



Fresenius Medical Care

October 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

OCT 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



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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 King One 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 \$1,729,228.

3. Description of the Service Area:

The facility will provide services to the King One dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan
Director of Operations - Olympic Columbia River



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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 King One 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 \$3,376,728.

3. Description of the Service Area:

The facility will provide services to the King One dialysis planning area residents.

Please contact me with any questions.

Sincerely,

Ann Sullivan
Director of Operations - Olympic Columbia River



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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



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, Renal Care Group Northwest, Inc. (RCGNW); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to expand our recently approved 6-station dialysis facility in Thurston County. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

RCGNW proposes to expand our recently approved 6-station dialysis facility by 4 stations for a total of 10 stations. 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 \$150,000.

3. Description of the Service Area:

The facility will provide service to Thurston County dialysis patients.

Please contact me with any questions.

Sincerely,

Ann Sullivan
Director of Operations - Olympic Columbia River



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, Renal Care Group Northwest, Inc. (RCGNW); parent company - Fresenius Medical Care Holdings, Inc. hereby submits this letter of intent to expand our existing 6-station dialysis facility in Mason County. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

RCGNW proposes to expand our 6-station dialysis facility in Shelton, Mason County by 5 stations (for a total of 11 stations). 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 \$550,000.

3. Description of the Service Area:

The facility will provide service to Mason County dialysis patients.

Please contact me with any questions.

Ann Sullivan
Director of Operations - Olympic Columbia River