

DATE: 10/11/10

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603

Dear Mr. Smith:

I am a home dialysis patient receiving my home care at BMA Greensboro. My residence Zip Code is 27205, and I live in Randolph County.

I understand that Bio-Medical Applications of North Carolina is submitting an application for a Certificate of Need to relocate the BMA Asheboro facility, add 10 new dialysis stations and add home dialysis training and support. I want to strongly encourage the CON agency to approve this application. I enthusiastically support the efforts of Bio-Medical Applications of North Carolina.

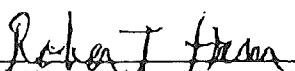
If the application to relocate and expand BMA Asheboro is approved, I would be able to transfer my home care to the BMA Asheboro facility; I would most certainly consider transferring to BMA Asheboro; it is much closer to my home and would relieve me of my monthly trip to Greensboro.

- a. The BMA Asheboro facility will be much closer to my home, and will be much more convenient for me and my transportation. The location of the new facility means that my commute to and from my monthly dialysis visit will be much shorter. This location is certainly more beneficial to me and my transportation.
- b. Continuity of my care is very important to me. I understand that the BMA Asheboro home training program will be operated in the same manner as BMA Greensboro home training. Therefore I would be happy to transfer my care.

Since the facility would be more convenient for me, operated in the same manner as my current facility, and since my nephrologist will make rounds in the new facility, I would be willing to transfer to the new BMA Asheboro facility.

I am aware that this letter will be used as support for the Bio-Medical Applications of North Carolina application for Certificate of Need to relocate and expand the BMA Asheboro dialysis facility. By my signature below, I consent to my name being associated with this application. I further understand that no other Protected Health Information, PHI, regarding me, my diagnosis, or treatment is released as a part of this application.

As a dialysis patient, I understand that this letter is non binding, and that I have the right to choose where I receive my dialysis treatments. I wish Bio-Medical Applications of North Carolina every success in this effort.


(Patient Signature)

DATE: 9-14-10

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603

Dear Mr. Smith:

I am a home dialysis patient receiving my home care at BMA Greensboro. My residence Zip Code is Robert Chapman and I live in Randolph County.

I understand that Bio-Medical Applications of North Carolina is submitting an application for a Certificate of Need to relocate the BMA Asheboro facility, add 10 new dialysis stations and add home dialysis training and support. I want to strongly encourage the CON agency to approve this application. I enthusiastically support the efforts of Bio-Medical Applications of North Carolina.

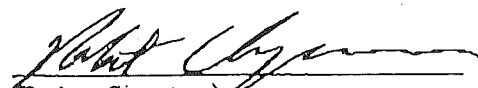
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Since the facility would be more convenient for me, operated in the same manner as my current facility, and since my nephrologist will make rounds in the new facility, I would be willing to transfer to the new BMA Asheboro facility.

I am aware that this letter will be used as support for the Bio-Medical Applications of North Carolina application for Certificate of Need to relocate and expand the BMA Asheboro dialysis facility. By my signature below, I consent to my name being associated with this application. I further understand that no other Protected Health Information, PHI, regarding me, my diagnosis, or treatment is released as a part of this application.

As a dialysis patient, I understand that this letter is non binding, and that I have the right to choose where I receive my dialysis treatments. I wish Bio-Medical Applications of North Carolina every success in this effort.


(Patient Signature)

DATE: 9/10/10

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603

Dear Mr. Smith:

I am a home dialysis patient receiving my home care at BMA Greensboro. My residence Zip Code is 27203, and I live in Randolph County.

I understand that Bio-Medical Applications of North Carolina is submitting an application for a Certificate of Need to relocate the BMA Asheboro facility, add 10 new dialysis stations and add home dialysis training and support. I want to strongly encourage the CON agency to approve this application. I enthusiastically support the efforts of Bio-Medical Applications of North Carolina.

If the application to relocate and expand BMA Asheboro is approved, I would be able to transfer my home care to the BMA Asheboro facility; I would most certainly consider transferring to BMA Asheboro; it is much closer to my home and would relieve me of my monthly trip to Greensboro.

- a. The BMA Asheboro facility will be much closer to my home, and will be much more convenient for me and my transportation. The location of the new facility means that my commute to and from my monthly dialysis visit will be much shorter. This location is certainly more beneficial to me and my transportation.
- b. Continuity of my care is very important to me. I understand that the BMA Asheboro home training program will be operated in the same manner as BMA Greensboro home training. Therefore I would be happy to transfer my care.

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As a dialysis patient, I understand that this letter is non binding, and that I have the right to choose where I receive my dialysis treatments. I wish Bio-Medical Applications of North Carolina every success in this effort.


Timi Reblaw
(Patient Signature)

DATE: 9/21/10

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Facility Services
701 Barbour Drive
Raleigh, North Carolina 27603

Dear Mr. Smith:

I am a home dialysis patient receiving my home care at BMA Greensboro. My residence Zip Code is 27033 and I live in Randolph County

I understand that Bio-Medical Applications of North Carolina is submitting an application for a Certificate of Need to relocate the BMA Asheboro facility, add 10 new dialysis stations and add home dialysis training and support. I want to strongly encourage the CON agency to approve this application. I enthusiastically support the efforts of Bio-Medical Applications of North Carolina.

If the application to relocate and expand BMA Asheboro is approved, I would be able to transfer my home care to the BMA Asheboro facility; I would most certainly consider transferring to BMA Asheboro; it is much closer to my home and would relieve me of my monthly trip to Greensboro.

- a. The BMA Asheboro facility will be much closer to my home, and will be much more convenient for me and my transportation. The location of the new facility means that my commute to and from my monthly dialysis visit will be much shorter. This location is certainly more beneficial to me and my transportation.
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As a dialysis patient, I understand that this letter is non binding, and that I have the right to choose where I receive my dialysis treatments. I wish Bio-Medical Applications of North Carolina every success in this effort.

Entha Walden
(Patient Signature)



Fresenius Medical Care

Received by the
CON Section

29 OCT 2010 2 : 13

FAX

To: Stephanie Evans

Fax: 919-733-8139

From: Jim Swann

Date: October 29, 2010

Pages:

Fresenius Medical Care
Market Development &
Certificate of Need

3725 National Drive
Raleigh, NC 27612

Phone: (919) 896-7230

Fax: (919) 896-7233

RE: BMA ASHEBORO

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