



## Fresenius Medical Care

July 30, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**R E C E I V E D**

JUL 31 2013

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, QualiCenters Inland Northwest, LLC (QualiCenters); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new facility in the Pierce Three Dialysis Planning Area. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

QualiCenters proposes to establish a new 4-station dialysis facility. This facility will offer all modalities of dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this expansion project is \$2,080,100.

**3. Description of the Service Area:**

The facility will provide services to the Pierce Three dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan  
Director of Operations - Olympic Columbia River



## Fresenius Medical Care

July 30, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**R E C E I V E D**

JUL 31 2013

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, QualiCenters Inland Northwest, LLC (QualiCenters); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new facility in Klickitat County Dialysis Planning Area. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

QualiCenters proposes to establish a new 5-station dialysis facility. This facility will offer all modalities of dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this expansion project is \$1,868,300.

**3. Description of the Service Area:**

The facility will provide services to the Klickitat County Dialysis Planning Area dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan  
Director of Operations - Olympic Columbia River



## Fresenius Medical Care

July 30, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**RECEIVED**  
JUL 31 2013  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, QualiCenters Inland Northwest, LLC (QualiCenters); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new facility in the Pierce Three Dialysis Planning Area. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

QualiCenters proposes to establish a new 4-station dialysis facility. This facility will offer all modalities of dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this expansion project is \$1,860,100.

**3. Description of the Service Area:**

The facility will provide services to the Pierce Three dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan  
Director of Operations - Olympic Columbia River



## Fresenius Medical Care

July 30, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

RECEIVED  
JUL 31 2013  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, QualiCenters Inland Northwest, LLC (QualiCenters); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new facility in Klickitat County Dialysis Planning Area. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

QualiCenters proposes to establish a new 5-station dialysis facility. This facility will offer all modalities of dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this expansion project is \$2,188,300.

**3. Description of the Service Area:**

The facility will provide services to the Klickitat County Dialysis Planning Area dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan  
Director of Operations - Olympic Columbia River



## Fresenius Medical Care

July 30, 2013

**R E C E I V E D**  
JUL 31 2013  
CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Inland Northwest Renal Care Group, LLC (IN-RCG), parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new dialysis facility in Whitman County. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

IN-RCG proposes to establish a new 4 station dialysis facility in Whitman County. This facility will provide both in-center and home dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this project is \$2,088,300.

**3. Description of the Service Area:**

The facility will provide service to Whitman County dialysis patients.

Please contact me with any questions.

Sincerely,

Tom Sisung



## Fresenius Medical Care

July 30, 2013

**R E C E I V E D**

JUL 31 2013

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Inland Northwest Renal Care Group, LLC (IN-RCG); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to establish a new dialysis facility in Whitman County. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

IN-RCG proposes to establish a new 6 station dialysis facility in Whitman County. This facility will provide both in-center and home dialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this project is \$2,106,494.

**3. Description of the Service Area:**

The facility will provide service to both Whitman and Garfield County dialysis patients.

Please contact me with any questions.

Sincerely,

Tom Sisung



## Fresenius Medical Care

July 30, 2013

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**R E C E I V E D**

**JUL 31 2013**

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Inland Northwest Renal Care Group, LLC (IN-RCG); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to add 6 stations to its existing Colville facility. In conformance with the requirements of WAC, the following information is provided:

**1. A Description of the Extent of Services Proposed:**

IN-RCG proposes to add 6 stations to our existing dialysis facility in Colville, Stevens County. This facility provides both in-center hemodialysis services.

**2. Estimated Cost of the Proposed Project:**

The estimated capital expenditure associated with this project is \$130,000.

**3. Description of the Service Area:**

The facility will provide service to Stevens County dialysis patients.

Please contact me with any questions.

Sincerely,

Tom Sisung