



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

January 31, 2013

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**

JAN 31 2013

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 **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 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 **\$ 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
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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 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 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 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 and peritoneal dialysis.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be **\$ 2,356,160**.

Description of the Service Area:

The service area is **Thurston County**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division





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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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
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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 **\$ 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
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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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
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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 **\$ 2,356,160**.

Description of the Service Area:

The service area is **Thurston County**.

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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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 relocation of its existing 5 station Whidbey Island Dialysis Center and add 6 stations. In conformance with the requirements of WAC 246-310-080, the following information is provided:

A Description of the Services Proposed:

DaVita Inc. intends to establish an *II* 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 **\$1,739,653**

Description of the Service Area:

The service area will be *Island County*.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 *II* 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 *II* 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 \$ 2,369,220.

Description of the Service Area:

The service area is *Skagit County*.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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JAN 31 2013

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 7 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 7 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 **\$1,120,340**.

Description of the Service Area:

The service area will be **King County Sub Service Area Ten (10)**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 7 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 7 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 **\$1,462,300**.

Description of the Service Area:

The service area will be **King County Sub Service Area Ten (10)**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 7 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 7 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 **\$1,814,260**.

Description of the Service Area:

The service area will be **King County Sub Service Area Ten (10)**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 7 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 7 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 **\$2,026,220**.

Description of the Service Area:

The service area will be **King County Sub Service Area Ten (10)**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 7 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 7 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 **\$2,249,470**.

Description of the Service Area:

The service area will be **King County Sub Service Area Ten (10)**.

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

Sincerely,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 **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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 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 **\$2,214,654**.

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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 **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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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 **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. 19<sup>th</sup> 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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. 19<sup>th</sup> 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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division



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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,

Anthony Halbeisen  
Director of Business Development / Certificate of Need Initiatives  
DaVita, North Star Division