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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

OCT 1 6 2015

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

| |
|--|
| Facility Name: <i>Fresenius Medical Care Chicago Heights</i> |
| Street Address: <i>1-25 E. Independence Drive</i> |
| City and Zip Code: <i>Chicago Heights 60411</i> |
| County: <i>Cook</i> Health Service Area <i>7</i> Health Planning Area: |

Applicant Identification

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

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

Type of Ownership of Applicant

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- o 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: <i>Fresenius Medical Care Holdings, Inc.</i> |
| Address: <i>920 Winter Street, Waltham, MA 02451</i> |
| Name of Registered Agent: <i>CT Systems</i> |
| Name of Chief Executive Officer: <i>Ron Kuerbitz</i> |
| CEO Address: <i>920 Winter Street, Waltham, MA 02451</i> |
| Telephone Number: <i>800-662-1237</i> |

Type of Ownership of Co-Applicant

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

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

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

Primary Contact

| |
|---|
| Name: <i>Lori Wright</i> |
| Title: <i>Senior CON Specialist</i> |
| Company Name: <i>Fresenius Medical Care</i> |
| Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i> |
| Telephone Number: <i>630-960-6807</i> |
| E-mail Address: <i>lori.wright@fmc-na.com</i> |
| Fax Number: <i>630-960-6812</i> |

Additional Contact

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

| |
|---|
| Name: <i>Teri Gurchiek</i> |
| Title: <i>Regional Vice President</i> |
| Company Name: <i>Fresenius Medical Care</i> |
| Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i> |
| Telephone Number: <i>630-960-6806</i> |
| E-mail Address: <i>teri.gurchiek@fmc-na.com</i> |
| Fax Number: <i>630-960-6812</i> |

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

| |
|---|
| Name: <i>Lori Wright</i> |
| Title: <i>Senior CON Specialist</i> |
| Company Name: <i>Fresenius Medical Care</i> |
| Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i> |
| Telephone Number: <i>630-960-6807</i> |
| E-mail Address: <i>lori.wright@fmc-na.com</i> |
| Fax Number: <i>630-960-6812</i> |

Additional Contact

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

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

Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: <i>15 E. Independence Investment, LLC</i> |
| Address of Site Owner: <i>4007 S. Wabash, Chicago, IL 60653</i> |
| Street Address or Legal Description of Site: <i>1-25 E. Independence Drive, Chicago Heights, IL 60411</i> |
| Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease. |
| APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Operating Identity/Licensee

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

| |
|--|
| Exact Legal Name: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Chicago Heights</i> |
| Address: <i>920 Winter Street, Waltham, MA 02451</i> |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |
| APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

Substantive

Non-substantive

2. Narrative Description

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

Fresenius Medical Care Chicagoland, LLC, proposes to establish a 12-station in-center hemodialysis facility located at 1-25 E. Independence Drive, Chicago Heights. The proposed facility will be located in a Federally Designated Medically Underserved Area (MUA). Fresenius Medical Care will lease space at the proposed location. The landlord will incur all costs of modernization to the leased space and Fresenius Medical Care will pay it back over the term of the lease as rent.

Fresenius Medical Care Chicago Heights will be in HSA 7. According to the September 2015 Board station inventory there is a need for an additional 81 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 | N/A | N/A | N/A |
| Contingencies | N/A | N/A | N/A |
| Architectural/Engineering Fees | N/A | N/A | N/A |
| Consulting and Other Fees | N/A | N/A | N/A |
| Movable or Other Equipment (not in construction contracts) | 300,000 | 100,000 | 400,000 |
| 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 5,617,442 ¹ or Equipment 213,550 | 3,921,062 | 1,909,930 | 5,830,992 |
| -Other Costs To Be Capitalized | N/A | N/A | N/A |
| Acquisition of Building or Other Property (excluding land) | N/A | N/A | N/A |
| TOTAL USES OF FUNDS | 4,221,062 | 2,009,930 | 6,230,992 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | 300,000 | 100,000 | 400,000 |
| Pledges | N/A | N/A | N/A |
| Gifts and Bequests | N/A | N/A | N/A |
| Bond Issues (project related) | N/A | N/A | N/A |
| Mortgages | N/A | N/A | N/A |
| Leases (fair market value) | 3,921,062 | 1,909,930 | 5,830,992 |
| 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 | 4,221,062 | 2,009,930 | 6,230,992 |

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

- 1) Fresenius will not be incurring any of the modernization or architecture costs. These are included in the fair market value of the leased space. These costs will be paid to the landlord over the term of the lease along with the rent expense.

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 \$ 162,805.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2017

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.**

| Dept. / Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|--|--------------------|-------------------|--------------|---|--------------|-------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| REVIEWABLE | | | | | | | |
| In-Center Hemodialysis | \$4,221,062 | | 6,378 | | 6,378 | | |
| Total Clinical | \$4,221,062 | | 6,378 | | 6,378 | | |
| NON REVIEWABLE | | | | | | | |
| Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas, PD) | \$2,009,930 | | 3,279 | | 3,279 | | |
| Total Non-clinical | \$2,009,930 | | 3,279 | | 3,279 | | |
| TOTAL | \$6,230,992 | | 9,657 | | 9,657 | | |

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 / manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of May 2015

Candace M. Turosski
Signature of Notary

Seal



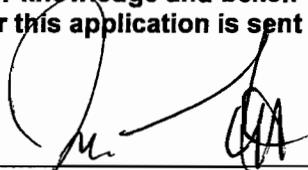
*Insert EXACT level of Commission Expires 12/31/17

CERTIFICATION

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

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

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



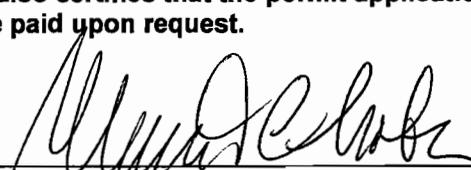
SIGNATURE

Mark K Fawcett

PRINTED NAME

Senior VP and Treasurer

PRINTED TITLE



SIGNATURE

Maria T. C. Notar
Assistant Treasurer

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____ 2015

Notarization:
Subscribed and sworn to before me
this 18 day of May 2015

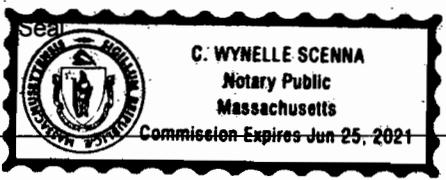
C Wynelle Scenna

Signature of Notary

C Wynelle Scenna

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ASSURANCES: 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 |
|--|---------------------|---------------------|
| <input checked="" type="checkbox"/> In-Center Hemodialysis | 0 | 12 |

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

| | |
|---------------------------|--|
| <u>400,000</u> | a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| <u>N/A</u> | b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| <u>N/A</u> | c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| <u>5,830,992</u> | d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions. |
| <u>N/A</u> | 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; |
| <u>N/A</u> | f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| <u>N/A</u> | g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| <u>\$6,230,992</u> | 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 | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | Circ.* | Const. \$ (A x C) | Mod. \$ (B x E) | |
| ESRD | | | | | | | | | |
| Contingency | <i>NOT APPLICABLE – Total cost of modernization is being incurred by the landlord and will be paid back over the term of the lease as rent.</i> | | | | | | | | |
| Total Clinical | | | | | | | | | |
| Non Clinical | | | | | | | | | |
| Contingency | | | | | | | | | |
| Total Non | | | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

A table in the following format must be provided as part of Attachment 40.

| Safety Net Information per PA 96-0031 | | | |
|---|----------------------|----------------------|----------------------|
| CHARITY CARE | | | |
| Net Revenue | \$387,393,758 | \$398,570,288 | \$411,981,839 |
| | 2012 | 2013 | 2014 |
| Charity * (# of self-pay patients) | 203 | 499 | 251 |
| Charity (cost in dollars) | \$1,536,372 | \$5,346,976 | \$5,211,664 |
| Ratio Charity Care Cost to Net Patient Revenue | .40% | 1.34% | 1.27% |
| MEDICAID | | | |
| | 2012 | 2013 | 2014 |
| Medicaid (# of patients) | 1,705 | 1,660 | 750 |
| Medicaid (revenue) | \$36,254,633 | \$31,373,534 | \$22,027,882 |
| Ratio Medicaid to Net Patient Revenue | 12.99% | 7.87% | 5.35% |

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 | | | |
|----------------------------------|----------------------|----------------------|----------------------|
| | 2012 | 2013 | 2014 |
| Net Patient Revenue | \$387,393,758 | \$398,570,288 | \$411,981,839 |
| Amount of Charity Care (charges) | \$1,566,380 | \$5,346,976 | \$5,211,664 |
| Cost of Charity Care | \$1,566,380 | \$5,346,976 | \$5,211,664 |
| | .40% | 1.34% | 1.27% |

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 | 24-27 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 28 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 29 |
| 5 | Flood Plain Requirements | 30 |
| 6 | Historic Preservation Act Requirements | 31 |
| 7 | Project and Sources of Funds Itemization | 32 |
| 8 | Obligation Document if required | 33 |
| 9 | Cost Space Requirements | 34 |
| 10 | Discontinuation | |
| 11 | Background of the Applicant | 35-56 |
| 12 | Purpose of the Project | 57-58 |
| 13 | Alternatives to the Project | 29-60 |
| 14 | Size of the Project | 61 |
| 15 | Project Service Utilization | 62 |
| 16 | Unfinished or Shell Space | |
| 17 | Assurances for Unfinished/Shell Space | |
| 18 | Master Design Project | |
| 19 | Mergers, Consolidations and Acquisitions | |
| | Service Specific: | |
| 20 | Medical Surgical Pediatrics, Obstetrics, ICU | |
| 21 | Comprehensive Physical Rehabilitation | |
| 22 | Acute Mental Illness | |
| 23 | Neonatal Intensive Care | |
| 24 | Open Heart Surgery | |
| 25 | Cardiac Catheterization | |
| 26 | In-Center Hemodialysis | 63-101 |
| 27 | Non-Hospital Based Ambulatory Surgery | |
| 28 | Selected Organ Transplantation | |
| 29 | Kidney Transplantation | |
| 30 | Subacute Care Hospital Model | |
| 31 | Children's Community-Based Health Care Center | |
| 32 | Community-Based Residential Rehabilitation Center | |
| 33 | Long Term Acute Care Hospital | |
| 34 | Clinical Service Areas Other than Categories of Service | |
| 35 | Freestanding Emergency Center Medical Services | |
| | Financial and Economic Feasibility: | |
| 36 | Availability of Funds | 102-104 |
| 37 | Financial Waiver | 105 |
| 38 | Financial Viability | |
| 39 | Economic Feasibility | 106-110 |
| 40 | Safety Net Impact Statement | 111-112 |
| 41 | Charity Care Information | 113-115 |
| | Appendix 1 – MapQuest Travel Times | 116-137 |
| | Appendix 2 – Physician Referral Letter | 138-144 |

Applicant Identification

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

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

Type of Ownership of Applicant

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

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: <i>Fresenius Medical Care Holdings, Inc.</i> |
| Address: <i>920 Winter Street, Waltham, MA 02451</i> |
| Name of Registered Agent: <i>CT Systems</i> |
| Name of Chief Executive Officer: <i>Ron Kuerbitz</i> |
| CEO Address: <i>920 Winter Street, Waltham, MA 02541</i> |
| Telephone Number: <i>781-669-9000</i> |

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

Type of Ownership – Co-Applicant

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

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.



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of MAY A.D. 2015 .



Authentication #: 1513102386
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: <i>15 E. Independence Investment, LLC</i> |
| Address of Site Owner: <i>4007 S. Wabash, Chicago, IL 60653</i> |
| Street Address or Legal Description of Site: <i>1-25 E. Independence Drive, Chicago Heights, IL 60411</i> |
| Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease. |

**15 E. Independence Investment, 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**

October 5, 2015

VIA E-MAIL ONLY

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

Teri Gurchiek
 Fresenius Medical Care
 3500 Lacey Road, 9th Floor
 Downers Grove, IL 60515

Re: Chicago Heights Fresenius Medical Care Facility (approximately 9,657 square feet)
 1 – 25 E. Independence Drive, Chicago Heights, IL 60411
 PIN Number 32-20-431-022-0000 (the "Premises")

Dear Bill and Teri:

On behalf of 15 E. Independence Investment, 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.

- Premises:** 1 – 25 E. Independence Drive, Chicago Heights, IL 60411, PIN Number 32-20-431-022-0000
- Building:** New construction 9,657 square foot "Turnkey" dialysis treatment facility located at the Premises ("Building"). Note, the usable square footage is 8,779 and the rentable square footage is 9,657.
- Term:** Fifteen (15) years, (approximately 9,657 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 \$32.44 per square foot NNN.

| | | Monthly Rent |
|---------|---------------|--------------|
| Year 1 | | \$26,105.40 |
| Year 2 | 2.5% Increase | \$26,758.03 |
| Year 3 | 2.5% Increase | \$27,426.98 |
| Year 4 | 2.5% Increase | \$28,112.66 |
| Year 5 | 2.5% Increase | \$28,815.48 |
| Year 6 | 2.5% Increase | \$29,535.86 |
| Year 7 | 2.5% Increase | \$30,274.26 |
| Year 8 | 2.5% Increase | \$31,031.11 |
| Year 9 | 2.5% Increase | \$31,806.89 |
| Year 10 | 2.5% Increase | \$32,602.07 |
| Year 11 | 2.5% Increase | \$33,417.12 |
| Year 12 | 2.5% Increase | \$34,252.54 |
| Year 13 | 2.5% Increase | \$35,108.86 |
| Year 14 | 2.5% Increase | \$35,986.58 |
| Year 15 | 2.5% Increase | \$36,886.24 |

William Popken
Teri Gurchiek
Fresenius Medical Care
Chicago Heights, Illinois
October 5, 2015
Page 2

- Commencement Date:** The Term will commence on the earlier of: (i) thirty (30) days after Landlord achieves substantial completion of the Building 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 pursuant to the Fresenius IN CENTER BUILDING SHELL WITH INTERIOR BUILD-OUT TURNKEY requirements.
- 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 Heights 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 Heights 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 January 31, 2016. 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,

Site Owner Letter of Intent for Leased Space

ATTACHMENT 2

William Popken
Teri Gurchiek
Fresenius Medical Care
Chicago Heights, Illinois
October 5, 2015
Page 3

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 **January 31, 2016**, 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 no 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 October 16, 2015 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,


Arden S. Weitzman
15 E. Independence Investment, L.L.C.

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

ACCEPTED AND AGREED on this _____ day of _____ 2015

Fresenius Medical Care, USA

By: _____
Name: _____
Its: _____

Operating Identity/Licensee

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

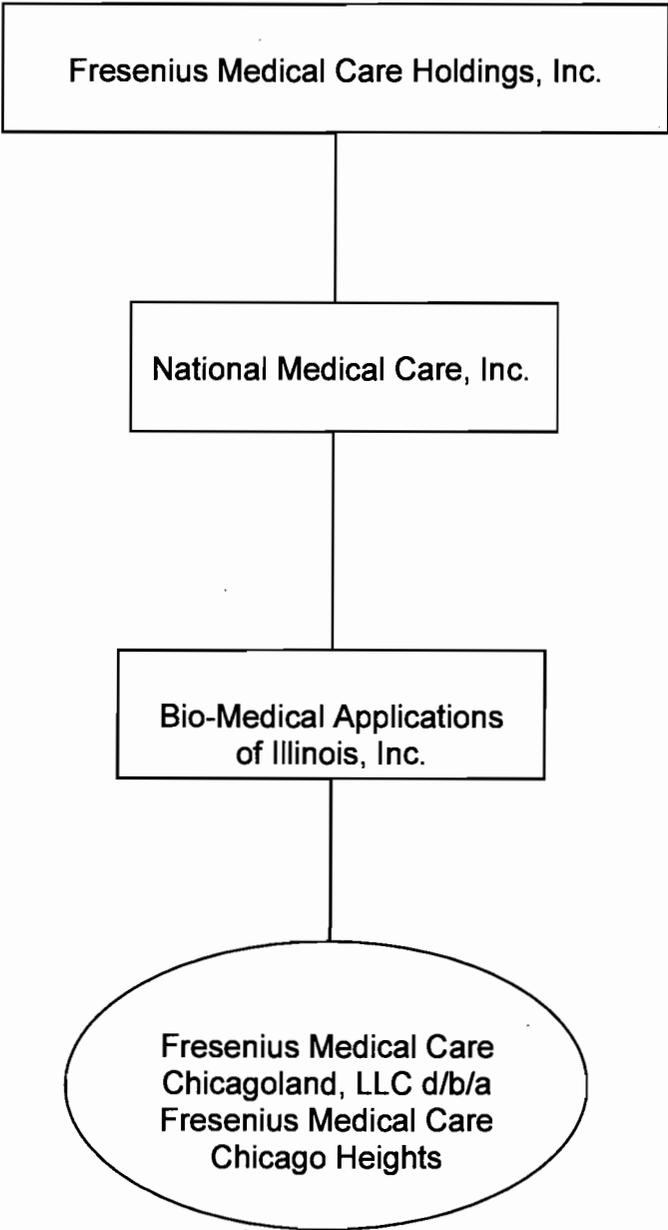
| | | | |
|--|---------------------------|--------------------------|---------------------|
| Exact Legal Name: <i>Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Chicago Heights*</i> | | | |
| Address: <i>920 Winter Street, Waltham, MA 02451</i> | | | |
| <input type="checkbox"/> | Non-profit Corporation | <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | For-profit Corporation | <input type="checkbox"/> | Governmental |
| <input checked="" type="checkbox"/> | Limited Liability Company | <input type="checkbox"/> | Sole Proprietorship |
| | | <input type="checkbox"/> | Other |
| <ul style="list-style-type: none">○ 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

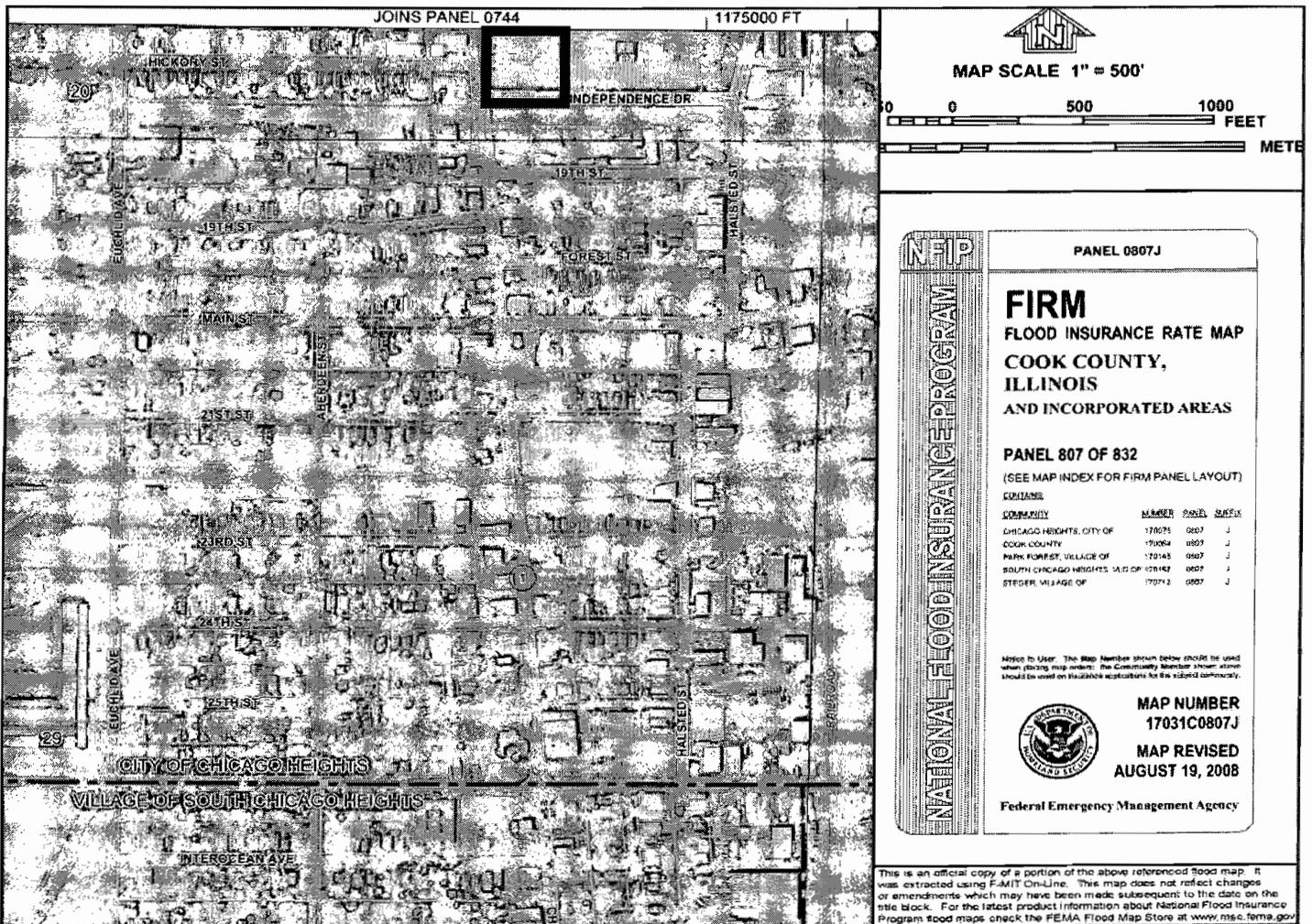
Bio-Medical Applications of Illinois, Inc. has a 60% membership interest in Fresenius Medical Care Chicagoland, LLC.

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.



Flood Plain Requirements

The proposed site for the establishment of Fresenius Medical Care Chicago Heights complies with the requirements of Illinois Executive Order #2005-5. The site on the northeast corner of Independence Drive and Chicago Road in Chicago Heights is not located in a flood plain.





Illinois Historic Preservation Agency

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

FAX 217/524-7525
www.illinoishistory.gov

Cook County
Chicago Heights
25 Independence Drive
IHFSRB
New construction, 16-station dialysis clinic

PLEASE REFER TO: IHPA LOG #006090915

October 1, 2015

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

Dear Ms. Wright:

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

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

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

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

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

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

| Modernization | |
|---|--------------------|
| General Conditions | 0 |
| Temp Facilities, Controls, Cleaning, Waste Management | 0 |
| Concrete | 0 |
| Masonry | 0 |
| Metal Fabrications | 0 |
| Carpentry | 0 |
| Thermal, Moisture & Fire Protection | 0 |
| Doors, Frames, Hardware, Glass & Glazing | 0 |
| Walls, Ceilings, Floors, Painting | 0 |
| Specialities | 0 |
| Casework, FI Mats & Window Treatments | 0 |
| Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations | 0 |
| Wiring, Fire Alarm System, Lighting | 0 |
| Miscellaneous Construction Costs | 0 |
| Total | \$0 |
| Contingencies | \$0 |
| Architecture/Engineering Fees | \$0 |
| Moveable or Other Equipment | |
| Dialysis Chairs | 30,000 |
| Clinical Furniture & Equipment | 40,000 |
| Office Equipment & Other Furniture | 35,000 |
| Water Treatment | 200,000 |
| TVs & Accessories | 35,000 |
| Telephones | 15,000 |
| Generator | 10,000 |
| Facility Automation | 20,000 |
| Other miscellaneous | 15,000 |
| Total | \$400,000 |
| Fair Market Value of Leased Space and Equipment | |
| FMV Leased Space (9,657 GSF) | 5,617,442 |
| FMV Leased Dialysis Machines | 200,550 |
| FMV Leased Office Equipment | 13,000 |
| | \$5,830,992 |
| Grand Total | \$6,230,992 |

*All modernization and architecture costs will be incurred by the landlord and paid back over the term of the lease as rent and are included in the fair market value of the leased space.

Current CON Permits and Project Status

| Project Number | Name | Project Type | Completion Date |
|-----------------------|---|----------------------|------------------------|
| #12-029 | Fresenius Medical Care SW Illinois | Relocation | 05/01/2015 |
| #12-095 | Fresenius Medical Care Waterloo | Establishment | 02/28/2015 |
| #12-098 | Fresenius Medical Care Maple City | Establishment | 02/28/2015 |
| #14-012 | Fresenius Medical Care Gurnee | Relocation/Expansion | 12/31/2015 |
| #14-019 | Fresenius Medical Care Summit | Establishment | 12/31/2015 |
| #13-040 | Fresenius Medical Care Lemont | Establishment | 09/30/2016 |
| #14-041 | Fresenius Medical Care Elgin | Expansion | 06/30/2016 |
| #14-026 | Fresenius Medical Care New City | Establishment | 06/30/2016 |
| #14-047 | Fresenius Medical Care Humboldt Park | Establishment | 12/31/2016 |
| #14-065 | Fresenius Medical Care Plainfield North | Relocation | 12/31/2016 |
| #15-001 | Fresenius Medical Care Steger | Expansion | 12/31/2016 |
| #15-022 | Fresenius Medical Care Blue Island | Expansion | 12/31/2016 |
| #15-024 | Fresenius Medical Care Chicago | Change of Ownership | 01/31/2016 |
| #15-034 | Fresenius Medical Care South Holland | Expansion | 12/31/2015 |
| E-006-15 | Fresenius Medical Care Gurnee | Change Of Ownership | 12/31/2015 |

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.**

| Dept. / Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|--|--------------------|-------------------|--------------|---|--------------|-------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| REVIEWABLE | | | | | | | |
| In-Center Hemodialysis | \$4,221,062 | | 6,378 | | 6,378 | | |
| Total Clinical | \$4,221,062 | | 6,378 | | 6,378 | | |
| NON REVIEWABLE | | | | | | | |
| Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas, PD) | \$2,009,930 | | 3,279 | | 3,279 | | |
| Total Non-clinical | \$2,009,930 | | 3,279 | | 3,279 | | |
| TOTAL | \$6,230,992 | | 9,657 | | 9,657 | | |

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.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Medical Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

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 \$22,000 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 also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

FRESENIUS MEDICAL CARE

TOP
education

Treatment Options Program

Treatment Options Program

For People with
Chronic Kidney Disease

Fresenius Medical Care

FRESENIUS MEDICAL CARE

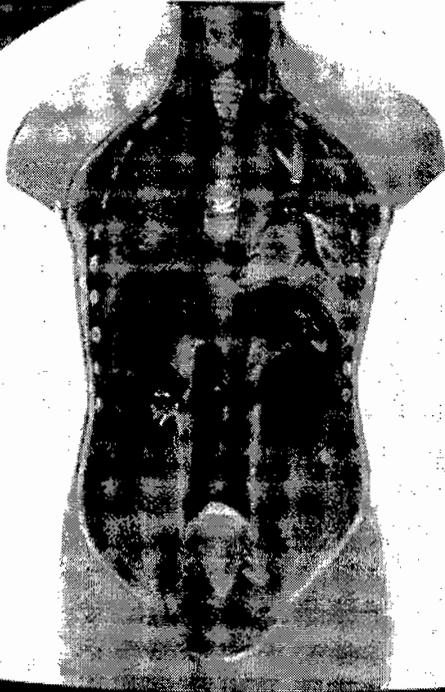
TOP
education

Treatment Options Program

Welcome to the Treatment Options Program

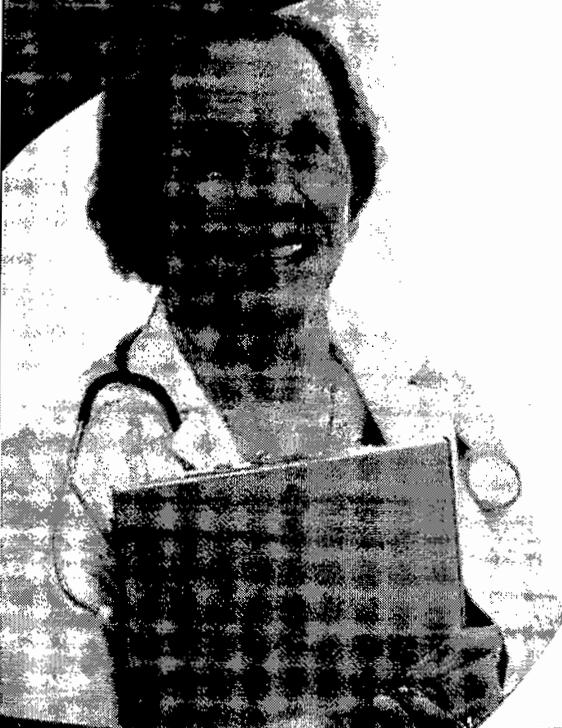
Over the next hour you will learn:

- 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 your 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



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.



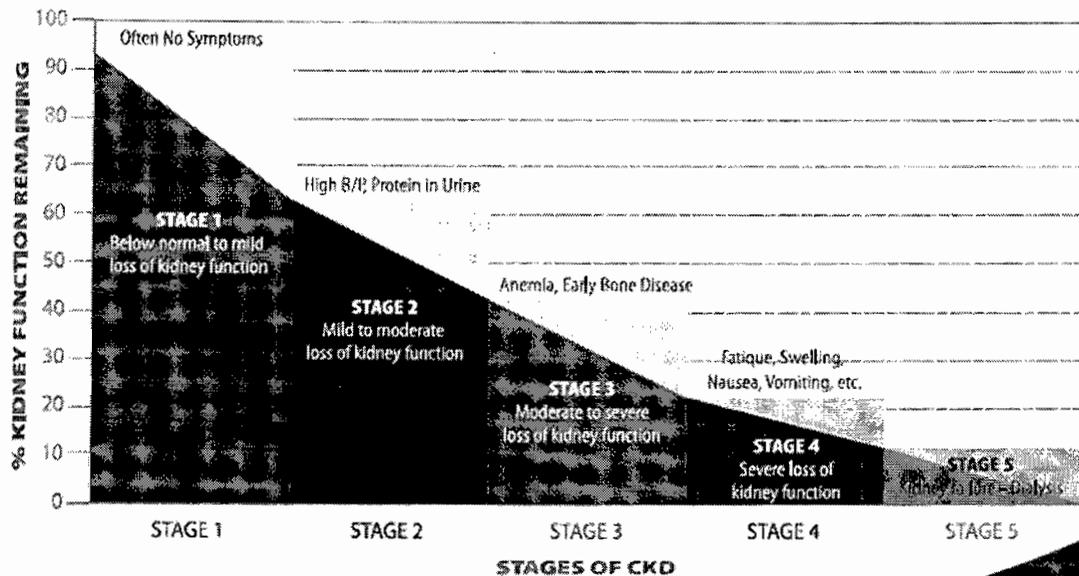
What is Chronic Kidney Disease (CKD)?

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

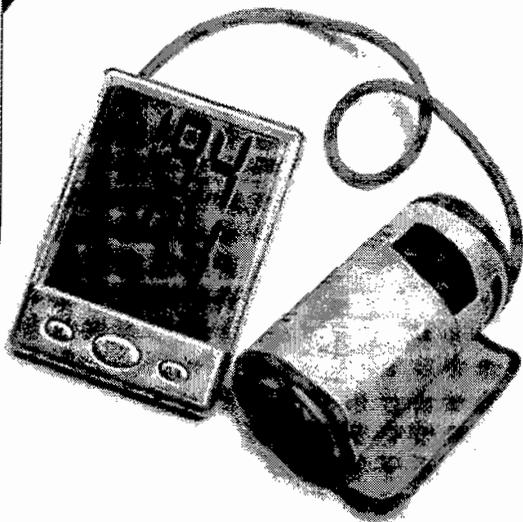
Stage V CKD or End-Stage Renal Disease (ESRD) is commonly referred to as "kidney failure."

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.

The progression of CKD



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



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



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



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

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

* NHANES (1999-2004)

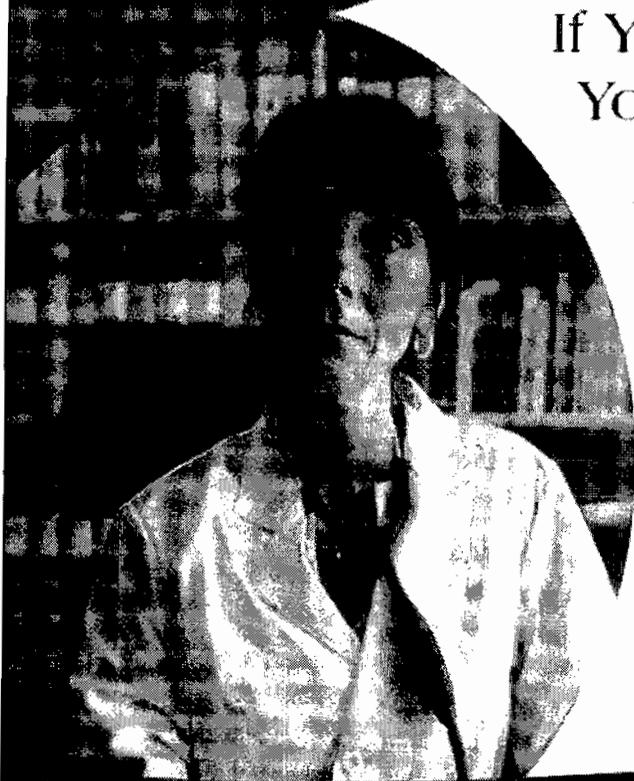
** USRDS (2006 data report)

*** 2007 OPTN/SRTR Annual Report 1997-2006.
HHS/HRSA/HSB/DOT



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.



If You Have CKD You Need to Know:

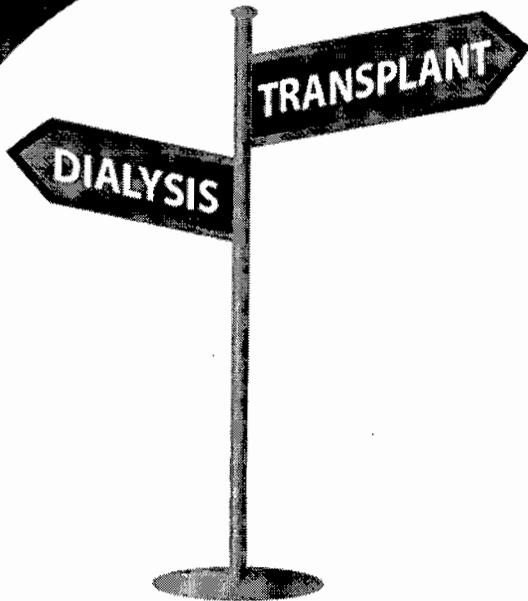
- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
 - You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
 - Managing your disease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



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.



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)

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.



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.



Finding a donor kidney

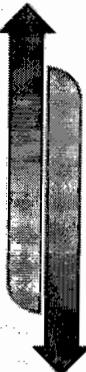
- Your body tissues must “match” the tissues of the donor
 - Living donor:
 - Relatives (usually the closest match)
 - Non-relative (spouse, friend)
 - Non-Living donor:
 - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list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



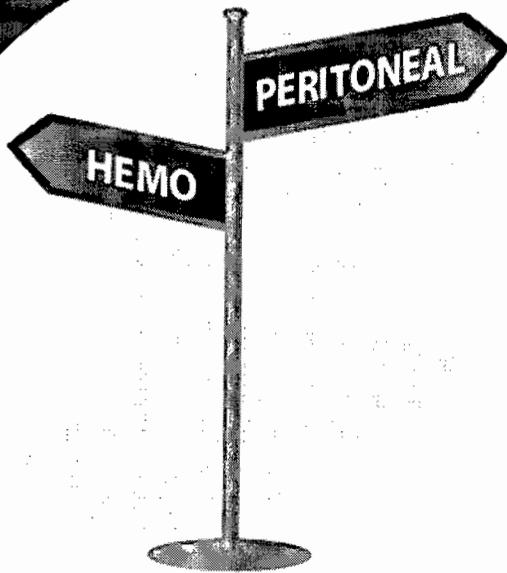
Caring for the Donated Kidney

- 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.

Kidney Transplant Option

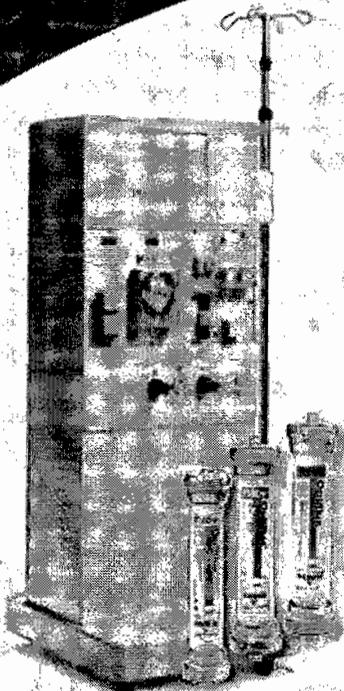
- Closest treatment to "normal" kidney function
 - Fewer dietary and fluid restrictions
 - Allows you to maintain your normal schedule & activities
- 
- Risks associated with surgery and kidney rejection
 - Daily medications may have side effects and can be costly
 - Must take medications and follow up with physician for life of the kidney
 - May be placed on a waiting list for an extended period of time

The Dialysis Options



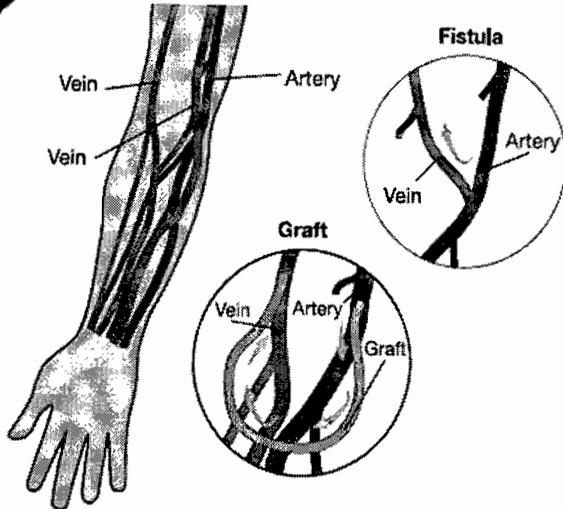
- There are two types of dialysis:
 - Peritoneal dialysis
 - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.

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

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.

In-Center Hemodialysis Option

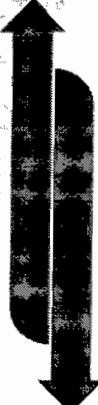


- Treatments are done by trained dialysis nurses and technicians.
 - You are on a fixed schedule for your treatments, and changes may be difficult.
 - You must travel to/from the dialysis center.
 - Treatments are usually done 3 times each week.
 - No equipment or supplies needed at home.
 - Opportunity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

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

In-Center Hemodialysis Considerations

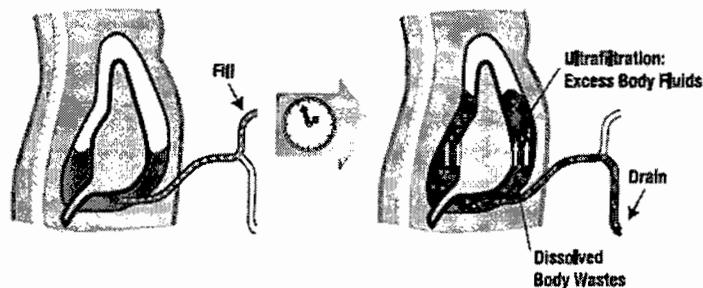
- Therapy performed by trained clinicians
 - No equipment or supplies needed at home
 - Opportunity for more frequent social interaction with other dialysis patients
- 
- Patient must travel to the clinic usually 3 times per week
 - Patients are on a fixed schedule to receive their therapy

Home Hemodialysis Option



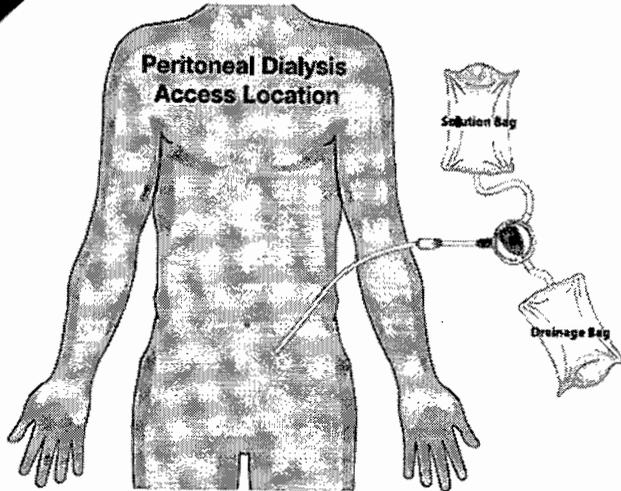
- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring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

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.

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

Two types of PD



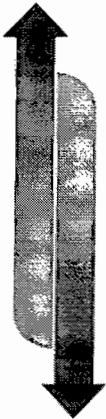
1. **Continuous Ambulatory Peritoneal Dialysis (CAPD)**
 - A manual process usually done during the day
 - Can be done in any clean location at home, work or while traveling
 - Average 4 to 5 exchanges each day
 - About 30-45 minutes for each exchange

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

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

Dialysis Options Comparison

| Advantages | IN-CENTER | | HOME | | Advantages | IN-CENTER | | HOME | |
|---|-----------|-----|------|----|---|-----------|-----|------|----|
| | HD | NHD | HD | PD | | HD | NHD | HD | PD |
| Treatment Time Flexibility | | | ✓ | ✓ | Perform treatments during nightly sleep | | ✓ | ✓ | ✓ |
| Treatment Location Flexibility | | | ✓ | ✓ | Improved availability during work hours | | ✓ | ✓ | ✓ |
| Treatment Duration Flexibility | | | | ✓ | Bloodless access | | | | ✓ |
| Reduced Clinic Visit Time | | | ✓ | ✓ | More independent lifestyle | | | ✓ | ✓ |
| Reduced Clinic Travel Time | | | ✓ | ✓ | Greater treatment supervision | ✓ | ✓ | | |
| Reduced Clinic Travel Costs | | | ✓ | ✓ | No supply delivery & storage needs | ✓ | ✓ | | |
| No treatment partner needed | ✓ | ✓ | | ✓ | No routine needle sticks | | | | ✓ |
| Greater Privacy | | | ✓ | ✓ | Greater Travel options | | | | ✓ |
| Greater Social Interaction with Other Dialysis Patients | ✓ | | | | 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.

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.

Certification & Authorization

Fresenius Medical Care Chicagoland, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review 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 & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review 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: *John A. Gurecki*
ITS: Regional Vice President/manager

Notarization:

Subscribed and sworn to before me
this 1st day of July, 2015

Candace M. Turosski
Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review 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 & Services Review Board; and

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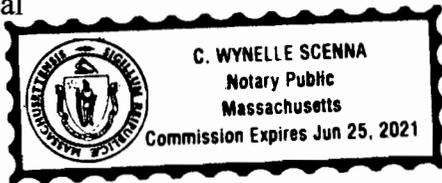
By: [Signature]
ITS: Mark Fawcett
Senior Vice President & Treasurer

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

C Wynelle Scenna
Signature of Notary

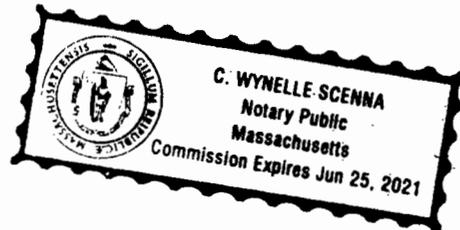
Seal



Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

C Wynelle Scenna
Signature of Notary

Seal



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

| Clinic | Provider # | Address | City | Zip |
|-------------------------|-------------------|---------------------------------|------------------|------------|
| 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 |
| Berwyn | 14-2533 | 2601 S. Harlem Avenue, 1st Fl. | Berwyn | 60402 |
| 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 |
| Burbank | 14-2641 | 4811 W. 77th Street | Burbank | 60459 |
| 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 |
| Chicago Westside | 14-2681 | 1340 S. Damen | Chicago | 60608 |
| Cicero | 14-2754 | 3000 S. Cicero | Chicago | 60804 |
| Congress Parkway | 14-2631 | 3410 W. Van Buren Street | Chicago | 60624 |
| 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 | Deerfield | 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 |
| 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 |
| Elk Grove | 14-2507 | 901 Biesterfeld 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 |
| Evergreen Park | 14-2545 | 9730 S. Western Avenue | Evergreen Park | 60805 |
| Garfield | 14-2555 | 5401 S. Wentworth Ave. | Chicago | 60609 |
| Glendale Heights | 14-2617 | 130 E. Army Trail Road | Glendale Heights | 60139 |
| Glenview | 14-2551 | 4248 Commercial Way | Glenview | 60025 |
| Greenwood | 14-2601 | 1111 East 87th St., Ste. 700 | Chicago | 60619 |
| Gurnee | 14-2549 | 101 Greenleaf | Gurnee | 60031 |
| Hazel Crest | 14-2607 | 17524 E. Carriageway Dr. | Hazel Crest | 60429 |
| Highland Park | 142782 | 1657 Old Skokie Road | Highland Park | 60035 |
| Hoffman Estates | 14-2547 | 3150 W. Higgins, Ste. 190 | Hoffman Estates | 60195 |
| Humboldt Park | - | 3500 W. Grand Avenue | Chicago | 60651 |
| Jackson Park | 14-2516 | 7531 South Stony Island Ave. | Chicago | 60649 |
| 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 |
| Lakeview | 14-2679 | 4008 N. Broadway, St. 1200 | Chicago | 60613 |
| Lemont | - | 16177 W. 127th Street | Lemont | 60439 |
| 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 |
| 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 |
| Merrionette Park | 14-2667 | 11630 S. Kedzie Ave. | Merrionette Park | 60803 |
| Metropolis | 14-2705 | 20 Hospital Drive | Metropolis | 62960 |
| Midway | 14-2713 | 6201 W. 63rd Street | Chicago | 60638 |
| Mokena | 14-2689 | 8910 W. 192nd Street | Mokena | 60448 |
| 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 |

| Clinic | Provider # | Address | City | Zip |
|-------------------------|------------|-----------------------------------|-----------------|-------|
| Naperville North | 14-2678 | 516 W. 5th Ave. | Naperville | 60563 |
| New City | - | 4622 S. Bishop Street | Chicago | 60609 |
| Niles | 14-2500 | 7332 N. Milwaukee Ave | Niles | 60714 |
| Normal | 14-2778 | 1531 E. College Avenue | Normal | 61761 |
| Norridge | 14-2521 | 4701 N. Cumberland | Norridge | 60656 |
| North Avenue | 14-2602 | 911 W. North Avenue | Melrose Park | 60160 |
| North Kilpatrick | 14-2501 | 4800 N. Kilpatrick | Chicago | 60630 |
| Northcenter | 14-2531 | 2620 W. Addison | Chicago | 60618 |
| Northfield | 14-2771 | 480 Central Avenue | Northfield | 60093 |
| 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 |
| 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 |
| Rolling Meadows | 14-2525 | 4180 Winnetka Avenue | Rolling Meadows | 60008 |
| Roseland | 14-2690 | 135 W. 111th Street | Chicago | 60628 |
| Ross-Englewood | 14-2670 | 6333 S. Green Street | Chicago | 60621 |
| Round Lake | 14-2616 | 401 Nippersink | Round Lake | 60073 |
| 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 |
| 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 |
| Southside | 14-2508 | 3134 W. 76th St. | Chicago | 60652 |
| 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 |
| Summit | - | 7319-7322 Archer Avenue | Summit | 60501 |
| Uptown | 14-2692 | 4720 N. Marine Dr. | Chicago | 60640 |
| Waterloo | - | 624 Voris-Jost Drive | 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 |
| West Chicago | 14-2702 | 1859 N. Neltor | West Chicago | 60185 |
| West Metro | 14-2536 | 1044 North Mozart Street | Chicago | 60622 |
| West Suburban | 14-2530 | 518 N. Austin Blvd., 5th Floor | Oak Park | 60302 |
| 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 |

Criterion 1110.230 – Purpose of Project

1. The proposed Chicago Heights ESRD (end stage renal disease) facility outlined in this application will provide access to life-sustaining dialysis services in a Federally Designated Medically Underserved Area (MUA) in the far south suburbs of Chicago and will address the determined need for 81 ESRD stations in HSA 7. The two facilities currently serving Chicago Heights (DaVita Chicago Heights at 81% and Fresenius South Suburban at 85%) are over-utilized, thus this project will address the lack of available access to dialysis services in this underserved community.
2. The facility will be located in the suburb of Chicago Heights located on the far south end of Cook County in HSA 7.
3. Residents of Chicago Heights experience almost twice the average prevalence of ESRD which has resulted in high utilization at area clinics. The high utilization of area clinics is creating barriers to dialysis services for this medically underserved area. Additional services are required to maintain access.
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. The proposed 12-station facility will bring access to dialysis services to a medically underserved area where facilities are over-utilized severely limiting patient treatment shift choice and as well as access to life saving services. The two closest clinics serving Chicago Heights are over utilized (DaVita Chicago Heights at 81% and Fresenius South Suburban at 85%). The next closest facility serving the area (Fresenius Steger) was recently approved to add 6 stations to address its over-utilization. Associates in Nephrology (AIN), physicians supporting this project, currently refer the majority of their patients from Chicago Heights to Fresenius South Suburban and DaVita Chicago Heights. With diminishing shift availability they need additional stations to be able to offer their Chicago Heights patients reasonable access to dialysis services. AIN physicians are currently treating nearly 300 dialysis patients in this area and have approximately 247 additional patients identified who will require dialysis in the next few years. Establishing a facility in the medically underserved area of Chicago Heights will solve the lack of access here and create favorable patient treatment shift times. Convenient access to healthcare services reduces overall healthcare costs as patients are more likely to make and keep health related appointments. Missed dialysis treatments are reduced when patients can access a clinic near their home. 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 growing patient population residing in a MUA and to address the need for stations in HSA 7. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would have similar quality outcomes as other Fresenius Medical Care dialysis clinics in Illinois as listed below.

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

Alternatives

1) All Alternatives

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

The only alternative that would entail a lesser scope and cost than the project proposed in this application would be to do nothing and maintain the status quo. (Fresenius Medical Care has already expanded area clinics that have capability such as South Suburban, Steger & South Holland). Because of the historic high utilization in Chicago Heights the closest facilities do not have access for AIN's pre-ESRD patients who will be requiring dialysis services and who also reside in this medically underserved area. 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. There is no additional monetary cost to this alternative other than the current project costs of \$6,230,992.

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

The AIN physicians supporting this project are part of a practice of approximately 40 nephrologists who treat over 2,000 dialysis patients in the Chicago-land area. They already admit patients to 7 Chicago Heights area facilities. Physicians prefer to admit patients closest to where the patients live and currently there is no reasonable access to dialysis services for the patients who live in Chicago Heights. It is also nearly impossible for a physician to see patients at numerous clinics further beyond the area where they practice and offer patients continuity of care. Patients who have to go outside of their community for care may have to change physicians thereby breaking the patient/physician relationship that may have been years in the making. It is in the best interest of the patients who live in the Chicago Heights MUA to maintain access here where the patients are at a higher risk due to healthcare and economic barriers. There is no cost to this alternative.

- As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the underserved Chicago Heights area market is to establish the Fresenius Chicago Heights facility to alleviate over utilized facilities, maintain access where there is a higher incidence of ESRD and address the need for 81 stations. The cost of this project is \$6,230,992.

2) Comparison of Alternatives

| | Total Cost | Patient Access | Quality | Financial |
|--|-------------------|---|---|---|
| Project of Lesser Cost/Scope/Do Nothing | \$0 | Access to dialysis in the Chicago Heights MUA is severely limited and Fresenius Medical Care has already expanded facilities where able to do so. Doing nothing will cut off access to dialysis. | If patients miss treatments due to lack of access, individual patient quality will decline. | Increased transportation costs as patients must travel to other areas for treatment. |
| Joint Venture | \$6,230,992 | 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 | Closest clinics are full and have no access for additional patients and those that Fresenius could expand for other physician practice patients have been expanded. AIN currently admits to 7 area facilities. Future patients from this underserved area will have to travel out of the 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 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 Chicago Heights | \$6,230,992 | Access to dialysis services will be maintained in this underserved market area of south Cook County that has an above average prevalence of ESRD. | Patient clinical quality would remain above standards. 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 clinics in Illinois have achieved average adequacy outcomes of:

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

and same is expected for Fresenius Medical Care Chicago Heights.

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 | 6,378 (12 Stations) | 5,400 – 7,800 BGSF | None | Yes |
| Non-clinical | 3,279 | N/A | N/A | N/A |

The State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 6,378 BGSF for the in-center hemodialysis space falls within this range therefore meets the State standard.

Criterion 1110.234, Project Services Utilization

| UTILIZATION | | | | | |
|--------------------|------------------------|-------------------------------|------------------------------|-----------------------|----------------------|
| | DEPT/SERVICE | HISTORICAL UTILIZATION | PROJECTED UTILIZATION | STATE STANDARD | MET STANDARD? |
| YEAR 1 | IN-CENTER HEMODIALYSIS | N/A Proposed Facility | 49% | 80% | No |
| YEAR 2 | IN-CENTER HEMODIALYSIS | | 97% | 80% | Yes |

Dr. Moinuddin has identified 247 pre-ESRD patients with lab values indicative of active kidney failure who live in the Chicago Heights market area and that are expected to require dialysis services in the first two years after the Chicago Heights facility begins operations. Due to natural attrition of patients it is expected that 96 of these would begin dialysis at Fresenius Chicago Heights during this time.

However, calculating when a patient will require dialysis treatment two years out is not an exact science. Each patient is unique and clinical indications can vary greatly.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Medical Care Chicago Heights ESRD facility is located in HSA 7 which is comprised of Suburban Cook County and DuPage County. According to the September 2015 station inventory there is a need for an additional 81 ESRD stations in HSA 7 and thereby meets the need criterion.

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street

Chicago, Illinois 60661

(312) 654-2720

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NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

October 12, 2015

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

Dear Ms. Avery:

My name is Rizwan Moinuddin, M.D. and I practice with Associates in Nephrology (AIN) in the south suburban Chicago area. I am writing to support the proposed Fresenius Medical Care Chicago Heights ESRD facility that will provide needed access to treatment in a medically underserved area where I see an increase in the number patients developing kidney disease. As a result I often have difficulty finding an appropriate treatment schedule for my new ESRD patients at the facilities they choose to go to. Treatment options are very important for my patients as they adjust to dialysis and especially for the underserved patients in Chicago Heights.

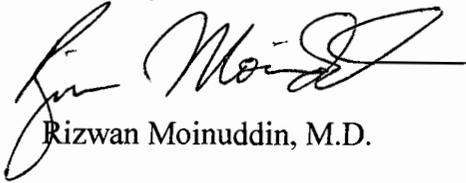
Our staff physicians referred 88 new patients for hemodialysis services over the past twelve months in this area. We were treating 221 hemodialysis patients at the end of 2012, 256 at the end of 2013, 263 at the end of 2014 and as of June 30, 2015 we were treating 277 hemodialysis patients. According to the AIN corporate office billing records, we have 247 Pre-ESRD patients in stage 3 and 4 living in the Chicago Heights area that I expect to begin dialysis in the next few years. However, because of the natural attrition of patients I anticipate that approximately 96 of these patients will begin dialysis in the first two years the Chicago Heights facility is operable.

I urge you to approve the proposed Chicago Heights dialysis clinic to maintain access to dialysis services close to home for the vulnerable patients living in Chicago Heights.

Thank you for your consideration.

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

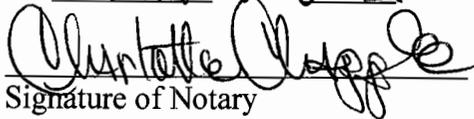
Sincerely,



Rizwan Moinuddin, M.D.

Notarization:

Subscribed and sworn to before me
this 15th day of October 2015



Signature of Notary

(Seal).



CHICAGO HEIGHTS FACILITY PROJECTED REFERRALS

| Zip Code | Patients |
|-----------------|-----------------|
| 60411 | 115 |
| 60422 | 9 |
| 60425 | 21 |
| 60430 | 19 |
| 60461 | 13 |
| 60466 | 39 |
| 60471 | 12 |
| 60475 | 17 |
| 60476 | 2 |
| Total | 247 |

There are 247 patients identified by AIN who live in the Chicago Heights area that could be expected to begin dialysis at the proposed facility within two years its opening. Due to patient attrition, I anticipate approximately 96 new patients to begin dialysis during that time.

**NEW REFERRALS OF AIN FOR
07/01/2014 THROUGH 06/30/2015**

| Zip Code | Fresenius Medical Care | | | | | DaVita | | Total |
|-----------------|-------------------------------|-----------------------|----------------------|--------------------|---------------|------------------------|-----------------------|--------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | |
| 46311 | | | 1 | | | | | 1 |
| 60409 | 1 | | 2 | | | | | 3 |
| 60411 | 1 | 4 | 5 | | 1 | 4 | | 15 |
| 60417 | | | | | 2 | | | 2 |
| 60419 | | | 2 | | | | | 2 |
| 60422 | 1 | | | | | | | 1 |
| 60423 | | | | | | | 2 | 2 |
| 60426 | 3 | 1 | 1 | | | 1 | | 6 |
| 60428 | 3 | | 2 | | 1 | | | 6 |
| 60429 | 1 | | 1 | | | 1 | | 3 |
| 60430 | 3 | | | | | | | 3 |
| 60438 | | | 1 | | | | | 1 |
| 60443 | 1 | 1 | | | | | 2 | 4 |
| 60445 | 1 | | | | | | | 1 |
| 60449 | | | | | 1 | | | 1 |
| 60461 | | 2 | | | | 1 | | 3 |
| 60466 | | 2 | 1 | | | | 2 | 5 |
| 60471 | | | | | 1 | | 1 | 2 |
| 60473 | | | 8 | | | | | 8 |
| 60475 | | | 1 | | | | | 1 |
| 60477 | 1 | | 1 | | | | | 2 |
| 60478 | 1 | | 1 | | | | | 2 |
| 60484 | | | 1 | | | | | 1 |
| 60608 | | 1 | | | | | | 1 |
| 60617 | | | 1 | 2 | | | | 3 |
| 60619 | | | | 1 | | | | 1 |
| 60628 | | | 2 | | | | | 2 |
| 60633 | | | 1 | | | | | 1 |
| 60642 | 1 | | | | | | | 1 |
| 60643 | 1 | | | | | | | 1 |
| 60649 | | | 1 | 1 | | | | 2 |
| 60651 | 1 | | | | | | | 1 |
| Total | 20 | 11 | 33 | 4 | 6 | 7 | 7 | 88 |

PATIENTS OF AIN AS OF DECEMBER 31, 2012

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 2 | | 13 | | | 1 | | | 1 | 17 |
| 60411 | 2 | 3 | 1 | | | 25 | 5 | 2 | | 38 |
| 60417 | | | 1 | | 2 | | | | | 3 |
| 60419 | 2 | | 9 | | | 3 | | | | 14 |
| 60422 | 2 | 1 | | | | | | | | 3 |
| 60425 | | | 2 | | | 3 | | | | 5 |
| 60426 | 8 | 1 | 5 | | | | | | | 14 |
| 60428 | 9 | | | | | 1 | | | | 10 |
| 60429 | 12 | | | | | | 1 | | | 13 |
| 60430 | 5 | 1 | 2 | | | 3 | | | | 11 |
| 60438 | 1 | | 8 | | | | | | 1 | 10 |
| 60443 | 5 | 2 | 1 | | | | | | | 8 |
| 60445 | 1 | | | | | | | | | 1 |
| 60451 | | | | | | | 1 | | | 1 |
| 60452 | | | 1 | | | | | | | 1 |
| 60466 | 2 | 3 | | | | 2 | 4 | | | 11 |
| 60471 | | | 1 | | | 1 | 2 | | | 4 |
| 60472 | 2 | | | | | | | | | 2 |
| 60473 | 2 | | 13 | | | | | | 2 | 17 |
| 60475 | | | | | 1 | | | | | 1 |
| 60477 | 2 | | | | | | | 1 | | 3 |
| 60478 | 7 | 1 | | | | | | 1 | | 9 |
| 60617 | | | 2 | 4 | | 1 | | | | 7 |
| 60619 | 1 | | | | | | | | | 1 |
| 60628 | 1 | | | 1 | | | | | | 2 |
| 60629 | | | 1 | | | | | | | 1 |
| 60633 | | | 2 | | | | | | | 2 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | | 1 | | | | | | 3 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 1 | | 4 | | | | | | | 5 |
| Total | 71 | 12 | 68 | 6 | 3 | 40 | 13 | 4 | 4 | 221 |

PATIENTS OF AIN AS DECEMBER 31, 2013

| Zip Code | Fresenius Medical Care | | | | | | DaVita | | | | Total |
|--------------|------------------------|-------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Chatham | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60401 | | | | | | 1 | | | | | 1 |
| 60406 | | | | 1 | | | | | | | 1 |
| 60409 | | 2 | | 12 | | | 1 | | | 1 | 16 |
| 60411 | | 3 | 8 | 7 | | 2 | 20 | 4 | 1 | | 45 |
| 60417 | 1 | | 2 | 1 | | 2 | | | | | 6 |
| 60419 | | 3 | | 11 | | | 1 | | | | 15 |
| 60422 | | 2 | 1 | 1 | | | 1 | | | | 5 |
| 60425 | | 2 | | 1 | | | 2 | | | | 5 |
| 60426 | | 9 | | 7 | | | | | | | 16 |
| 60428 | | 13 | | | | | 1 | | | | 14 |
| 60429 | | 14 | | 1 | | | | 1 | | | 16 |
| 60430 | | 7 | | 1 | | | 1 | | | | 9 |
| 60438 | | | | 9 | | | | | | 1 | 10 |
| 60443 | | 4 | 3 | 1 | | | | 3 | | | 11 |
| 60445 | | 2 | | | | | | | | | 2 |
| 60449 | | | 1 | | | | | | | | 1 |
| 60452 | | 1 | | | | | | | | | 1 |
| 60461 | | | | | | | | 1 | | | 1 |
| 60466 | | 1 | 1 | | | | 2 | 4 | | | 8 |
| 60471 | | | 5 | 1 | | | 1 | 2 | | | 9 |
| 60472 | | 1 | | | | | | | | | 1 |
| 60473 | | 1 | | 16 | | | | | | | 17 |
| 60475 | | | 1 | | | 1 | 1 | | | | 3 |
| 60477 | | 2 | | | | | | | 1 | | 3 |
| 60478 | | 9 | 1 | | | | | | 1 | | 11 |
| 60484 | | | 1 | | | | | | | | 1 |
| 60617 | | 1 | 1 | 2 | 3 | | | | | | 7 |
| 60628 | | 1 | | 1 | | | | | | | 2 |
| 60629 | | | | 1 | | | | | | | 1 |
| 60631 | | | | 1 | | | | | | | 1 |
| 60633 | | | | 3 | | | | | | | 3 |
| 60643 | | | | 1 | | | | | | | 1 |
| 60649 | | 2 | | | 4 | | | | | | 6 |
| 60653 | | 1 | | | | | | | | | 1 |
| 60827 | | 3 | | 3 | | | | | | | 6 |
| Total | 1 | 84 | 25 | 82 | 7 | 6 | 31 | 15 | 3 | 2 | 256 |

PATIENTS OF AIN AS DECEMBER 31, 2014

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 2 | | 14 | | | 1 | | | 1 | 18 |
| 60411 | 1 | 6 | 5 | | 1 | 19 | 4 | 1 | | 37 |
| 60417 | | 2 | 1 | | 2 | | | | | 5 |
| 60419 | 2 | | 11 | | | | | | 1 | 14 |
| 60422 | 2 | | 1 | | | 1 | 1 | | | 5 |
| 60425 | 3 | | 1 | | | 2 | 1 | | | 7 |
| 60426 | 7 | 1 | 7 | | | | | 1 | | 16 |
| 60428 | 13 | | 2 | | | | | | | 15 |
| 60429 | 13 | | 1 | | | 1 | 1 | 1 | | 17 |
| 60430 | 5 | | | | | 1 | | | | 6 |
| 60438 | | | 11 | | | | | | | 11 |
| 60443 | 5 | 6 | 1 | | | | 2 | | | 14 |
| 60445 | 2 | | | | | | | | | 2 |
| 60461 | | 1 | | | | 1 | 1 | | | 3 |
| 60466 | 1 | 6 | | | | 2 | 2 | | | 11 |
| 60471 | | 3 | 1 | | 1 | | 3 | | | 8 |
| 60473 | 1 | | 22 | | | | | | | 23 |
| 60475 | | 1 | | | 1 | 1 | | | | 3 |
| 60478 | 9 | 2 | | | | | | 2 | | 13 |
| 60487 | 1 | | | | | | | | | 1 |
| 60608 | | 1 | | | | | | | | 1 |
| 60617 | 2 | 1 | 3 | 2 | | | | | | 8 |
| 60620 | | 1 | | | | | | | | 1 |
| 60628 | 1 | | 1 | | | | | | | 2 |
| 60629 | | | 1 | | | 1 | | | | 2 |
| 60631 | | | 1 | | | | | | | 1 |
| 60633 | | | 2 | | | | | | | 2 |
| 60642 | 1 | | | | | | | | | 1 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | 1 | 3 | | | | | | 6 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 3 | | 3 | | | | | | | 6 |
| 61822 | 1 | | | | | | | | | 1 |
| Total | 78 | 31 | 92 | 5 | 5 | 30 | 15 | 5 | 2 | 263 |

PATIENTS OF AIN AS JUNE 30, 2015

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|-----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 3 | | 16 | | | 1 | | | 1 | 21 |
| 60411 | | 8 | 6 | | 3 | 22 | 3 | 1 | | 43 |
| 60417 | | 1 | 1 | | 3 | | | | | 5 |
| 60419 | 3 | | 11 | | | | | | 2 | 16 |
| 60422 | 2 | | 1 | | | 1 | 2 | | | 6 |
| 60423 | | | | | | | 1 | | | 1 |
| 60425 | 3 | | 1 | | | 2 | 1 | | | 7 |
| 60426 | 9 | 2 | 5 | | | 1 | | 1 | | 18 |
| 60428 | 13 | | 2 | | 1 | | | | | 16 |
| 60429 | 13 | | 1 | | | | | | | 14 |
| 60430 | 4 | | | | | 1 | | | | 5 |
| 60438 | | | 10 | | | | | | | 10 |
| 60443 | 5 | 4 | 1 | | | | 2 | | | 12 |
| 60445 | 2 | | | | | | | | | 2 |
| 60449 | | | | | 1 | | | | | 1 |
| 60453 | | 1 | | | | | | | | 1 |
| 60461 | | 2 | | | | 1 | 1 | | | 4 |
| 60466 | | 6 | | | | 2 | 1 | | | 9 |
| 60471 | | 3 | 1 | | | | 3 | | | 7 |
| 60473 | | | 22 | | | | | | | 22 |
| 60475 | | | | | 2 | | | | | 2 |
| 60477 | 2 | | | | | | | | | 2 |
| 60478 | 9 | 2 | 1 | | | | | 1 | | 13 |
| 60484 | | | | | | | 1 | | | 1 |
| 60608 | | 1 | | | | | | | | 1 |
| 60612 | | | 1 | | | | | | | 1 |
| 60616 | 1 | | | 1 | | | | | | 2 |
| 60617 | 2 | 1 | 2 | 3 | | | | | | 8 |
| 60619 | | | | 1 | | | | | | 1 |
| 60620 | | 1 | | | | | | | | 1 |
| 60621 | | | | 1 | | | | | | 1 |
| 60628 | | | 2 | | | | | | | 2 |
| 60629 | | | 1 | | | 1 | | | | 2 |
| 60633 | | | 3 | | | | | | | 3 |
| 60636 | | 1 | | | | | | | | 1 |
| 60638 | | | | 1 | | | | | | 1 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | 1 | 2 | | 1 | | | | 6 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 3 | | 3 | | | | | | | 6 |
| Total | 77 | 33 | 94 | 9 | 10 | 33 | 15 | 3 | 3 | 277 |

Service Accessibility – Service Restrictions

Additional access to life saving dialysis services is needed in the Chicago Heights Federally Designated Medically Underserved Area where clinics are over-utilized and residents have a higher than average propensity to be diagnosed with kidney failure. The proposed Fresenius Medical Care Chicago Heights ESRD facility will improve access for residents of this south suburban community and will address a need for an additional 81 stations in HSA 7 as of the September 2015 station inventory.

Existing Facilities

| Facility | Address | City | Zip Code | MapQuest | | MapQuest x1.15 | Aug-15 Stations | Jun-15 Patients | Jun-15 Utilization |
|---|----------------------------|----------------------|--------------|--------------|-----------|----------------|-----------------|-----------------|--------------------|
| | | | | Miles | Time | | | | |
| DaVita Chicago Hgts | 177 E Joe Orr Rd | Chicago Heights | 60411 | 1.67 | 4 | 4.6 | 16 | 78 | 81.25% |
| Fresenius So Suburban | 2601 Lincoln Hwy | Olympia Fields | 60461 | 2.52 | 5 | 5.75 | 27 | 138 | 85.19% |
| Fresenius Steger¹ | 219 E 34th St | Steger | 60475 | 2.75 | 6 | 6.9 | 18 | 67 | 62.04% |
| DaVita Olympia Fields | 4557 Lincoln Hwy | Matteson | 60443 | 5.09 | 10 | 11.5 | 24 | 86 | 59.72% |
| DaVita Harvey | 16657 Halsted St | Harvey | 60426 | 6.21 | 12 | 13.8 | 18 | 66 | 61.11% |
| DaVita Hazel Crest | 3470 183rd St | Hazel Crest | 60429 | 6.61 | 12 | 13.8 | 19 | 92 | 80.70% |
| Fresenius Hazel Crest | 17524 E Carriageway Dr | Hazel Crest | 60429 | 7.51 | 13 | 14.95 | 16 | 83 | 86.46% |
| DaVita Country Hills | 4215 W 167th | Country Club Hills | 60478 | 9.86 | 17 | 19.55 | 24 | 106 | 73.61% |
| Fresenius So Holland² | 17225 Paxton Ave | South Holland | 60473 | 11.45 | 18 | 20.7 | 24 | 98 | 68.06% |
| DaVita So Holland³ | 16136 S Park Ave | South Holland | 60473 | 8.84 | 19 | 21.85 | 24 | 120 | 83.33% |
| DaVita Tinley Park⁴ | 16767 S 80th Avenue | Tinley Park | 60477 | 12.63 | 21 | 24.15 | 12 | 0 | - |
| Fresenius Oak Forest | 5340 W 159th St | Oak Forest | 60452 | 12.69 | 21 | 24.15 | 12 | 41 | 56.94% |
| Fresenius Mokena | 8910 W 192nd St | Mokena | 60448 | 13.27 | 22 | 25.3 | 12 | 56 | 77.78% |
| Concerto | 14255 S. Cicero Ave | Crestwood | 60445 | 13.79 | 23 | 26.45 | 9 | 38 | 70.37% |
| Fresenius Alsip | 12250 S Cicero Ave | Alsip | 60803 | 15.65 | 23 | 26.45 | 20 | 83 | 69.17% |
| Fresenius Crestwood | 4861 West Cal Sag Rd | Crestwood | 60445 | 15.89 | 24 | 27.6 | 24 | 97 | 67.36% |
| Fresenius Roseland | 132 W 111th St | Chicago | 60628 | 18.75 | 25 | 28.75 | 12 | 71 | 98.61% |
| Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 60803 | 14.82 | 26 | 29.9 | 24 | 104 | 72.22% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 60617 | 19.23 | 26 | 29.9 | 20 | 45 | 37.50% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 60617 | 20.49 | 26 | 29.9 | 32 | 140 | 72.92% |
| | | | | | | | 387 | 1,609 | |

- 1) Fresenius Steger was approved to add 6 stations per #15-001 which are not yet operable resulting in its current utilization being 93%.
- 2) Fresenius South Holland was approved to add 5 stations per #15-034 which are not yet operable resulting in its current utilization being 85%.
- 3) DaVita South Holland was approved to add 4 stations per #15-025 which are not yet operable resulting in its current utilization being 100%.
- 4) DaVita Tinley Park was approved for a 12-station facility per #14-042, and is not yet operable.

There are 20 dialysis clinics considered to be within 30 minutes “normal” travel time of the proposed Chicago Heights facility. Of these, 6 are over 80% utilization and 3 are currently full waiting for construction of approved expansions to address current patient volume and pre-ESRD patients from other physicians/areas. Five are in the 70% range. This accounts for 75% of the area clinics currently operating near or above 80%. One clinic is not yet in operation. That clinic was supported by a different physician group than the one supporting this application. The numerous expansions in progress combined with high utilization of many remaining clinics illustrate the continued high incidence of End Stage Renal Disease in the Chicago Heights area.

Area Population

Chicago Heights is Federally Designated Medically Underserved Area (MUA) 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.)

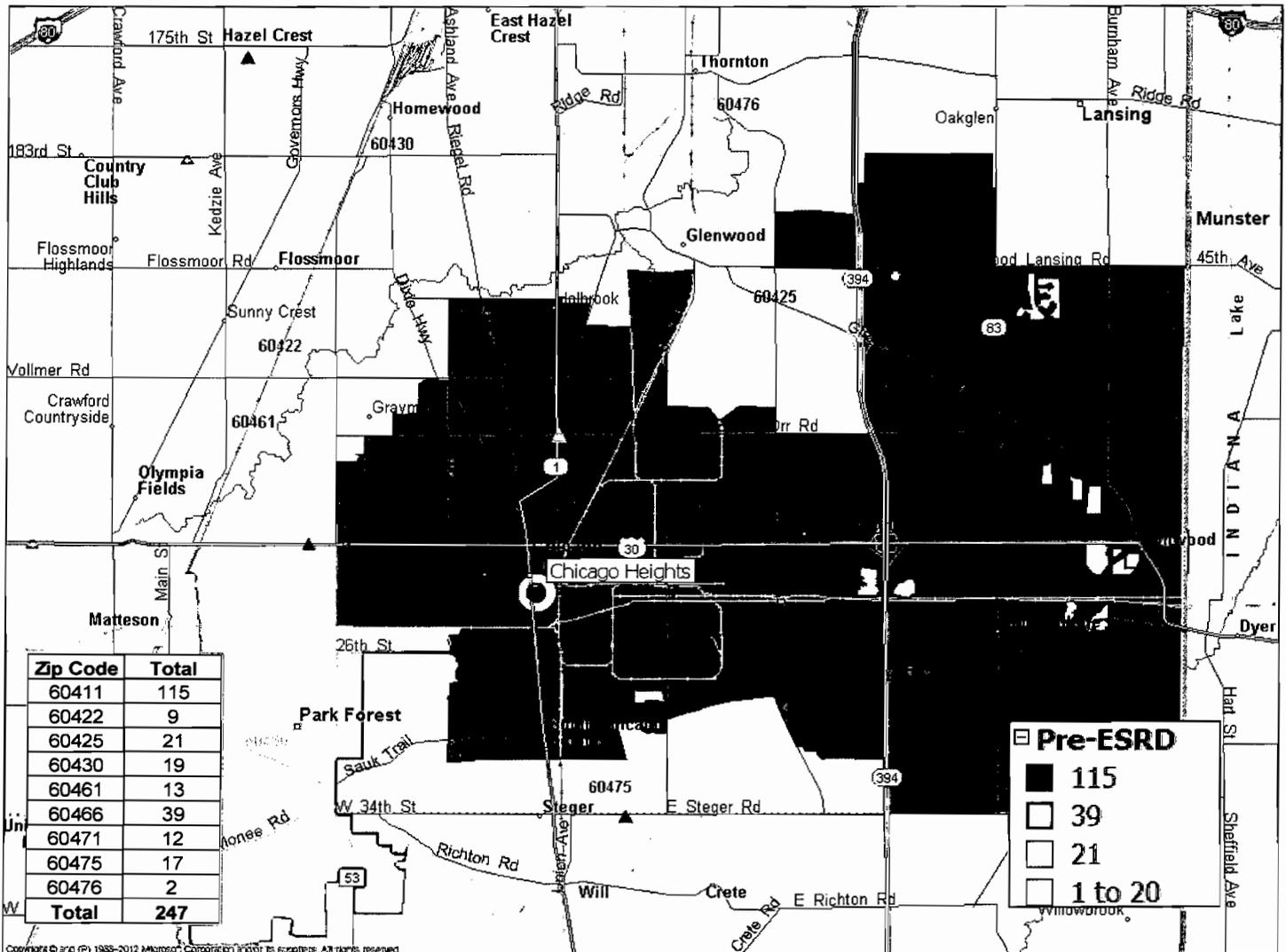
Chicago Heights is 49% African American and 24% Hispanic. African American's are three times more likely to develop kidney failure and Hispanics are 1.5 times more likely than the general population.

Patient Payor Status

Due to the area's low income status, patients here are often uninsured or are Medicaid recipients. 21% of the residents of Chicago Heights have no health insurance and 42% of residents rely on public insurance. 24% of Chicago Heights families are living below the poverty level and are receiving government food assistance.

According to a study published in the National Kidney Foundation's *American Journal of Kidney Diseases*, African American's who live below the poverty level are 2-3 times more likely to develop kidney failure than poor white Americans. Access needs to be maintained where these patients live to address the higher than average number of residents requiring dialysis services here. Fresenius Medical Care offers Chronic Kidney Disease (CKD) classes for patients in early stages of kidney disease to educate patients and keep the kidneys healthy and functioning longer which would be an asset to this fragile patient population.

Demographics of 247 Pre-ESRD Patients Identified for Fresenius Chicago Heights



Almost half of the patients identified for the Chicago Heights facility live in the Chicago Heights zip code where the two closest facilities (Fresenius South Suburban and DaVita Chicago Heights) are operating at high utilization. The chosen site will provide access in a MUA exhibiting high utilization and incidence of ESRD.


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

Powered by the HRSA Data Warehouse

Print Close

Find Shortage Areas: HPSA & MUA/P by Address

Reported location: 25 Independence Dr, Chicago Heights, Illinois, 60411

(---- Input location: 25 independence, chicago heights, 60411)

| | |
|---|---|
| In a Primary Care Health Professional Shortage Area: Yes | |
| Primary Care HPSA Name: | Chicago Heights |
| Primary Care HPSA ID: | 1179991703 |
| Primary Care HPSA Status: | Designated |
| Primary Care HPSA Score: | 12 |
| Primary Care HPSA Designation Date: | 1978/10/26 |
| Primary Care HPSA Designation Last Update Date: | 2012/01/05 |
| In a Mental Health Professional Shortage Area: No | |
| In a Dental Care Health Professional Shortage Area: Yes | |
| Dental Health HPSA Name: | Low Income - Cottage Grove |
| Dental Health HPSA ID: | 617999170J |
| Dental Health HPSA Status: | Designated |
| Dental Health HPSA Score: | 13 |
| Dental Health HPSA Designation Date: | 2001/06/28 |
| Dental Health HPSA Designation Last Update Date: | 2012/05/16 |
| In a Medically Underserved Area/Population: Yes | |
| MUA/P Service Area Name: | Chicago Heights/Ford Heights Service Area |
| MUA/P ID: | 00832 |
| State Name: | Illinois |
| County Name: | Cook |
| County Subdivision Name: | Bloom |
| Census Tract Number: | 828900 [Additional result analysis] |
| ZIP Code: | 60411 |
| Post Office Name: | Chicago Heights |
| Congressional District Name: | Illinois District 02 |
| Congressional District Representative Name: | Robin L. Kelly |

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 9/16/2015) in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to <http://answers.hrsa.gov>.



National Kidney Foundation®

AFRICAN AMERICANS AND KIDNEY DISEASE

Due to high rates of diabetes, high blood pressure and heart disease, Blacks and African Americans have an increased risk of developing kidney failure. African Americans need to be aware of these risk factors and visit their doctor or clinic regularly to check their blood sugar, blood pressure, urine protein and kidney function.

- Blacks and African Americans suffer from kidney failure at a significantly higher rate than Caucasians - more than 3 times higher
- African Americans constitute more than 32% of all patients in the U.S. receiving dialysis for kidney failure, but only represent 13% of the overall U.S. population.
- Diabetes is the leading cause of kidney failure in African Americans. African Americans are twice as likely to be diagnosed with diabetes as Caucasians. Approximately 4.9 million African Americans over 20 years of age are living with either diagnosed or undiagnosed diabetes.
- Additionally, 12.6% percent of all African Americans over 20 years of age have diagnosed diabetes, compared with 7.1% of Caucasians.
- The most common type of diabetes in African Americans is type 2 diabetes. The risk factors for this type of diabetes include: family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than Caucasians. African Americans are also more likely to develop serious complications such as heart disease and strokes.
- High blood pressure is the second leading cause of kidney failure among African Americans, and remains the leading cause of death due to its link with heart attacks and strokes.

Updated April 2014

Sources of Facts and Statistics:

United States Renal Data System (<http://www.usrds.org>), **Centers for Disease Control and Prevention** (<http://www.cdc.gov>), **National Diabetes Education Program** (<http://ndep.nih.gov/>), **National Institute of Diabetes and Digestive and Kidney Diseases** (<http://www2.niddk.nih.gov>), **National Institutes of Health** (<http://diabetes.niddk.nih.gov>), **United States Census Bureau** (<http://www.census.gov>), **The U.S. Department of Health and Human Services Department of Minority Health** (<http://www.minorityhealth.hhs.gov>)



National Kidney Foundation®

LOW INCOME LINKED TO HIGHER LEVELS OF KIDNEY DISEASE IN AFRICAN AMERICANS

Black Americans who live below the poverty line feel the impact beyond basic needs such as food and shelter. Low income is more strongly associated with chronic kidney disease among African Americans than it is among whites, according to a study published in the National Kidney Foundation's *American Journal of Kidney Diseases*.

African Americans already have a three to four-fold increased risk of developing kidney failure over whites, but the new study indicates that being poor may be a unique indicator of kidney disease risk for African Americans.

Poverty and African Americans

"Our overarching hypothesis is that there's something different about being poor for African Americans," said Deidra Crews, MD, Assistant Professor of Medicine at Johns Hopkins University School of Medicine's Division of Nephrology. "While poor whites are impacted by kidney disease as well, we assume that the cause is obesity and diabetes. Once we adjust for those conditions, the association disappears. That leads to the argument that there's something different, un-adjustable, in terms of what it means to be poor and African American."

The study included 22,800 black and white adults living in cities across the United States. Participants underwent extensive laboratory testing, including markers of kidney disease and answered questions about their income and health.

Key Findings

Results showed that African Americans who had incomes of less than \$20,000 had more than three times the risk of excessive protein in the urine -- an indicator of chronic kidney disease-- than African Americans earning more than \$75,000. These findings were adjusted for age, sex, diabetes, high blood pressure and lifestyle factors such as obesity and smoking.

Those with incomes between \$20,000 and \$35,000 had more than double the risk of kidney damage when compared to higher income African Americans. This trend was not seen among whites.

Importance of Screening

"This study's findings highlight how important it is for low income African Americans to be screened for chronic kidney disease and its risk factors. Clinicians should consider asking their patients about their socioeconomic status to help determine their likelihood of developing kidney disease," said Thomas Manley, Director of Scientific Activities for the National Kidney Foundation.

"This information could also help clinicians advise their 'at risk' patients appropriately," continued Manley. "It's important for clinicians to recognize patients with limited resources so that they can adjust their recommendations for lifestyle modifications that can reduce risk for kidney disease. Advising low income patients to join a gym or purchase expensive, healthy foods is unlikely to be effective. Clinicians need to discuss a variety of healthier options with these patients that can be accomplished within their financial means."



National Kidney Foundation®

HISPANICS AND KIDNEY DISEASE

Hispanics are at greater risk for kidney disease and kidney failure than White Americans. In fact, Hispanics are 1½ times more likely to have kidney failure compared to other Americans. In 2010, 13% of new kidney failure patients were Hispanic.

Researchers do not fully understand why Hispanics are at a higher risk for kidney disease. However, 10% of Hispanic Americans have **diabetes** ([/atoz/content/diabeteswyska](#)), which is the leading cause of kidney disease. **High blood pressure** ([/atoz/atozTopic_HighBloodPressure](#)), diet, obesity, and access to healthcare may also play a role.

What is kidney disease?

Healthy kidneys have many important jobs. They remove waste products and extra water from your body, help make red blood cells, help keep your bones healthy and help control blood pressure. When you have kidney disease, kidney damage keeps the kidneys from doing these important jobs the way they should. Kidney damage may be due to a physical injury or a disease like diabetes, high blood pressure, or other health problems.

If you have kidney disease, you may need to take medicines, limit salt and certain foods in your diet, get regular exercise, and more.

Finding and treating your kidney disease early can help slow or even stop kidney disease from getting worse. But if your kidney disease gets worse, it can lead to kidney failure. If your kidneys fail, you will need dialysis or a kidney transplant to stay alive.

Can anyone get kidney disease?

Yes. Anyone can get kidney disease at any age. But some people are more likely than others to get it, including Hispanics. Your chances of getting kidney disease are greater if you have diabetes, high blood pressure, a family history of chronic kidney disease, are obese, or 60 years or older. Being Hispanic also means you are at greater risk. The more risk factors you have, the greater your chances of getting kidney disease.

Why are Hispanics at greater risk for kidney disease?

Hispanics are almost twice as likely to have diabetes as white Americans; in fact 10% of Hispanic Americans have diabetes. In older Hispanics diabetes is even more common—about 1 in 4 Hispanics over 45 years has diabetes. Having diabetes can lead to kidney disease and kidney failure, and diabetes causes kidney failure more often in Hispanics than in white Americans.

High blood pressure is also a serious problem for Hispanics. Nearly 1 in 4 Hispanics has high blood pressure and do not recognize the relationship between high blood pressure and kidney disease.

How does access to healthcare play a role?

Hispanics may have less access to healthcare than other Americans. For example, nearly 2 in 5 Hispanics are uninsured. Many Hispanics do not even know they have kidney disease until it's in the latest stages. By then it is too late to slow or stop the kidney damage from getting worse.

What to do?

Not all Hispanics will get kidney disease. And not everyone who has diabetes, high blood pressure, heart disease, older age, or a family history of kidney disease will get it. But if you have any of these risk factors you should:

- Get tested for kidney disease. There are two **simple tests** ([/kidneydisease/twosimpletests](#)) for kidney disease:
 - A simple urine test checks to see if you have protein in your urine. Your body needs protein. But it should be in the blood, not the urine. Having a small amount of protein in your urine may mean that your kidneys are not filtering your blood well enough. This can be an early sign of kidney disease.
 - A simple blood test for GFR, which stands for **glomerular filtration rate** ([/atoz/content/gfr](#)). Your GFR number tells you how well your kidneys are

working. The lab estimates your GFR using a simple blood test called creatinine (a waste product), along with your age, race, and gender.

- Get tested for diabetes, high blood pressure, and heart disease. If you don't know whether you have diabetes, high blood pressure, or heart disease, it's important for you to find out.
- Live a healthy lifestyle. Be sure to exercise, eat a healthy diet, lose weight if needed, avoid smoking, and limit alcohol. A healthy lifestyle can keep you from getting kidney disease, and it can also help slow or stop kidney disease from getting worse.

If you would like more information, please **contact us** (<http://www.kidney.org/about/contact>).

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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 60411

| Subject | Number | Percent |
|------------------------|--------|---------|
| SEX AND AGE | | |
| Total population | 58,136 | 100.0 |
| Under 5 years | 4,602 | 7.9 |
| 5 to 9 years | 4,759 | 8.2 |
| 10 to 14 years | 5,109 | 8.8 |
| 15 to 19 years | 5,239 | 9.0 |
| 20 to 24 years | 3,953 | 6.8 |
| 25 to 29 years | 3,659 | 6.3 |
| 30 to 34 years | 3,693 | 6.4 |
| 35 to 39 years | 3,724 | 6.4 |
| 40 to 44 years | 3,652 | 6.3 |
| 45 to 49 years | 3,846 | 6.6 |
| 50 to 54 years | 3,962 | 6.8 |
| 55 to 59 years | 3,272 | 5.6 |
| 60 to 64 years | 2,615 | 4.5 |
| 65 to 69 years | 1,894 | 3.3 |
| 70 to 74 years | 1,432 | 2.5 |
| 75 to 79 years | 1,116 | 1.9 |
| 80 to 84 years | 869 | 1.5 |
| 85 years and over | 740 | 1.3 |
| Median age (years) | 32.3 | (X) |
| 16 years and over | 42,556 | 73.2 |
| 18 years and over | 40,350 | 69.4 |
| 21 years and over | 37,540 | 64.6 |
| 62 years and over | 7,505 | 12.9 |
| 65 years and over | 6,051 | 10.4 |
| Male population | | |
| Under 5 years | 2,375 | 4.1 |
| 5 to 9 years | 2,463 | 4.2 |
| 10 to 14 years | 2,651 | 4.6 |
| 15 to 19 years | 2,729 | 4.7 |
| 20 to 24 years | 1,987 | 3.4 |
| 25 to 29 years | 1,745 | 3.0 |
| 30 to 34 years | 1,740 | 3.0 |
| 35 to 39 years | 1,687 | 2.9 |
| 40 to 44 years | 1,701 | 2.9 |
| 45 to 49 years | 1,808 | 3.1 |
| 50 to 54 years | 1,861 | 3.2 |
| 55 to 59 years | 1,532 | 2.6 |
| 60 to 64 years | 1,238 | 2.1 |
| 65 to 69 years | 855 | 1.5 |
| 70 to 74 years | 612 | 1.1 |

| | | |
|--|--------|-------|
| 75 to 79 years | 464 | 0.8 |
| 80 to 84 years | 343 | 0.6 |
| 85 years and over | 241 | 0.4 |
| Median age (years) | 30.2 | (X) |
| 16 years and over | 19,971 | 34.4 |
| 18 years and over | 18,835 | 32.4 |
| 21 years and over | 17,380 | 29.9 |
| 62 years and over | 3,178 | 5.5 |
| 65 years and over | 2,515 | 4.3 |
| Female population | 30,104 | 51.8 |
| Under 5 years | 2,227 | 3.8 |
| 5 to 9 years | 2,296 | 3.9 |
| 10 to 14 years | 2,458 | 4.2 |
| 15 to 19 years | 2,510 | 4.3 |
| 20 to 24 years | 1,966 | 3.4 |
| 25 to 29 years | 1,914 | 3.3 |
| 30 to 34 years | 1,953 | 3.4 |
| 35 to 39 years | 2,037 | 3.5 |
| 40 to 44 years | 1,951 | 3.4 |
| 45 to 49 years | 2,038 | 3.5 |
| 50 to 54 years | 2,101 | 3.6 |
| 55 to 59 years | 1,740 | 3.0 |
| 60 to 64 years | 1,377 | 2.4 |
| 65 to 69 years | 1,039 | 1.8 |
| 70 to 74 years | 820 | 1.4 |
| 75 to 79 years | 652 | 1.1 |
| 80 to 84 years | 526 | 0.9 |
| 85 years and over | 499 | 0.9 |
| Median age (years) | 34.3 | (X) |
| 16 years and over | 22,585 | 38.8 |
| 18 years and over | 21,515 | 37.0 |
| 21 years and over | 20,160 | 34.7 |
| 62 years and over | 4,327 | 7.4 |
| 65 years and over | 3,536 | 6.1 |
| RACE | | |
| Total population | 58,136 | 100.0 |
| One Race | 56,488 | 97.2 |
| White | 20,733 | 35.7 |
| Black or African American | 28,666 | 49.3 |
| American Indian and Alaska Native | 270 | 0.5 |
| Asian | 241 | 0.4 |
| Asian Indian | 49 | 0.1 |
| Chinese | 14 | 0.0 |
| Filipino | 73 | 0.1 |
| Japanese | 14 | 0.0 |
| Korean | 14 | 0.0 |
| Vietnamese | 33 | 0.1 |
| Other Asian [1] | 44 | 0.1 |
| Native Hawaiian and Other Pacific Islander | 21 | 0.0 |
| Native Hawaiian | 8 | 0.0 |
| Guamanian or Chamorro | 2 | 0.0 |
| Samoan | 8 | 0.0 |
| Other Pacific Islander [2] | 3 | 0.0 |
| Some Other Race | 6,557 | 11.3 |

| | | |
|--|--------|-------|
| Two or More Races | 1,648 | 2.8 |
| White; American Indian and Alaska Native [3] | 87 | 0.1 |
| White; Asian [3] | 45 | 0.1 |
| White; Black or African American [3] | 599 | 1.0 |
| White; Some Other Race [3] | 399 | 0.7 |
| Race alone or in combination with one or more other races: [4] | | |
| White | 22,002 | 37.8 |
| Black or African American | 29,738 | 51.2 |
| American Indian and Alaska Native | 600 | 1.0 |
| Asian | 377 | 0.6 |
| Native Hawaiian and Other Pacific Islander | 51 | 0.1 |
| Some Other Race | 7,174 | 12.3 |
| HISPANIC OR LATINO | | |
| Total population | 58,136 | 100.0 |
| Hispanic or Latino (of any race) | 13,846 | 23.8 |
| Mexican | 12,504 | 21.5 |
| Puerto Rican | 532 | 0.9 |
| Cuban | 27 | 0.0 |
| Other Hispanic or Latino [5] | 783 | 1.3 |
| Not Hispanic or Latino | 44,290 | 76.2 |
| HISPANIC OR LATINO AND RACE | | |
| Total population | 58,136 | 100.0 |
| Hispanic or Latino | 13,846 | 23.8 |
| White alone | 6,035 | 10.4 |
| Black or African American alone | 402 | 0.7 |
| American Indian and Alaska Native alone | 188 | 0.3 |
| Asian alone | 27 | 0.0 |
| Native Hawaiian and Other Pacific Islander alone | 4 | 0.0 |
| Some Other Race alone | 6,464 | 11.1 |
| Two or More Races | 726 | 1.2 |
| Not Hispanic or Latino | 44,290 | 76.2 |
| White alone | 14,698 | 25.3 |
| Black or African American alone | 28,264 | 48.6 |
| American Indian and Alaska Native alone | 82 | 0.1 |
| Asian alone | 214 | 0.4 |
| Native Hawaiian and Other Pacific Islander alone | 17 | 0.0 |
| Some Other Race alone | 93 | 0.2 |
| Two or More Races | 922 | 1.6 |
| RELATIONSHIP | | |
| Total population | 58,136 | 100.0 |
| In households | 57,329 | 98.6 |
| Householder | 18,935 | 32.6 |
| Spouse [6] | 7,612 | 13.1 |
| Child | 21,329 | 36.7 |
| Own child under 18 years | 14,388 | 24.7 |
| Other relatives | 6,581 | 11.3 |
| Under 18 years | 3,121 | 5.4 |
| 65 years and over | 565 | 1.0 |
| Nonrelatives | 2,872 | 4.9 |
| Under 18 years | 262 | 0.5 |
| 65 years and over | 117 | 0.2 |
| Unmarried partner | 1,387 | 2.4 |
| In group quarters | 807 | 1.4 |
| Institutionalized population | 623 | 1.1 |
| Male | 331 | 0.6 |

| | | |
|---|--------|-------|
| Female | 292 | 0.5 |
| Noninstitutionalized population | 184 | 0.3 |
| Male | 118 | 0.2 |
| Female | 66 | 0.1 |
| HOUSEHOLDS BY TYPE | | |
| Total households | 18,935 | 100.0 |
| Family households (families) [7] | 13,882 | 73.3 |
| With own children under 18 years | 6,884 | 36.4 |
| Husband-wife family | 7,612 | 40.2 |
| With own children under 18 years | 3,521 | 18.6 |
| Male householder, no wife present | 1,397 | 7.4 |
| With own children under 18 years | 599 | 3.2 |
| Female householder, no husband present | 4,873 | 25.7 |
| With own children under 18 years | 2,764 | 14.6 |
| Nonfamily households [7] | 5,053 | 26.7 |
| Householder living alone | 4,258 | 22.5 |
| Male | 1,930 | 10.2 |
| 65 years and over | 473 | 2.5 |
| Female | 2,328 | 12.3 |
| 65 years and over | 1,071 | 5.7 |
| Households with individuals under 18 years | 8,233 | 43.5 |
| Households with individuals 65 years and over | 4,593 | 24.3 |
| Average household size | 3.03 | (X) |
| Average family size [7] | 3.56 | (X) |
| HOUSING OCCUPANCY | | |
| Total housing units | 21,400 | 100.0 |
| Occupied housing units | 18,935 | 88.5 |
| Vacant housing units | 2,465 | 11.5 |
| For rent | 773 | 3.6 |
| Rented, not occupied | 29 | 0.1 |
| For sale only | 395 | 1.8 |
| Sold, not occupied | 38 | 0.2 |
| For seasonal, recreational, or occasional use | 38 | 0.2 |
| All other vacants | 1,192 | 5.6 |
| Homeowner vacancy rate (percent) [8] | 3.1 | (X) |
| Rental vacancy rate (percent) [9] | 10.7 | (X) |
| HOUSING TENURE | | |
| Occupied housing units | 18,935 | 100.0 |
| Owner-occupied housing units | 12,496 | 66.0 |
| Population in owner-occupied housing units | 36,876 | (X) |
| Average household size of owner-occupied units | 2.95 | (X) |
| Renter-occupied housing units | 6,439 | 34.0 |
| Population in renter-occupied housing units | 20,453 | (X) |
| Average household size of renter-occupied units | 3.18 | (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



DP03

SELECTED ECONOMIC CHARACTERISTICS

2009-2013 American Community Survey 5-Year Estimates

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

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

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

| Subject | Chicago Heights city, Illinois | | | |
|--|--------------------------------|-----------------|---------|-------------------------|
| | Estimate | Margin of Error | Percent | Percent Margin of Error |
| EMPLOYMENT STATUS | | | | |
| Population 16 years and over | 22,603 | +/-528 | 22,603 | (X) |
| In labor force | 14,142 | +/-547 | 62.6% | +/-1.8 |
| Civilian labor force | 14,142 | +/-547 | 62.6% | +/-1.8 |
| Employed | 11,629 | +/-562 | 51.4% | +/-2.1 |
| Unemployed | 2,513 | +/-345 | 11.1% | +/-1.5 |
| Armed Forces | 0 | +/-24 | 0.0% | +/-0.1 |
| Not in labor force | 8,461 | +/-423 | 37.4% | +/-1.8 |
| Civilian labor force | 14,142 | +/-547 | 14,142 | (X) |
| Percent Unemployed | (X) | (X) | 17.8% | +/-2.4 |
| Females 16 years and over | | | | |
| Population 16 years and over | 11,850 | +/-425 | 11,850 | (X) |
| In labor force | 6,702 | +/-420 | 56.6% | +/-2.8 |
| Civilian labor force | 6,702 | +/-420 | 56.6% | +/-2.8 |
| Employed | 5,568 | +/-457 | 47.0% | +/-3.4 |
| Own children under 6 years | 2,617 | +/-353 | 2,617 | (X) |
| All parents in family in labor force | 1,667 | +/-310 | 63.7% | +/-8.4 |
| Own children 6 to 17 years | 5,953 | +/-417 | 5,953 | (X) |
| All parents in family in labor force | 4,266 | +/-513 | 71.7% | +/-6.4 |
| COMMUTING TO WORK | | | | |
| Workers 16 years and over | 11,309 | +/-568 | 11,309 | (X) |
| Car, truck, or van -- drove alone | 8,616 | +/-525 | 76.2% | +/-2.7 |
| Car, truck, or van -- carpooled | 1,509 | +/-233 | 13.3% | +/-2.0 |
| Public transportation (excluding taxicab) | 629 | +/-168 | 5.6% | +/-1.5 |
| Walked | 303 | +/-147 | 2.7% | +/-1.3 |
| Other means | 155 | +/-69 | 1.4% | +/-0.6 |
| Worked at home | 97 | +/-57 | 0.9% | +/-0.5 |
| Mean travel time to work (minutes) | 26.0 | +/-1.6 | (X) | (X) |
| OCCUPATION | | | | |
| Civilian employed population 16 years and over | 11,629 | +/-562 | 11,629 | (X) |

| | Estimate | Margin of Error | Percent | Percent Margin of Error |
|--|----------|-----------------|---------|-------------------------|
| Management, business, science, and arts occupations | 2,649 | +/-314 | 22.8% | +/-2.5 |
| Service occupations | 2,710 | +/-358 | 23.3% | +/-2.7 |
| Sales and office occupations | 2,591 | +/-332 | 22.3% | +/-2.5 |
| Natural resources, construction, and maintenance occupations | 1,119 | +/-199 | 9.6% | +/-1.7 |
| Production, transportation, and material moving occupations | 2,560 | +/-331 | 22.0% | +/-2.9 |
| INDUSTRY | | | | |
| Civilian employed population 16 years and over | 11,629 | +/-562 | 11,629 | (X) |
| Agriculture, forestry, fishing and hunting, and mining | 10 | +/-14 | 0.1% | +/-0.1 |
| Construction | 813 | +/-173 | 7.0% | +/-1.5 |
| Manufacturing | 1,904 | +/-316 | 16.4% | +/-2.7 |
| Wholesale trade | 204 | +/-96 | 1.8% | +/-0.8 |
| Retail trade | 1,232 | +/-213 | 10.6% | +/-1.7 |
| Transportation and warehousing, and utilities | 643 | +/-136 | 5.5% | +/-1.2 |
| Information | 178 | +/-114 | 1.5% | +/-1.0 |
| Finance and insurance, and real estate and rental and leasing | 514 | +/-130 | 4.4% | +/-1.1 |
| Professional, scientific, and management, and administrative and waste management services | 1,077 | +/-250 | 9.3% | +/-2.1 |
| Educational services, and health care and social assistance | 3,031 | +/-422 | 26.1% | +/-3.1 |
| Arts, entertainment, and recreation, and accommodation and food services | 1,012 | +/-240 | 8.7% | +/-2.0 |
| Other services, except public administration | 515 | +/-130 | 4.4% | +/-1.2 |
| Public administration | 496 | +/-134 | 4.3% | +/-1.2 |
| CLASS OF WORKER | | | | |
| Civilian employed population 16 years and over | 11,629 | +/-562 | 11,629 | (X) |
| Private wage and salary workers | 9,905 | +/-567 | 85.2% | +/-2.3 |
| Government workers | 1,432 | +/-238 | 12.3% | +/-2.1 |
| Self-employed in own not incorporated business workers | 292 | +/-115 | 2.5% | +/-1.0 |
| Unpaid family workers | 0 | +/-24 | 0.0% | +/-0.3 |
| INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS) | | | | |
| Total households | 9,978 | +/-364 | 9,978 | (X) |
| Less than \$10,000 | 1,574 | +/-255 | 15.8% | +/-2.4 |
| \$10,000 to \$14,999 | 387 | +/-104 | 3.9% | +/-1.1 |
| \$15,000 to \$24,999 | 1,235 | +/-228 | 12.4% | +/-2.2 |
| \$25,000 to \$34,999 | 994 | +/-202 | 10.0% | +/-2.0 |
| \$35,000 to \$49,999 | 1,404 | +/-256 | 14.1% | +/-2.4 |
| \$50,000 to \$74,999 | 2,033 | +/-271 | 20.4% | +/-2.8 |
| \$75,000 to \$99,999 | 1,183 | +/-173 | 11.9% | +/-1.8 |
| \$100,000 to \$149,999 | 907 | +/-175 | 9.1% | +/-1.7 |
| \$150,000 to \$199,999 | 135 | +/-60 | 1.4% | +/-0.6 |
| \$200,000 or more | 126 | +/-70 | 1.3% | +/-0.7 |
| Median household income (dollars) | 43,102 | +/-2,752 | (X) | (X) |
| Mean household income (dollars) | 52,375 | +/-3,295 | (X) | (X) |
| With earnings | | | | |
| Mean earnings (dollars) | 7,533 | +/-340 | 75.5% | +/-2.4 |
| Mean earnings (dollars) | 55,126 | +/-4,159 | (X) | (X) |
| With Social Security | | | | |
| Mean Social Security income (dollars) | 2,677 | +/-224 | 26.8% | +/-2.2 |
| Mean Social Security income (dollars) | 15,792 | +/-955 | (X) | (X) |
| With retirement income | | | | |
| Mean retirement income (dollars) | 1,759 | +/-201 | 17.6% | +/-2.0 |
| Mean retirement income (dollars) | 20,000 | +/-2,792 | (X) | (X) |
| With Supplemental Security Income | | | | |
| Mean Supplemental Security Income (dollars) | 679 | +/-145 | 6.8% | +/-1.4 |
| Mean Supplemental Security Income (dollars) | 8,941 | +/-1,115 | (X) | (X) |
| With cash public assistance income | | | | |
| Mean cash public assistance income (dollars) | 577 | +/-138 | 5.8% | +/-1.4 |

| | Estimate | Margin of Error | Percent | Percent Margin of Error |
|--|---------------|-----------------|--------------|-------------------------|
| Mean cash public assistance income (dollars) | 3,271 | +/-836 | (X) | (X) |
| With Food Stamp/SNAP benefits in the past 12 months | 2,501 | +/-264 | 25.1% | +/-2.6 |
| Families | 7,003 | +/-252 | 7,003 | (X) |
| Less than \$10,000 | 760 | +/-169 | 10.9% | +/-2.3 |
| \$10,000 to \$14,999 | 245 | +/-88 | 3.5% | +/-1.3 |
| \$15,000 to \$24,999 | 744 | +/-135 | 10.6% | +/-1.9 |
| \$25,000 to \$34,999 | 769 | +/-172 | 11.0% | +/-2.5 |
| \$35,000 to \$49,999 | 1,006 | +/-207 | 14.4% | +/-2.8 |
| \$50,000 to \$74,999 | 1,512 | +/-222 | 21.6% | +/-3.2 |
| \$75,000 to \$99,999 | 934 | +/-174 | 13.3% | +/-2.5 |
| \$100,000 to \$149,999 | 792 | +/-161 | 11.3% | +/-2.3 |
| \$150,000 to \$199,999 | 135 | +/-60 | 1.9% | +/-0.9 |
| \$200,000 or more | 106 | +/-63 | 1.5% | +/-0.9 |
| Median family income (dollars) | 49,426 | +/-4,424 | (X) | (X) |
| Mean family income (dollars) | 58,837 | +/-4,436 | (X) | (X) |
| Per capita income (dollars) | 18,121 | +/-1,254 | (X) | (X) |
| Nonfamily households | 2,975 | +/-329 | 2,975 | (X) |
| Median nonfamily income (dollars) | 23,688 | +/-3,503 | (X) | (X) |
| Mean nonfamily income (dollars) | 33,419 | +/-3,295 | (X) | (X) |
| Median earnings for workers (dollars) | 25,189 | +/-1,761 | (X) | (X) |
| Median earnings for male full-time, year-round workers (dollars) | 37,224 | +/-3,128 | (X) | (X) |
| Median earnings for female full-time, year-round workers (dollars) | 33,320 | +/-3,013 | (X) | (X) |
| HEALTH INSURANCE COVERAGE | | | | |
| Civilian noninstitutionalized population | 30,083 | +/-132 | 30,083 | (X) |
| With health insurance coverage | 23,860 | +/-655 | 79.3% | +/-2.1 |
| With private health insurance | 13,770 | +/-948 | 45.8% | +/-3.1 |
| With public coverage | 12,764 | +/-887 | 42.4% | +/-2.9 |
| No health insurance coverage | 6,223 | +/-646 | 20.7% | +/-2.1 |
| Civilian noninstitutionalized population under 18 years | 9,017 | +/-495 | 9,017 | (X) |
| No health insurance coverage | 689 | +/-250 | 7.6% | +/-2.7 |
| Civilian noninstitutionalized population 18 to 64 years | 17,946 | +/-502 | 17,946 | (X) |
| In labor force: | 13,518 | +/-550 | 13,518 | (X) |
| Employed: | 11,149 | +/-548 | 11,149 | (X) |
| With health insurance coverage | 8,458 | +/-542 | 75.9% | +/-2.9 |
| With private health insurance | 7,226 | +/-534 | 64.8% | +/-3.3 |
| With public coverage | 1,548 | +/-313 | 13.9% | +/-2.8 |
| No health insurance coverage | 2,691 | +/-344 | 24.1% | +/-2.9 |
| Unemployed: | 2,369 | +/-324 | 2,369 | (X) |
| With health insurance coverage | 1,165 | +/-212 | 49.2% | +/-7.3 |
| With private health insurance | 518 | +/-143 | 21.9% | +/-5.9 |
| With public coverage | 669 | +/-167 | 28.2% | +/-5.9 |
| No health insurance coverage | 1,204 | +/-261 | 50.8% | +/-7.3 |
| Not in labor force: | 4,428 | +/-391 | 4,428 | (X) |
| With health insurance coverage | 2,845 | +/-317 | 64.3% | +/-5.0 |
| With private health insurance | 1,271 | +/-243 | 28.7% | +/-5.0 |
| With public coverage | 1,719 | +/-288 | 38.8% | +/-5.7 |
| No health insurance coverage | 1,583 | +/-271 | 35.7% | +/-5.0 |

| | Estimate | Margin of Error | Percent | Percent Margin of Error |
|--|----------|-----------------|---------|-------------------------|
| PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL | | | | |
| All families | (X) | (X) | 23.7% | +/-3.2 |
| With related children under 18 years | (X) | (X) | 34.2% | +/-5.2 |
| With related children under 5 years only | (X) | (X) | 25.5% | +/-12.5 |
| Married couple families | (X) | (X) | 11.1% | +/-3.8 |
| With related children under 18 years | (X) | (X) | 18.6% | +/-7.0 |
| With related children under 5 years only | (X) | (X) | 0.0% | +/-13.8 |
| Families with female householder, no husband present | (X) | (X) | 41.5% | +/-7.3 |
| With related children under 18 years | (X) | (X) | 52.7% | +/-9.6 |
| With related children under 5 years only | (X) | (X) | 41.4% | +/-19.5 |
| All people | (X) | (X) | 29.0% | +/-3.6 |
| Under 18 years | (X) | (X) | 42.4% | +/-6.3 |
| Related children under 18 years | (X) | (X) | 42.3% | +/-6.3 |
| Related children under 5 years | (X) | (X) | 40.5% | +/-9.9 |
| Related children 5 to 17 years | (X) | (X) | 42.9% | +/-6.9 |
| 18 years and over | (X) | (X) | 23.4% | +/-2.9 |
| 18 to 64 years | (X) | (X) | 25.3% | +/-3.1 |
| 65 years and over | (X) | (X) | 12.2% | +/-4.1 |
| People in families | (X) | (X) | 27.4% | +/-4.1 |
| Unrelated individuals 15 years and over | (X) | (X) | 38.9% | +/-5.3 |

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

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

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

Census occupation codes are 4-digit codes and are based on the Standard Occupational Classification (SOC). The Census occupation codes for 2010 and later years are based on the 2010 revision of the SOC. To allow for the creation of 2009-2013 tables, occupation data in the multiyear files (2009-2013) were recoded to 2013 Census occupation codes. We recommend using caution when comparing data coded using 2013 Census occupation codes with data coded using Census occupation codes prior to 2010. For more information on the Census occupation code changes, please visit our website at <http://www.census.gov/people/io/methodology/>.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2009-2013 and 2011-2013 tables, industry data in the multiyear files (2009-2013 and 2011-2013) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at <http://www.census.gov/people/io/methodology/>.

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Unnecessary Duplication/Maldistribution

| Population Within 30 Minutes | |
|---------------------------------|----------------|
| Zip Code | Population |
| 60401 | 7,797 |
| 60406 | 25,460 |
| 60409 | 37,186 |
| 60411 | 58,136 |
| 60417 | 15,547 |
| 60419 | 22,788 |
| 60422 | 9,403 |
| 60423 | 30,423 |
| 60425 | 9,117 |
| 60426 | 29,594 |
| 60428 | 12,203 |
| 60429 | 15,630 |
| 60430 | 20,094 |
| 60438 | 28,884 |
| 60443 | 21,145 |
| 60445 | 26,057 |
| 60448 | 24,423 |
| 60449 | 9,217 |
| 60451 | 34,063 |
| 60452 | 27,969 |
| 60453 | 56,855 |
| 60461 | 4,836 |
| 60463 | 14,671 |
| 60466 | 22,115 |
| 60468 | 6,116 |
| 60469 | 5,930 |
| 60471 | 14,101 |
| 60472 | 5,390 |
| 60473 | 22,439 |
| 60475 | 9,870 |
| 60476 | 2,391 |
| 60477 | 38,161 |
| 60478 | 16,833 |
| 60484 | 6,829 |
| 60487 | 26,928 |
| 60617 | 84,155 |
| 60628 | 72,202 |
| 60633 | 12,927 |
| 60803 | 22,285 |
| 60827 | 27,946 |
| 60940 | 3,369 |
| Total | 941,485 |

1) The establishment of Fresenius Chicago Heights in the medically underserved area of Chicago Heights will not result in unnecessary duplication because facilities serving Chicago Heights are operating at high utilization rates (see list of facilities within 30 minutes on following page), some are at capacity and are pending expansion to address current patient populations, and there is a determined need for 81 additional stations in HSA 7.

2) Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Chicago Heights is one station per every 2,431 residents. The State ratio is 1 station per 3,085 residents. Even though the Chicago Heights area ratio is higher than the State ratio maldistribution will not occur due to the higher incidence of kidney disease in the Chicago Heights area. One out of every 400 Chicago Heights area residents requires dialysis therapy vs the State prevalence of 1 out of 795 residents. Further confirmation is the determined need for an additional 81 stations in HSA 7.

Due to the combined above factors, the area's designation as medically underserved, and 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 Chicago Heights facility are pre-ESRD patients of Associates in Nephrology (AIN) in the far south suburbs of Chicago. The AIN physicians treat the majority of patients in the area at the Fresenius South Suburban and DaVita Chicago Heights facilities. These clinic's high utilization has created a lack of access for patients in the underserved community of Chicago Heights. There will not be a negative effect on any area facility but rather positive one. The Chicago Heights facility will open up much needed access to alleviate high area utilization. No patients have been identified to transfer from any other area facilities.

Facilities Within 30 Minutes Travel Time of Fresenius Medical Care Chicago Heights

| Facility | Address | City | Zip Code | MapQuest | | MapQuest x1.15 | Aug-15 Stations | Jun-15 Patients | Jun-15 Utilization |
|---|----------------------------|----------------------|--------------|--------------|-----------|----------------|-----------------|-----------------|--------------------|
| | | | | Miles | Time | | | | |
| DaVita Chicago Hgts | 177 E Joe Orr Rd | Chicago Heights | 60411 | 1.67 | 4 | 4.6 | 16 | 78 | 81.25% |
| Fresenius So Suburban | 2601 Lincoln Hwy | Olympia Fields | 60461 | 2.52 | 5 | 5.75 | 27 | 138 | 85.19% |
| Fresenius Steger¹ | 219 E 34th St | Steger | 60475 | 2.75 | 6 | 6.9 | 18 | 67 | 62.04% |
| DaVita Olympia Fields | 4557 Lincoln Hwy | Matteson | 60443 | 5.09 | 10 | 11.5 | 24 | 86 | 59.72% |
| DaVita Harvey | 16657 Halsted St | Harvey | 60426 | 6.21 | 12 | 13.8 | 18 | 66 | 61.11% |
| DaVita Hazel Crest | 3470 183rd St | Hazel Crest | 60429 | 6.61 | 12 | 13.8 | 19 | 92 | 80.70% |
| Fresenius Hazel Crest | 17524 E Carriageway Dr | Hazel Crest | 60429 | 7.51 | 13 | 14.95 | 16 | 83 | 86.46% |
| DaVita Country Hills | 4215 W 167th | Country Club Hills | 60478 | 9.86 | 17 | 19.55 | 24 | 106 | 73.61% |
| Fresenius So Holland² | 17225 Paxton Ave | South Holland | 60473 | 11.45 | 18 | 20.7 | 24 | 98 | 68.06% |
| DaVita So Holland³ | 16136 S Park Ave | South Holland | 60473 | 8.84 | 19 | 21.85 | 24 | 120 | 83.33% |
| DaVita Tinley Park⁴ | 16767 S 80th Avenue | Tinley Park | 60477 | 12.63 | 21 | 24.15 | 12 | 0 | - |
| Fresenius Oak Forest | 5340 W 159th St | Oak Forest | 60452 | 12.69 | 21 | 24.15 | 12 | 41 | 56.94% |
| Fresenius Mokena | 8910 W 192nd St | Mokena | 60448 | 13.27 | 22 | 25.3 | 12 | 56 | 77.78% |
| Concerto | 14255 S. Cicero Ave | Crestwood | 60445 | 13.79 | 23 | 26.45 | 9 | 38 | 70.37% |
| Fresenius Alsip | 12250 S Cicero Ave | Alsip | 60803 | 15.65 | 23 | 26.45 | 20 | 83 | 69.17% |
| Fresenius Crestwood | 4861 West Cal Sag Rd | Crestwood | 60445 | 15.89 | 24 | 27.6 | 24 | 97 | 67.36% |
| Fresenius Roseland | 132 W 111th St | Chicago | 60628 | 18.75 | 25 | 28.75 | 12 | 71 | 98.61% |
| Merrionette Park | 11650 S Kedzie Ave | Merrionette Park | 60803 | 14.82 | 26 | 29.9 | 24 | 104 | 72.22% |
| Fresenius South Deering | 10559 S Torrence Avenue | Chicago | 60617 | 19.23 | 26 | 29.9 | 20 | 45 | 37.50% |
| DaVita Stony Island | 8725 S Stony Island Ave | Chicago | 60617 | 20.49 | 26 | 29.9 | 32 | 140 | 72.92% |
| | | | | | | | 387 | 1,609 | |

- 1) Fresenius Steger was approved to add 6 stations per #15-001 which are not yet operable resulting in its current utilization being 93%.
- 2) Fresenius South Holland was approved to add 5 stations per #15-034 which are not yet operable resulting in its current utilization being 85%.
- 3) DaVita South Holland was approved to add 4 stations per #15-025 which are not yet operable resulting in its current utilization being 100%.
- 4) DaVita Tinley Park was approved for a 12-station facility per #14-042, and is not yet operable.

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 Chicago Heights, I certify the following:

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



Signature

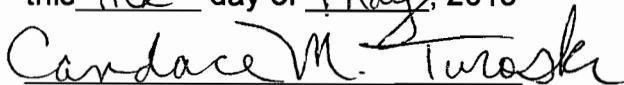
Teri Gurchiek

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 11th day of May, 2015



Signature of Notary



Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Rizwan Moinuddin will be the Medical Director for the proposed Fresenius Chicago Heights 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.

RIZWAN MOINUDDIN, D.O.

EDUCATION Interventional Nephrology Fellowship, University of Arizona-Arizona Kidney Disease and Hypertension Center

700 E. Broadway Blvd, Suite 100
Tucson, AZ 85719
October 2008-June 2009

Nephrology Fellowship, University of Arizona

1501 N Campbell Ave
Tucson, AZ 85724
October 2006-September 2008

Residency, Internal Medicine, Loyola University Medical Center

2160 South First Avenue
Maywood, IL 60153
June 2003-June 2006

D.O., Chicago College of Osteopathic Medicine

555 31st Street
Downers Grove, IL 60515
September 1999- June 2003

June 1998-August 1999 Sabbatical and applying to Medical Schools

B.A., University of Chicago

Major: Biology, graduated with honors
5801 South Ellis Avenue
Hyde Park, IL 60637
September 1994- June 1998

**LICENSE/
CERTIFICATE**

Illinois Physician and Surgeon License- August 2005
Illinois CS-pending
Arizona Osteopathic Physician and Surgeon's License-February 2007
Federal DEA-2006

ABIM Eligible-Scheduled August 2009

Rizwan K. Moimuddin, DO
CV cont.

**WORK
EXPERIENCE**

Physician, Associates in Nephrology, S.C.
210 South Desplaines 1st FL.
Chicago, IL 60661
August 2009-

Internal Medicine Hospitalist, Loyola University Medical Center
2160 1st Avenue,
Maywood, IL 60153
July 2006-September 2006

**RESEARCH/
TEACHING
EXPERIENCE**

CCOM-Department of Biochemistry
Student Teaching Assistant for P.A., O.T., and P.T. programs
Aided Students in all lectured concepts in Biochemistry. Gave lectures,
Held review sessions.
July 2000 – October 2000

University of Chicago Hospitals-ENT Nasal Physiology Lab
Research Coordinator- promoted from Research Assistant
Coordinated approximately 20 projects. Performed studies. Analyzed
and prepared data. Presented report of analysis. Delegated
responsibilities among 3 research assistants.
August 1998 – August 1999

University of Chicago
Student Teaching Assistant, Department of Biology
Held weekly office hours. Lead review sessions. Graded papers.
Lectured on Nutrition and Cancer.
• *March 1999 – June 1999*
Bio 272: Nutrition from Birth to Adulthood
• *October 1997 – June 1998*
Bio 160: Ecology and Evolution
Bio 114: Physiology
Bio 258: Neuropharmacology

AWARDS

Superior Performance grade on fellowship evaluation.
Honors for focusing on teaching medical students as a resident.

Biochemistry award for best performance and displaying outstanding ability in
the Basic Science course by the Department of Biochemistry at CCOM *Awarded*
September 2000

Columbia Healthcare Scholarship, 1994-1998
Illinois Merit Scholarship, 1994

Awarded a grant to travel to San Antonio for the American Academy of
Otolaryngic Allergy convention held in September 1998 based on research work
done in ENT and proficiency in the use of Acoustic Rhinometry.

Rizwan K. Moinuddin, DO
CV cont.

PUBLICATIONS Moinuddin R, deTineo M, Maleckar B, Naclerio RM, Baroody FM.
"Comparison of the combinations of fexofenadine-pseudoephedrine and
loratadine-montelukast in the treatment of seasonal allergic rhinitis." *Ann
Allergy Asthma Immunol.* 2004 Jan;92(1):73-9.

Rechtweg JS, Moinuddin R, Houser SM, Mamikoglu B, Corey JP. "Quality of
life in treatment of acute rhinosinusitis with clarithromycin and
amoxicillin/clavulanate." *Laryngoscope.* 2004 May;114(5):806-10.

Gungor A, Houser SM, Aquino BF, Akbar I, Moinuddin R, Mamikoglu B,
Corey JP. "A comparison of skin endpoint titration and skin-prick testing in the
diagnosis of allergic rhinitis." *Ear Nose Throat J.* 2004 Jan;83(1):54-60.

Moinuddin R., Mamikoglu B., Barkatullah S., Corey J. "Detection of the nasal
cycle." *Am J Rhinol.* 2001 Jan-Feb;15(1):35-9.

Houser SM, Mamikoglu B, Aquino BF, Moinuddin R, Corey JP. "Acoustic
rhinometry findings in patients with mild sleep apnea." *Otolaryngol Head Neck
Surg.* 2002 May;126(5):475-80.

McFadden E., Gungor A., Ng B, Mamikoglu B., Moinuddin R., Corey J.
"Loratadine/ pseudoephedrine for nasal symptoms in seasonal allergic rhinitis: A
double-blind, placebo-controlled study." *Ear, Nose & Throat J.* 2000
April;79(4):256-267.

Kemker B., Xiu L., Gungor A., Moinuddin R., Corey J. "Effect of nasal surgery
on the nasal cavity as determined by acoustic rhinometry." *Otolaryngol Head
Neck Surg.* 1999 Nov;121(5):567-71.

Anastasi J., Moinuddin R., Daugherty C. "The juxtaposition of ABL with BCR
and risk for fusion may come at the time of BCR replication in late S-phase.
Blood. 1999 Aug 1;94(3):1137-8.

Gungor A., Moinuddin R., Nelson R, Corey J. "Detection of the nasal cycle
with acoustic rhinometry: techniques and applications." *Otolaryngol Head Neck
Surg.* 1999 Feb;120(2):238-47.

Most recent research: Comparing Fistula and Graft thrombectomies and there
outcomes.

Professional Memberships:

American Society of Diagnostic and Interventional Nephrology, January 2009-
American Society of Nephrology, October 2006-
American College of Physicians, July 2007-

Criterion 1110.1430 (f) – Support Services

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

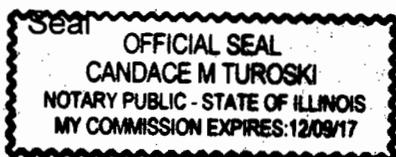
- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Medical Care Chicago Heights during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Advocate South Suburban Hospital, Olympia Fields:
 - 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 May, 2015


Signature of Notary



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Chicago Heights 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 Chicago Heights will have 12 dialysis stations thereby meeting this requirement.

**TRANSFER AGREEMENT
BETWEEN
ADVOCATE HEALTH AND HOSPITALS CORPORATION
d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL
AND
FRESENIUS MEDICAL CARE**

THIS AGREEMENT is entered into this 18th day of June, 2015, between ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL, an Illinois not-for-profit corporation, hereinafter referred to as "ASSH", and FRESENIUS MEDICAL CARE, on behalf of its facilities listed in Exhibit A of this Agreement, hereinafter referred to as "FRESENIUS".

WHEREAS, ASSH is licensed under Illinois law as an acute care hospital and provides inpatient care, routine and emergency dialysis and emergency medical care;

WHEREAS, FRESENIUS is certified to operate as a renal dialysis facility under the Medicare End Stage Renal Disease ("ESRD") Program and, if required, as a properly licensed medical facility under state laws and regulations;

WHEREAS, ASSH and FRESENIUS desire to cooperate in the transfer of patients between ASSH and FRESENIUS, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from FRESENIUS to ASSH, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 This Agreement shall be effective from the date it is entered into, and shall remain in full force and effect for an initial term of one (1) year. **Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).**

II. TERMINATION

2.1 Either party may terminate this Agreement at any time with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 FRESSENIUS agrees:

a. That FRESSENIUS shall refer and transfer patients to ASSH for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for FRESSENIUS, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact ASSH's Emergency Department Nursing Coordinator prior to transport, to verify the transport and acceptance of the emergency patient by ASSH. The decision to accept the transfer of the emergency patient shall be made by ASSH's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of ASSH's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. FRESSENIUS agrees that ASSH shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at ASSH. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by ASSH to the Emergency Physician and/or Accepting Physician;

c. That FRESSENIUS shall be responsible for affecting the transfer of all patients referred to ASSH under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer; and

f. To maintain and provide proof to ASSH of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and

Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 ASSH agrees:

- a. To accept and admit in a timely manner, subject to bed availability, FRESENIUS patients referred for medical treatment, as more fully described in Section 3.1;
- b. To accept patients from FRESENIUS in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at FRESENIUS;
- c. That ASSH will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;
- d. That ASSH shall provide FRESENIUS patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and
- e. To maintain and provide proof to FRESENIUS of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, FRESENIUS shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to ASSH, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of ASSH and FRESENIUS shall remain the property of each respective institution.

4.2 Personal Effects. FRESENIUS shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to ASSH. ASSH shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at ASSH.

4.3 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between

the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either ASSH or FRESENIUS. The governing body of ASSH and FRESENIUS shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.4 Publicity and Advertising. Neither the name of ASSH nor FRESENIUS shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.5 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/802101 et seq., as may be amended from time to time.

4.6 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.7 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.8 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.9 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.10 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of ASSH and FRESENIUS with respect to the services to be provided

hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.11 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.12 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.13 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on ASSH shall be served at or mailed to: Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois 60429, Attention: President, with a copy to Advocate Health Care, Senior Vice President and General Counsel, 3075 Highland Parkway, Suite 600, Downers Grove, Illinois 60515 unless otherwise instructed. Notices to be served on FRESINIUS shall be mailed to Fresenius Medical Care, 3500 Lacey Road, Suite 900, Downers Grove, IL 60515, Attn: Lori Wright, with a copy to Fresenius Medical Care North America, 920 Winter Street, Waltham, MA 02451-1457, Attn: Corporate Legal Department.

IN WITNESS WHEREOF, this Agreement has been executed by ASSH and FRESINIUS on the date first above written.

ADVOCATE HEALTH AND HOSPITALS CORPORATION
d/b/a ADVOCATE SOUTH SUBURBAN HOSPITAL

BY: 
NAME: Rich Heim
TITLE: President, Advocate South Suburban Hospital

FRESINIUS MEDICAL CARE

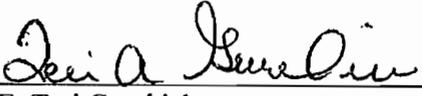
BY: 
NAME: Teri Gurchick
TITLE: Regional Vice President

EXHIBIT A

FRESENIUS SITES

Oak Forest, Illinois

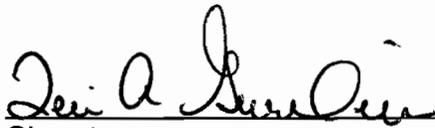
Chicago Heights, Illinois

Criterion 1110.1430 (j) – Assurances

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

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

and the same is expected for Fresenius Medical Care Chicago Heights.

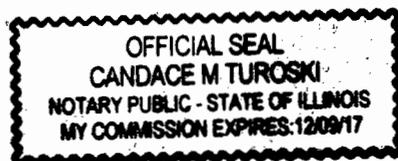

Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 11th day of May, 2015


Signature of Notary

Seal



**15 E. Independence Investment, 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**

October 5, 2015

VIA E-MAIL ONLY

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

Teri Gurchiek
 Fresenius Medical Care
 3500 Lacey Road, 9th Floor
 Downers Grove, IL 60515

Re: Chicago Heights Fresenius Medical Care Facility (approximately 9,657 square feet)
 1 – 25 E. Independence Drive, Chicago Heights, IL 60411
 PIN Number 32-20-431-022-0000 (the "Premises")

Dear Bill and Teri:

On behalf of 15 E. Independence Investment, 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.

- Premises:** 1 – 25 E. Independence Drive, Chicago Heights, IL 60411, PIN Number 32-20-431-022-0000
- Building:** New construction 9,657 square foot "Turnkey" dialysis treatment facility located at the Premises ("Building"). Note, the usable square footage is 8,779 and the rentable square footage is 9,657.
- Term:** Fifteen (15) years, (approximately 9,657 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 \$32.44 per square foot NNN.

| | | Monthly Rent |
|---------|---------------|--------------|
| Year 1 | | \$26,105.40 |
| Year 2 | 2.5% Increase | \$26,758.03 |
| Year 3 | 2.5% Increase | \$27,426.98 |
| Year 4 | 2.5% Increase | \$28,112.66 |
| Year 5 | 2.5% Increase | \$28,815.48 |
| Year 6 | 2.5% Increase | \$29,535.86 |
| Year 7 | 2.5% Increase | \$30,274.26 |
| Year 8 | 2.5% Increase | \$31,031.11 |
| Year 9 | 2.5% Increase | \$31,806.89 |
| Year 10 | 2.5% Increase | \$32,602.07 |
| Year 11 | 2.5% Increase | \$33,417.12 |
| Year 12 | 2.5% Increase | \$34,252.54 |
| Year 13 | 2.5% Increase | \$35,108.86 |
| Year 14 | 2.5% Increase | \$35,986.58 |
| Year 15 | 2.5% Increase | \$36,886.24 |

William Popken
Teri Gurchiek
Fresenius Medical Care
Chicago Heights, Illinois
October 5, 2015
Page 2

Commencement Date: The Term will commence on the earlier of: (i) thirty (30) days after Landlord achieves substantial completion of the Building 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 pursuant to the Fresenius IN CENTER BUILDING SHELL WITH INTERIOR BUILD-OUT TURNKEY requirements.

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 Heights 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 Heights 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 **January 31, 2016**. 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,

Letter of Intent for Leased Space

ATTACHMENT 36

William Popken
Teri Gurchick
Fresenius Medical Care
Chicago Heights, Illinois
October 5, 2015
Page 3

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 **January 31, 2016**, 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 no 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 October 16, 2015 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,



Arden S. Weitzman
15 E. Independence Investment, L.L.C.

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

ACCEPTED AND AGREED on this _____ day of _____ 2015

Fresenius Medical Care, USA

By: _____
Name: _____
Its: _____

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.

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island and are the same financials that pertain to this application. In order to reduce buld these financials can be referred to if necessary.

Likewise, 2013 Financial Statements were submitted with #14-029 and 2013 Financial Statements were submitted with #13-040.

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 | | | | | | | | | |
| Contingency | <i>NOT APPLICABLE – Total cost of modernization is being incurred by the landlord and will be paid back over the term of the lease as rent.</i> | | | | | | | | |
| Total Clinical | | | | | | | | | |
| Non Clinical | | | | | | | | | |
| Contingency | | | | | | | | | |
| Total Non | | | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2018

| | |
|--|--------------------|
| Estimated Personnel Expense: | \$746,496 |
| Estimated Medical Supplies: | \$160,164 |
| Estimated Other Supplies (Exc. Dep/Amort): | \$638,668 |
| | <u>\$1,545,328</u> |
| Estimated Annual Treatments: | 8,986 |
| Cost Per Treatment: | \$171.97 |

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

Year 2018

| | |
|----------------------------|------------|
| Depreciation/Amortization: | \$175,000 |
| Interest | <u>\$0</u> |
| Capital Costs: | \$175,000 |
| Treatments: | 8,986 |
| Capital Cost per Treatment | \$19.47 |

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: *Dei A. Swedlin*

Title: REGIONAL VICE PRESIDENT/Manager

Notarization:

Subscribed and sworn to before me
this 11th day of May, 2015

Candace M. Turanski
Signature of Notary

Seal

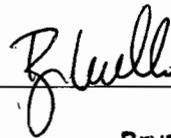


Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

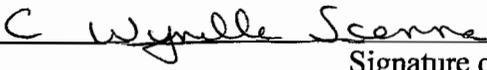
The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing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

By: 
Title: Bryan Mello
Assistant Treasurer

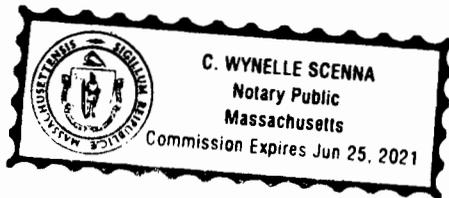
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

Signature of Notary  Signature of Notary

Seal

Seal



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: *Dei A. Jurek*

ITS: REGIONAL VICE PRESIDENT/manager

Notarization:

Subscribed and sworn to before me
this 11th day of May, 2015

Candace M. Turoski
Signature of Notary

Seal



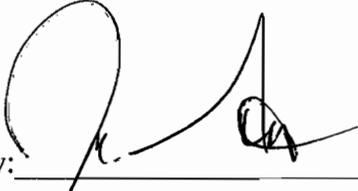
Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: 
ITS: Mark Fawcett
Senior Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

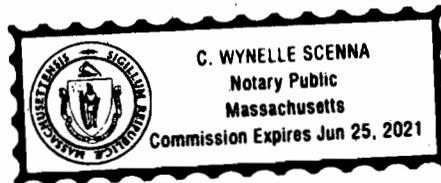
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

Notarization:
Subscribed and sworn to before me
this 15 day of May, 2015

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Safety Net Impact Statement

The establishment of the Fresenius Medical Care Chicago Heights dialysis facility will not have any impact on safety net services in the Chicago Heights area of Cook County. 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 pursuant to an Indigent Waiver policy. 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 patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. 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. 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.

| CHARITY CARE | | | |
|--|---------------|------------------|------------------|
| Net Revenue | \$387,393,758 | \$398,570,288 | \$411,981,839 |
| | | | |
| | 2012 | 2013 | 2014 |
| Charity * | | | |
| (# of self-pay patients) | 203 | 499 ¹ | 251 ² |
| | | | |
| Charity (cost in dollars) | \$1,536,372 | \$5,346,976 | \$5,211,664 |
| | | | |
| Ratio Charity Care Cost to Net Patient Revenue | 0.40% | 1.34% | 1.27% |
| | | | |
| MEDICAID | | | |
| | | | |
| | 2012 | 2013 | 2014 |
| | | | |
| Medicaid (# of patients) ³ | 1,705 | 1,660 | 750 |
| | | | |
| Medicaid (revenue) | 36,254,633 | 31,373,534 | 22,027,882 |
| | | | |
| Ratio Medicaid to Net Patient Revenue | 9.36% | 7.87% | 5.35% |

Note:

- 1) 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.
- 2) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 3) Medicaid number of patients is decreasing due to an effort to assist patients in signing up for health insurance in the Healthcare Marketplace.

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. Self-pay patients are invoiced and then the accounts written off as bad debt.

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 | | | |
|---|----------------------|----------------------|----------------------|
| | 2012 | 2013 | 2014 |
| Net Patient Revenue | \$387,393,758 | \$398,570,288 | \$411,981,839 |
| Amount of Charity Care (charges) | \$1,566,380 | \$5,346,976 | \$5,211,664 |
| Cost of Charity Care | \$1,566,380 | \$5,346,976 | \$5,211,664 |
| Ratio Charity Care Cost to Net Patient Revenue | .40% | 1.34% | 1.27% |

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.

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. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient’s insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

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

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

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

IL Medicaid and Undocumented patients

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

emergency.

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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



Trip to:

177 E Joe Orr Rd

Chicago Heights, IL 60411

1.67 miles / 4 minutes

Notes

TO DAVITA CHICAGO HEIGHTS



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Notes

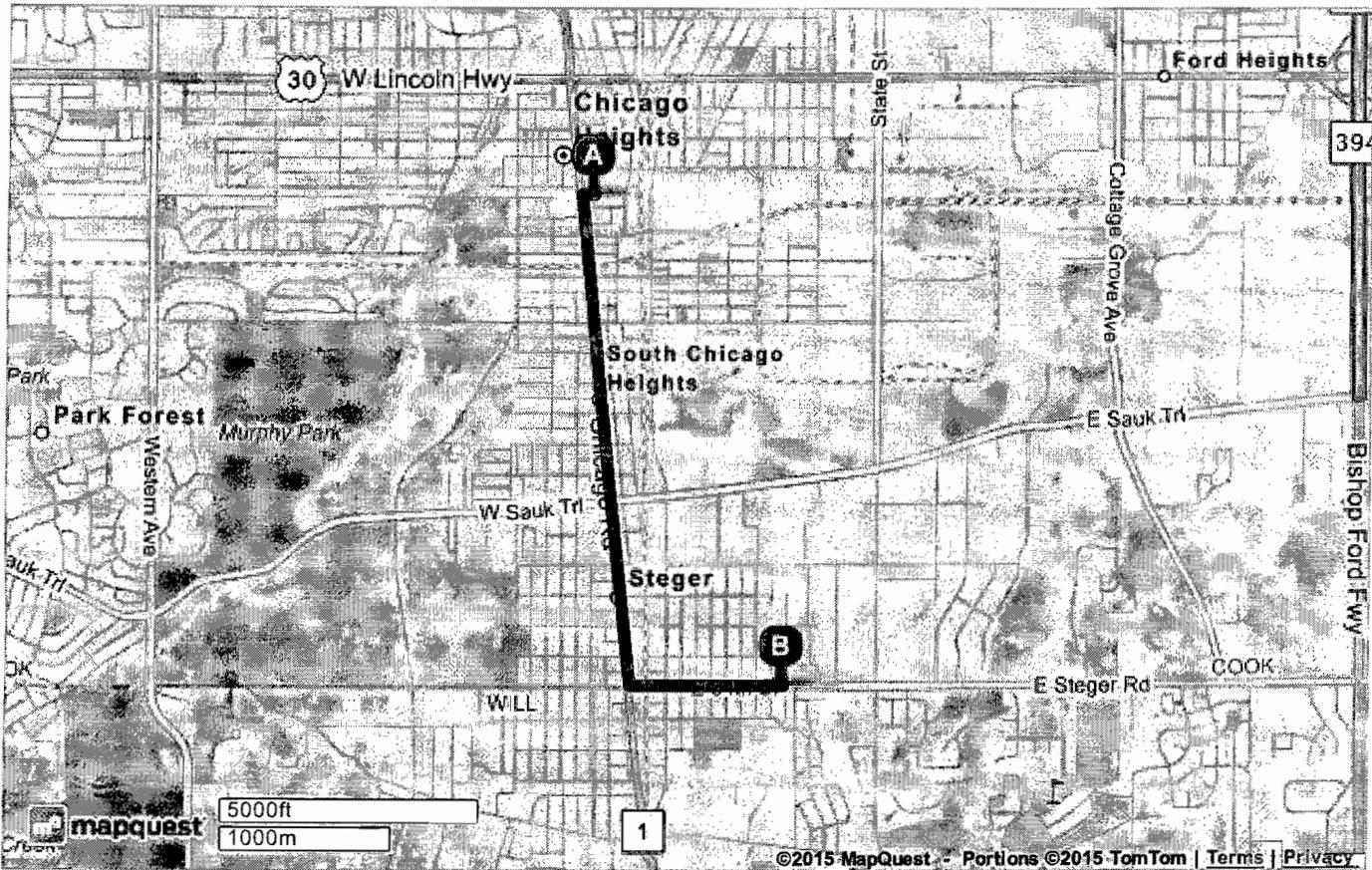
TO FRESENIUS MEDICAL CARE STEGER

Trip to:

219 E 34th St

Steger, IL 60475-1201

2.75 miles / 6 minutes



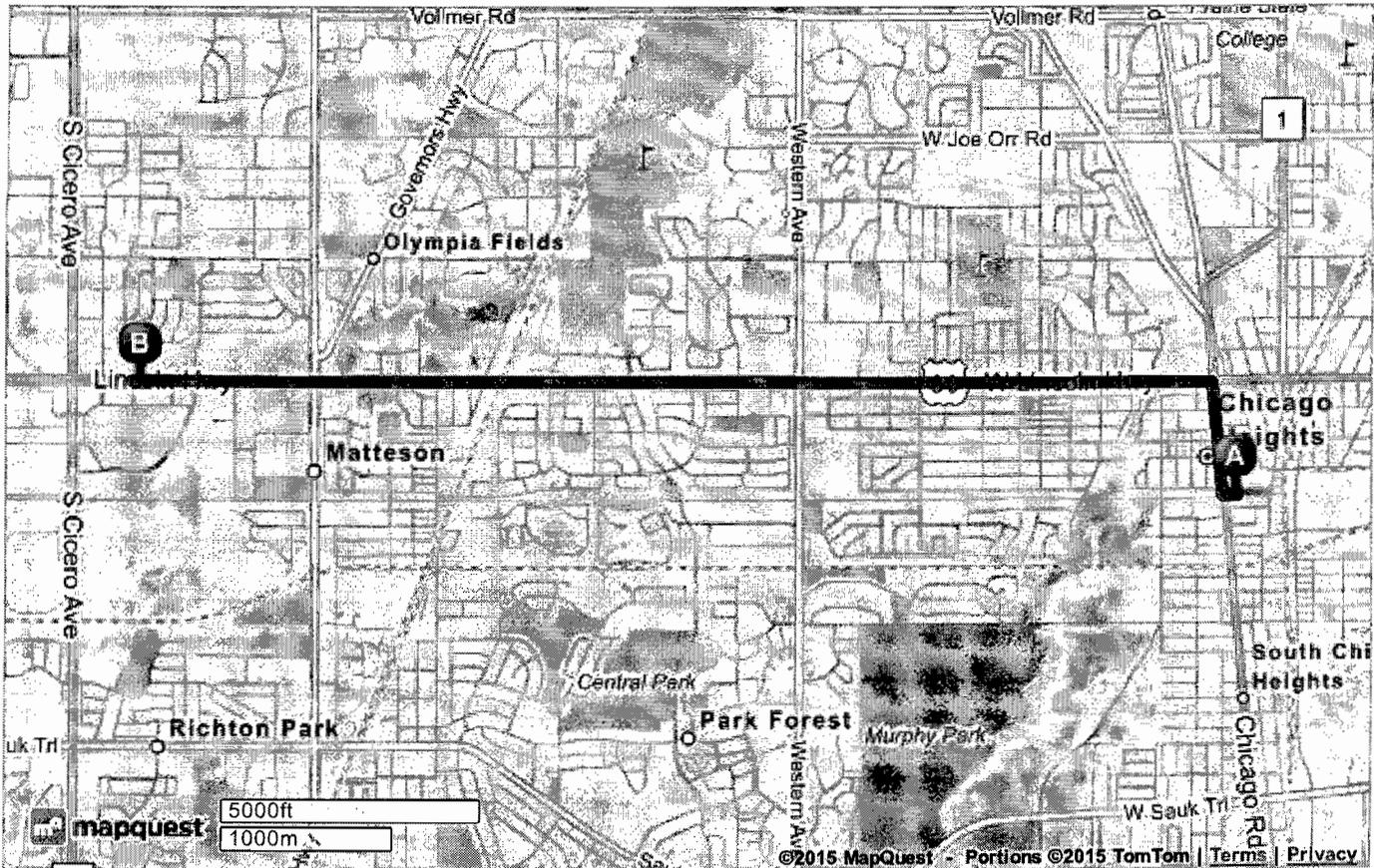
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Trip to:
4557 Lincoln Hwy
Matteson, IL 60443-2318
5.09 miles / 10 minutes

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Notes

TO DAVITA HARVEY

Trip to:
16657 Halsted St
Harvey, IL 60426-6112
6.21 miles / 12 minutes



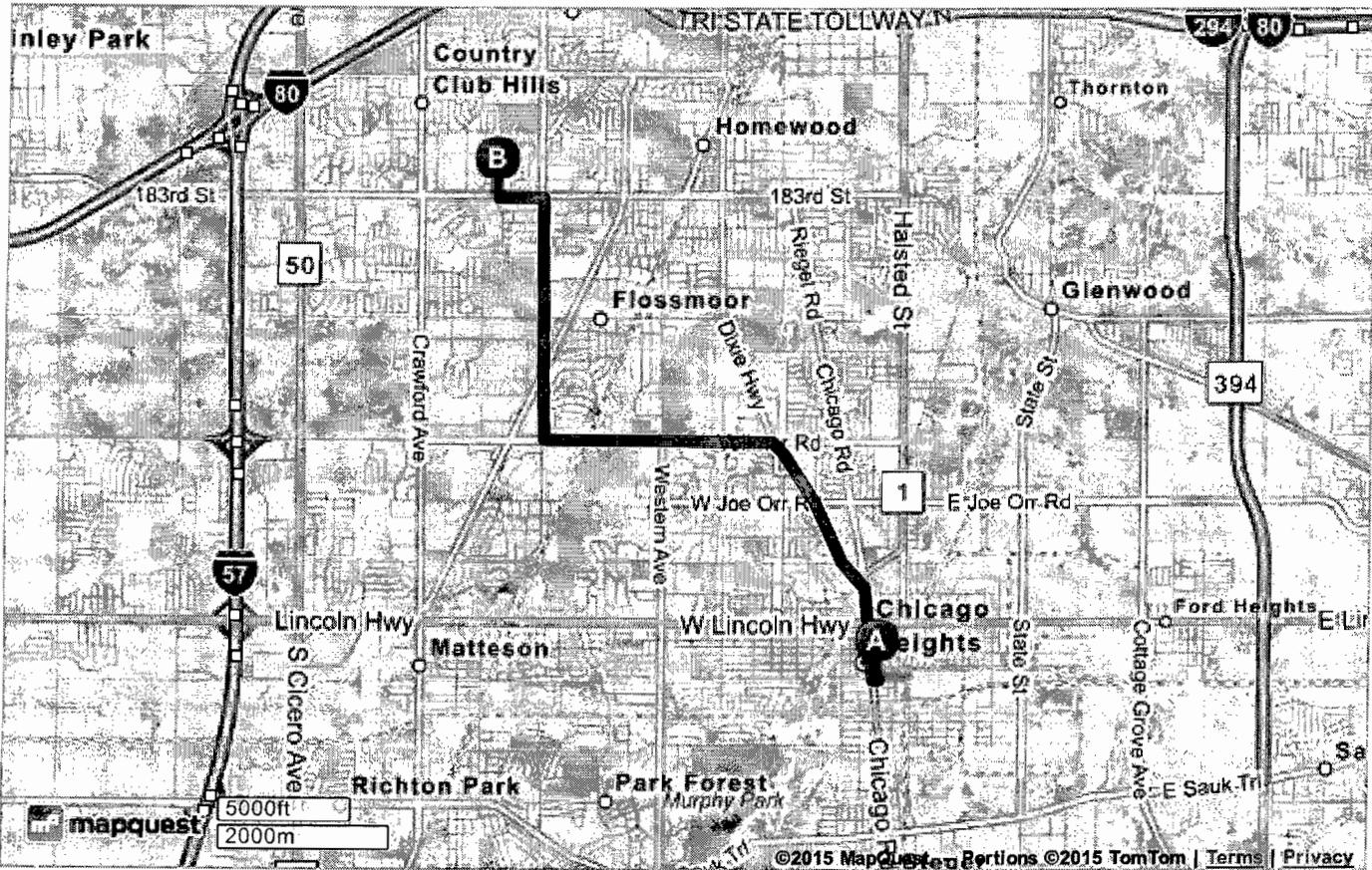
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Trip to:
3470 183rd St
Hazel Crest, IL 60429-2428
6.61 miles / 12 minutes

Notes

TO DAVITA HAZEL CREST



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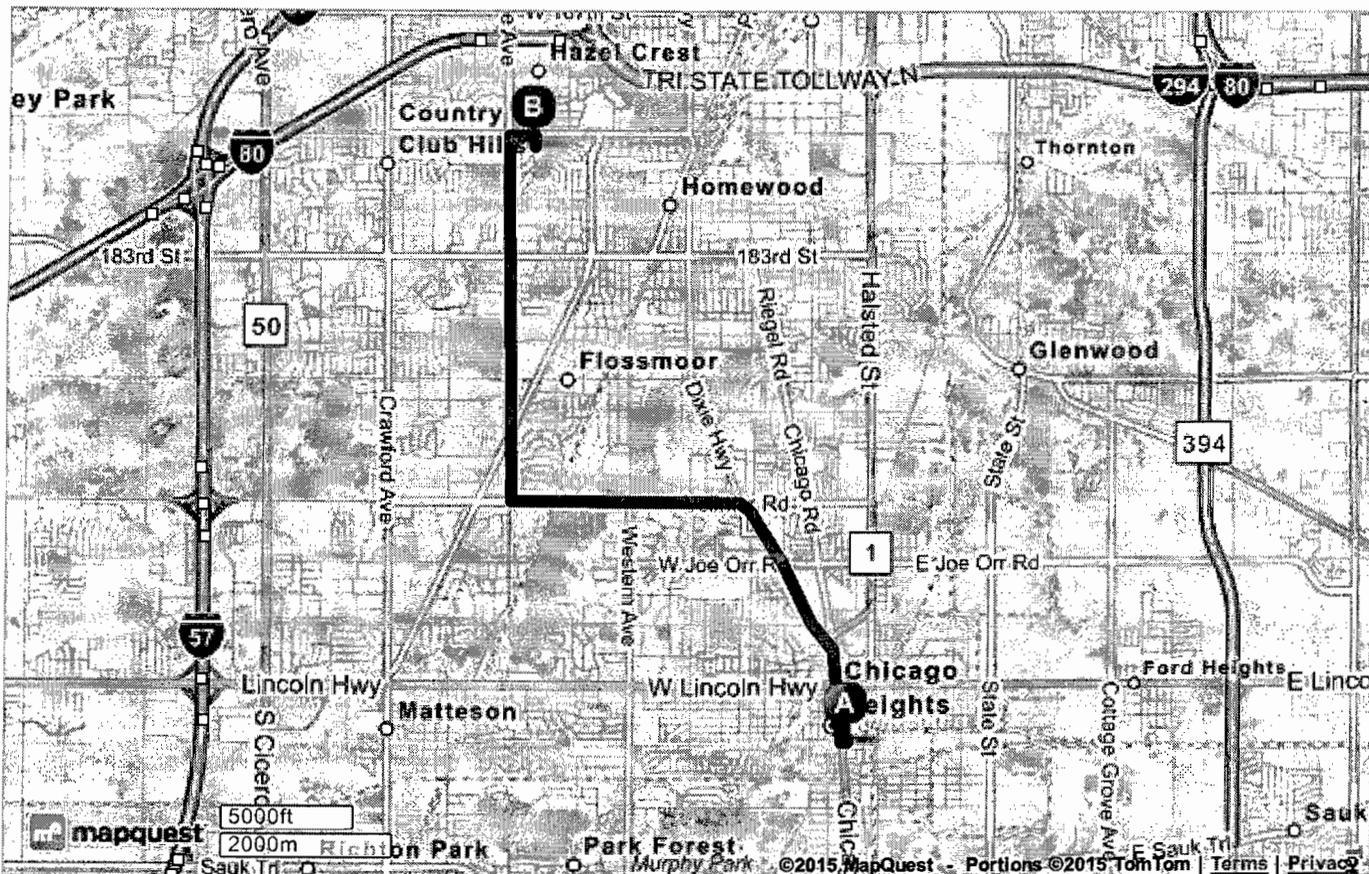
121



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Hazel Crest, IL 60429-2006
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Notes

TO FRESENIUS MEDICAL CARE HAZEL CREST



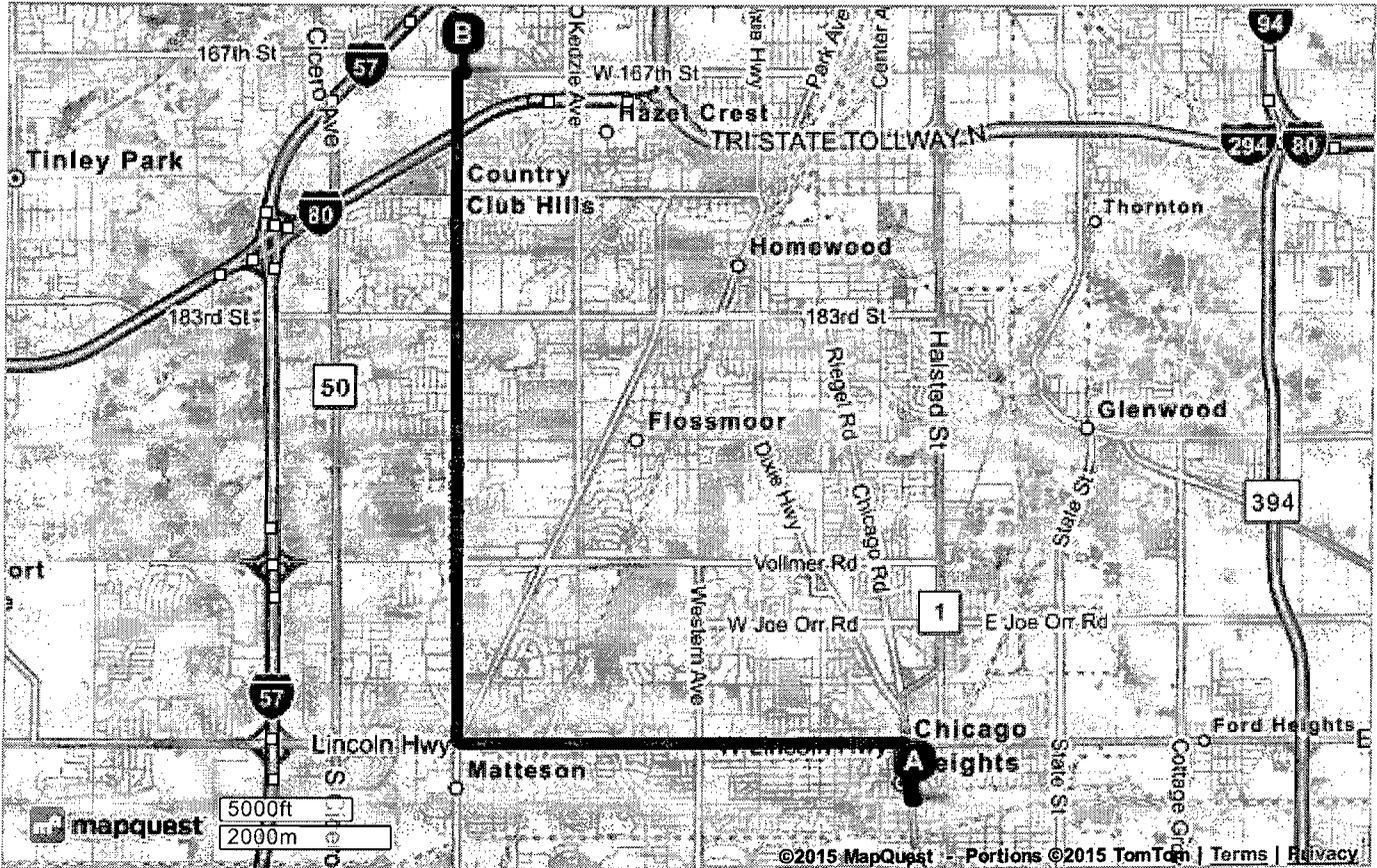
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[3901 - 3999] W 167th St
Country Club Hills, IL 60478
9.86 miles / 17 minutes

Notes

TO DAVITA COUNTRY HILLS



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Notes

TO FRESENIUS MEDICAL CARE SOUTH HOLLAND

Trip to:

17225 Paxton Ave

South Holland, IL 60473-3757

11.45 miles / 18 minutes



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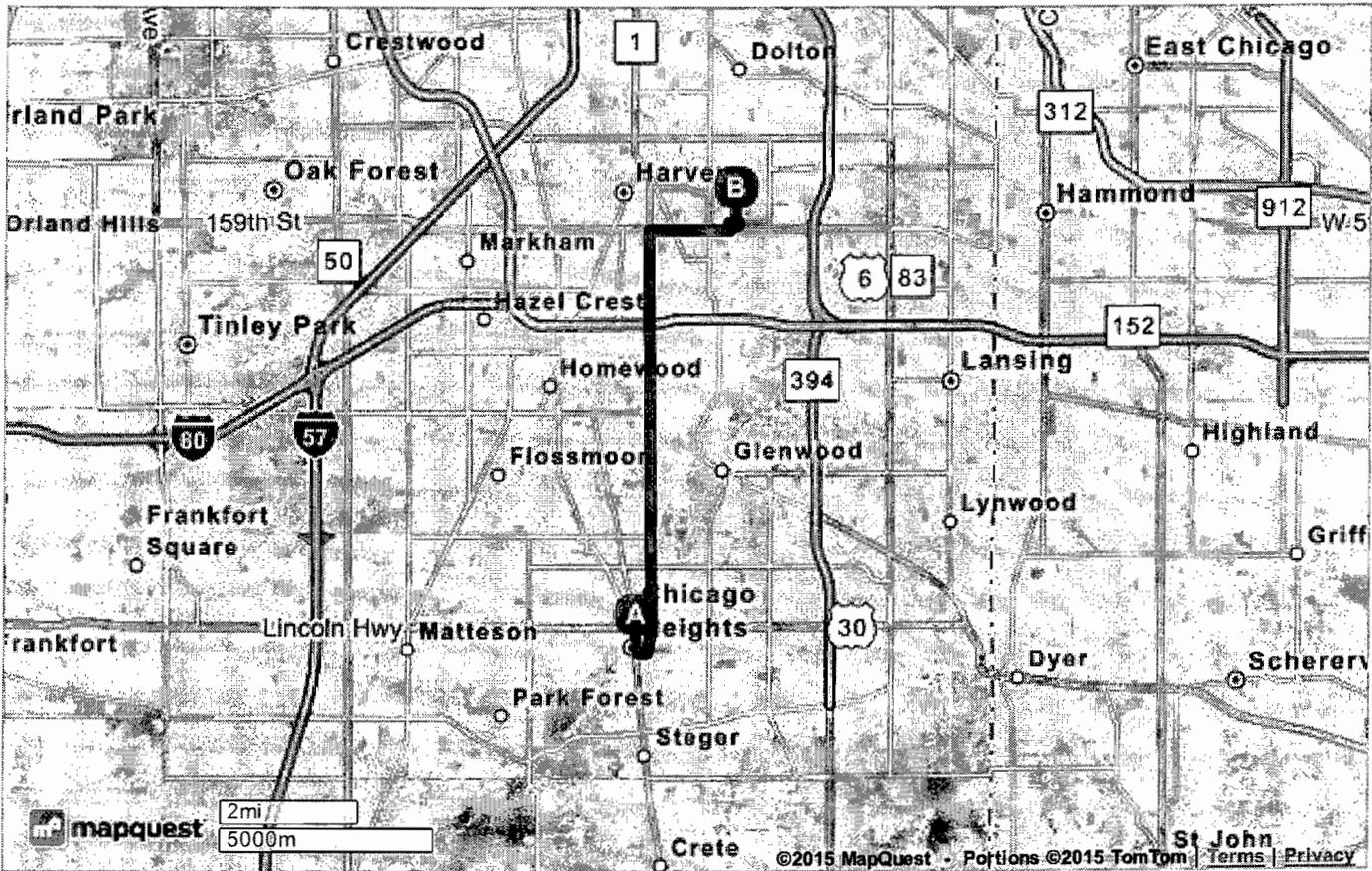
16136 S Park Ave

South Holland, IL 60473-1511

8.84 miles / 19 minutes

Notes

TO DAVITA SOUTH HOLLAND



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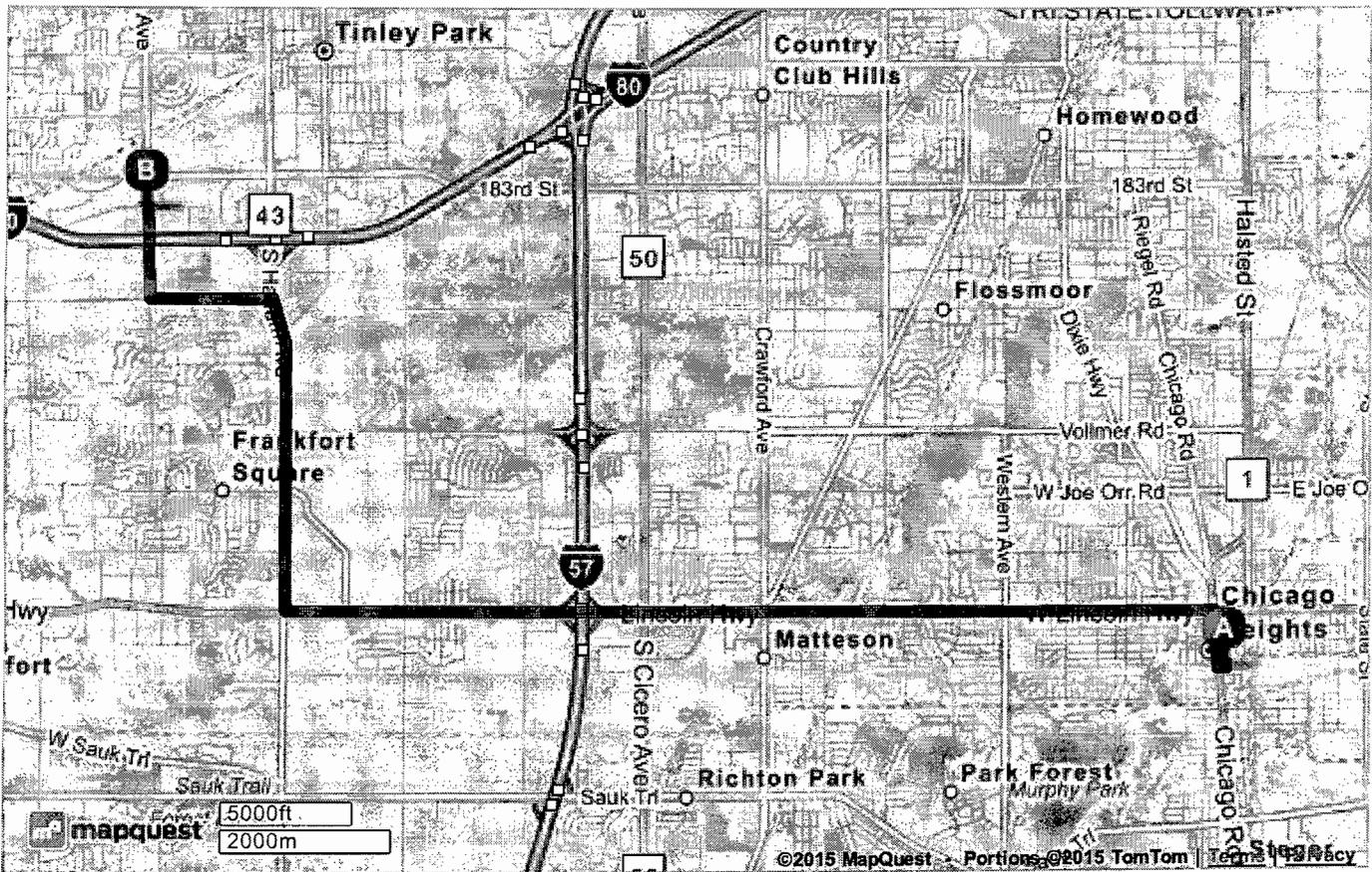
[18491 - 18547] S 80th Ave

Tinley Park, IL 60487

12.63 miles / 21 minutes

Notes

TO DAVITA TINLEY PARK



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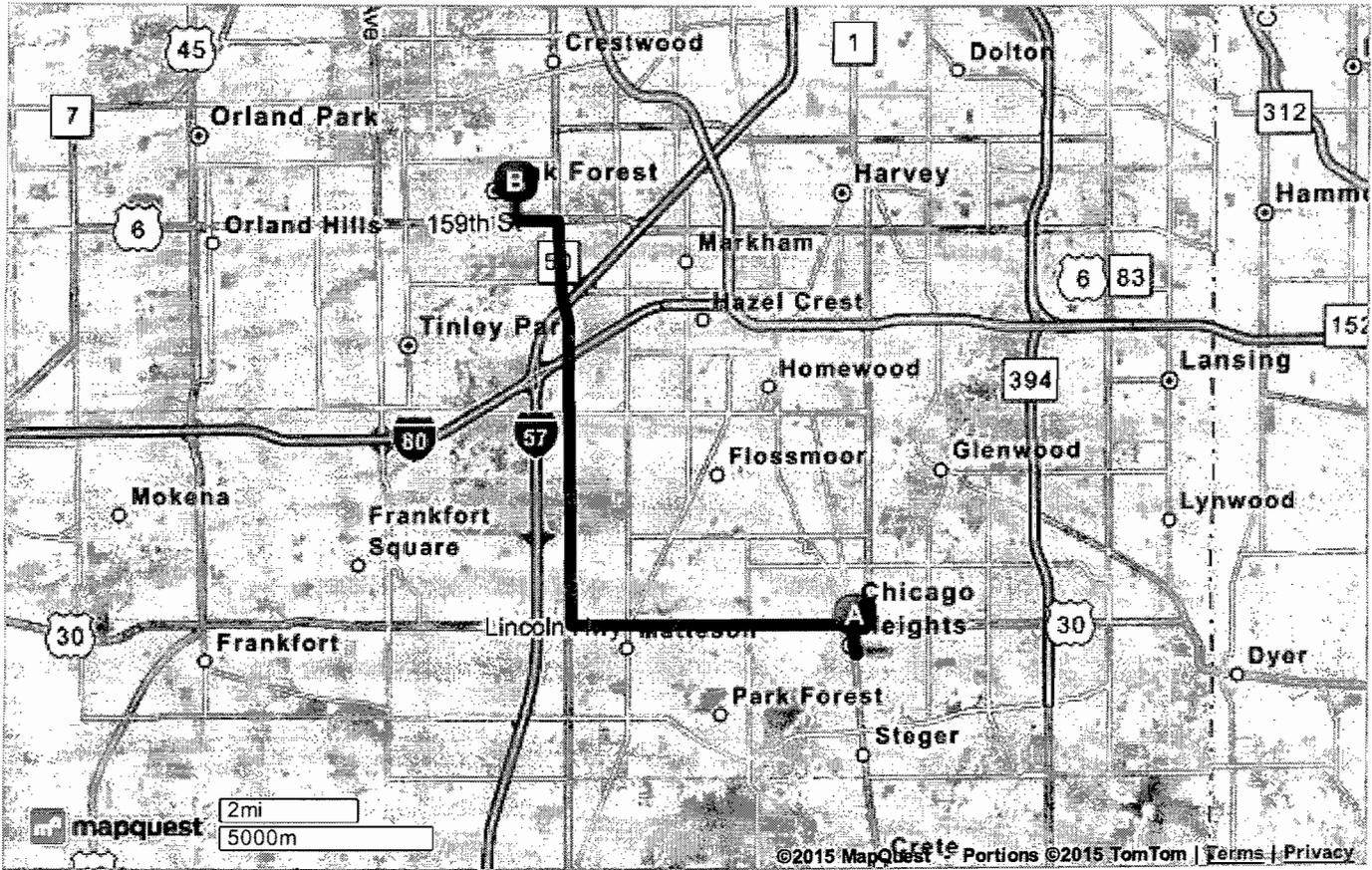
126



Trip to:
[5322 - 5398] 159th St
Oak Forest, IL 60452-4702
12.69 miles / 21 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK FOREST



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Notes

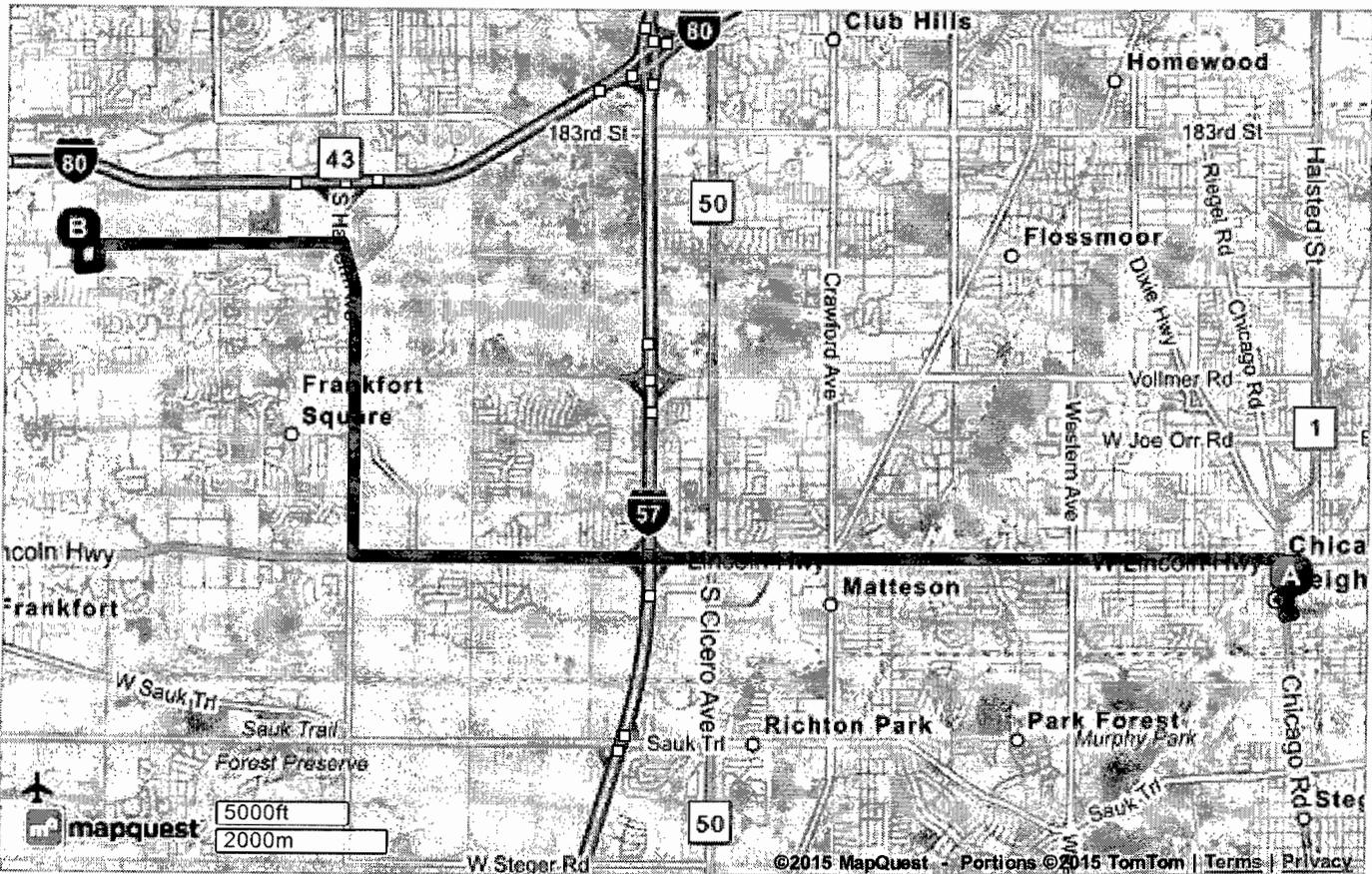
TO FRESENIUS MEDICAL CARE MOKENA

Trip to:

8910 W 192nd St

Mokena, IL 60448-8109

13.27 miles / 22 minutes



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128



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Notes

TO CONCERTO DIALYSIS

Trip to:

[14500 - 14520] S Cicero Ave

Crestwood, IL 60445-2538

13.79 miles / 23 minutes



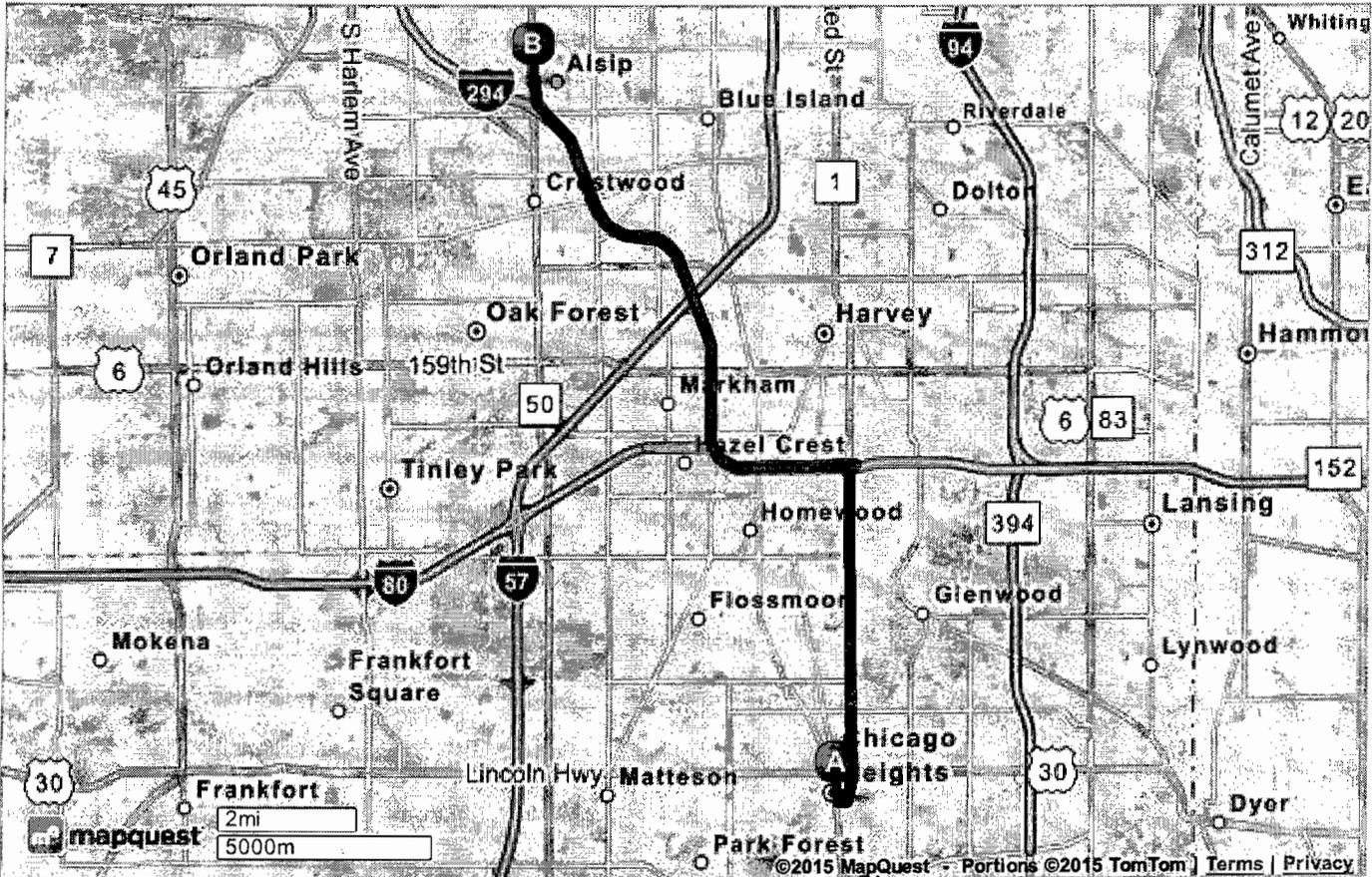
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Trip to:
12250 S Cicero Ave
Alsip, IL 60803-2907
15.65 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE ALSIP



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Trip to:

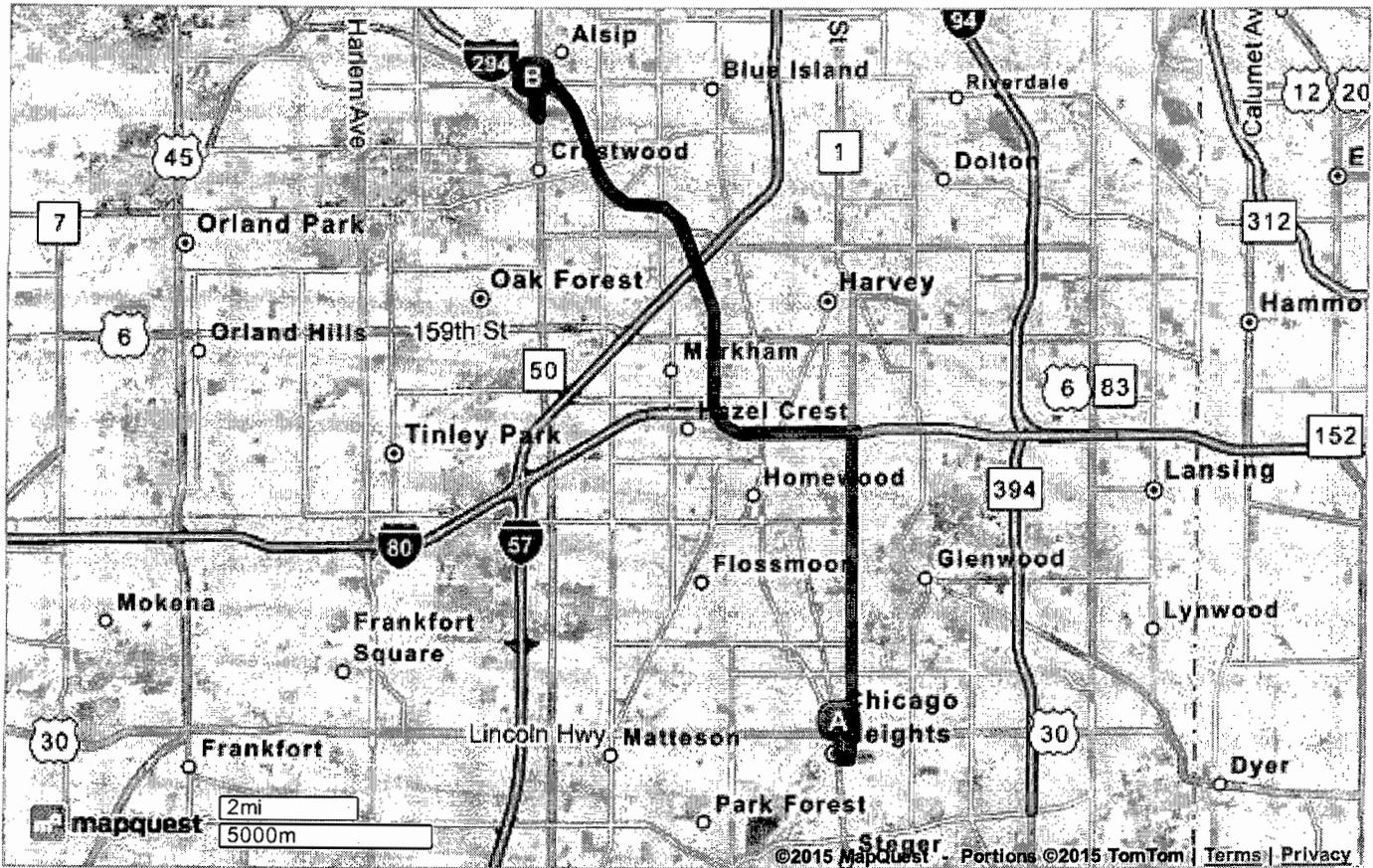
[4837 - 4905] Cal Sag Rd

Crestwood, IL 60445-4415

15.89 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE CRESTWOOD



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Trip to:
132 W 111th St
Chicago, IL 60628-4215
18.75 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE ROSELAND



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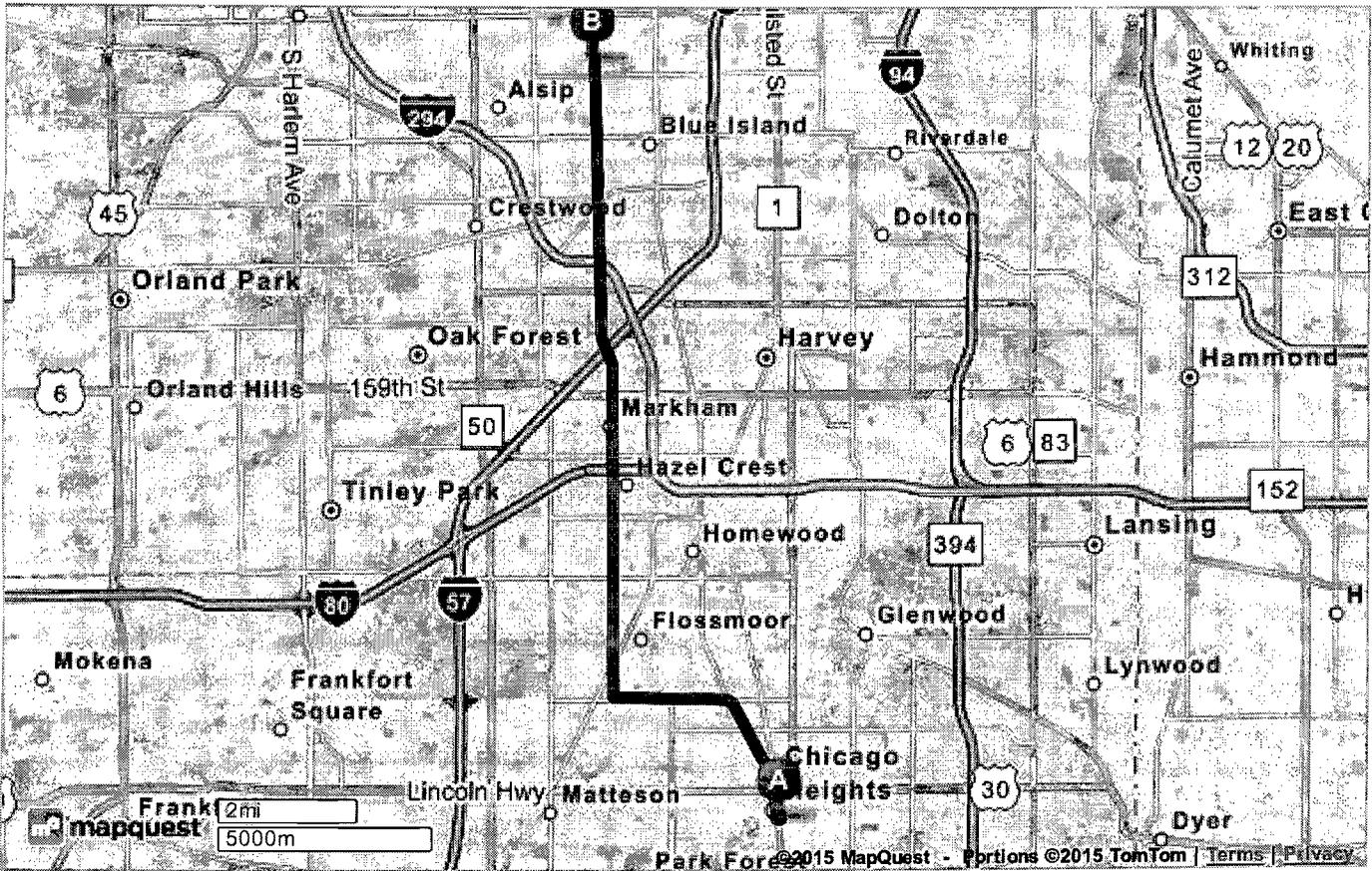
132



Trip to:
11650 S Kedzie Ave
Merrionette Park, IL 60803-4516
14.82 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE
MERRIONETTE PARK



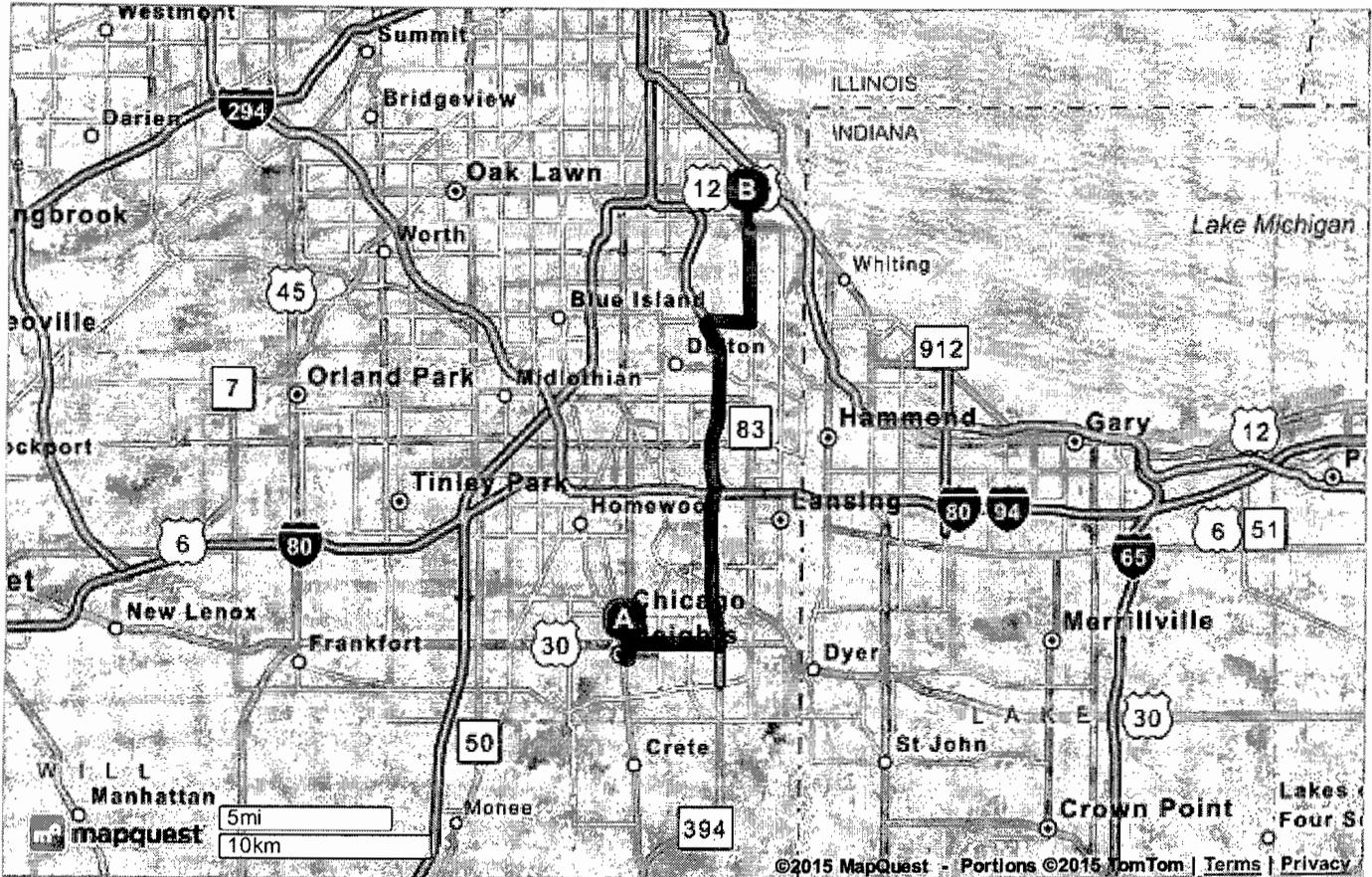
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Trip to:
10559 S Torrence Ave
Chicago, IL 60617-6154
19.23 miles / 26 minutes

Notes

TO FRESENIUS SOUTH DEERING



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Notes

TO DAVITA STONY ISLAND

Trip to:

Stony Island Dialysis
8725 S Stony Island Ave

Chicago, IL 60617

(773) 221-7320

20.49 miles / 26 minutes



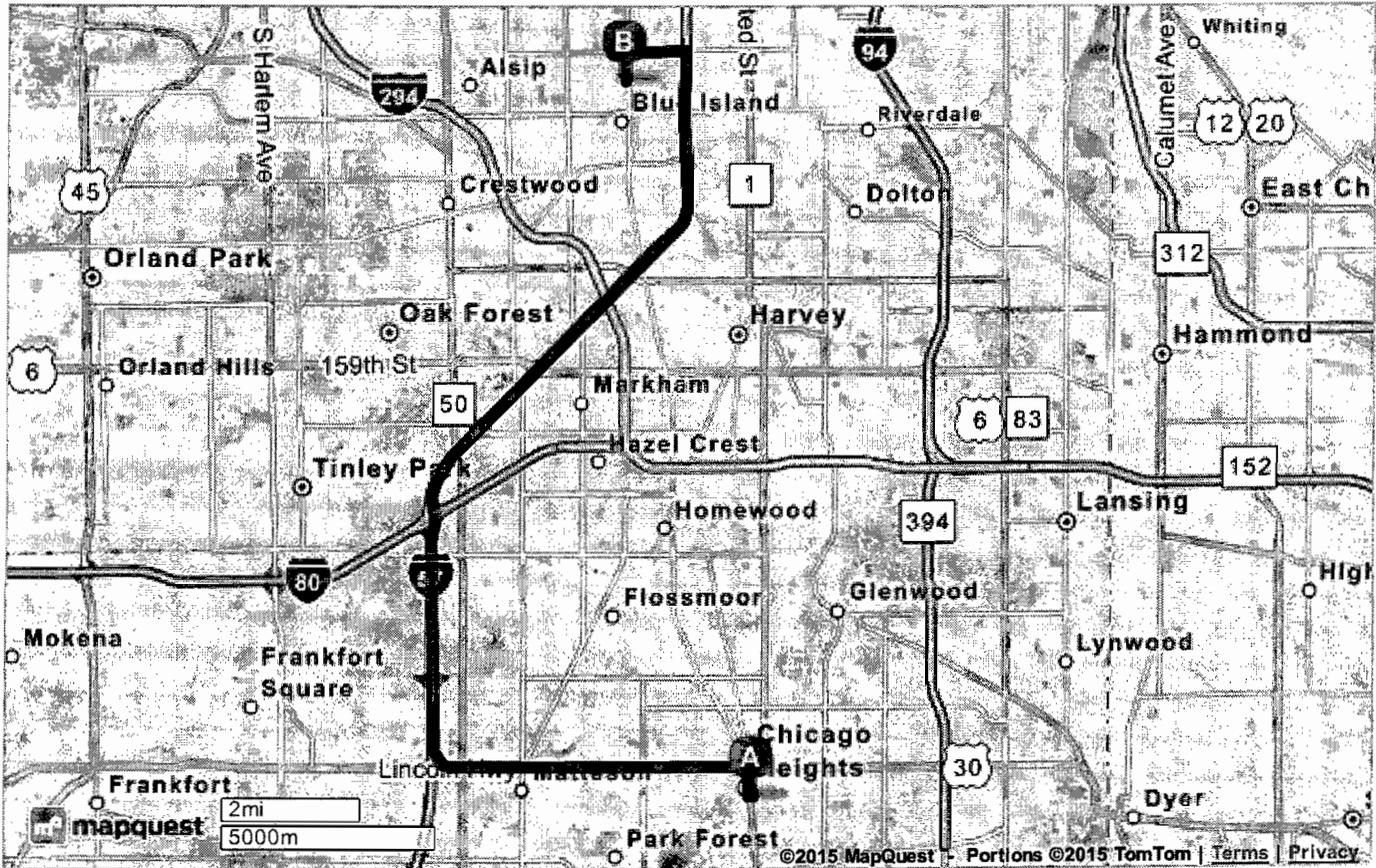
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Notes

TO FRESENIUS MEDICAL CARE BLUE ISLAND

Trip to:
12200 Western Ave
Blue Island, IL 60406-1330
20.67 miles / 27 minutes



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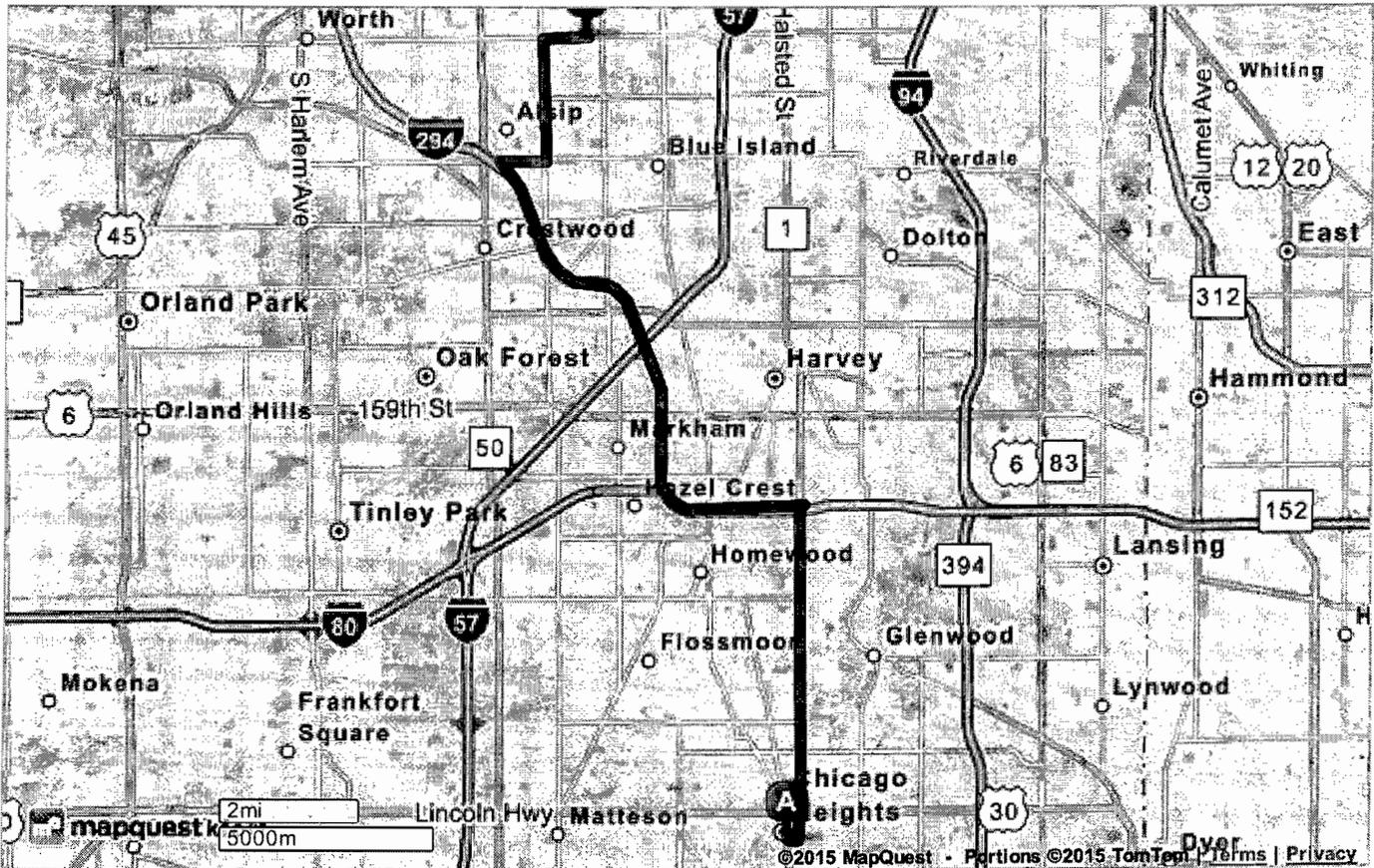
OVER 30 MINUTES ADJUSTED TIME



Trip to:
3401 W 111th St
Chicago, IL 60655-3329
18.46 miles / 29 minutes

Notes

TO DAVITA MT. GREENWOOD



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OVER 30 MINUTES ADJUSTED TIME

ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street

Chicago, Illinois 60661

(312) 654-2720

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AMITABHA MITRA, M.D.

JIM JIANLING YAO, M.D.

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SREEDEVI CHITTINENI, M.D.

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

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NIMEET BRAHMBHATT, M.D.

ALI KHAN, M.D.

MATTHEW MENEZES, M.D.

MINHSON BUI, M.D.

JOSHUA TROB, M.D.

October 12, 2015

Ms. Courtney Avery

Administrator

Illinois Health Facilities & Services Review Board

525 W. Jefferson St., 2nd Floor

Springfield, IL 62761

Dear Ms. Avery:

My name is Rizwan Moinuddin, M.D. and I practice with Associates in Nephrology (AIN) in the south suburban Chicago area. I am writing to support the proposed Fresenius Medical Care Chicago Heights ESRD facility that will provide needed access to treatment in a medically underserved area where I see an increase in the number patients developing kidney disease. As a result I often have difficulty finding an appropriate treatment schedule for my new ESRD patients at the facilities they choose to go to. Treatment options are very important for my patients as they adjust to dialysis and especially for the underserved patients in Chicago Heights.

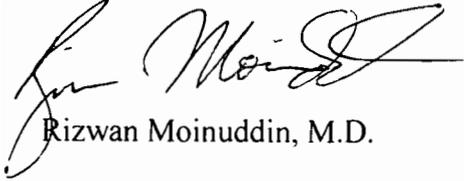
Our staff physicians referred 88 new patients for hemodialysis services over the past twelve months in this area. We were treating 221 hemodialysis patients at the end of 2012, 256 at the end of 2013, 263 at the end of 2014 and as of June 30, 2015 we were treating 277 hemodialysis patients. According to the AIN corporate office billing records, we have 247 Pre-ESRD patients in stage 3 and 4 living in the Chicago Heights area that I expect to begin dialysis in the next few years. However, because of the natural attrition of patients I anticipate that approximately 96 of these patients will begin dialysis in the first two years the Chicago Heights facility is operable.

I urge you to approve the proposed Chicago Heights dialysis clinic to maintain access to dialysis services close to home for the vulnerable patients living in Chicago Heights.

Thank you for your consideration.

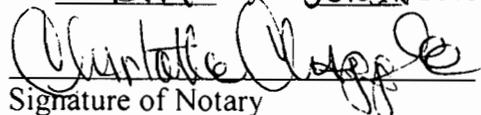
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,


Rizwan Moinuddin, M.D.

Notarization:

Subscribed and sworn to before me
this 19th day of October 2015


Signature of Notary
(Seal)



CHICAGO HEIGHTS FACILITY PROJECTED REFERRALS

| Zip Code | Patients |
|--------------|------------|
| 60411 | 115 |
| 60422 | 9 |
| 60425 | 21 |
| 60430 | 19 |
| 60461 | 13 |
| 60466 | 39 |
| 60471 | 12 |
| 60475 | 17 |
| 60476 | 2 |
| Total | 247 |

There are 247 patients identified by AIN who live in the Chicago Heights area that could be expected to begin dialysis at the proposed facility within two years its opening. Due to patient attrition, I anticipate approximately 96 new patients to begin dialysis during that time.

**NEW REFERRALS OF AIN FOR
07/01/2014 THROUGH 06/30/2015**

| Zip Code | Fresenius Medical Care | | | | | DaVita | | Total |
|--------------|------------------------|----------------|---------------|-------------|----------|-----------------|----------------|-----------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | |
| 46311 | | | 1 | | | | | 1 |
| 60409 | 1 | | 2 | | | | | 3 |
| 60411 | 1 | 4 | 5 | | 1 | 4 | | 15 |
| 60417 | | | | | 2 | | | 2 |
| 60419 | | | 2 | | | | | 2 |
| 60422 | 1 | | | | | | | 1 |
| 60423 | | | | | | | 2 | 2 |
| 60426 | 3 | 1 | 1 | | | 1 | | 6 |
| 60428 | 3 | | 2 | | 1 | | | 6 |
| 60429 | 1 | | 1 | | | 1 | | 3 |
| 60430 | 3 | | | | | | | 3 |
| 60438 | | | 1 | | | | | 1 |
| 60443 | 1 | 1 | | | | | 2 | 4 |
| 60445 | 1 | | | | | | | 1 |
| 60449 | | | | | 1 | | | 1 |
| 60461 | | 2 | | | | 1 | | 3 |
| 60466 | | 2 | 1 | | | | 2 | 5 |
| 60471 | | | | | 1 | | 1 | 2 |
| 60473 | | | 8 | | | | | 8 |
| 60475 | | | 1 | | | | | 1 |
| 60477 | 1 | | 1 | | | | | 2 |
| 60478 | 1 | | 1 | | | | | 2 |
| 60484 | | | 1 | | | | | 1 |
| 60608 | | 1 | | | | | | 1 |
| 60617 | | | 1 | 2 | | | | 3 |
| 60619 | | | | 1 | | | | 1 |
| 60628 | | | 2 | | | | | 2 |
| 60633 | | | 1 | | | | | 1 |
| 60642 | 1 | | | | | | | 1 |
| 60643 | 1 | | | | | | | 1 |
| 60649 | | | 1 | 1 | | | | 2 |
| 60651 | 1 | | | | | | | 1 |
| Total | 20 | 11 | 33 | 4 | 6 | 7 | 7 | 88 |

PATIENTS OF AIN AS OF DECEMBER 31, 2012

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 2 | | 13 | | | 1 | | | 1 | 17 |
| 60411 | 2 | 3 | 1 | | | 25 | 5 | 2 | | 38 |
| 60417 | | | 1 | | 2 | | | | | 3 |
| 60419 | 2 | | 9 | | | 3 | | | | 14 |
| 60422 | 2 | 1 | | | | | | | | 3 |
| 60425 | | | 2 | | | 3 | | | | 5 |
| 60426 | 8 | 1 | 5 | | | | | | | 14 |
| 60428 | 9 | | | | | 1 | | | | 10 |
| 60429 | 12 | | | | | | 1 | | | 13 |
| 60430 | 5 | 1 | 2 | | | 3 | | | | 11 |
| 60438 | 1 | | 8 | | | | | | 1 | 10 |
| 60443 | 5 | 2 | 1 | | | | | | | 8 |
| 60445 | 1 | | | | | | | | | 1 |
| 60451 | | | | | | | 1 | | | 1 |
| 60452 | | | 1 | | | | | | | 1 |
| 60466 | 2 | 3 | | | | 2 | 4 | | | 11 |
| 60471 | | | 1 | | | 1 | 2 | | | 4 |
| 60472 | 2 | | | | | | | | | 2 |
| 60473 | 2 | | 13 | | | | | | 2 | 17 |
| 60475 | | | | | 1 | | | | | 1 |
| 60477 | 2 | | | | | | | 1 | | 3 |
| 60478 | 7 | 1 | | | | | | 1 | | 9 |
| 60617 | | | 2 | 4 | | 1 | | | | 7 |
| 60619 | 1 | | | | | | | | | 1 |
| 60628 | 1 | | | 1 | | | | | | 2 |
| 60629 | | | 1 | | | | | | | 1 |
| 60633 | | | 2 | | | | | | | 2 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | | 1 | | | | | | 3 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 1 | | 4 | | | | | | | 5 |
| Total | 71 | 12 | 68 | 6 | 3 | 40 | 13 | 4 | 4 | 221 |

PATIENTS OF AIN AS DECEMBER 31, 2013

| Zip Code | Fresenius Medical Care | | | | | | DaVita | | | | Total |
|--------------|------------------------|-------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Chatham | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60401 | | | | | | 1 | | | | | 1 |
| 60406 | | | | 1 | | | | | | | 1 |
| 60409 | | 2 | | 12 | | | 1 | | | 1 | 16 |
| 60411 | | 3 | 8 | 7 | | 2 | 20 | 4 | 1 | | 45 |
| 60417 | 1 | | 2 | 1 | | 2 | | | | | 6 |
| 60419 | | 3 | | 11 | | | 1 | | | | 15 |
| 60422 | | 2 | 1 | 1 | | | 1 | | | | 5 |
| 60425 | | 2 | | 1 | | | 2 | | | | 5 |
| 60426 | | 9 | | 7 | | | | | | | 16 |
| 60428 | | 13 | | | | | 1 | | | | 14 |
| 60429 | | 14 | | 1 | | | | 1 | | | 16 |
| 60430 | | 7 | | 1 | | | 1 | | | | 9 |
| 60438 | | | | 9 | | | | | | 1 | 10 |
| 60443 | | 4 | 3 | 1 | | | | 3 | | | 11 |
| 60445 | | 2 | | | | | | | | | 2 |
| 60449 | | | 1 | | | | | | | | 1 |
| 60452 | | 1 | | | | | | | | | 1 |
| 60461 | | | | | | | | 1 | | | 1 |
| 60466 | | 1 | 1 | | | | 2 | 4 | | | 8 |
| 60471 | | | 5 | 1 | | | 1 | 2 | | | 9 |
| 60472 | | 1 | | | | | | | | | 1 |
| 60473 | | 1 | | 16 | | | | | | | 17 |
| 60475 | | | 1 | | | 1 | 1 | | | | 3 |
| 60477 | | 2 | | | | | | | 1 | | 3 |
| 60478 | | 9 | 1 | | | | | | 1 | | 11 |
| 60484 | | | 1 | | | | | | | | 1 |
| 60617 | | 1 | 1 | 2 | 3 | | | | | | 7 |
| 60628 | | 1 | | 1 | | | | | | | 2 |
| 60629 | | | | 1 | | | | | | | 1 |
| 60631 | | | | 1 | | | | | | | 1 |
| 60633 | | | | 3 | | | | | | | 3 |
| 60643 | | | | 1 | | | | | | | 1 |
| 60649 | | 2 | | | 4 | | | | | | 6 |
| 60653 | | 1 | | | | | | | | | 1 |
| 60827 | | 3 | | 3 | | | | | | | 6 |
| Total | 1 | 84 | 25 | 82 | 7 | 6 | 31 | 15 | 3 | 2 | 256 |

PATIENTS OF AIN AS DECEMBER 31, 2014

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 2 | | 14 | | | 1 | | | 1 | 18 |
| 60411 | 1 | 6 | 5 | | 1 | 19 | 4 | 1 | | 37 |
| 60417 | | 2 | 1 | | 2 | | | | | 5 |
| 60419 | 2 | | 11 | | | | | | 1 | 14 |
| 60422 | 2 | | 1 | | | 1 | 1 | | | 5 |
| 60425 | 3 | | 1 | | | 2 | 1 | | | 7 |
| 60426 | 7 | 1 | 7 | | | | | 1 | | 16 |
| 60428 | 13 | | 2 | | | | | | | 15 |
| 60429 | 13 | | 1 | | | 1 | 1 | 1 | | 17 |
| 60430 | 5 | | | | | 1 | | | | 6 |
| 60438 | | | 11 | | | | | | | 11 |
| 60443 | 5 | 6 | 1 | | | | 2 | | | 14 |
| 60445 | 2 | | | | | | | | | 2 |
| 60461 | | 1 | | | | 1 | 1 | | | 3 |
| 60466 | 1 | 6 | | | | 2 | 2 | | | 11 |
| 60471 | | 3 | 1 | | 1 | | 3 | | | 8 |
| 60473 | 1 | | 22 | | | | | | | 23 |
| 60475 | | 1 | | | 1 | 1 | | | | 3 |
| 60478 | 9 | 2 | | | | | | 2 | | 13 |
| 60487 | 1 | | | | | | | | | 1 |
| 60608 | | 1 | | | | | | | | 1 |
| 60617 | 2 | 1 | 3 | 2 | | | | | | 8 |
| 60620 | | 1 | | | | | | | | 1 |
| 60628 | 1 | | 1 | | | | | | | 2 |
| 60629 | | | 1 | | | 1 | | | | 2 |
| 60631 | | | 1 | | | | | | | 1 |
| 60633 | | | 2 | | | | | | | 2 |
| 60642 | 1 | | | | | | | | | 1 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | 1 | 3 | | | | | | 6 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 3 | | 3 | | | | | | | 6 |
| 61822 | 1 | | | | | | | | | 1 |
| Total | 78 | 31 | 92 | 5 | 5 | 30 | 15 | 5 | 2 | 263 |

PATIENTS OF AIN AS JUNE 30, 2015

| Zip Code | Fresenius Medical Care | | | | | DaVita | | | | Total |
|--------------|------------------------|----------------|---------------|-------------|-----------|-----------------|----------------|-------------|---------------|------------|
| | Hazel Crest | South Suburban | South Holland | South Shore | Steger | Chicago Heights | Olympia Fields | Hazel Crest | South Holland | |
| 60406 | | | 1 | | | | | | | 1 |
| 60409 | 3 | | 16 | | | 1 | | | 1 | 21 |
| 60411 | | 8 | 6 | | 3 | 22 | 3 | 1 | | 43 |
| 60417 | | 1 | 1 | | 3 | | | | | 5 |
| 60419 | 3 | | 11 | | | | | | 2 | 16 |
| 60422 | 2 | | 1 | | | 1 | 2 | | | 6 |
| 60423 | | | | | | | 1 | | | 1 |
| 60425 | 3 | | 1 | | | 2 | 1 | | | 7 |
| 60426 | 9 | 2 | 5 | | | 1 | | 1 | | 18 |
| 60428 | 13 | | 2 | | 1 | | | | | 16 |
| 60429 | 13 | | 1 | | | | | | | 14 |
| 60430 | 4 | | | | | 1 | | | | 5 |
| 60438 | | | 10 | | | | | | | 10 |
| 60443 | 5 | 4 | 1 | | | | 2 | | | 12 |
| 60445 | 2 | | | | | | | | | 2 |
| 60449 | | | | | 1 | | | | | 1 |
| 60453 | | 1 | | | | | | | | 1 |
| 60461 | | 2 | | | | 1 | 1 | | | 4 |
| 60466 | | 6 | | | | 2 | 1 | | | 9 |
| 60471 | | 3 | 1 | | | | 3 | | | 7 |
| 60473 | | | 22 | | | | | | | 22 |
| 60475 | | | | | 2 | | | | | 2 |
| 60477 | 2 | | | | | | | | | 2 |
| 60478 | 9 | 2 | 1 | | | | | 1 | | 13 |
| 60484 | | | | | | | 1 | | | 1 |
| 60608 | | 1 | | | | | | | | 1 |
| 60612 | | | 1 | | | | | | | 1 |
| 60616 | 1 | | | 1 | | | | | | 2 |
| 60617 | 2 | 1 | 2 | 3 | | | | | | 8 |
| 60619 | | | | 1 | | | | | | 1 |
| 60620 | | 1 | | | | | | | | 1 |
| 60621 | | | | 1 | | | | | | 1 |
| 60628 | | | 2 | | | | | | | 2 |
| 60629 | | | 1 | | | 1 | | | | 2 |
| 60633 | | | 3 | | | | | | | 3 |
| 60636 | | 1 | | | | | | | | 1 |
| 60638 | | | | 1 | | | | | | 1 |
| 60643 | | | 1 | | | | | | | 1 |
| 60649 | 2 | | 1 | 2 | | 1 | | | | 6 |
| 60653 | 1 | | | | | | | | | 1 |
| 60827 | 3 | | 3 | | | | | | | 6 |
| Total | 77 | 33 | 94 | 9 | 10 | 33 | 15 | 3 | 3 | 277 |