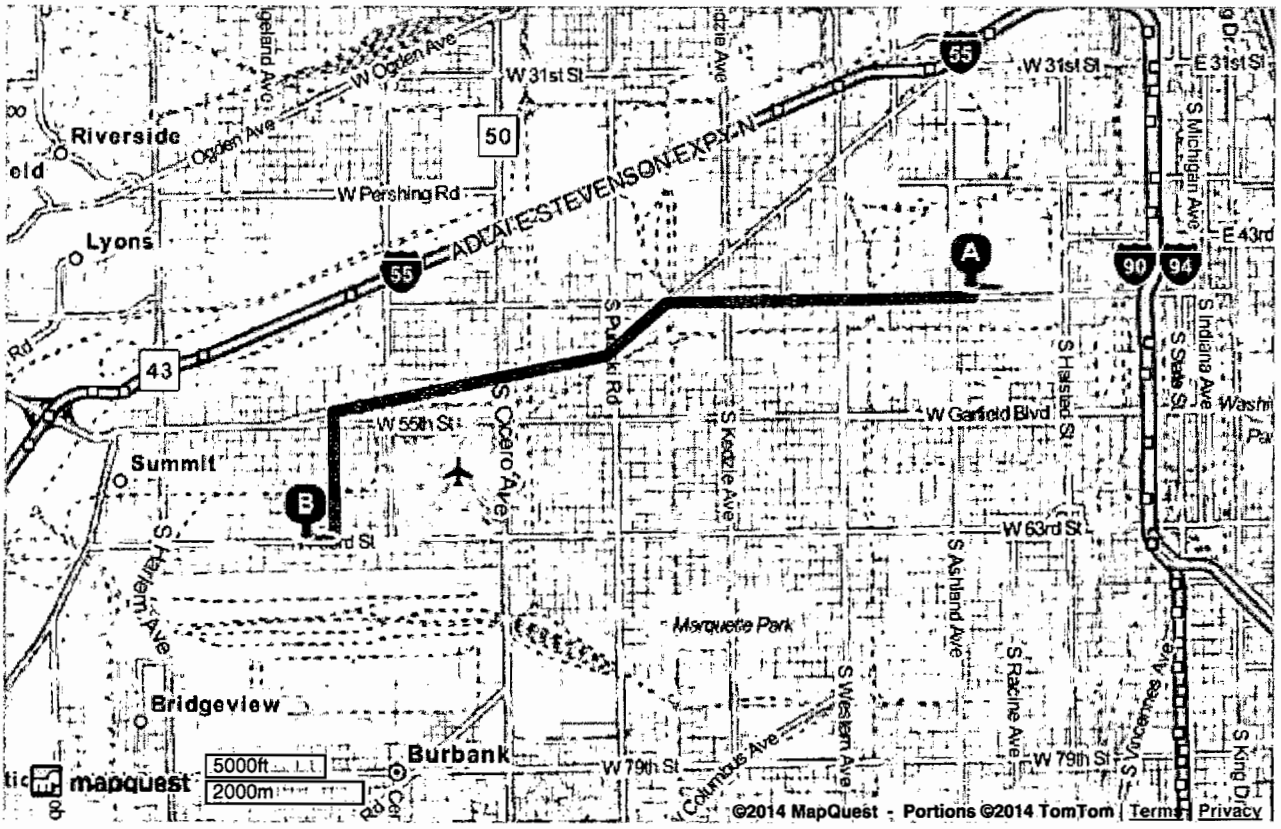
Notes

TO FRESENIUS MEDICAL CARE - MIDWAY

Trip to:

**6201 W 63rd St**
Chicago, IL 60638-5009
7.34 miles / 21 minutes

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Notes

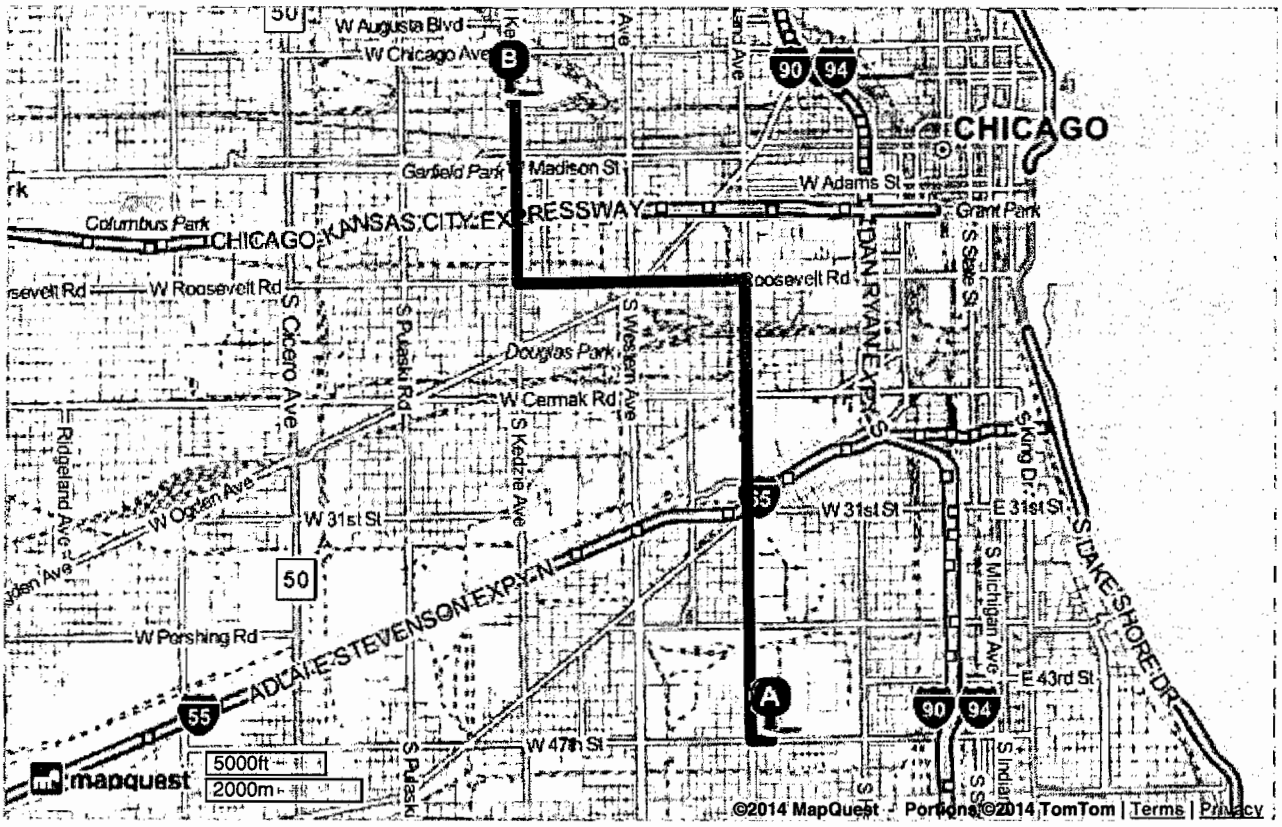
TO DAVITA GARFIELD

Trip to:

**3250 W Franklin Blvd**

Chicago, IL 60624-1509

7.91 miles / 21 minutes

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Notes

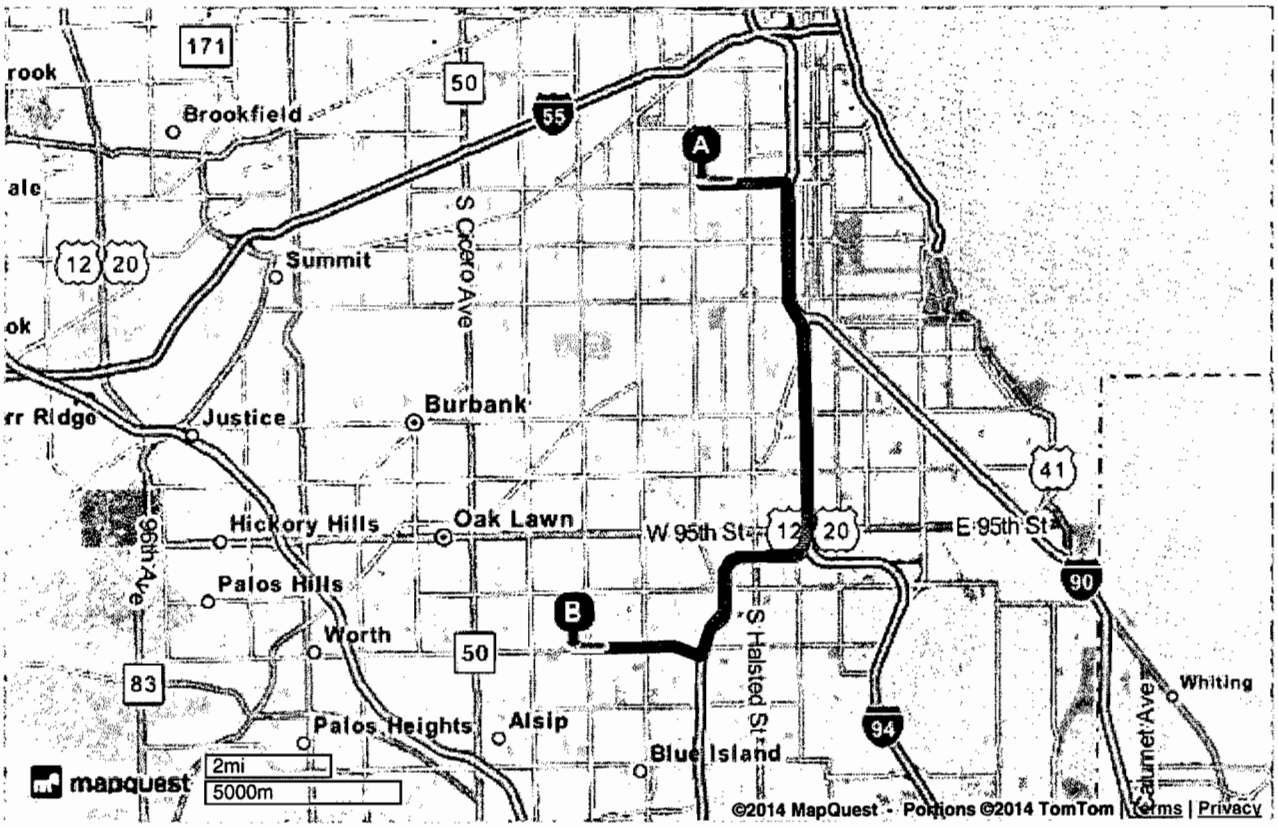
TO DAVITA MT GREENWOOD

Trip to:

**3401 W 111th St**

Chicago, IL 60655-3329

13.48 miles / 21 minutes

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Trip to:

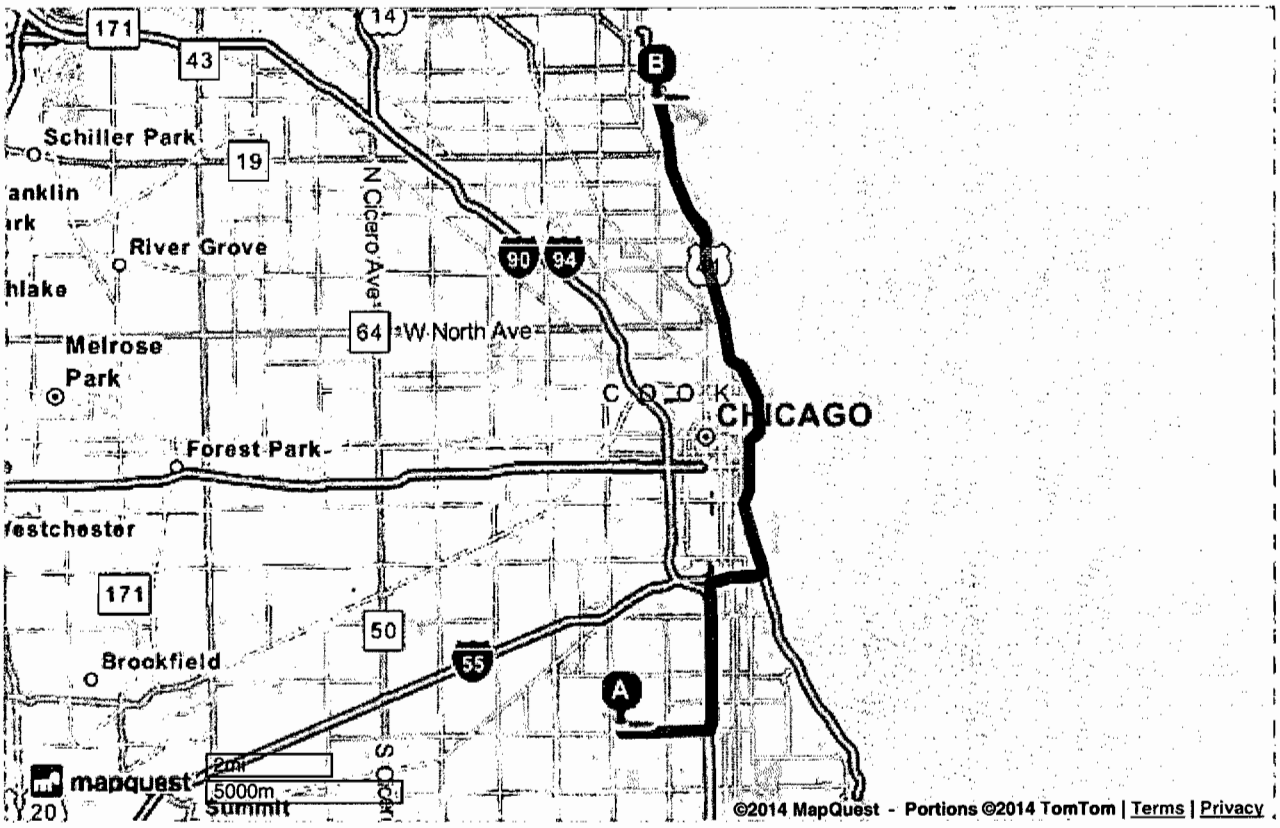
**4720 N Marine Dr**

Chicago, IL 60640-5120

14.16 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE - UPTOWN

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Notes

TO FRESENIUS MEDICAL CARE - LOGAN SQUARE

Trip to:

**2721 N Spaulding Ave**

Chicago, IL 60647-1338

12.41 miles / 22 minutes

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Notes

TO DAVITA LOGAN SQUARE

Trip to:

**2816 N Kimball Ave**

Chicago, IL 60618-7524

12.53 miles / 22 minutes

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MapQuest Travel Times

APPENDIX - 1

6/6/2014

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Trip to:

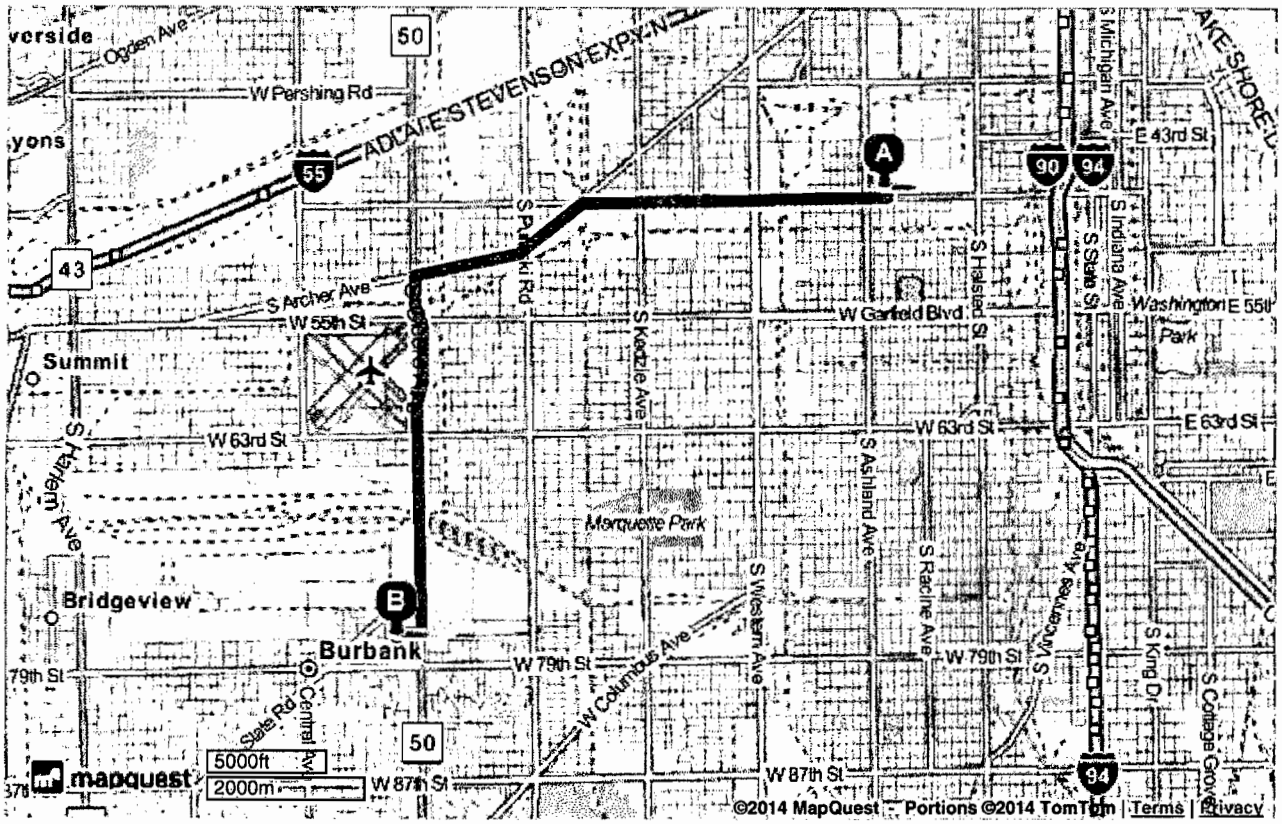
**4811 W 77th St**

Burbank, IL 60459-1586

7.85 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE - BURBANK

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Notes

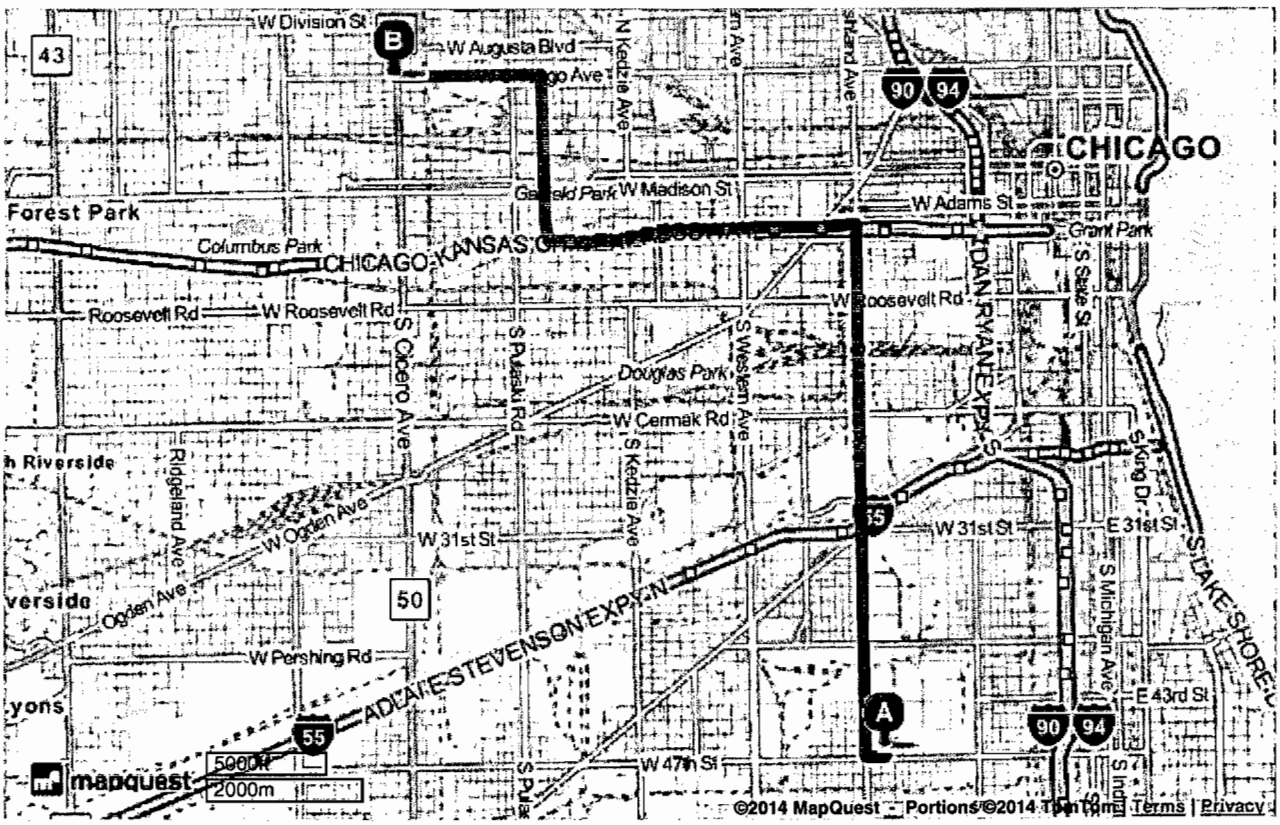
TO FRESENIUS MEDICAL CARE - AUSTIN

Trip to:

**4800 W Chicago Ave**

Chicago, IL 60651-3223

10.35 miles / 23 minutes

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Trip to:

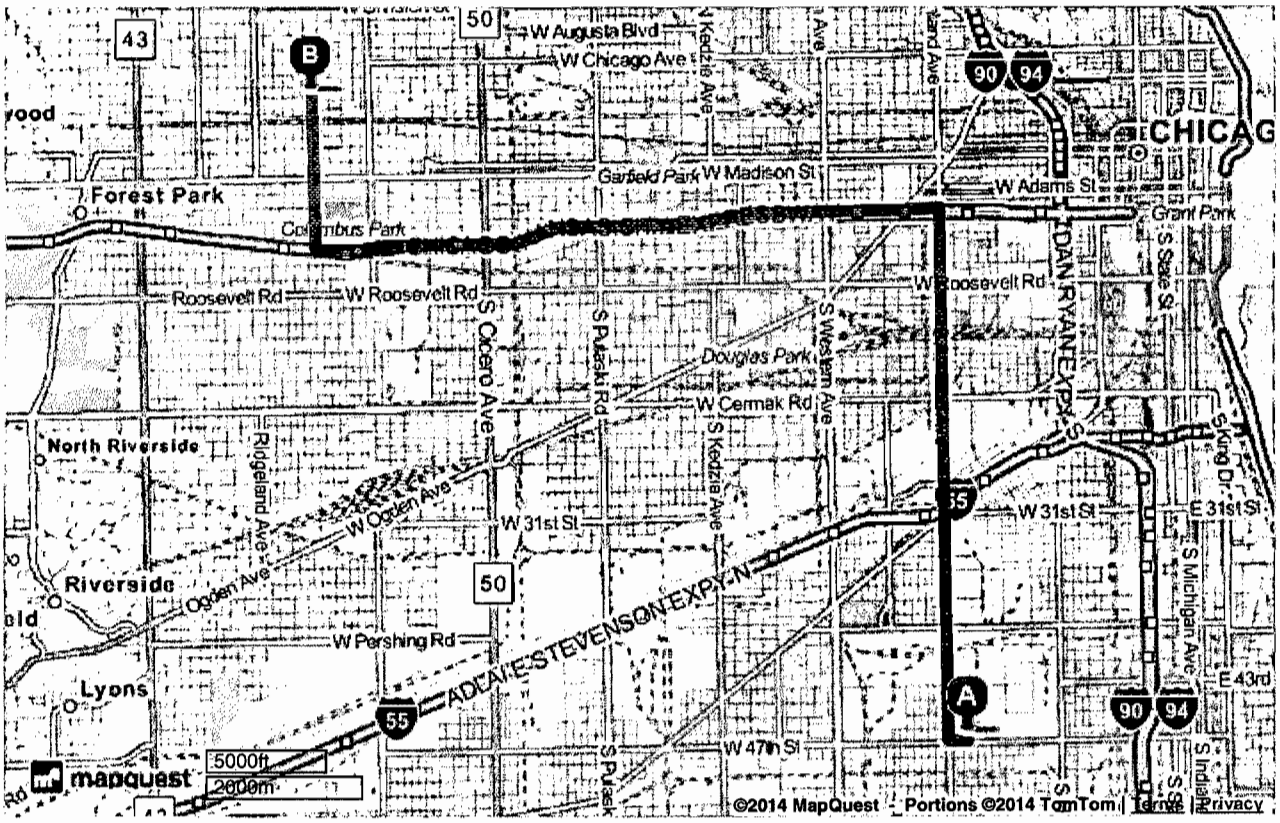
**518 N Austin Blvd**

Oak Park, IL 60302

11.85 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE - WEST SUBURBAN

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Notes

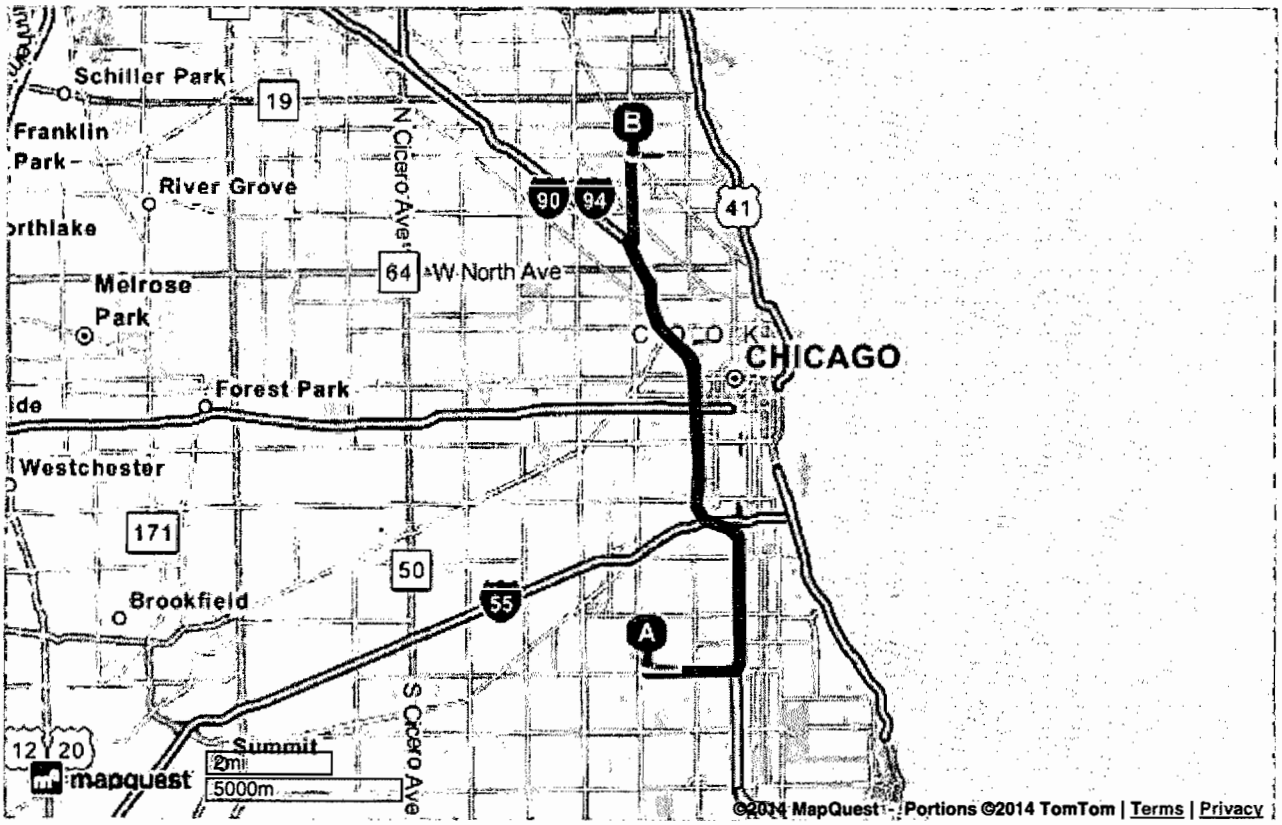
TO DAVITA LINCOLN PARK

Trip to:

**3157 N Lincoln Ave**

Chicago, IL 60657-3111

11.63 miles / 23 minutes

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Notes

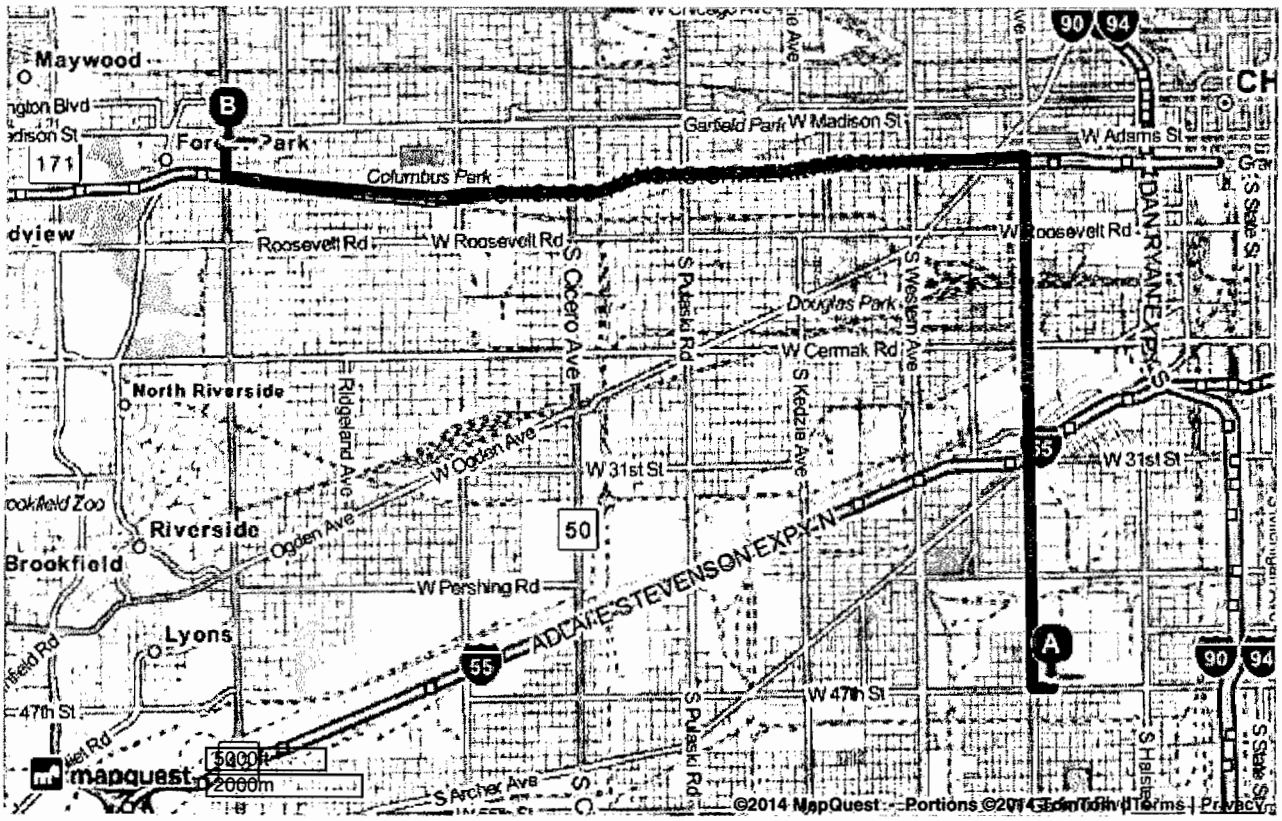
MAPLE AVENUE KIDNEY CNTR

Trip to:

**610 S Maple Ave**

Oak Park, IL 60304-1003

12.40 miles / 23 minutes

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Notes

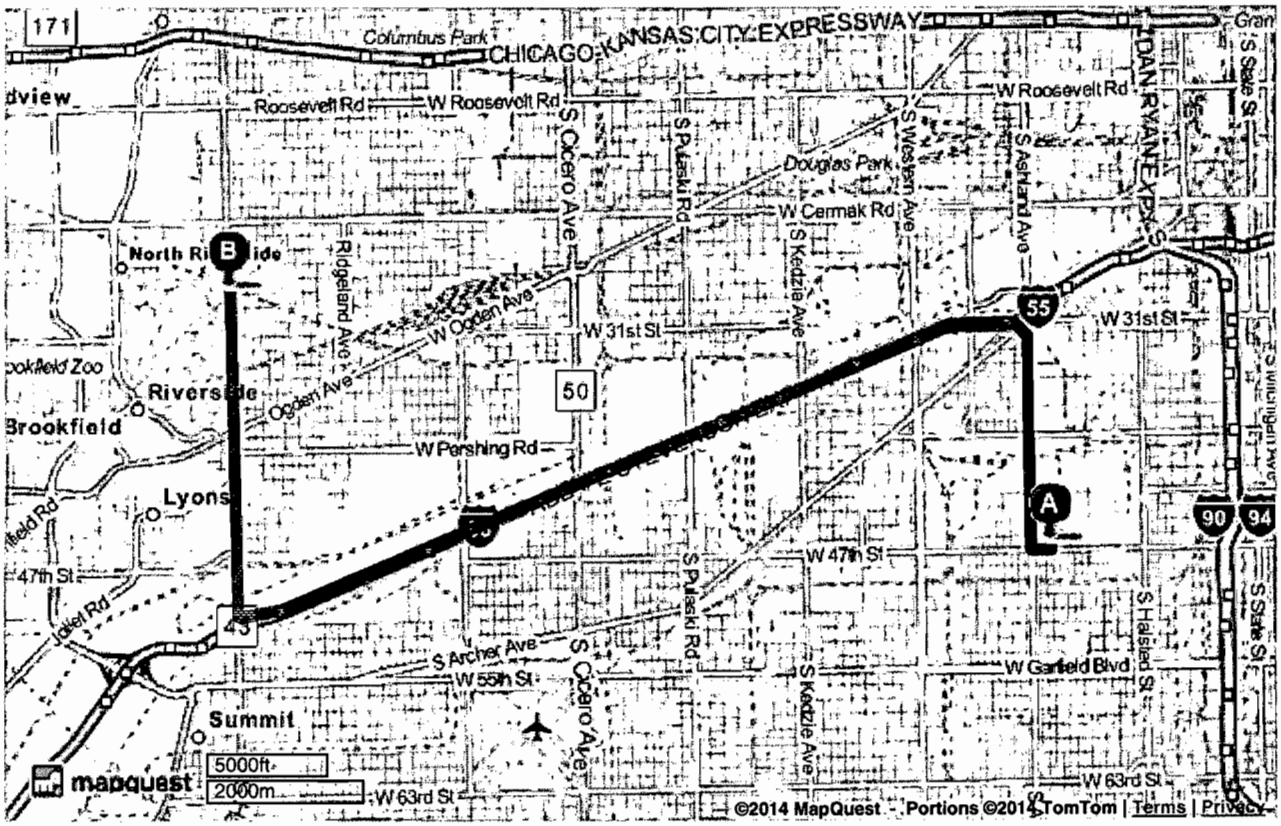
TO FRESENIUS MEDICAL CARE - BERWYN

Trip to:

**2601 Harlem Ave**

Berwyn, IL 60402-2100

12.61 miles / 23 minutes

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

PAUL W. CRAWFORD, M.D., F.A.S.N.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.
NIC I. HRISTEA, M.D., F.A.S.N.
DONALD CRONIN, M.D.
SEJAL PATEL, M.D.
SUMANTH MULAMALLA, M.D.
MARCO PAGANI, M.D.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, M.D., F.A.S.N.
CLARK MCCLURKIN, JR., M.D.
VINITHA RAGHAVAN, M.D.
DANIEL KNIAZ, M.D., F.A.C.P.
EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
DIVYA JAIN, D.O

June 16, 2014

Ms. Kathy Olson
Chair
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am a nephrologist in practice with Associates in Nephrology (AIN). My partners and I have over 2,000 dialysis patients that we serve in the Chicagoland area. I am also the Medical Director of the Fresenius Evergreen Park dialysis facility. I have been practicing nephrology for 30 years and am on staff at South Shore, South Suburban, Roseland, & St. Joseph hospitals. I am in full support of the proposed 16-station Fresenius Medical Care New City facility. The south Chicago area where I practice has a population that is medically at risk. A majority of the area is densely populated by African Americans and Hispanic Americans, who have a higher incidence of diabetes and hypertension which are the leading causes of kidney failure. This is clearly evidenced by the high utilization of dialysis facilities in this area. Additional access is needed for our patients who will need to begin dialysis in the next few years.

In the near south side area AIN was treating 621 hemodialysis patients at the end of 2011, 591 patients at the end of 2012 and 669 patients at the end of 2013, as reported to The Renal Network. As of the most recent quarter, AIN was treating 681 hemodialysis patients. As well, over the past twelve months AIN has referred 129 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Ross-Englewood, Midway, Southside, South Deering, South Chicago, Marquette Park and Evergreen Park.

Physician Referrals
APPENDIX - 2

Nearly all of these facilities are near or at capacity making it difficult for our new dialysis patients to find access near their home as well as suitable treatment schedule times. AIN currently has over 300 pre-ESRD patients that live in the immediate New City area. Of those I expect 213 will require dialysis within 24 months of the completion of Fresenius New City and will likely be referred there (see attached list of patients). These patients all have lab values indicative of a patient in active kidney failure. There are also approximately 15 current dialysis patients who will be expected to transfer to the New City facility from the Bridgeport, Marquette Park and Ross-Englewood facilities.

I strongly urge the Board to approve Fresenius Medical Care New City in order to keep access available to dialysis services in this underserved area of Chicago. Thank you for your consideration.

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

Sincerely,

Paul Crawford, M.D.

Notarization:
Subscribed and sworn ~~to be~~fore me
this 17th day of June, 2014

Signature of Notary

Seal

OFFICIAL SEAL
CHARLOTTE CHAPPLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/20/16

Physician Referrals
APPENDIX - 2

## PRE - ESRD AND TRANSFER PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL CARE NEW CITY WITHIN 2 YEARS OF PROJECT COMPLETION

| Zip Code | Pre-ESRD Patients |
|---|---|
| 60608 | 14 |
| 60609 | 11 |
| 60615 | 10 |
| 60616 | 23 |
| 60621 | 26 |
| 60629 | 34 |
| 60632 | 14 |
| 60636 | 45 |
| 60637 | 20 |
| 60653 | 16 |
| **Total** | **213** |

### Transfer Patients

| Zip Code | From Fresenius Medical Care | | |
|---|---|---|---|
| | Bridgeport | Marquette Park | Ross-Englewood |
| **60609** | 10 | 8 | 2 |

## IN-CENTER HEMODIALYSIS ADMISSIONS OF AIN FOR 5/01/2013 THROUGH 04/30/2014 IN THE NEW CITY AREA

| Zip | Fresenius Medical Care | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Code | Bridgeport | Evergreen Park | Marquette Park | Midway | Ross-Englewood | South Chicago | South Deering | Southside | Total |
| 60419 | | | | | | | 1 | | 1 |
| 60428 | 1 | | | | | | | | 1 |
| 60473 | | 1 | | | | | | | 1 |
| 60501 | | | | 1 | | | | | 1 |
| 60546 | 1 | | | | | | | | 1 |
| 60605 | 2 | | | | | | | | 2 |
| 60608 | 4 | | | | | | | | 4 |
| 60609 | 3 | | 3 | | | | | | 6 |
| 60616 | 6 | | | | | | | | 6 |
| 60617 | | 1 | | | | 9 | 8 | | 18 |
| 60619 | 1 | | | | | | | | 1 |
| 60620 | | 10 | 2 | | | | | 1 | 13 |
| 60621 | 1 | | 3 | | 2 | | | 1 | 7 |
| 60628 | | 4 | | | | | 2 | 1 | 7 |
| 60629 | 1 | 1 | 3 | 3 | | | | | 8 |
| 60632 | 8 | | | | | | | | 8 |
| 60633 | | | | | | | 1 | | 1 |
| 60636 | 1 | | 6 | | 4 | | | 2 | 13 |
| 60637 | 1 | | 1 | | 1 | | | | 3 |
| 60638 | | | | 4 | | | | | 4 |
| 60643 | | 2 | | | | | 1 | | 3 |
| 60649 | 1 | | 2 | | | | 1 | | 4 |
| 60652 | | 1 | | 1 | | | | | 2 |
| 60653 | 7 | | | | | | | | 7 |
| 60655 | | 1 | | | | | | | 1 |
| 60680 | | 1 | | | | | | | 1 |
| 60690 | | 1 | | | | | | | 1 |
| 60803 | | 1 | | | | | | | 1 |
| 60805 | | | | | | | 1 | | 1 |
| 60827 | | 1 | | | | | | | 1 |
| 63138 | | 1 | | | | | | | 1 |
| **Total** | **38** | **26** | **20** | **9** | **7** | **9** | **15** | **13** | **137** |

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2011

| Zip Code | Fresenius Medical Care | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60406 | | 2 | | | | 1 | | | 3 |
| 60409 | | 2 | | | | 1 | | | 3 |
| 60411 | | | | 1 | | | | | 1 |
| 60419 | | 1 | | | | | | | 1 |
| 60426 | | 2 | | | | | | | 2 |
| 60429 | | 1 | | | | | | | 1 |
| 60430 | | | 1 | | | | | | 1 |
| 60445 | | 4 | 1 | 1 | | | | | 6 |
| 60453 | | 4 | | | | | | | 4 |
| 60457 | | | | | 1 | | | | 1 |
| 60458 | | | | 1 | 1 | | | | 2 |
| 60459 | | 1 | | | 1 | 1 | | | 3 |
| 60463 | | | | | | 1 | | | 1 |
| 60465 | | 1 | | | | | | | 1 |
| 60466 | | | | | | | | 1 | 1 |
| 60472 | | 1 | | | | | | | 1 |
| 60473 | | 1 | | | | | | | 1 |
| 60477 | | 1 | | | | | | | 1 |
| 60478 | | | | 1 | | | | | 1 |
| 60482 | | 1 | | | | | | | 1 |
| 60501 | | | | | 2 | | | | 2 |
| 60506 | | | | 1 | | | | | 1 |
| 60516 | | | | | 1 | | | | 1 |
| 60525 | | | | 1 | | | | | 1 |
| 60601 | 1 | | | | | | | | 1 |
| 60605 | | | | | | | 1 | | 1 |
| 60607 | 1 | | | | | | | | 1 |
| 60608 | 14 | | | | | | | | 14 |
| 60609 | 20 | 4 | | 10 | | | 2 | | 36 |
| 60610 | 1 | | | | | | | | 1 |
| 60612 | 1 | | | | | | 1 | | 2 |
| 60615 | 1 | 2 | 1 | | | | 3 | | 7 |
| 60616 | 25 | | 2 | | | 1 | | 1 | 29 |
| 60617 | 1 | 7 | 5 | 1 | | 1 | 4 | | 19 |
| 60619 | 5 | 2 | 18 | 2 | | 1 | 2 | | 30 |
| 60620 | 5 | 39 | 4 | 11 | | 3 | 10 | | 72 |
| 60621 | 3 | 1 | 1 | 2 | | 1 | 14 | | 22 |
| 60623 | 5 | | | | | 1 | | | 6 |
| 60626 | | 1 | | 1 | | | 1 | | 3 |
| 60628 | 2 | 29 | 9 | 3 | | 43 | 5 | 1 | 92 |
| 60629 | 9 | 3 | | 26 | 3 | | 3 | 1 | 45 |
| 60632 | 21 | | | 8 | | | | | 29 |
| 60636 | 1 | 3 | 1 | 14 | | | 7 | | 26 |
| 60637 | 10 | 2 | 2 | 1 | | | 3 | | 18 |
| 60638 | 1 | | | | 8 | | | | 9 |
| 60640 | | | | 1 | | | | | 1 |
| 60643 | | 27 | 3 | 2 | 1 | 12 | 3 | 1 | 49 |
| 60644 | 1 | | | | | | | | 1 |
| 60649 | 4 | 7 | 6 | | | | 1 | | 18 |
| 60652 | 2 | 4 | | 1 | 1 | | | | 8 |
| 60653 | 19 | 2 | 1 | | | | 2 | | 24 |
| 60655 | | 1 | | | | | | | 1 |
| 60803 | | 2 | | | | | | | 2 |
| 60804 | | | | 1 | | | | | 1 |
| 60805 | | 4 | | | | 1 | | | 5 |
| 60827 | 1 | 6 | 1 | | 1 | 2 | 1 | | 12 |
| 61821 | 1 | | | | | | | | 1 |
| Total | 155 | 168 | 56 | 90 | 20 | 70 | 63 | 5 | 627 |

Physician Referrals

APPENDIX

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2012

| Zip Code | Fresenius Medical Care | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Chatham | Evergreen Park | Greenwood | Marquette Park | Roseland | Ross Englewood | South Deering | Southside | |
| 60153 | 1 | | | | | | | | | 1 |
| 60406 | | | 2 | | | | | | | 2 |
| 60409 | | | 3 | | | 1 | | | | 4 |
| 60411 | | | | | 1 | | | | | 1 |
| 60416 | | | | | 1 | | | | | 1 |
| 60419 | | | 1 | | | | | | | 1 |
| 60426 | | | 1 | | | | | | | 1 |
| 60430 | | | | 1 | | | | | | 1 |
| 60445 | | | 1 | | | | | | | 1 |
| 60453 | | | 4 | | | | | | | 4 |
| 60458 | | | | | 1 | | | | | 1 |
| 60463 | | | | | | 1 | | | | 1 |
| 60472 | | | 1 | | | | | | | 1 |
| 60473 | | | 1 | | | | | | | 1 |
| 60603 | | | | | 1 | | | | | 1 |
| 60607 | 1 | | | | | | | | | 1 |
| 60608 | 15 | | | | | | | | | 15 |
| 60609 | 21 | | 2 | | 7 | | 2 | | | 32 |
| 60612 | | | | | | | 1 | | | 1 |
| 60615 | 4 | | 2 | 1 | | | 1 | | | 8 |
| 60616 | 21 | | | | | 1 | | | | 22 |
| 60617 | 1 | | 6 | 4 | 2 | 1 | 2 | 1 | | 17 |
| 60619 | 4 | 1 | 1 | 21 | 2 | | 2 | | | 31 |
| 60620 | 5 | 2 | 31 | 5 | 10 | 3 | 17 | | 1 | 74 |
| 60621 | 4 | | 1 | 3 | 3 | 1 | 18 | | | 30 |
| 60623 | 4 | | | | | | | | | 4 |
| 60626 | | | 1 | | | | | | | 1 |
| 60627 | | | | | | 1 | | | | 1 |
| 60628 | 3 | 1 | 29 | 7 | 5 | 40 | 5 | | 1 | 91 |
| 60629 | 6 | | 1 | | 23 | 2 | 1 | | 2 | 35 |
| 60631 | | | | | | | 1 | | | 1 |
| 60632 | 19 | | | | 6 | | | | | 25 |
| 60634 | 1 | | | | | | | | | 1 |
| 60636 | 4 | | 3 | | 23 | | 12 | | 1 | 43 |
| 60637 | 7 | | 2 | 2 | 2 | | 5 | | | 18 |
| 60638 | 1 | | | | | | | | | 1 |
| 60639 | | | | | | | 2 | | | 2 |
| 60643 | | | 22 | 3 | 2 | 19 | 2 | | 2 | 50 |
| 60644 | 2 | | | | | | | | | 2 |
| 60649 | 3 | | 4 | 6 | | | 6 | | | 19 |
| 60652 | 1 | | 2 | | | | | | | 3 |
| 60653 | 19 | | 2 | 2 | | 1 | 1 | | | 25 |
| 60655 | | | 1 | | | | | | | 1 |
| 60805 | | | 3 | | | | | | 1 | 4 |
| 60827 | 1 | | 6 | 1 | | 2 | | | | 10 |
| 62525 | | | | | | 1 | | | | 1 |
| Total | 148 | 4 | 133 | 56 | 89 | 74 | 78 | 1 | 8 | 591 |

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 12/31/2013

| Zip Code | Fresenius Medical Care | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Chatham | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60406 | | | 3 | | | | | | | 3 |
| 60409 | | | 4 | | | | | | | 4 |
| 60417 | | 1 | | | | | | | | 1 |
| 60419 | | | 2 | | | | 1 | | | 3 |
| 60426 | | | 1 | | | | | | | 1 |
| 60430 | | | | 1 | | | | | | 1 |
| 60438 | | 1 | | | | | | | | 1 |
| 60453 | | | 3 | | | | | | | 3 |
| 60455 | | | | | | 1 | | | | 1 |
| 60457 | | | | | | 1 | | | | 1 |
| 60458 | | | | | 1 | 2 | | | | 3 |
| 60459 | | | 1 | | | | | | | 1 |
| 60466 | | 1 | | | | | | | | 1 |
| 60472 | | | 1 | | | | | | | 1 |
| 60473 | | | | 1 | | | | | | 1 |
| 60501 | | | | | | 1 | | | | 1 |
| 60546 | 1 | | | | | | | | | 1 |
| 60605 | 1 | | 1 | | | | | | | 2 |
| 60607 | 1 | | | | | | | | | 1 |
| 60608 | 17 | | | | | | | | | 17 |
| 60609 | 23 | | 2 | | 7 | | | 2 | | 34 |
| 60612 | | | | | | | | 1 | | 1 |
| 60615 | 3 | | 2 | 1 | | | | 2 | | 8 |
| 60616 | 18 | | | | | | | | | 18 |
| 60617 | 2 | 5 | 4 | 4 | 1 | | 1 | 4 | | 21 |
| 60618 | | 1 | | | | | | | | 1 |
| 60619 | 3 | 7 | 3 | 17 | 1 | | 1 | 4 | | 36 |
| 60620 | 3 | 17 | 41 | 2 | 10 | | 1 | 11 | 1 | 86 |
| 60621 | 2 | 3 | 1 | 3 | 3 | | 2 | 19 | | 33 |
| 60623 | 3 | | | | 1 | | | | | 4 |
| 60625 | | | | | | 1 | | | | 1 |
| 60626 | | | 1 | | | | | | | 1 |
| 60627 | | | | | | | 1 | | | 1 |
| 60628 | 2 | 10 | 28 | 5 | 3 | | 38 | 4 | 1 | 91 |
| 60629 | 6 | 1 | 1 | | 26 | 5 | 2 | 2 | 1 | 44 |
| 60631 | | | | | | 1 | | 1 | | 2 |
| 60632 | 22 | | | | 4 | 1 | | | | 27 |
| 60634 | 1 | | | | | | | | | 1 |
| 60636 | 5 | 1 | 3 | | 26 | | | 15 | 1 | 51 |
| 60637 | 6 | 3 | | 4 | 2 | | | 5 | | 20 |
| 60638 | | | | | | 14 | | | | 14 |
| 60639 | | | | | | | | 1 | | 1 |
| 60643 | | 2 | 23 | 3 | 2 | | 15 | 2 | 1 | 48 |
| 60644 | 1 | | | | | | 1 | 1 | | 3 |
| 60649 | 3 | 4 | 2 | 6 | | | | 4 | | 19 |
| 60652 | | 1 | 5 | | | 2 | | | 1 | 9 |
| 60653 | 19 | 1 | 1 | 2 | | | | | | 23 |
| 60655 | | | 2 | | | | | | | 2 |
| 60680 | | | 1 | | | | | | | 1 |
| 60805 | | | 3 | | | | | | 1 | 4 |
| 60827 | | 1 | 9 | | | | 3 | | | 13 |
| 61761 | | | | | | | | 1 | | 1 |
| 62960 | | 1 | | | | | | | | 1 |
| 63138 | | | 1 | | | | | | | 1 |
| **Total** | **142** | **61** | **149** | **49** | **87** | **29** | **66** | **79** | **7** | **669** |

Physician Referrals
APPENDIX - 2

# IN-CENTER HEMODIALYSIS PATIENTS OF AIN FOR 1ST QUARTER 2014

| Zip Code | Fresenius Medical Care | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bridgeport | Chatham | Cicero | Evergreen Park | Greenwood | Marquette Park | Midway | Roseland | Ross-Englewood | Southside | |
| 60164 | | | 1 | | | | | | | | 1 |
| 60406 | | | | 2 | | | | | | | 2 |
| 60409 | | | | 3 | | | | | | | 3 |
| 60411 | | 1 | | | | | | | | | 1 |
| 60417 | | 1 | | | | | | | | | 1 |
| 60419 | | | | 2 | | | | 1 | | | 3 |
| 60426 | | | | 1 | | | | | | | 1 |
| 60430 | | | | | 1 | | | | | | 1 |
| 60438 | | 1 | | | | | | | | | 1 |
| 60453 | | | | 2 | | | | | | | 2 |
| 60455 | | | | | | | 1 | | | | 1 |
| 60457 | | | | | | | 1 | | | | 1 |
| 60458 | | | | | | | 2 | | | | 2 |
| 60459 | | | | 1 | | | | | | | 1 |
| 60466 | | 1 | | | | | | | | | 1 |
| 60472 | | | | 1 | | | | | | | 1 |
| 60473 | | | | 1 | 1 | | | | | | 2 |
| 60501 | | | | | | | 1 | | | | 1 |
| 60546 | 1 | | | | | | | | | | 1 |
| 60601 | | | | | | | | | 1 | | 1 |
| 60605 | 2 | | | | | | | | | | 2 |
| 60607 | 1 | | | | | | | | | | 1 |
| 60608 | 17 | | | | | | | | | | 17 |
| 60609 | 19 | | | 1 | | 9 | | | 2 | | 31 |
| 60612 | | | | | | | | | 1 | | 1 |
| 60615 | 3 | | | 2 | 1 | | | | 2 | | 8 |
| 60616 | 19 | | | | | | | 1 | | | 20 |
| 60617 | 1 | 5 | | 3 | 4 | 1 | | 1 | 4 | | 19 |
| 60618 | | | | | 1 | | | | | | 1 |
| 60619 | 3 | 9 | | 2 | 20 | 1 | | 1 | 3 | | 39 |
| 60620 | | | | | | | | | | 1 | 1 |
| 60620 | 3 | 17 | | 43 | 2 | 11 | | 1 | 12 | | 89 |
| 60621 | 2 | 4 | | 1 | 1 | 4 | | 1 | 17 | | 30 |
| 60623 | 2 | | | | | 1 | | | | | 3 |
| 60625 | | | | | | | 1 | | | | 1 |
| 60626 | | | | 1 | | | | 1 | | | 2 |
| 60627 | | | | | | | | 1 | | | 1 |
| 60628 | | | | | | | | | | 2 | 2 |
| 60628 | 2 | 11 | | 28 | 6 | 2 | | 46 | 5 | | 100 |
| 60629 | | | | | | | | | | 1 | 1 |
| 60629 | 6 | 1 | | 3 | | 24 | 4 | 1 | 2 | | 41 |
| 60631 | | | | | | | 1 | | | | 1 |
| 60632 | 23 | | | | | 4 | 1 | | | | 28 |
| 60634 | 1 | | | | | | | | | | 1 |
| 60636 | | | | | | | | | | 2 | 2 |
| 60636 | 5 | 1 | | 3 | | 28 | | | 14 | | 51 |
| 60637 | 6 | 2 | | | 3 | 2 | | | 5 | | 18 |
| 60638 | | | 1 | | | | 15 | | | | 16 |
| 60639 | | | | | | | | | 1 | | 1 |
| 60643 | | | | | | | | | | 1 | 1 |
| 60643 | | 4 | | 23 | 2 | 1 | | 16 | 2 | | 48 |
| 60644 | | | | | | | | 1 | 1 | | 2 |
| 60649 | 2 | 3 | | 4 | 6 | 1 | | | 3 | | 19 |
| 60652 | | | | | | | | | | 1 | 1 |
| 60652 | | 1 | | 4 | | | 2 | | | | 7 |
| 60653 | 19 | 1 | | 1 | 2 | | | | | | 23 |
| 60655 | | | | 3 | | | | | | | 3 |
| 60690 | | | | 1 | | | | | | | 1 |
| 60804 | | | 1 | | | | | | | | 1 |
| 60805 | | | | | | | | | | 1 | 1 |
| 60805 | | | | 5 | | | | | | | 5 |
| 60827 | | 1 | | 9 | | | | 2 | | | 12 |
| 61761 | | | | | | | | | 1 | | 1 |
| Total | 137 | 64 | 3 | 150 | 50 | 89 | 29 | 74 | 76 | 9 | 681 |



Physician Referrals
APPENDIX - 2