



1301 A Street, Suite 400
Tacoma, WA 98402
Tel: 253-280-9612 | Fax: 253-280-9722
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October 31, 2012

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

R E C E I V E D

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 894,626**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 1,089,773**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **5** 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 **\$ 1,262,322**.

Description of the Service Area:

The service area is *Mason County*.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 1,482,616**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 1,699,724**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 1,922,233**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **5** 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 **5** 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 **\$ 2,196,685**.

Description of the Service Area:

The service area is **Mason County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an 8 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 an 8 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 **\$ 1,635,100.**

Description of the Service Area:

The service area is **King County ESRD Planning Area #4.**

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an 8 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 an 8 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 \$ 1,827,335.

Description of the Service Area:

The service area is **King County ESRD Planning Area #4.**

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Building 4, Floor 3
Tumwater, WA 98501-5447

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DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an **12** station dialysis facility. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **12** station dialysis facility that will provide and support in-center, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$1,793,602**.

Description of the Service Area:

The service area will be **King County Sub Service Area Nine (9)**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1





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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an **12** station dialysis facility. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **12** station dialysis facility that will provide and support in-center, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$1,478,312**.

Description of the Service Area:

The service area will be **King County Sub Service Area Nine (9)**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an **21** station dialysis facility. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **21** station dialysis facility that will provide and support in-center, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$1,944,137**.

Description of the Service Area:

The service area will be **King County Sub Service Area Nine (9)**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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CERTIFICATE OF NEED PROGRAM
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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for an **21** station dialysis facility. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **21** station dialysis facility that will provide and support in-center, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$2,214,654**.

Description of the Service Area:

The service area will be **King County Sub Service Area Nine (9)**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **21** station dialysis facility. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **21** station dialysis facility that will provide and support in-center, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$2,489,522**.

Description of the Service Area:

The service area will be **King County Sub Service Area Nine (9)**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1





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DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need to add **4** dialysis stations to the **DaVita Tacoma 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 operate the additional **4** dialysis stations at the **DaVita Tacoma Dialysis Center**, located at **3401 S. 19th St. Tacoma, WA 98405**. DaVita will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 60,740**.

Description of the Service Area:

The service area is **Pierce County, Sub-Service Area 4**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need to add **6** dialysis stations to the **DaVita Tacoma 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 operate the additional **6** dialysis stations at the **DaVita Tacoma Dialysis Center**, located at **3401 S. 19th St. Tacoma, WA 98405**. DaVita will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 88,160**.

Description of the Service Area:

The service area is **Pierce County, Sub-Service Area 4**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Tumwater, WA 98501-5447

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OCT 31 2012
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DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need to add **6** dialysis stations to the **DaVita Olympia 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 operate the additional **6** dialysis stations at the **DaVita Olympia Dialysis Center**, located at **335 Cooper Point Road NW Olympia, WA 98502**. DaVita will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 94,160**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **10** 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 **10** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,470,780.**

Description of the Service Area:

The service area is **Thurston County.**

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **10** 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 **10** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,735,110**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **10** 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 **10** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,998,188**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a **10** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 2,127,237**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **15** 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 **15** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,534,780**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **15** 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 **15** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 1,802,110**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **15** 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 **15** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 2,064,188**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



1301 A Street, Suite 400
Tacoma, WA 98402
Tel: 253-280-9612 | Fax: 253-280-9722
www.davita.com

October 31, 2012

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

RECEIVED
OCT 31 2012
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **15** 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 **15** station dialysis facility that will provide and support in-center, home hemodialysis and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 2,194,237**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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State of Washington Department of Health
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Tumwater, WA 98501

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OCT 31 2012
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a 6 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 6 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 \$ 862,398.

Description of the Service Area:

The service area is *Stevens County*.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Tacoma, WA 98402
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October 31, 2012

Janis Sigman, Manager
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Office of Certification and Enforcement
State of Washington Department of Health
111 Israel Rd SE
Tumwater, WA 98501

RECEIVED
OCT 31 2012
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **6** 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 **6** 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 **\$ 1,062,879**.

Description of the Service Area:

The service area is **Stevens County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



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Tacoma, WA 98402
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October 31, 2012

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

R E C E I V E D

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a 6 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 6 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 \$ 1,265,432.

Description of the Service Area:

The service area is *Stevens County*.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1



1301 A Street, Suite 400
Tacoma, WA 98402
Tel: 253-280-9612 | Fax: 253-280-9722
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October 31, 2012

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

R E C E I V E D

OCT 31 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a **6** 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 **6** 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 **\$ 1,432,866**.

Description of the Service Area:

The service area is **Stevens County**.

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

Sincerely,

David D. Natali
Group Facility Administrator
DaVita, North Star, Region 1