# Certificate of Need Application
# Kidney Disease Treatment Facilities

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington (RCW) 70.38 and WAC 246-310, rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

| | |
|---|---|
| Signature and Title of Responsible Officer<br> <br>Director Special Projects<br><br>Email Address<br>Jenna.gilbreath@davita.com | Date<br>October 31, 2022<br><br>Telephone Number<br>(724) 462-7102 |
| Legal Name of Applicant<br><br>Total Renal Care Inc., a wholly-owned subsidiary of DaVita Inc.<br><br>Address of Applicant<br><br>DaVita Inc.<br>2000 16th Street<br>Denver, CO 80202 | Provide a brief project description<br><br>DaVita Lynnwood Dialysis +1 Special Circumstance Station Expansion.<br><br>Estimated capital expenditure: $6,258 |
| This application is submitted under (check **one** box only):<br><br>[ ] Concurrent Review **Cycle 1** – Special Circumstances:<br><br>[ X ] Concurrent Review **Cycle 2** – Special Circumstances: | |

| |
|---|
| Identify the Planning Area for this project as defined in WAC 246-310-800(15)<br><br>Snohomish County ESRD Planning Area Three<br><br>If this facility has previously been approved to add special circumstance stations, provide the Certificate of Need number(s) for the approval.<br><br>CN1945 |

# DAVITA

# LYNNWOOD DIALYSIS EXPANSION

# SPECIAL CIRCUMSTANCES CERTIFICATE OF NEED APPLICATION

## EXECUTIVE SUMMARY

Total Renal Care, Inc., a subsidiary of DaVita Inc. (hereafter "DaVita"), proposes to expand the DaVita Lynnwood Dialysis in the Snohomish County ESRD Planning Area Three (hereafter, “Snohomish Three”) from four (4) Certificate of Need-approved stations plus one (1) Certificate of Need exempt isolation station to five (5) Certificate of Need-approved stations plus one (1) Certificate of Need-exempt isolation station, an increase of one (1) station. This proposal falls under the special circumstances application eligibility and process described in WAC 246-310-818. The proposed expanded facility will provide nearly immediate enhanced access to ESRD patients in Snohomish Three. Total Project Costs for the expanded center will be $6,258 and will be financed through operational funds on-hand allocated for the project. There are no associated Indirect Project Costs.

The proposed expanded dialysis facility will continue to occupy the existing 6,429 rentable square feet of leased space, located at **13619 Mukilteo Speedway, Suite D1, Lynnwood, WA 98087.**

This geography, as defined by the Department, is currently served by four approved facilities: DaVita Mill Creek Dialysis Center, DaVita Lynnwood, PSKC South Mountlake Terrace Dialysis Center, and PSKC Lynnwood Dialysis Center.

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# DAVITA
# LYNNWOOD DIALYSIS EXPANSION
# SPECIAL CIRCUMSTANCES CERTIFICATE OF NEED APPLICATION

## I. APPLICANT DESCRIPTION

### 1. Provide the legal name(s) and address(es)of the applicant(s).

The legal name of the applicant is Total Renal Care, Inc., a subsidiary of DaVita Inc. (hereafter, "DaVita") d.b.a. Lynnwood Dialysis. DaVita's address is DaVita Inc., 2000 16th Street, Denver, CO 80202.

We also provide the following additional information regarding DaVita:

- DaVita is a leading provider of dialysis services in the United States for patients suffering from chronic kidney failure, also known as End Stage Renal Disease, or ESRD. We currently operate or provide administrative services to more than 2,500 outpatient dialysis centers located in the United States, serving approximately 200,000 patients.
- Consistent with DaVita's mission statement to "Be the Provider, Partner and Employer of Choice," serving patients by providing quality clinical outcomes is paramount. DaVita has instituted a nationally recognized Dialysis Quality Outcomes program and maintains an aggressive Continuous Quality Improvement (CQI) program. The DaVita philosophy is patient-focused in serving the chronically ill dialysis patient by addressing all dimensions of the dialysis patient's illness state and by providing quality services through a clinical outcomes measurement and management approach to treating ESRD.
- DaVita is committed to serving chronic kidney disease patients in union with nephrologist partners. The DaVita Lynnwood Dialysis will continue to carry out this commitment through:
    - Serving patients where they live and work.
    - Providing the highest quality patient care.
    - Providing proven infrastructure and continuity to grow rapidly and cost effectively in an underserved community.
    - Supporting new patients – All DaVita dialysis centers within Washington State provide regular, in-center education and training with the goal to empower patients through information about their disease and ability to self-manage their care.
    - DaVita offers Kidney Smart, a non-branded, community-based education program for Chronic Kidney Disease (CKD) patients and their families.
    - DaVita offers access to a national non-profit kidney disease advocacy program: Dialysis Patient Citizens.
    - DaVita dialysis centers partner with a specialty-focused pharmacy service, WellDyneRx, for dialysis patients.

- DaVita's Guest Services Program provides assistance in locating other dialysis facilities for patients wishing to travel or relocate.
- DaVita will contribute to the community through increased taxes, thereby increasing the community's ability to provide support services for the ESRD patient population.

**2. Identify the legal structure of the applicant (LLC, PLLC, etc) and provide the UBI number.**

Total Renal Care, Inc. is a subsidiary of DaVita Inc., a publically held, for-profit Delaware corporation. Total Renal Care's UBI number is 601-134-681.

**3. Provide the name, title, address, telephone number, and email address of the contact person for this application.**

Jenna Gilbreath – Director, Special Projects
DaVita Inc. – North Star Division Office
32275 32nd Ave S.
Federal Way, WA 98001
Phone Number: (724) 462-7102
Email: jenna.gilbreath@davita.com

**4. Provide the name, title, address, telephone number, and email address of the consultant authorized to speak on your behalf related to the screening of this application (if any).**

Not Applicable

**5. Provide an organizational chart that clearly identifies the business structure of the applicant(s).**

DaVita is governed by its Board of Directors. Board of Director meetings are held quarterly. Organization charts are included as Appendix 1.

**6. Identify all healthcare facilities owned, operated by, or managed by the applicant. This should include all facilities in Washington State as well as out-of-state facilities. The following identifying information should be included:**

**a. Facility Names(s)**
**b. Facility Location**
**c. Facility CMS Certification Number**
**d. Facility Accreditation Status**
**e. Operation date of most recent CN approval or exemption**

DaVita is a leading provider of dialysis services in the United States for patients suffering from chronic kidney failure, also known as End Stage Renal Disease, or ESRD. We currently operate or provide administrative

services to approximately 2,500 outpatient dialysis centers in the United States, serving approximately 220,000 patients (davita.com). All DaVita facilities nationally, and their CMS license and accreditation status, are listed in Appendix 2. All applicable state regulatory agencies are listed in Appendix 13.

State licensure and accreditation is not required for outpatient dialysis facilities in Washington State. However, to establish and maintain federal Medicare certification, each DaVita facility undergoes the process established by the state in which the facility operates. Medicare certification is established through surveys conducted by the Department of Health Facility and Licensing Division. All operating Washington State DaVita facilities are Medicare-certified. All operating DaVita facilities listed in Appendix 2 are Medicare certified or awaiting survey as noted.

DaVita owns, operates or has been approved to operate forty-nine (49) dialysis facilities in Washington State. These facilities, along with their latest CN number and operational date is included below.

| | |
|---|---|
| **Battle Ground Dialysis Center** | **Olympia Dialysis Center** |
| 720 West Main St., Ste 112<br>Battle Ground, WA 98604<br>Medicare Certified<br>CN1876 - 9/8/21 | 335 Cooper Point Rd NW, Ste 105<br>Olympia, WA 98502<br>Medicare Certified<br>CN1657 – prior to 2018 |
| **Mason County Dialysis Center** | **Olympic View Dialysis Center** |
| 1930 Olympic Highway N.<br>Shelton, WA 98584<br>Medicare Certified<br>RA109 – 8/9/21 | 125 16th Ave E., 5th Floor<br>Seattle, WA 98112<br>Medicare Certified<br>CN1658 – prior to 2018 |
| **Bellevue Dialysis Center** | **Parkland Dialysis Center** |
| 3535 Factoria Blvd SE, Ste 150<br>Bellevue, WA 98006<br>Medicare Certified<br>CN – 12/4/19 | 331 140th Street South<br>Parkland, WA 98444<br>Medicare Certified<br>CN1659 – prior to 2018 |
| **Cascade Dialysis Center** | **Pilchuck Dialysis Center** |
| 145 Cascade Place, Ste 100<br>Burlington, WA 98233<br>Medicare Certified<br>CN1840 – 8/17/20 | 1250 State Avenue<br>Marysville, WA 98270<br>Medicare Certified<br>CN1791 – 7/16/19 |
| **Cooks Hill Dialysis Center** | **Puyallup Dialysis Center** |
| 1815 Cooks Hill Road<br>Centralia, WA 98531 | 802 30th Ave SW<br>Puyallup, WA 98373 |

| | |
|---|---|
| Medicare Certified<br>CN1951 – *not yet operational* | Medicare Certified<br>CN1661 – prior to 2018 |
| **Chinook Kidney Center** | **Rainier View Dialysis Center** |
| 1351 Aaron Dr, Bldg C1<br>Richland, WA 99352<br>Medicare Certified<br>CN1938 – *not yet operational* | 1822 112th Street East, Ste A<br>Tacoma, WA 98445<br>Medicare Certified<br>CN1871 – *not yet operational* |
| **Downtown Spokane Renal Center** | **Redondo Heights Dialysis Center** |
| 601 W. 5th Avenue, Suite 101<br>Spokane, WA 99204<br>Medicare Certified<br>CN1756 – 12/11/18 | 27320 Pacific Highway South<br>Federal Way, WA 98003<br>Medicare Certified<br>CN1933 – *not yet operational* |
| **East Wenatchee Dialysis Center** | **Renton Dialysis Center** |
| 300 Colorado Avenue<br>East Wenatchee, WA 98802<br>Medicare Certified<br>CN1842 – 6/8/20 | 4110 NE 4th St, Ste E<br>Renton, WA 98059<br>Medicare Certified<br>CN1640 – prior to 2018 |
| **Seaview Dialysis Center** | **Spokane Valley Renal Center** |
| 101 18th Street SE<br>Long Beach, WA 98631<br>Medicare Certified<br>CN1663 – prior to 2018 | 12610 E. Mirabeau Pkwy, Suite 100<br>Spokane Valley, WA 99216<br>Medicare Certified<br>CN1754 – 4/6/19 |
| **Wapato Dialysis Center** | **Tacoma Dialysis Center** |
| 502 W. 1st Street<br>Wapato, WA 98951<br>Medicare Certified<br>CN1641 – prior to 2018 | 3401 South 19th Street<br>Tacoma, WA 98405<br>Medicare Certified<br>CN1793 – 12/4/19 |
| **Ellensburg Dialysis Center** | **Tumwater Dialysis Center** |
| 2101 W Dolarway Rd, Ste 1<br>Ellensburg, WA 98926<br>Medicare Certified<br>CN1645 – prior to 2018 | 855 Trosper Rd SW, Ste 110<br>Tumwater, WA 98512<br>Medicare Certified<br>CN1666 – prior to 2018 |
| **Everett Dialysis Center** | **Union Gap Dialysis Center** |
| 8130 Evergreen Way | 1236 Ahtanum Ridge Dr. |

| | |
|---|---|
| Everett, WA 98203<br>Medicare Certified<br>CN1841 – 8/20/20 | Union Gap, WA 98903<br>Medicare Certified<br>CN1884 – 8/30/21 |
| **Federal Way Community Dialysis Center** | **Vancouver Dialysis Center** |
| 1015 S 348th St<br>Federal Way, WA 98003<br>Medicare Certified<br>CN1755 – 5/30/19 | 9120 NE Vancouver Mall Drive, Ste 160<br>Vancouver, WA 98662<br>Medicare Certified<br>CN1875 – 9/2/21 |
| **Graham Dialysis Center** | **Wenatchee Valley Dialysis Center** |
| 10219 196th St Ct. E., Ste C<br>Graham, WA 98338<br>Medicare Certified<br>CN1889 – *not yet operational* | 116 Olds Station Rd<br>Wenatchee, WA 98801<br>Medicare Certified<br>CN1669 – prior to 2018 |
| **Kennewick Dialysis Center** | **Westwood Dialysis Center** |
| 3208 W 19th Ave, Ste 101<br>Kennewick, WA 99337<br>Medicare Certified<br>CN1939 – *not yet operational* | 2615 SW Trenton Street<br>Seattle, WA 98126<br>Medicare Certified<br>CN – 2/2/21 |
| **Kent Dialysis Center** | **Whidbey Island Dialysis Center** |
| 21851 84th Ave S<br>Kent, WA 98032<br>Medicare Certified<br>CN1874 – 8/31/21 | 32650 State Route 20, Bldg. D, Ste 101<br>Oak Harbor, WA 98277<br>Medicare Certified<br>CN1922 – 2/18/22 |
| **Lakewood Community Dialysis Center** | **Yakima Dialysis Center** |
| 5919 Lakewood Towne Center Blvd SW, Ste A<br>Lakewood, WA 98499<br>Medicare Certified<br>CN1651 – prior to 2018 | 1221 N. 16th Ave.<br>Yakima WA 98902<br>Medicare Certified<br>CN1886 – 9/14/21 |
| **Lynnwood Dialysis Center** | **Zillah Dialysis Center** |
| 13619 Mukilteo Speedway, Ste D-1<br>Lynnwood, WA 98087<br>Medicare Certified<br>CN1945 – 9/23/22 | 823 Zillah West Road, Ste 300<br>Zillah, WA 98953<br>Medicare Certified<br>CN1885 – 9/30/21 |
| **Mid-Columbia Kidney Center** | **Mount Baker Kidney Center** |

| | | |
|---|---|---|
| 6825 Burden Boulevard, Suite A<br>Pasco, WA 99301<br>Medicare Certified<br>CN1653 – prior to 2018 | | 410 Birchwood Avenue, Ste 100<br>Bellingham, WA 98225<br>Medicare Certified<br>CN1831 – 7/24/21 |
| **Mill Creek Dialysis Center** | | **North Spokane Renal Center** |
| 18001 Bothell Everett Hwy, Ste 112<br>Bothell, WA 98012<br>Medicare Certified<br>CN1925 – 3/21/22 | | 7701 N. Division St.<br>Spokane, WA 99208<br>Medicare Certified<br>CN1656 – prior to 2018 |
| **Mt. Adams Dialysis Center** | | **Indian Trail Dialysis Center** |
| 3220 Picard Place<br>Sunnyside, WA 98944<br>Medicare Certified<br>CN1926 – 7/21/22 | | 5240 W Lowell Ave.<br>Spokane, WA 99208<br>Medicare Certified<br>CN – 2/24/21 |
| **Lake Tapps Dialysis Center** | | **Lacey Dialysis Center** |
| 16290 Auto Ln.<br>Sumner, WA 98390<br>Medicare Certified<br>CN – 12/25/20 | | 5200 Yelm Hwy SE<br>Lacey, WA 98503<br>Medicare Certified<br>CN1772 – 6/2/21 |
| **Issaquah Dialysis Center** | | **Auburn Valley Dialysis Center** |
| CN1844 – *not yet operational* | | CN1788E – *not yet operational* |
| **Monument Hill Dialysis Center** | | **Woodland Dialysis Center** |
| 900 13th Ave SW Ste A<br>Quincy, WA 98848<br>Medicare Certified<br>CN1863 – 7/14/22 | | CN1936 – *not yet operational* |
| **Ferndale Dialysis Center** | | |
| CN1937 – *not yet operational* | | |

# II. Project Description

## 1. Provide the name and address of the existing facility.

The expanded DaVita Lynnwood Dialysis will provide kidney dialysis services for residents of the Snohomish County ESRD planning area Three. The location is:

**DaVita Lynnwood Dialysis**
13619 Mukilteo Speedway Center
Suite D1
Lynnwood, WA 98087

## 2. If this facility has previously been approved to add special circumstance stations, explain why this project is consistent with WAC 246-310-818(3).

DaVita Lynnwood Dialysis was previously approved to add one special circumstance station on September 23, 2022 (CN1945). WAC 246-310-818 (3) allows a facility two special circumstance stations before the department awards additional nonspecial circumstances kidney dialysis stations in the planning area. Since DaVita Lynnwood Dialysis was only awarded one special circumstance station previously, the facility is eligible for one additional special circumstances station.

## 3. Provide a detailed project description of the proposed project.

This project will add one (1) new station to the service area, and will do so in an at-capacity facility, given the nature of qualifying for eligibility for a special circumstances application. This additional capacity in DaVita Lynnwood Dialysis will provide additional shift options for existing patients and allow for admission of dialysis patients that might otherwise be required to dialyze in facilities farther from their homes, including in neighboring planning areas. The Lynnwood facility operated at 5.81 patients per station in the most recent six months. The continued census growth and at-capacity status of the Lynnwood facility necessitates additional capacity via special circumstances.

Patients of the Lynnwood Dialysis Center will also maintain their access to DaVita national programs. The proposed dialysis centers will offer access to a specialty-focused pharmacy partner, WellDyneRx. Patients and their families will also have access to the Guest Services Program that provides assistance in locating other dialysis facilities for patients wishing to travel or relocate. Additionally, the Kidney Smart Education Program, which is described in Appendix 19, offers robust education for those in the community whose disease may not have yet progressed to ESRD, generating greater awareness of how best to self-manage their care and what treatment options are available to discuss with their nephrologists.

**4. Identify any affiliates for this project, as defined in WAC 246-310-800(1).**

This question is not applicable, as DaVita Inc., through Total Renal Care, Inc., is the sole owner of Lynnwood Dialysis, and will remain so upon the completion of this project. It therefore has no affiliates for this project.

**5. With the understanding that the review of a Certificate of Need kidney dialysis Special Circumstance application typically takes three and a half months, provide an estimated timeline for project implementation using the table on the following page.**

**The table below outlines the anticipated dates of approval, design completion, construction commencement and completion, and preparation for survey based on an approval date, assuming all variables operate according to historical trends. DaVita continues to refine and streamline the facility development process.**

Please note that this timeline assumes that DaVita's project is approved in February 2023 and that the CON is uncontested after approval. If the approval date is pushed into the future and/or the CON is legally contested, this timeline would need to adjust and be pushed into the future accordingly.

**Table 1**
**DaVita Lynnwood Dialysis**
**Anticipated Dates of Project Implementation**

| Event | Anticipated Month, Day, and Year |
|---|---|
| Project Approval | February 15, 2023 |
| Design Complete | February 15, 2023 |
| Construction Commenced | N/A |
| Construction Completed | N/A |
| Facility Prepared for Survey/ "Operational" | March 1, 2023 |

**6. Identify the Month/Day/Year that the additional station(s) are expected to be operational as defined in WAC 246-310-800(12).**

DaVita expects that the expansion stations will be operational and prepared for survey as defined in WAC 246-310-800(12) by **March 1, 2023**, based on a February 15, 2023 approval date.

**7. Provide a detailed discussion of existing services and how these would or would not change as a result of the project. Services can include but are not limited to: in-center hemodialysis, home hemodialysis training, peritoneal dialysis training, a late shift (after 5:00 pm), etc.**

DaVita Lynnwood Dialysis does not expect its existing services to change as a result of the project, except for its ability to offer additional capacity for in-center hemodialysis patients, due to an increase from to four (4) to five (5) approved stations. Lynnwood Dialysis currently offers services to:

- Hemodialysis patients who dialyze in the chronic setting,

- Hemodialysis patients requiring isolation,
- Hemodialysis patients requiring treatment shifts that begin after 5:00 PM, and
- Patients requiring dialysis in a permanent bed station.

Additional services provided include:

- Treatment for visiting hemodialysis patients from other areas outside Snohomish County, and
- Community education for patients recently diagnosed with Chronic Kidney Disease (CKD).

**8. Fill out the table below identifying the current and proposed configuration of dialysis stations. Note – an exempt isolation station defined under WAC 246-310-800(9) is not counted in the methodology, but is included in the total count of certified in-center stations.**

| | Before | | After | |
|---|---|---|---|---|
| | CMS Certified Stations | Stations Counted in the Methodology | CMS Certified Stations | Stations Counted in the Methodology |
| General Use In-center Stations | 3 | 3 | 4 | 4 |
| Permanent Bed Stations | 1 | 1 | 1 | 1 |
| Exempt Isolation Stations | 1 | 0 | 1 | 0 |
| Isolation Stations (not exempt) | 0 | 0 | 0 | 0 |
| Total Stations | 5 | 4 | 6 | 5 |

**9. Provide a general description of the types of patients to be served by the facility at project completion.**

DaVita Lynnwood Dialysis currently serves patients requiring in-center hemodialysis (both chronic and acute). In addition, it serves patients requiring isolation and those requiring treatment shifts beginning after 5:00 PM, as well as those requiring dialysis in a permanent bed station. Finally, it also serves visiting hemodialysis patients and recently diagnosed CKD patients. These types of patients are not expected to change following project completion.

**10. Provide a copy of the letter of intent that was already submitted according to WAC 246-310-080.**

A copy of the letter of intent is included in Appendix 5.

**11. Provide single-line drawings (approximately to scale) of the facility, both before and after project completion. Reference WAC 246-310-800(11) for the definition of maximum treatment area square footage. Ensure that stations are clearly labeled with their square footage identified, and specifically identify future expansion stations (if applicable)**

A single line drawing, showing both before and after project completion, is included as Appendix 17. Per its certificate of need, Lynnwood Dialysis may operate four (4) in-center stations and one (1) exempt isolation station that does not count towards its Certificate of Need station count. These stations are numbered 1-4 in the second single line drawing in Appendix 17, with the exempt isolation station noted and not numbered. The applied-for station is numbered 5 on the future floor plan. Finally, note that up to 300 square feet is allocated for future expansion stations per WAC 246-310-800(11)(c) on the proposed line drawing.

## 12. Provide the gross and net square feet of this facility. Treatment area and non-treatment area should be identified separately.

DaVita Lynnwood Dialysis consists of (and will consist of, after project completion) 6,429 square feet. The treatment area consists of 2,001 square feet, and non-treatment area of 4,428 square feet. Lynnwood Dialysis space allocations are included in Table 2 below.

| SQUARE FOOTAGE ALLOCATION | |
|---|---|
| **Category** | **After Completion** |
| **Treatment Floor Area** | |
| Chronic Dialysis Stations | 320 |
| Isolation Station | 121 |
| Permanent Bed Station | 100 |
| Expansion Stations | 160 |
| Nurse Station / Med Prep Area | 285 |
| Patient Prep | 41 |
| Circulation | 952 |
| Lab Prep | 22 |
| Storage | 0 |
| **Treatment Floor Area Total** | 2,001 |
| **Non-Treatment Floor Area** | |
| Water Room | 305 |
| Re-Use | 0 |
| Bio-Med | 116 |
| Staff Toilet / Lounge | 255 |
| Janitorial / Electric | 127 |
| Business Office / Medical Records | 63 |
| Reception | 168 |
| Conference Room / Huddle | 255 |
| Home Training, PD & HHD Nurses | 362 |
| Patient Toilets | 111 |
| Storage / Med Waste / Wheelchair | 549 |
| Staff Offices | 267 |
| HVAC / Circulation | 1,850 |
| **Non-Treatment Floor Area Total** | 4,428 |
| **Total Space** | 6,429 |

In Table 3, below, is calculated the maximum treatment area square footage of 2,275 square feet. Treatment floor area at project completion will be 2,001 square feet, below the maximum allowable square footage.

| Table 3 | | | |
|---|---|---|---|
| **Maximum treatment floor area square footage: WAC 246-310-800(11)** | | | |
| Area Type | Number of Stations | Sq Ft Per Station | Total Square Feet |
| (a) General Use | 4 | 150 | 600 |
| (b) Permanent Bed | 1 | 200 | 200 |
| (b) Exempt Isolation | 1 | 200 | 200 |
| (c) Future Expansion | 2 | 150 | 300 |
| Other Treatment Floor Space | *75% * sum of (a), (b) and (c)* | | 975 |
| **Total** | | | **2,275** |

## 13. Provide the existing facility's Medicare and Medicaid numbers.

DaVita Lynnwood Dialysis is, and will remain after project completion, certified by Medicare and Medicaid. Expansion certification will be requested from Medicare and Medicaid upon project completion. Lynnwood's Medicare and Medicaid numbers are below:

Medicare Provider Number: 50-2595
Medicaid Provider Number: 2125912

# III. Certificate of Need Review Criteria

## A. Need (WAC 246-310-210)

## 1. List all other dialysis facilities currently operating in the planning area, as defined in WAC 246-310-800(15).

WAC 246-310-800(15) defines the Snohomish Three ESRD planning area. Table 4 provides a list of all other dialysis facilities operating in Snohomish Three. Note that Table 4 also includes DaVita Lynnwood Dialysis, the subject of this expansion application.

| Table 4 | | |
|---|---|---|
| | **Provider** | **Approved Stations** |

| Existing Dialysis Facilities in Snohomish Three | | |
|---|---|---|
| DVA MILL CREEK 502561 | DVA | 10 |
| PSKC SOUTH Mtlk Ter. 502521 | PSKC | 31 |
| DVA LYNNWOOD 502595 | DVA | 4 |
| PSKC LYNNWOOD | PSKC | 14 |

**2. Consistent with WAC 246-310-818(1), provide the facility's historical utilization data for the most recent six months preceding the letter of intent period. This data should show each month separately and acquired from the Northwest Renal Network / Comagine ESRD Network 16.**

DaVita is proposing to add one station to Lynnwood Dialysis under WAC 246-310-818. Per WAC 246-310-818(1)(a), a facility in a 4.8 planning area (Snohomish Three) must operate at or above an average of 5.0 patients per station for the most recent six consecutive month period preceding the letter of intent submission date for which data is available. Table 5 includes the most recent six months' utilization data for in-center patients preceding the letter of intent period. As the letter of intent period was October 3, 2022, these six months end on September 30, 2022. The data provided in Table 5 was acquired from the Northwest Renal Network / Comagine ESRD Network 16 and can be found in Appendix 20.

Please note the calculation below assumes Lynnwood was CN-approved for 4 stations throughout the six month period to provide a conservative calculation. If we calculated utilization off of the 3 stations that Lynnwood was technically CN-certified for up until September 2022, the utilization would be even higher.

| **Table 5: Previous Six Month Utilization** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Lynnwood** | | | | | | | |
| Year | Apr-22 | May-22 | June-22 | July-22 | Aug-22 | Sep-22 | **Average per Station** |
| Total CN approved in-center stations | 4 | 4 | 4 | 4 | 4 | 4 | |
| Total in-center patients | 24 | 24 | 21 | 22 | 24 | 24 | |
| Patients per station | 6.00 | 6.00 | 5.25 | 5.50 | 6.00 | 6.00 | **5.81** |

**3. Consistent with WAC 246-310-818(3) and (4) confirm that the facility proposing to add stations with this application:**

- **a. Has not been approved to add two stations under special circumstance review or that since approval to add two special circumstance stations a facility in the planning area has been approved to add nonspecial circumstances stations.**
- **b. Has not operationalized relocated stations within the last three years.**

DaVita Lynnwood Dialysis was previously approved to add one special circumstance station on September 23, 2022 (CN1945). WAC 246-310-818 (3) allows a facility two special circumstance stations before the department awards additional nonspecial circumstances kidney dialysis stations in the planning area. Since DaVita Lynnwood Dialysis was only awarded one special circumstance station previously, the facility is eligible for one additional special circumstances station.

DaVita Lynnwood Dialysis has not relocated any stations or operationalized relocated stations within the last three years.

## 4. Consistent with WAC 246-310-818(5) or (6) provide the most recent six months utilization data for all facilities approved to operate in the planning area and owned, operated, or affiliated with the applicant.

Per WAC 246-310-818(5), a facility is ineligible for a special circumstances one-or-two-station expansion in a 4.8 planning area (Snohomish Three) if the owner or affiliate has approved certificate of need stations in the planning area that have operated below an average of 4.5 patients per station for the most recent six consecutive month period preceding the letter of intent submission date for which data is available. DaVita Mill Creek Dialysis Center has operated above this threshold.

| **Table 6A: Previous Six Month Utilization** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Mill Creek** | | | | | | | |
| Year | Apr-22 | May-22 | June-22 | July-22 | Aug-22 | Sep-22 | **Average per Station** |
| Total CN approved in-center stations | 10 | 10 | 10 | 10 | 10 | 10 | |
| Total in-center patients | 48 | 46 | 47 | 46 | 49 | 52 | |
| Patients per station | 4.80 | 4.60 | 4.70 | 4.60 | 4.90 | 5.20 | **4.81** |

## 5. Provide both historical and projected utilization of the facility for the first three full years of operation with additional stations. Be sure to include the intervening years between historical and projected. Include all assumptions used to make these projections.

As DaVita Lynnwood Dialysis is an existing facility for which DaVita is applying for a one station expansion, the facility's historical utilization for the last three full calendar years is provided in Table 7 below. The relevant data for total in-center patients and total home patients is the NWRN modality reports for the periods ended 12/31/2019, 12/31/2020, and 12/31/2021. The relevant data for total in-center stations is the historical number of operational stations for the majority of 2019, 2020, and 2021. The relevant data for total in-center treatments and total home treatments is from internal calendar year-end financial reports.

The table below provides projected utilization summaries from current year through completion of the third full year of operation (2026). In-center patient volume is based on a 5-year projection of Snohomish Three patients using a regression of 5 years historical data and DaVita's own experience. In-center treatments are based on an assumption of 3 treatments per week per patient for 52 weeks with a 5% allowance for missed treatments. Facility-specific growth rates and home patient volume and growth rates are based on a 5-year projection of Snohomish Three patients using a regression of 5 years historical data, facility growth rates, planning area growth rates, historical home/in-center proportions, and DaVita's experience. The expansion year anticipates expansion on March 1, 2023.

| Table 7 | Historical 2019 | Historical 2020 | Historical 2021 | Forecast 2022 | Partial 2023 Jan-Feb | Partial 2023 Mar-Dec | Full Year 2024 | Full Year 2025 | Full Year 2026 |
|---|---|---|---|---|---|---|---|---|---|
| Total in-center stations (excluding CON exempt ISO) | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 5 | 5 |
| Total in-center patients (end of year) | 6 | 13 | 18 | 24 | 25 | 25 | 25 | 25 | 26 |
| Total in-center treatments | 712 | 1,428 | 2,564 | 3,112 | 605 | 3,088 | 3,705 | 3,705 | 3,779 |
| Total PD patients (end of year) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total PD treatments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total HHD patients (end of year) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total HHD treatments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 6. Identify any factors in the planning area that could restrict patient access to dialysis services. WAC 246-310-210(1), (2).

DaVita is not aware of factors relating to its proposed expansion of services that could restrict patient access to dialysis services in the planning area. On the contrary, an expansion of stations in its efficiently-run Lynnwood Dialysis, currently averaging more than five (5) patients per station utilization of the past six (6) months, will enhance patient access. As detailed in its response to question 7 under the Project Description, no existing services provided to dialysis patients or community members diagnosed with chronic kidney disease (CKD) will be curtailed under this project.

## 7. Identify how this project will be available and accessible to low-income persons, racial and ethnic minorities, women, mentally handicapped persons, and other under-served groups.

DaVita's history of providing dialysis services at numerous locations throughout Washington State provides evidence that all ESRD patients have access to DaVita's facilities, including members of the under-served groups referenced in WAC 246-310-210(2). Appendix 14 includes a copy of the admission, patient financial evaluation, and patient involuntary transfer policies which document that access will not be denied at DaVita Lynnwood Dialysis due to indigence, racial or ethnic identity, gender or handicapped status. The pro forma shows that funds have been budgeted to provide charity care.

## 8. Provide a copy of the following policies:

- Admissions policy
- Charity care or financial assistance policy
- Patient Rights and Responsibilities policy
- Non-discrimination policy
- Any other policies directly associated with patient access (example, involuntary discharge)

Copies of these policies are provided in Appendix 14. DaVita's history of providing dialysis services at numerous locations throughout Washington State provides evidence that all ESRD patients have access to DaVita's facilities, including members of the under-served groups referenced in the regulation, in combination with the policies in Appendix 14.

## B. Financial Feasibility (WAC 246-310-220)

## 1. Provide documentation that demonstrates the immediate and long-range capital and operating costs of the project can be met. This should include but is not limited to:

a. Utilization projections. These should be consistent with the projections provided under the Need section. Include all assumptions.

b. Pro Forma financial projections for at least the first three full calendar years of operation. Include all assumptions.
c. For existing facilities proposing a station addition, provide historical revenue and expense statements, including the current year. Ensure these are in the same format as the pro forma projections. For incomplete years, identify whether the data is annualized.

Utilization projections are included in Question 5 in the in the Need section above. DaVita Lynnwood Dialysis Detailed Projected Operating Statement (Pro Forma) covering the first three full years in operation is included in Appendix 9. Historical and current financial statements are included in Appendix 8.

**2. Provide the following agreements/contracts:**

- Management agreement.
- Operating agreement
- Medical director agreement
- Development agreement
- Joint Venture agreement

A signed Medical Director Agreement, valid through the first three full years following completion of the project, is included in Appendix 3. The facility Medical Director is Dr. Katrina Carli (MD #60374354).

Neither a management agreement nor an operating agreement is applicable to this project, as DaVita Inc. is the sole owner and operator of Lynnwood Dialysis via its subsidiary, Total Renal Care, Inc. Nor is a joint venture agreement applicable, as DaVita is the sole owner of Lynnwood Dialysis and will continue to be so at the conclusion of the project – it has no joint venture partners on this project.

**3. Provide documentation of site control. This could include either a deed to the site or a lease agreement for the site. If a lease agreement is provided, the terms must be for at least five years following project completion.**

The DaVita Lynnwood Dialysis Center executed lease is included in Appendix 15.

**4. Provide county assessor information and zoning information for the site. If zoning information for the site is unclear, provide documentation or letter from the municipal authorities showing the proposed project is allowable at the identified site.**

Zoning & county assessor documentation for the existing DaVita Lynnwood Dialysis Center is provided in Appendix 16.

**5. Complete the table below with the estimated capital expenditure associated with this project. Capital expenditure for the purposes of dialysis applications is defined under WAC 246-310-800(3). If you have other line items not listed below, include the**

**definition of the line item. Include all assumptions used to create the capital expenditure estimate.**

| Table 8: Estimated Capital Expenditure<br>DaVita Lynnwood Dialysis<br>Item | Cost |
|---|---|
| a. Land Purchase | $ - |
| b. Utilities to Lot Line | $ - |
| c. Land Improvements | $ - |
| d. Building Purchase | $ - |
| e. Residual Value of Replaced Facility | $ - |
| f. Building Construction | $ - |
| g. Fixed Equipment (not already included in the construction contract) | $ - |
| h. Movable Equipment | $ 2,911 |
| i. Architect and Engineering Fees | $ 2,652 |
| j. Consulting Fees | $ - |
| k. Site Preparation | $ - |
| l. Supervision and Inspection of Site (including Permits) | $ 354 |
| m. Any Costs Associated with Securing the Sources of Financing (include interim interest during construction) | $ - |
| 1. Land | $ - |
| 2. Building | $ - |
| 3. Equipment | $ - |
| 4. Other | $ - |
| n. Washington Sales Tax | $ 341 |
| **Total Estimated Capital Expenditure** | **$ 6,258** |

6. **Identify the entity responsible for the estimated capital costs identified above. If more than one entity is responsible, provide breakdown of percentages and amounts for all.**

DaVita, Inc, via its subsidiary Total Renal Care, Inc., is solely responsible for the capital costs identified above.

7. **Provide a non-binding contractor's estimate for the construction costs for the project.**

No construction is required for this project.

8. **Provide a detailed narrative regarding how the project would or would not impact costs and charges for services. WAC 246-310-220.**

Historical revenue and expense statements, including the current year, are included in Appendix 8. The DaVita Lynnwood Dialysis Detailed Projected Operating Statement (Pro Forma) covering the first three full years in operation is included in Appendix 9. As required per WAC 246-310-815(1)(b), that pro forma is based on the facility's current payer mix and current expenses. All major pro forma assumptions are also outlined in Appendix 9.

No existing facility is expected to lose volume or market share below Certificate of Need standards as a result of this project, as Lynnwood Dialysis is already operating at or near capacity by virtue of its utilization eligibility for a special circumstances application. The proposed facility will operate at utilization levels consistent with required utilization levels. Reimbursements for dialysis services are not subject to or affected by capital improvements and expenditures by providers; the proposed project will have no impact on increases in charges for services within the ESRD planning area.

## 9. Provide documentation that the costs of the project, including any construction costs, will not result in an unreasonable impact on the costs and charges for health services in the planning area. WAC 246-310-220.

WAC 246-310-815(2) requires that applicants limit the costs of facility projects by creating a test of reasonableness in the construction of finished treatment floor area square footage. The treatment floor area must not exceed the maximum treatment floor area square footage defined in WAC 246-310-800(11). As outlined in response to Question 12 under the Project Description, DaVita does not propose to construct treatment floor space in excess of the maximum treatment floor area square footage, and thus, under the WAC 246-310-815(2) test, this project does not have an unreasonable impact on costs and charges.

Additionally, as noted in response to question eight, reimbursements for dialysis services are not subject to or affected by capital improvements and expenditures by providers; the proposed project will have no impact on increases in charges for services within the ESRD planning area.

## 10. Provide the historical payer mix by revenue and by patients using the example table below. If "other" is a category, define what is included in "other."

Table 9 provides historical and expected payor mix for DaVita Lynnwood Dialysis, projected using facility data and aligned with the pro forma operating statement.

| **Table 9<br>DaVita Lynnwood Dialysis<br>Historical & Projected Payer Mix** | **Percentage by Revenue** | **Percentage by Patient** |
|---|---|---|
| Medicare | 50.39% | 63.58% |
| Medicaid | 8.30% | 12.90% |
| Commercial, Other Government, and Other | 41.31% | 23.51% |
| Total | 100.00% | 100.00% |

"Other" includes such categories as one-off agreements and patient pay and constitutes a very small share of payer mix by both revenue and treatment volume as almost all dialysis patients are covered by either Medicare, Medicaid, or another private insurance type.

**11. If the payer mix is expected to change as a result of this project, provide the projected payer mix by revenue and patients for the existing facility using the same table format shown above.**

Payer mix percentages are not expected to change as a result of this project.

**12. Provide a listing of all new equipment proposed for this project. The list should include estimated costs for the equipment. If no new equipment is required, explain.**

Table 10 provides a listing of all new equipment proposed for this project (including estimated sales tax).

**Table 10**
**DaVita Lynnwood Dialysis**
**New Equipment**

| Expenditure Category | Allocated Equipment Cost |
|---|---|
| Communication/Computer Equipment | $ - |
| Water Treatment/Biomedical/Reuse | $ - |
| Clinical Equipment | $ 2,911 |
| Dialysis Machines, IV Pumps, AED, EKG, etc. | |
| Permanent bed | |
| Patient Scale, Ice Machine, Patient Lift, etc. | |
| Dialysis Chairs, Chart Racks, Stools, etc. | |
| Storage, Fixtures, Artwork, Office Equipment, etc. | $ - |
| Sales Tax (included in above where applicable) | $ 341 |
| **Total Equipment Costs** | **$ 3,252** |

**13. Identify the source(s) of financing (loan, grant, gifts, etc.) and provide supporting documentation from the source.**

The project will be funded from DaVita's capital expenditures budget. Capital budgeting reflects appropriate allocations of funds for projects in the Pacific Northwest. A letter from Mike Staffieri, Chief Operating Officer, committing to these funds is included as Appendix 6.

**14. If this project will be debt financed through a financial institution, provide a repayment schedule showing interest and principal amount for each year over which the debt will be amortized. WAC 246-310-220**

This question is not applicable.

**15. Provide the applicant's audited financial statements covering at least the most recent three years. WAC 246-310-220.**

Audited financial statements for DaVita Inc., covering the time period from 2018-2020, are provided in Appendix 10.

## C. Structure and Process (Quality) of Care (WAC 246-310-230)

**1. Provide a table that shows FTEs [full time equivalents] by category for the proposed facility. If the facility is currently in operation, include at least the last three full years of operation, the current year, and the first three full years of operation following project completion. There should be no gaps in years. All staff categories should be defined.**

Table 11 presents projected staffing for DaVita Lynnwood Dialysis.

| Table 11 | DaVita Lynnwood Dialysis | | FTEs | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Avg Wage Rate | Staffing Ratio (pts per shift, station) | Historical 2019 | Historical 2020 | Historical 2021 | Forecast 2022 | Partial 2023 Jan-Feb | Partial 2023 Mar-Dec | Full Year 2024 | Full Year 2025 | Full Year 2026 |
| Administrator | $ 44.21 | 80 | 0.48 | 0.36 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 | 0.30 |
| Admin Assistant | $ 20.13 | 110 | 0.00 | - | - | - | - | - | - | - | - |
| Social Worker | $ 33.50 | 120 | 0.09 | 0.02 | 0.05 | 0.18 | 0.20 | 0.21 | 0.21 | 0.21 | 0.21 |
| Dietician | $ 40.07 | 120 | 0.05 | 0.05 | 0.06 | 0.18 | 0.20 | 0.21 | 0.21 | 0.21 | 0.21 |
| RN - In-Center | $ 38.17 | 12 | 0.86 | 1.12 | 1.12 | 1.91 | 2.23 | 2.28 | 2.28 | 2.28 | 2.32 |
| PCT | $ 20.81 | 4 | 0.82 | 1.32 | 1.32 | 1.74 | 2.03 | 2.08 | 2.08 | 2.08 | 2.12 |
| Biomed | $ 29.07 | 40 | 0.28 | 0.29 | 0.34 | 0.10 | 0.13 | 0.15 | 0.15 | 0.15 | 0.15 |
| Other | $ 32.95 | 80 | 0.67 | 0.27 | 0.33 | 0.42 | 0.31 | 0.31 | 0.31 | 0.31 | 0.32 |

**2. Provide the assumptions used to project the number and types of FTEs identified for this project.**

DaVita projects FTEs based on staffing ratios for patients per shift, FTE, or station count (including any exempt isolation station, in the case of biomed), combined with clinical expertise and historical experience with the facility. General ratios are presented in Table 11.

**3. Identify the salaries, wages, and employee benefits for each FTE category.**

Aggregated salary and wage rates for each FTE category are noted in Table 11, based on actual rates from 2021. Benefits are calculated at 38.59% of gross wages.

**4. Provide the name and professional license number of the current or proposed medical director. If not already disclosed under 210(1) identify if the medical director is an employee or under contract.**

The current Medical Director is Dr. Katrina Carli (MD #60374354), who is under contract to provide medical director services to Lynnwood Dialysis, and is not an employee of DaVita.

**5. Identify key staff, if known. (nurse manager, clinical director, etc.)**

The Lynnwood Dialysis Facility Administrator (FA) is Justin Fernandez.

**6. Provide names and professional license numbers for current credentialed staff.**

Names and professional license numbers for current credentialed staff are provided in Appendix 7.

**7. Describe your methods for staff recruitment and retention. If any barriers to staff recruitment exist in the planning area, provide a detailed description of your plan to staff this project.**

DaVita anticipates no difficulty in recruiting the necessary personnel to continue to staff DaVita Lynnwood Dialysis. Based on our experience operating facilities in the planning area, DaVita anticipates that staff from the existing Lynnwood Dialysis and geographically adjacent facilities will serve patients at the expanded Lynnwood Dialysis. Moreover, DaVita has been repeatedly recognized as a Top Employer and a Military Friendly Employer (davita.com/about/awards) and offers a competitive wage and benefit package to employees. DaVita posts openings nationally both internally and external to DaVita.

**8. Provide a listing of ancillary and support service vendors already in place.**

Please see a list of ancillary and support agreements in place at DaVita Lynnwood Dialysis, along with their vendors, in Appendix 11.

**9. Identify whether any of the existing ancillary or support agreements are expected to change as a result of this project.**

No existing ancillary or support agreements are expected to change as a result of this project.

**10. Provide a listing of ancillary and support services that would be provided on site and those provided through a parent corporation off site.**

Ancillary services such as social services, nutrition services, financial counseling, pharmacy access, patient education, staff education, information services, material management, administration and biomedical technical services are provided on site. Additional services are coordinated through DaVita's main office in

Denver, Colorado, and support offices in Federal Way, Washington, and elsewhere. These ancillary and support services provided centrally include the Guest Services Program that provides assistance in locating other dialysis facilities for patients wishing to travel or relocate. In addition, DaVita offers centralized revenue cycle, management services, quality improvement services, biomedical equipment maintenance and a number of other high-value off-site programs.

## 11. Provide a listing of healthcare facilities with which the dialysis center has working relationships.

Please see the list of healthcare facilities provided in Table 12, below.

| **Table 12**<br>**Healthcare Facility Relationships** | **Type of Relationship** |
|---|---|
| **Prestige Post-Acute and Rehab Center – Edmonds** | Nursing Home Dialysis Transfer Agreement |
| **Providence Regional Medical Center** | Patient Transfer |
| **Local Physician Groups** | Attending and Rounding |
| **University of Washington Medical Center** | Transplant |
| **Virginia Mason Medical Center** | Transplant |
| **Swedish Medical Center** | Transplant |

## 12. Provide a copy of the existing or proposed transfer agreement with a local hospital.

Please see the transfer agreement provided in Appendix 12.

## 13. Clarify whether any of the existing working relationships would change as a result of this project.

No existing working relationships are expected to change as a result of this project, except for any enhancement due to increased access to dialysis services for other healthcare facilities' ESRD patients.

## 14. Fully describe any history of the applicant concerning the actions noted in Certificate of Need rules and regulations WAC 246-310-230(5)(a). If there is such history, provide documentation that the proposed project will be operated in a manner that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements. This could include a corporate integrity agreement or plan of correction.

DaVita and the United States Department of Health and Human Services, Office of Inspector General entered into a Corporate Integrity Agreement ("CIA") to promote compliance with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal health care programs and, in particular, included the appointment of an Independent Monitor to prospectively review DaVita's arrangements with nephrologists and other health care providers for compliance with the Anti-Kickback Statute (collectively, "Federal Health Care Programs and Laws"). That Independent Monitor completed the prospective review process in the fall of 2017. Each arrangement is now reviewed by the Risk Rating team to ensure that it is compliant with these Federal Health Care Programs and Laws.

**15. Identify whether any facility or practitioner associated with this application has a history of the actions listed below. If so, provide evidence that the proposed or existing facility can and will be operated in a manner that ensures safe and adequate care to the public and conforms to applicable federal and state requirements. WAC 246-310-230(3) and (5).**

- **A criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a healthcare facility; or**
- **A revocation of a license to operate a healthcare facility; or**
- **A revocation of a license to practice as a health professional; or**
- **Decertification as a provider of services in the Medicare or Medicaid program because of a failure to comply with applicable federal conditions of participation.**

The applicant has no adverse history related to any of the actions listed.

**16. Provide documentation that the proposed project will promote continuity in the provision of health care services in the planning area, and not result in an unwarranted fragmentation of services. WAC 246-310-230**

Appendix 18 provides a summary of quality and continuity of care indicators used in DaVita's quality improvement program. The DaVita Continuous Quality Improvement (CQI) program incorporates all areas of the dialysis program. The program monitors and evaluates all activities related to clinical outcomes, operations management, and process flow. Dialysis-specific statistical tools (developed by DaVita) are used for measurement, analysis, communication, and feedback. Continuing employee and patient education are integral parts of this program. Appendix 18 includes an example of DaVita Quality Index (DQI) data. Appendix 19 includes an example of DaVita's Physician, Community and Patient Services offered through DaVita's Kidney Smart Education Program. Appendix 12 includes a copy of the transfer agreement between DaVita Lynnwood Dialysis and an area care partner. DaVita has been honored as one of the World's Most Admired Companies® by FORTUNE® magazine since 2006, confirming its excellence in working effectively with the communities it serves (davita.com/about/awards).

From the perspective of a dialysis patient with multiple relevant healthcare providers, such as a primary care provider, nephrologist, home care caregivers or skilled nursing or assisted living caregivers, and perhaps (unfortunately) a recently-visited hospital. DaVita is committed to the wellbeing of its patients, and for patients with a diagnosis as complex as end-stage renal disease, that wellbeing by necessity requires communication and coordination with multiple caregivers, such as those above. DaVita uses an interdisciplinary team consisting of the facility social worker, dietician, clinical nurse manager, medical director, and the patient's nephrologist to facilitate communication and coordination through the healthcare system. If a comorbidity is identified that impacts the patient's health, the patient's nephrologist or medical director would reach out to the patient's primary care physician for consult. DaVita would also ensure any change in the care plan from the patient's nephrologist is executed in consultation with the facility medical director. DaVita collaborates with home or assisted living and skilled nursing caregivers on a daily basis, including in cases such as the patient's above, reviewing transportation, dialysis medication needs, access care, as well as taking in any dialysis-related concerns those patients may have and reviewing them in consultation with the interdisciplinary team. When a hospital is unfortunately required to intervene in a patient's care, DaVita facilitates rapid discharges back to chronic dialysis, coordination of medical records into the patient's chart, and coordination with the patient's nephrologist for any care plan changes. Additionally, all DaVita dialysis centers enter into hospital and nursing home transfer agreements, and participate in community emergency preparedness drills to ensure maximum coordination in the healthcare arena. Dialysis is one of the healthcare modalities that, due to its regular cadence and length, is one of patients' most consistent touchpoints with the healthcare system, and DaVita is committed to working with its patients to use these points to coordinate and communicate among the patient's healthcare providers across the healthcare system.

### 17. Provide documentation that the proposed project will have an appropriate relationship to the service area's existing health care system as required in WAC 246-310-230.

The proposed expansion of DaVita Lynnwood Dialysis will have an appropriate relationship to the service area's existing health care system. DaVita Lynnwood Dialysis is a key component of the existing health care system in the service area, and the project will enable enhanced patient access in an already highly utilized facility with a census of more than 5.0 patients per station. Furthermore, DaVita Lynnwood Dialysis has a long track record of working with area providers, including a Patient Transfer Agreement seen in Appendix 12, to provide the highest possible quality of care to patients.

## D. Cost Containment (WAC 246-310-240)

### 1. Identify all alternatives considered prior to submitting this project.

**Alternative 1: Do nothing, that is do not apply for one additional special circumstances station in Snohomish Three to expand Lynnwood Dialysis.** Currently, DaVita Lynnwood Dialysis is a very busy

facility, with utilization over 5.0 patients per station in the most recent six months, and thus has little additional capacity to provide access to Snohomish Three patients. With strong and consistent demand for access to DaVita's services and without expansion, patients will be forced to dialyze at less convenient times, locations, or even out of the planning area entirely. This alternative was rejected.

**Alternative 2: Expand Lynnwood Dialysis by one (1) station.** The existing Lynnwood facility is operating in excess of 5.0 patients per station. An expansion of one (1) station under special circumstances review can be completed quickly and cost-efficiently but, most importantly, will provide crucial access for patients. **This alternative was selected.**

## 2. Provide a comparison of the project with alternatives rejected by the applicant. Include the rationale for considering this project to be superior to the rejected alternatives. Factors to consider can include, but are not limited to: patient access to healthcare services, capital cost, legal restrictions, staffing impacts, quality of care, and cost or operation efficiency.

Please see the exploration and analysis of alternatives in response to Question One above.

## 3. Identify any aspects of the facility's design could lead to operational efficiency. This could include but is not limited to: LEED building, water filtration, or the methods for construction, etc. WAC 246-310-240(2) and (3).

DaVita Lynnwood Dialysis will meet all current energy conservation standards. In addition, expansion will allow full use of the expanded facility designed to meet current energy utilization requirements. DaVita is also pursuing renovation of existing lighting systems nationwide and installing energy-efficient LED lighting in all facilities.

# APPENDICES

**Appendix 01** Organizational Chart

**Appendix 02** Master Legal Entity List; National DaVita Facilities

**Appendix 03** Medical Director Agreement

**Appendix 04** Patients by Zip Code – NOT APPLICABLE

**Appendix 05** Letter of Intent

**Appendix 06** Operational and Financial Commitment Letter

**Appendix 07** Credentialed Staff

**Appendix 08** Historical & Current Financials

**Appendix 09** Detailed Projected Operating Statement (Pro Forma)

**Appendix 10** Audited Financial Statements; SEC 10k – 2018, 2019, 2020

**Appendix 11** Ancillary and Support Agreements and Vendors

**Appendix 12** Patient Transfer Agreement

**Appendix 13** List of State Regulatory Agencies

**Appendix 14** Accepting Patients for Treatment; Indigent Care Policy; Involuntary Transfer Procedure; Patient Rights

**Appendix 15** Lease Agreement

**Appendix 16** Zoning Documentation

**Appendix 17** Single Line Drawing

**Appendix 18** DaVita Quality Index (DQI) Data; DaVita Continuous Quality Improvement (CQI) Data

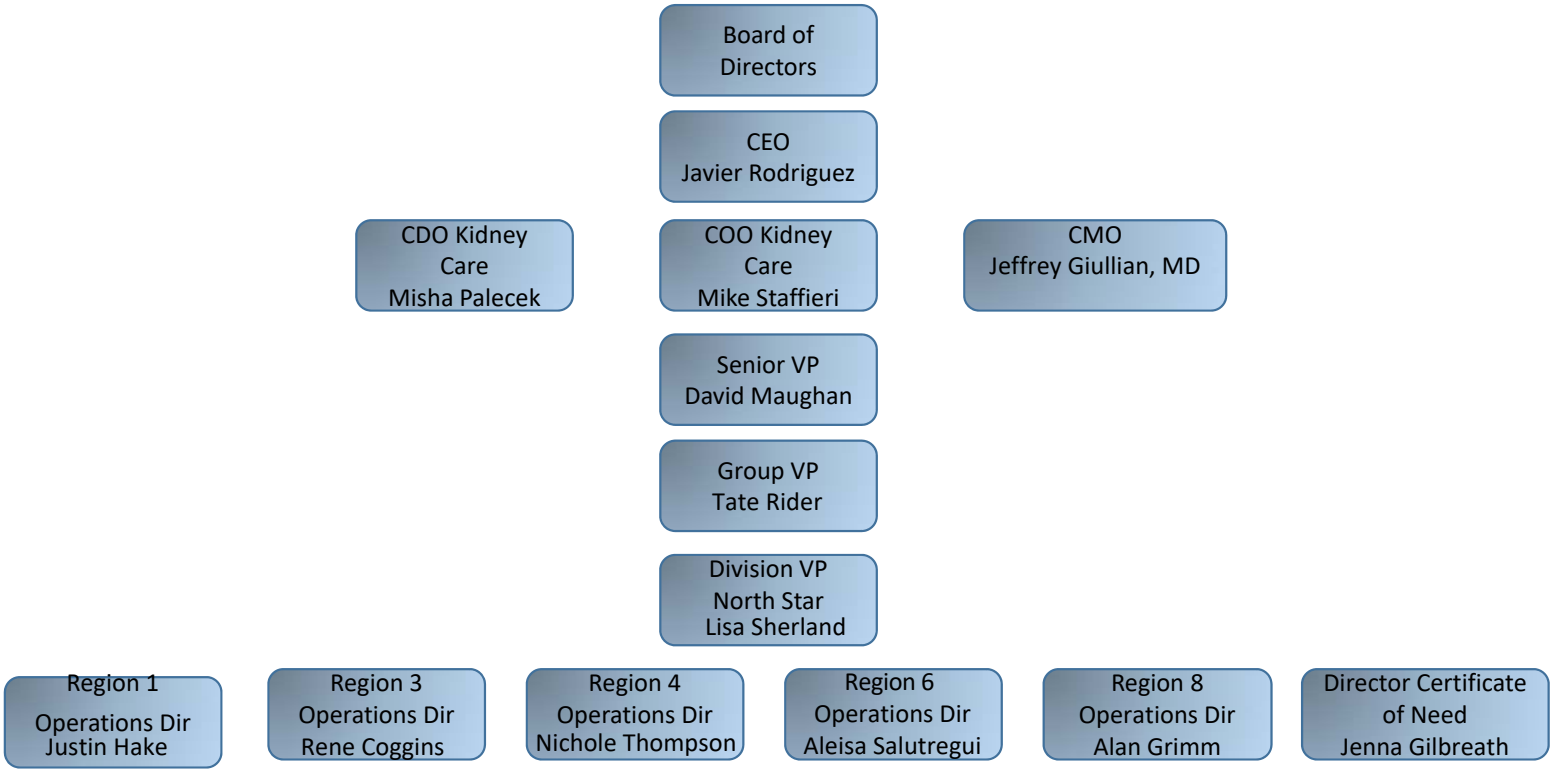
**Appendix 19** DaVita's Physician, Community and Patient Services

**Appendix 20** NWRN Data

# Appendix 1

# Organizational Chart

# Davita Organizational Structure



# Appendix 2

# Master Legal Entity List
# National DaVita Facilities

# DaVita Inc.
## Domestic and International Subsidiaries - Tier Structure Organization Chart
## as of March 21, 2022

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 0 | DaVita Inc. | | DE | For Profit Corporation | |
| 1 | American Medical Insurance, Inc. | DaVita Inc. | AZ | For Profit Corporation | 100% |
| 1 | Beverly Hills Dialysis Partnership | DaVita Inc. | CA | General Partnership | 0.045% |
| 1 | DC Healthcare International, Inc. | DaVita Inc. | DE | For Profit Corporation | 100% |
| 1 | DVA Renal Healthcare, Inc. | DaVita Inc. | TN | For Profit Corporation | 100% |
| 1 | DaVita Dialysis Contracting, LLC | DaVita Inc. | DE | Limited Liability Company | 100% |
| 1 | DaVita Institute for Patient Safety, Inc. | DaVita Inc. | DE | For Profit Corporation | 100% |
| 1 | DaVita VillageHealth, Inc. | DaVita Inc. | DE | For Profit Corporation | 100% |
| 1 | DaVita of New York, Inc. | DaVita Inc. | NY | For Profit Corporation | 100% |
| 1 | Renal Life Link, Inc. | DaVita Inc. | DE | For Profit Corporation | 100% |
| 1 | Renal Treatment Centers, Inc. | DaVita Inc. | DE | For Profit Corporation | 100% |
| 1 | The DaVita Collection, Inc. | DaVita Inc. | CA | For Profit Corporation | 100% |
| 1 | Total Renal Care, Inc. | DaVita Inc. | CA | For Profit Corporation | 100% |
| 2 | Federal Way Assurance, Inc. | American Medical Insurance, Inc. | CO | For Profit Corporation | 100% |
| 2 | DV Care Netherlands B.V. | DC Healthcare International, Inc. | Netherlands | Besloten Venootschap(BV) | 100% |
| 2 | DV Care Netherlands C.V. | DC Healthcare International, Inc. | Netherlands | Commanditaire Vennootschap(CV) | 99% |
| 2 | DV Pharmaceuticals B.V. | DC Healthcare International, Inc. | Netherlands | Besloten Venootschap(BV) | 100% |
| 2 | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | DC Healthcare International, Inc. | Brazil | Limited Liability Company/Ltda | 99.99976% |
| 2 | DaVita Care (Saudi Arabia) | DC Healthcare International, Inc. | Saudi Arabia | Limited Liability Company | 95% |
| 2 | DaVita HealthCare Brasil Serviços Médicos Ltda. | DC Healthcare International, Inc. | Brazil | Limited Liability Company/Ltda | 99.9% |
| 2 | DaVita International Limited | DC Healthcare International, Inc. | United Kingdom | Private Company Limited by Shares | 100% |
| 2 | DaVita UK Limited | DC Healthcare International, Inc. | United Kingdom | Private Company Limited by Shares | 100% |
| 2 | Cimarron Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 55% |
| 2 | Columbus-RNA-DaVita, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | DVA Healthcare - Southwest Ohio, LLC | DVA Renal Healthcare, Inc. | TN | Limited Liability Company | 80.5% |
| 2 | DVA Healthcare Procurement Services, Inc. | DVA Renal Healthcare, Inc. | CA | For Profit Corporation | 100% |
| 2 | DVA Healthcare of Maryland, LLC | DVA Renal Healthcare, Inc. | MD | Limited Liability Company | 100% |
| 2 | DVA Healthcare of Massachusetts, Inc. | DVA Renal Healthcare, Inc. | MA | For Profit Corporation | 100% |
| 2 | DVA Healthcare of New London, LLC | DVA Renal Healthcare, Inc. | TN | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | DVA Healthcare of Norwich, LLC | DVA Renal Healthcare, Inc. | TN | Limited Liability Company | 51% |
| 2 | DVA Healthcare of Pennsylvania, LLC | DVA Renal Healthcare, Inc. | PA | Limited Liability Company | 100% |
| 2 | DVA Healthcare of Tuscaloosa, LLC | DVA Renal Healthcare, Inc. | TN | Limited Liability Company | 51% |
| 2 | DVA Laboratory Services, Inc. | DVA Renal Healthcare, Inc. | FL | For Profit Corporation | 100% |
| 2 | DVA of New York, Inc. | DVA Renal Healthcare, Inc. | NY | For Profit Corporation | 100% |
| 2 | DVA/Washington University Healthcare of Greater St. Louis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 51% |
| 2 | Daytone Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dialysis Holdings, Inc. | DVA Renal Healthcare, Inc. | DE | For Profit Corporation | 100% |
| 2 | Doves Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | Echos Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | Freehold Artificial Kidney Center, L.L.C. | DVA Renal Healthcare, Inc. | NJ | Limited Liability Company | 100% |
| 2 | Neptune Artificial Kidney Center, L.L.C. | DVA Renal Healthcare, Inc. | NJ | Limited Liability Company | 100% |
| 2 | Ohio River Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 55% |
| 2 | Ouabache Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | Palmas Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | Philadelphia-Camden Integrated Kidney Care, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 10.571% |
| 2 | Phoenix-Tucson Integrated Kidney Care, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 6.4978% |
| 2 | Rockhound Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | South Florida Integrated Kidney Care, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 29.967% |
| 2 | Targhee Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 55% |
| 2 | Tenack Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 55% |
| 2 | UT Southwestern DVA Healthcare, L.L.P. | DVA Renal Healthcare, Inc. | TX | Limited Liability Partnership | 51% |
| 2 | Viento Dialysis, LLC | DVA Renal Healthcare, Inc. | DE | Limited Liability Company | 100% |
| 2 | DaVita VillageHealth of California, Inc. | DaVita VillageHealth, Inc. | CA | For Profit Corporation | 100% |
| 2 | Empire State DC, Inc. | DaVita of New York, Inc. | NY | For Profit Corporation | 100% |
| 2 | Huntington Artificial Kidney Center, Ltd. | DaVita of New York, Inc. | NY | For Profit Corporation | 100% |
| 2 | Knickerbocker Dialysis, Inc. | DaVita of New York, Inc. | NY | For Profit Corporation | 100% |
| 2 | Liberty RC, Inc. | DaVita of New York, Inc. | NY | For Profit Corporation | 100% |
| 2 | Central Ohio Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Hendy Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ionia Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 55% |
| 2 | New Bay Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 80% |
| 2 | New Hope Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 100% |
| 2 | Seneca Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 69.7387% |
| 2 | Strongsville Dialysis, LLC | Renal Life Link, Inc. | DE | Limited Liability Company | 90% |
| 2 | DaVita - West, LLC | Renal Treatment Centers, Inc. | DE | Limited Liability Company | 100% |
| 2 | Physicians Dialysis Acquisitions, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Physicians Dialysis Ventures, LLC | Renal Treatment Centers, Inc. | DE | Limited Liability Company | 100% |
| 2 | Renal Treatment Centers - California, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Renal Treatment Centers - Hawaii, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Renal Treatment Centers - Illinois, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Renal Treatment Centers - Mid-Atlantic, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Renal Treatment Centers - Northeast, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | Renal Treatment Centers - Southeast, LP | Renal Treatment Centers, Inc. | DE | Limited Partnership | 1% |
| 2 | Renal Treatment Centers - West, Inc. | Renal Treatment Centers, Inc. | DE | For Profit Corporation | 100% |
| 2 | AI Care Insights, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Able Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70.5% |
| 2 | Acadia Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Accountable Kidney Care, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ackley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Acton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Adair Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Adiron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ahern Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Aikens Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Alenes Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78.56% |
| 2 | Alexandria Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Alomie Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | American Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | American Fork Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Amery Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Anaheim-Buena Park Regional Dialysis Center, LLC | Total Renal Care, Inc. | CA | Limited Liability Company | 85% |
| 2 | Anderson Kidney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Andrews Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Animas Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Arbela Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Arcadia Gardens Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Arches Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ardigm Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Argyle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95.3361% |
| 2 | Artesia Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Astro, Hobby, West Mt. Renal Care Limited Partnership | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Atchison Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Atlantic Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Atsion Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Attell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Austin Dialysis Centers, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Avertrail Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Babler Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Barrington Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Barrons Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 89.5% |
| 2 | Barton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Basin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 67.8571% |
| 2 | Bastrop Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bayfield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 87% |
| 2 | Bayshore Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Beals Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Bear Creek Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Beck Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bedell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Bellore Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bemity Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Beverly Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Beverly Hills Dialysis Partnership | Total Renal Care, Inc. | CA | General Partnership | 99.955% |
| 2 | Birch Dialysis, LLC | Total Renal Care, Inc. | OH | Limited Liability Company | 100% |
| 2 | Biscayne Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Blackfoot Dialysis Partners, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bladon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60.1% |
| 2 | Blake Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Blanco Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 87.5% |
| 2 | Blauvelt Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bliss Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Blue Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bluegrass Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Bohama Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Boltron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bonister Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Boonville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Botkins Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Bottle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Bowan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Brache Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Braddock Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Braggs Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Braidwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Brantley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Bretton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Bridges Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Brimfield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Bronson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Brook Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Brooksprings Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Brookstone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Brownwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Bryce Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bulfinch Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Bullards Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 61.5219% |
| 2 | Bullock Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Burman Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 62% |
| 2 | Burney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Burrill Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Burton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Butano Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Caballo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cache Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Caddo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Caddoan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78.106% |
| 2 | Cadeen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cadiz Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Caesar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cagles Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Cahita Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Calamus Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Calante Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Calaveras Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Calico Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cama Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Camino Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Campton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90.6504% |
| 2 | Canney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Cannon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Canyon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Canyonlands Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Capelville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Capital Dialysis Partnership | Total Renal Care, Inc. | CA | General Partnership | 71.2704% |
| 2 | Capron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Cardinal Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Carlsbad Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Carlton Dialysis, LLC | Total Renal Care, Inc. | U.S. Virgin Islands | Limited Liability Company | 100% |
| 2 | Carroll County Dialysis Facility, Inc. | Total Renal Care, Inc. | MD | For Profit Corporation | 100% |
| 2 | Casas Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Castle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Castlewood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Caswell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Catello Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cathedral Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Caverns Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 84.6% |
| 2 | Cedar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Centennial LV, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Cerito Dialysis Partners, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Chaffee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Challis Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Champions Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Channel Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Chantry Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Charemont Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Chenango Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 96.2511% |
| 2 | Cheraw Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Cherry Valley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cheshire Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cheshire MD Holdings, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Chicot Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Chipeta Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Chitue Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cinco Rios Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Clark Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 79% |
| 2 | Clearee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cleburne Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50.1% |
| 2 | Cloudland Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Clover Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 92.1894% |
| 2 | Coast Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Cobbles Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Codona Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Coe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Colleton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 76.4117% |
| 2 | Collier Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Colliver Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Colville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Community Acutes Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Conchasa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Conconully Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Continental Dialysis Center of Springfield-Fairfax, Inc. | Total Renal Care, Inc. | VA | For Profit Corporation | 100% |
| 2 | Continental Dialysis Centers, Inc. | Total Renal Care, Inc. | VA | For Profit Corporation | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Cooper Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94.3% |
| 2 | Coral Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Cordele Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Cottonwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Couer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Court Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Cowell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Cowesett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Creek Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Croft Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Crystals Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Culbert Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Curlew Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | DaVita APAC Holding B.V. | Total Renal Care, Inc. | Netherlands | Besloten Venootschap(BV) | 20% |
| 2 | DaVita CKD Dietitians, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | DaVita El Paso East, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | DaVita Kidney Care Contracting, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | DaVita Nephrology Associates Of Utah, L.L.C. | Total Renal Care, Inc. | UT | Limited Liability Company | 100% |
| 2 | DaVita Rx, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dackman Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dagmar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dallas-Fort Worth Nephrology, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Damon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Daroga Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Darter Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dawson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | De Oro Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | DeSoto Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Decker Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Decklund Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 73.7% |
| 2 | Delabar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 91% |
| 2 | Demlow Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Deneault Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Deowee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 74.4178% |
| 2 | Deschutes Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Detroit Integrated Kidney Care, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dialysis Center Of Abilene, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 100% |
| 2 | Dialysis Specialists of Dallas, Inc. | Total Renal Care, Inc. | TX | For Profit Corporation | 100% |
| 2 | Dierks Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Dillard Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dixville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Dolores Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Dome Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 79.9982% |
| 2 | Downtown Houston Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Dresher Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Drummer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Dunkins Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Dunklinson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Duston Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Eagles Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | East Bay - DaVita Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | East End Dialysis Center, Inc. | Total Renal Care, Inc. | VA | For Profit Corporation | 100% |
| 2 | East Houston Kidney Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | East Oaks Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Eastmont Dialysis Partnership | Total Renal Care, Inc. | CA | General Partnership | 60.78% |
| 2 | Eastover Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Eavers Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Ebrea Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Eckley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Edgemere Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Edisto Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Edna Dialysis, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Elberton Dialysis Facility, Inc. | Total Renal Care, Inc. | GA | For Profit Corporation | 100% |
| 2 | Eldrist Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Elkhorn Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Elkonson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Ellacoya Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Etowah Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ettleton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Eufaula Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 63.676781 % |
| 2 | Everglades Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Fairfield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 84% |
| 2 | Falcon, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Falmont Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Fanthorp Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Farnolle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 88% |
| 2 | Fenton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78.1338% |
| 2 | Ferne Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ferron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80.5% |
| 2 | Fields Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Five Star Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Fjords Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Flagler Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Flamingo Park Kidney Center, Inc. | Total Renal Care, Inc. | FL | For Profit Corporation | 100% |
| 2 | Forester Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Fort Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Foss Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Freeportbay Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Fremont Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Frierton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Frontenac Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Frontier Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | GDC International, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | GDC Resources, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Galah Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Gallatin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ganchis Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ganois Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 89.75% |
| 2 | Gardenside Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90.9208% |
| 2 | Garrett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Garson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Garth Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Gate Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Gaviota Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Gebhard Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Gemini Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Genesis KC Development, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Gioconda Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Givhan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Glarus Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Glassland Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 96% |
| 2 | Glosser Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Goldendale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Goliad Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55.4644% |
| 2 | Goodale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90.3% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Gordina Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Grahams Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Grand Home Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Greater Las Vegas Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Greater Los Angeles Dialysis Centers, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Green Desert Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Greenleaf Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Griffin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70.3261% |
| 2 | Griffs Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Groten Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78% |
| 2 | Grove Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Gulch Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Gunnison Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hagerstown Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60.2629% |
| 2 | Hailstone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Halldale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hallowell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hampton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Hardy Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Harmony Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Harpett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Harpswell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Harriman Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hart Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hatchery Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Haverhills Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hawaiian Gardens Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hawkden Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Hawn Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 67% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Hazelton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Heavener Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Heckscher Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Hegan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Heideck Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Helmer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Heron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hewett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Heyburn Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hialeah Kidney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hightower Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hilgards Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 72.7988% |
| 2 | Hills Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Holiday Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Holten Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Hooper Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hopkinton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Hosller Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Houston Acute Dialysis, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Humboldt Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Hummer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hunter Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Huntington Park Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Hyattsville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Hyde Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Idosta Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Iowa Health-Des Moines DaVita Dialysis Partnership, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Iroquois Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Itasca Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | J.E.T. New Orleans East Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Jacinto Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Jedburg Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Jenness Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Jericho Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Joliet Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Joshua Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Jubilee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80.4986% |
| 2 | Junta Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kamaka Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Kamakee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Kamiah Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Kandunce Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kanika Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kasaskia Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Kavett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Keller Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kenai Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94.76% |
| 2 | Kershaw Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Keystone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Kidney Center South LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Kidney Home Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Kimball Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Kings Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kingston Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kinnick Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Kinswa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Kinter Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75.9191% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Kiowa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Kleaca Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 91% |
| 2 | Klinger Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Knobbs Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Knotts Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | LaSalle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 92.0454% |
| 2 | Lakeshore Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Lakeside Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Landing Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 83.1% |
| 2 | Landor Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Landsford Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lanier Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lapham Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 93.3604% |
| 2 | Las Vegas Pediatric Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78.9613% |
| 2 | Lassen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Latrobe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Leasburg Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Leaton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lees Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Legare Development LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Leo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lexington Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lighthouse Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Limon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Lincoln Park Dialysis Services, Inc. | Total Renal Care, Inc. | IL | For Profit Corporation | 100% |
| 2 | Lincolnton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 77% |
| 2 | Little Rock Dialysis Centers, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Livingston Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90.453% |
| 2 | Lockhart Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Lockport Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Locuston Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Lofield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Lone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Longworth Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Lord Baltimore Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Lory Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Los Angeles Dialysis Center | Total Renal Care, Inc. | CA | General Partnership | 68.1562% |
| 2 | Los Arcos Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Loup Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Lourdes Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Lowden Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Lufield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Lurleen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 83% |
| 2 | Lyndale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Lyndon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Macab Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Machesney Bay Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Mackies Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Madigan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 52% |
| 2 | Magney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78% |
| 2 | Magnolia Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Magoffin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Mahoney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Makonee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Mammoth Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 77% |
| 2 | Manito Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Manzano Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Maple Grove Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Marbell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Marseille Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Marsher Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 81.4196% |
| 2 | Martin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Mason-Dixon Dialysis Facilities, Inc. | Total Renal Care, Inc. | MD | For Profit Corporation | 100% |
| 2 | Mason-Dixon Dialysis Facilities, Inc. | Total Renal Care, Inc. | MD | For Profit Corporation | |
| 2 | Mautino Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Mayfield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Mazonia Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 84% |
| 2 | Mazsum Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Meadows Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | MedSleuth, Inc. | Total Renal Care, Inc. | CA | For Profit Corporation | 100% |
| 2 | Meesa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Mellen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Memorial Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Mena Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Menca Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94% |
| 2 | Mericatt Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Meridian Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Mermet Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Mesilla Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 97% |
| 2 | Millonee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Millsite Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Milltown Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Minari Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Minneopa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Miramar Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Mocca Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 83.5% |
| 2 | Modesto Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Molera Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Monad Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 52% |
| 2 | Monahans Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Moncrief Dialysis Center/Total Renal Care Limited Partnership | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Monett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 71% |
| 2 | Montauk Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 96.108926 % |
| 2 | Monte Perla Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Montress Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Montville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Moraine Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Morrison Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 69% |
| 2 | Morro Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Motte Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Mounds Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94% |
| 2 | Mountain Park Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 86% |
| 2 | Mountain West Dialysis Services, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Mulgee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Musgrove Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Myrtle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | NSNA Funding LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Nadell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Nahant Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Nansen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | National Trail Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Natomas Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60.8% |
| 2 | Nauvue Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Navarro Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 79.5% |
| 2 | Naville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Navin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 66% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Neff Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Nehalem Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Nehall Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 84.592% |
| 2 | Nelworth Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Neoporte Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Nephrology Care Alliance, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Nephrology Practice Solutions, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | New Castle Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Newhall Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Nizina Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Norte Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 89.0392% |
| 2 | North Ogden Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Norvin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Noster Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Odiorne Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Okanogan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Olive Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Olympic Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Open Access Sonography, Inc. | Total Renal Care, Inc. | FL | For Profit Corporation | 100% |
| 2 | Opham Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 73% |
| 2 | Ordust Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Osage Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Owasso Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Owens Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Owyhee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | PD La Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pablo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Pacheco Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pacific Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Palisades Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Palmetto Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Palo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Palomar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75.8323% |
| 2 | Panola Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Panther Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Papello Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Parker Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Parvin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Patient Pathways, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Patoka Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Pattison Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Patuk Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pawlier Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Pearl Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Pedernales Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Pekin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pendster Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Percha Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pering Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Perry County Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Perryton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Pershing Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Petra Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Philadelphia-Camden Integrated Kidney Care, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 10.571% |
| 2 | Phoenix-Tucson Integrated Kidney Care, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 12.996% |
| 2 | Pible Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Pine Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Pinewoods Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 78.04% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Pirogue Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Piscata Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Pittsburgh Dialysis Partners, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Plaine Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Plateau Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Plover Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94.5702% |
| 2 | Poinsett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Pointe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pokagon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 77% |
| 2 | Pomme Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ponca Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 86% |
| 2 | Pooler Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Portales Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Portola Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 87.5% |
| 2 | Powerton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Prairie Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Prencoe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Priday Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 93.5124% |
| 2 | Prineville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Prings Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Pruneau Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Quincy Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Quinn Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | RNA - DaVita Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Rainer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ralfton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ramsey Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Rancho Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Randolph Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Ravalli Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 92.8194% |
| 2 | Ravine Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Red Willow Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Redcliff Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 68% |
| 2 | Reef Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Refuge Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Rend Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Reno Avenue Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Renwick Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Rhodes Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Ridgeland Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ridgely Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ringwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Rio Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ripley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Rita Ranch Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Roaring Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Robertsville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Robinson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Rockwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Rolf Park Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Rollins Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Ronan Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 58% |
| 2 | Roose Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Rophets Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Roushe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Royale Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Runstone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Rusk Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Rutland Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Rutledge Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Rye Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | SAKDC-DaVita Dialysis Partners, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | SE Ohio Regional Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Saddleback Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | SafeHarbor Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Saggett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Saguaro Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sahara Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Salisbury Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | San Gabriel Valley Partnership | Total Renal Care, Inc. | CA | General Partnership | 100% |
| 2 | San Marcos Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Sandlin Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 77.965% |
| 2 | Sands Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Santee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Santo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sapelo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Sapinero Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sappington Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Saugus Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Saunders Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Scoggins Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Screven Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Seabay Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Seasons Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Secour Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Seminole Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sensiba Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Shade Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Shadow Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Shayano Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 76.4465% |
| 2 | Shelling Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Sherman Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Shining Star Dialysis, Inc. | Total Renal Care, Inc. | NJ | For Profit Corporation | 100% |
| 2 | Shoals Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 68.450665 % |
| 2 | Shone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Shoshone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Siena Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Silverwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Simcoe Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Simeon Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65% |
| 2 | Sinewa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Skagit Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Skylar Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 10% |
| 2 | Sloans Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Smithgall Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Solidago Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Somerville Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | South Central Florida Dialysis Partners, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | South Florida Integrated Kidney Care, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 29.967% |
| 2 | South Fork Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 76% |
| 2 | South Shore Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Southeast Florida Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Southeast Nephrology Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Southeastern Indiana Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Southwest Atlanta Dialysis Centers, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 21% |
| 2 | Southwest Indiana Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Southwest Kidney-DaVita Dialysis Partners II, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Southwest Kidney-DaVita Dialysis Partners, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50% |
| 2 | Southwest Rocky Mountain Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Southwestern Tennessee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Southwood Park Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sparks Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Spokane Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Springpond Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Stanton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Star Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |
| 2 | Starks Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Steam Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Stearns Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Steele Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Stewart Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Stiller Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Stines Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Stockton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Stoneglen Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Storrie Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Strongwood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Strower Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sugarite Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Sula Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Summer Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Summit Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Sun City West Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Sunapee Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sunrays Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Sunset Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 65.238% |
| 2 | Swanson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Swanville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Sylvania Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | TRC - Indiana, LLC | Total Renal Care, Inc. | IN | Limited Liability Company | 10% |
| 2 | TRC El Paso Limited Partnership | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | TRC West, Inc. | Total Renal Care, Inc. | DE | For Profit Corporation | 100% |
| 2 | TRC of New York, Inc. | Total Renal Care, Inc. | NY | For Profit Corporation | 100% |
| 2 | TRC-Georgetown Regional Dialysis, LLC | Total Renal Care, Inc. | DC | Limited Liability Company | 80% |
| 2 | Talimena Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Tannor Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Tarley Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 63.814% |
| 2 | Taskett Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Tel-Huron Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Tennessee Valley Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Terre Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Tetona Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Texoma Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | The Woodlands Dialysis Center, LP | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Tonka Bay Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Topanga Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Tortugas Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Total Acute Kidney Care, Inc. | Total Renal Care, Inc. | FL | For Profit Corporation | 100% |
| 2 | Total Renal Care Texas Limited Partnership | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Total Renal Care of North Carolina, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 85% |
| 2 | Total Renal Care of Utah, L.L.C. | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Total Renal Care/Crystal River Dialysis, L.C. | Total Renal Care, Inc. | FL | Limited Liability Company | 33.3333% |
| 2 | Total Renal Laboratories, Inc. | Total Renal Care, Inc. | FL | For Profit Corporation | 100% |
| 2 | Total Renal Research, Inc. | Total Renal Care, Inc. | DE | For Profit Corporation | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Toulouse Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 86% |
| 2 | Tovell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Townsend Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Trailstone Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Trailway Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Transmountain Dialysis, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Tree City Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Tross Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Tugaloo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Tugman Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Tunnel Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Turlock Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Turville Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Twain Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 87.656% |
| 2 | Tyler Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 81% |
| 2 | USC-DaVita Dialysis Center, LLC | Total Renal Care, Inc. | CA | Limited Liability Company | 60% |
| 2 | Ubonsie Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Unicoi Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 80% |
| 2 | Union City Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | University Dialysis Center, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Upper Valley Dialysis, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Urbana Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Valley Springs Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 55% |
| 2 | Valmack Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 88% |
| 2 | Vanell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Verde Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 83% |
| 2 | Versailles Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | VillageHealth DM, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Villanueva Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 70% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Vively Health, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Vogel Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Volo Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 75% |
| 2 | Voyage Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Waddell Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Wadeson Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Wadleigh Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Wakonda Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Wakoni Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Walcott Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Walker Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 62.643% |
| 2 | Wallis Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Wallowa Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94% |
| 2 | Walteria Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 52% |
| 2 | Walton Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Washburne Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 2 | Washington Plaza Dialysis, LLC | Total Renal Care, Inc. | CA | Limited Liability Company | 100% |
| 2 | Watkins Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 71% |
| 2 | Waycross Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Weldon Dialysis, LLC | Total Renal Care, Inc. | CA | Limited Liability Company | 51% |
| 2 | Wesley Chapel Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 54% |
| 2 | West Broomfield Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | West Elk Grove Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 66.5722% |
| 2 | West Pensacola Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | West Sacramento Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 63.25% |
| 2 | Western Nevada Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Wheelers Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Whitney Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 50.1% |
| 2 | Wilder Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 2 | Williston Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Willowbrook Dialysis Center, L.P. | Total Renal Care, Inc. | DE | Limited Partnership | 1% |
| 2 | Winchester Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Windcreek Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 73.9038% |
| 2 | Wisner Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Wood Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Woodford Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Wooten Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 94% |
| 2 | Wyatt Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Yards Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 2 | Yargol Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 2 | Ybor City Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 95% |
| 2 | Zara Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 2 | Zellier Dialysis, LLC | Total Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Able Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | Phoenix-Tucson Integrated Kidney Care, LLC | Barton Dialysis, LLC | DE | Limited Liability Company | 1.5% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Campton Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | Cassin Dialysis, LLC | Carlton Dialysis, LLC | U.S. Virgin Islands | Limited Liability Company | 100% |
| 3 | Carroll County Dialysis Facility Limited Partnership | Carroll County Dialysis Facility, Inc. | MD | Limited Partnership | 66.67% |
| 3 | Bogachiel Dialysis, LLC | Chantry Dialysis, LLC | DE | Limited Liability Company | 100% |
| 3 | DV Care Netherlands B.V. Arabia Medical | DV Care Netherlands B.V. | Saudi Arabia | Limited Liability Company | 100% |
| 3 | DVA Holdings Pte. Ltd. | DV Care Netherlands B.V. | Singapore | Private Company Limited by Shares | 100% |
| 3 | DaVita APAC Holding B.V. | DV Care Netherlands B.V. | Netherlands | Besloten Venootschap(BV) | 80% |
| 3 | DaVita Germany GmbH | DV Care Netherlands B.V. | Germany | Gesellschaft mit beschränkter Haftung(GmbH) | 100% |
| 3 | DaVita S.A.S. | DV Care Netherlands B.V. | Colombia | Sociedad por Acciones Simplificada S.A.S. | 100% |
| 3 | DaVita Sp. z o.o. | DV Care Netherlands B.V. | Poland | Spółka Z Ograniczona Odpowiedzialnością | 100% |
| 3 | IDC -International Dialysis Centers, Lda | DV Care Netherlands B.V. | Portugal | Private Limited Company | 100% |
| 3 | River Valley Dialysis, LLC | DVA Healthcare - Southwest Ohio, LLC | DE | Limited Liability Company | 70.5% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | DVA Healthcare of Pennsylvania, LLC | DE | Limited Liability Company | 10.571% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Renal Treatment Centers - Southeast, LP | DaVita - West, LLC | DE | Limited Partnership | 99% |
| 3 | DaVita Care Pte. Ltd. | DaVita APAC Holding B.V. | Singapore | Private Company Limited by Shares | 75% |
| 3 | DaVita Bauru Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Ceilândia Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Natal Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Nefromed Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Nephron Care Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99998% |
| 3 | DaVita Rien Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99999% |
| 3 | DaVita SOS Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços Diálise Móvel Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 3 | DaVita Serviços Nefrologia Madalena Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Anchieta Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | |
| 3 | DaVita Serviços de Nefrologia Araruama Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Asa Sul Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Barra da Tijuca Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Benjamin Constant Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Boa Vista Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Bueno Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Cabo Frio Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Cambuci Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Cambuí Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Campinas Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Campo Grande Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Cuiabá Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Franca Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Goiânia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Guarulhos Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Hortolândia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Itaboraí Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | DaVita Serviços de Nefrologia Jardim das Imbuias Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia João Pessoa Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Serviços de Nefrologia Lagoa Nova Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Lapa Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Moema Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99% |
| 3 | DaVita Serviços de Nefrologia Nova Iguaçu Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Nova Veneza Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Pacini Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Paulínia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 0.00779% |
| 3 | DaVita Serviços de Nefrologia Salvador Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Santana Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Santos Dumont Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Sumaré Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia São José do Rio Preto Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Taubaté Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9998% |
| 3 | DaVita Serviços de Nefrologia Tejipió Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Vila Bastos Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia Vila Olímpia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Serviços de Nefrologia de Araraquara Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Silva Jardim Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita Transrim Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Tratamento Renal Participações Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | DaVita UTR Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 3 | DaVita Águas Claras Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 3 | Integrated Kidney Care Of Camden, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Florida, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Georgia, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Inland Empire California, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Las Vegas, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Integrated Kidney Care Of Maryland, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Minnesota, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Missouri, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Nevada, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of New Jersey And Pennsylvania, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Northern California, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Pennsylvania And Ohio, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of South Florida, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of South Texas, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Southern California, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Texas And Oklahoma, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care Of Virginia, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Integrated Kidney Care of Iowa, LLC | DaVita Kidney Care Contracting, LLC | DE | Limited Liability Company | 100% |
| 3 | Renal Services (UK) Limited | DaVita UK Limited | United Kingdom | Private Company Limited by Shares | 100% |
| 3 | DVA Healthcare Renal Care, Inc. | Dialysis Holdings, Inc. | NV | For Profit Corporation | 100% |
| 3 | TRC - Petersburg, LLC | East End Dialysis Center, Inc. | DE | Limited Liability Company | 100% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Etowah Dialysis, LLC | DE | Limited Liability Company | 4% |
| 3 | DPS CKD, LLC | Falcon, LLC | DE | Limited Liability Company | 100% |
| 3 | South Florida Integrated Kidney Care, LLC | Flamingo Park Kidney Center, Inc. | DE | Limited Liability Company | 1% |
| 3 | DV Care Netherlands C.V. | GDC International, LLC | Netherlands | Commanditaire Vennootschap(CV) | 1% |
| 3 | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.00024% |
| 3 | DaVita Care (Saudi Arabia) | GDC International, LLC | Saudi Arabia | Limited Liability Company | 5% |
| 3 | DaVita HealthCare Brasil Serviços Médicos Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.1% |
| 3 | DaVita Nephron Care Serviços de Nefrologia Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.00001% |
| 3 | DaVita Rien Serviços de Nefrologia Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | |
| 3 | DaVita Serviços Diálise Móvel Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | |
| 3 | DaVita Serviços de Nefrologia Araruama Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | DaVita Serviços de Nefrologia Guarulhos Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | DaVita Serviços de Nefrologia Jardim das Imbuias Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | DaVita Serviços de Nefrologia João Pessoa Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | DaVita Serviços de Nefrologia Moema Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 1% |
| 3 | DaVita Serviços de Nefrologia Taubaté Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | DaVita Transrim Serviços de Nefrologia Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | DaVita UTR Serviços de Nefrologia Ltda. | GDC International, LLC | Brazil | Limited Liability Company/Ltda | 0.0001% |
| 3 | Phoenix-Tucson Integrated Kidney Care, LLC | Grand Home Dialysis, LLC | DE | Limited Liability Company | 1.5% |
| 3 | Hallowell RE, LLC | Hallowell Dialysis, LLC | DE | Limited Liability Company | 100% |
| 3 | South Florida Integrated Kidney Care, LLC | Kavett Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | Bandelier Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 60% |
| 3 | Barnstable Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Bennett Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Buescher Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Cataldo Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Cowley Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Empress Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 80% |
| 3 | Enchanted Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 60% |
| 3 | Latsch Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 70% |
| 3 | Monarch Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Oriello Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | Pannale Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 95% |
| 3 | Pinestone Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 90% |
| 3 | Robler Dialysis, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 100% |
| 3 | True North DC Holding, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 51% |
| 3 | True North Dialysis Center, LLC | Knickerbocker Dialysis, Inc. | NY | Limited Liability Company | 51% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Magoffin Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | South Florida Integrated Kidney Care, LLC | Mautino Dialysis, LLC | DE | Limited Liability Company | 0.5% |
| 3 | Borrego Dialysis, LLC | Mermet Dialysis, LLC | DE | Limited Liability Company | 100% |
| 3 | Goza Dialysis, LLC | Mermet Dialysis, LLC | DE | Limited Liability Company | 100% |
| 3 | NCA - Mid-Atlantic, LLC | Nephrology Care Alliance, LLC | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | NCA-National, LLC | Nephrology Care Alliance, LLC | DE | Limited Liability Company | 100% |
| 3 | NCA-SoCal, LLC | Nephrology Care Alliance, LLC | DE | Limited Liability Company | 100% |
| 3 | DNP Management Company, LLC | Nephrology Practice Solutions, LLC | DE | Limited Liability Company | 100% |
| 3 | Nephrology Medical Associates of Georgia, LLC | Nephrology Practice Solutions, LLC | GA | Limited Liability Company | 100% |
| 3 | South Florida Integrated Kidney Care, LLC | Okanogan Dialysis, LLC | DE | Limited Liability Company | 0.5% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Physicians Dialysis Acquisitions, Inc. | DE | Limited Liability Company | 1% |
| 3 | Middlesex Dialysis Center, LLC | Physicians Dialysis Ventures, LLC | DE | Limited Liability Company | 100% |
| 3 | Physicians Dialysis of Houston, LLP | Physicians Dialysis Ventures, LLC | TX | Limited Liability Partnership | 64.38% |
| 3 | Physicians Dialysis of Houston, LP | Physicians Dialysis Ventures, LLC | TX | Limited Liability Partnership | 64.38% |
| 3 | Physicians Dialysis of Lancaster, LLC | Physicians Dialysis Ventures, LLC | PA | Limited Liability Company | 85% |
| 3 | Physicians Management, LLC | Physicians Dialysis Ventures, LLC | DE | Limited Liability Company | 100% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Red Willow Dialysis, LLC | DE | Limited Liability Company | 10.571% |
| 3 | Bruno Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 80% |
| 3 | Canyon Springs Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 70% |
| 3 | DaVita - Riverside II, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 60% |
| 3 | DaVita - Riverside, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 60% |
| 3 | Eastmont Dialysis Partnership | Renal Treatment Centers - California, Inc. | CA | General Partnership | 39.22% |
| 3 | Elk Grove Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 51% |
| 3 | Freeman Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Fullerton Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 70% |
| 3 | Long Beach Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 93.3111% |
| 3 | Los Angeles Dialysis Center | Renal Treatment Centers - California, Inc. | CA | General Partnership | 31.8438% |
| 3 | Marysville Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Nuevo Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Ontario Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Orange Dialysis, LLC | Renal Treatment Centers - California, Inc. | CA | Limited Liability Company | 100% |
| 3 | Riverside County Home PD Program, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Santa Fe Springs Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Shetek Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 75% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Soledad Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 100% |
| 3 | Tustin Dialysis Center, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 60% |
| 3 | Yucaipa Dialysis, LLC | Renal Treatment Centers - California, Inc. | DE | Limited Liability Company | 60% |
| 3 | Beachside Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | Central Iowa Dialysis Partners, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 70% |
| 3 | Central Kentucky Dialysis Centers, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Chesterfield Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Chicago Heights Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Clinton Township Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Clyfee Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 70% |
| 3 | Commerce Township Dialysis Center, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 55% |
| 3 | Davis Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 95% |
| 3 | Dialysis of Des Moines, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | Dialysis of Northern Illinois, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Downriver Centers, Inc. | Renal Treatment Centers - Illinois, Inc. | MI | For Profit Corporation | 100% |
| 3 | East Dearborn Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Estero Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Falls Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Fannin Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Garner Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Geyser Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | GiveLife Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Green Country Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Grosse Pointe Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Honeyman Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | Kadron Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Kidney Centers of Michigan, L.L.C. | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Lawrenceburg Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Milo Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 75% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | New Springs Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 85% |
| 3 | Northeast Ohio Home Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 65% |
| 3 | Northshore Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Oakdale Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Placid Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Princeton Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Purtis Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Richfield Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Rochester Dialysis Center, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 60% |
| 3 | Sandusky Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 56.9167% |
| 3 | South Lincoln Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | St. Clair Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | St. Luke's Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | TRC - Indiana, LLC | Renal Treatment Centers - Illinois, Inc. | IN | Limited Liability Company | 90% |
| 3 | Trusten Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | Wallips Dialysis LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 51% |
| 3 | Wauseon Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Westview Dialysis, LLC | Renal Treatment Centers - Illinois, Inc. | DE | Limited Liability Company | 100% |
| 3 | Aberdeen Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Allaire Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Allister Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Amity Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 65% |
| 3 | Belmont Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 90% |
| 3 | Blancott Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Branbur Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Buford Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 90% |
| 3 | Captree Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 66% |
| 3 | Cawen Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Central Georgia Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 70% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Conecuh Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 85% |
| 3 | Covell Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Cypremort Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | DaVita Tidewater - Virginia Beach, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | DaVita Tidewater, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Dalhart Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 67.5% |
| 3 | Dedham Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 85% |
| 3 | Dialysis of North Atlanta, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Fillmore Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Gansett Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 80% |
| 3 | Golver Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Gramleer Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 75% |
| 3 | Granue Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 91.6% |
| 3 | Guilder Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 90% |
| 3 | Guntersville Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Havanna Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 95% |
| 3 | Havenwood Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 70% |
| 3 | Honey Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Hoven Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 90% |
| 3 | Kainsville Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 80% |
| 3 | Leawood Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 80% |
| 3 | Mather Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 51% |
| 3 | Medlock Bridge Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 80% |
| 3 | Mohansic Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Nestori Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | North Atlanta Dialysis Center, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Ogano Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Onota Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 95% |
| 3 | Orion Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Ossippee Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 63% |
| 3 | Parkside Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 51% |
| 3 | Pembina Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Peninsula Dialysis Center, Inc. | Renal Treatment Centers - Mid-Atlantic, Inc. | VA | For Profit Corporation | 100% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 1% |
| 3 | Piute Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 80% |
| 3 | Plattaz Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 83.3% |
| 3 | Ramapo Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 95% |
| 3 | Shawano Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Snowdale Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Southwest Atlanta Dialysis Centers, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 79% |
| 3 | Sugarloaf Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 70% |
| 3 | Sunack Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Tri-City Dialysis Center, Inc. | Renal Treatment Centers - Mid-Atlantic, Inc. | VA | For Profit Corporation | 100% |
| 3 | Vancile Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Vilander Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 95.7495% |
| 3 | Waldorf Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Wissota Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 78% |
| 3 | Wyota Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 60% |
| 3 | Zomane Dialysis, LLC | Renal Treatment Centers - Mid-Atlantic, Inc. | DE | Limited Liability Company | 100% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Renal Treatment Centers - Northeast, Inc. | DE | Limited Liability Company | 10.571% |
| 3 | Renal Ventures Management, LLC | Renal Treatment Centers - Northeast, Inc. | DE | Limited Liability Company | 100% |
| 3 | Riddle Dialysis, LLC | Renal Treatment Centers - Northeast, Inc. | DE | Limited Liability Company | 70% |
| 3 | Afton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Alamosa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Alterra Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Alvah Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Amarillo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Ashdow Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Athio Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 3 | Austin Dialysis Centers, L.P. | Renal Treatment Centers - Southeast, LP | DE | Limited Partnership | 86% |
| 3 | Bagby Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Bainbridge Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Baker Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Balch Springs Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Banfort Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Bannack Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 3 | Bannon Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 3 | Barnegate Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Barnell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85% |
| 3 | Beacon Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.2% |
| 3 | Belfair Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Bellevue Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Bidwell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Bollinger Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Bothwell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Braden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Brule Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Canoe Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Capano Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Capes Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85% |
| 3 | Cascades Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.25% |
| 3 | Chadron Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Chitto Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Chouteau Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65% |
| 3 | Churchill Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Clayton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 3 | Clifton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Cormick Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Crawford Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Croskee Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Crossings Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Crowder Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Cuivre Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Curecanti Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 61% |
| 3 | DaVita Denham Springs Kidney Care, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Dallas-Fort Worth Nephrology II, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Diablo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Dorchester Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Dunes Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Duxbury Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Dworsher Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 3 | East Ft. Lauderdale, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Egonsa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 87.5% |
| 3 | Elgin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Ellsworth Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 68% |
| 3 | Elmore Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Farragut Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Flandrau Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Flor Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Gathland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 84% |
| 3 | Gertrude Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Gilwards Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Glacier Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 69% |
| 3 | Golden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Gouache Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Great Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Greenspoint Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Greylock Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 72% |
| 3 | Harris Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Haskell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 89% |
| 3 | Hays Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Headlands Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Hennepin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Higbee Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Higden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 71.1882% |
| 3 | Historic Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Hochatown Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Holdrege Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Hugo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Hunts Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Indian River Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 83.32% |
| 3 | Kadden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Kearn Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Kerricher Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Kinkaid Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Krapell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Lathrop Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 3 | Livary Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 3 | Lufkin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Lynwick Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Madison Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Manchester Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Maples Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Margette Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Mashero Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Melnea Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60.0601% |
| 3 | Mendocino Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 58.75% |
| 3 | Meramec Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Mid-City New Orleans Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Millmore Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Minam Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Naskett Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Nicona Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Nolia Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Norbert Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 3 | North Austin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Northwest Arkansas Kidney Centers, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Oasis Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Ozark Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 3 | Peaks Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 56% |
| 3 | Pfeiffer Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 3 | Pharis Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Pike Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Plumas Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Pobello Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 79% |
| 3 | Ponderosa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Primrose Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 83.0826% |
| 3 | Pyramid Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65% |
| 3 | RTC - Texas Acquisition, Inc. | Renal Treatment Centers - Southeast, LP | TX | For Profit Corporation | 100% |
| 3 | Rayburn Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 3 | Redwood Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Renaissance Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Renal Clinic Of Houston, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 3 | Rickwood Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Roland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Ross Clark Circle Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Russell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Santiam Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Schuler Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Shelby Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Sitka Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Sloss Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 68% |
| 3 | South Florida Integrated Kidney Care, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 1% |
| 3 | Sprewell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Springs Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Stevenson Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Talladega Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Tarleton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Taum Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Taylor Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Teton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Tolland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Tolowa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Trego Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Truman Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Tumalo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Twinstar Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 92.3098% |
| 3 | Ukiah Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 3 | Vancleer Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Watson Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.427503 % |
| 3 | Wayside Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | West Monroe Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Weston Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 86.47% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Wilgus Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 3 | Willgard Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 3 | Winds Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 3 | Winster Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Woodcrest Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 3 | Zillmar Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85.38% |
| 3 | Brighton Dialysis Center, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | DaVita Dakota Dialysis Center, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 55% |
| 3 | Durango Dialysis Center, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 51% |
| 3 | Greenwood Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 85% |
| 3 | Hutchinson Dialysis, L.L.C. | Renal Treatment Centers - West, Inc. | KS | Limited Liability Company | 100% |
| 3 | Muskogee Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | North Colorado Springs Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Oakes Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Platte Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 51% |
| 3 | Rocky Mountain Dialysis Services, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Routt Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 56% |
| 3 | Sierra Rose Dialysis Center, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Southcrest Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 60% |
| 3 | Southern Colorado Joint Ventures, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 60% |
| 3 | Southern Hills Dialysis Center, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 60% |
| 3 | Southlake Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 60% |
| 3 | Sun City Dialysis Center, L.L.C. | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 51% |
| 3 | Tulsa Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Wyandotte Central Dialysis, LLC | Renal Treatment Centers - West, Inc. | DE | Limited Liability Company | 61.65% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Sahara Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | South Florida Integrated Kidney Care, LLC | Sands Dialysis, LLC | DE | Limited Liability Company | 0.5% |
| 3 | Physicians Dialysis of Newark, LLC | Shining Star Dialysis, Inc. | NJ | Limited Liability Company | 100% |
| 3 | Desert Rocks Dialysis, LLC | Southwest Kidney-DaVita Dialysis Partners II, LLC | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | Garnet Dialysis, LLC | Southwest Kidney-DaVita Dialysis Partners, LLC | DE | Limited Liability Company | 100% |
| 3 | Northwest Tucson Dialysis, LLC | Southwest Kidney-DaVita Dialysis Partners, LLC | DE | Limited Liability Company | 100% |
| 3 | Phoenix-Tucson Integrated Kidney Care, LLC | Southwest Kidney-DaVita Dialysis Partners, LLC | DE | Limited Liability Company | 20% |
| 3 | Sun Desert Dialysis, LLC | Southwest Kidney-DaVita Dialysis Partners, LLC | DE | Limited Liability Company | 100% |
| 3 | Phoenix-Tucson Integrated Kidney Care, LLC | Sun City West Dialysis Center, LLC | DE | Limited Liability Company | 1.5% |
| 3 | Astro, Hobby, West Mt. Renal Care Limited Partnership | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | Bancroft Dialysis, LLC | TRC West, Inc. | DE | Limited Liability Company | 100% |
| 3 | Bear Creek Dialysis Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 69% |
| 3 | DaVita El Paso East, L.P. | TRC West, Inc. | DE | Limited Partnership | 59% |
| 3 | Dallas-Fort Worth Nephrology, L.P. | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | Downtown Houston Dialysis Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 59% |
| 3 | East Houston Kidney Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 64.2174% |
| 3 | Edna Dialysis, L.P. | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | Moncrief Dialysis Center/Total Renal Care Limited Partnership | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | SAKDC-DaVita Dialysis Partners, L.P. | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | South Shore Dialysis Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 59% |
| 3 | Summit Dialysis Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 78% |
| 3 | TRC El Paso Limited Partnership | TRC West, Inc. | DE | Limited Partnership | 49.1% |
| 3 | The Woodlands Dialysis Center, LP | TRC West, Inc. | DE | Limited Partnership | 75.75% |
| 3 | Total Renal Care Texas Limited Partnership | TRC West, Inc. | DE | Limited Partnership | 99% |
| 3 | Transmountain Dialysis, L.P. | TRC West, Inc. | DE | Limited Partnership | 59% |
| 3 | Upper Valley Dialysis, L.P. | TRC West, Inc. | DE | Limited Partnership | 59% |
| 3 | Willowbrook Dialysis Center, L.P. | TRC West, Inc. | DE | Limited Partnership | 59.12% |
| 3 | Felixon Dialysis, LLC | TRC of New York, Inc. | DE | Limited Liability Company | 100% |
| 3 | South Florida Integrated Kidney Care, LLC | Talimena Dialysis, LLC | DE | Limited Liability Company | 1% |
| 3 | Deerbrook Dialysis Center, LLC | Total Renal Care Texas Limited Partnership | DE | Limited Liability Company | 100% |
| 3 | Houston Acute Dialysis, L.P. | Total Renal Care Texas Limited Partnership | DE | Limited Partnership | 99% |
| 3 | Memorial Dialysis Center, L.P. | Total Renal Care Texas Limited Partnership | DE | Limited Partnership | 79% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 3 | West Texas Dialysis, LLC | Total Renal Care Texas Limited Partnership | DE | Limited Liability Company | 100% |
| 3 | Central Carolina Dialysis Centers, LLC | Total Renal Care of North Carolina, LLC | DE | Limited Liability Company | 100% |
| 3 | South Florida Integrated Kidney Care, LLC | Townsend Dialysis, LLC | DE | Limited Liability Company | 0.5% |
| 3 | Philadelphia-Camden Integrated Kidney Care, LLC | Tyler Dialysis, LLC | DE | Limited Liability Company | 3% |
| 3 | DaVita Accountable Care Solutions, LLC | VillageHealth DM, LLC | DE | Limited Liability Company | 100% |
| 3 | Philadelphia Comprehensive Care Program, LLC | Vively Health, LLC | DE | Limited Liability Company | 100% |
| 4 | Arrowhead Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 90% |
| 4 | Creston Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 4 | Grayland Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 4 | Hanford Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 4 | ISD I Holding Company, Inc. | DVA Healthcare Renal Care, Inc. | DE | For Profit Corporation | 100% |
| 4 | Llano Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 100% |
| 4 | Philadelphia-Camden Integrated Kidney Care, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 10.571% |
| 4 | South Florida Integrated Kidney Care, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 29.967% |
| 4 | Victory Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 51% |
| 4 | Wyler Dialysis, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 60% |
| 4 | Zephyrhills Dialysis Center, LLC | DVA Healthcare Renal Care, Inc. | DE | Limited Liability Company | 54% |
| 4 | DaVita HK Holdings Limited | DVA Holdings Pte. Ltd. | Hong Kong | Company Limited by Shares (CLBS) | 100% |
| 4 | Infomasi Ekuiti Sdn. Bhd. | DVA Holdings Pte. Ltd. | Malaysia | Private Company Limited by Shares | 100% |
| 4 | DaVita Care Pte. Ltd. | DaVita APAC Holding B.V. | Singapore | Private Company Limited by Shares | 75% |
| 4 | DaVita Bauru Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Ceilândia Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Natal Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Nefromed Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Nephron Care Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99998% |
| 4 | DaVita Rien Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99999% |
| 4 | DaVita SOS Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços Diálise Móvel Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 4 | DaVita Serviços Nefrologia Madalena Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | DaVita Serviços de Nefrologia Anchieta Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | |
| 4 | DaVita Serviços de Nefrologia Araruama Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia Asa Sul Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Barra da Tijuca Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Benjamin Constant Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Boa Vista Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia Bueno Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia Cabo Frio Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Cambuci Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Cambuí Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Campinas Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Campo Grande Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Cuiabá Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Franca Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Goiânia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Guarulhos Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia Hortolândia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Itaboraí Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Jardim das Imbuias Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia João Pessoa Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Serviços de Nefrologia Lagoa Nova Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Lapa Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Moema Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99% |
| 4 | DaVita Serviços de Nefrologia Nova Iguaçu Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Nova Veneza Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Pacini Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Paulínia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 0.00779% |
| 4 | DaVita Serviços de Nefrologia Salvador Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Santana Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | DaVita Serviços de Nefrologia Santos Dumont Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Sumaré Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia São José do Rio Preto Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Taubaté Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9998% |
| 4 | DaVita Serviços de Nefrologia Tejipió Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Vila Bastos Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Vila Olímpia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia de Araraquara Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Silva Jardim Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Transrim Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Tratamento Renal Participações Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita UTR Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 99.9999% |
| 4 | DaVita Águas Claras Serviços de Nefrologia Ltda. | DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita China Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 100% |
| 4 | DaVita Japan Holdings K.K. | DaVita Care Pte. Ltd. | Japan | Kabushiki-Kaisha (KK) | 100% |
| 4 | DaVita Japan Management Services K.K. | DaVita Care Pte. Ltd. | Japan | Kabushiki-Kaisha (KK) | 100% |
| 4 | DaVita Renal Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 100% |
| 4 | DaVita Singapore Holding Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Limited Company | 100% |
| 4 | DaVita Singapore Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 80% |
| 4 | DaVita Deutschland AG | DaVita Germany GmbH | Germany | Aktiengesellschaft(AG) | 85% |
| 4 | DaVita Deutschland Beteiligungs GmbH & Co. KG | DaVita Germany GmbH | Germany | Gesellschaft mit beschränkter Haftung(GmbH) | 99.13% |
| 4 | DaVita Deutschland Verwaltungs GmbH | DaVita Germany GmbH | Germany | Gesellschaft mit beschränkter Haftung(GmbH) | 100% |
| 4 | DaVita Serviços de Nefrologia Anchieta Ltda. | DaVita Serviços de Nefrologia Benjamin Constant Ltda. | Brazil | Limited Liability Company/Ltda | |
| 4 | DaVita Serviços de Nefrologia Paulínia Ltda. | DaVita Serviços de Nefrologia Sumaré Ltda. | Brazil | Limited Liability Company/Ltda | 99.9922% |
| 4 | Clínica Médica Hospitalar DaVita Londrina Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company | 100% |
| 4 | DaVita Serviços de Nefrologia Araucária Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Barão Geraldo Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 4 | DaVita Serviços de Nefrologia Cajuru Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | DaVita Serviços de Nefrologia Taquaral Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | DaVita Serviços de Nefrologia Valinhos Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 4 | DaVita Serviços de Nefrologia Vila Izabel Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | Davita Serviços de Nefrologia Curitiba Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | Terbole Participações Societárias Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 4 | Phoenix-Tucson Integrated Kidney Care, LLC | Desert Rocks Dialysis, LLC | DE | Limited Liability Company | 1.5% |
| 4 | South Florida Integrated Kidney Care, LLC | East Ft. Lauderdale, LLC | DE | Limited Liability Company | 0.5% |
| 4 | Clinica Central do Bonfim S.A. | IDC -International Dialysis Centers, Lda | Portugal | Sociedad Anonima (S.A.) | 100% |
| 4 | EURODIAL - Centro de Nefrologia e Dialise de Leiria S.A. | IDC -International Dialysis Centers, Lda | Portugal | Sociedad Anonima (S.A.) | 100% |
| 4 | IDC Mafra - International Dialysis Centers, LDA | IDC -International Dialysis Centers, Lda | Portugal | Limitada (Lda.) | 90% |
| 4 | Pluribus Dialise - Benfica, S.A. | IDC -International Dialysis Centers, Lda | Portugal | Sociedad Anonima (S.A.) | 70% |
| 4 | Pluribus Dialise, S.A. | IDC -International Dialysis Centers, Lda | Portugal | Sociedad Anonima (S.A.) | 100% |
| 4 | Melnea Real Estate, LLC | Melnea Dialysis, LLC | DE | Limited Liability Company | 100% |
| 4 | NPS Physicians (TN), PLLC | Nephrology Medical Associates of Georgia, LLC | TN | Professional Limited Liability Company | 100% |
| 4 | Physicians Choice Dialysis, LLC | Physicians Management, LLC | DE | Limited Liability Company | 100% |
| 4 | ENSARIL (SRE) Limited | Renal Services (UK) Limited | United Kingdom | Private Company Limited by Shares | 100% |
| 4 | Renal Services Operations Limited | Renal Services (UK) Limited | United Kingdom | Private Company Limited by Shares | 100% |
| 4 | Renal Services Trading Limited | Renal Services (UK) Limited | United Kingdom | Private Company Limited by Shares | 100% |
| 4 | Afton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Alamosa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Alterra Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Alvah Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Amarillo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Ashdow Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Athio Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 4 | Austin Dialysis Centers, L.P. | Renal Treatment Centers - Southeast, LP | DE | Limited Partnership | 86% |
| 4 | Bagby Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Bainbridge Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Baker Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Balch Springs Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Banfort Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Bannack Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 4 | Bannon Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 4 | Barnegate Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Barnell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85% |
| 4 | Beacon Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.2% |
| 4 | Belfair Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Bellevue Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Bidwell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Bollinger Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Bothwell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Braden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Brule Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Canoe Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Capano Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Capes Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85% |
| 4 | Cascades Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.25% |
| 4 | Chadron Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Chitto Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Chouteau Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65% |
| 4 | Churchill Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Clayton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 4 | Clifton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Cormick Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Crawford Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Croskee Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Crossings Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Crowder Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Cuivre Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Curecanti Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 61% |
| 4 | DaVita Denham Springs Kidney Care, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Dallas-Fort Worth Nephrology II, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Diablo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Dorchester Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Dunes Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Duxbury Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Dworsher Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 4 | East Ft. Lauderdale, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Egonsa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 87.5% |
| 4 | Elgin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Ellsworth Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 68% |
| 4 | Elmore Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Farragut Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Flandrau Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Flor Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Gathland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 84% |
| 4 | Gertrude Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Gilwards Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Glacier Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 69% |
| 4 | Golden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Gouache Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Great Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Greenspoint Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Greylock Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 72% |
| 4 | Harris Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Haskell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 89% |
| 4 | Hays Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Headlands Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Hennepin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Higbee Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Higden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 71.1882% |
| 4 | Historic Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Hochatown Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Holdrege Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Hugo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Hunts Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Indian River Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 83.32% |
| 4 | Kadden Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Kearn Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Kerricher Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Kinkaid Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Krapell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Lathrop Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 4 | Livary Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 4 | Lufkin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Lynwick Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Madison Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Manchester Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Maples Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Margette Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Mashero Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Melnea Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60.0601% |
| 4 | Mendocino Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 58.75% |
| 4 | Meramec Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Mid-City New Orleans Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Millmore Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Minam Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Naskett Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Nicona Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Nolia Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Norbert Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 4 | North Austin Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Northwest Arkansas Kidney Centers, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Oasis Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Ozark Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 95% |
| 4 | Peaks Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 56% |
| 4 | Pfeiffer Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 55% |
| 4 | Pharis Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Pike Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Plumas Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Pobello Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 79% |
| 4 | Ponderosa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Primrose Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 83.0826% |
| 4 | Pyramid Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65% |
| 4 | RTC - Texas Acquisition, Inc. | Renal Treatment Centers - Southeast, LP | TX | For Profit Corporation | 100% |
| 4 | Rayburn Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 80% |
| 4 | Redwood Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Renaissance Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Renal Clinic Of Houston, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 75% |
| 4 | Rickwood Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Roland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Ross Clark Circle Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Russell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Santiam Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Schuler Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Shelby Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Sitka Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Sloss Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 68% |
| 4 | South Florida Integrated Kidney Care, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 1% |
| 4 | Sprewell Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Springs Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Stevenson Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Talladega Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Tarleton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Taum Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Taylor Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Teton Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Tolland Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Tolowa Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Trego Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Truman Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Tumalo Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Twinstar Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 92.3098% |
| 4 | Ukiah Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 51% |
| 4 | Vancleer Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Watson Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 65.427503 % |
| 4 | Wayside Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | West Monroe Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Weston Dialysis Center, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 86.47% |
| 4 | Wilgus Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 90% |
| 4 | Willgard Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 70% |
| 4 | Winds Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 60% |
| 4 | Winster Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Woodcrest Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 100% |
| 4 | Zillmar Dialysis, LLC | Renal Treatment Centers - Southeast, LP | DE | Limited Liability Company | 85.38% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Bayonne Renal Center, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Home Kidney Care, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Kidney Life, LLC | Renal Ventures Management, LLC | NJ | Limited Liability Company | 100% |
| 4 | RV Academy, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | RVM Holdings, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | RVM Texas Renal Care, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Beaumont, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Brick, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Carrollton, L.P.L.L.L.P. | Renal Ventures Management, LLC | DE | Limited Partnership | 100% |
| 4 | Renal Center of Englewood, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Flower Mound, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Fort Dodge, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Frisco, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Hamilton, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Keller, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Keyser, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Lewisville, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Monroe, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Moorefield, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Morristown, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Mountain Home, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Nederland, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Newton, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of North Dallas, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of North Denton, L.L.L.P. | Renal Ventures Management, LLC | DE | Limited Liability Limited Partnership | 100% |
| 4 | Renal Center of Orange, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Passaic, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Philadelphia, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Plano, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 4 | Renal Center of Port Arthur, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Sewell, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Somerville, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Storm Lake, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Succasunna, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Trenton, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Tyler, L.P.L.L.L.P. | Renal Ventures Management, LLC | DE | Limited Liability Limited Partnership | 100% |
| 4 | Renal Center of Waterton, L.L.L.P. | Renal Ventures Management, LLC | DE | Limited Liability Limited Partnership | 100% |
| 4 | Renal Center of West Beaumont, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of Westwood, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Renal Center of the Hills, LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | RenalServ LLC | Renal Ventures Management, LLC | DE | Limited Liability Company | 100% |
| 4 | Texas Renal Ventures, L.P.L.L.L.P. | Renal Ventures Management, LLC | DE | Limited Partnership | 100% |
| 4 | Philadelphia-Camden Integrated Kidney Care, LLC | Riddle Dialysis, LLC | DE | Limited Liability Company | 1% |
| 4 | Phoenix-Tucson Integrated Kidney Care, LLC | Sun City Dialysis Center, L.L.C. | DE | Limited Liability Company | 1.5% |
| 4 | Deerbrook Dialysis Center, LLC | Total Renal Care Texas Limited Partnership | DE | Limited Liability Company | 100% |
| 4 | Houston Acute Dialysis, L.P. | Total Renal Care Texas Limited Partnership | DE | Limited Partnership | 99% |
| 4 | Memorial Dialysis Center, L.P. | Total Renal Care Texas Limited Partnership | DE | Limited Partnership | 79% |
| 4 | West Texas Dialysis, LLC | Total Renal Care Texas Limited Partnership | DE | Limited Liability Company | 100% |
| 4 | True North II DC, LLC | True North DC Holding, LLC | NY | Limited Liability Company | 60% |
| 4 | True North III DC, LLC | True North DC Holding, LLC | NY | Limited Liability Company | 80% |
| 4 | True North VI DC, LLC | True North DC Holding, LLC | NY | Limited Liability Company | 90% |
| 4 | Woodcrest RE, LLC | Woodcrest Dialysis, LLC | DE | Limited Liability Company | 100% |
| 5 | DaVita China Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 100% |
| 5 | DaVita Japan Holdings K.K. | DaVita Care Pte. Ltd. | Japan | Kabushiki-Kaisha (KK) | 100% |
| 5 | DaVita Japan Management Services K.K. | DaVita Care Pte. Ltd. | Japan | Kabushiki-Kaisha (KK) | 100% |
| 5 | DaVita Renal Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 100% |
| 5 | DaVita Singapore Holding Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Limited Company | 100% |
| 5 | DaVita Singapore Pte. Ltd. | DaVita Care Pte. Ltd. | Singapore | Private Company Limited by Shares | 80% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 5 | DaVita (Shandong) Kidney Disease Hospital Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 70% |
| 5 | DaVita Hospital Management Consulting (Shanghai) Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 100% |
| 5 | Hunan Baijun Hightech Medical Investment Management Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 31.7% |
| 5 | DaVita Clinical Research Deutschland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | DaVita Dialyse Professionals GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | DaVita Sud-Niedersachsen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | DiaCare AG | DaVita Deutschland AG | Switzerland | Stock Corporation | 100% |
| 5 | MVZ DaVita 17 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita 18 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita 23 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Alzey GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Aurich GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Bad Aibling GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 95% |
| 5 | MVZ DaVita Bad Düben GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | MVZ DaVita Dillenburg GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | MVZ DaVita Dinkelsbühl GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Dormagen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Duisburg GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | MVZ DaVita Elsterland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Emden GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Falkensee GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Geilenkirchen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Gera GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Hannover Linden GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Iserlohn GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Markgräflerland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Mönchengladbach GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Neuss GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 99.91% |
| 5 | MVZ DaVita Niederrhein GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 5 | MVZ DaVita Nierenzentrum Aachen Alsdorf GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Nierenzentrum Berlin-Britz GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Nierenzentrum Hamm-Ahlen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.9% |
| 5 | MVZ DaVita Prenzlau-Pasewalk GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Rhein-Ahr GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | MVZ DaVita Rhein-Ruhr GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | MVZ DaVita Salzgitter-Seesen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Schwalm-Eder GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 5 | MVZ DaVita Viersen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 5 | DaVita Deutschland AG | DaVita Deutschland Beteiligungs GmbH & Co. KG | Germany | Aktiengesellschaft( AG) | 15% |
| 5 | DaVita Serviços de Nefrologia Anchieta Ltda. | DaVita Serviços de Nefrologia Benjamin Constant Ltda. | Brazil | Limited Liability Company/Ltda | |
| 5 | DaVita Serviços de Nefrologia Paulínia Ltda. | DaVita Serviços de Nefrologia Sumaré Ltda. | Brazil | Limited Liability Company/Ltda | 99.9922% |
| 5 | Clínica Médica Hospitalar DaVita Londrina Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company | 100% |
| 5 | DaVita Serviços de Nefrologia Araucária Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | DaVita Serviços de Nefrologia Barão Geraldo Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 5 | DaVita Serviços de Nefrologia Cajuru Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | DaVita Serviços de Nefrologia Taquaral Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 5 | DaVita Serviços de Nefrologia Valinhos Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 99.99% |
| 5 | DaVita Serviços de Nefrologia Vila Izabel Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | Davita Serviços de Nefrologia Curitiba Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | Terbole Participações Societárias Ltda. | DaVita Tratamento Renal Participações Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | South Florida Integrated Kidney Care, LLC | East Ft. Lauderdale, LLC | DE | Limited Liability Company | 0.5% |
| 5 | ISD II Holding Company, Inc. | ISD I Holding Company, Inc. | DE | For Profit Corporation | 100% |
| 5 | Melnea Real Estate, LLC | Melnea Dialysis, LLC | DE | Limited Liability Company | 100% |
| 5 | Physicians Choice Dialysis Of Alabama, LLC | Physicians Choice Dialysis, LLC | DE | Limited Liability Company | 100% |
| 5 | Pluribus Dialise - Benfica, S.A. | Pluribus Dialise, S.A. | Portugal | Sociedad Anonima (S.A.) | 29.98% |
| 5 | Pluribus Dialise - Cascais, S.A. | Pluribus Dialise, S.A. | Portugal | Sociedad Anonima (S.A.) | 100% |
| 5 | Pluribus Dialise - Sacavem, S.A. | Pluribus Dialise, S.A. | Portugal | Sociedad Anonima (S.A.) | 100% |
| 5 | DaVita Ventures, L.P. | RVM Holdings, LLC | DE | Limited Partnership | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 5 | Pathalys Pharma, Inc. | RVM Holdings, LLC | DE | For Profit Corporation | 30% |
| 5 | DaVita Serviços de Nefrologia Campo Largo Ltda. | Terbole Participações Societárias Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 5 | Woodcrest RE, LLC | Woodcrest Dialysis, LLC | DE | Limited Liability Company | 100% |
| 6 | DaVita (Shandong) Kidney Disease Hospital Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 70% |
| 6 | DaVita Hospital Management Consulting (Shanghai) Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 100% |
| 6 | Hunan Baijun Hightech Medical Investment Management Co., Ltd. | DaVita China Pte. Ltd. | China | Limited Liability Company | 31.7% |
| 6 | DaVita Clinical Research Deutschland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | DaVita Dialyse Professionals GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | DaVita Sud-Niedersachsen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | DiaCare AG | DaVita Deutschland AG | Switzerland | Stock Corporation | 100% |
| 6 | MVZ DaVita 17 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita 18 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita 23 GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Alzey GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Aurich GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Bad Aibling GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 95% |
| 6 | MVZ DaVita Bad Düben GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | MVZ DaVita Dillenburg GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | MVZ DaVita Dinkelsbühl GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Dormagen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Duisburg GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | MVZ DaVita Elsterland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Emden GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Falkensee GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Geilenkirchen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Gera GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Hannover Linden GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Iserlohn GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Markgräflerland GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 6 | MVZ DaVita Mönchengladbach GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Neuss GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 99.91% |
| 6 | MVZ DaVita Niederrhein GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Nierenzentrum Aachen Alsdorf GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Nierenzentrum Berlin-Britz GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Nierenzentrum Hamm-Ahlen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.9% |
| 6 | MVZ DaVita Prenzlau-Pasewalk GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Rhein-Ahr GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | MVZ DaVita Rhein-Ruhr GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | MVZ DaVita Salzgitter-Seesen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Schwalm-Eder GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 100% |
| 6 | MVZ DaVita Viersen GmbH | DaVita Deutschland AG | Germany | Gesellschaft mit beschränkter Haftung (GmbH) | 90.91% |
| 6 | ISD Renal, Inc. | ISD II Holding Company, Inc. | DE | For Profit Corporation | 100% |
| 6 | Pluribus Dialise - Benfica, S.A. | Pluribus Dialise - Cascais, S.A. | Portugal | Sociedad Anonima (S.A.) | 0.01% |
| 6 | Pluribus Dialise - Benfica, S.A. | Pluribus Dialise - Sacavem, S.A. | Portugal | Sociedad Anonima (S.A.) | 0.01% |
| 6 | DaVita Serviços de Nefrologia Campo Largo Ltda. | Terbole Participações Societárias Ltda. | Brazil | Limited Liability Company/Ltda | 100% |
| 7 | Atchess Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 80% |
| 7 | Braburry Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 51% |
| 7 | Brownsville Kidney Center, Ltd. | ISD Renal, Inc. | TX | Limited Partnership | 90% |
| 7 | Buckhorn Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 74% |
| 7 | Cahaba Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Claymount Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 55% |
| 7 | Colloma Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 55% |
| 7 | Dighton Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 91% |
| 7 | Elandon Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 62.2469% |
| 7 | Ellmac Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Endicott Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 51% |
| 7 | Folger Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Gabion Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 51% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 7 | Genessee Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Grambrill Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Bartlett, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 93% |
| 7 | ISD Bends Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Brandon, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 56.6% |
| 7 | ISD Buffalo Grove, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Canton, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Corpus Christi, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Kansas City, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Kendallville, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Las Vegas, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Lees Summit, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 80% |
| 7 | ISD Pharmacy, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Plainfield, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 74% |
| 7 | ISD Schaumburg, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Spring Valley, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | ISD Summit Renal Care, LLC | ISD Renal, Inc. | OH | Limited Liability Company | 95% |
| 7 | Icelandic Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Jabine Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60.7523% |
| 7 | Kartman Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Kittery Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Kollobe Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Labette Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 96.5326% |
| 7 | Lantell Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 87.0573% |
| 7 | Leback Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Leoti Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Logoley Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Marlton Dialysis Center, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Mastodon Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |

**DaVita Inc.**
**Domestic and International Subsidiaries - Tier Structure Organization Chart**
**as of March 21, 2022**

| Tier Number | Entity Name | Owner | Domestic Jurisdiction | Entity Type | Ownership Percentage |
|---|---|---|---|---|---|
| 7 | Matheson Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 90% |
| 7 | Mattapan Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 73.2% |
| 7 | Merrik Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 78.9345% |
| 7 | Moravia Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Narrah Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Orford Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Pavalak Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Philadelphia-Camden Integrated Kidney Care, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 10.571% |
| 7 | Pinson Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Raritan Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Rockridge Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 70% |
| 7 | Scussett Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Seward Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Sloats Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Sparda Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Sprague Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 70% |
| 7 | Toltec Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 80% |
| 7 | Traville Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 7 | Vosse Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 100% |
| 7 | Wahconah Dialysis, LLC | ISD Renal, Inc. | DE | Limited Liability Company | 60% |
| 8 | Philadelphia-Camden Integrated Kidney Care, LLC | Marlton Dialysis Center, LLC | DE | Limited Liability Company | 1% |

| Regulatory Name | Facility Address | City, State, Zip | Phone | Fax | Number of Certified In-Center Stations | Medicare Provider Number |
|---|---|---|---|---|---|---|
| Fairfield Dialysis | 1210 HICKS BLVD | Fairfield, OH 45014-1921 | (513) 939-1110 | (123) 456-7890 | 14 | 36-2602 |
| Old Forge Dialysis | 325 S MAIN ST | Old Forge, PA 18518-1677 | (570) 457-3174 | (570) 457-3313 | 12 | 39-2726 |
| Cherry Hill Dialysis | 1030 KINGS HWY N STE 100 | Cherry Hill, NJ 08034-1907 | (856) 321-0111 | (856) 482-0263 | 19 | 31-2513 |
| Thousand Oaks Dialysis | 375 ROLLING OAKS DR STE 100 | Thousand Oaks, CA 91361-1024 | (805) 557-1036 | (805) 557-1173 | 15 | 05-2873 |
| Wickenburg Dialysis | 811 N TEGNER STE 101, 103, 105, 107 | Wickenburg, AZ 85390-5409 | (928) 684-6898 | (928) 684-6107 | 9 | 03-2637 |
| Floresville Dialysis | 543 10TH ST | Floresville, TX 78114-3107 | (830) 393-4010 | (830) 393-3056 | 12 | 45-2733 |
| Shore Dialysis | 300 W SYLVANIA AVE STE 1 | Neptune, NJ 07753-6017 | (732) 988-3684 | (732) 988-2054 | 16 | 31-2520 |
| Hallandale Dialysis | 2655 HOLLYWOOD BLVD | Hollywood, FL 33020-4840 | (954) 925-9909 | (954) 927-5852 | 22 | 10-2601 |
| Wylie Dialysis | 941 S WESTGATE WAY | Wylie, TX 75098-4947 | (972) 429-4315 | (972) 429-8954 | 13 | 67-2702 |
| Frederick Dialysis | 140 THOMAS JOHNSON DR STE 100 | Frederick, MD 21702-4475 | (301) 695-0900 | (301) 695-2808 | 27 | 21-2598 |
| Burlington North Dialysis | 1164 E ROUTE 130 | Burlington, NJ 08016-2954 | (609) 747-9840 | (609) 747-9846 | 13 | 31-2548 |
| Pembroke Pines Dialysis | 10970 PINES BLVD STE 70 | Pembroke Pines, FL 33026-5208 | (954) 435-6145 | (954) 442-7350 | 28 | 10-2647 |
| Rose Point Dialysis | 400 N PALM AVE | Wasco, CA 93280-7610 | (661) 758-2360 | (661) 758-2768 | 16 | 55-2861 |
| Freehold Dialysis | 300 CRAIG RD | Manalapan, NJ 07726-8742 | (732) 303-1589 | (732) 303-1895 | 18 | 31-2517 |
| PDI-Walnut Tower | 834 WALNUT ST | Philadelphia, PA 19107-5109 | (215) 629-1490 | (215) 629-5728 | 19 | 39-2702 |
| Lumberton Dialysis | 1261 ROUTE 38 STE B | Hainesport, NJ 08036-2702 | (609) 914-4420 | (609) 845-3099 | 20 | 31-2508 |
| Fort Lauderdale Dixie Dialysis | 1299 E COMMERCIAL BLVD STE 100 | Oakland Park, FL 33334-4806 | (954) 776-6056 | (954) 776-8088 | 20 | 10-2701 |
| Keys Gate Dialysis | 1982 NE 8TH ST | Homestead, FL 33033-4704 | (305) 247-3506 | (305) 247-3859 | 16 | 68-2564 |
| Greenwood Dialysis | 109 OVERLAND DR | Greenwood, SC 29646-4053 | (864) 227-6011 | (864) 227-2098 | 41 | 42-2515 |
| Harvey Dialysis | 16641 S HALSTED ST STE A | Harvey, IL 60426-6112 | (708) 210-9500 | (708) 210-9510 | 18 | 14-2698 |
| Lucas County Home Training | 2702 NAVARRE AVE STE 203 | Oregon, OH 43616-3224 | (419) 691-1514 | (419) 691-1594 | 2 | 36-2794 |
| Scranton Dialysis | 475 MORGAN HWY | Scranton, PA 18508-2605 | (570) 341-8270 | (570) 341-8299 | 14 | 39-2729 |
| Old Bridge Dialysis | 262 TEXAS RD STE 101 | Old Bridge, NJ 08857-4008 | (732) 591-4931 | (732) 561-3448 | 13 | 31-2541 |
| Sabetha Dialysis | 106 N 12TH ST | Sabetha, KS 66534-1810 | (785) 284-0100 | (785) 284-0101 | 10 | 17-2534 |
| Kissimmee Home Training | 1203 N CENTRAL AVE STE A | Kissimmee, FL 34741-4407 | (407) 518-9232 | (407) 518-9350 | 4 | 68-2538 |
| Harrisonburg Dialysis | 871 MARTIN LUTHER KING JR WAY STE 100 | Harrisonburg, VA 22801-4323 | (540) 434-1033 | (540) 434-1192 | 35 | 49-2507 |
| Tunkhannock Dialysis | 5950 SR 6 | Tunkhannock, PA 18657-7905 | (570) 836-6139 | (570) 587-0882 | 12 | 39-2725 |
| Edison Dialysis | 29 MERIDIAN RD | Edison, NJ 08820-2823 | (732) 205-9883 | (732) 205-9890 | 20 | 31-2559 |
| Alma Dialysis | 1730 WRIGHT AVE | Alma, MI 48801-1024 | (989) 463-2366 | (989) 463-2667 | 17 | 23-2676 |
| Texas City PD | 13003 DELANEY ST | La Marque, TX 77568-2506 | (409) 935-3026 | (409) 935-3320 | 0 | 67-2727 |
| Vance County Dialysis | 854 S BECKFORD DR | Henderson, NC 27536-3487 | (252) 492-4239 | (252) 492-5713 | 42 | 34-2543 |
| Antioch Dialysis Center | 3100 DELTA FAIR BLVD | Antioch, CA 94509-4001 | (925) 753-5000 | (925) 753-5055 | 20 | 05-2841 |
| West Branch Dialysis | 599 COURT ST | West Branch, MI 48661-9310 | (989) 345-8422 | (989) 345-8431 | 14 | 23-2534 |
| Charles Towne Home Program | 1964 ASHLEY RIVER RD STE D2 | Charleston, SC 29407-4782 | (843) 573-8767 | (843) 573-2394 | 4 | 42-2633 |
| Holmdel Dialysis | 3053 STATE ROUTE 35 | Hazlet, NJ 07730-1526 | (732) 203-0321 | (732) 203-0279 | 18 | 31-2510 |
| Manzanita Dialysis Center | 4005 MANZANITA AVE STE 17 | Carmichael, CA 95608-1779 | (916) 483-3241 | (916) 483-6347 | 21 | 05-2604 |
| Anthem Village Dialysis | 2530 ANTHEM VILLAGE DR | Henderson, NV 89052-5548 | (702) 614-0590 | (702) 614-7419 | 18 | 29-2522 |
| Gladwin Dialysis | 673 QUARTER ST | Gladwin, MI 48624-1954 | (989) 246-0128 | (989) 246-0175 | 19 | 23-2649 |
| Homestead Dialysis | 207 W 7TH AVE | West Homestead, PA 15120-1002 | (412) 476-8700 | (412) 476-8805 | 16 | 39-2662 |
| South Chico Dialysis Center | 2345 FOREST AVE | Chico, CA 95928-7641 | (530) 894-2180 | (530) 894-2647 | 18 | 55-2530 |
| Haven Dialysis | 60 HAVEN AVE STE B3 | New York, NY 10032-2605 | (212) 928-9071 | (212) 927-2645 | 24 | 33-2621 |
| Greenville Dialysis | 101 S GREENVILLE WEST DR | Greenville, MI 48838-1598 | (616) 225-9500 | (616) 225-9007 | 10 | 23-2677 |
| Pacific Dialysis | 2351 CLAY ST FL 4 | San Francisco, CA 94115-1931 | (415) 440-2852 | (415) 447-8305 | 30 | 55-2668 |
| Antelope Dialysis Center | 6406 TUPELO DR STE A | Citrus Heights, CA 95621-1780 | (916) 721-1800 | (916) 721-4376 | 31 | 05-2663 |
| Ithaca Dialysis Center | 201 DATES DR STE 206 | Ithaca, NY 14850-1345 | (607) 272-1693 | (607) 273-5580 | 12 | 33-2536 |
| Renal Center of Westwood | 363 OLD HOOK RD | Westwood, NJ 07675-3201 | (201) 664-6649 | (201) 664-5542 | 16 | 31-2523 |
| St Luke's Allentown Dialysis | 1901 HAMILTON ST STE 100 | Allentown, PA 18104-6460 | (610) 435-2590 | (610) 433-1386 | 13 | 39-2818 |
| Howard County Dialysis | 5999 HARPERS FARM RD STE 110E | Columbia, MD 21044-3023 | (410) 997-4244 | (410) 730-8235 | 24 | 21-2516 |
| Concord Dialysis Center | 2300 STANWELL DR STE C | Concord, CA 94520-4841 | (925) 677-7492 | (925) 677-7497 | 21 | 55-2535 |
| North Ridge Dialysis | 6830 N RIDGE RD | Madison, OH 44057-2637 | (440) 428-8377 | (440) 428-0615 | 12 | 36-2614 |
| Fayette County Dialysis | 201 MARY HIGGINSON LN STE A | Uniontown, PA 15401-2658 | (724) 437-9480 | (724) 437-9646 | 17 | 39-2767 |
| Huntingdon Valley Dialysis | 769 HUNTINGDON PIKE STE 18 | Huntingdon Valley, PA 19006-8362 | (215) 379-1788 | (215) 379-6779 | 23 | 39-2682 |
| Elk Grove Dialysis | 9281 OFFICE PARK CIR STE 105 | Elk Grove, CA 95758-8069 | (916) 691-0480 | (916) 691-0488 | 21 | 55-2529 |
| Huntsville Dialysis | 521 IH 45 S STE 20 | Huntsville, TX 77340-5651 | (936) 295-5500 | (936) 295-5889 | 26 | 45-2663 |
| Hayward Dialysis Center | 21615 HESPERIAN BLVD STE F | Hayward, CA 94541-7026 | (510) 780-9094 | (510) 780-0635 | 31 | 05-2685 |
| Columbus East Dialysis | 299 OUTERBELT ST | Columbus, OH 43213-1529 | (614) 501-7224 | (614) 501-5197 | 25 | 36-2629 |
| Jefferson Dialysis | 14 CLAIRTON BLVD | Pittsburgh, PA 15236-3911 | (412) 653-6007 | (412) 653-5915 | 17 | 39-2573 |
| South Hayward Dialysis | 254 JACKSON ST | Hayward, CA 94544-1907 | (510) 583-1255 | (510) 583-0631 | 24 | 05-2845 |
| Columbus Downtown Dialysis | 415 E MOUND ST | Columbus, OH 43215-5532 | (614) 228-1773 | (614) 228-1881 | 24 | 36-2650 |
| Northtowns Dialysis Center | 4041 DELAWARE AVE STE 150 | Tonawanda, NY 14150-6828 | (716) 871-8103 | (716) 871-8107 | 18 | 33-2597 |
| PDI-Lancaster | 1412 E KING ST | Lancaster, PA 17602-3240 | (717) 392-1552 | (717) 392-4413 | 20 | 39-2609 |
| Lakeport Dialysis Center | 244 PECKHAM CT | Lakeport, CA 95453-9203 | (707) 262-1349 | (707) 262-1355 | 20 | 05-2601 |
| Midwood Dialysis | 1915 OCEAN AVE | Brooklyn, NY 11230-6801 | (718) 258-7700 | (718) 258-9273 | 34 | 33-2598 |
| Lucedale Dialysis | 652 MANILA ST | Lucedale, MS 39452-5962 | (601) 947-8701 | (601) 947-8980 | 16 | 25-2556 |
| Lodi Dialysis Center | 1610 W KETTLEMAN LN STE D | Lodi, CA 95242-4210 | (209) 334-9888 | (209) 333-0888 | 21 | 05-2753 |
| Belpre Dialysis | 2906 WASHINGTON BLVD | Belpre, OH 45714-1848 | (740) 401-0607 | (740) 401-0691 | 12 | 36-2671 |
| Navarre Dialysis | 517 PARK ST NW STE A | Navarre, OH 44662-9267 | (330) 879-5270 | (330) 879-5294 | 7 | 36-2884 |
| Marietta Dialysis | 1019 PIKE ST | Marietta, OH 45750-3500 | (740) 376-2622 | (740) 376-2633 | 12 | 36-2563 |
| Tokay Home Dialysis Center | 777 S HAM LN STE L | Lodi, CA 95242-3593 | (209) 333-8909 | (209) 333-8914 | 0 | 55-2576 |
| Winton Road Dialysis | 6550 WINTON RD | Cincinnati, OH 45224-1327 | (513) 591-2900 | (513) 591-0208 | 24 | 36-2611 |
| Orchard Park Dialysis Center | 3801 TAYLOR RD | Orchard Park, NY 14127-2232 | (716) 209-7200 | (716) 209-7206 | 24 | 33-2608 |
| Dearborn Home Dialysis | 22030 PARK ST | Dearborn, MI 48124-2854 | (313) 792-7343 | (313) 792-8341 | 0 | 23-2653 |
| Biscayne Bay Dialysis | 14801 NE 6th Ave | Miami, FL 33161-2236 | (786) 743-3142 | (786) 743-3159 | 16 | 68-2734 |
| Martinsville Dialysis | 33 BRIDGE ST S | Martinsville, VA 24112-6214 | (276) 632-3743 | (276) 638-2716 | 20 | 49-2560 |
| Marysville Dialysis Center | 1015 8TH ST | Marysville, CA 95901-5271 | (530) 741-9801 | (530) 741-9805 | 15 | 55-2533 |
| Silverton Dialysis | 6929 SILVERTON AVE | Cincinnati, OH 45236-3701 | (513) 793-0555 | (513) 793-4183 | 16 | 36-2633 |
| Borough Park Dialysis | 4102 13TH AVE | Brooklyn, NY 11219-1389 | (718) 435-2112 | (718) 435-0354 | 32 | 33-2678 |
| Napa Dialysis Center | 3900 BEL AIRE PLZ STE C | Napa, CA 94558-2823 | (707) 253-8938 | (707) 253-2851 | 20 | 05-2615 |
| Blue Ash Dialysis | 10600 MCKINLEY RD | Blue Ash, OH 45242-3716 | (513) 733-8215 | (513) 733-8293 | 18 | 36-2519 |
| Southland Dialysis | 3401 GLENDALE AVE STE 110 | Toledo, OH 43614-2490 | (419) 389-9681 | (419) 389-9196 | 28 | 36-2509 |
| 25th Street Dialysis | 920 E 25TH ST | Baltimore, MD 21218-5503 | (410) 235-1611 | (410) 235-3721 | 21 | 21-2595 |
| North Highlands Dialysis Center | 4612 ROSEVILLE RD STE 100 | North Highlands, CA 95660-5175 | (916) 334-1368 | (916) 334-1543 | 27 | 05-2826 |
| Butler County Dialysis | 3497 S DIXIE HWY | Franklin, OH 45005-5717 | (513) 993-5777 | (513) 422-1634 | 20 | 36-2647 |
| Dayton South Dialysis | 4700 SPRINGBORO PIKE STE A | Moraine, OH 45439-1964 | (937) 294-7188 | (937) 294-7370 | 17 | 36-2821 |
| Mountainside Dialysis | 700 N MAIN ST | Jasper, GA 30143-1404 | (678) 387-1274 | (678) 387-1292 | 13 | 85-2584 |
| Midlothian Dialysis | 14281 MIDLOTHIAN TPKE BLDG B | Midlothian, VA 23113-6560 | (804) 594-3520 | (804) 594-3531 | 17 | 49-2608 |
| Orangevale Dialysis Center | 9267 GREENBACK LN STE A2 | Orangevale, CA 95662-4864 | (916) 988-5666 | (916) 988-5636 | 20 | 05-2850 |
| Montgomery Home Training | 11135 MONTGOMERY RD | Cincinnati, OH 45249-2338 | (513) 810-4369 | (513) 810-4387 | 4 | 36-2634 |
| Home Dialysis of Dayton South | 3030 S DIXIE DR | Kettering, OH 45409-1516 | (937) 296-1171 | (937) 296-1476 | 3 | 36-2541 |
| Cameron Park Dialysis | 3311 COACH LN STE C | Cameron Park, CA 95682-7247 | (530) 677-5114 | (530) 677-5190 | 24 | 05-2691 |
| Pryor Dialysis | 309 E GRAHAM AVE | Pryor, OK 74361-2434 | (918) 825-3100 | (918) 825-3183 | 14 | 37-2529 |
| Home Dialysis of Dayton | 455 TURNER RD STE B | Dayton, OH 45415-3630 | (937) 278-8261 | (937) 275-4465 | 0 | 36-2542 |
| Mt. Auburn Dialysis | 2109 READING RD | Cincinnati, OH 45202-1417 | (513) 784-1800 | (513) 723-2355 | 29 | 36-2502 |
| Florin Dialysis Center | 7000 STOCKTON BLVD | Sacramento, CA 95823-2312 | (916) 424-3990 | (916) 424-3799 | 31 | 05-2857 |
| Heartland Dialysis | 925 NE 8TH ST | Oklahoma City, OK 73104-5800 | (405) 236-3043 | (405) 239-2390 | 32 | 37-2530 |
| Maumee Bay Dialysis | 3310 DUSTIN RD | Oregon, OH 43616-3302 | (419) 697-2191 | (419) 697-2177 | 18 | 36-2547 |
| Onancock Dialysis | 165 MARKET ST STE 6 | Onancock, VA 23417-4233 | (757) 505-5027 | (757) 505-5147 | 16 | 49-2739 |
| Mt. Olive Dialysis | 105 MICHAEL MARTIN RD | Mount Olive, NC 28365-1112 | (919) 658-0878 | (919) 658-0873 | 20 | 34-2573 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Alhambra Dialysis Center | 1315 ALHAMBRA BLVD STE 100 | Sacramento, CA 95816-5245 | (916) 457-8252 | (916) 457-3649 | 20 | 05-2707 |
| Belmont Dialysis | 68639 BANNOCK RD | Saint Clairsville, OH 43950-9736 | (740) 699-0220 | (740) 699-0703 | 10 | 36-2561 |
| Osceola Loop Dialysis | 3052A DYER BLVD | Kissimmee, FL 34741-7839 | (407) 569-0950 | (407) 569-2708 | 24 | 68-2717 |
| South Sacramento Dialysis Center | 8275 BRUCEVILLE RD | Sacramento, CA 95823-2308 | (916) 427-2561 | (916) 427-2025 | 36 | 05-2569 |
| Salem North Dialysis | 1220 LIBERTY ST NE | Salem, OR 97301-7330 | (503) 315-2212 | (503) 315-2199 | 12 | 38-2530 |
| Midwest Springfield Dialysis | 2200 N LIMESTONE ST STE 104 | Springfield, OH 45503-2692 | (937) 390-3125 | (937) 390-6022 | 16 | 36-2592 |
| Pasadena Dialysis | 8037 GOVERNOR RITCHIE HWY STE A | Pasadena, MD 21122-7121 | (410) 590-4615 | (410) 766-6718 | 30 | 21-2613 |
| Salinas Valley Dialysis Center | 955 BLANCO CIR STE C | Salinas, CA 93901-4452 | (831) 758-6222 | (831) 758-8345 | 34 | 05-2602 |
| Woodburn Dialysis | 1840 NEWBERG HWY STE 140 | Woodburn, OR 97071-3187 | (503) 982-2005 | (503) 982-2561 | 20 | 38-2516 |
| Dayton North Dialysis | 455 TURNER RD STE A | Dayton, OH 45415-3630 | (937) 278-7861 | (937) 278-8336 | 24 | 36-2595 |
| Singing River Dialysis | 4907 TELEPHONE RD | Pascagoula, MS 39567-1823 | (228) 762-0701 | (228) 696-2955 | 30 | 25-2516 |
| East Bay Peritoneal Dialysis Center | 13939 E 14TH ST STE 110 | San Leandro, CA 94578-2601 | (510) 614-1380 | (510) 614-0393 | 4 | 05-2675 |
| Clearfield Dialysis | 8866 CLEARFIELD CURWENSVILLE HWY STE 100 | Clearfield, PA 16830-3519 | (814) 765-2543 | (814) 768-3594 | 17 | 39-2704 |
| Darke County Dialysis | 1111 SWEITZER ST STE B | Greenville, OH 45331-1189 | (937) 548-7019 | (937) 548-6519 | 10 | 36-2659 |
| Pearsall Dialysis | 1305 N OAK ST | Pearsall, TX 78061-3414 | (830) 334-4690 | (830) 334-3380 | 12 | 45-2740 |
| Soledad Dialysis Center | 901 LOS COCHES DR | Soledad, CA 93960-2995 | (831) 678-4310 | (831) 678-4324 | 18 | 05-2892 |
| Erie Dialysis | 350 E BAYFRONT PKWY STE A | Erie, PA 16507-2410 | (814) 454-0480 | (814) 454-0682 | 30 | 39-2543 |
| Hilliard Dialysis | 19133 HILLIARD BLVD | Rocky River, OH 44116-2907 | (216) 712-4700 | (216) 712-4704 | 18 | 36-2699 |
| Perth Amboy Dialysis | 271 KING ST | Perth Amboy, NJ 08861-4488 | (732) 442-3836 | (732) 826-2428 | 21 | 31-2540 |
| Delta Sierra Dialysis Center | 7500 WEST LN | Stockton, CA 95210-3312 | (209) 473-7472 | (209) 477-5887 | 36 | 05-2784 |
| Meadville Dialysis | 19050 PARK AVENUE PLZ | Meadville, PA 16335-4012 | (814) 336-6044 | (814) 337-2294 | 17 | 39-2537 |
| Midwest Urbana Dialysis | 1430 E US HIGHWAY 36 | Urbana, OH 43078-9112 | (937) 484-4600 | (937) 484-4407 | 12 | 36-2729 |
| Philadelphia 42nd Street Dialysis | 4126 WALNUT ST | Philadelphia, PA 19104-3511 | (215) 387-0500 | (215) 387-6414 | 29 | 39-2521 |
| Union City Dialysis Center | 32930 ALVARADO NILES RD STE 300 | Union City, CA 94587-8101 | (510) 489-6996 | (510) 489-3747 | 38 | 05-2571 |
| Parma Heights Dialysis | 9050 N CHURCH DR | Parma Heights, OH 44130-4701 | (440) 842-0895 | (440) 292-0234 | 17 | 36-2704 |
| Rolla Dialysis | 1503 E 10TH ST | Rolla, MO 65401-3696 | (573) 364-6475 | (573) 364-9254 | 16 | 26-2536 |
| Vacaville Dialysis Center | 941 MERCHANT ST | Vacaville, CA 95688-5315 | (707) 447-8191 | (707) 447-8196 | 24 | 05-2709 |
| Pittsburgh Dialysis | 4312 PENN AVE | Pittsburgh, PA 15224-1310 | (412) 681-8556 | (412) 681-8537 | 12 | 39-2699 |
| West Clayton Dialysis | 100 PROMENADE PKWY STE C | Fayetteville, GA 30214-7735 | (678) 788-6328 | (678) 788-6351 | 20 | 85-2582 |
| Roseburg/Mercy Dialysis | 2410 NW EDENBOWER BLVD STE 178 | Roseburg, OR 97471-8830 | (541) 672-4608 | (541) 672-4817 | 24 | 38-2514 |
| Creekside Dialysis Center | 141 PARKER ST | Vacaville, CA 95688-3921 | (707) 453-1325 | (707) 453-1329 | 12 | 55-2510 |
| Elizabeth Dialysis | 201 MCKEESPORT RD | Elizabeth, PA 15037-1623 | (412) 384-1822 | (412) 384-1828 | 12 | 39-2710 |
| Roxboro Dialysis | 1005 RIDGE RD | Roxboro, NC 27573-4513 | (336) 598-5196 | (336) 598-5054 | 38 | 34-2562 |
| Walnut Creek Dialysis Center | 404 N WIGET LN | Walnut Creek, CA 94598-2408 | (925) 937-0203 | (925) 946-9482 | 24 | 05-2689 |
| McKeesport West Dialysis | 101 9TH ST | McKeesport, PA 15132-3953 | (412) 672-3720 | (412) 672-3724 | 16 | 39-2700 |
| Sparks Dialysis Center | 777 VISTA BLVD | Sparks, NV 89434-6656 | (775) 356-3978 | (775) 356-3971 | 24 | 29-2505 |
| McKeesport Dialysis | 2001 LINCOLN WAY | White Oak, PA 15131-2419 | (412) 678-0183 | (412) 678-8417 | 13 | 39-2532 |
| Knoxville Dialysis | 2909 E MAGNOLIA AVE | Knoxville, TN 37914-4516 | (865) 525-7035 | (865) 524-2425 | 25 | 44-2670 |
| DEBALIVIERE DIALYSIS | 324 DE BALIVIERE AVE | Saint Louis, MO 63112-1804 | (314) 367-9111 | (314) 367-9248 | 32 | 26-2527 |
| Sherwood Dialysis Center | 21035 SW PACIFIC HWY | Sherwood, OR 97140-8062 | (503) 925-0105 | (503) 925-1734 | 13 | 38-2546 |
| Northumberland Dialysis | 10932 W STATE ROUTE 61 | Mount Carmel, PA 17851-2575 | (570) 339-5558 | (570) 339-5997 | 13 | 39-2613 |
| Rocky Top Dialysis | 921 NEW HWY 68 | Sweetwater, TN 37874-2726 | (423) 337-5770 | (423) 337-9142 | 17 | 44-2676 |
| Salem Dialysis | 3550 LIBERTY RD S STE 100 | Salem, OR 97302-5700 | (503) 371-8047 | (503) 371-7455 | 25 | 38-2502 |
| Selinsgrove Dialysis | 1030 N SUSQUEHANNA TRAIL | Selinsgrove, PA 17870-7767 | (570) 374-1160 | (570) 374-3439 | 13 | 39-2628 |
| Renal Center of North Denton | 4309 MESA DRIVE | Denton, TX 76207-3438 | (940) 566-2701 | (940) 483-8251 | 20 | 45-2528 |
| Appleseed Dialysis | 1833 MAGNAVOX WAY | Fort Wayne, IN 46804-1539 | (260) 432-1036 | (260) 432-2085 | 4 | 15-2649 |
| Santee Dialysis | 228 BRADFORD BLVD | Santee, SC 29142-8677 | (803) 854-3133 | (803) 854-3135 | 24 | 42-2547 |
| Physicians Choice Dialysis - Montgomery | 1001 FOREST AVE | Montgomery, AL 36106-1181 | (334) 269-9416 | (334) 269-0024 | 19 | 01-2505 |
| Philadelphia PMC Dialysis | 3823 MARKET ST | Philadelphia, PA 19104-3145 | (215) 222-0671 | (215) 823-6949 | 27 | 39-2538 |
| Texarkana Regional Dialysis | 5502 MEDICAL PARKWAY DR | Texarkana, TX 75503-4623 | (903) 832-9771 | (903) 791-1774 | 38 | 45-2552 |
| Silver Spring Dialysis | 8040 GEORGIA AVE STE 150 | Silver Spring, MD 20910-4959 | (301) 608-8961 | (301) 608-8966 | 27 | 21-2593 |
| Radnor Dialysis | 170 N HENDERSON RD | King Of Prussia, PA 19406-2155 | (610) 337-6510 | (610) 337-6516 | 13 | 39-2630 |
| Physicians Choice Dialysis - Prattville | 600 MCQUEEN SMITH RD S | Prattville, AL 36066-5716 | (334) 358-1576 | (334) 358-2139 | 16 | 01-2535 |
| Waverly Dialysis | 407 BALTIMORE PIKE | Morton, PA 19070-1042 | (610) 690-1100 | (610) 690-3618 | 20 | 39-2502 |
| Renal Center of Lewisville | 1600 WATERS RIDGE DR STE B | Lewisville, TX 75057-6039 | (972) 436-7211 | (972) 436-4138 | 30 | 45-2648 |
| Staunton Dialysis | 29 IDLEWOOD BLVD | Staunton, VA 24401-9355 | (540) 885-8906 | (540) 885-0824 | 17 | 49-2528 |
| Physicians Choice Dialysis - Elmore County | 125 HOSPITAL DR | Wetumpka, AL 36092-1626 | (334) 514-2037 | (334) 514-9568 | 10 | 01-2553 |
| Cobbs Creek Dialysis | 1700 S 60TH ST | Philadelphia, PA 19142-1404 | (215) 730-0500 | (215) 730-0600 | 24 | 39-2536 |
| Northeast Texas Dialysis | 413B LOOP 59 | Atlanta, TX 75551-2015 | (903) 799-5843 | (903) 796-1137 | 13 | 45-2710 |
| Arnold Dialysis | 102 RICHARDSON XING | Arnold, MO 63010-6023 | 636-467-5619 | 636-467-5997 | 8 | 26-2647 |
| Southwest San Antonio Dialysis | 1620 SOMERSET RD | San Antonio, TX 78211-3021 | (210) 924-6684 | (210) 924-8332 | 16 | 45-2605 |
| Bakers Ferry Dialysis | 3645 BAKERS FERRY RD SW | Atlanta, GA 30331-3712 | (404) 691-1932 | (404) 691-2786 | 20 | 11-2729 |
| Walterboro Dialysis | 302 RUBY ST | Walterboro, SC 29488-2758 | (843) 549-6743 | (843) 549-5228 | 25 | 42-2528 |
| Sylacauga Dialysis | 331 JAMES PAYTON BLVD | Sylacauga, AL 35150-8064 | (256) 249-4994 | (256) 249-2786 | 18 | 01-2588 |
| Southwest Atlanta Dialysis Center | 3620 MARTIN LUTHER KING DR SW | Atlanta, GA 30331-3711 | (404) 696-7303 | (404) 699-1656 | 30 | 11-2523 |
| Pageland Dialysis | 505A S PEARL ST | Pageland, SC 29728-2222 | (843) 672-3491 | (843) 672-3504 | 16 | 42-2592 |
| Renal Center of Fort Worth | 251 UNIVERSITY DRIVE STE 101 | Fort Worth, TX 76107-1986 | (817) 870-5002 | (817) 870-0044 | 16 | 45-2819 |
| Swan Creek Dialysis | 5201 AIRPORT HWY | Toledo, OH 43615-6800 | (419) 214-0540 | (419) 214-0546 | 17 | 36-2587 |
| Lake Hearn Dialysis | 1150 LAKE HEARN DR NE STE 100 | Atlanta, GA 30342-1566 | (404) 847-9850 | (404) 847-9261 | 20 | 11-2745 |
| McIntosh County Dialysis | 480 EUNICE BURNS RD | Eufaula, OK 74432-4000 | (918) 689-7919 | (918) 689-7981 | 11 | 37-2580 |
| Tyson's Corner Dialysis | 8391 OLD COURTHOUSE RD STE 160 | Vienna, VA 22182-3819 | (703) 827-8644 | (703) 827-0657 | 15 | 49-2580 |
| Nephrology Center of South Augusta | 1631 GORDON HWY STE 1B | Augusta, GA 30906-2221 | (706) 790-8300 | (706) 790-9944 | 19 | 11-2671 |
| Amarillo Dialysis | 8604 S COULTER ST | Amarillo, TX 79119-7379 | (806) 358-0051 | (806) 355-0410 | 36 | 45-2866 |
| Danville Home Training | 3 POLAND RD | Danville, IL 61834-7463 | (217) 446-0583 | (217) 442-0796 | 0 | 14-2734 |
| McAlester Dialysis | 2 E CLARK BASS BLVD STE 101 | McAlester, OK 74501-4210 | (918) 423-7501 | (918) 423-7542 | 12 | 37-2564 |
| UT Southwestern-Oakcliff Dialysis | 655 W Illinois Ave, Ste 701 | Dallas, TX 75224-1814 | (469) 895-5907 | (469) 895-5931 | 37 | 45-2773 |
| Laurel Meadows Dialysis | 3 ROSSI CIR STE A | Salinas, CA 93907-2357 | (831) 424-5726 | (831) 424-2565 | 24 | 55-2713 |
| Waynesburg Dialysis | 248 ELM DR | Waynesburg, PA 15370-8269 | (724) 627-3997 | (724) 627-5305 | 13 | 39-2641 |
| Columbus Dialysis Center | 6228 BRADLEY PARK DR STE B | Columbus, GA 31904-3604 | (706) 596-8222 | (706) 596-8381 | 22 | 11-2573 |
| North Orangeburg Dialysis | 124 FIRE TOWER RD | Orangeburg, SC 29118-1401 | (803) 531-6202 | (803) 534-5263 | 27 | 42-2508 |
| Point Pleasant Dialysis | 3683 OHIO RIVER RD | Point Pleasant, WV 25550-9244 | (304) 675-1500 | (304) 675-1505 | 12 | 51-2530 |
| Laurel Meadows Home Training | 3 ROSSI CIR STE B | Salinas, CA 93907-2356 | (831) 757-4360 | (831) 754-8955 | 0 | 55-2724 |
| Western Hills Dialysis | 3267 WESTBOURNE DR | Cincinnati, OH 45248-5110 | (513) 347-0444 | (513) 347-0150 | 16 | 36-2628 |
| West Georgia Dialysis | 1216 STARK AVE | Columbus, GA 31906-2500 | (706) 320-0103 | (706) 320-1906 | 20 | 11-2742 |
| South Orangeburg Dialysis | 1080 SUMMERS AVE | Orangeburg, SC 29115-4920 | (803) 539-0084 | (803) 539-0097 | 16 | 42-2565 |
| WAUKESHA DIALYSIS | 721 AMERICAN AVE STE 204 | Waukesha, WI 53188-5071 | (262) 549-0754 | (262) 549-0782 | 12 | 52-2504 |
| Ann Arbor Dialysis | 3147 OAK VALLEY DR | Ann Arbor, MI 48103-9248 | (734) 213-5269 | (734) 222-6073 | 16 | 23-2687 |
| Garden West Dialysis | 5715 N VENOY RD | Westland, MI 48185-2830 | (734) 261-9418 | (734) 261-1371 | 24 | 23-2550 |
| Decatur Dialysis Center | 1987 CANDLER RD | Decatur, GA 30032-4212 | (404) 286-1700 | (404) 286-1710 | 20 | 11-2633 |
| Brookfield Dialysis | 19395 W CAPITOL DR BLDG C | Brookfield, WI 53045-2736 | (262) 781-0273 | (262) 781-0305 | 12 | 52-2532 |
| Budfield Street Home Dialysis | 350 BUDFIELD ST STE 1 | Johnstown, PA 15904-3214 | (814) 254-4262 | (814) 254-4323 | 0 | 39-2775 |
| Zanesville Dialysis | 3120 NEWARK RD | Zanesville, OH 43701-9659 | (740) 454-2911 | (740) 452-0847 | 22 | 36-2518 |
| Dialysis of Lithonia | 2485 PARK CENTRAL BLVD | Decatur, GA 30035-3903 | (678) 418-9808 | (678) 418-9802 | 24 | 11-2746 |
| Aiken Dialysis | 775 MEDICAL PARK DR | Aiken, SC 29801-6306 | (803) 641-4222 | (803) 641-4224 | 21 | 42-2512 |

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| OCONOMOWOC Dialysis | 1253 CORPORATE CENTER DR | Oconomowoc, WI 53066-4891 | (262) 560-0371 | (262) 560-0399 | 15 | 52-2517 |
| Timonium Dialysis | 1840 YORK RD STE A | Lutherville Timonium, MD 21093-5121 | (410) 252-8313 | (410) 252-8239 | 22 | 21-2738 |
| Paris Dialysis | 32 STEUBENVILLE PIKE | Paris, PA 15021-8529 | (724) 729-3350 | (724) 729-3353 | 17 | 39-2595 |
| East Point Dialysis Center | 2669 CHURCH ST | East Point, GA 30344-3115 | (404) 765-1780 | (404) 765-9939 | 28 | 11-2655 |
| MUKWONAGO DIALYSIS | 400 BAY VIEW RD STE F | Mukwonago, WI 53149-1770 | (262) 363-3561 | (262) 363-3564 | 10 | 52-2521 |
| Forest Hill Avenue Dialysis | 4900 FOREST HILL AVE | Richmond, VA 23225-3146 | (804) 230-3594 | (804) 230-3971 | 16 | 49-2663 |
| Hope Valley Dialysis | 101 W WOODCROFT PKWY | Durham, NC 27713-9471 | (984) 250-7106 | (984) 250-7127 | 10 | 34-2758 |
| Dallas East Dialysis | 3402 N BUCKNER BLVD STE 308 | Dallas, TX 75228-5656 | (214) 660-9413 | (214) 660-9465 | 33 | 45-2822 |
| Elberton Dialysis Center | 894 ELBERT ST | Elberton, GA 30635-2628 | (706) 283-9833 | (706) 283-9844 | 18 | 11-2545 |
| Dyersburg Dialysis | 1575 PARR AVE | Dyersburg, TN 38024-3151 | (731) 286-5184 | (731) 286-0174 | 20 | 44-2533 |
| MENOMONEE FALLS DIALYSIS | N87W17301 MAIN ST | Menomonee Falls, WI 53051-2760 | (262) 253-9768 | (262) 253-9870 | 12 | 52-2523 |
| PG County South Dialysis | 5442 SAINT BARNABAS RD | Oxon Hill, MD 20745-3622 | (301) 894-0572 | (301) 630-1389 | 22 | 21-2675 |
| Ellijay Dialysis | 449 INDUSTRIAL BLVD STE 240 | Ellijay, GA 30540-6724 | (706) 719-5354 | (706) 719-5355 | 12 | 11-2709 |
| Tipton County Dialysis | 107 TENNESSEE AVE | Covington, TN 38019-3902 | (901) 475-0410 | (901) 475-9040 | 13 | 44-2604 |
| WATERTOWN DIALYSIS | 1905 MARKET WAY STE 1004 | Watertown, WI 53094-7466 | (920) 262-1090 | (920) 262-1514 | 11 | 52-2525 |
| Omaha Harrison Dialysis | 6610 S 168TH ST STE 8 | Omaha, NE 68135-5412 | (402) 896-4609 | (402) 896-1439 | 12 | 28-2529 |
| Lakeside Dialysis | 10401 HOSPITAL DR STE G2 | Clinton, MD 20735-3113 | (301) 856-6550 | (301) 856-5693 | 15 | 21-2564 |
| Fort Valley Dialysis Center | 557 BLUEBIRD BLVD | Fort Valley, GA 31030-5083 | (478) 825-7208 | (478) 825-3114 | 13 | 11-2559 |
| Cookeville Dialysis | 320 N WILLOW AVE | Cookeville, TN 38501-2337 | (931) 520-7763 | (931) 646-4866 | 17 | 44-2511 |
| FORT ATKINSON DIALYSIS | 525 HANDEYSIDE LN | Fort Atkinson, WI 53538-1281 | (920) 563-8665 | (920) 563-8643 | 15 | 52-2533 |
| West Bellfort Dialysis | 21026 W BELLFORT ST | Richmond, TX 77406-1685 | (832) 595-0187 | (832) 595-0637 | 12 | 67-2733 |
| Ludington Dialysis | 7 N ATKINSON DR STE 210 | Ludington, MI 49431-1953 | (231) 843-4609 | (231) 843-9209 | 17 | 23-2572 |
| Gainesville Dialysis | 2545 FLINTRIDGE RD STE 130 | Gainesville, GA 30501-7428 | (770) 536-7194 | (770) 535-1597 | 17 | 11-2693 |
| Clarksville Dialysis | 231 HILLCREST DR | Clarksville, TN 37043-5093 | (931) 645-9694 | (931) 647-5517 | 14 | 44-2556 |
| Bluemound PD | 601 N 99TH ST STE 300 | Milwaukee, WI 53226-4362 | (414) 778-1623 | (414) 778-1631 | 5 | 52-2536 |
| Jacksonville Arlington Dialysis | 929 UNIVERSITY BLVD N | Jacksonville, FL 32211-5529 | (904) 743-1689 | (904) 743-1570 | 16 | 68-2526 |
| Cannon Dialysis | 614 S CANNON BLVD | Kannapolis, NC 28083-5240 | (704) 273-3471 | (704) 273-3062 | 11 | 34-2760 |
| Summit Dialysis | 1139 SPRUCE DR | Mountainside, NJ 07092-2221 | (908) 232-7800 | (908) 232-9188 | 22 | 31-2528 |
| Iris City Dialysis | 521 N EXPRESSWAY STE 1509 | Griffin, GA 30223-2073 | (770) 228-3177 | (770) 229-8431 | 28 | 11-2711 |
| Whitebridge Dialysis | 103 WHITE BRIDGE PIKE STE 6 | Nashville, TN 37209-4539 | (615) 352-5535 | (615) 352-5875 | 16 | 44-2540 |
| Humboldt Ridge Dialysis | 2211 N HUMBOLDT BLVD | Milwaukee, WI 53212-3507 | (414) 336-7200 | (414) 336-7210 | 24 | 52-2577 |
| Wilson Dialysis | 2833 WOOTEN BLVD SW | Wilson, NC 27893-8625 | (252) 206-1471 | (252) 206-7157 | 44 | 34-2507 |
| Columbia Dialysis | 1705 GROVE ST | Columbia, TN 38401-3517 | (931) 381-4445 | (931) 381-9398 | 15 | 44-2539 |
| MEQUON ROAD DIALYSIS | W175 N11056 STONEWOOD DR | Germantown, WI 53022-4799 | (262) 251-4047 | (262) 251-4171 | 12 | 52-2579 |
| Nall Dialysis | 10787 NALL AVE STE 130 | Overland Park, KS 66211-1375 | (913) 649-2671 | (913) 649-2869 | 13 | 17-2555 |
| Abington Dialysis | 3940A COMMERCE AVE | Willow Grove, PA 19090-1705 | (215) 830-1115 | (215) 657-2674 | 22 | 39-2614 |
| Grovepark Dialysis | 794 MCDONOUGH RD | Jackson, GA 30233-1572 | (770) 504-0365 | (770) 504-8761 | 12 | 11-2741 |
| Murfreesboro Dialysis | 1644 GATEWAY BLVD | Murfreesboro, TN 37129-2251 | (615) 217-9571 | (615) 217-9395 | 17 | 44-2549 |
| Camarillo Dialysis | 2438 N PONDEROSA DR STE C101 | Camarillo, CA 93010-2465 | (805) 764-0171 | (805) 388-0360 | 18 | 55-2551 |
| Renal Center of Keyser | 1080 NEW CREEK HIGHWAY | Keyser, WV 26726-9508 | (304) 788-5057 | (304) 788-5059 | 12 | 51-2537 |
| Henrico County Dialysis | 5270 CHAMBERLAYNE RD | Richmond, VA 23227-2950 | (804) 262-8077 | (804) 262-9125 | 26 | 49-2598 |
| Jonesboro Dialysis | 129 KING ST | Jonesboro, GA 30236-3656 | (770) 471-2381 | (770) 477-8027 | 20 | 11-2517 |
| Iowa Street Dialysis | 8333 IOWA ST STE 100 | Downey, CA 90241-4994 | (562) 923-5901 | (562) 923-6000 | 21 | 55-2639 |
| Bradford Dialysis | 665 E MAIN ST | Bradford, PA 16701-1816 | (814) 362-7417 | (814) 362-6327 | 13 | 39-2523 |
| Dialysis Center of Middle Georgia - Macon | 2494 2ND ST | Macon, GA 31206 | (478) 464-1872 | (478) 464-0792 | 16 | 11-2583 |
| Fountain Valley Dialysis | 17150 EUCLID ST STE 111 | Fountain Valley, CA 92708-4092 | (714) 966-1595 | (714) 966-1555 | 21 | 55-2630 |
| Klamath Falls Dialysis | 2421 WASHBURN WAY STE B | Klamath Falls, OR 97603-4531 | (541) 882-3401 | (541) 273-7431 | 17 | 38-2557 |
| Houston Dialysis | 900 S LOOP W STE 100 | Houston, TX 77054-4632 | (713) 748-0942 | (713) 741-7357 | 20 | 45-2584 |
| East Macon Dialysis Center | 165 EMERY HWY STE 101 | Macon, GA 31217-3617 | (478) 755-1144 | (478) 755-1127 | 24 | 11-2602 |
| Williamson County Dialysis | 3983 CAROTHERS PKWY STE E-4 | Franklin, TN 37067-5936 | (615) 794-4423 | (615) 794-1672 | 9 | 44-2587 |
| Chateau Dialysis | 720 VILLAGE RD | Kenner, LA 70065-2751 | (504) 469-2796 | (504) 469-7587 | 16 | 19-2534 |
| McDonough Dialysis Center | 114 DUNN ST | McDonough, GA 30253-2347 | (770) 898-4999 | (770) 898-0059 | 20 | 11-2651 |
| Home at the Museum | 7505 MAIN ST STE 120 | Houston, TX 77030-4523 | (713) 796-9616 | (713) 796-9665 | 1 | 67-2613 |
| Lake Charles Southwest Dialysis | 300 18th ST | Lake Charles, LA 70601-7342 | (337) 433-6831 | (337) 433-6613 | 20 | 19-2597 |
| Memphis Central Dialysis | 889 DR M L KING JR AVE | Memphis, TN 38126-1928 | (901) 525-1719 | (901) 525-0341 | 26 | 44-2573 |
| Hillsboro Regional Dialysis | 1487 N HIGH ST STE 1A | Hillsboro, OH 45133-8496 | (937) 393-9020 | (937) 393-9095 | 14 | 36-2741 |
| Memorial Plaza Dialysis | 3901 UNIVERSITY BLVD S STE 111 | Jacksonville, FL 32216-4374 | (904) 731-0247 | (904) 731-4046 | 20 | 68-2516 |
| Columbus Dialysis | 226 GRACELAND BLVD STE 3-09A | Columbus, OH 43214-1532 | (614) 985-1732 | (614) 781-0906 | 21 | 36-2543 |
| Milledgeville Dialysis | 400 S WAYNE ST | Milledgeville, GA 31061-3446 | (478) 453-9489 | (478) 453-3100 | 12 | 11-2571 |
| Memphis East Dialysis | 6029 WALNUT GROVE RD STE C003 | Memphis, TN 38120-2112 | (901) 747-2316 | (901) 747-0634 | 28 | 44-2576 |
| Indio Dialysis | 82900 AVENUE 42 STE E | Indio, CA 92203-9658 | (760) 342-6842 | (760) 342-6807 | 37 | 55-2860 |
| Renal Center of Plano | 4112 W SPRING CREEK PARKWAY STE D200 | Plano, TX 75024-5210 | (972) 608-7831 | (972) 608-7837 | 17 | 67-2694 |
| Oklahoma City South Dialysis | 319 SW 59TH ST | Oklahoma City, OK 73109-8301 | (405) 634-3708 | (405) 636-1211 | 21 | 37-2518 |
| Newnan Dialysis | 242 BULLSBORO DR | Newnan, GA 30263-1295 | (770) 304-5850 | (770) 304-5855 | 21 | 11-2689 |
| Channelview Dialysis | 777 SHELDON RD STE C | Channelview, TX 77530-3579 | (281) 860-0600 | (281) 860-9608 | 20 | 45-2647 |
| Renal Center of Waterton | 2895 SHILOH RD | Tyler, TX 75703-2936 | (903) 561-0292 | (903) 561-1896 | 20 | 67-2647 |
| San Jacinto Dialysis | 11430 EAST FWY STE 330 | Houston, TX 77029-1959 | (713) 450-4991 | (713) 451-5766 | 17 | 45-2530 |
| Perry Dialysis Center | 1014 KEITH DR | Perry, GA 31069-2947 | (478) 777-8082 | (478) 777-8083 | 16 | 11-2683 |
| Sagemont Dialysis | 1823 BROADWAY ST | Pearland, TX 77581-5605 | (281) 996-7913 | (281) 996-7858 | 17 | 45-2612 |
| Renal Center of Frisco | 10850 FRISCO ST STE 300 | Frisco, TX 75033-3586 | (214) 872-2421 | (214) 872-2426 | 21 | 67-2654 |
| Southwest Denver Dialysis | 8601 W CROSS DR UNIT C-2 | Littleton, CO 80123-2200 | (303) 933-2367 | (303) 933-2566 | 9 | 06-2572 |
| North Loop East Dialysis | 7139 NORTH LOOP E | Houston, TX 77028-5903 | (713) 675-8499 | (713) 675-3510 | 16 | 45-2706 |
| Central Houston Dialysis | 610 S WAYSIDE DR UNIT B | Houston, TX 77011-4605 | (713) 928-9040 | (713) 928-9059 | 20 | 45-2677 |
| Renal Center of the Hills | 6331 BLVD 26 STE 200 | North Richland Hills, TX 76180-1590 | (817) 284-3343 | (817) 284-3448 | 25 | 67-2649 |
| Oceana Dialysis | 1375 OCEANA BLVD STE 114 | Virginia Beach, VA 23454-5579 | (757) 961-6239 | (757) 961-6665 | 17 | 49-2698 |
| Upland Dialysis | 600 N 13TH AVE | Upland, CA 91786-4957 | (909) 946-3802 | (909) 946-0515 | 24 | 05-2552 |
| Mainland Dialysis | 4201 GULF FWY | La Marque, TX 77568-3516 | (409) 938-1678 | (409) 938-1679 | 24 | 45-2635 |
| Grandview Dialysis | 13812 S US HIGHWAY 71 | Grandview, MO 64030-3685 | (816) 763-1179 | (816) 763-1390 | 12 | 26-2644 |
| Bakersfield Brimhall Dialysis | 8501 BRIMHALL RD STE 500 | Bakersfield, CA 93312-2258 | (661) 387-6603 | (661) 387-6780 | 20 | 05-2635 |
| East Georgia Dialysis | 1989 STAMBUK LN | Statesboro, GA 30458-2642 | (912) 871-5394 | (912) 681-4330 | 29 | 11-2710 |
| Island Dialysis | 5920 BROADWAY ST | Galveston, TX 77551-4305 | (409) 740-1109 | (409) 740-1464 | 27 | 45-2520 |
| Brownfield Dialysis | 1407 Tahoka Rd. | Brownfield, TX 79316-4828 | (806) 614-4264 | (806) 614-4290 | 14 | 67-2596 |
| Jersey City Dialysis | 1310 5TH ST | North Bergen, NJ 07047-1710 | (201) 770-9220 | (201) 770-9225 | 18 | 31-2545 |
| Delano Dialysis | 405 DOVER PKWY | Delano, CA 93215-3714 | (661) 725-1370 | (661) 725-1323 | 32 | 05-2674 |
| Northlake Dialysis | 1350 MONTREAL RD STE 200 | Tucker, GA 30084-8144 | (678) 406-0825 | (678) 406-0830 | 19 | 11-2695 |
| North Conroe Dialysis | 3211 INTERSTATE 45 N STE 500 | Conroe, TX 77304-2187 | (936) 756-9400 | (936) 756-9450 | 16 | 67-2717 |
| Goldsboro South Dialysis | 1704 WAYNE MEMORIAL DR | Goldsboro, NC 27534-2240 | (919) 739-6505 | (919) 739-6506 | 25 | 34-2587 |
| Radcliff Dialysis | 180 E LINCOLN TRAIL BLVD | Radcliff, KY 40160-1254 | (270) 352-2252 | (270) 352-5380 | 12 | 18-2611 |
| Renovation of Life Dialysis | 14505 COMMERCE WAY STE 600 | Miami Lakes, FL 33016-1530 | (305) 362-8399 | (305) 362-8351 | 16 | 68-2512 |
| Three Chopt Dialysis | 8813 THREE CHOPT RD | Richmond, VA 23229-4774 | (804) 282-6791 | (804) 282-4937 | 16 | 49-2506 |
| Dialysis Center of Middle Georgia - Warner Robins | 509 N HOUSTON RD | Warner Robins, GA 31093-8844 | (478) 328-1800 | (478) 929-5499 | 12 | 11-2620 |
| Katy Cinco Ranch Dialysis | 1265 ROCK CANYON DR | Katy, TX 77450-3831 | (281) 392-1616 | (281) 392-2544 | 12 | 45-2833 |
| Amherst Dialysis | 3200 COOPER FOSTER PRK RD W | Lorain, OH 44053-3654 | (440) 989-1410 | (440) 989-1417 | 17 | 36-2766 |
| Washington Dialysis Center | 154 WASHINGTON PLZ | Washington, GA 30673-2074 | (706) 678-5855 | (706) 678-6903 | 25 | 11-2527 |
| UT Southwestern-Dallas Dialysis | 204 E AIRPORT FWY | Irving, TX 75062-6305 | (972) 438-7375 | (972) 554-1489 | 36 | 45-2736 |
| Rowland Heights Dialysis | 17875 COLIMA RD UNIT A | City Of Industry, CA 91748-1729 | (626) 964-5849 | (626) 965-8380 | 33 | 55-2843 |
| Oakland Laurel Dialysis | 3814 MACARTHUR BLVD STE 201 | Oakland, CA 94619-1315 | (510) 531-6090 | (510) 531-6357 | 24 | 75-2516 |
| Garden City Dialysis Center | 1100 STEWART AVE STE 2 | Garden City, NY 11530-4839 | (516) 357-0004 | (516) 357-7377 | 31 | 33-2605 |
| Kerrville Dialysis | 515 GRANADA PL | Kerrville, TX 78028-5992 | (830) 307-5471 | (830) 307-5472 | 18 | 45-2546 |

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| Huntington Park Dialysis | 5942 RUGBY AVE | Huntington Park, CA 90255-2803 | (323) 585-7605 | (323) 585-7635 | 21 | 55-2667 |
| Visalia at Home | 1120 N CHINOWTH ST | Visalia, CA 93291-7896 | (559) 622-9844 | (559) 622-0778 | 0 | 05-2771 |
| Cairo Dialysis | 1182 5TH ST SE | Cairo, GA 39828-3141 | (229) 377-0852 | (229) 377-8670 | 12 | 85-2541 |
| Bolivar Dialysis | 515 PECAN DR | Bolivar, TN 38008-1611 | (731) 658-3828 | (731) 659-2840 | 18 | 44-2601 |
| San Antonio West Dialysis | 4530 CALLAGHAN RD | San Antonio, TX 78228-2617 | (210) 431-9048 | (210) 431-8934 | 24 | 45-2587 |
| Richmond Dialysis | 4200 MACDONALD AVE STE A | Richmond, CA 94805-2315 | (510) 236-8861 | (510) 236-2563 | 24 | 55-2688 |
| Park Side Dialysis | 241 W SCHROCK RD | Westerville, OH 43081-2874 | (614) 882-1734 | (614) 882-4529 | 17 | 36-2783 |
| Harbor Park Dialysis | 111 CHERRY HILL RD | Baltimore, MD 21225-1392 | (410) 354-3037 | (410) 354-3095 | 21 | 21-2556 |
| Brownsville Dialysis | 380 N DUPREE AVE | Brownsville, TN 38012-2332 | (731) 772-3735 | (731) 772-9794 | 21 | 44-2599 |
| Rock Prairie Road Dialysis | 1724 BIRMINGHAM RD STE 101 | College Station, TX 77845-4063 | (979) 704-6903 | (979) 704-6906 | 24 | 67-2504 |
| Los Alamitos Dialysis | 4141 KATELLA AVE | Los Alamitos, CA 90720-3406 | (714) 952-0175 | (714) 952-0180 | 24 | 55-2691 |
| Camden Dialysis | 168 W MAIN ST STE A | Camden, TN 38320-1767 | (731) 584-0447 | (731) 584-5256 | 13 | 44-2607 |
| Cape Coral North Dialysis | 1315 SE 8TH TERRACE | Cape Coral, FL 33990-3213 | (239) 772-8599 | (239) 772-9421 | 12 | 68-2501 |
| Greensboro Dialysis | 1041 Willow Run Rd | Greensboro, GA 30642-2760 | 762-815-5694 | 762-815-5701 | 17 | 11-2640 |
| Collierville Dialysis | 791 W POPLAR AVE | Collierville, TN 38017-2543 | (901) 853-7809 | (901) 853-3538 | 13 | 44-2648 |
| Alexandria Dialysis | 5150 DUKE ST | Alexandria, VA 22304-2906 | (703) 823-7940 | (703) 823-7945 | 29 | 49-2589 |
| Ridgecrest Dialysis | 12249 ROJAS DR | El Paso, TX 79936-7750 | (915) 790-0839 | (915) 858-1063 | 20 | 67-2691 |
| Greer South Home Training | 3254 BRUSHY CRK RD STE A | Greer, SC 29650-1000 | (864) 877-9157 | (864) 801-2937 | 3 | 42-2638 |
| Greenspring Dialysis Center | 4701 MOUNT HOPE DR STE C | Baltimore, MD 21215-3246 | (410) 585-0467 | (410) 585-0491 | 36 | 21-2551 |
| South Dade Kidney Center | 11040 SW 184TH ST | Cutler Bay, FL 33157-6602 | (305) 259-1516 | (305) 259-1769 | 23 | 68-2508 |
| Greer Kidney Center | 14152 E WADE HAMPTON BLVD | Greer, SC 29651-1554 | (864) 877-4432 | (864) 877-4662 | 21 | 42-2539 |
| North Jackson Dialysis | 217 STERLING FARM DR | Jackson, TN 38305-5727 | (731) 664-7444 | (731) 664-7470 | 24 | 44-2600 |
| Culpeper Dialysis | 430 SOUTHRIDGE PARKWAY | Culpeper, VA 22701-3791 | (540) 825-9332 | (540) 825-9356 | 17 | 49-2543 |
| Kennewick Dialysis | 3208 W 19TH AVE STE 101 | Kennewick, WA 99337-2318 | (509) 582-1677 | (509) 585-5535 | 11 | 50-2572 |
| Troup County Dialysis | 140 GLENN BASS RD | La Grange, GA 30240-5809 | (706) 882-0193 | (706) 882-1895 | 33 | 11-2858 |
| Lebanon County Dialysis | 440 OAK ST | Lebanon, PA 17042-6243 | (717) 272-3050 | (717) 272-3963 | 16 | 39-2557 |
| Mechanicsville Dialysis | 8191 ATLEE RD | Mechanicsville, VA 23116-1807 | (804) 730-3149 | (804) 730-4187 | 22 | 49-2605 |
| Parkland Dialysis Center | 311 140TH ST S | Parkland, WA 98444-4526 | (253) 536-5961 | (253) 536-5967 | 22 | 50-2566 |
| Gulf Coast Dialysis | 3300 TAMIAMI TRL STE 101A | Port Charlotte, FL 33952-8054 | (941) 625-9985 | (941) 629-1522 | 0 | 10-2628 |
| Amelia Dialysis | 15151 PATRICK HENRY HWY | Amelia Court House, VA 23002-4700 | (804) 207-6131 | (804) 207-6138 | 15 | 49-2583 |
| Hackensack Dialysis | 113 W ESSEX ST | Maywood, NJ 07607-1020 | (201) 843-3875 | (201) 843-0632 | 36 | 31-2615 |
| Galleria Dialysis | 9160 US HIGHWAY 64 | Lakeland, TN 38002-4766 | (901) 380-1511 | (901) 380-5624 | 16 | 44-2611 |
| Hioaks Dialysis | 671 HIOAKS RD STE A | Richmond, VA 23225-4072 | (804) 272-0179 | (804) 320-1550 | 20 | 49-2556 |
| East Wenatchee Dialysis | 300 COLORADO AVE | East Wenatchee, WA 98802-3800 | (509) 886-4950 | (509) 886-4957 | 14 | 50-2569 |
| Hartford Downtown Dialysis | 80 SEYMOUR ST | Hartford, CT 06106-3300 | (860) 244-2108 | (860) 244-2133 | 32 | 07-2554 |
| Renal Care of Lexington | 22579 DEPOT ST | Lexington, MS 39095-7339 | (662) 834-3355 | (662) 834-3587 | 22 | 25-2539 |
| Radford Dialysis | 600 E MAIN ST STE F | Radford, VA 24141-1826 | (540) 639-9561 | (540) 639-9567 | 17 | 49-2619 |
| Delta View Dialysis | 1150 E LELAND RD | Pittsburg, CA 94565-5319 | (925) 427-0867 | (925) 427-0873 | 20 | 55-2664 |
| Henderson Dialysis Center | 1002 US HWY 79 N | Henderson, TX 75652-6008 | (903) 655-6922 | (903) 655-1719 | 13 | 45-2803 |
| Chinle Dialysis | US HWY 191 PO BOX 879 | Chinle, AZ 86503-1799 | (928) 674-5426 | (928) 674-5461 | 26 | 03-2518 |
| Loomis Road Dialysis | 4120 W LOOMIS RD | Greenfield, WI 53221-2052 | (414) 761-4920 | (414) 761-4926 | 21 | 52-2507 |
| Shaker Square Dialysis | 12800 SHAKER BLVD STE 1 | Cleveland, OH 44120-2000 | (216) 491-4867 | (216) 491-4925 | 20 | 36-2560 |
| Tuba City Dialysis | 500 EDGEWATER DR PO BOX 2910 | Tuba City, AZ 86045-2905 | (928) 283-4525 | (928) 283-4801 | 26 | 03-2506 |
| Wisconsin Avenue Dialysis | 3801 W WISCONSIN AVE | Milwaukee, WI 53208-3155 | (414) 937-8240 | (414) 937-8248 | 24 | 52-2502 |
| Washington County Dialysis | 246 EASTERN BLVD N STE 104 | Hagerstown, MD 21740-5965 | (301) 797-7839 | (301) 393-9046 | 0 | 21-2667 |
| South Florida Dialysis | 1 OAKWOOD BLVD STE 100 | Hollywood, FL 33020-1937 | (954) 894-7500 | (954) 894-7700 | 21 | 10-2680 |
| Alamosa Dialysis | 612 DEL SOL DR | Alamosa, CO 81101-8548 | (719) 589-2022 | (719) 589-6233 | 12 | 06-2550 |
| Cedarburg Dialysis | N54 W 6135 MILL ST, STE 400 | Cedarburg, WI 53012-2021 | (262) 376-8011 | (262) 376-9369 | 10 | 52-2529 |
| Greatwood Dialysis | 20333 SOUTHWEST FREEWAY STE 105 | Sugar Land, TX 77479-6774 | (281) 545-1470 | (281) 545-1839 | 17 | 67-2758 |
| Hollywood Dialysis Center | 5108 W SUNSET BLVD | Los Angeles, CA 90027-5708 | (323) 913-4010 | (323) 913-4022 | 22 | 05-2801 |
| Aurora Dialysis Center | 1411 S POTOMAC ST AMC II STE 100 | Aurora, CO 80012-4536 | (303) 368-1911 | (303) 368-1857 | 27 | 06-2514 |
| Janesville Dialysis | 1305 WOODMAN RD | Janesville, WI 53545-1068 | (608) 741-4181 | (608) 741-2369 | 12 | 52-2503 |
| Poinciana Dialysis | 1002 CYPRESS PKWY | Kissimmee, FL 34759-3328 | (321) 697-5658 | (321) 697-5435 | 26 | 10-2898 |
| Honesdale Dialysis Center | 600 MAPLE AVE STE 8 | Honesdale, PA 18431-1460 | (570) 253-0952 | (570) 253-0954 | 12 | 39-2582 |
| Boulder Dialysis Center | 2880 FOLSOM ST STE 110 | Boulder, CO 80304-3769 | (303) 440-5600 | (303) 440-4165 | 14 | 06-2517 |
| Fond du Lac Dialysis | 210 WISCONSIN AMERICAN DR ATTN DAVITA DIALYSIS (WEST END OF BLDG) | Fond Du Lac, WI 54937-2999 | (920) 907-0689 | (920) 907-0760 | 9 | 52-2526 |
| Fremont at Home | 39355 CALIFORNIA ST STE 101 | Fremont, CA 94538-1447 | (510) 494-1348 | (510) 797-2587 | 0 | 55-2699 |
| Hot Springs Dialysis | 115 WRIGHTS ST STE A | Hot Springs, AR 71913-6240 | (501) 624-0153 | (501) 624-0629 | 30 | 04-2531 |
| Brighton Dialysis | 4700 E BROMLEY LN STE 103 | Brighton, CO 80601-7821 | (303) 659-2511 | (303) 659-2595 | 12 | 06-2542 |
| Lake Geneva Dialysis | 650 N EDWARDS BLVD | Lake Geneva, WI 53147-4595 | (262) 248-2502 | (262) 248-0316 | 16 | 52-2537 |
| Archway Dialysis of Modesto | 3001 HEALTH CARE WAY BLDG E, STE 102 | Modesto, CA 95356-8510 | (209) 543-1720 | (209) 543-1596 | 20 | 55-2760 |
| Houston Kidney Center Southwest | 9980 W SAM HOUSTON PKWY S STE 100 | Houston, TX 77099-5104 | (281) 530-1905 | (281) 530-1590 | 24 | 45-2780 |
| Commerce City Dialysis | 6320 HOLLY ST | Commerce City, CO 80022-3325 | (303) 853-4300 | (303) 853-4333 | 18 | 06-2533 |
| Marinette Dialysis | 2706 CAHILL RD STE A | Marinette, WI 54143-3886 | (715) 732-2372 | (715) 732-2269 | 16 | 52-2551 |
| Anaheim West Dialysis | 1821 W LINCOLN AVE | Anaheim, CA 92801-6731 | (714) 765-6510 | (714) 765-6515 | 20 | 55-2676 |
| Huntington on Broadway Dialysis | 256 BROADWAY | Huntington Station, NY 11746-1403 | (631) 423-4320 | (631) 423-2832 | 18 | 33-2513 |
| Cortez Dialysis Center | 610 E MAIN ST STE C | Cortez, CO 81321-3308 | (970) 565-4302 | (970) 565-4374 | 18 | 06-2528 |
| Green Bay Dialysis | 1751 DECKNER AVE | Green Bay, WI 54302-2630 | (920) 465-0430 | (920) 465-1311 | 10 | 52-2552 |
| Fremont Dialysis | 2599 STEVENSON BLVD | Fremont, CA 94538-2315 | (510) 796-4385 | (510) 713-1249 | 24 | 55-2698 |
| Medford Kidney Center | 1725 N OCEAN AVE | Medford, NY 11763-2649 | (631) 289-8000 | (631) 289-8079 | 10 | 33-2555 |
| Lowry Dialysis Center | 7465 E 1ST AVE STE A | Denver, CO 80230-6877 | (303) 367-0946 | (303) 367-0951 | 26 | 06-2529 |
| Sturgeon Bay Dialysis | 108 S 10TH AVE | Sturgeon Bay, WI 54235-1802 | (920) 746-7955 | (920) 746-7974 | 8 | 52-2556 |
| Owasso Dialysis | 9521 N OWASSO EXPY | Owasso, OK 74055-5414 | (918) 376-9479 | (918) 376-2781 | 16 | 37-2585 |
| Freeport Kidney Center | 351 S MAIN ST | Freeport, NY 11520-5114 | (516) 623-1786 | (516) 546-5074 | 21 | 33-2529 |
| Denver Dialysis Center | 2900 N DOWNING ST STE C | Denver, CO 80205-4699 | (303) 292-0303 | (303) 292-1266 | 16 | 06-2546 |
| Oshkosh West Dialysis | 855 N WESTHAVEN DR | Oshkosh, WI 54904-7668 | (920) 303-0650 | (920) 303-0645 | 10 | 52-2560 |
| Bermuda Dunes Dialysis | 78030 WILDCAT DR STE 101 | Palm Desert, CA 92211-1116 | (760) 345-5115 | (760) 360-3110 | 21 | 55-2707 |
| Manitowoc Dialysis | 3303 DEWEY ST ATTN DIALYSIS UNIT | Manitowoc, WI 54220-5987 | (920) 652-0593 | (920) 686-0550 | 13 | 52-2562 |
| Pickens County Dialysis | 289 WILLIAM E HILL DR STE A | Carrollton, AL 35447-3247 | (205) 367-1194 | (205) 367-1248 | 14 | 01-2640 |
| Indian Wells Valley | 212 S RICHMOND RD | Ridgecrest, CA 93555-4434 | (760) 371-7506 | (760) 371-7806 | 12 | 05-2789 |
| Belcaro Dialysis Center | 755 S COLORADO BLVD | Denver, CO 80246-8005 | (303) 777-2844 | (303) 777-2850 | 14 | 06-2544 |
| Wautoma Dialysis | 900 EAST DIVISION ST | Wautoma, WI 54982-6944 | (920) 787-1031 | (920) 787-1055 | 8 | 52-2563 |
| Manheim Pike Dialysis | 1650 MANHEIM PIKE | Lancaster, PA 17601-3056 | (717) 519-6978 | (717) 581-0924 | 12 | 39-2785 |
| InterAmerican Dialysis Center | 7815 CORAL WAY STE 115 | Miami, FL 33155-6541 | (305) 261-4823 | (305) 264-7263 | 25 | 10-2532 |
| Durango Dialysis Center | 72 SUTTLE STREET STE D | Durango, CO 81303-6829 | (970) 385-8608 | (970) 385-8626 | 8 | 06-2547 |
| Grand Central Dialysis | 800 GRAND CENTRAL MALL STE 8 | Vienna, WV 26105-4100 | (304) 917-4124 | (304) 917-4136 | 18 | 51-2519 |
| Grand Crossing Dialysis | 7319 S COTTAGE GROVE AVE | Chicago, IL 60619-1909 | (773) 783-3491 | (773) 783-6046 | 12 | 14-2728 |
| Lonetree Dialysis Center | 9777 PYRAMID CT STE 140 | Englewood, CO 80112-6017 | (303) 662-0466 | (303) 662-0575 | 12 | 06-2543 |
| Rose Rock Dialysis | 9913 E RENO AVE | Midwest City, OK 73130-3505 | (405) 732-1576 | (405) 732-1062 | 12 | 37-2586 |
| Charlottesville Dialysis | 1460 PANTOPS MOUNTAIN PL | Charlottesville, VA 22911-4600 | (434) 979-5997 | (434) 979-9409 | 24 | 49-2564 |
| Lakewood Crossing Dialysis Center | 1057 S WADSWORTH BLVD STE 100 | Lakewood, CO 80226-4361 | (720) 962-6199 | (720) 962-6196 | 22 | 06-2535 |
| Med Center Dialysis | 5610 ALMEDA RD | Houston, TX 77004-7515 | (713) 520-6878 | (713) 527-0575 | 72 | 45-2572 |
| Artesia Home Training | 16506 LAKEWOOD BLVD STE 100 | Bellflower, CA 90706-5165 | (562) 920-4084 | (562) 920-4136 | 0 | 55-2694 |
| Jennersville Dialysis Center | 1011 W BALTIMORE PIKE STE 107 | West Grove, PA 19390-9400 | (610) 345-0188 | (610) 345-0245 | 18 | 39-2631 |

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|---|---|---|---|---|---|---|
| Arlington Heights Renal Center | 17 W GOLF RD | Arlington Heights, IL 60005-3905 | (847) 437-2188 | (847) 437-1891 | 20 | 14-2628 |
| Garfield Home Program | 228 N GARFIELD AVE STE 301 | Monterey Park, CA 91754-1709 | (626) 288-6379 | (626) 288-6383 | 0 | 55-2666 |
| Lawrence Dialysis | 330 ARKANSAS ST STE 100 | Lawrence, KS 66044-1394 | (785) 843-2000 | (785) 843-0574 | 15 | 17-2524 |
| Arcadia Dialysis Center | 1341 E OAK ST | Arcadia, FL 34266-8902 | (863) 491-8550 | (863) 491-8553 | 16 | 10-2757 |
| State Line Dialysis | 2049 E SHELBY DR | Memphis, TN 38116-7639 | (901) 348-1931 | (901) 348-8401 | 18 | 44-2710 |
| Ottawa Dialysis | 1320 S ASH ST STE 206 | Ottawa, KS 66067-3413 | (785) 242-5300 | (785) 242-7615 | 12 | 17-2510 |
| Littleton Dialysis Center | 209 W COUNTY LINE RD | Littleton, CO 80129-1901 | (303) 730-7540 | (303) 730-7628 | 17 | 06-2519 |
| Westtown Dialysis | 105 WESTTOWN RD | West Chester, PA 19382-8902 | (610) 701-2492 | (610) 429-5478 | 24 | 39-2791 |
| Topeka Dialysis | 634 SW MULVANE ST STE 300 | Topeka, KS 66606-1678 | (785) 234-2277 | (785) 234-2396 | 50 | 17-2508 |
| Longmont Dialysis Center | 1715 IRON HORSE DR STE 170 | Longmont, CO 80501-9617 | (303) 485-4084 | (303) 485-4081 | 18 | 06-2534 |
| Fallon Dialysis | 1103 NEW RIVER PKWY | Fallon, NV 89406-6899 | (775) 428-2077 | (775) 428-2184 | 21 | 29-2528 |
| Abbeville Dialysis | 904 W GREENWOOD ST | Abbeville, SC 29620-5687 | (864) 459-0347 | (864) 459-5879 | 10 | 42-2628 |
| Renal Center of Fort Dodge | 117 S 25TH ST | Fort Dodge, IA 50501-4357 | (515) 206-6583 | (515) 206-6606 | 16 | 16-2550 |
| Thornton Dialysis Center | 8800 FOX DR | Thornton, CO 80260-6880 | (303) 430-7020 | (303) 487-9572 | 24 | 06-2511 |
| Northside Dialysis | 930 MADISON AVE | Pittsburgh, PA 15212-4937 | (412) 322-2520 | (412) 321-1283 | 21 | 39-2769 |
| Kendall Kidney Center | 8364 MILLS DR STE 1740 | Miami, FL 33183-4806 | (305) 273-3783 | (305) 273-3873 | 17 | 10-2897 |
| St. Joseph's SJRMC Dialysis | 703 MAIN ST | Paterson, NJ 07503-2621 | (973) 754-3570 | (973) 754-2882 | 8 | 31-2613 |
| Katy Dialysis Grand Parkway | 403 W GRAND PKWY S STE T | Katy, TX 77494-8358 | (281) 392-6063 | (281) 392-4331 | 20 | 45-2761 |
| Vidalia First Street Dialysis | 906 E 1ST ST | Vidalia, GA 30474-4207 | (912) 538-8908 | (912) 538-8909 | 21 | 11-2723 |
| St. Joseph's Paterson Dialysis | 11 GETTY AVE 275 HOSPITAL PLAZA | Paterson, NJ 07503 | (973) 684-3490 | (973) 247-2740 | 60 | 31-2614 |
| Kenneth Hahn Plaza Dialysis Center | 11854 S WILMINGTON AVE | Los Angeles, CA 90059-3016 | (323) 567-5077 | (323) 567-1490 | 20 | 05-2858 |
| Wichita Dialysis Center | 909 N TOPEKA ST | Wichita, KS 67214-3620 | (316) 263-9090 | (316) 265-0842 | 23 | 17-2503 |
| Niagara Falls Kidney Care Center | 621 10TH ST | Niagara Falls, NY 14301-1813 | (716) 278-4639 | (716) 278-4637 | 17 | 33-2682 |
| Cape Fear Dialysis | 3005 ENTERPRISE DR | Wilmington, NC 28405-2181 | (910) 796-8684 | (910) 799-7758 | 32 | 34-2685 |
| Columbia Home Training | 3320 BLUFF CREEK DR STE 105 | Columbia, MO 65201-3662 | (573) 443-1084 | (573) 256-2155 | 0 | 26-2655 |
| Kent Dialysis Center | 21851 84TH AVE S | Kent, WA 98032-1958 | (253) 872-5474 | (253) 872-6968 | 23 | 50-2526 |
| Scottsbluff Dialysis Center | 820 W 42ND ST STE 1600 | Scottsbluff, NE 69361-5017 | (308) 220-3572 | (308) 220-3592 | 20 | 28-2502 |
| Red HIlls Dialysis | 201 OLD ALBANY RD | Thomasville, GA 31792-4010 | (229) 226-5931 | (229) 226-5940 | 41 | 85-2542 |
| West Oaks Dialysis | 14800 WESTHEIMER RD STE A | Houston, TX 77082-1675 | (281) 752-5469 | (281) 752-9929 | 12 | 67-2686 |
| Laguna Hills Dialysis | 25332 CABOT RD | Laguna Hills, CA 92653-5506 | (949) 380-1925 | (949) 380-1746 | 20 | 55-2718 |
| Newton Dialysis | 204 N 4TH AVE E STE 134 | Newton, IA 50208-3135 | (641) 792-2600 | (641) 792-2701 | 8 | 16-2523 |
| Malvern Dialysis | 1590 TANNER ST | Rockport, AR 72104-2023 | (501) 332-3000 | (501) 332-5858 | 26 | 04-2570 |
| New Brunswick Dialysis | 303 GEORGE ST STE G-8 | New Brunswick, NJ 08901-2020 | (732) 937-4791 | (732) 937-4795 | 18 | 31-2621 |
| Gainesville Home Dialysis | 4960 W NEWBERRY RD STE 280 | Gainesville, FL 32607-2201 | (352) 378-4960 | (352) 371-1552 | 3 | 68-2531 |
| Kidney Care of Largo | 1300 MERCANTILE LN STE 194 | Upper Marlboro, MD 20774-5339 | (301) 925-4100 | (301) 925-4810 | 29 | 21-2530 |
| Claremore Dialysis Center | 202 E BLUE STARR DR | Claremore, OK 74017-4223 | (918) 342-1119 | (918) 342-2644 | 16 | 37-2514 |
| Bradley County Dialysis | 204 BRAGG ST | Warren, AR 71671-2500 | (870) 226-7180 | (870) 226-2488 | 16 | 04-2576 |
| Durham Corners Dialysis | 241 DURHAM AVE | South Plainfield, NJ 07080-2504 | (908) 222-2971 | (908) 753-0783 | 18 | 31-2607 |
| San Angelo Dialysis | 3518 KNICKERBOCKER RD | San Angelo, TX 76904-7611 | (325) 949-6035 | (325) 949-6791 | 12 | 67-2719 |
| Creston Dialysis | 1700 W TOWNLINE ST | Creston, IA 50801-1054 | (641) 278-3009 | (641) 278-3128 | 8 | 16-2514 |
| Clinch River Dialysis | 702 N MAIN ST | Clinton, TN 37716-3143 | (865) 457-1114 | (865) 457-5576 | 17 | 44-2686 |
| Lemoore Dialysis | 1345 W BUSH ST | Lemoore, CA 93245-3303 | (559) 924-3175 | (559) 924-2485 | 16 | 55-2679 |
| Walton County Dialysis | 225 PLAZA DR | Monroe, GA 30655-3184 | (770) 207-6942 | (770) 267-6811 | 12 | 11-2863 |
| Tri-State Dialysis | 2510 N MAIN ST | Miami, OK 74354-1602 | (918) 540-1827 | (918) 542-1282 | 18 | 37-2547 |
| Great Falls Dialysis | 3400 10TH AVE S STE 1 | Great Falls, MT 59405-3473 | (406) 727-0411 | (406) 453-0080 | 17 | 27-2509 |
| Red River Dialysis | 9205 LINWOOD AVE | Shreveport, LA 71106-7006 | (318) 603-0548 | (318) 603-8905 | 13 | 19-2711 |
| Power Road Dialysis | 301 S POWER RD STE 104 | Mesa, AZ 85206-5243 | (480) 641-1193 | (480) 807-3388 | 12 | 03-2638 |
| Santa Paula Dialysis | 253 MARCH ST | Santa Paula, CA 93060-2511 | (805) 525-3977 | (805) 525-4746 | 10 | 05-2800 |
| Pittsfield Dialysis | 640 W WASHINGTON ST | Pittsfield, IL 62363-1350 | (217) 285-2780 | (217) 285-4549 | 5 | 14-2708 |
| McAfee Dialysis | 1987 CANDLER RD STE C | Decatur, GA 30032-4212 | (404) 284-8596 | (404) 284-8595 | 20 | 11-2841 |
| Brewton Dialysis | 1023 DOUGLAS AVE STE 300 | Brewton, AL 36426-1568 | (251) 867-8509 | (251) 867-7325 | 10 | 01-2665 |
| Simi Valley Dialysis | 970 ENCHANTED WAY | Simi Valley, CA 93065-0953 | (805) 584-9621 | (805) 584-9703 | 24 | 05-2638 |
| Swope Dialysis | 4407 E 50TH TER | Kansas City, MO 64130-2855 | (816) 924-1201 | (816) 924-1799 | 19 | 26-2651 |
| Fairfield Home Training Dialysis | 1210 HICKS BLVD | Fairfield, OH 45014-1921 | (513) 939-1120 | (513) 939-1150 | 0 | 36-2608 |
| Central Coast Kidney Center | 2263 S DEPOT ST | Santa Maria, CA 93455-1216 | (805) 349-8600 | (805) 928-5145 | 42 | 05-2871 |
| Cathedral City Dialysis | 30885 DATE PALM DR | Cathedral City, CA 92234-2958 | (760) 202-3491 | (760) 202-7015 | 21 | 55-2700 |
| Tully Dialysis | 1290 TULLY RD STE 80 | San Jose, CA 95122-3069 | (408) 993-8959 | (408) 975-6223 | 32 | 55-2723 |
| Peaks of Otter Dialysis | 570 WESTGATE SHOPPING CTR | Bedford, VA 24523-2643 | (540) 875-2601 | (540) 875-2622 | 13 | 49-2736 |
| Lake County Dialysis Services | 565 LAKEVIEW PKWY STE 176 | Vernon Hills, IL 60061-1822 | (847) 918-0592 | (847) 549-1281 | 18 | 14-2552 |
| Stilwell Dialysis Center | 81143 HWY 59 | Stilwell, OK 74960-1641 | (918) 696-5072 | (918) 696-5074 | 20 | 37-2545 |
| Cedar Valley Dialysis | 1661 W RIDGEWAY AVE | Waterloo, IA 50701-4541 | (319) 226-6425 | (319) 226-6421 | 24 | 16-2516 |
| Dialysis of Warren County | 391 SUWANNEE TRAIL ST | Bowling Green, KY 42103-7956 | (270) 746-5805 | (270) 746-5375 | 15 | 18-2615 |
| Renal Center of North Dallas | 6190 LYNDON B JOHNSON FWY STE 701 | Dallas, TX 75240-6383 | (972) 789-0192 | (972) 789-0198 | 16 | 67-2732 |
| Mt. Dora Dialysis | 1971 SALK AVE | Tavares, FL 32778-4306 | (352) 508-3007 | (352) 508-3232 | 24 | 10-2635 |
| Sapulpa Dialysis | 9647 RIDGEVIEW ST | Tulsa, OK 74131-6205 | (918) 224-9996 | (918) 224-9997 | 16 | 37-2560 |
| West Union Dialysis | 405 HIGHWAY 150 N | West Union, IA 52175-1003 | (563) 422-5734 | (563) 422-5830 | 16 | 16-2526 |
| Miamisburg Dialysis | 290 ALEXANDERSVILLE RD | Miamisburg, OH 45342-3611 | (937) 865-0633 | (937) 865-0735 | 11 | 36-2785 |
| Sweetwater Ridge Dialysis | 7362 W THUNDERBIRD RD STE 104 | Peoria, AZ 85381-5028 | (623) 486-0327 | (623) 878-5264 | 20 | 03-2640 |
| Central Tulsa Dialysis Center | 1124 S SAINT LOUIS AVE | Tulsa, OK 74120-5413 | (918) 585-5557 | (918) 585-3536 | 26 | 37-2546 |
| Metro Point Dialysis | 1218 N PENNSYLVANIA ST | Indianapolis, IN 46202-2411 | (317) 686-0548 | (317) 635-7559 | 16 | 15-2688 |
| USF Dialysis | 10770 N 46TH ST STE A100 | Tampa, FL 33617-3465 | (813) 632-7918 | (813) 632-7952 | 29 | 10-2636 |
| Mt Morris Dialysis | 6141 N SAGINAW RD | Mount Morris, MI 48458-2403 | (810) 787-8134 | (810) 787-8527 | 13 | 23-2672 |
| Palatka Dialysis | 326 ZEAGLER DR | Palatka, FL 32177-3817 | (386) 329-9458 | (386) 329-9340 | 16 | 68-2532 |
| Southern Tide Dialysis | 7525 TIDEWATER DR STE 37 | Norfolk, VA 23505-3700 | (757) 852-0518 | (757) 852-0543 | 13 | 49-2741 |
| Lakewood Community Dialysis Center | 5919 LAKEWOOD TOWNE CENTER BLVD SW STE A | Lakewood, WA 98499-6513 | (253) 512-2400 | (253) 512-0196 | 26 | 50-2519 |
| Southcrest Dialysis | 10921 E 81ST ST | Tulsa, OK 74133-4227 | (918) 249-8402 | (918) 459-8794 | 24 | 37-2567 |
| Miller County Dialysis | 816 EAST ST | Texarkana, AR 71854-6808 | (870) 772-2756 | (870) 772-2764 | 20 | 04-2578 |
| Julia and Israel Waldbaum Dialysis | 100 COMMUNITY DR WALDBAUM DIALYSIS CENTER | Great Neck, NY 11021-5501 | (516) 487-3058 | (516) 487-4918 | 34 | 33-2754 |
| Newburgh Dialysis | 4311 HIGHWAY 261 STE A | Newburgh, IN 47630-2653 | (812) 853-2010 | (812) 853-3601 | 16 | 15-2644 |
| Lauderhill Dialysis | 2916 N STATE ROAD 7 | Lauderdale Lakes, FL 33313-1912 | (954) 731-6044 | (954) 731-6078 | 20 | 68-2535 |
| Garden Oaks Dialysis | 2001 W 34TH ST | Houston, TX 77018-6108 | (713) 366-4567 | (713) 366-4592 | 21 | 74-2585 |
| Lewistown Dialysis Center | 611 ELECTRIC AVE | Lewistown, PA 17044-1128 | (717) 248-2344 | (717) 248-3240 | 23 | 39-2598 |
| Boca Raton Artificial Kidney Center | 998 NW 9TH CT | Boca Raton, FL 33486-2214 | (561) 392-3940 | (561) 395-5663 | 12 | 10-2520 |
| Midwest Fairborn Dialysis | 1266 N BROAD ST | Fairborn, OH 45324-5549 | (937) 879-0433 | (937) 879-0589 | 19 | 36-2645 |
| Bull City Dialysis | 3607 WITHERSPOON BLVD | Durham, NC 27707-6853 | (919) 401-8679 | (919) 401-6478 | 16 | 34-2732 |
| Winnemucca Dialysis | 830 FAIRGROUNDS RD | Winnemucca, NV 89445-2011 | (775) 623-3234 | (775) 623-1361 | 12 | 29-2546 |
| Kingsville Dialysis | 5740 DIBBLE RD | Kingsville, OH 44048-9809 | (440) 224-1338 | (440) 224-2601 | 6 | 36-2793 |
| Lexington Dialysis | 390 S BROAD ST | Lexington, TN 38351-2257 | (731) 968-0350 | (731) 968-0354 | 13 | 44-2622 |
| Celebration Dialysis | 1154 CELEBRATION BLVD | Kissimmee, FL 34747-4605 | (407) 566-1780 | (407) 566-1756 | 20 | 10-2751 |
| Alliance Community Dialysis | 270 E STATE ST STE 110 | Alliance, OH 44601-4309 | (330) 821-1657 | (330) 821-1735 | 19 | 36-2669 |
| Scottsburg Dialysis | 1619 W MCCLAIN AVE | Scottsburg, IN 47170-1161 | (812) 752-5249 | (812) 752-6313 | 8 | 15-2646 |
| Dialysis at Mankato Clinic | 1400 MADISON AVE STE 400 | Mankato, MN 56001-5476 | (507) 385-0432 | (507) 385-1584 | 12 | 24-2585 |
| Ocala Regional Kidney Center - North | 2620 W HWY 316 | Citra, FL 32113-3555 | (352) 591-4680 | (352) 591-4679 | 25 | 10-2793 |
| Mercy Canton Dialysis | 1320 MERCY DR NW | Canton, OH 44708-2614 | (330) 471-1729 | (330) 471-1759 | 18 | 36-2640 |
| Kenwood Dialysis | 4259 S COTTAGE GROVE AVE STE 100 | Chicago, IL 60653-2929 | (773) 285-3621 | (773) 924-5670 | 32 | 14-2717 |
| Southtowns Dialysis Center | 4910 CAMP RD STE 100 | Hamburg, NY 14075-2617 | (716) 649-4072 | (716) 649-1937 | 25 | 33-2679 |
| McDuffie Dialysis | 621 MCNEIL CIRCLE | Thomson, GA 30824-8060 | (706) 595-3054 | (706) 595-3907 | 17 | 11-2855 |

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|---|---|---|---|---|---|---|
| Snapfinger Dialysis | 5255 SNAPFINGER PARK DR STE 115 | Decatur, GA 30035-4066 | (770) 981-0558 | (770) 981-4828 | 17 | 11-2646 |
| Embassy Lakes Artificial Kidney Center | 11011 SHERIDAN ST STE 308 | Hollywood, FL 33026-1532 | (954) 430-9166 | (954) 430-9329 | 16 | 10-2817 |
| Black Hawk Dialysis | 3421 W 9TH ST | Waterloo, IA 50702-5401 | (319) 272-8700 | (319) 272-8695 | 18 | 16-2541 |
| Mint Hill Dialysis | 11308 HAWTHORNE DR | Mint Hill, NC 28227-9300 | (704) 573-2549 | (704) 545-3747 | 21 | 34-2692 |
| Longview Dialysis Center | 3110 H G MOSLEY PKWY STE 100 | Longview, TX 75605-2941 | (430) 240-8224 | (903) 234-8521 | 35 | 45-2744 |
| Crystal River Dialysis | 7435 W GULF TO LAKE HWY | Crystal River, FL 34429-7834 | (352) 564-8400 | (352) 564-0147 | 16 | 10-2720 |
| Aberdeen Dialysis | 780 W BEL AIR AVE | Aberdeen, MD 21001-2236 | (410) 273-9333 | (410) 273-9337 | 15 | 21-2650 |
| Sparta Dialysis | 150 SAM WALTON DR STE 800 | Sparta, TN 38583-8818 | (931) 739-3550 | (931) 739-3553 | 8 | 44-2708 |
| Santa Clara Dialysis | 777 LAWRENCE EXPRESSWAY STE 18 | Santa Clara, CA 95051-5197 | (408) 243-1130 | (408) 243-1139 | 24 | 55-2737 |
| Davenport Dialysis Center | 45597 HIGHWAY 27 RIDGEVIEW PLAZA | Davenport, FL 33897-4519 | (863) 419-7408 | (863) 420-9165 | 12 | 10-2819 |
| Dover Community Dialysis | 899 E IRON AVE | Dover, OH 44622-2097 | (330) 364-6309 | (330) 364-6490 | 16 | 36-2765 |
| Deer Creek Home Training | 602 S ATWOOD RD STE 106 | Bel Air, MD 21014-4198 | (410) 838-4613 | (410) 838-4924 | 4 | 21-2673 |
| South Edison Dialysis | 561 ROUTE 1 PAD H | Edison, NJ 08817-4400 | (908) 332-0239 | (908) 332-0259 | 19 | Pending |
| Lynbrook Dialysis Center | 147 SCRANTON AVE | Lynbrook, NY 11563-2808 | (516) 596-4101 | (516) 596-4290 | 18 | 33-2592 |
| Lighthouse Point Dialysis | 200 SW NATURA AVE | Deerfield Beach, FL 33441-3026 | (954) 426-0152 | (954) 426-0441 | 16 | 10-2670 |
| McKinney Dialysis | 4717 MEDICAL CENTER DR | McKinney, TX 75069-1870 | (972) 542-0495 | (972) 542-9676 | 18 | 67-2671 |
| Highland Village Dialysis | 2700 VILLAGE PKWY | Highland Village, TX 75077-3286 | (972) 317-5609 | (972) 317-5723 | 13 | 67-2720 |
| Macomb Kidney Center | 28295 SCHOENHERR RD STE A | Warren, MI 48088-4300 | (586) 558-8160 | (586) 558-8159 | 20 | 23-2540 |
| Bayou City Dialysis | 10655 EASTEX FWY | Houston, TX 77093-4323 | (713) 695-8986 | (713) 695-8948 | 16 | 67-2535 |
| West Valley Dialysis | 3854 W 5400 SOUTH | Taylorsville, UT 84129-3549 | (801) 969-6801 | (801) 969-6816 | 25 | 46-2533 |
| Americas Dialysis | 715 N AMERICAS AVE | El Paso, TX 79907-7004 | (915) 872-8185 | (915) 872-8921 | 20 | 67-2692 |
| Silver Springs Shores Dialysis | 9310 SPRING RD | Ocala, FL 34472-2913 | (352) 687-0403 | (352) 687-2527 | 20 | 68-2530 |
| Mainplace Dialysis Center | 146 S MAIN ST | Orange, CA 92868-2861 | (714) 938-0870 | (714) 937-2986 | 36 | 05-2503 |
| Gulf Breeze Dialysis Center | 1519 MAIN ST | Dunedin, FL 34698-4650 | (727) 738-4425 | (727) 736-3353 | 20 | 10-2693 |
| Bear Creek Dialysis | 4978 HIGHWAY 6 N STE I | Houston, TX 77084-2764 | (281) 859-5020 | (281) 859-4969 | 12 | 67-2549 |
| Wolf River Dialysis | 7990 TRINITY RD STE 101 | Cordova, TN 38018-7731 | (901) 751-3120 | (901) 751-3223 | 12 | 44-2709 |
| Penn Hills Dialysis | 202 RODI RD | Penn Hills, PA 15235-3337 | (412) 371-1102 | (412) 241-4705 | 25 | 39-2798 |
| BLADENBORO DIALYSIS | 219 MARTIN LUTHER KING JR DR | Bladenboro, NC 28320-8682 | (910) 863-2046 | (910) 863-2380 | 14 | 34-2759 |
| Iowa Falls Mary Greeley Dialysis | 701 WASHINGTON AVE STE E | Iowa Falls, IA 50126-2109 | (641) 648-5241 | (641) 648-3628 | 8 | 16-2547 |
| East Ft. Lauderdale Dialysis Center | 1301 S ANDREWS AVE STE 101 | Fort Lauderdale, FL 33316-1823 | (954) 761-1273 | (954) 467-0384 | 18 | 10-2805 |
| South Jackson Dialysis | 46 HARTS BRIDGE RD | Jackson, TN 38301-7512 | (731) 422-9568 | (731) 422-9556 | 16 | 44-2714 |
| Downtown Pensacola Dialysis | 700 E CERVANTES ST STE A | Pensacola, FL 32501-3489 | (850) 433-1534 | (850) 433-1538 | 20 | 68-2529 |
| Meherrin Dialysis Center | 201A WEAVER AVE | Emporia, VA 23847-1248 | (434) 348-3882 | (434) 348-9317 | 24 | 49-2551 |
| South Broward Artificial Kidney Center | 4401 HOLLYWOOD BLVD | Hollywood, FL 33021-6609 | (954) 962-2211 | (954) 964-3546 | 30 | 10-2504 |
| Beverly Dialysis | 8109 SOUTH WESTERN AVE | Chicago, IL 60620-5939 | (773) 778-0173 | (773) 778-0193 | 16 | 14-2638 |
| Palos Park Dialysis | 13155 S LA GRANGE RD | Orland Park, IL 60462-1162 | (708) 923-0928 | (708) 923-0945 | 12 | 14-2732 |
| Memorial Dialysis Center | 11621 KATY FWY | Houston, TX 77079-1801 | (281) 558-5702 | (281) 597-8377 | 26 | 45-2755 |
| Bayonet Point - Hudson Kidney Center | 14144 NEPHRON LN | Hudson, FL 34667-6504 | (727) 863-5459 | (727) 862-0723 | 16 | 10-2563 |
| Barrington Creek Dialysis | 28160 W NORTHWEST HWY | Lake Barrington, IL 60010-2324 | (847) 381-1325 | (847) 381-1793 | 12 | 14-2736 |
| Silicon Valley Dialysis | 725 RIDDER PARK DR STE 10 | San Jose, CA 95131-2431 | (408) 392-0390 | (408) 392-0405 | 32 | 55-2711 |
| Bay Breeze Dialysis | 11550 ULMERTON RD | Largo, FL 33778-1501 | (727) 584-4047 | (727) 584-4790 | 20 | 10-2742 |
| Quail City Home Dialysis | 14661 US HIGHWAY 19 S | Thomasville, GA 31792-4871 | (229) 226-0277 | (229) 226-5873 | 0 | 85-2573 |
| Leesburg Dialysis Center | 8425 US HWY 441 STE 104 | Leesburg, FL 34788-4038 | (352) 435-0082 | (352) 435-0380 | 24 | 10-2551 |
| Buford Dialysis | 1550 BUFORD HWY STE 1E | Buford, GA 30518-3666 | (770) 831-2379 | (770) 831-6983 | 21 | 11-2760 |
| Paxton Dialysis | 479 PORT VIEW DR STE B21 | Harrisburg, PA 17111-1229 | (717) 558-0290 | (717) 561-5167 | 17 | 39-2797 |
| Silverbridge Home Training | 2410 ALFT LN STE 101 | Elgin, IL 60124-8090 | (847) 289-5628 | (847) 695-3764 | 0 | 14-2757 |
| Mid Columbia Kidney Center | 6825 BURDEN BLVD STE A | Pasco, WA 99301-5633 | (509) 545-0205 | (509) 545-0212 | 21 | 50-2504 |
| Marianna Dialysis Center | 2930 OPTIMIST DR | Marianna, FL 32448-7703 | (850) 482-5328 | (850) 482-5329 | 21 | 10-2666 |
| Carquinez Dialysis | 125 CORPORATE PL STE C | Vallejo, CA 94590-6968 | (707) 556-3637 | (707) 556-3642 | 21 | 55-2572 |
| Villa of Waterbury | 929 WATERBURY FALLS DR | O Fallon, MO 63368-2202 | 636-329-0697 | 636-329-1089 | 6 | 26-2636 |
| Calvine Dialysis | 8243 E STOCKTON BLVD STE 100 | Sacramento, CA 95828-8204 | (916) 682-6655 | (916) 682-6554 | 24 | 55-2683 |
| Vincennes Home Dialysis | 700 WILLOW ST STE 102 | Vincennes, IN 47591-1029 | (812) 886-9034 | (812) 886-9036 | 0 | 15-2662 |
| New Center Dialysis | 7700 2ND AVE | Detroit, MI 48202-2411 | (313) 870-9473 | (313) 871-1742 | 17 | 23-2529 |
| Coral Gables Kidney Center | 3280 PONCE DE LEON BLVD | Coral Gables, FL 33134-7252 | (305) 448-9888 | (305) 445-4984 | 20 | 10-2578 |
| Carrollton Dialysis | 1544 VALWOOD PKWY STE 114 | Carrollton, TX 75006-8425 | (972) 243-7001 | (972) 243-8865 | 12 | 67-2548 |
| Renaissance Dialysis | 1840 DARBY DR | Florence, AL 35630-2623 | (256) 764-2313 | (256) 764-2793 | 10 | 01-2629 |
| Willow Grove Dialysis | 1849 DAVISVILLE RD | Willow Grove, PA 19090-4111 | (215) 659-3426 | (215) 659-3547 | 24 | 39-2764 |
| Buckeye Dialysis | 3050 S DIXIE DR | Kettering, OH 45409-1516 | (937) 643-2337 | (937) 643-2487 | 17 | 36-2792 |
| Pinehurst Home Training | 246 OLMSTEAD BLVD STE E | Pinehurst, NC 28374-6005 | (910) 255-0013 | (910) 215-0224 | 0 | 34-2754 |
| Middlesex Dialysis Center | 100 MAIN ST STE A | Middletown, CT 06457-3422 | (860) 346-5600 | (860) 346-5700 | 22 | 07-2524 |
| Center for Kidney Disease at Venture | 1680 NE 164TH ST | North Miami Beach, FL 33162-4017 | (305) 787-7345 | (305) 787-5805 | 16 | 10-2630 |
| Memphis South Dialysis | 1205 MARLIN RD | Memphis, TN 38116-5812 | (901) 346-6637 | (901) 346-7884 | 16 | 44-2649 |
| University City Dialysis | 3020 MARKET ST STE 100 | Philadelphia, PA 19104-2999 | (215) 382-2439 | (215) 386-0307 | 20 | 39-2787 |
| NOLA Dialysis | 5646 READ BLVD STE 150 | New Orleans, LA 70127-3145 | (504) 248-2137 | (504) 248-1832 | 14 | 19-2715 |
| Linden Dialysis | 121 LINDEN AVE NE | Atlanta, GA 30308-2432 | (404) 817-9700 | (404) 817-6644 | 28 | 11-2566 |
| New Port Richey Kidney Center | 7421 RIDGE RD | Port Richey, FL 34668-6935 | (727) 846-8401 | (727) 844-0100 | 28 | 10-2590 |
| Chelsea Dialysis | 1620 COMMERCE PARK DR STE 200 | Chelsea, MI 48118-2136 | (734) 475-9710 | (734) 475-9720 | 9 | 23-2632 |
| Southpoint Dialysis | 415 W NC HWY 54 | Durham, NC 27713-7516 | (919) 544-5536 | (919) 544-5667 | 16 | 34-2683 |
| Moorpark Dialysis | 883 PATRIOT DR STE C | Moorpark, CA 93021-3352 | (805) 517-1442 | (805) 517-1604 | 20 | 55-2728 |
| Delaware Valley Dialysis Center | 102 DAVITA DR | Milford, PA 18337-9390 | (570) 491-9210 | (570) 491-9220 | 16 | 39-2600 |
| Chickasha Dialysis | 228 S 29TH ST | Chickasha, OK 73018-2502 | (405) 224-9901 | (405) 224-9909 | 12 | 37-2572 |
| Smyrna Dialysis | 537 STONECREST PKWY | Smyrna, TN 37167-6884 | (615) 220-3024 | (615) 220-6238 | 8 | 44-2671 |
| Avon Dialysis | 9210 ROCKVILLE RD STE D | Indianapolis, IN 46234-2670 | (317) 209-2544 | (317) 209-2741 | 12 | 15-2645 |
| Grant One Dialysis | 9475 ROOSEVELT BLVD STE 9 | Philadelphia, PA 19114-2212 | (215) 673-0490 | (215) 677-3152 | 17 | 39-2792 |
| Camilla Dialysis | 251 US HWY 19 N | Camilla, GA 31730-1410 | (229) 522-2045 | (229) 522-2049 | 19 | 85-2540 |
| Ocala Regional Kidney Centers Home Dialysis Division | 2860 SE 1ST AVE | Ocala, FL 34471-0406 | (352) 622-8758 | (352) 622-8658 | 0 | 10-2825 |
| Cottage Grove Dialysis | 8800 E POINT DOUGLAS RD S STE 100 | Cottage Grove, MN 55016-4160 | (651) 459-5655 | (651) 459-6696 | 12 | 24-2566 |
| Millington Dialysis | 8510 WILKINSVILLE RD STE 121 | Millington, TN 38053-1537 | (901) 873-3302 | (901) 837-3344 | 12 | 44-2689 |
| West Point Dialysis | 12051 WESTPARK DR STE 100 | Houston, TX 77082-5556 | (281) 920-4892 | (281) 920-4879 | 16 | 67-2693 |
| Coalinga Dialysis | 1147 PHELPS AVE | Coalinga, CA 93210-9662 | (559) 934-0690 | (559) 934-0644 | 12 | 55-2726 |
| San Marino Home Training | 900 HUNTINGTON DR STE B | San Marino, CA 91108-1825 | (626) 741-1824 | (626) 741-1849 | 0 | 75-2520 |
| Morristown Dialysis | 120 PEARCE DR | Morristown, TN 37814-3649 | (423) 587-3537 | (423) 587-3538 | 20 | 44-2517 |
| Hunters Creek Dialysis | 14050 TOWN LOOP BLVD STE 104A | Orlando, FL 32837-6190 | (407) 858-9458 | (407) 858-0761 | 15 | 10-2740 |
| Deerbrook Dialysis | 9660 FM 1960 BYPASS RD W | Humble, TX 77338-4039 | (281) 312-6362 | (281) 312-6370 | 24 | 67-2560 |
| Capelville Dialysis Center | 7008 E SHELBY DR | Memphis, TN 38125-3416 | (901) 757-5001 | (901) 757-5263 | 24 | 44-2692 |
| Coastal Kidney Center | 510 N MACARTHUR AVE | Panama City, FL 32401-3636 | (850) 914-0824 | (850) 914-9962 | 28 | 10-2813 |
| Memphis Southeast Dialysis | 1805 MORIAH WOODS BLVD STE 101 | Memphis, TN 38117-7121 | (901) 685-3192 | (901) 685-3645 | 24 | 44-2674 |
| Willard Avenue Dialysis | 445E WILLARD AVE | Newington, CT 06111-2318 | (860) 667-1700 | (860) 667-1708 | 19 | 07-2541 |
| Childs Dialysis | 101 MAIN ST | Childs, PA 18407-2905 | (570) 281-9201 | (570) 281-9185 | 8 | 39-2724 |
| Port Charlotte Artificial Kidney Center | 4300 KINGS HWY STE 406 | Port Charlotte, FL 33980-2990 | (941) 625-2822 | (941) 625-9877 | 21 | 10-2549 |
| Desert Springs Dialysis | 2110 E FLAMINGO RD STE 108 | Las Vegas, NV 89119-5191 | (702) 696-9768 | (702) 791-6926 | 18 | 29-2525 |

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|---|---|---|---|---|---|---|
| Colonial Springs Dialysis | 2840 EAST WEST CONNECTOR STE 350 | Austell, GA 30106-6852 | (770) 222-2236 | (770) 222-4907 | 17 | 11-2829 |
| McMinnville Dialysis | 200 NE NORTON LN | McMinnville, OR 97128-8470 | (503) 435-0597 | (503) 435-0862 | 12 | 38-2558 |
| Harmarville Dialysis | 791 FREEPORT RD | Cheswick, PA 15024-1201 | (724) 274-9281 | (724) 274-9412 | 13 | 39-2800 |
| Mountain Vista Dialysis Center | 4041 UNIVERSITY PKWY | San Bernardino, CA 92407-1823 | (909) 887-0173 | (909) 887-2892 | 28 | 05-2743 |
| Hernando Kidney Center | 2985 LANDOVER BLVD | Spring Hill, FL 34608-7258 | (352) 683-3630 | (352) 683-8892 | 34 | 10-2602 |
| MAXTON DIALYSIS | 202 E DR MARTIN LUTHER KING JR DR | Maxton, NC 28364-1861 | (910) 844-2693 | (910) 844-2696 | 14 | 34-2651 |
| Robbinsdale Dialysis | 3461 W BROADWAY AVE | Robbinsdale, MN 55422-2955 | (763) 521-4865 | (763) 522-6754 | 16 | 24-2582 |
| Springville Dialysis | 40 PURPLE HEART BLVD | Springville, AL 35146-4008 | (205) 467-6811 | (205) 467-7018 | 10 | 01-2658 |
| Mt Adams Kidney Center | 3220 PICARD PL | Sunnyside, WA 98944-8400 | (509) 837-2013 | (509) 837-5270 | 17 | 50-2514 |
| Tamarac Artificial Kidney Center | 7140 W MCNAB RD | Tamarac, FL 33321-5306 | (954) 720-5336 | (954) 720-3626 | 12 | 10-2632 |
| DaVita Downtown Dallas Dialysis | 3515 SWISS AVE STE A | Dallas, TX 75204-6223 | (214) 828-2280 | (214) 827-7204 | 16 | 67-2553 |
| Regency Dialysis Center | 9535 REGENCY SQUARE BLVD N | Jacksonville, FL 32225-8128 | (904) 725-0526 | (904) 725-4726 | 16 | 10-2850 |
| Bowles Avenue Dialysis | 1011 BOWLES AVE STE 210 | Fenton, MO 63026-2384 | (636) 326-7130 | (636) 326-8011 | 12 | 26-2649 |
| Driftwood Dialysis | 1808 S WEST AVE | Freeport, IL 61032-6712 | (815) 232-0295 | (815) 232-1635 | 12 | 14-2747 |
| Lourdes Mt. Laurel Dialysis | 130 GAITHER DR STE 172 | Mount Laurel, NJ 08054-1715 | (856) 222-4195 | (856) 235-4842 | 20 | 31-2617 |
| Venice Dialysis Center | 816 PINEBROOK RD | Venice, FL 34285-7103 | (941) 486-9057 | (941) 484-9624 | 23 | 10-2675 |
| Downtown San Antonio Dialysis | 615 E QUINCY ST | San Antonio, TX 78215-1600 | (210) 222-1260 | (210) 222-1499 | 20 | 67-2556 |
| Cheyenne Dialysis | 3291 N BUFFALO DR BLDG A, STE 150 | Las Vegas, NV 89129-7441 | (702) 396-1045 | (702) 396-1530 | 26 | 29-2548 |
| Shiloh Dialysis | 1095 N GREEN MOUNT RD | Belleville, IL 62221-3303 | (618) 628-1108 | (618) 628-1459 | 16 | 14-2753 |
| Plainfield Dialysis | 1200 RANDOLPH RD MUHLENBURG CAMPUS | Plainfield, NJ 07060-3361 | (908) 757-6030 | (908) 757-6282 | 20 | 31-2558 |
| Weston Dialysis Center | 2685 EXECUTIVE PARK DR STE 1 | Weston, FL 33331-3651 | (954) 389-1290 | (954) 384-8207 | 15 | 10-2807 |
| East Dearborn Dialysis | 13200 W WARREN AVE | Dearborn, MI 48126-2410 | (313) 582-0131 | (313) 582-0881 | 16 | 23-2631 |
| Jacksonville South Dialysis Center | 14965 OLD SAINT AUGUSTINE RD UNIT 114 | Jacksonville, FL 32258-9481 | (904) 880-9494 | (904) 880-0295 | 16 | 10-2873 |
| Charles Towne Dialysis | 1964 ASHLEY RIVER RD STE D-3 | Charleston, SC 29407-4737 | (843) 852-3537 | (843) 852-3241 | 20 | 42-2632 |
| Silicon Valley Home Training | 725 RIDDER PARK DR STE 50 | San Jose, CA 95131-2431 | (408) 392-0239 | (408) 392-0328 | 0 | 55-2712 |
| Harlan Dialysis | 2802 12TH ST | Harlan, IA 51537-2303 | (319) 472-7235 | (319) 472-7236 | 8 | 16-2528 |
| Emerald Dialysis | 710 W 43RD ST | Chicago, IL 60609-3435 | (773) 843-5668 | (773) 523-8225 | 24 | 14-2529 |
| Cherry Valley Dialysis | 1627 W MAIN ST | Newark, OH 43055-1345 | (740) 522-1699 | (740) 522-1555 | 25 | 36-2744 |
| Enterprise Dialysis | 6002 BOLL WEEVIL CIR | Enterprise, AL 36330-9420 | (334) 308-0262 | (334) 308-1373 | 16 | 01-2642 |
| Brownsburg Dialysis | 124 E NORTHFIELD DR STE N | Brownsburg, IN 46112-2601 | (317) 858-3561 | (317) 858-4967 | 10 | 15-2656 |
| Centralia Dialysis | 1231 STATE ROUTE 161 | Centralia, IL 62801-6739 | (618) 533-2535 | (618) 533-3911 | 14 | 14-2609 |
| Washington Parish Dialysis | 724 WASHINGTON ST | Franklinton, LA 70438-1790 | (985) 795-1111 | (985) 795-0000 | 14 | 19-2615 |
| Faber Place Dialysis | 3801 FABER PLACE DR | North Charleston, SC 29405-8533 | (843) 377-1566 | (843) 377-1573 | 16 | 42-2598 |
| Pataskala Dialysis Center | 642 EAST BROAD ST | Pataskala, OH 43062-7627 | (740) 964-1306 | (740) 964-2698 | 8 | 36-2709 |
| North Carrollton Dialysis | 195 PARKWOOD CIR | Carrollton, GA 30117-8756 | (770) 832-8959 | (770) 832-8796 | 12 | 11-2840 |
| Riverview Dialysis | 18236 FORT ST | Riverview, MI 48193-7439 | (734) 283-4513 | (734) 283-4570 | 21 | 23-2686 |
| Fairborn Dialysis | 3070 PRESIDENTIAL DR STE A | Beavercreek, OH 45324-6273 | (937) 426-6475 | (937) 426-2436 | 12 | 36-2683 |
| West Beach Dialysis Center | 16201 PANAMA CITY BEACH PKWY STE 102 | Panama City Beach, FL 32413-5307 | (850) 233-0837 | (850) 233-8436 | 8 | 10-2863 |
| Hayward Mission Hills Dialysis | 1661 INDUSTRIAL PKWY W | Hayward, CA 94544-7046 | (510) 266-5743 | (510) 259-1270 | 24 | 55-2672 |
| Turner Hill Dialysis | 7301 STONECREST CONCOURSE STE 101 | Lithonia, GA 30038-6902 | (770) 484-8475 | (770) 484-8916 | 20 | 11-2866 |
| New Braunfels Dialysis | 798 GENERATIONS DR | New Braunfels, TX 78130-0005 | (830) 629-2848 | (830) 629-2779 | 24 | 45-2798 |
| Moscow Dialysis Center | 212 RODEO DR STE 110 | Moscow, ID 83843-9791 | (208) 882-5925 | (208) 882-5926 | 8 | 13-2521 |
| Forest Landing Dialysis | 2220 COMMERCE RD STE 1 | Forest Hill, MD 21050-2560 | (410) 638-6020 | (410) 638-7180 | 24 | 21-2668 |
| West Hiram Dialysis | 76 HIGHLAND PAVILION CT STE 129 | Hiram, GA 30141-3170 | (678) 384-1180 | (678) 384-0662 | 17 | 11-2867 |
| New Britain Dialysis | 100 GRAND ST | New Britain, CT 06052-2016 | (860) 223-4603 | (860) 223-4203 | 22 | 07-2555 |
| Fort Mill Dialysis | 1975 CAROLINA PLACE DR | Fort Mill, SC 29708-6922 | (803) 802-3027 | (803) 802-0319 | 30 | 42-2609 |
| Ardmore Dialysis Ranch | 2617 CROSSROADS DR | Ardmore, OK 73401-2574 | (580) 490-9844 | (580) 490-9831 | 28 | 37-2582 |
| Village Dialysis | 6952 INDUSTRIAL PKWY | Rosenberg, TX 77471-5656 | (281) 232-3116 | (281) 232-5821 | 12 | 67-2715 |
| South San Francisco at Home | 74 CAMARITAS AVE | South San Francisco, CA 94080-3133 | (650) 589-8562 | (650) 589-8494 | 0 | 55-2716 |
| Jackson County Dialysis | 1912 MCLAIN ST PRATT SQUARE | Newport, AR 72112-3659 | (870) 523-2607 | (870) 523-2824 | 9 | 04-2554 |
| Asheville Kidney Center | 1600 CENTREPARK DR | Asheville, NC 28805-6206 | (828) 251-1224 | (828) 251-4695 | 52 | 34-2506 |
| Georgetown Dialysis | 201 FM 971 | Georgetown, TX 78626-4631 | (512) 819-9636 | (512) 863-8173 | 12 | 67-2687 |
| Norfolk Dialysis Center | 962 NORFOLK SQ | Norfolk, VA 23502-3235 | (757) 461-0501 | (757) 455-5011 | 40 | 49-2537 |
| Fox River Dialysis | 1910 RIVERSIDE DR | Green Bay, WI 54301-2319 | (920) 436-4910 | (920) 437-1718 | 28 | 52-2501 |
| Rita Ranch Dialysis | 7355 S HOUGHTON RD STE 101 | Tucson, AZ 85747-9380 | (520) 663-4035 | (520) 663-3826 | 12 | 03-2632 |
| Westover Dialysis | 9846 WESTOVER HILLS BLVD STE 103 | San Antonio, TX 78251-4125 | (210) 681-9180 | (210) 681-9745 | 16 | 67-2708 |
| Home Options of Pensacola | 812 CREIGHTON RD | Pensacola, FL 32504-7028 | (850) 969-9082 | (850) 475-2635 | 4 | 68-2534 |
| Dialysis Care of Greenville | 7215 INTERSTATE HWY 30 STE N | Greenville, TX 75402-7110 | (903) 455-0041 | (903) 455-0220 | 25 | 45-2694 |
| Chadbourn Dialysis Center | 210 STRAWBERRY BLVD | Chadbourn, NC 28431-1418 | (910) 654-3190 | (910) 654-5747 | 17 | 34-2628 |
| Garland Dialysis | 776 E CENTERVILLE RD | Garland, TX 75041-4640 | (972) 278-2757 | (972) 278-2675 | 20 | 67-2555 |
| Limestone County Dialysis | 16236 LUCAS FERRY RD | Athens, AL 35611-3931 | (256) 233-3965 | (256) 233-3184 | 10 | 01-2650 |
| Pocono Home Center | 3361 RTE 611 STE 1 | Bartonsville, PA 18321-7821 | (570) 629-1292 | (570) 629-2482 | 0 | 39-2804 |
| Walnut River Dialysis | 701 W CENTRAL AVE | El Dorado, KS 67042-2117 | (316) 321-1368 | (316) 321-1375 | 12 | 17-2574 |
| NorthStar Dialysis Center | 380 W LITTLE YORK RD | Houston, TX 77076-1303 | (281) 448-4506 | (281) 448-4376 | 49 | 45-2675 |
| Garrisonville Dialysis Center | 70 DOC STONE RD STE 101 | Stafford, VA 22556-4628 | (540) 658-1135 | (540) 658-1288 | 13 | 49-2637 |
| West Elk Grove Dialysis | 2208 KAUSEN DR STE 100 | Elk Grove, CA 95758-7174 | (916) 683-5992 | (916) 683-6025 | 22 | 55-2604 |
| Massillon Community Dialysis | 2112 LINCOLN WAY E | Massillon, OH 44646-7034 | (330) 837-7730 | (330) 837-7753 | 12 | 36-2789 |
| Tidewater Home Dialysis | 230 CLEARFIELD AVE STE 106 | Virginia Beach, VA 23462-1832 | (757) 518-9439 | (757) 519-9519 | 0 | 49-2669 |
| Waynesville Dialysis Center | 11 PARK TERRACE DR | Clyde, NC 28721-7445 | (828) 627-2907 | (828) 627-2924 | 27 | 34-2629 |
| Goose Creek Dialysis | 109 GREENLAND DR | Goose Creek, SC 29445-5354 | (843) 377-1199 | (843) 377-1262 | 17 | 42-2596 |
| Fleur de Lis Dialysis | 5555 BULLARD AVE STE 110 | New Orleans, LA 70128-3450 | (504) 240-2696 | (504) 240-2877 | 25 | 19-2523 |
| Sun City Menifee Dialysis | 1702 ILLINOIS AVE | Perris, CA 92571-9371 | (951) 928-1369 | (951) 928-2150 | 24 | 55-2715 |
| Springfield North Dialysis | 1007 E KEARNEY ST | Springfield, MO 65803-3433 | (417) 873-9926 | (417) 865-1602 | 16 | 26-2656 |
| Mt. Pocono Dialysis | 100 COMMUNITY DR STE 106 | Tobyhanna, PA 18466-8986 | (570) 839-0900 | (570) 839-1065 | 12 | 39-2705 |
| Copperfield Dialysis | 1030 VINEHAVEN DR NE | Concord, NC 28025-2438 | (704) 795-7552 | (704) 795-7567 | 27 | 34-2631 |
| Grand Junction Dialysis Center | 710 WELLINGTON AVE STE 20 | Grand Junction, CO 81501-6100 | (970) 263-8573 | (970) 245-4398 | 18 | 06-2553 |
| Marrero Dialysis | 1908 JUTLAND DR | Harvey, LA 70058-2359 | (504) 347-6224 | (504) 347-6257 | 17 | 19-2694 |
| Harper Woods Dialysis | 19265 VERNIER RD | Harper Woods, MI 48225-1010 | (313) 640-0271 | (313) 640-7683 | 24 | 23-2684 |
| NE Philadelphia Dialysis Center | 518 KNORR ST | Philadelphia, PA 19111-4604 | (215) 745-4859 | (215) 745-9145 | 16 | 39-2555 |
| Hendersonville Dialysis Center | 1250 7TH AVE E | Hendersonville, NC 28792-2610 | (828) 697-1602 | (828) 693-0127 | 33 | 34-2564 |
| Grapevine Dialysis | 1651 W NORTHWEST HWY | Grapevine, TX 76051-3100 | (817) 251-0675 | (817) 421-0417 | 25 | 67-2531 |
| Canyon Springs Dialysis | 22555 ALESSANDRO BLVD BLDG 5 | Moreno Valley, CA 92553-8533 | (951) 653-6400 | (951) 867-3270 | 32 | 55-2622 |
| Mojave Sage Dialysis | 17207 JASMINE ST | Victorville, CA 92395-7786 | (760) 241-8167 | (760) 843-5685 | 24 | 55-2708 |
| Downers Grove Home Training | 3050 FINLEY RD STE 300 A | Downers Grove, IL 60515-1370 | (630) 968-2099 | (630) 968-2417 | 0 | 14-2849 |
| Dialysis Care of Kannapolis | 1607 N MAIN ST | Kannapolis, NC 28081-2317 | (704) 933-0809 | (704) 932-6964 | 31 | 34-2592 |
| Greene County Dialysis Center | 1025 KINGOLD BLVD | Snow Hill, NC 28580-1616 | (252) 747-9987 | (252) 747-9990 | 21 | 34-2650 |
| Arbor Place Dialysis | 9559 HIGHWAY 5 STE 1 | Douglasville, GA 30135-1573 | (678) 391-0993 | (678) 391-0977 | 13 | 11-2807 |
| Allen Dialysis | 201 S JUPITER RD | Allen, TX 75002-3035 | (469) 342-6709 | (469) 342-6398 | 21 | 67-2728 |
| Northwest Kidney Center | 10985 NORTHWEST FWY | Houston, TX 77092-7305 | (713) 812-1217 | (713) 812-1693 | 24 | 45-2642 |
| McDowell County Dialysis | 374 US 70 W, Box 14 | Marion, NC 28752-6202 | 828 583-6170 | 828 583-6201 | 20 | 34-2645 |
| Greenwood Dialysis Center | 1345 N LANSING AVE | Tulsa, OK 74106-5911 | (918) 585-8811 | (918) 585-5506 | 12 | 37-2569 |
| Five Star Dialysis Center | 2400 TECH CENTER CT | Las Vegas, NV 89128-0804 | (702) 869-3771 | (702) 869-6366 | 16 | 29-2538 |
| Paoli Dialysis | 555 WEST LONGEST ST | Paoli, IN 47454-9670 | (812) 723-3571 | (812) 723-4823 | 12 | 15-2652 |
| Columbus Home Training | 1200 BROOKSTONE CENTRE PKWY STE 111 | Columbus, GA 31904-2934 | (706) 322-2935 | (706) 317-4862 | 4 | 11-2869 |

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|---|---|---|---|---|---|---|
| PDI-Ephrata | 67 W CHURCH ST | Stevens, PA 17578-9203 | (717) 335-7399 | (717) 335-0488 | 16 | 39-2706 |
| Reidsville Dialysis | 1307 FREEWAY DR | Reidsville, NC 27320-7104 | (336) 348-6857 | (336) 348-6861 | 27 | 34-2640 |
| Hillsboro Dialysis Center | 2500 NE CENTURY BLVD BLDG E, STE 300 | Hillsboro, OR 97124-7516 | (503) 681-9460 | (503) 615-8453 | 13 | 38-2550 |
| Kennestone Dialysis | 200 COBB PKWY N STE 318 | Marietta, GA 30062-3558 | (678) 797-1110 | (678) 797-1176 | 20 | 11-2810 |
| Red Hawk Dialysis | 4348 WOODLANDS BLVD STE 131 | Castle Rock, CO 80104-2800 | (303) 663-2875 | (303) 663-2913 | 8 | 06-2574 |
| Oakland Peritoneal Dialysis Center | 5352 CLAREMONT AVE | Oakland, CA 94618-1035 | (510) 597-0398 | (510) 597-0385 | 2 | 05-2822 |
| Dialysis Care of Rowan County | 111 DORSETT DR | Salisbury, NC 28144-2278 | (704) 637-2107 | (704) 639-9272 | 34 | 34-2546 |
| South Meadows Dialysis Center | 10085 DOUBLE R BLVD STE 160 | Reno, NV 89521-4867 | (775) 852-4200 | (775) 852-4263 | 25 | 29-2526 |
| Charles County Dialysis | 4475 REGENCY PL STE 102 & 103 | White Plains, MD 20695-3072 | (301) 932-9874 | (301) 638-2846 | 15 | 21-2672 |
| Perry County Dialysis | 611 E LAFAYETTE ST | Marion, AL 36756-2325 | (334) 683-8519 | (334) 683-4777 | 10 | 01-2663 |
| Ocala Regional Kidney Center - East | 2870 SE 1ST AVE | Ocala, FL 34471-0406 | (352) 351-9140 | (352) 732-3825 | 31 | 10-2678 |
| Southeastern Dialysis Center - Shallotte | 4770 SHALLOTTE AVE | Shallotte, NC 28470-6596 | (910) 754-5563 | (910) 754-5569 | 15 | 34-2582 |
| Kettering Dialysis | 5721 BIGGER RD | Kettering, OH 45440-2752 | (937) 435-4030 | (937) 435-4140 | 16 | 36-2690 |
| North Sacramento Dialysis | 251 LATHROP WAY STE A | Sacramento, CA 95815-4223 | (916) 922-4721 | (916) 922-2189 | 24 | 55-2705 |
| McColl Dialysis | 3595 US HWY 15-401 E | McColl, SC 29570-5918 | (843) 523-6274 | (843) 523-5418 | 16 | 42-2640 |
| Ocala Regional Kidney Center - | 8585 SW HIGHWAY 200 STE 19 | Ocala, FL 34481-9642 | (352) 854-5011 | (352) 854-6299 | 32 | 10-2683 |
| Southern Pines Dialysis Center | 209 WINDSTAR PL | Southern Pines, NC 28387-7086 | (910) 692-6218 | (910) 692-9473 | 18 | 34-2638 |
| Meridian Park Dialysis Center | 19255 SW 65TH AVE STE 100 | Tualatin, OR 97062-9712 | (503) 692-8159 | (503) 692-1896 | 16 | 38-2549 |
| Spring Creek Dialysis | 301 E AIRLINE RD | Victoria, TX 77901-3901 | (361) 572-3343 | (361) 572-3380 | 16 | 67-2696 |
| Moorhead Dialysis | 1710 CENTER AVE W | Dilworth, MN 56529-1309 | (218) 233-3354 | (218) 233-3482 | 12 | 24-2584 |
| Olney Dialysis Center | 117 N BOONE ST | Olney, IL 62450-2109 | (618) 393-4234 | (618) 393-4614 | 8 | 14-2674 |
| Sylva Dialysis Center | 655 ASHEVILLE HWY | Sylva, NC 28779-2747 | (828) 586-3340 | (828) 586-3350 | 16 | 34-2556 |
| Lancaster Dialysis | 2424 W PLEASANT RUN RD | Lancaster, TX 75146-4005 | (972) 223-9292 | (972) 223-2027 | 25 | 67-2520 |
| Carmel Dialysis | 180 E CARMEL DR | Carmel, IN 46032-2633 | (317) 575-8916 | (317) 575-9136 | 12 | 15-2620 |
| Seguin Dialysis | 618 E COURT ST | Seguin, TX 78155-5714 | (830) 372-2521 | (830) 372-1384 | 16 | 67-2707 |
| Mishawaka Dialysis | 1420 TRINITY PL | Mishawaka, IN 46545-5005 | (574) 231-7204 | (574) 231-7205 | 16 | 15-2655 |
| Olympia Fields Dialysis Center | 4557 LINCOLN HWY STE B | Matteson, IL 60443-2385 | (708) 503-1112 | (708) 503-1116 | 24 | 14-2548 |
| Dialysis Care of Edgecombe County | 3206 WESTERN BLVD | Tarboro, NC 27886-1828 | (252) 641-9004 | (252) 641-9007 | 35 | 34-2577 |
| Las Palmas Dialysis Center | 803 CASTROVILLE RD STE 415 | San Antonio, TX 78237-3148 | (210) 438-9290 | (210) 438-9289 | 24 | 67-2521 |
| Hoosier Hills Dialysis | 143 S KINGSTON DR | Bloomington, IN 47408-6342 | (812) 333-1697 | (812) 333-1945 | 12 | 15-2642 |
| Sugar Land Home Training | 1447 HWY 6 STE 130 | Sugar Land, TX 77478-5094 | (281) 277-0692 | (281) 565-0923 | 4 | 67-2690 |
| Glen Dialysis | 2601 COMPASS RD STE 145 | Glenview, IL 60026-8089 | (847) 657-7574 | (847) 657-8022 | 16 | 14-2746 |
| Olympic View Dialysis Center | 125 16TH AVE E FL 5CSB | Seattle, WA 98112-5211 | (206) 323-8900 | (206) 323-8899 | 20 | 50-2525 |
| Pendleton Dialysis | 7703 HIGHWAY 76 | Pendleton, SC 29670-1818 | (864) 646-7715 | (864) 646-7423 | 10 | 42-2597 |
| Magnolia West Dialysis | 11161 MAGNOLIA AVE | Riverside, CA 92505-3605 | (951) 351-8090 | (951) 351-8099 | 30 | 55-2553 |
| Centennial Dialysis Center | 8775 W DEER SPRINGS WAY | Las Vegas, NV 89149-0416 | (702) 395-2488 | (702) 645-5007 | 20 | 29-2531 |
| Town Center Dialysis | 323 N MICHIGAN AVE | Saginaw, MI 48602-4240 | (989) 791-3624 | (989) 791-3841 | 13 | 23-2680 |
| Crimson Ridge Home Training | 2540 HAUSER ROSS DR STE 200 | Sycamore, IL 60178-3171 | (815) 748-3508 | (815) 748-3825 | 0 | 14-2748 |
| Huntsville Metro Dialysis | 2317 MEMORIAL PKWY SW STE 105 | Huntsville, AL 35801-5623 | (256) 427-4859 | (256) 427-4881 | 12 | 01-2713 |
| Renal Center of Orange | 280 STRICKLAND DR | Orange, TX 77630-4750 | (409) 883-4001 | (409) 883-4330 | 16 | 45-2802 |
| Mansfield Dialysis Center | 352 MATLOCK RD STE 120 | Mansfield, TX 76063-2081 | (817) 453-8167 | (817) 473-2610 | 25 | 67-2550 |
| Las Vegas Pediatrics Dialysis Center | 7271 W SAHARA AVE STE 120 | Las Vegas, NV 89117-2862 | (702) 227-3049 | (702) 227-8882 | 4 | 29-2536 |
| Jewel Dialysis | 514 W TOWN PLZ | Bessemer, AL 35020-5346 | (205) 481-4386 | (205) 481-1612 | 10 | 01-2644 |
| Buckhead Home Training | 1575 NORTHSIDE DR NW STE 355 | Atlanta, GA 30318-4210 | (404) 352-1870 | (404) 352-3107 | 4 | 11-2851 |
| Oregon Kidney Center | 3524 NE SANDY BLVD | Portland, OR 97232-1961 | (503) 236-7097 | (503) 236-8110 | 21 | 38-2500 |
| Crossroads Dialysis | 3214 YORBA LINDA BLVD | Fullerton, CA 92831-1707 | (714) 577-6940 | (714) 577-0530 | 24 | 55-2544 |
| Market Street Dialysis | 3701 MARKET ST STE 100 | Philadelphia, PA 19104-5503 | (215) 387-2658 | (215) 387-4134 | 16 | 39-2718 |
| The Nevada Dialysis Center | 1510 W WARM SPRINGS RD STE 100 | Henderson, NV 89014-3586 | (702) 451-2131 | (702) 451-5502 | 20 | 29-2534 |
| Crown Dialysis | 3007 27TH ST N | Birmingham, AL 35207-4549 | (205) 297-0143 | (205) 244-2769 | 14 | 01-2647 |
| Berkshire Home Training | 4800 W SAN ANTONIO ST STE 201 | Broken Arrow, OK 74012-6156 | (918) 249-9716 | (918) 254-4173 | 11 | 37-2591 |
| Licking River Home Training | 140 Plaza Drive | Cold Spring, KY 41076-2166 | (859) 993-0244 | (859) 993-0259 | 0 | Pending |
| Ouachita Dialysis | 1900 MALVERN AVE STE 102 | Hot Springs, AR 71901-7776 | (501) 624-0196 | (501) 321-2415 | 25 | 04-2507 |
| Diamond Valley Dialysis | 1181 N STATE ST | San Jacinto, CA 92583-6317 | (951) 487-6528 | (951) 487-8518 | 37 | 05-2768 |
| Marymont Dialysis Center | 2391 NE LOOP 410 STE 211 | San Antonio, TX 78217-5675 | (210) 646-8788 | (210) 646-9324 | 26 | 67-2523 |
| Black Rock Dialysis | 427 STILLSON RD | Fairfield, CT 06824-3153 | (203) 382-9566 | (203) 368-9289 | 16 | 07-2535 |
| Magic City Dialysis | 300 22ND ST S | Birmingham, AL 35233-2209 | (205) 986-0592 | (205) 321-6682 | 18 | 01-2645 |
| Andover Dialysis | 626 S ANDOVER RD STE 900 | Andover, KS 67002-8910 | (316) 733-2984 | (316) 733-4138 | 16 | 17-2557 |
| Ouachita Valley Dialysis | 1114 WASHINGTON ST NW | Camden, AR 71701-3827 | (870) 837-1330 | (870) 837-1423 | 25 | 04-2525 |
| Lake Elsinore Dialysis | 32291 MISSION TRL BLDG S | Lake Elsinore, CA 92530-2310 | (951) 674-5050 | (951) 674-5570 | 18 | 05-2895 |
| Medlock Bridge Dialysis | 10680 MEDLOCK BRIDGE RD STE 103 | Duluth, GA 30097-8420 | (770) 622-2167 | (770) 622-5542 | 16 | 11-2778 |
| Tucson Central Dialysis | 2901 E GRANT RD | Tucson, AZ 85716-2717 | (520) 325-3408 | (520) 325-3469 | 12 | 03-2627 |
| Steel City Dialysis | 1809 AVE H | Birmingham, AL 35218-1542 | (205) 785-2972 | (205) 786-3317 | 10 | 01-2646 |
| Herndon Dialysis | 560 E HERNDON AVE STE 101 | Fresno, CA 93720-2907 | (559) 432-5278 | (559) 435-1422 | 48 | 55-2702 |
| Paulding Dialysis | 4019 JOHNS RD | Dallas, GA 30132-3420 | (770) 445-3571 | (770) 445-3898 | 16 | 11-2594 |
| Valley View Dialysis Center | 26900 CACTUS AVE | Moreno Valley, CA 92555-3912 | (951) 247-2844 | (951) 247-8631 | 34 | 05-2807 |
| Metairie Dialysis Center | 7100 AIRLINE DR | Metairie, LA 70003-5950 | (504) 731-1969 | (504) 731-8533 | 12 | 19-2678 |
| Callowhill Dialysis Center | 313 CALLOWHILL ST | Philadelphia, PA 19123-4103 | (215) 629-3580 | (215) 629-3588 | 20 | 39-2749 |
| South City Dialysis | 3740 S JEFFERSON AVE | Saint Louis, MO 63118-3905 | (314) 664-6687 | (314) 772-1614 | 12 | 26-2654 |
| Willow Lakes Dialysis | 226 WILLOW VALLEY LAKES DR C/O DAVITA DIALYSIS | Willow Street, PA 17584-9665 | (717) 947-3556 | (717) 947-3574 | 13 | 39-2892 |
| Papago Dialysis Center | 5115 E THOMAS RD STE 115 | Phoenix, AZ 85018-7914 | (602) 956-1831 | (602) 956-0334 | 13 | 03-2553 |
| Murrieta Dialysis | 27602 CLINTON KEITH RD BLDG F | Murrieta, CA 92562-8513 | (951) 679-7914 | (951) 679-7693 | 24 | 05-2730 |
| Miami Gardens Dialysis | 3363 NW 167TH ST | Miami Gardens, FL 33056-4254 | (305) 627-9311 | (305) 628-9389 | 16 | 10-2839 |
| Sunset Dialysis Center | 3071 GOLD CANAL DR | Rancho Cordova, CA 95670-6129 | (916) 638-8429 | (916) 638-8039 | 24 | 55-2612 |
| Horizon Dialysis | 2222 GREENHOUSE RD | Houston, TX 77084-7287 | (281) 829-5941 | (281) 829-1304 | 16 | 67-2734 |
| Loveland Central Dialysis | 1453 DENVER AVE | Loveland, CO 80538-5226 | (970) 663-4607 | (970) 663-9076 | 12 | 06-2579 |
| Phenix City Dialysis Center | 4391 RIVERCHASE DR | Phenix City, AL 36867-7519 | (334) 298-0294 | (334) 298-3538 | 21 | 01-2523 |
| Ontario Dialysis | 1950 S GROVE AVE STE 101-105 | Ontario, CA 91761-5693 | (909) 930-5566 | (909) 930-5690 | 20 | 55-2548 |
| Mountain Park Dialysis | 5235 MEMORIAL DR | Stone Mountain, GA 30083-3112 | (404) 296-1344 | (404) 296-4706 | 16 | 11-2777 |
| Indy South Dialysis | 972 EMERSON PKWY STE E | Greenwood, IN 46143-6202 | (317) 881-0641 | (317) 881-5451 | 12 | 15-2616 |
| Princeton Junction Dialysis | 88 PRINCETON HIGHTSTOWN RD STE 102 | Princeton Junction, NJ 08550-1100 | (609) 799-0084 | (609) 275-7441 | 13 | 31-2610 |
| Lynchburg Home Training | 2091 LANGHORNE RD | Lynchburg, VA 24501-1443 | (434) 847-2085 | (434) 846-1972 | 6 | 49-2667 |
| PDI-Ebensburg | 429 MANOR DR STE 650 | Ebensburg, PA 15931-4917 | (814) 472-2642 | (814) 472-2138 | 9 | 39-2686 |
| Citrus Valley Dialysis | 894 HARDT STREET | San Bernardino, CA 92408-2854 | (909) 388-6608 | (909) 388-6639 | 20 | 55-2541 |
| Myrtle Beach Dialysis | 3919 MAYFAIR ST | Myrtle Beach, SC 29577-5773 | (843) 448-4920 | (843) 448-4930 | 16 | 42-2610 |
| Wiregrass Kidney Center | 1450 ROSS CLARK CIR STE 200 | Dothan, AL 36301-4770 | (334) 792-8907 | (334) 792-8912 | 20 | 01-2630 |
| General Butler Dialysis | 329 FLOYD DR STE B | Carrollton, KY 41008-8261 | (502) 732-4713 | (502) 732-8352 | 8 | 18-2616 |
| OAK CITY DIALYSIS | 3645 TRUST DR | Raleigh, NC 27616-2955 | (919) 876-6827 | (919) 876-2385 | 20 | 34-2744 |
| Pikes Peak Dialysis Center | 2002 LELARAY ST STE 130 | Colorado Springs, CO 80909-2804 | (719) 471-4615 | (719) 471-0621 | 43 | 06-2507 |
| Natomas Dialysis | 30 GOLDEN LAND CT BLDG G | Sacramento, CA 95834-2423 | (916) 285-6452 | (916) 285-9715 | 24 | 55-2569 |
| Cape Coral South Dialysis | 3040 DEL PRADO BLVD S STE 4A | Cape Coral, FL 33904-7232 | (239) 549-0339 | (239) 549-1349 | 18 | 10-2847 |
| Sandhills Dialysis | 809 S LONG DR STE B | Rockingham, NC 28379-4375 | (910) 895-9924 | (910) 997-5042 | 16 | 34-2690 |
| Middlebrook Dialysis | 12401 MIDDLEBROOK RD STE 160 | Germantown, MD 20874-1523 | (301) 540-6020 | (301) 540-6030 | 21 | 21-2625 |
| Preserve Pointe Dialysis | 57 TOWN CT STE 118 | Palm Coast, FL 32164-2425 | (386) 309-2885 | (386) 309-2904 | 16 | 68-2708 |
| Eastern Kentucky Dialysis | 167 WEDDINGTON BRANCH RD | Pikeville, KY 41501-3204 | (606) 432-4477 | (606) 432-4201 | 12 | 18-2538 |

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|---|---|---|---|---|---|---|
| Timpanogos Dialysis Center | 1055 N 500 W STE 222 | Provo, UT 84604-3305 | (801) 356-8907 | (801) 356-2481 | 1 | 46-2524 |
| New Hope Dialysis Center | 5640 INTERNATIONAL PKWY | New Hope, MN 55428-3047 | (763) 537-0300 | (763) 537-0340 | 12 | 24-2564 |
| Gateway Dialysis | 5705 LEE BLVD STE 16 | Lehigh Acres, FL 33971-6342 | (239) 479-5251 | (239) 479-5275 | 16 | 10-2888 |
| Shelbyville Road Dialysis | 4600 SHELBYVILLE RD STE 310 | Louisville, KY 40207-2391 | (502) 893-4791 | (502) 893-4793 | 12 | 18-2614 |
| Bay City Dialysis | 3170 S PROFESSIONAL DR | Bay City, MI 48706-2839 | (989) 686-8782 | (989) 686-8563 | 20 | 23-2531 |
| Utah Valley Dialysis Center | 1055 N 500 W STE 221 | Provo, UT 84604-3305 | (801) 373-5400 | (801) 373-6400 | 25 | 46-2525 |
| Norco Dialysis | 1901 TOWN AND COUNTRY DR STE 100 | Norco, CA 92860-3611 | (951) 738-0185 | (951) 738-8490 | 20 | 55-2571 |
| Leesburg Virginia Dialysis | 224D CORNWALL ST NW STE 100 | Leesburg, VA 20176-2700 | (571) 258-1362 | (571) 258-1342 | 12 | 49-2654 |
| Buttonwood Dialysis | 449 N BROAD ST | Philadelphia, PA 19123-3628 | (215) 238-1201 | (215) 574-5065 | 24 | 39-2788 |
| Renal Center of Morristown | 100 MADISON AVE-4TH FLOOR | Morristown, NJ 07960-6136 | (973) 538-8201 | (973) 538-8203 | 11 | 31-2624 |
| Pine Island Kidney Center | 1871 N PINE ISLAND RD | Plantation, FL 33322-5208 | (954) 916-8958 | (954) 916-8960 | 20 | 10-2708 |
| Premier Dialysis Center | 7612 ATLANTIC AVE | Cudahy, CA 90201-5020 | (323) 562-5511 | (323) 562-3347 | 36 | 05-2761 |
| North Charleston Dialysis | 5900 RIVERS AVE STE E | North Charleston, SC 29406-6082 | (843) 747-3447 | (843) 747-3911 | 17 | 42-2585 |
| Northwest Tucson Dialysis | 2945 W INA RD STE 105 | Tucson, AZ 85741-2366 | (520) 797-0049 | (520) 229-8957 | 20 | 03-2618 |
| Center Ridge Dialysis | 38630 CENTER RIDGE RD | North Ridgeville, OH 44039-2837 | (440) 327-2070 | (440) 327-1563 | 14 | 36-2776 |
| Pinnacle Dialysis of Boca Raton | 2900 N MILITARY TRL STE 195 | Boca Raton, FL 33431-6308 | (561) 241-6667 | (561) 989-8550 | 27 | 10-2658 |
| Haymarket Dialysis | 14664 GAP WAY | Gainesville, VA 20155-1683 | (703) 753-3520 | (703) 753-3528 | 13 | 49-2652 |
| Leeds Dialysis | 1650 MAXEY DR | Leeds, AL 35094-7512 | (205) 699-5383 | (205) 699-9676 | 10 | 01-2652 |
| Steubenville Dialysis | 1799 SINCLAIR AVE SUITE 1 | Steubenville, OH 43953-3373 | (740) 346-2840 | (740) 346-2846 | 21 | 36-2772 |
| Pocono Dialysis Center | 100 PLAZA CT STE B | East Stroudsburg, PA 18301-8258 | (570) 476-5630 | (570) 476-5634 | 16 | 39-2606 |
| Doctors Dialysis of East Los Angeles | 950 S EASTERN AVE | Los Angeles, CA 90022-4801 | (323) 262-2229 | (323) 262-9418 | 32 | 05-2725 |
| Northwest Medical Center Dialysis | 5284 MEDICAL DR STE 100 | San Antonio, TX 78229-4849 | (210) 616-9699 | (210) 616-9504 | 24 | 67-2515 |
| North Vernon Dialysis | 2340 N STATE HWY 7 | North Vernon, IN 47265-7183 | (812) 352-8150 | (812) 352-8204 | 10 | 15-2636 |
| Premiere Kidney Center of Newark | 65 S TERRACE AVE | Newark, OH 43055-1355 | (740) 522-2955 | (740) 522-2975 | 21 | 36-2644 |
| Port Washington Dialysis Center | 50 SEAVIEW BLVD | Port Washington, NY 11050-4615 | (516) 484-3460 | (516) 484-7949 | 18 | 33-2591 |
| Crescent Heights Dialysis Center | 8151 BEVERLY BLVD | Los Angeles, CA 90048-4514 | (323) 655-6226 | (323) 655-6512 | 20 | 05-2852 |
| Northwood Dialysis | 611 LEMOYNE RD | Northwood, OH 43619-1811 | (419) 698-3423 | (419) 698-5165 | 13 | 36-2680 |
| Ave Maria Dialysis | 5340 USEPPA DR | Ave Maria, FL 34142-5051 | (239) 304-0198 | (239) 348-1723 | 16 | 10-2890 |
| Lake Hartwell Dialysis | 1065 E FRANKLIN ST | Hartwell, GA 30643-2205 | (470) 407-7348 | (470) 407-7349 | 12 | 11-2854 |
| Golden Triangle Dialysis | 1020 N 14TH ST | Beaumont, TX 77702-1103 | (409) 832-8423 | (409) 832-8431 | 30 | 45-2524 |
| Century City Dialysis | 10630 SANTA MONICA BLVD | Los Angeles, CA 90025-4837 | (310) 954-2700 | (310) 474-4565 | 30 | 05-2865 |
| Shawano Lake Dialysis | W 7305 ELM AVE | Shawano, WI 54166 | (715) 526-4310 | (715) 526-6010 | 15 | 52-2511 |
| West Pensacola Dialysis Center | 598 N FAIRFIELD DR STE 100 | Pensacola, FL 32506-4320 | (850) 453-6066 | (850) 453-6681 | 16 | 10-2845 |
| Mid-Del Home Training | 9230 E RENO AVE STE A | Midwest City, OK 73130-3337 | (405) 732-0744 | (405) 732-0651 | 6 | 37-2588 |
| Renal Center of Beaumont | 3050 LIBERTY AVE | Beaumont, TX 77702-1846 | (409) 838-6602 | (409) 838-9052 | 25 | 45-2577 |
| Oakwood Dialysis Center | 148 HECTOR AVE | Gretna, LA 70056-2531 | (504) 376-1603 | (504) 376-2364 | 19 | 19-2683 |
| National Trail Dialysis | 171 S TUTTLE RD | Springfield, OH 45505-1560 | (937) 328-7399 | (937) 328-7513 | 17 | 36-2780 |
| Odessa Dialysis | 1216 E 8TH ST | Odessa, TX 79761-4638 | (432) 888-9801 | (432) 888-9777 | 25 | 45-2873 |
| Printers Place Dialysis Center | 2802 INTERNATIONAL CIR | Colorado Springs, CO 80910-3127 | (719) 630-0602 | (719) 520-5291 | 16 | 06-2524 |
| Washington Plaza Dialysis Center | 516 E WASHINGTON BLVD # 522 | Los Angeles, CA 90015-3723 | (213) 749-2433 | (213) 749-0518 | 25 | 05-2856 |
| Red Bluff Dialysis Center | 2455 SISTER MARY COLUMBA DR | Red Bluff, CA 96080-4364 | (530) 527-0052 | (530) 527-0059 | 15 | 55-2557 |
| North Metro Dialysis Center | 12365 HURON ST STE 500 | Westminster, CO 80234-3498 | (303) 451-9093 | (303) 451-0561 | 18 | 06-2559 |
| Summit City Dialysis | 3233 E COLISEUM BLVD | Fort Wayne, IN 46805-1561 | (260) 373-1599 | (260) 373-1555 | 24 | 15-2653 |
| Northern Star Dialysis | 311 ELM ST | Woodruff, WI 54568-9149 | (715) 356-0132 | (715) 356-6392 | 24 | 52-2586 |
| Puyallup Dialysis | 802 30TH AVE SW STE C | Puyallup, WA 98373-2755 | (253) 845-3147 | (253) 845-0833 | 20 | 50-2534 |
| Wilshire Dialysis Center | 1212 WILSHIRE BLVD | Los Angeles, CA 90017-1902 | (213) 482-5181 | (213) 482-4470 | 22 | 05-2631 |
| Richfield Dialysis | 6601 LYNDALE AVE S STE 150 | Richfield, MN 55423-2490 | (612) 869-2118 | (612) 869-2219 | 12 | 24-2563 |
| Fort Wayne South Dialysis | 302 E PETTIT AVE | Fort Wayne, IN 46806-3007 | (260) 456-0451 | (260) 458-9269 | 20 | 15-2647 |
| Harbor View Dialysis | 3113 WASHINGTON AVE | Racine, WI 53405-3001 | (262) 632-0120 | (262) 637-1441 | 24 | 52-2583 |
| Quad Counties Dialysis | 528 N GRANDSTAFF DR | Auburn, IN 46706-1660 | (260) 927-0100 | (260) 927-1196 | 9 | 15-2539 |
| River Parishes Dialysis | 2880 W AIRLINE HWY | La Place, LA 70068-2922 | (985) 603-7160 | (985) 603-7161 | 17 | 19-2681 |
| Ripley Dialysis Center | 854 HWY 51 S | Ripley, TN 38063-5536 | (731) 221-1883 | (731) 221-8022 | 12 | 44-2696 |
| Fort Wayne West Dialysis | 4916 ILLINOIS RD STE 118 | Fort Wayne, IN 46804-5116 | (260) 434-0483 | (260) 435-1527 | 12 | 15-2648 |
| Chestertown Dialysis Center | 100 BROWN ST | Chestertown, MD 21620-1435 | (410) 778-9555 | (410) 778-9623 | 9 | 21-2565 |
| Kidney Dialysis Care Unit | 3600 E MARTIN LUTHER KING JR BLVD | Lynwood, CA 90262-2607 | (310) 886-5156 | (310) 608-6947 | 40 | 05-2502 |
| Rochester Hills Dialysis | 1886 W AUBURN RD STE 100 | Rochester Hills, MI 48309-3865 | (248) 299-7901 | (248) 299-7883 | 20 | 23-2628 |
| Commonwealth Dialysis | 920 S WASHINGTON AVE | Scranton, PA 18505-3810 | (570) 344-5267 | (570) 963-2125 | 13 | 39-2761 |
| Queens Village Dialysis Center | 22202 HEMPSTEAD AVE STE 170 | Queens Village, NY 11429-2123 | (718) 217-6200 | (718) 217-4191 | 25 | 33-2603 |
| Imperial Care Dialysis Center | 4345 E IMPERIAL HWY | Lynwood, CA 90262-2318 | (310) 900-0333 | (310) 900-0334 | 31 | 05-2844 |
| Sauget Dialysis | 2061 GOOSE LAKE RD | Sauget, IL 62206-2822 | (618) 332-7801 | (618) 332-7815 | 24 | 14-2561 |
| Greensburg Dialysis | 1531 N COMMERCE EAST DR STE 6 | Greensburg, IN 47240-3259 | (812) 662-6570 | (812) 662-6572 | 9 | 15-2615 |
| State College Dialysis | 500 SCIENCE PARK RD STE 2 | State College, PA 16803-2218 | (814) 237-3082 | (814) 237-3653 | 12 | 39-2789 |
| Doctors Dialysis Center of Montebello | 1721 W WHITTIER BLVD | Montebello, CA 90640-4004 | (323) 722-1116 | (323) 722-5501 | 28 | 05-2785 |
| Scott County Dialysis | 7456 S PARK DR | Savage, MN 55378-3635 | (952) 226-4766 | (952) 226-4770 | 12 | 24-2567 |
| Rivers Edge Dialysis | 1006 E STATE ST STE B | Athens, OH 45701-2158 | (740) 592-1364 | (740) 593-3876 | 13 | 36-2748 |
| Adena Dialysis | 1180 N BRIDGE ST | Chillicothe, OH 45601-1793 | (740) 773-3733 | (740) 773-3741 | 17 | 36-2777 |
| Barren County Dialysis | 310 N L ROGERS WELLS BLVD | Glasgow, KY 42141-1300 | (270) 659-5580 | (270) 659-5582 | 27 | 18-2644 |
| Redwood Dialysis | 201 SW L ST | Grants Pass, OR 97526-2913 | (541) 474-0776 | (541) 474-0122 | 12 | 38-2513 |
| Monterey Park Dialysis Center | 883 South Atlantic Blvd, Ste H | Monterey Park, CA 91754-4733 | (323) 780-8787 | (323) 780-0246 | 24 | 05-2700 |
| Siena Henderson Dialysis Center | 2865 SIENA HEIGHTS DR STE 141 | Henderson, NV 89052-4168 | (702) 260-0348 | (702) 407-9672 | 17 | 29-2524 |
| Southstar Adamsville Dialysis | 3651 BAKERS FERRY RD SW | Atlanta, GA 30331-3712 | (404) 472-1856 | (404) 472-3970 | 20 | 11-2790 |
| Balch Springs Dialysis | 12001 ELAM RD | Balch Springs, TX 75180-2822 | (972) 913-8767 | (972) 286-4095 | 13 | 67-2726 |
| Midland Dialysis | 4901 JEFFERSON AVE | Midland, MI 48640-2905 | (989) 839-7770 | (989) 839-7777 | 24 | 23-2541 |
| Garfield Hemodialysis Center | 118 HILLIARD AVE | Monterey Park, CA 91754-1118 | (626) 288-5796 | (626) 288-3870 | 24 | 05-2564 |
| South Lincoln Dialysis | 3401 PLANTATION DR STE 140 | Lincoln, NE 68516-4712 | (402) 421-6011 | (402) 421-6052 | 8 | 28-2526 |
| SPRING CITY DIALYSIS | 1260 SENTRY DR | Waukesha, WI 53186-5930 | (262) 446-5100 | (262) 446-5199 | 12 | 52-2535 |
| Carrollwood Dialysis | 14358 N DALE MABRY HWY | Tampa, FL 33618-2018 | (813) 960-3751 | (813) 961-7312 | 16 | 68-2520 |
| Sequoia Dialysis | 440 N 11TH AVE | Hanford, CA 93230-4404 | (559) 587-0105 | (559) 587-0293 | 20 | 55-2721 |
| Southcross Dialysis Center | 4602 E SOUTHCROSS BLVD | San Antonio, TX 78222-4911 | (210) 648-5988 | (210) 648-9929 | 24 | 67-2519 |
| Mena Dialysis Center | 1200 CRESTWOOD CIR | Mena, AR 71953-5516 | (479) 394-8085 | (479) 394-2164 | 16 | 04-2582 |
| Lake Vista Dialysis | 3187 US HIGHWAY 98 N | Lakeland, FL 33805-2103 | (863) 603-2130 | (863) 686-5687 | 24 | 68-2517 |
| Redbird Smith Dialysis | 305 S J T STITES ST | Sallisaw, OK 74955-9302 | (918) 235-0290 | (918) 235-0351 | 12 | 37-2592 |
| Renal Care of Buffalo | 550 ORCHARD PARK RD BLDG B, STE 104 | West Seneca, NY 14224-2646 | (716) 677-0089 | (716) 677-0096 | 24 | 33-2548 |
| Paramount Dialysis Center | 15625 LAKEWOOD BLVD | Paramount, CA 90723-4633 | (562) 790-2478 | (562) 272-0038 | 37 | 05-2652 |
| Southern Crescent Dialysis Center | 275 UPPER RIVERDALE RD SW STE B | Riverdale, GA 30274-2556 | (770) 907-7022 | (770) 907-7587 | 20 | 11-2771 |
| Parker Dialysis Center | 10371 S PARKGLENN WAY STE 180 | Parker, CO 80138-3871 | (303) 840-0541 | (303) 840-9051 | 12 | 06-2562 |
| Valdosta Home Training | 401 NORTHSIDE DR STE A | Valdosta, GA 31602-1872 | (229) 247-9286 | (229) 247-9190 | 3 | 11-2857 |
| Carlisle Regional Dialysis | 419 VILLAGE DR STE 10 | Carlisle, PA 17015-6943 | (717) 218-5104 | (717) 241-0019 | 12 | 39-2801 |
| Dialysis Center of Erie | 1641 SASSAFRAS ST | Erie, PA 16502-1858 | (814) 455-6455 | (814) 456-1188 | 28 | 39-2528 |
| Eaton Canyon Dialysis Center | 2551 E WASHINGTON BLVD | Pasadena, CA 91107-1446 | (626) 798-8896 | (626) 398-8279 | 31 | 05-2613 |
| Spivey Peritoneal and Home Dialysis Center | 7444 HANNOVER PKWY S STE 150 | Stockbridge, GA 30281-7847 | (770) 507-0988 | (770) 389-9432 | 0 | 11-2774 |
| Redlands Dialysis | 1722 ORANGE TREE LN | Redlands, CA 92374-2856 | (909) 307-0437 | (909) 307-0597 | 37 | 55-2578 |
| Lake Hallie Dialysis | 3636 EAST MELBY ST | Lake Hallie, WI 54729-8392 | (715) 833-8512 | (715) 833-8534 | 12 | 52-2596 |
| Metro East Dialysis | 5105 W MAIN ST | Belleville, IL 62226-4728 | (618) 233-9018 | (618) 233-5647 | 36 | 14-2527 |
| Sugarloaf Dialysis | 1705 BELLE MEADE CT STE 110 | Lawrenceville, GA 30043-5895 | (770) 513-2833 | (770) 513-7611 | 20 | 11-2758 |
| Glen Burnie Home Training | 6934 AVIATION BLVD STE H | Glen Burnie, MD 21061-2593 | (410) 760-4976 | (410) 761-1040 | 6 | 21-2674 |
| Warren Dialysis | 2 W CRESCENT PARK | Warren, PA 16365-2111 | (814) 728-5570 | (814) 728-5574 | 12 | 39-2666 |

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|---|---|---|---|---|---|---|
| Greater El Monte Dialysis Center | 1938 TYLER AVE STE J168 | South El Monte, CA 91733-3623 | (626) 350-6692 | (626) 350-6986 | 14 | 05-2717 |
| Sweetwater Dialysis | 7117 S SWEETWATER RD | Lithia Springs, GA 30122-2446 | (678) 945-3600 | (678) 945-3623 | 17 | 11-2706 |
| Palm Breeze Dialysis | 14942 TAMIAMI TRL STE E | North Port, FL 34287-2705 | (941) 429-0443 | (941) 429-2240 | 16 | 10-2892 |
| Lake Erie Home Dialysis | 2563 W 8TH ST | Erie, PA 16505-4430 | (814) 838-2849 | (814) 838-1584 | 0 | 39-2796 |
| Brevard Dialysis Center | 102 COLLEGE STATION DR STE 10 | Brevard, NC 28712-3355 | (828) 884-4075 | (828) 884-4073 | 14 | 34-2693 |
| Madisonville Dialysis Center | 255 E NORTH ST | Madisonville, KY 42431-1641 | (270) 821-7824 | (270) 821-6659 | 21 | 18-2597 |
| TRC/Harbor-UCLA MFI Total Renal Dialysis Center | 21602 S VERMONT AVE | Torrance, CA 90502-1940 | (310) 533-0413 | (310) 212-6248 | 30 | 05-2802 |
| Titletown Dialysis | 120 SIEGLER ST | Green Bay, WI 54303-2636 | (920) 327-2120 | (920) 327-2150 | 17 | 52-2558 |
| Conyers Dialysis | 1501 MILSTEAD RD NE | Conyers, GA 30012-3838 | (770) 761-8097 | (770) 761-8141 | 17 | 11-2828 |
| Harbor Vermont Home Training | 21608 S VERMONT AVE | Torrance, CA 90502-1940 | (310) 212-7529 | (310) 212-7209 | 0 | 55-2883 |
| Deerfield Beach Dialysis | 1983 W HILLSBORO BLVD | Deerfield Beach, FL 33442-1418 | (954) 426-3350 | (954) 426-5275 | 12 | 68-2540 |
| Crestwood Dialysis | 9560 WATSON RD STE A | Saint Louis, MO 63126-1541 | (314) 842-0322 | (314) 842-0351 | 12 | 26-2591 |
| Valley Dialysis | 6840 SEPULVEDA BLVD STE 101 | Van Nuys, CA 91405-4401 | (818) 779-1450 | (818) 779-1466 | 32 | 05-2554 |
| Treasure Valley Dialysis Center | 3045 E ST LUKES ST STE 105 | Meridian, ID 83642-3507 | (208) 887-2174 | (208) 887-9437 | 17 | 13-2513 |
| Chinook Kidney Center | 1315 AARON DR BLDG C1 | Richland, WA 99352-4678 | (509) 943-4598 | (509) 943-8563 | 19 | 50-2559 |
| Oxnard Dialysis | 1900 OUTLET CENTER DR | Oxnard, CA 93036-0677 | (805) 278-3815 | (805) 981-8596 | 20 | 55-2684 |
| Boyle Heights Dialysis | 1936 E 1ST ST | Los Angeles, CA 90033-3413 | (323) 268-2729 | (323) 268-2848 | 28 | 55-2742 |
| Parsons Dialysis Center | 1902 S US HIGHWAY 59 BLDG B | Parsons, KS 67357-4948 | (620) 421-1081 | (620) 421-1598 | 12 | 17-2530 |
| Whittier Dialysis | 10055 WHITTWOOD DR STE A | Whittier, CA 90603-2313 | (562) 947-1808 | (562) 947-1186 | 18 | 55-2509 |
| Turfway PD Training | 11 SPIRAL DR STE 15A | Florence, KY 41042-1394 | (859) 647-2802 | (859) 647-6012 | 4 | 18-2586 |
| Jeffersonville Dialysis | 365 QUARTERMASTER CT | Jeffersonville, IN 47130-3670 | (812) 288-2296 | (812) 288-4153 | 12 | 15-2651 |
| Giles County Dialysis | 377 BOXWOOD LN | Pearisburg, VA 24134-1166 | (540) 921-1384 | (540) 921-1864 | 13 | 49-2671 |
| Renal Treatment Centers - Winfield | 1315 E 4TH AVE | Winfield, KS 67156-2457 | (620) 221-4100 | (620) 221-2272 | 12 | 17-2526 |
| Southern Hills Dialysis Center | 9280 W SUNSET RD STE 110 | Las Vegas, NV 89148-4861 | (702) 318-3167 | (702) 318-3196 | 23 | 29-2521 |
| University Dialysis Center | 333 UNIVERSITY AVE STE 100 | Sacramento, CA 95825-6533 | (916) 920-0877 | (916) 920-1931 | 21 | 55-2549 |
| Bixby Knolls Dialysis | 3744 LONG BEACH BLVD | Long Beach, CA 90807-3310 | (562) 424-1403 | (562) 424-4310 | 24 | 55-2614 |
| McFarland Dialysis | 6225 ATLANTA HWY STE 117 | Alpharetta, GA 30004-8799 | (770) 569-1275 | (770) 475-1932 | 17 | 11-2870 |
| Renal Treatment Centers - Derby | 1635 E FREEDOM ST STE 100 | Derby, KS 67037-7702 | (316) 618-9149 | (316) 618-9150 | 19 | 17-2533 |
| Pahrump Dialysis Center | 330 S LOLA LN STE 100 | Pahrump, NV 89048-0879 | (775) 751-4300 | (775) 751-4310 | 20 | 29-2511 |
| Upper Valley Dialysis | 7933 N MESA ST STE H | El Paso, TX 79932-1699 | (915) 832-0555 | (915) 832-0554 | 24 | 67-2536 |
| West Sacramento Dialysis Center | 3450 INDUSTRIAL BLVD STE 100 | West Sacramento, CA 95691-5053 | (916) 371-4947 | (916) 371-8845 | 21 | 55-2591 |
| Old National Dialysis | 5615 OLD NATIONAL HWY STE A | College Park, GA 30349-3817 | (404) 762-9243 | (404) 762-5304 | 17 | 11-2875 |
| Renal Treatment Centers - Newton | 1223 WASHINGTON RD | Newton, KS 67114-4855 | (316) 283-9950 | (316) 283-4478 | 12 | 17-2529 |
| PDI - Rocky Hill | 30 WATERCHASE DR | Rocky Hill, CT 06067-2110 | (860) 563-6000 | (860) 257-3895 | 23 | 07-2518 |
| Vincennes Dialysis | 700 WILLOW ST STE 101 | Vincennes, IN 47591-1029 | (812) 882-0546 | (812) 882-0938 | 20 | 15-2592 |
| Flower Dialysis | 5308 HARROUN RD STE 60 | Sylvania, OH 43560-2114 | (419) 824-6074 | (419) 882-3830 | 12 | 36-2775 |
| Teterboro Dialysis | 502 RT 46 W | Teterboro, NJ 07608-1118 | (201) 288-0249 | (201) 288-2640 | 18 | 31-2632 |
| Riverside Dialysis Center | 4361 LATHAM ST STE 100 | Riverside, CA 92501-1767 | (951) 682-2700 | (951) 682-3024 | 32 | 05-2532 |
| Children's National Medical Center | 111 MICHIGAN AVE NW | Washington, DC 20010-2916 | (202) 476-5148 | (202) 476-3580 | 6 | 09-2305 |
| Wellington Circle Dialysis Center | 10 CABOT RD STE 103B | Medford, MA 02155-5275 | (781) 306-9740 | (781) 306-9745 | 16 | 22-2542 |
| Yuba City Dialysis Center | 1525 PLUMAS CT STE A | Yuba City, CA 95991-2971 | (530) 671-3652 | (530) 671-4903 | 24 | 05-2563 |
| Cleveland PD | 1059 SE 82ND ST | Oklahoma City, OK 73149-2999 | (405) 512-6912 | (405) 512-6918 | 2 | 37-2579 |
| City Line Dialysis | 4508 CITY LINE AVE | Philadelphia, PA 19131-1509 | (215) 473-3071 | (215) 879-8305 | 17 | 39-2809 |
| Union Plaza Dialysis Center | 810 1ST ST NE STE 100 | Washington, DC 20002-4227 | (202) 842-3127 | (202) 842-3160 | 15 | 09-2520 |
| West Broadway Dialysis | 720 W BROADWAY | Louisville, KY 40202-2240 | (502) 584-2059 | (502) 584-2835 | 24 | 18-2581 |
| Englewood Dialysis Center | 3247 S LINCOLN ST | Englewood, CO 80113-2505 | (303) 761-0600 | (303) 761-7666 | 19 | 06-2531 |
| Moline Home Training | 4650 38TH AVE | Moline, IL 61265-6706 | (309) 736-4260 | (309) 736-4296 | 2 | 14-2762 |
| Windham Dialysis Center | 375 TUCKIE RD STE C | North Windham, CT 06256-1345 | (860) 456-1677 | (860) 450-8403 | 9 | 07-2530 |
| Grant Park Dialysis | 5000 NANNIE HELEN BURROUGHS AVE NE | Washington, DC 20019-5506 | (202) 399-7700 | (202) 399-3708 | 12 | 09-2522 |
| Westview Dialysis | 3749 COMMERCIAL DR LAFAYETTE PLACE SHOPPING CENTER | Indianapolis, IN 46222-1676 | (317) 299-4693 | (317) 299-5461 | 17 | 15-2596 |
| Dumas Dialysis | 109 BINKLEY AVE | Dumas, TX 79029-3825 | (806) 935-2273 | (806) 934-2273 | 8 | 67-2682 |
| Mid Ohio Dialysis | 2148 W 4TH ST | Ontario, OH 44906-1200 | (419) 747-4039 | (419) 747-4046 | 14 | 36-2804 |
| Vernon Dialysis Center | 460 HARTFORD TPKE STE C | Vernon, CT 06066-4847 | (860) 896-1537 | (860) 896-1689 | 22 | 07-2529 |
| Lee Street Dialysis | 5155 LEE ST NE | Washington, DC 20019-4051 | (202) 398-1047 | (202) 398-3468 | 20 | 09-2510 |
| White Oak Dialysis | 5520 CHEVIOT RD STE B | Cincinnati, OH 45247-7069 | (513) 741-1062 | (513) 741-2819 | 20 | 36-2688 |
| Talladega Dialysis | 726 BATTLE ST E STE A | Talladega, AL 35160-2583 | (256) 362-2332 | (256) 362-2356 | 13 | 01-2622 |
| Anniston Dialysis | 1612 NOBLE ST | Anniston, AL 36201-3839 | (256) 237-3794 | (256) 238-6855 | 10 | 01-2666 |
| Rogue Valley Dialysis | 760 GOLF VIEW DR UNIT 100 | Medford, OR 97504-9685 | (541) 776-4805 | (541) 773-6016 | 39 | 38-2505 |
| PDI-Worcester | 19 GLENNIE ST STE A | Worcester, MA 01605-3918 | (508) 421-9539 | (508) 421-6653 | 26 | 22-2564 |
| White Oak Home Training Dialysis | 5520 CHEVIOT RD STE B | Cincinnati, OH 45247-7069 | (513) 385-3580 | (513) 385-4589 | 0 | 36-2687 |
| Opelika Dialysis Center | 2340 PEPPERELL PKWY | Opelika, AL 36801-6240 | (334) 745-6883 | (334) 745-2177 | 10 | 01-2628 |
| Harrison Dialysis | 10475 HARRISON AVE | Harrison, OH 45030-1941 | (513) 202-0373 | (513) 202-0819 | 13 | 36-2806 |
| Saginaw Dialysis | 311 HOYT AVE | Saginaw, MI 48607-1105 | (989) 771-5094 | (989) 771-5053 | 13 | 23-2586 |
| Renal Care of Bowie | 4861 TESLA DR STES G, H, J | Bowie, MD 20715-4318 | (301) 809-5342 | (301) 809-5539 | 24 | 21-2626 |
| Willingboro Dialysis | 230 VAN SCIVER PKWY | Willingboro, NJ 08046-1131 | (609) 871-3431 | (609) 871-4122 | 18 | 31-2584 |
| Gulf Shores Dialysis Center | 3947 GULF SHORES PKWY STE 150 | Gulf Shores, AL 36542-2859 | (251) 967-2205 | (251) 967-2210 | 9 | 01-2631 |
| NE Salem Dialysis | 4792 PORTLAND RD NE | Salem, OR 97305-3920 | (503) 393-2142 | (503) 393-2521 | 13 | 38-2566 |
| Santa Rosa Dialysis | 5819 HIGHWAY 90 | Milton, FL 32583-1763 | (850) 623-8299 | (850) 623-9616 | 12 | 10-2726 |
| Germantown Dialysis | 20111 CENTURY BLVD STE C | Germantown, MD 20874-9165 | (301) 540-4601 | (301) 540-2908 | 22 | 21-2638 |
| Willowbrook Dialysis | 12120 JONES RD STE G | Houston, TX 77070-5280 | (281) 890-7288 | (281) 890-7248 | 12 | 67-2538 |
| Muscle Shoals Dialysis | 712 STATE ST | Muscle Shoals, AL 35661-2940 | (256) 386-7028 | (256) 386-7074 | 10 | 01-2632 |
| Rancho Cucamonga Home Training | 8219 ROCHESTER AVE STE 120 | Rancho Cucamonga, CA 91730-0723 | (909) 466-5489 | (909) 477-2098 | 0 | 55-2757 |
| Renal Care of Lanham | 4451 PARLIAMENT PL STE R | Lanham, MD 20706-1872 | (301) 429-7300 | (301) 459-2409 | 30 | 21-2552 |
| Wyandotte Central Dialysis | 3737 STATE AVE | Kansas City, KS 66102-3830 | (913) 233-0536 | (913) 233-0903 | 20 | 17-2544 |
| Arrowhead Lakes Dialysis Center | 20325 N 51ST AVE BLDG 11, STE 184 & 186 | Glendale, AZ 85308-4625 | (623) 533-6521 | (623) 533-6579 | 24 | 03-2604 |
| Ottumwa Dialysis | 1005 PENNSYLVANIA AVE STE 101 | Ottumwa, IA 52501-6408 | (641) 682-1531 | (641) 682-0794 | 12 | 16-2560 |
| Kidney Care of Laurel | 14631 LAUREL BOWIE RD UNITS 100-105 | Laurel, MD 20707-4403 | (301) 725-3559 | (301) 725-3599 | 18 | 21-2538 |
| Hialeah Artificial Kidney Center | 8524 NW 103RD ST | Hialeah, FL 33016-4870 | (305) 827-0576 | (305) 827-0871 | 16 | 10-2834 |
| Estrella Dialysis Center | 8410 W THOMAS RD STE 100 BLDG 1 | Phoenix, AZ 85037-3356 | (623) 247-0808 | (623) 247-9757 | 24 | 03-2612 |
| Tully Road Home Training | 1290 TULLY RD STE 60 | San Jose, CA 95122-3069 | (408) 275-0105 | (408) 275-0115 | 4 | 55-2731 |
| Rivertowne Dialysis | 6169 LIVINGSTON RD | Oxon Hill, MD 20745-3006 | (301) 839-4105 | (301) 839-4106 | 21 | 21-2621 |
| Rim Country Dialysis | 809 W LONGHORN RD | Payson, AZ 85541-4280 | (928) 474-7000 | (928) 474-9983 | 6 | 03-2615 |
| Woodbridge Dialysis | 541 MAIN ST ATTN DAVITA DIALYSIS | Woodbridge, NJ 07095-1104 | (732) 750-0639 | (732) 750-0612 | 19 | 31-2629 |
| Renal Center West Joliet | 1051 ESSINGTON RD STE 160 | Joliet, IL 60435-2893 | (815) 725-3275 | (815) 725-3833 | 29 | 14-2742 |
| Pikesville Dialysis | 6609 REISTERSTOWN RD STE 100 | Baltimore, MD 21215-2662 | (410) 358-1745 | (410) 358-1526 | 22 | 21-2636 |
| Apopka Dialysis | 9200 Bear Lake Rd | Forest City, FL 32709-1913 | (689)348-7894 | (689)348-2709 | 24 | 10-2829 |
| Mountain Vista Dialysis Center of Arizona | 10238 E HAMPTON AVE STE 108 | Mesa, AZ 85209-3317 | (480) 357-8009 | (480) 357-0372 | 24 | 03-2619 |
| Mountaineer Dialysis | 2958 ROBERT C BYRD DR | Beckley, WV 25801-4448 | (304) 252-9183 | (304) 252-9194 | 17 | 51-2538 |
| Baltimore County Dialysis Center | 3689 OFFUTT RD STE A | Randallstown, MD 21133-3515 | (410) 922-2475 | (410) 922-1506 | 28 | 21-2546 |
| North Providence Renal Center | 1635 MINERAL SPRING AVE | North Providence, RI 02904-4025 | (401) 354-5340 | (401) 353-7020 | 19 | 41-2506 |
| Westbrook Dialysis | 13907 W CAMINO DEL SOL STE 103 | Sun City West, AZ 85375-4405 | (623) 214-7088 | (623) 214-0109 | 16 | 03-2621 |
| Slidell Kidney Care | 662 ROBERT BLVD | Slidell, LA 70458-1648 | (985) 649-5197 | (985) 649-5218 | 25 | 19-2556 |
| Renal Care of Seat Pleasant | 6274 CENTRAL AVE | Seat Pleasant, MD 20743-6128 | (301) 336-6274 | (301) 336-3946 | 21 | 21-2640 |

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| Central Mesa Dialysis Center | 1134 E UNIVERSITY DR STE 101 | Mesa, AZ 85203-8048 | (480) 464-3851 | (480) 668-1460 | 24 | 03-2624 |
| Soundview Dialysis Center | 1622 BRUCKNER BLVD STE 24 | Bronx, NY 10473-4553 | (718) 861-2334 | (718) 861-4323 | 18 | 33-2590 |
| Takoma Park Dialysis | 1502 UNIVERSITY BLVD E | Hyattsville, MD 20783-4620 | (301) 408-1202 | (301) 434-9278 | 21 | 21-2590 |
| East Baton Rouge Dialysis | 1333 ONEAL LANE | Baton Rouge, LA 70816-1957 | (225) 226-1444 | (225) 272-9857 | 24 | 19-2616 |
| Raven Dialysis Center | 3540 E BASELINE RD STE 110 | Phoenix, AZ 85042-9628 | (602) 431-2110 | (602) 431-2153 | 24 | 03-2625 |
| Race Street Dialysis | 230 N BROAD ST, FL 12 | Philadelphia, PA 19102-1121 | (215) 563-9383 | (215) 563-9429 | 12 | 39-2831 |
| South Arkansas Dialysis | 620 W GROVE ST | El Dorado, AR 71730-4462 | (870) 862-8788 | (870) 862-5756 | 38 | 04-2536 |
| Wheaton Dialysis Center | 11941 GEORGIA AVE | Wheaton, MD 20902-2001 | (301) 949-9620 | (301) 949-9783 | 24 | 21-2576 |
| Brookwood Dialysis Center | 8910 N 43RD AVE STE 107 | Glendale, AZ 85302-5340 | (623) 937-2735 | (623) 937-2758 | 24 | 03-2630 |
| South Fulton Home Training | 1275 E CLEVELAND AVE 1ST FLR | East Point, GA 30344-3433 | (404) 305-9080 | (404) 305-9084 | 3 | 11-2880 |
| South Baldwin Dialysis Center | 150 W PEACHTREE AVE | Foley, AL 36535-2244 | (251) 943-4155 | (251) 970-1005 | 13 | 01-2565 |
| Brownsville Renal Center | 2945 CENTRAL BLVD | Brownsville, TX 78520-8958 | (956) 542-8094 | (956) 542-0742 | 20 | 45-2737 |
| Ocotillo Dialysis | 975 W CHANDLER HEIGHTS RD UNIT 101 | Chandler, AZ 85248-5724 | (480) 802-4405 | (480) 802-5390 | 12 | 03-2631 |
| Brown Street Dialysis | 4800 BROWN ST STE 201 | Philadelphia, PA 19139-2105 | (215) 581-4993 | (215) 883-1573 | 33 | 39-2848 |
| South County Dialysis | 4145 UNION RD | Saint Louis, MO 63129-1064 | (314) 894-1851 | (314) 894-3879 | 12 | 26-2574 |
| Franconia Dialysis Center | 5695 KING CENTRE DR STE 105 | Alexandria, VA 22315-5746 | (703) 921-9506 | (703) 921-9564 | 14 | 49-2623 |
| Maryvale Dialysis Center | 4845 W MCDOWELL RD STE 10A, 20A, 30A | Phoenix, AZ 85035-4076 | (602) 278-8349 | (602) 272-2674 | 24 | 03-2634 |
| Lehigh Avenue Dialysis | 1300 W LEHIGH AVE STE 106 | Philadelphia, PA 19132-2764 | (215) 223-1018 | (215) 223-1019 | 29 | 39-2827 |
| South Philadelphia Dialysis Center | 109 DICKINSON ST | Philadelphia, PA 19147-6107 | (215) 468-6616 | (215) 271-1180 | 20 | 39-2556 |
| Fair Oaks Dialysis | 3955 PENDER DR STE 110 | Fairfax, VA 22030-6091 | (703) 385-5315 | (703) 385-6731 | 13 | 49-2626 |
| Renal Care of Central Memphis | 1331 UNION AVE STE 101 | Memphis, TN 38104-7559 | (901) 278-5400 | (901) 278-5200 | 40 | 44-2637 |
| Bentonville Dialysis | 1104 SE 30TH ST | Bentonville, AR 72712-4290 | 479-657-6220 | 479-657-6229 | 21 | 04-2540 |
| Golden Glades Dialysis | 15600 NW 15TH AVE STE D | Miami Gardens, FL 33169-5609 | (305) 621-1328 | (305) 621-6272 | 20 | 68-2556 |
| Girard Estates Dialysis | 1930 S Broad St Unit 7 | Philadelphia, PA 19145-2328 | (215) 463-3120 | (215) 463-3107 | 21 | 39-2823 |
| Leigh Dialysis Center | 420 N CENTER DR BLDG 11-STE 128 | Norfolk, VA 23502-4019 | (757) 455-0060 | (757) 455-0065 | 24 | 49-2629 |
| Central Orlando Dialysis | 2548 N ORANGE BLOSSOM TRL STE 400 | Orlando, FL 32804-4863 | (407) 246-5081 | (407) 246-5192 | 24 | 10-2837 |
| Forrest City Dialysis | 1501 N WASHINGTON ST | Forrest City, AR 72335-2152 | (870) 494-4022 | (870) 494-4769 | 12 | 04-2585 |
| South Valley Dialysis | 17815 VENTURA BLVD STE 100 | Encino, CA 91316-3600 | (818) 757-4520 | (818) 757-1043 | 25 | 05-2744 |
| Petersburg Dialysis | 20 MEDICAL PARK BLVD | Petersburg, VA 23805-9280 | (804) 861-0967 | (804) 861-0796 | 20 | 49-2594 |
| North Colorado Springs Dialysis | 6071 E WOODMEN RD STE 100 | Colorado Springs, CO 80923-2610 | (719) 638-1223 | (719) 597-7052 | 15 | 06-2561 |
| Renal Center of Port Arthur | 3730 DRYDEN RD | Port Arthur, TX 77642-2764 | (409) 983-4110 | (409) 983-4118 | 25 | 45-2763 |
| Greater Portsmouth | 3110 HIGH ST | Portsmouth, VA 23707-3427 | (757) 530-7461 | (757) 530-7486 | 36 | 49-2618 |
| Waterbury Dialysis Center | 150 MATTATUCK HEIGHTS RD | Waterbury, CT 06705-3893 | (203) 419-0488 | (203) 465-0197 | 16 | 07-2533 |
| Southeastern Dialysis Center - Burgaw | 704 S DICKERSON ST | Burgaw, NC 28425-4904 | (910) 259-9925 | (910) 259-7067 | 17 | 34-2558 |
| Orlando Dialysis | 116 STURTEVANT ST | Orlando, FL 32806-2021 | (407) 426-9212 | (407) 426-7476 | 23 | 10-2623 |
| Spring Branch Dialysis | 1425 BLALOCK RD STE 100 | Houston, TX 77055-4446 | (713) 932-7795 | (713) 932-7644 | 18 | 45-2728 |
| Perry Dialysis | 118 W MAIN ST | Perry, FL 32347-2656 | (850) 584-6012 | (850) 584-6040 | 16 | 10-2790 |
| Spring Dialysis | 607 TIMBERDALE LN STE 100 | Houston, TX 77090-3043 | (281) 880-7066 | (281) 880-8287 | 18 | 45-2787 |
| Reston Dialysis Center | 530 HUNTMAR PARK DR STE D | Herndon, VA 20170-5144 | (703) 437-0414 | (703) 437-0498 | 17 | 49-2625 |
| Beeville Renal Center | 1905 N FRONTAGE RD | Beeville, TX 78102-2954 | (361) 358-4175 | (361) 358-4733 | 21 | 45-2742 |
| Indian River Dialysis Center | 2150 45TH ST UNIT 102 | Vero Beach, FL 32967-6281 | (772) 567-2529 | (772) 567-2587 | 16 | 10-2851 |
| Four Rivers Dialysis Center | 515 EAST LN | Ontario, OR 97914-3953 | (541) 889-9557 | (541) 889-4649 | 13 | 38-2519 |
| Richmond Community Dialysis | 913 N 25TH ST | Richmond, VA 23223-6562 | (804) 643-0506 | (804) 648-0462 | 28 | 49-2599 |
| Coastal Dialysis | 4300 S PADRE ISLAND DR STE 2-2 | Corpus Christi, TX 78411-4433 | (361) 855-9449 | (361) 855-9398 | 20 | 45-2715 |
| Casselberry Dialysis | 252 STATE ROAD 436 | Casselberry, FL 32707-4943 | (689) 223-5334 | (589) 223-5358 | 20 | 10-2857 |
| Burley Dialysis Center | 741 N OVERLAND AVE | Burley, ID 83318-3440 | (208) 677-5483 | (208) 677-5498 | 12 | 13-2503 |
| Virginia Beach Dialysis Center | 740 INDEPENDENCE CIR | Virginia Beach, VA 23455-6438 | (757) 499-1301 | (757) 499-2499 | 20 | 49-2575 |
| Morgan Avenue Dialysis | 2222 S MORGAN AVE STE 104 | Corpus Christi, TX 78405-1900 | (361) 884-1113 | (361) 884-1623 | 20 | 45-2800 |
| Winter Park Hemo Dialysis | 4100 METRIC DR STE 300 | Winter Park, FL 32792-6832 | (407) 681-7600 | (407) 681-7690 | 24 | 10-2858 |
| Batesville Dialysis Center | 232 STATE ROAD 129 S | Batesville, IN 47006-7694 | (812) 934-5666 | (812) 934-5657 | 12 | 15-2507 |
| Downtown Spokane Renal Center | 601 W 5TH AVE STE 101 | Spokane, WA 99204-2708 | (509) 363-0070 | (509) 363-0073 | 15 | 50-2547 |
| Winter Park Dialysis | 3727 N GOLDENROD RD STE 101 | Winter Park, FL 32792-8611 | (407) 657-5262 | (407) 677-8641 | 12 | 10-2859 |
| Temecula Dialysis Center | 40945 COUNTY CENTER DR STE G | Temecula, CA 92591-6006 | (951) 296-9744 | (951) 296-9749 | 18 | 05-2735 |
| East Evansville Dialysis | 1312 PROFESSIONAL BLVD | Evansville, IN 47714-8007 | (812) 491-6300 | (812) 401-7554 | 25 | 15-2569 |
| Miramar Kidney Center | 2501 DYKES RD STE 200 | Miramar, FL 33027-4223 | (954) 431-6939 | (954) 431-6993 | 16 | 10-2866 |
| Thorn Run Dialysis | 1136 THORN RUN RD STE J1 | Moon Township, PA 15108-4301 | (412) 269-2304 | (412) 269-2840 | 15 | 39-2779 |
| North Evansville Dialysis | 1151 W BUENA VISTA RD | Evansville, IN 47710-3334 | (812) 401-0140 | (812) 401-0151 | 24 | 15-2536 |
| Aventura Kidney Center | 22 SW 11TH ST FL 2 | Hallandale Beach, FL 33009-7065 | (954) 458-0887 | (954) 458-0948 | 12 | 10-2875 |
| Jasper Dialysis | 671 3RD AVE STE A | Jasper, IN 47546-3653 | (812) 482-1791 | (812) 482-1865 | 20 | 15-2523 |
| Winter Garden Dialysis | 1222 WINTER GARDEN VINELAND RD BLDG 3 STE 100 | Winter Garden, FL 34787-4449 | (407) 877-0364 | (407) 877-3641 | 16 | 10-2880 |
| Humboldt Dialysis | 2214 OSBORNE ST | Humboldt, TN 38343-3044 | (731) 824-2742 | (731) 824-2743 | 25 | 44-2598 |
| Lawrenceburg Dialysis Center | 721 RUDOLPH WAY | Greendale, IN 47025-8378 | (812) 537-4240 | (812) 537-4671 | 16 | 15-2511 |
| Selmer Dialysis | 771 MULBERRY AVE | Selmer, TN 38375-2333 | (731) 645-1031 | (731) 645-4375 | 24 | 44-2592 |
| Orlando Park Dialysis | 5397 W COLONIAL DR STE 120 | Orlando, FL 32808-7647 | (407) 532-3109 | (407) 532-4881 | 24 | 10-2884 |
| Georgetown Home Training | 2233 WISCONSIN AVE NW STE 215 | Washington, DC 20007-4119 | (202) 337-1431 | (202) 337-1625 | 4 | 09-2516 |
| Tell City Dialysis Center | 1602 MAIN ST | Tell City, IN 47586-1310 | (812) 547-1140 | (812) 547-1150 | 12 | 15-2574 |
| East Tampa Dialysis | 1701 E 9TH AVE | Ybor City, FL 33605-3801 | (813) 247-1820 | (813) 247-3129 | 21 | 10-2886 |
| Atlantic Artificial Kidney Center | 6 INDUSTRIAL WAY W STE B | Eatontown, NJ 07724-2258 | (732) 460-1414 | (732) 460-0080 | 27 | 31-2537 |
| Daviess County Dialysis | 310 NE 14TH ST | Washington, IN 47501-2137 | (812) 254-9950 | (812) 254-9960 | 14 | 15-2568 |
| Harrisonville Renal Center | 308 GALAXIE AVE | Harrisonville, MO 64701-2084 | (816) 380-2004 | (816) 380-7692 | 12 | 26-2523 |
| Wesley Chapel Dialysis | 2255 GREEN HEDGES WAY | Wesley Chapel, FL 33544-8183 | (813) 973-0153 | (813) 973-0673 | 6 | 10-2887 |
| TRC/USC Kidney Center | 2310 ALCAZAR ST | Los Angeles, CA 90033-5327 | (323) 441-9966 | (323) 441-9960 | 59 | 05-2794 |
| Bardstown Dialysis Center | 210 W JOHN FITCH AVE | Bardstown, KY 40004-1115 | (502) 350-1130 | (502) 350-1125 | 10 | 18-2568 |
| Hazel Crest Renal Center | 3470 W 183RD ST | Hazel Crest, IL 60429-2428 | (708) 799-3101 | (708) 799-3320 | 20 | 14-2622 |
| Pinellas West Shore Dialysis | 3451 66TH ST N STE A | Saint Petersburg, FL 33710-1568 | (727) 345-8389 | (727) 345-8410 | 12 | 10-2889 |
| Taylor County Dialysis Center | 1595 OLD LEBANON RD | Campbellsville, KY 42718-3372 | (270) 465-0787 | (270) 789-3626 | 13 | 18-2518 |
| Forest Park Dialysis Center | 380 FOREST PKWY STE C | Forest Park, GA 30297-2107 | (404) 361-0646 | (404) 361-0727 | 18 | 11-2692 |
| Dialysis of Central Kentucky | 2807 RING ROAD | Elizabethtown, KY 42701-9114 | (270) 735-1883 | (270) 360-8982 | 17 | 18-2504 |
| Winter Park Home PD Dialysis | 4100 METRIC DR STE 200 | Winter Park, FL 32792-6832 | (407) 681-8730 | (407) 681-8739 | 2 | 10-2823 |
| North Henry Dialysis | 3546 HIGHWAY 138 SE STE 150 | Stockbridge, GA 30281-4170 | (770) 507-7169 | (678) 289-9223 | 31 | 11-2784 |
| Woodlawn Dialysis | 5060 S STATE ST | Chicago, IL 60609-5328 | (773) 285-1840 | (773) 285-3485 | 32 | 14-2721 |
| Paintsville Dialysis Center | 4750 S KY ROUTE 321 | Hagerhill, KY 41222-9012 | (606) 789-1101 | (606) 789-7818 | 12 | 18-2548 |
| Union City Dialysis | 6851 SHANNON PKWY STE 200 | Union City, GA 30291-2049 | (770) 774-9033 | (770) 774-3189 | 20 | 11-2788 |
| Kenwood Home Training | 4259 S COTTAGE GROVE AVE STE 200 | Chicago, IL 60653-2929 | (773) 924-5948 | (773) 924-6061 | 0 | 14-2720 |
| Gardenside Dialysis | 70 N GARDENMILE RD | Henderson, KY 42420-5529 | (270) 830-0050 | (270) 830-0051 | 15 | 18-2544 |
| Lakewood Ranch Dialysis | 8470 COOPER CREEK BLVD | University Park, FL 34201-2020 | (941) 359-0676 | (941) 358-7012 | 12 | 10-2733 |
| Athens East Dialysis | 2026 S MILLEDGE AVE STE A2 | Athens, GA 30605-6480 | (706) 549-3082 | (706) 549-3802 | 19 | 11-2789 |
| Upstate Dialysis Center | 308 MILLS AVE | Greenville, SC 29605-4022 | (864) 271-3700 | (864) 271-7929 | 34 | 42-2540 |
| LaGrange Dialysis | 240 PARKER DR | La Grange, KY 40031-1200 | (502) 222-5527 | (502) 225-6356 | 12 | 18-2572 |
| Las Cruces Renal Center | 3961 E LOHMAN AVE STE 29 | Las Cruces, NM 88011-8272 | (575) 532-9437 | (575) 521-7348 | 20 | 32-2527 |
| Tifton Dialysis | 624 LOVE AVE | Tifton, GA 31794-4406 | (229) 382-1497 | (229) 386-4748 | 16 | 11-2794 |
| Northriver Home Dialysis | 1850 MCFARLAND BLVD N STE B | Tuscaloosa, AL 35406-2138 | (659) 734-2949 | (659) 734-3561 | 0 | 01-2619 |
| New Orleans Uptown Dialysis | 1401 FOUCHER ST # 4 | New Orleans, LA 70115-3515 | (504) 897-8530 | (504) 897-8790 | 20 | 19-2581 |
| Leitchfield Dialysis | 912 WALLACE AVE STE 106 | Leitchfield, KY 42754-2405 | (270) 230-0163 | (270) 230-0173 | 10 | 18-2574 |
| Lees Summit Renal Center | 100 NE MISSOURI RD STE 100 | Lees Summit, MO 64086-4702 | (816) 524-3312 | (816) 524-3321 | 17 | 26-2617 |
| Cordele Dialysis Center | 1013 E 16TH AVE | Cordele, GA 31015-1539 | (229) 273-0163 | (229) 273-5849 | 20 | 11-2796 |
| Utica Avenue Dialysis Center | 1305 UTICA AVE | Brooklyn, NY 11203-5911 | (718) 629-3900 | (718) 629-6315 | 30 | 33-2556 |

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|---|---|---|---|---|---|---|
| Louisville Dialysis | 8037 DIXIE HWY | Louisville, KY 40258-1344 | (502) 937-9111 | (502) 937-3911 | 24 | 18-2570 |
| Kidney Dialysis Center | 640 MARTIN LUTHER KING JR BLVD STE 100 | Macon, GA 31201-3297 | (478) 742-5850 | (478) 742-5860 | 26 | 11-2803 |
| Camelot Dialysis Center | 1800 CAMELOT DR STE 100 | Virginia Beach, VA 23454-2440 | (757) 481-6879 | (757) 496-0187 | 25 | 49-2517 |
| Owensboro Dialysis Center | 1930 E PARRISH AVE | Owensboro, KY 42303-1443 | (270) 926-0120 | (270) 691-9865 | 25 | 18-2547 |
| Renal Care of Marion | 1120 STATE HIGHWAY 77 STE 2 | Marion, AR 72364-9046 | (870) 735-4087 | (870) 735-4062 | 24 | 04-2573 |
| Snellville Dialysis | 2135 MAIN ST E STE 130 | Snellville, GA 30078-6424 | (770) 979-3117 | (770) 979-3640 | 18 | 11-2806 |
| Sioux City Dialysis | 5865 SUNNYBROOK DR | Sioux City, IA 51106-4203 | (712) 274-8068 | (712) 276-3877 | 12 | 16-2561 |
| Walker County Dialysis | 260 6TH AVE NW | Jasper, AL 35504-7419 | (205) 384-6919 | (205) 221-6415 | 13 | 01-2533 |
| Raven Rock Dialysis | 483 GATEWAY INDUSTRIAL PARK | Jenkins, KY 41537-9209 | (606) 832-2070 | (606) 832-2345 | 11 | 18-2566 |
| Marion County Dialysis | 3834 S EMERSON AVE BLDG B | Indianapolis, IN 46203-5902 | (317) 787-3171 | (317) 786-8319 | 24 | 15-2512 |
| Pooler Dialysis | 54 TRADERS WAY | Pooler, GA 31322-4158 | (912) 748-1018 | (912) 748-4187 | 16 | 11-2811 |
| Lacey Dialysis | 5200 YELM HWY SE | Lacey, WA 98503-5002 | (564) 464-7847 | (564) 464-7881 | 20 | 50-2607 |
| Wausau Dialysis | 2600 STEWART AVE STE 144 | Wausau, WI 54401-1403 | (715) 841-1708 | (715) 845-6353 | 26 | 52-2593 |
| Renal Care of Midtown Memphis | 1166 MONROE AVE | Memphis, TN 38104-6614 | (901) 722-2012 | (901) 722-2919 | 24 | 44-2646 |
| Shamrock Dialysis | 1016 CLAXTON DAIRY RD STE 1A | Dublin, GA 31021-7971 | (478) 275-4200 | (478) 275-4225 | 16 | 11-2813 |
| Lawndale Dialysis | 3934 W 24TH ST | Chicago, IL 60623-3371 | (773) 277-0578 | (773) 542-1381 | 16 | 14-2768 |
| West Florida Dialysis | 8333 N DAVIS HWY 1ST FLOOR ATTN DIALYSIS ROOM | Pensacola, FL 32514-6050 | (850) 474-8424 | (850) 969-2879 | 27 | 10-2518 |
| Battle Creek Dialysis | 220 E GOODALE AVE | Battle Creek, MI 49037-2728 | (269) 968-8401 | (269) 968-8410 | 20 | 23-2617 |
| Renal Care of Memphis North | 4913 RALEIGH COMMON DR STE 100 | Memphis, TN 38128-2485 | (901) 937-0650 | (901) 385-0740 | 19 | 44-2640 |
| Peachtree City Dialysis | 2830 W HWY 54 BLDG 100 STE J AND K | Peachtree City, GA 30269-1026 | (678) 364-9165 | (678) 364-9823 | 16 | 11-2815 |
| Wharton Dialysis | 103 W AHLDAG ST | Wharton, TX 77488-2407 | (979) 282-8484 | (979) 282-8489 | 26 | 67-2572 |
| Naples Renal Center | 6625 HILLWAY CIR | Naples, FL 34112-8756 | (239) 775-9454 | (239) 732-1391 | 19 | 10-2809 |
| Georgia Dialysis for Adolescents and Pediatrics | 4434 HUGH HOWELL RD | Tucker, GA 30084-4905 | (770) 491-7187 | (770) 491-7192 | 16 | 11-2816 |
| Etowah Dialysis | 109 GRADY RD | Etowah, TN 37331-1903 | (423) 263-3666 | (423) 263-3758 | 16 | 44-2715 |
| Spokane Valley Renal Center | 12610 E MIRABEAU PKWY STE 100 | Spokane Valley, WA 99216-1450 | (509) 228-9933 | (509) 228-9399 | 13 | 50-2537 |
| Satilla River Dialysis | 308 CARSWELL AVE | Waycross, GA 31501-4762 | (912) 285-1663 | (912) 285-3078 | 16 | 11-2817 |
| Wyandotte County Dialysis | 5001 STATE AVE | Kansas City, KS 66102-3459 | (913) 287-5724 | (913) 596-1370 | 21 | 17-2523 |
| English Village Dialysis | 11707 WHITTIER AVE | Detroit, MI 48224-1537 | (313) 509-1653 | (313) 509-1655 | 17 | 23-2584 |
| Las Vegas Renal Center | 2333 RENAISSANCE DR | Las Vegas, NV 89119-6191 | (702) 740-8580 | (702) 740-8684 | 14 | 29-2507 |
| Magnolia Oaks Dialysis | 2377 HWY 196 W | Hinesville, GA 31313-8036 | (912) 368-2710 | (912) 368-2714 | 20 | 11-2831 |
| Yonkers Dialysis Center | 575 YONKERS AVE | Yonkers, NY 10704-2601 | (914) 377-2370 | (914) 377-2970 | 21 | 33-2602 |
| Green Valley Dialysis | 1489 W WARM SPRINGS RD STE 122 | Henderson, NV 89014-7637 | (702) 450-8877 | (702) 450-8887 | 18 | 29-2517 |
| Caldwell Dialysis Center | 4716 BEACON LN | Caldwell, ID 83605-4834 | (208) 454-8260 | (208) 454-8204 | 12 | 13-2518 |
| Flint Dialysis Center | 2 HURLEY PLZ STE 115 | Flint, MI 48503-5904 | (810) 239-9920 | (810) 262-6676 | 20 | 23-2608 |
| Northwest Georgia Dialysis | 260 HOSPITAL RD | Canton, GA 30114-2409 | (678) 880-3939 | (770) 479-9466 | 19 | 11-2765 |
| Kankakee County Dialysis | 581 WILLIAM R LATHAM SR DR STE 104 | Bourbonnais, IL 60914-2439 | (815) 936-3088 | (815) 936-3756 | 16 | 14-2685 |
| Lincoln Park Dialysis | 2484 N ELSTON AVE | Chicago, IL 60647-2002 | (773) 278-4403 | (773) 489-6986 | 25 | 14-2528 |
| Sanford Dialysis | 902 S PERSIMMON AVE | Sanford, FL 32771-2320 | (689) 300-5824 | (689) 300-5841 | 24 | 10-2827 |
| Wayne County Dialysis | 303 NW 11TH ST STE 1 | Fairfield, IL 62837-1203 | (618) 842-7204 | (618) 842-7279 | 8 | 14-2688 |
| Crystal City Dialysis Center | 960 S TRUMAN BLVD | Festus, MO 63028-3714 | (636) 937-5761 | (636) 937-5774 | 12 | 26-2524 |
| Ballenger Pointe Dialysis | 2262 S BALLENGER HWY | Flint, MI 48503-3447 | (810) 232-9004 | (810) 235-8006 | 20 | 23-2624 |
| Vandalia Dialysis | 301 MATTES AVE | Vandalia, IL 62471-2061 | (618) 283-1366 | (618) 283-1390 | 8 | 14-2693 |
| Comprehensive Renal Care - Michigan City | 9836 WEST 400 NORTH | Michigan City, IN 46360-2910 | (219) 878-1989 | (219) 878-9569 | 16 | 15-2546 |
| PDI-Grand Haven | 16964 ROBBINS RD STE 203 | Grand Haven, MI 49417-2796 | (616) 847-2825 | (616) 847-4428 | 12 | 23-2563 |
| Edwardsville Dialysis | 235 S BUCHANAN ST | Edwardsville, IL 62025-2108 | (618) 692-9217 | (618) 692-9439 | 8 | 14-2701 |
| West St. Paul Dialysis Unit | 1555 LIVINGSTON AVE | West St Paul, MN 55118-3411 | (651) 455-2995 | (651) 455-4368 | 20 | 24-2505 |
| PDI-Grand Rapids | 801 CHERRY ST SE | Grand Rapids, MI 49506-1440 | (616) 458-5100 | (616) 458-5200 | 36 | 23-2565 |
| Adams County Dialysis | 436 N 10TH ST | Quincy, IL 62301-2601 | (217) 223-7913 | (217) 223-1369 | 19 | 14-2711 |
| PDI-Grand Rapids East | 1230 EKHART ST NE | Grand Rapids, MI 49503-1372 | (616) 742-8930 | (616) 742-0456 | 25 | 23-2588 |
| South Holland Renal Center | 16110 LA SALLE ST | South Holland, IL 60473-1299 | (708) 331-7697 | (708) 331-7698 | 27 | 14-2544 |
| Big Oaks Dialysis | 5623 W TOUHY AVE | Niles, IL 60714-4019 | (847) 647-3140 | (847) 647-5006 | 12 | 14-2712 |
| Mitchell Dialysis | 819 E SPRUCE ST STE 100 | Mitchell, SD 57301-4800 | (605) 996-0097 | (605) 996-0679 | 12 | 43-2505 |
| PDI-Highland Park | 64 VICTOR ST | Highland Park, MI 48203-3128 | (313) 852-7700 | (313) 852-7704 | 28 | 23-2570 |
| North Spokane Renal Center | 7701 N DIVISION ST | Spokane, WA 99208-5615 | (509) 465-1729 | (509) 465-1812 | 13 | 50-2538 |
| Robinson Dialysis | 1215 N ALLEN ST STE B | Robinson, IL 62454-1100 | (618) 544-7092 | (618) 544-7370 | 9 | 14-2714 |
| Bloomington Dialysis Unit of TRC | 8591 LYNDALE AVE S | Bloomington, MN 55420-2237 | (952) 703-5888 | (952) 703-5889 | 20 | 24-2547 |
| Cornerstone Dialysis | 23857 GREENFIELD RD | Southfield, MI 48075-3122 | (248) 569-6111 | (248) 569-1049 | 25 | 23-2512 |
| Kansas City Renal Center | 4333 MADISON AVE STE 100 | Kansas City, MO 64111-3434 | (816) 756-0645 | (816) 756-1726 | 24 | 26-2564 |
| Westland Dialysis | 36588 FORD RD | Westland, MI 48185-3769 | (734) 721-1030 | (734) 721-0833 | 16 | 23-2622 |
| Marshall Renal Center | 359 W MORGAN ST | Marshall, MO 65340-1929 | (660) 886-9080 | (660) 886-9033 | 8 | 26-2581 |
| Corydon Dialysis Center | 1937 OLD HWY 135 NW | Corydon, IN 47112-2013 | (812) 738-5200 | (812) 738-4935 | 12 | 15-2619 |
| Grants Pass II Dialysis | 1055 REDWOOD AVE | Grants Pass, OR 97527-5525 | (541) 479-0545 | (541) 479-4271 | 12 | 38-2565 |
| Burnsville Dialysis Unit | 501 E NICOLLET BLVD STE 150 | Burnsville, MN 55337-6784 | (952) 892-1117 | (952) 892-6644 | 20 | 24-2515 |
| Ypsilanti Dialysis | 2766 WASHTENAW RD | Ypsilanti, MI 48197-1506 | (734) 528-9280 | (734) 528-1139 | 16 | 23-2568 |
| Munroe Falls Dialysis | 265 N MAIN ST | Munroe Falls, OH 44262-1090 | (330) 689-1400 | (330) 689-1408 | 13 | 36-2651 |
| Bethel Park Dialysis | 6000 ALICIA DR | Bethel Park, PA 15102-1850 | (412) 833-2612 | (412) 835-2527 | 4 | 39-2808 |
| Chesterton Dialysis | 711 PLAZA DR STE 6 | Chesterton, IN 46304-5506 | (219) 926-6049 | (219) 929-9201 | 12 | 15-2628 |
| Cheltenham Dialysis | 133 CHELTENHAM AVE | Cheltenham, PA 19012-1301 | (215) 635-1870 | (215) 635-1857 | 21 | 39-2810 |
| Weimar Dialysis | 407 E SOUTH ST | Weimar, TX 78962-2913 | (979) 725-2266 | (979) 725-2265 | 8 | 67-2851 |
| Cielo Vista Dialysis | 7200 GATEWAY BLVD E STE B | El Paso, TX 79915-1301 | (915) 771-6893 | (915) 771-6897 | 24 | 45-2707 |
| Parma Dialysis Center | 6735 AMES RD | Parma, OH 44129-5601 | (440) 743-0690 | (440) 743-0685 | 20 | 36-2620 |
| Waukegan Home Training | 3350 GRAND AVE STE 101 | Waukegan, IL 60085-2206 | (847) 599-6057 | (847) 599-9052 | 0 | 14-2567 |
| Princeton Dialysis | 2227 SHERMAN DR | Princeton, IN 47670-1062 | (812) 385-2906 | (812) 385-3293 | 12 | 15-2629 |
| Mesa Vista Dialysis | 1211 E CLIFF DR STE C | El Paso, TX 79902-4734 | (915) 533-8147 | (915) 533-8593 | 25 | 45-2758 |
| Waukegan Renal Center | 3350 GRAND AVE STE 100 | Waukegan, IL 60085-2206 | (847) 782-0640 | (847) 599-9563 | 24 | 14-2577 |
| Portage Dialysis | 5823 US HIGHWAY 6 | Portage, IN 46368-4851 | (219) 764-0564 | (219) 764-0809 | 16 | 15-2630 |
| Montage Home Dialysis | 3409 BIRNEY AVE | Moosic, PA 18507-1505 | (570) 344-1745 | (570) 344-1097 | 0 | 39-2811 |
| Central City Dialysis | 1310 MURCHISON DR STE 200 | El Paso, TX 79902-4821 | (915) 533-8503 | (915) 533-8379 | 28 | 45-2651 |
| Seneca Dialysis | 10 ST LAWRENCE DR | Tiffin, OH 44883-8310 | (419) 443-1051 | (419) 443-1142 | 13 | 36-2622 |
| Willamette Valley Renal Center | 1510 DIVISION ST SUITE 90 | Oregon City, OR 97045-1572 | (503) 557-1373 | (503) 557-1087 | 13 | 38-2520 |
| Maize Dialysis Center | 10001 W GRADY AVE | Maize, KS 67101-3747 | (316) 773-1400 | (316) 773-1412 | 24 | 17-2548 |
| Loma Vista Dialysis Center | 1382 LOMALAND DR STE A | El Paso, TX 79935-5204 | (915) 591-0834 | (915) 591-5029 | 48 | 45-2741 |
| Florida Renal Center | 5300 W FLAGLER ST | Coral Gables, FL 33134-1148 | (305) 443-5702 | (305) 443-5176 | 20 | 10-2840 |
| Live Oak Dialysis | 6700 RANDOLPH BLVD STE 101 | Live Oak, TX 78233-4222 | (210) 590-0103 | (210) 590-0813 | 20 | 45-2570 |
| West Virginia Dialysis | 300 PROSPERITY LN STE 150 | Logan, WV 25601-3743 | (304) 752-2700 | (304) 752-5656 | 13 | 51-2518 |
| Lincoln Way Dialysis | 1303 LINCOLN WAY STE A | White Oak, PA 15131-1645 | (412) 673-1191 | (412) 678-1746 | 14 | 39-2719 |
| Turfway Dialysis | 11 SPIRAL DR STE 15 | Florence, KY 41042-1394 | (859) 371-1263 | (859) 647-6085 | 16 | 18-2582 |
| Franklin Township Dialysis | 80 WESTGATE PLZ | Franklin, NC 28734-1422 | (828) 369-1957 | (828) 524-6576 | 12 | 34-2696 |
| Stone Oak Dialysis | 731 CARNOUSTIE DR STE 101 | San Antonio, TX 78258-4800 | (210) 403-2162 | (210) 499-0884 | 20 | 45-2623 |
| Tuscaloosa Dialysis | 805 OLD MILL ST | Tuscaloosa, AL 35401-7132 | (205) 752-6363 | (205) 752-6566 | 19 | 01-2545 |
| Lincoln Lakes Regional Dialysis | 250 ENFIELD RD | Lincoln, ME 04457-0367 | (207) 794-6095 | (207) 794-6190 | 8 | 20-2513 |
| Maysville Dialysis | 489 TUCKER DR | Maysville, KY 41056-9111 | (606) 759-0923 | (606) 759-4915 | 12 | 18-2589 |
| HEB Dialysis Center | 1809 FOREST RIDGE DR | Bedford, TX 76022-7961 | (817) 545-4509 | (817) 545-7392 | 21 | 45-2583 |
| Demopolis Dialysis | 305 S CEDAR AVE | Demopolis, AL 36732-2231 | (334) 289-1394 | (334) 289-1015 | 22 | 01-2543 |
| Meadows East Dialysis | 2529 SIX MILE LN | Louisville, KY 40220-2934 | (502) 499-4384 | (502) 499-4990 | 12 | 18-2592 |
| Pearland Dialysis | 6516 BROADWAY ST STE 122 | Pearland, TX 77581-7879 | (281) 412-7422 | (281) 412-7791 | 20 | 45-2845 |

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| Greene County Dialysis | 544 US HIGHWAY 43 | Eutaw, AL 35462-4017 | (205) 372-4000 | (205) 372-4055 | 12 | 01-2550 |
| Dallas Home Training | 6200 LBJ FREEWAY STE 100 | Dallas, TX 75240-6355 | (214) 466-7233 | (214) 393-4738 | 0 | 45-2857 |
| Williamstown Dialysis | 103 BARNES RD STE A | Williamstown, KY 41097-9468 | (859) 823-0500 | (859) 823-0588 | 12 | 18-2595 |
| Houston Kidney Center Cypress Station | 72 CYPRESS CREEK PKWY | Houston, TX 77090-3531 | (281) 580-6157 | (281) 580-6850 | 32 | 45-2784 |
| Fayette Dialysis | 2450 TEMPLE AVE N | Fayette, AL 35555-1160 | (205) 932-8500 | (205) 932-8332 | 10 | 01-2548 |
| South Williamson Dialysis | 204 APPALACHIAN PLAZA | South Williamson, KY 41503-9404 | (606) 237-6221 | (606) 237-6223 | 17 | 18-2598 |
| Lumbee River Dialysis | 11016 RED SPRINGS RD | Red Springs, NC 28377-8060 | (910) 843-3205 | (910) 843-1694 | 15 | 34-2698 |
| Valley Ranch Dialysis | 22118 MARKET PLACE DR STE 100 | New Caney, TX 77357-2110 | (281) 577-0006 | (281) 354-1728 | 20 | 45-2646 |
| Tuscaloosa University Dialysis | 220 15TH ST | Tuscaloosa, AL 35401-3523 | (205) 345-6004 | (205) 345-5071 | 24 | 01-2502 |
| Shepherdsville Dialysis Center | 150 BROOKS WAY STE 15 | Brooks, KY 40109-6105 | (502) 955-2153 | (502) 955-2174 | 12 | 18-2600 |
| Biltmore Home Training | 10 MCDOWELL ST STE 110 | Asheville, NC 28801-4104 | (828) 255-2839 | (828) 251-8366 | 10 | 34-2695 |
| Victoria Dialysis Center | 1405 VICTORIA STATION DR | Victoria, TX 77901-3092 | (361) 576-9907 | (361) 576-3979 | 27 | 45-2658 |
| Birmingham North Dialysis | 1917 32ND AVE N | Birmingham, AL 35207-3333 | (205) 297-9052 | (205) 297-9058 | 24 | 01-2589 |
| Deltona Dialysis | 1200 DELTONA BLVD STE 26 | Deltona, FL 32725-6389 | (386) 574-0225 | (386) 574-6460 | 21 | 10-2616 |
| Hamburg Dialysis | 1745 ALYSHEBA WAY | Lexington, KY 40509-9013 | (859) 543-0084 | (859) 543-0619 | 12 | 18-2601 |
| Timber Creek Dialysis | 1001 S ANNIE GLIDDEN RD | Dekalb, IL 60115-8250 | (815) 748-3074 | (815) 748-3148 | 12 | 14-2763 |
| North Houston Dialysis Center | 8621 FULTON ST | Houston, TX 77022-2021 | (713) 699-3748 | (713) 699-3558 | 24 | 45-2678 |
| Bourbon County Dialysis | 213 LETTON DR PARIS TOWNE SQUARE | Paris, KY 40361-2251 | (859) 988-1117 | (859) 988-1978 | 12 | 18-2603 |
| Five Rivers Dialysis | 4750 N MAIN ST | Dayton, OH 45405-5021 | (937) 278-5139 | (937) 278-5722 | 17 | 36-2803 |
| Tomball Dialysis Center | 27720A TOMBALL PKWY | Tomball, TX 77375-6472 | (281) 351-6802 | (281) 351-6805 | 25 | 45-2743 |
| Ensley Dialysis | 2630 AVENUE E | Birmingham, AL 35218-2163 | (205) 786-1371 | (205) 786-5175 | 24 | 01-2585 |
| Greer South Dialysis | 3254 BRUSHY CREEK RD | Greer, SC 29650-1000 | (864) 801-2065 | (864) 801-2742 | 21 | 42-2611 |
| 12th Street Covington Dialysis | 1500 JAMES SIMPSON JR WAY STE 1100 | Covington, KY 41011-0802 | (859) 261-4345 | (859) 261-4378 | 17 | 18-2604 |
| Eagle Valley Dialysis | 166 EAGLES GLEN PLZ | East Stroudsburg, PA 18301-1349 | (570) 424-5307 | (570) 421-2561 | 13 | 39-2821 |
| Conroe Dialysis Center | 233 I-45 N | Conroe, TX 77304-2307 | (936) 760-2240 | (936) 760-2238 | 16 | 45-2708 |
| Northport Dialysis | 2401 HOSPITAL DR | Northport, AL 35476-3392 | (205) 339-8882 | (205) 339-8807 | 14 | 01-2570 |
| Versailles Dialysis | 480 LEXINGTON RD STE E | Versailles, KY 40383-1918 | (859) 256-0110 | (859) 256-0115 | 12 | 18-2606 |
| Allen Park Home Training | 16407 SOUTHFIELD RD STE B | Allen Park, MI 48101-2571 | (313) 666-3518 | (313) 666-3535 | 0 | 23-2747 |
| Hill Country Dialysis (fka Hill Country Dialysis Center of San Marcos) | 1250 DACY LN | Kyle, TX 78640-4921 | (512) 268-2523 | (512) 268-1542 | 12 | 45-2769 |
| Rainbow City Dialysis | 2800 RAINBOW DR | Rainbow City, AL 35906-5811 | (256) 413-3245 | (256) 413-3289 | 16 | 01-2542 |
| Seton Drive Dialysis | 4800 SETON DR | Baltimore, MD 21215-3210 | (410) 585-0446 | (410) 585-0448 | 12 | 21-2653 |
| Ankeny Dialysis | 2625 N ANKENY BLVD | Ankeny, IA 50023-4704 | (515) 963-3174 | (515) 964-3620 | 12 | 16-2557 |
| Waterloo Dialysis Center | 5310 BURNET RD UNIT 122 | Austin, TX 78756-2003 | (512) 420-9403 | (512) 420-9640 | 24 | 45-2696 |
| Gadsden Dialysis | 409 S 1ST ST | Gadsden, AL 35901-5358 | (256) 547-2511 | (256) 547-8521 | 24 | 01-2501 |
| Northwest Dialysis Center | 2245 ROLLING RUN DR STE 1 | Windsor Mill Manor, MD 21244-1858 | (410) 265-0158 | (410) 944-4686 | 21 | 21-2655 |
| Birmingham East Dialysis | 1105 E PARK DR | Birmingham, AL 35235-2560 | (205) 833-6003 | (205) 836-5157 | 16 | 01-2508 |
| Sooner Dialysis | 1561 N PORTER AVE | Norman, OK 73071-6621 | (405) 329-3830 | (405) 329-3791 | 20 | 37-2562 |
| District Heights Dialysis | 5701 SILVER HILL RD | District Heights, MD 20747-1102 | (301) 817-0010 | (301) 817-0019 | 18 | 21-2657 |
| Sheffield Dialysis | 1120 S JACKSON HWY ST 107 | Sheffield, AL 35660-5770 | (256) 381-8004 | (256) 381-8199 | 12 | 01-2551 |
| Calverton Dialysis | 4780 CORRIDOR PL STE C | Beltsville, MD 20705-1165 | (301) 595-0231 | (301) 595-3439 | 12 | 21-2663 |
| Florence Dialysis | 422 E DR HICKS BLVD STE B | Florence, AL 35630-5730 | (256) 764-5050 | (256) 767-3728 | 18 | 01-2529 |
| Commerce Township Dialysis | 120 W COMMERCE RD | Commerce Township, MI 48382-3915 | (248) 363-4862 | (248) 363-5238 | 12 | 23-2637 |
| Coral Hills Dialysis | 4797 MARLBORO PIKE | Capitol Heights, MD 20743-5213 | (301) 420-1513 | (301) 420-3912 | 19 | 21-2683 |
| Neptune Dialysis Center | 2180 BRADLEY AVE | Neptune, NJ 07753-4427 | (732) 775-2725 | (732) 775-0500 | 18 | 31-2567 |
| Boaz Dialysis | 16 CENTRAL HENDERSON RD | Boaz, AL 35957-5922 | (256) 840-5931 | (256) 840-1951 | 12 | 01-2594 |
| Ionia Dialysis | 2622 HEARTLAND BLVD | Ionia, MI 48846-8757 | (616) 522-0265 | (616) 522-0298 | 12 | 23-2638 |
| Bricktown Dialysis Center | 525 JACK MARTIN BLVD STE 200 | Brick, NJ 08724-7737 | (732) 836-9669 | (732) 836-9709 | 18 | 31-2562 |
| Birmingham Central Dialysis | 728 RICHARD ARRINGTON JR BLVD S | Birmingham, AL 35233-2106 | (205) 250-6760 | (205) 297-9190 | 32 | 01-2592 |
| North Shepherd Dialysis | 7272 N SHEPHERD DR BLDG B | Houston, TX 77091-2435 | (713) 697-1115 | (713) 697-1116 | 30 | 67-2518 |
| Kalamazoo Central Dialysis | 535 S BURDICK ST STE 110 | Kalamazoo, MI 49007-5261 | (269) 343-0251 | (269) 343-0266 | 10 | 23-2639 |
| Ellijay Home Training | 449 INDUSTRIAL BLVD STE 245 | Ellijay, GA 30540-3772 | (706) 276-6040 | (706) 276-6041 | 0 | 11-2872 |
| Russellville Dialysis | 14897 HIGHWAY 43 | Russellville, AL 35653-1954 | (256) 332-7044 | (256) 332-8959 | 10 | 01-2602 |
| Palmetto Dialysis | 317 PROFESSIONAL PARK RD | Clinton, SC 29325-7625 | (864) 833-0717 | (864) 833-6020 | 21 | 42-2578 |
| Joliet Home Dialysis | 368 S WEBER RD | Romeoville, IL 60446-6521 | (815) 254-6657 | (815) 254-6648 | 0 | 14-2776 |
| Franklin Dialysis Center | 150 S INDEPENDENCE MALL W STE 101 | Philadelphia, PA 19106-3400 | (215) 922-2801 | (215) 922-2817 | 28 | 39-2531 |
| Stonecrest Dialysis | 1302 E STATE ST | Rockford, IL 61104-2228 | (815) 968-5794 | (815) 968-8669 | 12 | 14-2615 |
| Clinton Township Dialysis | 15918 19 MILE RD STE 110 | Clinton Township, MI 48038-1101 | (586) 412-9195 | (586) 412-9196 | 16 | 23-2647 |
| Beltline Home Training | 330 E BELTLINE AVE NE STE 210 | Grand Rapids, MI 49506-1267 | (616) 285-7081 | (616) 285-7096 | 0 | 23-2693 |
| West Shore Dialysis | 550 N 12TH ST STE 110 | Lemoyne, PA 17043-1242 | (717) 737-3272 | (717) 730-7139 | 13 | 39-2534 |
| Athens Dialysis | 15953 ATHENS LIMESTONE DR | Athens, AL 35613-2214 | (256) 233-4730 | (256) 233-4755 | 20 | 01-2517 |
| Anaheim Hills Dialysis | 4201 E LA PALMA AVE | Anaheim, CA 92807-1815 | (714) 996-2900 | (714) 996-2969 | 21 | 55-2545 |
| Orchard Square Dialysis | 1900 S TELEGRAPH RD STE 200 | Bloomfield Hills, MI 48302-0238 | (248) 451-0954 | (248) 451-0681 | 20 | 23-2656 |
| Meadowhawk Dialysis | 491 COLEMANS XING COLEMAN'S CROSSING CENTER | Marysville, OH 43040-7068 | (937) 642-0676 | (937) 642-0412 | 9 | 36-2807 |
| Dialysis Center at Oxford Court | 930 TOWN CENTER DR STE G100 | Langhorne, PA 19047-4260 | (215) 750-9831 | (215) 750-9837 | 13 | 39-2644 |
| Dothan Dialysis | 216 GRACELAND DR | Dothan, AL 36305-7346 | (334) 793-4077 | (334) 793-2404 | 27 | 01-2506 |
| Cerritos Dialysis | 19222 PIONEER BLVD STE 101 | Cerritos, CA 90703-6603 | (562) 924-9990 | (562) 924-9955 | 21 | 05-2896 |
| West Bloomfield Dialysis | 6010 W MAPLE RD STE 215 | West Bloomfield, MI 48322-4406 | (248) 539-1025 | (248) 539-2986 | 10 | 23-2661 |
| South Bend West Dialysis | 5660 NIMTZ PKWY | South Bend, IN 46628-6205 | (574) 231-7570 | (574) 231-7571 | 12 | 15-2659 |
| Palmerton Dialysis Center | 185 DELAWARE AVE STE C | Palmerton, PA 18071-1716 | (610) 826-5929 | (610) 826-4552 | 10 | 39-2584 |
| Ozark Dialysis | 195 BUNTING DR | Ozark, AL 36360-1101 | (334) 774-1410 | (334) 774-2690 | 19 | 01-2544 |
| Garfield Kidney Center | 414 N HOMAN AVE | Chicago, IL 60624-1646 | (773) 265-0750 | (773) 826-6429 | 24 | 14-2777 |
| St. Louis Park Dialysis Center | 3505 LOUISIANA AVE S | Saint Louis Park, MN 55426-4121 | (952) 285-1400 | (952) 285-1406 | 28 | 24-2554 |
| Zillah Dialysis | 823 ZILLAH WEST RD STE 300 | Zillah, WA 98953-9548 | (509) 829-0209 | (509) 829-3052 | 10 | 50-2571 |
| West Texas Dialysis | 5595 ALAMEDA AVE STE B | El Paso, TX 79905-2915 | (915) 881-0254 | (915) 772-2823 | 21 | 45-2720 |
| Central Little Rock Dialysis | 6 FREEWAY DR STE 100 | Little Rock, AR 72204-2486 | (501) 664-6754 | (501) 296-9942 | 20 | 04-2571 |
| Minneapolis Uptown Dialysis | 3601 LYNDALE AVE S | Minneapolis, MN 55409-1103 | (612) 825-4583 | (612) 825-4651 | 12 | 24-2568 |
| Red Mountain Home Training Dialysis | 300B 22ND STREET S | Birmingham, AL 35233-2209 | (205) 250-6757 | (205) 458-0146 | 0 | 01-2670 |
| Fairfield Dialysis Center | 4660 CENTRAL WAY | Fairfield, CA 94534-1803 | (707) 863-7369 | (707) 863-7384 | 32 | 05-2618 |
| Tucson South Central Dialysis | 2024 E IRVINGTON RD STE 7 | Tucson, AZ 85714-1825 | (520) 573-0200 | (520) 573-0210 | 30 | 03-2589 |
| Palmdale Regional | 1643 E PALMDALE BLVD | Palmdale, CA 93550-4847 | (661) 540-0925 | (661) 540-0930 | 24 | 05-2869 |
| East River Road Dialysis | 5301 E RIVER RD STE 117 | Fridley, MN 55421-3778 | (763) 571-5556 | (763) 571-7882 | 12 | 24-2569 |
| Arvin Dialysis | 902 BEAR MOUNTAIN BLVD | Arvin, CA 93203-1317 | (661) 854-3699 | (661) 854-5118 | 16 | 55-2753 |
| Pleasanton Dialysis Center | 5720 STONERIDGE MALL RD STE 160 | Pleasanton, CA 94588-2882 | (925) 737-0120 | (925) 737-0155 | 22 | 05-2568 |
| Nogales Dialysis | 1605 N INDUSTRIAL PARK DR STE H | Nogales, AZ 85621-4577 | (520) 281-5779 | (520) 281-5873 | 16 | 03-2543 |
| Mt Pleasant Dialysis | 404 S CRAPO ST | Mount Pleasant, MI 48858-2944 | (989) 779-8724 | (989) 779-8894 | 15 | 23-2675 |
| Maple Grove Dialysis Unit | 15655 GROVE CIR N | Maple Grove, MN 55369-4489 | (763) 420-2804 | (763) 420-7162 | 12 | 24-2571 |
| Dinuba Dialysis | 510 E NORTH WAY | Dinuba, CA 93618-1653 | (559) 595-9462 | (559) 595-9471 | 20 | 55-2740 |
| Chico Dialysis Center | 530 COHASSET RD | Chico, CA 95926-2212 | (530) 895-8966 | (530) 895-0419 | 21 | 05-2553 |
| Sells Dialysis | HWY 86 MILEPOST 113 PO BOX 3030 | Sells, AZ 85634-3030 | (520) 383-1701 | (520) 383-3667 | 28 | 03-2513 |
| The Christ Hospital Dialysis | 2139 AUBURN AVE 1 WEST | Cincinnati, OH 45219-2906 | (513) 585-0314 | (513) 585-3942 | 15 | 36-2822 |
| Highland Park Dialysis | 1559 7TH ST W | Saint Paul, MN 55102-4243 | (651) 222-7139 | (651) 224-3655 | 12 | 24-2573 |
| Hawthorne Dialysis | 14204 PRAIRIE AVE | Hawthorne, CA 90250-7908 | (310) 349-1174 | (310) 349-1903 | 25 | 55-2744 |

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|---|---|---|---|---|---|---|
| Redding Dialysis Center | 1876 PARK MARINA DR | Redding, CA 96001-0913 | (530) 246-7474 | (530) 246-0179 | 28 | 05-2528 |
| Sierra Vista Dialysis | 629 N HIGHWAY 90 BYP STE 6 | Sierra Vista, AZ 85635-2257 | (520) 459-7791 | (520) 459-7129 | 20 | 03-2520 |
| Johnson County Dialysis | 10453 W 84TH TER | Lenexa, KS 66214-1641 | (913) 492-2044 | (913) 492-2451 | 26 | 17-2501 |
| Sun Ray Dialysis Unit | 1744 OLD HUDSON RD | Saint Paul, MN 55106-6118 | (651) 793-5191 | (651) 774-6520 | 12 | 24-2574 |
| Stevens Creek Dialysis | 275 DI SALVO AVE | San Jose, CA 95128-1628 | (408) 297-0103 | (408) 297-2265 | 24 | 55-2738 |
| Ash Tree Dialysis | 2666 N GROVE INDUSTRIAL DR STE 106 | Fresno, CA 93727-1552 | (559) 251-1919 | (559) 251-1333 | 36 | 55-2563 |
| Angleton Dialysis | 102 E HOSPITAL DR | Angleton, TX 77515-4146 | (979) 864-4330 | (979) 864-4339 | 20 | 67-2524 |
| Tazewell County Dialysis | 1021 COURT ST STE A | Pekin, IL 61554-4817 | (309) 478-1000 | (309) 346-1369 | 8 | 14-2767 |
| Duncan Dialysis Center | 2845 W ELK AVE BLDG 400 | Duncan, OK 73533-1981 | (580) 470-8542 | (580) 470-8891 | 12 | 37-2522 |
| Pascua Yaqui Tribe Dialysis | 7490 S CAMINO DE OESTE | Tucson, AZ 85746-9308 | (520) 879-6161 | (520) 578-3655 | 13 | 03-2573 |
| Lake Jackson Dialysis | 450 THIS WAY ST STE A | Lake Jackson, TX 77566-5152 | (979) 299-6565 | (979) 299-6568 | 24 | 67-2500 |
| RTC-Columbia Dialysis | 1701 E BROADWAY STE G102 | Columbia, MO 65201-8029 | (573) 442-0573 | (573) 442-3498 | 12 | 26-2611 |
| Eagle Highlands Dialysis | 6925 SHORE TER | Indianapolis, IN 46254-4675 | (317) 295-0423 | (317) 295-0245 | 16 | 15-2658 |
| Norman Dialysis Center | 1818 W LINDSEY ST STE B104 | Norman, OK 73069-4184 | (405) 360-9815 | (405) 360-9715 | 12 | 37-2527 |
| Tucson West Dialysis | 1780 W ANKLAM RD | Tucson, AZ 85745-2632 | (520) 624-2220 | (520) 620-6365 | 34 | 03-2500 |
| Jerseyville Dialysis | 917 S STATE ST | Jerseyville, IL 62052-2344 | (618) 498-9532 | (618) 498-1012 | 17 | 14-2636 |
| North St. Louis County Dialysis | 13015 NEW HALLS FERRY RD | Florissant, MO 63033-3228 | (314) 931-1113 | (314) 931-1133 | 24 | 26-2625 |
| Walker Dialysis | 2680 WALKER AVE NW STE A | Walker, MI 49544-1385 | (616) 735-1172 | (616) 735-1383 | 17 | 23-2690 |
| Shawnee Dialysis Center | 4409 N KICKAPOO AVE STE 113 | Shawnee, OK 74804-1224 | (405) 878-6762 | (405) 878-0063 | 16 | 37-2513 |
| Tucson East Dialysis | 6420 E BROADWAY BLVD STE C300 | Tucson, AZ 85710-3534 | (520) 790-2775 | (520) 790-3174 | 24 | 03-2501 |
| Greater Charleston Dialysis | 24 MACCORKLE AVE SW | South Charleston, WV 25303-1476 | (304) 720-2222 | (304) 720-2322 | 23 | 51-2520 |
| Eastland Dialysis | 19101 E VALLEY VIEW PKWY STE E | Independence, MO 64055-6907 | (816) 795-6018 | (816) 795-9572 | 20 | 26-2626 |
| Grayling Home Training | 125 E MICHIGAN AVE | Grayling, MI 49738-1740 | (989) 344-0805 | (989) 344-0785 | 0 | 23-2692 |
| Elk City Dialysis Center | 1601 W 2ND ST | Elk City, OK 73644-4427 | (580) 225-2700 | (580) 225-2701 | 12 | 37-2531 |
| San Juan Capistrano South Dialysis | 31736 RANCHO VIEJO RD STE B | San Juan Capistrano, CA 92675-2783 | (949) 240-1454 | (949) 240-0735 | 18 | 05-2648 |
| Manteno Dialysis | 1 E DIVISION ST | Manteno, IL 60950-1507 | (815) 468-8944 | (815) 468-8993 | 15 | 14-2671 |
| Eureka Dialysis Center | 419 MERAMEC BLVD | Eureka, MO 63025-3906 | (636) 587-2063 | (636) 587-2778 | 13 | 26-2628 |
| Norton Shores Dialysis | 955 SEMINOLE RD | Norton Shores, MI 49441-4341 | (231) 780-0246 | (231) 780-0261 | 12 | 23-2689 |
| Northwest Bethany Dialysis Center | 7800 NW 23RD ST STE A | Bethany, OK 73008-4948 | (405) 495-8606 | (405) 495-4356 | 16 | 37-2515 |
| Mission Viejo Dialysis | 27640 MARGUERITE PKWY | Mission Viejo, CA 92692-3604 | (949) 347-2433 | (949) 347-5958 | 20 | 05-2597 |
| Pismo Beach Dialysis | 320 JAMES WAY STE 110 | Pismo Beach, CA 93449-2875 | (805) 556-0577 | (805) 556-0510 | 14 | 55-2556 |
| Timberlake Dialysis | 12110 HOLMES RD | Kansas City, MO 64145-1707 | 816-942-3827 | 816-942-3153 | 12 | 26-2634 |
| East Valley Dialysis | 14050 PILOT KNOB RD STE 100 | Apple Valley, MN 55124-6648 | (952) 423-4062 | (952) 423-6974 | 16 | 24-2589 |
| Edmond Dialysis Center | 50 S BAUMANN AVE | Edmond, OK 73034-5676 | (405) 330-6646 | (405) 330-6221 | 12 | 37-2541 |
| Fullerton Dialysis | 238 ORANGEFAIR MALL | Fullerton, CA 92832-3037 | (714) 447-3045 | (714) 447-3645 | 25 | 05-2505 |
| San Luis Obispo Dialysis | 1043 MARSH ST | San Luis Obispo, CA 93401-3629 | (805) 543-1013 | (805) 543-5645 | 20 | 05-2811 |
| Dexter Dialysis | 2010 N OUTER RD | Dexter, MO 63841-8001 | 573-624-3452 | 573-624-3188 | 8 | 26-2635 |
| Northfield Dialysis | 2004 JEFFERSON RD | Northfield, MN 55057-3253 | (507) 645-6762 | (507) 645-2372 | 8 | 24-2588 |
| Midwest City Dialysis Center | 7221 E RENO AVE | Midwest City, OK 73110-4474 | (405) 869-9600 | (405) 869-9605 | 16 | 37-2511 |
| Huntington Beach Dialysis | 16892 BOLSA CHICA ST STE 100 | Huntington Beach, CA 92649-3571 | (714) 846-2102 | (714) 846-8053 | 10 | 05-2641 |
| Templeton Dialysis | 1310 LAS TABLAS RD STE 101 | Templeton, CA 93465-9746 | (805) 434-3473 | (805) 434-3246 | 16 | 55-2567 |
| Hannibal Dialysis | 119 PROGRESS RD | Hannibal, MO 63401-6628 | 573-406-0165 | 573-406-0144 | 15 | 26-2637 |
| North Haledon Dialysis | 953 BELMONT AVE | North Haledon, NJ 07508-2548 | (973) 427-4675 | (973) 423-0906 | 19 | 31-2633 |
| Tulsa Dialysis Center | 5636 E SKELLY DR | Tulsa, OK 74135-6473 | (918) 660-0571 | (918) 660-0562 | 20 | 37-2504 |
| Westminster South Dialysis | 14014 MAGNOLIA ST | Westminster, CA 92683-4736 | (714) 894-8712 | (714) 894-8734 | 24 | 05-2773 |
| Ventura Dialysis | 2705 LOMA VISTA RD STE 101 | Ventura, CA 93003-1596 | (805) 643-7549 | (805) 643-6891 | 20 | 55-2575 |
| West Orange Dialysis | 375 MOUNT PLEASANT AVE STE 340 | West Orange, NJ 07052-2750 | (973) 243-7069 | (973) 731-1348 | 19 | 31-2636 |
| Tahlequah Dialysis Center | 1373 E BOONE ST | Tahlequah, OK 74464-3364 | (918) 431-0665 | (918) 431-0623 | 20 | 37-2512 |
| Costa Mesa Dialysis | 1590 SCENIC AVE | Costa Mesa, CA 92626-1400 | (714) 540-9401 | (714) 540-9420 | 22 | 55-2518 |
| Bluemound Dialysis | 601 N 99TH ST STE 100 | Wauwatosa, WI 53226-4362 | (414) 755-6300 | (414) 755-6310 | 23 | 52-2566 |
| Hilliard Station Dialysis | 2447 HILLIARD ROME RD | Hilliard, OH 43026-8194 | (614) 876-3610 | (614) 876-3144 | 13 | 36-2808 |
| Muskogee Community Dialysis Center | 2316 W SHAWNEE ST | Muskogee, OK 74401-2228 | (918) 687-0016 | (918) 687-1858 | 16 | 37-2549 |
| Anaheim Dialysis | 1341 W LA PALMA AVE | Anaheim, CA 92801-2817 | (714) 254-1484 | (714) 254-1914 | 35 | 05-2734 |
| Bay Shore Dialysis | 5650 N GREEN BAY AVE STE 150 | Glendale, WI 53209-4449 | (414) 351-1290 | (414) 351-1244 | 28 | 52-2554 |
| Maple Valley Dialysis | 649 MAPLE VALLEY DR | Farmington, MO 63640-1993 | 573-747-0946 | 573-747-0536 | 12 | 26-2640 |
| Apple Valley Dialysis | 1485 COSHOCTON AVE | Mount Vernon, OH 43050-1544 | (740) 392-3436 | (740) 392-3843 | 9 | 36-2802 |
| East Aurora Dialysis | 482 S CHAMBERS RD | Aurora, CO 80017-2092 | (303) 696-1137 | (303) 696-1140 | 28 | 06-2540 |
| Saddleback Dialysis | 23141 PLAZA POINTE DR | Laguna Hills, CA 92653-1425 | (949) 588-9211 | (949) 588-9299 | 25 | 05-2808 |
| West Appleton Dialysis | 10130 W APPLETON AVE STE 500 | Milwaukee, WI 53225-2579 | (414) 393-0600 | (414) 393-0910 | 26 | 52-2548 |
| Capital City Dialysis | 307 N 46TH ST | Lincoln, NE 68503-3714 | (402) 466-5123 | (402) 466-8351 | 12 | 28-2503 |
| Pamplico Dialysis | 1520 FLAG DR | Florence, SC 29505-2854 | (843) 413-0857 | (843) 413-0864 | 20 | 42-2645 |
| Alameda County Dialysis | 10700 MACARTHUR BLVD BLDG 7 | Oakland, CA 94605-5298 | (510) 568-5849 | (510) 382-1632 | 24 | 05-2787 |
| Richmond Kidney Center | 1366 VICTORY BLVD | Staten Island, NY 10301-3907 | (718) 816-6200 | (718) 816-6235 | 23 | 33-2525 |
| Derry Dialysis | 1 ACTION BLVD STE. 2 | Londonderry, NH 03053-3428 | (603) 421-9724 | (603) 421-9731 | 13 | 30-2511 |
| Victory Lakes Dialysis | 3290 GULF FWY S STE H | Dickinson, TX 77539-4542 | (281) 337-2175 | (281) 337-2386 | 12 | 67-2754 |
| Kayenta Dialysis | HIGHWAY 163 BOX 217 | Kayenta, AZ 86033-9997 | (928) 697-8182 | (928) 697-8195 | 18 | 03-2559 |
| Berkeley Dialysis | 2655 SHATTUCK AVE | Berkeley, CA 94704-3237 | (510) 486-8706 | (510) 849-1008 | 25 | 05-2587 |
| Riverdale Dialysis Center | 170 W 233RD ST | Bronx, NY 10463-5639 | (718) 884-4300 | (718) 884-9695 | 31 | 33-2565 |
| Somerset Dialysis Center | 240 CHURCHILL AVE | Somerset, NJ 08873-3451 | (732) 937-5000 | (732) 937-5872 | 18 | 31-2574 |
| Capitol Court Dialysis | 4176 N 56TH ST | Milwaukee, WI 53216-1276 | (414) 445-2119 | (414) 445-3794 | 16 | 52-2598 |
| Shiprock Dialysis Center | US HWY 491 N PO BOX 2156 | Shiprock, NM 87420-2156 | (505) 368-4125 | (505) 368-4235 | 20 | 32-2515 |
| Oakland Dialysis | 5354 CLAREMONT AVE | Oakland, CA 94618-1035 | (510) 597-0104 | (510) 597-0249 | 40 | 05-2729 |
| Hillside Dialysis | 1529 N BROAD ST | Hillside, NJ 07205-1603 | (973) 474-1199 | (973) 474-1198 | 20 | 31-2587 |
| Broadmoor Dialysis | 1815 E 70TH ST | Shreveport, LA 71105-5301 | (318) 797-7940 | (318) 797-8143 | 13 | 19-2695 |
| Independence Dialysis Center | 801 W MYRTLE ST | Independence, KS 67301-3239 | (620) 331-6117 | (620) 331-6484 | 12 | 17-2511 |
| San Pablo Dialysis | 14020 SAN PABLO AVE | San Pablo, CA 94806-3619 | (510) 234-0835 | (510) 234-3854 | 22 | 05-2560 |
| Parkside Dialysis | 580 FRELINGHUYSEN AVE | Newark, NJ 07114-1361 | (973) 733-9450 | (973) 733-9455 | 18 | 31-2581 |
| Pennsauken Dialysis Center | 7024 KAIGHN AVE | Pennsauken, NJ 08109-4417 | (856) 486-1145 | (856) 486-4338 | 21 | 31-2593 |
| Garden City Dialysis Center | 2308 E KANSAS AVE | Garden City, KS 67846-6959 | (620) 260-9852 | (620) 271-0148 | 17 | 17-2514 |
| El Cerrito Dialysis | 10690 SAN PABLO AVE | El Cerrito, CA 94530-2620 | (510) 528-9590 | (510) 528-9803 | 20 | 05-2786 |
| St. Augustine Dialysis | 264 SOUTHPARK CIR E | Saint Augustine, FL 32086-5137 | (904) 808-0445 | (904) 808-0446 | 18 | 10-2692 |
| Artesia Dialysis | 1903 W MAIN ST | Artesia, NM 88210-3718 | (575) 746-8818 | (575) 746-9229 | 12 | 32-2537 |
| Home Options of Dothan | 1763 E MAIN ST | Dothan, AL 36301-3045 | (334) 673-0246 | (334) 673-0328 | 3 | 01-2673 |
| NE Wichita Dialysis Center | 2630 N WEBB RD STE 100 BLDG 100 | Wichita, KS 67226-8174 | (316) 636-5719 | (316) 636-5738 | 12 | 17-2542 |
| Stockton Home Training Dialysis | 5608 N PERSHING AVE | Stockton, CA 95207-4906 | (209) 954-9563 | (209) 954-9938 | 0 | 55-2523 |
| Davie City Dialysis | 7950 SW 30TH ST | Davie, FL 33328-1979 | (954) 577-2778 | (954) 577-2710 | 15 | 10-2808 |
| Eastchester Road Dialysis Center | 1515 JARRETT PL | Bronx, NY 10461-2606 | (718) 822-4940 | (718) 822-3083 | 12 | 33-2656 |
| Radburn Dialysis | 15-00 POLLITT DR | Fair Lawn, NJ 07410-2732 | (201) 796-1385 | (201) 794-0150 | 21 | 31-2637 |
| Kenner Regional Dialysis Center | 200 W ESPLANADE AVE STE 100 | Kenner, LA 70065-2473 | (504) 471-0931 | (504) 471-0317 | 14 | 19-2599 |
| Manteca Dialysis | 1620 W YOSEMITE AVE | Manteca, CA 95337-5190 | (209) 825-3905 | (209) 824-6870 | 12 | 05-2723 |
| Ames Mary Greeley Dialysis | 2322 E 13TH ST | Ames, IA 50010-5669 | (515) 239-6800 | (515) 233-8151 | 16 | 16-2549 |
| Bedford Park Dialysis Center | 3117 WEBSTER AVE 1ST FLR | Bronx, NY 10467-4905 | (718) 920-1530 | (718) 920-1520 | 21 | 33-2662 |
| Memorial Dialysis Center | 4427 S ROBERTSON ST | New Orleans, LA 70115-6308 | (504) 899-1103 | (504) 899-1956 | 22 | 19-2608 |
| Tracy Dialysis | 425 W BEVERLY PL STE A | Tracy, CA 95376-3086 | (209) 839-0398 | (209) 839-0799 | 12 | 05-2814 |
| Millennium Dialysis | 1408 OCEAN AVE 2ND FLR | Brooklyn, NY 11230-3814 | (718) 677-7600 | (718) 677-4159 | 20 | 33-2635 |
| Yonkers East Dialysis Center | 5 ODELL PLZ STE 131 | Yonkers, NY 10701-1406 | (914) 376-0296 | (914) 376-3510 | 21 | 33-2669 |
| Petoskey Dialysis | 820 ARLINGTON AVE | Petoskey, MI 49770-2469 | (231) 753-1152 | (231) 753-1170 | 15 | Pending |

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|---|---|---|---|---|---|---|
| Westbank Chronic Renal Center | 3631 BEHRMAN PL | New Orleans, LA 70114-0906 | (504) 366-0808 | (504) 367-3816 | 25 | 19-2507 |
| Benicia Dialysis | 560 1ST ST STE D103 | Benicia, CA 94510-3293 | (707) 745-1488 | (707) 745-8089 | 14 | 05-2810 |
| Mills Dialysis | 100 S SAN MATEO DR | San Mateo, CA 94401-3805 | (650) 548-4985 | (650) 696-4639 | 19 | 55-2682 |
| Wallace Dialysis | 5650 S NC 41 HWY | Wallace, NC 28466-6094 | (910) 285-6424 | (910) 285-6928 | 20 | 34-2659 |
| Twinsburg Dialysis | 2592 E AURORA RD STE 100 | Twinsburg, OH 44087-2148 | (330) 405-3030 | (330) 425-8969 | 15 | 36-2837 |
| Crescent City Dialysis Center | 3909 BIENVILLE ST STE 1B | New Orleans, LA 70119-5151 | (504) 483-7117 | (504) 483-8937 | 17 | 19-2696 |
| Rhinelander Dialysis | 1306 LINCOLN ST | Rhinelander, WI 54501-3664 | (715) 350-7830 | (715) 350-7831 | 9 | 52-2591 |
| Mayland Dialysis Center | 575 ALTAPASS HWY | Spruce Pine, NC 28777-3012 | (828) 766-8122 | (828) 765-6946 | 9 | 34-2660 |
| Panama City Dialysis Center | 615 N HIGHWAY 231 | Panama City, FL 32405-4704 | (850) 785-1233 | (850) 913-8048 | 37 | 10-2514 |
| Vallejo Dialysis | 830 REDWOOD ST | Vallejo, CA 94590-2942 | (707) 642-2016 | (707) 642-2023 | 24 | 05-2567 |
| North Charlotte Dialysis Center | 6620 OLD STATESVILLE RD | Charlotte, NC 28269-6768 | (704) 599-1355 | (704) 599-1511 | 36 | 34-2663 |
| Flossmoor Home Dialysis | 19720 GOVERNORS HWY STE 2 | Flossmoor, IL 60422-2075 | (708) 799-7239 | (708) 799-1252 | 4 | 14-2775 |
| Tower Dialysis | 8635 W 3RD ST STE 560W | Los Angeles, CA 90048-6110 | (310) 855-1742 | (310) 289-1032 | 20 | 05-2643 |
| Blount Dialysis | 714 E HARPER AVE | Maryville, TN 37804-4028 | (865) 379-1070 | (865) 379-1090 | 28 | 44-2639 |
| Marshville Dialysis Center | 7260 E MARSHVILLE BLVD | Marshville, NC 28103-1191 | (704) 624-5000 | (704) 624-5040 | 12 | 34-2666 |
| Miami Lakes Artificial Kidney Center | 14600 NW 60TH AVE | Miami Lakes, FL 33014-2811 | (786) 639-0496 | (305) 556-4924 | 18 | 10-2648 |
| Los Angeles Downtown Dialysis | 2021 S FLOWER ST | Los Angeles, CA 90007-1342 | (213) 745-4222 | (213) 749-1753 | 28 | 05-2828 |
| Springdale Dialysis | 2070 MCKENZIE RD STE B | Springdale, AR 72762-0870 | (479) 927-1957 | (479) 751-0523 | 17 | 04-2568 |
| Southport Dialysis Center | 1513 N HOWE ST STE 15 | Southport, NC 28461-2770 | (910) 454-0273 | (910) 454-0277 | 11 | 34-2669 |
| Santa Monica Dialysis | 1260 15TH ST STE 102 | Santa Monica, CA 90404-1136 | (310) 393-4744 | (310) 393-5308 | 22 | 05-2665 |
| Home Dialysis Services of Sandusky | 2819 HAYES AVE STE 8 | Sandusky, OH 44870-5391 | (419) 627-0477 | (419) 627-0466 | 0 | 36-2660 |
| Harrisburg Dialysis Center | 3310 PERRY ST | Concord, NC 28027-3901 | (704) 792-1144 | (704) 792-1164 | 28 | 34-2670 |
| Imperial Dialysis | 2738 W IMPERIAL HWY | Inglewood, CA 90303-3111 | (323) 779-5399 | (323) 779-5651 | 30 | 05-2670 |
| Wake Forest Dialysis Center | 11001 INGLESIDE PL | Raleigh, NC 27614-8577 | (919) 556-0968 | (919) 556-7497 | 21 | 34-2675 |
| North Palm Beach Dialysis Center | 2841 PGA BLVD | Palm Beach Gardens, FL 33410-2910 | (561) 630-5081 | (561) 630-1535 | 20 | 10-2634 |
| Inglewood Dialysis | 125 E ARBOR VITAE ST | Inglewood, CA 90301-3839 | (310) 677-6114 | (310) 677-9456 | 40 | 05-2538 |
| Fargo Dialysis Center | 4474 23RD AVE S STE M | Fargo, ND 58104-8795 | (701) 281-3900 | (701) 282-2635 | 12 | 35-2502 |
| Ocala Regional Kidney Center - South | 13940 N US HIGHWAY 441 BLDG 400 | Lady Lake, FL 32159-8953 | (352) 751-1240 | (352) 751-1250 | 25 | 10-2731 |
| South Brooklyn Nephrology Center | 3915 AVENUE V STE 104 | Brooklyn, NY 11234-5156 | (718) 252-8440 | (718) 252-6490 | 29 | 33-2516 |
| Hi-Desert Dialysis | 56845 29 PALMS HWY | Yucca Valley, CA 92284-2940 | (760) 365-8706 | (760) 228-0154 | 25 | 05-2776 |
| Sandusky Dialysis Center | 211 LAKESIDE PARK | Sandusky, OH 44870-8639 | (419) 626-3809 | (419) 626-5107 | 17 | 36-2700 |
| Bronx Dialysis Center | 1615 EASTCHESTER RD | Bronx, NY 10461-2603 | (718) 892-7700 | (718) 892-7207 | 25 | 33-2563 |
| Palm Springs Dialysis | 1061 N INDIAN CANYON DR | Palm Springs, CA 92262-4854 | (760) 325-0909 | (760) 320-1723 | 20 | 05-2541 |
| Eaton Dialysis | 105 E WASHINGTON JACKSON RD | Eaton, OH 45320-9789 | (937) 456-1174 | (937) 456-1945 | 12 | 36-2703 |
| South Bronx Dialysis Center | 1940 WEBSTER AVE STE 100 | Bronx, NY 10457-4261 | (718) 299-9212 | (718) 583-7335 | 21 | 33-2506 |
| Escondido Dialysis | 203 E 2ND AVE | Escondido, CA 92025-4212 | (760) 743-4401 | (760) 743-7059 | 22 | 05-2525 |
| Columbus West Dialysis | 1395 GEORGESVILLE RD | Columbus, OH 43228-3611 | (614) 279-8495 | (614) 279-8715 | 15 | 36-2705 |
| Lansdowne Dialysis | 44084 RIVERSIDE PKWY STE 100, 250 | Leesburg, VA 20176-5102 | (703) 724-3941 | (703) 724-9387 | 17 | 49-2672 |
| Peekskill Cortlandt Dialysis Center | 2050 E MAIN ST STE 15 | Cortlandt Manor, NY 10567-2502 | (914) 788-9326 | (914) 788-9330 | 14 | 33-2574 |
| San Diego South Dialysis | 995 GATEWAY CENTER WAY STE 101 | San Diego, CA 92102-4550 | (619) 262-1960 | (619) 262-2420 | 17 | 05-2799 |
| Wauseon Dialysis Center | 721 S SHOOP AVE | Wauseon, OH 43567-1729 | (419) 335-0695 | (419) 335-0812 | 13 | 36-2706 |
| Weaverville Dialysis | 329 MERRIMON AVE | Weaverville, NC 28787-9253 | (828) 658-1441 | (828) 658-1563 | 20 | 34-2604 |
| San Ysidro Dialysis | 1445 30TH ST STE A-B | San Diego, CA 92154-3496 | (619) 575-3901 | (619) 575-5538 | 41 | 05-2866 |
| Lebanon Dialysis Center | 918B COLUMBUS AVE | Lebanon, OH 45036-1402 | (513) 934-0272 | (513) 934-3410 | 16 | 36-2707 |
| San Diego East Dialysis | 292 EUCLID AVE STE 100 | San Diego, CA 92114-3629 | (619) 262-7225 | (619) 262-7470 | 25 | 05-2883 |
| Delhi Dialysis | 5040 DELHI PIKE | Cincinnati, OH 45238-5388 | (513) 922-5900 | (513) 922-5909 | 16 | 36-2708 |
| Buena Ventura Lakes Dialysis | 1998 E OSCEOLA PKWY | Kissimmee, FL 34743-8600 | (407) 348-1271 | (407) 348-1407 | 20 | 68-2563 |
| Southeastern Dialysis Center - Kenansville | 133 LIMESTONE RD | Kenansville, NC 28349-9019 | (910) 441-3045 | (910) 441-3063 | 17 | 34-2535 |
| Encinitas Dialysis | 332 SANTA FE DR STE 100 | Encinitas, CA 92024-5143 | (760) 632-2323 | (760) 632-2311 | 15 | 05-2756 |
| Point Place Dialysis | 4747 SUDER AVE STE 107 | Toledo, OH 43611-2869 | (419) 727-9692 | (419) 727-9743 | 12 | 36-2712 |
| Ocoee Home Training | 1552 BOREN DR STE 100 | Ocoee, FL 34761-4216 | (407) 877-2012 | (407) 877-2040 | 0 | 68-2550 |
| Southeastern Dialysis Center - Whiteville | 608 PECAN LN | Whiteville, NC 28472-2949 | (910) 642-0233 | (910) 642-6239 | 24 | 34-2521 |
| College Dialysis | 6035 UNIVERSITY AVE | San Diego, CA 92115-6341 | (619) 287-8796 | (619) 287-4862 | 33 | 55-2513 |
| Anderson Dialysis Center | 7502 STATE RD STE 1160 | Cincinnati, OH 45255-2800 | (513) 624-0400 | (513) 624-0182 | 16 | 36-2715 |
| Dialysis Care of Anson County | 280 WALTON ST | Wadesboro, NC 28170-7581 | (980) 575-0145 | (980) 575-0162 | 15 | 34-2560 |
| Carmel Mountain Dialysis | 9850 CARMEL MOUNTAIN RD | San Diego, CA 92129-2892 | (858) 538-1083 | (858) 538-6734 | 16 | 55-2515 |
| Grove City Dialysis | 4155 KELNOR DR | Grove City, OH 43123-2960 | (614) 801-0323 | (614) 801-0539 | 8 | 36-2716 |
| Fairfield Downtown Dialysis | 1800 N TEXAS ST | Fairfield, CA 94533-3874 | (707) 399-9984 | (707) 399-9925 | 24 | 55-2763 |
| Burlington Dialysis | 873 HEATHER RD | Burlington, NC 27215-6288 | (336) 570-3494 | (336) 227-8615 | 20 | 34-2567 |
| North Hollywood Dialysis | 12126 VICTORY BLVD | North Hollywood, CA 91606-3205 | (818) 980-5070 | (818) 980-9956 | 44 | 05-2781 |
| Dublin Dialysis | 6770 PERIMETER DR | Dublin, OH 43016-8063 | (614) 798-8359 | (614) 798-8442 | 12 | 36-2728 |
| Tustin Dialysis | 2090 N TUSTIN AVE STE 100 | Santa Ana, CA 92705-7869 | (714) 835-2450 | (714) 835-5715 | 24 | 05-2897 |
| Pomona Dialysis | 2111 N GAREY AVE | Pomona, CA 91767-2328 | (909) 596-9997 | (909) 596-7687 | 32 | 05-2591 |
| Five Seasons Dialysis | 1002 4TH AVE SE STE A | Cedar Rapids, IA 52403-2425 | (319) 363-1538 | (319) 364-0982 | 16 | 16-2558 |
| Hemet Dialysis Center | 3050 W FLORIDA AVE | Hemet, CA 92545-3619 | (951) 925-9723 | (951) 925-9789 | 39 | 05-2620 |
| Victor Valley Dialysis | 16049 KAMANA RD | Apple Valley, CA 92307-1331 | (760) 242-8313 | (760) 242-5419 | 22 | 05-2561 |
| Rockside Dialysis | 4801 ACORN DR | Independence, OH 44131-2566 | (216) 525-0990 | (216) 525-3106 | 16 | 36-2731 |
| Woodlyn Dialysis | 1310 MACDADE BLVD | Woodlyn, PA 19094-1501 | (610) 833-1713 | (610) 833-5103 | 16 | 39-2826 |
| Chino Dialysis | 4445 RIVERSIDE DR | Chino, CA 91710-3961 | (909) 464-0347 | (909) 464-0936 | 24 | 05-2739 |
| Logan Dialysis | 12880 GREY ST | Logan, OH 43138-9638 | (740) 380-6049 | (740) 380-6280 | 12 | 36-2732 |
| Downey Dialysis Center | 9041 IMPERIAL HWY | Downey, CA 90242-2711 | (562) 622-4436 | (562) 622-4552 | 25 | 05-2574 |
| Glendale Dialysis | 1000 E PALMER AVE | Glendale, CA 91205-3532 | (818) 241-6382 | (818) 241-8153 | 22 | 05-2632 |
| Forest Fair Dialysis | 1145 KEMPER MEADOW DR | Cincinnati, OH 45240-4118 | (513) 674-1691 | (513) 674-1697 | 16 | 36-2734 |
| Covina Dialysis Center | 1547 W GARVEY AVE N | West Covina, CA 91790-2139 | (626) 960-9405 | (626) 960-2695 | 17 | 05-2580 |
| Fontana Dialysis | 17590 FOOTHILL BLVD | Fontana, CA 92335-3785 | (909) 356-9664 | (909) 356-9687 | 28 | 05-2682 |
| US Grant Dialysis | 458 HOME ST | Georgetown, OH 45121-1408 | (937) 378-1323 | (937) 378-5130 | 12 | 36-2735 |
| Burbank Dialysis | 1211 N SAN FERNANDO BLVD | Burbank, CA 91504-4234 | (818) 842-5576 | (818) 842-4250 | 24 | 05-2637 |
| Ohio Pike Dialysis | 1761 STATE ROUTE 125 | Amelia, OH 45102-2007 | (513) 797-0713 | (513) 797-0617 | 12 | 36-2739 |
| Tulare Dialysis | 545 E TULARE AVE | Tulare, CA 93274-4220 | (559) 688-8991 | (559) 688-0326 | 16 | 05-2666 |
| Norwood Dialysis | 2300 WALL ST STE O | Cincinnati, OH 45212-2789 | (513) 531-2111 | (513) 531-0236 | 25 | 36-2742 |
| Millburn Dialysis | 25 E WILLOW ST STE 2 | Millburn, NJ 07041-1416 | (973) 379-7309 | (973) 379-5175 | 18 | 31-2645 |
| Clarkston Dialysis | 6770 DIXIE HWY STE 205 | Clarkston, MI 48346-2089 | (248) 620-0958 | (248) 620-1204 | 22 | 23-2575 |
| Renal Center of Keller | 10708 VICTORIA ASH DR | Fort Worth, TX 76244-6392 | (817) 431-6533 | (817) 431-6543 | 21 | 67-2741 |
| Visalia Dialysis | 5429 W CYPRESS AVE | Visalia, CA 93277-8341 | (559) 738-9279 | (559) 733-4785 | 24 | 05-2696 |
| Villa of Great Northern | 22710 FAIRVIEW CENTER DR STE 100 | Fairview Park, OH 44126-3620 | (440) 734-4630 | (440) 734-4659 | 8 | 36-2749 |
| Bastanchury Dialysis | 1950 SUNNYCREST DR STE 1300 | Fullerton, CA 92835-3639 | (714) 578-0015 | (714) 578-5907 | 25 | 55-2759 |
| Grand Blanc Dialysis Center | 3625 GENESYS PKWY | Grand Blanc, MI 48439-8070 | (810) 953-8800 | (810) 953-8808 | 16 | 23-2569 |
| White Lane Dialysis | 7701 WHITE LN STE D | Bakersfield, CA 93309-0201 | (661) 396-7158 | (661) 396-7286 | 20 | 55-2521 |
| Los Gatos Dialysis | 14251 WINCHESTER BLVD STE 100 | Los Gatos, CA 95032-1811 | (408) 370-6756 | (408) 370-6787 | 18 | 55-2743 |
| Davison Dialysis | 1011 S STATE RD | Davison, MI 48423-1903 | (810) 658-8224 | (810) 658-8232 | 15 | 23-2605 |
| Northeast Dialysis | 3501 MALL VIEW RD STE 109 | Bakersfield, CA 93306-3045 | (661) 872-3580 | (661) 872-3554 | 38 | 05-2839 |
| Clermont County Dialysis | 5901 MONTCLAIR BLVD STE 100 | Milford, OH 45150-2547 | (513) 248-0593 | (513) 248-1853 | 12 | 36-2751 |
| San Francisco Home Training | 1493 WEBSTER ST | San Francisco, CA 94115-3705 | (415) 346-3382 | (415) 346-3528 | 0 | 55-2736 |
| Flushing Dialysis Center | 3469 PIERSON PL STE A | Flushing, MI 48433-2704 | (810) 733-5004 | (810) 733-5384 | 19 | 23-2601 |
| Hanford Dialysis | 402 W 8TH ST | Hanford, CA 93230-4536 | (559) 582-5462 | (559) 582-2329 | 20 | 05-2628 |
| San Leandro Marina Dialysis | 2551 MERCED ST | San Leandro, CA 94577-4207 | (510) 352-1207 | (510) 352-1294 | 24 | 55-2749 |
| North Oakland Dialysis | 450 N TELEGRAPH RD STE 600 | Pontiac, MI 48341-1037 | (248) 333-2230 | (248) 333-9589 | 36 | 23-2511 |

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|---|---|---|---|---|---|---|
| Renal Center of Storm Lake | 1426 LAKE AVE | Storm Lake, IA 50588-1910 | (712) 732-6900 | (712) 732-6906 | 16 | 16-2518 |
| Clinton Dialysis Center | 150 S 31ST ST | Clinton, OK 73601-9118 | (580) 323-4349 | (580) 323-2793 | 16 | 37-2561 |
| West Lakewood Dialysis | 11700 WEST 2ND PL STE 325 | Lakewood, CO 80228-1755 | (303) 987-4672 | (303) 987-4687 | 12 | 06-2582 |
| Brighton Dialysis | 7960 GRAND RIVER RD STE 210 | Brighton, MI 48114-7336 | (810) 225-6288 | (810) 225-6291 | 13 | 23-2551 |
| Auburn Dialysis | 3126 PROFESSIONAL DR STE 100 | Auburn, CA 95603-2411 | (530) 886-8221 | (530) 886-8608 | 16 | 05-2614 |
| Bayonne Renal Center | 434-436 BROADWAY | Bayonne, NJ 07002-3628 | (201) 436-1664 | (201) 436-5133 | 21 | 31-2561 |
| Blue Mountain Kidney Center | 72556 COYOTE RD ON AN INDIAN RESERVATION | Pendleton, OR 97801-1002 | (541) 966-8563 | (541) 966-8573 | 12 | 38-2554 |
| Oviedo Dialysis | 7560 RED BUG LAKE RD STE 1048 | Oviedo, FL 32765-6591 | (407) 366-0211 | (407) 366-4269 | 20 | 68-2549 |
| Novi Dialysis | 27150 PROVIDENCE PKWY STE A | Novi, MI 48374-1272 | (248) 449-6947 | (248) 449-6995 | 21 | 23-2549 |
| Grass Valley Dialysis | 360 CROWN POINT CIRCLE STE 210 | Grass Valley, CA 95945-2543 | (530) 477-0734 | (530) 477-0178 | 18 | 05-2805 |
| Renal Center of Carrollton | 4240 INTERNATIONAL PKWY STE 158 | Carrollton, TX 75007-1974 | (972) 306-8410 | (972) 306-8109 | 20 | 45-2887 |
| Riddle Dialysis Center | 100 GRANITE DR STE 106 | Media, PA 19063-5134 | (610) 892-4701 | (610) 892-2769 | 16 | 39-2739 |
| Tri County Dialysis | 2540 FLAT SHOALS RD | Atlanta, GA 30349-4314 | (770) 991-6479 | (770) 991-5206 | 17 | 11-2877 |
| Atwater Dialysis | 1201 COMMERCE AVE | Atwater, CA 95301-5224 | (209) 358-7681 | (209) 358-7568 | 16 | 05-2706 |
| Renal Center of Moorefield | 8 LEE ST FLR 2 | Moorefield, WV 26836-1091 | (304) 530-1200 | (304) 530-1212 | 12 | 51-2522 |
| East End - Pittsburgh Dialysis | 7714 PENN AVE | Pittsburgh, PA 15221-2116 | (412) 241-6790 | (412) 241-6794 | 16 | 39-2748 |
| Victory Dialysis | 2401 SHELBY ST | Columbus, GA 31903-3360 | (706) 682-5327 | (706) 682-6059 | 12 | 11-2876 |
| Harford Road Dialysis Center | 5800 HARFORD RD | Baltimore, MD 21214-1847 | (410) 444-1544 | (410) 444-2787 | 19 | 21-2605 |
| Merced Dialysis | 3393 G ST STE A | Merced, CA 95340-1308 | (209) 723-0013 | (209) 723-2725 | 32 | 05-2584 |
| Bloomfield - Pittsburgh Dialysis | 5171 LIBERTY AVE STE C | Pittsburgh, PA 15224-2254 | (412) 683-3212 | (412) 683-3216 | 24 | 39-2751 |
| Red Bud Dialysis | 1500 E MARKET ST LOT 4 | Red Bud, IL 62278-2143 | (618) 282-3444 | (618) 282-3578 | 8 | 14-2772 |
| Carroll County Dialysis Facility | 193 STONER AVE STE 120 | Westminster, MD 21157-5782 | (410) 871-1762 | (410) 871-1766 | 19 | 21-2537 |
| Fresno Palm Bluffs Dialysis | 770 W PINEDALE AVE | Fresno, CA 93711-5744 | (559) 438-8512 | (559) 438-8696 | 25 | 55-2505 |
| Renal Center of Sewell | 660 WOODBURY-GLASSBORO RD STE 29 TIMBERLINE SHOPPING CENTER | Sewell, NJ 08080-3738 | (856) 464-1172 | (856) 464-5281 | 21 | 31-2565 |
| Monroeville Dialysis | 2690 MONROEVILLE BLVD | Monroeville, PA 15146-2302 | (412) 856-5950 | (412) 856-5940 | 20 | 39-2752 |
| Indy East Dialysis | 1208 N ARLINGTON AVE | Indianapolis, IN 46219-3203 | (317) 353-6315 | (317) 353-6358 | 16 | 15-2661 |
| Owings Mills Dialysis Center | 11221 DOLFIELD BLVD STE 118 | Owings Mills, MD 21117-3254 | (410) 363-2019 | (410) 363-2047 | 25 | 21-2574 |
| Daly City Dialysis | 1498 SOUTHGATE AVE STE 101 | Daly City, CA 94015-4015 | (650) 755-4751 | (650) 755-0356 | 34 | 05-2546 |
| South Broad Street Dialysis | 1172 S BROAD ST | Philadelphia, PA 19146-3142 | (215) 875-6720 | (215) 875-6721 | 24 | 39-2753 |
| Fairfax Dialysis Center | 8501 ARLINGTON BLVD STE 100 | Fairfax, VA 22031-4625 | (703) 876-8445 | (703) 876-6786 | 24 | 49-2591 |
| Fresno Dialysis | 4308 W SHAW AVE STE 101 | Fresno, CA 93722-6218 | (559) 277-3070 | (559) 276-4261 | 40 | 05-2608 |
| Renal Center of Tyler | 510 SSW LOOP 323 STE 580 | Tyler, TX 75702-7693 | (903) 596-0102 | (903) 596-9704 | 20 | 45-2867 |
| Cottman Kidney Center | 7198 CASTOR AVE | Philadelphia, PA 19149-1105 | (215) 745-4060 | (215) 745-0139 | 24 | 39-2766 |
| Owensboro Home Dialysis | 3250 KIDRON VALLEY WAY | Owensboro, KY 42303-2398 | (270) 691-9605 | (270) 691-9563 | 0 | 18-2626 |
| Manassas Dialysis | 10655 LOMOND DR STE 101 | Manassas, VA 20109-2877 | (703) 257-5445 | (703) 257-1050 | 20 | 49-2549 |
| San Francisco Dialysis | 1499 WEBSTER ST | San Francisco, CA 94115-3705 | (415) 928-9003 | (415) 928-9018 | 30 | 05-2719 |
| Cobblestone Dialysis | 836 DUNDEE AVE STE A | Elgin, IL 60120-3068 | (847) 888-9386 | (847) 888-9394 | 16 | 14-2715 |
| Franklin Commons Dialysis | 720 JOHNSVILLE BLVD STE 800 | Warminster, PA 18974-3546 | (215) 682-7691 | (215) 682-7695 | 16 | 39-2771 |
| Bad Axe Dialysis | 897 N VAN DYKE RD | Bad Axe, MI 48413-7912 | (989) 269-7657 | (989) 269-7645 | 13 | 23-2698 |
| Sterling Dialysis | 46396 BENEDICT DR STE 100 | Sterling, VA 20164-6626 | (703) 444-8932 | (703) 444-9060 | 15 | 49-2541 |
| Chinatown Dialysis | 636 CLAY ST | San Francisco, CA 94111-2502 | (415) 291-8992 | (415) 291-8985 | 22 | 05-2769 |
| Gracias Dialysis | 12430 STATE HIGHWAY 249 STE H | Houston, TX 77086-3339 | (281) 999-0348 | (281) 999-0383 | 21 | 67-2529 |
| Jedburg Dialysis | 2897 W 5TH NORTH ST | Summerville, SC 29483-9674 | (843) 873-3955 | (843) 873-0266 | 18 | 42-2620 |
| Bloomfield Hills Home Dialysis | 42886 WOODWARD AVE | Bloomfield Hills, MI 48304-5033 | (248) 334-7501 | (248) 334-7384 | 0 | 23-2697 |
| Los Banos Dialysis | 60 W G ST BLDG 5, STE D | Los Banos, CA 93635-3658 | (209) 826-2787 | (209) 826-6325 | 24 | 05-2738 |
| Tempe Dialysis Center | 2149 E WARNER RD STE 110 | Tempe, AZ 85284-3496 | (480) 730-3531 | (480) 491-5964 | 24 | 03-2609 |
| Longs Dialysis | 90 CLOVERLEAF DR STE 306 | Longs, SC 29568-9262 | (843) 582-0582 | (843) 582-0448 | 10 | 42-2622 |
| Chesapeake Dialysis Center | 1400 CROSSWAYS BLVD CROSSWAYS II STE 106 | Chesapeake, VA 23320-0207 | (757) 523-0666 | (757) 523-4545 | 24 | 49-2545 |
| Selma Dialysis | 2711 CINEMA WAY STE 111 | Selma, CA 93662-2677 | (559) 891-2750 | (559) 891-2755 | 30 | 05-2770 |
| Phoenix Dialysis Center | 337 E CORONADO RD STE 101 | Phoenix, AZ 85004-1582 | (602) 253-9006 | (602) 253-9465 | 24 | 03-2611 |
| Washington Nursing Dialysis | 2425 25TH ST SE | Washington, DC 20020-3409 | (202) 678-0013 | (202) 678-0083 | 9 | 09-2524 |
| Ridgeland Dialysis | 112 WEATHERSBY ST | Ridgeland, SC 29936-9514 | (843) 717-9379 | (843) 717-9384 | 10 | 42-2626 |
| East Brunswick Dialysis | 629 CRANBURY RD STE 101 | East Brunswick, NJ 08816-4096 | (732) 238-1909 | (732) 967-8173 | 19 | 31-2638 |
| Greater Waterbury Dialysis | 209 HIGHLAND AVE | Waterbury, CT 06708-3055 | (203) 574-7933 | (203) 574-4136 | 30 | 07-2511 |
| Gilbert Dialysis Center | 5222 E BASELINE RD STE 104 | Gilbert, AZ 85234-2963 | (480) 832-6996 | (480) 832-7337 | 24 | 03-2605 |
| Batavia Dialysis | 4000 GOLDEN AGE DR | Batavia, OH 45103-1913 | (513) 735-0700 | (513) 735-0087 | 12 | 36-2736 |
| Livingston TN Dialysis | 308 OAK ST | Livingston, TN 38570-1729 | (629) 201-2034 | (629) 201-2057 | 8 | 44-2669 |
| Mesilla Valley Dialysis | 2550 S TELSHOR BLVD | Las Cruces, NM 88011-4907 | (575) 522-3519 | (575) 522-5481 | 13 | 32-2544 |
| Newport News Dialysis Center | 711 79TH ST | Newport News, VA 23605-2767 | (757) 245-8090 | (757) 245-8178 | 32 | 49-2574 |
| Hartford Dialysis | 675 TOWER AVE RENAL UNIT 2ND FL | Hartford, CT 06112-1260 | (860) 242-0735 | (860) 242-2239 | 27 | 07-2516 |
| River Bend Dialysis | 1057 PAUL MAILLARD RD ST B1350 | Luling, LA 70070-4349 | (985) 331-1156 | (985) 331-1112 | 15 | 19-2707 |
| Clarksville North Dialysis | 3071 CLAY LEWIS RD | Clarksville, TN 37040-5141 | (931) 552-0644 | (931) 552-6036 | 13 | 44-2672 |
| Kidney Center of Brunswick | 3812 CENTER RD STE 101 | Brunswick, OH 44212-3025 | (330) 220-4502 | (330) 220-4481 | 16 | 36-2809 |
| New London Dialysis | 5 SHAWS COVE STE 100 | New London, CT 06320-4974 | (860) 701-1357 | (860) 444-0802 | 23 | 07-2515 |
| St. Joseph's Wayne Dialysis | 57 WILLOWBROOK BLVD 2ND FLOOR | Wayne, NJ 07470-7045 | (973) 890-2792 | (973) 890-2796 | 20 | 31-2597 |
| Lourdes Innova Dialysis | 3716 CHURCH RD | Mount Laurel, NJ 08054-1104 | (856) 222-0386 | (856) 235-0592 | 24 | 31-2594 |
| Portland Gateway Dialysis | 9932 NE HALSEY ST | Portland, OR 97220-4495 | (503) 253-8170 | (503) 253-8573 | 16 | 38-2571 |
| Rockville Dialysis Center | 15204 OMEGA DR STE 110 | Rockville, MD 20850-4813 | (301) 947-2427 | (240) 683-2440 | 17 | 21-2511 |
| Torrington Dialysis | 780 LITCHFIELD ST STE 100 | Torrington, CT 06790-6268 | (860) 496-0661 | (860) 496-0504 | 19 | 07-2523 |
| St. Luke's Quakertown Dialysis | 1021 PARK AVE | Quakertown, PA 18951-1573 | (215) 536-8184 | (215) 538-2090 | 12 | 39-2815 |
| Memphis Downtown Dialysis | 2076 UNION AVE | Memphis, TN 38104-4138 | (901) 725-1169 | (901) 725-2778 | 28 | 44-2682 |
| Bluffton Dialysis | 101 OKATIE CENTER BLVD S | Bluffton, SC 29909-7547 | (843) 706-9900 | (843) 706-9949 | 12 | 42-2647 |
| Eastgate Dialysis | 4435 AICHOLTZ RD | Cincinnati, OH 45245-1690 | (513) 752-5544 | (513) 752-5736 | 16 | 36-2522 |
| Bloomfield Dialysis | 29 GRIFFIN RD S | Bloomfield, CT 06002-1351 | (860) 243-5389 | (860) 243-8150 | 16 | 07-2528 |
| Willow Creek Dialysis | 1139 WARWICK WAY | Racine, WI 53406-5661 | (262) 884-2730 | (262) 884-2802 | 12 | 52-2584 |
| College Park Dialysis | 17191 ST LUKES WAY STE 100 | The Woodlands, TX 77384-8043 | (936) 273-3350 | (936) 273-4539 | 24 | 67-2745 |
| Physicians Dialysis Fitchburg | 551 ELECTRIC AVE | Fitchburg, MA 01420-5371 | (978) 343-4100 | (978) 343-4559 | 19 | 22-2536 |
| Bridgeport Dialysis | 900 MADISON AVE STE 221 | Bridgeport, CT 06606-5534 | (203) 335-0191 | (203) 382-0322 | 50 | 07-2501 |
| Oak Springs Dialysis | 764 LOCUST AVE | Washington, PA 15301-2756 | (724) 229-7377 | (724) 225-0490 | 13 | 39-2692 |
| Lone Peak Dialysis | 1175 E 50 S STE 111 | American Fork, UT 84003-2845 | (801) 763-1304 | (801) 763-1305 | 12 | 46-2535 |
| Benton Dialysis | 1151 ROUTE 14 W | Benton, IL 62812-1500 | (618) 435-4850 | (618) 435-4852 | 13 | 14-2608 |
| Shelton Dialysis | 750 BRIDGEPORT AVE | Shelton, CT 06484-4734 | (203) 925-9520 | (203) 925-9536 | 22 | 07-2510 |
| Whiteside Dialysis | 4406 E LINCOLNWAY | Sterling, IL 61081-9749 | (815) 535-0447 | (815) 535-9474 | 16 | 14-2648 |
| New Haven Dialysis | 15 CENTER ST STE 201 | New Haven, CT 06510-3003 | (203) 859-7770 | (203) 495-1454 | 28 | 07-2507 |
| Cuero Lakeview Dialysis | 1105 E BROADWAY ST | Cuero, TX 77954-2108 | (361) 275-8648 | (361) 275-8691 | 16 | 45-2889 |
| Winchester Dialysis | 2301 VALOR DR | Winchester, VA 22601-6111 | (540) 667-0227 | (540) 535-1605 | 25 | 49-2523 |
| Mount Vernon Dialysis | 4102 N WATER TOWER PL | Mount Vernon, IL 62864-6583 | (618) 244-3407 | (618) 242-6137 | 16 | 14-2541 |
| Stamford Dialysis | 30 COMMERCE RD | Stamford, CT 06902-4550 | (203) 358-9969 | (203) 359-9252 | 34 | 07-2504 |
| Marengo City Dialysis | 910 GREENLEE ST STE B | Marengo, IL 60152-8200 | (815) 568-5800 | (815) 568-5900 | 13 | 14-2643 |
| Lexington Dialysis | 756 N LEE HWY | Lexington, VA 24450-3724 | (540) 463-1121 | (540) 464-6302 | 20 | 49-2539 |
| New Martinsville Dialysis | N 261 West Virginia State Route 2, Ste 14-15 | New Martinsville, WV 26155-2203 | (304) 455-2700 | (304) 455-4151 | 10 | 51-2514 |
| Branford Dialysis | 249 W MAIN ST | Branford, CT 06405-4048 | (203) 481-8531 | (203) 481-8557 | 13 | 07-2517 |
| Silverado Dialysis | 1100 TRANCAS ST STE 266 AND 267 | Napa, CA 94558-2921 | (707) 224-6533 | (707) 224-6535 | 10 | 05-2565 |

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|---|---|---|---|---|---|---|
| Charter Colony Dialysis Center | 2312 COLONY CROSSING PL | Midlothian, VA 23112-4280 | (804) 739-6383 | (804) 739-6083 | 20 | 49-2650 |
| Milford Dialysis | 470 BRIDGEPORT AVE STE S | Milford, CT 06460-4167 | (203) 301-9040 | (203) 301-9947 | 22 | 07-2514 |
| Stony Island Dialysis | 8725 S STONY ISLAND AVE | Chicago, IL 60617-2709 | (773) 221-7320 | (773) 221-7410 | 32 | 14-2718 |
| Williamsburg Dialysis | 500 SENTARA CIR STE 103 | Williamsburg, VA 23188-5727 | (757) 206-1408 | (757) 206-1418 | 16 | 49-2651 |
| South Norwalk Dialysis | 666 WEST AVE | Norwalk, CT 06850-4009 | (475) 283-9702 | (475) 283-9727 | 28 | 07-2521 |
| Butler Farm Dialysis | 501 BUTLER FARM RD STE A | Hampton, VA 23666-1777 | (757) 766-1921 | (757) 766-6073 | 30 | 49-2653 |
| La Central Dialysis | 902 HOUSTON ST | Laredo, TX 78040-8015 | (956) 523-8652 | (956) 523-0598 | 13 | 67-2759 |
| Peninsula Dialysis Center | 716 DENBIGH BLVD STE D1 AND D2 | Newport News, VA 23608-4414 | (757) 875-1125 | (757) 875-1105 | 16 | 49-2617 |
| GWU Southeast Dialysis | 3857A PENNSYLVANIA AVE SE | Washington, DC 20020-1309 | (202) 581-9440 | (202) 581-9446 | 25 | 09-2517 |
| Yellowstone Dialysis | 1165 SUMMERS DR | Rexburg, ID 83440-5224 | (208) 656-0396 | (208) 656-0396 | 20 | 13-2510 |
| Midtowne Norfolk Dialysis | 2201 COLONIAL AVE | Norfolk, VA 23517-1928 | (757) 626-3111 | (757) 626-3341 | 28 | 49-2658 |
| Lowville Dialysis Center | 7785 N STATE ST STE 1 | Lowville, NY 13367-1229 | (315) 377-3090 | (315) 376-9983 | 8 | 33-2709 |
| Grand Island Dialysis | 203 E STOLLEY PARK RD STE G | Grand Island, NE 68801-8256 | (308) 384-4067 | (308) 382-0461 | 12 | 28-2522 |
| Brentwood Dialysis | 1231 BRENTWOOD RD NE | Washington, DC 20018-1019 | (202) 636-3711 | (202) 636-3769 | 24 | 09-2519 |
| Valley Baptist Raymondville Dialysis | 894 FM 3168 | Raymondville, TX 78580-4519 | (956) 689-9084 | (956) 689-1951 | 16 | 67-2674 |
| Harbour View Dialysis | 1039 CHAMPIONS WAY STE 500 | Suffolk, VA 23435-3771 | (757) 484-2814 | (757) 484-6087 | 24 | 49-2659 |
| Magnolia Dialysis | 1125 S BURNSIDE AVE | Gonzales, LA 70737-4248 | (225) 255-4070 | (225) 255-4071 | 17 | 19-2551 |
| Eighth Street Dialysis | 920 BLADENSBURG RD NE | Washington, DC 20002-3930 | (202) 399-0812 | (202) 396-8767 | 24 | 09-2513 |
| Fair Lawn Dialysis | 18-01 POLLITT DR | Fair Lawn, NJ 07410-2813 | (201) 796-3873 | (201) 703-3543 | 20 | 31-2616 |
| Jefferson Avenue Dialysis | 11234 JEFFERSON AVE | Newport News, VA 23601-2207 | (757) 595-6167 | (757) 595-6210 | 12 | 49-2660 |
| Motor City Dialysis | 4727 SAINT ANTOINE ST STE 101 | Detroit, MI 48201-1461 | (313) 831-6842 | (313) 831-6415 | 0 | 23-2539 |
| St. Petersburg Dialysis | 1117 ARLINGTON AVE N | Saint Petersburg, FL 33705-1521 | (727) 896-9029 | (727) 896-7269 | 20 | 10-2773 |
| Yakima Dialysis Center | 1221 N 16TH AVE | Yakima, WA 98902-1347 | (509) 457-8333 | (509) 457-8334 | 24 | 50-2541 |
| Union County Dialysis | 615 COMFORT LN | Monroe, NC 28112-5599 | (704) 225-0944 | (704) 225-9233 | 37 | 34-2526 |
| St. Petersburg South Dialysis | 2850 34TH ST S | Saint Petersburg, FL 33711-3817 | (727) 864-4050 | (727) 864-0013 | 20 | 10-2803 |
| Westwood Dialysis Center | 2615 SW TRENTON ST | Seattle, WA 98126-3745 | (206) 938-6738 | (206) 938-5217 | 15 | 50-2544 |
| Middleburg Heights Dialysis | 7360 ENGLE RD | Middleburg Heights, OH 44130-3429 | (440) 891-5645 | (440) 891-5655 | 24 | 36-2572 |
| West Tampa Dialysis | 4515 GEORGE RD STE 300 | Tampa, FL 33634-7300 | (813) 884-4008 | (813) 884-1465 | 20 | 10-2679 |
| Reno Dialysis Center | 1500 E 2ND ST STE 101 | Reno, NV 89502-1189 | (775) 329-2100 | (775) 329-2106 | 25 | 29-2518 |
| Tacoma Dialysis Center | 3401 S 19TH ST | Tacoma, WA 98405-1909 | (253) 573-1600 | (253) 573-1601 | 21 | 50-2551 |
| West Philadelphia Dialysis | 7609 LINDBERGH BLVD | Philadelphia, PA 19153-2301 | (215) 937-1103 | (215) 937-0770 | 24 | 39-2513 |
| Lakeland Dialysis | 515 E BELLA VISTA ST | Lakeland, FL 33805-3005 | (863) 688-5463 | (863) 688-7150 | 16 | 10-2524 |
| Carson City Dialysis Center | 3246 N CARSON ST STE 110 | Carson City, NV 89706-0248 | (775) 886-6450 | (775) 886-6452 | 24 | 29-2539 |
| Ellensburg Dialysis Center | 2101 W DOLARWAY RD STE 1 | Ellensburg, WA 98926-7846 | (509) 852-2136 | (509) 852-2137 | 7 | 50-2552 |
| Fresno North Home Training | 6655 N MILBURN AVE | Fresno, CA 93722-2162 | (559) 451-0768 | (559) 447-1542 | 6 | 55-2782 |
| Wheeling Dialysis | 500 MEDICAL PARK STE 100 | Wheeling, WV 26003-7600 | (304) 242-9135 | (304) 242-6097 | 17 | 51-2513 |
| Plant City Dialysis | 2301 S FRONTAGE RD | Plant City, FL 33563-2061 | (813) 659-1674 | (813) 659-2269 | 20 | 10-2554 |
| Suburban Dialysis Center | 705 MAPLE RD | Williamsville, NY 14221-3291 | (716) 630-6640 | (716) 630-6647 | 22 | 33-2600 |
| Graham Dialysis Center | 10219 196TH ST CT E STE C | Graham, WA 98338-7935 | (253) 875-5382 | (253) 875-2616 | 12 | 50-2554 |
| Pilchuck Dialysis | 1250 STATE AVE | Marysville, WA 98270-3659 | (360) 651-0780 | (360) 651-0680 | 11 | 50-2577 |
| EA Motto Dialysis | 1228 E RUSHOLME ST STE 1000 | Davenport, IA 52803-2467 | (563) 322-0101 | (563) 322-2092 | 24 | 16-2559 |
| Bradenton Dialysis | 3501 CORTEZ RD W STE 3 | Bradenton, FL 34210-3197 | (941) 727-4209 | (941) 753-8386 | 17 | 10-2646 |
| Stony Creek Dialysis | 6246 W 95TH ST | Oak Lawn, IL 60453-2702 | (708) 233-9027 | (708) 233-9429 | 16 | 14-2661 |
| Olympia Dialysis Center | 335 COOPER POINT RD NW STE 105 | Olympia, WA 98502-4436 | (360) 357-6198 | (360) 943-6878 | 7 | 50-2555 |
| Orange Dialysis Center | 100 CRYSTAL RUN RD STE 102 | Middletown, NY 10941-4042 | (845) 692-8220 | (845) 692-8655 | 20 | 33-2707 |
| PELLA DIALYSIS | 1117 HAZEL ST DIALYSIS UNIT | Pella, IA 50219-1338 | (641) 628-8826 | (641) 628-8830 | 9 | 16-2566 |
| Lakeland South Dialysis | 4774 S FLORIDA AVE | Lakeland, FL 33813-2181 | (863) 646-0462 | (863) 647-0802 | 20 | 10-2764 |
| Table Rock Dialysis Center | 5610 W GAGE ST STE B | Boise, ID 83706-1332 | (208) 658-8111 | (208) 322-6150 | 25 | 13-2502 |
| Everett Dialysis Center | 8130 EVERGREEN WAY | Everett, WA 98203-6419 | (425) 353-6036 | (425) 353-1210 | 16 | 50-2560 |
| Excelsior Springs Dialysis | 1745 W JESSE JAMES RD | Excelsior Springs, MO 64024-1801 | (816) 637-2685 | (816) 637-2635 | 13 | 26-2662 |
| Renal Center New Lenox | 1890 SILVER CROSS BVLD PAVILION A STE 150 | New Lenox, IL 60451-9528 | (815) 320-3049 | (815) 320-3241 | 19 | 14-2741 |
| Fort Myers North Dialysis | 16101 N CLEVELAND AVE | North Fort Myers, FL 33903-2148 | (239) 656-4403 | (239) 656-1886 | 12 | 10-2788 |
| Twin Falls Dialysis Center | 582 POLE LINE RD | Twin Falls, ID 83301-3042 | (208) 733-2006 | (208) 733-2051 | 24 | 13-2505 |
| Mill Creek Dialysis Center | 18001 BOTHELL EVERETT HWY STE 112 | Bothell, WA 98012-1661 | (425) 481-5258 | (425) 481-3438 | 10 | 50-2561 |
| Fort Myers Dialysis | 4220 EXECUTIVE CIRCLE STE 38 | Fort Myers, FL 33916-8055 | (239) 274-3681 | (239) 274-6168 | 34 | 10-2513 |
| Carabello Dialysis Center | 757 E WASHINGTON BLVD | Los Angeles, CA 90021-3016 | (213) 745-2860 | (213) 745-2868 | 24 | 55-2649 |
| Seaview Dialysis Center | 101 18TH ST SE | Long Beach, WA 98631-2500 | (360) 642-3442 | (360) 642-3460 | 11 | 50-2562 |
| Kansas Avenue Dialysis | 604 KANSAS AVE | Clinton, MO 64735-3069 | (660) 890-0830 | (660) 890-0789 | 13 | 26-2663 |
| Southfield West Dialysis | 21900 MELROSE AVE STE 4 | Southfield, MI 48075-7967 | (248) 356-8079 | (248) 356-8151 | 18 | 23-2604 |
| Riverside PD Central | 3660 PARK SIERRA DR STE 108 | Riverside, CA 92505-3071 | (951) 687-3900 | (951) 687-7998 | 11 | 55-2627 |
| Whidbey Island Dialysis Center | 32650 STATE RD 20 BLDG D STE 101 | Oak Harbor, WA 98277-2641 | (360) 240-1596 | (360) 240-1730 | 7 | 50-2564 |
| Dialysis at Deborah | 107 TRENTON RD | Browns Mills, NJ 08015-3202 | (609) 893-3950 | (609) 893-3704 | 16 | 31-2648 |
| Middletown Dialysis Center | 500 STATE ROUTE 35 UNION SQUARE PLAZA | Red Bank, NJ 07701-5038 | (732) 576-9900 | (732) 576-9908 | 15 | 31-2569 |
| Lehigh Acres Dialysis | 2814 LEE BLVD STE 16 | Lehigh Acres, FL 33971-1561 | (239) 368-7169 | (239) 368-7541 | 12 | 10-2618 |
| Amery Dialysis | 970 ELDEN AVE | Amery, WI 54001-1448 | (534) 444-0005 | (534) 444-0006 | 12 | 52-2575 |
| East Paterson Dialysis | 680 BROADWAY STE 103 | Paterson, NJ 07514-1526 | (973) 357-8079 | (973) 279-1825 | 18 | 31-2643 |
| Oak Park Dialysis | 13481 W 10 MILE RD | Oak Park, MI 48237-4633 | (248) 582-9750 | (248) 582-9760 | 20 | 23-2613 |
| Fort Myers South Dialysis | 8850 GLADIOLUS DR | Fort Myers, FL 33908-5102 | (239) 415-1661 | (239) 415-7440 | 22 | 10-2744 |
| South Shore Dialysis Center | 212 GULF FWY S STE G3 | League City, TX 77573-3956 | (281) 554-6050 | (281) 316-1385 | 12 | 67-2522 |
| Oak Creek Dialysis | 8201 S HOWELL AVE STE 600 | Oak Creek, WI 53154-8336 | (414) 762-3784 | (414) 762-4012 | 12 | 52-2578 |
| Hermiston Community Dialysis Center | 1155 W LINDA AVE | Hermiston, OR 97838-9601 | (541) 289-1122 | (541) 289-1150 | 12 | 38-2544 |
| Long Beach Harbor (UCLA) | 1075 E PACIFIC COAST HWY | Long Beach, CA 90806-5089 | (562) 599-1511 | (562) 599-1922 | 12 | 55-2579 |
| Springhill Dialysis | 3401 SPRINGHILL DR STE 190 | North Little Rock, AR 72117-2925 | (501) 945-3669 | (501) 945-3949 | 17 | 04-2513 |
| Ocoee Dialysis | 11140 W COLONIAL DR STE 5 | Ocoee, FL 34761-3300 | (407) 877-0626 | (407) 877-0603 | 18 | 10-2639 |
| Strongsville Dialysis | 17792 PEARL RD | Strongsville, OH 44136-6909 | (440) 238-9270 | (440) 238-9275 | 18 | 36-2684 |
| Ceres Dialysis Center | 1768 MITCHELL RD STE 308 | Ceres, CA 95307-2156 | (209) 538-9853 | (209) 538-9858 | 16 | 55-2581 |
| Pulaski County Dialysis | 202 JOHN HARDEN DR | Jacksonville, AR 72076-3775 | (501) 982-1004 | (501) 982-1068 | 9 | 04-2535 |
| Orlando North Dialysis | 5135 ADANSON ST STE 700 | Orlando, FL 32804-1338 | (407) 539-3998 | (407) 539-5708 | 16 | 10-2707 |
| Clearlake Dialysis | 14400 OLYMPIC DR | Clearlake, CA 95422-8809 | (707) 994-9785 | (707) 994-9790 | 12 | 55-2586 |
| Hopewell Dialysis Center | 301 W BROADWAY AVE | Hopewell, VA 23860-2645 | (804) 452-2494 | (804) 452-1204 | 16 | 49-2563 |
| Orlando East Dialysis | 11616 LAKE UNDERHILL RD STE 206 | Orlando, FL 32825-4466 | (407) 384-1175 | (407) 384-1421 | 21 | 10-2660 |
| DaVita East Dialysis | 11989 PELLICANO DR | El Paso, TX 79936-6287 | (915) 856-6363 | (915) 856-9777 | 24 | 67-2558 |
| Bellflower Dialysis Center | 15736 WOODRUFF AVE | Bellflower, CA 90706-4018 | (562) 804-3099 | (562) 804-1544 | 20 | 55-2588 |
| Central Avenue Dialysis | 10994 BALTIMORE ST NE | Blaine, MN 55449-4601 | (763) 786-5026 | (763) 786-4138 | 12 | 24-2591 |
| Continental Dialysis Center of Springfield | 8003 FORBES PL STE 110 | Springfield, VA 22151-2215 | (703) 321-7207 | (703) 321-8658 | 21 | 49-2535 |
| Orlando Home Training Dialysis | 116 STURTEVANT ST STE 2 | Orlando, FL 32806-2021 | (407) 849-1567 | (407) 849-1657 | 0 | 10-2772 |
| Exeter Dialysis | 1116 W VISALIA RD STE 106 | Exeter, CA 93221-1482 | (559) 592-1025 | (559) 592-4103 | 24 | 55-2594 |
| Lake Mary Dialysis | 39 SKYLINE DR STE 1001 | Lake Mary, FL 32746-7123 | (407) 833-8667 | (407) 833-8672 | 20 | 68-2567 |
| Bertha Sirk Dialysis Center | 5820 YORK RD STE 10 | Baltimore, MD 21212-3620 | (410) 532-9311 | (410) 532-5833 | 16 | 21-2543 |
| Kissimmee Dialysis | 802 N JOHN YOUNG PKWY | Kissimmee, FL 34741-4912 | (407) 847-4423 | (407) 847-5973 | 25 | 10-2569 |
| Laurel Manor Dialysis Center at the Villages | 1950 LAUREL MANOR DR STE 190 | Lady Lake, FL 32162-5608 | (352) 259-0250 | (352) 259-0335 | 16 | 10-2838 |
| Santa Fe Springs Dialysis | 11147 WASHINGTON BLVD | Whittier, CA 90606-3007 | (562) 695-0827 | (562) 695-1132 | 16 | 55-2597 |
| Downtown Dialysis Center | 821 N EUTAW ST STE 401 | Baltimore, MD 21201-6304 | (410) 383-3455 | (410) 383-3468 | 31 | 21-2522 |
| Lake Wales Dialysis Center | 1125 BRYN MAWR AVE | Lake Wales, FL 33853-4333 | (863) 679-9851 | (863) 679-9856 | 12 | 10-2712 |
| Springhurst Dialysis | 10201 CHAMPION FARMS DR | Louisville, KY 40241-6150 | (502) 425-2131 | (502) 425-2151 | 18 | 18-2577 |

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|---|---|---|---|---|---|---|
| Joy of Dixon Dialysis Center | 1640 N LINCOLN ST | Dixon, CA 95620-9268 | (707) 693-8301 | (707) 693-8306 | 12 | 55-2603 |
| CDC of Woodbridge | 2751 KILLARNEY DR | Woodbridge, VA 22192-4119 | (703) 897-7027 | (703) 897-1328 | 24 | 49-2521 |
| Winter Haven Dialysis | 1625 UNITY WAY NW | Winter Haven, FL 33881-2107 | (863) 294-8851 | (863) 294-5212 | 20 | 10-2545 |
| Yosemite Street Dialysis Center | 1650 W YOSEMITE AVE | Manteca, CA 95337-5193 | (209) 824-5552 | (209) 825-1786 | 21 | 55-2606 |
| Broken Arrow Dialysis Center | 1710 N 9TH ST | Broken Arrow, OK 74012-8283 | (918) 355-0657 | (918) 355-2800 | 16 | 37-2516 |
| Bartow Dialysis | 2295 E FLAMINGO DR | Bartow, FL 33830-4203 | (863) 533-1601 | (863) 519-4415 | 16 | 10-2626 |
| Vancouver Dialysis Center | 9120 NE VANCOUVER MALL DR STE 160 | Vancouver, WA 98662-9401 | (360) 891-5777 | (360) 891-1085 | 15 | 50-2550 |
| Winter Haven South Dialysis | 7220 CYPRESS GARDENS BLVD | Winter Haven, FL 33884-3217 | (863) 324-5040 | (863) 324-8492 | 12 | 68-2552 |
| TRC Children's Dialysis Center | 1333 N KINGSBURY ST STE 100 | Chicago, IL 60642-2687 | (312) 642-2631 | (312) 642-2695 | 8 | 14-2604 |
| Orlando Southwest Dialysis | 6925 LAKE ELLENOR DR STE 650 | Orlando, FL 32809-4670 | (407) 852-1751 | (407) 852-1748 | 18 | 10-2750 |
| Smoky Mountain Dialysis | 1611 ANDREWS RD | Murphy, NC 28906-5100 | (828) 835-4910 | (828) 835-7394 | 13 | 34-2649 |
| Cornerhouse Dialysis Center | 2005 NAGLEE AVE | San Jose, CA 95128-4801 | (408) 998-0183 | (408) 998-7105 | 25 | 55-2608 |
| Comprehensive Renal Care - Gary | 4802 BROADWAY | Gary, IN 46408-4509 | (219) 887-1199 | (219) 887-1605 | 40 | 15-2521 |
| Orange City Dialysis | 2575 S VOLUSIA AVE STE 400 | Orange City, FL 32763-9116 | (386) 774-0101 | (386) 774-0249 | 16 | 10-2775 |
| Fenton Dialysis | 17420 SILVER PKWY | Fenton, MI 48430-4429 | (810) 750-9200 | (810) 750-9210 | 12 | 23-2635 |
| San Marcos Dialysis Center | 2135 MONTIEL RD BLDG B | San Marcos, CA 92069-3511 | (760) 975-0170 | (760) 975-0177 | 20 | 55-2618 |
| Ridge Park Dialysis | 4805 PEARL RD | Cleveland, OH 44109-5145 | (216) 398-6029 | (216) 398-6053 | 14 | 36-2828 |
| Daytona South Dialysis | 955 FOSTER WAY STE 306 | South Daytona, FL 32119-1731 | (386) 322-3625 | (386) 322-3695 | 24 | 10-2614 |
| Tennessee Valley Dialysis Center | 107 WOODLAWN DR STE 2 | Johnson City, TN 37604-6287 | (423) 926-2976 | (423) 926-1232 | 16 | 44-2666 |
| Calvine Home Training | 8231 E STOCKTON BLVD STE A | Sacramento, CA 95828-8202 | (916) 689-4254 | (916) 689-9563 | 6 | 55-2747 |
| Daytona Beach Dialysis | 578 HEALTH BLVD | Daytona Beach, FL 32114-1492 | (386) 258-7322 | (386) 258-0191 | 20 | 10-2521 |
| Anadarko Dialysis Center | 414 SE 11TH ST | Anadarko, OK 73005-4442 | (405) 247-2299 | (405) 247-4888 | 10 | 37-2575 |
| Jackson Dialysis | 234 W LOUIS GLICK HWY | Jackson, MI 49201-1326 | (517) 841-1712 | (517) 841-1724 | 21 | 23-2571 |
| New Smyrna Beach Dialysis | 110 S ORANGE ST | New Smyrna Beach, FL 32168-7153 | (386) 409-0025 | (386) 409-0410 | 12 | 10-2696 |
| Andover Dialysis | 488 S MAIN ST | Andover, OH 44003-9602 | (440) 293-6028 | (440) 293-6219 | 14 | 36-2694 |
| Downey Landing Dialysis Center | 11611 BELLFLOWER BLVD | Downey, CA 90241-5408 | (562) 862-0001 | (562) 862-0040 | 31 | 55-2624 |
| Round Rock Dialysis | 1800 ROUND ROCK AVE STE 200 | Round Rock, TX 78681-4070 | (512) 310-8797 | (512) 246-0030 | 12 | 67-2780 |
| Almond-Wood Dialysis | 501 E ALMOND AVE | Madera, CA 93637-5661 | (559) 664-9252 | (559) 664-9255 | 22 | 55-2564 |
| Hesperia Dialysis Center | 14135 MAIN ST STE 501 | Hesperia, CA 92345-8097 | (760) 947-7405 | (760) 949-7925 | 22 | 55-2626 |
| Southwest San Antonio Dialysis Center | 7515 BARLITE BLVD | San Antonio, TX 78224-1311 | (210) 923-4566 | (210) 922-6256 | 24 | 45-2571 |
| Deland Dialysis | 350 E NEW YORK AVE | Deland, FL 32724-5510 | (386) 738-2570 | (386) 738-9576 | 20 | 10-2573 |
| Franklin Dialysis | 1140 W JEFFERSON ST STE A | Franklin, IN 46131-2101 | (317) 736-4304 | (317) 736-5787 | 14 | 15-2603 |
| San Leandro Dialysis | 15555 E 14TH ST STE 520 | San Leandro, CA 94578-1949 | (510) 317-6510 | (510) 317-6515 | 24 | 55-2633 |
| Tyrone Dialysis | 175 HOSPITAL DR | Tyrone, PA 16686-1808 | (814) 684-4390 | (814) 684-2402 | 8 | 39-2825 |
| Cleveland Dialysis Center | 202 E FORT WORTH ST | Cleveland, TX 77327-4917 | (281) 659-9679 | (281) 659-0026 | 20 | 45-2731 |
| Palm Coast Dialysis | 13 KINGSWOOD DR STE A | Palm Coast, FL 32137-4614 | (386) 445-4445 | (386) 445-3312 | 22 | 10-2728 |
| Leavenworth Dialysis | 831 W EISENHOWER RD | Lansing, KS 66043-2206 | (913) 675-3157 | (913) 675-3181 | 20 | 17-2545 |
| Livermore Dialysis | 3201 DOOLAN RD STE 175 | Livermore, CA 94551-9610 | (925) 245-9780 | (925) 245-9785 | 24 | 55-2638 |
| Omni Dialysis Center | 9350 KIRBY DR STE 110 | Houston, TX 77054-2528 | (713) 665-4747 | (713) 665-3570 | 48 | 45-2667 |
| Ormond Beach Dialysis | 420 S NOVA RD STE 7 | Ormond Beach, FL 32174-0411 | (386) 676-2405 | (386) 676-6738 | 24 | 10-2638 |
| Cold Spring Dialysis | 430 CROSS ROADS BLVD | Cold Spring, KY 41076-2341 | (859) 441-3981 | (859) 441-4582 | 12 | 18-2583 |
| Westlake Daly City Dialysis Center | 2201 JUNIPERO SERRA BLVD STE A | Daly City, CA 94014-1908 | (650) 755-9480 | (650) 755-9485 | 31 | 55-2642 |
| Model City Home Training | 1724 LEIGHTON AVE | Anniston, AL 36207-3833 | (256) 236-5864 | (256) 741-1782 | 3 | 01-2685 |
| Upland Dialysis Center | 1 MEDICAL CENTER BLVD STE 120 | Chester, PA 19013-3902 | (610) 447-2825 | (610) 490-0945 | 36 | 39-2508 |
| Perry Dialysis | 610 10TH ST STE L100 | Perry, IA 50220-2221 | (515) 465-2657 | (515) 465-2874 | 8 | 16-2534 |
| Yuma Dialysis | 2130 W 24TH ST | Yuma, AZ 85364-6122 | (928) 783-2365 | (928) 783-6870 | 32 | 03-2502 |
| Aborn Dialysis | 3162 S WHITE RD STE 100 | San Jose, CA 95148-4007 | (408) 223-0620 | (408) 223-0625 | 18 | 55-2643 |
| Greystone Dialysis | 5406 HIGHWAY 280 STE D107 | Birmingham, AL 35242-6592 | (205) 981-2045 | (205) 408-5116 | 11 | 01-2676 |
| Southeastern Dialysis Center - Elizabethtown | 101 DIALYSIS DR | Elizabethtown, NC 28337-9048 | (910) 862-7022 | (910) 862-6312 | 19 | 34-2578 |
| West Tallahassee Dialysis | 5857 W TENNESSEE ST | Tallahassee, FL 32304-9218 | (850) 350-0002 | (850) 350-0120 | 24 | 10-2673 |
| East LA Plaza Dialysis | 1700 E CESAR E CHAVEZ AVE STE L 100 | Los Angeles, CA 90033-2472 | (323) 261-0484 | (323) 261-5348 | 33 | 05-2622 |
| Knoxville Central Dialysis | 9141 CROSS PARK DR STE 102 | Knoxville, TN 37923-4557 | (865) 531-4681 | (865) 690-9943 | 8 | 44-2681 |
| Sanger Sequoia Dialysis | 2517 JENSEN AVE BLDG B | Sanger, CA 93657-2251 | (559) 876-3852 | (559) 876-3930 | 16 | 55-2650 |
| South Little Rock Dialysis | 6115 BASELINE RD STE 100 | Little Rock, AR 72209-4725 | (501) 570-0543 | (501) 570-0738 | 13 | 04-2590 |
| Southeastern Dialysis Center - Jacksonville | 14 OFFICE PARK DR | Jacksonville, NC 28546-7325 | (910) 353-6888 | (910) 353-6839 | 38 | 34-2532 |
| Four Freedoms Dialysis | 289 SW RANGE AVE STE A | Madison, FL 32340-2351 | (850) 973-3852 | (850) 973-9861 | 16 | 10-2737 |
| Banning Dialysis | 6090 W RAMSEY ST | Banning, CA 92220-3052 | (951) 845-4494 | (951) 845-4845 | 18 | 55-2520 |
| Rivercenter Dialysis | 1123 N MAIN AVE STE 150 | San Antonio, TX 78212-4738 | (210) 270-7887 | (210) 270-7892 | 22 | 67-2516 |
| Dialysis Care of Rutherford County | 226 COMMERCIAL ST | Forest City, NC 28043-2851 | (828) 248-3660 | (828) 248-3825 | 30 | 34-2566 |
| Tallahassee South Dialysis | 2410 S ADAMS ST | Tallahassee, FL 32301-6325 | (850) 224-8757 | (850) 224-8766 | 20 | 10-2765 |
| Ocean Springs Dialysis | 13150 PONCE DE LEON DR | Ocean Springs, MS 39564-2460 | (228) 818-3201 | (228) 818-6468 | 16 | 25-2519 |
| Boerne Dialysis Center | 1369 S MAIN ST STE 101 | Boerne, TX 78006-2860 | (830) 249-1491 | (830) 249-1508 | 12 | 67-2578 |
| Ultimate Kidney Care | 2720 SW 97TH AVE STE 201 | Miami, FL 33165-2680 | (305) 226-2699 | (305) 226-4199 | 15 | 68-2546 |
| Southeastern Dialysis Center - Wilmington | 2215 YAUPON DR | Wilmington, NC 28401-7334 | (910) 343-0664 | (910) 343-0674 | 32 | 34-2511 |
| Quincy Dialysis | 878 STRONG RD | Quincy, FL 32351-5243 | (850) 854-8001 | (850) 854-8002 | 20 | 10-2627 |
| South Yuma Dialysis | 7179 E 31ST PLACE | Yuma, AZ 85365-8392 | (928) 317-0517 | (928) 726-9155 | 20 | 03-2556 |
| Mid Cities Dialysis Center | 117 E HARWOOD RD | Hurst, TX 76054-3043 | (817) 656-2843 | (817) 656-2040 | 16 | 67-2579 |
| Newton County Dialysis | 10132 CARLIN DR | Covington, GA 30014-3651 | (770) 385-8008 | (770) 385-7287 | 17 | 11-2883 |
| Las Vegas Dialysis Center | 150 S VALLEY VIEW BLVD | Las Vegas, NV 89107-3110 | (702) 878-0908 | (702) 878-8292 | 40 | 29-2501 |
| Tallahassee Dialysis | 1607 PHYSICIANS DR | Tallahassee, FL 32308-4620 | (850) 878-8776 | (850) 878-9004 | 27 | 10-2624 |
| K Street Dialysis | 2131 K ST NW STE 300 | Washington, DC 20037-1898 | (202) 223-8453 | (202) 223-9789 | 25 | 09-2518 |
| Lake Cliff Dialysis Center | 805 N BECKLEY AVE | Dallas, TX 75203-1612 | (214) 942-7727 | (214) 942-7774 | 20 | 67-2580 |
| Meriwether Greenville Dialysis | 4130 WHITE HOUSE PKWY | Warm Springs, GA 31830-2214 | (706) 655-3642 | (706) 655-3754 | 11 | 11-2881 |
| University Park Dialysis Center | 3986 S FIGUEROA ST | Los Angeles, CA 90037-1222 | (213) 749-8297 | (213) 749-0472 | 20 | 05-2713 |
| Sebastian Dialysis | 1424 US HWY 1 STE C | Sebastian, FL 32958-1619 | (772) 589-9182 | (772) 589-9959 | 16 | 10-2727 |
| Laurens County Dialysis | 2400 BELLEVUE RD STE 8 | Dublin, GA 31021-2856 | (478) 272-5190 | (478) 275-2433 | 26 | 11-2546 |
| The Woodlands Dialysis Center | 9301 PINECROFT DR STE 130 | Shenandoah, TX 77380-3178 | (281) 292-6788 | (281) 292-5950 | 16 | 67-2581 |
| Kentucky Wildcat Specialty Dialysis | 2130 NICHOLASVILLE RD STE 5 | Lexington, KY 40503-2520 | (859) 277-9911 | (859) 277-8450 | 10 | 18-2627 |
| Montclair Dialysis Center | 9142 MONTE VISTA AVE | Montclair, CA 91763-1723 | (909) 626-6505 | (909) 624-5736 | 28 | 05-2804 |
| Melbourne Dialysis | 4175 W NEW HAVEN AVE STE 15 | Melbourne, FL 32904-1997 | (321) 956-6252 | (321) 956-6464 | 12 | 10-2816 |
| Weymouth Dialysis | 330 LIBBEY INDUSTRIAL PKWY STE 900 | Weymouth, MA 02189-3122 | (781) 331-7700 | (781) 331-3046 | 34 | 22-2517 |
| Cedar Park Dialysis Center | 1720 E WHITESTONE BLVD | Cedar Park, TX 78613-7640 | (512) 528-8478 | (512) 528-8504 | 12 | 67-2591 |
| Essen Lane Dialysis | 7703 PICARDY AVE | Baton Rouge, LA 70808-4338 | (225) 769-8669 | (225) 766-0095 | 21 | 19-2716 |
| South Las Vegas Dialysis Center | 2250 S RANCHO DR STE 115 | Las Vegas, NV 89102-4456 | (702) 795-1771 | (702) 795-1794 | 22 | 29-2512 |
| Norwich Dialysis | 113 SALEM TPKE STE 4 | Norwich, CT 06360-6484 | (860) 800-6388 | (860) 800-6425 | 28 | 07-2520 |
| First Colony Dialysis Center | 1447 HIGHWAY 6 STE 140 | Sugar Land, TX 77478-5094 | (281) 494-1465 | (281) 494-1484 | 13 | 67-2592 |
| Youngsville Dialysis | 314 YOUNGSVILLE HWY STE 125 | Lafayette, LA 70508-4524 | (337) 837-5044 | (337) 837-5609 | 13 | 19-2721 |
| Merrillville Dialysis | 9223 TAFT ST | Merrillville, IN 46410-6911 | (219) 793-9035 | (219) 793-9171 | 16 | 15-2581 |
| Delray Dialysis | 2655 W ATLANTIC AVE | Delray Beach, FL 33445-4400 | (561) 279-2626 | (561) 279-2921 | 22 | 10-2617 |
| St. Louis West Dialysis | 400 N LINDBERGH BLVD | Saint Louis, MO 63141-7814 | (314) 989-0886 | (314) 989-0596 | 21 | 26-2583 |
| Port Lavaca Dialysis | 1300 N VIRGINIA ST STE 102 | Port Lavaca, TX 77979-2512 | (361) 552-3800 | (361) 552-8703 | 10 | 67-2595 |
| Lone Star Dialysis | 8560 MONROE RD | Houston, TX 77061-4815 | (713) 378-6094 | (713) 378-6398 | 48 | 45-2676 |
| Lake Worth Dialysis | 2459 S CONGRESS AVE STE 100 | Palm Springs, FL 33406-7616 | (561) 439-1532 | (561) 439-1018 | 25 | 10-2637 |
| Eufaula Dialysis | 220 S ORANGE AVE | Eufaula, AL 36027-1612 | (334) 688-0806 | (334) 688-9893 | 12 | 01-2609 |
| Historical Hastings Dialysis | 1828 MARKET BLVD | Hastings, MN 55033-3494 | (651) 438-2155 | (651) 438-2164 | 8 | 24-2594 |
| Brandon East Dialysis | 114 E BRANDON BLVD | Brandon, FL 33511-5219 | (813) 657-2783 | (813) 657-2521 | 20 | 10-2779 |

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|---|---|---|---|---|---|---|
| Charlottesville North Dialysis | 1800 TIMBERWOOD BLVD STE C | Charlottesville, VA 22911-7544 | (434) 973-8555 | (434) 973-1088 | 13 | 49-2636 |
| Sealy Dialysis | 2242 CHAMPIONSHIP DR | Sealy, TX 77474-8122 | (979) 627-0300 | (979) 627-0318 | 21 | 67-2606 |
| Temple Terrace Dialysis | 11306 N 53RD ST | Temple Terrace, FL 33617-2214 | (813) 989-2062 | (813) 989-3658 | 24 | 10-2748 |
| Butler County Home Training Dialysis | 7335 YANKEE RD SUITE 101 | Liberty Township, OH 45044-0008 | (513) 755-2524 | (513) 755-3268 | 4 | 36-2689 |
| Washington Home Training | 1040 WASHINGTON SQ | Washington, MO 63090-5302 | (636) 239-8980 | (636) 239-1761 | 0 | 26-2665 |
| Maryville Dialysis | 2102 VADALABENE DR STE 1 | Maryville, IL 62062-5632 | (618) 288-1196 | (618) 288-1294 | 16 | 14-2634 |
| Bonita Springs Dialysis | 9134 BONITA BEACH RD SE | Bonita Springs, FL 34135-4281 | (239) 949-0444 | (239) 949-0450 | 16 | 10-2752 |
| Taylor Dialysis | 3100 W 2ND ST | Taylor, TX 76574-4647 | (512) 352-2549 | (512) 352-2535 | 12 | 67-2617 |
| Rockingham County Dialysis | 18 PELHAM RD STE 1 | Salem, NH 03079-4818 | (603) 870-9487 | (603) 870-9498 | 10 | 30-2517 |
| Union Gap Dialysis | 1236 AHTANUM RIDGE DR AHTANUM RIDGE BUSINESS PARK | Union Gap, WA 98903-1813 | (509) 469-6292 | (509) 469-6299 | 14 | 50-2543 |
| Sun City Center Dialysis | 783 CORTARO DR | Ruskin, FL 33573-6812 | (813) 633-2847 | (813) 633-2972 | 16 | 10-2642 |
| Kaufman Dialysis | 2851 MILLENNIUM DR | Kaufman, TX 75142-8865 | (972) 932-9091 | (972) 932-9098 | 12 | 67-2619 |
| Waters Place Dialysis Center | 1733 EASTCHESTER RD | Bronx, NY 10461-2315 | (718) 822-1968 | (718) 822-6030 | 24 | 33-2708 |
| Central Tampa Dialysis | 4204 N MACDILL AVE SOUTH BLDG | Tampa, FL 33607-6342 | (813) 871-3202 | (813) 871-3903 | 20 | 10-2605 |
| Center Point Dialysis | 2337 1ST ST NE | Center Point, AL 35215-3619 | (205) 520-1108 | (205) 853-0933 | 16 | 01-2623 |
| Staten Island Dialysis Center | 1139 HYLAN BLVD | Staten Island, NY 10305-2061 | (718) 816-4913 | (718) 816-6340 | 18 | 33-2711 |
| Hampton Avenue Dialysis | 1425 HAMPTON AVE | Saint Louis, MO 63139-3115 | (314) 781-4022 | (314) 781-4063 | 12 | 26-2607 |
| Zephyrhills Dialysis | 36819 EILAND BLVD UNIT 2 | Zephyrhills, FL 33542-0600 | (813) 788-7041 | (813) 788-7236 | 24 | 10-2593 |
| Magnolia Dialysis Center | 17649 FM 1488 RD | Magnolia, TX 77354-5235 | (281) 259-0397 | (281) 259-0425 | 12 | 67-2625 |
| Canal Winchester Dialysis | 3568 GENDER RD | Canal Winchester, OH 43110-8007 | (614) 834-3564 | (614) 834-3597 | 15 | 36-2815 |
| Rockford Dialysis | 3339 N ROCKTON AVE | Rockford, IL 61103-2839 | (815) 636-4493 | (815) 637-4814 | 22 | 14-2647 |
| Miami Campus Dialysis | 1951 NW 7TH AVE STE 500 | Miami, FL 33136-1121 | (305) 325-8956 | (305) 325-8748 | 33 | 10-2656 |
| Grosse Pointe Dialysis | 18000 E WARREN AVE STE 100 | Detroit, MI 48224-1336 | (313) 343-5371 | (313) 343-6015 | 24 | 23-2643 |
| Davita Central Dallas Dialysis | 9500 N CENTRAL EXPY STE 102 | Dallas, TX 75231-5139 | (214) 739-3004 | (214) 739-3002 | 16 | 67-2632 |
| Galion Dialysis | 865 HARDING WAY W | Galion, OH 44833-1637 | (419) 462-0897 | (419) 462-0927 | 17 | 36-2816 |
| Bellevue Dialysis Center | 3535 FACTORIA BLVD SE STE 150 | Bellevue, WA 98006-1293 | (425) 641-6514 | (425) 641-6518 | 12 | 50-2542 |
| Plantation Dialysis | 7061 CYPRESS RD STE 103 | Plantation, FL 33317-2243 | (954) 583-2100 | (954) 584-2463 | 25 | 10-2536 |
| Duncanville Dialysis | 270 E HIGHWAY 67 STE 100 | Duncanville, TX 75137-4428 | (972) 296-4911 | (972) 296-4429 | 21 | 67-2635 |
| Ross Dialysis | 3825 KRAUS LN STE S | Fairfield, OH 45014-5867 | (513) 738-0276 | (513) 738-0305 | 13 | 36-2819 |
| Lamplighter Dialysis | 12654 LAMPLIGHTER SQUARE SHPG CTR | Saint Louis, MO 63128-2746 | (314) 729-7979 | (314) 729-7958 | 16 | 26-2606 |
| Miami East Dialysis | 1250 NW 7TH ST STE 106 | Miami, FL 33125-3744 | (305) 547-1496 | (305) 547-1516 | 16 | 10-2784 |
| Plano Dialysis Center | 481 SHILOH RD STE 100 | Plano, TX 75074-7231 | (972) 881-3270 | (972) 881-5086 | 12 | 67-2636 |
| Steubenville Home Training | 1799 SINCLAIR AVE STE 2 | Steubenville, OH 43953-3373 | (740) 346-2740 | (740) 346-2783 | 0 | 36-2801 |
| Southwest Ohio Dialysis | 215 S ALLISON AVE | Xenia, OH 45385-3694 | (937) 376-1453 | (937) 374-2930 | 21 | 36-2594 |
| Greater Miami Dialysis | 160 NW 176TH ST STE 100 | Miami, FL 33169-5040 | (305) 653-6033 | (305) 653-0118 | 20 | 10-2586 |
| Rockwall Dialysis Center | 2346 GREENCREST BLVD | Rockwall, TX 75087-5513 | (972) 722-4781 | (972) 722-4872 | 17 | 67-2638 |
| Kilgore Dialysis Center | 2403 STATE HIGHWAY 42 N | Kilgore, TX 75662-5554 | (903) 988-8200 | (903) 988-8208 | 16 | 45-2885 |
| Miami North Dialysis | 860 NE 125TH ST | North Miami, FL 33161-5743 | (305) 893-7887 | (305) 893-4429 | 17 | 10-2776 |
| Baytown Dialysis | 4665 GARTH RD STE 900 | Baytown, TX 77521-2261 | (281) 422-0820 | (281) 422-0961 | 12 | 67-2641 |
| Palm Brook Dialysis Center | 14664 N DEL WEBB BLVD | Sun City, AZ 85351-2137 | (623) 583-6550 | (623) 977-2514 | 20 | 03-2601 |
| South Beach Dialysis | 1711 ALTON RD | Miami Beach, FL 33139-2411 | (305) 695-4175 | (305) 695-4179 | 20 | 10-2718 |
| Silver Lake Dialysis | 2723 W TEMPLE ST | Los Angeles, CA 90026-4723 | (213) 480-3039 | (213) 480-3287 | 30 | 55-2659 |
| Market Commons Dialysis Center | 1350 FARROW PKWY STE 100 | Myrtle Beach, SC 29577-2060 | (843) 839-0966 | (843) 839-0977 | 17 | 42-2649 |
| Upper Valley Kidney Center | 3190 N COUNTY ROAD 25A | Troy, OH 45373-1337 | (937) 332-3733 | (937) 332-3794 | 22 | 36-2796 |
| Candler County Dialysis | 325 CEDAR ST | Metter, GA 30439-4043 | (912) 225-9849 | (912) 225-9850 | 20 | 11-2624 |
| Redwood City Dialysis | 1000 MARSHALL ST | Redwood City, CA 94063-2065 | (650) 365-0129 | (650) 365-0232 | 24 | 55-2665 |
| Cypress Gardens Home Training | 526 BROAD ST | Sumter, SC 29150-3306 | (803) 773-5891 | (803) 773-6464 | 4 | 42-2648 |
| Ivy Dialysis | 602 IVY ST | Elmira, NY 14905-1646 | (607) 737-4186 | (607) 737-4446 | 20 | 33-2735 |
| Effingham North Dialysis | 1451 GA HWY 21 S STE A | Springfield, GA 31329-5244 | (912) 754-4289 | (912) 754-6564 | 12 | 11-2661 |
| Campbell Station Dialysis | 111 S CAMPBELL STATION RD | Farragut, TN 37934-2845 | (865) 777-2750 | (865) 777-2755 | 13 | 44-2721 |
| Schuyler Dialysis | 220 STEUBEN ST | Montour Falls, NY 14865-9740 | (607) 210-1997 | (607) 210-1996 | 4 | 33-2733 |
| Williams Street Dialysis | 2812 WILLIAMS ST | Savannah, GA 31404-4134 | (912) 354-5005 | (912) 353-7509 | 20 | 11-2636 |
| Mission Valley Dialysis | 1203 ST CLAIRE BLVD 9B | Mission, TX 78572-6601 | (956) 583-3760 | (956) 583-8252 | 13 | 67-2646 |
| South Shore Annex Dialysis | 16750 HIGHWAY 3 | Webster, TX 77598-2000 | (281) 332-4719 | (281) 332-3720 | 12 | 67-2779 |
| Union Memorial Dialysis | 201 E UNIVERSITY PKWY | Baltimore, MD 21218-2829 | (410) 554-4535 | (410) 554-4544 | 27 | 21-2721 |
| DeRenne Dialysis | 5303 MONTGOMERY ST | Savannah, GA 31405-5138 | (912) 352-1354 | (912) 352-7489 | 26 | 11-2639 |
| T C Jester Dialysis | 1800 W 26TH ST STE 101 | Houston, TX 77008-1451 | (713) 863-0463 | (713) 863-8272 | 20 | 67-2675 |
| Princess Anne Dialysis | 3973 HOLLAND RD | Virginia Beach, VA 23452-2804 | (757) 340-3526 | (757) 340-4916 | 17 | 49-2675 |
| Abercorn Dialysis | 11706 MERCY BLVD STE 9 | Savannah, GA 31419-1751 | (912) 961-6006 | (912) 961-9257 | 12 | 11-2631 |
| Riverwood Dialysis | 24467 W 10 MILE RD | Southfield, MI 48033-2931 | (248) 352-3137 | (248) 352-3827 | 16 | 23-2665 |
| Logan Square Dialysis | 2838 N KIMBALL AVE | Chicago, IL 60618-7524 | (773) 342-3738 | (773) 342-8186 | 28 | 14-2534 |
| Atlanta Dialysis | 567 NORTH AVE NE STE 200 | Atlanta, GA 30308-2721 | (404) 853-1662 | (404) 853-3674 | 28 | 11-2561 |
| Cypress Woods Northwest Dialysis | 20320 NORTHWEST FWY STE 100 | Jersey Village, TX 77065-5643 | (281) 890-2540 | (281) 890-5376 | 13 | 67-2669 |
| Thomaston Dialysis | 1065 US HIGHWAY 19 NORTH | Thomaston, GA 30286-2230 | (706) 648-6364 | (706) 648-3505 | 23 | 11-2557 |
| Highland Ranch Dialysis Center | 7223 CHURCH ST STE A14 | Highland, CA 92346-6837 | (909) 862-9670 | (909) 862-9675 | 21 | 55-2663 |
| Athens West Dialysis | 1747 LANGFORD DR BLDG 500 | Watkinsville, GA 30677-7370 | (706) 583-1785 | (706) 583-1943 | 28 | 11-2513 |
| Gateway Plaza Dialysis | 1580 W ROSECRANS AVE | Compton, CA 90220-1001 | (310) 631-3085 | (310) 631-3670 | 16 | 55-2661 |
| Los Angeles Dialysis Center | 3901 S WESTERN AVE | Los Angeles, CA 90062-1112 | (323) 294-0670 | (323) 294-0499 | 28 | 05-2695 |
| Ponce City Dialysis | 567 NORTH AVE NE STE 100 | Atlanta, GA 30308-2721 | (404) 745-9580 | (404) 745-9155 | 25 | 11-2562 |
| Pasadena Foothills Dialysis | 3722 E COLORADO BLVD | Pasadena, CA 91107-3872 | (626) 432-4331 | (626) 432-4336 | 20 | 55-2660 |
| Manasota Dialysis | 6960 PROFESSIONAL PKWY E UNITS 4 & 5 | Sarasota, FL 34240-8428 | (941) 362-2864 | (941) 907-4720 | 12 | 68-2574 |
| River Valley Dialysis | 3121 W 2ND CT | Russellville, AR 72801-4504 | (479) 968-4687 | (479) 968-2260 | 20 | 04-2508 |
| Atlanta West Dialysis | 2538 MARTIN LUTHER KING JR DR SW | Atlanta, GA 30311-1779 | (404) 699-1300 | (404) 699-1144 | 20 | 11-2643 |
| West Lawn Dialysis | 7000 S PULASKI RD | Chicago, IL 60629-5842 | (773) 284-5324 | (773) 284-5616 | 12 | 14-2719 |
| Nampa Dialysis Center | 846 PARKCENTRE WAY | Nampa, ID 83651-1790 | (208) 467-5180 | (208) 467-4475 | 15 | 13-2501 |
| Tokay Dialysis Center | 312 S FAIRMONT AVE STE A | Lodi, CA 95240-3840 | (209) 369-5418 | (209) 369-5963 | 12 | 55-2504 |
| Somerset County Dialysis | 229 S KIMBERLY AVE STE 100 | Somerset, PA 15501-2022 | (814) 445-6127 | (814) 445-5627 | 8 | 39-2778 |
| Southern Lane Dialysis | 1840 SOUTHERN LN | Decatur, GA 30033-4033 | (404) 325-8884 | (404) 325-8879 | 16 | 11-2596 |
| West Plano Dialysis | 5036 TENNYSON PKWY | Plano, TX 75024-3002 | (972) 608-1089 | (972) 608-1096 | 12 | 67-2658 |
| South San Antonio Dialysis Center | 1313 SE MILITARY DR STE 111 | San Antonio, TX 78214-2850 | (210) 932-2434 | (210) 932-0073 | 24 | 45-2747 |
| White Ponds Dialysis | 791 WHITE POND DR | Akron, OH 44320-4202 | (330) 835-9083 | (330) 835-9353 | 22 | 36-2623 |
| Burton Dialysis | 4015 DAVISON RD | Burton, MI 48509-1401 | (810) 715-1312 | (810) 715-1356 | 12 | 23-2663 |
| Alice Renal Center | 2345 ALICE REGIONAL BLVD | Alice, TX 78332-7291 | (361) 664-1723 | (361) 664-1763 | 24 | 45-2537 |
| Rome Dialysis | 20 RIVERBEND DR SW STE 100 | Rome, GA 30161-6066 | (706) 236-9550 | (706) 236-9308 | 21 | 11-2505 |
| Akron Renal Center | 525 E MARKET ST BLDG 50 | Akron, OH 44304-1619 | (330) 375-6848 | (330) 375-3421 | 16 | 36-2719 |
| Floyd Curl Dialysis | 9238 FLOYD CURL DR STE 102 | San Antonio, TX 78240-1691 | (210) 561-4373 | (210) 561-9415 | 20 | 67-2653 |
| St. Louis Dialysis Center | 2610 CLARK AVE | Saint Louis, MO 63103-2502 | (314) 534-0909 | (314) 534-0661 | 25 | 26-2503 |
| Eastlake Dialysis | 1757 CANDLER RD | Decatur, GA 30032-3276 | (404) 289-2313 | (404) 289-2450 | 20 | 11-2553 |
| Lake Road Dialysis | 6902 SE LAKE RD STE 100 | Milwaukie, OR 97267-2148 | (503) 794-1288 | (503) 794-5916 | 21 | 38-2534 |
| Champions Dialysis | 4427 FM 1960 RD W | Houston, TX 77068-3409 | (281) 444-8439 | (281) 537-8250 | 20 | 67-2676 |
| Oyster Bay Dialysis | 17 E OLD COUNTRY RD | Hicksville, NY 11801-4270 | (516) 681-2786 | (516) 933-7836 | 25 | 33-2552 |
| Mesa County Dialysis | 561 25 RD STE D | Grand Junction, CO 81505-1360 | (970) 248-9120 | (970) 248-9125 | 15 | 06-2567 |
| United Dialysis Center | 3111 LONG BEACH BLVD | Long Beach, CA 90807-5015 | (562) 426-5155 | (562) 426-5007 | 27 | 05-2671 |
| Ellicott City Dialysis | 3419 PLUMTREE DR STE 103 | Ellicott City, MD 21042-3871 | (410) 750-8071 | (410) 750-8075 | 18 | 21-2560 |
| Black Canyon Dialysis | 3421 S RIO GRANDE AVE UNIT D1 | Montrose, CO 81401-4840 | (970) 240-7925 | (970) 240-6197 | 13 | 06-2569 |
| North Las Vegas Dialysis Center | 2065 N LAS VEGAS BLVD | North Las Vegas, NV 89030-5801 | (702) 639-0469 | (702) 639-0221 | 28 | 29-2504 |

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|---|---|---|---|---|---|---|
| Atlanta Airport Dialysis | 2685 METROPOLITAN PKWY SW STE F | Atlanta, GA 30315-7926 | (404) 761-2630 | (404) 761-2618 | 20 | 11-2568 |
| McCarty Lane Dialysis | 500 MCCARTY LN | Jackson, OH 45640-7019 | (740) 286-1600 | (740) 286-1615 | 12 | 36-2701 |
| Carthage Dialysis | 165 SAVANNAH GARDEN DR | Carthage, NC 28327-6161 | (910) 947-1052 | (910) 947-1060 | 14 | 34-2679 |
| Sierra Rose Dialysis Center | 685 SIERRA ROSE DR | Reno, NV 89511-2060 | (775) 829-6580 | (775) 829-6581 | 18 | 29-2520 |
| Sagemeadow Dialysis | 10923 SCARSDALE BLVD | Houston, TX 77089-6024 | (281) 922-6130 | (281) 922-6145 | 20 | 67-2670 |
| Summerlin Dialysis Center | 653 N TOWN CENTER DR STE 70 | Las Vegas, NV 89144-0503 | (702) 360-6908 | (702) 360-7806 | 20 | 29-2515 |
| Douglasville Dialysis | 3899 LONGVIEW DR | Douglasville, GA 30135-1373 | (770) 949-8403 | (770) 949-8406 | 20 | 11-2526 |
| Prescott Dialysis | 980 WILLOW CREEK RD STE 101 | Prescott, AZ 86301-1619 | (928) 776-9459 | (928) 776-8061 | 12 | 03-2523 |
| Frackville Dialysis | 950 MALL RD | Frackville, PA 17931-2505 | (570) 874-1238 | (570) 874-1863 | 12 | 39-2776 |
| Central Des Moines Dialysis | 1215 PLEASANT ST STE 106 | Des Moines, IA 50309-1409 | (515) 241-5715 | (515) 241-5782 | 20 | 16-2501 |
| Yaquina Bay Dialysis | 957 SW Coast Hwy | Newport, OR 97365-5143 | 541-283-3798 | 541-283-5013 | 12 | 38-2589 |
| West Des Moines Dialysis | 6800 LAKE DR STE 185 | West Des Moines, IA 50266-2544 | (515) 221-2944 | (515) 221-1903 | 10 | 16-2506 |
| North Fulton Dialysis | 1250 NORTHMEADOW PKWY STE 120 | Roswell, GA 30076-4914 | (770) 569-2888 | (770) 569-2861 | 20 | 11-2617 |
| Cottonwood Dialysis | 1699 E COTTONWOOD ST STE A200 | Cottonwood, AZ 86326-4604 | (928) 634-9295 | (928) 634-9683 | 13 | 03-2562 |
| Classic City Dialysis | 1686 PRINCE AVE | Athens, GA 30606-6021 | (706) 850-7400 | (706) 850-7404 | 20 | 11-2821 |
| Riverpoint Dialysis Unit | 501 SW 7TH ST STE B | Des Moines, IA 50309-4538 | (515) 283-1300 | (515) 283-1316 | 16 | 16-2529 |
| Fayetteville Dialysis | 1279 HIGHWAY 54 W STE 110 | Fayetteville, GA 30214-4551 | (678) 817-9974 | (678) 817-9930 | 19 | 11-2657 |
| El Campo Dialysis | 307 SANDY CORNER RD | El Campo, TX 77437-9535 | (979) 543-8200 | (979) 543-8214 | 18 | 67-2645 |
| East Des Moines Dialysis | 1301 PENNSYLVANIA AVE STE 208 | Des Moines, IA 50316-2365 | (515) 262-5995 | (515) 262-8350 | 16 | 16-2533 |
| Lake St. Louis at Home | 200 BREVCO PLZ STE 202 | Lake Saint Louis, MO 63367-2950 | 636-625-4460 | 636-625-4463 | 3 | 26-2641 |
| Shenandoah Dialysis | 300 PERSHING AVE | Shenandoah, IA 51601-2355 | (712) 246-5220 | (712) 246-5226 | 12 | 16-2527 |
| Loring Heights Dialysis | 1741 COMMERCE DR NW STE 405 | Atlanta, GA 30318-3107 | (404) 351-5758 | (404) 351-9470 | 20 | 11-2727 |
| Osceola Dialysis | 1332 W KEISER AVE | Osceola, AR 72370-2919 | (870) 563-4901 | (870) 563-4959 | 12 | 04-2534 |
| Granite City Dialysis Center | 9 AMERICAN VLG | Granite City, IL 62040-3706 | (618) 452-5858 | (618) 452-6868 | 20 | 14-2537 |
| Oak Street Dialysis | 2704 N OAK ST BLDG H | Valdosta, GA 31602-1723 | (229) 247-4857 | (229) 245-8658 | 13 | 11-2515 |
| Walnut Creek At Home | 400 N WIGET LN | Walnut Creek, CA 94598-2408 | (925) 979-9732 | (925) 979-9738 | 0 | 55-2611 |
| Hope Again Dialysis Center | 1207 STATE ROUTE VV | Kennett, MO 63857-3823 | (573) 888-0222 | (573) 888-0019 | 16 | 26-2534 |
| Douglas Dialysis | 190 WESTSIDE DR STE A | Douglas, GA 31533-3534 | (912) 384-3439 | (912) 383-6324 | 23 | 11-2535 |
| Loop Renal Center | 1101 S CANAL ST | Chicago, IL 60607-4901 | (312) 341-2543 | (312) 341-9498 | 28 | 14-2505 |
| Magnolia West At Home | 3660 PARK SIERRA DR STE 103 | Riverside, CA 92505-3071 | (951) 373-4004 | (951) 373-4005 | 0 | 55-2617 |
| Evanston Renal Center | 1922 DEMPSTER ST | Evanston, IL 60202-1016 | (847) 869-5336 | (847) 869-5313 | 22 | 14-2511 |
| Med-Center At Home | 7580 FANNIN ST STE 230 | Houston, TX 77054-1939 | (713) 790-0150 | (713) 790-0740 | 4 | 67-2583 |
| Hastings Dialysis Center | 1900 N SAINT JOSEPH AVE | Hastings, NE 68901-2652 | (402) 463-4893 | (402) 463-7049 | 12 | 28-2501 |
| McCook Dialysis Center | 801 W C ST STE 4 | McCook, NE 69001-3592 | (308) 345-1916 | (308) 345-1928 | 8 | 28-2517 |
| Country Hills Dialysis | 4215 W 167TH ST | Country Club Hills, IL 60478-2017 | (708) 206-1845 | (708) 957-7521 | 24 | 14-2575 |
| Rosebud Dialysis | 1 SOLDIER CREEK RD | Rosebud, SD 57570-0610 | (605) 747-2916 | (605) 747-2699 | 12 | 43-2504 |
| Americus Dialysis | 227 N LEE ST | Americus, GA 31709-3525 | (229) 928-2257 | (229) 928-0695 | 19 | 11-2528 |
| Buffalo Grove Dialysis | 1291 W DUNDEE RD | Buffalo Grove, IL 60089-4009 | (847) 253-9400 | (847) 253-9484 | 16 | 14-2650 |
| Grand Home Dialysis | 14671 W MOUNTAIN VIEW BLVD STE 106 | Surprise, AZ 85374-4840 | (623) 546-6120 | (623) 546-2693 | 0 | 03-2620 |
| Sioux Falls Dialysis | 2326 W 69TH ST | Sioux Falls, SD 57108-5610 | (605) 332-1262 | (605) 339-6183 | 12 | 43-2503 |
| Jesup Dialysis | 301 PEACHTREE ST | Jesup, GA 31545-0245 | (912) 427-8946 | (912) 427-3164 | 16 | 11-2532 |
| Schaumburg Renal Center | 1156 S ROSELLE RD | Schaumburg, IL 60193-4072 | (847) 524-4310 | (847) 524-4311 | 22 | 14-2654 |
| Mile High Home Dialysis | 1750 PIERCE ST STE A | Lakewood, CO 80214-1434 | (303) 232-0939 | (303) 274-6096 | 3 | 06-2541 |
| Skyline Home Dialysis | 7009 W BELMONT AVE | Chicago, IL 60634-4533 | (773) 637-7303 | (773) 637-7343 | 0 | 14-2560 |
| Brunswick Dialysis | 53 SCRANTON CONNECTOR | Brunswick, GA 31525-1862 | (912) 264-8657 | (912) 265-6542 | 24 | 11-2514 |
| Kendallville Renal Center | 602 N SAWYER RD | Kendallville, IN 46755- 2566 | (260) 599-0423 | (260) 599-0447 | 20 | 15-2625 |
| Greater Tampa at Home | 4204 N MACDILL AVE STE 1B NORTH BLDG | Tampa, FL 33607-6364 | (813) 872-8216 | (813) 872-8469 | 4 | 10-2885 |
| Montclare Dialysis Center | 7009 W BELMONT AVE | Chicago, IL 60634-4533 | (773) 889-6051 | (773) 889-6030 | 16 | 14-2649 |
| Brunswick South Dialysis | 2930 SPRINGDALE RD | Brunswick, GA 31520-4838 | (912) 267-1507 | (912) 267-9768 | 16 | 11-2608 |
| Maryville Home Dialysis | 2102 VADALABENE DR STE B | Maryville, IL 62062-5632 | (618) 288-1521 | (618) 288-1759 | 0 | 14-2686 |
| Mt. Greenwood Dialysis | 3401 W 111TH ST | Chicago, IL 60655-3329 | (773) 445-0558 | (773) 445-0829 | 16 | 14-2660 |
| Baxley Dialysis | 539 FAIR ST | Baxley, GA 31513-0112 | (912) 366-0202 | (912) 366-0333 | 13 | 11-2638 |
| Woodridge Home Dialysis | 7425 JANES AVE STE 103 | Woodridge, IL 60517-2335 | (630) 968-0081 | (630) 968-0129 | 0 | 14-2696 |
| Little Village Dialysis | 2335 W CERMAK RD | Chicago, IL 60608-3811 | (773) 523-2939 | (773) 523-3797 | 16 | 14-2668 |
| Chicago Heights Dialysis | 177 W JOE ORR RD STE B | Chicago Heights, IL 60411-1733 | (708) 755-9000 | (708) 755-9017 | 16 | 14-2635 |
| St. Mary's Dialysis | 2714 OSBORNE RD | Saint Marys, GA 31558-4049 | (912) 214-2806 | (912) 214-2807 | 16 | 11-2558 |
| North Andover Renal Center | 201 SUTTON ST | North Andover, MA 01845-1612 | (978) 975-1119 | (978) 975-0444 | 22 | 22-2545 |
| Dixon Kidney Center | 1131 N GALENA AVE | Dixon, IL 61021-1015 | (815) 284-0595 | (815) 284-0547 | 14 | 14-2651 |
| Wylds Road Dialysis | 1815 WYLDS RD | Augusta, GA 30909-4430 | (706) 733-0522 | (706) 733-0432 | 20 | 11-2579 |
| Jackson North Dialysis | 571 E BEASLEY RD SUITE A | Jackson, MS 39206-3042 | (601) 957-1999 | (601) 956-3165 | 46 | 25-2501 |
| Kidney HOME Center | 2270 ROLLING RUN DR STE 600 | Windsor Mill, MD 21244-1864 | (410) 265-0618 | (410) 265-0614 | 21 | 21-2659 |
| Council Bluffs Dialysis Center | 300 W BROADWAY STE 150 | Council Bluffs, IA 51503-9077 | (712) 388-0261 | (712) 388-0269 | 24 | 16-2539 |
| Canton Renal Center | 620 E PEACE ST | Canton, MS 39046-4729 | (601) 859-3382 | (601) 859-8591 | 22 | 25-2521 |
| Lake Villa Dialysis | 37809 N IL ROUTE 59 | Lake Villa, IL 60046-7332 | (847) 245-4872 | (847) 245-4873 | 12 | 14-2666 |
| Effingham Dialysis | 904 MEDICAL PARK DR STE 1 | Effingham, IL 62401-2193 | (217) 342-9558 | (217) 342-1049 | 16 | 14-2580 |
| Jackson Southwest Dialysis | 1828 RAYMOND RD | Jackson, MS 39204-4126 | (601) 373-7897 | (601) 373-7899 | 18 | 25-2533 |
| Eastgate Home Training | 4435 AICHOLTZ RD STE 800B | Cincinnati, OH 45245-1690 | (513) 752-8301 | (513) 752-8483 | 0 | 36-2702 |
| Churchview Dialysis | 417 WARE AVE | Rockford, IL 61107-6413 | (815) 397-4123 | (815) 397-3059 | 24 | 14-2640 |
| Jacksonville Dialysis | 1515 W WALNUT ST | Jacksonville, IL 62650-1150 | (217) 243-3042 | (217) 243-1365 | 14 | 14-2581 |
| Jackson South Dialysis | 1015 I 20 FRONTAGE RD | Jackson, MS 39204-5807 | (601) 373-9154 | (601) 960-0749 | 28 | 25-2535 |
| Roxbury Dialysis Center | 622 ROXBURY RD | Rockford, IL 61107-5089 | (815) 397-0713 | (815) 397-0796 | 16 | 14-2665 |
| Litchfield Dialysis | 915 ST FRANCIS WAY | Litchfield, IL 62056-1775 | (217) 324-2200 | (217) 324-2077 | 12 | 14-2583 |
| Brandon Renal Center | 101 CHRISTIAN DR | Brandon, MS 39042-2678 | (601) 824-9764 | (601) 824-9761 | 24 | 25-2549 |
| Sycamore Dialysis | 2200 GATEWAY DR | Sycamore, IL 60178-3113 | (815) 758-0205 | (815) 758-0244 | 14 | 14-2639 |
| Taylorville Dialysis | 901 W SPRESSER ST | Taylorville, IL 62568-1831 | (217) 824-5460 | (217) 824-5967 | 12 | 14-2587 |
| Renal Care of Carthage | 312 ELLIS ST | Carthage, MS 39051-3809 | (601) 267-6856 | (601) 267-6859 | 15 | 25-2562 |
| Alton Dialysis | 309 HOMER ADAMS PKWY | Alton, IL 62002-5929 | (618) 462-0186 | (618) 462-0213 | 18 | 14-2619 |
| Westport Renal Center | 3947 BROADWAY ST | Kansas City, MO 64111-2516 | (816) 531-1181 | (816) 531-1186 | 24 | 26-2631 |
| Franklin Dialysis at Home | 301 CALLOWHILL ST | Philadelphia, PA 19123-4103 | (215) 873-0711 | (215) 873-0718 | 0 | 39-2756 |
| Rushville Dialysis | 112 SULLIVAN DRIVE | Rushville, IL 62681-1293 | (217) 322-2652 | (217) 322-4893 | 8 | 14-2620 |
| Marlton Dialysis | 769 ROUTE 70 E STE C100 | Marlton, NJ 08053-2361 | (856) 797-7044 | (856) 797-7049 | 15 | 31-2590 |
| Pittsburgh Home Modality COE | 5171 LIBERTY AVE STE A | Pittsburgh, PA 15224-2254 | (412) 605-0415 | (412) 605-0853 | 0 | 39-2772 |
| Comprehensive Renal Care - East Chicago | 4320 FIR ST UNIT 404 | East Chicago, IN 46312-3078 | (219) 397-1199 | (219) 397-1625 | 12 | 15-2561 |
| Macon County Dialysis | 1090 W MCKINLEY AVE | Decatur, IL 62526-3208 | (217) 877-9351 | (217) 877-2137 | 23 | 14-2584 |
| Summit Renal Center | 73 MASSILLON RD | Akron, OH 44312-1028 | (330) 733-1861 | (330) 733-4696 | 19 | 36-2613 |
| Galleria Home Training Dialysis | 9045 US HIGHWAY 64 STE 102 | Lakeland, TN 38002-8394 | (901) 213-2955 | (901) 213-1724 | 0 | 44-2678 |
| Comprehensive Renal Care-Hammond | 222 DOUGLAS ST | Hammond, IN 46320-1960 | (219) 932-1199 | (219) 932-2393 | 32 | 15-2522 |
| Mattoon Dialysis | 6051 DEVELOPMENT DR | Charleston, IL 61920-9467 | (217) 345-2550 | (217) 345-5770 | 18 | 14-2585 |
| Northern Philadelphia Dialysis | 5933 N BROAD ST | Philadelphia, PA 19141-1801 | (215) 549-5000 | (215) 549-9558 | 24 | 39-2509 |
| Nashville Home Training Dialysis | 1919 CHARLOTTE AVE STE 200 | Nashville, TN 37203-2245 | (615) 329-1162 | (615) 329-1368 | 7 | 44-2699 |
| Comprehensive Renal Care - Valparaiso | 606 LINCOLNWAY | Valparaiso, IN 46383-5728 | (219) 531-1299 | (219) 531-1094 | 22 | 15-2527 |
| Springfield Central Dialysis | 600 N GRAND AVE W | Springfield, IL 62702-2538 | (217) 528-0556 | (217) 528-4065 | 24 | 14-2586 |
| Memphis Street Renal Center | 3310 MEMPHIS ST | Philadelphia, PA 19134-4510 | (215) 739-9558 | (215) 739-9586 | 18 | 39-2601 |
| San Jose at Home | 4400 STEVENS CREEK BLVD STE 50 | San Jose, CA 95129-1104 | (408) 985-2011 | (408) 985-2016 | 0 | 55-2602 |

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|---|---|---|---|---|---|---|
| Arden Hills Dialysis Unit | 3900 NORTHWOODS DR STE 110 | Arden Hills, MN 55112-6911 | (651) 483-3159 | (651) 483-9156 | 12 | 24-2518 |
| Lincoln Dialysis | 2100 5TH ST | Lincoln, IL 62656-9115 | (217) 732-6798 | (217) 732-7076 | 14 | 14-2582 |
| Hanford At Home Dialysis | 900 N DOUTY ST | Hanford, CA 93230-3918 | (559) 587-9014 | (559) 587-9285 | 0 | 55-2644 |
| Cass Lake Dialysis Facility | 602 3RD ST NW | Cass Lake, MN 56633-3395 | (218) 335-4095 | (218) 335-4188 | 8 | 24-2528 |
| Springfield Montvale Dialysis | 2930 MONTVALE DR STE A | Springfield, IL 62704-5376 | (217) 793-2781 | (217) 793-2845 | 17 | 14-2590 |
| Memphis Graceland Renal Center | 4180 AUBURN RD | Memphis, TN 38116-6202 | (901) 332-8699 | (901) 332-8234 | 16 | 44-2650 |
| Fresno At Home Center | 6121 N THESTA ST STE 102 | Fresno, CA 93710-5294 | (559) 437-3856 | (559) 437-3878 | 0 | 55-2645 |
| Coon Rapids Dialysis Unit | 3960 COON RAPIDS BLVD NW STE 309 | Coon Rapids, MN 55433-2598 | (763) 421-8717 | (763) 421-4789 | 16 | 24-2514 |
| Decatur East Wood Dialysis | 794 E WOOD ST | Decatur, IL 62523-1155 | (217) 425-6403 | (217) 425-8724 | 18 | 14-2599 |
| Dialysis Care of McAllen | 411 LINDBERG AVE | McAllen, TX 78501-2921 | (956) 687-6701 | (956) 683-1901 | 32 | 45-2654 |
| Binz Home Training | 1213 HERMANN DR STE 180 | Houston, TX 77004-7070 | (713) 529-5155 | (713) 529-5135 | 5 | 67-2664 |
| Eagan Dialysis Unit | 2750 BLUE WATER RD SUITE 300 | Eagan, MN 55121-1773 | (651) 688-0132 | (651) 688-0905 | 16 | 24-2557 |
| Illini Renal Dialysis | 1004 W ANTHONY DR | Champaign, IL 61821-1205 | (217) 355-7020 | (217) 355-7313 | 24 | 14-2633 |
| Weslaco Renal Center | 910 SOUTH UTAH | Weslaco, TX 78596-4270 | (956) 968-1895 | (956) 968-4886 | 20 | 45-2672 |
| North Atlanta Home Training | 1200 Altmore Ave, Ste 110 | Sandy Springs, GA 30342-2583 | (404) 250-0925 | (404) 250-9933 | 5 | 11-2820 |
| Eden Prairie Dialysis | 14852 SCENIC HEIGHTS RD STE 255 BLDG B | Eden Prairie, MN 55344-2320 | (952) 934-2411 | (952) 934-3851 | 12 | 24-2556 |
| Riverside Renal Center | 3710 FM 1889 | Robstown, TX 78380-5969 | (361) 387-0289 | (361) 387-0407 | 24 | 45-2751 |
| Edina Dialysis Center | 6565 FRANCE AVE S STE 109 | Edina, MN 55435-2137 | (952) 920-8371 | (952) 929-0539 | 12 | 24-2501 |
| Olathe Dialysis | 732 W FRONTIER LN | Olathe, KS 66061-7202 | (913) 390-4937 | (913) 390-5194 | 12 | 17-2541 |
| Edinburg Renal Center | 3902 S JACKSON RD | Edinburg, TX 78539-6676 | (956) 631-2401 | (956) 631-2664 | 33 | 45-2764 |
| Faribault Dialysis Unit | 201 LYNDALE AVE S STE F | Faribault, MN 55021-5758 | (507) 334-0306 | (507) 332-8935 | 10 | 24-2508 |
| Greenwood Holly Renal Center | 1533 HOLLY RD | Corpus Christi, TX 78417-2010 | (361) 850-7300 | (361) 850-7305 | 24 | 67-2630 |
| Wyoming Dialysis | 5657 257TH ST | Wyoming, MN 55092-8068 | (651) 408-8938 | (651) 462-8176 | 12 | 24-2531 |
| Wyandotte West Dialysis | 11014 HASKELL AVE | Kansas City, KS 66109-4404 | (913) 721-9780 | (913) 721-9818 | 17 | 17-2536 |
| Plainfield Renal Center | 8110 NETWORK DR | Plainfield, IN 46168-9024 | (317) 838-8089 | (317) 838-9062 | 24 | 15-2637 |
| Maplewood Dialysis Center | 2785 WHITE BEAR AVE N STE 201 | Maplewood, MN 55109-1320 | (651) 779-2222 | (651) 779-9736 | 16 | 24-2512 |
| Lenexa Dialysis | 8630 HALSEY ST | Lenexa, KS 66215-2880 | (913) 894-1100 | (913) 894-6915 | 17 | 17-2509 |
| Home Dialysis Unit | 825 S 8TH ST STE 1202 | Minneapolis, MN 55404-1223 | (612) 347-4458 | (612) 341-7944 | 0 | 24-2552 |
| Crestview Hills Dialysis | 400 CENTRE VIEW BLVD | Crestview Hills, KY 41017-3478 | (859) 341-5561 | (859) 341-5746 | 20 | 18-2529 |
| Minneapolis Dialysis Unit | 825 S 8TH ST SLIP 42 | Minneapolis, MN 55404-1208 | (612) 347-5972 | (612) 347-5876 | 32 | 24-2503 |
| South Hill Dialysis | 525 ALEXANDRIA PIKE STE 120 | Southgate, KY 41071-3243 | (859) 442-5539 | (859) 442-5587 | 12 | 18-2542 |
| Bartlett Renal Center | 2920 COVINGTON PIKE | Memphis, TN 38128-6007 | (901) 248-6020 | (901) 377-0879 | 12 | 44-2711 |
| University Dialysis Unit Riverside | 1045 WESTGATE DR STE 90 | Saint Paul, MN 55114-1079 | (651) 645-1847 | (651) 645-1890 | 24 | 24-2539 |
| Hopkinsville Dialysis | 115 N VIRGINIA ST | Hopkinsville, KY 42240-3143 | (270) 887-5622 | (270) 886-9784 | 17 | 18-2519 |
| Christian County Dialysis | 200 BURLEY AVE | Hopkinsville, KY 42240-8725 | (270) 707-0701 | (270) 707-0780 | 13 | 18-2549 |
| Minnetonka Dialysis Unit | 17809 HUTCHINS DR | Minnetonka, MN 55345-4100 | (952) 470-9944 | (952) 470-9842 | 10 | 24-2526 |
| Pipestone Dialysis | 916 4TH AVE SW | Pipestone, MN 56164-1890 | (507) 825-6623 | (507) 825-6627 | 7 | 24-2541 |
| Redwood Falls Dialysis | 1104 E BRIDGE ST | Redwood Falls, MN 56283-1808 | (507) 637-2076 | (507) 637-9968 | 8 | 24-2522 |
| St. Paul Capitol Dialysis At Home | 555 PARK ST STE 110 | Saint Paul, MN 55103-2193 | (651) 221-3437 | (651) 224-5012 | 5 | 24-2565 |
| St. Paul Dialysis | 555 PARK ST STE 180 | Saint Paul, MN 55103-2192 | (651) 291-8855 | (651) 291-0514 | 16 | 24-2513 |
| Downtown Greenville Dialysis | 297 PETE HOLLIS BLVD | Greenville, SC 29601-1143 | (864) 232-9456 | (864) 298-8038 | 21 | 42-2567 |
| St. Paul Capitol Dialysis | 555 PARK ST STE 230 | Saint Paul, MN 55103-2193 | (651) 221-3318 | (651) 224-4187 | 16 | 24-2533 |
| Northeast Cambridge Dialysis | 799 CONCORD AVE | Cambridge, MA 02138-1048 | (617) 547-7700 | (617) 864-4724 | 18 | 22-2533 |
| River City Dialysis | 1970 NORTHWESTERN AVE S | Stillwater, MN 55082-6567 | (651) 430-0067 | (651) 430-0140 | 12 | 24-2535 |
| Fountain Inn Dialysis | 298 CHAPMAN RD | Fountain Inn, SC 29644-6129 | (864) 862-2273 | (864) 862-2465 | 11 | 42-2616 |
| Woodbury Dialysis | 1850 WEIR DR STE 3 | Woodbury, MN 55125-2260 | (651) 730-4522 | (651) 730-5089 | 12 | 24-2536 |
| Woburn Dialysis | 23 WARREN AVE | Woburn, MA 01801-7906 | (781) 935-7700 | (781) 933-7690 | 16 | 22-2520 |
| Renal Center of Nederland | 8797 9TH AVE | Port Arthur, TX 77642-8011 | (409) 729-2212 | (409) 729-2656 | 16 | 45-2856 |
| Salem Northeast Dialysis | 207 HIGHLAND AVE STE 2 | Salem, MA 01970-1829 | (978) 744-2075 | (978) 542-1976 | 22 | 22-2543 |
| Davies Dialysis | 45 CASTRO ST SOUTH TOWER 2ND FL | San Francisco, CA 94114-1032 | (415) 252-7030 | (415) 252-7659 | 16 | 55-2669 |
| Durant Dialysis Center | 411 WESTSIDE DR | Durant, OK 74701-2932 | (580) 920-0808 | (580) 920-0828 | 16 | 37-2565 |
| Burlington Regional Dialysis | 31 MALL RD STE 1B | Burlington, MA 01803-4138 | (781) 270-3580 | (781) 270-3653 | 17 | 22-2556 |
| Northeastern Colorado Dialysis | 603 HOLLY DR | Sterling, CO 80751-4539 | (970) 521-5368 | (970) 521-3120 | 12 | 06-2577 |
| Boston Dialysis | 660 HARRISON AVE | Boston, MA 02118-2304 | (617) 859-7000 | (617) 859-4579 | 37 | 22-2526 |
| El Milagro Dialysis Unit | 2800 S INTERSTATE HWY 35 STE 120 | Austin, TX 78704-5700 | (512) 448-9750 | (512) 448-4617 | 24 | 45-2727 |
| Brookline Dialysis | 322 WASHINGTON ST | Brookline, MA 02445-6850 | (617) 734-7794 | (617) 734-6999 | 25 | 22-2529 |
| Crystal Springs Dialysis | 720 COG CIRCLE STE A | Crystal Lake, IL 60014-7301 | (815) 459-4945 | (815) 459-4836 | 16 | 14-2716 |
| New Bedford Dialysis | 237-B STATE RD | North Dartmouth, MA 02747-2612 | (508) 992-0629 | (508) 999-1319 | 22 | 22-2530 |
| Sikeston Jaycee Regional Dialysis | 135 PLAZA DR STE 101 | Sikeston, MO 63801-5148 | (573) 472-7230 | (573) 472-7214 | 18 | 26-2643 |
| South Austin Dialysis Center | 6114 S 1ST ST | Austin, TX 78745-4008 | (512) 447-8500 | (512) 447-8512 | 20 | 45-2892 |
| N.E. Nebraska Dialysis | 610 S 13TH ST | Norfolk, NE 68701-4969 | (402) 371-9559 | (402) 371-7167 | 24 | 28-2530 |
| River Park Dialysis | 2010 S LOOP 336 W STE 200 | Conroe, TX 77304-3313 | (936) 760-3333 | (936) 441-3330 | 12 | 45-2898 |
| Falls Road Dialysis | 1423 CLARKVIEW RD STE 500 | Baltimore, MD 21209-2189 | (410) 828-4643 | (410) 823-8305 | 12 | 21-2588 |
| Lourdes Camden Dialysis | 1601 HADDON AVE | Camden, NJ 08103-3109 | (856) 541-0647 | (856) 541-2698 | 22 | 31-2622 |
| Jamestown Dialysis Center | 207 FOOTE AVE | Jamestown, NY 14701-7077 | (716) 664-8226 | (716) 664-8349 | 18 | 33-2703 |
| Oak Cliff Dialysis | 2000 S LLEWELLYN AVE | Dallas, TX 75224-1804 | (214) 943-0011 | (214) 943-0064 | 16 | 45-2894 |
| Cedar Lane Dialysis | 6304 WOODSIDE CT STE 102 | Columbia, MD 21046-3217 | (667) 261-6766 | (667) 261-6783 | 13 | 21-2628 |
| Atrium Dialysis | 4421 ROOSEVELT BLVD STE D | Middletown, OH 45044-9024 | (513) 422-6879 | (513) 422-6911 | 16 | 36-2795 |
| Denison Dialysis Center | 123 N US HIGHWAY 75 | Denison, TX 75020-1544 | (903) 337-0731 | (903) 465-1659 | 21 | 45-2665 |
| Catonsville North Dialysis | 5401 BALTIMORE NATIONAL PIKE | Baltimore, MD 21229-2102 | (410) 869-4618 | (410) 869-4704 | 25 | 21-2634 |
| Suburban Campus Dialysis | 2100 HARRISBURG PIKE 3RD FLR | Lancaster, PA 17601-2644 | (717) 397-4019 | (717) 397-3758 | 30 | 39-2803 |
| Whitesquare Dialysis | 1 NASHUA CT STE E | Baltimore, MD 21221-3131 | (410) 687-5580 | (410) 687-8559 | 18 | 21-2523 |
| Hanover Dialysis | 1155 CARLISLE ST STE 610 | Hanover, PA 17331-1200 | (717) 632-1681 | (717) 632-0625 | 18 | 39-2839 |
| Mercy Dialysis | 315 N CALVERT ST STE 300 | Baltimore, MD 21202-3611 | (410) 332-1122 | (410) 332-1151 | 30 | 21-2542 |
| Valley Baptist Harlingen Dialysis | 2220 HAINE DR STE 40 | Harlingen, TX 78550-8584 | (956) 364-2789 | (956) 423-3395 | 48 | 67-2665 |
| Landover Dialysis | 1200 MERCANTILE LN STE 105 | Upper Marlboro, MD 20774-5389 | (301) 322-2861 | (301) 322-5829 | 22 | 21-2545 |
| Wenatchee Valley Dialysis | 116 OLDS STATION RD | Wenatchee, WA 98801-5936 | (509) 662-0385 | (509) 662-0656 | 20 | 50-2568 |
| Sun City Dialysis Center | 600 NEWMAN ST | El Paso, TX 79902-5543 | (915) 351-2010 | (915) 351-2018 | 20 | 67-2508 |
| Muskegon Dialysis | 1250 MERCY DR STE 201 | Muskegon, MI 49444-1830 | (231) 737-0075 | (231) 733-0606 | 28 | 23-2562 |
| Rice Lake Dialysis | 1700 W STOUT ST | Rice Lake, WI 54868-5000 | (715) 236-6159 | (715) 236-6522 | 16 | 52-2623 |
| Transmountain Dialysis | 5800 WOODROW BEAN | El Paso, TX 79924-5060 | (915) 759-6532 | (915) 759-6534 | 36 | 67-2501 |
| Newaygo County Dialysis | 1317 W MAIN ST | Fremont, MI 49412-1478 | (231) 924-4535 | (231) 924-4865 | 14 | 23-2607 |
| Dialysis Cottage | 1902 HOSPITAL BLVD STE D | Gainesville, TX 76240-2008 | (940) 612-1642 | (940) 612-2360 | 12 | 67-2585 |
| Gilmer Dialysis | 510 US HIGHWAY 271 N | Gilmer, TX 75644-5569 | (903) 843-9886 | (903) 843-9665 | 12 | 45-2897 |
| Schaeffer Drive Dialysis | 18100 SCHAEFER HWY | Detroit, MI 48235-2600 | (313) 861-4354 | (313) 861-4369 | 20 | 23-2583 |
| Cedar Valley Waverly Dialysis | 220 10th ST SW | Waverly, IA 50677-2930 | (319) 352-8019 | (319) 352-8032 | 16 | 16-2542 |
| Gonzales Dialysis Center | 1406 N SARAH DEWITT DR | Gonzales, TX 78629-2702 | (830) 672-4377 | (830) 672-4469 | 16 | 45-2734 |
| Flint River Dialysis | 700 GORDON AVE | Bainbridge, GA 39819-5713 | (229) 246-0173 | (229) 246-0177 | 19 | 85-2553 |
| Great Bridge Dialysis Center | 745 BATTLEFIELD BLVD N STE 100 | Chesapeake, VA 23320-0305 | (757) 312-8346 | (757) 382-7844 | 26 | 49-2604 |
| Greenview Dialysis | 18544 W 8 MILE RD | Southfield, MI 48075-4194 | (248) 569-1729 | (248) 569-2471 | 24 | 23-2600 |
| Morris Dialysis | 1551 CREEK DR | Morris, IL 60450-6857 | (815) 416-0475 | (815) 416-0547 | 9 | 14-2740 |
| St Cloud Dialysis | 4750 OLD CANOE CREEK RD | Saint Cloud, FL 34769-1430 | (407) 498-0018 | (407) 498-0881 | 23 | 10-2832 |
| Romulus Dialysis | 31470 ECORSE RD | Romulus, MI 48174-1963 | 734-722-5455 | (734) 722-5682 | 12 | 23-2596 |
| University Dialysis of Indy | 550 UNIVERSITY BLVD ROOM 1140 | Indianapolis, IN 46202-5149 | (317) 635-8729 | (317) 635-9512 | 31 | 15-2686 |
| Physicians Dialysis North Houston | 7115 NORTH LOOP E | Houston, TX 77028-5948 | (713) 675-4794 | (713) 675-4126 | 20 | 45-2875 |
| Dearborn Dialysis | 1185 MONROE ST | Dearborn, MI 48124-2814 | (313) 274-8100 | (313) 274-8103 | 25 | 23-2520 |
| Home Dialysis of Indianapolis | 8803 N MERIDIAN ST STE 150 | Indianapolis, IN 46260-5376 | (317) 574-1798 | (317) 574-1825 | 0 | 15-2687 |
| Physicians Dialysis South Houston | 5989 SOUTH LOOP E | Houston, TX 77033-1017 | (713) 641-6130 | (713) 641-6056 | 24 | 45-2886 |

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|---|---|---|---|---|---|---|
| Southgate Dialysis | 14752 NORTHLINE RD | Southgate, MI 48195-2698 | (734) 284-0005 | (734) 284-0124 | 30 | 23-2535 |
| Marshalltown Mary Greeley Dialysis | 3120 S 2ND ST | Marshalltown, IA 50158-4614 | (641) 752-1819 | (641) 752-4836 | 24 | 16-2548 |
| Brookhollow Dialysis | 4918 W 34TH ST | Houston, TX 77092-6606 | (713) 681-3043 | (713) 683-6456 | 12 | 45-2868 |
| Liberty Dialysis | 2525 GLENN HENDREN DR | Liberty, MO 64068-9625 | (816) 781-4422 | (816) 792-2101 | 14 | 26-2530 |
| Good Samaritan Dialysis | 5601 LOCH RAVEN BLVD | Baltimore, MD 21239-2945 | (443) 444-4095 | (443) 444-4098 | 53 | 21-2722 |
| Downtown Houston Dialysis Center | 2207 CRAWFORD ST | Houston, TX 77002-8915 | (713) 655-0900 | (713) 655-0909 | 16 | 45-2899 |
| Northland Dialysis | 2750 CLAY EDWARDS DR STE 100 | North Kansas City, MO 64116-3257 | 816-842-2056 | 816-221-6091 | 21 | 26-2504 |
| Renal Center of Succasunna | 175 RIGHTER RD | Succasunna, NJ 07876-1324 | (973) 584-3294 | (973) 584-3298 | 12 | 31-2623 |
| Cornell Road Dialysis | 1700 NW 167TH PL STE 230 | Beaverton, OR 97006-4872 | (503) 439-8829 | (503) 439-9942 | 17 | 38-2559 |
| Jacinto Dialysis Center | 11515 MARKET STREET RD | Houston, TX 77029-2305 | (713) 453-0505 | (713) 453-0599 | 16 | 67-2503 |
| Cameron Dialysis | 1003 W 4TH ST | Cameron, MO 64429-1466 | (816) 632-6056 | (816) 632-6058 | 11 | 26-2578 |
| Spring Valley Dialysis | 3855 S JONES BLVD STE 101 | Las Vegas, NV 89103-2296 | (702) 248-0379 | (702) 248-0323 | 17 | 29-2547 |
| Pin Oak Dialysis | 24968 KATY RANCH RD STE 500 | Katy, TX 77494-3404 | (281) 574-4387 | (281) 574-4349 | 20 | 45-2847 |
| Chillicothe Dialysis | 588 E BUSINESS 36 | Chillicothe, MO 64601-3721 | (660) 707-1092 | (660) 707-0491 | 9 | 26-2580 |
| Corning Dialysis | 8 W PULTENEY ST STE 101 | Corning, NY 14830-2274 | (607) 962-2790 | (607) 962-2991 | 10 | 33-2732 |
| Annapolis Dialysis | 1127 WEST ST STE 100 | Annapolis, MD 21401-3615 | (410) 626-6139 | (410) 268-1294 | 16 | 21-2682 |
| Meridian Dialysis Center | 7520 SPENCER HWY | Pasadena, TX 77505-1917 | (281) 542-9765 | (281) 542-9731 | 25 | 67-2511 |
| St V Quadrangle Dialysis | 2302 COMMUNITY COLLEGE AVE | Cleveland, OH 44115-3117 | (216) 574-4805 | (216) 574-4901 | 13 | 36-2756 |
| Apple Avenue Dialysis | 2480 E APPLE AVE UNIT E | Muskegon, MI 49442-4471 | (231) 773-0597 | (231) 777-7050 | 17 | 23-2678 |
| Marshall Dialysis Center | 1301 S WASHINGTON AVE | Marshall, TX 75670-6215 | (903) 935-1158 | (903) 938-6341 | 15 | 45-2624 |
| St. Joseph Dialysis | 5514 CORPORATE DR STE 100 | Saint Joseph, MO 64507-7754 | (816) 671-1948 | (816) 671-1909 | 25 | 26-2576 |
| Detroit Road Dialysis | 7901 DETROIT AVE | Cleveland, OH 44102-2828 | (216) 961-6498 | (216) 961-6802 | 24 | 36-2754 |
| Plantation Home Training | 8144 W BROWARD BLVD | Plantation, FL 33324-2000 | (954) 473-9138 | (954) 473-2941 | 3 | 68-2543 |
| Pinecrest Dialysis Center | 913 E PINECREST DR | Marshall, TX 75670-7309 | (903) 934-9660 | (903) 934-8474 | 20 | 45-2893 |
| Hospital Hill Dialysis | 900 E 21ST ST | Kansas City, MO 64108-2703 | (816) 842-9286 | (816) 221-0169 | 21 | 26-2551 |
| Bakersfield Oak St Dialysis | 422 OAK ST | Bakersfield, CA 93304-1744 | (661) 631-0227 | (661) 631-0501 | 24 | 55-2769 |
| Platte Woods Dialysis | 7667 NW PRAIRIE VIEW RD | Kansas City, MO 64151-1544 | 816-746-5542 | 816-746-5654 | 14 | 26-2596 |
| St. Luke's Bethlehem Dialysis | 1425 8TH AVE | Bethlehem, PA 18018-2256 | (484) 403-4304 | (610) 866-1739 | 36 | 39-2817 |
| Cedar Rapids Dialysis | 5945 COUNCIL ST NE | Cedar Rapids, IA 52402-5858 | (319) 294-7088 | (319) 294-4196 | 12 | 16-2552 |
| River Center Dialysis | 117 N JEFFERSON ST | Milwaukee, WI 53202-6160 | (414) 225-3740 | (414) 225-3744 | 20 | 52-2509 |
| Washington Square Dialysis | 1112 WASHINGTON SQ | Washington, MO 63090-5336 | (636) 390-8233 | (636) 390-2771 | 16 | 26-2562 |
| Stevens Point Dialysis | 1100 MERIDIAN DR | Plover, WI 54467-2385 | (715) 343-1266 | (715) 344-4179 | 12 | 52-2587 |
| Mill Street Home Training | N54 W6135 MILL ST STE 500 | Cedarburg, WI 53012-2067 | (262) 377-2158 | (262) 377-2191 | 0 | 52-2595 |
| Sherman Dialysis Center | 1724 W US HWY 82 STE 100 | Sherman, TX 75092-7037 | (903) 421-0394 | (903) 294-4189 | 25 | 45-2774 |
| Florissant Dialysis | 10887 W FLORISSANT AVE | Saint Louis, MO 63136-2405 | 314-524-5737 | 314-524-5752 | 20 | 26-2561 |
| Marshfield Dialysis | 123 NORTHRIDGE ST | Marshfield, WI 54449-8341 | (715) 384-3478 | (715) 387-4690 | 17 | 52-2588 |
| Chambers Dialysis | 10241 LEWIS AND CLARK BLVD | Saint Louis, MO 63136-5505 | (314) 868-5982 | (314) 868-5918 | 20 | 26-2646 |
| Shrewsbury Dialysis | 7303 WATSON RD STE 7 | Saint Louis, MO 63119-4405 | (314) 752-5913 | (314) 832-2527 | 12 | 26-2572 |
| Wisconsin Rapids Dialysis | 1041B HILL ST | Wisconsin Rapids, WI 54494-5221 | (715) 800-2420 | (715) 800-9211 | 18 | 52-2589 |
| Town and Country West Dialysis | 12855 N 40 DR STE LL4 | Saint Louis, MO 63141-8657 | (314) 542-0049 | (314) 542-0057 | 12 | 26-2648 |
| St. Louis West Home Training | 9632 OLIVE BLVD | Olivette, MO 63132-3002 | (314) 569-8902 | (314) 995-7071 | 0 | 26-2585 |
| Waupaca Dialysis | 930 FURMAN DR | Waupaca, WI 54981-2200 | (715) 258-0934 | (715) 258-0926 | 10 | 52-2592 |
| Auburn Road Dialysis | 7611 AUBURN RD | Painesville, OH 44077-9608 | (440) 357-2927 | (440) 357-2976 | 13 | 36-2799 |
| Cambridge Dialysis Center | 704 Marketplace Blvd | Cambridge, MD 21613-2531 | (410) 228-2791 | (410) 221-1298 | 22 | 21-2639 |
| Hazelwood Dialysis | 637 DUNN RD STE 125 | Hazelwood, MO 63042-1757 | (314) 731-8039 | (314) 731-8084 | 24 | 26-2589 |
| Prairie River Dialysis | 601 S CENTER AVE | Merrill, WI 54452-3404 | (715) 539-0613 | (715) 539-3948 | 6 | 52-2585 |
| Green Country Dialysis | 5250 UTICA RIDGE RD | Davenport, IA 52807-3872 | (563) 355-7913 | (563) 355-4007 | 12 | 16-2554 |
| Lake St. Louis Dialysis | 200 BREVCO PLZ STE 201 | Lake Saint Louis, MO 63367-2950 | (636) 561-4799 | (636) 561-4533 | 14 | 26-2541 |
| Buchanan County Dialysis | 1600 1ST ST E | Independence, IA 50644-3155 | (319) 334-7437 | (319) 334-7414 | 12 | 16-2544 |
| Doral Kidney Center | 7755 NW 48TH ST STE 120 | Doral, FL 33166-5401 | (305) 436-5279 | (305) 436-8087 | 16 | 68-2527 |
| Easton Dialysis Center | 500 CADMUS LN STE 201 | Easton, MD 21601-4094 | (410) 822-8659 | (410) 822-5138 | 15 | 21-2512 |
| St. Peters Dialysis | 300 FIRST EXECUTIVE AVE STE A | Saint Peters, MO 63376-1655 | 636-441-6070 | 636-441-6367 | 12 | 26-2599 |
| Stockton Kidney Center | 1523 E MARCH LN STE 200 | Stockton, CA 95210-5607 | (209) 472-3300 | (209) 472-0900 | 20 | 55-2592 |
| Bluebonnet Dialysis | 3601 MANOR RD | Austin, TX 78723-5816 | (512) 926-7378 | (512) 926-7364 | 24 | 67-2704 |
| Charlotte East Dialysis | 5627 ALBEMARLE RD | Charlotte, NC 28212-3611 | (704) 535-3962 | (704) 531-4878 | 34 | 34-2627 |
| Desert Dialysis | 13000 N 103RD AVE STE 66 | Sun City, AZ 85351-3060 | (623) 583-3131 | (623) 583-5414 | 20 | 03-2572 |
| Bridgewater Dialysis Center | 2121 US HIGHWAY 22 | Bound Brook, NJ 08805-1546 | (732) 469-7202 | (732) 469-7078 | 15 | 31-2530 |
| South Charlotte Dialysis | 10504 PARK RD | Charlotte, NC 28210-8405 | (980) 399-4784 | (980) 399-4817 | 27 | 34-2523 |
| West Glendale Dialysis | 1427 S GLENDALE AVE | Glendale, CA 91205-3313 | (818) 241-0016 | (818) 241-0038 | 18 | 05-2859 |
| Central Fort Worth Dialysis | 1000 SAINT LOUIS AVE STE 101 | Fort Worth, TX 76104-3377 | (817) 810-0379 | (817) 870-9767 | 24 | 67-2723 |
| Renal Center of Newark | 571 CENTRAL AVE | Newark, NJ 07107-1463 | (973) 484-4994 | (973) 484-4434 | 18 | 31-2570 |
| Durham West Dialysis | 4307 WESTERN PARK PL | Durham, NC 27705-1204 | (919) 384-0712 | (919) 384-0853 | 27 | 34-2616 |
| International Dialysis | 1730 HAMLIN ST NE | Washington, DC 20018-1838 | (202) 525-5415 | (202) 525-5418 | 15 | 09-2525 |
| Fremont Regional Dialysis | 100 PINNACLE DR | Fremont, OH 43420-7400 | (419) 332-0310 | (419) 332-0296 | 13 | 36-2791 |
| Boston Post Road Dialysis Center | 4026 BOSTON RD | Bronx, NY 10475-1122 | (718) 862-9245 | (718) 862-9238 | 25 | 33-2588 |
| Elizabeth City Dialysis | 1840 W CITY DR | Elizabeth City, NC 27909-9632 | (252) 338-2217 | (252) 338-4051 | 29 | 34-2515 |
| Celia Dill Dialysis Center | 667 STONELEIGH AVE STE 123, BARNS OFFICE CENTER | Carmel, NY 10512-2455 | (845) 278-4150 | (845) 279-6902 | 16 | 33-2651 |
| Goldsboro Dialysis | 2609 HOSPITAL RD | Goldsboro, NC 27534-9424 | (919) 734-1410 | (919) 731-7346 | 25 | 34-2531 |
| Sun Health Dialysis | 2121 ONEIDA ST STE 104 | Joliet, IL 60435-6546 | (815) 725-7886 | (815) 725-7876 | 17 | 14-2553 |
| Greeneville Dialysis | 110 HERITAGE CT | Greeneville, TN 37743-2081 | (423) 639-2110 | (423) 639-2071 | 12 | 44-2716 |
| Forest Hills Dialysis | 1605 MEDICAL PARK DR W | Wilson, NC 27893-2799 | (252) 265-0020 | (252) 265-0645 | 35 | 34-2637 |
| Carpentersville Dialysis | 2203 RANDALL RD | Carpentersville, IL 60110-3355 | (847) 426-6456 | (847) 426-4795 | 13 | 14-2598 |
| Queens Dialysis Center | 11801 GUY R BREWER BLVD | Jamaica, NY 11434-2101 | (718) 341-6711 | (718) 525-8611 | 22 | 33-2583 |
| Ahoskie Dialysis | 129 HERTFORD COUNTY HIGH RD | Ahoskie, NC 27910-8131 | (252) 332-3896 | (252) 332-3971 | 16 | 34-2570 |
| Dialysis Center of Hutchinson | 1901 N WALDRON ST | Hutchinson, KS 67502-1129 | (620) 728-0440 | (620) 728-0499 | 24 | 17-2546 |
| Hamden Dialysis | 3000 DIXWELL AVE STE 100 | Hamden, CT 06518-3522 | (203) 281-5361 | (203) 281-5376 | 19 | 07-2543 |
| Port Chester Dialysis and Renal Center | 3020 WESTCHESTER AVE STE 100 | Purchase, NY 10577-2510 | (914) 701-5232 | (914) 253-8495 | 12 | 33-2559 |
| Omaha West Dialysis | 13014 W DODGE RD | Omaha, NE 68154-2148 | (402) 445-8950 | (402) 445-8955 | 21 | 28-2506 |
| Crosstimbers Dialysis | 4400 A NORTH FWY STE 100 | Houston, TX 77022-3614 | (713) 695-4413 | (713) 695-4518 | 12 | 67-2739 |
| Omaha Central Dialysis | 144 S 40TH ST | Omaha, NE 68131-3004 | (402) 558-0818 | (402) 558-2286 | 17 | 28-2516 |
| Ballenger Creek Dialysis | 5205 CHAIRMANS CT STE 101 | Frederick, MD 21703-2916 | (301) 662-6572 | (301) 644-0676 | 28 | 21-2654 |
| Houston Galleria Dialysis | 5923 WESTHEIMER ROAD | Houston, TX 77057-7603 | (713) 977-1278 | (713) 977-1429 | 12 | 67-2730 |
| Hudson Valley Dialysis Center | 155 WHITE PLAINS RD | Tarrytown, NY 10591-5523 | (914) 332-7599 | (914) 332-7571 | 18 | 33-2571 |
| Dodge County Dialysis | 1949 E 23RD AVE S | Fremont, NE 68025-2452 | (402) 721-7005 | (402) 721-7480 | 12 | 28-2512 |
| State Fair Dialysis | 19800 WOODWARD AVE | Detroit, MI 48203-5102 | (313) 893-8610 | (313) 893-8865 | 21 | 23-2578 |
| Kenton Dialysis | 1207 E COLUMBUS ST KENTON RIDGE CTR | Kenton, OH 43326-1760 | (419) 675-4075 | (419) 675-1108 | 10 | 36-2805 |
| White Plains Dialysis Center | 611 W HARTSDALE AVE 1ST FL | White Plains, NY 10607-1811 | (914) 898-3702 | (914) 898-3720 | 16 | 33-2599 |
| Sorensen Park Dialysis | 6212 N 73RD PLAZA STE 100 | Omaha, NE 68134-1801 | (402) 571-4147 | (402) 573-9208 | 12 | 28-2514 |
| Vineland Dialysis | 1318 S MAIN RD STE 3B | Vineland, NJ 08360-6516 | (856) 691-0875 | (856) 692-0306 | 18 | 31-2566 |
| Little Creek Dialysis | 1817 E LITTLE CREEK RD STE A | Norfolk, VA 23518-4203 | (757) 480-3780 | (757) 480-3783 | 12 | 49-2665 |
| Dunmore Dialysis | 1212 ONEILL HWY | Dunmore, PA 18512-1717 | (570) 558-0190 | (570) 558-0195 | 15 | 39-2723 |
| Omaha South Dialysis | 3339 L ST | Omaha, NE 68107-2500 | (402) 734-0772 | (402) 734-0891 | 20 | 28-2511 |
| Millville Dialysis | 3 ELIZABETH ST | Millville, NJ 08332-2509 | (856) 327-4580 | (856) 327-4584 | 18 | 31-2599 |
| North Madera Dialysis | 720 N I ST | Madera, CA 93637-3079 | (559) 664-8780 | (559) 664-8971 | 20 | 55-2729 |
| Palmer Dialysis Center | 30 COMMUNITY DR | Easton, PA 18045-2669 | (610) 258-8855 | (610) 258-3322 | 20 | 39-2619 |
| Cornhusker Dialysis | 505 CORNHUSKER RD STE 107 | Bellevue, NE 68005-7911 | (402) 292-2813 | (402) 292-2823 | 12 | 28-2518 |
| Bronx River Dialysis | 1616 BRONXDALE AVE | Bronx, NY 10462-3302 | (718) 430-9800 | (718) 430-6854 | 30 | 33-2576 |
| Monarch Dialysis | 2958 DORCHESTER DR | Montgomery, AL 36116-3193 | (334) 280-4980 | (334) 280-1809 | 22 | 01-2669 |
| Nashua Dialysis | 38 TYLER ST STE 100 | Nashua, NH 03060-2912 | (603) 598-1665 | (603) 598-1174 | 22 | 30-2507 |
| NEOMY Dialysis Center | 1122 CONEY ISLAND AVE | Brooklyn, NY 11230-2345 | (718) 434-1444 | (718) 434-1445 | 31 | 33-2671 |
| North Arlington Dialysis | 642 LINCOLN SQUARE | Arlington, TX 76011-4896 | (817) 542-0529 | (817) 542-0419 | 17 | 67-2725 |
| Newtown Dialysis Center | 60 BLACKSMITH RD | Newtown, PA 18940-1847 | (267) 757-8060 | (267) 757-8066 | 18 | 39-2616 |

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| Delran Dialysis | 8008 ROUTE 130 | Delran, NJ 08075-1869 | (856) 764-0800 | (856) 764-0917 | 13 | 31-2521 |
| Whitehaven Renal Center | 3420 ELVIS PRESLEY BLVD | Memphis, TN 38116-3260 | (901) 396-3794 | (901) 396-9286 | 25 | 44-2655 |
| North Burlington Dialysis | 2019 N CHURCH ST | Burlington, NC 27217-2928 | (336) 227-3450 | (336) 227-2084 | 18 | 34-2686 |
| TN Smokie Mountain Dialysis | 2320 KNOB CREEK STE 408 | Johnson City, TN 37604-2581 | (423) 232-1969 | (423) 262-0320 | 2 | 44-2668 |
| North Fort Worth Dialysis | 3812 E BELKNAP ST | Fort Worth, TX 76111-6012 | (682) 647-0013 | (682) 647-1494 | 13 | 67-2731 |
| Midland Dialysis | 207 Tradewinds Blvd | Midland, TX 79706-2807 | (432) 400-4202 | (432) 400-4232 | 20 | 45-2622 |
| Sable Dialysis | 509 N SABLE BLVD | Aurora, CO 80011-0801 | (303) 366-9458 | (303) 364-9206 | 30 | 06-2576 |
| Greater Boone Dialysis | 300 4TH ST | Danville, WV 25053 | (304) 307-6201 | (304) 307-6210 | 16 | 51-2531 |
| Firestone Blvd Dialysis | 11913 FIRESTONE BLVD | Norwalk, CA 90650-2904 | (562) 863-2127 | (562) 863-3052 | 24 | 55-2727 |
| North Glendale Dialysis | 1505 WILSON TER STE 190 | Glendale, CA 91206-4015 | (818) 637-8348 | (818) 637-8354 | 36 | 55-2589 |
| Rock Creek Dialysis | 5544 NORBECK RD | Rockville, MD 20853-2441 | (301) 460-2090 | (301) 460-2094 | 12 | 21-2678 |
| Merced East Dialysis | 464 E YOSEMITE AVE STE B | Merced, CA 95340-8489 | (209) 205-1126 | (209) 205-1130 | 12 | 55-2647 |
| Savannah Gateway Dialysis | 5973 OGEECHEE RD | Savannah, GA 31419-8901 | (912) 925-1920 | (912) 925-2935 | 17 | 11-2859 |
| Springfield South Dialysis | 2930 S 6TH ST | Springfield, IL 62703-5944 | (217) 528-1745 | (217) 528-8972 | 12 | 14-2733 |
| Jensen Dialysis | 9716 JENSEN DR | Houston, TX 77093-6302 | (713) 692-4600 | (713) 692-4607 | 23 | 67-2721 |
| Westwego Dialysis | 1 WESTBANK EXPRESSWAY | Westwego, LA 70094-4156 | (504) 347-6942 | (504) 347-6957 | 13 | 19-2713 |
| North Park Dialysis | 324 FM 1960 RD STE 104 | Houston, TX 77073-1887 | (281) 443-2209 | (281) 443-1983 | 30 | 67-2640 |
| West Park Dialysis | 5920 RENWICK DR STE A | Houston, TX 77081-0004 | (713) 660-0073 | (713) 660-0259 | 20 | 67-2621 |
| Romano Woods Dialysis | 16910 MATHIS CHURCH RD | Houston, TX 77090-3710 | (281) 893-6300 | (281) 893-6366 | 30 | 67-2655 |
| Advanced Dialysis Center of Fort Lauderdale | 911 E OAKLAND PARK BLVD | Oakland Park, FL 33334-2725 | (954) 318-7000 | (954) 318-7001 | 20 | 10-2878 |
| Long Island Renal Care | 3460 GREAT NECK RD | Amityville, NY 11701-1915 | (631) 532-6969 | (631) 532-6968 | 24 | 33-2670 |
| Searcy Dialysis | 3208 LANGLEY DR | Searcy, AR 72143-6020 | (501) 268-4400 | (501) 268-8279 | 16 | 04-2514 |
| Conway Dialysis | 2445 CHRISTINA LN | Conway, AR 72034-6798 | (501) 328-2186 | (501) 328-2110 | 20 | 04-2517 |
| Southwest Arkansas Dialysis | 405 N FREDERICK | Magnolia, AR 71753-3116 | (870) 626-3004 | (870) 626-3377 | 17 | 04-2545 |
| Little Rock Midtown Dialysis | 2 LILE CT STE 102A | Little Rock, AR 72205-6241 | (501) 221-3123 | (501) 221-3167 | 24 | 04-2547 |
| Independence County Dialysis | 1700 HARRISON ST STE F | Batesville, AR 72501-7315 | (870) 307-0828 | (870) 793-5466 | 12 | 04-2557 |
| Saline County Dialysis | 1200 N MAIN ST STE 2 | Benton, AR 72015-3341 | (501) 776-1816 | (501) 776-1872 | 12 | 04-2558 |
| Hempstead County Dialysis | 1301 N HERVEY ST STE B | Hope, AR 71801-2523 | (870) 722-8927 | (870) 722-8937 | 20 | 04-2563 |
| Renal Center of Mountain Home | 200 E 8TH ST STE 101 | Mountain Home, AR 72653-4402 | (870) 508-6500 | (870) 508-6550 | 20 | 04-2567 |
| La Palma Dialysis | 7880 VALLEY VIEW ST | Buena Park, CA 90620-2353 | (714) 670-6791 | (714) 670-6817 | 25 | 05-2627 |
| Los Nietos Dialysis | 10012 NORWALK BLVD STE 190 | Santa Fe Springs, CA 90670-3345 | (562) 903-8281 | (562) 903-8289 | 24 | 05-2724 |
| Nephron Dialysis | 5820 DOWNEY AVE | Long Beach, CA 90805-4517 | (562) 663-0788 | (562) 663-0794 | 21 | 05-2788 |
| Carson Dialysis | 1309 E CARSON ST | Carson, CA 90745-1631 | (310) 513-1427 | (310) 513-1581 | 16 | 05-2803 |
| Palmetto Artificial Kidney Center | 7150 W 20TH AVE STE 109 | Hialeah, FL 33016-5509 | (305) 827-8399 | (305) 827-1892 | 15 | 10-2665 |
| Ocean County Dialysis | 635 BAY AVE STE 215 | Toms River, NJ 08753-3349 | (732) 341-2730 | (732) 557-4186 | 10 | 31-2661 |
| Allegheny Valley Dialysis | 1620 PACIFIC AVE HEIGHTS PLAZA SHOPPING CENTER | Natrona Heights, PA 15065-2101 | (724) 224-4382 | (724) 224-7298 | 11 | 39-2768 |
| Housatonic Dialysis | 164 MOUNT PLEASANT RD | Newtown, CT 06470-1408 | (203) 270-0081 | (203) 270-0065 | 10 | 07-2548 |
| Alpena Dialysis | 301 OXBOW DR | Alpena, MI 49707-1447 | (989) 356-3128 | (989) 358-0072 | 19 | 23-2553 |
| Metuchen Dialysis | 319 LAKE AVE | Metuchen, NJ 08840-1804 | (732) 906-5714 | (732) 906-2373 | 10 | 31-2654 |
| Antelope Valley Dialysis | 1759 W AVENUE J STE 102 | Lancaster, CA 93534-2703 | (661) 942-6400 | (661) 729-3985 | 30 | 05-2521 |
| Atlantic County Dialysis | 400 W BLACK HORSE PIKE STE 3 | Pleasantville, NJ 08232-2636 | (609) 646-7202 | (609) 646-7962 | 13 | 31-2651 |
| Appalachian Dialysis | 503 ELM ST | New Tazewell, TN 37825-7525 | (423) 626-1242 | (423) 626-6587 | 14 | 44-2567 |
| Fort Brown Dialysis | 2000 BOCA CHICA BLVD | Brownsville, TX 78521-2226 | (956) 541-0130 | (956) 541-0160 | 13 | 67-2777 |
| Pompano Beach Artificial Kidney Center | 600 SW 3RD ST STE 1100 | Pompano Beach, FL 33060-6936 | (954) 942-5115 | (954) 942-0946 | 28 | 10-2615 |
| Pike County Dialysis | 609 W EMMITT AVE | Waverly, OH 45690-1013 | (740) 941-1688 | (740) 941-1713 | 9 | 36-2817 |
| Arvada Dialysis Center | 9950 W 80TH AVE STE 25 | Arvada, CO 80005-3914 | (303) 456-9556 | (303) 456-8836 | 16 | 06-2521 |
| West Hamilton Home Training | 1532 MAIN ST STE B | Hamilton, OH 45013-1078 | (513) 737-0934 | (513) 737-1138 | 0 | 36-2886 |
| Ashley Dialysis | 1019 FRED LAGRONE DR | Crossett, AR 71635-4546 | (870) 305-1225 | (870) 305-1240 | 25 | 04-2560 |
| Lawton Dialysis | 1110 SW B AVE | Lawton, OK 73501-4229 | (580) 595-4987 | (580) 595-7296 | 12 | 37-2604 |
| Centennial Atlanta Dialysis | 418 DECATUR ST SE | Atlanta, GA 30312-1801 | (404) 524-1606 | (404) 525-3502 | 18 | 11-2660 |
| Dialysis Care of Weatherford | 2107 FT WORTH HWY | Weatherford, TX 76086-4808 | (817) 599-6954 | (817) 599-3526 | 13 | 67-2770 |
| Atmore Dialysis Center | 807 E CRAIG ST | Atmore, AL 36502-3017 | (251) 368-5593 | (251) 446-1950 | 10 | 01-2600 |
| McKinney on 380 Dialysis | 5329 W UNIVERSITY DR | McKinney, TX 75071-8186 | (214) 491-4263 | (214) 491-4984 | 13 | 67-2805 |
| Canton Dialysis | 2912 W TUSCARAWAS ST | Canton, OH 44708-4643 | (330) 458-0150 | (330) 458-0164 | 27 | 36-2866 |
| Pine Park Dialysis | 3333 BAYSHORE BLVD | Pasadena, TX 77504-1952 | (713) 943-1463 | (713) 943-1481 | 24 | 67-2767 |
| Sheboygan Dialysis | 1338 N TAYLOR DR | Sheboygan, WI 53081-3042 | (920) 458-1724 | (920) 458-1763 | 14 | 52-2527 |
| Bakersfield Dialysis Center | 5143 OFFICE PARK DR | Bakersfield, CA 93309-0660 | (661) 325-4741 | (661) 325-7631 | 76 | 05-2673 |
| Treasure Hills Dialysis | 1629 TREASURE HILLS BLVD STE 8 | Harlingen, TX 78550-8907 | (956) 364-2120 | (956) 440-8747 | 13 | 67-2771 |
| Berlin Dialysis Center | 9952 NORTH MAIN ST BLDG #3 | Berlin, MD 21811-1049 | (410) 641-1321 | (410) 641-1538 | 28 | 21-2520 |
| Clear Creek Dialysis | 220 COTTONWOOD DR | Hempstead, TX 77445-9226 | (979) 826-0477 | (979) 826-9183 | 12 | 67-2808 |
| Kidney HOME Downtown | 200 SAINT PAUL ST STE 5 | Baltimore, MD 21202-2025 | (410) 244-5638 | (410) 244-6405 | 4 | 21-2702 |
| Bogalusa Kidney Care | 2108 AVENUE F | Bogalusa, LA 70427-5027 | (985) 735-7811 | (985) 735-1501 | 15 | 19-2540 |
| Chicago Ridge Dialysis | 10511 S HARLEM AVE | Chicago Ridge, IL 60415-1291 | (708) 361-2863 | (708) 361-2954 | 16 | 14-2793 |
| Glen Burnie Dialysis | 6934 AVIATION BLVD STE K | Glen Burnie, MD 21061-2593 | (410) 553-6951 | (410) 766-0513 | 30 | 21-2631 |
| Ace Dialysis | 14512 LEE RD | Humble, TX 77396-3425 | (281) 441-5016 | (281) 441-5099 | 12 | 67-2756 |
| Brea Dialysis Center | 595 TAMARACK AVE STE A | Brea, CA 92821-3125 | (714) 990-0110 | (714) 990-0946 | 21 | 05-2621 |
| El Sobrante Dialysis | 3380 SAN PABLO DAM RD STE C-D | San Pablo, CA 94803-7218 | (510) 262-9230 | (510) 262-9203 | 20 | 55-2779 |
| Bridgeton Dialysis | 333 IRVING AVE | Bridgeton, NJ 08302-2123 | (856) 575-4200 | (856) 453-0174 | 17 | 31-2673 |
| Heights Dialysis | 739 E 20TH ST | Houston, TX 77008-4471 | (713) 802-0542 | (713) 802-0762 | 16 | 67-2804 |
| Quitman Dialysis | 101 E DAVIS ST | Quitman, GA 31643-1407 | (229) 263-9483 | (229) 263-6948 | 12 | 85-2555 |
| Robinson Home Training | 5888 STEUBENVILLE PIKE STE 4 | McKees Rocks, PA 15136-1347 | (412) 787-0314 | (412) 788-2089 | 0 | 39-2824 |
| Burlingame Dialysis | 1720 EL CAMINO REAL STE 12 | Burlingame, CA 94010-3225 | (650) 697-7601 | (650) 697-7926 | 13 | 55-2681 |
| Port City Dialysis | 1810 S FRESNO AVE | Stockton, CA 95206-1861 | (209) 946-0738 | (209) 946-0827 | 24 | 55-2808 |
| Upland Colonies Dialysis | 587 N MOUNTAIN AVE | Upland, CA 91786-5016 | (909) 931-4515 | (909) 981-5086 | 25 | 55-2813 |
| Cartersville Renal Center | 419 E MAIN ST | Cartersville, GA 30121-3349 | (678) 721-1045 | (678) 721-1252 | 17 | 11-2691 |
| Nansemond Dialysis | 3009 CORPORATE LN STE 130 | Suffolk, VA 23434-9344 | (757) 539-0618 | (757) 925-4530 | 13 | 49-2695 |
| Catskill Dialysis Center | 139 FORESTBURGH RD | Monticello, NY 12701-2348 | (845) 796-3300 | (845) 796-3303 | 14 | 33-2546 |
| Discovery Home Training | 1503 E MAIN ST | Santa Maria, CA 93458-4803 | (805) 925-1632 | (805) 739-8930 | 0 | 75-2518 |
| Center for Kidney Disease at North Shore | 1190 NW 95TH ST STE 208 | Miami, FL 33150-2065 | (305) 691-2144 | (305) 691-0362 | 22 | 10-2583 |
| Greenbelt Home Training | 10210 GREENBELT RD STE 100 | Lanham, MD 20706-6223 | (301) 794-0142 | (301) 794-4857 | 4 | 21-2710 |
| Central New York Dialysis Center | 910 ERIE BLVD E | Syracuse, NY 13210-1048 | (315) 410-8040 | (315) 410-8030 | 30 | 33-2615 |
| Cherokee Dialysis Center | 53 ECHOTA CHURCH RD | Cherokee, NC 28719-9702 | (828) 497-6866 | (828) 497-2598 | 20 | 34-2602 |
| Plano on Custer Dialysis | 1301 CUSTER RD STE 524 | Plano, TX 75075-9400 | (972) 578-7047 | (972) 424-7204 | 17 | 67-2816 |
| Corpus Christi Dialysis | 2733 SWANTNER DR | Corpus Christi, TX 78404-2832 | (361) 855-4911 | (361) 855-4914 | 26 | 45-2514 |
| Dialysis Care of Grand Prairie | 402 N CARRIER PKWY STE 102 | Grand Prairie, TX 75050-5426 | (972) 264-2660 | (972) 264-2687 | 13 | 67-2789 |
| Cobb Dialysis | 3885 MEDICAL PARK DR STE 110 | Austell, GA 30106-1109 | (770) 941-3898 | (800) 294-9884 | 21 | 11-2581 |
| Friendly Farms Home Dialysis | 10905 FORT WASHINGTON RD STE 307 | Fort Washington, MD 20744-5843 | (301) 292-0540 | (301) 292-3493 | 4 | 21-2714 |
| South Ridge Dialysis | 7740 W LAYTON AVE | Greenfield, WI 53220-3707 | (414) 281-1313 | (414) 281-1722 | 22 | 52-2543 |
| Hulen Dialysis | 5832 S HULEN ST | Fort Worth, TX 76132-2684 | (817) 370-7642 | (817) 370-7774 | 17 | 67-2797 |
| Chipley Dialysis | 877 3RD ST STE 2 | Chipley, FL 32428-1855 | (850) 638-7783 | (850) 638-8550 | 20 | 10-2771 |
| Roscommon Dialysis | 10450 N ROSCOMMON RD | Roscommon, MI 48653-9296 | (989) 275-0362 | (989) 275-0409 | 13 | 23-2705 |
| Belden Community Dialysis | 4377 WHIPPLE AVE NW | Canton, OH 44718-2643 | (330) 649-9300 | (330) 491-4881 | 24 | 36-2600 |
| Complete Dialysis Care | 7467 W SAMPLE RD | Coral Springs, FL 33065-4754 | (954) 753-0248 | (954) 755-3692 | 24 | 10-2645 |
| Keller Dialysis | 11000 OLD DENTON RD | Fort Worth, TX 76244-5407 | (817) 337-5483 | (817) 431-9475 | 17 | 67-2788 |
| Mt Rainier Dialysis | 2303 VARNUM ST | Mount Rainier, MD 20712-1459 | (301) 277-5350 | (301) 985-6875 | 16 | 21-2720 |
| Comprehensive Renal Care - Munster | 9100 CALUMET AVE | Munster, IN 46321-2806 | (219) 836-1299 | (219) 836-9447 | 24 | 15-2549 |

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|---|---|---|---|---|---|---|
| East Cobb Dialysis | 4880 LOWER ROSWELL RD STE 770 | Marietta, GA 30068-4375 | (770) 321-0675 | (770) 509-8283 | 13 | 11-2572 |
| PDI-Johnstown | 344 BUDFIELD ST | Johnstown, PA 15904-3214 | (814) 266-4949 | (814) 266-4948 | 21 | 39-2687 |
| Wofford Dialysis | 8024 WHITE AVE | Spartanburg, SC 29303-2043 | (864) 583-4798 | (864) 583-8220 | 11 | 42-2656 |
| Sheepshead Bay Renal Care Center | 26 BRIGHTON 11TH ST | Brooklyn, NY 11235-5304 | (718) 743-5955 | (718) 743-5939 | 16 | 33-2604 |
| Corona Dialysis Center | 2057 COMPTON AVE STE 101 | Corona, CA 92881-7287 | (951) 735-5845 | (951) 735-3941 | 24 | 05-2661 |
| East China Dialysis | 4180 HOSPITAL DR | East China, MI 48054-2232 | (810) 326-0032 | (810) 326-0151 | 13 | 23-2718 |
| Cyfair Dialysis Center | 9110 JONES RD STE 104 | Houston, TX 77065-3964 | (346) 277-0335 | (346) 277-0360 | 17 | 45-2762 |
| Atlas Park Dialysis | 8000 COOPER AVE | Glendale, NY 11385-7739 | (718) 326-2789 | (718) 416-4269 | 25 | 33-2769 |
| Okmulgee Dialysis Center | 201 S DELAWARE AVE | Okmulgee, OK 74447-5528 | (918) 756-3526 | (918) 756-1760 | 16 | 37-2548 |
| Williamsbridge Dialysis Center | 3525 WHITE PLAINS RD STE B | Bronx, NY 10467-5705 | (718) 547-4562 | (718) 231-2350 | 25 | 33-2728 |
| Danbury Dialysis | 111 OSBORNE ST STE 211 | Danbury, CT 06810-6031 | (203) 794-1938 | (203) 796-0015 | 19 | 07-2544 |
| Williamsbridge Home Dialysis Center | 3525 WHITE PLAINS RD STE A | Bronx, NY 10467-5705 | (718) 652-1013 | (718) 652-4096 | 0 | 33-2729 |
| Desert Mountain Dialysis Center | 9220 E MOUNTAIN VIEW RD STE 105 | Scottsdale, AZ 85258-5134 | (480) 391-2241 | (480) 451-8331 | 24 | 03-2525 |
| East Islip Dialysis | 200 CARLETON AVE | East Islip, NY 11730-1222 | (631) 581-0897 | (631) 224-3355 | 21 | 33-2752 |
| Lakewood Dialysis Center | 1750 PIERCE ST STE C | Lakewood, CO 80214-1434 | (303) 238-6111 | (303) 462-0946 | 18 | 06-2502 |
| Floral Park Home Dialysis | 1 CISNEY AVE | Floral Park, NY 11001-3249 | (516) 437-0789 | (516) 327-9505 | 0 | 33-2750 |
| Hopi Dialysis Center | HWY 264 MILE MARKER 388 PO BOX 964 | Polacca, AZ 86042-0964 | (928) 737-5490 | (928) 737-5497 | 11 | 03-2592 |
| Newington Dialysis | 8520 CINDER BED RD STE 100 | Lorton, VA 22079-1471 | (703) 339-6050 | (703) 339-6371 | 17 | 49-2690 |
| Airport Sunrise Dialysis | 11300 HAWTHORNE BLVD | Inglewood, CA 90304-2715 | (310) 680-0601 | (310) 680-9166 | 58 | 05-2746 |
| Newington Home Training | 8520 CINDER BED RD STE 200 | Lorton, VA 22079-1471 | (703) 339-6050 | (703) 339-6371 | 4 | 49-2691 |
| DeGray Dialysis | 312 PROFESSIONAL PARK DR STE H | Arkadelphia, AR 71923-5355 | (870) 246-3021 | (870) 245-3766 | 17 | 04-2512 |
| Niagara Dialysis Center | 2932 MILITARY RD | Niagara Falls, NY 14304-1252 | (716) 297-4059 | (716) 297-4969 | 13 | 33-2720 |
| North Brevard Dialysis | 250 HARRISON ST STE 110 | Titusville, FL 32780-5098 | (321) 383-1345 | (321) 268-4875 | 21 | 10-2654 |
| Broadway Dialysis | 2624 STOCKTON BLVD | Sacramento, CA 95817-2210 | (916) 457-0113 | (916) 457-0116 | 34 | 55-2802 |
| Dialysis Associates of the Palm Beaches | 2611 POINSETTIA AVE | West Palm Beach, FL 33407-5919 | (561) 833-0759 | (561) 835-1056 | 20 | 10-2510 |
| Glendora Foothills Dialysis | 750 W ROUTE 66 STE Q | Glendora, CA 91740-4164 | (626) 335-2063 | (626) 914-1480 | 24 | 55-2785 |
| Dialysis Care of Franklin County | 1706 NC HWY 39 N | Louisburg, NC 27549-8329 | (919) 496-0300 | (919) 496-0188 | 27 | 34-2571 |
| West Boynton Dialysis | 10150 HAGEN RANCH RD STE 101 | Boynton Beach, FL 33437-3776 | (561) 736-6096 | (561) 738-6190 | 16 | 68-2577 |
| Dialysis Care of Hoke County | 403 S MAIN ST | Raeford, NC 28376-3222 | (910) 875-6561 | (910) 875-6652 | 25 | 34-2579 |
| El Dorado Dialysis | 2977 REDONDO AVE | Long Beach, CA 90806-2445 | (562) 988-3418 | (562) 595-5819 | 25 | 55-2801 |
| Dialysis Care of Martin County | 100 MEDICAL DR | Williamston, NC 27892-2156 | (252) 792-2386 | (252) 792-4832 | 15 | 34-2584 |
| North County Kidney Care Dialysis | 1554 SIERRA VISTA PLZ | Saint Louis, MO 63138-2040 | (314) 438-0864 | (314) 355-1857 | 20 | 26-2673 |
| Dialysis Care of Montgomery County | 323 W MAIN ST | Biscoe, NC 27209-9528 | (910) 428-4052 | (910) 428-4535 | 20 | 34-2583 |
| Lockhart Dialysis | 1806 S COLORADO ST | Lockhart, TX 78644-3947 | (512) 398-6432 | (512) 398-6471 | 12 | 67-2819 |
| Dialysis Care of Moore County | 16 REGIONAL DR | Pinehurst, NC 28374-8850 | (910) 295-2124 | (910) 295-2336 | 25 | 34-2555 |
| Affinity Place Dialysis | 7700 AFFINITY PL | Cincinnati, OH 45231-3566 | (513) 521-0981 | (513) 521-1566 | 17 | 36-2834 |
| Dialysis Care of Richmond County | 771 CHERAW RD | Hamlet, NC 28345-7158 | (910) 582-5822 | (910) 582-1320 | 30 | 34-2539 |
| Dialysis Care of Rockingham County | 251 W KINGS HWY | Eden, NC 27288-5009 | (336) 623-7906 | (336) 623-7428 | 25 | 34-2536 |
| SoCo Dialysis | 1384 ARMORY DR | Franklin, VA 23851-2421 | (757) 562-2137 | (757) 562-2085 | 13 | 49-2688 |
| Jacksonville Central Dialysis Center | 400 T P WHITE DR | Jacksonville, AR 72076-3287 | (501) 241-1300 | (501) 985-1344 | 12 | 04-2553 |
| Matawan Dialysis | 764 HIGHWAY 34 STE A | Matawan, NJ 07747-6614 | (732) 583-1085 | (732) 566-3632 | 19 | 31-2649 |
| Sunshine State Dialysis | 2710 ALLEN RD | Tallahassee, FL 32312-2607 | (850) 297-2019 | (850) 523-7842 | 20 | 68-2663 |
| Wright Field Dialysis | 1431 BUSINESS CENTER CT | Dayton, OH 45410-3300 | (937) 252-1867 | (937) 252-2256 | 15 | 36-2524 |
| Fort Worth Saginaw Dialysis | 900 N BLUE MOUND RD STE 192 | Saginaw, TX 76131-8828 | (817) 232-1502 | (817) 232-1652 | 13 | 67-2761 |
| Saint Charles Way Dialysis | 308 SAINT CHARLES WAY | York, PA 17402-4647 | (717) 430-5454 | (717) 741-3956 | 47 | 39-2838 |
| North Little Rock Dialysis Center | 4505 E MCCAIN BLVD | North Little Rock, AR 72117-2902 | (501) 945-2323 | (501) 955-1162 | 12 | 04-2548 |
| Jurupa Valley Dialysis | 8080 LIMONITE AVE | Jurupa Valley, CA 92509-6107 | (951) 361-9405 | (951) 727-0027 | 25 | 55-2817 |
| South Gate Dialysis | 9848 ATLANTIC AVE | South Gate, CA 90280-5219 | (323) 569-1035 | (323) 569-1790 | 25 | 55-2821 |
| Gaylord Dialysis | 1989 WALDEN DR | Gaylord, MI 49735-8241 | (989) 731-6418 | (989) 731-4776 | 12 | 23-2556 |
| Bidwell Dialysis | 966 EAST AVE | Chico, CA 95926-1309 | (530) 892-9937 | (530) 342-3199 | 24 | 55-2857 |
| Willow Dialysis Center | 1675 ALEX DR | Wilmington, OH 45177-2446 | (937) 383-3338 | (937) 383-3631 | 19 | 36-2551 |
| Jupiter Dialysis | 630 MAPLEWOOD DR STE 300 | Jupiter, FL 33458-5571 | (561) 748-1750 | (561) 748-1585 | 16 | 68-2586 |
| Canutillo Dialysis | 7251 S DESERT BLVD | El Paso, TX 79835-2200 | (915) 877-4907 | (915) 877-4912 | 25 | 74-2528 |
| Dialysis Systems of Covington | 210 GREENBRIAR BLVD | Covington, LA 70433-7235 | (985) 875-1915 | (985) 875-1918 | 12 | 19-2613 |
| Ascarate Dialysis | 7281 ALAMEDA AVE | El Paso, TX 79915-3503 | (915) 881-1796 | (915) 881-1276 | 25 | 67-2872 |
| Omaha Home Training | 8021 CASS ST | Omaha, NE 68114-3525 | (402) 393-2346 | (402) 391-1185 | 6 | 28-2533 |
| Norristown Dialysis | 1700 MARKLEY ST STE 122 | Norristown, PA 19401-2902 | (610) 313-8760 | (610) 313-8766 | 13 | 39-2891 |
| Montana Vista Dialysis | 2204 JOE BATTLE BLVD STE A | El Paso, TX 79938-4660 | (915) 849-8374 | (915) 849-8301 | 24 | 67-2817 |
| Downriver Kidney Center | 5600 ALLEN RD | Allen Park, MI 48101-2604 | (313) 382-5933 | (313) 382-5942 | 24 | 23-2592 |
| Preston Dialysis | 13340 PRESTON RD | Dallas, TX 75240-5287 | (972) 239-5034 | (972) 980-4417 | 17 | 74-2526 |
| Smithtown Dialysis | 113 TERRY RD | Smithtown, NY 11787-3848 | (631) 360-7801 | (631) 360-7806 | 21 | 33-2827 |
| Dulaney Towson Dialysis Center | 113 WEST RD STE 201 | Towson, MD 21204-2318 | (410) 825-3690 | (410) 825-3697 | 14 | 21-2612 |
| Flatlands Dialysis | 1641 E 16TH ST FL 5 | Brooklyn, NY 11229-1107 | (718) 645-1615 | (718) 645-9263 | 25 | 33-2811 |
| Dyker Heights Dialysis Center | 1435 86TH ST | Brooklyn, NY 11228-3435 | (718) 256-5800 | (718) 256-4835 | 20 | 33-2596 |
| Coryell Dialysis | 224 MEMORIAL DR | Gatesville, TX 76528-1071 | (254) 404-2090 | (254) 404-2479 | 12 | 67-2796 |
| Van Wyck Dialysis | 91-30 VAN WYCK EXPY | Jamaica, NY 11418-2822 | (718) 558-4382 | (718) 558-5650 | 29 | 33-2509 |
| East Wichita Dialysis Center | 320 N HILLSIDE ST | Wichita, KS 67214-4918 | (316) 684-3200 | (316) 684-6298 | 24 | 17-2519 |
| Southfield Dialysis | 11600 BROADWAY ST | Pearland, TX 77584-3780 | (713) 436-0263 | (713) 436-0948 | 12 | 67-2833 |
| Eastridge Dialysis | 3501 E CAPITOL EXPY | San Jose, CA 95122-1024 | (408) 929-2274 | (408) 929-2296 | 24 | 55-2848 |
| Eastern Maine Dialysis | 11 SHORT ST | Ellsworth, ME 04605-1718 | (207) 667-9294 | (207) 667-9414 | 12 | 20-2514 |
| Plano Tollway Dialysis | 6101 WINDHAVEN PKWY STE 165 | Plano, TX 75093-8197 | (972) 473-7891 | (972) 473-0150 | 17 | 67-2827 |
| Boyd Dialysis | 925 UNION ST STE 1 | Bangor, ME 04401-3051 | (207) 941-1298 | (207) 941-1304 | 21 | 20-2512 |
| Pocahontas Dialysis | 404 CAMP RD | Pocahontas, AR 72455-1487 | (870) 248-0138 | (870) 248-0623 | 8 | 04-2595 |
| Cleve Hill Dialysis Center | 3520 MAIN ST STE 400 | Amherst, NY 14226 | (716) 815-5715 | (716) 815-5746 | 24 | 33-2649 |
| Springwoods Dialysis | 2950 FM 2920 RD STE 100 | Spring, TX 77388-3427 | (281) 907-6269 | (281) 907-6852 | 20 | 67-2803 |
| Boettler Dialysis | 1587 BOETTLER RD STE 130 | Uniontown, OH 44685-7823 | (330) 899-0035 | (330) 896-4975 | 12 | 36-2867 |
| Cloverleaf Dialysis | 13525 EAST FWY STE A | Houston, TX 77015-5902 | (713) 450-0874 | (713) 451-5377 | 12 | 67-2773 |
| Progress Avenue Dialysis | 4390 STURBRIDGE DR | Harrisburg, PA 17110-3668 | (717) 545-2805 | (717) 545-3987 | 13 | 39-2858 |
| Edge River Dialysis | 1197 S REDONDO CENTER DR | Yuma, AZ 85365-2036 | (928) 329-4340 | (928) 783-5018 | 13 | 03-2644 |
| Brooklyn Community Dialysis | 730 64TH ST | Brooklyn, NY 11220-4714 | (718) 759-0129 | (718) 759-0191 | 24 | 33-2764 |
| Brookriver Dialysis | 8101 BROOKRIVER DR | Dallas, TX 75247-4003 | (214) 951-7789 | (214) 951-8111 | 20 | 45-2703 |
| DaVita Huntington Dialysis | 390 S FAIR OAKS AVE STE 120 | Pasadena, CA 91105-2540 | (626) 564-2818 | (626) 564-2889 | 25 | 55-2822 |
| Dunkirk Dialysis | 3958 VINEYARD DR | Dunkirk, NY 14048-3522 | (716) 366-1931 | (716) 366-2105 | 14 | 33-2767 |
| Thorndale Dialysis | 3243 LINCOLN HWY | Thorndale, PA 19372-1012 | (610) 384-3902 | (610) 380-1246 | 24 | 39-2522 |
| Chilton Dialysis | 425 M-B LN | Chilton, WI 53014-1604 | (920) 849-3390 | (920) 849-3432 | 12 | 52-2601 |
| Sullivan Dialysis | 2232 N HOSPITAL BLVD STE 1 | Sullivan, IN 47882-7674 | (812) 268-5593 | (812) 268-5693 | 13 | 15-2685 |
| Fayetteville Dialysis | 509 E MILLSAP RD STE 111 | Fayetteville, AR 72703-4862 | (479) 443-6688 | (479) 527-9917 | 9 | 04-2539 |
| El Paso Peritoneal Dialysis | 1310 MURCHISON DR STE C | El Paso, TX 79902-4821 | (915) 351-0893 | (915) 533-8516 | 0 | 67-2768 |
| Avian Dialysis | 8486 BELLAIRE BLVD | Houston, TX 77036-4702 | (713) 774-0253 | (713) 774-0315 | 20 | 67-2841 |
| Federal Way Community Dialysis Center | 1015 S 348TH ST | Federal Way, WA 98003-7078 | (253) 661-9055 | (253) 661-9093 | 19 | 50-2513 |
| Moore Dialysis | 620 S SANTA FE AVE STE C | Moore, OK 73160-2476 | (405) 799-2439 | (405) 799-2409 | 12 | 37-2603 |
| Flamingo Park Kidney Center | 901 E 10TH AVE BAY 17 | Hialeah, FL 33010-3762 | (305) 884-5677 | (305) 884-2466 | 21 | 10-2664 |
| Heart of Marion Dialysis | 1221 DELAWARE AVE | Marion, OH 43302-6419 | (740) 375-0849 | (740) 375-0869 | 13 | 36-2823 |
| Zapata Falcon Lake Dialysis | 2860 S US HWY 83 | Zapata, TX 78076 | (956) 765-9366 | (956) 765-9319 | 13 | 67-2849 |

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| Archway Modesto Home Training | 3001 HEALTH CARE WAY BLDG E, STE 101 | Modesto, CA 95356-8510 | (209) 543-1721 | (209) 543-1750 | 4 | 55-2765 |
| Four Corners Dialysis Center | 801 W BROADWAY | Farmington, NM 87401-5650 | (505) 325-2827 | (505) 326-7425 | 36 | 32-2503 |
| Columbia County Dialysis | 1389 W US HIGHWAY 90 STE 100 | Lake City, FL 32055-6130 | (386) 466-0197 | (386) 292-8992 | 16 | 68-2568 |
| Robidoux Dialysis | 802 JULES ST | Saint Joseph, MO 64501-1944 | (816) 233-3340 | (816) 233-3470 | 16 | 26-2691 |
| Fourth Street Dialysis | 3101 4TH ST STE B | Longview, TX 75605-5146 | (903) 234-0112 | (903) 234-1341 | 12 | 45-2776 |
| Coventry Dialysis | 3235 MANCHESTER RD STE 9 | Akron, OH 44319-1458 | (330) 645-9453 | (330) 645-9484 | 13 | 36-2820 |
| Avalon Dialysis | 5807 AVALON BLVD | Los Angeles, CA 90011-5303 | (323) 233-2452 | (323) 233-2549 | 24 | 55-2793 |
| Rockbridge Dialysis | 8032 ROCKBRIDGE RD | Lithonia, GA 30058-5882 | (678) 526-8340 | (770) 482-4671 | 13 | 85-2534 |
| Front Royal Dialysis | 1360 N SHENANDOAH AVE | Front Royal, VA 22630-3636 | (540) 622-2413 | (540) 631-0326 | 16 | 49-2573 |
| Seven Oaks Dialysis | 4651 CORPORATE CT | Bakersfield, CA 93311-8704 | (661) 664-5887 | (661) 664-0145 | 24 | 55-2796 |
| Lancaster SC Dialysis | 1100 W MEETING ST | Lancaster, SC 29720-2251 | (803) 313-6600 | (803) 313-6608 | 29 | 42-2549 |
| Mason County Dialysis | 1930 Olympic Hwy N | Shelton, WA 98584-4141 | (360) 968-1005 | (360) 968-1026 | 5 | 50-2583 |
| Allendale County Dialysis | 1241 BOUNDARY ST W | Fairfax, SC 29827-3611 | (803) 632-1587 | (803) 632-1611 | 21 | 42-2557 |
| Casa St Home Training | 35 CASA ST STE 110 | San Luis Obispo, CA 93405-1887 | (805) 785-0321 | (805) 785-0328 | 0 | 55-2792 |
| Arlington Dialysis | 4805 1st ST N | Arlington, VA 22203-2603 | (703) 527-0652 | (703) 527-0956 | 20 | 49-2559 |
| Castro Valley Dialysis | 20359 LAKE CHABOT RD | Castro Valley, CA 94546-5309 | (510) 889-9973 | (510) 582-1173 | 21 | 75-2527 |
| Ashtabula Dialysis | 1614 W 19TH ST | Ashtabula, OH 44004-3036 | (440) 964-9777 | (440) 964-8914 | 17 | 36-2554 |
| Clay County Dialysis | 1784 BLANDING BLVD | Middleburg, FL 32068-3807 | (904) 291-1537 | (904) 282-9869 | 16 | 68-2572 |
| Echo Valley Dialysis | 198 PONDEROSA RD | Colville, WA 99114-2003 | (509) 684-2285 | (509) 684-3799 | 7 | 50-2582 |
| Central Bamberg Dialysis | 67 SUNSET DR | Bamberg, SC 29003-1181 | (803) 245-5166 | (803) 245-3315 | 20 | 42-2534 |
| Bel Air Dialysis | 2225 OLD EMMORTON RD STE 105 | Bel Air, MD 21015-6122 | (410) 515-2078 | (410) 515-3425 | 24 | 21-2594 |
| Cypress Gardens Dialysis | 418 BROAD ST | Sumter, SC 29150-4155 | (803) 418-5129 | (803) 418-0722 | 20 | 42-2661 |
| Brenham Dialysis | 2815 HIGHWAY 36 S | Brenham, TX 77833-8143 | (979) 251-7287 | (979) 836-2276 | 12 | 45-2641 |
| Briarcrest Dialysis | 1640 BRIARCREST DR STE 100 | Bryan, TX 77802-2933 | (979) 260-4908 | (979) 268-5890 | 25 | 45-2550 |
| Eastern Boulevard Dialysis | 246 EASTERN BLVD N STE 105 | Hagerstown, MD 21740-6666 | (301) 745-4251 | (301) 797-4637 | 22 | 21-2691 |
| Catonsville Dialysis | 1581 SULPHUR SPRING RD STE 112 | Baltimore, MD 21227-2599 | (410) 242-7766 | (410) 242-5788 | 30 | 21-2528 |
| Charlotte Dialysis | 2321 W MOREHEAD ST STE 102 | Charlotte, NC 28208-5145 | (704) 333-5535 | (704) 333-3862 | 33 | 34-2548 |
| Emporia Dialysis | 1616 INDUSTRIAL RD STE 2004 | Emporia, KS 66801-6222 | (620) 340-8043 | (620) 340-8063 | 13 | 17-2561 |
| Chester Dialysis | 10360 IRON BRIDGE RD | Chester, VA 23831-1426 | (804) 768-6770 | (804) 768-6775 | 24 | 49-2607 |
| Redondo Heights Dialysis | 27320 PACIFIC HWY S | Federal Way, WA 98003-2413 | (253) 529-7825 | (253) 528-0851 | 14 | 50-2585 |
| Corry Dialysis | 300 YORK ST | Corry, PA 16407-1420 | (814) 664-7520 | (814) 663-0295 | 12 | 39-2580 |
| Glenarden Dialysis | 9701 PHILADELPHIA CT STE A | Lanham, MD 20706-4431 | (301) 918-3830 | (301) 306-5129 | 24 | 21-2699 |
| Covington Dialysis | 2504 VALLEY RIDGE RD | Covington, VA 24426-6339 | (540) 862-4419 | (540) 862-5768 | 13 | 49-2522 |
| Golden Gate Dialysis | 2700 GEARY BLVD STE A | San Francisco, CA 94118-3406 | (415) 345-1869 | (415) 673-1206 | 24 | 55-2811 |
| Kresge Dialysis | 4145 CASS AVE | Detroit, MI 48201-1707 | (313) 833-4330 | (313) 833-4257 | 32 | 23-2545 |
| Grand Blanc Home Training | 8195 S SAGINAW ST STE C | Grand Blanc, MI 48439-1885 | (810) 695-1078 | (810) 695-6942 | 0 | 23-2711 |
| Dundalk Dialysis | 14 COMMERCE ST | Dundalk, MD 21222-4307 | (410) 284-9000 | (410) 284-5584 | 12 | 21-2616 |
| Huntersville Dialysis | 9622 KINCEY AVE | Huntersville, NC 28078-9140 | (704) 912-3890 | (704) 948-1177 | 27 | 34-2707 |
| Durham Dialysis | 201 HOOD ST | Durham, NC 27701-3715 | (919) 680-0002 | (919) 680-0012 | 29 | 34-2550 |
| Idabel Dialysis | 1319 S LYNN LN | Idabel, OK 74745-6845 | (580) 286-1108 | (580) 286-5064 | 13 | 37-2602 |
| East Orange Dialysis | 14-20 PROSPECT ST | East Orange, NJ 07017-2238 | (973) 672-2025 | (973) 675-1381 | 21 | 31-2522 |
| Kerr Lake Dialysis | 1274 RUIN CREEK RD | Henderson, NC 27537-4168 | (252) 431-0233 | (252) 431-0252 | 17 | 34-2704 |
| Edenton Dialysis | 312 MEDICAL ARTS DR | Edenton, NC 27932-8607 | (252) 482-0763 | (252) 482-0863 | 20 | 34-2541 |
| Largo Town Center Dialysis | 1101 MERCANTILE LN STE 104 | Largo, MD 20774-5360 | (301) 341-7480 | (301) 773-7206 | 22 | 21-2713 |
| Lawrence Home Training | 3510 CLINTON PKWY STE 110 | Lawrence, KS 66047-2145 | (785) 841-0490 | (785) 830-8697 | 6 | 17-2559 |
| Elizabethtown Dialysis | 844 N HANOVER ST | Elizabethtown, PA 17022-1303 | (717) 361-0151 | (717) 361-8875 | 13 | 39-2604 |
| Lynn Haven Dialysis | 404 E 24TH ST | Lynn Haven, FL 32444-4881 | (850) 271-2937 | (850) 271-0326 | 12 | 68-2582 |
| Wyncote Dialysis | 1000 EASTON RD STE 250 | Wyncote, PA 19095-2934 | (215) 884-3398 | (215) 884-3424 | 24 | 39-2635 |
| Nottingham Dialysis | 14010 W 134TH PL | Olathe, KS 66062-6139 | (913) 764-0358 | (913) 764-0328 | 12 | 17-2565 |
| Portland MLK Dialysis | 2737 NE MARTIN LUTHER KING JR BLVD | Portland, OR 97212-3037 | (503) 282-1253 | (503) 528-8420 | 20 | 38-2572 |
| Rainier View Dialysis | 1822 112TH STREET EAST STE A | Tacoma, WA 98445-3724 | (253) 539-5659 | (253) 539-5950 | 11 | 50-2579 |
| Fleming Island Dialysis | 4575 US HIGHWAY 17 STE 301 | Fleming Island, FL 32003-4825 | (904) 215-2476 | (904) 215-8344 | 12 | 68-2648 |
| Riverbend Dialysis | 415 S TELEGRAPH RD | Monroe, MI 48161-1611 | (734) 241-5704 | (734) 457-5361 | 13 | 23-2704 |
| Riverlakes Home Training | 3933 COFFEE RD STE A | Bakersfield, CA 93308-5024 | (661) 588-2326 | (661) 588-0037 | 0 | 55-2795 |
| San Bruno Dialysis | 841 SAN BRUNO AVE W | San Bruno, CA 94066-3443 | (650) 794-1138 | (650) 794-1125 | 24 | 55-2878 |
| San Rafael Dialysis | 1415 3RD ST | San Rafael, CA 94901-2826 | (415) 453-4437 | (415) 453-4616 | 24 | 55-2794 |
| Shelby County Dialysis | 50 CHURCH VIEW ST | Shelbyville, KY 40065-1663 | (502) 647-0127 | (502) 633-4991 | 13 | 18-2635 |
| Inwood Dialysis | 6626 ANTOINE DR | Houston, TX 77091-1206 | (713) 681-0481 | (713) 681-0913 | 16 | 67-2857 |
| Shoal Creek Dialysis | 8260 N BOOTH AVE | Kansas City, MO 64158-7201 | 816-792-2502 | 816-792-2635 | 16 | 26-2676 |
| LaMarque Dialysis | 7236 MEDICAL CENTER DR | Texas City, TX 77591-3036 | (409) 935-2890 | (409) 935-3188 | 16 | 67-2899 |
| Wanamaker Dialysis | 3711 SW WANAMAKER RD | Topeka, KS 66610-1368 | (785) 273-1824 | (785) 273-1881 | 24 | 17-2563 |
| Brown Deer Dialysis | 9127 N 76TH ST | Milwaukee, WI 53223-1905 | (414) 354-4319 | (414) 365-3519 | 20 | 52-2613 |
| Frankfort Dialysis | 601 CHAMBERLIN AVE | Frankfort, KY 40601-4220 | (502) 661-1274 | (502) 661-1293 | 0 | 18-2648 |
| Two Rivers Dialysis | 100 WINTERS ST STE 12B | West Point, VA 23181-9534 | (804) 843-2516 | (804) 843-2318 | 13 | 49-2686 |
| Tampa Breeze Dialysis | 6914 SHELDON RD STE 102 | Tampa, FL 33615-2701 | (863) 663-3071 | (863) 663-3093 | 12 | 68-2714 |
| Hernando Home Training | 4251 MARINER BLVD | Spring Hill, FL 34609-2416 | (352) 686-2755 | (352) 683-0720 | 0 | 68-2622 |
| Visalia Vineyard Dialysis | 1140 S BEN MADDOX WAY | Visalia, CA 93292-3643 | (559) 635-1938 | (559) 625-5713 | 24 | 55-2806 |
| Rutherford Crossing Dialysis | 141 MARKET ST | Winchester, VA 22603-4750 | (540) 665-5169 | (540) 667-1805 | 13 | 49-2704 |
| Walker South Dialysis | 28375 WALKER RD S | Walker, LA 70785-6029 | (225) 664-2099 | (225) 791-6079 | 13 | 19-2729 |
| Springs Dialysis | 218 MAIN ST STE 114 & 118 | Trussville, AL 35173-1470 | (205) 655-0871 | (205) 655-1964 | 16 | 01-2693 |
| Warner Center Dialysis | 21040 CALIFA ST STE A | Woodland Hills, CA 91367-5103 | (818) 715-9602 | (818) 715-0042 | 24 | 55-2835 |
| Washington Center for Aging | 2601 18TH ST NE A WING BASEMENT | Washington, DC 20018-1301 | (202) 636-7212 | (202) 636-7216 | 9 | 09-2530 |
| Westlake Village Dialysis | 30730 RUSSELL RANCH RD STE A | Westlake Village, CA 91362-6355 | (818) 707-7834 | (818) 707-7874 | 21 | 55-2824 |
| Fruitland Dialysis | 815 NW 13TH ST | Fruitland, ID 83619-2316 | (208) 764-1487 | (208) 764-1488 | 12 | 13-2533 |
| Dale City Dialysis | 2920 DALE BLVD | Dale City, VA 22193-1120 | (703) 680-5837 | (703) 730-7461 | 17 | 49-2689 |
| Atascocita Dialysis | 5414 FM 1960 RD E | Humble, TX 77346-2627 | (832) 445-0020 | (832) 445-1335 | 20 | 67-2895 |
| Dunn Avenue Dialysis | 1215 DUNN AVE STE 8 | Jacksonville, FL 32218-4897 | (904) 757-3540 | (904) 751-3499 | 16 | 68-2566 |
| Washington Heights Dialysis | 10620 S HALSTED ST | Chicago, IL 60628-2310 | (773) 779-8149 | (773) 779-8195 | 16 | 14-2835 |
| Main Street Dialysis | 668 MAIN ST | Lumberton, NJ 08048-5016 | (609) 265-7865 | (609) 267-6876 | 10 | 31-2644 |
| Roosevelt Avenue Dialysis | 1695 ROOSEVELT AVE STE A | York, PA 17408-8521 | (717) 767-0189 | (717) 767-0194 | 12 | 39-2883 |
| Jesse Jewel Dialysis | 1475 JESSE JEWELL PKWY NE STE 110 | Gainesville, GA 30501-3802 | (770) 538-7598 | (770) 538-7632 | 13 | 85-2538 |
| Platte Valley Dialysis | 1321 S 4TH AVE STE 100 | Brighton, CO 80601-6809 | (303) 654-8202 | (303) 654-8506 | 12 | 06-2591 |
| Jamaica Hillside Dialysis | 171-19 HILLSIDE AVE | Jamaica, NY 11432-4548 | (718) 526-2051 | (718) 739-3303 | 25 | 33-2766 |
| Pomona Valley Dialysis | 2703 S TOWNE AVE | Pomona, CA 91766-6206 | (909) 590-4930 | (909) 591-8425 | 32 | 55-2774 |
| Westchester Home Training | 955 YONKERS AVE STE 201 | Yonkers, NY 10704-3063 | (914) 237-7659 | (914) 237-7894 | 0 | 33-2774 |
| Palomba Drive Dialysis | 51 PALOMBA DR | Enfield, CT 06082-3801 | (860) 749-0476 | (860) 749-0649 | 10 | 07-2547 |
| Gardner Dialysis | 328 E MAIN ST | Gardner, KS 66030-1314 | (913) 884-8488 | (913) 884-8243 | 16 | 17-2560 |
| Port Orange Dialysis | 3997 S NOVA RD RIVERWOOD PLAZA | Port Orange, FL 32127-9296 | (386) 761-7961 | (386) 763-2150 | 16 | 68-2632 |
| Baymont Dialysis | 10424 INTERSTATE 10 E STE 100 | Baytown, TX 77523-0816 | (281) 573-2539 | (281) 573-3289 | 12 | 67-2826 |
| Cedar Hill Dialysis | 439 E FM 1382 | Cedar Hill, TX 75104-6006 | (972) 291-5817 | (972) 291-5875 | 21 | 67-2861 |
| Garland Shiloh Dialysis | 800 N SHILOH RD | Garland, TX 75042-5716 | (972) 276-7961 | (972) 205-0191 | 21 | 67-2868 |
| Jacksonville Westside Dialysis | 5276 BLANDING BLVD STE 26 | Jacksonville, FL 32210-8176 | (904) 573-6405 | (904) 908-9975 | 20 | 68-2627 |
| Socorro Dialysis | 10697 N LOOP DR | Socorro, TX 79927-6400 | (915) 790-0538 | (915) 790-0639 | 24 | 67-2842 |
| Southside Dialysis | 6018 PARKWAY DR | Corpus Christi, TX 78414-2488 | (361) 994-5262 | (361) 994-5232 | 20 | 74-2527 |
| Queen City Dialysis | 2290 FERGUSON RD | Cincinnati, OH 45238 | (513) 347-3626 | (513) 347-2680 | 17 | 36-2894 |
| Tanner Dialysis | 5655 W SAM HOUSTON PKWY N STE A | Houston, TX 77041-5148 | (713) 983-8616 | (713) 856-9294 | 16 | 67-2802 |

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|---|---|---|---|---|---|---|
| Crimson Dialysis | 6521 HIGHWAY 69 S STE O | Tuscaloosa, AL 35405-6497 | (205) 752-3267 | (205) 752-3590 | 16 | 01-2700 |
| Vintage Dialysis | 20025 CHASEWOOD PARK DR | Houston, TX 77070-1465 | (281) 251-0966 | (281) 257-4706 | 17 | 67-2801 |
| Brentwood Home Training | 11859 WILSHIRE BLVD STE 100 | Los Angeles, CA 90025-6616 | (310) 231-7197 | (310) 231-7212 | 0 | 75-2509 |
| Coatesville Dialysis | 1129 W LINCOLN HWY | Coatesville, PA 19320-1836 | (610) 383-3866 | (610) 384-5270 | 13 | 39-2859 |
| Fountain Hills Dialysis | 13430 N SAGUARO BLVD BLDG 3 | Fountain Hills, AZ 85268-3728 | (480) 816-5973 | (480) 816-5767 | 12 | 03-2645 |
| Mt Juliet Dialysis | 1050 HERSCHEL DR | Mount Juliet, TN 37122-6338 | (615) 758-1970 | (615) 758-1974 | 11 | 44-2738 |
| Greenpoint Dialysis | 146 MESEROLE ST 2ND FL | Brooklyn, NY 11206-2582 | (718) 388-6039 | (718) 963-0941 | 24 | 33-2788 |
| Norwood Park Dialysis | 7435 W TALCOTT AVE STE 101 | Chicago, IL 60631-3707 | (773) 763-7180 | (773) 763-7199 | 14 | 14-2851 |
| Alamance County Dialysis | 829 S MAIN ST | Graham, NC 27253-3763 | (336) 229-9169 | (336) 229-6378 | 16 | 34-2709 |
| Albemarle Dialysis | 101 DAVITA LANE | Elizabeth City, NC 27909-3314 | (252) 338-0151 | (252) 338-0567 | 14 | 34-2708 |
| Alger Heights Dialysis | 705 28TH ST SE | Grand Rapids, MI 49548-1303 | (616) 475-0553 | (616) 475-4266 | 20 | 23-2714 |
| Lone Tree Ranch Dialysis | 4040 LONE TREE WAY | Antioch, CA 94531-6209 | (925) 777-3356 | (925) 777-3379 | 24 | 55-2829 |
| Casa Del Rio Home Training | 8331 BRIMHALL RD STE 902, BLDG 900 | Bakersfield, CA 93312-2249 | (661) 387-6405 | (661) 387-6015 | 0 | 55-2823 |
| Bayshore Dialysis | 16151 SLATER RD | North Fort Myers, FL 33917-6502 | (239) 731-1006 | (239) 731-1070 | 16 | 68-2616 |
| Sampson County Home Training | 331 NORTH BLVD | Clinton, NC 28328-1911 | (910) 590-2777 | (910) 592-1646 | 5 | 34-2712 |
| Briggs Chaney Dialysis | 13875 OUTLET DR | Silver Spring, MD 20904-4971 | (301) 890-8976 | (301) 890-1505 | 18 | 21-2706 |
| Curtola Home Training | 125 CORPORATE PL STE B | Vallejo, CA 94590-6921 | (707) 642-1240 | (707) 642-1349 | 0 | 55-2855 |
| Emerald Coast Dialysis | 1112 HOSPITAL RD | Fort Walton Beach, FL 32547-6742 | (850) 864-4850 | (850) 864-4356 | 16 | 68-2650 |
| Trotwood Dialysis | 5680 SALEM BEND DR | Dayton, OH 45426-1462 | (937) 832-8432 | (937) 837-9510 | 12 | 36-2861 |
| Montreal Dialysis | 1901 MONTREAL RD | Tucker, GA 30084-5245 | (770) 938-9865 | (770) 414-0284 | 13 | 85-2536 |
| Bristol Dialysis | 1232 S BRISTOL ST | Santa Ana, CA 92704-3422 | (714) 662-4573 | (714) 557-2369 | 25 | 55-2873 |
| Gentilly Dialysis | 4720 PARIS AVE | New Orleans, LA 70122-2553 | (504) 283-9098 | (504) 282-3888 | 21 | 19-2735 |
| Clarcona Dialysis | 8259 CLARCONA OCOEE RD | Orlando, FL 32818-1228 | (407) 299-2173 | (407) 299-7673 | 16 | 68-2665 |
| Seaway Dialysis | 999 E RIDGE RD STE 11 | Rochester, NY 14621-1936 | (585) 266-7348 | (585) 266-4685 | 24 | 33-2759 |
| Chapel Woods Dialysis | 2460 WESLEY CHAPEL RD STE 25D | Decatur, GA 30035-3420 | (770) 987-1439 | (678) 418-7948 | 17 | 85-2510 |
| Town Park Dialysis | 401 TOWN PARK BLVD | Evans, GA 30809-3487 | (706) 854-9502 | (706) 855-9982 | 16 | 85-2520 |
| Alafaya Dialysis | 12001 SCIENCE DR STE 110 | Orlando, FL 32826-2913 | (407) 282-8202 | (407) 208-9391 | 20 | 68-2637 |
| Eynon Dialysis | 260 SCRANTON CARBONDALE HWY | Eynon, PA 18403-1029 | (570) 876-1874 | (570) 876-6894 | 13 | 39-2836 |
| Clermont Dialysis | 1350 N HANCOCK RD | Clermont, FL 34711-5952 | (352) 394-0072 | (352) 241-0433 | 12 | 68-2669 |
| Sandford Boulevard Dialysis | 120 E SANDFORD BLVD | Mount Vernon, NY 10550-4512 | (914) 665-2035 | (914) 667-5126 | 8 | 33-2778 |
| Circle Marina Dialysis | 4223 E ANAHEIM ST | Long Beach, CA 90804-4202 | (562) 725-3224 | (562) 725-3252 | 25 | 75-2528 |
| Mt Nebo Dialysis | 555 W STATE ROAD 164 STE 101 | Salem, UT 84653-5732 | (801) 798-7903 | (801) 798-7237 | 12 | 46-2551 |
| Prairieville Dialysis | 17123 COMMERCE CENTRE DR | Prairieville, LA 70769-3481 | (225) 877-2001 | (225) 877-2002 | 17 | 19-2736 |
| Allouez Dialysis | 161 W. St Joseph St | Allouez, WI 54301-2291 | 920-932-6441 | 920-932-6465 | 16 | Pending |
| Lancaster Drive Dialysis | 421 LANCASTER DR NE | Salem, OR 97301-4729 | (503) 581-6236 | (503) 363-0490 | 25 | 38-2577 |
| San Gabriel Dialysis | 825 E BROADWAY | San Gabriel, CA 91776-1901 | (626) 287-1270 | (626) 287-1255 | 25 | 55-2875 |
| Beach Dialysis | 12456 BEACH BLVD | Stanton, CA 90680-3930 | (714) 373-9447 | (714) 373-9435 | 25 | 55-2877 |
| La Mirada Dialysis | 14337 IMPERIAL HWY | La Mirada, CA 90638-1942 | (562) 321-2085 | (562) 321-2992 | 21 | 55-2882 |
| North Plainfield Dialysis | 1260 ROUTE 22 E | North Plainfield, NJ 07060 | (908) 754-5190 | (908) 754-5195 | 19 | 31-2703 |
| Universal Huntington Park Dialysis | 1824 E SLAUSON AVE | Vernon, CA 90058-3829 | (323) 364-0188 | (323) 364-0317 | 26 | 75-2503 |
| Van Nuys Dialysis | 14434 SHERMAN WAY | Van Nuys, CA 91405-2340 | (818) 787-8225 | (818) 787-8313 | 37 | 55-2844 |
| Brooklawn Dialysis | 700 CRESCENT BLVD STE 10B | Brooklawn, NJ 08030-2797 | (856) 456-1230 | (856) 742-7094 | 18 | 31-2675 |
| Montgomery County Dialysis | 1822 SENATOR MILLER DR | Hillsboro, IL 62049-2401 | (217) 532-3000 | (217) 532-3009 | 8 | 14-2813 |
| Bridgeview Dialysis | 2480 US HWY 41 N STE J | Henderson, KY 42420-2376 | (270) 830-8061 | (270) 831-2925 | 13 | 18-2637 |
| Kempsville Dialysis | 1920 CENTERVILLE TURNPIKE STE 122 | Virginia Beach, VA 23464-6859 | (757) 502-0360 | (757) 502-1206 | 17 | 49-2719 |
| Pinole Dialysis | 1335 PINOLE VALLEY RD | Pinole, CA 94564-1384 | (510) 964-9740 | (510) 964-9728 | 24 | 75-2522 |
| Mission Dialysis | 2852 W 47TH AVE | Kansas City, KS 66103-3243 | (913) 403-1843 | (913) 403-1848 | 12 | 17-2566 |
| Hopkins Road Dialysis | 5750 HOPKINS RD | North Chesterfield, VA 23234-6614 | (804) 275-8631 | (804) 275-8705 | 17 | 49-2712 |
| Carson Pavilion Dialysis | 20930 CHICO ST | Carson, CA 90746-3603 | (310) 638-1345 | (310) 635-0464 | 25 | 55-2896 |
| Moccasin Creek Dialysis | 3313 SE 6TH AVE | Aberdeen, SD 57401-5504 | (605) 225-7344 | (605) 225-1698 | 8 | 43-2515 |
| Westfall Dialysis | 8029 WEST FLORISSANT AVE | Jennings, MO 63136-1400 | (314) 382-2869 | (314) 383-0795 | 20 | 26-2685 |
| Woodbine Dialysis | 5209 LINBAR DR STE 605 | Nashville, TN 37211-1037 | (615) 333-9765 | (615) 333-9331 | 12 | 44-2743 |
| Vermilion County Dialysis | 26 E WEST NEWELL RD | Danville, IL 61834-7488 | (217) 431-1470 | (217) 431-1753 | 12 | 14-2812 |
| Briley Parkway Dialysis | 1221 BRIARVILLE RD | Madison, TN 37115-5145 | (615) 865-9363 | (615) 870-0906 | 16 | 44-2744 |
| Earhart Dialysis | 7730 EARHART BLVD | New Orleans, LA 70125-2504 | (504) 861-1256 | (504) 861-5082 | 15 | 19-2738 |
| East Sunrise Dialysis | 1750 E DESERT INN RD STE 100 | Las Vegas, NV 89169-3202 | (702) 474-7052 | (702) 474-4019 | 21 | 29-2554 |
| Kelley Corners Dialysis | 231 KELLEY ST | Lake City, SC 29560-2446 | (843) 394-3847 | (843) 394-3966 | 16 | 42-2674 |
| Loveland Dialysis | 8944 COLUMBIA RD STE 6 | Loveland, OH 45140-1121 | (513) 583-5326 | (513) 583-5134 | 13 | 36-2872 |
| Marion Towne Dialysis | 2529 E HIGHWAY 76 | Marion, SC 29571-6347 | (843) 423-8861 | (843) 423-5334 | 12 | 42-2667 |
| College Estates Dialysis | 1601 RAIDERS WAY | Oxnard, CA 93033-5620 | (805) 240-3302 | (805) 240-1571 | 25 | 75-2515 |
| Alsip Home Training | 11500 S PULASKI RD | Alsip, IL 60803-1610 | (708) 385-7145 | (708) 385-7487 | 4 | 14-2808 |
| Valencia Dialysis | 26861 BOUQUET CANYON RD | Santa Clarita, CA 91350-2372 | (661) 263-3216 | (661) 263-3254 | 13 | 75-2510 |
| Overland Park Dialysis | 12201 W 110TH ST | Overland Park, KS 66210-4045 | (913) 451-5984 | (913) 327-5401 | 16 | 17-2571 |
| Fort Collins Dialysis | 1601 PROSPECT PKWY STE 180 | Fort Collins, CO 80525-1076 | (970) 493-0753 | (970) 407-7230 | 13 | 06-2588 |
| Fort Wayne North Dialysis | 415 E DUPONT RD | Fort Wayne, IN 46825-2051 | (260) 637-0431 | (260) 637-6641 | 12 | 15-2681 |
| Langley Dialysis | 5 W MERCURY BLVD | Hampton, VA 23669-2508 | (757) 723-4620 | (757) 728-3566 | 20 | 49-2703 |
| Fresno Metro Dialysis | 4679 W SPRUCE AVE STE 101 | Fresno, CA 93722-8425 | (559) 899-2360 | (559) 899-0878 | 32 | 75-2536 |
| Gardena Dialysis | 1201 W 155TH ST | Gardena, CA 90247-4096 | (310) 538-6804 | (310) 538-6836 | 25 | 55-2897 |
| Huntley Dialysis | 10370 HALIGUS RD STE 100 | Huntley, IL 60142-9582 | (847) 669-8145 | (847) 669-8165 | 12 | 14-2828 |
| Medina Square Dialysis | 740 N COURT ST | Medina, OH 44256-1748 | (330) 721-7824 | (330) 721-9540 | 8 | 36-2873 |
| La Porte Dialysis | 1406 E LINCOLNWAY STE A | La Porte, IN 46350-8047 | (219) 324-3080 | (219) 324-9528 | 12 | 15-2684 |
| Diamond State Dialysis | 9022 LANDERS RD STE E | North Little Rock, AR 72117-1599 | (501) 834-1393 | (501) 834-1450 | 12 | 04-2597 |
| Lake Seminole Dialysis | 10799 PARK BLVD | Seminole, FL 33772-5420 | (727) 319-0180 | (727) 319-0175 | 20 | 68-2612 |
| Land O Lakes Dialysis | 2100 VIA BELLA BLVD STE 104 | Land O Lakes, FL 34639-5429 | (813) 948-8157 | (813) 949-9071 | 20 | 68-2598 |
| Laredo North Creek Dialysis | 2443 MONARCH DR | Laredo, TX 78045-6329 | (956) 725-5203 | (956) 725-5082 | 25 | 67-2878 |
| St. Luke's Home Training | 1901 HAMILTON ST STE 200 | Allentown, PA 18104-6460 | (610) 776-1479 | (610) 433-6306 | 2 | 39-2840 |
| Jackson Township Dialysis | 260 N COUNTY LINE RD STE 120 | Jackson, NJ 08527-4473 | (732) 364-2055 | (732) 901-1905 | 10 | 31-2679 |
| Leland Dialysis | 1220 MAGNOLIA VILLAGE WAY | Leland, NC 28451-9464 | (910) 371-0391 | (910) 371-3304 | 16 | 34-2716 |
| Forest City Dialysis | 198 N SPRINGFIELD AVE | Rockford, IL 61101-5086 | (815) 962-8914 | (815) 962-8952 | 16 | 14-2825 |
| Rolling Hills Dialysis | 25210 CRENSHAW BLVD STE 110 | Torrance, CA 90505-6134 | (310) 530-1180 | (310) 530-1312 | 25 | 55-2832 |
| Estabrook Park Dialysis | 733 EAST CAPITOL DR | Milwaukee, WI 53212-1307 | (414) 906-0144 | (414) 963-1231 | 13 | 52-2616 |
| Milpitas Dialysis | 660 E CALAVERAS BLVD | Milpitas, CA 95035-5442 | (408) 945-6536 | (408) 945-6549 | 24 | 55-2894 |
| River Oaks Dialysis | 8000 WOLF RIVER BLVD STE 106 | Germantown, TN 38138-1754 | (901) 757-4809 | (901) 757-3627 | 17 | 44-2747 |
| Singleton Farms Dialysis | 4031 AUSTIN PEAY HWY | Memphis, TN 38128-2503 | (901) 379-0491 | (901) 379-0459 | 17 | 44-2753 |
| Tribble Mill Dialysis | 1719 NEW HOPE RD | Lawrenceville, GA 30045-6570 | (470) 622-7112 | (470) 622-7130 | 17 | 85-2588 |
| Camp Creek Dialysis | 3030 HEADLAND DR SW STE C | Atlanta, GA 30311-5435 | (404) 349-6790 | (404) 349-8095 | 20 | 85-2574 |
| Vista Del Sol Dialysis | 15002 AMARGOSA RD | Victorville, CA 92394-1868 | (442) 255-4023 | (442) 255-4030 | 25 | 55-2834 |
| Belle Vernon Dialysis | 350 TRI COUNTY LN | Rostraver Township, PA 15012-1990 | (724) 797-9163 | (724) 797-9172 | 12 | 39-2500 |
| Montbello Dialysis | 4834 CHAMBERS RD | Denver, CO 80239-5152 | (303) 371-1502 | (303) 371-3627 | 12 | 06-2592 |
| Ridge Road Dialysis | 530 E RIDGEVILLE BLVD | Mount Airy, MD 21771-5252 | (301) 829-5162 | (301) 829-5254 | 13 | 21-2725 |
| Natural Bridge Dialysis | 8980 NATURAL BRIDGE RD | Saint Louis, MO 63121-3917 | (314) 426-2064 | (314) 426-2462 | 20 | 26-2683 |
| Heart of New Albany Dialysis | 6530 W CAMPUS OVAL STE 100 | New Albany, OH 43054-8726 | (614) 855-3445 | (614) 855-9695 | 8 | 36-2854 |
| New Hanover Dialysis | 3147 S 17TH ST | Wilmington, NC 28412-1030 | (910) 794-6110 | (910) 794-4288 | 18 | 34-2717 |
| Oceanside Dialysis | 4182 OCEANSIDE BLVD | Oceanside, CA 92056-6003 | (760) 941-8393 | (760) 941-8430 | 21 | 55-2841 |
| Pauls Valley Dialysis | 2410 W GRANT AVE | Pauls Valley, OK 73075-9229 | (405) 207-9274 | (405) 207-9407 | 12 | 37-2605 |
| Fallen Timbers Dialysis | 4330 KEYSTONE DR | Maumee, OH 43537-8795 | (419) 887-0762 | (419) 887-0773 | 12 | 36-2855 |
| Hopefield Dialysis | 2425 S ROUSE ST | Pittsburg, KS 66762-6606 | (620) 231-0794 | (620) 231-0901 | 13 | 17-2567 |
| Port Warwick Dialysis | 445 ORIANA RD STE 18 | Newport News, VA 23608-3742 | (757) 898-9212 | (757) 898-9216 | 17 | 49-2706 |
| Hawkeye Dialysis | 701 TAMA ST STE 150 | Marion, IA 52302-4806 | (319) 900-4702 | (319) 900-4731 | 12 | 16-2570 |
| Desert Sands Home Training | 78030 WILDCAT DR STE 102 | Palm Desert, CA 92211-1116 | (760) 772-5608 | (760) 345-8973 | 0 | 55-2840 |
| Ravenna Dialysis | 600 ENTERPRISE PKWY | Ravenna, OH 44266-8054 | (330) 297-5846 | (330) 297-6357 | 9 | 36-2838 |

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|---|---|---|---|---|---|---|
| Redhawk Dialysis | 44605 AVENIDA DE MISSIONES STE 100 | Temecula, CA 92592-3098 | (951) 302-3675 | (951) 303-0716 | 25 | 55-2838 |
| Serrano Dialysis | 1800 MEDICAL CENTER DR STE 150 | San Bernardino, CA 92411-1218 | (909) 887-2717 | (909) 887-3794 | 25 | 55-2830 |
| San Ramon Valley Home Training | 1320 EL CAPITAN DR STE 210 | Danville, CA 94526-6258 | (925) 275-9280 | (925) 973-0430 | 0 | 55-2842 |
| Miracle Mile Dialysis | 4925 JACKMAN RD UNIT# 59 | Toledo, OH 43613-3574 | (419) 474-4989 | (419) 474-5112 | 12 | 36-2859 |
| Senoia Dialysis | 105 VILLAGE CIRCLE | Senoia, GA 30276-3494 | (770) 599-0242 | (770) 599-3540 | 13 | 85-2518 |
| Park Manor Dialysis | 9505 S COLFAX AVE | Chicago, IL 60617-4976 | (773) 978-5446 | (773) 978-5549 | 16 | 14-2831 |
| Terre Haute Dialysis | 504 6TH AVE | Terre Haute, IN 47807-1025 | (812) 231-8560 | (812) 232-8501 | 13 | 15-2689 |
| Three Rivers Dialysis | 6721 OLD TRAIL RD STE 100 | Fort Wayne, IN 46809-2655 | (260) 478-8582 | (260) 478-8566 | 12 | 15-2676 |
| Foster Powell Dialysis | 6828 SE FOSTER RD | Portland, OR 97206-4546 | (503) 777-5780 | (503) 774-3002 | 17 | 38-2582 |
| Tinley Park Dialysis | 16767 80TH AVE | Tinley Park, IL 60477-2361 | (708) 429-4738 | (708) 429-4984 | 14 | 14-2810 |
| BETHESDA DIALYSIS | 332 N CONGRESS AVE | Boynton Beach, FL 33426-3413 | (561) 735-9313 | (561) 364-8240 | 16 | 68-2640 |
| Golden State Dialysis | 4200 N GOLDEN STATE BLVD | Turlock, CA 95382-8840 | (209) 634-0014 | (209) 634-0048 | 24 | 55-2812 |
| Brighton Park Dialysis | 4737 S CALIFORNIA AVE | Chicago, IL 60632-2015 | (773) 523-2441 | (773) 523-2468 | 16 | 14-2860 |
| Upper Sandusky Dialysis | 111 TARHE TRL | Upper Sandusky, OH 43351-8706 | (419) 209-0799 | (419) 209-0921 | 8 | 36-2864 |
| Belmar Dialysis | 1800 STATE ROUTE 34 STE 302 | Wall Township, NJ 07719-9146 | (732) 681-8310 | (732) 681-5641 | 19 | 31-2500 |
| Anchor Home Training | 3005 LONG BEACH RD | Oceanside, NY 11572-3204 | (516) 766-5701 | (516) 766-5706 | 0 | Pending |
| Wagoner Dialysis | 402 S WALL ST | Wagoner, OK 74467-5003 | (918) 485-4363 | (918) 485-3043 | 12 | 37-2606 |
| Walton Dialysis | 13250 SERVICE RD | Walton, KY 41094-9565 | (859) 485-0321 | (859) 485-0327 | 13 | 18-2636 |
| Shrewsbury Street Dialysis | 267 SHREWSBURY ST | Worcester, MA 01604-4623 | (774) 530-6353 | (774) 530-6348 | 16 | 22-2592 |
| Falkenburg Dialysis | 3140 S FALKENBURG RD STE 101 | Riverview, FL 33578-2594 | (813) 372-1625 | (813) 372-1615 | 32 | 68-2630 |
| Air Capital Dialysis | 1812 S SENECA ST STE 110 | Wichita, KS 67213-4104 | (316) 263-1248 | (316) 263-1521 | 17 | 17-2572 |
| Roseville Commons Dialysis | 18001 E 10 MILE RD STE B | Roseville, MI 48066-3803 | (586) 771-2286 | (586) 771-2581 | 24 | 23-2736 |
| Beatrice Dialysis | 5200 HOSPITAL PKWY | Beatrice, NE 68310-6909 | (402) 223-7848 | (402) 228-1760 | 8 | 28-2534 |
| Hidden Valley Dialysis | 1951 CITRACADO PKWY | Escondido, CA 92029-4158 | (760) 746-0464 | (760) 746-0392 | 37 | 75-2514 |
| Del Norte Dialysis | 5201 SAN MATEO BLVD NE | Albuquerque, NM 87109-2414 | (505) 884-4820 | (505) 888-9407 | 17 | 32-2549 |
| Hawley Lane Dialysis | 425 HAWLEY LN | Stratford, CT 06614-1514 | (203) 375-5438 | (203) 375-5487 | 25 | 07-2553 |
| Lower Greenville Dialysis | 4405 ROSS AVE | Dallas, TX 75204-5013 | (214) 370-9466 | (214) 370-9479 | 25 | 74-2546 |
| Fall Creek Dialysis | 3820 N COLLEGE AVE | Indianapolis, IN 46205-2755 | (317) 926-5125 | (317) 926-4439 | 20 | 15-2694 |
| Meherrin Home Training | 201B WEAVER AVE | Emporia, VA 23847-1248 | (434) 634-3084 | (434) 634-0671 | 0 | 49-2708 |
| Dialysis Care of Mesquite | 2110 N GALLOWAY AVE STE 102 | Mesquite, TX 75150-5736 | (972) 285-1909 | (972) 329-1063 | 25 | 74-2515 |
| West Arlington Dialysis | 1001 W ARBROOK BLVD STE 101 AND 111 | Arlington, TX 76015-4222 | (817) 466-7403 | (817) 466-7408 | 21 | 67-2810 |
| Chantilly Dialysis | 14225 SULLYFIELD CIR STE A | Chantilly, VA 20151-1688 | (703) 263-0215 | (703) 378-7692 | 16 | 49-2722 |
| Victoria Home Dialysis | 8206 N NAVARRO ST STE 100 | Victoria, TX 77904-2606 | (361) 465-4089 | (361) 465-4378 | 0 | 74-2588 |
| Glenvar Dialysis | 3737 W MAIN ST STE 103 | Salem, VA 24153-2073 | (540) 380-3130 | (540) 380-3784 | 13 | 49-2709 |
| Pentagon City Dialysis | 1785 S HAYES ST | Arlington, VA 22202-2714 | (703) 920-0980 | (703) 920-0983 | 10 | 49-2720 |
| St. Luke's Whitehall Dialysis | 1220 3RD ST | Whitehall, PA 18052-4905 | (610) 266-1706 | (610) 266-1574 | 13 | 39-2845 |
| Mallory Park Dialysis | 2808 GERMANTOWN ST | Dayton, OH 45417-4134 | (937) 262-8427 | (937) 262-8016 | 24 | 36-2860 |
| Merchantville Dialysis | 5000 N CRESCENT BLVD STE 1A | Pennsauken, NJ 08109-2151 | (856) 910-8798 | (856) 910-8794 | 19 | 31-2685 |
| Center Hill Dialysis | 2045 DONALD LEE HOLLOWELL PKWY NW | Atlanta, GA 30318-4701 | (404) 792-1611 | (404) 799-0816 | 13 | 85-2527 |
| Lawrence County Dialysis | 367 COUNTY RD 406 UNIT 11 | South Point, OH 45680-8766 | (740) 894-0830 | (877) 288-1208 | 9 | 36-2863 |
| Renton Dialysis | 4110 NE 4TH ST STE E | Renton, WA 98059-5045 | (425) 226-2408 | (425) 226-2372 | 8 | 50-2586 |
| Highbridge Dialysis | 2406 AMSTERDAM AVE | New York, NY 10033-7320 | (212) 568-0169 | (917) 521-0035 | 21 | Pending |
| Brazil Dialysis | 115 S MURPHY AVE | Brazil, IN 47834-8396 | (812) 442-8481 | (812) 442-8490 | 9 | 15-2683 |
| Pearl Dialysis | 1492 CONSTITUTION BLVD | Salinas, CA 93905-3807 | (831) 442-1132 | (831) 444-0238 | 24 | 55-2898 |
| Colma Dialysis | 1055 EL CAMINO REAL | Colma, CA 94014-3234 | 628-529-1031 | 628-529-1066 | 20 | Pending |
| Irvington Dialysis | 468 CHANCELLOR AVE STE WS-3 | Irvington, NJ 07111-4001 | (973) 373-0294 | (973) 371-1595 | 19 | 31-2683 |
| Lock City Dialysis | 475 S TRANSIT ST STE 900 | Lockport, NY 14094-5562 | (716) 439-0590 | (716) 439-0595 | 9 | 33-2789 |
| Panola Dialysis | 5360 SNAPFINGER WOODS DR STE 102 | Decatur, GA 30035-4046 | (770) 322-1301 | (770) 322-2491 | 20 | 85-2554 |
| Brodie Lane Dialysis | 9010 BRODIE LN BLDG A | Austin, TX 78748-5184 | (512) 280-6505 | (512) 280-6866 | 12 | 74-2555 |
| Park Hill Dialysis | 1151 HOSPITAL DR | Fredericksburg, VA 22401-8408 | (540) 373-2470 | (540) 374-5252 | 21 | 49-2692 |
| Huber Heights Dialysis | 7769 OLD COUNTRY COURT | Huber Heights, OH 45424-2097 | (937) 237-0769 | (937) 237-1981 | 15 | 36-2833 |
| McKinney Corner Dialysis | 4601 MEDICAL CTR DR STE G | McKinney, TX 75069-1771 | (972) 984-1974 | (972) 548-4805 | 17 | 74-2513 |
| Leander Dialysis | 2906 S BAGDAD RD STE 120 | Leander, TX 78641-3269 | (512) 260-4102 | (512) 528-1039 | 13 | 67-2873 |
| Mountain Pass Dialysis | 5612 DYER ST | El Paso, TX 79904-6242 | (915) 564-5052 | (915) 564-5256 | 24 | 67-2874 |
| Sherman Crossroads Dialysis | 209 W TRAVIS ST | Sherman, TX 75092-3512 | (903) 421-0272 | (903) 258-9842 | 13 | 74-2535 |
| Judson Dialysis | 15619 NACOGDOCHES RD | San Antonio, TX 78247-1159 | (210) 653-9579 | (210) 599-2136 | 24 | 74-2553 |
| Roadrunner Dialysis | 5010 WISEMAN BLVD | San Antonio, TX 78251-4777 | (210) 520-0341 | (210) 520-0236 | 24 | 74-2541 |
| Irving Park Dialysis | 4323 N PULASKI RD | Chicago, IL 60641-2155 | (773) 279-8714 | (773) 279-8624 | 14 | 14-2840 |
| Belleville Dialysis | 10850 BELLEVILLE RD | Van Buren Township, MI 48111-5304 | (734) 697-7604 | (734) 697-7261 | 12 | 23-2724 |
| Mayfair Dialysis | 4930 PARAMOUNT BLVD | Lakewood, CA 90712-2904 | (424) 296-6870 | (562) 531-0715 | 36 | 55-2858 |
| Whiting Dialysis | 816 119TH ST | Whiting, IN 46394-1401 | (219) 473-0712 | (219) 473-0931 | 9 | 15-2698 |
| Oro Valley Dialysis | 1521 E TANGERINE RD STE 101 | Oro Valley, AZ 85755-6214 | (520) 219-2879 | (520) 219-0564 | 12 | 03-2652 |
| O'Fallon Dialysis | 1941 FRANK SCOTT PKWY E STE B | Shiloh, IL 62269-7387 | (618) 622-0592 | (618) 622-0650 | 12 | 14-2818 |
| Sandia Peak Dialysis | 10410 COPPER POINT WAY NE | Albuquerque, NM 87123-1158 | (505) 299-0657 | (505) 299-6686 | 12 | 32-2556 |
| Starr Dialysis | 403 E BROADWAY ST | Toledo, OH 43605-2354 | (419) 691-3227 | (419) 691-3185 | 12 | 36-2885 |
| Barker Cypress Dialysis | 18003 LOGENBAUGH DR | Cypress, TX 77433-7196 | (281) 856-6198 | (281) 856-6224 | 24 | 67-2896 |
| Puddledock Dialysis | 4650 PUDDLEDOCK RD | Prince George, VA 23875-1235 | (804) 957-5910 | (804) 957-5916 | 17 | 49-2511 |
| Mid Valley PD Home Training | 1205 N MICHIGAN AVE | Saginaw, MI 48602-4729 | (989) 771-9381 | (989) 771-9407 | 0 | 23-2717 |
| Hertel Avenue Dialysis | 699 HERTEL AVE STE 380 | Buffalo, NY 14207-2355 | (716) 871-4172 | (716) 447-0230 | 17 | 33-2757 |
| Lansing Home Training | 4530 S HAGADORN RD STE B | East Lansing, MI 48823-5304 | (517) 333-8450 | (517) 333-8449 | 0 | 23-2646 |
| American River Dialysis | 5238 MANZANITA AVE | Carmichael, CA 95608-0510 | (279) 972-9781 | (279) 972-9815 | 24 | 75-2534 |
| Yolo Dialysis | 1840 E MAIN ST | Woodland, CA 95776-6228 | (530) 662-1364 | (530) 662-1357 | 21 | 75-2507 |
| Atlantic PCH Dialysis | 1090 ATLANTIC AVE | Long Beach, CA 90813-3403 | (562) 432-8262 | (562) 432-3257 | 20 | 75-2502 |
| Inverrary Dialysis | 4984 N UNIVERSITY DR | Lauderhill, FL 33351-5748 | (954) 748-1659 | (954) 748-9865 | 20 | 68-2658 |
| Wildwood Dialysis | 4713 E SR 44 STE 900 | Wildwood, FL 34785-7465 | (352) 330-1103 | (352) 330-1106 | 12 | 68-2647 |
| Lost River Dialysis | 737 DISHMAN LN | Bowling Green, KY 42101-4098 | (270) 846-1054 | (270) 846-2866 | 12 | 18-2638 |
| Duluth Dialysis | 3170 PEACHTREE INDUSTRIAL BLVD STE 100 | Duluth, GA 30097-8615 | (770) 232-5219 | (770) 476-3730 | 13 | 85-2551 |
| Laurel Lakes Dialysis | 14500 LAUREL PL | Laurel, MD 20707-4961 | (301) 497-5454 | (301) 776-2531 | 13 | 21-2724 |
| Brookside Dialysis | 10725 WILES RD | Coral Springs, FL 33076-2014 | (954) 796-9925 | (954) 796-7360 | 16 | 68-2655 |
| College City Dialysis | 2630 DONAGHEY AVE | Conway, AR 72032-2317 | (501) 504-2474 | (501) 504-2611 | 20 | 04-2598 |
| Donna Dialysis | 1006 E INTERSTATE HIGHWAY 2 | Donna, TX 78537-4153 | (956) 461-2519 | (956) 461-2550 | 21 | 67-2843 |
| VacaValley Home Training | 785 ORANGE DR | Vacaville, CA 95687-3133 | (707) 359-1960 | (707) 359-1986 | 0 | 75-2531 |
| Barbour County Dialysis | 1218 S EUFAULA AVE | Eufaula, AL 36027-2718 | (334) 687-7583 | (334) 687-5389 | 8 | 01-2697 |
| Elkhart Dialysis | 1401 N MICHIGAN ST | Elkhart, IN 46514-2633 | (574) 262-5295 | (574) 262-8895 | 12 | 15-2664 |
| Garden Grove Harbor Dialysis | 13054 N HARBOR BLVD | Garden Grove, CA 92843-1744 | (714) 539-3395 | (714) 539-3467 | 25 | 55-2781 |
| Free State Dialysis | 1918 E 23RD ST | Lawrence, KS 66046-5069 | (785) 312-9377 | (785) 832-1498 | 12 | 17-2573 |
| Beach Boulevard Dialysis | 14444 BEACH BLVD STE B | Jacksonville, FL 32250-2010 | (904) 992-9254 | (904) 992-8835 | 16 | 68-2560 |
| Mankato Uptown Dialysis | 1802 COMMERCE DR | North Mankato, MN 56003-1800 | (507) 225-0258 | (507) 229-0263 | 16 | 24-2697 |
| St. Augustine Home Training | 252 SOUTHPARK CIR E | Saint Augustine, FL 32086-5137 | (904) 823-1594 | (904) 808-1437 | 3 | 68-2561 |
| Medina Dialysis | 210 GRACE COVE | Medina, TN 38355-8738 | (731) 783-0527 | (731) 783-5420 | 12 | 44-2733 |
| Glencoe Dialysis | 1123 HENNEPIN AVE N | Glencoe, MN 55336-2234 | (320) 864-1901 | (320) 864-3361 | 8 | 24-2596 |
| Airways Dialysis | 5247 AIRWAYS BLVD | Memphis, TN 38116-9401 | (901) 345-0671 | (901) 348-2068 | 13 | 44-2740 |
| Mount Hope Dialysis | 1940 WEBSTER AVE 2ND FL, STE 200 | Bronx, NY 10457-4261 | (718) 901-9122 | (718) 901-9116 | 16 | 33-2784 |
| Oakwood Renal Services | 18100 OAKWOOD BLVD STE 206 | Dearborn, MI 48124-4085 | (313) 438-7959 | (313) 438-7960 | 18 | 23-2702 |
| Ocala West Home Training | 8615 SW 103RD STREET RD | Ocala, FL 34481-9622 | (352) 854-3099 | (352) 854-3480 | 2 | 68-2573 |
| Kankakee River Dialysis | 455 W COURT ST STE 100 | Kankakee, IL 60901-3692 | (815) 932-5169 | (815) 932-5189 | 24 | 14-2850 |
| Sumter County Dialysis | 1432 E FORSYTH ST | Americus, GA 31709-3808 | (229) 924-9709 | (229) 924-6002 | 12 | 11-2885 |

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|---|---|---|---|---|---|---|
| Saluda River Dialysis | 8080 AUGUSTA RD | Piedmont, SC 29673-9363 | (864) 900-4066 | (864) 900-4095 | 17 | 42-2683 |
| Colton Ranch Dialysis | 1405 W VALLEY BLVD STE 100 | Colton, CA 92324-1963 | (909) 783-7948 | (909) 783-0125 | 32 | 55-2791 |
| Arcadia Oaks Dialysis | 721 W HUNTINGTON DR | Arcadia, CA 91007-6734 | (626) 294-9682 | (626) 445-7455 | 20 | 55-2787 |
| Channel Islands Dialysis | 3541 W 5TH ST STE A | Oxnard, CA 93030-6403 | (805) 984-5140 | (805) 984-5647 | 16 | 55-2764 |
| Minerva Park Dialysis | 4401 CLEVELAND AVE UNIT A | Columbus, OH 43224-1577 | (614) 478-9604 | (614) 478-9640 | 17 | 36-2888 |
| Albany Dialysis | 244 CORDELE RD STE 165 | Albany, GA 31705-2412 | (229) 446-6412 | (229) 483-7806 | 13 | 85-2519 |
| Ellwood City Dialysis | 807 LAWRENCE AVE | Ellwood City, PA 16117-1941 | (724) 752-1081 | (724) 752-9419 | 5 | 39-2855 |
| Glenside Dialysis | 7001 W BROAD ST | Richmond, VA 23294-3701 | (804) 755-2368 | (804) 672-7612 | 21 | 49-2701 |
| Point Breeze Dialysis | 2501 REED ST STE A | Philadelphia, PA 19146-3900 | (215) 334-0250 | (215) 271-4584 | 16 | 39-2861 |
| Seven Hills Dialysis | 2008 WARDS RD | Lynchburg, VA 24502-5310 | (434) 867-1718 | (434) 867-1044 | 17 | Pending |
| Marina Dialysis | 930 2ND AVE | Marina, CA 93933-6009 | (831) 384-7831 | (831) 384-7786 | 24 | 55-2828 |
| Highland Dialysis | 5779 S US HWY 41 | Terre Haute, IN 47802-4167 | (812) 638-6395 | (812) 638-6428 | 13 | 15-2710 |
| Jensen Avenue Dialysis | 4314 E JENSEN AVE | Fresno, CA 93725-2105 | (559) 777-2902 | (559) 777-2921 | 21 | 75-2533 |
| Staten Island South Dialysis | 30 SNEDEN AVE | Staten Island, NY 10312-3637 | (718) 356-2678 | (718) 356-6376 | 16 | 33-2799 |
| Trinity Dialysis | 2870 BUND AVE | New Port Richey, FL 34655-1849 | (727) 372-7742 | (727) 372-7551 | 20 | 68-2629 |
| City Center Dialysis | 10405 KATY FWY STE 140 | Houston, TX 77024-1165 | (713) 647-0641 | (713) 647-0620 | 24 | 67-2862 |
| Mebane Dialysis | 616 N FIRST ST | Mebane, NC 27302-2106 | (919) 563-1052 | (919) 563-1484 | 16 | 34-2739 |
| Half Moon Dialysis | 1633 US ROUTE 202 STE 120 | Pomona, NY 10970-2926 | (845) 364-9101 | (845) 364-9106 | 13 | 33-2824 |
| Hutchinson River Dialysis | 2331 EASTCHESTER RD | Bronx, NY 10469-5910 | (718) 547-0612 | (718) 653-0294 | 19 | 33-2785 |
| Lakeville Dialysis | 20184 HERITAGE DR | Lakeville, MN 55044-6855 | (952) 985-5438 | (952) 469-9742 | 8 | 24-2605 |
| Battle Ground Dialysis | 720 W MAIN ST STE 112 | Battle Ground, WA 98604-4474 | (360) 687-4677 | (360) 666-6623 | 13 | 50-2584 |
| Brooksville Dialysis | 7326 BROAD ST | Brooksville, FL 34601-3114 | (352) 540-6185 | (352) 799-8190 | 16 | 68-2621 |
| Laburnum Dialysis | 4352 S LABURNUM AVE | Henrico, VA 23231-2418 | (804) 236-4699 | (804) 236-9235 | 17 | 49-2710 |
| Manhattan Dialysis | 519 MCCALL RD STE 100 | Manhattan, KS 66502-5038 | (785) 539-5743 | (785) 539-5781 | 12 | 17-2564 |
| Freedom Dialysis | 800 N MAIN ST | Evansville, IN 47711-5052 | (812) 423-5368 | (812) 423-5419 | 13 | 15-2690 |
| Orlando Airport Dialysis | 5778 S SEMORAN BLVD STE A | Orlando, FL 32822-4819 | (407) 282-3835 | (407) 282-9520 | 24 | 68-2618 |
| Eagles Dialysis | 5301 PEARL DR STE 300 | Evansville, IN 47712-8111 | (812) 467-0161 | (812) 467-0139 | 13 | 15-2682 |
| Western Ridge Dialysis | 6909 GOOD SAMARITAN DR STE C | Cincinnati, OH 45247-5209 | (513) 353-0237 | (513) 353-0230 | 15 | 36-2849 |
| Calumet City | 1200 SIBLEY BLVD | Calumet City, IL 60409-2327 | (708) 862-6454 | (708) 862-6540 | 16 | 14-2817 |
| Windsor Dialysis | 2707 N ROLLING RD STE 104-105 | Windsor Mill, MD 21244-2157 | (410) 944-2649 | (410) 944-2726 | 18 | 21-2632 |
| Dairy Ashford Dialysis | 12606 WESTPARK DR | Houston, TX 77082-5526 | (281) 679-1848 | (281) 496-2093 | 20 | 67-2848 |
| Millcreek Dialysis | 2042 EDINBORO RD | Erie, PA 16509-3404 | (814) 866-1930 | (814) 868-2693 | 17 | 39-2822 |
| La Habra Dialysis | 1611 W WHITTIER BLVD | La Habra, CA 90631-3618 | (562) 267-0430 | (562) 266-0045 | 37 | 55-2852 |
| Scotlandville Dialysis | 7797 HOWELL BLVD | Baton Rouge, LA 70807-5583 | (225) 357-6929 | (225) 355-1008 | 17 | 19-2720 |
| Fremaux Dialysis | 1566 SHORTCUT HWY | Slidell, LA 70458-8126 | (985) 643-9237 | (985) 726-0400 | 13 | 19-2724 |
| Glendale Heights Dialysis | 6850 SAN FERNANDO RD | Glendale, CA 91201-1642 | (818) 563-6102 | (818) 563-6138 | 33 | 55-2885 |
| Algiers Dialysis | 2924 GENERAL DEGAULLE DR | New Orleans, LA 70114-6440 | (504) 367-0006 | (504) 367-0340 | 13 | 19-2719 |
| Palms Valley Dialysis | 38454 5TH ST W | Palmdale, CA 93551-4480 | (661) 225-9416 | (661) 225-9867 | 33 | 55-2845 |
| Bluff Rd Dialysis | 100 W WASHINGTON BLVD | Montebello, CA 90640-6211 | (323) 728-2984 | (323) 726-6747 | 24 | 55-2773 |
| Manchester Dialysis | 903 HANOVER ST | Manchester, NH 03104-5420 | (603) 621-4903 | (603) 621-4906 | 10 | 30-2519 |
| Laconia Dialysis | 3440 BOSTON RD | Bronx, NY 10469-2512 | (718) 798-0538 | (718) 652-2495 | 24 | 33-2786 |
| Anaheim Springs Dialysis | 1324 S EUCLID ST | Anaheim, CA 92802-2002 | (714) 774-1518 | (714) 774-1549 | 25 | 55-2766 |
| San Bernardino Home Training | 966 E HOSPITALITY LN | San Bernardino, CA 92408-2818 | (909) 796-8421 | (909) 478-7547 | 0 | 55-2776 |
| Roseville Dialysis | 1836 SIERRA GARDENS DR STE 150 | Roseville, CA 95661-2943 | (916) 772-0306 | (916) 772-0189 | 24 | 55-2771 |
| Wall Township Home Training | 5100 BELMAR BLVD STE 1 | Wall Township, NJ 07727-4028 | (732) 938-2780 | (732) 938-2654 | 0 | 31-2646 |
| Spring Street Dialysis | 1601 SPRING ST | Jeffersonville, IN 47130-2903 | (812) 284-2098 | (812) 284-2680 | 13 | 15-2666 |
| Forestville Dialysis | 3424 DONNELL DR | Forestville, MD 20747-3209 | (301) 568-0381 | (301) 736-1704 | 19 | 21-2695 |
| Menifee Home Dialysis | 29878 HAUN RD STE 100 | Menifee, CA 92586-6531 | (951) 679-2396 | (951) 301-9725 | 0 | 55-2780 |
| Surf City Dialysis | 22807 US HIGHWAY 17 N | Hampstead, NC 28443-3178 | (910) 329-0706 | (910) 329-0841 | 14 | 34-2703 |
| New River Dialysis | 111 YOPP RD | Jacksonville, NC 28540-3509 | (910) 989-0157 | (910) 989-0328 | 25 | 34-2700 |
| Grants Lake Dialysis | 16035 LEXINGTON BLVD | Sugar Land, TX 77479-2316 | (832) 783-9090 | (346) 510-3119 | 28 | 67-2798 |
| Renal Center of Flower Mound | 4941 LONG PRAIRIE RD | Flower Mound, TX 75028-2782 | (972) 537-5572 | (469) 464-4357 | 13 | 67-2807 |
| Renal Center of Monroe | 300 OVERLOOK DR PONDVIEW PLAZA, BLDG C | Monroe Township, NJ 08831-5589 | (609) 642-8124 | (609) 642-8128 | 18 | 31-2681 |
| Green Oak Dialysis | 1426 KINGWOOD DR | Kingwood, TX 77339-3040 | (281) 312-1301 | (281) 358-1472 | 20 | 67-2764 |
| Renal Center of Hamilton | 1013 WHITE HORSE AVE | Hamilton Township, NJ 08610-1424 | (609) 438-3002 | (609) 438-3011 | 19 | 31-2657 |
| New Lenox Home Training | 1890 SILVER CROSS BLVD STE 465 | New Lenox, IL 60451-9545 | (815) 462-4258 | (815) 462-4290 | 3 | 14-2785 |
| Mason Dialysis | 2922 N MASON RD STE 100 | Katy, TX 77449-5456 | (281) 579-9057 | (281) 599-3293 | 20 | 67-2863 |
| Eagles Landing Dialysis | 270 VILLAGE CENTER PKWY | Stockbridge, GA 30281-9044 | (770) 389-8255 | (770) 389-3264 | 16 | 85-2543 |
| White Bluff Dialysis | 505 US HIGHWAY 80 W STE F | Demopolis, AL 36732-4148 | (334) 287-1254 | (334) 287-1166 | 10 | 01-2679 |
| Gresham Station Dialysis | 878 NW BURNSIDE RD | Gresham, OR 97030-3718 | (503) 465-1068 | (503) 491-9229 | 17 | 38-2578 |
| Riverstone Dialysis | 5672 HIGHWAY 6 | Missouri City, TX 77459-4188 | (281) 499-8950 | (281) 499-3805 | 12 | 67-2769 |
| Lyndhurst Dialysis | 554-A NEW YORK AVE | Lyndhurst, NJ 07071-1532 | (201) 933-4782 | (201) 804-7545 | 19 | 31-2670 |
| Research Triangle Park Dialysis | 4021 STIRRUP CREEK DR STE 400 | Durham, NC 27703-9352 | (919) 206-4606 | (919) 224-1449 | 10 | 34-2718 |
| Hampton Roads Home Training | 11234 JEFFERSON AVE STE B | Newport News, VA 23601-2207 | (757) 595-5469 | (757) 595-5985 | 8 | 49-2678 |
| Tara Boulevard Dialysis | 6540 TARA BLVD STE 200 | Jonesboro, GA 30236-1228 | (770) 968-8279 | (770) 968-8744 | 20 | 85-2525 |
| Wood County Dialysis | 214 GIHON VLG | Parkersburg, WV 26101-7163 | (304) 422-3687 | (304) 422-5455 | 12 | 51-2547 |
| Rochester Dialysis | 2660 S BROADWAY STE A | Rochester, MN 55904-6264 | (507) 288-1617 | (507) 289-0672 | 12 | 24-2600 |
| Siren Dialysis | 24670 STATE RD 35 70 STE 100 | Siren, WI 54872-4419 | (715) 349-4220 | (715) 349-4224 | 8 | 52-2600 |
| ANNANDALE DIALYSIS | 7060 COLUMBIA PIKE | Annandale, VA 22003-3104 | (703) 256-2569 | (703) 658-5395 | 18 | 49-2724 |
| Dialysis Care At Palm Valley | 14620 W ENCANTO BLVD STE 110 | Goodyear, AZ 85395-1616 | (623) 526-3332 | (623) 321-2057 | 25 | 03-2658 |
| Starrwood Home Training | 3425 STARR RD STE A | Royal Oak, MI 48073-2100 | (248) 549-0208 | (248) 549-0228 | 0 | 23-2710 |
| Wissahickon Dialysis | 235 W CHELTEN AVE | Philadelphia, PA 19144-3802 | (215) 844-0637 | (215) 844-5685 | 26 | 39-2867 |
| Evergreen Park Dialysis | 926 E MCDOWELL RD STE 100 | Phoenix, AZ 85006-2503 | (602) 252-1418 | (602) 252-1928 | 20 | 03-2655 |
| Eastvale Dialysis | 14260 SCHLEISMAN RD | Eastvale, CA 92880-4020 | (951) 735-2024 | (951) 735-2094 | 25 | 55-2895 |
| Starrwood Dialysis | 3425 STARR RD STE B | Royal Oak, MI 48073-2100 | (248) 549-0208 | (248) 549-0240 | 17 | 23-2708 |
| Flower Town Home Training | 2143 N MAIN ST | Summerville, SC 29486-7800 | (843) 875-1779 | (843) 875-7461 | 4 | 42-2665 |
| Savannah Riverside Dialysis | 540 E OGLETHORPE AVE | Savannah, GA 31401-4121 | (912) 236-3053 | (912) 238-1024 | 16 | 11-2891 |
| Northeast Georgia Home Training | 1485 JESSE JEWELL PKWY NE STE 260 | Gainesville, GA 30501-3801 | (770) 297-0547 | (770) 536-4267 | 0 | 85-2526 |
| Quentin Circle Dialysis | 966 ISABEL DR | Lebanon, PA 17042-7482 | (717) 273-1026 | (717) 277-7204 | 8 | 39-2834 |
| Concord Township Dialysis | 265 WILMINGTON W CHESTER PIKE | Chadds Ford, PA 19317-9039 | (610) 558-6965 | (610) 558-7806 | 13 | 39-2862 |
| Baldwin Park Dialysis | 14101 FRANCISQUITO AVE | Baldwin Park, CA 91706-6100 | (626) 337-1847 | (626) 337-0129 | 25 | 55-2889 |
| Cypress Fairfield Dialysis | 15103 MASON RD STE D-5 | Cypress, TX 77433-6755 | (281) 758-1380 | (281) 758-1470 | 24 | 67-2786 |
| Jersey Village Dialysis | 8787 FALLBROOK DR | Houston, TX 77064-3318 | (281) 477-7878 | (281) 955-0015 | 12 | 67-2781 |
| West Houston Home Dialysis | 1319 W SAM HOUSTON PKWY N STE 130 | Houston, TX 77043-4010 | (713) 465-0005 | (713) 465-0028 | 0 | 67-2787 |
| Miami Jewish Dialysis | 5200 NE 2ND AVE | Miami, FL 33137-2706 | (305) 751-8699 | (305) 795-8000 | 12 | 68-2657 |
| Southeast Fort Worth Dialysis | 3845 E LOOP 820 S | Fort Worth, TX 76119-4337 | (817) 496-9035 | (817) 446-0012 | 25 | 67-2790 |
| Fort Campbell Dialysis | 1459 FORT CAMPBELL BLVD | Clarksville, TN 37042-3552 | (931) 552-6491 | (931) 648-7946 | 21 | 44-2742 |
| Whitewater Valley Dialysis | 2302 CHESTER BLVD | Richmond, IN 47374-1221 | (765) 935-5128 | (765) 935-5749 | 12 | 15-2680 |
| Vista Heights Dialysis | 12220 PERRIS BLVD STE A | Moreno Valley, CA 92557-7417 | (951) 242-5112 | (951) 242-9913 | 37 | 55-2846 |
| Gulf Islands Home Training | 3200 MALLETT RD STE F | D'Iberville, MS 39540-9305 | (228) 354-9578 | (228) 354-9580 | 0 | 25-2583 |
| New Kensington Dialysis | 1 KENSINGTON SQ | New Kensington, PA 15068-6451 | (724) 335-2876 | (724) 339-6916 | 8 | 39-2852 |
| East Tallahassee Home Training | 2417 MILL CREEK CT STE 3 | Tallahassee, FL 32308-4395 | (850) 297-0435 | (850) 523-0715 | 0 | 68-2602 |
| Hamilton Street Dialysis | 920 HAMILTON ST STE C-3 | Somerset, NJ 08873-3600 | (732) 220-1593 | (732) 448-0567 | 10 | 31-2680 |
| Odenton Dialysis | 1360 BLAIR DR STE L & M | Odenton, MD 21113-1343 | (410) 674-3918 | (410) 672-8947 | 19 | 21-2711 |
| Oslo Dialysis | 100 S US HIGHWAY 1 | Vero Beach, FL 32962-3630 | (772) 567-8496 | (772) 562-5735 | 12 | 68-2615 |
| Northside Home Training | 2550 W ADDISON ST STE A4 | Chicago, IL 60618-5939 | (773) 281-2217 | (773) 549-2580 | 0 | 14-2811 |

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|---|---|---|---|---|---|---|
| Novi Home Training | 27225 PROVIDENCE PKWY STE 300 | Novi, MI 48374-1271 | (248) 449-5996 | (248) 449-6232 | 0 | 23-2726 |
| Braselton Dialysis | 1241 FRIENDSHIP RD STE 130 | Braselton, GA 30517-5609 | (770) 965-6056 | (770) 965-8185 | 13 | 85-2514 |
| Hudson Dialysis | 421 STAGELINE RD | Hudson, WI 54016-7848 | (715) 381-8240 | (715) 381-8454 | 12 | 52-2606 |
| Swan Dialysis | 1635 N SWAN RD | Tucson, AZ 85712-4046 | (520) 327-1125 | (520) 327-2963 | 12 | 03-2651 |
| Melrose Dialysis | 459 E 149TH ST | Bronx, NY 10455-1314 | (718) 585-4951 | (718) 292-9823 | 24 | 33-2761 |
| Rancho San Bernardino Dialysis | 2015 N RIVERSIDE AVE | Rialto, CA 92377-4601 | (909) 421-4532 | (909) 421-4574 | 37 | 55-2876 |
| Southwest Atlanta Home Training | 3201 ATLANTA INDUSTRIAL PKWY NW STE 101 | Atlanta, GA 30331-1045 | (404) 691-1162 | (404) 696-0900 | 0 | 85-2501 |
| Locust Grove Dialysis | 521 STANLEY K TANGER BLVD | Locust Grove, GA 30248-2591 | (770) 914-1432 | (770) 957-7565 | 12 | 11-2892 |
| Rahway Dialysis | 800 HARRISON ST | Rahway, NJ 07065-3512 | (732) 680-0373 | (732) 680-0376 | 18 | 31-2669 |
| Grand Boulevard Dialysis | 860 GRAND BLVD | Deer Park, NY 11729-5706 | (631) 243-7770 | (631) 243-7775 | 20 | 33-2808 |
| Walnut Creek West Dialysis | 1221 ROSSMOOR PKWY | Walnut Creek, CA 94595-2539 | (925) 295-9830 | (925) 295-0256 | 21 | 55-2772 |
| Millersburg Dialysis | 1649 S WASHINGTON ST | Millersburg, OH 44654-8902 | (330) 674-0476 | (330) 674-1295 | 9 | 36-2825 |
| Crossways Park Dialysis | 113 CROSSWAYS PARK DR STE 102 | Woodbury, NY 11797-2044 | (516) 921-0914 | (516) 364-0164 | 17 | 33-2773 |
| Tumwater Dialysis | 855 TROSPER RD SW STE 110 | Tumwater, WA 98512-8108 | (360) 352-7522 | (360) 352-7542 | 11 | 50-2578 |
| Calle Ocho Dialysis | 1800 SW 8TH ST | Miami, FL 33135-3418 | (305) 541-2560 | (305) 642-2261 | 16 | 68-2651 |
| Hillsborough Dialysis | 220 TRIANGLE RD | Hillsborough, NJ 08844-8102 | (908) 369-0398 | (908) 369-2151 | 10 | 31-2672 |
| Palm Coast Home Training | 80 PINNACLES DR STE 1000 | Palm Coast, FL 32164-2916 | (386) 586-7399 | (386) 586-2975 | 0 | 68-2610 |
| Green Lake County Dialysis | 432 OAK ST | Berlin, WI 54923-1204 | (920) 361-1177 | (920) 361-1435 | 12 | 52-2605 |
| Ozone Park Dialysis | 100-02 ROCKAWAY BLVD | Ozone Park, NY 11417-2217 | (718) 843-0694 | (718) 323-2438 | 25 | 33-2771 |
| Arena Dialysis | 2980 ADVANTAGE WAY | Sacramento, CA 95834-9666 | (916) 575-7658 | (916) 575-8910 | 24 | 55-2847 |
| Spartan Dialysis | 4530 S HAGADORN RD STE A | East Lansing, MI 48823-5304 | (517) 333-8414 | (517) 333-8430 | 12 | 23-2706 |
| Torrance Emerald Dialysis | 20821 HAWTHORNE BLVD | Torrance, CA 90503-4609 | (310) 214-1715 | (310) 214-1710 | 25 | 55-2854 |
| Harrison County Dialysis | 95 ROSEBUD PLZ STE 101 | Clarksburg, WV 26301-9823 | (304) 624-0478 | (304) 624-0640 | 9 | 51-2540 |
| Grant Line Dialysis | 2955 N CORRAL HOLLOW RD STE 101 | Tracy, CA 95376-8800 | (209) 839-8302 | (209) 839-8297 | 24 | 75-2508 |
| Bull Run Dialysis | 9420 FORESTWOOD LN STE 100 | Manassas, VA 20110-4757 | (703) 257-1749 | (703) 367-9136 | 21 | 49-2693 |
| Wellington Dialysis | 573 N STATE ROAD 7 | Royal Palm Beach, FL 33411-3524 | (561) 793-4285 | (561) 784-7090 | 16 | 68-2633 |
| Clinton Hill Dialysis | 1275 BEDFORD AVE | Brooklyn, NY 11216-2711 | (718) 623-0633 | (718) 623-0638 | 28 | 33-2749 |
| Clearview Dialysis | 45-60 FRANCIS LEWIS BLVD | Bayside, NY 11361-3047 | (718) 224-2398 | (718) 631-6710 | 25 | 33-2787 |
| Ridge Care Dialysis | 1734 HANCOCK ST | Ridgewood, NY 11385-4734 | (929) 290-1267 | (917) 909-5950 | 25 | 33-2822 |
| Lake Delton Dialysis | 14 COUNTY ROAD P | Wisconsin Dells, WI 53965-9764 | (608) 253-3597 | (608) 253-3948 | 12 | 52-2608 |
| Lincoln City Dialysis | 2817 NE WEST DEVILS LAKE RD | Lincoln City, OR 97367-5128 | (541) 996-2008 | (541) 996-2055 | 8 | 38-2580 |
| Machesney Park Dialysis | 7170 N PERRYVILLE RD | Machesney Park, IL 61115-7700 | (815) 885-8132 | (815) 885-8178 | 12 | 14-2806 |
| Phoenix Home Dialysis | 5115 E THOMAS RD STE 100 | Phoenix, AZ 85018-7914 | (602) 840-0072 | (602) 956-1405 | 0 | 03-2642 |
| West Chester Dialysis | 7760 W VOICE OF AMERICA PARK DR STE E | West Chester, OH 45069-3317 | (513) 755-1510 | (513) 755-1461 | 17 | 36-2824 |
| Balcones Dialysis | 11150 RESEARCH BLVD STE 201 | Austin, TX 78759-5242 | (512) 342-1097 | (512) 342-1967 | 13 | 67-2824 |
| West Hamilton Dialysis | 1532 MAIN ST | Hamilton, OH 45013-1078 | (513) 737-0158 | (513) 737-3102 | 17 | 36-2826 |
| Greeley Dialysis | 2812 W 10TH ST | Greeley, CO 80634-5425 | (970) 352-9072 | (970) 352-9366 | 14 | 06-2586 |
| Dialysis at Palisades Medical Center | 7650 RIVER RD STE 150 | North Bergen, NJ 07047-6528 | (201) 861-1031 | (201) 758-2794 | 19 | 31-2652 |
| Cape Coral Home Training | 3637 DEL PRADO BLVD S STE 202 | Cape Coral, FL 33904-7199 | (239) 542-7022 | (239) 542-7037 | 0 | 68-2595 |
| Fashion Square Dialysis | 5641 BAY RD | Saginaw, MI 48604-2509 | (989) 249-1350 | (989) 249-1170 | 13 | 23-2719 |
| West Side Dialysis | 1600 W 13TH ST STE 3 | Chicago, IL 60608-1306 | (312) 243-9286 | (312) 733-2466 | 12 | 14-2783 |
| Matteson Home Training | 4747 LINCOLN MALL DR STE 225 | Matteson, IL 60443-3822 | (708) 679-1050 | (708) 679-1088 | 0 | 14-2805 |
| Wooster Dialysis | 4190 BURBANK RD | Wooster, OH 44691-9077 | (330) 345-1130 | (330) 345-1336 | 12 | 36-2840 |
| Larpenteur Ave Dialysis | 1739 LEXINGTON AVE N | Roseville, MN 55113-6522 | (651) 489-9260 | (651) 489-9119 | 12 | 24-2603 |
| Belvidere Dialysis | 1751 HENRY LUCKOW LN | Belvidere, IL 61008-1702 | (815) 544-0311 | (815) 544-9292 | 12 | 14-2795 |
| Beverlywood Dialysis | 2080 CENTURY PARK E STE 210 | Los Angeles, CA 90067-2033 | (310) 772-0224 | (310) 772-0120 | 13 | 55-2800 |
| Brandywine Dialysis | 7651 MATAPEAKE BUSINESS DR STE 206 | Brandywine, MD 20613-3038 | (301) 782-7863 | (301) 782-3731 | 22 | 21-2698 |
| Cascade Dialysis | 145 CASCADE PL STE 100 | Burlington, WA 98233-3156 | (360) 707-5373 | (360) 707-2503 | 7 | 50-2581 |
| Whitmore Dialysis | 1424 E WHITMORE AVE | Ceres, CA 95307-9215 | (209) 541-1460 | (209) 541-1461 | 24 | 55-2839 |
| Circle City Dialysis | 1180 W 6TH ST STE 101 | Corona, CA 92882-3135 | (951) 808-9068 | (951) 808-9861 | 33 | 55-2826 |
| Gainesville Newberry Dialysis | 1177 NW 64TH TER | Gainesville, FL 32605-4218 | (352) 331-3240 | (352) 331-3245 | 18 | 68-2592 |
| Georgetown National Home Training | 1225 S CAPITOL ST SW | Washington, DC 20003-3524 | (202) 488-5893 | (202) 488-5895 | 0 | 09-2531 |
| Deer Park Dialysis | 4401 MACK RD | Sacramento, CA 95823-4545 | (916) 738-3575 | (916) 429-2368 | 40 | 55-2814 |
| Irish Dialysis | 4350 S IRONWOOD DR | South Bend, IN 46614-3073 | (574) 299-4529 | (574) 299-4737 | 20 | 15-2668 |
| Kennedy Boulevard Dialysis | 2205 W KENNEDY BLVD | Tampa, FL 33606-1536 | (813) 254-3638 | (813) 254-3809 | 16 | 68-2596 |
| Partridge Creek Dialysis | 46360 GRATIOT AVE | Chesterfield, MI 48051-2800 | (586) 949-5417 | (586) 949-5691 | 24 | 23-2713 |
| Leola Dialysis | 345 WEST MAIN ST STE 202 | Leola, PA 17540-2108 | (717) 556-0080 | (717) 556-0085 | 13 | 39-2833 |
| Mid City Dialysis | 2902 FLORIDA BLVD | Baton Rouge, LA 70802-2723 | (225) 387-8558 | (225) 387-8250 | 13 | 19-2725 |
| Lake Mead Dialysis | 713 E LAKE MEAD BLVD | North Las Vegas, NV 89030-6751 | (702) 642-0216 | (702) 633-5128 | 25 | 29-2553 |
| Ontario Mills Dialysis | 2403 S VINEYARD AVE STE D | Ontario, CA 91761-6471 | (909) 923-3850 | (909) 923-8568 | 25 | 55-2815 |
| Sun Prairie Dialysis | 719 BUNNY TRL | Sun Prairie, WI 53590-8507 | (608) 825-6556 | (608) 825-2886 | 12 | 52-2607 |
| Pelican Point Dialysis | 7316 W CHEYENNE AVE | Las Vegas, NV 89129-6201 | (702) 395-0227 | (702) 395-1540 | 25 | 29-2552 |
| Petaluma River Dialysis | 417 N MCDOWELL BLVD | Petaluma, CA 94954-2339 | (707) 773-1293 | (707) 773-1585 | 24 | 55-2849 |
| Pacheco Dialysis | 1245 W PACHECO BLVD | Los Banos, CA 93635-8619 | (209) 827-3934 | (209) 827-3973 | 24 | 55-2804 |
| Salem Home Training | 1201 RICKER RD | Salem, IL 62881-4263 | (618) 740-0778 | (618) 740-0779 | 0 | 14-2807 |
| Santa Rosa Springs Dialysis | 18 EAST FULTON RD | Santa Rosa, CA 95403-7580 | (707) 544-5043 | (707) 544-5063 | 36 | 55-2862 |
| Tampa Bay Dialysis | 2301 W DR MARTIN LUTHER KING JR BLVD | Tampa, FL 33607-6405 | (813) 876-7023 | (813) 879-1530 | 24 | 68-2594 |
| Tustin Ranch Dialysis | 721 WEST 1ST ST | Tustin, CA 92780-2903 | (714) 544-0079 | (714) 544-0071 | 25 | 55-2807 |
| Yukon Dialysis | 12801 NW 10TH ST STE 400 | Yukon, OK 73099-4179 | (405) 350-3017 | (405) 350-0023 | 13 | 37-2601 |
| Queen Anne Home Training | 125 SHOREWAY DR STE 330 | Queenstown, MD 21658-1683 | (410) 827-4527 | (410) 827-3148 | 2 | 21-2689 |
| Newport Irvine Dialysis | 4300 VON KARMAN AVE | Newport Beach, CA 92660-2004 | (949) 863-1382 | (949) 863-1407 | 17 | 55-2789 |
| Denver Harbor Dialysis | 7065 EAST FWY | Houston, TX 77020-5328 | (713) 670-3173 | (713) 670-0876 | 20 | 67-2782 |
| Vivify Dialysis | 800 N TEXAS AVE | Odessa, TX 79761-4012 | (432) 332-1974 | (432) 332-4183 | 12 | 67-2822 |
| Jersey City Summit Dialysis | 414 SUMMIT AVE | Jersey City, NJ 07306-3101 | (201) 420-8431 | (201) 459-0967 | 21 | 31-2671 |
| Jersey City Grand Home Dialysis | 422 GRAND ST | Jersey City, NJ 07302-4240 | (201) 332-6413 | (201) 536-8093 | 0 | 31-2653 |
| Monroe Township Dialysis | 298 APPLEGARTH RD | Monroe Township, NJ 08831-3754 | (609) 409-4259 | (609) 395-7697 | 10 | 31-2655 |
| Northridge Dialysis | 139 MARKET PLACE DR | North Augusta, SC 29860-9274 | (803) 279-2628 | (803) 279-2578 | 15 | 42-2669 |
| BROOKSHIRE DIALYSIS | 5601 TUCKASEEGEE RD | Charlotte, NC 28208-2525 | (704) 395-6091 | (704) 395-4963 | 11 | 34-2731 |
| Cooks Hill Dialysis | 1815 COOKS HILL RD | Centralia, WA 98531-9170 | (360) 736-1188 | (360) 807-0824 | 7 | 50-2592 |
| Coastal Plains Dialysis | 209 NC HWY 111 S | Goldsboro, NC 27534-9253 | (919) 778-5766 | (919) 751-7672 | 16 | 34-2723 |
| Collinsville Dialysis | 101 LANTER CT STE 109-111 | Collinsville, IL 62234-6124 | (618) 344-2016 | (618) 344-2102 | 8 | 14-2822 |
| Cross Keys Dialysis | 14001 NEW HALLS FERRY RD STE 133 | Florissant, MO 63033-2708 | (314) 839-7416 | (314) 839-7464 | 16 | 26-2686 |
| Fairmount Dialysis | 1236 N 26TH ST | Philadelphia, PA 19121-4602 | (215) 763-3974 | (215) 765-1494 | 17 | 39-2873 |
| Sally Hill Dialysis | 1471 N CASHUA DR | Florence, SC 29501-6950 | (843) 664-9067 | (843) 661-7822 | 12 | 42-2675 |
| Cape Arago Dialysis | 1935 THOMPSON RD | Coos Bay, OR 97420-2040 | (541) 266-9937 | (541) 266-8506 | 12 | 38-2584 |
| South Dean Dialysis | 100 W FOREST AVE STE G | Englewood, NJ 07631-4033 | (201) 816-9733 | (201) 816-9735 | 19 | 31-2697 |
| Rosenberg Home Training | 7607 TOWN CENTER BLVD | Rosenberg, TX 77471-6219 | (346) 843-3066 | (346) 843-3082 | 0 | 74-2564 |
| Cowan Lake Dialysis | 1950 HONEY CREEK COMMONS SE | Conyers, GA 30013-5844 | (770) 918-2563 | (770) 918-2059 | 13 | 85-2547 |
| Franklin Park Dialysis | 3079 STATE ROUTE 27 UNIT H | Franklin Park, NJ 08823-1364 | (732) 305-7855 | (732) 798-6625 | 19 | 31-2684 |
| Livonia Dialysis | 37290 5 MILE RD | Livonia, MI 48154-1848 | (734) 793-9854 | (734) 793-9855 | 12 | 23-2741 |
| Mount Eden Dialysis | 1490 MACOMBS RD | Bronx, NY 10452-2101 | (718) 588-2347 | (718) 293-8906 | 21 | 33-2796 |
| Pflugerville Dialysis | 2606 W PECAN ST BLDG 3, STE 300 | Pflugerville, TX 78660-1917 | (512) 990-7785 | (512) 990-7811 | 12 | 67-2889 |
| Macland Dialysis | 4110 AUSTELL POWDER SPRINGS RD STE 100 | Powder Springs, GA 30127-2954 | (770) 439-8775 | (770) 439-8736 | 17 | 85-2546 |

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|---|---|---|---|---|---|---|
| DaVita Mount Baker Kidney Center | 410 BIRCHWOOD AVE STE 100 | Bellingham, WA 98225-1783 | (360) 734-4243 | (360) 715-9858 | 26 | 50-2501 |
| NEW ULM DIALYSIS | 701 N BROADWAY | New Ulm, MN 56073-1201 | (507) 354-1216 | (507) 354-0416 | 12 | 24-2606 |
| Sugar Creek Dialysis | 5100 REAGAN DR STE 10 | Charlotte, NC 28206-1353 | (704) 921-9823 | (704) 597-2902 | 21 | 34-2736 |
| Rose City Dialysis | 1382 LOCUST ST | Pasadena, CA 91106-1515 | (626) 395-7769 | (626) 395-7723 | 25 | 55-2891 |
| Foxpoint Dialysis | 1300 SCHAEFER RD STE J | Granite City, IL 62040-6859 | (618) 451-8730 | (618) 451-8738 | 12 | 14-2838 |
| Westmont Dialysis | 11239 S WESTERN AVE | Los Angeles, CA 90047-4848 | (323) 242-3970 | (323) 777-2163 | 25 | 75-2513 |
| Getty Square Dialysis | 11 ROMAINE AVE | Yonkers, NY 10705-2337 | (914) 377-1989 | (914) 377-8425 | 21 | 33-2805 |
| Allerton Dialysis | 2554 WHITE PLAINS RD | Bronx, NY 10467-8141 | (718) 231-1285 | (718) 231-3461 | 25 | 33-2790 |
| Colmare Dialysis | 6302 DIXIE HWY | Bridgeport, MI 48722-9566 | (989) 777-0780 | (989) 777-0717 | 12 | 23-2723 |
| Sharpsburg Dialysis | 191 SE RAILROAD ST | Sharpsburg, NC 27878-9500 | (252) 446-1791 | (252) 446-1796 | 10 | 34-2725 |
| Roaring Spring Dialysis | 96 JUNE DR | Roaring Spring, PA 16673-2316 | (814) 224-6290 | (814) 224-7525 | 8 | 39-2864 |
| Chatham Dialysis | 13912 US HWY 29 | Chatham, VA 24531-3669 | (434) 432-1790 | (434) 432-1785 | 17 | 49-2726 |
| Indian Trail Dialysis | 5240 W LOWELL AVE | Spokane, WA 99208-6499 | (509) 816-6003 | (509) 816-6533 | 16 | 50-2606 |
| Lake Hefner Dialysis | 6917 N MAY AVE | Oklahoma City, OK 73116-3238 | (405) 810-9533 | (405) 810-9632 | 16 | 37-2611 |
| Little Neck Dialysis | 252-17 NORTHERN BLVD | Little Neck, NY 11362-1355 | (718) 279-3589 | (718) 279-3593 | 17 | 33-2500 |
| MetroWest Dialysis | 4578 S KIRKMAN RD | Orlando, FL 32811-2848 | (407) 298-3977 | (407) 298-5785 | 24 | 68-2661 |
| Downtown Midland Dialysis | 511 W MISSOURI AVE | Midland, TX 79701-5016 | (432) 686-3907 | (432) 686-3911 | 24 | 74-2522 |
| Thomas County Home Training | 708 S BROAD ST | Thomasville, GA 31792-6107 | (229) 226-4541 | (229) 226-4545 | 0 | 85-2556 |
| Melrose Park Dialysis | 1985 N MANNHEIM RD | Melrose Park, IL 60160-1012 | (708) 343-4862 | (708) 343-4869 | 12 | 14-2867 |
| Lilburn Dialysis | 4805 LAWRENCEVILLE HWY NW STE 320B | Lilburn, GA 30047-3859 | (770) 381-7544 | (770) 381-9857 | 17 | 85-2545 |
| House Springs Dialysis | 40 WALTERS PL | House Springs, MO 63051-1491 | (636) 375-5270 | (636) 375-5302 | 20 | 26-2693 |
| Brewer Dialysis | 403 WILSON ST | Brewer, ME 04412-1521 | (207) 989-0027 | (207) 989-0306 | 13 | 20-2517 |
| Siskiyou Dialysis | 50 ROSSANLEY DR | Medford, OR 97501-1713 | (541) 414-2437 | (541) 414-2438 | 24 | 38-2583 |
| LAKE COUNTRY DIALYSIS | 2301 SUN VALLEY DR STE 101 | Delafield, WI 53018-2318 | (262) 646-3080 | (262) 646-3084 | 0 | 52-2597 |
| Renal Center of Englewood | 300 GRAND AVE STE 103 | Englewood, NJ 07631-6300 | (201) 731-3149 | (201) 731-3172 | 0 | 31-2631 |
| St Luke's Tamaqua Dialysis | 1215 E BROAD ST STE 20 | Tamaqua, PA 18252-2229 | (570) 668-3480 | (570) 668-3483 | 8 | 39-2708 |
| Longwood Dialysis | 931 BRUCKNER BLVD | Bronx, NY 10459-4525 | (718) 378-0921 | (718) 378-1423 | 36 | 33-2801 |
| COVINGTON TRACE DIALYSIS | 3999 HWY 190 E SERVICE RD STE A | Covington, LA 70433-4914 | (985) 276-1998 | (985) 276-6856 | 13 | 19-2750 |
| Downtown Durham Dialysis | 1100 N MIAMI BLVD STE 500A | Durham, NC 27703-2479 | (919) 530-1571 | (919) 530-8576 | 10 | 34-2741 |
| Durham Regional Dialysis | 3901 N ROXBORO ST STE 108 | Durham, NC 27704-2181 | (919) 471-2523 | (919) 471-8699 | 10 | 34-2734 |
| Edgemont Dialysis | 8 VIEUX CARRE DR | East Saint Louis, IL 62203-1923 | (618) 398-3809 | (618) 398-3881 | 12 | 14-2847 |
| Lake Tapps Dialysis | 16290 AUTO LN | Sumner, WA 98390-2568 | (253) 470-0188 | (253) 470-0215 | 10 | 50-2605 |
| Glen Raven Dialysis | 2210 W WEBB AVE | Burlington, NC 27217-1068 | (336) 538-9820 | (336) 538-9826 | 14 | 34-2726 |
| Gaithersburg Dialysis | 202 PERRY PKWY STE 3 | Gaithersburg, MD 20877-2172 | (301) 987-0912 | (301) 947-6115 | 16 | 21-2728 |
| Heritage Lake Dialysis | 20 EXPEDITION TRL STE 202 | Gettysburg, PA 17325-8599 | (717) 337-1012 | (717) 337-3834 | 9 | 39-2869 |
| Rockland County Dialysis | 203 W ROUTE 59 | Nanuet, NY 10954-2218 | (845) 501-7590 | (845) 501-7585 | 20 | 33-2794 |
| Victorywood Dialysis | 11702 VICTORY BLVD | North Hollywood, CA 91606-3420 | (818) 761-1304 | (818) 761-1624 | 24 | 55-2893 |
| Phalen Dialysis | 862 ARCADE ST | Saint Paul, MN 55106-3852 | (651) 776-0466 | (651) 776-7838 | 12 | 24-2701 |
| Lynnwood Dialysis | 13619 MUKILTEO SPEEDWAY STE D-1 | Lynnwood, WA 98087-1672 | (425) 741-3616 | (425) 741-8382 | 4 | 50-2595 |
| Hickory Ridge Dialysis | 9562 ROCKY RIVER RD | Charlotte, NC 28215-9592 | (704) 921-4990 | (704) 921-9548 | 10 | 34-2747 |
| County Line Dialysis | 21353 NW 2ND AVE | Miami Gardens, FL 33169-2112 | (305) 654-2724 | (305) 654-0433 | 20 | 68-2680 |
| University Heights Dialysis | 2190 JEROME AVE | Bronx, NY 10453-1815 | (718) 584-5746 | (718) 584-2106 | 21 | 33-2819 |
| Dan River Dialysis | 145 HOLT GARRISON PKWY STE 340 | Danville, VA 24540-5956 | (434) 425-7049 | (434) 425-7070 | 13 | 49-2738 |
| Caroline County Dialysis | 842 S 5TH AVE | Denton, MD 21629-1398 | (410) 479-4639 | (410) 479-4644 | 13 | 21-2736 |
| Desert Dunes Dialysis | 2500 S 8TH AVE STE 102 | Yuma, AZ 85364-7132 | (928) 314-9240 | (928) 314-3015 | 13 | 03-2663 |
| East New York Dialysis | 54 NEW LOTS AVE | Brooklyn, NY 11212-6934 | (718) 345-7310 | (718) 345-7317 | 28 | 33-2573 |
| Edgewood Dialysis | 1415 S MOUNTAIN RD STE 105 | Joppa, MD 21085-3236 | (410) 671-6059 | (410) 612-9206 | 16 | 21-2731 |
| Fort Belvoir Dialysis | 8123 RICHMOND HWY | Alexandria, VA 22309-3613 | (703) 619-3801 | (703) 619-3805 | 13 | 49-2734 |
| The District Dialysis | 2300 CORPORATE CIR STE 100 | Henderson, NV 89074-7725 | (702) 487-5576 | (702) 834-3059 | 25 | 29-2555 |
| Philips Highway Dialysis | 8021 PHILIPS HIGHWAY STE 15 | Jacksonville, FL 32256-4452 | (904) 636-9652 | (904) 636-9657 | 16 | 68-2678 |
| LA PLATA Dialysis | 6700 CRAIN HWY STE 103 | La Plata, MD 20646-4950 | (301) 934-2784 | (301) 934-9094 | 19 | 21-2732 |
| North Wales Dialysis | 1551 S VALLEY FORGE RD | Lansdale, PA 19446-5461 | (215) 361-6192 | (215) 361-2032 | 13 | 39-2871 |
| Sahara Dialysis | 2350 STOCKTON AVE | Las Vegas, NV 89104-3823 | (702) 457-7099 | (702) 457-0287 | 25 | 29-2557 |
| Shamokin Dialysis | 9333 STATE ROUTE 61 STE 1 | Coal Township, PA 17866-4170 | (570) 500-7072 | (570) 500-7090 | 12 | 73-2502 |
| Loch Raven Dialysis | 5315 YORK RD | Baltimore, MD 21212-3830 | (410) 323-8790 | (410) 323-8795 | 16 | 21-2735 |
| Long Island City Dialysis | 30-46 NORTHERN BLVD FL 2 | Long Island City, NY 11101-2816 | (718) 752-1601 | (718) 752-1606 | 16 | 33-2798 |
| Troy Dialysis | 2391 FIFTEEN MILE RD | Sterling Heights, MI 48310 | (586) 795-2920 | (586) 795-2708 | 12 | 23-2739 |
| Rossmoyne Dialysis | 5072 RITTER RD STE 104 | Mechanicsburg, PA 17055-4823 | (717) 790-9039 | (717) 790-9752 | 12 | 39-2897 |
| Nash County Dialysis | 110 ENTERPRISE DR | Rocky Mount, NC 27804-9503 | (252) 451-0661 | (252) 451-0665 | 12 | 34-2728 |
| Fayetteville Road Dialysis | 285 PARACLETE DR | Raeford, NC 28376-9493 | (910) 878-0052 | (910) 875-2902 | 19 | 34-2727 |
| Conduit Avenue Dialysis | 21910 S CONDUIT AVE | Springfield Gardens, NY 11413-3462 | (718) 341-0107 | (718) 341-2255 | 29 | 33-2823 |
| Spencer Dialysis | 1287 N SALISBURY AVE | Spencer, NC 28159-1834 | (704) 636-3545 | (704) 636-3275 | 19 | 34-2730 |
| Sayreville Dialysis | 2909 WASHINGTON RD STE 130 | Parlin, NJ 08859-1588 | (732) 316-4960 | (732) 316-4966 | 10 | 31-2702 |
| Selden Dialysis | 668 MIDDLE COUNTRY RD | Selden, NY 11784-2521 | (631) 698-3201 | (631) 698-3206 | 13 | 33-2826 |
| Lee's Hill Dialysis | 4701 SPOTSYLVANIA PKWY STE 109 | Fredericksburg, VA 22407-9435 | (540) 898-8004 | (540) 710-9584 | 15 | 49-2714 |
| Stone Ridge Dialysis | 24640 SOUTHPOINT DR STE 160 | Chantilly, VA 20152-4141 | (703) 327-4357 | (703) 542-5630 | 13 | 49-2717 |
| West Farms Dialysis | 1820 E TREMONT AVE | Bronx, NY 10460-3131 | (718) 824-0245 | (718) 824-1775 | 25 | 33-2804 |
| Windsor Heights Dialysis | 1119 73RD ST | Windsor Heights, IA 50324-1313 | (515) 274-9303 | (515) 255-6418 | 12 | 16-2567 |
| Wingate Dialysis | 550 KINGSTON AVE | Brooklyn, NY 11203-1702 | (718) 221-5342 | (718) 221-2149 | 20 | 33-2793 |
| Wyoming Street Dialysis | 13945 WYOMING ST | Detroit, MI 48238-2333 | (313) 931-2954 | (313) 931-3084 | 13 | 23-2738 |
| Peconic Bay Dialysis | 700 OLD COUNTRY RD STE 4 | Riverhead, NY 11901-2129 | (631) 208-0282 | (631) 208-0129 | 13 | Pending |
| Neshaminy Dialysis | 2 NESHAMINY INTERPLEX DR STE 110 | Feasterville Trevose, PA 19053-6963 | (215) 245-6590 | (215) 245-6595 | 16 | 39-2879 |
| Harbison Dialysis | 6501 ROOSEVELT BLVD STE 6581 | Philadelphia, PA 19149-2918 | (215) 288-4671 | (215) 533-4501 | 17 | 39-2881 |
| Glen Creek Dialysis | 645 9TH ST NW STE 145 | Salem, OR 97304-3132 | (503) 365-6316 | (503) 365-8281 | 13 | 38-2585 |
| Salt Creek Dialysis | 196 WEST NORTH AVE | Villa Park, IL 60181-1226 | (630) 279-3350 | (630) 279-3378 | 12 | 14-2855 |
| Rutgers Park Dialysis | 8604 WOODWARD AVE | Woodridge, IL 60517-3171 | (331) 260-9226 | (331) 260-9244 | 12 | 14-2869 |
| Geneva Crossing Dialysis | 546 S SCHMALE RD | Carol Stream, IL 60188-2419 | (630) 260-4086 | (630) 260-4116 | 12 | 14-2858 |
| Upper Deerfield Dialysis | 21 CORNWELL DR | Bridgeton, NJ 08302-3632 | (856) 453-2380 | (856) 453-2385 | 10 | 31-2700 |
| Rolla Home Training | 1702 E 10TH ST STE B | Rolla, MO 65401-4600 | (573) 458-2013 | (573) 458-2094 | 0 | 26-2692 |
| Sienna Dialysis | 9340 HWY 6 STE 400 | Missouri City, TX 77459-5132 | (281) 778-3500 | (281) 778-3512 | 24 | 74-2500 |
| Deschutes River Dialysis | 61280 SE COOMBS PL | Bend, OR 97702-3704 | (541) 668-8901 | (541) 668-8928 | 13 | 38-2586 |
| Napoleon Place Dialysis | 420 NAPOLEON PL | Johnstown, PA 15901-2502 | (814) 535-8205 | (814) 535-7515 | 12 | 39-2875 |
| Newark Mt Pleasant Dialysis | 262 BROAD ST | Newark, NJ 07104-3809 | (973) 268-7184 | (973) 268-2802 | 21 | 31-2698 |
| Five Points Dialysis | 2929 MONTANA AVE | El Paso, TX 79903-2409 | (915) 566-0634 | (915) 566-0681 | 25 | 74-2547 |
| Parsippany Dialysis | 900 LANIDEX PLZ STE 120 | Parsippany, NJ 07054-2707 | (973) 739-7080 | (973) 739-7085 | 10 | 31-2691 |
| Majestic Dialysis | 1510 EASTERN BLVD | Montgomery, AL 36117-1629 | (334) 260-8519 | (334) 260-8371 | 12 | 01-2701 |
| Cedar Grove Dialysis | 4952 PARKSIDE AVE | Philadelphia, PA 19131-4746 | (215) 871-0810 | (215) 871-0817 | 25 | 39-2888 |
| St. Luke's Macungie Dialysis | 2550 ROUTE 100 STE 2 | Macungie, PA 18062-9600 | (610) 336-8350 | (610) 336-8354 | 12 | 39-2889 |
| DALEVILLE DIALYSIS | 245 COMMONS PKWY | Daleville, VA 24083-1701 | (540) 591-5235 | (540) 591-5246 | 17 | 49-2728 |
| Ashburn Dialysis | 19980 HIGHLAND VISTA DR STE 100 | Ashburn, VA 20147-4189 | (571) 223-0451 | (571) 223-0395 | 17 | 49-2731 |
| Livingston Village Dialysis | 11700 LIVINGSTON RD | Fort Washington, MD 20744-5150 | (301) 292-1804 | (301) 292-9828 | 19 | 21-2737 |
| Blue Ridge Dialysis | 8608 E 63RD ST | Kansas City, MO 64133-4725 | (816) 353-6100 | (816) 353-6106 | 20 | 26-2694 |
| Renal Center of Newton | 7 EAST CLINTON ST | Newton, NJ 07860-1801 | (973) 940-0965 | (973) 940-0969 | 21 | 31-2572 |
| Owen Center Home Training | 3927 W RIVERSIDE BLVD | Rockford, IL 61101-9507 | (815) 963-8010 | (815) 963-7921 | 0 | 14-2842 |
| Greenmount Central Dialysis | 423 E NORTH AVE | Baltimore, MD 21202-5915 | (443) 220-0780 | (443) 220-0526 | 20 | 21-2739 |
| Coronaca Home Dialysis | 3337 HIGHWAY 72-221 E | Greenwood, SC 29649-9772 | (864) 229-0101 | (864) 229-0120 | 0 | 42-2678 |
| Mays Landing Dialysis | 4403 E BLACK HORSE PIKE STE L L 04 | Mays Landing, NJ 08330-3103 | (609) 813-2050 | (609) 813-2055 | 10 | 31-2695 |

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|---|---|---|---|---|---|---|
| Ford City Dialysis | 8159 S CICERO AVE | Chicago, IL 60652-2017 | (773) 735-8820 | (773) 585-5536 | 12 | 14-2854 |
| Sandy Shores Dialysis | 5947 20TH ST | Vero Beach, FL 32966-4676 | (772) 770-0331 | (772) 770-0336 | 12 | 68-2674 |
| Traverse Point Dialysis | 1250 W SANDALWOOD DR | Lehi, UT 84043-4615 | (385) 374-1498 | (385) 374-1502 | 12 | 46-2554 |
| Northgrove Dialysis | 2491 INDUSTRIAL DR STE 200 | Highland, IL 62249-1355 | (618) 651-1393 | (618) 651-1389 | 12 | 14-2866 |
| Gloucester County Dialysis | 1217 S BLACK HORSE PIKE | Williamstown, NJ 08094-1958 | (856) 740-1890 | (856) 740-1895 | 19 | 31-2694 |
| East Patchogue Dialysis | 479 E MAIN ST | Patchogue, NY 11772-3147 | (631) 447-2401 | (631) 447-2406 | 13 | 33-2817 |
| Grayson Dialysis | 4555 ATLANTA HWY STE M | Loganville, GA 30052-2646 | (770) 466-2582 | (770) 466-3062 | 17 | 85-2572 |
| Brickyard Dialysis | 2640 N NARRAGANSETT AVE STE D8 | Chicago, IL 60639-1096 | (773) 622-6345 | (773) 622-6470 | 12 | 14-2857 |
| Paramus Dialysis | 820 N ROUTE 17 | Paramus, NJ 07652-3104 | (201) 493-4901 | (201) 493-4906 | 19 | 31-2708 |
| Golden Mile Dialysis | 1306 W PATRICK ST STE 5 | Frederick, MD 21703-4869 | (301) 696-1090 | (301) 696-1095 | 13 | 21-2733 |
| Bronxchester Home Training | 34 MARCONI ST STE 110 | Bronx, NY 10461-2755 | (929) 286-5280 | (929) 286-5281 | 0 | 33-2813 |
| French Creek Dialysis | 991 PARK AVE | Meadville, PA 16335-3344 | (814) 336-2531 | (814) 337-7137 | 12 | 39-2894 |
| St Francis Dialysis | 10211 LONG BEACH BLVD | Lynwood, CA 90262-1508 | (213) 460-0938 | (213) 460-0963 | 25 | 75-2525 |
| Alvarado Park Home Training | 2415 SAN PABLO DAM RD STE 504 | San Pablo, CA 94806-3906 | (510) 233-2991 | (510) 233-6002 | 0 | 75-2512 |
| Oak Meadows Dialysis | 5020 W 95TH ST | Oak Lawn, IL 60453-2402 | (708) 229-0778 | (708) 425-2916 | 12 | 14-2863 |
| Beach Park Dialysis | 3119 N LEWIS AVE | Waukegan, IL 60087-2254 | (847) 782-8250 | (847) 782-8772 | 12 | 14-2864 |
| Manahawkin Dialysis | 601 WASHINGTON AVE STE F | Manahawkin, NJ 08050-2861 | (609) 891-3070 | (609) 891-3095 | 10 | Pending |
| Lewis Creek Dialysis | 620 MALL BLVD STE E | Dyersburg, TN 38024-1649 | (731) 287-9448 | (731) 287-9623 | 13 | 44-2754 |
| Perquimans Dialysis | 210 OCEAN HWY S | Hertford, NC 27944-7901 | (252) 426-3349 | (252) 426-3345 | 10 | 34-2749 |
| Coffee Road Dialysis | 1328 COFFEE RD | Modesto, CA 95355-3103 | (209) 491-3690 | (209) 491-3654 | 24 | Pending |
| Rosewood Dialysis | 105 ADAIR DR | Goldsboro, NC 27530-4516 | (919) 581-9831 | (919) 735-4840 | 10 | 34-2752 |
| Poplar Dialysis | 2301 NEWNAN CROSSING BLVD STE 180 | Newnan, GA 30265-2542 | (770) 253-2403 | (770) 253-8092 | 20 | 85-2560 |
| Marshall Square Dialysis | 2950 W 26TH ST | Chicago, IL 60623-4128 | (773) 916-4807 | (773) 916-4825 | 12 | 14-2871 |
| Merrimac Trail Dialysis | 469 MERRIMAC TRL | Williamsburg, VA 23185-4819 | (757) 258-3601 | (757) 258-3605 | 17 | 49-2732 |
| Linn Benton Dialysis | 3580 NW Samaritan Dr | Corvallis, OR 97330-3766 | (541) 801-3937 | (541) 801-3941 | 12 | 38-2590 |
| Catawba County Dialysis | 1900 3RD AVE LN SE | Hickory, NC 28602-2959 | (828) 304-0102 | (828) 322-4570 | 21 | 34-2729 |
| Post Oak Dialysis | 4751 W FUQUA ST | Houston, TX 77045-6104 | (713) 413-9075 | (713) 413-9116 | 20 | 74-2545 |
| National Road Dialysis | 703 MAIN ST | Bridgeport, OH 43912-1315 | (740) 633-1903 | (740) 633-8831 | 12 | 36-2890 |
| Red Bank Mills Dialysis | 5552 PLATT SPRINGS RD | Lexington, SC 29073-7518 | (803) 957-2369 | (803) 957-8628 | 16 | 42-2679 |
| Syringa Home Training | 1070 N CURTIS RD STE 125 | Boise, ID 83706-1249 | (208) 375-4027 | (208) 375-4239 | 0 | 13-2532 |
| Harden Dialysis | 2105 HARDEN BLVD | Lakeland, FL 33803-5918 | (863) 284-0534 | (863) 284-1140 | 16 | 68-2681 |
| Titus Landing Home Training | 250 HARRISON ST STE 310 | Titusville, FL 32780-5026 | (321) 383-2357 | (321) 383-2362 | 0 | 68-2685 |
| Prosper Dialysis | 241 N PRESTON RD STE A | Prosper, TX 75078-8792 | (972) 347-9268 | (972) 347-9863 | 17 | 74-2559 |
| Wapato Dialysis | 502 W 1ST ST | Wapato, WA 98951-1106 | (509) 877-2085 | (509) 877-2035 | 7 | 50-2596 |
| Roanoke-Chowan Dialysis | 626 W MAIN ST | Murfreesboro, NC 27855-1510 | (252) 396-0572 | (252) 396-0368 | 10 | 34-2740 |
| Speedway Dialysis | 2636 W MICHIGAN ST | Indianapolis, IN 46222-3727 | (317) 423-0956 | (317) 423-0868 | 13 | 15-2700 |
| Vienna Dialysis | 8605 WESTWOOD CENTER DR STE 100 | Vienna, VA 22182-2231 | (571) 633-0790 | (571) 633-0147 | 13 | 49-2735 |
| Jackson Meadows Dialysis | 2500 S JACKSON RD | McAllen, TX 78503-2081 | (956) 664-1723 | (956) 664-1734 | 21 | 74-2536 |
| Del Rio Dialysis | 6222 HARNEY RD | Tampa, FL 33610-5500 | (813) 372-7090 | (813) 372-7255 | 16 | 68-2683 |
| Sandy Plains Dialysis | 2550 SANDY PLAINS RD STE 160 | Marietta, GA 30066-7210 | (770) 509-1065 | (770) 509-9912 | 13 | 85-2570 |
| Auburndale Dialysis | 250 AVENUE K SW STE 100 | Winter Haven, FL 33880-3919 | (863) 291-8036 | (863) 291-3814 | 12 | 68-2699 |
| Orem Dialysis | 490 S STATE ST | Orem, UT 84058-6302 | (385) 314-3554 | (385) 314-3585 | 12 | 46-2555 |
| Foreman Drive Home Training | 1843 FOREMAN DR STE 201 | Cookeville, TN 38501-5933 | (931) 372-2706 | (931) 372-8421 | 0 | 44-2758 |
| Robersonville Dialysis | 102 COYOTE LN | Robersonville, NC 27871-9514 | (252) 795-2010 | (252) 795-0343 | 10 | 34-2746 |
| Preston Highway Dialysis | 5801 PRESTON HWY | Louisville, KY 40219-1313 | (502) 308-3432 | (502) 308-3453 | 0 | 18-2651 |
| Diamond Speedway Dialysis | 1115 N NOVA RD | Daytona Beach, FL 32117-4108 | (386) 239-6877 | (386) 239-5955 | 20 | 68-2684 |
| Cape Point Dialysis | 4539 CHIQUITA BLVD S | Cape Coral, FL 33914-6352 | (239) 549-0202 | (239) 549-0345 | 16 | 68-2721 |
| James River Home Dialysis | 13859 VILLAGE PLACE DR | Midlothian, VA 23114-3503 | (804) 378-2170 | (804) 378-2175 | 0 | 49-2733 |
| Kenly Dialysis | 9266 US HIGHWAY 301 S | Kenly, NC 27542-9473 | (919) 284-1714 | (919) 284-0813 | 10 | 34-2753 |
| Stonebrook Dialysis | 14671 W MOUNTAIN VIEW BLVD STE 102 | Surprise, AZ 85374-4840 | (623) 232-3382 | (623) 473-6614 | 21 | 03-2662 |
| Henry Avenue Dialysis | 3232 HENRY AVE | Philadelphia, PA 19129-1241 | (267) 876-4258 | (267) 876-4275 | 13 | 73-2506 |
| Upper Darby Dialysis | 8001 LANSDOWNE AVE | Upper Darby, PA 19082-5407 | (484) 603-3054 | (484) 603-3074 | 17 | 73-2500 |
| Fallbrook Dialysis | 11321 FALLBROOK DR | Houston, TX 77065-4232 | (281) 890-5468 | (281) 807-3715 | 16 | 74-2552 |
| Trafalgar Dialysis | 2500 TRAFALGAR BLVD | Kissimmee, FL 34758-2552 | (407) 343-5124 | (321) 697-5044 | 21 | 68-2698 |
| FAIRBURN PALMETTO DIALYSIS | 501 WALNUT WAY | Palmetto, GA 30268-1800 | (770) 463-2394 | (770) 463-5717 | 17 | 85-2567 |
| Mercedes Dialysis | 1307 CAMERON ST | Mercedes, TX 78570-2625 | (956) 514-2596 | (956) 514-2550 | 21 | 74-2550 |
| Guadalupe Dialysis | 851 BEST DR | Seguin, TX 78155-2424 | (830) 800-8608 | (830) 800-8139 | 25 | 74-2591 |
| Trumbull Dialysis | 7 CAMBRIDGE DR STE 105 | Trumbull, CT 06611-4763 | (203) 371-6592 | (203) 371-6595 | 19 | 07-2557 |
| Montour Dialysis | 300 CEDAR RIDGE DR STE 302 | Pittsburgh, PA 15205-1159 | (412) 960-8240 | (412) 960-8257 | 9 | 73-2503 |
| Duke Street Dialysis | 901 E MAIN ST STE 12 | Palmyra, PA 17078-1923 | (717) 832-1390 | (717) 832-1395 | 13 | 39-2887 |
| Twin Cities Dialysis | 2325 TRINITY BLVD | Texarkana, AR 71854-8406 | (870) 621-3135 | (870) 621-2448 | 25 | 04-2601 |
| Severn River Dialysis | 163 JENNIFER RD STE A | Annapolis, MD 21401-3043 | (410) 224-4302 | (410) 224-4980 | 16 | 21-2743 |
| Arden Dialysis | 2621 HENDERSONVILLE RD | Arden, NC 28704-9226 | (828) 630-1038 | (828) 630-1055 | 14 | 34-2756 |
| Chapman Home Training | 172 N RAYMOND AVE | Fullerton, CA 92831-4610 | (657) 378-6899 | (657) 378-6925 | 0 | 75-2523 |
| Elmora Dialysis | 547 MORRIS AVE | Elizabeth, NJ 07208-1985 | (908) 436-9201 | (908) 436-9206 | 19 | 31-2704 |
| College Hill Dialysis | 1550 GOODMAN AVE | Cincinnati, OH 45224-1005 | (513) 538-3768 | (513) 538-3769 | 17 | 36-2898 |
| Boiling Springs Dialysis | 196 SLOANE GARDEN RD | Boiling Springs, SC 29316-1929 | (864) 814-7395 | (864) 814-7899 | 16 | 42-2684 |
| Riverdale Home Training | 5144 RIVERDALE RD STE 103 | Memphis, TN 38141-0271 | (901) 752-5425 | (901) 752-5516 | 0 | 44-2765 |
| Windermere Dialysis | 3015 THE COMMONS DR | Cumming, GA 30041-9742 | (770) 205-3289 | (770) 205-3988 | 13 | 85-2568 |
| Edens Home Dialysis | 8950 GROSS POINT RD STE 300 | Skokie, IL 60077-1860 | (847) 966-8043 | (847) 966-8087 | 0 | 14-2687 |
| Plainsboro Dialysis | 100 PLAINSBORO RD STE 1A | Plainsboro, NJ 08536-1914 | (609) 275-5550 | (609) 275-5568 | 9 | 31-2667 |
| Lafayette Home Dialysis | 2 EXECUTIVE DR STE B | Lafayette, IN 47905-4878 | (765) 446-0603 | (765) 446-3755 | 0 | 15-2597 |
| Forest Acres Dialysis | 4450 ROSEWOOD DR | Columbia, SC 29209-2629 | (803) 695-3214 | (803) 695-3210 | 12 | 42-2682 |
| San Juan Dialysis | 4525 ROWE AVE | Farmington, NM 87402-3013 | (505) 326-9102 | (505) 326-6633 | 20 | 32-2561 |
| Ogden Dialysis | 6001 W OGDEN AVE | Cicero, IL 60804-3739 | (708) 683-2946 | (708) 683-2965 | 12 | 14-2872 |

# Appendix 3

# Medical Director Agreement

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# MEDICAL DIRECTOR AGREEMENT

## SCHEDULE 1: SELECTED KEY TERMS

This Schedule 1 is attached to and is a part of this Medical Director Agreement

1. **Parties and Notice**:

| Party | Name | Address | Address for Additional Required Copy of Notice |
|---|---|---|---|
| ***Contractor*** | Pacific Kidney & Hypertension, LLC d/b/a Snohomish Kidney Institute | 2707 Colby Avenue,<br>Suite #718<br>Everett, WA 98201 | Copy of notice to:<br>Nephrology Practice Solutions<br>DNP Management, LLC<br>c/o Manager for PK&H<br>2000 16th Street<br>Denver, CO 80202 |
| ***Physicians*** | Katrina Carli, M.D.,<br>Thao Pascual, M.D.,<br>Oliver Tai, M.D.,<br>Noemie Juaire, M.D., and<br>Josef Bautista, M.D. | 2707 Colby Avenue,<br>Suite #718<br>Everett, WA 98201 | |
| ***Company*** | Total Renal Care, Inc. | c/o DaVita Inc.<br>2000 16th Street<br>Denver, CO 80202<br>Attention: Chief Operating Officer | c/o DaVita Inc.<br>2000 16th Street<br>Denver, CO 80202<br>Attention: Group General Counsel |

2. **Center**:

| Name | Number | Address |
|---|---|---|
| Lynnwood Dialysis | #11677 | 13619 Mukilteo Speedway<br>Suite D-1<br>Lynnwood, WA 98087 |

3. **Date of Last Signature:** Shall be considered the date shown in the DocuSign system if used by the parties. If DocuSign is not used by one or more of the parties, the Date of Last Signature of this Agreement shall be the date of last signature of all parties to this Agreement whether through DocuSign or otherwise.

4. **Initial Term**: The Initial Term of this Agreement shall commence on the later of (a) October 24, 2020; or (b) Date of Last Signature ("Commencement Date") and shall continue thereafter for a period of five (5) years (which shall be at least one year from the Commencement Date), unless earlier terminated pursuant to the terms of this Agreement.

5. **Renewal Term**: At the expiration of the Initial Term and each successive Renewal Term, the Term of this Agreement shall be extended automatically for additional one (1) year periods (each, a "Renewal Term") unless a party gives at least one hundred and eighty (180) days' prior written notice of the non-extension of the Initial Term or Renewal Term then in effect, in which case, the Term shall expire and terminate on the last day of the Initial Term or Renewal Term then in effect.

6. **Medical Director**: Katrina Carli, M.D.

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7. **Preapproved Physicians:** Katrina Carli, M.D., Thao Pascual, M.D., Oliver Tai, M.D., Noemie Juaire, M.D., and Josef Bautista, M.D.

8. **Compensation and Modalities**:

| **Center Name** | **Center #** | **ICHD Monthly Comp** | **ICHD Annual Comp** |
|---|---|---|---|
| Lynnwood Dialysis | #11677 | $3,750 | $45,000 |

9. **Non-Competition**:

| **Modality** | **Restricted Area (radius from Center)** | **Restricted Period** |
|---|---|---|
| ***In-Center Hemodialysis and all other Dialysis Services, excluding Peritoneal Dialysis and Home Hemodialysis which shall have the Restricted Area defined below.*** | 20 miles | Date of Last Signature through Termination Date + 2 years |
| ***Peritoneal Dialysis and Home Hemodialysis*** | 30 miles | Date of Last Signature through Termination Date + 2 years |

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# MEDICAL DIRECTOR AGREEMENT

This Medical Director Agreement ("Agreement") is by and among **Total Renal Care, Inc.**, a California corporation ("Company") and **Pacific Kidney & Hypertension, LLC**, an Oregon limited liability company, **d/b/a Snohomish Kidney Institute** ("Group") for the provision of services by Group's employed physicians, **Katrina Carli, M.D., Thao Pascual, M.D., Oliver Tai, M.D., Noemie Juaire, M.D., and Josef Bautista, M.D.** (each, a "Physician" and collectively, "Physicians") (Group and Physicians, collectively, "Contractor"). This Agreement shall be effective as of the Date of Last Signature.

## RECITALS

A. Company is in the business of owning and operating dialysis centers including the center known as "Lynnwood Dialysis", as more particularly described in Schedule 1. Contractor is in the business of rendering medical services through duly licensed physicians who are employed by Group, including the Preapproved Physicians.

B. For clarity, the Physicians are employees of Group and therefore are not authorized to enter into this Agreement individually. This Agreement is between Group and Company. Group agrees to provide the services of each Physician as an employee and agrees that it will appropriately instruct the Medical Director or Preapproved Physicians to meet his or her duties under Exhibit B.

C. During the Term of this Agreement, Company shall provide Medical Director with equipment, materials, facilities, and valuable Confidential Information for the purpose of assisting Medical Director in the performance of Medical Director's obligations and responsibilities under this Agreement.

D. This Agreement contains the respective rights and obligations of the parties hereto and in connection with Medical Director's appointment and role in performing the Services hereunder.

E. Capitalized terms not otherwise defined shall have the meanings set forth in Exhibit A, which is attached to and incorporated in this Agreement.

In consideration of the Recitals, which are incorporated herein, the mutual promises herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

**1. Initial Term and Renewals.** The Term of this Agreement shall be as set forth in Schedule 1. The Agreement shall be renewed as set forth in Schedule 1.

**2. Appointment**.

2.1 Current Appointment. Company engages and hereby appoints Group to provide a Medical Director to the Center, and Group hereby appoints and designates **Katrina Carli, M.D.** to serve as the Medical Director of the Center. Without limiting Group's obligations under this Agreement, Medical Director hereby represents and warrants that he or she meets the Medical Director Qualifications and will perform the Services under this Agreement and will comply with all other requirements specifically applicable to Medical Directors hereunder. Subject to the conditions of Section 2.2, the Preapproved Physicians set forth in Schedule 1 are preapproved by Company to serve as the Medical Director of the Center. During the Term, the Services will be provided only through the named Medical Director (the "Appointment"), and Company hereby approves such appointment and designation. **Katrina Carli, M.D.**

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and each physician who subsequently serves as Medical Director pursuant to this Agreement may be referred to herein as Medical Director. At all times during the Term (as that term is defined in Exhibit A), Group shall provide Services only through **Katrina Carli, M.D.** or any successor physician member of the Group pre-approved by Company ("Preapproved Physicians"), except as otherwise expressly set forth herein. As the Medical Director responsibilities and duties hereunder are to be carried out by a licensed physician who specializes in the treatment of ESRD patients and is experienced in the medical administration of ESRD facilities, all references to Medical Director or Physicians are understood to reflect that such person is acting for and on behalf of Group. Without limiting Group's obligations under this Agreement, each Physician and each successor Medical Director hereby guarantees the performance of the Services under this Agreement. Contractor acknowledges and agrees that, at Company's discretion, additional physicians may provide Medical Director Services at the Center; however, Medical Director or any successor Medical Director shall at all times be the lead Medical Director and shall be responsible for oversight of any other physicians providing Medical Director Services at the Center.

2.2 New Appointments. (i) No more frequently than once during each full year of this Agreement, beginning on the Commencement Date, Group may request appointment of any Preapproved Physician to serve as a successor Medical Director for Center, provided that such Preapproved Physician meets the Medical Director Qualifications, and has practice capacity to provide the Services at Center pursuant to Company's then-current compliance standards, at the time of his/her appointment as a successor Medical Director. (ii) If Group wishes to appoint a physician not listed in Schedule 1 as a Preapproved Physician, such successor Medical Director must meet the Medical Director Qualifications and have practice capacity to provide the Services at Center pursuant to Company's then-current compliance standards, at the time of his/her appointment as such successor Medical Director. Such appointment shall also require Company's consent and the compensation set forth in Schedule 1 shall be subject to modification (see Section 3.2), based on Company's assessment of the fair market value of such physician's qualifications and DaVita's policies and procedures for fair market value medical director compensation. (iii) In either case, Group shall send written notice to the Division Vice President for the division of Company in which Center is located with its request to appoint a successor Medical Director. If such successor is a Preapproved Physician that meets the qualifications above, Company shall memorialize its acceptance in writing and no formal amendment shall be required. If such successor is not a Preapproved Physician, the parties shall enter into an amendment to this Agreement, duly executed by the parties.

## 3. Compensation.

3.1 Compensation Structure. Beginning on the Commencement Date, in regard to the ICHD program, only, Company will pay Group for the performance of the Services the sums set forth in Schedule 1. In the event of any temporary closure of the Center, including an Interruption Event, no payment will be owed for Services from the date the Center closes until it reopens, other than Interruption Services in accordance with Section 13, if any. Company shall only be obligated to compensate Group for Services rendered through the date this Agreement expires or is terminated.

3.2 Adjustment. In the event that Company consents to an appointment of a successor Medical Director, not currently listed on Schedule 1 (not a Preapproved Physician), pursuant to Section 2.2 of this Agreement the compensation set forth in Schedule 1 may be subject to modification based on Company's assessment of the successor Medical Director's qualifications and DaVita's then current policies and procedures for fair market value medical director compensation. Any non-Preapproved Physician appointment change and any change to the compensation based on a non-Preapproved Physician appointment shall be memorialized in an amendment duly executed by the parties, including only those modalities that are applicable. One hundred eighty (180) days prior to the first day of each Renewal Term, the parties shall begin negotiation of any compensation adjustment to be effective at the commencement of

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the Renewal Term; however, if no such agreement can be reached during such 180-day period, and negotiation extends beyond the commencement of the Renewal Term, then any such compensation adjustment, if applicable, will not be effective until such time as the agreement or amendment documenting the revised compensation is fully executed, or the commencement date of such agreement, or amendment, whichever is later, and shall only be paid prospectively for services rendered after that date.

3.3 Payment. Medical Director shall submit an itemized invoice, in a form reasonably acceptable to Company, dated no earlier than the first day of the month following the month in which the Services being invoiced were rendered, to the Division Vice President for the division of Company in which Center is located. Each such invoice must be accompanied by an attestation (signed by the Medical Director or Covering Medical Director), in a form provided by Company, that clearly states the Services were performed and the terms and conditions of this Agreement were fully satisfied by the Medical Director during such month and shall be signed by Medical Director. Company shall review the invoice and pay any amounts not disputed in good faith within thirty (30) days of receipt of such invoice. If any disputed item cannot be resolved by the parties within fifteen (15) days after payment of the undisputed amount, the parties shall submit to the dispute resolution process set forth in Section 14.2 below. Other than an invoice for Interruption Services, Contractor will not submit an invoice during an Interruption Period from the date Center closes until it reopens. Company may deduct from the amount due the fair market value of any Services set forth in Exhibit B not performed by Medical Director in any given month and any other unpaid amounts owed by Group, Medical Director or any physician employee, member or shareholder of Group to Company under this Agreement or any other written agreement among such parties provided that Company shall first provide notice to Group of its intention to deduct such amounts and give Group an opportunity to provide evidence of entitlement to full payment.

3.4 Fair Market Value. The parties agree that the compensation provided under this Agreement has been determined based on arm's-length bargaining between the parties and reflects fair market value for the Services to be furnished by the Medical Director. Furthermore, the compensation is not and has not been determined in a manner that takes into account the volume or value of any referrals or business otherwise generated for or with respect to Center or between the parties for which payment may be made in whole or in part under Medicare, Medicaid, or any federal or state health care program or under any other third party payor program. At the time of any amendment of this Agreement, the parties shall ensure that the compensation paid hereunder continues to reflect Company's internal compliance policies regarding fair market value of the Services being provided and shall adjust compensation as necessary.

## 4. Duties, Responsibilities, and Conditions; Exclusive Use of Center Resources.

4.1 Duties, Responsibilities, and Conditions.

4.1.1 Services. Medical Director shall have the duties and responsibilities set forth in Exhibit B. The Governing Body of Center shall retain ultimate authority and responsibility for the standards of, and procedures and practices for, the care provided by Center. In addition, Medical Director is expected to attend DaVita-sponsored educational meetings from time to time. Expenses associated with attending these educational meetings will be reimbursed in accordance with applicable DaVita policies and the terms of this Agreement. Medical Director shall maintain unrestricted privileges at Center. Medical Director shall be a voting member of the Governing Body. Copies of the Governing Body Bylaws and the Medical Staff Bylaws (together, the "Bylaws") have been or will be made available to Medical Director, prior to the Center opening. In the event of a governmental survey, Medical Director shall be present and participate, or arrange for a duly qualified physician to be present and participate, in assisting and providing the government agent with any requested information.

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4.1.2 Covering Medical Director. In the event of any temporary absences that would prevent Medical Director from meeting the requirements of Exhibit B, Medical Director shall notify the Center administrator in writing in advance of such absences, and Medical Director shall arrange for a Covering Medical Director to perform the Services. Any absence in excess of twenty-one (21) consecutive days or thirty (30) days within any sixty (60) day period shall require Company's prior written consent, which shall not be unreasonably withheld. Each Covering Medical Director shall be deemed to be an agent or employee of Medical Director, and Company shall have no responsibility for compensating the Covering Medical Director or supervising the Covering Medical Director, other than that responsibility retained by the Governing Body of Center under Exhibit B. Each Covering Medical Director shall: (1) meet the Medical Director Qualifications, (2) meet all Company criteria for membership on the Center's medical staff, and (3) be duly approved by the Governing Body of the Center prior to performing Services pursuant to this Agreement. Contractor shall ensure that Covering Medical Director complies with the terms of this Agreement. Once approved, a Covering Medical Director also can provide routine on-call coverage for Medical Director; provided, however, that Covering Medical Director shall give the Center administrator advance notice of Covering Medical Director's on-call schedule and necessary contact information.

4.2 Exclusive Use of Center Resources. The Center and its supplies, equipment, and non-physician employees shall be utilized by Medical Director solely and exclusively for providing the Services. Except as otherwise agreed in advance in a written agreement setting forth the applicable terms and conditions, which complies with applicable regulatory requirements, and which is duly executed by both parties, no portion of the Center, its supplies or equipment, or the time of any Company employee or contractor shall be utilized by Medical Director or any such Related Physician as agreed upon for the general practice of medicine, invoice preparation, or for any other purpose not expressly set forth in this Agreement. Company may deduct from the compensation payable under this Agreement the fair market value of Company space, facilities, supplies, equipment, time of non-physician staff, or any other item or service actually utilized by Medical Director or any Related Physician for the general practice of medicine or for any other purpose not expressly set forth in this Agreement, provided that Company shall first provide notice to Group of its intention to deduct such amounts. Nothing in this Section 4.2 restricts Contractor from generally using the physician plant of the Center for purposes of rounding on its patients.

**5. Compliance**.

5.1 Compliance. The parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable federal, state, and local law, including without limitation the Anti-Kickback Statute, and certify that no party shall violate the Anti-Kickback Statute with respect to the performance of this Agreement. Notwithstanding any unanticipated effect of any of the provisions of this Agreement, neither party will intentionally conduct itself under the terms of this Agreement in a manner that would violate any such law. Contractor, Medical Director and each Covering Medical Director shall comply with and ensure that the Center is operated in accordance with:

(a) the Bylaws and all of Company's and DaVita's Policies and Procedures (as defined below) and the Company's and DaVita's Code of Conduct;

(b) Company's and the community's standards of care;

(c) the requirements of a Medical Director imposed by the Conditions for Coverage Section 42 C.F.R. §494.150 et. seq. as may be amended from time to time;

(d) all clinical initiatives of Company and DaVita and initiatives by DaVita's Office of Chief Medical Officer;

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(e) all Company and DaVita compliance initiatives and initiatives by DaVita's Chief Compliance Officer, including audits, internal reviews, investigations, protocol monitoring documentation programs, education, and other related initiatives;

(f) all applicable laws, regulations and governmental standards relating to licensing, certification, and operation, including without limitation any federal and state ESRD programs, the disclosure requirements and self-referral prohibitions of the Federal Ethics in Patient Referrals Act, 42 U.S.C. §1395nn (known as the "Stark Law") and any applicable state self-referral laws, the anti-fraud and abuse statute, 42 U.S.C. §1320a-7b(b) (known as the "Anti-Kickback Statute") and any applicable state anti-kickback laws; (g) HIPAA, including Privacy and Security Standards;

(h) any other applicable federal and state laws; and

(i) Company's and DaVita's corporate compliance program (including, but not limited to, its HIPAA Policies, Code of Conduct, and Policies and Procedures).

Contractor, Medical Director and each Covering Medical Director shall participate in and complete on an annual basis compliance training (online and otherwise) that Company provides to such parties on an annual basis. The compliance training shall include training on Company policies and procedures designed to ensure compliance with relevant Federal health care program requirements that are applicable to the activities of such parties as required by this Agreement ("Policies and Procedures"), the Company's compliance program, and the Company's Code of Conduct. At least one hour of compliance training will discuss the Anti-Kickback Statute and provide examples of arrangements that potentially implicate the Anti-Kickback Statute. Company shall provide copies of the Policies and Procedures and the Code of Conduct in electronic or hardcopy form as part of the compliance training or in advance of the training.

Contractor, Medical Director and each Covering Medical Director shall certify in writing or electronic form that each party has received, read, understood and shall abide by the Company Code of Conduct and shall complete and return such certification to Company.

Contractor, Medical Director and each Covering Medical Director shall also provide reasonable access to billing documentation, participate in contract and claims audits, and other aspects of Company's and DaVita's compliance program, and, upon request, cooperate and assist during any internal compliance review, investigation, monitoring protocol and/or audit. In addition, Contractor shall enter into and comply with the obligations set forth in the Business Associate Agreement. Contractor and Medical Director shall ensure that all persons who perform Services under this Agreement adhere to the terms of this Section 5 throughout the Term.

5.1.1 Timeliness. Medical Director and any Covering Medical Director must complete the above training (a) within 21 days after the Commencement Date and any approved appointment of a successor Medical Director, and then (b) annually within 90 days of notice and launch of the training each subsequent year of the Term (each, a "Training Deadline"). Group and Medical Director will ensure that any Covering Medical Director who is appointed to serve for greater than 60 consecutive days during the Term completes such training within 30 days of his or her appointment, or in the event of a Covering Medical Director whose appointment was anticipated to be less than 60 days and who serves for 60 consecutive days or longer, such training completed within 30 days of that Medical Director exceeding 60 days of consecutive coverage. Company will send a courtesy reminder, via electronic mail, to Group prior to the Training Deadline to notify Group of the outstanding training requirement. Notwithstanding the foregoing, if a required person fails to complete the required training by the Training Deadline, Company will send written notice to Group and may thereafter, in addition to all other rights and remedies available

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to Company under this Agreement, withhold compensation for Services until such training has been completed. The withholding contemplated under this Section, and any invoice not paid as a result thereof, shall not be considered a disputed invoice under Section 6.3 or a breach of Section 10.2.1, and the notice required under 10.2.3 shall not apply.

5.1.2 Notification. Contractor shall immediately notify DaVita's Chief Compliance Officer of any violation of any applicable law, regulation, third party payor requirement, or breach of Company's or DaVita's compliance program, Code of Conduct, or Policies and Procedures of which Contractor or its employees or agents become aware of during the Term. Contractor shall instruct its employees and agents working in or with Center of this obligation.

5.1.3 Cooperation. Contractor shall cooperate with Company in responding to or resolving any complaint, investigation, inquiry, or review initiated by a governmental agency, Company, or otherwise. Contractor shall cooperate with any insurance company providing coverage to Company in connection with the foregoing. Nothing herein will be deemed to require a waiver of the attorney-client privilege by any party.

5.2 Non-Exclusion.

Contractor and Medical Director represent and warrant to Company that neither Contractor, Medical Director, nor any of their employees, officers, directors, equity owners, or Affiliates engaged to provide Services under this Agreement: (a) is or has been excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b(f), for the provision of items or services for which payment may be made under such federal health care programs and is not currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal procurement or nonprocurement programs; (b) has arranged or contracted (by employment or otherwise) with any employee, contractor, or agent that such party or its Affiliates know or should know is excluded from participation in any federal health care program to provide items or services hereunder; or (c) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

In the event that any of (a)-(c) above has occurred, this Agreement shall, as of the effective date of such exclusion or breach, automatically terminate.

5.2.1 Contractor and Medical Director further represent and warrant to Company that no Final Adverse Action has occurred, is pending or, to Contractor's and Medical Director's knowledge, is threatened against Contractor, Medical Director, Preapproved Physicians, or any of their Affiliates or, to their knowledge, against any employee, contractor, or agent engaged to provide items or services under this Agreement. "Final Adverse Action" shall mean any of the following involving Contractor, Medical Director or any other physician affiliated with Contractor or Medical Director: (a) any final civil judgments in federal or state court related to the delivery of a health care item or service; (b) any federal or state criminal convictions related to the delivery of a health care item or service; (c) any final actions by federal or state agencies responsible for the licensing and certification of health care providers, suppliers, and licensed health care practitioners, including: (1) formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure, or probation; (2) any other temporary or final loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise; (3) any other negative action or finding by such federal or state agency; or (d) exclusion from participation in any federal or state health care programs, being listed as an excluded provider or banned contractor by the United States Department of Health and Human Services Office of Inspector General or United States General Services Administration, or being listed in the Office of Foreign Assets Control's "Specially Designated Nationals

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and Blocked Persons" list. The term "Final Adverse Action" does not include any action or judgment solely with respect to a professional malpractice claim.

5.2.2 During the Term and for a period of six (6) years following the Term, Contractor and Medical Director shall notify Company of (a) any Final Adverse Action or basis for a Final Adverse Action that relates to or arises from actions occurring during the periods prior to and during the Term or relating to the Services, or (b) any complaint, investigation, inquiry, or review by any governmental agency or third party payor relating to or arising from actions occurring during the periods prior to and during the Term or relating to the Services. Such notice shall be provided within two (2) business days of learning of the event giving rise to such notice and shall include a description of the matters at issue.

## 6. Indemnification and Insurance.

6.1. Indemnification. Absent malfeasance or gross negligence by the Medical Director, Company shall indemnify Medical Director and any Covering Medical Director for the provision of Services provided in accordance with the terms of this Agreement. Each party shall be free from all liability and claims for damages from any cause or causes whatsoever arising out of or through the negligence, fraud, or other misconduct of any other party or its respective agents, independent contractors, or employees. Each party hereby covenants and agrees to indemnify, defend, and hold harmless any other party from any and all liability, losses, costs, obligations, and expenses, including reasonable attorneys' fees, which the party may incur as a result of the negligence, fraud, or other misconduct of any other party, or its respective agents or employees, or the breach by any other party of its respective obligations under this Agreement, including but not limited to, breaches of Sections 5, 7, 8, 9, 10, 11, and/or 14.5. In addition to the foregoing, Contractor and/or Medical Director hereby agree to indemnify and defend the other parties for any liability arising from the actions, acts, or omissions of the Medical Director and any Covering Medical Director in providing professional medical services to patients other than in the capacity as Medical Director or Covering Medical Director.

6.2. Insurance.

6.2.1. Company's Coverage. Company shall maintain during the Term, at Company's own expense, general and professional liability insurance with a minimum annual coverage limitation of Two Hundred Fifty Thousand Dollars ($250,000) per occurrence and Seven Hundred Fifty Thousand Dollars ($750,000) in the aggregate, or such higher coverage as may be required by law. Such coverage may be provided through policies obtained from third party insurance carriers or through a program of self-insurance. Within thirty (30) days of a written request from Contractor, Company shall produce documentation substantiating the existence of such insurance. The parties acknowledge and agree that the insurance coverage maintained by Company in accordance with this Section 6.2.1 shall cover Medical Director or any Covering Medical Director for the Services that Medical Director or any Covering Medical Director is providing pursuant to this Agreement, but shall not extend to any claims of professional malpractice against Contractor, Medical Director, Covering Medical Director, any Preapproved Physician, or to any Preapproved Physician's private practice of medicine. Company shall maintain workers' compensation insurance in accordance with statutory limits.

6.2.2. Contractor's Coverage. Contractor shall maintain during the Term, at Contractor's expense, policies of professional and general liability insurance covering Contractor, Medical Director, Preapproved Physicians, and Contractor's employees and agents. Such insurance shall insure against liability for damages caused by the acts or omissions of Contractor, Medical Director, Preapproved Physicians, and employees and agents in the performance of their respective professional practices of medicine. Such coverage shall include, but not be limited to, professional liability insurance with a minimum annual coverage limitation of Two Hundred Fifty Thousand Dollars ($250,000) per occurrence and Seven Hundred Fifty Thousand Dollars ($750,000) in the annual aggregate, or such higher coverage as

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may be required by law. In addition, Contractor shall ensure that each Covering Medical Director (at Covering Medical Director's own expense) maintains the professional and general liability insurance coverage described in this Section 6.2.2. Such policy or policies shall specifically cover Contractor, Medical Director, Preapproved Physicians, or any Covering Medical Director, as applicable, and name Company as an additional insured, if such a provision is allowed by Contractor's or any Covering Medical Director's insurance carrier and such additional insurance coverage is requested by the Company. If requested by Company, Contractor shall provide Company with documentation substantiating the existence of such insurance and, if applicable, the rating of the insurance carrier within thirty (30) days of Company's request. Contractor shall maintain workers' compensation insurance in accordance with statutory limits. Contractor's Coverage shall be with an insurance carrier that maintains an A.M. Best rating of "A-" or higher.

**7. Confidentiality**. Contractor and Physicians acknowledge and agree as follows:

7.1 Limitations on Use and Disclosure of Confidential Information.

7.1.1 No Restricted Person will use Confidential Information for any purpose except as necessary to provide Services or will disclose, Directly or Indirectly, any Confidential Information in any manner whatsoever, in whole or in part, without the prior written consent of Company. Contractor shall ensure that each Restricted Person is aware of and agrees to the limitations on the use and disclosure of Confidential Information set forth in this Section 7. Contractor, Physicians and each other Restricted Person shall promptly notify Company of any breach of this Section 7 which becomes known to such Restricted Person. For the avoidance of doubt, this Section 7 prohibits disclosure of Confidential Information to any third party whether or not permitted by applicable law, regardless of whether the Restricted Person is compensated by such third party. In addition to the foregoing, under no circumstances will any Restricted Person relay any Confidential Information, whether orally or in any form of writing or electronic submission, to (i) any physician affiliated with Contractor or any employee of Contractor who is not providing Services or who has not signed this Agreement or a joinder hereto and (ii) any individual or entity in connection with any ESCO, managed care, outcome based or shared savings arrangement that such Restricted Person is involved in. This includes any Covering Medical Director, who must return any and all Confidential Information in his/her possession upon completion of his/her covering period and such Covering Medical Director may not use the Confidential Information for any other purposes than the covering medical directors services hereunder

7.1.2 If a Restricted Person is requested or required, in connection with any proceeding, to disclose any Confidential Information, such Restricted Person shall give Company prompt notice of such request or requirement so that Company may seek an appropriate protective order or other remedy and/or waive compliance with the provisions of this Section 7, and the Restricted Person will cooperate with Company to obtain such protective order. In the event that such protective order or other remedy is not obtained or Company grants a waiver, the Restricted Person will furnish only that portion of the Confidential Information which, in the written opinion of Company's counsel, is legally required to be disclosed and the Restricted Person will use best efforts to obtain assurances that the information will be treated as confidential. The confidentiality provisions of this Agreement shall be effective as of the Date of Last Signature.

**8. Records**.

8.1 Removal of Records or Charts. Patient records or charts may not be removed from Center premises at any time. Unauthorized removal of said records or failure to immediately return said records after notice shall be a material breach of this Agreement and, in addition to all other legal and/or equitable remedies available to Company, constitute grounds for immediate suspension and/or termination of either

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Medical Director by Company.

8.2 Record Review and Retention.

8.2.1 Each party shall permit, and shall ensure that any subcontractor permits, the United States Department of Health and Human Services and General Accounting Office to review appropriate books and records relating to the performance of this Agreement to the extent required under Section 1861(v)(1)(I) of the Social Security Act, 42 U.S.C. Section 1395x(v)(1)(I), or any successor law or regulation for a period of four (4) years following the Termination Date. The access shall be provided in accordance with the provisions of 42 C.F.R. Part 420, Subpart D.

8.2.2 If Medical Director carries out any of the duties of this Agreement through a subcontract, with a value or cost of Ten Thousand Dollars ($10,000) or more over a twelve (12) month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of the United States Department of Health and Human Services or upon request to the Comptroller General of the United States, or any of their duly authorized representatives, the subcontract, and books, documents, and records of such organization that are necessary to verify the nature and extent of the costs incurred pursuant to such subcontract. In addition, the subcontract shall require the related organization to comply with and be bound by Company's privacy, compliance, and record retention policies.

8.2.3 Contractor and/or Medical Director shall notify Company immediately of the nature and scope of any request for access to books and records described above and shall provide copies of any books, records, or documents to Company prior to the provision of same to any governmental agent to give Company an opportunity to lawfully oppose such production of documents. In addition, Contractor, Physicians, and Medical Director shall indemnify and hold Company harmless from any liability arising out of any refusal by Contractor, Medical Director, or its subcontractors to grant access to books and records as required above. Nothing herein shall be deemed to be a waiver of any applicable privilege (such as attorney-client privilege) by Company.

**9. No Conflicts.**

Each of Contractor, Physicians, and Medical Director represents, warrants, and covenants to Company that, as of the Date of Last Signature and throughout the Term, each Preapproved Physician and/or Medical Director: (a) is not a party to, and shall not become a party to, any other medical director agreement, consulting agreement, or other agreement that would be prohibited under Section 10; (b) is and shall remain under no obligation or commitment, contractual or otherwise, that would prohibit or prevent it, him, or her from entering into or performing under this Agreement; (c) has no financial relationships with any vendors or suppliers of goods or services to providers of Dialysis Services which would cause a breach of Section 10; and (d) is and shall remain free to enter into and perform all of its, his, or her respective duties and obligations under this Agreement. Without limiting the foregoing or any of the provisions of Section 11, during the Term, neither Contractor nor Medical Director shall join any medical practice or permit any other physician to join Contractor or either Medical Director's practice if such affiliation would result in a breach of any of the foregoing representations, warranties, and covenants. Company is entering into this Agreement based upon the representations and warranties of Contractor, Physicians, and/or Medical Director, including the representations and warranties that such **parties** are free to enter into and perform under this Agreement as of the Date of Last Signature and shall remain free to perform under this Agreement from such date through the end of the Term.

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**10. Non-Competition and Non-Solicitation**.

10.1 Non-Competition.

10.1.1 Contractor, Medical Director, and each Preapproved Physician acknowledge that each will be exposed to valuable Confidential Information of Company and will participate at Company's expense in building and maintaining its goodwill with employees, vendors, and others. Contractor, Medical Director, and each Preapproved Physician further agree that Company and Center will suffer serious, irreparable, competitive injury if Contractor, Medical Director, and/or a Preapproved Physician were to engage in any business or activities in competition with Company or Center.

10.1.2 Contractor, Medical Director, and each Preapproved Physician covenant and agree that each shall not during the Restricted Period, Directly or Indirectly, take or prepare to take any action that results in or may reasonably be expected to result in owning (other than as a passive shareholder of less than a 2% interest in a public company), operating, managing, leasing, extending credit to, engaging in or preparing to engage in, being employed by, or otherwise participating in (including, without limitation, as a medical director, contractor, consultant, or employee) Dialysis Services or the business of any Competitor, in the Restricted Area other than in connection with rendering Services under this Agreement or any other agreement with Company or its Affiliates. "Dialysis Services" shall mean all dialysis and renal care services and related services, including but not limited to, hemodialysis, acute dialysis, apheresis services, peritoneal dialysis of any type, staff assisted hemodialysis, dialysis related laboratory and pharmacy services, the provision of home dialysis services and supplies, administration of dialysis-related pharmaceuticals (including, without limitation, EPO, Aranesp, iron supplements, vitamin D supplements, or other products related to the treatment of anemia and secondary hyperparathyroidism) to ESRD patients or to patients treated in an acute care hospital due to temporary kidney failure, and any other service or treatment for persons diagnosed as having ESRD, including any dialysis or renal care service provided in a hospital. The Restricted Period and the Restricted Area are set forth in Schedule 1. All other capitalized terms contained in this Agreement are defined within Exhibit A.

10.1.3 Section 10.1.2 shall not prevent Contractor, Medical Director, or any Preapproved Physician from being employed, engaged, or otherwise affiliated with a subsidiary, division, affiliate, or unit of a company or other business if the subsidiary, division, affiliate, or unit is not engaged in Dialysis Services, irrespective of whether some other subsidiary, division, affiliate, or unit of such entity engages in Dialysis Services (as long as Contractor or such Preapproved Physician does not engage, Directly or Indirectly, in Dialysis Services of such other subsidiary, division, affiliate, or unit).

10.1.4 Section 10.1.2 shall not prevent Contractor, Medical Director, or any Preapproved Physician from engaging in the professional practice of nephrology or prevent a Preapproved Physician from exercising sound, professional medical judgment, including with respect to a patient's right to choose where he or she desires to receive dialysis**.**

10.1.5 For the avoidance of doubt, nothing in this Section 10 shall prohibit Contractor, Medical Director, any Preapproved Physician, or any physician affiliated with Contractor, Medical Director, or any Preapproved Physician, from engaging in managed care contracting as a participating provider of professional services or otherwise so long as such relationship does not (a) provide such party with remuneration related or attributable, Directly or Indirectly, to Dialysis Services, or (b) involve such party contracting with any person or entity that, Directly or Indirectly, is owned, managed, operated or controlled by, or affiliated with any person or entity (other than Company) that provides Dialysis Services.

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10.2. Non-Solicitation. Contractor and Preapproved Physicians further agree that each shall not, during the Restricted Period, Directly or Indirectly, take any action that constitutes, results, or may reasonably be expected to result in:

10.2.1. Soliciting the termination of, diverting, or interfering with any relationship that Company has with any person or entity who is an independent contractor, supplier, or provider to Company; or

10.2.2. Soliciting, inducing, or encouraging any person (who is presently, or within the most recent twelve (12) month period, affiliated with or employed by Company or an Affiliate of Company) to curtail or terminate such person's affiliation or employment with Company or at a Center.

10.3 Interpretation. Nothing in this Agreement shall require any party to this Agreement to treat patients at or refer any patients to Center or any Affiliate of Company, whether during or after the Term.

10.4 Modification. If any restriction contained in this Section 10 is held by any court to be unenforceable or unreasonable as a matter of law as to time, geographic area, or business limitation, the parties agree that such restriction shall be and hereby is reformed to the maximum time, geographic area, or business limitation permitted by applicable laws and that any court of proper jurisdiction may issue all orders necessary to accomplish such reformation.

10.5 Necessary and Reasonable. The parties acknowledge that the restrictions set forth in this Section 10 are reasonable and necessary to protect the legitimate business interests of Company, including but not limited to Company's interest in protecting its Confidential Information and its investment in the development of goodwill at Center, and that Company would not have entered into this Agreement in the absence of such restrictions.

10.6 Joinder. Contractor and Medical Director shall ensure that each person who is a Related Physician as of the date hereof and who is not a signatory to this Agreement has executed a Joinder as of the Date of Last Signature. Contractor and Medical Director shall ensure that each person who becomes a Related Physician during the Term or during the Restricted Period executes the Joinder upon becoming a Related Physician. Contractor shall notify Company promptly of new Related Physicians so that compliance with the joinder process may be monitored. The parties agree that Company shall not process any application by a Related Physician for credentials to join the medical staff of Center until such Related Physician executes the Joinder.

10.7 Notice. Contractor and Medical Director shall immediately provide notice to Company of any direct or indirect attempt by any person or entity to solicit or induce Contractor, Medical Director and/or any Related Physician to breach this Section 10 or to take any action that could reasonably be construed or interpreted to be a breach of this Section 10.

**11. Assignment**.

11.1. No Assignment. Contractor and Physicians shall not Directly or Indirectly assign or otherwise transfer this Agreement, or any rights, obligations, or interest in this Agreement without the prior written consent of Company, which may be withheld in Company's sole discretion. Upon any assignment, Contractor and Physicians shall continue to be bound by those provisions which survive termination, including but not limited to Sections 5, 6, 7, 8, 10, 11, 14.2, and 14.3, after such assignment is completed and upon the agreement by the transferee, in writing, to assume all of the transferring party's obligations under this Agreement, except as noted herein where a Related Physician whose relationship or affiliation

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with the Contractor ends prior to the Agreement terminating and his or her Restricted Period ends on the second anniversary after such affiliation with the Contractor ends..

11.2. No Series of Transactions. In the event that Contractor or any of the Physicians or Preapproved Physicians desire to sell, transfer or issue more than fifty percent (50%) of the equity or other interest in Contractor, or to sell or transfer fifty percent (50%) or more of the assets of Contractor, whether in a single transaction or series of related transactions, Contractor shall provide Company with notice at least one hundred eighty (180) days prior to such sale. Company may, in its sole discretion, terminate this Agreement at any time within such one hundred eighty (180) day period. In the event that Contractor fails to provide Company with such one hundred eighty (180) days' notice, Company shall have the right to terminate this Agreement upon learning of such transfer or proposed transfer, and to seek such other remedies as may be available in law or equity.

11.3. No Subcontracting. Contractor and Physicians shall not subcontract to provide Services under this Agreement without the prior written consent of Company, which may be withheld in Company's sole discretion.

11.4. Company's Right to Assign. Company shall be permitted, without the consent of Contractor or Physicians, to assign or otherwise transfer this Agreement or any of its rights hereunder.

**12. Termination**. This Agreement shall be terminated upon the expiration of the Term or as provided in this Section 12.

12.1 Termination by Contractor. Contractor may terminate this Agreement prior to expiration of the Initial Term or any Renewal Term upon notice to Company specifying the Termination Date, for any of the following reasons:

12.1.1 A failure by Company to pay any undisputed compensation due under this Agreement within thirty (30) days of Company's receipt of notice from Contractor or a Medical Director.

12.1.2 Upon the revocation of Center's Medicare certification provided that Contractor and Medical Director provide Company thirty (30) days' advance notice detailing the problems resulting in such revocation, unless such problems are cured within such thirty (30) day period, or such longer period as Company may determine in its sole discretion is appropriate, or unless such revocation is due in whole or in part to acts or omissions of Contractor or a Medical Director.

12.1.3 Any other material breach of this Agreement by Company, provided that Contractor and Medical Director provide Company thirty (30) days' advance notice detailing such breach and such breach is not cured within such thirty (30) day period or, if Company is actively engaged in attempting to cure such breach and such breach cannot reasonably be cured in thirty (30) days, then Company shall have such longer period as is reasonably required to cure the breach.

12.1.4 Upon the filing of a case by or against Company under the Bankruptcy Code which is not stayed or terminated within thirty (30) days or upon the dissolution of Contractor and/or Physicians' medical practice.

12.1.5 Upon the exclusion of Company from any federal healthcare program, as defined under 42 U.S.C. §1320a-7b(f), provided that Contractor or Medical Director provide Company thirty (30) days' advance notice, unless such problems are cured within such thirty (30) day period, or such longer period as Contractor or Medical Director may determine in its sole discretion is appropriate, or unless such exclusion is due in whole or in part to acts or omissions of Contractor or a Medical Director.

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12.2 Termination by Company. Company may terminate this Agreement prior to expiration of the Initial Term or any Renewal Term upon notice to Contractor and/or Physicians and Medical Director, specifying the Termination Date, for any of the following reasons:

12.2.1 For Misconduct. "Misconduct" means the occurrence of any of the following:

(a) Misconduct of either a personal or professional nature, including, without limitation, violation of the Bylaws or any applicable laws or regulations, or Company's or DaVita's policies or procedures, by a Medical Director or a Covering Medical Director, which in Company's reasonable opinion interferes with a Medical Director's or Contractor's ability to fulfill their obligations under this Agreement directly or through said Medical Director or a Covering Medical Director, unless with respect to such misconduct by a Medical Director or a Covering Medical Director, Contractor immediately removes such physician and appoints another Preapproved Physician or other qualified replacement approved by Company in its sole discretion;

(b) the revocation or suspension of any medical license of a Medical Director or a Covering Medical Director, or the restriction or elimination of practice privileges of a Medical Director or a Covering Medical Director at the Center for any reason set forth in the Bylaws and other rules for practice privileges at the Center, or the restriction or elimination of privileges of a Medical Director or a Covering Medical Director at any hospital for any reason related to the quality of the patient care provided by a Medical Director or said Covering Medical Director, unless Contractor immediately removes such physician and appoints another Preapproved Physician or other qualified replacement approved by Company in its sole discretion;

(c) any felony charge, indictment, or conviction of a Medical Director or a Covering Medical Director, or any charge, indictment, or conviction involving moral turpitude of a Medical Director or a Covering Medical Director, unless Contractor immediately removes such physician and appoints another Preapproved Physician or other qualified replacement approved by Company in its sole discretion;

(d) any failure by a Medical Director or a Covering Medical Director to correct other acts or omissions which, in Company's reasonable opinion, interfere with the normal conduct of Center's operations in accordance with Company's or DaVita's policies and procedures, including endangering patient care or interfering with teammate welfare, unless Contractor immediately removes such physician and appoints another Preapproved Physician or other qualified replacement approved by Company in its sole discretion;

(e) as contemplated in Section 8, the unauthorized removal of records from Center by a Medical Director, a Covering Medical Director, or any of Contractor's other agents or employees or other noncompliance with Section 8;

(f) the unlawful alteration or falsification of the Center's records;

(g) the failure of Contractor, a Medical Director or a Covering Medical Director to secure or maintain the insurance required under Section 6;

(h) the failure of a Medical Director to comply with Section 8.1;

(i) upon the breach or threatened breach of Section 10;

(j) upon an unauthorized assignment of this Agreement by Contractor, Physicians, and/or a Medical Director in violation of Section 11; or

(k) upon the occurrence of a Final Adverse Action.

12.2.2 Upon the death or disability of a Medical Director. Upon the death of the Preapproved Physician serving as a Medical Director and Contractor's failure to immediately appoint a Covering Medical Director and thereafter permanently name another Preapproved Physician within thirty

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(30) days after such Physician's death or upon the occurrence of a disability of a permanent nature which, in the reasonable opinion of a physician appointed by Company, would interfere with Medical Director's ability to serve in the capacity of a Medical Director, unless Contractor immediately removes such disabled physician and appoints a Covering Medical Director, and thereafter designates a Preapproved Physician within thirty (30) days after determination of disability. Either Medical Director shall notify Company at the onset of any such disability, provided, however, that Medical Director's failure to do so shall not deprive Company of its rights under this Section 12.2.2.

12.2.3 Upon Contractor's, Physicians', and/or a Medical Director's failure to cause a Covering Medical Director to cease performing duties as permitted under this Agreement within fifteen (15) days of notice from Company detailing Company's concerns with a Covering Medical Director's performance unless Contractor and the Medical Director address such concerns to Company's satisfaction before the end of such fifteen (15) day period.

12.2.4 Upon the dissolution of Contractor and/or Physicians' medical practice or upon**,** appointment of a receiver or custodian to take possession of all or any material part of the assets of Contractor, Physicians, and/or Medical Director, a general assignment by Contractor, Physicians or Medical Director for the benefit of Contractor, Physicians, or a Medical Director's creditors, or the filing of a case by or against Contractor, Physicians, or a Medical Director under the Bankruptcy Code which is not stayed or terminated within thirty (30) days.

12.2.5 In the event of any other material breach of this Agreement by Contractor, Physicians, or a Medical Director or a Covering Medical Director, provided that Company provides Contractor, Physicians, and/or Medical Director thirty (30) days' advance notice detailing such breach and such breach is not cured to the satisfaction of Company, in its sole discretion, within such thirty (30) day period or, if Contractor or Physicians or Medical Director is actively attempting to cure such breach and such cure cannot reasonably be accomplished within said thirty (30) day period, then such longer period as Company may determine in its sole discretion is appropriate.

12.2.6 In the event that a Medical Director is absent from Center for any reason for more than twenty-one (21) consecutive days or for more than thirty (30) days within any sixty (60) day period without the prior approval of Company; or Medical Director's residence or clinical office is not within a reasonable proximity of Center as determined by Company to ensure Medical Director maintains "On Call" availability and access to Center employees, patients and clinical needs.

12.2.7 In the event that either Medical Director fails to comply with Section 13.2.

12.2.8 Upon the termination of Center's business.

12.2.9 In the event that Company does not reopen or relocate Center following an Interruption Event, Company shall terminate this Agreement upon thirty (30) days' prior notice to Contractor and/or Physicians**.**

12.3 Remedies. Upon termination by Contractor or Medical Director pursuant to Sections 12.1.1 and 12.1.3, Contractor and/or Medical Director shall be entitled to pursue such legal or equitable remedies as may be available to them to collect their actual and consequential damages suffered as a result thereof. Upon termination by Company pursuant to Sections 12.2.1 through 12.2.7, Company shall be entitled to pursue such legal or equitable remedies as may be available to it to collect its actual and consequential damages suffered as a result thereof.

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12.4 Relocation of Center. A Relocation of Center during the Term of this Agreement shall not result in termination of this Agreement.

12.5 Termination Due to a Regulatory Event. Notwithstanding any other provision in this Agreement, Company or Contractor may terminate this Agreement upon the occurrence of a Regulatory Event if such Regulatory Event cannot be corrected after each party has made a good faith effort to do so within ten (10) days after notice thereof by a party. Termination under this Section 12.5 shall be effective immediately upon the expiration of such ten (10) day period. "Regulatory Event" means the occurrence of any of the following: (a) the performance by a party hereto of any term, covenant, condition, or provision of this Agreement that (1) jeopardizes the certification of Center by or under any federal or state ESRD program, or by or under any other regulatory program; (2) is or, in the reasonable opinion of a party's counsel will become, illegal or in violation of any statute, regulation, or ordinance; or (3) does or, in the reasonable opinion of either party's counsel will, result in a reduction in or elimination of the amount or the rate of reimbursement paid to the Center from the Medicare program, any Medicaid program, or any other third party payor program, whether governmental or non-governmental; or (b) the enactment of legislation or issuance of regulations or interpretations thereof, by the federal government or the state government in which Center is located, or the issuance of judicial orders or decrees or governmental ruling or opinion, or any change in the rules and regulations of any third party payment program, or any other similar event which in the reasonable judgment of either party's counsel adversely impacts the operations of the Center or requires Company to divest itself of interests in investments such as the Center or which would result in a reduction in or elimination of the amount of or rate of reimbursement to the Center from the Medicare program or any state Medicaid program or any other third-party payor program, whether governmental or non-governmental.

12.6 Consequences of Termination/Expiration, and Termination of a Preapproved Physician's Relationship with Contractor.

Upon any termination of this Agreement, the appointment shall terminate and all obligations of Company to Contractor and Medical Director shall immediately terminate, including without limitation all obligations to compensate Contractor or Medical Director for Services after the Termination Date except where noted herein where a Related Physician whose relationship or affiliation with the Contractor ends prior to the Agreement terminating and his or her Restricted Period ends on the 2nd Anniversary after such affiliation with the Contractor ends. Upon any such termination or expiration, Company shall have no further liability or obligation to Contractor or Medical Director of any kind in connection with this Agreement or any relationship established hereby. Upon any such termination or expiration of this Agreement, Contractor's and Medical Director' obligations which are intended to survive the termination of this Agreement, including but not limited to those in Sections 5, 6, 7, 8, 10, 11, 14.2, and 14.3, shall survive. If Contractor's employment of a Preapproved Physician serving as a Medical Director terminates (regardless of the reason for such termination) at any time during the Term, such Preapproved Physician's obligations which are intended to survive the termination of this Agreement, including but not limited to those in Sections 5, 6, 7, 8, 10, 11, 14.2, and 14.3, shall survive as set forth herein.

12.7 Termination within First Year. If this Agreement is terminated for any reason within one (1) year of the Commencement Date, then, prior to the first anniversary of the Commencement Date, Company, Contractor, Physicians and Medical Director will not enter into any agreement with each other for the same or similar Services at Center.

**13. Force Majeure; Interruption Event.**

13.1 Force Majeure. In the event that any party is prevented from performing or is unable to perform any of its obligations under this Agreement due to any act of God, fire, casualty, flood, earthquake,

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war, strike, lockout, epidemic, destruction of Center, riot, insurrection, material unavailability, or any other cause beyond the reasonable control of the party invoking this Section, and if such party shall have used commercially reasonable efforts to mitigate its effects, such party shall give prompt notice to the other party, its performance shall be excused, and the time for the performance shall be extended for the period of delay or inability to perform due to such occurrences.

13.2 Interruption Event. Notwithstanding Section 13.1, in the event of an Interruption Event at any time during the Term and if Company intends to reopen or relocate Center, until such time as Center can be reopened or relocated (the "Interruption Period"), Company may require that Medical Director provide services that Company deems necessary or helpful for Center's reopening or relocation and for Center patients and teammates.

13.3 Compensation Adjustment. The compensation to be paid to Medical Director during the Interruption Period shall be adjusted to reflect the fair market value of the services provided during the Interruption Period and to ensure that it continues to be consistent with Company's then-current policies and procedures for medical director compensation following an Interruption Event.

13.4 Time Sheets. During the Interruption Period, Medical Director shall submit a time sheet on the first day of each month with the invoice described in Section 3. The time sheet shall include a description of services provided and the days and hours worked by Medical Director during the previous month. Hours worked means actual hours worked. Company shall reimburse Medical Director for any reasonable, pre-authorized/pre-approved out-of-pocket expenses incurred by Medical Director in the course of performing services during the Interruption Period if in compliance with the requirements of Company's then-current applicable policies.

## 14. Miscellaneous

14.1 Governing Law. This Agreement shall be governed by the laws of the State of Washington, without regard to the conflict of laws principles thereof.

14.2 Dispute Resolution. Except for alleged breaches of Sections 7, 8, 9, and 10, any dispute between or among the parties shall be resolved as provided in this Section 14. Nothing in this section shall limit or delay a party's termination rights.

14.2.1 Informal Resolution. Notice of the dispute shall be delivered from one party to the other parties and, thereafter, the parties' business representatives shall meet in person and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the time the notice of such dispute is received by the other party.

14.2.2 Resolution Through Mediation. If a dispute is not resolved pursuant to Section 14.2.1 above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 14.2.1 above, attempt to settle such dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Health Lawyers' Association in the State of Washington shall administer the mediation. In the event that the mediation does not resolve the dispute, the parties shall be entitled to seek any and all available legal remedies.

14.3 Injunctive Relief. The parties acknowledge that the breach or threatened breach of this Agreement, including, without limitation, Sections 6 through 10 and Section 13, would cause irreparable injury to the injured party that could not be adequately compensated by money damages. Accordingly, the injured party shall be entitled to obtain from any court of competent jurisdiction a restraining order and/or

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injunction prohibiting a breach or threatened breach of the provisions of this Agreement, in addition to any other legal or equitable remedies that may be available. In the event a party seeks such injunctive or other relief with respect to a violation of this Agreement by another party, the injured party will be entitled to recover the costs of such action, including but not limited to reasonable attorney's fees. The Company agrees and acknowledges it will not enforce any injunctive relief or restraining orders with regard to Section 11.

14.4 Notice. All notices shall be in writing and shall be addressed to each receiving party at the addresses set forth in Schedule 1 and shall be (a) delivered by hand or electronic mail (confirmed by overnight courier), (b) sent by recognized overnight courier, or (c) sent by certified mail, return receipt requested, postage prepaid. Notices shall be deemed effective as follows: (a) if by hand, when delivered; (b) if by overnight courier, on the next business day; (b) if by certified mail, on the fifth business day.

14.5 Independent Contractor. At all times during the performance of any Services hereunder, Medical Director shall be acting and discharging Medical Director' duties and responsibilities as an employee or equity owner of Contractor, and Contractor shall at all times during the Term be acting and discharging its duties as an independent contractor of Company. Company will provide all applicable tax documents to Contractor and will not withhold any local, state, or federal employment taxes on Contractor's behalf. Contractor shall be responsible for paying all taxes due on all amounts paid to it under this Agreement, and for paying all local, state, and federal employment taxes, including unemployment insurance, social security taxes, and local, state, and federal withholding taxes for all employees of Contractor. Contractor shall indemnify and hold Company harmless from any failure to pay such taxes, including any interest and penalties assessed against Company. If any taxing authority asserts that Contractor is not an independent contractor under this Agreement, the parties shall cooperate in addressing such assertion. Neither Contractor nor any Preapproved Physician shall be considered an employee of Company for any purpose, including for purposes of any Company employment policy or employment benefit plan, or be entitled to any benefits under any such policy or benefit plan. Except as expressly set forth in this Agreement or as may be required by applicable law, Company shall neither have nor exercise any control or direction over the methods by which any Medical Director shall perform the duties hereunder, nor shall Company control how any Medical Director's duties are accomplished, except that such duties shall be performed as required by this Agreement.

14.6 Waivers; Severable Provisions; Headings.

14.6.1 Waivers. The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

14.6.2 Severable Provisions. The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in that jurisdiction.

14.6.3 Headings. The headings in this Agreement are for convenience and reference only and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

14.7 Agreement Collectively Prepared by Parties. Each party to this Agreement (a) has participated in the preparation of this Agreement, (b) has read and understands this Agreement, and (c) has been represented by counsel of its own choice (if such party so selects) in the negotiation and preparation

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of this Agreement. Each party represents that this Agreement is executed voluntarily and should not be construed against any party hereto solely because it drafted all or a portion hereof.

14.8 Entire Agreement; Binding Effect. This Agreement constitutes the entire agreement among the parties with respect to the subject matter hereof and supersedes all other agreements, either written or oral, among the parties (including, without limitation, any prior agreement among Contractor, Medical Director, Physicians and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof. This Agreement may be amended only by a writing that is executed by all of the parties. Subject to Section 11, this Agreement shall be binding upon and shall inure to the benefit of the parties and their respective successors, assigns, heirs, executors and legal representatives. Renewals of this Agreement may be effected by a writing which sets forth the Renewal Term and compensation during such Renewal Term and is signed by the parties.

14.9 Counterparts; Approval by DaVita as to Form.

14.9.1 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. Facsimile or electronic signature shall be permitted, except where prohibited by law.

14.9.2 Approval by DaVita as to Form. The parties acknowledge and agree that this Agreement shall be legally binding upon the parties only upon full execution hereof by the parties and by DaVita as to the form hereof; however, DaVita's signature as to form will not be considered when calculating the Date of Last Signature as it is not a party hereto.

14.10 Incorporation of Exhibits and Schedules; Priority in Event of a Conflict.

14.10.1 The Exhibits and Schedules attached to this Agreement are incorporated into this Agreement by reference.

14.10.2 In the event of a conflict between the Exhibits, Schedules, and this Agreement, priority of control shall be as follows: Schedule 1; this Agreement; Exhibit A; and other Exhibits and Schedules.

[SIGNATURES FOLLOW]

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IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered as of the Date of Last Signature as defined in Schedule 1.

**COMPANY:**

TOTAL RENAL CARE, INC., a California corporation:

DocuSigned by:
Jennie Funk
271A79028B9F4E1...
By: Jennie Funk
Its: Division Vice President
Date: October 11, 2020

**GROUP:**

PACIFIC KIDNEY & HYPERTENSION, LLC, an Oregon limited liability company, d/b/a SNOHOMISH KIDNEY INSTITUTE

DocuSigned by:
Thao T. Pascual, M.D.
By: Thao T. Pascual, M.D.
Its: Member & Manager
Date: October 7, 2020

**PHYSICIANS:**

**(The below are executing this Agreement solely as employees of Pacific Kidney & Hypertension, LLC. They are not executing this Agreement as individuals.)**

DocuSigned by:
Katrina Carli, M.D.
Name: Katrina Carli, M.D.
Date: October 7, 2020

DocuSigned by:
Thao T. Pascual, M.D.
Name: Thao Pascual, M.D.
Date: October 7, 2020

DocuSigned by:
Oliver Tai, M.D.
Name: Oliver Tai, M.D.
Date: October 8, 2020

DocuSigned by:
Noemie Juaire, M.D.
Name: Noemie Juaire, M.D.
Date: October 11, 2020

[signatures are continued on following page]

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[signatures are continued from previous page]

DocuSigned by:
Josef Bautista, M.D.
086349E7A58D4EE...

Name: Josef Bautista, M.D.
Date: October 7, 2020

**APPROVED AS TO FORM:**

On behalf of Pacific Kidney & Hypertension, LLC d/b/a Snohomish Kidney Institute

DocuSigned by:
Erica M. Waxman
By: _____
Erica Waxman, Assistant General Counsel
Nephrology Practice Solutions

**APPROVED AS TO FORM:**
DAVITA INC.

DocuSigned by:
Doyna V. Ballew
By: _____
By: Doyna V. Ballew
Its: Assistant General Counsel

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# EXHIBIT A

# DEFINITIONS

The terms below shall have the meanings below for the purposes of the Agreement:

| TERM | DEFINITION |
|---|---|
| **Affiliate** | A person or entity that directly, or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with a person or entity or who has the power to direct or cause the direction of the management of a person or entity, whether through voting rights, ownership, by contract, or otherwise. Affiliate also includes any combination of persons or entities that meet the definition of a "Controlled Group of Corporations," as defined in 26 U.S.C. § 1563(a), "two or more trades or business under common control," as defined in 26 CFR 1.414(c), or an "Affiliated Service Group," as defined in 26 U.S.C. § 414(m). |
| **Agreement** | This Medical Director Agreement, including all incorporated schedules and exhibits. |
| **BAA** | The Business Associate Agreement effective as of the date contained therein. |
| **Bylaws** | The Governing Body Bylaws and the Medical Staff Bylaws. |
| **Center** | The facility identified as such in Schedule 1.<br><br>Center also shall include the applicable programs identified in Schedule 1. |
| **CMS** | The Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. |
| **Commencement Date** | The date identified as such in Schedule 1. |
| **Company** | The entity identified as such in Schedule 1. |
| **Competitor** | Any person, clinic, corporation, partnership, management services organization, proprietorship, independent practice association, firm, entity, or association which engages in or derives any economic benefit from, or is preparing to engage in or derive any economic benefit from, the business of providing, offering, arranging, or subcontracting Dialysis Services. |
| **Conditions for Coverage** | The Medicare Conditions for Coverage for End-Stage Renal Disease Facilities at 42 C.F.R. Part 494, as amended from time to time. |
| **Confidential Information** | Confidential or proprietary information or trade secrets including (a) any information, in whatever form, relating directly or indirectly to the business of Center, Company or any Affiliate of Company, whether prepared by Company or by any other person, that is, has been, or will be made available to Restricted Persons; (b) the medical and other identifying information, in whatever form, of any patient currently receiving treatment or having previously received treatment at Center, which is compiled by, obtained by, or furnished to any of the Restricted Persons in the course of performing services hereunder; (c) specialized training materials and information to assist Medical Director in the performance of the Services including, but not limited to, information and training in Company's pricing structures and guidelines for the services it provides, Company's cost structure (including, without limitation, profits and margins) for the services it provides, Company's methods of operating, Company's methods, strategies, and specific operating techniques related to integrated kidney care, managed care, or related areas, and Company's products and marketing techniques and strategies, Internet strategies, plans, and business models; (d) shift patterns; (e) commercial insurance information; and (f) any of the terms of this Agreement, including without limitation the compensation payable under the Agreement.<br><br>Confidential Information does not include (a) any information that is or becomes generally available to the public other than as a direct or indirect result of the disclosure of any of such information by any Restricted Person; (b) any information that becomes available to a Restricted Person from a source other than Company, provided that such source is not bound by any contractual or other obligation of confidentiality to Company or any other person with respect |

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| | |
|---|---|
| | to any of such information; or (c) any information previously known to Medical Director, provided such information was not subject to protection by a separate agreement with Company or any Affiliate of Company, and subject to Medical Director's patient privacy and security obligations under Section 5 of this Agreement, and as set forth in the BAA. |
| **Contractor** | The medical practice employing the Medical Director and identified as such in Schedule 1. |
| **Covering Medical Director** | A physician who performs Services pursuant to Section 4.1.2 in the event of a temporary absence of the Medical Director. |
| **Date of Last Signature** | "Date of Last Signature" shall be defined as set forth in Schedule 1. |
| **DaVita** | DaVita Inc., Company's parent company. |
| **Dialysis Services** | "Dialysis Services" shall be defined as set forth in Section 10.1.2. |
| **Directly or Indirectly** | Any and all activities undertaken by, through or on behalf of Contractor, Physicians, Preapproved Physicians, and/or any of their Affiliates, and any and all entities with respect to which Contractor, Physicians, Preapproved Physicians, and/or any of their Affiliates serves as a contractor, agent, employee, or representative or has a direct or indirect financial interest. |
| **ESCO** | An abbreviation for End Stage Renal Disease Seamless Care Organization. |
| **ESRD** | An abbreviation for End Stage Renal Disease that means the stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life, which definition is set forth in 42 C.F.R. Section 405.2102. To the extent such regulation is changed or amended, ESRD shall have the meaning set forth in the amended regulation or any successor regulation. |
| **Final Adverse Action** | "Final Adverse Action" shall be defined as set forth in Section 5.2.1. |
| **Governing Body** | The governing body of Center as set forth in Center's Medical Staff Bylaws. |
| **HIPAA** | The Health Insurance Portability and Accountability Act of 1996, and its related regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations, all as may be amended from time to time, including by the future issuance of regulations and guidance by the United States Department of Health and Human Services. |
| **HIPAA Policies** | DaVita's health information privacy and security policies and procedures, as currently in effect and as updated from time to time. |
| **Initial Term** | The period identified as such in Schedule 1. |
| **Interruption Event** | The temporary closure of Center or destruction of Center or a reduction or interruption in Center services due to any force majeure described in Section 13. |
| **Interruption Period** | The time period following such Interruption Event until such time as Center is reopened or relocated. |
| **Joinder** | The Joinder to the Medical Director Agreement, the form of which is set forth at Exhibit C. |
| **Medical Director** | A Preapproved Physician duly appointed in accordance with this Agreement to serve as the Medical Director for Center. |
| **Medical Director Qualifications** | The following qualifications: (a) be qualified and licensed to practice medicine in the state in which the Center is located; (b) be board-certified by either the American Board of Internal Medicine ("ABIM") or the American Osteopathic Association ("AOA") or such other board-certification entities as approved by Company in writing, in one or more of nephrology, pediatrics, or internal medicine, or to have received a waiver that the certification is not needed and such waiver is approved by Company; (c) have completed a board-approved training program in nephrology; (d) specialize in the treatment of individuals with ESRD; (e) have at least twelve (12) consecutive months of experience or training in the care of patients at ESRD facilities immediately preceding the Commencement Date; and (f) be experienced in the medical administration of ESRD facilities. |
| **Misconduct** | "Misconduct" shall be defined as set forth in Section 12.2.1. |
| **PHI** | Protected Health Information, including but not limited to electronic Protected Health Information as defined in HIPAA. |
| **Physicians** | The individuals designated as such in Schedule 1. |

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| | |
|---|---|
| **Policies and Procedures** | "Policies and Procedures" shall be defined as set forth in Section 5.1. |
| **Preapproved Physicians** | The specific physicians, including the Medical Director, named on Schedule 1, as may be updated from time to time in an amendment signed by the parties. |
| **Regulatory Event** | "Regulatory Event" shall be defined as set forth in Section 12.5. |
| **Related Physician** | Any physician who is employed by or engaged in medical practice with Group, Medical Director, a Preapproved Physician or any Affiliate thereof, or who is a shareholder, partner, member, or other equity holder of Group, Medical Director, Preapproved Physicians, such medical practice, or Affiliate of any of the foregoing. |
| **Relocation** | The closure of Center and the physical relocation of substantially all staff of Center to another center that is not a then-existing center operated under the same Medicare provider number as the closed Center. |
| **Renewal Term** | The period identified as such in Schedule 1. |
| **Restricted Area** | The area set forth as such in Schedule 1. |
| **Restricted Period** | The period from the Date of Last Signature through the time period set forth in Schedule 1; provided, however, that with respect to any Related Physician who ceases to be a Related Physician during the Term, the Restricted Period shall end on the second anniversary of the date on which such Related Physician ceases to be a Related Physician. |
| **Restricted Person** | Contractor, Physicians, Medical Director, Preapproved Physicians, any Covering Medical Director, any Affiliate of Contractor, Physicians, or Medical Director, or any of their respective agents, independent contractors, or employees who receive or have access to Confidential Information. |
| **Services** | The duties and responsibilities set forth in Exhibit B, together with all other services to be provided by Medical Director under this Agreement. |
| **Term** | The period during which this Agreement is in effect, and which shall consist of the Initial Term and any and all Renewal Terms through the date on which the Agreement expires due to non-renewal or is terminated in accordance with the terms of this Agreement. |
| **Termination Date** | The date on which this Agreement terminates, whether such termination occurs as a result of the expiration of the Term due to non-renewal or otherwise under the terms of this Agreement. |

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# EXHIBIT B

## MEDICAL DIRECTORS' DUTIES

### SUMMARY OF DUTIES FOR A MEDICAL DIRECTOR OF AN IN-CENTER DAVITA DIALYSIS FACILITY

**Training, Certification, Credentialing & Privileges**

- ☐ Completed board approved training in nephrology (unless specific waiver received)
- ☐ Completed 12 months of experience or training in end stage renal disease (ESRD)
- ☐ Licensed to practice in the state where Center is located
- ☐ Maintain CMS-recognized Board certification in nephrology or pediatric nephrology, or internal medicine
- ☐ Maintain current credentials and privileges at Center and unrestricted staff privileges at a healthcare provider (e.g. hospital) providing acute hospitalization and back-up to patients of Center

**Availability**

- ☐ Be "on call" 24/7 to respond to emergencies
- ☐ Arrange for a Covering Medical Director when unavailable

**Company Meetings and Committees**

- ☐ Actively participate in meetings, education sessions and events as required by Company.
- ☐ Attend administrative meetings with Facility Administrator, ROD or DVP.

**Center Clinical & Professional Leadership**

- ☐ Promote DaVita's Medical Staff Bylaws, safe working environment, compliance with laws, regulations, and DaVita policies & procedures
- ☐ Be accountable for associate medical directors, if any
- ☐ Assure attendance by all attending physician at monthly patient care meetings (Interdisciplinary Team meetings)
- ☐ Attend and serve as a member and clinical leader of all planned and *ad hoc* Governing Body ("GB") meetings
- ☐ Be accountable to GB for quality and safety of medical care provided

**Policies and Procedures**

- ☐ Participate in development, implementation, review and approval of (and adherence by Center providers to) all Center policies and procedures including, but not limited to, those addressing:

– Patient admission, discharge and transfer, rights and confidentiality, and care
– Quality assessment and performance improvement
– Infection control and safety
– Documentation maintenance and retention
– Center staff education, training and performance

**Patient Admission**

- ☐ Review patient summaries for new patient admissions in a timely fashion
- ☐ Confirm patients have initial dialysis prescriptions, orders, baseline physical and nursing assessments
- ☐ Confirm patients can be safely treated at Center prior to dialysis treatment

**Patient Discharge and Transfers**

- ☐ Direct interdisciplinary team ("IDT") in management of patients with disruptive behavior
- ☐ Address issues of non-compliance with patient's attending physician
- ☐ Review, approve, and sign each involuntary patient discharge or transfer

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**Patient Rights and Confidentiality and Patient Care**

- ☐ Confirm Center maintains an internal grievance mechanism that is communicated to patients
- ☐ Review all patient grievances during FHM
- ☐ Provide general oversight and responsibility of all patient care, outcomes and safety including that the water system will produce AAMI quality water

**Quality Assessment and Performance Improvement (QAPI)**

- ☐ Actively oversee, lead and participate in the Center's monthly Facility Health Meeting ("FHM")
- ☐ Lead quality and process improvement activities at Center

**Oversight of Integrated Care Initiatives**

- ☐ Actively oversee, lead and participate in the Company's Integrated Care initiatives, protocol, policies and procedures including, but not limited, to:
  - Cost of Care Reduction
  - Re-hospitalization avoidance
  - Managed Care Initiatives

**Infection Control**

- ☐ Review infectious disease data monthly (e.g. during FHM)
- ☐ Review and sign water culture and *Limulus amebocyte lysate* test results monthly (e.g. during FHM)
- ☐ Conduct and document investigations into infectious disease outbreaks and drug resistant organisms

**Safety**

- ☐ Provide general oversight for safety activities at Center
- ☐ Work with Center staff to monitor potential safety issues at Center

**Physical Environment**

- ☐ Work with Center staff to maintain a safe treatment environment (including emergency equipment, dialysis machines and equipment, the water treatment system and dialyzer reprocessing equipment)
- ☐ Assure there is a process for the general oversight of maintenance

**Documentation Maintenance and Retention**

- ☐ Direct Center staff to document thoroughly and accurately every incident of non-compliance
- ☐ Assure all patient medical records are current and maintained in accordance with Center's policies and procedures, Medical Staff Bylaws and applicable regulations

**Center Staff Education, Training and Performance**

- ☐ Assure Center staff members receive the appropriate education and training to competently perform their job responsibilities
- ☐ Review and attest to Center staff competency files at least quarterly for existing staff and upon completion of training for new hires.
- ☐ Participate in Center's and Company's education and in-service programs.
- ☐ Oversee appropriate orientation of medical staff (e.g. attending physicians) and other providers, to Center policies and procedures, clinical benchmarks, guidelines, protocols, and quality processes
- ☐ Review privilege requests and credentialing files and assure maintenance of privileges at local hospitals by medical staff.
- ☐ Counsel in-person or in-writing any member of the medical staff not complying with Medical Staff Bylaws or meeting Company and DaVita performance standards and requirements
- ☐ Act in coordination with Company, the Physician Council, the Credentialing and Peer Review Committee, DaVita's Office of Chief Medical Officer ("OCMO"), Facility Administrator and GB in matters of concern to Center, and participate in the medical staff peer review process as provided for in the Medical Staff Bylaws

**Protection of Confidential Information and Goodwill**

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- ☐ Assure that the Confidential Information and the goodwill associated with Center's and Company's relationships with patients, employees, vendors, consultants and others, are protected and preserved to the maximum extent possible.

**Compliance with Conditions for Coverage, Laws, and DaVita's Compliance Programs**

- ☐ Perform any duties required to be in compliance with *42 C.F.R. Part 494 Medicare Conditions for Coverage for End-Stage Renal Disease Facilities*, other applicable laws and regulations, DaVita's Code of Conduct, Medical Staff Bylaws, Company's and DaVita's compliance program, initiatives, policies, training, and Privacy & Security Standards
- ☐ Participate in interviews with Medicare Surveyors to clarify any issues regarding Center and staff's practices related, but not limited, to infection control, water and dialysate, dialyzer reprocessing of hemodialyzers and bloodlines, and governance.
- ☐ Review survey reports, both internal and external, and participate as needed in Plans of Correction.

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*SAMPLE ONLY – DO NOT SIGN*

**EXHIBIT C**

**SAMPLE JOINDER**

**JOINDER TO MEDICAL DIRECTOR AGREEMENT**

This joinder ("Joinder") is made as of the last date of signature by a party hereto (the "Effective Date"), by and among the undersigned. Reference is made to the Medical Director Agreement, dated October 11, 2020, 20__ (the "Agreement"), by and among **Total Renal Care, Inc.**, a California corporation ("Company"), **Pacific Kidney & Hypertension, LLC**, an Oregon limited liability company, **d/b/a Snohomish Kidney Institute** ("Group"), and **Katrina Carli, M.D., Thao Pascual, M.D., Oliver Tai, M.D., Noemie Juaire, M.D., and Josef Bautista, M.D.** (each, a "Physician" and collectively, "Physicians") (Group and Physicians, collectively, "Contractor"), relating to the free-standing dialysis center known as "Lynnwood Dialysis" and which is located at 13619 Mukilteo Speedway, Suite D-1, Lynnwood, WA 98087 ("Center").

The undersigned acknowledges that he/she is or will become a Related Physician (as that term is defined in the Agreement and receives and will receive compensation and benefits from such employment or equity ownership. Therefore, and as a condition of his/her status as a Related Physician, the undersigned agrees with and guarantees to Contractor that the undersigned shall abide by the terms and conditions of the Agreement, as such may be amended over time, including without limitation the non-competition and non-solicitation covenants contained in Section 10 of the Agreement.

The undersigned further acknowledges that Company has entered into the Agreement in reliance on the assurance, as reflected in Section 10.6 of the Agreement, that the undersigned shall execute this Joinder and abide by the terms and conditions of the Agreement, including without limitation the non-competition and non-solicitation covenants contained in Section 10 of the Agreement.

In the event the undersigned ceases to be a Related Physician during the Term of the Agreement, the Restricted Period called for in the Agreement shall end on the second anniversary of the date on which such Related Physician ceases to be a Related Physician. The non-compete restrictions shall not extend beyond the second anniversary of the physician leaving the Contractor or affiliation therewith in the event [he/she] leaves the Contractor or affiliation therewith before the Agreement expires or is terminated.

The undersigned agrees that Company will be a direct third party beneficiary of the covenants made in this Joinder and entitled to enforce the provisions of this Joinder, including without limitation the non-competition and non-solicitation covenants contained in Section 10 of the Agreement.

The undersigned further acknowledges that the Agreement may from time to time be amended by the Company and Contractor and agrees that he or she shall be bound by any such amendment in the same manner and to the same extent as if he or she had signed such amendment.

[SIGNATURES FOLLOW]

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***SAMPLE ONLY – DO NOT SIGN***

IN WITNESS WHEREOF, the undersigned have executed this Joinder as of Effective Date.

***SPECIMEN - DO NOT SIGN***

_____, M.D.
By: _____
Date: _____

**GROUP:**

PACIFIC KIDNEY & HYPERTENSION, LLC, an Oregon limited liability company, d/b/a SNOHOMISH KIDNEY INSTITUTE

***SPECIMEN - DO NOT SIGN***
By: _____
Name: _____
Title: _____
Date: _____

SAMPLE

Acknowledged:

**COMPANY:**

TOTAL RENAL CARE, INC., a California Corporation

***SPECIMEN - DO NOT SIGN***

_____
By: _____
Its: _____
Date: _____

SAMPLE

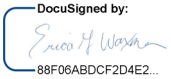
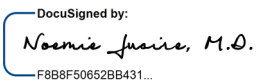
## Certificate Of Completion

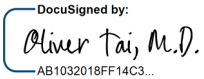
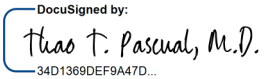
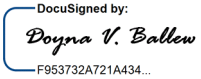
Envelope Id: F5C46FDB1A624212A1D930115ED635BD
Status: Completed
Subject: Please DocuSign: (WA) Lynnwood MDA w-Pacific Kidney  Hypertension dba Snohomish Kidney Institut...
Source Envelope:
Document Pages: 30
Signatures: 9
Certificate Pages: 6
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Envelope Originator:
Kathy Hill
2000 16th Street
Denver, CO  80202
kathy.hill@davita.com
IP Address: 71.206.103.123

## Record Tracking

Status: Original
10/7/2020 8:42:59 AM
Holder: Kathy Hill
kathy.hill@davita.com
Location: DocuSign

| Signer Events | Signature | Timestamp |
|---|---|---|
| Erica Waxman<br>erica.waxman@davita.com<br>Group General Counsel<br>DaVita Inc.<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>  <br>88F06ABDCF2D4E2...<br><br>Signature Adoption: Uploaded Signature Image<br>Using IP Address: 73.243.231.184 | Sent: 10/7/2020 9:56:28 AM<br>Viewed: 10/7/2020 9:57:14 AM<br>Signed: 10/7/2020 9:58:07 AM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 11/6/2017 4:29:43 PM<br>ID: 6641108b-f1bc-4313-a4cd-eccc7f5188d2 | | |
| Josef Bautista, M.D.<br>josef.Bautista@davita.com<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br> <br>086349F7A56D4EF...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 174.204.72.130<br>Signed using mobile | Sent: 10/7/2020 9:56:27 AM<br>Viewed: 10/7/2020 11:26:46 AM<br>Signed: 10/7/2020 11:27:10 AM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 10/7/2020 11:26:46 AM<br>ID: 05f9c570-f118-4441-be0b-ad9a0bfb43fd | | |
| Katrina Carli, M.D.<br>katrina.carli@davita.com<br>MD<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br> <br>00E954B6C9D74D5...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 50.208.213.41 | Sent: 10/7/2020 9:56:27 AM<br>Viewed: 10/7/2020 10:24:59 AM<br>Signed: 10/7/2020 3:43:26 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 10/7/2020 10:24:59 AM<br>ID: 40bd384a-e911-4838-b67d-31862c001fb6 | | |
| Noemie Juaire, M.D.<br>noemie.juaire@davita.com<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>  <br>F8B8F50652BB431...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 174.246.0.128<br>Signed using mobile | Sent: 10/7/2020 9:56:27 AM<br>Viewed: 10/11/2020 4:30:46 PM<br>Signed: 10/11/2020 4:31:38 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 10/11/2020 4:30:46 PM<br>ID: 6bb95f30-e583-423f-9a25-88d8c476963f | | |

| Signer Events | Signature | Timestamp |
|---|---|---|
| Oliver Tai, M.D.<br>oliver.tai@davita.com<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>  <br>AB1032018FF14C3...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 50.199.7.241 | Sent: 10/7/2020 9:56:27 AM<br>Viewed: 10/8/2020 12:05:26 PM<br>Signed: 10/8/2020 12:08:24 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 10/8/2020 12:05:26 PM<br>ID: 1e61084e-d11e-4f12-8001-87690cd55a6f | | |
| Thao T. Pascual, M.D.<br>Thao.pascual@davita.com<br>CMO, NPS<br>Nephrology Practice Solutions<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>  <br>34D1369DEF9A47D...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 174.246.19.247<br>Signed using mobile | Sent: 10/7/2020 9:56:27 AM<br>Viewed: 10/7/2020 9:23:10 PM<br>Signed: 10/7/2020 9:23:55 PM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 10/7/2020 9:23:10 PM<br>ID: 0d6db798-b3aa-46e3-b909-e4bff8a8c94b | | |
| Jennie Funk<br>jennie.funk@davita.com<br>Divison VP<br>DaVita, Inc.<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br> <br>271A79026B9F4F1...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 97.126.10.227 | Sent: 10/11/2020 4:31:44 PM<br>Viewed: 10/11/2020 6:17:53 PM<br>Signed: 10/11/2020 6:18:00 PM |
| **Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | | |
| Doyna V. Ballew<br>doyna.ballew@davita.com<br>Assistant General Counsel<br>Security Level: Email, Account Authentication (None) | DocuSigned by:<br>  <br>F953732A721A434...<br>Signature Adoption: Pre-selected Style<br>Using IP Address: 76.171.97.175 | Sent: 10/11/2020 6:18:05 PM<br>Viewed: 10/12/2020 8:20:10 AM<br>Signed: 10/12/2020 8:20:15 AM |
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| Editor Delivery Events | Status | Timestamp |
|---|---|---|

| Agent Delivery Events | Status | Timestamp |
|---|---|---|

| Intermediary Delivery Events | Status | Timestamp |
|---|---|---|

| Certified Delivery Events | Status | Timestamp |
|---|---|---|

| Carbon Copy Events | Status | Timestamp |
|---|---|---|
| Compliance Training<br>Compliance.training@davita.com<br>Security Level: Email, Account Authentication (None) | COPIED | Sent: 10/12/2020 8:20:21 AM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 11/25/2015 1:19:29 PM<br>ID: bea3cc2a-45e4-4db3-b0cd-27371f4838cd | | |

| Carbon Copy Events | Status | Timestamp |
|---|---|---|
| Medical Director Fees<br>Medical.DirectorFees@davita.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Accepted: 4/5/2016 12:33:39 PM<br>ID: 42911c8b-4f80-48e0-9501-3a6855fd2c0c | COPIED | Sent: 10/12/2020 8:20:21 AM |
| TQQC<br>tqqc@davita.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 10/12/2020 8:20:21 AM |

| Witness Events | Signature | Timestamp |
|---|---|---|

| Notary Events | Signature | Timestamp |
|---|---|---|

| Envelope Summary Events | Status | Timestamps |
|---|---|---|
| Envelope Sent | Hashed/Encrypted | 10/12/2020 8:20:21 AM |
| Certified Delivered | Security Checked | 10/12/2020 8:20:21 AM |
| Signing Complete | Security Checked | 10/12/2020 8:20:21 AM |
| Completed | Security Checked | 10/12/2020 8:20:21 AM |

| Payment Events | Status | Timestamps |
|---|---|---|

| Electronic Record and Signature Disclosure |
|---|

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From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact DaVita:**
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: emily.briggs@davita.com

**To advise DaVita of your new e-mail address**
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from DaVita**
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with DaVita**
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

| | |
|---|---|
| Operating Systems: | Windows2000? or WindowsXP? |
| Browsers (for SENDERS): | Internet Explorer 6.0? or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | •Allow per session cookies<br>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection |

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

# Appendix 4

# Patients by Zip Code

**Not Applicable to this Application**

# Appendix 5

# Letter of Intent

August 25, 2022

Via Email

Certificate of Need Program
Washington State Department of Health
Attn: Eric Hernandez, Program Manager
PO Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez:

Total Renal Care, Inc., a subsidiary of DaVita Inc. (hereafter "DaVita"), hereby submits a letter of intent to maintain the additional chair capacity operated at DaVita Lynnwood Dialysis under the waivers in Proclamation 20-36. DaVita intends to come into compliance by submitting a Special Circumstances Cycle 2 application for a Certificate of Need to expand DaVita Parkland Dialysis by one (1) Certificate of Need-approved station in the Snohomish County ESRD Planning Area Three (hereafter "Snohomish III"). In accordance with WAC 246-310-080, 246-310-806, and COVID waiver guidance, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to expand DaVita Lynnwood Dialysis by one (1) station, creating a five (5) station plus one (1) Certificate of Need-exempt isolation station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

DaVita's capital expenditure associated with this project is estimated to be $15,000.

Description of the Service Area:

The service area will be the Snohomish III ESRD Planning Area.

Patient Transition Plan:

We expect approximately six patients will be impacted by the loss of the waivers at this facility. If the CN application is denied, DaVita will pursue three options that will have the least disruption to the continuity of care for the patients that are currently served at Lynnwood Dialysis with the excess capacity provided under the waivers:

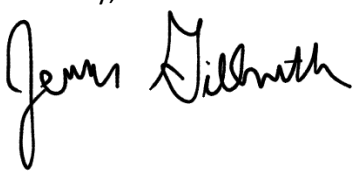
1. Transfer the patient to another DaVita facility in the planning area with CN-approved capacity, such as DaVita Mill Creek.
2. Explore the patient's ability to continue treatment under the home-centered peritoneal dialysis program that is available at Mill Creek Dialysis.

3. Transfer the patient to another facility in the planning area with CN-approved capacity, such as PSKC South Mountlake Terrace.

If none of these three options are available, the patients must be admitted to a nearby hospital to receive the necessary care.

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

Sincerely,



Jenna Gilbreath
Director – Special Projects
DaVita, Inc.

September 27, 2022

Via Email

Certificate of Need Program
Washington State Department of Health
Attn: Eric Hernandez, Program Manager
PO Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez:

Total Renal Care, Inc., a subsidiary of DaVita Inc. (hereafter "DaVita"), hereby submits a letter of intent for Special Circumstances Cycle 2 to apply for a Certificate of Need to expand the DaVita Lynnwood Dialysis by one (1) Certificate of Need-approved station in the Snohomish County ESRD Planning Area Three (hereafter "Snohomish III"). In accordance with WAC 246-310-080 and 246-310-806, the following information is provided:

A Description of the Services Proposed:

DaVita proposes to expand DaVita Lynnwood Dialysis by one (1) station, creating a five (5) station plus one (1) Certificate of Need-exempt isolation station dialysis facility that will provide and support in-center hemodialysis.

Estimated Cost of the Proposed Project:

DaVita's capital expenditure associated with this project is estimated to be **$6,258.**

Description of the Service Area:

The service area will be the Snohomish III ESRD Planning Area.

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

Sincerely,

Jenna Gilbreath
Director – Special Projects
DaVita, Inc.

# Appendix 6

# Operational and Financial Commitment Letter

DaVita.

March 21, 2022

Via Email

Certificate of Need Program
Washington State Department of Health
Attn: Eric Hernandez, Program Manager
PO Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez:

DaVita, Inc. is planning new projects for the Washington State area. The DaVita, Inc. Board of Directors has authorized management to make strategic investments in operations throughout the United States. The estimated capital expenditure for each project is outlined in a project specific capital expenditure summary and pro forma submitted with each Certificate of Need application. Each project will be funded with cash on hand that has been generated through operations. The capital expenditure is not an advance or loan and none of the parent company's debt will be assigned to the facility at any point after the project is complete.

As the Chief Operating Officer – Kidney Care for DaVita, Inc., I have the authority to both authorize individual Certificate of Need applications and commit DaVita to long-term lease agreements, consistent with the investment policies and financial controls that have been established for the corporation.

DaVita has authorized its Special Projects Director responsible for Washington State to submit Certificate of Need applications in that State.

Sincerely,

Michael Staffieri
Chief Operating Office – Kidney Care
DaVita, Inc.

1-303-876-6007 office
1-866-309-3548 fax

# Appendix 7

# Credentialed Staff

# Lynnwood Dialysis

| Teammate Name | Position | License Number |
|---|---|---|
| Ashley Cullen | PCT | HT61153992 |
| Dana Webb | PCT | HT61108717 |
| Brenda Agasen | PCT | HT61344124 |
| Gwenito Macalinao | RN | RN61048083 |
| Chris Rolph | RN | RN60975472 |
| Paige Evans | Dietitian | DI855528 |
| Jeslen Floyd | MSW | SC61225211 |
| | | |
| | | |
| | | |
| | | |

# Appendix 8

# Historical & Current Financials

## Historical Income Statement

*For the nine months ended on September 30, 2022*

***DaVita Lynnwood Dialysis***

| | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|
| | *Totals* | | | |
| | FY19 | FY20 | FY21 | FY22 Forecast (Ann.) |
| **Treatments:** | | | | |
| Chronic | 712 | 1,428 | 2,564 | 3,112 |
| PD | 0 | 0 | 0 | 0 |
| Home Hemo | 0 | 0 | 0 | 0 |
| **Total Treatments** | 712 | 1,428 | 2,564 | 3,112 |
| | | | | |
| **Revenue:** | | | | |
| Patient Revenue | $185,350 | $404,172 | $823,172 | $1,352,251 |
| **Total Gross Revenue** | **185,350** | **404,172** | **823,172** | **1,352,251** |
| Bad Debt | $7,414 | $16,167 | $32,927 | $54,090 |
| Charitable Care | $2,410 | $5,254 | $10,701 | $17,579 |
| **Total Net Revenue** | **175,527** | **382,750** | **779,544** | **1,280,582** |
| | | | | |
| **Expenses:** | | | | |
| Salaries & Wages | $204,541 | $236,678 | $272,981 | $316,758 |
| Employee Non-Base Pay, Benefits & Taxes | $100,317 | $101,018 | $105,349 | $122,244 |
| **Total Salaries, Wages & Benefits** | **304,858** | **337,696** | **378,330** | **439,002** |
| Medical Supplies | $36,117 | $56,211 | $119,905 | $156,486 |
| Medical Director | $45,000 | $45,000 | $45,000 | $45,000 |
| Other Medical (i.e., Lab Tests) | $6,616 | $13,228 | $28,625 | $32,261 |
| Utilities | $22,328 | $27,404 | $28,285 | $37,731 |
| Repairs & Maintenance | $35,702 | $43,462 | $51,092 | $78,607 |
| Ancillary Expense | $5,191 | $46,402 | $45,196 | $69,256 |
| Other Direct Expenses | $28,844 | $52,661 | $71,514 | $56,756 |
| Depreciation | $204,705 | $212,352 | $202,349 | $202,349 |
| Base Rent | $ 107,398.38 | $ 109,546.32 | $ 111,737.22 | $ 113,971.98 |
| Tax & CAM | $ 35,778 | $ 29,905 | $ 41,107 | $ 41,107 |
| **Total Other Operating Expenses** | **527,680** | **636,170** | **744,811** | **833,525** |
| **Total Direct Expenses** | **832,538** | **973,866** | **1,123,141** | **1,272,527** |
| | | | | |
| **Pre-G&A EBIT** | **(657,011)** | **(591,116)** | **(343,596)** | **8,055** |
| G&A Allocation | $18,181 | $38,618 | $67,189 | $84,158 |
| | | | | |
| **EBIT** | **(675,192)** | **(629,734)** | **(410,785)** | **(76,103)** |

# Appendix 9

# Detailed Projected Operating Statement (Pro Forma)

Pro-Forma Operating Statement

**DaVita Lynnwood Dialysis**

| | Partial 2023 Jan-Feb | Partial 2023 Mar-Dec | Full Year 2024 | Full Year 2025 | Full Year 2026 |
|---|---|---|---|---|---|
| Total Stations (end of the year - excludes CON-exempt iso station) | 4 | 5 | 5 | 5 | 5 |
| Total Shifts | 6 | 6 | 6 | 6 | 6 |
| Total Chronic Capacity (end of period) | 24 | 30 | 30 | 30 | 30 |
| Total Chronic Patients (end of the period) | 25 | 25 | 25 | 25 | 26 |
| *% of Capacity* | *104.2%* | *83.3%* | *83.3%* | *83.3%* | *86.7%* |
| Average Annual Chronic Patients (avg of beginning & end of period) | 24.5 | 25.0 | 25.0 | 25.0 | 25.5 |
| Total Chronic Treatments | 605 | 3,088 | 3,705 | 3,705 | 3,779 |
| Total Home Patients (end of the period) | 0 | 0 | 0 | 0 | 0 |
| Average Annual Home Patients (avg of beginning & end of period) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Home Treatments | 0 | 0 | 0 | 0 | 0 |
| Total Patients (avg of beginning & end of period) | 24.5 | 25.0 | 25.0 | 25.0 | 25.5 |
| Total Treatments | 605 | 3,088 | 3,705 | 3,705 | 3,779 |

| | | | | | |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Patient Revenue | $ 262,938 | $ 1,341,519 | $ 1,609,823 | $ 1,609,823 | $ 1,642,019 |
| **Total Gross Revenue** | **$ 262,938** | **$ 1,341,519** | **$ 1,609,823** | **$ 1,609,823** | **$ 1,642,019** |
| Bad Debt | $ 10,518 | $ 53,661 | $ 64,393 | $ 64,393 | $ 65,681 |
| Charitable Care | $ 3,418 | $ 17,440 | $ 20,928 | $ 20,928 | $ 21,346 |
| **Total Net Revenue** | **$ 249,002** | **$ 1,270,418** | **$ 1,524,502** | **$ 1,524,502** | **$ 1,554,992** |
| **Expenses** | | | | | |
| Salaries & Wages | $ 58,795 | $ 300,638 | $ 360,766 | $ 360,766 | $ 367,248 |
| Employee Benefits, Taxes & Non-Base | $ 22,690 | $ 116,023 | $ 139,227 | $ 139,227 | $ 141,729 |
| **Total Salaries, Wages & Benefits** | **$ 81,486** | **$ 416,661** | **$ 499,993** | **$ 499,993** | **$ 508,977** |
| Medical Supplies | $ 30,428 | $ 155,244 | $ 186,293 | $ 186,293 | $ 190,019 |
| Medical Director | $ 7,500 | $ 37,500 | $ 45,000 | $ 45,000 | $ 45,000 |
| Other Medical (i.e., Lab Tests) | $ 6,273 | $ 32,005 | $ 38,406 | $ 38,406 | $ 39,174 |
| Utilities | $ 7,337 | $ 37,431 | $ 44,918 | $ 44,918 | $ 45,816 |
| Repairs & Maintenance | $ 15,285 | $ 77,983 | $ 93,580 | $ 93,580 | $ 95,452 |
| Ancillary Expense | $ 13,466 | $ 68,706 | $ 82,447 | $ 82,447 | $ 84,096 |
| Other Direct Expenses | $ 11,036 | $ 56,306 | $ 67,567 | $ 67,567 | $ 68,918 |
| Depreciation | $ 33,844 | $ 169,575 | $ 203,585 | $ 203,585 | $ 203,585 |
| Base Rent | $ 19,183 | $ 97,068 | $ 118,577 | $ 120,948 | $ 123,367 |
| Tax & CAM | $ 6,851 | $ 34,256 | $ 41,107 | $ 41,107 | $ 41,107 |
| **Total Other Operating Expenses** | **$ 151,203** | **$ 766,075** | **$ 921,480** | **$ 923,851** | **$ 936,535** |
| **Total Direct Expenses** | **$ 232,688** | **$ 1,182,736** | **$ 1,421,473** | **$ 1,423,845** | **$ 1,445,512** |
| **Pre-G&A EBIT** | **$ 16,314** | **$ 87,682** | **$ 103,029** | **$ 100,657** | **$ 109,480** |
| G&A Allocation | $ 15,858 | $ 80,907 | $ 97,088 | $ 97,088 | $ 99,030 |
| EBIT | $ 456 | $ 6,775 | $ 5,940 | $ 3,569 | $ 10,450 |

# Assumptions:

**First Full Year:** 2024, based on a first patient date in March 2023 at the expanded facility.

**Total Stations**: CON Approved stations. One CON-exempt isolation station is also included in driving relevant category calculations (bio-med FTE, overall facility depreciation).

**Total Chronic Capacity**: 6 shift capacity of CON-approved stations is assumed to be 100% utilization.

**Patient Census Projections:** Census projections are based on a 5-year projection of planning area patients using a regression of 5 years historical data and DaVita's own experience and expertise. This is the same trend line (based on the Department's methodology as applied through 2026), but extended out through the projection period to project planning area census throughout. DaVita uses projected planning area census, existing planning area capacity, and additional market and experiential knowledge to project new facility census.

**Charity Care:** estimated at 1.3% of gross revenue, consistent with DaVita's historical experience.

**Bad Debt:** estimated at 4% of gross revenue, consistent with DaVita's historical experience

**Total Treatments:** Total Treatment Volume is assumed to be based on average yearly census, a 5% missed treatment rate consistent with DaVita's own experience and expertise, and three treatments weekly for 52 weeks per year.

**Revenue per treatment:** No inflation is applied to revenue per treatment, which is based on 2022 YTD for the facility and its payer mix.

**General expenses**: Based on cost per treatment for 2022 YTD for the facility by category. This excludes lease expenses (noted below), depreciation expense (based on projected capital expenditures and existing depreciation), medical director expense (noted below), and labor costs (noted below).

This also excludes G&A Allocation expense categories which is based on the last full calendar year available for the facility(2021).

**Cost inflation**: DaVita does not assume inflation in any expense category except where otherwise noted – no current contract cost increases are known except where otherwise noted, and thus are not included.

**Medical Director Expense:** based on contracted, known expenses in latest medical director agreement that runs through the extent of the three-year projection window.

**Lease Expense:** base rent for the projection period is directly pulled from page 5 of the lease contract. Tax and CAM are based on the last full calendar year (2021) for this facility, estimated at $41,107 per year.

**Labor Assumptions:** Based on safe, fair, and efficient staffing ratios for projected census and required staff type. Benefits, taxes, and non-base pay are assumed at a rate of 38.59% of base salaries and wages based on 2021 data for the facility. No inflation is assumed.

# Appendix 10

# Audited Financial

# Statement SEC 10k – 2019,

# 2020, 2021

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**Washington, D.C. 20549**

# FORM 10-K

**ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
**For the Fiscal Year Ended December 31, 2019**
**or**

**TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
**For the transition period from _____ to _____**
**Commission File Number: 1-14106**

# DAVITA INC.

(Exact name of registrant as specified in charter)

| **Delaware** | **51-0354549** |
|---|---|
| **(State of incorporation)** | **(I.R.S. Employer Identification No.)** |

**2000 16th Street**
**Denver, CO 80202**
**Telephone number (720) 631-2100**

**Securities registered pursuant to Section 12(b) of the Act:**

| **Title of each class:** | **Trading symbol(s):** | **Name of each exchange on which registered:** |
|---|---|---|
| **Common Stock, $0.001 par value** | **DVA** | **New York Stock Exchange** |

**Securities registered pursuant to Section 12(g) of the Act:**
**None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act:

| | |
|---|---|
| Large accelerated filer ☒ | Accelerated filer ☐ |
| Non-accelerated filer ☐ | Smaller reporting company |
| | Emerging growth company |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No ☒

As of June 28, 2019, the aggregate market value of the Registrant's common stock outstanding held by non-affiliates based upon the closing price on the New York Stock Exchange was approximately $9.3 billion.

As of January 31, 2020, the number of shares of the Registrant's common stock outstanding was approximately 125.6 million shares.

**Documents incorporated by reference**

Portions of the Registrant's proxy statement for its 2020 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

**DAVITA INC.**
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## PART I

### Item 1. Business

*Unless otherwise indicated in this Annual Report on Form 10-K "DaVita", "the Company" "we", "us", "our" and other similar terms refer to DaVita Inc. and its consolidated subsidiaries. Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports filed or furnished pursuant to section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended, are made available free of charge through our website, located at http://www.davita.com, as soon as reasonably practicable after the reports are filed with or furnished to the Securities and Exchange Commission (SEC). The SEC also maintains a website at http://www.sec.gov where these reports and other information about us can be obtained. The contents of our website are not incorporated by reference into this report.*

**Overview of DaVita Inc.**

DaVita is a leading healthcare provider focused on transforming care delivery to improve quality of life for patients globally. Incorporated as a Delaware corporation in 1994, we are one of the largest providers of kidney care services in the U.S. and have been a leader in clinical quality and innovation for over 20 years. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and moving toward integrated care offerings. Over the years, we have established a value-based culture with a philosophy of caring that is focused on both our patients and teammates. This culture and philosophy fuel our continuous drive towards achieving our mission to be the provider, partner and employer of choice and fulfilling our vision to "build the greatest healthcare community the world has ever seen."

The loss of kidney function is normally irreversible. Kidney failure is typically caused by Type I and Type II diabetes, hypertension, polycystic kidney disease, long-term autoimmune attack on the kidneys and prolonged urinary tract obstruction. End stage renal disease or end stage kidney disease (ESRD or ESKD) is the stage of advanced kidney impairment that requires continued dialysis treatments or a kidney transplant to sustain life. Dialysis is the removal of toxins, fluids and salt from the blood of patients by artificial means. Patients suffering from ESRD generally require dialysis at least three times a week for the rest of their lives.

Our U.S. dialysis and related lab services (U.S. dialysis) business treats patients with chronic kidney failure and ESRD in the United States, and is our largest line of business. As of December 31, 2019, we provided dialysis and administrative services and related laboratory services throughout the U.S. via a network of 2,753 outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 206,900 patients and provided acute inpatient dialysis services in approximately 900 hospitals. Our robust platform to deliver kidney care services also includes established nephrology and payor relationships as well as home programs. In addition, as of December 31, 2019, we provided dialysis and administrative services to a total of 259 outpatient dialysis centers located in ten countries outside of the U.S., serving approximately 28,700 patients. The Company also consists of our ancillary services and strategic initiatives, which include the aforementioned international operations (collectively, our ancillary services), as well as our corporate administrative support.

Our patient-centric care model leverages our platform of kidney care services to maximize patient choice in both models and modalities of care. We believe that the flexibility we offer coupled with a focus on comprehensive kidney care supports our commitments to help improve clinical outcomes and quality of life for our patients. For the seventh consecutive year, we are an industry leader in the Centers for Medicare & Medicaid Services' (CMS) Quality Incentive Program (QIP), which promotes high quality services in outpatient dialysis facilities treating patients with ESRD. We are also an industry leader for the sixth consecutive year under CMS' Five-Star Quality Rating system, which rates eligible dialysis centers based on the quality of outcomes to help patients, their families, and caregivers make more informed decisions about where patients receive care. In addition, we are an industry leader for the total number of patients in home-based dialysis services.

Our quality clinical outcomes are driven by our experienced and knowledgeable teammates. We employ registered nurses, licensed practical or vocational nurses, patient care technicians, social workers, registered dietitians, biomedical technicians and other administrative and support teammates who strive to achieve superior clinical outcomes at our dialysis facilities. In addition to our teammates at our dialysis facilities, as of December 31, 2019, our Chief Medical Officer leads a team of 15 senior nephrologists in our physician leadership team as part of our Office of the Chief Medical Officer (OCMO). This team represents a variety of academic, clinical practice, and clinical research backgrounds. We also have a Physician Counsel that serves as an advisory body to senior management, which is composed of nine physicians with extensive experience in clinical practice, as well as eight Group Medical Directors as of December 31, 2019.

On June 19, 2019, we completed the sale of our DaVita Medical Group (DMG) business, a patient and physician-focused integrated healthcare delivery and management company, to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. As a result, the DMG business has been classified as discontinued operations and its results of

operations are reported as discontinued operations for all periods presented in the consolidated financial statements included in this report.

For financial information about DMG, see Note 22 to the consolidated financial statements included in this report.

**U.S. dialysis business**

Our U.S. dialysis business is a leading provider of kidney dialysis services for patients suffering from ESRD. As of December 31, 2019, we provided dialysis and administrative services in the U.S. through a network of 2,753 outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 206,900 patients. We also provide acute inpatient dialysis services in approximately 900 hospitals and related laboratory services throughout the U.S.

According to the United States Renal Data System (USRDS), there were over 523,000 ESRD dialysis patients in the U.S. in 2017. Based on the most recent 2019 annual data report from the USRDS, the underlying ESRD dialysis patient population has grown at an approximate compound rate of 3.6% from 2007 to 2017 and a compound rate of 3.3% from 2012 to 2017, which suggests that the rate of growth of the ESRD patient population is declining. A number of factors may impact ESRD growth rates, including, among others, the aging of the U.S. population, transplant rates, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD.

Since 1972, the federal government has provided healthcare coverage for ESRD patients under the Medicare ESRD program regardless of age or financial circumstances. ESRD is the first and only disease state eligible for Medicare coverage both for dialysis and dialysis-related services and for all benefits available under the Medicare program. For patients with Medicare coverage, all ESRD payments for dialysis treatments are made under a single bundled payment rate. See page 5 for further details.

Although Medicare reimbursement limits the allowable charge per treatment, it provides industry participants with a relatively predictable and recurring revenue stream for dialysis services provided to patients without commercial insurance. For the year ended December 31, 2019, approximately 90% of our total dialysis patients were covered under some form of government-based program, with approximately 74% of our dialysis patients covered under Medicare and Medicare-assigned plans.

*Treatment options for ESRD*

Treatment options for ESRD are dialysis and kidney transplantation.

*Dialysis options*

- *Hemodialysis*

Hemodialysis, the most common form of ESRD treatment, is usually performed at a freestanding outpatient dialysis center, at a hospital-based outpatient center, or at the patient's home. The hemodialysis machine uses an artificial kidney, called a dialyzer, to remove toxins, fluids and salt from the patient's blood. The dialysis process occurs across a semi-permeable membrane that divides the dialyzer into two distinct chambers. While blood is circulated through one chamber, a pre-mixed fluid is circulated through the other chamber. The toxins, salt and excess fluids from the blood cross the membrane into the fluid, allowing cleansed blood to return back into the patient's body. Each hemodialysis treatment that occurs in the outpatient dialysis centers typically lasts approximately three and one-half hours and is usually performed three times per week.

Hospital inpatient hemodialysis services are required for patients with acute kidney failure primarily resulting from trauma, patients in early stages of ESRD and ESRD patients who require hospitalization for other reasons. Hospital inpatient hemodialysis is generally performed at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

Some ESRD patients who are healthier and more independent may perform home hemodialysis in their home or residence through the use of a hemodialysis machine designed specifically for home therapy that is portable, smaller and easier to use. Patients receive training, support and monitoring from registered nurses, usually in our outpatient dialysis centers, in connection with their home hemodialysis treatment. Home hemodialysis is typically performed with greater frequency than dialysis treatments performed in outpatient dialysis centers and on varying schedules.

- *Peritoneal dialysis*

Peritoneal dialysis uses the patient's peritoneal or abdominal cavity to eliminate fluid and toxins and is typically performed at home. The most common methods of peritoneal dialysis are continuous ambulatory peritoneal dialysis (CAPD)

and continuous cycling peritoneal dialysis (CCPD). Because it does not involve going to an outpatient dialysis center three times a week for treatment, peritoneal dialysis is generally an alternative to hemodialysis for patients who are healthier, more independent and desire more flexibility in their lifestyle.

CAPD introduces dialysis solution into the patient's peritoneal cavity through a surgically placed catheter. Toxins in the blood continuously cross the peritoneal membrane into the dialysis solution. After several hours, the patient drains the used dialysis solution and replaces it with fresh solution. This procedure is usually repeated four times per day.

CCPD is performed in a manner similar to CAPD, but uses a mechanical device to cycle dialysis solution through the patient's peritoneal cavity while the patient is sleeping or at rest.

*Kidney transplantation*

Although kidney transplantation, when successful, is generally the most desirable form of therapeutic intervention, the shortage of suitable donors, side effects of immunosuppressive pharmaceuticals given to transplant recipients and dangers associated with transplant surgery for some patient populations have generally limited the use of this treatment option. An executive order signed in July 2019 (the 2019 Executive Order) directed the Department of Health and Human Services (HHS) to develop policies addressing, among other things, the goal of making more kidneys available for transplant. As directed by the 2019 Executive Order, the CMS, through its Center for Medicare and Medicaid Innovation (CMMI), subsequently released the framework for certain proposed voluntary payment models that would adjust payment incentives to encourage kidney transplants. For more information regarding the 2019 Executive Order and these payment models, please see the discussion below under the heading "*-New models of care and Medicare and Medicaid program reforms*."

***U.S. dialysis services we provide***

*Outpatient hemodialysis services*

As of December 31, 2019, we operated or provided administrative services through a network of2,753 outpatient dialysis centers in the U.S. that are designed specifically for outpatient hemodialysis. In 2019, our overall network of U.S. outpatient dialysis centers increased by89 primarily as a result of the opening of new dialysis centers and acquisitions, net of center closures, representing a total increase of approximately 3.3% from 2018.

As a condition of our enrollment in Medicare for the provision of dialysis services, we contract with a nephrologist or a group of associated nephrologists to provide medical director services at each of our dialysis centers. In addition, other nephrologists may apply for practice privileges to treat their patients at our centers. Each center has an administrator, typically a registered nurse, who supervises the day-to-day operations of the center and its staff. The staff of each center typically consists of registered nurses, licensed practical or vocational nurses, patient care technicians, a social worker, a registered dietician, biomedical technician support and other administrative and support personnel.

Under Medicare regulations, we cannot promote, develop or maintain any kind of contractual relationship with our patients that would directly or indirectly obligate a patient to use or continue to use our dialysis services, or that would give us any preferential rights other than those related to collecting payments for our dialysis services. Our total patient turnover, which is based upon all causes, averaged approximately 24% in both 2019 and 2018. However, in 2019, the overall number of patients to whom we provided services in the U.S. increased by approximately 2.1% from 2018, primarily from the opening of new dialysis centers and acquisitions, and continued growth within the industry.

*Hospital inpatient hemodialysis services*

As of December 31, 2019, we provided hospital inpatient hemodialysis services, excluding physician services, to patients in approximately900 hospitals throughout the U.S. We render these services based on a contracted per-treatment fee that is individually negotiated with each hospital. When a hospital requests our services, we typically administer the dialysis treatment at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

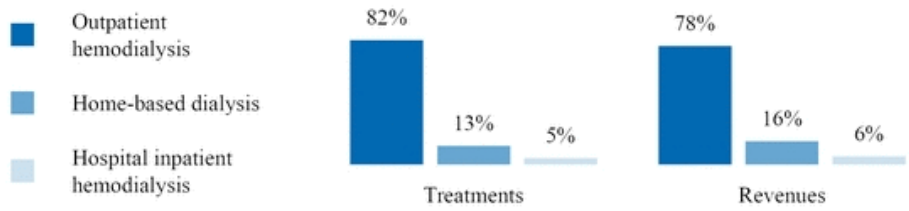
*Home-based dialysis services*

Home-based dialysis services includes home hemodialysis and peritoneal dialysis. Many of our outpatient dialysis centers offer certain support services for dialysis patients who prefer and are able to perform either home hemodialysis or peritoneal dialysis in their homes. Home-based hemodialysis support services consist of providing equipment and supplies, training, patient monitoring, on-call support services and follow-up assistance. Registered nurses train patients and their families or other caregivers to perform either home hemodialysis or peritoneal dialysis. The 2019 Executive Order and related HHS guidance described above also included a stated goal of increasing the relative number of new ESRD patients that receive dialysis at home as compared to those receiving dialysis in center or at a hospital.

According to the most recent 2019 annual data report from the USRDS, in 2017 approximately 12% of ESRD dialysis patients in the U.S. perform home-based dialysis.

The following graph summarizes our U.S. dialysis treatments by modality and U.S. dialysis patient services revenues by modality for the year ended December 31, 2019.

*Treatments and revenues by modality:*




*Other*

*ESRD laboratory services*

We operate one separately licensed and highly automated clinical laboratory which specializes in ESRD patient testing. This specialized laboratory provides routine laboratory tests for dialysis and other physician-prescribed laboratory tests for ESRD patients which are integral components of the overall dialysis services that we provide. Our laboratory provides these tests predominantly for our network of ESRD patients throughout the U.S. These tests are performed to monitor a patient's ESRD condition, including the adequacy of dialysis, as well as other medical conditions of the patient. Our laboratory utilizes information systems which provide information to certain members of the dialysis centers' staff and medical directors regarding critical outcome indicators.

*Management services*

We currently operate or provide management and administrative services pursuant to management and administrative services agreements to 44 outpatient dialysis centers located in the U.S. in which we either own a noncontrolling interest or which are wholly-owned by third parties. Management fees are established by contract and are recognized as earned typically based on a percentage of revenues or cash collections generated by the outpatient dialysis centers.

***Sources of revenue—concentrations and risks***

Our U.S. dialysis revenues represent approximately 92% of our consolidated revenues for the year ended December 31, 2019. Our U.S. dialysis revenues are derived primarily from our core business of providing dialysis services and related laboratory services and, to a lesser extent, the administration of pharmaceuticals and management fees generated from providing management and administrative services to certain outpatient dialysis centers, as discussed above.

The sources of our U.S. dialysis revenues are principally from government-based programs, including Medicare and Medicare-assigned plans and Medicaid and managed Medicaid plans and commercial insurance plans. Our largest source of revenue is from Medicare and Medicare-assigned plans which accounted for 59% of our overall U.S. dialysis patient services revenues for the year ended December 31, 2019. Other sources of our U.S. dialysis patient services revenues for the year ended December 31, 2019, were from commercial payors (including hospital dialysis services) accounting for 31% of revenues, Medicaid and Managed Medicaid plans accounting for 6% of our revenues and other government programs accounting for 4% of our revenues.

*Medicare revenue*

Government dialysis related payment rates in the U.S. are principally determined by federal Medicare and state Medicaid policy. For patients with Medicare coverage, all ESRD payments for dialysis treatments are made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the dialysis treatment, including certain pharmaceuticals, such as Epogen® (EPO), vitamin D analogs and iron supplements, irrespective of the level of pharmaceuticals administered to the patient or additional services performed except for calcimimetics, a drug class taken by many patients with ESRD to treat mineral bone disorder. As of

January 1, 2018, calcimimetics became part of the Medicare Part B ESRD payment, subject to a transitional drug add-on payment adjustment (TDAPA). Most lab services are also included in the bundled payment. Under the ESRD Prospective Payment System (PPS), the bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility's performance in specified quality measures set annually by CMS through its Quality Incentive Program (QIP). CMS established QIP through the Medicare Improvements for Patients and Providers Act of 2008 to promote high quality services in outpatient dialysis facilities treating patients with ESRD. QIP associates a portion of Medicare reimbursement directly with a facility's performance on quality of care measures. Reductions in Medicare reimbursement result when a facility's overall score on applicable measures does not meet established standards. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors.

Uncertainty about future payment rates remains a material risk to our business, as well as the potential implementation of or changes in coverage determinations or other rules or regulations by CMS or Medicare Administrative Contractors (MACs) that may impact reimbursement. An important provision in the Medicare ESRD statute is an annual adjustment, or market basket update, to the ESRD PPS base rate. Absent action by Congress, the ESRD PPS base rate is automatically updated annually by a formulaic inflation adjustment.

In November 2019, CMS issued a final rule to update the Medicare ESRD PPS payment rate and policies. Among other things, the final rule expands the transitional drug add-on payment to certain new renal dialysis drugs and biological products and amends the reporting measures in the ESRD QIP. CMS estimates the overall impact of the final rule will increase Medicare reimbursement to ESRD facilities by 1.7% in 2020.

As a result of the Budget Control Act of 2011 (BCA) and subsequent activity in Congress, a $1.2 trillion sequester (across-the-board spending cuts) in discretionary programs took effect in 2013 reducing Medicare payments by 2%, which was subsequently extended through fiscal year 2027. These across-the-board spending cuts have affected and will continue to adversely affect our business, results of operations, financial condition and cash flows. Although the Bipartisan Budget Act (BBA) of 2018 passed in February 2018 enacted a two-year federal spending agreement and raised the federal spending cap on non-defense spending for fiscal years 2018 and 2019, the Medicare program is frequently mentioned as a target for spending cuts.

ESRD patients receiving dialysis services become eligible for primary Medicare coverage at various times, depending on their age or disability status, as well as whether they are covered by a commercial insurance plan. Generally, for a patient not covered by a commercial insurance plan, Medicare becomes the primary payor for ESRD patients receiving dialysis services either immediately or after a three-month waiting period. For a patient covered by a commercial insurance plan, Medicare generally becomes the primary payor after 33 months, which includes the three-month waiting period, or earlier if the patient's commercial insurance plan coverage terminates. When Medicare becomes the primary payor, the payment rates we receive for that patient shift from the commercial insurance plan rates to Medicare payment rates, which are on average significantly lower than commercial insurance rates.

Medicare pays 80% of the amount set by the Medicare system for each covered dialysis treatment. The patient is responsible for the remaining 20%. In most cases, a secondary payor, such as Medicare supplemental insurance, a state Medicaid program or a commercial health plan, covers all or part of these balances. Some patients who do not qualify for Medicaid, but otherwise cannot afford secondary insurance in the form of a Medicare Supplement Plan, can apply for premium payment assistance from charitable organizations to obtain secondary coverage. If a patient does not have secondary insurance coverage, we are generally unsuccessful in our efforts to collect from the patient the remaining 20% portion of the ESRD composite rate that Medicare does not pay. However, we are able to recover some portion of this unpaid patient balance from Medicare through an established cost reporting process by identifying these Medicare bad debts on each center's Medicare cost report.

In recent years, federal legislative and executive action has been focused on developing new models of kidney care for Medicare beneficiaries. For example, CMMI is working with various healthcare providers to develop, refine and implement Accountable Care Organizations (ACOs) and other innovative models of care for Medicare and Medicaid beneficiaries, including ACOs, the Comprehensive ESRD Care (CEC) Model (which includes the development of ESRD Seamless Care Organizations (ESCOs)) and the Duals Demonstration. In addition, federal bipartisan legislation related to full capitation demonstration for ESRD was proposed in late 2017. Legislation, which has yet to secure introduction to the 116th Congress, would build on prior coordinated care models, such as the CEC Model, and would establish a demonstration program for the provision of integrated care to Medicare ESRD patients. More recently, the 2019 Executive Order directed CMS to create payment models to evaluate the effects of creating payment incentives for the greater use of home dialysis and kidney transplants for those already on dialysis. For additional detail on these and other developments in models of care, see the discussion below under the heading "*—New models of care and Medicare and Medicaid program reforms*."

*Medicaid revenue*

Medicaid programs are state-administered programs partially funded by the federal government. These programs are intended to provide health coverage for patients whose income and assets fall below state-defined levels and who are otherwise uninsured. These programs also serve as supplemental insurance programs for co-insurance payments due from Medicaid-eligible patients with primary coverage under the Medicare program. Some Medicaid programs also pay for additional services, including some oral medications that are not covered by Medicare. We are enrolled in the Medicaid programs in the states in which we conduct our business.

*Commercial revenue*

Before a patient becomes eligible to elect to have Medicare as their primary payor for dialysis services, a patient's commercial insurance plan, if any, is generally responsible for payment of such dialysis services for up to the first 33 months, as discussed above. Although commercial payment rates vary, average commercial payment rates established under commercial contracts are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profits and all of our nonacute dialysis profits come from commercial payors. Payment methods from commercial payors can include a single lump-sum per treatment, referred to as bundled rates, or in other cases separate payments for dialysis treatments and pharmaceuticals, if used as part of the treatment, referred to as FFS rates. Commercial payment rates are the result of negotiations between us and insurers or third-party administrators. Our out-of-network payment rates are on average higher than in-network commercial contract payment rates. Some of our commercial contracts pay us under a single bundled payment rate for all dialysis services provided to covered patients. However, some of our commercial contracts also pay us for certain other services and pharmaceuticals in addition to the bundled payment. Our commercial contracts typically contain annual price escalator provisions.

Approximately 25% of our U.S. dialysis patient services revenues and approximately 10% of our U.S. dialysis patients are associated with non-acute commercial payors for the year ended December 31, 2019. Non-acute commercial patients as a percentage of our total U.S. dialysis patients for 2019 were relatively flat compared to 2018. Less than 1% of our U.S. dialysis revenues are due directly from patients. There is no single commercial payor that accounted for more than 10% of total U.S. dialysis revenues for the year ended December 31, 2019. See Note 2 to the consolidated financial statements included in this report for disclosure on our concentration related to our commercial payors on a total consolidated revenue basis.

Both the number of our patients under commercial plans and the rates under these commercial plans are subject to change based on a number of factors. These factors include, among others, a highly competitive rate environment that shapes our ongoing negotiations with commercial payors; changes in commercial plan design; and the health of the U.S. economy. In addition, changes in state and federal legislation, regulations, rules, laws, guidance or other requirements may impact the availability and scope of commercial insurance, including, among others, developments that impact the healthcare exchanges introduced by the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010 (Affordable Care Act (ACA)) and commercial payor participation in that marketplace as well as developments that impact the availability of charitable premium assistance. For additional detail on the potential impact of these factors on our commercial revenue, see the risk factors in Item 1A Risk Factors under the headings "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows*"; "*If the average rates that commercial payors pay us decline significantly or if patients in commercial plans are subject to restriction in plan designs, it would have a material adverse effect on our business, results of operations, financial condition and cash flows*"; and "*If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

*Revenue from other pharmaceuticals*

The impact of physician-prescribed pharmaceuticals on our overall revenues that are separately billable has significantly decreased since Medicare's single bundled payment system went into effect beginning in January 2011, and as a result of commercial contracts that pay us a single bundled payment rate.

Effective January 1, 2018, both oral and intravenous forms of calcimimetics, a drug class taken by many patients with ESRD to treat mineral bone disorder, became the financial responsibility of our U.S. dialysis business for our Medicare patients and are now reimbursed under Medicare Part B. Previously, calcimimetics were reimbursed for Medicare patients through Part D and dispensed through traditional pharmacies. Currently, the oral and intravenous forms of calcimimetics remain separately reimbursed and therefore are not part of the ESRD PPS bundled payment. During the initial pass-through period, Medicare payments for calcimimetics are based on a pass-through rate of the average sales price plus approximately 6% before sequestration (or 4% adjusted for sequestration), however, in 2020 they will be reimbursed at average sales price plus 0%, before sequestration. CMS has stated intentions to enter calcimimetics into the ESRD bundled payment as of January 1, 2021.

***Physician relationships***

*Joint Venture Partners*

We own and operate certain of our dialysis centers through entities that are structured as joint ventures. We generally hold controlling interests in these joint ventures, with certain nephrologists, hospitals, management services organizations, and/or other healthcare providers holding minority equity interests. These joint ventures are typically formed as limited liability companies. For the year ended December 31, 2019, revenues from joint ventures in which we have a controlling interest represented approximately 26% of our net U.S. dialysis revenues. We expect to continue to enter into new U.S. dialysis-related joint ventures in the ordinary course of business.

*Community Physicians*

An ESRD patient generally seeks treatment at an outpatient dialysis center near their home where their treating nephrologist has practice privileges. Our relationships with local nephrologists and our ability to provide quality dialysis services and to meet the needs of their patients are key factors in the success of our dialysis operations. Over 5,600 nephrologists currently refer patients to our outpatient dialysis centers.

*Medical Directors*

Participation in the Medicare ESRD program requires that dialysis services at an outpatient dialysis center be under the general supervision of a medical director. Per these requirements, this individual is usually a board certified nephrologist. We have engaged physicians or groups of physicians to serve as medical directors for each of our outpatient dialysis centers. At some outpatient dialysis centers, we also separately contract with one or more other physicians or groups to serve as assistant or associate medical directors over other modalities such as home dialysis. We have over 1,000 individual physicians and physician groups under contract to provide medical director services.

Medical directors for our dialysis centers enter into written contracts with us that specify their duties and fix their compensation generally for periods of ten years. The compensation of our medical directors is the result of arm's length negotiations, consistent with fair market value, and generally depends upon an analysis of various factors such as the physician's duties, responsibilities, professional qualifications and experience.

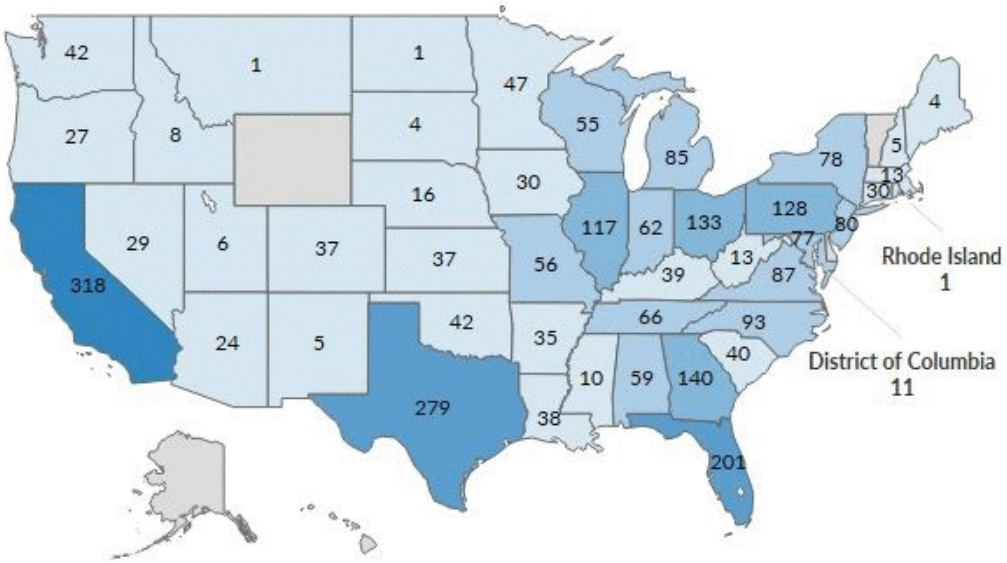
Our medical director contracts and joint venture operating agreements generally include covenants not to compete or own interests in other competing outpatient dialysis centers within a defined geographic area for various time periods, as applicable. These non-compete agreements do not restrict or limit the physicians from practicing medicine or prohibit the physicians from referring patients to any outpatient dialysis center, including competing centers.

As part of our Corporate Integrity Agreement, as described below, we agreed not to enforce investment non-compete restrictions relating to dialysis clinics or programs that were established pursuant to a partial divestiture joint venture transaction. Therefore, to the extent a joint venture partner or medical director has a contract(s) with us covering dialysis clinics or programs that were established pursuant to a partial divestiture, we will not enforce the investment non-compete provision relating to those clinics and/or programs.

***Capacity and location of our U.S. dialysis centers***

Typically we are able to increase our capacity by extending hours at our existing dialysis centers, expanding our existing dialysis centers, relocating our dialysis centers, developing new dialysis centers and by acquiring dialysis centers. The development of a typical outpatient dialysis center by us generally requires approximately $2.4 million for leasehold improvements and other capital expenditures. Based on our experience, a new outpatient dialysis center typically opens within a year after the property lease is signed, normally achieves operating profitability in the second year after Medicare certification and normally reaches maturity within three to five years. Acquiring an existing outpatient dialysis center requires a substantially greater initial investment, but profitability and cash flows are generally accelerated and more predictable. To a limited extent, we enter into agreements to provide management and administrative services to outpatient dialysis centers in which we own a noncontrolling interest or which are wholly-owned by third parties in return for management fees.

As of December 31, 2019, we operated or provided administrative services to a total of2,753 U.S. outpatient dialysis centers. A total of2,709 of such centers are consolidated in our financial statements. Of the remaining 44 non-consolidated U.S. outpatient dialysis centers, we own a noncontrolling interest in41 centers and provide management and administrative services to three centers that are wholly-owned by third parties. The locations of the2,709 U.S. outpatient dialysis centers consolidated in our financial statements at December 31, 2019, were as follows:




**Ancillary services and strategic initiatives businesses, including our international operations**

As of December 31, 2019, our ancillary services and strategic initiatives consisted primarily of disease management services, physician services, ESRD seamless care organizations, comprehensive care, vascular access services and clinical research programs, and our international operations and relate primarily to our core business of providing kidney care services.

*Ancillary Services and Strategic Business Initiatives*

*Integrated Care and Chronic Kidney Care*. We have made and continue to make investments in building our integrated care capabilities, including the operation of certain strategic business initiatives that are intended to integrate care amongst healthcare participants across the renal care continuum from chronic kidney disease (CKD) to ESRD to kidney transplant. Through improved technology and data sharing, as well as an increasing focus on value based contracting and care, these initiatives seek to bring together physicians, nurses, dieticians, pharmacists, hospitals, dialysis clinics, transplant centers and payors with a view towards improving clinical outcomes for our patients and reducing the overall cost of comprehensive kidney care.

- *Disease management services.* VillageHealth DM, LLC doing business as DaVita Integrated Kidney Care (DaVita IKC) provides advanced integrated care management services to health plans and government programs for members/beneficiaries diagnosed with ESRD, chronic kidney failure, and/or poly-comorbid conditions. Through a combination of clinical coordination, innovative interventions, medical claims analysis and information technology, we endeavor to assist our customers and patients in obtaining superior renal healthcare and improved clinical outcomes, as well as helping to reduce overall medical costs. Integrated kidney care management revenues from commercial and Medicare Advantage insurers can be based upon either an established contract fee recognized as earned over the contract period, or related to the operation of value-based programs, including pay for performance, shared savings, and capitation contracts. DaVita IKC also contracts with payors to operate Medicare Advantage ESRD Special Needs Plans to provide ESRD patients full service healthcare. We are at risk for all medical costs of the program in excess of the capitation payments. Furthermore, in October 2015, DaVita IKC entered into

management service agreements to support three ESCO joint ventures in which we are an investor through certain wholly- or majority-owned dialysis clinics.

- *Physician services.* Nephrology Practice Solutions (NPS) is an independent business that partners with physicians committed to providing outstanding clinical and integrated care to patients. NPS provides nephrologist recruitment and staffing services in select markets which are billed on a per search basis. NPS also offers physician practice management services to nephrologists under administrative services agreements. These services include physician practice management, billing and collections, credentialing, coding, and other support services that enable physician practices to increase efficiency and manage their administrative needs. Additionally, NPS owns and operates nephrology practices in multiple states. Fees generated from these services are recognized as earned typically based upon flat fees or cash collections generated by the physician practice.

- *ESRD Seamless Care Organization joint ventures (ESCO JVs).* In October 2015, certain of our dialysis clinics entered into partnerships with various nephrology practices, health systems, and other providers to establish three ESCO JVs in Phoenix-Tucson Arizona, South Florida, and Philadelphia Pennsylvania-Camden, New Jersey. The ESCO JVs were formed under the CMS Innovation Center's Comprehensive ESRD Care (CEC) Model, a demonstration to assess the impact of care coordination for ESRD patients in a dialysis-center oriented ACO setting. Each ESCO JV has a shared risk arrangement with CMS and the programs are evaluated on a performance year basis. The delivery of improved quality outcomes for patients and program savings depend on the contributions of the dialysis center teammates, nephrologists, health system and hospital partners, pharmacy providers, other primary care and specialty care providers and facilities, and integrated care management support from DaVita IKC, which is also the manager of the ESCO JVs. In 2019, CMS published the results for the 2017 performance year, and all three ESCO JVs earned shared savings payments. Results for 2018 and 2019 performance years are anticipated to be released in 2020.

- *Comprehensive care.* Vively Health (formerly known as DaVita Health Solutions) was created to provide comprehensive care through house calls and post-acute care programs to help chronically ill patients through use of community based, physician- and nurse practitioner-led care teams to deliver medical, behavioral, social and palliative care within the patient's home or skilled nursing facility.

*Other Strategic Business Initiatives*

- *Clinical research programs.* DaVita Clinical Research (DCR) is a provider-based specialty clinical research organization with a full spectrum of services for clinical drug research and device development. DCR uses its extensive, applied database and real-world healthcare experience to assist in the design, recruitment and completion of retrospective and prospective pragmatic and clinical trials. Revenues are based upon an established fee per study, as determined by contract with drug companies and other sponsors and are recognized as earned according to the contract terms.

- *Vascular access services.* Lifeline provides management and administrative services to physician-owned vascular access clinics that provide vascular services for dialysis and other patients. Lifeline is also the majority-owner of three vascular access clinics. Management fees generated from providing management and administrative services are recognized as earned typically based on a percentage of revenues or cash collections generated by the clinics. Revenues associated with the vascular access clinics that are majority-owned are recognized in the period when the services are provided.

During 2018, we transitioned the customer service and fulfillment functions of our pharmacy business, DaVita Rx, to third parties and ceased our related distribution operations. DaVita Rx was a pharmacy that specialized in providing oral medications and medication management services to patients with ESRD. In addition, effective June 1, 2018, we sold 100% of the stock of Paladina Health, our direct primary care business. For additional discussion of our ancillary services and strategic initiatives businesses, see Item 7 Management's Discussion and Analysis of Financial Condition and Results of Operations.

*International dialysis operations*

As of December 31, 2019, we operated or provided administrative services to a total of259 outpatient dialysis centers, which includes consolidated and nonconsolidated centers located in ten countries outside of the U.S., serving approximately 28,700 patients. Our international dialysis operations have continued to grow steadily and expand as a result of acquiring and developing outpatient dialysis centers in various strategic markets. Our international operations are included as part of our ancillary services and strategic initiatives.

The locations of our international outpatient dialysis centers are as follows:

| | |
|---|---|
| Germany | 59 |
| Poland | 50 |
| Brazil | 46 |
| Malaysia[(1)] | 39 |
| Saudi Arabia | 23 |
| Colombia | 22 |
| Portugal | 9 |
| Taiwan[(1)] | 7 |
| China[(1)] | 2 |
| Singapore[(1)] | 2 |
| | 259 |

(1) Includes centers that are operated or managed by our Asia Pacific Joint Venture (APAC JV).

**Corporate Administrative Support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation costs for departments which provide support to all of our different operating lines of business. These expenses are included in our consolidated general and administrative expenses and are partially offset by the allocation of management fees.

**Government regulation**

We operate in a complex regulatory environment and are subject to an extensive and evolving set of federal, state and local government laws, regulations and requirements. These laws and regulations require us to meet various standards relating to, among other things, government payment programs, dialysis facilities and equipment, management of centers, personnel qualifications, maintenance of proper records, and quality assurance programs and patient care. Additional discussion on certain of these laws, regulations and requirements is set forth below in this section.

If any of our personnel, representatives or operations are found to violate applicable laws, regulations or other requirements, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price, including, among others:

- Loss of required certifications, suspension or exclusion from, or termination of our participation in government payment programs;
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties, which could be material;
- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Act of 1974;
- Mandated changes to our practices or procedures that significantly increase operating expenses or that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices, any of which could lead to potential fines, among other things;
- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, real estate leases and consulting agreements with physicians; and

- Harm to our reputation which could negatively impact our business relationships and stock price, affect our ability to attract and retain patients, physicians and teammates, affect our ability to obtain financing and decrease access to new business opportunities, among other things.

We expect that our industry will continue to be subject to extensive and complex regulation, the scope and effect of which are difficult to predict. We are currently subject to various legal proceedings, such as lawsuits, investigations, audits and inquiries by various government and regulatory agencies, all as further described in Note 16 to the consolidated financial statements. Our operations and activities could be reviewed or challenged by regulatory authorities at any time in the future. For additional detail on risks related to each of the foregoing, see the discussion in Item 1A. Risk Factors under the headings, "*If we fail to adhere to all of the complex government laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price.*"; "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows*"; and "*We are, and may in the future be, a party to various lawsuits, demands, claims, qui tam suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from our obligation to self-report suspected violations of law) and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.*"

*Licensure and certification*

Our dialysis centers are certified by CMS, as is required for the receipt of Medicare payments. Certain of our payor contracts also condition payment on Medicare certification. In some states, our outpatient dialysis centers also are required to secure additional state licenses and permits. Governmental authorities, primarily state departments of health, periodically inspect our centers to determine if we satisfy applicable federal and state standards and requirements, including the conditions of participation in the Medicare ESRD program.

We have experienced some delays in obtaining Medicare certifications from CMS, though recent changes by CMS in the prioritizing of dialysis providers as well as legislation allowing private entities to perform initial dialysis facilities certifications has helped to decrease or limit certain delays.

In addition, in November 2019, CMS finalized a Provider Enrollment Rule creating new onerous disclosure obligations for all providers enrolled in Medicare, Medicaid and the Children's Health Insurance Plan (CHIP). The final rule imposes a stronger revocation authority and increases the bar for re-enrollment for providers who submit incomplete or inaccurate information or who have affiliations with other providers that CMS has determined pose undue risk of fraud, waste or abuse. If we fail to comply with these and other applicable requirements on our licensure and certification programs, particularly in light of increased penalties that include a 10-year ban to re-enrollment, under certain circumstances it could have a material adverse impact on our business, results of operations, financial condition, cash flows and reputation.

*Federal Anti-Kickback Statute*

The federal Anti-Kickback Statute prohibits, among other things, knowingly and willfully offering, paying, soliciting or receiving remuneration, directly or indirectly, in cash or kind, to induce or reward either the referral of an individual for, or the purchase, or order or recommendation of, any good or service, for which payment may be made under federal and state healthcare programs such as Medicare and Medicaid.

Federal criminal penalties for the violation of the federal Anti-Kickback Statute include imprisonment, fines and exclusion of the provider from future participation in the federal healthcare programs, including Medicare and Medicaid. Violations of the federal Anti-Kickback Statute are punishable by imprisonment for up to ten years and fines of up to $100,000 or both. Larger fines can be imposed upon corporations under the provisions of the U.S. Sentencing Guidelines and the Alternate Fines Statute. Individuals and entities convicted of violating the federal Anti-Kickback Statute are subject to mandatory exclusion from participation in Medicare, Medicaid and other federal healthcare programs for a minimum of five years. Civil penalties for violation of this law include up to $100,000 in monetary penalties per violation, repayments of up to three times the total payments between the parties to the arrangement and suspension from future participation in Medicare and Medicaid. Court decisions have held that the statute may be violated even if only one purpose of remuneration is to induce referrals. The ACA amended the federal Anti-Kickback Statute to clarify the intent that is required to prove a violation. Under the statute as amended, the defendant may not need to have actual knowledge of the federal Anti-Kickback Statute or have the specific intent to violate it. In addition, the ACA amended the federal Anti-Kickback Statute to provide that any claims for

items or services resulting from a violation of the federal Anti-Kickback Statute are considered false or fraudulent for purposes of the False Claims Act (FCA).

The federal Anti-Kickback Statute includes statutory exceptions and regulatory safe harbors that protect certain arrangements. Business transactions and arrangements that are structured to comply fully with an applicable safe harbor do not violate the federal Anti-Kickback Statute. Transactions and arrangements that do not satisfy all elements of a relevant safe harbor do not necessarily violate the law. When an arrangement does not satisfy a safe harbor, the arrangement must be evaluated on a case-by-case basis in light of the parties' intent and the arrangement's potential for abuse. Arrangements that do not satisfy a safe harbor may be subject to greater scrutiny by enforcement agencies.

DaVita and its subsidiaries enter into several arrangements with physicians and other potential referral sources, that potentially implicate the Anti-Kickback Statute, such as:

*Medical Director Agreements*. Because our medical directors may refer patients to our dialysis centers, our arrangements with these physicians are designed to substantially comply with the safe harbor for personal service arrangements. Although we endeavor to structure the Medical Director Agreements we enter into with physicians to substantially comply with the safe harbor for personal service arrangements, including the requirement that compensation be consistent with fair market value, the safe harbor requires that when services are provided on a part-time basis, the agreement must specify the schedule of intervals of services, and their precise length and the exact charge for such services. Because of the nature of our medical directors' duties, it is impossible to fully satisfy this technical element of the safe harbor. As a result, these arrangements could be subject to scrutiny since they do not expressly describe the schedule of part-time services to be provided under the arrangement.

*Joint Ventures*. As noted above, we own a controlling interest in numerous U.S. dialysis related joint ventures. Our internal policies, procedures, and template agreements were developed and are utilized for compliance with the Anti-Kickback Statute. However, we recognize that at times these joint ventures do not fully satisfy all of the requirements of the safe harbor for investments in small entities. Although failure to comply with a safe harbor does not render an arrangement illegal under the federal Anti-Kickback Statute, an arrangement that does not operate within a safe harbor may be subject to scrutiny by both federal and state government enforcement agencies including the Department of Health and Human Services' Office of Inspector General (OIG) and the Department of Justice (DOJ). Joint ventures that fall outside the safe harbors are evaluated on a case-by-case basis under the federal Anti-Kickback Statute.

*Lease Arrangements*. We lease space from entities in which physicians, hospitals or medical groups hold ownership interests, and we sublease space to referring physicians. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for space rentals in all material respects.

*Consulting Agreements.* From time to time, we enter into consulting agreements with physicians. Engaged physicians provide services including providing input on processes, services and protocols as well as providing education on assorted topics. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for personal services in all material respects.

*Employment Agreements.* Our subsidiary Nephrology Practice Solutions employs physicians to provide administrative and clinical services. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for employment in all material respects.

*Common Stock*. Some referring physicians may own our common stock. We believe that these interests materially satisfy the requirements of the Anti-Kickback Statute safe harbor for investments in large publicly traded companies.

*Discounts*. Our dialysis centers and subsidiaries sometimes acquire certain items and services at a discount that may be reimbursed by a federal healthcare program. We endeavor to structure our vendor contracts that include discount or rebate provisions to comply with the federal Anti-Kickback Statute safe harbor for discounts.

If any of our business transactions or arrangements, including those described above, were found to violate the federal Anti-Kickback Statute, we, among other things, could face criminal, civil or administrative sanctions, including possible exclusion from participation in Medicare, Medicaid and other state and federal healthcare programs. Any findings that we have violated these laws could have a material adverse impact on our business, results of operations, financial condition, cash flows, reputation and stock price.

As part of the Department of Health and Human Services (HHS) Regulatory Sprint to Coordinated Care (Regulatory Sprint), in October 2019, OIG issued proposed modifications to certain of its Anti-Kickback and Civil Monetary Penalties regulations. OIG has not issued final rules at this time so the impact on future modifications is unknown, but we will continue to monitor to assess the anticipated impact on our business, results of operations and financial condition.

*Stark Law*

The Stark Law prohibits a physician who has a financial relationship, or who has an immediate family member who has a financial relationship, with entities providing Designated Health Services (DHS), from referring Medicare and Medicaid patients to such entities for the furnishing of DHS, unless an exception applies. DHS is defined to mean any of the following enumerated items or services; clinical laboratory services; physical therapy services; occupational therapy services; radiology services, including magnetic resonance imaging, computerized axial tomography scans, and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics and prosthetic devices and supplies; home health services; outpatient prescription drugs; inpatient and outpatient hospital services; and outpatient speech-language pathology services. The types of financial arrangements between a physician and a DHS entity that trigger the self-referral prohibitions of the Stark Law are broad and include direct and indirect ownership and investment interests and compensation arrangements. The Stark Law also prohibits the DHS entity receiving a prohibited referral from presenting, or causing to be presented, a claim or billing for the services arising out of the prohibited referral. The prohibition applies regardless of the reasons for the financial relationship and the referral; unlike the federal Anti-Kickback Statute, intent to induce referrals is not required. If the Stark Law is implicated, the financial relationship must fully satisfy a Stark Law exception. If an exception is not satisfied, then the parties to the arrangement could be subject to sanctions. Sanctions for violation of the Stark Law include denial of payment for claims for services provided in violation of the prohibition, refunds of amounts collected in violation of the prohibition, a civil penalty of up to $15,000 for each service arising out of the prohibited referral, a civil penalty of up to $100,000 against parties that enter into a scheme to circumvent the Stark Law prohibition, civil assessment of up to three times the amount claimed, and potential exclusion from the federal healthcare programs, including Medicare and Medicaid. Amounts collected for prohibited claims must be reported and refunded generally within 60 days after the date on which the overpayment was identified. Furthermore, Stark Law violations and failure to return overpayments timely can form the basis for FCA liability as discussed below.

The definition of DHS under the Stark Law excludes services paid under a composite rate, even if some of the components bundled in the composite rate are DHS. Although the ESRD bundled payment system is no longer titled a composite rate, we believe that the former composite rate payment system and the current bundled system are both composite systems excluded from the Stark Law. Since most services furnished to Medicare beneficiaries provided in our dialysis centers are reimbursed through a bundled rate, the services performed in our facilities generally are not DHS, and the Stark Law referral prohibition does not apply to those services. Certain separately billable drugs (drugs furnished to an ESRD patient that are not for the treatment of ESRD that CMS allows our centers to bill for using the so-called AY modifier) may be considered DHS. However, we have implemented certain billing controls designed to limit DHS being billed out of our dialysis clinics. Likewise, the definition of inpatient hospital services, for purposes of the Stark Law, also excludes inpatient dialysis performed in hospitals that are not certified to provide ESRD services. Consequently, our arrangements with such hospitals for the provision of dialysis services to hospital inpatients do not trigger the Stark Law referral prohibition.

In addition, although prescription drugs are DHS, there is an exception in the Stark Law for calcimimetics, EPO and other specifically enumerated dialysis drugs when furnished in or by an ESRD facility such that the arrangement for the furnishing of the drugs does not violate the Stark Law.

We have entered into several types of financial relationships with referring physicians, including compensation arrangements. If our dialysis centers were to bill for a non-exempted drug and the financial relationships with the referring physician did not satisfy an exception, we could be required to change our practices, face civil penalties, pay substantial fines, return certain payments received from Medicare and beneficiaries or otherwise experience a material adverse effect as a result of a challenge to payments made pursuant to referrals from these physicians under the Stark Law. Additionally, certain of our subsidiaries, were they to bill DHS, would implicate the Stark Law. As such we endeavor to structure arrangements with relevant physicians to fit within the existing exceptions to the Stark Law. If we were to fail to satisfy an applicable exception, we could similarly be required to change practices, face penalties and fines, return certain payments or otherwise face adverse consequences.

*Medical Director Agreements*. We endeavor to structure our medical director agreements to satisfy the personal services arrangement exception to the Stark Law. While we believe that the compensation provisions included in our medical director agreements are the result of arm's length negotiations and result in fair market value payments for medical director services, an enforcement agency could nevertheless challenge the level of compensation that we pay our medical directors.

*Lease Agreements.* We lease space from entities in which referring physicians hold interests and we sublease space to referring physicians at some of our dialysis centers. The Stark Law provides an exception for lease arrangements if specific requirements are met. We endeavor to structure our leases and subleases with referring physicians to satisfy the requirements for this exception.

*Consulting Agreements.* From time to time, we enter into consulting agreements with physicians. Engaged physicians provide services including providing input on processes, services and protocols as well as providing education on assorted topics. We endeavor to structure these arrangements to comply with the Stark Law exception for personal services.

*Employment Agreements.* We employ physicians to provide administrative and clinical services. We endeavor to structure these arrangements to comply with the relevant Stark Law exceptions.

*Common Stock*. Some referring physicians may own our common stock. We believe that these interests satisfy the Stark Law exception for investments in large publicly traded companies.

*Joint Ventures*. Some of our referring physicians also own equity interests in entities that operate our dialysis centers and subsidiaries. We believe that none of the Stark Law exceptions applicable to physician ownership interests in entities to which they make DHS referrals apply to the kinds of ownership arrangements that referring physicians hold in several of our subsidiaries that operate dialysis centers. Accordingly, these dialysis centers do not bill Medicare for DHS referrals from physician owners. If the dialysis centers bill for DHS referred by physician owners, the dialysis centers or subsidiaries would be subject to the Stark Law penalties described above.

*Ancillary Services.* The operations of our ancillary and subsidiary businesses are also subject to compliance with the Stark Law, and any failure to comply with these requirements, particularly in light of the strict liability nature of the Stark Law, could subject these operations to the Stark Law penalties and sanctions described above.

If CMS or other regulatory or enforcement authorities determined that we have submitted claims in violation of the Stark Law, or otherwise violated the Stark Law, we would be subject to the penalties described above. In addition, it might be necessary to restructure existing compensation agreements with our medical directors and to repurchase or to request the sale of ownership interests in subsidiaries and partnerships held by referring physicians or, alternatively, to refuse to accept referrals for DHS from these physicians, or take other actions to modify our operations. Any such penalties and restructuring or other required actions could have a material adverse effect on our business, results of operations, financial condition, cash flows, stock price and reputation.

*Fraud and abuse under state law*

Some states in which we operate dialysis centers have laws prohibiting physicians from holding financial interests in various types of medical facilities to which they refer patients. Some of these laws could potentially be interpreted broadly as prohibiting physicians who hold shares of our publicly traded stock or are physician owners from referring patients to our dialysis centers if the centers use our laboratory subsidiary to perform laboratory services for their patients or do not otherwise satisfy an exception to the law. States also have laws similar to or stricter than the federal Anti-Kickback Statute that may affect our ability to receive referrals from physicians with whom we have financial relationships, such as our medical directors. Some state anti-kickback laws also include civil and criminal penalties. Some of these laws include exemptions that may be applicable to our medical directors and other physician relationships or for financial interests limited to shares of publicly traded stock. Some, however, may include no explicit exemption for certain types of agreements and/or relationships entered into with physicians. If these laws are interpreted to apply to referring physicians with whom we contract for medical director and similar services, to referring physicians with whom we hold joint ownership interests or to referring physicians who hold interests in DaVita Inc. limited solely to our publicly traded stock, and for which no applicable exception exists, we may be required to terminate or restructure our relationships with or refuse referrals from these referring physicians and could be subject to criminal, civil and administrative sanctions, refund requirements and exclusions from government healthcare programs, including Medicare and Medicaid, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.

*Corporate Practice of Medicine and Fee-Splitting*

There are states in which we operate that have laws that prohibit business entities, such as our Company and our subsidiaries, from practicing medicine, employing physicians to practice medicine or exercising control over medical decisions by physicians (known collectively as the corporate practice of medicine). These states also prohibit entities from engaging in certain financial arrangements, such as fee-splitting, with physicians. In some states these prohibitions are expressly stated in a statute or regulation, while in other states the prohibition is a matter of judicial or regulatory interpretation. Violations of the corporate practice of medicine vary by state and may result in physicians being subject to disciplinary action, as well as to forfeiture of revenues from payors for services rendered. For lay entities, violations may also bring both civil and, in more extreme cases, criminal liability for engaging in medical practice without a license. Some of the relevant laws, regulations, and agency interpretations in states with corporate practice of medicine restrictions have been subject to limited judicial and regulatory interpretation. Moreover, state laws are subject to change.

*False Claims Act*

The federal FCA is a means of policing false bills or false requests for payment in the healthcare delivery system. In part, the FCA authorizes the imposition of up to three times the government's damages and civil penalties on any person who, among other acts:

- Knowingly presents or causes to be presented to the federal government, a false or fraudulent claim for payment or approval;
- Knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay the government, or knowingly conceals or knowingly and improperly, avoids or decreases an obligation to pay or transmit money or property to the federal government; or
- Conspires to commit the above acts.

In addition, amendments to the FCA impose severe penalties for the knowing and improper retention of overpayments collected from government payors. Under these provisions, within 60 days of identifying and quantifying an overpayment, a provider is required to follow certain notification and repayment processes. An overpayment impermissibly retained could subject us to liability under the FCA, exclusion from government healthcare programs, and penalties under the federal Civil Monetary Penalty statute. As a result of these provisions, our procedures for identifying and processing overpayments may be subject to greater scrutiny.

On February 1, 2019, the DOJ issued a final rule announcing penalties for a violation of the FCA range from $11,463 to $22,927 for each false claim, plus up to three times the amount of damages caused by each false claim, which can be as much as the amounts received directly or indirectly from the government for each such false claim. The federal government has used the FCA to prosecute a wide variety of alleged false claims and fraud allegedly perpetrated against Medicare and state healthcare programs, including coding errors, billing for services not rendered, the submission of false cost reports, billing for services at a higher payment rate than appropriate, billing under a comprehensive code as well as under one or more component codes included in the comprehensive code and billing for care that is not considered medically necessary. The ACA provides that claims tainted by a violation of the federal Anti-Kickback Statute are false for purposes of the FCA. Some courts have held that filing claims or failing to refund amounts collected in violation of the Stark Law can form the basis for liability under the FCA. In addition to the provisions of the FCA, which provide for civil enforcement, the federal government can use several criminal statutes to prosecute persons who are alleged to have submitted false or fraudulent claims for payment to the federal government.

*Civil Monetary Penalties Statute*

The Civil Monetary Penalties Statute, 42 U.S.C. § 1320a-7a, authorizes the imposition of civil money penalties, assessments, and exclusion against an individual or entity based on a variety of prohibited conduct, including, but not limited to:

- Presenting, or causing to be presented, claims for payment to Medicare, Medicaid, or other third-party payors that the individual or entity knows or should know are for an item or service that was not provided as claimed or is false or fraudulent;
- Offering remuneration to a Federal healthcare program beneficiary that the individual or entity knows or should know is likely to influence the beneficiary to order or receive healthcare items or services form a particular provider;
- Arranging contracts with an entity or individual excluded from participation in the Federal healthcare programs;
- Violating the federal Anti-Kickback Statute;
- Making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim for payment for items and services furnished under a Federal healthcare program;
- Making, using, or causing to be made any false statement, omission, or misrepresentation of a material fact in any application, bid, or contract to participate or enroll as a provider of services or a supplier under a Federal healthcare program; and
- Failing to report and return an overpayment owed to the federal government.

Substantial civil monetary penalties may be imposed under the federal Civil Monetary Penalty Statute and vary, depending on the underlying violation. In addition, an assessment of not more than three times the total amount claimed for each item or service may also apply, and a violator may be subject to exclusion from Federal and state healthcare programs.

*Foreign Corrupt Practices Act*

We are subject to regulations imposed by the Foreign Corrupt Practices Act (FCPA) in the United States and similar laws in other countries, which generally prohibit companies and those acting on their behalf from making improper payments to foreign government officials for the purpose of obtaining or retaining business. A violation of specific laws and regulations by us and/or our agents or representatives could result in, among other things, the imposition of fines and penalties on us, changes to our business practices, the termination of our contracts or debarment from bidding on contracts, or harm to our reputation, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

*Privacy and Security*

The Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act), (collectively referred to as HIPAA), require us to provide certain protections to patients and their health information. The HIPAA privacy and security regulations extensively regulate the use and disclosure of PHI and require covered entities, which include healthcare providers, to implement and maintain administrative, physical and technical safeguards to protect the security of such information. Additional security requirements apply to electronic PHI. These regulations also provide patients with substantive rights with respect to their health information.

The HIPAA privacy and security regulations also require us to enter into written agreements with certain contractors, known as business associates, to whom we disclose PHI. Covered entities may be subject to penalties for, among other activities, failing to enter into a business associate agreement where required by law or as a result of a business associate violating HIPAA if the business associate is found to be an agent of the covered entity and acting within the scope of the agency. Business associates are also directly subject to liability under the HIPAA privacy and security regulations. In instances where we act as a business associate to a covered entity, there is the potential for additional liability beyond our status as a covered entity.

Covered entities must report breaches of unsecured PHI to affected individuals without unreasonable delay but not to exceed 60 days of discovery of the breach by a covered entity or its agents. Notification must also be made to the HHS, and, for breaches of unsecured PHI involving more than 500 residents of a state or jurisdiction, to the media. All non-permitted uses or disclosures of unsecured PHI are presumed to be breaches unless the covered entity or business associate establishes that there is a low probability the information has been compromised. Various state laws and regulations may also require us to notify affected individuals in the event of a data breach involving individually identifiable information without regard to whether there is a low probability of the information being compromised.

Penalties for impermissible use or disclosure of PHI were increased by the HITECH Act by imposing tiered penalties of more than $50,000 per violation and up to $1.5 million per year for identical violations. In addition, HIPAA provides for criminal penalties of up to $250,000 and ten years in prison, with the severest penalties for obtaining and disclosing PHI with the intent to sell, transfer or use such information for commercial advantage, personal gain or malicious harm. Further, state attorneys general may bring civil actions seeking either injunction or damages in response to violations of the HIPAA privacy and security regulations that threaten the privacy of state residents.

In addition to the protection of PHI, healthcare companies must meet privacy and security requirements applicable to other categories of personal information. Companies may process consumer information in conjunction with website and corporate operations. They may also handle employee information, including Social Security Numbers, payroll information, and other categories of sensitive information, to further their employment practices. In processing this additional information, companies must comply with the privacy and security requirements of consumer protection laws, labor and employment laws, and its publicly-available notices.

Data protection laws are evolving globally, and may add additional compliance costs and legal risks to our international operations. In Europe, the General Data Protection Regulation (GDPR) became effective on May 25, 2018. The GDPR applies to entities that are established in the European Union (EU), as well as extends the scope of EU data protection laws to foreign companies processing data of individuals in the EU. The GDPR imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under GDPR, regulatory penalties may be passed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million. The costs of compliance with, and other burdens imposed by, the GDPR and other new laws, regulations and policies implementing the

GDPR may impact our European operations and/or limit the ways in which we can provide services or use personal data collected while providing services. If we fail to comply with the requirements of GDPR, we could be subject to penalties that would have a material adverse impact on our business, results of operations, financial condition and cash flows.

Data protection laws are also evolving nationally, and may add additional compliance costs and legal risks to our U.S. operations. For example, the California legislature recently passed the California Consumer Protection Act (CCPA), which became effective January 1, 2020. The CCPA is a privacy law that requires certain companies doing business in California to enhance privacy disclosures regarding the collection, use and sharing of a consumer's personal data. The CCPA grants consumers additional privacy rights that are broader than current Federal privacy rights. The CCPA also permits the imposition of civil penalties, grants enforcement authority to the state Attorney General and provides a private right of action for consumers where certain personal information is breached due to unreasonable information security practices. Several other states, including Nevada and Maine, have passed data protection laws similar to CCPA. These laws would impose organizational requirements and grant individual rights that are comparable to those established in the CCPA, and other states may pass similar legislation in the future.

In addition to the breach reporting requirements under HIPAA, companies are subject to state breach notification laws. Each state enforces a law requiring companies to provide notice of a breach of certain categories of sensitive personal information, e.g. Social Security Number, financial account information, or username and password. A company impacted by a breach must notify affected individuals, attorney’s general or other agencies within a certain time frame. If a company does not provide timely notice with the required content, it may be subject to civil penalties brought by attorney’s generals or affected individuals.

Companies must also safeguard personal information in accordance with federal and state data security laws and requirements. These requirements are akin to the HIPAA requirements to safeguard PHI, described above. The Federal Trade Commission, for example, requires companies to implement reasonable data security measures relative to its operations and the volume and complexity of the information it processes. Also, various state data security laws require companies to safeguard data with technical security controls and underlying policies and processes. Due to the constant changes in the data security space, companies must continuously review and update data security practices to mitigate any potential operational or legal liabilities stemming from data security risks.

*Healthcare reform*

In March 2010, broad healthcare reform legislation was enacted in the U.S. through the ACA, but the ACA’s regulatory framework and other related healthcare reforms continue to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. As such, there remains considerable uncertainty surrounding the continued implementation of the ACA and what similar healthcare reform measures or other changes might be enacted at the federal and/or state level. While legislative attempts to completely repeal the ACA have been unsuccessful to date, there have been multiple attempts to repeal or amend the ACA through legislative action and legal challenges. As a result, any specific changes to the ACA and related regulatory framework, as well as the timing of any such changes, are not possible to predict. Nevertheless, previously enacted reforms and future changes could have a material adverse effect on our business, results of operations, financial condition and cash flows. For example, the ACA's health insurance exchanges, which provide a marketplace for eligible individuals and small employers to purchase health insurance, initially increased the accessibility and availability of commercial insurance. However, certain legislative developments, such as the repeal of the individual mandate under the Tax Cuts and Jobs Act of 2017, have adversely impacted the risk pool in certain exchange markets, and the nature and extent of commercial payor participation in the exchanges has fluctuated as a result. Other proposed legislative developments or administrative decisions, such as moving to a universal health insurance or “single payor” system whereby health insurance is provided to all Americans by the government under government programs, or lowering or eliminating the cost-sharing reduction subsidies under the ACA, could impact the percentage of our patients with higher-paying commercial health insurance, impact the scope of coverage under commercial health plans and increase our expenses, among other things.

The ACA also requires that all non-grandfathered individual and small group health plans sold in a state, including plans sold through the state-based exchanges created pursuant to the healthcare reform laws, cover essential health benefits (EHBs) in ten general categories. The scope of the benefits is intended to equal the scope of benefits under a typical employer plan.

On February 25, 2013, HHS issued the final rule governing the standards applicable to EHB benchmark plans, including new definitions and actuarial value requirements and methodology, and published a list of plan benchmark options that states can use to develop EHBs. The rule describes specific coverage requirements that (i) prohibit discrimination against individuals because of pre-existing or chronic conditions, (ii) ensure network adequacy of essential health providers, and (iii) prohibit benefit designs that limit enrollment and that prohibit access to care for enrollees. Subsequent regulations relevant to the EHB have continued the benchmark plan approach for 2016 and future years and have implemented clarifications and modifications

to the existing EHB regulations, including the prohibition on discrimination, network adequacy standards and other requirements. In recent years, CMS has issued an annual Notice of Benefit and Payment Parameters rulemaking and related guidance setting forth standards for insurance plans provided through the exchanges.

Other aspects of the ACA may affect our business as well, including provisions that impact the Medicare and Medicaid programs. For example, the ACA broadened the potential for penalties under the FCA for the knowing and improper retention of overpayments collected from government payors and reduced the timeline to file Medicare claims. Nevertheless, as an example of how the healthcare regulatory environment continues to change in the wake of ACA, in February 2018 Congress passed the BBA, which included a provision that repealed an Independent Payment Advisory Board initially established by the ACA. While certain provisions of the BBA may increase the scope of benefits available for certain chronically ill federal healthcare program beneficiaries beginning in 2020, the ultimate impact of such changes cannot be predicted.

*New models of care and Medicare and Medicaid program reforms*

CMMI is working with various healthcare providers to develop, refine and implement ACOs and other innovative models of care for Medicare and Medicaid beneficiaries. We are uncertain of the extent to which the long-term operation and evolution of these models of care, including ACOs, the CEC Model (which includes the development of ESCOs), the Duals Demonstration, or other models, will impact the healthcare market over time. We may choose to participate in one or several of these models either as a partner with other providers or independently. We are currently participating in the CEC Model with CMMI, including with organizations in Arizona, Florida, and adjacent markets in New Jersey and Pennsylvania. We may choose to participate in additional models either as a partner with other providers or independently. Even in areas where we are not directly participating in these or other CMMI models, some of our patients may be assigned to an ACO, another ESRD Care Model, or another program, in which case the quality and cost of care that we furnish will be included in an ACO's, another ESRD Care Model's, or other program's calculations.

In addition, as noted above, federal bipartisan legislation related to full capitation demonstration for ESRD was proposed in late 2017. Legislation, which has yet to secure introduction to the 116th Congress, would build on prior coordinated care models, such as the CEC Model, and would establish a demonstration program for the provision of integrated care to Medicare ESRD patients. We have made and continue to make investments in building our integrated care capabilities, but there can be no assurances that initiatives such as this or similar legislation will be introduced or passed into law. If such legislation is passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on the broader scale contemplated by this legislation, and in the desired time frame. Additionally, the ultimate terms and conditions of any such potential legislation remain unclear-for example, our costs of care could exceed our associated reimbursement rates under such legislation.

More recently, the 2019 Executive Order directed CMS to create payment models to evaluate the effects of creating payment incentives for the greater use of home dialysis and kidney transplants for those already on dialysis. CMS subsequently announced in a proposed rule the ESRD Treatment Choices (ETC) mandatory payment model, which will be administered through the CMMI and is proposed to launch in 50% of dialysis clinics across the country in 2020. Under the proposed rule, which was subject to a comment period that ended in September 2019, CMS would select ESRD facilities and clinicians to participate in the model according to their location in randomly selected geographic areas and would require participation to minimize the potential for selection effect. We support the administration's emphasis on and move towards home dialysis and kidney transplant; however, we believe that if launched as proposed, the ETC model would negatively impact patient clinical care, Medicare coverage and/or payment for ESRD claims and, depending on the final requirements of the ETC model, ultimately could have a material adverse effect on our business, results of operations, financial condition and cash flows.

In connection with the 2019 Executive Order, CMS also announced the implementation of four voluntary payment models with the stated goal of helping healthcare providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. CMS has stated these payment models are aimed to prevent or delay the need for dialysis and encourage kidney transplantation. These payment models are scheduled to run from 2020 through December 2023. In October 2019, CMS released initial guidance around the voluntary payment models, and we expect additional guidance in the coming months. The details and specifics of these voluntary models have not yet been provided, and we anticipate that such details will be released in the second half of 2020. We continue to assess these models and their viability for us and the industry, and our assessment will continue to develop as additional details become available.

The 21st Century Cures Act, enacted in December 2016, includes a provision that will allow Medicare beneficiaries with ESRD to choose to obtain coverage under a Medicare Advantage (MA) plan, which could broaden access to certain enhanced benefits offered by MA plans. We continue to evaluate the potential impact of this change in benefit eligibility, as there is significant uncertainty as to how many or which newly eligible ESRD patients will seek to enroll in MA plans for their ESRD

benefits and how quickly any such changes would occur. Until the effective date of this law, January 1, 2021, this choice is available only to Medicare beneficiaries without ESRD.

For additional discussion on the risks associated with the evolving payment and regulatory landscape for kidney care, see the discussion in Item 1A Risk Factors, including the discussion under the heading, "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

*Other regulations*

Our U.S. dialysis and related lab services operations are subject to various state hazardous waste and non-hazardous medical waste disposal laws. These laws do not classify as hazardous most of the waste produced from dialysis services. Occupational Safety and Health Administration regulations require employers to provide workers who are occupationally subject to blood or other potentially infectious materials with prescribed protections. These regulatory requirements apply to all healthcare facilities, including dialysis centers, and require employers to make a determination as to which employees may be exposed to blood or other potentially infectious materials and to have in effect a written exposure control plan. In addition, employers are required to provide or employ hepatitis B vaccinations, personal protective equipment and other safety devices, infection control training, post-exposure evaluation and follow-up, waste disposal techniques and procedures and work practice controls. Employers are also required to comply with various record-keeping requirements.

In addition, a few states in which we do business have certificate of need programs regulating the establishment or expansion of healthcare facilities, including dialysis centers.

**Corporate compliance program**

Our businesses are subject to extensive regulations. Management has designed and implemented a corporate compliance program as part of our commitment to comply fully with applicable criminal, civil and administrative laws and regulations and to maintain the high standards of conduct we expect from all of our teammates. We continuously review this program and enhance it as appropriate. The primary purposes of the program include:

- Assessing and identifying risks for existing and new businesses;
- Training and educating our teammates and affiliated professionals to promote awareness of legal and regulatory requirements, a culture of compliance, and the necessity of complying with all these laws;
- Developing and implementing compliance policies and procedures and creating controls to support compliance with these laws and our policies and procedures;
- Auditing and monitoring the activities of our operating units and business support functions to identify and mitigate risks and potential instances of noncompliance in a timely manner; and
- Ensuring that we promptly take steps to resolve any instances of noncompliance and address areas of weakness or potential noncompliance.

We have a code of conduct that each of our teammates, members of our Board of Directors, affiliated professionals and certain third parties must follow, and we have an anonymous compliance hotline for teammates and patients to report potential instances of noncompliance that is managed by a third party. Our Chief Compliance Officer administers the compliance program. The Chief Compliance Officer reports directly to our Chief Executive Officer and the Chair of the Compliance Committee of our Board of Directors (Board Compliance Committee).

On October 22, 2014, DaVita entered into a Corporate Integrity Agreement (CIA) with HHS and the OIG. The term of the CIA expired on October 22, 2019, and the independent monitor is completing both her annual review and annual report. We are in the process of preparing our final annual report, which we will submit to HHA-OIG by March 11, 2020. The CIA (i) required that we maintain certain elements of our compliance programs; (ii) imposed certain expanded compliance-related requirements during the term of the CIA; (iii) required ongoing monitoring and reporting by an independent monitor, imposed certain reporting, certification, records retention and training obligations, allocated certain oversight responsibility to the Board's Compliance Committee, and necessitated the creation of a Management Compliance Committee and the retention of an independent compliance advisor to the Board; and (iv) contained certain business restrictions related to a subset of our joint venture arrangements.

Until OIG closes out the CIA following review of the aforementioned final annual reports, OIG retains the right to impose penalties, sanctions and other consequences on us under the CIA, including, without limitation, potential exclusion from federal healthcare programs.

Any future penalties, sanctions or other consequences under the CIA or otherwise could be more severe in circumstances in which OIG or a similar regulatory authority determines that we have repeatedly failed to comply with applicable laws, regulations or requirements that apply to our business, including substantial penalties and exclusion from participation in federal healthcare programs that could have a material adverse effect on our business, results of operations, financial condition and cash flows, reputation and stock price.

**Competition**

The U.S. dialysis industry has experienced some consolidation over the last few years, but remains highly competitive. Patient retention and the continued referrals of patients from referral sources such as hospitals and nephrologists, as well as acquiring or developing new outpatient dialysis centers are some of the important parts of our growth strategy. In our U.S. dialysis business, we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for limited acquisition targets, for individual patients who may choose to dialyze with us and for physicians qualified to provide required medical director services. Competition for growth in existing and expanding geographies or areas is intense and is not limited to large competitors with substantial financial resources or established participants in the dialysis space. We also compete with individual nephrologists, former medical directors or physicians that have opened their own dialysis units or facilities. Moreover, as we continue our international dialysis expansion into various international markets, we face competition from large and medium-sized providers, among others, for acquisition targets as well as physician relationships. We also experience competitive pressures from other dialysis providers in recruiting and retaining qualified skilled clinical personnel as well as in connection with negotiating contracts with commercial healthcare payors and inpatient dialysis service agreements with hospitals. Acquisitions, developing new outpatient dialysis centers, patient retention and physician relationships are significant components of our growth strategy and our business could be adversely affected if we are not able to continue to make dialysis acquisitions on reasonable and acceptable terms, continue to develop new outpatient dialysis centers, maintain or establish new relationships with physicians or if we experience significant patient attrition relative to our competitors.

Together with our largest competitor, Fresenius Medical Group (FMC), we account for approximately73% of outpatient dialysis centers in the U.S. Many of the centers not owned by us, FMC or other large for profit dialysis providers are owned or controlled by hospitals or non-profit organizations. Hospital-based and non-profit dialysis units typically are more difficult to acquire than physician-owned dialysis centers.

FMC also manufactures a full line of dialysis supplies and equipment in addition to owning and operating outpatient dialysis centers worldwide. This may give FMC cost advantages over us because of its ability to manufacture its own products or prevent us from accessing existing or new technology on a cost-effective basis. Additionally, FMC has been one of our largest suppliers of dialysis products and equipment over the last several years. In 2018, we entered into and subsequently extended an agreement with FMC to purchase a certain amount of dialysis equipment, parts and supplies from FMC through December 31, 2020. The amount of purchases from FMC over the remaining term of this agreement will depend upon a number of factors, including the operating requirements of our centers, the number of centers we acquire, and growth of our existing centers.

There have been a number of announcements by non-traditional dialysis providers and others, which relate to entry into the dialysis and pre-dialysis space, the development of innovative technologies, or the commencement of new business activities that could be disruptive to the industry. These developments over time may shift the competitive landscape in which we operate. For additional discussion on these developments and associated risks, see the risk factor in Item 1A Risk Factors under the heading, "*If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows.*"

**Insurance**

We are predominantly self-insured with respect to professional and general liability and workers' compensation risks through wholly-owned captive insurance companies. We are also predominantly self-insured with respect to employee medical and other health benefits. We also maintain insurance, excess coverage, or reinsurance for property and general liability, professional liability, directors' and officers' liability, workers' compensation, cybersecurity and other coverage in amounts and on terms deemed adequate by management, based on our actual claims experience and expectations for future claims. Future claims could, however, exceed our applicable insurance coverage. Physicians practicing at our dialysis centers are required to maintain their own malpractice insurance, and our medical directors are required to maintain coverage for their individual

private medical practices. Our liability policies cover our medical directors for the performance of their duties as medical directors at our outpatient dialysis centers.

**Teammates**

As of December 31, 2019, we employed approximately 65,000 teammates, including our international teammates.

Our businesses require skilled healthcare professionals with specialized training for treating patients with complex care needs. Recruitment and retention of nurses are continuing concerns for healthcare providers due to short supply. We have an active program of investing in our professional healthcare teammates to help ensure we meet our recruitment and retention targets, including expanded training opportunities, tuition reimbursements and other incentives, but there can be no assurances that we will meet our goals in this regard. For additional information, see the risk factor in Item 1A Risk Factors under the heading, *"If our labor costs continue to rise, including due to shortages, changes in certification requirements and higher than normal turnover rates in skilled clinical personnel; or currently pending or future rules, regulations, legislation or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain key leadership talent, we may experience disruptions in our business operations and increases in operating expenses, among other things, which could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**Item 1A. Risk Factors**

*This Annual Report on Form 10-K contains statements that are forward-looking statements within the meaning of the federal securities laws. These statements involve known and unknown risks and uncertainties including those discussed below. The risks and uncertainties discussed below are not the only ones facing our business. In addition, please read the cautionary notice regarding forward-looking statements in Item 7 of Part II of this Annual Report on Form 10-K under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operations."*

**If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price.**

We operate in a complex regulatory environment with an extensive and evolving set of federal, state and local governmental laws, regulations and requirements. These laws, regulations and requirements are promulgated and overseen by a number of different legislative, administrative, regulatory, and quasi-regulatory bodies, each of which may have varying interpretations, judgments or related guidance. As such, we utilize considerable resources on an ongoing basis to monitor, assess and respond to applicable legislative, regulatory and administrative requirements, but there is no guarantee that we will be successful in our efforts to adhere to all of these requirements. Laws, regulations and requirements that apply to or impact our business include, but are not limited to:

- Medicare and Medicaid reimbursement statutes, rules and regulations (including, but not limited to, manual provisions, local coverage determinations, national coverage determinations, payment schedules and agency guidance);
- federal and state anti-kickback laws, including, without limitation, any applicable exceptions or regulatory safe harbors thereunder;
- the Physician Self-Referral Law (the Stark Law) and analogous state self-referral prohibition laws;
- the 21st Century Cures Act;
- Federal Acquisition Regulations;
- the False Claims Act (FCA) and associated regulations;
- the Civil Monetary Penalty statute (CMP) and associated regulations;
- the Foreign Corrupt Practices Act (FCPA);
- Medicare and Medicaid provider requirements, including requirements associated with providing and updating certain information about the Medicare or Medicaid entity, as applicable, and its direct and indirect affiliates;
- antitrust and competition laws and regulations; and
- federal and state laws regarding the collection, use and disclosure of patient health information (e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA)) and the storage, handling, shipment, disposal and/or dispensing of pharmaceuticals and blood products and other biological materials.

In addition, on October 9, 2019, the U.S. Department of Health and Human Services, Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) released a pair of proposed rules that, if adopted, would change the Federal Anti-Kickback Statute (AKS), CMP and Stark Law regulations to promote certain value-based and coordinated care arrangements. The proposed rules were subject to a comment period ending in December 2019 and remain subject to change until the publication of any final rules, the date and content of which are currently unknown.

We have historically been subject to a five-year Corporate Integrity Agreement (CIA) with OIG. The term of the CIA expired on October 22, 2019, and the Company is in the process of working with the independent monitor and OIG to close out the review of the final annual reports by the independent monitor and the Company. The CIA (i) required that we maintain certain elements of our compliance programs; (ii) imposed certain expanded compliance-related requirements during the term of the CIA; (iii) required ongoing monitoring and reporting by an independent monitor, imposed certain reporting, certification, records retention and training obligations, allocated certain oversight responsibility to the Board's Compliance Committee, and necessitated the creation of a Management Compliance Committee and the retention of an independent compliance advisor to the Board; and (iv) contained certain business restrictions related to a subset of our joint venture arrangements. Until OIG closes out the CIA following review of the aforementioned final annual reports, OIG retains the right to impose penalties,

sanctions and other consequences on us under the CIA, including, without limitation, potential exclusion from federal healthcare programs. Any future penalties, sanctions or other consequences under the CIA or otherwise could be more severe in circumstances in which OIG or a similar regulatory authority determines that we have repeatedly failed to comply with applicable laws, regulations or requirements.

If any of our personnel, representatives or operations are found to violate these or other laws, regulations or requirements, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price, including, among others:

- Loss of required certifications or suspension or exclusion from or termination of our participation in government payment programs;
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties, which could be material;
- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, HIPAA and the Privacy Act of 1974;
- Mandated changes to our practices or procedures that significantly increase operating expenses that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices which could lead to potential fines, among other things;
- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, real estate leases and consulting agreements with physicians; and
- Harm to our reputation which could negatively impact our business relationships and stock price, affect our ability to attract and retain patients, physicians and teammates, affect our ability to obtain financing and decrease access to new business opportunities, among other things.

Additionally, the healthcare sector, including the dialysis industry, is regularly subject to negative publicity, including as a result of governmental investigations, adverse media coverage and political debate surrounding industry regulation. Negative publicity, regardless of merit, regarding the dialysis industry generally, the U.S. healthcare system or DaVita in particular may adversely affect us.

See Note 16 to the consolidated financial statements included in this report for further details regarding the pending legal proceedings and regulatory matters to which we are or may be subject from time to time, any of which may include allegations of violations of applicable laws, regulations and requirements.

**We are, and may in the future be, a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from our obligation to self-report suspected violations of law) and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.**

We are, and may in the future be, subject to investigations and audits by governmental agencies and/or private civil *qui tam* complaints filed by relators and other lawsuits, demands, claims and legal proceedings, including, without limitation, investigations or other actions resulting from our obligation to self-report suspected violations of law.

Responding to subpoenas, investigations and other lawsuits, claims and legal proceedings as well as defending ourselves in such matters will continue to require management's attention and cause us to incur significant legal expense. Negative

findings or terms and conditions that we might agree to accept as part of a negotiated resolution of pending or future legal or regulatory matters could result in, among other things, substantial financial penalties or awards against us, substantial payments made by us, harm to our reputation, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and, in certain cases, criminal penalties, any of which could have a material adverse effect on us. It is possible that criminal proceedings may be initiated against us and/or individuals in our business in connection with governmental investigations. Other than as may be described in Note 16 to the consolidated financial statements included in this report, we cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which we are or may be subject from time to time, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price. See Note 16 to the consolidated financial statements included in this report for further details regarding these and other legal proceedings and regulatory matters.

**Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

The extensive federal and state laws, regulations and requirements that govern our business may continue to change over time, and there is no assurance that we will be able to accurately predict the nature, timing or extent of such changes or the impact of such changes on the markets in which we conduct business or on the other participants that operate in those markets.

For example, the regulatory framework of the Patient Protection and Affordable Care Act and the Health Care Reconciliation Act of 2010, as amended (ACA), and other healthcare reforms continues to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. As such, there remains considerable uncertainty surrounding the continued implementation of the ACA and what similar healthcare reform measures or other changes might be enacted at the federal and/or state level. While legislative attempts to completely repeal the ACA have been unsuccessful to date, there have been multiple attempts to repeal or amend the ACA through legislative action and legal challenges. For example, in December 2017, the Tax Cuts and Jobs Act of 2017 was signed into law which, among other things, repealed the penalty under ACA's individual mandate, which had required individuals to pay a fee if they failed to obtain a qualifying health insurance plan. In December 2018, a federal district court in Texas ruled the individual mandate was unconstitutional and inseverable from the ACA. As a result, the court ruled the remaining provisions of the ACA were also invalid, though the court declined to issue a preliminary injunction with respect to the ACA. In December 2019, the Fifth Circuit Court of Appeals agreed that the individual mandate was unconstitutional, but remanded the case back to the district court to reassess how much of the ACA would be damaged without the individual mandate provision, and if the individual mandate could indeed be severed from the ACA. This litigation is still ongoing, but places great uncertainty upon the longevity and nature of the ACA moving forward.

While there may be significant changes to the healthcare environment in the future, including, without limitation, as a result of potential changes to the political environment in connection with the current election year or otherwise, the specific changes and their timing are not yet apparent. Nevertheless, previously enacted reforms and future changes, including among others, any changes in legislation, regulation or market conditions in connection with or resulting from the upcoming elections, could have a material adverse effect on our business, results of operations, financial condition and cash flows. For example, our revenue levels are sensitive to the percentage of our patients with higher-paying commercial health insurance, and as such, legislative, regulatory or other changes that decrease the accessibility and availability, including the duration, of commercial insurance may have a material adverse impact on our business. The ACA's health insurance exchanges, which provide a marketplace for eligible individuals and small employers to purchase health insurance, initially increased the accessibility and availability of commercial insurance. However, certain legislative developments, such as the repeal of the individual mandate described above, have adversely impacted the risk pool in certain exchange markets, and the nature and extent of commercial payor participation in the exchanges has fluctuated as a result. Other proposed legislative developments or administrative decisions, such as moving to a universal health insurance or "single payor" system whereby health insurance is provided to all Americans by the government under government programs, or lowering or eliminating the cost-sharing reduction subsidies under the ACA, could impact the percentage of our patients with higher-paying commercial health insurance, impact the scope of coverage under commercial health plans and increase our expenses, among other things. Although we cannot predict the short- or long-term effects of legislative or regulatory changes or the potential outcome or impact of the upcoming elections, we believe that future market changes could result in more restrictive commercial plans with lower reimbursement rates or higher deductibles and co-payments that patients may not be able to pay. To the extent that changes in statutes, regulations or related guidance or changes in other market conditions result in a reduction in the percentage of our patients with commercial insurance, limit the scope or nature of coverage through the exchanges or other health insurance programs or otherwise reduce reimbursement rates for our services from commercial and/or government payors, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. For additional information on the impact of legislative or regulatory changes on the percentage of our patients with commercial insurance, see the risk factor under the heading *"If the*

*number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

The ACA also added several new tax provisions that, among other things, impose various fees and excise taxes, and limit compensation deductions for health insurance providers and their affiliates. These rules could negatively impact our cash flow and tax liabilities. In addition, the ACA broadened the potential for penalties under the FCA for the knowing and improper retention of overpayments collected from government payors and reduced the timeline to file Medicare claims. Failure to timely identify, quantify and return overpayments may result in significant penalties, which could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation. Failure to file a claim within the one year window could result in payments denials, adversely affecting our business, results of operations, financial condition and cash flows.

In addition to the ACA, changing legislation and other regulatory and executive developments have led to the emergence of new models of care and other initiatives in both the government and private sector. Any failure on our part to adequately implement strategic initiatives to adjust to these marketplace developments could have a material adverse impact on our business. For example, as noted above, the July 10, 2019 executive order (the 2019 Executive Order) related to kidney care directed CMS to create payment models to evaluate the effects of creating payment incentives for the greater use of home dialysis and kidney transplants for those already on dialysis. CMS subsequently announced in a proposed rule the ETC mandatory payment model, which will be administered through the CMMI and is proposed to launch in 50% of dialysis clinics across the country beginning in 2020. Under the proposed rule, which was subject to a comment period that ended in September 2019, CMS would select ESRD facilities and clinicians to participate in the model according to their location in randomly selected geographic areas and would require participation to minimize the potential for selection effect. We support the administration's emphasis on and move towards home dialysis and kidney transplant; however, we believe that if launched as proposed, the ETC model would negatively impact patient clinical care, Medicare coverage and/or payment for ESRD claims and, depending on the final requirements of the ETC model, ultimately could have a material adverse effect on our business, results of operations, financial condition and cash flows. With home dialysis as a focus of the ETC model and the industry generally, any failure to successfully implement our strategy or build on our abilities to offer home dialysis options could have a material adverse impact on our business, results of operation, financial condition and cash flows. For additional detail on the risks related to our home dialysis services, see the discussion under the heading "*If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.*"

In connection with the 2019 Executive Order, CMS also announced the implementation of four voluntary payment models with the stated goal of helping healthcare providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. CMS has stated these payment models are aimed to prevent or delay the need for dialysis and encourage kidney transplantation. These payment models were initially proposed to run from 2020 through December 2023. The details and specifics of these voluntary models have not yet been provided, and we anticipate that such details will be released in the second half of 2020. We continue to assess these models and their viability for us and the industry, and our assessment will continue to develop as additional details become available.

In addition, CMMI is currently working with various healthcare providers to develop, refine and implement Accountable Care Organizations (ACOs) and other innovative models of care for Medicare and Medicaid beneficiaries, including, without limitation, the Comprehensive ESRD Care Model (CEC Model) (which includes the development of end stage renal disease (ESRD) Seamless Care Organizations), the Duals Demonstration, and other models. We are currently participating in the CEC Model with CMMI, including with organizations in Arizona, Florida, and adjacent markets in New Jersey and Pennsylvania. We may choose to participate in additional models either as a partner with other providers or independently. Even in areas where we are not directly participating in these or other CMMI models, some of our patients may be assigned to an ACO, another ESRD Care Model, or another program, in which case the quality and cost of care that we furnish will be included in an ACO's, another ESRD Care Model's, or other program's calculations.

In addition to the aforementioned new models of care, federal bipartisan legislation related to full capitation demonstration for ESRD was proposed in late 2017. Legislation, which has yet to secure introduction to the 116th Congress, would build on prior coordinated care models, such as the CEC Model, and would establish a demonstration program for the provision of integrated care to Medicare ESRD patients. We have made and continue to make investments in building our integrated care capabilities, but there can be no assurances that initiatives such as this or similar legislation will be introduced or passed into law. If such legislation is passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on the broader scale contemplated by this legislation, and in the desired time frame. Additionally, the ultimate terms and conditions of any such potential legislation remain unclear—for example, our costs of care could exceed our associated reimbursement rates

under such legislation. The new and evolving landscape for integrated kidney care also has led to opportunities with relative ease of entry for certain smaller and/or non-traditional providers, and we may be competing with them for patients in an asymmetrical environment with respect to data and/or regulatory requirements given our status as an ESRD service provider. For additional detail on our evolving competitive environment, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows."* In general, if we are unable to efficiently adjust to these and other new models of care, it may, among other things, erode our patient base or reimbursement rates, which could have a material adverse impact on our business, results of operation, financial condition and cash flows.

There have also been several state initiatives to limit payments to dialysis providers or impose other burdensome operational requirements, which, if passed, could have a material adverse impact on our business, results of operation, financial condition and cash flow. For example, on October 24, 2019, the Service Employees International Union - United Healthcare Workers West (SEIU) proposed a California statewide ballot initiative for the November 2020 election that seeks to impose certain regulatory requirements on dialysis clinics, including requirements related to physician staffing levels, clinical reporting, clinical treatment options and the ability to make decisions on closing or reducing services for dialysis clinics. We expect to incur costs in connection with this new proposal, should it become eligible for the November 2020 election, and other potential legislative or ballot initiatives, and these costs may be substantial. Similar initiatives were also proposed in Ohio and Arizona in the 2018 election cycle; however, neither of these initiatives met the applicable requirements for inclusion on the state ballot for the November 2018 elections. We may face similar ballot initiatives or other legislation in the future in these or other states.

There have also been rule making and legislative efforts at both the federal and state level concerning charitable premium assistance. In December 2016, CMS published an interim final rule that questioned the use of charitable premium assistance for ESRD patients and would have established new conditions for coverage standards for dialysis facilities. In January 2017, a federal district court in Texas issued a preliminary injunction on CMS' interim final rule and in June 2017, at the request of CMS, the court stayed the proceedings while CMS pursues new rulemaking options. In June 2019, CMS sent to the White House Office of Management and Budget a proposed rule entitled *"Conditions for Coverage for End-Stage Renal Disease Facilities-Third Party Payments."*We do not know if or when this proposed rule will be released. In addition, on October 13, 2019 a California bill (AB 290) was signed into law that limits the amount of reimbursement paid to certain providers for services provided to patients with commercial insurance who receive charitable premium assistance. AB 290 was expected to become effective in January 2020. The American Kidney Fund (AKF), an organization that provides charitable premium assistance, announced that it would be withdrawing from California as a result of AB 290. On November 1, 2019, AKF filed a lawsuit in federal court challenging the law on several grounds. A group of providers, including DaVita, also filed a lawsuit challenging the law in federal court on November 5, 2019. The parties to each suit also filed motions for preliminary injunctions shortly after filing the lawsuits, seeking to prevent AB 290's implementation during litigation. On December 30, 2019, the district court granted a preliminary injunction. The preliminary injunction will remain in place until a final judgment is made in the case, which is expected to occur in 2020.

In the event AB 290 becomes effective and the AKF withdraws from California, we expect an adverse impact on the ability of patients to afford Medicare premiums and Medicare supplemental (Medigap) and commercial coverage, which we expect will in turn result in an adverse impact on our business, results of operations, financial condition and cash flows. In addition, bills similar to AB 290 were introduced in Illinois (SB 650) and Oregon (SB 900), but have not been successfully passed to date. If these or similar bills are introduced and implemented in other jurisdictions, and organizations that provide charitable premium assistance in those jurisdictions are similarly impacted, it could in the aggregate have a material adverse impact on our business, results of operations, financial condition and cash flows. For additional information on the impact of decreases to the percentage of our patients with commercial insurance, see the risk factor under the heading *"If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows"*.

Any law, rule or guidance proposed or issued by CMS or other federal or state regulatory or legislative authorities or others, including, without limitation, any initiatives similar to the proposed legislation and ballot initiatives described above, or other future ballot or other initiatives restricting or prohibiting the ability of patients with access to alternative coverage from selecting a marketplace plan on or off exchange, limiting the amount of revenue that a dialysis provider can retain for caring for patients with commercial insurance, imposing burdensome operational requirements, affecting payments made to providers for services provided to patients who receive charitable premium assistance and/or otherwise restricting or prohibiting the use of charitable premium assistance, could cause us to incur substantial costs to oppose any such proposed measures, impact our dialysis center development plans, and if passed and/or implemented, could adversely impact dialysis centers across the U.S. making certain centers economically unviable, lead to the closure of certain centers, restrict the ability of dialysis patients to

obtain and maintain optimal insurance coverage, and in some cases, have a material adverse effect on our business, results of operations, financial condition and cash flows.

**Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.**

We must comply with numerous federal and state laws and regulations in both the U.S. and the foreign jurisdictions in which we operate governing the collection, dissemination, access, use, security and privacy of PHI, including, without limitation, HIPAA and its implementing privacy, security, and related regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH) and collectively referred to as HIPAA. We are also required to report known breaches of PHI consistent with applicable breach reporting requirements set forth in applicable laws and regulations. From time to time, we may be subject to both federal and state inquiries or audits related to HIPAA, HITECH and related state laws associated with complaints, desk audits, and self-reported breaches. If we fail to comply with applicable privacy and security laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information, including PHI, on our behalf, properly maintain the integrity of our data, protect our proprietary rights, or defend against cybersecurity attacks, it could materially harm our reputation or have a material adverse effect on our business, results of operations, financial condition and cash flows. These risks may be intensified to the extent that the laws change or to the extent that we increase our use of third-party service providers that utilize sensitive personal information, including PHI, on our behalf.

Data protection laws are evolving globally, and may continue to add additional compliance costs and legal risks to our international operations. In Europe, the General Data Protection Regulation (GDPR) became effective on May 25, 2018. The GDPR applies to entities that are established in the European Union (EU), as well as extends the scope of EU data protection laws to foreign companies processing data of individuals in the EU. The GDPR imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under the GDPR, regulatory penalties may be assessed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million. The costs of compliance with, and other burdens imposed by, the GDPR and other new laws, regulations and policies implementing the GDPR may impact our European operations and/or limit the ways in which we can provide services or use personal data collected while providing services. If we fail to comply with the requirements of GDPR, we could be subject to penalties that would have a material adverse impact on our business, results of operations, financial condition and cash flows.

Data protection laws are also evolving nationally, and may add additional compliance costs and legal risks to our U.S. operations. For example, the California legislature recently passed the California Consumer Protection Act (CCPA), which became effective January 1, 2020. The CCPA is a privacy law that requires certain companies doing business in California to enhance privacy disclosures regarding the collection, use and sharing of a consumer's personal data. The CCPA grants consumers additional privacy rights that are broader than current Federal privacy rights. The CCPA also permits the imposition of civil penalties, grants enforcement authority to the state Attorney General and provides a private right of action for consumers where certain personal information is breached due to unreasonable information security practices. Several other states, including Nevada and Maine, have passed data protection laws similar to CCPA. These laws would impose organizational requirements and grant individual rights that are comparable to those established in the CCPA, and other states may pass similar legislation in the future. In particular, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights, in partnership with the Healthcare and Public Health Sector Coordinating Council (HSCC), recently issued cybersecurity guidelines for healthcare organizations that reflect consensus-based, voluntary practices to cost-effectively reduce cybersecurity risks for organizations of varying sizes. Although these HHS-backed guidelines, entitled *"Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients,"* are voluntary, they are likely to serve as an important reference point for the healthcare industry, and may cause us to invest additional resources in technology, personnel and programmatic cybersecurity controls as the cybersecurity risks we face continue to evolve.

Information security risks have significantly increased in recent years in part because of the proliferation of new technologies, the use of the Internet and telecommunications technologies to conduct our operations, and the increased sophistication and activities of organized crime, hackers, terrorists and other external parties, including, among others, foreign state agents. Our business and operations rely on the secure processing, transmission and storage of confidential, proprietary and other information in our computer systems and networks, including sensitive personal information, including PHI, social security numbers, and credit card information of our patients, teammates, physicians, business partners and others.

We regularly review, monitor and implement multiple layers of security measures through technology, processes and our people. We utilize security technologies designed to protect and maintain the integrity of our information systems and data, and our defenses are monitored and routinely tested internally and by external parties. Despite these efforts, our facilities and systems and those of our third-party service providers may be vulnerable to privacy and security incidents; security attacks and breaches; acts of vandalism or theft; computer viruses and other malicious code; coordinated attacks by a variety of actors, including, among others, activist entities or state sponsored cyberattacks; emerging cybersecurity risks; cyber risk related to connected devices; misplaced or lost data; programming and/or human errors; or other similar events that could impact the security, reliability and availability of our systems. Internal or external parties may attempt to circumvent our security systems, and we have in the past, and expect that we will in the future, experience external attacks on our network including, without limitation, reconnaissance probes, denial of service attempts, malicious software attacks including ransomware or other attacks intended to render our internal operating systems or data unavailable, and phishing attacks or business email compromise. Cybersecurity requires ongoing investment and diligence against evolving threats. Emerging and advanced security threats, including, without limitation, coordinated attacks, require additional layers of security which may disrupt or impact efficiency of operations. As with any security program, there always exists the risk that employees will violate our policies despite our compliance efforts or that certain attacks may be beyond the ability of our security and other systems to detect. There can be no assurance that investments, diligence and/or our internal controls will be sufficient to prevent or timely discover an attack.

Any security breach involving the misappropriation, loss or other unauthorized disclosure or use of confidential information, including, among others, PHI, financial data, competitively sensitive information, or other proprietary data, whether by us or a third party, could have a material adverse effect on our business, results of operations, financial condition, cash flows and materially harm our reputation. We may be required to expend significant additional resources to modify our protective measures, to investigate and remediate vulnerabilities or other exposures, or to make required notifications. The occurrence of any of these events could, among other things, result in interruptions, delays, the loss or corruption of data, cessations in the availability of systems and liability under privacy and security laws, all of which could have a material adverse effect on our business, results of operations, financial condition and cash flows, or materially harm our reputation and trigger regulatory actions and private party litigation. If we are unable to protect the physical and electronic security and privacy of our databases and transactions, we could be subject to potential liability and regulatory action, our reputation and relationships with our patients, physicians, vendors and other business partners would be harmed, and our business, results of operations, financial condition and cash flows could be materially and adversely affected. Failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or to defend against cybersecurity attacks, could subject us to monetary fines, civil suits, civil penalties or criminal sanctions and requirements to disclose the breach publicly, and could further result in a material adverse effect on our business, results of operations, financial condition and cash flows or harm our reputation. As malicious cyber activity escalates, including activity that originates outside of the U.S., the risks we face relating to transmission of data and our use of service providers outside of our network, as well as the storing or processing of data within our network, intensify. There have been increased international, federal and state and other privacy, data protection and security enforcement efforts and we expect this trend to continue. While we intend to maintain cyber liability insurance, this insurance may not cover us for all types of losses and may not be sufficient to protect us against the amount of all losses.

**If the average rates that commercial payors pay us decline significantly or if patients in commercial plans are subject to restriction in plan designs, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Approximately 31% of our U.S. dialysis net patient services revenues for the year ended December 31, 2019, were generated from patients who have commercial payors (including hospital dialysis services) as their primary payor. The majority of these patients have insurance policies that pay us on terms and at rates that are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profit and all of our nonacute dialysis profits come from commercial payors. We continue to experience downward pressure on some of our commercial payment rates as a result of general conditions in the market, including as employers shift to less expensive options for medical services, recent and future consolidations among commercial payors, increased focus on dialysis services and other factors. Commercial payment rates could be materially lower in the future due to these or other factors.

We continuously are in the process of negotiating existing and potential new agreements with commercial payors who aggressively negotiate terms with us, and we can make no assurances about the ultimate results of these negotiations or the timing of any potential rate changes resulting from these negotiations. Sometimes many significant agreements are being renegotiated at the same time. In the event that our continual negotiations result in overall commercial rate reductions in excess of overall commercial rate increases, the cumulative effect could have a material adverse effect on our business, results of operations, financial condition and cash flows. We believe payor consolidations have significantly increased the negotiating leverage of commercial payors, and ongoing consolidations may continue to increase this leverage in the future. Our negotiations with payors are also influenced by competitive pressures, and we may experience decreased contracted rates with

commercial payors or experience decreases in patient volume, including if we turn away new patients in instances where we are unable to come to agreement with commercial payors on rates, as our negotiations with commercial payors continue.

Certain payors have also been attempting to design and implement plans that restrict access to ESRD coverage both in the commercial and individual market. Among other things, these restrictive plan designs seek to limit the duration and/or the breadth of ESRD benefits, limit the number of in-network providers, set arbitrary provider reimbursement rates, or otherwise restrict access to care, all of which may result in a decrease in the number of patients covered by commercial insurance. Payors may also dispute the scope and duration of ESRD benefit coverage under their plans. Any of the foregoing, including developments in plan design or new business activities of commercial payors, may lead to a significant decrease in the number of patients with commercial plans, the duration of benefits for patients under commercial plans and/or a significant decrease in the payment rates we receive, which would have a material adverse effect on our business, results of operations, financial condition and cash flows.

In addition, some commercial payors are pursuing or have incorporated policies into their provider manuals limiting or refusing to accept charitable premium assistance from non-profit organizations, such as the American Kidney Fund, which may impact the number of patients who are able to afford commercial plans. Paying for coverage is a significant financial burden for many patients, and ESRD disproportionately affects the low-income population. Charitable premium assistance supports continuity of coverage and access to care for patients, many of whom are unable to continue working full-time as a result of their severe condition. A material restriction in patients' ability to access charitable premium assistance may restrict the ability of dialysis patients to obtain and maintain optimal insurance coverage, and may adversely impact a large number of dialysis centers across the U.S. by making certain centers economically unviable, and may have a material adverse effect on our business, results of operations, financial condition and cash flows.

For additional details regarding the impact of a decline in our patients under commercial plans, see the risk factor under the heading *"If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows."* For additional details regarding specific risks we face regarding potential legislative or regulatory changes that, among other things, could result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, see the discussion in the risk factor under the heading *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Our revenue levels are sensitive to the percentage of our patients with higher-paying commercial insurance coverage. A patient's insurance coverage may change for a number of reasons, including changes in the patient's or a family member's employment status. A material portion of our commercial revenue is concentrated with a limited number of commercial payors, and any changes impacting our highest paying commercial payors will have a disproportionate impact on us. In addition, many patients with commercial and government insurance rely on financial assistance from charitable organizations, such as the American Kidney Fund. Certain payors have challenged our patients' and other providers' patients' ability to utilize assistance from charitable organizations for the payment of premiums, including, without limitation, through litigation and other legal proceedings. The use of charitable premium assistance for ESRD patients has also faced challenges and inquiries from legislators, regulators and other governmental authorities, and this may continue. In addition, CMS or another regulatory agency or legislative authority may issue a new rule or guidance that challenges or restricts charitable premium assistance. For additional details, see the discussion under the heading *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."* If any of these challenges to kidney patients' use of premium assistance are successful or restrictions are imposed on the use of financial assistance from such charitable organizations or if organizations providing such assistance are no longer available such that kidney patients are unable to obtain, or continue to receive or receive for a limited duration, such financial assistance, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, if our assumptions about how kidney patients will respond to any change in financial assistance from charitable organizations are incorrect, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

When Medicare becomes the primary payor, the payment rate we receive for that patient decreases from the employer group health plan or commercial plan rate to the lower Medicare payment rate. If the number of our patients who have Medicare or another government-based program as their primary payor increases, it could negatively impact the percentage of our patients covered under commercial insurance plans. There are a number of factors that could drive a decline in the percentage of our patients covered under commercial insurance plans, including, among others, a continued decline in the rate of growth of the ESRD patient population, continued improved mortality or the reduced availability of commercial health plans or reduced coverage by such plans through the ACA exchanges or otherwise due to changes to the marketplace, healthcare

regulatory system or otherwise. Commercial payors could also cease paying in the primary position after providing 30 months of coverage resulting in potentially material reductions in payment as the patient moves to Medicare primary. Moreover, declining macroeconomic conditions could also negatively impact the percentage of our patients covered under commercial insurance plans. To the extent there are sustained or increased job losses in the U.S., we could experience a decrease in the number of patients covered under commercial plans and/or an increase in uninsured and underinsured patients independent of whether general economic conditions improve. We could also experience higher numbers of uninsured and underinsured patients, which would result in an increase in uncollectible accounts.

Finally, the ultimate results of our continual negotiations with commercial payors under existing and potential new agreements cannot be predicted and, among other things, could result in a decrease in the number of our patients covered by commercial plans to the extent that we cannot reach agreement with commercial payors on rates and other terms, resulting in termination or non-renewals of existing agreements and our inability to enter into new agreements. Our agreements and rates with commercial payors may be impacted by new business activities of these commercial payors as well as steps that these commercial payors have taken and may continue to take to control the cost of and/or the eligibility for access to the services that we provide, including, without limitation, relative to products on and off the healthcare exchanges. These efforts could impact the number of our patients who are eligible to enroll in commercial insurance plans, and remain on the plans, including plans offered through healthcare exchanges. For additional detail on the risks related to commercial payor activity, including restrictive plan design, see the discussion under the heading *"If the average rates that commercial payors pay us decline significantly or if patients in commercial plans are subject to restriction in plan designs, it would have a material adverse effect on our business, results of operations, financial condition and cash flows."* We could also experience a further decrease in the payments we receive for services if changes to the marketplace or the healthcare regulatory system result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, among other things.

If there is a significant reduction in the number of patients under higher-paying commercial plans relative to government-based programs that pay at lower rates or a significant increase in the number of patients that are uninsured and underinsured, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.**

Our home-based dialysis services, which include home hemodialysis and peritoneal dialysis (PD), represented approximately 16% of our U.S. dialysis patient services revenues for the year ended December 31, 2019, and have increasingly become an important part of our overall strategy. In addition, home-based dialysis recently has been the subject of increased political and industry focus. For example, in connection with the 2019 Executive Order, HHS set out specific goals related to home dialysis and CMMI announced a proposed mandatory model that included new incentives to encourage dialysis at home. We are a leader in home-based dialysis and have made investments in processes and infrastructure to continue to grow this modality. There are, however, risks associated with this growth, including, among other things, financial, legal and operational risks related to our ability to design and develop infrastructure and to plan for capacity in a modality that is part of an evolving marketplace. We may also be subject to associated risks related to our ability to successfully manage related operational initiatives, find, train and retain appropriate staff, contract with payors for appropriate reimbursement, and maintain processes to adhere to the complex regulatory and legal requirements, including without limitation those associated with billing Medicare. For additional detail on risks associated with operating in a highly regulated environment, see "*If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price.*" In addition to the above risks, certain risks inherent to home-based dialysis will increase as we expand our home-based dialysis offerings, including risks related to managing transitions between in-center and home-based dialysis, billing and telehealth systems, among others. For additional detail on risks associated with information systems and new technology generally, see the discussion under the heading "*Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems could materially adversely affect our business, results of operations, financial condition and cash flows.*"

An increased focus on home-based dialysis is also indicative of the generally evolving market for kidney care. This developing market may create additional opportunities for competition with relative ease of entry, and if we are unable to successfully adapt to these marketplace developments in a timely and compliant manner, we may see a reduction in our overall number of patients, among other things. For additional detail on the competitive landscape in kidney care, see the discussion under the heading "*If we are unable to compete successfully, including, without limitation, implementing our growth strategy*

*and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows*." If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.

**Changes in the structure of and payment rates under the Medicare ESRD program could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Approximately 42% of our U.S. dialysis net patient services revenues for the year ended December 31, 2019, were generated from patients who have Medicare as their primary payor. For patients with Medicare coverage, all ESRD payments for dialysis treatments are currently made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the treatment of dialysis, including pharmaceuticals that were historically separately reimbursed to the dialysis providers, such as erythropoietin (EPO), vitamin D analogs and iron supplements, irrespective of the level of pharmaceuticals administered or additional services performed, except in the case of calcimimetics, which are subject to a transitional drug add-on payment adjustment for the Medicare Part B ESRD payment. Most lab services are also included in the bundled payment. Under the ESRD Prospective Payment System (PPS), the bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility's performance in specified quality measures set annually by CMS through the ESRD Quality Incentive Program, which was established by the Medicare Improvements for Patients and Providers Act of 2008. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors. In addition, the ESRD PPS is subject to rebasing, which can have a positive financial effect, or a negative one if the government fails to rebase in a manner that adequately addresses the costs borne by dialysis facilities. Similarly, as new drugs, services or labs are added to the ESRD bundle, CMS' failure to adequately calculate the costs associated with the drugs, services or labs could have a material adverse effect on our business, results of operations, financial condition and cash flows.

The current bundled payment system presents certain operating, clinical and financial risks, which include, without limitation:

- Risk that our rates are reduced by CMS. Uncertainty about future payment rates remains a material risk to our business. CMS publishes a final rule for the ESRD PPS each year; the final rule for 2020 was issued on October 31, 2019.

- Risk that CMS, on its own or through its contracted Medicare Administrative Contractors (MACs) or otherwise, implements Local Coverage Determinations (LCDs) or implements payment provisions, policy or regulatory mandates, including changes to the existing or future PPS, that limit our ability to either be paid for covered dialysis services or bill for treatments or other drugs and services or other rules that may impact reimbursement. Such payment rules and regulations and coverage determinations or related decisions could have an adverse impact on our operations and revenue. There is also risk commercial insurers could seek to incorporate the requirements or limitations associated with such LCDs or CMS guidance into their contracted terms with dialysis providers, which could have an adverse impact on our revenue.

- Risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance, or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance.

- Risk that increases in our operating costs will outpace the Medicare rate increases we receive. We expect operating costs to continue to increase due to inflationary factors, such as increases in labor and supply costs, including, without limitation, increases in maintenance costs and capital expenditures to improve, renovate and maintain our facilities, equipment and information technology to meet changing regulatory requirements and business needs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or in payments under the bundled payment rate system.

- Risk of continued federal budget sequestration cuts. As a result of the Budget Control Act of 2011 and the BBA, an annual 2% reduction to Medicare payments took effect on April 1, 2013, and has been extended through 2027. These across-the-board spending cuts have affected and will continue to adversely affect our business, results of operations, financial condition and cash flows.

- Risk that failure to adequately develop and maintain our clinical systems or failure of our clinical systems to operate effectively could have a material adverse effect on our business, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if our clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, we might be over-reimbursed by the government, which could subject us to liability. For example, CMS published a final rule that implemented a provision of the ACA, requiring providers to report and return Medicare and Medicaid overpayments within the later of (a) 60 days after the overpayment is identified and quantified, or (b) the date any corresponding cost report is due, if applicable. An overpayment impermissibly retained under this statute could, among other things, subject us to liability under the FCA, exclusion from participation in the federal healthcare programs, and penalties under the federal Civil Monetary Penalty statute and could adversely impact our reputation.

We are subject to similar risks for services billed separately from the ESRD bundled payment, including, without limitation, the risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance; or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance. For additional details regarding the risks we face for failing to adhere to our Medicare and Medicaid regulatory compliance obligations, see the risk factor above under the heading *"If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price."*

In addition, changing legislation and other regulatory and executive developments have led and may continue to lead to the emergence of new models of care and other initiatives in both the government and private sector that, among other things, impact the structure of, and payment rates under, the Medicare ESRD program. For additional details regarding the risks we face for failing to adequately implement strategic initiatives to adjust to these marketplace developments, see the risk factor above under the heading *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

Moreover, the number of our patients with primary Medicare coverage may be subject to change, particularly with the upcoming January 1, 2021 effective date under the 21st Century Cures Act, which will allow Medicare-eligible individuals with ESRD to enroll in Medicare Part C Medicare Advantage (MA) managed care plans. We continue to evaluate the potential impact of this change in benefit eligibility, as there is significant uncertainty as to how many or which newly eligible ESRD patients will seek to enroll in MA plans for their ESRD benefits and how quickly any such changes would occur. If we fail to maintain contracts with MA payors with competitive rates, if our assumptions about how kidney patients will respond to the 21st Century Cures Act are incorrect or if we fail to provide education to kidney patients in the manner specified by CMS, we could be subject to certain clinical, operational, financial and legal risks, which could be material.

**Changes in state Medicaid or other non-Medicare government-based programs or payment rates could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Approximately 27% of our U.S. dialysis net patient services revenues for the year ended December 31, 2019, were generated from patients who have state Medicaid or other non-Medicare government-based programs, such as coverage through the Department of Veterans Affairs (VA), as their primary coverage. As state governments and other governmental organizations face increasing budgetary pressure, we may in turn face reductions in payment rates, delays in the receipt of payments, limitations on enrollee eligibility or other changes to the applicable programs. For example, certain state Medicaid programs and the VA have recently considered, proposed or implemented payment rate reductions.

The VA adopted Medicare's bundled PPS pricing methodology for any veterans receiving treatment from non-VA providers under a national contracting initiative. Since we are a non-VA provider, these reimbursements are tied to a percentage of Medicare reimbursement, and we have exposure to any dialysis reimbursement changes made by CMS. Approximately 3% of our U.S. dialysis net patient services revenues for the year ended December 31, 2019 were generated by the VA.

In 2019, we entered into a Nationwide Dialysis Services contract with the VA that includes five separate one-year renewal periods throughout the term of the contract. The term structure is similar to our prior five-year agreement with the VA, and is consistent with VA practice for similar provider agreements. With this contract award, the VA has agreed to keep our percentage of Medicare reimbursement consistent with that under our prior agreement with the VA during the term of the contract. As with that prior agreement, this agreement provides the VA with the right to terminate the agreements without cause on short notice. Should the VA renegotiate, or not renew or cancel these agreements for any reason, we may cease accepting patients under this program and may be forced to close centers or experience lower reimbursement rates, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

State Medicaid programs are increasingly adopting Medicare-like bundled payment systems, but sometimes these payment systems are poorly defined and are implemented without any claims processing infrastructure, or patient or facility adjusters. If these payment systems are implemented without any adjusters and claims processing infrastructure, Medicaid payments will be substantially reduced and the costs to submit such claims may increase, which will have a negative impact on our business, results of operations, financial condition and cash flows. In addition, some state Medicaid program eligibility requirements mandate that citizen enrollees in such programs provide documented proof of citizenship. If our patients cannot meet these proof of citizenship documentation requirements, they may be denied coverage under these programs, resulting in decreased patient volumes and revenue. These Medicaid payment and enrollment changes, along with similar changes to other non-Medicare government programs could reduce the rates paid by these programs for dialysis and related services, delay the receipt of payment for services provided and further limit eligibility for coverage which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**Changes in clinical practices, payment rates or regulations impacting pharmaceuticals could have a material adverse effect on our business, results of operations, financial condition, and cash flows and negatively impact our ability to care for patients.**

Medicare bundles certain pharmaceuticals into the ESRD PPS payment rate at industry average doses and prices. Variations above the industry average may be subject to partial reimbursement through the PPS outlier reimbursement policy.

Changes to industry averages, which can be caused by, among other things, changes in physician prescribing practices, including in response to the introduction of new drugs, treatments or technologies, changes in best and/or accepted clinical practice, changes in private or governmental payment criteria regarding pharmaceuticals, or the introduction of administration policies may negatively impact our ability to obtain sufficient reimbursement levels for the care we provide, and all of these factors could have a material adverse effect on our business, results of operations, financial condition and cash flows. Physician practice patterns, including their independent determinations as to appropriate pharmaceuticals and dosing, are subject to change, including, for example, as a result of changes in labeling of pharmaceuticals or the introduction of new pharmaceuticals. Additionally, commercial payors have increasingly examined their administration policies for pharmaceuticals and, in some cases, have modified those policies. If such policy and practice trends or other changes to private and governmental payment criteria make it more difficult to preserve our margins per treatment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. Further, increased utilization of certain pharmaceuticals whose costs are included in a bundled reimbursement rate, or decreases in reimbursement for pharmaceuticals whose costs are not included in a bundled reimbursement rate, could also have a material adverse effect on our business, results of operation, financial condition and cash flows.

Changes in regulations impacting pharmaceuticals could similarly affect our operating results. For example, as of January 1, 2018, calcimimetics became part of the Medicare Part B ESRD payment, subject to a transitional drug add-on payment adjustment (TDAPA). We implemented operational and clinical processes designed to provide the drug as required under the applicable regulations and as prescribed by physicians, and also worked to contract with payors and manufacturers to provide for access to and distribution of the drug. If the government or other payors implement new requirements for patients to receive the drug, if we are not adequately reimbursed for the cost of the drug, or the processes we have implemented to provide the drug do not perform as anticipated, then we could be subject to both financial and operational risk, among other things. During this transitional period, the wider availability of generic supplies of oral calcimimetics has driven the acquisition cost of that drug down, which will in turn continue to lower associated reimbursement rates. CMS intends to add calcimimetics into the bundle as of January 1, 2021, but at this time we cannot predict the specifics of how CMS will incorporate oral and intravenous calcimimetics into the Medicare bundle. Each of these factors could lead to significant fluctuations in our associated levels of operating income, among other things.

Similar operating and clinical rigor and processes will be needed for other potential new drugs, treatments or technologies that are approved and come onto the market. Any failure to successfully contract with manufacturers for competitive pricing, failure to successfully contract with the government or other payors for appropriate reimbursement, or failure to prepare, develop and implement processes that provide for appropriate availability and use in our clinics could have a material adverse impact on our business, results of operations, financial condition and cash flows. Additionally, as new kidney care drugs, treatments or technologies are introduced over time, we expect that the use of transitional payment adjustments to incorporate certain of these new drugs, treatments or technologies as defined by the CMS policy into the bundled Medicare Part B ESRD payment may lead to fluctuations in associated levels of operating income and risk that the reimbursement levels of such drugs, treatments or technologies may not adequately cover our cost to obtain the drug or other associated costs due to, among other things, the risk that CMS may not provide adequate funding in the Medicare Part B ESRD payment in the post-transitional period or such items are not covered by transitional add on pricing, in which case there may be less clarity on the reimbursement, either of which may in turn adversely impact our business, results of operations, financial condition and cash flows.

We may also be subject to increased inquiries or audits from a variety of governmental bodies or claims by third parties related to pharmaceuticals, which would require management's attention and could result in significant legal expense. Any negative findings could result in, among other things, substantial financial penalties or repayment obligations, the imposition of certain obligations on and changes to our practices and procedures as well as the attendant financial burden on us to comply with the obligations, or exclusion from future participation in the Medicare and Medicaid programs, and could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation. For additional details, see the risk factor under the heading *"If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price."*

**If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows.**

Patient retention and the continued referrals of patients from referral sources such as hospitals and nephrologists, as well as acquisitions are some of the important parts of our growth strategy. In our U.S. dialysis business, we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for the limited acquisition targets as well as for individual patients and physicians qualified to serve as medical directors. U.S. regulations require medical directors for each center. As we and our competitors continue to grow and open new dialysis centers, we may not be able to retain an adequate number of nephrologists to serve as medical directors. Competition in existing and expanding geographies or areas is intense, and is not limited to large competitors with substantial financial resources or to established participants in the dialysis space. We also compete with individual nephrologists who have opened their own dialysis units or facilities. Moreover, as we continue our expansion into various international markets, we will continue to face competition from large and medium-sized providers, among others, for acquisition targets.

In addition, Fresenius USA, our largest competitor, manufactures a full line of dialysis supplies and equipment in addition to owning and operating dialysis centers. This may give it cost advantages over us because of its ability to manufacture its own products or prevent us from accessing existing or new technology on a cost-effective basis. See further discussion regarding risks associated with our suppliers and new technologies under the heading *"If certain of our suppliers do not meet our needs, if there are material price increases on supplies, if we are not reimbursed or adequately reimbursed for drugs we purchase or if we are unable to effectively access new technology or superior products, it could negatively impact our ability to effectively provide the services we offer and could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

In addition to traditional dialysis providers, there have been a number of announcements by non-traditional dialysis providers and others, which relate to entry into the dialysis and pre-dialysis space, the development of innovative technologies, or the commencement of new business activities that could be disruptive to the industry. Some of these new entrants have considerable financial resources. Although these and other potential competitors may face operational or financial challenges, the highly-competitive and evolving dialysis and pre-dialysis marketplaces have presented some opportunities for relative ease of entry for these and other potential competitors. As a result, we may compete with these smaller or non-traditional providers or others in an asymmetrical environment with respect to data and regulatory requirements that we face as an ESRD service provider, thereby negatively impacting our ability to effectively compete. These and other factors have continued to drive change in the dialysis and pre-dialysis space, and if we are unable to successfully adapt to these dynamics, it could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Furthermore, each of the aforementioned competitive pressures and related risks may be impacted by a continued decline in the rate of growth of the ESRD patient population or other reductions in demand for dialysis treatments. Based on the recent 2019 annual data report from the United States Renal Data System (USRDS), the underlying ESRD dialysis patient population has grown at an approximate compound rate of 3.6% from 2007 to 2017 and a compound rate of 3.3% from 2012 to 2017, which suggests that the rate of growth of the ESRD patient population is declining. A number of factors may impact ESRD growth rates, including, without limitation, the aging of the U.S. population, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD. In addition, the number of kidney transplants has been increasing in recent years and the historical improvement in the mortality rate of patients with ESRD appears to be plateauing, each of which may impact ESRD growth rates. This transplant rate may continue to increase in future years, particularly in light of the recent 2019 Executive Order and CMMI's proposed new goals and measures to increase access to kidney transplants. In addition, one of the stated goals of the 2019 Executive Order and CMMI's proposed rule is to reduce ESRD. For additional information, see the discussion under the heading *"Changes in the structure of and payment rates under the Medicare ESRD program could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

If we are not able to effectively implement our growth strategy, including by making acquisitions at the desired pace or at all; if we are not able to continue to maintain the expected or desired level of non-acquired growth; or if we experience significant patient attrition either as a result of new business activities in the dialysis or pre-dialysis space by our existing competitors, other market participants, new entrants, new technology or other forms of competition, or as a result of reductions in demand for dialysis treatments, including, without limitation, reduced prevalence of ESRD or an increase in the number of kidney transplants, it could materially adversely affect our business, results of operations, financial condition and cash flows.

**We may engage in acquisitions, mergers, joint ventures or dispositions, which may materially affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business, and, under certain circumstances, could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.**

Our business strategy includes growth through acquisitions of dialysis centers and other businesses, as well as through entry into joint ventures. We may engage in acquisitions, mergers, joint ventures or dispositions or expand into new business lines or models, which may affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business. There can be no assurance that we will be able to identify suitable acquisition targets or merger partners or buyers for dispositions or that, if identified, we will be able to agree to terms with merger partners, acquire these targets or make these dispositions on acceptable terms or on the desired timetable. There can also be no assurance that we will be successful in completing any acquisitions, mergers or dispositions that we announce, executing new business lines or models or integrating any acquired business into our overall operations. There is no guarantee that we will be able to operate acquired businesses successfully as stand-alone businesses, or that any such acquired business will operate profitably or will not otherwise have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation. In addition, acquisition, merger or joint venture activity conducted as part of our overall growth strategy is subject to antitrust and competition laws, and antitrust regulators can investigate future (or pending) and consummated transactions. These laws could impact our ability to pursue these transactions, and under certain circumstances, could result in mandated divestitures, among other things. If a proposed transaction or series of transactions is subject to challenge under antitrust or competition laws, we may incur substantial legal costs, management's attention and resources may be diverted, and if we are found to have violated these or other related laws, regulations or requirements, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation and stock price. For additional detail, see the discussion under the heading "*If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price.*" Further, we cannot be certain that key talented individuals at the business being acquired will continue to work for us after the acquisition or that they will be able to continue to successfully manage or have adequate resources to successfully operate any acquired business. In addition, certain of our acquired dialysis centers and facilities have been in service for many years, which may result in a higher level of maintenance costs. Further, our facilities, equipment and information technology may need to be improved or renovated to maintain or increase operational efficiency, compete for patients and medical directors, or meet changing regulatory requirements. Increases in maintenance costs and any continued increases in capital expenditures could have a material adverse effect on our business, results of operations, financial condition and cash flows.

Businesses we acquire may have unknown or contingent liabilities or liabilities that are in excess of the amounts that we originally estimated, and may have other issues, including, without limitation, those related to internal controls over financial reporting or issues that could affect our ability to comply with healthcare laws and regulations and other laws applicable to our expanded business, which could harm our reputation. As a result, we cannot make any assurances that the acquisitions we consummate will be successful. Although we generally seek indemnification from the sellers of businesses we acquire for matters that are not properly disclosed to us, we are not always successful. In addition, even in cases where we are able to obtain indemnification, we may discover liabilities greater than the contractual limits, the amounts held in escrow for our benefit (if any), or the financial resources of the indemnifying party. In the event that we are responsible for liabilities substantially in excess of any amounts recovered through rights to indemnification or alternative remedies that might be available to us, or any applicable insurance, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

We have in the past decided, and may in the future decide, to dispose of certain assets or businesses, such as the disposition of our DMG business, which we completed in June 2019. The sale of DMG results in a less diversified portfolio of businesses, and we have a greater dependency on the performance of our kidney care business for our financial results, which makes us more susceptible to market fluctuations and other adverse events than if we had retained the DMG business.

In addition, under the terms of the equity purchase agreement in connection with the DMG sale agreement, as amended (the DMG sale agreement) (and subject to the limitations therein), we agreed to certain indemnification obligations. As a result,

we may become obligated to make payments to the buyer relating to our previous ownership and operation of the DMG business. Claims giving rise to these potential payments include, without limitation, claims related to breaches of our representations and warranties and covenants, including claims for breaches of our representations and warranties regarding compliance with law, litigation, absence of undisclosed liabilities, employee benefit matters, labor matters, or taxes, among others, and other claims for which we provided the buyer with a special indemnity. Any such post-closing liabilities and required payments under the DMG sale agreement, or otherwise, or in connection with any other past or future disposition of material assets or businesses could individually or in the aggregate have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation. Further, the purchase price in the DMG sale agreement is subject to customary post-closing adjustments, including, without limitation, as a result of certain net working capital adjustments. We are currently engaged with Optum concerning what, if any, net working capital adjustment or other potential adjustments to the purchase price are appropriate, via the process set forth in the DMG sale agreement. Any negative adjustments to the purchase price, including, without limitation, as a result of this ongoing engagement with Optum, could result in a material adverse change in the amount of consideration that we are able to retain.

Additionally, joint ventures, including, without limitation, our Asia Pacific joint venture, and minority investments inherently involve a lesser degree of control over business operations, thereby potentially increasing the financial, legal, operational and/or compliance risks associated with the joint venture or minority investment. In addition, we may be dependent on joint venture partners, controlling shareholders or management who may have business interests, strategies or goals that are inconsistent with ours. Business decisions or other actions or omissions of the joint venture partner, controlling shareholders or management may require us to make capital contributions or necessitate other payments, result in litigation or regulatory action against us, result in reputational harm to us or adversely affect the value of our investment or partnership, among other things. In addition, we have potential obligations to purchase the interests held by third parties in many of our joint ventures as a result of put provisions that are exercisable at the third party's discretion within specified time periods, pursuant to the applicable agreement. If these put provisions were exercised, we would be required to purchase the third party owner's equity interest, generally at the appraised market value. There can be no assurances that these joint ventures and/or minority investments, including, without limitation, our Asia Pacific joint venture, ultimately will be successful.

**If certain of our suppliers do not meet our needs, if there are material price increases on supplies, if we are not reimbursed or adequately reimbursed for drugs we purchase or if we are unable to effectively access new technology or superior products, it could negatively impact our ability to effectively provide the services we offer and could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

We have significant suppliers, with a substantial portion of our total vendor spend concentrated with a limited number of third party suppliers. These third party suppliers include, without limitation, suppliers of pharmaceuticals that may be the primary source of products critical to the services we provide, or to which we have committed obligations to make purchases, sometimes at particular prices. If any of these suppliers do not meet our needs for the products they supply, including, without limitation, in the event of a product recall, shortage or dispute, and we are not able to find adequate alternative sources, if we experience material price increases from these suppliers that we are unable to mitigate, or if some of the drugs that we purchase from our suppliers are not reimbursed or not adequately reimbursed by commercial or government payors, or if we are unable to secure products, including pharmaceuticals at competitive rates and within the desired time frame, it could have a material adverse impact on our business, results of operations, financial condition and cash flows. In addition, the technology related to the products critical to the services we provide is subject to new developments which may result in superior products. If we are not able to access superior products on a cost-effective basis or if suppliers are not able to fulfill our requirements for such products, we could face patient attrition and other negative consequences which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes depends on many factors beyond our control.**

We have a substantial amount of indebtedness outstanding and we may incur substantial additional indebtedness in the future, including indebtedness incurred to finance repurchases of our common stock pursuant to our share repurchase authorization discussed under "Stock Repurchases" in Part II, Item 7, *"Management's Discussion and Analysis of Financial Condition and Results of* Operations." As described in Note 13 to the consolidated financial statements included in this report, we are party to a $5.5 billion senior secured credit agreement (the Credit Agreement), which consists of a secured term loan A facility in the aggregate principal amount of $1.75 billion with a delayed draw feature, a secured term loan B facility in the aggregate principal amount of approximately $2.75 billion and a secured revolving line of credit in the aggregate principal amount of $1 billion. Our long-term indebtedness also includes $3.25 billion aggregate principal amount of senior notes.

If we are unable to generate sufficient cash to service our indebtedness and for other intended purposes, it could, for example:

- make it difficult for us to make payments on our debt;
- increase our vulnerability to general adverse economic and industry conditions;
- require us to dedicate a substantial portion of our cash flows from operations to payments on our indebtedness, thereby reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions and investments, repurchases of stock at the levels intended or announced, or at all, and other general corporate purposes;
- limit our flexibility in planning for, or reacting to, changes in our business and the markets in which we operate;
- expose us to interest rate volatility that could adversely affect our business, results of operations, financial condition and cash flows, and our ability to service our indebtedness;
- place us at a competitive disadvantage compared to our competitors that have less debt; and
- limit our ability to borrow additional funds, or to refinance existing debt on favorable terms when otherwise available or at all.

In addition, we may continue to incur indebtedness in the future, and the amount of that additional indebtedness may be substantial. Although the indentures governing our senior notes and the Credit Agreement include covenants that could limit our indebtedness, we currently have, and expect to continue to have, the ability to incur substantial additional debt. The risks described in this risk factor could intensify as new debt is added to current debt levels.

Our senior secured credit facilities bear, and other indebtedness we may incur in the future may bear, interest at a variable rate. As a result, at any given time interest rates on the senior secured credit facilities and any other variable rate debt could be higher or lower than current levels. If interest rates increase, our debt service obligations on our variable rate indebtedness will increase even though the amount borrowed remains the same, and therefore net income and associated cash flows, including cash available for servicing our indebtedness, will correspondingly decrease.

Our indebtedness levels and the required payments on such indebtedness may also be impacted by expected reforms related to LIBOR. The variable interest rates payable under our senior secured credit facilities are linked to LIBOR as the benchmark for establishing such rates. Recent national, international and other regulatory guidance and reform proposals regarding LIBOR are expected to ultimately cause LIBOR to be discontinued or become unavailable as a rate benchmark. This resultant uncertainty may cause LIBOR to perform differently than in the past. The consequences of these developments with respect to LIBOR cannot be entirely predicted, but could disrupt the financial and credit markets or adversely affect the variable interest rates associated with our current or future indebtedness. Our senior secured credit facilities include mechanics to facilitate the adoption by us and our lenders of an alternative benchmark rate for use in place of LIBOR; however, no assurance can be made that we and our lenders will agree on such an alternative rate and, even if agreed upon, such alternative rate may not perform in a manner similar to LIBOR and may result in interest rates that are higher or lower than those that would have resulted had LIBOR remained in effect.

Our ability to make payments on our indebtedness, to fund planned capital expenditures and expansion efforts, including, without limitation, any strategic acquisitions we may make in the future, to repurchase our stock at the levels intended or announced and to meet our other liquidity needs, will depend on our ability to generate cash. This depends not only on the success of our business but is also subject to economic, financial, competitive, regulatory and other factors that are beyond our control. With the closing of the sale of DMG, our cash flows have been reduced accordingly. We cannot provide assurances that our business will generate sufficient cash flows from operations in the future or that future borrowings will be available to us in amounts sufficient to enable us to service our indebtedness or to fund our working capital and other liquidity needs, including those described above. If we are unable to generate sufficient funds to service our outstanding indebtedness or to meet our working capital or other liquidity needs, including those described above, we would be required to refinance, restructure, or otherwise amend some or all of such indebtedness, sell assets, change or reduce our intended or announced uses or strategy for capital deployment, including, without limitation, for stock repurchases, reduce capital expenditures, planned expansions or other strategic initiatives, or raise additional cash through the sale of our equity or equity-related securities. We cannot make any assurances that any such refinancing, restructurings, amendments, sales of assets, or issuances of equity or equity-related securities can be accomplished or, if accomplished, will be on favorable terms or would raise sufficient funds to meet these obligations or our other liquidity needs. Any failure to pay any of our indebtedness when due could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could trigger cross default or cross

acceleration provisions in our other debt instruments, thereby permitting the holders of that other indebtedness to demand immediate repayment, and, in the case of secured indebtedness, to take possession of and sell the collateral securing such indebtedness to satisfy our obligations.

The borrowings under our current senior secured credit facilities and senior indentures are guaranteed by certain of our domestic subsidiaries, and borrowings under our senior secured credit facilities are secured by substantially all of our and certain of our domestic subsidiaries' assets. Such guarantees and the fact that we have pledged such assets may make it more difficult and expensive for us to make, or under certain circumstances could effectively prevent us from making, additional secured and unsecured borrowings.

**We may be subject to liability claims for damages and other expenses that are not covered by insurance or exceed our existing insurance coverage that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.**

Our operations and how we manage our business may subject us, as well as our officers and directors to whom we owe certain defense and indemnity obligations, to litigation and liability for damages. Our business, profitability and growth prospects could suffer if we face negative publicity or we pay damages or defense costs in connection with a claim that is outside the scope or limits of coverage of any applicable insurance coverage, including, without limitation, claims related to adverse patient events, cybersecurity incidents, contractual disputes, antitrust and competition laws and regulations, professional and general liability and directors' and officers' duties. In addition, we have received notices of claims from commercial payors and other third parties, as well as subpoenas and CIDs from the federal government, related to our business practices, including, without limitation, our historical billing practices and the historical billing practices of acquired businesses. Although the ultimate outcome of these claims cannot be predicted, an adverse result with respect to one or more of these claims could have a material adverse effect on our business, results of operations, financial condition and cash flows. We maintain insurance coverage for those risks we deem are appropriate to insure against and make determinations about whether to self-insure as to other risks or layers of coverage. However, a successful claim, including, without limitation, a professional liability, malpractice or negligence claim or a claim related to a cybersecurity incident, which is in excess of any applicable insurance coverage, or that is subject to our self-insurance retentions, could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.

In addition, if our costs of insurance and claims increase, then our earnings could decline. Market rates for insurance premiums and deductibles have been steadily increasing. Our business, results of operations, financial condition and cash flows could be materially and adversely affected by any of the following:

- the collapse or insolvency of our insurance carriers;
- further increases in premiums and deductibles;
- increases in the number of liability claims against us or the cost of settling or trying cases related to those claims; or
- an inability to obtain one or more types of insurance on acceptable terms, if at all.

**Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.**

We are continuing to expand our operations by offering our services and entering new lines of business in certain markets outside of the U.S., which increases our exposure to the inherent risks of doing business in international markets. Depending on the market, these risks include those relating to:

- changes in the local economic environment;
- political instability, armed conflicts or terrorism;
- public health crises, such as pandemics or epidemics;
- social changes;
- intellectual property legal protections and remedies;
- trade regulations;

- procedures and actions affecting approval, production, pricing, reimbursement and marketing of products and services;
- foreign currency;
- additional U.S. and foreign taxes;
- export controls;
- antitrust and competition laws and regulations;
- lack of reliable legal systems which may affect our ability to enforce contractual rights;
- changes in local laws or regulations, or interpretation or enforcement thereof;
- potentially longer ramp-up times for starting up new operations and for payment and collection cycles;
- financial and operational, and information technology systems integration;
- failure to comply with U.S. laws, such as the FCPA, or local laws that prohibit us, our partners, or our partners' or our agents or intermediaries from making improper payments to foreign officials or any third party for the purpose of obtaining or retaining business; and
- data and privacy restrictions.

Issues relating to the failure to comply with applicable non-U.S. laws, requirements or restrictions may also impact our domestic business and/or raise scrutiny on our domestic practices.

Additionally, some factors that will be critical to the success of our international business and operations will be different than those affecting our domestic business and operations. For example, conducting international operations requires us to devote significant management resources to implement our controls and systems in new markets, to comply with local laws and regulations, including to fulfill financial reporting requirements, and to overcome the numerous new challenges inherent in managing international operations, including, without limitation, challenges based on differing languages and cultures, challenges related to establishing clinical operations in differing regulatory and compliance environments, and challenges related to the timely hiring, integration and retention of a sufficient number of skilled personnel to carry out operations in an environment with which we are not familiar.

Any expansion of our international operations through acquisitions or through organic growth could increase these risks. Additionally, while we may invest material amounts of capital and incur significant costs in connection with the growth and development of our international operations, including to start up or acquire new operations, we may not be able to operate them profitably on the anticipated timeline, or at all.

These risks could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.

**Delays in state Medicare and Medicaid certification, changes to other enrollment/provider requirements and/or anything impacting the licensing of our dialysis centers could adversely affect our business, results of operations, financial condition, cash flows and reputation.**

Before we can begin billing for patients treated in our outpatient dialysis centers who are enrolled in government-based programs, we are required to obtain state and federal certification for participation in the Medicare and Medicaid programs. As state agencies responsible for surveying dialysis centers on behalf of the state and Medicare program face increasing budgetary pressure, certain states are having difficulty keeping up with certifying dialysis centers in the normal course resulting in significant delays in certification. If state governments continue to have difficulty keeping up with certifying new centers in the normal course and we continue to experience significant delays in our ability to treat and bill for services provided to patients covered under government programs, it could cause us to incur write-offs of investments in the event we have to close centers or our centers' operating performance deteriorates, and it could have an adverse effect on our business, results of operations, financial condition and cash flows. The BBA passed in February 2018 allows organizations approved by the HHS to accredit dialysis facilities and imposes certain timing requirements regarding the initiation of initial surveys to determine if certain conditions and requirements for payment have been satisfied. While we have made use of these HHS-approved parties for accreditation on a case-by-case basis, there can be no assurance that such changes will significantly reduce or eliminate certification and licensure delays over the long term. In addition to certifications for Medicare and Medicaid, some states have

licensing requirements for ESRD facilities. Delays in licensure, denials of licensure, or withdrawal of licensure could also adversely affect our business, results of operations, financial condition and cash flows.

In addition, in November 2019, CMS finalized a Provider Enrollment Rule creating new onerous disclosure obligations for all providers enrolled in Medicare, Medicaid and the Children's Health Insurance Plan (CHIP). The final rule imposes a stronger revocation authority and increases the bar for re-enrollment for providers who submit incomplete or inaccurate information or who have affiliations with other providers that CMS has determined pose undue risk of fraud, waste or abuse. If we fail to comply with these and other applicable requirements on our licensure and certification programs, particularly in light of increased penalties that include a 10-year ban to re-enrollment, under certain circumstances it could have a material adverse on our business, results of operations, financial condition, cash flows and reputation.

**If our joint ventures were found to violate the law, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows.**

As of December 31, 2019, we owned a controlling interest in numerous dialysis-related joint ventures, which represented approximately 26% of our U.S. dialysis revenues for the year ended December 31, 2019. In addition, we also owned noncontrolling equity investments in several other dialysis related joint ventures. We expect to continue to increase the number of our joint ventures. Many of our joint ventures with physicians or physician groups also have certain physician owners providing medical director services to centers we own and operate. Because our relationships with physicians are governed by the federal and state anti-kickback statutes, we have sought to structure our joint venture arrangements to satisfy as many federal safe harbor requirements as we believe are commercially reasonable. Our joint venture arrangements do not satisfy all of the elements of any safe harbor under the federal Anti-Kickback Statute, however, and therefore are susceptible to government scrutiny. For example, in October 2014, we entered into a settlement agreement to resolve the then pending 2010 and 2011 U.S. Attorney physician relationship investigations regarding certain of our joint ventures and paid $406 million in settlement amounts, civil forfeiture, and interest to the U.S. and certain states. For further details on the settlement agreement, see the risk factor under the heading *"If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price."*

**There are significant risks associated with estimating the amount of dialysis revenues and related refund liabilities that we recognize, and if our estimates of revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition or have a material adverse effect on our business, results of operations, financial condition and cash flows.**

There are significant risks associated with estimating the amount of U.S. dialysis net patient services revenues and related refund liabilities that we recognize in a reporting period. The billing and collection process is complex due to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, such as ensuring appropriate documentation. Determining applicable primary and secondary coverage for approximately 206,900 U.S. patients at any point in time, together with the changes in patient coverage that occur each month, requires complex, resource-intensive processes. Errors in determining the correct coordination of benefits may result in refunds to payors. Revenues associated with Medicare and Medicaid programs are also subject to estimating risk related to the amounts not paid by the primary government payor that will ultimately be collectible from other government programs paying secondary coverage, the patient's commercial health plan secondary coverage or the patient. Collections, refunds and payor retractions typically continue to occur for up to three years and longer after services are provided. We generally expect our range of U.S. dialysis net patient services revenues estimating risk to be within 1% of net revenues for the segment. If our estimates of U.S. dialysis net patient services revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition and have a material adverse impact on our business, results of operations, financial condition and cash flows.

**Our ancillary services and strategic initiatives, including, without limitation, our international operations, that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs.**

Our ancillary services and strategic initiatives are subject to many of the same risks, regulations and laws, as described in the risk factors related to our dialysis business set forth in this Part II, Item 1A, and are also subject to additional risks, regulations and laws specific to the nature of the particular strategic initiative. We expect to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include healthcare services not related to dialysis. Many of these initiatives require or would require investments of both management and financial resources and can generate significant losses for a substantial period of time and may not become profitable in the

expected timeframe or at all. There can be no assurance that any such strategic initiative will ultimately be successful. Any significant change in market conditions, or business performance, or in the political, legislative or regulatory environment, may impact the economic viability of any of these strategic initiatives. For example, changes in the oral pharmacy space, including reimbursement rate pressures, negatively impacted the economics of our pharmacy services business. As a result, in the second half of 2018 we transitioned the customer service and fulfillment functions of this business to third parties and wound down our distribution operation, which resulted in a decrease in revenues and costs. In 2018, we recognized restructuring charges of $11 million and incurred asset impairment charges of $17 million related to the restructuring of our pharmacy business.

If any of our ancillary services or strategic initiatives, including our international operations, are unsuccessful, it would have a negative impact on our business, results of operations, financial condition and cash flows, and we may determine to exit that line of business. We could incur significant termination costs if we were to exit certain of these lines of business. In addition, we may incur a material write-off or an impairment of our investment, including, without limitation, goodwill or other assets, in one or more of our ancillary services or strategic initiatives. In that regard, we have taken, and may in the future take, impairment and restructuring charges in addition to those described above related to our ancillary services and strategic initiatives, including, without limitation, in our international and pharmacy businesses.

**If a significant number of physicians were to cease referring patients to our dialysis centers, whether due to law, rule or regulation, new competition, a perceived decrease in the quality of service levels at our centers or other reasons, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Physicians, including medical directors, choose where they refer their patients. Some physicians prefer to have their patients treated at dialysis centers where they or other members of their practice supervise the overall care provided as medical director of the center. As a result, referral sources for many of our centers include the physician or physician group providing medical director services to the center.

Our medical director contracts are for fixed periods, generally ten years, and at any given time a large number of them could be up for renewal at the same time. Medical directors have no obligation to extend their agreements with us and, under certain circumstances, our former medical directors may choose to provide medical director services for competing providers or establish their own dialysis centers in competition with ours. Neither our current nor former medical directors have an obligation to refer their patients to our centers. In addition, there are a number of new entrants into the dialysis space, and physicians, including medical directors, may refer patients to these new entrants rather than the Company.

The aging of the nephrologist population and opportunities presented by our competitors may negatively impact a medical director's decision to enter into or extend his or her agreement with us. Moreover, a perceived decrease in the quality of service levels at our centers or different affiliation models in the changing healthcare environment that limit a nephrologist's choice in where he or she can refer patients, such as an increase in the number of physicians becoming employed by hospitals, may limit a nephrologist's ability or desire to refer patients to our centers or otherwise negatively impact treatment volumes.

In addition, if the terms of any existing agreement are found to violate applicable laws, there can be no assurances that we would be successful in restructuring the relationship, which would lead to the early termination of the agreement. If we are unable to obtain qualified medical directors to provide supervision of the operations and care provided at our dialysis centers, it could affect physicians' desire to refer patients to our dialysis centers. If a significant number of physicians were to cease referring patients to our dialysis centers, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If our labor costs continue to rise, including due to shortages, changes in certification requirements and higher than normal turnover rates in skilled clinical personnel; or currently pending or future rules, regulations, legislation or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain key leadership talent, we may experience disruptions in our business operations and increases in operating expenses, among other things, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

We face increasing labor costs generally, and in particular, we continue to face increased labor costs and difficulties in hiring nurses due to a nationwide shortage of skilled clinical personnel. We compete for nurses with hospitals and other healthcare providers. This nursing shortage may limit our ability to expand our operations. Furthermore, changes in certification requirements can impact our ability to maintain sufficient staff levels, including to the extent our teammates are not able to meet new requirements, among other things. In addition, if we experience a higher than normal turnover rate for our skilled clinical personnel, our operations and treatment growth may be negatively impacted, which could adversely affect our business, results of operations, financial condition and cash flows. We also face competition in attracting and retaining talent for key leadership positions. If we are unable to attract and retain qualified individuals, we may experience disruptions in our

business operations, including, without limitation, our ability to achieve strategic goals, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

In addition, proposed ballot initiatives or referendums, legislation, regulations or policy changes could cause us to incur substantial costs to challenge and prepare for and, if implemented, impose additional requirements on our operations, including, without limitation, increases in the required staffing levels or staffing ratios for clinical personnel, minimum transition times between treatments, limits on how much patients may be charged for care, limitations as to the amount that can be spent on certain medical costs, and limitations on the amount of revenue that providers can retain. Changes such as those mandated by proposed ballot initiatives or referendums, legislation, regulations or policy changes could materially reduce our revenues and increase our operating and other costs, require us to close or consolidate existing dialysis centers, postpone or not build new dialysis centers, reduce shifts or negatively impact employee relations, treatment growth and productivity, and could have a material adverse effect on our business, results of operations, financial condition and cash flows. Additionally, there can be no assurances that we would be successful in staffing our clinics to any new, elevated staffing levels, in particular given the ongoing nationwide shortage of healthcare workers, especially nurses. For additional information on these risks, see the risk factor under the heading *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**Our business is labor intensive and could be materially adversely affected if we are unable to attract and retain employees or if union organizing activities or legislative or other changes result in significant increases in our operating costs or decreases in productivity.**

Our business is labor intensive, and our financial and operating results have been and continue to be subject to variations in labor-related costs, productivity and the number of pending or potential claims against us related to labor and employment practices. Political or other efforts at the national or local level could result in actions or proposals that increase the likelihood of success of union organizing activities at our facilities and ongoing union organizing activities at our facilities could continue or increase for other reasons. We could experience an upward trend in wages and benefits and labor and employment claims, including, without limitation, the filing of class action suits, or adverse outcomes of such claims, or face work stoppages. In addition, we are and may continue to be subject to targeted corporate campaigns by union organizers in response to which we have been and may continue to be required to expend substantial resources, both time and financial. Any of these events or circumstances could have a material adverse effect on our employee relations, treatment growth, productivity, business, results of operations, financial condition and cash flows.

**Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems could materially adversely affect our business, results of operations, financial condition and cash flows.**

Our business depends significantly on effective information systems. Our information systems require an ongoing commitment of significant resources to maintain and enhance existing systems and develop or contract for new systems in order to keep pace with continuing changes in information processing technology, emerging cybersecurity risks and threats, evolving industry, legal and regulatory standards and requirements, and new models of care, and other changes in our business, among other things. There can be no assurances that we will ultimately realize anticipated benefits from investments in new or existing information systems. In addition, we may from time to time obtain significant portions of our systems-related support, technology or other services from independent third parties, which may make our operations vulnerable if such third parties fail to perform adequately.

Failure to successfully implement, operate and maintain effective and efficient information systems with adequate technological capabilities, deficiencies or defects in the systems and related technology, or our failure to efficiently and effectively consolidate our information systems to eliminate redundant or obsolete applications, could result in competitive disadvantages, which could have a material adverse effect on our business, financial condition and results of operations. For additional information on the risks we face in a highly competitive market, see the risk factor under the heading, *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows."* If the information we rely upon to run our business were found to be inaccurate or unreliable or if we or third parties on which we rely fail to adequately maintain our information systems and data integrity effectively, whether due to software deficiencies, human coding or implementation error or otherwise, we could experience difficulty meeting clinical outcome goals, face regulatory problems, including sanctions and penalties, incur increases in operating expenses or suffer other adverse consequences, any of which could be material. Moreover, failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or information systems and data hosted by third parties upon which we rely, could subject us to severe consequences as described in the risk factor under the heading *"Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and*

*standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation."*

Our billing system, among others, is critical to our billing operations. If there are defects in the billing system, or billing systems or services of third parties upon which we rely, we may experience difficulties in our ability to successfully bill and collect for services rendered, including, without limitation, a delay in collections, a reduction in the amounts collected, increased risk of retractions from and refunds to commercial and government payors, an increase in our provision for uncollectible accounts receivable and noncompliance with reimbursement laws and related requirements, any or all of which could materially adversely affect our results of operations.

In the clinical environment, a failure of our clinical systems, or the systems of our third-party service providers, to operate effectively could have a material adverse effect on our business, the clinical care provided to patients, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if relevant clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, this could impact our payments from government payors as well as our ability to retain funds paid to us based on the inaccurate information.

Additionally, we expect the highly competitive environment in which we operate to become increasingly more competitive as the market evolves and new technologies are introduced. This dynamic environment requires continuous investment in new technologies and clinical applications. Machine learning and artificial intelligence are increasingly driving innovations in technology, and parts of our operations may employ robotics. If these technologies or applications fail to operate as anticipated or do not perform as specified, including due to potential design defects and defects in the development of algorithms or other technologies, human error or otherwise, our clinical operations, business and reputation may be harmed. If we are unable to successfully maintain, operate or implement such technologies or applications in our clinical operations and laboratory, we may be, among other things, unable to efficiently adapt to evolving laws and requirements, unable to remain competitive with others who successfully implement and advance this technology, subject to increased risk under existing laws, regulations and requirements that apply to our business, and our patients' safety may be adversely impacted, any of which could have a material adverse impact on our business, results of operations and financial condition and could materially harm our reputation. For additional detail, see the discussion in the risk factor under the heading *"If we fail to adhere to all of the complex governmental laws, regulations and requirements that apply to our business, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price."*

**Disruptions in federal government operations and funding create uncertainty in our industry and could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

A substantial portion of our revenues is dependent on federal healthcare program reimbursement, and any disruptions in federal government operations could have a material adverse effect on our business, results of operations, financial condition and cash flows. If the U.S. government defaults on its debt, there could be broad macroeconomic effects that could raise our cost of borrowing funds, and delay or prevent our future growth and expansion. Any future federal government shutdown, U.S. government default on its debt and/or failure of the U.S. government to enact annual appropriations could have a material adverse effect on our business, results of operations, financial condition and cash flows. Additionally, disruptions in federal government operations may negatively impact regulatory approvals and guidance that are important to our operations, and create uncertainty about the pace of upcoming regulatory developments.

**We could be subject to adverse changes in tax laws, regulations and interpretations or challenges to our tax positions.**

We are subject to tax laws and regulations of the U.S. federal, state and local governments as well as various foreign jurisdictions. We compute our income tax provision based on enacted tax rates in the jurisdictions in which we operate. As the tax rates vary among jurisdictions, a change in earnings attributable to the various jurisdictions in which we operate could result in an unfavorable or favorable change in our overall tax provision.

From time to time, changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. There can be no assurance that changes in tax laws or regulations, both within the U.S. and the other jurisdictions in which we operate, will not materially and adversely affect our effective tax rate, tax payments, results of operations, financial condition and cash flows. Similarly, changes in tax laws and regulations that impact our patients, business partners and counterparties or the economy generally may also impact our results of operations, financial condition and cash flows.

In addition, tax laws and regulations are complex and subject to varying interpretations, and any significant failure to comply with applicable tax laws and regulations in all relevant jurisdictions could give rise to substantial penalties and liabilities. We are regularly subject to audits by tax authorities. For example, we are currently under audit by the Internal Revenue Service for the years 2014–2017, among other things. Although we believe our tax estimates and related reporting are appropriate, the final determination of this and other tax audits and any related litigation could be materially different from our historical income tax provisions and accruals. Any changes in enacted tax laws (such as the recent U.S. tax legislation), rules or regulatory or judicial interpretations; any adverse development or outcome in connection with tax audits in any jurisdiction; or any change in the pronouncements relating to accounting for income taxes could materially and adversely impact our effective tax rate, tax payments, results of operations, financial condition and cash flows.

**Laws regulating the corporate practice of medicine could restrict the manner in which our subsidiaries are permitted to conduct their business, and the failure to comply with such laws could subject these entities to penalties or require a restructuring of these businesses.**

Some states have laws that prohibit business entities, such as certain of our subsidiaries, including but not limited to, Nephrology Practice Solutions, Vively, VillageHealth DM (DaVita IKC), and Lifeline Vascular Access, from practicing medicine, employing physicians to practice medicine, exercising control over medical decisions by physicians (also known collectively as the corporate practice of medicine) or engaging in certain arrangements, such as fee-splitting, with physicians. In some states these prohibitions are expressly stated in a statute or regulation, while in other states the prohibition is a matter of judicial or regulatory interpretation. Some of the states in which DaVita entities currently operate, generally prohibit the corporate practice of medicine, and other states may do so in the future as well. DaVita believes it has structured its entities appropriately; however, it is possible that a state regulatory agency or a court could determine DaVita and/or associated physician entities are in violation of the corporate practice of medicine doctrine. As a result, these arrangements could be deemed invalid, potentially resulting in a loss of revenues and an adverse effect on results of operations derived from these entities.

**If we fail to successfully maintain an effective internal control over financial reporting, the integrity of our financial reporting could be compromised, which could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price.**

The integration of acquisitions and addition of new business lines into our internal control over financial reporting has required and will continue to require significant time and resources from our management and other personnel and has increased and will continue to, increase our compliance costs. Failure to maintain an effective internal control environment could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price. In addition, we could be required to restate our financial results in the event of a significant failure of our internal control over financial reporting or in the event of inappropriate application of accounting principles.

**Deterioration in economic conditions, disruptions in the financial markets or the effects of natural or other disasters, political instability, public health crises or adverse weather events such as hurricanes, earthquakes, fires or flooding could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Deterioration in economic conditions could have a material adverse effect on our business, results of operations, financial condition and cash flows. Among other things, the potential decline in federal and state revenues that may result from such conditions may create additional pressures to contain or reduce reimbursements for our services from Medicare, Medicaid and other government sponsored programs. Increases in job losses in the U.S. as a result of adverse economic conditions has and may continue to result in a smaller percentage of our patients being covered by an employer group health plan and a larger percentage being covered by lower paying Medicare and Medicaid programs. Employers may also select more restrictive commercial plans with lower reimbursement rates. To the extent that payors are negatively impacted by a decline in the economy, we may experience further pressure on commercial rates, a further slowdown in collections and a reduction in the amounts we expect to collect. In addition, uncertainty in the financial markets could adversely affect the variable interest rates payable under our credit facilities or could make it more difficult to obtain or renew such facilities or to obtain other forms of financing in the future, if at all. For additional information regarding the risks related to our indebtedness, see the discussion in the risk factor under the heading *"The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes depends on many factors beyond our control."*

Moreover, as of December 31, 2019, we had approximately$6.788 billion of goodwill recorded on our consolidated balance sheet. We account for impairments of goodwill in accordance with the provisions of applicable accounting guidance, and record impairment charges when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances

concerning our businesses and to estimate their fair value when applicable. These assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

Should our revenues and financial results be materially, unfavorably impacted due to, among other things, a worsening of the economic and employment conditions in the United States that negatively impacts reimbursement rates or the availability of insurance coverage for our patients, we may incur future charges to recognize impairment in the carrying amount of our goodwill and other intangible assets, which could have a material adverse effect on our business, results of operation and financial condition.

Further, some of our operations, including our clinical laboratory, dialysis centers and other facilities, may be adversely impacted by the effects of natural or other disasters, political instability, public health crises such as global pandemics or epidemics, or adverse weather events such as hurricanes, earthquakes, fires or flooding. Patients with chronic illness may be more susceptible to epidemics or other public health crises. Any such event or other occurrence that results in a failure of the fitness of our clinical laboratory, dialysis centers and related operations and/or other facilities or otherwise adversely impacts the safety of our teammates or patients at any of those locations could lead us to face adverse consequences, including, without limitation, compliance or regulatory investigations, any of which could materially impact our business, results of operation and financial condition, and could materially harm our reputation. For example, our clinical laboratory is located in Florida, a state that has in the past experienced and may in the future experience hurricanes. Natural or other disasters or adverse weather events could significantly damage or destroy our facilities, disrupt operations, increase our costs to maintain operations and require substantial expenditures and recovery time to fully resume operations. In addition, our presence in markets outside the U.S. may increase our exposure to certain risks related to such natural disasters, public health crises, political instability or other catastrophic event outside our control. For additional information regarding the risks related to our international business, see the discussion in the risk factor under the heading "*Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.*"

Any or all of these factors, as well as other consequences of these events, none of which we can currently predict, could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.

**Provisions in our charter documents, compensation programs and Delaware law may deter a change of control that our stockholders would otherwise determine to be in their best interests.**

Our charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in our management, or limit the ability of our stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting our stockholders from acting by written consent; requiring 90 days advance notice of stockholder proposals or nominations to our Board of Directors (or 120 days for nominations made using proxy access); and granting our Board of Directors the authority to issue preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

Most of our outstanding employee stock-based compensation awards include a provision accelerating the vesting of the awards in the event of a change of control. These and any other change of control provisions may affect the price an acquirer would be willing to pay for our Company.

We are also subject to Section 203 of the Delaware General Corporation Law that, subject to exceptions, would prohibit us from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder.

These provisions may discourage, delay or prevent an acquisition of our Company at a price that our stockholders may find attractive. These provisions could also make it more difficult for our stockholders to elect directors and take other corporate actions and could limit the price that investors might be willing to pay for shares of our common stock.

**Item 1B. Unresolved Staff Comments.**

None.

**Item 2. Properties.**

Our corporate headquarters are located in Denver, Colorado, consisting of one owned 240,000 square foot building and one leased 345,900 square foot location. Our headquarters are occupied by teammates engaged in management, finance, marketing, strategy, legal, compliance and other administrative functions. We lease six business offices located in California,

Pennsylvania, Tennessee and Washington for our U.S. dialysis business. Our laboratory is based in Florida where we operate our lab services out of one leased building. We also lease other administrative offices in the U.S. and worldwide.

For our U.S. dialysis business we own the land and buildings for seven outpatient dialysis centers. We also own 22 properties for development, including operating outpatient dialysis centers and properties we hold for sale. In addition, we lease a total of four owned properties to third-party tenants. Our remaining outpatient dialysis centers are located on premises that we lease.

The majority of our leases for our U.S. dialysis business cover periods from five years to 15 years and typically contain renewal options of five years to ten years at the fair rental value at the time of renewal. Our leases are generally subject to periodic consumer price index increases, or contain fixed escalation clauses. Our outpatient dialysis centers range in size from approximately 900 to 33,000 square feet, with an average size of approximately 7,700 square feet. Our international leases generally range from one to ten years.

Some of our outpatient dialysis centers are operating at or near capacity. However, we believe that we have adequate capacity within most of our existing dialysis centers to accommodate additional patient volume through increased hours and/or days of operation, or, if additional space is available within an existing facility, by adding dialysis stations. We can usually relocate existing centers to larger facilities or open new centers if existing centers reach capacity. With respect to relocating centers or building new centers, we believe that we can generally lease space at economically reasonable rates in the areas planned for each of these centers, although there can be no assurances in this regard. Expansion of existing centers or relocation of our dialysis centers is subject to review for compliance with conditions relating to participation in the Medicare ESRD program. In states that require a certificate of need or center license, additional approvals would generally be necessary for expansion or relocation.

**Item 3. Legal Proceedings.**

The information required by this Part I, Item 3 is incorporated herein by reference to the information set forth under the caption "Contingencies" in Note 16 to the consolidated financial statements included in this report.

**Item 4. Mine Safety Disclosures.**

Not applicable.

## PART II

### Item 5. Market for the Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.

Our common stock is traded on the New York Stock Exchange under the symbol DVA. The closing price of our common stock on January 31, 2020 was $79.87 per share. According to Computershare, our registrar and transfer agent, as of January 31, 2020, there were8,070 holders of record of our common stock. This figure does not include the indeterminate number of beneficial holders whose shares are held of record by brokerage firms and clearing agencies.

We have not declared or paid cash dividends to holders of our common stock since 1994. We have no current plans to pay cash dividends and we are restricted from paying dividends under the terms of our senior secured credit facilities and the indentures governing our senior notes. See "Liquidity and capital resources" under "Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations" and the notes to the consolidated financial statements.

*Stock Repurchases*

The following table summarizes our repurchases of our common stock during thefourth quarter of 2019:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except for per share data) | | | |
| October 1-31, 2019 | 4,028 | $ 57.13 | 4,028 | $ 261,792 |
| November 1-30, 2019 | 1,407 | 69.41 | 1,407 | $ 1,918,055 |
| December 1-31, 2019 | 2,934 | 73.13 | 2,934 | $ 1,703,495 |
| Total | 8,369 | $ 64.80 | 8,369 | |

The following table summarizes our repurchases of our common stock during2019:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except for per share data) | | | |
| January 1 - March 31, 2019 | — | $ — | — | $ 1,355,605 |
| April 1 - June 30, 2019 | 2,060 | 54.46 | 2,060 | $ 1,243,416 |
| July 1 - September 30, 2019 | 30,592 | 57.14 | 30,592 | $ 491,917 |
| October 1 - December 31, 2019 | 8,369 | 64.80 | 8,369 | $ 1,703,495 |
| Total | 41,020 | $ 58.57 | 41,020 | |

On July 11, 2018, our Board of Directors approved an additional share repurchase authorization in the amount of approximately$1.39 billion. This share repurchase authorization was in addition to the approximately $110 million remaining at that time under our Board of Directors' prior share repurchase authorization approved in October 2017.

Effective July 17, 2019, the Board terminated all remaining prior share repurchase authorizations available to the Company at that time and approved a new share repurchase authorization of $2.0 billion.

Effective as of the close of business on November 4, 2019, the Board terminated all remaining prior share repurchase authorizations available to us under the aforementioned July 17, 2019 authorization and approved a new share repurchase authorization of $2.0 billion. We are authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 20, 2020, we have a total of$1.68 billion available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, we remain subject to share repurchase limitations, including under the terms of our senior secured credit facilities and the indentures governing our senior notes.

**Item 6. Selected Financial Data.**

The following financial and operating data should be read in conjunction with "Item7. Management's Discussion and Analysis of Financial Condition and Results of Operations" and our consolidated financial statements filed as part of this report. The following table presents selected consolidated financial and operating data for the periods indicated:

| | Year ended December 31, | | | | |
|---|---|---|---|---|---|
| | 2019 | 2018 | 2017 | 2016 | 2015 |
| | (dollars and shares in thousands, except per share data) | | | | |
| **Income statement data:** | | | | | |
| Total revenues[1] | $ 11,388,479 | $ 11,404,851 | $ 10,876,634 | $ 10,707,467 | $ 9,982,245 |
| Operating expenses and charges[2] | 9,745,162 | 9,879,027 | 9,063,879 | 8,677,757 | 8,845,479 |
| Operating income | 1,643,317 | 1,525,824 | 1,812,755 | 2,029,710 | 1,136,766 |
| Debt expense | (443,824) | (487,435) | (430,634) | (414,116) | (408,380) |
| Debt prepayment, refinancing and redemption charges | (33,402) | — | — | — | (48,072) |
| Other income, net | 29,348 | 10,089 | 17,665 | 7,511 | 8,073 |
| Income from continuing operations before income taxes | 1,195,439 | 1,048,478 | 1,399,786 | 1,623,105 | 688,387 |
| Income tax expense[3] | 279,628 | 258,400 | 323,859 | 431,761 | 207,510 |
| Net income from continuing operations | 915,811 | 790,078 | 1,075,927 | 1,191,344 | 480,877 |
| Net (loss) income from discontinued operations, net of tax[4] | 105,483 | (457,038) | (245,372) | (158,262) | (53,467) |
| Net income | 1,021,294 | 333,040 | 830,555 | 1,033,082 | 427,410 |
| Less: Net income attributable to noncontrolling interests | (210,313) | (173,646) | (166,937) | (153,208) | (157,678) |
| Net income attributable to DaVita Inc. | $ 810,981 | $ 159,394 | $ 663,618 | $ 879,874 | $ 269,732 |
| Basic income from continuing operations per share attributable to DaVita Inc.[5] | $ 4.61 | $ 3.66 | $ 4.78 | $ 5.12 | $ 1.53 |
| Diluted income from continuing operations per share attributable to DaVita Inc.[5] | $ 4.60 | $ 3.62 | $ 4.71 | $ 5.04 | $ 1.49 |
| Weighted average shares outstanding:[5] | | | | | |
| Basic | 153,181 | 170,786 | 188,626 | 201,641 | 211,868 |
| Diluted | 153,812 | 172,365 | 191,349 | 204,905 | 216,252 |
| **Balance sheet data (as of period end):** | | | | | |
| Working capital | $ 1,318,072 | $ 3,532,998 | $ 5,703,181 | $ 1,283,784 | $ 2,104,143 |
| Total assets | $ 17,311,394 | $ 19,110,252 | $ 18,974,536 | $ 18,755,776 | $ 18,524,224 |
| Long-term debt | $ 7,977,526 | $ 8,172,847 | $ 9,158,018 | $ 8,944,676 | $ 9,000,482 |
| Total DaVita Inc. shareholders' equity[5] | $ 2,133,409 | $ 3,703,442 | $ 4,690,029 | $ 4,648,047 | $ 4,870,781 |

(1) On January 1, 2018, we adopted *Revenue from Contracts with Customers* (Topic 606) using the cumulative effect method for those contracts that were not substantially completed as of January 1, 2018. See Notes 1 and 2 of the consolidated financial statements for further discussion of our adoption of Topic 606.

(2) The following table summarizes impairment charges, gain on changes in ownership interest, legal matters accrual and settlement charges, restructuring charges and gain on settlement included in operating expenses and charges:

| | Year ended December 31, | | | | |
|---|---|---|---|---|---|
| | 2019 | 2018 | 2017 | 2016 | 2015 |
| | (in thousands) | | | | |
| Certain operating expenses and charges: | | | | | |
| Impairment charges | $ 124,892 | $ 27,969 | $ 336,223 | $ 43,408 | $ 4,066 |
| Gain on changes in ownership interests, net | | $ (51,888) | $ (6,273) | $ (374,374) | |
| Legal matters accrual and settlement charges | | | | $ 15,770 | $ 517,530 |
| Restructuring charges | | $ 11,366 | $ 2,700 | | |
| Gain on settlement | | | $ (529,504) | | |

(3) Tax expense for 2017 included a net tax benefit of $251,510 related to U.S. tax legislation passed in December 2017.

(4) On June 19, 2019, we completed the sale of our DMG business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. Accordingly, DMG's results of operations are reported as net income (loss) from discontinued operations, net of tax for all periods presented and its assets and liabilities were classified as held for sale for the periods reported prior to close of the transaction.

(5) Share repurchases consisted of 41,020 shares of common stock for $2,402,475 in 2019, 16,844 shares of common stock for $1,153,511 in 2018, 12,967 shares of common stock for $810,949 in 2017, 16,649 shares of common stock for $1,072,377 in 2016, and 7,780 shares of common stock for $575,380 in 2015. Shares issued in connection with stock awards were 161 in 2019, 371 in 2018, 514 in 2017, 1,011 in 2016, and 1,479 in 2015.

**Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.**

*Forward-looking statements*

*This Annual Report on Form 10-K, including this Management's Discussion and Analysis of Financial Condition and Results of Operations, contains statements that are forward-looking statements within the meaning of the federal securities laws. All statements in this report, other than statements of historical fact, are forward-looking statements. Without limiting the foregoing, statements including the words "expect," "intend," "will," "plan," "anticipate," "believe," "forecast," "guidance," "outlook," "goals," and similar expressions are intended to identify forward-looking statements. These forward-looking statements include but are not limited to statements regarding our future operations, financial condition and prospects, such as expectations for operating cash flow, estimated charges and accruals, the development of new dialysis centers and dialysis center acquisitions or other new service offerings, government and commercial payment rates, and our stock repurchase program. Our actual results and other events could differ materially from any forward-looking statements due to numerous factors that involve substantial known and unknown risks and uncertainties. These risks and uncertainties include, among other things:*

- *the concentration of profits generated by higher-paying commercial payor plans for which there is continued downward pressure on realized payment rates, and a reduction in the number of patients under such plans, including as a result of restrictions or prohibitions on the use and/or availability of charitable premium assistance, which may result in the loss of revenues or patients, or our making incorrect assumptions about how our patients will respond to any change in financial assistance from charitable organizations;*
- *the extent to which the ongoing implementation of healthcare reform, or changes in or new legislation, regulations or guidance, enforcement thereof or related litigation result in a reduction in coverage or reimbursement rates for our services, a reduction in the number of patients enrolled in higher-paying commercial plans, or other material impacts to our business; or our making incorrect assumptions about how our patients will respond to any such developments;*
- *a reduction in government payment rates under the Medicare End Stage Renal Disease program or other government-based programs and the impact of the Medicare Advantage benchmark structure;*
- *risks arising from potential and proposed federal and/or state legislation, regulation, ballot, executive action or other initiatives, including such initiatives related to healthcare and/or labor matters;*
- *the impact of the political environment and related developments on the current healthcare marketplace and on our business, including with respect to the future of the Affordable Care Act, the exchanges and many other core aspects of the current healthcare marketplace;*
- *our ability to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment;*
- *changes in pharmaceutical practice patterns, reimbursement and payment policies and processes, or pharmaceutical pricing, including with respect to calcimimetics;*
- *legal and compliance risks, such as our continued compliance with complex government regulations;*
- *continued increased competition from dialysis providers and others, and other potential marketplace changes;*
- *our ability to maintain contracts with physician medical directors, changing affiliation models for physicians, and the emergence of new models of care introduced by the government or private sector that may erode our patient base and reimbursement rates, such as accountable care organizations, independent practice associations and integrated delivery systems;*
- *our ability to complete acquisitions, mergers or dispositions that we might announce or be considering, on terms favorable to us or at all, or to integrate and successfully operate any business we may acquire or have acquired, or to successfully expand our operations and services in markets outside the United States, or to businesses outside of dialysis;*
- *uncertainties related to potential payments and/or adjustments under certain provisions of the equity purchase agreement for the sale of our DaVita Medical Group (DMG) business, such as post-closing adjustments and indemnification obligations;*

- *noncompliance by us or our business associates with any privacy or security laws or any security breach by us or a third party involving the misappropriation, loss or other unauthorized use or disclosure of confidential information;*

- *the variability of our cash flows; the risk that we may not be able to generate sufficient cash in the future to service our indebtedness or to fund our other liquidity needs; and the risk that we may not be able to refinance our indebtedness as it becomes due, on terms favorable to us or at all;*

- *factors that may impact our ability to repurchase stock under our stock repurchase program and the timing of any such stock repurchases, as well as our use of a considerable amount of available funds to repurchase stock;*

- *risks arising from the use of accounting estimates, judgments and interpretations in our financial statements;*

- *impairment of our goodwill, investments or other assets;*

- *uncertainties related to our use of the proceeds from the DMG sale transaction and other available funds, including external financing and cash flow from operations, which may be or have been used in ways that we cannot assure will improve our results of operations or enhance the value of our common stock; and*

- *uncertainties associated with the other risk factors set forth in Part I, Item1A. of this Annual Report on Form 10-K, and the other risks and uncertainties discussed in any subsequent reports that we file or furnish with the SEC from time to time.*

*The forward-looking statements should be considered in light of these risks and uncertainties. All forward-looking statements in this report are based solely on information available to us on the date of this report. We undertake no obligation to publicly update or revise any forward-looking statements, whether as a result of changed circumstances, new information, future events or otherwise, except as required by law.*

*The following should be read in conjunction with our consolidated financial statements.*

**Company overview**

Our principal business is to provide dialysis and related lab services to patients in the United States, which we refer to as our U.S. dialysis business. We also operate various ancillary services and strategic initiatives including our international operations, which we collectively refer to as our ancillary services, as well as our corporate administrative support. Our U.S. dialysis business is a leading provider of kidney dialysis services in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease (ESRD).

On June 19, 2019, we completed the sale of our DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented and DMG is not included below in this Management's Discussion and Analysis.

Our overall financial performance in 2019 benefited from increased treatment volume from acquired and non-acquired growth in both our U.S. dialysis and international businesses and a corresponding increase in revenue, as well as improved operating margins due to a decrease in the cost of calcimimetics from the introduction of lower cost oral generics, a decrease in other pharmaceutical unit costs, and a decrease in advocacy costs as compared to the prior year. This was partially offset by increases in labor and benefits costs, other center related costs, a decrease in revenues from the closure of our pharmaceutical business in 2018. The year-over-year comparison was also adversely impacted by $36 million of additional Medicare bad debt revenue recognized in 2018 due to a policy election on adoption of the new revenue recognition accounting standard.

Drivers of our financial performance in 2019 included the following:

- improved key clinical outcomes in our U.S. dialysis business, including our recognition as an industry leader for the seventh consecutive year in CMS' Quality Incentive Program and for the last six years under the CMS Five-Star Quality Rating system;
- U.S. dialysis revenue growth of 2.2% and international revenue growth of 13.6%;
- a year-over-year increase in our normalized non-acquired U.S. dialysis treatment growth of 2.2%, which contributed to an increase of approximately 2.5% in our overall U.S. dialysis treatment count for 2019;
- a net increase of 89 U.S. and 18 international dialysis centers;
- operating cash flows of $2.0 billion from continuing operations;
- a $174 million or 19.3% reduction in routine maintenance and development capital expenditures from continuing operations, consistent with our capital efficient growth strategies;
- repurchase of 41,020,232 shares of our common stock for aggregate consideration of $2.4 billion and reduction of our share count by approximately 24.4% year-over-year; and
- entry into a new $5.5 billion senior secured credit agreement and redemption of our 5.75% senior notes.

In 2020, we expect the fundamentals of our U.S. dialysis business to generally be similar to the dynamics that we faced in 2019. On treatment volume, we continue to face pressure due to slowing industry growth as well as competitive activity. On reimbursement rate, we expect modest growth in aggregate, primarily due to the expected net market basket update for Medicare treatments. On cost, we continue to expect inflationary pressure on wage rates and other costs, offset by continued savings on drug costs. We expect to continue making investments to grow our home-based dialysis services in 2020. We anticipate two notable differences in 2020 versus 2019 - we expect to generate significantly less income on calcimimetics due to expected decreases in Medicare reimbursement throughout 2020, and we plan to incur costs in 2020, which could be significant, to counter a proposed union-backed ballot initiative in California.

The discussion below includes analysis of our financial condition and results of operations for the years ended December 31, 2019 compared to December 31, 2018. Our Annual Report on Form 10-K for the year ended December 31, 2018, includes a discussion and analysis of our financial condition and results of operations for the year ended December 31, 2017, in Part II Item 7, "Management's Discussion and Analysis of Financial Condition and Results of Operations".

References to the "Notes" in the discussion below refer to the notes to the Company's consolidated financial statements included in this Annual Report on Form 10-K at Item 15, "Exhibits, Financial Statement Schedules" as referred from Part II Item 8, "Financial Statements and Supplementary Data."

**Consolidated results of operations**

The following table summarizes our revenues, operating income and adjusted operating income by line of business. See the discussion of our results for each line of business following this table.

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions) | | | |
| **Revenues:** | | | | |
| U.S. dialysis | $ 10,563 | $ 10,336 | $ 227 | 2.2 % |
| Other - ancillary services | 972 | 1,196 | (224) | (18.7)% |
| Elimination of intersegment revenues | (146) | (127) | (19) | (15.0)% |
| Total consolidated revenues | $ 11,388 | $ 11,405 | $ (17) | (0.1)% |
| | | | | |
| **Operating income (loss):** | | | | |
| U.S. dialysis | $ 1,925 | $ 1,710 | $ 215 | 12.6 % |
| Other - Ancillary services | (189) | (94) | (95) | (101.1)% |
| Corporate administrative support | (92) | (90) | (2) | (2.2)% |
| Operating income | $ 1,643 | $ 1,526 | $ 117 | 7.7 % |
| | | | | |
| **Adjusted operating income (loss):**[1] | | | | |
| U.S. dialysis | $ 1,925 | $ 1,682 | $ 243 | 14.4 % |
| Other - Ancillary services | (64) | (78) | 14 | 17.9 % |
| Corporate administrative support | (92) | (90) | (2) | (2.2)% |
| Adjusted operating income[1] | $ 1,768 | $ 1,513 | $ 255 | 16.9 % |

Certain columns, rows or percentages may not sum or recalculate due to the use of rounded numbers.

(1) For a reconciliation of adjusted operating income (loss) by reportable segment, see "Reconciliations of non-GAAP measures" section below.

**U.S. dialysis business**

Our U.S. dialysis business is a leading provider of kidney dialysis services, operating2,753 outpatient dialysis centers, serving a total of approximately 206,900 patients. We also provide acute inpatient dialysis services in approximately900 hospitals. We estimate that we have approximately a38% share of the U.S. dialysis market based upon the number of patients we serve.

Approximately 92% of our 2019 consolidated revenues were derived directly from our U.S. dialysis business. The principal drivers of our U.S. dialysis revenues include :

- the number of treatments, which is primarily a function of the number of chronic patients requiring approximately three treatments per week, as well as, to a lesser extent, the number of treatments for peritoneal dialysis, home dialysis and hospital inpatient dialysis; and
- average dialysis net patient service revenue per treatment, including the mix of commercial and government patients.

Within our U.S. dialysis business, our home-based dialysis and hospital inpatient dialysis services are operationally integrated with our outpatient dialysis centers and related laboratory services. Our outpatient, home-based, and hospital inpatient dialysis services comprise approximately 78%, 16% and 6% of our U.S. dialysis revenues, respectively.

In the U.S., government dialysis-related payment rates are principally determined by federal Medicare and state Medicaid policy. For2019, approximately 69% of our total U.S. dialysis patient services revenues were generated from government-based programs for services to approximately90% of our total patients. These government-based programs are principally Medicare and Medicare-assigned, Medicaid and managed Medicaid plans, and other government plans, representing approximately 59%, 6% and 4% of our U.S. dialysis patient services revenues, respectively.

Dialysis payment rates from commercial payors vary and a major portion of our commercial rates are set at contracted amounts with payors and are subject to intense negotiation pressure. On average, dialysis-related payment rates from contracted commercial payors are significantly higher than Medicare, Medicaid and other government program payment rates, and therefore the percentage of commercial patients in relation to total patients represents a major driver of our total average dialysis net patient service revenue per treatment. Commercial payors (including hospital dialysis services) represent approximately 31% of U.S. dialysis patient services revenues. Over the last two years, we have seen a slight decline in the growth of our commercial patients, which has been outpaced by the growth of our government-based patients.

For further discussion of government reimbursement, the Medicare ESRD bundled payment system and commercial reimbursement, see the discussion in Item 1. Business under the heading “U.S. dialysis business – Sources of revenue-concentrations and risks.” For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with the Medicare ESRD bundled payment system, see the risk factor in Item 1A. Risk Factors under the heading “Changes in the structure of and payment rates under the Medicare ESRD program could have a material adverse effect on our business, results of operations, financial condition and cash flows.” For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with commercial payors, see the risk factors in Item 1A. Risk Factors under the headings "*If the average rates that commercial payors pay us decline significantly or if patients in commercial plans are subject to restriction in plan designs, it would have a material adverse effect on our business, results of operations, financial condition and cash flows*"; and "*If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows*."

The impact of physician-prescribed pharmaceuticals on our overall revenues that are separately billable has significantly decreased since Medicare’s single bundled payment system went into effect beginning in January 2011, and as a result of commercial contracts that pay us a single bundled payment rate.

Effective January 1, 2018, both oral and intravenous forms of calcimimetics, a drug class taken by many patients with ESRD to treat mineral bone disorder, became the financial responsibility of our U.S. dialysis business for our Medicare patients and are now reimbursed under Medicare Part B. Previously, calcimimetics were reimbursed for Medicare patients through Part D once dispensed from traditional pharmacies. Currently, the oral and intravenous forms of calcimimetics remain separately reimbursed and therefore are not part of the ESRD Prospective Payment System (PPS) bundled payment. During the initial pass-through period, Medicare payment for calcimimetics was based on a pass-through rate of the average sales price plus approximately 6% before sequestration (or 4% adjusted for sequestration), however, in 2020 calcimimetics are reimbursed at average sales price plus 0% before sequestration. CMS has stated intentions to enter calcimimetics into the ESRD bundled payment as of January 1, 2021. We do not know the rate at which CMS will include calcimimetics into the bundle. If there is a reduction from the current amount of reimbursement or if CMS fails to increase the bundle in a sufficient manner to appropriately and adequately reimburse for the drug, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, during the period in which we are separately reimbursed for calcimimetics, we expect our average revenue per treatment related to these pharmaceuticals to decline in future periods as CMS adjusts the reimbursement amount to more closely match the cost of these pharmaceuticals in accordance with their rules. We therefore expect to realize significantly reduced levels of operating income from calcimimetics in the future as compared to 2019.

Approximately 6% and 7% of our total U.S. dialysis net patient services revenues for the years2019 and 2018, respectively, are associated with the administration of separately-billable physician-prescribed pharmaceuticals, of which approximately 4% and 5% relate to the administration of calcimimetics, respectively.

We anticipate that we will continue to experience increases in our operating costs in 2020 that may outpace any net Medicare rate increases that we may receive, which could significantly impact our operating results. In particular, we expect to continue experiencing increases in operating costs that are subject to inflation, such as labor and supply costs, including increases in maintenance costs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or in payments under the ESRD bundled payment rate system. We also expect to continue to incur capital expenditures to improve, renovate and maintain our facilities, equipment and information technology to meet evolving regulatory requirements and otherwise.

U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers, home-based programs and hospital inpatient programs, and consist principally of labor, benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

The principal drivers of our U.S. dialysis patient care costs include:

- clinical hours per treatment, labor rates and benefit costs;
- vendor pricing and utilization levels of pharmaceuticals;
- business infrastructure costs, which include the operating costs of our dialysis centers; and
- certain professional fees.

Other cost categories that can present significant variability include employee benefit costs, insurance costs and medical supply costs. In addition, proposed ballot initiatives or referendums, legislation, regulations or policy changes could cause us to incur substantial costs for related advocacy or to prepare for, or implement changes required. Any such changes could result in, among other things, increases in our labor costs or limitations on the amount of revenue that we can retain. For additional detail on risks associated with potential and proposed ballot initiatives, referendums, legislation, regulations or policy changes, see the risk factor in Item 1A. Risk Factors under the heading, "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

Our average clinical hours per treatment decreased in2019 compared to 2018. We are always striving for improved productivity levels, however, changes in things such as federal and state policies or regulatory billing requirements can lead to increased labor costs. Improvements in the U.S. economy have stimulated additional competition for skilled clinical personnel resulting in slightly higher clinical teammate turnover over the last few years, which we believe has negatively affected productivity levels. In both 2019 and 2018, we experienced an increase in our clinical labor rates of approximately 2.0% and 3.0%, respectively, consistent with general industry trends. We also continue to experience increases in the infrastructure and operating costs of our dialysis centers, primarily due to the number of new dialysis centers opened, and general increases in rent, utilities and repairs and maintenance. In 2019, we continued to implement certain cost control initiatives to help manage our overall operating costs, including labor productivity.

Our U.S. dialysis general and administrative expenses represented 8.1% of our U.S. dialysis revenues in both2019 and 2018. Increases in general and administrative expenses over the last several years were primarily related to strengthening our dialysis business and related compliance and operational processes, responding to certain legal and compliance matters, professional fees associated with enhancing our information technology systems and more recent costs to counter union policy efforts. We expect these levels of general and administrative expenses will continue in 2020 and could possibly increase as we seek out new business opportunities and continue to invest in improving our information technology infrastructure and maintain our regulatory compliance program, among other things. In addition, our general administrative expenses could increase in 2020 as compared to the prior year due to additional anticipated advocacy costs to challenge ballot initiatives, which could be significant.

**U.S. dialysis results of operations**

*Revenues:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Total revenues | $ 10,563 | $ 10,336 | $ 227 | 2.2 % |
| Dialysis treatments | 30,172,699 | 29,435,304 | 737,395 | 2.5 % |
| Average treatments per day | 96,398 | 94,073 | 2,325 | 2.5 % |
| Treatment days | 313.0 | 312.9 | 0.1 | — % |
| Average net patient service revenue per treatment | $ 349.02 | $ 350.47 | $ (1.45) | (0.4)% |
| Normalized non acquired treatment growth | 2.2% | 3.2% | | (1.0)% |

U.S. dialysis revenues increased primarily due to volume growth from additional treatments of2.5% due to an increase in acquired and non-acquired treatments. Our U.S. dialysis revenues were negatively impacted by a decrease in our average net patient service revenue per treatment due to a rate decline related to calcimimetics which was partially offset by an increase in Medicare rates in 2019. In addition, 2018 was favorably impacted by $36 million of additional Medicare bad debt revenue due to a policy election made in 2018 under the new revenue recognition accounting standards.

*Operating expenses and charges:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Patient care costs | $ 7,219 | $ 7,280 | $ (61) | (0.8)% |
| General and administrative | 857 | 836 | 21 | 2.5 % |
| Depreciation and amortization | 583 | 559 | 24 | 4.3 % |
| Equity investment income | (22) | (20) | (2) | (10.0)% |
| Gain on changes in ownership interests | — | (28) | 28 | |
| Total operating expenses and charges | $ 8,638 | $ 8,626 | $ 12 | 0.1 % |
| Patient care costs per treatment | $ 239.27 | $ 247.32 | $ (8.05) | (3.3)% |

Certain columns, rows or percentages may not sum or recalculate due to the use of rounded numbers.

*Patient care costs.* U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers and consist principally of labor, benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

U.S. dialysis patient care costs per treatment decreased primarily due to a decrease in calcimimetics unit costs as oral generic products have entered the market lowering the cost of products we acquire, as well as decreases in other pharmaceutical unit costs. These decreases were partially offset by increases in benefits costs and other direct operating expenses associated with our dialysis centers.

*General and administrative expenses.* U.S. dialysis general and administrative expenses in 2019 increased primarily due to increases in labor and benefit costs, and long-term incentive compensation expense driven by compensation plans based on operating income performance. These increases were partially offset by a decrease in advocacy costs to oppose certain legislative and ballot initiatives as well as a decline in asset impairments related to expected center closures.

*Depreciation and amortization.* Depreciation and amortization expense is directly impacted by the number of dialysis centers we develop and acquire. U.S. dialysis depreciation and amortization expenses increased primarily due to growth in the number of dialysis centers we operate, as well as additional informational technology initiatives.

*Equity investment income.* U.S. dialysis equity investment income increased primarily due to an increase in the profitability at certain joint ventures, as well as an increase in the number of our nonconsolidated dialysis joint ventures.

*Gain on changes in ownership interests, net.* During 2018, we acquired a controlling interest in a previously nonconsolidated dialysis partnership. As a result of this transaction, we consolidated this partnership and recognized a non-cash gain of $28 million on our previously held ownership interest in the partnership.

*Operating income and adjusted operating income*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions) | | | |
| Operating income | $ 1,925 | $ 1,710 | $ 215 | 12.6% |
| Adjusted operating income[1] | $ 1,925 | $ 1,682 | $ 243 | 14.4% |

(1) For a reconciliation of adjusted operating income by reportable segment, see "Reconciliations of non-GAAP measures" section below.

U.S. dialysis operating income and adjusted operating income in 2019 increased as compared to the prior year due to an increase in our margin on calcimimetics, treatment growth and Medicare rates, as described above, as well as decreases in advocacy costs and other pharmaceutical unit costs. These increases were partially offset by increases in other direct operating expenses associated with our dialysis centers, labor and benefits costs and long-term compensation expense.

**Other - Ancillary services**

Our other operations include ancillary services which are primarily aligned with our core business of providing dialysis services to our network of patients. As of December 31, 2019, these consisted primarily of integrated care and disease management (DaVita IKC), ESRD seamless care organizations (ESCOs), clinical research programs (DaVita Clinical Research), vascular access services, physician services, and comprehensive kidney care (Vively Health formerly known as DaVita Health Solutions), as well as our international operations. These ancillary services, including our international operations, generated approximately $972 million of revenues in 2019, representing approximately 8% of our consolidated revenues. As further described in the risk factor in Item 1A. Risk Factors under the heading, "*Our ancillary services and strategic initiatives, including, without limitation, our international operations, that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs*," if any of our ancillary services or strategic initiatives, such as our international operations, are unsuccessful, it could have a negative impact on our business, results of operations, financial condition and cash flows, and we may determine to exit that line of business, which could result in significant termination costs. In addition, we have in the past and may in the future incur a material write-off or an impairment of our investment, including goodwill, in one or more of these ancillary services. In that regard, we may in the future incur impairment and restructuring charges in addition to those incurred by our pharmacy business in 2018, described below.

We expect to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include healthcare services not related to dialysis.

As of December 31, 2019, our international dialysis operations provided dialysis and administrative services through a network of259 outpatient dialysis centers located in ten countries outside of the U.S. For 2019, total revenues generated from our international operations were approximately4% of our consolidated revenues.

**Ancillary services results of operations**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions) | | | |
| Revenues: | | | | |
| U.S. ancillary | $ 464 | $ 749 | $ (285) | (38.1)% |
| International | 508 | 447 | 61 | 13.6 % |
| Total ancillary services revenues | $ 972 | $ 1,196 | $ (224) | (18.7)% |
| | | | | |
| Operating income (loss): | | | | |
| U.S. ancillary | $ (66) | $ (70) | $ 4 | 5.7 % |
| International | (123) | (23) | (100) | (434.8)% |
| Total ancillary services loss | $ (189) | $ (94) | $ (95) | (101.1)% |
| | | | | |
| Adjusted operating income (loss)[1]: | | | | |
| U.S. ancillary | $ (66) | $ (75) | $ 9 | 12.0 % |
| International | 2 | (3) | 5 | 166.7 % |
| Total adjusted operating income (loss)[1]: | $ (64) | $ (78) | $ 14 | 17.9 % |

Certain columns, rows or percentages may not sum or recalculate due to the use of rounded numbers.

(1) For a reconciliation of adjusted operating income by reportable segment, see "Reconciliations of non-GAAP measures" section below.

*Revenues:*

U.S. ancillary services revenues decreased due to the closure of our pharmacy distribution operations in 2018 and the sale of our primary care business in the second quarter of 2018, as well as decreases in revenues at Vively Health, our ESCO joint ventures and DaVita Clinical Research. These decreases were partially offset by an increase in revenues at DaVita IKC,

primarily due to an increase in special needs plans revenues. In addition, international revenues increased due to acquired and non-acquired treatment growth as we continue to expand internationally.

*Charges impacting operating income:*

*Goodwill impairment charges.* During the first and third quarter of 2019, we recognized goodwill impairment charges of $41 million and $79 million, respectively, in our German kidney care business. The first quarter charge resulted primarily from a change in relevant discount rates, as well as a decline in current and expected future patient census and an increase in first quarter and expected future costs, principally due to wage increases expected to result from recently announced legislation. The third quarter incremental charge recognized in the Germany kidney care business resulted from changes and developments in our outlook for this business since our last assessment. These primarily concern developments in the business in response to evolving market conditions and changes in our expected timing and ability to mitigate them.

During 2019 and 2018, we also recognized goodwill impairment charges of $5 million and $3 million, respectively, at our German other health operations. See further discussion of these impairment charges and our reporting units that remain at risk of goodwill impairment in Note 10 to the consolidated financial statements.

*Restructuring charges and other impairments.* During 2018, we announced a plan to restructure our pharmacy business due to changes in the oral pharmacy space, including reimbursement rate pressures that negatively affected the economics of our pharmacy services business. This included transitioning the customer service and fulfillment functions of this business to third parties and closing our distribution operation, which resulted in a decline in revenues and costs in 2018. As a result of this closure, in 2018 we recognized restructuring charges of $11 million and asset impairment charges of $17 million related to the restructuring of our pharmacy business.

*Gain on changes in ownership interests, net.* Effective June 1, 2018, we sold 100% of the stock of Paladina Health, our direct primary care business and recognized a gain of approximately $34 million on this transaction. In addition, we recognized a loss of approximately $1 million related to the unwinding of an international business in the second quarter of 2018.

*Operating loss and adjusted operating loss:*

U.S. ancillary services operating loss was impacted by the charges discussed above, in addition to an equity investment loss on the sale of our India business in our APAC JV of $9 million and an equity investment loss of $8 million related to impairments at our APAC JV. Both U.S. ancillary services operating loss and adjusted operating loss were impacted by a decrease related to our pharmacy distribution ceasing operations in 2018, as described above, and increases in operating results for DaVita IKC and DaVita Clinical Research, partially offset by decreases in operating results at Vively Health and at our ESCO joint ventures. International operating losses increased due to the goodwill impairment in our Germany businesses. International adjusted operating results improved over 2018 due to growth in our international business and benefited from cost efficiencies implemented.

**Corporate administrative support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation expense, as well as professional fees for departments which provide support to all of our various operating lines of business. These expenses are partially offset by internal management fees charged to our other lines of business for that support. Corporate administrative support expenses are included in general and administrative expenses on our consolidated income statement.

Corporate administrative support expenses increased $2 million or 2.2% in 2019 primarily due to a reduction in internal management fees charged to our pharmacy business which ceased operations in 2018. This increase was offset by a decrease in long-term incentive compensation expense in 2019 resulting from the adoption of a retirement policy for certain officers of the Company in 2018.

**Corporate level charges**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions) | | | |
| Debt expense | $ (444) | $ (487) | $ 43 | 8.8 % |
| Debt prepayment, refinancing and redemption charges | $ (33) | $ — | $ (33) | |
| Other income | $ 29 | $ 10 | $ 19 | 190.9 % |
| Effective income tax rate | 23.4% | 24.6% | | (1.2)% |
| Effective income tax rate from continuing operations attributable to DaVita Inc.(1) | 28.3% | 29.2% | | (0.9)% |
| Net income attributable to noncontrolling interests | $ 210 | $ 174 | $ 36 | 20.7 % |

(1) For a reconciliation of effective income tax rate from continuing operations attributable to DaVita Inc., see "Reconciliations of non-GAAP measures" section below.

*Debt expense*

Debt expense decreased primarily due to a decrease in our outstanding debt balance, partially offset by an increase in the overall weighted average effective interest rate on our debt in 2019. Our overall weighted average effective interest rate in 2019 was 5.01% compared to 4.96% in 2018. See Note 13 to the consolidated financial statements for further information on components of our debt.

*Debt prepayment, refinancing and redemption charges*

We incurred debt prepayment, refinancing and redemption charges of $33 million in 2019 as a result of the repayment of all principal balances outstanding on our prior senior secured credit facilities and the redemption of our 5.75% senior notes. This consisted of $21 million recognized in the third quarter of 2019 related to debt discount and deferred financing cost write-offs associated with the portion of our prior senior secured debt that was paid in full and redemption charges on our 5.75% senior notes, as well as $12 million recognized in the second quarter of 2019 related to the accelerated amortization of debt discount and deferred financing costs associated with the portion of our prior senior secured debt that was mandatorily prepaid in or shortly after the second quarter of 2019 using proceeds from the sale of DMG and prior extensions of that debt.

*Other income*

Other income consists primarily of interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses. Other income increased in 2019 primarily due to the increase in our holdings of cash and cash equivalents and short-term investments in 2019.

*Provision for income taxes*

The effective income tax rate and effective income tax rate from continuing operations attributable to DaVita Inc. decreased in 2019 primarily due to a decrease in our estimated blended state tax rate and the lower nondeductible advocacy costs in 2019 as compared to the costs incurred in 2018 to oppose certain legislative and ballot initiatives.

*Net income attributable to noncontrolling interests*

The increase in income attributable to noncontrolling interests in 2019 as compared to 2018 was due to improved earnings at certain U.S. dialysis partnerships and an increase in the number of such partnerships.

**Reconciliations of non-GAAP measures**

The following tables provide reconciliations of adjusted operating income to operating income as presented on a U.S. generally accepted accounting principles (GAAP) basis for our U.S. dialysis reportable segment as well as for our U.S. ancillary services, our international business, and for our total ancillary services which combines them and is disclosed as our other segments category. These non-GAAP or “adjusted” measures are presented because management believes these measures are useful adjuncts to, but not alternatives for, our GAAP results.

Specifically, management uses adjusted operating income to compare and evaluate our performance period over period and relative to competitors, to analyze the underlying trends in our business, to establish operational budgets and forecasts and for incentive compensation purposes. We believe this non-GAAP measure is also useful to investors and analysts in evaluating our performance over time and relative to competitors, as well as in analyzing the underlying trends in our business. We also believe this presentation enhances a user's understanding of our normal operating income by excluding certain items which we do not believe are indicative of our ordinary results of operations.

In addition, our effective income tax rate on income from continuing operations attributable to DaVita Inc. excludes noncontrolling owners' income, which primarily relates to non-tax paying entities. We believe this adjusted effective income tax rate is useful to management, investors and analysts in evaluating our performance and establishing expectations for income taxes incurred on our ordinary results attributable to DaVita Inc.

It is important to bear in mind that these non-GAAP "adjusted" measures are not measures of financial performance under GAAP and should not be considered in isolation from, nor as substitutes for, their most comparable GAAP measures.

| | Year ended December 31, 2019 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income | $ 1,925 | $ (66) | $ (123) | $ (189) | $ (92) | $ 1,643 |
| Goodwill impairment | | | 125 | 125 | | 125 |
| Adjusted operating income | $ 1,925 | $ (66) | $ 2 | $ (64) | $ (92) | $ 1,768 |

Certain columns or rows may not sum or recalculate due to the use of rounded numbers.

| | Year ended December 31, 2018 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income | $ 1,710 | $ (70) | $ (23) | $ (94) | $ (90) | $ 1,526 |
| Restructuring charges | | 11 | | 11 | | 11 |
| (Gain) loss on changes in ownership interests, net | (28) | (34) | 1 | (33) | | (61) |
| Goodwill impairment | | | 3 | 3 | | 3 |
| Impairment of assets | | 17 | | 17 | | 17 |
| Equity investment loss due to business sale in APAC JV | | | 9 | 9 | | 9 |
| Equity investment loss due to impairments in APAC JV | | | 8 | 8 | | 8 |
| Adjusted operating income | $ 1,682 | $ (75) | $ (3) | $ (78) | $ (90) | $ 1,513 |

Certain columns or rows may not sum or recalculate due to the use of rounded numbers.

| | Year ended December 31, | |
|---|---|---|
| | 2019 | 2018 |
| | (dollars in millions) | |
| Income from continuing operations before income taxes | $ 1,195 | $ 1,048 |
| Less: Noncontrolling owners' income primarily attributable to non-tax paying entities | (210) | (167) |
| Income from continuing operations before income taxes attributable to DaVita Inc. | $ 986 | $ 881 |
| | | |
| Income tax expense for continuing operations | $ 280 | $ 258 |
| Less: Income tax attributable to noncontrolling interests | (1) | (1) |
| Income tax expense from continuing operations attributable to DaVita Inc. | $ 279 | $ 257 |
| | | |
| Effective income tax rate on income from continuing operations attributable to DaVita Inc. | 28.3% | 29.2% |

Certain columns or rows may not sum or recalculate due to the use of rounded numbers.

**Accounts receivable**

Our consolidated accounts receivable balances at December 31, 2019 and December 31, 2018, were $1.796 billion and $1.859 billion, respectively, representing approximately 58 days and 62 days of revenue (DSO), respectively, net of the allowance for uncollectible accounts. The decrease in consolidated DSO was primarily due to a decrease of two days of DSO in our U.S. dialysis business primarily due to improved collections related to certain payors as well as improved DSO at our international operations. Our DSO calculation is based on the current quarter's average revenues per day. There were no significant changes during 2019 from 2018 in the amount of unreserved accounts receivable over one year old or the amounts pending approval from third-party payors.

As of December 31, 2019 and 2018, our net patient services accounts receivable balances that are more than six months old represents approximately 18% of our dialysis accounts receivable balances. Substantially all revenue realized is from government and commercial payors, as discussed above. There were no significant unreserved balances over one year old. Less than 1% of our revenues are classified as patient pay.

Amounts pending approval from third-party payors associated with Medicare bad debt claims as of December 31, 2019 and 2018, other than the standard monthly billing, consisted of approximately $138 million and $136 million, respectively, and are classified as other receivables. A significant portion of our Medicare bad debt claims are typically paid to us before the Medicare fiscal intermediary audits the claims but are subject to adjustment based upon the actual results of these audits. Such audits typically occur one to four years after the claims are filed.

**Liquidity and capital resources**

The following table summarizes our major sources and uses of cash, cash equivalents and restricted cash:

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2019 | 2018 | Amount | Percent |
| | (dollars in millions) | | | |
| **Net cash provided by operating activities:** | | | | |
| Net income | $ 1,021 | $ 333 | $ 688 | 206.6 % |
| Non-cash items | 964 | 1,340 | (376) | (28.1)% |
| Working capital | 111 | 96 | 15 | 15.6 % |
| Other | (24) | 2 | (26) | (1,300.0)% |
| | $ 2,072 | $ 1,772 | $ 300 | 16.9 % |
| | | | | |
| **Net cash provided by (used in) investing activities:** | | | | |
| Capital expenditures: | | | | |
| Routine maintenance/IT/other | $ (375) | $ (459) | $ 84 | 18.3 % |
| Development and relocations | (391) | (528) | 137 | 25.9 % |
| Acquisition expenditures | (101) | (183) | 82 | 44.8 % |
| Proceeds from sale of self-developed properties | 58 | 45 | 13 | 28.9 % |
| DMG sale net proceeds received at closing, net of DMG cash divested | 3,825 | — | 3,825 | |
| Other | (20) | 119 | (139) | (116.8)% |
| | $ 2,995 | $ (1,006) | $ 4,001 | 397.7 % |
| | | | | |
| **Net cash used in financing activities:** | | | | |
| Debt (payments) issuances, net | $ (2,080) | $ 695 | $ (2,775) | (399.3)% |
| Distributions to noncontrolling interest | (233) | (196) | (37) | (18.9)% |
| Contributions from noncontrolling interest | 57 | 52 | 5 | 9.6 % |
| Stock award exercises and other share issuances | 11 | 14 | (3) | (21.4)% |
| Share repurchases | (2,384) | (1,162) | (1,222) | (105.2)% |
| Other | (68) | (28) | (40) | (142.9)% |
| | $ (4,696) | $ (625) | $ (4,071) | (651.4)% |
| | | | | |
| Total number of shares repurchased | 41,020,232 | 16,844,067 | 24,176,165 | 143.5 % |

Certain columns or rows may not sum or recalculate due to the use of rounded numbers.

*Consolidated cash flows*

Consolidated cash flows from operating activities for 2019 were $2,072 million, of which $1,973 million was from continuing operations, compared with consolidated operating cash flows for the same period in 2018 of $1,772 million, of which $1,481 million was from continuing operations. The increase in cash flow from continuing operations was primarily driven by an increase in operating income in 2019 as compared to 2018, driven by decreases in pharmaceutical and advocacy costs, as well as a decrease in DSO of approximately four days and cash tax payments.

Cash flows from investing activities in 2019 increased $4,001 million compared to 2018 primarily due to the net cash proceeds received from the DMG sale, which closed in June 2019, as well as a decrease in capital and acquisition expenditures. We developed 38 fewer centers and acquired 23 fewer centers in 2019 compared to 2018. See below for additional information regarding the growth in our dialysis centers.

Cash flows used in financing activities increased $4,071 million in 2019 compared to 2018. Significant financing activities included net payments of $2,080 million on debt during 2019. Net debt payments primarily consisted of principal prepayments totaling $5,142 million on our term debt under our prior senior secured credit facility funded primarily by the net proceeds from the DMG sale and the redemption of all of our outstanding 5.75% senior notes due in 2022 for an aggregate cash payment consisting of principal and redemption premium of $1,262 million, partially offset by funding of our term debt of $4,500 million under our new senior secured credit facility. In addition, we incurred deferred financing costs related to our new

term debt and a cap premium fee for our forward interest rate cap agreements. By comparison, 2018 included net advances of $695 million, which included a $995 million draw on our prior Term Loan A-2 and net payments of $125 million on our prior revolving line of credit, net of scheduled principal payments on our term debt under our prior senior secured credit facility. See further discussion in Note 13 to the consolidated financial statements related to debt activities. Cash flows used for share repurchases increased in 2019 as compared to 2018 primarily due to our modified Dutch auction tender offer (Tender Offer). See below for further information on our share repurchases.

*Dialysis center capacity and growth*

The table below shows the growth in our dialysis operations by number of dialysis centers owned or operated:

| | U.S. | | International | |
|---|---|---|---|---|
| | 2019 | 2018 | 2019 | 2018 |
| Number of centers operated at beginning of year | 2,664 | 2,510 | 241 | 237 |
| Acquired centers | 7 | 18 | 16 | 28 |
| Developed centers | 115 | 152 | 2 | 3 |
| Net change in non-owned managed or administered centers[1] | (1) | (5) | — | — |
| Sold and closed centers[2] | (10) | (2) | (1) | (2) |
| Closed centers[3] | (22) | (9) | — | — |
| Net change in Asia Pacific joint venture centers | — | — | 1 | (25) |
| Number of centers operated at end of year | 2,753 | 2,664 | 259 | 241 |

(1) Includes dialysis centers in which we own a noncontrolling interest or which are wholly-owned by third parties.

(2) Dialysis centers that were sold and/or closed for which patients were not retained.

(3) Dialysis centers that were closed for which the majority of patients were retained and transferred to existing outpatient dialysis centers.

*Stock repurchases*

The following table summarizes our repurchases of our common stock during the years ended December 31, 2019 and 2018:

| | 2019 | | | 2018 | | |
|---|---|---|---|---|---|---|
| | Shares repurchased | Amount paid (in millions) | Paid per share | Shares repurchased | Amount paid (in millions) | Paid per share |
| Tender Offer[1] | 21,801,975 | $ 1,234 | $ 56.61 | — | $ — | $ — |
| Open market | 19,218,257 | 1,168 | 60.79 | 16,844,067 | 1,154 | 68.48 |
| | 41,020,232 | $ 2,402 | $ 58.57 | 16,844.067 | $ 1,154 | $ 68.48 |

(1) The amount paid for shares repurchased associated with our Tender Offer during the year ended December 31, 2019 includes the clearing price of $56.50 per share plus related fees and expenses of $2 million.

Subsequent to December 31, 2019, we have repurchased 290,904 shares of our common stock for $22 million at an average cost of $74.92 per share from January 1, 2020 through February 20, 2020. We retired all shares of common stock held in treasury effective December 31, 2019 and December 31, 2018.

See further discussion in Note 19 to the consolidated financial statements.

*Available liquidity*

As of December 31, 2019, our cash balance was $1.102 billion and we had approximately $12 million in short-term investments. As of December 31, 2019, we also had an undrawn $1.0 billion revolving line of credit under our senior secured credit facilities, of which approximately $13 million was committed for outstanding letters of credit. We also have approximately $60 million of additional outstanding letters of credit under a separate bilateral secured letter of credit facility.

See Note 13 to the consolidated financial statements for components of our long-term debt and their interest rates.

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our new senior secured credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service

under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings, which are subject to general, economic, financial, competitive, regulatory and other factors that are beyond our control, as described in Item 1A Risk Factors under the heading "The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes depends on many factors beyond our control."

**Off-balance sheet arrangements and aggregate contractual obligations**

In addition to the debt obligations and operating lease liabilities reflected on our balance sheet, we have commitments associated with letters of credit, as well as potential obligations associated with our equity investments in nonconsolidated businesses and to dialysis ventures that are wholly-owned by third parties. We have potential obligations to purchase the noncontrolling interests held by third parties in many of our majority-owned partnerships and other nonconsolidated entities. These obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods as outlined in each specific put provision. If these put provisions were exercised, we would be required to purchase the third-party owners' equity interests, generally at the appraised fair market value of the equity interests or in certain cases at a predetermined multiple of earnings or cash flows attributable to the equity interests put to us, intended to approximate fair value. The methodology we use to estimate the fair values of noncontrolling interests subject to put provisions assumes the higher of either a liquidation value of net assets or an average multiple of earnings, based on historical earnings, patient mix and other performance indicators that can affect future results, as well as other factors. The estimated fair values of noncontrolling interests subject to put provisions are a critical accounting estimate that involves significant judgments and assumptions and may not be indicative of the actual values at which the noncontrolling interests may ultimately be settled, which could vary significantly from our current estimates. The estimated fair values of noncontrolling interests subject to put provisions can fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary significantly depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' equity interests. The amount of noncontrolling interests subject to put provisions that employ a contractually predetermined multiple of earnings rather than fair value are immaterial. For additional information see Note 17 to the consolidated financial statements.

We also have certain other potential commitments to provide operating capital to several dialysis businesses that are wholly-owned by third parties or in which we own a noncontrolling equity interest as well as to physician-owned vascular access clinics or medical practices that we operate under management and administrative services agreements.

The following is a summary of these contractual obligations and commitments as of December 31, 2019:

| | 2020 | 2021-2022 | 2023-2024 | Thereafter | Total |
|---|---|---|---|---|---|
| | (dollars in millions) | | | | |
| Scheduled payments under contractual obligations: | | | | | |
| Long-term debt[1]: | | | | | |
| Principal payments | $ 105 | $ 279 | $ 3,348 | $ 4,180 | $ 7,912 |
| Interest payments on credit facilities and senior notes[1] | 336 | 657 | 622 | 209 | 1,824 |
| Financing leases[2] | 25 | 43 | 49 | 152 | 269 |
| Operating leases, including imputed interest[2] | 462 | 945 | 768 | 1,511 | 3,685 |
| | $ 928 | $ 1,924 | $ 4,787 | $ 6,052 | $ 13,690 |
| Potential cash requirements under other commitments: | | | | | |
| Letters of credit | $ 73 | $ — | $ — | $ — | $ 73 |
| Noncontrolling interests subject to put provisions | 829 | 188 | 106 | 57 | 1,180 |
| Non-owned and minority owned put provisions | 108 | — | 7 | — | 115 |
| Operating capital advances | 1 | 2 | 2 | 5 | 10 |
| Purchase commitments | 399 | 624 | — | — | 1,023 |
| | $ 1,410 | $ 814 | $ 115 | $ 62 | $ 2,401 |

(1) See Note 13 to the consolidated financial statements for components of our long-term debt and related interest rates.

(2) See Note 14 to the consolidated financial statements for components of our leases and related interest rates.

In 2017, the Company entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires onDecember 31, 2022. Under the terms of the agreement, the Company will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that the Company will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that the Company serves.

The Company has an agreement with Fresenius Medical Care (FMC) to purchase a certain amount of dialysis equipment, parts and supplies from FMC, which extends through December 31, 2020. The Company also has agreements with Baxter Healthcare Corporation (Baxter) that commit the Company to purchase certain amounts of dialysis supplies at fixed prices through 2022. If the Company fails to meet the minimum purchase commitments under these contracts during any year, it is required to pay the difference to the supplier.

Settlements of approximately $83 million of existing income tax liabilities for unrecognized tax benefits, including interest, penalties and other long-term tax liabilities, are excluded from the above table as reasonably reliable estimates of their timing cannot be made.

**Contingencies**

The information in Note 16 to the consolidated financial statements included in this report is incorporated by reference in response to this item.

**Critical accounting policies, estimates and judgments**

Our consolidated financial statements and accompanying notes are prepared in accordance with United States generally accepted accounting principles. These accounting principles require us to make estimates, judgments and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions (redeemable equity interests). All significant estimates, judgments and assumptions are developed based on the best information available to us at the time made and are regularly reviewed and updated when necessary. Actual results will generally differ from these estimates, and such differences may be material. Changes in estimates are reflected in our financial statements in the period of change based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Interim changes in estimates are applied prospectively within annual periods. Certain accounting estimates, including those concerning revenue recognition and accounts receivable, impairments of goodwill, accounting for income taxes, and fair value estimates are considered to be critical to evaluating and understanding our financial results because they involve inherently uncertain matters and their application requires the most difficult and complex judgments and estimates. For additional information, see Part II Item 15, "Exhibits, Financial Statement Schedules" – Note 1 – "Organization and summary of significant accounting policies" as referred from Part II Item 8, "Financial Statements and Supplementary Data."

*U.S. dialysis revenue recognition and accounts receivable.* There are significant estimating risks associated with the amount of U.S. dialysis revenue that we recognize in a given reporting period. Payment rates are often subject to significant uncertainties related to wide variations in the coverage terms of the commercial healthcare plans under which we receive payments. In addition, ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage, and other payor issues complicate the billing and collection process. Net revenue recognition and allowances for uncollectible billings require the use of estimates of the amounts that will ultimately be realized considering, among other items, retroactive adjustments that may be associated with regulatory reviews, audits, billing reviews and other matters.

Revenues associated with Medicare and Medicaid programs are recognized based on (a) the payment rates that are established by statute or regulation for the portion of the payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, the estimated amounts that will ultimately be collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient’s commercial health plan secondary coverage, or the patient. Our dialysis related reimbursements from Medicare are subject to certain variations under Medicare’s single bundled payment rate system whereby our reimbursements can be adjusted for certain patient characteristics and other variable factors. Our revenue recognition depends upon our ability to effectively capture, document and bill for Medicare’s base payment rate and these other factors. In addition, as a result of the potential range of variations that can occur in our dialysis-related reimbursements from Medicare under the single bundled payment rate system, our revenue recognition is subject to a greater degree of estimating risk.

Commercial healthcare plans, including contracted managed-care payors, are billed at our usual and customary rates; however, revenue is recognized based on estimated net realizable revenue for the services provided. Net realizable revenue is estimated based on contractual terms for the patients covered under commercial healthcare plans with which we have formal agreements, non-contracted commercial healthcare plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in our billing and collection processes that can result in denied claims for payments, the estimated timing of collections, changes in our expectations of the amounts that we expect to collect and regulatory compliance matters. Determining applicable primary and secondary coverage for our approximately 206,900 U.S. dialysis patients at any point in time, together with the changes in patient coverages that occur each month, requires complex, resource-intensive processes. Collections, refunds and payor retractions typically continue to occur for up to three years or longer after services are provided.

We generally expect the range of our U.S. dialysis revenue estimating risk to be within 1% of revenue, which can represent as much as approximately 5% of our U.S. dialysis business's adjusted operating income. Changes in estimates are reflected in the then-current financial statements based on on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Changes in revenue estimates for prior periods are separately disclosed and reported if material to the current reporting period and longer term trend analyses, and have not been significant.

Revenues for laboratory services, which are integrally related to our dialysis services, are recognized in the period services are provided at the estimated net realizable amounts to be received.

*Impairments of goodwill.* We account for impairments of goodwill in accordance with the provisions of applicable accounting guidance. Goodwill is not amortized, but is assessed for impairment when changes in circumstances warrant and at least annually. An impairment charge is recorded when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value.

Changes in circumstance that may trigger a goodwill impairment assessment for one of our business units can include, among others, changes in the legal environment, addressable market, business strategy, development or business plans, reimbursement structure, operating performance, future prospects, relationships with partners, and/or market value indications for the subject business. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances concerning the subject businesses and to estimate their fair value when applicable. Any change in the factors, assessments or assumptions involved could affect a determination of whether and when to assess goodwill for impairment as well as the outcome of such an assessment. These assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

*Accounting for income taxes*. Our income tax expense, deferred tax assets and liabilities, and liabilities for unrecognized tax benefits reflect management's best assessment of estimated current and future taxes to be paid. We are subject to income taxes in the United States and numerous state and foreign jurisdictions, and changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. The actual impact of any such laws or regulations could be materially different from our current estimates.

Significant judgments and estimates are required in determining our consolidated income tax expense. Deferred income taxes arise from temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements, which will result in taxable or deductible amounts in the future. In evaluating our ability to recover our deferred tax assets within the jurisdiction from which they arise, we consider all available positive and negative evidence, including scheduled reversals of deferred tax liabilities, projected future taxable income, tax planning strategies, results of recent operations, and assumptions about the amount of future federal, state, and foreign pre-tax operating income adjusted for items that do not have tax consequences. The assumptions about future taxable income require significant judgments and are consistent with the plans and estimates we use to manage the underlying businesses. To the extent that recovery is not likely, a valuation allowance is established. The allowance is regularly reviewed and updated for changes in circumstances that would cause a change in judgment about the realizability of the related deferred tax assets.

*Fair value estimates.* The FASB defines fair value generally as the amount at which an asset (or liability) could be bought (or incurred) or sold (or settled) in a current transaction between willing parties, that is, other than in a forced or liquidation sale. It also defines fair value more specifically for most purposes as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

We rely on fair value measurements and estimates for purposes that require the recording, reassessment, or adjustment of the carrying amounts of certain assets, liabilities and noncontrolling interests subject to put provisions (redeemable equity interests). These purposes can include purchase accounting for business combination transactions; impairment assessments for goodwill, other intangible assets, and other long-lived assets; recurrent revaluation of investments in debt and equity securities,

interest rate cap agreements or other derivative instruments, contingent earn-out obligations, and noncontrolling interests subject to put provisions; and the accounting for equity method and other investments and stock-based compensation, among others. The criticality of a particular fair value estimate to our consolidated financial statements depends upon the nature and size of the item being measured, the extent of uncertainties involved and the nature and magnitude or potential effect of assumptions and judgments required. Critical fair value estimates can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

*Loss contingencies.* As discussed in Notes 1 and 16 to the consolidated financial statements, we operate in a highly regulated industry and are party to various lawsuits, claims, qui tam suits, governmental investigations and audits (including investigations resulting from our obligation to self-report suspected violations of law), contract disputes and other legal proceedings. Assessments of such matters can involve a series of complex judgments about future events and can rely heavily on estimates and assumptions. We record accruals for loss contingencies on such matters to the extent that we determine an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. See Note 16 to the consolidated financial statements included in this report for further discussion. As described in Note 22 to the consolidated financial statements, the final sale price for our DMG business remains subject to certain post-closing adjustments under its equity purchase agreement which could have a material effect on the total sale proceeds we retain or the total amount of our loss on sale of this business.

**Significant new accounting standards**

See Note 1 to the consolidated financial statements included in this report for information regarding certain recent financial accounting standards that have been issued by the FASB.

**Item 7A. Quantitative and Qualitative Disclosures about Market Risk.**

**Interest rate sensitivity**

The tables below provide information about our financial instruments that are sensitive to changes in interest rates. The table below presents principal repayments and current weighted average interest rates on our debt obligations as of December 31, 2019. The variable rates presented reflect the weighted average LIBOR rates in effect for all debt tranches plus interest rate margins in effect as of December 31, 2019. The Term Loan A interest rate margin in effect at December 31, 2019, was 1.50%, and along with our revolving line of credit, is subject to adjustment depending upon changes in certain of our financial ratios, including a leverage ratio. At December 31, 2019, the Term Loan B interest rate margin in effect was LIBOR plus an interest rate margin of 2.25%.

| | Expected maturity date | | | | | | | Average interest rate | Fair value |
|---|---|---|---|---|---|---|---|---|---|
| | 2020 | 2021 | 2022 | 2023 | 2024 | Thereafter | Total | | |
| | (dollars in millions) | | | | | | | | |
| Long term debt: | | | | | | | | | |
| Fixed rate | $ 32 | $ 27 | $ 29 | $ 42 | $ 1,777 | $ 1,717 | $ 3,624 | 5.11% | $ 3,702 |
| Variable rate | $ 98 | $ 126 | $ 140 | $ 183 | $ 1,395 | $ 2,615 | $ 4,557 | 3.94% | $ 4,585 |

| | Notional amount | Contract maturity date | | | | | Receive variable | Fair value |
|---|---|---|---|---|---|---|---|---|
| | | 2020 | 2021 | 2022 | 2023 | 2024 | | |
| | (dollars in millions) | | | | | | | |
| 2015 cap agreements | $ 3,500 | $ 3,500 | $ — | $ — | $ — | $ — | LIBOR above 3.5% | $ — |
| 2019 cap agreements | $ 3,500 | $ — | $ — | $ — | $ — | $ 3,500 | LIBOR above 2.0% | $ 24 |

For a further discussion of our debt, see Note 13 to our consolidated financial statements at Part II Item 15, "Exhibits, Financial Statement Schedules" – Note 13 – "Long-term debt" as referred from Part II Item 8, "Financial Statements and Supplementary Data."

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our current credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings.

One means of assessing exposure to debt-related interest rate changes is a duration-based analysis that measures the potential loss in net income resulting from a hypothetical increase in interest rates of 100 basis points across all variable rate maturities (referred to as a parallel shift in the yield curve). Under this model, with all else constant, it is estimated that such an increase would have reduced net income by approximately $32.4 million, $37.8 million, and $27.6 million, net of tax, for the years ended December 31, 2019, 2018, and 2017, respectively.

*Exchange rate sensitivity*

While our business is predominantly conducted in the U.S., we have developing operations in nine other countries as well. For financial reporting purposes, the U.S. dollar is our reporting currency. However, the functional currencies of our operating businesses in other countries are typically those of the countries in which they operate. Therefore, changes in the rate of exchange between the U.S. dollar and the local currencies in which our international operations are conducted affect our results of operations and financial position as reported in our consolidated financial statements.

We have consolidated the balance sheets of our non-U.S. dollar denominated operations into U.S. dollars at the exchange rates prevailing at the balance sheet dates and have translated their revenues and expense at average exchange rates during each period. Additionally, our individual subsidiaries are exposed to transactional risks mainly resulting from intercompany transactions between and among subsidiaries with different functional currencies. This exposes the subsidiaries to fluctuations in the rate of exchange between the invoicing or obligation currencies and the currency in which their local operations are conducted.

We evaluate our exposure to foreign exchange risk through the judgment of our international and corporate management teams. Through 2019, our international operations remained fairly small relative to the size of our consolidated financial statements, constituting approximately 8% of our consolidated assets as of December 31, 2019, and approximately 4% of our consolidated revenues for the year ended December 31, 2019. In addition, our foreign currency translation (losses) gains were approximately (1)%, (3)%, and 6% of our consolidated operating income for the years ended December 31, 2019, 2018 and 2017.

Given the small size of our international operations, management does not consider our exposure to foreign exchange risk to be significant to the consolidated enterprise. As such, through December 31, 2019, we have not engaged in transactions to hedge the exposure of our international transactions or net investments to foreign currency risk.

**Item 8. Financial Statements and Supplementary Data.**

See the Index to Financial Statements and Index to Financial Statement Schedules included at "Item 15. Exhibits, Financial Statement Schedules."

**Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.**

None.

**Item 9A. Controls and Procedures.**

Management has established and maintains disclosure controls and procedures designed to ensure that information required to be disclosed in the reports that it files or submits pursuant to the Securities Exchange Act of 1934 (Exchange Act) as amended is recorded, processed, summarized and reported within the time periods specified in the SEC's rules and forms, and that such information is accumulated and communicated to our management including our Chief Executive Officer and Chief Financial Officer as appropriate to allow for timely decisions regarding required disclosures.

At the end of the period covered by this report, we carried out an evaluation, under the supervision and with the participation of our Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of our disclosure controls and procedures in accordance with the Exchange Act requirements. Based upon that evaluation, the Chief Executive Officer and Chief Financial Officer concluded that our disclosure controls and procedures are effective for timely identification and review of material information required to be included in our Exchange Act reports, including this report. Management recognizes that these controls and procedures can provide only reasonable assurance of desired outcomes, and that estimates and judgments are still inherent in the process of maintaining effective controls and procedures.

Beginning January 1, 2019, we adopted FASB Accounting Standards Codification Topic 842, *Leases*. As a result of adopting this new standard, we implemented new business processes and related control activities in order to maintain appropriate controls over financial reporting. There was no other change in our internal control over financial reporting that was identified during the evaluation that occurred during the fourth fiscal quarter of 2019 that has materially affected, or is reasonably likely to materially affect, the Company's internal control over financial reporting.

**Item 9B. Other Information.**

None.

## PART III

### Item 10. Directors, Executive Officers and Corporate Governance.

We intend to disclose any amendments or waivers to the Code of Ethics applicable to our principal executive officer, principal financial officer, principal accounting officer or controller or persons performing similar functions, on our website located at http://www.davita.com. In 2002, we adopted a Corporate Governance Code of Ethics that applies to our principal executive officer, principal financial officer, principal accounting officer or controller, and to all of our financial accounting and legal professionals who are directly or indirectly involved in the preparation, reporting and fair presentation of our financial statements and Exchange Act reports. The Code of Ethics is posted on our website, located at http://www.davita.com. We also maintain a Corporate Code of Conduct that applies to all of our employees, officers and directors, which is posted on our website.

Under our Corporate Governance Guidelines all Board Committees including the Audit Committee, Nominating and Governance Committee and the Compensation Committee, which are comprised solely of independent directors as defined within the listing standards of the New York Stock Exchange, have written charters that outline the committee's purpose, goals, membership requirements and responsibilities. These charters are regularly reviewed and updated as necessary by our Board of Directors. All Board Committee charters as well as the Corporate Governance Guidelines are posted on our website located at http://www.davita.com.

The other information required to be disclosed by this item will appear in, and is incorporated by reference from, the sections entitled "Proposal 1 Election of Directors", "Corporate Governance", and "Security Ownership of Certain Beneficial Owners and Management" to be included in our definitive proxy statement relating to our 2020 annual stockholder meeting.

### Item 11. Executive Compensation.

The information required by this item will appear in, and is incorporated by reference from, the sections entitled "Executive Compensation", "Pay Ratio Disclosure", "Compensation of Directors" and "Compensation Committee Interlocks and Insider Participation" included in our definitive proxy statement relating to our 2020 annual stockholder meeting. The information required by Item 407(e)(5) of Regulation S-K will appear in and is incorporated by reference from the section entitled "Compensation Committee Report" to be included in our definitive proxy statement relating to our 2020 annual stockholder meeting; however, this information shall not be deemed to be filed.

### Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The following table provides information about our common stock that may be issued upon the exercise of stock-settled stock appreciation rights, restricted stock units and other rights under all of our existing equity compensation plans as of December 31, 2019, which consist of our 2011 Incentive Award Plan and our Employee Stock Purchase Plan. The material terms of these plans are described in Note 18 to the consolidated financial statements.

| Plan category | Number of shares to be issued upon exercise of outstanding options, warrants and rights[1][2] | Weighted average exercise price of outstanding options, warrants and rights[3] | Number of shares remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a)) | Total of shares reflected in columns (a) and (c) |
|---|---|---|---|---|
| | *(a)* | *(b)* | *(c)* | *(d)* |
| Equity compensation plans approved by shareholders | 10,606,446 | $ 64.10 | 21,958,174 | 32,564,620 |
| Equity compensation plans not requiring shareholder approval | — | — | — | — |
| Total | 10,606,446 | $ 64.10 | 21,958,174 | 32,564,620 |

(1) Does not include the Premium Priced Award described in Note 18, as that Board-approved award remained contingent on stockholder approval of an amendment to our 2011 Incentive Award Plan which did not occur until January 2020.

(2) Includes 1,073,051 shares of common stock reserved for issuance in connection with performance share units at the maximum number of shares issuable thereunder.

(3) This weighted-average excludes full value awards such as restricted stock units and performance share units.

Other information required to be disclosed by Item12 will appear in, and is incorporated by reference from, the section entitled “Security Ownership of Certain Beneficial Owners and Management” to be included in our definitive proxy statement relating to our 2020 annual stockholder meeting.

**Item 13. Certain Relationships and Related Transactions, and Director Independence.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled “Certain Relationships and Related Transactions” and the section entitled “Corporate Governance” to be included in our definitive proxy statement relating to our 2020 annual stockholder meeting.

**Item 14. Principal Accounting Fees and Services.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled “Proposal 2 Ratification of the Appointment of our Independent Registered Public Accounting Firm” to be included in our definitive proxy statement relating to our 2020 annual stockholder meeting.

## PART IV

**Item 15. Exhibits, Financial Statement Schedules.**

**(a) Documents filed as part of this Report:**

*(1) Index to Financial Statements:*


| | Page |
|---|---|
| Management's Report on Internal Control Over Financial Reporting | F-1 |
| Report of Independent Registered Public Accounting Firm | F-2 |
| Report of Independent Registered Public Accounting Firm | F-5 |
| Consolidated Statements of Income for the years ended December 31, 2019, 2018, and 2017 | F-6 |
| Consolidated Statements of Comprehensive Income for the years ended December 31, 2019, 2018, and 2017 | F-7 |
| Consolidated Balance Sheets as of December 31, 2019, and 2018 | F-8 |
| Consolidated Statements of Cash Flow for the years ended December 31, 2019, 2018, and 2017 | F-9 |
| Consolidated Statements of Equity for the years ended December 31, 2019, 2018, and 2017 | F-10 |
| Notes to Consolidated Financial Statements | F-12 |


*(2) Index to Financial Statement Schedules:*


| | |
|---|---|
| Schedule II—Valuation and Qualifying Accounts | S-3 |


*(3) Exhibits*

The information required by this Item is set forth in the Exhibit Index that precedes the signature pages of this Annual Report on Form 10-K.

**Item 16. Form 10-K Summary.**

None.

**DAVITA INC.**
**MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING**

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (i) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (ii) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (iii) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "Internal Control—Integrated Framework (2013)" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2019.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

## Report of Independent Registered Public Accounting Firm

To the Stockholders and Board of Directors

DaVita Inc.:

*Opinion on the Consolidated Financial Statements*

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries (the Company) as of December 31, 2019 and 2018, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2019, and the related notes and financial statement Schedule II - Valuation and Qualifying Accounts (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2019 and 2018, and the results of its operations and its cash flows for each of the years in the three-year period ended December 31, 2019, in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2019, based on criteria established in *Internal Control - Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 21, 2020 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

*Change in Accounting Principle*

As discussed in Notes 1 and 14 to the consolidated financial statements, the Company changed its method of accounting for leases as of January 1, 2019 due to the adoption of the Financial Accounting Standards Board's Accounting Standards Codification Topic 842 *Leases.*

As discussed in Notes 1 and 2 to the consolidated financial statements, the Company changed its method of accounting for revenue recognition as of January 1, 2018 due to the adoption of the Financial Accounting Standards Board's Accounting Standards Codification Topic 606 *Revenue from Contracts with Customers.*

*Basis for Opinion*

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audits provide a reasonable basis for our opinion.

*Critical Audit Matters*

The critical audit matters communicated below are matters arising from the current period audit of the consolidated financial statements that were communicated or required to be communicated to the audit committee and that: (1) relate to accounts or disclosures that are material to the consolidated financial statements and (2) involved our especially challenging, subjective, or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing separate opinions on the critical audit matters or on the accounts or disclosures to which they relate.

*U.S. dialysis revenue recognition*

As discussed in Notes 1 and 2 to the consolidated financial statements, the Company recognized $10,531 million in U.S. dialysis patient service revenue for the year ended December 31, 2019. There are significant uncertainties associated with

estimating revenue, which generally take several years to resolve. As these estimates are refined over time, both positive and negative adjustments are recognized in the current period.

We identified the evaluation of the recognition of the transaction price the Company expects to collect as a result of satisfying its performance obligations related to U.S. dialysis revenue as a critical audit matter because it involves significant estimation requiring complex auditor judgment. The key assumptions and inputs used to estimate the transaction price relate to ongoing insurance coverage changes, differing interpretations of contract coverage, determination of applicable primary and secondary coverage, coordination of benefits, and varying patient characteristics impacting Medicare reimbursements. Changes to the key assumptions and inputs used in the methodology may have a significant effect on the Company's determination of the estimate.

The primary procedures we performed to address this critical audit matter included the following. We tested certain internal controls over the Company's U.S. dialysis revenue recognition process, including controls related to the methodology used to estimate the transaction price, and the key assumptions and inputs. We developed an independent estimate of the transaction price based on actual and expected cash collections. We evaluated the Company's key assumptions and inputs to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations by comparing key assumptions to historical collection experience, trends of refunds and payor payment adjustments, delays in the Company's billing and collection process and regulatory compliance matters. Additionally, we compared revenue related to the transaction price estimates recognized in prior periods to actual cash collections related to performance obligations satisfied in prior periods to analyze the Company's ability to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations.

*Evaluation of the goodwill impairment analyses for the Germany kidney care reporting unit*

As discussed in Note 10 to the consolidated financial statements, the Company performed annual and other impairment assessments for their reporting units throughout 2019. As a result of these assessments, the Company recognized goodwill impairment charges totaling $119 million related to its Germany kidney care reporting unit during 2019. The goodwill balance for the Germany kidney care reporting unit as ofDecember 31, 2019 was $295 million.

We identified the evaluation of the goodwill impairment analyses for the Germany kidney care reporting unit as a critical audit matter. The evaluations included assessing the key assumptions used in estimating the fair value of the reporting unit, such as forecasted revenue growth, projected profit margins, discount rates, and revenue and clinical earnings before interest, taxes, depreciation, and amortization (EBITDA) multiples. Evaluation of these key assumptions involved a high degree of subjectivity and auditor judgment as changes to these assumptions could have a significant impact on the goodwill impairment charges recognized.

The primary procedures we performed to address this critical audit matter included the following. We tested certain internal controls over the Company's goodwill impairment assessment process, including controls over the development of key assumptions as described above. We assessed the Company's ability to forecast by comparing prior year actual results of the reporting unit to previously forecasted amounts for the reporting unit. We evaluated the Company's forecasted revenue growth rates and projected profit margins for the reporting unit by comparing the projections to the Company's underlying business strategies and operating plans for the reporting unit and other industry and market data. In addition, we involved valuation professionals with specialized skills and knowledge, who assisted in:

- evaluating the revenue growth rates and projected profit margins for the reporting unit by comparing projected rates with comparable companies;
- comparing the discount rates for the reporting unit to a discount rate range that was independently developed using publicly available market data for comparable companies;
- evaluating the revenue and clinical EBITDA multiples utilized in the Company's valuation of the reporting unit by comparing the multiples selected to a range of multiples from comparable transactions; and
- assessing the valuation methodology used by the Company to estimate the fair value of the reporting unit.

*Evaluation of legal proceedings and regulatory matters*

As discussed in Notes 1 and 16 to the consolidated financial statements, the Company operates in a highly regulated industry and is a party to various lawsuits, claims, *qui tam* suits, governmental investigations and audits (including investigations resulting from its obligation to self-report suspected violations of law) and other legal proceedings. The Company records accruals for certain legal proceedings and regulatory matters to the extent that the Company determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated.

We identified the evaluation of the recorded amounts or related disclosures for these legal proceedings and regulatory matters as a critical audit matter. A high degree of auditor judgment was required due to the nature of the estimates and assumptions that are part of the Company's process. Such estimates and assumptions primarily relate to the probability and corresponding estimate of the monetary loss in the event of an unfavorable outcome for the Company.

The primary procedures we performed to address this critical audit matter included the following. We tested certain internal controls over the Company's legal proceedings and regulatory matters process, including controls over the development of significant judgments used to estimate, record, and disclose the Company's exposure related to legal proceedings and regulatory matters. We tested existing legal proceedings and regulatory matters by 1) reading certain written correspondence received from outside parties, 2) reading certain written responses provided to outside parties, and 3) obtaining invoice and cash payment documentation for a sample of transactions. We read letters received directly from the Company's external and internal legal counsel that described certain legal proceedings and regulatory matters. We also evaluated the Company's ability to estimate its monetary losses relating to legal proceedings and regulatory matters by comparing historically recorded liabilities for certain prior legal proceedings and regulatory matters to actual monetary losses incurred upon resolution of such prior legal proceedings and regulatory matters. We involved forensic professionals with specialized skills and knowledge who assisted in evaluating the Company's compliance hotline records. Additionally, we assessed the population of legal proceedings and regulatory matters, as well as the sufficiency of the recorded amounts or related disclosures 1) by making inquiries of certain key executives and directors and 2) based on information received through procedures described above and through publicly available information about the Company, its competitors, and the industry.

/s/ KPMG LLP

We have served as the Company's auditor since 2000.

Seattle, Washington
February 21, 2020

**Report of Independent Registered Public Accounting Firm**

To the Stockholders and Board of Directors
DaVita Inc.:

*Opinion on Internal Control Over Financial Reporting*

We have audited DaVita Inc. and subsidiaries' (the Company) internal control over financial reporting as ofDecember 31, 2019, based on criteria established in *Internal Control - Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission. In our opinion, the Company maintained, in all material respects, effective internal control over financial reporting as of December 31, 2019, based on criteria established in *Internal Control - Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of the Company as of December 31, 2019 and 2018, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2019, and the related notes and financial statement Schedule II - Valuation and Qualifying Accounts (collectively, the consolidated financial statements), and our report dated February 21, 2020 expressed an unqualified opinion on those consolidated financial statements.

*Basis for Opinion*

The Company's management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying Management's Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit of internal control over financial reporting included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

*Definition and Limitations of Internal Control Over Financial Reporting*

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

/s/ KPMG LLP

Seattle, Washington
February 21, 2020

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF INCOME**
**(dollars in thousands, except per share data)**

| | Year ended December 31, | | |
|---|---|---|---|
| | **2019** | **2018** | **2017** |
| Dialysis patient service revenues | $ 10,918,421 | $ 10,709,981 | $ 10,093,670 |
| Provision for uncollectible accounts | (21,715) | (49,587) | (485,364) |
| Net dialysis patient service revenues | 10,896,706 | 10,660,394 | 9,608,306 |
| Other revenues | 491,773 | 744,457 | 1,268,328 |
| Total revenues | 11,388,479 | 11,404,851 | 10,876,634 |
| Operating expenses and charges: | | | |
| Patient care costs | 7,914,485 | 8,195,513 | 7,640,005 |
| General and administrative | 1,103,312 | 1,135,454 | 1,064,026 |
| Depreciation and amortization | 615,152 | 591,035 | 559,911 |
| Provision for uncollectible accounts | — | (7,300) | (7,033) |
| Equity investment (income) loss | (12,679) | 4,484 | 8,640 |
| Investment and other asset impairments | — | 17,338 | 295,234 |
| Goodwill impairment charges | 124,892 | 3,106 | 36,196 |
| Gain on changes in ownership interest, net | — | (60,603) | (6,273) |
| Gain on settlement, net | — | — | (526,827) |
| Total operating expenses and charges | 9,745,162 | 9,879,027 | 9,063,879 |
| Operating income | 1,643,317 | 1,525,824 | 1,812,755 |
| Debt expense | (443,824) | (487,435) | (430,634) |
| Debt prepayment, refinancing and redemption charges | (33,402) | — | — |
| Other income, net | 29,348 | 10,089 | 17,665 |
| Income from continuing operations before income taxes | 1,195,439 | 1,048,478 | 1,399,786 |
| Income tax expense | 279,628 | 258,400 | 323,859 |
| Net income from continuing operations | 915,811 | 790,078 | 1,075,927 |
| Net income (loss) from discontinuing operations, net of tax | 105,483 | (457,038) | (245,372) |
| Net income | 1,021,294 | 333,040 | 830,555 |
| Less: Net income attributable to noncontrolling interests | (210,313) | (173,646) | (166,937) |
| Net income attributable to DaVita Inc. | $ 810,981 | $ 159,394 | $ 663,618 |
| **Earnings per share attributable to DaVita Inc.:** | | | |
| Basic net income from continuing operations per share | $ 4.61 | $ 3.66 | $ 4.78 |
| Basic net income per share | $ 5.29 | $ 0.93 | $ 3.52 |
| Diluted net income from continuing operations per share | $ 4.60 | $ 3.62 | $ 4.71 |
| Diluted net income per share | $ 5.27 | $ 0.92 | $ 3.47 |
| **Weighted average shares for earnings per share:** | | | |
| Basic | 153,180,908 | 170,785,999 | 188,625,559 |
| Diluted | 153,812,064 | 172,364,581 | 191,348,533 |
| **Amounts attributable to DaVita Inc.:** | | | |
| Net income from continuing operations | $ 706,832 | $ 624,321 | $ 901,277 |
| Net income (loss) from discontinued operations | 104,149 | (464,927) | (237,659) |
| Net income attributable to DaVita Inc. | $ 810,981 | $ 159,394 | $ 663,618 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | **2019** | **2018** | **2017** |
| Net income | $ 1,021,294 | $ 333,040 | $ 830,555 |
| Other comprehensive (loss) income: | | | |
| Unrealized gains (losses) on interest rate cap agreements, net: | | | |
| Unrealized gains (losses) | 1,151 | (133) | (5,437) |
| Reclassification into net income | 6,377 | 6,286 | 5,058 |
| Unrealized losses on investments, net: | | | |
| Unrealized losses | — | — | 3,705 |
| Reclassification into net income | — | — | (220) |
| Unrealized (losses) gains on foreign currency translation: | | | |
| Foreign currency translation adjustments | (20,102) | (45,944) | 99,770 |
| Other comprehensive (loss) income | (12,574) | (39,791) | 102,876 |
| Total comprehensive income | 1,008,720 | 293,249 | 933,431 |
| Less: Comprehensive income attributable to noncontrolling interests | (210,313) | (173,646) | (166,935) |
| Comprehensive income attributable to DaVita Inc. | $ 798,407 | $ 119,603 | $ 766,496 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED BALANCE SHEETS**
**(dollars in thousands, except per share data)**

| | December 31, 2019 | December 31, 2018 |
|---|---|---|
| **ASSETS** | | |
| Cash and cash equivalents | $ 1,102,372 | $ 323,038 |
| Restricted cash and equivalents | 106,346 | 92,382 |
| Short-term investments | 11,572 | 2,935 |
| Accounts receivable, net | 1,795,598 | 1,858,608 |
| Inventories | 97,949 | 107,381 |
| Other receivables | 489,695 | 469,796 |
| Prepaid and other current assets | 66,866 | 111,840 |
| Income tax receivable | 19,772 | 68,614 |
| Current assets held for sale, net | — | 5,389,565 |
| Total current assets | 3,690,170 | 8,424,159 |
| Property and equipment, net | 3,473,384 | 3,393,669 |
| Operating lease right-of-use assets | 2,830,047 | — |
| Intangible assets, net | 135,684 | 118,846 |
| Equity method and other investments | 241,983 | 224,611 |
| Long-term investments | 36,519 | 35,424 |
| Other long-term assets | 115,972 | 71,583 |
| Goodwill | 6,787,635 | 6,841,960 |
| | $ 17,311,394 | $ 19,110,252 |
| **LIABILITIES AND EQUITY** | | |
| Accounts payable | $ 403,840 | $ 463,270 |
| Other liabilities | 756,174 | 595,850 |
| Accrued compensation and benefits | 695,052 | 658,913 |
| Current portion of operating lease liabilities | 343,912 | — |
| Current portion of long-term debt | 130,708 | 1,929,369 |
| Income tax payable | 42,412 | — |
| Current liabilities held for sale | — | 1,243,759 |
| Total current liabilities | 2,372,098 | 4,891,161 |
| Long-term operating lease liabilities | 2,723,800 | — |
| Long-term debt | 7,977,526 | 8,172,847 |
| Other long-term liabilities | 160,809 | 450,669 |
| Deferred income taxes | 577,543 | 562,536 |
| Total liabilities | 13,811,776 | 14,077,213 |
| Commitments and contingencies | | |
| Noncontrolling interests subject to put provisions | 1,180,376 | 1,124,641 |
| Equity: | | |
| Preferred stock ($0.001 par value, 5,000,000 shares authorized; none issued) | | |
| Common stock ($0.001 par value, 450,000,000 shares authorized; 125,842,853 and 166,387,307 shares issued and outstanding at December 31, 2019 and 2018, respectively) | 126 | 166 |
| Additional paid-in capital | 749,043 | 995,006 |
| Retained earnings | 1,431,738 | 2,743,194 |
| Accumulated other comprehensive loss | (47,498) | (34,924) |
| Total DaVita Inc. shareholders' equity | 2,133,409 | 3,703,442 |
| Noncontrolling interests not subject to put provisions | 185,833 | 204,956 |
| Total equity | 2,319,242 | 3,908,398 |
| | $ 17,311,394 | $ 19,110,252 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF CASH FLOW**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | **2019** | **2018** | **2017** |
| **Cash flows from operating activities:** | | | |
| Net income | $ 1,021,294 | $ 333,040 | $ 830,555 |
| Adjustments to reconcile net income to net cash provided by operating activities: | | | |
| Depreciation and amortization | 615,152 | 591,035 | 777,485 |
| Impairment charges | 124,892 | 61,981 | 981,589 |
| Valuation adjustment on disposal group | — | 316,840 | — |
| Debt prepayment, refinancing and redemption charges | 33,402 | — | — |
| Stock-based compensation expense | 67,850 | 73,061 | 35,092 |
| Deferred income taxes | 41,723 | 273,660 | (395,217) |
| Equity investment income, net | 8,582 | 26,449 | 28,925 |
| Loss (gain) on sales of business interests, net | 23,022 | (85,699) | (23,402) |
| Other non-cash charges, net | 49,579 | 82,374 | 66,920 |
| Changes in operating assets and liabilities, net of effect of acquisitions and divestitures: | | | |
| Accounts receivable | (79,957) | (81,176) | (156,305) |
| Inventories | 10,158 | 73,505 | (18,625) |
| Other receivables and other current assets | 2,790 | 236,995 | (111,432) |
| Other long-term assets | 6,965 | 3,497 | (11,945) |
| Accounts payable | (84,539) | (35,959) | 26,876 |
| Accrued compensation and benefits | (14,697) | 84,165 | (78,239) |
| Other current liabilities | 181,940 | (157,462) | 1,908 |
| Income taxes | 95,645 | (23,635) | (52,176) |
| Other long-term liabilities | (31,446) | (1,031) | 11,157 |
| Net cash provided by operating activities | 2,072,355 | 1,771,640 | 1,913,166 |
| **Cash flows from investing activities:** | | | |
| Additions of property and equipment | (766,546) | (987,138) | (905,250) |
| Acquisitions | (100,861) | (183,156) | (803,879) |
| Proceeds from asset and business sales | 3,877,392 | 150,205 | 92,336 |
| Purchase of other debt and equity investments | (5,458) | (8,448) | (13,117) |
| Purchase of investments held-to-maturity | (101,462) | (5,963) | (228,990) |
| Proceeds from sale of other debt and equity investments | 3,676 | 9,526 | 6,408 |
| Proceeds from investments held-to-maturity | 95,376 | 34,862 | 492,470 |
| Purchase of equity investments | (9,366) | (19,177) | (4,816) |
| Distributions received on equity investments | 2,589 | 3,646 | 106 |
| Net cash provided by (used in) investing activities | 2,995,340 | (1,005,643) | (1,364,732) |
| **Cash flows from financing activities:** | | | |
| Borrowings | 38,525,850 | 59,934,750 | 50,991,960 |
| Payments on long-term debt and other financing costs | (40,606,041) | (59,239,973) | (50,837,112) |
| Purchase of treasury stock | (2,383,816) | (1,161,511) | (802,949) |
| Distributions to noncontrolling interests | (233,123) | (196,441) | (211,467) |
| Stock award exercises and other share issuances, net | 11,382 | 13,577 | 21,252 |
| Contributions from noncontrolling interests | 57,317 | 52,311 | 74,552 |
| Proceeds from sales of additional noncontrolling interest | — | 15 | 2,864 |
| Purchases of noncontrolling interests | (68,019) | (28,082) | (5,357) |
| Net cash used in financing activities | (4,696,450) | (625,354) | (766,257) |
| Effect of exchange rate changes on cash, cash equivalents and restricted cash | (1,760) | (3,350) | 254 |
| Net increase (decrease) in cash, cash equivalents and restricted cash | 369,485 | 137,293 | (217,569) |
| Less: Net (decrease) increase in cash, cash equivalents and restricted cash from discontinued operations | (423,813) | 240,793 | (53,026) |
| Net increase (decrease) in cash, cash equivalents and restricted cash from continuing operations | 793,298 | (103,500) | (164,543) |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 415,420 | 518,920 | 683,463 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 1,208,718 | $ 415,420 | $ 518,920 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY**
**(dollars and shares in thousands)**

| | Non-controlling interests subject to put provisions | DaVita Inc. Shareholders' Equity | | | | | | | | Non-controlling interests not subject to put provisions |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | |
| | | Shares | Amount | | | Shares | Amount | | | |
| Balance at December 31, 2016 | $ 973,258 | 194,554 | $ 195 | $ 1,027,182 | $ 3,710,313 | — | $ — | $ (89,643) | $ 4,648,047 | $ 201,694 |
| Comprehensive income: | | | | | | | | | | |
| Net income | 103,641 | | | | 663,618 | | | | 663,618 | 63,296 |
| Other comprehensive income | | | | | | | | 102,878 | 102,878 | (2) |
| Stock purchase shares issued | | 360 | | 22,131 | | | | | 22,131 | |
| Stock unit shares issued | | 117 | | (101) | | | | | (101) | |
| Stock-settled SAR shares issued | | 398 | | — | | | | | — | |
| Stock-settled stock-based compensation expense | | | | 34,981 | | | | | 34,981 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (128,853) | | | | | | | | | (82,614) |
| Contributions | 52,911 | | | | | | | | | 21,641 |
| Acquisitions and divestitures | 43,799 | | | (823) | | | | | (823) | (5,770) |
| Partial purchases | (397) | | | (2,752) | | | | | (2,752) | (2,208) |
| Fair value remeasurements | (32,999) | | | 32,999 | | | | | 32,999 | |
| Purchase of treasury stock | | | | | | (12,967) | (810,949) | | (810,949) | |
| Retirement of treasury stock | | (12,967) | (13) | (70,718) | (740,218) | 12,967 | 810,949 | | | |
| Balance at December 31, 2017 | $ 1,011,360 | 182,462 | $ 182 | $ 1,042,899 | $ 3,633,713 | — | $ — | $ 13,235 | $ 4,690,029 | $ 196,037 |
| Cumulative effect of change in accounting principle | | | | | 8,368 | | | (8,368) | — | |
| Comprehensive income: | | | | | | | | | | |
| Net income | 105,531 | | | | 159,394 | | | | 159,394 | 68,115 |
| Other comprehensive income | | | | | | | | (39,791) | (39,791) | |
| Stock purchase shares issued | | 398 | | 17,398 | | | | | 17,398 | |
| Stock unit shares issued | | 158 | | (448) | | | | | (448) | |
| Stock-settled SAR shares issued | | 213 | 1 | (4,887) | | | | | (4,886) | |
| Stock-settled stock-based compensation expense | | | | 73,081 | | | | | 73,081 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (119,173) | | | | | | | | | (77,268) |
| Contributions | 32,918 | | | | | | | | | 19,393 |
| Acquisitions and divestitures | 79,078 | | | 3,546 | | | | | 3,546 | 318 |
| Partial purchases | (8,546) | | | (17,897) | | | | | (17,897) | (1,639) |
| Fair value remeasurements | 23,473 | | | (23,473) | | | | | (23,473) | |
| Purchase of treasury stock | | | | | | (16,844) | (1,153,511) | | (1,153,511) | |
| Retirement of treasury stock | | (16,844) | (17) | (95,213) | (1,058,281) | 16,844 | 1,153,511 | | — | |
| Balance at December 31, 2018 | $ 1,124,641 | 166,387 | $ 166 | $ 995,006 | $ 2,743,194 | — | $ — | $ (34,924) | $ 3,703,442 | $ 204,956 |

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY - continued**
**(dollars and shares in thousands)**

| | Non-controlling interests subject to put provisions | DaVita Inc. Shareholders' Equity | | | | | | | | Non-controlling interests not subject to put provisions |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | |
| | | Shares | Amount | | | Shares | Amount | | | |
| Cumulative effect of change in accounting principle | (38) | | | | 39,876 | | | | 39,876 | (6) |
| Comprehensive income: | | | | | | | | | | |
| Net income | 143,413 | | | | 810,981 | | | | 810,981 | 66,900 |
| Other comprehensive income | | | | | | | | (12,574) | (12,574) | |
| Stock purchase shares issued | | 315 | 1 | 16,569 | | | | | 16,570 | |
| Stock unit shares issued | | 160 | | (3,246) | | | | | (3,246) | |
| Stock-settled SAR shares issued | | 1 | | (44) | | | | | (44) | |
| Stock-settled stock-based compensation expense | | | | 67,549 | | | | | 67,549 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (155,011) | | | | | | | | | (78,112) |
| Contributions | 35,572 | | | | | | | | | 21,745 |
| Acquisitions and divestitures | (6,332) | | | | | | | | | (10,170) |
| Partial purchases | (11,394) | | | (37,145) | | | | | (37,145) | (19,480) |
| Fair value remeasurements | 49,525 | | | (49,525) | | | | | (49,525) | |
| Purchase of treasury stock | | | | | | (41,020) | (2,402,475) | | (2,402,475) | |
| Retirement of treasury stock | | (41,020) | (41) | (240,121) | (2,162,313) | 41,020 | 2,402,475 | | — | |
| Balance at December 31, 2019 | $ 1,180,376 | 125,843 | $ 126 | $ 749,043 | $ 1,431,738 | — | $ — | $ (47,498) | $ 2,133,409 | $ 185,833 |

See notes to consolidated financial statements.

## 1. Organization and summary of significant accounting policies

*Organization*

The Company's operations are comprised of its dialysis and related lab services to patients in the United States (its U.S. dialysis business), its ancillary services and strategic initiatives including its international operations (collectively, its ancillary services), and its corporate administrative support.

The Company's largest line of business is its U.S. dialysis business, which operates kidney dialysis centers in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease (ESRD). As of December 31, 2019, the Company operated or provided administrative services through a network of 2,753 U.S. outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 206,900 patients. In addition, as of December 31, 2019, the Company operated or provided administrative services to a total of 259 outpatient dialysis centers serving approximately 28,700 patients located in ten countries outside of the U.S.

On June 19, 2019, the Company completed the sale of its DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented in these consolidated financial statements. For financial information about the DMG business, see Note 22.

The Company's U.S. dialysis business qualifies as a separately reportable segment and the Company's ancillary services, including its international operations, have been combined and disclosed in the other segments category.

*Basis of presentation*

These consolidated financial statements are prepared in accordance with United States generally accepted accounting principles (U.S. GAAP). The financial statements include DaVita Inc. and its subsidiaries, partnerships and other entities in which it maintains a majority voting or other controlling financial interest (collectively, the Company). All significant intercompany transactions and balances have been eliminated. Equity investments in investees over which the Company only has significant influence are recorded on the equity method, while investments in other equity securities are recorded at fair value or on the adjusted cost method, as applicable. For the Company's international subsidiaries, local currencies are considered their functional currencies. Translation adjustments result from translating the financial statements of the Company's international subsidiaries from their functional currencies into the Company's reporting currency (the U.S. dollar, or USD). Prior year balances and amounts have been reclassified to conform to the current year presentation.

The Company has evaluated subsequent events through the date these consolidated financial statements were issued and has included all necessary adjustments and disclosures.

*Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions. Although actual results in subsequent periods will differ from these estimates, such estimates are developed based on the best information available to management and management's best judgments at the time. All significant assumptions and estimates underlying the amounts reported in the financial statements and accompanying notes are regularly reviewed and updated when necessary. Changes in estimates are reflected in the financial statements based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Interim changes in estimates related to annual operating costs are applied prospectively within annual periods.

The most significant assumptions and estimates underlying these consolidated financial statements and accompanying notes involve revenue recognition and accounts receivable, contingencies, impairments of goodwill and investments, accounting for income taxes and certain fair value estimates. Specific estimating risks and contingencies are further addressed within these notes to the consolidated financial statements.

*Revenues*

On January 1, 2018, the Company adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic 606*Revenue from Contracts with Customers* (Topic 606) using the cumulative effect method for those

contracts that were not substantially completed as of January 1, 2018. Results for reporting periods beginning on and after January 1, 2018 are presented under Topic 606, while prior period amounts continue to be presented in accordance with the Company's historical accounting under *Revenue Recognition* (Topic 605).

The adoption of this new standard primarily changed the Company's presentation of revenues, provision for uncollectible accounts and allowance for doubtful accounts. Topic 606 requires revenue to be recognized based on the Company's estimate of the transaction price the Company expects to collect as a result of satisfying its performance obligations. Accordingly, for performance obligations satisfied after the adoption of Topic 606, the Company no longer separately presents a provision for uncollectible accounts on the consolidated income statement and no longer presents the related allowance for doubtful accounts on the consolidated balance sheet. However, as a result of the Company's election to apply Topic 606 only to contracts not substantially completed as of January 1, 2018, the Company continues to maintain an allowance for doubtful accounts related to performance obligations satisfied prior to the adoption of Topic 606. Net collections or write-offs of accounts receivable generated prior to January 1, 2018, beyond amounts previously reserved thereon, are presented in the provision for uncollectible accounts on the consolidated income statement in accordance with Topic 605.

*Dialysis patient service revenues*

Revenues are recognized based on the Company's estimate of the transaction price the Company expects to collect as a result of satisfying its performance obligations. Dialysis patient service revenues are recognized in the period services are provided based on these estimates. Revenues consist primarily of payments from government and commercial health plans for dialysis services provided to patients. A usual and customary fee schedule is maintained for the Company's dialysis treatments and related lab services; however, actual collectible revenue is normally recognized at a discount from the fee schedule.

Revenues associated with Medicare and Medicaid programs are estimated based on: (a) the payment rates that are established by statute or regulation for the portion of payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, estimates of the amounts ultimately collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient.

Under Medicare's bundled payment rate system, services covered by Medicare are subject to estimating risk, whereby reimbursements from Medicare can vary significantly depending upon certain patient characteristics and other variable factors. Even with the bundled payment rate system, Medicare payments for bad debt claims as established by cost reports require evidence of collection efforts. As a result, billing and collection of Medicare bad debt claims can be delayed significantly and final payment is subject to audit. The Company's revenue recognition is estimated based on its judgment regarding its ability to collect, which depends upon its ability to effectively capture, document and bill for Medicare's base payment rate as well as these other variable factors.

Medicaid payments, when Medicaid coverage is secondary, can also be difficult to estimate. For many states, Medicaid payment terms and methods differ from Medicare, and may prevent accurate estimation of individual payment amounts prior to billing.

Revenues associated with commercial health plans are estimated based on contractual terms for the patients under healthcare plans with which the Company has formal agreements, non-contracted health plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in the Company's billing and collection processes that can result in denied claims for payments, delays in collections due to payor payment inefficiencies, and regulatory compliance matters.

Commercial revenue recognition also involves significant estimating risks. With many larger commercial insurers, the Company has several different contracts and payment arrangements, and these contracts often include only a subset of the Company's centers. In certain circumstances, it may not be possible to determine which contract, if any, should be applied prior to billing. In addition, for services provided by non-contracted centers, final collection may require specific negotiation of a payment amount, typically at a significant discount from the Company's usual and customary rates.

*Other revenues*

Other revenues consist of fees for management and administrative support services provided to outpatient dialysis centers that the Company does not own or in which the Company owns a noncontrolling interest, revenues associated with the Company's non-dialysis ancillary services and strategic initiatives, and administrative and management support services to certain non-dialysis joint ventures in which the Company owns a noncontrolling interest. Revenues associated with dialysis management services, disease management services, clinical research programs, physician services, ESRD seamless care

organizations, and comprehensive care are estimated in the period services are provided. Revenues associated with pharmacy services were estimated as prescriptions were filled and shipped to patients. Revenues associated with direct primary care were estimated over the membership period.

*Other income*

Other income includes interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses.

*Cash and cash equivalents*

Cash equivalents are short-term highly liquid investments with maturities of three months or less at date of purchase.

*Restricted cash and equivalents*

Restricted cash and cash equivalents are primarily held in trust to satisfy insurer and state regulatory requirements related to the wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company.

*Investments in debt and equity securities*

The Company classifies certain debt securities as held-to-maturity and records them at amortized cost based on the Company’s intentions and strategies concerning those investments. Equity securities that have readily determinable fair values or redemption values are classified as short-term or long-term investments and recorded at estimated fair value with changes in fair value recognized in current earnings.

*Inventories*

Inventories are stated at the lower of cost (first-in, first-out) or net realizable value and consist principally of pharmaceuticals and dialysis-related supplies. Rebates related to inventory purchases are recorded when earned and are based on certain qualification requirements which are dependent on a variety of factors including future pricing levels from the manufacturer and related data submission.

*Property and equipment*

Property and equipment is stated at cost less accumulated depreciation and amortization and is further reduced by any impairments. Maintenance and repairs are charged to expense as incurred. Depreciation and amortization expenses are computed using the straight-line method over the useful lives of the assets estimated as follows: buildings, 25 years to 40 years; leasehold improvements, the shorter of ten years or the expected lease term; and equipment and information systems, principally three years to 15 years. Disposition gains and losses are included in current operating expenses. Property and equipment assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Leases*

The Company leases substantially all of its U.S. dialysis facilities. The Company categorizes leases with contractual terms longer than twelve months as either operating or finance leases. Finance leases are generally those leases that allow the Company to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases.

Assets acquired under finance leases are recorded on the balance sheet within property and equipment, net and liabilities for finance lease obligations are recorded within long-term debt. Finance lease assets are amortized to depreciation expense on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Rights to use assets under operating leases are recorded on the balance sheet as operating lease right-of-use assets and liabilities for operating lease obligations are recorded as operating lease liabilities. Reductions in the carrying amount of operating lease right-of-use assets are recorded to rent expense over the lease term.

The majority of the Company’s facilities are leased under non-cancellable operating leases ranging in terms fromfive years to 15 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal. The

Company has elected the practical expedient to not separate lease components from non-lease components for its financing and operating leases.

*Amortizable intangibles*

Amortizable intangible assets and liabilities include noncompetition agreements and hospital acute services contracts, each of which have finite useful lives. Amortization expense is computed using the straight-line method over the useful lives of the assets estimated as follows: non-competition agreements over three years to ten years, and hospital acute service contracts over the contract period. Amortizable intangible assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Indefinite-lived intangibles*

Indefinite-lived intangible assets include international licenses and accreditations that allow the Company to be reimbursed for providing dialysis services to patients, each of which has an indefinite useful life. Indefinite-lived intangibles are not amortized, but are assessed for impairment at least annually and whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Equity method and other investments*

Equity investments that do not have readily determinable fair values are carried on the equity method if the Company maintains significant influence over the investee or on the adjusted cost method if it does not. The adjusted cost method represents the Company's cost for an investment, net of any other-than-temporary impairment, or a subsequent observation of the investment's fair value. The Company classifies its equity and adjusted cost method investments as “Equity method and other investments” on its balance sheet. See Note 9 for further details, including recent changes to the Company's accounting for these investments.

Equity method and other investments are assessed for other-than-temporary impairment when significant events or changes in circumstances indicate that an other-than-temporary impairment may have occurred. An other-than-temporary impairment charge is recorded when the fair value of an investment has fallen below its carrying amount and the shortfall is expected to be indefinitely or permanently unrecoverable.

*Goodwill*

Goodwill represents the difference between the fair value of businesses acquired and the fair value of the identifiable tangible and intangible net assets acquired. Goodwill is not amortized, but is assessed by individual reporting unit for impairment as circumstances warrant and at least annually. An impairment charge is recognized when and to the extent a reporting unit's carrying amount is determined to exceed its fair value. The Company operates multiple reporting units. See Note 10 for further details.

*Self-insurance*

The Company predominantly self-insures its professional and general liability and workers' compensation risks through its wholly-owned captive insurance companies, with excess or reinsurance coverage for additional risk. The Company is also predominantly self-insured with respect to employee medical and other health benefits. The Company records insurance liabilities for the professional and general liability, workers’ compensation, and employee health benefit risks that it retains and estimates its liability for those risks using third party actuarial calculations that are based upon historical claims experience and expectations for future claims.

*Income taxes*

Federal and state income taxes are computed at currently enacted tax rates less tax credits using the asset and liability method. Deferred taxes are adjusted both for items that do not currently have tax consequences and for the cumulative effect of any changes in tax rates from those previously used to determine deferred tax assets or liabilities. Tax provisions include amounts that are currently payable, changes in deferred tax assets and liabilities that arise because of temporary differences between the timing of when items of income and expense are recognized for financial reporting and income tax purposes, changes in the recognition of tax positions and any changes in the valuation allowance caused by a change in judgment about the realizability of the related deferred tax assets. A valuation allowance is established when necessary to reduce deferred tax assets to amounts expected to be realized.

The Company uses a recognition threshold of more-likely-than-not and a measurement attribute on all tax positions taken or expected to be taken in a tax return in order to be recognized in the financial statements. Once the recognition threshold is met, the tax position is then measured to determine the actual amount of benefit to recognize in the financial statements.

*Stock-based compensation*

The Company's stock-based compensation expense for stock-settled awards is measured at the estimated fair value of awards on the date of grant and recognized on a cumulative straight-line basis over the vesting terms of the awards, unless the stock awards are based on non-market based performance metrics, in which case expense is adjusted for the ultimate number of shares expected to be issued as of the end of each reporting period. Stock-based compensation expense for cash-settled awards is based on their estimated fair values as of the end of each reporting period. The expense for all stock-based awards is recognized net of expected forfeitures.

*Interest rate cap agreements*

The Company often carries a combination of current or forward interest rate caps on portions of its variable rate debt as a means of hedging its exposure to changes in LIBOR interest rates as part of its overall interest rate risk management strategy. These interest rate caps are not held for trading or speculative purposes and are designated as qualifying cash flow hedges. See Note 13 for further details.

*Noncontrolling interests*

Noncontrolling interests represent third-party equity ownership interests in entities which are consolidated by the Company for financial statement reporting purposes. As of December 31, 2019, third parties held noncontrolling equity interests in 672 consolidated legal entities.

*Fair value estimates*

The Company relies on fair value measurements and estimates for purposes that require the recording, reassessment, or adjustment of the carrying amounts of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity). These purposes can include the accounting for business combination transactions; impairment assessments for goodwill, other intangible assets, or other long-lived assets; recurrent revaluation of investments in debt and equity securities, contingent earn-out obligations, interest rate cap agreements or other derivative instruments, and noncontrolling interests subject to put provisions; and the accounting for equity method and other investments and stock-based compensation, as applicable. The Company has also classified its assets, liabilities and temporary equity into the appropriate fair value hierarchy levels as defined by the FASB. See Note 24 for further details.

*New accounting standards*

*New standards recently adopted*

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. The amendments in Topic 842 revise lessee accounting for leases. Under the new guidance, lessees are required to recognize a lease liability and a right-of-use asset for substantially all leases with lease terms in excess of twelve months. The new lease guidance also simplifies the accounting for sale leaseback transactions primarily because lessees must recognize lease assets and lease liabilities. The Company adopted Topic 842 as of January 1, 2019 using a modified retrospective transition approach with a cumulative effect adjustment for leases existing at the adoption date. The Company elected to apply the package of practical expedients to not reassess prior conclusions related to contracts containing leases, lease classification and initial direct costs. Adoption of Topic 842 as of January 1, 2019 resulted in the recognition of operating right-of-use assets of $2,783,784, operating lease liabilities of $3,001,354 and a cumulative effect adjustment to retained earnings of $39,876, primarily related to deferred gains on prior sale leaseback transactions. Adoption of this new lease guidance did not materially impact the Company's consolidated net earnings and had no impact on cash flows. See Note 14 for further details.

In August 2017, the FASB issued ASU No. 2017-12, *Derivatives and Hedging (Topic 815): Targeted Improvements to Accounting for Hedging Activities.* The amendments in this ASU better align an entity's risk management activities and financial reporting for hedging relationships through changes to both the designation and measurement guidance for qualifying hedging relationships and the presentation of hedge results. The amendments in this ASU were effective for the Company on January 1, 2019. Adoption of this ASU did not have a material impact on the Company's consolidated financial statements.

*New standards not yet adopted*

In June 2016, the FASB issued ASU No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments.* The amendments in this ASU change the approach for recognizing credit losses on financial assets from the incurred loss methodology in current U.S. GAAP to a methodology that reflects current expected credit losses, which requires consideration of a broader range of reasonable and supportable information to inform those credit loss estimates. The current incurred loss model delays recognition of credit losses until it is probable that a loss has been incurred, while this ASU's new current expected credit loss model requires estimation of credit losses expected over the life of the financial asset or group of similar financial assets. The amendments in this ASU are effective for the Company on January 1, 2020 and are to be applied on a modified retrospective approach. The Company has evaluated the impact of this standard on its consolidated financial statements, including accounting policies, processes, and systems, and does not expect the impact to be material.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework -Changes to the Disclosure Requirements for Fair Value Measurement*. The applicable amendments in this ASU remove requirements for disclosures concerning transfers between fair value measurement Levels 1, 2 and 3 and disclosures concerning valuation processes for Level 3 fair value measurements. The applicable amendments also add a requirement to separately disclose the changes in unrealized gains and losses included in other comprehensive income for the reporting period for Level 3 items measured at fair value on a recurring basis, and require disclosure of the range and weighted average of significant unobservable inputs used to develop Level 3 fair value measurements. The amendments in this ASU are effective for the Company beginning on January 1, 2020 and its new requirements are to be applied on a prospective basis. Adoption of this ASU is not expected to have a material impact on the Company's consolidated financial statements.

In December 2019, the FASB issued ASU 2019-12 *Income Taxes (Topic 740): Simplifying the Accounting for Income Taxes* ASU 2019-12 attempts to simplify aspects of accounting for franchise taxes and enacted changes in tax laws or rates, and clarifies the accounting for transactions that result in a step-up in the tax basis of goodwill. ASU 2019-12 is effective for public business entities for fiscal years beginning after December 15, 2020, including interim periods within that fiscal year. Early adoption is permitted for all entities. The Company is currently assessing the effect this guidance may have on its consolidated financial statements.

## 2. Revenue recognition and accounts receivable

The following table summarizes the Company's segment revenues by primary payor source:

| | Year ended December 31, 2019 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,129,697 | $ | $ 6,129,697 |
| Medicaid and Managed Medicaid | 669,089 | | 669,089 |
| Other government | 446,010 | 352,765 | 798,775 |
| Commercial | 3,286,089 | 144,256 | 3,430,345 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 264,538 | 264,538 |
| Medicaid and Managed Medicaid | | 606 | 606 |
| Commercial | | 130,823 | 130,823 |
| Other[(1)] | 32,021 | 78,940 | 110,961 |
| Eliminations of intersegment revenues | (132,325) | (14,030) | (146,355) |
| **Total** | $ 10,430,581 | $ 957,898 | $ 11,388,479 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

| | Year ended December 31, 2018 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,063,891 | $ | $ 6,063,891 |
| Medicaid and Managed Medicaid | 628,766 | | 628,766 |
| Other government | 446,999 | 335,594 | 782,593 |
| Commercial | 3,176,413 | 101,681 | 3,278,094 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 492,812 | 492,812 |
| Medicaid and Managed Medicaid | | 44,246 | 44,246 |
| Commercial | | 90,890 | 90,890 |
| Other[1] | 19,880 | 130,865 | 150,745 |
| Eliminations of intersegment revenues | (92,950) | (34,236) | (127,186) |
| **Total** | $ 10,242,999 | $ 1,161,852 | $ 11,404,851 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

| | Year ended December 31, 2017[1] | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 5,253,012 | $ | $ 5,253,012 |
| Medicaid and Managed Medicaid | 606,827 | | 606,827 |
| Other government | 362,567 | 259,651 | 622,218 |
| Commercial | 3,117,920 | 63,505 | 3,181,425 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 902,289 | 902,289 |
| Medicaid and Managed Medicaid | | 71,426 | 71,426 |
| Commercial | | 116,503 | 116,503 |
| Other[2] | 19,739 | 182,974 | 202,713 |
| Eliminations of intersegment revenues | (55,176) | (24,603) | (79,779) |
| **Total** | $ 9,304,889 | $ 1,571,745 | $ 10,876,634 |

(1) As noted above, prior period amounts have not been adjusted under the cumulative effect method. In this table, the Company's U.S. dialysis revenues for the year ended December 31, 2017 has been presented net of the provision for uncollectible accounts of $485,364 to conform to the current period presentation.

(2) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

The Company's allowance for doubtful accounts related to performance obligations satisfied prior to the adoption of Topic 606 was $8,328 and $52,924 as of December 31, 2019 and 2018, respectively.

As described in Note 1, there are significant risks associated with estimating revenue, many of which take several years to resolve. These estimates are subject to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, as well as patient issues including determining applicable primary and secondary coverage, changes in patient coverage and coordination of benefits. As these estimates are refined over time, both positive and negative adjustments to revenue are recognized in the current period. As a result of these changes in estimates, additional revenue of $37,274 was recognized during the year ended December 31, 2019 associated with performance obligations satisfied prior to January 1,2019 and additional revenue of $88,495 was recognized during the year ended December 31, 2018 associated with performance obligations satisfied in years prior to the adoption of Topic 606, which

included a benefit of $36,000 from electing to apply Topic 606 only to contracts not substantially completed as of January 1,2018.

There is no single commercial payor that accounted for more than 10% of total consolidated accounts receivable or consolidated revenues at or for the years ended December 31, 2019 or 2018.

Net dialysis services accounts receivable and other receivables from Medicare, including Medicare-assigned plans, and Medicaid, including managed Medicaid plans, were approximately $1,038,248 and $1,080,561 as of December 31, 2019 and 2018, respectively. Approximately 18% of the Company's net patient services accounts receivable balances as of both December 31, 2019 and 2018, were more than six months old. There were no significant balances over one year old at December 31, 2019. The Company's accounts receivable are principally due from Medicare and Medicaid programs and commercial insurance plans.

**3. Earnings per share**

Basic earnings per share is calculated by dividing net income attributable to the Company, adjusted for any change in noncontrolling interest redemption rights in excess of fair value, by the weighted average number of common shares outstanding, reduced for 2018 and 2017 by the weighted average shares held in escrow that under certain circumstances may have been returned to the Company. Weighted average common shares outstanding include restricted stock unit awards that are no longer subject to forfeiture because the recipients have satisfied either their explicit vesting terms or retirement eligibility requirements.

Diluted earnings per share includes the dilutive effect of outstanding stock-settled stock appreciation rights and unvested stock units (under the treasury stock method) and, for 2018 and 2017, the weighted average contingently returnable shares held in escrow that were outstanding during the period.

The reconciliations of the numerators and denominators used to calculate basic and diluted earnings per share were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| **Numerators:** | | | |
| Net income from continuing operations attributable to DaVita Inc. | $ 706,832 | $ 624,321 | $ 901,277 |
| Net income (loss) from discontinued operations attributable to DaVita Inc. | 104,149 | (464,927) | (237,659) |
| Net income attributable to DaVita Inc. for earnings per share calculation | $ 810,981 | $ 159,394 | $ 663,618 |
| | | | |
| **Basic:** | | | |
| Weighted average shares outstanding during the period | 153,181 | 171,886 | 190,820 |
| Weighted average contingently returnable shares previously held in escrow for the DaVita HealthCare Partners merger | — | (1,100) | (2,194) |
| Weighted average shares for basic earnings per share calculation | 153,181 | 170,786 | 188,626 |
| | | | |
| **Basic net income (loss) attributable to DaVita Inc. from:** | | | |
| Continuing operations per share | $ 4.61 | $ 3.66 | $ 4.78 |
| Discontinued operations per share | 0.68 | (2.73) | (1.26) |
| Basic net income per share attributable to DaVita Inc. | $ 5.29 | $ 0.93 | $ 3.52 |
| | | | |
| **Diluted:** | | | |
| Weighted average shares outstanding during the period | 153,181 | 171,886 | 190,820 |
| Assumed incremental shares from stock plans | 631 | 479 | 529 |
| Weighted average shares for diluted earnings per share calculation | 153,812 | 172,365 | $ 191,349 |
| | | | |
| **Diluted net income (loss) attributable to DaVita Inc. from:** | | | |
| Continuing operations per share | $ 4.60 | $ 3.62 | $ 4.71 |
| Discontinued operations per share | 0.67 | (2.70) | (1.24) |
| Diluted net income per share attributable to DaVita Inc. | $ 5.27 | $ 0.92 | $ 3.47 |
| | | | |
| Anti-dilutive stock-settled awards excluded from calculation[(1)] | 5,936 | 5,295 | 4,350 |

(1) Shares associated with stock-settled stock appreciation rights excluded from the diluted denominator calculation because they were anti-dilutive under the treasury stock method.

**4. Restricted cash and equivalents**

The Company had restricted cash and cash equivalents of $106,346 and $92,382 at December 31, 2019 and 2018, respectively. Approximately $91,847 of the balance at December 31, 2019 represents restricted cash equivalents held in trust to satisfy insurer and state regulatory requirements related to the wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company. The remaining restricted cash and cash equivalents held at December 31, 2019 primarily represent cash pledged to third parties in connection with one of the Company's ancillary and strategic initiatives businesses.

**5. Short-term and long-term investments**

The Company adopted ASU No. 2016-01, *Financial Instruments - Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities,* and related ASU 2018-03 concerning certain technical corrections and improvements, effective January 1, 2018 Under ASU 2016-01 all changes in the fair values of equity securities with readily determinable fair values are to be recognized in current earnings. Adoption of these ASUs, in conjunction with ASU 2018-02, resulted in a cumulative effect of change in accounting principle effective January 1, 2018 which decreased accumulated other comprehensive income and increased retained earnings by $5,662 in after-tax unrealized gains accumulated

in other comprehensive income through December 31, 2017 from equity securities previously classified as available-for-sale investments.

From January 1, 2018, equity securities that have readily determinable fair values or redemption values are recorded at estimated fair value with changes in their value recognized in current earnings within "Other income, net". The Company classifies its debt securities as held-to-maturity and records them at amortized cost based on its intentions and strategy concerning those investments.

The Company classifies these debt and equity investments as "Short-term investments" or "Long-term investments" on its consolidated balance sheet, as applicable, based on the characteristics of the financial instrument or the Company's intentions or expectations for the investment.

The Company's investments in these short-term and long-term debt and equity investments consist of the following:

| | December 31, 2019 | | | December 31, 2018 | | |
|---|---|---|---|---|---|---|
| | Debt securities | Equity securities | Total | Debt securities | Equity securities | Total |
| Certificates of deposit and other time deposits | $ 8,140 | $ — | $ 8,140 | $ 2,235 | $ — | $ 2,235 |
| Investments in mutual funds and common stock | — | 39,951 | 39,951 | — | 36,124 | 36,124 |
| | $ 8,140 | $ 39,951 | $ 48,091 | $ 2,235 | $ 36,124 | $ 38,359 |
| Short-term investments | $ 8,140 | $ 3,432 | $ 11,572 | $ 2,235 | $ 700 | $ 2,935 |
| Long-term investments | — | 36,519 | 36,519 | — | 35,424 | 35,424 |
| | $ 8,140 | $ 39,951 | $ 48,091 | $ 2,235 | $ 36,124 | $ 38,359 |

*Debt securities:* The Company's short-term debt investments are principally bank certificates of deposit with contractual maturities longer than three months but shorter than one year. These debt securities are accounted for as held-to-maturity and recorded at amortized cost, which approximated their fair values at December 31, 2019 and 2018.

*Equity securities:* The Company's equity investments in mutual funds and common stock are held within a trust to fund existing obligations associated with several of the Company's non-qualified deferred compensation plans. During 2019, the Company recognized pre-tax net gains of $4,383 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $1,459 and a net increase in unrealized gains of $2,924. During 2018, the Company recognized pre-tax net losses of $1,208 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $4,490 and a net decrease in unrealized gains of $5,698.

## 6. Other receivables

Other receivables were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Supplier rebates and non-trade receivables | $ 351,650 | $ 334,156 |
| Medicare bad debt claims | 138,045 | 135,640 |
| | $ 489,695 | $ 469,796 |

## 7. Property and equipment

Property and equipment were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Land | $ 36,480 | $ 37,384 |
| Buildings | 392,256 | 467,181 |
| Leasehold improvements | 3,545,224 | 3,164,943 |
| Equipment and information systems, including internally developed software | 2,880,645 | 2,586,564 |
| New center and capital asset projects in progress | 588,345 | 661,695 |
| | 7,442,950 | 6,917,767 |
| Less accumulated depreciation | (3,969,566) | (3,524,098) |
| | $ 3,473,384 | $ 3,393,669 |

Depreciation expense on property and equipment was $600,905, $574,799, and $544,129 for 2019, 2018 and 2017, respectively.

Interest on debt incurred during the development of new centers and other capital asset projects is capitalized as a component of the asset cost based on the respective in-process capital asset balances. Interest capitalized was $27,322, $25,978 and $19,176 for 2019, 2018 and 2017, respectively.

During 2018, the Company recognized asset impairment charges of $17,338 related to the restructuring of its pharmacy business.

## 8. Intangibles

Intangible assets other than goodwill were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Noncompetition agreements | $ 103,510 | $ 107,726 |
| Indefinite-lived licenses | 90,209 | 59,885 |
| Other | 23,887 | 31,801 |
| | 217,606 | 199,412 |
| Less accumulated amortization | (81,922) | (80,566) |
| | $ 135,684 | $ 118,846 |

Amortization expense from amortizable intangible assets other than lease agreements was $14,247, $16,236, and $15,782 for 2019, 2018 and 2017, respectively. Lease agreement intangible assets and liabilities, previously recognized apart from lease right-of-use assets and liabilities prior to adoption of Topic 842, were amortized to rent expense in the amounts of $(296) and $(203) for December 31, 2018 and 2017, respectively.

For the years ended December 31, 2019, 2018 and 2017, the Company recognized no impairment charges on any intangible assets other than goodwill.

Amortizable intangible liabilities as of December 31, 2018 were comprised of lease agreements of $5,930, which were net of accumulated amortization of $4,362. With the adoption of Topic 842 on January 1, 2019, the Company no longer classifies these as intangible assets or intangible liabilities on its balance sheet. See Notes 1 and 14 for further discussion of our adoption of Topic 842.

Scheduled amortization charges from amortizable intangible assets and liabilities as of December 31, 2019 were as follows:

| | Noncompetition agreements | Other |
|---|---|---|
| 2020 | $ 11,470 | $ 1,779 |
| 2021 | 9,703 | 1,335 |
| 2022 | 6,141 | 1,330 |
| 2023 | 3,118 | 1,294 |
| 2024 | 1,429 | 1,046 |
| Thereafter | 525 | 6,305 |
| Total | $ 32,386 | $ 13,089 |

## 9. Equity method and other investments

Equity investments in nonconsolidated businesses over which the Company maintains significant influence, but which do not have readily determinable fair values, are carried on the equity method.

As described in Note 5 to these consolidated financial statements, effective January 1, 2018, the Company adopted ASU 2016-01 and related ASU 2018-03 concerning recognition and measurement of financial assets and financial liabilities. In adopting ASU 2016-01, the Company elected to adopt an adjusted cost method measurement alternative for investments in equity securities without readily determinable fair values that do not qualify for the equity method. Under this alternative, unless elected otherwise for a particular investment, the Company initially records such equity investments at cost but remeasures them to fair value through earnings when there is an observable transaction involving the same or a similar investment with the same issuer or upon an impairment.

The Company maintains equity method and minor adjusted cost method investments in the private securities of certain other healthcare and healthcare-related businesses. The Company classifies these investments as "Equity method and other investments" on its consolidated balance sheet.

The Company's equity method and other investments were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| APAC joint venture | $ 116,924 | $ 129,173 |
| Other equity method partnerships | 114,611 | 83,052 |
| Adjusted cost method investments | 10,448 | 12,386 |
| | $ 241,983 | $ 224,611 |

During 2019, 2018 and 2017, the Company recognized equity investment income (loss) of $12,679, $(4,484) and $(8,640), respectively, from its equity method investments in nonconsolidated businesses.

The Company's largest equity method investment is its ownership interest in DaVita Care Pte. Ltd. (the APAC joint venture, or APAC JV). During the fourth quarter of 2019, one of the third party noncontrolling investors in the APAC JV made its final subscribed capital contribution to the joint venture and the other third party noncontrolling investor elected to exit the joint venture. As a result, the Company now holds a 75% voting and economic interest in the APAC JV and its other noncontrolling investor holds a 25% voting and economic interest in the joint venture. The governance structure and voting rights established for the APAC JV, which remain unchanged since its formation on August 1, 2016, provide that certain key decisions affecting the joint venture’s operations are not subject to the unilateral discretion of the Company but rather are shared with the joint venture's other noncontrolling investor. As a result, the Company does not consolidate the APAC JV.

Prior to the transactions described above and as of December 31, 2018, the Company held a 60% voting interest and a 73.3% economic interest in the APAC JV, while the other two noncontrolling investors collectively held a 40% voting interest and a 26.7% economic interest in the APAC JV.

During the year ended December 31, 2017, the Company recognized a non-cash other-than-temporary impairment charge of $280,066 on its investment in the APAC JV. This charge resulted from changes in then-current expectations for the

joint venture based on continuing market research and assessments by both the Company and the APAC JV concerning the size of the addressable market available to the joint venture at attractive risk-adjusted returns.

The Company's other equity method investments include 20 legal entities over which the Company has significant influence but in which it does not maintain a controlling financial interest. Almost all of these are U.S. partnerships in the form of limited liability companies. The Company's ownership interests in these partnerships vary, but typically range from 30% to 50%.

There were no significant impairments or other valuation adjustments on the Company's adjusted cost method investments during 2019 or 2018.

**10. Goodwill**

Changes in the carrying value of goodwill by reportable segments were as follows:

| | U.S. dialysis | Other - Ancillary services | Consolidated |
|---|---|---|---|
| Balance at December 31, 2017 | $ 6,144,761 | $ 465,518 | $ 6,610,279 |
| Acquisitions | 130,574 | 147,774 | 278,348 |
| Divestitures | (331) | (15,166) | (15,497) |
| Impairment charges | — | (3,106) | (3,106) |
| Foreign currency and other adjustments | — | (28,064) | (28,064) |
| Balance at December 31, 2018 | $ 6,275,004 | $ 566,956 | $ 6,841,960 |
| Acquisitions | 18,089 | 72,137 | 90,226 |
| Impairment charges | — | (124,892) | (124,892) |
| Foreign currency and other adjustments | (5,993) | (13,666) | (19,659) |
| Balance at December 31, 2019 | $ 6,287,100 | $ 500,535 | $ 6,787,635 |
| | | | |
| Goodwill | $ 6,287,100 | $ 653,870 | $ 6,940,970 |
| Accumulated impairment charges | — | (153,335) | (153,335) |
| | $ 6,287,100 | $ 500,535 | $ 6,787,635 |

The Company elected to early adopt ASU No. 2017-04, *Intangibles-Goodwill and Other (Topic 350): Simplifying the Test for Goodwill Impairment* effective January 1, 2017. The amendments in this ASU simplify the test for goodwill impairment by eliminating the second step in the assessment. All goodwill impairment tests performed since adoption of this ASU were performed under this new guidance. When performing quantitative goodwill impairment assessments, the Company estimates fair value using either appraisals developed with an independent third party valuation firm which consider both discounted cash flow estimates for the subject business and observed market multiples for similar businesses, or offer prices received for the subject business that would be acceptable to the Company.

Each of the Company’s operating segments described in Note 25 to these consolidated financial statements represents an individual reporting unit for goodwill impairment assessment purposes and each sovereign jurisdiction within the Company’s international operating segments is considered a separate reporting unit.

Within the U.S. dialysis operating segment, the Company considers each of its dialysis centers to constitute an individual business for which discrete financial information is available. However, since these dialysis centers have similar operating and economic characteristics, and the allocation of resources and significant investment decisions concerning these businesses are highly centralized and the benefits broadly distributed, the Company has aggregated these centers and deemed them to constitute a single reporting unit.

The Company has applied a similar aggregation to the vascular access service centers in its vascular access services reporting unit, to the physician practices in its physician services reporting units, and to the dialysis centers and other health operations within each international reporting unit. For the Company’s other operating segments, discrete business components below the operating segment level constitute individual reporting units.

During the three months ended March 31, 2019 and September 30, 2019, the Company recognized goodwill impairment charges of $41,037 and $78,439, respectively, in its Germany kidney care business. The first quarter of 2019 charge resulted primarily from a change in relevant discount rates, as well as a decline in current and expected future patient census and an

increase in first quarter of 2019 and expected future costs, principally due to wage increases expected to result from recently announced legislation. The incremental charge recognized during the third quarter of 2019 resulted from changes and developments in the Company's outlook for this business since its last assessment. These primarily concerned developments in the business in response to evolving market conditions and changes in the Company's expected timing and ability to mitigate them, which was based on results of in-depth operating and strategic reviews completed by the Company's new Germany management team during the third quarter of 2019. During the year ended December 31, 2019, the Company also recognized a goodwill impairment charge of $5,416 in its German other health operations.

The impairment charges recognized in 2019 at the Company's Germany kidney care business and its German other health operations include increases of $25,621 and $1,013, respectively, to the goodwill impairment charges, and reductions to deferred tax expense, related to deferred tax assets that the impairments themselves generated. The result was $124,892 in total goodwill impairment charges to operating income and reductions of $26,634 in tax expense, for a net $98,258 impact on net income.

Based on the most recent assessments, the Company determined that further changes in expected patient census, increases in operating costs, reductions in reimbursement rates, changes in actual or expected growth rates, or other significant adverse changes in expected future cash flows or valuation assumptions could result in goodwill impairment charges in the future for the following reporting units, which remain at risk of goodwill impairment as of December 31, 2019:

| | | | Sensitivities | |
|---|---|---|---|---|
| Reporting unit | Goodwill balance | Carrying amount coverage[1] | Operating income[2] | Discount rate[3] |
| Germany kidney care | $ 295,151 | —% | (1.3)% | (11.0)% |
| Brazil kidney care | $ 88,551 | 4.4% | (2.8)% | (7.0)% |

(1) Excess of estimated fair value of the reporting unit over its carrying amount as of the latest assessment date.

(2) Potential impact on estimated fair value of a sustained, long-term reduction of 3% in operating income as of the latest assessment date.

(3) Potential impact on estimated fair value of an increase in discount rates of 100 basis points as of the latest assessment date.

During the year ended December 31, 2018, the Company recognized a goodwill impairment charge of $3,106 at its German other health operations.

During the year ended December 31, 2017, the Company recognized goodwill impairment charge of $34,696 at its vascular access reporting unit. This charge resulted primarily from changes in future governmental reimbursement rates for this business and the Company's then-evolving plans and expected ability to mitigate them. As of December 31, 2017, there was no goodwill remaining at the Company's vascular access reporting unit. The Company also recognized a goodwill impairment charge of $1,500 at one of its international reporting units during the year ended December 31, 2017.

Except as described above, none of the Company's other reporting units were considered at risk of significant goodwill impairment as of December 31, 2019. Since the dates of the Company's last annual goodwill impairment assessments, there have been certain developments, events, changes in operating performance and other changes in key circumstances that have affected the Company's businesses. However, these did not cause management to believe it is more likely than not that the fair values of any of the Company's reporting units would be less than their respective carrying amounts as of December 31, 2019.

## 11. Other liabilities

Other liabilities were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Payor refunds and retractions | $ 377,044 | $ 302,244 |
| Insurance and self-insurance accruals | 58,941 | 58,569 |
| Accrued interest | 54,899 | 82,827 |
| Accrued non-income tax liabilities | 36,285 | 28,663 |
| Other | 229,005 | 123,547 |
| | $ 756,174 | $ 595,850 |

## 12. Income taxes

The Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse.

Income before income taxes from continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Domestic | $ 1,307,299 | $ 1,083,578 | $ 1,725,822 |
| International | (111,860) | (35,100) | (326,036) |
| | $ 1,195,439 | $ 1,048,478 | $ 1,399,786 |

Income tax expense for continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Current: | | | |
| Federal | $ 208,339 | $ 140,064 | $ 330,191 |
| State | 58,026 | 32,990 | 47,228 |
| International | 15,545 | 7,557 | 3,422 |
| Total current income tax | 281,910 | 180,611 | 380,841 |
| Deferred: | | | |
| Federal | 44,263 | 52,034 | (98,760) |
| State | (25,836) | 21,096 | 37,347 |
| International | (20,709) | 4,659 | 4,431 |
| Total deferred income tax | (2,282) | 77,789 | (56,982) |
| | $ 279,628 | $ 258,400 | $ 323,859 |

Income taxes are allocated between continuing and discontinued operations as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Continuing operations | $ 279,628 | $ 258,400 | $ 323,859 |
| Discontinued operations | 40,689 | 99,768 | (364,856) |
| | $ 320,317 | $ 358,168 | $ (40,997) |

The reconciliation between the Company's effective tax rate from continuing operations and the U.S. federal income tax rate is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Federal income tax rate | 21.0 % | 21.0 % | 35.0 % |
| State income taxes, net of federal benefit | 2.3 | 4.1 | 3.7 |
| Change in International valuation allowance | 1.3 | 0.9 | 0.4 |
| Gain on APAC JV ownership changes | — | — | (0.2) |
| Political advocacy costs | 0.2 | 2.3 | — |
| APAC investment impairment | — | — | 6.4 |
| Impact of 2017 Tax Act | — | (0.1) | (20.5) |
| Unrecognized tax benefits | 2.4 | 0.2 | 0.1 |
| Other | 1.1 | 0.8 | 1.5 |
| Impact of noncontrolling interests primarily attributable to non-tax paying entities | (4.9) | (4.6) | (3.3) |
| Effective tax rate | 23.4 % | 24.6 % | 23.1 % |

On December 22, 2017, the President signed into law tax legislation known as the Tax Cuts and Jobs Act (2017 Tax Act). Consistent with Securities and Exchange Commission (SEC) Staff Accounting Bulletin No. 118, the Company completed its analysis of certain aspects of the 2017 Tax Act in 2017 and recorded provisional amounts for those items for which the accounting was not complete as of December 31, 2017. The Company completed its analysis of these provisional items in 2018 and recorded immaterial adjustments to the original estimates.

Deferred tax assets and liabilities arising from temporary differences for continuing operations were as follows:

| | December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Receivables | $ 19,095 | $ 19,327 |
| Accrued liabilities | 64,458 | 106,506 |
| Operating lease liabilities | 580,110 | — |
| Net operating loss carryforwards | 139,690 | 117,511 |
| Other | 55,108 | 36,712 |
| Deferred tax assets | 858,461 | 280,056 |
| Valuation allowance | (91,925) | (70,474) |
| Net deferred tax assets | 766,536 | 209,582 |
| Intangible assets | (563,914) | (555,822) |
| Property and equipment | (162,628) | (118,008) |
| Operating lease assets | (527,056) | — |
| Investments in partnerships | (64,960) | (67,354) |
| Other | (25,521) | (30,934) |
| Deferred tax liabilities | (1,344,079) | (772,118) |
| Net deferred tax liabilities | $ (577,543) | $ (562,536) |

At December 31, 2019, the Company had federal net operating loss carryforwards of approximately $111,322 that expire through 2036, although a substantial amount expire by 2028. The Company also had state net operating loss carryforwards of $434,030, some of which have an indefinite life, although a substantial amount expire by 2039 and international net operating loss carryforwards of $224,197, some of which will begin to expire in 2021 though the majority have an indefinite life. We have a state capital loss carryover of $188,823 that expires in 2024. The utilization of a portion of these losses may be limited in future years based on the profitability of certain entities. A valuation allowance is recorded to account for the unrealizable balances in the table above. The net increase of $21,451 in the valuation allowance is primarily due to newly created net operating loss carryforwards in state and foreign jurisdictions that the Company does not anticipate being able to utilize.

The Company's foreign earnings continue to be indefinitely reinvested as of December 31, 2019. As a result of the passage of the 2017 Tax Act, the Company does not expect such earnings to be taxable if remitted.

*Unrecognized tax benefits*

A reconciliation of the beginning and ending liability for unrecognized tax benefits that do not meet the more-likely-than-not threshold is as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2019 | 2018 |
| Beginning balance | $ 40,382 | $ 32,776 |
| Additions for tax positions related to current year | 3,378 | 6,111 |
| Additions for tax positions related to prior years | 24,722 | 4,134 |
| Reductions related to lapse of applicable statute | (268) | (338) |
| Reductions related to settlements with taxing authorities | — | (2,301) |
| Ending balance | $ 68,214 | $ 40,382 |

As of December 31, 2019, the Company’s total liability for unrecognized tax benefits relating to tax positions that do not meet the more-likely-than-not threshold is $68,214, of which $63,968 would impact the Company’s effective tax rate if recognized. This balance represents an increase of $27,832 from the December 31, 2018 balance of $40,382, primarily due to additions for tax positions related to prior years.

The Company recognizes accrued interest and penalties related to unrecognized tax benefits in income tax expense. At December 31, 2019 and 2018, the Company had approximately $14,428 and $9,019, respectively, accrued for interest and penalties related to unrecognized tax benefits, net of federal tax benefit.

The Company and its subsidiaries file U.S. federal and state income tax returns and various foreign income tax returns. The Company is no longer subject to U.S. federal and state examinations by tax authorities for years before 2014 and 2009, respectively. In addition to being under audit in various state and local tax jurisdictions, the Company’s federal tax returns are under audit by the Internal Revenue Service for the years 2014-2017.

## 13. Long-term debt

Long-term debt was comprised of the following:

| | December 31, | | | As of December 31, 2019 | |
|---|---|---|---|---|---|
| | 2019 | 2018 | Maturity date | Interest rate | Estimated fair value[5] |
| Senior Secured Credit Facilities[1]: | | | | | |
| New Term Loan A | $ 1,739,063 | $ — | 8/12/2024 | LIBOR + 1.50% | $ 1,739,063 |
| New Term Loan B[2] | 2,743,125 | — | 8/12/2026 | LIBOR + 2.25% | $ 2,770,556 |
| Prior Term Loan A[3] | — | 675,000 | 12/24/2019 | [4] | $ — |
| Prior Term Loan A-2[3] | — | 995,000 | 12/24/2019 | [4] | $ — |
| Prior Term Loan B | — | 3,342,500 | 6/24/2021 | [4] | $ — |
| Prior revolving line of credit[3] | — | 175,000 | 12/24/2019 | [4] | $ — |
| Senior Notes: | | | | | |
| 5 1/8% Senior Notes | 1,750,000 | 1,750,000 | 7/15/2024 | 5.125% | $ 1,789,375 |
| 5% Senior Notes | 1,500,000 | 1,500,000 | 5/1/2025 | 5.00% | $ 1,538,700 |
| 5 3/4% Senior Notes | — | 1,250,000 | 8/15/2022 | | |
| Acquisition obligations and other notes payable[6] | 180,352 | 183,979 | 2019-2027 | 5.35% | $ 180,352 |
| Financing lease obligations[7] | 268,534 | 282,737 | 2019-2036 | 5.39% | $ 268,534 |
| Total debt principal outstanding | 8,181,074 | 10,154,216 | | | |
| Discount and deferred financing costs[8] | (72,840) | (52,000) | | | |
| | 8,108,234 | 10,102,216 | | | |
| Less current portion | (130,708) | (1,929,369) | | | |
| | $ 7,977,526 | $ 8,172,847 | | | |

(1) As of December 31, 2019, the Company has an undrawn new revolving line of credit under its new senior secured credit facilities of $1,000,000. The new revolving line of credit interest rate in effect at December 31, 2019 was 1.50% plus London Interbank Offered Rate (LIBOR) and it matures on August 12, 2024.

(2) On February 13, 2020, the Company entered into an amendment to its credit agreement governing its senior secured credit facilities to refinance the new Term Loan B with a $2,743,125 secured Term Loan B-1 that bears interest at a rate equal to LIBOR plus an applicable margin of 1.75% and matures on August 12, 2026.

(3) On May 6, 2019, the Company entered into an agreement to extend the maturity dates of its then existing Term Loan A, Term Loan A-2 and revolving line of credit under its prior senior secured credit facilities by six months, to December 24, 2019.

(4) At June 30, 2019, the interest rate on the Company's then existing term loan debt was LIBOR plus interest rate margins in effect of 2.00% for the prior Term Loan A and prior revolving line of credit, 1.00% for the prior Term Loan A-2 and 2.75% for the prior Term Loan B.

(5) Fair value estimates are based upon quoted bid and ask prices for these instruments, typically a level 2 input. The balances of acquisition obligations and other notes payable and financing lease obligations are presented in the consolidated financial statements as of December 31, 2019 at their approximate fair values due to the short-term nature of their settlements.

(6) The interest rate presented for acquisition obligations and other notes payable is their weighted average interest rate based on the current interest rate in effect and assuming no changes to the LIBOR based interest rates.

(7) The interest rate presented for financing lease obligations is their weighted average discount rate.

(8) As of December 31, 2019, the carrying amount of the Company's current senior secured credit facilities includes a discount of $6,457 and deferred financing costs of $45,444, and the carrying amount of the Company's senior notes includes deferred financing costs of $20,939. As of December 31, 2018, the carrying amount of the Company's then existing senior secured credit facilities included a discount of $6,104 and deferred financing costs of $12,580, and the carrying amount of the Company's senior notes included deferred financing costs of $33,316.

Scheduled maturities of long-term debt at December 31, 2019 were as follows:

| | | |
|---|---|---|
| 2020 | $ | 130,708 |
| 2021 | $ | 153,110 |
| 2022 | $ | 168,951 |
| 2023 | $ | 224,437 |
| 2024 | $ | 3,172,298 |
| Thereafter | $ | 4,331,570 |

The Company completed the sale of its DMG business to Optum on June 19, 2019, and, in accordance with the terms of its prior senior secured credit agreement, used all of the net proceeds from the sale of DMG to prepay term debt outstanding under that credit agreement. During the year ended December 31, 2019, the Company made mandatory principal prepayments of $647,424 on the prior Term Loan A, $995,000 on the prior Term Loan A-2 and $2,823,447 on the prior Term Loan B.

On August 12, 2019, the Company entered into a new $5,500,000 senior secured credit agreement (the New Credit Agreement) consisting of a secured term loan A facility in the aggregate principal amount of $1,750,000 with a delayed draw feature, a secured term loan B facility in the aggregate principal amount of $2,750,000 and a secured revolving line of credit in the aggregate principal amount of $1,000,000 (the foregoing referred to as the new Term Loan A, new Term Loan B and new revolving line of credit, respectively). In addition, the Company can increase the existing revolving commitments and enter into one or more incremental term loan facilities in an amount not to exceed the sum of $1,500,000 (less the amount of other permitted indebtedness incurred or issued in reliance on such amount), plus an amount of indebtedness such that the senior secured leverage ratio is not in excess of 3.50:1.00 after giving effect to such borrowings.

The new Term Loan A and new revolving line of credit initially bear interest at LIBOR plus an interest rate margin of 1.50%, which is subject to adjustment depending upon the Company's leverage ratio under the New Credit Agreement and can range from 1.00% to 2.00%. The new Term Loan A requires amortizing quarterly principal payments beginning on December 31, 2019, in annual amounts of $10,937 in 2019, $54,689 in 2020, $87,500 in 2021, $98,437 in 2022 and $142,187 in 2023, with the balance of $1,356,250 due in 2024. The new Term Loan B bears interest at LIBOR plus an interest rate margin of 2.25%. The new Term Loan B requires amortizing quarterly principal payments beginning on December 31, 2019, in annual amounts of $6,875 in 2019 and $27,500 for each year from 2020 through 2025, with the balance of $2,578,125 due in 2026.

The Company's term loans and revolving line of credit under its New Credit Agreement are guaranteed by certain of the Company’s direct and indirect wholly-owned domestic subsidiaries, which hold most of the Company’s domestic assets, and are secured by substantially all of the assets of DaVita Inc. and these guarantors. Contemporaneous with the Company entering into the New Credit Agreement and pursuant to the indentures governing the Company’s senior notes, certain subsidiaries of the Company were released from their guarantees of the Company's senior notes such that, after that release, the remaining subsidiary guarantors of the senior notes were the same subsidiaries guaranteeing the New Credit Agreement. The New Credit Agreement contains certain customary affirmative and negative covenants such as various restrictions or limitations on permitted amounts of investments, acquisitions, share repurchases, payment of dividends, and redemptions and incurrence of other indebtedness. Many of these restrictions and limitations will not apply as long as the Company’s leverage ratio calculated in accordance with the New Credit Agreement is below 4.00:1.00. In addition, the New Credit Agreement places limitations on the amount of gross revenue from individual immaterial subsidiaries and also requires compliance with a maximum leverage ratio covenant of 5.00:1.00 through 2022 and 4.50:1.00 thereafter.

The senior notes are unsecured obligations, rank equally in right of payment with the Company’s existing and future unsecured senior indebtedness, are guaranteed by certain of the Company’s direct and indirect wholly-owned domestic subsidiaries, and require semi-annual interest payments. The Company may redeem some or all of the senior notes at any time on or after certain specific dates and at certain specific redemption prices as outlined in each senior note agreement. Interest rates on the senior notes are fixed by their terms, and the Company is restricted from paying dividends under the indentures governing its senior notes.

In 2019, the Company used a portion of the proceeds from the new Term Loan A and new Term Loan B to pay off the remaining principal balances outstanding and accrued interest and fees on its prior Term Loan B and prior revolving line of credit in the amount of $1,153,274; to redeem all of its outstanding 5.75% senior notes due in 2022 for an aggregate cash payment consisting of principal, redemption premium and accrued but unpaid interest to the redemption date of $1,267,565; and to repurchase 21,802 shares of common stock under its modified Dutch auction tender offer (Tender Offer) for a total cost of $1,234,154, including fees and expenses, as described in Note 19 of these consolidated financial statements. The remaining

debt borrowings added cash to the balance sheet for potential acquisitions, share repurchases and other general corporate purposes.

In addition to the prepayments described above, during the year ended December 31, 2019, the Company made regularly scheduled principal payments under its then existing senior secured credit facilities of $27,576 on its prior Term Loan A and $17,500 on its prior Term Loan B, as well as $10,937 on its new Term Loan A and $6,875 on its new Term Loan B.

As a result of the transactions described above, the Company recognized debt prepayment, refinancing and redemption charges of $33,402 in the year ended December 31, 2019, as a result of the repayment of all principal balances outstanding on the Company's prior senior secured credit facilities and the redemption of its 5.75% senior notes, of which $21,242 represented debt discount and deferred financing cost write-offs associated with the portion of the Company's prior senior secured debt that was paid in full in the third quarter of 2019 as well as redemption charges on its 5.75% senior notes redeemed in the third quarter of 2019, and $12,160 represented accelerated amortization of debt discount and deferred financing costs associated with the portion of the Company's prior senior secured debt that was mandatorily prepaid in or shortly after the second quarter of 2019 and prior extensions of that debt.

On February 13, 2020, (the “Amendment Date”), the Company entered into an amendment to its credit agreement (the “Repricing Amendment”) governing the senior secured credit facilities to refinance the new Term Loan B with a $2,743,125 secured Term Loan B-1 that bears interest at a rate equal to LIBOR plus an applicable margin of 1.75% and matures on August 12, 2026. The Repricing Amendment did not change the interest rate on the new Term Loan A or the new revolving line of credit. No additional debt was incurred, nor any proceeds received, by the Company in connection with the Repricing Amendment.

As of December 31, 2019, the Company maintains several interest rate cap agreements that have the economic effect of capping the Company's maximum exposure to LIBOR variable interest rate changes on specific portions of the Company's floating rate debt, including all of the new Term Loan B and a portion of the new Term Loan A. The remaining $982,188 outstanding principal balance of the new Term Loan A is subject to LIBOR-based interest rate volatility. The cap agreements are designated as cash flow hedges and, as a result, changes in their fair values are reported in other comprehensive income. The amortization of the original cap premium is recognized as a component of debt expense on the interest method over the terms of the cap agreements. These cap agreements do not contain credit-risk contingent features.

In August 2019, the Company entered into several forward interest rate cap agreements with a notional amount of $3,500,000 that have the economic effect of capping the Company's maximum exposure to LIBOR variable interest rate changes on specific portions of the Company's floating rate debt (2019 cap agreements). These 2019 cap agreements are designated as cash flow hedges and, as a result, changes in their fair values are reported in other comprehensive income. These 2019 cap agreements do not contain credit-risk contingent features and become effective on June 30, 2020.

The following table summarizes the Company’s interest rate cap agreements outstanding as of December 31, 2019 and December 31, 2018, which are classified in "Other long-term assets" on its consolidated balance sheet:

| | | | | | Year ended December 31, 2019 | | December 31, | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 2019 | 2018 |
| | Notional amount | LIBOR maximum rate | Effective date | Expiration date | Debt expense | Recorded OCI (loss) gain | Fair value | |
| 2015 cap agreements | $ 3,500,000 | 3.50% | 6/29/2018 | 6/30/2020 | $ 8,654 | $ (851) | $ — | $ 851 |
| 2019 cap agreements | $ 3,500,000 | 2.00% | 6/30/2020 | 6/30/2024 | | $ 2,417 | $ 24,452 | |

The following table summarizes the effects of the Company’s interest rate cap and swap agreements for the years ended December 31, 2019, 2018 and 2017:

| | Amount of unrealized gains (losses) in OCI on interest rate cap and swap agreements | | | | Reclassification from accumulated other comprehensive income into net income | | |
|---|---|---|---|---|---|---|---|
| | Year ended December 31, | | | | Year ended December 31, | | |
| Derivatives designated as cash flow hedges | 2019 | 2018 | 2017 | Location of losses | 2019 | 2018 | 2017 |
| Interest rate cap agreements | $ 1,566 | $ (181) | $ (8,897) | Debt expense | $ 8,591 | $ 8,466 | $ 8,278 |
| Tax (expense) benefit | (415) | 48 | 3,460 | Tax expense | (2,214) | (2,180) | (3,220) |
| Total | $ 1,151 | $ (133) | $ (5,437) | | $ 6,377 | $ 6,286 | $ 5,058 |

See Note 20 for further details on amounts recorded and reclassified from accumulated other comprehensive (loss) income.

The Company's weighted average effective interest rate on the senior secured credit facilities at the end of 2019 was 3.93%, based upon the current margins in effect for the new Term Loan A and the new Term Loan B as of December 31, 2019.

The Company's overall weighted average effective interest rate during the year ended December 31, 2019 was 5.01% and as of December 31, 2019 was 4.46%.

As of December 31, 2019, the Company's interest rates were fixed on approximately 44.29% of its total debt.

As of December 31, 2019, the Company had an undrawn revolving line of credit under its new senior secured credit facilities of $1,000,000, of which approximately $13,055 was committed for outstanding letters of credit. The Company also had approximately $59,705 of outstanding letters of credit under a separate bilateral secured letter of credit facility.

*Debt expense*

Debt expense consisted of interest expense of $419,639, $461,897 and $406,341 and the amortization and accretion of debt discounts and premiums, amortization of deferred financing costs and the amortization of interest rate cap agreements of $24,185, $25,538 and $24,293 for 2019, 2018 and 2017, respectively. These interest expense amounts are net of capitalized interest.

**14. Leases**

The Company leases substantially all of its U.S. dialysis facilities. The majority of the Company's facilities are leased under non-cancellable operating leases ranging in terms from five years to 15 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal. These renewal options are included in the Company's determination of the right-of-use assets and related lease liabilities when renewal is considered reasonably certain at the commencement date. Certain of the Company's leases are subject to periodic consumer price index increases or contain fixed escalation clauses. The Company also leases certain facilities and equipment under finance leases. The Company has elected the practical expedient to not separate lease components from non-lease components for its financing and operating leases.

Financing and operating right-of-use assets are recognized based on the net present value of lease payments over the lease term at the commencement date. Since most of the Company's leases do not provide an implicit rate of return, the Company uses its incremental borrowing rate based on information available at the commencement date or remeasurement date in determining the present value of lease payments.

As of December 31, 2019 and December 31, 2018, assets recorded under finance leases were $247,246 and $367,164, respectively, and accumulated amortization associated with finance leases was $27,193 and $131,971, respectively, included in property and equipment, net, on the Company's consolidated balance sheet.

In certain markets, the Company acquires and develops dialysis centers. Upon completion, the Company sells the center to a third party and leases the space back with the intent of operating the center on a long term basis. Both the sale and leaseback terms are generally market terms. The lease terms are consistent with the Company's other operating leases with the majority of the leases under non-cancellable operating leases ranging in terms from five years to 15 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal.

The Company adopted Topic 842, *Leases* beginning on January 1, 2019 through a modified retrospective approach for leases existing at the adoption date with a cumulative effect adjustment. Consequently, financial information was not updated for dates and periods before January 1, 2019.

The components of lease expense were as follows:

| Lease cost | Year ended December 31, 2019 |
|---|---|
| Operating lease cost[1]: | |
| Fixed lease expense | $ 526,352 |
| Variable lease expense | 119,740 |
| Financing lease cost: | |
| Amortization of leased assets | 23,724 |
| Interest on lease liabilities | 14,932 |
| Net lease cost | $ 684,748 |

(1) Includes short-term lease expense and sublease income, which are immaterial.

Other information related to leases was as follows:

| Lease term and discount rate | December 31, 2019 |
|---|---|
| Weighted average remaining lease term (years): | |
| Operating leases | 9.0 |
| Finance leases | 10.2 |
| Weighted average discount rate: | |
| Operating leases | 4.1% |
| Finance leases | 5.4% |

| Other information | Year ended December 31, 2019 |
|---|---|
| Gains on sale leasebacks, net | $ 20,833 |
| Cash paid for amounts included in the measurement of lease liabilities: | |
| Operating cash flows for operating leases | $ 637,655 |
| Operating cash flows for finance leases | $ 22,257 |
| Financing cash flows for finance leases | $ 25,692 |
| Net operating lease assets obtained in exchange for new or modified operating lease liabilities | $ 432,074 |

Future minimum lease payments under non-cancellable leases as of December 31, 2019 are as follows:

| | Operating leases | Finance leases |
|---|---|---|
| 2020 | $ 462,131 | $ 37,624 |
| 2021 | 489,799 | 33,267 |
| 2022 | 454,753 | 33,677 |
| 2023 | 409,655 | 33,825 |
| 2024 | 358,009 | 33,841 |
| Thereafter | 1,510,665 | 178,434 |
| Total future minimum lease payments | 3,685,012 | 350,668 |
| Less portion representing interest | (617,300) | (82,134) |
| Present value of lease liabilities | $ 3,067,712 | $ 268,534 |

Rent expense under all operating leases for 2019, 2018, and 2017 was $646,092, $596,117 and $530,748, respectively. Rent expense is recorded on a straight-line basis over the term of the lease, including leases that contain fixed escalation clauses or include abatement provisions. Leasehold improvement incentives are deferred and amortized to rent expense over the term of the lease. Finance lease obligations are included in long-term debt. See Note 13 for further details on long-term debt.

## 15. Employee benefit plans

The Company has a 401(k) retirement savings plan for substantially all of its U.S. employees which has been established pursuant to the applicable provisions of the Internal Revenue Code (IRC). The plan allows for employees to contribute a percentage of their base annual salaries on a tax-deferred basis not to exceed IRC limitations. Beginning in 2018, the Company implemented a 401(k) matching program under which the Company matches 50% of the employee's contribution up to 6% of the employee's salary, subject to certain limitations. The matching contributions are subject to certain eligibility and vesting conditions. For the years ended December 31, 2019 and 2018, the Company accrued matching contributions totaling approximately $64,988 and $67,807, respectively. Prior to 2018, the Company did not provide matching contributions in connection with the 401(k) savings plan.

The Company also maintains a voluntary compensation deferral plan, the Deferred Compensation Plan, as well as other legacy deferral plans. The Deferred Compensation Plan is non-qualified and permits certain employees whose annualized base salary equals or exceeds a minimum annual threshold amount as set by the Company to elect to defer all or a portion of their annual bonus payment and up to 50% of their base salary into a deferral account maintained by the Company. Total contributions to this plan in 2019, 2018 and 2017 were $1,751, $3,090 and $4,497, respectively. Deferred amounts are generally paid out in cash at the participant’s election either in the first or second year following retirement or in a specified future period at least three to four years after the deferral election was effective. During 2019, 2018 and 2017 the Company distributed $2,730, $4,652 and $2,789, respectively, to participants from its deferred compensation plans. Participants are credited with their proportional amount of annual earnings from the plans. The assets of these plans are held in rabbi trusts subject to the claims of the Company’s general creditors in the event of its bankruptcy. As of December 31, 2019 and 2018, the total fair value of assets held in these plans' trusts was $39,527 and $36,124, respectively. The assets of these plans are recorded at fair value with changes in fair value recorded in other comprehensive income prior to 2018 and recognized in "Other income, net" since January 1, 2018. Any fair value changes to the corresponding liability balance are recorded as compensation expense. See Note 5 for further details.

## 16. Contingencies

The majority of the Company’s revenues are from government programs and may be subject to adjustment as a result of: (i) examination by government agencies or contractors, for which the resolution of any matters raised may take extended periods of time to finalize; (ii) differing interpretations of government regulations by different Medicare contractors or regulatory authorities; (iii) differing opinions regarding a patient’s medical diagnosis or the medical necessity of services provided; and (iv) retroactive applications or interpretations of governmental requirements. In addition, the Company’s revenues from commercial payors may be subject to adjustment as a result of potential claims for refunds, as a result of government actions or as a result of other claims by commercial payors.

The Company operates in a highly regulated industry and is a party to various lawsuits, demands, claims,*qui tam* suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law) and other legal proceedings. The Company records accruals for certain legal proceedings and regulatory matters to the extent that the Company determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. As of December 31, 2019 and December 31, 2018, the Company’s total recorded accruals with respect to legal proceedings and regulatory matters, net of anticipated third party recoveries, were immaterial. While these accruals reflect the Company’s best estimate of the probable loss for those matters as of the dates of those accruals, the recorded amounts may differ materially from the actual amount of the losses for those matters, and any anticipated third party recoveries for any such losses may not ultimately be recoverable. Additionally, in some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal proceedings and regulatory matters, which also may be impacted by various factors, including, without limitation, that they may involve indeterminate claims for monetary damages or may involve fines, penalties or non-monetary remedies; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; are in the early stages of the proceedings; or may result in a change of business practices. Further, there may be various levels of judicial review available to the Company in connection with any such proceeding.

The following is a description of certain lawsuits, claims, governmental investigations and audits and other legal proceedings to which the Company is subject.

***Governmental Inquiries and Certain Related Proceedings***

2016 U.S. Attorney Texas Investigation: In February 2016, DaVita Rx, LLC (DaVita Rx), a wholly-owned subsidiary of the Company, received a Civil Investigative Demand (CID) from the U.S. Attorney’s Office, Northern District of Texas. The

government is conducting a federal False Claims Act (FCA) investigation concerning allegations that DaVita Rx presented or caused to be presented false claims for payment to the government for prescription medications, as well as an investigation into the Company's relationships with pharmaceutical manufacturers. The CID covers the period from January 1, 2006 through the present. In connection with the Company's ongoing efforts working with the government, the Company learned that a *qui tam* complaint had been filed covering some of the issues in the CID and practices that had been identified by the Company in a self-disclosure filed with the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS) in February 2016. In December 2017, the Company finalized and executed a settlement agreement with the government and relators in the *qui tam* matter that included total monetary consideration of $63,700, as previously disclosed, of which $41,500 was an incremental cash payment and $22,200 was for amounts previously refunded, and all of which was previously accrued. The government's investigation into certain of the Company's relationships with pharmaceutical manufacturers is ongoing, and in July 2018 the OIG served the Company with a subpoena seeking additional documents and information relating to those relationships. The Company is continuing to cooperate with the government in this investigation.

2017 U.S. Attorney Massachusetts Investigation: In January 2017, the Company was served with an administrative subpoena for records by the U.S. Attorney's Office, District of Massachusetts, relating to an investigation into possible federal health care offenses. The subpoena covered the period from January 1, 2007 to the present, and sought documents relevant to charitable patient assistance organizations, particularly the American Kidney Fund, including documents related to efforts to provide patients with information concerning the availability of charitable assistance. The Department of Justice notified the court on July 23, 2019 of its decision to elect not to intervene in the matter of *U.S. ex rel. David Gonzalez v. DaVita Healthcare Partners, et al.* The complaint then was unsealed in the U.S. District Court, District of Massachusetts by order entered on August 1, 2019. The Department of Justice has confirmed that the complaint, which alleges violations of the FCA and various state false claims acts, was the basis of its investigation initiated in January 2017. The Company has not been served with the complaint.

2017 U.S. Attorney Colorado Investigation: In November 2017, the U.S. Attorney's Office, District of Colorado informed the Company of an investigation it was conducting into possible federal healthcare offenses involving DaVita Kidney Care, as well as several of the Company's wholly-owned subsidiaries. In addition to DaVita Kidney Care, the matter currently includes an investigation into DaVita Rx, DaVita Laboratory Services, Inc. (DaVita Labs), and RMS Lifeline Inc. (Lifeline). In each of August 2018 and May 2019, the Company received a CID pursuant to the FCA from the U.S. Attorney's Office relating to this investigation. The Company is continuing to cooperate with the government in this investigation.

2018 U.S. Attorney Florida Investigation: In March 2018, DaVita Labs received two CIDs from the U.S. Attorney's Office, Middle District of Florida that were identical in nature but directed to the two different labs. According to the face of the CIDs, the U.S. Attorney's Office is conducting an investigation as to whether the Company's subsidiary submitted claims for blood, urine, and fecal testing, where there were insufficient test validation or stability studies to ensure accurate results, in violation of the FCA. In October 2018, DaVita Labs received a subpoena from the OIG in connection with this matter requesting certain patient records linked to clinical laboratory tests. On September 30, 2019, the U.S. Attorney's Office notified the U.S. District Court, Middle District of Florida, of its decision not to elect to intervene at this time in the matter of *U.S. ex rel. Lorne Holland, et al. v. DaVita Healthcare Partners, Inc. et al* The court then unsealed the complaint, which alleges violations of the FCA, by order dated the same day. In January 2020, the private party relators served the Company and DaVita Labs with an amended complaint. The Company and DaVita Labs dispute these allegations and intend to defend this action accordingly.

* * *

Although the Company cannot predict whether or when proceedings might be initiated or when these matters may be resolved (other than as may be described above), it is not unusual for inquiries such as these to continue for a considerable period of time through the various phases of document and witness requests and on-going discussions with regulators and to develop over the course of time. In addition to the inquiries and proceedings specifically identified above, the Company frequently is subject to other inquiries by state or federal government agencies and/or private civil *qui tam* complaints filed by relators. Negative findings or terms and conditions that the Company might agree to accept as part of a negotiated resolution of pending or future government inquiries or relator proceedings could result in, among other things, substantial financial penalties or awards against the Company, substantial payments made by the Company, harm to the Company's reputation, required changes to the Company's business practices, exclusion from future participation in the Medicare, Medicaid and other federal health care programs and, if criminal proceedings were initiated against the Company, members of its board of directors or management, possible criminal penalties, any of which could have a material adverse effect on the Company.

***Shareholder and Derivative Claims***

Peace Officers' Annuity and Benefit Fund of Georgia Securities Class Action Civil Suit: On February 1, 2017, the Peace Officers' Annuity and Benefit Fund of Georgia filed a putative federal securities class action complaint in the U.S. District Court for the District of Colorado against the Company and certain executives. The complaint covers the time period of August 2015 to October 2016 and alleges, generally, that the Company and its executives violated federal securities laws concerning the Company's financial results and revenue derived from patients who received charitable premium assistance from an industry-funded non-profit organization. The complaint further alleges that the process by which patients obtained commercial insurance and received charitable premium assistance was improper and "created a false impression of DaVita's business and operational status and future growth prospects." In November 2017, the court appointed the lead plaintiff and an amended complaint was filed on January 12, 2018. On March 27, 2018, the Company and various individual defendants filed a motion to dismiss. On March 28, 2019, the U.S. District Court for the District of Colorado denied the motion to dismiss. The Company answered the complaint on May 28, 2019. The Company disputes these allegations and intends to defend this action accordingly.

In re DaVita Inc. Stockholder Derivative Litigation: On August 15, 2017, the U.S. District Court for the District of Delaware consolidated three previously disclosed shareholder derivative lawsuits: the Blackburn Shareholder action filed on February 10, 2017, the Gabilondo Shareholder action filed on May 30, 2017, and the City of Warren Police and Fire Retirement System Shareholder action filed on June 9, 2017. The complaint covers the time period from 2015 to present and alleges, generally, breach of fiduciary duty, unjust enrichment, abuse of control, gross mismanagement, corporate waste, and misrepresentations and/or failures to disclose certain information in violation of the federal securities laws in connection with an alleged practice to direct patients with government-subsidized health insurance into private health insurance plans to maximize the Company's profits. An amended complaint was filed in September 2017, and on December 18, 2017, the Company filed a motion to dismiss and a motion to stay proceedings in the alternative. On April 25, 2019, the court denied the Company's motion to dismiss. The Company answered the complaint on May 28, 2019. On January 31, 2020, the plaintiffs filed a motion for class certification that the Company intends to oppose. The Company disputes these allegations and intends to defend this action accordingly.

***Other Proceedings***

In addition to the foregoing, from time to time the Company is subject to other lawsuits, demands, claims, governmental investigations and audits and legal proceedings that arise due to the nature of its business, including, without limitation, contractual disputes, such as with payors, suppliers and others, employee-related matters and professional and general liability claims. From time to time, the Company also initiates litigation or other legal proceedings as a plaintiff arising out of contracts or other matters.

* * *

Other than as may be described above, the Company cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which the Company is or may be subject from time to time, including those described in this Note 16 to these consolidated financial statements, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on the Company's revenues, earnings and cash flows. Further, any legal proceedings or regulatory matters involving the Company, whether meritorious or not, are time consuming, and often require management's attention and result in significant legal expense, and may result in the diversion of significant operational resources, or otherwise harm the Company's business, results of operations, financial condition, cash flows or reputation.

**17. Noncontrolling interests subject to put provisions and other commitments**

*Noncontrolling interests subject to put provisions*

The Company has potential obligations to purchase the equity interests held by third parties in many of its majority-owned dialysis partnerships and other nonconsolidated entities. These noncontrolling interests subject to put provisions constitute redeemable equity interests and are therefore classified as temporary equity and carried at estimated fair value on the Company's balance sheet.

Specifically, these obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods outlined in each specific put provision. If these put provisions were exercised, the Company would be required to purchase the third-party owners' equity interests, generally at the appraised fair market value of the equity interests or in certain cases at a predetermined multiple of earnings or cash flows attributable to the equity interests put to the Company,

intended to approximate fair value. The methodology the Company uses to estimate the fair values of noncontrolling interests subject to put provisions assumes the higher of either a liquidation value of net assets or an average multiple of earnings, based on historical earnings, patient mix and other performance indicators that can affect future results, as well as other factors. The estimated fair values of noncontrolling interests subject to put provisions are a critical accounting estimate that involves significant judgments and assumptions and may not be indicative of the actual values at which the noncontrolling interests may ultimately be settled, which could vary significantly from the Company's current estimates. The estimated fair values of noncontrolling interests subject to put provisions can fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary significantly depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' equity interests. The amount of noncontrolling interests subject to put provisions that employ a contractually predetermined multiple of earnings rather than fair value is immaterial.

The Company has certain other potential commitments to provide operating capital to a number of dialysis businesses that are wholly-owned by third parties or in which the Company owns a noncontrolling equity interest as well as to physician-owned vascular access clinics or medical practices that the Company operates under management and administrative service agreements of approximately $9,669.

Certain consolidated dialysis partnerships are originally contractually scheduled to dissolve after terms ranging from ten years to 50 years. While noncontrolling interests in these limited life entities qualify as mandatorily redeemable financial instruments, they are subject to a classification and measurement scope exception from the accounting guidance generally applicable to other mandatorily redeemable financial instruments. Future distributions upon dissolution of these entities would be valued below the related noncontrolling interest carrying balances in the consolidated balance sheet.

*Other commitments*

In 2017, the Company entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires on December 31, 2022. Under the terms of the agreement, the Company will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that the Company will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that the Company serves.

The Company has an agreement with Fresenius Medical Care (FMC) to purchase a certain amount of dialysis equipment, parts and supplies from FMC, which extends through December 31, 2020. The Company also has agreements with Baxter Healthcare Corporation (Baxter) that commit the Company to purchase certain amounts of dialysis supplies at fixed prices through 2022.

As of December 31, 2019, the remaining minimum purchase commitments under these arrangements was approximately $399,042, $312,119 and $312,101, for the years 2020, 2021 and 2022, respectively. If the Company fails to meet the minimum purchase commitments under these contracts during any year, it is required to pay the difference to the supplier.

Other than the letters of credit disclosed in Note 13 to these consolidated financial statements, and the arrangements as described above, the Company has no off balance sheet financing arrangements as of December 31, 2019.

**18. Long-term incentive compensation**

*Long-term incentive compensation*

Long-term incentive program (LTIP) compensation includes both stock-based awards (principally stock-settled stock appreciation rights, restricted stock units and performance stock units) and long-term performance-based cash awards. Long-term incentive compensation expense, which is primarily general and administrative in nature, is attributed to the Company's U.S. dialysis business, its corporate administrative support, and its ancillary services.

The Company's stock-based compensation expense for stock-settled awards is measured at the estimated fair value of awards on the date of grant and recognized on a cumulative straight-line basis over the vesting terms of the awards, unless the stock awards are based on non-market-based performance metrics, in which case expense is adjusted for the ultimate number of shares expected to be issued as of the end of each reporting period. Stock-based compensation expense for cash-settled awards is based on their estimated fair values as of the end of each reporting period. The expense for all stock-based awards is recognized net of expected forfeitures.

Stock-based compensation to be settled in shares is recorded to the Company's shareholders' contributed capital, while stock-based compensation to be settled in cash is recorded to a liability. Shares issued upon exercise of stock awards are issued from authorized but unissued shares.

*Long-term incentive compensation plans*

The Company's 2011 Incentive Award Plan (the 2011 Plan) is the Company's omnibus equity compensation plan and provides for grants of stock-based awards to employees, directors and other individuals providing services to the Company, except that incentive stock options may only be awarded to employees. The 2011 Plan authorizes the Company to award stock options, stock appreciation rights, restricted stock units, restricted stock, and other stock-based or performance-based awards. The 2011 Plan mandates a maximum award term of five years and stipulates that stock appreciation rights and stock options be granted with prices not less than fair market value on the date of grant. The 2011 Plan also requires that full value share awards such as restricted stock units reduce shares available under the 2011 Plan at a ratio of 3.5:1. The Company's nonqualified stock appreciation rights and stock units awarded under the 2011 Plan generally vest over 36 months to 48 months from the date of grant. At December 31, 2019, there were 15,547 shares available for future grants under the 2011 Plan. This number of shares available does not reflect reduction for the Premium Priced Award described below, as that Board-approved award remained contingent on stockholder approval of an amendment to the 2011 Plan which did not occur until January 2020.

A combined summary of the status of the Company's stock-settled awards under the 2011 Plan, including base shares for stock-settled stock appreciation rights (SSARs) and stock-settled stock unit awards is as follows:

| | Year ended December 31, 2019 | | | | |
|---|---|---|---|---|---|
| | Stock appreciation rights | | | Stock units | |
| | Awards | Weighted average exercise price | Weighted average remaining contractual life | Awards | Weighted average remaining contractual life |
| Outstanding at beginning of year | 6,163 | $ 69.90 | | 1,860 | |
| Granted [1] [2] | 2,389 | $ 52.45 | | 1,961 | |
| Exercised | (20) | $ 64.17 | | (225) | |
| Expired | (1,058) | $ 70.97 | | — | |
| Canceled | (521) | $ 65.23 | | (436) | |
| Outstanding at end of period [1] | 6,953 | $ 64.10 | 3.0 | 3,160 | 2.3 |
| Exercisable at end of period | 1,254 | $ 77.68 | 1.1 | — | — |
| Weighted-average fair value of grants | | | | | |
| 2019 | $ 14.04 | | | $ 50.58 | |
| 2018 | $ 16.24 | | | $ 66.23 | |
| 2017 | $ 14.51 | | | $ 65.73 | |

(1) Awards granted and outstanding do not reflect the Premium Priced Award described below, as that Board-approved award remained contingent on stockholder approval of an amendment to the 2011 Plan which did not occur until January 2020.
(2) Includes approximately 8 shares resulting from the payout of the first tranche of fiscal year 2016 PSU grants due to exceeding target payout.

| Range of SSARs base prices | Awards Outstanding | Weighted average exercise price | Awards exercisable | Weighted average exercise price |
|---|---|---|---|---|
| $50.01–$60.00 | 2,400 | $ 52.63 | — | $ — |
| $60.01–$70.00 | 3,069 | $ 66.16 | 186 | $ 65.92 |
| $70.01–$80.00 | 925 | $ 75.28 | 509 | $ 75.50 |
| $80.01–$90.00 | 559 | $ 83.59 | 559 | $ 83.59 |
| Total | 6,953 | $ 64.10 | 1,254 | $ 77.68 |

For the years ended December 31, 2019, 2018, and 2017, the aggregate intrinsic value of stock-based awards exercised was $11,475, $31,045 and $34,895, respectively. At December 31, 2019, the aggregate intrinsic value of stock-based awards outstanding was $319,486 and the aggregate intrinsic value of stock awards exercisable was $1,783.

*Estimated fair value of stock-based compensation awards*

The Company has estimated the grant-date fair value of stock-settled stock appreciation rights awards using the Black-Scholes-Merton valuation model and stock-settled stock unit awards at intrinsic value on the date of grant, except for portions of the Company's performance stock unit awards for which a Monte Carlo simulation was used to estimate the grant-date fair value. The following assumptions were used in estimating these values and determining the related stock-based compensation expense attributable to the current period:

*Expected term of the awards:* The expected term of awards granted represents the period of time that they are expected to remain outstanding from the date of grant. The Company determines the expected term of its stock awards based on its historical experience with similar awards, considering the Company's historical exercise and post-vesting termination patterns, and the terms expected by peer companies in near industries.

*Expected volatility:* Expected volatility represents the volatility anticipated over the expected term of the award. The Company determines the expected volatility for its awards based on the volatility of the price of its common stock over the most recent retrospective period commensurate with the expected term of the award, considering the volatility expectations implied by the market price of its exchange-traded options and the volatilities expected by peer companies in near industries.

*Expected dividend yield:* The Company has not paid dividends on its common stock and does not currently expect to pay dividends during the term of stock awards granted.

*Risk-free interest rate:* The Company bases the expected risk-free interest rate on the implied yield currently available on stripped interest coupons of U.S. Treasury issues with a remaining term equivalent to the expected term of the award.

A summary of the weighted average valuation inputs described above used for estimating the grant-date fair value of SSAR awards granted in the periods indicated is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Expected term | 4.0 | 4.2 | 4.2 |
| Expected volatility | 29.5% | 23.8% | 23.9% |
| Expected dividend yield | —% | —% | —% |
| Risk-free interest rate | 2.2% | 2.9% | 1.7% |

The Company estimates expected forfeitures based upon historical experience with separate groups of employees that have exhibited similar forfeiture behavior in the past. Stock-based compensation expense is recorded only for awards that are expected to vest.

On November 4, 2019, the independent members of the Company's Board of Directors (Board) approved an award of 2,500 premium-priced stock-settled stock appreciation rights (Premium-Priced Award) to the Company's Chief Executive Officer (CEO), which award was subject to stockholder approval of a related amendment to the 2011 Plan. Stockholders approved such amendment to the 2011 Plan on January 23, 2020, authorizing the grant to our CEO. Since stockholder approval occurred in 2020, this award was treated as granted in 2020 for accounting purposes.

The base price of the Premium-Priced Award was $67.80 per share, which was a 20% premium to the clearing price of the Company's recent modified Dutch auction tender offer (Tender Offer). The award vests 50% on each of November 4, 2022 and November 4, 2023 and expires on November 4, 2024. The award includes a requirement that the CEO hold any shares acquired upon exercise of this award, net of shares used to cover related taxes, until November 4, 2024 (that is, for the full term of the award), subject to lapse of the holding period upon a change in control of the Company or due to the CEO's death or termination due to disability.

*Employee stock purchase plan*

The Employee Stock Purchase Plan entitles qualifying employees to purchase up to $25 of the Company's common stock during each calendar year. The amounts used to purchase stock are accumulated through payroll withholdings or through

optional lump sum payments made in advance of the first day of the purchase right period. This compensatory plan allows employees to purchase stock for the lesser of 100% of its fair market value on the first day of the purchase right period or85% of its fair market value on the last day of the purchase right period. Purchase right periods begin on January 1 and July 1, and end on December 31. Contributions used to purchase the Company's common stock under this plan for the 2019, 2018 and 2017 participation periods were $16,569, $17,398 and $22,131, respectively. Shares purchased pursuant to the plan's 2019, 2018 and 2017 participation periods were 315, 398 and 360, respectively. At December 31, 2019, there were 6,411 shares remaining available for future grants under this plan.

The fair value of participants' purchase rights was estimated as of the beginning dates of the purchase right periods using the Black-Scholes-Merton valuation model with the following weighted average assumptions for purchase right periods in 2019, 2018 and 2017, respectively: expected volatility of28.8%, 24.2% and 22.7%; risk-free interest rates of 2.6%, 1.9% and 1.3%, and no dividends. Using these assumptions, the weighted average estimated per share fair value of each purchase right was $13.80, $17.45 and $15.19 for 2019, 2018 and 2017, respectively.

*Long-term incentive compensation expense and proceeds*

For the years ended December 31, 2019, 2018 and 2017, the Company recognized $118,513, $85,759 and $61,978, respectively, in total LTIP expense, of which $63,705, $73,582 and $34,431, respectively, was stock-based compensation expense for stock appreciation rights, stock units and discounted employee stock plan purchases, which are primarily included in general and administrative expenses. The estimated tax benefits recorded for stock-based compensation in 2019, 2018 and 2017 were $9,186, $13,591 and $7,717, respectively. As of December 31, 2019, there was $147,267 of total estimated unrecognized compensation expense for LTIP awards outstanding, including $136,818 related to stock-based compensation arrangements under the Company's equity compensation and stock purchase plans. The Company expects to recognize the performance-based cash component of this LTIP expense over a weighted average remaining period of 0.6 years and the stock-based component of this LTIP expense over a weighted average remaining period of1.5 years.

During the year ended December 31, 2018, the Company adopted a retirement policy (Rule of 65 policy). The Rule of 65 policy generally provides that Section 16 officers that are a minimum age of 55 with five years of continuous service with the Company receive certain benefits with respect to their outstanding equity awards upon a qualifying retirement if the sum of their age plus years of service is greater than or equal to 65. These benefits generally include accelerated vesting of restricted stock unit awards, continued vesting of stock-settled stock appreciation rights and performance stock unit awards and an exercise window from the original vest date through the original expiration date regardless of continued employment, with pro rata vesting for a Rule of 65 retirement within one year of the award grant date. The adoption of the Rule of 65 policy resulted in a $14,704 modification charge and a net acceleration of expense of $9,727 during the year ended December 31, 2018 that is included in the expense amounts reported above.

For the years ended December 31, 2019, 2018 and 2017, the Company received $2,251, $7,988 and $13,473, respectively, in actual tax benefits upon the exercise of stock awards. Since the Company issues stock-settled stock appreciation rights rather than stock options, there were no cash proceeds from stock option exercises.

## 19. Shareholders' equity

*Stock repurchases*

The following table summarizes our repurchases of our common stock during the years ended December 31, 2019, 2018 and 2017:

| | 2019 | | | 2018 | | | 2017 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Shares repurchased | Amount paid | Paid per share | Shares repurchased | Amount paid | Paid per share | Shares repurchased | Amount paid | Paid per share |
| Tender Offer[1] | 21,802 | $ 1,234,154 | $ 56.61 | — | $ — | $ — | — | $ — | $ — |
| Open market | 19,218 | 1,168,321 | 60.79 | 16,844 | 1,153,511 | 68.48 | 12,967 | 810,949 | 62.54 |
| | 41,020 | $ 2,402,475 | $ 58.57 | 16,844 | $ 1,153,511 | $ 68.48 | 12,967 | $ 810,949 | $ 62.54 |

(1) The amount paid for shares repurchased associated with the Company's Tender Offer during the year ended December 31, 2019 includes the clearing price of $56.50 per share plus related fees and expenses of $2,343.

Subsequent to December 31, 2019, the Company has repurchased 291 shares of our common stock for$21,794 at an average cost of$74.92 per share subsequent to December 31, 2019 through February 20, 2020.

On July 11, 2018, the Company's Board approved an additional share repurchase authorization in the amount of approximately$1,389,999. This share repurchase authorization was in addition to the approximately $110,001 remaining at that time under the Board's prior share repurchase authorization approved in October 2017.

Effective July 17, 2019, the Board terminated all remaining prior share repurchase authorizations available to the Company at that time and approved a new share repurchase authorization of $2,000,000.

Effective as of the close of business on November 4, 2019, the Board terminated all remaining prior share repurchase authorizations available to the Company under the aforementioned July 17, 2019 authorization and approved a new share repurchase authorization of $2,000,000. The Company is authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 20, 2020, the Company has a total of$1,681,701 available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, the Company remains subject to share repurchase limitations, including under the terms of the current senior secured credit facilities and the indentures governing the Company's senior notes.

The Company retired all shares held in its treasury effective as ofDecember 31, 2019 and December 31, 2018.

*Charter documents & Delaware law*

The Company’s charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in management, or limit the ability of stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting stockholders from acting by written consent, requiring 90 days advance notice of stockholder proposals or nominations to the Board and granting the Board the authority to issue up to 5,000 shares of preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

The Company is also subject to Section 203 of the Delaware General Corporation Law which, subject to exceptions, would prohibit the Company from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder. These restrictions may discourage, delay or prevent a change in the control of the Company.

*Changes in DaVita Inc.’s ownership interests in consolidated subsidiaries*

The effects of changes in DaVita Inc.’s ownership interests in consolidated subsidiaries on the Company’s consolidated equity are as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Net income attributable to DaVita Inc. | $ 810,981 | $ 159,394 | $ 663,618 |
| Changes in paid-in capital for: | | | |
| Sales of noncontrolling interest | — | 79 | (114) |
| Purchase of noncontrolling interests | (37,145) | (17,897) | (2,752) |
| Net transfer in noncontrolling interests | (37,145) | (17,818) | (2,866) |
| Net income attributable to DaVita Inc. net of transfers in noncontrolling interests | $ 773,836 | $ 141,576 | $ 660,752 |

The Company acquired additional ownership interests in several existing majority-owned partnerships for$68,019, $28,082, and $5,357 in 2019, 2018, and 2017, respectively.

## 20. Accumulated other comprehensive (loss) income

Charges and credits to other comprehensive (loss) income have been as follows:

| | Interest rate cap agreements | Investment securities | Foreign currency translation adjustments | Accumulated other comprehensive (loss) income |
|---|---|---|---|---|
| Balance at December 31, 2016 | $ (12,029) | $ 2,175 | $ (79,789) | $ (89,643) |
| Unrealized (losses) gains | (8,897) | 5,075 | 99,770 | 95,948 |
| Related income tax | 3,460 | (1,368) | — | 2,092 |
| | (5,437) | 3,707 | 99,770 | 98,040 |
| Reclassification of income (loss) into net income | 8,278 | (360) | — | 7,918 |
| Related income tax | (3,220) | 140 | — | (3,080) |
| | 5,058 | (220) | — | 4,838 |
| Balance at December 31, 2017 | $ (12,408) | $ 5,662 | $ 19,981 | $ 13,235 |
| Cumulative effect of change in accounting principle[1] | (2,706) | (5,662) | — | (8,368) |
| Unrealized losses | (181) | — | (45,944) | (46,125) |
| Related income tax | 48 | — | — | 48 |
| | (133) | — | (45,944) | (46,077) |
| Reclassification of income into net income | 8,466 | — | — | 8,466 |
| Related income tax | (2,180) | — | — | (2,180) |
| | 6,286 | — | — | 6,286 |
| Balance at December 31, 2018 | $ (8,961) | $ — | $ (25,963) | $ (34,924) |
| Unrealized gains (losses) | 1,566 | — | (20,102) | (18,536) |
| Related income tax | (415) | — | — | (415) |
| | 1,151 | — | (20,102) | (18,951) |
| Reclassification of income into net income | 8,591 | — | — | 8,591 |
| Related income tax | (2,214) | — | — | (2,214) |
| | 6,377 | — | — | 6,377 |
| Balance at December 31, 2019 | $ (1,433) | $ — | $ (46,065) | $ (47,498) |

(1) Reflects the cumulative effect of a change in accounting principle for ASUs 2016-01 and 2018-03 on classification and measurement of financial instruments and ASU 2018-02 on remeasurement and reclassification of deferred tax effects in accumulated other comprehensive income associated with the 2017 Tax Act. See Note 5 for further details.

The reclassification of net cap realized losses into income are recorded as debt expense in the corresponding consolidated statements of income.See Note 13 for further details.

Prior to January 1, 2018, unrealized gains and losses on available-for-sale equity securities were recorded to accumulated other comprehensive income and reclassified to other income when realized. From January 1, 2018, unrealized gains and losses on investment securities are recorded directly to other income rather than to accumulated other comprehensive income.

## 21. Acquisitions and divestitures

*Routine acquisitions*

During 2019, the Company acquired seven dialysis centers in the U.S. and 16 dialysis centers outside the U.S. for a total of $98,836 in net cash paid, earn-outs of $23,536, and deferred purchase price and liabilities assumed of $4,326. During 2018, the Company acquired 18 dialysis centers in the U.S. and 28 dialysis centers outside the U.S. for a total of $176,161 in net cash, earn-outs of $1,246, and deferred purchase price and liabilities assumed of $34,394. In one of these transactions the Company acquired a controlling interest in a previously nonconsolidated U.S. dialysis partnership for which the Company recognized a non-cash gain of $28,152 on our prior interest upon consolidation. During 2017, the Company acquired 30 dialysis centers in the U.S. and 68 dialysis centers outside the U.S. for a total of $308,550 in net cash, earn-outs of $2,692 and deferred purchase

price of $23,748. The assets and liabilities for all acquisitions were recorded at their estimated fair values at the dates of the acquisitions and are included in the Company's financial statements and operating results from the effective dates of the acquisitions. For several of the 2019 acquisitions, certain income tax amounts are pending final evaluation and quantification of any pre-acquisition tax contingencies. In addition, valuation of intangibles and certain other working capital items relating to several of these acquisitions are pending final quantification.

The following table summarizes the assets acquired and liabilities assumed in these transactions and recognized at their acquisition dates at estimated fair values, as well as the estimated fair value of noncontrolling interests assumed in these transactions:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Current assets | $ 6,713 | $ 23,686 | $ 14,366 |
| Property and equipment | 4,842 | 11,421 | 18,192 |
| Amortizable intangible and other long-term assets | 1,980 | 3,079 | 11,663 |
| Indefinite-lived licenses | 31,858 | 23,656 | 32,296 |
| Goodwill | 90,226 | 278,348 | 318,832 |
| Deferred income taxes | — | — | (210) |
| Noncontrolling interests assumed | (1,762) | (80,291) | (44,303) |
| Liabilities assumed | (7,159) | (19,946) | (15,846) |
| | $ 126,698 | $ 239,953 | $ 334,990 |

Amortizable intangible assets acquired during 2019, 2018 and 2017, primarily related to non-compete agreements, had weighted-average estimated useful lives of six years, six years and seven years, respectively. The total amount of goodwill deductible for tax purposes associated with these acquisitions for 2019, 2018, and 2017 was approximately $88,517, $165,013 and $237,363, respectively.

*Acquisition of Renal Ventures*

On May 1, 2017, the Company completed its acquisition of 100% of the equity of Colorado-based Renal Ventures Management, LLC (Renal Ventures) for approximately $359,913 in net cash. Renal Ventures operated 36 dialysis centers, one uncertified dialysis center and one home program, which provided services to approximately 2,600 patients in six states. As a part of this transaction, the Company was required to divest three Renal Ventures outpatient dialysis centers, and three outpatient dialysis centers and one uncertified dialysis center of the Company, for approximately $21,219 in net cash. The Company also incurred approximately $11,950 in transaction and integration costs during the year ended December 31, 2017 associated with this acquisition that are included in general and administrative expenses.

The purchase price allocation for the Renal Ventures acquisition was finalized in 2018 with no material change to the initial allocation. The following table summarizes the assets acquired and liabilities assumed in this transaction and recognized at the acquisition date at estimated fair values:

| | |
|---|---|
| Current assets, net of cash acquired | $ 22,739 |
| Property and equipment | 36,295 |
| Amortizable intangible and other long-term assets | 11,547 |
| Goodwill | 298,200 |
| Current liabilities | (8,389) |
| Long-term liabilities | (479) |
| | $ 359,913 |

Amortizable intangible assets acquired, primarily related to non-compete agreements, had weighted-average estimated useful lives of five years. The total estimated amount of goodwill deductible for tax purposes associated with this acquisition was approximately $298,200.

*Pro forma financial information (unaudited)*

The following summary, prepared on a pro forma basis, combines the results of operations as if all acquisitions within continuing operations in 2019 and 2018 had been consummated as of the beginning of 2018, including the impact of certain adjustments such as amortization of intangibles, interest expense on acquisition financing and income tax effects.

| | Year ended December 31, | |
|---|---|---|
| | 2019 | 2018 |
| | (unaudited) | |
| Pro forma total revenues | $ 11,416,498 | $ 11,566,736 |
| Pro forma net income from continuing operations attributable to DaVita Inc. | $ 709,631 | $ 640,112 |
| Pro forma basic net income per share from continuing operations attributable to DaVita Inc. | $ 4.63 | $ 3.75 |
| Pro forma diluted net income per share from continuing operations attributable to DaVita Inc. | $ 4.61 | $ 3.71 |

*Contingent earn-out obligations*

The Company has several contingent earn-out obligations associated with acquisitions that could result in the Company paying the former owners of acquired companies a total of up to approximately $33,889 if certain performance targets or quality margins are met over the next one to five years.

Contingent earn-out obligations are remeasured to fair value at each reporting date until the contingencies are resolved with changes in the liability due to the remeasurement recognized in earnings. See Note 24 for further details. As of December 31, 2019, the Company estimated the fair value of these contingent earn-out obligations to be $24,586, of which a total of $6,712 is included in other current liabilities, and the remaining $17,874 is included in other long-term liabilities in the Company's consolidated balance sheet.

The following is a reconciliation of changes in liabilities for contingent earn-out obligations for the year ended December 31, 2019:

| | |
|---|---|
| Balance at December 31, 2017 | $ 6,388 |
| Contingent earn-out obligations associated with acquisitions | 1,246 |
| Remeasurement of fair value | (4,729) |
| Payments of contingent earn-out obligations | (297) |
| Balance at December 31, 2018 | $ 2,608 |
| Contingent earn-out obligations associated with acquisitions | 23,536 |
| Remeasurement of fair value | (784) |
| Payments of contingent earn-out obligations | (774) |
| | $ 24,586 |

## 22. Discontinued operations previously held for sale

*DaVita Medical Group (DMG)*

On June 19, 2019, the Company completed the sale of its DMG business to Optum, a subsidiary of UnitedHealth Group Inc., for an aggregate purchase price of $4,340,000, prior to certain closing and post-closing adjustments specified in the related equity purchase agreement dated as of December 5, 2017, as amended as of September 20, 2018 and as of December 11, 2018 (as amended, the equity purchase agreement).

The Company recorded a preliminary estimated pre-tax net loss of approximately $23,022 on the sale of its DMG business in 2019. This preliminary net loss is based on initial estimates of the Company's expected aggregate proceeds from the sale, net of transaction costs and obligations, as well as the estimated values of DMG net assets sold as of the closing date. These estimated net proceeds include $4,465,476 in cash received from Optum at closing, or $3,824,509 net of cash and restricted cash included in the DMG net assets sold.

The ultimate net proceeds from the DMG sale, as well as the value of its previously held for sale net assets sold, remain subject to estimate revisions and post-closing adjustments pursuant to the equity purchase agreement, which could be material. Under the equity purchase agreement, the Company also has certain indemnification obligations that could require payments to the buyer relating to the Company's previous ownership and operation of the DMG business. Potential payments under these provisions, if any, remain subject to significant uncertainties and could have a material adverse effect on the net proceeds ultimately retained by the Company or the total amount of its loss on the sale of this business.

The following table presents the financial results of discontinued operations related to DMG:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Net revenues | $ 2,713,059 | $ 4,963,792 | $ 4,676,213 |
| Expenses | 2,543,865 | 4,962,686 | 4,634,782 |
| Goodwill and other asset impairment charges | — | 41,537 | 651,659 |
| Valuation adjustment on disposal group | — | 316,840 | — |
| Income (loss) from discontinued operations before taxes | 169,194 | (357,271) | (610,228) |
| Loss on sale of discontinued operations before taxes | (23,022) | — | — |
| Income tax expense (benefit) | 40,689 | 99,768 | (364,856) |
| Net income (loss) from discontinued operations, net of tax | $ 105,483 | (457,038) | $ (245,372) |

The following table presents cash flows of discontinued operations related to DMG:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Net cash provided by operating activities from discontinued operations | $ 99,634 | $ 290,684 | $ 357,274 |
| Net cash used in investing activities from discontinued operations | $ (43,442) | $ (57,382) | $ (232,329) |

*DMG acquisitions*

During the period from January 1, 2019 to June 18, 2019 immediately prior to the sale, the DMG business acquired two medical businesses for a total of $2,025 in net cash and deferred purchase price of $212. During 2018, the DMG business acquired other medical businesses for a total of $6,995 in net cash, deferred purchase price of $1,142. During 2017, the DMG business acquired other medical businesses for a total of $135,416 in net cash, deferred purchase price of $1,038 and liabilities assumed of $10,145.

**23. Variable interest entities**

The Company manages or maintains an ownership interest in certain legal entities subject to the consolidation guidance applicable to variable interest entities (VIEs). Almost all of these legal entities are either U.S. dialysis partnerships encumbered by guaranteed debt, U.S. dialysis limited partnerships, or other legal entities subject to nominee ownership arrangements.

Under U.S. GAAP, VIEs typically include entities for which (i) the entity’s equity is not sufficient to finance its activities without additional subordinated financial support; (ii) the equity holders as a group lack the power to direct the activities that most significantly influence the entity’s economic performance, the obligation to absorb the entity’s expected losses, or the right to receive the entity’s expected returns; or (iii) the voting rights of some investors are not proportional to their obligations to absorb the entity’s losses.

The substantial majority of VIEs the Company is associated with are U.S. dialysis partnerships which the Company manages and in which it maintains a controlling majority ownership interest. These U.S. dialysis partnerships are considered VIEs because they are either (i) encumbered by debt guaranteed proportionately by the partners that is considered necessary to finance the partnership's activities, or (ii) in the form of limited partnerships for which the limited partners are not considered to have substantive kick-out or participating rights. The Company consolidates virtually all such U.S. dialysis partnerships.

The Company also relies on the operating activities of certain legal entities in which it does not maintain a controlling ownership interest but over which it has indirect influence and of which it is considered the primary beneficiary. These entities are typically subject to nominee ownership and transfer restriction agreements that effectively transfer the majority of the economic risks and rewards of their ownership to the Company. The Company’s management, restriction and other agreements

concerning such nominee-owned entities typically include both financial terms and protective and participating rights to the entities' operating, strategic and non-clinical governance decisions which transfer substantial powers over and economic responsibility for these entities to the Company. The Company consolidates all of the nominee-owned entities with which it is most closely associated.

At December 31, 2019, these consolidated financial statements include total assets of VIEs of$319,691 and total liabilities and noncontrolling interests of VIEs to third parties of $231,586.

The Company also sponsors certain non-qualified deferred compensation plans whose trusts qualify as VIEs and the Company consolidates these plans as their primary beneficiary. The assets of these plans are recorded in short-term or long-term investments with related liabilities recorded in accrued compensation and benefits and other long-term liabilities. See Note 15 for disclosures concerning the assets of these consolidated non-qualified deferred compensation plans.

**24. Fair values of financial instruments**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are determined based on the principal or most advantageous market for the item being measured, assume that buyers and sellers are independent, willing and able to transact, and knowledgeable, with access to all information customarily available in such a transaction, and are based on assumptions that market participants would use in pricing the item, not assumptions specific to the reporting entity.

The Company measures the fair value of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity) based upon certain valuation techniques that include observable or unobservable inputs and assumptions that market participants would use in pricing these assets, liabilities, temporary equity and commitments. The Company has also classified certain assets, liabilities and temporary equity that are measured at fair value into the appropriate fair value hierarchy levels as defined by the FASB.

The following table summarizes the Company's assets, liabilities and temporary equity measured at fair value on a recurring basis as of December 31, 2019 and 2018:

| December 31, 2019 | Total | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
|---|---|---|---|---|
| Assets | | | | |
| Investments in equity securities | $ 39,951 | $ 39,951 | $ — | $ — |
| Interest rate cap agreements | $ 24,452 | $ — | $ 24,452 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 24,586 | $ — | $ — | $ 24,586 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,180,376 | $ — | $ — | $ 1,180,376 |
| **December 31, 2018** | | | | |
| Assets | | | | |
| Investments in equity securities | $ 36,124 | $ 36,124 | $ — | $ — |
| Interest rate cap agreements | $ 851 | $ — | $ 851 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 2,608 | $ — | $ — | $ 2,608 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,124,641 | $ — | $ — | $ 1,124,641 |

Investments in equity securities represent investments in various open-ended registered investment companies (mutual funds) and common stock and are recorded at fair value estimated based on reported market prices or redemption prices, as applicable. See Note 5 for further discussion.

Interest rate cap agreements are recorded at fair value estimated from valuation models utilizing the income approach and commonly accepted valuation techniques that use inputs from closing prices for similar assets and liabilities in active

markets as well as other relevant observable market inputs at quoted intervals such as current interest rates, forward yield curves, implied volatility and credit default swap pricing. The Company does not believe the ultimate amount that could be realized upon settlement of these interest rate cap agreements would be materially different from the fair value estimates currently reported. See Note 13 for further discussion.

The estimated fair value measurements of contingent earn-out obligations are primarily based on unobservable inputs, including projected earnings before interest, taxes, depreciation, and amortization (EBITDA) and revenue. The estimated fair value of these contingent earn-out obligations is remeasured as of each reporting date and could fluctuate based upon any significant changes in key assumptions, such as changes in the Company credit risk adjusted rate that is used to discount obligations to present value. See Note 21 for further discussion.

See Note 17 for a discussion of the Company's methodology for estimating the fair values of noncontrolling interests subject to put obligations.

The Company's fair value estimates for its senior secured credit facilities and senior notes are based upon quoted bid and ask prices for these instruments, typically a level 2 input. See Note 13 for further discussion of the Company's debt.

Other financial instruments consist primarily of cash and cash equivalents, restricted cash and cash equivalents, accounts receivable, accounts payable, other accrued liabilities, lease liabilities and debt. The balances of non-debt financial instruments are presented in the consolidated financial statements at December 31, 2019 and 2018 at their approximate fair values due to the short-term nature of their settlements.

**25. Segment reporting**

The Company's operations are comprised of its U.S. dialysis and related lab services business, its various ancillary services and strategic initiatives, including its international operations, and its corporate administrative support. See Note 1 *"Organization"* for a summary description of the Company's businesses.

On June 19, 2019, the Company completed the sale of its DMG business to Optum. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented.

The Company's operating segments have been defined based on the separate financial information that is regularly produced and reviewed by the Company's chief operating decision maker in making decisions about allocating resources to and assessing the financial performance of the Company's various operating lines of business. The chief operating decision maker for the Company is its Chief Executive Officer.

The Company's separate operating segments include its U.S. dialysis and related lab services business, each of its ancillary services and strategic initiatives, its kidney care operations in each foreign sovereign jurisdiction, its other health operations in each foreign sovereign jurisdiction, and its equity method investment in the Asia Pacific joint venture. The U.S. dialysis and related lab services business qualifies as a separately reportable segment, and all other ancillary services and strategic initiatives operating segments, including the international operating segments, have been combined and disclosed in the other segments category.

The Company's operating segment financial information included in this report is prepared on the internal management reporting basis that the chief operating decision maker uses to allocate resources and assess the financial performance of the Company's operating segments. For internal management reporting, segment operations include direct segment operating expenses but generally exclude corporate administrative support costs, which consist primarily of indirect labor, benefits and long-term incentive compensation expenses of certain departments which provide support to all of the Company's various operating lines of business, except to the extent that such costs are charged to and borne by certain ancillary services and strategic initiatives via internal management fees. These corporate administrative support costs are reduced by internal management fees received from the Company's ancillary lines of business.

The following is a summary of segment revenues, segment operating margin (loss), and a reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| **Segment revenues:**[1] | | | |
| **U.S. dialysis** | | | |
| Patient service revenues: | | | |
| External sources | $ 10,421,401 | $ 10,274,046 | $ 9,767,123 |
| Intersegment revenues | 131,199 | 92,950 | 55,176 |
| Total U.S. dialysis revenues | 10,552,600 | 10,366,996 | 9,822,299 |
| Provision for uncollectible accounts | (21,715) | (50,927) | (481,973) |
| Net U.S. dialysis patient service revenues | 10,530,885 | 10,316,069 | 9,340,326 |
| Other revenues[2] | | | |
| External sources | 30,895 | 19,880 | 19,739 |
| Intersegment revenues | 1,126 | — | — |
| Total net U.S. dialysis revenues | $ 10,562,906 | $ 10,335,949 | $ 9,360,065 |
| **Other - Ancillary services** | | | |
| Net patient service revenues | $ 497,021 | $ 437,275 | $ 323,156 |
| Other external sources | 460,877 | 724,577 | 1,248,589 |
| Intersegment revenues | 14,030 | 34,236 | 24,603 |
| Total ancillary services | $ 971,928 | $ 1,196,088 | $ 1,596,348 |
| Total net segment revenues | 11,534,834 | 11,532,037 | 10,956,413 |
| Elimination of intersegment revenues | (146,355) | (127,186) | (79,779) |
| Consolidated revenues | $ 11,388,479 | $ 11,404,851 | $ 10,876,634 |
| **Segment operating margin (loss):** | | | |
| U.S. dialysis | $ 1,924,826 | $ 1,709,721 | $ 2,297,198 |
| Other - Ancillary services | (189,174) | (93,789) | (439,477) |
| Total segment margin | 1,735,652 | 1,615,932 | 1,857,721 |
| **Reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:** | | | |
| Corporate administrative support | (92,335) | (90,108) | (44,966) |
| Consolidated operating income | 1,643,317 | 1,525,824 | 1,812,755 |
| Debt expense | (443,824) | (487,435) | (430,634) |
| Debt prepayment, refinancing and redemption charges | (33,402) | — | — |
| Other income | 29,348 | 10,089 | 17,665 |
| Income from continuing operations before income taxes | $ 1,195,439 | $ 1,048,478 | $ 1,399,786 |

(1) On January 1, 2018, the Company adopted *Revenue from Contracts with Customers* (Topic 606) using the cumulative effect method for those contracts that were not substantially completed as of January 1, 2018. See Notes 1 and 2 for further discussion of the Company's adoption of Topic 606.

(2) Includes management fee revenues from providing management and administrative services to dialysis ventures in which the Company owns a noncontrolling interest or which are wholly-owned by third parties.

Depreciation and amortization expense by reportable segment was as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| U.S. dialysis | $ 583,454 | $ 558,810 | $ 520,965 |
| Other - Ancillary services | 31,698 | 32,225 | 38,946 |
| | $ 615,152 | $ 591,035 | $ 559,911 |

Summary of assets by reportable segment was as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2019 | 2018 |
| **Segment assets** | | |
| U.S. dialysis (including equity investments of $124,188 and $95,290, respectively) | $ 15,778,880 | $ 12,333,641 |
| Other - Ancillary services[1] (including equity investments of $117,795 and $129,321, respectively) | 1,532,514 | 1,387,046 |
| DMG - Discontinued operations (including equity investments of $0 and $4,833 respectively) | — | 5,389,565 |
| Consolidated assets | $ 17,311,394 | $ 19,110,252 |

(1) Includes approximately $154,572 and $136,052 in 2019 and 2018, respectively, of net property and equipment related to the Company's international operations.

Expenditures for property and equipment by reportable segment were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| U.S. dialysis | $ 681,339 | $ 856,108 | $ 769,732 |
| Other - Ancillary services | 46,741 | 45,806 | 40,377 |
| DMG - Discontinued operations | 38,466 | 85,224 | 95,141 |
| | $ 766,546 | $ 987,138 | $ 905,250 |

## 26. Supplemental cash flow information

The table below provides supplemental cash flow information:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2019 | 2018 | 2017 |
| Cash paid: | | | |
| Income taxes, net | $ 157,983 | $ 92,526 | $ 387,159 |
| Interest | $ 473,176 | $ 488,974 | $ 424,547 |
| Non-cash investing and financing activities: | | | |
| Fixed assets under financing lease obligations | $ 18,953 | $ 8,828 | $ 48,378 |

## 27. Selected quarterly financial data (unaudited)

| | December 31, | September 30, | June 30, | March 31, |
|---|---|---|---|---|
| **2019** | | | | |
| Total revenues | $ 2,898,584 | $ 2,904,078 | $ 2,842,705 | $ 2,743,112 |
| Operating income | $ 462,588 | $ 378,336 | $ 461,886 | $ 340,507 |
| Attributable to DaVita Inc.: | | | | |
| Net income from continuing operations[1] | $ 242,242 | $ 150,113 | $ 194,223 | $ 120,254 |
| Net (loss) income from discontinued operations | 2,629 | (6,843) | 79,328 | 29,035 |
| Net income | $ 244,871 | $ 143,270 | $ 273,551 | $ 149,289 |
| Per share attributable to DaVita Inc.: | | | | |
| Basic net income from continuing operations | $ 1.87 | $ 1.00 | $ 1.17 | $ 0.72 |
| Basic net income (loss) from discontinued operations | 0.02 | (0.05) | 0.47 | 0.18 |
| Basic net income | $ 1.89 | $ 0.95 | $ 1.64 | $ 0.90 |
| Diluted net income from continuing operations | $ 1.86 | $ 0.99 | $ 1.16 | $ 0.72 |
| Diluted net income (loss) from discontinued operations | 0.02 | (0.04) | 0.48 | 0.18 |
| Diluted net income | $ 1.88 | $ 0.95 | $ 1.64 | $ 0.90 |
| **2018** | | | | |
| Total revenues | $ 2,821,124 | $ 2,847,330 | $ 2,886,953 | $ 2,849,444 |
| Operating income | $ 387,908 | $ 289,038 | $ 438,192 | $ 410,686 |
| Attributable to DaVita Inc.: | | | | |
| Net income from continuing operations[1] | $ 160,332 | $ 73,371 | $ 199,603 | $ 191,015 |
| Net (loss) income from discontinued operations | (310,104) | (210,167) | 67,673 | (12,329) |
| Net (loss) income | $ (149,772) | $ (136,796) | $ 267,276 | $ 178,686 |
| Per share attributable to DaVita Inc.: | | | | |
| Basic net income from continuing operations | $ 0.97 | $ 0.44 | $ 1.16 | $ 1.07 |
| Basic net (loss) income from discontinued operations | (1.87) | (1.26) | 0.40 | (0.07) |
| Basic net (loss) income | $ (0.90) | $ (0.82) | $ 1.56 | $ 1.00 |
| Diluted net income from continuing operations | $ 0.96 | $ 0.44 | $ 1.15 | $ 1.05 |
| Diluted net (loss) income from discontinued operations | (1.86) | (1.26) | 0.38 | (0.07) |
| Diluted net (loss) income | $ (0.90) | $ (0.82) | $ 1.53 | $ 0.98 |

(1) The following table summarizes impairment charges, (gain) loss on changes in ownership interest, restructuring charges, and stock-based compensation modification charges and net acceleration of expense included in operating expenses and charges in 2019 and 2018 by quarter:

| | Quarter ended | | | | Quarter ended | | | |
|---|---|---|---|---|---|---|---|---|
| | December 31, 2019 | September 30, 2019 | June 30, 2019 | March 31, 2019 | December 31, 2018 | September 30, 2018 | June 30, 2018 | March 31, 2018 |
| Certain operating expenses and charges: | | | | | | | | |
| Impairment charges | | $ 83,855 | | $ 41,037 | $ 1,530 | $ 12,088 | $ 14,351 | |
| (Gain) loss on changes in ownership interest, net | | | | | $ (19,437) | $ 1,506 | $ (33,957) | |
| Restructuring charges | | | | | | $ 11,366 | | |
| Stock-based compensation modification charges and net acceleration of expense | | | | | | $ 23,470 | | |

## 28. Consolidating financial statements

The following information is presented in accordance with Rule 3-10 of Regulation S-X. The operating and investing activities of the separate legal entities included in the Company's consolidated financial statements are fully interdependent and integrated. Revenues and operating expenses of the separate legal entities include intercompany charges for management and other administrative services. The Company's senior notes are guaranteed by a substantial majority of its domestic subsidiaries as measured by revenue, income and assets. The subsidiary guarantors have guaranteed the senior notes on a joint and several basis. However, a subsidiary guarantor will be released from its obligations under its guarantee of the senior notes and the indentures governing the senior notes if, in general, there is a sale or other disposition of all or substantially all of the assets of such subsidiary guarantor, including by merger or consolidation, or a sale or other disposition of all of the equity interests in such subsidiary guarantor held by the Company and its restricted subsidiaries, as defined in the indentures; such subsidiary guarantor is designated by the Company as an unrestricted subsidiary, as defined in the indentures, or otherwise ceases to be a restricted subsidiary of the Company, in each case in accordance with the indentures; or such subsidiary guarantor no longer guarantees any other indebtedness, as defined in the indentures, of the Company or any of its restricted subsidiaries, except for guarantees that are contemporaneously released. The senior notes are not guaranteed by certain of the Company's domestic subsidiaries, any of the Company's foreign subsidiaries, or any entities that do not constitute subsidiaries within the meaning of the indentures, such as corporations in which the Company holds capital stock with less than a majority of the voting power, joint ventures and partnerships in which the Company holds less than a majority of the equity or voting interests, non-owned entities and third parties. Contemporaneously with the Company entering into the New Credit Agreement and pursuant to the indentures governing the Company's senior notes, certain subsidiaries of the Company were released from their guarantees of the Company's senior notes such that, after that release, the remaining subsidiary guarantors of the senior notes were the same subsidiaries guaranteeing the New Credit Agreement. The following consolidating statements have been prepared for all periods presented based on the current subsidiary guarantors and non-guarantors stipulated in the Company's New Credit Agreement.

**Consolidating Statements of Income**

| For year ended December 31, 2019 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Dialysis patient service revenues | $ — | $ 6,961,825 | $ 4,226,402 | $ (269,806) | $ 10,918,421 |
| Less: Provision for uncollectible accounts | — | (15,296) | (6,419) | — | (21,715) |
| Net dialysis patient service revenues | — | 6,946,529 | 4,219,983 | (269,806) | 10,896,706 |
| Other revenues | 804,684 | 601,394 | 171,856 | (1,086,161) | 491,773 |
| Total revenues | 804,684 | 7,547,923 | 4,391,839 | (1,355,967) | 11,388,479 |
| Operating expenses and charges | 642,717 | 6,631,471 | 3,826,941 | (1,355,967) | 9,745,162 |
| Operating income | 161,967 | 916,452 | 564,898 | — | 1,643,317 |
| Debt expense | (482,074) | (183,272) | (53,043) | 241,163 | (477,226) |
| Other income, net | 309,623 | 7,314 | 46,306 | (333,895) | 29,348 |
| Income tax (benefit) expense | (2,616) | 263,563 | 18,681 | — | 279,628 |
| Equity earnings in subsidiaries | 818,849 | 429,628 | — | (1,248,477) | — |
| Net income from continuing operations | 810,981 | 906,559 | 539,480 | (1,341,209) | 915,811 |
| Net income from discontinued operations, net of tax | — | — | 12,751 | 92,732 | 105,483 |
| Net income | 810,981 | 906,559 | 552,231 | (1,248,477) | 1,021,294 |
| Less: Net income attributable to noncontrolling interests | — | — | — | (210,313) | (210,313) |
| Net income attributable to DaVita Inc. | $ 810,981 | $ 906,559 | $ 552,231 | $ (1,458,790) | $ 810,981 |

**Consolidating Statements of Income - (continued)**

| For year ended December 31, 2018 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Dialysis patient service revenues | $ — | $ 6,834,865 | $ 4,096,666 | $ (221,550) | $ 10,709,981 |
| Less: Provision for uncollectible accounts | — | (34,977) | (14,610) | — | (49,587) |
| Net dialysis patient service revenues | — | 6,799,888 | 4,082,056 | (221,550) | 10,660,394 |
| Other revenues | 799,230 | 488,086 | 558,079 | (1,100,938) | 744,457 |
| Total revenues | 799,230 | 7,287,974 | 4,640,135 | (1,322,488) | 11,404,851 |
| Operating expenses and charges | 646,640 | 6,551,328 | 4,003,547 | (1,322,488) | 9,879,027 |
| Operating income | 152,590 | 736,646 | 636,588 | — | 1,525,824 |
| Debt expense | (491,749) | (201,496) | (43,414) | 249,224 | (487,435) |
| Other income, net | 418,839 | 3,430 | 29,132 | (441,312) | 10,089 |
| Income tax expense | 23,482 | 155,372 | 79,546 | — | 258,400 |
| Equity earnings in subsidiaries | 103,196 | 388,737 | — | (491,933) | — |
| Net income from continuing operations | 159,394 | 771,945 | 542,760 | (684,021) | 790,078 |
| Net loss from discontinued operations, net of tax | — | — | (649,126) | 192,088 | (457,038) |
| Net income (loss) | 159,394 | 771,945 | (106,366) | (491,933) | 333,040 |
| Less: Net income attributable to noncontrolling interests | — | — | — | (173,646) | (173,646) |
| Net income (loss) attributable to DaVita Inc. | $ 159,394 | $ 771,945 | $ (106,366) | $ (665,579) | $ 159,394 |

| For year ended December 31, 2017 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Dialysis patient service revenues | $ — | $ 6,417,574 | $ 3,848,172 | $ (172,076) | $ 10,093,670 |
| Less: Provision for uncollectible accounts | — | (322,085) | (170,447) | 7,168 | (485,364) |
| Net dialysis patient service revenues | — | 6,095,489 | 3,677,725 | (164,908) | 9,608,306 |
| Other revenues | 793,751 | 408,460 | 1,080,832 | (1,014,715) | 1,268,328 |
| Total net revenues | 793,751 | 6,503,949 | 4,758,557 | (1,179,623) | 10,876,634 |
| Operating expenses and charges | 527,942 | 5,331,545 | 4,384,015 | (1,179,623) | 9,063,879 |
| Operating income | 265,809 | 1,172,404 | 374,542 | — | 1,812,755 |
| Debt expense | (426,149) | (200,953) | (43,490) | 239,958 | (430,634) |
| Other income, net | 411,731 | 5,979 | 23,657 | (423,702) | 17,665 |
| Income tax expense | 65,965 | 210,068 | 47,826 | — | 323,859 |
| Equity earnings in subsidiaries | 478,192 | 460,261 | — | (938,453) | — |
| Net income from continuing operations | 663,618 | 1,227,623 | 306,883 | (1,122,197) | 1,075,927 |
| Net loss from discontinued operations, net of tax | — | — | (429,116) | 183,744 | (245,372) |
| Net income (loss) | 663,618 | 1,227,623 | (122,233) | (938,453) | 830,555 |
| Less: Net income attributable to noncontrolling interests | — | — | — | (166,937) | (166,937) |
| Net income (loss) attributable to DaVita Inc. | $ 663,618 | $ 1,227,623 | $ (122,233) | $ (1,105,390) | $ 663,618 |

**Consolidating Statements of Comprehensive Income**

| For the year ended December 31, 2019 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Net income | $ 810,981 | $ 906,559 | $ 552,231 | $ (1,248,477) | $ 1,021,294 |
| Other comprehensive income (loss) | 7,528 | — | (20,102) | — | (12,574) |
| Total comprehensive income | 818,509 | 906,559 | 532,129 | (1,248,477) | 1,008,720 |
| Less: Comprehensive income attributable to noncontrolling interest | — | — | — | (210,313) | (210,313) |
| Comprehensive income attributable to DaVita Inc. | $ 818,509 | $ 906,559 | $ 532,129 | $ (1,458,790) | $ 798,407 |
| | | | | | |
| **For the year ended December 31, 2018** | | | | | |
| Net income (loss) | $ 159,394 | $ 771,945 | $ (106,366) | $ (491,933) | $ 333,040 |
| Other comprehensive income (loss) | 6,153 | — | (45,944) | — | (39,791) |
| Total comprehensive income (loss) | 165,547 | 771,945 | (152,310) | (491,933) | 293,249 |
| Less: Comprehensive income attributable to noncontrolling interest | — | — | — | (173,646) | (173,646) |
| Comprehensive income (loss) attributable to DaVita Inc. | $ 165,547 | $ 771,945 | $ (152,310) | $ (665,579) | $ 119,603 |
| | | | | | |
| **For the year ended December 31, 2017** | | | | | |
| Net income (loss) | $ 663,618 | $ 1,227,623 | $ (122,233) | $ (938,453) | $ 830,555 |
| Other comprehensive income (loss) | 3,106 | — | 99,770 | — | 102,876 |
| Total comprehensive income (loss) | 666,724 | 1,227,623 | (22,463) | (938,453) | 933,431 |
| Less: Comprehensive income attributable to noncontrolling interest | — | — | — | (166,935) | (166,935) |
| Comprehensive income (loss) attributable to DaVita Inc. | $ 666,724 | $ 1,227,623 | $ (22,463) | $ (1,105,388) | $ 766,496 |

**Consolidating Balance Sheets**

| As of December 31, 2019 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Cash and cash equivalents | $ 758,241 | $ 532 | $ 343,599 | $ — | $ 1,102,372 |
| Restricted cash and equivalents | 14,499 | — | 91,847 | — | 106,346 |
| Accounts receivable, net | — | 1,189,301 | 606,297 | — | 1,795,598 |
| Other current assets | 76,787 | 548,553 | 102,410 | (41,896) | 685,854 |
| Total current assets | 849,527 | 1,738,386 | 1,144,153 | (41,896) | 3,690,170 |
| Property and equipment, net | 543,932 | 1,589,417 | 1,344,543 | (4,508) | 3,473,384 |
| Operating lease right-of-use assets | 109,415 | 1,656,145 | 1,084,552 | (20,065) | 2,830,047 |
| Intangible assets, net | 362 | 31,569 | 103,753 | — | 135,684 |
| Investments in and advances to affiliates, net | 10,813,991 | 7,611,402 | 3,051,208 | (21,476,601) | — |
| Other long-term assets and investments | 102,779 | 133,698 | 176,315 | (18,318) | 394,474 |
| Goodwill | — | 4,812,972 | 1,974,663 | — | 6,787,635 |
| Total assets | $ 12,420,006 | $ 17,573,589 | $ 8,879,187 | $ (21,561,388) | $ 17,311,394 |
| Current liabilities | $ 379,286 | $ 1,327,378 | $ 666,470 | $ (1,036) | $ 2,372,098 |
| Intercompany payables | 1,381,863 | 3,051,208 | 2,615,151 | (7,048,222) | — |
| Long-term operating lease liabilities | 136,123 | 1,567,776 | 1,039,145 | (19,244) | 2,723,800 |
| Long-term debt and other long-term liabilities | 7,741,725 | 674,558 | 364,102 | (64,507) | 8,715,878 |
| Noncontrolling interests subject to put provisions | 647,600 | — | — | 532,776 | 1,180,376 |
| Total DaVita Inc. shareholders' equity | 2,133,409 | 10,952,669 | 3,475,710 | (14,428,379) | 2,133,409 |
| Noncontrolling interests not subject to put provisions | — | — | 718,609 | (532,776) | 185,833 |
| Total equity | 2,133,409 | 10,952,669 | 4,194,319 | (14,961,155) | 2,319,242 |
| Total liabilities and equity | $ 12,420,006 | $ 17,573,589 | $ 8,879,187 | $ (21,561,388) | $ 17,311,394 |

**Consolidating Balance Sheets - (continued)**

| As of December 31, 2018 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| Cash and cash equivalents | $ 60,653 | $ 1,232 | $ 261,153 | $ — | $ 323,038 |
| Restricted cash and equivalents | 1,005 | 12,048 | 79,329 | — | 92,382 |
| Accounts receivable, net | — | 1,204,122 | 654,486 | — | 1,858,608 |
| Other current assets | 37,185 | 565,974 | 157,407 | — | 760,566 |
| Current assets held for sale | — | — | 5,389,565 | — | 5,389,565 |
| Total current assets | 98,843 | 1,783,376 | 6,541,940 | — | 8,424,159 |
| Property and equipment, net | 491,462 | 1,584,321 | 1,317,886 | — | 3,393,669 |
| Intangible assets, net | 153 | 42,896 | 75,797 | — | 118,846 |
| Investments in and advances to affiliates, net | 13,522,198 | 6,196,801 | 2,498,545 | (22,217,544) | — |
| Other long-term assets and investments | 53,385 | 90,037 | 188,196 | — | 331,618 |
| Goodwill | — | 4,806,939 | 2,035,021 | — | 6,841,960 |
| Total assets | $ 14,166,041 | $ 14,504,370 | $ 12,657,385 | $ (22,217,544) | $ 19,110,252 |
| Current liabilities | $ 1,945,943 | $ 1,217,526 | $ 483,933 | $ — | $ 3,647,402 |
| Current liabilities held for sale | — | — | 1,243,759 | — | 1,243,759 |
| Total current liabilities | 1,945,943 | 1,217,526 | 1,727,692 | — | 4,891,161 |
| Intercompany payables | — | 2,498,545 | 6,161,292 | (8,659,837) | — |
| Long-term debt and other long-term liabilities | 7,918,581 | 687,443 | 580,028 | — | 9,186,052 |
| Noncontrolling interests subject to put provisions | 598,075 | — | — | 526,566 | 1,124,641 |
| Total DaVita Inc. shareholders' equity | 3,703,442 | 10,100,856 | 3,456,851 | (13,557,707) | 3,703,442 |
| Noncontrolling interests not subject to put provisions | — | — | 731,522 | (526,566) | 204,956 |
| Total equity | 3,703,442 | 10,100,856 | 4,188,373 | (14,084,273) | 3,908,398 |
| Total liabilities and equity | $ 14,166,041 | $ 14,504,370 | $ 12,657,385 | $ (22,217,544) | $ 19,110,252 |

**Consolidating Statements of Cash Flow**

| For the year ended December 31, 2019 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| **Cash flows from operating activities:** | | | | | |
| Net income | $ 810,981 | $ 906,559 | $ 552,231 | $ (1,248,477) | $ 1,021,294 |
| Changes in operating assets and liabilities and non-cash items included in net income | (602,288) | (73,356) | 478,228 | 1,248,477 | 1,051,061 |
| Net cash provided by operating activities | 208,693 | 833,203 | 1,030,459 | — | 2,072,355 |
| **Cash flows from investing activities:** | | | | | |
| Additions of property and equipment, net | (145,378) | (310,032) | (311,136) | — | (766,546) |
| Acquisitions | — | (11,851) | (89,010) | — | (100,861) |
| Proceeds from asset sales, net of cash divested | 3,824,516 | 1,777 | 51,099 | — | 3,877,392 |
| Investments and other items | (4,606) | (6,676) | (3,363) | — | (14,645) |
| Net cash provided by (used in) investing activities | 3,674,532 | (326,782) | (352,410) | — | 2,995,340 |
| **Cash flows from financing activities:** | | | | | |
| Long-term debt and related financing costs, net | (2,052,197) | (10,481) | (17,513) | — | (2,080,191) |
| Intercompany borrowing | 1,267,138 | (455,405) | (811,733) | — | — |
| Other items | (2,387,084) | (53,283) | (175,892) | — | (2,616,259) |
| Net cash used in financing activities | (3,172,143) | (519,169) | (1,005,138) | — | (4,696,450) |
| Effect of exchange rate changes on cash | — | — | (1,760) | — | (1,760) |
| Net increase (decrease) in cash, cash equivalents and restricted cash | 711,082 | (12,748) | (328,849) | — | 369,485 |
| Less: Net increase in cash, cash equivalents and restricted cash from discontinued operations | — | — | (423,813) | — | (423,813) |
| Net increase (decrease) in cash, cash equivalents and restricted cash from continuing operations | 711,082 | (12,748) | 94,964 | — | 793,298 |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 61,658 | 13,280 | 340,482 | — | 415,420 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 772,740 | $ 532 | $ 435,446 | $ — | $ 1,208,718 |

**Consolidating Statements of Cash Flow - (continued)**

| For the year ended December 31, 2018 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| **Cash flows from operating activities:** | | | | | |
| Net income | $ 159,394 | $ 771,945 | $ (106,366) | $ (491,933) | $ 333,040 |
| Changes in operating assets and liabilities and non-cash items included in net income | (86,070) | (150,976) | 1,183,713 | 491,933 | 1,438,600 |
| Net cash provided by operating activities | 73,324 | 620,969 | 1,077,347 | — | 1,771,640 |
| **Cash flows from investing activities:** | | | | | |
| Additions of property and equipment, net | (175,787) | (425,008) | (386,343) | — | (987,138) |
| Acquisitions | — | (42,987) | (140,169) | — | (183,156) |
| Proceeds from asset and business sales, net of cash divested | — | 55,184 | 95,021 | — | 150,205 |
| Investments and other items | 30,962 | (8,286) | (8,230) | — | 14,446 |
| Net cash used in investing activities | (144,825) | (421,097) | (439,721) | — | (1,005,643) |
| **Cash flows from financing activities:** | | | | | |
| Long-term debt and related financing costs, net | 725,889 | (8,874) | (22,238) | — | 694,777 |
| Intercompany borrowing | 404,897 | (168,224) | (236,673) | — | — |
| Other items | (1,147,934) | (29,457) | (142,740) | — | (1,320,131) |
| Net cash used in financing activities | (17,148) | (206,555) | (401,651) | — | (625,354) |
| Effect of exchange rate changes on cash | — | — | (3,350) | — | (3,350) |
| Net (decrease) increase in cash, cash equivalents and restricted cash | (88,649) | (6,683) | 232,625 | — | 137,293 |
| Less: Net decrease in cash, cash equivalents and restricted cash from discontinued operations | — | — | 240,793 | — | 240,793 |
| Net decrease in cash, cash equivalents and restricted cash from continuing operations | (88,649) | (6,683) | (8,168) | — | (103,500) |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 150,307 | 19,963 | 348,650 | — | 518,920 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 61,658 | $ 13,280 | $ 340,482 | $ — | $ 415,420 |

**Consolidating Statements of Cash Flow - (continued)**

| For the year ended December 31, 2017 | DaVita Inc. | Guarantor Subsidiaries | Non-Guarantor Subsidiaries | Consolidating Adjustments | Consolidated Total |
|---|---|---|---|---|---|
| **Cash flows from operating activities:** | | | | | |
| Net income | $ 663,618 | $ 1,227,623 | $ (122,233) | $ (938,453) | $ 830,555 |
| Changes in operating assets and liabilities and non-cash items included in net income | (533,300) | (739,023) | 1,416,481 | 938,453 | 1,082,611 |
| Net cash provided by operating activities | 130,318 | 488,600 | 1,294,248 | — | 1,913,166 |
| **Cash flows from investing activities:** | | | | | |
| Additions of property and equipment, net | (155,972) | (348,292) | (400,986) | — | (905,250) |
| Acquisitions | — | (528,588) | (275,291) | — | (803,879) |
| Proceeds from asset sales | — | 25,989 | 66,347 | — | 92,336 |
| Investments and other items | 211,619 | (3,526) | 43,968 | — | 252,061 |
| Net cash provided by (used in) investing activities | 55,647 | (854,417) | (565,962) | — | (1,364,732) |
| **Cash flows from financing activities:** | | | | | |
| Long-term debt and related financing costs, net | 173,529 | (8,186) | (10,495) | — | 154,848 |
| Intercompany borrowing | 22,589 | 382,452 | (405,041) | — | — |
| Other items | (781,697) | (2,205) | (137,203) | — | (921,105) |
| Net cash (used in) provided by financing activities | (585,579) | 372,061 | (552,739) | — | (766,257) |
| Effect of exchange rate changes on cash | — | — | 254 | — | 254 |
| Net (decrease) increase in cash, cash equivalents and restricted cash | (399,614) | 6,244 | 175,801 | — | (217,569) |
| Less: Net decrease in cash, cash equivalents and restricted cash from discontinued operations | — | — | (53,026) | — | (53,026) |
| Net (decrease) increase in cash, cash equivalents and restricted cash from continuing operations | (399,614) | 6,244 | 228,827 | — | (164,543) |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 549,921 | 13,719 | 119,823 | — | 683,463 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 150,307 | $ 19,963 | $ 348,650 | $ — | $ 518,920 |

**29. Supplemental data under senior note indentures (unaudited)**

The Company previously disclosed certain unaudited supplemental data concerning entities that do not constitute "Subsidiaries" as defined in the indentures governing the Company's senior notes with its consolidated financial statements, as required by those indentures. As a result of the sale of the DMG business to Optum on June 19, 2019, the Company no longer has subsidiaries large enough to require this additional unaudited supplemental disclosure under the terms of its senior note indentures.

**EXHIBIT INDEX**

| | |
|---|---|
| 2.1 | Agreement and Plan of Merger, dated as of May 20, 2012, by and among DaVita Inc., Seismic Acquisition LLC, HealthCare Partners Holdings, LLC, and the Member Representative.(25) |
| 2.2 | Amendment, dated as of July 6, 2012, to the Agreement and Plan of Merger, dated as of May 20, 2012, by and among DaVita Inc., Seismic Acquisition LLC, HealthCare Partners Holdings, LLC, and the Member Representative.(22) |
| 2.3 | Amendment No. 2, dated as of August 30, 2013, to the Agreement and Plan of Merger, dated as of May 20, 2012, by and among DaVita Inc., Seismic Acquisition LLC, HealthCare Partners Holdings, LLC, and the Member Representative.(4) |
| 2.4 | Amendment No. 3, dated as of June 22, 2018, to the Agreement and Plan of Merger, dated as of May 20, 2012, by and among DaVita Inc., Seismic Acquisition LLC, HealthCare Partners Holdings, LLC, and the Member Representative.(26) |
| 2.5 | Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita Inc., Collaborative Care Holdings, LLC, and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated.(2) |
| 2.6 | Amendment No. 1 dated as of September 20, 2018, to that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita, Inc., a Delaware corporation, Collaborative Care Holdings, LLC, a Delaware limited liability company and a wholly owned subsidiary of Optum, Inc., and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated, a Delaware corporation.(27) |
| 2.7 | Second Amendment to Equity Purchase Agreement by and between DaVita, Inc., a Delaware corporation, and Collaborative Care Holdings, LLC, a Delaware limited liability company, dated as of December 11, 2018, amending that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita, Inc., Collaborative Care Holdings, LLC, and, solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated (as previously amended).(13) |
| 3.1 | Restated Certificate of Incorporation of DaVita Inc., as filed with the Secretary of State of Delaware on November 1, 2016.(1) |
| 3.2 | Amended and Restated Bylaws for DaVita Inc. dated as of September 7, 2016.(1) |
| 4.1 | Indenture, dated June 13, 2014, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(23) |
| 4.2 | Form of 5.125% Senior Notes due 2024 and related Guarantee (included in Exhibit 4.1).(23) |
| 4.3 | Indenture for the 5.000% Senior Notes due 2025, dated April 17, 2015, by and among DaVita Inc., the guarantors named therein and The Bank of New York Mellon Trust Company, N.A., as Trustee.(19) |
| 4.4 | Form of 5.000% Senior Notes due 2025 and related Guarantee (included in Exhibit 4.3).(19) |
| 4.5 | Description of Securities.✓ |
| 10.1 | Sourcing and Supply Agreement between DaVita Inc. and Amgen USA Inc. effective as of January 6, 2017.(6)** |

| | |
|---|---|
| 10.2 | Credit Agreement, dated August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, Credit Agricole Corporate and Investment Bank, JPMorgan Chase Bank, N.A. and MUFG Bank Ltd., as co-syndication agents, Bank of America, N.A., Barclays Bank PLC, Credit Suisse Loan Funding LLC, Goldman Sachs Bank USA, Morgan Stanley Senior Funding, Inc. and Suntrust Bank, as co-documentation agents, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.(29) |
| 10.3 | First Amendment, dated as of February 13, 2020, to that certain Credit Agreement, dated as of August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.✓ |
| 10.4 | Corporate Integrity Agreement, dated as of October 22, 2014, by and among the Office of Inspector General of The Department of Health and Human Services and DaVita Inc.(24) |
| 10.5 | Form of Non-Competition and Non-Solicitation Agreement, dated as of May 20, 2012, between DaVita Inc. and Dr. Robert Margolis, Dr. William Chin, Dr. Thomas Paulsen, Mr. Zan Calhoun, and Ms. Lori Glisson. (25) |
| 10.6 | Employment Agreement, effective July 25, 2008, between DaVita Inc. and Kent J. Thiry.(14)* |
| 10.7 | Amendment to Employment Agreement, effective December 31, 2014, by and between DaVita Inc. and Kent. J. Thiry.(4)* |
| 10.8 | Amendment Number Two to Employment Agreement, effective August 20, 2018, by and between DaVita Inc. and Kent J. Thiry.(28)* |
| 10.9 | Executive Chairman Agreement between Kent J. Thiry and DaVita, Inc., dated as of April 29, 2019.(15)* |
| 10.10 | Restricted Stock Units Agreement, effective as of May 15, 2019, by and between DaVita Inc. and Kent Thiry.(30)* |
| 10.11 | Performance Stock Units Agreement, effective as of May 15, 2019, by and between DaVita Inc. and Kent Thiry.(30)* |
| 10.12 | Employment Agreement, dated as of April 29, 2019, by and between Javier J. Rodriguez and DaVita Inc.(15)* |
| 10.13 | Stock Appreciation Rights Agreement, effective November 4, 2019, by and between Javier J. Rodriguez and DaVita Inc.(32)* |
| 10.14 | Employment Agreement, effective February 21, 2017, by and between DaVita Inc. and Joel Ackerman.(9)* |
| 10.15 | Employment Agreement, effective April 27, 2016, by and between DaVita HealthCare Partners Inc. and Kathleen A. Waters.(6)* |
| 10.16 | Employment Agreement, effective September 22, 2005, by and between DaVita Inc. and James Hilger.(8)* |
| 10.17 | Amendment to Mr. Hilger's Employment Agreement, effective December 12, 2008.(17)* |
| 10.18 | Second Amendment to Mr. Hilger's Employment Agreement, effective December 27, 2012.(20)* |
| 10.19 | Third Amendment to Employment Agreement, effective December 31, 2014, by and between DaVita Inc. and James Hilger.(4)* |
| 10.20 | Transition Agreement, dated as of July 31, 2018, by and between DaVita Inc. and James Hilger.(26)* |

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|---|---|
| 10.21 | Employment Agreement, effective April 29, 2015, by and between DaVita HealthCare Partners Inc. and Michael Staffieri.*✓ |
| 10.22 | Consulting Agreement, effective June 15, 2017, by and between DaVita Inc. and Roger J. Valine.(3)* |
| 10.23 | Form of Indemnity Agreement.(12)* |
| 10.24 | Form of Indemnity Agreement.(7)* |
| 10.25 | DaVita Deferred Compensation Plan.(9)* |
| 10.26 | DaVita Voluntary Deferral Plan.(5)* |
| 10.27 | Deferred Bonus Plan (Prosperity Plan).(16)* |
| 10.28 | Amendment No. 1 to Deferred Bonus Plan (Prosperity Plan).(17)* |
| 10.29 | Amended and Restated Employee Stock Purchase Plan.(31)* |
| 10.30 | DaVita Inc. Severance Plan for Directors and Above.(4)* |
| 10.31 | DaVita Inc. Non-Employee Director Compensation Policy. (18)* |
| 10.32 | Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(11)* |
| 10.33 | Amendment No. 1 to the Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(32)* |
| 10.34 | DaVita Inc. Rule of 65 Policy, adopted on August 19, 2018.(28)* |
| 10.35 | Form of Stock Appreciation Rights Agreement-Board members (DaVita Inc. 2011 Incentive Award Plan).(26)* |
| 10.36 | Form of 2014 Long Term Incentive Program Stock Appreciation Rights Agreement under the DaVita Inc. 2011 Incentive Award Plan and Long-Term Incentive Program.(10)* |
| 10.37 | Form of 2014 Long Term Incentive Program Restricted Stock Units Agreement under the DaVita Inc. 2011 Incentive Award Plan and Long-Term Incentive Program.(10)* |
| 10.38 | Form of Stock Appreciation Rights Agreement-Board members (DaVita Inc. 2011 Incentive Award Plan).(21)* |
| 10.39 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(20)* |
| 10.40 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(21)* |
| 10.41 | Form of Long-Term Incentive Program Award Agreement (For 162(m) designated teammates) (DaVita Inc. 2011 Incentive Award Plan).(20)* |
| 10.42 | Form of Long-Term Incentive Program Award Agreement (DaVita Inc. 2011 Incentive Award Plan).(20)* |
| 10.43 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |
| 10.44 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |

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|---|---|
| 10.45 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |
| 10.46 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |
| 10.47 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |
| 10.48 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(30)* |
| 21.1 | List of our subsidiaries.✓ |
| 23.1 | Consent of KPMG LLP, independent registered public accounting firm.✓ |
| 24.1 | Powers of Attorney with respect to DaVita. (Included on Page S-1). |
| 31.1 | Certification of the Chief Executive Officer, dated February 21, 2020, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓ |
| 31.2 | Certification of the Chief Financial Officer, dated February 21, 2020, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.✓ |
| 32.1 | Certification of the Chief Executive Officer, dated February 21, 2020, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓ |
| 32.2 | Certification of the Chief Financial Officer, dated February 21, 2020, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.✓ |
| 101.INS | XBRL Instance Document - the Instance Document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.✓ |
| 101.SCH | Inline XBRL Taxonomy Extension Schema Document.✓ |
| 101.CAL | Inline XBRL Taxonomy Extension Calculation Linkbase Document.✓ |
| 101.DEF | Inline XBRL Taxonomy Extension Definition Linkbase Document.✓ |
| 101.LAB | Inline XBRL Taxonomy Extension Label Linkbase Document.✓ |
| 101.PRE | Inline XBRL Taxonomy Extension Presentation Linkbase Document.✓ |
| 104 | Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).✓ |

✓ Included in this filing.

* Management contract or executive compensation plan or arrangement.

** Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the SEC.

(1) Filed on November 2, 2016 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2016.

(2) Filed on December 6, 2017 as an exhibit to the Company's Current Report on Form 8-K.

(3) Filed on November 7, 2017 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2017.

(4) Filed on February 22, 2019 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2018.

(5) Filed on November 8, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2005.
(6) Filed on May 2, 2017 as an exhibit to the Company's Quarterly Report on 10-Q for the quarter ended March 31, 2017.
(7) Filed on March 3, 2005 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2004.
(8) Filed on August 7, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ending June 30, 2006.
(9) Filed on February 24, 2017 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2016.
(10) Filed on November 6, 2014 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2014.
(11) Filed on April 28, 2014 as Appendix A to the Company's Definitive Proxy Statement on Schedule 14A.
(12) Filed on December 20, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(13) Filed on December 17, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(14) Filed on July 31, 2008 as an exhibit to the Company's Current Report on Form 8-K.
(15) Filed on April 29, 2019 as an exhibit to the Company's Current Report on Form 8-K.
(16) Filed on February 29, 2008 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2007.
(17) Filed on February 27, 2009 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2008.
(18) Filed on May 7, 2019 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2019.
(19) Filed on April 17, 2015 as an exhibit to the Company's Current Report on Form 8-K.
(20) Filed on March 1, 2013 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2012.
(21) Filed on August 4, 2011 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2011.
(22) Filed on July 9, 2012 as an exhibit to the Company's Current Report on Form 8-K.
(23) Filed on June 16, 2014 as an exhibit to the Company's Current Report on Form 8-K.
(24) Filed on October 23, 2014 as an exhibit to the Company's Current Report on Form 8-K.
(25) Filed on May 21, 2012 as an exhibit to the Company's Current Report on Form 8-K.
(26) Filed on August 1, 2018 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2018.
(27) Filed on September 24, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(28) Filed on August 23, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(29) Filed on August 14, 2019 as an exhibit to the Company's Current Report on Form 8-K.
(30) Filed on July 22, 2019 as an exhibit to the Company's Tender Offer Statement on Schedule TO-I.
(31) Filed on May 10, 2016 as an appendix to the Company's Proxy Statement on DEF 14A.
(32) Filed on December 6, 2019 as an appendix to the Company's Proxy Statement on DEF 14A.

**SIGNATURES**

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, we have duly caused this Annual Report on Form 10-K to be signed on our behalf by the undersigned, thereunto duly authorized, in the City of Denver, State of Colorado, on February 21, 2020.

DAVITA INC.

By: /S/ JAVIER J. RODRIGUEZ

Javier J. Rodriguez
Chief Executive Officer

KNOW ALL MEN BY THESE PRESENT, that each person whose signature appears below constitutes and appoints Javier J. Rodriguez, Joel Ackerman, and Kathleen Waters, and each of them his or her true and lawful attorneys-in-fact and agents with full power of substitution and resubstitution, for him or her and in his or her name, place and stead, in any and all capacities, to sign any and all amendments to this Annual Report on Form 10-K, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorneys-in-fact and agents, and each of them, full power and authority to do and perform each and every act and thing requisite or necessary to be done in and about the premises, as fully to all intents and purposes as he or she might or could do in person, hereby ratifying and confirming all that said attorneys-in-fact and agents or any of them, or their or his or her substitute or substitutes, may lawfully do or cause to be done by virtue hereof.

Pursuant to the requirements of the Securities Exchange Act of 1934, this Annual Report on Form 10-K has been signed by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

| Signature | Title | Date |
|---|---|---|
| /S/ JAVIER J. RODRIGUEZ<br>Javier J. Rodriguez | Chief Executive Officer<br>(Principal Executive Officer) | February 21, 2020 |
| /S/ JOEL ACKERMAN<br>Joel Ackerman | Chief Financial Officer and Treasurer<br>(Principal Financial Officer) | February 21, 2020 |
| /S/ JAMES K. HILGER<br>James K. Hilger | Chief Accounting Officer<br>(Principal Accounting Officer) | February 21, 2020 |
| /S/ KENT J. THIRY<br>Kent J. Thiry | Executive Chairman and Director | February 21, 2020 |
| /S/ PAMELA M. ARWAY<br>Pamela M. Arway | Director | February 21, 2020 |
| /S/ CHARLES G. BERG<br>Charles G. Berg | Director | February 21, 2020 |
| /S/ BARBARA J. DESOER<br>Barbara J. Desoer | Director | February 21, 2020 |
| /S/ PASCAL DESROCHES<br>Pascal Desroches | Director | February 21, 2020 |
| /S/ PAUL J. DIAZ<br>Paul J. Diaz | Director | February 21, 2020 |
| /S/ PETER T. GRAUER<br>Peter T. Grauer | Director | February 21, 2020 |
| /S/ JOHN M. NEHRA<br>John M. Nehra | Director | February 21, 2020 |
| /S/ WILLIAM L. ROPER<br>William L. Roper | Director | February 21, 2020 |
| /S/ PHYLLIS R. YALE<br>Phyllis R. Yale | Director | February 21, 2020 |

**DAVITA INC.**
**SCHEDULE II—VALUATION AND QUALIFYING ACCOUNTS**

| Description | Balance at beginning of year | Acquisitions | Amounts charged to income | Amounts written off | Balance at end of year |
|---|---|---|---|---|---|
| | | | (in thousands) | | |
| Allowance for uncollectible accounts: | | | | | |
| Year ended December 31, 2019 | $ 52,924 | $ — | $ 21,715 | $ 66,311 | $ 8,328 |
| Year ended December 31, 2018 | $ 218,399 | $ — | $ 42,287 | $ 207,762 | $ 52,924 |
| Year ended December 31, 2017 | $ 238,897 | $ — | $ 478,365 | $ 498,863 | $ 218,399 |

**Exhibit 4.5**

# DESCRIPTION OF THE REGISTRANT'S SECURITIES REGISTERED PURSUANT TO SECTION 12 OF THE SECURITIES EXCHANGE ACT OF 1934

DaVita Inc. (the "Company," "we" or "our") has one class of securities registered under Section 12 of the Securities Exchange Act of 1934: our common stock. The following summary of the material terms of our capital stock is based upon, and qualified by reference to, our Restated Certificate of Incorporation (the "Certificate of Incorporation") and our Amended and Restated Bylaws (the "Bylaws"), each of which is included as an exhibit to our Annual Report on Form 10-K, as well as applicable provisions of the Delaware General Corporation Law ("DGCL").

## Capitalization

Our authorized capital stock consists of 450,000,000 shares of common stock, par value $0.001 per share, and 5,000,000 shares of preferred stock, par value $0.001 per share.

## Common stock

Subject to the preferences applicable to shares of preferred stock outstanding at any time, holders of our common stock are entitled to share equally in dividends, whether payable in cash, in property or in securities of the Company, when and if declared by our board of directors (the "Board"). Holders of our common stock are also entitled, in the event of any voluntary or involuntary liquidation, dissolution or winding up of the Company, to receive a pro rata distribution of any remaining assets after payment or provision of liabilities and preferred stock preferences, if any.

Holders of our common stock are entitled to one vote for per share on all matters to be voted on by the stockholders of the Company. Except as may otherwise be required by law or regulation, all elections and questions presented to our stockholders at a meeting at which a quorum is present, other than the election of directors, shall be decided by the affirmative vote of the holders of a majority in voting power of the shares of capital stock of the Company which are present in person or by proxy and entitled to vote thereon. A director shall be elected by the vote of the majority of the votes cast with respect to the director at any meeting for the election of directors at which a quorum is present by the holders of shares present in person or represented by proxy and entitled to vote thereon, except with respect to contested director elections, which requires a plurality of the shares represented in person or by proxy at such meeting and entitled to vote thereon.

Holders of our common stock do not have cumulative voting rights in the election of directors and have no preemptive, subscription, redemption, sinking fund or conversion rights. The rights, preferences and privileges of holders of our common stock are subject to, and may be adversely affected by, the rights of the holders of shares of any series of preferred stock which we may designate and issue in the future.

Our common stock is listed on the New York Stock Exchange under the symbol "DVA."

**Preferred stock**

Our Certificate of Incorporation authorizes our Board, subject to any limitations prescribed by law, without further action by our stockholders, to establish one or more series of preferred stock and to determine, with respect to any series of preferred stock, the rights, preferences, privileges and restrictions granted or imposed upon such series. These rights, preferences and privileges could include dividend rights, conversion rights, voting rights, terms of redemption and liquidation preferences. Any issuance of our preferred stock could adversely affect the voting power of holders of our common stock and the likelihood that such holders would receive dividend payments and payments upon liquidation. In addition, the issuance of preferred stock could have the effect of delaying, deferring or preventing a change of control or other corporate action.

**Anti-Takeover Effects of Certain Provisions**

Certain provisions of the DGCL, our Certificate of Incorporation and our Bylaws summarized in the paragraph above and in the following paragraphs may have an anti-takeover effect and could make the following transactions more difficult: acquisition of the Company by means of a tender offer; acquisition of the Company by means of a proxy contest or otherwise; or removal of the Company's incumbent officers and directors. It is possible that these provisions could make it more difficult to accomplish or could deter transactions that stockholders may otherwise consider to be in their best interest or in the best interests of the Company, including transactions that might result in a premium over the market price for shares of our common stock.

*No Stockholder Action by Written Consent*

Our Certificate of Incorporation provides that stockholder actions may not be taken without a meeting and may not be taken by written consent in lieu of a meeting.

*Requirements for Advance Notification of Stockholder Nominations and Proposals*

Under our Bylaws, to be properly brought before an annual meeting of stockholders, any stockholder proposal or nomination for election to the Board must be delivered to the Company's Secretary not later than the close of business on the 90th day nor earlier than the close of business on the 120th day prior to the first anniversary of the preceding year's annual meeting; provided, however, that in the event that the date of the annual meeting is more than 30 days before or more than 70 days after such anniversary date, notice by a stockholder must be delivered not earlier than the close of business on the 120th day prior to the annual meeting of stockholders and not later than the close of business on the later of the 90th day prior to such annual meeting or the 10th day following the day on which public announcement of the date of such meeting is first made by the Company. Such notice must contain information specified in our Bylaws, including the director nominee or proposal of other business, information about the stockholder making the nomination or proposal and the beneficial owner, if any, on behalf of whom the nomination or proposal is made. In addition, stockholder nominations for election to the Board may be included in the Company's proxy materials pursuant to certain proxy access provisions in our Bylaws, subject to compliance with the procedures set forth in our Bylaws.

*Delaware anti-takeover law*

We are subject to Section 203 of the DGCL. Section 203 generally prohibits a public Delaware corporation from engaging in a "business combination" with an "interested stockholder" for a period of three years following the date on which the stockholder became an interested stockholder, unless:

- prior to the date of the business combination, the board of directors of the corporation approved either the business combination or the transaction which resulted in the stockholder becoming an interested stockholder;
- upon consummation of the transaction which resulted in the stockholder becoming an interested stockholder, the interested stockholder owned at least 85% of the voting stock of the corporation outstanding at the time the transaction commenced, excluding for purposes of determining the voting stock outstanding (but not the outstanding voting stock owned by the interested stockholder) (a) shares owned by persons who are directors and also officers and (b) shares owned by employee stock plans in which employee participants do not have the right to determine confidentially whether shares held subject to the plan will be tendered in a tender or exchange offer; or
- on or subsequent to the date of the business combination, the business combination is approved by the board of directors and authorized at an annual or special meeting of stockholders, and not by written consent, by the affirmative vote of at least 66 2/3% of the outstanding voting stock which is not owned by the interested stockholder.

The term "business combination" is defined generally to include: (i) mergers or consolidations between the corporation and an interested stockholder; (ii) any sale, transfer, pledge or other disposition involving the interested stockholder of 10% or more of the assets of the corporation; (iii) any transaction that results in the issuance or transfer by the corporation of any stock of the corporation to the interested stockholder; (iv) any transaction involving the corporation or any direct or indirect majority-owned subsidiary of the corporation that has the effect, directly or indirectly, of increasing the proportionate share of the stock of any class or series of the corporation or any such subsidiary beneficially owned by the interested stockholder; and (v) any receipt by the interested stockholder of the benefit of any loans, advances, guarantees, pledges or other financial benefits provided by or through the corporation.

The term "interested stockholder" is defined generally as any person who is the owner of 15% or more of the corporation's outstanding voting stock or any person who is an affiliate or associate of the corporation and was the owner of 15% or more of the corporation's outstanding voting stock at any time within the three-year period immediately prior to the date on which it is sought to be determined whether such person is an interested stockholder, and the affiliates and associates of such person.

**EXHIBIT 10.3**

FIRST AMENDMENT dated as of February 13, 2020 (this "Amendment"), to the Credit Agreement (as defined below) among DaVita Inc., as Borrower (the "Borrower"), the other Loan Parties party hereto, the Lenders party hereto and Wells Fargo Bank, National Association, as Administrative Agent.

RECITALS

A. The Borrower, the Lenders party thereto from time to time, the other parties thereto and Wells Fargo Bank, National Association, as Administrative Agent (the "Administrative Agent"), Collateral Agent and Swingline Lender, are party to that certain Credit Agreement dated as of August 12, 2019 (as may be amended, supplemented or otherwise modified from time to time, the "Credit Agreement").

B. Section 11.1 of the Credit Agreement permits amendment of the Credit Agreement with the consent of the Administrative Agent, the Borrower and the Lenders providing the relevant Replacement Term Loan tranche to permit the refinancing of all outstanding Term Loans of any Class with a Replacement Term Loan tranche thereunder.

C. On the First Amendment Effective Date (as defined below), the Borrower intends to (i) incur additional Tranche B Term Loans pursuant to Section 11.1 of the Credit Agreement in an aggregate principal amount of up to $2,743,125,000.00 (the "Tranche B-1 Term Facility" and the Term Loans thereunder, the "Tranche B-1 Term Loans") and (ii) use the proceeds of the Tranche B-1 Term Loans to repay all Tranche B Term Loans (including all Tranche B Term Loans held by Existing Term Lenders (as defined below) that elect the "Post-Closing Settlement Option" on their signature page hereto (each such Lender, a "Post-Closing Option Lender")) that are not exchanged for Tranche B-1 Term Loans outstanding immediately prior to the First Amendment Effective Date (such Tranche B Term Loans to be repaid, the "Original Tranche B Term Loans") and accrued interest thereon and to pay fees and expenses incurred in connection with the foregoing.

D. Subject to the terms and conditions set forth herein, each Person party hereto who has delivered a signature page as a Lender agreeing to provide Tranche B-1 Term Loans (each such Person who is a Term Lender holding Original Tranche B Term Loans immediately prior to the effectiveness of this Amendment and has elected the "Cashless Settlement Option" on their signature page hereto, a "Continuing Tranche B-1 Term Lender"; each such Person who is not a Continuing Tranche B-1 Term Lender or Post-Closing Option Lender, an " Additional Tranche B-1 Term Lender"; and each Continuing Tranche B-1 Term Lender, Additional Tranche B-1 Term Lender and Post-Closing Option Lender a " Tranche B-1 Term Lender") has agreed to provide a commitment (the "Tranche B-1 Term Commitment") in the amount set forth on its signature page hereto (or to convert all (or such lesser principal amount of its Original Tranche B Term Loans as the First Amendment Arrangers may allocate to such Continuing Tranche B-1 Term Lender) of its Original Tranche B Term Loans into Tranche B-1 Term Loans (such converted Tranche B-1 Term Loans, the "Converted Tranche B-1 Term Loans" and any such conversion of Original Tranche B Term Loans into Tranche B-1 Term Loans being referred to herein as a "Conversion")). Any Lender holding Original Tranche B Term Loans immediately prior to the effectiveness of this Amendment that is not a Tranche B-1 Term Lender is referred to herein as an "Exiting Term Lender".

E. In order to effect the foregoing, the Borrower and the other parties hereto desire to amend the Credit Agreement, subject to the terms and conditions set forth herein.

F. Wells Fargo Securities, LLC, Credit Agricole Corporate and Investment Bank, JPMorgan Chase Bank, N.A, MUFG Bank, Ltd., Bank of America, N.A., Barclays Bank PLC, Credit Suisse Loan Funding LLC, Goldman Sachs Bank USA, Morgan Stanley Senior Funding, Inc. and SunTrust Robinson Humphrey, Inc. will act as the joint lead arrangers and joint bookrunners with respect to this Amendment (the " First Amendment Arrangers"). The Bank of Nova Scotia and Sumitomo Mitsui Banking Corporation will act as co-managers and senior managing agents with respect to this Amendment.

AGREEMENTS

In consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Borrower, the Tranche B-1 Term Lenders and the Administrative Agent hereby agree as follows:

ARTICLE I.

Amendment

SECTION 1.01. Defined Terms. Capitalized terms used herein (including in the recitals hereto) and not otherwise defined herein shall have the meanings assigned to such terms in the Credit Agreement. The rules of construction specified in Section 1.3 of the Credit Agreement also apply to this Amendment.

SECTION 1.02. Tranche B-1 Term Commitments. (a) Subject to the terms and conditions set forth herein, on the First Amendment Effective Date, each Additional Tranche B-1 Term Lender agrees to fund a Tranche B-1 Term Loan in a principal amount not exceeding such Additional Tranche B-1 Term Lender's Tranche B-1 Term Commitment set forth on its signature page hereto.

(a) Subject to the terms and conditions set forth herein, on the First Amendment Effective Date, each Continuing Tranche B-1 Term Lender agrees to convert all (or such lesser principal amount of its Original Tranche B Term Loans as the First Amendment Arrangers may allocate to such Continuing Tranche B-1 Term Lender) of its Original Tranche B Term Loans into Converted Tranche B-1 Term Loans. Without limiting the generality of the foregoing, each Continuing Tranche B-1 Term Lender shall have a commitment to acquire by Conversion Converted Tranche B-1 Term Loans in the amounts of Original Tranche B Term Loans held by such Continuing Tranche B-1 Term Lender immediately prior to the First Amendment Effective Date (or such lesser principal amount of its Original Tranche B Term Loans as the First Amendment Arrangers may allocate to such Continuing Tranche B-1 Term Lender). Each party hereto acknowledges and agrees that notwithstanding any such Conversion, each such Continuing Tranche B-1 Term Lender shall be entitled to receive payment on the First Amendment Effective Date of the unpaid fees and interest accrued to such date with respect to all of its Original Tranche B Term Loans.

(b) Each Lender, by delivering its signature page to this Amendment and funding, or converting its Original Tranche B Term Loans into, Tranche B-1 Term Loans on the First Amendment Effective Date shall be deemed to have acknowledged receipt of, and consented to and approved, each Loan Document and each other document required to be delivered to, or to be approved by or satisfactory to, the Administrative Agent or any Class of Lenders on the First Amendment Effective Date. The commitments of the Tranche B-1 Term Lenders are several, and no Tranche B-1 Term Lender shall be responsible for any other Tranche B-1 Term Lender's failure to make Tranche B-1 Term Loans.

(c) Subject to the terms and conditions set forth herein, effective as of the First Amendment Effective Date, for all purposes of the Loan Documents, (i) the Tranche B-1 Term Commitments shall constitute "Commitments", (ii) the Tranche B-1 Term Loans shall constitute "Term Loans" and (iii) each Tranche B-1 Term Lender shall become a "Term Lender" and a "Lender" (if such Tranche B-1 Term Lender is not already a Term Lender or Lender prior to the effectiveness of this Amendment) and shall have all the rights and obligations of a Lender holding a Tranche B-1 Term Commitment (or, following the making of a Tranche B-1 Term Loan, a Tranche B-1 Loan).

(d) The Original Tranche B Term Loans of each Exiting Term Lender shall, immediately upon the effectiveness of this Amendment, be repaid in full (together with any unpaid fees and interest accrued thereon (other than funding losses payable to any Exiting Term Lenders pursuant to Section 2.20 of the Credit Agreement waived pursuant to clause (f) below)) with the proceeds of the Tranche B-1 Term Loans and other funds available to the Borrower. The Borrower shall, on the First Amendment Effective Date, pay to the Administrative Agent, for the accounts of the Persons that are Term Lenders immediately prior to the First Amendment Effective Date, all interest, fees and other amounts accrued to the First Amendment Effective Date with respect to the Original Tranche B Term Loans, whether or not such Original Tranche B Term Loans are converted pursuant to Section 1.02(b) of this Amendment (subject to clause (f) below).

(e) Each Lender party hereto (including each Continuing Tranche B-1 Term Lender) waives (i) any right to compensation for losses, expenses or liabilities incurred by such Lender to which it may otherwise have been entitled pursuant to Section 2.20 of the Credit Agreement in respect of the transactions contemplated hereby, (ii) solely in respect of the prepayment of Original Tranche B Term Loans and the making of (or conversion into) Tranche B-1 Term Loans, as contemplated hereby, compliance with the requirements set forth in Section 2.10 of the Credit Agreement that the Borrower give prior notice of a voluntary prepayment of Loans and (iii) compliance with the requirements set forth in Section 5.2 of the Credit Agreement that the Borrower deliver a Borrowing Request within the time periods specified therein.

(f) The Borrower and the Administrative Agent acknowledge and agree that the borrowing of the Tranche B-1 Term Loans pursuant to this Amendment will constitute a borrowing of Eurodollar Loans with an initial Interest Period beginning on the First Amendment Effective Date and ending on February 28, 2020.

SECTION 1.03. Amendment of Credit Agreement. Effective as of the First Amendment Effective Date, the Credit Agreement is hereby amended as follows:

(i) The following definitions are hereby added in the appropriate alphabetical order to Section 1.1(or, to the extent applicable, are hereby amended and restated in their entirety):

"Conversion" has the meaning assigned thereto in the First Amendment.

"Converted Tranche B-1 Term Loans" has the meaning assigned thereto in the First Amendment.

"First Amendment" means the First Amendment to this Agreement dated as of February 13, 2020, among the Borrower, the other Loan Parties thereto, the Tranche B-1 Term Lenders party thereto and the Administrative Agent.

"First Amendment Effective Date" has the meaning assigned thereto in the First Amendment.

"Original Tranche B Term Loans" has the meaning assigned thereto in the First Amendment.

"Tranche B-1 Term Commitment" shall mean, with respect to each Term Lender, its obligation to make a Tranche B-1 Term Loan to the Borrower pursuant to the First Amendment (including pursuant to a Conversion of Original Tranche B Term Loans of such Term Lender) in an aggregate amount not to exceed the amount set forth on such Lender's signature page to the First Amendment under the caption "Tranche B-1 Term Commitment" or in the Assignment and Assumption pursuant to which such Term Lender becomes a party hereto, as applicable, as such amount may be adjusted from time to time in accordance with this Agreement. On the First Amendment Effective Date the initial aggregate amount of the Tranche B-1 Term Commitments is $2,743,125,000.00.

"Tranche B-1 Term Facility" has the meaning assigned thereto in the First Amendment.

"Tranche B-1 Term Lender" has the meaning assigned thereto in the First Amendment.

"Tranche B-1 Term Loan" shall mean a Tranche B-1 Term Loan constituting a Replacement Term Loan made pursuant to, and as defined in, the First Amendment.

"Tranche B-1 Term Loan Maturity Date" shall mean August 12, 2026.

"Tranche B-1 Term Percentage" shall mean, as to any Tranche B-1 Term Lender at any time, the percentage which such Lender's Tranche B-1 Term Commitment then constitutes of the aggregate Tranche B-1 Term Commitments (or, at any time after the First Amendment Effective Date, the percentage which the aggregate principal amount of such Lender's Tranche B-1 Term Loans then outstanding constitutes of the aggregate principal amount of the Tranche B-1 Term Loans then outstanding).

(ii) The table set forth in the definition of "Applicable Margin" set forth in Section 1.1 of the Credit Agreement is hereby amended by deleting the last line of such table and replacing it as follows:

| | ABR Loans | Eurodollar Loans |
|---|---|---|
| Tranche B-1 Term Loans | 0.75% | 1.75% |

(iii) The definition of "Loan Documents" set forth in Section 1.1 of the Credit Agreement is hereby amended by (A) replacing the "and" appearing therein with "," and (B) adding the text "and including the First Amendment" at the end of such definition.

(iv) Each existing definition for "Tranche B Term Commitment", "Tranche B Term Facility", "Tranche B Term Lender", "Tranche B Term Loan", "Tranche B Term Loan Maturity Date" and "Tranche B Term Percentage" is hereby deleted in its entirety and all references to "Tranche B Term Commitment", "Tranche B Term Facility", "Tranche B Term Lender", "Tranche B Term Loan", "Tranche B Term Loan Maturity Date" and "Tranche B Term Percentage" in the Credit Agreement and the Loan Documents shall be deemed to be references to "Tranche B-1 Term Commitment", "Tranche B-1 Term Facility", Tranche B-1 Term Lender", "Tranche B-1 Term Loan", "Tranche B-1 Term Loan Maturity Date" and "Tranche B-1 Term Percentage", respectively (other than any such references contained in (i) the introductory paragraphs to the Credit Agreement, (ii) the First Amendment and (iii) Sections 2.1, 2.2 and 2.8(e) of the Credit Agreement).

(v) Clause (b) of Section 2.3 of the Credit Agreement is hereby amended and restated in its entirety as follows:

"The Tranche B-1 Term Loan of each Tranche B-1 Term Lender shall mature (i) in quarterly installments on the last day of each March, June, September and December (commencing on March 31, 2020), each in an amount equal to such Lender's Tranche B-1 Term Percentage multiplied by 0.25% of the aggregate principal amount of the Tranche B-1 Term Loans outstanding on the First Amendment Effective Date immediately after funding the Tranche B-1 Term Facility, until the Tranche B-1 Term Loan Maturity Date and (ii) on the Tranche B-1 Term Loan Maturity Date in an amount equal to all remaining outstanding Tranche B-1 Term Loans of such Tranche B-1 Term Lender."

(vi) The following is added as a new Section 2.11(i):

"In the event that, on or prior to the date that is six months after the First Amendment Effective Date, the Borrower (x) prepays, refinances, substitutes or replaces any Tranche B-1 Term Loan pursuant to a Repricing Transaction (including, for avoidance of doubt, any prepayment made pursuant to Section 2.11(a) that constitutes a Repricing Transaction), or (y) effects any amendment of this Agreement resulting in a Repricing Transaction, the Borrower shall pay to the Administrative Agent, for the ratable account of each of the applicable Tranche B-1 Term Lenders, (I) in the case of clause (x), a prepayment premium of 1.00% of the aggregate principal amount of the Tranche B-1 Term Loan so prepaid, refinanced, substituted or replaced and (II) in the case of clause (y), a fee equal to 1.00% of the aggregate principal amount of the applicable Tranche B-1 Term Loan outstanding immediately prior to such amendment. Such amounts shall be due and payable on the date of effectiveness of such Repricing Transaction."

SECTION 1.04. Amendment Effectiveness. The effectiveness of this Amendment and the obligations of each Additional Tranche B-1 Term Lender to fund a Tranche B-1 Term Loan are subject to the satisfaction of the following conditions precedent (the first date of such satisfaction, the "First Amendment Effective Date"):

(a) The Administrative Agent (or its counsel) shall have received from (i) the Borrower and each other Loan Party, (ii) each Tranche B-1 Term Lender and (iii) the Administrative Agent, either (x) counterparts of this Amendment signed on behalf of such parties or (y) written evidence satisfactory to the Administrative Agent (which may include facsimile or other electronic transmissions of signed signature pages) that such parties have signed counterparts of this Amendment.

(b) The Borrower shall have obtained Tranche B-1 Term Commitments in an aggregate amount equal to $2,743,125,000.00. The Borrower shall have paid in full, or substantially concurrently with the satisfaction of the other conditions precedent set forth in this Section 1.04 shall pay in full (i) all of the Original Tranche B Term Loans (after giving effect to any Conversion thereof), (ii) all accrued and unpaid fees and interest with respect to the Original Tranche B Term Loans (including any such Original Tranche B Term Loans that will be converted to Tranche B-1 Term Loans on the First Amendment Effective Date) and (iii) to the extent invoiced, any amounts payable to the Persons that are Exiting Term Lenders immediately prior to the First Amendment Effective Date pursuant to Section 2.20 of the Credit Agreement, such payments to be made with the cash proceeds of the Tranche B-1 Term Loans to be made on the First Amendment Effective Date and other funds available to the Borrower.

(c) Immediately before and after giving effect to the borrowing of the Tranche B-1 Term Loans and the repayment in full of the Original Tranche B Term Loans, the conditions set forth in paragraphs (b) and (c) of Section 5.2 of the Credit Agreement shall be satisfied on and as of the First Amendment Effective Date, and the Tranche B-1 Term Lenders shall have received a certificate of a Responsible Officer of the Borrower dated the First Amendment Effective Date to such effect.

(d) The Administrative Agent shall have received:

(i) a certificate of the secretary or assistant secretary of each Loan Party dated the First Amendment Effective Date, certifying (A) that either (x) a true and complete copy of each Constitutive Document of such Loan Party was attached to the secretary's certificate dated August 12, 2019 thereto and such Constitutive Documents have not been altered since delivery of such Constitutive Documents on such date or (y) attaching a true and complete copy of each Constitutive Document of such Loan Party and certifying such Constitutive

Documents are in full force and effect on the First Amendment Effective Date, (B) that attached thereto is a true and complete copy of resolutions duly adopted by the Board of Directors of such Loan Party authorizing the execution, delivery and performance of the Amendment and, in the case of the Borrower, the borrowings hereunder, and that such resolutions have not been further modified, rescinded or amended and are in full force and effect and (C) as to the incumbency and specimen signature of each officer executing the Amendment or any other document delivered in connection herewith on behalf of such Loan Party (together with a certificate of another officer as to the incumbency and specimen signature of the secretary or assistant secretary executing the certificate in this clause (1)), including by reference to the incumbency certificate previously delivered in connection with the secretary's certificate dated August 12, 2019; and

(ii) a certificate as to the good standing of each Loan Party, to the extent requested by the Administrative Agent, as of a recent date, from such Secretary of State (or other applicable Governmental Authority).

(e) The Administrative Agent shall have received a Borrowing Request in a form reasonably acceptable to the Administrative Agent requesting that the Additional Tranche B-1 Term Lenders make the Tranche B-1 Term Loans to the Borrower on the First Amendment Effective Date.

(f) The Administrative Agent and the Lenders shall have received, sufficiently in advance of the First Amendment Effective Date, all documentation and other information required by bank regulatory authorities under applicable "know your customer" and anti-money laundering rules and regulations, including without limitation, the Patriot Act, and including, without limitation, the information described in Section 11.17 of the Credit Agreement. At least three days prior to the First Amendment Effective Date, if the Borrower qualifies as a "legal entity customer" under the Beneficial Ownership Regulation and the Administrative Agent has provided the Borrower the name of each requesting Lender and its electronic delivery requirements at least 10 Business Days prior to the First Amendment Effective Date, the Administrative Agent and each such Lender requesting a Beneficial Ownership Certification (which request shall be made through the Administrative Agent) shall have received such Beneficial Ownership Certification.

(g) The Administrative Agent and the First Amendment Arrangers shall have received, in immediately available funds, on or prior to the First Amendment Effective Date (i) all fees required to be paid to them by the Borrower as mutually agreed prior to the First Amendment Effective Date and (ii) payment or reimbursement of all costs, fees, out-of-pocket expenses, compensation and other amounts then due and payable in connection with this Amendment, including, to the extent invoiced at least one Business Day prior to the First Amendment Effective Date, the reasonable fees, charges and disbursements of counsel for the Administrative Agent.

The Administrative Agent shall notify the Borrower, the Tranche B-1 Term Lenders and the other Lenders of the First Amendment Effective Date and such notice shall be conclusive and binding.

ARTICLE II.

Miscellaneous

SECTION 2.01. Representations and Warranties. (a) To induce the other parties hereto to enter into this Amendment, each Loan Party represents and warrants to each of the Lenders, including the Tranche B-1 Term Lenders, and the Administrative Agent that, as of the First Amendment Effective Date and after giving effect to the transactions and amendments to occur on the First Amendment Effective Date, this Amendment has been duly authorized, executed and delivered by each Loan Party and constitutes, and the Credit Agreement, as amended hereby on the First Amendment Effective Date will constitute, its legal, valid and binding obligation, enforceable against each of the Loan Parties in accordance with its terms, subject to applicable bankruptcy, insolvency, reorganization, moratorium or other laws affecting creditors' rights generally and subject to general principles of equity, regardless of whether considered in a proceeding in equity or at law.

(a) The representations and warranties of each Loan Party set forth in the Loan Documents are, after giving effect to this Amendment on such date, true and correct in all material respects (except that any representation and warranty that is qualified as to "materiality" or "Material Adverse Effect" shall be true and correct in all respects) on and as of the First Amendment Effective Date with the same effect as though made on and as of such date, except to the extent such representations and warranties expressly relate to an earlier date (in which case such representations and warranties were true and correct in all material respects as of such earlier date).

(b) After giving effect to this Amendment and the transactions contemplated hereby on the First Amendment Effective Date, no Default or Event of Default has occurred and is continuing on the First Amendment Effective Date.

(c) As of the First Amendment Effective Date and after giving effect to the incurrence of all indebtedness and obligations being incurred on the First Amendment Effective Date in connection herewith, each Loan Party is, individually and together with its Subsidiaries, Solvent.

SECTION 2.02. Effect of Amendment. (a) This Amendment shall not constitute a novation of the Credit Agreement or any of the other Loan Documents. Except as expressly set forth herein, this Amendment (i) shall not by implication or otherwise limit, impair, constitute a waiver of, or otherwise affect the rights and remedies of, the Lenders, the Issuing Lender or the Agents under the Credit Agreement or any other Loan Document, and (ii) shall not alter, modify, amend or in any way affect any of the terms, conditions, obligations, covenants or agreements contained in the Credit Agreement or any other Loan Document. Except as expressly set forth herein, each and every term, condition, obligation, covenant and agreement contained in the Credit Agreement or any other Loan Document is hereby ratified and re-affirmed in all respects and shall continue in full force and effect. Each Loan Party hereby expressly acknowledges the terms of this Amendment and (except as expressly set forth herein) reaffirms, as of the date hereof, (i) the covenants and agreements contained in each Loan Document to which such Loan Party is a party, including, in each case, such covenants and agreements as in effect immediately after giving effect to this Amendment and the transactions contemplated hereby and (ii) such Loan Party's guarantee of the Obligations under the Guarantee in Section 10.1 of the Credit Agreement, as applicable, and such Loan Party's grant of Liens on the Collateral to secure the Obligations pursuant to the Security Documents. Each Loan Party hereby consents to this Amendment and confirms that all obligations of the Loan Parties under the Loan Documents to which the Loan Parties are a party shall continue to apply to the Credit Agreement, including on and after the First Amendment Effective Date, as amended hereby. Nothing herein shall be deemed to establish a precedent for purposes of interpreting the provisions of the Credit Agreement or entitle any Loan Party to a consent to, or a waiver, amendment, modification or other change of, any of the terms, conditions, obligations, covenants or agreements contained in the Credit Agreement or any other Loan Document in similar or different circumstances. This Amendment shall apply to and be effective only with respect to the provisions of the Credit Agreement and the other Loan Documents specifically referred to herein.

(b) On and after the First Amendment Effective Date each reference in the Credit Agreement to "this Agreement", "hereunder", "hereof", "herein" or words of like import, and each reference to the Credit Agreement, "thereunder", "thereof", "therein" or words of like import in any other Loan Document, shall be deemed a reference to the Credit Agreement, as amended hereby on the First Amendment Effective Date. This Amendment shall constitute a "Loan Document" for all purposes of the Credit Agreement and the other Loan Documents.

SECTION 2.03. **Governing Law. THIS AGREEMENT AND THE RIGHTS AND OBLIGATIONS OF THE PARTIES UNDER THIS AGREEMENT SHALL BE GOVERNED BY, AND CONSTRUED AND INTERPRETED IN ACCORDANCE WITH, THE LAW OF THE STATE OF NEW YORK (INCLUDING, WITHOUT LIMITATION, SECTIONS 5-1401 AND 5-1402 OF THE NEW YORK GENERAL OBLIGATIONS LAW, BUT OTHERWISE WITHOUT REGARD TO CONFLICTS OF LAWS PRINCIPLES THEREOF)**. The jurisdiction and waiver of right to trial by jury provisions in Section 11.12 of the Credit Agreement are incorporated herein by reference mutatis mutandis.

SECTION 2.04. Costs and Expenses. The Borrower agrees to reimburse the Administrative Agent for its reasonable out of pocket expenses in connection with this Amendment and the transactions contemplated hereby, including the reasonable fees, charges and disbursements of Cahill Gordon & Reindel LLP, counsel for the Administrative Agent and the First Amendment Arrangers.

SECTION 2.05. Counterparts. This Amendment may be executed in any number of counterparts and by different parties hereto in separate counterparts, each of which when so executed and delivered shall be deemed an original, but all such counterparts together shall constitute but one and the same instrument. Delivery of any executed counterpart of a signature page of this Amendment by facsimile transmission or other electronic imaging means shall be effective as delivery of a manually executed counterpart hereof.

SECTION 2.06. Headings. The headings of this Amendment are for purposes of reference only and shall not limit or otherwise affect the meaning hereof.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be duly executed and delivered by their officers as of the date first above written.

DAVITA INC.

By: /s/ Chetan P. Mehta
Name: Chetan P. Mehta
Title: Group Vice President, Finance

**GUARANTORS:**

**DIALYSIS HOLDINGS, INC.**
**DVA OF NEW YORK, INC.**
**DVA HEALTHCARE OF MASSACHUSETTS, INC.**
**DVA HEALTHCARE RENAL CARE, INC.**
**DVA RENAL HEALTHCARE, INC.**
**ISD I HOLDING COMPANY, INC.**
**ISD II HOLDING COMPANY, INC.**
**ISD RENAL, INC.**
**PHYSICIANS DIALYSIS ACQUISITIONS, INC.**
**RENAL LIFE LINK, INC.**
**RENAL TREATMENT CENTERS, INC.**
**RENAL TREATMENT CENTERS – CALIFORNIA, INC.**
**RENAL TREATMENT CENTERS – ILLINOIS, INC.**
**RENAL TREATMENT CENTERS – MID-ATLANTIC, INC.**
**RENAL TREATMENT CENTERS – NORTHEAST, INC.**
**RENAL TREATMENT CENTERS – WEST, INC.**
**TOTAL RENAL CARE, INC.**
**TOTAL RENAL LABORATORIES, INC.**
**TRC WEST, INC.**

By: /s/ Chetan P. Mehta
Name: Chetan P. Mehta
Title: Group Vice President

**RENAL TREATMENT CENTERS - SOUTHEAST, LP**

By: Renal Treatment Centers, Inc., its general partner
By: /s/ Chetan P. Mehta
Name: Chetan P. Mehta
Title: Group Vice President

**TOTAL RENAL CARE TEXAS LIMITED PARTNERSHIP**

By: Total Renal Care, Inc., its general partner

By: /s/ Chetan P. Mehta

Name: Chetan P. Mehta

Title: Group Vice President

**VILLAGEHEALTH DM, LLC**

By: Total Renal Care, Inc., its managing member

By: /s/ Chetan P. Mehta

Name: Chetan P. Mehta

Title: Group Vice President

**KNICKERBOCKER DIALYSIS, INC.**
**LIBERTY RC, INC.**
**DAVITA OF NEW YORK, INC.**

By: /s/ Matt Henn

Name: Matt Henn

Title: President

WELLS FARGO BANK, NATIONAL ASSOCIATION, as Administrative Agent

By: /s/ Kirk Tesch

Name: Kirk Tesch

Title: Managing Director

**Existing Tranche B Term Lenders**

The undersigned Term Lender hereby irrevocably and unconditionally approves the Amendment and consents as follows:

Cashless Settlement Option

✔ to convert 100% of the outstanding principal amount of the Original Tranche B Term Loan held by such Lender (or such lesser amount allocated to such Lender by the First Amendment Arrangers) into a Tranche B-1 Term Loan in a like principal amount.

Post-Closing Settlement Option

☐ to have 100% of the outstanding principal amount of the Original Tranche B Term Loan held by such Lender prepaid on the First Amendment Effective Date and purchase by assignment a Tranche B-1 Term Loan in the principal amount committed to separately by the undersigned (or such lesser amount allocated to such Lender by the First Amendment Arrangers).

[LENDER NAME], As a Lender (type name of legal entity)

By: _____
Name: _____
Title: _____

If second signature is necessary:

By: _____
Name: _____
Title: _____

To approve the Amendment and to make Tranche B-1 Term Loans on the First Amendment Effective Date in the amount set forth below:

WELLS FARGO BANK, NATIONAL ASSOCIATION, as an Additional Tranche B-1 Term Lender

By: /s/ Sara Barton
Name: Sara Barton
Title: Vice President

Amount of Tranche B-1 Term Commitment:

**EXHIBIT 10.21**

EMPLOYMENT AGREEMENT

This Employment Agreement (this "Agreement") is made effective as of April 29, 2015 (the "Effective Date"), by and between DaVita HealthCare Partners Inc. ("Parent") and one of its controlled affiliates ("Employer," and collectively with Parent, "DaVita") and Michael Staffieri ("Teammate").

In consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the parties hereto, intending to be legally bound hereby, agree as follows:

Section 1. Employment and Duties. Teammate has served as Chief Operating Officer - Kidney Care ("COO-Kidney Care") since March 6, 2014, and Employee hereby continues to employ Teammate in such capacity. Teammate accepts such employment on the terms and conditions set forth in this Agreement. Teammate shall perform the duties of COOKidney Care or any additional or different duties or jobs as the Employer deems appropriate. Initially, Teammate shall work out of Denver, Colorado, although the location is subject to change to suit business needs. Teammate agrees to devote substantially all of his time, energy, and ability to the business of Employer on a full-time basis and shall not engage in any other business activities during the term of this Agreement, including but not limited to providing consulting services to any investment firm, such as a hedge fund, provided however, Teammate may pursue normal charitable activities so long as such activities do not require a substantial amount of time and do not interfere with his ability to perform his duties. Teammate agrees that he shall not serve on the board of directors of any not-for-profit or for-profit company without the express written approval of the Chief Executive Officer or the Board of Directors. Teammate shall at all times observe and abide by the Employer's policies and procedures as in effect from time to time.

Section 2. Compensation. In consideration of the services to be performed by Teammate hereunder, Teammate shall receive the following compensation and benefits:

2.1 Base Salary. Employer shall pay Teammate a base salary of $550,000 per annum, less standard withholdings and authorized deductions. Effective April 22, 2015, Teammate's base salary will increase to $600,000 per annum, less standard withholdings and authorized deductions. Teammate shall be paid consistent with Employer's payroll schedule. The base salary will be reviewed from time to time. Employer, in its sole discretion, may increase the base salary as a result of any such review. Employer may not reduce Teammate's base salary unless the Teammate authorizes it in writing or the Employer is reducing the base salary of other similarly-situated executives by a similar percentage.

Benefits. Teammate and/or his family, as the case may be, shall be eligible for participation in and shall receive all benefits under Employer's health and welfare benefit plans (including, without limitation, medical, prescription, dental, disability, and life insurance) under the same terms and conditions applicable to most executives at similar levels of compensation and responsibility.

2.2 Performance Bonus.

(a) Teammate shall be eligible to receive an annual bonus under the short-term incentive program approved by the Parent's Board of Directors and applicable to the company's executive officers exposed to the requirements of Section l62(m) of the Internal Revenue Code (the "Short-Term Incentive Program", or "STI Program"). Under the STI Program, the actual annual bonus amount payable to you for any one year (the "Bonus") is primarily contingent on the level of the Company's achievement on the performance metrics specified in the Short-Term Incentive Program for that year. For fiscal year 2014, the Bonus payable to you under the STI Program will be in an amount between zero and $1,100,000. For fiscal year 2015, the Bonus payable to you under the STI Program will be in an amount between zero and $1,200,000.

(b) For senior executives subject to the STI Program, the amounts of annual Bonuses earned are objectively and formulaicly driven, further subject to negative discretion (i.e., further downward adjustment) in the sole discretion of the Board of Directors or the Compensation Committee of the Board of Directors.

(c) Teammate must be employed by DaVita on the date any Bonus is paid to be eligible to receive such Bonus and, if Teammate is not employed by DaVita on the date any Bonus is paid for any reason whatsoever, Teammate shall not be entitled to receive such Bonus.

2.3 Vacation. Teammate shall have vacation, subject to the approval of his direct supervisor.

2.4 Management Share Ownership Policy. Teammate shall review and understand the terms of the Management Share Ownership Policy with respect to all equity based awards.

2.5 Return of Compensation or other Property Received in Connection with Director, Officer, Shareholder or Similar Position. All fees, compensation, other remuneration, dividends, distributions, or other property or financial benefit received by Teammate in connection with Teammate's position as a director, officer, member, shareholder, partner or any other similar position of any controlled or uncontrolled direct or indirect subsidiary or affiliate of Employer, or other contractual obligor to Employer or any of its subsidiaries or affiliates the obligations of which constitute revenue to Employer or any of its subsidiaries or affiliates and of which Teammate beneficially owns or has the right to acquire, directly or indirectly, 10% or more of the equity interests or has the power to vote 10% or more of the voting interests, shall belong to Employer and shall be immediately remitted to Employer. Notwithstanding the foregoing, this provision shall not apply to any amounts payable to, earned by, received by or otherwise due to Teammate as employment compensation from Employer or any of its subsidiaries or affiliates, or any dividends or other distributions received by Teammate in Teammate's capacity as a stockholder of Employer's ultimate parent company.

2.6 Indemnification. Employer agrees to indemnify Teammate against and in respect of any and all claims, actions, or demands, to the extent permitted by the Parent's By laws and applicable law.

2.7 Reimbursement. Employer also agrees to reimburse Teammate in accordance with Employer's reimbursement policies for travel and entertainment expenses, as well as other business-related expenses, incurred in the performance of his duties hereunder.

2.8 Changes to Benefit Plans. Employer reserves the right to modify, suspend, or discontinue any and all of its health and welfare benefit plans, practices, policies, and programs at any time without recourse by Teammate so long as such action is taken generally with respect to all other similarly-situated peer executives and does not single out Teammate.

2.9 Possible Recoupment of Certain Compensation. Notwithstanding any other provision in this Agreement to the contrary, Teammate shall be subject to the written policies of the Board of Directors applicable to executives of the Employer, including without limitation any Board policy relating to recoupment or “claw back” of compensation, as they exist from time to time during the Teammate's employment by the Employer and thereafter.

Section 3. Provisions Relating to Termination of Employment.

3.1 Employment Is At-Will. Teammate's employment with Employer is “at will” and is terminable by Employer or by Teammate at any time and for any reason or no reason, subject to the notice requirements set forth below.

3.2 Termination for Material Cause. Employer may terminate Teammate's employment without advanced notice for Material Cause (as defined below). Upon termination for Material Cause, Teammate shall (i) be entitled to receive the Base Salary and benefits as set forth in Section 2.1 and Section 2.2, respectively, through the effective date of such termination and (ii) not be entitled to receive any other compensation, benefits, or payments of any kind, except as otherwise required by law or by the terms of any benefit or retirement plan or other arrangement that would, by its terms, apply.

3.3 Other Termination. Employer may terminate the employment of Teammate for any reason or for no reason at any time upon at least thirty (30) days' advance written notice. If Employer terminates the employment of Teammate for reasons other than for death, Material Cause, or Disability, and contingent upon Teammate's execution of the Employer's standard Severance and General Release Agreement within twenty-eight days of the termination of Teammate's employment, Teammate shall be entitled to the benefits set forth in the DaVita HealthCare Partners Inc. Severance Plan, pursuant to the terms and conditions of that plan as they exist at the time of the termination of Teammate's employment. For purposes of this provision, a Teammate's employment has been terminated when Teammate is no longer providing services for Employer after a specific date or the level of bona fide services that Teammate would perform (as an Teammate or independent contractor) after a specific date would permanently decrease to no more than 20% of the average level of bona fide services performed over the immediately preceding thirty-six month period (or the full period of service if Teammate was employed for less than thirty-six months).

3.4. Voluntary Resignation. Teammate may resign from Employer at any time upon at least ninety (90) days' advance written notice. If Teammate resigns from Employer, Teammate shall (i) be entitled to receive the base salary and benefits as set forth in Section 2.1 and Section 2.2, respectively, through the effective date of such termination and (ii) not be entitled to receive any other compensation, benefits, or payments of any kind, except as otherwise required by law or by the terms of any benefit or retirement plan or other arrangement that would, by its terms, apply. In the event Teammate resigns from Employer at any time, Employer shall have the right to make such resignation effective as of any date before the expiration of the required notice period.

3.5 Good Cause Resignation. If Teammate resigns for Good Cause, as defined below, and contingent upon Employee's execution of the Employer's standard Severance and General Release Agreement within twenty-eight days of the termination of Teammate's employment, Teammate shall (i) be entitled to receive the base salary and benefits as set forth in Section 2.1 and Section 2.2, respectively, through the effective date of such resignation, (ii) shall continue to receive his salary for the twelve-month period following the termination of his employment (the “Resignation Severance Period”), subject to Employer's payroll practices and procedures, (iii) if Teammate's employment is terminated after April in a given year, receive a lump-sum payment equal to the Bonus paid in the year prior to the termination of Teammate's employment, pro-rated for the number of months served in the year Teammate's employment is terminated, to be paid on or around the time Employer normally pays performance bonuses to other senior executives so long as he has complied with the terms of the Noncompetition, Nonsolicitation, and Confidentiality Agreement, which Teammate is executing at the same time as this Agreement, and (iv) not be entitled to receive any other compensation, benefits, or payments of any kind, except as otherwise required by law or by the terms of any benefit or retirement plan or other arrangement that would, by its terms, apply. If Teammate resigns within sixty (60) days following a Good Cause Event after a Change of Control (as those terms are defined below), Teammate shall receive the severance benefits set forth above except that the Resignation Severance Period shall increase from twelve months to two years. Any severance shall be subject to the terms and conditions of the DaVita HealthCare Partners Inc. Severance Plan. Any severance shall also be subject to the cooperation and compliance with other agreement provisions set forth in Sections 3.3, set forth above, and which are fully incorporated herein by reference.

3.6 Disability. Upon thirty (30) days' advance notice (which notice may be given before the completion of the periods described herein), Employer may terminate Teammate's employment for Disability (as defined below).

3.7 Definitions. For the purposes of this Agreement, the following terms shall have the meanings indicated:

(a) “Change of Control” shall mean (i) any transaction or series of transactions in which any person or group (within the meaning of Rule 13d-5 under the Exchange Act and Sections 13(d) and 14(d) of the Exchange Act) becomes the direct or indirect "beneficial owner" (as defined in Rule 13d-3 under the Exchange Act), by way of a stock issuance, tender offer, merger, consolidation, other business combination or otherwise, of greater than 50% of the total voting power (on a fully diluted basis as if all convertible securities had been converted and all warrants and options had been exercised) entitled to vote in the election of directors of Employer (including

any transaction in which Employer becomes a wholly-owned or majority-owned subsidiary of another corporation), (ii) any merger or consolidation or reorganization in which Employer does not survive, (iii) any merger or consolidation in which Employer survives, but the shares of Employer's Common Stock outstanding immediately prior to such merger or consolidation represent 40% or less of the voting power of Employer after such merger or consolidation, and (iv) any transaction in which more than 40% of Employer's assets are sold. However, despite the occurrence of any of the above-described events, a Change of Control will not have occurred if Kent Thiry remains the Chief Executive Officer or Executive Chair of Employer for at least one (1) year after the Change of Control or becomes the Chief Executive Officer or Executive Chair of the surviving company with which Employer merged or consolidated and remains in that position for at least one (1) year after the Change of Control.

(b) "Disability" shall mean the inability, for a period of six (6) months, to adequately perform Teammate's regular duties, with or without reasonable accommodation, due to a physical or mental illness, condition, or disability.

(c) "Good Cause" shall mean the occurrence of the following events without Teammate's express written consent: (i) Employer materially diminishes the scope of Employee's duties and responsibilities; or (ii) Employer materially reduces Teammate's base compensation. Notwithstanding the above, the occurrence of any such condition shall not constitute Good Cause unless the Teammate provides notice to Employer of the existence of such condition not later than 90 days after the initial existence of such condition, and Employer shall have failed to remedy such condition within 30 days after receipt of such notice.

(d) "Material Cause" shall mean any of the following: (i) conviction of a felony or plea of no contest to a felony; (ii) any act of fraud or dishonesty in connection with the performance of his duties; (iii) repeated failure or refusal by Teammate to follow policies or directives reasonably established by the Chief Executive Officer of Employer or his/her designee that goes uncorrected for a period of ten (10) consecutive days after written notice has been provided to Teammate; (iv) a material breach of this Agreement and/or the Noncompetition, Nonsolicitation and Confidentiality Agreement; (v) any gross or willful misconduct or gross negligence by Teammate in the performance of his duties; (vi) egregious conduct by Teammate that brings Employer or any of its subsidiaries or affiliates into public disgrace or disrepute; (vii) an act of unlawful discrimination, including sexual harassment; (viii) a violation of the duty of loyalty or of any fiduciary duty; or (ix) exclusion or notice of exclusion of Teammate from participating in any federal health care program.

3.8 Notice of Termination. Any purported termination of Teammate's employment by Employer or by Teammate shall be communicated by a written Notice of Termination to the other party hereto in accordance with Section 3 hereof. A "Notice of Termination" shall mean a written notice that indicates the specific termination provision in this Agreement.

3.9 Effect of Termination. Upon termination, this Agreement shall be of no further force and effect and neither party shall have any further right or obligation hereunder; provided, however, that no termination shall modify or affect the rights and obligations of the parties that have accrued prior to termination; and provided further, that the rights and obligations of the parties under Section 3 and Section 4 shall survive termination of this Agreement.

3.10 Notwithstanding any provision herein to the contrary, in the event that any payment to be made to Teammate hereunder (whether pursuant to this Section 3 or any other Section) as a result of Teammate's termination of employment is determined to constitute "deferred compensation" subject to Section 409A of the Internal Revenue Code, and Teammate is a "Key Teammate" under the DaVita Inc. Key Teammate Policy for 409A Arrangements at the time of Teammate's termination of employment, all such deferred compensation payments payable during the first six (6) months following Teammate's termination of employment shall be delayed and paid in a lump sum during the seventh calendar month following the calendar month during which Teammate's termination of employment occurs.

Section 4: Noncompetition, Nonsolicitation and Confidentiality. Teammate, contemporaneously herewith, shall enter into a Noncompetition, Nonsolicitation and Confidentiality Agreement, the terms of which are incorporated herein and made a part hereof as though set forth in this Agreement.

Section 5. Miscellaneous.

5.1 Entire Agreement; Amendment. This Agreement represents the entire understanding of the parties hereto with respect to the employment of Teammate and supersedes all prior agreements with respect thereto. This Agreement may not be altered or amended except in writing executed by both parties hereto.

5.2 Assignment: Benefit. This Agreement is personal and may not be assigned by Teammate. This Agreement may be assigned by Employer and shall inure to the benefit of and be binding upon the successors and assigns of Employer.

5.3. Applicable Law; Venue. This Agreement shall be governed by the laws of the State of Colorado, without regard to the principles of conflicts of laws. Both parties agree that any action relating to this Agreement shall be brought in a state or federal court of competent jurisdiction located in the State of Colorado and both parties agree to exclusive venue in the State of Colorado.

5.4 Notice. Notices and all other communications provided for in this Agreement shall be in writing and shall be deemed to have been duly given when delivered or mailed by United States registered mail, return receipt requested, postage prepaid, addressed to Employer at its principal office and to Teammate at Teammate's principal residence as shown in Employer's personnel records, provided that all notices to Employer shall be directed to the attention of the Chief Executive Officer, or to such other address as either party may have furnished to the other in writing in accordance herewith, except that notice of change of address shall be effective only upon receipt.

5.5 Construction. Each party has cooperated in the drafting and preparation of this Agreement. Hence, in any construction to be made of this Agreement, the same shall not be construed against any party on the basis that the party was the drafter. The captions of this Agreement are not part of the provisions hereof and shall have no force or effect.

5.6 Execution. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Photographic or facsimile copies of such signed counterparts may be used in lieu of the originals for any purpose.

5.7 Legal Counsel. Teammate and Employer recognize that this is a legally binding contract and acknowledge and agree that they have had the opportunity to consult with legal counsel of their choice.

5.8 Waiver. The waiver by any party of a breach of any provision of this Agreement by the other shall not operate or be construed as a waiver of any other or subsequent breach of such or any provision.

5.9 Invalidity of Provision. In the event that any provision of this Agreement is determined to be illegal, invalid, or void for any reason, the remaining provisions hereof shall continue in full force and effect.

5.10 Approval by DaVita HealthCare Partners Inc. as to Form. The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita HealthCare Partners Inc. as to the form of hereof.

[The remainder of this page is left blank intentionally.]

IN WITNESS WHEREOF, the parties hereto have entered into this Agreement effective as of the date and year first written above.

DAVITA HEALTHCARE PARTNERS INC.

By: /s/ Javier Rodriguez
Javier Rodriguez

MICHAEL STAFFIERI

By: /s/ Michael Staffieri
Michael Staffieri

Approved by DaVita HealthCare Partners Inc. as to Form:

By: /s/ Michael Freimann
Michael Freimann
Assistant General Counsel - Labor and Employment

**Exhibit 21.1**

**SUBSIDIARIES OF THE COMPANY**
as of December 31, 2019

| Name | Jurisdiction of Organization |
|---|---|
| Aberdeen Dialysis, LLC | Delaware |
| Accountable Kidney Care, LLC | Delaware |
| Adair Dialysis, LLC | Delaware |
| American Fork Dialysis, LLC | Delaware |
| American Medical Insurance, Inc. | Arizona |
| Animas Dialysis, LLC | Delaware |
| Arcadia Gardens Dialysis, LLC | Delaware |
| Ashdow Dialysis, LLC | Delaware |
| Atlantic Dialysis, LLC | Delaware |
| Austin Dialysis Centers, L.P. | Delaware |
| Barnell Dialysis, LLC | Delaware |
| Barrons Dialysis, LLC | Delaware |
| Barton Dialysis, LLC | Delaware |
| Bastrop Dialysis, LLC | Delaware |
| Beachside Dialysis, LLC | Delaware |
| Beck Dialysis, LLC | Delaware |
| Bellevue Dialysis, LLC | Delaware |
| Bemity Dialysis, LLC | Delaware |
| Beverly Hills Dialysis Partnership | California |
| Birch Dialysis, LLC | Ohio |
| Bladon Dialysis, LLC | Delaware |
| Bliss Dialysis, LLC | Delaware |
| Bohama Dialysis, LLC | Delaware |
| Bowan Dialysis, LLC | Delaware |
| Braddock Dialysis, LLC | Delaware |
| Bridges Dialysis, LLC | Delaware |
| Brimfield Dialysis, LLC | Delaware |
| Brook Dialysis, LLC | Delaware |
| Brownsville Kidney Center, Ltd. | Texas |
| Brownwood Dialysis, LLC | Delaware |
| Bruno Dialysis, LLC | Delaware |
| Buckhorn Dialysis, LLC | Delaware |
| Buford Dialysis, LLC | Delaware |
| Bullards Dialysis, LLC | Delaware |
| Bullock Dialysis, LLC | Delaware |
| Calante Dialysis, LLC | Delaware |
| Campton Dialysis, LLC | Delaware |
| Canyon Springs Dialysis, LLC | Delaware |
| Capes Dialysis, LLC | Delaware |
| Capital Dialysis Partnership | California |

| Name | Jurisdiction of Organization |
|---|---|
| Capron Dialysis, LLC | Delaware |
| Carlton Dialysis, LLC | U.S. Virgin Islands |
| Carroll County Dialysis Facility Limited Partnership | Maryland |
| Carroll County Dialysis Facility, Inc. | Maryland |
| Cascades Dialysis, LLC | Delaware |
| Caverns Dialysis, LLC | Delaware |
| Cedar Dialysis, LLC | Delaware |
| Centennial LV, LLC | Delaware |
| Central Carolina Dialysis Centers, LLC | Delaware |
| Central Georgia Dialysis, LLC | Delaware |
| Central Iowa Dialysis Partners, LLC | Delaware |
| Central Kentucky Dialysis Centers, LLC | Delaware |
| Channel Dialysis, LLC | Delaware |
| Cheraw Dialysis, LLC | Delaware |
| Chicago Heights Dialysis, LLC | Delaware |
| Chipeta Dialysis, LLC | Delaware |
| Churchill Dialysis, LLC | Delaware |
| Cinco Rios Dialysis, LLC | Delaware |
| Clark Dialysis, LLC | Delaware |
| Clayton Dialysis, LLC | Delaware |
| Cleburne Dialysis, LLC | Delaware |
| Clinica Central do Bonfim S.A. | Portugal |
| Clinton Township Dialysis, LLC | Delaware |
| Clyfee Dialysis, LLC | Delaware |
| Columbus-RNA-DaVita, LLC | Delaware |
| Conconully Dialysis, LLC | Delaware |
| Continental Dialysis Center, Inc. | Virginia |
| Couer Dialysis, LLC | Delaware |
| Court Dialysis, LLC | Delaware |
| Cowell Dialysis, LLC | Delaware |
| Cowesett Dialysis, LLC | Delaware |
| Crossings Dialysis, LLC | Delaware |
| Crystals Dialysis, LLC | Delaware |
| Cuivre Dialysis, LLC | Delaware |
| Culbert Dialysis, LLC | Delaware |
| Dallas-Fort Worth Nephrology, L.P. | Delaware |
| Damon Dialysis, LLC | Delaware |
| DaVita - Riverside II, LLC | Delaware |
| DaVita - Riverside, LLC | Delaware |
| DaVita - West, LLC | Delaware |
| DaVita APAC Holding B.V. | Netherlands |
| DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil |
| DaVita Care (Saudi Arabia) | Saudi Arabia |
| DaVita Dakota Dialysis Center, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| DaVita Deutschland AG | Germany |
| DaVita Deutschland Beteiligungs GmbH & Co. KG | Germany |
| DaVita El Paso East, L.P. | Delaware |
| DaVita Germany GmbH | Germany |
| DaVita HealthCare Brasil Serviços Médicos Ltda. | Brazil |
| DaVita HK Holdings Limited | Hong Kong |
| DaVita International Limited | United Kingdom |
| DaVita Nefromed Serviços de Nefrologia Ltda. | Brazil |
| DaVita Nephron Care Serviços de Nefrologia Ltda. | Brazil |
| DaVita of New York, Inc. | New York |
| DaVita Rien Serviços de Nefrologia Ltda. | Brazil |
| DaVita S.A.S. | Colombia |
| DaVita Serviços de Nefrologia Asa Sul Ltda. | Brazil |
| DaVita Serviços de Nefrologia de Araraquara Ltda. | Brazil |
| DaVita Serviços de Nefrologia Distrito Federal Ltda. | Brazil |
| DaVita Serviços de Nefrologia Guarulhos Ltda. | Brazil |
| DaVita Serviços de Nefrologia Jardim das Imbuias Ltda. | Brazil |
| DaVita Serviços de Nefrologia Taubaté Ltda. | Brazil |
| DaVita Sp. z o.o. | Poland |
| DaVita Sud-Niedersachsen GmbH | Germany |
| DaVita Transrim Serviços de Nefrologia Ltda. | Brazil |
| DaVita UTR Serviços de Nefrologia Ltda. | Brazil |
| DaVita VillageHealth, Inc. | Delaware |
| DC Healthcare International, Inc. | Delaware |
| Dialysis Holdings, Inc. | Delaware |
| Dialysis of Des Moines, LLC | Delaware |
| Dialysis of Northern Illinois, LLC | Delaware |
| Dierks Dialysis, LLC | Delaware |
| DNP Management Company, LLC | Delaware |
| Dolores Dialysis, LLC | Delaware |
| Dome Dialysis, LLC | Delaware |
| Doves Dialysis, LLC | Delaware |
| Downriver Centers, Inc. | Michigan |
| DPS CKD, LLC | Delaware |
| DV Care Netherlands B.V. | Netherlands |
| DV Care Netherlands C.V. | Netherlands |
| DVA Healthcare - Southwest Ohio, LLC | Tennessee |
| DVA Healthcare of Maryland, LLC | Maryland |
| DVA Healthcare of Massachusetts, Inc. | Massachusetts |
| DVA Healthcare of New London, LLC | Tennessee |
| DVA Healthcare of Norwich, LLC | Tennessee |
| DVA Healthcare of Pennsylvania, LLC | Pennsylvania |
| DVA Healthcare of Tuscaloosa, LLC | Tennessee |
| DVA Healthcare Renal Care, Inc. | Nevada |

| Name | Jurisdiction of Organization |
|---|---|
| DVA Holdings Pte. Ltd. | Singapore |
| DVA Laboratory Services, Inc. | Florida |
| DVA of New York, Inc. | New York |
| DVA Renal Healthcare, Inc. | Tennessee |
| East End Dialysis Center, Inc. | Virginia |
| East Ft. Lauderdale, LLC | Delaware |
| Ebrea Dialysis, LLC | Delaware |
| Edisto Dialysis, LLC | Delaware |
| Eldrist Dialysis, LLC | Delaware |
| Elgin Dialysis, LLC | Delaware |
| Elk Grove Dialysis Center, LLC | Delaware |
| Empire State DC, Inc. | New York |
| Etowah Dialysis, LLC | Delaware |
| Ettleton Dialysis, LLC | Delaware |
| Eufaula Dialysis, LLC | Delaware |
| EURODIAL - Centro de Nefrologia e Dialise de Leiria S.A. | Portugal |
| Falcon, LLC | Delaware |
| Fanthorp Dialysis, LLC | Delaware |
| Federal Way Assurance, Inc. | Colorado |
| Fields Dialysis, LLC | Delaware |
| Five Star Dialysis, LLC | Delaware |
| Fjords Dialysis, LLC | Delaware |
| Flagler Dialysis, LLC | Delaware |
| Flamingo Park Kidney Center, Inc. | Florida |
| Forester Dialysis, LLC | Delaware |
| Freehold Artificial Kidney Center, L.L.C. | New Jersey |
| Fremont Dialysis, LLC | Delaware |
| Frontier Dialysis, LLC | Delaware |
| Fullerton Dialysis Center, LLC | Delaware |
| Ganois Dialysis, LLC | Delaware |
| Garner Dialysis, LLC | Delaware |
| Garrett Dialysis, LLC | Delaware |
| Gaviota Dialysis, LLC | Delaware |
| GDC International, LLC | Delaware |
| Gebhard Dialysis, LLC | Delaware |
| Genesis KC Development, LLC | Delaware |
| GiveLife Dialysis, LLC | Delaware |
| Glassland Dialysis, LLC | Delaware |
| Glosser Dialysis, LLC | Delaware |
| Goliad Dialysis, LLC | Delaware |
| Grand Home Dialysis, LLC | Delaware |
| Greater Las Vegas Dialysis, LLC | Delaware |
| Greater Los Angeles Dialysis Centers, LLC | Delaware |
| Green Country Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Green Desert Dialysis, LLC | Delaware |
| Griffin Dialysis, LLC | Delaware |
| Groten Dialysis, LLC | Delaware |
| Harmony Dialysis, LLC | Delaware |
| Hart Dialysis, LLC | Delaware |
| Hawn Dialysis, LLC | Delaware |
| Helmer Dialysis, LLC | Delaware |
| Hennepin Dialysis, LLC | Delaware |
| Hewett Dialysis, LLC | Delaware |
| Hilgards Dialysis, LLC | Delaware |
| Hochatown Dialysis, LLC | Delaware |
| Home Kidney Care, LLC | Delaware |
| Honeyman Dialysis, LLC | Delaware |
| Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership | Delaware |
| Hummer Dialysis, LLC | Delaware |
| Hunter Dialysis, LLC | Delaware |
| Huntington Artificial Kidney Center, Ltd. | New York |
| Hyde Dialysis, LLC | Delaware |
| IDC -International Dialysis Centers, Lda | Portugal |
| Iroquois Dialysis, LLC | Delaware |
| ISD Bartlett, LLC | Delaware |
| ISD Corpus Christi, LLC | Delaware |
| ISD I Holding Company, Inc. | Delaware |
| ISD II Holding Company, Inc. | Delaware |
| ISD Las Vegas, LLC | Delaware |
| ISD Lees Summit, LLC | Delaware |
| ISD Renal, Inc. | Delaware |
| ISD Schaumburg, LLC | Delaware |
| ISD Spring Valley, LLC | Delaware |
| ISD Summit Renal Care, LLC | Ohio |
| Jacinto Dialysis, LLC | Delaware |
| Jenness Dialysis, LLC | Delaware |
| Kamiah Dialysis, LLC | Delaware |
| Kanika Dialysis, LLC | Delaware |
| Kavett Dialysis, LLC | Delaware |
| Kenai Dialysis, LLC | Delaware |
| Kershaw Dialysis, LLC | Delaware |
| Kidney Home Center, LLC | Delaware |
| Kimball Dialysis, LLC | Delaware |
| Kingston Dialysis, LLC | Delaware |
| Kinnick Dialysis, LLC | Delaware |
| Kinter Dialysis, LLC | Delaware |
| Kiowa Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Knickerbocker Dialysis, Inc. | New York |
| Lakeshore Dialysis, LLC | Delaware |
| Landing Dialysis, LLC | Delaware |
| Landor Dialysis, LLC | Delaware |
| Lassen Dialysis, LLC | Delaware |
| Leasburg Dialysis, LLC | Delaware |
| Leawood Dialysis, LLC | Delaware |
| Lees Dialysis, LLC | Delaware |
| Legare Development LLC | Delaware |
| Liberty RC, Inc. | New York |
| Lifeline Pensacola, LLC | Delaware |
| Lifeline Vascular Center-Albany, LLC | Delaware |
| Lincoln Park Dialysis Services, Inc. | Illinois |
| Livingston Dialysis, LLC | Delaware |
| Llano Dialysis, LLC | Delaware |
| Lofield Dialysis, LLC | Delaware |
| Logoley Dialysis, LLC | Delaware |
| Lone Dialysis, LLC | Delaware |
| Long Beach Dialysis Center, LLC | Delaware |
| Lord Baltimore Dialysis, LLC | Delaware |
| Lory Dialysis, LLC | Delaware |
| Lourdes Dialysis, LLC | Delaware |
| Lyndale Dialysis, LLC | Delaware |
| Madigan Dialysis, LLC | Delaware |
| Magney Dialysis, LLC | Delaware |
| Magoffin Dialysis, LLC | Delaware |
| Makonee Dialysis, LLC | Delaware |
| Marlton Dialysis Center, LLC | Delaware |
| Marseille Dialysis, LLC | Delaware |
| Mason-Dixon Dialysis Facilities, Inc. | Maryland |
| Mazonia Dialysis, LLC | Delaware |
| Mellen Dialysis, LLC | Delaware |
| Melnea Dialysis, LLC | Delaware |
| Memorial Dialysis Center, L.P. | Delaware |
| Meridian Dialysis, LLC | Delaware |
| Mermet Dialysis, LLC | Delaware |
| Milltown Dialysis, LLC | Delaware |
| Minam Dialysis, LLC | Delaware |
| Minneopa Dialysis, LLC | Delaware |
| Mountain West Dialysis Services, LLC | Delaware |
| Mulgee Dialysis, LLC | Delaware |
| MVZ DaVita Alzey GmbH | Germany |
| MVZ DaVita Aurich GmbH | Germany |
| MVZ DaVita Bad Aibling GmbH | Germany |

| Name | Jurisdiction of Organization |
|---|---|
| MVZ DaVita Bad Duben GmbH | Germany |
| MVZ DaVita Cardio Centrum Dusseldorf GmbH | Germany |
| MVZ DaVita Dillenburg GmbH | Germany |
| MVZ DaVita Dinkelsbuhl GmbH | Germany |
| MVZ DaVita Dormagen GmbH | Germany |
| MVZ DaVita Duisburg GmbH | Germany |
| MVZ DaVita Elsterland GmbH | Germany |
| MVZ DaVita Emden GmbH | Germany |
| MVZ DaVita Falkensee GmbH | Germany |
| MVZ DaVita Geilenkirchen GmbH | Germany |
| MVZ DaVita Gera GmbH | Germany |
| MVZ DaVita Iserlohn GmbH | Germany |
| MVZ DaVita Monchengladbach GmbH | Germany |
| MVZ DaVita Neuss GmbH | Germany |
| MVZ DaVita Niederrhein GmbH | Germany |
| MVZ DaVita Nierenzentrum Aachen Alsdorf GmbH | Germany |
| MVZ DaVita Nierenzentrum Berlin-Britz GmbH | Germany |
| MVZ DaVita Nierenzentrum Hamm-Ahlen GmbH | Germany |
| MVZ DaVita Prenzlau-Pasewalk GmbH | Germany |
| MVZ DaVita Rhein-Ahr GmbH | Germany |
| MVZ DaVita Rhein-Ruhr GmbH | Germany |
| MVZ DaVita Schwalm-Eder GmbH | Germany |
| MVZ DaVita Viersen GmbH | Germany |
| Nansen Dialysis, LLC | Delaware |
| Natomas Dialysis, LLC | Delaware |
| Nauvue Dialysis, LLC | Delaware |
| Navarro Dialysis, LLC | Delaware |
| Nephrology Medical Associates of Georgia, LLC | Georgia |
| Nephrology Practice Solutions, LLC | Delaware |
| New Bay Dialysis, LLC | Delaware |
| Nicona Dialysis, LLC | Delaware |
| Norbert Dialysis, LLC | Delaware |
| Norte Dialysis, LLC | Delaware |
| North Austin Dialysis, LLC | Delaware |
| Oasis Dialysis, LLC | Delaware |
| Ohio River Dialysis, LLC | Delaware |
| Okanogan Dialysis, LLC | Delaware |
| Olive Dialysis, LLC | Delaware |
| Ordust Dialysis, LLC | Delaware |
| Owyhee Dialysis, LLC | Delaware |
| Palo Dialysis, LLC | Delaware |
| Palomar Dialysis, LLC | Delaware |
| Panther Dialysis, LLC | Delaware |
| Parkside Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Pattison Dialysis, LLC | Delaware |
| Patuk Dialysis, LLC | Delaware |
| Pearl Dialysis, LLC | Delaware |
| Pendster Dialysis, LLC | Delaware |
| Percha Dialysis, LLC | Delaware |
| Pershing Dialysis, LLC | Delaware |
| Pfeiffer Dialysis, LLC | Delaware |
| Philadelphia-Camden Integrated Kidney Care, LLC | Delaware |
| Physicians Choice Dialysis Of Alabama, LLC | Delaware |
| Physicians Choice Dialysis, LLC | Delaware |
| Physicians Dialysis Acquisitions, Inc. | Delaware |
| Physicians Dialysis of Lancaster, LLC | Pennsylvania |
| Physicians Dialysis Ventures, LLC | Delaware |
| Physicians Management, LLC | Delaware |
| Pible Dialysis, LLC | Delaware |
| Pinson Dialysis, LLC | Delaware |
| Pittsburgh Dialysis Partners, LLC | Delaware |
| Piute Dialysis, LLC | Delaware |
| Plaine Dialysis, LLC | Delaware |
| Platte Dialysis, LLC | Delaware |
| Pluribus Dialise - Benfica, S.A. | Portugal |
| Pluribus Dialise - Cascais, S.A. | Portugal |
| Pluribus Dialise, S.A. | Portugal |
| Prairie Dialysis, LLC | Delaware |
| Prineville Dialysis, LLC | Delaware |
| Ramsey Dialysis, LLC | Delaware |
| Rayburn Dialysis, LLC | Delaware |
| Red Willow Dialysis, LLC | Delaware |
| Redcliff Dialysis, LLC | Delaware |
| Refuge Dialysis, LLC | Delaware |
| Renal Center of Beaumont, LLC | Delaware |
| Renal Center of Fort Dodge, LLC | Delaware |
| Renal Center of Lewisville, LLC | Delaware |
| Renal Center of Morristown, LLC | Delaware |
| Renal Center of Newton, LLC | Delaware |
| Renal Center of Port Arthur, LLC | Delaware |
| Renal Center of the Hills, LLC | Delaware |
| Renal Center of Tyler, L.P.L.L.L.P. | Delaware |
| Renal Center of West Beaumont, LLC | Delaware |
| Renal Life Link, Inc. | Delaware |
| Renal Treatment Centers - California, Inc. | Delaware |
| Renal Treatment Centers - Illinois, Inc. | Delaware |
| Renal Treatment Centers - Mid-Atlantic, Inc. | Delaware |
| Renal Treatment Centers - Northeast, Inc. | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Renal Treatment Centers - Southeast, LP | Delaware |
| Renal Treatment Centers - West, Inc. | Delaware |
| Renal Treatment Centers, Inc. | Delaware |
| Renal Ventures Management, LLC | Delaware |
| RenalServ LLC | Delaware |
| Riddle Dialysis, LLC | Delaware |
| River Valley Dialysis, LLC | Delaware |
| RMS Lifeline Inc. | Delaware |
| RNA - DaVita Dialysis, LLC | Delaware |
| Rocky Mountain Dialysis Services, LLC | Delaware |
| Rollins Dialysis, LLC | Delaware |
| Roose Dialysis, LLC | Delaware |
| Rophets Dialysis, LLC | Delaware |
| Roushe Dialysis, LLC | Delaware |
| Routt Dialysis, LLC | Delaware |
| Royale Dialysis, LLC | Delaware |
| Rusk Dialysis, LLC | Delaware |
| Rutland Dialysis, LLC | Delaware |
| RV Academy, LLC | Delaware |
| Saddleback Dialysis, LLC | Delaware |
| Sahara Dialysis, LLC | Delaware |
| SAKDC-DaVita Dialysis Partners, L.P. | Delaware |
| San Marcos Dialysis, LLC | Delaware |
| Santiam Dialysis, LLC | Delaware |
| Sapelo Dialysis, LLC | Delaware |
| Saunders Dialysis, LLC | Delaware |
| Seabay Dialysis, LLC | Delaware |
| Secour Dialysis, LLC | Delaware |
| Sensiba Dialysis, LLC | Delaware |
| Shadow Dialysis, LLC | Delaware |
| Shayano Dialysis, LLC | Delaware |
| Shelling Dialysis, LLC | Delaware |
| Sherman Dialysis, LLC | Delaware |
| Shetek Dialysis, LLC | Delaware |
| Shining Star Dialysis, Inc. | New Jersey |
| Siena Dialysis Center, LLC | Delaware |
| Simeon Dialysis, LLC | Delaware |
| Skagit Dialysis, LLC | Delaware |
| Soledad Dialysis Center, LLC | Delaware |
| Somerville Dialysis Center, LLC | Delaware |
| South Central Florida Dialysis Partners, LLC | Delaware |
| South Fork Dialysis, LLC | Delaware |
| Southern Hills Dialysis Center, LLC | Delaware |
| Southlake Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Southwest Atlanta Dialysis Centers, LLC | Delaware |
| Sprague Dialysis, LLC | Delaware |
| Springpond Dialysis, LLC | Delaware |
| Star Dialysis, LLC | Delaware |
| Stevenson Dialysis, LLC | Delaware |
| Stewart Dialysis, LLC | Delaware |
| Stines Dialysis, LLC | Delaware |
| Storrie Dialysis, LLC | Delaware |
| Sugarloaf Dialysis, LLC | Delaware |
| Sun City Dialysis Center, L.L.C. | Delaware |
| Sunapee Dialysis, LLC | Delaware |
| Sunset Dialysis, LLC | Delaware |
| Talimena Dialysis, LLC | Delaware |
| Terre Dialysis, LLC | Delaware |
| The Woodlands Dialysis Center, LP | Delaware |
| Tortugas Dialysis, LLC | Delaware |
| Total Renal Care of North Carolina, LLC | Delaware |
| Total Renal Care Texas Limited Partnership | Delaware |
| Total Renal Care, Inc. | California |
| Total Renal Laboratories, Inc. | Florida |
| Total Renal Research, Inc. | Delaware |
| Toulouse Dialysis, LLC | Delaware |
| Transmountain Dialysis, L.P. | Delaware |
| TRC - Indiana, LLC | Indiana |
| TRC El Paso Limited Partnership | Delaware |
| TRC of New York, Inc. | New York |
| TRC West, Inc. | Delaware |
| TRC-Georgetown Regional Dialysis, LLC | District Of Columbia |
| Tross Dialysis, LLC | Delaware |
| Tugman Dialysis, LLC | Delaware |
| Tunnel Dialysis, LLC | Delaware |
| Turlock Dialysis Center, LLC | Delaware |
| Tustin Dialysis Center, LLC | Delaware |
| Twain Dialysis, LLC | Delaware |
| Tyler Dialysis, LLC | Delaware |
| Unicoi Dialysis, LLC | Delaware |
| University Dialysis Center, LLC | Delaware |
| Upper Valley Dialysis, L.P. | Delaware |
| USC-DaVita Dialysis Center, LLC | California |
| Valley Springs Dialysis, LLC | Delaware |
| Victory Dialysis, LLC | Delaware |
| VillageHealth DM, LLC | Delaware |
| Villanueva Dialysis, LLC | Delaware |
| Vively Health, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Vogel Dialysis, LLC | Delaware |
| Volo Dialysis, LLC | Delaware |
| Waddell Dialysis, LLC | Delaware |
| Wakoni Dialysis, LLC | Delaware |
| Walker Dialysis, LLC | Delaware |
| Walton Dialysis, LLC | Delaware |
| Watkins Dialysis, LLC | Delaware |
| Weldon Dialysis, LLC | California |
| West Elk Grove Dialysis, LLC | Delaware |
| West Sacramento Dialysis, LLC | Delaware |
| Weston Dialysis Center, LLC | Delaware |
| Whitney Dialysis, LLC | Delaware |
| Willowbrook Dialysis Center, L.P. | Delaware |
| Winds Dialysis, LLC | Delaware |
| Wood Dialysis, LLC | Delaware |
| Woodford Dialysis, LLC | Delaware |
| Wyandotte Central Dialysis, LLC | Delaware |
| Yards Dialysis, LLC | Delaware |
| Ybor City Dialysis, LLC | Delaware |
| Yucaipa Dialysis, LLC | Delaware |
| Zephyrhills Dialysis Center, LLC | Delaware |

**Exhibit 23.1**

**Consent of Independent Registered Public Accounting Firm**

The Board of Directors
DaVita Inc.:

We consent to the incorporation by reference in the registration statements on Form S-8 (No. 333-213119, No. 333-190434, No. 333-169467, No. 333-158220, No. 333-144097, No. 333-86550, and No. 333-30736), and on Form S-4 (No. 333-182572) and on Form S-3 (No. 333-203394, No. 333-196630, No. 333-183285, and No. 333-169690) of DaVita Inc. of our reports dated February 21, 2020 with respect to the consolidated balance sheets of DaVita Inc. as of December 31, 2019 and 2018, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2019, and the related notes and financial statement Schedule II - Valuation and Qualifying Accounts, and the effectiveness of internal control over financial reporting as of December 31, 2019, which reports appear in the December 31, 2019 annual report on Form 10-K of DaVita Inc. Our report refers to changes in the methods of accounting for leases and revenue recognition.

/s/ KPMG LLP

Seattle, Washington
February 21, 2019

**EXHIBIT 31.1**

**SECTION 302 CERTIFICATION**

I, Javier J. Rodriguez, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**
**Chief Executive Officer**

Date: February 21, 2019

**EXHIBIT 31.2**

**SECTION 302 CERTIFICATION**

I, Joel Ackerman, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/S/ Joel Ackerman

**Joel Ackerman**

**Chief Financial Officer and Treasurer**

Date: February 21, 2019

**EXHIBIT 32.1**

**CERTIFICATION OF CHIEF EXECUTIVE OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2019 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Javier J. Rodriguez, Chief Executive Officer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**
**Chief Executive Officer**
February 21, 2019

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

**EXHIBIT 32.2**

**CERTIFICATION OF CHIEF FINANCIAL OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2019 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Joel Ackerman, Chief Financial Officer and Treasurer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Joel Ackerman

**Joel Ackerman**

**Chief Financial Officer and Treasurer**

February 21, 2019

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**Washington, D.C. 20549**

# FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the Fiscal Year Ended December 31, 2020**
**or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from _____ to _____**
**Commission File Number: 1-14106**

# DAVITA INC.

(Exact name of registrant as specified in charter)

| **Delaware** | **51-0354549** |
|---|---|
| **(State of incorporation)** | **(I.R.S. Employer Identification No.)** |

**2000 16th Street**
**Denver, CO 80202**

**Telephone number (720) 631-2100**

**Securities registered pursuant to Section 12(b) of the Act:**

| **Title of each class:** | **Trading symbol(s):** | **Name of each exchange on which registered:** |
|---|---|---|
| **Common Stock, $0.001 par value** | **DVA** | **New York Stock Exchange** |

**Securities registered pursuant to Section 12(g) of the Act:**
**None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of “large accelerated filer,” “accelerated filer,” “smaller reporting company” and “emerging growth company” in Rule 12b-2 of the Exchange Act:

| | | | |
|---|---|---|---|
| Large accelerated filer | ☒ | Accelerated filer | ☐ |
| Non-accelerated filer | ☐ | Smaller reporting company | ☐ |
| | | Emerging growth company | ☐ |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its final report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2020, the aggregate market value of the Registrant's common stock outstanding held by non-affiliates based upon the closing price on the New York Stock Exchange was approximately $9.7 billion.

As of January 29, 2021, the number of shares of the Registrant’s common stock outstanding was approximately 109.4 million shares.

**Documents incorporated by reference**

Portions of the Registrant’s proxy statement for its 2021 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

**DAVITA INC.**
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## PART I

### Item 1. Business

*Unless otherwise indicated in this Annual Report on Form 10-K "DaVita", "the Company" "we", "us", "our" and other similar terms refer to DaVita Inc. and its consolidated subsidiaries. Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports filed or furnished pursuant to section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended, are made available free of charge through our website, located at http://www.davita.com, as soon as reasonably practicable after the reports are filed with or furnished to the Securities and Exchange Commission (SEC). The SEC also maintains a website at http://www.sec.gov where these reports and other information about us can be obtained. The contents of our website are not incorporated by reference into this report.*

**Overview of DaVita Inc.**

DaVita is a leading healthcare provider focused on transforming care delivery to improve quality of life for patients globally. We are one of the largest providers of kidney care services in the U.S. and have been a leader in clinical quality and innovation for over 20 years. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and moving toward integrated care offerings. Over the years, we have established a value-based culture with a philosophy of caring that is focused on both our patients and teammates. This culture and philosophy fuel our continuous drive toward achieving our mission to be the provider, partner and employer of choice and fulfilling our vision to "build the greatest healthcare community the world has ever seen."

The loss of kidney function is normally irreversible. Kidney failure is typically caused by Type I and Type II diabetes, hypertension, polycystic kidney disease, long-term autoimmune attack on the kidneys and prolonged urinary tract obstruction. End stage renal disease or end stage kidney disease (ESRD or ESKD) is the stage of advanced kidney impairment that requires continued dialysis treatments or a kidney transplant to sustain life. Dialysis is the removal of toxins, fluids and salt from the blood of patients by artificial means. Patients suffering from ESRD generally require dialysis at least three times a week for the rest of their lives.

Our U.S. dialysis and related lab services (U.S. dialysis) business treats patients with chronic kidney failure and ESRD in the United States, and is our largest line of business. As of December 31, 2020, we provided dialysis and administrative services and related laboratory services throughout the U.S. via a network of 2,816 outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 204,200 patients and provided hospital inpatient dialysis services in approximately 900 hospitals. Our robust platform to deliver kidney care services also includes established nephrology and payor relationships as well as home programs. In addition, as of December 31, 2020, we provided dialysis and administrative services to a total of 321 outpatient dialysis centers located in ten countries outside of the U.S., serving approximately 36,200 patients. The Company also consists of our ancillary services and strategic initiatives, which include the aforementioned international operations (collectively, our ancillary services), as well as our corporate administrative support.

Our patient-centric care model leverages our platform of kidney care services to maximize patient choice in both models and modalities of care. We believe that the flexibility we offer coupled with a focus on comprehensive kidney care supports our commitments to help improve clinical outcomes and quality of life for our patients. For the eighth consecutive year, we are an industry leader in the Centers for Medicare & Medicaid Services' (CMS) Quality Incentive Program (QIP), which promotes high quality services in outpatient dialysis facilities treating patients with ESRD. We are also an industry leader for the seventh consecutive year under CMS' Five-Star Quality Rating system, which rates eligible dialysis centers based on the quality of outcomes to help patients, their families, and caregivers make more informed decisions about where patients receive care. According to the most recently collected data, we are an industry leader for the total number of patients in home-based dialysis services.

Our quality clinical outcomes are driven by our experienced and knowledgeable teammates. We employ registered nurses, licensed practical or vocational nurses, patient care technicians, social workers, registered dietitians, biomedical technicians and other administrative and support teammates who strive to achieve superior clinical outcomes at our dialysis facilities. In addition to our teammates at our dialysis facilities, as of December 31, 2020, our domestic Chief Medical Officer leads a team of 18 senior nephrologists in our physician leadership team as part of our domestic Office of the Chief Medical Officer (OCMO). Our international Chief Medical Officer leads a team of 11 senior nephrologists in our physician leadership team as part of our international OCMO. Our OCMO teammates represent a variety of academic, clinical practice, and clinical research backgrounds. We also have a Physician Counsel that serves as an advisory body to senior management, which is composed of nine physicians with extensive experience in clinical practice and have seven Group Medical Directors as of December 31, 2020.

On June 19, 2019, we completed the sale of our DaVita Medical Group (DMG) business, a patient and physician-focused integrated healthcare delivery and management company, to Collaborative Care Holdings, LLC, a subsidiary of UnitedHealth Group Inc. As a result, the DMG business has been classified as discontinued operations and its results of operations are reported as discontinued operations for all periods presented in the consolidated financial statements included in this report.

For financial information about DMG, see Note 22 to the consolidated financial statements included in this report.

**COVID-19 and its impact on our business**

As a caregiving organization, we are exposed to and will continue to be impacted by the effects of the novel coronavirus (COVID-19) pandemic. DaVita's teammates include, among others, dialysis nurses, patient care technicians, social workers, dieticians and other caregivers who are on the front lines of the ongoing COVID-19 pandemic providing critical, life-sustaining care for our patients. We are closely monitoring the impact on our business of the pandemic and the resulting economic environment, including the impact on our patients, teammates, physician partners, suppliers, vendors and business partners.

During this time of great challenge, our top priorities continue to be the health, safety and well-being of our patients, teammates and physician partners and helping to ensure that our patients have the ability to maintain continuity of care throughout this crisis, whether in the hospital, outpatient or home setting. To that end, we have dedicated and continue to dedicate substantial resources in response to COVID-19, including the implementation of additional protocols in coordination with the Centers for Disease Control and Prevention (CDC) on infection control and clinical best practices to help safely maintain continuity of care for our patients and help protect our caregivers. We also have been collaborating with the CDC, the U.S. Department of Health and Human Services (HHS), CMS, the American Society of Nephrology, and dialysis providers nationwide to help ensure that the dialysis community is able to support patients nationwide during this global health crisis.

The protocols and initiatives we have implemented in response to COVID-19 include steps designed to implement dedicated care shifts for patients with confirmed or suspected COVID-19 and other enhanced clinical practices, including procuring additional equipment and clinical supplies, including personal protective equipment (PPE) and providing financial support to our teammates associated with relief reimbursement. These efforts are part of a wider Prepare, Prevent, Respond and Recover protocol that we have implemented in connection with the pandemic, which also includes operational protocols such as the redistribution of teammates, machines and supplies across the country as needed and increased investment in and utilization of telehealth capabilities. We also have maintained business process continuity during the pandemic by enabling most back office teammates to work remotely. Our response protocol generally has allowed us to maintain continuity of care for our patients and we carefully monitor the efficacy of these protocols and their impact on our operations and strategic priorities as the pandemic continues. If we are required to maintain certain restrictive operational initiatives for an extended period of time, it may adversely impact our strategic initiatives, such as our strategy to continue to build on our abilities to offer home dialysis options. Certain temporary changes made in response to the COVID-19 pandemic could become permanent, which could have an adverse impact on our business. In addition, any staffing shortages or disruptions, or any equipment or clinical supply shortages, disruptions or delays or associated price increases, could impact our ability to provide dialysis services or the cost of providing those services. Due in part to the protocols and initiatives described above, we have incurred significant costs related to COVID-19 in 2020, and we expect to continue to incur extended and significant additional costs in connection with our response to COVID-19.

We have worked with certain government agencies to respond to the COVID-19 pandemic, and in certain cases have sought waivers of regulatory requirements. We also are working to help make COVID-19 vaccines available to our patients and teammates, including through coordination with state and federal governments on direct vaccine distribution so that we can administer vaccines to our patients and teammates. These vaccines are currently available under emergency use authorizations, and there can be no assurance that our patients and caregivers will choose to receive a COVID-19 vaccine or that the vaccines will prove to be as safe and effective as currently understood by the scientific community. In addition, we may encounter difficulties with the availability and storage of the vaccines, or administration of the vaccines, some of which have multiple dose requirements. We operate in a complex and highly regulated environment, and the novel nature of our COVID-19 response, including, for example, with respect to regulatory waivers and our administration of the newly developed COVID-19 vaccines, may increase our exposure to legal, regulatory and clinical risks.

In addition, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and subsequent COVID-19 relief legislation temporarily suspended Medicare's 2% sequestration from May 1, 2020 through December 31, 2020, and the Consolidated Appropriations Act subsequently extended this sequestration suspension until March 31, 2021. While in effect, this legislation, has increased, and will continue to increase, our revenues. Furthermore, a significant initial part of the federal government response to the COVID-19 pandemic was the CARES Act's authorization of $100 billion in funding to be distributed to healthcare providers through the federal Public Health and Social Services Emergency Fund (Provider Relief Fund). While we declined approximately $250 million of government funding received in the second quarter of 2020 from the

Provider Relief Fund, certain of our competitors accepted such funds. There can be no assurance that financial or other assistance will be available from the government if we have a need for such assistance in the future.

We believe the ultimate impact of this public health crisis on the Company will depend on future developments that are highly uncertain and difficult to predict, including among other things the severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus; its impact on the CKD patient population and our patient population; the availability, acceptance, impact and efficacy of COVID-19 vaccines and other treatments or therapies; the pandemic's continuing impact on the U.S. and global economies and unemployment; the responses of our competitors to the pandemic and related changes in the marketplace; and the timing, scope and effectiveness of federal, state and local governmental responses.

For additional discussion of the COVID-19 pandemic and our response, including its impact on us and related risks and uncertainties, please see the discussion below under the heading "Human Capital Management", as well as the risk factor in Item 1A Risk Factors under the heading *"We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us*," and Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.

**U.S. dialysis business**

Our U.S. dialysis business is a leading provider of kidney dialysis services for patients suffering from ESRD. As of December 31, 2020, we provided dialysis and administrative services in the U.S. through a network of 2,816 outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 204,200 patients. We also provide hospital inpatient dialysis services in approximately 900 hospitals and related laboratory services throughout the U.S.

According to the United States Renal Data System (USRDS), there were over 555,000 ESRD dialysis patients in the U.S. in 2018. Based on the most recent 2020 annual data report from the USRDS, the underlying ESRD dialysis patient population has grown at an approximate compound rate of 3.7% from 2008 to 2018 and a compound rate of 3.5% from 2013 to 2018, which suggests that the rate of growth of the ESRD patient population is declining relative to long term trends. A number of factors may impact ESRD growth rates, including, among others, the aging of the U.S. population, transplant rates, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD. Certain of these factors, in particular mortality rates for dialysis patients, have been impacted by the COVID-19 pandemic.

Since 1972, the federal government has provided healthcare coverage for ESRD patients under the Medicare ESRD program regardless of age or financial circumstances. ESRD is the first and only disease state eligible for Medicare coverage both for dialysis and dialysis-related services and for all benefits available under the Medicare program. For patients with Medicare coverage, all ESRD payments for dialysis treatments are made under a single bundled payment rate. See page 7 for further details.

Although Medicare reimbursement limits the allowable charge per treatment, it provides industry participants with a relatively predictable and recurring revenue stream for dialysis services provided to patients without commercial insurance. For the year ended December 31, 2020, approximately 90% of our total dialysis patients were covered under some form of government-based program, with approximately 74% of our dialysis patients covered under Medicare and Medicare Advantage plans.

*Treatment options for ESRD*

Treatment options for ESRD are dialysis and kidney transplantation.

*Dialysis options*

- *Hemodialysis*

Hemodialysis, the most common form of ESRD treatment, is usually performed at a freestanding outpatient dialysis center, at a hospital-based outpatient center, or at the patient's home. The hemodialysis machine uses an artificial kidney, called a dialyzer, to remove toxins, fluids and salt from the patient's blood. The dialysis process occurs across a semi-permeable membrane that divides the dialyzer into two distinct chambers. While blood is circulated through one chamber, a pre-mixed fluid is circulated through the other chamber. The toxins, salt and excess fluids from the blood cross the membrane into the fluid, allowing cleansed blood to return back into the patient's body. Each hemodialysis treatment that occurs in the outpatient dialysis centers typically lasts approximately three and one-half hours and is usually performed three times per week.

Hospital inpatient hemodialysis services are required for patients with acute kidney failure primarily resulting from trauma, patients in early stages of ESRD and ESRD patients who require hospitalization for other reasons. Hospital inpatient hemodialysis is generally performed at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

Some ESRD patients who are healthier and more independent may perform home hemodialysis in their home or residence through the use of a hemodialysis machine designed specifically for home therapy that is portable, smaller and easier to use. Patients receive training, support and monitoring from registered nurses, usually in our outpatient dialysis centers, in connection with their home hemodialysis treatment. Home hemodialysis is typically performed with greater frequency than dialysis treatments performed in outpatient dialysis centers and on varying schedules.

- *Peritoneal dialysis*

Peritoneal dialysis uses the patient's peritoneal or abdominal cavity to eliminate fluid and toxins and is typically performed at home. The most common methods of peritoneal dialysis are continuous ambulatory peritoneal dialysis (CAPD) and continuous cycling peritoneal dialysis (CCPD). Because it does not involve going to an outpatient dialysis center three times a week for treatment, peritoneal dialysis is generally an alternative to hemodialysis for patients who are healthier, more independent and desire more flexibility in their lifestyle.

CAPD introduces dialysis solution into the patient's peritoneal cavity through a surgically placed catheter. Toxins in the blood continuously cross the peritoneal membrane into the dialysis solution. After several hours, the patient drains the used dialysis solution and replaces it with fresh solution. This procedure is usually repeated four times per day.

CCPD is performed in a manner similar to CAPD, but uses a mechanical device to cycle dialysis solution through the patient's peritoneal cavity while the patient is sleeping or at rest.

*Kidney transplantation*

Although kidney transplantation, when successful, is generally the most desirable form of therapeutic intervention, the shortage of suitable donors, side effects of immunosuppressive pharmaceuticals given to transplant recipients and dangers associated with transplant surgery for some patient populations have generally limited the use of this treatment option. An executive order signed in July 2019 (the 2019 Executive Order) directed the HHS to develop policies addressing, among other things, the goal of making more kidneys available for transplant. As directed by the 2019 Executive Order, the CMS, through its Center for Medicare and Medicaid Innovation (CMMI), subsequently released the framework for certain proposed voluntary payment models that would adjust payment incentives to encourage kidney transplants. For more information regarding the 2019 Executive Order and these payment models, please see the discussion below under the heading "*-New models of care and Medicare and Medicaid program reforms*."

***U.S. dialysis services we provide***

*Outpatient hemodialysis services*

As of December 31, 2020, we operated or provided administrative services through a network of 2,816 outpatient dialysis centers in the U.S. that are designed specifically for outpatient hemodialysis. In 2020, our overall network of U.S. outpatient dialysis centers increased by 63 primarily as a result of the opening of new dialysis centers and acquisitions, net of center closures, representing a total increase of approximately 2.3% from 2019.

As a condition of our enrollment in Medicare for the provision of dialysis services, we contract with a nephrologist or a group of associated nephrologists to provide medical director services at each of our dialysis centers. In addition, other nephrologists may apply for practice privileges to treat their patients at our centers. Each center has an administrator, typically a registered nurse, who supervises the day-to-day operations of the center and its staff. The staff of each center typically consists of registered nurses, licensed practical or vocational nurses, patient care technicians, a social worker, a registered dietician, biomedical technician support and other administrative and support personnel.

Under Medicare regulations, we cannot promote, develop or maintain any kind of contractual relationship with our patients that would directly or indirectly obligate a patient to use or continue to use our dialysis services, or that would give us any preferential rights other than those related to collecting payments for our dialysis services. Our total patient turnover, which is based upon all causes, averaged approximately 25% in 2020 and 24% in 2019. The overall number of patients to whom we provided services in the U.S. in 2020 decreased by approximately 1.3% from 2019, primarily due to an increase in mortality rates, which have been impacted by the COVID-19 pandemic, and a decline in new admissions. This was partially offset by new dialysis patients who started treating at our centers during the year from acquisitions and non-acquired growth.

*Hospital inpatient hemodialysis services*

As of December 31, 2020, we provided hospital inpatient hemodialysis services, excluding physician services, to patients in approximately 900 hospitals throughout the U.S. We render these services based on a contracted per-treatment fee that is individually negotiated with each hospital. When a hospital requests our services, we typically administer the dialysis treatment at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

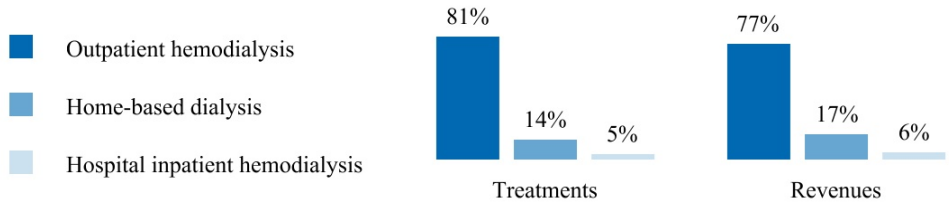
*Home-based dialysis services*

Home-based dialysis services includes home hemodialysis and peritoneal dialysis. Many of our outpatient dialysis centers offer certain support services for dialysis patients who prefer and are able to perform either home hemodialysis or peritoneal dialysis in their homes. Home-based hemodialysis support services consist of providing equipment and supplies, training, patient monitoring, on-call support services and follow-up assistance. Registered nurses train patients and their families or other caregivers to perform either home hemodialysis or peritoneal dialysis. The 2019 Executive Order and related HHS guidance described above also included a stated goal of increasing the relative number of new ESRD patients that receive dialysis at home as compared to those receiving dialysis in center or at a hospital.

According to the most recent 2020 annual data report from the USRDS, in 2018 approximately 12% of ESRD dialysis patients in the U.S. perform home-based dialysis.

*Treatments and revenues by modality:*

The following graph summarizes our U.S. dialysis treatments by modality and U.S. dialysis patient services revenues by modality for the year ended December 31, 2020.




*Other*

*ESRD laboratory services*

We operate one separately licensed and highly automated clinical laboratory which specializes in ESRD patient testing. This specialized laboratory provides routine laboratory tests for dialysis and other physician-prescribed laboratory tests for ESRD patients which are integral components of the overall dialysis services that we provide. Our laboratory provides these tests predominantly for our network of ESRD patients throughout the U.S. These tests are performed to monitor a patient's ESRD condition, including the adequacy of dialysis, as well as other medical conditions of the patient. Our laboratory utilizes information systems which provide information to certain members of the dialysis centers' staff and medical directors regarding critical outcome indicators.

*Management services*

We currently operate or provide management and administrative services pursuant to management and administrative services agreements to 53 outpatient dialysis centers located in the U.S. in which we either own a noncontrolling interest or which are wholly-owned by third parties. Management fees are established by contract and are recognized as earned typically based on a percentage of revenues or cash collections generated by the outpatient dialysis centers.

***Sources of revenue—concentrations and risks***

Our U.S. dialysis revenues represent approximately 91% of our consolidated revenues for the year ended December 31, 2020. Our U.S. dialysis revenues are derived primarily from our core business of providing dialysis services and related laboratory services and, to a lesser extent, the administration of pharmaceuticals and management fees generated from providing management and administrative services to certain outpatient dialysis centers, as discussed above.

The sources of our U.S. dialysis revenues are principally from government-based programs, including Medicare and Medicare Advantage plans, Medicaid and managed Medicaid plans and commercial insurance plans. Our largest source of revenue is from Medicare and Medicare Advantage plans which accounted for 57% of our overall U.S. dialysis patient services revenues for the year ended December 31, 2020. Other sources of our U.S. dialysis patient services revenues for the year ended December 31, 2020, were from commercial payors (including hospital inpatient dialysis services) accounting for 32% of revenues, Medicaid and managed Medicaid plans accounting for 7% of our revenues and other government programs accounting for 4% of our revenues.

*Medicare revenue*

*Medicare ESRD revenue*

Government dialysis related payment rates in the U.S. are principally determined by federal Medicare and state Medicaid policy. For patients with Medicare coverage, all ESRD payments for dialysis treatments are made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the dialysis treatment, including certain pharmaceuticals, such as Epogen® (EPO), vitamin D analogs and iron supplements, irrespective of the level of pharmaceuticals administered to the patient or additional services performed. Prior to January 2021, calcimimetics, a drug class taken by many patients with ESRD to treat mineral bone disorder, was separately billable through a transitional drug add-on payment adjustment (TDAPA); however, since January 1, 2021 and as described more fully below, calcimimetics has been included in the ESRD bundled payment. Most lab services are also included in the bundled payment.

Under this ESRD Prospective Payment System (PPS), the bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility's performance in specified quality measures set annually by CMS through its QIP. CMS established QIP through the Medicare Improvements for Patients and Providers Act of 2008 to promote high quality services in outpatient dialysis facilities treating patients with ESRD. QIP associates a portion of Medicare reimbursement directly with a facility's performance on quality of care measures. Reductions in Medicare reimbursement result when a facility's overall score on applicable measures does not meet established standards. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors.

Uncertainty about future payment rates remains a material risk to our business, as well as the potential implementation of or changes in coverage determinations or other rules or regulations by CMS or Medicare Administrative Contractors that may impact reimbursement. An important provision in the Medicare ESRD statute is an annual adjustment, or market basket update, to the ESRD PPS base rate. Absent action by Congress, the ESRD PPS base rate is automatically updated annually by a formulaic inflation adjustment.

On September 18, 2020, pursuant to the 2019 Executive Order, CMS, through CMMI, published the final ESRD Treatment Choices mandatory payment model (ETC). The ETC launched on January 1, 2021, and will be administered through CMMI and in approximately 30% of dialysis clinics across the country.

On November 9, 2020, CMS issued a final rule to update the ESRD PPS payment rate and policies. Among other things, the rule provided for the inclusion of calcimimetics in the ESRD bundled payment as described above; specified TDAPAs for certain new renal dialysis drugs and biological products; and amended the reporting measures in the ESRD QIP. CMS estimates that the overall impact of the final rule will increase ESRD facilities' average reimbursement by 1.6% in 2021.

As a result of the Budget Control Act of 2011 (BCA) and subsequent activity in Congress, a $1.2 trillion sequester (across-the-board spending cuts) in discretionary programs took effect in 2013 reducing Medicare payments by 2%, which was subsequently extended through fiscal year 2027. The CARES Act that was signed into law on March 27, 2020 included a provision that suspended the 2% Medicare sequestration from May 1, 2020 through December 31, 2020, and the Consolidated Appropriations Act, 2021 signed into law on December 27, 2020 extended the suspension of the 2% Medicare sequestration until March 31, 2021. In the year ended December 31, 2020, our revenues increased due to this suspension and we estimate that this suspension will increase our revenues while it remains in effect. When the temporary suspension is no longer in effect the across-the-board spending cuts of the BCA will continue to adversely affect our business, results of operations, financial condition and cash flows.

ESRD patients receiving dialysis services become eligible for primary Medicare coverage at various times, depending on their age or disability status, as well as whether they are covered by a commercial insurance plan. Generally, for a patient not covered by a commercial insurance plan, Medicare becomes the primary payor for ESRD patients receiving dialysis services either immediately or after a three-month waiting period. For a patient covered by a commercial insurance plan, Medicare generally becomes the primary payor after 33 months, which includes the three-month waiting period, or earlier if the patient's commercial insurance plan coverage terminates. When Medicare becomes the primary payor, the payment rates we receive for

that patient shift from the commercial insurance plan rates to Medicare payment rates, which are on average significantly lower than commercial insurance rates.

Medicare pays 80% of the amount set by the Medicare system for each covered dialysis treatment. The patient is responsible for the remaining 20%. In most cases, a secondary payor, such as Medicare supplemental insurance, a state Medicaid program or a commercial health plan, covers all or part of these balances. Some patients who do not qualify for Medicaid, but otherwise cannot afford secondary insurance in the form of a Medicare Supplement Plan, can apply for premium payment assistance from charitable organizations to obtain secondary coverage. If a patient does not have secondary insurance coverage, we are generally unsuccessful in our efforts to collect from the patient the remaining 20% portion of the ESRD composite rate that Medicare does not pay. However, we are able to recover some portion of this unpaid patient balance from Medicare through an established cost reporting process by identifying these Medicare bad debts on each center's Medicare cost report.

In recent years, federal legislative and executive action has been focused on developing new models of kidney care for Medicare beneficiaries. For additional detail on these and other developments in models of care, see the discussion below under the heading "*—New models of care and Medicare and Medicaid program reforms*."

*Medicare Advantage revenue*

Medicare Advantage (MA, managed Medicare or Medicare Part C) plans are offered by private health insurers who contract with CMS to provide their members with Medicare Part A, Part B and/or Part D benefits. These MA plans include health maintenance organizations, preferred provider organizations, private fee-for-service organizations, special needs plans (SNPs) or Medicare medical savings account plans. The 21st Century Cures Act (the Cures Act) included a provision that, effective January 1, 2021, allows Medicare-eligible beneficiaries with ESRD to choose coverage under an MA plan. Prior to the Cures Act, MA plans were only available to ESRD patients if the patient was remaining on an MA plan that they had enrolled in prior to being diagnosed with ESRD, or in certain other limited situations such as a SNP. As a result, this provision under the Cures Act could broaden access for Medicare ESRD patients to certain enhanced benefits offered by MA plans. MA plans usually provide reimbursement to us at a negotiated rate that is generally higher than Medicare FFS rates.

*Medicaid revenue*

Medicaid programs are state-administered programs partially funded by the federal government. These programs are intended to provide health coverage for patients whose income and assets fall below state-defined levels and who are otherwise uninsured. These programs also serve as supplemental insurance programs for co-insurance payments due from Medicaid-eligible patients with primary coverage under the Medicare program. Some Medicaid programs also pay for additional services, including some oral medications that are not covered by Medicare. We are enrolled in the Medicaid programs in the states in which we conduct our business.

*Commercial revenue*

Before a patient becomes eligible to elect to have Medicare as their primary payor for dialysis services, a patient's commercial insurance plan, if any, is generally responsible for payment of such dialysis services for up to the first 33 months, as discussed above. Although commercial payment rates vary, average commercial payment rates established under commercial contracts are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profits and all of our non-hospital dialysis profits come from commercial payors. Payment methods from commercial payors can include a single lump-sum per treatment, referred to as bundled rates, or in other cases separate payments for dialysis treatments and pharmaceuticals, if used as part of the treatment, referred to as FFS rates. Commercial payment rates are the result of negotiations between us and insurers or third-party administrators. Our out-of-network payment rates are on average higher than in-network commercial contract payment rates. Some of our commercial contracts pay us under a single bundled payment rate for all dialysis services provided to covered patients. However, some of our commercial contracts also pay us for certain other services and pharmaceuticals in addition to the bundled payment. Our commercial contracts typically contain annual price escalator provisions.

Approximately 25% of our U.S. dialysis patient services revenues and approximately 10% of our U.S. dialysis patients are associated with non-hospital commercial payors for the year ended December 31, 2020. Non-hospital commercial patients as a percentage of our total U.S. dialysis patients for 2020 were relatively flat compared to 2019. Less than 1% of our U.S. dialysis revenues are due directly from patients. There is no single commercial payor that accounted for more than 10% of total U.S. dialysis revenues for the year ended December 31, 2020. See Note 2 to the consolidated financial statements included in this report for disclosure on our concentration related to our commercial payors on a total consolidated revenue basis.

Both the number of our patients under commercial plans and the rates under these commercial plans are subject to change based on a number of factors. These factors include, among others, a highly competitive rate environment that shapes our ongoing negotiations with commercial payors; changes in commercial plan design; and the health of the U.S. economy including the continuing impact of COVID-19 and efforts to contain the virus. In addition, changes in state and federal legislation, regulations, rules, laws, guidance or other requirements may impact the availability and scope of commercial insurance, including, among others, developments that impact the healthcare exchanges introduced by the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010 (Affordable Care Act (ACA)) and commercial payor participation in that marketplace as well as developments that impact the availability of charitable premium assistance. For additional detail on the potential impact of these factors on our commercial revenue, see the risk factors in Item 1A Risk Factors under the headings "*Our business is subject to a complex series of governmental laws, regulations and requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation"; "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows"; "We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows"; "If the number or percentage of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows"; and "We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us."*

*Revenue from other pharmaceuticals*

Effective January 1, 2018, both oral and intravenous forms of calcimimetics became the financial responsibility of our U.S. dialysis business for our Medicare patients and are reimbursed under Medicare Part B. Since the effective date through December 31, 2020, the oral and intravenous forms of calcimimetics were separately reimbursed through a TDAPA and not as part of the ESRD PPS bundled payment. These separate reimbursement payments for calcimimetics were subject to change on an annual basis. During the initial pass-through TDAPA period, Medicare payments were based on a pass-through rate of the average sales price plus approximately 6% before sequestration (or 4% adjusted for sequestration), and in 2020 they were based on a pass-through rate of the average sales price plus 0%, before sequestration. As expected, as of January 1, 2021, calcimimetics was entered into the ESRD PPS bundled payment.

***Physician relationships***

*Joint venture partners*

We own and operate certain of our dialysis centers through entities that are structured as joint ventures. We generally hold controlling interests in these joint ventures, with certain nephrologists, hospitals, management services organizations, and/or other healthcare providers holding minority equity interests. These joint ventures are typically formed as limited liability companies. For the year ended December 31, 2020, revenues from joint ventures in which we have a controlling interest represented approximately 27% of our net U.S. dialysis revenues. We expect to continue to enter into new U.S. dialysis-related joint ventures in the ordinary course of business.

*Community physicians*

An ESRD patient generally seeks treatment at an outpatient dialysis center near their home where their treating nephrologist has practice privileges. Our relationships with local nephrologists and our ability to provide quality dialysis services and to meet the needs of their patients are key factors in the success of our dialysis operations. Over 5,400 nephrologists currently refer patients to our outpatient dialysis centers.

*Medical directors*

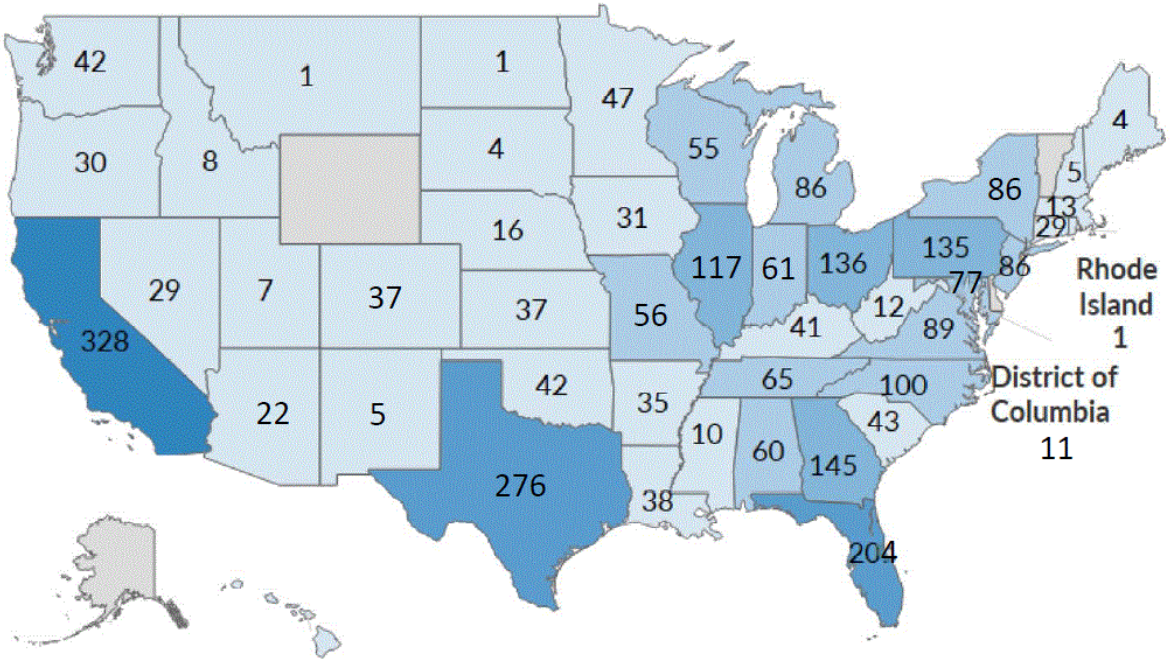
Participation in the Medicare ESRD program requires that dialysis services at an outpatient dialysis center be under the general supervision of a medical director. Per these requirements, this individual is usually a board certified nephrologist. We have engaged physicians or groups of physicians to serve as medical directors for each of our outpatient dialysis centers. At some outpatient dialysis centers, we also separately contract with one or more other physicians or groups to serve as assistant or associate medical directors over other modalities such as home dialysis. We have over 1,000 individual physicians and physician groups under contract to provide medical director services.

Medical directors for our dialysis centers enter into written contracts with us that specify their duties and fix their compensation generally for periods of ten years. The compensation of our medical directors is the result of arm's length negotiations, consistent with fair market value, and generally depends upon an analysis of various factors such as the physician's duties, responsibilities, professional qualifications and experience, as well as the time and effort required to provide such services.

Our medical director contracts and joint venture operating agreements generally include covenants not to compete or own interests in other competing outpatient dialysis centers within a defined geographic area for various time periods, as applicable. These non-compete agreements do not restrict or limit the physicians from practicing medicine or prohibit the physicians from referring patients to any outpatient dialysis center, including competing centers.

***Location of our U.S. dialysis centers***

As of December 31, 2020, we operated or provided administrative services to a total of 2,816 U.S. outpatient dialysis centers. A total of 2,763 of such centers are consolidated in our financial statements. Of the remaining 53 non-consolidated U.S. outpatient dialysis centers, we own a noncontrolling interest in 50 centers and provide management and administrative services to three centers that are wholly-owned by third parties. The locations of the 2,763 U.S. outpatient dialysis centers consolidated in our financial statements at December 31, 2020, were as follows:



**Ancillary services and strategic initiatives, including our international operations**

Our ancillary services and strategic initiatives relate primarily to our core business of providing kidney care services and, as of December 31, 2020, consisted primarily of integrated kidney care, physician services, ESCO joint ventures (ESCO JVs), and clinical research programs, as well as our international operations.

*Ancillary Services and Strategic Initiatives*

We have made and continue to make investments in building our integrated care capabilities, including the operation of certain strategic business initiatives that are intended to integrate care amongst healthcare participants across the renal care continuum from chronic kidney disease (CKD) to ESRD to kidney transplant. Through improved technology and data sharing, as well as an increasing focus on value-based contracting and care, these initiatives seek to bring together physicians, nurses, dieticians, pharmacists, hospitals, dialysis clinics, transplant centers and payors with a view towards improving clinical outcomes for our patients and reducing the overall cost of comprehensive kidney care.

- *Integrated Kidney Care services.* VillageHealth DM, LLC, also doing business as DaVita Integrated Kidney Care (DaVita IKC), provides advanced integrated care management services to health plans and government programs for members/beneficiaries diagnosed with ESRD, chronic kidney disease, and/or poly-comorbid conditions. Through a combination of clinical coordination, innovative interventions, predictive analytics, medical claims analysis and information technology, we endeavor to assist our customers and patients in obtaining superior renal healthcare and improved clinical outcomes, as well as helping to reduce overall medical costs. Integrated kidney care management revenues from commercial and Medicare Advantage insurers can be based upon either an established contract fee recognized as earned over the contract period, or related to the operation of value-based programs, including pay for performance, shared savings, and capitation contracts. DaVita IKC also contracts with payors to operate Medicare Advantage ESRD Special Needs Plans to provide ESRD patients full service healthcare. We are at risk for all medical costs of the program in excess of the capitation payments. DaVita IKC supports our ESCO joint ventures, and more recently has been provisionally accepted to participate in one of the voluntary payment models administered by CMMI.

- *Physician services.* Nephrology Practice Solutions (NPS) is an independent business that partners with physicians committed to providing outstanding clinical and integrated care to patients. NPS provides nephrologist recruitment and staffing services in select markets which are billed on a per search basis. NPS also offers physician practice management services to nephrologists under administrative services agreements. These services include physician practice management, billing and collections, credentialing, coding, and other support services that enable physician practices to increase efficiency and manage their administrative needs. Additionally, NPS owns and operates nephrology practices in multiple states. Fees generated from these services are recognized as earned typically based upon flat fees or cash collections generated by the physician practice.

- *ESCO JVs.* Certain of our dialysis clinics have entered into partnerships with various nephrology practices, health systems, and other providers to establish three ESCO JVs in Phoenix-Tucson Arizona, South Florida, and Philadelphia Pennsylvania-Camden, New Jersey. The ESCO JVs were formed under the CMS Innovation Center’s CEC Model, a demonstration to assess the impact of care coordination for ESRD patients in a dialysis-center oriented ACO setting. Each ESCO JV has a shared risk arrangement with CMS and the programs are evaluated on a performance year basis. The delivery of improved quality outcomes for patients and program savings depend on the contributions of the dialysis center teammates, nephrologists, health system and hospital partners, pharmacy providers, other primary care and specialty care providers and facilities, and integrated care management support from DaVita IKC, which is also the manager of the ESCO JVs. The CEC Model ended the South Florida ESCO JV program on December 31, 2020, while the Phoenix-Tucson Arizona and Philadelphia Pennsylvania-Camden, New Jersey programs are scheduled to end on March 31, 2021.

- *Clinical research programs.* DaVita Clinical Research (DCR) is a provider-based specialty clinical research organization with a full spectrum of services for clinical drug research and device development. DCR uses its extensive, applied database and real-world healthcare experience to assist in the design, recruitment and completion of retrospective and prospective pragmatic and clinical trials. Revenues are based upon an established fee per study, as determined by contract with drug companies and other sponsors and are recognized as earned according to the contract terms.

For additional discussion of our ancillary services and strategic initiatives, see Item 7, "*Management’s Discussion and Analysis of Financial Condition and Results of Operations*".

*International dialysis operations*

As of December 31, 2020, we operated or provided administrative services to a total of 321 outpatient dialysis centers, which includes consolidated and nonconsolidated centers located in ten countries outside of the U.S., serving approximately 36,200 patients. Our international dialysis operations have continued to grow steadily and expand as a result of acquiring and developing outpatient dialysis centers in various strategic markets. Our international operations are included as part of our ancillary services and strategic initiatives.

The locations of our international outpatient dialysis centers are as follows:

| | |
|---|---|
| Brazil | 69 |
| Poland | 68 |
| Germany | 59 |
| Malaysia[(1)] | 39 |
| Colombia | 28 |
| Saudi Arabia | 23 |
| United Kingdom | 21 |
| Portugal | 9 |
| Singapore[(1)] | 3 |
| China[(1)] | 2 |
| | 321 |

(1) Includes centers that are operated or managed by our Asia Pacific joint venture (APAC JV).

**Corporate administrative support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation costs for departments which provide support to all of our different operating lines of business. These expenses are included in our consolidated general and administrative expenses.

**Government regulation**

We operate in a complex regulatory environment with an extensive and evolving set of federal, state and local governmental laws, regulations and other requirements. These laws, regulations and other requirements are promulgated and overseen by a number of different legislative, regulatory, administrative and quasi-regulatory bodies, each of which may have varying interpretations, judgments or related guidance. As such, we utilize considerable resources on an ongoing basis to monitor, assess and respond to applicable legislative, regulatory and administrative requirements, but there is no guarantee that we will be successful in our efforts to adhere to all of these requirements. Additional discussion on certain of these laws, regulations and other requirements is set forth below in this section.

The foregoing are each themselves comprised of numerous associated regulations or other requirements that have varying levels of impact on our business. If any of our personnel, representatives or operations are found to violate these laws, regulations or other requirements, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price, including, among others:

- Loss of required certifications, suspension or exclusion from or termination of our participation in government programs (including Medicare, Medicaid and CMMI demonstration programs);
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties, which could be material and/or could materially harm our reputation or stock price;

- Imposition of corporate integrity agreements or consent agreements;
- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Act of 1974;
- Mandated changes to our practices or procedures that significantly increase operating expenses that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices, which could lead to potential fines, among other things;
- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, real estate leases and consulting agreements with physicians; and
- Harm to our reputation which could negatively impact our business relationships and stock price, affect our ability to attract and retain patients, physicians and teammates, affect our ability to obtain financing and decrease access to new business opportunities, among other things.

We expect that our industry will continue to be subject to extensive and complex regulation, the scope and effect of which are difficult to predict. We are currently subject to various legal proceedings, such as lawsuits, investigations, audits and inquiries by various government and regulatory agencies, as further described in Note 16 to the consolidated financial statements, and our operations and activities could be reviewed or challenged by regulatory authorities at any time in the future. For additional detail on risks related to each of the foregoing, see the discussion in Item 1A. Risk Factors under the headings, "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm stock price, and in some circumstances, could materially harm our reputation"; and "We are, and may in the future be, a party to various lawsuits, demands, claims, qui tam suits, governmental investigations and audits and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price."*

*Licensure and Certification*

Our dialysis centers are certified by CMS, as required for the receipt of Medicare payments. Certain of our payor contracts also condition payment on Medicare certification. In some states, our outpatient dialysis centers also are required to secure additional state licenses and permits. Governmental authorities, primarily state departments of health, periodically inspect our centers to determine if we satisfy applicable federal and state standards and requirements, including the conditions for coverage in the Medicare ESRD program.

We have experienced some delays in obtaining Medicare certifications from CMS, though recent changes by CMS in the prioritizing of dialysis providers as well as legislation allowing private entities to perform initial dialysis facility surveys for certification has helped to decrease or limit certain delays.

In addition, in November 2019, CMS finalized updates to the Provider Enrollment Rule creating onerous disclosure obligations for all providers enrolled in Medicare, Medicaid and the Children's Health Insurance Plan (CHIP). The final rule implements greater revocation authority and increases the bar for re-enrollment for providers who are terminated from the Medicare program. It also institutes penalties for providers who submit incomplete or inaccurate information or who have affiliations with other providers that CMS has determined pose undue risk of fraud, waste or abuse. If we fail to comply with these and other applicable requirements on our licensure and certification programs, particularly in light of increased penalties that include a 10-year bar to re-enrollment, under certain circumstances it could have a material adverse impact on our business, results of operations, financial condition, cash flows and reputation.

*Federal Anti-Kickback Statute*

The federal Anti-Kickback Statute prohibits, among other things, knowingly and willfully offering, paying, soliciting or receiving remuneration, directly or indirectly, in cash or kind, to induce or reward either the referral of an individual for, or the purchase, or order or recommendation of, any good or service, for which payment may be made under federal and state healthcare programs such as Medicare and Medicaid.

Federal criminal penalties for the violation of the federal Anti-Kickback Statute include imprisonment, fines and exclusion of the provider from future participation in the federal healthcare programs, including Medicare and Medicaid. Violations of the federal Anti-Kickback Statute are punishable by imprisonment for up to ten years and fines of up to $100,000 or both. Larger fines can be imposed upon corporations under the provisions of the U.S. Sentencing Guidelines and the Alternate Fines Statute. Individuals and entities convicted of violating the federal Anti-Kickback Statute are subject to mandatory exclusion from participation in Medicare, Medicaid and other federal healthcare programs for a minimum of five years. Civil penalties for violation of this law include up to $100,000 in monetary penalties per violation, repayments of up to three times the total payments between the parties to the arrangement and suspension from future participation in Medicare and Medicaid. Court decisions have held that the statute may be violated even if only one purpose of remuneration is to induce referrals. The ACA amended the federal Anti-Kickback Statute to clarify the intent that is required to prove a violation. Under the statute as amended, the defendant may not need to have actual knowledge of the federal Anti-Kickback Statute or have the specific intent to violate it. In addition, the ACA amended the federal Anti-Kickback Statute to provide that any claims for items or services resulting from a violation of the federal Anti-Kickback Statute are considered false or fraudulent for purposes of the False Claims Act (FCA).

The federal Anti-Kickback Statute includes statutory exceptions and regulatory safe harbors that protect certain arrangements. Business transactions and arrangements that are structured to comply fully with an applicable safe harbor do not violate the federal Anti-Kickback Statute. Transactions and arrangements that do not satisfy all elements of a relevant safe harbor do not necessarily violate the law. When an arrangement does not satisfy a safe harbor, the arrangement must be evaluated on a case-by-case basis in light of the parties' intent and the arrangement's potential for abuse. Arrangements that do not satisfy a safe harbor may be subject to greater scrutiny by enforcement agencies.

On November 20, 2020, HHS' Office of Inspector General (OIG) and CMS released a final rule implementing modifications to the Federal Anti-Kickback Statute and Civil Monetary Penalties Statute that are intended to promote value-based and coordinated care arrangements as well as reduce other regulatory burdens. The changes implemented by the final rules went into effect on January 19, 2021. We continue to assess the anticipated impact of these modifications on our business, results of operations and financial condition.

DaVita and its subsidiaries enter into several arrangements with physicians and other potential referral sources, that potentially implicate the Anti-Kickback Statute, such as:

*Medical director agreements*. Because our medical directors may refer patients to our dialysis centers, our arrangements with these physicians are designed to substantially comply with the safe harbor for personal service arrangements. Although we endeavor to structure the Medical Director Agreements we enter into with physicians to substantially comply with the safe harbor for personal service arrangements, including the requirement that compensation be consistent with fair market value, the safe harbor requires that when services are provided on a part-time basis, the agreement must specify the schedule of intervals of services, and their precise length and the exact charge for such services. Because of the nature of our medical directors' duties, it is impossible to fully satisfy this technical element of the safe harbor. As a result, these arrangements could be subject to scrutiny since they do not expressly describe the schedule of part-time services to be provided under the arrangement.

*Joint ventures*. As noted above, we own a controlling interest in numerous U.S. dialysis related joint ventures. Our internal policies, procedures, and template agreements were developed and are utilized for compliance with the Anti-Kickback Statute. However, we recognize that at times these joint ventures do not fully satisfy all of the requirements of the safe harbor for investments in small entities. Although failure to comply with a safe harbor does not render an arrangement illegal under the federal Anti-Kickback Statute, an arrangement that does not operate within a safe harbor may be subject to scrutiny by both federal and state government enforcement agencies including the OIG and the Department of Justice (DOJ). Joint ventures that fall outside the safe harbors are evaluated on a case-by-case basis under the federal Anti-Kickback Statute.

*Lease arrangements*. We lease space from entities in which physicians, hospitals or medical groups hold ownership interests, and we sublease space to referring physicians. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for space rentals in all material respects.

*Consulting agreements.* From time to time, we enter into consulting agreements with physicians. Engaged physicians provide services including providing input on processes, services and protocols as well as providing education on assorted topics. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for personal services in all material respects.

*Employment and coverage agreements*. Our subsidiary Nephrology Practice Solutions and its affiliated entities employs and contracts with physicians and Advanced Practice Providers to provide administrative and clinical services. We endeavor to structure these arrangements to comply with the federal Anti-Kickback Statute safe harbor for employment and personal services in all material respects.

*Common stock*. Some referring physicians may own our common stock. We believe that these interests materially satisfy the requirements of the Anti-Kickback Statute safe harbor for investments in large publicly traded companies.

*Discounts*. Our dialysis centers and subsidiaries sometimes acquire certain items and services at a discount that may be reimbursed by a federal healthcare program. We endeavor to structure our vendor contracts that include discount or rebate provisions to comply with the federal Anti-Kickback Statute safe harbor for discounts.

If any of our business transactions or arrangements, including those described above, were found to violate the federal Anti-Kickback Statute, we, among other things, could face criminal, civil or administrative sanctions, including possible exclusion from participation in Medicare, Medicaid and other state and federal healthcare programs. Any findings that we have violated these laws could have a material adverse impact on our business, results of operations, financial condition, cash flows, reputation and stock price.

*Stark Law*

The Stark Law prohibits a physician who has a financial relationship, or who has an immediate family member who has a financial relationship, with entities providing Designated Health Services (DHS), from referring Medicare and Medicaid patients to such entities for the furnishing of DHS, unless an exception applies. DHS is defined to mean any of the following enumerated items or services; clinical laboratory services; physical therapy services; occupational therapy services; radiology services, including magnetic resonance imaging, computerized axial tomography scans, and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment, and supplies; prosthetics, orthotics and prosthetic devices and supplies; home health services; outpatient prescription drugs; inpatient and outpatient hospital services; and outpatient speech-language pathology services. The types of financial arrangements between a physician and a DHS entity that trigger the self-referral prohibitions of the Stark Law are broad and include direct and indirect ownership and investment interests and compensation arrangements. The Stark Law also prohibits the DHS entity receiving a prohibited referral from presenting, or causing to be presented, a claim or billing for the services arising out of the prohibited referral. The prohibition applies regardless of the reasons for the financial relationship and the referral; unlike the federal Anti-Kickback Statute, intent to induce referrals is not required. If the Stark Law is implicated, the financial relationship must fully satisfy a Stark Law exception. If an exception is not satisfied, then the parties to the arrangement could be subject to sanctions. Sanctions for violation of the Stark Law include denial of payment for claims for services provided in violation of the prohibition, refunds of amounts collected in violation of the prohibition, a civil penalty of up to $15,000 for each service arising out of the prohibited referral, a civil penalty of up to $100,000 against parties that enter into a scheme to circumvent the Stark Law prohibition, civil assessment of up to three times the amount claimed, and potential exclusion from the federal healthcare programs, including Medicare and Medicaid. Amounts collected for prohibited claims must be reported and refunded generally within 60 days after the date on which the overpayment was identified. Furthermore, Stark Law violations and failure to return overpayments timely can form the basis for FCA liability as discussed below.

The definition of DHS under the Stark Law excludes services paid under a composite rate, even if some of the components bundled in the composite rate are DHS. Although the ESRD bundled payment system is no longer titled a composite rate, we believe that the former composite rate payment system and the current bundled system are both composite systems excluded from the Stark Law. Since most services furnished to Medicare beneficiaries provided in our dialysis centers are reimbursed through a bundled rate, the services performed in our facilities generally are not DHS, and the Stark Law referral prohibition does not apply to those services. Certain separately billable drugs (drugs furnished to an ESRD patient that are not for the treatment of ESRD that CMS allows our centers to bill for using the so-called AY modifier) may be considered DHS. However, we have implemented certain billing controls designed to limit DHS being billed out of our dialysis clinics. Likewise, the definition of inpatient hospital services, for purposes of the Stark Law, also excludes inpatient dialysis performed in hospitals that are not certified to provide ESRD services. Consequently, our arrangements with such hospitals for the provision of dialysis services to hospital inpatients do not trigger the Stark Law referral prohibition.

In addition, although prescription drugs are DHS, there is an exception in the Stark Law for calcimimetics, EPO and other specifically enumerated dialysis drugs when furnished in or by an ESRD facility such that the arrangement for the furnishing of the drugs does not violate the Stark Law.

We have entered into several types of financial relationships with referring physicians, including compensation arrangements. If our dialysis centers were to bill for a non-exempted drug and the financial relationships with the referring physician did not satisfy an exception, we could be required to change our practices, face civil penalties, pay substantial fines, return certain payments received from Medicare and beneficiaries or otherwise experience a material adverse effect as a result of a challenge to payments made pursuant to referrals from these physicians under the Stark Law. Additionally, certain of our subsidiaries, were they to bill DHS, would implicate the Stark Law. As such we endeavor to structure arrangements with relevant physicians to fit within the existing exceptions to the Stark Law. If we were to fail to satisfy an applicable exception,

we could similarly be required to change practices, face penalties and fines, return certain payments or otherwise face adverse consequences.

On December 2, 2020, CMS released a final rule implementing modifications to the Stark Law. The purpose of these modifications is to promote value-based and coordinated care arrangements as well as reduce other regulatory burdens. The changes implemented by the final rules went into effect on January 19, 2021. We continue to assess the anticipated impact of these modifications on our business, results of operations and financial condition.

*Medical director agreements*. We endeavor to structure our medical director agreements to satisfy the personal services arrangement exception to the Stark Law. While we believe that the compensation provisions included in our medical director agreements are the result of arm's length negotiations and result in fair market value payments for medical director services, an enforcement agency could nevertheless challenge the level of compensation that we pay our medical directors.

*Lease agreements*. We lease space from entities in which referring physicians hold interests and we sublease space to referring physicians at some of our dialysis centers. The Stark Law provides an exception for lease arrangements if specific requirements are met. We endeavor to structure our leases and subleases with referring physicians to satisfy the requirements for this exception.

*Consulting agreements.* From time to time, we enter into consulting agreements with physicians. Engaged physicians provide services including providing input on processes, services and protocols as well as providing education on assorted topics. We endeavor to structure these arrangements to comply with the Stark Law exception for personal services.

*Employment agreements*. We employ physicians to provide administrative and clinical services. We endeavor to structure these arrangements to comply with the relevant Stark Law exceptions.

*Common stock*. Some referring physicians may own our common stock. We believe that these interests satisfy the Stark Law exception for investments in large publicly traded companies.

*Joint ventures*. Some of our referring physicians also own equity interests in entities that operate our dialysis centers and subsidiaries. We believe that none of the Stark Law exceptions applicable to physician ownership interests in entities to which they make DHS referrals apply to the kinds of ownership arrangements that referring physicians hold in several of our subsidiaries that operate dialysis centers. Accordingly, these dialysis centers do not bill Medicare for DHS, if any, when provided based on the referral from any physician owners. If the dialysis centers bill for DHS referred by physician owners, the dialysis centers or subsidiaries could be subject to the Stark Law penalties described above unless a relevant exception to the Stark Law applies.

*Ancillary services*. The operations of our ancillary and subsidiary businesses are also subject to compliance with the Stark Law, and any failure to comply with these requirements, particularly in light of the strict liability nature of the Stark Law, could subject these operations to the Stark Law penalties and sanctions described above.

If CMS or other regulatory or enforcement authorities determined that we have submitted claims in violation of the Stark Law, or otherwise violated the Stark Law, we would be subject to the penalties described above. In addition, it might be necessary to restructure existing compensation agreements with our medical directors and to repurchase or to request the sale of ownership interests in subsidiaries and partnerships held by referring physicians or, alternatively, to refuse to accept referrals for DHS from these physicians, or take other actions to modify our operations. Any such penalties and restructuring or other required actions could have a material adverse effect on our business, results of operations, financial condition, cash flows, stock price and reputation.

*Fraud and abuse under state law*

Some states in which we operate dialysis centers have laws prohibiting physicians from holding financial interests in various types of medical facilities to which they refer patients. Some of these laws could potentially be interpreted broadly as prohibiting physicians who hold shares of our publicly traded stock or are physician owners from referring patients to our dialysis centers if the centers use our laboratory subsidiary to perform laboratory services for their patients or do not otherwise satisfy an exception to the law. States also have laws similar to or stricter than the federal Anti-Kickback Statute that may affect our ability to receive referrals from physicians with whom we have financial relationships, such as our medical directors. Some state anti-kickback laws also include civil and criminal penalties. Some of these laws include exemptions that may be applicable to our medical directors and other physician relationships or for financial interests limited to shares of publicly traded stock. Some, however, may include no explicit exemption for certain types of agreements and/or relationships entered into with physicians. If these laws are interpreted to apply to referring physicians with whom we contract for medical director and similar services, to referring physicians with whom we hold joint ownership interests or to referring physicians who hold interests in

DaVita Inc. limited solely to our publicly traded stock, and for which no applicable exception exists, we may be required to terminate or restructure our relationships with or refuse referrals from these referring physicians and could be subject to criminal, civil and administrative sanctions, refund requirements and exclusions from government healthcare programs, including Medicare and Medicaid, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.

*Corporate Practice of Medicine and Fee-Splitting*

There are states in which we operate that have laws that prohibit business entities, such as our Company and our subsidiaries, from practicing medicine, employing physicians to practice medicine or exercising control over medical decisions by physicians (known collectively as the corporate practice of medicine). These states also prohibit entities from engaging in certain financial arrangements, such as fee-splitting, with physicians. In some states these prohibitions are expressly stated in a statute or regulation, while in other states the prohibition is a matter of judicial or regulatory interpretation. Violations of the corporate practice of medicine vary by state and may result in physicians being subject to disciplinary action, as well as to forfeiture of revenues from payors for services rendered. For lay entities, violations may also bring both civil and, in more extreme cases, criminal liability for engaging in medical practice without a license. Some of the relevant laws, regulations, and agency interpretations in states with corporate practice of medicine restrictions have been subject to limited judicial and regulatory interpretation. Moreover, state laws are subject to change.

*False Claims Act*

The federal FCA is a means of policing false bills or false requests for payment in the healthcare delivery system. In part, the FCA authorizes the imposition of up to three times the government's damages and civil penalties on any person who, among other acts:

- Knowingly presents or causes to be presented to the federal government, a false or fraudulent claim for payment or approval;
- Knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay the government, or knowingly conceals or knowingly and improperly, avoids or decreases an obligation to pay or transmit money or property to the federal government; or
- Conspires to commit the above acts.

In addition, amendments to the FCA impose severe penalties for the knowing and improper retention of overpayments collected from government payors. Under these provisions, within 60 days of identifying and quantifying an overpayment, a provider is required to follow certain notification and repayment processes. An overpayment impermissibly retained could subject us to liability under the FCA, exclusion from government healthcare programs, and penalties under the federal Civil Monetary Penalty statute. As a result of these provisions, our procedures for identifying and processing overpayments may be subject to greater scrutiny.

On June 19, 2020, the DOJ issued a final rule announcing penalties for a violation of the FCA ranging from $11,665 to $23,331 for each false claim, plus up to three times the amount of damages caused by each false claim, which can be as much as the amounts received directly or indirectly from the government for each such false claim. The federal government has used the FCA to prosecute a wide variety of alleged false claims and fraud allegedly perpetrated against Medicare and state healthcare programs, including coding errors, billing for services not rendered, the submission of false cost reports, billing for services at a higher payment rate than appropriate, billing under a comprehensive code as well as under one or more component codes included in the comprehensive code and billing for care that is not considered medically necessary. The ACA provides that claims tainted by a violation of the federal Anti-Kickback Statute are false for purposes of the FCA. Some courts have held that filing claims or failing to refund amounts collected in violation of the Stark Law can form the basis for liability under the FCA. In addition to the provisions of the FCA, which provide for civil enforcement, the federal government can use several criminal statutes to prosecute persons who are alleged to have submitted false or fraudulent claims for payment to the federal government.

*Civil Monetary Penalties Statute*

The Civil Monetary Penalties Statute, 42 U.S.C. § 1320a-7a, authorizes the imposition of civil money penalties, assessments, and exclusion against an individual or entity based on a variety of prohibited conduct, including, but not limited to:

- Presenting, or causing to be presented, claims for payment to Medicare, Medicaid, or other third-party payors that the individual or entity knows or should know are for an item or service that was not provided as claimed or is false or fraudulent;
- Offering remuneration to a Federal healthcare program beneficiary that the individual or entity knows or should know is likely to influence the beneficiary to order or receive healthcare items or services form a particular provider;
- Arranging contracts with an entity or individual excluded from participation in the Federal healthcare programs;
- Violating the federal Anti-Kickback Statute;
- Making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim for payment for items and services furnished under a Federal healthcare program;
- Making, using, or causing to be made any false statement, omission, or misrepresentation of a material fact in any application, bid, or contract to participate or enroll as a provider of services or a supplier under a Federal healthcare program; and
- Failing to report and return an overpayment owed to the federal government.

Substantial civil monetary penalties may be imposed under the federal Civil Monetary Penalty Statute and vary, depending on the underlying violation. In addition, an assessment of not more than three times the total amount claimed for each item or service may also apply, and a violator may be subject to exclusion from Federal and state healthcare programs.

*Foreign Corrupt Practices Act*

We are subject to the provisions of the Foreign Corrupt Practices Act (FCPA) in the United States and similar laws in other countries, which generally prohibit companies and those acting on their behalf from making improper payments to foreign government officials for the purpose of obtaining or retaining business. A violation of the FCPA by us and/or our agents or representatives could result in, among other things, the imposition of fines and penalties, changes to our business practices, the termination of our contracts or debarment from bidding on contracts, and/or harm to our reputation, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

*Privacy and Security*

The Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act), (collectively referred to as HIPAA), require us to provide certain protections to patients and their health information. The HIPAA privacy and security regulations extensively regulate the use and disclosure of PHI and require covered entities, which include healthcare providers, to implement and maintain administrative, physical and technical safeguards to protect the security of such information. Additional security requirements apply to electronic PHI. These regulations also provide patients with substantive rights with respect to their health information.

The HIPAA privacy and security regulations also require us to enter into written agreements with certain contractors, known as business associates, to whom we disclose PHI. Covered entities may be subject to penalties for, among other activities, failing to enter into a business associate agreement where required by law or as a result of a business associate violating HIPAA if the business associate is found to be an agent of the covered entity and acting within the scope of the agency. Business associates are also directly subject to liability under the HIPAA privacy and security regulations. In instances where we act as a business associate to a covered entity, there is the potential for additional liability beyond our status as a covered entity.

Covered entities must report breaches of unsecured PHI to affected individuals without unreasonable delay but not to exceed 60 days of discovery of the breach by a covered entity or its agents. Notification must also be made to the HHS, and, for breaches of unsecured PHI involving more than 500 residents of a state or jurisdiction, to the media. All non-permitted uses or disclosures of unsecured PHI are presumed to be breaches unless the covered entity or business associate establishes that there is a low probability the information has been compromised. Various state laws and regulations may also require us to notify affected individuals in the event of a data breach involving individually identifiable information without regard to whether there is a low probability of the information being compromised.

Penalties for impermissible use or disclosure of PHI were increased by the HITECH Act by imposing tiered penalties of more than $50,000 per violation and up to $1.5 million per year for identical violations. In addition, HIPAA provides for criminal penalties of up to $250,000 and ten years in prison, with the severest penalties for obtaining and disclosing PHI with

the intent to sell, transfer or use such information for commercial advantage, personal gain or malicious harm. Further, state attorneys general may bring civil actions seeking either injunction or damages in response to violations of the HIPAA privacy and security regulations that threaten the privacy of state residents.

In addition to the protection of PHI, healthcare companies must meet privacy and security requirements applicable to other categories of personal information. Companies may process consumer information in conjunction with website and corporate operations. They may also handle employee information, including Social Security Numbers, payroll information, and other categories of sensitive information, to further their employment practices. In processing this additional information, companies must comply with the privacy and security requirements of consumer protection laws, labor and employment laws, and its publicly-available notices.

Data protection laws are evolving globally, and may add additional compliance costs and legal risks to our international operations. In Europe, the General Data Protection Regulation (GDPR) became effective on May 25, 2018. The GDPR applies to entities that are established in the European Union (EU), as well as extends the scope of EU data protection laws to foreign companies processing data of individuals in the EU. The GDPR imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under GDPR, regulatory penalties may be passed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million. The costs of compliance with, and other burdens imposed by, the GDPR and other new laws, regulations and policies implementing the GDPR may impact our European operations and/or limit the ways in which we can provide services or use personal data collected while providing services. In July 2020, the Court of Justice of the European Union issued an opinion in the Schrems II case that invalidated the E.U.-U.S. Privacy Shield as a basis for transferring EU personal data to the U.S. The Court upheld European Commission-approved Standard Contractual Clauses (SCCs) as a basis for transfers of EU personal data to the United States, but imposed additional compliance burdens on companies to ensure their ability to comply with such contractual obligations. In October 2020, the U.S. government has issued guidance to companies on how to assess their ability to comply with transfer obligations, and in November 2020, the European Data Protection Board (EDPB), tasked with overseeing compliance with the GDPR, published, further to its initial guidance, its recommendations on measures to supplement data transfer rules to ensure compliance with EEA data protection law. In addition, the European Commission has also published a draft implementing a decision on new SCCs for the transfer of personal data to third countries which may be a significant task to put into place given its requirements. These developments add a layer of complexity to compliance efforts around international data transfers and compliance with the GDPR. If we fail to comply with the requirements of GDPR, we could be subject to penalties that would have a material adverse impact on our business, results of operations, financial condition and cash flows.

Data protection laws are also evolving nationally, and may add additional compliance costs and legal risks to our U.S. operations. For example, the California Consumer Protection Act (CCPA) became effective January 1, 2020 and enforceable by the California Attorney General on July 1, 2020. The CCPA is a privacy law that requires certain companies doing business in California to enhance privacy disclosures regarding the collection, use and sharing of a consumer's personal data. The CCPA grants consumers additional privacy rights that are broader than current Federal privacy rights. The CCPA also permits the imposition of civil penalties, grants enforcement authority to the state Attorney General and provides a private right of action for consumers where certain personal information is breached due to unreasonable information security practices. Since its passage, several other states, including Nevada and Maine, have expanded their state data protection laws, and other states are considering similar legislation. These laws impose organizational requirements and grant individual rights that are comparable to those established in the CCPA. Additionally, in November 2020, California voters passed the California Privacy Rights Act (CPRA). The CPRA, which is expected to take effect on January 2023, significantly expands the data protection obligations imposed by the CCPA on companies doing business in California, including additional consumer rights processes, limitations on data uses, and opt outs for certain uses of sensitive data. It also will create a new California data protection agency to enforce the law, and require certain businesses with higher risk privacy and security practices to submit annual audits to the agency on a regular basis. The CPRA will likely result in broader increased regulatory scrutiny in California of businesses’ privacy and security practices, could lead to a further rise in data protection litigation, and will require additional compliance investment and potential business process changes in the meantime.

In addition to the breach reporting requirements under HIPAA, companies are subject to state breach notification laws. Each state enforces a law requiring companies to provide notice of a breach of certain categories of sensitive personal information, e.g. Social Security Number, financial account information, or username and password. A company impacted by a breach must notify affected individuals, attorney’s general or other agencies within a certain time frame. If a company does not provide timely notice with the required content, it may be subject to civil penalties brought by attorney’s generals or affected individuals.

Companies must also safeguard personal information in accordance with federal and state data security laws and requirements. These requirements are akin to the HIPAA requirements to safeguard PHI, described above. The Federal Trade Commission, for example, requires companies to implement reasonable data security measures relative to its operations and the

volume and complexity of the information it processes. Also, various state data security laws require companies to safeguard data with technical security controls and underlying policies and processes. Due to the constant changes in the data security space, companies must continuously review and update data security practices to mitigate any potential operational or legal liabilities stemming from data security risks.

*Healthcare reform*

In March 2010, broad healthcare reform legislation was enacted in the U.S. through the ACA, but the ACA's regulatory framework and other healthcare reforms continue to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. There have been multiple attempts to repeal or amend the ACA through legislative action and legal challenges, and the most recent challenge is currently before the U.S. Supreme Court. A repeal or other significant change to the ACA could have a material impact on our business if, for example, programs under the ACA were cancelled, including, among others, Medicaid expansion, CMMI models or the health insurance exchanges. Our revenue and operating income levels are highly sensitive to the percentage of our patients with higher-paying commercial health insurance and any legislative, regulatory or other changes that decrease the accessibility and availability, including the duration, of commercial insurance may have a material adverse impact on our business. In the event the health insurance exchange markets are significantly impaired as a result of legislative developments or other changes, it may adversely impact the percentage of our patients with higher-paying commercial health insurance, particularly if patients become unemployed due to factors related to the COVID-19 pandemic or otherwise and are unable to turn to the exchanges as an alternative to employer-based coverage.

Any changes in legislation, regulation or market conditions in connection with or resulting from the recent elections, could also impact our business in a number of ways, some of which may be material. For example, proposed legislative developments or administrative decisions, such as the creation of a public health insurance option similar to Medicare, government programs that impact access to Medicaid expansion or funding to families to purchase plans through health insurance exchanges or changes to the eligibility age for Medicare beneficiaries, eliminating the eligibility cap for the advance premium tax credit (APTC) and enhancing activities aimed at enrolling eligible individuals in Medicaid could impact the percentage of our patients with higher-paying commercial health insurance, impact the scope of coverage under commercial health plans and increase our expenses, among other things. Particularly in light of the ongoing COVID-19 pandemic, considerable uncertainty exists surrounding the continued development of the ACA and related regulations, programs and models, as well as similar healthcare reform measures and/or other potential changes at the federal and/or state level to laws, regulations and other requirements that govern our business.

*New models of care and Medicare and Medicaid program reforms*

As noted above, the 2019 Executive Order directed CMS to create payment models to evaluate the effects of creating payment incentives for the greater use of home dialysis and kidney transplants for those already on dialysis. CMS, through CMMI, published the final ETC mandatory payment model on September 18, 2020. The ETC will be administered through CMMI and launched in approximately 30% of dialysis clinics across the country on January 1, 2021.

In addition, CMS also announced the implementation of four voluntary kidney care payment models with the stated goal of helping healthcare providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. CMS has stated these payment models are aimed to prevent or delay the need for dialysis and encourage kidney transplantation. These payment models have a scheduled commencement date of April 2021, though applicants now have the option to delay implementation until January 2022. Though we have applied for, and been provisionally accepted to participate in certain of these voluntary models, we continue to assess these models and their viability for us and the industry. These voluntary models continue CMMI's prior work with various healthcare providers to develop, refine and implement ACOs and other innovative models of care for Medicare and Medicaid beneficiaries, including, without limitation, the CEC Model (which includes the development of ESRD Seamless Care Organizations), the Duals Demonstration, and other models. We participated in the CEC Model with CMMI, including with organizations in Arizona, Florida, and adjacent markets in New Jersey and Pennsylvania. The CEC ESCOs Model overall ended in Florida in December 2020, while the Arizona and adjacent markets in New Jersey and Pennsylvania are scheduled to end in March 2021. We may choose to participate in additional models either as a partner with other providers or independently. Even in areas where we are not directly participating in these or other CMMI models, some of our patients may be assigned to an ACO, another ESRD Care Model, or another program, in which case the quality and cost of care that we furnish will be included in an ACO's, another ESRD Care Model's, or other program's calculations.

In addition, as to the aforementioned new models of care, federal bipartisan legislation related to full capitation demonstration for ESRD was introduced in Congress in September 2020 as the BETTER Kidney Care Act. This proposed legislation, which has not secured introduction in the current Congress, would build on prior coordinated care models, such as the CEC Model, and would establish a demonstration program for the provision of integrated care to Medicare fee-for-service

dialysis and transplant patients. We have made and continue to make investments in building our integrated care capabilities, but there can be no assurances that initiatives such as this or similar legislation will be introduced or passed into law, and the ongoing COVID-19 pandemic may delay the progress of any such initiatives. If such legislation is passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on the broader scale contemplated by legislation like this, and in the desired time frame. Additionally, the ultimate terms and conditions of any such potential legislation remain unclear. For example, our costs of care could exceed our associated reimbursement rates under such legislation. For additional detail on the evolving health care landscape and associated developments in our competitive environment, see the risk factor in Item 1A Risk Factors under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows."*

CMS has also issued final rules related to the Cures Act. The Cures Act included a provision that, effective January 1, 2021, allows Medicare eligible beneficiaries with ESRD to choose coverage under a Medicare Part C MA managed care plan. This provision could broaden access to certain enhanced benefits offered by MA plans. MA plans usually provide reimbursement to us at a negotiated rate that is generally higher than Medicare FFS rates. We continue to evaluate the potential impact of this change in benefit eligibility, as there remains significant uncertainty as to how many or which newly eligible ESRD patients will seek to enroll in MA plans for their ESRD benefits and how quickly any such changes would occur. This uncertainty may be heightened by components of the aforementioned final rules, which include a provision that, among other things, removes the objective time and distance standards relating to network adequacy for outpatient dialysis centers for MA plans. The removal of these standards could result in MA plans seeking to limit provider networks available to dialysis patients. If MA plans attempt to use this revision to the rules to limit or restrict their networks, this may adversely impact the number of ESRD patients that select MA plans and also may result in the Company not being an in-network provider for significant MA plans. For details on the risks associated with these changes, see the risk factors in Item 1A Risk Factors under the headings, *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;"* and *"We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows".*

The Cures Act also includes provisions related to data interoperability, information blocking, and patient access. CMS and the Office of the National Coordinator for Health Information Technology (ONC) recently issued final rules related to these provisions, which include, among other things, requirements surrounding information blocking, changes to ONC's Health IT Certification Program and requirements that CMS-regulated payors make relevant claims/care data and provider directory information available through standardized patient access and provider directory application programming interfaces (APIs) that connect to provider electronic health records. We have made and continue to make investments in building data interoperability capabilities, including as part of building on our integrated care capabilities as noted above, and continue to evaluate the potential impact of the CMS and ONC final rules.

In addition, recent price and patient responsibility transparency regulations require health plans to make certain pricing and patient responsibility information publicly available. Certain of the requirements went into effect January 1, 2021 while others will go into effect January 1, 2024. There is a possibility that any changes by health plans resulting from these regulations could impact our revenue and results of operations.

*Other regulations*

Our U.S. dialysis and related lab services operations are subject to various state hazardous waste and non-hazardous medical waste disposal laws. These laws do not classify as hazardous most of the waste produced from dialysis services. Occupational Safety and Health Administration regulations require employers to provide workers who are occupationally subject to blood or other potentially infectious materials with prescribed protections. These regulatory requirements apply to all healthcare facilities, including dialysis centers, and require employers to make a determination as to which employees may be exposed to blood or other potentially infectious materials and to have in effect a written exposure control plan. In addition, employers are required to provide or employ hepatitis B vaccinations, personal protective equipment and other safety devices, infection control training, post-exposure evaluation and follow-up, waste disposal techniques and procedures and work practice controls. Employers are also required to comply with various record-keeping requirements.

In addition, a few states in which we do business have certificate of need programs regulating the establishment or expansion of healthcare facilities, including dialysis centers.

*State initiatives*

There have been several state initiatives to limit payments to dialysis providers or impose other burdensome operational requirements, which, if passed, could have a material adverse impact on our business, results of operation, financial condition and cash flows. For example, on October 24, 2019, the Service Employees International Union - United Healthcare Workers West (SEIU) proposed a California statewide ballot initiative (Proposition 23) that sought to impose certain regulatory requirements on dialysis clinics, including requirements related to physician staffing levels, clinical reporting, clinical treatment options and limitations on the ability to make decisions on closing or reducing services for dialysis clinics. While this ballot initiative was rejected by voters in 2020, we incurred substantial costs to oppose it. We may face ballot initiatives or other proposed regulations or legislation in California or other states in future years, which may require us to incur further substantial costs and which, if passed, could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Evolving proposed or issued laws, requirements, rules and guidance that impact our business, including as may be described above, and any failure on our part to adequately adjust to any resulting marketplace developments could have a material adverse effect on our business, results of operations, financial condition and cash flows. For additional discussion on the risks associated with the evolving payment and regulatory landscape for kidney care, see the discussion in Item 1A Risk Factors, including the discussion under the heading, *"Our business is subject to a complex series of governmental laws, regulations and requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation" and "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows".*

**Corporate compliance program**

Our businesses are subject to extensive regulations. Management has designed and implemented a corporate compliance program as part of our commitment to comply fully with applicable criminal, civil and administrative laws and regulations and to maintain the high standards of conduct we expect from all of our teammates. We continuously review this program and work to enhance it as appropriate. The primary purposes of the program include:

- Assessing and identifying risks for existing and new businesses;
- Training and educating our teammates and affiliated professionals to promote awareness of legal and regulatory requirements, a culture of compliance, and the necessity of complying with all applicable laws, regulations and requirements;
- Developing and implementing compliance policies and procedures and creating controls to support compliance with applicable laws, regulations and requirements and our policies and procedures;
- Auditing and monitoring the activities of our operating units and business support functions to identify and mitigate risks and potential instances of noncompliance in a timely manner; and
- Ensuring that we promptly take steps to resolve any instances of noncompliance and address areas of weakness or potential noncompliance.

We have a code of conduct that each of our teammates, members of our Board of Directors, affiliated professionals and certain third parties must follow, and we have an anonymous compliance hotline for teammates and patients to report potential instances of noncompliance that is managed by a third party. Our Chief Compliance Officer administers the compliance program. The Chief Compliance Officer reports directly to our Chief Executive Officer and the Chair of the Compliance and Quality Committee of our Board of Directors (Board Compliance and Quality Committee). Previously, we were subject to a five-year Corporate Integrity Agreement (CIA) with OIG. The term of the CIA expired on October 22, 2019, and we were notified on May 20, 2020 that the OIG had closed out its review. The CIA (i) required that we maintain certain elements of our compliance programs; (ii) imposed certain expanded compliance-related requirements during the term of the CIA; (iii) required ongoing monitoring and reporting by an independent monitor, imposed certain reporting, certification, records retention and training obligations, allocated certain oversight responsibility to the Board’s Compliance and Quality Committee, and necessitated the creation of a Management Compliance Committee and the retention of an independent compliance advisor to the Board; and (iv) contained certain business restrictions related to a subset of our joint venture arrangements.

Any future penalties, sanctions or other consequences could be more severe in certain circumstances if the OIG or a similar regulatory authority determines that we knowingly and repeatedly failed to comply with applicable laws, regulations or requirements that apply to our business, including substantial penalties and exclusion from participation in federal healthcare programs that could have a material adverse effect on our business, results of operations, financial condition and cash flows, reputation and stock price.

**Competition**

The U.S. dialysis industry has experienced consolidation over the last 20 years, but remains highly competitive. Patient retention and the continued referrals of patients from referral sources such as hospitals and nephrologists, as well as acquiring or developing new outpatient dialysis centers are some of the important parts of our growth strategy. In our U.S. dialysis business, we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for limited acquisition targets, for individual patients who may choose to dialyze with us and for physicians qualified to provide required medical director services. Competition for growth in existing and expanding geographies or areas is intense and is not limited to large competitors with substantial financial resources or established participants in the dialysis space. We also compete with individual nephrologists, former medical directors or physicians that have opened their own dialysis units or facilities. Moreover, as we continue our international dialysis expansion into various international markets, we face competition from large and medium-sized providers, among others, for acquisition targets as well as physician relationships. We also experience competitive pressures from other dialysis providers in recruiting and retaining qualified skilled clinical personnel as well as in connection with negotiating contracts with commercial healthcare payors and inpatient dialysis service agreements with hospitals. Acquisitions, developing new outpatient dialysis centers, patient retention and physician relationships are significant components of our growth strategy and our business could be adversely affected if we are not able to continue to make dialysis acquisitions on reasonable and acceptable terms, continue to develop new outpatient dialysis centers, maintain or establish new relationships with physicians or if we experience significant patient attrition relative to our competitors.

Together with our largest competitor, Fresenius Medical Group (FMC), we account for approximately 73% of outpatient dialysis centers in the U.S. Many of the centers not owned by us, FMC or other large for profit dialysis providers are owned or controlled by hospitals or non-profit organizations. Hospital-based and non-profit dialysis units typically are more difficult to acquire than physician-owned dialysis centers.

FMC also manufactures a full line of dialysis supplies and equipment in addition to owning and operating outpatient dialysis centers worldwide. This may, among other things, give FMC cost advantages over us because of its ability to manufacture its own products. Additionally, FMC has been one of our largest suppliers of dialysis products and equipment over the last several years. In January 2021, upon the expiration of our prior agreement with FMC on December 31, 2020, we entered into and subsequently extended a new agreement with FMC to purchase a certain amount of dialysis equipment, parts and supplies from FMC which extends through December 31, 2024. The amount of purchases from FMC over the remaining term of this agreement will depend upon a number of factors, including the operating requirements of our centers, the number of centers we acquire, and growth of our existing centers.

There have been a number of announcements by non-traditional dialysis providers and others, which relate to entry into the dialysis and pre-dialysis space, the development of innovative technologies, or the commencement of new business activities that could be disruptive to the industry. These developments over time may shift the competitive landscape in which we operate. For additional discussion on these developments and associated risks, see the risk factor in Item 1A Risk Factors under the heading, "*If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows*."

**Insurance**

We are predominantly self-insured with respect to professional and general liability and workers' compensation risks through wholly-owned captive insurance companies. We are also predominantly self-insured with respect to employee medical and other health benefits. We also maintain insurance, excess coverage, or reinsurance for property and general liability, professional liability, directors' and officers' liability, workers' compensation, cybersecurity and other coverage in amounts and on terms deemed appropriate by management, based on our actual claims experience and expectations for future claims. Future claims could, however, exceed our applicable insurance coverage. Physicians practicing at our dialysis centers are required to maintain their own malpractice insurance, and our medical directors are required to maintain coverage for their individual private medical practices. Our liability policies cover our medical directors for the performance of their duties as medical directors at our outpatient dialysis centers.

**Human capital management**

*Overview*

At DaVita, we are guided by our Mission—to be the provider, partner and employer of choice—and a set of Core Values—Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment and Fun—which are reinforced at all levels of the organization. Our teammates share a common passion for improving patients' lives and are the cornerstone for the health of DaVita.

We strive to be a community first and a company second, and affectionately call ourselves a Village. To be a healthy Village, we need to attract, retain and motivate highly qualified and diverse teammates. To do so, we have implemented strategies that support our mission to be the employer of choice, such as:

- Designing programs and processes to cultivate a diverse talent pipeline that allows us to hire ahead of needs;
- Providing development and professional growth opportunities; and
- Offering a robust total rewards program.

These efforts are underpinned by a foundational focus on diversity and belonging that starts at the top with our Board of Directors and executive leadership and permeates through our Village as further described below.

We believe that this intentional investment of time and resources fosters a special community of teammates that, in turn, inspires the Village to take better care of our patients and better care of the communities in which we live.

*Oversight & Management*

Our Board of Directors provides oversight on human capital matters, receiving regular updates from our Chief People Officer about People Services' activities, strategies and initiatives, and through the Board's annual work with our Chief Executive Officer on management development and succession planning. Among other things, our Board of Directors and/or its committees also receive reports related to pay equity, risks and trends related to labor and human capital management issues and general issues pertaining to our teammates. The Board also oversees the Company's activities, policies and programs related to corporate environmental and social responsibility, including considering the impact of such activities, policies and programs on the Company, teammates and communities.

These reports and recommendations to the Board and its committees are part of our broader People Services leadership and oversight framework, which includes guidance from various stakeholders across the business and benefits from the full participation of senior leadership.

*Diversity & Belonging*

Our investment in our teammates is underscored by our commitment to Diversity & Belonging (D&B). Our D&B vision is "a diverse Village where everyone belongs." Our 3,137 dialysis centers operate in communities large and small, in nearly every state in the U.S. as well as ten other countries: Brazil, China, Columbia, Germany, Malaysia, Poland, Portugal, Saudi Arabia, Singapore, and the United Kingdom. Our Village's diversity is inherent in the teammates who work in our centers, the patients we care for, the physicians with whom we partner, and the communities where we serve.

To help achieve this vision, we empower all leaders and teammates to cultivate D&B in their centers and on their teams. One way we do this is by sharing tools and resources like our Belonging Teammate and Belonging Leader Guides, which encourage teammates to connect with each other to learn about individual experiences with belonging and better understand the impact of unconscious bias.

We take a collaborative, leader-led approach to building our D&B program. Everyone from our front-line patient care technicians (PCTs) and nurses to our divisional vice presidents, our CEO and our Board of Directors has a role in implementing our strategy. It truly does take a Village to bring our vision to life.

Over the past several years, our D&B efforts have focused primarily on supporting strong representation of women and people of color and ensuring that we are creating a welcoming, open environment where all teammates, patients, physicians and care partners belong.

As of December 31, 2020, our Village in the U.S. was comprised of 78% women and 54% people of color. We are proud of the fact that in the U.S. as of December 31, 2020, 74% of our managers and 54% of our directors are women and that leaders with profit and loss responsibility are 52% women and 27% people of color. We also are proud of the fact that our Board of

Directors is comprised of 44% women and 33% people of color. With respect to Board leadership positions, we are one of the few companies in the S&P 500 to have a woman serving as the Chair of the Board of Directors, and 75% of our Board committees are led by women or people of color.

Talent Pipeline and Career Development

We understand that a key component of developing strong representation of women and people of color in leadership is to have recruiting practices focused on diversity. Some of our practices include:

- Diverse Sourcing: Our recruiters are trained on how to source for diverse candidates to ensure we have a robust pipeline at all levels of the organization.

- Diverse Partnerships: We have external partnerships with organizations like Forte Foundation and Management Leadership for Tomorrow to help create equal opportunities for diverse candidates.

- Redwoods Leadership: We partner closely with diverse student body organizations at colleges and universities to source applicants for our Redwoods leadership development programs.

Helping teammates reach the next stage in their career and increasing their earnings potential is one of our passions. We have several career development programs that support teammates to further their careers. To help ensure that teammates have the support needed to succeed in their current roles, and grow their careers, we have invested in an end-to-end career development pipeline that includes programs and initiatives that provide financial, academic and social support to our clinical and operations personnel to help achieve their higher education and leadership goals. For example, approximately 86% of our teammates are clinical field/operations personnel, and we have programs in place to help guide their potential journey at DaVita. Beginning with programs that cover certification fees for PCTs to coaching and tuition programs that help guide PCTs to becoming registered nurses (RNs) to programs that help develop high potential nurses, clinical coordinators and clinic nurse managers into operational managers and ultimately to programs that prepare and coach operational managers for potential regional operations director roles, our goal is to make resources available to teammates at each step of a possible career path.

*Total Rewards Program and Pay Equity*

Our pay philosophy and practices are designed to be competitive in the local market and to reward strong team and individual performance. We believe merit-driven pay encourages teammates to do their best work, including in caring for our patients, and we strive to link pay to performance so we can continue to incentivize the provision of extraordinary care to our patients and grow our Village.

To help our teammates reach their full potential, we offer a total rewards package. More than just pay, our comprehensive compensation package connects teammates to robust health care coverage, resources for retirement planning and savings, opportunities for career development, and well-being resources for every stage of life.

To support our teammates in maintaining strong physical and mental health, we offer a variety of physical and mental health benefits programs, including, among other things:

- Teammate Assistance Program that offers counseling sessions annually to all teammates and their household members, along with work/life resources and tools that include telephonic or face to face legal consultation and expert financial planning/consultation.

- Free access to Headspace application for digital meditation and mindfulness and referrals/consultations on everyday issues such as dependent care, auto repair, pet care and home improvement.

- Vitality Points, a voluntary wellness incentive program that allows participating teammates and spouses/domestic partners to earn credits toward their medical premium for getting a biometric screening and engaging in healthy actions should they not meet certain targets.

- Short & Long term disability for full time teammates and Life/AD&D coverage at both the basic and supplemental levels.

- Our DaVita Village Network, which provides financial support to eligible teammates experiencing a specific tragedy or hardship and helps cover additional costs that local fundraising and insurance do not fully cover.

In support of our teammates and their families, we also offer family support programs that include family care programs for back-up child and elder care, parental support and parental leave programs. We also offer a number of scholarships for teammates' children and grandchildren.

We also offer a robust suite of financial well-being programs for eligible teammates including, among others, a 401(k) program with company match, an employee stock purchase plan, health savings account funding for certain high deductible health plans and a deferred compensation plan. We also offer DailyPay, a service that provides teammates with financial flexibility by allowing them to access earned but unpaid wages before payday for a nominal fee.

*Pay Equity*

At DaVita, we are committed to equal pay for equal work; meaning, teammates in the same position, performing at the same level, and in similar geographies, are paid fairly relative to one another, regardless of their gender, race or ethnicity. We believe that equitable pay is a critical component of establishing a fair work environment where all teammates are valued and feel like they belong. Fair pay is essential to our ability to attract and motivate the highly qualified, and diverse, teammates who are at the center of our current and future success.

*Agile Response, Teammate Feedback and Responding to the Public Health Crisis*

The COVID-19 pandemic tested our ability to respond to external developments and care for our teammates in real time. In response to the hardship imposed by the pandemic on our teammates, and in recognition of their dedication and commitment to our patients' health, DaVita provided financial relief to over 50,000 teammates, such as a "Village Lives" award of $100 per week from March through May 2020, as well as other relief payments during the pandemic. In addition, we did not furlough, layoff or reduce pay for any teammates due to the pandemic. One of our key goals during the pandemic was to maintain frequent communication and engagement with teammates, including "town hall" calls, emails and more. As the pandemic has persisted, we continue to provide essential relief programs to support these teammates, including backup childcare, modified sick policies and certain increased overtime pay for front-line positions.

Most importantly, the health and safety of our teammates in the Village and their families remains a top priority throughout this ongoing pandemic. We implemented guidance early in the pandemic to help mitigate health and safety risks imposed by COVID-19, including, among other things:

- Securing necessary supplies of personal protective equipment;
- Restricting visitors to our centers;
- Screening teammates, patients and visitors for signs and symptoms of, or exposure to, COVID-19, before allowing entry into our clinics or business offices;
- Implementing an early universal masking policy; and
- Providing guidance on staying safe outside of our centers.

We also converted our live, in-person teammate and leadership development programs to virtual delivery, to help ensure that our teammates across our global Village could continue to grow personally and professionally and have access to career development resources despite the ongoing pandemic.

We believe our ability to engage with teammates and respond to these developments has helped us to better care for them. By caring for our teammates, we were generally able to maintain continuity of care for our patients and support the broader healthcare community throughout this unprecedented public health crisis.

As of December 31, 2020, we employed approximately 67,000 teammates, including our international teammates.

For additional information about certain risks associated with our human capital management, see the risk factor in Item 1A Risk Factors under the heading, "*If our labor costs continue to rise, including due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain key leadership talent, we may experience disruptions in our business operations and increases in operating expenses, among other things, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

We also encourage you to visit our website at www.davita.com for more detailed information regarding certain of the human capital related programs and initiatives described herein, including our Policy on Fair and Equitable Pay, as well as our efforts to care for our patients, our community and our world. Nothing on our website, sections thereof or documents linked thereto, shall be deemed incorporated by reference into this Form 10-K.

## Item 1A. Risk Factors

*This Annual Report on Form 10-K contains forward-looking statements within the meaning of the federal securities laws. Please read the cautionary notice regarding forward-looking statements in Item 7 of Part II of this Annual Report on Form 10-K under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operations." These forward-looking statements involve risks and uncertainties, including those discussed below, which could have a material adverse effect on our business, cash flows, financial condition, results of operations and/or reputation. The risks and uncertainties discussed below are not the only ones facing our business. Additional risks and uncertainties not currently known to us or that we currently deem to be immaterial could also have a material adverse effect on our business, cash flows, financial condition, results of operations and/or reputation.*

**Summary Risk Factors**

The following is a summary of the principal risks and uncertainties that could adversely affect our business, cash flows, financial condition and/or results of operations, and these adverse impacts may be material. This summary is qualified in its entirety by reference to the more detailed descriptions of the risks and uncertainties included in this Item 1A below and you should read this summary together with those more detailed descriptions.

These principal risk and uncertainties relate to, among other things:

*Risks Related to the Operation of our Business*

- the dynamic and evolving novel coronavirus pandemic;
- the complex set of governmental laws, regulations and other requirements that impact us, including potential changes thereto;
- the various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits and other legal matters that we may be subject to from time to time;
- our ability to comply with complex privacy and information security laws that impact us and/or our ability to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks;
- our negotiations and arrangements with commercial payors, including with respect to value-based care and Medicare Advantage plans, the average rates that commercial payors pay us, any restrictions in plan designs or other contractual terms, including, without limitation, the scope and duration of coverage and in-network benefits;
- the number or percentage of our patients with higher-paying commercial insurance;
- our ability to successfully implement our strategy with respect to home-based dialysis;
- changes in the structure of and payment rates under government-based programs;
- changes in clinical practices, payment rates or regulations impacting pharmaceuticals;
- our ability to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors;
- our acquisitions, mergers, joint ventures or dispositions;
- our ability to establish and maintain supply relationships that meet our needs at cost-effective prices or at prices that allow for adequate reimbursement as applicable, as well as our ability to access new technology or superior products in a cost-effective manner;
- our ancillary services and strategic initiatives, including without limitation, our international operations and our ability to expand within markets or to new markets, or invest in new products or services;
- our ability to appropriately estimate the amount of dialysis revenues and related refund liabilities;
- changes in physician referrals to our dialysis centers, whether due to governmental laws, regulations or other requirements, new competition, a perceived decrease in the quality of service levels at our centers or other reasons;

- increases in labor costs, including, without limitation, due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives;
- our ability to attract and retain key leadership talent;
- our ability to attract and retain employees or our ability to manage operating cost increase or productivity decreases whether due to union organizing activities or legislative or other changes;
- our ability to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems;

*General Risks*

- our current or future level of indebtedness, including, without limitation, our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants;
- changes in tax laws, regulations and interpretations or challenges to our tax positions;
- liability claims for damages and other expenses that are not covered by insurance or exceed our existing insurance coverage;
- our ability to successfully maintain an effective internal control over financial reporting;
- deterioration in economic conditions, disruptions in the financial markets or the effects of natural or other disasters, political instability, public health crises or adverse weather events such as hurricanes, earthquakes, fires or flooding, including as such events may be impacted by the effects of climate change; and
- provisions in our organizational documents, our compensation programs and policies and certain requirements under Delaware law that may deter changes of control or make it more difficult for our stockholders to change the composition of our Board of Directors and take other corporate actions that our stockholders would otherwise determine to be in their best interests.

**Risks Related to the Operation of our Business**

**We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us.**

The disease caused by the novel coronavirus (COVID-19) is impacting the world and our business in many different ways. The ultimate impact of COVID-19 on us will depend on future developments that are highly uncertain and difficult to predict, including among other things, the severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus; its impact on the chronic kidney disease (CKD) population and our patient population; the availability, acceptance, impact and efficacy of COVID-19 treatments, therapies and vaccines; the pandemic's continuing impact on the U.S. and global economies and unemployment; the responses of our competitors to the pandemic and related changes in the marketplace; and the timing, scope and effectiveness of federal, state and local governmental responses. The impact could come in many forms, including but not limited to those described below.

- We have experienced and expect to continue to experience a negative impact on revenue and non-acquired growth from COVID-19 due to lower treatment volumes, including from the negative impact on our patient census that is the result of changes in rates of mortality. Because ESRD patients may be older and generally have comorbidities, several of which are risk factors for COVID-19, we believe the mortality rate of infected patients is, and will continue to be, higher in the dialysis population than in the general population, and COVID-19 also could impact the CKD population differentially. Over the longer term, we believe that changes in mortality in both the CKD and ESRD populations due to COVID-19 will depend primarily on the infection rate, case fatality rate, the age and health status of affected patients, the access to and efficacy of vaccinations as well as willingness to be vaccinated. We expect that these changes are likely to continue to negatively impact our revenue and non-acquired growth even as the pandemic subsides. However, determining the extent to which these impacts should be directly attributable to COVID-19 is difficult due to testing and reporting limitations, and other factors may drive treatment volumes and new admissions over time, such as the number of transplants or deferred admissions. The magnitude of these cumulative impacts has been substantial and, depending on the ultimate severity and duration of the pandemic could be material.

- The COVID-19 pandemic and efforts to contain the virus have led to global economic deterioration and rapid and sharp increases in unemployment levels, which ultimately could result in a materially reduced share of our patients being covered by commercial insurance plans, with more patients being covered by lower-paying government insurance programs or being uninsured. These effects may persist after the pandemic subsides as, among other things, our patients could experience permanent changes in their insurance coverage as a result of changes to their employment status. In the event such a material reduction occurs in the share of our patients covered by commercial insurance plans, it would have a material adverse impact on our business, results of operations, financial condition and cash flows. The extent of these effects will depend upon, among other things, the extent and duration of the increased unemployment levels for our patient population, economic deterioration and potential recession; the timing and scope of federal, state and local governmental responses to the ongoing pandemic; and patients' ability to retain existing insurance and their individual choices with respect to their coverage.

- We have dedicated and continue to dedicate substantial resources in response to COVID-19 and have had, and expect to continue to have, extended and significant additional costs in connection with our response to COVID-19. The steps we have taken designed to help safely maintain continuity of care for our patients and help protect our caregivers, such as our policies to implement dedicated care shifts for patients with confirmed or suspected COVID-19 and other enhanced clinical practices, have increased, and are expected to continue to increase, our expenses and use of personal protective equipment (PPE). Our response to COVID-19 also has resulted in higher salary and wage expense, and we have provided, and may provide in the future, substantial financial support associated with relief reimbursement to our teammates. Furthermore, the effort and cost needed to procure certain of our equipment and clinical supplies, including PPE, have increased, and we expect these increased costs will continue while the pandemic persists. These efforts are part of a wider Prepare, Prevent, Respond and Recover protocol that we have implemented in connection with the pandemic, which also includes operational initiatives such as the redistribution of teammates, machines and supplies across the country as needed and increased investment in and utilization of telehealth capabilities. Our response protocol generally has allowed us to maintain continuity of care for our patients. If the pandemic requires us to maintain certain restrictive operational protocols for an extended period of time, it may adversely impact our strategic initiatives, such as our strategy to continue to build o our abilities to offer home dialysis options. Certain temporary changes made in response to the COVID-19 pandemic could become permanent, which could have an adverse impact on our business. In addition, any equipment or clinical supply shortages, disruptions or delays or associated price increases could impact our ability to provide dialysis services or the cost of providing those services.

- We have had, and expect to continue to have, increased costs and risk associated with a high demand for our skilled clinical personnel. Historically we have faced costs and difficulties in hiring and retaining nurses and other caregivers due to a nationwide shortage of skilled clinical personnel, and these challenges have been heightened by the increased demand for and demand upon such personnel by the ongoing pandemic, particularly the more recent resurgence of the virus that is more widespread geographically, which, among other things, makes it more difficult for us to reallocate our resources to affected geographies. Any staffing shortages or disruptions could impact our ability to provide dialysis services or the cost of providing those services.

- If we experience a failure of the fitness of our clinical laboratory, dialysis centers and related operations and/or other facilities as a result of the COVID-19 pandemic, or another event or occurrence adversely impacts the safety of our caregivers or patients, we could face adverse consequences, including without limitation, material negative impact on our brand, increased litigation, compliance or regulatory investigations, teammate unrest, work stoppages or other workforce disruptions. Any legal actions brought by patients, teammates, caregivers or others allegedly exposed to COVID-19 at our facilities or by our caregivers may involve significant demands and require substantial legal defense costs, which may not be adequately covered by our professional and general liability insurance.

- If general economic conditions continue to deteriorate or remain uncertain for an extended period of time, we may incur future charges to recognize impairment in the carrying amount of our goodwill and other intangible assets. We may experience an increased need for additional liquidity funded by accessing existing credit facilities, raising new debt in the capital markets, or other sources, and we may seek to refinance existing debt, which may be more difficult or costly as a result of the pandemic's impact on capital markets or on us. Furthermore, any extended billing or collection cycles, or deterioration in collectability of accounts receivable, will adversely impact our results of operations and cash flows.

- In our value-based care and other programs where we assume financial accountability for total patient cost, an increase in COVID-19 rates among patients could have an impact on total cost of care. This increase may in turn impact the profitability of those programs relative to their respective funding.

- The global nature of the pandemic may have varying impacts on our ongoing operations outside the United States, and may impact our ability to expand our operations into other parts of the world.

The government response to the pandemic has been wide-ranging and will continue to develop over time, particularly in light of the new federal administration. As a result, we may not be able to accurately predict the nature, timing or extent of resulting changes to the markets in which we conduct business or on the other participants that operate in those markets, or any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern our business. We believe that these changes may impact our business in a variety of ways, including but not limited to those described below.

- Our need, ability and willingness to use and retain any provider relief or other funds or assistance from the government, the consequences of our decisions with respect thereto, our ability to operate within any restrictions on our business or operations that may be imposed as a condition to participation in any government assistance programs, and the impact of any such programs on our competitors, all will depend, among other things, on the magnitude, timing and nature of COVID-19's impact on the Company as well as the requirements of any such programs, which are uncertain. There can be no assurance that financial or other assistance will be available from the government if we have a need for such assistance in the future.

- State and local shelter in place and social distancing restrictions and guidance have required us to significantly increase the use of remote arrangements for our teammates and telehealth technology for our dialysis patients, which broadens our technology footprint for where and how protected health information is used or disclosed, and in turn increases our exposure to the various privacy and information security risks we face, such as the risk of "phishing" and other cybersecurity attacks and the risk of unauthorized dissemination of sensitive personal, proprietary or confidential information.

- We have worked with certain government agencies and other kidney care providers to respond to the COVID-19 pandemic, and in certain cases have sought waivers of regulatory requirements. For example, as part of our efforts to help cohort patients in line with guidance from the CDC, we have sought waivers of certain regulatory requirements related to the survey and acceleration of new clinics and entered into agreements with other kidney care providers to help ensure that patients can receive dialysis in an outpatient setting rather than a hospital. In addition, we are also working to help make COVID-19 vaccines available to patients and teammates, including through coordination with state and federal governments on direct vaccine distribution so that we can administer vaccines to our patients and teammates. These vaccines are currently available under emergency use authorizations and there can be no assurance that our patients and caregivers will choose to receive a COVID-19 vaccine or that the vaccines will prove to be as safe and effective as currently understood by the scientific community. In addition, we may encounter difficulties with the availability, storage of the vaccine, or administration of the vaccines, some of which have multiple dose requirements. We operate in a complex and highly regulated environment, and the novel nature of our COVID-19 response, including, for example, with respect to regulatory waivers and our administration of the newly developed COVID-19 vaccines, may increase our exposure to legal, regulatory and clinical risks.

The foregoing and other continued impacts and disruptions to our business as a result of the COVID-19 pandemic could have a material adverse impact on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition, results of operations, cash flows and/or liquidity. In addition, the COVID-19 pandemic heightens many of the other risks and uncertainties discussed herein. For additional information related to COVID-19 and its impact on our business, see the discussion in Part I, Item 1. Business under the headings, "COVID-19 and its impact on our business" and "Human Capital Management" and Part II, Item 7, "*Management's Discussion and Analysis of Financial Condition and Results of Operations*."

**Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation.**

We operate in a complex regulatory environment with an extensive and evolving set of federal, state and local governmental laws, regulations and other requirements that apply to us. These laws, regulations and other requirements are promulgated and overseen by a number of different legislative, regulatory, administrative, and quasi-regulatory bodies, each of which may have varying interpretations, judgments or related guidance. As such, we utilize considerable resources on an ongoing basis to monitor, assess and respond to applicable legislative, regulatory and administrative requirements, but there is no guarantee that we will be successful in our efforts to adhere to all of these requirements. Laws, regulations and other requirements that apply to or impact our business include, but are not limited to:

- Medicare and Medicaid reimbursement statutes, rules and regulations (including, but not limited to, manual provisions, local coverage determinations, national coverage determinations, payment schedules and agency guidance);
- Medicare and Medicaid provider requirements, including requirements associated with providing and updating certain information about the Medicare or Medicaid entity, as applicable, and its direct and indirect affiliates;
- Federal fraud waste and abuse laws and analogous state laws;
- the 21st Century Cures Act (the Cures Act);
- Federal Acquisition Regulations;
- the Foreign Corrupt Practices Act (FCPA);
- Federal and state antitrust and competition laws and regulations;
- laws related to the corporate practice of medicine;
- individualized state law requirements associated with the operation of our business; and
- federal and state laws regarding the collection, use and disclosure of patient health information (e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA)) and the storage, handling, shipment, disposal and/or dispensing of pharmaceuticals and blood products and other biological materials.

In addition, we have been subject to a five-year Corporate Integrity Agreement (CIA) with Office of Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS). The term of the CIA expired on October 22, 2019, and we were notified on May 20, 2020 that the OIG had closed out its review. Any future penalties, sanctions or other consequences imposed on us could be more severe in certain circumstances if the OIG or a similar regulatory authority determines that we knowingly and repeatedly failed to comply with applicable laws, regulations or other requirements, and could adversely impact our results of operations or financial condition or could have a negative impact on our reputation.

The foregoing are each themselves comprised of numerous associated regulations or other requirements that have varying levels of impact on our business. If any of our personnel, representatives or operations are found to violate these or other laws, regulations or requirements, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation and stock price, including, among others:

- Loss of required certifications or suspension or exclusion from or termination of our participation in government programs (including, without limitation, Medicare, Medicaid and Center for Medicare and Medicaid Innovation (CMMI) demonstration programs);
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties, which could be material and/or could materially harm our reputation or stock price;
- Imposition of corporate integrity agreements or consent agreements;
- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, HIPAA and the Privacy Act of 1974;
- Mandated changes to our practices or procedures that significantly increase operating expenses that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices which could lead to potential fines, among other things;
- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, real estate leases and consulting agreements with physicians; and

- Harm to our reputation which could negatively impact our business relationships and stock price, affect our ability to attract and retain patients, physicians and teammates, affect our ability to obtain financing and decrease access to new business opportunities, among other things.

Additionally, the healthcare sector, including the dialysis industry, is also regularly subject to negative publicity, including as a result of governmental investigations, adverse media coverage and political debate surrounding industry regulation. Negative publicity, regardless of merit, regarding the dialysis industry generally, the U.S. healthcare system or DaVita in particular may adversely affect us.

See Note 16 to the consolidated financial statements included in this report for further details regarding certain pending legal proceedings and regulatory matters to which we are or may be subject from time to time, any of which may include allegations of violations of applicable laws, regulations and requirements.

**Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Each of the laws, regulations and other requirements that govern our business may continue to change over time, and there is no assurance that we will be able to accurately predict the nature, timing or extent of such changes or the impact of such changes on the markets in which we conduct business or on the other participants that operate in those markets.

Among other things, the regulatory framework of the Patient Protection and Affordable Care Act and the Health Care Reconciliation Act of 2010, as amended (collectively, the ACA), and other healthcare reforms continue to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. These changes shape the landscape for our current dialysis business as well as for emerging comprehensive and integrated kidney care markets. For example, an executive order issued in July 2019 (the 2019 Executive Order) directed CMS to create payment models through CMMI to evaluate the effects of creating payment incentives for the greater use of home-based dialysis and kidney transplants for those already on dialysis, improve quality of care for kidney patients and reduce expenditures. In addition, future legislative action related to, among other things, full capitation demonstration for ESRD may ultimately impact our ability to provide a competitive and successful integrated care program at scale. We have made and continue to make investments in building our integrated care capabilities, but there can be no assurances that initiatives such as this or similar legislation will be passed into law, and the ongoing COVID-19 pandemic may delay the progress of such initiatives. If such legislation is passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on the broader scale contemplated by this legislation, and in the desired time frame. Additionally, the ultimate terms and conditions of any such potential legislation remain unclear. For example, our costs of care could exceed our associated reimbursement rates under such legislation. Any failure on our part to adequately implement strategic initiatives to adjust to any marketplace developments resulting from executive, legislative, regulatory or administrative changes such as these could have a material adverse impact on our business.

There have been multiple attempts to repeal or amend the ACA through legislative action and legal challenges, and the most recent challenge is currently before the U.S. Supreme Court. In the event the ACA is repealed or significantly altered, it would impact our business in a number of ways, some of which may be material. The outcome of this U.S. Supreme Court proceeding will likely impact the future viability of ACA policies and programs that impact our business, including, among others, Medicaid expansion, CMMI and the health insurance exchanges. For example, if an ACA repeal ends Medicaid expansion it could have an adverse impact on coverage available to our patients and if such a repeal impacts CMMI’s authority to implement innovative payment models, we may lose the investment of the resources we have dedicated to those programs. In addition, our revenue and operating income levels are highly sensitive to the percentage of our patients with higher-paying commercial health insurance and any legislative, regulatory or other changes that decrease the accessibility and availability, including the duration, of commercial insurance may have a material adverse impact on our business. The ACA's health insurance exchanges, which provide a marketplace for eligible individuals and small employers to purchase health insurance, initially increased the accessibility and availability of commercial insurance. In the event the exchange markets are significantly impaired as a result of legislative developments or other changes, it may adversely impact the percentage of our patients with higher-paying commercial health insurance, particularly if patients become unemployed due to factors related to the COVID-19 pandemic or otherwise and are unable to turn to the exchanges as an alternative to employer-based coverage.

Changes to the political environment resulting from the most recent election cycle may increase the likelihood of changes that would impact us, such as changes to the healthcare regulatory landscape or to the federal corporate tax rate. Examples of such potential changes could include, among other things, legislative developments or administrative decisions such as moving to a universal health insurance or "single payor" system whereby health insurance is provided to all Americans by the government, the availability of a “public health insurance option” similar to Medicare, government programs that impact access to Medicaid expansion or impact funding provided to families to purchase plans through the health insurance exchanges

or changes to the eligibility age for Medicare beneficiaries. Some of these and other related changes could in turn impact the percentage of our patients with higher-paying commercial health insurance, impact the scope or terms of coverage under commercial health plans and increase our expenses, among other things. The timing of any legislative or executive action related to these potential initiatives remains uncertain, particularly in light of the ongoing COVID-19 pandemic, and as such, considerable uncertainty exists surrounding the continued development of the ACA and related regulations, programs and models, as well as similar healthcare reform measures and/or other changes that may be enacted at the federal and/or state level to laws, regulations and other requirements that govern our business. Although we cannot predict the short- or long-term effects of legislative or regulatory changes, we believe that future market changes could result in, among other things, more restrictive commercial plans with lower reimbursement rates or higher deductibles and co-payments that patients may not be able to pay. To the extent that changes in statutes, regulations or related guidance or changes in other market conditions result in a reduction in the percentage of our patients with commercial insurance, limit the scope or nature of coverage through the exchanges or other health insurance programs or otherwise reduce reimbursement rates for our services from commercial and/or government payors, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. For additional information on the impact of legislative or regulatory changes on the coverage and rates for our services and the percentage of our patients with commercial insurance, see the risk factors under the headings "*We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows,*" and "*If the number or percentage of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

The introduction of new or modified rules and regulations also generates continuous risks related to appropriate compliance. Changes to the continuously evolving healthcare regulatory landscape may also have the potential to generate opportunities with relative ease of entry for certain smaller and/or non-traditional providers and we may be competing with them for patients in an asymmetrical environment with respect to data and/or regulatory requirements given our status as an ESRD service provider. These opportunities may be enhanced by disruptions or changes to the healthcare regulatory landscape resulting from the ongoing global health crisis. For additional detail on our evolving competitive environment, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows."* In general, if we are unable to efficiently and effectively adjust to new or modified rules and regulations, including with respect to regulatory compliance, it may, among other things, erode our patient base or reimbursement rates and could otherwise have a material adverse impact on our business, results of operation, financial condition and cash flows.

There have also been several state initiatives to limit payments to dialysis providers or impose other burdensome operational requirements, which, if passed, could have a material adverse impact on our business, results of operation, financial condition and cash flow. For instance, in 2020, voters in California considered a statewide ballot initiative that sought to impose certain regulatory requirements on dialysis clinics, including requirements related to physician staffing levels, clinical reporting, clinical treatment options and limitations on the ability to make decisions on closing or reducing services for dialysis clinics. While this ballot initiative was rejected by voters in 2020, we incurred substantial costs to oppose it. We may face ballot initiatives or other proposed regulations or legislation in California or other states in future years, which may require us to incur further substantial costs and which, if passed, could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Finally, there have also been rule making and legislative efforts at both the federal and state level regarding the use of charitable premium assistance for ESRD patients and may establish new conditions for coverage standards for dialysis facilities. For example, on October 13, 2019, a California bill (AB 290) was signed into law that limits the amount of reimbursement paid to certain providers for services provided to patients with commercial insurance who receive charitable premium assistance. The American Kidney Fund (AKF), an organization that provides charitable premium assistance, announced that it would be withdrawing from California as a result of AB 290. The implementation of AB 290 has been stayed pending resolution of legal challenges, but in the event AB 290 becomes effective and the AKF withdraws from California, it may cause other organizations that provide charitable premium assistance to withdraw from California, and we would expect an adverse impact on the ability of patients to afford Medicare premiums and Medicare supplemental and commercial coverage. We expect that such an adverse impact will in turn adversely impact our business, results of operations, financial condition and cash flows. Bills similar to AB 290 were introduced in Illinois (SB 600) and Oregon (SB 900) in 2019, but have not been successfully passed to date. If these or similar bills are introduced and implemented in other jurisdictions, and organizations that provide charitable premium assistance in those jurisdictions are similarly impacted, it could in the aggregate have a material adverse impact on our business, results of operations, financial condition and cash flows. For additional information on the impact of

decreases to the percentage of our patients with commercial insurance, see the risk factor under the heading *"If the number or percentage of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows"*.

Among other things, regulatory guidance, proposed legislation and ballot initiatives and any similar initiatives could restrict or prohibit the ability of patients with access to alternative coverage from selecting a marketplace plan on or off exchange, limit the amount of revenue that a dialysis provider can retain for caring for patients with commercial insurance, impose burdensome operational requirements, affect payments made to providers for services provided to patients who receive charitable premium assistance and/or otherwise restrict or prohibit the use of charitable premium assistance, or reduce the standards for network adequacy. In turn, these potential impacts could cause us to incur substantial costs to oppose any such proposed requirements or measures, impact our dialysis center development plans, and if passed and/or implemented, could materially reduce our revenues and increase our operating and other costs, adversely impact dialysis centers across the U.S. making certain centers economically unviable, lead to the closure of certain centers, restrict the ability of dialysis patients to obtain and maintain optimal insurance coverage and reduce the number of patients that select commercial insurance plans or MA plans for their dialysis care, among other things.

Evolving proposed or issued laws, requirements, rules and guidance that impact our business, including as may be described above, and any failure on our part to adequately adjust to any resulting marketplace developments, could have a material adverse effect on our business, results of operations, financial condition and cash flows.

To the extent that the information above describes statutory and regulatory provisions, it is qualified in its entirety by reference to the particular statutory and regulatory provisions that are referenced. For additional information related to the laws, rules and other regulations described above, please see Part I, Item 1 "*Business–Government Regulation*" of this Form 10-K.

**We are, and may in the future be, a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.**

We are, and may in the future be, subject to investigations and audits by governmental agencies and/or private civil *qui tam* complaints filed by relators and other lawsuits, demands, claims and legal proceedings, including, without limitation, investigations or other actions resulting from our obligation to self-report suspected violations of law.

Responding to subpoenas, investigations and other lawsuits, claims and legal proceedings as well as defending ourselves in such matters will continue to require management's attention and cause us to incur significant legal expense. Negative findings or terms and conditions that we might agree to accept as part of a negotiated resolution of pending or future legal or regulatory matters could result in, among other things, substantial financial penalties or awards against us, substantial payments made by us, harm to our reputation, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and, in certain cases, criminal penalties, any of which could have a material adverse effect on us. It is possible that criminal proceedings may be initiated against us and/or individuals in our business in connection with governmental investigations. Other than as may be described in Note 16 to the consolidated financial statements included in this report, we cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which we are or may be subject from time to time, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price. See Note 16 to the consolidated financial statements included in this report for further details regarding these and other legal proceedings and regulatory matters.

**Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches or suffer losses to our data and information technology assets, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.**

We must comply with numerous federal and state laws and regulations in both the U.S. and the foreign jurisdictions in which we operate governing the collection, dissemination, access, use, security and privacy of PHI, including, without limitation, HIPAA and its implementing privacy, security, and related regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH) and collectively referred to as HIPAA. We are also required to report known breaches of PHI and other certain personal information consistent with applicable breach reporting

requirements set forth in applicable laws and regulations. From time to time, we may be subject to both federal and state inquiries or audits related to HIPAA, HITECH and other state privacy laws associated with complaints, desk audits, and data breaches. If we fail to comply with applicable privacy and security laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information, including PHI, on our behalf, properly maintain the integrity of our data, protect our proprietary rights, or defend against cybersecurity attacks, it could materially harm our reputation and/or have a material adverse effect on our business, results of operations, financial condition and cash flows. These risks may be intensified to the extent that the laws change or to the extent that we increase our use of third-party service providers that utilize sensitive personal information, including PHI, on our behalf.

Data protection laws are evolving globally, and may continue to add additional compliance costs and legal risks to our international operations. In Europe, the General Data Protection Regulation (GDPR) imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under the GDPR, regulatory penalties may be assessed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million.

Data protection laws are also evolving nationally, and may add additional compliance costs and legal risks to our U.S. operations. For example, the California Consumer Privacy Act (CCPA) and California Privacy Rights Act (CPRA) have been passed into law in the past several years, and they collectively expand our obligations related to the collection, use and sharing of consumer data and also permit additional penalties, grant additional enforcement authority and authorize private rights of action. The costs of compliance with, and the burdens imposed by, the GDPR, the CCPA, the CPRA or other new laws, regulations or policies may impact our operations and/or limit the ways in which we can provide services or use personal data collected while providing services. If we fail to comply with the requirements of GDPR, the CCPA, the CPRA or other new laws, regulations or policies, we could be subject to penalties that, in some cases, would have a material adverse impact on our business, results of operations, financial condition and cash flows. For more information on regulations affecting our business, see "*Business–Government Regulation*" in Part I, Item 1 of this Form 10-K.

Scrutiny over cybersecurity standards in the health sector is also increasing. In particular, the HHS Office for Civil Rights, in partnership with the Healthcare and Public Health Sector Coordinating Council (HSCC), recently issued cybersecurity guidelines for healthcare organizations that reflect consensus-based, voluntary practices to cost-effectively reduce cybersecurity risks for organizations of varying sizes. Although these HHS-backed guidelines, entitled *"Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients,"* are voluntary, they are likely to serve as an important reference point for the healthcare industry, and may cause us to invest additional resources in technology, personnel and programmatic cybersecurity controls as the cybersecurity risks we face continue to evolve.

Information security risks have significantly increased in recent years in part because of the proliferation of new technologies, the use of the Internet and telecommunications technologies to conduct our operations, and the increased sophistication and activities of organized crime, hackers, terrorists and other external parties, including, among others, foreign state agents. Our business and operations rely on the secure and continuous processing, transmission and storage of confidential, proprietary and other information in our computer systems and networks, including sensitive personal information, such as PHI, social security numbers, and/or credit card information of our patients, teammates, physicians, business partners and others. Our business and operations also rely on certain critical IT vendors that support such processing, transmission and storage (which have become more relevant and important given the information security issues and risks that are intensified through remote work arrangements).

We regularly review, monitor and implement multiple layers of security measures through technology, processes and our people. We utilize security technologies designed to protect and maintain the integrity of our information systems and data, and our defenses are monitored and routinely tested internally and by external parties. Despite these efforts, our facilities and systems and those of our third-party service providers may be vulnerable to privacy and security incidents; security attacks and breaches; acts of vandalism or theft; computer viruses and other malicious code; coordinated attacks by a variety of actors, including, among others, activist entities or state sponsored cyberattacks; emerging cybersecurity risks; cyber risk related to connected devices; misplaced or lost data; programming and/or human errors; or other similar events that could impact the security, reliability and availability of our systems. Internal or external parties may attempt to circumvent our security systems, and we have in the past, and expect that we will in the future, experience attacks on our network including, without limitation, reconnaissance probes, denial of service attempts, malicious software attacks including ransomware or other attacks intended to render our internal operating systems or data unavailable, and phishing attacks or business email compromise. Cybersecurity requires ongoing investment and diligence against evolving threats. Emerging and advanced security threats, including, without limitation, coordinated attacks, require additional layers of security which may disrupt or impact efficiency of operations. As with any security program, there always exists the risk that employees will violate our policies despite our compliance efforts or that certain attacks may be beyond the ability of our security and other systems to detect. There can be no assurance that investments, diligence and/or our internal controls will be sufficient to prevent or timely discover an attack.

Any security breach involving the misappropriation, loss or other unauthorized disclosure or use of confidential information, including, among others, PHI, financial data, competitively sensitive information, or other proprietary data, whether by us or a third party, could have a material adverse effect on our business, results of operations, financial condition, cash flows and materially harm our reputation. We may be required to expend significant additional resources to modify our protective measures, to investigate and remediate vulnerabilities or other exposures, or to make required notifications. The occurrence of any of these events could, among other things, result in interruptions, delays, the loss or corruption of data, cessations in the availability of systems and liability under privacy and security laws, all of which could have a material adverse effect on our business, results of operations, financial condition and cash flows, or materially harm our reputation and trigger regulatory actions and private party litigation. If we are unable to protect the physical and electronic security and privacy of our databases and transactions, we could be subject to potential liability and regulatory action, our reputation and relationships with our patients, physicians, vendors and other business partners would be harmed, and our business, results of operations, financial condition and cash flows could be materially and adversely affected. Failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or to defend against cybersecurity attacks, could subject us to monetary fines, civil suits, civil penalties or criminal sanctions and requirements to disclose the breach publicly, and could further result in a material adverse effect on our business, results of operations, financial condition and cash flows or harm our reputation. As malicious cyber activity escalates, including activity that originates outside of the U.S., and as our COVID-19 response increases our remote work arrangements and broadens our technology footprint, the risks we face relating to transmission of data and our use of service providers outside of our network, as well as the storing or processing of data within our network, intensify. There have been increased international, federal and state and other privacy, data protection and security enforcement efforts and we expect this trend to continue. While we plan to maintain cyber liability insurance, there can be no assurance that we will successfully be able to obtain such insurance on terms and conditions that are favorable to us or at all. Additionally, any cyber liability insurance may not cover us for all types of losses and may not be sufficient to protect us against the amount of all losses.

**We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.**

A substantial portion of our U.S. dialysis net patient services revenues for the year ended December 31, 2020 was generated from patients who have commercial payors (including hospital dialysis services) as their primary payor. The majority of these patients have insurance policies that pay us on terms and at rates that are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profit and all of our nonacute dialysis profits come from commercial payors. We continue to experience downward pressure on some of our commercial payment rates as a result of general conditions in the market, including as employers shift to less expensive options for medical services, as a result of consolidations among commercial payors, increased focus on dialysis services and other factors. Commercial payment rates could be materially lower in the future due to these or other factors.

We continuously are in the process of negotiating existing and potential new agreements with commercial payors who aggressively negotiate terms with us, and we can make no assurances about the ultimate results of these negotiations or the timing of any potential rate changes resulting from these negotiations. Sometimes many significant agreements are being renegotiated at the same time. In the event that our ongoing negotiations result in overall commercial rate reductions in excess of overall commercial rate increases, the cumulative effect could have a material adverse effect on our business, results of operations, financial condition and cash flows. We believe payor consolidations have significantly increased the negotiating leverage of commercial payors, and ongoing consolidations may continue to increase this leverage in the future. Our negotiations with payors occur in a highly competitive environment and are also influenced by these marketplace dynamics, and we may experience decreased contracted rates with commercial payors or experience decreases in patient volume, including in instances where we are unable to come to agreement with commercial payors on rates, as our negotiations with commercial payors continue.

Our negotiations with commercial payors may relate to commercial fee-for-service contracts, value-based care (VBC) contracts in which we share risk with commercial payors, as well as contracts to provide dialysis services to Medicare Part C Medicare Advantage (MA) patients. If we fail to maintain contracts with payors and other healthcare providers with competitive or favorable terms, either with respect to commercial plans, commercial VBC contracts, MA plans or otherwise, including, without limitation, with respect to reimbursement rates, scope and duration of coverage and in-network benefits, or if we fail to accurately estimate the price for and manage our medical costs in an effective manner such that the profitability of our value-based products is negatively impacted, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

These negotiations may also be impacted by legislative or regulatory developments and associated legal rulings. For example, the final rules for the Cures Act included a provision that, effective January 1, 2021, allows Medicare-eligible beneficiaries with ESRD to choose coverage under a MA managed care plan. This provision could broaden patient access to certain enhanced benefits offered by MA plans. MA plans usually provide reimbursement to us at a negotiated rate that is generally higher than Medicare fee-for-service rates. We continue to evaluate the potential ultimate impact of this change in benefit eligibility, as there is significant uncertainty as to how many or which newly eligible ESRD patients will seek to enroll in MA plans for their ESRD benefits and how quickly any such changes would occur. This uncertainty may be heightened by components of the aforementioned final rules, which include a provision that, among other things, removes the objective time and distance standards relating to network adequacy for outpatient dialysis centers for MA plans. If MA plans attempt to use this revision to the rules to limit or restrict their networks, this may adversely impact the number of ESRD patients that select MA plans and also may result in the Company not being an in-network provider for significant MA plans. If kidney patients choose not to enroll in MA plans or choose to leave MA plans, whether due to network adequacy standards or otherwise, or if we fail to provide education to kidney patients in the manner specified by CMS, we could be subject to certain clinical, operational, financial and legal risks, which could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, recent price and patient responsibility transparency regulations require health plans to make certain pricing and patient responsibility information publicly available. Certain of the requirements went into effect January 1, 2021 while others will go into effect January 1, 2024. There is a possibility that any changes by health plans resulting from these regulations could impact our revenue and results of operations.

Certain payors have also been attempting to design and implement plans that restrict access to ESRD coverage both in the commercial and individual market. Among other things, these restrictive plan designs seek to limit the duration and/or the breadth of ESRD benefits, limit the number of in-network providers, set arbitrary provider reimbursement rates, or otherwise restrict access to care, all of which may result in a decrease in the number of patients covered by commercial insurance. Payors have also disputed the scope and duration of ESRD benefit coverage under their plans. Any of the foregoing, including developments in plan design or new business activities of commercial payors, may lead to a significant decrease in the number of patients with commercial plans, the duration of benefits for patients under commercial plans and/or a significant decrease in the payment rates we receive, any of which would have a material adverse effect on our business, results of operations, financial condition and cash flows.

In addition, some commercial payors are pursuing or have incorporated policies into their provider manuals limiting or refusing to accept charitable premium assistance from non-profit organizations, such as the American Kidney Fund, which may impact the number of patients who are able to afford commercial plans. Paying for coverage is a significant financial burden for many patients, and ESRD disproportionately affects the low-income population. Charitable premium assistance supports continuity of coverage and access to care for patients, many of whom are unable to continue working full-time as a result of their severe condition. A material restriction in patients' ability to access charitable premium assistance may restrict the ability of dialysis patients to obtain and maintain optimal insurance coverage, and may have a material adverse effect on our business, results of operations, financial condition and cash flows.

For additional details regarding the impact of a decline in our patients under commercial plans, see the risk factor under the heading *"If the number or percentage of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows."* For additional details regarding specific risks we face regarding potential legislative or regulatory changes that, among other things, could result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, see the discussion in the risk factor under the headings *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;" and "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**If the number or percentage of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Our revenue levels are sensitive to the number of our patients with higher-paying commercial insurance coverage and the percentage of our patients under higher-paying commercial plans relative to government-based programs. A patient's insurance coverage may change for a number of reasons, including changes in the patient's or a family member's employment status. A material portion of our commercial revenue is concentrated with a limited number of commercial payors, and any changes impacting our highest paying commercial payors will have a disproportionate impact on us. In addition, many patients with commercial and government insurance rely on financial assistance from charitable organizations, such as the American Kidney Fund. Certain payors have challenged our patients' and other providers' patients' ability to utilize assistance from charitable organizations for the payment of premiums, including, without limitation, through litigation and other legal proceedings. The

use of charitable premium assistance for ESRD patients has also faced challenges and inquiries from legislators, regulators and other governmental authorities, and this may continue. In addition, CMS or another regulatory agency or legislative authority may issue a new rule or guidance that challenges or restricts charitable premium assistance. For additional details, see the risk factor under the headings *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;" and "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."* If any of these challenges to kidney patients' use of premium assistance is successful or restrictions are imposed on the use of financial assistance from such charitable organizations or if organizations providing such assistance are no longer available such that kidney patients are unable to obtain, or continue to receive or receive for a limited duration, such financial assistance, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, if our assumptions about how kidney patients will respond to any change in financial assistance from charitable organizations are incorrect, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

When Medicare becomes the primary payor for a patient, the payment rate we receive for that patient decreases from the employer group health plan or commercial plan rate to the lower Medicare payment rate. If the number of our patients who have Medicare or another government-based program as their primary payor increases, it could negatively impact the percentage of our patients covered under commercial insurance plans. There are a number of factors that could drive a decline in the percentage of our patients covered under commercial insurance plans, including, among others, a continued decline in the rate of growth of the ESRD patient population, continued improved mortality or the reduced availability of commercial health plans or reduced coverage by such plans through the ACA exchanges or otherwise due to changes to the marketplace, healthcare regulatory system or otherwise. Commercial payors could also cease paying in the primary position after providing 30 months of coverage resulting in potentially material reductions in payment as the patient moves to Medicare primary. Moreover, declining macroeconomic conditions, such as, for example, those resulting from the ongoing COVID-19 pandemic, could also negatively impact the percentage of our patients covered under commercial insurance plans. To the extent there are sustained or increased job losses in the U.S., we could experience a decrease in the number of patients covered under commercial plans and/or an increase in uninsured and underinsured patients independent of whether general economic conditions improve. If we experience higher numbers of uninsured or underinsured patients, it also would result in an increase in uncollectible accounts.

Finally, the ultimate results of our continual negotiations with commercial payors under existing and potential new agreements cannot be predicted and, among other things, could result in a decrease in the number of our patients covered by commercial plans to the extent that we cannot reach agreement with commercial payors on rates and other terms, resulting in termination or non-renewals of existing agreements and our inability to enter into new agreements. Our agreements and rates with commercial payors may be impacted by new business activities of these commercial payors as well as steps that these commercial payors have taken and may continue to take to control the cost of and/or the eligibility for access to the services that we provide, including, without limitation, relative to products on and off the healthcare exchanges. These efforts could impact the number of our patients who are eligible to enroll in commercial insurance plans, and remain on the plans, including plans offered through healthcare exchanges. For additional detail on the risks related to commercial payor activity, including restrictive plan design, see the discussion under the heading "*We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.*" We could also experience a further decrease in the payments we receive for services if changes to the marketplace or the healthcare regulatory system result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, among other things.

If there is a significant reduction in the number of patients under higher-paying commercial plans relative to government-based programs that pay at lower rates or a significant increase in the number of patients that are uninsured and underinsured, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.**

Our home-based dialysis services, which include home hemodialysis and peritoneal dialysis (PD), represented approximately 17% of our U.S. dialysis patient services revenues for the year ended December 31, 2020, and have increasingly

become an important part of our overall strategy. In addition, home-based dialysis recently has been the subject of increased political and industry focus. For example, in connection with the 2019 Executive Order, HHS set out specific goals related to home dialysis and CMMI's ESRD Treatment Choices mandatory payment model (ETC) included new incentives to encourage dialysis at home. We are a leader in home-based dialysis and have made investments in processes and infrastructure to continue to grow this modality. There are, however, risks associated with this growth, including, among other things, financial, legal and operational risks related to our ability to design and develop infrastructure and to plan for capacity in a modality that is part of an evolving marketplace. We may also be subject to associated risks related to our ability to successfully manage related operational initiatives, find, train and retain appropriate staff, contract with payors for appropriate reimbursement, and maintain processes to adhere to the complex regulatory and legal requirements, including without limitation those associated with billing Medicare. For additional detail on risks associated with operating in a highly regulated environment, see "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."* In addition to the above risks, certain risks inherent to home-based dialysis will increase as we expand our home-based dialysis offerings, including risks related to managing transitions between in-center and home-based dialysis, billing and telehealth systems, among others. For additional detail on risks associated with information systems and new technology generally, see the risk factor under the heading "*Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems could materially adversely affect our business, results of operations, financial condition and cash flows*."

An increased focus on home-based dialysis is also indicative of the generally evolving market for kidney care. This developing market may create additional opportunities for competition with relative ease of entry, and if we are unable to successfully adapt to these marketplace developments in a timely and compliant manner, we may see a reduction in our overall number of patients, among other things. Our response to the COVID-19 pandemic has also required us to impose certain operational restrictions that may adversely impact certain home-based dialysis initiatives, and the extent of this impact may depend on the severity or duration of the pandemic, among other things. For additional detail on the competitive landscape in kidney care, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows,"* and for additional detail on the impact of COVID-19 on our home-based dialysis business, see the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us."* If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.

**Changes in the structure of and payment rates under the Medicare ESRD program could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

A substantial portion of our dialysis revenues are generated from patients who have Medicare as their primary payor. For patients with Medicare coverage, all ESRD payments for dialysis treatments are currently made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the treatment of dialysis, subject to certain adjustments as described below. Most lab services are also included in the bundled payment.

Under the ESRD Prospective Payment System (PPS), bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility's performance in specified quality measures set annually by CMS through the ESRD Quality Incentive Program, which was established by the Medicare Improvements for Patients and Providers Act of 2008. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors. In addition, the ESRD PPS is subject to rebasing, which can have a positive financial effect, or a negative one if the government fails to rebase in a manner that adequately addresses the costs borne by dialysis facilities. Similarly, as new drugs, services or labs are added to the ESRD bundle, CMS' failure to adequately calculate the costs associated with the drugs, services or labs could have a material adverse effect on our business, results of operations, financial condition and cash flows. In certain instances, new injectable, intravenous or oral products may be reimbursed separately from the bundled payment through a transitional drug add-on payment adjustment (TDAPA). For a discussion of certain risks associated with this transitional pricing process, see the risk factor under the heading, "*Changes in clinical practices, payment rates or regulations impacting pharmaceuticals could have a material adverse effect on our business, results of operations, financial condition, and cash flows and negatively impact our ability to care for patients."*

The current bundled payment system presents certain operating, clinical and financial risks, which include, without limitation:

- Risk that our rates are reduced by CMS. CMS publishes a final rule for the ESRD PPS each year and uncertainty about future payment rates remains a material risk to our business.
- Risk that CMS, on its own or through its contracted Medicare Administrative Contractors (MACs) or otherwise, implements Local Coverage Determinations (LCDs) or implements payment provisions, policy or regulatory mandates, including changes to the existing or future PPS, that limit our ability to either be paid for covered dialysis services or bill for treatments or other drugs and services or other rules that may impact reimbursement. Such payment rules and regulations and coverage determinations or related decisions could have an adverse impact on our operations and revenue. There is also risk commercial insurers could seek to incorporate the requirements or limitations associated with such LCDs or CMS guidance into their contracted terms with dialysis providers, which could have an adverse impact on our revenue.
- Risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance, or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance.
- Risk that CMS implements data and related reporting requirements that result in decreased reimbursement and/or increased technology and operational costs.
- Risk that increases in our operating costs will outpace the Medicare rate increases we receive. We expect operating costs to continue to increase due to inflationary factors, such as increases in labor and supply costs, including, without limitation, increases in maintenance costs and capital expenditures to improve, renovate and maintain our facilities, equipment and information technology to meet changing regulatory requirements and business needs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or in payments under the bundled payment rate system.
- Risk of continued federal budget sequestration cuts or other disruptions in federal government operations and funding. As a result of the Budget Control Act of 2011, the Bipartisan Budget Act (BBA) and the CARES Act, an annual 2% reduction to Medicare payments took effect on April 1, 2013, and has been extended through 2030 (though the reduction was temporarily suspended from May 1, 2020 through March 31, 2021 in connection with COVID-19 relief related legislation). These across-the-board spending cuts have affected and will continue to adversely affect our business, results of operations, financial condition and cash flows. Any extended disruption in federal government operations and funding, including an extended government shutdown, U.S. government debt default and/or failure of the U.S. government to enact annual appropriations could have a material adverse effect on our business, results of operations, financial condition and cash flows. Additionally, disruptions in federal government operations may delay or negatively impact regulatory approvals and guidance that are important to our operations, and create uncertainty about the pace of upcoming regulatory developments.
- Risk that failure to adequately develop and maintain our clinical systems or failure of our clinical systems to operate effectively could have a material adverse effect on our business, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if our clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, we might be over-reimbursed by the government, which could, among other things, subject us to liability exclusion from participation in federal healthcare programs, and penalties under the federal Civil Monetary Penalty statute and could adversely impact our reputation.

We are subject to similar risks for services billed separately from the ESRD bundled payment, including, without limitation, the risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance; or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance.

In addition to the above risks under the current Medicare ESRD program, changing legislation and other regulatory and executive developments have led and may continue to lead to the emergence of new models of care and other initiatives in both the government and private sector that, among other things, may impact the structure of, and payment rates under, the Medicare ESRD program. Moreover, the number of our patients with primary Medicare coverage may be subject to change, particularly with the effectiveness of the Cures Act, which allows Medicare-eligible individuals with ESRD to enroll in Medicare Part C MA managed care plans. For additional details regarding the risks we face for failing to adhere to our Medicare and Medicaid

regulatory compliance obligations or failing to adequately implement strategic initiatives to adjust to marketplace developments, see the risk factor above under the headings "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;" and "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**Changes in clinical practices, payment rates or regulations impacting pharmaceuticals could have a material adverse effect on our business, results of operations, financial condition, and cash flows and negatively impact our ability to care for patients.**

Medicare bundles certain pharmaceuticals into the ESRD PPS payment rate at industry average doses and prices. Variations above the industry average may be subject to partial reimbursement through the PPS outlier reimbursement policy.

Changes to industry averages, which can be caused by, among other things, changes in physician prescribing practices, including in response to the introduction of new drugs, treatments or technologies, changes in best and/or accepted clinical practice, changes in private or governmental payment criteria regarding pharmaceuticals, or the introduction of administration policies may negatively impact our ability to obtain sufficient reimbursement levels for the care we provide, which could have a material adverse effect on our business, results of operations, financial condition and cash flows. Physician practice patterns, including their independent determinations as to appropriate pharmaceuticals and dosing, are subject to change, including, for example, as a result of changes in labeling of pharmaceuticals or the introduction of new pharmaceuticals. Additionally, commercial payors have increasingly examined their administration policies for pharmaceuticals and, in some cases, have modified those policies. If such policy and practice trends or other changes to private and governmental payment criteria make it more difficult to preserve our margins per treatment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. Further, increased utilization of certain pharmaceuticals whose costs are included in a bundled reimbursement rate, or decreases in reimbursement for pharmaceuticals whose costs are not included in a bundled reimbursement rate, could also have a material adverse effect on our business, results of operation, financial condition and cash flows.

Regulations and processes impacting reimbursement for pharmaceuticals and any changes thereto could similarly affect our operating results. For example, from January 1, 2018 to December 31, 2020, calcimimetics was part of the Medicare Part B payment and was subject to a TDAPA period prior to being incorporated into the payment bundle on January 1, 2021. During this transitional period, the wider availability of generic supplies of oral calcimimetics drove the acquisition cost of that drug down, which in turn lowered associated reimbursement rates and led to significant fluctuations in our levels of operating income. In addition, we anticipate that a hypoxia-inducible factor (HIF) product could be approved by the FDA and available to the market during 2021, but as of the date hereof, the timing and details of such an approval, including the contents of the applicable FDA label, remain uncertain. We expect that HIF products will be subject to a TDAPA period prior to being incorporated into the payment bundle. We are developing operational and clinical processes designed to provide the drug as may be required under the applicable regulations and as may be prescribed by physicians and also are working to contract with manufacturers of drug(s) to establish terms and access to the product, as well as payors, as applicable, for reimbursement and/or administration of the drug. If HIF products are approved, we could experience significant fluctuations in our associated levels of operating income and could be subject to material financial, operational and/or legal risk if we are not adequately reimbursed for the cost of the drug, if we are unable to implement effective and appropriate operational measures to distribute the drug, if we fail to implement appropriate storage and diversion controls or if we cannot obtain competitive pricing for the HIF, the aggregate impact of these risks could have a material adverse effect on our business, results of operation, financial condition and cash flows.

Similar operating and clinical rigor and appropriate processes will be needed for other potential new drugs, treatments or technologies that are approved and come onto the market. Any failure to successfully contract with manufacturers for competitive pricing, failure to successfully contract with the government or other payors for appropriate reimbursement, or failure to prepare, develop and implement processes that provide for appropriate availability and use in our clinics could have a material adverse impact on our business, results of operations, financial condition and cash flows. Additionally, as new kidney care drugs, treatments or technologies are introduced over time, we expect that the use of transitional payment adjustments to incorporate certain of these new drugs, treatments or technologies as defined by the CMS policy into the bundled Medicare Part B ESRD payment may lead to fluctuations in associated levels of operating income and risk that the reimbursement levels of such drugs, treatments or technologies may not adequately cover our cost to obtain the drug or other associated costs. Drivers of these risks include, among other things, the risk that CMS may not provide adequate funding in the Medicare Part B ESRD payment in the post-transitional period or such items are not covered by transitional add on pricing, in which case there may be

less clarity on the reimbursement, either of which may in turn materially adversely impact our business, results of operations, financial condition and cash flows.

We may also be subject to increased inquiries or audits from a variety of governmental bodies or claims by third parties related to pharmaceuticals, which would require management's attention and could result in significant legal expense. Any negative findings could result in, among other things, substantial financial penalties or repayment obligations, the imposition of certain obligations on and changes to our practices and procedures as well as the attendant financial burden on us to comply with the obligations, or exclusion from future participation in the Medicare and Medicaid programs, and could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation. For additional details, see the risk factor under the heading *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."*

**Changes in state Medicaid or other non-Medicare government-based programs or payment rates could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Primary coverage for a significant number of our patients comes from state Medicaid programs partially funded by the federal government as well as other non-Medicare government-based programs, such as coverage through the Department of Veterans Affairs (VA). As state governments and other governmental organizations face increasing financial hardship and budgetary pressure, including as a result of the COVID-19 pandemic, we may in turn face reductions in payment rates, delays in the receipt of payments, limitations on enrollee eligibility or other changes to the applicable programs. For example, certain state Medicaid programs and the VA have recently considered, proposed or implemented payment rate reductions.

The VA adopted Medicare's bundled PPS pricing methodology for any veterans receiving treatment from non-VA providers under a national contracting initiative. Since we are a non-VA provider, these reimbursements are tied to a percentage of Medicare reimbursement, and we have exposure to any dialysis reimbursement changes made by CMS. Approximately 3% of our U.S. dialysis net patient services revenues for the year ended December 31, 2020 were generated by the VA.

In 2019, we entered into a Nationwide Dialysis Services contract with the VA that includes five separate one-year renewal periods throughout the term of the contract. The term structure is similar to our prior five-year agreement with the VA, and is consistent with VA practice for similar provider agreements. With this contract award, the VA has agreed to keep our percentage of Medicare reimbursement consistent with that under our prior agreement with the VA during the term of the contract. As with that prior agreement, this agreement provides the VA with the right to terminate the agreements without cause on short notice, among other things. Should the VA renegotiate, not renew or cancel these agreements for any reason, we may cease accepting patients under this program and may be forced to close centers or experience lower reimbursement rates, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

State Medicaid programs are increasingly adopting Medicare-like bundled payment systems, but sometimes these payment systems are poorly defined and are implemented without any claims processing infrastructure, or patient or facility adjusters. If these payment systems are implemented without any adjusters and claims processing infrastructure, Medicaid payments will be substantially reduced and the costs to submit such claims may increase, which will have a negative impact on our business, results of operations, financial condition and cash flows. In addition, some state Medicaid program eligibility requirements mandate that citizen enrollees in such programs provide documented proof of citizenship. If our patients cannot meet these proof of citizenship documentation requirements, they may be denied coverage under these programs, resulting in decreased patient volumes and revenue. These Medicaid payment and enrollment changes, along with similar changes to other non-Medicare government programs, could reduce the rates paid by these programs for dialysis and related services, delay the receipt of payment for services provided and further limit eligibility for coverage which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows.**

Patient retention and the continued referrals of patients from referral sources such as hospitals and nephrologists, as well as acquisitions, are some of the important parts of our growth strategy. In our U.S. dialysis business, we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for the limited acquisition targets as well as for individual patients and physicians qualified to serve as medical directors. U.S. regulations require medical directors for each center. As we and our competitors continue to grow and open new dialysis centers, we may not be able to retain an adequate number of nephrologists to serve as medical directors. Competition in existing and expanding geographies or areas is intense, and is not limited to large competitors with substantial financial resources or to established participants in the

dialysis space. We also compete with individual nephrologists who have opened their own dialysis units or facilities. Moreover, as we continue our expansion into various international markets, we will continue to face competition from large and medium-sized providers, among others, for acquisition targets.

In addition, Fresenius Medical Group, our largest competitor, manufactures a full line of dialysis supplies and equipment in addition to owning and operating dialysis centers. This may, among other things, give it cost advantages over us because of its ability to manufacture its own products. See further discussion regarding risks associated with our suppliers and new technologies under the heading *"If certain of our suppliers do not meet our needs, if there are material price increases on supplies, if we are not reimbursed or adequately reimbursed for drugs we purchase or if we are unable to effectively access new technology or superior products, it could negatively impact our ability to effectively provide the services we offer and could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

In addition to traditional dialysis providers, there have been a number of announcements by non-traditional dialysis providers and others, which relate to entry into the dialysis and pre-dialysis space, the development of innovative technologies, or the commencement of new business activities that could be disruptive to the industry. Some of these new entrants have considerable financial resources. Although these and other potential competitors may face operational or financial challenges, the highly-competitive and evolving dialysis and pre-dialysis marketplaces have presented some opportunities for relative ease of entry for these and other potential competitors. As a result, we may compete with these smaller or non-traditional providers or others in an asymmetrical environment with respect to data and regulatory requirements that we face as an ESRD service provider, thereby negatively impacting our ability to effectively compete. These and other factors have continued to drive change in the dialysis and pre-dialysis space, and if we are unable to successfully adapt to these dynamics, it could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Furthermore, each of the aforementioned competitive pressures and related risks may be impacted by a continued decline in the rate of growth of the ESRD patient population, higher mortality rates for dialysis patients or other reductions in demand for dialysis treatments. The recent 2020 annual data report from the United States Renal Data System (USRDS) suggests that the rate of growth of the ESRD patient population is declining relative to long term trends. A number of factors may impact ESRD growth rates, including, without limitation, the aging of the U.S. population, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, transplant rates, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD. Certain of these factors, in particular the mortality rates for dialysis patients, have been impacted by the COVID-19 pandemic. The magnitude of these cumulative COVID-19 related impacts on our patient census and treatment volumes has been substantial and depending on the ultimate severity and duration of the pandemic, could be material. For additional information, see the risk factor under the heading *"Changes in the structure of and payment rates under the Medicare ESRD program could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

If we are not able to effectively implement our growth strategy, including by making acquisitions at the desired pace or at all; if we are not able to continue to maintain the expected or desired level of non-acquired growth; or if we experience significant patient attrition either as a result of new business activities in the dialysis or pre-dialysis space by our existing competitors, other market participants, new entrants, new technology or other forms of competition, or as a result of reductions in demand for dialysis treatments, including, without limitation, due to increased mortality rates for dialysis patients resulting from COVID-19 or otherwise, reduced prevalence of ESRD or an increase in the number of kidney transplants, it could materially adversely affect our business, results of operations, financial condition and cash flows.

**We may engage in acquisitions, mergers, joint ventures or dispositions, which may materially affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business, and, under certain circumstances, could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.**

Our business strategy includes growth through acquisitions of dialysis centers and other businesses, as well as through entry into joint ventures. We may engage in acquisitions, mergers, joint ventures or dispositions or expand into new business lines or models, which may affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business. There can be no assurance that we will be able to identify suitable acquisition targets or merger partners or buyers for dispositions or that, if identified, we will be able to agree to terms with merger partners, acquire these targets or make these dispositions on acceptable terms or on the desired timetable. There can also be no assurance that we will be successful in completing any acquisitions, mergers or dispositions that we announce, executing new business lines or models or integrating any acquired business into our overall operations. There is no guarantee that we will be able to operate acquired businesses successfully as stand-alone businesses, or that any such acquired business will operate profitably or will not otherwise have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation. In addition, acquisition, merger or joint venture activity conducted as part of our overall growth strategy is subject to

antitrust and competition laws, and antitrust regulators can investigate future (or pending) and consummated transactions. These laws could impact our ability to pursue these transactions, and under certain circumstances, could result in mandated divestitures, among other things. If a proposed transaction or series of transactions is subject to challenge under antitrust or competition laws, we may incur substantial legal costs, management's attention and resources may be diverted, and if we are found to have violated these or other related laws, regulations or requirements, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation and stock price. For additional detail, see the risk factor under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation.*" Further, we cannot be certain that key talented individuals at the business being acquired will continue to work for us after the acquisition or that they will be able to continue to successfully manage or have adequate resources to successfully operate any acquired business. In addition, certain of our acquired dialysis centers and facilities have been in service for many years, which may result in a higher level of maintenance costs. Further, our facilities, equipment and information technology may need to be improved or renovated to maintain or increase operational efficiency, compete for patients and medical directors, or meet changing regulatory requirements. Increases in maintenance costs and/or capital expenditures could have, under certain circumstances, a material adverse effect on our business, results of operations, financial condition and cash flows.

Businesses we acquire may have unknown or contingent liabilities or liabilities that are in excess of the amounts that we originally estimated, and may have other issues, including, without limitation, those related to internal controls over financial reporting or issues that could affect our ability to comply with healthcare laws and regulations and other laws applicable to our expanded business, which could harm our reputation. As a result, we cannot make any assurances that the acquisitions we consummate will be successful. Although we generally seek indemnification from the sellers of businesses we acquire for matters that are not properly disclosed to us, we are not always successful. In addition, even in cases where we are able to obtain indemnification, we may discover liabilities greater than the contractual limits, the amounts held in escrow for our benefit (if any), or the financial resources of the indemnifying party. In the event that we are responsible for liabilities substantially in excess of any amounts recovered through rights to indemnification or alternative remedies that might be available to us, or any applicable insurance, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

In addition, under the terms of the equity purchase agreement for the DMG sale (the DMG sale agreement), we agreed to certain indemnification obligations, including with respect to claims for breaches of our representations and warranties regarding compliance with law, litigation, absence of undisclosed liabilities, employee benefit matters, labor matters, or taxes, among others, and other claims for which we provided the buyer with a special indemnity. As a result, we may become obligated to make payments to the buyer relating to our previous ownership and operation of the DMG business. Any such post-closing liabilities and required payments under the DMG sale agreement, or otherwise, or in connection with any other past or future disposition of material assets or businesses could individually or in the aggregate have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

Additionally, joint ventures, including, without limitation, our Asia Pacific joint venture, and minority investments inherently involve a lesser degree of control over business operations, thereby potentially increasing the financial, legal, operational and/or compliance risks associated with the joint venture or minority investment. In addition, we may be dependent on joint venture partners, controlling shareholders or management who may have business interests, strategies or goals that are inconsistent with ours. Business decisions or other actions or omissions of the joint venture partner, controlling shareholders or management may require us to make capital contributions or necessitate other payments, result in litigation or regulatory action against us, result in reputational harm to us or adversely affect the value of our investment or partnership, among other things. In addition, we have potential obligations to purchase the interests held by third parties in many of our joint ventures as a result of put provisions that are exercisable at the third party's discretion within specified time periods, pursuant to the applicable agreement. If these put provisions were exercised, we would be required to purchase the third party owner's equity interest, generally at the appraised market value. There can be no assurances that these joint ventures and/or minority investments, including, without limitation, our Asia Pacific joint venture, ultimately will be successful.

**If certain of our suppliers do not meet our needs, if there are material price increases on supplies, if we are not reimbursed or adequately reimbursed for drugs we purchase or if we are unable to effectively access new technology or superior products, it could negatively impact our ability to effectively provide the services we offer and could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

We have significant suppliers, with a substantial portion of our total vendor spend concentrated with a limited number of third party suppliers. These third party suppliers include, without limitation, suppliers of pharmaceuticals that may be the primary source of products critical to the services we provide, or to which we have committed obligations to make purchases,

sometimes at particular prices. If any of these suppliers do not meet our needs for the products they supply, including, without limitation, in the event of a product recall, shortage or dispute, and we are not able to find adequate alternative sources, if we experience material price increases from these suppliers that we are unable to mitigate, or if some of the drugs that we purchase from our suppliers are not reimbursed or not adequately reimbursed by commercial or government payors, or if we are unable to secure products, including pharmaceuticals at competitive rates and within the desired time frame, it could have a material adverse impact on our business, results of operations, financial condition and cash flows. In addition, the technology related to the products critical to the services we provide is subject to new developments which may result in superior products. If we are not able to access superior products on a cost-effective basis, either due to competitive conditions in the marketplace or otherwise, or if suppliers are not able to fulfill our requirements for such products, we could face patient attrition and other negative consequences which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.**

We are continuing to expand our operations by offering our services and entering new lines of business in certain markets outside of the U.S., which increases our exposure to the inherent risks of doing business in international markets. Depending on the market, these risks include those relating to:

- changes in the local economic environment;
- political instability, armed conflicts or terrorism;
- public health crises, such as pandemics or epidemics, including the COVID-19 pandemic;
- social changes;
- intellectual property legal protections and remedies;
- trade regulations;
- procedures and actions affecting approval, production, pricing, reimbursement and marketing of products and services;
- foreign currency;
- additional U.S. and foreign taxes;
- export controls;
- antitrust and competition laws and regulations;
- lack of reliable legal systems which may affect our ability to enforce contractual rights;
- changes in local laws or regulations, or interpretation or enforcement thereof;
- potentially longer ramp-up times for starting up new operations and for payment and collection cycles;
- financial and operational, and information technology systems integration;
- failure to comply with U.S. laws, such as the FCPA, or local laws that prohibit us, our partners, or our partners' or our agents or intermediaries from making improper payments to foreign officials or any third party for the purpose of obtaining or retaining business; and
- data and privacy restrictions.

Issues relating to the failure to comply with applicable non-U.S. laws, requirements or restrictions may also impact our domestic business and/or raise scrutiny on our domestic practices.

Additionally, some factors that will be critical to the success of our international business and operations will be different than those affecting our domestic business and operations. For example, conducting international operations requires us to devote significant management resources to implement our controls and systems in new markets, to comply with local laws and regulations, including to fulfill financial reporting and records retention requirements among other things, and to overcome the numerous new challenges inherent in managing international operations, including, without limitation, challenges based on

differing languages and cultures, challenges related to establishing clinical operations in differing regulatory and compliance environments, and challenges related to the timely hiring, integration and retention of a sufficient number of skilled personnel to carry out operations in an environment with which we are not familiar.

Any expansion of our international operations through acquisitions or through organic growth could increase these risks. Additionally, while we may invest material amounts of capital and incur significant costs in connection with the growth and development of our international operations, including to start up or acquire new operations, we may not be able to operate them profitably on the anticipated timeline, or at all.

These risks could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.

**If our joint ventures were found to violate the law, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.**

As of December 31, 2020, we owned a controlling interest in numerous dialysis-related joint ventures, which represented approximately 27% of our U.S. dialysis revenues for the year ended December 31, 2020. In addition, we also owned noncontrolling equity investments in several other dialysis related joint ventures. We expect to continue to increase the number of our joint ventures. Many of our joint ventures with physicians or physician groups also have certain physician owners providing medical director services to centers we own and operate. Because our relationships with physicians are governed by the federal and state anti-kickback statutes, we have sought to structure our joint venture arrangements to satisfy as many federal safe harbor requirements as we believe are commercially reasonable. Our joint venture arrangements do not satisfy all of the elements of any safe harbor under the federal Anti-Kickback Statute, however, and therefore are susceptible to government scrutiny. Additionally, our joint ventures and minority investments inherently involve a lesser degree of control over business operations, thereby potentially increasing the financial, legal, operational and/or compliance risks associated with the joint venture or minority investment. If our joint ventures are found to violate applicable laws or regulations, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation. For additional information on these risks, see the risk factors under the headings "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation"* and "*We may engage in acquisitions, mergers, joint ventures or dispositions, which may materially affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business, and, under certain circumstances, could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation."*

**There are significant risks associated with estimating the amount of dialysis revenues and related refund liabilities that we recognize, and if our estimates of revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition or have a material adverse effect on our business, results of operations, financial condition and cash flows.**

There are significant risks associated with estimating the amount of U.S. dialysis net patient services revenues and related refund liabilities that we recognize in a reporting period. The billing and collection process is complex due to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, such as ensuring appropriate documentation. Determining applicable primary and secondary coverage for approximately 204,200 U.S. patients at any point in time, together with the changes in patient coverage that occur each month, requires complex, resource-intensive processes. Errors in determining the correct coordination of benefits may result in refunds to payors. Revenues associated with Medicare and Medicaid programs are also subject to estimating risk related to the amounts not paid by the primary government payor that will ultimately be collectible from other government programs paying secondary coverage, the patient's commercial health plan secondary coverage or the patient. Collections, refunds and payor retractions typically continue to occur for up to three years and longer after services are provided. We generally expect our range of U.S. dialysis net patient services revenues estimating risk to be within 1% of net revenues for the segment. If our estimates of U.S. dialysis net patient services revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition and have a material adverse impact on our business, results of operations, financial condition and cash flows.

**Our ancillary services and strategic initiatives, including, without limitation, our international operations, that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one**

**or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs.**

Our ancillary services and strategic initiatives are subject to many of the same risks, regulations and laws, as described in the risk factors related to our dialysis business set forth in this Part I, Item 1A, and are also subject to additional risks, regulations and laws specific to the nature of the particular strategic initiative. We expect to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include healthcare services not related to dialysis. Many of these initiatives require or would require investments of both management and financial resources and can generate significant losses for a substantial period of time and may not become profitable in the expected timeframe or at all. There can be no assurance that any such strategic initiative will ultimately be successful. Any significant change in market conditions or business performance, including, without limitation, as a result of the COVID-19 pandemic, or in the political, legislative or regulatory environment, may impact the performance or economic viability of any of these strategic initiatives.

If any of our ancillary services or strategic initiatives, including our international operations, are unsuccessful, it would have a negative impact on our business, results of operations, financial condition and cash flows, and we may determine to exit that line of business. We could incur significant termination costs if we were to exit certain of these lines of business. In addition, we may incur a material write-off or an impairment of our investment, including, without limitation, goodwill or other assets, in one or more of our ancillary services or strategic initiatives. In that regard, we have taken, and may in the future take, impairment and restructuring charges in addition to those described above related to our ancillary services and strategic initiatives, including, without limitation, in our international and pharmacy businesses.

**If a significant number of physicians were to cease referring patients to our dialysis centers, whether due to law, rule or regulation, new competition, a perceived decrease in the quality of service levels at our centers or other reasons, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Physicians, including medical directors, choose where they refer their patients. Some physicians prefer to have their patients treated at dialysis centers where they or other members of their practice supervise the overall care provided as medical director of the center. As a result, referral sources for many of our centers include the physician or physician group providing medical director services to the center.

Our medical director contracts are for fixed periods, generally ten years, and at any given time a large number of them could be up for renewal at the same time. Medical directors have no obligation to extend their agreements with us and, under certain circumstances, our former medical directors may choose to provide medical director services for competing providers or establish their own dialysis centers in competition with ours. Neither our current nor former medical directors have an obligation to refer their patients to our centers. In addition, there are a number of new entrants into the dialysis space, and physicians, including medical directors, may refer patients to these new entrants rather than the Company.

The aging of the nephrologist population and opportunities presented by our competitors may negatively impact a medical director's decision to enter into or extend his or her agreement with us. Moreover, a perceived decrease in the quality of service levels at our centers or different affiliation models in the changing healthcare environment that limit a nephrologist's choice in where he or she can refer patients, such as an increase in the number of physicians becoming employed by hospitals, may limit a nephrologist's ability or desire to refer patients to our centers or otherwise negatively impact treatment volumes.

In addition, if the terms of any existing agreement are found to violate applicable laws, there can be no assurances that we would be successful in restructuring the relationship, which would lead to the early termination of the agreement. If we are unable to obtain qualified medical directors to provide supervision of the operations and care provided at our dialysis centers, it could affect physicians' desire to refer patients to our dialysis centers. If a significant number of physicians were to cease referring patients to our dialysis centers, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If our labor costs continue to rise, including due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain key leadership talent, we may experience disruptions in our business operations and increases in operating expenses, among other things, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

We face increasing labor costs generally, and in particular, we continue to face increased labor costs and difficulties in hiring nurses due to a nationwide shortage of skilled clinical personnel that has been exacerbated by the ongoing COVID-19 pandemic. We have incurred and expect to continue to incur increased labor costs and experience staffing challenges related to

COVID-19 while the pandemic persists, the extent of which will depend on the severity and duration of the pandemic, among other things. For additional discussion of the risks facing us related to COVID-19, see the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us.*" We compete for nurses with hospitals and other healthcare providers. This nursing shortage may limit our ability to expand our operations. Furthermore, changes in certification requirements can impact our ability to maintain sufficient staff levels, including to the extent our teammates are not able to meet new requirements, among other things. In addition, if we experience a higher than normal turnover rate for our skilled clinical personnel, our operations and treatment growth may be negatively impacted, which could adversely affect our business, results of operations, financial condition and cash flows. We also face competition in attracting and retaining talent for key leadership positions. If we are unable to attract and retain qualified individuals, we may experience disruptions in our business operations, including, without limitation, our ability to achieve strategic goals, which could have a material adverse effect on our business, results of operations, financial condition and cash flows. For additional information on these risks, see the risk factors under the headings "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;" and "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**Our business is labor intensive and could be materially adversely affected if we are unable to attract and retain employees or if union organizing activities or legislative or other changes result in significant increases in our operating costs or decreases in productivity.**

Our business is labor intensive, and our financial and operating results have been and continue to be subject to variations in labor-related costs, productivity and the number of pending or potential claims against us related to labor and employment practices. Political or other efforts at the national or local level could result in actions or proposals that increase the likelihood of success of union organizing activities at our facilities and ongoing union organizing activities at our facilities could continue or increase for other reasons. We could experience an upward trend in wages and benefits and labor and employment claims, including, without limitation, the filing of class action suits, or adverse outcomes of such claims, or face work stoppages. In addition, we are and may continue to be subject to targeted corporate campaigns by union organizers in response to which we have been and may continue to be required to expend substantial resources, both time and financial. Any of these events or circumstances could have a material adverse effect on our employee relations, treatment growth, productivity, business, results of operations, financial condition and cash flows.

**Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems could materially adversely affect our business, results of operations, financial condition and cash flows.**

Our business depends significantly on effective information systems. Our information systems require an ongoing commitment of significant resources to maintain, upgrade and enhance existing systems and develop or contract for new systems in order to keep pace with continuing changes in information processing technology, emerging cybersecurity risks and threats, evolving industry, legal and regulatory standards and requirements, new models of care, and other changes in our business, among other things. For example, the provisions related to data interoperability, information blocking, and patient access in the Cures Act include, among other things, changes to the Office of the National Coordinator for Health Information Technology's (ONC's) Health IT Certification Program and requirements that CMS-regulated payors make relevant claims/care data and provider directory information available through standardized patient access and provider directory application programming interfaces (APIs) that connect to provider electronic health records. We have made and continue to make investments in building data interoperability capabilities, including as part of building on our integrated care capabilities as noted above, and continue to evaluate the potential impact of the CMS and ONC final rules. Any failure to adequately comply with these rules may adversely impact our Medicare business, our ability to scale our integrated care business and our ability to compete with certain smaller and/or non-traditional providers taking advantage of an asymmetrical environment with respect to data and/or regulatory requirements given our status as an ESRD service provider. There can be no assurances that the implementation of planned enhancements to our systems, such as our implementation of these data interoperability provisions or our other efforts that are currently ongoing to upgrade and better integrate our clinical systems, will be successful or that we will ultimately realize anticipated benefits from investments in new or existing information systems. In addition, we may from time to time obtain significant portions of our systems-related support, technology or other services from independent third parties, which may make our operations vulnerable if such third parties fail to perform adequately.

Failure to successfully implement, operate and maintain effective and efficient information systems with adequate technological capabilities, deficiencies or defects in the systems and related technology, or our failure to efficiently and effectively consolidate our information systems to eliminate redundant or obsolete applications, could result in competitive

disadvantages, which could have a material adverse effect on our business, financial condition and results of operations. For additional information on the risks we face in a highly competitive market, see the risk factor under the heading, *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors, it could materially adversely affect our business, results of operations, financial condition and cash flows."* If the information we rely upon to run our business was found to be inaccurate or unreliable or if we or third parties on which we rely fail to adequately maintain information systems and data integrity effectively, whether due to software deficiencies, human coding or implementation error or otherwise, we could experience difficulty meeting clinical outcome goals, face regulatory problems, including sanctions and penalties, incur increases in operating expenses or suffer other adverse consequences, any of which could be material. Moreover, failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or information systems and data hosted by third parties upon which we rely, could subject us to severe consequences as described in the risk factor under the heading *"Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches or suffer losses to our data and information technology assets, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation."*

Our billing system, among others, is critical to our billing operations. If there are defects in the billing system, or billing systems or services of third parties upon which we rely, we may experience difficulties in our ability to successfully bill and collect for services rendered, including, without limitation, a delay in collections, a reduction in the amounts collected, increased risk of retractions from and refunds to commercial and government payors, an increase in our provision for uncollectible accounts receivable and noncompliance with reimbursement laws and related requirements, any or all of which could materially adversely affect our results of operations.

In the clinical environment, a failure of our clinical systems, or the systems of our third-party service providers, to operate effectively could have a material adverse effect on our business, the clinical care provided to patients, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if relevant clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, this could impact our payments from government payors as well as our ability to retain funds paid to us based on the inaccurate information.

Additionally, we expect the highly competitive environment in which we operate to become increasingly more competitive as the market evolves and new technologies are introduced. This dynamic environment requires continuous investment in new technologies and clinical applications. Machine learning and artificial intelligence are increasingly driving innovations in technology, and parts of our operations may employ robotics. If these technologies or applications fail to operate as anticipated or do not perform as specified, including due to potential design defects and defects in the development of algorithms or other technologies, human error or otherwise, our clinical operations, business and reputation may be harmed. If we are unable to successfully maintain, enhance or operate our information systems, including through the implementation of such technologies or applications in our clinical operations and laboratory, we may be, among other things, unable to efficiently adapt to evolving laws and requirements, unable to remain competitive with others who successfully implement and advance this technology, subject to increased risk under existing laws, regulations and requirements that apply to our business, and our patients' safety may be adversely impacted, any of which could have a material adverse impact on our business, results of operations and financial condition and could materially harm our reputation. For additional detail, see the discussion in the risk factor under the heading *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."*

**General Risk Factors**

**The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control.**

We have a substantial amount of indebtedness outstanding and we may incur substantial additional indebtedness in the future, including indebtedness incurred to finance repurchases of our common stock pursuant to our share repurchase authorization discussed under "Stock Repurchases" in Part II, Item 7, *"Management's Discussion and Analysis of Financial Condition and Results of Operations."* As described in Note 13 to the consolidated financial statements included in this report,

we are party to a senior secured credit agreement (the Credit Agreement), which consists of a secured term loan A facility, a secured term loan B-1 facility and a secured revolving line of credit in the aggregate principal amount of $1 billion. Our long-term indebtedness also includes $3.250 billion aggregate principal amount of senior notes.

If we are unable to generate sufficient cash to service our indebtedness and for other intended purposes, it could, for example:

- make it difficult for us to make payments on our debt;
- increase our vulnerability to general adverse economic and industry conditions;
- require us to dedicate a substantial portion of our cash flows from operations to payments on our indebtedness, thereby reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions and investments, repurchases of stock at the levels intended or announced, or at all, and other general corporate purposes;
- limit our flexibility in planning for, or reacting to, changes in our business and the markets in which we operate;
- expose us to interest rate volatility that could adversely affect our business, results of operations, financial condition and cash flows, and our ability to service our indebtedness;
- place us at a competitive disadvantage compared to our competitors that have less debt; and
- limit our ability to borrow additional funds, or to refinance existing debt on favorable terms when otherwise available or at all.

Our senior secured credit facilities bear, and other indebtedness we may incur in the future may bear, interest at a variable rate. As a result, at any given time interest rates on the senior secured credit facilities and any other variable rate debt could be higher or lower than current levels. If interest rates increase, our debt service obligations on our variable rate indebtedness will increase even though the amount borrowed remains the same, and therefore net income and associated cash flows, including cash available for servicing our indebtedness, will correspondingly decrease.

Our indebtedness levels and the required payments on such indebtedness may also be impacted by expected reforms related to LIBOR. The variable interest rates payable under our senior secured credit facilities are linked to LIBOR as the benchmark for establishing such rates. The LIBOR benchmark has been the subject of recent national, international and other regulatory guidance and reform proposals. The reforms may cause LIBOR to perform differently from the past and LIBOR may ultimately cease to exist after 2023. The U.S. Federal Reserve, in conjunction with the Alternative Reference Rates Committee, a steering committee comprised of, among other entities, large U.S. financial institutions, is considering replacing U.S. dollar LIBOR with a new index that measures the cost of borrowing cash overnight, backed by U.S. Treasury securities (SOFR). Whether or not SOFR or any other potential alternative reference rate attains market traction as a LIBOR replacement rate remains in question. Our senior secured credit facilities include mechanics to facilitate the adoption by us and our lenders of an alternative benchmark rate for use in place of LIBOR; however, no assurance can be made that we and our lenders will agree on such an alternative rate and, even if agreed upon, such alternative rate may not perform in a manner similar to LIBOR and may result in interest rates that are higher or lower than those that would have resulted had LIBOR remained in effect.

Our ability to make payments on our indebtedness, to fund planned capital expenditures and expansion efforts, including, without limitation, any strategic acquisitions we may make in the future, to repurchase our stock at the levels intended or announced and to meet our other liquidity needs, will depend on our ability to generate cash. This depends not only on the success of our business but is also subject to economic, financial, competitive, regulatory and other factors that are beyond our control. We cannot provide assurances that our business will generate sufficient cash flows from operations in the future or that future borrowings will be available to us in amounts sufficient to enable us to service our indebtedness or to fund our working capital and other liquidity needs, including those described above. If we are unable to generate sufficient funds to service our outstanding indebtedness or to meet our working capital or other liquidity needs, including those described above, we would be required to refinance, restructure, or otherwise amend some or all of such indebtedness, sell assets, change or reduce our intended or announced uses or strategy for capital deployment, including, without limitation, for stock repurchases, reduce capital expenditures, planned expansions or other strategic initiatives, or raise additional cash through the sale of our equity or equity-related securities. We cannot make any assurances that any such refinancing, restructurings, amendments, sales of assets, or issuances of equity or equity-related securities can be accomplished or, if accomplished, will be on favorable terms or would raise sufficient funds to meet these obligations or our other liquidity needs.

In addition, we may continue to incur indebtedness in the future, and the amount of that additional indebtedness may be substantial. Although the Credit Agreement includes covenants that could limit our indebtedness, we currently have, and expect to continue to have, the ability to incur substantial additional debt. The risks described in this risk factor could intensify as new

debt is added to current debt levels or if we incur any new debt obligations that subject us to restrictive covenants that limit our financial and operational flexibility. Any breach or failure to comply with any of these covenants could result in a default under our indebtedness.

Any failure to pay any of our indebtedness when due or any other default under our credit facilities or our other indebtedness could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could trigger cross default or cross acceleration provisions in our other debt instruments, thereby permitting the holders of that other indebtedness to demand immediate repayment or cease to make future extensions of credit, and, in the case of secured indebtedness, to take possession of and sell the collateral securing such indebtedness to satisfy our obligations.

The borrowings under our senior secured credit facilities and senior indentures are guaranteed by certain of our domestic subsidiaries, and borrowings under our senior secured credit facilities are secured by substantially all of our and certain of our domestic subsidiaries' assets. Such guarantees and the fact that we have pledged such assets may make it more difficult and expensive for us to make, or under certain circumstances could effectively prevent us from making, additional secured and unsecured borrowings.

**We could be subject to adverse changes in tax laws, regulations and interpretations or challenges to our tax positions.**

We are subject to tax laws and regulations of the U.S. federal, state and local governments as well as various foreign jurisdictions. We compute our income tax provision based on enacted tax rates in the jurisdictions in which we operate. As the tax rates vary among jurisdictions, a change in earnings attributable to the various jurisdictions in which we operate could result in an unfavorable or favorable change in our overall tax provision.

Changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. There can be no assurance that changes in tax laws or regulations, both within the U.S. and the other jurisdictions in which we operate, will not materially and adversely affect our effective tax rate, tax payments, results of operations, financial condition and cash flows. For example, changes to the political environment related to the most recent U.S. election cycle increase the likelihood that changes in taxation and related regulations could have a material adverse impact on our results of operations and financial condition. Similarly, changes in tax laws and regulations that impact our patients, business partners and counterparties or the economy generally may also impact our results of operations, financial condition and cash flows.

In addition, tax laws and regulations are complex and subject to varying interpretations, and any significant failure to comply with applicable tax laws and regulations in all relevant jurisdictions could give rise to material penalties and liabilities. We are regularly subject to audits by various tax authorities. For example, our current audits include an audit by the Internal Revenue Service for the years 2014–2017, and it is possible that the final determination of this and any other tax audits and any related litigation could be materially different from our historical income tax provisions and accruals. Any changes in enacted tax laws, rules or regulatory or judicial interpretations; any adverse development or outcome in connection with tax audits in any jurisdiction; or any change in the pronouncements relating to accounting for income taxes could materially and adversely impact our effective tax rate, tax payments, results of operations, financial condition and cash flows.

**We may be subject to liability claims for damages and other expenses that are not covered by insurance or exceed our existing insurance coverage that could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.**

Our operations and how we manage our business may subject us, as well as our officers and directors to whom we owe certain defense and indemnity obligations, to litigation and liability. Our business, profitability and growth prospects could suffer if we face negative publicity or we pay damages or defense costs in connection with a claim that is outside the scope or limits of coverage of any applicable insurance coverage, including, without limitation, claims related to adverse patient events, cybersecurity incidents, contractual disputes, antitrust and competition laws and regulations, professional and general liability and directors' and officers' duties. In addition, we have received notices of claims from commercial payors and other third parties, as well as subpoenas and CIDs from the federal government, related to our business practices, including, without limitation, our historical billing practices and the historical billing practices of acquired businesses. Although the ultimate outcome of these claims cannot be predicted, an adverse result with respect to one or more of these claims could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation. We maintain insurance coverage for those risks we deem are appropriate to insure against and make determinations about whether to self-insure as to other risks or layers of coverage. However, a successful claim, including, without limitation, a professional liability, malpractice or negligence claim or a claim related to a cybersecurity incident, which is in excess of any applicable insurance coverage, that is outside the scope or limits of any applicable insurance coverage, or that is subject to our self-insurance retentions, could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.

In addition, if our costs of insurance and claims increase, then our earnings could decline. Market rates for insurance premiums and deductibles have been steadily increasing. Our business, results of operations, financial condition and cash flows could be materially and adversely affected by any of the following:

- the collapse or insolvency of our insurance carriers;
- further increases in premiums and deductibles;
- increases in the number of liability claims against us or the cost of settling or trying cases related to those claims;
- obtaining insurance with exclusions for things such as communicable diseases; or
- an inability to obtain one or more types of insurance on acceptable terms, if at all.

**If we fail to successfully maintain an effective internal control over financial reporting, the integrity of our financial reporting could be compromised, which could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price.**

The integration of acquisitions and addition of new business lines into our internal control over financial reporting has required and will continue to require significant time and resources from our management and other personnel and has increased, and is expected to continue to increase our compliance costs. Failure to maintain an effective internal control environment could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price. In addition, we could be required to restate our financial results in the event of a significant failure of our internal control over financial reporting or in the event of inappropriate application of accounting principles.

**Deterioration in economic conditions, disruptions in the financial markets or the effects of natural or other disasters, political instability, public health crises or adverse weather events such as hurricanes, earthquakes, fires or flooding could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Deterioration in economic conditions, whether in connection with the COVID-19 pandemic or otherwise, could have a material adverse effect on our business, results of operations, financial condition and cash flows. Among other things, the potential decline in federal and state revenues that may result from such conditions may create additional pressures to contain or reduce reimbursements for our services from Medicare, Medicaid and other government sponsored programs. Increases in job losses in the U.S. as a result of adverse economic conditions, including economic deterioration due to the ongoing COVID-19 pandemic, could result in a smaller percentage of our patients being covered by an employer group health plan and a larger percentage being covered by lower paying Medicare and Medicaid programs. Employers may also select more restrictive commercial plans with lower reimbursement rates. To the extent that payors are negatively impacted by a decline in the economy, we may experience further pressure on commercial rates, a slowdown in collections and a reduction in the amounts we expect to collect. In addition, uncertainty in the financial markets could adversely affect the variable interest rates payable under our credit facilities or could make it more difficult to obtain or renew such facilities or to obtain other forms of financing in the future, if at all. For additional information regarding the risks presented by the COVID-19 pandemic, see the discussion in the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us.*" For additional information regarding the risks related to our indebtedness, see the discussion in the risk factor under the heading *"The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control."*

Moreover, as of December 31, 2020, we had approximately $6.919 billion of goodwill recorded on our consolidated balance sheet. We account for impairments of goodwill in accordance with the provisions of applicable accounting guidance, and record impairment charges when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances concerning our businesses and to estimate their fair value when applicable. These assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

Should our revenues and financial results be materially, unfavorably impacted due to, among other things, a worsening of the economic and employment conditions in the United States that negatively impacts reimbursement rates or the availability of insurance coverage for our patients, we may incur future charges to recognize impairment in the carrying amount of our goodwill and other intangible assets, which could have a material adverse effect on our business, results of operation and financial condition.

Further, some of our operations, including our clinical laboratory, dialysis centers and other facilities, may be adversely impacted by the effects of natural or other disasters, political instability, public health crises such as global pandemics or epidemics, including the COVID-19 pandemic, or adverse weather events such as hurricanes, earthquakes, fires or flooding. Each of these effects and risks may be further intensified by the increasing impact of climate change on a global scale. In addition, these risks are particularly heightened for our patients in part because individuals with chronic illness may be more susceptible to the adverse effects of epidemics or other public health crises and also because any natural or other disaster, political instability or adverse weather event that disrupts or limits the operation of any of our centers or other facilities or services may delay or otherwise impact the critical services we provide to dialysis patients. Further, any such event or other occurrence that results in a failure of the fitness of our clinical laboratory, dialysis centers and related operations and/or other facilities or otherwise adversely impacts the safety of our teammates or patients at any of those locations could lead us to face adverse consequences, including, without limitation, the potential loss of data, including PHI or PII, compliance or regulatory investigations, any of which could materially impact our business, results of operation and financial condition, and could materially harm our reputation. For example, our clinical laboratory is located in Florida, a state that has in the past experienced and may in the future experience hurricanes. Natural or other disasters or adverse weather events could significantly damage or destroy our facilities, disrupt operations, increase our costs to maintain operations and require substantial expenditures and recovery time to fully resume operations. In addition, as the effects of climate change progressively surface, such as through potential increases in the frequency and intensity of natural or other disasters or adverse weather events or through laws or regulations adopted in response, we may face increased costs associated with operating our clinics, including, without limitation, with respect to supplies of water or energy costs.

Our presence in markets outside the U.S. may increase our exposure to these and similar risks related to natural disasters, public health crises, political instability, climate change or other catastrophic events outside our control. For additional information regarding the risks related to our international business, see the discussion in the risk factor under the heading "*Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.*"

Any or all of these factors, as well as other consequences of these events, none of which we can currently predict, could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.

**Provisions in our organizational documents, our compensation programs and policies and certain requirements under Delaware law may deter changes of control and may make it more difficult for our stockholders to change the composition of our Board of Directors and take other corporate actions that our stockholders would otherwise determine to be in their best interests.**

Our organizational documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in our management, or limit the ability of our stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting our stockholders from acting by written consent, advance notice requirements for director nominations and stockholder proposals and granting our Board of Directors the authority to issue preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

Most of our outstanding employee stock-based compensation awards include a provision accelerating the vesting of the awards in the event of a change of control. These and any other change of control provisions may affect the price an acquirer would be willing to pay for our Company.

We are also subject to Section 203 of the Delaware General Corporation Law that, subject to exceptions, prohibits us from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder.

The provisions described above may discourage, delay or prevent an acquisition of our Company at a price that our stockholders may find attractive. These provisions could also make it more difficult for our stockholders to elect directors and take other corporate actions and could limit the price that investors might be willing to pay for shares of our common stock.

**Item 1B. Unresolved Staff Comments.**

None.

**Item 2. Properties.**

Our corporate headquarters are located in Denver, Colorado, consisting of one owned 240,000 square foot building and one leased 345,900 square foot location. Our headquarters are occupied by teammates engaged in management, finance, marketing, strategy, legal, compliance and other administrative functions. We lease five business offices located in California, Pennsylvania, Tennessee and Washington, as well as own one business office in Washington for our U.S. dialysis business. Our laboratory is based in Florida where we operate our lab services out of one leased building. We also lease other administrative offices in the U.S. and worldwide.

For our U.S. dialysis business we own the land and buildings for six outpatient dialysis centers. We also own 21 properties for development, including operating outpatient dialysis centers and properties we hold for sale. In addition, we lease a total of four owned properties to third-party tenants. Our remaining outpatient dialysis centers are located on premises that we lease.

The majority of our leases for our U.S. dialysis business cover periods from five years to 20 years and typically contain renewal options of five years to ten years at the fair rental value at the time of renewal. Our leases are generally subject to periodic consumer price index increases, or contain fixed escalation clauses. Our outpatient dialysis centers range in size from approximately 1,000 to 33,000 square feet, with an average size of approximately 7,800 square feet. Our international leases generally range from one to ten years.

Some of our outpatient dialysis centers are operating at or near capacity. However, we believe that we have adequate capacity within most of our existing dialysis centers to accommodate additional patient volume through increased hours and/or days of operation, or, if additional space is available within an existing facility, by adding dialysis stations. We can usually relocate existing centers to larger facilities or open new centers if existing centers reach capacity. With respect to relocating centers or building new centers, we believe that we can generally lease space at economically reasonable rates in the areas planned for each of these centers, although there can be no assurances in this regard. Expansion of existing centers or relocation of our dialysis centers is subject to review for compliance with conditions relating to participation in the Medicare ESRD program, among other things. In states that require a certificate of need or center license, additional approvals would generally be necessary for expansion or relocation.

**Item 3. Legal Proceedings.**

The information required by this Part I, Item 3 is incorporated herein by reference to the information set forth under the caption "*Contingencies*" in Note 16 to the consolidated financial statements included in this report.

**Item 4. Mine Safety Disclosures.**

Not applicable.

## PART II

### Item 5. Market for the Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.

Our common stock is traded on the New York Stock Exchange under the symbol DVA. The closing price of our common stock on January 29, 2021 was $117.37 per share. According to Computershare, our registrar and transfer agent, as of January 29, 2021, there were 7,594 holders of record of our common stock. This figure does not include the indeterminate number of beneficial holders whose shares are held of record by brokerage firms and clearing agencies.

Our initial public offering was in 1994, and we have not declared or paid cash dividends to holders of our common stock since going public. We have no current plans to pay cash dividends and there are certain limitations on our ability to pay dividends under the terms of our senior secured credit facilities. See "*Liquidity and capital resources*" under Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations*" and the notes to the consolidated financial statements.

*Stock Repurchases*

The following table summarizes our repurchases of our common stock during the fourth quarter of 2020:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except per share data) | | | |
| October 1-31, 2020 | 1,828 | $ 87.96 | 1,828 | $ 515,926 |
| November 1-30, 2020 | 1,149 | 105.54 | 1,149 | $ 394,628 |
| December 1-31, 2020 | 1,216 | 111.91 | 1,216 | $ 1,929,955 |
| Total | 4,193 | $ 99.73 | 4,193 | |

The following table summarizes our repurchases of our common stock during 2020:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except per share data) | | | |
| January 1 - March 31, 2020 | 4,052 | $ 74.81 | 4,052 | $ 1,400,356 |
| April 1 - June 30, 2020 | — | — | — | $ 1,400,356 |
| July 1 - September 30, 2020[1] | 8,232 | 88.13 | 8,232 | $ 676,709 |
| October 1 - December 31, 2020 | 4,193 | 99.73 | 4,193 | $ 1,929,955 |
| Total | 16,477 | $ 87.80 | 16,477 | |

(1) The total number of shares purchased and the aggregate amount paid for shares repurchased include shares repurchased pursuant to our modified Dutch auction tender offer at a clearing price of $88.00 per share plus related fees and expenses of $2.5 million.

Effective as of the close of business on November 4, 2019, the Board terminated all remaining prior share repurchase authorizations available to us and approved a new share repurchase authorization of $2.0 billion.

Effective on December 10, 2020, the Board terminated all remaining prior share repurchase authorizations available to us under the aforementioned November 4, 2019 authorization and approved a new share repurchase authorization of $2.0 billion. We are authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 10, 2021, we have a total of $1.807 billion available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, we remain subject to share repurchase limitations, including under the terms of our senior secured credit facilities.

## Item 6. Selected Financial Data.

The following financial and operating data should be read in conjunction with Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations*" and our consolidated financial statements filed as part of this report. The following table presents selected consolidated financial and operating data for the periods indicated:

| | Year ended December 31, | | | | |
|---|---|---|---|---|---|
| | 2020 | 2019 | 2018 | 2017 | 2016 |
| | (dollars and shares in thousands, except per share data) | | | | |
| **Income statement data:** | | | | | |
| Total revenues[1] | $ 11,550,604 | $ 11,388,479 | $ 11,404,851 | $ 10,876,634 | $ 10,707,467 |
| Operating expenses and charges[2] | 9,855,968 | 9,745,162 | 9,879,027 | 9,063,879 | 8,677,757 |
| Operating income | 1,694,636 | 1,643,317 | 1,525,824 | 1,812,755 | 2,029,710 |
| Debt expense | (304,111) | (443,824) | (487,435) | (430,634) | (414,116) |
| Debt prepayment, refinancing and redemption charges | (89,022) | (33,402) | — | — | — |
| Other income, net | 16,759 | 29,348 | 10,089 | 17,665 | 7,511 |
| Income from continuing operations before income taxes | 1,318,262 | 1,195,439 | 1,048,478 | 1,399,786 | 1,623,105 |
| Income tax expense[3] | 313,932 | 279,628 | 258,400 | 323,859 | 431,761 |
| Net income from continuing operations | 1,004,330 | 915,811 | 790,078 | 1,075,927 | 1,191,344 |
| Net (loss) income from discontinued operations, net of tax[4] | (9,653) | 105,483 | (457,038) | (245,372) | (158,262) |
| Net income | 994,677 | 1,021,294 | 333,040 | 830,555 | 1,033,082 |
| Less: Net income attributable to noncontrolling interests | (221,035) | (210,313) | (173,646) | (166,937) | (153,208) |
| Net income attributable to DaVita Inc. | $ 773,642 | $ 810,981 | $ 159,394 | $ 663,618 | $ 879,874 |
| **Earnings per share attributable to DaVita Inc.:** | | | | | |
| Basic income from continuing operations[5] | $ 6.54 | $ 4.61 | $ 3.66 | $ 4.78 | $ 5.12 |
| Diluted income from continuing operations[5] | $ 6.39 | $ 4.60 | $ 3.62 | $ 4.71 | $ 5.04 |
| **Weighted average shares for earnings per share[5]:** | | | | | |
| Basic shares | 119,797 | 153,181 | 170,786 | 188,626 | 201,641 |
| Diluted shares | 122,623 | 153,812 | 172,365 | 191,349 | 204,905 |
| **Balance sheet data (as of period end):** | | | | | |
| Working capital | $ 672,581 | $ 1,318,072 | $ 3,532,998 | $ 5,703,181 | $ 1,283,784 |
| Total assets | $ 16,988,516 | $ 17,311,394 | $ 19,110,252 | $ 18,974,536 | $ 18,755,776 |
| Long-term debt | $ 7,917,263 | $ 7,977,526 | $ 8,172,847 | $ 9,158,018 | $ 8,944,676 |
| Total DaVita Inc. shareholders' equity[5] | $ 1,383,566 | $ 2,133,409 | $ 3,703,442 | $ 4,690,029 | $ 4,648,047 |

(1) On January 1, 2018, we adopted *Revenue from Contracts with Customers* (Topic 606) using the cumulative effect method for those contracts that were not substantially completed as of January 1, 2018. See Notes 1 and 2 of the consolidated financial statements for further discussion of our adoption of Topic 606.

(2) The following table summarizes losses (gains) on changes in ownership interest, net, accruals for legal matters, impairment charges, restructuring charges and gain on settlement included in operating expenses and charges:

| | Year ended December 31, | | | | |
|---|---|---|---|---|---|
| | 2020 | 2019 | 2018 | 2017 | 2016 |
| | (dollars in thousands) | | | | |
| Certain operating expenses and charges: | | | | | |
| Loss (gain) on changes in ownership interests, net | $ 16,252 | | $ (51,888) | $ (6,273) | $ (374,374) |
| Accruals for legal matters | $ 35,000 | | | | $ 15,770 |
| Impairment charges | | $ 124,892 | $ 27,969 | $ 336,223 | $ 43,408 |
| Restructuring charges | | | $ 11,366 | $ 2,700 | |
| Gain on settlement | | | | $ (529,504) | |

(3) Tax expense for 2017 included a net tax benefit of $251,510 related to U.S. tax legislation passed in December 2017.

(4) On June 19, 2019, we completed the sale of our DMG business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. Accordingly, DMG's results of operations are reported as net income (loss) from discontinued operations, net of

tax for all periods presented and its assets and liabilities were classified as held for sale for the periods reported prior to close of the transaction.

(5) The following table summarizes our common stock activity:

| | Year ended December 31, | | | | |
|---|---|---|---|---|---|
| | 2020 | 2019 | 2018 | 2017 | 2016 |
| | (dollars and shares in thousands) | | | | |
| Share repurchases: | | | | | |
| Shares | 16,477 | 41,020 | 16,844 | 12,967 | 16,649 |
| Amounts paid | $ 1,446,767 | $ 2,402,475 | $ 1,153,511 | $ 810,949 | $ 1,072,377 |
| Shares issued: | | | | | |
| Stock purchase plan | 222 | 315 | 398 | 360 | 438 |
| Stock award plans | 345 | 161 | 371 | 514 | 1,011 |

**Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.**

*Forward-looking statements*

*This Annual Report on Form 10-K, including this Management's Discussion and Analysis of Financial Condition and Results of Operations, contains statements that are forward-looking statements within the meaning of the federal securities laws and as such are intended to be covered by the safe harbor for "forward-looking statements" provided by the Private Securities Litigation Reform Act of 1995. These forward-looking statements could include, among other things, DaVita's response to and the expected future impacts of the novel coronavirus (COVID-19), including statements about our balance sheet and liquidity, our expenses and expense offsets, revenues, billings and collections, potential need, ability or willingness to use any funds under government relief programs, availability or cost of supplies, treatment volumes, mix expectation, such as the percentage or number of patients under commercial insurance, the availability and administration of COVID-19 vaccines, and overall impact on our patients and teammates, as well as other statements regarding our future operations, financial condition and prospects, expenses, strategic initiatives, government and commercial payment rates, expectations related to value-based care and Medicare Advantage plan enrollment and our ongoing stock repurchase program. All statements in this report, other than statements of historical fact, are forward-looking statements. Without limiting the foregoing, statements including the words "expect," "intend," "will," "could," "plan," "anticipate," "believe," "forecast," "guidance," "outlook," "goals," and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based on DaVita's current expectations and are based solely on information available as of the date of this report. DaVita undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of changed circumstances, new information, future events or otherwise, except as may be required by law. Actual future events and results could differ materially from any forward-looking statements due to numerous factors that involve substantial known and unknown risks and uncertainties. These risks and uncertainties include, among other things:*

- *the continuing impact of the dynamic and evolving COVID-19 pandemic, including, without limitation, on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition and results of operations; the government's response to the COVID-19 pandemic; the availability, acceptance, impact and efficacy of COVID-19 treatments, therapies and vaccines; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus; the continuing impact of the pandemic on our revenue and non-acquired growth due to lower treatment volumes; the consequences of an extended economic downturn resulting from the impacts of COVID-19, such as a potential negative impact on our commercial mix, which may persist even after the pandemic subsides; and continuing COVID-19-related costs, such as costs to procure equipment and clinical supplies and higher salary and wage expense. The aforementioned risks and uncertainties may also have the effect of heightening many of the other risks and uncertainties discussed below;*

- *the concentration of profits generated by higher-paying commercial payor plans for which there is continued downward pressure on average realized payment rates, and a reduction in the number or percentage of our patients under such plans, including, without limitation, as a result of restrictions or prohibitions on the use and/or availability of charitable premium assistance, which may result in the loss of revenues or patients, or our making incorrect assumptions about how our patients will respond to any change in financial assistance from charitable organizations;*

- *noncompliance by us or our business associates with any privacy or security laws or any security breach by us or a third party involving the misappropriation, loss or other unauthorized use or disclosure of confidential information;*

- *the extent to which the ongoing implementation of healthcare reform, or changes in or new legislation, regulations or guidance, enforcement thereof or related litigation result in a reduction in coverage or reimbursement rates for our services, a reduction in the number of patients enrolled in higher-paying commercial plans or that are enrolled in or select Medicare Advantage plans or other material impacts to our business; or our making incorrect assumptions about how our patients will respond to any such developments;*

- *a reduction in government payment rates under the Medicare End Stage Renal Disease program or other government-based programs and the impact of the Medicare Advantage benchmark structure;*

- *risks arising from potential changes in laws, regulations or requirements applicable to us, such as potential and proposed federal and/or state legislation, regulation, ballot, executive action or other initiatives, including those related to healthcare and/or labor matters, such as AB 290 in California;*

- *the impact of the political environment and related developments on the current healthcare marketplace and on our business, including with respect to the future of the Affordable Care Act, the exchanges and many other core aspects*

*of the current healthcare marketplace, as well as the composition of the U.S. Supreme Court and the new presidential administration and congressional majority;*

- *our ability to successfully implement our strategies with respect to home-based dialysis, value-based care and/or integrated kidney care, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment;*
- *changes in pharmaceutical practice patterns, reimbursement and payment policies and processes, or pharmaceutical pricing, including with respect to hypoxia inducible factors;*
- *legal and compliance risks, such as our continued compliance with complex government regulations;*
- *continued increased competition from dialysis providers and others, and other potential marketplace changes;*
- *our ability to maintain contracts with physician medical directors, changing affiliation models for physicians, and the emergence of new models of care introduced by the government or private sector that may erode our patient base and reimbursement rates, such as accountable care organizations, independent practice associations and integrated delivery systems;*
- *our ability to complete acquisitions, mergers or dispositions that we might announce or be considering, on terms favorable to us or at all, or to integrate and successfully operate any business we may acquire or have acquired, or to successfully expand our operations and services in markets outside the United States, or to businesses outside of dialysis;*
- *the variability of our cash flows, including without limitation any extended billing or collections cycles; the risk that we may not be able to generate or access sufficient cash in the future to service our indebtedness or to fund our other liquidity needs; and the risk that we may not be able to refinance our indebtedness as it becomes due, on terms favorable to us or at all;*
- *factors that may impact our ability to repurchase stock under our stock repurchase program and the timing of any such stock repurchases, as well as our use of a considerable amount of available funds to repurchase stock;*
- *risks arising from the use of accounting estimates, judgments and interpretations in our financial statements;*
- *impairment of our goodwill, investments or other assets; and*
- *uncertainties associated with the other risk factors set forth in Part I, Item 1A. of this Annual Report on Form 10-K, and the other risks and uncertainties discussed in any subsequent reports that we file or furnish with the SEC from time to time.*

*The following should be read in conjunction with our consolidated financial statements.*

**Company overview**

Our principal business is to provide dialysis and related lab services to patients in the United States, which we refer to as our U.S. dialysis business. We also operate various ancillary services and strategic initiatives including our international operations, which we collectively refer to as our ancillary services, as well as our corporate administrative support. Our U.S. dialysis business is a leading provider of kidney dialysis services in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease (ESRD) or end stage kidney disease (ESKD).

On June 19, 2019, we completed the sale of our DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC, a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented and DMG is not included below in this Management's Discussion and Analysis.

Notwithstanding the challenges of responding to the novel coronavirus pandemic (COVID-19), our year-over-year overall financial performance in 2020 benefited from increased revenue, which was primarily due to higher average revenue per treatment in our U.S. dialysis business as well as acquired growth in our international business. This was partially offset by increases in labor costs (both operating and overhead), lower margin on calcimimetics, increases in advocacy costs, and increased costs driven by the emergence of COVID-19, including increased costs related to compensation and medical supplies.

Drivers of our financial performance in 2020 included the following:

- improved key clinical outcomes in our U.S. dialysis business, including our recognition as an industry leader for the eighth consecutive year in CMS' Quality Incentive Program and for the last seven years under the CMS Five-Star Quality Rating system;
- revenue growth of 0.9% in U.S. dialysis, 5.3% in U.S. ancillary services, and 11.0% in international operations;
- a net increase of 63 U.S. and 62 international dialysis centers, including entering a new country, the United Kingdom;
- operating cash flows of $1.979 billion from continuing operations;
- repurchase of 16,477,378 shares of our common stock for aggregate consideration of $1.447 billion, and reduction of our share count by 12.6% year-over-year;
- refinancing transactions, including the redemption of our 5.125% and 5.0% senior notes, the issuance of our new 4.625% and 3.75% senior notes and the repricing of our Term Loan B-1 resulting in lower debt expense; and
- impact of COVID-19 as further discussed in Part I. Item 1 *"Business"* and under the heading "*COVID-19 and its impact on our business"* below.

In 2021, we expect that COVID-19 will continue to impact our business and financial performance, as described in further detail below, though the magnitude of these impacts remains difficult to predict and subject to significant uncertainty due to a number of factors, including, among others, the severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus; its impact on the CKD patient population and our patient population; the availability, acceptance, impact and efficacy of COVID-19 treatments, therapies and vaccines; the pandemics' continuing impact on the U.S. and global economies and unemployment; the responses of our competitors to the pandemic and related changes in the marketplace; and the timing, scope and effectiveness of federal, state and local government responses. The continued impacts and disruptions to our business as a result of the COVID-19 pandemic could have a material adverse impact on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition, results of operations, cash flows and/or liquidity. On treatment volume, we continue to face pressure primarily driven by the impact of COVID-19 on mortality rates for dialysis patients. This pressure is also influenced by slowing industry growth and competitive activity. On reimbursement rate, we expect modest growth in aggregate, primarily due to the expected net market basket update for Medicare treatments as well as an increase in Medicare Advantage enrollment due to the 21st Century Cures Act, partially offset by the scheduled resumption of Medicare sequestration in 2021. On cost, we continue to expect inflationary pressure on wage rates and other costs, partially offset by continued savings on pharmaceutical costs. We expect to incur significantly less advocacy costs in 2021 than we experienced in 2020. We also expect to continue making investments to expand our ability to offer home-based dialysis service options and further advance our integrated care and value-based care initiatives in 2021. Finally, the timing and scope of any potential changes to the regulatory landscape remain uncertain, particularly in light of the ongoing COVID-19 pandemic and the incoming new federal administration, and as such, considerable uncertainty exists surrounding the continued development of the various governmental laws, regulations and other requirements that impact our business.

The discussion below includes analysis of our financial condition and results of operations for the years ended December 31, 2020 compared to December 31, 2019. Our Annual Report on Form 10-K for the year ended December 31, 2019, includes a discussion and analysis of our financial condition and results of operations for the year ended December 31, 2018, in its Part II Item 7, "*Management's Discussion and Analysis of Financial Condition and Results of Operations*".

References to the "Notes" in the discussion below refer to the notes to the Company's consolidated financial statements included in this Annual Report on Form 10-K at Item 15, "*Exhibits, Financial Statement Schedules*" as referred from Part II Item 8, "*Financial Statements and Supplementary Data.*"

**COVID-19 and its impact on our business**

As noted above and described in further detail in Part I Item 1, "*Business,*" we continue to closely monitor the impact on our business of the pandemic and the resulting economic environment, including the impact on our patients, teammates, physician partners, suppliers, vendors and business partners. We have dedicated and continue to dedicate substantial resources in response to COVID-19, to help safely maintain continuity of care for our patients throughout this crisis, whether in the hospital, outpatient or home setting, and to help protect our caregivers. Our COVID-19 response has included, among other things, the implementation of additional protocols and operational initiatives related to infection control and clinical best practices, redistribution of resources across geographies and increased investment in and utilization of telehealth capabilities. We also have maintained business process continuity during the pandemic by enabling most back office teammates to work remotely and implemented guidance early in the pandemic to help mitigate health and safety risks to our teammates imposed by COVID-19. Our response protocol generally has allowed us to maintain continuity of care for our patients and we carefully monitor the efficacy of these protocols and their impact on our operations and strategic initiatives as the pandemic continues.

Due in part to the protocols and initiatives described above, we incurred significant costs related to COVID-19 in 2020, and we expect to continue to incur extended and significant additional costs in connection with our response to COVID-19. For example, we have had, and expect to continue to have, increased costs associated with a high demand for our skilled clinical personnel. Additionally, the steps we have taken designed to help safely maintain continuity of care for our patients and help protect our caregivers, such as our policies to implement dedicated care shifts for patients with confirmed or suspected COVID-19 and other enhanced clinical practices, have increased, and are expected to continue to increase, our expenses and use of personal protective equipment (PPE). Our response to COVID-19 also has resulted in higher salary and wage expense, and we have provided, and may provide in the future, substantial financial support associated with relief reimbursement to our teammates. Furthermore, the effort and cost needed to procure certain of our equipment and clinical supplies, including PPE, have increased, and we expect that these increased costs will continue while the pandemic persists. However, our COVID-19 response reduced certain other expenses in 2020, such as those related to teammate travel, though it remains uncertain how much of these reductions, if any, will persist after the pandemic subsides.

We have experienced and expect to continue to experience a negative impact on revenue and non-acquired growth from COVID-19 due to lower treatment volumes, including from the negative impact on our patient census that is the result of changes in rates of mortality. Because ESRD patients may be older and generally have comorbidities, several of which are risk factors for COVID-19, we believe the mortality rate of infected patients is, and will continue to be, higher in the dialysis population than in the general population, and COVID-19 also could impact the CKD population differently. Over the longer term, we believe that changes in mortality in both the CKD and ESRD populations due to COVID-19 will depend primarily on the infection rate, case fatality rate, the age and health status of affected patients, the access to and efficacy of vaccinations as well as willingness to be vaccinated. We expect that these changes are likely to continue to negatively impact our revenue and non-acquired growth even as the pandemic subsides. However, determining the extent to which these impacts should be directly attributable to COVID-19 is difficult due to testing and reporting limitations, and other factors that may drive treatment volumes and new admissions over time, such as the number of transplants or deferred admissions. The magnitude of these cumulative impacts has been substantial, and depending on the ultimate severity and duration of the pandemic, could be material.

In addition, the COVID-19 pandemic and efforts to contain the virus have led to global economic deterioration and rapid and sharp increases in unemployment levels, which ultimately could result in a materially reduced share of our patients being covered by commercial insurance plans, with more patients being covered by lower-paying government insurance programs or being uninsured. These effects may persist after the pandemic subsides as, among other things, our patients could experience permanent changes in their insurance coverage as a result of changes to their employment status. In the event such a material reduction occurs in the share of our patients covered by commercial insurance plans, it would have a material adverse impact on our business, results of operations, financial condition and cash flows. The extent of these effects will be dependent upon, among other things, the extent and duration of the increased unemployment levels for our patient population, economic deterioration and potential recession; the timing and scope of federal, state and local governmental responses to the ongoing pandemic; and patients' ability to retain existing insurance and their individual choices with respect to their coverage. Despite

the broader economic conditions in the U.S. in 2020, our commercial mix in 2020 was relatively flat as compared to our commercial mix in 2019, which we believe was largely due to the fact that older, higher-risk patients who tend to disproportionately have government health insurance coverage, have been more adversely impacted by COVID-19 to date, but the ultimate impact of COVID-19 on our commercial mix will depend on future developments that are highly uncertain and difficult to predict.

The government response to COVID-19 has been wide-ranging and will continue to develop over time, particularly in light of the new federal administration. As a result, we may not be able to accurately predict the nature, timing or extent of the impact of such changes on the markets in which we conduct business or on the other participants that operate in those markets, or any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern our business. We have worked with certain government agencies to respond to the COVID-19 pandemic, and in certain cases have sought waivers of regulatory requirements. We also are working to help make COVID-19 vaccines available to our patients and teammates, including through coordination with state and federal governments on direct vaccine distribution so that we can administer vaccines to our patients and teammates. These vaccines are currently available under emergency use authorizations, and there can be no assurance that our patients and caregivers will choose to receive a COVID-19 vaccine or that the vaccines will prove to be as safe and effective as currently understood by the scientific community. In addition, we may encounter difficulties with the availability and storage of the vaccines, or experience other complications related to administering the vaccines, some of which have multiple dose requirements. We operate in a complex and highly regulated environment, and the novel nature of our COVID-19 response, including, for example, with respect to regulatory waivers and our administration of the newly developed COVID-19 vaccines, may increase our exposure to legal, regulatory and clinical risks.

Furthermore, a significant initial part of the federal government response to the COVID-19 pandemic was the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a $2 trillion economic stimulus package that was signed into law on March 27, 2020. The CARES Act included a provision that suspended the 2% Medicare sequestration from May 1, 2020 through December 31, 2020, and in the year ended December 31, 2020 our revenues increased due to this suspension as further described below. The Consolidated Appropriations Act 2021, signed into law on December 27, 2020, extended the suspension of the 2% Medicare sequestration until March 31, 2021. While in effect, this legislation has increased, and will continue to increase our revenues. In addition, the CARES Act authorized $100 billion in funding to be distributed to healthcare providers through the federal Public Health and Social Services Emergency Fund (Provider Relief Fund). While we declined approximately $250 million of government funding received in the second quarter of 2020 from the Provider Relief Fund, certain of our competitors accepted such funds. There can be no assurance that financial or other assistance will be available from the government if we have a need for such assistance in the future.

We believe the ultimate impact of this public health crisis on the Company will depend on future developments that are highly uncertain and difficult to predict, including among other things the severity and duration of the pandemic; further spread or resurgence of the virus including as a result of the emergence of new strains of the virus; its impact on the CKD patient population and our patient population; the availability, acceptance, impact and efficacy of COVID-19 treatments, therapies and vaccines; the pandemic’s continuing impact on the U.S. and global economies and unemployment; the responses of our competitors to the pandemic and related changes in the marketplace; and the timing, scope and effectiveness of federal, state and local governmental responses. At this time, we cannot reasonably estimate the ultimate impact the COVID-19 pandemic will have on us, but the adverse impact could be material.

For additional discussion of the COVID-19 pandemic and our response, including its impact on us and related risks and uncertainties, please see the discussion in Part I Item 1 "*Business*" under the headings, "COVID-19 and its impact on our business" and "Human Capital Management", as well as the risk factor in Part I Item 1A. Risk Factors under the heading *“We face various risks related to the dynamic and evolving novel coronavirus pandemic, any of which may have a material adverse impact on us.*”

**Consolidated results of operations**

The following table summarizes our revenues, operating income and adjusted operating income by line of business. See the discussion of our results for each line of business following this table:

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions) | | | |
| **Revenues:** | | | | |
| U.S. dialysis | $ 10,660 | $ 10,563 | $ 97 | 0.9 % |
| Other - ancillary services | 1,053 | 972 | 81 | 8.3 % |
| Elimination of intersegment revenues | (162) | (146) | (16) | (11.0)% |
| Total consolidated revenues | $ 11,551 | $ 11,388 | $ 162 | 1.4 % |
| **Operating income (loss):** | | | | |
| U.S. dialysis | $ 1,918 | $ 1,925 | $ (7) | (0.4)% |
| Other - Ancillary services | (76) | (189) | 113 | 59.8 % |
| Corporate administrative support | (147) | (92) | (54) | (58.7)% |
| Operating income | $ 1,695 | $ 1,643 | $ 51 | 3.1 % |
| **Adjusted operating income (loss):**[(1)] | | | | |
| U.S. dialysis | $ 1,918 | $ 1,925 | $ (7) | (0.4)% |
| Other - Ancillary services | (60) | (64) | 4 | 6.3 % |
| Corporate administrative support | (112) | (92) | (19) | (20.7)% |
| Adjusted operating income | $ 1,746 | $ 1,768 | $ (22) | (1.2)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of adjusted operating income (loss) by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

**U.S. dialysis business**

Our U.S. dialysis business is a leading provider of kidney dialysis services, operating 2,816 outpatient dialysis centers and serving a total of approximately 204,200 patients. We also provide hospital inpatient dialysis services in approximately 900 hospitals. We estimate that we have approximately a 36% share of the U.S. dialysis market based upon the number of patients we serve.

Approximately 91% of our 2020 consolidated revenues were derived directly from our U.S. dialysis business. The principal drivers of our U.S. dialysis revenues include :

- our number of treatments, which is primarily a function of the number of chronic patients requiring approximately three in-center treatments per week as well as, to a lesser extent, the number of treatments for home-based dialysis and hospital inpatient dialysis; and
- our average dialysis patient service revenue per treatment, including the mix of patients with commercial plans and government programs as primary payor.

Within our U.S. dialysis business, our home-based dialysis and hospital inpatient dialysis services are operationally integrated with our outpatient dialysis centers and related laboratory services. Our outpatient, home-based, and hospital inpatient dialysis services comprise approximately 77%, 17% and 6% of our U.S. dialysis revenues, respectively.

In the U.S., government dialysis-related payment rates are principally determined by federal Medicare and state Medicaid policy. For 2020, approximately 68% of our total U.S. dialysis patient services revenues were generated from government-based programs for services to approximately 90% of our total U.S. patients. These government-based programs are principally Medicare and Medicare Advantage, Medicaid and managed Medicaid plans, and other government plans, representing approximately 57%, 7% and 4% of our U.S. dialysis patient services revenues, respectively.

Dialysis payment rates from commercial payors vary and a major portion of our commercial rates are set at contracted amounts with payors and are subject to intense negotiation pressure. On average, dialysis-related payment rates from contracted commercial payors are significantly higher than Medicare, Medicaid and other government program payment rates, and therefore the percentage of commercial patients in relation to total patients represents a significant driver of our total average dialysis patient service revenue per treatment. Commercial payors (including hospital dialysis services) represent approximately 32% of U.S. dialysis patient services revenues.

For discussion of government reimbursement, the Medicare ESRD bundled payment system, Medicare Advantage and commercial reimbursement, see the discussion in Part I. Item 1. Business under the heading "*U.S. dialysis business – Sources of revenue-concentrations and risks.*" For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with the Medicare ESRD bundled payment system, see the risk factor in Part I. Item 1A. Risk Factors under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation*" For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with commercial payors, see the risk factors in Item 1A. Risk Factors under the headings "*We continuously have ongoing negotiations with commercial payors, and if the average rates that commercial payors pay us decline significantly, if patients in commercial plans are subject to restriction in plan designs or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it would have a material adverse effect on our business, results of operations, financial condition and cash flows*"; and "*If the number of patients with higher-paying commercial insurance declines, it could have a material adverse effect on our business, results of operations, financial condition and cash flows*."

Effective January 1, 2018, both oral and intravenous forms of calcimimetics became the financial responsibility of our U.S. dialysis business for our Medicare patients and are reimbursed under Medicare Part B. Since the effective date through December 31, 2020, the oral and intravenous forms of calcimimetics were separately reimbursed through a transitional drug add-on payment adjustment (TDAPA) and not as part of the ESRD PPS bundled payment. These separate reimbursement payments for calcimimetics were subject to change on an annual basis. During the initial TDAPA period, Medicare payments were based on a pass-through rate of the average sales price plus approximately 6% before sequestration (or 4% adjusted for sequestration), and in 2020 they were based on a pass-through rate of the average sales price plus 0%, before sequestration. As expected, as of January 1, 2021, calcimimetics was added to the ESRD PPS bundled payment. We therefore expect our operating income from calcimimetics to be more stable in the future as compared to the past three years under the TDAPA model.

Approximately 4% and 6% of our total U.S. dialysis patient services revenues for the years 2020 and 2019, respectively, are associated with the administration of separately-billable physician-prescribed pharmaceuticals, of which approximately 3% and 4% relate to the administration of calcimimetics, respectively.

We anticipate that we will continue to experience increases in our operating costs in 2021 that may outpace any net Medicare rate increases that we may receive, which could significantly impact our operating results. In particular, we expect to continue experiencing increases in operating costs that are subject to inflation, such as labor and supply costs, including increases in maintenance costs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or in payments under the ESRD bundled payment rate system. We also continue to expect to incur additional COVID-19-related costs while the pandemic continues. In addition, we expect to continue to incur capital expenditures to improve, renovate and maintain our facilities, equipment and information technology to meet evolving regulatory requirements and otherwise.

U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers, home-based dialysis programs and hospital inpatient dialysis programs, and consist principally of labor, benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

The principal drivers of our U.S. dialysis patient care costs include:

- clinical hours per treatment, labor rates and benefit costs;
- vendor pricing and utilization levels of pharmaceuticals;
- business infrastructure costs, which include the operating costs of our dialysis centers; and
- certain professional fees.

Other cost categories that can present significant variability include employee benefit costs, insurance costs and medical supply costs. In addition, proposed ballot initiatives or referendums, legislation, regulations or policy changes could cause us to incur substantial costs to prepare for, or implement changes required. Any such changes could result in, among other things, increases in our labor costs or limitations on the amount of revenue that we can retain. For additional information on risks associated with potential and proposed ballot initiatives, referendums, legislation, regulations or policy changes, see the risk factor in Item 1A. Risk Factors under the heading, "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

Our average clinical hours per treatment decreased in 2020 compared to 2019. We are always striving for improved productivity levels, however, changes in things such as federal and state policies or regulatory billing requirements can lead to increased labor costs. In 2020, the demand for skilled clinical personnel increased due to the demand of the pandemic on these resources, intensifying these competitive pressures; however, we managed to increase our overall clinical teammate retention in 2020. In 2020 and 2019, we experienced an increase in our clinical labor rates of approximately 3.0% and 2.0%, respectively, consistent with general industry trends. We also continue to experience increases in the infrastructure and operating costs of our dialysis centers, primarily due to the number of new dialysis centers opened, and general increases in rent, utilities and repairs and maintenance. In 2020, we continued to implement certain cost control initiatives to help manage our overall operating costs, including labor productivity, and we expect to continue these initiatives in 2021.

Our U.S. dialysis general and administrative expenses represented 9.0% and 8.1% of our U.S. dialysis revenues in 2020 and 2019, respectively. Increases in general and administrative expenses over the last several years were primarily related to strengthening our dialysis business and related compliance and operational processes, responding to certain legal and compliance matters, professional fees associated with enhancing our information technology systems and more recent advocacy costs in 2020 related to countering union policy efforts. We expect that these levels of general and administrative expenses will be impacted by lower advocacy costs in 2021 compared to 2020, offset by continued investment in developing our capabilities and executing on our strategic priorities, among other things.

**U.S. dialysis results of operations**

*Revenues:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Total revenues | $ 10,660 | $ 10,563 | $ 97 | 0.9 % |
| Dialysis treatments | 30,314,619 | 30,172,699 | 141,920 | 0.5 % |
| Average treatments per day | 96,667 | 96,398 | 269 | 0.3 % |
| Treatment days | 313.6 | 313.0 | 0.6 | 0.2 % |
| Average patient service revenue per treatment | $ 350.31 | $ 349.02 | $ 1.29 | 0.4 % |
| Normalized non-acquired treatment growth[(1)] | 1.0% | 2.2% | | (1.2)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) Normalized non-acquired treatment growth reflects year over year growth in treatment volume, adjusted to exclude acquisitions and other similar transactions, and further adjusted to normalize for the number and mix of treatment days in a given period versus the prior period.

U.S. dialysis revenues in 2020 increased primarily due to an increase in dialysis treatments and an increase in our average patient service revenue per treatment. The increase in our U.S. dialysis treatments was driven by approximately one additional treatment day in 2020 compared to 2019 and an increase in acquired and non-acquired treatments, partially offset by the deconsolidation of two dialysis partnerships, as described below under the heading "Equity investment income". Treatments were negatively impacted by higher mortality than experienced historically as well as a decline in new admissions. We believe the increased mortality rate is largely attributable to the impact of COVID-19 on our patient population. Our U.S. dialysis revenues were positively impacted by an increase in our average patient service revenue per treatment driven by favorable changes in government rate, including an increase in Medicare rates due to a base rate increase in 2020 and the temporary suspension of Medicare sequestration as well as an increase in hospital inpatient dialysis services revenue per treatment, partially offset by a decline in calcimimetics reimbursement.

*Operating expenses and charges:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Patient care costs | $ 7,222 | $ 7,219 | $ 3 | — % |
| General and administrative[(1)] | 958 | 857 | 101 | 11.8 % |
| Depreciation and amortization | 595 | 583 | 11 | 1.9 % |
| Equity investment income | (33) | (22) | (11) | (50.0)% |
| Total operating expenses and charges | $ 8,742 | $ 8,638 | $ 104 | 1.2 % |
| Patient care costs per treatment | $ 238.24 | $ 239.27 | $ (1.03) | (0.4)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) General and administrative expenses for the year ended December 31, 2020 included advocacy costs of approximately $67 million incurred to counter union policy efforts, including a California ballot initiative.

*Patient care costs.* U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers and consist principally of compensation expenses including labor and benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

U.S. dialysis patient care costs per treatment decreased primarily due to decreases in pharmaceutical unit costs, as well as decreased travel expenses due to COVID-19. These decreases were partially offset by an increase in labor costs and COVID-19-related costs, including compensation, medical supplies and teammate relief reimbursement and benefit program expenses.

*General and administrative expenses.* U.S. dialysis general and administrative expenses in 2020 increased primarily due to an increase in advocacy costs incurred to counter union policy efforts, including those related to a California ballot initiative. These increases were also driven by contributions to our charitable foundation, labor costs and COVID-19-related costs, including compensation expenses. These increases were partially offset by a decrease in travel expenses due to COVID-19 and a decrease in long-term incentive compensation expense.

*Depreciation and amortization.* Depreciation and amortization expense is directly impacted by the number of dialysis centers we develop and acquire. U.S. dialysis depreciation and amortization expense increased primarily due to growth in the number of dialysis centers we operate.

*Equity investment income.* U.S. dialysis equity investment income increased primarily due to the deconsolidation of two of our near 50%-owned dialysis partnerships at year-end 2019, based on a reassessment of relative rights and powers over these partnerships. Our portion of these partnerships' earnings are now recognized in equity investment income.

*Operating income and adjusted operating income*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions) | | | |
| Operating income | $ 1,918 | $ 1,925 | $ (7) | (0.4)% |
| Adjusted operating income[(1)] | $ 1,918 | $ 1,925 | $ (7) | (0.4)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of adjusted operating income by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

U.S. dialysis operating income and adjusted operating income in 2020 decreased compared to 2019 primarily due to a decrease in calcimimetics margin, increases in labor costs, advocacy costs and charitable contributions; and an increase in COVID-19-related expenses, including compensation, medical supplies, and reimbursement and benefit program expenses, as described above. These decreases to operating income were partially offset by volume growth from approximately one additional treatment day in the year and an increase in our average dialysis patient service revenue per treatment, as described above, as well as decreases in pharmaceutical unit costs, travel expenses and long-term incentive compensation expense.

**Other - Ancillary services**

Our other operations include ancillary services that are primarily aligned with our core business of providing dialysis services to our network of patients. As of December 31, 2020, these consisted primarily of integrated care (DaVita IKC), ESRD seamless care organizations (ESCOs), clinical research programs (DaVita Clinical Research), and physician services, as well as our international operations. These ancillary services, including our international operations, generated revenues of approximately $1.053 billion in 2020, representing approximately 9% of our consolidated revenues. As further described in the risk factor in Item 1A. Risk Factors under the heading, "*Our ancillary services and strategic initiatives, including, without limitation, our international operations, that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs*," if any of our ancillary services or strategic initiatives, such as our international operations, are unsuccessful, it could have a negative impact on our business, results of operations, financial condition and cash flows, and we may determine to exit that line of business, which could result in significant termination costs. In addition, we have in the past and may in the future incur material write-offs or impairments of our investments, including goodwill, in one or more of these ancillary services.

We expect to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include, among other things, healthcare services not related to dialysis.

As of December 31, 2020, our international dialysis operations provided dialysis and administrative services through a total of 321 outpatient dialysis centers located in ten countries outside of the U.S. For 2020, total revenues generated from our international operations were approximately 5% of our consolidated revenues.

**Ancillary services results of operations**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions) | | | |
| Revenues: | | | | |
| U.S. ancillary | $ 489 | $ 464 | $ 25 | 5.4 % |
| International | 564 | 508 | 56 | 11.0 % |
| Total ancillary services revenues | $ 1,053 | $ 972 | $ 81 | 8.3 % |
| | | | | |
| Operating (loss) income: | | | | |
| U.S. ancillary | $ (99) | $ (66) | $ (33) | (50.0)% |
| International[1] | 23 | (123) | 146 | 118.7 % |
| Total ancillary services loss | $ (76) | $ (189) | $ 113 | 59.8 % |
| | | | | |
| Adjusted operating (loss) income[2]: | | | | |
| U.S. ancillary | $ (83) | $ (66) | $ (17) | (25.8)% |
| International[1] | 23 | 2 | 21 | 1,050.0 % |
| Total adjusted operating loss: | $ (60) | $ (64) | $ 4 | 6.3 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) The reported operating income (loss) and adjusted operating income for the years ended December 31, 2020 and December 31, 2019, include approximately $3 million and $2 million, respectively, of foreign currency losses.

(2) For a reconciliation of adjusted operating (loss) income by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

*Revenues:*

Our U.S. ancillary services revenues in 2020 increased due to an increase in revenues at our integrated care business, primarily due to revenue increases in our special needs plans, as well as an increase in revenues in our ESCO and physician services businesses. These increases were partially offset by a decrease in revenue in our clinical research programs, as well as due to the sale of Lifeline, as described below. Our international revenues increased primarily as a result of acquired treatment growth as we continue to expand our international business.

*Charges impacting operating income:*

*Loss on changes in ownership interests, net.* We sold 100% of the stock of Lifeline, our vascular access business, effective May 1, 2020 and recognized a loss of approximately $16 million on this transaction.

*Goodwill impairment charges.* During 2019, we recognized goodwill impairment charges of $125 million in our international reporting units. See further discussion of these impairment charges and our reporting units that remain at risk of goodwill impairment in Note 10 to the consolidated financial statements.

*Operating loss and adjusted operating loss:*

Our U.S. ancillary services operating loss in 2020 was negatively impacted by the loss on sale of Lifeline, as described above, and both U.S. ancillary operating loss and adjusted operating loss were negatively impacted by an increase in medical costs due to COVID-19 in our integrated care business and a decrease in revenue in our clinical research programs, partially offset by increases in revenues in our integrated care and ESCO businesses. International operating results and adjusted operating results increased in 2020 compared to 2019. International operating results in 2019 were negatively impacted by goodwill impairment charges, as described above, and both international operating results and adjusted operating results benefited in 2020 primarily from acquisition-related growth and the reduction of certain other periodic expenses, partially offset by increased medical supplies costs and higher mortality due to COVID-19.

**Corporate administrative support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation expense, as well as professional fees for departments which provide support to all of our various operating lines of business. In 2020, corporate support also included an accrual for legal matters. Corporate administrative support expenses are included in general and administrative expenses on our consolidated income statement.

*Accruals for legal matters*. During 2020, we recorded a net charge for legal matters of $35 million.

Corporate administrative support expenses increased $54 million in 2020 primarily driven by accruals for legal matters, as described above. In addition, both corporate administrative support and adjusted corporate administrative support expenses increased in 2020 due to an increase in severance accruals recorded in the second quarter of 2020 associated with our senior executive leadership transition and an increase in long-term compensation expense.

**Corporate-level charges**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019 | Amount | Percent |
| | (dollars in millions) | | | |
| Debt expense | $ 304 | $ 444 | $ (140) | (31.5)% |
| Debt prepayment, refinancing and redemption charges | $ 89 | $ 33 | $ 56 | 169.7 % |
| Other income, net | $ 17 | $ 29 | $ (13) | (44.8)% |
| Effective income tax rate | 23.8 % | 23.4 % | | 0.4 % |
| Effective income tax rate from continuing operations attributable to DaVita Inc.[1] | 28.6 % | 28.3 % | | 0.3 % |
| Net income attributable to noncontrolling interests | $ 221 | $ 210 | $ 11 | 5.2 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of our effective income tax rate from continuing operations attributable to DaVita Inc., see the "Reconciliations of non-GAAP measures" section below.

*Debt expense*

Debt expense decreased primarily due to a decrease in our outstanding debt balances and a decrease in the overall weighted average effective interest rate on our debt in 2020. Our overall weighted average effective interest rate in 2020 was 3.59% compared to 5.01% in 2019. See Note 13 to the consolidated financial statements for further information on the components of our debt and changes in them since 2019.

*Debt prepayment, refinancing and redemption charges*

Debt prepayment, refinancing and redemption charges were $89 million in 2020 as a result of the redemption in full of both our $1.75 billion aggregate principal amount outstanding of 5.125% senior notes and our $1.50 billion aggregate principal amount outstanding of 5.0% senior notes. These 2020 charges represented debt redemption premium charges and deferred financing cost write-offs associated with our prior senior note debt that was paid in full. These charges recognized in 2020 also included $3 million of refinancing charges comprised partially of fees incurred on the repricing of our Term Loan B and partially of deferred financing costs written off for the portion of this debt considered extinguished and reborrowed. In 2019, we incurred debt prepayment, refinancing and redemption charges of $33 million as a result of the repayment of all principal balances outstanding under our prior senior secured credit facilities and the redemption of our $1.25 billion aggregate principal amount outstanding of 5.75% senior notes. See further discussion of our 2020 debt prepayment, refinancing and redemption charges in Note 13 to the consolidated financial statements.

*Other income*

Other income consists primarily of interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses. Other income decreased in 2020 primarily due to a decrease in interest income on our holdings of cash and cash equivalents in 2020 and a decrease in foreign currency transaction gains.

*Provision for income taxes*

The effective income tax rate and effective income tax rate from continuing operations attributable to DaVita Inc. increased in 2020 primarily due to an increase in nondeductible advocacy costs and the impact of a discrete benefit included in the 2019 tax rate from a reduction in the blended state rate. This increase was partially offset by a reduction in accruals associated with uncertain tax positions in 2020.

*Net income attributable to noncontrolling interests*

The increase in income attributable to noncontrolling interests in 2020 compared to 2019 was due to improved earnings at certain U.S. dialysis partnerships, including, among other things, reimbursements we made to certain of our U.S. dialysis partnerships for certain COVID-19-related expenses, partially offset by the deconsolidation of two dialysis partnerships at year-end 2019.

**Accounts receivable**

Our consolidated accounts receivable balances at December 31, 2020 and December 31, 2019, were $1.824 billion and $1.796 billion, respectively, representing approximately 59 days and 58 days of revenue (DSO), respectively, net of allowances for uncollectible accounts. The increase in consolidated DSO was primarily due to an increase of one day of DSO in our U.S. dialysis business primarily due to held claims for COVID-19-related cohort arrangement billings as well as claims from centers impacted by hurricanes in the fourth quarter of 2020. Our DSO calculation is based on the current quarter’s average revenues per day. There were no significant changes during 2020 from 2019 in the amount of unreserved accounts receivable over one year old or the amounts pending approval from third-party payors.

As of December 31, 2020 and 2019, our net patient services accounts receivable balances that are more than six months old represents approximately 17% and 18%, respectively of our total net accounts receivable balances outstanding. Substantially all revenue realized is from government and commercial payors, as discussed above. There were no significant unreserved balances over one year old. Less than 1% of our revenues are classified as patient pay.

Amounts pending approval from third-party payors associated with Medicare bad debt claims as of December 31, 2020 and 2019, other than the standard monthly billing, consisted of approximately $154 million and $138 million, respectively, and are classified as other receivables. A significant portion of our Medicare bad debt claims are typically paid to us before the Medicare fiscal intermediary audits the claims but are subject to subsequent adjustment based upon the actual results of those audits. Such audits typically occur one to four years after the claims are filed.

**Liquidity and capital resources**

The following table summarizes our major sources and uses of cash, cash equivalents and restricted cash:

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2020 | 2019[1] | Amount | Percent |
| | (dollars in millions) | | | |
| **Net cash provided by operating activities:** | | | | |
| Net income | $ 995 | $ 1,021 | $ (27) | (2.6)% |
| Non-cash items in net income | 1,089 | 964 | 124 | 12.9 % |
| Other working capital changes | (78) | 111 | (190) | (171.2)% |
| Other | (26) | (24) | (1) | (4.2)% |
| | $ 1,979 | $ 2,072 | $ (93) | (4.5)% |
| **Net cash (used in) provided by investing activities:** | | | | |
| Capital expenditures: | | | | |
| Routine maintenance/IT/other | $ (399) | $ (375) | $ (24) | (6.4)% |
| Development and relocations | (275) | (391) | 116 | 29.7 % |
| Acquisition expenditures | (182) | (101) | (81) | (80.2)% |
| Proceeds from sale of self-developed properties | 93 | 58 | 36 | 62.1 % |
| DMG net sale proceeds received, net of DMG cash sold | (47) | 3,825 | (3,872) | (101.2)% |
| Other | (15) | (20) | 5 | 25.0 % |
| | $ (825) | $ 2,995 | $ (3,821) | (127.6)% |
| **Net cash used in financing activities:** | | | | |
| Debt (payments) issuances, net | $ (64) | $ (1,995) | $ 1,931 | 96.8 % |
| Deferred financing and debt redemption costs | (106) | (85) | (21) | (24.7)% |
| Distributions to noncontrolling interests | (253) | (233) | (20) | (8.6)% |
| Contributions from noncontrolling interests | 43 | 57 | (14) | (24.6)% |
| Stock award exercises and other share issuances | (1) | 11 | (12) | (109.1)% |
| Share repurchases | (1,458) | (2,384) | 925 | 38.8 % |
| Other | (8) | (68) | 60 | 88.2 % |
| | $ (1,847) | $ (4,696) | $ 2,850 | 60.7 % |
| Total number of shares repurchased | 16,477,378 | 41,020,232 | (24,542,854) | (59.8)% |
| Free cash flow from continuing operations[2] | $ 1,188 | $ 1,127 | $ 61 | 5.4 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) Represents consolidated cash flow activity, including cash flows related to discontinued operations.

(2) For a reconciliation of our free cash flow from continuing operations, see the "Reconciliations of Non-GAAP measures" section below.

*Consolidated cash flows*

Consolidated cash flows from operating activities for 2020 were $1,979 million, all of which was from continuing operations, compared with consolidated operating cash flows for the same period in 2019 of $2,072 million, of which $1,973 million was from continuing operations. The increase in cash flow from continuing operations was primarily driven by a decrease in cash interest paid partially offset by COVID-19-related expenses in 2020, and increases in labor and advocacy costs, as well as an increase in DSO of approximately one day in 2020 compared to 2019.

Cash flows from investing activities in 2020 decreased $3,821 million compared to 2019 primarily due to the net cash proceeds received from the DMG sale, which closed in June 2019, as well as an increase in acquisition expenditures partially offset by a decrease in capital expenditures. We developed 31 fewer centers and acquired 51 additional centers in 2020 compared to 2019. See below for additional information regarding the growth in our dialysis centers.

Cash flows from financing activities improved $2,850 million in 2020 compared to 2019. Significant sources of cash during 2020 included issuances of $1,500 million in aggregate principal amount of 3.75% senior notes due 2031 in August 2020 and $1,750 million in aggregate principal amount of 4.625% senior notes due 2030 in June 2020, as well as a net draw of $75 million on our revolving line of credit. Significant uses of cash during 2020 included the subsequent redemptions in full of $1,500 million in aggregate principal amount of 5.0% senior notes due 2025 in August 2020 and $1,750 million in aggregate principal amount of 5.125% senior notes due 2024 in July 2020. Other net payments during 2020 primarily consisted of regularly scheduled mandatory principal payments under our senior secured credit facilities totaling approximately $55 million on Term Loan A and $27 million on Term Loan B-1 and additional required principal payments under other debt arrangements. In addition, we incurred bond issuance costs of approximately $38 million, debt redemption premium charges related to the redemption of our senior notes due in 2024 and 2025 of approximately $67 million and costs of repricing our Term Loan B of approximately $3 million. See further discussion in Note 13 to the consolidated financial statements related to debt financing activities. By comparison, in 2019 debt payments primarily consisted of principal prepayments totaling $5,142 million on our term debt under our prior senior secured credit facility funded primarily by the net proceeds from the DMG sale and the redemption of all of our outstanding 5.75% senior notes due in 2022 for an aggregate cash payment consisting of principal and redemption premium of $1,262 million, partially offset by funding of our term debt of $4,500 million under our new senior credit facility. Cash flows used for share repurchases also decreased in 2020 as compared to 2019. See below for further information on our share repurchases.

*Dialysis center capacity and growth*

We are typically able to increase our capacity by extending hours at our existing dialysis centers, expanding our existing dialysis centers, relocating our dialysis centers, developing new dialysis centers and by acquiring dialysis centers. The development of a typical new outpatient dialysis center generally requires approximately $2.4 million for leasehold improvements and other capital expenditures. Based on our experience, a new outpatient dialysis center typically opens within a year after the property lease is signed, normally achieves operating profitability in the second year after Medicare certification, and normally reaches maturity within three to five years. Acquiring an existing outpatient dialysis center requires a substantially greater initial investment, but profitability and cash flows are generally accelerated and more predictable. To a limited extent, we enter into agreements to provide management and administrative services to outpatient dialysis centers in which we own a noncontrolling interest or which are wholly-owned by third parties in return for management fees.

The table below shows the growth in our dialysis operations by number of dialysis centers owned or operated:

| | U.S. | | International | |
|---|---|---|---|---|
| | 2020 | 2019 | 2020 | 2019 |
| Number of centers operated at beginning of year | 2,753 | 2,664 | 259 | 241 |
| Acquired centers | 8 | 7 | 66 | 16 |
| Developed centers | 81 | 115 | 5 | 2 |
| Net change in non-owned managed or administered centers[1] | — | (1) | (6) | 1 |
| Sold and closed centers[2] | (6) | (10) | — | (1) |
| Closed centers[3] | (20) | (22) | (3) | — |
| Number of centers operated at end of year | 2,816 | 2,753 | 321 | 259 |

(1) Represents dialysis centers which we manage or provide administrative services to but in which we own a noncontrolling equity interest or which are wholly-owned by third parties, including our Asia Pacific joint venture centers.

(2) Represents dialysis centers that were sold and/or closed for which the majority of patients were not retained.

(3) Represents dialysis centers that were closed for which the majority of patients were retained and transferred to one of our other existing outpatient dialysis centers.

*Stock repurchases*

The following table summarizes our common stock repurchases during the years ended December 31, 2020 and 2019:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| | (dollars in millions and shares in thousands, except per share data) | |
| **Open market repurchases** | | |
| Shares | 8,495 | 19,218 |
| Amounts paid | $ 742 | $ 1,168 |
| Average paid per share | $ 87.32 | $ 60.79 |
| | | |
| **Tender offers**[(1)] | | |
| Shares | 7,982 | 21,802 |
| Amounts paid | $ 705 | $ 1,234 |
| Average paid per share | $ 88.32 | $ 56.61 |
| | | |
| **Total** | | |
| Shares | 16,477 | 41,020 |
| Amounts paid | $ 1,447 | $ 2,402 |
| Average paid per share | $ 87.80 | $ 58.57 |

(1) The aggregate amounts paid for shares repurchased pursuant to our 2020 and 2019 tender offers for our shares during the years ended December 31, 2020 and 2019, include their clearing prices of $88.00 and $56.50 per share, respectively, plus related fees and expenses of $2.5 million and $2.3 million, respectively.

Subsequent to December 31, 2020, we have repurchased 1,063,000 shares of our common stock for $123 million at an average cost of $115.98 per share from January 1, 2021 through February 10, 2021. We retired all shares of common stock held in treasury effective December 31, 2020 and December 31, 2019.

See further discussion of our share repurchase activity and authorizations in Note 19 to the consolidated financial statements.

*Available liquidity*

As of December 31, 2020, our cash balance was $325 million and we held approximately $20 million in short-term investments. At that time we also had $925 million available and $75 million drawn on our $1.0 billion revolving line of credit under our senior secured credit facilities. Credit available under this revolving line of credit is reduced by the amount of any letters of credit outstanding under this facility, but we had no such letters of credit outstanding as of December 31, 2020. As of December 31, 2020 we also separately had approximately $65 million in letters of credit outstanding under a separate bilateral secured letter of credit facility.

See Note 13 to the consolidated financial statements for components of our long-term debt and their interest rates.

The COVID-19 pandemic and efforts to prevent its spread have dramatically reduced global economic activity and driven increased volatility in the financial markets. We have maintained business process continuity during the COVID-19 pandemic by enabling most back office teammates to work remotely, and as of the date of this report, we have not experienced a material deterioration in our liquidity position as a result of the COVID-19 crisis. In addition, we elected not to accept approximately $250 million in funds available to us through the CARES Act Provider Relief Fund and returned the funds we received in May 2020. There can be no assurance that we will be able to continue to forgo financial or other assistance available under the CARES Act or similar subsequent legislation or that similar assistance will be available from the government if we have a need for such assistance in the future. The ultimate impact of the pandemic will depend on future developments that are highly uncertain and difficult to predict.

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our senior secured credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings, which are subject to general, economic, financial, competitive, regulatory and other factors that are beyond our control, as described in Item 1A Risk Factors under the

heading "*The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control.*"

**Reconciliations of non-GAAP measures**

The following tables provide reconciliations of adjusted operating income (loss) to operating income (loss) as presented on a U.S. generally accepted accounting principles (GAAP) basis for our U.S. dialysis reportable segment as well as for our U.S. ancillary services, our international business, and for our total ancillary services which combines them and is disclosed as our other segments category. These non-GAAP or "adjusted" measures are presented because management believes these measures are useful adjuncts to, but not alternatives for, our GAAP results.

Specifically, management uses adjusted operating income (loss) to compare and evaluate our performance period over period and relative to competitors, to analyze the underlying trends in our business, to establish operational budgets and forecasts and for incentive compensation purposes. We believe this non-GAAP measure is also useful to investors and analysts in evaluating our performance over time and relative to competitors, as well as in analyzing the underlying trends in our business. We also believe this presentation enhances a user's understanding of our normal operating income by excluding certain items which we do not believe are indicative of our ordinary results of operations.

In addition, our effective income tax rate on income from continuing operations attributable to DaVita Inc. excludes noncontrolling owners' income, which primarily relates to non-tax paying entities. We believe this adjusted effective income tax rate is useful to management, investors and analysts in evaluating our performance and establishing expectations for income taxes incurred on our ordinary results attributable to DaVita Inc.

Finally, our free cash flow from continuing operations represents net cash provided by operating activities from continuing operations less distributions to noncontrolling interests and all capital expenditures (including development capital expenditures, routine maintenance and information technology), plus contributions from noncontrolling interests and proceeds from the sale of self-developed properties. Management uses this measure to assess our ability to fund acquisitions and meet our debt service obligations and we believe this measure is equally useful to investors and analysts as an adjunct to cash flows from operating activities from continuing operations and other measures under GAAP.

It is important to bear in mind that these non-GAAP "adjusted" measures are not measures of financial performance under GAAP and should not be considered in isolation from, nor as substitutes for, their most comparable GAAP measures.

| | Year ended December 31, 2020 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income (loss) | $ 1,918 | $ (99) | $ 23 | $ (76) | $ (147) | $ 1,695 |
| Loss on changes in ownership interests, net | | 16 | | 16 | | 16 |
| Accruals for legal matters | | | | | 35 | 35 |
| Adjusted operating income (loss) | $ 1,918 | $ (83) | $ 23 | $ (60) | $ (112) | $ 1,746 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, 2019 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income (loss) | $ 1,925 | $ (66) | $ (123) | $ (189) | $ (92) | $ 1,643 |
| Goodwill impairment | | | 125 | 125 | | 125 |
| Adjusted operating income (loss) | $ 1,925 | $ (66) | $ 2 | $ (64) | $ (92) | $ 1,768 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| | (dollars in millions) | |
| Income from continuing operations before income taxes | $ 1,318 | $ 1,195 |
| Less: Noncontrolling owners' income primarily attributable to non-tax paying entities | (222) | (210) |
| Income from continuing operations before income taxes attributable to DaVita Inc. | $ 1,097 | $ 986 |
| Income tax expense for continuing operations | $ 314 | $ 280 |
| Less: Income tax attributable to noncontrolling interests | (1) | (1) |
| Income tax expense from continuing operations attributable to DaVita Inc. | $ 313 | $ 279 |
| Effective income tax rate on income from continuing operations attributable to DaVita Inc. | 28.6 % | 28.3 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| | (dollars in millions) | |
| Net cash provided by continuing operating activities | $ 1,979 | $ 1,973 |
| Less: Distributions to noncontrolling interests | (253) | (233) |
| Plus: Contributions from noncontrolling interests | 43 | 57 |
| Cash provided by continuing operating activities attributable to DaVita Inc. | 1,769 | 1,797 |
| Less: Expenditures for routine maintenance and information technology | (399) | (355) |
| Less: Expenditures for development | (275) | (373) |
| Plus: Proceeds from sale of self-developed properties | 93 | 58 |
| Free cash flow from continuing operations | $ 1,188 | $ 1,127 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

**Off-balance sheet arrangements and aggregate contractual obligations**

In addition to the debt obligations and operating lease liabilities reflected on our balance sheet, we have commitments associated with letters of credit, as well as certain working capital funding obligations associated with our equity investments in nonconsolidated dialysis ventures that we manage and some we manage that are wholly-owned by third parties.

We also have potential obligations to purchase the noncontrolling interests held by third parties in many of our majority-owned dialysis partnerships and other nonconsolidated entities. These obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods as outlined in each specific put provision. For additional information see Note 17 to the consolidated financial statements.

The following is a summary of these contractual obligations and commitments as of December 31, 2020:

| | 2021 | 2022-2023 | 2024-2025 | Thereafter | Total |
|---|---|---|---|---|---|
| | (dollars in millions) | | | | |
| Scheduled payments under contractual obligations: | | | | | |
| Long-term debt[1]: | | | | | |
| Principal payments | $ 147 | $ 349 | $ 1,512 | $ 5,882 | $ 7,890 |
| Interest payments on credit facilities and senior notes | 219 | 429 | 389 | 704 | 1,741 |
| Financing leases[2] | 22 | 48 | 54 | 150 | 274 |
| Operating leases, including imputed interest[2] | 480 | 969 | 774 | 1,438 | 3,661 |
| | $ 868 | $ 1,795 | $ 2,729 | $ 8,174 | $ 13,566 |
| Potential cash requirements under other commitments: | | | | | |
| Letters of credit | $ 65 | $ — | $ — | $ — | $ 65 |
| Noncontrolling interests subject to put provisions | 1,023 | 145 | 97 | 65 | 1,330 |
| Non-owned and minority owned put provisions | 110 | 6 | — | — | 116 |
| Operating capital advances | 1 | 2 | 2 | 4 | 9 |
| Purchase commitments | 542 | 721 | 92 | — | 1,355 |
| | $ 1,741 | $ 874 | $ 191 | $ 69 | $ 2,875 |

(1) See Note 13 to the consolidated financial statements for components of our long-term debt and related interest rates.

(2) See Note 14 to the consolidated financial statements for components of our leases and related interest rates.

In 2017, we entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires on December 31, 2022. Under the terms of the agreement, the Company will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that we will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that we serve.

The purchase commitments in the table above represent our agreements with various suppliers to purchase set amounts of dialysis equipment, parts, and supplies. If we fail to meet the minimum purchase commitments under these contracts during any year, it is required to pay the difference to the supplier.

Settlements of approximately $88 million of existing income tax liabilities for unrecognized tax benefits, including interest, penalties and other long-term tax liabilities, are excluded from the table above as reasonably reliable estimates of their timing cannot be made.

**Contingencies**

The information in Note 16 to the consolidated financial statements included in this report is incorporated by reference in response to this item.

**Critical accounting policies, estimates and judgments**

Our consolidated financial statements and accompanying notes are prepared in accordance with United States generally accepted accounting principles. These accounting principles require us to make estimates, judgments and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions (redeemable equity interests). All significant estimates, judgments and assumptions are developed based on the best information available to us at the time made and are regularly reviewed and updated when necessary. Actual results will generally differ from these estimates, and such differences may be material. Changes in estimates are reflected in our financial statements in the period of change based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Certain accounting estimates, including those concerning revenue recognition and accounts receivable, impairments of goodwill, accounting for income taxes, fair value estimates, and loss contingencies are considered to be critical to evaluating and understanding our financial results because they involve inherently uncertain matters and their application requires the most difficult and complex judgments and estimates. For additional information, see Part II Item 15, "*Exhibits, Financial Statement Schedules" – Note 1 – "Organization and summary of significant accounting policies*" as referred from Part II Item 8, "*Financial Statements and Supplementary Data*."

*U.S. dialysis revenue recognition and accounts receivable*. There are significant estimating risks associated with the amount of U.S. dialysis revenue that we recognize in a given reporting period. Payment rates are often subject to significant uncertainties related to wide variations in the coverage terms of the commercial healthcare plans under which we receive payments. In addition, ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage, and other payor issues complicate the billing and collection process. Net revenue recognition and allowances for uncollectible billings require the use of estimates of the amounts that will ultimately be realized considering, among other items, retroactive adjustments that may be associated with regulatory reviews, audits, billing reviews and other matters.

Revenues associated with Medicare and Medicaid programs are recognized based on (a) the payment rates that are established by statute or regulation for the portion of the payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, the estimated amounts that will ultimately be collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient. Our dialysis related reimbursements from Medicare are subject to certain variations under Medicare's single bundled payment rate system whereby our reimbursements can be adjusted for certain patient characteristics and other variable factors. Our revenue recognition depends upon our ability to effectively capture, document and bill for Medicare's base payment rate and these other factors. In addition, as a result of the potential range of variations that can occur in our dialysis-related reimbursements from Medicare under the single bundled payment rate system, our revenue recognition is subject to a greater degree of estimating risk.

Commercial healthcare plans, including contracted managed-care payors, are billed at our usual and customary rates; however, revenue is recognized based on estimated net realizable revenue for the services provided. Net realizable revenue is estimated based on contractual terms for the patients covered under commercial healthcare plans with which we have formal agreements, non-contracted commercial healthcare plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in our billing and collection processes that can result in denied claims for payments, the estimated timing of collections, changes in our expectations of the amounts that we expect to collect and regulatory compliance matters. Determining applicable primary and secondary coverage for our approximately 204,200 U.S. dialysis patients at any point in time, together with the changes in patient coverages that occur each month, requires complex, resource-intensive processes. Collections, refunds and payor retractions typically continue to occur for up to three years or longer after services are provided.

We generally expect the range of our U.S. dialysis revenue estimating risk to be within 1% of revenue, which can represent as much as approximately 5% of our U.S. dialysis business's adjusted operating income. Changes in estimates are reflected in the then-current financial statements based on on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Changes in revenue estimates for prior periods are separately disclosed and reported if material to the current reporting period and longer term trend analyses, and have not been significant.

Revenues for laboratory services, which are integrally related to our dialysis services, are recognized in the period services are provided at the estimated net realizable amounts to be received.

*Impairments of goodwill.* We account for impairments of goodwill in accordance with the provisions of applicable accounting guidance. Goodwill is not amortized, but is assessed for impairment when changes in circumstances warrant and at least annually. An impairment charge is recorded when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value.

Changes in circumstance that may trigger a goodwill impairment assessment for one of our business units can include, among others, changes in the legal environment, addressable market, business strategy, development or business plans, reimbursement structure, operating performance, future prospects, relationships with partners, and/or market value indications for the subject business. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances concerning the subject businesses and to estimate their fair value when applicable. Any change in the factors, assessments or assumptions involved could affect a determination of whether and when to assess goodwill for impairment as well as the outcome of such an assessment. These assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

*Accounting for income taxes*. Our income tax expense, deferred tax assets and liabilities, and liabilities for unrecognized tax benefits reflect management's best assessment of estimated current and future taxes to be paid. We are subject to income taxes in the United States and numerous state and foreign jurisdictions, and changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. The actual impact of any such laws or regulations could be materially different from our current estimates.

Significant judgments and estimates are required in determining our consolidated income tax expense. Deferred income taxes arise from temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements, which will result in taxable or deductible amounts in the future. In evaluating our ability to recover our deferred tax assets within the jurisdictions from which they arise, we consider all available positive and negative evidence, including scheduled reversals of deferred tax liabilities, projected future taxable income, tax planning strategies, results of recent operations, and assumptions about the amount of future federal, state, and foreign pre-tax operating income adjusted for items that do not have tax consequences. The assumptions about future taxable income require significant judgments and are consistent with the plans and estimates we use to manage the underlying businesses. To the extent that recovery is not likely, a valuation allowance is established. The allowance is regularly reviewed and updated for changes in circumstances that would cause a change in judgment about the realizability of the related deferred tax assets.

*Fair value estimates.* The FASB defines fair value generally as the amount at which an asset (or liability) could be bought (or assumed) or sold (or settled) in a current transaction between willing parties, that is, other than in a forced or liquidation sale. It also defines fair value more specifically for most purposes as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

We rely on fair value measurements and estimates for purposes that require the recording, reassessment, or adjustment of the carrying amounts of certain assets, liabilities and noncontrolling interests subject to put provisions (redeemable equity interests). These purposes can include purchase accounting for business combination transactions; impairment assessments for goodwill, other intangible assets, and other long-lived assets; recurrent revaluation of investments in debt and equity securities, contingent earn-out obligations, interest rate cap agreements, and noncontrolling interests subject to put provisions; and the accounting for equity method and other investments and stock-based compensation, among others. The criticality of a particular fair value estimate to our consolidated financial statements depends upon the nature and size of the item being measured, the extent of uncertainties involved and the nature and magnitude or potential effect of assumptions and judgments required. Critical fair value estimates can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement.

*Loss contingencies.* As discussed in Notes 1 and 16 to the consolidated financial statements, we operate in a highly regulated industry and are party to various lawsuits, claims, qui tam suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law), contract disputes and other legal proceedings. Assessments of such matters can involve a series of complex judgments about future events and can rely heavily on estimates and assumptions. We record accruals for loss contingencies on such matters to the extent that we determine an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. See Note 16 to the consolidated financial statements included in this report for further discussion.

**Significant new accounting standards**

See Note 1 to the consolidated financial statements included in this report for information regarding certain recent financial accounting standards that have been issued by the FASB.

**Item 7A. Quantitative and Qualitative Disclosures about Market Risk.**

**Interest rate sensitivity**

The tables below provide information about our financial instruments that are sensitive to changes in interest rates. The first table below presents principal repayments and current weighted average interest rates on our debt obligations as of December 31, 2020. The variable rates presented reflect the weighted average LIBOR rates in effect for all debt tranches plus interest rate margins in effect as of December 31, 2020. The Term Loan A interest rate margin in effect at December 31, 2020, was 1.50%. At December 31, 2020, the Term Loan B-1 interest rate margin in effect was 1.75%. At December 31, 2020, we had an outstanding balance on our revolving line of credit bearing interest at an Alternate Base Rate (the Prime Rate) plus 0.50%. On January 6, 2021 our revolving line of credit rate was converted to a LIBOR-based rate of LIBOR plus 1.50%. The interest rates in effect on our Term Loan A and revolving line of credit are subject to adjustment depending upon changes in our leverage ratio.

| | Expected maturity date | | | | | | | Average interest rate | Fair value[1] |
|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | Thereafter | Total | | |
| | (dollars in millions) | | | | | | | | |
| Long term debt: | | | | | | | | | |
| Fixed rate | $ 31 | $ 34 | $ 48 | $ 29 | $ 33 | $ 3,448 | $ 3,623 | 4.32 % | $ 3,481 |
| Variable rate | $ 138 | $ 136 | $ 179 | $ 1,468 | $ 36 | $ 2,584 | $ 4,541 | 2.05 % | $ 4,518 |

(1) Represents the fair value of our long-term debt excluding financing leases.

| | Notional amount | Contract maturity date | | | | | Receive variable | Fair value |
|---|---|---|---|---|---|---|---|---|
| | | 2021 | 2022 | 2023 | 2024 | 2025 | | |
| | (dollars in millions) | | | | | | | |
| 2019 cap agreements | $ 3,500 | $ — | $ — | $ — | $ 3,500 | $ — | LIBOR above 2.0% | $ 2.7 |

For a further discussion of our debt, see Note 13 to our consolidated financial statements at Part II Item 15, "*Exhibits, Financial Statement Schedules" – Note 13 – "Long-term debt*" as referred from Part II Item 8, "*Financial Statements and Supplementary Data.*"

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our current credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings.

One means of assessing exposure to debt-related interest rate changes is a duration-based analysis that measures the potential loss in net income resulting from a hypothetical increase in interest rates of 100 basis points across all variable rate maturities (referred to as a parallel shift in the yield curve). Under this model, with all else constant, it is estimated that such an increase would have reduced net income by approximately $34.8 million, $32.4 million, and $37.8 million, net of tax, for the years ended December 31, 2020, 2019, and 2018, respectively.

*Exchange rate sensitivity*

While our business is predominantly conducted in the U.S., we have developing operations in ten other countries as well. For financial reporting purposes, the U.S. dollar is our reporting currency. However, the functional currencies of our operating businesses in other countries are typically those of the countries in which they operate. Therefore, changes in the rate of exchange between the U.S. dollar and the local currencies in which our international operations are conducted affect our results of operations and financial position as reported in our consolidated financial statements.

We have consolidated the balance sheets of our non-U.S. dollar denominated operations into U.S. dollars at the exchange rates prevailing at the balance sheet dates and have translated their revenues and expense at average exchange rates during each period. Additionally, our individual subsidiaries are exposed to transactional risks mainly resulting from intercompany transactions between and among subsidiaries with different functional currencies. This exposes the subsidiaries to fluctuations in the rate of exchange between the invoicing or obligation currencies and the currency in which their local operations are conducted.

We evaluate our exposure to foreign exchange risk through the judgment of our international and corporate management teams. Through 2020, our international operations have remained fairly small relative to the size of our consolidated financial statements, constituting approximately 9% of our consolidated assets as of December 31, 2020, with no single country constituting more than 3% of consolidated assets, and approximately 5% of our consolidated revenues for the year ended December 31, 2020. In addition, our foreign currency translation (losses) gains were approximately (0.4)%, (1)%, and (3)% of our consolidated operating income for the years ended December 31, 2020, 2019 and 2018.

Given the relatively small size of our international operations, management does not consider our exposure to foreign exchange risk to be significant to the consolidated enterprise. As such, through December 31, 2020, we have not engaged in transactions to hedge the exposure of our international transactions or net investments to foreign currency risk.

**Item 8. Financial Statements and Supplementary Data.**

See the Index to Financial Statements and Index to Financial Statement Schedules included at Item 15, "*Exhibits, Financial Statement Schedules.*"

**Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.**

None.

**Item 9A. Controls and Procedures.**

Management has established and maintains disclosure controls and procedures designed to ensure that information required to be disclosed in the reports that it files or submits pursuant to the Securities Exchange Act of 1934 (Exchange Act) as amended is recorded, processed, summarized and reported within the time periods specified in the SEC's rules and forms, and that such information is accumulated and communicated to our management including our Chief Executive Officer ("CEO") and Chief Financial Officer ("CFO") as appropriate to allow for timely decisions regarding required disclosures.

At the end of the period covered by this report, we carried out an evaluation, under the supervision and with the participation of our CEO and CFO, of the effectiveness of the design and operation of the Company's disclosure controls and procedures in accordance with the Exchange Act requirements as of December 31, 2020. Based upon that evaluation, the CEO and CFO concluded that the Company's disclosure controls and procedures were effective as required by the Exchange Act as of such date for our Exchange Act reports, including this report. Management recognizes that these controls and procedures can provide only reasonable assurance of desired outcomes, and that estimates and judgments are still inherent in the process of maintaining effective controls and procedures.

There was no change in the Company's internal control over financial reporting that was identified during the evaluation that occurred during the fourth fiscal quarter of 2020 that has materially affected, or is reasonably likely to materially affect, the Company's internal control over financial reporting.

**Item 9B. Other Information.**

None.

## PART III

### Item 10. Directors, Executive Officers and Corporate Governance.

We intend to disclose any amendments or waivers to the Code of Ethics applicable to our principal executive officer, principal financial officer, principal accounting officer or controller or persons performing similar functions, on our website located at http://www.davita.com. In 2002, we adopted a Corporate Governance Code of Ethics that applies to our principal executive officer, principal financial officer, principal accounting officer or controller, and to all of our financial accounting and legal professionals who are directly or indirectly involved in the preparation, reporting and fair presentation of our financial statements and Exchange Act reports. The Code of Ethics is posted on our website, located at http://www.davita.com. We also maintain a Corporate Code of Conduct that applies to all of our employees, officers and directors, which is posted on our website.

Under our Corporate Governance Guidelines all Board Committees including the Audit Committee, Nominating and Governance Committee and the Compensation Committee, which are comprised solely of independent directors as defined within the listing standards of the New York Stock Exchange, have written charters that outline the committee's purpose, goals, membership requirements and responsibilities. These charters are regularly reviewed and updated as necessary by our Board of Directors. All Board Committee charters as well as the Corporate Governance Guidelines are posted on our website located at http://www.davita.com.

The other information required to be disclosed by this item will appear in, and is incorporated by reference from, the sections entitled "*Proposal 1 Election of Directors*", "*Corporate Governance*", and "*Security Ownership of Certain Beneficial Owners and Management*" to be included in our definitive proxy statement relating to our 2021 annual stockholder meeting.

### Item 11. Executive Compensation.

The information required by this item will appear in, and is incorporated by reference from, the sections entitled "*Executive Compensation*", "*Pay Ratio Disclosure*", "*Compensation of Directors*" and "*Compensation Committee Interlocks and Insider Participation*" included in our definitive proxy statement relating to our 2021 annual stockholder meeting. The information required by Item 407(e)(5) of Regulation S-K will appear in and is incorporated by reference from the section entitled "*Compensation Committee Report*" to be included in our definitive proxy statement relating to our 2021 annual stockholder meeting; however, this information shall not be deemed to be filed.

### Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The following table provides information about our common stock that may be issued upon the exercise of stock-settled stock appreciation rights, restricted stock units and other rights under all of our existing equity compensation plans as of December 31, 2020, which consist of our 2020 Incentive Award Plan, 2011 Incentive Award Plan and our Employee Stock Purchase Plan. The material terms of these plans are described in Note 18 to the consolidated financial statements.

| Plan category (shares in thousands) | Number of shares to be issued upon exercise of outstanding options, warrants and rights[1] | Weighted average exercise price of outstanding options, warrants and rights[2] | Number of shares remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a)) | Total of shares reflected in columns (a) and (c) |
|---|---|---|---|---|
| | *(a)* | *(b)* | *(c)* | *(d)* |
| Equity compensation plans approved by shareholders | 12,167 | $ 63.64 | 14,263 | 26,430 |
| Equity compensation plans not requiring shareholder approval | — | — | — | — |
| Total | 12,167 | $ 63.64 | 14,263 | 26,430 |

1. Includes 1,092 shares of common stock reserved for issuance in connection with performance share units at the maximum number of shares issuable thereunder.
2. This weighted average excludes full value awards such as restricted stock units and performance share units.

Other information required to be disclosed by Item 12 will appear in, and is incorporated by reference from, the section entitled "*Security Ownership of Certain Beneficial Owners and Management*" to be included in our definitive proxy statement relating to our 2021 annual stockholder meeting.

**Item 13. Certain Relationships and Related Transactions, and Director Independence.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled "*Certain Relationships and Related Transactions*" and the section entitled "*Corporate Governance*" to be included in our definitive proxy statement relating to our 2021 annual stockholder meeting.

**Item 14. Principal Accounting Fees and Services.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled "*Proposal 2 Ratification of the Appointment of our Independent Registered Public Accounting Firm*" to be included in our definitive proxy statement relating to our 2021 annual stockholder meeting.

## PART IV

**Item 15. Exhibits, Financial Statement Schedules.**

**(a) Documents filed as part of this Report:**

*(1) Index to Financial Statements:*


| | Page |
|---|---|
| Management's Report on Internal Control Over Financial Reporting | F-1 |
| Report of Independent Registered Public Accounting Firm | F-2 |
| Report of Independent Registered Public Accounting Firm | F-5 |
| Consolidated Statements of Income for the years ended December 31, 2020, 2019, and 2018 | F-6 |
| Consolidated Statements of Comprehensive Income for the years ended December 31, 2020, 2019, and 2018 | F-7 |
| Consolidated Balance Sheets as of December 31, 2020, and 2019 | F-8 |
| Consolidated Statements of Cash Flow for the years ended December 31, 2020, 2019, and 2018 | F-9 |
| Consolidated Statements of Equity for the years ended December 31, 2020, 2019, and 2018 | F-10 |
| Notes to Consolidated Financial Statements | F-12 |


*(2) Index to Financial Statement Schedules:*


Schedule II—Valuation and Qualifying Accounts S-3


*(3) Exhibits*

The information required by this Item is set forth in the Exhibit Index that precedes the signature pages of this Annual Report on Form 10-K.

**Item 16. Form 10-K Summary.**

None.

**DAVITA INC.**

**MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING**

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (i) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (ii) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (iii) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "*Internal Control—Integrated Framework (2013)*" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2020.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

## Report of Independent Registered Public Accounting Firm

To the Stockholders and Board of Directors
DaVita Inc.:

*Opinion on the Consolidated Financial Statements*

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries (the Company) as of December 31, 2020 and 2019, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2020, and the related notes and financial statement Schedule II – Valuation and Qualifying Accounts (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2020 and 2019, and the results of its operations and its cash flows for each of the years in the three-year period ended December 31, 2020, in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2020, based on criteria established in *Internal Control – Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 12, 2021 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

*Change in Accounting Principle*

As discussed in Note 14 to the consolidated financial statements, the Company has changed its method of accounting for leases as of January 1, 2019 due to the adoption of the Financial Accounting Standards Board's Accounting Standards Codification Topic 842 *Leases*.

*Basis for Opinion*

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audits provide a reasonable basis for our opinion.

*Critical Audit Matters*

The critical audit matters communicated below are matters arising from the current period audit of the consolidated financial statements that were communicated or required to be communicated to the audit committee and that: (1) relate to accounts or disclosures that are material to the consolidated financial statements and (2) involved our especially challenging, subjective, or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing separate opinions on the critical audit matters or on the accounts or disclosures to which they relate.

*U.S. dialysis patient service revenue recognition*

As discussed in Notes 1 and 2 to the consolidated financial statements, the Company recognized $10,619 million in U.S. dialysis patient service revenue for the year ended December 31, 2020. There are uncertainties associated with estimating U.S. dialysis patient service revenue, which generally take several years to resolve. As these estimates are refined over time, both positive and negative adjustments are recognized in the current period.

We identified the evaluation of the recognition of the transaction price the Company expects to collect as a result of satisfying its performance obligations related to U.S. dialysis patient service revenue as a critical audit matter because it involves estimation that requires complex auditor judgment. The key assumptions and inputs used to estimate the transaction price relate to ongoing insurance coverage changes, differing interpretations of contract coverage, determination of applicable primary and secondary coverage, coordination of benefits, and varying patient characteristics impacting Medicare reimbursements. Changes to the key assumptions and inputs used in the application of the methodology may have a significant effect on the Company's determination of the estimate.

The following are the primary procedures we performed to address this critical audit matter. We evaluated the design and tested the operating effectiveness of certain internal controls over the Company's U.S. dialysis patient service revenue recognition process, including controls related to the application of the methodology used to estimate the transaction price, and the key assumptions and inputs. We evaluated the Company's key assumptions and inputs to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations by comparing key assumptions to historical collection experience, trends of refunds and payor payment adjustments, delays in the Company's billing and collection process and regulatory compliance matters. Additionally, we compared U.S. dialysis patient service revenue related to the transaction price estimates recognized in prior periods to actual cash collections related to performance obligations satisfied in prior periods to analyze the Company's ability to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations. We developed an estimate of U.S. dialysis patient service revenue based on actual and expected cash collections and compared to U.S. dialysis patient service revenue recorded by the Company for the year-ended December 31, 2020.

*Evaluation of the goodwill impairment analyses for the Germany kidney care reporting unit*

As discussed in Note 10 to the consolidated financial statements, the Company performed annual and other impairment assessments for their reporting units throughout 2020. As a result of these assessments, the Company has not recognized any goodwill impairment charges in the current year. The goodwill balance for the Germany kidney care reporting unit as of December 31, 2020 was $323 million.

We have identified the evaluation of the goodwill impairment analyses for the Germany kidney care reporting unit as a critical audit matter. The evaluations involved assessing the key assumptions used in estimating the fair value of the reporting unit, including non-acquired patient growth rate, projected number of treatments, projected revenue growth rate, discount rates, and revenue and clinical earnings before interest, taxes, depreciation, and amortization (EBITDA) multiples. Evaluation of these key assumptions involved a high degree of subjectivity and auditor judgment as changes to these assumptions could have a significant impact on any goodwill impairment charges recognized.

The following are the primary procedures we performed to address this critical audit matter. We evaluated the design and tested the operating effectiveness of certain internal controls over the Company's goodwill impairment assessment process, including controls over the development of key assumptions as described above. We assessed the Company's ability to forecast by comparing prior year actual results of the reporting unit to previously forecasted amounts for the reporting unit. We evaluated the Company's non-acquired patient growth rate, projected number of treatments, and projected revenue growth rate, for the reporting unit by comparing the projections to the Company's underlying business strategies and operating plans for the reporting unit, and other industry and market data. In addition, we involved valuation professionals with specialized skills and knowledge, who assisted in:

- evaluating the projected revenue growth rate for the reporting unit by comparing projected rates with comparable companies
- evaluating the discount rate for the reporting unit, by comparing the inputs used to develop the discount rate to publicly available market data for comparable companies to assess whether the inputs used in the development of the discount rate are reasonable
- evaluating the revenue and clinical EBITDA multiples utilized in the Company's valuation of the reporting unit by comparing the multiples selected to a range of multiples from comparable transactions.

*Evaluation of legal proceedings and regulatory matters*

As discussed in Notes 1 and 16 to the consolidated financial statements, the Company operates in a highly regulated industry and is a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law) and other legal proceedings. The Company records accruals for certain legal proceedings and regulatory matters to the extent an unfavorable outcome is probable and the amount of the loss can be reasonably estimated.

We identified the evaluation of legal proceedings and regulatory matters as a critical audit matter. Due to the nature of the legal proceedings and regulatory matters, a high degree of subjectivity was required in evaluating the completeness of the Company's population of legal proceedings and regulatory matters. Additionally, complex auditor judgment was required in evaluating the Company's probability of outcome assessment, and related disclosures.

The following are the primary procedures we performed to address this critical audit matter. We evaluated the design and tested the operating effectiveness of certain internal controls over the Company's legal proceedings and regulatory matters process. This includes controls over the Company's determination of the completeness of the population of legal proceedings and regulatory matters, as well as controls over the Company's probability of outcome assessment, and related disclosures. We tested existing legal proceedings and regulatory matters by reading certain written correspondence received from outside parties as well as reading certain written responses provided to outside parties. We read letters received directly from the Company's external and internal legal counsel that described certain legal proceedings and regulatory matters. We involved forensic professionals with specialized skills and knowledge who inspected the Company's compliance case log. Additionally, we assessed the completeness of the population of legal proceedings and regulatory matters and related disclosures by 1) inquiring of certain key executives and directors and 2) evaluating information received through procedures described above and through publicly available information about the Company, its competitors, and the industry.

/s/ KPMG LLP

We have served as the Company's auditor since 2000.

Seattle, Washington
February 12, 2021

**Report of Independent Registered Public Accounting Firm**

To the Stockholders and Board of Directors
DaVita Inc.:

*Opinion on Internal Control Over Financial Reporting*

We have audited DaVita Inc. and subsidiaries' (the Company) internal control over financial reporting as of December 31, 2020, based on criteria established in *Internal Control – Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission. In our opinion, the Company maintained, in all material respects, effective internal control over financial reporting as of December 31, 2020, based on criteria established in *Internal Control – Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of the Company as of December 31, 2020 and 2019, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2020, and the related notes and financial statement Schedule II – Valuation and Qualifying Accounts (collectively, the consolidated financial statements), and our report dated February 12, 2021 expressed an unqualified opinion on those consolidated financial statements.

*Basis for Opinion*

The Company's management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying Management's Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit of internal control over financial reporting included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

*Definition and Limitations of Internal Control Over Financial Reporting*

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

/s/ KPMG LLP

Seattle, Washington
February 12, 2021

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF INCOME**
**(dollars and shares in thousands, except per share data)**

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Dialysis patient service revenues before provision | $ 11,039,709 | $ 10,918,421 | $ 10,709,981 |
| Provision for uncollectible accounts | (13,458) | (21,715) | (49,587) |
| Dialysis patient service revenues | 11,026,251 | 10,896,706 | 10,660,394 |
| Other revenues | 524,353 | 491,773 | 744,457 |
| Total revenues | 11,550,604 | 11,388,479 | 11,404,851 |
| Operating expenses and charges: | | | |
| Patient care costs | 7,988,613 | 7,914,485 | 8,195,513 |
| General and administrative | 1,247,584 | 1,103,312 | 1,135,454 |
| Depreciation and amortization | 630,435 | 615,152 | 591,035 |
| Provision for uncollectible accounts | — | — | (7,300) |
| Equity investment (income) loss | (26,916) | (12,679) | 4,484 |
| Other asset impairments | — | — | 17,338 |
| Goodwill impairment charges | — | 124,892 | 3,106 |
| Loss (gain) on changes in ownership interest, net | 16,252 | — | (60,603) |
| Total operating expenses and charges | 9,855,968 | 9,745,162 | 9,879,027 |
| Operating income | 1,694,636 | 1,643,317 | 1,525,824 |
| Debt expense | (304,111) | (443,824) | (487,435) |
| Debt prepayment, refinancing and redemption charges | (89,022) | (33,402) | — |
| Other income, net | 16,759 | 29,348 | 10,089 |
| Income from continuing operations before income taxes | 1,318,262 | 1,195,439 | 1,048,478 |
| Income tax expense | 313,932 | 279,628 | 258,400 |
| Net income from continuing operations | 1,004,330 | 915,811 | 790,078 |
| Net (loss) income from discontinued operations, net of tax | (9,653) | 105,483 | (457,038) |
| Net income | 994,677 | 1,021,294 | 333,040 |
| Less: Net income attributable to noncontrolling interests | (221,035) | (210,313) | (173,646) |
| Net income attributable to DaVita Inc. | $ 773,642 | $ 810,981 | $ 159,394 |
| | | | |
| **Earnings per share attributable to DaVita Inc.:** | | | |
| Basic net income from continuing operations | $ 6.54 | $ 4.61 | $ 3.66 |
| Basic net income | $ 6.46 | $ 5.29 | $ 0.93 |
| Diluted net income from continuing operations | $ 6.39 | $ 4.60 | $ 3.62 |
| Diluted net income | $ 6.31 | $ 5.27 | $ 0.92 |
| | | | |
| **Weighted average shares for earnings per share:** | | | |
| Basic shares | 119,797 | 153,181 | 170,786 |
| Diluted shares | 122,623 | 153,812 | 172,365 |
| | | | |
| **Amounts attributable to DaVita Inc.:** | | | |
| Net income from continuing operations | $ 783,295 | $ 706,832 | $ 624,321 |
| Net (loss) income from discontinued operations | (9,653) | 104,149 | (464,927) |
| Net income attributable to DaVita Inc. | $ 773,642 | $ 810,981 | $ 159,394 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Net income | $ 994,677 | $ 1,021,294 | $ 333,040 |
| Other comprehensive (loss) income, net of tax: | | | |
| Unrealized (losses) gains on interest rate cap agreements: | | | |
| Unrealized (losses) gains | (16,346) | 1,151 | (133) |
| Reclassification into net income | 5,313 | 6,377 | 6,286 |
| Unrealized losses on foreign currency translation | (7,623) | (20,102) | (45,944) |
| Other comprehensive loss | (18,656) | (12,574) | (39,791) |
| Total comprehensive income | 976,021 | 1,008,720 | 293,249 |
| Less: Comprehensive income attributable to noncontrolling interests | (221,035) | (210,313) | (173,646) |
| Comprehensive income attributable to DaVita Inc. | $ 754,986 | $ 798,407 | $ 119,603 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED BALANCE SHEETS**
**(dollars and shares in thousands, except per share data)**

| | December 31, 2020 | December 31, 2019 |
|---|---|---|
| **ASSETS** | | |
| Cash and cash equivalents | $ 324,958 | $ 1,102,372 |
| Restricted cash and equivalents | 176,832 | 106,346 |
| Short-term investments | 20,101 | 11,572 |
| Accounts receivable | 1,824,282 | 1,795,598 |
| Inventories | 111,625 | 97,949 |
| Other receivables | 544,376 | 489,695 |
| Prepaid and other current assets | 76,387 | 66,866 |
| Income tax receivable | 70,163 | 19,772 |
| Total current assets | 3,148,724 | 3,690,170 |
| Property and equipment, net of accumulated depreciation | 3,521,824 | 3,473,384 |
| Operating lease right-of-use assets | 2,863,089 | 2,830,047 |
| Intangible assets, net of accumulated amortization | 166,585 | 135,684 |
| Equity method and other investments | 257,491 | 241,983 |
| Long-term investments | 32,193 | 36,519 |
| Other long-term assets | 79,501 | 115,972 |
| Goodwill | 6,919,109 | 6,787,635 |
| | $ 16,988,516 | $ 17,311,394 |
| **LIABILITIES AND EQUITY** | | |
| Accounts payable | $ 434,253 | $ 403,840 |
| Other liabilities | 810,529 | 756,174 |
| Accrued compensation and benefits | 685,555 | 695,052 |
| Current portion of operating lease liabilities | 369,497 | 343,912 |
| Current portion of long-term debt | 168,541 | 130,708 |
| Income tax payable | 7,768 | 42,412 |
| Total current liabilities | 2,476,143 | 2,372,098 |
| Long-term operating lease liabilities | 2,738,670 | 2,723,800 |
| Long-term debt | 7,917,263 | 7,977,526 |
| Other long-term liabilities | 150,060 | 160,809 |
| Deferred income taxes | 809,600 | 577,543 |
| Total liabilities | 14,091,736 | 13,811,776 |
| Commitments and contingencies | | |
| Noncontrolling interests subject to put provisions | 1,330,028 | 1,180,376 |
| Equity: | | |
| Preferred stock ($0.001 par value, 5,000 shares authorized; none issued) | | |
| Common stock ($0.001 par value, 450,000 shares authorized; 109,933 and 125,843 shares issued and outstanding at December 31, 2020 and 2019, respectively) | 110 | 126 |
| Additional paid-in capital | 597,073 | 749,043 |
| Retained earnings | 852,537 | 1,431,738 |
| Accumulated other comprehensive loss | (66,154) | (47,498) |
| Total DaVita Inc. shareholders' equity | 1,383,566 | 2,133,409 |
| Noncontrolling interests not subject to put provisions | 183,186 | 185,833 |
| Total equity | 1,566,752 | 2,319,242 |
| | $ 16,988,516 | $ 17,311,394 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF CASH FLOW**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | **2020** | **2019** | **2018** |
| **Cash flows from operating activities:** | | | |
| Net income | $ 994,677 | $ 1,021,294 | $ 333,040 |
| Adjustments to reconcile net income to net cash provided by operating activities: | | | |
| Depreciation and amortization | 630,435 | 615,152 | 591,035 |
| Impairment charges | — | 124,892 | 61,981 |
| Valuation adjustment on disposal group | — | — | 316,840 |
| Debt prepayment, refinancing and redemption charges | 86,957 | 33,402 | — |
| Stock-based compensation expense | 91,458 | 67,850 | 73,061 |
| Deferred income taxes | 240,848 | 41,723 | 273,660 |
| Equity investment income, net | 13,830 | 8,582 | 26,449 |
| Loss (gain) on sales of business interests, net | 24,248 | 23,022 | (85,699) |
| Other non-cash charges, net | 747 | 49,579 | 82,374 |
| Changes in operating assets and liabilities, net of effect of acquisitions and divestitures: | | | |
| Accounts receivable | (21,087) | (79,957) | (81,176) |
| Inventories | (12,349) | 10,158 | 73,505 |
| Other receivables and other current assets | (79,277) | 2,790 | 236,995 |
| Other long-term assets | (6,123) | 6,965 | 3,497 |
| Accounts payable | 37,200 | (84,539) | (35,959) |
| Accrued compensation and benefits | (20,931) | (14,697) | 84,165 |
| Other current liabilities | 105,637 | 181,940 | (157,462) |
| Income taxes | (87,391) | 95,645 | (23,635) |
| Other long-term liabilities | (19,851) | (31,446) | (1,031) |
| Net cash provided by operating activities | 1,979,028 | 2,072,355 | 1,771,640 |
| **Cash flows from investing activities:** | | | |
| Additions of property and equipment | (674,541) | (766,546) | (987,138) |
| Acquisitions | (182,013) | (100,861) | (183,156) |
| Proceeds from asset and business sales | 50,139 | 3,877,392 | 150,205 |
| Purchase of debt investments held-to-maturity | (150,701) | (101,462) | (5,963) |
| Purchase of other debt and equity investments | (3,757) | (5,458) | (8,448) |
| Proceeds from debt investments held-to-maturity | 151,213 | 95,376 | 34,862 |
| Proceeds from sale of other debt and equity investments | 3,491 | 3,676 | 9,526 |
| Purchase of equity method investments | (22,341) | (9,366) | (19,177) |
| Distributions from equity method investments | 3,139 | 2,589 | 3,646 |
| Net cash (used in) provided by investing activities | (825,371) | 2,995,340 | (1,005,643) |
| **Cash flows from financing activities:** | | | |
| Borrowings | 4,046,775 | 38,525,850 | 59,934,750 |
| Payments on long-term debt | (4,110,304) | (40,520,722) | (59,234,946) |
| Deferred financing and debt redemption costs | (105,848) | (85,319) | (5,027) |
| Purchase of treasury stock | (1,458,442) | (2,383,816) | (1,161,511) |
| Distributions to noncontrolling interests | (253,118) | (233,123) | (196,441) |
| Net (payments) receipts related to stock purchases and awards | (975) | 11,382 | 13,577 |
| Contributions from noncontrolling interests | 42,966 | 57,317 | 52,311 |
| Proceeds from sales of additional noncontrolling interest | — | — | 15 |
| Purchases of noncontrolling interests | (7,831) | (68,019) | (28,082) |
| Net cash used in financing activities | (1,846,777) | (4,696,450) | (625,354) |
| Effect of exchange rate changes on cash, cash equivalents and restricted cash | (13,808) | (1,760) | (3,350) |
| Net (decrease) increase in cash, cash equivalents and restricted cash | (706,928) | 369,485 | 137,293 |
| Less: Net (decrease) increase in cash, cash equivalents and restricted cash from discontinued operations | — | (423,813) | 240,793 |
| Net (decrease) increase in cash, cash equivalents and restricted cash from continuing operations | (706,928) | 793,298 | (103,500) |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 1,208,718 | 415,420 | 518,920 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 501,790 | $ 1,208,718 | $ 415,420 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY**
**(dollars and shares in thousands)**

| | | DaVita Inc. Shareholders' Equity | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Non-controlling interests subject to put provisions | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | Non-controlling interests not subject to put provisions |
| | | Shares | Amount | | | Shares | Amount | | | |
| Balance at December 31, 2017 | $ 1,011,360 | 182,462 | $ 182 | $ 1,042,899 | $ 3,633,713 | — | $ — | $ 13,235 | $ 4,690,029 | $ 196,037 |
| Cumulative effect of change in accounting principle | | | | | 8,368 | | | (8,368) | — | |
| Comprehensive income: | | | | | | | | | | |
| Net income | 105,531 | | | | 159,394 | | | | 159,394 | 68,115 |
| Other comprehensive income | | | | | | | | (39,791) | (39,791) | |
| Stock purchase plan | | 398 | — | 17,398 | | | | | 17,398 | |
| Stock award plan | | 371 | 1 | (5,335) | | | | | (5,334) | |
| Stock-settled stock-based compensation expense | | | | 73,081 | | | | | 73,081 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (119,173) | | | | | | | | | (77,268) |
| Contributions | 32,918 | | | | | | | | | 19,393 |
| Acquisitions and divestitures | 79,078 | | | 3,546 | | | | | 3,546 | 318 |
| Partial purchases | (8,546) | | | (17,897) | | | | | (17,897) | (1,639) |
| Fair value remeasurements | 23,473 | | | (23,473) | | | | | (23,473) | |
| Purchase of treasury stock | | | | | | (16,844) | (1,153,511) | | (1,153,511) | |
| Retirement of treasury stock | | (16,844) | (17) | (95,213) | (1,058,281) | 16,844 | 1,153,511 | | — | |
| Balance at December 31, 2018 | $ 1,124,641 | 166,387 | $ 166 | $ 995,006 | $ 2,743,194 | — | $ — | $ (34,924) | $ 3,703,442 | $ 204,956 |
| Cumulative effect of change in accounting principle | (38) | | | | 39,876 | | | | 39,876 | (6) |
| Comprehensive income: | | | | | | | | | | |
| Net income | 143,413 | | | | 810,981 | | | | 810,981 | 66,900 |
| Other comprehensive income | | | | | | | | (12,574) | (12,574) | |
| Stock purchase plan | | 315 | 1 | 16,569 | | | | | 16,570 | |
| Stock award plan | | 161 | — | (3,290) | | | | | (3,290) | |
| Stock-settled stock-based compensation expense | | | | 67,549 | | | | | 67,549 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (155,011) | | | | | | | | | (78,112) |
| Contributions | 35,572 | | | | | | | | | 21,745 |
| Acquisitions and divestitures | (6,332) | | | | | | | | | (10,170) |
| Partial purchases | (11,394) | | | (37,145) | | | | | (37,145) | (19,480) |
| Fair value remeasurements | 49,525 | | | (49,525) | | | | | (49,525) | |
| Purchase of treasury stock | | | | | | (41,020) | (2,402,475) | | (2,402,475) | |
| Retirement of treasury stock | | (41,020) | (41) | (240,121) | (2,162,313) | 41,020 | 2,402,475 | | — | |
| Balance at December 31, 2019 | $ 1,180,376 | 125,843 | $ 126 | $ 749,043 | $ 1,431,738 | — | $ — | $ (47,498) | $ 2,133,409 | $ 185,833 |

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY - continued**
**(dollars and shares in thousands)**

| | Non-controlling interests subject to put provisions | DaVita Inc. Shareholders' Equity | | | | | | | Non-controlling interests not subject to put provisions |
|---|---|---|---|---|---|---|---|---|---|
| | | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | |
| | | Shares | Amount | | | Shares | Amount | | | |
| Balance at December 31, 2019 | $ 1,180,376 | 125,843 | $ 126 | $ 749,043 | $ 1,431,738 | — | $ — | $ (47,498) | $ 2,133,409 | $ 185,833 |
| Comprehensive income: | | | | | | | | | | |
| Net income | 141,879 | | | | 773,642 | | | | 773,642 | 79,156 |
| Other comprehensive income | | | | | | | | (18,656) | (18,656) | |
| Stock purchase plan | | 222 | — | 17,148 | | | | | 17,148 | |
| Stock award plans | | 345 | — | (17,801) | | | | | (17,801) | |
| Stock-settled stock-based compensation expense | | | | 90,007 | | | | | 90,007 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (163,175) | | | | | | | | | (89,943) |
| Contributions | 30,154 | | | | | | | | | 12,812 |
| Acquisitions and divestitures | (3,215) | | | | | | | | | (248) |
| Partial purchases | (7,771) | | | 4,364 | | | | | 4,364 | (4,424) |
| Fair value remeasurements | 151,780 | | | (151,780) | | | | | (151,780) | |
| Purchase of treasury stock | | | | | | (16,477) | (1,446,767) | | (1,446,767) | |
| Retirement of treasury stock | | (16,477) | (16) | (93,908) | (1,352,843) | 16,477 | 1,446,767 | | — | |
| Balance at December 31, 2020 | $ 1,330,028 | 109,933 | $ 110 | $ 597,073 | $ 852,537 | — | $ — | $ (66,154) | $ 1,383,566 | $ 183,186 |

See notes to consolidated financial statements.

## 1. Organization and summary of significant accounting policies

*Organization*

The Company's operations are comprised of its dialysis and related lab services to patients in the United States (its U.S. dialysis business), its ancillary services and strategic initiatives including its international operations (collectively, its ancillary services), and its corporate administrative support.

The Company's largest line of business is its U.S. dialysis business, which operates kidney dialysis centers in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease (ESRD). As of December 31, 2020, the Company operated or provided administrative services through a network of 2,816 U.S. outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 204,200 patients. In addition, as of December 31, 2020, the Company operated or provided administrative services to a total of 321 outpatient dialysis centers serving approximately 36,200 patients located in ten countries outside of the U.S.

On June 19, 2019, the Company completed the sale of its DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented in these consolidated financial statements. For financial information about the DMG business, see Note 22.

The Company's U.S. dialysis business qualifies as a separately reportable segment and the Company's ancillary services, including its international operations, have been combined and disclosed in the other segments category.

*Basis of presentation*

These consolidated financial statements are prepared in accordance with United States generally accepted accounting principles (U.S. GAAP). The financial statements include DaVita Inc. and its subsidiaries, partnerships and other entities in which it maintains a majority voting or other controlling financial interest (collectively, the Company). All significant intercompany transactions and balances have been eliminated. Equity investments in investees over which the Company only has significant influence are recorded on the equity method, while investments in other equity securities are recorded at fair value or on the adjusted cost method, as applicable. For the Company's international subsidiaries, local currencies are considered their functional currencies. Translation adjustments result from translating the financial statements of the Company's international subsidiaries from their functional currencies into the Company's reporting currency (the U.S. dollar, or USD). Prior year classifications have been conformed to the current year presentation.

The Company has evaluated subsequent events through the date these consolidated financial statements were issued and has included all necessary adjustments and disclosures.

*Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions. Although actual results in subsequent periods will differ from these estimates, such estimates are developed based on the best information available to management and management's best judgments at the time. All significant assumptions and estimates underlying the amounts reported in the financial statements and accompanying notes are regularly reviewed and updated when necessary. Changes in estimates are reflected in the financial statements based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies.

The most significant assumptions and estimates underlying these consolidated financial statements and accompanying notes involve revenue recognition and accounts receivable, impairments of goodwill, accounting for income taxes, fair value estimates and loss contingencies. Specific estimating risks and contingencies are further addressed within these notes to the consolidated financial statements.

*Revenues*

On January 1, 2018, the Company adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic 606 *Revenue from Contracts with Customers* (Topic 606) using the cumulative effect method for those contracts that were not substantially completed as of January 1, 2018. Results for reporting periods beginning on and after January 1, 2018 are presented under Topic 606.

The adoption of this new standard primarily changed the Company's presentation of revenues, provision for uncollectible accounts and allowance for doubtful accounts. Topic 606 requires revenue to be recognized based on the Company's estimate of the transaction price the Company expects to collect as a result of satisfying its performance obligations. Accordingly, for performance obligations satisfied after the adoption of Topic 606, the Company no longer separately presents a provision for uncollectible accounts on the consolidated income statement and no longer presents the related allowance for doubtful accounts on the consolidated balance sheet. However, as a result of the Company's election to apply Topic 606 only to contracts not substantially completed as of January 1, 2018, the Company continued to maintain an allowance for doubtful accounts related to performance obligations satisfied prior to the adoption of Topic 606. Net collections or write-offs of accounts receivable generated prior to January 1, 2018, beyond amounts previously reserved thereon, are presented in the provision for uncollectible accounts on the consolidated income statement in accordance with Topic 605.

*Dialysis patient service revenues*

Revenues are recognized based on the Company's estimate of the transaction price the Company expects to collect as a result of satisfying its performance obligations. Dialysis patient service revenues are recognized in the period services are provided based on these estimates. Revenues consist primarily of payments from government and commercial health plans for dialysis services provided to patients. A usual and customary fee schedule is maintained for the Company's dialysis treatments and related lab services; however, actual collectible revenue is normally recognized at a discount from the fee schedule.

Revenues associated with Medicare and Medicaid programs are estimated based on: (a) the payment rates that are established by statute or regulation for the portion of payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, estimates of the amounts ultimately collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient.

Under Medicare's bundled payment rate system, services covered by Medicare are subject to estimating risk, whereby reimbursements from Medicare can vary significantly depending upon certain patient characteristics and other variable factors. Even with the bundled payment rate system, Medicare payments for bad debt claims as established by cost reports require evidence of collection efforts. As a result, billing and collection of Medicare bad debt claims can be delayed significantly and final payment is subject to audit. The Company's revenue recognition is estimated based on its judgment regarding its ability to collect, which depends upon its ability to effectively capture, document and bill for Medicare's base payment rate as well as these other variable factors.

Medicaid payments, when Medicaid coverage is secondary, can also be difficult to estimate. For many states, Medicaid payment terms and methods differ from Medicare, and may prevent accurate estimation of individual payment amounts prior to billing.

Revenues associated with commercial health plans are estimated based on contractual terms for the patients under healthcare plans with which the Company has formal agreements, non-contracted health plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in the Company's billing and collection processes that can result in denied claims for payments, delays in collections due to payor payment inefficiencies, and regulatory compliance matters.

Commercial revenue recognition also involves significant estimating risks. With many larger commercial insurers, the Company has several different contracts and payment arrangements, and these contracts often include only a subset of the Company's centers. In certain circumstances, it may not be possible to determine which contract, if any, should be applied prior to billing. In addition, for services provided by non-contracted centers, final collection may require specific negotiation of a payment amount, typically at a significant discount from the Company's usual and customary rates.

*Other revenues*

Other revenues consist of fees for management and administrative support services provided to outpatient dialysis businesses that the Company does not own or in which the Company owns a noncontrolling interest as well as revenues associated with the Company's non-dialysis ancillary services and strategic initiatives. Revenues associated with dialysis management services, integrated care services, clinical research programs, physician services, and ESRD seamless care organizations are estimated in the period services are provided. Revenues associated with pharmacy services until that business was closed in 2018 were estimated as prescriptions were filled and shipped to patients. Revenues associated with direct primary care until that business was sold in 2018 were estimated over the membership period.

*Other income*

Other income includes interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses.

*Cash and cash equivalents*

Cash equivalents are short-term highly liquid investments readily convertible to known amounts of cash that typically mature within three months or less at date of purchase.

*Restricted cash and equivalents*

Restricted cash and cash equivalents include funds held in trust to satisfy insurer and state regulatory requirements related to wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company as well as funds held in escrow for certain legal settlements pending finalization.

*Investments in debt and equity securities*

The Company classifies certain debt securities as held-to-maturity and records them at amortized cost based on the Company’s intentions and strategies concerning those investments. Equity securities that have readily determinable fair values or redemption values are recorded at estimated fair value with changes in fair value recognized in current earnings within "Other income, net". These debt and equity investments are classified as "short-term investments" or "long-term investments" on the Company's consolidated balance sheet. See Note 5 for further details.

*Inventories*

Inventories are stated at the lower of cost (first-in, first-out) or net realizable value and consist principally of pharmaceuticals and dialysis-related supplies. Rebates related to inventory purchases are recorded when earned and are based on certain qualification requirements which are dependent on a variety of factors including future pricing levels from the manufacturer and related data submission.

*Property and equipment*

Property and equipment is stated at cost less accumulated depreciation and amortization and is further reduced by any impairments. Maintenance and repairs are charged to expense as incurred. Disposition gains and losses are included in current operating expenses. Property and equipment assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Leases*

The Company leases substantially all of its U.S. dialysis facilities. The majority of the Company’s facilities are leased under non-cancellable operating leases which contain renewal options. These renewal options are included in the Company's determination of the right-of-use assets and related lease liabilities when renewal is considered reasonably certain at the commencement date. Certain of the Company's leases are subject to periodic consumer price increases or contain fixed escalation clauses.

The Company categorizes leases with contractual terms longer than twelve months as either operating or finance leases. Finance leases are generally those leases that allow the Company to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. The Company has elected the practical expedient to not separate lease components from non-lease components for its financing and operating leases. The Company has also elected the short-term lease recognition exemption and does not recognize right-of-use assets or lease liabilities for leases with a term of less than 12 months.

Financing and operating right-of-use assets are recognized based on the net present value of lease payments over the lease term plus expected renewals as of the commencement date. Since most of the Company's leases do not provide an implicit rate of return, the Company uses its incremental borrowing rate based on information available at the commencement date or remeasurement date in determining the present value of lease payments.

Assets acquired under finance leases are recorded on the balance sheet within property and equipment, net and liabilities for finance lease obligations are recorded within long-term debt. Finance lease assets are amortized to depreciation expense on a straight-line basis over the shorter of their estimated useful lives or the expected lease term.

Rights to use assets under operating leases are recorded on the balance sheet as operating lease right-of-use assets and liabilities for operating lease obligations are recorded as operating lease liabilities. Reductions in the carrying amount of operating lease right-of-use assets are recorded to rent expense over the lease term.

*Amortizable intangibles*

Amortizable intangible assets include noncompetition agreements, hospital service contracts, and customer relationships arising from other service contracts, each of which have finite useful lives. Amortization expense is computed using the straight-line method over the useful lives of the assets estimated as follows: non-competition agreements and hospital acute service contracts over the contract term, and customer relationships from other service contracts over the remaining contract term plus expected renewal periods. Amortizable intangible assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Indefinite-lived intangibles*

Indefinite-lived intangible assets include international licenses and accreditations that allow the Company to be reimbursed for providing dialysis services to patients, each of which has an indefinite useful life. Indefinite-lived intangibles are not amortized, but are assessed for impairment at least annually and whenever significant events or changes in circumstances indicate that an impairment may have occurred. Costs to renew indefinite-lived intangible assets are expensed as incurred.

*Equity method and other investments*

Equity investments that do not have readily determinable fair values are carried on the equity method if the Company maintains significant influence over the investee. Equity investments without readily determinable fair values for which the Company does not maintain significant influence over the investee are carried either at estimated fair value or on the adjusted cost method, as determined on an investment-specific basis. The adjusted cost method represents the Company's cost for an investment, net of any other-than-temporary impairments, as adjusted for any subsequent observation of the investment's fair value. These equity method and adjusted cost method investments are classified as “Equity method and other investments” on the Company's consolidated balance sheet. See Note 9 for further details.

Equity method and other investments are assessed for other-than-temporary impairment when significant events or changes in circumstances indicate that an other-than-temporary impairment may have occurred. An other-than-temporary impairment charge is recorded when the fair value of an investment has fallen below its carrying amount and the shortfall is expected to be indefinitely or permanently unrecoverable.

*Goodwill*

Goodwill represents the difference between the fair value of businesses acquired and the fair value of the identifiable tangible and intangible net assets acquired. Goodwill is not amortized, but is assessed by individual reporting unit for impairment as circumstances warrant and at least annually. An impairment charge is recognized when and to the extent a reporting unit's carrying amount is determined to exceed its fair value. The Company operates multiple reporting units. See Note 10 for further details.

*Self-insurance*

The Company predominantly self-insures its professional and general liability and workers' compensation risks through its wholly-owned captive insurance companies, with excess or reinsurance coverage for additional protection. The Company is also predominantly self-insured with respect to employee medical and other health benefits. The Company records insurance liabilities for the professional and general liability, workers’ compensation, and employee health benefit risks that it retains and estimates its liability for those risks using third party actuarial calculations that are based upon historical claims experience and expectations for future claims.

*Income taxes*

Federal and state income taxes are computed at currently enacted tax rates less tax credits using the asset and liability method. Deferred taxes are adjusted both for items that do not currently have tax consequences and for the cumulative effect of any changes in tax rates from those previously used to determine deferred tax assets or liabilities. Tax provisions include amounts that are currently payable, changes in deferred tax assets and liabilities that arise because of temporary differences between the timing of when items of income and expense are recognized for financial reporting and income tax purposes, changes in the recognition of tax positions and any changes in the valuation allowance caused by a change in judgment about

the realizability of the related deferred tax assets. A valuation allowance is established when necessary to reduce deferred tax assets to amounts expected to be realized.

The Company uses a recognition threshold of more-likely-than-not and a measurement attribute on all tax positions taken or expected to be taken in a tax return in order to be recognized in the financial statements. Once the recognition threshold is met, the tax position is then measured to determine the actual amount of benefit to recognize in the financial statements.

*Stock-based compensation*

The Company's stock-based compensation expense for stock-settled awards is measured at the estimated fair value of awards on the date of grant and recognized on a cumulative straight-line basis over the vesting terms of the awards, unless the stock awards are based on non-market based performance metrics, in which case expense is adjusted for the ultimate number of shares expected to be issued as of the end of each reporting period. Stock-based compensation expense for cash-settled awards is based on their estimated fair values as of the end of each reporting period. The expense for all stock-based awards is recognized net of expected forfeitures.

*Interest rate cap agreements*

The Company often carries a combination of current or forward interest rate caps on portions of its variable rate debt as a means of hedging its exposure to changes in LIBOR interest rates as part of its overall interest rate risk management strategy. These interest rate caps are not held for trading or speculative purposes and are designated as qualifying cash flow hedges. See Note 13 for further details.

*Noncontrolling interests*

Noncontrolling interests represent third-party equity ownership interests in entities which are consolidated by the Company for financial statement reporting purposes. As of December 31, 2020, third parties held noncontrolling equity interests in 688 consolidated legal entities.

*Fair value estimates*

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are determined based on the principal or most advantageous market for the item being measured, assume that buyers and sellers are independent, willing and able to transact, and knowledgeable, with access to all information customarily available in such a transaction, and are based on assumptions that market participants would use in pricing the item, not assumptions specific to the reporting entity.

The Company relies on fair value measurements and estimates for purposes that require the recording, reassessment, or adjustment of the carrying amounts of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity). These purposes can include the accounting for business combination transactions; impairment assessments for goodwill, other intangible assets, or other long-lived assets; recurrent revaluation of investments in debt and equity securities, contingent earn-out obligations, interest rate cap agreements, and noncontrolling interests subject to put provisions; and the accounting for equity method and other investments and stock-based compensation, as applicable. The Company has also classified its assets, liabilities and temporary equity into the appropriate fair value hierarchy levels as defined by the FASB. See Note 24 for further details.

*New accounting standards*

*New standards recently adopted*

In June 2016, the FASB issued ASU No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. The amendments in this ASU amend the impairment model to utilize an expected loss methodology in place of the incurred loss methodology for financial instruments and off-balance sheet credit exposures. The amendment requires entities to consider a broader range of information to estimate expected credit losses, which may result in earlier recognition of losses. The amendments in this ASU became effective for the Company beginning on January 1, 2020 and were applied using a modified retrospective basis. The adoption of ASU No. 2016-13 did not have a material impact on the Company's consolidated financial statements.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework -Changes to the Disclosure Requirements for Fair Value Measurement*. The applicable amendments in this ASU remove requirements for disclosures concerning transfers between fair value measurement levels 1, 2 and 3 and disclosures concerning

valuation processes for level 3 fair value measurements. The applicable amendments in this ASU also add a requirement to separately disclose the changes in unrealized gains and losses included in other comprehensive income for the reporting period for level 3 items measured at fair value on a recurring basis, and require disclosure of the range and weighted average of significant unobservable inputs used to develop level 3 fair value measurements. The amendments in this ASU became effective for the Company beginning on January 1, 2020 and were applied on a prospective basis. The adoption of this ASU did not have a material impact on the Company's consolidated financial statements.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles-Goodwill and Other-Internal Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*. ASU No. 2018-15 aligns the requirements for capitalizing implementation costs incurred in a cloud computing arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The Company adopted this ASU as of January 1, 2020, using the prospective transition approach, which allows the Company to change the accounting method without restating prior periods or booking cumulative adjustments. The adoption of ASU No. 2018-15 did not have a material impact on the Company's consolidated financial statements.

*New standards not yet adopted*

In December 2019, the FASB issued ASU 2019-12, *Income Taxes (Topic 740): Simplifying the Accounting for Income Taxes*. ASU 2019-12 attempts to simplify aspects of accounting for franchise taxes and enacted changes in tax laws or rates, and clarifies the accounting for transactions that result in a step-up in the tax basis of goodwill. ASU 2019-12 is effective for public business entities for fiscal years beginning after December 15, 2020, including interim periods within that fiscal year. Early adoption is permitted for all entities. The Company has evaluated the impact of this standard on its consolidated financial statements, including accounting policies, processes, and systems, and does not expect the impact to be material.

In March 2020, the FASB issued ASU No. 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*. ASU No. 2020-04 provides optional expedients and exceptions for applying U.S. GAAP to contract modifications and hedging relationships, subject to meeting certain criteria, that reference LIBOR or another rate that is expected to be discontinued. The amendments in this ASU were effective beginning on March 12, 2020, and the Company may elect to apply the amendments prospectively through December 31, 2022. The Company is currently assessing the effect this guidance may have on its consolidated financial statements.

## 2. Revenue recognition and accounts receivable

The Company's revenues by segment and primary payor source were as follows:

| | Year ended December 31, 2020 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,048,043 | $ | $ 6,048,043 |
| Medicaid and Managed Medicaid | 744,862 | | 744,862 |
| Other government | 455,897 | 380,584 | 836,481 |
| Commercial | 3,370,562 | 170,394 | 3,540,956 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 419,662 | 419,662 |
| Medicaid and Managed Medicaid | | 1,227 | 1,227 |
| Commercial | | 33,246 | 33,246 |
| Other[(1)] | 40,571 | 47,585 | 88,156 |
| Eliminations of intersegment revenues | (145,286) | (16,743) | (162,029) |
| **Total** | $ 10,514,649 | $ 1,035,955 | $ 11,550,604 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

| | Year ended December 31, 2019 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,129,697 | $ | $ 6,129,697 |
| Medicaid and Managed Medicaid | 669,089 | | 669,089 |
| Other government | 446,010 | 352,765 | 798,775 |
| Commercial | 3,286,089 | 144,256 | 3,430,345 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 264,538 | 264,538 |
| Medicaid and Managed Medicaid | | 606 | 606 |
| Commercial | | 130,823 | 130,823 |
| Other[(1)] | 32,021 | 78,940 | 110,961 |
| Eliminations of intersegment revenues | (132,325) | (14,030) | (146,355) |
| **Total** | $ 10,430,581 | $ 957,898 | $ 11,388,479 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

| | Year ended December 31, 2018 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,063,891 | $ | $ 6,063,891 |
| Medicaid and Managed Medicaid | 628,766 | | 628,766 |
| Other government | 446,999 | 335,594 | 782,593 |
| Commercial | 3,176,413 | 101,681 | 3,278,094 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 492,812 | 492,812 |
| Medicaid and Managed Medicaid | | 44,246 | 44,246 |
| Commercial | | 90,890 | 90,890 |
| Other[(1)] | 19,880 | 130,865 | 150,745 |
| Eliminations of intersegment revenues | (92,950) | (34,236) | (127,186) |
| **Total** | $ 10,242,999 | $ 1,161,852 | $ 11,404,851 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other revenue from the Company's ancillary services.

The Company had no allowance for doubtful accounts related to performance obligations satisfied in years prior to January 1, 2018 as of December 31, 2020 and such allowance was $8,328 as of December 31, 2019.

As described in Note 1, there are significant risks associated with estimating revenue, many of which take several years to resolve. These estimates are subject to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, as well as patient issues including determining applicable primary and secondary coverage, changes in patient coverage and coordination of benefits. As these estimates are refined over time, both positive and negative adjustments to revenue are recognized in the current period. As a result of these changes in estimates, no additional revenue was recognized during the year ended December 31, 2020 associated with performance obligations satisfied prior to January 1, 2018 and additional revenue of $37,274 was recognized during the year ended December 31, 2019 associated with performance obligations satisfied in years prior to January 1, 2018.

There is no single commercial payor that accounted for more than 10% of total consolidated accounts receivable or consolidated revenues at or for the years ended December 31, 2020 or 2019.

Net dialysis services accounts receivable and other receivables from Medicare, including Medicare Advantage plans, and Medicaid, including managed Medicaid plans, were approximately $1,101,837 and $1,038,248 as of December 31, 2020 and 2019, respectively. Approximately 17% and 18% of the Company's net patient services accounts receivable balances as of December 31, 2020 and 2019, respectively, were more than six months old. There were no significant balances over one year old at December 31, 2020. The Company's accounts receivable are principally due from Medicare and Medicaid programs and commercial insurance plans.

## 3. Earnings per share

Basic earnings per share is calculated by dividing net income attributable to the Company by the weighted average number of common shares outstanding, reduced for 2018 by the weighted average shares held in escrow that under certain circumstances may have been returned to the Company. Weighted average common shares outstanding include restricted stock unit awards that are no longer subject to forfeiture because the recipients have satisfied either their explicit vesting terms or retirement eligibility requirements.

Diluted earnings per share includes the dilutive effect of outstanding stock-settled stock appreciation rights and unvested stock units (under the treasury stock method) and, for 2018, the weighted average contingently returnable shares held in escrow that were outstanding during the period.

The reconciliations of the numerators and denominators used to calculate basic and diluted earnings per share were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| **Net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations | $ 783,295 | $ 706,832 | $ 624,321 |
| Discontinued operations | (9,653) | 104,149 | (464,927) |
| Net income attributable to DaVita Inc. | $ 773,642 | $ 810,981 | $ 159,394 |
| **Weighted average shares outstanding:** | | | |
| During the period | 119,797 | 153,181 | 171,886 |
| Contingently returnable[1] | — | — | (1,100) |
| Basic shares | 119,797 | 153,181 | 170,786 |
| Contingently returnable[1] | — | — | 1,100 |
| Assumed incremental from stock plans | 2,826 | 631 | 479 |
| Diluted shares | 122,623 | 153,812 | 172,365 |
| **Basic net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations per share | $ 6.54 | $ 4.61 | $ 3.66 |
| Discontinued operations per share | (0.08) | 0.68 | (2.73) |
| Basic net income per share attributable to DaVita Inc. | $ 6.46 | $ 5.29 | $ 0.93 |
| **Diluted net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations per share | $ 6.39 | $ 4.60 | $ 3.62 |
| Discontinued operations per share | (0.08) | 0.67 | (2.70) |
| Diluted net income per share attributable to DaVita Inc. | $ 6.31 | $ 5.27 | $ 0.92 |
| Anti-dilutive stock-settled awards excluded from calculation[2] | 2,301 | 5,936 | 5,295 |

(1) Shares previously held in escrow for the DaVita HealthCare Partners merger.

(2) Shares associated with stock awards excluded from the diluted denominator calculation because they were anti-dilutive under the treasury stock method.

## 4. Restricted cash and equivalents

The Company had restricted cash and cash equivalents of $176,832 and $106,346 at December 31, 2020 and 2019, respectively. Approximately $92,286 of the balance at December 31, 2020 represents restricted cash equivalents held in trust to satisfy insurer and state regulatory requirements related to the wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company and $70,000 represents cash held in escrow to fund a previously announced legal settlement pending finalization. The remaining restricted cash and cash equivalents held at December 31, 2020 primarily represents cash pledged to third parties in connection with one of the Company's ancillary services.

## 5. Short-term and long-term investments

The Company’s short-term and long-term investments, consisting of debt instruments classified as held-to-maturity and equity investments with readily determinable fair values or redemption values, were as follows:

| | December 31, 2020 | | | December 31, 2019 | | |
|---|---|---|---|---|---|---|
| | Debt securities | Equity securities | Total | Debt securities | Equity securities | Total |
| Certificates of deposit and other time deposits | $ 8,217 | $ — | $ 8,217 | $ 8,140 | $ — | $ 8,140 |
| Investments in mutual funds and common stock | — | 44,077 | 44,077 | — | 39,951 | 39,951 |
| | $ 8,217 | $ 44,077 | $ 52,294 | $ 8,140 | $ 39,951 | $ 48,091 |
| Short-term investments | $ 8,217 | $ 11,884 | $ 20,101 | $ 8,140 | $ 3,432 | $ 11,572 |
| Long-term investments | — | 32,193 | 32,193 | — | 36,519 | 36,519 |
| | $ 8,217 | $ 44,077 | $ 52,294 | $ 8,140 | $ 39,951 | $ 48,091 |

*Debt securities:* The Company's short-term debt investments are principally bank certificates of deposit with contractual maturities longer than three months but shorter than one year. These debt securities are accounted for as held-to-maturity and recorded at amortized cost, which approximated their fair values at December 31, 2020 and 2019.

*Equity securities:* The Company's equity investments in mutual funds and common stock are held within a trust to fund existing obligations associated with several of the Company’s non-qualified deferred compensation plans. During 2020, the Company recognized pre-tax net gains of $3,818 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $1,941 and a net increase in unrealized gains of $1,877. During 2019, the Company recognized pre-tax net gains of $4,383 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $1,459 and a net increase in unrealized gains of $2,924.

## 6. Other receivables

Other receivables were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Supplier rebates and non-trade receivables | $ 390,508 | $ 351,650 |
| Medicare bad debt claims | 153,868 | 138,045 |
| | $ 544,376 | $ 489,695 |

## 7. Property and equipment

Property and equipment were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Land | $ 37,924 | $ 36,480 |
| Buildings | 400,616 | 392,256 |
| Leasehold improvements | 3,865,729 | 3,545,224 |
| Equipment and information systems, including internally developed software | 3,081,298 | 2,880,645 |
| New center and capital asset projects in progress | 616,686 | 588,345 |
| | 8,002,253 | 7,442,950 |
| Less accumulated depreciation | (4,480,429) | (3,969,566) |
| | $ 3,521,824 | $ 3,473,384 |

Depreciation and amortization expenses are computed using the straight-line method over the useful lives of the assets estimated as follows: buildings, 25 years to 40 years; leasehold improvements, the shorter of ten years or the expected lease term; and equipment and information systems, principally three years to 15 years. Depreciation expense on property and equipment was $616,626, $600,905, and $574,799 for 2020, 2019 and 2018, respectively.

Interest on debt incurred during the development of new centers and other capital asset projects is capitalized as a component of the asset cost based on the respective in-process capital asset balances. Interest capitalized was $17,944, $27,322 and $25,978 for 2020, 2019 and 2018, respectively.

During 2018, the Company recognized asset impairment charges of $17,338 related to the restructuring of its pharmacy business.

## 8. Intangible assets

Intangible assets other than goodwill were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Indefinite-lived licenses | $ 100,138 | $ 90,209 |
| Noncompetition agreements | 84,022 | 103,510 |
| Customer relationships and other | 52,566 | 23,887 |
| | 236,726 | 217,606 |
| Less accumulated amortization | (70,141) | (81,922) |
| | $ 166,585 | $ 135,684 |

Noncompetition agreements are generally amortized over three years to 10 years and customer relationships are principally amortized over 10 years to 20 years. Amortization expense from amortizable intangible assets was $13,809, $14,247, and $16,236 for 2020, 2019 and 2018, respectively.

For the years ended December 31, 2020, 2019 and 2018, the Company recognized no impairment charges on any intangible assets other than the goodwill impairment charges discussed in Note 10.

Scheduled amortization expenses from amortizable intangible assets as of December 31, 2020 were as follows:

| | Noncompetition agreements | Customer relationships and other |
|---|---|---|
| 2021 | $ 10,274 | $ 3,143 |
| 2022 | 6,680 | 3,139 |
| 2023 | 3,883 | 3,102 |
| 2024 | 1,714 | 2,851 |
| 2025 | 585 | 2,660 |
| Thereafter | 168 | 28,248 |
| Total | $ 23,304 | $ 43,143 |

## 9. Equity method and other investments

The Company maintains equity method and other minor investments in the private securities of certain other healthcare and healthcare-related businesses, comprised as follows:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| APAC joint venture | $ 120,787 | $ 116,924 |
| Other equity method partnerships | 107,599 | 114,611 |
| Adjusted cost method and other investments | 29,105 | 10,448 |
| | $ 257,491 | $ 241,983 |

During 2020, 2019 and 2018, the Company recognized equity investment income (loss) of $26,916, $12,679 and $(4,484), respectively, from its equity method investments in nonconsolidated businesses.

The Company's largest equity method investment is its ownership interest in DaVita Care Pte. Ltd. (the APAC joint venture, or APAC JV). The Company holds a 75% voting and economic interest in the APAC JV and an unrelated noncontrolling investor holds the other 25% voting and economic interest in the joint venture. During 2019 the continuing third party noncontrolling investor made its final subscribed capital contribution to the joint venture and the other previous third party noncontrolling investor elected to exit the joint venture. The governance structure and voting rights established for the APAC JV, which remain unchanged since its formation on August 1, 2016, provide that certain key decisions affecting the joint venture’s operations are not subject to the unilateral discretion of the Company but rather are under the joint control of the Company and the APAC JV's unrelated noncontrolling investor. As a result, the Company does not consolidate the APAC JV.

Prior to the transactions described above, the Company held a 60% voting interest and a 73.3% economic interest in the APAC JV, while the other two noncontrolling investors collectively held a 40% voting interest and a 26.7% economic interest in the APAC JV.

The Company's other equity method investments include 22 legal entities over which the Company has significant influence but in which it does not maintain a controlling financial interest. Almost all of these are U.S. dialysis partnerships in the form of limited liability companies. The Company's ownership interests in these partnerships vary, but typically range from 30% to 50%.

There were no significant impairments or other valuation adjustments on the Company's adjusted cost method and other investments during 2020, 2019 or 2018.

## 10. Goodwill

Changes in the carrying value of goodwill by reportable segment were as follows:

| | U.S. dialysis | Other - Ancillary services | Consolidated |
|---|---|---|---|
| Balance at December 31, 2018 | $ 6,275,004 | $ 566,956 | $ 6,841,960 |
| Acquisitions | 18,089 | 72,137 | 90,226 |
| Impairment charges | — | (124,892) | (124,892) |
| Foreign currency and other adjustments | (5,993) | (13,666) | (19,659) |
| Balance at December 31, 2019 | $ 6,287,100 | $ 500,535 | $ 6,787,635 |
| Acquisitions | 24,377 | 105,680 | 130,057 |
| Divestitures | (1,549) | (6,744) | (8,293) |
| Foreign currency and other adjustments | — | 9,710 | 9,710 |
| Balance at December 31, 2020 | $ 6,309,928 | $ 609,181 | $ 6,919,109 |
| | | | |
| Balance at December 31, 2020: | | | |
| Goodwill | $ 6,309,928 | $ 745,732 | $ 7,055,660 |
| Accumulated impairment charges | — | (136,551) | (136,551) |
| | $ 6,309,928 | $ 609,181 | $ 6,919,109 |

As dialysis treatments are an essential, life-sustaining service for patients who depend on them, the Company's operations have continued and are currently expected to continue throughout the novel coronavirus (COVID-19) pandemic. However, the ultimate impact of the dynamic and evolving COVID-19 pandemic on the Company will depend on future developments that are highly uncertain and difficult to predict, including among other things the severity and duration of the pandemic, further spread or resurgence of the virus, including as a result of the emergence of the new strains of the virus, its impact on the chronic kidney disease (CKD) patient population and the Company's patient population, the availability, acceptance, impact and efficacy of COVID-19 treatments, therapies and vaccines, the pandemic's continuing impact on the U.S. and global economies and unemployment, the responses of the Company's competitors to the pandemic and related changes in the marketplaces, and the timing, scope and effectiveness of governmental responses. While the Company does not currently expect a material adverse impact to its business as a result of this public health crisis, there can be no assurance that the COVID-19 pandemic will not have a material adverse impact on one or more of the Company's businesses.

Each of the Company’s operating segments described in Note 25 to these consolidated financial statements represents an individual reporting unit for goodwill impairment assessment purposes.

Within the U.S. dialysis operating segment, the Company considers each of its dialysis centers to constitute an individual business for which discrete financial information is available. However, since these dialysis centers have similar operating and economic characteristics, and the allocation of resources and significant investment decisions concerning these businesses are highly centralized and the benefits broadly distributed, the Company has aggregated these centers and deemed them to constitute a single reporting unit.

The Company has applied a similar aggregation to the physician practices in its physician services reporting units, to the dialysis centers and other health operations within each international reporting unit, and to the vascular access service centers in its former vascular access services reporting unit. For the Company’s other operating segments, discrete business components below the operating segment level constitute individual reporting units.

When performing quantitative goodwill impairment assessments, the Company estimates fair value using either appraisals developed with an independent third party valuation firm which consider both discounted cash flow estimates for the subject business and observed market multiples for similar businesses, or offer prices received for the subject business that would be acceptable to the Company.

During the year ended December 31, 2019, the Company recognized goodwill impairment charges of $119,476 in its Germany kidney care business. These charges resulted primarily from a decline in then current and expected future patient census and an increase in then current and expected future costs, including due to wage increases expected to result from legislation announced at that time. The changes in the Company's expectations were informed by developments in the business in response to evolving market conditions, including changes in the Company's expected timing and ability to mitigate them,

and based on in-depth operating and strategic reviews completed by the Company's new Germany management team. During the year ended December 31, 2019 the Company also recognized a goodwill impairment charge of $5,416 in its German other health operations.

Based on its most recent assessments, the Company determined that further changes in expected patient census, increases in operating costs, reductions in reimbursement rates, changes in actual or expected growth rates, or other significant adverse changes in expected future cash flows or valuation assumptions could result in goodwill impairment charges in the future for the following reporting unit, which remains at risk of goodwill impairment as of December 31, 2020:

| | | | Sensitivities | |
|---|---|---|---|---|
| Reporting unit | Goodwill balance | Carrying amount coverage[1] | Operating income[2] | Discount rate[3] |
| Germany kidney care | $ 322,736 | 2.3 % | (1.5)% | (10.1)% |

(1) Excess of estimated fair value of the reporting unit over its carrying amount as of the latest assessment date.

(2) Potential impact on estimated fair value of a sustained, long-term reduction of 3% in operating income as of the latest assessment date.

(3) Potential impact on estimated fair value of an increase in discount rates of 100 basis points as of the latest assessment date.

Except as described above, none of the Company’s other reporting units were considered at risk of significant goodwill impairment as of December 31, 2020. Since the dates of the Company’s last annual goodwill impairment assessments, there have been certain developments, events, changes in operating performance and other changes in key circumstances that have affected the Company’s businesses. However, these have not caused management to believe it is more likely than not that the fair values of any of the Company’s reporting units would be less than their respective carrying amounts as of December 31, 2020.

## 11. Other liabilities

Other liabilities were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Payor refunds and retractions | $ 371,183 | $ 377,044 |
| Insurance and self-insurance accruals | 54,438 | 58,941 |
| Accrued interest | 30,066 | 54,899 |
| Accrued non-income tax liabilities | 39,075 | 36,285 |
| Other | 315,767 | 229,005 |
| | $ 810,529 | $ 756,174 |

## 12. Income taxes

The Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse.

Income before income taxes from continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Domestic | $ 1,287,976 | $ 1,307,299 | $ 1,083,578 |
| International | 30,286 | (111,860) | (35,100) |
| | $ 1,318,262 | $ 1,195,439 | $ 1,048,478 |

Income tax expense for continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Current: | | | |
| Federal | $ 47,171 | $ 208,339 | $ 140,064 |
| State | 21,442 | 58,026 | 32,990 |
| International | 17,481 | 15,545 | 7,557 |
| Total current income tax | 86,094 | 281,910 | 180,611 |
| Deferred: | | | |
| Federal | 198,623 | 44,263 | 52,034 |
| State | 27,206 | (25,836) | 21,096 |
| International | 2,009 | (20,709) | 4,659 |
| Total deferred income tax | 227,838 | (2,282) | 77,789 |
| | $ 313,932 | $ 279,628 | $ 258,400 |

Income taxes are allocated between continuing and discontinued operations as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Continuing operations | $ 313,932 | $ 279,628 | $ 258,400 |
| Discontinued operations | 1,657 | 40,689 | 99,768 |
| | $ 315,589 | $ 320,317 | $ 358,168 |

The reconciliation between the Company’s effective tax rate from continuing operations and the U.S. federal income tax rate is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Federal income tax rate | 21.0 % | 21.0 % | 21.0 % |
| State income taxes, net of federal benefit | 3.4 | 2.3 | 4.1 |
| Change in International valuation allowance | 1.5 | 1.3 | 0.9 |
| Political advocacy costs | 1.7 | 0.2 | 2.3 |
| Nondeductible executive compensation | 1.2 | 0.8 | 0.7 |
| Unrecognized tax benefits | 0.4 | 2.4 | 0.2 |
| Other | (0.6) | 0.3 | — |
| Impact of noncontrolling interests primarily attributable to non-tax paying entities | (4.8) | (4.9) | (4.6) |
| Effective tax rate | 23.8 % | 23.4 % | 24.6 % |

Deferred tax assets and liabilities arising from temporary differences for continuing operations were as follows:

| | December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Receivables | $ 9,324 | $ 19,095 |
| Accrued liabilities | 64,982 | 64,458 |
| Operating lease liabilities | 584,656 | 580,110 |
| Net operating loss carryforwards | 167,398 | 139,690 |
| Other | 62,110 | 55,108 |
| Deferred tax assets | 888,470 | 858,461 |
| Valuation allowance | (114,824) | (91,925) |
| Net deferred tax assets | 773,646 | 766,536 |
| Intangible assets | (634,736) | (563,914) |
| Property and equipment | (274,742) | (162,628) |
| Operating lease assets | (532,082) | (527,056) |
| Investments in partnerships | (101,996) | (64,960) |
| Other | (39,690) | (25,521) |
| Deferred tax liabilities | (1,583,246) | (1,344,079) |
| Net deferred tax liabilities | $ (809,600) | $ (577,543) |

At December 31, 2020, the Company had federal net operating loss carryforwards of approximately $99,657 that expire through 2036, although a substantial amount expire by 2029. The Company also had state net operating loss carryforwards of $488,070, some of which have an indefinite life, although a substantial amount expire by 2040 and international net operating loss carryforwards of $296,451, some of which will begin to expire in 2021 though the majority have an indefinite life. The Company has a state capital loss carryover of $297,748, the majority of which expires in 2024. The utilization of a portion of these losses may be limited in future years based on the profitability of certain entities. A valuation allowance is recorded to account for the unrealizable balances in the table above. The net increase of $22,899 in the valuation allowance is primarily due to newly created net operating loss carryforwards in state and foreign jurisdictions that the Company does not anticipate being able to utilize.

The Company's foreign earnings continue to be indefinitely reinvested as of December 31, 2020. As a result of the passage of the Tax Cuts and Jobs Act (2017 Tax Act), the Company does not expect such earnings to be taxable if remitted.

*Unrecognized tax benefits*

A reconciliation of the beginning and ending liability for unrecognized tax benefits that do not meet the more-likely-than-not threshold is as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Beginning balance | $ 68,214 | $ 40,382 |
| Additions for tax positions related to current year | 2,293 | 3,378 |
| Additions for tax positions related to prior years | 258 | 24,722 |
| Reductions related to lapse of applicable statute | (133) | (268) |
| Reductions related to settlements with taxing authorities | (430) | — |
| Ending balance | $ 70,202 | $ 68,214 |

As of December 31, 2020, the Company’s total liability for unrecognized tax benefits relating to tax positions that do not meet the more-likely-than-not threshold is $70,202, of which $66,607 would impact the Company’s effective tax rate if recognized. This balance represents an increase of $1,988 from the December 31, 2019 balance of $68,214.

The Company recognizes accrued interest and penalties related to unrecognized tax benefits in income tax expense. At December 31, 2020 and 2019, the Company had approximately $17,864 and $14,428, respectively, accrued for interest and penalties related to unrecognized tax benefits, net of federal tax benefit.

The Company and its subsidiaries file U.S. federal and state income tax returns and various foreign income tax returns. The Company is no longer subject to U.S. federal and state examinations by tax authorities for years before 2014 and 2009, respectively. In addition to being under audit in various state and local tax jurisdictions, the Company's federal tax returns are under audit by the Internal Revenue Service for the years 2014-2017.

## 13. Long-term debt

Long-term debt was comprised of the following:

| | December 31, | | | As of December 31, 2020 | |
|---|---|---|---|---|---|
| | 2020 | 2019 | Maturity date | Interest rate | Estimated fair value[1] |
| Senior Secured Credit Facilities: | | | | | |
| Term Loan A | $ 1,684,375 | $ 1,739,063 | 8/12/2024 | LIBOR + 1.50% | $ 1,675,953 |
| Term Loan B-1 | 2,715,694 | — | 8/12/2026 | LIBOR + 1.75% | 2,702,115 |
| Term Loan B | — | 2,743,125 | 8/12/2026 | | |
| Revolving line of credit[2] | 75,000 | — | 8/12/2024 | ABR + 0.50% | $ 75,000 |
| Senior Notes: | | | | | |
| 4.625% Senior Notes | 1,750,000 | — | 6/1/2030 | 4.625 % | $ 1,859,375 |
| 3.75% Senior Notes | 1,500,000 | — | 2/15/2031 | 3.75 % | $ 1,522,500 |
| 5.125% Senior Notes | — | 1,750,000 | 7/15/2024 | | |
| 5.0% Senior Notes | — | 1,500,000 | 5/1/2025 | | |
| Acquisition obligations and other notes payable[3] | 164,160 | 180,352 | 2021-2036 | 4.88 % | $ 164,160 |
| Financing lease obligations[4] | 274,292 | 268,534 | 2021-2038 | 5.1 % | |
| Total debt principal outstanding | 8,163,521 | 8,181,074 | | | |
| Discount and deferred financing costs[5] | (77,717) | (72,840) | | | |
| | 8,085,804 | 8,108,234 | | | |
| Less current portion | (168,541) | (130,708) | | | |
| | $ 7,917,263 | $ 7,977,526 | | | |

(1) For the Company's senior secured credit facilities and senior notes, fair value estimates are based upon bid and ask quotes, typically a level 2 input. For acquisition obligations and other notes payable, the carrying values presented here approximate their estimated fair values, based on estimates of their present values using level 2 interest rate inputs.

(2) The Company's interest rate for its revolving line of credit as of December 31, 2020 was based on an Alternate Base Rate (ABR or Prime Rate) plus 0.50%, or 3.75%. Effective January 6, 2021 this was converted to a LIBOR-based rate of LIBOR plus 1.50%.

(3) The interest rate presented for acquisition obligations and other notes payable is their weighted average interest rate based on the current fixed and LIBOR interest rate components in effect as of December 31, 2020.

(4) Financing lease obligations are measured at their approximate present values at inception. The interest rate presented is the weighted average discount rate embedded in financing leases outstanding. The term of one ground lease runs to 2070, in addition to the other lease maturity dates presented in the table above.

(5) As of December 31, 2020, the carrying amount of the Company's senior secured credit facilities includes a discount of $5,461 and deferred financing costs of $35,825 and the carrying amount of the Company's senior notes includes deferred financing costs of $36,431. As of December 31, 2019, the carrying amount of the Company's senior secured credit facilities included a discount of $6,457 and deferred financing costs of $45,444, and the carrying amount of the Company's senior notes included deferred financing costs of $20,939.

Scheduled maturities of long-term debt at December 31, 2020 were as follows:

| | | |
|---|---|---|
| 2021 | $ | 168,541 |
| 2022 | $ | 169,782 |
| 2023 | $ | 227,062 |
| 2024 | $ | 1,496,892 |
| 2025 | $ | 69,440 |
| Thereafter | $ | 6,031,804 |

On February 13, 2020, the Company entered into an amendment (the Repricing Amendment) to refinance and reprice its senior secured Term Loan B with a senior secured Term Loan B-1 that bears interest at a rate equal to LIBOR plus an applicable margin of 1.75% and matures on August 12, 2026. The Repricing Amendment did not change the interest rate on the Term Loan A or the revolving line of credit. No additional debt was incurred, nor any additional proceeds received, by the Company in connection with the Repricing Amendment. The majority of the Company's Term Loan B debt was considered modified in this transaction. As a result, the Company recognized debt refinancing charges of $2,948 in the year ended December 31, 2020 comprised partially of fees incurred on this transaction and partially of deferred financing costs written off for the portion of debt considered extinguished and reborrowed. For the portion of the Term Loan B debt that was considered extinguished and reborrowed in this refinancing, the Company recognized $68,842 in constructive financing cash outflows and financing cash inflows on the statement of cash flows, even though no funds were actually paid or received. Another $55,895 of the debt considered extinguished in this refinancing represented a non-cash financing activity.

During the year ended December 31, 2020, the Company made regularly scheduled mandatory principal payments under its senior secured credit facilities totaling $54,688 on Term Loan A and $27,431 on Term Loan B-1.

On June 9, 2020, the Company issued $1,750,000 aggregate principal amount of 4.625% senior notes due 2030 (the 4.625% Senior Notes) in a private offering pursuant to Rule 144A and Regulation S under the Securities Act of 1933, as amended. The 4.625% Senior Notes pay interest on June 1 and December 1 of each year beginning December 1, 2020. The 4.625% Senior Notes are unsecured senior obligations and rank equally in right of payment with the Company's existing and future unsecured senior indebtedness. The 4.625% Senior Notes are guaranteed by each of the Company’s domestic subsidiaries that guarantee its senior secured credit facilities. The Company may redeem up to 40% of the aggregate principal amount of the 4.625% Senior Notes at any time prior to June 1, 2023 at 104.625% of the aggregate principal amount from the proceeds of one or more equity offerings, plus accrued and unpaid interest. In addition, the Company may redeem the 4.625% Senior Notes at any time prior to June 1, 2025 at a make-whole redemption price plus accrued and unpaid interest or, on and after such date, at certain redemption prices specified in the indenture governing these notes plus accrued and unpaid interest. The 4.625% Senior Notes contain restrictive covenants that limit the ability of the Company and its guarantors to, among other things, create certain liens, enter into certain sale/leaseback transactions, or merge, consolidate or sell all or substantially all of their assets. The 4.625% Senior Notes and related subsidiary guarantees do not have any registration or similar rights and are not expected to be registered for exchange on public markets. During the year ended December 31, 2020, the Company incurred $20,386 in fees, discounts and other professional expenses associated with this transaction that were capitalized and will amortize over the term of the 4.625% Senior Notes.

On July 15, 2020, the Company used the net proceeds from these 4.625% Senior Notes, together with cash on hand, to redeem in full all $1,750,000 aggregate principal amount outstanding of its 5.125% Senior Notes plus accrued interest and redemption premium. The Company incurred debt redemption premium charges of $29,890 and deferred financing cost write-offs of $9,764 in connection with this redemption.

On August 11, 2020, the Company issued $1,500,000 aggregate principal amount of 3.75% senior notes due 2031 (the 3.75% Senior Notes) in a private offering pursuant to Rule 144A and Regulation S under the Securities Act of 1933, as amended. The 3.75% Senior Notes pay interest on February 15 and August 15 of each year beginning February 15, 2021. The 3.75% Senior Notes are unsecured senior obligations and rank equally in right of payment with the Company's existing and future unsecured senior indebtedness. The 3.75% Senior Notes are guaranteed by each of the Company’s domestic subsidiaries that guarantee its senior secured credit facilities. The Company may redeem up to 40% of the aggregate principal amount of the 3.75% Senior Notes at any time prior to August 15, 2023 at 103.75% of the aggregate principal amount from the proceeds of one or more equity offerings, plus accrued and unpaid interest. In addition, the Company may redeem the 3.75% Senior Notes at any time prior to February 15, 2026 at a make-whole redemption price plus accrued and unpaid interest or, on and after such date, at certain redemption prices specified in the indenture governing these notes plus accrued and unpaid interest. The 3.75% Senior Notes contain restrictive covenants that limit the ability of the Company and its guarantors to, among other things, create

certain liens, enter into certain sale/leaseback transactions, or merge, consolidate or sell all or substantially all of their assets. The 3.75% Senior Notes and related subsidiary guarantees do not have any registration or similar rights and are not expected to be registered for exchange on public markets. During the year ended December 31, 2020, the Company incurred $17,936 in fees, discounts and other professional expenses associated with this transaction that were capitalized and will amortize over the term of the 3.75% Senior Notes.

On August 21, 2020, the Company used the net proceeds from these 3.75% Senior Notes, together with cash on hand, to redeem in full all $1,500,000 aggregate principal amount outstanding of its 5.0% Senior Notes plus accrued interest and redemption premium. The Company incurred debt redemption premium charges of $37,500 and deferred financing cost write-offs of $8,866 in connection with this redemption.

The Company's 2015 interest rate cap agreements expired on June 30, 2020, at which time the Company's 2019 cap agreements became effective. As of December 31, 2020, the Company maintains several interest rate cap agreements that have the economic effect of capping the Company's maximum exposure to LIBOR variable interest rate changes on specific portions of the Company's floating rate debt, including all of the Term Loan B-1 and a portion of the Term Loan A. The remaining $900,069 outstanding principal balance of the Term Loan A and the $75,000 outstanding balance of the revolving line of credit are subject to LIBOR-based interest rate volatility. The cap agreements are designated as cash flow hedges and, as a result, changes in their fair values are reported in other comprehensive income. The amortization of the original cap premium is recognized as a component of debt expense on the interest method over the terms of the cap agreements. These cap agreements do not contain credit-risk contingent features.

The following table summarizes the Company’s interest rate cap agreements outstanding as of December 31, 2020 and December 31, 2019, which are classified in "Other long-term assets" on its consolidated balance sheet:

| | | | | | Year ended December 31, 2020 | | December 31, | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 2020 | 2019 |
| | Notional amount | LIBOR maximum rate | Effective date | Expiration date | Debt expense | Recorded OCI loss | Fair value | |
| 2019 cap agreements | $ 3,500,000 | 2.00% | 6/30/2020 | 6/30/2024 | $ 2,755 | $ (21,781) | $ 2,671 | $ 24,452 |
| 2015 cap agreements | $ 3,500,000 | 3.50% | 6/29/2018 | 6/30/2020 | $ 4,326 | $ — | $ — | $ — |

The following table summarizes the effects of the Company’s interest rate cap agreements for the years ended December 31, 2020, 2019 and 2018:

| | Amount of unrealized (losses) gains in OCI on interest rate cap agreements | | | | Reclassification from accumulated other comprehensive income into net income | | |
|---|---|---|---|---|---|---|---|
| | Year ended December 31, | | | | Year ended December 31, | | |
| Derivatives designated as cash flow hedges | 2020 | 2019 | 2018 | Location of losses | 2020 | 2019 | 2018 |
| Interest rate cap agreements | $ (21,781) | $ 1,566 | $ (181) | Debt expense | $ 7,081 | $ 8,591 | $ 8,466 |
| Related income tax | 5,435 | (415) | 48 | Related income tax | (1,768) | (2,214) | (2,180) |
| Total | $ (16,346) | $ 1,151 | $ (133) | | $ 5,313 | $ 6,377 | $ 6,286 |

See Note 20 for further details on amounts recorded and reclassified from accumulated other comprehensive (loss) income.

The Company’s weighted average effective interest rate on its senior secured credit facilities at the end of 2020 was 2.03%, based upon the current margins in effect for the Term Loan A, Term Loan B-1 and revolving line of credit as of December 31, 2020.

The Company’s weighted average effective interest rate on all debt, including the effect of interest rate caps and amortization of debt discount, was 3.59% for the year ended December 31, 2020 and 3.06% as of December 31, 2020.

As of December 31, 2020, the Company’s interest rates were fixed on approximately 44.4% of its total debt.

As of December 31, 2020, the Company had $925,000 available and $75,000 drawn on its $1,000,000 revolving line of credit under its senior secured credit facilities. Credit available under this revolver is reduced by the amount of any letters of credit outstanding under this facility, but there were no such letters of credit outstanding as of December 31, 2020. The

Company also had approximately $64,636 of outstanding letters of credit under a separate bilateral secured letter of credit facility as of December 31, 2020.

*Debt expense*

Debt expense consisted of interest expense of $282,932, $419,639 and $461,897 and the amortization and accretion of debt discounts and premiums, amortization of deferred financing costs and the amortization of interest rate cap agreements of $21,179, $24,185 and $25,538 for 2020, 2019 and 2018, respectively. These interest expense amounts are net of capitalized interest.

## 14. Leases

The Company leases substantially all of its U.S. dialysis facilities. The majority of the Company's facilities are leased under non-cancellable operating leases which range in terms from five years to 20 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal. Certain of the Company's leases are subject to periodic consumer price increases or contain fixed escalation clauses. See Note 1 for further information on how the Company accounts for leases.

As of December 31, 2020 and December 31, 2019, assets recorded under finance leases were $275,389 and $247,246, respectively, and accumulated amortization associated with finance leases was $49,345 and $27,193, respectively, included in property and equipment, net, on the Company's consolidated balance sheet.

In certain markets, the Company acquires and develops dialysis centers. Upon completion, the Company sells the center to a third party and leases the space back with the intent of operating the center on a long term basis. Both the sale and leaseback terms are generally market terms. The lease terms are consistent with the Company's other operating leases with the majority of the leases under non-cancellable operating leases ranging in terms from five years to 20 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal.

The Company adopted Topic 842, *Leases* beginning on January 1, 2019 through a modified retrospective approach for leases existing at the adoption date with a cumulative effect adjustment. Consequently, financial information was not updated for dates and periods before January 1, 2019.

The components of lease expense were as follows:

| | Year ended December 31, | |
|---|---|---|
| **Lease cost** | **2020** | **2019** |
| Operating lease cost[(1)]: | | |
| Fixed lease expense | $ 541,090 | $ 526,352 |
| Variable lease expense | 122,729 | 119,740 |
| Financing lease cost: | | |
| Amortization of leased assets | 24,720 | 23,724 |
| Interest on lease liabilities | 14,421 | 14,932 |
| Net lease cost | $ 702,960 | $ 684,748 |

(1) Includes short-term lease expense and sublease income, which are immaterial.

Other information related to leases was as follows:

| | Year ended December 31, | |
|---|---|---|
| **Lease term and discount rate** | **2020** | **2019** |
| Weighted average remaining lease term (years): | | |
| Operating leases | 8.7 | 9.0 |
| Finance leases | 10.5 | 10.2 |
| Weighted average discount rate: | | |
| Operating leases | 3.8 % | 4.1 % |
| Finance leases | 5.1 % | 5.4 % |

| Other information | Year ended December 31, 2020 | 2019 |
|---|---|---|
| Gains on sale leasebacks, net | $ 34,301 | $ 20,833 |
| Cash paid for amounts included in the measurement of lease liabilities: | | |
| Operating cash flows for operating leases | $ 661,318 | $ 637,655 |
| Operating cash flows for finance leases | $ 20,981 | $ 22,257 |
| Financing cash flows for finance leases | $ 24,780 | $ 25,692 |
| Net operating lease assets obtained in exchange for new or modified operating lease liabilities | $ 401,559 | $ 432,074 |

Future minimum lease payments under non-cancellable leases as of December 31, 2020 are as follows:

| | Operating leases | Finance leases |
|---|---|---|
| 2021 | $ 480,439 | $ 35,039 |
| 2022 | 504,789 | 35,124 |
| 2023 | 464,023 | 35,645 |
| 2024 | 412,419 | 35,669 |
| 2025 | 361,447 | 35,539 |
| Thereafter | 1,437,965 | 174,907 |
| Total future minimum lease payments | 3,661,082 | 351,923 |
| Less portion representing interest | (552,915) | (77,631) |
| Present value of lease liabilities | $ 3,108,167 | $ 274,292 |

Rent expense under all operating leases for 2020, 2019, and 2018 was $663,819, $646,092 and $596,117, respectively. Rent expense is recorded on a straight-line basis over the term of the lease, including leases that contain fixed escalation clauses or include abatement provisions. Leasehold improvement incentives are deferred and amortized to rent expense over the term of the lease. Finance lease obligations are included in long-term debt. See Note 13 for further details on long-term debt.

## 15. Employee benefit plans

The Company has a 401(k) retirement savings plan for substantially all of its U.S. employees which has been established pursuant to applicable provisions of the Internal Revenue Code (IRC). The plan allows for employees to contribute a percentage of their base annual salaries on a tax-deferred basis not to exceed IRC limitations. The Company maintains a 401(k) matching program under which the Company matches 50% of the employee's contribution up to 6% of the employee's salary, subject to certain limitations. The matching contributions are subject to certain eligibility and vesting conditions. For the years ended December 31, 2020, 2019 and 2018, the Company accrued matching contributions totaling approximately $70,180, $64,988 and $67,807, respectively. Prior to 2018, the Company did not provide matching contributions for its 401(k) savings plan.

The Company also maintains a voluntary compensation deferral plan, the Deferred Compensation Plan, as well as other legacy deferral plans. The Deferred Compensation Plan is non-qualified and permits certain employees whose annualized base salary equals or exceeds a minimum annual threshold amount as set by the Company to elect to defer all or a portion of their annual bonus payment and up to 50% of their base salary into a deferral account maintained by the Company. Total contributions to this plan in 2020, 2019 and 2018 were $3,637, $1,751 and $3,090, respectively. Deferred amounts are generally paid out in cash at the participant’s election either in the first or second year following retirement or in a specified future period at least three to four years after the deferral election was effective. During 2020, 2019 and 2018 the Company distributed $3,139, $2,730 and $4,652, respectively, to participants from its deferred compensation plans. Participants are credited with their proportional amount of annual earnings from the plans. The assets of these plans are held in rabbi trusts subject to the claims of the Company’s general creditors in the event of its bankruptcy. As of December 31, 2020 and 2019, the total fair value of assets held in these plans' trusts was $43,844 and $39,527, respectively. The assets of these plans are recorded at fair value with changes in fair value recorded in "Other income, net". Any fair value changes to the corresponding liability balance are recorded as compensation expense. See Note 5 for further details.

## 16. Contingencies

The majority of the Company's revenues are from government programs and may be subject to adjustment as a result of: (i) examination by government agencies or contractors, for which the resolution of any matters raised may take extended periods of time to finalize; (ii) differing interpretations of government regulations by different Medicare contractors or regulatory authorities; (iii) differing opinions regarding a patient's medical diagnosis or the medical necessity of services provided; and (iv) retroactive applications or interpretations of governmental requirements. In addition, the Company's revenues from commercial payors may be subject to adjustment as a result of potential claims for refunds, as a result of government actions or as a result of other claims by commercial payors.

The Company operates in a highly regulated industry and is a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations (which frequently arise from *qui tam* suits) and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law) and other legal proceedings, including, without limitation, those described below. The Company records accruals for certain legal proceedings and regulatory matters to the extent that the Company determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. As of December 31, 2020 and December 31, 2019, the Company's total recorded accruals with respect to legal proceedings and regulatory matters, net of anticipated third party recoveries, were immaterial. While these accruals reflect the Company's best estimate of the probable loss for those matters as of the dates of those accruals, the recorded amounts may differ materially from the actual amount of the losses for those matters, and any anticipated third party recoveries for any such losses may not ultimately be recoverable. Additionally, in some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal proceedings and regulatory matters, which also may be impacted by various factors, including, without limitation, that they may involve indeterminate claims for monetary damages or may involve fines, penalties or non-monetary remedies; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; are in the early stages of the proceedings; or may result in a change of business practices. Further, there may be various levels of judicial review available to the Company in connection with any such proceeding.

The following is a description of certain lawsuits, claims, governmental investigations and audits and other legal proceedings to which the Company is subject.

***Certain Governmental Inquiries and Related Proceedings***

2016 U.S. Attorney Texas Investigation: In February 2016, DaVita Rx, LLC (DaVita Rx), a wholly-owned subsidiary of the Company, received a Civil Investigative Demand (CID) from the U.S. Attorney's Office, Northern District of Texas. The government is conducting a federal False Claims Act (FCA) investigation concerning allegations that DaVita Rx presented or caused to be presented false claims for payment to the government for prescription medications, as well as an investigation into the Company's relationships with pharmaceutical manufacturers. The government's investigation covers the period from January 1, 2006 through December 31, 2018. In December 2017, the Company finalized and executed a settlement agreement that resolved certain of the issues in the government's investigation and that included total monetary consideration of $63,700, as previously disclosed, of which $41,500 was an incremental cash payment and $22,200 was for amounts previously refunded, and all of which was previously accrued. The government's investigation is ongoing with respect to issues related to DaVita Rx's historic relationships with certain pharmaceutical manufacturers, and in July 2018 the OIG served the Company with a subpoena seeking additional documents and information relating to those relationships. The Company is continuing to cooperate with the government in this investigation.

2017 U.S. Attorney Colorado Investigation: In November 2017, the U.S. Attorney's Office, District of Colorado informed the Company of an investigation it was conducting into possible federal healthcare offenses involving DaVita Kidney Care, as well as several of the Company's wholly-owned subsidiaries. In addition to DaVita Kidney Care, the matter currently includes an investigation into DaVita Rx, DaVita Laboratory Services, Inc. (DaVita Labs), and RMS Lifeline Inc. (Lifeline). In each of August 2018 and May 2019, the Company received a CID pursuant to the FCA from the U.S. Attorney's Office relating to this investigation. In May 2020, the Company sold its interest in Lifeline, but the Company retained certain liabilities of the Lifeline business, including those related to this investigation. The Company is continuing to cooperate with the government in this investigation.

2018 U.S. Attorney Florida Investigation: In March 2018, DaVita Labs received two CIDs from the U.S. Attorney's Office, Middle District of Florida that were identical in nature but directed to the two different labs. According to the face of the CIDs, the U.S. Attorney's Office is conducting an investigation as to whether the Company's subsidiary submitted claims for blood, urine, and fecal testing, where there were insufficient test validation or stability studies to ensure accurate results, in violation of the FCA. In October 2018, DaVita Labs received a subpoena from the OIG in connection with this matter

requesting certain patient records linked to clinical laboratory tests. On September 30, 2019, the U.S. Attorney's Office notified the U.S. District Court, Middle District of Florida, of its decision not to elect to intervene at this time in the matter of *U.S. ex rel. Lorne Holland, et al. v. DaVita Healthcare Partners, Inc. et al*. The court then unsealed the complaint, which alleges violations of the FCA, by order dated the same day. In January 2020, the private party relators served the Company and DaVita Labs with an amended complaint. On February 24, 2020, the Company and DaVita Labs filed a motion to dismiss the amended complaint. On June 25, 2020, the court denied the motion to dismiss. The Company and DaVita Labs answered the complaint on July 23, 2020. The Company and DaVita Labs dispute these allegations and intend to defend this action accordingly.

2020 U.S. Attorney New Jersey Investigation: In March 2020, the U.S. Attorney's Office, District of New Jersey served the Company with a subpoena and a CID relating to an investigation being conducted by that office and the U.S. Attorney's Office, Eastern District of Pennsylvania. The subpoena and CID request information on several topics, including certain of the Company's joint venture arrangements with physicians and physician groups, medical director agreements, and compliance with its five-year Corporate Integrity Agreement, the term of which expired October 22, 2019. The Company is cooperating with the government in this investigation.

2020 California Department of Insurance Investigation: In April 2020, the California Department of Insurance (CDI) sent the Company an Investigative Subpoena relating to an investigation being conducted by that office. CDI issued a superseding subpoena in September 2020. The subpoena, as revised, requests information on a number of topics, including but not limited to the Company's communications with patients about insurance plans and financial assistance from the American Kidney Fund (AKF), analyses of the potential impact of patients' decisions to change insurance providers, and documents relating to donations or contributions to the AKF. The Company is cooperating with CDI in this investigation.

2020 Department of Justice Investigation: In October 2020, the Company received a CID from the Department of Justice pursuant to a False Claims Act investigation concerning allegations that DaVita Medical Group (DMG) may have submitted undocumented or unsupported diagnosis codes in connection with Medicare Advantage beneficiaries. The CID covers the period from January 1, 2015 through June 19, 2019, the date the Company completed the divestiture of DMG to Collaborative Care Holdings, LLC. The Company is cooperating with the government in this investigation.

* * *

Although the Company cannot predict whether or when proceedings might be initiated or when these matters may be resolved (other than as may be described above), it is not unusual for inquiries such as these to continue for a considerable period of time through the various phases of document and witness requests and on-going discussions with regulators and to develop over the course of time. In addition to the inquiries and proceedings specifically identified above, the Company frequently is subject to other inquiries by state or federal government agencies, many of which relate to *qui tam* complaints filed by relators. Negative findings or terms and conditions that the Company might agree to accept as part of a negotiated resolution of pending or future government inquiries or relator proceedings could result in, among other things, substantial financial penalties or awards against the Company, substantial payments made by the Company, harm to the Company's reputation, required changes to the Company's business practices, exclusion from future participation in the Medicare, Medicaid and other federal health care programs and, if criminal proceedings were initiated against the Company, members of its board of directors or management, possible criminal penalties, any of which could have a material adverse effect on the Company.

***Shareholder and Derivative Claims***

Peace Officers' Annuity and Benefit Fund of Georgia Securities Class Action Civil Suit: On February 1, 2017, the Peace Officers' Annuity and Benefit Fund of Georgia filed a putative federal securities class action complaint in the U.S. District Court for the District of Colorado against the Company and certain executives. The complaint covers the time period of August 2015 to October 2016 and alleges, generally, that the Company and its executives violated federal securities laws concerning the Company's financial results and revenue derived from patients who received charitable premium assistance from an industry-funded non-profit organization. The complaint further alleges that the process by which patients obtained commercial insurance and received charitable premium assistance was improper and "created a false impression of DaVita's business and operational status and future growth prospects." In November 2017, the court appointed the lead plaintiff and an amended complaint was filed on January 12, 2018. On March 27, 2018, the Company and various individual defendants filed a motion to dismiss. On March 28, 2019, the court denied the motion to dismiss. The Company answered the complaint on May 28, 2019. On January 31, 2020, the plaintiffs filed a motion for class certification and the Company filed its opposition on June 29, 2020.

While the Company continues to dispute the allegations, in July 2020, it reached an agreement in principle to resolve this matter without admitting to any liability. Settlement of this matter on the agreed terms is expected to be covered primarily with insurance proceeds, with the Company contributing an amount that would not have a material impact on the Company's consolidated financial position, results of operations or cash flows. A motion for preliminary approval of the settlement was granted by the court on October 27, 2020. The settlement is subject to, among other things, final approval by the court.

In re DaVita Inc. Stockholder Derivative Litigation: On August 15, 2017, the U.S. District Court for the District of Delaware consolidated three previously disclosed shareholder derivative lawsuits: the Blackburn Shareholder action filed on February 10, 2017, the Gabilondo Shareholder action filed on May 30, 2017, and the City of Warren Police and Fire Retirement System Shareholder action filed on June 9, 2017. The complaint covers the time period from 2015 to present and alleges, generally, breach of fiduciary duty, unjust enrichment, abuse of control, gross mismanagement, corporate waste, and misrepresentations and/or failures to disclose certain information in violation of the federal securities laws in connection with an alleged practice to direct patients with government-subsidized health insurance into private health insurance plans to maximize the Company's profits. An amended complaint was filed in September 2017, and on December 18, 2017, the Company filed a motion to dismiss and a motion to stay proceedings in the alternative. On April 25, 2019, the court denied the Company's motion to dismiss. The Company answered the complaint on May 28, 2019.

While the defendants continue to dispute the allegations, in July 2020, an agreement in principle was reached to resolve this matter without admitting to any liability. The Company's Board of Directors (Board) approved the settlement on October 20, 2020. The court granted a motion for final approval of the settlement on January 27, 2021 and approved the settlement on January 29, 2021. As part of the settlement, the Company agreed to certain corporate governance policies, but will not make any financial contribution towards the settlement.

***Other Proceedings***

In addition to the foregoing, from time to time the Company is subject to other lawsuits, demands, claims, governmental investigations and audits and legal proceedings that arise due to the nature of its business, including, without limitation, contractual disputes, such as with payors, suppliers and others, employee-related matters and professional and general liability claims. From time to time, the Company also initiates litigation or other legal proceedings as a plaintiff arising out of contracts or other matters.

* * *

Other than as may be described above, the Company cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which the Company is or may be subject from time to time, including those described in this Note 16 to these consolidated financial statements, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on the Company's revenues, earnings and cash flows. Further, any legal proceedings or regulatory matters involving the Company, whether meritorious or not, are time consuming, and often require management's attention and result in significant legal expense, and may result in the diversion of significant operational resources, or otherwise harm the Company's business, results of operations, financial condition, cash flows or reputation.

## 17. Noncontrolling interests subject to put provisions and other commitments

*Noncontrolling interests subject to put provisions*

The Company has potential obligations to purchase the equity interests held by third parties in many of its majority-owned dialysis partnerships and other nonconsolidated entities. These noncontrolling interests subject to put provisions constitute redeemable equity interests and are therefore classified as temporary equity and carried at estimated fair value on the Company's balance sheet.

Specifically, these obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods outlined in each specific put provision. If these put provisions were exercised, the Company would be required to purchase the third-party owners' equity interests, generally at the appraised fair market value of the equity interests or in certain cases at a predetermined multiple of earnings or cash flows attributable to the equity interests put to the Company, intended to approximate fair value. The methodology the Company uses to estimate the fair values of noncontrolling interests subject to put provisions assumes the higher of either a liquidation value of net assets or an average multiple of earnings, based on historical earnings, patient mix and other performance indicators that can affect future results, as well as other factors. The estimated fair values of noncontrolling interests subject to put provisions are a critical accounting estimate that involves significant judgments and assumptions and may not be indicative of the actual values at which the noncontrolling interests may ultimately be settled, which could vary significantly from the Company's current estimates. The estimated fair values of noncontrolling interests subject to put provisions can fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary significantly depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' equity interests. The amount of noncontrolling interests subject to put provisions that employ a contractually predetermined multiple of earnings rather than fair value is immaterial.

The Company also has certain potential commitments to provide working capital funding, if necessary, to certain nonconsolidated dialysis businesses that the Company manages and in which the Company owns a noncontrolling equity interest or which are wholly-owned by third parties of approximately $8,663.

Certain consolidated dialysis partnerships are originally contractually scheduled to dissolve after terms ranging from ten years to 50 years. While noncontrolling interests in these limited life entities qualify as mandatorily redeemable financial instruments, they are subject to a classification and measurement scope exception from the accounting guidance generally applicable to other mandatorily redeemable financial instruments. Future distributions upon dissolution of these entities would be valued below the related noncontrolling interest carrying balances in the consolidated balance sheet.

*Other commitments*

In 2017, the Company entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires on December 31, 2022. Under the terms of the agreement, the Company will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that the Company will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that the Company serves.

The Company has agreements with various suppliers to purchase established amounts of dialysis equipment, parts, and supplies. As of December 31, 2020, the remaining minimum purchase commitments under these arrangements were approximately $542,061, $540,715, $179,869, and $92,075 for the years 2021, 2022, 2023, and 2024, respectively. If the Company fails to meet the minimum purchase commitments under these contracts during any year, it is required to pay the difference to the supplier.

Other than the letters of credit disclosed in Note 13 to these consolidated financial statements, and the arrangements as described above, the Company has no off balance sheet financing arrangements as of December 31, 2020.

## 18. Long-term incentive compensation

*Long-term incentive compensation*

Long-term incentive program (LTIP) compensation includes both stock-based awards (principally stock-settled stock appreciation rights, restricted stock units and performance stock units) as well as long-term performance-based cash awards.

Long-term incentive compensation expense, which is primarily general and administrative in nature, is attributed to the Company's U.S. dialysis business, its corporate administrative support, and its ancillary services.

The Company's stock-based compensation expense for stock-settled awards is measured at the estimated fair value of awards on the date of grant and recognized on a cumulative straight-line basis over the vesting terms of the awards, unless the stock awards are based on non-market-based performance metrics, in which case expense is adjusted for the ultimate number of shares expected to be issued as of the end of each reporting period. Stock-based compensation expense for cash-settled awards is based on their estimated fair values as of the end of each reporting period. The expense for all LTIP awards is recognized net of expected forfeitures.

Stock-based compensation to be settled in shares is recorded to the Company's shareholders' contributed capital, while stock-based compensation to be settled in cash is recorded as a liability. Shares issued upon exercise or, when applicable, vesting of stock awards, are issued from authorized but unissued shares.

*Long-term incentive compensation plans*

On June 11, 2020, the Company's stockholders approved the DaVita Inc. 2020 Incentive Award Plan (the 2020 Plan). Prior to June 11, 2020 stock-based awards were granted under the DaVita Healthcare Partners Inc. 2011 Incentive Award Plan (the 2011 Plan). The 2011 Plan was terminated with respect to any new awards upon stockholder approval of the 2020 Plan. At the time the 2020 Plan was approved there were 8,730 shares of common stock available for issuance under the 2020 Plan, consisting of 5,000 newly authorized shares and 3,730 shares that were available for issuance under the 2011 Plan as of the effective date of the 2020 Plan and which became available for grant under the 2020 Plan, pursuant to the terms of the 2020 Plan.

The 2020 Plan is the Company's current omnibus equity compensation plan and provides for grants of stock-based awards to employees, directors and other individuals providing services to the Company, except that incentive stock options may only be awarded to employees. The 2020 Plan provides for the grant of stock appreciation rights, nonqualified stock options, incentive stock options, restricted stock units, restricted stock, performance stock awards, dividend equivalents, stock payments, deferred stock unit awards, deferred stock awards and performance cash awards. The 2020 Plan mandates a maximum award term of 10 years for stock appreciation rights and stock options and stipulates that awards of these types be granted with a base or exercise price per share of not less than the fair market value of the Company's common stock on the date of grant. Shares available under the 2020 Plan are also stated on a full value share basis rather than on an option-equivalent basis. The 2020 Plan therefore provides that shares available for issuance under the plan are reduced by one share available for every four shares underlying stock appreciation rights and stock options, and are reduced by one share available for every one share underlying stock-based awards other than stock appreciation rights and stock options. At December 31, 2020, there were 8,074 shares available for future grants under the 2020 Plan. The Company's stock units awarded under the 2020 Plan generally vest over 36 months to 48 months from the date of grant. As of December 31, 2020, no stock appreciation rights have been awarded under the 2020 Plan.

The 2011 Plan was the Company's prior omnibus equity compensation plan and authorized the Company to award stock options, stock appreciation rights, restricted stock units, restricted stock, and other stock-based or performance-based awards. The 2011 Plan mandated a maximum award term of five years and stipulated that stock appreciation rights and stock options be granted with prices not less than fair market value on the date of grant. The 2011 Plan also required that full value share awards such as restricted stock units reduce shares available under the 2011 Plan at a ratio of 3.5:1. The Company's stock appreciation rights and stock units awarded under the 2011 Plan generally vest over 36 months to 48 months from the date of grant.

A combined summary of the status of the Company's stock-settled awards under both the 2020 Plan and 2011 Plan, including base shares for stock-settled stock appreciation rights (SSARs) and stock-settled stock unit awards is as follows:

| | Year ended December 31, 2020 | | | | |
|---|---|---|---|---|---|
| | Stock appreciation rights | | | Stock units | |
| | Awards | Weighted average exercise price | Weighted average remaining contractual life | Awards | Weighted average remaining contractual life |
| Outstanding at beginning of year | 6,953 | $ 64.10 | | 3,160 | |
| Granted | 2,765 | $ 68.58 | | 1,027 | |
| Added by performance factor | | | | 19 | |
| Exercised/Vested | (894) | $ 72.13 | | (351) | |
| Expired | (494) | $ 83.61 | | — | |
| Canceled | (246) | $ 61.36 | | (318) | |
| Outstanding at end of period | 8,084 | $ 63.64 | 3.0 | 3,537 | 1.8 |
| Exercisable at end of period | 987 | $ 69.56 | 1.0 | — | — |
| Weighted-average fair value of grants: | | | | | |
| 2020 | $ 26.70 | | | $ 77.83 | |
| 2019 | $ 14.04 | | | $ 50.58 | |
| 2018 | $ 16.24 | | | $ 66.23 | |

| Range of SSARs base prices | Awards Outstanding | Weighted average exercise price | Awards exercisable | Weighted average exercise price |
|---|---|---|---|---|
| $50.01–$60.00 | 2,263 | $ 52.53 | 2 | $ 57.88 |
| $60.01–$70.00 | 5,165 | $ 66.99 | 610 | $ 65.95 |
| $70.01–$80.00 | 656 | $ 75.60 | 375 | $ 75.50 |
| Total | 8,084 | $ 63.64 | 987 | $ 69.56 |

For the years ended December 31, 2020, 2019, and 2018, the aggregate intrinsic value of stock-based awards exercised was $49,258, $11,475 and $31,045, respectively. At December 31, 2020, the aggregate intrinsic value of stock-based awards outstanding was $853,803 and the aggregate intrinsic value of stock awards exercisable was $47,208.

*Estimated fair value of stock-based compensation awards*

The Company has estimated the grant-date fair value of stock-settled stock appreciation rights awards using the Black-Scholes-Merton valuation model and stock-settled stock unit awards at intrinsic value on the date of grant, except for portions of the Company's performance stock unit awards for which a Monte Carlo simulation was used to estimate the grant-date fair value. The following assumptions were used in estimating these values and determining the related stock-based compensation expense attributable to the current period:

*Expected term of the awards:* The expected term of awards granted represents the period of time that they are expected to remain outstanding from the date of grant. The Company determines the expected term of its stock awards based on its historical experience with similar awards, considering the Company's historical exercise and post-vesting termination patterns.

*Expected volatility:* Expected volatility represents the volatility anticipated over the expected term of the award. The Company determines the expected volatility for its awards based on the volatility of the price of its common stock over the most recent retrospective period commensurate with the expected term of the award, considering the volatilities expected by peer companies in near industries.

*Expected dividend yield:* The Company has not paid dividends on its common stock and does not currently expect to pay dividends during the term of stock awards granted.

*Risk-free interest rate:* The Company bases the expected risk-free interest rate on the implied yield currently available on stripped interest coupons of U.S. Treasury issues with a remaining term equivalent to the expected term of the award.

A summary of the weighted average valuation inputs described above used for estimating the grant-date fair value of SSAR awards granted in the periods indicated is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Expected term | 4.8 | 4.0 | 4.2 |
| Expected volatility | 28.2 % | 29.5 % | 23.8 % |
| Expected dividend yield | — % | — % | — % |
| Risk-free interest rate | 1.5 % | 2.2 % | 2.9 % |

The Company estimates expected forfeitures based upon historical experience with separate groups of employees that have exhibited similar forfeiture behavior in the past. Stock-based compensation expense is recorded only for awards that are expected to vest.

On November 4, 2019, the independent members of the Company's Board of Directors (Board) approved an award of 2,500 premium-priced stock-settled stock appreciation rights (Premium-Priced Award) to the Company's Chief Executive Officer (CEO), which award was subject to stockholder approval of a related amendment to the 2011 Plan. Stockholders approved such amendment to the 2011 Plan on January 23, 2020, authorizing the grant to the Company's CEO. Since stockholder approval occurred in 2020, this award was treated as granted in 2020 for accounting purposes.

The base price of the Premium-Priced Award was $67.80 per share, which was a 20% premium to the clearing price of the Company's modified Dutch auction tender offer for its shares in 2019 (2019 Tender Offer). The award vests 50% on each of November 4, 2022 and November 4, 2023 and expires on November 4, 2024. The award includes a requirement that the CEO hold any shares acquired upon exercise of this award, net of shares used to cover related taxes, until November 4, 2024 (that is, for the full term of the award), subject to lapse of the holding period upon a change in control of the Company or due to the CEO's death or termination due to disability.

*Employee stock purchase plan*

The Employee Stock Purchase Plan entitles qualifying employees to purchase up to $25 of the Company's common stock during each calendar year. The amounts used to purchase stock are accumulated through payroll withholdings or through optional lump sum payments made in advance of the first day of the purchase right period. This compensatory plan allows employees to purchase stock for the lesser of 100% of its fair market value on the first day of the purchase right period or 85% of its fair market value on the last day of the purchase right period. Purchase right periods begin on January 1 and July 1, and end on December 31. Contributions used to purchase the Company's common stock under this plan for the 2020, 2019 and 2018 purchase periods were $17,148, $16,569 and $17,398, respectively. Shares purchased pursuant to the plan's 2020, 2019 and 2018 purchase periods were 222, 315 and 398, respectively. At December 31, 2020, there were 6,189 shares remaining available for future grants under this plan.

The fair value of participants' purchase rights was estimated as of the beginning dates of the purchase right periods using the Black-Scholes-Merton valuation model with the following weighted average assumptions for purchase right periods in 2020, 2019 and 2018, respectively: expected volatility of 40.4%, 28.8% and 24.2%; risk-free interest rates of 1.0%, 2.6% and 1.9%, and no dividends. Using these assumptions, the weighted average estimated per share fair value of each purchase right was $22.06, $13.80 and $17.45 for 2020, 2019 and 2018, respectively.

*Long-term incentive compensation expense and proceeds*

For the years ended December 31, 2020, 2019 and 2018, the Company recognized $99,643, $118,513 and $85,759, respectively, in total LTIP expense, of which $91,458, $63,705 and $73,582, respectively, was stock-based compensation expense for stock appreciation rights, stock units and discounted employee stock purchase plan purchases, which are primarily included in general and administrative expenses. The estimated tax benefits recorded for stock-based compensation in 2020, 2019 and 2018 were $11,775, $9,186 and $13,591, respectively. As of December 31, 2020, there was $189,713 of total estimated but unrecognized stock-based compensation expense under the Company's equity compensation and employee stock purchase plans. The Company expects to recognize this expense over a weighted average remaining period of 1.4 years. The Company no longer has outstanding long-term performance-based cash awards in its principal U.S. dialysis business as the performance and accrual period for these awards ended December 31, 2019 with a final payout of $66,302 in 2020.

During the year ended December 31, 2018, the Company adopted a retirement policy (Rule of 65 policy). The Rule of 65 policy generally provides that Section 16 officers that are a minimum age of 55 with five years of continuous service with the Company receive certain benefits with respect to their outstanding equity awards upon a qualifying retirement if the sum of their age plus years of service is greater than or equal to 65. These benefits generally include accelerated vesting of restricted stock unit awards, continued vesting of stock-settled stock appreciation rights and performance stock unit awards and an exercise window for stock-settled stock appreciation rights from the original vest date through the original expiration date regardless of continued employment, with pro rata vesting for a Rule of 65 retirement within one year of the award grant date. The adoption of the Rule of 65 policy resulted in a $14,704 modification charge and a net acceleration of expense of $9,727 during the year ended December 31, 2018 that is included in the expense amounts reported above.

For the years ended December 31, 2020, 2019 and 2018, the Company received $8,957, $2,251 and $7,988, respectively, in actual tax benefits upon the exercise or vesting of stock awards. Since the Company issues stock-settled stock appreciation rights rather than stock options, there were no cash proceeds from stock option exercises.

**19. Shareholders' equity**

*Stock repurchases*

The following table summarizes the Company's repurchases of its common stock during the years ended December 31, 2020, 2019 and 2018:

| | 2020 | 2019 | 2018 |
|---|---|---|---|
| **Open market repurchases** | | | |
| Shares | 8,495 | 19,218 | 16,844 |
| Amounts paid | $ 741,850 | $ 1,168,321 | $ 1,153,511 |
| Average paid per share | $ 87.32 | $ 60.79 | $ 68.48 |
| | | | |
| **Tender offers** [(1)] | | | |
| Shares | 7,982 | 21,802 | |
| Amounts paid | $ 704,917 | $ 1,234,154 | |
| Average paid per share | $ 88.32 | $ 56.61 | |
| | | | |
| **Total** | | | |
| Shares | 16,477 | 41,020 | 16,844 |
| Amounts paid | $ 1,446,767 | $ 2,402,475 | $ 1,153,511 |
| Average paid per share | $ 87.80 | $ 58.57 | $ 68.48 |

(1) The aggregate amounts paid for shares repurchased pursuant to the Company's 2020 and 2019 tender offers for its shares during the years ended December 31, 2020 and 2019, include their clearing prices of $88.00 and $56.50 per share, respectively, plus related fees and expenses of $2,529 and $2,343, respectively.

Subsequent to December 31, 2020 through February 10, 2021, the Company has repurchased 1,063 shares of its common stock for $123,282 at an average cost of $115.98 per share.

Effective as of the close of business on November 4, 2019, the Board terminated all remaining prior share repurchase authorizations available to the Company and approved a new share repurchase authorization of $2,000,000.

Effective on December 10, 2020, the Board terminated all remaining prior share repurchase authorizations available to the Company under the aforementioned November 4, 2019 authorization and approved a new share repurchase authorization of $2,000,000. The Company is authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 10, 2021, the Company has a total of $1,806,674 available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, the Company

remains subject to share repurchase limitations, including under the terms of the current senior secured credit facilities and the indentures governing the Company's senior notes.

The Company retired all shares held in its treasury effective as of December 31, 2020 and December 31, 2019.

*Charter documents & Delaware law*

The Company's charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in management, or limit the ability of stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting stockholders from acting by written consent, requiring 90 days advance notice for director nominations and stockholder proposals and granting the Company's Board of Directors the authority to issue up to 5,000 shares of preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

The Company is also subject to Section 203 of the Delaware General Corporation Law which, subject to exceptions, prohibits the Company from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder. The provisions described above may discourage, delay or prevent an acquisition of the Company at a price that stockholders may find attractive.

*Changes in DaVita Inc.'s ownership interests in consolidated subsidiaries*

The effects of changes in DaVita Inc.'s ownership interests in consolidated subsidiaries on the Company's consolidated equity were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Net income attributable to DaVita Inc. | $ 773,642 | $ 810,981 | $ 159,394 |
| Changes in paid-in capital for: | | | |
| Purchases of noncontrolling interests | 4,364 | (37,145) | (17,897) |
| Sales of noncontrolling interest | — | — | 79 |
| Net transfers in noncontrolling interests | 4,364 | (37,145) | (17,818) |
| Net income attributable to DaVita Inc. net of transfers in noncontrolling interests | $ 778,006 | $ 773,836 | $ 141,576 |

The Company acquired additional ownership interests in several existing majority-owned partnerships for $7,831, $68,019, and $28,082 in 2020, 2019, and 2018, respectively.

## 20. Accumulated other comprehensive (loss) income

Charges and credits to other comprehensive (loss) income have been as follows:

| | Interest rate cap agreements | Investment securities | Foreign currency translation adjustments | Accumulated other comprehensive (loss) income |
|---|---|---|---|---|
| Balance at December 31, 2017 | $ (12,408) | $ 5,662 | $ 19,981 | $ 13,235 |
| Cumulative effect of change in accounting principle[1] | (2,706) | (5,662) | — | (8,368) |
| Unrealized losses | (181) | — | (45,944) | (46,125) |
| Related income tax | 48 | — | — | 48 |
| | (133) | — | (45,944) | (46,077) |
| Reclassification of income (loss) into net income | 8,466 | — | — | 8,466 |
| Related income tax | (2,180) | — | — | (2,180) |
| | 6,286 | — | — | 6,286 |
| Balance at December 31, 2018 | $ (8,961) | $ — | $ (25,963) | $ (34,924) |
| Unrealized gains (losses) | 1,566 | — | (20,102) | (18,536) |
| Related income tax | (415) | — | — | (415) |
| | 1,151 | — | (20,102) | (18,951) |
| Reclassification of income into net income | 8,591 | — | — | 8,591 |
| Related income tax | (2,214) | — | — | (2,214) |
| | 6,377 | — | — | 6,377 |
| Balance at December 31, 2019 | $ (1,433) | $ — | $ (46,065) | $ (47,498) |
| Unrealized losses | (21,781) | — | (7,080) | (28,861) |
| Related income tax | 5,435 | — | (543) | 4,892 |
| | (16,346) | — | (7,623) | (23,969) |
| Reclassification of income into net income | 7,081 | — | — | 7,081 |
| Related income tax | (1,768) | — | — | (1,768) |
| | 5,313 | — | — | 5,313 |
| Balance at December 31, 2020 | $ (12,466) | $ — | $ (53,688) | $ (66,154) |

(1) Reflects the cumulative effect of a change in accounting principle for ASUs 2016-01 and 2018-03 on classification and measurement of financial instruments and ASU 2018-02 on remeasurement and reclassification of deferred tax effects in accumulated other comprehensive income associated with the 2017 Tax Act.

The reclassification of net cap realized losses into income are recorded as debt expense in the corresponding consolidated statements of income. See Note 13 for further details.

## 21. Acquisitions and divestitures

*Routine acquisitions*

During 2020, the Company acquired eight dialysis centers in the U.S. and 66 dialysis centers outside the U.S. for a total of $182,013 in net cash, earn-outs of $14,042 and deferred purchase price and liabilities assumed of $20,415. The Company also recognized a non-cash gain of $1,821. During 2019, the Company acquired seven dialysis centers in the U.S. and 16 dialysis centers outside the U.S. for a total of $98,836 in net cash, earn-outs of $23,536, and deferred purchase price and liabilities assumed of $4,326. During 2018, the Company acquired 18 dialysis centers in the U.S. and 28 dialysis centers outside the U.S. for a total of $176,161 in net cash, earn-outs of $1,246 and deferred purchase price of $34,394. In one of these 2018 transactions the Company acquired a controlling interest in a previously nonconsolidated U.S. dialysis partnership for which the Company recognized a non-cash gain of $28,152 on its prior interest upon consolidation. The assets and liabilities for all acquisitions were recorded at their estimated fair values at the dates of the acquisitions and are included in the Company's financial statements, as are their operating results, from the designated effective dates of the acquisitions.

The initial purchase price allocations for these transactions have been recorded at estimated fair values based on information available to management and will be finalized when certain information arranged to be obtained has been received. For several of the 2020 acquisitions, certain income tax amounts are pending final evaluation and quantification of any pre-acquisition tax contingencies. In addition, valuation of intangibles, leases and certain other working capital items relating to several of these acquisitions are pending final quantification.

The following table summarizes the assets acquired and liabilities assumed in these transactions and recognized at their acquisition dates at estimated fair values, as well as the estimated fair value of noncontrolling interests assumed in these transactions:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Current assets | $ 23,607 | $ 6,713 | $ 23,686 |
| Property and equipment | 37,457 | 4,842 | 11,421 |
| Customer relationships | 34,625 | — | — |
| Noncompetition agreements and other long-term assets | 10,168 | 1,980 | 3,079 |
| Indefinite-lived licenses | 22,136 | 31,858 | 23,656 |
| Goodwill | 130,057 | 90,226 | 278,348 |
| Deferred income taxes | (3,962) | — | — |
| Liabilities assumed | (34,068) | (7,159) | (19,946) |
| Noncontrolling interests assumed | (1,729) | (1,762) | (80,291) |
| | $ 218,291 | $ 126,698 | $ 239,953 |

The following summarizes weighted-average estimated useful lives of amortizable intangible assets acquired during 2020, 2019 and 2018, as well as goodwill deductible for tax purposes associated with these acquisitions:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Weighted-average estimated useful lives: | | | |
| Customer relationships | 18 | | |
| Noncompetition agreements | 5 | 6 | 6 |
| Goodwill deductible for tax purposes | $ 94,318 | $ 88,517 | $ 165,013 |

*Pro forma financial information (unaudited)*

The following summary, prepared on a pro forma basis, combines the results of operations as if all acquisitions within continuing operations in 2020 and 2019 had been consummated as of the beginning of 2019, including the impact of certain adjustments such as amortization of intangibles, interest expense on acquisition financing and income tax effects.

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| | (unaudited) | |
| Pro forma total revenues | $ 11,636,416 | $ 11,570,086 |
| Pro forma net income from continuing operations attributable to DaVita Inc. | $ 789,473 | $ 718,928 |
| Pro forma basic net income per share from continuing operations attributable to DaVita Inc. | $ 6.59 | $ 4.69 |
| Pro forma diluted net income per share from continuing operations attributable to DaVita Inc. | $ 6.44 | $ 4.67 |

*Sale of RMS Lifeline*

The Company divested its vascular access business, RMS Lifeline, Inc., effective May 1, 2020 and recognized a loss on sale of approximately $16,252.

*Contingent earn-out obligations*

The Company has several contingent earn-out obligations associated with acquisitions that could result in the Company paying the former owners of acquired companies a total of up to approximately $42,378 if certain performance targets or quality margins are met over the next one year to five years.

Contingent earn-out obligations are remeasured to fair value at each reporting date until the contingencies are resolved with changes in the liability due to the remeasurement recognized in earnings. See Note 24 for further details. As of December 31, 2020, the Company estimated the fair value of these contingent earn-out obligations to be $30,248, of which a total of $13,025 is included in other current liabilities, and the remaining $17,223 is included in other long-term liabilities in the Company's consolidated balance sheet.

The following is a reconciliation of changes in contingent earn-out liabilities for the years ended December 31, 2020 and 2019:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Beginning balance | $ 24,586 | $ 2,608 |
| Acquisitions | 14,042 | 23,536 |
| Foreign currency translation | (3,688) | (905) |
| Fair value remeasurements | (2,630) | 121 |
| Payments or other settlements | (2,062) | (774) |
| Ending balance | $ 30,248 | $ 24,586 |

## 22. Discontinued operations previously held for sale

*DaVita Medical Group (DMG)*

On June 19, 2019, the Company completed the sale of its DMG business to Optum, a subsidiary of UnitedHealth Group Inc., for an aggregate purchase price of $4,340,000, prior to certain closing and post-closing adjustments specified in the related equity purchase agreement dated as of December 5, 2017, as amended as of September 20, 2018 and as of December 11, 2018 (as amended, the equity purchase agreement).

The Company recorded a preliminary estimated pre-tax net loss of approximately $23,022 on the sale of its DMG business in 2019. This preliminary net loss was based on initial estimates of the Company's expected aggregate proceeds from the sale, net of transaction costs and obligations, as well as the estimated values of DMG net assets sold as of the closing date. Those estimated net proceeds included $4,465,476 in cash received from Optum at closing, or $3,824,509 net of cash and restricted cash included in the DMG net assets sold.

At close of the DMG sale, the Company's ultimate net sale proceeds remained subject to resolution of certain post-closing purchase price adjustments described in the equity purchase agreement. In the fourth quarter of 2020, the Company and Optum reached agreement on the final purchase price for the DMG sale, which resulted in an additional payment by the Company to Optum of $47,000 and an additional loss on sale of $17,976. In the first quarter of 2020, the Company recognized $9,980 in additional tax benefits under the Coronavirus Aid, Relief and Economic Security Act related to its period of DMG ownership, which were also recognized as an adjustment to the Company's loss on sale of the DMG business.

Under the equity purchase agreement, the Company also has certain continuing indemnification obligations that could require payments to the buyer relating to the Company's previous ownership and operation of the DMG business. Potential payments under these provisions, if any, remain subject to continuing uncertainties and the amounts of such payments could be significant to the Company.

The following table presents the financial results of discontinued operations related to DMG:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Net revenues | $ — | $ 2,713,059 | $ 4,963,792 |
| Expenses | — | 2,543,865 | 4,962,686 |
| Goodwill and other asset impairment charges | — | — | 41,537 |
| Valuation adjustment on disposal group | — | — | 316,840 |
| Income (loss) from discontinued operations before taxes | — | 169,194 | (357,271) |
| Loss on sale of discontinued operations before taxes | (7,996) | (23,022) | — |
| Income tax expense | 1,657 | 40,689 | 99,768 |
| Net (loss) income from discontinued operations, net of tax | $ (9,653) | $ 105,483 | $ (457,038) |

The following table presents cash flows of discontinued operations related to DMG:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Net cash provided by operating activities from discontinued operations | $ — | $ 99,634 | $ 290,684 |
| Net cash used in investing activities from discontinued operations | $ — | $ (43,442) | $ (57,382) |

*DMG acquisitions*

During the period from January 1, 2019 to June 18, 2019 immediately prior to the sale, the DMG business acquired two medical businesses for a total of $2,025 in net cash and deferred purchase price of $212. During 2018, the DMG business acquired other medical businesses for a total of $6,995 in net cash and deferred purchase price of $1,142.

**23. Variable interest entities**

The Company manages or maintains an ownership interest in certain legal entities subject to the consolidation guidance applicable to variable interest entities (VIEs). Almost all of these legal entities are either U.S. dialysis partnerships encumbered by guaranteed debt, U.S. dialysis limited partnerships, or other legal entities subject to nominee ownership arrangements.

Under U.S. GAAP, VIEs typically include entities for which (i) the entity's equity is not sufficient to finance its activities without additional subordinated financial support; (ii) the equity holders as a group lack the power to direct the activities that most significantly influence the entity's economic performance, the obligation to absorb the entity's expected losses, or the right to receive the entity's expected returns; or (iii) the voting rights of some investors are not proportional to their obligations to absorb the entity's losses.

The substantial majority of VIEs the Company is associated with are U.S. dialysis partnerships which the Company manages and in which it maintains a controlling majority ownership interest. These U.S. dialysis partnerships are considered VIEs either because they are (i) encumbered by debt guaranteed proportionately by the partners that is considered necessary to finance the partnership's activities, or (ii) in the form of limited partnerships for which the limited partners are not considered to have substantive kick-out or participating rights. The Company consolidates virtually all such U.S. dialysis partnerships.

The Company also relies on the operating activities of certain legal entities in which it does not maintain a controlling ownership interest but over which it has indirect influence and of which it is considered the primary beneficiary. These entities are typically subject to nominee ownership and transfer restriction agreements that effectively transfer the majority of the economic risks and rewards of their ownership to the Company. The Company's management, restriction and other agreements concerning such nominee-owned entities typically include both financial terms and protective and participating rights to the entities' operating, strategic and non-clinical governance decisions which transfer substantial powers over and economic responsibility for these entities to the Company. The Company consolidates all of the nominee-owned entities with which it is most closely associated.

At December 31, 2020, these consolidated financial statements include total assets of VIEs above of $310,190 and total liabilities and noncontrolling interests of these VIEs to third parties of $216,632.

The Company also sponsors certain non-qualified deferred compensation plans whose trusts qualify as VIEs and the Company consolidates these plans as their primary beneficiary. The assets of these plans are recorded in short-term or long-term investments with related liabilities recorded in accrued compensation and benefits and other long-term liabilities. See Note 15 for disclosures concerning the assets of these consolidated non-qualified deferred compensation plans.

**24. Fair values of financial instruments**

The Company measures the fair value of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity) based upon certain valuation techniques that include observable or unobservable inputs and assumptions that market participants would use in pricing these assets, liabilities, temporary equity and commitments. The Company has also classified assets, liabilities and temporary equity that are measured at fair value on a recurring basis into the appropriate fair value hierarchy levels as defined by the FASB.

The following table summarizes the Company's assets, liabilities and temporary equity measured at fair value on a recurring basis as of December 31, 2020 and 2019:

| December 31, 2020 | Total | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
|---|---|---|---|---|
| Assets | | | | |
| Investments in equity securities | $ 44,077 | $ 44,077 | $ — | $ — |
| Interest rate cap agreements | $ 2,671 | $ — | $ 2,671 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 30,248 | $ — | $ — | $ 30,248 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,330,028 | $ — | $ — | $ 1,330,028 |
| **December 31, 2019** | | | | |
| Assets | | | | |
| Investments in equity securities | $ 39,951 | $ 39,951 | $ — | $ — |
| Interest rate cap agreements | $ 24,452 | $ — | $ 24,452 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 24,586 | $ — | $ — | $ 24,586 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,180,376 | $ — | $ — | $ 1,180,376 |

For reconciliations of changes in contingent earn-out obligations and noncontrolling interests subject to put provisions during the year ended at December 31, 2020 and 2019, see Note 21 and the consolidated statement of equity, respectively.

Investments in equity securities represent investments in various open-ended registered investment companies (mutual funds) and common stock and are recorded at fair value estimated based on reported market prices or redemption prices, as applicable. See Note 5 for further discussion.

Interest rate cap agreements are recorded at fair value estimated from valuation models utilizing the income approach and commonly accepted valuation techniques that use inputs from closing prices for similar assets and liabilities in active markets as well as other relevant observable market inputs at quoted intervals such as current interest rates, forward yield curves, implied volatility and credit default swap pricing. The Company does not believe the ultimate amount that could be realized upon settlement of these interest rate cap agreements would be materially different from the fair value estimates currently reported. See Note 13 for further discussion.

The estimated fair value measurements of contingent earn-out obligations are primarily based on unobservable inputs, including projected earnings before interest, taxes, depreciation, and amortization (EBITDA) and revenue. The estimated fair value of these contingent earn-out obligations is remeasured as of each reporting date and could fluctuate based upon any significant changes in key assumptions, such as changes in the Company credit risk adjusted rate that is used to discount obligations to present value. See Note 21 for further discussion.

The estimated fair value of noncontrolling interests subject to put provisions is based principally on the higher of either estimated liquidation value of net assets or a multiple of earnings for each subject dialysis partnership, based on historical earnings, revenue mix, and other performance indicators that can affect future results. The multiples used for these valuations are derived from observed ownership transactions for dialysis businesses between unrelated parties in the U.S. in recent years, and the specific valuation multiple applied to each dialysis partnership is principally determined by its recent and expected revenue mix and contribution margin. As of December 31, 2020, an increase or decrease in the weighted average multiple used in these valuations of one times EBITDA would change the estimated fair value of these noncontrolling interests by approximately $160,000. See Note 17 for a discussion of the Company's methodology for estimating the fair values of noncontrolling interests subject to put obligations.

The Company's fair value estimates for its senior secured credit facilities and senior notes are based upon quoted bid and ask prices for these instruments, typically a level 2 input. See Note 13 for further discussion of the Company's debt.

Other financial instruments consist primarily of cash and cash equivalents, restricted cash and cash equivalents, accounts receivable, accounts payable, other accrued liabilities, lease liabilities and debt. The balances of financial instruments other than debt and lease liabilities are presented in the consolidated financial statements at December 31, 2020 and 2019 at their approximate fair values due to the short-term nature of their settlements.

**25. Segment reporting**

The Company's operations are comprised of its U.S. dialysis and related lab services business (its U.S. dialysis business), its various ancillary services and strategic initiatives, including its international operations (collectively, its ancillary services), and its corporate administrative support. See Note 1 *"Organization"* for a summary description of the Company's businesses.

On June 19, 2019, the Company completed the sale of its DMG business to Optum. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented.

The Company’s operating segments have been defined based on the separate financial information that is regularly produced and reviewed by the Company’s chief operating decision maker in making decisions about allocating resources to and assessing the financial performance of the Company’s various operating lines of business. The chief operating decision maker for the Company is its Chief Executive Officer.

The Company’s separate operating segments include its U.S. dialysis and related lab services business, each of its ancillary services and strategic initiatives, its kidney care operations in each foreign sovereign jurisdiction, its other health operations in each foreign sovereign jurisdiction, and its equity method investment in the APAC joint venture. The U.S. dialysis and related lab services business qualifies as a separately reportable segment, and all other ancillary services and strategic initiatives operating segments, including the international operating segments, have been combined and disclosed in the other segments category.

The Company’s operating segment financial information included in this report is prepared on the internal management reporting basis that the chief operating decision maker uses to allocate resources and assess the financial performance of the Company's operating segments. For internal management reporting, segment operations include direct segment operating expenses but generally exclude corporate administrative support costs, which consist primarily of indirect labor, benefits and long-term incentive compensation expenses of certain departments which provide support to all of the Company’s various operating lines of business, except to the extent that such costs are charged to and borne by certain ancillary services and strategic initiatives via internal management fees. These corporate administrative support costs are reduced by internal management fees received from the Company’s ancillary lines of business.

The following is a summary of segment revenues, segment operating margin (loss), and a reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| **Segment revenues:** | | | |
| **U.S. dialysis** | | | |
| Patient service revenues: | | | |
| External sources | $ 10,488,731 | $ 10,421,401 | $ 10,274,046 |
| Intersegment revenues | 144,091 | 131,199 | 92,950 |
| U.S. dialysis revenues before provision | 10,632,822 | 10,552,600 | 10,366,996 |
| Provision for uncollectible accounts | (13,458) | (21,715) | (50,927) |
| U.S. dialysis patient service revenues | 10,619,364 | 10,530,885 | 10,316,069 |
| Other revenues[1] | | | |
| External sources | 39,376 | 30,895 | 19,880 |
| Intersegment revenues | 1,195 | 1,126 | — |
| Total U.S. dialysis revenues | $ 10,659,935 | $ 10,562,906 | $ 10,335,949 |
| **Other - Ancillary services** | | | |
| Net patient service revenues | 550,978 | 497,021 | 437,275 |
| Other external sources | 484,977 | 460,877 | 724,577 |
| Intersegment revenues | 16,743 | 14,030 | 34,236 |
| Total ancillary services | 1,052,698 | 971,928 | 1,196,088 |
| Total net segment revenues | 11,712,633 | 11,534,834 | 11,532,037 |
| Elimination of intersegment revenues | (162,029) | (146,355) | (127,186) |
| Consolidated revenues | $ 11,550,604 | $ 11,388,479 | $ 11,404,851 |
| **Segment operating margin (loss):** | | | |
| U.S. dialysis | $ 1,917,604 | $ 1,924,826 | $ 1,709,721 |
| Other - Ancillary services[2] | (76,261) | (189,174) | (93,789) |
| Total segment margin | 1,841,343 | 1,735,652 | 1,615,932 |
| **Reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:** | | | |
| Corporate administrative support | (146,707) | (92,335) | (90,108) |
| Consolidated operating income | 1,694,636 | 1,643,317 | 1,525,824 |
| Debt expense | (304,111) | (443,824) | (487,435) |
| Debt prepayment, refinancing and redemption charges | (89,022) | (33,402) | — |
| Other income | 16,759 | 29,348 | 10,089 |
| Income from continuing operations before income taxes | $ 1,318,262 | $ 1,195,439 | $ 1,048,478 |

(1) Includes management fee revenues from providing management and administrative services to dialysis ventures in which the Company owns a noncontrolling interest or which are wholly-owned by third parties.

(2) Includes equity investment income of $5,866, $9,366, and $24,866 in 2020, 2019 and 2018, respectively.

Depreciation and amortization expense by reportable segment was as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| U.S. dialysis | $ 594,552 | $ 583,454 | $ 558,810 |
| Other - Ancillary services | 35,883 | 31,698 | 32,225 |
| | $ 630,435 | $ 615,152 | $ 591,035 |

Summary of assets by reportable segment was as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| **Segment assets** | | |
| U.S. dialysis[(1)] | $ 15,344,647 | $ 15,778,880 |
| Other - Ancillary services[(2)] | 1,643,869 | 1,532,514 |
| Consolidated assets | $ 16,988,516 | $ 17,311,394 |

(1) Includes equity method and other investments of $122,974 and $124,188 in 2020 and 2019, respectively.

(2) Includes equity method and other investments of $134,517 and 117,795 in 2020 and 2019, respectively and includes approximately $181,137 and $154,572 in 2020 and 2019, respectively, of net property and equipment related to the Company's international operations.

Expenditures for property and equipment by reportable segment were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| U.S. dialysis | 646,870 | $ 681,339 | $ 856,108 |
| Other - Ancillary services | 27,671 | 46,741 | 45,806 |
| DMG - Discontinued operations | — | 38,466 | 85,224 |
| | $ 674,541 | $ 766,546 | $ 987,138 |

## 26. Supplemental cash flow information

The table below provides supplemental cash flow information:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2020 | 2019 | 2018 |
| Cash paid: | | | |
| Income taxes, net | $ 154,850 | $ 157,983 | $ 92,526 |
| Interest | $ 326,165 | $ 473,176 | $ 488,974 |
| Non-cash investing and financing activities: | | | |
| Fixed assets under financing lease obligations | $ 22,042 | $ 18,953 | $ 8,828 |

## 27. Selected quarterly financial data (unaudited)

| | December 31, | September 30, | June 30, | March 31, |
|---|---|---|---|---|
| **2020** | | | | |
| Total revenues | $ 2,905,322 | $ 2,924,066 | $ 2,879,979 | $ 2,841,237 |
| Operating income | $ 381,671 | $ 437,669 | $ 409,920 | $ 465,376 |
| Attributable to DaVita Inc.: | | | | |
| Net income from continuing operations[1] | $ 193,406 | $ 158,674 | $ 201,602 | $ 229,613 |
| Net (loss) income from discontinued operations | (19,633) | — | — | 9,980 |
| Net income | $ 173,773 | $ 158,674 | $ 201,602 | $ 239,593 |
| Per share attributable to DaVita Inc.: | | | | |
| Basic net income from continuing operations | $ 1.73 | $ 1.31 | $ 1.65 | $ 1.84 |
| Basic net (loss) income from discontinued operations | (0.17) | — | — | 0.08 |
| Basic net income | $ 1.56 | $ 1.31 | $ 1.65 | $ 1.92 |
| Diluted net income from continuing operations | $ 1.67 | $ 1.28 | $ 1.62 | $ 1.81 |
| Diluted net (loss) income from discontinued operations | (0.17) | — | — | 0.08 |
| Diluted net income | $ 1.50 | $ 1.28 | $ 1.62 | $ 1.89 |
| **2019** | | | | |
| Total revenues | $ 2,898,584 | $ 2,904,078 | $ 2,842,705 | $ 2,743,112 |
| Operating income | $ 462,588 | $ 378,336 | $ 461,886 | $ 340,507 |
| Attributable to DaVita Inc.: | | | | |
| Net income from continuing operations[1] | $ 242,242 | $ 150,113 | $ 194,223 | $ 120,254 |
| Net (loss) income from discontinued operations | 2,629 | (6,843) | 79,328 | 29,035 |
| Net income | $ 244,871 | $ 143,270 | $ 273,551 | $ 149,289 |
| Per share attributable to DaVita Inc.: | | | | |
| Basic net income from continuing operations | $ 1.87 | $ 1.00 | $ 1.17 | $ 0.72 |
| Basic net income (loss) from discontinued operations | 0.02 | (0.05) | 0.47 | 0.18 |
| Basic net income | $ 1.89 | $ 0.95 | $ 1.64 | $ 0.90 |
| Diluted net income from continuing operations | $ 1.86 | $ 0.99 | $ 1.16 | $ 0.72 |
| Diluted net income (loss) from discontinued operations | 0.02 | (0.04) | 0.48 | 0.18 |
| Diluted net income | $ 1.88 | $ 0.95 | $ 1.64 | $ 0.90 |

(1) The following table summarizes impairment charges, loss on changes in ownership interest, and a legal settlement included in operating expenses and charges in 2020 and 2019 by quarter:

| | Quarter ended | | | | Quarter ended | | | |
|---|---|---|---|---|---|---|---|---|
| | December 31, 2020 | September 30, 2020 | June 30, 2020 | March 31, 2020 | December 31, 2019 | September 30, 2019 | June 30, 2019 | March 31, 2019 |
| Certain operating expenses and charges: | | | | | | | | |
| Impairment charges | | | | | | $ 83,855 | | $ 41,037 |
| Loss on changes in ownership interest, net | | | $ 16,252 | | | | | |
| Accruals for legal matters | | | $ 35,000 | | | | | |

**EXHIBIT INDEX**

| | |
|---|---|
| 2.1 | Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita Inc., Collaborative Care Holdings, LLC, and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated.(2) |
| 2.2 | Amendment No. 1 dated as of September 20, 2018, to that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita, Inc., a Delaware corporation, Collaborative Care Holdings, LLC, a Delaware limited liability company and a wholly owned subsidiary of Optum, Inc., and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated, a Delaware corporation.(22) |
| 2.3 | Second Amendment to Equity Purchase Agreement by and between DaVita, Inc., a Delaware corporation, and Collaborative Care Holdings, LLC, a Delaware limited liability company, dated as of December 11, 2018, amending that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita, Inc., Collaborative Care Holdings, LLC, and, solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated (as previously amended).(11) |
| 3.1 | Restated Certificate of Incorporation of DaVita Inc., as filed with the Secretary of State of Delaware on November 1, 2016.(1) |
| 3.2 | Amended and Restated Bylaws for DaVita Inc. dated as of December 10, 2020.(33) |
| 4.1 | Indenture for the 4.625% Senior Notes due 2030, dated as of June 9, 2020, by and among DaVita Inc., the subsidiary guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee.(20) |
| 4.2 | Form of 4.625% Senior Notes due 2030 and related Guarantee (included in Exhibit 4.1).(20) |
| 4.3 | Indenture for the 3.750% Senior Notes due 2031, dated August 11, 2020, by and among DaVita Inc., the subsidiary guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee.(17) |
| 4.4 | Form of 3.750% Senior Notes due 2031 and related Guarantee (included in Exhibit 4.3).(17) |
| 4.5 | Description of Securities.(28) |
| 10.1 | Sourcing and Supply Agreement between DaVita Inc. and Amgen USA Inc. effective as of January 6, 2017.(5)** |
| 10.2 | Credit Agreement, dated August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, Credit Agricole Corporate and Investment Bank, JPMorgan Chase Bank, N.A. and MUFG Bank Ltd., as co-syndication agents, Bank of America, N.A., Barclays Bank PLC, Credit Suisse Loan Funding LLC, Goldman Sachs Bank USA, Morgan Stanley Senior Funding, Inc. and Suntrust Bank, as co-documentation agents, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.(24) |
| 10.3 | First Amendment, dated as of February 13, 2020, to that certain Credit Agreement, dated as of August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.(28) |
| 10.4 | Employment Agreement, effective July 25, 2008, between DaVita Inc. and Kent J. Thiry.(12)* |
| 10.5 | Amendment to Employment Agreement, effective December 31, 2014, by and between DaVita Inc. and Kent. J. Thiry.(3)* |
| 10.6 | Amendment Number Two to Employment Agreement, effective August 20, 2018, by and between DaVita Inc. and Kent J. Thiry. (23)* |

| | |
|---|---|
| 10.7 | Executive Chairman Agreement between Kent J. Thiry and DaVita, Inc., dated as of April 29, 2019.(13)* |
| 10.8 | Restricted Stock Units Agreement, effective as of May 15, 2019, by and between DaVita Inc. and Kent Thiry.(25)* |
| 10.9 | Performance Stock Units Agreement, effective as of May 15, 2019, by and between DaVita Inc. and Kent Thiry.(25)* |
| 10.10 | Employment Agreement, dated as of April 29, 2019, by and between Javier J. Rodriguez and DaVita Inc.(13)* |
| 10.11 | Stock Appreciation Rights Agreement, effective November 4, 2019, by and between Javier J. Rodriguez and DaVita Inc.(27)* |
| 10.12 | Employment Agreement, effective February 21, 2017, by and between DaVita Inc. and Joel Ackerman.(8)* |
| 10.13 | Employment Agreement, effective April 27, 2016, by and between DaVita HealthCare Partners Inc. and Kathleen A. Waters.(5)* |
| 10.14 | Employment Agreement, effective September 22, 2005, by and between DaVita Inc. and James Hilger.(7)* |
| 10.15 | Amendment to Mr. Hilger's Employment Agreement, effective December 12, 2008.(15)* |
| 10.16 | Second Amendment to Mr. Hilger's Employment Agreement, effective December 27, 2012.(18)* |
| 10.17 | Third Amendment to Employment Agreement, effective December 31, 2014, by and between DaVita Inc. and James Hilger.(3)* |
| 10.18 | Transition Agreement, dated as of July 31, 2018, by and between DaVita Inc. and James Hilger.(21)* |
| 10.19 | Employment Agreement, effective April 29, 2015, by and between DaVita HealthCare Partners Inc. and Michael Staffieri.(28)* |
| 10.20 | Amendment to Stock Appreciation Rights Agreements, effective June 11, 2020, by and between DaVita Inc. and William L. Roper, M.D.(30)* |
| 10.21 | Transition Agreement, dated October 1, 2020, by and between DaVita Inc. and LeAnne Zumwalt.(32)* |
| 10.22 | Form of Indemnity Agreement.(10)* |
| 10.23 | Form of Indemnity Agreement.(6)* |
| 10.24 | DaVita Deferred Compensation Plan.(8)* |
| 10.25 | DaVita Voluntary Deferral Plan.(4)* |
| 10.26 | Deferred Bonus Plan (Prosperity Plan).(14)* |
| 10.27 | Amendment No. 1 to Deferred Bonus Plan (Prosperity Plan).(15)* |
| 10.28 | Amended and Restated Employee Stock Purchase Plan.(26)* |
| 10.29 | DaVita Inc. Severance Plan for Directors and Above.(3)* |

| | |
|---|---|
| 10.30 | DaVita Inc. Non-Employee Director Compensation Policy.(16)* |
| 10.31 | Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(9)* |
| 10.32 | Amendment No. 1 to the Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(27)* |
| 10.33 | DaVita Inc. 2020 Incentive Award Plan.(29)* |
| 10.34 | DaVita Inc. Rule of 65 Policy, adopted on August 19, 2018.(23)* |
| 10.35 | Form of Stock Appreciation Rights Agreement-Board members (DaVita Inc. 2011 Incentive Award Plan).(21)* |
| 10.36 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.37 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(19)* |
| 10.38 | Form of Long-Term Incentive Program Award Agreement (For 162(m) designated teammates) (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.39 | Form of Long-Term Incentive Program Award Agreement (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.40 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.41 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.42 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.43 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.44 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.45 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.46 | Form of Stock Appreciation Rights Agreement (DaVita Inc. 2020 Incentive Award Plan).(31)* |
| 10.47 | Form of Performance-Based Restricted Stock Unit Agreement (DaVita Inc. 2020 Incentive Award Plan).(31)* |
| 10.48 | Form of Restricted Stock Unit Agreement (DaVita Inc. 2020 Incentive Award Plan).(31)* |
| 21.1 | List of our subsidiaries.ü |
| 23.1 | Consent of KPMG LLP, independent registered public accounting firm.ü |
| 24.1 | Powers of Attorney with respect to DaVita. (Included on Page S-1). |
| 31.1 | Certification of the Chief Executive Officer, dated February 12, 2021, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.ü |
| 31.2 | Certification of the Chief Financial Officer, dated February 12, 2021, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.ü |

| | |
|---|---|
| 32.1 | Certification of the Chief Executive Officer, dated February 12, 2021, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.ü |
| 32.2 | Certification of the Chief Financial Officer, dated February 12, 2021, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.ü |
| 101.INS | XBRL Instance Document - the Instance Document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.ü |
| 101.SCH | Inline XBRL Taxonomy Extension Schema Document.ü |
| 101.CAL | Inline XBRL Taxonomy Extension Calculation Linkbase Document.ü |
| 101.DEF | Inline XBRL Taxonomy Extension Definition Linkbase Document.ü |
| 101.LAB | Inline XBRL Taxonomy Extension Label Linkbase Document.ü |
| 101.PRE | Inline XBRL Taxonomy Extension Presentation Linkbase Document.ü |
| 104 | Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).ü |

ü Included in this filing.
* Management contract or executive compensation plan or arrangement.
** Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the SEC.

(1) Filed on November 2, 2016 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2016.
(2) Filed on December 6, 2017 as an exhibit to the Company's Current Report on Form 8-K.
(3) Filed on February 22, 2019 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2018.
(4) Filed on November 8, 2005 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2005.
(5) Filed on May 2, 2017 as an exhibit to the Company's Quarterly Report on 10-Q for the quarter ended March 31, 2017.
(6) Filed on March 3, 2005 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2004.
(7) Filed on August 7, 2006 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ending June 30, 2006.
(8) Filed on February 24, 2017 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2016.
(9) Filed on April 28, 2014 as Appendix A to the Company's Definitive Proxy Statement on Schedule 14A.
(10) Filed on December 20, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(11) Filed on December 17, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(12) Filed on July 31, 2008 as an exhibit to the Company's Current Report on Form 8-K.
(13) Filed on April 29, 2019 as an exhibit to the Company's Current Report on Form 8-K.
(14) Filed on February 29, 2008 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2007.
(15) Filed on February 27, 2009 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2008.
(16) Filed on May 5, 2020 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2020.
(17) Filed on August 11, 2020 as an exhibit to the Company's Current Report on Form 8-K.
(18) Filed on March 1, 2013 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2012.

(19) Filed on August 4, 2011 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2011.
(20) Filed on June 9, 2020 as an exhibit to the Company's Current Report on Form 8-K.
(21) Filed on August 1, 2018 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2018.
(22) Filed on September 24, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(23) Filed on August 23, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(24) Filed on August 14, 2019 as an exhibit to the Company's Current Report on Form 8-K.
(25) Filed on July 22, 2019 as an exhibit to the Company's Tender Offer Statement on Schedule TO-I.
(26) Filed on May 10, 2016 as an appendix to the Company's Proxy Statement on DEF 14A.
(27) Filed on December 6, 2019 as an appendix to the Company's Proxy Statement on DEF 14A.
(28) Filed on February 21, 2020 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2019.
(29) Filed on April 27, 2020 as an appendix to the Company's Proxy Statement on DEF 14A.
(30) Filed on July 30, 2020 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2020.
(31) Filed on August 17, 2020 as an exhibit to the Company's Tender Offer Statement on Schedule TO-I.
(32) Filed on October 29, 2020 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2020.
(33) Filed on December 10, 2020 as an exhibit to the Company's Current Report on Form 8-K.

**SIGNATURES**

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, we have duly caused this Annual Report on Form 10-K to be signed on our behalf by the undersigned, thereunto duly authorized, in the City of Denver, State of Colorado, on February 12, 2021.

DAVITA INC.

By: /s/ JAVIER J. RODRIGUEZ

Javier J. Rodriguez
Chief Executive Officer

KNOW ALL MEN BY THESE PRESENT, that each person whose signature appears below constitutes and appoints Javier J. Rodriguez, Joel Ackerman, and Kathleen Waters, and each of them his or her true and lawful attorneys-in-fact and agents with full power of substitution and resubstitution, for him or her and in his or her name, place and stead, in any and all capacities, to sign any and all amendments to this Annual Report on Form 10-K, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorneys-in-fact and agents, and each of them, full power and authority to do and perform each and every act and thing requisite or necessary to be done in and about the premises, as fully to all intents and purposes as he or she might or could do in person, hereby ratifying and confirming all that said attorneys-in-fact and agents or any of them, or their or his or her substitute or substitutes, may lawfully do or cause to be done by virtue hereof.

Pursuant to the requirements of the Securities Exchange Act of 1934, this Annual Report on Form 10-K has been signed by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

| Signature | Title | Date |
|---|---|---|
| /S/ JAVIER J. RODRIGUEZ<br>Javier J. Rodriguez | Chief Executive Officer and Director<br>(Principal Executive Officer) | February 12, 2021 |
| /S/ JOEL ACKERMAN<br>Joel Ackerman | Chief Financial Officer and Treasurer<br>(Principal Financial Officer) | February 12, 2021 |
| /S/ JOHN D. WINSTEL<br>John D. Winstel | Chief Accounting Officer<br>(Principal Accounting Officer) | February 12, 2021 |
| /S/ PAMELA M. ARWAY<br>Pamela M. Arway | Director | February 12, 2021 |
| /S/ CHARLES G. BERG<br>Charles G. Berg | Director | February 12, 2021 |
| /S/ BARBARA J. DESOER<br>Barbara J. Desoer | Director | February 12, 2021 |
| /S/ PAUL J. DIAZ<br>Paul J. Diaz | Director | February 12, 2021 |
| /S/ SHAWN M. GUERTIN<br>Shawn M. Guertin | Director | February 12, 2021 |
| /S/ JOHN M. NEHRA<br>John M. Nehra | Director | February 12, 2021 |
| /S/ PAULA A. PRICE<br>Paula A. Price | Director | February 12, 2021 |
| /S/ PHYLLIS R. YALE<br>Phyllis R. Yale | Director | February 12, 2021 |

**DAVITA INC.**
**SCHEDULE II—VALUATION AND QUALIFYING ACCOUNTS**

| Description | Balance at beginning of year | Acquisitions | Amounts charged to income | Amounts written off | Balance at end of year |
|---|---|---|---|---|---|
| | | | (dollars in thousands) | | |
| Allowance for uncollectible accounts: | | | | | |
| Year ended December 31, 2020 | $ 8,328 | $ — | $ 13,458 | $ 21,786 | $ — |
| Year ended December 31, 2019 | $ 52,924 | $ — | $ 21,715 | $ 66,311 | $ 8,328 |
| Year ended December 31, 2018 | $ 218,399 | $ — | $ 42,287 | $ 207,762 | $ 52,924 |

**Exhibit 21.1**

**SUBSIDIARIES OF THE COMPANY**

as of December 31, 2020

| Name | Jurisdiction of Organization |
|---|---|
| Aberdeen Dialysis, LLC | Delaware |
| Adair Dialysis, LLC | Delaware |
| Alenes Dialysis, LLC | Delaware |
| American Fork Dialysis, LLC | Delaware |
| American Medical Insurance, Inc. | Arizona |
| Animas Dialysis, LLC | Delaware |
| Arcadia Gardens Dialysis, LLC | Delaware |
| Arrowhead Dialysis, LLC | Delaware |
| Attell Dialysis, LLC | Delaware |
| Austin Dialysis Centers, L.P. | Delaware |
| Bainbridge Dialysis, LLC | Delaware |
| Bannon Dialysis, LLC | Delaware |
| Barnell Dialysis, LLC | Delaware |
| Barrons Dialysis, LLC | Delaware |
| Barton Dialysis, LLC | Delaware |
| Basin Dialysis, LLC | Delaware |
| Bastrop Dialysis, LLC | Delaware |
| Beck Dialysis, LLC | Delaware |
| Bellevue Dialysis, LLC | Delaware |
| Bemity Dialysis, LLC | Delaware |
| Beverly Hills Dialysis Partnership | California |
| Birch Dialysis, LLC | Ohio |
| Bladon Dialysis, LLC | Delaware |
| Blanco Dialysis, LLC | Delaware |
| Bliss Dialysis, LLC | Delaware |
| Bluegrass Dialysis, LLC | Delaware |
| Bohama Dialysis, LLC | Delaware |
| Bothwell Dialysis, LLC | Delaware |
| Bottle Dialysis, LLC | Delaware |
| Bowan Dialysis, LLC | Delaware |
| Braddock Dialysis, LLC | Delaware |
| Bretton Dialysis, LLC | Delaware |
| Bridges Dialysis, LLC | Delaware |
| Brimfield Dialysis, LLC | Delaware |
| Brook Dialysis, LLC | Delaware |
| Brownsville Kidney Center, Ltd. | Texas |
| Brownwood Dialysis, LLC | Delaware |
| Bruno Dialysis, LLC | Delaware |
| Buckhorn Dialysis, LLC | Delaware |
| Buford Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Bullards Dialysis, LLC | Delaware |
| Bullock Dialysis, LLC | Delaware |
| Canyon Dialysis, LLC | Delaware |
| Canyon Springs Dialysis, LLC | Delaware |
| Capes Dialysis, LLC | Delaware |
| Capital Dialysis Partnership | California |
| Capron Dialysis, LLC | Delaware |
| Carlton Dialysis, LLC | U.S. Virgin Islands |
| Carroll County Dialysis Facility Limited Partnership | Maryland |
| Carroll County Dialysis Facility, Inc. | Maryland |
| Cascades Dialysis, LLC | Delaware |
| Caverns Dialysis, LLC | Delaware |
| Cedar Dialysis, LLC | Delaware |
| Centennial LV, LLC | Delaware |
| Central Carolina Dialysis Centers, LLC | Delaware |
| Central Georgia Dialysis, LLC | Delaware |
| Central Iowa Dialysis Partners, LLC | Delaware |
| Central Kentucky Dialysis Centers, LLC | Delaware |
| Cerito Dialysis Partners, LLC | Delaware |
| Channel Dialysis, LLC | Delaware |
| Chantry Dialysis, LLC | Delaware |
| Cheraw Dialysis, LLC | Delaware |
| Chipeta Dialysis, LLC | Delaware |
| Churchill Dialysis, LLC | Delaware |
| Cimarron Dialysis, LLC | Delaware |
| Cinco Rios Dialysis, LLC | Delaware |
| Clark Dialysis, LLC | Delaware |
| Clayton Dialysis, LLC | Delaware |
| Clinica Central do Bonfim S.A. | Portugal |
| Clínica Médica DaVita Bandeirantes Serviços de Nefrologia Ltda. | Brazil |
| Clinton Township Dialysis, LLC | Delaware |
| Clyfee Dialysis, LLC | Delaware |
| Coast Dialysis, LLC | Delaware |
| Cobbles Dialysis, LLC | Delaware |
| Columbus-RNA-DaVita, LLC | Delaware |
| Commerce Township Dialysis Center, LLC | Delaware |
| Conconully Dialysis, LLC | Delaware |
| Continental Dialysis Center of Springfield-Fairfax, Inc. | Virginia |
| Continental Dialysis Centers, Inc. | Virginia |
| Coral Dialysis, LLC | Delaware |
| Couer Dialysis, LLC | Delaware |
| Court Dialysis, LLC | Delaware |
| Cowell Dialysis, LLC | Delaware |
| Cowesett Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Crossings Dialysis, LLC | Delaware |
| Crystals Dialysis, LLC | Delaware |
| Cuivre Dialysis, LLC | Delaware |
| Culbert Dialysis, LLC | Delaware |
| Curecanti Dialysis, LLC | Delaware |
| Dallas-Fort Worth Nephrology, L.P. | Delaware |
| Damon Dialysis, LLC | Delaware |
| DaVita - Riverside II, LLC | Delaware |
| DaVita - Riverside, LLC | Delaware |
| DaVita - West, LLC | Delaware |
| DaVita Águas Claras Serviços de Nefrologia Ltda. | Brazil |
| DaVita APAC Holding B.V. | Netherlands |
| DaVita Bauru Serviços de Nefrologia Ltda. | Brazil |
| DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil |
| DaVita Care (Saudi Arabia) | Saudi Arabia |
| DaVita Ceilândia Serviços de Nefrologia Ltda. | Brazil |
| DaVita Dakota Dialysis Center, LLC | Delaware |
| DaVita Deutschland AG | Germany |
| DaVita Deutschland Beteiligungs GmbH & Co. KG | Germany |
| DaVita EL Paso East, L.P. | Delaware |
| DaVita Germany GmbH | Germany |
| DaVita HealthCare Brasil Serviços Médicos Ltda. | Brazil |
| DaVita International Limited | United Kingdom |
| DaVita Kidney Care Contracting, LLC | Delaware |
| DaVita Nefromed Serviços de Nefrologia Ltda. | Brazil |
| DaVita Nephron Care Serviços de Nefrologia Ltda. | Brazil |
| DaVita of New York, Inc. | New York |
| DaVita Rien Serviços de Nefrologia Ltda. | Brazil |
| DaVita S.A.S. | Colombia |
| DaVita Serviços de Nefrologia Asa Sul Ltda. | Brazil |
| DaVita Serviços de Nefrologia Boa Vista Ltda. | Brazil |
| DaVita Serviços de Nefrologia Campo Grande Ltda. | Brazil |
| DaVita Serviços de Nefrologia Cuiabá Ltda. | Brazil |
| DaVita Serviços de Nefrologia de Araraquara Ltda. | Brazil |
| DaVita Serviços de Nefrologia Guarulhos Ltda. | Brazil |
| DaVita Serviços de Nefrologia Pacini Ltda. | Brazil |
| DaVita Serviços de Nefrologia Santos Dumont Ltda. | Brazil |
| DaVita Serviços de Nefrologia Sumaré Ltda. | Brazil |
| DaVita Serviços de Nefrologia Taubaté Ltda. | Brazil |
| DaVita Sp. z o.o. | Poland |
| DaVita Sud-Niedersachsen GmbH | Germany |
| DaVita Transrim Serviços de Nefrologia Ltda. | Brazil |
| DaVita UK Limited | United Kingdom |
| DaVita UTR Serviços de Nefrologia Ltda. | Brazil |

| Name | Jurisdiction of Organization |
|---|---|
| DaVita VillageHealth, Inc. | Delaware |
| DC Healthcare International, Inc. | Delaware |
| DeSoto Dialysis, LLC | Delaware |
| Dialysis Holdings, Inc. | Delaware |
| Dialysis of Des Moines, LLC | Delaware |
| Dialysis of Northern Illinois, LLC | Delaware |
| Dierks Dialysis, LLC | Delaware |
| Dighton Dialysis, LLC | Delaware |
| Dolores Dialysis, LLC | Delaware |
| Dome Dialysis, LLC | Delaware |
| Doves Dialysis, LLC | Delaware |
| Downriver Centers, Inc. | Michigan |
| DV Care Netherlands B.V. | Netherlands |
| DV Care Netherlands C.V. | Netherlands |
| DVA Healthcare - Southwest Ohio, LLC | Tennessee |
| DVA Healthcare of Maryland, LLC | Maryland |
| DVA Healthcare of Massachusetts, Inc. | Massachusetts |
| DVA Healthcare of New London, LLC | Tennessee |
| DVA Healthcare of Norwich, LLC | Tennessee |
| DVA Healthcare of Pennsylvania, LLC | Pennsylvania |
| DVA Healthcare of Tuscaloosa, LLC | Tennessee |
| DVA Healthcare Renal Care, Inc. | Nevada |
| DVA Holdings Pte. Ltd. | Singapore |
| DVA Laboratory Services, Inc. | Florida |
| DVA of New York, Inc. | New York |
| DVA Renal Healthcare, Inc. | Tennessee |
| Dworsher Dialysis, LLC | Delaware |
| East End Dialysis Center, Inc. | Virginia |
| East Ft. Lauderdale, LLC | Delaware |
| Ebrea Dialysis, LLC | Delaware |
| Edisto Dialysis, LLC | Delaware |
| Elandon Dialysis, LLC | Delaware |
| Eldrist Dialysis, LLC | Delaware |
| Elk Grove Dialysis Center, LLC | Delaware |
| Empire State DC, Inc. | New York |
| Etowah Dialysis, LLC | Delaware |
| Ettleton Dialysis, LLC | Delaware |
| Eufaula Dialysis, LLC | Delaware |
| EURODIAL - Centro de Nefrologia e Dialise de Leiria S.A. | Portugal |
| Falcon, LLC | Delaware |
| Fanthorp Dialysis, LLC | Delaware |
| Federal Way Assurance, Inc. | Colorado |
| Ferne Dialysis, LLC | Delaware |
| Fields Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Five Star Dialysis, LLC | Delaware |
| Fjords Dialysis, LLC | Delaware |
| Flagler Dialysis, LLC | Delaware |
| Flamingo Park Kidney Center, Inc. | Florida |
| Forester Dialysis, LLC | Delaware |
| Freehold Artificial Kidney Center, L.L.C. | New Jersey |
| Fremont Dialysis, LLC | Delaware |
| Frontier Dialysis, LLC | Delaware |
| Fullerton Dialysis Center, LLC | Delaware |
| Ganois Dialysis, LLC | Delaware |
| Garner Dialysis, LLC | Delaware |
| Garrett Dialysis, LLC | Delaware |
| Gaviota Dialysis, LLC | Delaware |
| GDC International, LLC | Delaware |
| Gebhard Dialysis, LLC | Delaware |
| Genesis KC Development, LLC | Delaware |
| Geyser Dialysis, LLC | Delaware |
| Gilwards Dialysis, LLC | Delaware |
| GiveLife Dialysis, LLC | Delaware |
| Glassland Dialysis, LLC | Delaware |
| Glosser Dialysis, LLC | Delaware |
| Goliad Dialysis, LLC | Delaware |
| Gordina Dialysis, LLC | Delaware |
| Great Dialysis, LLC | Delaware |
| Greater Las Vegas Dialysis, LLC | Delaware |
| Greater Los Angeles Dialysis Centers, LLC | Delaware |
| Green Country Dialysis, LLC | Delaware |
| Green Desert Dialysis, LLC | Delaware |
| Griffin Dialysis, LLC | Delaware |
| Hanford Dialysis, LLC | Delaware |
| Harmony Dialysis, LLC | Delaware |
| Hart Dialysis, LLC | Delaware |
| Hawn Dialysis, LLC | Delaware |
| Hazelton Dialysis, LLC | Delaware |
| Helmer Dialysis, LLC | Delaware |
| Hewett Dialysis, LLC | Delaware |
| Heyburn Dialysis, LLC | Delaware |
| Hilgards Dialysis, LLC | Delaware |
| Hochatown Dialysis, LLC | Delaware |
| Holten Dialysis, LLC | Delaware |
| Home Kidney Care, LLC | Delaware |
| Honey Dialysis, LLC | Delaware |
| Honeyman Dialysis, LLC | Delaware |
| Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Hummer Dialysis, LLC | Delaware |
| Hunter Dialysis, LLC | Delaware |
| Huntington Artificial Kidney Center, Ltd. | New York |
| Huntington Park Dialysis, LLC | Delaware |
| Hyattsville Dialysis, LLC | Delaware |
| Hyde Dialysis, LLC | Delaware |
| IDC -International Dialysis Centers, Lda | Portugal |
| Iroquois Dialysis, LLC | Delaware |
| ISD Corpus Christi, LLC | Delaware |
| ISD I Holding Company, Inc. | Delaware |
| ISD II Holding Company, Inc. | Delaware |
| ISD Kendallville, LLC | Delaware |
| ISD Las Vegas, LLC | Delaware |
| ISD Lees Summit, LLC | Delaware |
| ISD Renal, Inc. | Delaware |
| ISD Spring Valley, LLC | Delaware |
| ISD Summit Renal Care, LLC | Ohio |
| Jacinto Dialysis, LLC | Delaware |
| Jenness Dialysis, LLC | Delaware |
| Kamiah Dialysis, LLC | Delaware |
| Kanika Dialysis, LLC | Delaware |
| Kavett Dialysis, LLC | Delaware |
| Kearn Dialysis, LLC | Delaware |
| Kenai Dialysis, LLC | Delaware |
| Kershaw Dialysis, LLC | Delaware |
| Kidney HOME Center, LLC | Delaware |
| Kimball Dialysis, LLC | Delaware |
| Kingston Dialysis, LLC | Delaware |
| Kinnick Dialysis, LLC | Delaware |
| Kinter Dialysis, LLC | Delaware |
| Kiowa Dialysis, LLC | Delaware |
| Knickerbocker Dialysis, Inc. | New York |
| Knotts Dialysis, LLC | Delaware |
| Kobuk Dialysis, LLC | Delaware |
| Lakeshore Dialysis, LLC | Delaware |
| Landing Dialysis, LLC | Delaware |
| Landor Dialysis, LLC | Delaware |
| Lassen Dialysis, LLC | Delaware |
| Leasburg Dialysis, LLC | Delaware |
| Leawood Dialysis, LLC | Delaware |
| Legare Development LLC | Delaware |
| Liberty RC, Inc. | New York |
| Lincoln Park Dialysis Services, Inc. | Illinois |
| Lincolnton Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Livingston Dialysis, LLC | Delaware |
| Llano Dialysis, LLC | Delaware |
| Lofield Dialysis, LLC | Delaware |
| Logoley Dialysis, LLC | Delaware |
| Lone Dialysis, LLC | Delaware |
| Long Beach Dialysis Center, LLC | Delaware |
| Lord Baltimore Dialysis, LLC | Delaware |
| Lory Dialysis, LLC | Delaware |
| Loup Dialysis, LLC | Delaware |
| Lourdes Dialysis, LLC | Delaware |
| Lyndale Dialysis, LLC | Delaware |
| Madigan Dialysis, LLC | Delaware |
| Magney Dialysis, LLC | Delaware |
| Makonee Dialysis, LLC | Delaware |
| Mammoth Dialysis, LLC | Delaware |
| Manzano Dialysis, LLC | Delaware |
| Maple Grove Dialysis, LLC | Delaware |
| Marlton Dialysis Center, LLC | Delaware |
| Marseille Dialysis, LLC | Delaware |
| Mashero Dialysis, LLC | Delaware |
| Mason-Dixon Dialysis Facilities, Inc. | Maryland |
| Mazonia Dialysis, LLC | Delaware |
| Mellen Dialysis, LLC | Delaware |
| Melnea Dialysis, LLC | Delaware |
| Memorial Dialysis Center, L.P. | Delaware |
| Mendocino Dialysis, LLC | Delaware |
| Meridian Dialysis, LLC | Delaware |
| Mermet Dialysis, LLC | Delaware |
| Middlesex Dialysis Center, LLC | Delaware |
| Milltown Dialysis, LLC | Delaware |
| Minam Dialysis, LLC | Delaware |
| Minneopa Dialysis, LLC | Delaware |
| Monad Dialysis, LLC | Delaware |
| Monett Dialysis, LLC | Delaware |
| Morro Dialysis, LLC | Delaware |
| Mountain West Dialysis Services, LLC | Delaware |
| Mulgee Dialysis, LLC | Delaware |
| MVZ DaVita Alzey GmbH | Germany |
| MVZ DaVita Aurich GmbH | Germany |
| MVZ DaVita Bad Aibling GmbH | Germany |
| MVZ DaVita Bad Duben GmbH | Germany |
| MVZ DaVita Dillenburg GmbH | Germany |
| MVZ DaVita Dinkelsbuhl GmbH | Germany |
| MVZ DaVita Dormagen GmbH | Germany |

| Name | Jurisdiction of Organization |
|---|---|
| MVZ DaVita Duisburg GmbH | Germany |
| MVZ DaVita Elsterland GmbH | Germany |
| MVZ DaVita Emden GmbH | Germany |
| MVZ DaVita Falkensee GmbH | Germany |
| MVZ DaVita Geilenkirchen GmbH | Germany |
| MVZ DaVita Gera GmbH | Germany |
| MVZ DaVita Iserlohn GmbH | Germany |
| MVZ DaVita Neuss GmbH | Germany |
| MVZ DaVita Nierenzentrum Aachen Alsdorf GmbH | Germany |
| MVZ DaVita Nierenzentrum Berlin-Britz GmbH | Germany |
| MVZ DaVita Nierenzentrum Hamm-Ahlen GmbH | Germany |
| MVZ DaVita Prenzlau-Pasewalk GmbH | Germany |
| MVZ DaVita Rhein-Ahr GmbH | Germany |
| MVZ DaVita Rhein-Ruhr GmbH | Germany |
| MVZ DaVita Viersen GmbH | Germany |
| Myrtle Dialysis, LLC | Delaware |
| Nansen Dialysis, LLC | Delaware |
| Natomas Dialysis, LLC | Delaware |
| Nauvue Dialysis, LLC | Delaware |
| Navarro Dialysis, LLC | Delaware |
| Neoporte Dialysis, LLC | Delaware |
| Nephrology Practice Solutions, LLC | Delaware |
| Neptune Artificial Kidney Center, L.L.C. | New Jersey |
| New Bay Dialysis, LLC | Delaware |
| New Springs Dialysis, LLC | Delaware |
| Norte Dialysis, LLC | Delaware |
| North Austin Dialysis, LLC | Delaware |
| Oasis Dialysis, LLC | Delaware |
| Odiorne Dialysis, LLC | Delaware |
| Ohio River Dialysis, LLC | Delaware |
| Okanogan Dialysis, LLC | Delaware |
| Olive Dialysis, LLC | Delaware |
| Orange Dialysis, LLC | California |
| Ordust Dialysis, LLC | Delaware |
| Osage Dialysis, LLC | Delaware |
| Owens Dialysis, LLC | Delaware |
| Owyhee Dialysis, LLC | Delaware |
| Palo Dialysis, LLC | Delaware |
| Palomar Dialysis, LLC | Delaware |
| Panther Dialysis, LLC | Delaware |
| Patient Pathways, LLC | Delaware |
| Patuk Dialysis, LLC | Delaware |
| Peaks Dialysis, LLC | Delaware |
| Pearl Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Pendster Dialysis, LLC | Delaware |
| Percha Dialysis, LLC | Delaware |
| Pershing Dialysis, LLC | Delaware |
| Pfeiffer Dialysis, LLC | Delaware |
| Philadelphia-Camden Integrated Kidney Care, LLC | Delaware |
| Physicians Choice Dialysis Of Alabama, LLC | Delaware |
| Physicians Choice Dialysis, LLC | Delaware |
| Physicians Dialysis Acquisitions, Inc. | Delaware |
| Physicians Dialysis of Lancaster, LLC | Pennsylvania |
| Physicians Dialysis Ventures, LLC | Delaware |
| Physicians Management, LLC | Delaware |
| Pible Dialysis, LLC | Delaware |
| Pinewoods Dialysis, LLC | Delaware |
| Pittsburgh Dialysis Partners, LLC | Delaware |
| Piute Dialysis, LLC | Delaware |
| Plaine Dialysis, LLC | Delaware |
| Platte Dialysis, LLC | Delaware |
| Pluribus Dialise - Benfica, S.A. | Portugal |
| Pluribus Dialise - Cascais, S.A. | Portugal |
| Pluribus Dialise - Sacavem, S.A. | Portugal |
| Pluribus Dialise, S.A. | Portugal |
| Poinsett Dialysis, LLC | Delaware |
| Pokagon Dialysis, LLC | Delaware |
| Portola Dialysis, LLC | Delaware |
| Prineville Dialysis, LLC | Delaware |
| Pronomed Clínica Médica Ltda. | Brazil |
| Pyramid Dialysis, LLC | Delaware |
| Ramsey Dialysis, LLC | Delaware |
| Randolph Dialysis, LLC | Delaware |
| Rayburn Dialysis, LLC | Delaware |
| Red Willow Dialysis, LLC | Delaware |
| Redcliff Dialysis, LLC | Delaware |
| Refuge Dialysis, LLC | Delaware |
| Renal Center of Beaumont, LLC | Delaware |
| Renal Center of Fort Dodge, LLC | Delaware |
| Renal Center of Lewisville, LLC | Delaware |
| Renal Center of Morristown, LLC | Delaware |
| Renal Center of Newton, LLC | Delaware |
| Renal Center of North Denton, L.L.L.P. | Delaware |
| Renal Center of Port Arthur, LLC | Delaware |
| Renal Center of Sewell, LLC | Delaware |
| Renal Center of the Hills, LLC | Delaware |
| Renal Center of Tyler, L.P.L.L.L.P. | Delaware |
| Renal Center of West Beaumont, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Renal Center of Westwood, LLC | Delaware |
| Renal Life Link, Inc. | Delaware |
| Renal Services (UK) Limited | United Kingdom |
| Renal Treatment Centers - California, Inc. | Delaware |
| Renal Treatment Centers - Illinois, Inc. | Delaware |
| Renal Treatment Centers - Mid-Atlantic, Inc. | Delaware |
| Renal Treatment Centers - Northeast, Inc. | Delaware |
| Renal Treatment Centers - Southeast, LP | Delaware |
| Renal Treatment Centers - West, Inc. | Delaware |
| Renal Treatment Centers, Inc. | Delaware |
| Renal Ventures Management, LLC | Delaware |
| RenalServ LLC | Delaware |
| Riddle Dialysis, LLC | Delaware |
| Ringwood Dialysis, LLC | Delaware |
| Rio Dialysis, LLC | Delaware |
| River Valley Dialysis, LLC | Delaware |
| RNA - DaVita Dialysis, LLC | Delaware |
| Rochester Dialysis Center, LLC | Delaware |
| Rocky Mountain Dialysis Services, LLC | Delaware |
| Rollins Dialysis, LLC | Delaware |
| Roose Dialysis, LLC | Delaware |
| Roushe Dialysis, LLC | Delaware |
| Routt Dialysis, LLC | Delaware |
| Royale Dialysis, LLC | Delaware |
| Rusk Dialysis, LLC | Delaware |
| Russell Dialysis, LLC | Delaware |
| Rutland Dialysis, LLC | Delaware |
| RV Academy, LLC | Delaware |
| Saddleback Dialysis, LLC | Delaware |
| Sahara Dialysis, LLC | Delaware |
| SAKDC-DaVita Dialysis Partners, L.P. | Delaware |
| San Marcos Dialysis, LLC | Delaware |
| Sands Dialysis, LLC | Delaware |
| Santiam Dialysis, LLC | Delaware |
| Sapelo Dialysis, LLC | Delaware |
| Saunders Dialysis, LLC | Delaware |
| Seabay Dialysis, LLC | Delaware |
| Secour Dialysis, LLC | Delaware |
| Sensiba Dialysis, LLC | Delaware |
| Shadow Dialysis, LLC | Delaware |
| Shayano Dialysis, LLC | Delaware |
| Shelling Dialysis, LLC | Delaware |
| Sherman Dialysis, LLC | Delaware |
| Shetek Dialysis, LLC | Delaware |

| Name | Jurisdiction of Organization |
|---|---|
| Shining Star Dialysis, Inc. | New Jersey |
| Siena Dialysis Center, LLC | Delaware |
| Silverwood Dialysis, LLC | Delaware |
| Simeon Dialysis, LLC | Delaware |
| Skagit Dialysis, LLC | Delaware |
| Soledad Dialysis Center, LLC | Delaware |
| Somerville Dialysis Center, LLC | Delaware |
| South Central Florida Dialysis Partners, LLC | Delaware |
| South Florida Integrated Kidney Care, LLC | Delaware |
| South Fork Dialysis, LLC | Delaware |
| Southern Hills Dialysis Center, LLC | Delaware |
| Southwest Atlanta Dialysis Centers, LLC | Delaware |
| Sprague Dialysis, LLC | Delaware |
| Springpond Dialysis, LLC | Delaware |
| Star Dialysis, LLC | Delaware |
| Stevenson Dialysis, LLC | Delaware |
| Stewart Dialysis, LLC | Delaware |
| Stines Dialysis, LLC | Delaware |
| Storrie Dialysis, LLC | Delaware |
| Sugarloaf Dialysis, LLC | Delaware |
| Sun City Dialysis Center, L.L.C. | Delaware |
| Sun City West Dialysis Center, LLC | Delaware |
| Sunapee Dialysis, LLC | Delaware |
| Sunset Dialysis, LLC | Delaware |
| Talimena Dialysis, LLC | Delaware |
| Targhee Dialysis, LLC | Delaware |
| Tarley Dialysis, LLC | Delaware |
| Tenack Dialysis, LLC | Delaware |
| Tennessee Valley Dialysis Center, LLC | Delaware |
| Terre Dialysis, LLC | Delaware |
| The Woodlands Dialysis Center, LP | Delaware |
| Tortugas Dialysis, LLC | Delaware |
| Total Renal Care Of North Carolina, LLC | Delaware |
| Total Renal Care Texas Limited Partnership | Delaware |
| Total Renal Care, Inc. | California |
| Total Renal Laboratories, Inc. | Florida |
| Total Renal Research, Inc. | Delaware |
| Toulouse Dialysis, LLC | Delaware |
| Townsend Dialysis, LLC | Delaware |
| Transmountain Dialysis, L.P. | Delaware |
| TRC - Indiana, LLC | Indiana |
| TRC - Petersburg, LLC | Delaware |
| TRC EL Paso Limited Partnership | Delaware |
| TRC of New York, Inc. | New York |

| Name | Jurisdiction of Organization |
|---|---|
| TRC West, Inc. | Delaware |
| TRC-Georgetown Regional Dialysis, LLC | District Of Columbia |
| Tross Dialysis, LLC | Delaware |
| Tugman Dialysis, LLC | Delaware |
| Tumalo Dialysis, LLC | Delaware |
| Tunnel Dialysis, LLC | Delaware |
| Turlock Dialysis Center, LLC | Delaware |
| Tustin Dialysis Center, LLC | Delaware |
| Twain Dialysis, LLC | Delaware |
| Tyler Dialysis, LLC | Delaware |
| Ukiah Dialysis, LLC | Delaware |
| Unicoi Dialysis, LLC | Delaware |
| University Dialysis Center, LLC | Delaware |
| Upper Valley Dialysis, L.P. | Delaware |
| USC-DaVita Dialysis Center, LLC | California |
| Valley Springs Dialysis, LLC | Delaware |
| Vancleer Dialysis, LLC | Delaware |
| Victory Dialysis, LLC | Delaware |
| VillageHealth DM, LLC | Delaware |
| Villanueva Dialysis, LLC | Delaware |
| Vively Health, LLC | Delaware |
| Vogel Dialysis, LLC | Delaware |
| Volo Dialysis, LLC | Delaware |
| Waddell Dialysis, LLC | Delaware |
| Walker Dialysis, LLC | Delaware |
| Walton Dialysis, LLC | Delaware |
| Watkins Dialysis, LLC | Delaware |
| Weldon Dialysis, LLC | California |
| West Elk Grove Dialysis, LLC | Delaware |
| West Sacramento Dialysis, LLC | Delaware |
| Weston Dialysis Center, LLC | Delaware |
| Whitney Dialysis, LLC | Delaware |
| Willowbrook Dialysis Center, L.P. | Delaware |
| Winds Dialysis, LLC | Delaware |
| Wood Dialysis, LLC | Delaware |
| Woodford Dialysis, LLC | Delaware |
| Wyandotte Central Dialysis, LLC | Delaware |
| Ybor City Dialysis, LLC | Delaware |
| Yucaipa Dialysis, LLC | Delaware |
| Zara Dialysis, LLC | Delaware |
| Zephyrhills Dialysis Center, LLC | Delaware |

**Exhibit 23.1**

**Consent of Independent Registered Public Accounting Firm**

The Board of Directors
DaVita Inc.:

We consent to the incorporation by reference in the registration statements on Form S-8 (No. 333-240022, No. 333-239191, No. 333-213119, No. 333-190434, No. 333-169467, No. 333-158220, No. 333-144097, No. 333-86550, and No. 333-30736), and on Form S-4 (No. 333-182572) of DaVita Inc. of our reports dated February 12, 2021 with respect to the consolidated balance sheets of DaVita Inc. as of December 31, 2020 and 2019, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2020, and the related notes and financial statement Schedule II – Valuation and Qualifying Accounts, and the effectiveness of internal control over financial reporting as of December 31, 2020, which reports appear in the December 31, 2020 annual report on Form 10-K of DaVita Inc. Our report refers to changes in the method of accounting for leases.

/s/ KPMG LLP

Seattle, Washington
February 12, 2021

**EXHIBIT 31.1**

**SECTION 302 CERTIFICATION**

I, Javier J. Rodriguez, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**

**Chief Executive Officer**

Date: February 12, 2021

**EXHIBIT 31.2**

**SECTION 302 CERTIFICATION**

I, Joel Ackerman, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/s/ Joel Ackerman

**Joel Ackerman**

**Chief Financial Officer and Treasurer**

Date: February 12, 2021

**EXHIBIT 32.1**

**CERTIFICATION OF CHIEF EXECUTIVE OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2020 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Javier J. Rodriguez, Chief Executive Officer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**
**Chief Executive Officer**
February 12, 2021

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

**EXHIBIT 32.2**

**CERTIFICATION OF CHIEF FINANCIAL OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2020 as filed with the Securities and Exchange Commission on the date hereof (the "Periodic Report"), I, Joel Ackerman, Chief Financial Officer and Treasurer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Periodic Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Periodic Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Joel Ackerman

**Joel Ackerman**
**Chief Financial Officer and Treasurer**
February 12, 2021

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**Washington, D.C. 20549**

# FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the Fiscal Year Ended December 31, 2021**
**or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

**For the transition period from _____ to _____**
**Commission File Number: 1-14106**

# DAVITA INC.

(Exact name of registrant as specified in charter)

| **Delaware** | **51-0354549** |
|---|---|
| **(State of incorporation)** | **(I.R.S. Employer Identification No.)** |

**2000 16th Street**
**Denver, CO 80202**

**Telephone number (720) 631-2100**

**Securities registered pursuant to Section 12(b) of the Act:**

| **Title of each class:** | **Trading symbol(s):** | **Name of each exchange on which registered:** |
|---|---|---|
| **Common Stock, $0.001 par value** | **DVA** | **New York Stock Exchange** |

**Securities registered pursuant to Section 12(g) of the Act:**
**None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act:

| | | | |
|---|---|---|---|
| Large accelerated filer | ☒ | Accelerated filer | ☐ |
| Non-accelerated filer | ☐ | Smaller reporting company | ☐ |
| | | Emerging growth company | ☐ |

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its final report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2021, the aggregate market value of the registrant's common stock outstanding held by non-affiliates based upon the closing price on the New York Stock Exchange was approximately $12.7 billion.

As of January 31, 2022, the number of shares of the registrant’s common stock outstanding was approximately 96.3 million shares.

**KPMG LLP (185), Seattle, WA, USA**

**Documents incorporated by reference**

Portions of the registrant’s proxy statement for its 2022 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

**DAVITA INC.**
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## PART I

### Item 1. Business

*Unless otherwise indicated in this report "DaVita", "the Company" "we", "us", "our" and other similar terms refer to DaVita Inc. and its consolidated subsidiaries. Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports filed or furnished pursuant to section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended, are made available free of charge through our website, located at http://www.davita.com, as soon as reasonably practicable after the reports are filed with or furnished to the Securities and Exchange Commission (SEC). The SEC also maintains a website at http://www.sec.gov where these reports and other information about us can be obtained. The contents of our website are not incorporated by reference into this report.*

**Overview of DaVita Inc.**

DaVita is a leading healthcare provider focused on transforming care delivery to improve quality of life for patients globally. We are one of the largest providers of kidney care services in the U.S. and have been a leader in clinical quality and innovation for over 20 years. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and advancing integrated care offerings. Over the years, we have established a value-based culture with a philosophy of caring that is focused on both our patients and teammates. This culture and philosophy fuel our continuous drive toward achieving our mission "to be the provider, partner and employer of choice" and fulfilling our vision "to build the greatest healthcare community the world has ever seen".

The loss of kidney function is normally irreversible. Kidney failure is typically caused by Type I and Type II diabetes, hypertension, polycystic kidney disease, long-term autoimmune attack on the kidneys and prolonged urinary tract obstruction. End stage renal disease or end stage kidney disease (ESRD or ESKD) is the stage of advanced kidney impairment that requires continued dialysis treatments or a kidney transplant to sustain life. Dialysis is the removal of toxins, fluids and salt from the blood of patients by artificial means. Patients suffering from ESKD generally require dialysis at least three times a week for the rest of their lives or until they receive a kidney transplant.

Our U.S. dialysis and related lab services (U.S. dialysis) business treats patients with chronic kidney failure, ESRD or ESKD, in the United States, and is our largest line of business. As of December 31, 2021, we provided dialysis and administrative services and related laboratory services throughout the U.S. via a network of 2,815 outpatient dialysis centers and home programs in 46 states and the District of Columbia, serving a total of approximately 203,100 patients, and have contracts to provide hospital inpatient dialysis services in approximately 850 hospitals. Our robust platform to deliver kidney care services also includes established nephrology and payor relationships. In addition, as of December 31, 2021, our international operations provided dialysis and administrative services to a total of 339 outpatient dialysis centers located in ten countries outside of the U.S., serving approximately 39,900 patients. Finally, our U.S ancillary services and strategic initiatives provided integrated care and disease management services to 16,000 patients in risk-based integrated care arrangements and to an additional 7,000 patients in other integrated care arrangements as of December 31, 2021. Most of the patients served by our integrated care business are also our dialysis patients. We refer to our U.S. ancillary services and strategic initiatives and our international operations as, collectively, our "ancillary services". We also have a separate corporate administrative support function that supports our U.S. dialysis business and these ancillary services.

Our patient-centric care model leverages our platform of kidney care services to maximize patient choice in both models and modalities of care. We believe that the flexibility we offer coupled with a focus on comprehensive kidney care supports our commitments to help improve clinical outcomes and quality of life for our patients. According to the most recently published data, for eight consecutive years, we are an industry leader in the Centers for Medicare & Medicaid Services' (CMS) Quality Incentive Program (QIP), which promotes high quality services in outpatient dialysis facilities treating patients with ESKD. In addition, according to the most recently published data, for seven consecutive years, we are also an industry leader under CMS' Five-Star Quality Rating system, which rates eligible dialysis centers based on the quality of outcomes to help patients, their families, and caregivers make more informed decisions about where patients receive care. According to the most recently collected data from Nephrology News and Issues, we are an industry leader for the total number of patients in home-based dialysis services.

Our quality clinical outcomes are driven by our experienced and knowledgeable teammates. We employ registered nurses, licensed practical or vocational nurses, patient care technicians, social workers, registered dietitians, biomedical technicians and other administrative and support teammates who strive to achieve superior clinical outcomes at our dialysis facilities. In addition to our teammates at our dialysis facilities, as of December 31, 2021, our domestic Chief Medical Officer lead a team of 24 senior nephrologists in our physician leadership team as part of our domestic Office of the Chief Medical Officer (OCMO). Our international Chief Medical Officer lead a team of 11 senior nephrologists in our physician leadership team as part of our international OCMO as of December 31, 2021. Our OCMO teammates represent a variety of academic,

clinical practice, and clinical research backgrounds. We also have a Physician Council that serves as an advisory body to senior management, which was composed of eight physicians with extensive experience in clinical practice and seven Group Medical Directors as of December 31, 2021.

On June 19, 2019, we completed the sale of our prior DaVita Medical Group (DMG) business, a patient and physician-focused integrated healthcare delivery and management company, to Collaborative Care Holdings, LLC, a subsidiary of UnitedHealth Group Inc. As a result, the DMG business has been classified as discontinued operations and its results of operations are reported as discontinued operations for all periods presented in the consolidated financial statements included in this report.

For financial information about DMG, see Note 22 to the consolidated financial statements included in this report.

**COVID-19 and its impact on our business**

As a caregiving organization, we continue to be impacted by the effects of the novel coronavirus (COVID-19) pandemic. DaVita's caregiving teammates continue to be on the front lines of the ongoing COVID-19 pandemic providing critical, life-sustaining care for our patients. We continue to closely monitor the impact on our business of the pandemic and the resulting economic and political environment, including the various impacts on our patients, teammates, physician partners, suppliers, vendors and business partners.

During this time of great and continued challenge, our top priorities continue to be the health, safety and well-being of our patients, teammates and physician partners and helping to ensure that our patients have the ability to maintain continuity of care throughout this crisis, whether in the hospital, outpatient or home setting. To that end, we have dedicated and continue to dedicate substantial resources in response to COVID-19, including the implementation of additional protocols and initiatives to help safely maintain continuity of care for our patients and help protect our caregivers.

We believe the ultimate impact of this public health crisis on the Company will depend on future developments that are highly uncertain and difficult to predict. For additional discussion of the COVID-19 pandemic and our response, including its impact on us and related risks and uncertainties, please see the discussion below under the heading "*—Human Capital Management*", the risk factor in Item 1A. Risk Factors under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us*," and the discussion under the heading "*COVID-19 and its impact on our business*" in Part II, Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations*."

**U.S. dialysis business**

Our U.S. dialysis business is a leading provider of kidney dialysis services for patients suffering from ESKD. As of December 31, 2021, we provided dialysis and administrative services in the U.S. through a network of 2,815 outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 203,100 patients. We also have contracts to provide hospital inpatient dialysis services in approximately 850 hospitals and related laboratory services throughout the U.S.

According to the United States Renal Data System (USRDS), there were over 569,000 ESKD dialysis patients in the U.S. in 2019. Based on the most recent 2021 annual data report from the USRDS, the underlying ESKD dialysis patient population has grown at an approximate compound rate of 3.5% from 2009 to 2019 and a compound rate of 3.1% from 2014 to 2019, which suggests that the rate of growth of the ESKD patient population is declining relative to long term trends. A number of factors may impact ESKD growth rates, including, among others, the aging of the U.S. population, transplant rates, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESKD. Certain of these factors, in particular mortality rates for dialysis patients, have been impacted by the COVID-19 pandemic.

*Treatment options for ESKD*

Treatment options for ESKD are dialysis and kidney transplantation.

*Dialysis options*

- *Hemodialysis*

Hemodialysis, the most common form of ESKD treatment, is usually performed at a freestanding outpatient dialysis center, at a hospital-based outpatient center, or at the patient's home. The hemodialysis machine uses an artificial kidney, called a dialyzer, to remove toxins, fluids and salt from the patient's blood. The dialysis process occurs across a semi-permeable membrane that divides the dialyzer into two distinct chambers. While blood is circulated through one chamber, a pre-mixed

fluid is circulated through the other chamber. The toxins, salt and excess fluids from the blood cross the membrane into the fluid, allowing cleansed blood to return back into the patient's body. Each hemodialysis treatment that occurs in the outpatient dialysis centers typically lasts approximately three and one-half hours and is usually performed three times per week.

Hospital inpatient hemodialysis services are required for patients with acute kidney failure primarily resulting from trauma, patients in early stages of ESKD and ESKD patients who require hospitalization for other reasons. Hospital inpatient hemodialysis is generally performed at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

Some ESKD patients who are healthier and more independent may perform hemodialysis in their home or residence through the use of a hemodialysis machine designed specifically for home therapy that is portable, smaller and easier to use. Patients receive training, support and monitoring from registered nurses, usually in our outpatient dialysis centers, in connection with their home hemodialysis treatment. Home hemodialysis is typically performed with greater frequency than dialysis treatments performed in outpatient dialysis centers and on varying schedules.

- *Peritoneal dialysis*

Peritoneal dialysis uses the patient's peritoneal or abdominal cavity to eliminate fluid and toxins and is typically performed at home. The most common methods of peritoneal dialysis are continuous ambulatory peritoneal dialysis (CAPD) and continuous cycling peritoneal dialysis (CCPD). Because it does not involve going to an outpatient dialysis center three times a week for treatment, peritoneal dialysis is generally an alternative to hemodialysis for patients who are healthier, more independent and desire more flexibility in their lifestyle.

CAPD introduces dialysis solution into the patient's peritoneal cavity through a surgically placed catheter. Toxins in the blood continuously cross the peritoneal membrane into the dialysis solution. After several hours, the patient drains the used dialysis solution and replaces it with fresh solution. This procedure is usually repeated four times per day.

CCPD is performed in a manner similar to CAPD, but uses a mechanical device to cycle dialysis solution through the patient's peritoneal cavity while the patient is sleeping or at rest.

*Kidney transplantation*

Although kidney transplantation, when successful, is generally the most desirable form of therapeutic intervention, the shortage of suitable donors, side effects of immunosuppressive pharmaceuticals given to transplant recipients and dangers associated with transplant surgery for some patient populations have generally limited the use of this treatment option. An executive order signed in July 2019 (the 2019 Executive Order) directed HHS to develop policies addressing, among other things, the goal of making more kidneys available for transplant. As directed by the 2019 Executive Order, the CMS, through its Center for Medicare and Medicaid Innovation (CMMI), subsequently released the framework for certain proposed voluntary payment models that would adjust payment incentives to encourage kidney transplants. For more information regarding the 2019 Executive Order and these payment models, please see the discussion below under the heading "*—Integrated Kidney Care and Medicare and Medicaid program reforms*."

***U.S. dialysis services we provide***

*Outpatient hemodialysis services*

As a condition of our enrollment in Medicare for the provision of dialysis services, we contract with a nephrologist or a group of associated nephrologists to provide medical director services at each of our dialysis centers. In addition, other nephrologists may apply for practice privileges to treat their patients at our centers. Each center has an administrator, typically a registered nurse, who supervises the day-to-day operations of the center and its staff. The staff of each center typically consists of registered nurses, licensed practical or vocational nurses, patient care technicians, a social worker, a registered dietician, biomedical technician support and other administrative and support personnel.

Our total patient turnover at centers we consolidate, which is based upon all causes, averaged approximately 27% in 2021 and 25% in 2020. The overall number of patients to whom we provided services in the U.S. in 2021 decreased by approximately 0.5% from 2020, primarily due to an increase in mortality rates, which have been impacted by the COVID-19 pandemic. This was partially offset by new dialysis patients who started treating at our centers acquired during the year.

*Hospital inpatient hemodialysis services*

As of December 31, 2021, we have contracts to provide hospital inpatient hemodialysis services, excluding physician services, to patients in approximately 850 hospitals throughout the U.S. We render these services based on a contracted per-

treatment fee that is individually negotiated with each hospital. When a hospital requests our services, we typically administer the dialysis treatment at the patient's bedside or in a dedicated treatment room in the hospital, as needed.

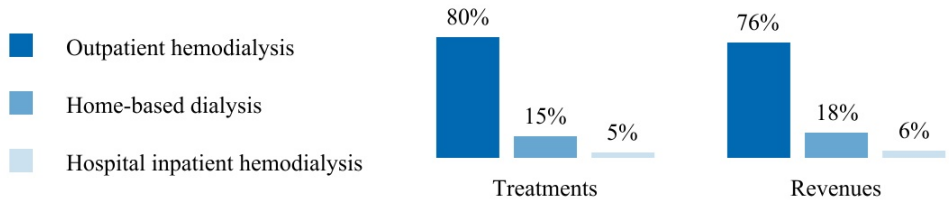
*Home-based dialysis services*

Home-based dialysis services includes home hemodialysis and peritoneal dialysis. Many of our outpatient dialysis centers offer certain support services for dialysis patients who prefer and are able to perform either home hemodialysis or peritoneal dialysis in their homes. Home-based hemodialysis support services consist of providing equipment and supplies, training, patient monitoring, on-call support services and follow-up assistance. Registered nurses train patients and their families or other caregivers to perform either home hemodialysis or peritoneal dialysis. The 2019 Executive Order and related HHS guidance described above also included a stated goal of increasing the relative number of new ESKD patients that receive dialysis at home.

According to the most recent 2021 annual data report from the USRDS, in 2019 approximately 13% of ESKD dialysis patients in the U.S. perform home-based dialysis.

*Treatments and revenues by modality:*

The following graph summarizes our U.S. dialysis treatments by modality and U.S. dialysis patient services revenues by modality for the year ended December 31, 2021.




*Other*

*ESKD laboratory services*

We operate a separately licensed and highly automated clinical laboratory which specializes in ESKD patient testing. This specialized laboratory provides routine laboratory tests for dialysis and other physician-prescribed laboratory tests for ESKD patients which are integral components of the services we provide. Our laboratory provides these tests predominantly for our ESKD patients throughout the U.S. These tests are performed to monitor a patient's ESKD condition, including the adequacy of dialysis, as well as other medical conditions of the patient. Our laboratory utilizes information systems which provide information to certain members of the dialysis centers' staff and medical directors regarding critical outcome indicators. In 2021, our laboratory performed COVID-19 testing for our patients and teammates.

*Management services*

We currently operate or provide management and administrative services pursuant to management and administrative services agreements to 57 outpatient dialysis centers located in the U.S. in which we either own a noncontrolling interest or which are wholly-owned by third parties. Management fees are established by contract and are recognized as earned typically based on a percentage of revenues or cash collections generated by the outpatient dialysis centers.

***Sources of revenue—concentrations and risks***

Our U.S. dialysis revenues represent approximately 91% of our consolidated revenues for the year ended December 31, 2021. Our U.S. dialysis revenues are derived primarily from our core business of providing dialysis services and related laboratory services and, to a lesser extent, the administration of pharmaceuticals and management fees generated from providing management and administrative services to certain outpatient dialysis centers, as discussed above.

The sources of our U.S. dialysis revenues are principally from government-based programs, including Medicare and Medicare Advantage plans, Medicaid and managed Medicaid plans and commercial insurance plans. The following table

summarizes our U.S. dialysis revenues by payor source for U.S. dialysis patient services revenues the year ended December 31, 2021:

| | | |
|---|---|---|
| Medicare and Medicare Advantage plans | 58 | % |
| Medicaid and managed Medicaid plans | 7 | % |
| Other government-based programs | 3 | % |
| Total government-based programs | 68 | % |
| Commercial (including hospital dialysis services) | 32 | % |
| Total U.S. dialysis patient service revenues | 100 | % |

*Medicare revenue*

*Medicare ESRD revenue*

Since 1972, the federal government has provided healthcare coverage for ESRD patients under the Medicare ESRD program regardless of age or financial circumstances. ESRD is the first and only disease state eligible for Medicare coverage both for dialysis and dialysis-related services and for all benefits available under the Medicare program.

Government dialysis related payment rates in the U.S. are principally determined by federal Medicare and state Medicaid policy. For patients with Medicare coverage, all ESRD payments for dialysis treatments are made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the dialysis treatment, including certain pharmaceuticals, such as erythropoiesis-stimulating agents (ESAs), calcimimetics, vitamin D analogs and iron supplements, irrespective of the level of pharmaceuticals administered to the patient or additional services performed. Most lab services are also included in the bundled payment.

Although Medicare reimbursement limits the allowable charge per treatment, it provides industry participants with a relatively predictable and recurring revenue stream for dialysis services provided to patients without commercial insurance. For the year ended December 31, 2021, approximately 90% of our total dialysis patients were covered under some form of government-based program, with approximately 75% of our dialysis patients covered under Medicare and Medicare Advantage plans.

Under this ESRD Prospective Payment System (PPS), the bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility’s performance in specified quality measures set annually by CMS through its QIP. CMS established QIP through the Medicare Improvements for Patients and Providers Act of 2008 to promote high quality services in outpatient dialysis facilities treating patients with ESRD. QIP associates a portion of Medicare reimbursement directly with a facility’s performance on quality of care measures. Reductions in Medicare reimbursement result when a facility’s overall score on applicable measures does not meet established standards. Due to the ongoing COVID-19 pandemic, CMS is not applying QIP payment reductions to facilities in 2022. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors.

Uncertainty about future payment rates remains a material risk to our business, as well as the potential implementation of or changes in coverage determinations or other rules or regulations by CMS or Medicare Administrative Contractors that may impact reimbursement. An important provision in the Medicare ESRD statute is an annual adjustment, or market basket update, to the ESRD PPS base rate. Absent action by Congress, the ESRD PPS base rate is automatically updated annually by a formulaic inflation adjustment.

On September 18, 2020, pursuant to the 2019 Executive Order, CMS, through CMMI, published the final ESRD Treatment Choices mandatory payment model (ETC). The ETC launched on January 1, 2021, administered through CMMI in approximately 20% of our dialysis clinics across the country. There was no material impact to us during 2021 related to the ETC.

On October 29, 2021, CMS issued a final rule to update the ESRD PPS payment rate and policies. Among other things, the rule updates payment rates under the ESRD PPS for renal dialysis services furnished to beneficiaries on or after January 1, 2022, finalizes updates to the Acute Kidney Injury (AKI) dialysis payment rate for dialysis services furnished by ESRD facilities and finalizes modifications to the ETC model policies. CMS estimates the final rule will affect ESRD facilities' average reimbursement by a productivity-adjusted market basket increase of 1.9% in 2022.

As a result of the Budget Control Act of 2011 (BCA) and subsequent activity in Congress, a $1.2 trillion sequester (across-the-board spending cuts) in discretionary programs took effect in 2013 reducing Medicare payments by 2%, which was

subsequently extended through fiscal year 2027. Federal COVID-19 relief legislation suspended the 2% Medicare sequestration from May 1, 2020 through December 31, 2021. The Protecting Medicare and American Farmers from Sequester Cuts Act, signed into law on December 10, 2021, extended the suspension of the 2% Medicare sequestration from December 31, 2021 through March 31, 2022, with 1% Medicare sequestration beginning April 1, 2022 through June 30, 2022 and 2% Medicare sequestration beginning July 1, 2022. In the years ended December 31, 2021 and 2020, our revenues significantly increased due to this suspension and we expect that this suspension will continue to significantly increase our revenues while it remains in effect. When the temporary suspension is no longer in effect, we expect that the across-the-board spending cuts of the BCA will, once again, adversely affect our business, results of operations, financial condition and cash flows.

ESRD patients receiving dialysis services become eligible for primary Medicare coverage at various times, depending on their age or disability status, as well as whether they are covered by a commercial insurance plan. Generally, for a patient not covered by a commercial insurance plan, Medicare becomes the primary payor for ESRD patients receiving dialysis services either immediately or after a three-month waiting period. For a patient covered by a commercial insurance plan, Medicare generally becomes the primary payor after 33 months, which includes the three-month waiting period, or earlier if the patient's commercial insurance plan coverage terminates. When Medicare becomes the primary payor, the payment rates we receive for that patient shift from the commercial insurance plan rates to Medicare payment rates, which are on average significantly lower than commercial insurance rates.

Medicare pays 80% of the amount set by the Medicare system for each covered dialysis treatment. The patient is responsible for the remaining 20%. In most cases, a secondary payor, such as Medicare supplemental insurance, a state Medicaid program or a commercial health plan, covers all or part of these balances. Some patients who do not qualify for Medicaid, but otherwise cannot afford secondary insurance in the form of a Medicare Supplement Plan, can apply for premium payment assistance from charitable organizations to obtain secondary coverage. If a patient does not have secondary insurance coverage, we are generally unsuccessful in our efforts to collect from the patient the remaining 20% portion of the ESRD composite rate that Medicare does not pay. However, we are able to recover some portion of this unpaid patient balance from Medicare through an established cost reporting process by identifying these Medicare bad debts on each center's Medicare cost report.

*Medicare Advantage revenue*

Medicare Advantage (MA, managed Medicare or Medicare Part C) plans are offered by private health insurers who contract with CMS to provide their members with Medicare Part A, Part B and/or Part D benefits. These MA plans include health maintenance organizations, preferred provider organizations, private fee-for-service (FFS) organizations, special needs plans (SNPs) or Medicare medical savings account plans. The 21st Century Cures Act (the Cures Act) included a provision that, effective January 1, 2021, allows Medicare-eligible beneficiaries with ESRD to choose coverage under an MA plan. Prior to the Cures Act, MA plans were only available to ESRD patients if the patient was remaining on an MA plan that they had enrolled in prior to being diagnosed with ESRD, or in certain other limited situations such as a SNP. As a result, this provision under the Cures Act has broadened access for Medicare ESRD patients to certain enhanced benefits offered by MA plans. MA plans usually provide reimbursement to us at a negotiated rate that is generally higher than Medicare FFS rates.

*Medicaid revenue*

Medicaid programs are state-administered programs partially funded by the federal government. These programs are intended to provide health coverage for patients whose income and assets fall below state-defined levels and who are otherwise uninsured. These programs also serve as supplemental insurance programs for co-insurance payments due from Medicaid-eligible patients with primary coverage under the Medicare program. Some Medicaid programs also pay for additional services, including some oral medications that are not covered by Medicare. We are enrolled in the Medicaid programs in the states in which we conduct our business.

*Commercial revenue*

Before a patient becomes eligible to elect to have Medicare as their primary payor for dialysis services, a patient's commercial insurance plan, if any, is generally responsible for payment of such dialysis services for up to the first 33 months, as discussed above. Although commercial payment rates vary, average commercial payment rates established under commercial contracts are generally significantly higher than Medicare rates. The payments we receive from commercial payors generate nearly all of our profits and all of our non-hospital dialysis profits come from commercial payors. Payment methods from commercial payors can include a single lump-sum per treatment, referred to as bundled rates, or in other cases separate payments for dialysis treatments and pharmaceuticals, if used as part of the treatment, referred to as FFS rates. Commercial payment rates are the result of negotiations between us and insurers or third-party administrators. Our out-of-network payment rates are on average higher than in-network commercial contract payment rates. Some of our commercial contracts pay us under a single bundled payment rate for all dialysis services provided to covered patients. However, some of our commercial contracts

also pay us for certain other services and pharmaceuticals in addition to the bundled payment. Our commercial contracts typically contain annual price escalator provisions.

Approximately 25% of our U.S. dialysis patient services revenues and approximately 10% of our U.S. dialysis patients are associated with non-hospital commercial payors for the year ended December 31, 2021. Non-hospital commercial patients as a percentage of our total U.S. dialysis patients for 2021 were relatively flat compared to 2020. Less than 1% of our U.S. dialysis revenues are due directly from patients. No single commercial payor accounted for more than 10% of total U.S. dialysis revenues for the year ended December 31, 2021. See Note 2 to the consolidated financial statements included in this report for disclosure on our concentration related to our commercial payors on a total consolidated revenue basis.

Both the number of our patients under commercial plans and the rates under these commercial plans are subject to change based on a number of factors. For additional detail on these factors and other risks associated with on our commercial revenue, see the risk factors in Item 1A. Risk Factors under the headings "*Our business is subject to a complex series of governmental laws, regulations and requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation"; "Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows"; "If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows";* and *"We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us."*

*Revenue from other pharmaceuticals*

Effective January 1, 2021, both oral and intravenous forms of calcimimetics, a drug class taken by many patients with ESRD to treat mineral bone disorder, were added to the ESRD PPS bundled payment, and as a result we expect our operating income from calcimimetics to be more stable in the future as compared to the year ended December 31, 2020 under the transitional drug add-on payment adjustment (TDAPA) model. For the year ended December 31, 2020, the oral and intravenous forms of calcimimetics were separately reimbursed through a TDAPA model based on a pass-through rate of the average sales price plus 0%, before sequestration.

***Physician relationships***

*Joint venture partners*

We own and operate certain of our dialysis centers through entities that are structured as joint ventures. We generally hold controlling interests in these joint ventures, with nephrologists, hospitals, management services organizations, and/or other healthcare providers holding minority equity interests. These joint ventures are typically formed as limited liability companies. For the year ended December 31, 2021, revenues from joint ventures in which we have a controlling interest represented approximately 28% of our U.S. dialysis revenues. We expect to continue to enter into new U.S. dialysis-related joint ventures in the ordinary course of business.

*Community physicians*

An ESKD patient generally seeks treatment or support for their home treatment at an outpatient dialysis center near their home where their treating nephrologist has practice privileges. Our relationships with local nephrologists and our ability to provide quality dialysis services and to meet the needs of their patients are key factors in the success of our dialysis operations. Over 5,400 nephrologists currently refer patients to our outpatient dialysis centers.

*Medical directors*

Participation in the Medicare ESRD program requires that dialysis services at an outpatient dialysis center be under the general supervision of a medical director. Per these requirements, this individual is usually a board certified nephrologist. We engage physicians or groups of physicians to serve as medical directors for each of our outpatient dialysis centers. At some outpatient dialysis centers, we also separately contract with one or more other physicians or groups to serve as assistant or associate medical directors over other modalities such as home dialysis. We have over 1,000 individual physicians and physician groups under contract to provide medical director services.

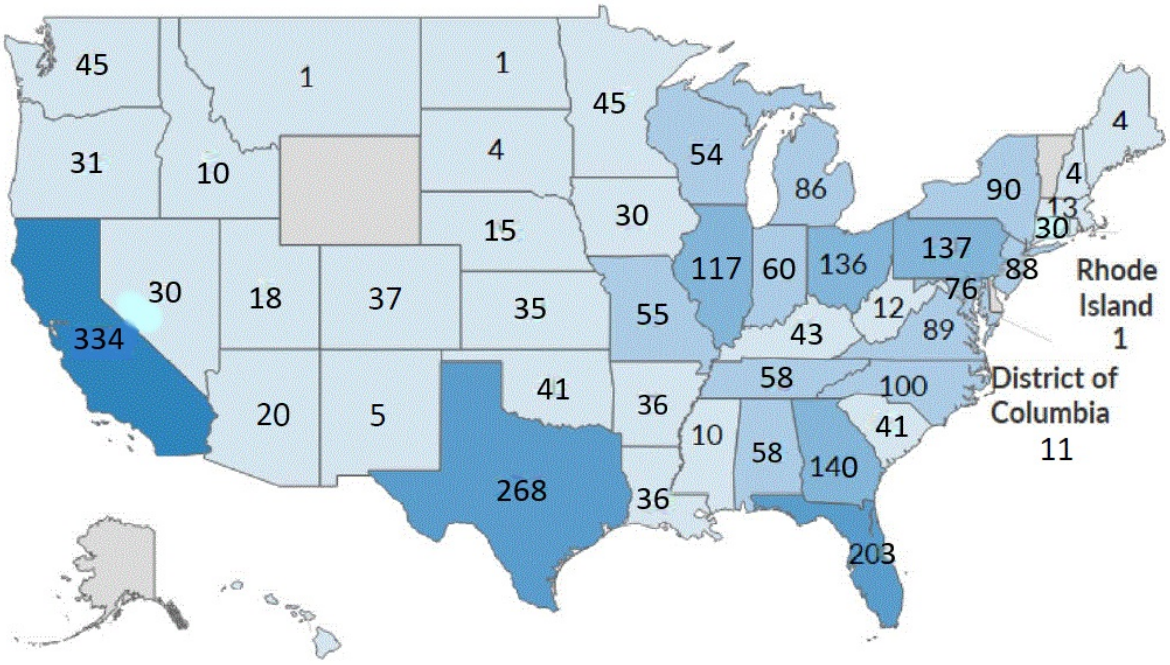
Medical directors for our dialysis centers enter into written contracts with us that specify their duties and fix their compensation generally for periods of ten years. The compensation of our medical directors is the result of arm’s length

negotiations, consistent with fair market value, and generally depends upon an analysis of various factors such as the physician's duties, responsibilities, professional qualifications and experience, as well as the time and effort required to provide such services.

Our medical director contracts and joint venture operating agreements generally include covenants not to compete or own interests in dialysis centers operated by other providers within a defined geographic area for various time periods, as applicable. These non-compete agreements do not restrict or limit the physicians from practicing medicine or prohibit the physicians from referring patients to any outpatient dialysis center, including dialysis centers operated by other providers.

***Location of our U.S. dialysis centers***

We operated 2,815 outpatient dialysis centers in the U.S. as of December 31, 2021 and 2,758 of these centers are consolidated in our financial statements. Of the remaining 57 nonconsolidated U.S. outpatient dialysis centers, we own a noncontrolling interest in 55 centers and provide management and administrative services to two centers that are wholly-owned by third parties. The locations of the 2,758 U.S. outpatient dialysis centers consolidated in our financial statements at December 31, 2021, were as follows:




**Ancillary services, including our international operations**

Our ancillary services relate primarily to our core business of providing kidney care services. As of December 31, 2021, these consisted primarily of our integrated kidney care services, our physician services supporting integrated kidney care and our kidney care initiatives outside of dialysis, our clinical research programs, and our transplant software business as well as our international operations.

*U.S. Ancillary services*

We have made and continue to make investments in building our integrated care capabilities, including the operation of certain strategic business initiatives that are intended to integrate care among healthcare participants across the renal care continuum from CKD to ESKD to kidney transplant. Through improved technology and data sharing, as well as an increasing focus on value-based contracting and care, these initiatives seek to bring together physicians, nurses, dieticians, pharmacists, hospitals, dialysis clinics, transplant centers and payors with a view towards improving clinical outcomes for our patients and reducing the overall cost of comprehensive kidney care.

- *Integrated Kidney Care services.* VillageHealth DM, LLC, also doing business as DaVita Integrated Kidney Care (DaVita IKC), provides advanced integrated care management services to health plans and government programs for members/beneficiaries diagnosed with ESKD, CKD and/or poly-comorbid conditions. Through a combination of

health monitoring, clinical coordination, innovative interventions, predictive analytics, medical claims analysis and information technology, we endeavor to assist our health plan and government program customers and patients in obtaining superior renal healthcare and improved clinical outcomes, as well as helping to reduce overall medical costs. Integrated kidney care management revenues from commercial and Medicare Advantage insurers can be based upon either an established contract fee recognized as earned for services provided over the contract period, or related to the operation of risk-based and value-based programs, including shared savings, pay for performance, and capitation contracts. DaVita IKC also contracts with payors to operate Medicare Advantage ESKD special needs plans to provide ESKD patients full service healthcare. DaVita IKC supported our ESKD seamless care organizations (ESCO) joint venture programs until their completion in 2021, and DaVita IKC has commenced participation in certain of the payment models administered by CMMI. As further described below under the heading "—*Government regulation—CMMI Payment Models*", the Company has invested resources, and expects to continue to invest substantial resources in these models as part of the Company's overall plan to grow its integrated kidney care business and value-based care initiatives. See Note 1, *Other revenue,* in the Company's consolidated financial statements for more information on how the Company accounts for its integrated care arrangements.

The Company is also developing, and has entered into, various forms of technology-based, administrative, financial and other collaboration and incentive arrangements with physician partners and other providers in support of our innovative, developing and expanding integrated kidney care programs and arrangements.

- *Physician services.* Nephrology Practice Solutions (NPS) is an independent business that partners with physicians committed to providing outstanding clinical and integrated care to patients. NPS provides nephrologist recruitment and staffing services in select markets which are billed on a per search basis. NPS also offers physician practice management services to nephrologists under administrative services agreements. These services include physician practice management, billing and collections, credentialing, coding and other support services that enable physician practices to increase efficiency and manage their administrative needs. Additionally, NPS owns and operates nephrology practices in multiple states. Fees generated from these services are recognized as earned typically based upon flat fees or cash collections generated by the physician practice.

- *Clinical research programs.* DaVita Clinical Research (DCR) is a provider-based specialty clinical research organization with a full spectrum of services for clinical drug research and device development. DCR uses its extensive, applied database and real-world healthcare experience to assist in the design, recruitment and completion of retrospective and prospective pragmatic and clinical trials. Revenues are based upon an established fee per study, as determined by contract with drug companies and other sponsors and are recognized as earned according to the contract terms.

- *Transplant software business.* DaVita's new transplant software business, MedSleuth, which was acquired on December 31, 2021, works with transplant centers across the U.S. to provide greater connectivity among transplant candidates, transplant centers, physicians and care teams to help improve the experience and outcomes for kidney and liver transplant patients.

For additional discussion of our ancillary services, see Part II, Item 7, "*Management's Discussion and Analysis of Financial Condition and Results of Operations.*"

*International dialysis operations*

As of December 31, 2021, we operated or provided administrative services to a total of 339 outpatient dialysis centers, which includes consolidated and nonconsolidated centers located in ten countries outside of the U.S., serving approximately 39,900 patients. Our international dialysis operations have continued to grow steadily and expand as a result of acquiring and developing outpatient dialysis centers in various strategic markets. Our international operations are included in our ancillary services.

As of December 31, 2021, the locations of our international outpatient dialysis centers were as follows:

| | |
|---|---|
| Brazil | 83 |
| Poland | 65 |
| Germany | 56 |
| Malaysia[(1)] | 40 |
| Colombia | 31 |
| United Kingdom | 25 |
| Saudi Arabia | 24 |
| Portugal | 9 |
| Singapore[(1)] | 4 |
| China[(1)] | 2 |
| | 339 |

(1) Includes centers that are operated or managed by our Asia Pacific joint venture (APAC JV).

**Corporate administrative support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation costs and professional fees for departments which provide support to all of our different operating lines of business. These expenses are included in our consolidated general and administrative expenses.

**Government regulation**

We operate in a complex regulatory environment with an extensive and evolving set of federal, state and local governmental laws, regulations and other requirements. These laws, regulations and other requirements are promulgated and overseen by a number of different legislative, regulatory, administrative and quasi-regulatory bodies, each of which may have varying interpretations, judgments or related guidance. As such, we utilize considerable resources on an ongoing basis to monitor, assess and respond to applicable legislative, regulatory and administrative requirements, but there is no guarantee that we will be successful in our efforts to adhere to all of these requirements. Additional discussion on certain of these laws, regulations and other requirements is set forth below in this section.

If any of our personnel, representatives or operations are alleged to have violated these or other laws, regulations or requirements, we could experience material harm to our reputation and stock price, and it could impact our relationships and/or contracts related to our business, among other things. If any of our personnel, representatives, or operations are found to violate these or other laws, regulations or requirements, we could suffer additional severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, including, among others:

- Loss of required certifications, suspension or exclusion from or termination of our participation in government programs (including, without limitation, Medicare, Medicaid and CMMI demonstration programs);
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties;
- Imposition of corporate integrity agreements, corrective action plans or consent agreements;
- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Act of 1974;
- Enforcement actions, investigations or audits by government agencies and/or initiated by qui tam relators related to interoperability and related data sharing and access requirements and regulations;

- Mandated changes to our practices or procedures that significantly increase operating expenses that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices, which could lead to potential fines, among other things;

- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, hospital services and skilled nursing home agreements, real estate leases, value based arrangements, clinical incentive programs, payor contracts and consulting or participating provider agreements with physicians, among others; and

- Harm to our reputation which could negatively impact our business relationships and stock price, our ability to attract and retain patients, physicians and teammates, our ability to obtain financing and our access to new business opportunities, among other things.

We expect that our industry will continue to be subject to extensive and complex regulation, the scope and effect of which are difficult to predict. We are currently subject to various legal proceedings, such as lawsuits, investigations, audits and inquiries by various government and regulatory agencies, as further described in Note 16 to the consolidated financial statements, and our operations and activities could be reviewed or challenged by regulatory authorities at any time in the future. For additional detail on risks related to each of the foregoing, see the discussion in Item 1A. Risk Factors under the headings, "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm stock price, and in some circumstances, could materially harm our reputation;"* and *"We are, and may in the future be, a party to various lawsuits, demands, claims, qui tam suits, governmental investigations and audits and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price."*

*Licensure and Certification*

Our dialysis centers are certified by CMS, as required for the receipt of Medicare payments. Certain of our payor contracts also condition payment on Medicare certification. In some states, our outpatient dialysis centers also are required to secure additional state licenses and permits. Governmental authorities, primarily state departments of health, periodically inspect our centers to determine if we satisfy applicable federal and state standards and requirements, including the conditions for coverage in the Medicare ESRD program.

We have experienced some delays in obtaining Medicare certifications from CMS, though recent changes by CMS in the prioritizing of dialysis providers as well as legislation allowing private entities to perform initial dialysis facility surveys for certification has helped to decrease or limit certain delays.

In addition, in September 2019, CMS finalized updates to the Provider Enrollment Rule creating onerous disclosure obligations for all providers enrolling in Medicare, Medicaid and the Children’s Health Insurance Plan (CHIP). The final rule provides CMS with stronger revocation authority, increases the bar for re-enrollment, and permits CMS to impose a Medicare reapplication bar where a prospective provider's Medicare enrollment application is denied because the provider submitted incomplete, false, or misleading information for providers who are terminated from the Medicare program. CMS may also deny enrollment to providers who have affiliations with other providers that CMS has determined pose undue risk of fraud, waste or abuse. If we fail to comply with these and other applicable requirements on our licensure and certification programs, particularly in light of increased penalties that include a 10-year bar to Medicare re-enrollment, under certain circumstances it could have a material adverse impact on our business, results of operations, financial condition, cash flows and reputation.

*Federal Anti-Kickback Statute*

The federal Anti-Kickback Statute prohibits, among other things, knowingly and willfully offering, paying, soliciting or receiving remuneration, directly or indirectly, in cash or kind, to induce or reward either the referral of an individual for, or the purchase, or order or recommendation of, any good or service, for which payment may be made under federal and state healthcare programs such as Medicare and Medicaid.

Federal criminal penalties for the violation of the federal Anti-Kickback Statute include imprisonment, fines and exclusion of the provider from future participation in the federal healthcare programs, including Medicare and Medicaid. Violations of the federal Anti-Kickback Statute are punishable by imprisonment for up to ten years and statutory fines of up to $100,000 or both. Larger criminal fines can be imposed under the provisions of the U.S. Sentencing Guidelines and the

Alternate Fines Statute. Individuals and entities convicted of violating the federal Anti-Kickback Statute are subject to mandatory exclusion from participation in Medicare, Medicaid and other federal healthcare programs for a minimum of five years. Civil penalties for violation of this law include statutory amounts of up to $100,000 (adjusted for inflation) in monetary penalties per violation, assessments of up to three times the total payments between the parties to the arrangement, and permissive exclusion from participation in the federal healthcare programs or suspension from future participation in Medicare and Medicaid. The ACA amended the federal Anti-Kickback Statute to clarify that the defendant may not need to have actual knowledge of the federal Anti-Kickback Statute or have the specific intent to violate it. In addition, the ACA amended the federal Anti-Kickback Statute to provide that any claims for items or services resulting from a violation of the federal Anti-Kickback Statute are considered false or fraudulent for purposes of the False Claims Act (FCA) and can result in treble damages and other penalties under the FCA.

The federal Anti-Kickback Statute includes statutory exceptions and regulatory safe harbors that protect certain arrangements. Business transactions and arrangements that are structured fully within an applicable safe harbor do not violate the federal Anti-Kickback Statute. When an arrangement is not structured fully within a safe harbor, the arrangement must be evaluated on a case-by-case basis in light of the parties' intent and the arrangement's potential for abuse, and may be subject to greater scrutiny by enforcement agencies.

On December 2, 2020, HHS' Office of Inspector General (OIG) and CMS released a final rule implementing modifications to the Federal Anti-Kickback Statute and Civil Monetary Penalties Statute that are intended to promote value-based and coordinated care arrangements as well as reduce other regulatory burdens. The changes implemented by the final rules went into effect on January 19, 2021.

In the ordinary course of our business operations, DaVita and its ancillary businesses and subsidiaries enter into numerous arrangements with physicians and other potential referral sources, that potentially implicate the Anti-Kickback Statute. Examples of such arrangements include, among other things, medical director agreements, joint ventures, leases and subleases with entities in which physicians, hospitals or medical groups hold ownership interests, consulting agreements, hospital services agreements, discharge planning services agreements, acute dialysis services agreements, value based care arrangements, employment and coverage agreements, and incentive performance arrangements. In addition, some referring physicians may own our common stock in reliance on the Anti-Kickback Statute safe harbor for investment interests in large publicly traded companies. Furthermore, our dialysis centers and subsidiaries sometimes enter into certain rebate, pricing, or other contracts to acquire certain discounted items and services that may be reimbursed by a federal healthcare program.

Agreements do not need to fit within a relevant federal Anti-Kickback Statute safe harbor provision to be permissible; however, we generally endeavor to structure our arrangements within applicable safe harbors. Some of our arrangements are not structured fully within a safe harbor.

If any of our business transactions or arrangements, including but not limited to those described above, were found to violate the federal Anti-Kickback Statute, we, among other things, could face criminal, civil or administrative sanctions, including possible exclusion from participation in Medicare, Medicaid and other state and federal healthcare programs. Any findings that we have violated these laws could have a material adverse impact on our business, results of operations, financial condition, cash flows, reputation and stock price.

*Stark Law*

The Stark Law is a strict liability civil law that prohibits a physician who has a financial relationship, or who has an immediate family member who has a financial relationship, with entities providing Designated Health Services (DHS), from referring Medicare and Medicaid patients to such entities for the furnishing of DHS, unless an exception applies. The types of financial arrangements between a physician and a DHS entity that trigger the self-referral prohibitions of the Stark Law are broad and include direct and indirect ownership and investment interests and compensation arrangements. The Stark Law also prohibits the DHS entity receiving a prohibited referral from presenting, or causing to be presented, a claim or billing for the services arising out of the prohibited referral. If the Stark Law is implicated, the financial relationship must fully satisfy a Stark Law exception. If an exception to the Stark Law is not satisfied, then the parties to the arrangement could be subject to sanctions. Sanctions for violation of the Stark Law include denial of payment for claims for services provided in violation of the prohibition, refunds of amounts collected in violation of the prohibition, a civil penalty of up to $15,000 (adjusted for inflation) for each service arising out of the prohibited referral, a statutory civil penalty of up to $100,000 (adjusted for inflation) against parties that enter into a scheme to circumvent the Stark Law prohibition, civil assessment of up to three times the amount claimed, and potential exclusion from the federal healthcare programs, including Medicare and Medicaid. Amounts collected for prohibited claims must be reported and refunded generally within 60 days after the date on which the overpayment was identified. Furthermore, Stark Law violations and failure to return overpayments timely can form the basis for FCA liability as discussed below.

On December 2, 2020, CMS released a final rule implementing modifications to the Stark Law. The purpose of these modifications is to promote value-based and coordinated care arrangements as well as reduce other regulatory burdens. Most changes implemented by the final rule went into effect on January 19, 2021. We continue to assess the anticipated impact of these modifications on our business, results of operations and financial condition.

The definition of DHS under the Stark Law excludes services paid under a composite rate, even if some of the components bundled in the composite rate are DHS. Although the ESRD bundled payment system is no longer titled a composite rate, we believe that the former composite rate payment system and the current bundled system are both composite systems excluded from the Stark Law. Since most services furnished to Medicare beneficiaries provided in our dialysis centers are reimbursed through a bundled rate, we believe that the services performed in our facilities generally are not DHS. Certain separately billable drugs (drugs furnished to an ESRD patient that are not for the treatment of ESRD that CMS allows our centers to bill for using the so-called AY modifier) may be considered DHS. However, we have implemented certain billing controls designed to limit DHS being billed out of our dialysis clinics. Likewise, the definition of inpatient hospital services, for purposes of the Stark Law, also excludes inpatient dialysis performed in hospitals that are not certified to provide ESRD services. Consequently, we believe that our arrangements with such hospitals for the provision of dialysis services to hospital inpatients should not trigger the Stark Law referral prohibition.

In addition, although prescription drugs are DHS, there is an exception in the Stark Law for calcimimetics, EPO and other specifically enumerated dialysis drugs when furnished in or by an ESRD facility such that the arrangement for the furnishing of the drugs does not violate the Stark Law.

In the ordinary course of business operations, DaVita and its ancillary businesses and subsidiaries have many different types of financial arrangements with referring physicians that potentially implicate the Stark Law, including, but not limited to, medical director agreements, joint ventures, leases and subleases with entities in which physicians, hospitals or medical groups hold ownership interest, consulting agreements, hospital services agreements, discharge planning services agreements, acute dialysis services agreements, value based care arrangements, employment agreements and incentive performance arrangements. In addition, some referring physicians may own our common stock in reliance on the Stark Law exception for investment interests in large publicly traded companies.

If our interpretation of the applicability of the Stark Law to our operations is incorrect, the controls we have implemented fail, an arrangement is entered into outside of our processes, or we were to fail to satisfy an applicable exception to the Stark Law, we could be found to be in violation of the Stark Law and required to change our practices, face civil penalties, pay substantial fines, return certain payments received from Medicare and beneficiaries or otherwise experience a material adverse effect.

In addition, it might be necessary to restructure existing compensation agreements with our medical directors and to repurchase or to request the sale of ownership interests in subsidiaries and partnerships held by referring physicians or, alternatively, to refuse to accept referrals for DHS from these physicians, or take other actions to modify our operations. Any finding by CMS or other regulatory or enforcement authorities that we have violated the Stark Law or related penalties and restructuring or other required actions could have a material adverse effect on our business, results of operations, financial condition, cash flows, stock price and reputation.

*False Claims Act*

The federal FCA is a means of policing false bills or false requests for payment in the healthcare delivery system. In part, the FCA authorizes the imposition of up to three times the government's damages and civil penalties, plus up to approximately $23,000 per claim, on any person who, among other acts:

- Knowingly presents or causes to be presented to the federal government, a false or fraudulent claim for payment or approval;
- Knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay the government, or knowingly conceals or knowingly and improperly, avoids or decreases an obligation to pay or transmit money or property to the federal government; or
- Conspires to commit the above acts.

In addition, amendments to the FCA impose severe penalties for the knowing and improper retention of overpayments collected from government payors. Under these provisions, within 60 days of identifying and quantifying an overpayment, a

provider is required to follow certain notification and repayment processes. An overpayment impermissibly retained could subject us to liability under the FCA, exclusion from government healthcare programs, and penalties under the federal Civil Monetary Penalty statute. As a result of these provisions, our procedures for identifying and processing overpayments may be subject to greater scrutiny.

The federal government has used the FCA to prosecute a wide variety of alleged false claims and fraud allegedly perpetrated against Medicare and state healthcare programs, including coding errors, billing for services not rendered, the submission of false cost reports, billing for services at a higher payment rate than appropriate, billing under a comprehensive code as well as under one or more component codes included in the comprehensive code and billing for care that is not considered medically necessary. The ACA provides that claims tainted by a violation of the federal Anti-Kickback Statute are false for purposes of the FCA. Some courts have held that filing claims or failing to refund amounts collected in violation of the Stark Law can form the basis for liability under the FCA. In addition to the provisions of the FCA, which provide for civil enforcement, the federal government can use several criminal statutes to prosecute persons who are alleged to have submitted false or fraudulent claims for payment to the federal government.

*Fraud and abuse under state law*

Some states in which we operate dialysis centers have laws prohibiting physicians from holding financial interests in various types of medical facilities to which they refer patients. Some of these laws could potentially be interpreted broadly as prohibiting physicians who hold shares of our publicly traded stock or are physician owners from referring patients to our dialysis centers if the centers use our laboratory subsidiary to perform laboratory services for their patients or do not otherwise satisfy an exception to the law. States also have laws similar to or stricter than the federal Anti-Kickback Statute that may affect our ability to receive referrals from physicians with whom we have financial relationships, such as our medical directors. Some state anti-kickback laws also include civil and criminal penalties. Some of these laws include exemptions that may be applicable to our medical directors and other physician relationships or for financial interests limited to shares of publicly traded stock. Some, however, may include no explicit exemption for certain types of agreements and/or relationships entered into with physicians. If these laws are interpreted to apply to referring physicians with whom we contract for items or services, including medical directors, or to referring physicians with whom we hold joint ownership interests or to referring physicians who hold interests in DaVita Inc. limited solely to our publicly traded stock, and for which no applicable exception exists, we may be required to terminate or restructure our relationships with or refuse referrals from these referring physicians and could be subject to criminal, civil and administrative sanctions, refund requirements and exclusions from government healthcare programs, including Medicare and Medicaid, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.

*Corporate Practice of Medicine and Fee-Splitting*

There are states in which we operate that have laws that prohibit business entities not owned by health care providers, such as our Company and our subsidiaries, from practicing medicine, employing physicians and other health care providers providing certain clinical services or exercising control over medical or clinical decisions by physicians and potentially other types of health care providers (known collectively as the corporate practice of medicine). These states may also prohibit entities from engaging in certain financial arrangements, such as fee-splitting, with physicians and potentially other types of health care providers. Violations of the corporate practice of medicine, fee-splitting and related laws vary by state and may result in physicians and potentially other types of health care providers being subject to disciplinary action, as well as to forfeiture of revenues from payors for services rendered. Violations may also bring both civil and, in more extreme cases, criminal liability for engaging in medical practice without a license and violating the corporate practice of medicine, fee-splitting and related laws. Some of the relevant laws, regulations, and agency interpretations in states with corporate practice of medicine restrictions have been subject to limited judicial and regulatory interpretation.

*Civil Monetary Penalties Statute*

The Civil Monetary Penalties Statute, 42 U.S.C. § 1320a-7a, authorizes the imposition of civil money penalties, assessments, and exclusion against an individual or entity based on a variety of prohibited conduct, including, but not limited to:

- Presenting, or causing to be presented, claims for payment to Medicare, Medicaid, or other third-party payors that the individual or entity knows or should know are for an item or service that was not provided as claimed or is false or fraudulent;
- Offering remuneration to a federal healthcare program beneficiary that the individual or entity knows or should know is likely to influence the beneficiary to order or receive healthcare items or services from a particular provider;

- Arranging contracts with an entity or individual excluded from participation in the federal healthcare programs;
- Violating the federal Anti-Kickback Statute;
- Making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim for payment for items and services furnished under a federal healthcare program;
- Making, using, or causing to be made any false statement, omission, or misrepresentation of a material fact in any application, bid, or contract to participate or enroll as a provider of services or a supplier under a federal healthcare program; and
- Failing to report and return an overpayment owed to the federal government.

Substantial civil monetary penalties may be imposed under the federal Civil Monetary Penalty Statute and vary, depending on the underlying violation. In addition, an assessment of not more than three times the total amount claimed for each item or service may also apply, and a violator may be subject to exclusion from federal and state healthcare programs.

*Foreign Corrupt Practices Act*

We are subject to the provisions of the Foreign Corrupt Practices Act (FCPA) in the United States and similar laws in other countries, which generally prohibit companies and those acting on their behalf from making improper payments to foreign government officials and others for the purpose of obtaining or retaining business. A violation of the FCPA or other similar laws by us and/or our agents or representatives could result in, among other things, the imposition of fines and penalties, changes to our business practices, the termination of or other adverse impacts under our contracts or debarment from bidding on contracts, and/or harm to our reputation, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows and stock price.

*Privacy and Security*

The Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH Act) (collectively referred to as HIPAA), require us to provide certain protections to patients and their health information. The HIPAA privacy and security regulations extensively regulate the use and disclosure of PHI and require covered entities, which include healthcare providers, to implement and maintain administrative, physical and technical safeguards to protect the security of such information. Additional security requirements apply to electronic PHI. These regulations also provide patients with substantive rights with respect to their health information.

The HIPAA privacy and security regulations also require us to enter into written agreements with certain contractors, known as business associates, to whom we disclose PHI. Covered entities may be subject to penalties for, among other activities, failing to enter into a business associate agreement where required by law or as a result of a business associate violating HIPAA if the business associate is found to be an agent of the covered entity and acting within the scope of the agency. Business associates are also directly subject to liability under the HIPAA privacy and security regulations. In instances where we act as a business associate to a covered entity, there is the potential for additional liability beyond our status as a covered entity.

Covered entities must report breaches of unsecured PHI to affected individuals without unreasonable delay but not to exceed 60 days of discovery of the breach by a covered entity or its agents. Notification must also be made to the HHS and, for breaches of unsecured PHI involving more than 500 residents of a state or jurisdiction, to the media. All non-permitted uses or disclosures of unsecured PHI are presumed to be breaches unless the covered entity or business associate establishes that there is a low probability the information has been compromised. Various state laws and regulations may also require us to notify affected individuals, and U.S. state attorneys general, or other regulators or law enforcement, in the event of a data breach involving individually identifiable information without regard to whether there is a low probability of the information being compromised.

Penalties for impermissible use or disclosure of PHI were increased by the HITECH Act by imposing tiered penalties of more than $50,000 per violation and up to $1.5 million per year for identical violations. In addition, HIPAA provides for criminal penalties of up to $250,000 and ten years in prison, with the severest penalties for obtaining and disclosing PHI with the intent to sell, transfer or use such information for commercial advantage, personal gain or malicious harm. Further, state attorneys general may bring civil actions seeking either injunction or damages in response to violations of the HIPAA privacy and security regulations that threaten the privacy of state residents.

In addition to the protection of PHI, healthcare companies must meet privacy and security requirements applicable to other categories of personal information. Companies may process consumer information in conjunction with website and corporate operations. They may also handle employee information, including Social Security Numbers, payroll information, and other categories of sensitive information, to further their employment practices. In processing this additional information, companies must comply with the applicable privacy and security requirements of comprehensive privacy and data protection laws, consumer protection laws, labor and employment laws, and its publicly-available notices.

Data protection laws and regulations are evolving globally, and may continue to add additional compliance costs and legal risks to our international operations. In the European Union, the General Data Protection Regulation (EU GDPR) imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under the EU GDPR, regulatory penalties may be passed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million. The United Kingdom has implemented similar legislation (UK GDPR) that may carry similar compliance and operational costs as the EU GDPR, and non-compliance with which carries potential fines of up to the greater of £17.5 million or 4% of global turnover. The costs of compliance with, and other burdens imposed by, the EU GDPR, UK GDPR and other new laws, regulations and policies implementing the EU GDPR and UK GDPR may impact our European and United Kingdom operations and may limit the ways in which we can provide services or use personal data collected while providing services.

Privacy and data protection laws are also evolving nationally, providing for enhanced state privacy rights that are broader than the current federal privacy rights, and may add additional compliance costs and legal risks to our U.S. operations. For example, the California Consumer Protection Act (CCPA), which became effective January 1, 2020, requires certain companies doing business in California to enhance privacy disclosures regarding the collection, use and sharing of a consumer's personal data. The CCPA also permits the imposition of civil penalties, grants enforcement authority to the state Attorney General and provides a private right of action for consumers where certain personal information is breached due to unreasonable information security practices. Additionally, the California Privacy Rights Act (CPRA), which is expected to take effect in January 2023, significantly expands the data protection obligations imposed by the CCPA on companies doing business in California, including additional consumer rights processes, limitations on data uses, and opt outs for certain uses of sensitive data. It will also create a new California data protection agency to enforce the law, and require certain businesses with higher risk privacy and security practices to submit annual audits to the agency on a regular basis. The CPRA will likely result in broader increased regulatory scrutiny in California of businesses' privacy and security practices, could lead to a further rise in data protection litigation, and will require additional compliance investment and potential business process changes in the meantime. In addition to California, other states have passed similar privacy laws, such as the Colorado Privacy Act and the Virginia Consumer Data Protection Act.

In addition to the breach reporting requirements under HIPAA, companies are subject to state breach notification laws. Each state enforces a law requiring companies to provide notice of a breach of certain categories of sensitive personal information, e.g. Social Security Number, financial account information, or username and password. A company impacted by a breach must notify affected individuals, attorney's general or other agencies within a certain time frame. If a company does not provide timely notice with the required content, it may be subject to civil penalties brought by attorney's generals or affected individuals.

Companies must also safeguard personal information in accordance with federal and state data security laws and requirements. These requirements are akin to the HIPAA requirements to safeguard PHI, described above. The Federal Trade Commission, for example, requires companies to implement reasonable data security measures relative to its operations and the volume and complexity of the information it processes. Also, various state data security laws require companies to safeguard data with technical security controls and underlying policies and processes. Due to the constant changes in the data security space, companies must continuously review and update data security practices to mitigate any potential operational or legal liabilities stemming from data security risks. If we fail to comply with applicable privacy and security laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information, including PHI, on our behalf, properly maintain the integrity of our data, protect our proprietary rights, or defend against cybersecurity attacks, it could materially harm our reputation and/or have a material adverse effect on our business, results of operations, financial condition and cash flows.

*Integrated Kidney Care and Medicare and Medicaid program reforms*

The regulatory framework of the healthcare marketplace continues to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. These changes shape the landscape for our current dialysis business as well as for emerging comprehensive and integrated kidney care programs. The following discussion describes certain of these changes in further detail.

*CMMI Payment Models:* An executive order issued in July 2019 (the 2019 Executive Order) directed CMS to create payment models through CMMI to evaluate the effects of creating payment incentives for the greater use of home-based dialysis and kidney transplants for those already on dialysis, improve quality of care for kidney patients and reduce expenditures. The first of these, the ESRD Treatment Choices (ETC) mandatory payment model launched in approximately 30% of dialysis clinics across the country on January 1, 2021. In November 2021, CMS revised the ETC model to include an additional positive payment adjustment for significant improvement in the home dialysis rate or the transplant waitlist rate among ESRD patients with lower socioeconomic status. CMS will also stratify the achievement benchmarks for geographies with 50 percent or more patients who are dual-eligible or received a Low Income Subsidy (LIS) to account for socioeconomic factors that may impact the ability to receive home-based dialysis or gain placement on a transplant waitlist. CMS also announced the Global and Professional Direct Contracting (GPDC) Model to reduce the cost and improve the quality of care for Medicare fee-for-service patients. The Company, via its wholly owned subsidiary Vively Health, began participating in the GPDC Model at the start of the first performance year on April 1, 2021. CMS also announced the implementation of two voluntary kidney care payment models, Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC), with the stated goal of helping healthcare providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. CMS has stated these payment models are aimed to prevent or delay the need for dialysis and encourage kidney transplantation. Certain of these payment models, such as the First Performance Period for the Kidney Care Choices Model CKCC Options (the CKCC Model) commenced on January 1, 2022. As described above, the Company has invested substantial resources, and expects to continue to invest substantial resources in these models as part of the Company's overall plan to grow its integrated kidney care business and value-based care initiatives.

In addition to the aforementioned new models of care, federal bipartisan legislation related to full capitation demonstration for ESRD was introduced in Congress in August 2021 as the BETTER Kidney Care Act. This proposed legislation would build on prior coordinated care models, such as the Comprehensive ESRD Care (CEC) Model, and would establish a demonstration program for the provision of integrated care to Medicare fee-for-service dialysis and transplant patients. As noted above, we have made and continue to make substantial investments in value based care and building our integrated care capabilities, but there can be no assurances that initiatives such as this or any other legislation that aligns with our strategy and investments will be passed into law, and the ongoing COVID-19 pandemic may delay the progress of any such initiatives. Irrespective of whether such laws are passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on the broad scale, and in the desired time frame. Additionally, the ultimate terms and conditions of any such potential legislation remain unclear. For example, our costs of care could exceed our associated reimbursement rates under such legislation.

For additional details on the risks related to integrated kidney care and Medicare and Medicaid program reforms, see the discussion in Item 1A. Risk Factors under the headings "*If we are not able to successfully implement our strategy with respect to our integrated kidney care and value-based care initiatives, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could result in a loss of our investments and have a material adverse effect on our growth strategy, could adversely impact our business, results of operations, financial condition and cash flows, and could materially harm our reputation;"* and *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows."*

*ACA and related regulations*: The ACA regulatory framework of the healthcare marketplace continues to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. For example, the expanded access to healthcare developed under the ACA has been both positively and negatively impacted over time by subsequent legal, regulatory and judicial action. In 2021, the American Rescue Plan included several provisions designed to expand health coverage during the COVID-19 pandemic, including the expansion of premium tax credits that assist consumers who purchase health insurance on marketplaces developed under the ACA and temporarily offering incentives to expand Medicaid coverage for states that have not yet done so. Our revenue and operating income levels are highly sensitive to the percentage of our patients with higher-paying commercial health insurance and any legislative, regulatory or other changes that decrease the accessibility and availability, including the duration, of commercial insurance is likely to have a material adverse impact on our business.

Changes to the political environment may increase the likelihood of legislative or regulatory changes that would impact us, such as changes to the healthcare regulatory landscape. Examples of such potential changes also could include, among other things, legislative developments or administrative decisions such as moving to a universal health insurance or "single payor" system whereby health insurance is provided to all Americans by the government, the availability of a "public health insurance option" similar to Medicare, government programs that impact access to Medicaid expansion or impact funding provided to families to purchase plans through the health insurance exchanges or changes to the eligibility age for Medicare beneficiaries. Some of these or other changes could in turn impact the percentage of our patients with higher-paying commercial health

insurance, impact the scope or terms of coverage under commercial health plans and/or increase our expenses, among other things. The timing of legislative or executive action related to these potential initiatives, if any, remains uncertain, particularly in light of the ongoing COVID-19 pandemic, and as such, considerable uncertainty exists surrounding the continued development of the ACA and related regulations, programs and models, as well as similar healthcare reform measures and/or other potential changes at the federal and/or state level to laws, regulations and other requirements that govern our business.

*21st Century Cures Act*: The Cures Act included a provision that, effective January 1, 2021, allows Medicare eligible beneficiaries with ESRD to choose coverage under a MA managed care plan. This provision has broadened patient access to certain enhanced benefits offered by MA plans. MA plans usually provide reimbursement to us at a negotiated rate that is generally higher than Medicare FFS rates. This change in benefit eligibility has increased the percentage of our patients on MA plans as compared to Medicare Part B plans, though it is unclear how many eligible ESRD patients will continue to seek to enroll in MA plans for their ESRD benefits over time. This uncertainty may be heightened by a provision in the Cures Act that, among other things, removes the objective time and distance standards relating to network adequacy for outpatient dialysis centers for MA plans. The removal of these standards could result in MA plans seeking to limit provider networks available to dialysis patients. If MA plans attempt to use this revision to the rules to limit or restrict their networks, this may adversely impact the number of ESRD patients that select MA plans and also may result in the Company not being an in-network provider for significant MA plans. For details on the risks associated with these provisions of the Cures Act, see the risk factors in Item 1A. Risk Factors under the headings, *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;"* and *"If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

The Cures Act also includes provisions related to data interoperability, information blocking, and patient access. CMS and the Office of the National Coordinator for Health Information Technology (ONC) issued final rules related to these provisions, which include, among other things, requirements surrounding information blocking, changes to ONC's Health IT Certification Program and requirements that CMS-regulated payors make relevant claims/care data and provider directory information available through standardized patient access and provider directory application programming interfaces (APIs) that connect to provider electronic health records. We have made and continue to make investments in building data interoperability capabilities, including as part of building on our integrated care capabilities as noted above, and continue to monitor guidance from ONC on the rule.

*Price Transparency Rules*: In addition, recent price transparency regulations require most group health plans, and health insurance issuers in the group and individual markets, to make certain pricing and patient responsibility information publicly available. For plan years that start on or after January 1, 2022, and with enforcement beginning on July 1, 2022, any such plan or issuer must publish monthly machine-readable files that include negotiated rates between the plan or issuer and in-network providers, and allowed amounts paid and/or billed charges for out-of-network providers, for all covered items and services. For plan years that begin on or after January 1, 2023, most group health plans, and health insurance issuers in the group and individual markets, must provide enrollees with out-of-pocket cost and underlying provider negotiated rate information in a consumer-friendly format for an initial list of 500 designated services (which do not include dialysis). A plan or issuer may choose to include more than these 500 services, and for plan years that begin on or after January 1, 2024, most group health plans, and health insurance issuers in the group and individual markets, must provide enrollees with this information for all covered items and services. Additionally, CMS released regulations associated with "surprise billing" which necessitate, among other requirements, that certain providers provide patients with information regarding patient financial accountability and costs of services in advance of care being provided. While the ultimate impact of these regulations remains uncertain, any changes by group health plans, health insurance issuers in the group and individual markets, or consumer choices resulting from these regulations could have a material adverse impact on our business, financial condition and results of operations, and could materially harm our reputation.

*COVID-19 Response*: In September 2021, President Biden directed federal agencies to develop rules and take action related to COVID-19 vaccination requirements, including rules that may impact employers with 100 or more employees as well as workers in the dialysis and other healthcare settings. On November 4, 2021, OSHA released the COVID-19 vaccine emergency temporary standard (ETS), but withdrew the rule effective January 26, 2022 after legal challenges. On November 5, 2021, CMS also issued an Interim Final Rule (IFR) requiring that, as a condition of participation in Medicare and Medicaid, various providers and suppliers, including ESRD facilities, implement policies and procedures for COVID-19 vaccination of all staff who provide care, treatment, or other services for the provider or its patients. Several legal challenges have been filed

against the IFR, but the U.S. Supreme Court lifted the injunction against the IFR while the legal challenges proceed in the lower courts such that all healthcare workers at the providers and suppliers noted above are to be fully vaccinated or receive an approved medical or religious accommodation by February 28, 2022, in accordance with federal employment law. In addition, on September 9, 2021, President Biden issued Executive Order 14042, referred to as the federal contractor vaccine mandate, to require all U.S. based employees working on or in connection with covered federal government contracts and all other employees who share workplaces with or come into contact with employees working on or in connection with covered federal government contracts, to be fully vaccinated, or have an approved medical or religious accommodation, by January 18, 2022. In December 2021 a federal court enjoined the federal contractor vaccine mandate. A number of of other courts have enjoined the federal contractor vaccine mandate. At this time, several other state vaccine mandates have been legally challenged and are under review by the applicable courts. The uncertainty associated with the legal standing of these mandates and the cumulative impact of those mandates, that have already gone into effect, contributes to the volatility and uncertainty in the current labor market and may ultimately exacerbate the risk and impact of labor shortages on our business. For additional information on the risks to our business associated with COVID-19 and labor market conditions, see the risk factors in Item 1A. Risk Factors under the headings, "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us;*" and "*Our business is labor intensive and if our labor costs continue to rise, including due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain employees; or if union organizing activities or legislative or other changes result in significant increases in our operating costs or decreases in productivity, we may experience disruptions in our business operations and increases in operating expenses, among other things, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation*" and "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*"

In addition, certain state and federal agencies, including OSHA and CMS, have released requirements, or are considering or are in the process of modifying existing requirements associated with the continued protection of employees as it relates to COVID-19. These requirements may result in increased costs related to, among other things, PPE, fit-testing, and paid time off, mandated surveillance testing of our teammates for COVID-19 and other increased obligations with which we must comply. Compliance with COVID-19-related safety rules and regulations is generally enforced with sanctions and/or fines, and non-compliance also has the potential for negative publicity or reputational impact. As these requirements are continuing to evolve and develop, at this time we cannot predict the ultimate impact they might have on our business, results of operations, financial condition and cash flows.

*Other regulations*

Our U.S. dialysis and related lab services operations are subject to various state hazardous waste and non-hazardous medical waste disposal laws. These laws do not classify as hazardous most of the waste produced from dialysis services. OSHA regulations require employers to provide workers who are occupationally subject to blood or other potentially infectious materials with prescribed protections. These regulatory requirements apply to all healthcare facilities, including dialysis centers, and require employers to make a determination as to which employees may be exposed to blood or other potentially infectious materials and to have in effect a written exposure control plan. In addition, employers are required to provide or employ hepatitis B vaccinations, personal protective equipment and other safety devices, infection control training, post-exposure evaluation and follow-up, waste disposal techniques and procedures and work practice controls. Employers are also required to comply with various record-keeping requirements.

In addition, a few states in which we do business have certificate of need programs regulating the establishment or expansion of healthcare facilities, including dialysis centers.

*State initiatives*

There have been several state initiatives to limit payments to dialysis providers or impose other burdensome operational requirements, which, if passed, could have a material adverse impact on our business, results of operation, financial condition and cash flows. For instance, in 2020, voters in California considered a statewide ballot initiative proposed by the Service Employees International Union - United Healthcare Workers West (SEIU) that sought to impose certain regulatory requirements on dialysis clinics, including requirements related to physician staffing levels, clinical reporting, clinical treatment options and limitations on the ability to make decisions on closing or reducing services for dialysis clinics. While voters rejected this ballot initiative in 2020, we incurred substantial costs to oppose it. On August 25, 2021, SEIU again proposed a California statewide ballot initiative with similar provisions. In the event this proposal becomes eligible for the November 2022 election, we expect to again incur substantial costs to oppose it. We may face ballot initiatives or other proposed regulations or

legislation in California or other states in future years, which may require us to incur further substantial costs and which, if passed, could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Evolving proposed or issued laws, requirements, rules and guidance that impact our business, including without limitation as may be described above, and any failure on our part to adequately adjust to any resulting marketplace developments could have a material adverse effect on our business, results of operations, financial condition and cash flows. For additional discussion on the risks associated with the evolving payment and regulatory landscape for kidney care, see the discussion in Item 1A. Risk Factors, including the discussion under the heading, *"Our business is subject to a complex set of governmental laws, regulations and requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;"* and *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

**Corporate compliance program**

Management has designed and implemented a corporate compliance program as part of our commitment to comply fully with applicable criminal, civil and administrative laws and regulations and to maintain the high standards of conduct we expect from all of our teammates. We continuously review this program and work to enhance it as appropriate. The primary purposes of the program include:

- Assessing and identifying health care regulatory risks for existing and new businesses;
- Training and educating our teammates and affiliated professionals to promote awareness of legal and regulatory requirements, a culture of compliance, and the necessity of complying with all applicable laws, regulations and requirements;
- Developing and implementing compliance policies and procedures and creating controls to support compliance with applicable laws, regulations and requirements and our policies and procedures;
- Auditing and monitoring the activities of our operating units and business support functions to identify and mitigate risks and potential instances of noncompliance in a timely manner; and
- Ensuring that we promptly take steps to resolve any instances of noncompliance and address areas of weakness or potential noncompliance.

We have a code of conduct that each of our teammates, members of our Board of Directors, affiliated professionals and certain third parties must follow, and we have an anonymous compliance hotline for teammates and patients to report potential instances of noncompliance that is managed by a third party. Our Chief Compliance Officer administers the compliance program. The Chief Compliance Officer reports directly to our Chief Executive Officer (CEO) and the Chair of the Compliance and Quality Committee of our Board of Directors (Board).

Any future penalties, sanctions or other consequences could be more severe in certain circumstances if the OIG or a similar regulatory authority determines that we knowingly or repeatedly failed to comply with applicable laws, regulations or requirements, including substantial penalties and exclusion from participation in federal healthcare programs that could have a material adverse effect on our business, results of operations, financial condition and cash flows, reputation and stock price.

**Competition**

The U.S. dialysis industry has experienced consolidation over the last 20 years, but remains highly competitive. In our U.S. dialysis business, we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for limited acquisition targets, for individual patients who may choose to dialyze with us and to engage physicians qualified to provide required medical director services. Competition for growth in existing and expanding geographies or areas is intense and is not limited to only those large dialysis providers with substantial financial resources or established participants in the dialysis space. We also compete with new dialysis providers, individual nephrologists, former medical directors or physicians that have opened their own dialysis units or facilities. Moreover, as we continue our international dialysis expansion into various international markets, we face competition from large and medium-sized providers, among others, for acquisition targets as well as physician relationships. We also experience competitive pressures from other dialysis and healthcare providers in recruiting and retaining qualified skilled clinical personnel as well as in connection with negotiating contracts with commercial healthcare payors and inpatient dialysis service agreements with hospitals. Acquisitions, developing new outpatient dialysis centers, patient retention and referrals, and physician relationships are significant components of our growth strategy and our business could be adversely affected if we are not able to continue to make dialysis

acquisitions on reasonable and acceptable terms, continue to develop new outpatient dialysis centers, maintain or establish new relationships with physicians or if we experience significant patient attrition or lack of new patient growth relative to our competitors.

Our largest competitor, Fresenius Medical Group (FMC), manufactures a full line of dialysis supplies and equipment in addition to owning and operating outpatient dialysis centers worldwide. This may, among other things, give FMC cost advantages over us because of its ability to manufacture its own products. Additionally, FMC has been one of our largest suppliers of dialysis products and equipment over the last several years. In January 2021, upon the expiration of our prior agreement with FMC on December 31, 2020, we entered into and subsequently extended a new agreement with FMC to purchase a certain amount of dialysis equipment, parts and supplies from FMC which extends through December 31, 2024. The amount of purchases from FMC over the remaining term of this agreement will depend upon a number of factors, including the operating requirements of our centers, the number of centers we acquire, and growth of our existing centers.

In addition to traditional dialysis providers, there have been a number of announcements, initiatives and capital raises by non-traditional dialysis providers and others along the full continuum of kidney care from CKD to dialysis to transplant. These providers, certain of which command considerable resources and capital, may increasingly compete with us in the integrated kidney care market as we seek to grow in that space, or they may focus their efforts on the development of more conventional dialysis competition or the commencement of other new business activities or the development of innovative technologies that could be transformative to the industry. For additional discussion on these developments and associated risks, see the risk factor in Item 1A. Risk Factors under the heading, "*If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows*."

**Insurance**

We are predominantly self-insured with respect to professional and general liability and workers' compensation risks through wholly-owned captive insurance companies. We are also predominantly self-insured with respect to employee medical and other health benefits. We also maintain insurance, excess coverage, or reinsurance for property and general liability, professional liability, directors’ and officers’ liability, workers' compensation, cybersecurity and other coverage in amounts and on terms deemed appropriate by management, based on our actual claims experience and expectations for future claims. Future claims could, however, exceed our applicable insurance coverage. Physicians practicing at our dialysis centers are required to maintain their own malpractice insurance, and our medical directors are required to maintain coverage for their individual private medical practices. Our liability policies cover our medical directors for the performance of their duties as medical directors at our outpatient dialysis centers.

**Human capital management**

*Overview*

At DaVita, we are guided by our Mission—to be the provider, partner and employer of choice—and a set of Core Values—Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment and Fun—which are reinforced at all levels of the organization. Our teammates share a common passion for improving patients' lives and are the cornerstone for the health of DaVita.

We strive to be a community first and a company second, and affectionately call ourselves a Village. To be a healthy Village, we need to attract, retain and develop highly qualified and diverse teammates. To do so, we have implemented strategies that support our mission to be the employer of choice, such as:

- Designing programs and processes to cultivate a diverse talent pipeline that can allow us to hire ahead of needs;
- Providing development and professional growth opportunities; and
- Offering a robust and competitive total rewards program.

These efforts are underpinned by a foundational focus on diversity and belonging that starts at the top with our Board and executive leadership and permeates through our Village as further described below.

We believe that this intentional investment of time and resources fosters a special community of teammates that, in turn, inspires the Village to take better care of our patients and better care of the communities in which we live.

*Oversight & Management*

Our Board provides oversight on human capital matters, receiving regular updates from our Chief People Officer about People Services' activities, strategies and initiatives, and through the Board's annual work with our CEO on management development and succession planning. Among other things, our Board and/or its committees also receive reports related to pay equity, risks and trends related to labor and human capital management issues and general issues pertaining to our teammates. The Board, in conjunction with its committees, also oversees the Company's activities, policies and programs related to corporate environmental and social responsibility, including considering the impact of such activities, policies and programs on the Company, teammates, patients and communities, among others.

These reports and recommendations to the Board and its committees are part of our broader People Services leadership and oversight framework, which includes guidance from various stakeholders across the business and benefits from the broad participation of senior leadership.

*Diversity & Belonging*

Our investment in our teammates is underscored by our commitment to Diversity & Belonging (D&B). We published our first D&B Report in March 2021, which disclosed our diversity metrics and roadmap for delivering our vision of cultivating "a diverse Village where everyone belongs." Our 3,154 dialysis centers operate in communities large and small, in nearly every state in the U.S. as well as ten other countries. Our Village's diversity is inherent in the teammates who work in our centers, the patients we care for, the physicians with whom we partner, and the communities where we serve.

To help achieve this vision, we empower all leaders and teammates to cultivate D&B in their centers and on their teams. One way we do this is by sharing tools and resources like our Belonging Teammate and Belonging Leader Guides, which encourage teammates to connect with each other to learn about individual experiences with belonging and better understand the impact of unconscious bias. Based on our most recent internal surveys, 84% of teammates indicated that they feel a sense of belonging within the DaVita community. We also launched our second annual Week of Belonging in 2021, engaging approximately 69,000 teammates globally with activities and education designed to further create a sense of belonging.

We take a collaborative, leader-led approach to building our D&B program. Everyone from our front-line patient care technicians (PCTs) and nurses to our divisional vice presidents, our CEO and our Board has a role in implementing our strategy. It truly does take a Village to bring our vision to life.

Over the past several years, our D&B efforts have focused primarily on supporting strong representation of women and people of color in our Company and ensuring that we are creating a welcoming, open environment where all teammates, patients, physicians and care partners belong.

As of December 31, 2021, our Village in the U.S. was comprised of 78% women and 55% people of color. We are proud of the fact that in the U.S. as of December 31, 2021, 73% of our managers and 57% of our directors are women and that leaders with profit and loss responsibility are 54% women and 25% people of color. We also are proud that our Board is comprised of 44% women and 33% people of color. With respect to Board leadership positions, we are one of the few companies in the S&P 500 to have a woman serving as the Chair of the Board. We are also one of the few S&P 500 companies to have a person of color serve as our CEO. We publish our demographic data in our EEO-1 Report, which is included in our Sustainability Accounting Standards Board (SASB) Report.

*Talent Pipeline and Career Development*

We understand that a key component of developing strong representation of women and people of color in leadership is to have recruiting practices focused on diversity. Some of our practices include:

- Diverse Sourcing: Our recruiters are trained on how to source for diverse candidates to ensure we have a robust pipeline at all levels of the organization.
- Diverse Partnerships: We have external partnerships with organizations like Forte Foundation and Management Leadership for Tomorrow to help create equal opportunities for diverse candidates.
- Redwoods Leadership: We partner closely with diverse student body organizations at colleges and universities to source applicants for our Redwoods leadership development programs.

Helping teammates reach the next stage in their career and increasing their earnings potential is one of our passions. We have several career development programs that support teammates to further their careers. To help ensure that teammates have the support needed to succeed in their current roles, and grow their careers, we have invested in an end-to-end career

development pipeline that includes programs and initiatives that provide financial, academic and social support to our clinical and operations personnel to help achieve their higher education and leadership goals. We are proud of our Clinical Ladders program that ties performance and career progression. This program is designed to clarify for teammates what is expected in order to move to the next level on the ladder and help provide them with the tools to do so. Predominately all of our teammates are clinical field/operations personnel, and we have programs in place to help guide their potential journey at DaVita. Beginning with programs that cover certification fees for PCTs to coaching and tuition programs that help guide PCTs to becoming registered nurses (RNs) to programs that help develop high potential nurses, clinical coordinators and clinic nurse managers into operational managers and ultimately to programs that prepare and coach operational managers for potential regional operations director roles, our goal is to make resources available to teammates at each step of a possible career path. We are proud of the work we have done in this area, with approximately 64% of our Facility Administrators and managers having been promoted internally, as of December 31, 2021.

*Total Rewards Program and Pay Equity*

Our pay philosophy and practices are designed to be competitive in the local market and to reward strong team and individual performance. We believe merit-driven pay encourages teammates to do their best work, including in caring for our patients, and we strive to link pay to performance so we can continue to incentivize the provision of extraordinary care to our patients and grow our Village.

To help our teammates reach their full potential, we offer a total rewards package. More than just pay, our comprehensive compensation package connects teammates to robust health care coverage, resources for retirement planning and savings, opportunities for career development, and well-being resources for every stage of life.

We also offer family support programs to our teammates and their families that include family care programs for back-up child and elder care, parental support and parental leave programs. We also offer a number of scholarships for teammates' children and grandchildren.

To support our teammates in maintaining strong physical and mental health, we offer a variety of physical and mental health benefits programs, including, among other things:

- Teammate Assistance Program that offers counseling sessions annually to all teammates and their household members, along with work/life resources and tools that include telephonic or face to face legal consultation and expert financial planning/consultation. Each household member has access to ten free sessions per life event.
- Free access to Headspace application for digital meditation and mindfulness and referrals/consultations on everyday issues such as dependent care, auto repair, pet care and home improvement.
- Vitality Points, a voluntary wellness incentive program that encourages teammates and their spouses/domestic partners to engage with their provider to manage their overall health. In addition, it allows participating teammates and spouses/domestic partners to earn credits toward their medical premium for getting a biometric screening with a primary care provider.
- Short & Long term disability for full time teammates and Life/AD&D coverage at both the basic and supplemental levels.
- Our DaVita Village Network, which provides financial support to eligible teammates experiencing a specific tragedy or hardship and helps cover additional costs that local fundraising and insurance do not fully cover.

We also offer a robust suite of financial well-being programs for eligible teammates including, among others, a 401(k) program with company match, an employee stock purchase plan, health savings account funding for certain high deductible health plans and a deferred compensation plan. We also offer DailyPay, a service that provides teammates with financial flexibility by allowing them to access earned but unpaid wages before payday for a nominal fee.

*Pay Equity*

At DaVita, we are committed to equal pay for equal work; meaning, teammates in the same position, performing at the same level, and in similar geographies, are paid fairly relative to one another, regardless of their gender, race or ethnicity. We believe that equitable pay is a critical component of establishing a fair work environment where all teammates are valued and feel like they belong. Fair pay is essential to our ability to attract and motivate the highly qualified, and diverse, teammates who are at the center of our current and future success.

*Agile Response, Teammate Feedback and Responding to the Public Health Crisis*

The COVID-19 pandemic has continued to test our ability to respond to external developments and care for our teammates in real time. One of our key goals during the pandemic has been to maintain frequent communication and engagement with teammates, including "town hall" and Q&A calls, emails and more. We continued this practice in 2021, and as the pandemic continues to evolve, the scope of our teammate communications program has expanded to include COVID-19 testing, treatments, therapies, vaccines and boosters, as well as associated government actions and mandates. As the pandemic has persisted and in response to the hardship imposed by the pandemic on our teammates, and in recognition of their dedication and commitment to our patients' health, we provided financial support to teammates and we also continue to provide essential relief programs to support teammates, including backup childcare, modified sick policies and certain increased overtime pay for front-line positions.

Most importantly, the health and safety of our teammates, physician partners and their families remains a top priority throughout this ongoing pandemic. We implemented guidance early in the pandemic to help mitigate health and safety risks imposed by COVID-19, including, among other things:

- Securing necessary supplies of personal protective equipment;
- Restricting visitors to our centers;
- Screening teammates, patients and visitors for signs and symptoms of, or exposure to, COVID-19, before allowing entry into our clinics or business offices;
- Implementing an early universal masking policy;
- Educating teammates and patients on the benefits of the COVID-19 vaccines and boosters, and facilitating the administration of these to our teammates and patients; and
- Providing guidance on staying safe outside of our centers.

We also converted our live, in-person teammate and leadership development programs to virtual delivery, to help ensure that our teammates across our global Village could continue to grow personally and professionally and have access to career development resources despite the ongoing pandemic.

We believe our ability to engage with teammates and respond to these developments has helped us to better care for them. By caring for our teammates, we have been generally able to maintain continuity of care for our patients and support the broader healthcare community throughout this unprecedented public health crisis.

As of December 31, 2021, we employed approximately 69,000 teammates, including our international teammates.

For additional information about certain risks associated with our human capital management and our response to the COVID-19 pandemic, see the risk factors in Item 1A. Risk Factors under the headings, "*Our business is labor intensive and if our labor costs continue to rise, including due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain employees; or if union organizing activities or legislative or other changes result in significant increases in our operating costs or decreases in productivity, we may experience disruptions in our business operations and increases in operating expenses, among other things, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation;*" and "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*"

We also encourage you to visit our website at www.davita.com/communitycare for more detailed information regarding certain aspects of our human capital and ESG related programs and initiatives described herein, including our D&B Report, SASB Report and Policy on Fair and Equitable Pay, as well as our efforts to care for our patients, our community and our world. Nothing on our website, sections thereof or documents linked thereto, shall be deemed incorporated by reference into this report.

## Item 1A. Risk Factors

*This Annual Report on Form 10-K contains forward-looking statements within the meaning of the federal securities laws. Please read the cautionary notice regarding forward-looking statements in Item 7 of Part II of this Annual Report on Form 10-K under the heading "Management's Discussion and Analysis of Financial Condition and Results of Operations." These forward-looking statements involve risks and uncertainties, including those discussed below, which could have a material adverse effect on our business, cash flows, financial condition, results of operations and/or reputation. The risks and uncertainties discussed below are not the only ones facing our business. Additional risks and uncertainties not currently known to us or that we currently deem to be immaterial could also have a material adverse effect on our business, cash flows, financial condition, results of operations and/or reputation.*

### Summary Risk Factors

The following is a summary of the principal risks and uncertainties that could adversely affect our business, cash flows, financial condition and/or results of operations, and these adverse impacts may be material. This summary is qualified in its entirety by reference to the more detailed descriptions of the risks and uncertainties included in this Item 1A. below and you should read this summary together with those more detailed descriptions.

These principal risk and uncertainties relate to, among other things:

*Risks Related to the Operation of our Business*

- the dynamic and evolving novel coronavirus pandemic;
- the complex set of governmental laws, regulations and other requirements that impact us, including potential changes thereto;
- the various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits and other legal matters that we may be subject to from time to time;
- the number or percentage of patients with higher-paying commercial insurance, the average rates that commercial payors pay us, any restrictions in plan designs or other contractual terms, including, without limitation, the scope and duration of coverage and in-network benefits;
- our ability to successfully implement our strategy with respect to integrated kidney care, value-based care and home-based dialysis;
- changes in the structure of and payment rates under government-based programs;
- increases in labor costs, including, without limitation, due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; currently pending or future governmental laws, rules, regulations or initiatives; our ability to attract and retain key leadership talent or employees; or union organizing activities or other legislative or other changes;
- our ability to comply with complex privacy and information security laws that impact us and/or our ability to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks;
- our ability to establish and maintain supply relationships that meet our needs at cost-effective prices or at prices that allow for adequate reimbursement as applicable, as well as our ability to access new technology or superior products in a cost-effective manner;
- changes in clinical practices, payment rates or regulations impacting pharmaceuticals;
- our ability to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and physicians willing to serve as medical directors;
- our U.S. ancillary services and strategic initiatives and our international operations and our ability to expand within markets or to new markets, or invest in new products or services;
- our ability to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems, and our ability to adhere to federal and state data sharing and access requirements and regulations;
- our acquisitions, mergers, joint ventures or dispositions;

- our aspirations, goals and disclosures related to environmental, social and governance (ESG) matters;
- our ability to appropriately estimate the amount of dialysis revenues and related refund liabilities;

*General Risks*

- our current or future level of indebtedness, including, without limitation, our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants;
- changes in tax laws, regulations and interpretations or challenges to our tax positions;
- deterioration in economic conditions, general inflationary pressures, disruptions in the financial markets or the effects of natural or other disasters, political instability, public health crises or adverse weather events such as hurricanes, earthquakes, fires or flooding, including as such events may be impacted by the effects of climate change;
- liability claims for damages and other expenses that are not covered by insurance or exceed our existing insurance coverage;
- our ability to successfully maintain an effective internal control over financial reporting; and
- provisions in our organizational documents, our compensation programs and policies and certain requirements under Delaware law that may deter changes of control or make it more difficult for our stockholders to change the composition of our Board of Directors and take other corporate actions that our stockholders would otherwise determine to be in their best interests.

**Risks Related to the Operation of our Business**

**We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.**

The disease caused by the novel coronavirus (COVID-19) is impacting the world and our business in many different ways. The ultimate impact of COVID-19 on us will depend on future developments that are highly uncertain and difficult to predict, including among other things, the severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus such as the Delta and Omicron variants; COVID-19's impact on the chronic kidney disease (CKD) patient population and our patient population including on the mortality of these patients; the availability, acceptance, impact and efficacy of COVID-19 vaccines, treatments and therapies; the pandemic's continuing impact on our revenue and non-acquired growth due to lower treatment volumes, the U.S. and global economies, unemployment, labor market conditions, inflation and monetary policies; the potential negative impact on our commercial mix or the number of patients covered by commercial insurance plans; continued increased COVID-related costs; supply chain challenges and disruptions, including with respect to our clinical supplies; the responses of our competitors to the pandemic and related changes in the marketplace; the timing, scope and effectiveness of federal, state and local government responses; and any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern our business. The impact could come in many forms, including but not limited to those described below.

- We have experienced and expect to continue to experience a negative impact on revenue and non-acquired growth from COVID-19 due to lower treatment volumes, including from the negative impact of COVID-19 on the mortality rates of our patients, which has in turn impacted our patient census. Because ESKD patients may be older and generally have comorbidities, several of which are risk factors for COVID-19, we believe the mortality rate of infected patients has been higher in the dialysis population than in the general population, and COVID-19 also could impact the CKD population differently. Over the longer term, we believe that changes in mortality in both the CKD and ESKD populations due to COVID-19 will continue to depend primarily on the infection rate, case fatality rate, the age and health status of affected patients, and access to and continued efficacy of vaccinations or other treatments or therapies, particularly as it relates to variants of the virus, as well as willingness to be vaccinated. We expect that the impact of COVID-19 is likely to continue to negatively impact our revenue and non-acquired growth for a period of time even as the pandemic subsides due to the compounding impact of mortalities, among other things. However, determining the extent to which these impacts should be directly attributable to COVID-19 is difficult due to testing and reporting limitations, and other factors that may drive treatment volumes and new admissions over time, such as the number of transplants or deferred admissions. Depending on the ultimate severity and duration of the pandemic, the magnitude of these cumulative impacts could have a material adverse impact on our results of operations, financial condition and cash flows.
- Our business is labor intensive and our financial and operating results have been and continue to be sensitive to variations in labor-related costs and productivity. We have historically faced and expect to continue to face costs and

difficulties in hiring and retaining caregivers due to a nationwide shortage of skilled clinical personnel. These challenges have been heightened by the increased demand for and demand upon such personnel by the ongoing pandemic. The labor market is challenging and continues to experience volatility, uncertainty and labor supply shortages, particularly in healthcare. In addition, federal and state agencies have announced or released rules relating to COVID-19 vaccination requirements that may impact our teammates, provider and patients. The cumulative impact of these requirements, some of which have already gone into effect and some of which remain subject to legal challenge, as further described in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation—COVID-19 Response"*, contributes further to the volatility and uncertainty in the labor market and may ultimately further exacerbate labor shortages. These conditions have adversely impacted, and may continue to adversely impact, our ability to attract and retain employees, particularly clinical personnel. As part of our continuing efforts in this highly competitive market, we have provided our teammates with additional compensation, among other things. In 2022, we expect to provide our teammates with higher than usual wage increases, which will put additional pressure on our cost structure going forward. We have experienced staffing shortages and disruptions as a result of current labor market conditions and the current Omicron surge, and further staffing shortages or disruptions, if material, could lead to the unplanned closures of certain centers or adversely impact clinical operations, and may otherwise have a material adverse impact on our ability to provide dialysis services or the cost of providing those services, among other things. Prolonged volatility, uncertainty, labor supply shortages and other challenging labor market conditions, including, among other things, due to inflationary pressures or evolving monetary policies, could have an adverse impact on our ability to execute on our strategic initiatives, and ultimately could have a material adverse impact on our labor costs, results of operations, financial condition and cash flows.

- The COVID-19 pandemic and efforts to contain the virus have impacted the global economy, resulting in, among other things, volatility and uncertainty in labor market conditions as discussed in more detail above. These impacts could ultimately result in a materially reduced share of our patients being covered by commercial insurance plans, with more patients being covered by lower-paying government insurance programs or being uninsured. These effects may persist after the pandemic subsides as, among other things, our patients could experience permanent changes in their insurance coverage as a result of changes to their employment status. In the event such a material reduction occurs in the share of our patients covered by commercial insurance plans, it would have a material adverse impact on our business, results of operations, financial condition and cash flows. The extent of these effects will depend upon, among other things, the extent and duration of the increased unemployment levels for our patient population, any economic deterioration or potential recession; the timing and scope of federal, state and local governmental responses to the ongoing pandemic; and patients' ability to retain existing insurance and their individual choices with respect to their coverage, all of which are highly uncertain and difficult to predict.

- We have dedicated and continue to dedicate substantial resources in response to COVID-19. We have incurred costs, and expect to continue to incur extended costs in the future in connection with our response to COVID-19, and the cumulative impact of these costs could be material. Among other things, our response to COVID-19 has resulted in higher salary and wage expense, and we have provided, and may provide in the future, substantial financial support to our teammates, which may include relief reimbursement. Additionally, the steps we have taken designed to help safely maintain continuity of care for our patients and help protect our caregivers, such as our policies to implement dedicated care shifts for patients with confirmed or suspected COVID-19 and other enhanced clinical practices, have increased our expenses and use of personal protective equipment (PPE). These efforts are part of a wider Prepare, Prevent, Respond and Recover protocol that includes operational initiatives such as the redistribution of teammates, machines and supplies across the country as needed, increased investment in and utilization of telehealth capabilities and administration of COVID-19 vaccines. These initiatives have increased our expenses and operational complexity, and also may involve execution and compliance risks.

- The effort and cost needed to procure certain of our equipment and clinical supplies, including PPE, have substantially increased, and we expect these increased costs will continue. Certain of these increased costs may persist due to the overall challenges and disruptions of global supply chains. These global supply chain challenges have impacted the availability of certain of our equipment and clinical supplies. Prolonged strain on global supply chains may result in additional equipment and clinical supply shortages, disruptions, delays or associated price increases that could impact our ability to provide dialysis services or the cost of providing those services, among other things.

- Rulemaking responses to COVID-19 by certain state and federal agencies, including without limitation OSHA and CMS, have also impacted our costs and operations and generated certain compliance risks. These regulations, described in detail in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation—COVID-19 Response"* have resulted in increased costs related to, among other things, PPE, fit-testing, paid time off, surveillance testing of our teammates for COVID-19 and other increased obligations with which we must comply. As these requirements are continuing to evolve and develop, at this time we cannot predict the ultimate impact they may

have on our business, results of operations, financial condition and cash flows. Compliance with COVID-19-related safety rules and regulations is enforced with sanctions and/or fines, and non-compliance also has the potential for negative publicity or reputational impact. If the pandemic requires us to maintain certain restrictive operational protocols for an extended period of time, it may adversely impact our strategic initiatives, such as our strategy to continue to build our abilities to offer home dialysis options and expanding our integrated care capabilities.

- We operate in a complex and highly regulated environment, and the novel nature of our COVID-19 response, including, among other things, with respect to waivers of certain regulatory requirements, temporary clinical and operational changes and administration of COVID-19 vaccines, some of which are currently available under emergency use authorizations, as well as our efforts to comply with related evolving rules and regulations may increase our exposure to legal, regulatory and clinical risks. In addition, in the event any of our temporary clinical and operational changes in response to COVID-19 become permanent, it could have an adverse impact on our business to the extent such changes result in increased costs or otherwise negatively impact our operations.

- If we experience a failure of the fitness of our clinical laboratory, dialysis centers and related operations and/or other facilities as a result of the COVID-19 pandemic or otherwise, or another event or occurrence adversely impacts the safety of our caregivers or patients (or is alleged to have done so), we could face adverse consequences, including without limitation, material negative impact on our brand, increased litigation, compliance or regulatory investigations, teammate unrest, work stoppages or other workforce disruptions. Any governmental investigations or legal actions brought by patients, teammates, caregivers or others relating to the safety of our caregivers or patients or alleged exposure to COVID-19 at our facilities or by our caregivers may involve significant demands and require substantial legal defense costs, which may not be adequately covered by our professional and general liability insurance, and may materially harm our reputation.

- State and local social distancing restrictions and guidance have required us to significantly increase the use of remote arrangements for our teammates and telehealth technology for our dialysis patients, which broadens our technology footprint for where and how protected health information is used or disclosed, and in turn increases our exposure to the various privacy and information security risks we face, such as the risk of "phishing" and other cybersecurity attacks and the risk of unauthorized dissemination of sensitive personal, proprietary or confidential information.

- Our need, ability and willingness to use and retain any provider relief or other funds or assistance from the government, the consequences of our decisions with respect thereto, our ability to operate within any restrictions on our business or operations that may be imposed as a condition to participation in any government assistance programs, and the impact of any such programs on our competitors, all will depend, among other things, on the magnitude, timing and nature of COVID-19’s impact on the Company as well as the requirements of any such programs, which are uncertain. There can be no assurance that financial or other assistance will be available from the government if we have a need for such assistance in the future.

- If general economic conditions deteriorate further or remain uncertain for an extended period of time, we may incur future charges to recognize impairment in the carrying amount of our goodwill and other intangible assets. We may experience an increased need for additional liquidity funded by accessing existing credit facilities, raising new debt in the capital markets, or other sources, and we may seek to refinance existing debt, which may be more difficult or costly as a result of the pandemic’s impact on capital markets or on us. Furthermore, any extended billing or collection cycles, or deterioration in collectability of accounts receivable, will adversely impact our results of operations and cash flows.

- In our value-based care and other programs where we assume financial accountability for total patient cost, an increase in COVID-19 rates among patients could have an impact on total cost of care. This increase may in turn impact the profitability of those programs relative to their respective funding.

- The global nature of the pandemic may have varying impacts on our ongoing operations outside the United States, and may impact our ability to expand our operations into other parts of the world.

The foregoing and other continued impacts and disruptions to our business in connection with the COVID-19 pandemic could have a material adverse impact on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition, results of operations, cash flows and/or liquidity. In addition, the COVID-19 pandemic heightens many of the other risks and uncertainties discussed herein, and in many cases, may lead to impacts that persist even after the pandemic subsides. For additional information related to COVID-19 and its impact on our business, see the discussion in Part I, Item 1. Business of this Form 10-K under the heading "*Human Capital Management*" and in Part II, Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations*."

**Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation.**

We operate in a complex regulatory environment with an extensive and evolving set of federal, state and local governmental laws, regulations and other requirements that apply to us. These laws, regulations and other requirements are promulgated and overseen by a number of different legislative, regulatory, administrative, and quasi-regulatory bodies, each of which may have varying interpretations, judgments or related guidance. As such, we utilize considerable resources on an ongoing basis to monitor, assess and respond to applicable legislative, regulatory and administrative requirements, but there is no guarantee that we will be successful in our efforts to adhere to all of these requirements. Laws, regulations and other requirements that apply to or impact our business include, but are not limited to:

- Medicare and Medicaid reimbursement statutes, rules and regulations (including, but not limited to, manual provisions, local coverage determinations, national coverage determinations, payment schedules and agency guidance);
- Medicare and Medicaid provider requirements, including, but not limited to, requirements associated with providing and updating certain information about the Medicare or Medicaid entity, as applicable, and its direct and indirect affiliates;
- Section 1115A of the Social Security Act, which, among other things, authorizes the Center for Medicare and Medicaid Innovation (CMMI) to test certain innovation models;
- Fraud waste and abuse laws;
- the 21st Century Cures Act (the Cures Act);
- Federal Acquisition Regulations;
- the Foreign Corrupt Practices Act (FCPA) and similar laws and regulations;
- antitrust and competition laws and regulations;
- laws and regulations related to the corporate practice of medicine;
- laws and regulations regarding the collection, use and disclosure of patient health information (e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA));
- laws and regulations regarding the storage, handling, shipment, disposal and/or dispensing of pharmaceuticals and blood products and other biological materials; and
- individualized state laws and regulations associated with the operation of our business.

If any of our personnel, representatives or operations are alleged to have violated these or other laws, regulations or requirements, we could experience material harm to our reputation and stock price, and it could impact our relationships and/or contracts related to our business, among other things. If any of our personnel, representatives, or operations are found to violate these or other laws, regulations or requirements, we could suffer additional severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows, including, among others:

- Loss of required certifications or suspension or exclusion from or termination of our participation in government programs (including, without limitation, Medicare, Medicaid and CMMI demonstration programs);
- Refunds of amounts received in violation of law or applicable payment program requirements dating back to the applicable statute of limitation periods;
- Loss of licenses required to operate healthcare facilities or administer pharmaceuticals in the states in which we operate;
- Reductions in payment rates or coverage for dialysis and ancillary services and pharmaceuticals;
- Criminal or civil liability, fines, damages or monetary penalties;
- Imposition of corporate integrity agreements, corrective action plans or consent agreements;

- Enforcement actions, investigations, or audits by governmental agencies and/or state law claims for monetary damages by patients who believe their protected health information (PHI) has been used, disclosed or not properly safeguarded in violation of federal or state patient privacy laws, including, among others, HIPAA and the Privacy Act of 1974;
- Enforcement actions, investigations, or audits by government agencies related to interoperability and related data sharing and access requirements and regulations;
- Mandated changes to our practices or procedures that significantly increase operating expenses that could subject us to ongoing audits and reporting requirements as well as increased scrutiny of our billing and business practices which could lead to potential fines, among other things;
- Termination of various relationships and/or contracts related to our business, such as joint venture arrangements, medical director agreements, hospital services and skilled nursing home agreements, real estate leases, value-based care arrangements, clinical incentive programs, payor contracts and consulting or participating provider agreements with physicians, among others; and
- Harm to our reputation, which could negatively impact our business relationships and stock price, our ability to attract and retain patients, physicians and teammates, our ability to obtain financing and our access to new business opportunities, among other things.

Any future penalties, sanctions or other consequences could be more severe in certain circumstances if the OIG or a similar regulatory authority determines that we knowingly or repeatedly failed to comply with laws, regulations or requirements that apply to our business. Additionally, the healthcare sector, including the dialysis industry, is regularly subject to negative publicity, including as a result of governmental investigations, adverse media coverage and political debate surrounding the U.S. healthcare system, among other things. Negative publicity, regardless of merit, regarding the dialysis industry generally, the U.S. healthcare system or DaVita in particular may adversely affect us.

See Note 16 to the consolidated financial statements included in this report for further details regarding certain pending legal proceedings and regulatory matters to which we are or may be subject from time to time, any of which may include allegations of violations of applicable laws, regulations and requirements.

**Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Each of the laws, regulations and other requirements that govern our business may continue to change over time, and there is no assurance that we will be able to accurately predict the nature, timing or extent of such changes or the impact of such changes on the markets in which we conduct business or on the other participants that operate in those markets.

Among other things, the regulatory framework of the healthcare marketplace continues to evolve as a result of executive, legislative, regulatory and administrative developments and judicial proceedings. These changes shape the landscape for our current dialysis and ancillary businesses as well as for emerging comprehensive and integrated kidney care markets. For example, we have made substantial investments in and dedicated resources to our integrated care business, value-based care initiatives and home-based dialysis business to address the executive order issued in July 2019 (the 2019 Executive Order) that directed CMS to create payment models through CMMI to evaluate the effects of creating payment incentives for the greater use of home-based dialysis and kidney transplants for those already on dialysis, improve quality of care for kidney patients and reduce expenditures.

In addition, the expanded access to healthcare developed under the Patient Protection and Affordable Care Act and the Health Care Reconciliation Act of 2010, as amended (collectively, the ACA) has been both positively and negatively impacted over time by subsequent legal, regulatory and judicial action. If the ACA is significantly altered or if other reforms limiting access to healthcare are enacted in the future, such changes could impact our business in a number of ways, some of which may be material. For example, any change in CMMI’s authority to implement innovative payment models, as enacted by the ACA, could cause us to lose the substantial investments and resources we have dedicated to those programs. In addition, the ACA's health insurance exchanges, which provide a marketplace for eligible individuals and small employers to purchase health insurance, initially increased the accessibility and availability of commercial insurance. In the event the exchange markets are significantly impaired as a result of legislative developments or other changes, it may adversely impact the percentage of our patients with higher-paying commercial health insurance, particularly if patients become unemployed due to factors related to the COVID-19 pandemic or otherwise and are unable to turn to the exchanges as an alternative to employer-based coverage. For additional information on the impact of the COVID-19 pandemic on our share of patients covered by commercial insurance plans, see the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*" Because our revenue and operating income levels are

highly sensitive to the percentage and number of our patients with higher-paying commercial health insurance, any legislative, regulatory or other changes that decrease the accessibility and availability, including the duration, of commercial insurance is likely to have a material adverse impact on our business.

Changes to the political environment may increase the likelihood of regulatory or legislative changes that would impact us, such as changes to the healthcare regulatory landscape or to the federal corporate tax rate. Examples of such potential changes are described in more detail in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation.*" Some of these and other related changes could in turn impact the percentage of our patients with higher-paying commercial health insurance, impact the scope or terms of coverage under commercial health plans and/or increase our expenses, among other things. The timing of any legislative or executive action related to these potential initiatives remains uncertain, particularly in light of the ongoing COVID-19 pandemic, and as such, considerable uncertainty exists surrounding the continued development of the ACA and related regulations, programs and models, as well as similar healthcare reform measures and/or other changes that may be enacted at the federal and/or state level to laws, regulations and other requirements that govern our business. Although we cannot predict the short- or long-term effects of legislative or regulatory changes, future market changes could result in, among other things, more restrictive commercial plans with lower reimbursement rates or higher deductibles and co-payments that patients may not be able to pay. In addition, to the extent that monetary policies or other factors contribute to an increase in inflationary pressures, this may in turn increase our labor and supply costs at a rate that outpaces the Medicare or any other rate increases we may receive. For additional information on the impact of economic conditions or legislative or regulatory changes on the coverage and rates for our services and the percentage or number of our patients with commercial insurance, see the risk factor under the heading "*If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

Changes to the continuously evolving healthcare regulatory landscape may also have the potential to generate opportunities with relative ease of entry for certain smaller and/or non-traditional providers and we may be competing with them for patients in an asymmetrical environment with respect to data and/or regulatory requirements given our status as an ESRD service provider. For additional detail on our evolving competitive environment, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows."*

There have also been several state initiatives to limit payments to dialysis providers or impose other burdensome operational requirements, which, if passed, could have a material adverse impact on our business, results of operation, financial condition and cash flow. For instance, in 2020, voters in California considered a statewide ballot initiative proposed by the Service Employees International Union - United Healthcare Workers West (SEIU) that sought to impose certain regulatory requirements on dialysis clinics, including requirements related to physician staffing levels, clinical reporting, clinical treatment options and limitations on the ability to make decisions on closing or reducing services for dialysis clinics. While voters rejected this ballot initiative in 2020, we incurred substantial costs to oppose it. On August 25, 2021, SEIU again proposed a California statewide ballot initiative with similar provisions. In the event this proposal becomes eligible for the November 2022 election, we expect to again incur substantial costs to oppose it. We may face ballot initiatives or other proposed regulations or legislation in California or other states in future years, which may require us to incur further substantial costs and which, if passed, could have a material adverse impact on our business, results of operations, financial condition and cash flows.

Finally, there have also been rule making and legislative efforts at both the federal and state level regarding the use of charitable premium assistance for ESRD patients that may establish new conditions for coverage standards for dialysis facilities. For example, on October 13, 2019, a California bill (AB 290) was signed into law that limits the amount of reimbursement paid to certain providers for services provided to patients with commercial insurance who receive charitable premium assistance. The American Kidney Fund (AKF), an organization that provides charitable premium assistance, announced that it would be withdrawing from California as a result of AB 290. The implementation of AB 290 has been stayed pending resolution of legal challenges, but in the event AB 290 becomes effective and the AKF withdraws from California, it may cause other organizations that provide charitable premium assistance to withdraw from California, and we would expect an adverse impact on the ability of patients to afford Medicare premiums and Medicare supplemental and commercial coverage. We expect that such an adverse impact will in turn adversely impact our business, results of operations, financial condition and cash flows. Bills similar to AB 290 were introduced in other states, but have not been successfully passed to date. If these or similar bills are introduced and implemented in other jurisdictions, and organizations that provide charitable premium assistance in those jurisdictions are similarly impacted, it could in the aggregate have a material adverse impact on our business, results of operations, financial condition and cash flows. For additional information on risks associated with charitable premium assistance for ESRD patients and the potential impact of decreases to the percentage or number of our patients with commercial

insurance, see the risk factor under the heading *"If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, or if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

Among other things, legislation, regulations, regulatory guidance, ballot initiatives and any similar initiatives could result in a reduction in the percentage of our patients with commercial insurance; limit the scope or nature of coverage through the exchanges or other health insurance programs or otherwise reduce reimbursement rates for our services from commercial and/or government payors; restrict or prohibit the ability of patients with access to alternative coverage from selecting a marketplace plan on or off exchange; limit the amount of revenue that a dialysis provider can retain for caring for patients with commercial insurance; impose burdensome operational requirements; affect payments made to providers for services provided to patients who receive charitable premium assistance and/or otherwise restrict or prohibit the use of charitable premium assistance; or reduce the standards for network adequacy or require disclosure of certain pricing and patient responsibility information. In turn, these potential impacts could cause us to incur substantial costs to oppose any such proposed requirements or measures, impact our dialysis center development plans, and if passed and/or implemented, could materially reduce our revenues and increase our operating and other costs, adversely impact dialysis centers across the U.S. making certain centers economically unviable, lead to the closure of certain centers, restrict the ability of dialysis patients to obtain and maintain optimal insurance coverage and reduce the number of patients that select commercial insurance plans or MA plans for their dialysis care, among other things. The healthcare legislative and regulatory environment is dynamic and evolving, and any such proposed or issued laws, requirements, rules and guidance could impact our business, including as may be described above, and any failure on our part to adequately adjust to any resulting marketplace developments or regulatory compliance requirements, may, among other things, erode our patient base or reimbursement rates and could otherwise have a material adverse effect on our business, results of operations, financial condition and cash flows.

To the extent that the information above describes statutory and regulatory provisions, it is qualified in its entirety by reference to the particular statutory and regulatory provisions that are referenced. For additional information related to the laws, rules and other regulations described above, please see Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation.*"

**We are, and may in the future be, a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits and other legal matters, any of which could result in, among other things, substantial financial penalties or awards against us, mandated refunds, substantial payments made by us, required changes to our business practices, exclusion from future participation in Medicare, Medicaid and other healthcare programs and possible criminal penalties, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price.**

We are, and may in the future be, subject to investigations and audits by governmental agencies and/or private civil *qui tam* complaints filed by relators and other lawsuits, demands, claims, legal proceedings and/or other actions, including, without limitation, investigations or other actions resulting from our obligation to self-report certain suspected violations of law. Any allegations against us, our personnel or our representatives in such matters may among other things harm our reputation, stock price, and our various business relationships and/or contracts related to our business, and these impacts may be material.

Responding to subpoenas, investigations and other lawsuits, claims and legal proceedings, as well as defending ourselves in such matters, will continue to require management's attention and cause us to incur significant legal expense. Negative developments, findings or terms and conditions that we might agree to accept as part of a negotiated resolution of pending or future legal or regulatory matters could result in, among other things, harm to our reputation, substantial financial penalties or awards against us, substantial payments made by us, required changes to our business practices, impacts on our various relationships and/or contracts related to our business, exclusion from future participation in Medicare, Medicaid and other healthcare programs and, in certain cases, criminal penalties, any of which could have a material adverse effect on us. It is possible that criminal proceedings may be initiated against us and/or individuals in our business in connection with governmental investigations. In that regard, as further described in Note 16 to the consolidated financial statements included in this report, in the U.S. District Court, District of Colorado in 2021, a grand jury returned an indictment against the Company and its former chief executive officer in the matter of *U.S. v. DaVita Inc., et al*., alleging that purported agreements entered into by DaVita's former chief executive officer not to solicit senior-level employees violate Section 1 of the Sherman Act. Other than as may be described in Note 16 to the consolidated financial statements included in this report, we cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which we are or may be subject from time to time, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on our business, results of operations, financial condition, cash flows, reputation and stock price. See Note 16 to

the consolidated financial statements included in this report for further details regarding these and other legal proceedings and regulatory matters.

**If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

A substantial portion of our U.S. dialysis net patient services revenues for the year ended December 31, 2021 was generated from patients who have commercial payors (including hospital dialysis services) as their primary payor. The majority of these patients have insurance policies that pay us on terms and at rates that are generally significantly higher than Medicare rates, and as such our revenue and net income levels are sensitive to the number of our patients with higher-paying commercial insurance coverage and the percentage of our patients under higher-paying commercial plans relative to government-based programs. The payments we receive from commercial payors generate nearly all of our profit and all of our nonacute dialysis profits come from commercial payors.

When Medicare becomes the primary payor for a patient, the payment rate we receive for that patient decreases from the employer group health plan or commercial plan rate to the lower Medicare payment rate. If the number of our patients who have Medicare or another government-based program as their primary payor increases, it could negatively impact the percentage of our patients covered under commercial insurance plans. There are a number of factors that could drive a decline in the number or percentage of our patients covered under commercial insurance plans, including, among others, a continued decline in the rate of growth of the ESRD patient population, improved mortality, changes in the patient's or a family member's employment status, reduced availability of commercial health plans or reduced coverage by such plans through the ACA exchanges or otherwise due to changes to the marketplace, healthcare regulatory system or otherwise. Commercial payors could also cease paying in the primary position after providing 30 months of coverage resulting in potentially material reductions in payment as the patient moves to Medicare primary. Declining macroeconomic conditions, such as, for example, those resulting from the ongoing COVID-19 pandemic, could also negatively impact the percentage of our patients covered under commercial insurance plans. To the extent there are sustained or increased job losses in the U.S., we could experience a decrease in the number of patients covered under commercial plans and/or an increase in uninsured and underinsured patients independent of whether general economic conditions improve. If we experience higher numbers of uninsured or underinsured patients, it also would result in an increase in uncollectible accounts.

Our arrangements and negotiations with payors also impact the number or percentage of patients with higher-paying commercial insurance. We continuously are in the process of negotiating existing and potential new agreements with commercial payors who aggressively negotiate terms with us, and we can make no assurances about the ultimate results of these negotiations or the timing of any potential rate changes resulting from these negotiations. Sometimes many significant agreements are being renegotiated at the same time. A material portion of our commercial revenue is concentrated with a limited number of commercial payors, and any changes impacting our highest paying commercial payors or our relationships with these payors will have a disproportionate impact on us. We believe payor consolidations have significantly increased the negotiating leverage of commercial payors, and ongoing consolidations may continue to increase this leverage in the future. We continue to experience downward pressure on some of our commercial payment rates as a result of these and other general conditions in the market, including, among other things, as employers shift to less expensive options for medical services, as commercial payors dedicate increased focus on dialysis services. In addition, our agreements and rates with commercial payors may be impacted by new business activities of these commercial payors as well as steps that these commercial payors have taken and may continue to take to control the cost of and/or the eligibility for access to the services that we provide, including, without limitation, relative to products on and off the healthcare exchanges. These efforts could impact the number of our patients who are eligible to enroll in commercial insurance plans, and remain on the plans, including plans offered through healthcare exchanges.

Our negotiations with commercial payors may relate to commercial fee-for-service contracts, value-based care (VBC) contracts in which we share risk with commercial payors, as well as contracts to provide dialysis services to Medicare Part C Medicare Advantage (MA) patients. If we fail to maintain contracts with payors and other healthcare providers with competitive or favorable terms, either with respect to commercial plans, commercial VBC contracts, MA plans or otherwise, including, without limitation, with respect to reimbursement rates, scope and duration of coverage and in-network benefits, contract term or termination rights, or if we fail to accurately estimate the price for and manage our medical costs in an effective manner, whether due to inflationary pressures or otherwise, such that the profitability of our commercial or other value-based products are negatively impacted, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. The ultimate result of our negotiations with payors cannot be predicted as they occur in a highly competitive environment and are influenced by those aforementioned marketplace dynamics. Among other things, these

negotiations may result in termination or non-renewals of existing agreements, decreases in contracted rates, and reduction in the number of our patients that are covered by commercial plans, and we may not be able to enter into new agreements on competitive terms or at all. In the event that our ongoing negotiations result in overall commercial rate reductions in excess of overall commercial rate increases, the cumulative effect could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, to the extent that these negotiations result in a reduction in the number of our patients covered by commercial plans, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

Certain payors have been attempting to design and implement plans that restrict access to ESRD coverage both in the commercial and individual market. Among other things, these restrictive plan designs seek to limit the duration and/or the breadth of ESRD benefits, limit the number of in-network providers, set arbitrary provider reimbursement rates, or otherwise restrict access to care, all of which may result in a decrease in the number of patients covered by commercial insurance. Payors have also disputed the scope and duration of ESRD benefit coverage under their plans, and, among other things, have required patients to seek Medicare coverage for ESRD treatments. The U.S. Supreme Court has accepted review of a case evaluating the scope and impact of the Medicare as Secondary Payor Act (MSPA). For additional information on the appeal, see Note 16 to the consolidated financial statements included in this report. If the Court declines to uphold the protections of the MSPA such that more plans seek to implement plan designs that discourage patients from retaining their commercial coverage, it may lead to a significant decrease in the number of patients with commercial plans, the duration of benefits for patients under commercial plans and/or a significant decrease in the payment rates we receive, any of which would have a material adverse effect on our business, results of operations, financial condition and cash flows.

In addition, some commercial payors are pursuing or have incorporated policies into their provider manuals limiting or refusing to accept charitable premium assistance from non-profit organizations, such as the American Kidney Fund, which may impact the number of patients who are able to afford commercial plans. Paying for coverage is a significant financial burden for many patients, and ESRD disproportionately affects the low-income population. Charitable premium assistance supports continuity of coverage and access to care for patients, many of whom are unable to continue working full-time as a result of their severe health condition. Many patients with commercial and government insurance also rely on financial assistance from charitable organizations, such as the American Kidney Fund. Certain payors have challenged our patients' and other providers' patients' ability to utilize assistance from charitable organizations for the payment of premiums, including, without limitation, through litigation and other legal proceedings. The use of charitable premium assistance for ESRD patients has also faced challenges and inquiries from legislators, regulators and other governmental authorities, and this may continue. In addition, CMS or another regulatory agency or legislative authority may issue a new rule or guidance that challenges or restricts charitable premium assistance. If any of these challenges to kidney patients' use of premium assistance is successful or restrictions are imposed on the use of financial assistance from such charitable organizations or if organizations providing such assistance are no longer available such that kidney patients are unable to obtain, or continue to receive or receive for a limited duration, such financial assistance, it may restrict the ability of dialysis patients to obtain and maintain optimal insurance coverage and could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, if our assumptions about how kidney patients will respond to any change in financial assistance from charitable organizations are incorrect, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

Our negotiations and relationships with payors may also be impacted by legislative or regulatory developments and associated legal rulings. For example, the final rules for the Cures Act, which are described in detail in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation—21st Century Cures Act*," broadened ESRD patient access to certain enhanced benefits offered by MA plans. While these rules increased our MA plan enrollment for ESRD benefits in their first year, the potential ultimate impact of this change in benefit eligibility remains subject to change as market participants continue to adjust to this new regulatory environment. As an example, the removal of objective time and distance standards relating to network adequacy for outpatient dialysis centers for MA plans that was included in the final rules may adversely impact the number of ESRD patients that select MA plans and also may result in the Company not being an in-network provider for significant MA plans in the event MA plans attempt to use this revision to the rules to limit or restrict their networks. If kidney patients choose not to enroll in MA plans or choose to leave MA plans, whether due to network adequacy standards or otherwise, or if we fail to provide education to kidney patients in the manner specified by CMS, we could be subject to certain clinical, operational, financial and legal risks, which could have a material adverse effect on our business, results of operations, financial condition and cash flows. In addition, recent price transparency regulations require most group health plans and health insurance issuers in the group and individual markets to make certain pricing and patient responsibility information publicly available. For further detail on these regulations see the discussion in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation—Price Transparency Rules.*" While the ultimate impact of these requirements remains uncertain, any changes by group health plans, health insurance issuers in the group and individual markets, or consumer choices resulting from these requirements could have a material adverse impact on our business, results of operations,

and financial condition, and our reputation could be materially harmed. We could also experience a further decrease in the payments we receive for services if changes to the marketplace or the healthcare regulatory system result in fewer patients covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, among other things. For additional details regarding potential legislative or regulatory changes, the specific risks we face in connection with any decrease in payments we receive for services due to, for example, fewer patients being covered under commercial plans or an increase of patients covered under more restrictive commercial plans with lower reimbursement rates, please see Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation"* and the discussion in the risk factor under the heading *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

As noted, the foregoing dynamics of our arrangements and negotiations with commercial payors each may have an impact on, among other things, our ability to enter into and maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits as well as the number or percentage of our patients with higher-paying commercial insurance. If, as a result of these or other dynamics, we experience a decline in the average rates that commercial payors pay us or a reduction in the number of patients with ESRD coverage under higher-paying commercial plans either in total or relative to the number of patients under government-based programs that pay at lower rates or an increase in the number of patients that are uninsured or underinsured, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**If we are not able to successfully implement our strategy with respect to our integrated kidney care and value-based care initiatives, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could result in a loss of our investments and have a material adverse effect on our growth strategy, could adversely impact our business, results of operations, financial condition and cash flows, and could materially harm our reputation.**

Our integrated kidney care business manages patients and coordinates their care through value-based care arrangements with commercial payors and through government programs. We have continued to grow this portion of our business both with commercial payors, including as Medicare Advantage has expanded, and with government programs as CMS and CMMI implement new payment models focused on comprehensive and integrated kidney care. As part of our growth strategy, we have invested and expect to continue to invest substantial resources in the further development of our integrated care business and value-based care initiatives. There can be no assurances that we will be able to successfully implement our strategies with respect to integrated kidney care and value-based care in a complex, evolving and highly competitive and regulated environment, including, among other things, maintaining our existing business; recovering our investments; entering into agreements with payors, physicians, third party vendors and others on competitive terms, as appropriate, that prove actuarially sound; structuring these agreements and arrangements to comply with evolving rules and regulations, including, among other things, rules and regulations related to fraud and abuse and the use of protected health information; and further developing our operational, IT and other capabilities to enable us to provide competitive programs at scale. New entrants are aggressively pursuing opportunities to participate in the new CMMI payment models, and with increasing investment and funding, these new entrants may adopt strategies that increase our costs to participate in these payment models and/or adversely impact our ability to enter into competitive arrangements. For additional detail on our evolving competitive environment, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows."* If any of these or other of our integrated kidney care and value-based care initiatives are unsuccessful, it could result in a loss of our investments and have a material adverse effect on our growth strategy, could adversely impact our business, results of operations, financial condition and cash flows, and could materially harm our reputation.

In addition, future legislative or regulatory action related to, among other things, integrated kidney care and/or full capitation demonstration for ESRD may impact our ability to provide a competitive and successful integrated care program at scale. There can be no assurances that any other legislation or regulation that aligns with our strategy and investments will be passed into law or enacted, and the ongoing COVID-19 pandemic may delay the progress of such initiatives. Additionally, the ultimate terms and conditions of any such potential legislative or regulatory action remain unclear. For example, our costs of care could exceed our associated reimbursement rates under such legislation. Irrespective of whether such laws are passed, there can be no assurances that we will be able to successfully execute on the required strategic initiatives that would allow us to provide a competitive and successful integrated care program on a broad scale, and in the desired time frame. Any failure on our part to adequately implement strategic initiatives to adjust to any marketplace developments resulting from executive, legislative, regulatory or administrative changes could have a material adverse impact on our business. For additional detail on risks associated with operating in a highly regulated environment, see the risk factor under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial*

*condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."* In addition to the above risks, certain risks inherent to implementation of our strategies with respect to integrated kidney care and value-based care initiatives will increase as we work to expand these offerings, including risks related to developing our operational, IT, billing and telehealth systems, among others. For additional detail on risks associated with information systems and new technology generally, see the risk factor under the heading "*Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems, or failure to adhere to federal and state data sharing and access requirements and regulations, could materially adversely affect our business, results of operations, financial condition, cash flows and reputation.*"

**If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.**

Our home-based dialysis services, which include home hemodialysis and peritoneal dialysis (PD), represented approximately 18% of our U.S. dialysis patient services revenues for the year ended December 31, 2021, and have increasingly become an important part of our overall strategy. In addition, home-based dialysis recently has been the subject of increased political and industry focus. For example, in connection with the 2019 Executive Order, HHS set out specific goals related to home dialysis and CMMI's ESRD Treatment Choices (ETC) mandatory payment model and voluntary payment models included new incentives to encourage dialysis at home. More recently, CMS finalized changes to the ETC model and other regulations to encourage dialysis facilities and healthcare providers to seek to decrease disparities in health equity across racial and socioeconomic status in rates of home dialysis and kidney transplants among ESRD patients. We are a leader in home-based dialysis and have made investments in processes and infrastructure to continue to grow this modality. There are, however, risks associated with this growth, including, among other things, financial, legal and operational risks related to our ability to design and develop infrastructure and to plan for capacity in a modality that is part of an evolving marketplace. We may also be subject to associated risks related to our ability to successfully manage related operational initiatives, find, train and retain appropriate staff, contract with payors for appropriate reimbursement, and maintain processes to adhere to the complex regulatory and legal requirements, including without limitation those associated with billing Medicare. For additional detail on risks associated with operating in a highly regulated environment, see the risk factor under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."* In addition to the above risks, certain risks inherent to home-based dialysis will increase as we expand our home-based dialysis offerings, including risks related to managing transitions between in-center and home-based dialysis, billing and telehealth systems, among others. For additional detail on risks associated with information systems and new technology generally, see the risk factor under the heading "*Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems, or failure to adhere to federal and state data sharing and access requirements and regulations, could materially adversely affect our business, results of operations, financial condition, cash flows and reputation.*"

An increased focus on home-based dialysis is also indicative of the generally evolving market for kidney care. This developing market may create additional opportunities for competition with relative ease of entry, and if we are unable to successfully adapt to these or other marketplace developments, which, among other things, may include regulatory changes with respect to conditions of coverage, in a timely and compliant manner, we may experience a material adverse impact on our growth in home-based dialysis or a reduction in our overall number of patients, among other things. Our response to the COVID-19 pandemic has also required us to impose certain operational restrictions that may adversely impact certain home-based dialysis initiatives, and the extent of this impact may depend on the severity or duration of the pandemic, among other things. For additional detail on the competitive landscape in kidney care, see the risk factor under the heading *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows."* and for additional detail on the impact of COVID-19 on our home-based dialysis business, see the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us."* If we are not able to successfully implement our strategy with respect to home-based dialysis, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation.

**Changes in the structure of and payment rates under the Medicare ESRD program or changes in state Medicaid or other non-Medicare government-based programs or payment rates could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

A substantial portion of our dialysis revenues are generated from patients who have Medicare as their primary payor. For patients with Medicare coverage, all ESRD payments for dialysis treatments are currently made under a single bundled payment rate which provides a fixed payment rate to encompass all goods and services provided during the dialysis treatment that are related to the treatment of dialysis, subject to certain adjustments as described below. Most lab services are also included in the bundled payment.

Under the ESRD Prospective Payment System (PPS), bundled payments to a dialysis facility may be reduced by as much as 2% based on the facility's performance in specified quality measures set annually by CMS through the ESRD Quality Incentive Program, which was established by the Medicare Improvements for Patients and Providers Act of 2008. The bundled payment rate is also adjusted for certain patient characteristics, a geographic usage index and certain other factors. In addition, the ESRD PPS is subject to rebasing, which can have a positive financial effect, or a negative one if the government fails to rebase in a manner that adequately addresses the costs borne by dialysis facilities. Similarly, as new drugs, services or labs are added to the ESRD bundle, CMS' failure to adequately calculate or fund the costs associated with the drugs, services or labs could have a material adverse effect on our business, results of operations, financial condition and cash flows. In certain instances, new injectable, intravenous or oral products may be reimbursed separately from the bundled payment for a defined period of time through a transitional drug add-on payment adjustment (TDAPA). For a discussion of certain risks associated with this transitional pricing process, see the risk factor under the heading, "*Changes in clinical practices, payment rates or regulations impacting pharmaceuticals could have a material adverse effect on our business, results of operations, financial condition, and cash flows and negatively impact our ability to care for patients.*"

The current bundled payment system presents certain operating, clinical and financial risks, which include, without limitation:

- Risk that our rates are reduced by CMS. CMS publishes a final rule for the ESRD PPS each year and uncertainty about future payment rates remains a material risk to our business.
- Risk that CMS, on its own or through its contracted Medicare Administrative Contractors (MACs) or otherwise, implements Local Coverage Determinations (LCDs) or implements payment provisions, policy or regulatory mandates, including changes to the existing or future PPS, that limit our ability to either be paid for covered dialysis services or bill for treatments or other drugs and services or other rules that may impact reimbursement. Such payment rules and regulations and coverage determinations or related decisions could have an adverse impact on our operations and revenue. There is also risk that commercial insurers could seek to incorporate the requirements or limitations associated with such LCDs or CMS guidance into their contracted terms with dialysis providers, which could have an adverse impact on our revenue.
- Risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance, or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance.
- Risk that CMS implements data and related reporting requirements that result in decreased reimbursement and/or increased technology and operational costs.
- Risk that increases in our operating costs will outpace the Medicare rate increases we receive. We expect operating costs to continue to increase due to inflationary factors, such as increases in labor and supply costs, including, without limitation, increases in maintenance costs and capital expenditures to improve, renovate and maintain our facilities, equipment and information technology to meet changing regulatory requirements and business needs, regardless of whether there is a compensating inflation-based increase in Medicare payment rates or in payments under the bundled payment rate system.
- Risk of continued federal budget sequestration cuts or other disruptions in federal government operations and funding. As a result of the Budget Control Act of 2011, the Bipartisan Budget Act (BBA) and the CARES Act, an annual 2% reduction to Medicare payments took effect on April 1, 2013, and has been extended through 2030 (though the reduction was temporarily suspended from May 1, 2020 through March 31, 2022 in connection with COVID-19 relief related legislation; from April 2022 through June 2022 a 1% sequester cut will be in effect, with a full 2% reduction resuming thereafter). These across-the-board spending cuts have affected and will continue to adversely affect our business, results of operations, financial condition and cash flows. Any extended disruption in federal government operations and funding, including an extended government shutdown, U.S. government debt default and/or failure of

the U.S. government to enact annual appropriations could have a material adverse effect on our business, results of operations, financial condition and cash flows. Additionally, disruptions in federal government operations may delay or negatively impact regulatory approvals and guidance that are important to our operations, and create uncertainty about the pace of upcoming regulatory developments.

- Risk that failure to adequately develop and maintain our clinical systems or failure of our clinical systems to operate effectively could have a material adverse effect on our business, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if our clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, we might be over-reimbursed by the government, which could, among other things, subject us to liability exclusion from participation in federal healthcare programs and penalties under the federal Civil Monetary Penalty statute, and could adversely impact our reputation.

We are subject to similar risks for services billed separately from the ESRD bundled payment, including, without limitation, the risk that a MAC, or multiple MACs, change their interpretations of existing regulations, manual provisions and/or guidance; or seek to implement or enforce new interpretations that are inconsistent with how we have interpreted existing regulations, manual provisions and/or guidance.

In addition to the above risks under the current Medicare ESRD program, changing legislation and other regulatory and executive developments have led and may continue to lead to the emergence of new models of care and other initiatives in both the government and private sector that, among other things, may impact the structure of, and payment rates under, the Medicare ESRD program. Moreover, the number of our patients with primary Medicare coverage may be subject to change, particularly with the effectiveness of the Cures Act, which allows Medicare-eligible individuals with ESRD to enroll in Medicare Part C MA managed care plans. For additional details regarding the risks we face for failing to adhere to our Medicare and Medicaid regulatory compliance obligations or failing to adequately implement strategic initiatives to adjust to marketplace developments, see the risk factors above under the headings "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation;"* and *"Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows."*

Primary coverage for a significant number of our patients also comes from state Medicaid programs partially funded by the federal government as well as other non-Medicare government-based programs, such as coverage through the Department of Veterans Affairs (VA). As state governments and other governmental organizations face increasing financial hardship and budgetary pressure, including as a result of the COVID-19 pandemic, we may in turn face reductions in payment rates, delays in the receipt of payments, limitations on enrollee eligibility or other changes to the applicable programs. For example, certain state Medicaid programs and the VA have recently considered, proposed or implemented payment rate reductions, such as the VA's adoption of Medicare's bundled PPS pricing methodology for any veterans receiving treatment from non-VA providers under a national contracting initiative. Since we are a non-VA provider, these reimbursements are tied to a percentage of Medicare reimbursement, and we have exposure to any dialysis reimbursement changes made by CMS. Approximately 3% of our U.S. dialysis patient services revenues for the year ended December 31, 2021 were generated by the VA. In addition, in 2019, we entered into a Nationwide Dialysis Services contract with the VA that includes five separate one-year renewal periods throughout the term of the contract. The term structure is similar to our prior five-year agreement with the VA, and is consistent with VA practice for similar provider agreements. With this contract award, the VA has agreed to keep our percentage of Medicare reimbursement consistent with that under our prior agreement with the VA during the term of the contract. As with that prior agreement, this agreement provides the VA with the right to terminate the agreements without cause on short notice, among other things. Should the VA renegotiate, not renew or cancel these agreements for any reason, we may cease accepting patients under this program and may be forced to close centers or experience lower reimbursement rates, which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

State Medicaid programs are increasingly adopting Medicare-like bundled payment systems, but sometimes these payment systems are poorly defined and are implemented without any claims processing infrastructure, or patient or facility adjusters. If these payment systems are implemented without any adjusters and claims processing infrastructure, Medicaid payments will be substantially reduced and the costs to submit such claims may increase, which will have a negative impact on our business, results of operations, financial condition and cash flows. In addition, some state Medicaid program eligibility requirements mandate that citizen enrollees in such programs provide documented proof of citizenship. If our patients cannot meet these proof of citizenship documentation requirements, they may be denied coverage under these programs, resulting in decreased patient volumes and revenue. These Medicaid payment and enrollment changes, along with similar changes to other

non-Medicare government programs, could reduce the rates paid by these programs for dialysis and related services, delay the receipt of payment for services provided and further limit eligibility for coverage which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**Our business is labor intensive and if our labor costs continue to rise, including due to shortages, changes in certification requirements and/or higher than normal turnover rates in skilled clinical personnel; or currently pending or future governmental laws, rules, regulations or initiatives impose additional requirements or limitations on our operations or profitability; or, if we are unable to attract and retain employees; or if union organizing activities or legislative or other changes result in significant increases in our operating costs or decreases in productivity, we may experience disruptions in our business operations and increases in operating expenses, among other things, any of which could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.**

We face increasing labor costs generally, and in particular, we continue to face increased labor costs and difficulties in hiring nurses due to a nationwide shortage of skilled clinical personnel that has been exacerbated by the ongoing COVID-19 pandemic and recent developments in the labor market. As referenced above, the current labor market is challenging and continues to experience volatility, uncertainty and labor supply shortages, particularly in healthcare. Our business is labor intensive, and our financial and operating results have been and continue to be sensitive to variations in labor-related costs, productivity and the number of pending or potential claims against us related to labor and employment practices. We have incurred and expect to continue to incur increased labor costs and experience staffing challenges, including without limitation those related to COVID-19, the extent of which will depend on the severity and duration of the pandemic and ancillary impacts on the economy and labor market, among other things. For additional discussion of the risks facing us related to COVID-19, including, among other things, risks related to the potential impact of vaccine mandates and other pandemic related requirements on us, see the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*" Additionally, to the extent that general inflationary pressures continue or further increase, this may in turn increase our labor and supply costs at a rate that outpaces the Medicare or any other rate increases we may receive.

We compete for nurses with hospitals and other healthcare providers. The ongoing nursing shortage may limit our ability to expand our operations. Furthermore, changes in certification requirements can impact our ability to maintain sufficient staff levels, including to the extent our teammates are not able to meet new requirements, among other things. In addition, if we experience a higher than normal turnover rate for our skilled clinical personnel, our operations and treatment growth may be negatively impacted, which could adversely affect our business, results of operations, financial condition and cash flows. We also face competition in attracting and retaining talent for key leadership positions. If we are unable to attract and retain qualified individuals, we may experience disruptions in our business operations, including, without limitation, our ability to achieve strategic goals, which could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.

Political or other efforts at the national or local level could result in actions or proposals that increase the likelihood of success of union organizing activities at our facilities and ongoing union organizing activities at our facilities could continue or increase for other reasons. We could experience an upward trend in wages and benefits and labor and employment claims, including, without limitation, the filing of class action suits, or adverse outcomes of such claims, or face work stoppages. In addition, we are and may continue to be subject to targeted corporate campaigns by union organizers in response to which we have been and expect to continue to be required to expend substantial resources, both time and financial. Any of these events or circumstances could have a material adverse effect on our employee relations, treatment growth, productivity, business, results of operations, financial condition, cash flows and reputation.

**Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches or suffer losses to our data and information technology assets, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.**

We must comply with numerous federal and state laws and regulations in both the U.S. and the foreign jurisdictions in which we operate governing the collection, dissemination, access, use, security and privacy of PHI, including, without limitation, HIPAA and its implementing privacy, security, and related regulations, as amended by the federal Health Information Technology for Economic and Clinical Health Act (HITECH) and collectively referred to as HIPAA. We are also required to report known breaches of PHI and other certain personal information consistent with applicable breach reporting requirements set forth in applicable laws and regulations. From time to time, we may be subject to both federal and state inquiries or audits related to HIPAA, HITECH and other state privacy laws associated with complaints, desk audits, and data

breaches. Requirements under HIPAA also continue to evolve. If we fail to comply with applicable privacy and security laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information, including PHI, on our behalf, properly maintain the integrity of our data, protect our proprietary rights, or defend against cybersecurity attacks, it could materially harm our reputation and/or have a material adverse effect on our business, results of operations, financial condition and cash flows. These risks may be intensified to the extent that the laws change or to the extent that we increase our use of third-party service providers that utilize sensitive personal information, including PHI, on our behalf.

Data protection laws are evolving globally, and may continue to add additional compliance costs and legal risks to our international operations. In the European Union, the General Data Protection Regulation (EU GDPR) imposes a comprehensive data protection regime with the potential for regulatory fines as well as data breach litigation by impacted data subjects. Under the EU GDPR, regulatory penalties may be assessed by data protection authorities for up to the greater of 4% of worldwide turnover or €20 million. The United Kingdom has implemented similar legislation (UK GDPR) that may carry similar compliance and operational costs as the EU GDPR, and non-compliance with which carries potential fines of up to the greater of £17.5 million or 4% of global turnover. The costs of compliance with, and other burdens imposed by, the EU GDPR, UK GDPR and other new laws, regulations and policies implementing the EU GDPR and UK GDPR may impact our European and United Kingdom operations and may limit the ways in which we can provide services or use personal data collected while providing services.

Privacy and data protection laws are also evolving nationally, providing for enhanced state privacy rights that are broader than the current federal privacy rights, and may add additional compliance costs and legal risks to our U.S. operations. The costs of compliance with, and the burdens imposed by, these and other new federal and state laws, regulations or policies may impact our operations and/or limit the ways in which we can provide services or use personal data collected while providing services. If we fail to comply with the requirements of these and other new laws, regulations or policies, we could be subject to penalties that, in some cases, would have a material adverse impact on our business, results of operations, financial condition and cash flows. For more details on the privacy and other regulations affecting our business, see Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation.*" Scrutiny over cybersecurity standards in the health sector is also increasing, and ongoing developments in this area may cause us to invest additional resources in technology, personnel and programmatic cybersecurity controls as the cybersecurity risks we face continue to evolve.

Information security risks have significantly increased in recent years in part because of the proliferation of new technologies, the increasing use of the Internet and telecommunications technologies to conduct our operations, and the increased sophistication and activities of organized crime, hackers, terrorists and other external parties, including, among others, foreign state agents. Our business and operations rely on the secure and continuous processing, transmission and storage of confidential, proprietary and other information in our computer systems and networks, including sensitive personal information, such as PHI, social security numbers, and/or credit card information of our patients, teammates, physicians, business partners and others. Our business and operations also rely on certain critical IT vendors that support such processing, transmission and storage (which have become more relevant and important given the information security issues and risks that are intensified through remote work arrangements).

We regularly review, monitor and implement multiple layers of security measures through technology, processes and our people. We utilize security technologies designed to protect and maintain the integrity of our information systems and data, and our defenses are monitored and routinely tested internally and by external parties. Despite these efforts, our facilities and systems and those of our third-party service providers may be vulnerable to privacy and security incidents; security attacks and breaches; acts of vandalism or theft; computer viruses and other malicious code; coordinated attacks by a variety of actors, including, among others, activist entities or state sponsored cyberattacks; emerging cybersecurity risks; cyber risk related to connected devices; misplaced or lost data; programming and/or human errors; or other similar events that could impact the security, reliability and availability of our systems. Internal or external parties have attempted to, and will continue to attempt to, circumvent our security systems, and we have in the past, and expect that we will in the future, defend against, experience, and respond to attacks on our network including, without limitation, reconnaissance probes, denial of service attempts, malicious software attacks including ransomware or other attacks intended to render our internal operating systems or data unavailable, and phishing attacks or business email compromise. Cybersecurity requires ongoing investment and diligence against evolving threats. Emerging and advanced security threats, including, without limitation, coordinated attacks, require additional layers of security which may disrupt or impact efficiency of operations. As with any security program, there always exists the risk that employees will violate our policies despite our compliance efforts or that certain attacks may be beyond the ability of our security and other systems to detect. There can be no assurance that investments, diligence and/or our internal controls will be sufficient to prevent or timely discover an attack.

Any security breach involving the misappropriation, loss or other unauthorized disclosure or use of confidential information, including, among others, PHI, financial data, competitively sensitive information, or other proprietary data,

whether by us or a third party, could have a material adverse effect on our business, results of operations, financial condition, and cash flows and materially harm our reputation. We may be required to expend significant additional resources to modify our protective measures, to investigate and remediate vulnerabilities or other exposures, or to make required notifications. The occurrence of any of these events could, among other things, result in interruptions, delays, the loss or corruption of data, cessations in the availability of systems and liability under privacy and security laws, all of which could have a material adverse effect on our business, results of operations, financial condition and cash flows, or materially harm our reputation and trigger regulatory actions and private party litigation. If we are unable to protect the physical and electronic security and privacy of our databases and transactions, we could be subject to potential liability and regulatory action, our reputation and relationships with our patients, physicians, vendors and other business partners would be harmed, and our business, results of operations, financial condition and cash flows could be materially and adversely affected. Failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or to defend against cybersecurity attacks, could subject us to monetary fines, civil suits, civil penalties or criminal sanctions and requirements to disclose the breach publicly, and could further result in a material adverse effect on our business, results of operations, financial condition and cash flows or harm our reputation. As malicious cyber activity escalates, including activity that originates outside of the U.S., and as our COVID-19 response has increased our remote work arrangements and broadened our technology footprint, the risks we face relating to transmission of data and our use of service providers outside of our network, as well as the storing or processing of data within our network, have intensified. There have been increased international, federal and state and other privacy, data protection and security enforcement efforts and we expect this trend to continue. While we plan to maintain cyber liability insurance, there can be no assurance that we will successfully be able to obtain such insurance on terms and conditions that are favorable to us or at all. Additionally, any cyber liability insurance may not cover us for all types of losses or harms and may not be sufficient to protect us against the amount of all losses.

**If certain of our suppliers do not meet our needs, if there are material price increases on supplies, if we are not reimbursed or adequately reimbursed for drugs we purchase or if we are unable to effectively access new technology or superior products, it could negatively impact our ability to effectively provide the services we offer and could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.**

We have significant suppliers, with a substantial portion of our total vendor spend concentrated with a limited number of third party suppliers. These third party suppliers include, without limitation, suppliers of pharmaceuticals or clinical products that may be the primary source of products critical to the services we provide, or to which we have committed obligations to make purchases, sometimes at particular prices. We and other dialysis providers have experienced supply chain shortages with respect to certain of our equipment and clinical supplies, such as dialysate, which is the fluid solution used in hemodialysis to filter toxins and fluid from the blood, and we have had to make significant operational changes in response. Separately, the ongoing COVID-19 pandemic also has resulted in global supply chain challenges and has materially impacted global supply chain reliability, as further described in the risk factor under the heading, "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us*."

If any of our suppliers do not meet our needs for the products they supply, including, without limitation, in the event of COVID-19 related global supply chain challenges, a product recall, other shortage or dispute, and we are not able to find adequate alternative sources at competitive prices; if we experience material price increases from these suppliers or otherwise in connection with our actions to secure needed products that we are unable to mitigate; if some of the drugs that we purchase from our suppliers are not reimbursed or not adequately reimbursed by commercial or government payors; or if we are unable to secure products, including pharmaceuticals at competitive rates and within the desired time frame; it could negatively impact our ability to effectively provide the services we offer, have a material adverse impact on our business, results of operations, financial condition and cash flows, and could materially harm our reputation. In addition, the technology related to the products critical to the services we provide is subject to new developments which may result in superior products. If we are not able to access superior products on a cost-effective basis, either due to competitive conditions in the marketplace or otherwise, or if suppliers are not able to fulfill our requirements for such products, we could face patient attrition and other negative consequences which could have a material adverse effect on our business, results of operations, financial condition and cash flows.

**Changes in clinical practices, payment rates or regulations impacting pharmaceuticals could have a material adverse effect on our business, results of operations, financial condition, and cash flows and negatively impact our ability to care for patients.**

Medicare bundles certain pharmaceuticals into the ESRD PPS payment rate at industry average doses and prices. Variations above the industry average may be subject to partial reimbursement through the PPS outlier reimbursement policy. Changes to industry averages, which can be caused by, among other things, changes in physician prescribing practices, including in response to the introduction of new drugs, treatments or technologies, changes in best and/or accepted clinical

practice, changes in private or governmental payment criteria regarding pharmaceuticals, or the introduction of administration policies may negatively impact our ability to obtain sufficient reimbursement levels for the care we provide, which could have a material adverse effect on our business, results of operations, financial condition and cash flows. Physician practice patterns, including their independent determinations as to appropriate pharmaceuticals and dosing, are subject to change, including, for example, as a result of changes in labeling of pharmaceuticals or the introduction of new pharmaceuticals. Additionally, commercial payors have increasingly examined their administration policies for pharmaceuticals and, in some cases, have modified those policies. If such policy and practice trends or other changes to private and governmental payment criteria make it more difficult to preserve our margins per treatment, it could have a material adverse effect on our business, results of operations, financial condition and cash flows. Further, increased utilization of certain pharmaceuticals whose costs are included in a bundled reimbursement rate, or decreases in reimbursement for pharmaceuticals whose costs are not included in a bundled reimbursement rate, could also have a material adverse effect on our business, results of operation, financial condition and cash flows.

Regulations and processes impacting reimbursement for pharmaceuticals and any changes thereto could similarly affect our operating results. Among other things, as new kidney care drugs, treatments or technologies are introduced over time, we expect that the use of transitional payment adjustments to incorporate certain of these new drugs, treatments or technologies as defined by the CMS policy into the bundled Medicare Part B ESRD payment may lead to fluctuations in associated levels of operating income and risk that the reimbursement levels of such drugs, treatments or technologies may not adequately cover our cost to obtain the drug or other associated costs. Drivers of these risks include, among other things, the risk that CMS may not provide adequate funding in the Medicare Part B ESRD payment in the post-transitional period or such items are not covered by transitional add on pricing, in which case there may be less clarity on the reimbursement, either of which may in turn materially adversely impact our business, results of operations, financial condition and cash flows. For example, in the event that a hypoxia-inducible factor (HIF) product is approved by the FDA we expect that HIF products will be subject to a TDAPA period prior to being incorporated into the payment bundle. We are developing operational and clinical processes designed to provide the drug as may be required under the applicable regulations and as may be prescribed by physicians and also are working to contract with manufacturers of drug(s) to establish terms and access to the product, as well as payors, as applicable, for reimbursement and/or administration of the drug. While the timing and details of a potential approval, including the contents of the applicable FDA label, remain uncertain, if HIF products are approved, we could experience significant fluctuations in our associated levels of operating income and could be subject to material financial, operational and/or legal risk if we are not adequately reimbursed for the cost of the drug, if we are unable to implement effective and appropriate operational measures to distribute the drug, if we fail to implement appropriate storage and diversion controls or if we cannot obtain competitive pricing for the HIF, the aggregate impact of these risks could have a material adverse effect on our business, results of operation, financial condition and cash flows.

Similar operating and clinical rigor and appropriate processes will be needed for other potential new drugs, treatments or technologies that are approved and come onto the market, including, among others a new medication that may assist with uraemic pruritus in dialysis patients that was approved in 2021 and may be available to providers and for reimbursement in 2022. Any failure to successfully contract with manufacturers for competitive pricing, failure to successfully contract with the government or other payors for appropriate reimbursement, or failure to prepare, develop and implement processes that provide for appropriate availability and use in our clinics in compliance with applicable laws, including those related to controlled substances, could have a material adverse impact on our business, results of operations, financial condition and cash flows.

We may also be subject to increased inquiries or audits from a variety of governmental bodies or claims by third parties related to pharmaceuticals, which would require management's attention and could result in significant legal expense. Any negative findings could result in, among other things, substantial financial penalties or repayment obligations, the imposition of certain obligations on and changes to our practices and procedures as well as the attendant financial burden on us to comply with the obligations, or exclusion from future participation in the Medicare and Medicaid programs, and could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation. For additional details, see the risk factor under the heading *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."*

**If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows.**

We operate in a highly competitive and continuously evolving environment across the spectrum of kidney care, and operating in this market requires us to successfully execute on strategic initiatives which, among other things, build or retain

our patient population through acquisition or referrals, or that develop and maintain our relationships with physicians and hospitals in both the dialysis and pre-dialysis space.

Competition for relationships with certain referral sources, including nephrologists and hospitals, in existing and expanding geographies or areas is intense, and we continue to face intense competition from large and medium-sized providers, among others, which compete directly with us for physicians qualified to serve as medical directors, for limited acquisition targets and for individual patients. Competition in existing and expanding geographies or areas is intense, and is not limited to large competitors with substantial financial resources or to established participants in the dialysis space. We also compete with individual nephrologists who have opened their own dialysis units or facilities, for example. Our largest competitor, Fresenius Medical Group, manufactures a full line of dialysis supplies and equipment in addition to owning and operating dialysis centers, which may, among other things, give it cost advantages over us because of its ability to manufacture its own products.

In particular, there is significant competition for maintaining or developing relationships with physicians that can serve as medical directors at our centers. Physicians, including medical directors, choose where they refer their patients, and neither of our current nor former medical directors have an obligation to refer their patients to our centers. Certain physicians prefer to have their patients treated at dialysis centers where they or other members of their practice supervise the overall care provided as medical director of the center. As a result, referral sources for many of our centers include the physician or physician group providing medical director services to the center. Moreover, because Medicare regulations require medical directors for each of our Medicare certified dialysis centers, our ability to operate our centers depends in part on our ability to secure medical director agreements with a sufficient number of nephrologists. Our medical director contracts are for fixed periods, generally ten years, and at any given time a large number of them could be up for renewal at the same time. Medical directors have no obligation to extend their agreements with us and, under certain circumstances, our former medical directors may choose to provide medical director services for competing providers or establish their own dialysis centers in competition with ours. If we are unable to contract with nephrologists to provide medical director services, then we may be unable to satisfy the federal Medicare requirements associated with medical directors and to operate our centers. The aging of the nephrologist population and opportunities presented by our competitors may negatively impact a medical director's decision to enter into or extend his or her agreement with us. In addition, if the terms of any existing agreement are found to violate applicable laws, there can be no assurances that we would be successful in restructuring the relationship, which would lead to the early termination of the agreement. If we are unable to obtain qualified medical directors to provide supervision of the operations and care provided at our dialysis centers, it could affect not only our ability to operate the center and for other physicians to feel confident in referring patients to our dialysis centers. If a significant number of physicians were to cease referring patients to our dialysis centers, whether due to law, rule or regulation, new competition, a perceived decrease in the quality of service levels at our centers or other reasons, it would have a material adverse effect on our business, results of operations, financial condition and cash flows.

In addition, as we continue to expand our offerings across the kidney care continuum, our ability to enter into and maintain integrated kidney care relationships with payors, physicians and other providers may have an impact on dialysis patient retention and the continued referrals of patients from referral sources such as hospitals and nephrologists. This environment is highly competitive and has been evolving. For example, there have been a number of announcements, initiatives and capital raises by non-traditional dialysis providers and others, which relate to entry into the dialysis and pre-dialysis space, the development of innovative technologies, or the commencement of new business activities that could be transformative to the industry. Some of these new entrants have considerable financial resources. Although these and other potential competitors may face operational or financial challenges, the evolving nature of the dialysis and pre-dialysis marketplaces have presented some opportunities for relative ease of entry for these and other potential competitors. As a result, we may compete with these smaller or non-traditional providers or others in an asymmetrical environment with respect to data and regulatory requirements that we face as an ESRD service provider, thereby negatively impacting our ability to effectively compete. These and other factors have continued to drive change in the dialysis and pre-dialysis space, and if we are unable to successfully adapt to these dynamics, it could have a material adverse impact on our business, results of operations, financial condition and cash flows. As an example, new entrants are aggressively pursuing opportunities to participate in the new CMMI payment models, and increasing investment in and availability of funding to new entrants in the dialysis and pre-dialysis marketplace that are not subject to the same regulatory restrictions as the Company, could adversely impact our ability to enter into competitive arrangements.

Each of the aforementioned competitive pressures and related risks may be impacted by a continued decline in the rate of growth of the ESRD patient population, higher mortality rates for dialysis patients or other reductions in demand for dialysis treatments, whether due to the development of innovative technologies or otherwise. The recent 2020 annual data report from the United States Renal Data System (USRDS) suggests that the rate of growth of the ESRD patient population is declining relative to long term trends. A number of factors may impact ESRD growth rates, including, without limitation, the aging of the U.S. population, incidence rates for diseases that cause kidney failure such as diabetes and hypertension, transplant rates, mortality rates for dialysis patients and growth rates of minority populations with higher than average incidence rates of ESRD.

Certain of these factors, in particular the mortality rates for dialysis patients, have been impacted by the COVID-19 pandemic. The magnitude of these cumulative COVID-19 related impacts on our patient census and treatment volumes has been substantial and depending on the ultimate severity and duration of the pandemic, could be material. While we have continued efforts to seek growth opportunities, such as by expanding our business into various international markets, we face ongoing competition from large and medium-sized providers, among others, for acquisition targets in those markets. Any failure on our part to appropriately adjust our business and operations in light of these complicated marketplace dynamics could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

If we are not able to effectively compete in the markets in which we operate, including by implementing our growth strategy, effectively adjusting our business and operations in light of evolving marketplace dynamics, building or retaining our patient population, maintaining and developing relationships with nephrologists and hospitals, particularly medical director relationships, or making acquisitions at the desired pace or at all; if we are not able to continue to maintain the expected or desired level of non-acquired growth; or if we experience significant patient attrition either as a result of new business activities in the dialysis or pre-dialysis space by our existing competitors, other market participants, new entrants, new technology or other forms of competition, or as a result of reductions in demand for dialysis treatments, including, without limitation, due to increased mortality rates for dialysis patients resulting from COVID-19 or otherwise, reduced prevalence of ESRD, the development of innovative technologies or an increase in the number of kidney transplants, it could materially adversely affect our business, results of operations, financial condition and cash flows.

**The U.S. ancillary services and strategic initiatives and international operations that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs.**

Our ancillary services and strategic initiatives are subject to many of the same risks, regulations and laws, as described in the risk factors related to our dialysis business set forth in this Part I, Item 1A., and are also subject to additional risks, regulations and laws specific to the nature of the particular strategic initiative. We have added, and expect to continue to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include healthcare services not directly related to dialysis. Many of these initiatives require or would require investments of both management and financial resources and can generate significant losses for a substantial period of time and may not become profitable in the expected timeframe or at all. There can be no assurance that any such strategic initiative will ultimately be successful. Any significant change in market conditions or business performance, including, without limitation, as a result of the COVID-19 pandemic, or in the political, legislative or regulatory environment, may impact the performance or economic viability of any of these strategic initiatives.

If any of our ancillary services, strategic initiatives or international operations are unsuccessful, it may have a negative impact on our business, results of operations, financial condition and cash flows, and if we determine to exit that line of business we may incur significant termination costs. For discussion of risks and potential impacts specific to our integrated kidney care business and related growth strategy, see the risk factor under the heading "*If we are not able to successfully implement our strategy with respect to our integrated kidney care and value-based care initiatives, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could result in a loss of our investments and have a material adverse effect on our growth strategy, could adversely impact our business, results of operations, financial condition and cash flows, and could materially harm our reputation.*"

In addition, we may incur a material write-off or an impairment of our investment, including, without limitation, goodwill or other assets, in one or more of our ancillary services or strategic initiatives or international operations. In that regard, we have taken, and may in the future take, impairment and restructuring charges in addition to those described above related to our ancillary services and strategic initiatives and international operations, including, without limitation, in our prior pharmacy businesses.

**Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.**

We are continuing to expand our operations by offering our services and entering new lines of business in certain markets outside of the U.S., which increases our exposure to the inherent risks of doing business in international markets. Depending on the market, these risks include those relating to:

- changes in the local economic environment including, among other things, labor cost increases and other general inflationary pressures;

- political instability, armed conflicts or terrorism;
- public health crises, such as pandemics or epidemics, including the COVID-19 pandemic;
- social changes;
- intellectual property legal protections and remedies;
- trade regulations;
- procedures and actions affecting approval, production, pricing, reimbursement and marketing of products and services;
- foreign currency;
- additional U.S. and foreign taxes;
- export controls;
- antitrust and competition laws and regulations;
- lack of reliable legal systems which may affect our ability to enforce contractual rights;
- changes in local laws or regulations, or interpretation or enforcement thereof;
- potentially longer ramp-up times for starting up new operations and for payment and collection cycles;
- financial and operational, and information technology systems integration;
- failure to comply with U.S. laws, such as the FCPA, or local laws that prohibit us, our partners, or our partners' or our agents or intermediaries from making improper payments to foreign officials or any third party for the purpose of obtaining or retaining business; and
- data and privacy restrictions.

Issues relating to the failure to comply with applicable non-U.S. laws, requirements or restrictions may also impact our domestic business and/or raise scrutiny on our domestic practices.

Additionally, some factors that will be critical to the success of our international business and operations will be different than those affecting our domestic business and operations. For example, conducting international operations requires us to devote significant management resources to implement our controls and systems in new markets, to comply with local laws and regulations, including to fulfill financial reporting and records retention requirements among other things, and to overcome the numerous new challenges inherent in managing international operations, including, without limitation, challenges based on differing languages and cultures, challenges related to establishing clinical operations in differing regulatory and compliance environments, and challenges related to the timely hiring, integration and retention of a sufficient number of skilled personnel to carry out operations in an environment with which we are not familiar.

Any expansion of our international operations through acquisitions or through organic growth could increase these risks. Additionally, while we may invest material amounts of capital and incur significant costs in connection with the growth and development of our international operations, including to start up or acquire new operations, we may not be able to operate them profitably on the anticipated timeline, or at all.

These risks could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.

**Failing to effectively maintain, operate or upgrade our information systems or those of third-party service providers upon which we rely, including, without limitation, our clinical, billing and collections systems, or failure to adhere to federal and state data sharing and access requirements and regulations could materially adversely affect our business, results of operations, financial condition, cash flows and reputation.**

Our business depends significantly on effective information systems. Our information systems require an ongoing commitment of significant resources to maintain, upgrade and enhance existing systems and develop or contract for new systems in order to keep pace with continuing changes in information processing technology, emerging cybersecurity risks and threats, evolving industry, legal and regulatory standards and requirements, new models of care, and other changes in our business, among other things. For example, the provisions related to data interoperability, information blocking, and patient access in the Cures Act include, among other things, changes to the Office of the National Coordinator for Health Information

Technology's (ONC's) Health IT Certification Program and requirements that CMS-regulated payors make relevant claims/care data and provider directory information available through standardized patient access and provider directory application programming interfaces (APIs) that connect to provider electronic health records. We have made and expect to continue to make significant investments in updating and integrating our clinical IT systems and in building our data interoperability capabilities. Any failure to adequately comply with these rules may, among other things, result in fines and sanctions, adversely impact our Medicare business, our ability to scale our integrated care business and our ability to compete with certain smaller and/or non-traditional providers taking advantage of an asymmetrical environment with respect to data and/or regulatory requirements given our status as an ESRD service provider; or otherwise have a material adverse effect on our business, financial condition, results of operations and cash flows. There can be no assurances that the implementation of planned enhancements to our systems, such as our implementation of these data interoperability provisions or our other ongoing efforts to upgrade and better integrate our clinical systems, will be successful or that we will ultimately realize anticipated benefits from investments in new or existing information systems. In addition, we may from time to time obtain significant portions of our systems-related support, technology or other services from independent third parties, which may make our operations vulnerable if such third parties fail to perform adequately.

Failure to successfully implement, operate and maintain effective and efficient information systems with adequate technological capabilities, deficiencies or defects in the systems and related technology, or our failure to efficiently and effectively implement ongoing system upgrades or consolidate our information systems to eliminate redundant or obsolete applications, could result in increased legal and compliance risks and competitive disadvantages, among other things, which could have a material adverse effect on our business, financial condition, results of operations and reputation. For additional information on the risks we face in a highly competitive market, see the risk factor under the heading, *"If we are unable to compete successfully, including, without limitation, implementing our growth strategy and/or retaining patients and developing and maintaining relationships with physicians and hospitals, it could materially adversely affect our business, results of operations, financial condition and cash flows."* If the information we rely upon to run our business was found to be inaccurate or unreliable or if we or third parties on which we rely fail to adequately maintain information systems and data integrity effectively, whether due to software deficiencies, human coding or implementation error or otherwise, we could experience difficulty meeting clinical outcome goals, face regulatory problems, including sanctions and penalties, incur increases in operating expenses or suffer other adverse consequences, any of which could be material. Moreover, failure to adequately protect and maintain the integrity of our information systems (including our networks) and data, or information systems and data hosted by third parties upon which we rely, could subject us to severe consequences as described in the risk factor under the heading *"Privacy and information security laws are complex, and if we fail to comply with applicable laws, regulations and standards, including with respect to third-party service providers that utilize sensitive personal information on our behalf, or if we fail to properly maintain the integrity of our data, protect our proprietary rights to our systems or defend against cybersecurity attacks, we may be subject to government or private actions due to privacy and security breaches or suffer losses to our data and information technology assets, any of which could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation."*

Our billing systems, among others, are critical to our billing operations. This includes our systems for our dialysis clinics as well as our systems for our ancillary businesses including hospital services. If there are defects in our billing systems, or billing systems or services of third parties upon which we rely, we may experience difficulties in our ability to successfully bill and collect for services rendered, including, without limitation, a delay in collections, a reduction in the amounts collected, increased risk of retractions from and refunds to commercial and government payors, an increase in our provision for uncollectible accounts receivable and noncompliance with reimbursement laws and related requirements, any or all of which could materially adversely affect our results of operations.

In the clinical environment, a failure of our clinical systems, or the systems of our third-party service providers, to operate effectively could have a material adverse effect on our business, the clinical care provided to patients, results of operations, financial condition and cash flows. For example, in connection with claims for which at least part of the government's payments to us is based on clinical performance or patient outcomes or co-morbidities, if relevant clinical systems fail to accurately capture the data we report to CMS or we otherwise have data integrity issues with respect to the reported information, this could impact our payments from government payors as well as our ability to retain funds paid to us based on the inaccurate information.

Additionally, we expect the highly competitive environment in which we operate to become increasingly more competitive as the market evolves and new technologies are introduced. This dynamic environment requires continuous investment in new technologies and clinical applications. Machine learning and artificial intelligence are increasingly driving innovations in technology, and parts of our operations may employ robotics. If these technologies or applications fail to operate as anticipated or do not perform as specified, including due to potential design defects and defects in the development of algorithms or other technologies, human error or otherwise, our clinical operations, business and reputation may be harmed. If we are unable to successfully maintain, enhance or operate our information systems, including through the implementation of

such technologies or applications in our clinical operations and laboratory, we may be, among other things, unable to efficiently adapt to evolving laws and requirements, unable to remain competitive with others who successfully implement and advance this technology, subject to increased risk under existing laws, regulations and requirements that apply to our business, and our patients' safety may be adversely impacted, any of which could have a material adverse impact on our business, results of operations and financial condition and could materially harm our reputation. For additional detail, see the discussion in the risk factor under the heading *"Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."*

**We may engage in acquisitions, mergers, joint ventures or dispositions, which may materially affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business, and, under certain circumstances, could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.**

Our business strategy includes growth through acquisitions of dialysis centers and other businesses, as well as through entry into joint ventures. We may engage in acquisitions, mergers, joint ventures or dispositions or expand into new business lines or models, which may affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business. There can be no assurance that we will be able to identify suitable acquisition targets or merger partners or buyers for dispositions or that, if identified, we will be able to agree to terms with merger partners, acquire these targets or make these dispositions on acceptable terms or on the desired timetable. There can also be no assurance that we will be successful in completing any acquisitions, mergers or dispositions that we announce, executing new business lines or models or integrating any acquired business into our overall operations. There is no guarantee that we will be able to operate acquired businesses successfully as stand-alone businesses, or that any such acquired business will operate profitably or will not otherwise have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation. In addition, acquisition, merger or joint venture activity conducted as part of our overall growth strategy is subject to antitrust and competition laws, and antitrust regulators can investigate future (or pending) and consummated transactions. These laws could impact our ability to pursue these transactions, and under certain circumstances, could result in mandated divestitures, among other things. If a proposed transaction or series of transactions is subject to challenge under antitrust or competition laws, we may incur substantial legal costs, management’s attention and resources may be diverted, and if we are found to have violated these or other related laws, regulations or requirements, we could suffer severe consequences that could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation and stock price. For additional detail, see the risk factor under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."* Further, we cannot be certain that key talented individuals at the business being acquired will continue to work for us after the acquisition or that they will be able to continue to successfully manage or have adequate resources to successfully operate any acquired business. In addition, certain of our acquired dialysis centers and facilities have been in service for many years, which may result in a higher level of maintenance costs. Further, our facilities, equipment and information technology may need to be improved or renovated to maintain or increase operational efficiency, compete for patients and medical directors, or meet changing regulatory requirements. Increases in maintenance costs and/or capital expenditures could have, under certain circumstances, a material adverse effect on our business, results of operations, financial condition and cash flows.

Businesses we acquire may have unknown or contingent liabilities or liabilities that are in excess of the amounts that we originally estimated, and may have other issues, including, without limitation, those related to internal control over financial reporting or issues that could affect our ability to comply with healthcare laws and regulations and other laws applicable to our expanded business, which could harm our reputation. As a result, we cannot make any assurances that the acquisitions we consummate will be successful. Although we generally seek indemnification from the sellers of businesses we acquire for matters that are not properly disclosed to us, we are not always successful. In addition, even in cases where we are able to obtain indemnification, we may discover liabilities greater than the contractual limits, the amounts held in escrow for our benefit (if any), or the financial resources of the indemnifying party. In the event that we are responsible for liabilities substantially in excess of any amounts recovered through rights to indemnification or alternative remedies that might be available to us, or any applicable insurance, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

In addition, under the terms of the equity purchase agreement for the DMG sale (the DMG sale agreement), we agreed to certain indemnification obligations, including with respect to claims for breaches of our representations and warranties regarding compliance with law, litigation, absence of undisclosed liabilities, employee benefit matters, labor matters, or taxes, among others, and other claims for which we provided the buyer with a special indemnity. As a result, we may become

obligated to make payments to the buyer relating to our previous ownership and operation of the DMG business. Any such post-closing liabilities and required payments under the DMG sale agreement, or otherwise, or in connection with any other past or future disposition of material assets or businesses could individually or in the aggregate have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.

Additionally, joint ventures, including, without limitation, our Asia Pacific joint venture, and minority investments inherently involve a lesser degree of control over business operations, thereby potentially increasing the financial, legal, operational and/or compliance risks associated with the joint venture or minority investment. In addition, we may be dependent on joint venture partners, controlling shareholders or management who may have business interests, strategies or goals that are inconsistent with ours. Business decisions or other actions or omissions of the joint venture partner, controlling shareholders or management may require us to make capital contributions or necessitate other payments, result in litigation or regulatory action against us, result in reputational harm to us or adversely affect the value of our investment or partnership, among other things. In addition, we have potential obligations to purchase the interests held by third parties in many of our joint ventures as a result of put provisions that are exercisable at the third party's discretion within specified time periods, pursuant to the applicable agreement. If these put provisions were exercised, we would be required to purchase the third party owner's equity interest, generally at the appraised market value. There can be no assurances that these joint ventures and/or minority investments, including, without limitation, our Asia Pacific joint venture, ultimately will be successful.

**If our joint ventures were found to violate the law, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation.**

As of December 31, 2021, we owned a controlling interest in numerous dialysis-related joint ventures, which represented approximately 28% of our U.S. dialysis revenues for the year ended December 31, 2021. In addition, we also owned noncontrolling equity investments in several other dialysis related joint ventures. We expect to continue to increase the number of our joint ventures. Many of our joint ventures with physicians or physician groups also have certain physician owners providing medical director services to centers we own and operate. Because our relationships with physicians are governed by the federal and state anti-kickback statutes, we have sought to structure our joint venture arrangements to satisfy as many federal safe harbor requirements as we believe are commercially reasonable. Our joint venture arrangements do not satisfy all of the elements of any safe harbor under the federal Anti-Kickback Statute, however, and therefore are susceptible to government scrutiny. Additionally, our joint ventures and minority investments inherently involve a lesser degree of control over business operations, thereby potentially increasing the financial, legal, operational and/or compliance risks associated with the joint venture or minority investment. If our joint ventures are found to violate applicable laws or regulations, we could suffer severe consequences that would have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation. For additional information on these risks, see the risk factors under the headings "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation"* and "*We may engage in acquisitions, mergers, joint ventures or dispositions, which may materially affect our results of operations, debt-to-capital ratio, capital expenditures or other aspects of our business, and, under certain circumstances, could have a material adverse effect on our business, results of operations, financial condition and cash flows and could materially harm our reputation."*

**Our aspirations, goals and disclosures related to environmental, social and governance (ESG) matters expose us to numerous risks, including without limitation risks to our reputation and stock price.**

We have a longstanding ESG program and have engaged with key stakeholders to develop ESG focus areas and to set ESG-related goals, many of which are aspirational. We have set and disclosed these focus areas, goals and related objectives as part of our continued commitment to ESG matters, but our goals and objectives reflect our current plans and aspirations and are not guarantees that we will be able to achieve them. Our efforts to accomplish and accurately report on these goals and objectives present numerous operational, reputational, financial, legal and other risks, certain of which are outside of our control, and could have, under certain circumstances, a material adverse impact on us, including on our reputation and stock price. Examples of such risks include, among others: the availability and cost of low- or non-carbon-based energy sources and technologies for us and our vendors, evolving regulatory requirements affecting ESG standards, frameworks and disclosures, including evolving standards for measuring and reporting on related metrics, the availability of suppliers that can meet our sustainability and other standards, our ability to recruit, develop and retain diverse talent in our labor markets, and our ability to grow our home based dialysis business.

If our ESG practices do not meet evolving investor or other stakeholder expectations and standards, then our reputation, our ability to attract or retain employees and our attractiveness as an investment, business partner or acquiror could be

negatively impacted. Similarly, our failure or perceived failure to adequately pursue or fulfill our goals and objectives or to satisfy various reporting standards within the timelines we announce, or at all, could also have similar negative impacts and expose us to other risks, which under certain circumstances could be material. If we are not able to adequately recognize and respond to the rapid and ongoing developments and governmental and social expectations relating to ESG matters, this failure could result in missed corporate opportunities, additional regulatory, social or other scrutiny of us, the imposition of unexpected costs, or damage to our reputation with governments, patients, teammates, third parties and the communities in which we operate, which in turn could have a material adverse effect on our business, financial condition, cash flows and results of operations and could cause the market value of our common stock to decline.

**There are significant risks associated with estimating the amount of dialysis revenues and related refund liabilities that we recognize, and if our estimates of revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition or have a material adverse effect on our business, results of operations, financial condition and cash flows.**

There are significant risks associated with estimating the amount of U.S. dialysis net patient services revenues and related refund liabilities that we recognize in a reporting period. The billing and collection process is complex due to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, such as ensuring appropriate documentation. Determining applicable primary and secondary coverage for approximately 203,100 U.S. patients at any point in time, together with the changes in patient coverage that occur each month, requires complex, resource-intensive processes. Errors in determining the correct coordination of benefits may result in refunds to payors. Revenues associated with Medicare and Medicaid programs are also subject to estimating risk related to the amounts not paid by the primary government payor that will ultimately be collectible from other government programs paying secondary coverage, the patient's commercial health plan secondary coverage or the patient. Collections, refunds and payor retractions typically continue to occur for up to three years and longer after services are provided. We generally expect our range of U.S. dialysis patient services revenues estimating risk to be within 1% of revenues for the segment. If our estimates of U.S. dialysis patient services revenues and related refund liabilities are materially inaccurate, it could impact the timing and the amount of our revenues recognition and have a material adverse impact on our business, results of operations, financial condition and cash flows.

**General Risk Factors**

**The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control.**

We have a substantial amount of indebtedness outstanding and we may incur substantial additional indebtedness in the future, including indebtedness incurred to finance repurchases of our common stock pursuant to our share repurchase authorization discussed under "*Stock Repurchases*" in Part II, Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations*." As described in Note 13 to the consolidated financial statements included in this report, we are party to a senior secured credit agreement (the Credit Agreement), which consists of a secured term loan A facility, a secured term loan B-1 facility and a secured revolving line of credit in the aggregate principal amount of $1 billion. Our long-term indebtedness also includes $4.250 billion aggregate principal amount of senior notes.

Our senior secured credit facilities bear, and other indebtedness we may incur in the future may bear, interest at a variable rate. As a result, at any given time interest rates on the senior secured credit facilities and any other variable rate debt could be higher or lower than current levels. If interest rates increase, our debt service obligations on our variable rate indebtedness will increase even though the amount borrowed remains the same, and therefore net income and associated cash flows, including cash available for servicing our indebtedness, will correspondingly decrease.

Our indebtedness levels and the required payments on such indebtedness may also be impacted by reforms related to LIBOR. The variable interest rates payable under our senior secured credit facilities are linked to LIBOR as the benchmark for establishing such rates. The LIBOR benchmark has been the subject of recent national, international and other regulatory guidance and reform proposals. The reforms may cause LIBOR to perform differently from the past and LIBOR may ultimately cease to exist after 2023. The U.S. Federal Reserve, in conjunction with the Alternative Reference Rates Committee, a steering committee comprised of, among other entities, large U.S. financial institutions, has recommended that U.S. dollar LIBOR be replaced with a new index that measures the cost of borrowing cash overnight, backed by U.S. Treasury securities (SOFR). Whether or not SOFR or any other potential alternative reference rate attains market traction as a LIBOR replacement rate remains in question. Our senior secured credit facilities include mechanics to facilitate the adoption by us and our lenders of an alternative benchmark rate for use in place of LIBOR; however, no assurance can be made that we and our lenders will agree on

such an alternative rate and, even if agreed upon, such alternative rate may not perform in a manner similar to LIBOR and may result in interest rates that are higher or lower than those that would have resulted had LIBOR remained in effect.

Our ability to make payments on our indebtedness, to fund planned capital expenditures and expansion efforts, including, without limitation, any strategic acquisitions or investments we may make in the future, to repurchase our stock at the levels intended or announced and to meet our other liquidity needs such as for working capital or capital expenditures, will depend on our ability to generate cash. This depends not only on the success of our business but is also subject to economic, financial, competitive, regulatory and other factors that are beyond our control. We cannot provide assurances that our business will generate sufficient cash flows from operations in the future or that future borrowings will be available to us in amounts sufficient to enable us to service our indebtedness or to fund our working capital and other liquidity needs, including those described above. If we are unable to generate sufficient funds to service our outstanding indebtedness or to meet our working capital or other liquidity needs, including those described above, we would be required to refinance, restructure, or otherwise amend some or all of such indebtedness, sell assets, change or reduce our intended or announced uses or strategy for capital deployment, including, without limitation, for stock repurchases, reduce capital expenditures, planned expansions or other strategic initiatives, or raise additional cash through the sale of our equity or equity-related securities. We cannot make any assurances that any such refinancing, restructurings, amendments, sales of assets, or issuances of equity or equity-related securities can be accomplished or, if accomplished, will be on favorable terms or would raise sufficient funds to meet these obligations or our other liquidity needs.

In addition, we may continue to incur indebtedness in the future, and the amount of that additional indebtedness may be substantial. Although the Credit Agreement includes covenants that could limit our indebtedness, we currently have, and expect to continue to have, the ability to incur substantial additional debt. The risks described in this risk factor could intensify as new debt is added to current debt levels or if we incur any new debt obligations that subject us to restrictive covenants that limit our financial and operational flexibility. Any breach or failure to comply with any of these covenants could result in a default under our indebtedness. Other risks related to our ability to generate sufficient cash to service our indebtedness and for other intended purposes, include, for example:

- increase our vulnerability to general adverse economic and industry conditions;
- limit our flexibility in planning for, or reacting to, changes in our business and the markets in which we operate;
- expose us to interest rate volatility that could adversely affect our business, results of operations, financial condition and cash flows, and our ability to service our indebtedness;
- place us at a competitive disadvantage compared to our competitors that have less debt; and
- limit our ability to borrow additional funds, or to refinance existing debt on favorable terms when otherwise available or at all.

Any failure to pay any of our indebtedness when due or any other default under our credit facilities or our other indebtedness could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could trigger cross default or cross acceleration provisions in our other debt instruments, thereby permitting the holders of that other indebtedness to demand immediate repayment or cease to make future extensions of credit, and, in the case of secured indebtedness, to take possession of and sell the collateral securing such indebtedness to satisfy our obligations.

The borrowings under our senior secured credit facilities and senior indentures are guaranteed by certain of our domestic subsidiaries, and borrowings under our senior secured credit facilities are secured by substantially all of our and certain of our domestic subsidiaries' assets. Such guarantees and the fact that we have pledged such assets may make it more difficult and expensive for us to make, or under certain circumstances could effectively prevent us from making, additional secured and unsecured borrowings.

**We could be subject to adverse changes in tax laws, regulations and interpretations or challenges to our tax positions.**

We are subject to tax laws and regulations of the U.S. federal, state and local governments as well as various foreign jurisdictions. We compute our income tax provision based on enacted tax rates in the jurisdictions in which we operate. As the tax rates vary among jurisdictions, a change in earnings attributable to the various jurisdictions in which we operate could result in an unfavorable or favorable change in our overall tax provision.

Changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. There can be no assurance that changes in tax laws or regulations, both within the U.S. and the other jurisdictions in which we operate, will not materially and adversely affect our effective tax rate, tax payments, results of operations, financial condition and cash flows. For example, there are ongoing discussions domestically regarding tax reforms that could potentially have a

material adverse impact on our results of operations and financial condition. Similarly, changes in tax laws and regulations that impact our patients, business partners and counterparties or the economy generally may also impact our results of operations, financial condition and cash flows.

In addition, tax laws and regulations are complex and subject to varying interpretations, and any significant failure to comply with applicable tax laws and regulations in all relevant jurisdictions could give rise to material penalties and liabilities. We are regularly subject to audits by various tax authorities. For example, our current audits include an audit by the Internal Revenue Service for the years 2014–2017, and it is possible that the final determination of this and any other tax audits and any related litigation could be materially different from our historical income tax provisions and accruals. Any changes in enacted tax laws, rules or regulatory or judicial interpretations; any adverse development or outcome in connection with tax audits in any jurisdiction; or any change in the pronouncements relating to accounting for income taxes could materially and adversely impact our effective tax rate, tax payments, results of operations, financial condition and cash flows.

**Deterioration in economic conditions, general inflationary pressures, disruptions in the financial markets or the effects of natural or other disasters, political instability, public health crises or adverse weather events such as hurricanes, earthquakes, fires or flooding could have a material adverse effect on our business, results of operations, financial condition and cash flows.**

Deterioration in economic conditions and general inflationary pressures, whether in connection with the COVID-19 pandemic or otherwise, could have a material adverse effect on our business, results of operations, financial condition and cash flows. Among other things, the potential decline in federal and state revenues that may result from a deterioration in economic conditions may create additional pressures to contain or reduce reimbursements for our services from Medicare, Medicaid and other government sponsored programs. Increases in job losses in the U.S. as a result of adverse economic conditions, including economic deterioration due to the ongoing COVID-19 pandemic, could result in a smaller percentage of our patients being covered by an employer group health plan and a larger percentage being covered by lower paying Medicare and Medicaid programs. Employers may also select more restrictive commercial plans with lower reimbursement rates. To the extent that payors are negatively impacted by a decline in the economy, we may experience further pressure on commercial rates, a slowdown in collections and a reduction in the amounts we expect to collect. In addition, uncertainty in the financial markets could adversely affect the variable interest rates payable under our credit facilities or could make it more difficult to obtain or renew such facilities or to obtain other forms of financing in the future, if at all. For additional information regarding the risks presented by the COVID-19 pandemic, see the discussion in the risk factor under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*" For additional information regarding the risks related to our indebtedness, see the discussion in the risk factor under the heading *"The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control.*" In addition, to the extent that monetary policies or other factors contribute to an increase in inflationary pressures, this may in turn increase our labor and supply costs at a rate that outpaces the Medicare or any other rate increases we may receive.

Moreover, as of December 31, 2021, we had approximately $7.046 billion of goodwill recorded on our consolidated balance sheet. We account for impairments of goodwill in accordance with the provisions of applicable accounting guidance, and record impairment charges when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances concerning our businesses and to estimate their fair value when applicable. These assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters.

Should our revenues and financial results be materially, unfavorably impacted due to, among other things, a worsening of the economic and employment conditions in the United States that negatively impacts reimbursement rates or the availability of insurance coverage for our patients, we may incur future charges to recognize impairment in the carrying amount of our goodwill and other intangible assets, which could have a material adverse effect on our business, results of operation and financial condition.

Further, some of our operations, including our clinical laboratory, dialysis centers and other facilities, may be adversely impacted by the effects of natural or other disasters, political instability, public health crises such as global pandemics or epidemics, including the COVID-19 pandemic, or adverse weather events such as hurricanes, earthquakes, fires or flooding. Each of these effects and risks may be further intensified by the increasing impact of climate change on a global scale. In addition, these risks are particularly heightened for our patients in part because individuals with chronic illness may be more susceptible to the adverse effects of epidemics or other public health crises and also because any natural or other disaster, political instability or adverse weather event that disrupts or limits the operation of any of our centers or other facilities or services may delay or otherwise impact the critical services we provide to dialysis patients. Further, any such event or other

occurrence that results in a failure of the fitness of our clinical laboratory, dialysis centers and related operations and/or other facilities or otherwise adversely impacts the safety of our teammates or patients at any of those locations could lead us to face adverse consequences, including, without limitation, the potential loss of data, including PHI or PII, compliance or regulatory investigations, any of which could materially impact our business, results of operation and financial condition, and could materially harm our reputation. For example, our clinical laboratory is located in Florida, a state that has in the past experienced and may in the future experience hurricanes. Natural or other disasters or adverse weather events could significantly damage or destroy our facilities, disrupt operations, increase our costs to maintain operations and require substantial expenditures and recovery time to fully resume operations. In addition, as the effects of climate change progressively surface, such as through potential increases in the frequency and intensity of natural or other disasters or adverse weather events or through laws or regulations adopted in response, we may face increased costs associated with operating our clinics, including, without limitation, with respect to supplies of water or energy costs.

Our presence in markets outside the U.S. may increase our exposure to these and similar risks related to natural disasters, public health crises, political instability, climate change or other catastrophic events outside our control. For additional information regarding the risks related to our international business, see the discussion in the risk factor under the heading "*Expansion of our operations to and offering our services in markets outside of the U.S. subjects us to political, economic, legal, operational and other risks that could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.*"

Any or all of these factors, as well as other consequences of these events, none of which we can currently predict, could have a material adverse effect on our business, results of operations, financial condition and cash flows or materially harm our reputation.

**We may be subject to liability claims for damages and other expenses that are not covered by insurance or exceed our existing insurance coverage that could have a material adverse effect on our business, results of operations, financial condition, cash flows and could materially harm our reputation.**

Our operations and how we manage our business may subject us, as well as our officers and directors to whom we owe certain defense and indemnity obligations, to litigation and liability. Our business, profitability and growth prospects could suffer if we face negative publicity or we pay damages or defense costs in connection with a claim that is outside the scope or limits of coverage of any applicable insurance coverage, including, without limitation, claims related to adverse patient events, cybersecurity incidents, contractual disputes, antitrust and competition laws and regulations, professional and general liability and directors' and officers' duties. In addition, we have received notices of claims from commercial payors and other third parties, as well as subpoenas and civil investigative demands from the federal government, related to our business practices, including, without limitation, our historical billing practices and the historical billing practices of acquired businesses. Although the ultimate outcome of these claims cannot be predicted, an adverse result with respect to one or more of these claims could have a material adverse effect on our business, results of operations, financial condition and cash flows, and could materially harm our reputation. We maintain insurance coverage for those risks we deem are appropriate to insure against and make determinations about whether to self-insure as to other risks or layers of coverage. However, a successful claim, including, without limitation, a professional liability, malpractice or negligence claim or a claim related to antitrust and competition laws or a cybersecurity incident, which is in excess of any applicable insurance coverage, that is outside the scope or limits of any applicable insurance coverage, or that is subject to our self-insurance retentions, could have a material adverse effect on our business, results of operations, financial condition, cash flows and reputation.

In addition, if our costs of insurance and claims increase, then our earnings could decline. Market rates for insurance premiums and deductibles have been steadily increasing. Our business, results of operations, financial condition and cash flows could be materially and adversely affected by any of the following:

- the collapse or insolvency of our insurance carriers;
- further increases in premiums and deductibles;
- increases in the number of liability claims against us or the cost of settling or trying cases related to those claims;
- obtaining insurance with exclusions for things such as communicable diseases; or
- an inability to obtain one or more types of insurance on acceptable terms, if at all.

**If we fail to successfully maintain an effective internal control over financial reporting, the integrity of our financial reporting could be compromised, which could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price.**

The integration of acquisitions and addition of new business lines into our internal control over financial reporting has required and will continue to require significant time and resources from our management and other personnel and has increased, and is expected to continue to increase, our compliance costs. Failure to maintain an effective internal control environment could have a material adverse effect on our ability to accurately report our financial results, the market's perception of our business and our stock price. In addition, we could be required to restate our financial results in the event of a significant failure of our internal control over financial reporting or in the event of inappropriate application of accounting principles.

**Provisions in our organizational documents, our compensation programs and policies and certain requirements under Delaware law may deter changes of control and may make it more difficult for our stockholders to change the composition of our Board of Directors and take other corporate actions that our stockholders would otherwise determine to be in their best interests.**

Our organizational documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in our management, or limit the ability of our stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting our stockholders from acting by written consent, advance notice requirements for director nominations and stockholder proposals and granting our Board of Directors the authority to issue preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

Most of our outstanding employee stock-based compensation awards include a provision accelerating the vesting of the awards in the event of a change of control. These and any other change of control provisions may affect the price an acquirer would be willing to pay for our Company.

We are also subject to Section 203 of the Delaware General Corporation Law that, subject to exceptions, prohibits us from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder.

The provisions described above may discourage, delay or prevent an acquisition of our Company at a price that our stockholders may find attractive. These provisions could also make it more difficult for our stockholders to elect directors and take other corporate actions and could limit the price that investors might be willing to pay for shares of our common stock.

**Item 1B. Unresolved Staff Comments.**

None.

**Item 2. Properties.**

Our corporate headquarters are located in Denver, Colorado, consisting of one owned 240,000 square foot building and one leased 345,900 square foot location. Our headquarters are occupied by teammates engaged in management, finance, marketing, strategy, legal, compliance and other administrative functions. We lease five business offices located in California, Pennsylvania, Tennessee and Washington, and own one business office in Washington in the U.S. In addition, our international headquarters is located in the United Kingdom and consists of one leased business office. Our laboratory is based in Florida where we operate our lab services out of one leased building. We also lease other administrative offices in the U.S. and worldwide.

For our U.S. dialysis business we own the land and buildings for five outpatient dialysis centers. We also own 16 properties for development, including operating outpatient dialysis centers and properties we hold for sale. Our remaining outpatient dialysis centers are located on premises that we lease.

The majority of our leases for our U.S. dialysis business cover periods from five years to 15 years and typically contain renewal options of five years to ten years at the fair rental value at the time of renewal. Our leases are generally subject to periodic consumer price index increases, or contain fixed escalation clauses. Our outpatient dialysis centers range in size from approximately 1,000 to 33,000 square feet, with an average size of approximately 7,800 square feet. Our international leases generally range from one to ten years.

Some of our outpatient dialysis centers are operating at or near capacity. However, we believe that we have adequate capacity within most of our existing dialysis centers to accommodate additional patient volume through increased hours and/or

days of operation, or, if additional space is available within an existing facility, by adding dialysis stations. We can usually relocate existing centers to larger facilities or open new centers if existing centers reach capacity. With respect to relocating centers or building new centers, we believe that we can generally lease space at economically reasonable rates in the areas planned for each of these centers, although there can be no assurances in this regard. Expansion of existing centers or relocation of our dialysis centers is subject to review for compliance with conditions relating to participation in the Medicare ESRD program, among other things. In states that require a certificate of need or center license, additional approvals would generally be necessary for expansion or relocation.

**Item 3. Legal Proceedings.**

The information required by this Part I, Item 3 is incorporated herein by reference to the information set forth under the caption "*Contingencies"* in Note 16 to the consolidated financial statements included in this report.

**Item 4. Mine Safety Disclosures.**

Not applicable.

## PART II

### Item 5. Market for the Registrant's Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.

Our common stock is traded on the New York Stock Exchange under the symbol DVA. The closing price of our common stock on January 31, 2022 was $108.37 per share. According to Computershare, our registrar and transfer agent, as of January 31, 2022, there were 7,232 holders of record of our common stock. This figure does not include the indeterminate number of beneficial holders whose shares are held of record by brokerage firms and clearing agencies.

Our initial public offering was in 1994, and we have not declared or paid cash dividends to holders of our common stock since going public. We have no current plans to pay cash dividends and there are certain limitations on our ability to pay dividends under the terms of our senior secured credit facilities. See "*Liquidity and capital resources"* under Item 7. "*Management's Discussion and Analysis of Financial Condition and Results of Operations"* and the notes to the consolidated financial statements.

*Stock Repurchases*

The following table summarizes our repurchases of our common stock during the fourth quarter of 2021:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except per share data) | | | |
| October 1-31, 2021 | 1,229 | $ 113.54 | 1,229 | $ 890,970 |
| November 1-30, 2021 | 1,517 | 100.40 | 1,517 | $ 738,680 |
| December 1-31, 2021 | 3,381 | 104.90 | 3,381 | $ 2,383,939 |
| Total | 6,127 | $ 105.52 | 6,127 | |

The following table summarizes our repurchases of our common stock during 2021:

| Period | Total number of shares purchased | Average price paid per share | Total number of shares purchased as part of publicly announced plans or programs | Approximate dollar value of shares that may yet be purchased under the plans or programs |
|---|---|---|---|---|
| | (dollars and shares in thousands, except per share data) | | | |
| January 1 - March 31, 2021 | 2,949 | $ 109.28 | 2,949 | $ 1,607,622 |
| April 1 - June 30, 2021 | 2,070 | 116.38 | 2,070 | $ 1,366,725 |
| July 1 - September 30, 2021 | 2,731 | 123.14 | 2,731 | $ 1,030,508 |
| October 1 - December 31, 2021 | 6,127 | 105.52 | 6,127 | $ 2,383,939 |
| Total | 13,877 | $ 111.41 | 13,877 | |

Effective on December 10, 2020, the Board terminated all remaining prior share repurchase authorizations available to us and approved a new share repurchase authorization of $2.0 billion. Effective on December 17, 2021, the Board increased the Company's existing authorization by $2.0 billion in additional share repurchasing authority. We are authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 9, 2022, we have a total of $2.225 billion available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, we remain subject to share repurchase limitations, including under the terms of our senior secured credit facilities.

### Item 6. Selected Financial Data.

This item is no longer required as the Company has adopted the changes to Item 301 of Regulation S-K contained in the Securities and Exchange Commission's Release No. 33-10890.

**Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations.**

*Forward-looking statements*

*This Annual Report on Form 10-K, including this Management's Discussion and Analysis of Financial Condition and Results of Operations, contains statements that are forward-looking statements within the meaning of the federal securities laws and as such are intended to be covered by the safe harbor for "forward-looking statements" provided by the Private Securities Litigation Reform Act of 1995. These forward-looking statements could include, among other things, DaVita's response to and the expected future impacts of the novel coronavirus (COVID-19), including statements about our balance sheet and liquidity, our expenses and expense offsets, revenues, billings and collections, potential need, ability or willingness to use any funds under government relief programs, availability or cost of supplies, treatment volumes, mix expectation, such as the percentage or number of patients under commercial insurance, the availability, acceptance, impact, administration and efficacy of COVID-19 vaccines, treatments and therapies, the continuing impact on the U.S. and global economies, unemployment and labor market conditions, and overall impact on our patients and teammates, as well as other statements regarding our future operations, financial condition and prospects, expenses, strategic initiatives, government and commercial payment rates, expectations related to value-based care, integrated kidney care and Medicare Advantage plan enrollment and our ongoing stock repurchase program. All statements in this report, other than statements of historical fact, are forward-looking statements. Without limiting the foregoing, statements including the words "expect," "intend," "will," "could," "plan," "anticipate," "believe," and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based on DaVita's current expectations and are based solely on information available as of the date of this report. DaVita undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of changed circumstances, new information, future events or otherwise, except as may be required by law. Actual future events and results could differ materially from any forward-looking statements due to numerous factors that involve substantial known and unknown risks and uncertainties. These risks and uncertainties include, among other things:*

- *the continuing impact of the dynamic and evolving COVID-19 pandemic, including, without limitation, on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition and results of operations; the government's response to the COVID-19 pandemic, including, among other things, federal, state and local vaccine mandates or surveillance testing requirements and the extent to which they may ultimately be applicable to us; the pandemic's continuing impact on the U.S. and global economies, unemployment, labor market conditions, inflation and evolving monetary policies; the availability, acceptance, impact and efficacy of COVID-19 vaccines, treatments and therapies; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus, such as the Delta and Omicron variants; the continuing impact of the pandemic on our revenue and non-acquired growth due to lower treatment volumes; COVID-19's impact on the chronic kidney disease (CKD) population and our patient population including on the mortality of these patients; any potential negative impact on our commercial mix or the number of our patients covered by commercial insurance plans; continued increased COVID-19-related costs; supply chain challenges and disruptions, including with respect to our clinical supplies; and higher salary and wage expense driven in part by labor market conditions and a high demand for our clinical personnel, any of which may also have the effect of heightening many of the other risks and uncertainties discussed below, and in many cases, lead to impacts that persist even after the pandemic subsides;*
- *the extent to which the ongoing implementation of healthcare reform, or changes in or new legislation, regulations or guidance, enforcement thereof or related litigation result in a reduction in coverage or reimbursement rates for our services, a reduction in the number of patients enrolled in higher-paying commercial plans or that are enrolled in or select Medicare Advantage plans or other material impacts to our business or operations; or our making incorrect assumptions about how our patients will respond to any such developments;*
- *risks arising from potential changes in laws, regulations or requirements applicable to us, such as potential and proposed federal and/or state legislation, regulation, ballot, executive action or other initiatives, including without limitation those related to healthcare and/or labor matters, such as AB 290 in California;*
- *the impact of the political environment and related developments on the current healthcare marketplace and on our business, including with respect to the Affordable Care Act, the exchanges and many other core aspects of the current healthcare marketplace, as well as the composition of the U.S. Supreme Court and the current presidential administration and congressional majority;*
- *legal and compliance risks, such as our continued compliance with complex, and at times, evolving government regulations and requirements;*
- *noncompliance by us or our business associates with any privacy or security laws or any security breach by us or a third party involving the misappropriation, loss or other unauthorized use or disclosure of confidential information;*

- *the concentration of profits generated by higher-paying commercial payor plans for which there is continued downward pressure on average realized payment rates, and a reduction in the number or percentage of our patients under such plans, including, without limitation, as a result of restrictive plan designs, restrictions or prohibitions on the use and/or availability of charitable premium assistance, which may result in the loss of revenues or patients, or our making incorrect assumptions about how our patients will respond to any change in financial assistance from charitable organizations;*
- *our ability to successfully implement our strategies with respect to integrated kidney care and value-based care initiatives and home based dialysis in the desired time frame and in a complex, dynamic and highly regulated environment, including, among other things, maintaining our existing business; meeting growth expectations; recovering our investments; entering into agreements with payors, third party vendors and others on terms that are competitive and, as appropriate, prove actuarially sound; structuring operations, agreements and arrangements to comply with evolving rules and regulations; finding, training and retaining appropriate staff; and further developing our integrated care and other capabilities to provide competitive programs at scale;*
- *a reduction in government payment rates under the Medicare End Stage Renal Disease program, state Medicaid or other government-based programs and the impact of the Medicare Advantage benchmark structure;*
- *changes in pharmaceutical practice patterns, reimbursement and payment policies and processes, or pharmaceutical pricing, including with respect to hypoxia inducible factors, among other things;*
- *our ability to develop and maintain relationships with physicians and hospitals, changing affiliation models for physicians, and the emergence of new models of care or other initiatives introduced by the government or private sector that, among other things, may erode our patient base and impact reimbursement rates;*
- *our ability to complete acquisitions, mergers, dispositions, joint ventures or other strategic transactions that we might announce or be considering, on terms favorable to us or at all, or to integrate and successfully operate any business we may acquire or have acquired, or to successfully expand our operations and services in markets outside the United States, or to businesses outside of dialysis;*
- *our ability to attract, retain and motivate teammates and our ability to manage operating cost increases or productivity decreases whether due to union organizing activities, legislative or other changes, demand for labor, volatility and uncertainty in the labor market, the current challenging labor market conditions, or other reasons;*
- *our aspirations, goals and disclosures related to environmental, social and governance (ESG) matters, including evolving regulatory requirements affecting ESG standards, measurements and reporting requirements; the availability of suppliers that can meet our sustainability standards; and our ability to recruit, develop and retain diverse talent in our labor markets;*
- *continued increased competition from dialysis providers and others, and other potential marketplace changes, including increased investment in and availability of funding to new entrants in the dialysis and pre-dialysis marketplace;*
- *the variability of our cash flows, including without limitation any extended billing or collections cycles; the risk that we may not be able to generate or access sufficient cash in the future to service our indebtedness or to fund our other liquidity needs; and the risk that we may not be able to refinance our indebtedness as it becomes due, on terms favorable to us or at all;*
- *factors that may impact our ability to repurchase stock under our stock repurchase program and the timing of any such stock repurchases, as well as our use of a considerable amount of available funds to repurchase stock;*
- *risks arising from the use of accounting estimates, judgments and interpretations in our financial statements;*
- *impairment of our goodwill, investments or other assets; and*
- *the other risk factors, trends and uncertainties set forth in Part I, Item 1A. of this Annual Report on Form 10-K, and the other risks and uncertainties discussed in any subsequent reports that we file or furnish with the SEC from time to time.*

*The following should be read in conjunction with our consolidated financial statements.*

**Company overview**

Our principal business is to provide dialysis and related lab services to patients in the United States, which we refer to as our U.S. dialysis business. We also operate our U.S. ancillary services and strategic initiatives and our international operations, which we collectively refer to as our ancillary services, as well as our corporate administrative support. Our U.S. dialysis business is a leading provider of kidney dialysis services in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease (ESRD) or end stage kidney disease (ESKD).

On June 19, 2019, we completed the sale of our prior DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC, a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented and DMG is not included below in this Management's Discussion and Analysis.

Notwithstanding the challenges of responding to the novel coronavirus pandemic (COVID-19), our year-over-year overall financial performance in 2021 benefited from increased revenue, which was primarily due to higher average revenue per treatment in our U.S. dialysis business and acquired growth in our international business. In addition our 2021 financial performance benefited from lower pharmaceutical unit costs and intensity, advocacy costs and COVID-19-related compensation expenses as compared to the prior year. These benefits were partially offset by a decline in treatment volume and increases in compensation expense, including labor costs (both operating and overhead) and health benefits expense.

Drivers of our financial performance in 2021 included the following:

- improved certain key clinical outcomes in our U.S. dialysis business, including exceeding our pre-pandemic level of patients receiving kidney transplants;
- revenue growth of 0.1% in U.S. dialysis and 19.9% in international operations;
- operating income growth of 3.0% in U.S. dialysis and 82.6% in international operations;
- a net increase of 18 international dialysis centers;
- provision of integrated kidney care to 16,000 patients in risk-based integrated care arrangements and an additional 7,000 patients in other integrated care arrangements;
- operating cash flows of $1.931 billion from continuing operations;
- repurchase of 13,877,193 shares of our common stock for aggregate consideration of $1.546 billion, and reduction of our share count by 11.5% year-over-year;
- completion of an unregistered add-on offering of $1 billion aggregate principal amount to the existing 4.625% senior notes due June 1, 2030 (the Additional 2030 Notes); and
- impact of COVID-19 as further discussed in Part I. Item 1 "*Business"* and under the heading "*COVID-19 and its impact on our business"* below.

In 2022, we expect that COVID-19 will continue to impact our business and financial performance though the magnitude of these impacts remains difficult to predict and subject to significant uncertainty due to a number of factors, as described in further detail below under the heading "*COVID-19 and its impact on our business*." On treatment volume, we continue to face pressure primarily driven by the impact of COVID-19 on mortality rates for dialysis patients due to recent surges of infections, which may be further compounded by any future surges, if such surges occur. We anticipate that this pressure also will be magnified by continued slowing industry growth and continued competitive activity in 2022. On reimbursement rate, we expect growth in aggregate, primarily due to the expected net market basket update for Medicare treatments as well as a continuing increase in anticipated Medicare Advantage enrollment due to the 21st Century Cures Act, albeit less than what we experienced in 2021, partially offset by the scheduled resumption of Medicare sequestration later in 2022. On cost, we continue to expect increasing inflationary pressure on wage rates and other costs, increased costs due to the challenging labor market conditions, and an increase in depreciation expenses due to the general release of our new clinical IT platform in 2022, partially offset by continued anticipated savings on pharmaceutical costs. We expect to incur elevated advocacy costs in 2022, in-line with our advocacy costs incurred in 2018 and 2020, respectively. We also expect to continue making investments to expand our ability to offer home-based dialysis service options and further advance our integrated care and value-based care initiatives in 2022. Finally, considerable uncertainty exists surrounding the continued development of the various governmental laws, regulations and other requirements that impact our business.

The discussion below includes analysis of our financial condition and results of operations for the years ended December 31, 2021 compared to December 31, 2020. Our Annual Report on Form 10-K for the year ended December 31, 2020, includes a discussion and analysis of our financial condition and results of operations for the year ended December 31, 2019, in its Part II, Item 7, "*Management's Discussion and Analysis of Financial Condition and Results of Operations*".

References to the "Notes" in the discussion below refer to the notes to the Company's consolidated financial statements included in this Annual Report on Form 10-K at Item 15, "*Exhibits, Financial Statement Schedules*" as referred from Part II Item 8, "*Financial Statements and Supplementary Data*."

**COVID-19 and its impact on our business**

As noted above, the continued impacts and disruptions to our business in connection with of the COVID-19 pandemic could have a material adverse impact on our patients, teammates, physician partners, suppliers, business, operations, reputation, financial condition, results of operations, cash flows and/or liquidity.

*Operational and Financial Impacts*

During this time of great and continued challenge, we continue our focus on the health, safety and well-being of our patients, teammates and physician partners and helping to ensure that our patients have the ability to maintain continuity of care throughout this crisis, whether in the hospital, outpatient or home setting. To that end, we have dedicated and continue to dedicate substantial resources in response to COVID-19, including the implementation of additional protocols and initiatives to help safely maintain continuity of care for our patients and help protect our caregivers. For example, we implemented dedicated care shifts for patients with confirmed or suspected COVID-19 and other enhanced clinical practices, including procuring additional equipment and clinical supplies, such as personal protective equipment (PPE). These efforts are part of a wider Prepare, Prevent, Respond and Recover program that we have implemented in connection with the pandemic, which also includes operational protocols such as the redistribution of teammates, machines and supplies across the country as needed and continued investment in and utilization of telehealth capabilities and the administration of COVID-19 vaccines. We also have maintained business process continuity during the pandemic by enabling most back office teammates to work remotely. We carefully monitor the efficacy of our response protocols and their impact on our operations and strategic priorities as the pandemic continues. Certain temporary changes made in response to the COVID-19 pandemic could become permanent, which could have an adverse impact on our business.

Due in part to these protocols and initiatives, we have incurred costs related to COVID-19 in 2021, and we expect to continue to incur extended costs in the future in connection with our response to COVID-19, and the cumulative impact of these costs could be material. Among other things, our response to COVID-19 has resulted in higher salary and wage expense, and we have provided, and may provide in the future, substantial financial support to our teammates, which may include relief reimbursement. We also continued to experience significant cost inflation on PPE in 2021, though certain other costs related to our COVID-19 response have decreased since the peak of the COVID-19 surge in the fourth quarter of 2020. We believe that the cost of these medical supplies will remain elevated and as our COVID-19 response continues, we expect to continue to incur extended and significant additional costs for these supplies, and we expect that certain of these increased costs may persist due to the overall challenges and disruptions of global supply chains. These global supply chain challenges have impacted the availability of certain of our equipment and clinical supplies. Prolonged strain on global supply chains may result in additional equipment and clinical supply shortages, disruptions, delays or associated price increases that could impact our ability to provide dialysis services or the cost of providing those services, among other things. On the other hand, our COVID-19 response has reduced certain other expenses, such as those related to teammate travel, though it remains uncertain how much of these reductions, if any, will persist after the pandemic subsides and more teammates return to their respective office locations.

Our business is labor intensive and our financial and operating results have been and continue to be sensitive to variations in labor-related costs and productivity. We have historically faced and expect to continue to face costs and difficulties in hiring and retaining caregivers due to a nationwide shortage of skilled clinical personnel. These challenges have been heightened by the increased demand for and demand upon such personnel attributed to the ongoing pandemic. As referenced above, the labor market is challenging and continues to experience volatility, uncertainty and labor supply shortages, particularly in healthcare. In addition, federal and state agencies have announced or released rules relating to COVID-19 vaccination requirements that relate to our teammates, providers and patients. Certain of these regulations are subject to ongoing legal challenge as further described in Part I, Item 1. Business of this Form 10-K under the heading "*Government Regulation—COVID-19 Response"*. The cumulative impact of these mandates, some of which have already gone into effect, contributes further to the volatility and uncertainty in the labor market and may ultimately further exacerbate labor shortages. These conditions have adversely impacted, and may continue to adversely impact, our ability to attract and retain employees, particularly clinical personnel. As part of our efforts in this highly competitive market, we have provided our teammates with additional compensation, among other things. In 2022, we expect to provide our teammates with higher than usual wage

increases, which will put additional pressure on our cost structure going forward. We have experienced staffing shortages and disruptions as a result of current labor market conditions and the current Omicron surge, and further staffing shortages or disruptions, if material, could lead to the unplanned closures of certain centers or adversely impact clinical operations, and may otherwise have a material adverse impact on our ability to provide dialysis services or the cost of providing those services, among other things. Prolonged volatility, uncertainty, labor supply shortages and other challenging labor market conditions, including, among other things, due to inflationary pressures or evolving monetary policies, could also have an adverse impact on our ability to execute on our strategic initiatives, and ultimately could have a material adverse impact on our labor costs, results of operations, financial condition and cash flows.

In 2021, treatment volumes reflected continued pressure primarily driven by the ongoing impact of COVID-19 on mortality rates for dialysis patients which has had a negative impact on our patient census. Because ESKD patients may be older than the average American and generally have comorbidities, several of which are risk factors for COVID-19, we believe the mortality rate of infected patients has been higher in the dialysis population than in the general population, and COVID-19 also could impact the CKD population differently. The recent surges associated with the Delta and Omicron variants led to a significant increase in COVID-19 cases in our patient population. At the peak of the most recent surge in January 2022, the new case count was more than two times as high as the peak from winter 2020. While the mortality rate associated with this latest surge preliminarily appears to be lower than in prior surges, it is too early to provide a comprehensive assessment. The fourth quarter of 2021 saw a slight decrease in incremental mortality on an absolute basis compared to the third quarter of 2021. Over the longer term, we believe that changes in mortality in both the CKD and ESKD populations due to COVID-19 will continue to depend primarily on the infection rate, case fatality rate, the age and health status of affected patients, and access to and continued efficacy of vaccinations or other treatments or therapies, as well as willingness to be vaccinated. We expect that the impact of COVID-19 is likely to continue to negatively impact our revenue and non-acquired growth for a period of time even as the pandemic subsides due to the compounding impact of mortalities, among other things. However, determining the extent to which these impacts should be directly attributable to COVID-19 is difficult due to testing and reporting limitations, and other factors that may drive treatment volumes and new admissions over time, such as the number of transplants or deferred admissions. Depending on the ultimate severity and duration of the pandemic, the magnitude of these cumulative impacts could have a material adverse impact on our results of operations, financial condition and cash flows.

In addition, the COVID-19 pandemic and efforts to contain the virus have impacted the global economy, resulting in, among other things, volatility and uncertainty in labor market conditions as noted above. These impacts could ultimately result in a materially reduced share of our patients being covered by commercial insurance plans, with more patients being covered by lower-paying government insurance programs or being uninsured. These effects may persist after the pandemic subsides as, among other things, our patients could experience permanent changes in their insurance coverage as a result of changes to their employment status. In the event such a material reduction occurs in the share of our patients covered by commercial insurance plans, it would have a material adverse impact on our business, results of operations, financial condition and cash flows. Despite the broader economic conditions in the U.S. for the year ended December 31, 2021, our commercial mix in 2021 slightly improved as compared to our commercial mix in 2020. The ultimate impact of COVID-19 on our commercial mix will depend on future developments that are highly uncertain and difficult to predict.

*Federal, State and Local Government Response*

The government response to COVID-19 has been wide-ranging and will continue to develop over time. As a result, we may not be able to accurately predict the nature, timing or extent of the impact of such changes on the markets in which we conduct business or on the other participants that operate in those markets, or any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern our business, including for example, the COVID-19 vaccine mandates and similar state and local mandates referenced above.

We have worked with certain government agencies to respond to the COVID-19 pandemic, and in certain cases have sought waivers of regulatory requirements. We have also contracted with the federal government to provide direct administration of COVID-19 vaccines to our patients and teammates at our clinics. Approximately 73% of our patients have received at least one dose of the COVID-19 vaccine and nearly all of our clinical teammates are fully vaccinated or have an exemption. Certain of these vaccines are currently available under emergency use authorizations, and there can be no assurance that our patients and caregivers will choose to receive a COVID-19 vaccine or that the vaccines will prove to be as safe and effective as currently understood by the scientific community, particularly as it may relate to variants of the virus. In addition, we may encounter difficulties with the availability and storage of the vaccines, or experience other complications related to administering the vaccines, some of which have multiple dose requirements, or may include the administration of "boosters". As of December 31, 2021, we had administered approximately 217,000 COVID-19 vaccines and boosters due in part to the state and federal vaccine allocations to dialysis providers. Certain state and federal agencies, including the Occupational Safety and Health Administration (OSHA) and CMS, have released requirements, or are in the process of modifying existing requirements associated with the continued protection of employees as it relates to COVID-19. These requirements related to,

among other things, initial and booster vaccines, PPE, fit-testing, surveillance testing of our teammates for COVID-19 and other increased obligations with which we must comply may further impact our costs, create operational challenges, negatively impact our ability to attract and retain employees and create a risk of non-compliance if we are not able to successfully implement such requirements. We operate in a complex and highly regulated environment, and the novel nature of our COVID-19 response, including, for example, with respect to regulatory waivers, our administration of the COVID-19 vaccines, and our efforts to comply with evolving rules and regulations, may increase our exposure to legal, regulatory and clinical risks.

In addition, federal COVID-19 relief legislation suspended the 2% Medicare sequestration from May 1, 2020 through December 31, 2021. The Protecting Medicare and American Farmers from Sequester Cuts Act, signed into law on December 10, 2021, extended the suspension of the 2% Medicare sequestration from December 31, 2021 through March 31, 2022, with 1% Medicare sequestration beginning April 1, 2022 through June 30, 2022 and 2% Medicare sequestration beginning July 1, 2022. While in effect, the suspension of sequestration has significantly increased, and will continue to significantly increase, our revenues.

We believe the ultimate impact of this public health crisis on the Company will depend on future developments that are highly uncertain and difficult to predict, including among others the ultimate severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus, such as the Delta and Omicron variants; COVID-19's impact on the chronic kidney disease (CKD) patient population and our patient population, including on the mortality of these patients; the availability, acceptance, impact and efficacy of COVID-19 vaccines, treatments and therapies; the pandemic’s continuing impact on our revenue and non-acquired growth due to lower treatment volumes, the U.S. and global economies, unemployment, labor market conditions, inflation and monetary policies; the potential negative impact on our commercial mix or the number of patients covered by commercial insurance plans; continued increased COVID-related costs; supply chain challenges and disruptions; the responses of our competitors to the pandemic and related changes in the marketplace; the timing, scope and effectiveness of federal, state and local government responses to the continuing pandemic; and any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern our business. In many cases, the impact of the pandemic on us may persist even after the pandemic subsidies.

For additional discussion of the COVID-19 pandemic and our response, including its impact on us and related risks and uncertainties, please see the discussion in Part I Item 1. Business under the headings, "*COVID-19 and its impact on our business*" and "*Human Capital Management*," as well as the risk factor in Part I Item 1A. Risk Factors under the heading "*We face various risks related to the dynamic and evolving novel coronavirus pandemic, many of which may have a material adverse impact on us.*"

**Consolidated results of operations**

The following table summarizes our revenues, operating income and adjusted operating income by line of business. See the discussion of our results for each line of business following this table. When multiple drivers are identified in the following discussion of results, they are listed in order of magnitude:

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions) | | | |
| **Revenues:** | | | | |
| U.S. dialysis | $ 10,667 | $ 10,660 | $ 7 | 0.1 % |
| Other - Ancillary services | 1,047 | 1,053 | (6) | (0.6)% |
| Elimination of intersegment revenues | (95) | (162) | 67 | 41.4 % |
| Total consolidated revenues | $ 11,619 | $ 11,551 | $ 68 | 0.6 % |
| | | | | |
| **Operating income (loss):** | | | | |
| U.S. dialysis | $ 1,975 | $ 1,918 | $ 57 | 3.0 % |
| Other - Ancillary services | (66) | (76) | 10 | 13.2 % |
| Corporate administrative support | (112) | (147) | 35 | 23.8 % |
| Operating income | $ 1,797 | $ 1,695 | $ 102 | 6.0 % |
| | | | | |
| **Adjusted operating income (loss):**[(1)] | | | | |
| U.S. dialysis | $ 1,975 | $ 1,918 | $ 57 | 3.0 % |
| Other - Ancillary services | (66) | (60) | (6) | (10.0)% |
| Corporate administrative support | (112) | (112) | — | — % |
| Adjusted operating income | $ 1,797 | $ 1,746 | $ 51 | 2.9 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of adjusted operating income (loss) by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

**U.S. dialysis business**

As of December 31, 2021, our U.S. dialysis business is a leading provider of kidney dialysis services, operating 2,815 outpatient dialysis centers serving a total of approximately 203,100 patients, and contracted to provide hospital inpatient dialysis services in approximately 850 hospitals. We estimate that we have approximately a 36% share of the U.S. dialysis market based upon the number of patients we serve.

Approximately 91% of our 2021 consolidated revenues were derived directly from our U.S. dialysis business. The principal drivers of our U.S. dialysis revenues include :

- our number of treatments, which is primarily a function of the number of chronic patients requiring approximately three in-center treatments per week as well as, to a lesser extent, the number of treatments for home-based dialysis and hospital inpatient dialysis; and
- our average dialysis patient service revenue per treatment, including the mix of patients with commercial plans and government programs as primary payor.

Within our U.S. dialysis business, our home-based dialysis and hospital inpatient dialysis services are operationally integrated with our outpatient dialysis centers and related laboratory services. Our outpatient, home-based and hospital inpatient dialysis services comprise approximately 76%, 18% and 6% of our U.S. dialysis revenues, respectively.

In the U.S., government dialysis-related payment rates are principally determined by federal Medicare and state Medicaid policy. For 2021, approximately 68% of our total U.S. dialysis patient services revenues were generated from government-based programs for services to approximately 90% of our total U.S. patients. These government-based programs are principally Medicare and Medicare Advantage, Medicaid and managed Medicaid plans, and other government plans, representing approximately 58%, 7% and 3% of our U.S. dialysis patient services revenues, respectively.

On October 29, 2021, CMS issued a final rule to update the ESRD PPS payment rate and policies, as described further above. CMS estimates the final rule will affect ESRD facilities' average reimbursement by a productivity-adjusted market

basket increase of 1.9% in 2022. In addition, the Protecting Medicare and American Farmers from Sequester Cuts Act extended the suspension of the 2% Medicare sequestration from December 31, 2021 through March 31, 2022, with 1% Medicare sequestration beginning April 1, 2022 through June 30, 2022 and 2% Medicare sequestration beginning July 1, 2022.

Dialysis payment rates from commercial payors vary and a major portion of our commercial rates are set at contracted amounts with payors and are subject to intense negotiation pressure. On average, dialysis-related payment rates from contracted commercial payors are significantly higher than Medicare, Medicaid and other government program payment rates, and therefore the percentage of commercial patients in relation to total patients represents a significant driver of our total average dialysis patient service revenue per treatment. Commercial payors (including hospital dialysis services) represent approximately 32% of U.S. dialysis patient services revenues.

For discussion of government reimbursement, the Medicare ESRD bundled payment system, Medicare Advantage and commercial reimbursement, see the discussion in Part I. Item 1. Business under the heading "*U.S. dialysis business – Sources of revenue-concentrations and risks."* For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with the Medicare ESRD bundled payment system, see the risk factor in Part I. Item 1A. Risk Factors under the heading "*Our business is subject to a complex set of governmental laws, regulations and other requirements and any failure to adhere to those requirements, or any changes in those requirements, could have a material adverse effect on our business, results of operations, financial condition and cash flows, could materially harm our stock price, and in some circumstances, could materially harm our reputation."* For a discussion of operational, clinical and financial risks and uncertainties that we face in connection with commercial payors, see the risk factor in Item 1A. Risk Factors under the heading "*If the number or percentage of patients with higher-paying commercial insurance declines, if the average rates that commercial payors pay us decline, if patients in commercial plans are subject to restriction in plan designs, if we are unable to maintain contracts with payors with competitive terms, including, without limitation, reimbursement rates, scope and duration of coverage and in-network benefits, it could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

Effective January 1, 2021, both oral and intravenous forms of calcimimetics were added to the ESRD PPS bundled payment, and as a result our operating income from calcimimetics was more stable in 2021 and will continue to be in the future as compared to the year ended December 31, 2020 under the transitional drug add-on payment adjustment (TDAPA) model. For the year ended December 31, 2020, the oral and intravenous forms of calcimimetics were separately reimbursed through a TDAPA model based on a pass-through rate of the average sales price plus 0%, before sequestration.

Approximately 1% and 4% of our total U.S. dialysis patient services revenues for the years 2021 and 2020, respectively, were associated with the administration of separately-billable physician-prescribed pharmaceuticals, the majority of which relate to the administration of calcimimetics.

We anticipate that we will continue to experience increases in our operating costs in 2022 that may outpace any net Medicare, commercial or other rate increases that we may receive, which could significantly impact our operating results. In particular, we expect to continue experiencing increases in operating costs that are subject to inflation, such as labor and supply costs, including increases in maintenance costs, regardless of whether there is a compensating inflation-based increase in Medicare, commercial or other payor payment rates. We also continue to expect to incur additional COVID-19-related costs while the pandemic continues. In addition, we expect to continue to incur capital expenditures and associated depreciation and amortization to improve, renovate and maintain our facilities, equipment and information technology to meet evolving regulatory requirements and otherwise.

U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers, home-based dialysis programs and hospital inpatient dialysis programs, and consist principally of labor, benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

The principal drivers of our U.S. dialysis patient care costs include:

- clinical hours per treatment, labor rates and benefit costs;
- vendor pricing and utilization levels of pharmaceuticals;
- business infrastructure costs, which include the operating costs of our dialysis centers; and
- medical supply costs.

Other cost categories that can present significant variability include insurance costs and professional fees. In addition, proposed ballot initiatives or referendums, legislation, regulations or policy changes could cause us to incur substantial costs to prepare for, or implement changes required. Any such changes could result in, among other things, increases in our labor costs

or limitations on the amount of revenue that we can retain. For additional information on risks associated with potential and proposed ballot initiatives, referendums, legislation, regulations or policy changes, see the risk factor in Item 1A. Risk Factors under the heading, "*Changes in federal and state healthcare legislation or regulations could have a material adverse effect on our business, results of operations, financial condition and cash flows.*"

Our average clinical hours per treatment were relatively flat in 2021 compared to 2020. We are always striving for improved productivity levels, however, changes in things such as federal and state policies or regulatory billing requirements can lead to increased labor costs. In 2021, the demand for skilled clinical personnel continued, exacerbated by the nationwide shortage caused by the continuing COVID-19 pandemic on these resources. In 2021 and 2020, we experienced an increase in our clinical labor rates of approximately 3.9% and 3.0%, respectively, consistent with general industry trends. We expect to continue to see higher clinical labor rates in 2022 due to the labor market conditions and the continued competition for skilled clinical personnel. In 2021, our overall clinical teammate retention declined from 2020. We also continue to experience increases in the infrastructure and operating costs of our dialysis centers and general increases in rent and repairs and maintenance. In 2021, we continued to implement certain cost control initiatives to help manage our overall operating costs, including labor productivity and utilities expense, and we expect to continue these initiatives in 2022.

Our U.S. dialysis general and administrative expenses represented 8.7% and 9.0% of our U.S. dialysis revenues in 2021 and 2020, respectively. Increases in general and administrative expenses over the last several years were primarily related to strengthening our dialysis business and related compliance and operational processes, responding to certain legal and compliance matters, professional fees associated with enhancing our information technology systems and more recent advocacy costs in 2020 related to countering union policy efforts. We expect that these levels of general and administrative expenses will be impacted by higher advocacy costs in 2022 compared to 2021, continued investment in developing our capabilities and executing on our strategic priorities, among other things.

**U.S. dialysis results of operations**

*Treatment volume:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| Dialysis treatments | 29,622,188 | 30,314,619 | (692,431) | (2.3)% |
| Average treatments per day | 94,640 | 96,667 | (2,027) | (2.1)% |
| Treatment days | 313.0 | 313.6 | (0.6) | (0.2)% |
| Normalized non-acquired treatment growth[(1)] | (1.9)% | 1.0% | | (2.9)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) Normalized non-acquired treatment growth reflects year over year growth in treatment volume, adjusted to exclude acquisitions and other similar transactions, and further adjusted to normalize for the number and mix of treatment days in a given period versus the prior period.

Our U.S. dialysis treatment volume is directly correlated with our operating revenues and expenses. The decrease in our U.S. dialysis treatments was driven by approximately (0.6) fewer treatment days in 2021 compared to 2020 and a decrease in non-acquired treatments, partially offset by acquired treatment growth. Treatment volume in 2021 was negatively impacted by higher mortality and missed treatments than in 2020. We believe the increased mortality rate is largely attributable to the impact of COVID-19 on our patient population.

*Revenues:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Total revenues | $ 10,667 | $ 10,660 | $ 7 | 0.1 % |
| Average patient service revenue per treatment | $ 359.24 | $ 350.31 | $ 8.93 | 2.5 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

U.S. dialysis revenues were positively impacted by an increase in our average patient service revenue per treatment driven by favorable changes in government mix due to shifts to Medicare Advantage plans, favorable changes in government rate related to increased Medicare base rates in 2021 and the temporary suspension of Medicare sequestration, as well as an increase in commercial mix and hospital inpatient dialysis services revenue per treatment. This was partially offset by changes in our treatment volume, as described above.

*Operating expenses and charges:*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions, except per treatment data) | | | |
| Patient care costs | $ 7,153 | $ 7,222 | $ (69) | (1.0)% |
| General and administrative[1] | 926 | 958 | (32) | (3.3)% |
| Depreciation and amortization | 643 | 595 | 48 | 8.1 % |
| Equity investment income | (30) | (33) | 3 | 9.1 % |
| Total operating expenses and charges | $ 8,692 | $ 8,742 | $ (50) | (0.6)% |
| Patient care costs per treatment | $ 241.47 | $ 238.24 | $ 3.23 | 1.4 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers

(1) General and administrative expenses for the year ended December 31, 2020 included advocacy costs of approximately $67 million incurred to counter union policy efforts, including a California ballot initiative.

*Patient care costs.* U.S. dialysis patient care costs are those costs directly associated with operating and supporting our dialysis centers and consist principally of compensation expenses including labor and benefits, pharmaceuticals, medical supplies and other operating costs of the dialysis centers.

U.S. dialysis patient care costs per treatment increased primarily due to increases in compensation expenses related to increased wages and health benefit expenses due to lower than normal claims volume in 2020 due to COVID-19, other direct operating expenses associated with our dialysis centers, medical supply expense and insurance expense. These increases were partially offset by decreases in pharmaceutical unit costs and intensity and COVID-19-related compensation expenses, utilities expense driven by our virtual power purchase arrangements and professional fees.

*General and administrative expenses.* U.S. dialysis general and administrative expenses decreased primarily due to decreases in advocacy costs and contributions to our charitable foundation, partially offset by increases in compensation expenses related to labor costs, health benefit expenses and payroll taxes, as well as increases in professional fees and long-term incentive compensation.

*Depreciation and amortization.* Depreciation and amortization expense is directly impacted by the number of dialysis centers and the information technology we develop and acquire. U.S. dialysis depreciation and amortization expense increased primarily due to the development of new centers and renovation of existing centers as well as accelerated depreciation for expected center closures.

*Equity investment income.* U.S. dialysis equity investment income decreased primarily due to a decline in profitability at our nonconsolidated joint ventures due to growth in development of new centers.

*Operating income and adjusted operating income*

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions) | | | |
| Operating income | $ 1,975 | $ 1,918 | $ 57 | 3.0 % |
| Adjusted operating income[1] | $ 1,975 | $ 1,918 | $ 57 | 3.0 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of adjusted operating income by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

U.S. dialysis operating income and adjusted operating income increased compared to 2020 primarily due to an increase in our average patient service revenue per treatment and decreases in pharmaceutical unit costs and intensity, COVID-19-related compensation expenses, advocacy costs, utilities expense, as described above, and contributions to our charitable foundation. These increases to operating income were partially offset by a decrease in dialysis treatments and increases in compensation expense, as described above, other direct operating expenses associated with our dialysis centers, medical supply expense, insurance expense and long-term incentive compensation.

**Other - Ancillary services**

Our other operations include ancillary services that are primarily aligned with our core business of providing dialysis services to our network of patients. As of December 31, 2021, these consisted primarily of our U.S. integrated care and disease management business (DaVita IKC), physician services, and clinical research programs (DaVita Clinical Research), as well as our international operations. These ancillary services, including our international operations, generated revenues of approximately $1.047 billion in 2021, representing approximately 9% of our consolidated revenues.

As of December 31, 2021, DaVita IKC provided integrated care and disease management services to approximately 16,000 patients in risk-based integrated care arrangements and to an additional 7,000 patients in other integrated care arrangements. We also expect to add additional service offerings to our business and pursue additional strategic initiatives in the future as circumstances warrant, which could include, among other things, healthcare services not related to dialysis.

As further described in the risk factor in Item 1A. Risk Factors under the heading, "*The ancillary services and strategic initiatives and international operations that we operate or invest in now or in the future may generate losses and may ultimately be unsuccessful. In the event that one or more of these activities is unsuccessful, our business, results of operations, financial condition and cash flows may be negatively impacted and we may have to write off our investment and incur other exit costs*," if any of our ancillary services, strategic initiatives or our international operations are unsuccessful, it may have a negative impact on our business, results of operations, financial condition and cash flows, and if we determine to exit that line of business we may incur significant termination costs. For discussion of risks and potential impacts specific to our integrated kidney care business and related growth strategy, see the risk factor under the heading *"If we are not able to successfully implement our strategy with respect to our integrated kidney care and value-based care initiatives, including maintaining our existing business and further developing our capabilities in a complex and highly regulated environment, it could result in a loss of our investments and have a material adverse effect on our growth strategy, could adversely impact our business, results of operations, financial condition and cash flows, and could materially harm our reputation."* In addition, we have in the past and may in the future incur material write-offs or impairments of our investments, including goodwill, in one or more of these ancillary services.

As of December 31, 2021, our international dialysis business owned or operated 339 outpatient dialysis centers located in ten countries outside of the U.S. For 2021, total revenues generated from our international operations were approximately 6% of our consolidated revenues.

**Ancillary services results of operations**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions) | | | |
| Revenues: | | | | |
| U.S. ancillary | $ 371 | $ 489 | $ (118) | (24.1)% |
| International | 676 | 564 | 112 | 19.9 % |
| Total ancillary services revenues | $ 1,047 | $ 1,053 | $ (6) | (0.6)% |
| | | | | |
| Operating (loss) income: | | | | |
| U.S. ancillary | $ (108) | $ (99) | $ (9) | (9.1)% |
| International[1] | 42 | 23 | 19 | 82.6 % |
| Total ancillary services loss | $ (66) | $ (76) | $ 10 | 13.2 % |
| | | | | |
| Adjusted operating (loss) income[2]: | | | | |
| U.S. ancillary | $ (108) | $ (83) | $ (25) | (30.1)% |
| International[1] | 42 | 23 | 19 | 82.6 % |
| Total adjusted operating loss: | $ (66) | $ (60) | $ (6) | (10.0)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) The reported operating income and adjusted operating income for the years ended December 31, 2021 and December 31, 2020, includes foreign currency gains (losses) embedded in equity method income recognized from our APAC joint venture of approximately $3 million and $(3) million, respectively.

(2) For a reconciliation of adjusted operating (loss) income by reportable segment, see the "Reconciliations of non-GAAP measures" section below.

*Revenues:*

Our U.S. ancillary services revenues decreased due to a decrease in revenues at our integrated care and disease management business primarily due to a reduction in members in our special needs plans, as well as a decrease in revenues related to completion of our ESCO programs in the first quarter of 2021 and decreased revenues related to the sale of our vascular access business, RMS Lifeline, Inc. (Lifeline), as described below, partially offset by an increase in revenues in our physician services business. Our international revenues increased primarily as a result of acquired treatment growth as we continue to expand our international business.

*Charges impacting operating income:*

*Loss on changes in ownership interests, net.* We sold 100% of the stock of Lifeline, our vascular access business, effective May 1, 2020 and recognized a loss of approximately $16 million on this transaction.

*Operating loss and adjusted operating loss:*

Our U.S. ancillary services operating loss and adjusted operating loss were impacted by the sale of Lifeline, as described above. These losses were also impacted by a decline in operating results at our integrated care and disease management business due to increased investments to build up our integrated care support function, partially offset by a one-time non-recurring benefit received in the fourth quarter, improved performance at our physicians services business and decreased expenses in our clinical research business. International operating results increased primarily due to acquisition-related growth in our international business.

**Corporate administrative support**

Corporate administrative support consists primarily of labor, benefits and long-term incentive compensation expense, as well as professional fees for departments which provide support to all of our various operating lines of business. In 2020, corporate support also included an accrual for legal matters. Corporate administrative support expenses are included in general and administrative expenses on our consolidated income statement.

*Accruals for legal matters*. During 2020, we recorded a net charge for legal matters of $35 million.

Corporate administrative support expenses decreased $35 million primarily driven by accruals for legal matters, as described above, as well as a decrease in severance accruals associated with our senior executive leadership transition in 2020, partially offset by increased legal fees in 2021.

**Corporate-level charges**

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions) | | | |
| Debt expense | $ 285 | $ 304 | $ (19) | (6.3)% |
| Debt prepayment, refinancing and redemption charges | $ — | $ 89 | $ (89) | |
| Other income, net | $ 6 | $ 17 | $ (11) | (64.7)% |
| Effective income tax rate | 20.2 % | 23.8 % | | (3.6)% |
| Effective income tax rate from continuing operations attributable to DaVita Inc.[(1)] | 23.8 % | 28.6 % | | (4.8)% |
| Net income attributable to noncontrolling interests | $ 233 | $ 221 | $ 12 | 5.4 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of our effective income tax rate from continuing operations attributable to DaVita Inc., see the "Reconciliations of non-GAAP measures" section below.

*Debt expense*

Debt expense decreased primarily due to a decrease in our overall weighted average effective interest rate on our debt, including a reduction in the LIBOR component of the interest rate on debt under our senior secured credit facilities and the repricing of our Term Loan B-1 as well as the refinancing our 5.125% senior notes and 5.0% senior notes with lower cost debt, partially offset by additional debt expense associated with the Additional 2030 Notes offering completed in February 2021. Our overall weighted average effective interest rate in 2021 was 3.28% compared to 3.59% in 2020. See Note 13 to the consolidated financial statements for further information on the components of our debt and changes in them since 2020.

*Debt prepayment, refinancing and redemption charges*

Debt prepayment, refinancing and redemption charges were $89 million in 2020 as a result of the redemption in full of both our $1.75 billion aggregate principal amount outstanding of 5.125% senior notes and our $1.50 billion aggregate principal amount outstanding of 5.0% senior notes. These 2020 charges represented debt redemption premium charges and deferred financing cost write-offs associated with our prior senior note debt that was paid in full. These charges recognized in 2020 also included $3 million of refinancing charges comprised partially of fees incurred on the repricing of our Term Loan B and partially of deferred financing costs written off for the portion of this debt considered extinguished and reborrowed. See further discussion of our 2020 debt prepayment, refinancing and redemption charges in Note 13 to the consolidated financial statements.

*Other income*

Other income consists primarily of interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses. Other income decreased primarily due to losses on certain investments that began trading in public markets during the second quarter of 2021 and a decrease in interest income on our holdings of cash and cash equivalents in 2021. These decreases were partially offset by a reduction in foreign currency transaction losses.

*Provision for income taxes*

The effective income tax rate and effective income tax rate from continuing operations attributable to DaVita Inc. decreased in 2021 primarily due to an increase in tax benefits from stock-based compensation deductions, reductions in nondeductible advocacy spending in 2021 and deferred tax benefits recognized with respect to our foreign provision which were partially offset by re-measurement of our federal deferred taxes in 2021. Additionally we recognized a benefit for a favorable settlement reached with state tax authorities which was partially offset by an accrual for our federal uncertain tax positions.

*Net income attributable to noncontrolling interests*

The increase in income attributable to noncontrolling interests in 2021 compared to 2020 was due to improved earnings at certain U.S. dialysis partnerships.

**Accounts receivable**

Our consolidated accounts receivable balances at December 31, 2021 and December 31, 2020 were $1.958 billion and $1.824 billion, respectively, representing approximately 62 days and 59 days of revenue (DSO), respectively. The increase in consolidated DSO was primarily due to an increase of two days of DSO in our U.S. dialysis business primarily due to temporary billing holds. Our DSO calculation is based on the most recent quarter’s average revenues per day. There were no significant changes during 2021 from 2020 in the carrying amount of accounts receivable outstanding over one year old or in the amounts pending approval from third-party payors.

As of December 31, 2021 and 2020, our patient services accounts receivable balances that are more than six months old represents approximately 16% and 17%, respectively of our total accounts receivable balances outstanding. Substantially all revenue realized is from government and commercial payors, as discussed above. Less than 1% of our revenues in both periods were classified as patient pay.

Amounts pending approval from third-party payors associated with Medicare bad debt claims as of December 31, 2021 and 2020, other than the standard monthly billing, consisted of approximately $133 million and $154 million, respectively, and are classified as other receivables. A significant portion of our Medicare bad debt claims are typically paid to us before the Medicare fiscal intermediary audits the claims but are subject to subsequent adjustment based upon the actual results of those audits. Such audits typically occur one to four years after the claims are filed.

**Liquidity and capital resources**

The following table summarizes our major sources and uses of cash, cash equivalents and restricted cash:

| | Year ended December 31, | | Annual change | |
|---|---|---|---|---|
| | 2021 | 2020 | Amount | Percent |
| | (dollars in millions) | | | |
| **Net cash provided by operating activities:** | | | | |
| Net income | $ 1,212 | $ 995 | $ 217 | 21.8 % |
| Non-cash items in net income | 860 | 1,089 | (229) | (21.0)% |
| Other working capital changes | (108) | (78) | (30) | (38.5)% |
| Other | (33) | (26) | (7) | (26.9)% |
| | $ 1,931 | $ 1,979 | $ (48) | (2.4)% |
| **Net cash used in investing activities:** | | | | |
| Capital expenditures: | | | | |
| Routine maintenance/IT/other | $ (421) | $ (399) | $ (22) | (5.5)% |
| Development and relocations | (220) | (275) | 55 | 20.0 % |
| Acquisition expenditures | (187) | (182) | (5) | (2.7)% |
| Proceeds from sale of self-developed properties | 56 | 93 | (37) | (39.8)% |
| DMG post-closing sale proceeds adjustment | — | (47) | 47 | 100.0 % |
| Other | (12) | (15) | 3 | 20.0 % |
| | $ (785) | $ (825) | $ 40 | 4.8 % |
| **Net cash used in financing activities:** | | | | |
| Debt issuances (payments), net | $ 754 | $ (64) | $ 818 | 1,278.1 % |
| Deferred financing and debt redemption costs | (9) | (106) | 97 | 91.5 % |
| Distributions to noncontrolling interests | (244) | (253) | 9 | 3.6 % |
| Contributions from noncontrolling interests | 32 | 43 | (11) | (25.6)% |
| Stock award exercises and other share issuances | (60) | (1) | (59) | (5,900.0)% |
| Share repurchases | (1,539) | (1,458) | (81) | (5.6)% |
| Other | (17) | (8) | (9) | (112.5)% |
| | $ (1,083) | $ (1,847) | $ 764 | 41.4 % |
| Total number of shares repurchased | 13,877,193 | 16,477,378 | (2,600,185) | (15.8)% |
| Free cash flow[(1)] | $ 1,133 | $ 1,188 | $ (55) | (4.6)% |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

(1) For a reconciliation of our free cash flow, see the "Reconciliations of Non-GAAP measures" section below.

*Consolidated cash flows*

Consolidated cash flows from operating activities for 2021 and 2020 were $1,931 million and $1,979 million, respectively. The decrease in cash flow from continuing operations was primarily driven by an increase in total DSO of approximately three days for 2021 compared to an increase of one day in 2020, combined with the net legal settlement payment partially offset by a decrease in cash interest paid.

Cash flows used for investing activities in 2021 decreased $40 million compared to 2020 primarily due to the final settlement payment made for the DMG sale in 2020, as well as a decrease in capital expenditures related to development partially offset by a reduction in proceeds from sale of assets. See below for additional information regarding the growth in our dialysis centers.

Cash flows used in financing activities decreased $764 million in 2021 compared to 2020. Significant sources of cash during 2021 included proceeds from the issuance of $1,000 million in aggregate principal amount of the Additional 2030 Notes as an add-on offering to our 4.625% senior notes due 2030 that were issued at an offering price of 101.750% of face amount in February 2021. Significant uses of cash during 2021 primarily consisted of the repayment in full of borrowings under our revolving line of credit, net payments of regularly scheduled mandatory principal payments under our senior secured credit facilities totaling approximately $88 million on Term Loan A and $27 million on Term Loan B-1 and additional required principal payments under other debt arrangements. In addition, we incurred bond issuance costs of approximately $9 million.

See further discussion in Note 13 to the consolidated financial statements related to debt financing activities. In addition, during the year ended December 31, 2021 we used cash to repurchase 13,877,193 shares of our common stock.

By comparison, in 2020 debt activity primarily consisted of issuances of $1,500 million in aggregate principal amount of 3.75% senior notes due 2031 in August 2020 and $1,750 million in aggregate principal amount of 4.625% senior notes due 2030 in June 2020, as well as a net draw of $75 million on our revolving line of credit. Significant uses of cash during 2020 included the subsequent redemptions in full of $1,500 million in aggregate principal amount of 5.0% senior notes due 2025 in August 2020 and $1,750 million in aggregate principal amount of 5.125% senior notes due 2024 in July 2020. Other net payments during 2020 primarily consisted of regularly scheduled mandatory principal payments under our senior secured credit facilities totaling approximately $55 million on Term Loan A and $27 million on Term Loan B-1 and additional required principal payments under other debt arrangements. In addition, we incurred bond issuance costs of approximately $38 million, debt redemption premium charges related to the redemption of our senior notes due in 2024 and 2025 of approximately $67 million and costs of repricing our Term Loan B of approximately $3 million. See further discussion in Note 13 to the consolidated financial statements related to debt financing activities. For the year ended December 31, 2020 we used cash to repurchase 16,477,378 shares of our common stock.

*Dialysis center capacity and growth*

We are typically able to increase our capacity by extending hours at our existing dialysis centers, expanding our existing dialysis centers, relocating our dialysis centers, developing new dialysis centers and by acquiring dialysis centers. The development of a typical new outpatient dialysis center generally requires approximately $2.3 million for leasehold improvements and other capital expenditures. Based on our experience, a new outpatient dialysis center typically opens within a year after the property lease is signed, normally achieves operating profitability in the second year after Medicare certification, and normally reaches maturity within three to five years. Acquiring an existing outpatient dialysis center requires a substantially greater initial investment, but profitability and cash flows are generally accelerated and more predictable. To a limited extent, we enter into agreements to provide management and administrative services to outpatient dialysis centers in which we own a noncontrolling interest or which are wholly-owned by third parties in return for management fees.

The table below shows the growth in our dialysis operations by number of dialysis centers owned or operated:

| | U.S. | | International | |
|---|---|---|---|---|
| | 2021 | 2020 | 2021 | 2020 |
| Number of centers operated at beginning of year | 2,816 | 2,753 | 321 | 259 |
| Acquired centers | 19 | 8 | 17 | 66 |
| Developed centers | 42 | 81 | 7 | 5 |
| Net change in non-owned managed or administered centers[1] | 3 | — | — | (6) |
| Sold and closed centers[2] | (11) | (6) | (5) | — |
| Closed centers[3] | (54) | (20) | (1) | (3) |
| Number of centers operated at end of year | 2,815 | 2,816 | 339 | 321 |

(1) Represents dialysis centers which we manage or provide administrative services to but in which we own a noncontrolling equity interest or which are wholly-owned by third parties, including our Asia Pacific joint venture centers.

(2) Represents dialysis centers that were sold and/or closed for which the majority of patients were not retained.

(3) Represents dialysis centers that were closed for which the majority of patients were retained and transferred to one of our other existing outpatient dialysis centers.

*Stock repurchases*

The following table summarizes our common stock repurchases during the years ended December 31, 2021 and 2020:

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| | (dollars in millions and shares in thousands, except per share data) | |
| **Open market repurchases** | | |
| Shares | 13,877 | 8,495 |
| Amounts paid | $ 1,546 | $ 742 |
| Average paid per share | $ 111.41 | $ 87.32 |
| | | |
| **Tender offer**[(1)] | | |
| Shares | — | 7,982 |
| Amounts paid | $ — | $ 705 |
| Average paid per share | $ — | $ 88.32 |
| | | |
| **Total** | | |
| Shares | 13,877 | 16,477 |
| Amounts paid | $ 1,546 | $ 1,447 |
| Average paid per share | $ 111.41 | $ 87.80 |

(1) The aggregate amounts paid for shares repurchased pursuant to our tender offer for our shares during the year ended December 31, 2020, include its clearing price of $88.00 per share plus related fees and expenses of $2.5 million.

Subsequent to December 31, 2021, we have repurchased 1,437,107 shares of our common stock for $159 million at an average cost of $110.73 per share through February 9, 2022. We retired all shares of common stock held in treasury effective December 31, 2021 and December 31, 2020.

See further discussion of our share repurchase activity and authorizations in Note 19 to the consolidated financial statements.

*Available liquidity*

As of December 31, 2021, our cash balance was $462 million and we held approximately $22 million in short-term investments. At that time we also had an undrawn $1.0 billion revolving line of credit under our senior secured credit facilities. Credit available under this revolving line of credit is reduced by the amount of any letters of credit outstanding thereunder, of which there were none as of December 31, 2021. As of December 31, 2021 we separately had approximately $69 million in letters of credit outstanding under a separate bilateral secured letter of credit facility.

See Note 13 to the consolidated financial statements for components of our long-term debt and their interest rates.

The COVID-19 pandemic and efforts to prevent its spread have dramatically reduced global economic activity and driven increased volatility in the financial markets. We have maintained business process continuity during the COVID-19 pandemic by enabling most back office teammates to work remotely, and as of the date of this report, we have not experienced a material deterioration in our liquidity position as a result of the COVID-19 crisis. The ultimate impact of the pandemic will depend on future developments that are highly uncertain and difficult to predict.

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our senior secured credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings, which are subject to general, economic, financial, competitive, regulatory and other factors that are beyond our control, as described in Item 1A. Risk Factors under the heading "*The level of our current and future debt could have an adverse impact on our business, and our ability to generate cash to service our indebtedness and for other intended purposes and our ability to maintain compliance with debt covenants depends on many factors beyond our control.*"

**Reconciliations of non-GAAP measures**

The following tables provide reconciliations of adjusted operating income (loss) to operating income (loss) as presented on a U.S. generally accepted accounting principles (GAAP) basis for our U.S. dialysis reportable segment as well as for our U.S. ancillary services, our international business, and for our total ancillary services which combines them and is disclosed as our other segments category. These non-GAAP or "adjusted" measures are presented because management believes these measures are useful adjuncts to, but not alternatives for, our GAAP results.

Specifically, management uses adjusted operating income (loss) to compare and evaluate our performance period over period and relative to competitors, to analyze the underlying trends in our business, to establish operational budgets and forecasts and for incentive compensation purposes. We believe this non-GAAP measure is also useful to investors and analysts in evaluating our performance over time and relative to competitors, as well as in analyzing the underlying trends in our business. We also believe this presentation enhances a user's understanding of our normal operating income by excluding certain items which we do not believe are indicative of our ordinary results of operations.

In addition, our effective income tax rate on income from continuing operations attributable to DaVita Inc. excludes noncontrolling owners' income, which primarily relates to non-tax paying entities. We believe this adjusted effective income tax rate is useful to management, investors and analysts in evaluating our performance and establishing expectations for income taxes incurred on our ordinary results attributable to DaVita Inc.

Finally, our free cash flow from continuing operations represents net cash provided by operating activities from continuing operations less distributions to noncontrolling interests and all capital expenditures (including development capital expenditures, routine maintenance and information technology), plus contributions from noncontrolling interests and proceeds from the sale of self-developed properties. Management uses this measure to assess our ability to fund acquisitions and meet our debt service obligations and we believe this measure is equally useful to investors and analysts as an adjunct to cash flows from operating activities from continuing operations and other measures under GAAP.

It is important to bear in mind that these non-GAAP "adjusted" measures are not measures of financial performance under GAAP and should not be considered in isolation from, nor as substitutes for, their most comparable GAAP measures.

| | Year ended December 31, 2021 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income (loss) | $ 1,975 | $ (108) | $ 42 | $ (66) | $ (112) | $ 1,797 |
| Adjusted operating income (loss) | $ 1,975 | $ (108) | $ 42 | $ (66) | $ (112) | $ 1,797 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, 2020 | | | | | |
|---|---|---|---|---|---|---|
| | U.S. dialysis | Ancillary services | | | Corporate administration | Consolidated |
| | | U.S. | International | Total | | |
| | (dollars in millions) | | | | | |
| Operating income (loss) | $ 1,918 | $ (99) | $ 23 | $ (76) | $ (147) | $ 1,695 |
| Loss on changes in ownership interests, net | | 16 | | 16 | | 16 |
| Accruals for legal matters | | | | | 35 | 35 |
| Adjusted operating income (loss) | $ 1,918 | $ (83) | $ 23 | $ (60) | $ (112) | $ 1,746 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| | (dollars in millions) | |
| Income from continuing operations before income taxes | $ 1,518 | $ 1,318 |
| Less: Noncontrolling owners' income primarily attributable to non-tax paying entities | (234) | (222) |
| Income from continuing operations before income taxes attributable to DaVita Inc. | $ 1,284 | $ 1,097 |
| Income tax expense for continuing operations | $ 307 | $ 314 |
| Income tax attributable to noncontrolling interests | (1) | (1) |
| Income tax expense from continuing operations attributable to DaVita Inc. | $ 306 | $ 313 |
| Effective income tax rate on income from continuing operations attributable to DaVita Inc. | 23.8 % | 28.6 % |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| | (dollars in millions) | |
| Net cash provided by operating activities | $ 1,931 | $ 1,979 |
| Adjustments to reconcile net cash provided by continuing operating activities to free cash flow from continuing operations: | | |
| Distributions to noncontrolling interests | (244) | (253) |
| Contributions from noncontrolling interests | 32 | 43 |
| Expenditures for routine maintenance and information technology | (421) | (399) |
| Expenditures for development | (220) | (275) |
| Proceeds from sale of self-developed properties | 56 | 93 |
| Free cash flow | $ 1,133 | $ 1,188 |

Certain columns or rows may not sum or recalculate due to the presentation of rounded numbers.

**Off-balance sheet arrangements and aggregate contractual obligations**

In addition to the debt obligations and operating lease liabilities reflected on our balance sheet, we have commitments associated with letters of credit, as well as certain working capital funding obligations associated with our equity investments in nonconsolidated dialysis ventures that we manage and some we manage that are wholly-owned by third parties.

We also have potential obligations to purchase the noncontrolling interests held by third parties in many of our majority-owned dialysis partnerships and other nonconsolidated entities. These obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods as outlined in each specific put provision. For additional information see Note 17 to the consolidated financial statements.

The following is a summary of these cash contractual obligations and commitments as of December 31, 2021:

| | 2022 | 2023-2024 | 2025-2026 | Thereafter | Total |
|---|---|---|---|---|---|
| | (dollars in millions) | | | | |
| Debt and leases: | | | | | |
| Long-term debt[1]: | | | | | |
| Principal payments | $ 155 | $ 1,589 | $ 2,633 | $ 4,289 | $ 8,666 |
| Interest payments on credit facilities and senior notes | 258 | 503 | 446 | 698 | 1,905 |
| Financing leases[2] | 24 | 54 | 60 | 161 | 299 |
| Operating leases, including imputed interest[2] | 494 | 974 | 775 | 1,294 | 3,537 |
| | $ 931 | $ 3,120 | $ 3,914 | $ 6,442 | $ 14,407 |
| Partnership interests subject to put provisions:[3] | | | | | |
| On-balance sheet: | | | | | |
| Noncontrolling interests subject to put provisions | 1,150 | 151 | 64 | 70 | 1,435 |
| Off-balance sheet: | | | | | |
| Non-owned and minority owned put provisions | 117 | 5 | | | 122 |
| | $ 1,267 | $ 156 | $ 64 | $ 70 | $ 1,557 |

(1) See Note 13 to the consolidated financial statements for components of our long-term debt and related interest rates.

(2) See Note 14 to the consolidated financial statements for components of our leases and related interest rates.

(3) Represents amounts for which we are contractually committed, should the outside partner exercise its put option.

As of December 31, 2021 we have outstanding letters of credit in the aggregate amount of $69 million under a separate bilateral secured letter of credit facility.

In 2017, we entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires on December 31, 2022. Under the terms of the agreement, we will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that we will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that we serve.

As of December 31, 2021 we have outstanding purchase agreements with various suppliers to purchase set amounts of dialysis equipment, parts, and supplies. If we fail to meet the minimum purchase commitments under these contracts during any year, we are required to pay the difference to the supplier. For additional information see Note 17 to the consolidated financial statements.

We also have certain potential commitments to provide working capital funding, if necessary, to certain nonconsolidated dialysis businesses that we manage and in which we own a noncontrolling equity interest or which are wholly-owned by third parties. For additional information see Note 17 to the consolidated financial statements.

Additionally, we expect our 2022 capital expenditures to be in alignment with 2021 capital expenditures.

In addition, we have approximately $88 million of existing income tax liabilities for unrecognized tax benefits, including interest, penalties and other long-term tax liabilities. We expect a significant portion of these settlements to be paid in 2022.

**Contingencies**

The information in Note 16 to the consolidated financial statements included in this report is incorporated by reference in response to this item.

**Critical accounting policies, estimates and judgments**

Our consolidated financial statements and accompanying notes are prepared in accordance with United States generally accepted accounting principles. These accounting principles require us to make estimates, judgments and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions (redeemable equity interests). All significant estimates, judgments and assumptions are developed based on the best information available to us at the time made and are regularly reviewed and updated when necessary. Actual results will generally differ from these estimates, and such differences may be material. Changes in estimates are reflected in our financial statements in the period of change based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Certain accounting estimates, including those concerning revenue recognition and accounts receivable, fair value estimates for goodwill and noncontrolling interests, accounting for income taxes, and loss contingencies are considered to be critical to evaluating and understanding our financial results because they involve inherently uncertain matters and their application requires the most difficult and complex judgments and estimates. For additional information, see Part II Item 15, "*Exhibits, Financial Statement Schedules" – Note 1 – "Organization and summary of significant accounting policies*" as referred from Part II Item 8, "*Financial Statements and Supplementary Data*."

*U.S. dialysis revenue recognition and accounts receivable*. There are significant estimating risks associated with the amount of U.S. dialysis revenue that we recognize in a given reporting period. Payment rates are often subject to significant uncertainties related to wide variations in the coverage terms of the commercial healthcare plans under which we receive payments. In addition, ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage, and other payor issues complicate the billing and collection process. The measurement and recognition of revenue requires the use of estimates of the amounts that will ultimately be realized considering, among other items, retroactive adjustments that may be associated with regulatory reviews, audits, billing reviews and other matters.

Revenues associated with Medicare and Medicaid programs are recognized based on (a) the payment rates that are established by statute or regulation for the portion of the payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, the estimated amounts that will ultimately be collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient. Our dialysis related reimbursements from Medicare are subject to certain variations under Medicare's single bundled payment rate system whereby our reimbursements can be adjusted for

certain patient characteristics and other variable factors. Our revenue recognition depends upon our ability to effectively capture, document and bill for Medicare's base payment rate and these other factors. In addition, as a result of the potential range of variations that can occur in our dialysis-related reimbursements from Medicare under the single bundled payment rate system, our revenue recognition is subject to a greater degree of estimating risk.

Commercial healthcare plans, including contracted managed-care payors, are billed at our usual and customary rates; however, revenue is recognized based on estimated net realizable revenue for the services provided. Net realizable revenue is estimated based on contractual terms for the patients covered under commercial healthcare plans with which we have formal agreements, non-contracted commercial healthcare plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in our billing and collection processes that can result in denied claims for payments, the estimated timing of collections, changes in our expectations of the amounts that we expect to collect and regulatory compliance matters. Determining applicable primary and secondary coverage for our approximately 203,100 U.S. dialysis patients at any point in time, together with the changes in patient coverages that occur each month, requires complex, resource-intensive processes. Collections, refunds and payor retractions typically continue to occur for up to three years or longer after services are provided.

We generally expect the range of our U.S. dialysis revenue estimating risk to be within 1% of revenue, which can represent as much as approximately 5% of our U.S. dialysis business's adjusted operating income. Changes in estimates are reflected in the then-current financial statements based on on-going actual experience trends, or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies. Changes in revenue estimates for prior periods are separately disclosed and reported if material to the current reporting period and longer term trend analyses, and have not been significant.

Revenues for laboratory services, which are integrally related to our dialysis services, are recognized in the period services are provided at the estimated net realizable amounts to be received.

*Certain fair value estimates.* Fair value measurements and estimates affect, or potentially affect, a variety of elements in the Company's financial statements. Two of the elements most significantly impacted by fair value estimates are the Company's goodwill impairment assessments and remeasurements of its noncontrolling interests subject to put provisions balance.

Goodwill is not amortized, but is assessed for impairment when changes in circumstances warrant and at least annually. An impairment charge is recorded when and to the extent a reporting unit's carrying amount is determined to exceed its estimated fair value. Changes in circumstance that may trigger a goodwill impairment assessment for one of our business units can include, among others, changes in the legal environment, addressable market, business strategy, development or business plans, reimbursement structure, operating performance, future prospects, relationships with partners, and/or market value indications for the subject business. We use a variety of factors to assess changes in the financial condition, future prospects and other circumstances for businesses subject to goodwill impairment assessment. However, these assessments and the related valuations can involve significant uncertainties and require significant judgment on various matters. See Note 10 to the consolidated financial statements for a sensitivity summary on the Company's reporting units considered at risk of goodwill impairment as of December 31, 2021.

The Company is also required to remeasure its noncontrolling interests subject to put provisions to estimated fair value each reporting period. These estimates also require substantive judgment on meaningful uncertainties concerning this significant balance. See Notes 17 and 24 to the consolidated financial statements for a summary of the Company's approach to these valuations, the variables and uncertainties involved, and the sensitivity of these valuations to changes in a primary aggregate valuation metric.

*Accounting for income taxes*. Our income tax expense, deferred tax assets and liabilities, and liabilities for unrecognized tax benefits reflect management's best assessment of estimated current and future taxes to be paid. We are subject to income taxes in the United States and numerous state and foreign jurisdictions, and changes in tax laws or regulations may be proposed or enacted that could adversely affect our overall tax liability. The actual impact of any such laws or regulations could be materially different from our current estimates.

Significant judgments and estimates are required in determining our consolidated income tax expense. Deferred income taxes arise from temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements, which will result in taxable or deductible amounts in the future. In evaluating our ability to recover our deferred tax assets within the jurisdictions from which they arise, we consider all available positive and negative evidence, including scheduled reversals of deferred tax liabilities, projected future taxable income, tax planning strategies, results of recent operations, and assumptions about the amount of future federal, state, and foreign pre-tax operating income adjusted for items that do not have tax consequences. The assumptions about future taxable income require significant judgments and are consistent with the plans and estimates we use to manage the underlying businesses. To the extent that recovery is not likely, a

valuation allowance is established. The allowance is regularly reviewed and updated for changes in circumstances that would cause a change in judgment about the realizability of the related deferred tax assets.

*Loss contingencies.* As discussed in Notes 1 and 16 to the consolidated financial statements, we operate in a highly regulated industry and are party to various lawsuits, claims, qui tam suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from our obligation to self-report suspected violations of law), contract disputes and other legal proceedings. Assessments of such matters can involve a series of complex judgments about future events and can rely heavily on estimates and assumptions. We record accruals for loss contingencies on such matters to the extent that we determine an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. See Note 16 to the consolidated financial statements included in this report for further discussion.

**Significant new accounting standards**

See Note 1 to the consolidated financial statements included in this report for information regarding certain recent financial accounting standards that have been issued by the FASB.

**Item 7A. Quantitative and Qualitative Disclosures about Market Risk.**

**Interest rate sensitivity**

The tables below provide information about our financial instruments that are sensitive to changes in interest rates. The first table below presents principal repayments and current weighted average interest rates on our debt obligations as of December 31, 2021. The variable rates presented reflect the weighted average LIBOR rates in effect for all debt tranches plus interest rate margins in effect as of December 31, 2021. The Term Loan A interest rate margin in effect at December 31, 2021, was 1.50%. At December 31, 2021, the Term Loan B-1 interest rate margin in effect was 1.75%. The interest rates in effect on our Term Loan A and revolving line of credit are subject to adjustment depending upon changes in our leverage ratio.

| | Expected maturity date | | | | | | | Average interest rate | Fair value[1] |
|---|---|---|---|---|---|---|---|---|---|
| | 2022 | 2023 | 2024 | 2025 | 2026 | Thereafter | Total | | |
| | (dollars in millions) | | | | | | | | |
| Long term debt: | | | | | | | | | |
| Fixed rate | $ 35 | $ 40 | $ 31 | $ 32 | $ 42 | $ 4,447 | $ 4,627 | 4.44 % | $ 4,363 |
| Variable rate | $ 144 | $ 178 | $ 1,394 | $ 36 | $ 2,583 | $ 3 | $ 4,338 | 2.20 % | $ 4,336 |

(1) Represents the fair value of our long-term debt excluding financing leases.

| | Notional amount | Contract maturity date | | | | | Receive variable | Fair value |
|---|---|---|---|---|---|---|---|---|
| | | 2022 | 2023 | 2024 | 2025 | 2026 | | |
| | (dollars in millions) | | | | | | | |
| 2019 interest rate cap agreements | $ 3,500 | $ — | $ — | $ 3,500 | $ — | $ — | LIBOR above 2.0% | $ 12.2 |

For a further discussion of our debt, see Note 13 to our consolidated financial statements at Part II Item 15, "*Exhibits, Financial Statement Schedules" – Note 13* as referred from Part II Item 8, "*Financial Statements and Supplementary Data*."

We believe that our cash flow from operations and other sources of liquidity, including from amounts available under our current credit facilities and our access to the capital markets, will be sufficient to fund our scheduled debt service under the terms of our debt agreements and other obligations for the foreseeable future, including the next 12 months. Our primary recurrent sources of liquidity are cash from operations and cash from borrowings.

One means of assessing exposure to debt-related interest rate changes is a duration-based analysis that measures the potential loss in net income resulting from a hypothetical increase in interest rates of 100 basis points across all variable rate maturities (referred to as a parallel shift in the yield curve). Under this model, with all else constant, it is estimated that such an increase would have reduced net income by approximately $33.8 million, $34.8 million, and $32.4 million, net of tax, for the years ended December 31, 2021, 2020, and 2019, respectively.

*Exchange rate sensitivity*

While our business is predominantly conducted in the U.S., we have developing operations in ten other countries as well. For financial reporting purposes, the U.S. dollar is our reporting currency. However, the functional currencies of our operating businesses in other countries are typically those of the countries in which they operate. Therefore, changes in the rate of

exchange between the U.S. dollar and the local currencies in which our international operations are conducted affect our results of operations and financial position as reported in our consolidated financial statements.

We have consolidated the balance sheets of our non-U.S. dollar denominated operations into U.S. dollars at the exchange rates prevailing at the balance sheet dates and have translated their revenues and expense at average exchange rates during each period. Additionally, our individual subsidiaries are exposed to transactional risks mainly resulting from intercompany transactions between and among subsidiaries with different functional currencies. This exposes the subsidiaries to fluctuations in the rate of exchange between the invoicing or obligation currencies and the currency in which their local operations are conducted.

We evaluate our exposure to foreign exchange risk through the judgment of our international and corporate management teams. Through 2021, our international operations have remained fairly small relative to the size of our consolidated financial statements, constituting approximately 9% of our consolidated assets and approximately 6% of our consolidated revenues for the year ended December 31, 2021, with no single country constituting more than 3% of consolidated assets. In addition, our unrealized foreign currency translation losses were approximately 5%, 0.4%, and 1% of our consolidated operating income for the years ended December 31, 2021, 2020 and 2019.

Given the relatively small size of our international operations, management does not consider our exposure to foreign exchange risk to be significant to the consolidated enterprise. As such, through December 31, 2021, we have not engaged in transactions to hedge the exposure of our international transactions or net investments to foreign currency risk.

**Item 8. Financial Statements and Supplementary Data.**

See the Index to Financial Statements and Index to Financial Statement Schedules included at Item 15, "*Exhibits, Financial Statement Schedules."*

**Item 9. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.**

None.

**Item 9A. Controls and Procedures.**

Management has established and maintains disclosure controls and procedures designed to ensure that information required to be disclosed in the reports that it files or submits pursuant to the Securities Exchange Act of 1934 (Exchange Act) as amended is recorded, processed, summarized and reported within the time periods specified in the SEC’s rules and forms, and that such information is accumulated and communicated to our management including our Chief Executive Officer (CEO) and Chief Financial Officer (CFO) as appropriate to allow for timely decisions regarding required disclosures.

At the end of the period covered by this report, we carried out an evaluation, under the supervision and with the participation of our CEO and CFO, of the effectiveness of the design and operation of the Company's disclosure controls and procedures in accordance with the Exchange Act requirements as of December 31, 2021. Based upon that evaluation, the CEO and CFO concluded that the Company's disclosure controls and procedures were effective as required by the Exchange Act as of such date for our Exchange Act reports, including this report. Management recognizes that these controls and procedures can provide only reasonable assurance of desired outcomes, and that estimates and judgments are still inherent in the process of maintaining effective controls and procedures.

There was no change in the Company's internal control over financial reporting that was identified during the evaluation that occurred during the fourth fiscal quarter of 2021 that has materially affected, or is reasonably likely to materially affect, the Company's internal control over financial reporting.

**Item 9B. Other Information.**

None.

**Item 9C. Disclosure Regarding Foreign Jurisdictions that Prevent Inspections.**

Not applicable.

## PART III

### Item 10. Directors, Executive Officers and Corporate Governance.

We intend to disclose any amendments or waivers to the Code of Ethics applicable to our principal executive officer, principal financial officer, principal accounting officer or controller or persons performing similar functions, on our website located at http://www.davita.com. In 2002, we adopted a Corporate Governance Code of Ethics that applies to our principal executive officer, principal financial officer, principal accounting officer or controller, and to all of our financial accounting and legal professionals who are directly or indirectly involved in the preparation, reporting and fair presentation of our financial statements and Exchange Act reports. The Code of Ethics is posted on our website, located at http://www.davita.com. We also maintain a Corporate Code of Conduct that applies to all of our employees, officers and directors, which is posted on our website.

Under our Corporate Governance Guidelines all Board Committees including the Audit Committee, Nominating and Governance Committee and the Compensation Committee, which are comprised solely of independent directors as defined within the listing standards of the New York Stock Exchange, have written charters that outline the committee's purpose, goals, membership requirements and responsibilities. These charters are regularly reviewed and updated as necessary by our Board of Directors. All Board Committee charters as well as the Corporate Governance Guidelines are posted on our website located at http://www.davita.com.

The other information required to be disclosed by this item will appear in, and is incorporated by reference from, the sections entitled "*Proposal 1 Election of Directors"*, "*Corporate Governance"*, and "*Security Ownership of Certain Beneficial Owners and Management"* to be included in our definitive proxy statement relating to our 2022 annual stockholder meeting.

### Item 11. Executive Compensation.

The information required by this item will appear in, and is incorporated by reference from, the sections entitled "*Executive Compensation*", "*Pay Ratio Disclosure*", "*Compensation of Directors*" and "*Compensation Committee Interlocks and Insider Participation*" included in our definitive proxy statement relating to our 2022 annual stockholder meeting. The information required by Item 407(e)(5) of Regulation S-K will appear in and is incorporated by reference from the section entitled "*Compensation Committee Report"* to be included in our definitive proxy statement relating to our 2022 annual stockholder meeting; however, this information shall not be deemed to be filed.

### Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.

The following table provides information about our common stock that may be issued upon the exercise of stock-settled stock appreciation rights, restricted stock units and other rights under all of our existing equity compensation plans as of December 31, 2021, which consist of our 2020 Incentive Award Plan, 2011 Incentive Award Plan and our Employee Stock Purchase Plan. The material terms of these plans are described in Note 18 to the consolidated financial statements.

| Plan category (shares in thousands) | Number of shares to be issued upon exercise of outstanding options, warrants and rights[1] | Weighted average exercise price of outstanding options, warrants and rights[2] | Number of shares remaining available for future issuance under equity compensation plans (excluding securities reflected in column (a)) | Total of shares reflected in columns (a) and (c) |
|---|---|---|---|---|
| | *(a)* | *(b)* | *(c)* | *(d)* |
| Equity compensation plans approved by shareholders | 9,743 | $ 64.66 | 13,658 | 23,401 |
| Equity compensation plans not requiring shareholder approval | — | — | — | — |
| Total | 9,743 | $ 64.66 | 13,658 | 23,401 |

(1) Includes 829 shares of common stock reserved for issuance in connection with performance share units at the maximum number of shares issuable thereunder.

(2) This weighted average excludes full value awards such as restricted stock units and performance share units.

Other information required to be disclosed by Item 12 will appear in, and is incorporated by reference from, the section entitled "*Security Ownership of Certain Beneficial Owners and Management"* to be included in our definitive proxy statement relating to our 2022 annual stockholder meeting.

**Item 13. Certain Relationships and Related Transactions, and Director Independence.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled "*Certain Relationships and Related Transactions"* and the section entitled "*Corporate Governance"* to be included in our definitive proxy statement relating to our 2022 annual stockholder meeting.

**Item 14. Principal Accounting Fees and Services.**

The information required by this item will appear in, and is incorporated by reference from, the section entitled "*Proposal 2 Ratification of the Appointment of our Independent Registered Public Accounting Firm"* to be included in our definitive proxy statement relating to our 2022 annual stockholder meeting.

## PART IV

**Item 15. Exhibits, Financial Statement Schedules.**

**(a) Documents filed as part of this Report:**

*(1) Index to Financial Statements:*


| | Page |
|---|---|
| Management's Report on Internal Control Over Financial Reporting | F-1 |
| Report of Independent Registered Public Accounting Firm | F-2 |
| Report of Independent Registered Public Accounting Firm | F-4 |
| Consolidated Statements of Income for the years ended December 31, 2021, 2020, and 2019 | F-5 |
| Consolidated Statements of Comprehensive Income for the years ended December 31, 2021, 2020, and 2019 | F-6 |
| Consolidated Balance Sheets as of December 31, 2021, and 2020 | F-7 |
| Consolidated Statements of Cash Flow for the years ended December 31, 2021, 2020, and 2019 | F-8 |
| Consolidated Statements of Equity for the years ended December 31, 2021, 2020, and 2019 | F-9 |
| Notes to Consolidated Financial Statements | F-11 |


*(2) Index to Financial Statement Schedules:*


Schedule II—Valuation and Qualifying Accounts S-3


*(3) Exhibits*

The information required by this Item is set forth in the Exhibit Index that precedes the signature pages of this Annual Report on Form 10-K.

**Item 16. Form 10-K Summary.**

None.

**DAVITA INC.**

**MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING**

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (i) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (ii) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (iii) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "*Internal Control—Integrated Framework (2013)"* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2021.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

**Report of Independent Registered Public Accounting Firm**

To the Stockholders and Board of Directors
DaVita Inc.:

*Opinion on the Consolidated Financial Statements*

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries (the Company) as of December 31, 2021 and 2020, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2021, and the related notes and financial statement Schedule II - Valuation and Qualifying Accounts (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2021 and 2020, and the results of its operations and its cash flows for each of the years in the three-year period ended December 31, 2021, in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company's internal control over financial reporting as of December 31, 2021, based on criteria established in *Internal Control – Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 11, 2022 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

*Basis for Opinion*

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audits provide a reasonable basis for our opinion.

*Critical Audit Matters*

The critical audit matters communicated below are matters arising from the current period audit of the consolidated financial statements that were communicated or required to be communicated to the audit committee and that: (1) relate to accounts or disclosures that are material to the consolidated financial statements and (2) involved our especially challenging, subjective, or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing separate opinions on the critical audit matters or on the accounts or disclosures to which they relate.

*U.S. dialysis patient service revenue recognition*

As discussed in Notes 1 and 2 to the consolidated financial statements, the Company recognized $10,642 million in U.S. dialysis patient service revenue for the year ended December 31, 2021. There are uncertainties associated with estimating U.S. dialysis patient service revenue, which generally take several years to resolve. As these estimates are refined over time, both positive and negative adjustments are recognized in the current period.

We identified the recognition of the transaction price the Company expects to collect as a result of satisfying its performance obligations related to U.S. dialysis patient service revenue as a critical audit matter because it involves estimation that requires complex auditor judgment. The key assumptions and inputs used to estimate the transaction price relate to ongoing insurance coverage changes, differing interpretations of contract coverage, determination of applicable primary and secondary coverage, coordination of benefits, and varying patient characteristics impacting Medicare reimbursements. Changes to the key assumptions and inputs used in the application of the methodology may have a significant effect on the Company's determination of the estimate.

The following are the primary procedures we performed to address this critical audit matter. We evaluated the design and tested the operating effectiveness of certain internal controls over the Company's U.S. dialysis patient service revenue recognition process, including controls related to the application of the methodology used to estimate the transaction price, and the key assumptions and inputs. We evaluated the Company's key assumptions and inputs to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations by comparing key assumptions to historical collection experience, trends of refunds and payor payment adjustments, delays in the Company's billing and collection process and regulatory compliance matters. Additionally, we compared U.S. dialysis patient service revenue related to the transaction price estimates recognized in prior periods to actual cash collections related to performance obligations satisfied in prior periods to analyze the Company's ability to estimate the transaction price the Company expects to collect as a result of satisfying its performance obligations. We developed an estimate of U.S. dialysis patient service revenue based on actual and expected cash collections and compared the estimate to U.S. dialysis patient service revenue recorded by the Company for the year ended December 31, 2021.

*Evaluation of legal proceedings and regulatory matters*

As discussed in Note 16 to the consolidated financial statements, the Company operates in a highly regulated industry and is a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law) and other legal proceedings. The Company records accruals for certain legal proceedings and regulatory matters to the extent an unfavorable outcome is probable and the amount of the loss can be reasonably estimated.

We identified the evaluation of legal proceedings and regulatory matters as a critical audit matter. Due to the nature of the legal proceedings and regulatory matters, a high degree of subjectivity was required in evaluating the completeness of the Company's population of legal proceedings and regulatory matters. Additionally, complex auditor judgment was required in evaluating the Company's probability of outcome assessment, and related disclosures.

The following are the primary procedures we performed to address this critical audit matter. We evaluated the design and tested the operating effectiveness of certain internal controls over the Company's legal proceedings and regulatory matters process. This includes controls over the Company's determination of the completeness of the population of legal proceedings and regulatory matters, as well as controls over the Company's probability of outcome assessment, and related disclosures. We tested existing legal proceedings and regulatory matters by reading certain written correspondence received from outside parties as well as reading certain written responses provided to outside parties. We read letters received directly from the Company's external and internal legal counsel that described certain legal proceedings and regulatory matters. We involved forensic professionals with specialized skills and knowledge who inspected the Company's compliance case log. Additionally, we assessed the completeness of the population of legal proceedings and regulatory matters and related disclosures by 1) inquiring of certain key executives and directors and 2) evaluating information received through procedures described above and through publicly available information about the Company, its competitors, and the industry.

/s/ KPMG LLP

We have served as the Company's auditor since 2000.

Seattle, Washington
February 11, 2022

**Report of Independent Registered Public Accounting Firm**

To the Stockholders and Board of Directors
DaVita Inc.:

*Opinion on Internal Control Over Financial Reporting*

We have audited DaVita Inc. and subsidiaries' (the Company) internal control over financial reporting as of December 31, 2021, based on criteria established in *Internal Control – Integrated Framework (2013*) issued by the Committee of Sponsoring Organizations of the Treadway Commission. In our opinion, the Company maintained, in all material respects, effective internal control over financial reporting as of December 31, 2021, based on criteria established in *Internal Control – Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated balance sheets of the Company as of December 31, 2021 and 2020, the related consolidated statements of income, comprehensive income, equity, and cash flow for each of the years in the three-year period ended December 31, 2021, and the related notes and financial statement Schedule II - Valuation and Qualifying Accounts (collectively, the consolidated financial statements), and our report dated February 11, 2022 expressed an unqualified opinion on those consolidated financial statements.

*Basis for Opinion*

The Company’s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying Management's Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Company’s internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit of internal control over financial reporting included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

*Definition and Limitations of Internal Control Over Financial Reporting*

A company’s internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company’s internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company’s assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

/s/ KPMG LLP

Seattle, Washington
February 11, 2022

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF INCOME**
**(dollars and shares in thousands, except per share data)**

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Dialysis patient service revenues | $ 11,213,515 | $ 11,026,251 | $ 10,896,706 |
| Other revenues | 405,282 | 524,353 | 491,773 |
| Total revenues | 11,618,797 | 11,550,604 | 11,388,479 |
| Operating expenses: | | | |
| Patient care costs | 7,972,414 | 7,988,613 | 7,914,485 |
| General and administrative | 1,195,335 | 1,247,584 | 1,103,312 |
| Depreciation and amortization | 680,615 | 630,435 | 615,152 |
| Equity investment income, net | (26,937) | (26,916) | (12,679) |
| Goodwill impairment charges | — | — | 124,892 |
| Loss on changes in ownership interest, net | — | 16,252 | — |
| Total operating expenses | 9,821,427 | 9,855,968 | 9,745,162 |
| Operating income | 1,797,370 | 1,694,636 | 1,643,317 |
| Debt expense | (285,254) | (304,111) | (443,824) |
| Debt prepayment, refinancing and redemption charges | — | (89,022) | (33,402) |
| Other income, net | 6,378 | 16,759 | 29,348 |
| Income from continuing operations before income taxes | 1,518,494 | 1,318,262 | 1,195,439 |
| Income tax expense | 306,732 | 313,932 | 279,628 |
| Net income from continuing operations | 1,211,762 | 1,004,330 | 915,811 |
| Net (loss) income from discontinued operations, net of tax | — | (9,653) | 105,483 |
| Net income | 1,211,762 | 994,677 | 1,021,294 |
| Less: Net income attributable to noncontrolling interests | (233,312) | (221,035) | (210,313) |
| Net income attributable to DaVita Inc. | $ 978,450 | $ 773,642 | $ 810,981 |
| | | | |
| **Earnings per share attributable to DaVita Inc.:** | | | |
| Basic net income from continuing operations | $ 9.30 | $ 6.54 | $ 4.61 |
| Basic net income | $ 9.30 | $ 6.46 | $ 5.29 |
| Diluted net income from continuing operations | $ 8.90 | $ 6.39 | $ 4.60 |
| Diluted net income | $ 8.90 | $ 6.31 | $ 5.27 |
| | | | |
| **Weighted average shares for earnings per share:** | | | |
| Basic shares | 105,230 | 119,797 | 153,181 |
| Diluted shares | 109,948 | 122,623 | 153,812 |
| | | | |
| **Amounts attributable to DaVita Inc.:** | | | |
| Net income from continuing operations | $ 978,450 | $ 783,295 | $ 706,832 |
| Net (loss) income from discontinued operations | — | (9,653) | 104,149 |
| Net income attributable to DaVita Inc. | $ 978,450 | $ 773,642 | $ 810,981 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF COMPREHENSIVE INCOME**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Net income | $ 1,211,762 | $ 994,677 | $ 1,021,294 |
| Other comprehensive loss, net of tax: | | | |
| Unrealized gains (losses) on interest rate cap agreements: | | | |
| Unrealized gains (losses) | 7,155 | (16,346) | 1,151 |
| Reclassification into net income | 4,133 | 5,313 | 6,377 |
| Unrealized losses on foreign currency translation | (84,381) | (7,623) | (20,102) |
| Other comprehensive loss | (73,093) | (18,656) | (12,574) |
| Total comprehensive income | 1,138,669 | 976,021 | 1,008,720 |
| Less: Comprehensive income attributable to noncontrolling interests | (233,312) | (221,035) | (210,313) |
| Comprehensive income attributable to DaVita Inc. | $ 905,357 | $ 754,986 | $ 798,407 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED BALANCE SHEETS**
**(dollars and shares in thousands, except per share data)**

| | December 31, 2021 | December 31, 2020 |
|---|---|---|
| **ASSETS** | | |
| Cash and cash equivalents | $ 461,900 | $ 324,958 |
| Restricted cash and equivalents | 93,060 | 176,832 |
| Short-term investments | 22,310 | 20,101 |
| Accounts receivable | 1,957,583 | 1,824,282 |
| Inventories | 107,428 | 111,625 |
| Other receivables | 427,321 | 544,376 |
| Prepaid and other current assets | 72,517 | 76,387 |
| Income tax receivable | 25,604 | 70,163 |
| Total current assets | 3,167,723 | 3,148,724 |
| Property and equipment, net of accumulated depreciation | 3,479,972 | 3,521,824 |
| Operating lease right-of-use assets | 2,824,787 | 2,863,089 |
| Intangible assets, net of accumulated amortization | 177,693 | 166,585 |
| Equity method and other investments | 238,881 | 257,491 |
| Long-term investments | 49,514 | 32,193 |
| Other long-term assets | 136,677 | 79,501 |
| Goodwill | 7,046,241 | 6,919,109 |
| | $ 17,121,488 | $ 16,988,516 |
| **LIABILITIES AND EQUITY** | | |
| Accounts payable | $ 402,049 | $ 434,253 |
| Other liabilities | 709,345 | 810,529 |
| Accrued compensation and benefits | 659,960 | 685,555 |
| Current portion of operating lease liabilities | 394,357 | 369,497 |
| Current portion of long-term debt | 179,030 | 168,541 |
| Income tax payable | 53,792 | 7,768 |
| Total current liabilities | 2,398,533 | 2,476,143 |
| Long-term operating lease liabilities | 2,672,713 | 2,738,670 |
| Long-term debt | 8,729,150 | 7,917,263 |
| Other long-term liabilities | 119,158 | 150,060 |
| Deferred income taxes | 830,954 | 809,600 |
| Total liabilities | 14,750,508 | 14,091,736 |
| Commitments and contingencies | | |
| Noncontrolling interests subject to put provisions | 1,434,832 | 1,330,028 |
| Equity: | | |
| Preferred stock ($0.001 par value, 5,000 shares authorized; none issued) | | |
| Common stock ($0.001 par value, 450,000 shares authorized; 97,289 and 109,933 shares issued and outstanding at December 31, 2021, and 2020, respectively) | 97 | 110 |
| Additional paid-in capital | 540,321 | 597,073 |
| Retained earnings | 354,337 | 852,537 |
| Accumulated other comprehensive loss | (139,247) | (66,154) |
| Total DaVita Inc. shareholders' equity | 755,508 | 1,383,566 |
| Noncontrolling interests not subject to put provisions | 180,640 | 183,186 |
| Total equity | 936,148 | 1,566,752 |
| | $ 17,121,488 | $ 16,988,516 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF CASH FLOW**
**(dollars in thousands)**

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| **Cash flows from operating activities:** | | | |
| Net income | $ 1,211,762 | $ 994,677 | $ 1,021,294 |
| Adjustments to reconcile net income to net cash provided by operating activities: | | | |
| Depreciation and amortization | 680,615 | 630,435 | 615,152 |
| Impairment charges | — | — | 124,892 |
| Debt prepayment, refinancing and redemption charges | — | 86,957 | 33,402 |
| Stock-based compensation expense | 102,209 | 91,458 | 67,850 |
| Deferred income taxes | 60,483 | 240,848 | 41,723 |
| Equity investment loss, net | 5,215 | 13,830 | 8,582 |
| Loss on sales of business interests, net | — | 24,248 | 23,022 |
| Other non-cash charges, net | 11,231 | 747 | 49,579 |
| Changes in operating assets and liabilities, net of effect of acquisitions and divestitures: | | | |
| Accounts receivable | (138,140) | (21,087) | (79,957) |
| Inventories | 5,720 | (12,349) | 10,158 |
| Other receivables and prepaid and other current assets | 128,661 | (79,277) | 2,790 |
| Other long-term assets | (26,387) | (6,123) | 6,965 |
| Accounts payable | (30,320) | 37,200 | (84,539) |
| Accrued compensation and benefits | (16,717) | (20,931) | (14,697) |
| Other current liabilities | (93,645) | 105,637 | 181,940 |
| Income taxes | 36,921 | (87,391) | 95,645 |
| Other long-term liabilities | (6,732) | (19,851) | (31,446) |
| Net cash provided by operating activities | 1,930,876 | 1,979,028 | 2,072,355 |
| **Cash flows from investing activities:** | | | |
| Additions of property and equipment | (641,465) | (674,541) | (766,546) |
| Acquisitions | (187,050) | (182,013) | (100,861) |
| Proceeds from asset and business sales | 61,464 | 50,139 | 3,877,392 |
| Purchase of debt investments held-to-maturity | (30,849) | (150,701) | (101,462) |
| Purchase of other debt and equity investments | (2,987) | (3,757) | (5,458) |
| Proceeds from debt investments held-to-maturity | 15,849 | 151,213 | 95,376 |
| Proceeds from sale of other debt and equity investments | 12,030 | 3,491 | 3,676 |
| Purchase of equity method investments | (13,924) | (22,341) | (9,366) |
| Distributions from equity method investments | 2,944 | 3,139 | 2,589 |
| Other | (745) | — | — |
| Net cash (used in) provided by investing activities | (784,733) | (825,371) | 2,995,340 |
| **Cash flows from financing activities:** | | | |
| Borrowings | 1,615,370 | 4,046,775 | 38,525,850 |
| Payments on long-term debt | (861,115) | (4,110,304) | (40,520,722) |
| Deferred financing and debt redemption costs | (9,091) | (105,848) | (85,319) |
| Purchase of treasury stock | (1,538,626) | (1,458,442) | (2,383,816) |
| Distributions to noncontrolling interests | (244,033) | (253,118) | (233,123) |
| Net payments related to stock purchases and awards | (60,001) | (975) | 11,382 |
| Contributions from noncontrolling interests | 31,754 | 42,966 | 57,317 |
| Proceeds from sales of additional noncontrolling interest | 2,880 | — | — |
| Purchases of noncontrolling interests | (20,104) | (7,831) | (68,019) |
| Net cash used in financing activities | (1,082,966) | (1,846,777) | (4,696,450) |
| Effect of exchange rate changes on cash, cash equivalents and restricted cash | (10,007) | (13,808) | (1,760) |
| Net increase (decrease) in cash, cash equivalents and restricted cash | 53,170 | (706,928) | 369,485 |
| Less: Net decrease in cash, cash equivalents and restricted cash from discontinued operations | — | — | (423,813) |
| Net increase (decrease) in cash, cash equivalents and restricted cash from continuing operations | 53,170 | (706,928) | 793,298 |
| Cash, cash equivalents and restricted cash of continuing operations at beginning of the year | 501,790 | 1,208,718 | 415,420 |
| Cash, cash equivalents and restricted cash of continuing operations at end of the year | $ 554,960 | $ 501,790 | $ 1,208,718 |

See notes to consolidated financial statements.

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY**
**(dollars and shares in thousands)**

| | | DaVita Inc. Shareholders' Equity | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Non-controlling interests subject to put provisions | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | Non-controlling interests not subject to put provisions |
| | | Shares | Amount | | | Shares | Amount | | | |
| Balance at December 31, 2018 | $ 1,124,641 | 166,387 | $ 166 | $ 995,006 | $ 2,743,194 | — | $ — | $ (34,924) | $ 3,703,442 | $ 204,956 |
| Cumulative effect of change in accounting principle | (38) | | | | 39,876 | | | | 39,876 | (6) |
| Comprehensive income: | | | | | | | | | | |
| Net income | 143,413 | | | | 810,981 | | | | 810,981 | 66,900 |
| Other comprehensive income | | | | | | | | (12,574) | (12,574) | |
| Stock purchase plan | | 315 | 1 | 16,569 | | | | | 16,570 | |
| Stock award plan | | 161 | — | (3,290) | | | | | (3,290) | |
| Stock-settled stock-based compensation expense | | | | 67,549 | | | | | 67,549 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (155,011) | | | | | | | | | (78,112) |
| Contributions | 35,572 | | | | | | | | | 21,745 |
| Acquisitions and divestitures | (6,332) | | | | | | | | | (10,170) |
| Partial purchases | (11,394) | | | (37,145) | | | | | (37,145) | (19,480) |
| Fair value remeasurements | 49,525 | | | (49,525) | | | | | (49,525) | |
| Purchase of treasury stock | | | | | | (41,020) | (2,402,475) | | (2,402,475) | |
| Retirement of treasury stock | | (41,020) | (41) | (240,121) | (2,162,313) | 41,020 | 2,402,475 | | — | |
| Balance at December 31, 2019 | $ 1,180,376 | 125,843 | $ 126 | $ 749,043 | $ 1,431,738 | — | $ — | $ (47,498) | $ 2,133,409 | $ 185,833 |
| Comprehensive income: | | | | | | | | | | |
| Net income | 141,879 | | | | 773,642 | | | | 773,642 | 79,156 |
| Other comprehensive income | | | | | | | | (18,656) | (18,656) | |
| Stock purchase plan | | 222 | — | 17,148 | | | | | 17,148 | |
| Stock award plans | | 345 | — | (17,801) | | | | | (17,801) | |
| Stock-settled stock-based compensation expense | | | | 90,007 | | | | | 90,007 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (163,175) | | | | | | | | | (89,943) |
| Contributions | 30,154 | | | | | | | | | 12,812 |
| Acquisitions and divestitures | (3,215) | | | | | | | | | (248) |
| Partial purchases | (7,771) | | | 4,364 | | | | | 4,364 | (4,424) |
| Fair value remeasurements | 151,780 | | | (151,780) | | | | | (151,780) | |
| Purchase of treasury stock | | | | | | (16,477) | (1,446,767) | | (1,446,767) | |
| Retirement of treasury stock | | (16,477) | (16) | (93,908) | (1,352,843) | 16,477 | 1,446,767 | | — | |
| Balance at December 31, 2020 | $ 1,330,028 | 109,933 | $ 110 | $ 597,073 | $ 852,537 | — | $ — | $ (66,154) | $ 1,383,566 | $ 183,186 |

**DAVITA INC.**
**CONSOLIDATED STATEMENTS OF EQUITY - continued**
**(dollars and shares in thousands)**

| | | DaVita Inc. Shareholders' Equity | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Non-controlling interests subject to put provisions | Common stock | | Additional paid-in capital | Retained earnings | Treasury stock | | Accumulated other comprehensive income (loss) | Total | Non-controlling interests not subject to put provisions |
| | | Shares | Amount | | | Shares | Amount | | | |
| Balance at December 31, 2020 | $ 1,330,028 | 109,933 | $ 110 | $ 597,073 | $ 852,537 | — | $ — | $ (66,154) | $ 1,383,566 | $ 183,186 |
| Comprehensive income: | | | | | | | | | | |
| Net income | 160,359 | | | | 978,450 | | | | 978,450 | 72,953 |
| Other comprehensive income | | | | | | | | (73,093) | (73,093) | |
| Stock purchase plan | | 203 | — | 19,626 | | | | | 19,626 | |
| Stock award plans | | 1,030 | 1 | (80,642) | | | | | (80,641) | |
| Stock-settled stock-based compensation expense | | | | 100,714 | | | | | 100,714 | |
| Changes in noncontrolling interest from: | | | | | | | | | | |
| Distributions | (159,259) | | | | | | | | | (84,774) |
| Contributions | 22,672 | | | | | | | | | 9,082 |
| Acquisitions and divestitures | 5,903 | | | (264) | | | | | (264) | 1,250 |
| Partial purchases | (588) | | | (13,853) | | | | | (13,853) | (1,057) |
| Fair value remeasurements | 75,717 | | | (75,717) | | | | | (75,717) | |
| Purchase of treasury stock | | | | | | (13,877) | (1,546,016) | | (1,546,016) | |
| Retirement of treasury stock | | (13,877) | (14) | (69,352) | (1,476,650) | 13,877 | 1,546,016 | | — | |
| Deferred taxes from partnership buyouts | | | | 62,736 | | | | | 62,736 | |
| Balance at December 31, 2021 | $ 1,434,832 | 97,289 | $ 97 | $ 540,321 | $ 354,337 | — | $ — | $ (139,247) | $ 755,508 | $ 180,640 |

See notes to consolidated financial statements.

## 1. Organization and summary of significant accounting policies

*Organization*

The Company's operations are comprised of its dialysis and related lab services to patients in the United States (its U.S. dialysis business), its U.S. ancillary services and strategic initiatives and its international operations (collectively, its ancillary services), as well as its corporate administrative support.

The Company's largest line of business is its U.S. dialysis business, which operates kidney dialysis centers in the U.S. for patients suffering from chronic kidney failure, also known as end stage renal disease or end stage kidney disease (ESRD or ESKD). As of December 31, 2021, the Company operated or provided administrative services through a network of 2,815 U.S. outpatient dialysis centers in 46 states and the District of Columbia, serving a total of approximately 203,100 patients. In addition, as of December 31, 2021, the Company operated or provided administrative services to a total of 339 outpatient dialysis centers serving approximately 39,900 patients located in ten countries outside of the U.S.

On June 19, 2019, the Company completed the sale of its prior DaVita Medical Group (DMG) business to Collaborative Care Holdings, LLC (Optum), a subsidiary of UnitedHealth Group Inc. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented in these consolidated financial statements. For financial information about the DMG business, see Note 22.

The Company's U.S. dialysis business qualifies as a separately reportable segment and the Company's ancillary services, including its international operations, have been combined and disclosed in the other segments category.

*Basis of presentation*

These consolidated financial statements are prepared in accordance with United States generally accepted accounting principles (U.S. GAAP). The financial statements include DaVita Inc. and its subsidiaries, partnerships and other entities in which it maintains a majority voting or other controlling financial interest (collectively, the Company). All significant intercompany transactions and balances have been eliminated. Equity investments in investees over which the Company has significant influence are recorded on the equity method, while investments in other equity securities are recorded at fair value or on the adjusted cost method, as applicable. For the Company's international subsidiaries, local currencies are considered their functional currencies. Translation adjustments result from translating the financial statements of the Company's international subsidiaries from their functional currencies into the Company's reporting currency (the U.S. dollar, or USD). Prior year classifications have been conformed to the current year presentation.

The Company has evaluated subsequent events through the date these consolidated financial statements were issued and has included all necessary adjustments and disclosures.

*Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that affect the reported amounts of revenues, expenses, assets, liabilities, contingencies and noncontrolling interests subject to put provisions. Although actual results in subsequent periods will differ from these estimates, such estimates are developed based on the best information available to management and management's best judgments at the time. All significant assumptions and estimates underlying the amounts reported in the financial statements and accompanying notes are regularly reviewed and updated when necessary. Changes in estimates are reflected in the financial statements based upon on-going actual experience trends or subsequent settlements and realizations depending on the nature and predictability of the estimates and contingencies.

The most significant assumptions and estimates underlying these consolidated financial statements and accompanying notes involve revenue recognition and accounts receivable, impairments of goodwill, accounting for income taxes, fair value estimates and loss contingencies. Specific estimating risks and contingencies are further addressed within these notes to the consolidated financial statements.

*Revenues*

*Dialysis patient service revenues*

Revenues are recognized based on the Company's estimate of the transaction price the Company expects to collect as a result of satisfying its performance obligations. Dialysis patient service revenues are recognized in the period services are provided based on these estimates. Revenues consist primarily of payments from government and commercial health plans for dialysis services provided to patients. A usual and customary fee schedule is maintained for the Company's dialysis treatments and related lab services; however, actual collectible revenue is normally recognized at a discount from the fee schedule.

Revenues associated with Medicare and Medicaid programs are estimated based on: (a) the payment rates that are established by statute or regulation for the portion of payment rates paid by the government payor (e.g., 80% for Medicare patients) and (b) for the portion not paid by the primary government payor, estimates of the amounts ultimately collectible from other government programs providing secondary coverage (e.g., Medicaid secondary coverage), the patient's commercial health plan secondary coverage, or the patient.

Under Medicare's bundled payment rate system, services covered by Medicare are subject to estimating risk, whereby reimbursements from Medicare can vary significantly depending upon certain patient characteristics and other variable factors. Even with the bundled payment rate system, Medicare payments for bad debt claims as established by cost reports require evidence of collection efforts. As a result, billing and collection of Medicare bad debt claims can be delayed significantly and final payment is subject to audit. The Company's revenue recognition is estimated based on its judgment regarding its ability to collect, which depends upon its ability to effectively capture, document and bill for Medicare's base payment rate as well as these other variable factors.

Medicare Advantage revenues are reimbursed at negotiated contract rates that are generally higher than Medicare fee-for-service rates, but which generally have a slower payment frequency than Medicare fee-for-service payments. Medicare Advantage revenues are subject to meaningful estimating risk based on factors similar to those described for commercial health plans below.

Medicaid payments, when Medicaid coverage is secondary, can also be difficult to estimate. For many states, Medicaid payment terms and methods differ from Medicare, and may prevent accurate estimation of individual payment amounts prior to billing.

Revenues associated with commercial health plans are estimated based on contractual terms for the patients under healthcare plans with which the Company has formal agreements, non-contracted health plan coverage terms if known, estimated secondary collections, historical collection experience, historical trends of refunds and payor payment adjustments (retractions), inefficiencies in the Company's billing and collection processes that can result in denied claims for payments, delays in collections due to payor payment inefficiencies, and regulatory compliance matters.

Commercial revenue recognition also involves significant estimating risks. With many larger commercial insurers, the Company has several different contracts and payment arrangements, and these contracts often include only a subset of the Company's centers. In certain circumstances, it may not be possible to determine which contract, if any, should be applied prior to billing. In addition, for services provided by non-contracted centers, final collection may require specific negotiation of a payment amount, typically at a significant discount from the Company's usual and customary rates.

*Other revenues*

Other revenues consist of revenues earned by the Company's non-dialysis ancillary services as well as fees for management and administrative services to outpatient dialysis businesses that the Company does not consolidate. Other revenues are estimated in the period services are provided.

The Company's U.S. ancillary service revenues include revenues earned under risk-based arrangements in the Company's integrated care and disease management business, including value-based care (VBC) arrangements. Under its VBC arrangements, the Company assumes full or shared financial risk for the total medical cost of care for patients below or above a benchmark. The benchmarks against which the Company incurs profit or loss on these contracts are typically based on the underlying premiums paid to the insuring entity (our counterparty), with adjustments where applicable, or on trended and adjusted medical cost targets.

For some of the Company's risk-based arrangements (such as its special needs plans), the Company acts as a principal with respect to all medical services provided to the patient by effectively hosting or sponsoring the entire arrangement, and as a

result recognizes revenue and expense for all medical services provided to covered patients. However, for most of its VBC arrangements, the Company provides health monitoring and care coordination services to patients but does not control or direct the medical services that patients receive from third party providers. As a result, for most of its VBC arrangements the Company does not include third party medical costs in its reported revenues and expenses, but rather recognizes revenue only for the estimated amount of shared savings or shared losses or other revenues that are directly earned or incurred by the Company, and ultimately paid to or by the Company, under the arrangement.

*Other income*

Other income includes interest income on cash and cash equivalents and short- and long-term investments, realized and unrealized gains and losses recognized on investments, and foreign currency transaction gains and losses.

*Cash and cash equivalents*

Cash equivalents are short-term highly liquid investments readily convertible to known amounts of cash that typically mature within three months or less at date of purchase.

*Restricted cash and equivalents*

Restricted cash and cash equivalents include funds held in trust to satisfy insurer and state regulatory requirements related to wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company as well as funds held in escrow. See Note 4 for further details.

*Investments in debt and equity securities*

The Company classifies certain debt securities as held-to-maturity and records them at amortized cost based on the Company’s intentions and strategies concerning those investments. Equity securities that have readily determinable fair values or redemption values are recorded at estimated fair value with changes in fair value recognized in current earnings within other income. These debt and equity investments are classified as short-term investments or long-term investments on the Company's consolidated balance sheet. See Note 5 for further details.

*Inventories*

Inventories are stated at the lower of cost (first-in, first-out) or net realizable value and consist principally of pharmaceuticals and dialysis-related supplies. Rebates related to inventory purchases are recorded when earned and are based on certain qualification requirements which are dependent on a variety of factors including future pricing levels and purchase volume levels from the manufacturer and related data submission.

*Property and equipment*

Property and equipment is stated at cost less accumulated depreciation and amortization and is further reduced by any impairments. Maintenance and repairs are charged to expense as incurred. Disposition gains and losses are included in current operating expenses. Property and equipment assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Leases*

The Company leases substantially all of its U.S. dialysis facilities. The majority of the Company’s facilities are leased under non-cancellable operating leases which contain renewal options. These renewal options are included in the Company's determination of the right-of-use assets and related lease liabilities when renewal is considered reasonably certain at the commencement date. Certain of the Company's leases are subject to periodic consumer price increases or contain fixed escalation clauses.

The Company categorizes leases with contractual terms longer than twelve months as either operating or finance leases. Finance leases are generally those leases that allow the Company to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. The Company has elected the practical expedient to not separate lease components from non-lease components for its financing and operating leases. The Company has also elected the short-term lease recognition exemption and does not recognize right-of-use assets or lease liabilities for leases with a term of less than 12 months.

Financing and operating right-of-use assets are recognized based on the net present value of lease payments over the lease term plus expected renewals as of the commencement date. Since most of the Company's leases do not provide an implicit rate of return, the Company uses its incremental borrowing rate based on information available at the commencement date or remeasurement date in determining the present value of lease payments.

Assets acquired under finance leases are recorded on the balance sheet within property and equipment, net and liabilities for finance lease obligations are recorded within long-term debt. Finance lease assets are amortized to depreciation expense on a straight-line basis over the shorter of their estimated useful lives or the expected lease term.

Rights to use assets under operating leases are recorded on the balance sheet as operating lease right-of-use assets and liabilities for operating lease obligations are recorded as operating lease liabilities. Reductions in the carrying amount of operating lease right-of-use assets are recorded to rent expense over the lease term.

*Amortizable intangibles*

Amortizable intangible assets include noncompetition agreements, hospital service contracts, and customer relationships arising from other service contracts, each of which have finite useful lives. Amortization expense is computed using the straight-line method over the useful lives of the assets estimated as follows: noncompetition agreements and hospital acute service contracts over the contract term, and customer relationships from other service contracts over the remaining contract term plus expected renewal periods. Amortizable intangible assets are reviewed for possible impairment whenever significant events or changes in circumstances indicate that an impairment may have occurred.

*Indefinite-lived intangibles*

Indefinite-lived intangible assets include international licenses and accreditations that allow the Company to be reimbursed for providing dialysis services to patients, each of which has an indefinite useful life. Indefinite-lived intangibles are not amortized, but are assessed for impairment at least annually and whenever significant events or changes in circumstances indicate that an impairment may have occurred. Costs to renew indefinite-lived intangible assets are expensed as incurred.

*Equity method and other investments*

Equity investments that do not have readily determinable fair values are carried on the equity method if the Company maintains significant influence over the investee. Equity investments without readily determinable fair values for which the Company does not maintain significant influence over the investee are carried either at estimated fair value or on the adjusted cost method, as determined on an investment-specific basis. The adjusted cost method represents the Company's cost for an investment, net of any other-than-temporary impairments, as adjusted for any subsequent observation of the investment's fair value. These equity method and adjusted cost method investments are classified as equity method and other investments on the Company's consolidated balance sheet. See Note 9 for further details.

Equity method and other investments are assessed for other-than-temporary impairment when significant events or changes in circumstances indicate that an other-than-temporary impairment may have occurred. An other-than-temporary impairment charge is recorded when the fair value of an investment has fallen below its carrying amount and the shortfall is expected to be indefinitely or permanently unrecoverable.

*Goodwill*

Goodwill represents the difference between the fair value of businesses acquired and the fair value of the identifiable tangible and intangible net assets acquired. Goodwill is not amortized, but is assessed by individual reporting unit for impairment as circumstances warrant and at least annually. An impairment charge is recognized when and to the extent a reporting unit's carrying amount is determined to exceed its fair value. The Company operates multiple reporting units. See Note 10 for further details.

*Self-insurance*

The Company predominantly self-insures its professional and general liability and workers' compensation risks through its wholly-owned captive insurance companies, with excess or reinsurance coverage for additional protection. The Company is also predominantly self-insured with respect to employee medical and other health benefits. The Company records insurance liabilities for the professional and general liability, workers’ compensation, and employee health benefit risks that it retains and estimates its liability for those risks using third party actuarial calculations that are based upon historical claims experience and expectations for future claims.

*Income taxes*

Federal and state income taxes are computed at currently enacted tax rates less tax credits using the asset and liability method. Deferred taxes are adjusted both for items that do not currently have tax consequences and for the cumulative effect of any changes in tax rates from those previously used to determine deferred tax assets or liabilities. Tax provisions include amounts that are currently payable, changes in deferred tax assets and liabilities that arise because of temporary differences between the timing of when items of income and expense are recognized for financial reporting and income tax purposes, changes in the recognition of tax positions and any changes in the valuation allowance caused by a change in judgment about the realizability of the related deferred tax assets. A valuation allowance is established when necessary to reduce deferred tax assets to amounts expected to be realized.

The Company uses a recognition threshold of more-likely-than-not and a measurement attribute on all tax positions taken or expected to be taken in a tax return in order to be recognized in the financial statements. Once the recognition threshold is met, the tax position is then measured to determine the actual amount of benefit to recognize in the financial statements.

*Stock-based compensation*

The Company’s stock-based compensation expense for stock-settled awards is measured at the estimated fair value of awards on the date of grant and recognized on a cumulative straight-line basis over the vesting terms of the awards, unless the stock awards are based on non-market-based performance metrics, in which case expense is adjusted for the ultimate number of shares expected to be issued as of the end of each reporting period. Stock-based compensation expense for cash-settled awards is based on their estimated fair values as of the end of each reporting period. The expense for all stock-based awards is recognized net of expected forfeitures.

Stock-based compensation to be settled in shares is recorded to the Company’s shareholders’ contributed capital, while stock-based compensation to be settled in cash is recorded as a liability. Shares issued upon exercise or, when applicable, vesting of stock awards, are issued from authorized but unissued shares.

*Interest rate cap agreements*

The Company often carries a combination of current or forward interest rate caps on portions of its variable rate debt as a means of hedging its exposure to changes in LIBOR interest rates as part of its overall interest rate risk management strategy. These interest rate caps are not held for trading or speculative purposes and are designated as qualifying cash flow hedges. See Note 13 for further details.

*Noncontrolling interests*

Noncontrolling interests represent third-party equity ownership interests in entities which are consolidated by the Company for financial statement reporting purposes. As of December 31, 2021, third parties held noncontrolling equity interests in 717 consolidated legal entities.

*Fair value estimates*

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are determined based on the principal or most advantageous market for the item being measured, assume that buyers and sellers are independent, willing and able to transact, and knowledgeable, with access to all information customarily available in such a transaction, and are based on assumptions that market participants would use in pricing the item, not assumptions specific to the reporting entity. The criticality of a particular fair value estimate to the Company's consolidated financial statements depends upon the nature and size of the item being measured, the extent of uncertainties involved and the nature and magnitude or potential effect of assumptions and judgments required. Certain fair value estimates can involve significant uncertainties and require significant judgment on various matters, some of which could be subject to reasonable disagreement. See Note 24 for further details.

The Company relies on fair value measurements and estimates for purposes that require the recording, reassessment, or adjustment of the carrying amounts of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity). These purposes can include the accounting for business combination transactions; impairment assessments for goodwill, other intangible assets, or other long-lived assets; recurrent revaluation of investments in debt and equity securities, contingent earn-out obligations, interest rate cap agreements, and noncontrolling interests subject to put provisions; and the accounting for equity method and other investments and stock-based

compensation, as applicable. The Company has classified its assets, liabilities and temporary equity into the fair value hierarchy levels defined by the FASB reflecting their differing degrees of uncertainty. See Note 24 for further details.

*New accounting standards*

*New standards recently adopted*

In December 2019, the FASB issued Accounting Standards Update (ASU) No. 2019-12, *Income Taxes (Topic 740): Simplifying the Accounting for Income Taxes (ASU 2019-12)*. ASU 2019-12 attempts to simplify aspects of accounting for franchise taxes and enacted changes in tax laws or rates, and clarifies the accounting for transactions that result in a step-up in the tax basis of goodwill. ASU 2019-12 is effective for public business entities for fiscal years beginning after December 15, 2020, including interim periods within that fiscal year. The amendments in this ASU became effective for the Company beginning on January 1, 2021. The adoption of ASU 2019-12 did not have a material impact on the Company's consolidated financial statements.

*New standards not yet adopted*

In March 2020, the FASB issued ASU No. 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting (ASU 2020-04)*. ASU 2020-04 provides optional expedients and exceptions for applying U.S. GAAP to contract modifications and hedging relationships, subject to meeting certain criteria, that reference LIBOR or another rate that is expected to be discontinued. The amendments in this ASU were effective beginning on March 12, 2020, and the Company may elect to apply the amendments prospectively through December 31, 2022. Effective January 1, 2022 certain LIBOR tenors that do not affect the Company, including the one-week and two-month U.S. dollar LIBOR rate, ceased or became non-representative. The remaining U.S. dollar LIBOR tenors will cease or become non-representative effective July 1, 2023. This change will have no impact on the Company's ability to borrow. The Company is currently assessing the other effects this guidance may have on its consolidated financial statements.

In October 2021, the FASB issued ASU No. 2021-08, *Business Combinations (Topic 805): Accounting for Acquired Contract Assets and Contract Liabilities (ASU 2021-08)*. ASU 2021-08 requires application of ASC 606, *Revenue from Contracts with Customers*, to recognize and measure assets and liabilities from contracts with customers acquired in a business combination. This ASU creates an exception to the general recognition and measurement principle in ASC 805 and will result in recognition of contract assets and contract liabilities consistent with those recorded by the acquiree immediately before the acquisition date. ASU 2021-08 is effective for fiscal years beginning after December 15, 2022, including interim periods within those fiscal years. Early adoption is permitted for all entities. The Company is currently assessing the effect this guidance may have on its consolidated financial statements.

## 2. Revenue recognition and accounts receivable

The Company's revenues by segment and primary payor source were as follows:

| | Year ended December 31, 2021 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage | $ 6,133,235 | $ | $ 6,133,235 |
| Medicaid and Managed Medicaid | 782,430 | | 782,430 |
| Other government | 328,256 | 463,385 | 791,641 |
| Commercial | 3,397,697 | 199,024 | 3,596,721 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 326,696 | 326,696 |
| Medicaid and Managed Medicaid | | 1,321 | 1,321 |
| Commercial | | 15,553 | 15,553 |
| Other[(1)] | 25,345 | 40,945 | 66,290 |
| Eliminations of intersegment revenues | (90,796) | (4,294) | (95,090) |
| **Total** | $ 10,576,167 | $ 1,042,630 | $ 11,618,797 |

(1) Other consists of management service fees earned in the respective Company line of business as well as other non-patient service revenue from the Company's U.S. ancillary services and international operations.

| | Year ended December 31, 2020 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage[1] | $ 6,169,226 | $ | $ 6,169,226 |
| Medicaid and Managed Medicaid | 744,862 | | 744,862 |
| Other government[1] | 334,714 | 380,584 | 715,298 |
| Commercial | 3,370,562 | 170,394 | 3,540,956 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 419,662 | 419,662 |
| Medicaid and Managed Medicaid | | 1,227 | 1,227 |
| Commercial | | 33,246 | 33,246 |
| Other[2] | 40,571 | 47,585 | 88,156 |
| Eliminations of intersegment revenues | (145,286) | (16,743) | (162,029) |
| **Total** | $ 10,514,649 | $ 1,035,955 | $ 11,550,604 |

(1) During the first quarter of 2021, the Company realigned the classification of revenue previously disclosed in the "Other government" category to the "Medicare and Medicare Advantage" category for certain government-reimbursed plans which have structure and payment characteristics similar to traditional Medicare Advantage plans. The classification of revenue for these plans for the year ended December 31, 2020 has also been recast to conform to the current period presentation.

(2) Other consists of management service fees earned in the respective Company line of business as well as other non-patient service revenue from the Company's U.S. ancillary services and international operations.

| | Year ended December 31, 2019 | | |
|---|---|---|---|
| | U.S. dialysis | Other - Ancillary services | Consolidated |
| **Patient service revenues:** | | | |
| Medicare and Medicare Advantage[1] | $ 6,246,636 | $ | $ 6,246,636 |
| Medicaid and Managed Medicaid | 669,089 | | 669,089 |
| Other government[1] | 329,071 | 352,765 | 681,836 |
| Commercial | 3,286,089 | 144,256 | 3,430,345 |
| **Other revenues:** | | | |
| Medicare and Medicare Advantage | | 264,538 | 264,538 |
| Medicaid and Managed Medicaid | | 606 | 606 |
| Commercial | | 130,823 | 130,823 |
| Other[2] | 32,021 | 78,940 | 110,961 |
| Eliminations of intersegment revenues | (132,325) | (14,030) | (146,355) |
| **Total** | $ 10,430,581 | $ 957,898 | $ 11,388,479 |

(1) During the first quarter of 2021, the Company realigned the classification of revenue previously disclosed in the "Other government" category to the "Medicare and Medicare Advantage" category for certain government-reimbursed plans which have structure and payment characteristics similar to traditional Medicare Advantage plans. The classification of revenue for these plans for the year ended December 31, 2019 has also been recast to conform to the current period presentation.

(2) Other consists of management service fees earned in the respective Company line of business as well as other non-patient revenue from the Company's U.S. ancillary services and international operations.

The majority of the Company's non-patient service revenues from Medicare and Medicare Advantage, Medicaid and Managed Medicaid, and commercial sources represent risk-based revenues earned by the Company's U.S. integrated care and disease management business.

As described in Note 1, there are significant risks associated with estimating revenue, many of which take several years to resolve. These estimates are subject to ongoing insurance coverage changes, geographic coverage differences, differing interpretations of contract coverage and other payor issues, as well as patient issues including determining applicable primary and secondary coverage, changes in patient coverage and coordination of benefits. As these estimates are refined over time, both positive and negative adjustments to revenue are recognized in the current period.

No single commercial payor accounted for more than 10% of total consolidated accounts receivable or consolidated revenues at or for the years ended December 31, 2021 or 2020.

Dialysis services accounts receivable and other receivables from Medicare, including Medicare Advantage plans, and Medicaid, including managed Medicaid plans, were approximately $1,174,123 and $1,101,837 as of December 31, 2021 and 2020, respectively. Approximately 16% and 17% of the Company's patient services accounts receivable balances as of December 31, 2021 and 2020, respectively, were more than six months old. There were no significant balances over one year old at December 31, 2021. The Company's accounts receivable are principally due from Medicare and Medicaid programs and commercial insurance plans.

## 3. Earnings per share

Basic earnings per share is calculated by dividing net income attributable to the Company by the weighted average number of common shares outstanding. Weighted average common shares outstanding include restricted stock unit awards that are no longer subject to forfeiture because the recipients have satisfied either their explicit vesting terms or retirement eligibility requirements.

Diluted earnings per share includes the dilutive effect of outstanding stock-settled stock appreciation rights and unvested stock units as computed under the treasury stock method.

The reconciliations of the numerators and denominators used to calculate basic and diluted earnings per share were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| **Net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations | $ 978,450 | $ 783,295 | $ 706,832 |
| Discontinued operations | — | (9,653) | 104,149 |
| Net income attributable to DaVita Inc. | $ 978,450 | $ 773,642 | $ 810,981 |
| **Weighted average shares outstanding:** | | | |
| Basic shares | 105,230 | 119,797 | 153,181 |
| Assumed incremental from stock plans | 4,718 | 2,826 | 631 |
| Diluted shares | 109,948 | 122,623 | 153,812 |
| **Basic net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations per share | $ 9.30 | $ 6.54 | $ 4.61 |
| Discontinued operations per share | — | (0.08) | 0.68 |
| Basic net income per share attributable to DaVita Inc. | $ 9.30 | $ 6.46 | $ 5.29 |
| **Diluted net income (loss) attributable to DaVita Inc.:** | | | |
| Continuing operations per share | $ 8.90 | $ 6.39 | $ 4.60 |
| Discontinued operations per share | — | (0.08) | 0.67 |
| Diluted net income per share attributable to DaVita Inc. | $ 8.90 | $ 6.31 | $ 5.27 |
| Anti-dilutive stock-settled awards excluded from calculation[(1)] | 116 | 2,301 | 5,936 |

(1) Shares associated with stock awards excluded from the diluted denominator calculation because they were anti-dilutive under the treasury stock method.

## 4. Restricted cash and equivalents

The Company had restricted cash and cash equivalents of $93,060 and $176,832 at December 31, 2021 and 2020, respectively. The decrease in restricted cash and equivalents was primarily driven by the release of escrow funds in the third quarter of 2021 related to a resolved legal settlement. See Note 16 for further details. Substantially all of the restricted cash and equivalents balance at December 31, 2021 is held in trust to satisfy insurer and state regulatory requirements related to the wholly-owned captive insurance companies that bear professional and general liability and workers' compensation risks for the Company and the remaining restricted cash and cash equivalents held at December 31, 2021 represents cash pledged to third parties in connection with one of the Company's ancillary businesses.

## 5. Short-term and long-term investments

The Company's short-term and long-term investments, consisting of debt instruments classified as held-to-maturity and equity investments with readily determinable fair values or redemption values, were as follows:

| | December 31, 2021 | | | December 31, 2020 | | |
|---|---|---|---|---|---|---|
| | Debt securities | Equity securities | Total | Debt securities | Equity securities | Total |
| Certificates of deposit and other time deposits | $ 23,226 | $ — | $ 23,226 | $ 8,217 | $ — | $ 8,217 |
| Investments in mutual funds and common stock | — | 48,598 | 48,598 | — | 44,077 | 44,077 |
| | $ 23,226 | $ 48,598 | $ 71,824 | $ 8,217 | $ 44,077 | $ 52,294 |
| Short-term investments | $ 8,227 | $ 14,083 | $ 22,310 | $ 8,217 | $ 11,884 | $ 20,101 |
| Long-term investments | 14,999 | 34,515 | 49,514 | — | 32,193 | 32,193 |
| | $ 23,226 | $ 48,598 | $ 71,824 | $ 8,217 | $ 44,077 | $ 52,294 |

*Debt securities:* The Company's short-term debt investments are principally bank certificates of deposit with contractual maturities longer than three months but shorter than one year. The Company's long-term debt investments are bank time deposits with contractual maturities longer than one year. These debt securities are accounted for as held-to-maturity and recorded at amortized cost, which approximated their fair values at December 31, 2021 and 2020.

*Equity securities:* During the year ended December 31, 2021 certain of the Company's equity investments previously accounted for under the adjusted cost method now have readily determinable fair values from public markets. As a result, these investments were reclassified from equity method and other investments to short-term investments during that period. The Company's remaining short-term and long-term equity investments are held within a trust to fund existing obligations associated with the Company's non-qualified deferred compensation plans. During 2021, the Company recognized pre-tax net losses of $3,768 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $1,762 and a net increase in unrealized losses of $5,530. During 2020, the Company recognized pre-tax net gains of $3,818 in other income associated with changes in the fair value of these equity securities, comprised of pre-tax realized gains of $1,941 and a net increase in unrealized gains of $1,877.

## 6. Other receivables

Other receivables were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Supplier rebates and non-trade receivables | $ 294,574 | $ 390,508 |
| Medicare bad debt claims | 132,747 | 153,868 |
| | $ 427,321 | $ 544,376 |

## 7. Property and equipment

Property and equipment were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Land | $ 34,009 | $ 37,924 |
| Buildings | 496,455 | 400,616 |
| Leasehold improvements | 3,828,404 | 3,865,729 |
| Equipment and information systems, including internally developed software | 3,292,176 | 3,081,298 |
| New center and capital asset projects in progress | 592,063 | 616,686 |
| | 8,243,107 | 8,002,253 |
| Less accumulated depreciation | (4,763,135) | (4,480,429) |
| | $ 3,479,972 | $ 3,521,824 |

Depreciation and amortization expenses are computed using the straight-line method over the useful lives of the assets estimated as follows: buildings, 25 years to 40 years; leasehold improvements, the shorter of ten years or the expected lease term; and equipment and information systems, including internally developed software, principally three years to 15 years.

Depreciation expense on property and equipment was $667,755, $616,626, and $600,905 for 2021, 2020 and 2019, respectively.

Interest on debt incurred during the development of new centers and other capital asset projects is capitalized as a component of the asset cost based on the respective in-process capital asset balances. Interest capitalized was $15,275, $17,944 and $27,322 for 2021, 2020 and 2019, respectively.

## 8. Intangible assets

Intangible assets other than goodwill were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Indefinite-lived licenses | $ 104,214 | $ 100,138 |
| Noncompetition agreements | 70,495 | 84,022 |
| Customer relationships and other | 63,714 | 52,566 |
| | 238,423 | 236,726 |
| Less accumulated amortization | (60,730) | (70,141) |
| | $ 177,693 | $ 166,585 |

Noncompetition agreements are generally amortized over three years to 10 years and customer relationships are principally amortized over 10 years to 20 years. The weighted average renewal or extension period of customer relationships was three years and five years as of December 31, 2021 and 2020, respectively. Amortization expense from amortizable intangible assets was $12,860, $13,809, and $14,247 for 2021, 2020 and 2019, respectively.

For the years ended December 31, 2021, 2020 and 2019, the Company recognized no impairment charges on any intangible assets other than the goodwill impairment charges discussed in Note 10.

Scheduled amortization expenses from amortizable intangible assets as of December 31, 2021 were as follows:

| | Noncompetition agreements | Customer relationships and other |
|---|---|---|
| 2022 | $ 7,221 | $ 4,695 |
| 2023 | 4,443 | 4,669 |
| 2024 | 2,499 | 4,444 |
| 2025 | 1,371 | 4,107 |
| 2026 | 888 | 4,107 |
| Thereafter | 1,260 | 33,775 |
| Total | $ 17,682 | $ 55,797 |

## 9. Equity method and other investments

The Company maintains equity method and other minor investments in the private securities of certain other healthcare and healthcare-related businesses, comprised as follows:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| APAC joint venture | $ 109,153 | $ 120,787 |
| Other equity method partnerships | 115,185 | 107,599 |
| Adjusted cost method and other investments | 14,543 | 29,105 |
| | $ 238,881 | $ 257,491 |

During 2021, 2020 and 2019, the Company recognized equity investment income of $26,937, $26,916 and $12,679, respectively, from its equity method investments in nonconsolidated businesses.

The Company's largest equity method investment is its ownership interest in DaVita Care Pte. Ltd. (the APAC joint venture, or APAC JV). The Company holds a 75% voting and economic interest in the APAC JV and an unrelated noncontrolling investor holds the other 25% voting and economic interest in the joint venture, however the Company does not control or consolidate the APAC JV as a result of substantive participating rights retained by the unrelated investor over

certain key operating decisions for the joint venture.

The Company's other equity method investments include 23 legal entities over which the Company has significant influence but in which it does not maintain a controlling financial interest. Almost all of these are U.S. dialysis partnerships in the form of limited liability companies. The Company's ownership interests in these partnerships vary, and are often subject to blocking rights on certain key operating decisions held by outside investors, but mostly range from 30% to 65%.

There were no significant impairments or other valuation adjustments on the Company's adjusted cost method and other investments during 2021, 2020 or 2019.

## 10. Goodwill

Changes in the carrying value of goodwill by reportable segment were as follows:

| | U.S. dialysis | Other - Ancillary services | Consolidated |
|---|---|---|---|
| Balance at December 31, 2019 | $ 6,287,100 | $ 500,535 | $ 6,787,635 |
| Acquisitions | 24,377 | 105,680 | 130,057 |
| Divestitures | (1,549) | (6,744) | (8,293) |
| Foreign currency and other adjustments | — | 9,710 | 9,710 |
| Balance at December 31, 2020 | $ 6,309,928 | $ 609,181 | $ 6,919,109 |
| Acquisitions | 91,979 | 81,265 | 173,244 |
| Divestitures | (1,745) | — | (1,745) |
| Foreign currency and other adjustments | — | (44,367) | (44,367) |
| Balance at December 31, 2021 | $ 6,400,162 | $ 646,079 | $ 7,046,241 |
| | | | |
| Balance at December 31, 2021: | | | |
| Goodwill | $ 6,400,162 | $ 772,286 | $ 7,172,448 |
| Accumulated impairment charges | — | (126,207) | (126,207) |
| | $ 6,400,162 | $ 646,079 | $ 7,046,241 |

As dialysis treatments are an essential, life-sustaining service for patients who depend on them, the Company's operations have continued and are currently expected to continue throughout the novel coronavirus (COVID-19) pandemic. However, the ultimate impact of the dynamic and evolving COVID-19 pandemic on the Company will depend on future developments that are highly uncertain and difficult to predict, including among other things the severity and duration of the pandemic; further spread or resurgence of the virus, including as a result of the emergence of new strains of the virus such as the Delta and Omicron variants; COVID-19's impact for the chronic kidney disease (CKD) patient population and the Company's patient population including on the mortality of these patients; the availability, acceptance, impact and efficacy of COVID-19 vaccines, treatments, and therapies; the pandemic's continuing impact on the Company's revenue and non-acquired growth due to lower treatment volumes, the U.S. and global economies, unemployment, labor market conditions, inflation and monetary policies; the potential negative impact on the Company's commercial mix or the number of patients covered by commercial insurance plans; continued increased COVID-related costs; supply chain challenges and disruptions, including with respect to the Company's clinical supplies; the responses of the Company's competitors to the pandemic and related changes in the marketplace; the timing, scope and effectiveness of federal, state and local government responses; and any potential changes to the extensive set of federal, state and local laws, regulations and requirements that govern the Company's business. While the Company does not currently expect a material adverse impact to its business as a result of this public health crisis, there can be no assurance that the COVID-19 pandemic will not have a material adverse impact on one or more of the Company's businesses.

Each of the Company’s operating segments described in Note 25 to these consolidated financial statements represents an individual reporting unit for goodwill impairment assessment purposes.

Within the U.S. dialysis operating segment, the Company considers each of its dialysis centers to constitute an individual business for which discrete financial information is available. However, since these dialysis centers have similar operating and economic characteristics, and the allocation of resources and significant investment decisions concerning these businesses are highly centralized and the benefits broadly distributed, the Company has aggregated these centers and deemed them to constitute a single reporting unit.

The Company has applied a similar aggregation to the physician practices in its physician services reporting units, to the dialysis centers and other health operations within each international reporting unit, and to the vascular access service centers in

its former vascular access services reporting unit. For the Company's other operating segments, discrete business components below the operating segment level constitute individual reporting units.

When performing quantitative goodwill impairment assessments, the Company estimates fair value using either appraisals developed with an independent third party valuation firm which consider both discounted cash flow estimates for the subject business and observed market multiples for similar businesses, or offer prices received for the subject business that would be acceptable to the Company.

During the year ended December 31, 2019, the Company recognized goodwill impairment charges of $119,476 in its Germany kidney care business. These charges resulted primarily from a decline in then current and expected future patient census and an increase in then current and expected future costs, including due to wage increases expected to result from legislation announced at that time. The changes in the Company's expectations were informed by developments in the business in response to evolving market conditions, including changes in the Company's expected timing and ability to mitigate them, and based on in-depth operating and strategic reviews completed by the Company's new Germany management team. During the year ended December 31, 2019 the Company also recognized a goodwill impairment charge of $5,416 in its German other health operations.

Based on its most recent assessments, the Company determined that further changes in expected patient census, increases in operating costs, failure to achieve expected increases in reimbursement rates, changes in actual or expected growth rates, or other significant adverse changes in expected future cash flows or valuation assumptions could result in goodwill impairment charges in the future for the following reporting unit, which remains at risk of goodwill impairment as of December 31, 2021:

| | | | Sensitivities | |
|---|---|---|---|---|
| Reporting unit | Goodwill balance | Carrying amount coverage[1] | Operating income[2] | Discount rate[3] |
| Germany kidney care | $ 298,499 | 6.6 % | (1.7)% | (9.4)% |

(1) Excess of estimated fair value of the reporting unit over its carrying amount as of the latest assessment date.

(2) Potential impact on estimated fair value of a sustained, long-term reduction of 3% in operating income as of the latest assessment date.

(3) Potential impact on estimated fair value of an increase in discount rates of 100 basis points as of the latest assessment date.

Except as described above, none of the Company's other reporting units were considered at risk of significant goodwill impairment as of December 31, 2021. Since the dates of the Company's last annual goodwill impairment assessments, there have been certain developments, events, changes in operating performance and other changes in key circumstances that have affected the Company's businesses. However, these have not caused management to believe it is more likely than not that the fair values of any of the Company's reporting units would be less than their respective carrying amounts as of December 31, 2021.

## 11. Other liabilities

Other liabilities were comprised of the following:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Payor refunds and retractions | $ 410,038 | $ 371,183 |
| Insurance and self-insurance accruals | 55,548 | 54,438 |
| Accrued interest | 32,926 | 30,066 |
| Accrued non-income tax liabilities | 41,784 | 39,075 |
| Other | 169,049 | 315,767 |
| | $ 709,345 | $ 810,529 |

## 12. Income taxes

The Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the financial statement and tax basis of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse.

Income before income taxes from continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Domestic | $ 1,463,029 | $ 1,287,976 | $ 1,307,299 |
| International | 55,465 | 30,286 | (111,860) |
| | $ 1,518,494 | $ 1,318,262 | $ 1,195,439 |

Income tax expense for continuing operations consisted of the following:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Current: | | | |
| Federal | $ 216,539 | $ 47,171 | $ 208,339 |
| State | 15,601 | 21,442 | 58,026 |
| International | 14,247 | 17,481 | 15,545 |
| Total current income tax | 246,387 | 86,094 | 281,910 |
| Deferred: | | | |
| Federal | 59,528 | 198,623 | 44,263 |
| State | 5,342 | 27,206 | (25,836) |
| International | (4,525) | 2,009 | (20,709) |
| Total deferred income tax | 60,345 | 227,838 | (2,282) |
| | $ 306,732 | $ 313,932 | $ 279,628 |

Income taxes are allocated between continuing and discontinued operations as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Continuing operations | $ 306,732 | $ 313,932 | $ 279,628 |
| Discontinued operations | — | 1,657 | 40,689 |
| | $ 306,732 | $ 315,589 | $ 320,317 |

The reconciliation between the Company’s effective tax rate from continuing operations and the U.S. federal income tax rate is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Federal income tax rate | 21.0 % | 21.0 % | 21.0 % |
| State income taxes, net of federal benefit | 3.0 | 3.4 | 2.3 |
| Equity compensation | (2.4) | — | 0.5 |
| Federal and international tax rate adjustments | 1.3 | — | — |
| Nondeductible executive compensation | 0.8 | 1.2 | 0.8 |
| Political advocacy costs | 0.2 | 1.7 | 0.2 |
| Unrecognized tax benefits | (0.1) | 0.4 | 2.4 |
| Change in international valuation allowance | (1.0) | 1.5 | 1.3 |
| Other | 1.0 | (0.6) | (0.2) |
| Impact of noncontrolling interests primarily attributable to non-tax paying entities | (3.6) | (4.8) | (4.9) |
| Effective tax rate | 20.2 % | 23.8 % | 23.4 % |

Deferred tax assets and liabilities arising from temporary differences for continuing operations were as follows:

| | December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Receivables | $ 8,430 | $ 9,324 |
| Accrued liabilities | 67,993 | 64,982 |
| Operating lease liabilities | 581,199 | 584,656 |
| Net operating loss carryforwards | 162,987 | 167,398 |
| Other | 52,434 | 62,110 |
| Deferred tax assets | 873,043 | 888,470 |
| Valuation allowance | (100,616) | (114,824) |
| Net deferred tax assets | 772,427 | 773,646 |
| Intangible assets | (644,039) | (634,736) |
| Property and equipment | (283,913) | (274,742) |
| Operating lease assets | (530,839) | (532,082) |
| Investments in partnerships | (84,407) | (101,996) |
| Other | (37,274) | (39,690) |
| Deferred tax liabilities | (1,580,472) | (1,583,246) |
| Net deferred tax liabilities | $ (808,045) | $ (809,600) |
| Reported as: | | |
| Deferred tax liabilities | $ (830,954) | $ (809,600) |
| Deferred tax assets (included in Other long-term assets) | 22,909 | — |
| | $ (808,045) | $ (809,600) |

At December 31, 2021, the Company had federal net operating loss carryforwards of approximately $85,391 that expire through 2036, although a substantial amount expire by 2029. The Company also had state net operating loss carryforwards of $554,806, some of which have an indefinite life, although a substantial amount expire by 2041 and international net operating loss carryforwards of $291,927, some of which will begin to expire in 2022 though the majority have an indefinite life. The Company has a state capital loss carryover of $313,722, the majority of which expires in 2024. The utilization of a portion of these losses may be limited in future years based on the profitability of certain entities. A valuation allowance is recorded to account for the unrealizable balances in the table above. The net decrease of $14,208 in the valuation allowance is primarily due to the release of the valuation allowance on indefinite life net operating losses in jurisdictions where the Company has generated sufficient income to support their future utilization, partially offset by newly created net operating loss carryforwards in state and foreign jurisdictions that the Company does not anticipate being able to utilize.

During the year ended December 31, 2021, the Company recorded a true-up to recognize net deferred tax assets related to historical purchases of noncontrolling interests in consolidated partnerships. The effect of this adjustment was an increase of $46,692 to net deferred tax assets, a charge of $16,044 to income tax expense, and an increase of $62,736 to additional paid-in capital. The Company’s prior purchases of this type have not generated significant pre-tax adjustments to additional paid-in capital in any single prior year. The majority of the $16,044 recorded to income tax expense was due to the decrease in the corporate tax rate in 2017.

The Company's foreign earnings continue to be indefinitely reinvested as of December 31, 2021. As a result of the passage of the Tax Cuts and Jobs Act (2017 Tax Act), the Company does not expect such earnings to be taxable if remitted.

*Unrecognized tax benefits*

A reconciliation of the beginning and ending liability for unrecognized tax benefits that do not meet the more-likely-than-not threshold is as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Beginning balance | $ 70,202 | $ 68,214 |
| Additions for tax positions related to current year | 3,335 | 2,293 |
| Additions for tax positions related to prior years | 22,616 | 258 |
| Reductions related to lapse of applicable statute | (751) | (133) |
| Reductions related to settlements with taxing authorities | (22,378) | (430) |
| Ending balance | $ 73,024 | $ 70,202 |

As of December 31, 2021, the Company's total liability for unrecognized tax benefits relating to tax positions that do not meet the more-likely-than-not threshold is $73,024, of which $68,708 would impact the Company's effective tax rate if recognized and $42,860 is classified as a current tax liability related to settlements expected to be paid in 2022. This balance represents an increase of $2,822 from the December 31, 2020 balance of $70,202.

The Company recognizes accrued interest and penalties related to unrecognized tax benefits in income tax expense. At December 31, 2021 and 2020, the Company had approximately $15,275 and $17,864, respectively, accrued for interest and penalties related to unrecognized tax benefits, net of federal tax benefit.

The Company and its subsidiaries file U.S. federal and state income tax returns and various foreign income tax returns. The Company is no longer subject to U.S. federal and state examinations by tax authorities for years before 2014 and 2009, respectively. In addition to being under audit in various state and local tax jurisdictions, the Company's federal tax returns are under audit by the Internal Revenue Service for the years 2014-2017.

## 13. Long-term debt

Long-term debt was comprised of the following:

| | December 31, | | | As of December 31, 2021 | |
|---|---|---|---|---|---|
| | 2021 | 2020 | Maturity date | Interest rate | Estimated fair value[1] |
| Senior Secured Credit Facilities: | | | | | |
| Term Loan A | $ 1,596,875 | $ 1,684,375 | 8/12/2024 | LIBOR + 1.50% | $ 1,600,867 |
| Term Loan B-1 | 2,688,263 | 2,715,694 | 8/12/2026 | LIBOR + 1.75% | 2,681,542 |
| Revolving line of credit | — | 75,000 | 8/12/2024 | LIBOR + 1.50% | $ — |
| Senior Notes: | | | | | |
| 4.625% Senior Notes | 2,750,000 | 1,750,000 | 6/1/2030 | 4.625 % | $ 2,822,188 |
| 3.75% Senior Notes | 1,500,000 | 1,500,000 | 2/15/2031 | 3.75 % | $ 1,464,210 |
| Acquisition obligations and other notes payable[2] | 130,599 | 164,160 | 2022-2036 | 4.80 % | $ 130,599 |
| Financing lease obligations[3] | 299,128 | 274,292 | 2022-2038 | 4.54 % | |
| Total debt principal outstanding | 8,964,865 | 8,163,521 | | | |
| Discount and deferred financing costs[4] | (56,685) | (77,717) | | | |
| | 8,908,180 | 8,085,804 | | | |
| Less current portion | (179,030) | (168,541) | | | |
| | $ 8,729,150 | $ 7,917,263 | | | |

(1) For the Company's senior secured credit facilities and senior notes, fair value estimates are based upon bid and ask quotes, typically a level 2 input. For acquisition obligations and other notes payable, the carrying values presented here approximate their estimated fair values, based on estimates of their present values using level 2 interest rate inputs.

(2) The interest rate presented for acquisition obligations and other notes payable is their weighted average interest rate based on the current fixed and LIBOR interest rate components in effect as of December 31, 2021.

(3) Financing lease obligations are measured at their approximate present values at inception. The interest rate presented is the weighted average discount rate embedded in financing leases outstanding. The term of one ground lease runs to 2070, in addition to the other lease maturity dates presented in the table above.

(4) As of December 31, 2021, the carrying amount of the Company's senior secured credit facilities have been reduced by a discount of $4,473 and deferred financing costs of $27,207 and the carrying amount of the Company's senior notes have been reduced by deferred financing costs of $40,914 and increased by a debt premium of $15,909. As of December 31, 2020, the carrying amount of the Company's senior secured credit facilities were reduced by a discount of $5,461 and deferred financing costs of $35,825, and the carrying amount of the Company's senior notes were reduced by deferred financing costs of $36,431.

Scheduled maturities of long-term debt at December 31, 2021 were as follows:

| | | |
|---|---|---|
| 2022 | $ | 179,030 |
| 2023 | $ | 218,460 |
| 2024 | $ | 1,424,692 |
| 2025 | $ | 67,812 |
| 2026 | $ | 2,625,349 |
| Thereafter | $ | 4,449,522 |

During the year ended December 31, 2021, the Company made regularly scheduled mandatory principal payments under its senior secured credit facilities totaling $87,500 on Term Loan A and $27,431 on Term Loan B-1.

On February 26, 2021, the Company completed an unregistered add-on offering of $1,000,000 aggregate principal amount to the existing 4.625% senior notes due June 1, 2030 (the Additional 2030 Notes) pursuant to Rule 144A and Regulation S under the Securities Act of 1933, as amended. The Additional 2030 Notes were issued at an offering price of 101.750% of face amount, plus an interest payment advance to the Company for interest that would have accrued from December 1, 2020 (the last interest payment date) through the closing date, and began bearing full six months' semi-annual coupon interest payments as of June 1, 2021. The terms of the Additional 2030 Notes, other than their issue date, offering price and first interest payment date, are identical to the terms of the $1,750,000 principal amount of the Company’s 4.625% senior notes due June 1, 2030 previously issued by the Company on June 9, 2020. The Additional 2030 Notes are unsecured senior obligations and rank equally in right of payment with the Company's existing and future unsecured senior indebtedness. During the year ended December 31, 2021 the Company incurred $9,091 in fees and other professional expenses associated with this transaction, which were capitalized and will amortize over the term of the Additional 2030 Notes.

As of December 31, 2021, the Company's 2019 interest rate cap agreements have the economic effect of capping the Company's maximum exposure to LIBOR variable interest rate changes on specific portions of the Company's floating rate debt, including all of Term Loan B-1 and a portion of Term Loan A. The remaining $785,138 outstanding principal balance of Term Loan A is subject to LIBOR-based interest rate volatility. The cap agreements are designated as cash flow hedges and, as a result, changes in their fair values are reported in other comprehensive income. The original premiums paid for the caps are amortized to debt expense on a straight-line basis over the term of each cap agreement starting from its effective date. These cap agreements do not contain credit-risk contingent features.

The following table summarizes the Company’s interest rate cap agreements outstanding as of December 31, 2021 and December 31, 2020, which are classified in other long-term assets on its consolidated balance sheet:

| | | | | | Year ended December 31, 2021 | | December 31, | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 2021 | 2020 |
| | Notional amount | LIBOR maximum rate | Effective date | Expiration date | Debt expense | Recorded OCI gain | Fair value | |
| 2019 interest rate cap agreements | $ 3,500,000 | 2.00% | 6/30/2020 | 6/30/2024 | $ 5,509 | $ 9,532 | $ 12,203 | $ 2,671 |

The following table summarizes the effects of the Company’s interest rate cap agreements for the years ended December 31, 2021, 2020 and 2019:

| | Amount of unrealized gains (losses) in OCI on interest rate cap agreements | | | | Reclassification from accumulated other comprehensive income into net income | | |
|---|---|---|---|---|---|---|---|
| | Year ended December 31, | | | | Year ended December 31, | | |
| Derivatives designated as cash flow hedges | 2021 | 2020 | 2019 | Location of losses | 2021 | 2020 | 2019 |
| Interest rate cap agreements | $ 9,532 | $ (21,781) | $ 1,566 | Debt expense | $ 5,509 | $ 7,081 | $ 8,591 |
| Related income tax | (2,377) | 5,435 | (415) | Related income tax | (1,376) | (1,768) | (2,214) |
| Total | $ 7,155 | $ (16,346) | $ 1,151 | | $ 4,133 | $ 5,313 | $ 6,377 |

See Note 20 for further details on amounts recorded and reclassified from accumulated other comprehensive (loss) income.

The Company's weighted average effective interest rate on its senior secured credit facilities at the end of 2021 was 2.18%, based upon the current margins in effect for its senior secured credit facilities as of December 31, 2021.

The Company's weighted average effective interest rate on all debt, including the effect of interest rate caps and amortization of debt discount, was 3.28% for the year ended December 31, 2021 and 3.35% as of December 31, 2021.

As of December 31, 2021, the Company's interest rates were fixed on approximately 51.6% of its total debt.

As of December 31, 2021, the Company had an undrawn $1,000,000 revolving line of credit under its senior secured credit facilities. Credit available under this revolving line of credit is reduced by the amount of any letters of credit outstanding thereunder, of which there were none as of December 31, 2021. The Company also had approximately $69,277 of outstanding letters of credit under a separate bilateral secured letter of credit facility as of December 31, 2021.

*Debt expense*

Debt expense consisted of interest expense of $267,049, $282,932 and $419,639 and the amortization and accretion of debt discounts and premiums, amortization of deferred financing costs and the amortization of interest rate cap agreements of $18,205, $21,179 and $24,185 for 2021, 2020 and 2019, respectively. These interest expense amounts are net of capitalized interest.

## 14. Leases

The Company leases substantially all of its U.S. dialysis facilities. The majority of the Company's facilities are leased under non-cancellable operating leases which range in terms from five years to 15 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal. Certain of the Company's leases are subject to periodic consumer price increases or contain fixed escalation clauses. See Note 1 for further information on how the Company accounts for leases.

As of December 31, 2021 and December 31, 2020, assets recorded under finance leases were $322,060 and $275,389, respectively, and accumulated amortization associated with finance leases was $75,252 and $49,345, respectively, included in property and equipment, net, on the Company's consolidated balance sheet.

In certain markets, the Company acquires and develops dialysis centers. Upon completion, the Company sells the center to a third party and leases the space back with the intent of operating the center on a long term basis. Both the sale and leaseback terms are generally market terms. The lease terms are consistent with the Company's other operating leases with the majority of the leases under non-cancellable operating leases ranging in terms from five years to 15 years and which contain renewal options of five years to ten years at the fair rental value at the time of renewal.

The components of lease expense were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| **Lease cost** | **2021** | **2020** | **2019** |
| Operating lease cost[(1)]: | | | |
| Fixed lease expense | $ 547,923 | $ 541,090 | $ 526,352 |
| Variable lease expense | 125,981 | 122,729 | 119,740 |
| Financing lease cost: | | | |
| Amortization of leased assets | 26,846 | 24,720 | 23,724 |
| Interest on lease liabilities | 13,988 | 14,421 | 14,932 |
| Net lease cost | $ 714,738 | $ 702,960 | $ 684,748 |

(1) Includes short-term lease expense and sublease income, which are immaterial.

Other information related to leases was as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| **Lease term and discount rate** | **2021** | **2020** | **2019** |
| Weighted average remaining lease term (years): | | | |
| Operating leases | 8.3 | 8.7 | 9.0 |
| Finance leases | 10.5 | 10.5 | 10.2 |
| Weighted average discount rate: | | | |
| Operating leases | 3.5 % | 3.8 % | 4.1 % |
| Finance leases | 4.5 % | 5.1 % | 5.4 % |

| | Year ended December 31, | | |
|---|---|---|---|
| **Other information** | **2021** | **2020** | **2019** |
| Gains on sale leasebacks, net | $ 17,137 | $ 34,301 | $ 20,833 |
| Cash paid for amounts included in the measurement of lease liabilities: | | | |
| Operating cash flows for operating leases | $ 684,186 | $ 661,318 | $ 637,655 |
| Operating cash flows for finance leases | $ 21,343 | $ 20,981 | $ 22,257 |
| Financing cash flows for finance leases | $ 22,445 | $ 24,780 | $ 25,692 |
| Net operating lease assets obtained in exchange for new or modified operating lease liabilities | $ 361,101 | $ 401,559 | $ 432,074 |

Future minimum lease payments under non-cancellable leases as of December 31, 2021 are as follows:

| | **Operating leases** | **Finance leases** |
|---|---|---|
| 2022 | $ 494,442 | $ 36,981 |
| 2023 | 511,341 | 37,672 |
| 2024 | 463,124 | 38,199 |
| 2025 | 413,117 | 38,376 |
| 2026 | 361,771 | 37,141 |
| Thereafter | 1,293,544 | 183,250 |
| Total future minimum lease payments | 3,537,339 | 371,619 |
| Less portion representing interest | (470,269) | (72,491) |
| Present value of lease liabilities | $ 3,067,070 | $ 299,128 |

Rent expense under all operating leases for 2021, 2020 and 2019 was $673,904, $663,819 and $646,092, respectively. Rent expense is recorded on a straight-line basis over the term of the lease, including leases that contain fixed escalation clauses or include abatement provisions. Leasehold improvement incentives are deferred and amortized to rent expense over the term of the lease. Finance lease obligations are included in long-term debt. See Note 13 for further details on long-term debt.

## 15. Employee benefit plans

The Company has a 401(k) retirement savings plan for substantially all of its U.S. employees which has been established pursuant to applicable provisions of the Internal Revenue Code (IRC). The plan allows for employees to contribute a percentage of their base annual salaries on a tax-deferred basis not to exceed IRC limitations. The Company maintains a 401(k) matching program under which the Company matches 50% of the employee's contribution up to 6% of the employee's salary, subject to certain limitations. The matching contributions are subject to certain eligibility and vesting conditions. For the years ended December 31, 2021, 2020 and 2019, the Company accrued matching contributions totaling approximately $68,658, $70,180 and $64,988, respectively.

The Company also maintains a voluntary compensation deferral plan, the Deferred Compensation Plan, as well as other legacy deferral plans. The Deferred Compensation Plan is non-qualified and permits certain employees whose annualized base salary equals or exceeds a minimum annual threshold amount as set by the Company to elect to defer all or a portion of their annual bonus payment and up to 50% of their base salary into a deferral account maintained by the Company. Total contributions to this plan in 2021, 2020 and 2019 were $2,962, $3,637 and $1,751, respectively. Deferred amounts are generally paid out in cash at the participant’s election either in the first or second year following retirement or in a specified future period at least three to four years after the deferral election was effective. During 2021, 2020 and 2019 the Company distributed $11,887, $3,139 and $2,730, respectively, to participants from its deferred compensation plans. Participants are credited with

their proportional amount of annual earnings from the plans. The assets of these plans are held in rabbi trusts subject to the claims of the Company's general creditors in the event of its bankruptcy. As of December 31, 2021 and 2020, the total fair value of assets held in these plans' trusts was $38,019 and $43,844, respectively. The assets of these plans are recorded at fair value with changes in fair value recorded in other income. See Note 5 for further details. Any fair value changes to the corresponding liability balance are recorded as compensation expense.

**16. Contingencies**

The majority of the Company's revenues are from government programs and may be subject to adjustment as a result of: (i) examination by government agencies or contractors, for which the resolution of any matters raised may take extended periods of time to finalize; (ii) differing interpretations of government regulations by different Medicare contractors or regulatory authorities; (iii) differing opinions regarding a patient's medical diagnosis or the medical necessity of services provided; and (iv) retroactive applications or interpretations of governmental requirements. In addition, the Company's revenues from commercial payors may be subject to adjustment as a result of potential claims for refunds, as a result of government actions or as a result of other claims by commercial payors.

The Company operates in a highly regulated industry and is a party to various lawsuits, demands, claims, *qui tam* suits, governmental investigations (which frequently arise from *qui tam* suits) and audits (including, without limitation, investigations or other actions resulting from its obligation to self-report suspected violations of law) and other legal proceedings, including, without limitation, those described below. The Company records accruals for certain legal proceedings and regulatory matters to the extent that the Company determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. As of December 31, 2021 and December 31, 2020, the Company's total recorded accruals with respect to legal proceedings and regulatory matters, net of anticipated third party recoveries, were immaterial. While these accruals reflect the Company's best estimate of the probable loss for those matters as of the dates of those accruals, the recorded amounts may differ materially from the actual amount of the losses for those matters, and any anticipated third party recoveries for any such losses may not ultimately be recoverable. Additionally, in some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal proceedings and regulatory matters, which also may be impacted by various factors, including, without limitation, that they may involve indeterminate claims for monetary damages or may involve fines, penalties or non-monetary remedies; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; are in the early stages of the proceedings; or may result in a change of business practices. Further, there may be various levels of judicial review available to the Company in connection with any such proceeding.

The following is a description of certain lawsuits, claims, governmental investigations and audits and other legal proceedings to which the Company is subject.

***Certain Governmental Inquiries and Related Proceedings***

2016 U.S. Attorney Texas Investigation: In February 2016, DaVita Rx, LLC (DaVita Rx), a wholly-owned subsidiary of the Company, received a Civil Investigative Demand (CID) from the U.S. Attorney's Office, Northern District of Texas. The government is conducting a federal False Claims Act (FCA) investigation concerning allegations that DaVita Rx presented or caused to be presented false claims for payment to the government for prescription medications, as well as an investigation into the Company's relationships with pharmaceutical manufacturers. The government's investigation covers the period from January 1, 2006 through December 31, 2018. In December 2017, the Company finalized and executed a settlement agreement that resolved certain of the issues in the government's investigation and that included total monetary consideration of $63,700, as previously disclosed, of which $41,500 was an incremental cash payment and $22,200 was for amounts previously refunded, and all of which was previously accrued. The government's investigation is ongoing with respect to issues related to DaVita Rx's historic relationships with certain pharmaceutical manufacturers, and in July 2018 the Office of Inspector General (OIG) served the Company with a subpoena seeking additional documents and information relating to those relationships. On September 15, 2021, the U.S. Attorney's Office notified the U.S. District Court, Northern District of Texas, of its decision and the decision of 31 states not to elect to intervene at this time in the matter of *U.S. ex rel. Doe v. DaVita Inc., et al*. The court then unsealed the complaint, which alleges violations of the FCA, by order dated September 17, 2021. The complaint was not served on the Company. In December 2021, the private party relator filed a notice of voluntary dismissal of all claims and the Court entered an order dismissing the claims without prejudice. The Company is continuing to cooperate with the government in this investigation.

2017 U.S. Attorney Colorado Investigation: In November 2017, the U.S. Attorney's Office, District of Colorado informed the Company of an investigation it was conducting into possible federal healthcare offenses involving DaVita Kidney Care, as well as several of the Company's wholly-owned subsidiaries. In addition to DaVita Kidney Care, the matter currently

includes an investigation into DaVita Rx, DaVita Laboratory Services, Inc. (DaVita Labs), and RMS Lifeline Inc. (Lifeline). In each of August 2018, May 2019, and July 2021, the Company received a CID pursuant to the FCA from the U.S. Attorney's Office relating to this investigation. In May 2020, the Company sold its interest in Lifeline, but the Company retained certain liabilities of the Lifeline business, including those related to this investigation. The Company is continuing to cooperate with the government in this investigation.

2020 U.S. Attorney New Jersey Investigation: In March 2020, the U.S. Attorney's Office, District of New Jersey served the Company with a subpoena and a CID relating to an investigation being conducted by that office and the U.S. Attorney's Office, Eastern District of Pennsylvania. The subpoena and CID request information on several topics, including certain of the Company's joint venture arrangements with physicians and physician groups, medical director agreements, and compliance with its five-year Corporate Integrity Agreement, the term of which expired October 22, 2019. The Company is cooperating with the government in this investigation.

2020 California Department of Insurance Investigation: In April 2020, the California Department of Insurance (CDI) sent the Company an Investigative Subpoena relating to an investigation being conducted by that office. CDI issued a superseding subpoena in September 2020, and an additional subpoena in September 2021. Those subpoenas request information on a number of topics, including but not limited to the Company's communications with patients about insurance plans and financial assistance from the American Kidney Fund (AKF), analyses of the potential impact of patients' decisions to change insurance providers, and documents relating to donations or contributions to the AKF. The Company is cooperating with CDI in this investigation.

2020 Department of Justice Investigation: In October 2020, the Company received a CID from the Department of Justice pursuant to a False Claims Act investigation concerning allegations that DaVita Medical Group (DMG) may have submitted undocumented or unsupported diagnosis codes in connection with Medicare Advantage beneficiaries. The CID covers the period from January 1, 2015 through June 19, 2019, the date the Company completed the divestiture of DMG to Collaborative Care Holdings, LLC. The Company is cooperating with the government in this investigation.

* * *

Although the Company cannot predict whether or when proceedings might be initiated or when these matters may be resolved (other than as may be described above), it is not unusual for inquiries such as these to continue for a considerable period of time through the various phases of document and witness requests and on-going discussions with regulators and to develop over the course of time. In addition to the inquiries and proceedings specifically identified above, the Company frequently is subject to other inquiries by state or federal government agencies, many of which relate to *qui tam* complaints filed by relators. Negative findings or terms and conditions that the Company might agree to accept as part of a negotiated resolution of pending or future government inquiries or relator proceedings could result in, among other things, substantial financial penalties or awards against the Company, substantial payments made by the Company, harm to the Company's reputation, required changes to the Company's business practices, an impact on the Company's various relationships and/or contracts related to the Company's business, exclusion from future participation in the Medicare, Medicaid and other federal health care programs and, if criminal proceedings were initiated against the Company, members of its board of directors or management, possible criminal penalties, any of which could have a material adverse effect on the Company.

***Other Proceedings***

2021 Antitrust Indictment and Putative Class Action Suit: On July 14, 2021, an indictment was returned by a grand jury in the U.S. District Court, District of Colorado against the Company and its former chief executive officer in the matter of *U.S. v. DaVita Inc., et al.* The two count indictment alleges that purported agreements entered into by DaVita's former chief executive officer not to solicit senior-level employees violate Section 1 of the Sherman Act. On September 14, 2021, DaVita and its former chief executive officer filed a motion to dismiss the indictment. On November 3, 2021, a superseding indictment was returned in *U.S. v. DaVita Inc., et al.* that included an additional count alleging a third violation of the Sherman Act. On November 10, 2021, DaVita and its former chief executive officer filed a renewed motion to dismiss the superseding indictment. On January 28, 2022, the court denied the motion to dismiss. The matter is set to start trial on March 28, 2022. On July 16, 2021, a former DaVita employee filed a putative class action complaint in the matter of *Pena v. Surgical Care Affiliates, LLC, et al.* in the U.S. District Court, Northern District of Illinois based on the allegations in the matter of *U.S. v. DaVita Inc., et al*. On August 6, 2021, the plaintiff in the *Pena* case filed a notice of voluntary dismissal and the court dismissed the complaint on August 9, 2021. On August 9, 2021, DaVita was named as defendant in a consolidated class action complaint in the matter of *In re Outpatient Medical Center Employee Antitrust Litigation* in the U.S. District Court, Northern District of Illinois. This class action complaint seeks to bring an action on behalf of certain groups of individuals employed by the Company between February 1, 2012 and January 5, 2021. On October 18, 2021, the Company filed a motion to dismiss the

class action complaint. The Company disputes the allegations in the superseding indictment and the class action complaint, as well as the asserted violations of the Sherman Act, and intends to defend these actions accordingly.

Marietta Memorial Hospital Employee Health Benefit Plan, et al. v. DaVita Inc. et al. No. 20-1641: On November 5, 2021 the United States Supreme Court granted certiorari of an appeal by an employer group health plan, the plan sponsor, and the plan's advisor of the U.S. Court of Appeals for the Sixth Circuit (Sixth Circuit) decision in the Company's favor. The questions presented involve whether the health plan violates the Medicare Secondary Payor Act by "taking into account" that plan beneficiaries are eligible for Medicare and/or by "differentiating" between the benefits that the plan offers to patients with dialysis versus others. On December 23, 2021, the Solicitor General on behalf of the United States filed an amicus brief supporting the petitioners' request to overturn the Sixth Circuit decision. On January 19, 2022, the Company filed its brief in support of the Sixth Circuit decision, and the Company intends to defend against the appeal accordingly. The case is set for oral argument on March 1, 2022.

Additionally, from time to time the Company is subject to other lawsuits, demands, claims, governmental investigations and audits and legal proceedings that arise due to the nature of its business, including, without limitation, contractual disputes, such as with payors, suppliers and others, employee-related matters and professional and general liability claims. From time to time, the Company also initiates litigation or other legal proceedings as a plaintiff arising out of contracts or other matters.

* * *

Other than as may be described above, the Company cannot predict the ultimate outcomes of the various legal proceedings and regulatory matters to which the Company is or may be subject from time to time, including those described in Note 16 to these consolidated financial statements, or the timing of their resolution or the ultimate losses or impact of developments in those matters, which could have a material adverse effect on the Company's revenues, earnings and cash flows. Further, any legal proceedings or regulatory matters involving the Company, whether meritorious or not, are time consuming, and often require management's attention and result in significant legal expense, and may result in the diversion of significant operational resources, may impact the Company's various relationships and/or contracts related to the Company's business or otherwise harm the Company's business, results of operations, financial condition, cash flows or reputation.

*Resolved Matters*

Peace Officers' Annuity and Benefit Fund of Georgia Securities Class Action Civil Suit: On February 1, 2017, the Peace Officers' Annuity and Benefit Fund of Georgia filed a putative federal securities class action complaint in the U.S. District Court for the District of Colorado against the Company and certain executives. The complaint covers the time period of August 2015 to October 2016 and alleges, generally, that the Company and its executives violated federal securities laws concerning the Company's financial results and revenue derived from patients who received charitable premium assistance from an industry-funded non-profit organization. The complaint further alleges that the process by which patients obtained commercial insurance and received charitable premium assistance was improper and "created a false impression of DaVita's business and operational status and future growth prospects."

While the Company continues to dispute the allegations, it reached an agreement to resolve this matter without admitting to any liability. Settlement of this matter was covered primarily with insurance proceeds. The Company contributed an amount that did not have a material impact on the Company's consolidated financial position, results of operations or cash flows. On April 13, 2021, the court granted final approval of the settlement. On August 9, 2021, the court entered final judgment and dismissed all claims in the action with prejudice.

In re DaVita Inc. Stockholder Derivative Litigation: On August 15, 2017, the U.S. District Court for the District of Delaware consolidated three previously disclosed shareholder derivative lawsuits: the Blackburn Shareholder action filed on February 10, 2017, the Gabilondo Shareholder action filed on May 30, 2017, and the City of Warren Police and Fire Retirement System Shareholder action filed on June 9, 2017. The complaint covers the time period from 2015 to present and alleges, generally, breach of fiduciary duty, unjust enrichment, abuse of control, gross mismanagement, corporate waste, and misrepresentations and/or failures to disclose certain information in violation of the federal securities laws in connection with an alleged practice to direct patients with government-subsidized health insurance into private health insurance plans to maximize the Company's profits.

While the defendants continue to dispute the allegations, an agreement was reached to resolve this matter without admitting to any liability and the court approved the settlement and entered final judgment and dismissed the case with prejudice on January 29, 2021. As part of the settlement, the Company agreed to certain corporate governance policies, but did not make any financial contribution towards the settlement.

2018 U.S. Attorney Florida Investigation: In March 2018, DaVita Labs received two CIDs from the U.S. Attorney's Office, Middle District of Florida that were identical in nature but directed to the two different labs. According to the face of the CIDs, the U.S. Attorney's Office is conducting an investigation as to whether the Company's subsidiary submitted claims for blood, urine, and fecal testing, where there were insufficient test validation or stability studies to ensure accurate results, in violation of the FCA. In October 2018, DaVita Labs received a subpoena from the OIG in connection with this matter requesting certain patient records linked to clinical laboratory tests. On September 30, 2019, the U.S. Attorney's Office notified the U.S. District Court, Middle District of Florida, of its decision not to elect to intervene at this time in the matter of *U.S. ex rel. Lorne Holland, et al. v. DaVita Healthcare Partners, Inc., et al*. The court then unsealed the complaint, which alleges violations of the FCA, by order dated the same day. In January 2020, the private party relators served the Company and DaVita Labs with an amended complaint. The Company and DaVita Labs answered the complaint on July 23, 2020. On August 10, 2021, the court entered summary judgment in favor of the Company and DaVita Labs on all of the relators' FCA claims leaving only the claims for retaliation. The court dismissed the case on October 13, 2021. On October 15, 2021, the parties signed an agreement to resolve the remaining retaliation claims for an immaterial amount.

## 17. Noncontrolling interests subject to put provisions and other commitments

*Noncontrolling interests subject to put provisions*

The Company has potential obligations to purchase the equity interests held by third parties in many of its majority-owned dialysis partnerships and other nonconsolidated entities. These noncontrolling interests subject to put provisions constitute redeemable equity interests and are therefore classified as temporary equity and carried at estimated fair value on the Company's balance sheet.

Specifically, these obligations are in the form of put provisions that are exercisable at the third-party owners' discretion within specified periods outlined in each specific put provision. If these put provisions were exercised, the Company would be required to purchase the third-party owners' equity interests, generally at the appraised fair market value of the equity interests or in certain cases at a predetermined multiple of earnings or cash flows attributable to the equity interests put to the Company, intended to approximate fair value. The methodology the Company uses to estimate the fair values of noncontrolling interests subject to put provisions assumes the higher of either a liquidation value of net assets or an average multiple of earnings, based on historical earnings, patient mix and other performance indicators that can affect future results, as well as other factors. The estimated fair values of noncontrolling interests subject to put provisions are a critical accounting estimate that involves significant judgments and assumptions and may not be indicative of the actual values at which the noncontrolling interests may ultimately be settled, which could vary significantly from the Company's current estimates. The estimated fair values of noncontrolling interests subject to put provisions can fluctuate and the implicit multiple of earnings at which these noncontrolling interests obligations may be settled will vary significantly depending upon market conditions including potential purchasers' access to the capital markets, which can impact the level of competition for dialysis and non-dialysis related businesses, the economic performance of these businesses and the restricted marketability of the third-party owners' equity interests. The amount of noncontrolling interests subject to put provisions that employ a contractually predetermined multiple of earnings rather than fair value is immaterial.

Certain consolidated dialysis partnerships are originally contractually scheduled to dissolve after terms ranging from ten years to 50 years. While noncontrolling interests in these limited life entities qualify as mandatorily redeemable financial instruments, they are subject to a classification and measurement scope exception from the accounting guidance generally applicable to other mandatorily redeemable financial instruments. Future distributions upon dissolution of these entities would be valued below the related noncontrolling interest carrying balances in the consolidated balance sheet.

*Other commitments*

In 2017, the Company entered into a Sourcing and Supply Agreement with Amgen USA Inc. (Amgen) that expires on December 31, 2022. Under the terms of the agreement, the Company will purchase EPO from Amgen in amounts necessary to meet no less than 90% of its requirements for erythropoiesis-stimulating agents (ESAs) through the expiration of the contract. The actual amount of EPO that the Company will purchase will depend upon the amount of EPO administered during dialysis as prescribed by physicians and the overall number of patients that the Company serves.

The Company has agreements with various suppliers to purchase established amounts of dialysis equipment, parts, and supplies. As of December 31, 2021, the remaining minimum purchase commitments under these arrangements were approximately $549,079, $510,991, $430,196, and $345,863 for the years 2022, 2023, 2024, and 2025, respectively. If the Company fails to meet the minimum purchase commitments under these contracts during any year, it is required to pay the difference to the supplier.

The Company also has certain potential commitments to provide working capital funding, if necessary, to certain nonconsolidated dialysis businesses that the Company manages and in which the Company owns a noncontrolling equity interest or which are wholly-owned by third parties of approximately $13,469.

Other than the letters of credit disclosed in Note 13 to these consolidated financial statements, and the arrangements as described above, the Company has no off balance sheet financing arrangements as of December 31, 2021.

**18. Stock-based compensation**

*Stock-based compensation*

Stock-based compensation consists primarily of stock-settled stock appreciation rights, restricted stock units and performance stock units. Stock-based compensation, which is primarily general and administrative in nature, is attributed to the Company's U.S. dialysis business, its corporate administrative support, and its ancillary services. See Note 1 *"Organization and summary of significant accounting policies"* for more information on how the Company measures and recognizes stock-based compensation expense.

*Long-term incentive compensation plans*

On June 11, 2020, the Company's stockholders approved the DaVita Inc. 2020 Incentive Award Plan (the 2020 Plan). Prior to June 11, 2020 stock-based awards were granted under the DaVita Healthcare Partners Inc. 2011 Incentive Award Plan (the 2011 Plan). The 2011 Plan was terminated with respect to any new awards upon stockholder approval of the 2020 Plan. At the time the 2020 Plan was approved there were 8,730 shares of common stock available for issuance under the 2020 Plan, consisting of 5,000 newly authorized shares and 3,730 shares that were available for issuance under the 2011 Plan as of the effective date of the 2020 Plan and which became available for grant under the 2020 Plan, pursuant to the terms of the 2020 Plan.

The 2020 Plan is the Company's current omnibus equity compensation plan and provides for grants of stock-based awards to employees, directors and other individuals providing services to the Company, except that incentive stock options may only be awarded to employees. The 2020 Plan provides for the grant of stock appreciation rights, nonqualified stock options, incentive stock options, restricted stock units, restricted stock, performance stock awards, dividend equivalents, stock payments, deferred stock unit awards, deferred stock awards and performance cash awards. The 2020 Plan mandates a maximum award term of 10 years for stock appreciation rights and stock options and stipulates that awards of these types be granted with a base or exercise price per share of not less than the fair market value of the Company's common stock on the date of grant. Shares available under the 2020 Plan are also stated on a full value share basis rather than on an option-equivalent basis. The 2020 Plan therefore provides that shares available for issuance under the plan are reduced by one share available for every four shares underlying stock appreciation rights and stock options, and are reduced by one share available for every one share underlying stock-based awards other than stock appreciation rights and stock options. At December 31, 2021, there were 7,672 shares available for future grants under the 2020 Plan. The Company's stock awards granted under the 2020 Plan generally vest over 36 months to 48 months from the date of grant.

The 2011 Plan was the Company's prior omnibus equity compensation plan and authorized the Company to award stock options, stock appreciation rights, restricted stock units, restricted stock, and other stock-based or performance-based awards. The 2011 Plan mandated a maximum award term of five years and stipulated that stock appreciation rights and stock options be granted with prices not less than fair market value on the date of grant. The 2011 Plan also required that full value share awards such as restricted stock units reduce shares available under the 2011 Plan at a ratio of 3.5:1. The Company's stock appreciation rights and stock units awarded under the 2011 Plan generally vest over 36 months to 48 months from the date of grant.

A combined summary of the status of the Company's stock-settled awards under both the 2020 Plan and 2011 Plan, including base shares for stock-settled stock appreciation rights (SSARs) and stock-settled stock unit awards is as follows:

| | Year ended December 31, 2021 | | | | |
|---|---|---|---|---|---|
| | Stock appreciation rights | | | Stock units | |
| | Awards | Weighted average exercise price | Weighted average remaining contractual life | Awards | Weighted average remaining contractual life |
| Outstanding at beginning of year | 8,084 | $ 63.64 | | 3,537 | |
| Granted | 132 | $ 108.93 | | 789 | |
| Added by performance factor | | | | 153 | |
| Exercised/Vested | (2,093) | $ 64.00 | | (696) | |
| Canceled | (180) | $ 59.19 | | (398) | |
| Outstanding at end of period | 5,943 | $ 64.66 | 2.4 | 3,385 | 1.4 |
| Exercisable at end of period | 1,161 | $ 61.13 | 1.5 | — | — |
| Weighted-average fair value of grants: | | | | | |
| 2021 | $ 32.15 | | | $ 109.50 | |
| 2020 | $ 26.70 | | | $ 77.83 | |
| 2019 | $ 14.04 | | | $ 50.58 | |

| Range of SSARs base prices | Awards Outstanding | Weighted average exercise price | Awards exercisable | Weighted average exercise price |
|---|---|---|---|---|
| $50.01–$60.00 | 1,561 | $ 52.45 | 425 | $ 52.55 |
| $60.01–$70.00 | 3,974 | $ 67.22 | 732 | $ 66.05 |
| $70.01–$80.00 | 276 | $ 75.77 | 4 | $ 71.64 |
| $100.01–$110.00 | 132 | $ 108.93 | — | $ — |
| Total | 5,943 | $ 64.66 | 1,161 | $ 61.13 |

For the years ended December 31, 2021, 2020, and 2019, the aggregate intrinsic value of stock-based awards exercised was $208,585, $49,258 and $11,475, respectively. At December 31, 2021, the aggregate intrinsic value of stock-based awards outstanding was $680,251 and the aggregate intrinsic value of stock awards exercisable was $61,389.

*Estimated fair value of stock-based compensation awards*

The Company has estimated the grant-date fair value of stock-settled stock appreciation rights awards using the Black-Scholes-Merton valuation model and stock-settled stock unit awards at intrinsic value on the date of grant, except for portions of the Company's performance stock unit awards for which a Monte Carlo simulation was used to estimate the grant-date fair value. The following assumptions were used in estimating these values and determining the related stock-based compensation expense attributable to the current period:

*Expected term of the awards:* The expected term of awards granted represents the period of time that they are expected to remain outstanding from the date of grant. The Company determines the expected term of its stock awards based on its historical experience with similar awards, considering the Company's historical exercise and post-vesting termination patterns.

*Expected volatility:* Expected volatility represents the volatility anticipated over the expected term of the award. The Company determines the expected volatility for its awards based on the volatility of the price of its common stock over the most recent retrospective period commensurate with the expected term of the award, considering the volatilities expected by peer companies in near industries.

*Expected dividend yield:* The Company has not paid dividends on its common stock and does not currently expect to pay dividends during the term of stock awards granted.

*Risk-free interest rate:* The Company bases the expected risk-free interest rate on the implied yield currently available on stripped interest coupons of U.S. Treasury issues with a remaining term equivalent to the expected term of the award.

A summary of the weighted average valuation inputs described above used for estimating the grant-date fair value of SSAR awards granted in the periods indicated is as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Expected term | 4.5 | 4.8 | 4.0 |
| Expected volatility | 34.3 % | 28.2 % | 29.5 % |
| Expected dividend yield | — % | — % | — % |
| Risk-free interest rate | 0.7 % | 1.5 % | 2.2 % |

The Company estimates expected forfeitures based upon historical experience with separate groups of employees that have exhibited similar forfeiture behavior in the past. Stock-based compensation expense is recorded only for awards that are expected to vest.

On November 4, 2019, the independent members of the Company's Board of Directors (Board) approved an award of 2,500 premium-priced stock-settled stock appreciation rights (Premium-Priced Award) to the Company's Chief Executive Officer (CEO), which award was subject to stockholder approval of a related amendment to the 2011 Plan. Stockholders approved such amendment to the 2011 Plan on January 23, 2020, authorizing the grant to the Company's CEO. Since stockholder approval occurred in 2020, this award was treated as granted in 2020 for accounting purposes.

The base price of the Premium-Priced Award was $67.80 per share, which was a 20% premium to the clearing price of the Company's modified Dutch auction tender offer for its shares in 2019 (2019 Tender Offer). The award vests 50% on each of November 4, 2022 and November 4, 2023 and expires on November 4, 2024. The award includes a requirement that the CEO hold any shares acquired upon exercise of this award, net of shares used to cover related taxes, until November 4, 2024 (that is, for the full term of the award), subject to lapse of the holding period upon a change in control of the Company or due to the CEO's death or termination due to disability.

*Employee stock purchase plan*

The Employee Stock Purchase Plan entitles qualifying employees to purchase up to $25 of the Company's common stock during each calendar year. The amounts used to purchase stock are accumulated through payroll withholdings or through optional lump sum payments made in advance of the first day of the purchase right period. This compensatory plan allows employees to purchase stock for the lesser of 100% of its fair market value on the first day of the purchase right period or 85% of its fair market value on the last day of the purchase right period. Purchase right periods begin on January 1 and July 1, and end on December 31. Contributions used to purchase the Company's common stock under this plan for the 2021, 2020 and 2019 purchase periods were $19,626, $17,148 and $16,569, respectively. Shares purchased pursuant to the plan's 2021, 2020 and 2019 purchase periods were 203, 222 and 315, respectively. At December 31, 2021, there were 5,986 shares remaining available for future grants under this plan.

The fair value of participants' purchase rights was estimated as of the beginning dates of the purchase right periods using the Black-Scholes-Merton valuation model with the following weighted average assumptions for purchase right periods in 2021, 2020 and 2019, respectively: expected volatility of 39.0%, 40.4% and 28.8%; risk-free interest rates of 0.1%, 1.0% and 2.6%, and no dividends. Using these assumptions, the weighted average estimated per share fair value of each purchase right was $34.94, $22.06 and $13.80 for 2021, 2020 and 2019, respectively.

*Stock-based compensation expense and proceeds*

For the years ended December 31, 2021, 2020 and 2019, the Company recognized $102,209, $91,458 and $63,705 in stock-based compensation expense for stock appreciation rights, stock units and discounted employee stock purchase plan purchases, which are primarily included in general and administrative expenses. The estimated tax benefits recorded for stock-based compensation in 2021, 2020 and 2019 were $13,853, $11,775 and $9,186, respectively. As of December 31, 2021, there was $161,147 of total estimated but unrecognized stock-based compensation expense under the Company's equity compensation and employee stock purchase plans. The Company expects to recognize this expense over a weighted average remaining period of 1.2 years.

For the years ended December 31, 2021, 2020 and 2019, the Company received $46,990, $8,957 and $2,251, respectively, in actual tax benefits upon the exercise or vesting of stock awards. Since the Company issues stock-settled stock appreciation rights rather than stock options, there were no cash proceeds from stock option exercises.

## 19. Shareholders' equity

*Stock repurchases*

The following table summarizes the Company's repurchases of its common stock during the years ended December 31, 2021, 2020 and 2019:

| | 2021 | 2020 | 2019 |
|---|---|---|---|
| **Open market repurchases** | | | |
| Shares | 13,877 | 8,495 | 19,218 |
| Amounts paid | $ 1,546,016 | $ 741,850 | $ 1,168,321 |
| Average paid per share | $ 111.41 | $ 87.32 | $ 60.79 |
| | | | |
| **Tender offers** [1] | | | |
| Shares | — | 7,982 | 21,802 |
| Amounts paid | $ — | $ 704,917 | 1,234,154 |
| Average paid per share | $ — | $ 88.32 | 56.61 |
| | | | |
| **Total** | | | |
| Shares | 13,877 | 16,477 | 41,020 |
| Amounts paid | $ 1,546,016 | $ 1,446,767 | $ 2,402,475 |
| Average paid per share | $ 111.41 | $ 87.80 | $ 58.57 |

(1) The aggregate amounts paid for shares repurchased pursuant to the Company's 2020 and 2019 tender offers for its shares during the years ended 2020 and 2019, include their clearing prices of $88.00 and $56.50 per share, respectively, plus related fees and expenses of $2,529 and $2,343, respectively.

Subsequent to December 31, 2021 through February 9, 2022, the Company has repurchased 1,437 shares of its common stock for $159,133 at an average cost of $110.73 per share.

Effective on December 10, 2020, the Board terminated all remaining prior share repurchase authorizations available to the Company and approved a new share repurchase authorization of $2,000,000. Effective on December 17, 2021, the Board increased the Company's existing authorization by $2,000,000. The Company is authorized to make purchases from time to time in the open market or in privately negotiated transactions, including without limitation, through accelerated share repurchase transactions, derivative transactions, tender offers, Rule 10b5-1 plans or any combination of the foregoing, depending upon market conditions and other considerations.

As of February 9, 2022, the Company has a total of $2,224,806 available under the current repurchase authorization for additional share repurchases. Although this share repurchase authorization does not have an expiration date, the Company remains subject to share repurchase limitations, including under the terms of its senior secured credit facilities.

The Company retired all shares held in its treasury effective as of December 31, 2021 and December 31, 2020.

*Charter documents & Delaware law*

The Company's charter documents include provisions that may deter hostile takeovers, delay or prevent changes of control or changes in management, or limit the ability of stockholders to approve transactions that they may otherwise determine to be in their best interests. These include provisions prohibiting stockholders from acting by written consent, requiring 90 days advance notice for director nominations and stockholder proposals and granting the Company's Board of Directors the authority to issue up to 5,000 shares of preferred stock and to determine the rights and preferences of the preferred stock without the need for further stockholder approval.

The Company is also subject to Section 203 of the Delaware General Corporation Law which, subject to exceptions, prohibits the Company from engaging in any business combinations with any interested stockholder, as defined in that section, for a period of three years following the date on which that stockholder became an interested stockholder. The provisions described above may discourage, delay or prevent an acquisition of the Company at a price that stockholders may find attractive.

*Changes in DaVita Inc.'s ownership interests in consolidated subsidiaries*

The effects of changes in DaVita Inc.'s ownership interests in consolidated subsidiaries on the Company's consolidated equity were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Net income attributable to DaVita Inc. | $ 978,450 | $ 773,642 | $ 810,981 |
| Changes in paid-in capital for: | | | |
| Purchases of noncontrolling interests | (13,853) | 4,364 | (37,145) |
| Sales of noncontrolling interest | (264) | — | — |
| Net transfers in noncontrolling interests | (14,117) | 4,364 | (37,145) |
| Net income attributable to DaVita Inc. net of transfers in noncontrolling interests | $ 964,333 | $ 778,006 | $ 773,836 |

The Company acquired additional ownership interests in several existing majority-owned partnerships for $20,104, $7,831, and $68,019 in 2021, 2020, and 2019, respectively.

## 20. Accumulated other comprehensive loss

Charges and credits to other comprehensive (loss) income have been as follows:

| | Interest rate cap agreements | Foreign currency translation adjustments | Accumulated other comprehensive (loss) income |
|---|---|---|---|
| Balance at December 31, 2018 | $ (8,961) | $ (25,963) | $ (34,924) |
| Unrealized gains (losses) | 1,566 | (20,102) | (18,536) |
| Related income tax | (415) | — | (415) |
| | 1,151 | (20,102) | (18,951) |
| Reclassification of income into net income | 8,591 | — | 8,591 |
| Related income tax | (2,214) | — | (2,214) |
| | 6,377 | — | 6,377 |
| Balance at December 31, 2019 | $ (1,433) | $ (46,065) | $ (47,498) |
| Unrealized losses | (21,781) | (7,080) | (28,861) |
| Related income tax | 5,435 | (543) | 4,892 |
| | (16,346) | (7,623) | (23,969) |
| Reclassification of income into net income | 7,081 | — | 7,081 |
| Related income tax | (1,768) | — | (1,768) |
| | 5,313 | — | 5,313 |
| Balance at December 31, 2020 | $ (12,466) | $ (53,688) | $ (66,154) |
| Unrealized gains (losses) | 9,532 | (83,375) | (73,843) |
| Related income tax | (2,377) | (1,006) | (3,383) |
| | 7,155 | (84,381) | (77,226) |
| Reclassification of income into net income | 5,509 | — | 5,509 |
| Related income tax | (1,376) | — | (1,376) |
| | 4,133 | — | 4,133 |
| Balance at December 31, 2021 | $ (1,178) | $ (138,069) | $ (139,247) |

The reclassification of net interest rate cap realized losses into income are recorded as debt expense in the corresponding consolidated statements of income. See Note 13 for further details.

## 21. Acquisitions and divestitures

*Routine acquisitions*

During 2021, 2020, and 2019 the Company acquired dialysis businesses and other businesses, including a transplant software company, as follows:

| | Year ended Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Cash paid, net of cash acquired | $ 187,050 | $ 182,013 | $ 98,836 |
| Contingent earn-out obligations | 14,854 | 14,042 | 23,536 |
| Deferred purchase price and liabilities assumed | 10,226 | 20,415 | 4,326 |
| Non-cash gain | — | 1,821 | — |
| Aggregate consideration | $ 212,130 | $ 218,291 | $ 126,698 |
| Number of dialysis centers acquired — U.S. | 19 | 8 | 7 |
| Number of dialysis centers acquired — International | 17 | 66 | 16 |

The assets and liabilities for all acquisitions were recorded at their estimated fair values at the dates of the acquisitions and are included in the Company's financial statements, as are their operating results, from the designated effective dates of the acquisitions.

The initial purchase price allocations for these transactions have been recorded at estimated fair values based on information available to management and will be finalized when certain information arranged to be obtained has been received. For several of the 2021 acquisitions, certain income tax amounts are pending final evaluation and quantification of any pre-acquisition tax contingencies. In addition, valuation of contingent earn-outs, intangibles, fixed assets, leases and certain working capital items relating to several of these acquisitions are pending final quantification.

The following table summarizes the assets acquired and liabilities assumed in these transactions and recognized at their acquisition dates at estimated fair values, as well as the estimated fair value of noncontrolling interests assumed in these transactions:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Current assets | $ 9,134 | $ 23,607 | $ 6,713 |
| Property and equipment | 9,277 | 37,457 | 4,842 |
| Customer relationships | 17,200 | 34,625 | — |
| Noncompetition agreements and other long-term assets | 9,964 | 10,168 | 1,980 |
| Indefinite-lived licenses | 11,432 | 22,136 | 31,858 |
| Goodwill | 173,244 | 130,057 | 90,226 |
| Deferred income taxes | — | (3,962) | — |
| Liabilities assumed | (14,200) | (34,068) | (7,159) |
| Noncontrolling interests assumed | (3,921) | (1,729) | (1,762) |
| | $ 212,130 | $ 218,291 | $ 126,698 |

The following summarizes weighted-average estimated useful lives of amortizable intangible assets acquired during 2021, 2020 and 2019, as well as goodwill deductible for tax purposes associated with these acquisitions:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Weighted-average estimated useful lives (in years): | | | |
| Customer relationships | 10 | 18 | |
| Noncompetition agreements | 6 | 5 | 6 |
| Goodwill deductible for tax purposes | $ 169,014 | $ 94,318 | $ 88,517 |

*Pro forma financial information (unaudited)*

The following summary, prepared on a pro forma basis, combines the results of operations as if all acquisitions within continuing operations in 2021 and 2020 had been consummated as of the beginning of 2020, including the impact of certain adjustments such as amortization of intangibles, interest expense on acquisition financing and income tax effects.

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| | (unaudited) | |
| Pro forma total revenues | $ 11,678,798 | $ 11,722,511 |
| Pro forma net income from continuing operations attributable to DaVita Inc. | $ 985,800 | $ 797,844 |
| Pro forma basic net income per share from continuing operations attributable to DaVita Inc. | $ 9.37 | $ 6.66 |
| Pro forma diluted net income per share from continuing operations attributable to DaVita Inc. | $ 8.97 | $ 6.51 |

*Sale of RMS Lifeline*

The Company divested its prior vascular access business, RMS Lifeline, Inc., effective May 1, 2020 and recognized a loss on sale of approximately $16,252.

*Contingent earn-out obligations*

The Company has contingent earn-out obligations associated with acquisitions that could result in the Company paying the former owners of acquired businesses a total of up to approximately $67,638 if certain performance targets or quality margins are met over the next one year to five years.

Contingent earn-out obligations are remeasured to fair value at each reporting date until the contingencies are resolved with changes in the liability due to the remeasurement recognized in earnings. See Note 24 for further details. As of December 31, 2021, the Company estimated the fair value of these contingent earn-out obligations to be $33,600, of which a total of $9,419 is included in other current liabilities, and the remaining $24,181 is included in other long-term liabilities in the Company’s consolidated balance sheet.

The following is a reconciliation of changes in contingent earn-out liabilities for the years ended December 31, 2021 and 2020:

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| Beginning balance | $ 30,248 | $ 24,586 |
| Acquisitions | 14,854 | 14,042 |
| Foreign currency translation | (1,674) | (3,688) |
| Fair value remeasurements | (1,292) | (2,630) |
| Payments or other settlements | (8,536) | (2,062) |
| Ending balance | $ 33,600 | $ 30,248 |

## 22. Discontinued operations previously held for sale

*DaVita Medical Group (DMG)*

On June 19, 2019, the Company completed the sale of its prior DMG business to Optum, a subsidiary of UnitedHealth Group Inc., for an aggregate purchase price of $4,340,000, prior to certain closing and post-closing adjustments specified in the related equity purchase agreement dated as of December 5, 2017, as amended as of September 20, 2018 and as of December 11, 2018 (as amended, the equity purchase agreement).

The Company recorded a preliminary estimated pre-tax net loss of approximately $23,022 on the sale of its DMG business in 2019. This preliminary net loss was based on initial estimates of the Company's expected aggregate proceeds from the sale, net of transaction costs and obligations, as well as the estimated values of DMG net assets sold as of the closing date. Those estimated net proceeds included $4,465,476 in cash received from Optum at closing, or $3,824,509 net of cash and restricted cash included in the DMG net assets sold.

At close of the DMG sale, the Company's ultimate net sale proceeds remained subject to resolution of certain post-closing purchase price adjustments described in the equity purchase agreement. In the fourth quarter of 2020, the Company and Optum reached agreement on the final purchase price for the DMG sale, which resulted in an additional payment by the Company to Optum of $47,000 and an additional loss on sale of $17,976. In the first quarter of 2020, the Company recognized $9,980 in additional tax benefits under the Coronavirus Aid, Relief and Economic Security Act related to its period of DMG ownership, which were also recognized as an adjustment to the Company's loss on sale of the DMG business.

Under the equity purchase agreement, the Company also has certain continuing indemnification obligations that could require payments to the buyer relating to the Company's previous ownership and operation of the DMG business. Potential payments under these provisions, if any, remain subject to continuing uncertainties and the amounts of such payments could be significant to the Company.

The following table presents the financial results of discontinued operations related to DMG:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Net revenues | $ — | $ 2,713,059 |
| Expenses | — | 2,543,865 |
| Income from discontinued operations before taxes | — | 169,194 |
| Loss on sale of discontinued operations before taxes | (7,996) | (23,022) |
| Income tax expense | 1,657 | 40,689 |
| Net (loss) income from discontinued operations, net of tax | $ (9,653) | $ 105,483 |

The following table presents cash flows of discontinued operations related to DMG:

| | Year ended December 31, | |
|---|---|---|
| | 2020 | 2019 |
| Net cash provided by operating activities from discontinued operations | $ — | $ 99,634 |
| Net cash used in investing activities from discontinued operations | $ — | $ (43,442) |

*DMG acquisitions*

During the period from January 1, 2019 to June 18, 2019 immediately prior to the sale, the DMG business acquired two medical businesses for a total of $2,025 in net cash and deferred purchase price of $212.

## 23. Variable interest entities

The Company manages or maintains an ownership interest in certain legal entities subject to the consolidation guidance applicable to variable interest entities (VIEs). Almost all of these legal entities are either U.S. dialysis partnerships encumbered by guaranteed debt, U.S. dialysis limited partnerships, or other legal entities subject to nominee ownership arrangements.

Under U.S. GAAP, VIEs typically include entities for which (i) the entity’s equity is not sufficient to finance its activities without additional subordinated financial support; (ii) the equity holders as a group lack the power to direct the activities that most significantly influence the entity’s economic performance, the obligation to absorb the entity’s expected losses, or the right to receive the entity’s expected returns; or (iii) the voting rights of some investors are not proportional to their obligations to absorb the entity’s losses.

The substantial majority of VIEs the Company is associated with are U.S. dialysis partnerships which the Company manages and in which it maintains a controlling majority ownership interest. These U.S. dialysis partnerships are considered VIEs either because they are (i) encumbered by debt guaranteed proportionately by the partners that is considered necessary to finance the partnership's activities, or (ii) in the form of limited partnerships for which the limited partners are not considered to have substantive kick-out or participating rights. The Company consolidates virtually all such U.S. dialysis partnerships.

The Company also relies on the operating activities of certain legal entities in which it does not maintain a controlling ownership interest but over which it has indirect influence and of which it is considered the primary beneficiary. These entities are typically subject to nominee ownership and transfer restriction agreements that effectively transfer the majority of the economic risks and rewards of their ownership to the Company. The Company’s management, restriction and other agreements concerning such nominee-owned entities typically include both financial terms and protective and participating rights to the entities’ operating, strategic and non-clinical governance decisions which transfer substantial powers over and economic

responsibility for these entities to the Company. The Company consolidates all of the nominee-owned entities with which it is most closely associated.

For the VIEs described above, these consolidated financial statements include total assets of $299,953 and total liabilities and noncontrolling interests to third parties of $200,110 at December 31, 2021.

The Company also sponsors certain non-qualified deferred compensation plans whose trusts qualify as VIEs and the Company consolidates these plans as their primary beneficiary. The assets of these plans are recorded in short-term or long-term investments with related liabilities recorded in accrued compensation and benefits and other long-term liabilities. See Note 15 for disclosures concerning the assets of these consolidated non-qualified deferred compensation plans.

## 24. Fair values of financial instruments

The Company measures the fair value of certain assets, liabilities, and noncontrolling interests subject to put provisions (redeemable equity interests classified as temporary equity) based upon certain valuation techniques that include observable or unobservable inputs and assumptions that market participants would use in pricing these assets, liabilities, temporary equity and commitments. The Company has also classified assets, liabilities and temporary equity that are measured at fair value on a recurring basis into the appropriate fair value hierarchy levels as defined by the FASB.

The following table summarizes the Company's assets, liabilities and temporary equity measured at fair value on a recurring basis as of December 31, 2021 and 2020:

| December 31, 2021 | Total | Quoted prices in active markets for identical assets (Level 1) | Significant other observable inputs (Level 2) | Significant unobservable inputs (Level 3) |
|---|---|---|---|---|
| Assets | | | | |
| Investments in equity securities | $ 48,598 | $ 48,598 | $ — | $ — |
| Interest rate cap agreements | $ 12,203 | $ — | $ 12,203 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 33,600 | $ — | $ — | $ 33,600 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,434,832 | $ — | $ — | $ 1,434,832 |
| **December 31, 2020** | | | | |
| Assets | | | | |
| Investments in equity securities | $ 44,077 | $ 44,077 | $ — | $ — |
| Interest rate cap agreements | $ 2,671 | $ — | $ 2,671 | $ — |
| Liabilities | | | | |
| Contingent earn-out obligations | $ 30,248 | $ — | $ — | $ 30,248 |
| Temporary equity | | | | |
| Noncontrolling interests subject to put provisions | $ 1,330,028 | $ — | $ — | $ 1,330,028 |

For reconciliations of changes in contingent earn-out obligations and noncontrolling interests subject to put provisions during the year ended at December 31, 2021 and 2020, see Note 21 and the consolidated statements of equity, respectively.

Investments in equity securities represent investments in various open-ended registered investment companies (mutual funds) and common stock and are recorded at fair value estimated based on reported market prices or redemption prices, as applicable. See Note 5 for further discussion.

Interest rate cap agreements are recorded at fair value estimated from valuation models utilizing the income approach and commonly accepted valuation techniques that use inputs from closing prices for similar assets and liabilities in active markets as well as other relevant observable market inputs at quoted intervals such as current interest rates, forward yield curves, implied volatility and credit default swap pricing. The Company does not believe the ultimate amount that could be realized upon settlement of these interest rate cap agreements would be materially different from the fair value estimates currently reported. See Note 13 for further discussion.

The estimated fair value measurements of contingent earn-out obligations are primarily based on unobservable inputs, including projected earnings before interest, taxes, depreciation, and amortization (EBITDA), revenue and key performance indicators. The estimated fair value of these contingent earn-out obligations is remeasured as of each reporting date and could

fluctuate based upon any significant changes in key assumptions, such as changes in the Company credit risk adjusted rate that is used to discount obligations to present value. See Note 21 for further discussion.

The estimated fair value of noncontrolling interests subject to put provisions is based principally on the higher of either estimated liquidation value of net assets or a multiple of earnings for each subject dialysis partnership, based on historical earnings, revenue mix, and other performance indicators that can affect future results. The multiples used for these valuations are derived from observed ownership transactions for dialysis businesses between unrelated parties in the U.S. in recent years, and the specific valuation multiple applied to each dialysis partnership is principally determined by its recent and expected revenue mix and contribution margin. As of December 31, 2021, an increase or decrease in the weighted average multiple used in these valuations of one times EBITDA would change the estimated fair value of these noncontrolling interests by approximately $180,000. See Note 17 for a discussion of the Company's methodology for estimating the fair values of noncontrolling interests subject to put obligations.

The Company's fair value estimates for its senior secured credit facilities and senior notes are based upon quoted bid and ask prices for these instruments, typically a level 2 input. See Note 13 for further discussion of the Company's debt.

Other financial instruments consist primarily of cash and cash equivalents, restricted cash and cash equivalents, accounts receivable, accounts payable, other accrued liabilities, lease liabilities and debt. The balances of financial instruments other than debt and lease liabilities are presented in the consolidated financial statements at December 31, 2021 and 2020 at their approximate fair values due to the short-term nature of their settlements.

**25. Segment reporting**

The Company's operations are comprised of its U.S. dialysis and related lab services business (its U.S. dialysis business), its U.S. ancillary services and strategic initiatives and its international operations (collectively, its ancillary services), as well as its corporate administrative support. See Note 1 *"Organization"* for a summary description of the Company's businesses.

On June 19, 2019, the Company completed the sale of its prior DMG business to Optum. As a result of this transaction, DMG's results of operations have been reported as discontinued operations for all periods presented.

The Company’s operating segments have been defined based on the separate financial information that is regularly produced and reviewed by the Company’s chief operating decision maker in making decisions about allocating resources to and assessing the financial performance of the Company’s various operating lines of business. The chief operating decision maker for the Company is its Chief Executive Officer.

The Company’s separate operating segments include its U.S. dialysis and related lab services business, its U.S. ancillary services and strategic initiatives, its kidney care operations in each foreign sovereign jurisdiction, its other health operations in each foreign sovereign jurisdiction, and its equity method investment in the APAC joint venture. The U.S. dialysis and related lab services business qualifies as a separately reportable segment, and all other operating segments, including the international operating segments, have been combined and disclosed in the other segments category.

The Company’s operating segment financial information included in this report is prepared on the internal management reporting basis that the chief operating decision maker uses to allocate resources and assess the financial performance of the Company's operating segments. For internal management reporting, segment operations include direct segment operating expenses but generally exclude corporate administrative support costs, which consist primarily of indirect labor, benefits and long-term incentive compensation expenses of certain departments which provide support to all of the Company’s various operating lines of business.

The following is a summary of segment revenues, segment operating margin (loss), and a reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| **Segment revenues:** | | | |
| **U.S. dialysis** | | | |
| Patient service revenues: | | | |
| External sources | $ 10,551,106 | $ 10,475,273 | $ 10,399,686 |
| Intersegment revenues | 90,512 | 144,091 | 131,199 |
| U.S. dialysis patient service revenues | 10,641,618 | 10,619,364 | 10,530,885 |
| Other revenues | | | |
| External sources | 25,061 | 39,376 | 30,895 |
| Intersegment revenues | 284 | 1,195 | 1,126 |
| Total U.S. dialysis revenues | $ 10,666,963 | $ 10,659,935 | $ 10,562,906 |
| **Other - Ancillary services** | | | |
| Net patient service revenues | 662,409 | 550,978 | 497,021 |
| Other external sources | 380,221 | 484,977 | 460,877 |
| Intersegment revenues | 4,294 | 16,743 | 14,030 |
| Total ancillary services | 1,046,924 | 1,052,698 | 971,928 |
| Total net segment revenues | 11,713,887 | 11,712,633 | 11,534,834 |
| Elimination of intersegment revenues | (95,090) | (162,029) | (146,355) |
| Consolidated revenues | $ 11,618,797 | $ 11,550,604 | $ 11,388,479 |
| **Segment operating margin (loss):** | | | |
| U.S. dialysis | $ 1,974,988 | $ 1,917,604 | $ 1,924,826 |
| Other - Ancillary services[1] | (66,003) | (76,261) | (189,174) |
| Total segment margin | 1,908,985 | 1,841,343 | 1,735,652 |
| **Reconciliation of segment operating margin to consolidated income from continuing operations before income taxes:** | | | |
| Corporate administrative support | (111,615) | (146,707) | (92,335) |
| Consolidated operating income | 1,797,370 | 1,694,636 | 1,643,317 |
| Debt expense | (285,254) | (304,111) | (443,824) |
| Debt prepayment, refinancing and redemption charges | — | (89,022) | (33,402) |
| Other income, net | 6,378 | 16,759 | 29,348 |
| Income from continuing operations before income taxes | $ 1,518,494 | $ 1,318,262 | $ 1,195,439 |

(1) Includes equity investment income of $3,177, $5,866, and $9,366 in 2021, 2020 and 2019, respectively.

Depreciation and amortization expense by reportable segment was as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| U.S. dialysis | $ 642,711 | $ 594,552 | $ 583,454 |
| Other - Ancillary services | 37,904 | 35,883 | 31,698 |
| | $ 680,615 | $ 630,435 | $ 615,152 |

Expenditures for property and equipment by reportable segment were as follows:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| U.S. dialysis | 589,662 | $ 646,870 | $ 681,339 |
| Other - Ancillary services | 51,803 | 27,671 | 46,741 |
| DMG - Discontinued operations | — | — | 38,466 |
| | $ 641,465 | $ 674,541 | $ 766,546 |

Summary of assets by reportable segment was as follows:

| | Year ended December 31, | |
|---|---|---|
| | 2021 | 2020 |
| **Segment assets** | | |
| U.S. dialysis[1] | $ 15,375,000 | $ 15,344,647 |
| Other - Ancillary services[2] | 1,746,488 | 1,643,869 |
| Consolidated assets | $ 17,121,488 | $ 16,988,516 |

(1) Includes equity method and other investments of $112,500 and $122,974 in 2021 and 2020, respectively.

(2) Includes equity method and other investments of $126,381 and 134,517 in 2021 and 2020, respectively and includes approximately $190,029 and $181,137 in 2021 and 2020, respectively, of net property and equipment related to the Company's international operations.

## 26. Supplemental cash flow information

The table below provides supplemental cash flow information:

| | Year ended December 31, | | |
|---|---|---|---|
| | 2021 | 2020 | 2019 |
| Cash paid: | | | |
| Income taxes, net | $ 209,754 | $ 154,850 | $ 157,983 |
| Interest | $ 279,002 | $ 326,165 | $ 473,176 |
| Non-cash investing and financing activities: | | | |
| Fixed assets under financing lease obligations | $ 31,690 | $ 22,042 | $ 18,953 |

**EXHIBIT INDEX**

| | |
|---|---|
| 2.1 | Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita Inc., Collaborative Care Holdings, LLC, and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated.(2) |
| 2.2 | Amendment No. 1 dated as of September 20, 2018, to that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita Inc., a Delaware corporation, Collaborative Care Holdings, LLC, a Delaware limited liability company and a wholly owned subsidiary of Optum, Inc., and solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated, a Delaware corporation.(15) |
| 2.3 | Second Amendment to Equity Purchase Agreement by and between DaVita Inc., a Delaware corporation, and Collaborative Care Holdings, LLC, a Delaware limited liability company, dated as of December 11, 2018, amending that certain Equity Purchase Agreement, dated as of December 5, 2017, by and among DaVita Inc., Collaborative Care Holdings, LLC, and, solely with respect to Section 9.3 and Section 9.18 thereto, UnitedHealth Group Incorporated (as previously amended).(9) |
| 3.1 | Restated Certificate of Incorporation of DaVita Inc., as filed with the Secretary of State of Delaware on November 1, 2016.(1) |
| 3.2 | Amended and Restated Bylaws for DaVita Inc. dated as of December 10, 2020.(24) |
| 4.1 | Indenture for the 4.625% Senior Notes due 2030, dated as of June 9, 2020, by and among DaVita Inc., the subsidiary guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee.(14) |
| 4.2 | Form of 4.625% Senior Notes due 2030 and related Guarantee (included in Exhibit 4.1).(14) |
| 4.3 | Indenture for the 3.750% Senior Notes due 2031, dated August 11, 2020, by and among DaVita Inc., the subsidiary guarantors party thereto and The Bank of New York Mellon Trust Company, N.A., as Trustee.(12) |
| 4.4 | Form of 3.750% Senior Notes due 2031 and related Guarantee (included in Exhibit 4.3).(12) |
| 4.5 | Description of Securities.(21) |
| 10.1 | Sourcing and Supply Agreement between DaVita Inc. and Amgen USA Inc. effective as of January 6, 2017.(4)** |
| 10.2 | Credit Agreement, dated August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, Credit Agricole Corporate and Investment Bank, JPMorgan Chase Bank, N.A. and MUFG Bank Ltd., as co-syndication agents, Bank of America, N.A., Barclays Bank PLC, Credit Suisse Loan Funding LLC, Goldman Sachs Bank USA, Morgan Stanley Senior Funding, Inc. and Suntrust Bank, as co-documentation agents, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.(17) |
| 10.3 | First Amendment, dated as of February 13, 2020, to that certain Credit Agreement, dated as of August 12, 2019, by and among DaVita Inc., certain subsidiary guarantors party thereto, the lenders party thereto, and Wells Fargo Bank, National Association, as administrative agent, collateral agent and swingline lender.(21) |
| 10.4 | Employment Agreement, dated as of April 29, 2019, by and between Javier J. Rodriguez and DaVita Inc.(10)* |
| 10.5 | Stock Appreciation Rights Agreement, effective November 4, 2019, by and between Javier J. Rodriguez and DaVita Inc.(20)* |
| 10.6 | Employment Agreement, effective February 21, 2017, by and between DaVita Inc. and Joel Ackerman.(6)* |

| | |
|---|---|
| 10.7 | Employment Agreement, effective April 27, 2016, by and between DaVita HealthCare Partners Inc. and Kathleen A. Waters.(4)* |
| 10.8 | Employment Agreement, effective April 29, 2015, by and between DaVita HealthCare Partners Inc. and Michael Staffieri.(21)* |
| 10.9 | Form of Indemnity Agreement.(8)* |
| 10.10 | Form of Indemnity Agreement.(5)* |
| 10.11 | DaVita Deferred Compensation Plan.(6)* |
| 10.12 | Amended and Restated Employee Stock Purchase Plan.(19)* |
| 10.13 | DaVita Inc. Severance Plan for Directors and Above.(3)* |
| 10.14 | DaVita Inc. Non-Employee Director Compensation Policy.(11)* |
| 10.15 | Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(7)* |
| 10.16 | Amendment No. 1 to the Amended and Restated DaVita Inc. 2011 Incentive Award Plan.(20)* |
| 10.17 | DaVita Inc. 2020 Incentive Award Plan.(22)* |
| 10.18 | DaVita Inc. Rule of 65 Policy, adopted on August 19, 2018.(16)* |
| 10.19 | Form of Stock Appreciation Rights Agreement-Board members (DaVita Inc. 2011 Incentive Award Plan).(25)* |
| 10.20 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(13)* |
| 10.21 | Form of Long-Term Incentive Program Award Agreement (For 162(m) designated teammates) (DaVita Inc. 2011 Incentive Award Plan).(13)* |
| 10.22 | Form of Long-Term Incentive Program Award Agreement (DaVita Inc. 2011 Incentive Award Plan).(13)* |
| 10.23 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.24 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.25 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.26 | Form of Restricted Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.27 | Form of Performance Stock Units Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.28 | Form of Stock Appreciation Rights Agreement-Executives (DaVita Inc. 2011 Incentive Award Plan).(18)* |
| 10.29 | Form of Stock Appreciation Rights Agreement (DaVita Inc. 2020 Incentive Award Plan).(23)* |
| 10.30 | Form of Performance-Based Restricted Stock Unit Agreement (DaVita Inc. 2020 Incentive Award Plan).(23)* |

| | |
|---|---|
| 10.31 | Form of Restricted Stock Unit Agreement (DaVita Inc. 2020 Incentive Award Plan).(23)* |
| 21.1 | List of our subsidiaries.ü |
| 23.1 | Consent of KPMG LLP, independent registered public accounting firm.ü |
| 24.1 | Powers of Attorney with respect to DaVita. (Included on Page S-1). |
| 31.1 | Certification of the Chief Executive Officer, dated February 11, 2022, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.ü |
| 31.2 | Certification of the Chief Financial Officer, dated February 11, 2022, pursuant to Rule 13a-14(a) or 15d-14(a), as adopted pursuant to Section 302 of the Sarbanes-Oxley Act of 2002.ü |
| 32.1 | Certification of the Chief Executive Officer, dated February 11, 2022, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.ü |
| 32.2 | Certification of the Chief Financial Officer, dated February 11, 2022, pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.ü |
| 101.INS | XBRL Instance Document - the Instance Document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.ü |
| 101.SCH | Inline XBRL Taxonomy Extension Schema Document.ü |
| 101.CAL | Inline XBRL Taxonomy Extension Calculation Linkbase Document.ü |
| 101.DEF | Inline XBRL Taxonomy Extension Definition Linkbase Document.ü |
| 101.LAB | Inline XBRL Taxonomy Extension Label Linkbase Document.ü |
| 101.PRE | Inline XBRL Taxonomy Extension Presentation Linkbase Document.ü |
| 104 | Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).ü |

ü Included in this filing.
* Management contract or executive compensation plan or arrangement.
** Portions of this exhibit are subject to a request for confidential treatment and have been redacted and filed separately with the SEC.

(1) Filed on November 2, 2016 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2016.
(2) Filed on December 6, 2017 as an exhibit to the Company's Current Report on Form 8-K.
(3) Filed on October 28, 2021 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2021.
(4) Filed on May 2, 2017 as an exhibit to the Company's Quarterly Report on 10-Q for the quarter ended March 31, 2017.
(5) Filed on March 3, 2005 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2004.
(6) Filed on February 24, 2017 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2016.
(7) Filed on April 28, 2014 as an appendix to the Company's Definitive Proxy Statement on Schedule 14A.
(8) Filed on December 20, 2006 as an exhibit to the Company's Current Report on Form 8-K.
(9) Filed on December 17, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(10) Filed on April 29, 2019 as an exhibit to the Company's Current Report on Form 8-K.

(11) Filed on May 5, 2020 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended March 31, 2020.
(12) Filed on August 11, 2020 as an exhibit to the Company's Current Report on Form 8-K.
(13) Filed on March 1, 2013 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2012.
(14) Filed on June 9, 2020 as an exhibit to the Company's Current Report on Form 8-K.
(15) Filed on September 24, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(16) Filed on August 23, 2018 as an exhibit to the Company's Current Report on Form 8-K.
(17) Filed on August 14, 2019 as an exhibit to the Company's Current Report on Form 8-K.
(18) Filed on July 22, 2019 as an exhibit to the Company's Tender Offer Statement on Schedule TO-I.
(19) Filed on May 10, 2016 as an appendix to the Company's Proxy Statement on DEF 14A.
(20) Filed on December 6, 2019 as an appendix to the Company's Proxy Statement on DEF 14A.
(21) Filed on February 21, 2020 as an exhibit to the Company's Annual Report on Form 10-K for the year ended December 31, 2019.
(22) Filed on April 27, 2020 as an appendix to the Company's Proxy Statement on DEF 14A.
(23) Filed on August 17, 2020 as an exhibit to the Company's Tender Offer Statement on Schedule TO-I.
(24) Filed on December 10, 2020 as an exhibit to the Company's Current Report on Form 8-K.
(25) Filed on August 1, 2018 as an exhibit to the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2018.

**SIGNATURES**

Pursuant to the requirements of Section 13 or 15(d) of the Securities Exchange Act of 1934, we have duly caused this Annual Report on Form 10-K to be signed on our behalf by the undersigned, thereunto duly authorized, in the City of Denver, State of Colorado, on February 11, 2022.

DAVITA INC.

By: /s/ JAVIER J. RODRIGUEZ

Javier J. Rodriguez
Chief Executive Officer

KNOW ALL MEN BY THESE PRESENT, that each person whose signature appears below constitutes and appoints Javier J. Rodriguez, Joel Ackerman, and Kathleen Waters, and each of them his or her true and lawful attorneys-in-fact and agents with full power of substitution and resubstitution, for him or her and in his or her name, place and stead, in any and all capacities, to sign any and all amendments to this Annual Report on Form 10-K, and to file the same, with all exhibits thereto, and other documents in connection therewith, with the Securities and Exchange Commission, granting unto said attorneys-in-fact and agents, and each of them, full power and authority to do and perform each and every act and thing requisite or necessary to be done in and about the premises, as fully to all intents and purposes as he or she might or could do in person, hereby ratifying and confirming all that said attorneys-in-fact and agents or any of them, or their or his or her substitute or substitutes, may lawfully do or cause to be done by virtue hereof.

Pursuant to the requirements of the Securities Exchange Act of 1934, this Annual Report on Form 10-K has been signed by the following persons on behalf of the registrant and in the capacities and on the dates indicated.

| Signature | Title | Date |
|---|---|---|
| /S/ JAVIER J. RODRIGUEZ<br>Javier J. Rodriguez | Chief Executive Officer and Director<br>(Principal Executive Officer) | February 11, 2022 |
| /S/ JOEL ACKERMAN<br>Joel Ackerman | Chief Financial Officer and Treasurer<br>(Principal Financial Officer) | February 11, 2022 |
| /S/ JOHN D. WINSTEL<br>John D. Winstel | Chief Accounting Officer<br>(Principal Accounting Officer) | February 11, 2022 |
| /S/ PAMELA M. ARWAY<br>Pamela M. Arway | Director | February 11, 2022 |
| /S/ CHARLES G. BERG<br>Charles G. Berg | Director | February 11, 2022 |
| /S/ BARBARA J. DESOER<br>Barbara J. Desoer | Director | February 11, 2022 |
| /S/ PAUL J. DIAZ<br>Paul J. Diaz | Director | February 11, 2022 |
| /S/ GREGORY J. MOORE<br>Gregory J. Moore | Director | February 11, 2022 |
| /S/ JOHN M. NEHRA<br>John M. Nehra | Director | February 11, 2022 |
| /S/ PAULA A. PRICE<br>Paula A. Price | Director | February 11, 2022 |
| /S/ PHYLLIS R. YALE<br>Phyllis R. Yale | Director | February 11, 2022 |

**DAVITA INC.**
**SCHEDULE II—VALUATION AND QUALIFYING ACCOUNTS**

| Description | Balance at beginning of year | Acquisitions | Amounts charged to income | Amounts written off | Balance at end of year |
|---|---|---|---|---|---|
| | | | (dollars in thousands) | | |
| Allowance for uncollectible accounts: | | | | | |
| Year ended December 31, 2021 | $ — | $ — | $ — | $ — | $ — |
| Year ended December 31, 2020 | $ 8,328 | $ — | $ 13,458 | $ 21,786 | $ — |
| Year ended December 31, 2019 | $ 52,924 | $ — | $ 21,715 | $ 66,311 | $ 8,328 |

**Exhibit 21.1**

**SUBSIDIARIES OF THE COMPANY**

as of December 31, 2021

| Name | Jurisdiction of Organization |
|---|---|
| Aberdeen Dialysis, LLC | Delaware |
| Accountable Kidney Care, LLC | Delaware |
| Ahern Dialysis, LLC | Delaware |
| AI Care Insights, LLC | Delaware |
| Alenes Dialysis, LLC | Delaware |
| American Fork Dialysis, LLC | Delaware |
| American Medical Insurance, Inc. | Arizona |
| Amity Dialysis, LLC | Delaware |
| Animas Dialysis, LLC | Delaware |
| Arcadia Gardens Dialysis, LLC | Delaware |
| Artesia Dialysis, LLC | Delaware |
| Attell Dialysis, LLC | Delaware |
| Austin Dialysis Centers, L.P. | Delaware |
| Bainbridge Dialysis, LLC | Delaware |
| Bannon Dialysis, LLC | Delaware |
| Barnell Dialysis, LLC | Delaware |
| Barrons Dialysis, LLC | Delaware |
| Barton Dialysis, LLC | Delaware |
| Basin Dialysis, LLC | Delaware |
| Bastrop Dialysis, LLC | Delaware |
| Bayonne Renal Center, LLC | Delaware |
| Bayshore Dialysis, LLC | Delaware |
| Beacon Dialysis, LLC | Delaware |
| Bedell Dialysis, LLC | Delaware |
| Bellevue Dialysis, LLC | Delaware |
| Bemity Dialysis, LLC | Delaware |
| Beverly Dialysis, LLC | Delaware |
| Birch Dialysis, LLC | Ohio |
| Bladon Dialysis, LLC | Delaware |
| Blanco Dialysis, LLC | Delaware |
| Bliss Dialysis, LLC | Delaware |
| Bluegrass Dialysis, LLC | Delaware |
| Bogachiel Dialysis, LLC | Delaware |
| Bohama Dialysis, LLC | Delaware |
| Bothwell Dialysis, LLC | Delaware |
| Bottle Dialysis, LLC | Delaware |
| Bowan Dialysis, LLC | Delaware |
| Brache Dialysis, LLC | Delaware |
| Braddock Dialysis, LLC | Delaware |
| Braden Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Branbur Dialysis, LLC | Delaware |
| Bretton Dialysis, LLC | Delaware |
| Bridges Dialysis, LLC | Delaware |
| Brook Dialysis, LLC | Delaware |
| Brooksprings Dialysis, LLC | Delaware |
| Brownsville Kidney Center, Ltd. | Texas |
| Brownwood Dialysis, LLC | Delaware |
| Brule Dialysis, LLC | Delaware |
| Bruno Dialysis, LLC | Delaware |
| Buckhorn Dialysis, LLC | Delaware |
| Buford Dialysis, LLC | Delaware |
| Bullards Dialysis, LLC | Delaware |
| Bullock Dialysis, LLC | Delaware |
| Burman Dialysis, LLC | Delaware |
| Butano Dialysis, LLC | Delaware |
| Cagles Dialysis, LLC | Delaware |
| Cahaba Dialysis, LLC | Delaware |
| Campton Dialysis, LLC | Delaware |
| Canyon Dialysis, LLC | Delaware |
| Canyon Springs Dialysis, LLC | Delaware |
| Capes Dialysis, LLC | Delaware |
| Capital Dialysis Partnership | California |
| Capron Dialysis, LLC | Delaware |
| Carlsbad Dialysis, LLC | Delaware |
| Carlton Dialysis, LLC | U.S. Virgin Islands |
| Carroll County Dialysis Facility Limited Partnership | Maryland |
| Carroll County Dialysis Facility, Inc. | Maryland |
| Cascades Dialysis, LLC | Delaware |
| Caverns Dialysis, LLC | Delaware |
| Cedar Dialysis, LLC | Delaware |
| Centennial LV, LLC | Delaware |
| Central Carolina Dialysis Centers, LLC | Delaware |
| Central Georgia Dialysis, LLC | Delaware |
| Central Iowa Dialysis Partners, LLC | Delaware |
| Central Kentucky Dialysis Centers, LLC | Delaware |
| Cerito Dialysis Partners, LLC | Delaware |
| Chaffee Dialysis, LLC | Delaware |
| Channel Dialysis, LLC | Delaware |
| Chantry Dialysis, LLC | Delaware |
| Cheraw Dialysis, LLC | Delaware |
| Chipeta Dialysis, LLC | Delaware |
| Chouteau Dialysis, LLC | Delaware |
| Churchill Dialysis, LLC | Delaware |
| Cimarron Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Cinco Rios Dialysis, LLC | Delaware |
| Clark Dialysis, LLC | Delaware |
| Clayton Dialysis, LLC | Delaware |
| Clinica Central do Bonfim S.A. | Portugal |
| Clinton Township Dialysis, LLC | Delaware |
| Clover Dialysis, LLC | Delaware |
| Clyfee Dialysis, LLC | Delaware |
| Coast Dialysis, LLC | Delaware |
| Cobbles Dialysis, LLC | Delaware |
| Columbus-RNA-DaVita, LLC | Delaware |
| Commerce Township Dialysis Center, LLC | Delaware |
| Conconully Dialysis, LLC | Delaware |
| Continental Dialysis Center of Springfield-Fairfax, Inc. | Virginia |
| Continental Dialysis Centers, Inc. | Virginia |
| Coral Dialysis, LLC | Delaware |
| Couer Dialysis, LLC | Delaware |
| Court Dialysis, LLC | Delaware |
| Cowell Dialysis, LLC | Delaware |
| Creek Dialysis, LLC | Delaware |
| Crossings Dialysis, LLC | Delaware |
| Crystals Dialysis, LLC | Delaware |
| Cuivre Dialysis, LLC | Delaware |
| Culbert Dialysis, LLC | Delaware |
| Curecanti Dialysis, LLC | Delaware |
| Dale Dialysis, LLC | Delaware |
| Dallas-Fort Worth Nephrology, L.P. | Delaware |
| Damon Dialysis, LLC | Delaware |
| DaVita - Riverside II, LLC | Delaware |
| DaVita - Riverside, LLC | Delaware |
| DaVita - West, LLC | Delaware |
| DaVita Águas Claras Serviços de Nefrologia Ltda. | Brazil |
| DaVita APAC Holding B.V. | Netherlands |
| DaVita Brasil Participações e Serviços de Nefrologia Ltda. | Brazil |
| DaVita Care (Saudi Arabia) | Saudi Arabia |
| DaVita Ceilândia Serviços de Nefrologia Ltda. | Brazil |
| DaVita Dakota Dialysis Center, LLC | Delaware |
| DaVita Deutschland AG | Germany |
| DaVita Deutschland Beteiligungs GmbH & Co. KG | Germany |
| DaVita Deutschland Verwaltungs GmbH | Germany |
| DaVita El Paso East, L.P. | Delaware |
| DaVita Germany GmbH | Germany |
| DaVita HealthCare Brasil Serviços Médicos Ltda. | Brazil |
| DaVita International Limited | United Kingdom |
| DaVita Kidney Care Contracting, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| DaVita Nefromed Serviços de Nefrologia Ltda. | Brazil |
| DaVita Nephron Care Serviços de Nefrologia Ltda. | Brazil |
| DaVita of New York, Inc. | New York |
| DaVita S.A.S. | Colombia |
| DaVita Serviços de Nefrologia Asa Sul Ltda. | Brazil |
| DaVita Serviços de Nefrologia Cuiabá Ltda. | Brazil |
| DaVita Serviços de Nefrologia Lagoa Nova Ltda. | Brazil |
| DaVita Serviços de Nefrologia Pacini Ltda. | Brazil |
| DaVita Serviços de Nefrologia Taubaté Ltda. | Brazil |
| DaVita Sp. z o.o. | Poland |
| DaVita Sud-Niedersachsen GmbH | Germany |
| DaVita Tratamento Renal Participações Ltda. | Brazil |
| DaVita UK Limited | United Kingdom |
| DaVita UTR Serviços de Nefrologia Ltda. | Brazil |
| DaVita VillageHealth, Inc. | Delaware |
| Dawson Dialysis, LLC | Delaware |
| DC Healthcare International, Inc. | Delaware |
| Deowee Dialysis, LLC | Delaware |
| DeSoto Dialysis, LLC | Delaware |
| DiaCare AG | Switzerland |
| Dialysis Holdings, Inc. | Delaware |
| Dialysis of Des Moines, LLC | Delaware |
| Dialysis of Northern Illinois, LLC | Delaware |
| Dialysis Specialists of Dallas, Inc. | Texas |
| Dighton Dialysis, LLC | Delaware |
| DNP Management Company, LLC | Delaware |
| Dolores Dialysis, LLC | Delaware |
| Dome Dialysis, LLC | Delaware |
| Dorchester Dialysis, LLC | Delaware |
| Doves Dialysis, LLC | Delaware |
| DPS CKD, LLC | Delaware |
| Dresher Dialysis, LLC | Delaware |
| Durango Dialysis Center, LLC | Delaware |
| DV Care Netherlands B.V. | Netherlands |
| DV Care Netherlands B.V. Arabia Medical | Saudi Arabia |
| DV Care Netherlands C.V. | Netherlands |
| DVA Healthcare - Southwest Ohio, LLC | Tennessee |
| DVA Healthcare of Maryland, LLC | Maryland |
| DVA Healthcare of Massachusetts, Inc. | Massachusetts |
| DVA Healthcare of New London, LLC | Tennessee |
| DVA Healthcare of Norwich, LLC | Tennessee |
| DVA Healthcare of Pennsylvania, LLC | Pennsylvania |
| DVA Healthcare of Tuscaloosa, LLC | Tennessee |
| DVA Healthcare Renal Care, Inc. | Nevada |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| DVA Holdings Pte. Ltd. | Singapore |
| DVA Laboratory Services, Inc. | Florida |
| DVA of New York, Inc. | New York |
| DVA Renal Healthcare, Inc. | Tennessee |
| Dworsher Dialysis, LLC | Delaware |
| East End Dialysis Center, Inc. | Virginia |
| East Ft. Lauderdale, LLC | Delaware |
| East Houston Kidney Center, L.P. | Delaware |
| East Oaks Dialysis, LLC | Delaware |
| Ebrea Dialysis, LLC | Delaware |
| Edisto Dialysis, LLC | Delaware |
| Eldrist Dialysis, LLC | Delaware |
| Elgin Dialysis, LLC | Delaware |
| Elk Grove Dialysis Center, LLC | Delaware |
| Empire State DC, Inc. | New York |
| Etowah Dialysis, LLC | Delaware |
| Ettleton Dialysis, LLC | Delaware |
| Eufaula Dialysis, LLC | Delaware |
| EURODIAL - Centro de Nefrologia e Dialise de Leiria S.A. | Portugal |
| Falcon, LLC | Delaware |
| Fanthorp Dialysis, LLC | Delaware |
| Federal Way Assurance, Inc. | Colorado |
| Ferne Dialysis, LLC | Delaware |
| Fields Dialysis, LLC | Delaware |
| Five Star Dialysis, LLC | Delaware |
| Fjords Dialysis, LLC | Delaware |
| Flagler Dialysis, LLC | Delaware |
| Flamingo Park Kidney Center, Inc. | Florida |
| Forester Dialysis, LLC | Delaware |
| Freehold Artificial Kidney Center, L.L.C. | New Jersey |
| Freeman Dialysis, LLC | Delaware |
| Fremont Dialysis, LLC | Delaware |
| Frierton Dialysis, LLC | Delaware |
| Frontier Dialysis, LLC | Delaware |
| Fullerton Dialysis Center, LLC | Delaware |
| Ganchis Dialysis, LLC | Delaware |
| Ganois Dialysis, LLC | Delaware |
| Gansett Dialysis, LLC | Delaware |
| Garner Dialysis, LLC | Delaware |
| Garrett Dialysis, LLC | Delaware |
| Garson Dialysis, LLC | Delaware |
| Gate Dialysis, LLC | Delaware |
| Gaviota Dialysis, LLC | Delaware |
| GDC International, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Gebhard Dialysis, LLC | Delaware |
| Genesis KC Development, LLC | Delaware |
| Geyser Dialysis, LLC | Delaware |
| Gilwards Dialysis, LLC | Delaware |
| GiveLife Dialysis, LLC | Delaware |
| Glassland Dialysis, LLC | Delaware |
| Glosser Dialysis, LLC | Delaware |
| Goldendale Dialysis, LLC | Delaware |
| Goliad Dialysis, LLC | Delaware |
| Grand Home Dialysis, LLC | Delaware |
| Great Dialysis, LLC | Delaware |
| Greater Las Vegas Dialysis, LLC | Delaware |
| Greater Los Angeles Dialysis Centers, LLC | Delaware |
| Green Country Dialysis, LLC | Delaware |
| Green Desert Dialysis, LLC | Delaware |
| Griffin Dialysis, LLC | Delaware |
| Hanford Dialysis, LLC | Delaware |
| Harmony Dialysis, LLC | Delaware |
| Harpett Dialysis, LLC | Delaware |
| Hart Dialysis, LLC | Delaware |
| Hawn Dialysis, LLC | Delaware |
| Hazelton Dialysis, LLC | Delaware |
| Hegan Dialysis, LLC | Delaware |
| Helmer Dialysis, LLC | Delaware |
| Hennepin Dialysis, LLC | Delaware |
| Hewett Dialysis, LLC | Delaware |
| Heyburn Dialysis, LLC | Delaware |
| Hightower Dialysis, LLC | Delaware |
| Holten Dialysis, LLC | Delaware |
| Home Kidney Care, LLC | Delaware |
| Honey Dialysis, LLC | Delaware |
| Honeyman Dialysis, LLC | Delaware |
| Hopkinton Dialysis, LLC | Delaware |
| Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership | Delaware |
| Hugo Dialysis, LLC | Delaware |
| Hummer Dialysis, LLC | Delaware |
| Hunter Dialysis, LLC | Delaware |
| Huntington Artificial Kidney Center, Ltd. | New York |
| Huntington Park Dialysis, LLC | Delaware |
| Hyattsville Dialysis, LLC | Delaware |
| Hyde Dialysis, LLC | Delaware |
| IDC -International Dialysis Centers, Lda | Portugal |
| IDC Mafra - International Dialysis Centers, LDA | Portugal |
| Iroquois Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| ISD Buffalo Grove, LLC | Delaware |
| ISD Corpus Christi, LLC | Delaware |
| ISD I Holding Company, Inc. | Delaware |
| ISD II Holding Company, Inc. | Delaware |
| ISD Las Vegas, LLC | Delaware |
| ISD Renal, Inc. | Delaware |
| ISD Schaumburg, LLC | Delaware |
| ISD Spring Valley, LLC | Delaware |
| ISD Summit Renal Care, LLC | Ohio |
| Jacinto Dialysis, LLC | Delaware |
| Jericho Dialysis, LLC | Delaware |
| Kadden Dialysis, LLC | Delaware |
| Kamiah Dialysis, LLC | Delaware |
| Kanika Dialysis, LLC | Delaware |
| Kavett Dialysis, LLC | Delaware |
| Kearn Dialysis, LLC | Delaware |
| Kenai Dialysis, LLC | Delaware |
| Kerricher Dialysis, LLC | Delaware |
| Kershaw Dialysis, LLC | Delaware |
| Kidney Home Center, LLC | Delaware |
| Kimball Dialysis, LLC | Delaware |
| Kingston Dialysis, LLC | Delaware |
| Kinnick Dialysis, LLC | Delaware |
| Kinswa Dialysis, LLC | Delaware |
| Kinter Dialysis, LLC | Delaware |
| Kiowa Dialysis, LLC | Delaware |
| Knickerbocker Dialysis, Inc. | New York |
| Knotts Dialysis, LLC | Delaware |
| Kobuk Dialysis, LLC | Delaware |
| Lakeshore Dialysis, LLC | Delaware |
| Landing Dialysis, LLC | Delaware |
| Landor Dialysis, LLC | Delaware |
| Lantell Dialysis, LLC | Delaware |
| Lassen Dialysis, LLC | Delaware |
| Latrobe Dialysis, LLC | Delaware |
| Leasburg Dialysis, LLC | Delaware |
| Leawood Dialysis, LLC | Delaware |
| Lees Dialysis, LLC | Delaware |
| Legare Development LLC | Delaware |
| Liberty RC, Inc. | New York |
| Lighthouse Dialysis, LLC | Delaware |
| Limon Dialysis, LLC | Delaware |
| Lincoln Park Dialysis Services, Inc. | Illinois |
| Lincolnton Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Little Rock Dialysis Centers, LLC | Delaware |
| Livingston Dialysis, LLC | Delaware |
| Llano Dialysis, LLC | Delaware |
| Lockhart Dialysis, LLC | Delaware |
| Lofield Dialysis, LLC | Delaware |
| Logoley Dialysis, LLC | Delaware |
| Lone Dialysis, LLC | Delaware |
| Long Beach Dialysis Center, LLC | Delaware |
| Lord Baltimore Dialysis, LLC | Delaware |
| Loup Dialysis, LLC | Delaware |
| Lourdes Dialysis, LLC | Delaware |
| Lyndale Dialysis, LLC | Delaware |
| Macab Dialysis, LLC | Delaware |
| Madigan Dialysis, LLC | Delaware |
| Magney Dialysis, LLC | Delaware |
| Magnolia Dialysis, LLC | Delaware |
| Mahoney Dialysis, LLC | Delaware |
| Makonee Dialysis, LLC | Delaware |
| Mammoth Dialysis, LLC | Delaware |
| Manzano Dialysis, LLC | Delaware |
| Maple Grove Dialysis, LLC | Delaware |
| Marlton Dialysis Center, LLC | Delaware |
| Marseille Dialysis, LLC | Delaware |
| Martin Dialysis, LLC | Delaware |
| Marysville Dialysis Center, LLC | Delaware |
| Mashero Dialysis, LLC | Delaware |
| Mason-Dixon Dialysis Facilities, Inc. | Maryland |
| Mautino Dialysis, LLC | Delaware |
| Mazonia Dialysis, LLC | Delaware |
| Meadows Dialysis, LLC | Delaware |
| MedSleuth, Inc. | California |
| Mellen Dialysis, LLC | Delaware |
| Melnea Dialysis, LLC | Delaware |
| Memorial Dialysis Center, L.P. | Delaware |
| Mendocino Dialysis, LLC | Delaware |
| Meridian Dialysis, LLC | Delaware |
| Mermet Dialysis, LLC | Delaware |
| Milltown Dialysis, LLC | Delaware |
| Milo Dialysis, LLC | Delaware |
| Minam Dialysis, LLC | Delaware |
| Minneopa Dialysis, LLC | Delaware |
| Monad Dialysis, LLC | Delaware |
| Monett Dialysis, LLC | Delaware |
| Morro Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Mountain West Dialysis Services, LLC | Delaware |
| Mulgee Dialysis, LLC | Delaware |
| MVZ DaVita Alzey GmbH | Germany |
| MVZ DaVita Aurich GmbH | Germany |
| MVZ DaVita Bad Aibling GmbH | Germany |
| MVZ DaVita Bad Düben GmbH | Germany |
| MVZ DaVita Dillenburg GmbH | Germany |
| MVZ DaVita Dinkelsbühl GmbH | Germany |
| MVZ DaVita Dormagen GmbH | Germany |
| MVZ DaVita Duisburg GmbH | Germany |
| MVZ DaVita Elsterland GmbH | Germany |
| MVZ DaVita Emden GmbH | Germany |
| MVZ DaVita Falkensee GmbH | Germany |
| MVZ DaVita Geilenkirchen GmbH | Germany |
| MVZ DaVita Gera GmbH | Germany |
| MVZ DaVita Hannover Linden GmbH | Germany |
| MVZ DaVita Iserlohn GmbH | Germany |
| MVZ DaVita Mönchengladbach GmbH | Germany |
| MVZ DaVita Neuss GmbH | Germany |
| MVZ DaVita Niederrhein GmbH | Germany |
| MVZ DaVita Nierenzentrum Aachen Alsdorf GmbH | Germany |
| MVZ DaVita Nierenzentrum Berlin-Britz GmbH | Germany |
| MVZ DaVita Nierenzentrum Hamm-Ahlen GmbH | Germany |
| MVZ DaVita Prenzlau-Pasewalk GmbH | Germany |
| MVZ DaVita Rhein-Ahr GmbH | Germany |
| MVZ DaVita Rhein-Ruhr GmbH | Germany |
| MVZ DaVita Salzgitter-Seesen GmbH | Germany |
| MVZ DaVita Schwalm-Eder GmbH | Germany |
| MVZ DaVita Viersen GmbH | Germany |
| Myrtle Dialysis, LLC | Delaware |
| Nansen Dialysis, LLC | Delaware |
| Natomas Dialysis, LLC | Delaware |
| Nauvue Dialysis, LLC | Delaware |
| Navarro Dialysis, LLC | Delaware |
| Navin Dialysis, LLC | Delaware |
| Neoporte Dialysis, LLC | Delaware |
| Nephrology Care Alliance, LLC | Delaware |
| Nephrology Medical Associates of Georgia, LLC | Georgia |
| Nephrology Practice Solutions, LLC | Delaware |
| New Bay Dialysis, LLC | Delaware |
| New Springs Dialysis, LLC | Delaware |
| Norbert Dialysis, LLC | Delaware |
| Norte Dialysis, LLC | Delaware |
| North Austin Dialysis, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Northeast Ohio Home Dialysis, LLC | Delaware |
| Oasis Dialysis, LLC | Delaware |
| Ogano Dialysis, LLC | Delaware |
| Ohio River Dialysis, LLC | Delaware |
| Okanogan Dialysis, LLC | Delaware |
| Olive Dialysis, LLC | Delaware |
| Orange Dialysis, LLC | California |
| Ordust Dialysis, LLC | Delaware |
| Osage Dialysis, LLC | Delaware |
| Owens Dialysis, LLC | Delaware |
| Owyhee Dialysis, LLC | Delaware |
| Palmetto Dialysis, LLC | Delaware |
| Palo Dialysis, LLC | Delaware |
| Palomar Dialysis, LLC | Delaware |
| Panther Dialysis, LLC | Delaware |
| Papello Dialysis, LLC | Delaware |
| Parker Dialysis, LLC | Delaware |
| Parkside Dialysis, LLC | Delaware |
| Patient Pathways, LLC | Delaware |
| Patuk Dialysis, LLC | Delaware |
| Peaks Dialysis, LLC | Delaware |
| Pearl Dialysis, LLC | Delaware |
| Pendster Dialysis, LLC | Delaware |
| Percha Dialysis, LLC | Delaware |
| Pershing Dialysis, LLC | Delaware |
| Pfeiffer Dialysis, LLC | Delaware |
| Philadelphia-Camden Integrated Kidney Care, LLC | Delaware |
| Physicians Choice Dialysis, LLC | Delaware |
| Physicians Dialysis Acquisitions, Inc. | Delaware |
| Physicians Dialysis of Lancaster, LLC | Pennsylvania |
| Physicians Dialysis Ventures, LLC | Delaware |
| Physicians Management, LLC | Delaware |
| Pible Dialysis, LLC | Delaware |
| Pine Dialysis, LLC | Delaware |
| Pinewoods Dialysis, LLC | Delaware |
| Pittsburgh Dialysis Partners, LLC | Delaware |
| Piute Dialysis, LLC | Delaware |
| Placid Dialysis, LLC | Delaware |
| Plaine Dialysis, LLC | Delaware |
| Platte Dialysis, LLC | Delaware |
| Pluribus Dialise - Benfica, S.A. | Portugal |
| Pluribus Dialise - Cascais, S.A. | Portugal |
| Pluribus Dialise - Sacavem, S.A. | Portugal |
| Pluribus Dialise, S.A. | Portugal |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Pobello Dialysis, LLC | Delaware |
| Poinsett Dialysis, LLC | Delaware |
| Pokagon Dialysis, LLC | Delaware |
| Portola Dialysis, LLC | Delaware |
| Primrose Dialysis, LLC | Delaware |
| Prineville Dialysis, LLC | Delaware |
| Prings Dialysis, LLC | Delaware |
| Pyramid Dialysis, LLC | Delaware |
| Ramsey Dialysis, LLC | Delaware |
| Randolph Dialysis, LLC | Delaware |
| Ravalli Dialysis, LLC | Delaware |
| Red Willow Dialysis, LLC | Delaware |
| Redcliff Dialysis, LLC | Delaware |
| Reef Dialysis, LLC | Delaware |
| Refuge Dialysis, LLC | Delaware |
| Renal Center of Beaumont, LLC | Delaware |
| Renal Center of Englewood, LLC | Delaware |
| Renal Center of Flower Mound, LLC | Delaware |
| Renal Center of Fort Dodge, LLC | Delaware |
| Renal Center of Lewisville, LLC | Delaware |
| Renal Center of Monroe, LLC | Delaware |
| Renal Center of Morristown, LLC | Delaware |
| Renal Center of Mountain Home, LLC | Delaware |
| Renal Center of Nederland, LLC | Delaware |
| Renal Center of Newton, LLC | Delaware |
| Renal Center of North Denton, L.L.L.P. | Delaware |
| Renal Center of Port Arthur, LLC | Delaware |
| Renal Center of Sewell, LLC | Delaware |
| Renal Center of Storm Lake, LLC | Delaware |
| Renal Center of the Hills, LLC | Delaware |
| Renal Center of Tyler, L.P.L.L.L.P. | Delaware |
| Renal Center of West Beaumont, LLC | Delaware |
| Renal Center of Westwood, LLC | Delaware |
| Renal Clinic Of Houston, LLC | Delaware |
| Renal Life Link, Inc. | Delaware |
| Renal Services (UK) Limited | United Kingdom |
| Renal Services Operations Limited | United Kingdom |
| Renal Services Trading Limited | United Kingdom |
| Renal Treatment Centers - California, Inc. | Delaware |
| Renal Treatment Centers - Illinois, Inc. | Delaware |
| Renal Treatment Centers - Mid-Atlantic, Inc. | Delaware |
| Renal Treatment Centers - Northeast, Inc. | Delaware |
| Renal Treatment Centers - Southeast, LP | Delaware |
| Renal Treatment Centers - West, Inc. | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Renal Treatment Centers, Inc. | Delaware |
| Renal Ventures Management, LLC | Delaware |
| RenalServ LLC | Delaware |
| Rend Dialysis, LLC | Delaware |
| Rhodes Dialysis, LLC | Delaware |
| Rickwood Dialysis, LLC | Delaware |
| Riddle Dialysis, LLC | Delaware |
| Rio Dialysis, LLC | Delaware |
| River Valley Dialysis, LLC | Delaware |
| RNA - DaVita Dialysis, LLC | Delaware |
| Rochester Dialysis Center, LLC | Delaware |
| Rocky Mountain Dialysis Services, LLC | Delaware |
| Rollins Dialysis, LLC | Delaware |
| Ronan Dialysis, LLC | Delaware |
| Roose Dialysis, LLC | Delaware |
| Rophets Dialysis, LLC | Delaware |
| Roushe Dialysis, LLC | Delaware |
| Routt Dialysis, LLC | Delaware |
| Royale Dialysis, LLC | Delaware |
| Rusk Dialysis, LLC | Delaware |
| Russell Dialysis, LLC | Delaware |
| RV Academy, LLC | Delaware |
| Saddleback Dialysis, LLC | Delaware |
| Sahara Dialysis, LLC | Delaware |
| SAKDC-DaVita Dialysis Partners, L.P. | Delaware |
| San Marcos Dialysis, LLC | Delaware |
| Sands Dialysis, LLC | Delaware |
| Santa Fe Springs Dialysis, LLC | Delaware |
| Santiam Dialysis, LLC | Delaware |
| Sapelo Dialysis, LLC | Delaware |
| Saunders Dialysis, LLC | Delaware |
| Seabay Dialysis, LLC | Delaware |
| Secour Dialysis, LLC | Delaware |
| Shadow Dialysis, LLC | Delaware |
| Shawano Dialysis, LLC | Delaware |
| Shayano Dialysis, LLC | Delaware |
| Shelby Dialysis, LLC | Delaware |
| Shelling Dialysis, LLC | Delaware |
| Sherman Dialysis, LLC | Delaware |
| Shetek Dialysis, LLC | Delaware |
| Shining Star Dialysis, Inc. | New Jersey |
| Shone Dialysis, LLC | Delaware |
| Shoshone Dialysis, LLC | Delaware |
| Siena Dialysis Center, LLC | Delaware |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Silverwood Dialysis, LLC | Delaware |
| Simeon Dialysis, LLC | Delaware |
| Skagit Dialysis, LLC | Delaware |
| Sloss Dialysis, LLC | Delaware |
| Soledad Dialysis Center, LLC | Delaware |
| Somerville Dialysis Center, LLC | Delaware |
| South Central Florida Dialysis Partners, LLC | Delaware |
| South Florida Integrated Kidney Care, LLC | Delaware |
| South Fork Dialysis, LLC | Delaware |
| South Shore Dialysis Center, L.P. | Delaware |
| Southcrest Dialysis, LLC | Delaware |
| Southern Hills Dialysis Center, LLC | Delaware |
| Southlake Dialysis, LLC | Delaware |
| Southwest Atlanta Dialysis Centers, LLC | Delaware |
| Southwest Rocky Mountain Dialysis, LLC | Delaware |
| Sprague Dialysis, LLC | Delaware |
| Springpond Dialysis, LLC | Delaware |
| St. Luke's Dialysis, LLC | Delaware |
| Star Dialysis, LLC | Delaware |
| Steam Dialysis, LLC | Delaware |
| Stevenson Dialysis, LLC | Delaware |
| Stewart Dialysis, LLC | Delaware |
| Stines Dialysis, LLC | Delaware |
| Storrie Dialysis, LLC | Delaware |
| Sugarloaf Dialysis, LLC | Delaware |
| Sula Dialysis, LLC | Delaware |
| Sun City Dialysis Center, L.L.C. | Delaware |
| Sun City West Dialysis Center, LLC | Delaware |
| Sunapee Dialysis, LLC | Delaware |
| Sunset Dialysis, LLC | Delaware |
| Talimena Dialysis, LLC | Delaware |
| Targhee Dialysis, LLC | Delaware |
| Tarley Dialysis, LLC | Delaware |
| Tenack Dialysis, LLC | Delaware |
| Tennessee Valley Dialysis Center, LLC | Delaware |
| Terbole Participações Societárias Ltda. | Brazil |
| Terre Dialysis, LLC | Delaware |
| The Woodlands Dialysis Center, LP | Delaware |
| Tortugas Dialysis, LLC | Delaware |
| Total Renal Care of North Carolina, LLC | Delaware |
| Total Renal Care Texas Limited Partnership | Delaware |
| Total Renal Care, Inc. | California |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| Total Renal Laboratories, Inc. | Florida |
| Total Renal Research, Inc. | Delaware |
| Townsend Dialysis, LLC | Delaware |
| Transmountain Dialysis, L.P. | Delaware |
| TRC - Indiana, LLC | Indiana |
| TRC - Petersburg, LLC | Delaware |
| TRC El Paso Limited Partnership | Delaware |
| TRC of New York, Inc. | New York |
| TRC West, Inc. | Delaware |
| TRC-Georgetown Regional Dialysis, LLC | District Of Columbia |
| Tross Dialysis, LLC | Delaware |
| Tugman Dialysis, LLC | Delaware |
| Tumalo Dialysis, LLC | Delaware |
| Tunnel Dialysis, LLC | Delaware |
| Tustin Dialysis Center, LLC | Delaware |
| Twain Dialysis, LLC | Delaware |
| Tyler Dialysis, LLC | Delaware |
| Ukiah Dialysis, LLC | Delaware |
| Unicoi Dialysis, LLC | Delaware |
| University Dialysis Center, LLC | Delaware |
| Upper Valley Dialysis, L.P. | Delaware |
| USC-DaVita Dialysis Center, LLC | California |
| Valley Springs Dialysis, LLC | Delaware |
| Valmack Dialysis, LLC | Delaware |
| Vancile Dialysis, LLC | Delaware |
| Vancleer Dialysis, LLC | Delaware |
| Vanell Dialysis, LLC | Delaware |
| Victory Dialysis, LLC | Delaware |
| Vilander Dialysis, LLC | Delaware |
| VillageHealth DM, LLC | Delaware |
| Villanueva Dialysis, LLC | Delaware |
| Vively Health, LLC | Delaware |
| Vogel Dialysis, LLC | Delaware |
| Volo Dialysis, LLC | Delaware |
| Wahconah Dialysis, LLC | Delaware |
| Wakonda Dialysis, LLC | Delaware |
| Walker Dialysis, LLC | Delaware |
| Wallips Dialysis LLC | Delaware |
| Walton Dialysis, LLC | Delaware |
| Washburne Dialysis, LLC | Delaware |
| Wayside Dialysis, LLC | Delaware |
| Weldon Dialysis, LLC | California |

| Name - Continued | Jurisdiction of Organization |
|---|---|
| West Elk Grove Dialysis, LLC | Delaware |
| West Sacramento Dialysis, LLC | Delaware |
| Weston Dialysis Center, LLC | Delaware |
| Whitney Dialysis, LLC | Delaware |
| Wilder Dialysis, LLC | Delaware |
| Willowbrook Dialysis Center, L.P. | Delaware |
| Winds Dialysis, LLC | Delaware |
| Winster Dialysis, LLC | Delaware |
| Wood Dialysis, LLC | Delaware |
| Woodcrest Dialysis, LLC | Delaware |
| Woodford Dialysis, LLC | Delaware |
| Wyandotte Central Dialysis, LLC | Delaware |
| Yargol Dialysis, LLC | Delaware |
| Ybor City Dialysis, LLC | Delaware |
| Yucaipa Dialysis, LLC | Delaware |
| Zara Dialysis, LLC | Delaware |
| Zellier Dialysis, LLC | Delaware |
| Zephyrhills Dialysis Center, LLC | Delaware |

**Exhibit 23.1**

**Consent of Independent Registered Public Accounting Firm**

We consent to the incorporation by reference in the registration statements (No. 333-240022, No. 333-239191, No. 333-213119, No. 333-190434, No. 333-169467, No. 333-158220, No. 333-144097, No. 333-86550, and No. 333-30736) on Form S-8 and the registration statement (No. 333-182572) on Form S-4 of our reports dated February 11, 2022, with respect to the consolidated financial statements and financial statement Schedule II — Valuation and Qualifying Accounts of DaVita Inc. and the effectiveness of internal control over financial reporting.

/s/ KPMG LLP

Seattle, Washington

February 11, 2022

**EXHIBIT 31.1**

**SECTION 302 CERTIFICATION**

I, Javier J. Rodriguez, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**

**Chief Executive Officer**

Date: February 11, 2022

**EXHIBIT 31.2**

**SECTION 302 CERTIFICATION**

I, Joel Ackerman, certify that:

1. I have reviewed this annual report on Form 10-K of DaVita Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

(a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

(b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

(c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

(d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

(a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

(b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

/s/ Joel Ackerman

**Joel Ackerman**

**Chief Financial Officer and Treasurer**

Date: February 11, 2022

**EXHIBIT 32.1**

**CERTIFICATION OF CHIEF EXECUTIVE OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2021 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I, Javier J. Rodriguez, Chief Executive Officer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/S/ JAVIER J. RODRIGUEZ

**Javier J. Rodriguez**
**Chief Executive Officer**
February 11, 2022

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

**EXHIBIT 32.2**

**CERTIFICATION OF CHIEF FINANCIAL OFFICER**
**PURSUANT TO**
**18 U.S.C. SECTION 1350,**
**AS ADOPTED PURSUANT TO**
**SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

In connection with the Annual Report of DaVita Inc. (the "Company") on Form 10-K for the year ended December 31, 2021 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), I, Joel Ackerman, Chief Financial Officer and Treasurer of the Company, certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

1. The Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

2. The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

/s/ Joel Ackerman

**Joel Ackerman**
**Chief Financial Officer and Treasurer**
February 11, 2022

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

# Appendix 11

# Ancillary and Support Agreements and Vendors

# DaVita Lynnwood Dialysis

## Existing Ancillary and Support Agreements and Vendors

| Agreement | Vendor |
|---|---|
| Extensive Facility Maintenance | CBRE |
| Patient Transfer | Providence Regional Medical center |
| Nursing Home Dialysis Transfer Agreement | Prestige Post-Acute and Rehab Center-Edmonds |
| Janitorial Services | Clean Net |
| Pest Control | Terminix |
| Laboratory Services | DVA Laboratory Services, Inc. |
| Information Management | Iron Mountain |
| Waste Disposal | Waste Management |
| Medical Waste Disposal | Stericycle |
| Stat Laboratory Services | Quest Diagnostics |
| Renal Network | Northwest Renal Network (Network 16) |
| Mutual Emergency Backup Dialysis | Everett Dialysis Center, Mill Creek Dialysis Center, Pilchuck Dialysis, Cascade Dialysis, Mount Baker Kidney Center |
| | |
| | |

The above list is representative of those vendor relationships engaged in by DaVita Lynnwood Dialysis and is not represented to be an exhaustive list of every support and ancillary agreement relationship into which the facility may enter or may have entered.

# Appendix 12

# Patient Transfer Agreement

Tangie Bailey
Legal Administrative
Assistant
601 Hawaii St.
El Segundo, CA 90245
Tel: (310) 536-2491
eFax: (800) 311-0019
Tangie.Bailey@DaVita.com

October 27, 2017

Providence Health & Services-Washington
d/b/a Providence Medical Center Everett
1321 Colby Ave.
Everett, WA 98201
Attention: Chief Nursing Officer

Re: Address correction for Patient Transfer Agreement, dated August 31, 2017 ("Agreement"), by and between Providence Health & Services-Washington d/b/a Providence Regional Medical Center Everett and Total Renal Care, Inc.; Lynnwood Dialysis Center; Center #11677; Jarvis #00136904.0

To Whom It May Concern:

Due to a scrivener's error in the Recitals of the Agreement, the address for the Center was incorrect. The correct Center address is 13619 Mukilteo Speedway, Ste. D-1, Lynnwood, WA 98087.

Please place this letter with your copy of the Agreement.

Sincerely,

Tangie Bailey
Legal Administrative Assistant

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**FOR COMPANY USE ONLY:**
**Clinic #: 11677**

# PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Providence Health & Services-Washington dba Providence Regional Medical Center Everett** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a subsidiary of DaVita Inc. ("Company").

## RECITALS

**WHEREAS**, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinic owned and operated by Company:

***Lynnwood Dialysis-WA***
***1321 Colby Ave.***
***Everett, WA 98201***

**WHEREAS,** the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

**WHEREAS,** the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

**WHEREAS**, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

**NOW THEREFORE,** in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

**1. HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

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**2. COMPANY OBLIGATIONS.**

(a) Upon transfer of a patient to Hospital, Company agrees:

i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;

ii. Original medical records kept by each of the parties shall remain the property of that institution; and

iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

i. current medical findings;

ii. diagnosis;

iii. rehabilitation potential;

iv. discharge summary;

v. a brief summary of the course of treatment followed;

vi. nursing and dietary information;

vii. ambulating status; and

viii. administrative and pertinent social information.

(c) Company agrees to readmit to its facilities patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital agrees to keep the administrator or designee of Company advised of the condition of the patients that will affect the anticipated date of transfer back to Company and to provide as much notice of the transfer date as possible. Company shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Company.

**3. BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

**4. HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company

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acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

**5. STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

**6. INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, commercial general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of $1,000,000 per occurrence and $3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

**7. INDEMNIFICATION.**

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any

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such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

**8. DISPUTE RESOLUTION.** Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the **State** of **Washington** shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

**9. TERM AND TERMINATION.** This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

**10. AMENDMENT.** This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

**11. ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

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**12. COMPLIANCE RELATED MATTERS.** The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

**13. EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

**14. NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital:
Providence Health & Services-Washington
1321 Colby Ave.
Everett, WA 98201
Attention: Chief Nursing Officer

If to Company:
Lynnwood Dialysis-WA
C/o: DaVita Inc.
13619 Mukilteo Speedway, Ste. D-1
Lynnwood, WA 98087
Attention: Facility Administrator

With copies to:
Total Renal Care, Inc.
C/o: DaVita Inc.
601 Hawaii Street
El Segundo, CA 90245
Attention: Senior Corporate Counsel

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DaVita Inc.
2000 16th Street
Denver, Colorado 80202
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

**15. ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

**16. COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

**17. NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

**18. WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

**19. GOVERNING LAW.** The laws of the state of **Washington** shall govern this Agreement.

**20. HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

**21. ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

**22. APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

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**[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]**

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**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement the day and year first above written.

**Hospital:**
**Providence Health & Services-Washington**

DocuSigned by:
Liga Mezaraups
4200F2521317483...

**By:** Liga Mezaraups
**Its:** Chief Nursing Officer

**Date:** August 31, 2017
**Email:** liga.mezaraups@providence.org

**Company:**
**Total Renal Care, Inc.**

DocuSigned by:
William Penrose
04EC2B13DF574E4...

**By:** William Penrose
**Its:** Regional Operations Director

**Date:** August 31, 2017

**Approved as to Form for DaVita Inc.:**

DocuSigned by:
Doyna V. Ballew
F953732A721A434...

**By:** Doyna V. Ballew
**Its:** Senior Corporate Counsel

## Certificate Of Completion

Envelope Id: CF1C3E35F742463092A5D44CAA531BA7
Status: Completed
Subject: Please DocuSign: WA-PTA-Lynnwood#11677, Providence Regional Medical Center Everett(final).pdf
Source Envelope:
Document Pages: 8
Signatures: 3
Envelope Originator:
Supplemental Document Pages: 0
Initials: 0
Tangie Bailey
Certificate Pages: 5
AutoNav: Enabled
Payments: 0
2000 16th Street
EnvelopeId Stamping: Enabled
Denver, CO 80202
Time Zone: (UTC-07:00) Mountain Time (US & Canada)
tangie.bailey@davita.com
IP Address: 104.129.198.81

## Record Tracking

Status: Original
8/29/2017 1:21:01 PM
Holder: Tangie Bailey
tangie.bailey@davita.com
Location: DocuSign

| Signer Events | Signature | Timestamp |
|---|---|---|
| Liga Mezaraups<br>liga.mezaraups@providence.org<br>Security Level: Email, Account Authentication (None)<br><br>**Electronic Record and Signature Disclosure:**<br>Accepted: 8/30/2017 8:44:24 AM<br>ID: 5668b877-1877-4a52-b466-8f0a6d17768f | DocuSigned by:<br>Liga Mezaraups<br>4200F2521317483...<br><br>Using IP Address: 170.173.0.16 | Sent: 8/29/2017 1:24:13 PM<br>Viewed: 8/30/2017 8:44:24 AM<br>Signed: 8/31/2017 6:59:55 AM |
| William Penrose<br>Will.Penrose@davita.com<br>Regional Operations Director<br>Security Level: Email, Account Authentication (None)<br><br>**Electronic Record and Signature Disclosure:**<br>Accepted: 8/31/2017 7:21:08 AM<br>ID: afc92cf2-2ce6-430d-b84f-b8d41f4cf960 | DocuSigned by:<br>William Penrose<br>04EC2B13DF574E4...<br><br>Using IP Address: 71.197.137.242<br>Signed using mobile | Sent: 8/31/2017 6:59:56 AM<br>Viewed: 8/31/2017 7:21:08 AM<br>Signed: 8/31/2017 7:21:50 AM |
| Doyna V. Ballew<br>Doyna.Ballew@davita.com<br>Senior Corporate Counsel<br>DaVita<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | DocuSigned by:<br>Doyna V. Ballew<br>F953732A721A434...<br><br>Using IP Address: 104.129.198.109 | Sent: 8/31/2017 7:21:51 AM<br>Viewed: 8/31/2017 8:42:09 AM<br>Signed: 8/31/2017 8:42:16 AM |

| In Person Signer Events | Signature | Timestamp |
|---|---|---|

| Editor Delivery Events | Status | Timestamp |
|---|---|---|

| Agent Delivery Events | Status | Timestamp |
|---|---|---|

| Intermediary Delivery Events | Status | Timestamp |
|---|---|---|

| Certified Delivery Events | Status | Timestamp |
|---|---|---|

| Carbon Copy Events | Status | Timestamp |
|---|---|---|

| Carbon Copy Events | Status | Timestamp |
|---|---|---|
| Michael Quayle<br>Michael.Quayle@davita.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 8/31/2017 8:42:17 AM<br>Viewed: 8/31/2017 10:40:23 AM |
| Liga Mezaraups<br>liga.mezaraups@providence.org<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Accepted: 8/30/2017 8:44:24 AM<br>ID: 5668b877-1877-4a52-b466-8f0a6d17768f | COPIED | Sent: 8/31/2017 8:42:18 AM |

| Notary Events | Signature | Timestamp |
|---|---|---|

| Envelope Summary Events | Status | Timestamps |
|---|---|---|
| Envelope Sent | Hashed/Encrypted | 8/31/2017 8:42:18 AM |
| Certified Delivered | Security Checked | 8/31/2017 8:42:18 AM |
| Signing Complete | Security Checked | 8/31/2017 8:42:18 AM |
| Completed | Security Checked | 8/31/2017 8:42:18 AM |

| Payment Events | Status | Timestamps |
|---|---|---|

| Electronic Record and Signature Disclosure |
|---|

## ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact DaVita:**
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: emily.briggs@davita.com

**To advise DaVita of your new e-mail address**
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from DaVita**
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with DaVita**
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

| | |
|---|---|
| Operating Systems: | Windows2000? or WindowsXP? |
| Browsers (for SENDERS): | Internet Explorer 6.0? or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | •Allow per session cookies<br>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection |

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

# Appendix 13

# State Regulatory Agencies

State Regulatory Agencies
January 2017

| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| ACS New Mexico Medicaid | NM Medicaid Provider Enrollment | P O Box 27460 | | Albuquerque | NM | 87125-7460 |
| Agency for Health Care Administration | Certification | 2727 Mahan Drive | Mail Stop 32 | Tallahassee | FL | 32308 |
| Agency for Health Care Administration | Certification | 2727 Mahan Drive | Mail Stop 32 | Tallahassee | FL | 32308 |
| Agency for Health Care Administration | CLIA State | 2727 Mahan Drive | Mail Stop 32 | Tallahassee | FL | 32308 |
| AHCCCS | Provider Registration Unit | 801 East Jefferson Street | | Phoenix | AZ | 85034 |
| Alabama Department of Public Health | Survey | The RSA Tower | 201 Monroe St | Montgomery | AL | 36104-3735 |
| Alabama Medicaid Program | HP Provider Enrollment | 301 Techna Center Drive | | Montgomery | AL | 36117-6008 |
| Alachua Field Office - Region 3 | State Survey Field Office-Alachua | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Bradford | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Citrus | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Columbia | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Dixie | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Gilchrist | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Hamilton | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Hernando | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Lafayette | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Lake | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Levy | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Marion | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Putnam | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Sumter | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Suwannee | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| Alachua Field Office - Region 3 | State Survey Field Office-Union | 14101 N.W. Hwy. 441 | Suite 800 | Alachua | FL | 32615-5669 |
| AR Medicaid/HP Enterprise Services - Provider Enrollment | | PO Box 8105 | | Little Rock | AR | 72203-8105 |
| AR Medicaid/HP Enterprise Services - Provider Enrollment | | PO Box 8105 | | Little Rock | AR | 72203-8105 |
| Arizona Division of Assurance & Licensing Services | | 150 North 18th Avenue, Ste 450 | | Phoenix | AZ | 85007 |
| Atlanta Regional Office - Region 4 | R.O. 4 Div. of Survey and Certification Ops | 61 Forsyth Street, SW | Ste 4T20 | Atlanta | GA | 30303-8909 |
| Boston Regional Office - Region 1 | R.O. 1 Div. of Survey and Certification Ops | JFK Federal Building, Government Center | Room 2275 | Boston | MA | 2203 |
| CA Department of Health Care Services | Provider Enrollment Division | P O Box 997413 | MS 4704 | Sacramento | CA | 95899-7413 |
| Cabinet for Health Services | KY Licensing Dept | Health Services Bldg. | 275 East Main Street - 5 East | Frankfort | KY | 40621 |
| Cahaba GBA - AL (J10) | AL (J10) Provider Enrollment | PO Box 1537 | | Birmingham | AL | 35201-1537 |
| Cahaba GBA - GA (J10) | GA (J10)Provider Enrollment | PO Box 1537 | | Birmingham | AL | 35201-1537 |
| Cahaba GBA - TN (J10) | TN (J10) Provider Enrollment | PO Box 1537 | | Birmingham | AL | 35201-1537 |
| California Dept of Public Health | Bakersfield District Office | 4540 Califomia Ave., Ste 200 | Licensing & Certification | Bakersfield | CA | 93309 |
| California Dept of Public Health | San Diego North District Office | 7575 Metropolitan Dr., Suite 104 | Licensing & Certification | San Diego | CA | 92108-4402 |
| California Dept of Public Health | San Bernardino District office | 464 W 4th St., Suite 529 | Licensing & Certification | San Bernardino | CA | 92401- |
| California Dept of Public Health | Los Angeles District Office | 3400 Aerojet Ave Ste 323 | Licensing & Certification | El Monte | CA | 91731 |
| California Dept of Public Health | East Bay District Office | 850 Marina Bay Parkway, Bldg P, 1st Floor | Licensing & Certification | Richmond | CA | 94804-6403 |
| California Dept of Public Health | Fresno District Office | 285 W Bullard Ave Suite 101 | Licensing & Certification | Fresno | CA | 93704 |
| California Dept of Public Health | Chico District Office | 126 Mission Ranch Blvd | Licensing & Certification | Chico | CA | 95926 |
| California Dept of Public Health | Orange County District Office | 681 S Parker St Ste 200 | Licensing & Certification | Orange | CA | 92868 |
| California Dept of Public Health | Redwood Coast/Santa Rosa District Office | 2170 Northpoint Pkwy | Licensing & Certification | Santa Rosa | CA | 95407 |
| California Dept of Public Health | Riverside District Office | 625 E Carnegie Dr Ste 280 | Licensing & Certification | San Bernardino | CA | 92408 |
| California Dept of Public Health | Sacramento District Office | 3901 Lennane Dr Ste 210 | Licensing & Certification | Sacramento | CA | 95834 |
| California Dept of Public Health | San Francisco District Office | 150 North Hill Dr Ste 22 | Licensing & Certification | Brisbane | CA | 94005 |
| California Dept of Public Health | San Jose District Office | 100 Paseo de San Antonio Ste 235 | Licensing & Certification | San Jose | CA | 95113 |
| California Dept of Public Health | Ventura District Office | 1889 N Rice Ave Ste 200 | Licensing & Certification | Oxnard | CA | 93030 |
| CGS (J15) | (J15) Provider Enrollment | PO Box 20004 | | Nashville | TN | 37202 |
| Chicago Regional Office - Region 5 | R.O. 5 Div. of Survey and Certification Ops | 233 North Michigan Avenue | Ste 600 | Chicago | IL | 60601-5519 |
| CLIA Programs, DHH | | P.O. Box 3767 | | Baton Rouge | LA | 70821-3767 |
| Colorado Department of Public Health & Environment | | 4300 Cherry Creek Drive South | | Denver | CO | 80246-1530 |
| Colorado Medical Assistance Program | CO Medicaid Provider Enrollment | PO Box 1100 | | Denver | CO | 80201-1100 |
| CT Medicaid/HP | CT Provider Enrollment Unit | PO Box 5007 | | Hartford | CT | 6104 |
| Dallas Regional Office - Region 6 | R.O. 6 Div. of Survey and Certification Ops | 1301 Young Street | Room 827 | Dallas | TX | 75202 |

State Regulatory Agencies
January 2017

| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| DC Dept of Health Regulation Administration | | 899 North Capitol Street NE | Second Floor | Washington | DC | 20002 |
| DC Medicaid/Xerox State Healthcare Solutions | DC Medicaid Provider Enrollment | 750 1st Street, NE | Ste. 1020 | Washington | DC | 20002 |
| DE Medicaid/HP Enterprise Services, LLC | DE Medicaid Provider Enrollment | PO Box 909 | | New Castle | DE | 19720 |
| Delaware Dept. of Health Services | | 1901 N Dupont Hwy | | New Castle | DE | 19720 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-Broward | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-Indian River | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-Martin | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-Okeechobee | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-Palm Beach | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Delray Beach Field Office - Region 9 & 10 | State Survey Field Office-St. Lucie | 5150 Linton Boulevard | Suite 500 | Delray Beach | FL | 33484 |
| Denver Regional Office - Region 8 | R.O. 8 Div. of Survey and Certification Ops | 1600 Broadway | Ste 700 | Denver | CO | 80202 |
| Department of Health | Division of Home Health Services | 132 Kline Plaze, Suite A | | Harrisburg | PA | 17104- |
| Department of Public Health | | Div of Health Systems Reg. | 410 Capitol Ave., MS #12FLIS | Hartford | CT | 06134-0308 |
| Dept of Health, HSQA | | 111 Israel Road SE | | Tumwater | WA | 98501 |
| Dept of Health, HSQA | | PO Box 47874 | | Olympia | WA | 98504 |
| Dept. of Health and Human Services | | 1205 Umstead Dr. | Licensure & Certification Section | Raleigh | NC | 27603 |
| Director, Division of Health Provider | Bureau of Certification/Health Regulation | SC DHEC | 301 Gervais St | Columbia | SC | 29201- |
| First Coast Service Options - FL (J9) | FL (J9) Provider Enrollment | 532 Riverside Avenue | | Jacksonville | FL | 32202-4914 |
| FL Dept of Health | Brevard County Environmental Health | 2725 Judge Fran Way | Ste A116 | Viera | FL | 32940-6605 |
| FL Dept of Health | Alachua County Environmental Health | 224 SE 24th St | | Gainesville | FL | 32641-3405 |
| FL Dept of Health in Bay County | Biomedical Waste | 597 W 11th St | | Panama City | FL | 32401 |
| FL Dept of Health in Broward County | Biomedical Waste | 780 SW 24 Street | Building OPS | Ft Lauderdale | FL | 33315 |
| FL Dept of Health in Charlotte County | Biomedical Waste | 18500 Murdock Cir | Ste 203 | Port Charlotte | FL | 33948 |
| FL Dept of Health in Clay County | Biomedical Waste | PO Box 578 | | Green Cove Springs | FL | 32043 |
| FL Dept of Health in Collier County | Biomedical Waste | PO Box 429 | | Naples | FL | 34106-0429 |
| FL Dept of Health in Dade County | Biomedical Waste | 1725 167th St | | Miami Gardens | FL | 33056 |
| FL Dept of Health in DeSoto County | Biomedical Waste | 34 South Baldwin Avenue | | Arcadia | FL | 34266 |
| FL Dept of Health in Duval County | Biomedical Waste-Duval | 900 University Blvd N | Ste 300, MC-45 | Jacksonville | FL | 32211 |
| FL Dept of Health in Duval County | Biomedical Waste-St. Johns | 900 University Blvd N | Ste 300, MC-45 | Jacksonville | FL | 32211 |
| FL Dept of Health in Escambia County | Biomedical Waste-Escambia | 1300 W Gregory Street | | Pensacola | FL | 32502 |
| FL Dept of Health in Escambia County | Biomedical Waste-Okaloosa | 1300 W Gregory Street | | Pensacola | FL | 32502 |
| FL Dept of Health in Escambia County | Biomedical Waste-Santa Rosa | 1300 W Gregory Street | | Pensacola | FL | 32502 |
| FL Dept of Health in Flagler County | Biomedical Waste | PO Box 847 | | Bunnell | FL | 32110 |
| FL Dept of Health in Hernando County | Biomedical Waste | 7551 Forest Oaks Blvd | | Spring Hill | FL | 34606 |
| FL Dept of Health in Hillsborough County | Biomedical Waste | PO Box 5135 | | Tampa | FL | 33675 |
| FL Dept of Health in Indian River County | Biomedical Waste | 1900 27th Street | | Vero Beach | FL | 32960 |
| FL Dept of Health in Jackson County | Biomedical Waste | PO Box 310 | | Marianna | FL | 32447 |
| FL Dept of Health in Lake County | Biomedical Waste | 315 W Main Street | | Tavares | FL | 32778 |
| FL Dept of Health in Lee County | Biomedical Waste | 2295 Victoria Ave | | Fort Myers | FL | 33901 |
| FL Dept of Health in Leon County | Biomedical Waste | PO Box 2745 | | Tallahassee | FL | 32316 |
| FL Dept of Health in Manatee County | Biomedical Waste | 410 Sixth Ave E | | Bradenton | FL | 34208 |
| FL Dept of Health in Marion County | Biomedical Waste-Marion | PO Box 2408 | | Ocala | FL | 34478 |
| FL Dept of Health in Monroe County | Biomedical Waste | PO Box 6193 | | Key West | FL | 33040 |
| FL Dept of Health in Nassau County | Biomedical Waste | PO Box 15100 | | Fernandina Beach | FL | 32035 |
| FL Dept of Health in Orange County | Biomedical Waste | 800 N Mercy Drive | Ste 1 | Orlando | FL | 32808 |
| FL Dept of Health in Osceola County | Biomedical Waste | 1 Courthouse Square | Ste 1200 | Kissimmee | FL | 34741 |
| FL Dept of Health in Palm Beach County | Biomedical Waste | PO Box 29 - Fiscal Office | | West Palm Beach | FL | 33402 |
| FL Dept of Health in Pasco County | Biomedical Waste | 11611 Denton Avenue | | Hudson | FL | 34667 |
| FL Dept of Health in Pinellas County | Biomedical Waste | 8751 Ulmerton Road | Suite 2000 | Largo | FL | 33771 |
| FL Dept of Health in Sarasota County | Biomedical Waste | 1001 Sarasota Center Blvd | | Sarasota | FL | 34240 |
| FL Dept of Health in Seminole County | Biomedical Waste | 400 W Airport Blvd | | Sanford | FL | 32773 |
| FL Dept of Health in St. Lucie County | Biomedical Waste | 5150 NW Milner Dr | | Port St. Lucie | FL | 34983 |
| FL Dept of Health in Sumter County | Biomedical Waste | PO Box 98 | | Bushnell | FL | 33513 |
| FL Dept of Health in Taylor County | Biomedical Waste | 1215 N Peacock Avenue | | Perry | FL | 32347 |

State Regulatory Agencies
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| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| FL Dept of Health in Volusia County | Biomedical Waste | PO Box 9190 | | Daytona Beach | FL | 32120 |
| FL Dept of Health in Washington County | Biomedical Waste | PO Box 648 | | Chipley | FL | 32428 |
| FL Medicaid/Agency for Health Care Administration | | 2727 Mahan Drive, | MS-4 | Tallahassee | FL | 32308 |
| Florida Board of Pharmacy | Pharmacy | 4052 Bald Cypress Way | Bin C-04 | Tallahassee | FL | 32399 |
| Florida Board of Pharmacy | Pharmacy | 4052 Bald Cypress Way | Bin C-04 | Tallahassee | FL | 32399 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Charlotte | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Collier | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-DeSoto | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Glades | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Hendry | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Lee | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Monroe | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| Fort Myers Field Office - Region 8 | State Survey Field Office-Sarasota | 2295 Victoria Ave. | Room 340 | Ft. Myers | FL | 33901 |
| GA Dept of Community Health | Certification | 2 Peachtree St; Suite 31.477 | Specialized Care Unit | Atlanta | GA | 30303-3167 |
| GA Dept of Community Health | Licensure | 2 Peachtree St; Suite 31.477 | Licensure & Certification Section | Atlanta | GA | 30303-3167 |
| GA Medicaid/HP Enterprise Services | GA Medicaid Provider Enrollment | 100 Crescent Center Pkwy | Ste# 1100 | Atlanta | GA | 30084 |
| Gadsden County Health Dept | Biomedical Waste | PO Box 1000 | | Quincy | FL | 32353 |
| Gulf County Health Dept | Biomedical Waste | 2475 Garrison Ave | | Port St. Joe | FL | 32456 |
| HP Enterprise Services | FL Medicaid MS Medicaid Provider Enrollment | 2671 Executive Center Circle | Ste 100 | Tallahassee | FL | 32301 |
| IA Dept. of Inspections & Appeals | Certification | 321 East 12th Street | Lucas State Office Bldg. | Des Monies | IA | 50319-0083 |
| ID Dept. of Health & Welfare | | 3232 Elder street | P.O. Box 83720 | Boise | ID | 83720-0036 |
| Idaho Dept of Health | Division of Medicaid | PO Box 70082 | | Boise | ID | 83707 |
| IL Department of Health | Certification | 525 W. Jefferson St. | Licensing & Certification | Springfield | IL | 62761- |
| IL Dept of Public Health | IL CLIA PROGRAM | 525 W Jefferson St | 4th Fl | Springfield | IL | 62761 |
| Illinois Department of Public Aid | IL Medicaid Provider Enrollment | 607 E Adams St | | Springfield | IL | 62739 |
| IME - Iowa Medicaid Enterprise | IA Medicaid Provider Enrollment | 100 Army Post Road | | Des Moines | IA | 50315-6241 |
| IN Dept of Health Acute Care Services | Indiana CLIA Program | 2 N Meridian St | Room 4 A | Indianapolis | IN | 46204 |
| Indiana Dept. of Health Services | Certification | 2 N. Meridian Street, Section 4A | Licensing & Certification | Indianapolis | IN | 46204- |
| Indiana Medicaid Program | IN Medicaid Provider Enrollment | 950 North Meridian Street | Suite 1150 | Indianapolis | IN | 46204 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Baker | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Clay | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Duval | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Flagler | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Nassau | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-St. Johns | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Jacksonville Field Office - Region 4 | State Survey Field Office-Volusia | 921 N. Davis St. | Bldg A, Ste 115 | Jacksonville | FL | 32209 |
| Kansas Bureau of Health & Environment | | 1000 SW Jackson St., Suite 200 | | Topeka | KS | 66612-1274 |
| Kansas City Regional Office - Region 7 | R.O. 7 Div. of Survey and Certification Ops | 601 East 12th Street | Room 355 | Kansas City | MO | 64106 |
| Kansas Medical Assistance Program | KMAP Provider Enrollment Unit | 6700 SW Topeka Blvd | Ste. 283-J | Topeka | KS | 66601 |
| Kentucky Dept. of Health Services | | 275 East Main Street - 5 East | | Frankfort | KY | 40621- |
| Kidney Health Care | State Kidney Program | PO Box 149347 | Mail Code 1938 | Austin | TX | 78714-9347 |
| KY Medicaid Program | KY Provider Enrollment Unit | 275 E Main St | | Frankfort | KY | 40621 |
| Louisiana Medicaid-Molina Medicaid Solutions | LA Medicaid Provider Enrollment | PO Box 80159 | | Baton Rouge | LA | 70898-0159 |
| Madison County Health Department | Madison County Environmental Health | 801 SW Smith St | | Madison | FL | 32340 |
| Maryland Kidney Program | MD Medicaid Provider Enrollment | PO Box 17030 | | Baltimore | MD | 21203 |
| Maryland Medicaid | | 201 West Preston Street | | Baltimore | MD | 21201 |
| Massachusetts Department of Health | | 10 West Street, 5th Floor | | Boston | MA | 2111 |
| MassHealth | MA Medicaid Provider Enrollment | 55 Summer St. | 8th Floor | Boston | MA | 2110 |
| MD Commission on Kidney Disease | | | | | MD | |
| ME Medicaid/Molina | ME Medicaid Provider Enrollment | 189 Water St | | Augusta | ME | 4330 |
| Miami Field Office - Region 11 | State Survey Field Office-Miami-Dade | 8333 N.W. 53rd St | Suite 300 | Miami | FL | 33166 |
| Michigan Dept of Community Health | | 611 W. Ottawa St. | 1st Floor, Ottawa Building | Lansing | MI | 48933-1070 |
| Michigan Dept. of Community Health | | 320 South Walnut St. | | Lansing | MI | 48933-2014 |
| Minnesota Dept. of Human Services | MN Medicaid Provider Enrollment | 540 Cedar St | | St. Paul | MN | 55101 |

State Regulatory Agencies
January 2017

| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| Missouri Dept of Social Services | MO Medicaid Provider Enrollment | 615 Howerton Ct | | Jefferson City | MO | 65109 |
| Montana Medicaid - Xerox | MT Medicaid FL Medicaid Provider Enrollment | PO Box 4936 | | Helena | MT | 59604 |
| MS Division of Medicaid | Provider Enrollment | 550 High St | Ste 1000 | Jackson | MS | 39201 |
| MT Dept of Public Health and Human Services | | Quality Assurance Div - License Bureau | 2401 Colonial Dr | Helena | MT | 59620-2953 |
| N.C. Medicaid Provider Enrollment | CSC | 2610 Wycliff Road | Suite 102 | Raleigh | NC | 27607-3073 |
| National Government Services - IL (J6) | IL (J6) Provider Enrollment | P.O. Box 6474 | | Indianapolis | IN | 46206-6474 |
| National Government Services - MA (JK) | MA (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| National Government Services - NH (JK) | NH (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| National Government Services - RI (JK) | RI (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| National Government Services - WI (J6) | WI (J6) Provider Enrollment | P.O. Box 6474 | | Indianapolis | IN | 46206-6474 |
| National Government Services- ME (JK) | ME (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| National Government Services MN (J6) | MN (J6) Provider Enrollment | P.O. Box 6474 | | Indianapolis | IN | 46206-6474 |
| National Government Services, Inc. - NY (JK) | NY (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| National Government Services, LLC - CT (JK) | CT (JK) Provider Enrollment | P.O. Box 7149 | | Indianapolis | IN | 46207-7149 |
| ND Dept of Human Services | Attn: Provider Enrollment | 600 E Blvd Ave | Dept 325 | Bismarck | ND | 58505 |
| ND Dept. of Health | | 600 East Blvd. Avenue Dept 301 | | Bismarck | ND | 58505-0200 |
| Nebraska Dept. of Health & Human Serv. | Medicaid Provider Enrollment | 301 Centennial Mall South | | Lincoln | NE | 68509 |
| Nebraska Health & Human Services System | | 301 Centennial Mall South | | Lincoln | NE | 68509-5007 |
| Nebraska Health & Human Services System | Licensure Unit | 301 Centennial Mall South | | Lincoln | NE | 68509-5007 |
| Nevada Department of Health | Bureau of Licensure & Certification | 727 Fairveiw Dr | Ste E | Carson City | NV | 89701 |
| Nevada Medicaid Program | NV Medicaid Provider Enrollment | P O Box 30042 | | Reno | NV | 89520-3042 |
| Nevada State Treasurer | Nevada State Lab | 727 Fairview Dr | Ste E | Carson City | NV | 89701 |
| New Mexico Board of Pharmacy Office | New Mexico Pharmacy | 5500 Oakland NE | Ste C | Albuquerque | NM | 87109 |
| New Mexico Department of Health | | 2040 South Pacheco St | 2nd Floor Room 202 | Santa Fe | NM | 87505 |
| New York Dept. of Health | | Hedley Park Place | 433 River Street, 6th Floor | Troy | NY | 12180- |
| New York Regional Office - Region 2 | R.O. 2Div. of Survey and Certification Ops | 26 Federal Plaza | Room 37-130 | New York | NY | 10278-0063 |
| New York State Department of Health | | 150 Broadway | Suite 6E | Albany | NY | 12204 |
| NH Department of Health & Human Services | | 129 Pleasant St. | | Concord | NH | 03301-3857 |
| NH Medicaid/Xerox | NH Medicaid Provider Enrollment | 2 Pillsbury St., | Suite 200 | Concord | NH | 3301 |
| NJ Dept. of Health & Senior Services | | 171 Jersey St. | Bldg. 5, 1st Floor | Trenton | NJ | 8611 |
| NJ Medicaid/Molina | NJ Medicaid Provider Enrollment | P.O. Box 4804 | | Trenton | NJ | 8650 |
| Noridian - AZ (JF) | AZ (JF) Provider Enrollment | 900 42nd St S | | Fargo | ND | 58103 |
| Noridian - CA (JE) | CA (JE) Provider Enrollment | 901 42nd St S | | Fargo | ND | 58103 |
| Noridian - ID (JF) | ID (JF) Provider Enrollment | 903 42nd St S | | Fargo | ND | 58103 |
| Noridian - MT (JF) | MT (JF) Provider Enrollment | 904 42nd St S | | Fargo | ND | 58103 |
| Noridian - ND (JF) | ND (JF) Provider Enrollment | 905 42nd St S | | Fargo | ND | 58103 |
| Noridian - NV (JE) | NV (JE) Provider Enrollment | 906 42nd St S | | Fargo | ND | 58103 |
| Noridian - OR (JF) | OR (JF) Provider Enrollment | 900 42nd St S | | Fargo | ND | 58103 |
| Noridian - SD (JF) | SD (JF) Provider Enrollment | 900 42nd St S | | Fargo | ND | 58103 |
| Noridian - UT (JF) | UT (JF) Provider Enrollment | 902 42nd St S | | Fargo | ND | 58103 |
| Noridian - WA (JF) | WA (JF) Provider Enrollment | 900 42nd St S | | Fargo | ND | 58103 |
| Novitas (AR - JH) | AR (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (CO - JH) | CO (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (D.C. - JL) | DC (JL) Provider Enrollment | PO Box 3157 | | Mechanicsburg | PA | 17055-1836 |
| Novitas (DE - JL) | DE (JL) Provider Enrollment | PO Box 3157 | | Mechanicsburg | PA | 17055-1836 |
| Novitas (LA - JH) | LA (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (MD - JL) | MD (JL) Provider Enrollment | PO Box 3157 | | Mechanicsburg | PA | 17055-1836 |
| Novitas (MS - JH) | MS (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (NJ - JL) | NJ (JL) Provider Enrollment | PO Box 3157 | | Mechanicsburg | PA | 17055-1836 |
| Novitas (NM - JH) | NM (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (OK - JH) | OK (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Novitas (PA - JL) | PA (JL) Provider Enrollment | PO Box 3157 | | Mechanicsburg | PA | 17055-1836 |
| Novitas (TX - JH) | TX (JH) Provider Enrollment | P.O. Box 3095 | | Mechanicsburg | PA | 17055-1813 |
| Office of Health Care Quality | | Spring Grove Center | 55 Wade Avenue, Bland Bryant Bldg | Catonsville | MD | 21228- |

State Regulatory Agencies
January 2017

| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| Office of Health Facility | Licensure and Certification | 1 Davis Square | Suite 101 | Charleston | WV | 25301- |
| Office of Health Regulation | | MS Dept of Health 570 E Woodrow Wilson Ave | | Jackson | MS | 39216 |
| Office of Inspector General | KENTUCKY CLIA PROGRAM | 275 East Main Street | 5E - A | Frankfort | KY | 40621 |
| Ohio Department of Health | DQA / BIOS (Certification) | 246 N High St | | Columbus | OH | 43216-2412 |
| Ohio Department of Health | Non Long Term Care Unit (Survey) | 246 N High St | | Columbus | OH | 43216-2412 |
| Ohio Department of Health | DQA / BIOS (Licensure) | 246 N High St | | Columbus | OH | 43216-2412 |
| Ohio Medicaid Program | OH Medicaid Provider Enrollment | 255 East Main Street | 2nd Floor | Columbus | OH | 43215-5222 |
| Ohio State Board of Pharmacy | Pharmacy | 77 South High St | 17th Floor | Columbus | OH | 43266 |
| Oklahoma Health Care Authority | OK Medicaid Provider Enrollment | 4545 North Lincoln Blvd | Suite 124 | Oklahoma City | OK | 73107 |
| Oregon Department of Human Services | Health Care Licensure and Certification | 800 NE Oregon Street | #21, Suite 640 | Portland | OR | 97232- |
| Oregon Health Authority | DMAP Provider Enrollment | 500 Summer St NE | E44 | Salem | OR | 97301 |
| Oregon State Public Health Division | Laboratory Compliance Program | 3150 NW 29th Avenue | Ste 100 | Hillsboro | OR | 97124 |
| Orlando Field Office - Region 7 | State Survey Field Office-Brevard | 400 W. Robinson St. | Hurston South Tower, Suite S309 | Orlando | FL | 32801 |
| Orlando Field Office - Region 7 | State Survey Field Office-Orange | 400 W. Robinson St. | Hurston South Tower, Suite S309 | Orlando | FL | 32801 |
| Orlando Field Office - Region 7 | State Survey Field Office-Osceola | 400 W. Robinson St. | Hurston South Tower, Suite S309 | Orlando | FL | 32801 |
| Orlando Field Office - Region 7 | State Survey Field Office-Seminole | 400 W. Robinson St. | Hurston South Tower, Suite S309 | Orlando | FL | 32801 |
| PA Dept of Health | Chronic Renal Disease Program | 625 Forster St | 7th Fl East | Harrisburg | PA | 17120 |
| PA Medicaid/Bureau of Fee For Service Programs | PA Medicaid Provider Enrollment | PO Box 8045 | | Harrisburg | PA | 17110 |
| Palmetto GBA - NC (J11) | NC (J11) Provider Enrollment | PO Box 100238 | | Columbia | SC | 29202-3238 |
| Palmetto GBA - SC (J11) | SC (J11) Provider Enrollment | PO Box 100238 | | Columbia | SC | 29202-3238 |
| Palmetto GBA - VA (J11) | VA (J11) Provider Enrollment | PO Box 100238 | | Columbia | SC | 29202-3238 |
| Palmetto GBA - WV (J11) | WV (J11) Provider Enrollment | PO Box 100238 | | Columbia | SC | 29202-3238 |
| Philadelphia Regional Office - Region 3 | R.O. 3 Div. of Survey and Certification Ops | 150 S. Independence Mall, West | | Philadelphia | PA | 19106-3413 |
| Program Assurance Unit, Lic. & Certification Program | | P.O. Box 64900 | | St. Paul | MN | 55164-0900 |
| Rhode Island Dept of Health | Office of Health Systems Development - CON | Three Capitol Hill | Room 410 | Providence | RI | 02908-5097 |
| Rhode Island Dept of Health | Office of Health Systems Development | Three Capitol Hill | Room 404 | Providence | RI | 02908-5097 |
| RI Medicaid/HP | MT Medicaid Provider Enrollment | PO Box 2010 | | Warwick | RI | 2887 |
| San Francisco Regional Office - Region 9 | R.O. 9 Div. of Survey and Certification Ops | 90 7th Street | Ste 5-300 | San Francisco | CA | 94103-6707 |
| Seattle Regional Office - Region 10 | R.O. 10 Div. of Survey and Certification Ops | 701 Fifth Avenue | Ste 1600 | Seattle | WA | 98104 |
| South Dakota Department of Health | Office of Licensure & Certification | 615 East 4th Street | | Pierre | SD | 57501 |
| South Dakota Dept. of Social Serv. | SD Medicaid Provider Enrollment | 700 Governors Drive | | Pierre | SD | 57501-2291 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Hardee | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Highlands | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Hillsborough | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Manatee | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Pasco | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Pinellas | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| St. Petersburg Field Office - Regions 5 & 6 | State Survey Field Office-Polk | 525 Mirror Lake Drive North | Sebring Building, Suite 410A | St. Petersburg | FL | 33701 |
| State Hygienic Laboratory | Iowa CLIA Laboratory Program | 2490 Crosspark Road | Ste E | Coralville | IA | 52241 |
| State of Louisiana Dept of Health & Hospitals | | P.O Box 3767 | | Baton Rouge | LA | 70821-3767 |
| State of Oklahoma Health Dept. | | 1000 N. E. Tenth Street | Room 1114 | Oklahoma City | OK | 73117-1299 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Bay | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Calhoun | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Escambia | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Franklin | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Gadsden | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Gulf | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Holmes | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Jackson | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Jefferson | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Liberty | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Leon | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Madison | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Okaloosa | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |

State Regulatory Agencies
January 2017

| AGENCY NAME | AGENCY NAME 2 | ADDRESS | ADDRESS 2 | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Santa Rosa | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Taylor | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Wakulla | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Walton | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tallahassee Field Office - Regions 1 & 2 | State Survey Field Office-Washington | 2727 Mahan Drive | Mail Stop 46 | Tallahassee | FL | 32308 |
| Tennessee Department of Health | Division of Health Care Facilites (Licensure) | 227 French Landing, STE 501 | 665 Mainstream Dr 2nd Fl | Nashville | TN | 37243 |
| Texas Department of State Health Services | Zone I | 8407 Wall St | 8407 Wall Street | Austin | TX | 78754 |
| Texas Department of State Health Services | Zone II | 1301 South Bowen | 1301 South Bowen, Ste 200 | Arlington | TX | 76013 |
| Texas Department of State Health Services | Zone III | 2303 SE Military Dr | 2303 Military Drive, Bldg 514 | San Antonio | TX | 78223-3597 |
| Texas Department of State Health Services | Zone IV | 5425 Polk Ave | 5425 Polk Ave, Ste J | Houston | TX | 77023-1497 |
| Texas Department of State Health Services | Zone V | 1517 West Front St | 2521 West Front St | Tyler | TX | 75702 |
| TN Bureau of TennCare | TN Provider Enrollment Unit | 310 Great Circle Road | 2W | Nashville | TN | 37243 |
| Tricare North | TriCare North Provider Enrollment | P. O. Box 870141 | | Surfside Beach | SC | 29587-9741 |
| Tricare South | Provider Data Management | P.O. Box 7032 | Provider Data Management | Camden | SC | 29021-7032 |
| Tricare West | TriCare West Provider Enrollment | P.O. Box 7065 | | Camden | SC | 29021-7065 |
| TX Medicaid and Healthcare Partnership | TX Medicaid Provider Enrollment | 12357 B. Riata Trace Pkwy. | | Austin | TX | 78727-6474 |
| UT Medicaid/Bureau of Medicaid Operations | UT Medicaid Provider Enrollment | PO Box 143106 | | Salt Lake City | UT | 84114 |
| Utah Department of Health | Manager, Facility Licensing | P.O. Box 144103 | 288 North 1460 West | Salt Lake City | UT | 84114-4103 |
| Utah Department of Health | Manager, Facility Licensing | P.O. Box 144103 | 288 North 1460 West | Salt Lake City | UT | 84114-4103 |
| VA Department of Health Services | | 9960 Mayland Drive | STE 401 | Henrico | VA | 23233 |
| VA Department of Health Services | | 9960 Mayland Drive | STE 401 | Henrico | VA | 23233 |
| VA Medicaid/Xerox | Virginia Medicaid Provider Enrollment Services | PO Box 26803 | | Richmond | VA | 23261 |
| WA Health Care Authority Legal Services & Admi | State Kidney Program | PO Box 42702 | | Olympia | WA | 98504 |
| Washington State Healthcare Authority | WA Medicaid Provider Enrollment | PO Box 45562 | | Olympia | WA | 98504 |
| WI Bureau of Quality Assurance | | 1 West Wilson Street | P.O. Box 2969 | Madison | WI | 53703-3445 |
| Wisconsin Chronic Disease Program | WCDP Provider Enrollment | 313 Blettner Blvd | | Madison | WI | 53784 |
| Wisconsin Medicaid Program | Provider Enrollment Dept | 313 Blettner Blvd | | Madison | WI | 53784 |
| Wisconsin Physician Services - IA (J5) | IA (J5) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| Wisconsin Physician Services - IN (J8) | IN (J8) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| Wisconsin Physician Services - MI (J8) | MI (J8) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| Wisconsin Physician Services - NE (J5) | NE (J5) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| Wisconsin Physicians Services - KS (J5) | KS (J5) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| Wisconsin Physicians Services - MO (J5) | MO (J5) Provider Enrollment | P.O. Box 8248 | | Madison | WI | 53708-8248 |
| WV Medicaid/Molina | WV Medicaid Provider Enrollment | 1600 Pennsylvania Avenue | | Charleston | WV | 25302 |
| Wyoming Department of Health | | 2020 Carey Ave. - 8th floor | | Cheyenne | WY | 82002- |

# Appendix 14

Accepting Patients for Treatment
Indigent Care Policy
Involuntary Transfer Procedure
Patients Rights Policy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

# TITLE: ACCEPTING END STAGE RENAL DISEASE PATIENTS FOR TREATMENT

**PURPOSE:** To establish requirements for admitting End Stage Renal Disease (ESRD) patients to a DaVita dialysis facility and to allow DaVita to obtain necessary information from the patient/personal representative and to enter the correct information into the appropriate information system prior to providing dialysis treatment to a patient at a DaVita dialysis facility.

**DEFINITION(S):**

**Visiting patient:** A patient who is visiting a facility and plans to return to his/her home facility within 30 days. A visiting patient refers to patients visiting from a non-DaVita facility to a DaVita facility as well as visiting from a DaVita facility to another DaVita facility.

**Medical Evidence Report Form (CMS 2728):** Required by Medicare to determine if an individual is medically entitled to Medicare under the ESRD provisions of the law and to register patients with the United States Renal Data System. The 2728 form is used as the primary source in determining the COB for patient's insurance. Physicians have a 45 day grace period to sign the 2728 form when the patients are new to dialysis. A patient is generally only required to complete the 2728 form once, not for every facility visit or transfer (Refer to *Completion of Centers for Medicare & Medicaid Services (CMS) 2728,* available on the Clinical P&P website in Vol. 3. on the VillageWeb).

**Medicare Secondary Payor Form (MSP):** Determines if a commercial Employer Group Health Plan (EGHP) (or other insurance carrier) will be primary payer. This form is completed online in the Registration System and must be completed for all patients who have Medicare coverage when they start treatment at DaVita.

**Patient Authorization and Financial Responsibility Form (PAFR):** Document that informs patients of their financial obligations regarding services provided to them by DaVita. The form must be signed and witnessed prior to the start of the first dialysis treatment By signing the PAFR, the patient/personal representative is assigning the payment for services provided by DaVita, directly to DaVita from insurance companies. The PAFR form must be signed each year at each DaVita facility where the patient receives treatments.

**Note:** California facilities: For all Medi Cal patients (Medicaid program for California), a new form must be signed the first full week in January regardless of dialysis start date. Example: First date of DaVita Dialysis 12-31-2011, need PAFR for December and one for January 2012.

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Origination Date: September 2006
Revision Date: March 2008, September 2008, December 2008, April 2009, September 2009, October 2010, September 2011, September 2012, March 2013, September 2013, March 2014, September 2014, March 2015, September 2015, March 2016, December 2016

**Permanent patient:** A patient who has selected a DaVita dialysis facility as his/her home facility.

**Personal Representative:** An individual who is legally appointed, designated and/or authorized pursuant to state law to: (a) make health care decisions on behalf of a patient, or (b) act on behalf of a deceased individual or a deceased individual's estate. Reference: *Personal Representatives of Patients* (available on the HIPAA website on the VillageWeb).

**Transfer patient:** An existing dialysis patient who is permanently relocating from any dialysis facility to a DaVita dialysis facility. Once the transfer is complete, the patient will become a "permanent patient."

**POLICY:**

1. DaVita will accept and dialyze patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability if:

    a. The admitting physician or Medical Director must provide the appropriate diagnosis of Acute Kidney Injury (AKI) or End Stage Renal Disease (ESRD) in the treatment orders prior to a patient's first treatment.

    b. If the Nephrologist determines patient renal status of AKI and decides to admit, follow the policy: *Accepting Patients with Acute Kidney Injury for Treatment.*

    c. If the Nephrologist determines patient renal status of ESRD, follow the policy outlined below for admission.

    d. Final decision on whether or not the candidate patient will be admitted rests with the Medical Director. The Medical Director's determination is based on assessment of the facility's ability to safely dialyze the candidate patient without adversely affecting the quality and safety of all patients.

    e. Should the patient not have an admitting physician, refer to: *Patients without an Admitting Physician* policy (available on the Team Quest website on the VillageWeb).

    f. The patient's care can be managed in an outpatient dialysis facility according to individual modality.

    g. The patient is under the care of a nephrologist who is credentialed in the DaVita facility.

h. There is adequate treatment space, equipment and appropriately trained staff available to provide appropriate care to the patient.

i. The patient (a) has been verified as Medicare or Medicaid eligible and/or has private insurance coverage issued by an Insurance Provider licensed and operating in the United States or United States Territories which has been verified, and from which an authorization for treatment has been received by DaVita as required, (b) accepts financial responsibility for care by signing the *Patient Authorization & Financial Responsibility* (PAFR) Form.

   i. Patients who are uninsured must be authorized at the facility level with written approval by the facility's Divisional Vice President (DVP), or their designee, prior to treatment. (*Cash Payment Fee Schedule for Patients with no Insurance Coverage Policy* (available on the ROPS website on the VillageWeb).

   ii. Patients who have an out-of-state Medicaid plan that will not pay for treatment(s) cannot be requested to pay for these services, either as primary or secondary to Medicare. Admittance to the facility must be authorized at the facility level with written approval by the facility's DVP, or their designee, prior to treatment.

   iii. Patients who are out-of-network and have no out of network benefits must be authorized at the facility level with written approval by the facility's DVP, or their designee, prior to treatment.

2. Patients without adequate medical insurance coverage will be responsible to pay their portion of the cost prior to actual treatment.

3. All visiting patients, including patients visiting a non-contracted facility, will be responsible to sign a new PAFR Form specific to the visiting facility.

4. The facility will obtain height and weight on all visiting patients, including patients visiting a non-contracted facility. This information will be recorded in Snappy on the first treatment in the visiting facility.

5. A Purchase Order for services and treatments outside of their area is required prior to treatment for patients who have Indian Health Services coverage.

6. Any new patient who is uninsured must be approved for treatment by the facility's DVP, or their designee, prior to treatment.

7. DaVita dialysis facility will transmit the required information to the corresponding Corporate Business Office (CBO) ROPS registration teammate upon notification of a new or visiting patient.

8. ROPS registration teammate will verify all insurances and obtain authorization if needed to complete the registration process.

9. Visiting patients must make payment for non-covered, and out of network services in the form of cashier's check, money order, travelers check, American Express, Visa, Discover or MasterCard prior to treatment. Please see *Money Received at Centers Policy* and *Credit Card Process Policy* (available on the ROPS website on the VillageWeb).

10. DaVita will bill using the name and number as it appears on the beneficiary Medicare card or other document confirming the patient's health care coverage through a third party, and as the patient's name is confirmed by two (2) additional forms of identification which has the patient's current legal name listed on it. Reference DaVita's *Patient Identification and Verification Policy Attachment A: Acceptable Forms of Personal Identification* (available on the eP&P site Dialysis Regulatory and Ancillary Policies & Procedures folder) for acceptable forms of personal identification. Reference DaVita's *Entering Patient's Name Policy* (available on the ROPS website on the VillageWeb) for guidance on entering patient name into DaVita systems.

11. If any information on the beneficiary Medicare card is incorrect, DaVita will advise the beneficiary to contact their local servicing Social Security Office to obtain a new Medicare card.

12. If information contained on the insurance card is incorrect, DaVita will advise the policyholder to contact their insurance company to obtain a new insurance card. All insurance cards should match the patient's identification. The patient must produce evidence that a change was initiated with the appropriate insurance carrier within 90 days of the noted discrepancy.

13. There are four (4) mandatory data elements for any patient to be registered in Registration System. These fields must be completed accurately prior to treatment. Required Registration System fields are:

    a. First and last name;

    b. DOB (date of birth);

    c. Anticipated start date at DaVita; and

d. An ICD-9/ICD-10 code(s), representing the condition (ESRD) as specified by the admitting physician (may also consult the hospital discharge/pre-discharge summary).

14. Listed below are the following documents that are required for in-center dialysis patients and home dialysis patients prior to first treatment at a DaVita Dialysis facility, unless otherwise required by applicable state regulation:

a. Patient demographics and insurance information;
b. Copy of History and Physical (within the last year – must be legible);
c. Hepatitis and TB Testing Results: For Hepatitis and TB testing requirements, refer to policies: *Hepatitis Surveillance, Vaccination and Infection Control Measures* and *Tuberculosis Infection Control Policy* (available on the eP&P site Incenter Hemodialysis Policies & Procedures, Peritoneal Dialysis and Home Hemodialysis folders); Note: Hepatitis C testing is strongly recommended, but not required;
d. Copy of current hemodialysis orders for treatment;
e. Two (2) forms of personal identification, in addition to the patient's insurance card, verifying the patient's legal name and current legal residence, one of which is a picture ID. Reference DaVita's *Patient Identification and Verification Policy Attachment A: Acceptable Forms of Personal Identification* (available on the eP&P site Regulatory and Ancillary Policies and Procedures folder) for acceptable forms of personal identification;
f. All copies of patient's current insurance cards-front and back;
g. Initiation of CMS 2728. Once completed, within the 45-day guideline, it should include the patient's and nephrologists' signature and date. This is the official document of the patient's first date of dialysis ever, first dialysis modality, and provides transplant information, if applicable; *Patient Authorization & Financial Responsibility Form* (PAFR). Must be signed and witnessed prior to the start of the first dialysis treatment. This form allows DaVita to receive payment from insurance companies and informs the patient of the financial responsibilities regarding treatment provided to them. Without a signed PAFR Form, DaVita may not be reimbursed for services provided to the patient;
h. Medicare Secondary Payor Form (MSP). Determines if a commercial Employer Group Health Plan (EGHP) will be primary payor. Must be completed for all patients who have Medicare coverage when they start treatment at DaVita;
i. DaVita's *Notice of Privacy Practices.* Each patient/personal representative will be provided with the notice.

Facilities may elect to require documents a. through h. listed above prior to admission to a DaVita Dialysis facility.

For patients who have dialyzed before* (permanent transfers or visiting patients) the following will also be required:

a. Copy of most recent Plan of Care including: Nursing, Dietary and Social Work Assessments;
b. Copies of three (3) flowsheets within two (2) weeks of requested treatment(s);
c. Monthly labs within 30 days prior to first treatment date including hematocrit, hemoglobin, URR, electrolytes.
d. Current list of medications being administered to patient in-center and at home (recommended for patient to bring in current medications at time of first treatment);
e. Allergies;
f. Access Information;
g. Hospitalization Discharge information; and
h. Advance Directives, if patient has executed an Advance Directive and confirmed with patient as current.

*For patients displaced by disaster/emergency event, please see policy: *Facility Emergency and Disaster Plan.*

15. The following document is to be requested (but not required) for a safe transition of care for in-center dialysis patients and home dialysis patients prior to admission to a DaVita Dialysis facility:

    a. Consultations (Hematology, GI, Cardiology).

16. Unless otherwise provided for under this policy, prior to the first treatment at the facility, all patients, including Transfer, Guest, and Permanent Patients will be given the following documents to read and sign:

    a. Patient Rights;

    b. Patient Responsibilities;

    c. Patient Authorization and Financial Responsibility Form (PAFR);

    d. Patient Standards of Conduct;

    e. Patient Grievance Procedure;

    f. Authorization for and Verification of Consent to Hemodialysis/Peritoneal Dialysis;

    g. HIPAA Permission to Discuss;

h. HIPAA Notice Acknowledgement form; and

i. Affidavit of Patient Identification form (Note: This form is only given if the patient or Personal Representative on behalf of the patient is not able to produce the requested two (2) forms of personal identification verifying the patient's legal name and current legal residence upon admission or within seven (7) days of admission).

17. The patient/personal representative will agree to follow the *Patient's Rights and Responsibilities, Patient's Standards of Conduct and the Patient Grievance Procedure.* (Refer to *Patient's Standards of Conduct; Patient Grievance Procedure; Patient Rights and Responsibilities* available on the eP&P site Dialysis Regulatory and Ancillary Policies & Procedures folder).

18. Visiting patients are only required to sign the *Patient's Rights and Responsibilities, Patient's Standards of Conduct and the Patient Grievance Procedure* one time for each DaVita facility they visit, as long as these forms are visibly posted at the facility, unless there are changes made to any of those forms/policies, or state specifications require otherwise.

19. If the patient, or Personal Representative on behalf of the patient, is not able to produce the requested two (2) forms of personal identification verifying the patient's legal name and current legal residence, the teammate admitting the patient should follow the procedures set forth in the *Patient Identification and Verification Policy* (available on the eP&P site Dialysis Regulatory and Ancillary Policies & Procedures folders), and any other relevant policies based on the situation at hand.

20. Any conflict with the criteria established or refusal to sign appropriate consents and authorization to bill would constitute a need for prior written authorization by the facility's DVP or designee.

21. Other than a PAFR which is always required, a permanent DaVita patient may be treated at a DaVita facility other than his /her home facility without completing the required documentation,when:

a. The attending nephrologist has privileges at both the facilities in question (the patient's home facility and the anticipated visiting facility);

b. A visiting record is generated by the home facility at least one hour before the scheduled treatment;

c. The Facility Administrator (FA) at the visiting facility agrees to treat the patient; and

d. The visiting facility has the space and resources to treat the patient.

22. All other exceptions to this policy are subject to approval by the DVP for the region/division.

23. Clinical documentation: add all to ESRD

    a. Use ICD-9/ICD-10 code(s) as specified by admitting physician for justification in the dialysis treatment order

24. Use ICD-9/ICD-10 code(s) as specified by admitting physician for justification in all medication and laboratory orders

## ATTACHMENTS:

Attachment A: Procedures for Accepting Patients for Treatment

*Teammates are expected to report possible violations of this policy and procedure. You may make your report to an appropriate DaVita manager, to the Corporate Compliance Hotline (1-888-458-5848 or DaVitaComplianceHotline.com.) DaVita has a Non-Retaliation policy and will not tolerate any form of retaliation against anyone who files a Compliance report in good faith. Reports can be made anonymously or you may request confidentiality. Questions regarding this policy should be directed to policies&procedures@davita.com.*

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

# TITLE: PATIENT BEHAVIOR AGREEMENTS, 30 DAY DISCHARGE, INVOLUNTARY DISCHARGE OR INVOLUNTARY TRANSFER

**PURPOSE:** To provide guidance on Patient Behavior Agreements, 30 Day Discharge, Involuntary Discharge or Involuntary Transfer. These may become necessary when a patient does not conform to the *Patient's Standards of Conduct* and/or *Patient's Rights, Responsibilities and Facility Rules.* When a facility is considering involuntary discharge, the patient is automatically designated as "unstable" and therefore requires an assessment. The Interdisciplinary Team (IDT) must assess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.

**POLICY:**

**Disruptive, Non-Threatening Behavior:**

1. If the patient's behavior is disruptive to the facility, but is non-threatening, a comprehensive patient assessment will be completed by the Interdisciplinary Team (IDT) in order to identify any potential action or plan of correction required. The assessment must focus on identifying the root causes of the disruptive behavior and result in a plan of care aimed at addressing those causes and resolving disruptive behavior. This assessment may require a change in health status to unstable.

2. At the completion of the assessment, a Patient Care Conference (PCC) is required. The IDT should meet with the patient in a conference setting. The PCC will specifically address patient behavior and any patient concerns. The PCC and assessment will be documented in the medical record.

3. If the patient's behavior continues to be disruptive to the facility, but is non-threatening to others, the patient should receive a First Letter of Concern. This letter will be written in collaboration with your Risk Manager and will provide specific details of the patient's behavior and concerns the facility has regarding the patient's behavior.

**Threatening Behavior/Behavior Agreements:**

4. If at any time teammates or other patients feel an immediate severe threat or safety is a concern, the police should be notified immediately via 911. (See **Immediate Severe Threat** below).

5. If a patient's behavior in the dialysis facility is threatening, either verbally or physically, the treatment that day will be terminated and the patient will be asked to leave the facility. The facility will immediately notify the Medical Director, the patient's physician, the Regional Operations Director (ROD), the ESRD Network and the Risk Manager.

6. In collaboration with the ESRD Network, the facility and Risk Manager will make a determination of whether the patient should be immediately discharged from the facility due to the nature of the threatening behavior or placed on a Behavior Agreement. The collaboration with the ESRD Network will be documented in the medical record.

7. If it is determined that a Behavior Agreement is appropriate, the Behavior Agreement will be drafted in collaboration with the Risk Manager and address the behavior exhibited. The Medical Director, patient's physician, ROD, Divisional Vice President (DVP) and ESRD Network will be notified. A PCC will be scheduled with the patient and IDT to discuss the Behavior Agreement. The Behavior Agreement will also be mailed to patient via certified mail, return receipt requested.

8. Behavior Agreements will not be used for non-adherence or for patients who choose to sign off Against Medical Advice (AMA).

**30 Day Discharge, Involuntary Transfer and Involuntary Discharge:**

9. Lost to Follow-Up is defined as a patient who has not dialyzed for 30 days at the facility and the dialysis facility is unable to located the patient. In the event that a patient is considered Lost to Follow-Up and at risk for involuntary discharge, dialysis facilities are to notify their ESRD Network. Notify the Risk Manager for further guidance.

10. If the patient acts in violation of the Behavior Agreement, your Risk Manager is to be notified for further direction. The facility and Risk Manager will consult with the ESRD Network regarding 30 day discharge or involuntary discharge or transfer to another facility.

11. The patient's physician and facility Medical Director must be notified of the pending involuntary transfer or discharge and provide a signed order. This notification and order will be documented in the patient's medical record.

12. The ROD, DVP, State agency and ESRD Network must be notified of the involuntary discharge. If a 30 day notice is given, the effective date is the day the notice is written. This notification will be documented in the medical record.

13. The patient has the right to choose and to change physician and/or treatment facility provided that the new physician and/or facility can reasonably accommodate the patient. The patient is advised to confirm that the facility under consideration has been certified by Medicare.

14. Social Worker/designee will provide the patient with a list of area dialysis facilities (DaVita and non DaVita) that may be able to accept the patient, and the patient will be allowed to provide input as to facility preference. The patient will be advised to consult with his or her treating physician about alternative treatment options and to confirm the physician has privileges at selected dialysis facilities.

15. Good faith efforts should be made to place the patient at the patient's preferred facility and/or find the closest facility to the patient's residence that will accept the patient in transfer. The patient will be informed that DaVita cannot guarantee the transfer to the identified facility. The applicable patient's medical record must include evidence of those placement efforts.

16. The goal of contacting another dialysis facility is for continuity of care and the HIPAA privacy rules do not require patient consent to contact another dialysis facility. The HIPAA privacy rule does limit sharing of protected health information to medical records requested by the other provider and prohibits sharing information obtained through hearsay.

**Immediate Severe Threat:**

17. If it is determined that a patient will be immediately discharged due to the nature of the threatening behavior ("immediate, severe threat"), 30 day patient notice is not required. An immediate severe threat is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an "immediate severe threat". An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.

18. In instances of an immediate severe threat, facility teammates may utilize "abbreviated" involuntary discharge or transfer procedures. These abbreviated procedures may include taking immediate protective action such as calling "911" and asking for police assistance. In this scenario, there may not be time or opportunity for re-assessment, intervention, or contact with another facility for possible transfer.

19. After the emergency is addressed and teammates and other patients are safe, teammates must notify the Medical Director, patient's physician, Risk Manager, ROD and DVP, State agency and ESRD Network of the involuntary discharge. Document this notification and the exact nature of the "immediate severe threat" in the patient's medical

record. The Risk Manager may recommend onsite security for a period of time after the discharge of the patient (mutually agreed upon by Operations and Risk Manager).

**Discharge for Lack of Physician Coverage:**

20. If the reason for discharge is the physician's determination to no longer care for a particular patient and there is no other physician available that is willing to accept the patient, generally the state practice boards for physicians require the patient be given some notice to avoid a charge of patient abandonment. The facility will need to follow this regulation as to reassessment, 30 day notice of discharge, attempts for placement, etc. during the physician's period of notice to the patient. The Facility Administrator/designee should follow state law requirements regarding notice.

TITLE: **Patient Financial Evaluation Policy**

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**PURPOSE:**
To establish policies and procedures for the individualized determination of patient financial need for services provided by DaVita.

**DEFINITIONS:**
Obligation – The amount a patient must pay for dialysis and related services after all other third party payers (Medicare, Medicaid, commercial insurers, etc.) have paid DaVita, including copayments, coinsurance, deductibles, noncovered services and self-pay amounts.

PFE – Patient Financial Evaluation form (Addendum A) utilized to determine a patient's individual financial status and ability to pay the patient's Obligation.

Patient Assistance – The amount by which the patient's Obligation is reduced as a result of the PFE. Patient Assistance may be a full or partial reduction of the patient's Obligation.

Patient Assistance Scale – Sliding scale based on the Federal Poverty Guidelines used to determine the level of Patient Assistance for which the patient is eligible. (Addendum B)

Household Size – All persons residing in the same household as determined by this Policy.

Household Income – income of all persons identified in Household Size. Visitor – A patient who is at the facility for less than 30 consecutive days.

**POLICY:**
DaVita may provide Patient Assistance related to Patient Obligations based on an individualized determination of a patient's financial need. Any approval for Patient Assistance will be based on current facts and the agreement of the patient to maintain current coverage. Any amounts paid by an insurance company directly to the patient for services furnished by DaVita must be paid to DaVita and are not included in the patient Obligation amounts eligible for Patient Assistance.

Patients with previously approved PFEs will continue to receive Patient Assistance under the prior agreement until the first of any of the following events occurs:

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TITLE: **Patient Financial Evaluation Policy**

- Current PFE expires
- Insurance coverage changes
- Patient notifies DaVita of a change in household size or income and requests an updated PFE

**PROCEDURE:**

A Patient Financial Evaluation (Addendum A) may be offered for patients who have a patient Obligation and have indicated some financial need to a DaVita Teammate. If the patient refuses and/or declines offer of a PFE, the Social Worker must inform the patient that he/she is responsible for the full amount of the patient Obligation.

For patients within the state of Rhode Island, if a Community Health Center, listed on Attachment C, refers a patient and notifies the center that the patient has NO insurance and a household income up to the 200% of the Federal Poverty Limits (Full Waiver level on the PFE Scale), the center will require no further documentation from that patient and the patient will qualify for a full waiver PFE.

The PFE applies equally to all patients, without regard to the source of payment. Prior to applying for Patient Assistance, the patient must make a good faith effort to obtain insurance and exhaust all coverage options that will improve the patient's insurance coverage. All patients must have a current signed PAFR on file in order to apply for a PFE; California patients must have a PAFR signed within the current calendar year.

Patient Assistance is based on household financial status and the ability to pay after all other options for third party coverage and payment has been exhausted. The Social Worker (SW) or center designee is required to document these efforts to obtain any and all third party coverage in the patient's account record.

***All patients must apply for Medicaid programs and any other available state financial assistance programs prior to applying for a PFE and provide copy of denial/approval with PFE application. If an uninsured patient is not able to apply for Medicaid, the Social Worker must document the reason. Note that patients with Medicare coverage MUST seek apply for Medicaid.***

This policy is not available to patients who have had lapses in insurance coverage that the patient could control or other forms of patient non-compliance with obtaining or maintaining insurance coverage, including but not limited to; the failure to pay premiums or provide documentation necessary. If a patient is being discharged from a hospital, the patient must first attempt to secure a Single Patient Agreement (SPA) prior to utilizing the PFE Policy. Should the patient fail or refuse to provide the required PFE documentation, the patient will be discharged according to the procedures outlined in the Non-Payment Discharge Policy.

TITLE: **Patient Financial Evaluation Policy**

This policy is not applicable when superseded by state law. Patients who have a Cash Pay Agreement with the center do not qualify. DaVita reserves the right to deny or revoke patient assistance at its full discretion.

An existing PFE applies to all DaVita centers, even when the patient is a Visitor. PFEs cannot be used for visiting charges only.

With regard to any state law regarding patient "share of cost" or spend-down obligations for Medicaid, the patient shall be considered to have (1) incurred expenses for medical services and (2) assumed legal responsibility for medical services expenses, as of the date that medical services having a cost or charge equal to or greater than the amount of the patient's share of cost or spend- down obligations actually were rendered to the patient. This is the date the patient Obligation is created, notwithstanding any later application of Patient Assistance to the patient Obligation amount.

The patient is required to provide proof of Household Size and Personal Income to determine eligibility for Patient Assistance to the Social Worker or designee.

**Household Size** - at least one of the following documents showing proof of the household size:

- Federal Tax Return – No later than previous tax year and signed.
- State Assistance Program letters which name household members.
  - Social Security Letters which name all parties in one letter.

If the patient is unable to produce the above documents and is not otherwise covered by a government health plan, the following documents may be used to support household size:

- School records that identify an address for the children stated as part of the household that matches a lease agreement or address on a utility bill in the name of the patient
- Copy of an official marriage license
- Copy of Official birth certificate
- Court records for legal guardianship
- Adoption records
- Proof of domestic partnership

*If we do not have evidence that the patient's household size is different, we will default to one person.


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TITLE: **Patient Financial Evaluation Policy**

**Income** – The patient ***must*** provide at least one (1) of the following documents listed in Column A showing proof of income. If the patient is not able to provide any of the documentation listed in Column A, patient ***may*** provide at least two (2) of the documents listed in Column B, ***or*** at least three (3) of the documents listed in Column C.

*Please note, if patient is currently a financial need patient of DaVita Healthcare Partners Inc., the patient must provide an item of documentation from Column A. Additionally, any patient that is eligible for a government health plan (e.g., Medicare, Medicaid) must submit documentation from Column A.

If patient is not able to provide the **required** income verification documentation listed in Columns A, B and C, patient must provide a signed document explaining his/her situation that prevents the patient from furnishing the required documentation.. If the patient is able to provide the required income verification documentation listed in Columns A, B and C but refuses to do so, the patient is not eligible for Patient Assistance under this Policy.

**OR**

If patient is not able to provide the **required** income verification documentation listed in Columns A, B and C, patient may complete a W-7 Form to file for an IRS Individual Taxpayer Identification Number (ITIN). Once the patient has received an ITIN, the patient may either file a federal income tax return and submit a copy as stated in Column A or sign an affidavit explaining why the patient is not required to file a federal income tax return.

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TITLE: **Patient Financial Evaluation Policy**

**Income Verification**

| Column A | Column B | Column C |
|---|---|---|
| ✓ Federal Income Tax Return from no later than the previous year<br>✓ W2-form or 1099 from no later than the previous year<br>✓ Social Security Statement of Earnings (cannot be older than the previous tax year)<br>✓ One (1) consecutive month of paycheck stubs (within 60 days of PFE application)<br>✓ Retirement Income (Annuity, Pension, Dividends Paid Out, Veteran's Benefits)<br>✓ Copy of Medicaid Application (including Emergency Medicaid) along with Approval/Denial Letter | ✓ Credit Check Report<br>✓ Document of Assets<br>✓ Bank Statements (last 3 months)<br>✓ Worker's Compensation income statements<br>✓ Unemployment Compensation Determination Letter<br>✓ Statement from Employer of employment and salary<br>✓ Documentation of Homeless Shelter Use | ✓ *Living Expenses (i.e. rent, utility bills, cell phone carrier bill, grocery receipts, etc) along with copies of checks paid or money order receipts paying such expenses<br>✓ Food Stamp Benefit Information<br>✓ Proof of Participation in other Government Assistance Programs<br>✓ Court Documentation of Bankrupt Condition<br>✓ Proof of Residence in Area of High Poverty<br>✓ Proof that family is eligible for free or reduced-fare school lunch<br>✓ Children's School Records<br>✓ Strike Benefits from Union Funds<br>✓ Alimony<br>✓ Child Support<br>✓ PFE from another institution<br>✓ Other Documents of Sources of Income<br><br>*Living Expenses shall not be used to offset income or determine actual expenses; rather, Living Expenses shall be used as a proxy for income that cannot otherwise be proved. |

Any change in family size or insurance coverage will require a new application to be submitted. A change in insurance coverage will cause any current PFE to terminate.

The patient must sign the PFE stating that all information provided is accurate. A PFE lacking proof of income and/or family size will be denied.



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TITLE: **Patient Financial Evaluation Policy**

Determination for awarding Patient assistance will be based on the attached Patient Assistance Scale (Addendum B).

1. Household income and household size of patient compared to a % of the federal poverty guidelines per the Patient Assistance Scale (Addendum B).
2. If the patient qualifies for 100% assistance, deeming him/her indigent, the patient will not be billed for any patient Obligations.
3. If the patient qualifies for partial Patient Assistance, he/she will be billed for the lesser of the remaining patient Obligation for the month of services or the Patient Assistance rate.
4. If the patient does not qualify for Patient Assistance, he/she will be billed for the remaining patient Obligation for the month of services.

The status of the PFE and the level of Patient Assistance which has been approved will be communicated to the patient, Social Worker and IMT.

The PFE and related documentation will be maintained in the patient's account record. The billing office designee will enter the PFE approval or denial into the patient record and patient bills will be calculated based on this information.

An approved PFE is valid for one year from the month of the submission and can retro up to twelve months, if necessary. Any payments made by the patient for Patient Obligations that are within the approval range of the PFE will not be refunded. The PFE is reviewed on an annual basis.

This policy applies equally to all patient types, including patients who are DaVita Teammates.

*Teammates are expected to report possible violations of this policy and procedure. You may make your report to an appropriate DaVita manager, to the Corporate Compliance Hotline (1-888-458-5848 or DaVitaComplianceHotline.com). DaVita has a Non-Retaliation policy and will not tolerate any form of retaliation against anyone who files a Compliance report in good faith. Reports can be made anonymously or you may request confidentiality.*

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

# TITLE: PATIENT'S RIGHTS

## YOUR RIGHTS AS A PATIENT:

As a DaVita patient I understand I am entitled to the following:

1. To be fully informed of my rights (including privacy rights), responsibilities and all rules governing conduct related to patient care, services and financial policies/responsibilities.
2. To be accepted for admission without regard to national origin or sponsor, race, age, sex, religion, disability, payer, sexual orientation, marital status, or other factors unrelated to the provision of appropriate medical care.
3. To be treated with (i) respect, dignity, and recognition of my individuality, choices, strengths, abilities, cultural values, religious beliefs and personal needs, to the extent possible during treatment;, and (ii) sensitivity to my psychological needs and ability to cope with ESRD.
4. The right to privacy and confidentiality in all aspects of treatment. The dialysis facility will make accommodations to provide for patient privacy when patients are examined or body exposure is required, for example privacy screens or curtains.
5. To be free from abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, seclusion, or restraint (if not necessary to prevent harm to myself or others), or misappropriation of my personal property by the facility's teammates.
6. To receive adequate, safe, sanitary, and efficient dialysis treatment and respectful care by competent personnel in a comfortable environment.
7. To receive all information in a way that I can understand.
8. To receive assistance from a family member, representative or other individual in understanding, protecting and/or exercising my rights.
9. To be fully informed of all services available in the facility and charges not covered under Medicare or other health insurance, as applicable.
10. Upon request, to receive any information which the facility has available relative to financial assistance and free health care.
11. To be fully informed of my right to execute an advance directive and of DaVita's policy that properly executed and documented advance directives will be honored and carried out in DaVita facilities.
12. The right to choose and to change physician and/or treatment facility provided that the new physician and/or facility can reasonably accommodate me. I am advised to confirm that the facility under consideration has been certified by Medicare.
13. To know who my primary physician is, and to participate with my primary physician in planning my care.
14. To know the names, professional status, and experience of the staff who are providing and coordinating my care and treatment.
15. Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institutions insofar as that relationship relates to my care or treatment.

16. To receive a full explanation by my physician/allied health professional of the nature of my medical status and the necessity for recommended treatment/appointment(s), including the risks, side effects, expected outcomes, and other treatment/appointment options before giving consent to or refusing treatment/appointment.
17. To expect and receive appropriate assessment, management and treatment of pain as an integral component of my care.
18. To receive a full explanation of facility policies regarding patient care including, but not limited to, certain policies about infectious diseases that may require me to be dialyzed in a separate space from other patients and policies about visitors and socialization within the facility .
19. To be fully informed about all treatment modalities, including but not limited to, transplantation, home dialysis (home hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis), in-facility hemodialysis, in-facility nocturnal hemodialysis, hospice, and the option of no treatment.
20. To receive resource information for dialysis modalities not offered by the facility, including information about alternative scheduling options for working patients.
21. To be advised of research studies that affect my care and give my informed, written consent to participate in such research or refuse to participate.
22. To be informed about whether the facility is participating in any teaching programs and to refuse to allow their participation in my treatment.
23. To be transferred or discharged only for medical reasons, for my own welfare or that of other patients, or for nonpayment of fees. If I am discharged for these reasons, I will be given advance written notice of 30 days unless the reason involves issues of immediate safety to other patients or teammates. These actions may result in an immediate discharge. Reasons for involuntary discharge may include failure to comply with items in the *Patient's Standards of Conduct, Responsibilities and Facility Rules*, which are provided in the Patient Registration Packet.
24. To review my medical record with supervision by the Facility Administrator or designee and at a time mutually agreed upon by me and the Facility Administrator or designee in advance.
25. To receive a copy of my medical records. All requests for medical records will be put in writing. Based on individual state requirements for accessing medical records, there may be a fee charged for copying the medical records. All records requests will be completed within 30 days of the request.
26. To receive necessary services or referrals as outlined in my individualized plan of care.
27. To know my medical records and the information contained will be considered private and confidential and only released in compliance with state and federal law.
28. To freely express comments, complaints or grievances verbally or in writing personally, anonymously, or through a representative of my choosing. My comments, complaints and grievances may be expressed to facility teammates, administration, DaVita's Corporate Compliance Department, the ESRD Network organization and appropriate regulatory agencies without fear of reprisal or denial of services, discrimination or retaliation. All comments, complaints and grievances will be resolved in a timely manner in accordance with the facility's grievance process. Information regarding the grievance process will be provided to me and the facility Social Worker will assist you if needed.
29. To have all reasonable requests responded to promptly and adequately within the capacity of the facility.

30. To be informed about and participate, if desired, in all aspects of my individualized plan of care and be informed of the right to refuse treatment and to be fully informed of the medical consequences of refusing treatment/appointment.
31. If I require hemodialysis and dialyzer reuse is practiced in the facility, I am entitled to the following:
    - To give or refuse permission to participate in the reuse program and to request to change from one to the other at any time either verbally or in writing. Refusal to participate in reuse will still allow me to dialyze in this facility and receive other services, however, failure to agree to reuse will minimally restrict your choice of a dialyzer.
    - To have questions about reuse answered in a complete and understandable way.

*Please note, this version of the document is not intended for distribution to patients. The companion version of this document that is intended for distribution to patients (which is identical to this form, but includes a patient signature block) can be found electronically in the Reggie system.*

## PATIENT RIGHTS:

## TEMPLATE FOR FACILITY INFORMATION

Name of Facility: _____

Phone Number of Facility: _____

Facility Address: _____

Facility Medical Director: _____

Attending Physician: _____

Facility Administrator: _____

Nurse Responsible for Clinical Care: _____

Social Worker: _____

Dietitian: _____

Facility Normal Hours of Operation: _____

Dialysis Schedule (days & time): _____

How to contact physician and obtain emergency assistance after facility normal hours of operation: _____

# Appendix 15

# Lease Agreement

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**EXHIBIT C**

**FORM OF COMMENCEMENT DATE MEMORANDUM**

With respect to that certain lease ("Lease") dated February 24, 2016, between **B33 MUKILTEO LLC,** a Washington limited liability company ("Landlord") and **TOTAL RENAL CARE, INC.,** a California corporation ("Tenant"), whereby Landlord leased to Tenant and Tenant leased from Landlord space located at Mukilteo Speedway Center, 13619 Mukilteo Speedway, Suite D1, Lynnwood, Washington 98087 (the "Premises"). Tenant and Landlord hereby acknowledge as follows:

1. The Term of the Lease commenced on June 29, 2017 (the "Commencement Date").

2. The Expiration Date of the Lease is June 30, 2027.

3. It is agreed that the first Lease Year shall end on June 30, 2018 and that each subsequent Lease Year shall end on June 30th.

4. Tenant shall commence payment of Base Rent and Additional Rent on June 29, 2017.

5. The Premises contain 6,950 rentable square feet of space.

6. The last dates upon which the respective renewal options may be exercised are September 30, 2026, September 30, 2031 and September 30, 2036.

All capitalized terms herein, not otherwise defined herein, shall have the meaning assigned in the Lease.

[Signature page to follow]

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IN WITNESS WHEREOF, this Commencement Date Memorandum is executed the date(s) set forth below.

**LANDLORD**:

**B33 MUKILTEO LLC,** a Washington limited liability company

By: DocuSigned by: Jahan Moslehi 1FFD187F3E9F4F6...

Name: Jahan Moslehi

Title: Managing Member

Date: July 28, 2017

**TENANT**:

**TOTAL RENAL CARE, INC.,** a California corporation

By: DocuSigned by: Amanda Howe 52F66DDA2B08421...

Name: Amanda Howe

Title: Assistant General Counsel

Date: July 27, 2017

DocuSign Envelope ID: E29CBB66-A9E4-4C20-91B7-DB157A43373E

Lynnwood, WA (11677)

## Certificate Of Completion

Envelope Id: E29CBB66A9E44C2091B7DB157A43373E
Status: Completed
Subject: Please DocuSign: Lynnwood WA (11677) Commencement Memorandum Final .docx
Source Envelope:
Document Pages: 3
Signatures: 2
Envelope Originator:
Supplemental Document Pages: 0
Initials: 0
Deborah Shepherd
Certificate Pages: 5
AutoNav: Enabled
Payments: 0
2000 16th Street
EnvelopeId Stamping: Enabled
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Time Zone: (UTC-08:00) Pacific Time (US & Canada)
deborah.shepherd@davita.com
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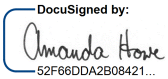
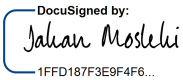
|---|---|---|
| Amanda Howe<br>amanda.howe@davita.com<br>Assistant General Counsel<br>DaVita<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | DocuSigned by:<br>  <br>52F66DDA2B08421...<br>Using IP Address: 104.129.192.111 | Sent: 7/27/2017 1:38:54 PM<br>Viewed: 7/27/2017 3:59:47 PM<br>Signed: 7/27/2017 3:59:54 PM |
| Jahan Moslehi<br>jahan@bridge33capital.com<br>Managing Member<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Accepted: 7/28/2017 9:41:30 AM<br>ID: 0b7dd6fd-d06a-4a0e-9593-82df5c1fabaf | DocuSigned by:<br>  <br>1FFD187F3E9F4F6...<br>Using IP Address: 71.217.91.122 | Sent: 7/27/2017 3:59:55 PM<br>Viewed: 7/28/2017 9:41:30 AM<br>Signed: 7/28/2017 9:41:46 AM |

| In Person Signer Events | Signature | Timestamp |
|---|---|---|

| Editor Delivery Events | Status | Timestamp |
|---|---|---|

| Agent Delivery Events | Status | Timestamp |
|---|---|---|

| Intermediary Delivery Events | Status | Timestamp |
|---|---|---|

| Certified Delivery Events | Status | Timestamp |
|---|---|---|

| Carbon Copy Events | Status | Timestamp |
|---|---|---|
| Arshad Sultan<br>arshad@bridge33capital.com<br>Vice President<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:47 AM |

| Carbon Copy Events | Status | Timestamp |
|---|---|---|
| Heather Szuminski<br>heather@bridge33capital.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:48 AM |
| Chelsea Vise<br>Chelsea.Vise@davita.com<br>Legal Administrative Assistant<br>DaVita<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:49 AM |
| Rent Department<br>rentdepartment@davita.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:50 AM<br>Viewed: 7/28/2017 11:10:57 AM |
| Matt Quispe<br>matt@bridge33capital.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:51 AM<br>Viewed: 7/28/2017 9:55:54 AM |
| Linda Park<br>Linda.Park@davita.com<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via DocuSign | COPIED | Sent: 7/28/2017 9:41:51 AM |

| Notary Events | Signature | Timestamp |
|---|---|---|

| Envelope Summary Events | Status | Timestamps |
|---|---|---|
| Envelope Sent | Hashed/Encrypted | 7/28/2017 9:41:51 AM |
| Certified Delivered | Security Checked | 7/28/2017 9:41:51 AM |
| Signing Complete | Security Checked | 7/28/2017 9:41:51 AM |
| Completed | Security Checked | 7/28/2017 9:41:51 AM |

| Payment Events | Status | Timestamps |
|---|---|---|

## Electronic Record and Signature Disclosure

## ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact DaVita:**
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: emily.briggs@davita.com

**To advise DaVita of your new e-mail address**
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with DaVita**
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

| | |
|---|---|
| Operating Systems: | Windows2000? or WindowsXP? |
| Browsers (for SENDERS): | Internet Explorer 6.0? or above |
| Browsers (for SIGNERS): | Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above) |
| Email: | Access to a valid email account |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | •Allow per session cookies<br>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection |

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

**LEASE AGREEMENT**

**BY AND BETWEEN**

**B33 Mukilteo LLC**

**("LANDLORD")**

**AND**

**Total Renal Care, Inc.**

**("TENANT")**

**FOR SPACE AT**

**Mukilteo Speedway Center**
**13619 Mukilteo Speedway, Suite D1, Lynnwood, WA 98087**

**Dated:** February 24, 2016

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## EXHIBITS

EXHIBIT A- LEGAL DESCRIPTION/ BUILDING SITE PLAN

EXHIBIT B- PREMISES FLOOR PLAN

EXHIBIT C- FORM OF COMMENCEMENT DATE MEMORANDUM

EXHIBIT D- FORM OF SUBORDINATION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT

EXHIBIT E- FORM OF ESTOPPEL CERTIFICATE

EXHIBIT F- LANDLORD'S WORK

EXHIBIT G- MEMORANDUM OF LEASE

## DATA SHEET

| | |
|---|---|
| Landlord: | B33 Mukilteo LLC |
| Address of Landlord: | c/o Jahan Moslehi<br>745 Bellevue Ave. E., Unit 102<br>Seattle, WA 98102<br>jahan@bridge33capital.com |
| Address for Payment of Rent: | Same as above |
| Tenant: | Total Renal Care, Inc. |
| Address of Tenant: | c/o DaVita Healthcare Partners, Inc.<br>Attn: Real Estate Legal<br>2000 16th Street<br>Denver, CO 80202<br><br>Concurrently to:<br><br>relegal@davita.com, Subject: Lynnwood, WA (Snohomish) (Facility #TBD) |
| Premises Address: | Mukilteo Speedway Center<br>13619 Mukilteo Speedway, Suite D1, Lynnwood, Washington 98087 |
| Premises Rentable Area: | approximately 6,950 rentable square feet |
| Building Rentable Area: | approximately 90,273 rentable square feet |

## DATA SHEET

Base Rent:

| Period | Base Rent per s/f/yr | Monthly Base Rent | Annual Base Rent |
|---|---|---|---|
| Months 1 through 12, inclusive | $ 15.00 | $ 8,687.50 | $ 104,250.00 |
| Months 13 through 24, inclusive | $ 15.30 | $ 8,861.25 | $ 106,335.00 |
| Months 25 through 36, inclusive | $ 15.61 | $ 9,038.48 | $ 108,461.70 |
| Months 37 through 48, inclusive | $ 15.92 | $ 9,219.24 | $ 110,630.93 |
| Months 49 through 60, inclusive | $ 16.24 | $ 9,403.63 | $ 112,843.55 |
| Months 61 through 72, inclusive | $ 16.56 | $ 9,591.70 | $ 115,100.42 |
| Months 73 through 84, inclusive | $ 16.89 | $ 9,783.54 | $ 117,402.43 |
| Months 85 through 96, inclusive | $ 17.23 | $ 9,979.21 | $ 119,750.48 |
| Months 97 through 108, inclusive | $ 17.57 | $ 10,178.79 | $ 122,145.49 |
| Months 109 through 120, inclusive | $ 17.93 | $ 10,382.37 | $ 124,588.40 |

**Option 1**

| Period | Base Rent per s/f/yr | Monthly Base Rent | Annual Base Rent |
|---|---|---|---|
| Months 1 through 60, inclusive | $ 19.72 | $ 11,420.60 | $ 137,047.24 |

**Option 2**

| Period | Base Rent per s/f/yr | Monthly Base Rent | Annual Base Rent |
|---|---|---|---|
| Months 1 through 60, inclusive | $ 21.69 | $ 12,562.66 | $ 150,751.96 |

**Option 3**

| Period | Base Rent per s/f/yr | Monthly Base Rent | Annual Base Rent |
|---|---|---|---|
| Months 1 through 60, inclusive | $ 23.86 | $ 13,818.93 | $ 165,827.16 |

**LEASE AGREEMENT**

**THIS LEASE AGREEMENT** (this "Lease"), made and entered into on February 24, 2016 (the "Effective Date"), by and between B33 Mukilteo LLC ("Landlord"), and Total Renal Care, Inc. ("Tenant").

WITNESSETH:

**WHEREAS**, Landlord desires to demise, lease and rent unto Tenant, and Tenant desires to rent and lease from Landlord space located at 13619 Mukilteo Speedway, Suite D1, Lynnwood, 98087, as more particularly described on Exhibit A (the "Building"), together with all improvements thereon and appurtenant rights thereto including, without limitation, parking areas, easements, declarations and rights of way; and

**WHEREAS**, the Building contains approximately 90,273 rentable square feet (the "Building Rentable Area") and the leased premises (the "Premises") shall consist of approximately 6,950 rentable square feet (the "Premises Rentable Area") as more fully depicted on the floor plan attached as Exhibit B.

**NOW, THEREFORE,** for and in consideration of the mutual covenants, promises and agreements herein contained, Landlord does hereby demise, lease and rent unto Tenant and Tenant does hereby rent and lease from Landlord the Premises, under and pursuant to the following terms and conditions:

1. Demise; Premises. Landlord leases to Tenant, and Tenant leases from Landlord, the Premises and all easements and appurtenances related thereto, for the rents, covenants and conditions (including limitations, restrictions and reservations) hereinafter provided, together with parking for Tenant's employees, patients and invitees in the locations shown on Exhibit A and the nonexclusive right to use all Common Areas (as defined in Section 20.1(a)).

2. Term and Delivery of Premises. This Lease shall be effective upon full execution and delivery (the "Effective Date"). Landlord shall deliver possession of the Premises to Tenant upon receipt of Tenant's Notice to Proceed as defined below (such actual date of delivery being referred to herein as the "Possession Date"). The parties acknowledge and agree that due to the existing tenant in the Premises, the Possession Date will not occur prior to March 1, 2017. In the event the Possession Date does not occur within ten days after the day on which Landlord receives Tenant's Notice to Proceed (the "Outside Possession Date"), Tenant may elect to: (i) receive one day or Base Rent abatement for each day the Possession Date is delayed beyond the Outside Possession Date; or (ii) terminate this Lease by written notice to Landlord. Should Tenant deliver its Notice to Proceed prior to March 1, 2017, the Outside Possession Date shall be March 11, 2017.

The term of the Lease shall be for 120 months and shall commence upon the earlier of the occurrence of the following two events (the "Commencement Date"): (i) 120 days after Landlord receives Tenant's Notice to Proceed (or, June 29, 2017, if the Notice to Proceed is delivered prior to March 1, 2017), or (ii) the date that Tenant obtains a final Certificate of Occupancy for the Premises from the County of Snohomish. The expiration date of the Term shall be 120 months following the Commencement Date (the "Termination Date"), unless the Term is renewed in which event the Termination Date shall extend to the end of such exercised renewal period(s). Each 12 month period beginning on the Commencement Date or any anniversary thereof shall hereinafter be called a "Lease Year." Upon determination of the Possession Date and Commencement Date, Landlord shall complete, execute and forward a Commencement Date Memorandum in the form attached as Exhibit C to Tenant for Tenant's approval and execution. In the event the Possession Date does not fall on the first day of the month, Base Rent and Additional Rent shall be prorated for any partial month and Tenant shall pay for such proration on the first day of the month following the Commencement Date.

Except for payment of the Holding Fee as provided in Section 3, all obligations of the parties hereto are contingent upon Tenant's issuance to Landlord of a written notice of its intent to commence the Lease (such notice is hereinafter referred to as the "Notice to Proceed") on or before the date which is 36

months after the Effective Date (the "Termination Deadline"), and neither the Term nor the accrual of any obligation to pay Rent, Operating Expenses (as defined in Section 8.1) or other charges shall commence until Tenant has provided the Notice to Proceed. Tenant may terminate this Lease at any time prior to the Termination Deadline, and this Lease shall be of no further force or effect and the parties hereto shall be released from all liability under this Lease.

In the event Tenant provides Landlord with the Notice to Proceed, but elects to terminate this Lease prior to the Termination Deadline (on or before thirty-six (36) months following the Effective Date), Tenant shall (i) pay Landlord for any out-of-pocket costs Landlord proves that it has incurred for this Lease; (ii) forfeit any Holding Fees (as defined in Section 3) accrued prior to the effective date of such early termination, and (iii) make a one-time payment to Landlord equal to three (3) months Base Rent.

3. Rent. Beginning on the Commencement Date, Tenant shall pay as initial annual base rent ("Base Rent") the amount set forth in the Data Sheet, in advance, on the first day of each calendar month during the Term, such monthly installment and any Additional Rent or other charges to be prorated for any partial calendar month in which the Commencement Date or Expiration Date occurs. As a condition to payment of Base Rent, Additional Rent, or other charges, Landlord shall provide Tenant with a completed Form W-9 Request for Taxpayer Information and Certification, a fully executed Commencement Date Memorandum, and for Additional Rent, Landlord's initial estimate of Operating Expenses. Upon any assignment by Landlord of its rights, title and interest in and to this Lease, Landlord shall cause such successor Landlord to deliver a completed Form W-9 to Tenant.

Notwithstanding the foregoing, effective on the first day of the month following the date that the existing tenant has fully vacated the Premises ("Vacation Date"), Tenant agrees to pay Landlord a holding fee ("Holding Fee") in the amount equal to one-half (1/2) of initial Base Rent per month ($4,343.75) until the earlier of (i) the date that Tenant provides Landlord with the Notice to Proceed; or (ii) the date Tenant terminates this Lease pursuant to Section 2. Notwithstanding anything to the contrary herein, the parties acknowledge and agree that the Vacation Date will not be earlier than March 1, 2017.

However, if Tenant has not provided Landlord with the Notice to Proceed by the date which is 12 months following the Vacation Date, the Holding Fee shall increase to equal 100% of initial Base Rent per month ($8,687.50).

Landlord agrees to notify Tenant at least 10 business days in advance of the Vacation Date. Tenant shall be allowed to enter and inspect the Premises to confirm the Vacation Date within five business days thereof.

No Holding Fee or Rent shall be due during the period from the date Landlord receives the Notice to Proceed until the Commencement Date.

Landlord and Tenant hereby agree that failure to provide rental modification notice does not waive the Landlord's right to receive rental increases.

Tenant hereby acknowledges that late payment by Tenant to Landlord of rent and other sums due hereunder will cause Landlord to incur costs not contemplated by this Lease, the exact amount of which will be extremely difficult to ascertain. Such costs include, but are not limited to processing and accounting charges, and late charges which may be imposed on Landlord by the terms of any mortgage or deed of trust covering the Premises. Accordingly, if any installment of rent or any other sum due from Tenant shall not be received by Landlord or Landlord's designee within five (5) days after such amount shall be due, Tenant shall pay to Landlord a late charge equal to five percent (5%) of such overdue amount ("Late Fee"). The parties hereby agree that such Late Fee represents a fair and reasonable estimate of the costs Landlord will incur by reason of late payment by Tenant. Acceptance of such Late Fee by Landlord shall in no event constitute a waiver of Tenant's default with respect to such overdue amount, nor prevent Landlord from exercising any of the other rights and remedies granted hereunder.

All unpaid amounts owed to Landlord shall accrue the lesser of one percent (1%) interest per month, or the highest permitted by applicable law, and will be compounded monthly ("Interest on Past Due").

Actual rentable square footage for the Premises will be determined with all measurements computed in accordance with *Retail Buildings: Standard Method of Measurement* (ANSI/BOMA Z65.5-2010), as promulgated by The Building Owners and Managers Association International. Tenant may elect to have the space measured prior to the Commencement Date or during the first Lease Year. If the rentable square footage is found to be greater or less than the rentable square footage shown in this Lease, Base Rent, Additional Rent and other provisions of this Lease which are based on the Premises Rentable Area shall be adjusted accordingly.

Except as otherwise provided in this Lease, it is the intention of the parties that Landlord shall receive Base Rent, Additional Rent, and all sums payable by Tenant under this Lease free of all taxes, expenses, charges, damages and deductions of any nature whatsoever (except as otherwise provided herein).

4. Renewals. Tenant shall have the right and option to renew this Lease for three additional periods of five years each, next immediately ensuing after the expiration of the initial Term and any subsequent renewal period by notifying Landlord in writing not more than 24 months and not less than nine months before the expiration of the immediately preceding initial Term or subsequent renewal Term of Tenant's intention to exercise its option to renew. Notwithstanding prior delivery of such notice, the notice shall be effective, notwithstanding anything to the contrary in such notice, not earlier than nine months before the expiration of the immediately preceding initial Term or subsequent renewal Term. In the event that Tenant so elects to extend this Lease, then, for such extended period of the Term, all of the terms, covenants and conditions of this Lease shall continue to be, and shall be, in full force and effect during such extended period of the Term, except that Base Rent shall be paid as set forth in the Data Sheet.

5. Condition of Premises. Landlord shall deliver the Premises in an "as-is where-is" condition and has no obligation to perform any work therein (including demolition of any improvements existing therein or construction of any tenant-finish work or other improvements therein.

6. Use of Premises. Tenant may occupy and use the Premises during the Term for purposes of the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose(s) (the "Permitted Use"). Tenant may operate during such days and hours as Tenant may determine, without the imposition of minimum or maximum hours of operation by Landlord, and Tenant shall have exclusive use of and full-time access to the Premises, and may operate, up to 24 hours per day, seven days per week, year-round.

If Landlord leases space within the Building to any tenant that materially impairs Tenant's ability to use the Premises for the Permitted Use, including but not limited to any business that involves loud noises, strong food or chemical odors, or is otherwise a nuisance so that Tenant's ability to treat patients is materially and adversely impacted, and the disruption continues for in excess of 30 days after notice to Landlord from Tenant, Tenant shall have the right to implement such control measures as it deems reasonable to isolate Tenant from such noise, odors, or other nuisance, at Landlord's expense. The parties agree to cooperate and work in good faith to resolve any nuisance issues. If the control measures are unsuccessful, and the parties have used their best efforts to eliminate the nuisance within the timeframe provided, Tenant shall have the right to terminate this Lease upon 90 days' written notice to Landlord. Upon such termination, the parties shall be relieved of all further obligations under this Lease, except those that expressly survive such termination.

Landlord hereby acknowledges that in order to provide a continuum of care to Tenant's patients, Tenant may delay the effective date of Tenant's termination of this Lease under any provision of this Lease giving Tenant the right to terminate until such time as Tenant has established an alternative location for the

treatment of Tenant's patients and any such delay shall not operate as a waiver of Tenant's termination rights.

7. Assignment/Subletting. Except for a Permitted Transfer (as defined below), Tenant shall not assign this Lease, or sublet the Premises, or any part thereof, without Landlord's prior written consent which consent shall not be unreasonably withheld, conditioned or delayed. Any denial by Landlord of such sublease or assignment by Tenant must be predicated upon a commercially reasonable basis for such denial. Prior to any sublease or assignment, Tenant shall first notify Landlord in writing of its election to sublease all or a portion of the Premises or to assign this Lease or any interest hereunder. At any time within 30 days after service of such notice, Landlord shall notify Tenant that it consents or refuses to consent to the sublease or assignment. If Landlord refuses to consent to the sublease or assignment, Tenant shall not enter into the sublease or assignment.

Notwithstanding the foregoing, no consent of Landlord is required for Tenant to assign, sublet or otherwise transfer (by operation of law or otherwise) this Lease or any of its rights hereunder to: (i) any person, corporation, partnership or other entity which acquires all or substantially all of the business or assets of Tenant or equity in Tenant; (ii) any person, corporation, partnership or other entity which controls, is controlled by or is under common control with Tenant; (iii) any affiliate (within the meaning of such term as set forth in Rule 501 of Regulation D under the Federal Securities Act of 1933, as amended) of Tenant; or (iv) any physician, person, corporation, partnership or other entity subleasing a portion of the Premises for purposes consistent with Tenant's Permitted Use (each a "Permitted Transfer").

No assignment, sublease or other transfer, in whole or in part, of any Tenant's rights or obligations under this Lease shall release Tenant hereunder and Tenant shall remain responsible for performing Tenant's obligations hereunder should Tenant's assignee, subtenant or transferee fail to perform any such obligations, unless specifically provided otherwise by Landlord in writing.

8. Operating Expenses and Utilities.

8.1 Tenant shall pay "Tenant's Proportionate Share" (as defined below) of all Taxes (as defined below), Common Areas (as defined below) maintenance charges for the Building (the "CAM Charges") and insurance premiums actually paid to a third party insurer for the Building ("Insurance"), in advance, in equal monthly installments at the time of the payment of Base Rent. Taxes, CAM Charges and Insurance are collectively referred to as the "Operating Expenses." As used herein, all Operating Expenses shall be net of all rebates, fees and incentives that are paid by a provider or vendor to Landlord. Tenant's payments shall be based on Landlord's annual estimate of the Taxes, CAM Charges and Insurance for the applicable calendar year in question. Promptly after the actual Operating Expenses for a calendar year are determined by Landlord, but in no event later than 120 days from the end of each calendar year, Landlord shall provide Tenant with a statement of such actual Operating Expenses for such calendar year (the "Annual Reconciliation Statement"). If the actual Operating Expenses for such calendar year are greater than the amount of Tenant's Proportionate Share of Operating Expenses previously paid by Tenant, Tenant, within 30 days of receipt of such Annual Reconciliation Statement, shall pay to Landlord any deficiency. If such statement shows an overpayment by Tenant, then any surplus paid by Tenant shall be credited to Tenant's next monthly installments of Base Rent and Operating Expenses or, if this Lease has expired or been terminated for reasons other than Tenant's breach or default, be paid to Tenant within 30 days after the end of the Term. The reconciliation obligations under this Section 8.1 shall survive the termination or expiration of this Lease.

"Taxes" shall mean real property taxes, public charges and assessments assessed or imposed during the Term upon the Building or land on which the Building is located; provided, however, that any one-time (as opposed to on-going) special assessment for public improvements having a useful economic life exceeding the remaining Term shall be prorated between Landlord and Tenant using a straight-line method, based on the proportion of that economic life falling within the remaining Term. Taxes shall not include any penalties or interest for late or partial payment nor any income, franchise, margin, inheritance, estate, transfer, excise, gift or capital gain taxes that are or may be payable by Landlord or that may be imposed against Landlord or against the rents payable hereunder. Landlord shall pay all Taxes prior to

delinquency and take advantage of any savings in Taxes that may be achieved by early payment or payment in installments. Should Landlord choose not to contest any Taxes, Tenant shall have the right to contest the Taxes in Landlord's name and with Landlord's reasonable cooperation, at no expense to Landlord. Landlord, at Tenant's sole expense, shall join in any such contestation proceedings if any Law shall so require. If the assessed value of the Building is increased at any time during the Term by more than five percent and if such increase is due solely to the sale or transfer of ownership of the Building (as substantiated by the actual documentary records of the local tax assessor), then for purposes of determining the amount of Taxes, the assessed value of the Building shall be deemed to have been increased by only three percent by reason of such sale or transfer of ownership.

"Tenant's Proportionate Share" is the quotient obtained by dividing the Premises Rentable Area by the Building Rentable Area. Tenant's Proportionate Share as of the Commencement Date is estimated to be 7.70%. Tenant's Proportionate Share shall be adjusted in the event the Building Rentable Area increases at any time. Landlord represents that the Building Rentable Area has been, and will be, determined without exclusions or reference to whether such area is actually leased, leasable, occupiable or occupied.

8.2 Tenant shall pay the net cost of all utilities and other services necessary in the operation of the Premises, including but not limited to, gas, fuel oil, electrical, telephone and other utility charges. The Premises shall be separately metered for all utilities, including gas, water and electricity. Landlord shall bill Tenant for costs of services that are not billed directly to Tenant or that Tenant does not directly pay; such costs shall be deemed to be paid by Tenant as a CAM Charge.

8.3 Landlord shall make available at the Building or other designated place near the Premises, true and accurate records of items that constitute Operating Expenses, calculated in accordance with GAAP and prudent real estate management practices, consistently applied. Such records shall be open for inspection from time to time by Tenant or its duly authorized representative for a period of three years after receipt of Landlord's Annual Reconciliation Statement for such calendar year. If any audit of Landlord's submitted reports discloses an overcharge, Landlord shall promptly pay to Tenant, within 30 days demand by Tenant, the amount of such overcharge, and if such audit discloses an overcharge of more than five percent, Landlord shall reimburse Tenant its actual costs incurred in connection with Tenant's review or audit.

8.4 Operating Expenses and other charges due from Tenant to Landlord pursuant to this Lease shall be deemed to be Additional Rent and, in the event that Base Rent shall be prorated or abated pursuant to the terms of this Lease, then such Additional Rent shall be prorated or abated to the same extent and in the same manner, unless otherwise specifically provided for in this Lease.

8.5 Notwithstanding anything to the contrary contained in this Lease, Operating Expenses shall not include the following:

(a) depreciation of the Building and any equipment, fixtures, improvements and facilities used in connection therewith;

(b) payments of principal, interest, loan fees, penalties, attorney's fees or amortization relating to any debt Landlord may have incurred or will incur in the future relating to the ownership, operation and/or maintenance of the Building or land on which the Building is located;

(c) the cost of leasehold improvements, including redecorating or otherwise improving, painting, decorating or redecorating space or vacant space for other tenants of the Building, except in connection with general maintenance of the Building;

(d) cost of any "tap fees", impact fees or any sewer or water connection fees for the benefit of any tenants in the Building;

(e) fees and expenses (including legal and brokerage fees, advertising, marketing and promotional costs) paid by Landlord in connection with the lease of any space within the Building, including subleasing and assignments;

(f) any validated parking for any entity;

(g) all costs incurred by Landlord in connection with any negotiations or disputes and/or litigation with tenants or occupants within the Building or prospective tenants of the Building;

(h) expenses or costs incurred by Landlord relating to any violation by Landlord or any other tenant of the terms and conditions of any Law or any lease covering any portion of the Building;

(i) the cost of any work or service performed for any tenant in the Building (other than Tenant) to a materially greater extent or in a materially more favorable manner than that furnished generally to tenants (including Tenant) in the Building;

(j) the cost of any repair or replacement which would be required to be capitalized under generally accepted accounting principles, including without limitation the cost of renting any equipment or materials, which cost would be so capitalized if the equipment or materials were purchased, not rented;

(k) the costs and expenses of any item included in Operating Expenses to the extent that Landlord is actually reimbursed for such cost by an insurance company, a condemning authority, another tenant or any other party;

(l) payments of ground rents and related sums pursuant to a ground lease in favor of a ground landlord;

(m) wages, salaries or other compensation paid to any employees at or above the grade of building manager;

(n) Landlord's general overhead and administrative expenses which are not chargeable to Operating Expenses of the Building or the equipment, fixtures and facilities used in connection with the Building, in accordance with generally accepted accounting principles, including salaries and expenses of Landlord's executive officers;

(o) the cost of correcting defects (latent, patent or otherwise) in the construction of the Building or in the Building equipment, except that conditions (other than construction defects) resulting from ordinary wear and tear shall not be considered defects for purposes hereof;

(p) the cost of installing, operating and maintaining any specialty service (e.g., observatory, broadcasting facility, luncheon club, retail stores, newsstands or recreational club);

(q) any expenses incurred by Landlord for the use of any portions of the Building to accommodate events, including but not limited to shows, promotions, kiosks, displays, filming, photography, private events or parties, ceremonies and advertising beyond the normal expenses otherwise attributable solely to Building services, such as lighting and heating, ventilation and air conditioning ("HVAC") to such public portions of the Building in normal operations during standard Building hours of operation;

(r) any costs representing an amount paid to an entity related to Landlord which is in excess of the commercially reasonable amount which would have been paid absent such relationship;

(s) any entertainment, dining or travel expenses of Landlord for any purpose;

(t) costs related to maintaining Landlord's existence, either as a corporation, partnership or other entity;

(u) any expenses for repairs or maintenance to the extent covered by warranties or service contracts;

(v) any type of utility service which is separately metered to or separately charged or paid by Tenant or any other tenant in the Building;

(w) the cost of any environmental remediation for which Landlord is responsible under Section 12;

(x) all ad valorem taxes paid or payable by Tenant or other tenants in the Building (i) for personal property and (ii) on the value of the leasehold improvements in the Premises or the Building (in this connection it is agreed that Tenant shall be responsible for the payment of ad valorem taxes on Tenant's own leasehold improvements);

(y) all items and services for which Tenant pays third parties;

(z) the cost of any item which is an expense or cost to Landlord in connection with Landlord's Work or any other work by Landlord to prepare the Premises for occupancy by Tenant including any allowances or credits granted to Tenant in lieu of a payment by Landlord;

(aa) the cost of repairing or restoring any portion of the Building damaged by a hazard or taken in condemnation (provided that the amount of any deductible of $5,000 or less paid by Landlord shall be included in Operating Expenses);

(bb) any costs or expense which is expressly stated in this Lease to be at Landlord's cost and expense; and

(cc) any item which is included in the Operating Expenses which, but for this provision, would be included twice.

9. Landlord's Work. Intentionally Omitted.

10. Tenant Improvements/Signage. Tenant shall construct its tenant improvements to the Premises and may construct and place a covered drop off canopy or pathway at the front entry door of the Premises (the "Tenant Improvements"). Tenant shall contract for the installation of Tenant Improvements with a contractor of Tenant's choice. Landlord and Tenant shall mutually approve the plans and specifications of Tenant Improvements prior to the commencement of such work. Landlord shall not charge Tenant any fee or other charges for the supervision and/or overhead associated with the construction of Tenant Improvements.

Tenant shall have the right to place a generator and biomedical waste container outside of and in close proximity to the Premises. In the event the generator is located within the Premises, Tenant, at Tenant's cost and expense, shall have the right to install exhaust venting for such generator from the interior of the Premises to the outside of the Building and a transfer switch to service the generator.

To the maximum extent permitted by applicable Laws, Landlord hereby waives any rights which Landlord may have, as to any of Tenant's furniture, fixtures, equipment, personal property, improvement and alterations, in the nature of a landlord's lien, security interest or otherwise and further waives the right to enforce any such lien or security interest.

Within thirty (30) days after opening for business, Tenant must have permanent signage on the building fascia designed and installed in accordance with Landlord's sign criteria and as approved by Landlord

and the local government authorities. Without the prior written consent of Landlord, Tenant shall not place or suffer to be placed on the exterior walls of the Premises, the roof, any exterior door, any exterior wall, the exterior or interior of any window thereof, any monument sign, or within the Common Areas any sign, awning, canopy, marquee, advertising matter, decoration, letter or other thing of any kind (exclusive of the signs, if any, which may be provided for in the original construction or improvement plans and specifications approved by the Landlord or Tenant hereunder, and which conform to the Landlord's sign criteria). Landlord hereby reserves the exclusive right to the use for any purpose whatsoever of the roof and exterior of the walls of the Premises or the Building of which the Premises is a part. Tenant agrees to maintain all of its signs in good condition and repair at all times. Any damage to the building fascia caused by Tenant's sign or lack of maintenance to such will be repaired by Landlord and the entire cost billed back to Tenant.

11. Alterations. Tenant shall have the right to make such interior non-structural alterations, additions and improvements to the Premises ("Alterations") that it shall deem desirable for the operation of its business, without Landlord's consent, provided that any such Alterations shall not diminish the value of the Premises nor impair the structural integrity of the Premises or the Building. All Alterations shall be in conformance to applicable governmental codes. Any other alterations shall require Landlord's prior written consent, such consent not to be unreasonably withheld, conditioned or delayed.

12. Environmental. Tenant shall not cause or permit any hazardous or toxic substances, materials or waste, including, without limitation, medical waste and asbestos ("Hazardous Substances") to be used, generated, stored or disposed of in, on or under, or transported to or from, the Premises in violation of any applicable local, state, and federal laws, ordinances, statutes, rules, regulations, executive orders, judgments, decrees, case law, and/or other determinations of an arbitrator or a court or other governmental authority, in each case applicable to or binding upon such person or any of its property or to which such person or any of its property is subject ("Laws"), whether now in existence or hereafter adopted, relating to Hazardous Substances or otherwise pertaining to the environment ("Environmental Laws"). Tenant shall periodically cause to be removed from the Premises such Hazardous Substances placed thereon by Tenant or Tenant's agents, servants, employees, guests, invitees or independent contractors in accordance with good business practices, such removal to be performed by persons or entities duly qualified to handle and dispose of Hazardous Substances. Without limiting the generality of the foregoing, Landlord acknowledges that the following Hazardous Substances, among others, are required for Tenant's business operations: bleach, cidex, hibiclens, metricide, hydrogen peroxide and formaldehyde. Upon the expiration or earlier termination of this Lease, Tenant shall cause all Hazardous Substances placed on the Premises by Tenant to be removed from the Premises, at Tenant's cost and expense and disposed of in strict accordance with Environmental Laws.

Tenant shall indemnify, defend (by counsel reasonably acceptable to Landlord) and hold Landlord harmless, from and against any and all claims, liabilities, penalties, fines, judgment, forfeitures, losses, costs (including clean-up costs) or expenses (including reasonable attorney's fees, consultant's fees and expert's fees) for the death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (i) the presence after the Possession Date in, on, under or about the Premises of any Hazardous Substances caused by Tenant or its agents, servants, employees, guests, invitees or independent contractors; (ii) any discharge or release by Tenant or its agents, servants, employees, guests, invitees or independent contractors after the Possession Date in or from the Premises of any Hazardous Substances; (iii) Tenant's use, storage, transportation, generation, disposal, release or discharge after the Possession Date of Hazardous Substances to, in, on, under, about or from the Premises; or (iv) Tenant's failure to comply with any Environmental Law.

Landlord shall indemnify, defend (by counsel reasonably acceptable to Tenant) and hold Tenant harmless, from and against any and all claims, liabilities, penalties, fines, judgment, forfeitures, losses, costs (including clean-up costs) or expenses (including reasonable attorney's fees, consultant's fees and expert's fees) for the death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (i) the presence on or prior to the Commencement Date in, on, under or about the Premises, Building or the land on which the Building is located of any Hazardous Substances; (ii) any discharge or release on or prior to the Commencement Date in or from

the Premises or Building of any noxious or Hazardous Substances; (iii) the use, storage, transportation, generation, disposal, release or discharge of Hazardous Substances by Landlord or its agents, servants, employees, guests, invitees, or independent contractors to, in, on, under, about or from the Premises, Building or the land on which the Building is located; (iv) Landlord's failure to comply with any Environmental Law; or (v) any Hazardous Substances to the extent not due to any act or omission of Tenant or its agents, servants, employees, guests, invitees or independent contractors. Landlord agrees to remediate, at Landlord's cost and expense, immediately upon receipt of notice from Tenant any condition described in (i) through (v) of the previous sentence. The indemnities set forth in this Section 12 shall survive termination or expiration of this Lease.

Landlord represents and warrants to Tenant that, except for the issues disclosed in the Feasibility Study dated September 17, 2015, prepared by Cardno ATC, (i) to the best of Landlord's knowledge, there are no Hazardous Substances in, on, under or about the Premises or Building or the land on which the Building is located, including without limitation asbestos or mold, and (ii) Landlord has received no notice from any governmental or private entity relating to Hazardous Substances in, on, under or about the Premises, Building or the land on which the Building is located.

Landlord hereby covenants and agrees that if Tenant discovers mold at the Premises, Building or the land on which the Building is located attributable to the period on or prior to the Possession Date or which has been caused by anything other than by the acts or omissions of Tenant or Tenant's agents, servants, employees, guests, invitees or independent contractors, Landlord shall, upon written notice from Tenant, promptly remediate the mold. If Landlord shall not commence such remediation within five days following written notice from Tenant, and Tenant determines, in Tenant's sole discretion, that such remediation is necessary for the safety of Tenant's patients and employees, Tenant may, at its option, cause such remediation work to be performed, at Landlord's reasonable cost and expense. Upon the completion of the remediation work, Tenant shall furnish Landlord with a written statement of the cost of the remediation work, and Landlord shall reimburse Tenant for such cost of such remediation work within ten days of Landlord's receipt of Tenant's statement. Should Landlord fail to reimburse Tenant within the ten day period, then Tenant may, at its option, offset such amount against Base Rent and Additional Rent. Notwithstanding the foregoing, in the event that the remediation work cannot be substantially completed or is not completed within 60 days of Tenant's written notice of the mold to Landlord and Tenant, in Tenant's reasonable discretion, is unable to utilize the Premises, Tenant may elect, at its sole discretion to (i) terminate this Lease upon 30 days written notice to Landlord or (ii) receive two days of Base Rent and Additional Rent abatement for each day from the date Landlord received the mold notice until the date of substantial completion of the mold remediation.

Tenant shall promptly deliver to Landlord copies of all notices made by Tenant to, or received by Tenant from, any state, county, municipal or other agency having authority to enforce any Environmental Law ("Enforcement Agency") or from the United States Occupational Safety and Health Administration concerning environmental matters or Hazardous Substances at the Premises, Building or the land on which the Building is located. Landlord shall promptly deliver to Tenant copies of all notices received by Landlord from any Enforcement Agency or from the United States Occupational Safety and Health Administration concerning environmental matters or Hazardous Substances at the Premises, Building or the land on which the Building is located.

13. Damage to Premises by Fire or Casualty. In the event the Premises shall be damaged by fire or other casualty during the Term, whereby the same shall be rendered untenantable, then:

13.1 if the damage to the Premises is so substantial that either: (i) the repair, restoration or rehabilitation of such damage cannot reasonably be expected to be substantially completed within 180 days from the date of such damage or (ii) so much of the Premises is destroyed or rendered untenantable by such fire or other casualty as to make use of the Premises as a dialysis facility operating at least 75% of the dialysis stations operating prior to the fire or casualty impracticable, then Tenant may elect to terminate this Lease by giving written notice to Landlord within 30 days of the date of such fire or casualty; or

13.2 if (i) the damage to the Premises is so substantial that the estimated repair costs exceed $100,000.00 and such damage has occurred within the final 180 days of the then current Term and Tenant has not exercised its next available renewal option, if any or (ii) the Building is damaged to the extent of 50% or more of the monetary value thereof and Landlord elects not to rebuild the Building, then Landlord may elect to terminate this Lease by giving written notice to Tenant within 30 days of the date of such fire or casualty.

If not so terminated, Landlord shall proceed with all due diligence to repair, restore or rehabilitate the Premises, to substantially its former condition immediately prior to such damage or destruction, at Landlord's cost and expense. Notwithstanding the foregoing, in the event regulatory changes occurring on or after the Effective Date, applicable to sprinklers serving the Premises, require changes to the Premises or the Building in order for Tenant to continue operating its business, then Landlord shall incorporate such changes into the repair and restoration of the Premises.

If the Premises are rendered untenantable by fire or other casualty, there shall be an abatement of Base Rent and Additional Rent due Landlord by Tenant for the period of time during which the Premises is untenantable. If the restoration is not substantially completed within 210 days of such damage, Tenant shall have the option to terminate this Lease by written notice to Landlord. In the event of any termination of this Lease, Base Rent and Additional Rent shall be paid only to the date of such fire or casualty.

In the event that the Premises are partially but not substantially damaged by fire or other casualty, then Landlord shall immediately proceed with all due diligence to repair and restore the Premises to substantially its former condition immediately prior to such damage, at Landlord's cost and expense (excluding restoration of any Tenant Improvements or Alterations which are the responsibility of Tenant hereunder), and Base Rent and Additional Rent shall abate in proportion to that portion of the Premises that is untenantable during the period of restoration. Notwithstanding the foregoing, in the event regulatory changes occurring on or after the Effective Date, applicable to sprinklers serving the Premises, require changes to the Premises or the Building in order for Tenant to continue operating its business, then Landlord shall incorporate such changes into the repair and restoration of the Premises.

Notwithstanding the foregoing provisions of this Section 13, in the event that insurance proceeds applicable to Alterations or tenant improvements constructed by Tenant at its expense are made available to Tenant, Tenant shall be responsible for restoring such Alterations or tenant improvements; provided, however, that Base Rent and Additional Rent abatement shall continue during such period of restoration so long as Tenant is diligently pursuing the completion of such restoration. In the event that Landlord does not restore the Premises, Tenant shall retain all insurance proceeds applicable to Alterations and tenant improvements constructed by Tenant at its expense.

14. Eminent Domain.

14.1 **Taking**. If by any lawful authority through condemnation or under the power of eminent domain: (i) the whole of the Premises shall be permanently taken; (ii) less than the entire Premises shall be permanently taken, but the remainder of the Premises are not, in Tenant's reasonable judgment, fit for Tenant to carry on the normal operation of Tenant's business therein; (iii) Tenant determines, in its reasonable judgment, that after such taking adequate parking space will not be available near the Premises; (iv) there is any substantial impairment of ingress or egress from or to or visibility of the Premises; (v) all or any portion of the Common Areas shall be taken resulting in a material interference with the operations of or access to Tenant's business; or (vi) a temporary taking of all or a material portion of the Premises continues for a period of one year, then in any such event, Tenant or Landlord may terminate this Lease by written notice, effective as of the date of such taking, and Base Rent and Additional Rent shall be prorated as of the date of such termination.

14.2 **Rent Adjustment**. Unless this Lease is terminated as provided in Section 14.1, commencing on the date possession is acquired by a condemning authority, Base Rent and Additional Rent shall be reduced by the then applicable per rentable square foot Base Rent and Additional Rent multiplied by the number of rentable square feet taken, and Landlord shall promptly restore the Premises,

common areas, and/or replace parking and access to the Premises, at Landlord's cost and expense, to a complete architectural unit (provided, however, in the event regulatory changes occurring on or after the Effective Date require changes to the Premises or the Building in order for Tenant to continue operating its business, then Landlord shall incorporate such changes into the repair and restoration of the Premises), in substantially the same condition that the same were in prior to such taking. During such restoration Base Rent and Additional Rent shall be abated to the extent the Premises are rendered not useable for the Permitted Use.

14.3 **Awards**. All compensation awarded or paid in any such eminent domain proceeding shall belong to and be the property of Landlord without any participation by Tenant, except that nothing contained herein shall preclude Tenant from prosecuting any claim directly against the condemning authority in such eminent domain proceeding for its relocation costs, its unamortized leasehold improvements and trade fixtures, loss of business and other damages recoverable under applicable Laws.

15. Right of Entry by Landlord. Subject to Landlord's obligations under Section 35, Landlord, or any of its agents, shall have the right to enter the Premises during all reasonable hours and upon at least 24 hours prior notice (except in cases of emergency) to perform its obligations under this Lease, examine the Premises or, in the nine month period immediately preceding the Expiration Date, to exhibit the Premises to potential tenants. Any work done by Landlord to Premises shall be performed during hours that Tenant is not open for business (except in emergencies) unless Tenant, in the exercise of its reasonable discretion, otherwise agrees. Any restoration work or alteration work at the Premises which is necessitated by or results from Landlord's entry, including, without limitation, any work necessary to conceal any element whose presence is permitted hereunder, shall be performed by Landlord at its expense or, at Tenant's election, by Tenant on Landlord's behalf and at Landlord's cost and expense. Landlord shall be liable for all loss, damage or injury to persons or property and shall indemnify and hold Tenant harmless from all claims, losses, costs, expenses and liability, including reasonable attorney's fees resulting from Landlord's entry except to the extent caused by the negligent or intentional act of Tenant or its agents, servants, employees, guests, invitees or independent contractors. In the exercise of Landlord's rights pursuant to this Section, Landlord shall make all reasonable efforts to minimize interference with Tenant's operations. If Landlord's entry into the Premises interferes with the conduct by Tenant of its business to such an extent that Tenant, in the exercise of its reasonable business judgment, must close the Premises or is unable to use 75% of the Premises for two or more business days, then Base Rent and Additional Rent shall totally abate for each day or portion thereof that such interference continues.

16. Indemnity. Tenant agrees to indemnify Landlord and save Landlord harmless from any and all liability, claims and loss for personal injury or property damage, or both, sustained or claimed to have been sustained by any person or persons, or property in, upon or about the Premises or Building caused or brought about by the act or neglect of Tenant or its agents, servants or employees. Landlord agrees to indemnify Tenant and save Tenant harmless from any and all liability, claims and loss for personal injury or property damage, or both, sustained or claimed to have been sustained by any person or persons, or property in, upon or about the Premises, Common Areas, Building or the land on which the Building is located caused or brought about by the act or neglect of Landlord or its agents, servants or employees. The indemnities set forth in this Section 16 shall survive termination or expiration of this Lease.

17. Default and Remedies.

17.1 **Tenant Default**. In the event that (i) Tenant defaults in the payment of Base Rent or Additional Rent hereunder and such Base Rent or Additional Rent remains due and unpaid for ten days following written notice of such default from Landlord to Tenant; (ii) Tenant defaults in the performance of any other provisions of this Lease and such default is not cured within 30 days following written notice from Landlord specifying such default (unless such default is not reasonably capable of being cured within such 30 day period and Tenant is diligently prosecuting such cure to completion); (iii) a petition in bankruptcy is filed by or against Tenant (provided Tenant shall have 90 calendar days to stay any involuntary proceeding); (iv) Tenant vacates or abandons the Premises (except in the event of damage or

destruction to the Premises which prevents Tenant from conducting any business therein, or if Tenant loses any necessary government approval, and is diligently pursuing restatement of the same); or (v) Tenant makes an assignment for the benefit of its creditors, or a receiver is appointed for Tenant and such receiver is not dismissed within 60 days of its appointment then, in such event, Tenant is in default of this Lease.

17.2 **Landlord Remedies**. In the event of a default or breach by Tenant, Landlord may at any time thereafter, at Landlord's option, exercise any one or more of the rights and remedies below:

(a) Landlord may elect to terminate Tenant's right to possession of the Premises or any portion thereof by written notice to Tenant. Following such notice, Landlord may re-enter, take possession of the Premises and remove any persons or property by legal action or by self-help with the use of reasonable force and without liability for damages.

(b) Following re-entry by Landlord, Landlord may relet the Premises for a term longer or shorter than the Term and upon any reasonable terms, including the granting of rent concessions to the new tenant. Landlord may alter, refurbish or otherwise change the character or use of the Premises in connection with such reletting. Landlord shall not be required to relet for any use or purpose which Landlord may reasonably consider injurious to its property or to any tenant which Landlord may reasonably consider objectionable. No such reletting by Landlord following a default by Tenant shall be construed as an acceptance of the surrender of the Premises or release of Tenant from any liability. If rent and other charges received from such reletting exceeds the rent and other charges received under this Lease, Tenant shall have no claim to the excess. Landlord shall make commercially reasonable efforts to mitigate its damages.

(c) Following re-entry Landlord shall have the right to recover from Tenant the following damages:

(i) All unpaid sums due under this Lease for the period prior to re-entry, including Base Rent, Additional Rent, and any other payment required to be made by Tenant hereunder (collectively, "Lease Income"), for the period prior to re-entry.

(ii) An amount equal to the Lease Income for any period during which the Premises are not relet, less the amount, if any, of such Lease Income for the same period that Tenant proves would have been avoided through reasonable efforts to relet the Premises to a qualified tenant reasonably acceptable to Landlord.

(iii) All costs incurred in reletting or attempting to relet the Premises, including but without limitation, the cost of cleanup, repair and alteration in preparation for a new tenant, the cost of correcting any defaults or restoring any unauthorized alterations and the amount of any real estate commissions or advertising expenses.

(iv) The difference between the Lease Income payable under this Lease and the amounts actually received by Landlord after reletting, as such amounts accrue. Landlord may sue periodically to recover damages as they accrue throughout the Term and no action for accrued damages shall be a bar to a later action for damages subsequently accruing.

(v) Reasonable attorney's fees and costs incurred in connection with the default, whether or not any litigation is commenced.

(vi) Interest and late charges as provided in Section 3 of this Lease.

(d) In the event that Tenant remains in possession following default and Landlord does not elect to re-enter, Landlord may recover all back Lease Income, and shall have the right to cure such non-monetary default and recover the cost of such cure from Tenant, plus interest from the date of expenditure.

(e) Landlord shall be entitled to reimbursement by Tenant of Landlord's actual attorney fees and expenses incurred for the purpose of enforcing Tenant's obligations under this Lease.

(f) The foregoing remedies shall not be exclusive but shall be in addition to all other remedies and rights provided at law, in equity or under this Lease and no election to pursue one remedy shall preclude resort to another remedy. Any accelerated rent must be present valued.

17.3 **Remedies Cumulative-Waiver.** It is understood and agreed that the Landlord's remedies hereunder are cumulative and the Landlord's exercise of any right or remedy due to a default or breach by Tenant shall not be deemed a waiver of, or to alter, affect or prejudice any right or remedy which Landlord may have under this Lease or by law or in equity. Neither the acceptance of Base Rent nor any other acts or omission of Landlord at any time or times after the happening of any event authorizing the cancellation or forfeiture of this Lease, shall operate as a waiver of any past or future violation, breach or failure to keep or perform any covenant, agreement, term or condition hereof or to deprive Landlord of its right to cancel or terminate this Lease, upon the written notice provided for herein, at any time that cause for cancellation or termination may exist, or be construed so as at any time to stop Landlord from promptly exercising any other option, right or remedy that it may have under any term or provision of this Lease, at law or in equity.

17.4 **Acceptance of Payment**. It is specially understood and agreed that the Landlord's acceptance of any sum, whether as Base Rent or Additional Rent or otherwise, which is less than the amount claimed as due by the Landlord, shall not act as, or be deemed to be, a waiver of such claimed amount or a compromise or accord and satisfaction of the amount claimed as due by Landlord.

17.5 **Waiver of Rights of Redemption**. Tenant hereby expressly waives any and all rights of redemption granted by or under any present or future laws in the event of Tenant's being evicted or dispossessed for any cause, or in the event of Landlord's obtaining possession of the Premises, by reason of the violation by Tenant of any of the covenants or conditions of this Lease, or otherwise.

17.6 **Landlord Default and Tenant Remedies**. Subject to the terms and provisions below, and in addition to any other remedy expressly available to Tenant pursuant to this Lease or at law or in equity, should Landlord fail to perform any term or covenant under this Lease or any other existing agreement between Landlord and Tenant, its parent company, subsidiaries or affiliates (each and any such failure, a "Landlord Default") and if any such Landlord Default is not cured and continues for 30 days (unless a shorter notice and cure period is expressly provided herein, in which case such shorter period shall govern) following written notice by Tenant to Landlord of such Landlord Default (unless such default is not reasonably capable of being cured within such expressed period and Landlord is diligently prosecuting such cure to completion), then Tenant shall have the option, (at Tenant's sole discretion), of (i) abating or withholding Base Rent and/or Additional Rent, or (ii) remedying such Landlord Default and, in connection therewith, incurring expenses for the account of Landlord, and any and all such sums expended or obligations incurred by Tenant in connection therewith shall be paid by Landlord to Tenant upon demand. In all events Tenant shall have the right to remedy any Landlord Default without prior notice in the event of an emergency (so long as Tenant gives notice within a reasonable period of time thereafter) and invoice Landlord for its reasonable actual costs.

If Landlord is or becomes a Referral Source (as defined in Section 33 below) and if this Lease is terminated for any reason before the first anniversary of the Commencement Date, then Landlord and Tenant shall not enter into any similar agreement with each other for the Premises before the first anniversary of the Commencement Date.

18. Insurance.

18.1 **Landlord's Insurance**. During the Term, Landlord shall procure and maintain in full force and effect with respect to the Building, Common Areas and the land on which the Building is located (i) a policy or policies of property insurance (including, to the extent required, sprinkler leakage, vandalism and malicious mischief coverage, and any other endorsements required by the holder of any fee or leasehold mortgage and earthquake, terrorism and flood insurance to the extent Landlord reasonably deems prudent and/or to the extent required by any mortgagee) for full replacement value; and (ii) a policy of commercial liability insurance in a minimum amount of $1,000,000.00 per claim and $3,000,000.00 in the aggregate for both bodily injury and property damage insuring Landlord's activities with respect to the Premises and the Building for loss, damage or liability for personal injury or death of any person or loss or damage to property occurring in, upon or about the Premises or the Building.

18.2 **Tenant's Insurance**. Tenant shall obtain and keep in force with respect to the Premises and Tenant's use thereof commercial general liability insurance in a minimum amount of $1,000,000.00 per claim and $3,000,000.00 in the aggregate for both bodily injury and property damage. In no event shall Tenant's insurance provide coverage or indemnity to Landlord for any claim, loss, suit, action or other legal proceeding in which Landlord or its agents, servants, employees, guests, invitees, or independent contractors bear responsibility. Rather, it is the intent of this Section to provide general liability coverage to Landlord when it is made a party to a claim, loss, suit, action or other legal proceeding for which it bears no responsibility. In the event that both Landlord and Tenant bear responsibility for the claim, loss, suit, action or other legal proceeding, then each party will look to its own insurance for coverage. Tenant may carry any insurance required by this Lease under a blanket policy or under a policy containing a self-insured retention. Tenant shall name Landlord as additional named insureds on its commercial general liability policy and deliver a copy of insurance certificates to Landlord.

19. Subrogation. Each of the parties hereto hereby releases the other and the other's partners, agents and employees, to the extent of each party's property insurance coverage, from any and all liability for any loss or damage which may be inflicted upon the property of such party even if such loss or damage shall be brought about by the fault or negligence of the other party or its partners, agents or employees; provided, however, that this release shall be effective only with respect to loss or damage occurring during such time as the appropriate policy of insurance shall contain a clause to the effect that this release shall not affect said policy or the right of the insured to recover thereunder. If any policy does not permit such a waiver, and if the party to benefit therefrom requests that such a waiver be obtained, the other party agrees to obtain an endorsement to its insurance policies permitting such waiver of subrogation if it is commercially available and if such policies do not provide therefor. If an additional premium is charged for such waiver, the party benefiting therefrom, if it desires to have the waiver, agrees to pay to the other the amount of such additional premium promptly upon being billed therefor.

20. Repairs and Maintenance.

20.1 **Landlord's Maintenance Responsibilities**.

(a) Landlord shall timely clean, maintain, manage, repair, light, paint, operate and insure those portions of the Building, including improvements, space, equipment and special services, which are provided for use in common by Landlord, Tenant and any other tenants of the Building, whether or not those areas are in, on or service the Building, and without regard to whether they are open to the general public, Tenant's employees, patients, customers and other invitees, or contain facilities or equipment used or usable in the operation of the Building, for which access is restricted to Landlord's personnel. Such areas shall include, without limitation, common restrooms, lobbies, corridors, plazas, aisles, and utility closets located in the Building, all parking areas, access road, driveways, entrances and exits, retaining walls, exterior facilities, landscaped areas, roads and pathways, common utility lines, storm water system, accommodation areas such as sidewalks, grass plots, ornamental planting, direction signs, and the like (collectively, the "Common Areas"). Maintenance services shall include snow and ice removal and repair of the parking lot, and providing security as necessary. Landlord shall maintain insurance for the Common Areas pursuant to the requirements set forth in Section 18.1. Landlord shall maintain and keep the Building and Common Areas in good condition and repair and such costs shall be

considered CAM Charges in accordance with Section 8, unless such repairs are excluded from the definition of Operating Expenses in Section 8.

(b) Landlord may make changes at any time to the size, shape, location, number and extent of the Common Areas, so long as Tenant's rights under this Lease are not materially and adversely affected. Landlord shall at all times during the Lease Term have the sole and exclusive control of the parking areas, driveways, entrances, and exits, and the sidewalks and pedestrian passageways and other Common Areas, and at any time and from time to time during the Term may restrain any use or occupancy thereof, subject to Tenant's rights under this Lease, and except as authorized by the rules and regulations for the use of such areas reasonably established by Landlord. Tenant hereby agrees to abide by all such parking rules and regulations. Tenant, its employees and its customers shall not leave their vehicles overnight in Common Areas. Tenant agrees to assume responsibility for compliance by its employees and its customers with the parking provisions contained herein.

(c) Excepting Tenant's rights under Section 32 of this Lease, the roof, the exterior of the walls, the underside of the floor and the area above the bottom of the roof deck are not leased hereunder, and the use thereof, together with the right to install, maintain, use repair and replace pipes, ducts, conduits wires, tunnels, sewers and structural elements leading through the Premises and serving other parts of the Building are hereby reserved to Landlord. Landlord, at its sole cost and expense, shall keep the exterior walls, foundations, and structural portions of the Building in which the Premises are located in a good state of repair, and shall accomplish such repairs as may be needed promptly after receipt of written notice from Tenant. Landlord shall replace the roof and paint the exterior portion of the Premises when Landlord determines in its reasonable discretion that such replacement or painting is necessary. The parties agree that except as may be specifically excluded in Section 8.5 of this Lease, the costs of repair and maintenance of the roof shall be considered an Operating Expense, but roof replacement shall be at Landlord's sole cost and expense.

If Landlord shall not commence such repairs or make necessary replacements within 15 days following written notice from Tenant that such repairs or replacements are necessary, or within five days following written notice from Tenant of roof leaks or other water damage or leaks, then Tenant may, at its option, cause such Landlord's repairs or replacements to be made and shall furnish Landlord with a statement of the cost of such repairs or replacements upon substantial completion thereof. Landlord shall reimburse Tenant for the reasonable cost of such repairs or replacements.

20.2 **Tenant's Maintenance Responsibilities**. Tenant shall at all times throughout the Lease Term at its sole cost and expense keep the Premises (including the storefront, exterior doors and entrances, all windows and moldings and trim of all doors and windows, and signs) and all partitions, door surfaces, fixtures, equipment and appurtenances thereof (including, to the extent they exclusively serve the Premises, lighting, heating and plumbing fixtures and any air conditioning system) in good order, condition and repair (including damage from burglary or attempted burglary of the Premises). The costs of any such repairs shall be billed directly to, and paid by, Tenant. If damage is sustained to any portion of the Building (including the roof and Common Areas) by either Tenant or Tenant's contractor at any time during the Lease Term, Tenant shall repair such damage at its sole cost and expense. If such damage is not promptly repaired, Landlord may repair the damage and bill Tenant for the entire cost of such repair. Without limiting the generalities thereof, Tenant shall keep the glass of all windows, doors, and showcases clean, presentable, and free of paint; replace immediately all broken glass in the Premises; make any necessary repairs to, or replacements of, all door closure apparatuses and mechanisms; keep all plumbing clean and in good state of repair including pipes, drains, toilets, basins, water heaters and those portions of the heating system within the walls of the Premises; keep all utilities, including circuit breaker and panel box, within the Premises in a good state of repair; and ensure that sprinkler heads are not painted, covered, obstructed or used to hang anything. Tenant shall keep all fascia signs and Sign Panels in a good state of repair; any damage to the building fascia caused by Tenant's sign or lack of maintenance to such will be repaired by Landlord and the entire cost billed back to Tenant. Except for Landlord's obligations set forth above and except for any damage caused by the acts of negligence by Landlord or its agents, servants, employees, guests, invitees or independent contractors within the Premises, Tenant shall keep the interior, non-structural portions of the Premises, all HVAC systems

installed by Tenant, and the non-structural elements of all doors and entrances of the Premises in good order and condition, excepting normal wear and tear, fire, acts of God, acts of Landlord, and/or other casualty or the elements.

21. Brokers. Landlord and Tenant each represent to the other that it has had no dealings with any real estate broker or agent in connection with the negotiation of this Lease, except for First Western Properties – Tacoma, Inc., and Cushman Wakefield representing Tenant (collectively, the "Tenant's Broker"), and Bridge33 Capital LLC, representing the Landlord (the "Landlord's Broker"). Landlord shall pay Tenant's Broker a brokerage commission pursuant to a separate agreement.

22. Emergency. If Landlord is unable or unwilling to take action which it is obligated to take hereunder where an emergency has occurred with respect to the Premises, then Tenant may take such action as is reasonably necessary to protect the Premises and persons or property in the Premises and Landlord shall, within 15 days after written notice thereof from Tenant reimburse Tenant for its reasonable out-of-pocket expenses incurred in curing such emergency.

23. Title and Parking. Landlord hereby represents to Tenant that Landlord is the owner in fee simple of the Premises, including the Building and all improvements thereon and has the right and authority to enter into this Lease. Landlord hereby represents to Tenant that no covenants, restrictions, liens or other encumbrances affecting the real property upon which the Building is constructed interfere with or adversely affect Tenant's Permitted Use of the Premises. Landlord further represents that Landlord and those signatories executing this Lease on behalf of Landlord have full power and authority to execute this Lease.

Tenant shall be entitled to the use of the parking area in accordance with the requirements of local code, including handicapped parking spaces and spaces in close proximity to the Premises for Tenant's exclusive use.

24. Compliance with Laws. Both parties shall comply with all applicable Laws throughout the Term. Landlord represents and warrants to Tenant, to the best of Landlord's knowledge, that as of the Commencement Date the Premises, the Building and the parking areas are in compliance with all Laws, and with all applicable instruments affecting title to the Premises. Tenant acknowledges that it has independently verified zoning issues. Landlord further represents that it has received no notices or communications from any public authority having jurisdiction alleging violation of any Laws relating to the Premises, the Building, or the Common Areas and has received no notices alleging violation of any title instrument. Without limiting the generality of the foregoing, Landlord represents that (i) the use of the Premises and the Building and improvements thereon for purposes of operation of a dialysis clinic and related medical and business offices is permitted by and will not violate any private restrictions governing the use of the Premises, and (ii) to the best of Landlord's knowledge, the Premises, the Building, and Common Areas comply with all applicable Laws relating to handicapped accessibility, including, without limitation, the Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. §§12101 *et seq.* (1990).

If at any time or from time to time any Alterations, including, without limitation, structural Alterations, are required in order for the Premises or Building to comply with any generally applicable Laws from time to time applicable to the Premises, Landlord shall promptly make such Alterations at its sole cost and expense. If at any time or from time to time any Alterations, including, without limitation, structural Alterations, are required in order for the Premises to comply with any Laws specifically applicable to the Premises due to Tenant's use and not due to any act by Landlord or another tenant, Tenant shall promptly make such Alterations, at its sole cost and expense.

25. Right of First Option on Adjacent Premises. If rentable space adjacent to the Premises becomes available during the Term, Landlord shall first notify Tenant in writing of Tenant's option to accept or decline the right to enter into a lease with Landlord on such adjacent rentable space in the Building, including in such notice the rent rate and other material terms of the proposed lease. At any time within 20 days after service of the notice, Tenant shall notify Landlord that it will exercise or not exercise its

option to lease the adjacent space. A failure by Tenant to respond within such 20 day period shall be deemed to be a rejection of the option to lease the adjacent space.

26. Tenant to Subordinate. Tenant shall, upon request of the holder of a mortgage or deed of trust in the nature of a mortgage on the Premises ("Mortgagee") subordinate any interest which it has by virtue of this Lease, and any extensions and renewals thereof to any mortgages or deeds of trust placed upon the Premises by Landlord, if and only if such Mortgagee shall execute, deliver and record in the appropriate registry of deeds a recognition and non-disturbance agreement in form and content provided in Exhibit D. Landlord shall, at or prior to the Commencement Date, secure from Landlord's present Mortgagee a non-disturbance agreement and Landlord shall secure from any future Mortgagee or lienholder of Landlord a non-disturbance agreement in a form substantially similar to Exhibit D. If Landlord shall not obtain such non-disturbance agreement, then this Lease shall not be subordinate to any such future lien, mortgage, or refinancing.

27. Quiet Enjoyment. Tenant shall, upon payment of the Base Rent and Additional Rent, quietly have and enjoy the Premises during the Term. Landlord agrees that Tenant shall have continuous, peaceful, uninterrupted and exclusive possession and quiet enjoyment of the Premises during the Term.

28. Memorandum of Lease. Concurrent with execution of this Lease, Landlord and Tenant will execute a recordable form of a memorandum or notice of this Lease in the form attached as Exhibit G. Tenant shall be responsible for the cost of recording the same. Upon Landlord's written request, Tenant shall execute and deliver to Landlord a Release of Memorandum of Lease ("Release"). Landlord shall be responsible for the cost of recording the Release.

29. Notices. All notices, demands and requests which may be or are required to be given by either party to the other shall be in writing and shall be either (i) sent by registered or certified mail, return receipt requested, postage prepaid or (ii) delivered, by hand, or (iii) sent by overnight courier such as Federal Express. All notices to Landlord should be addressed to Landlord at 745 Bellevue Ave. E., Unit 102, Seattle, WA 98102; Telephone: ; Email: jahan@bridge33capital.com or at such other place as Landlord may from time to time designate in written notice to Tenant. All notices to Tenant shall be addressed to Tenant c/o DaVita Healthcare Partners, Inc., Attention: Real Estate Legal, 2000 16th Street, Denver, CO 80202, Telephone: (303) 876-2800, Facsimile: (855) 872-8592, with copy to: relegal@davita.com, *Subject: Lynnwood, WA (Facility #TBD)*, or to any such other place as Tenant may from time to time designate in written notice to Landlord. In addition, all correspondence to Tenant related to Taxes, Insurance, Base Rent or Additional Rent shall be sent to P.O. Box 1476, Tacoma, WA 98401-1476; Attention: Rent Department, with copy to RentDepartment@davita.com. Notwithstanding anything contained in this Lease to the contrary, any written notice by either Landlord or Tenant to the other party may be transmitted by electronic transmission, and that the electronic copies of such party's signature shall have the same effect as if it were an original signature, provided that Landlord or Tenant shall execute and deliver to the other party an original copy of the notice via one of the methods provided in this Section.

30. Estoppel Certificate. Each of Landlord and Tenant agrees at any time and from time to time upon not less than 15 business days' prior written request by the other to execute, acknowledge and deliver to the other an estoppel certificate in the form attached as Exhibit E certifying that (i) this Lease is unmodified and in full force and effect (or if there have been modifications that the same is in full force and effect as modified and stating the modifications), (ii) the dates to which Base Rent and other charges have been paid in advance, if any, and (iii) all of the defaults of Landlord or Tenant hereunder, if any, (and if there are no defaults a statement to that effect), it being intended that any such estoppel certificate delivered pursuant to this Section 30 may be relied upon by any prospective purchaser of the Premises or any mortgagee or assignee of any mortgage upon the fee or leasehold of the Premises or by any prospective assignee of this Lease or subtenant of the whole or any portion of the Premises and/or by other party interested in the Premises or any part thereof.

31. Landlord's Sale of the Building. Upon Landlord's transfer of interest in the Building and the Premises (the "Sale"), Landlord shall be released from all liability to Tenant and Tenant's successors and

assigns arising from this Lease because of any act, occurrence or omission of Landlord occurring after such Sale, and Tenant shall look solely to Landlord's successor in connection with the same; provided, however, that Landlord shall not be released from liability to Tenant and Tenant's successors and assigns from its obligations under this Lease because of any act, occurrence or omission of Landlord occurring prior to such Sale or for any offsets due Tenant under this Lease in the event the successor in interest is a mortgagee which has not assumed liability for offsets, unless such liability is expressly assumed by Landlord's successor-in-interest in the Building and Premises. Within five days prior to the effective date of a Sale, Landlord shall notify Tenant of the identity of Landlord's successor-in-interest and assignee to this Lease.

32. Tenant's Satellite and Cable Rights. Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services. Landlord shall use commercially reasonable efforts to ensure that any subsequent rooftop user does not impair Tenant's data transmission and reception and shall cooperate with Tenant in eliminating any interference caused by any other party using the roof. Tenant shall also have the right to run appropriate electrical cabling from the Premises to connect its electrical generator and associated transfer switch.

33. Regulatory Compliance. Landlord represents and warrants to Tenant that Landlord is not a "referring physician" or a "referral source" as to Tenant for services paid for by Medicare or a state health care program, as the terms are defined under any federal or state health care anti-referral or anti-kickback, regulation, interpretation or opinion ("Referral Source"). Landlord covenants, during the Term, it will not knowingly (i) take any action that would cause it to become a Referral Source as to Tenant, or (ii) sell, exchange or transfer the Premises to any individual or entity who is a Referral Source as to Tenant without complying with all other provisions of this Lease.

***In the event Landlord, or Landlord's successors or assigns, become a Referral Source as described in this Section 33 above, the following Sections 33.1 through 33.4 shall apply but shall have no effect until such time:***

33.1 **Compliance**. Landlord and Tenant agree that it is not the purpose of this Lease to exert any influence over the reason or judgment of any party with respect to the referral of patients or other business between Landlord and Tenant, but that it is the parties' expectation that any referrals which may be made between the parties shall be and are based solely upon the medical judgment and discretion of the patient's physician. The parties further agree and acknowledge that (a) Base Rent is (i) set forth in advance; (ii) consistent with fair market value in an arms-length transaction; (iii) does not take into account the volume or value of any referrals or other business generated between the parties; and (iv) would be reasonable even if no referrals were made between the parties, and (b) Tenant's Proportionate Share does not exceed Tenant's pro-rata share for expenses and the Premises Rentable Area does not exceed the reasonable square footage needed for the legitimate business plans of Tenant.

33.2 **Representations**. Each party represents and warrants that: (i) it is not currently excluded from participation in any federal health care program, as defined under 42 U.S.C. Section 1320a-7b; (ii) it is not currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal procurement and non-procurement programs; or (iii) it has not been convicted of a criminal offense that falls within the scope of 42 U.S.C. Section 1320a-7(a), but has not yet been excluded, debarred, suspended or otherwise declared ineligible (each, an "Exclusion"), and agrees to notify the other party within two (2) business days of learning of any such Exclusion or any basis therefore. In the event of learning of such Exclusion, either party shall have the right to immediately terminate this Lease without further liability. Landlord agrees that Tenant may screen Landlord against applicable Exclusive databases on an annual basis. Tenant shall have the right to terminate the Lease if a change in applicable health care laws or reimbursement systems affects the legality of the Lease. Landlord shall notify Tenant of, and cooperate with, any request from a duly authorized government representative (e.g., Secretary of HHS, Comptroller General) for access to books, documents and/or records related to the Lease, and to indemnify Tenant from any liability arising out of the party's refusal to grant such access.

33.3 **Compliance with Law.** The parties enter into this Lease with the intent of conducting their relationship in full compliance with applicable federal, state and local laws, including, without limitation, the Anti-Kickback Statute and agree and certify that neither party shall violate the Anti-Kickback Statute in performing under this Lease. Notwithstanding any unanticipated effect of any provisions of this Lease, neither party will intentionally conduct itself under the terms of this Lease in a manner that would violate any such law. Landlord agrees not to request an advisory opinion related to the legality of the Lease without the concurrence and approval of Tenant.

33.4 **Covered Person.** In the event Landlord or any of its members, partners, shareholders or trustees is now, or any time in the future becomes, a Covered Person (as defined below), Landlord acknowledged and agrees that each individual Covered Person shall also be subject to the following provisions. Upon notification by Tenant, each Covered Person shall: (i) participate in all compliance training (including on-line general compliance training on an annual basis) that Tenant provides to the Covered Person; (ii) complete all such training within the time frames required by Tenant; (iii) comply with policies and procedures designed to ensure compliance with relevant Federal health care program requirements applicable to Tenant and compliance programs applicable to Tenant, including its Code of Conduct; (iv) certify in writing or electronic form that the Covered Person read, understood and shall abide by the Code of Conduct and return such certification to Tenant within 30 days after being notified. The Covered Person shall report immediately to Tenant any suspected or known violations of Tenant's policies and procedures or of any violation of applicable federal healthcare program laws and regulations. Tenant shall provide to each Covered Person a copy of the applicable Code of Conduct and relevant policies and procedures designed to ensure compliance with relevant Federal health care program requirements. A "Covered Person" shall be defined as: (i) any individual or entity who provides patient care items or services or who perform billing or coding functions on behalf of DaVita Dialysis, or (ii) any DaVita Dialysis domestic dialysis joint venture partner or medical director for any domestic DaVita Dialysis clinic.

34. Cooperation with Tenant's Cost Reporting Responsibilities. Landlord's full cooperation with applicable authorities in connection with cost reporting is essential for Tenant's continued operation of its business. Therefore, Landlord agrees to provide to Tenant, within thirty (30) days of Tenant's request, any and all information that is reasonably necessary for Tenant to fulfill its cost reporting requirements to such applicable authorities. Tenant shall pay the reasonable cost associated with Landlord's provision of cost reporting information.

35. Protected Health Information.

35.1 Landlord acknowledges and agrees that from time to time during the Term, Landlord and/or its employees, representatives or assigns may be exposed to, or have access to, Protected Health Information ("PHI"), as defined by HIPAA, 45 CFR Parts 160 and 164. Landlord agrees that it will not use or disclose, and Landlord shall cause its employees, or assigns not to use or disclose, PHI for any purpose unless required by the requirements of HIPAA and all other applicable medical privacy Laws. Landlord further agrees that, notwithstanding the rights granted to Landlord pursuant to this Lease, including Section 15, except when accompanied by an authorized representative of Tenant, neither Landlord nor its employees, agents, representatives or contractors shall be permitted to enter areas of the Premises designated by Tenant as location where patient medical records are kept or stored or where such entry is prohibited by applicable state or federal health care privacy Laws.

35.2 Landlord shall preserve, and cause any of its employees and representatives to preserve, any "Confidential Information" of or pertaining to Tenant and shall not, without first obtaining Tenant's prior written consent, disclose to any person or organization, or use for its own benefit, any Confidential Information of or pertaining to Tenant during and after the Term, unless such Confidential Information is required to be disclosed by a court of competent jurisdiction or by any governmental authority. As used herein, the term "Confidential Information" shall mean any business, financial, personal or technical information relating to the business or other activities of Tenant that Landlord obtains in connection with the Lease.

36. Tenant's or Landlord's Consent. Unless otherwise expressly stated herein, whenever Tenant's or Landlord's consent is required under this Lease, such consent shall not be unreasonably withheld, conditioned or delayed, and Tenant's or Landlord's reasonable satisfaction shall be sufficient for any matters under this Lease.

37. Surrender of Premises. At the expiration of the Term, whether by expiration of time or otherwise, Tenant shall surrender the Premises to Landlord in broom clean condition free of debris and rubbish, excepting damage caused by reasonable wear and tear, fire, acts of God, Landlord, condemnation, and/or other casualty or the elements. All alterations which may be made by Tenant shall be the property of Tenant and Tenant shall be entitled to remove from the Premises during the Term all tenant improvements and any and all furniture, removable trade fixtures, equipment and personal property ("Fixtures") installed or located on or in the Premises provided that Tenant repair any and all damage caused by the removal of the foregoing. Any tenant improvements or Fixtures which Tenant does not elect to remove at or prior to the expiration of the Term shall be surrendered with the Premises at the termination of this Lease.

38. Holding Over. In the event Tenant remains in possession of the Premises after the expiration of the Term, or any extensions hereof without the written consent of Landlord, this Lease shall continue on a month-to-month basis, terminable by either party upon 30 days' prior written notice and Tenant shall be obligated to pay Base Rent at 110% of the then current rate (including all adjustments) and all other sums then payable hereunder prorated on a daily basis for each day that Landlord is kept out of possession of the Premises. Notwithstanding the foregoing, in the event that applicable Law, including without limitation applicable health care Law, limits the period of any such holdover, both parties shall comply with such applicable Law.

39. Binding Effect. All covenants, agreements, stipulations, provisions, conditions and obligations set forth herein shall extend to, bind and inure to the benefit of, as the case may require, the successors and assigns of Landlord and Tenant respectively, as fully as if any such successor or assign was referenced to wherever reference to Landlord or Tenant, as the case may be, occurs in this Lease.

40. Severability. If any term, covenant or condition of this Lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of this Lease, or the application of such term, covenant or condition to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term, covenant or condition of this Lease shall be valid and be enforced to the fullest extent permitted by Law.

41. Applicable Law. The Laws of the State where the Premises is located shall govern the validity, performance and enforcement of this Lease, without regard to such State's conflict-of-law principles.

42. Force Majeure. Whenever a day is appointed herein on which, or a period of time is appointed within which, either party hereto is required to do or complete any act, matter or thing, the time for the doing or completion thereof shall be extended by a period of time equal to the number of days on or during which such party is prevented from, or is interfered with, the doing or completion of such act, matter or thing because of strikes, lock-outs, embargoes, unavailability of labor or materials, wars, insurrections, rebellions, civil disorder, declaration of national emergencies, acts of God or other causes beyond such party's reasonable control.

43. Complete Agreement. Any stipulations, representations, promises or agreements, oral or written, made prior to or contemporaneously with this agreement shall have no legal consequences and the only agreement made and binding upon the parties with respect to the leasing of the Premises is this Lease, as the complete and total integration of the intent and understanding of Landlord and Tenant. No amendment or modification of this Lease shall be valid or binding unless reduced to writing and executed by the parties hereto.

44. Counterparts. This Lease may be executed in any number of counterparts via electronic transmission or otherwise, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

45. Incorporation of Exhibits. This Lease is subject to the provisions of the attached Exhibits A-G inclusive, which exhibits are hereby made a part of this Lease.

[Signature pages follow.]

IN TESTIMONY WHEREOF, Landlord and Tenant have caused this Lease to be executed as a sealed instrument, effective as of the day and year first above written.

**LANDLORD:**

**B33 Mukilteo, LLC**
**a Washington limited liability company**

By: _____
Name: Andy Chien
Title: Managing Principal of Bridge33 Capital LLC, Managing Member of Bridge33 Properties III LLC, Manager of B33 Mukilteo LLC
Date: 2/22/2016

STATE OF WASHINGTON )
)SS.
COUNTY OF KING )

I certify that I know or have satisfactory evidence that Andy Chien is the person who appeared before me, and said person acknowledged that said person signed this instrument, on oath stated that said person was authorized to execute the instrument and acknowledged it as the MANAGING PRINCIPAL of BRIDGE33 CAPITAL LLC, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: February 22, 2016.

Notary Seal

Notary Public
State of Washington
STEPHEN JOSEPHSEN
My Appointment Expires Sep 30, 2017

_____
(Signature of Notary)
Stephen Josephsen
(Legibly Print or Stamp Name of Notary)
Notary Public in and for the State of Washington
My appointment expires: 09/30/2017

**TENANT:**

**TOTAL RENAL CARE, INC.,**
**a California corporation**

By: _____
Name: Jason Bosh
Title: SVP
Date: 2/24/16

STATE OF WA )
)SS.
COUNTY OF Pierce )

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that said person signed this instrument, on oath stated that said person was authorized to execute the instrument and acknowledged it as the _____ of _____, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: February 24, 2016

Notary Seal

TARALYN D. POOLE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
10-19-17

_____
(Signature of Notary)
TARA-LYN D. POOLE
(Legibly Print or Stamp Name of Notary)
Notary Public in and for the State of Washington
My appointment expires: Oct 19, 2017

*FOR TENANT'S INTERNAL USE*
*APPROVAL AS TO FORM ONLY:*

By: _____
Name: Mike Geiger
Title: Assistant General Counsel

**TENANT**:

**TOTAL RENAL CARE, INC.,**
a California corporation

By: _____
Name: _____
Title: _____
Date: _____

STATE OF _____ )
)SS.
COUNTY OF _____ )

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that said person signed this instrument, on oath stated that said person was authorized to execute the instrument and acknowledged it as the _____ _____ of_____, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: _____.

Notary Seal

_____
(Signature of Notary)

_____
(Legibly Print or Stamp Name of Notary)
Notary Public in and for the State of Washington
My appointment expires: _____

*FOR TENANT'S INTERNAL USE*
*APPROVAL AS TO FORM ONLY*:

By: _____
Name: Mike Geiger
Title: Assistant General Counsel

**EXHIBIT A**

**LEGAL DESCRIPTION/BUILDING SITE PLAN**

**(attached)**

**PARCEL A:**

**THAT PORTION OF TRACT 9, BLOCK 8, ALDERWOOD MANOR NO. 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100 THROUGH 102, INCLUSIVE, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, LYING WESTERLY OF STATE ROAD NO. 1;**

**TOGETHER WITH THAT PORTION OF TRACT 10, BLOCK 8, ALDERWOOD MANOR NO. 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100 THROUGH 102, INCLUSIVE, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, LYING WESTERLY OF STATE ROAD NO. 1;**

**EXCEPT THOSE PORTIONS OF SAID TRACTS 9 AND 10 LYING EASTERLY OF A LINE DESCRIBED AS FOLLOWS;**

**COMMENCING AT THE NORTHERLY RIGHT OF WAY MARGIN OF LINCOLN WAY, WHICH RIGHTOF-WAY MARGIN IS 30.00 FEET, MEASURED AT RIGHT ANGLES FROM THE CENTERLINE OF LINCOLN WAY, AT A POINT THAT IS AT THE END OF A 150 FOOT RADIUS CURVE AS DESCRIBED IN WARRANTY DEED TO THE STATE OF WASHINGTON, RECORDED UNDER SNOHOMISH COUNTY RECORDING NO. 743107;**
**THENCE NORTH 77°31'00" WEST, ALONG THE NORTHERLY MARGIN OF LINCOLN WAY, 31.62 FEET;**
**THENCE NORTH 12°29'00" EAST, LEAVING THE RIGHT-OF-WAY MARGIN OF LINCOLN WAY, 22.00 FEET;**
**THENCE NORTH 26°29'00" EAST 54.00 FEET;**
**THENCE NORTH 12°29'00" EAST 118.00 FEET;**
**THENCE NORTH 43°32'58" EAST 34.06 FEET;**
**THENCE EAST 148.00 FEET;**
**THENCE SOUTH 37°04'41" EAST 55.00 FEET TO THE NORTHWESTERLY MARGIN OF SR 99 AS SHOWN ON SHEET 5 OF 13 SHEETS OF PLAN SET PREPARED BY WASHINGTON STATE DEPARTMENT OF HIGHWAYS TITLED "SR 99 OAK ROAD TO BEVERLY PARK" APPROVED MARCH 17, 1931 AND BEARING A SUBSEQUENT APPROVAL DATE OF OCTOBER 25, 1996;;**
**THENCE NORTH 32°55'18" EAST 70.05 FEET ALONG SAID NORTHWESTERLY MARGIN TO THE TRUE POINT OF BEGINNING OF SAID LINE DESCRIBED HEREIN;**
**THENCE NORTH 57°05'58" WEST 95.06 FEET;**
**THENCE NORTH 16°17'22" EAST 189.85 FEET TO THE NORTH LINE OF SAID TRACT 10;**
**THENCE EAST 11.05 FEET ALONG SAID NORTH LINE TO THE NORTHWEST CORNER OF SAID TRACT 9 AND THE TERMINUS OF SAID LINE DESCRIBED HEREIN;**

**ALSO EXCEPT THAT PORTION OF SAID TRACT 10 CONVEYED TO THE STATE OF WASHINGTON BY DEED RECORDED UNDER SNOHOMISH COUNTY RECORDING NO. 743107;**

**ALSO EXCEPT THAT PORTION OF SAID TRACT 10, DESCRIBED AS FOLLOWS:**

**BEGINNING AT THE NORTHERLY RIGHT-OF-WAY MARGIN OF LINCOLN WAY, WHICH RIGHT-OF-WAY MARGIN IS 30.00 FEET, MEASURED AT RIGHT ANGLES FROM THE CENTERLINE OF LINCOLN WAY, AT A POINT THAT IS AT THE END OF A 150 FOOT RADIUS CURVE AS**

DESCRIBED
IN WARRANTY DEED TO THE STATE OF WASHINGTON, RECORDED UNDER SNOHOMISH COUNTY RECORDING NO. 743107, RECORDS OF SNOHOMISH COUNTY, WASHINGTON;
THENCE NORTH 77°31'00" WEST, ALONG THE NORTHERLY MARGIN OF LINCOLN WAY A DISTANCE OF 31.62 FEET;
THENCE NORTH 12°29'00" EAST, LEAVING THE RIGHT-OF-WAY MARGIN OF LINCOLN WAY, A DISTANCE OF 22.00 FEET;
THENCE NORTH 26°29'00" EAST A DISTANCE OF 54.00 FEET;
THENCE NORTH 12°29'00" EAST A DISTANCE OF 118.00 FEET;
THENCE NORTH 43°32'58" EAST A DISTANCE OF 34.06 FEET;
THENCE EAST A DISTANCE OF 148.00 FEET;
THENCE SOUTH 37°04'41" EAST A DISTANCE OF 55.00 FEET TO THE NORTHWESTERLY RIGHT-OF-WAY MARGIN OF PRIMARY STATE HIGHWAY NO. 1;
THENCE SOUTH 32°55'19" WEST ALONG SAID STATE HIGHWAY RIGHT-OF-WAY MARGIN A DISTANCE OF 128.35 FEET TO THE BEGINNING OF THE 150 FOOT RADIUS CURVE DESCRIBED ABOVE;
THENCE ALONG SAID CURVE, THE RADIUS POINT OF WHICH BEARS NORTH 57°04'41" WEST, THROUGH A CENTRAL ANGLE OF 69°33'41" AN ARC DISTANCE OF 182.11 FEET TO THE POINT OF BEGINNING;

AND EXCEPT THAT PORTION OF SAID TRACT 10 CONVEYED TO THE STATE OF WASHINGTON BY DEED RECORDED UNDER SNOHOMISH COUNTY RECORDING NO(S). 9510230176.

ALSO KNOWN AS PARCEL A OF BOUNDARY LINE ADJUSTMENT RECORDED UNDER SNOHOMISH COUNTY RECORDING NUMBER(S) 200508090881.

SITUATE IN SNOHOMISH COUNTY, WASHINGTON.

PARCEL B:

THAT PORTION OF TRACT(S) 11, BLOCK 8, ALDERWOOD MANOR NO 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100 THROUGH 102, INCLUSIVE, RECORDS OF IN SNOHOMISH COUNTY, WASHINGTON, LYING EASTERLY OF SECONDARY STATE HIGHWAY NO 1-I;

EXCEPT THE SOUTHERLY 10 FEET THEREOF CONVEYED TO THE STATE OF WASHINGTON BY DEED RECORDED UNDER SNOHOMISH COUNTY RECORDING NO(S). 743105;

EXCEPT THAT PORTION THEREOF CONVEYED TO THE STATE OF WASHINGTON BY DEEDS RECORDED NOVEMBER 28, 1990 AND OCTOBER 23, 1995 UNDER SNOHOMISH COUNTY RECORDING NO(S). 9011280285 AND 9510230176.

PARCEL C:

ALL THAT PORTION OF LOT(S) 12, BLOCK 8, ALDERWOOD MANOR NO. 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100 THROUGH 102, INCLUSIVE, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, LYING EASTERLY OF NEW SECONDARY STATE HIGHWAY NO. 1-I;

EXCEPT THE FOLLOWING DESCRIBED TRACT:

BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF LOT 12 WITH THE EAST LINE OF NEW SECONDARY STATE HIGHWAY NO 1-I;
THENCE EAST 125 FEET;
THENCE SOUTH PARALLEL WITH THE EAST LINE OF LOT 12, 100 FEET;
THENCE WEST PARALLEL WITH THE NORTH LINE OF LOT 12 TO THE EAST LINE OF NEW

SECONDARY STATE HIGHWAY NO 1-I;
THENCE NORTHWESTERLY ALONG SAID HIGHWAY TO THE POINT OF BEGINNING.

PARCEL D:

THAT PORTION OF LOT(S) 12, BLOCK 8, ALDERWOOD MANOR NO 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100 THROUGH 102, INCLUSIVE, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF SAID LOT 12 AND THE EASTERLY LINE OF NEW LOCATION OF SECONDARY STATE HIGHWAY NO 1-I;
THENCE EAST ALONG THE NORTH LINE OF SAID LOT 125 FEET;
THENCE SOUTH PARALLEL WITH THE EAST LINE OF SAID LOT 12, A DISTANCE OF 100 FEET,
THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID LOT 12 TO THE EASTERLY LINE OF NEW LOCATION OF SECONDARY STATE HIGHWAY NO. 1-I;
THENCE NORTHWESTERLY ALONG SAID HIGHWAY TO THE POINT OF BEGINNING.

PARCEL E:

A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS, UTILITIES AND PROJECT SIGNS, AS ESTABLISHED BY OPERATING AND MUTUAL ACCESS AGREEMENT RECORDED SEPTEMBER 7, 1990 UNDER RECORDING NO 9009070434, AS AMENDED BY INSTRUMENT RECORDED SEPTEMBER 30, 1994 UNDER RECORDING NO 9409300963.

PARCEL F:

A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS, UTILITIES AND PARKING, AS ESTABLISHED BY DECLARATION OF EASEMENTS, COVENANTS AND RESTRICTIONS RECORDED MAY 7, 1992 UNDER RECORDING NO 9205070487.

PARCEL G:

A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS BY VEHICULAR AND PEDESTRIAN TRAFFIC, AS ESTABLISHED BY ACCESS EASEMENT RECORDED MARCH 1, 2002 UNDER SNOHOMISH COUNTY RECORDING NO(S) 200003010205.

PARCEL H:

THOSE PORTIONS OF TRACTS 6, 9 AND 10, BLOCK 8, ALDERWOOD MANOR NO 7, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, DESCRIBED AS A WHOLE AS FOLLOWS:

COMMENCING AT THE NORTHERLY RIGHT-OF-WAY OF LINCOLN WAY,
WHICH RIGHT -OF- WAY MARGIN IS 30 00 FEET, MEASURED AT RIGHT
ANGLES FROM THE CENTERLINE OF LINCOLN WAY, AT A POINT THAT IS AT
THE END OF A 150 FOOT RADIUS CURVE AS DESCRIBED IN WARRANTY DEED
TO THE STATE OF WASHINGTON, RECORDED UNDER RECORDING NO 743107,
THENCE NORTH 77°31'00" WEST, ALONG THE NORTHERLY MARGIN
OF LINCOLN WAY, 31.62 FEET,
THENCE NORTH 12°29'00" EAST, LEAVING THE RIGHT-OF-WAY MARGIN OF
LINCOLN WAY, 22.00 FEET,
THENCE NORTH 26°29'00" EAST 54.00 FEET,
THENCE NORTH 12°29'00" EAST 118.00 FEET,
THENCE NORTH 43°32'58" EAST 34.06 FEET,
THENCE EAST 148 FEET,
THENCE SOUTH 37°04'41" EAST 55.00 FEET TO THE NORTHWESTERLY

MARGIN OF STATE ROUTE 99 AS SHOWN ON SHEET 5 OF 13 OF PLAN SET PREPARED BY WASHINGTON STATE DEPARTMENT OF HIGHWAYS TITLE "SR 99 OAK ROAD TO BEVERLY PARK" APPROVED MARCH 17, 1931 AND BEARING A SUBSEQUENT APPROVAL DATE OF OCTOBER 25, 1996,
THENCE NORTH 32°55'18" EAST 70.05 FEET ALONG SAID NORTHWESTERLY MARGIN,
THENCE NORTH 57°05'58" WEST 95.06 FEET;
THENCE NORTH 16°17'22" EAST 93.97 FEET TO THE TRUE POINT OF BEGINNING,
THENCE CONTINUING NORTH 16°17'22" EAST 95.88 FEET TO THE NORTH LINE OF SAID TRACT 10,
THENCE EAST 11.05 FEET ALONG SAID NORTH LINE TO THE NORTHWEST CORNER OF TRACT 9,
THENCE NORTH 77.00 FEET ALONG THE WEST LINE OF SAID TRACT 6;
THENCE SOUTH 32°59'52" EAST 91.81 FEET;
THENCE SOUTH 59°40'57" EAST 72.78 FEET TO THE BEGINNING OF A CURVE CONCAVE NORTHERLY HAVING A RADIUS OF 33.00 FEET,
THENCE SOUTHEASTERLY AND EASTERLY 30.03 FEET ALONG SAID CURVE THROUGH A CENTRAL ANGLE OF 52°08'40" TO SAID NORTHWESTERLY MARGIN;
THENCE SOUTH 32°55'18" WEST 142.27 FEET ALONG SAID NORTHWESTERLY MARGIN TO A POINT WHICH BEARS SOUTH 57°04'42" EAST FROM THE TRUE POINT OF BEGINNING;
THENCE NORTH 57°04'42" WEST 121.96 FEET TO THE TRUE POINT OF BEGINNING.

ALSO KNOWN AS PARCEL H OF BOUNDARY LINE ADJUSTMENT RECORDED UNDER SNOHOMISH COUNTY RECORDING NUMBER(S) 200508090880.

SITUATE IN SNOHOMISH COUNTY, WASHINGTON.

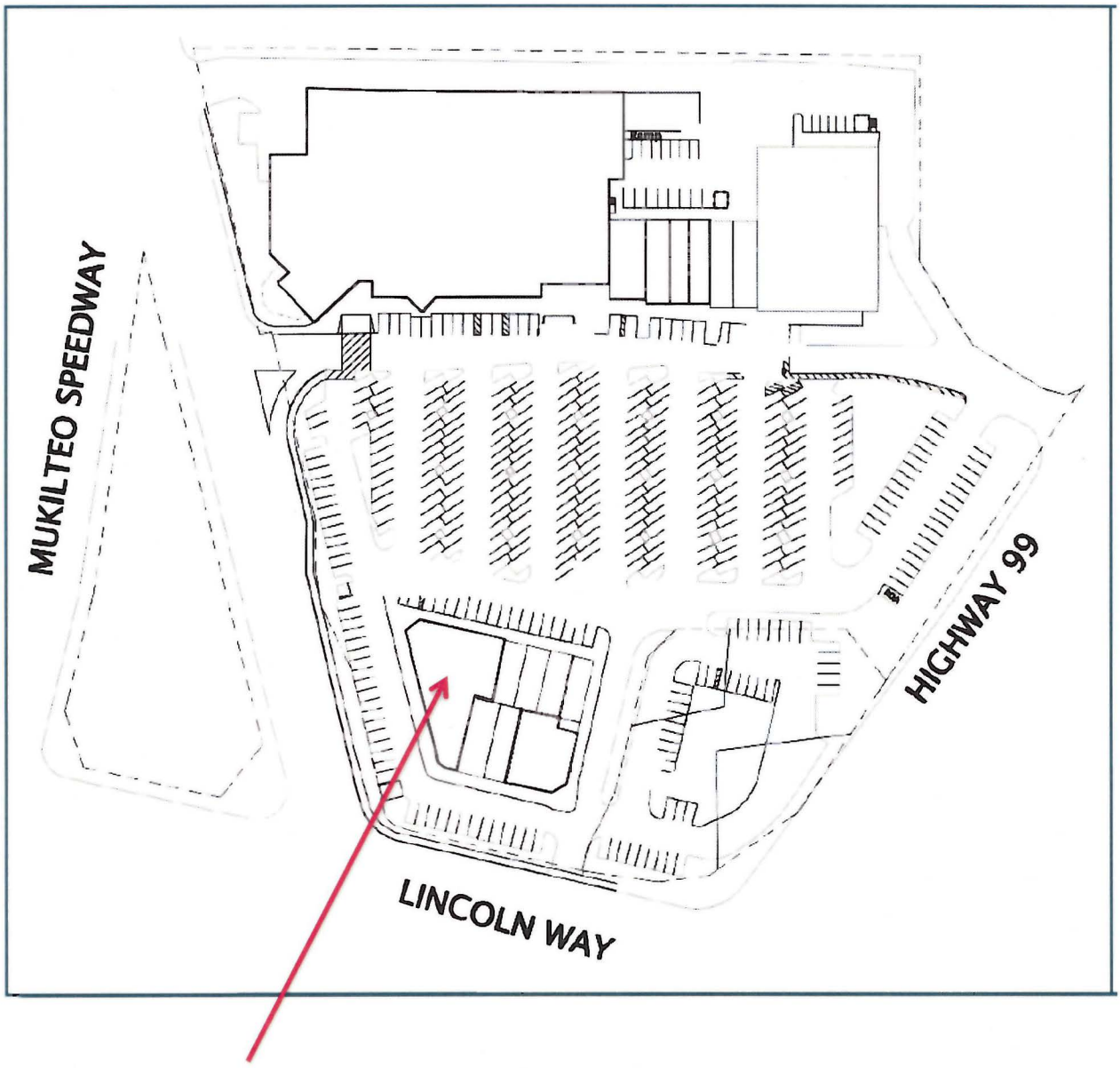
PARCEL I:

THOSE PORTIONS OF TRACTS 9 AND 10, BLOCK 8, ALDER WOOD MANOR NO 7, ACCORDING TO
THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE(S) 100, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, DESCRIBED AS A WHOLE AS FOLLOWS:

COMMENCING AT THE NORTHERLY RIGHT-OF-WAY MARGIN OF LINCOLN WAY, WHICH RIGHT-OF-WAY MARGIN IS 30.00 FEET, MEASURED AT RIGHT ANGLES FROM THE CENTERLINE OF LINCOLN WAY, AT A POINT THAT IS AT THE END OF A 150 FOOT RADIUS CURVE AS DESCRIBED
IN WARRANTY DEED TO THE STATE OF WASHINGTON, RECORDED UNDER RECORDING NO 743107;
THENCE NORTH 77°31'00" WEST, ALONG THE NORTHERLY MARGIN OF LINCOLN WAY, 31.62 FEET;
THENCE NORTH 12°29'00" EAST, LEAVING THE RIGHT-Of-WAY MARGIN OF LINCOLN WAY, 22.00 FEET;
THENCE NORTH 26°29'00" EAST 54.00 FEET;
THENCE NORTH 12°29'00" EAST 118.00 FEET;
THENCE NORTH 43°32'58" EAST 34.06 FEET;
THENCE EAST 148.00 FEET;
THENCE SOUTH 37°04'41" EAST 55.00 FEET TO THE NORTHWESTERLY MARGIN OF STATE ROUTE 99 AS SHOWN ON SHEET 5 OF 13 SHEETS OF PLAN SET PREPARED BY WASHINGTON STATE DEPARTMENT OF HIGHWAYS TITLED "SR 99 OAK ROAD TO BEVERLY PARK" APPROVED
MARCH 17, 1931 AND BEARING A SUBSEQUENT APPROVAL DATE OF OCTOBER 25, 1996;
THENCE NORTH 32°55'18" EAST 70.05 FEET ALONG SAID NORTHWESTERLY MARGIN TO THE TRUE POINT OF BEGINNING;
THENCE NORTH 57°05'58" WEST 95.06 FEET;

**THENCE NORTH 16°17'22" EAST 93.97 FEET;**
**THENCE SOUTH 57°04'42" EAST 121.96 FEET TO SAID NORTHWESTERLY MARGIN;**
**THENCE SOUTH 32°55'18" WEST 90.00 FEET ALONG SAID NORTHWESTERLY MARGIN TO TRUE POINT OF BEGINNING.**

**ALSO KNOWN AS PARCEL I OF BOUNDARY LINE ADJUSTMENT RECORDED UNDER SNOHOMISH**
**COUNTY RECORDING NUMBER(S) 200508090881.**
**SITUATE IN SNOHOMISH COUNTY, WASHINGTON.**



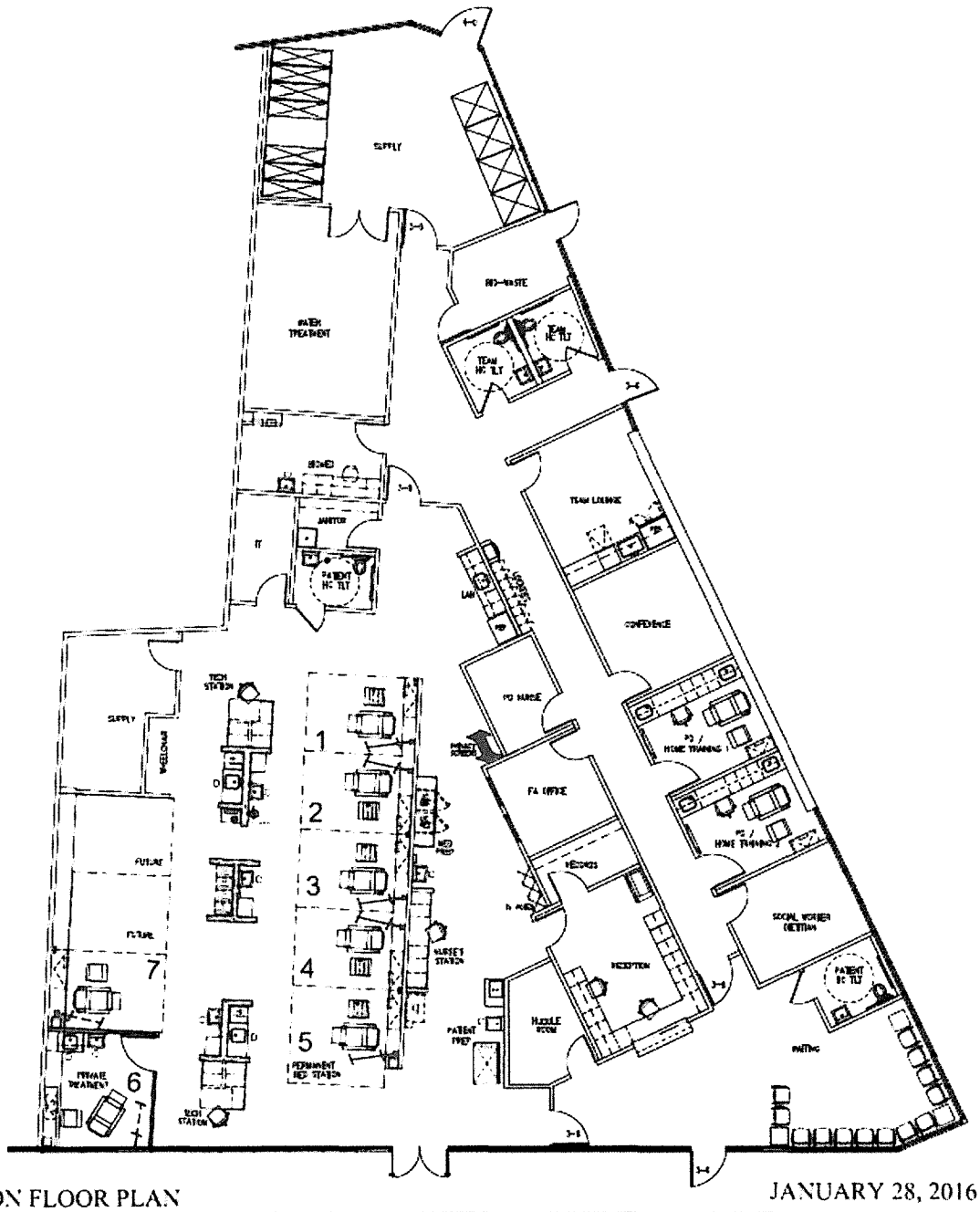

**Suite D-1 (Premises)**

**EXHIBIT B**

**PREMISES FLOOR PLAN**

**(attached)**

# DaVita




CON FLOOR PLAN

JANUARY 28, 2016

RANDALL DOVER
ARCHITECT
4121 HILLSBORO ROAD • SUITE 303 • NASHVILLE, TN 37215 • (615) 791-3344

DAVITA SNOHOMISH 3
LYNWOOD, WASHINGTON
8 STATION FACILITY - 6,429 SQ FT

Lynwood, WA (Snohomish) (Facility # TBD)

**EXHIBIT C**

**FORM OF COMMENCEMENT DATE MEMORANDUM**

With respect to that certain lease ("Lease") dated _____, between _____ ("Landlord") and _____ ("Tenant"), whereby Landlord leased to Tenant and Tenant leased from Landlord space located at _____ (the "Premises"). Tenant and Landlord hereby acknowledge as follows:

(1) Landlord delivered possession of the Premises to Tenant on _____ (the "Possession Date").

(2) The Term of the Lease commenced on _____ (the "Commencement Date").

(3) The Expiration Date of the Lease is_____.

(4) It is agreed that the first Lease Year shall end on _____ and that each subsequent Lease Year shall end on _____.

(5) Tenant shall commence payment of Base Rent and Additional Rent on _____.

(6) The Premises contain _____ rentable square feet of space.

(7) The last dates upon which the respective renewal options may be exercised are _____, _____, _____, and _____.

All capitalized terms herein, not otherwise defined herein, shall have the meaning assigned in the Lease.

IN WITNESS WHEREOF, this Commencement Date Memorandum is executed the date(s) set forth below.

LANDLORD:
_____,

By:_____
Name:_____
Title:_____

Date:_____

TENANT:
_____,

By:_____
Name:_____
Title:_____

Date:_____

*FOR TENANT'S INTERNAL USE*
*APPROVAL AS TO FORM ONLY*:

By: _____
Name: _____
Title: Assistant General Counsel

**EXHIBIT D**

**FORM OF SUBORDINATION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT**

**THIS SUBORDINATION, NON-DISTURBANCE AND ATTORNMENT AGREEMENT** (this "Agreement") is entered into as of _____, 20__ (the "Effective Date"), between _____ (the "Mortgagee"), and _____ (the "Tenant").

**WHEREAS**, by Lease dated _____, 20__ (hereinafter called the "Lease"), _____ (hereinafter called "Landlord") has leased to Tenant and Tenant has rented from Landlord the approximately _____ rentable square feet of leased premises ("Tenant's Premises") located within the _____ as more fully described in Exhibit A attached hereto and incorporated by reference (such real property, including all buildings, improvements, structures and fixtures located thereon, "Landlord's Premises").

**WHEREAS**, Mortgagee has made a loan to Landlord in the original principal amount of $_____ (the "Loan"); and

**WHEREAS**, To secure the Loan, Landlord has encumbered Landlord's Premises by entering into that certain [Mortgage and Security Agreement] dated _____, in favor of Mortgagee (as amended, increased, renewed, extended, spread, consolidated, severed, restated or otherwise changed from time to time, the "Mortgage") recorded on _____, under Clerk's File No. _____, in the Official Public Records of Real Property of the County of _____, State of _____.

**WHEREAS**, Tenant desires that Mortgagee recognize Tenant's rights under the Lease in the event of foreclosure of Mortgagee's lien, and Tenant is willing to agree to attorn to the purchaser at such foreclosure if Mortgagee will recognize Tenant's right of possession under the Lease.

**NOW, THEREFORE**, for and in consideration of their respective covenants herein made and the receipt of other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the parties agree as follows:

1. **Definitions.**

The following terms shall have the following meanings for purposes of this Agreement.

1.1 *Foreclosure Event.* A *"Foreclosure Event"* means: (a) foreclosure under the Mortgage; (b) any other exercise by Mortgagee of rights and remedies (whether under the Mortgage or under applicable Law, including bankruptcy Law) as holder of the Loan and/or the Mortgage, as a result of which Successor Landlord becomes owner of Landlord's Premises; or (c) delivery by Landlord to Mortgagee (or its designee or nominee) of a deed or other conveyance of Landlord's interest in Landlord's Premises in lieu of any of the foregoing.

1.2 *Former Landlord.* A *"Former Landlord"* means Landlord and any other party that was a landlord under the Lease at any time before the occurrence of any attornment under this Agreement.

1.3 *Offset Right.* An *"Offset Right"* means any right or alleged right of Tenant to any offset, defense (other than one arising from actual payment and performance, which payment and performance would bind a Successor Landlord pursuant to this Agreement), claim, counterclaim, reduction, deduction or abatement against Tenant's payment of Rent or performance of Tenant's other obligations under the Lease, arising (whether under the Lease or other applicable law) from Landlord's breach or default under the Lease.

1.4. *Rent.* The *"Rent"* means any fixed rent, base rent or additional rent under the Lease.

1.5 *Successor Landlord.* A *"Successor Landlord"* means any party that becomes owner of Landlord's Premises as the result of a Foreclosure Event.

1.6 *Termination Right.* A *"Termination Right"* means any right of Tenant to cancel or terminate the Lease or to claim a partial or total eviction arising (whether under the Lease or under applicable law) from Landlord's breach or default under the Lease.

2. **Subordination.**

The Lease shall be, and shall at all times remain, subject and subordinate to the lien of the Mortgage, and all advances made under the Mortgage.

3. **Non-disturbance, Recognition and Attornment.**

3.1 *No Exercise of Mortgage Remedies Against Tenant.* So long as the Lease has not been terminated on account of Tenant's default (an "Event of Default"), Mortgagee shall not name or join Tenant as a defendant in any exercise of Mortgagee's rights and remedies arising upon a default under the Mortgage unless applicable law requires Tenant to be made a party thereto as a condition to proceeding against Landlord or prosecuting such rights and remedies. In the latter case, Mortgagee may join Tenant as a defendant in such action only for such purpose and not to terminate the Lease or otherwise adversely affect Tenant's rights under the Lease or this Agreement in such action. If Mortgagee joins Tenant in such action, Landlord, by executing the Consent hereinafter set forth, agrees to indemnify, defend and hold Tenant harmless from and against any loss, cost or expense incurred or suffered by Tenant, including without limitation, legal fees, in being a party to or arising from such action, which indemnity shall survive termination or expiration of this Agreement.

3.2 *Non-disturbance and Attornment.* If the Lease has not been terminated on account of an Event of Default by Tenant, then, when Successor Landlord takes title to Landlord's Premises: (a) Successor Landlord shall not terminate or disturb Tenant's possession or quiet enjoyment of Tenant's Premises under the Lease, except in accordance with the terms of the Lease and this Agreement; (b) Successor Landlord shall be bound to Tenant under all the terms and conditions of the Lease (except as provided in this Agreement); (c) Tenant shall recognize and attorn to Successor Landlord as Tenant's direct landlord under the Lease as affected by this Agreement; and (d) the Lease shall continue in full force and effect as a direct lease, in accordance with its terms (except as provided in this Agreement), between Successor Landlord and Tenant.

3.3 *Further Documentation.* The provisions of Section 3 shall be effective and self-operative without any need for Successor Landlord or Tenant to execute any further documents. Tenant and Successor Landlord shall, however, confirm the provisions of Section 3 in writing upon request by either of them.

3.4 *Consent to Lease.* Mortgagee hereby consents to the Lease and all of the terms and conditions thereof.

4. **Protection of Successor Landlord.**

Notwithstanding anything to the contrary in the Lease or the Mortgage, Successor Landlord shall not be liable for or bound by any of the following matters:

4.1 *Claims Against Former Landlord.* Any Offset Right that Tenant may have against any Former Landlord relating to any event or occurrence before the date of attornment, including any claim for damages of any kind whatsoever as the result of any breach by Former Landlord that occurred before the date of attornment unless and to the extent that Mortgagee was furnished notice and opportunity to cure

the same. (The foregoing shall not limit Tenant's right to exercise against Successor Landlord any Offset Right otherwise available to Tenant because of events occurring after the date of attornment, if any).

4.2 *Prepayments.* Any payment of Rent that Tenant may have made to Former Landlord more than thirty (30) days before the date such Rent was first due and payable under the Lease with respect to any period after the date of attornment other than, and only to the extent that, the Lease expressly required such a prepayment.

4.3 *Payment; Security Deposit.* Any obligation: (a) to pay Tenant any sum(s) that any Former Landlord owed to Tenant or (b) with respect to any security deposited with Former Landlord, unless such security was actually delivered to Mortgagee.

4.4 Lease. Tenant hereby covenants and agrees that, so long as the Mortgage remains in force and effect:

(a) No Modification, Termination or Cancellation. Tenant shall not consent to any material modification, termination or cancellation of the Lease without Mortgagee's prior written consent, which consent shall not be unreasonably withheld and shall be deemed given if Mortgagee fails to respond in writing within 15 days following receipt of written notice.

(b) Notice of Default. Tenant shall notify Mortgagee in writing concurrently with any notice given to Landlord of any breach of or default by Landlord under the Lease. Tenant agrees that Mortgagee shall have the right (but not the obligation) to cure any breach or default specified in such notice within the time period set forth in the Lease for Landlord's performance.

(c) Assignment of Rents. Upon receipt by Tenant of written notice from Mortgagee that Mortgagee has elected to terminate the license granted to Landlord to collect rents, as provided in the Mortgage, and directing Tenant to make payment thereof to Mortgagee, Tenant shall not be required to determine whether Landlord is in default under any obligations to Mortgagee before complying with such direction and shall not be liable to Landlord for failure to pay Landlord any sums that are paid instead to Mortgagee.

5. **Miscellaneous.**

5.1 *Notices.* All notices or other communications required or permitted under this Agreement shall be in writing and given by certified mail (return receipt requested) or by nationally recognized overnight courier service that regularly maintains records of items delivered. Notices shall be effective the next business day after being sent by overnight courier service, and three (3) business days after being sent by certified mail (return receipt requested). Unless and until notice of a change of address is given under this Agreement, notices or other communications shall be given to Mortgagee and Tenant, respectively, at the following address:

Mortgagee: _____
_____
_____
Attn: _____

Landlord: _____
_____
_____
Attn: _____

Tenant: _____
c/o DaVita HealthCare Partners Inc.

Attention: Real Estate Legal
2000 16th Street
Denver, CO 80202

With a copy to: relegal@davita.com
Subject: [Clinic #, City, State]

5.2 *Successors and Assigns.* This Agreement shall bind and benefit the parties their successors and assigns, any Successor Landlord, and its successors and assigns.

5.3 *Entire Agreement.* This Agreement constitutes the entire agreement between Mortgagee and Tenant regarding the subordination of the Lease to the Mortgage and the rights and obligations of Tenant and Mortgagee as to the subject matter of this Agreement.

5.4 *Interaction with Lease and with Mortgage.* If this Agreement conflicts with the Lease, then this Agreement shall govern as between the parties to this Agreement and any Successor Landlord, including upon any attornment pursuant to this Agreement. This Agreement supersedes, and constitutes full compliance with, any provisions in the Lease that provide for subordination of the Lease to, or for delivery of non-disturbance agreements by the holder of the Mortgage. Mortgagee confirms that Mortgagee has consented to Landlord's entering into the Lease.

5.5 *Interpretation; Governing Law.* The interpretation, validity and enforcement of this Agreement shall be governed by and construed under the internal laws of the State where the Premises is located, including its principles of conflict of laws.

5.6 *Amendments.* This Agreement may be amended, discharged or terminated, or any of its provisions waived, only by a written instrument executed by all parties to this Agreement.

5.7 *Execution.* This Agreement may be executed electronically and in any number of counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

5.8 *Representations.* Each party represents that it has full authority to enter into this Agreement and that those signatories executing this Agreement on its behalf have full power and authority to executed this Agreement. Mortgagee agrees to keep a copy of this Agreement in its permanent mortgage records with respect to the Loan. This Agreement shall be null and void unless Tenant receives a fully executed original counterpart hereof on or before the sixtieth ($60^{th}$) day following the date of Tenant's execution.

5.9 *Recordation.* Upon full execution, this Agreement may be recorded in the real property records of the county in which the Premises is located by either party hereto, provided that the recording party delivers to the other party a copy of the recorded document. The recording party shall be responsible for the costs of recording this Agreement.

[Signature page follows.]

**IN WITNESS WHEREOF**, this Agreement has been duly executed by Mortgagee and Tenant as of the date(s) set forth below.

MORTGAGEE:

_____,
a _____

By:_____
Name:_____
Title:_____

Date:_____

STATE OF _____ )
) SS
COUNTY OF _____ )

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ the _____ of _____, who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed, sealed and delivered the said instrument as his/her own free and voluntary act and as the free and voluntary act of said limited liability company, for the uses and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20__.

_____
Notary Public

My Commission Expires:_____

TENANT:

_____,
a _____

By:_____
Name:_____
Title:_____

Date:_____

STATE OF COLORADO )
) SS
COUNTY OF DENVER )

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ the _____, who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed, sealed and delivered the said instrument as his/her own free and voluntary act and as the free and voluntary act of said limited liability company, for the uses and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20__.

_____
Notary Public

My Commission Expires:_____

LANDLORD'S CONSENT

Landlord consents and agrees to the foregoing Agreement (including without limitation, the provisions of Section 3.1 & 4.4), which was entered into at Landlord's request. The foregoing Agreement shall not alter, waive or diminish any of Landlord's obligations under the Mortgage or the Lease. The above Agreement discharges any obligations of Mortgagee under the Mortgage and related loan documents to enter into a non-disturbance agreement with Tenant and the obligations of Tenant to enter into a subordination agreement with Mortgagee.

LANDLORD:

_____,
a _____

By:_____
Name:_____
Title:_____

Date:_____

STATE OF _____ )
) SS
COUNTY OF _____ )

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ the _____ of _____, who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed, sealed and delivered the said instrument as his/her own free and voluntary act and as the free and voluntary act of said limited liability company, for the uses and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20__.

_____
Notary Public

My Commission Expires:_____

**Exhibit A to**
**Subordination, Attornment and Non-Disturbance Agreement**

**Landlord's Premises**

**EXHIBIT E**

**FORM OF ESTOPPEL CERTIFICATE**

THIS ESTOPPEL CERTIFICATE is made as of the ____ day of _____, 20____ by _____ in connection with that certain Lease Agreement dated _____ by and between _____, as Tenant and _____, as Landlord (the "Lease") for the premises located at _____ (the "Premises").

**[Landlord/Tenant]** hereby certifies to the best of [Landlord's/Tenant's] knowledge to _____ as follows:

1. The Lease consists of the following documents: [list documents]. There are no other oral or written agreements or understandings between Landlord and Tenant relating to the Premises.

2. To [Land/lord's/Tenant's] knowledge and belief, the information set forth below is true and correct as of the date hereof:

   (a) Approximate square footage of the Premises: _____ rentable square feet
   (b) Monthly installment of Rent as of the date hereof: $_____
   (c) Commencement Date: _____
   (d) Termination date: _____
   (e) Security deposit: _____
   (f) Prepaid rent in the amount of: _____
   (g) Renewal Options: _____

3. Tenant has accepted possession of the Premises and is in occupancy thereof under the Lease. As of the date hereof, the Lease is in full force and effect.

4. To the best of Tenant's/Landlord's actual knowledge and belief, without inquiry or investigation, there exists no default, no facts or circumstances exist that, with the passage of time or giving of notice, will or could constitute a default, event of default, or breach on the part of either Tenant or Landlord except _____.

5. No rent has been or will be paid more than 30 days in advance.

6. All legal notices to Tenant shall be sent to:

   Tenant: _____
   c/o DaVita HealthCare Partners, Inc.
   Attention: Real Estate Legal
   2000 16th Street
   Denver, CO 80202

   With a copy to: relegal@davita.com
   Subject: [Clinic #, City, State]

[Signature page follows.]

IN WITNESS WHEREOF, **[Tenant/Landlord]** has executed this Estoppel Certificate as of the date first above written.

**[TENANT/LANDLORD]**:

_____,
a _____

By: _____
Name: _____
Title: _____

# EXHIBIT F

## LANDLORD'S WORK

**(N/A)**

**EXHIBIT G**

**FORM MEMORANDUM OF LEASE**

Prepared by and Return to:
_____
_____
_____

Parcel ID:_____

**MEMORANDUM OF LEASE**

This Memorandum of Lease (this "Memorandum") is made and entered into this ___ day of _____, 20__, by and between _____, a _____ ("Landlord") and _____, a _____ ("Tenant"). Tenant and Landlord agree to and acknowledge the following matters:

1. Landlord and Tenant entered into that certain Lease Agreement dated as of _____, 20___ (the "Lease"), wherein Landlord has leased to Tenant, and Tenant has leased from Landlord, subject to the terms, covenants and conditions contained therein, space consisting of approximately _____ rentable square feet (the "Premises"), located at _____ , as legally described on Exhibit A, attached and incorporated herein by reference (the "Property").

2. The term of the Lease is for an initial period of _____ months commencing upon the earlier of the Possession Date or the Commencement Date, as defined in the Lease, (the "Lease Term"), subject to a right to extend and renew the Lease for _____ successive additional periods of _____ months each.

3. Pursuant to the Lease, Tenant has a right of first option to lease adjacent premises located on the Property.

4. The Lease contains certain restrictions on Landlord's ability to sell, rent or permit any property owned, leased or controlled by Landlord or any affiliate of Landlord to a business that provides renal dialysis, renal dialysis home training, any aphaeresis service(s) or similar blood separation or cell collection procedures within a ____ mile radius of the Property.

5. The address of Landlord is _____.

6. The address of Tenant is 2000 16th Street, Denver, Colorado 80202, Attn: Real Estate Legal.

7. The purpose of this Memorandum is to give record notice to all persons that Tenant has a leasehold interest in the Premises with related use exclusivity rights, and right of first option pursuant to the Lease, in addition to other rights and obligations created therein, all of which are confirmed.

8. Any capitalized terms utilized herein that are not otherwise defined shall be deemed to have the same meaning as set forth in the Lease.

9. In the event of a conflict between the terms of the Lease and the terms of this Memorandum, the terms of the Lease shall control.

10. This Memorandum may be executed in any number of counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum as of the day and year first above written.

**LANDLORD**

_____

By:_____
Name:_____
Title:_____

**TENANT**

_____

By:_____
Name:_____
Title:_____

STATE OF _____ )
)ss.
COUNTY OF _____ )

The foregoing instrument was acknowledged before me this _____ day of _____, 20___by _____, the _____ of _____, a _____on behalf of the _____.

My commission expires: _____

_____
Notary Public

STATE OF _____ )
)ss.
COUNTY OF _____ )

The foregoing instrument was acknowledged before me this _____ day of _____, 20___by _____, the _____ of _____, a _____on behalf of the _____.

My commission expires: _____

_____
Notary Public

**EXHIBIT A TO MEMORANDUM OF LEASE**

# Appendix 16

# Zoning Documentation

## 13619 Mukilteo Speedway, Lynnwood, WA – Zoned UC

Source: Snohomish County Permit, Planning and Zoning Map
(http://gis.snoco.org/maps/permits/viewer.htm)

SNOHOMISH COUNTY
13619 MUKILTEO SPEEDWAY ZONED 'UC'
LYNNWOOD, WA 98037

# Chapter 30.22 Uses Allowed in Zones

Sections:


30.22.010 Purpose and applicability.
30.22.020 Categories of uses.
30.22.025 Incidental uses.
30.22.030 Number of uses per lot.
30.22.040 Interpretation of matrices.
30.22.050 Temporary emergency use or structure.
30.22.100 Urban Zone Categories: Use Matrix
30.22.110 Rural and Resource Use Matrix
30.22.120 Other Zone Categories Use Matrix
30.22.130 Reference notes for use matrix.


## 30.22.010 Purpose and applicability.

This chapter establishes which uses or types of uses are permitted, which require special approvals, and which are prohibited in the various county zones. Zones are grouped into four categories, as shown below, with each of the zones listed from left to right in increasing intensity of use in a matrix. Some uses have additional or special requirements that are listed by numbered reference notes in SCC 30.22.130. The categories and zones are as follows:

(1) Urban Zones - R-9,600, R-8,400, R-7,200, T, LDMR, MR, NB, PCB, CB, GC, FS, IP, BP, LI, HI, MHP, UC;

(2) Rural Zones - RD, RRT-10, R-5, RB, CRC, RFS, RI;

(3) Resource Zones - F, F&R, A-10, MC; and

(4) Other Zones - SA-1, RC, RU, R-20,000, R-12,500, WFB.

For a description of each zone, see SCC 30.21.025.

(Added Amended Ord. 02-064, December 9, 2002, Eff date February 1, 2003; Amended Ord. 07-029, April 25, 2007, Eff date May 10, 2007; Amended by Amended Ord. 12-025, June 6, 2012, Eff date July 27, 2012; Amended by Amended Ord. 13-007, Sep. 11, 2013, Eff date Oct. 3, 2013)

## 30.22.020 Categories of uses.

(1) SCC 30.22.100, 30.22.110, and 30.22.120 comprise the use matrix. The use matrix lists uses and indicates whether uses are permitted (P), require conditional use (C) or administrative conditional use (A) approval, or are prohibited in a particular zone.

(a) Permitted uses (P) are those permitted outright. Certain uses have special requirements indicated by footnotes in the use matrices.

(b) Conditional uses (C) are those which require special review in order to ensure compatibility with permitted uses in the same zone. Conditional use permits are granted by the hearing examiner following a review and recommendation from the department and an open record public hearing.

(c) Administrative conditional uses (A) also require special review to ensure compatibility with permitted uses in the same zone. Administrative conditional uses are granted by the department. Uses formerly categorized as temporary uses or special uses are now processed as administrative conditional uses.

(d) Special use permits (S) require a local, state, or regional land use permit issued for a facility at a particular location subject to conditions placed on the proposed use to ensure compatibility with adjacent land uses.

(e) Prohibited uses are those which are not allowed in a zone. A blank box in the use matrix indicates a use is not allowed.

(2) Essential public facilities shall be permitted in any zone as a conditional use or upon the approval of a development agreement under chapter 30.75 SCC. In the event of a conflict between this chapter and chapter 30.42D SCC, the provisions of chapter 30.42D SCC shall govern.

(Added Amended Ord. 02-064, December 9, 2002, Eff date February 1, 2003; Amended Ord. 03-006, February 19, 2003, Eff date March 9, 2003; Emergency Ordinance No. 04-019, February 11, 2004, Eff date February 11, 2004; Amended Ord. 05-040, July 6, 2005, Eff date Aug. 8, 2005; Emergency Ord. 06-009, Feb. 22, 2006; Eff date Feb. 22, 2006; Amended by Ord. 13-067, Sep. 25, 2013, Eff date Oct. 11, 2013)

## 30.22.025 Incidental uses.

Uses which are incidental to a conforming permitted, conditional, or administrative conditional use may be placed on lots in conjunction with the permitted, conditional, or administrative conditional use.

(Added Amended Ord. 02-064, December 9, 2002, Eff date February 1, 2003)

## 30.22.030 Number of uses per lot.

Uses shall be established upon legally created lots that conform to current zoning requirements or on legal nonconforming lots. A lot may have more than one use placed within its bounds, except that only one single family dwelling may be placed on a lot. This exception shall not apply to model homes as defined

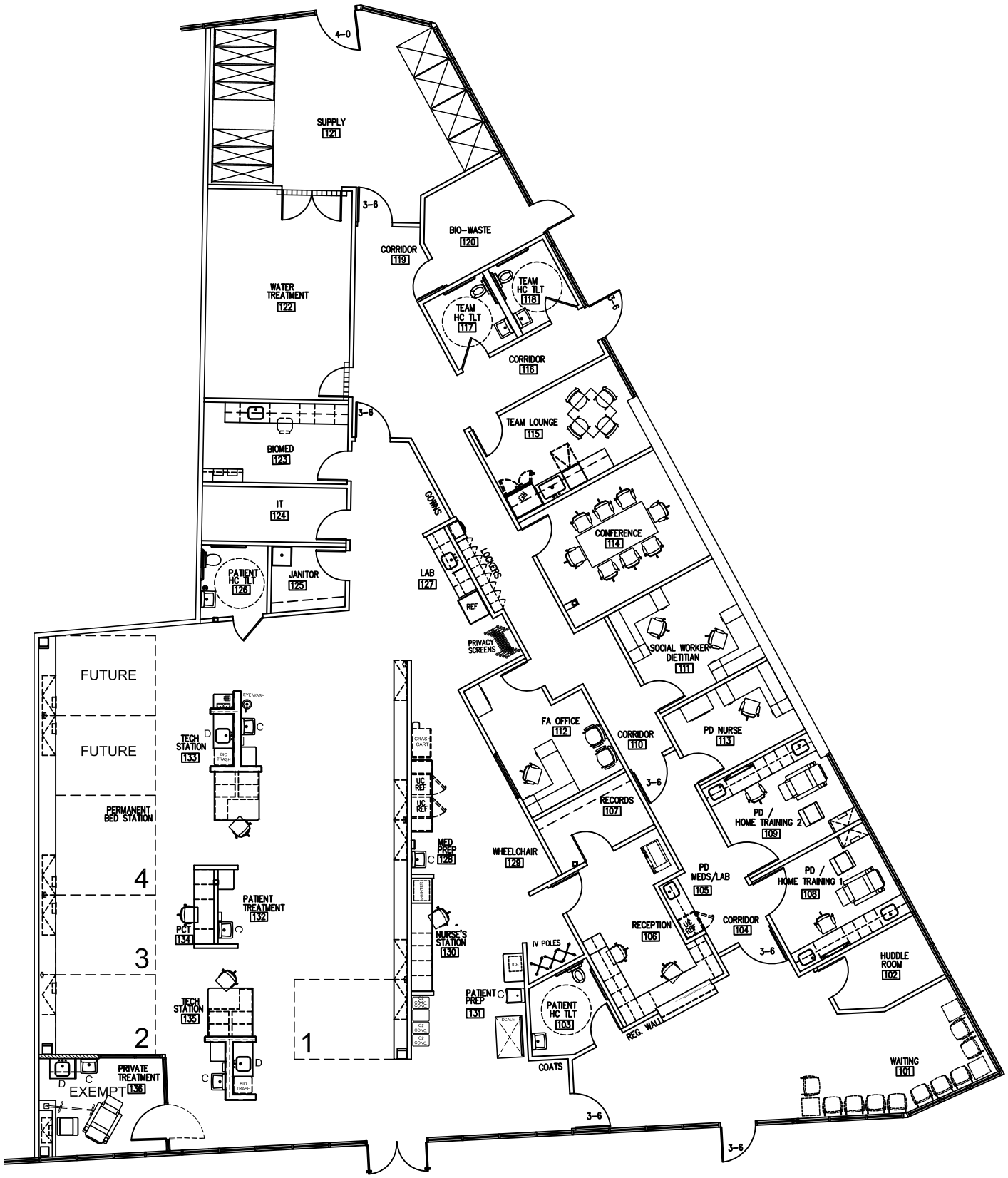
| TYPE OF USE | R9,600[88] | R8,400[88] | R7,200[88] | T | LDMR | MR | NB | PCB | CB[128] | GC[128] | FS | IP[76] | BP | LI[55, 76] | HI[55] | MHP[114] | UC[122] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Locksmith | | | | | | | P | P | P[86] | P | | P | P | P | P | | P |
| Lumberyard | | | | | | | | | | P | | P | P | P | P | | |
| Manufacturing, Heavy [82] | | | | | | | | | | | | P | | | P | | |
| Manufacturing-All Other Forms Not Specifically Listed [83] | | | | | | | | | | | | P | P | P | P | | P[123] |
| Marijuana Collective Garden [125, 131] | | | | | | | | | | | | P | P | P | P | | |
| Marijuana Collective Garden Dispensary, or Access Point [131] | | | | | | | P | P | P | P | | | P | P | P | | P |
| Marijuana Processing [125, 131] | | | | | | | | | | | | P | P | P | P | | |
| Marijuana Production [125, 131] | | | | | | | | | | | | P | P | P | P | | |
| Marijuana Retail [131] | | | | | | | P | P | P | P | | | P | P | P | | P |
| Massage Parlor | | | | | | | | | P | P | | P | P | P | P | | P |
| Medical Clinic [29] | | | | | C | C | P | P | P | P | | P | P | P | P | | P |
| Mini Self-Storage | | | | | | | | P | | P | | P | P | P | P | | |
| Mobile Home Park [38] | | | | | C | C | | | C | C | | | | | | P | |
| Mobile Home & Travel Trailer Sales | | | | | | | | | | P | | C[36] | | P | P | | |
| Model Hobby Park [75] | | | | | | | | | | | | | A | A | A | | |
| Model House/Sales Office | P | P | P | P | P | P | P | P | P | P | | | | | | | P |
| Mortuary | | | | | C | C | | | P | P | | P | P | P | P | | P |
| Motocross Racetrack [129] | | | | | | | | | | C[113] | | C[113] | C[113] | C[113] | C[113] | | |
| Motor Vehicle & Equipment Sales | | | | | | | | | P[23] | P | | | | P | P | | |
| Museum [41] | C | C | C | | C | C | C | P | P | P | | P | P | P | P | | P |
| Office, General | | | | | | | P | P | P | P | | P | P | P | P | | P |
| Park, Public [14] | P | P | P | | P | P | P | P | P | P | | P | P | P | P | | P |
| Park-and-Pool Lot | C | C | C | C | C | P | P | P | P | P | P | P | P | P | P | | P |
| Park-and-Ride Lot | C | C | C | C | C | P | P | P | P | P | P | P | P | P | P | | P |
| Personal Services Shop | | | | | | | P | P | P[86] | P | | P[49] | P[49] | P | P | | P |
| Personal Wireless Communications Facilities [27, 41, 104, 105, 106] | C | C | C | C | C | C | C | C | C | C | C | P | P | P | P | C | P[119] |
| Pet Shop | | | | | | | P | P | P | P | | | P[53] | P | P | | P |
| Petroleum Products & Gas Storage - Bulk [43] | | | | | | | | | | P | | P | P | P | P | | |
| Petroleum Refining [43] | | | | | | | | | | | | P | | | | | |
| Print Shop | | | | | | | | | P[86] | P | | P | P | P | P | | P |
| Printing Plant | | | | | | | | P | | P | | P | P | P | P | | P[123] |
| Race Track [24, 41, 129] | | | | | | | | | | C | | P | P | P | P | | |

PERMITTED VIA *

# Appendix 17

# Single Line Drawing

# DaVita



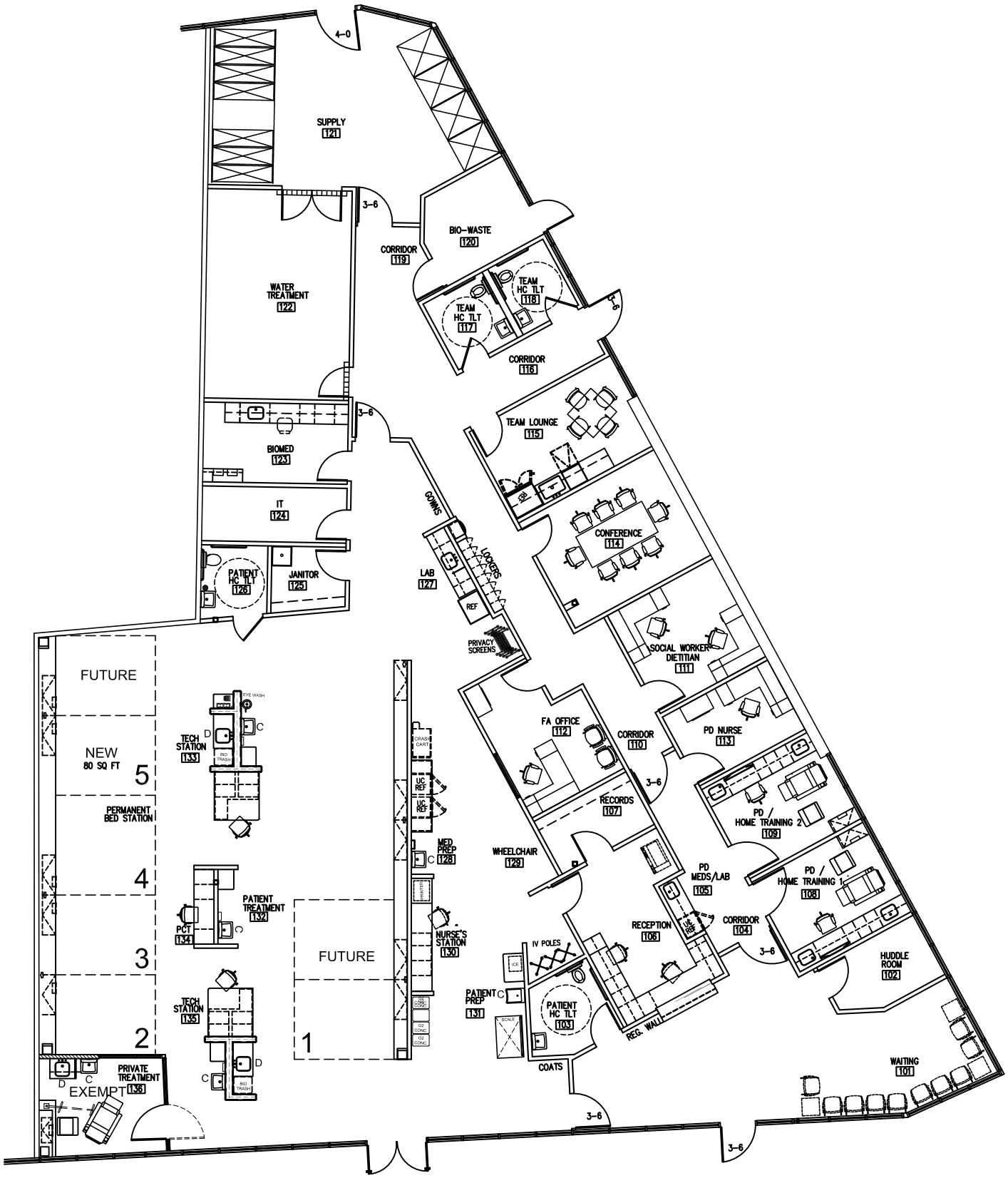

EXISTING FLOOR PLAN

OCTOBER 20, 2022


RANDALL DOVER
ARCHITECT
4121 HILLSBORO ROAD • SUITE 303 • NASHVILLE, TN 37215 • (615) 251-3388


DAVITA LYNNWOOD
LYNNWOOD, WASHINGTON

# DaVita



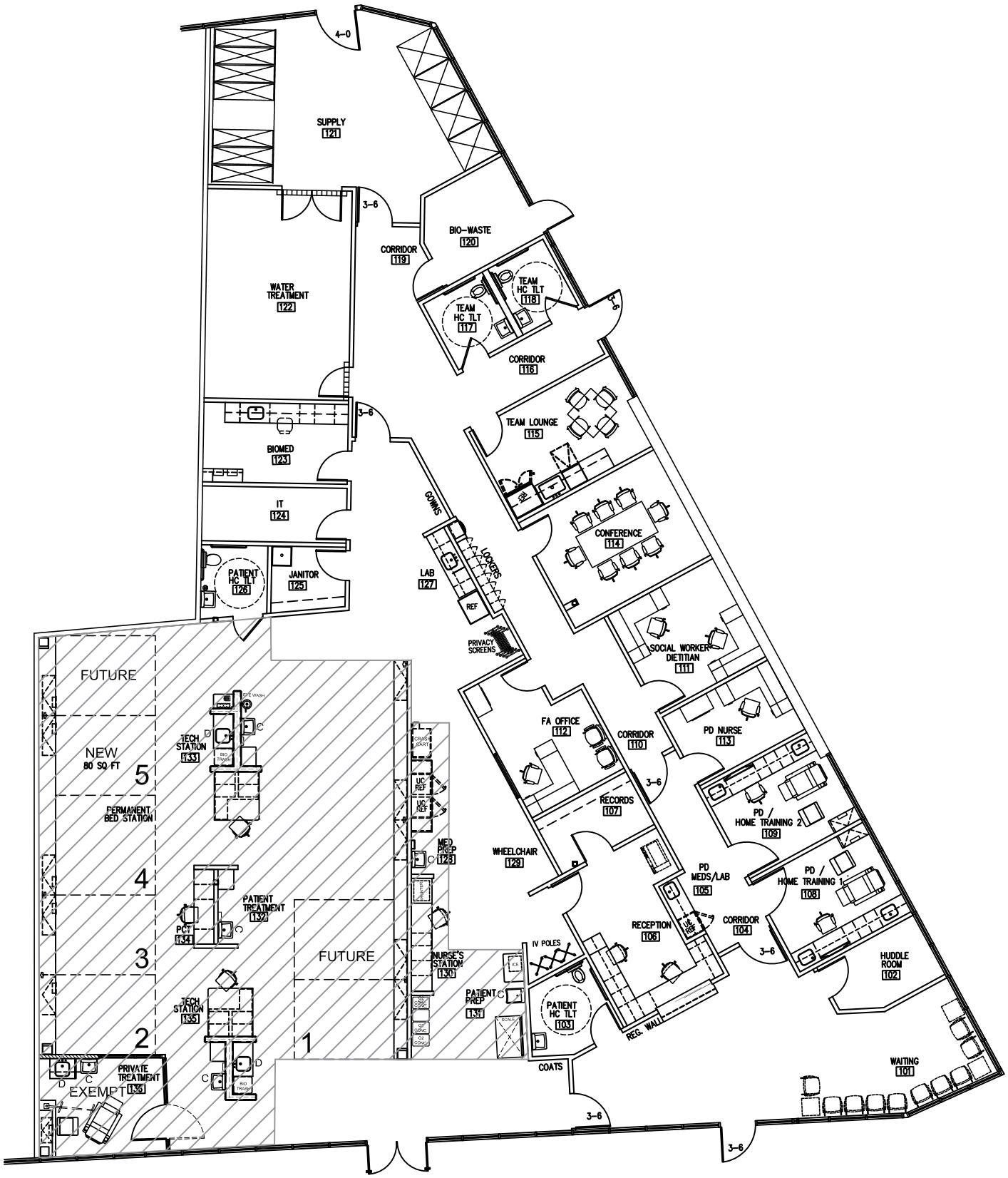

PROPOSED FLOOR PLAN

OCTOBER 20, 2022


RANDALL DOVER
ARCHITECT
4121 HILLSBORO ROAD • SUITE 303 • NASHVILLE, TN 37215 • (615) 251-3388


DAVITA LYNNWOOD
LYNNWOOD, WASHINGTON

# DaVita




PROPOSED FLOOR PLAN

OCTOBER 20, 2022


RANDALL DOVER
ARCHITECT
4121 HILLSBORO ROAD • SUITE 303 • NASHVILLE, TN 37215 • (615) 251-3388


DAVITA LYNNWOOD
LYNNWOOD, WASHINGTON

# DaVita Lynnwood 10-20-2022

## SQUARE FOOTAGE ALLOCATION

| Category | After Completion |
|---|---|
| **Treatment Floor Area** | |
| Chronic Dialysis Stations | 320 |
| Isolation Station | 121 |
| Permanent Bed Station | 100 |
| Expansion Stations | 160 |
| Nurse Station / Med Prep Area | 285 |
| Patient Prep | 41 |
| Circulation | 952 |
| Lab Prep | 22 |
| Storage | 0 |
| **Treatment Floor Area Total** | **2,001** |
| **Non-Treatment Floor Area** | |
| Water Room | 305 |
| Re-Use | 0 |
| Bio-Med | 116 |
| Staff Toilet / Lounge | 255 |
| Janitorial / Electric | 127 |
| Business Office / Medical Records | 63 |
| Reception | 168 |
| Conference Room / Huddle | 255 |
| Home Training, PD & HHD Nurses | 362 |
| Patient Toilets | 111 |
| Storage / Med Waste / Wheelchair | 549 |
| Staff Offices | 267 |
| HVAC / Circulation | 1,850 |
| **Non-Treatment Floor Area Total** | **4,428** |
| **Total Space** | **6,429** |

## MAX. TREATMENT FLOOR SQUARE FOOTAGE

| Category | Sq. Ft. | No. of Stations | Sq. Ft. Total |
|---|---|---|---|
| (a) General use in-center station and each nonisolation station | 150 | 4 | 600 |
| (b) Each isolation station and each permanent bed station | 200 | 1 Bed / 1 ISO | 400 |
| (c) Future expansion of two in-center treatment stations; and | 150 | 2 | 300 |
| (d) Other treatment floor space is 75% of the sum of (a), (b), and (c) | | | 975 |
| **Maximum Treatment Floor Area Square Footage** | | | **2,275** |

# Appendix 18

## DaVita Quality Index (DQI) Data
## DaVita Continuous Quality Improvement (CQI) Data

Jan-22

| Facility Name | DQI Score | CVC In Use Improvement Rate | Kt/V Rate | CAHPS Rate |
|---|---|---|---|---|
| Mid Columbia Kidney Center | 86.75 | 38.71% | 100.00% | 71.44% |
| Mt Adams Kidney Center | 66.05 | 0.72% | 97.30% | 67.88% |
| Hermiston Community Dialysis Center | 77.02 | -36.89% | 100.00% | |
| Yakima Dialysis Center | 41.47 | -14.59% | 90.27% | 74.30% |
| Union Gap Dialysis | 75.82 | 17.04% | 98.11% | 81.76% |
| Blue Mountain Kidney Center | 70.22 | -64.63% | 90.91% | |
| Ellensburg Dialysis Center | 37.31 | -17.55% | 100.00% | |
| Kennewick Dialysis | 47.23 | 100.00% | 97.22% | |
| Chinook Kidney Center | 69.35 | -3.65% | 100.00% | 77.52% |
| Zillah Dialysis | 49.37 | -57.76% | 95.24% | |
| Wapato Dialysis | 76.61 | -12.92% | 100.00% | |
| Sherwood Dialysis Center | 87.11 | -3.99% | 100.00% | |
| Hillsboro Dialysis Center | | 100.00% | 100.00% | |
| Meridian Park Dialysis Center | 74.48 | 6.08% | 100.00% | |
| Vancouver Dialysis Center | 59.96 | -58.87% | 96.15% | 78.77% |
| Gresham Station Dialysis | 63.10 | 5.78% | 100.00% | |
| Seaview Dialysis Center | | 100.00% | 100.00% | |
| Mcminnville Dialysis | 74.01 | 23.47% | 100.00% | |
| Portland Gateway Dialysis | 52.17 | 4.88% | 100.00% | 65.74% |
| Cornell Road Dialysis | 40.38 | -20.56% | 98.46% | |
| Oregon Kidney Center | 69.07 | -18.62% | 97.83% | |
| Lake Road Dialysis | 41.97 | -12.21% | 97.78% | 66.12% |
| Willamette Valley Renal Center | 56.64 | 40.98% | 100.00% | |
| Portland Mlk Dialysis | 35.51 | -80.90% | 98.72% | 76.40% |
| Battle Ground Dialysis | 33.53 | -12.51% | 98.11% | |
| Foster Powell Dialysis | | | | |
| Puyallup Dialysis | 16.33 | -17.74% | 95.29% | 59.80% |
| Lakewood Community Dialysis Center | 43.34 | -5.24% | 92.86% | 63.36% |
| Federal Way Community Dialysis Center | 68.22 | -23.84% | 100.00% | 77.40% |
| Tacoma Dialysis Center | 31.73 | -19.26% | 95.65% | 79.57% |
| Graham Dialysis Center | 10.60 | -20.97% | 98.25% | |
| Parkland Dialysis | 26.95 | -11.82% | 92.93% | 79.18% |
| Olympia Dialysis Center | 41.81 | -39.52% | 94.12% | |
| Rainier View Dialysis | 29.03 | -26.58% | 98.28% | 85.10% |
| Redondo Heights Dialysis | 54.79 | -18.57% | 100.00% | |
| Mason County Dialysis | 43.33 | -31.58% | 100.00% | |
| Tumwater Dialysis | 54.68 | 39.94% | 96.36% | |
| Cooks Hill Dialysis | 83.11 | 31.77% | 100.00% | |
| Lake Tapps Dialysis | 29.78 | -65.02% | 100.00% | |
| Lacey Dialysis | 11.93 | 0.00% | 76.19% | |
| Kent Dialysis Center | 46.02 | -7.47% | 93.75% | 66.00% |
| Westwood Dialysis Center | 68.57 | 20.33% | 100.00% | |
| Olympic View Dialysis Center | 40.67 | -17.95% | 95.74% | |
| Bellevue Dialysis Center | 87.36 | -6.42% | 100.00% | 71.89% |
| Mill Creek Dialysis Center | 59.23 | -29.10% | 100.00% | |
| Whidbey Island Dialysis Center | 66.22 | -54.16% | 95.00% | |
| Everett Dialysis Center | 37.24 | -26.67% | 98.55% | |
| Pilchuck Dialysis | 37.00 | -41.85% | 95.83% | 77.00% |
| Cascade Dialysis | 43.56 | -52.43% | 95.00% | |
| Renton Dialysis | 52.77 | 45.75% | 100.00% | |
| Lynnwood Dialysis | 44.44 | -17.51% | 93.33% | |
| Davita-mount Baker Kidney Center | 60.32 | -2.28% | 97.60% | 85.53% |
| Treasure Valley Dialysis Center | 58.10 | -13.79% | 100.00% | |
| Nampa Dialysis Center | 46.31 | -24.38% | 96.67% | |
| Table Rock Dialysis Center | 39.87 | -41.31% | 100.00% | 67.93% |
| Four Rivers Dialysis Center | 78.10 | -26.01% | 100.00% | 77.02% |
| Caldwell Dialysis Center | 32.82 | -19.98% | 97.30% | |
| Fruitland Dialysis | 50.79 | -54.52% | 100.00% | |
| Indian Trail Dialysis | | | 100.00% | |
| East Wenatchee Dialysis | 33.90 | -30.30% | 100.00% | 78.60% |
| Echo Valley Dialysis | | 2.38% | 100.00% | |
| Moscow Dialysis | 60.12 | -183.90% | 100.00% | |
| Wenatchee Valley Dialysis | 73.24 | -27.07% | 100.00% | 76.18% |
| Downtown Spokane Renal Center | 16.57 | -19.88% | 98.48% | |
| North Spokane Renal Center | 58.00 | -20.16% | 96.97% | 84.53% |
| Spokane Valley Renal Center | 60.00 | -20.89% | 100.00% | 80.42% |

# Appendix 19

# CKD Community Education

| POLICY # COMP-DD-018 | Revision: 5.0 | Page 1 of 6 |
|---|---|---|
| TITLE: No-Cost Patient Education | | |
| Department: Compliance (Team Quest) | Effective date: 12/09/2016 | |

*Teammates must promptly report all potential violations of DaVita's Code of Conduct, Corporate Integrity Agreement (CIA)* obligations*, Compliance Policies and Procedures and/or applicable laws or regulations. Reports should be made to the Compliance Department (Team Quest), or the Compliance Hotline (888-458-5848 or DaVitaComplianceHotline.com). In accordance with DaVita's Non-Retaliation policy, DaVita will not tolerate any form of retaliation against anyone who files a compliance report in good faith. Questions regarding any Compliance Policy may be directed to Team Quest via the QUESTionLine at 855-687-9645 or QUESTionLine@davita.com.*

## 1. PURPOSE

The purpose of this policy is to provide guidelines for no-cost patient education and teammate interaction with participants related to such initiatives.

## 2. SCOPE

This policy applies to DaVita Inc.'s Kidney Care business (DaVita) and, subject to approval by the chief compliance officer or his/her designee, it may be enhanced or modified by a business unit-specific policy(ies). Kidney Care is comprised of DaVita's domestic dialysis business, as well as any other subsidiaries and affiliated entities related to Kidney Care and DaVita's Strategic Business Initiatives (SBI). DaVita Medical Group (DMG) business and international operations are not part of Kidney Care.

This policy applies to all no-cost Patient Education Programs, teammates and Participants, including upstream non-DaVita Patients and community members. This policy does not apply to education provided or furnished to patients of other healthcare providers that are under contract with DaVita (e.g. Patient Pathways, Hospital Services Group, etc.).

## 3. DEFINITIONS

| Term | Definition |
|---|---|
| Core Patient Education Program Materials | Materials that provide an overview of key elements addressed in Patient Education Programs. |
| DaVita Patient | A patient whose DaVita placement request has been accepted and who has been formally admitted to dialyze at. A patient can be considered formally admitted prior to their first day of dialysis at DaVita. |
| Health Care Provider | Any individual nephrologist or physician practice; any hospital or related corporate entity that is or has entered into a Letter of Intent with DaVita Dialysis to become a Joint Venture Partner; or any joint venture in which DaVita owns an interest that provides dialysis services, whether directly or indirectly owned by DaVita. |
| Healthy Transitions | A Patient Education Program intended to provide insurance and employment education to the chronic kidney disease community. |

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| Term | Definition |
|---|---|
| Individualized Education Program | A program that is provided in a one-on-one setting and tailored to address the needs or circumstances of a particular Participant. |
| Kidney Smart | A Patient Education Program provided to the entire community, regardless of affiliation to physicians/providers or a patient's employment/insurance status. |
| Modality Education | A Patient Education Program intended to provide information about modality options for patients diagnosed with End-Stage Renal Disease. |
| One on One Education | Education that provides general information (i.e. information that is not tailored to the specific patient) to a Participant in a one-on-one setting. |
| Participant | An individual who takes part in a no-cost Patient Education Program. |
| Patient Education Program | A no-cost educational program that provides general information to Participants in order to raise awareness or improve health outcomes. |
| Referral Source | Physicians, hospitals, or any other person or entity in a position to refer, recommend, or arrange for any item or service from or furnished by a DaVita facility, DaVita business unit or subsidiary or an immediate family member of the Referral Source. Examples of Referral Sources include hospitals, nephrologists, and nephrology associated nurses, physician assistants, physician practice managers, social workers, discharge planners, and case managers. |
| Strategic Business Initiative (SBI) | SBIs include DaVita Clinical Research, DaVita Health Solutions, DaVita Labs, Falcon Physician, VillageHealth, Lifeline Vascular Access, Paladina Health and Nephrology Practice Solutions. |

## 4. POLICY

**4.1.** Patient Education Programs must be designed to provide bona fide, general (non-individualized) education for which a participant (or third-party payer) would not otherwise pay.

**4.1.1.** Content of Patient Education Programs should be limited to the following. Education concerning topics not listed below may only be offered in limited settings and require approval from the Justice League of DaVita (JLD) and documentation.

- Information regarding disease state awareness and preventions, such as taking control of kidney disease.
- Suggestions for making healthy choices.
- Treatment options (education must not be limited to a single option and should include all modality options).
    - Educational programs that include a discussion of treatment modalities must include the *No Medical Advice Given Disclaimer*.
- Information regarding vascular access awareness, such as access function early recognition and patient actions for access issues.
- General education about healthcare insurance and/or employment options.
    - Individualized healthcare insurance and/or employment education may be provided for Participants who are late-stage patients.

**4.1.2. Inappropriate Content**

- Discussions related to DaVita-specific financial assistance must be limited to Participants who are DaVita Patients and are not appropriate for potential DaVita Patients.

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- Medical advice must not be provided as part of Patient Education Programs.
- Information may not be tailored to the specific participant except as expressly approved for Healthy Transitions.
- The content of Patient Education Programs must be provider-neutral and must not include marketing or promotional materials for any specific provider. Rather, content must be unbiased and may not include information and educational materials that are designed to influence a Participant's choice.
- DaVita should never initiate the shift in focus from bona fide education to DaVita promotion. If a Participant requests information specific to DaVita items or services:
    - Teammates should provide a HIPAA Marketing Authorization form (available on the eP&P VillageWeb site) and obtain the Participant's signature.
    - Teammates should refer the participant to a designated non-educator teammate for non-education discussions (e.g., for home educators, refer to facility administrator or home lead where participant is interested in dialysis).
- It is inappropriate to discuss or offer Patient Education Programs to Referral Sources in order to induce or reward referrals to DaVita.

**4.1.3** All Patient Education Program presentations and materials must include the *No Medical Advice Given Disclaimer*.

**4.1.4** Educational content concerning topics not listed in Section 4.1.1. above may only be offered in limited settings and require JLD's approval and documentation.

### 4.2. Educators

**4.2.1.** Patient Education Programs may only be conducted by DaVita teammates who have completed the appropriate training courses in StarLearning, which must be completed annually.

**4.2.2.** Each educator also must satisfy the additional requirements, if any, of the applicable Patient Education Program

**4.2.3.** Educators may not be offered incentives based on Participants choosing DaVita as their healthcare provider after completing a Patient Education Program.

- Any allowable incentives must align with the Teammate Incentive Handbook.

**4.2.4.** Educators' appearance, including clothing, must be provider-neutral, except as specifically approved by JLD.

### 4.3. Appropriate Venues

**4.3.1.** Patient Education Programs may only be offered in the following venues.

- Community-based locations (e.g., libraries, or other meeting rooms/conference rooms available for community use, senior centers and other types of community centers).
    - If there are no free community locations suitable for education classes, a reasonable fee may be paid to non-Referral Sources only to use a publicly available space (e.g., library meeting rooms, hotel conference rooms or other similar spaces). Referral Sources may not be paid to use space for Patient Education Programs.

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- Practice or provider office/facility
    - Patient Education Programs occurring in a practice or provider office must be offered and open to the public in a region, irrespective of whether the practice is affiliated with or otherwise involved in a financial arrangement (e.g., joint venture partnership) with DaVita.
    - Referral Sources may not be paid to use a practice office for Patient Education Programs.
- Patient Education Programs must not be offered at the hospital bedside. Patient Education Programs must not be delivered in the patient's home or other personal residence with the following exceptions:
    - Website or webinar, pursuant to the requirements of 4.5.1.
    - Healthy Transitions

### 4.4. Financial

**4.4.1.** Patient Education Programs must be offered at no-cost to all Participants, regardless of the Participant's treating physician, other healthcare provider, payer or employment status.

**4.4.2.** Patient Education Programs must not replace, coordinate with or otherwise offset currently offered or reimbursable education or services (e.g., Medicare Improvements for Patients & Providers Act) provided by the Participant's treating physician.

**4.4.3.** Under no circumstance can Patient Education Programs be billed by any party.

**4.4.4.** It is appropriate to refer Participants with financial assistance questions to the American Kidney Fund (AKF), and inform Participants that there may be financial assistance available to ESRD patients from AKF or certain state aid programs regardless of their choice of dialysis provider.

### 4.5. Delivery Method

**4.5.1.** Patient Education Programs may be offered in the following ways:

- Websites or Webinar
    - Participants may be directed to educational websites or webinars to access Patient Education Programs subject to the requirement that all content of the website (including hyperlinks) and webinars must be provider-neutral.
- Live Classes
    - Participants may be invited to attend live Patient Education Programs.
    - Patient Education Programs must be open to the public.
- One-on-one patient or limited attendance Patient Education Programs may be provided, via telephone or live session, under the following circumstances.
    - All other options are not feasible.
    - If a live session, the public is welcome to attend.
    - An educator is available.

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- Team Quest and JLD have approved the request or previously provided written approval through a formal process for providing one-on-one or limited attendance Patient Education Programs.

- Notwithstanding the above, Healthy Transitions has been approved for one-on-one telephone sessions.
  - Currently Healthy Transitions is the only preapproved Individualized Education Program.

- Kidney Smart
  - All Kidney Smart classes must be posted on CERT (the scheduling system) 24 hours in advance.
  - Modality Education classes must be posted on CERT if they are scheduled more than one business day in advance. Educators should make every effort to schedule Modality Education so that it can be posted and open to the public.

### 4.6. Materials

**4.6.1.** All collateral materials used or handed out in connection with Patient Education Programs must be approved in advance by JLD and/or Team Quest. If teammates are found to be using materials not approved by JLD or Team Quest, teammates may be subject to corrective action up to and including termination.

**4.6.2.** Upon request of the Health Care Provider, materials for the Patient Education Programs may be provided by educators to hospitals, physician practices and other healthcare providers to educate those providers about the Patient Education Programs and raise awareness of available Patient Education Programs.

**4.6.3.** Pre-recorded Patient Education Programs may not be provided to hospitals, physician practices, or other Health Care Providers without prior consent from Team Quest of the JLD.

**4.6.4.** Core Patient Education Program materials must be made publicly available online at no-cost (e.g., posted on a publicly available website such as KidneySmart.org or DaVita.com).

### 4.7. HIPAA Authorization

**4.7.1.** Valid HIPAA authorizations (available on the eP&P VillageWeb site) must be obtained before contacting the Participant or collecting protected health information (PHI) (e.g., Participant contact information) belonging to the Participant.

- If a Participant is recommended to a Patient Education Program by the Participant's treating physician, the educator must receive the HIPAA authorization form that has been signed by the Participant from the Participant's treating physician prior to the educator contacting the Participant for educational purposes or causing the Participant to be contacted for educational purposes.
  - If a Participant contacts Healthy Transitions directly, Healthy Transitions may obtain verbal consent to have the HIPAA form and consent form mailed to the Participant.

- If a Participant reaches out to DaVita directly, a HIPAA authorization should be collected at the time of providing the education.

### 4.8. Post Education Follow Up

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**4.8.1.** After the Patient Education Program is complete, educators may follow up with the Participant only if;

- A signed HIPAA Authorization Form is on file.

**4.8.2.** Patient Education Program educators are only permitted to use documents approved by Team Quest and JLD for follow-up purposes.

**4.8.3.** Information gathered through a Patient Education Program may only be used for Patient Education Program purposes, unless patient authorization has been obtained prior to the use or the use has received written JLD approval.

### 4.9. New Pilot Program

**4.9.1.** Any pilot programs related to Patient Education Programs must be approved by JLD and Team Quest. The following information must be provided for review by JLD and Team Quest:

- Explanation of why this initiative is being proposed and what the potential educational benefits are.
- List of anyone outside of DaVita who will be involved (physicians, medical directors, other healthcare entities or providers).
- A response to the following questions:
  - Will anyone be paid for participating in this initiative?
  - When will the initiative begin?
  - With whom will the results of the initiative be shared?
  - Do you anticipate publishing the results of the pilot or initiative?
- Any other information requested by JLD or Team Quest.

**4.10.** Patient Education Programs are subject to the DaVita Document Retention Policy (available on the JLD VillageWeb page).

## 5. PROCEDURES

→ N/A

## 6. APPLICABLE DOCUMENTS

→ No Medical Advice Given Disclaimer
→ HIPAA Marketing Authorization (available on the eP&P VillageWeb site)
→ HIPAA Marketing Authorization- Maine and Montana (available on the eP&P VillageWeb site)
→ HIPAA Marketing Authorization- Maryland (available on the eP&P VillageWeb site)
→ Kidney Smart Program Requirements
→ Valid HIPAA Authorization Form (available on the eP&P VillageWeb site)
→ Valid HIPAA Authorization Form – Maine and Montana (available on the eP&P VillageWeb site)
→ Valid HIPAA Authorization Form – Maryland (available on the eP&P VillageWeb site)
→ Document Retention Policy (available on the JLD VillageWeb page)

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# Appendix 20

# NWRN Data

**From:** Leah Skrien
**To:** Jenna Gilbreath
**Cc:** Aldo Frosinini
**Subject:** RE: CoN Monthly Census Report
**Date:** Friday, October 7, 2022 7:54:29 AM
**Attachments:** image001.png
image002.png
Monthly Census Request - DaVita Apr22-Sep22.xlsx

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IF IN DOUBT about the safety of this message, use the Report Phishing button.

Hi Jenna,

Here is the data set for April to September for the facilities you requested, based on the most recent data pull in EQRS.

Thank you,

**Leah Skrien**
Director of Information Management
ESRD Network 16
T 206-923-0714 x4212|F 206-923-0716
www.comagine.org/ESRD

Comagine Health

**DO NOT E-MAIL PHI/PII (NAME, DOB, SSN, MEDICARE #, GENDER, ETC.) TO THE NETWORK. ALL VIOLATIONS WILL BE REPORTED TO CMS.**

Sign up for our ESRD Network blog posts at https://nwrnbulletins.wordpress.com/ and click on the "Follow" button in the lower right-hand corner.

| CCN | CountOfUPI | CERTIFIED_STATION_COUNT | Report Run Date |
|---|---|---|---|
| 502514 | 78 | 17 | 2022-04 |
| 502514 | 77 | 19 | 2022-05 |
| 502514 | 78 | 19 | 2022-06 |
| 502514 | 74 | 19 | 2022-07 |
| 502514 | 76 | 19 | 2022-08 |
| 502514 | 78 | 19 | 2022-09 |
| 502541 | 117 | 24 | 2022-04 |
| 502541 | 115 | 24 | 2022-05 |
| 502541 | 114 | 24 | 2022-06 |
| 502541 | 110 | 24 | 2022-07 |
| 502541 | 117 | 24 | 2022-08 |
| 502541 | 116 | 24 | 2022-09 |
| 502542 | 53 | 12 | 2022-04 |
| 502542 | 52 | 12 | 2022-05 |
| 502542 | 50 | 12 | 2022-06 |
| 502542 | 51 | 12 | 2022-07 |
| 502542 | 49 | 12 | 2022-08 |
| 502542 | 50 | 12 | 2022-09 |
| 502543 | 57 | 14 | 2022-04 |
| 502543 | 58 | 14 | 2022-05 |
| 502543 | 57 | 14 | 2022-06 |
| 502543 | 56 | 14 | 2022-07 |
| 502543 | 56 | 14 | 2022-08 |
| 502543 | 57 | 14 | 2022-09 |
| 502561 | 48 | 9 | 2022-04 |
| 502561 | 46 | 9 | 2022-05 |
| 502561 | 47 | 9 | 2022-06 |
| 502561 | 46 | 9 | 2022-07 |
| 502561 | 49 | 11 | 2022-08 |
| 502561 | 52 | 11 | 2022-09 |
| 502569 | 45 | 14 | 2022-04 |
| 502569 | 43 | 14 | 2022-05 |
| 502569 | 45 | 14 | 2022-06 |
| 502569 | 45 | 14 | 2022-07 |
| 502569 | 43 | 14 | 2022-08 |
| 502569 | 40 | 14 | 2022-09 |
| 502571 | 49 | 10 | 2022-04 |
| 502571 | 48 | 10 | 2022-05 |
| 502571 | 48 | 10 | 2022-06 |
| 502571 | 48 | 10 | 2022-07 |
| 502571 | 44 | 10 | 2022-08 |
| 502571 | 42 | 10 | 2022-09 |
| 502583 | 37 | 6 | 2022-04 |
| 502583 | 37 | 6 | 2022-05 |
| 502583 | 37 | 6 | 2022-06 |
| 502583 | 36 | 6 | 2022-07 |

| | | | |
|---|---|---|---|
| 502583 | 35 | 6 | 2022-08 |
| 502583 | 34 | 6 | 2022-09 |
| 502592 | 36 | 7 | 2022-04 |
| 502592 | 33 | 7 | 2022-05 |
| 502592 | 35 | 7 | 2022-06 |
| 502592 | 34 | 7 | 2022-07 |
| 502592 | 34 | 7 | 2022-08 |
| 502592 | 34 | 7 | 2022-09 |
| 502595 | 24 | 4 | 2022-04 |
| 502595 | 24 | 4 | 2022-05 |
| 502595 | 21 | 4 | 2022-06 |
| 502595 | 22 | 4 | 2022-07 |
| 502595 | 24 | 4 | 2022-08 |
| 502595 | 24 | 4 | 2022-09 |
| 502596 | 29 | 7 | 2022-04 |
| 502596 | 31 | 7 | 2022-05 |
| 502596 | 30 | 7 | 2022-06 |
| 502596 | 30 | 7 | 2022-07 |
| 502596 | 32 | 7 | 2022-08 |
| 502596 | 32 | 7 | 2022-09 |