



North Star Division  
32275 32nd Avenue South  
Federal Way, WA 98001  
Tel: 253-733-4853 | Fax: 855-600-3243  
[www.davita.com](http://www.davita.com)

July 31, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Office of Certification and Enforcement  
State of Washington Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

RECEIVED

JUL 31 2013

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Total Renal Care, Inc., a subsidiary of DaVita HealthCare Partners, Inc., hereafter, DaVita, hereby submits a letter of intent to apply for a certificate of need to relocate ten of its existing twenty-one stations from the Lakewood Community Dialysis Center to establish a new ten station facility in Pierce County ESRD Sub Service Area Five.

In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to relocate ten of the twenty-one stations currently authorized at the Lakewood Community Dialysis Center to establish a new ten station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$ **1,375,050**.

Description of the Service Area:

The service area will be Pierce County ESRD Sub Service Area Five.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita HealthCare Partners, Inc.



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In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to relocate ten of the twenty-one stations currently authorized at the Lakewood Community Dialysis Center to establish a new ten station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$ **1,475,650**.

Description of the Service Area:

The service area will be Pierce County ESRD Sub Service Area Five.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita HealthCare Partners, Inc.



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In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to relocate ten of the twenty-one stations currently authorized at the Lakewood Community Dialysis Center to establish a new ten station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$ **1,595,145**.

Description of the Service Area:

The service area will be Pierce County ESRD Sub Service Area Five.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
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In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to relocate ten of the twenty-one stations currently authorized at the Lakewood Community Dialysis Center to establish a new ten station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$ **1,675,545**.

Description of the Service Area:

The service area will be Pierce County ESRD Sub Service Area Five.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

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Director of Business Development / Certificate of Need Initiatives  
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Dear Ms. Sigman:

In accordance with WAC 246-310-080, Total Renal Care, Inc., a subsidiary of DaVita HealthCare Partners, Inc., hereafter, DaVita, hereby submits a letter of intent regarding its intention to apply for a certificate of need for a five station dialysis center. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a five station dialysis facility that will provide and support in-center and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$ 1,414,061.

Description of the Service Area:

The service area is Mason County.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

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Dear Ms. Sigman:

In accordance with WAC 246-310-080, Total Renal Care, Inc., a subsidiary of DaVita HealthCare Partners, Inc., hereafter, DaVita, hereby submits a letter of intent regarding its intention to apply for a certificate of need for a six station dialysis center. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a six station dialysis facility that will provide and support in-center and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,652,466.**

Description of the Service Area:

The service area is Stevens County.

We look forward to continuing to serve dialysis patients in Washington.

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita HealthCare Partners, Inc.